



This is a report on the allocation of funds by sectors to the various HIV/AIDS interventions as stipulated in the budget call circular. “Ensuring at least 0.1% allocation of resources under the government of Uganda to HIV/ AIDS interventions”

NOV - 2019

**A REPORT ON  
HIV & AIDS  
MAINSTREAMI  
NG FOR  
UGANDA, BY  
THE  
DIFFERENT  
SECTORS OF  
GOVERNMENT**

**Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BMAU	Budget Monitoring and Accountability Unit
FY	Financial Year
GOU	Government of Uganda
HIV	Human immune Virus
LG	Local Governments
MDA	Ministries Departments Agencies
MDG	Millennium Development Goal
MPS	Ministerial Policy Statement
MoFPED	Ministry of Finance, Planning and Economic Development
PS/ST	Permanent Secretary and Secretary to Treasury
SDGs	Sustainable development goals
UAC	Uganda AIDS Commission
UPHIA	Uganda Population Based HIV Impact Assessment

## EXECUTIVE SUMMARY

Each year, the government of Uganda spends billions of shillings to help people in the country who are living with HIV/AIDS. The biggest expenditure on HIV/AIDS is on the donor component side but not the government of Uganda side. An estimated 1.4 million people in the Uganda are living with HIV infection and about 23,000 in 2018 died from HIV/AIDS related illness<sup>1</sup>.

This makes it imperative that HIV/ AIDS planning and budgeting be mainstreamed in the government activities, as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic

Guidelines on an effective and standardized HIV&AIDS mainstreaming approach were developed and issued in 2018, but have not been uniformly implemented, therefore the need for strategic intervention.

Mainstreaming is a process where by a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectorial policies, decisions and actions might influence the long-term impact of the epidemic in the sector. To facilitate implementation of the mainstreaming guidelines, the Ministry of Finance, Planning and Economic Development (MoFPED) in the Budget Circulars for FY 2018/19 instructed all MDAs and LGs to allocate 0.1% of their total budget allocation (excluding pension, gratuity and transfers) for HIV&AIDS interventions.

The budget call circulars for FY 2019/20 re-echoed the 0.1% allocation of the total budget allocations for all Ministries departments and agencies. An improvement in budget allocations to this effect has been achieved. Findings of this reports show that although the number of interventions for HIV/AIDS preventions have increased in the budgets of various government entities, from FY 2018/19 to FY 2019/20, analysis of the budgeting and reporting mechanism indicates that it may be hard to track the expenditure at sector and vote level. The main challenge identified is the fact that these interventions are not tagged to any particular vote output, which leaves a lot of discretion to the entities to make random choices while allocating budgets and at execution of the related expenditure.

A pragmatic and task tailored approach was used in order to cover the scope of the assignment.

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<sup>1</sup> *Uganda AIDS Commission Issues Paper on HIV and AIDS Mainstreaming Guidelines in LGs*

The documents reviewed included; Budget Speeches, Approved Budget Estimates, Budget Framework Papers, the Ministerial Policy Statements, the Annuals work plans and monitoring and evaluation reports, with a view of providing a structured format to ensure that key questions in regards to HIV /AIDS are covered. The review of documents was done in a consistent manner.

Documents for all central government entities and 19 selected Local governments were reviewed. The local government selection looked at LGs along the highway, those with international borders and current documented HIV and AIDS mainstreaming activity.

Out of 146 votes analyzed, 12 votes had no policy statements published, hence making it hard to analyses their data. These included vote 311-Uganda National Oil Company (UNOC), 312-Petroleum Authority of Uganda (PAU), 306-Uganda Export Promotion Board, 307-Kabale University, 308-Soroti University, 004-Ministry of Defense, 309-National Identification and Registration Authority (NIRA), 008-Ministry of Finance, Planning & Economic Development, 310-Uganda Investment Authority (UIA), 221-Mission in DR Congo, 234-Mission in Somalia and 236-Consulate in Mombasa

From the analysis of FY 2019-20 allocations, it was observed that most of the funds were allocated under the cross cutting issues of HIV/AIDS, but these were not translated in the planned activities for the financial year.

Based on the intervention areas stated in Budget call circular, results showed that all were catered for including; Counselling, Sensitization, Social support, Care and Treatment, Awareness campaigns and Workplace Policies were given attention. From the analysis, Counselling in HIV and AIDS ranks the least funded intervention receiving only 12% out of the tally of interventions of FY 2019-20 by all entities. Sensitization, 15.6%, social support 16.5%, Care and Treatment 21.6%, Awareness campaigns 11.9% and Workplace Policies, ranking the most funded, with a 24% out of the tally of interventions across all government entities.

With the exception of Ministry of Education and Sports, Tourism board, Uganda Police and Busitema University, interventions were not costed individually. This makes it hard to track which funds will be spent on a given a given intervention. It is likely to be hard to practically track resource expenditure, but this should be a point of interest in the performance reports at year end. It was noted that some allocations under Missions abroad were not relating to the HIV/AIDSs interventions yet these were costed as interventions. Data also showed that some

votes were allocating resources for HIV/AIDS to interventions not related to HIV a case in point was Jinja referral hospital.

From the data it was observed that some of the votes that costed the HIV/AIDSs interventions at a budget higher than the required budget of 0.1% and these included; Agricultural, ICT, Education, Health, Water and Environment, Justice Law and Order, Accountability, Public Administration and Science Technology and Innovation. This is commendable due to the fact that the guideline recommend at least 0.1%

## **Conclusion**

Future interventions should capitalize on social support within a refugee settlement to facilitate testing and treatment. There is also a major prevention benefit as People living with HIV, who take HIV medication daily as prescribed and get and keep an undetectable viral load, have effectively no risk of sexually transmitting HIV to their HIV-negative partners.

Care and treatment included; encouraging patients take medicines that slow the progression of the virus in your body. Such an intervention by entities should also consider interventions to discordant and the infected couples in order suppress the spread to new born babies as well as the new adult infections.

From interactions with key informants, the findings point to absence of specific vote outputs as the biggest challenges in implementing the guide lines in the initial years FY 2018/2019, and FY 2018/2019, in relation to clear budget allocations, execution and reporting by the different sectors / entities across government. Vote outputs should be created in each sector for HIV & AIDS mainstreaming. An appendix should also be made to the guidelines elaborating how the four intervention areas in the guidelines can be catered for while budgeting and expending.

It also been observed that the messages published in the budget call circulars also need to be exclusively in line with the guideline in order to avoid misconception.

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## 1.0 Introduction

Uganda AIDS Commission (UAC) was established under the Office of the President, by Statute of Parliament in 1992. The Commission is responsible for ensuring a focused and harmonized national response to HIV/AIDS throughout the country. The Uganda AIDS Commission oversees; plans and coordinates HIV prevention and control activities throughout the country.

HIV & AIDS mainstreaming is a process where by a given sector analyses the current and future impact of HIV&AIDS, and then considers how sectorial policies, decisions and actions could address the long-term impact of the epidemic in that sector. HIV& AIDS mainstreaming in Uganda has been considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic.

The guidelines on an effective and standardized HIV&AIDS mainstreaming approach were developed and issued in 2018, but have not been uniformly implemented, therefore the need for strategic intervention.

This report gives a broad analysis of Ministries, Departments, Agencies and selected Local government's progress on implementation of mainstreaming of HIV&AIDS for the period of issue of the guidelines.

HIV&AIDS is still a burden in Uganda and threatens Uganda's socio-economic development, imposing a heavy burden on individuals, families, communities and the nation. Uganda is acknowledged as one of the countries that have mounted the most innovative and successful responses against the HIV and AIDS epidemic. The country registered HIV prevalence decline, from 18% in 1990s to 6.4% in 2005 and again after a resurgence of HIV from 7.3% in 2011 to 6% in the general population in 2016 (UPHIA 2016). There has been a decline in the number of new infections among both women and men from 2011 to 2017. Among the women the declined was from 48,000 in 2011 to 19,000, while for men it was from 35,000 to 18,000 from 2011 and 2017 respectively. All the same in 2018, Uganda registered 1,000 new HIV infections a week.

Each year, the government of Uganda spends billions of shillings to help people living with HIV/AIDS in the country. The biggest expenditure on HIV/AIDS is on the donor component side but not the government of Uganda side. An estimated 1.4 million people in the Uganda are living with HIV infection and in 2018, 23,000 died from HIV/AIDS related illness. Hence it's



imperative that HIV/ AIDS planning and budgeting be mainstreamed in the government activities.

The guidelines on an effective and standardized HIV&AIDS mainstreaming approach were developed by UAC and issued in 2018, but have not been uniformly implemented, therefore the need for strategic intervention

HIV& AIDS mainstreaming in Uganda has been considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic. HIV & AIDS mainstreaming is a process where by a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectorial policies, decisions and actions might influence the long-term impact of the epidemic in the sector. To facilitate implementation of the mainstreaming guidelines, the Ministry of Finance, Planning and Economic Development (MoFPED) in the Budget Circulars for FY 2018/19 instructed all MDAs and LGs to allocate 0.1% of their total budget allocation (excluding pension, gratuity and transfers) for HIV&AIDS interventions.

The Budget Call Circulars for FY 2019/20 re-echoed the 0.1% allocation of the total budget allocations for all Ministries Departments and Agencies and this was implemented to some extent but this report shows that although a number of interventions for HIV/AIDS preventions have increased from FY 2018/19 to FY 2019/20 data shows that the interventions were planned but these were not clearly reported on hence it's hard to track the expenditure at sector and vote level.

## 1.1. Background

Established under the office of the President, by Statute of Parliament in 1992, the Uganda AIDS Commission (UAC) is mandated with oversight, planning and coordinating AIDS prevention and control activities throughout Uganda. As translated from the coordination role, the Commission has a mandate of defining overarching HIV&AIDS policy and facilitating formulation of thematic national policies and guidelines.

From the global goals in Africa besides the 2030 Agenda, African countries have committed to implement the African Union Agenda 2063, which is both a vision and a plan to build a more prosperous Africa in 50 years. The 2030 Agenda for Sustainable Development acknowledges the importance of the AU Agenda 2063 and considers it an integral part of it. Africa made significant progress on the Millennium Development Goals, including enrolling more children in primary school, particularly girls, increasing the representation of women in national parliaments, and reducing child and maternal deaths and the proportion of people infected with HIV. Building on this progress, several countries are already taking steps to translate the ambitions articulated in the 2030 Agenda into tangible outcomes for their people; they are beginning with integrating the SDGs into their national visions and plans<sup>2</sup>.

In Uganda in 2018 UAC developed and launched guidelines describing a step by step process to guide effective and standardize HIV& AIDS mainstreaming in all public and non-public sectors including development projects.

With the series of engagement meetings conducted with stake holders in the private sectors MDAs and District local governments feedback revealed that the guidelines have not been well understood and therefore not been uniformly implemented.

Uganda was one of the first countries to develop its 2015/16–2019/20 national development plan in line with the SDGs. The Government estimates that 76 per cent of the SDGs targets are reflected in the plan and adapted to the national context. The UN Country Team has supported the government to integrate the SDGs also into sub-national development plans, in line with the national plan. With over 90% of funding for HIV/AIDS coming from the donor component, it's

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<sup>2</sup> Integrating Agenda 2063 and 2030 Agenda for Sustainable Development into national development plans  
Emerging Issues for African Least Developed Countries

imperative to also analyze the GOU funding component for the HIV/AIDS as a vehicle for sustainability of the response.

The PS/ST, in the Budget Call Circular for FY 2018/19 under “Mainstreaming HIV /AIDS”, attached the guidelines for Multi sectoral HIV and AIDS mainstreaming and instructed all sectors to clearly outline and cost their HIV/ AIDS related activities. These listed interventions therein included; psychosocial support counselling care treatment workplace polices awareness campaigns etc. and a statement advising entities to allocate 0.1% of their total budget allocation (excluding pensions and transfers) to implement HIV and AIDS interventions.

With the current practice in planning and budgeting across MDAs, it’s hard to trace and enforce the implementation of the 0.1% allocations intended to HIV and AIDS mainstreaming. In this exercise the consultant explored and justified the possibility of creating vote outputs that are HIV specific under different sectors as an alternative to effective realization of the objective of these guidelines

It is upon this premise that the consultant intends to work together with UAC to conduct analysis sector allocations and expenditures to HIV&AIDS for the Financial Year 2019/2020 and in relation with the guidelines to inform policy.

## **1.2 Objectives of the assignment**

The general objective of the activity was to provide a strategy and facilitate the operationalization of the HIV mainstreaming guidelines.

### **Specific Objectives**

The specific objectives of the consultancy were to;

- i. To compile a report for sector allocations and expenditures to HIV&AIDS for the Financial Year 2019/2020.
- ii. To develop a detailed operational plan for the roll out and operationalization of the HIV mainstreaming guidelines
- iii. To facilitate the launch of the HIV mainstreaming guidelines at national and sub-national levels
- iv. To explore the possibility of creating HIV and AIDS specific outputs in all sectors

## **2.0 Methodology**

The consultant employed a pragmatic and task tailored approach to the assignment and the technics are detailed below.

### **2.11 Scope of Work**

The consultant covered all MDAS in the MTEF with the exception of the local governments looking at their mandates and spheres of influence. At least 146 votes were covered by the framework. The scope of the assignment was essentially involve providing a strategy and facilitating the operationalization of the HIV mainstreaming guidelines for all sectors. This included

#### **Task 1. Preparation**

The Consultant met with the Director General of Uganda AIDS Commission and relevant staff, to obtain an insight into the assignment and clarification on the terms of reference. The intention of this was to come to harmonize the understanding of the purpose, objectives, methodology and outputs of the assignment. The meeting was also a platform for an agreement on; the support that will be provided to the consultant and the necessary resources for smooth execution of this task, given the stringent timelines. This enabled the consultant to attach specific weight to various issues to be addressed and their strategic importance. With the clarification and explanations, the consultant was in position to start delivering on the task as per the terms of reference.

