

STRATEGIC PLAN, 2021 – 2025

UGANDA COUNTRY COORDINATING MECHANISM

AUGUST 11 2021

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

GDP Gross Domestic Product

GFATM The Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV Human Immuno-deficiency Virus

MDG Millennium Development Goal

MoFPED Ministry of Finance, Planning and Economic Development

NFM New Funding Model

NTP National Tuberculosis Programme

ORM Operational Risk Management

PR Principal Recipient

SWOT Strengths, Weaknesses, Opportunities and Threats

TB Tuberculosis

UAC Uganda AIDS Commission

UCCM Uganda Country Coordinating Mechanism

USTP Uganda Stop TB partnership

EXECUTIVE SUMMARY

The Uganda Country Coordinating Mechanism (UCCM) is a public-private national multi-stakeholder partnership with the mandate to develop and submit grant applications to the Global Fund and provide oversight to the implementation of the grants approved to Fight AIDS, TB and Malaria. Since inception in 2002, the UCCM has received millions of dollars to fight, AIDS, TB and Malaria under the first rounds application system and more so in the New Funding Model (NFM) system. The NFM replaced the rounds-based funding system with a more flexible and effective model system for countries to apply and implement Global Fund grants. The NFM cycle started in 2014 and since then Uganda has received more funds disbursed (\$985,336,865; 2014-2020) or NFM1 (\$351,747,346); 2014-2016 and NFM2 (\$633,589,519; 2017-2020), than when the rounds system was running between 2003 and 2013 and the total disbursement to the country was \$496,009,619. Lately, the country signed \$579,001,931 under NFM3 cycle to be implemented in the next three years starting in the year 2021.

The purpose of the new Strategic Plan, 2021-2025 is to consolidate the gains achieved by the UCCM in coordinating Global Fund investments through improving processes of grant applications and increasing effectiveness in oversight to maximize impact in Global Fund investments. The strategic plan is built on the successes and lessons learned from implementing previous Strategic Plans, 2011-2015 and 2016-2020. The achievements and challenges in the implementation of the past plans formulated a basis of choosing priorities of strategic objectives and activities to be implemented in the new strategic plan 2021-2025.

The Strategic Plan 2021-2025 embraces the core values of volunteerism, transparency, accountability, equity, and inclusiveness; and the plan is guided by the principles of good governance, human rights responsiveness, stakeholder engagement, and country ownership. It outlines the medium-term strategic priorities of the UCCM, establishes performance standards, and defines the manner in which the resources of all partners will be aligned and synergized. It is aligned with the goals and targets of the National Development Plan III as well as Uganda One Health Strategic Plan2018-2022. The above elements are summarised follows;

Vision	A Uganda population free of AIDS, TB and Malaria.			
Goal	To maximize the investments of Global Fund resources to create an impact in the fight against HIV, tuberculosis and malaria			
Mission	Coordination of Global Fund resources to contribute to building a resilient national health system for provision of equitable services for HIV, TB and Malaria			
Core Values	 Volunteerism			
Guiding Principles	 Partnership Human rights for health Participation Country ownership 			

The goal of the Strategic plan will be achieved through the following five function based strategic objectives tailored to be implemented within the mandate of the UCCM.

- 1) Increase resource mobilisation and coordination processes in the development of fund requests
- Increase UCCM Oversight over grant implementation for maximum impact.
- 3) Increase stakeholders' engagement
- 4) UCCM Positioning; Strengthen UCCM linkages with national coordinating structures for HIV/AIDS, TB and Malaria programs to enhance sustainability.
- 5) Strengthen UCCM governance and capacity of UCCM Secretariat operations

The UCCM Secretariat will support the UCCM in the implementation of the plan by performing daily the technical functions of the UCCM. The Executive Committee will direct the development of requisite annual operational plans which will contain the functional activities for the UCCM work plan and budgets. The UCCM through its committees will monitor and evaluate the performance of the Strategic Plan at midterm level (Year 3) evaluation, and end-of-term evaluation. Regular emphasis will be placed on oversight activities, stakeholders' engagement strategies, issues of good governance and establishing synergies to sustain the UCCM model in national coordination structures for HIV/AIDS, TB and Malaria diseases.

It is anticipated that the strategic plan will be funded largely from the Government of Uganda contribution to foster country ownership and create positive transitions. In addition, the UCCM will continue receiving UCCM funding from the Global Fund and this strategic plan encourages bilateral and multilateral agencies to address the funding gaps.

The Structure of the Strategic Plan

The layout of the strategic plan 2021-2025 is structured in following 5 parts;

- 1) Part I: Background information and the national context within which the new plan will be implemented.
- 2) Part II: The UCCM Strategic outlook indicating the summary of fundamental aspirations of the plan
- 3) **Part III**: Situational analysis outlining performance of previous plan, opportunities and challenges, internal and external and planning process for a new plan
- 4) Part IV: Strategic direction; outlines and discusses in details the aspirations of the plan; the Vision, the goal, the mission, strategic objectives, strategic interventions and key results of the plan
- 5) **Part V**: Implementation arrangements, Costing and Financing, Risk Management, Monitoring and Evaluation framework and how the plan will be assessed for performance

PART I: INTRODUCTION

1.1 BACKGROUND INFORMATION

The UCCM Strategic Plan 2021-2025 (UCCM-SP) is a third five-year document outlining strategic interventions designed to improve coordination of Global Fund activities and the overall purpose is in line with the country's efforts towards ending AIDS by 2030. The document is based on UCCM performance in the past five years and the lessons learned from coordination of Global Fund activities in Uganda since 2011 contributed to a wider assessment that helped to select priorities for the new strategic plan. The plan is a third in series five-year UCCM strategic plan developed to increase coordination of Global Fund activities to create an impact in Global Fund investments to fight HIV/AIDS, TB and Malaria.

The Strategic Plan 2021-2025 was developed through a stakeholder's consultative process that followed desk reviews of UCCM documents, review and analysis of the previous Strategic Plan 2016-2020, the findings and recommendations of which informed the direction of the Strategic Plan 2021-2025. Overall, the strategic plan intends to improve UCCM functionality to attract additional resources, carry out active oversight, meaningful engagement of stakeholders, create sustainability in coordination of resources and strengthen UCCM governance and capacity of UCCM secretariat.

The strategic plan is built on the core principles of the Global Fund architecture designed to promote public-private partnership in decision making processes, promote country ownership in design and implementation of Global Fund activities.

1.2 CONTEXTUAL FRAMEWORK

This section provides the national context within which the new plan will be implemented. It includes political and socio-economic context, national health system, and epidemiology fact for HIV/AIDS, TB, Malaria and COVID-19

1.2.1 Political and Socio-economic Context

The Republic of Uganda is a land-locked country nation located within the Nile Basin in East Africa. It is bordered to the east by Kenya, to the north by South Sudan, to the west by the Democratic Republic of the Congo, to the southwest by Rwanda, and to the south by Tanzania. The southern part includes a substantial portion of Lake Victoria. Uganda estimated population is 41.6 million people (Uganda Bureau of Statistics; World Population Day celebration July 11, 2020 Report) and females constitute a majority of the population (51%) compared to males (49%). The poverty rate is 41.3%.

The Constitution of Uganda is the supreme law of the land. The Government functions within the framework of a democracy with three arms - the Executive, Legislative and Judiciary. Uganda is a sitting member of the United Nations, the African Union, the East



Figure 1: Map of Uganda

African Community and the Commonwealth.

The Uganda Gross Domestic Product (GDP) is 37.61 billion US Dollars whereas the GDP per capita is 912 US Dollars and annual growth rate of Uganda is averaged at 6.2 percent year 2020/2021, and this growth is projected to be 6. 5% and 7% in the financial years 2022/23 and 2023/24 respectively. The inflation 4.2 percent year 2020/2021, and growth is projected to be 5% by 2023/24 respectively political stability and steady macroeconomic policies have accelerated socio-economic transformation in the past three decades (NATIONAL BUDGET FRAMEWORK PAPER FY 2019/20– 2023/24).

1.2.2 National Health System

The National Health System of Uganda embraces all institutions, structures and actors whose actions have the primary purpose of achieving and sustaining good health, in both public and private sectors. The Ministry of Health is the public sector entity vested with the responsibility for providing leadership in the organization, management and delivery of health services with Ministries of Defence, Internal Affairs, and Local Government performing supporting roles. On the other hand, the private health delivery system comprises Private Health Providers, Private Not-for-Profit Providers, and the Traditional and Complimentary Medicine Practitioners (Health Sector Strategic Plan III, pages 1-3).

Overall, the Uganda health system provides a gamut of preventive, curative, palliative and rehabilitative services. Guided by fiscal and other practical considerations, a minimum package of health services has been developed for all levels of care for both private and public sectors. These services are delivered through a decentralised arrangement at national, regional, district, and sub-district levels. The Ministry of Health concentrate on developing policies, guidelines, and supervision of delivery of services. Table 1.1 below outlines the levels of care offered through the public sector

Table 1.1: Levels of Health Care Offered by Public Sector

Levels of Health Care

- 1) National Referral Hospitals
- 2) Regional Referral Hospitals
- 3) District Health Services
- 4) Health Sub-District HCIV
- 5) and 5) Health Centre III

Source: Health Sector Strategic Plan II, Page 14

1.2.3 Epidemiology

1.2.3.1 HIV/AIDS

The HIV/AIDS response in Uganda has seen significant progress, with the burden of HIV reducing from 18% in the 1980s to 5.8% today. The number of new HIV infections has decreased steadily from 83,000 in 2015 to 53,000 in 2020, and the number of HIV-related deaths has decreased from 28,000 to 21,000.

In Uganda, 86% of people living with HIV know their HIV-positive status, 86% are receiving antiretroviral therapy, and 73% are virologically suppressed. These accomplishments were possible thanks to the financial support of the international community and increased investment in the HIV response by the Ugandan Government. In summary, change in AIDS deaths stands at 53% reduction from 2012 to 2019 while 75% reduction experience from 2000 to 2019. Also, the change in new HIV infections stands at 34% reduction from 2012 to 2019 while 45% reduction experienced from 2000 to 2019.

Fast-tracking the HIV response to reach the new 95–95–95 targets and achieving zero discrimination requires additional investment and focused efforts. Not reaching these targets would negatively impact on the HIV response and result in a reversal of the currently positive trends. Investing in the epidemic now would help save resources over the longer term (*UAC: National AIDS Spending Assessment report*).

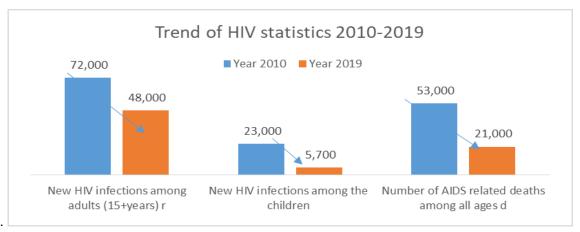


Figure 2: Source UAC National HIV/AIDS Strategic Plan

1.2.3.2 Tuberculosis

The current situation of decline in TB indicators like in other services is largely attributed to COVID-19 disruption in provision of TB services and if unchecked will ultimately lead to increased TB morbidity and mortality, development of drug resistant TB, and negatively impact on the economy. COVID-19 negatively impacted on key TB indicators. For example, monthly TB notifications declined by over 48% in April 2020 and annual notifications by 10.4% (from 67,868 in 2019 to 60,772 in 2020, source: DHIS2), treatment coverage by 7% (2019 80%, 2020 73%, source: DHIS2); child TB notifications by 11% (from 8,218 in 2019 to 7,292 in 2020, source: DHIS2); case notification from the private health providers also reduced by 20%; decline in DR-TB notifications (2019 559, 2020 542, source: DRMS); while people missing with TB increased (2019 20%, 2020 27%, source: DHIS2). Though TPT coverage among under five years old contacts increased (2019 29%, 2020 31.6%) this was below the set target of 50%. A similar picture (that COVID-19 could have impacted the attainment of targets) emerges when performance (p) is compared to the set key indicator targets (t) e.g., CN (p 60, 892, t 73, 728), TC (p 60, 892, t 73, 728), TPT coverage (p 31.6%, t 50%). Generally, the change in TB deaths (excluding HIV+) was 13% increase from 2012 to 2019 and 13% increase from 2000 to 2019. Also, the change in TB cases was 25% increase from 2012 to 2019 while 35% increase from 2000 to 2019.9

1.2.3.3 Malaria

Uganda has made great progress in fight against Malaria. Prevalence has been reduced from 42% in 2009 to 9% in 2018 and aims at reducing the prevalence further. The National Strategic Plan 2021-2025

is to move the country towards elimination by accelerating and sustaining Malaria burden reduction in high and moderate transmission areas while reducing transmission intensity in all low transmission areas.

