

2025 ANNUAL REPORT



**THE UGANDA COUNTRY
COORDINATING MECHANISM
FOR THE GLOBAL FUND**

To Fight AIDS, Tuberculosis & Malaria

MESSAGE FROM THE CHAIRPERSON



It is my pleasure to present the 2025 Annual Report of the Uganda Country Coordinating Mechanism (UCCM), which reflects a year of strengthened oversight, accountability, and commitment to ensuring effective delivery of Global Fund-supported programs across Uganda.

In 2025, the CCM provided oversight for HIV, Tuberculosis (TB), Malaria, Resilient and Sustainable Systems for Health (RSSH), and COVID-19 Response (C19RM) investments through a structured and evidence-driven approach. This included regular Board and committee engagements, quarterly Programme Oversight Committee (POC) reviews, and four joint oversight site visits across diverse regions of the country, including hard-to-reach island and fishing communities.

These oversight mechanisms provided the CCM with a comprehensive understanding of program performance at both national and community levels. They enabled the identification of key achievements, including progress in service integration, community engagement, and digital reporting, while also highlighting persistent systemic challenges.

The CCM's oversight revealed critical risk areas that continue to affect service delivery, including commodity insecurity, human resource gaps, fragile infrastructure, weak community systems, and persistent equity barriers affecting key and vulnerable populations. These findings reinforce the need for sustained and targeted investments to ensure equitable access to quality services.

A major milestone in 2025 was the implementation of the KPI E1 / Breaking Down Barriers self-assessment process, which strengthened the CCM's focus on equity, human rights, and community engagement. This inclusive process brought together a wide range of stakeholders and provided valuable insights to guide future programming and advocacy.

As we transition into the Global Fund Grant Cycle 8 (GC8), the CCM remains committed to ensuring that funding priorities are informed by evidence, responsive to community needs, and aligned with national health strategies.

I extend my sincere appreciation to all CCM members, government institutions, Principal Recipients, civil society, and community stakeholders for their continued dedication and collaboration.

Together, we remain committed to strengthening Uganda's health system and ensuring that no one is left behind.

Dr. Medard K. Bitekyerezo
Chairperson, Uganda Country Coordinating Mechanism (CCM)

Grounded in real community experience, our 2025 oversight underscores the need for targeted investments to close persistent gaps in equity, systems, and service delivery while ensuring Global Fund investments remain accountable, evidence-driven, and aligned with national priorities

MESSAGE FROM THE EXECUTIVE SECRETARY



In 2025, oversight moved beyond reporting to active governance and accountability, with strengthened use of field evidence and data improving decision-making and shaping a more responsive, evidence-driven approach to GC8 planning.

The year 2025 marked a period of active oversight, coordination, and learning for the Uganda CCM Secretariat as it supported the CCM in fulfilling its governance and oversight mandate.

The Secretariat facilitated a structured oversight process that included seven Board meetings, multiple committee engagements, and four joint site visits across mainland districts, high-burden regions, and hard-to-reach communities. These efforts ensured that oversight remained routine, evidence-based, and aligned with Global Fund expectations.

A key focus of the Secretariat's work was strengthening the use of data and field evidence to inform decision-making. Through engagement with Principal Recipients, districts, and communities, the CCM was able to track grant performance, identify emerging risks, and support timely corrective actions. This included monitoring commodity stock trends, reviewing grant absorption and reprioritisation, and following up on programmatic and M&E risks.

The Secretariat also played a central role in coordinating the KPI E1 / Breaking Down Barriers self-assessment, which enhanced the CCM's focus on equity, human rights, and community voice. The process highlighted both progress and persistent gaps, particularly in relation to meaningful participation of key populations and the need to address emerging forms of stigma and discrimination.

Findings from site visits further underscored the importance of strengthening health systems, particularly in areas of commodity security, human resources, infrastructure readiness, and community systems. These insights have been instrumental in shaping CCM recommendations and informing national-level dialogue.

As preparations for GC8 advance, the Secretariat remains committed to strengthening coordination, improving systems, and supporting the CCM to deliver on its mandate effectively.

I would like to thank all CCM members, partners, and stakeholders for their continued collaboration and support.