#### **Task 3: Consultation with Key Stakeholders**

The Consultant held consultation meetings with selected key stakeholders; in Government Ministries, Departments and Agencies, Civil Society Organizations, across all sectors and Uganda AIDS Commission (UAC). This was intended to tap into their views and perceptions. This enabled the Consultant to gauge the support to the rollout and operationalization of these guidelines.

#### **Task 4: Developing of the Study Brief**

In order to take into consideration, the findings and recommendations of tasks; 2 and 3, emerging issues, as well as aspirations of the UAC and the stakeholders, the consultant therefore,

put together all inputs from key stakeholders into a draft brief that was submitted to the Director General for review, approval and adoption.

### **2.1.2 Documents/Literature Review**

The Consultant examined the data collected from review of various documents. The output of this task provided the main text of the reports and fed into the Study brief. This task was carried out through the assignment period as new documents emerged.

There was high-level assessment of the literature review in the highlighted documents to ascertain consistence with the prevailing variables and this was very important milestone in reporting the nature of assignment. This was used to generate information from documents that have been collected. The documents included Budget Speeches, Approved Budget Estimates, Budget Framework Papers, the Ministerial Policy Statements, the Annuals work plans and monitoring and evaluation reports. The purpose of Document review was to provide a structured format to ensure that key questions in regards to HIV /AIDS were covered and that documents were reviewed in a consistent manner.

Documents for all central government entities were reviewed and 19 selected Local governments. The local government selection was looked at LGs along the highway, those with international borders and current documented HIV and AIDS mainstreaming activity.

### **2.2. Interviews**

Key stakeholders interviews were conducted in the areas suggested by the TORs and held continuous discussions UAC team throughout the exercise. Open-ended interviews involved collecting first-person narratives from the stakeholders. Semi-structured questions were developed to cover the purpose and objectives of the Plan and the framework. The questions served as a guide for in-depth key informant interviews with stakeholders. This tool was used to elicit information from stake holders their perception of what should be in the plan and how the framework for HIV/ AIDS can be developed and implemented. The informants included technical officers in the sectors such as Economists, Commissioners, and Policy analysts, Financial Management Specialists, Chief Finance Officers and Planners, from MoFPED, Judicial service Commission, Local Government Financial Commission, Parliamentary Commission, MoGLSD, LDC, and selected DLGs; Agago DLG, Buliisa DLG, Rubanda DLG, Kween DLG, Kyotera DLG, and Masaka DLG. These additional LGs were included to supplement the secondary data

of interventions from the LGs in 2.1.2 above for this report. Their views, observations, and experiences with regard to the task at hand were sought, with the aim of confirming the data presented on allocations and the most effective way of creating vote outputs as presented in section 3 of this report. Face to face interviews and dialogue were carried out.

### **2.3. Data Collection and Analysis:**

Quantitative data was collected from existing publications and reports on the relevant variables under review. Qualitative data was collected using a data collection tool developed by the consultant.

Quantitative data analysis was done using Excel and Stata Charts were generated using excel. Content Analysis was used to analyze qualitative data on the basis of emerging themes within the context of the assignment. These themes have been attached to the report.

After the data capture, it was edited, cleaned and summarized. Missing information or inconsistencies was identified and where applicable, appropriate follow up was done with relevant evaluation participants as to where it was convenient. This follow-up process took the forms of telephone interviews and physical meetings. The use of tables, charts and graphs was done for the presentation of quantitative data.

The following were addressed in the dialogue with key informant, resulting in the strategy of created vote outputs as presented in this report:

- i. How are HIV/ AIDS outcomes and Outputs being budgeted for? A key problem is that HIV AIDS is likely to cut across outputs under a project or programme. Either a specific output code for HIV/AIDS inputs will be required, or they would need to be excluded from the budgeting and accounting for outputs.
- ii. At the time of budgeting, does each project programme budget by item for each output for HIV? This would ensure significant increase in the popularity of HIV/AIDS for spending agencies. Another option was for the vote to provide an indicative allocation to each output and account for funds by outputs as they are committed and spent during the financial year.

iii. How the MTEF was to be used to affect HIV and AIDS processes in the MTEF such as releases, commitments, processing of expenditures? This was explored further in the course of the assignment.

### 3.0 Findings

#### 3.0.1 Presentation of Sector Allocations for FY 2019-20

The actual budget allocation for FY 2019/20 have been presented concurrently with an analysis of the calculations of the expected allocation based on the 0.1%

The tables below are for two scenarios, table 1 where the 0.1% is calculated after deducting the pension Gratuity and transfers as per the budget call circulars for FY 2019/20 and table 2 where the 0.1% is calculated after deducting the pension Gratuity transfers and wage as proposed by the consultant.

**Table 1: Sector allocations for FY 2019-20 scenario one (Bn Ushs)**

Sector Code		Total budget	Total after pension gratuity and transfers	0.001 share for HIV/AIDS	Sector Allocation to HIV/AIDS interventions
01	Agriculture	720.251	692.509	0.693	5.666
02	Lands, Housing and Urban Development	103.716	94.743	0.095	0.085
03	Energy and Mineral Development	779.930	703.150	0.703	0.600
04	Works and Transport	3,359.527	2,736.444	2.736	0.420
05	ICT and National Guidance	104.006	70.996	0.071	0.280
06	Trade and Industry	185.725	141.403	0.141	0.054
07	Education	3,081.349	2,876.064	2.876	2.779
08	Health	1,470.145	1,386.730	1.387	11.612
09	Water and Environment	569.205	554.759	0.555	1.053
10	Social Development	172.476	59.395	0.059	0.098
11	Security	3,257.848	3,072.861	3.073	0.470
12	Justice, Law and Order	1,613.701	1,548.746	1.549	3.441
13	Public Sector Management	1,270.676	1,174.908	1.175	2.100
14	Accountability	844.133	494.779	0.495	1.230
15	Legislature	1,430.760	1,392.239	1.392	0.197
16	Public Administration	687.779	612.574	0.613	8.185
17	Treasury Operations	N/A	~		
18	Science, Technology and Innovation	102.703	48.924	0.049	0.320
19	Tourism	193.731	192.222	9.404	0.276
	<b>Grand Total</b>	<b>19,947.663</b>	<b>17,853.447</b>	<b>27.066</b>	<b>38.866</b>

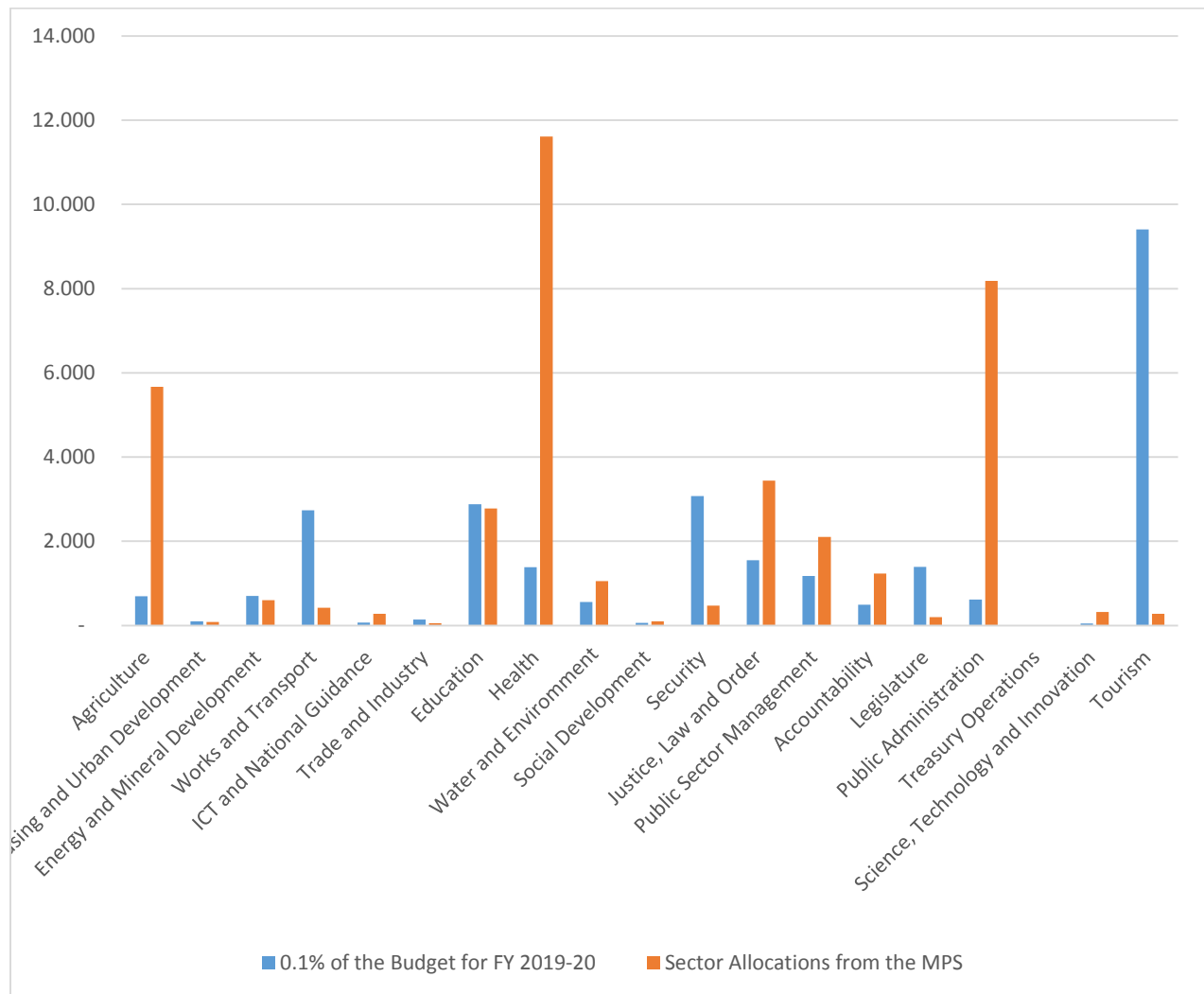
*Source: Analysis of MTEF, form published MPS*



From the above table treasury operations have been removed because it not affected by HIV/AIDS interventions

The budget above is inclusive of local government budgets (500-850) since they contribute to e sector allocations.

**Figure 1: Comparison between 0.1% and the Actual MPS allocations**



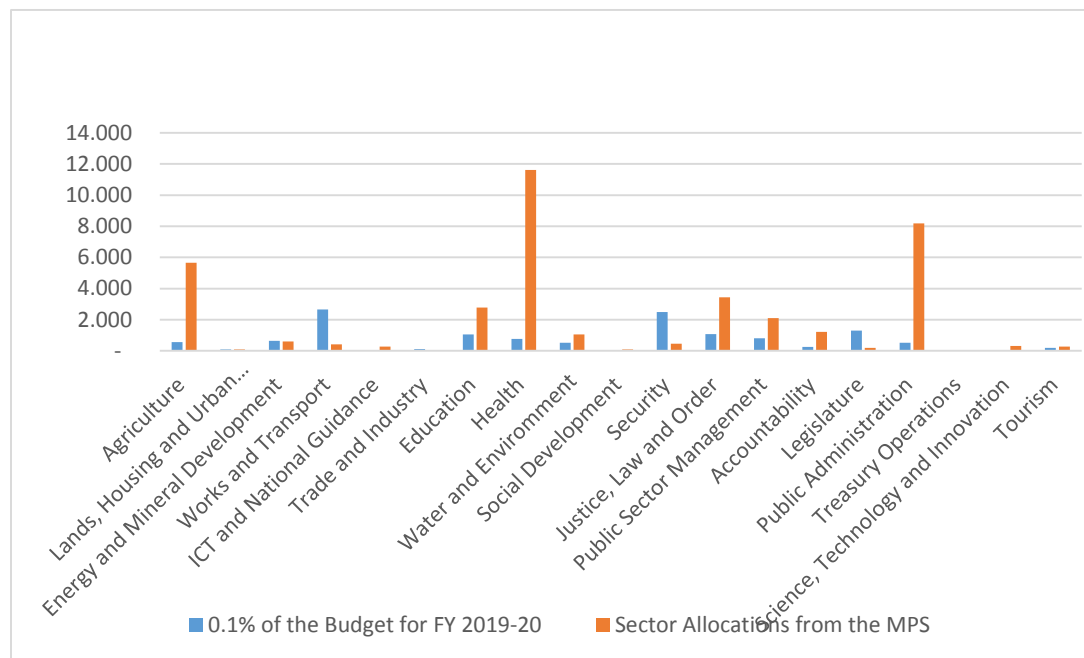
*Source: MTEF, MPS data in table 1 above*

**Table 2: Sector allocations for FY 2019-20 scenario two (Bn Ushs)**

Sector Code		Total budget	Total after pension gratuity transfers and wage	0.001 share for HIV/AIDS	Sector Allocation to HIV/AIDS interventions
01	Agriculture	720.251	566.679	0.567	5.666
02	Lands, Housing and Urban Development	103.716	85.449	0.085	0.085
03	Energy and Mineral Development	779.930	643.212	0.643	0.600
04	Works and Transport	3,359.527	2,650.505	2.651	0.420
05	ICT and National Guidance	104.006	58.414	0.058	0.280
06	Trade and Industry	185.725	116.328	0.116	0.054
07	Education	3,081.349	1,065.297	1.065	2.779
08	Health	1,470.145	765.553	0.766	11.612
09	Water and Environment	569.205	518.586	0.519	1.053
10	Social Development	172.476	52.376	0.052	0.098
11	Security	3,257.848	2,489.946	2.490	0.470
12	Justice, Law and Order	1,613.701	1,068.515	1.069	3.441
13	Public Sector Management	1,270.676	804.138	0.804	2.100
14	Accountability	844.133	245.599	0.246	1.230
15	Legislature	1,430.760	1,305.306	1.305	0.197
16	Public Administration	687.779	514.774	0.515	8.185
17	Treasury Operations	3,280.087	-	3.280	
18	Science, Technology and Innovation	102.703	41.538	0.042	0.320
19	Tourism	193.731	188.281	0.188	0.276
	<b>Grand Total</b>	<b>19,947.663</b>	<b>13,180.496</b>	<b>13.180</b>	<b>38.866</b>

*Source: Analysis of MTEF, form published MPS*

**Figure 2: Comparison between 0.1% and the Actual MPS allocations**



**Source: Analysis of MTEF, form published MPS data in table 2 above.**

Out of 146 votes analyzed 12 votes had no policy statements published, making it was hard to analyses their data. These included vote 311-Uganda National Oil Company (UNOC), 312-Petroleum Authority of Uganda (PAU), 306-Uganda Export Promotion Board, 307-Kabale University, 308-Soroti University, 004-Ministry of Defense, 309-National Identification and Registration Authority (NIRA), 008-Ministry of Finance, Planning & Economic Development, 310-Uganda Investment Authority (UIA), 221-Mission in DR Congo, 234-Mission in Somalia and 236-Consulate in Mombasa

From the analysis of FY 2019-20 we observed that most of the funds were allocated under the cross cutting issues of HIV/AIDS but these were not translated in the planned activities for the financial year.