Emerging evidence shows that COVID-19 has adversely affected Malaria service delivery and thus warrants consideration. Modelling from WHO (2020) and partners of the potential negative impact of COVID-19 on Malaria reinforces the urgent call to maintain essential Malaria control services during the pandemic. For instance, in the vent that all insecticide treated net (ITN) campaigns are suspended and there is a 75% reduction in access to effective anti-malarial medicines, 769,000 people in sub-Saharan Africa could die from Malaria in 2020 alone. This would represent a doubling in the number of Malaria deaths compared to 2018 and a return to mortality levels last seen 20 years ago. In summary, the change in Malaria deaths experienced a 10% reduction from 2012 to 2019 while 68% reduction was registered from 2000 to 2019. Also, change in Malaria cases was 11% reduction from 2012 to 2019 while only 1% reduction from 2000 to 2019.

1.2.4 Global Fund support in Uganda 2003-2020

By December 2020 Uganda had received disbursements of funds from the Global Fund amount

\$1,572,097,883 since 15 March 2003 when the country signed an agreement with the Global Fund to fight HIV/AIDS, TB and Malaria. The country had signed grants amount to US\$2,129,226,276 since inception as indicated in figure 3.

The Global Fund implemented a round system for 10 years from 2003 to 2013 where countries applied for grant through submission of competitive proposals which were by then approved or rejected.

Component	Grants	Signed (USD)	Committed (USD)	Disbursed (USD)
HIV/AIDS	5	1,038,722,319	853,364,295	782,189,231
Malaria	7	894,991,304	711,083,462	647,913,915
RSSH	4	33,882,326	33,882,326	33,882,326
TB/HIV	1	59,870,589	50,353,552	33,376,404
Tuberculosis	3	101,759,739	89,224,489	74,736,007
Total	20	2,129,226,277	1,737,908,124	1,572,097,883

Figure 3: Funding by disease

The New Funding model (NFM) cycle started in 2014 and has been implemented for 6 years through grant allocations. Uganda has received more

funding disbursed (\$985,336,865; 2014-2020) under the NFM1 (\$351,747,346); 2014-2016 and NFM2 (\$724,340,918; 2017-2020) combined than when the rounds system was running from 2003 to 2013 (\$496,009,619). The country has now signed \$579,001,931 under NFM3 to be implemented in the next three years starting in 2021. Overall disbursement is as is shown in figure 4 and the trajectory is presented in figure 5.

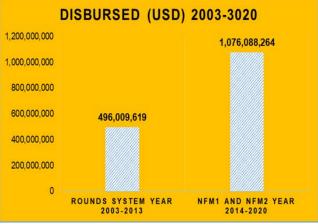


Figure 4: Disbursement during funding systems

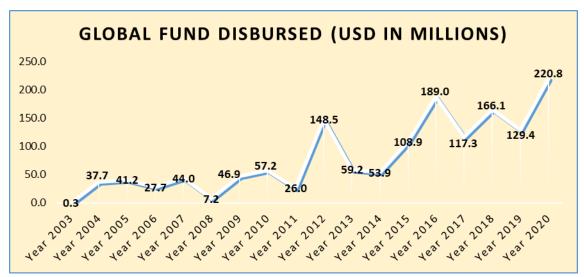


Figure 3: source; https://data.theglobalfund.org/investments/home

1.2.5 Summary of CCM strategic plan 2016-2020 Performance

The UCCM Strategic Plan 2016-2020 had two goals aiming at mobilizing additional resources for HIV, TB, Malaria, Health and Community as well as support systems and to oversee efficient programme implementation and proper utilization of resources. The UCCM implemented nine objectives that contributed to the level of achievement in the goals in the year 2020. The following were the goals and objectives for the strategic plan 2016-2020.

	Goal No.1: Mobilize additional resources for HIV, TB and Malaria and Health and Community Support Systems.		
Strategic Objective 1.1	 Expand the range of players and build their capacity in Concept Note Development. 		
Olystasia	Harmonian and alian Olahal Found accommon with in		
Strategic Objective 1.2	 Harmonize and align Global Fund resources with in- country financing mechanisms. 		
Strategic Objective 1.3	 Strengthen stakeholder (including community) participation. 		
Strategic Objective 1.4	Advocate for and mobilize in-country support.		

Under the above objectives, 18 strategic actions were implemented, 10 achieved (56%), five partly (28%) achieved, and three not achieved (17%) as indicated in figure 6.

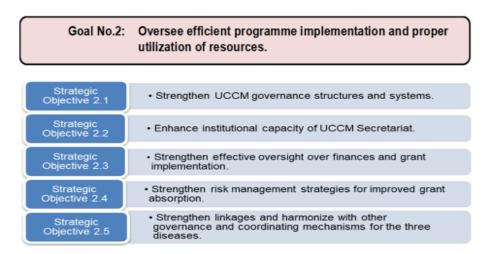
The strategic interventions not achieved involved establishing strategic partnerships with relevant academia, institutions and individuals. Under this strategy, the strategic actions were to engage technical support services to develop package of

Goal 1: Performance 2016-2020



Figure 4 Goal 1 Performance

resource materials and lead training process, develop resource materials based on approved scope, and content and prepare and present policy position papers on financing for HIV, TB and Malaria to relevant policy makers - these were not implemented.



Under goal 2, 35 strategic actions were implemented 19 or 54% achieved, 10 or 29% partly achieved, 6 or 17% not achieved and indicated this is indicated in figure 7 below.

Goal 2: Actions not achieved

Strategic Interventions	Strategic Actions
Build sustainability of UCCM structures.	Conduct annual leadership training sessions for Executive Committee and other selected members of the UCCM.
	Appoint UCCM members with demonstrated leadership skills and competencies to serve on UCCM Committees.
Allocate adequate space and accommodation.	Provide adequate physical space, equipment and supplies for Secretariat.
Collaborate and build synergies with auditing entities to minimise fiduciary and financial risks.	Bi-annual meetings between CCM and auditing entities (Office of Auditor General, Internal Audit department in MOH, and PR (MoFPED).
Document all policies approved for harmonization and disseminate information among key stakeholders.	Develop and maintain a policy framework matrix that displays all approved policies for harmonization and lead and support agencies.

Figure 5: Goal 2 performance

Overall recommendations based on performance of strategic plan 2016- 2020

The following recommendation are based on areas that were not fully achieved in implementation of the strategic plan 2016-2020 and endorsed to be considers in the new strategic plan.

- Expand the range of players and build their capacity in Concept Note Development
- Advocate for and mobilize in-country support
- Enhance institutional capacity of UCCM Secretariat
- Strengthen UCCM governance structures and systems
- Strengthen risk management strategies for improved grant absorption

1.3 DESIGN PROCESS

1.3.1 Rationale for the Strategic Plan

This is a third UCCM Strategic Plan where the first strategic plan entitled "Strengthening the Country Coordinating Mechanism and Global Fund Structures in Uganda" expired in 2014 and installed UCCM structures and systems. The second Strategic Plan, 2016–2020 promoted organizational capacity and the UCCM was successful in developing grant applications and improved functional structures for oversight over implementation of grants in the country.

The Strategic Plan 2021-2025 is guided by achievements and lessons learned from previous experiences, a need for evidence-based decision making, and efficiency and effectiveness in the overall UCCM functioning to create an impact. The plan outlines strategic interventions that will be implemented by the UCCM to increase resource mobilisation, improve on coordination of grant applications, and ensure active oversight over grant implementation to increase performance in grants which will in turn create an impact in the overall objectives of Global Fund investments. The designing of this strategic plan is in line with the overall goal of the third National Development Plan (NDPIII) 2020/21 – 2024/25 intended to improve the quality of life of Ugandans through a guaranteed healthier population.

1.3.2 The Planning Process

The methodology employed in the development of the UCCM Strategic Plan, 2016-2020 was informed by the imperative of achieving broad-based stakeholder input and this was an added to incorporate constituency inputs in the process. Although the task team selected by the UCCM retained organizational leadership and responsibility for guiding all processes and outcomes, deliberate efforts were made to actively engage all UCCM members and key stakeholders from relevant sectors and constituencies to solicit their participation and guidance. The key steps in the processes are summarized as follows:

- 1) Consultant secured and started reviewing documents and roadmap drafted.
- 2) Appointment of a Task Team by the UCCM to coordinate the development of the Strategic Plan. A road map was developed outlining activities and timelines for completion of the Plan.
- Completion of assessment of the expired Strategic Plan 2016-2020.
- 4) Gathering information from stakeholders using a standardised questionnaire.
- 5) A consolidated report was prepared outlining a situational analysis mentioning achievements and challenges.
- 6) Comprehensive review of all relevant documents including the National Development Plan III, Uganda one Health Strategic Plan and UCCM framework documents. Global Fund guidelines on relevant aspects were also reviewed.
- 7) Broad-based engagement of UCCM and non-UCCM members in the visioning and priority-setting activities.
- 8) Preparation of First, Draft Versions of Strategic Plan ready for review
- 9) Finalisation of the Strategic Plan and formal approval by the general membership of the UCCM.

1.3.3 Sources of Information

The sources of information used in developing the plan include the following:

- Relevant documents, including the UCCM framework documents and reports, strategic plans and reports of Ministry of Health, National Development Plan III and Global Fund documents and reports
- Consultations with UCCM members, UCCM secretariat and non-UCCM members using one-toone interviews and a designed questionnaire

All data collected was analysed and consolidated and used to inform the diagnostic content of the new Strategic Plan.

1.3.5 Challenges and Limitations due to COVID-19

The challenges caused by COVID-19 were as follows

- COVID-19 restrictions limited face-to-face interactions and discussions during consultations
- Limited onsite oversight activities and UCCM rely more on PRs reported information to the UCCM
- No workshop meetings for all members to meet and discuss the document together
- Responses from stakeholders took long because circumstances of working under COVID-19

PART II: THE UCCM STRATEGIC PLAN AT GLANCE

2.1 Vision

A Vision is the long-term impact or change towards which the UCCM aspires to see as an impact in the investments of the Global Fund to fight HIV/AIDS, TB and Malaria. The UCCM vision is;



A Uganda population free of HIV/AIDS, TB and Malaria.

2.2 Strategic Goal

The Strategic goal is the overall objective which the UCCM aims to achieve over a 5 year stipulated period of implementing the strategic plan. The UCCM strategic plan will pursue the following goal.



To maximize impact in Global Fund investments to fight HIV/AIDS, Tuberculosis and Malaria.

2.3 Mission

A Mission Statement is a declaration of the core purpose and focus of an organization that usually remains unchanged over time. The mission statement defines the reason for the existence of the organization. The UCCM mission is;



"Coordination of Global Fund resources to contribute to building a resilient national health system for provision of equitable services for HIV/AIDS, TB and Malaria".

2.4 Strategic Specific Objectives

The strategic plan will implement the following functional based specific objectives towards creating an impact caused by the Global Fund investments.

i i	Objective 1: Increase resource mobilisation and coordination processes in the development of fund requests
	Objective 2: Increase Oversight over grant implementation
43.77	Objective 3: Increase Stakeholders engagement
	Objective 4: UCCM Positioning; Strengthen UCCM linkages with national coordinating structures for HIV, TB and Malaria programs to position the UCCM for sustainability.
T.	Objective 5: Strengthen UCCM governance and Capacity of the Secretariat operations

2.5 Core Values

The strategic plan will be implemented within the following values the UCCM subscribes to promote practices of good governance:

- *Volunteerism.* All members of the UCCM donate appropriate time, energy and expertise as a social responsibility rather than for any financial reward.
- Transparency and accountability. These mutually reinforcing concepts allow for openness in decision- making and communication with stakeholders, and the obligation to accept responsibility for actions.
- Equity. The quality of being fair and impartial in allocation of resources and delivery of services.