Tonnie Stieve Luyimbazi
Executive Secretary, Uganda CCM

Constituency	Substantive	Alternate
Committee Leadership		
CCM Board Chairperson	Dr. Medard K. Bitekyerezo	
CCM Board Vice Chairperson	Kenneth Akiiri	
POC Chairperson	Allen Kuteesa	
PD&RM Chairperson	Mindy Hochgesang	
F&P Chairperson	Emmanuel Kimbowa	
Ethics Committee Chairperson	Kuraish Mubiru	
CCM Members		
MoH	Dr. Diana Atwine	Dr. Charles Olaro
	Kenneth Akiiri	Dr. Daniel Kyabayinze
MoFPED	Mohamed Kabaale	Caroline Namukwaya
UAC	Dr. Nelson Musoba	Judith Namara Ninsiima
MoLG	Emmanuel Kimbowa	
Research, Academia, Science and Professional Associations	Prof. Sam Okware	Dr. Celestino Obua
Faith Based Organisations	Florence Nassanga Musoke	Alhadji Nasser Magezi
Private Sector	George Tamale	Dr. Christine Ogwang
International NGOs	Joy Batusa	Dr. Edward Bitarakwate
National NGOs	Dr. Jackson Bitarabehe	Flavia Kyomukama
Persons Living with HIV	Kuraish Mubiru	Immaculate Owomugisha
Persons affected by TB	Allen Kuteesa	
Persons affected by Malaria	Chemuko Fred Wakuri	Lilian Kamanzi
US Government	Mindy Hochgesang	Mary Borgman
Bilateral Partners	Amy Potter	Dr. Serawit Bruck-Landais
Multilateral Partners	Dr. Yaron Wolman	Daniel Alemu
Co-opted Members		
Youth	Michael Senyonga	
	Hillary Nuwamanya	
	Ruth Akullu	
Refugees	Rev. Dairo Emmanuel	Sandrine Sirawuka
	Julius Kasozi	
	Darlson Kusasira	
Ethics Committee	Dr. Joseph Herman Kawuma	
	Rosemary Ssenabulya	

CCM AT A GLANCE – 2025

Strengthening oversight. Driving accountability. Improving health outcomes.



1. MEETINGS & COMMITTEES

37 MEETINGS HELD

-  7 Board Meetings
-  7 ExCom Meetings
-  10 F&P Committee Meetings
-  6 POC Meetings
-  7 PD&RM Committee Meetings

Covering grant performance, risk management, stock status, and implementation progress.



2. SITE VISITS

4 JOINT OVERSIGHT SITE VISITS



Covering mainland districts, high-burden regions, and hard-to-reach island and fishing communities.



3. EQUITY & HUMAN RIGHTS

 LED THE KPI E1 / BREAKING DOWN BARRIERS

-  Self-assessment for HIV, TB, and Malaria
-  Multi-stakeholder validation
-  Strengthening equity, rights, and community voice



4. ENGAGEMENT WITH PRs

 CONTINUOUS ENGAGEMENT

 **PR1**
(MoFPED/MoH)

 **PR2**
(TASO)

On grant performance, reprioritisation, and acceleration measures.



EVIDENCE-BASED OVERSIGHT • INCLUSIVE GOVERNANCE • STRONGER HEALTH OUTCOMES

2025 IN SUMMARY

In 2025, the Uganda Country Coordinating Mechanism (UCCM) provided oversight for Global Fund investments supporting HIV, Tuberculosis (TB), Malaria, Resilient and Sustainable Systems for Health (RSSH), and COVID-19 Response (C19RM) across Uganda. Oversight was delivered through a structured system of quarterly Programme Oversight Committee (POC) meetings, joint site visits, Equity and Human Rights monitoring, and routine engagement with Principal Recipients (PRs).

Key Oversight Achievements

Strong Oversight of Grant Performance and Risks

Throughout 2025, the CCM regularly reviewed programmatic performance, stock status, and risk mitigation actions for HIV, TB, malaria, RSSH, and C19RM. PRs provided quarterly updates on:

- Grant absorption and reprioritisation
- Acceleration plans
- Programmatic and M&E risks
- Commodity availability and stock trends

This allowed the CCM to identify systemic risks early, including recurrent stockouts, staffing shortages, infrastructure failures, and weak community systems, and to demand corrective action from PRs and government counterparts.

High-Credibility Field Oversight Across Uganda

The CCM conducted four major joint site visits in 2025, giving it a national, community-level view of Global Fund performance.

Quarter 2 (April 2025) covered Tororo, Busia, Serere, Kaberamaido, Gulu, and Amuru, revealing:

- Improvements from integrated campaigns such as CAST+
- Cross-border TB surveillance successes

- Persistent stockouts of ACTs, RDTs, paediatric TB medicines, and condoms
- Infrastructure failures, including destroyed medical stores and unstable power
- Severe equity gaps affecting AGYW, key populations, and refugees

Quarter 3 (September 2025) assessed Western, Central, West Nile, Elgon regions and RSSH investments, finding:

- Infrastructure expansion without operational readiness (oxygen plants, labs, solar systems lacking maintenance budgets)
- Staffing shortages across all cadres
- Weak community systems, with under-resourced VHTs and delayed CHEW deployment
- Persistent commodity insecurity affecting HIV, TB, malaria, and maternity services
- Strong best practices in service integration, peer support, and digital reporting

Quarter 4 (October 2025) focused on island and fishing communities in Mukono (Koome), Namayingo (Sigulu, Lolwe), and Buliisa (Bugoigo, Butiaba).