With the exception of Ministry of Education and Sports, Tourism board, Uganda Police and Busitema University, interventions were not costed individually. It is therefore anticipated that it will be hard to track which funds will be spent on a given a given intervention. But this will have to be checked in the respective performance reports by the different entities of government. It was also noted that some allocations under Missions abroad were not related to the HIV/AIDSs

interventions yet they were costed. Data showed that some votes were allocating resources for HIV/AIDS to interventions not related to HIV a case in point was Jinja referral hospital

It was also observed that some of the votes costed the HIV/AIDSs interventions at a budget higher than the required budget of 0.1% and these included; Agricultural, ICT, Education, Health, Water and Environment, Justice Law and Order, Accountability, Public Administration and Science Technology and Innovation. This should be commendable because the guidelines recommend at least 0.1%

### 3.1. Costed Interventions in HIV/AIDS as per the Ministerial policy statements

The interventions analyzed in this section were as per the budget call circular issued by MOFPED in relation to the guidelines under cross cutting issues. The interventions verified for the various votes and sectors were; Counseling, sensitization, Social support, care and treatment, Awareness campaign, workplace policies. People living with HIV may be reached by interventions that target a broad audience of both HIV+ and HIV- individuals or by interventions that target them specifically. The analysis of the Ministerial Policy Statements for FY 2019-20 had a review objective of ensuring that the interventions were planned and budgeted for. The analysis was done by verifying the number of interventions costed for the year and the results were as follows.

**Table 3: Analysis of frequency of Vote per category of interventions for HIV/AIDS FY 2019-20**

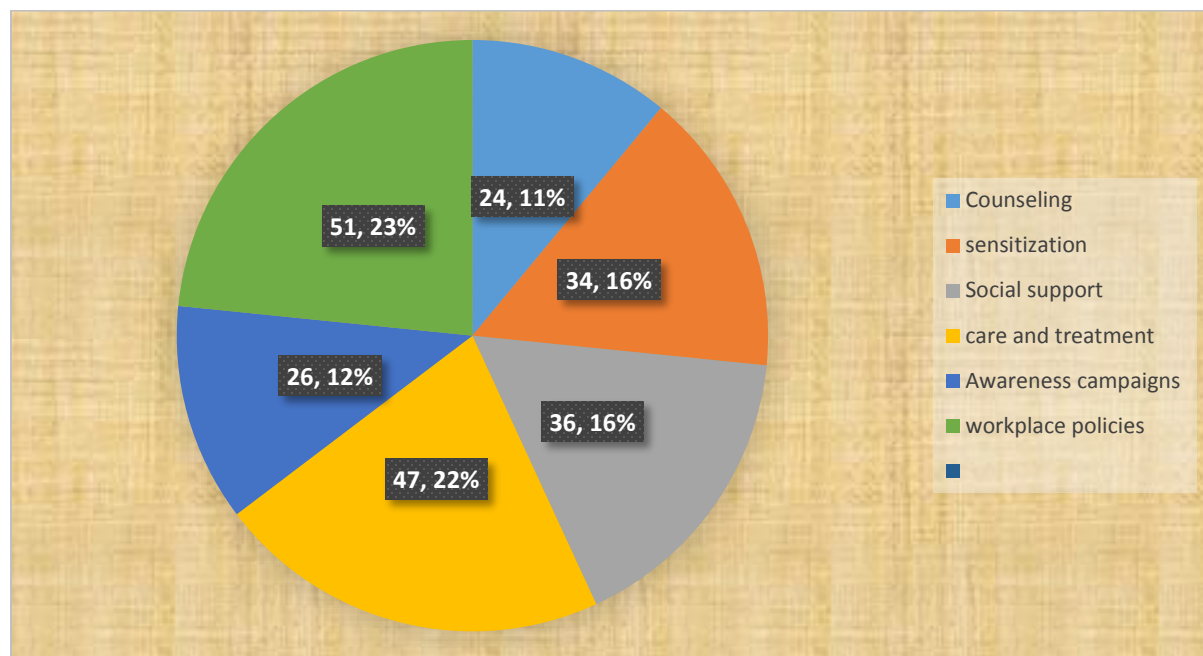
<i>Intervention</i>	<i>Counseling</i>	<i>Awareness campaign</i>	<i>Sensitization</i>	<i>Social support</i>	<i>Care and Treatment</i>	<i>Workplace policies</i>
<b><i>No of Votes</i></b>	24	26	34	36	47	51
<b><i>Rank</i></b>	1	2	3	4	5	6

***Source: Analysis of Appendix 3***

The interventions analyzed here are as published and advised by the PS/ST in the budget call circulars for FY 2019 /20.

Note that some were duplicated, and not as exact replica of those in the guidelines.

Figure 3: Showing the percentage share per intervention for HIV/AIDS for FY 2019/20



*Source: Analysis of table 3 above*

Based on the data from the analysis of allocation in the MPS' as presented above, a snap shot of the funding based on the interventions would presume that the sectoral budgets should be as in the table below. The analysis explores allocations basing on the two scenarios explained above

Table 4: Analysis expected allocation of funding per category of HIV/AIDS interventions for FY 2019-20. (Bn. shs)

Interventions	Estimated allocation after pension gratuity, and transfers	Estimated allocation after pension gratuity transfers and wage
Counseling	1,965.517	1,451.0638
Awareness Campaign	2,784.483	2,055.6737
Sensitization	2,948.276	2,176.5957
Social Support	3,849.138	2,841.6666
Care And Treatment	2,129.310	1,571.9858
Workplace Policies	4,176.724	3,083.5105
<b>Total</b>	<b>17,853.45</b>	<b>13,180.50</b>

*Source: MTEF Allocations per the MPS*

Counselling in HIV and AIDS is a core element in a holistic model of health care, in which psychological issues are recognized as integral to patient management. HIV and AIDS counselling has two general aims: (1) the prevention of HIV transmission and (2) the support of those affected directly and indirectly by HIV. It is vital that HIV counselling has dual aims because the spread of HIV can be prevented by changes in behavior. One to one prevention counselling has a particular contribution in that it enables frank discussion of sensitive aspects of a patient's life—such discussion may be hampered in other settings by the patient's concern for confidentiality or anxiety about a judgmental response<sup>3</sup>. Also, when patients know that they have HIV infection or disease, they may suffer great psychosocial and psychological stresses through a fear of rejection, social stigma, disease progression, and the uncertainties associated with future management of HIV. Good clinical management requires that such issues be managed with consistency and professionalism, and counselling can both minimize morbidity and reduce its occurrence. From the interventions counselling was ranked as the least funded intervention receiving only 12% (UGX 1,965.517 bn) of the total sector budget allocations

### **Sensitization**

As many people loathe to confront the issues of HIV/AIDS, sexually transmitted diseases, and sexual behavior. Health planners, administrators, and personnel, must, however, courageously confront such issues as they plan and implement programs to help populations in need<sup>4</sup>. The sensitization and training of people who could be or are involved in health promotion/education is an ongoing process from the allocation of FY 2019-20 this was allocated 15.6% (UGX 2,948.276bn). of the total sector allocations. People must consciously confront their values, norms, and attitudes on factors associated with the HIV/AIDS epidemic so that they can learn to teach others in an unbiased and nondiscriminatory manner. On that note, a better understanding is needed of how what is undertaken in health promotion is connected to the larger whole of HIV/AIDS and STD activities.

### **Social support**

Social support is among the critical intervention for HIV and AIDS in regards to; - a) informational support thus encouraging people to go for HIV testing (b) emotional support

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<sup>3</sup> *This article has been adapted from the forthcoming 5th edition of ABC of AIDS*

<sup>4</sup> *Sensitization and training for health promotion on HIV / AIDS and STDS. AIDS Health Promot Exch. 1994;(2):1-3.)*

helping those diagnosed with HIV; (c) support in adherence to ART and (d) after diagnosis support<sup>5</sup>. These results suggest that social support influences HIV testing and treatment among refugees. Future interventions should capitalize on social support within a refugee settlement to facilitate testing and treatment. In the budget allocation for FY 2019-20 the component of social support was allocated 16.5% (UGX 3,849.138 bn) of the total budget allocations.

### **Care and Treatment,**

Under HIV care and treatment, a budget of 21.6% (UGX 2,129.310bn) was allocated to the various interventions and these included encouraging patients take medicines that slow the progression of the virus in your body. HIV is a type of virus called a retrovirus, and the combination of drugs used to treat it is called antiretroviral therapy (ART). ART is recommended for all people living with HIV, regardless of how long they've had the virus or how healthy they are. ART must be taken every day, exactly as your health care provider prescribes. Getting and staying on HIV treatment because it reduces the amount of HIV in your blood (also called the viral load) to a very low level. This *keeps you healthy* and prevents illness. There is also a major *prevention benefit*. People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners.

### **Awareness campaigns.**

According to the Global information and education on HIV and AIDS, in Uganda there were 53,000 new HIV infections in 2018. HIV is a disease that does not discriminate. Anyone can contract this disease, which is why it is important for everyone to be AWARE of how to protect themselves and prevent the transmission of HIV. Every year the country holds the World Aids Day and HIV/Awareness a campaigns designed to offer support for those living with the disease, education for those trying to prevent transmission of the disease, and remembrance for those who have lost their battle to HIV and/or AIDS. For the year 2019-20 the allocation by votes to the various awareness campaigns provided 11.9% (UGX 2,784.483bn) of the total budget share to that cause. With adequate funding to such an intervention, crummy statements such as; “*I didn't have the right information on HIV and I didn't know how to protect myself,*” or “*I used*

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<sup>5</sup> *The role of social support on HIV testing and treatment adherence: A qualitative study of HIV-infected refugees in southwestern Uganda Shada A Rouhani,corresponding authora,b Kelli N O'Laughlin,a,b,c Zikama M Faustin,d Alexander C Tsai,e,f Julius Kasozi,g and Norma C Wareh*

*to believe that one could get HIV through mosquito bites and or by sharing utensils with someone living with HIV,”* in the populace can be curbed in the fight against HIV/ AIDS

## Workplace Policies

From the above illustration it can be noted that most of the resource allocation for FY 2019/20 was allocated to work place related activities and polices. 24% (UGX 4,176.724bn) of total budget allocation was targeting interventions for employees of the votes in regards to HIV/AIDS related activities. The main intervention was to review the existing information on workplace policies and programs for HIV/ AIDS.

**Table 5: Interventions by Selected Local Governments on the HIV & AIDS Mainstreaming For FY 2019/2020**

No.	District	BFP 2019-20 planned activities	Funding	Amount Allocated
1.	Wakiso	No allocation to HIV		
2.	Jinja	HIV was budgeted last year under donor support		
3.	Namayingo	1500 Carry out Social mobilization activities for Polio, Immunization, NTD, HIV-TB Comprehensive care and treatment, other services Conducted. Social mobilization activities for Polio, Immunization, NTD ,HIV-TB Comprehensive care and treatment, other services Conducted.		
4.	Manafwa	HIV counselling and testing Bubulo HCIV in Manafwa T/C and Bugobero HCIV		
5.	Bulambuli	3 Youth Council Executive members facilitated to attend the National Youth Day celebrations Youth in school sensitized on HIV/AIDS prevention and sexual reproductive health issues monitoring and supervision on youth activities conducted youth		
6.	Kumi	Better mother child care, counselling of HIV +ve mothers, better sanitation and hygiene	Global Fund for HIV, TB & Malaria	100,000,000
7.	Kotido	Community projects funded. 2.GBV/SRHR and HIV coordinated. Funding community projects and coordination of SRHR, HIV and GBV. NGBD. Mainstreaming of Gender and other cross-cutting issues in the district, coordination of SRHR, GBV and HIV and Data collection, analysis and reporting.	Global Fund for HIV, TB & Malaria	150,000,000



8.	Kyankwanzi	Improved HIV testing services. Improved retention of ART clients More HIV positives identified from the community. HIV coordination and sensitization meeting. HIV stakeholders meeting TB contact tracing in the community  Supervision and Monitoring of Road Gangs HIV/AIDS Awareness District Road Committee  Trainings of youth in reproductive health/ income generation and HIV/AIDS Provide specialized training for youth groups. training youth in adolescent reproductive health, income generation, HIV/AIDS 4 HIV/AIDS sensitization meeting at workplace Monitoring Reports on HIV/AIDS carried	Donor funding is projected at 0.58% of the annual budget and will mainly be received from Mild may Uganda for the HIV related interventions and Health Systems Strengthening	
9.	Kisoro	No mention of HIV in 2019-20 yet budget is there	Global Fund for HIV, TB & Malaria	75,368,000
10.	Isingiro	Coordination Meetings with Development Partners held, 4 Quarterly HIV/AIDS Coordination Meetings held, Line Ministries, Government 100000 people to be tested for HIV and get their results Advocate for greater involvement women in management committees. HIV/AIDS	Global Fund for HIV, TB & Malaria	400,000,000
11.	Hoima	Mainstreaming of gender and HIV in trade meeting of 30 traders.		
12.	Kasese	No Intervention	Global Fund for HIV, TB & Malaria	30,000,000
13.	Nebbi	No mention of HIV in 2019-20 plan	No budget	
14.	Arua	No mention of HIV in 2019-20 plan	No budget	
15.	Ngwoya	No mention of HIV in 2019-20 plan	No budget	
16.	Napak	Staff salaries in all Secondary Schools in the District paid, Teachers trained on HIV and Gender		
17.	Kalangala	Offer Comprehensive HIV and AIDS care services as per the targets for Kalangala with the Regional HIV	Global Fund for HIV, TB & Malaria	1,600,000,000
18.	Mukono	N/A		
19.	Mubende	N/A		

Kisoro and Kasese DLGs did not have any specific intervention mentioned yet the budget amount was allocated HIV. Wakiso, Nebbi Nwoya Mukono Mubende and Arua DLGs did not have any specific intervention mentioned, and as well no budget amount allocation to HIV.