- *Inclusiveness*. Active engagement of all members and their constituencies and the general public in all aspects of operation.
- Teamwork. The act of working together cohesively, towards a common goal, creating a positive
 working atmosphere, and supporting each other to combine individual strengths to enhance team
 performance.

2.6 Guiding Principles

In line with the Global Fund guiding principles under which the investments of Global Fund resources are entrusted, the UCCM will implement the strategic plan under the following four (4) anchored principles to create maximum impact in HIV/AIDS, TB and Malaria investments.

- Stakeholder engagement. Promote participation of stakeholders in programing, implementation and oversight of Global fund activities to maximise impact.
- Equal rights in participation. A rights-based approach that guarantees equal rights to participate in discussions and decision making.
- Human rights for health. A right to access health care without any kind of discrimination.
- Country ownership. Country-led in programing and promote sustainability.



Figure 6: UCCM Guiding Principles

2.7 A Sketch of UCCM Strategic Plan

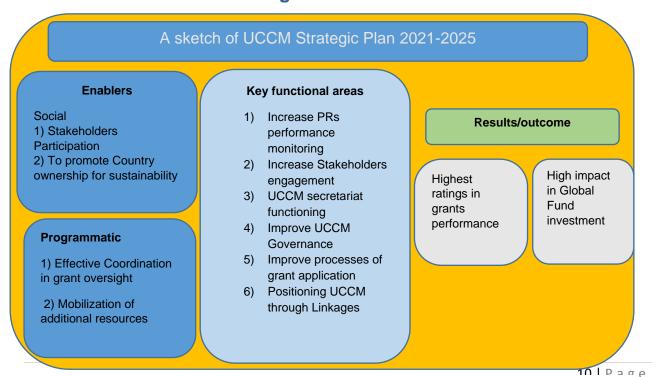


Figure 7: UCCM strategic direction in a framework

The Synergies in positioning UCCM processes

Create linkages in coordination; National Coordinating bodies (Uganda AIDs Commission), Ministry of Health –HPAC, in-country development partners, civil society stakeholders'

2.8.1 Uganda AIDS Commission

The Uganda AIDS Commission (UAC) under the President is responsible to formulating overall policy and establishing programme priorities for the control and management of the HIV/AIDS epidemic and ensuring that all activities related to controlling the HIV/AIDS epidemic are programmed and coordinated

2.8.2 Health Policy and Advisory Committee

The Health Policy Advisory Committee (HPAC) under Ministry of Health is responsible for overall sector policy guidance and advising on the implementation of the Health Sector Strategic Plan.

2.8.3 Uganda Stop TB Partnership

Coordinate TB stakeholders and involved in case detection and treatment, provision of accurate information, promotion of people-centred responses, supporting a platform for coordination between partners.

2.8.4 Constituency coordination platform

Each UCCM constituency has got a coordination platform that brings together stakeholders to participate in different activities. The platforms can be used as a basis for gathering and sharing information through an established feedback mechanisms during the period of implementing this strategic plan.

2.8.5 National COVID19 Response Coordinating bodies

UCCM will need to collaborate or work with National COVID19 response coordination structure which is undertaken by the Strategic Advisory Committee chaired by the Honourable Minister of Health, advised by the Scientific Committee on strategic issues, Incident Management Team (IMT) on operational issues and District team on tactical issues. The IMT is responsible for the day to day review of COVID 19 outbreak response. Overall clearance of the response decisions is done at the National Task Force chaired by Office of the Prime Minister.

PART III: THE UCCM SITUATIONAL ANALYSIS

The situational analysis is based on assessment of the current UCCM functionality based on Global Fund expectations on standards of UCCM performance and consultations made from different stakeholders, the UCCM members and Non-UCCM members as well as an analytical review of the activities implemented in the UCCM strategic plan 2016-2020. The situational analysis provided the current UCCM opportunities and challenges, both internal and external fundamental in the overall designing and updating of the strategic plan. The gaps identified in UCCM performance formulated a basis for selecting priorities that will be addressed in the UCCM strategic plan 2021-2025. Generally, the situational analysis

depended on findings from consultations made from stakeholders' perspectives and expectations, the UCCM members' views, desk reviews and assessment of functions and inputs picked from UCCM secretariat discussions. The consultant Global Fund added his experience and best practices leant from other UCCMs to provide guidance in the overall assessment.

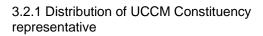
3.1 THE UCCM

The Uganda Country Coordinating Mechanism (UCCM) was established in 2002 to provide oversight and guidance over the Global Fund to fight AIDS, Tuberculosis (TB) and Malaria initiatives. The Uganda CCM is comprised of members representing public sector and the non-public sector constituencies. These include the following: civil society organizations, private sector, people living with/affected by the three diseases, academia, faith-based organizations, key affected populations, bilateral and multilateral Partner organizations, and Government. The UCCM is a Global Fund partnership architectural arrangement to ensure representation, harmonization and alignment of the Global Fund support to national priorities as stipulated in the Health Sector Investment Plan (HSSIP) and National Strategic Plans (NSP) for the Health & Community Systems Strengthening, HIV, Tuberculosis and Malaria. The UCCM is therefore a suitable and reliable national mechanism that brings together the public and private organizations to work together in the development of proposals, coordination and oversight over the implementation of Global Fund programmes to fight HIV/AIDS, TB and Malaria in Uganda as mandated in the CCM Global Fund guidelines.

Like many CCMs Globally, the UCCM had no formal secretariat until 2011 when the UCCM established an independent secretariat that is not embedded in other structures implementing the grants. Since 2011, the UCCM has performed very well and at one time regarded as one of the best performing UCCMs and received a number of UCCMs visiting for study tours. Despite the successes registered, the UCCM experienced profound challenges in governance towards the end of the last two years and this situation affected the UCCM functionality and performance of the secretariat where the UCCM secretariat coordinator was terminated and a new coordinator is currently installed. The UCCM renewed the membership towards the end of 2020, revised the governance framework documents and installed new leadership of UCCM structures. The UCCM board need to be inducted and oriented to ensure that members are update on UCCM processes and be put on the same speed. The assessment noted inconsistency in attendance of board meetings by UCCM members in the previous years and this situation need to be addressed. It is anticipated that the UCCM Strategic Plan 2021-2025 will strongly strengthen functional capacity of the UCCM through participation and increased coordination of implementation of Global Fund grants in the country to create an impact in the investments.

3.2 UCCM Composition

The UCCM is a fully-constituted body comprising 17 substantive members and 16 alternates drawn from the three recognized sectors – government (5 Seats), multilateral and bilateral agencies (3 Seats), and civil society (9 Seats). All civil society representatives were selected through open and transparent processes, and that people living with HIV, Key affected populations, people affected by tuberculosis and malaria are fully represented thereby satisfying Global Fund UCCM eligibility requirement 4 and requirement 5. Women constitute 42% of the UCCM membership



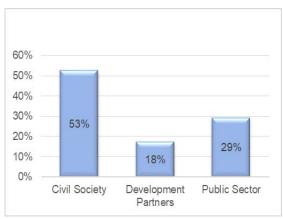


Figure 8: UCCM composition (%) by sector

The members of UCCM come from the following constituencies in the table;

UCCM COMPOSITION			
GOVERNEMENT REPRESENTATION	CIVIL SOCIETY REPRESENTATION	DEVELOPMENT PARTNERS REPRESENTATION	
Uganda AIDS Commission (1) Ministry of Health (2) Ministry of Finance, Planning & Economic Development (1) Ministry of Local Government (1)	People Affected by Malaria (1) People Living with HIV (1) People Affected by TB (1) National/Local NGOs (1) International NGOs (1) Faith Based Organizations (1) Key Affected Populations (1) The Private Sector (1) Research, Academia, Sciences & Professional Associations (1)	US Government (1) HDPs & ADPs (1) Multilateral Partners (1)	

Figure 9 UCCM composition by sector

3.3.1 UCCM Structures and Systems

The UCCM established four Committees to support implementation of UCCM functions ensure efficiencies in decision-making and overall UCCM governance processes. The following are the UCCM standing Committees:

- a) Executive Committee
- b) Programme Oversight Committee
- c) Finance and Procurement Committee
- d) Resource Mobilization and Proposal Development Committee
- e) Ethics committee

The UCCM committees and entire UCCM are supported by a UCCM secretariat which provides technical functional support to UCCM processes. The Secretariat generally serves as the technical Unit of the UCCM in supporting communication, planning for meetings, and coordination of oversight activities and application for resource as well as engagement of stakeholders. The UCCM Secretariat is located physically within the National AIDS Commission but the available space is considered inadequate.

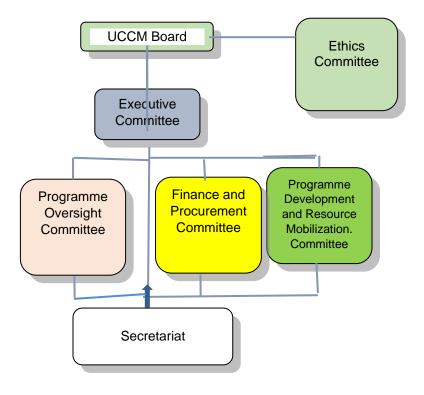


Figure 10: Organizational Structure of UCCM

3.3.2 UCCM Secretariat Structure

Below is the current structure of the UCCM secretariat. To implement the plan efficiently, the UCCM will decide whether to maintain the current structure or agree on a cost effective secretariat structure based on emerging challenges in health financing mechanisms and the overall support that will be needed at the UCCM to optimize efficiencies and effectiveness in UCCM functioning.

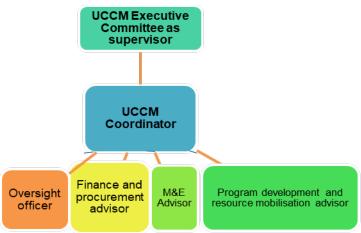


Figure 11: Current structure of UCCM secretariat

3.4 UCCM Framework Documents

The UCCM developed a number of framework documents which guide the UCCM implementation of its functions. The documents were established to enhance practices of good governance and streamline operations. The framework documents include:

- Governance Manual
- Oversight Plan
- Conflict of Interest Policy
- Terms of Reference for UCCM members and Committees
- Secretariat Operations Manual Secretariat Finance Manual

The framework documents are reviewed and updated after implemented for a reasonably longer period. However, the UCCM experienced frequent revisions of the governance manual to twist decision making and this practice has been discouraged in the new UCCM. The UCCM should ensure that the policy notes in the governance documents promote practices of good governance and to ensure conformity with the eligibility requirements and minimum standards of the Global Fund UCCM policy under the New Funding Model. Currently the UCCM meets the minimum standards of Global Fund UCCM Eligibility Requirements and this judgement is based on a quick review under this situational assessment. The UCCM is obliged to carry out an Eligibility Performance Assessment (EPA) annually as a condition for funding countries under Global Fund New funding model.

3.5 UCCM Functionality

The UCCM functionality is based on how the UCCM implement the following core functions successfully:

- 1) UCCM Coordination in the development and submission of fund requests/concepts
- 2) Selection of Principle Recipients to implement the grants through a transparent process
- 3) UCCM oversight function to create valuable impact in the investments of Global Fund grants
- 4) UCCM Stakeholders' engagement to involve more stakeholders and active participation

UCCM linkages with other national structures that coordinate similar diseases to align the investments and create continuity

This is encouraged to be done through practicing principles of good governance for transparency and accountability and supported by a functional UCCM Secretariat.

3.5.1 UCCM Coordination in Development of Fund Requests

Situation

The coordination of grant application under the New Funding Models (NFM1 and NFM2) has been generally successful and the UCCM attracted \$925,735,337. The NFM processes include:

- Country dialogue where stakeholders convene to contribute to the processes of grant application by submitting their inputs
- Participation from all key stakeholders, in alignment with the epidemic in the country.
- Participation in the selection of strategic priorities from the National investment plan or National strategic plan and allows UCCM nomination of Principal Recipients (PRs) to implement the grants.

The UCCM works with PRs by providing oversight to ensure that the sub-recipients (SRs) selection process is open, fair and based on objective criteria related to performance capacities of applicants. The Implementation Arrangement Map is normally initiated during this time of developing the concept note under the NFM.