The CCM documented:

- HIV prevalence three to four times the national average among fisherfolk
- Severe TB under-detection and weak referral systems

- Malaria emergencies driven by late presentation and commodity shortages
- Fragile infrastructure, transport, and community systems
- The near-absence of CHEWs and under-supported VHTs in last-mile settings

These visits ensured that CCM decisions were grounded in real facility conditions and community experience rather than reports alone.

Equity, Human Rights and Community Voice

In 2025, the CCM fully implemented the KPI E1/Breaking Down Barriers self-assessment across HIV, TB, and Malaria. The process:

- Was led by the Equity Task Team
- Included PLHIV, key populations, youth, refugees, civil society, PRs, and donors
- Engaged approximately 80 stakeholders during validation
- Was formally endorsed by the POC for submission to EXCOM and the Global Fund

The process identified progress in reducing stigma and improving rights-based care, but also highlighted gaps in:

- Meaningful KP participation in programming
- Addressing new forms of discrimination, including online stigma
- Ensuring safe, confidential service environments

These findings informed CCM advocacy and grant dialogue for 2026.

Key Systemic Risks Identified

Across all oversight mechanisms, five major risk clusters emerged:

1. Commodity insecurity - recurrent stockouts of ARVs, ACTs, RDTs, TB reagents, and maternal health supplies
2. Human resource gaps - critical shortages of clinicians, lab staff, midwives, and records officers
3. Fragile infrastructure - RSSH investments not fully operational due to power, maintenance, or equipment gaps
4. Weak community systems - under-resourced VHTs and incomplete CHEW deployment
5. Equity failures - AGYW, KP, refugees, and island populations experiencing barriers to access

These risks directly threatened continuity of care, data quality, and patient trust across HIV, TB, and malaria services.

How the CCM Responded

In response, the CCM:

- Required PRs to present acceleration and mitigation plans
- Tracked stock status and redistribution at POC level
- Compiled site visit action matrices for PRs, districts, and MoH
- Elevated equity and KP concerns through the KPI E1 process
- Used community and facility evidence to inform national-level advocacy

This ensured that 2025 oversight moved beyond reporting to active governance and accountability.

THE CCM AND ITS GOVERNANCE SYSTEM

The Uganda Country Coordinating Mechanism (UCCM) is the nationally mandated body responsible for overseeing all Global Fund-supported programs for HIV, tuberculosis, malaria, and Resilient and Sustainable Systems for Health (RSSH). The CCM's role extends beyond grant endorsement to include active oversight of performance, equity, fiduciary integrity, and accountability to communities. In 2025, the CCM operationalised this mandate through a structured governance system composed of specialised committees, a professional secretariat, and formal engagement with Principal Recipients (PRs).

COMPOSITION AND REPRESENTATION

A diverse, inclusive and multi-stakeholder CCM that reflects the communities we serve.



This diversity ensures that policy, implementation, and community realities are integrated into **CCM decision-making**.

CCM Committee Architecture

To ensure segregation of duties, transparency, and depth of oversight, the CCM operates through five core committees, each with a defined governance role:

a) Programme Oversight Committee (POC)

The POC is responsible for routine monitoring of grant performance, programmatic risks, stock status, site visit findings, and PR accountability. In 2025, the POC:

- Reviewed HIV, TB, malaria, RSSH, and C19RM performance quarterly
- Received and analysed stock status, acceleration plans, and risk mitigation actions
- Reviewed and endorsed site visit findings and recommendations
- Approved KPI E1 and Equity Task Team submissions to EXCOM and the Global Fund

b) Finance & Procurement Committee

This committee provided oversight of:

- Financial integrity
- Procurement risks
- Value-for-money concerns

It ensures that financial risks, stock management issues, and procurement bottlenecks identified through POC or site visits are assessed and escalated appropriately, safeguarding Global Fund investments.

c) Programme Development & Resource Mobilization Committee

This committee ensured that:

- Funding requests are technically sound
- Programs reflect country priorities and community needs
- Sustainability and co-financing considerations are addressed

It links oversight evidence from site visits and POC to future funding and reprioritisation decisions.

d) Ethics Committee

The Ethics Committee safeguards the integrity, independence, and credibility of the CCM by:

- Managing conflict of interest (COI) declarations
- Ensuring ethical conduct in grant oversight
- Protecting the CCM from undue influence by implementers or political actors

e) Executive Committee (EXCOM)

The EXCOM is the decision-making body between full CCM sittings. It:

- Receives oversight committee recommendations
- Reviews equity, performance, and risk findings
- Submits approved positions to the CCM Board and the Global Fund