Kumi, Kotido, Isingiro, and Kalangala had clear interventions and as well allocations of funds made to them in the budget

#### **4.0 Assessment of relevancy efficiency and effectiveness in planning and budgeting for HIV/AIDS**

From the data in regards to the relevancy it was observed that HIV/AIDS objectives and interventions were not directly aligned with the national priorities and policies. They were costed under the cross cutting issues which really are not aligned direct with the program budgets outputs and activities of the various sectors and individual votes.

From the stated interventions it was noted that the extent to which HIV/AIDS interventions are responding to the needs of stakeholders and beneficiaries was 51 to 36, showing that interventions for FY 2019/20 were more considerate of the employees than the beneficiaries.

Most of the interventions stated in the local context thus rural or urban areas were mostly benefiting rural than the urban data showed that most central votes for FY 2018-19 were budgeting for HIV/ AIDS as an intervention as was the case of rural votes. Most votes for education institutions in the urban were not budgeting for HIV yet the rural votes were budgeting, the same can be said for hospitals.

##### **4.1. Creating HIV and AIDS Specific Outputs in all Sectors**

A vote output is a code which links the long term objectives of government of Uganda that are stipulated in the vision 2040, with the medium term plans, known as National Development Plans, and the short term executable annual budgets. In the GoU chart of accounts this relationship was built by a code referenced as MTEF, which is the ninth segment with a string of six characters. The MTEF was intended to provide an ex ante framework to align aggregate resources with program priorities. In its creation, the six-digit code is composed of i) two digits representing the Objective, ii) Two representing activity and ii) two representing output. This composition would make it easy to generate reports that are sector specific, against a given outcome achieved.

##### **4.1. 2. RELEVANCE OF VOTE OUTPUTS**

These are specific, achievable and measureable indicators which are the end outcome of the different expenditures made by the various entities of the GoU. The Medium Term Expenditure Framework (MTEF) was commended for being successful in shifting expenditure composition as well as protecting priority sectors against budget cuts. (World Bank, 2001). At the budgeting

stage they are the guiding factor in costing for different activities that an entity will carry out in the year, broken down into quarters.

#### 4.1.3. RATIONALE OF VOTE OUTPUTS FOR HIV & AIDS MAINSTREAMING

The main purpose for advocating and creation of this output was to effectively achieve the allocation of 0.1% of entities total budgets (excluding pension and transfers) to HIV & AIDS activities as per the 2018 HIH & AIDS mainstreaming guidelines.

The guidelines, under section 2.5 mandates the MoFPED with a role of creation of a vote output for HIV & AIDS mainstreaming in each sector, which has not happened yet.

Given the current budgeting practices, an MTEF code is the control that the budgeting system uses for guiding the user to effectively allocate funds to different activities while concurrently aligning the entities’ work plans with the national objectives. Creation of a vote output for HIV & AIDS specific activities would help UAC commission achieve its mandate of overseeing, planning, coordinating AIDS prevention and control activities throughout Uganda.

The health sector development plan 2015/16 - 2019/20 as reference by the MDG report (2013) highlighted progress on Millennium Development Goal 6: Combat HIV/AIDS, malaria and other diseases as in the table below

**Table 5: Progress on MDG 6**

<i>MDG6</i>	<i>Target</i>	<i>Description</i>	<i>Progress</i>
<i>Combat HIV/AIDS, malaria and other diseases</i>	Target 6.A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	REVERSAL
	Target 6.B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	ON TRACK
	Target 6.C	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	ACHIEVED

Most importantly the report highlighted “the need for **improved efficiency** of government spending in the health sector” as one of the factors that could improve the attainment of the goals.

Most recent studies by various stakeholders have emphasized the need for a clear linkage between the short, medium and long-term plans. Such recommendations resulted in the development of the HIV & AIDS mainstreaming guideline as a strategy to create and consolidate a uniform approach across entities in Uganda. The mainstreaming effort serves as a key priority for the Presidential Fast Track Initiative on ending AIDS as a public threat by 2030, with the aim

of cascading the SDG 3 of; Good health and wellbeing (Goal3 translated by the revision of MGD 6 above), at sector levels with emphasis on HIV & AIDs epidemic.

However, it has been found that one of the challenges of implementing the guidelines in the initial year FY 2018/2019, has been the absence of specific vote outputs to enable clear budget allocations, execution and reporting by the different sectors across government.

The study further found that, similar votes outputs existed for the; education, agriculture, and health sectors alone. This implies only such sectors can plan activities that directly relate to and can be measured against HIV and AIDS related initiatives. Moreover, only one in the health sector directly relates to HIV & AIDS mainstreaming.

In this paper therefore, the consultant explored all available vote output codes in public financial management systems of government of Uganda, which directly relate to HIV & AIDS mainstreaming, processed and analyses budget allocations and expenditures with respect to the period of review.

#### **4.2. PURPOSE FOR CREATION OF VOTE OUTPUTS FOR HIV & AIDS**

- a) To guide sectoral allocations to HIV& AIDS mainstreaming
- b) To ensure efficient and effective use of public resources intended for HIV& AIDS mainstreaming
- c) To link the short term, medium term and long term goals of government, on good health and wellbeing
- d) To facilitate the uniform implementation of HIV& AIDS mainstreaming across government entities
- e) To form basis for execution of section 2.6 of the Guideline (monitoring and evaluation of the HIV & AIDs mainstreaming)

#### **4.3. ANALYSIS OF CURRENT STATUS OF VOTE OUTPUTS FOR HIV & AIDS**

In an engagement with the Ministry of Finance Planning and Economic Development, the UAC advocated for creation for a vote output to accelerate the efforts of HIV & AIDS guidelines mainstreaming process, in terms of effective budgeting, execution of the budget and reporting.

The effort resulted in the creation of an output code **085106** under the health sector, this output is codenamed; HIV/AIDS Mainstreaming, and was created and implemented in financial management systems i.e. PBS and IFMS in the financial year 2019/2020.

However, creating this for the health sector means that such activities that relate to HIV/AIDS Mainstreaming can only be budgeted and implemented by or in conjunction with votes in this sector exclusively. And this contradicts with the new findings which recommend that the approach should be, to place such outputs in all sectors.

The guidelines too, under section 2.5, in the specific roles for the different actors, gives the Ministry of Finance, Planning and Economic Development the mandate to create a vote output for HIV&AIDS mainstreaming in each sector

#### 4.3.1. Existing MTEFs / OUTPUT Codes in Relation to HIV & AIDS

There are four existing code that relate to HIV & AIDS activities. This section explored the use of such codes for the period under review for budgeting and expenditure in relation to HIV & AIDS mainstreaming.

The table below indicates budget and expenditure against the output codes in 3.1 above

**Table 6: Budgets and Expenditures per output of FY 2018/19**

VOTE	BUDGET FY 2018/19						EXPENDITURE FY 2018/19				
	Account	MTEF					MTEF				
	085106	085151	080351	085905	132204	085106	085151	080351	085905	132204	
107	263106	-	800,000,000	-	-	-	799,999,999	-	-	-	
794	211103	-	6,238,000	-	-	-	6,018,000	-	-	-	
	221001	-	3,000,000	-	-	-	3,000,000	-	-	-	
	221008	-	110,000	-	-	-	110,000	-	-	-	
	221009	-	1,100,000	-	-	-	1,100,000	-	-	-	
	221011	-	264,000	-	-	-	264,000	-	-	-	
	222001	-	240,000	-	-	-	200,000	-	-	-	
	227004	-	164,000	-	-	-	-	-	-	-	

Source: IFMS

##### i. 085151: NGO HIV/AIDS Activities

This was created in FY 2010/2011 under the health sector. Since the launch of the guidelines, this has only been used by vote 107 and 794, Uganda Aids Commission and Nebbi Municipal Council respectively, for budgeting and expenditure.

Vote 107 budget and expended the funds on others current grants (transfers).

Vote 794 budget and expended the funds on; allowances, advertising and publications, computer supplies and IT services, welfare and entertainment, stationery, telecommunications, and fuel, lubricants and oils which was budgeted but never spent.

ii. **080351: Specialized Medical Research in HIV/AIDS**

a. This was created on in FY 2009/2010 and has not been budgeted on since the issue of the guidelines

iii. **085905: Diagnostic Equipment for HIV, TB and Malaria**

a. This was created in FY 2010/2011 under the health sector and has not been budgeted on since the issue of the guidelines

iv. **132204: HIV/AIDS activities in LGs coordinated.**

This was created in FY 2009/2010 under Public Sector Management sector and has not been budgeted on since the issue of the guidelines

The budget allocated to in relation to HIV & AIDS were too insignificant as presented above when compared to the expected 0.1% of the total budget

#### **4.4. STRATEGY ON CREATION OF SECTORAL VOTE OUTPUTS FOR HIV & AIDS MAINSTREAMING**

The consultant, in this section explores the strategy on creation of vote outputs for each sector, to bridge the gap and consolidate the efforts of rolling out, implementing, reporting, monitoring and evaluation of activities relating to HIV and AIDS mainstreaming efforts across government.

Given the fact that the Government of Uganda uses a sector led approach in planning and implementation of its mandate to the people of Uganda, it is critical that each of the intervention areas in the guidelines herein covered, be the outputs created.

This therefore justifies the need to create multiple outputs in each of the sectors to be able to cover the intervention areas laid out in the guidelines.

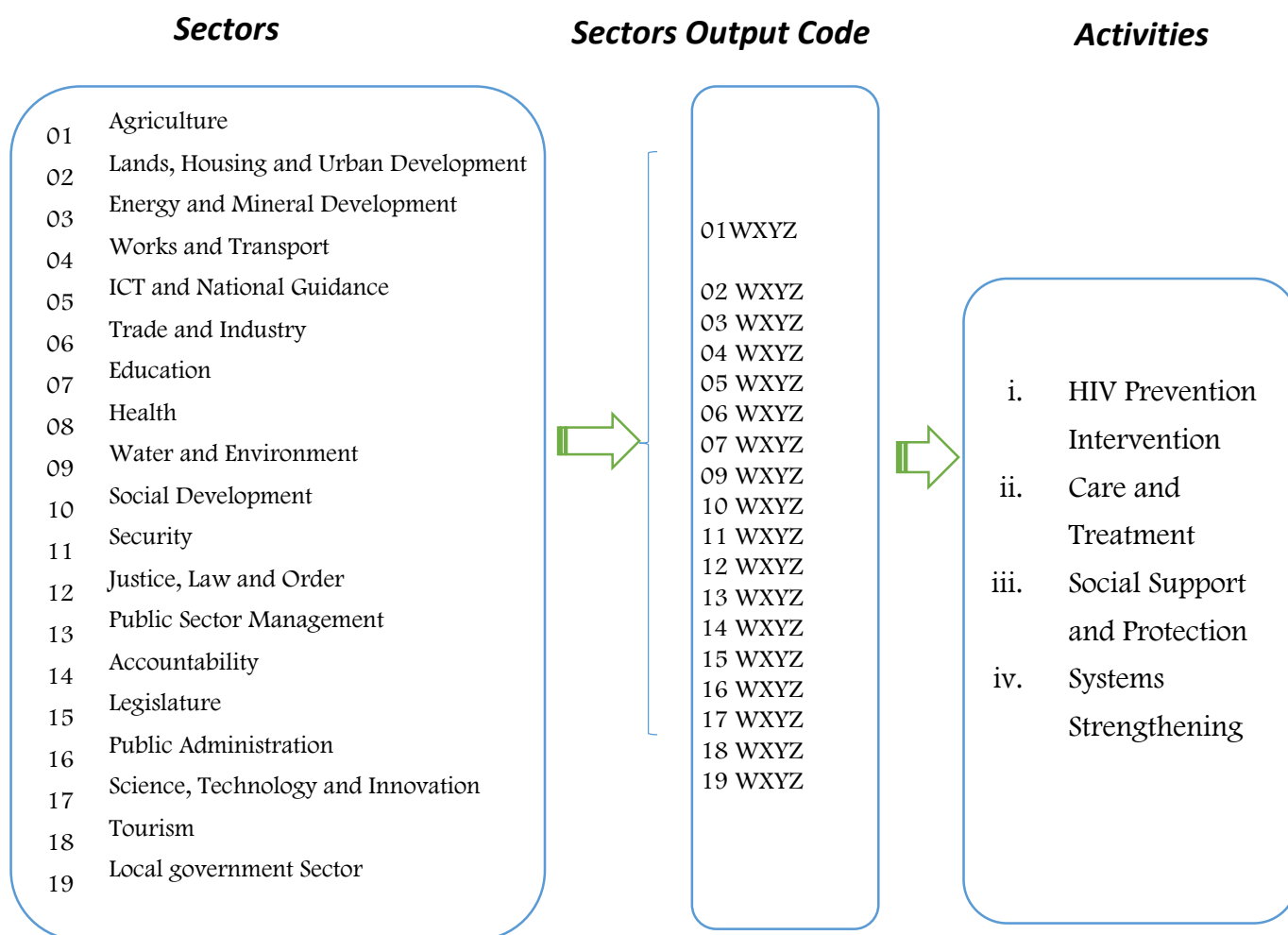
The concept of multiple outputs however, may not be immediately achieved at once. The consultant therefore suggests two phases of creation of such outputs as below.