The UCCM largely succeeded very well in getting huge amounts of grants in the previous NFM1 and NFM2 grant applications, however, the interactions with stakeholders mentioned that the processes of grant applications need to improve to produce concept notes that can maximize the impact of Global Fund resources.

Proposal:

The following challenges need to be addressed:

- 1) The Ministry of Health and consultants leading in developing concepts must always come up with an analysis showing programmatic areas and funding gaps in the National Health Sector Strategic and Investment plan so that the processes of grant application are guided by the analysis to address the gaps identified in the investment plan. It will be easier to know how the Ministry proposes to address the gaps and the efforts required from Civil Society Organizations to complement the Ministry of Health in the implementation of activities. Currently CSOs are called to submit their priority interventions when such interventions are not indeed part of programmatic gaps in the Health Sector Investment Plan.
- 2) The UCCM role is to coordinate processes of grants applications and normally the Ministry of Health takes a lead in the development of the concept notes. The Ministry of Health is a major implementer of health sector funded programs and manages a large share of the health infrastructure and work force. Therefore, the Ministry of Health must know the gaps in the Health Sector Investment Plan and this is regular information that needs to be shared with the UCCM and stakeholders such that whenever there are grant applications the main gaps for funding are

- known in time. In Uganda, the funding from the Global Fund addresses gaps in the National Health Sector Strategic and Investment Plan.
- 3) The PRs are responsible for implementing the grants and provide services through different structures of the health sector; the government implement most activities and the Civil Society Organizations, Community Based Organizations, the private sector, and Faith Based structures play a major role to complement in the overall implementation and delivery of services. Uganda is implementing a dual tracking financing approach and has one PR mainly involved in sub-granting and selection of SRs. The PR selects key sub-recipients (SRs) to support in the implementation of the grants. The selection process must be transparent and accommodative to promote equity and coverage and thereafter create an impact in investments. The selection processes for SRs need to pick the best SRs to implement the programmes and produce the best results in grant performance. It is proposed that the PRs need to work with each sector to map potential implementers that can be assessed for eligibility and empowered to implement programs. Currently the main issue is that some constituencies or groups are entirely not included in direct implementation of Global Fund programs as sub-recipients yet such constituencies or groups are better placed to implement the grants on ground. For example, the business associations are better placed to provide insight into using private sector expertise and infrastructure to reach severely affected communities at workplace and draw on their networks of companies to support and participate in the more efficient and effective design and implementation of the programs. The key affected populations are better to reach their communities than any other service provider. However, the private sector associations are not among the main implementers of grants in the private sector.
- 4) Provide adequate planning and availability of financial resources to assure timely and effective development of Concept Notes. The funding of grant applications processes must be well planned and the funds for developing concept notes are ring-fenced in annual UCCM funding so that there is guaranteed funds to support the processes of grant applications throughout the year. This will help the UCCM to overcome challenges of looking for funds at a critical time when there is a call for grant applications.

3.5.2 UCCM Oversight Function

Situation

Oversight is a core function of UCCM and once actively implemented it enhances grant performance and creates better results in the Global Fund investments. The current grants performance ratings reflect that the UCCM made significant improvement in conducting oversight activities over the past years and indeed reports at the UCCM secretariat show that the UCCM conducted reasonable number of oversight activities in the implementation of Global Fund grants in the past strategic plan. Indeed, the performance of grants gradually improved at some levels when the UCCM started implementing strategic actions in 2011. Despite achievements, the UCCM eligibility requirement #3 engages UCCM to involve non-UCCM program stakeholders in oversight. The current UCCM oversight activities conducted in the country portrays that the UCCM is doing more of vertical or long-range program oversight activities and little is practically done in engagement of community stakeholders in oversight of Global Fund activities. Furthermore, the outcome of oversight is not sufficiently disseminated to many program stakeholders and partners to know much about grants performance, application processes, reprogramming, and implementation status (risks and bottlenecks). Further despite progress made in implementing oversight activities, the current status at the UCCM shows that strategic information for use especially at UCCM meetings to guide decision making is not as strong as expected. The OIG Audit Report on Uganda Global

Fund Grants; September 26, 2019, Geneva, Switzerland, observed that the UCCM had enhanced very well in the oversight over drugs traceability and apparently the situation is currently maintained. Also, perhaps UCCM oversight contributed to the ongoing effective commodity deliveries to final recipients in the country. Despite progress observed in UCCM oversight performance, the same report noted variances in supplies receipts, stock levels, and insufficient tracking oversight systems at the UCCM and recommended that this need to be addressed.

Proposal

- 1) It is therefore important for the UCCM to strengthen oversight further to achieve greater performance ratings in Global Fund investments. The Global Fund recommends that UCCM oversight is implemented through a designed oversight plan and this is indeed a requirement of measuring UCCM performance. The oversight plan should outline details of how oversight is conducted and steps involved in data collection and analysis much as there is a clear UCCM Oversight Plan in place.
- 2) UCCM meetings need generated synthesized summaries of information and interpretations/inferences already made on grant performance to guide members make quick decisions. In addition, the PRs and UCCM must agree on the communication and reporting modalities detailing the communication arrangements at deferent UCCM structures throughout the grant implementation.
- 3) It is proposed further that the PRs present to the committees as a strategy to prepare information for the UCCM plenary instead of the usual presentations made to the UCCM. This approach should be more elaborated in the UCCM Oversight Plan.
- 4) The gains made in oversight of grants during the implementation of the UCCM strategic plan 2016-2020 need to be sustained and increased more and organized in such a way that there is availability of requisite information to guide UCCM decision making during the entire period of oversight over Global Fund grants implementation.
- 5) There is a need to strengthen periodic measuring of program performance, identification of gaps in implementation and detecting emerging risks so that PRs and UCCM work together to develop solutions, address the gaps, mitigate risks and ensure that the programs meet the objectives and create maximum impact. Indeed, the key questions that always the UCCM should ask are: "where is the money?", "where are the drugs?", and "what did the results?"
- 6) It is recommended that the UCCM oversight functional activities focus more in these areas mentioned in the OIG Audit Report on Uganda Global Fund Grants and where greater investments are done. In addition, and in light of the UCCM Evolution reforms, the UCCM should also focus on Oversight of Government co-financing Commitments and PR Risk Management as additional core oversight activities.

3.5.3 UCCM Stakeholders Engagement

Situation

The key functions of engagement of stakeholders are representation, participation and preparation. The purpose of engagement of stakeholders is essentially to promote active participation, meaningful representation, and attract more key players to participate and maximize efforts in the coordination of Global Fund investments, health programs and other resources. An effective engagement of stakeholders

brings voices from different groups of communities to address issues that mostly affecting marginalized populations. For example, during constituency engagement in grant applications, constituency inputs are strongly considered in the development of the Country's Funding Requests/Applications to the Global Fund. The UCCM has been conducting basically two regular constituency engagement meetings annually and the meetings have been happening using inadequate funding and hampered by low participation especially from anticipated wider population. The number of stakeholders' meetings that were conducted by the UCCM secretariat on annual basis differed from one constituency to another and this depended on the availability of support at each constituency. Some constituencies claimed that they need extra efforts to widen stakeholders' participation; for example, the TB constituency has less coverage of stakeholders and currently requires additional engagement to involve more stakeholders to participate in TB activities as a strategy to maximize the impact of investments in TB programs. UCCM constituency engagement activities and meetings are not adequately planed and funded. Also, the UCCM strengthened communication and information sharing in constituencies but this focused on designing templates for constituencies to develop constituency communication work plans.

Proposal

- It is recommended that at least four constituency engagement meetings should be organized (at least one every quarter) in order to have wider and effective stakeholder participation in UCCM processes.
- 2) In addition, meaningful constituency engagement needs to be done widely in the Government sector because the Government sector is an important partner in the Global Fund funding architecture to promote country ownership as well as promoting the Global Fund in the national health sector funding landscape.
- 3) The preparation of meetings needs to improve a lot to make sure that a wider range of participants in each constituency is invited in meetings. The meetings need to be designed in a manner that broader participation of stakeholders is picked from a diversity of communities to bring unique views and voices of marginalized groups to the UCCM platform for discussion.
- 4) This area needs to be strengthened further to establish modalities of communication and information sharing specifying key information that need to be shared periodically to constituencies in a timely arrangement.
- 5) There is a need to carry out advocacy and public information awareness platforms regarding the work of the UCCM and the contribution of Global Fund grants to the investments in the national HIV/AIDS, TB and Malaria response. In addition, as part of the UCCM Evolution reforms, the Constituencies should be supported to develop and strengthen Community Based Monitoring Mechanisms and reporting as one way of enhancing Community engagement and participation in oversight during grant implementation.

3.5.4 UCCM Linkages with Other National Coordinating Structures

Situation

The UCCM architectural model is an innovation mechanism that was established to promote public-private partnership in the coordination of Global Fund activities to fight HIV/AIDS, TB, and Malaria. The Global Fund has a sustainable policy on the sustainability of funding and supports transition plans for sustaining funding of programs. However, the Global Fund has no specific policy on the role of UCCMs in post-transition disease programs, but the Global Fund CCM evolution proposes to CCMs to position

themselves in national coordinating platforms for sustainability The Global Fund's approach to supporting countries to sustain programs and make. Successful transition is based on the fact that planning for sustainability in a country is an integral part of program design in the country's health financing mechanism regardless of the level at which a country is described in the development continuum. The UCCM arrangement model has greatly provided advantages in bringing together stakeholders to work in partnership to coordinate emergency responses. The Global Fund UCCM evolution approach encourages UCCMs to position the success of coordinating of Global Fund activities to create linkages with other national similar coordinating organs for HIV/AIDS, TB and Malaria as a means of integrating coordination for long term sustainability. During UCCM evolution pilot reforms, the UCCM initiated interfaces and linkages in coordination with other national bodies such as HPAC and ADPs and the UCCM participates in the monthly coordination meetings of these entities.

Proposal

- There is a need to start strategizing and develop a transition positioning plan to integrate UCCM activities in national coordinating initiatives such as national program-based budgeting approaches currently promoted. The purpose of creating linkages of UCCM processes with other existing coordinating strictures for HIV/AIDS, TB and Malaria is to secure long-term sustainability once the Global Fund financing comes to an end.
- 2) There is a need to develop a robust collaboration in the coordination mechanisms to guarantee smooth transitioning arrangements in future. It is anticipated that without such a transition plan, this might adversely impact the public-private partnership in the advocacy for the three diseases, emergency resource mobilization, coordination and continued meaningful engagement of civil society and affected communities in the country during the post-transition period.

3.5.5 UCCM Governance

Situation

According to the Global Fund UCCM policy on practices of good governance, UCCMs and UCCM Secretariats are expected to operate in a way that is aligned with principles of good governance which is transparency of information, equality among members, accountability, and conflict of interest management, and promotion of good ethics. Transparency depends on the timely, equal and comprehensive sharing of information. Equality among members requires that all members of a UCCM are equal partners, with full rights to expression and involvement in decision-making. Accountability means that UCCMs should hold UCCM members; UCCM leadership and UCCM Secretariat accountable to constituencies represented and have good performance. Conflict of interest should be managed in such a way that decisions made are objective and credible.