CCM Secretariat

The CCM Secretariat provides the technical, administrative, and analytical backbone of CCM governance. In 2025 it:

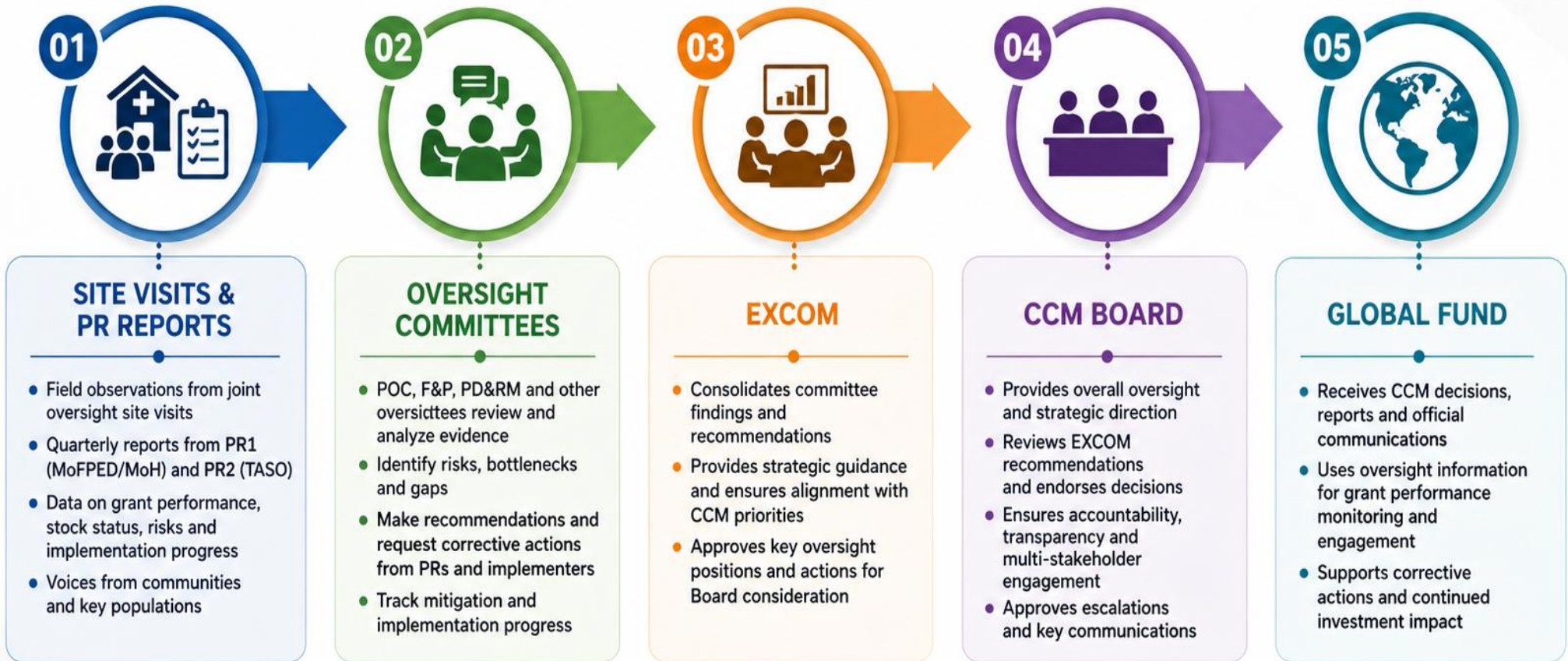
- Prepared meeting agendas, action matrices, and minutes
- Coordinated site visits, data collection, and reporting
- Tracked follow-up on PR actions and recommendations
- Supported Equity Task Team and KPI E1 processes
- Ensured documentation and communication with the Global Fund

This allowed the CCM to operate as a continuous oversight mechanism, not a periodic meeting forum.

THE CCM OVERSIGHT FLOW – 2025

In 2025, oversight flowed through a structured chain:

Site Visits & PR Reports → Oversight Committees → EXCOM → CCM Board → Global Fund



EVIDENCE IN. ACCOUNTABILITY THROUGH. IMPACT DELIVERED.

A structured flow that ensures evidence from the ground informs decisions, drives accountability, and strengthens results for communities.



CCM OVERSIGHT FRAMEWORK

In 2025, the Uganda CCM implemented a multi-layered oversight model designed to ensure that Global Fund investments in HIV, TB, malaria, and RSSH were delivered effectively, equitably, and with fiduciary integrity. Oversight was conducted through four mutually reinforcing mechanisms.