**4.4.1. Scenario 1: Create One Vote output code in each Sector, code name HIV & AIDs mainstreaming**

In this case, 19 codes will be created, one per sector based on the logic below;

- i. Sector is the respective sector code e.g. 01 – 19
- ii. Program in HIV & AIDs mainstreaming code WX
- iii. Output in HIV & AIDs mainstreaming code YZ

**Figure 4: Proposed sector codes, matched to allowable spending codes**

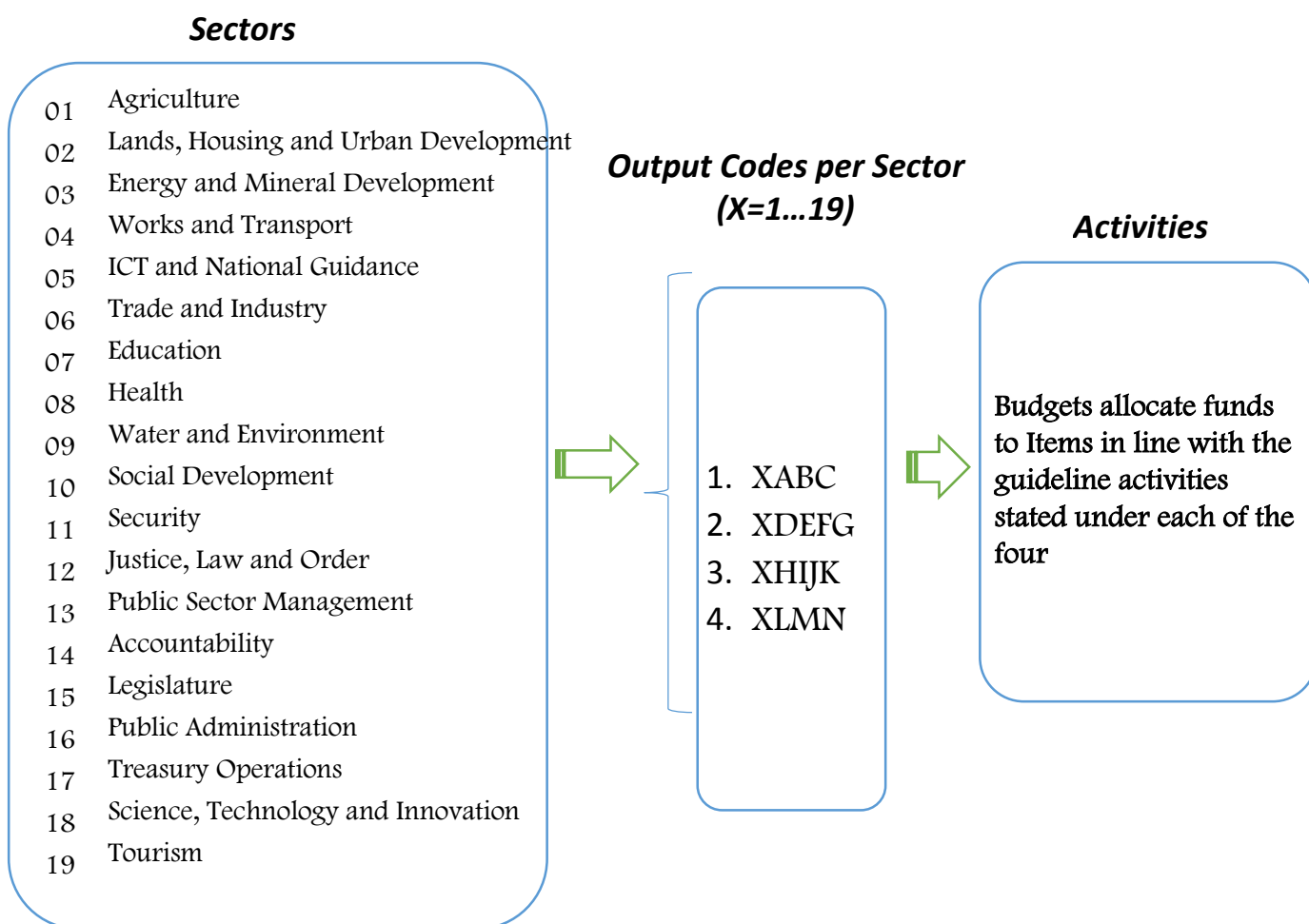


#### 4.4.2. Scenario 2: Create Four Vote output codes in each Sector

In this case, 4 related outputs will be created in each of the 19 sectors. These will then be mapped to the respective spending account codes that relate to the intervention areas outlined under each of them as per section 2.3 of the guidelines

- i. HIV Prevention Intervention (XABC)
- ii. Care and Treatment (XDEFG)
- iii. Social Support and Protection (XHIJK)
- iv. Systems Strengthening (XLMN)

Figure 5: Proposed sector codes, matched to allowable spending codes





This implies that 76 (19 x 4), vote outputs will be created, four per sector in line with the intervention areas in the guidelines.

The activities / items / accounts to which the funds are allocated will be interpreted as per the guideline list stated under each of the intervention areas. The discretion here will be left to the planning unit of the entity.

#### **4.4.3 Comparison of Scenario 1 and 2**

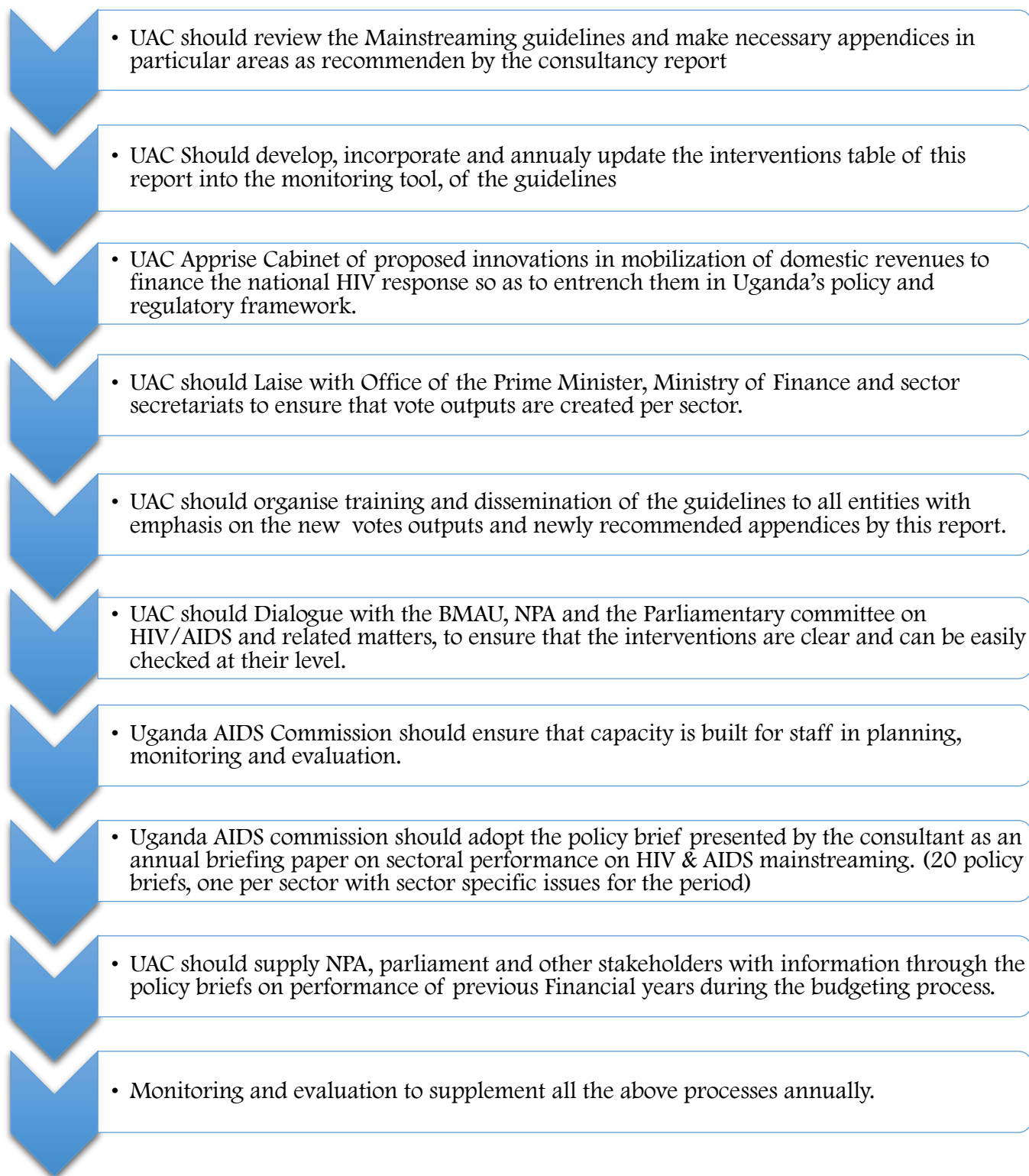
Data shows that implementation of scenario 1 in phase 1 and 2 in phase 2. These will be need therefore for the UAC to put in place a mechanism to track performance of scenarion1 to inform the roll out of phase two

Scenario 2 make it easy to identify which activities belong to which cost center in an entity, which helps to avoid crowding out of particular departmental budgets.

These output codes are key to effective implementation of the guidelines by all the stakeholders therein defined. Once achieved, this will be a great step in the right direction towards sustainable financing of effective HIV & AIDS responses.

## 5.0. Operationalizing of HIV & AIDS Mainstreaming Guidelines

Figure 5: Step By step Overview of Operationalizing of HIV & AIDS Mainstreaming Guidelines



## 6.0 Challenges faced

Some of the votes did not have the Policy statement documents uploaded on the MoFPED website hence it was hard to access the required information

## 7.0 Recommendation and Areas to Improve in regard to planning and budgeting for HIV/AIDS

- For FY 2019-20 most of the votes had costed the various activities under the crosscutting section and also allocated funds to them, it is incumbent upon the Uganda AIDS commission to ensure that what was planned is actually implemented before the end of the year.
- UAC should incorporate the interventions table developed by the consultant into the monitoring and evaluation tool for the guideline.
- UAC should organize training to entities on how to plan and budget for HIV/AIDS interventions and activities because some votes mostly the missions it was hard to understand the HIV/AIDS intervention.
- The UAC should exhaustively guide on all possible spending items for each of the outputs developed with reference to sections 2.1, 2.2, 2.3, 2.4, 2.5 and 2.6 of the guidelines to avoid any possible misconception.
- These outputs should be rollout at ago across all sector, but the monitoring and evaluation can be phased.
- The UAC should liaise with NPA, the Equal opportunities commission, the parliamentary committee on HIV % AIDS and related matter, to ensure that compliance with the guidelines is achieved
- The activity costing plan, in the guide lines should clearly spell out these outputs in relation to the activities there in stated
- The monitoring and evaluation tool, in the guide lines should also be updated in line with these outputs once created, for the UAC to effectively carry out its mandate.
- The UAC should immediately engagement sector secretariats and MoFPED to ensure that the outputs are created in the financial management systems.
- The UAC should develop a standard annual communication / message that appears in the Budget Call circulars by Ministry of Finance

## 8.0 Conclusion

HIV/AIDS prevention, treatment and care in the health sector is a preliminary responsibility for all stake holders hence there is need to develop and implement strategies that will ensure that allocated budgets are spent of the planned interventions a package for HIV prevention, treatment and care" interventions, with a view to achieving universal access for all those in need should be key in planning and budgeting. Future interventions should capitalize on social support within a refugee settlement to facilitate testing and treatment. There is also a major prevention benefit as People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load, have effectively no risk of sexually transmitting HIV to their HIV-negative partners.

Care and treatment included; encouraging patients take medicines that slow the progression of the virus in your body.

The biggest challenges in implementing the guide lines in the initial year FY 2018/2019, has been found to be the absence of specific vote outputs for clear budget allocations, execution and reporting by the different sectors / entities across government. Vote outputs should be created in each sector for HIV & AIDS mainstreaming and an appendix be made to the guidelines elaborating how the four intervention areas in the guidelines can be catered for while budgeting and expending.

## References

5th Edition of ABC of AIDS

Budget Speech for FY 2019/20

Ministered Policy Statements for all Votes for FY 2019/20

Budget framework Papers for all Votes for FY 2019/20

Approved Estimates of Revenue and Expenditure (Recurrent and Development) FY 2018/19  
Volume I: Central Government Votes

Approved Estimates of Revenue and Expenditure (Recurrent and Development) FY 2019/20  
Volume I: Central Government Votes

Global information and education on HIV and AIDS

Release of Preliminary Results of “ The 2016 Uganda Population HIV Impact Assessment –  
Ministry of Health”.