A review of the current UCCM and previous practices indicate that the UCCM was performing very well until it experienced issues of governance at the secretariat and this situation affected the UCCM performance over a period of three years until the Global Fund intervened and took appropriate measures to revamp the UCCM secretariat. The UCCM challenges were highlighted during UCCM Evolution Pilot Project and include members not participating in UCCM meetings because the UCCM meetings were not satisfactory managed, some decisions were made without full UCCM members in participation, some action points not fully implemented as proposed in meetings, decisions postponed and meetings were taking long, and UCCM business was not always finalized. Currently the UCCM is undertaking some reforms and the process will include a number of strategic activities. UCCM renewal has been completed

and the UCCM is finalizing its organizational development. The UCCM secretariat is being strengthened and the process involved the recruitment of a new UCCM coordinator and once the secretariat restructuring is fully completed, it will involve clearly defined roles of each UCCM secretariat staff, establish measures to monitor staff performance and align the secretariat structure on UCCM functions and mandate as much as possible. It is proposed that more strategic actions need to be undertaken to strengthen the UCCM secretariat to enhance UCCM performance and functionality. The UCCM is currently constituted and has a full management structure and seemingly dynamic membership hoping to steer the UCCM into expected standards of good governance. Despite progress made so far, consultations from stakeholders and UCCM members indicated that UCCM need specific improvement in the following:

Proposal

- 1) UCCM compensation to enhance functionality the UCCM members are experiencing increasing demand on the time members dedicate to volunteer to UCCM work which exceeds four regular Board meetings. UCCM members have their regular employments that seem to be overstretched by demands to attend UCCM business. The members are willing to work for extra time which should be compensated as overtime facilitations because of expanded workload that exceeds the spirit of volunteerism.
- 2) To maintain and conclude on issues discussed and actions taken in meetings. The secretariat needs to prepare and facilitate the UCCM members with synthesized summaries of only vital information necessary to guide the UCCM members in decision making during meetings.
- 3) The Global Fund is dynamic and UCCM Members need to understand more about the underlying principles of Global Fund in order to actively participate in discussions effectively.
- 4) The Secretariat needs to improve on quality of information shared as well as the methods used in sharing the information need to be planned better.
- 5) Management of meetings whereby participation of non-UCCM members (especially when the UCCM is deliberating on issues) need to be controlled to allow members to be in charge of their own UCCM discussions.

3.5.6 UCCM Secretariat Functional Capacity

A strong functioning UCCM secretariat forms a backbone that drives an effective and efficient functioning UCCM to coordinate Global Fund activities and create an impact in the investments. The functions of UCCM secretariat to support the UCCM include the following: leadership and management of the secretariat, secretariat organization, financing of secretariat, designed information management system and technology.

a) Secretariat Leadership and Management

Situation

Analysis of the current position at the UCCM reveals the following: The sub-functions required in leadership and management at UCCM secretariat, in general are effectiveness and efficiencies being carried out by all secretariat staff at all levels in processes of supporting UCCM activities. The desired outcome is largely an effective functioning UCCM. The current significant barriers of the UCCM secretariat include insufficient role clarity amongst the key staff and this need to be streamlined.

Proposal

- 1) There is a need to strengthen teamwork at the secretariat so that UCCM secretariat staff work as a team in supporting UCCM activities.
- 2) There is a need for capacity build and team building at the UCCM secretariat for an effective support to the UCCM.

b) UCCM Secretariat Organization

Situation

The functions of the UCCM secretariat staff are planning for adequate staff, managing staff deliverables, and utilizing the numbers, time and quality support to the UCCM. The main challenge is to ensure staff roles are focused on UCCM functions. If the UCCM is operating well the following outcomes are expected: the required workforce to deliver quality support to the UCCM is available, motivation, satisfied staff and that the UCCM is fully functional. Analysis of the current UCCM secretariat work force indicates that there is adequate staff in numbers but the distribution of roles not well defined and equitably designed based on level of efforts required for regular support to UCCM functions.

Proposal

- There is a need to utilize and adequately allocate staff time proportionately to enhance the quality
 of support that is needed for UCCM functioning. It is fundamentally important that the UCCM
 secretariat is organized with core staff necessary to support the UCCM based on UCCM
 functions and mandate.
- 2) The UCCM secretariat needs to be positioned to provide strategic support to the UCCM. In addition, the LFA assessment of the UCCM secretariat indicated that the secretariat staff needs to be trained further and guided in the work of Global Fund to meet the immediate actions to be taken to address issues that affect grant implementation in a confined period.

c) UCCM Secretariat Financing

Situation

The common tasks in UCCM secretariat funding include the ability to mobilize UCCM secretariat funding and the management and accountability of the funds and resources received. In the past five years (2016-2020), the UCCM has made significant achievements in mobilizing funds to support the UCCM functions obtaining substantial support from the Government of Uganda domestic funds. In addition, the UCCM received great support from development partners mainly from the Irish Aid. In addition to Global Fund CCM funding, the funds received from Government of Uganda and Irish Aid were used to support the following activities: UCCM Oversight activities, UCCM Communication Activities, UCCM Secretariat Operations including staff salaries, and UCCM Resource Mobilization processes, mainly the coordination of the country's development and submission of funding requests/ applications to the Global Fund.

The current analysis outlines the following significant challenges:

1) Overall budget cuts in national budgets and anticipated slow economic growth due to COVID-19 challenges.

- 2) Uncertainty surrounding sustainability of funding for UCCM activities. Reduced support from in-country partners for some activities.
- 3) UCCM secretariat space is small and constraining operations.
- 4) Inefficiencies in supporting UCCM functions demanding for a functional UCCM secretariat structure that can provide quality support to the UCCM.

Proposal

There is a need to increase resource mobilization of CCM secretariat funding.

d) UCCM Secretariat Information Management Systems

Situation

As mentioned above, the core functions of the UCCM secretariat are to ensure the timely collection, collation, analysis, storage, and retrieval of accurate and reliable data to guide UCCM decision-making. The UCCM decisions are backed and guided by reliable key information timely shared by the secretariat before meetings. The analysis reveals that the secretariat provides bulk information to the UCCM to prepare for meetings this situation overwhelms UCCM members to read and understand the documents the same to help members discuss issues on the same page. In this case, there are still challenges with the functions of management of UCCM Information System with respect to level of analysis, packaging and presentation at UCCM meetings to furnish UCCM members with synthesized information to make them discuss with common understanding of issues at hand and to guide them in overall decision-making. Currently the UCCM secretariat has an under-developed database with analyzed important information on grants implementation processes, results, and risks.

In addition, the PRs make presentations in UCCM meetings containing raw data tabulated in table formats and situations makes it difficult for UCCM members to depict issues instantly and use them immediately to make decisions, instead, discussions dwell on for long in meetings and afterwards the issues are then deferred. Also, in some circumstances UCCM members tend to wonder when some decisions were made if the discussions were postponed.

Proposals

- Preparation of UCCM meetings to include packs of information to guide UCCM in decisionmaking.
- 2) PRs stop presenting volumes of data in UCCM meetings instead work with secretariat to analyze data and secretariat presentations to UCCM committees and thereafter the committees pick issues to present at UCCM plenary.
- 3) UCCM and PRs define key data elements for routine collection and analysis pertaining to grant performance.
- 4) There is a need for secretariat capacity building in data analysis and establishment of systems for management of information to provide the UCCM with adequate information necessary for quick decision making.

e) UCCM Secretariat Data Tools and Information Technologies

Situation

Tools and technology facilitate data management and presentation to intended users. Currently PRs make long presentations and UCCM finds a challenge to understand the presentations made and eventually the UCCM sometimes fails to make quick decisions at meetings. In conclusion, the UCCM members expressed that they find PRs presentations containing volumes of unpacked information and sometimes undermined by abrupt presentations. Indeed, these are characteristics showing that meetings are properly prepared. The data presented by PRs need to be adequately reviewed before meetings and interpretation made for the UCCM to understand the issues before a meeting starts.

Proposals

- UCCM need to know in advance the levels of grant performance and related issues before a
 meeting happens, to know the risks in grant implementation and challenges in the entire
 implementation of grants.
- 2) The current UCCM secretariat information system needs to be developed because it does not provide adequate strategic information to the UCCM to make quick decisions in meetings.
- 3) The secretariat information system must be designed to easily track and assess grant performance periodically. As it stands now, it is difficult for UCCM members to challenge the information presented by PRs without any other information to triangulate with.
- 4) The UCCM secretariat need to acquire specific tools or dashboard related system to track performance of grants and related program implementation processes periodically. The dashboards are visual, strategic synthesized summaries of key financial, programmatic, and management information drawn from existing data sources. The dashboards and tools can be designed in a manner that UCCM members can logon into the system at any time to understand different levels of grant performance and related management processes.

3.6 SWOT Analysis in Summary

Strengths	Weaknesses	
 Good achievements in grant applications in the past Commitment from UCCM members sound strong UCCM board well constituted and yet to meet Global Fund requirements UCCM Secretariat is settled and being reorganized Grants performance ratings have been improving since 2016 	 Processes in determining gaps/priorities during grant applications Funds for grant application not guaranteed or assured Potential implementers miss opportunities to implement Global Fund grants No future plans for sustainability of the Global Fund CCM model Lack of analyzed strategic information at UCCM meetings to guide decision making Insufficient mobilization of stakeholders Limited office infrastructure for Secretariat insufficient feedback mechanisms in UCCM processes Weak Public-Private partnership 	
Opportunities	Threats	

- Global Fund is continuing
- Government ownership and financial commitment increased to fund UCCM processes
- Global Health threats like COVID-19 affect all processes
- Heavy and increasing demand on the side of board members to volunteer for UCCM work

PART V: STRATEGIC DIRECTION

4.1 Theory of Change

The theory of change is that there will be increased coordination in attracting Global Fund resources and UCCM oversight in implementation of grants and eventually results into an impact in the Global Fund investments to fight HIV/AIDS, TB and Malaria. The impact will be based on the fact that the gains achieved by the UCCM in the previous years will be consolidated and used as precedents to register future performances in the UCCM functionality. In addition, the current UCCM revamped its structures and systems and this transformation is anticipated to result into remarkable gains to overcome past challenges in the overall coordination of the Global Fund activities in the country. The changes at the UCCM include new UCCM leadership, Secretariat coordinator, and the revision framework documents. However, throughout the implementation of this plan, the UCCM will require periodic orientations, evaluations, and updates on Global Fund changes so that members make decisions based on clear path and understanding of the dynamics of the Global Fund.

4.2 The Strategic Objectives and Interventions

The prioritizations of strategic objectives and strategic interventions in the new Strategic Plan 2021-2025 were based on the situational analysis, assessment of the previous plan, and reviews of documents. The situational analysis identified key characteristics and critical issues that should be addressed in the new UCCM strategic plan to promote UCCM functionality and achieve the objectives, the goal and the vision of the UCCM. The following strategic objectives and interventions will be implemented in the five-year plan.

4.2.1 Strategic Objective 1: Fund Requests

Objective 1: Increase resource mobilisation and coordination processes in the development of fund requests

The coordination of funding applications has been experiencing the challenge of resources to support processes of grant applications has not been adequate. Additionally, difficulties in the organising country dialogue meetings to agree on grant application priorities and agree on amount of funds per disease as well as implementation arrangements and other splits regarding the dual tracking system. Furthermore, challenges in determining funding gaps which should be determined from the National Health Sector Strategic and Investment plans. Also, selection processes of sub-recipients need to be streamlined to ensure that potential implementers in some constituencies are included.

Strategic Interventions

1) Streamline processes of grant application. This includes country dialogue, determining funding gaps, priority from National Health Sector Strategic and Investment plans. The UCCM should work with Ministry of Health to align Global Fund applications with national development policies and strategies so that all stakeholders know the funding gaps much earlier before

engagements in grant applications. Under this strategy, future applications will be driven strictly by the known funding gaps in policies and National Development Plan or Sector Strategic Plan/Disease Investment Cases documents.

- 2) Streamline processes of engaging sub-recipients to create impact in Global Fund investments. This is to streamline selection processes of sub-recipients to accommodate or pick the best SRs that can effectively help in the implementation of programs in different service delivery areas to maximum the impact in Global Fund investments.
- 3) Guarantee availability of financial resources for grant applications and UCCM oversight processes. The strategy is to strengthen planning and availability of financial resources to ensure timely and effective development of Concept Notes. This will ensure that the UCCM has guaranteed funds to support the processes of grant applications throughout the years. The strategy will involve carrying out meetings with partners and government to solicit funding for grant application and include commitments in UCCM work plan.
- 4) Mobilize resources from Global Fund, Government of Uganda, Bilateral and Multilateral partners, and other sources to support implementation of program activities and UCCM work plans as stipulated in the resource mobilization strategic plan.