Routine Oversight Committee Reviews

Quarterly oversight meetings reviewed grant performance, stock status, risk mitigation, and acceleration plans presented by PR1 (MoFPED/MoH) and PR2 (TASO)

Joint CCM Site Visits

The CCM conducted four field oversight missions (Q1-Q4) covering:

- Mukono District (Q1)
- Bukedi, Teso and Acholi (Q2)
- Western, Central, West Nile, Elgon and RSSH facilities (Q3)
- Island and fishing communities (Q4)

These visits triangulated facility performance, community experience, and infrastructure readiness

Equity & Human Rights Monitoring

The CCM implemented the KPI E1 (Breaking Down Barriers) assessment, led by the Equity Task Team and validated by approximately 80 stakeholders across all disease programmes

Risk & Governance Oversight

Findings were escalated through the POC, Ethics Committee, Finance & Procurement Committee, and EXCOM, ensuring that operational, fiduciary, and ethical risks were jointly assessed.



2025 OVERSIGHT PLAN VS IMPLEMENTATION

The CCM developed and approved a 2025 Oversight Plan, including quarterly oversight meetings and site visits. Implementation was as follows:

No.	Activity	Expected Results	Annual Target	Annual Achv't	% Achv't
Strategic Objective 1: Increase resource mobilisation and coordination processes in the development of fund requests					
1.2	Streamline processes of engaging sub-recipients to create impact in Global Fund investments				
1.3	Guarantee availability of financial resources for grant applications and UCCM oversight processes				
1.3.1	Develop grant writing road map for GC 8 grants	Grant writing road map developed	1	1	100%
1.3.2	Organise Partner Engagement Meetings to seek support for the GC8 funding	Partner engagement meetings organised	6	6	100%
		Adequate resources mobilised for GC8 Grant Writing	100%	86%	86%
1.3.3	Review mapping of competent academia, institutions, and individuals that technically support concept note development	Database/Repository of competent academia, institutions, and individuals reviewed	1	1	100%
1.3.4	Develop instructional guide for concept note development	Instructional guide for concept note writing developed	1	1	100%
1.3.5	Organise and Facilitate Regional Stakeholder Consultative Meetings on Priorities for GC8 Stakeholders (CSO Constituencies & Public Sector)	Regional Stakeholder Consultative Meetings on Priorities for GC8 Stakeholders held	4	0	0%
1.3.6	Participate in National Strategic Plan Review Meetings for the 3 diseases	National Strategic Plan Review Meetings participated in	3	3	100%
1.4	Mobilize resources from Global Fund, Government of Uganda, Bilateral and Multilateral partners, and other sources to support implementation of program activities				

1.4.1	Organise and coordinate the GC7 grant reprioritisation process	GC7 grants revised as guided by the Global Fund	3	3	100%
Strategic Objective 2: Increase oversight over grant implementation					
2.1	Strengthen oversight approaches and participation to involve more stakeholders and UCCM structures in oversight processes				
2.1.1	Convene quarterly CCM Board meetings	Quarterly CCM Board meetings convened	4	7	175%
2.1.2	Conduct quarterly CCM Executive Committee meetings	Quarterly CCM Executive Committee meetings conducted	5	7	140%
2.1.3	Convene quarterly Finance and Procurement Committee meetings	Quarterly F & P Committee meetings conducted	5	10	200%
2.1.4	Conduct quarterly Programme Oversight Committee meetings	Quarterly POC meetings conducted	5	6	120%
2.1.5	Convene quarterly CCM Program Development & Resource Mobilisation committee meetings	Quarterly PD&RM committee meetings convened	5	7	140%
2.1.6	Convene quarterly Ethics Committee meetings	Quarterly Ethics Committee meetings convened	5	6	120%
2.1.7	Organize and facilitate CCM retreat and self assessment review workshop for all CCM members to undertake self - assessment & performance evaluation of CCM activities	CCM retreat and self assessment workshops held	2	2	100%
		CCM work plan activities implemented	100%	94%	94%
2.1.8	Convene Quarterly Task Team Meetings (Equity Plan, etc)	Task team meetings held	3	23	767%
2.1.9	Conduct PR Performance Assessment	PR Assessment Conducted, Performance Improvement Areas Developed	1	0	0%
2.2	Strengthen Oversight planning and implementation of active oversight.				
2.2.1	Functionalise the CCM dashboard for PR reporting and grant Oversight	Grant reports synthesized and presented to oversight committees using the CCM Dashboard	20	20	100%
2.2.2	Conduct joint programme site visits in collaboration with other partners to implementation areas	Joint oversight field visits conducted	4	4	100%
2.2.3	Strengthening compliance to Ethical code of conduct and Sexual Exploitation and Harassment (Conduct SEAH awareness campaigns; Mapping of existing national SEAH networks; Support the formation of a national PSEAH network; Conduct support and mentorship visits to PRs and SRs)	Ethics and sexual exploitation and harassment activities completed	4	2	50%
2.2.4	Conduct CCM KPI- E1 Self Assessment (Under the Breaking Down Barriers Initiative)	KPI-E1 Self-Assessment report for 2025 completed and submitted to GF	1	1	100%