Global HIV & AIDS statistics — 2019 fact sheet –UNAIDS

Sustainable Development Goals by 2030

Integrating Agenda 2063 and 2030 Agenda for Sustainable Development into national  
development plans “Emerging Issues for African Least Developed Countries” (Economic  
Commission for Africa, 2017)

<https://www.budget.go.ug>

<https://www.hiv.gov/authors/hivgov>

## Appendices

### Appendix 1: APPROVED BUDGET ALLOCATIONS AND HIV/ AIDS CALCULATIONS FOR SECTORS FY 2019-20 (Bn Shs)

Sector	Total budget	Pension and Gratuity	Transfers	Wages	Total after pension and gratuity	Total after pension and gratuity wage	0.1% required allocation net of pension gratuity and transfers	0.1% required allocation net of pension gratuity transfers and wage	Total Actual Sector allocations per MPS
Agriculture	720.251	20.636	7.106	125.830	692.509	566.679	0.693	0.567	5.666
Lands, Housing and Urban Development	103.716	4.208	4.765	9.294	94.743	85.449	0.095	0.085	0.085
Energy and Mineral Development	779.930	10.993	65.786	59.938	703.150	643.212	0.703	0.643	0.600
Works and Transport	3,359.527	11.195	611.888	85.938	2,736.444	2,650.505	2.736	2.651	0.420
ICT and National Guidance	104.006	1.856	31.154	12.582	70.996	58.414	0.071	0.058	0.280
Trade and Industry	185.725	9.952	34.370	25.075	141.403	116.328	0.141	0.116	0.054
Education	3,081.349	42.151	163.134	1,810.767	2,876.064	1,065.297	2.876	1.065	2.779
Health	1,470.145	38.189	45.226	621.177	1,386.730	765.553	1.387	0.766	11.612
Water and Environment	569.205	8.894	5.553	36.172	554.759	518.586	0.555	0.519	1.053
Social Development	172.476	5.628	107.452	7.020	59.395	52.376	0.059	0.052	0.098
Security	3,257.848	120.484	64.503	582.916	3,072.861	2,489.946	3.073	2.490	0.470
Justice, Law and Order	1,613.701	64.956	-	480.230	1,548.746	1,068.515	1.549	1.069	3.441

<b>Public Sector Management</b>	1,270.676	28.162	67.606	370.770	1,174.908	804.138	1.175	0.804	2.100
<b>Accountability</b>	844.133	21.231	328.123	249.180	494.779	245.599	0.495	0.246	1.230
<b>Legislature</b>	1,430.760	19.820	18.701	86.933	1,392.239	1,305.306	1.392	1.305	0.197
<b>Public Administration</b>	687.779	21.088	54.117	97.800	612.574	514.774	0.613	0.515	8.185
<b>Treasury Operations</b>		~	~	~	~	~	~	~	
<b>Science, Technology and Innovation</b>	102.703	1.417	52.362	7.387	48.924	41.538	0.049	0.042	0.320
<b>Tourism</b>	193.731	1.51	~	3.941	192.222	188.281	9.404	0.188	0.276
<b>Grand Total</b>	<b>19,947.663</b>	<b>432.368</b>	<b>1,661.848</b>	<b>4,672.951</b>	<b>17,853.447</b>	<b>13,180.496</b>	<b>27.066</b>	<b>13.180</b>	<b>38.866</b>

**Appendix 2. APPROVED BUDGET ALLOCATIONS AND HIV/ AIDS CALCULATIONS FOR SECTORS FY 2019-20**

Votes Per Sector	Total budget allocation excluding external financing	Pension and Gratuity	Transfers	Total after deducting pension	0.01 allocation by vote	Vote Allocation in the budgets
<b>Agriculture</b>						
Ministry of Agriculture, Animal & Fisheries	186.19	14.715	7.106	164.371	0.164	5.000
Dairy Development Authority	10.13	0.432		9.700	0.010	0.050
National Animal Genetic Res. Centre and Data Bank	63.24	0.83		62.412	0.062	0.020
National Agricultural Research Organization	79.66	1.860		77.802	0.078	0.030
NAADS Secretariat	145.89	0.502		145.392	0.145	0.005
Uganda Cotton Development Organization	8.642	0.657		7.985	0.008	-
Uganda Coffee Development Authority	96.702	2.170		94.531	0.095	0.561
Local Governments	122.597			122.597	0.123	-
Kampala city Authority	7.188					
<b>Sub Total agriculture</b>	<b>720.251</b>	<b>20.636</b>	<b>7.106</b>	<b>684.791</b>	<b>0.685</b>	<b>5.666</b>
<b>Lands, Housing and Urban Development</b>						
Ministry of Lands, Housing & Urban Development	61.556	4.022	4.765	52.768	0.053	0.070
Uganda Land Commission	40.573	0.185		40.387	0.040	0.015
Kampala city Authority	1.588					
<b>Sub Total land</b>	<b>103.716</b>	<b>4.208</b>	<b>4.765</b>	<b>93.156</b>	<b>0.093</b>	<b>0.085</b>
<b>Energy and Mineral Development</b>						
Ministry of Energy and Mineral Development	531.506	2.149	65.786	463.571	0.464	0.100
Rural Electrification Agency (REA)	166.755	3.585		163.170	0.163	0.500
Uganda National Oil Company (UNOC)	31.470	0.940		30.531	0.031	-



Petroleum Authority of Uganda (PAU)	50.199	4.483		45.716	0.046	-
<b>Sub Total energy</b>	<b>779.930</b>	<b>10.993</b>	<b>65.786</b>	<b>702.987</b>	<b>0.703</b>	<b>0.600</b>
<b>Works and Transport</b>						
Ministry of Works and Transport	1,001.317	8.779	611.888	380.650	0.389	0.200
Uganda National Roads Authority	1,823.004	2.031		1,820.973	1.709	0.200
Road Fund	447.103	0.667		446.436	0.229	0.020
Local Governments	22.903			22.903	0.023	-
Kampala city Authority	65.200					
<b>Sub Total works</b>	<b>3,359.527</b>	<b>11.195</b>	<b>611.888</b>	<b>2,670.962</b>	<b>2.350</b>	<b>0.420</b>
<b>ICT and National Guidance</b>						
Ministry of ICT and National Guidance	63.195	0.567	31.154	31.473	0.027	0.050
National Information Technology Authority	40.811	1.288		39.523	0.026	0.230
<b>Sub Total ICT</b>	<b>104.006</b>	<b>1.856</b>	<b>31.154</b>	<b>70.997</b>	<b>0.053</b>	<b>0.280</b>
<b>Trade and Industry</b>						
Ministry of Trade, Industry and Cooperatives	109.514	4.281	34.370	70.862	0.091	0.004
Uganda National Bureau of Standards	68.936	5.339		63.597	0.019	0.050
Uganda Export Promotion Board	5.043	0.312		4.731	0.003	
Kampala city Authority	2.232					
<b>Sub Total trade</b>	<b>185.725</b>	<b>9.952</b>	<b>34.370</b>	<b>139.190</b>	<b>0.113</b>	<b>0.054</b>
<b>Education</b>						
Ministry of Education and Sports	332.170	34.973	163.134	134.063	0.238	0.025
Busitema University	36.969	0.267		36.702	0.028	0.112
Muni University	17.290	0.052		17.238	0.014	0.045
Uganda National Examinations Board	123.279	1.733		121.546	0.055	0.080
Education Service Commission	9.419	1.455		7.965	0.007	0.075
Makerere University	316.113	1.247		314.866	0.178	1.646

Mbarara University	47.128	0.003		47.125	0.035	0.015
Makerere University Business School	76.691	0.196		76.495	0.032	0.270
Kyambogo University	132.308	2.091		130.216	0.052	0.050
Uganda Management Institute	33.295	0.200		33.095	0.007	0.150
Gulu University	48.452	0.189		48.263	0.035	0.300
Lira University	18.900	-		18.900	0.013	0.009
National Curriculum Development Centre	14.267	0.047		14.221	0.007	0.002
Kabale University	32.351	0.286		32.065	0.017	-
Soroti University	17.782	0.146		17.636	0.012	-
Local Governments	1,779.962			1,779.962	1.637	-
Kampala city Authority	44.974			44.974		
<b>Sub Total education</b>	<b>3,081.349</b>	<b>42.151</b>	<b>163.134</b>	<b>2,875.329</b>	<b>2.367</b>	<b>2.779</b>
<b>Health</b>						
Ministry of Health	150.094	10.671	45.226	94.197	0.116	6.000
Uganda AIDS Commission	8.722	0.688		8.033	0.006	0.040
Uganda Cancer Institute	33.970	0.400		33.570	0.027	0.040
Uganda Heart Institute	24.707	0.102		24.605	0.013	0.040
National Medical Stores	396.172	-		396.172	0.275	0.140
Health Service Commission	6.867	0.936		5.931	0.006	0.005
Uganda Blood Transfusion Service (UBTS)	17.942	0.610		17.332	0.019	0.150
Mulago Hospital Complex	69.156	7.891		61.265	0.058	0.100
Butabika Hospital	21.580	0.824		20.757	0.012	0.100
Arua Referral Hospital		1.357		(1.357)	0.007	0.040
Fort Portal Referral Hospital		1.227		(1.227)	0.008	0.500
Gulu Referral Hospital		1.417		(1.417)	0.008	0.011
Hoima Referral Hospital		0.841		(0.841)	0.008	0.500

Jinja Referral Hospital		2.253		(2.253)	0.009	0.001
Kabale Referral Hospital		0.926		(0.926)	0.007	0.002
Masaka Referral Hospital		0.824		(0.824)	0.007	1.640
Mbale Referral Hospital		2.439		(2.439)	0.012	0.100
Soroti Referral Hospital		1.290		(1.290)	0.007	0.006
Lira Referral Hospital		1.245		(1.245)	0.008	0.200
Mbarara Referral Hospital		2.035		(2.035)	0.008	0.200
Mubende Referral Hospital		0.583		(0.583)	0.007	1.640
Moroto Referral Hospital		0.177		(0.177)	0.007	0.007
Naguru Referral Hospital	168.554	0.418		168.136	0.008	0.100
Uganda Virus Research Institute (UVRI)	9.069	0.830		8.239	0.006	0.050
Local Governments	549.524			549.524	0.536	-
Kampala city Authority	13.786			13.786		
<b>Sub Total health</b>	<b>1,470.145</b>	<b>38.189</b>	<b>45.226</b>	<b>1,384.935</b>	<b>1.185</b>	<b>11.612</b>
<b>Water</b>						
Ministry of Water and Environment	408.627	3.945	5.553	399.128	0.319	0.130
National Environment Management Authority	26.052	2.017		24.035	0.013	0.389
National Forestry Authority	32.499	0.539		31.960	0.016	-
Uganda National Meteorological Authority	26.763	2.224		24.540	0.025	0.534
Local Governments	59.330			59.330	0.060	-
Kampala city Authority	15.934			15.934		
<b>Sub Total For Water and Environment</b>	<b>569.205</b>	<b>8.894</b>	<b>5.553</b>	<b>554.928</b>	<b>0.433</b>	<b>1.053</b>
<b>Social Development</b>						
Ministry of Gender, Labor and Social Development	150.632	4.461	107.450	38.721	0.169	0.018
Equal Opportunities Commission	12.265	1.167		11.098	0.011	0.080

Local Governments	7.640			7.640	0.008	-
Kampala city Authority	1.939			1.939		
<b>Sub Total social development</b>	<b>172.476</b>	<b>5.628</b>	<b>107.450</b>	<b>59.398</b>	<b>0.188</b>	<b>0.098</b>
<b>Security</b>						
Office of the President (ISO)	64.004	16.051		47.953	0.028	0.120
Ministry of Defense	3,154.612	118.403		3,036.208	1.510	-
External Security Organization	39.232	8.136		31.096	0.037	0.350
<b>Sub Total security</b>	<b>3,257.848</b>	<b>120.484</b>	<b>-</b>	<b>3,115.257</b>	<b>1.575</b>	<b>0.470</b>
<b>Justice, Law and Order</b>						
Ministry of Justice and Constitutional Affairs	142.265	1.371	64.956	75.939	0.067	0.100
Ministry of Internal Affairs	41.387	1.485	0.162	39.740	0.025	0.030
Judiciary	181.612	10.025		171.587	0.119	0.300
Law Reform Commission	5.880	0.266		5.614	0.010	-
Uganda Human Rights Commission	18.903	1.957		16.945	0.017	-
Law Development Centre	18.442	1.538		16.904	0.009	0.036
Uganda Registration Services Bureau	25.476	2.081		23.395	0.011	0.440
National Citizenship and Immigration Control	101.800	0.243		101.556	0.025	0.020
Office of the Director of Public Prosecutions	43.314	0.626		42.688	0.034	0.120
Uganda Police Force	705.912	29.688		676.224	0.590	0.500
Uganda Prisons	238.117	10.862		227.255	0.187	1.776
Judicial Service Commission	9.706	0.539		9.167	0.010	0.020
Directorate of Government Analytical Laboratory	19.027	0.121		18.907	0.019	0.099
National Identification and Registration Authority (NIRA)	61.862	5.084		56.778	0.050	-
<b>Sub Total justice law</b>	<b>1,613.701</b>	<b>64.956</b>	<b>65.118</b>	<b>1,482.697</b>	<b>1.173</b>	<b>3.441</b>

<b>Public Sector Management</b>						
Office of the Prime Minister	157.509	1.883	5.914	149.712	0.124	1.945
Ministry of Public Service	31.373	3.360		28.013	0.027	0.005
East African Community	52.242	14.608		37.634	0.025	0.005
National Planning Authority	33.567	2.652		30.915	0.024	0.006
Public Service Commission	8.857	1.025		7.832	0.008	0.010
Kampala city Authority	142.997			142.997		
<b>Sub Total public sector</b>	<b>426.543</b>		<b>5.914</b>	<b>397.102</b>	<b>0.208</b>	
<b>Local Government sector</b>	<b>1,270.676</b>					
Ministry of Local Government	40.938	4.701		36.237	0.048	0.014
Local Government Finance Commission	4.814	0.339		4.475	0.005	0.115
Local Governments	798.380			798.380	0.734	
<b>Sub total LGs</b>	<b>844.133</b>	<b>28.162</b>	<b>-</b>	<b>839.092</b>	<b>0.787</b>	<b>2.100</b>
<b>Accountability</b>						
Ministry of Finance, Planning & Economic Dev.	489.914	6.807		483.107	0.360	-
Inspectorate of Government (IG)	53.476	6.396		47.080	0.047	0.030
Ethics and Integrity	8.592	0.220		8.372	0.005	0.020
Financial Intelligence Authority (FIA)	13.017	0.698		12.319	0.012	0.200
Treasury Operations	262.068	-		262.068	0.062	-
Auditor General	63.750	2.394		61.355	0.054	0.180
URA	438.255	1.617		436.639	0.330	0.500
Uganda Bureau of Statistics	60.081	0.915		59.166	0.049	-
PPDA	24.834	1.545		23.289	0.023	0.300
Uganda Investment Authority (UIA)	15.447	0.809		14.639	0.010	