4.2.2 Strategic Objective 2: Oversight



Objective 2: Increase Oversight over grant implementation

Oversight is a main function of the UCCM. The practice ensures that activities are implemented as planned by providing strategic direction to principal recipients, ensuring policies and procedures are met, instituting financial controls (including independent audits), and following through on key recommendations. Under the New Funding Model, oversight is defined as a process that starts at grant application and goes through grant negotiation, grant implementation and ends at grant closure. Global Fund UCCM Eligibility requires three (3) demands UCCM to establish an oversight body and implement an established up-to-date oversight plan. The oversight requirement positions the UCCM to execute its oversight functions consistently as expected from the Global Fund. The UCCM has been meeting the minimum standards of oversight. However, more meaningful strategic oversight activities need to be implemented to maximize impact. Analysis of strategic information for use, especially at UCCM meetings to guide decision making on grant performance, needs to be improved on. Engagement of community stakeholders in oversight of Global Fund activities will increase effectiveness. In addition, oversight reports need to be disseminated to promote information sharing. The strategic plan will implement the following strategic interventions.

Strategic Interventions

1) Strengthen oversight approaches and participation to involve more stakeholders and UCCM structures in oversight processes. The engagement of more stakeholders especially community stakeholders in oversight of Global Fund activities will widen scope of coverage, gather additional information, and improve on efficiencies in grant oversight to maximise impact. Specifically, the UCCM will work with constituencies to establish mechanisms for sharing information on grants implementation. In addition, the UCCM will be establishing standard

- guidelines for effective collaboration and participation with community-based organisations using their networks systems to participate in the oversight processes.
- 2) Strengthen Oversight planning and implementation of active oversight. The strategy is that the UCCM will have a robust updated oversight plan to be implemented and that oversight committee/UCCM recommendations will be implemented according to action plans that will be decided in meetings. In addition, the UCCM will improve on existing oversight plan and oversight tools periodically such that the oversight plan and revised tools are in line with Global Fund changes to guide the UCCM to implement oversight meaningfully. The PRs and UCCM will discuss the oversight plan and tools to agree on how the framework documents will be applied to collect key information on grants performance as well as mentioning responsible actors that will be involved.
- 3) Improve and re-establish data collection mechanisms, analyses, use and sharing reports. Involving data validation and tracking oversight systems and sharing of oversight reports at the UCCM. The strategy is to ensure that the UCCM receives synthesized summaries of information on grants during Oversight Committee meetings and UCCM plenary meetings. Periodic data collection will be conducted by the secretariat to gather strategic information on grant performance. The secretariat will analyse data on grants in the areas of financial management, program performance and procurement activities. Additional information on challenges in grants implementation, risks and other management actions will be collected. The secretariat will make quarterly summarized reports on the key areas outlining oversight issues, findings, and recommendations. The reports will be submitted to committees to discuss with PRs and general membership of the UCCM. After UCCM decisions, summary reports on oversight activities will be shared with relevant UCCM stakeholders including government agencies, bilateral and multilateral organizations, civil society organizations, people living with and/or affected by the three diseases, and the Global Fund Secretariat. Specifically, the UCCM secretariat will prepare and submit brief summaries on quarterly oversight reports mentioning grant implementation issues for consideration at UCCM meetings, implement recommendations made by the UCCM for corrective actions, conduct quarterly oversight review meetings between Oversight Committees and Principal Recipients to exchange information, discuss financial issues and make a follow up on management action plans to eliminating bottlenecks. The UCCM will be sharing quarterly oversight reports to key stakeholders and the Global Fund Secretariat as well as disseminating the oversight reports using UCCM website or other means as will be decided by the UCCM.
- 4) Improve on risk management approach in UCCM oversight over grants implementation. The strategy is to streamline UCCM oversight in monitoring PRs activities and performance of grants. The UCCM will develop a risk management framework for monitoring PRs in the implementation of grants by checking areas of financial risk to detect weaknesses in performance or control systems so that the UCCM can take remedial actions to support the implementation of grants. In so doing and a quarterly basis, the UCCM secretariat will be tracking expenditures against budgets focusing where there is largest proportion of funds being allocated and used, if funds being spent in the planned areas, any financial bottlenecks (such as in procurement processes, levels of risk of stock-out and expiry of key pharmaceuticals and health products) as well as checking supporting documentations. Further, the UCCM will review PRs progress update and disbursement reports in a view to track conditions in the implementation of grants. Develop a UCCM internal risk management framework for UCCM operations: Overall this will monitor the implementation of UCCM activities and detect challenges. The strategy will be implemented in

line with the objectives of the UCCM strategic plan and annual UCCM operational plans that will be targeting performance in grants.

4.2.3 Strategic Objective 3: Engagement



Objective 3: Increase Stakeholders engagement

Active stakeholder participation will be a fundamental strategy of this Strategic Plan. The approach will encourage active involvement of key individuals, groups, and agencies in decision-making, planning and programming, and resource mobilization efforts; and will also facilitate in creation of a 360-degree, information-sharing and feedback mechanism among UCCM partners and constituents. The strategic plan will implement the following strategies to increase and achieve meaningful stakeholders' engagement.

Strategic Interventions

- 1) Strengthen communication and feedback mechanisms to stakeholders. This strategy will ensure that the views and concerns of constituencies are received on a consistent and timely basis, and that constituency inputs are duly considered during UCCM processes, such as development of concept notes and during the period of implementation of grants. Constituencies will be strengthened in communication and feedback mechanisms. Information-sharing will be critical in designing and implementation of communication plans or engagement plans for all civil society constituencies. The communication plans will detail the modalities and activities that constituency representatives will undertake in receiving constituency inputs and providing 360-degree feedback, and the communication strategies that will be applied and associated timelines.
- 2) Strengthen stakeholders' participation in Global Fund processes meaningfully and gainfully. The strategy is to engage the stakeholders especially key affected populations and people living with the diseases to participate in Global Fund processes actively and gainfully: UCCM will support constituency engagement meetings, especially with Civil Society to understand how Global Fund works as well as getting opportunities to discuss issues of programming by provide technical input and contributions at UCCM meetings. For example, outlining the key priority areas and roles that groups and communities can play in the delivery and uptake of HIV/AIDS, Tuberculosis and Malaria programmes. The strategy will involve mapping of priority areas of CSOs to enhance future engagement with the government sector in participation and active collaboration during programming and implementation of Global Fund activities. Specific strategic actions will need UCCM to work with civil society organizations to increase their participation in community oversight activities, community mobilization, and advocating for access for services in marginalized groups.
- 3) Advocate for and mobilize in-country support for UCCM processes. This will involve UCCM to engage key high-level public officials on the importance of increasing Government contribution to sustain HIV/AIDS, Tuberculosis and Malaria programmes and the health sector. This engagement will take the form of advocacy meetings with senior policy makers, submission of "position papers" that make the case for increased and sustained financing, and submission of annual budgetary proposals. Additional engagement will be done in the private sector towards enhancing its contributions and participation in national HIV/AIDS, Tuberculosis and Malaria

response. The sensitization and advocacy initiatives will be geared towards gaining a commitment from umbrella private sector organizations and other non-governmental organizations to create linkages and become active contributing partners.

4.2.4 Strategic Objective 4: UCCM Positioning



Objective 4: UCCM positioning: Strengthen UCCM linkages with national coordinating structures for HIV, TB and Malaria programs to position the UCCM for sustainability.

The UCCM was established at the beginning of Global Fund in 2002 and composed of undefined constituencies, embedded in the Ministry of health leadership and members were haphazardly picked from various stakeholders that were by then involved in HIV/AIDS advocacy and implementation. The UCCM had a desk office in the Ministry of health as a secretariat coordinating CCM meetings composed of more than 50 members with different interests. The CCM was not performing its oversight function and this led to the suspension of grants after grants were mismanaged in 2005. The CCM recomposed itself in 2007 and established a single permanent coordinating mechanism for different programmes so called a long-term institutional arrangement (LTIA). The LTIA was established as a strategy for coordination, aligning and harmonising all existing programmes. However, the implementation of LTIA experienced resistance from meeting Global Fund CCM requirements because the establishment and composition of membership did not concur with Global Fund principles and CCM guidelines. In 2011, the Global Fund requested establishment of UCCM that meets Global Fund requirements and the LTIA was dropped although the intended objective was to improve coordination among all HIV/AIDS, Tuberculosis and Malaria programmes in order to heighten efficiencies and effectiveness in coordination of service delivery through a single coordination mechanism. The new UCCM was established in 2011 based on Global Fund CCM guidelines and in 2018, the UCCM participated in the piloting of CCM evolution intending to position CCMs in existing National coordinating mechanisms. Therefore, based on above history the UCCM intends to pursue the following strategic interventions for long-term sustainability.

Strategic Interventions

- 1) Position UCCM to focus on in-country coordination of all resources for HIV/AIDS, TB and Malaria by developing and implementing a transition plan to integrate UCCM activities in national coordinating initiatives for HIV/AIDS, TB and Malaria. The UCCM will coordinate the development of the transition plan and get participation from different stakeholders and coordination entities. The plan will outline all details of cost and activities involved in the positioning the UCCM as a multi-sectoral coordination structure. The UCCM positioning plan will be implemented as a transition plan to integrate CCM activities in national coordinating initiatives for HIV, TB and Malaria and other related programmes.
- 2) Strengthen Public-Private partnership and more so with Civil Society Organizations. The goal is to establish robust interfaces and linkages with other national bodies in coordination of HIV/AIDS, Tuberculosis and Malaria programs for sustainability. This will be done to guarantee smooth transitioning arrangements and to sustain future Public-Private partnership arrangements in coordination of resources for the three diseases. This strategy involves UCCM leadership to draw a plan for attending all coordinating mechanisms/agencies

and will be pursued through high-level meetings, joint planning, and exchange of information such as strategic and operational plans, project documents and UCCM implementation reports.

- 3) Harmonize Global Fund resources with support from other funding agencies to avoid duplications of funding. UCCM work with UAC and Ministry of health to establish a task team to review existing funding landscape for HIV/AIDS, Tuberculosis and Malaria programmes, identify areas of duplication and gaps in funding of national strategies, and recommend appropriate remedial measures.
- 4) Align Global Fund grants performance reporting schedules with other national and sector programmes reporting and reviews of programme performance. These initiatives will enhance integration of reporting and information-sharing, accountability, and inclusive participation. The requisite tools, indicators and reporting cycles will be harmonized and well aligned to the national health sector monitoring and evaluation systems. Discussion will be done during the country joint program performance reviews and dialogue meetings for development of concept notes. UCCM will work with Ministry of health and stakeholders to review existing performance reporting landscape for, HIV/AIDS, Tuberculosis and Malaria programmes that are funded by Global Fund resources and then be aligned in the national M&E systems.

4.2.5 Strategic Objective 5: Strengthen UCCM Governance and Capacity of UCCM Secretariat4.



Objective 5: Strengthen UCCM governance and Capacity of the Secretariat operations

The pillars of good UCCM governance are leadership, consensus oriented, transparency and accountability, openness and inclusiveness, follow rules and procedures in decision-making. The aforementioned governance elements will be applied in UCCM processes such as management of conflict of interest and ensuring effective communication and reporting within and outside the UCCM structures. The UCCM will need well-established structures and systems that are regulated by sets of governance documented policy notes outlining operational guidelines and procedures. This objective is to strengthen the governance structures and systems for better UCCM functionality and achieve highest levels of good governance. The UCCM will implement the following strategic interventions under this objective.

Strategic Interventions

Maintain updated UCCM framework documents. These documents include Governance Manual, Oversight Plan, Conflict of Interest Policy, and Terms of Reference for Committees, Communication Plan/Strategy, Secretariat Operations Manual and Secretariat Finance Manual. These documents will be reviewed periodically to ensure they are in line with the national policies and aligned with changes in Global Fund policies and requirements. The review and revision of framework documents will only be focused to reflect new developments within the UCCM and to comply with Global Fund requirements.