2.3	Improve and re-establish data collection mechanisms, analyses, use and sharing reports.				
2.4	Improve on risk management approach in UCCM oversight over grants implementation.				
2.4.1	Support utilisation of risk management frameworks for all grants	Risk management frameworks for grants reviewed and presented to the CCM	10	10	100%
Strategic Objective 3: Increase Stakeholders engagement					
3.1	Strengthen communication and feedback mechanisms to stakeholders				
3.1.1	Support CLM data reporting and utilisation by the CCM	CLM reports received by the POC	2	1	50%
		CLM platform meetings attended/participated in	2	1	50%
3.2	Strengthen stakeholders' participation in Global Fund processes meaningfully and gainfully				
3.2.1	Conduct quarterly engagement meetings of the CCM constituencies held to get feedback and review periodic progress	CSO Constituencies conducting engagement meetings (physical and virtual)	44	32	73%
3.2.2	Conduct Inter constituency Engagement Meetings	Inter constituency Engagement Meetings conducted	2	2	100%
3.2.3	Review the stakeholder mapping and engagement strategy	Revised stakeholder mapping and engagement strategy completed	1	1	100%
3.3	Advocate for and mobilize in-country support for UCCM processes				
3.3.1	Support CS led National level Advocacy engagements	National level advocacy engagements conducted	3	3	100%
Strategic Objective 4: Strengthen UCCM linkages with national coordinating structures for HIV, TB and Malaria programs to position the UCCM for sustainability					
4.1	Position 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				
4.1.1	Participate in the annual National commemorative events for the HIV, TB Malaria and others	CCM participation in 3 Annual National commemorative events for the HIV, TB Malaria and others	10	7	70%
4.2	Strengthen Public-Private partnership and more so with Civil Society Organizations				
4.2.1	Facilitate CCM representation in National coordinating platforms such as HPAC, ADPG, HDP	CCM represented in at least 1 National coordinating platform meeting per quarter such as HPAC, HDP, and ADPG	4	5	125%
4.2.2	Support participation in International Conferences and Regional Learning visits	International/Regional Learning visits conducted	6	5	83%
4.3	Harmonize Global Fund resources with support from other funding agencies to avoid duplications of funding.				
4.3.1	Participate in annual joint review meetings across the 3 diseases	Annual Joint Review (technical and financial) across the 3 diseases participated in	3	3	100%

4.3.2	Conduct stakeholder harmonisation and alignment meeting	Harmonisation and Alignment meeting conducted	1	0	0%
4.3.3	Develop aligned funding matrix for HIV, TB, Malaria and RSSH	Aligned funding matrix for HIV, TB, Malaria and RSSH developed	1	1	100%
4.4	Align Global Fund grants performance reporting schedules with other national and sector programmes reporting and reviews of programme performance				
Strategic Objective 5: Strengthen UCCM governance and capacity of the Secretariat operations					
5.1	Maintain updated UCCM framework documents				
5.1.1	CCM Communication Plan Review	Revised CCM Communication Plan developed	1	0	0%
5.1.2	Development of the CCM Strategic Plan for the period 2026-2030	CCM Strategic Plan for the period 2026-2031 developed	1	0	0%
5.2	Institutionalize measures designed to improve on performance in UCCM functions and preparations, communication and organization of UCCM meetings				
5.2.1	Conduct Monthly programmatic and financial performance review meetings	Monthly performance review meetings conducted	12	12	100%
5.2.2	Hold Quarterly CCM Secretariat planning and performance review meetings/retreats	CCM Secretariat performance review meetings conducted	4	4	100%
5.3	Build sustainable standards of UCCM leadership and systems				
5.3.1	Conduct annual UCCM Board and Secretariat performance self-assessment	CCM performance self assessments conducted, and report disseminated to Board (IPF Report)	1	0	0%
5.3.2	Follow through the actions in the CCM audit action plan developed based upon findings from the internal and external audits and management letters	Audit actions/recommendations implemented	90%	90%	100%
5.4	Build Capacity of UCCM members in risk mitigation strategies				
5.4.2	Review CCM internal risk management framework for CCM operations	CCM internal risk management framework for CCM operations reviewed	1	1	100%
5.5	Strengthen UCCM secretariat management structures and roles				
5.5.1	Conduct annual staff performance appraisals for all Secretariat staff	Secretariat staff appraised	7	5	71%
5.5.2	Maintain a highly motivated and productive Secretariat team through salary payment	Secretariat staff paid monthly salaries	7	7	100%
5.5.3	Recruit staff to support CCM secretariat functioning	CCM Secretariat staff recruited	2	0	0%
5.5.4	Support staff capacity building	CCM Secretariat staff capacity building initiatives supported	7	1	14%