Kampala city Authority	1.326			1.326		
<b>Sub Total For Accountability</b>	<b>1,430.760</b>	<b>21.231</b>	<b>~</b>	<b>1,409.360</b>	<b>0.952</b>	<b>1.230</b>
<b>Legislature</b>						
Parliamentary Commission	687.779	19.820		667.959	0.478	0.197
<b>Sub Total For Legislature</b>	<b>687.779</b>	<b>19.820</b>	<b>~</b>	<b>667.959</b>	<b>0.478</b>	<b>0.197</b>
<b>Public</b>						
Office of the President	101.824			101.824	0.067	
State House	407.138	3.747		403.392	0.272	0.166
Ministry of Foreign Affairs	54.078	5.429		48.649	0.026	0.900
Specified Officers salaries	0.521			0.521		
Electoral Commission	229.302	2.082		227.220	0.086	0.038
Mission in New York	186.194	~		186.194	0.013	0.300
Mission in England		~		~	0.006	0.040
Mission in Canada		~		~	0.005	0.090
Mission in India		~		~	0.004	3.500
Mission in Egypt		~		~	0.003	0.030
Mission in Kenya		~		~	0.003	0.080
Mission in Tanzania		~		~	0.004	0.001
Mission in Nigeria		~		~	0.003	~
Mission in South Africa		~		~	0.003	0.100
Mission in Washington		~		~	0.007	0.098
Mission in Ethiopia		~		~	0.003	0.080
Mission in China		~		~	0.005	0.020
Mission in Rwanda		~		~	0.003	0.080
Mission in Geneva		~		~	0.007	~
Mission in Japan		~		~	0.005	0.030

Mission in Saudi Arabia		~		~	0.003	0.015
Mission in Denmark		~		~	0.004	0.050
Mission in Belgium		~		~	0.012	0.050
Mission in Italy		~		~	0.005	0.250
Mission in DR Congo		~		~	0.003	
Mission in Sudan		~		~	0.003	0.050
Mission in France		~		~	0.006	0.951
Mission in Germany		~		~	0.005	0.100
Mission in Iran		~		~	0.003	0.900
Mission in Russia		~		~	0.004	0.004
Mission in Canberra		~		~	0.004	0.020
Mission in Juba		~		~	0.004	0.080
Mission in Abu Dhabi		~		~	0.005	0.002
Mission in Bujumbura		~		~	0.009	0.001
Consulate in Guangzhou		~		~	0.005	0.050
Mission in Ankara		~		~	0.003	-
Mission in Somalia		~		~	0.002	
Mission in Malyasia		~		~	0.003	0.100
Consulate in Mombasa		~		~	0.001	
Uganda Embassy in Algeria, Algiers		~		~	0.003	0.006
Uganda Embassy in Doha, Qatar				~		0.003
<b>Sub Total public admin</b>	<b>979.058</b>	<b>21.088</b>	<b>~</b>	<b>967.800</b>	<b>0.612</b>	<b>8.185</b>
<b>Sub Total For Interest Payments</b>	<b>3,145.162</b>	<b>~</b>	<b>~</b>	<b>2.793</b>	<b>0.034</b>	<b>-</b>
<b>Science, Technology and Innovation</b>						
Ministry of Science, Technology and Innovation	89.261	0.074	21.586	67.602	0.034	0.300
Uganda Industrial Research Institute	13.442	1.343		12.099	0.013	0.020

<b>Sub Total For Science, Technology and Innovation</b>	<b>102.703</b>	<b>1.417</b>	<b>21.586</b>	<b>79.700</b>	<b>0.047</b>	<b>0.320</b>
<b>Tourism</b>						
Ministry of Tourism, Wildlife and Antiquities	168.564	1.059		167.506	14.465	0.140
Uganda Tourism Board	25.167	0.450		24.717	17.057	0.136
<b>Sub total for Tourism</b>	<b>193.731</b>	<b>1.509</b>	<b>~</b>	<b>192.222</b>	<b>31.522</b>	<b>0.276</b>
<b>Grand Total</b>	<b>22,801.206</b>	<b>432.368</b>	<b>1,163.136</b>	<b>17,993.553</b>	<b>45.350</b>	<b>38.866</b>
0.001 of the Grand Total	22.801					~
<b>Grand Total without treasury operations</b>	<b>19,656.044</b>	<b>385.978</b>	<b>524.313</b>	<b>13,934.292</b>	<b>13.934</b>	<b>~</b>
0.001 of the <b>Grand Total without treasury operations</b>	19.656			13.934		



**Appendix 3. INTERVENTION BY VOTES PER SECTOR ON THE HIV & AIDS MAINSTREAMING FOR FY 2019/2020**

Vote Sector	Intervention					
	Counseling	Sensitization	Social Support	Care And Treatment	Awareness Campaigns	Workplace Policies
<b>Agriculture</b>						
010 Ministry of Agriculture, Animal & Fisheries					Undertake comprehensive HIV/AIDS prevention sensitization in the different farming communities; and through the use of local media	
121 Dairy Development Authority		Sensitizing dairy stakeholders on HIV/ AIDS during field and Entebbe Dairy Training School trainings.				
122 Kampala Capital City Authority						
125 National Animal Genetic Res. Centre and Data Bank	Testing and Counseling staff.					

142 National Agricultural Research Organization					Generation of appropriate and responsive nutritive technologies and creation of awareness on HIV/AIDS among key NARO stakeholders	
152 NAADS Secretariat		Sensitize farmers/farmer groups and staff on the HIV/AIDS awareness				
155 Uganda Cotton Development Organisation						
160 Uganda Coffee Development Authority					Enroll staff and beneficiaries on medical insurance scheme and raise awareness among stakeholders on the impact of HIV/AIDS on coffee production	
<b>Lands, Housing and Urban Development</b>						
012 Ministry of Lands, Housing & Urban Development	Disseminate IEC materials		Organize HIV/AIDS Sensitization workshops	Collaborate with HIV/AIDS Service providers.	Host Health awareness week	

156 Uganda Land Commission	To conduct workshops To initiate counseling services			To procure supplies for use like Condoms, ARVs, et		
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**Energy and Mineral Development**

017 Ministry of Energy and Mineral Development	To have the resource envelope for accessing ARVs and counselling services					
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123 Rural Electrification Agency (REA)		HIV sensitisation drives in partnership with the local leaders before, during and after project implementation				‡Employment opportunities for the affected persons at all stages of project implementation ‡Enforce code of Ethics on contractors
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311 Uganda National Oil Company (UNOC)						
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312 Petroleum Authority of Uganda (PAU)						
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**Works and Transport**

16 Ministry of Works and Transport						Review and Update HIV AIDS Policy statement
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113 Uganda National Roads Authority					Engage service providers on road projects to undertake awareness raising and mitigation of HIV/AIDS and other social related risks on UNRA projects	
118 Road Fund			Setting HIV/AIDS camp sites during road maintenance; Facilitate routine community HIV/AIDS testing and counseling services		Liaising with community health workers to create awareness about HIV/AIDS scourge;	
122 Kampala Capital City Authority						
<b>ICT and National Guidance</b>						
020 Ministry of ICT and National Guidance		Undertake Quarterly sensitization workshops;			Arranging HIV/AIDS awareness campaigns at the Ministry of ICT and National;	Developing and implementing the HIV/AIDS Policy at the Ministry of ICT and National Guidance;

126	National Information Technology Authority		Partner with Uganda cares to raise awareness on HIV			Provide an equitable medical coverage for NITA-U Staff Develop an HIV & AIDs policy
<b>Trade and Industry</b>						
015	Ministry of Trade, Industry and Cooperatives				Carry out health awareness campaigns and continue to provide staffs who declare their status with support, care and treatment from JCRC.	
022	Ministry of Tourism, Wildlife and Antiquities	Work with USAID and TASO to sensitize staff and students about HIV and AIDS. Sensitize staff on HIV/AIDS during MTWA Team building meetings;	Engage Counselors to address stigma at all institutions in the sector;	Undertake sensitization training and testing at UWA		Involvement of the Human resource sections in encouragement of positive living among employees. ;Print and distribute abridge copy of HIV Policy (both at UHTTI and UWRTI)

117 Uganda Tourism Board		Sensitize schools in the 5 regions of Uganda about the country's tourism potential and related HIV AIDS aspects			Conduct HIV/AIDS awareness training for staff, design and print brochures for distribution to visitors	Provide a medical insurance scheme to cater for all staff and their dependents including people living with HIV/AIDS
154 Uganda National Bureau of Standards			Participation in all HIV/AIDS activities including HIV/AIDS day celebrations.	Treatment and counselling of HIV/AIDS patients	Creating awareness about HIV/AIDS at the work place	Dissemination of information related to HIV/AIDS
306 Uganda Export Promotion Board						
<b>Education</b>						
13 Ministry of Education and Sports			Disseminate guidelines for prevention and management of HIV/AIDS and teenage pregnancy in schools.			Conduct quarterly review meeting with the key implementing partners. Conduct quarterly review meeting with the MoES Health/HIV TWG

<b>111 Busitema University</b>		Emphasize HIV/AIDS sensitivity in future University and ensure HIV/AIDS is mainstreaming in all core activities of the University.	Develop partnerships and coordinate with communities, NGOs, education institutions, public and private sectors with focus on HIV/AIDS reduction strategies and aid in provision of testing and counselling services to the University community			
<b>122 Kampala Capital City Authority</b>						
<b>127 Muni University</b>	-Organise Counselling and Testing	Sensitization Meetings		Organise male Circumcision activities		Train staff in mainstreaming HIV/AIDs in their activities.
<b>128 Uganda National Examinations Board</b>		‡Continue to sensitize stakeholders on issues of HIV/AIDs				Train committee in modern counseling and testing
<b>132 Education Service Commission</b>		‡Continuous sensitization and free medical checkups and	Blood donation on an annual basis ‡Providing incentive in terms of medical allowance to facilitate staffs living with HIV/AIDs.			

<b>136 Makerere University</b>					Awareness campaign through Univ and development partner support for HIV/AIDS	Programmes for HIV/AIDS treatment designed for the communities
<b>137 Mbarara University</b>		Conduct sensitization and peer educators workshopd and training voluntary counselling and test services		Condoms contraceptives IEC materials and research		
<b>138 Makerere University Business School</b>				diagnosing and treatment of patients	Health talks and workshops, qualified personnel in the health Unit,	MUBS has recruited healthy workers to handle HIV/AIDS testing and counseling services to students and staff
<b>139 Kyambogo University</b>			Conducting outreaches in the community as well as offering Anti-retro viral therapy services & safe male medical circumcision services			
<b>140 Uganda Management Institute</b>					Creating awareness of HIV/AIDS to UMI clients and	HIV/AIDS Policy developed and disseminated
<b>149 Gulu University</b>						Lobby for more funds Create awareness through HIV/AIDS campaigns



301 Lira University						Emphasize HIV/ AIDS sensitivity in all University policies and ensure it is fully mainstreamed in all the core activities of the University.
303 National Curriculum Development Centre	Counseling services and provision of essential materials for home use					
307 Kabale University						
308 Soroti University						
<b>Health</b>						
14 Ministry of Health			Conduct updates orientations for media institutions to enhance accurate and responsible reporting on HIV issues,	Procure and distribute Condoms. Procure and distribute HIV test kits and implement the test and treat policy.		
107 Uganda AIDS Commission						Roll-out of the HIV mainstreaming guidelines in all the MDAs and Local governments
114 Uganda Cancer Institute						Develop an HIV/AIDS Policy

115 Uganda Heart Institute	- Awareness and counselling			Provision of protective gears		Emphasize professional standards
116 National Medical Stores				Essential medicines and health supplies procured, stored and distributed to health facilities spread across the country		
122 Kampala Capital City Authority						
134 Health Service Commission				Support to the HIV/AIDS affected and infected staff		
151 Uganda Blood Transfusion Service (UBTS)				Carry out internal assessment of HIV among staff 4) Provide support to the affected staff	Conduct awareness campaigns among staff	Develop UBTS HIV/AIDS Mainstreaming Strategy and Implementation Plan
161 Mulago Hospital Complex			Individual and family support to mitigate the impact off HIV	HIV care and treatment	Disseminating prevention messages	
162 Butabika Hospital				Increase access to mental health care for female, children and disabled mentally ill patients		

<b>163 Arua Referral Hospital</b>	HIV counseling and testing, Antiretroviral treatment, eMTCT, post-exposure prophylaxis.		Health education of HIV/AIDS both in the hospital and community.	Proper patient care for opportunistic infections, early diagnosis,		
<b>164 Fort Portal Referral Hospital</b>				Increase on Viral load testing for eligible Clients. Increase on clients who are not suppressed to complete the IAC. Intensify viral load utilization by clinicians		
<b>165 Gulu Referral Hospital</b>			Intensify outreach coverage and follow up of patients through personal contacts			
<b>166 Hoima Referral Hospital</b>	Strengthen HIV Counseling and Testing Services in all wards	Carry out aggressive sensitization programs focusing on ABC+ interventions		Fully Operationalize a new facility HIV/AIDS Clinic with support from Infectious Diseases Institute		
<b>167 Jinja Referral Hospital</b>						

168 Kabale Referral Hospital				‡Ensuring constant availability of protective gears like gloves ‡Continuous Medical Education on prevention of sharps pricks, blood splashes among others.		
169 Masaka Referral Hospital			More male involvement in accompanying their partners for antenatal services. Health education campaigns through radio talk shows.			
170 Mbale Referral Hospital					Moving to community to carry out awareness , testing and enrollment on treatment	
171 Soroti Referral Hospital	Radio talk shows. Health Education, counselling, treatment.					
172 Lira Referral Hospital			Introduce couple testing b. Introduce male friendly treatment services			