- 2) Institutionalize measures designed to improve on performance in UCCM functions and preparations, communication and organization of UCCM meetings. These measures will target improved attendance and participation at all UCCM meetings. The strategy will involve management of Conflict of Interest, compensation of members' extra time, monitoring members' attendance and active participation in decision making at UCCM meetings and other processes. UCCM Members will be oriented to understand the Global Fund and this will help them to participate in discussions effectively. Conduct annual UCCM Eligibility Performance Self-Assessments and prepare and implement appropriate performance improvement plans. Renew membership and establish and circulate matrix of membership attendance at regular and extraordinary meetings of the UCCM.
- 3) Build sustainable standards of UCCM leadership and systems. To instituting measures to ensure continuity of quality leadership, building harmonious and strategic relationships and protecting the good reputation of the UCCM and the Global Fund. The UCCM will strongly implement provisions of Code of Ethics and Conflict of Interest policy and follow-up actions taken on matters requiring attention. Develop and implement UCCM membership renewal calendar and renewal processes based on established guidelines. UCCM will carry out annual performance self-assessment and evaluation of UCCM secretariat. The exercise will involve full participation of UCCM members and alternates conducted in accordance with the Global Fund CCM performance framework documents and in line with the Global Fund policy notes for CCM funding.
- 4) Build Capacity of UCCM members in risk mitigation strategies. Trainings on risk management will be held to strengthen the capacity of the UCCM and secretariat to discharge their responsibilities effectively and be equipped with capacity to identifying measures to address identified risk in grants implementation. This strategy empowers UCCM to understand and identify risk in grants implementation and devise mitigating measures and action plans for better program implantations. The strategy will ensure that all UCCM members complete the core elearning modules on CCM Orientation Program.

4.2.5.2 Strengthen Capacity of UCCM Secretariat

The UCCM operates a dedicated Secretariat that provides managerial, technical and logistical support in all aspects of UCCM operations. The UCCM secretariat serves as the technical functional unit of UCCM and it is a point of contact for UCCM business and UCCM communication to the Global Fund Secretariat and UCCM communication to stakeholders and the general public on the performance of Global Fund grants in Uganda. Currently, the Secretariat is located within the National AIDS Commission and available physical space is considered inadequate.

Overtime, the responsibilities of the Secretariat have expanded because of growing fund portfolio to the country and because of the dual tracking system adopted by the country to increase efficiencies and performance of grants. The UCCM secretariat is a technical functional unit supporting the UCCM members to carry out day to day UCCM activities and the UCCM only convenes mainly quarterly to make decisions on grant performance and implementation processes. However, the organisational structure of human resource is not fully optimized and activities not sufficiently funded to maximize efficiency and effectiveness in some UCCM functions, notably UCCM doing meaningful oversight activities, widen constituency engagement for stakeholders' active participation, sharing information and communication to the public to promote transparency and accountability.

This objective will enhance the institutional capacity of the Secretariat to execute its designated functions in the most effective and efficient manner will reduce workload to UCCM members and improve the overall performance of the UCCM.

Strategic Interventions

- 1) Strengthen UCCM secretariat management structures and roles. Involves rationalizing the human resource needs of the Secretariat in the context of the current and expanding functions of the UCCM. The reorganisation of UCCM secretariat structure will indicate the type, number and mix of staff that will be required for optimal technical functioning of the UCCM secretariat; the structuring will streamline staff specify roles, responsibilities, methods of engagement and performance standards for positions recommended and necessary functional needs. This strategy involves mobilizing adequate human resources to support UCCM functional activities. The strategy may require UCCM reviewing structures, make approval, fill all approved staffing positions and this may require recruitment of additional staff and training/ re-training of existing staff as when it is appropriate.
- 2) Strengthen UCCM secretariat data base, Information management system, sharing and communication. This will include installation of dashboards related tools to generate summarised information regarding grants performance.
- 3) Strengthen financing of secretariat and accountability of resources. Mobilize resources to support the operations of the UCCM Secretariat. The needed resources will be used towards executing the administrative, technical and communication functions of the Secretariat as approved by the UCCM. The UCCM will develop functional based work plans clearly indicating funding gaps that will be used to mobilize UCCM funding. The UCCM will be required to mobilize resources from Global Fund, Government of Uganda, Bilateral and Multilateral partners, and other sources to support implementation of UCCM processes. The strengthening of financial management systems at UCCM secretariat will ensure that Global Fund resources are integrated into national planning and budgetary processes. The two-pronged funding approaches will need improved collaboration with the Ministry of Health, Ministry of Finance, and the Uganda AIDS Commission so that the grants are aligned with national budgeting cycles to improve coherence and reduce challenges in transactions and reporting burdens. The strategy will ensure adequate space and equipment for UCCM secretariat accommodation. The UCCM will negotiate with government and different partners to secure adequate and convenient space for the UCCM secretariat operations.

PART V: MONITORING AND EVALUATION PROCESSES, IMPLEMENTATION ARRANGEMENTS, AND BUDGETARY CONSIDERATIONS

A summary of the total budget is included in this document. The detail cost of the plan is in an Excel file called Final Draft "Costed" Strategic plan 2021-2025 July 29version for CCM.xls

5.1 Implementation Arrangements

This Strategic Plan 2021-2025 is similar to arrangements adopted from implementation of previous plans where the UCCM secretariat will provide the technical support in driving the planning of annual activities to ensure that the strategic goal, objectives, interventions and results are achieved within the timelines. As a strategic plan, it does not detail the tasks that must be undertaken to achieve the hierarchy of

strategic goals and objectives. Rather, the strategic intervention will form the grounds development of detailed annual or implementation plans. Each implementation plan will contain the following aspects:

- Specific objectives related to the strategic objectives
- Activities and tasks necessary to achieve objectives
- Timelines for implementation
- · Responsible and supporting entities
- Detailed budget

The Executive Committee will serve as the main oversight body for the implementation of the Strategic Plan. This oversight function ensures the development of the requisite implementation plans, monitoring and evaluation of planned initiatives and activities, and submission of timely reports to the UCCM and its stakeholders. The UCCM Secretariat will perform overall technical functional support roles.

An indicative logical framework of the Strategic Plan 2021-2025 outlines a critical path for the implementation of activities of the Strategic Plan, along with the expected targets, entities/individuals responsible for coordination, is set out as a guide in **Annex 1**.

5.2 Monitoring and Evaluation Processes; Performance Results

At UCCM level, the tracking of the progress made in the implementation of the strategic plan will be done through a set of program indicators mentioned in the logical framework.

The monitoring and evaluation of the UCCM Strategic Plan 2021-2021 will have four aspects:

a) Annual Operational Planning

The activities in the implementation plans will provide the foundation for effective monitoring of the outputs towards the achievement of objectives.

b) Data Collection and Reporting

The UCCM Secretariat will establish a database of results from periodic reports made during the implementation of activities. This implies that the UCCM Secretariat will work closely with all structures and committees assigned responsibility for implementing activities. The following reports will be produced in support of the monitoring and evaluation processes:

- · Quarterly progress reports on implementation plans
- Technical reports resulting from programmatic activities, studies, and assessments
- Annual progress reports on implementation plans
- Annual UCCM performance assessment reports
- UCCM programme review reports

c) UCCM Performance Reviews

UCCM performance reviews of implementation plans will be undertaken during the final quarter of each year and in accordance with the Global Fund requirement. These performance reviews will be attended by all UCCM strategic partners and will be done using the Global Fund UCCM performance assessment tools. Progress reports on implementation of activities will form the basis of discussion during the performance review, and recommendations will be factored into subsequent cycles of the planning

process and development of performance improvement plans. A report on UCCM performance assessment shall be widely disseminated among the relevant stakeholders.

d) Programme Evaluation

A Mid-Term Review of the Strategic Plan will be undertaken in the beginning of year 2023, after two years of implementation. The Mid-Term Review will:

- · Assess progress of implementation
- · Review appropriateness of processes, strategies and desired outcomes
- Propose recommendations for adjustments to the Strategic Plan for the remainder of the cycle
- Pick lessons that will inform future programming

An End-of-Term Evaluation will be conducted during the final quarter of the life of the Strategic Plan, and findings and recommendations will be used to inform a successor document. The lines of inquiry of the final evaluation will be:

- Relevance: To what extent did the Strategic Plan assist in advancing the mandate of the UCCM?
- Efficiency: Were resources used in the best possible way?
- Effectiveness: Have planned outputs and objectives been achieved?
- Impact: What has been the contribution of the Strategic Plan to meeting the higher-level goals of the national HIV/AIDS, Tuberculosis and Malaria response?
- Sustainability of the positive results and the UCCM operations

5.3 Budgetary Considerations

(Details are in the Excel file for budget and cost estimates).

The sources of core financing for supporting the structures, systems and activities of the UCCM are the Global Fund but more so the Government of Uganda and in-country partners, both bilateral and multilateral agencies. This information will be reflected in the UCCM work plan and budget and the annual national budget framework paper of the Ministry of Finance, Planning and Economic Development.

Annex 1: DETAILS PERFORMANCE FRAMEWORK OF THE STRATEGIC PLAN, 2021-2025

(A full performance framework with indicators is in the Excel file for cost estimates)

Strategic	Strategic Actions/Activities		Perfor	Key			
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
	mize the investments of GI ight against HIV/AIDS, Tub					o crea	te an

Strategic Actions/Activities			Perforr	Key			
Interventions		2021	2022	2023	2024	2025	Responsible Personnel

Strategic Objective 1. Increase resource mobilization and coordination in development of fund requests										
Strategic Intervention 1.1	Streamline processes of grant applications and determining funding gaps, priorit from National Health Sector Strategic and Investment plan									
Activity 1.1.1	Review UCCM compliance with eligibility requirements: Review UCCM Eligibility status to ensure that the country is eligible for funding; review if Country Coordinating Mechanism meets six eligibility requirements, two of which are assessed at the time of the funding request submission.	100%	100%	100%	100%	100%	Coordinator supporting UCCM Chair			
Activity 1.1.2	Plan for inclusive dialogue: Conduct Country dialogue meetings to establish an open and inclusive conversation between different groups of people who respond to and are affected by the diseases in a country.	100%	10070	50%	100%	100%	Coordinator and Resource mobilization committee			
Activity 1.1.3	Review national strategic plans: Review meetings for the national strategic plan to outline how a country responds to HIV/AIDS, TB or malaria. Confirm the funding gaps and identify the priorities: Participants include Ministry of health teams, CSOs, Private sector and partners		100%	100%	100%	100%	Coordinator and Resource mobilization committee			
Activity 1.1.4	Agree on program split across eligible diseases and HSS activities: Carry out stakeholders meetings to agree on Sprit of allocations and select priorities for						Coordinator and Resource mobilization committee			

funding in grant applications and propose for above allocations

Meetings for reviewing Catalytic

investments include matching

funds and strategic initiatives.

support.

Activity 1.1.5

Coordinator

mobilization

committee

and Resource

100%

100%

Strategic	Strategic Actions/Activities		Perfor	mance	Target	S	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
Activity 1.1.6							Coordinator
,	Support processes of writing and						and Resource
	development of a concept note and begin discussion on						mobilization
	appropriate implementation						committee
	arrangements				100%		
Strategic Intervention 1.2	Streamline processes of engaging	g sub-r	ecipient	s to cre	ate imp	act in GI	obal Fund
intervention 1.2	investments						
	UCCM work with PRs to develop						Coordinator
	standard procedures to be						support
	approved by UCCM to streamline						Executive
Activity 1.2.1	selection processes of sub- recipients		100%				committee
	- CO.Piorito		10070				Coordinator
	Disseminate the selection process						support
	to stakeholders during						Executive
Activity 1.2.2	constituency engagement			100%			committee
Strategic	Guarantee availability of financial	resour	ces for	grant a	pplication	ons and	UCCM
Intervention 1.3	oversight processes						
A - Challes 4 O O			1		I	I	0
Activity 1.2.3	!						Coordinator support
	Carry out meetings with partners						Executive
	and government to solicit funding						committee
	for grant application and include						
	commitments in UCCM work plan		50%	75%	100%		
Strategic						ı	•
Intervention 1.4							
	Mobilize resources from different						
	activities and UCCM work plans a	s guide	ed and s	stipulate	ed in the	resourc	e mobilization
	strategic plan. Mobilize resources from Global						Coordinator
	Fund, Government of Uganda,						support
	Bilateral and Multilateral partners,						Resource
	and other sources to support						mobilization
	program activities and UCCM						committee
	processes as outlined in the						
	UCCM resource mobilization						
0(strategic plan		25%	50%	75%	100%	
Strategic Objective	2 Increase UCCM Oversight over g	rant im	piemen	tation fo	or maxir	num imp	act
	Strengthen oversight approaches	and na	rticinat	ion			
	on enginen oversight approaches	and pa	ucipal	.011			
Intervention 2.1							