5.5.5	Facilitate UAC support to CCM processes and systems	UAC staff supporting CCM processes and systems compensated	100%	100%	100%
5.6	Strengthen UCCM secretariat data base, Information management system, sharing and communication.				
5.6.1	Conduct communication, publicity & information sharing of CCM activities through media publications including the CCM documentary and other media engagements	CCM activities published	5	5	100%
		CCM documentary produced	1	0	0%
5.6.2	Support maintenance of CCM IT systems and subscriptions (website maintenance, webmail subscriptions, computerised accounting system)	CCM website content updated periodically	4	4	100%
		Computerized accounting system in place	1	1	100%
5.6.3	Preparation of the annual financial and narrative report (management) reports for 2023	UCCM annual financial and narrative reports developed and disseminated	2	2	100%
5.6.4	Develop and disseminate digital communication and visibility materials	Digital communication and visibility materials such as annual report, site visit reports and newsletters disseminated through social media platforms including the UCCM website	4	4	100%
5.7	Strengthen financing of secretariat and accountability of resources				
5.7.1	Conduct physical verification of CCM assets, updating the FAR and tagging assets	CCM assets verified and tagged	100%	100%	100%
5.7.2	Ensure smooth Office running and Administration	Months of smooth office operations	12	12	100%
5.7.3	Procure items for office running and administration	Assets procured	4	4	100%
5.7.4	Commence the process of office infrastructure improvement	CCM office structural plan developed and approved by relevant authorities	1	1	100%






GRANT PORTFOLIO UNDER CCM OVERSIGHT

In 2025, the CCM oversaw multiple Global Fund grants implemented through two Principal Recipients:



PR1 – Ministry of Finance, Planning and Economic Development (MoFPED) / Ministry of Health


RESPONSIBLE FOR:

-  **HIV**
-  **TB**
-  **MALARIA**
-  **RSSH**
-  **COVID-19 RESPONSE (C19RM)**



PR2 – The AIDS Support Organization (TASO)

RESPONSIBLE FOR:

-  **HIV & TB**
-  **MALARIA**
-  **RSSH**
-  **COVID-19 RESPONSE (C19RM)**

THESE GRANTS WERE MONITORED THROUGH:



Quarterly PR performance presentations



Stock status reports



Risk and reprioritisation updates



Site visit verification



Strengthening **oversight**. Ensuring **accountability**. Delivering **results** for healthier communities.

PROGRAMME PERFORMANCE & KEY RISKS

HIV

The CCM observed continued ART delivery, viral load monitoring, PMTCT, and differentiated service delivery across the country. However, 2025 oversight revealed:

- Inconsistent viral load monitoring due to sample transport delays and cold chain weaknesses (Q3, Q4)
- Confidentiality and stigma issues, especially for youth, AGYW, and key populations (Q3, Q4)
- Gaps in outreach to mobile and fishing communities, leading to late ART initiation and loss to follow-up (Q4)

Tuberculosis

Oversight identified persistent challenges in:

- TB case detection, particularly in island, border, and hard-to-reach settings
- Weak sputum transport systems and lack of on-site diagnostics
- Limited contact tracing due to fuel and staffing constraints (Q3, Q4)

Malaria

Malaria remained the highest-burden disease across all quarters:

- RDT and ACT stockouts were documented in Q1 Mukono, Q2 mainland districts, Q3 national regions, and Q4 islands
- Late presentation and severe malaria were common in fishing and mobile communities
- Presumptive treatment increased when diagnostics were unavailable, weakening surveillance

RSSH (Health Systems)

Oversight of RSSH investments revealed:

- Infrastructure built but not fully operational (incinerators, oxygen plants, labs) due to missing equipment, power, and maintenance budgets
- Weak digital health systems (EMR, DHIS2) due to power and connectivity gaps
- Poor waste management and IPC in several facilities, especially in islands and rural districts

SITE VISITS & COMMUNITY VOICE

In 2025, the Uganda Country Coordinating Mechanism (UCCM) conducted four joint oversight visits as part of its mandate to independently verify grant performance, assess health system functionality, and capture community experience across HIV, TB, malaria, and RSSH. The visits covered mainland districts, high-burden regions, and hard-to-reach island and fishing communities, ensuring that oversight was national, inclusive, and equity-focused. This ensured that CCM oversight was continuous throughout the year, not episodic.

Quarter 1: Mukono District - System Readiness & RSSH

The January 2025 joint visit to Mukono General Hospital and the Mukono Incinerator Site provided an early snapshot of health system readiness and program risk.