<b>173 Mbarara Referral Hospital</b>	Adherence Counselling		Provision of Pre PEP prophylaxis for Commercial sex workers and discordant couples. Client followed up Lost to follow patients	Implement Test, Treat and Suppress interventions, Viral suppression Viral Load monitoring. CD4 Tests		
<b>174 Mubende Referral Hospital</b>			Health education. Treatment of all HIV+ pregnant mothers to eliminate infection of mother to child in new born	Test and treat. Safe male circumcision. Post exposure prophylaxis to all exposed staff.		
<b>175 Moroto Referral Hospital</b>	Conduct continuous health educations; Conduct HIV/AIDS counseling and testing and TB coinfection screening; Conducting Safe male circumcision; Conduct out reaches to cover most at risk populations; Condom distribution to special groups		Encourage mothers to deliver in health facilities; Provide incentives for spouses (men) to accompany mothers.	Test every mother and husband during antenatal; Immediate initiation of those found positive on ART treatment: followed,		

176 Naguru Referral Hospital			Conduct routine community outreach programs, Integrate with hospital services.	Diagnose by making HIV testing easy, accessible, routine & increase adherence to HIV screening recommendations		
304 Uganda Virus Research Institute (UVRI)				Installation of condom dispensers and the distribution of condoms within restrooms. Promote safe male circumcisions for staff and their children.		HIV/AIDS awareness meetings,
<b>Water and Environment</b>						
019 Ministry of Water and Environment				Build capacity of Ministry staff in HIV/AIDS mainstreaming; Conduct voluntary counselling and testing; provide circumcision services to staff; ensure staff have access to condoms		Develop HIV/AIDS implementation guidelines.
122 Kampala Capital City Authority						

150 National Environment Management Authority		Sensitize staff on HIV/AIDS		Provide safe condoms in Toilets and washrooms of NEMA for staff to conveniently pick and use when necessary		Ensure all staff are on a medical insurance scheme
157 National Forestry Authority						
302 Uganda National Meteorological Authority	Provision of voluntary counseling and testing services to all staff			Availing free condoms to both men and women staff in their wash room. Provision of medical insurance to all staff		

#### Social Development

018 Ministry of Gender, Labour and Social Development		Sensitization on HIV/AIDS among children and youth in Ministry institutions - Sensitize youth and women under UWEP and YLP and hard to reach areas on the dangers of HIV/AIDS. -		Provision of condoms.	Participate in National Programmes of all HIV activities. - Routine testing, sensitization and treatment where possible.	
122 Kampala Capital City Authority						

124 Equal Opportunities Commission		EOC will relay messages during commemoration of International and national days to sensitize the public about HIV&AIDs.				
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**Security**

001 Office of the President		Create awareness through sensitization to control the spread of HIV/AIDs through counselling and treatment of those already infected.				
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004 Ministry of Defence						
159 External Security Organisation			Partner with Government and non-Government agencies to sensitize staff about the dangers of HIV/AIDs.	0.35		

**Justice, Law and Order**

007 Ministry of Justice and Constitutional Affairs	Provide Sensitisation, Counselling and Testing services			Provide condoms to Staff.		Establishment of HIV/AIDs committee. Appointment of HIV/AIDs focal point Officers.
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009 Ministry of Internal Affairs	-Provide Information, Education and Communication on HIV and AIDS -HIV Counselling and Testing - Promote use of condoms					
101 Judiciary	Testing, Counselling and follow up of HIV/AIDS + staff.	Sensitization of the Staff and dissemination of HIV/AIDS policy				Print and disseminate IEC materials for World AIDS Day 4. Medical allowances to HIV/AIDS staff
105 Law Reform Commission						
106 Uganda Human Rights Commission						
109 Law Development Centre				Provide ARV's to staff and students of LDC living with HIV/AIDS. Provide medical support to staff and students living with HIV/AIDS	Create awareness through online communication to staff and students of LDC	
119 Uganda Registration Services Bureau		Sensitization of staff on HIV /AIDS and human rights		Provision of medical insurance scheme to staff.		

<b>120 National Citizenship and Immigration Control</b>	Conduct free HIV/AIDs testing and counselling for staff and clients once a year		Provide a special feeding allowance for staff with HIV/ Aids			Budget for medical support
<b>133 Office of the Director of Public Prosecutions</b>				Support healthy diet to staff living with HIV Develop & distribute rights based IEC materials to criminal justice system Establish points of need for	Training of trainers on HIV services Awareness campaigns Participate in all HIV activities Initiate & maintain collaborations Hold HIV Committee meetings Provide HIV uptake & retention Conduct M&E Disseminate internal HIV Policy to field office	HIV/AIDS services in the workplace Provide HIV/AIDS prevention services at ODPP field stations
<b>144 Uganda Police Force</b>					Create HIV/AIDS & malaria awareness for 6000 peers with BCC(Behavioral Change Communication) messages on prevention,	Rollout UPF HIV/AIDS workplace policy to 8 regions, eMTCT services to maternity centers at Gulu & Moroto.

					treatment & support services	
145 Uganda Prisons	Health promotion, voluntary counselling & testing and provision of treatment ±shs.1.598bn		Improve health care & strengthen clinical laboratories ±shs.0.6bn	Provide nutritional supplements to HIV/AIDS patients shs.0.908bn		
148 Judicial Service Commission		Conduct staff sensitization/			awareness campaigns about HIV/AIDS and encourage voluntary testing for HIV	
305 Directorate of Government Analytical Laboratory			Network with organizations with HIV/AIDS			Workshops to provide the leadership and employees in DGAL with guidance on designing and implementing work place based activities aimed at reducing risks to HIV infection
309 National Identification and Registration Authority (NIRA)						
<b>Public Sector Management</b>						

<b>3 Office of the Prime Minister</b>			ii. Staff wellness activities promoted through sports club and health camps		iii. Under NUSAF III, OPM will sensitize community on HIV/AIDS & reach 250,541 beneficiaries	i. OPM will continue implementing HIV/AIDS Workplace Policy
<b>5 Ministry of Public Service</b>						Review the Ministry HIV/AIDS Policy
<b>11 Ministry of Local Government</b>						
<b>21 East African Community</b>						HIV/AIDS management at the workplace
<b>108 National Planning Authority</b>		Sensitize and encourage staff to embrace the NPA HIV/AIDS policy and also access HIV counseling and testing services and continue with placement of condoms in the washrooms				
<b>122 Kampala Capital City Authority</b>						
<b>146 Public Service Commission</b>	The Commission has counselling programs and is developing a workplace policy					

147 Local Government Finance Commission						Refresher on the HIV/ AIDS policy at the work place and provision of Medical insurance for staff
<b>Accountability</b>						
008 Ministry of Finance, Planning & Economic Dev.						
103 Inspectorate of Government (IG)				Improve service seeking behavior of staff, with more staff getting HIV tested and more staff on anti retroviral treatment		
112 Ethics and Integrity	Provide free HIV voluntary counseling and testing to all staff, both women and men					Organize, workshops/Seminars and invite HIV/AIDS experts to guide staff and management of DEI on how to prevent the spread of HIV AIDS
122 Kampala Capital City Authority						
129 Financial Intelligence Authority (FIA)						Seek approval of HIV/AIDS Policy from the board to guide FIAs interventions
130 Treasury Operations						

131 Auditor General						In FY 2019/20 the office shall enable HIV positive staff and their families to equitably access required medical services through the medical insurance scheme. The office plans to expand the medical cover to cater for specialised staff counselling.
141 URA				Provide a special fund to cater for staff and their family members affected with HIV/AIDS.		
143 Uganda Bureau of Statistics						
153 PPDA			Membership with The AIDS Support Organisation which provides Voluntary Testing and Counseling Services, Care for Staff living with HIV/AIDS among other services.			provision of comprehensive health insurance for all staff and their dependents. Corporate
310 Uganda Investment Authority (UIA)						

**Legislature**

<b>104 Parliamentary Commission</b>	offer counseling services on HIV/AIDS, cancer etc	Hold an annual health week to continue sensitizing the staff and the public on the dangers, preventive measures and offer counseling services on HIV/AIDS, cancer etc		The Vote plans to provide treatment (Cocktail Medicine) and regular Laboratory tests		
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**Public Administration**

<b>1 Office of the President</b>						
<b>2 State House</b>			Provide social and medical support		Increase HIV/AIDS awareness to both staff and the masses.	
<b>6 Ministry of Foreign Affairs</b>			Support a culture of living a responsible lifestyle		Conduct HIV/AIDS sensitization workshops for staff	
<b>102 Electoral Commission</b>	Provide Counselling and Support to persons Living with HIV/AIDS	Conduct sensitization workshops		Provide Medical support to Persons Living with HIV/AIDS		
<b>201 Mission in New York</b>						All staff to be on medical insurance, provide annual return air ticket to connect with their families

<b>202 Mission in England</b>					Bring about awareness through social media and also engaging the Health organisations in the UK to assist in funding and research. Youth seminars on sensitisation of the youth	
<b>203 Mission in Canada</b>			Support a culture of living a responsible lifestyle	Provision medical care to staff affected, including, where appropriate, access to counselling services		
<b>204 Mission in India</b>		Securing methods to prevent mother to child HIV/AIDS transmission.				
<b>205 Mission in Egypt</b>	Provide Counselling and medical care to staff affected	Carry out sensitization workshops on HIV		Provision of Condoms and encourage their use		Facilitate medical Insurance for staff
<b>206 Mission in Kenya</b>		Conduct HIV/AIDS sensitization workshops for staff	Participate in World AIDS day as a corporate social responsibility Support programs that aim at			



			HIV/AIDS prevention			
<b>207 Mission in Tanzania</b>		Enhancing HIV/AIDS Education, information dissemination, sensitization and awareness rising and advocacy programs. Strengthen capacity of the Mission to mainstream HIV/AIDS.				
<b>208 Mission in Nigeria</b>						
<b>209 Mission in South Africa</b>						Strengthen the capacity of the Mission to mainstream HIV/AIDS. Support HIV/AIDS workplace programs at the Mission
<b>210 Mission in Washington</b>		Enhance HIV/AIDS education, information dissemination and sensitization of Mission staff				. Empower staff to access testing and treatment facilities 3. Facilitate Foreign Service Officers to live with their spouses and children

211 Mission in Ethiopia				1. Support a culture of living a responsible lifestyle 2. Provision medical care to staff affected, including, where appropriate, access to counseling services 3. lobby for Officers on posting to stay with their families		
212 Mission in China						- Develop strategy to handle HIV/AIDS at the Mission. - Provide equal opportunities to females during recruitment. - Encourage a paperless working environment.
213 Mission in Rwanda		Enhance HIV/AIDS Education, information dissemination, sensitization and awareness rising and advocacy programs		Ensure access to treatment for the affected, coordinate family planning activities		1. Develop HIV&AIDS workplace Policy
214 Mission in Geneva						

215 Mission in Japan			Securing methods to prevent mother to child HIV/AIDS transmission; Work with NGOs seeking to uplift living standards and reduce poverty that is a major factor for causing new infections & Work programmes geared towards uplifting slums and landing sites			
217 Mission in Saudi Arabia				Support a culture of living a responsible lifestyle through provision of materials such as condoms. Provision where appropriate access to counselling services		
218 Mission in Denmark						

<b>219 Mission in Belgium</b>						Ensure that all staff are healthy. Lobby for funding to improve the health care services in Uganda. Obtain scholarships in public health.
<b>220 Mission in Italy</b>		Engage various stakeholders in sensitization of people about HIV/AIDS		Lobby for funds for adequate supply of drugs to infected people, protective gears & in the prevention of mother to child HIV/AIDS transmission programme		
<b>221 Mission in DR Congo</b>						
<b>223 Mission in Sudan</b>		Conduct HIV/AIDS sensitization workshops for staff	Participate in World AIDS day as a corporate social responsibility			Support programs that aim at HIV/AIDS prevention
<b>224 Mission in France</b>						This is a positive development but the mission is ready to handle HIV cases if they arise in the future among staff
<b>225 Mission in Germany</b>			Lobbying for subsidized drugs from Germany pharmaceuticals			

<b>226 Mission in Iran</b>				Provision medical care to staff affected, including, where appropriate, access to counselling services		lobby for Officers on posting to stay with their families. Support a culture of living a responsible lifestyle
<b>227 Mission in Russia</b>				Offer medical care and counseling to all staff		Informative meetings in the Mission Foreign service officers to stay with their families support culture of living a responsible like to all staff and citizens Establish an AIDs committee at the Mission
<b>228 Mission in Canberra</b>		Conduct HIV/AIDS sensitization workshops for Staff	Support a culture of living a responsible lifestyle	Securing methods to prevent mother to child HIV/AIDS transmission.		
<b>229 Mission in Juba</b>			Support a culture of living a responsible lifestyle.	Provide medical care to staff affected, including, where appropriate, access to counselling service.		Lobby for Officers on posting to stay with their families.

230 Mission in Abu Dhabi		Encourage HIV/AIDS Education and information, sensitization and awareness. Support HIV/AIDS workplace programs				
231 Mission in Bujumbura						: Recruitment and promotion of local staff to be gender sensitive. Designate an officer to be a Gender Focal Person.
232 Consulate in Guangzhou				2. Provide medical care to staff affected, including, where appropriate, access to counselling services		Support a culture of living a responsible lifestyle. lobby for Officers on posting to stay with their families
233 Mission in Ankara						
234 Mission in Somalia						
235 Mission in Malyasia		-Organize meetings with Ugandan Diaspora to share information and sensitize them on HIV/AIDS				
236 Consulate in Mombasa						

237 Uganda Embassy in Algeria, Algiers						Conduct internal meetings.
238 Uganda Embassy in Doha, Qatar			2. Attend and participate in the World AIDS day.			1. Lobby International Organizations and the host country to support National programs that aim at HIV/AIDS prevention and management.
<b>Science, Technology and Innovation</b>						
023 Ministry of Science, Technology and Innovation	Undertake capacity enhancement for staff on issues of HIV/AIDS and the workplace		Provide on spot support to staff living positively			
110 Uganda Industrial Research Institute						Training of staff on HIV/AIDS mainstreaming