Strategic	Strategic Actions/Activities		Perfori	mance	Target	S	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
Activity 2.1.1	Identify key players that will be involved in oversight activities by engagement of more stakeholders especially community stakeholders in oversight of Global Fund activities will widen scope of coverage, gather additional information and improve on efficiencies in grant oversight to maximize impact	50%	75%	100%	100%	100%	Oversight officer supporting Oversight committee
	Strengthen Oversight planning ar	nd impl	ementat	ion of a	ctive ov	ersight/	
Intervention 2.2							
Activity 2.2.1	Review and improve on existing Oversight plan and Oversight tools towards establishment of active oversight in line with Global Fund expectations	50%	75%	100%	100%	100%	Oversight officer
Intervention 2.3	reports						
intervention 2.3							Oversight
Activity 2.3.1	Carry out data collection within a quarter on strategic information on grant performance and implementation processes.	50%	75%	100%	100%	100%	officer supporting Oversight committee
Activity 2.3.2	Analyze data on grants in the areas of financial management, program performance and procurement activities and produce a quarterly summarized performance report with additional information on challenges in grants implementation, risks and other management actions.	50%	75%	100%	100%	100%	Oversight officer
Activity 2.3.3	Carry out oversight follow ups on issues as sanctioned from meetings between Oversight Committees, the UCCM and Principal Recipients on financial issues and management letters or action plans to eliminating bottlenecks.	50%	75%	100%	100%	100%	Oversight officer supporting Oversight committee

Strategic	Strategic Actions/Activities		Perfori	mance	Target	s	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
	Facilitate sharing quarterly oversight reports to key stakeholders and the Global Fund Secretariat as well as disseminating the oversight reports using UCCM website or other means as will be decided by						Oversight officer supporting Oversight committee
Activity 2.3.4	the UCCM	50%	75%	100%	100%	100%	
Intervention 2.4	Improve on risk management app and monitoring of UCCM activitie		n UCCM	l oversi	ght ove	r grants	implementation
Intervention 2.4	Develop a PRs/UCCM risk management framework for monitoring PRs/UCCM in the implementation of grants to check areas of financial risk and detect weaknesses in performance or control systems so that the UCCM can take remedial actions to support the implementation of grants. This will include risk management framework for PRs, monitoring UCCM and UCCM						Coordinator work with Oversight officer supporting Oversight committee
Activity 2.4.1	secretariat operations		100%				
Strategic Objective	3. Increase stakeholders engagem Strengthen communication and for		k mecha	anisms (to stake	holders	
Intervention 3.1							
	Support constituencies to establish or review and implement communication and feedback mechanisms to stakeholders;	4000/	1000/	4000/	4000/	1000/	Coordinator work with CSOs
Activity 3.1.1 Activity 3.1.2	meeting with CSOs constituencies Conduct annual refresher training programs for all UCCM members and alternates to enhance understanding of the content and application of UCCM framework documents Strengthen stakeholders' particip	100% 100% ation in	100% 100% Global	100% 100% Fund p	100% 100% rocesse	100% 100% es mean	ingfully and
Intervention 3.2	gainfully						

Strategic	Strategic Actions/Activities		Perfori	Key			
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
Activity 3.2.1	Develop annual action plans for community engagement that define areas of collaboration, time frame and responsible parties.		100%	100%	100%	100%	Coordinator work with CSOs
Activity 3.2.2	Carry out stakeholders engagement meetings especially Key affected populations and People living with the diseases to advocate for participation in Global Fund processes actively and gainfully	100%	100%	100%	100%	100%	Coordinator work with PLWD and KAP members
Activity 3.2.3	Carry out engagement meetings with key high-level public officials on the importance of increasing Government contribution to the UCCM coordination processes for HIV/AIDS, Tuberculosis and Malaria programs and the health sector	100%	100%	100%	100%	100%	Coordinator work with public sector Members
	e 4. UCCM Positioning; Strengthen l nd Malaria programs to enhance su			with na	tional c	oordina	ting structures
	Positioning UCCM						

	Positioning UCCM						
Strategic							
Intervention 4.1			1		1	1	T
	UCCM develop and implement a						Coordinator
	transition plan to integrate UCCM						support UCCM
	activities in national coordinating						Chair/Excom
	initiatives for HIV/AIDS, TB and						
Activity 4.1.1	Malaria. The UCCM	50%	100%	100%	100%	100%	
	Facilitate UCCM leadership to						Coordinator
	organize and attend coordination						supported by
	high-level meetings, joint						staff
	planning, and periodically						
	exchange information project						
	performance reports and UCCM						
	implementation reports. This will						
	include engage key high-level						
	public officials on the importance						
A - 41 - 14 - 1 - 1 - 1	of increasing Government	500/	750/	4000	40001	4000/	
Activity 4.1.2	contribution	50%	75%	100%	100%	100%	
	Harmonization of Global Fund res	sources	;				
Strategic							
Intervention 4.2							
	Harmonize workshops for Global						Coordinator
	Fund resources with other						with support
	resources involving Ministry of						Finance and
	health and stakeholders review						administration
	existing funding landscape for,						supporting
	HIV/AIDS, Tuberculosis and						EXCom
Activity 4.2.1	Malaria programs.	50%	75%	100%	100%	100%	
· · · · · · · · · · · · · · · · · · ·			-				·

Strategic	Strategic Actions/Activities		Perform	mance	Target	s	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
	Strengthen Public-Private partner	rship ar	d more	so with	civil so	ciety or	ganizations
		•				-	
Strategic Intervention 4.3							
	Advocate for direct and tangible contributions from the private sector towards enhancing the national HIV/AIDS, Tuberculosis						Coordinator supporting Chair
Activity 4.3.1	and Malaria response. Conduct sensitization sessions	50%	75%	100%	100%	100%	Coordinator
	with existing umbrella private sector and non-governmental organizations to stimulate interest in contributing towards the national response. Identify specific strategies for improving working relations with civil society						supporting Chair
Activity 4.3.2	organizations. Align Global Fund grants perform	50%	75%	100%	100%	100%	
Strategic Intervention 4.4	Working moetings involving	Г	T	Г	Г		Overeight
	Working meetings involving Ministry of health and stakeholders to review existing performance reporting landscape for, HIV/AIDS, Tuberculosis and Malaria programs that are funded by Global Fund resources and then be aligned in the national M&E system as well as National						Oversight Officer support Oversight committee
Activity 4.4.1	Health Accounts Reports.	50%	75%	100%	100%	100%	
Strategic Objective	5. Strengthen UCCM governance Implement UCCM framework doc			FUCCM	Secreta	ariat	
Intervention 5.1	пприетен осси пашемогк сос	uments					
	Undertake periodic review and revision of framework documents (UCCM Governance Manual/ToRs revised and printed)to reflect any new developments within the UCCM and to comply with Global Fund						Coordinator /Finance and administration
Activity 5.1.1	requirements	100%	100%	100%	100%	100%	<u> </u>

Strategic	Strategic Actions/Activities		Perfori	mance	Target	s	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
	Institutionalize measures designe activities of the UCCM and its org	ed to sti jans	mulate	higher I	evels o	f particip	ation in
Intervention 5.2							
	Compensation of UCCM						Coordinator
	members extra time in attending						support Chair
Activity 5.2.1	meetings, monitoring and assess PRs\ performance	100%	100%	100%	100%	100%	
Addivity Gizii	Conduct UCCM annual retreat	10070	10070	10070	10070	10070	Coordinator
	and UCCM Eligibility Performance						support Chair
	Self-Assessments; include prepare and implement						
	appropriate performance						
Activity 5.2.2	improvement plans.	100%	100%	100%	100%	100%	
	Implement provisions of Conflict						Coordinator
	of Interest policy and corrective actions taken on matters requiring						supporting Ethics
Activity 5.2.3	attention	100%	100%	100%	100%	100%	committee
	Implementation of UCCM	10070	10070	10070	10070	10070	
	Communication strategy, Publicity						Coordinator/se
	& Information Sharing on Progress of Implementation &						cretariat staff
	Performance of Global Fund						
4.41.14.504	grants and programs in Uganda						
Activity 5.2.4	Develop and implement UCCM	100%	100%	100%	100%	100%	Coordinator/
	membership renewal calendar						Executive
	based on established guidelines.						committee
Activity 5.2.5	Lead and and LICCM in order was a second	100%	100%	100%	100%	100%	Coordinator
	Implement UCCM performance evaluation procedures for UCCM						Coordinator support Chair
	members, alternates including the						oupport oriain
	replacement in case of						
	unsatisfactory performance						
	through preparing and circulate matrix of membership attendance						
	at regular and extraordinary						
Activity 5.2.6	meetings of UCCM.	100%	100%	100%	100%	100%	
	Build sustainable UCCM leadersh	ip and	structur	es.			
Intervention 5.3							
	Conduct annual leadership						Coordinator
	training sessions for UCCM						
	members of UCCM. This can be done at beginning of year as a						
	capacity building retreat and						
	refresher training to build the						
	UCCM members' oversight capacity and provide ongoing						
	updates on Global Fund policies						
Activity 5.3.1	and guidelines	100%	100%	100%	100%	100%	

Strategic	Strategic Actions/Activities		Perfori	mance	Target	S	Key
Interventions		2021	2022	2023	2024	2025	Responsible Personnel
	Appoint UCCM members with						Coordinator
	demonstrated leadership skills						support Chair
	and competencies to serve on						
Activity 5.3.2	UCCM Committees.	100%	100%	100%	100%	100%	
	Build Capacity of UCCM members	s in risk	mitigat	ion stra	ategies		
Intervention 5.4							
	Trainings on risk management to						Coordinator
	strengthen the capacity of the UCCM and secretariat to						support Chair Executive
	discharge their responsibilities						Committee
	effectively and identify risk in						
	grants implementation and set						
A - Challes F A A	mitigation measures and action						
Activity 5.4.1	plans for improvement Strengthen UCCM secretariat ma	nagom	100%	100%	100%	100%	
	Strengthen Occiw secretariat ma	mayemi	eni Siru	Cluies a	and role	:5	
Intervention 5.5							
	Carry out staff performance						Oversight
	assessment to streamline staff						Officer
	specify roles, responsibilities,						
Activity 5.5.1	methods of engagement and performance standards	100%	100%	100%	100%	100%	
Activity 5.5.1	Strengthen UCCM secretariat data						stem
	3						
Intervention 5.6							
	Development and installation of						Oversight
	dashboards related tools to						officer
	generate summarized information regarding grants performance						
	information to pack and share with						
Activity 5.6.1	stakeholders		100%	100%	100%	100%	
	4) Strengthen financing of secreta	ariat an	d accou	ntabilit	y of res	ources	
Intomiont's = 5.7							
Intervention 5.7	Develop annual or biennial UCCM	I	I	1	1	l	Coordinator
	work plans, as appropriate, and						supporting
	mobilize required resources for						UCCM Chair
Activity 5.7.1	implementation	100%	100%	100%	100%	100%	
	Maintain office operation and						Coordinator
	administrative cost including staff						and Resource
	remunerations; UCCM Secretariat operational costs						mobilization committee
Activity 5.7.2	operational costs	100%	100%	100%	100%	100%	Johnnilles

Annex 2: SUMMARY BUDGETARY CONSIDERATIONS

Details are in the Excel file.

Summary Tables - UCCM Strategic Plan (2021-2025) - Cost Estimates

TABLE (a) - All	Annual cost =	
Objectives = \$4,376,228	\$875,246	

Total estimated cost per objective

Objective Description	2021	2022	2023	2024	2025	Total USD	%
Improve coordination processes in the development of fund requests	11,082	31,404	376,603	61,255	59,200	539,544	12.3%
Increase UCCM Oversight over grant implementation for maximum impact.	17,450	42,619	19,423	20,492	21,619	121,603	2.8%
Increase stakeholders engagement	57,245	55,831	63,718	62,144	70,922	309,861	7.1%
4) Strengthen UCCM linkages with national coordinating structures for HIV/AIDS, TB and Malaria programs to enhance sustainability.	38,339	38,334	40,443	42,668	45,016	204,801	4.7%
5) Strengthen UCCM governance and capacity of UCCM Secretariat operations	571,659	617,141	635,389	669,907	706,323	3,200,418	73.1%
GRAND TOTAL	695,776	785,330	1,135,576	856,465	903,081	4,376,228	100%
Percentage	15.9%	17.9%	25.9%	19.6%	20.6%	100.0%	