Key findings included:

- Stockouts of malaria RDTs, delaying diagnosis and undermining malaria control
- Severe staffing shortages, with five midwives managing approximately 180 antenatal clients and 30 deliveries per day
- TB case notification gaps, risking inaccurate national reporting
- Delays in commissioning the Mukono incinerator, leaving medical waste management unresolved despite power approval

“Some days we are five midwives handling over 150 mothers. You try your best, but you are always afraid you might miss something.” – Midwife, Mukono General Hospital

These findings highlighted commodity, HRH, data quality, and RSSH risks at the very start of 2025.

Quarter 2: Mainland Districts - Service Delivery & Equity

From 14-17 April 2025, CCM teams visited Tororo, Busia, Serere, Kaberamaido, Gulu, and Amuru, focusing on how Global Fund and other investments were translating into community-level results.

The visit documented:

- Improved TB, HIV, and malaria case detection through integrated models such as CAST+
- Strong cross-border TB surveillance in Busia and Tororo
- Widespread stockouts of ACTs, RDTs, paediatric TB medicines, and condoms
- Infrastructure failures, including a destroyed medical store in Amuru and unstable power in multiple districts
- Equity gaps, including under-resourced drop-in centres, closure of the DREAMS program in Gulu, and limited support for AGYW and key populations

“The DREAMS programme helped many girls. Now it has stopped, and we are seeing more girls dropping out of care.” – Community Leader, Gulu

Health workers and communities reported that supply chain and infrastructure weaknesses were undermining otherwise strong clinical effort.

Quarter 3: National Multi-Region & RSSH Oversight

The September 2025 visit covered Western, Central, West Nile, Elgon regions and a dedicated review of RSSH investments.

Across all regions, the CCM found:

- Infrastructure expansion without operational readiness, including oxygen plants, laboratories, and solar systems lacking maintenance and equipment
- Severe staffing gaps across clinical, laboratory, and records cadres
- Weak community systems, with VHTs and CHEWs under-resourced
- Commodity insecurity across HIV, TB, malaria, and maternity services
- Client dissatisfaction related to long queues, poor privacy, and hygiene concerns

At the same time, best practices were observed, including:

- Peer support groups improving HIV retention
- Integrated OPD screening reducing missed TB and malaria cases
- Improved digital reporting where staff had received training

Quarter 4: Island & Fishing Communities - Last-Mile Equity

In October 2025, CCM teams focused on Koome (Mukono), Sigulu and Lolwe (Namayingo), and Bugoigo and Butiaba (Buliisa), some of the most underserved communities in Uganda.

The visit found:

- Extremely high HIV vulnerability among fisherfolk, with prevalence three to four times the national average
- Weak TB detection, due to lack of diagnostics, sputum transport, and follow-up
- Severe malaria burden, driven by late presentation, ACT and RDT stockouts, and limited outreach
- Fragile infrastructure, including unreliable power, water, waste management, and storage
- Non-functional community systems, with CHEWs not deployed and VHTs minimally supported
- Costly and delayed referrals, due to lack of boats, fuel, and ambulances

Communities repeatedly emphasized that geography, poverty, and weak systems made them feel excluded from national health progress.

How Community Voice Shaped CCM Oversight

Across all quarters, the CCM prioritized listening to health workers, patients, VHTs, fisherfolk, and community leaders. Their feedback consistently highlighted:

- The importance of reliable medicines
- The burden of transport and referral costs
- The need for respectful, confidential services
- The critical role of community health workers

This evidence informed CCM advocacy on:

- Commodity security
- HRH and CHEW deployment
- RSSH operationalization
- Equity and KP inclusion

EQUITY, HUMAN RIGHTS & KEY POPULATIONS

CCM Commitment to Equity and Rights

The Uganda Country Coordinating Mechanism (UCCM) recognises that HIV, TB and malaria outcomes are shaped not only by medicines, but by social, legal, and structural barriers. In 2025, the CCM placed equity, gender, key populations, and human rights at the centre of its oversight, consistent with the Global Fund's Breaking Down Barriers and Gender Equality Strategy.

This commitment was operationalised through:

- A dedicated Equity Task Team
- Implementation of the KPI E1 Self-Assessment
- Integration of community voice from site visits
- Oversight of Community-Led Monitoring (CLM)

KPI E1 / Breaking Down Barriers Process

In 2025, the CCM conducted the KPI E1 self-assessment as required for countries receiving catalytic funding under the Breaking Down Barriers initiative. The process was overseen by the Equity Task Team and included:

- Representatives of PLHIV, TB-affected communities, key populations, youth,

refugees, civil society, PRs, and development partners

- Technical support from Global Fund-supported consultants
- A multi-stakeholder validation meeting attended by approximately 80 participants
- Formal endorsement of scores by the Programme Oversight Committee (POC) for submission to EXCOM, the CCM Board, and the Global Fund

This ensured that the assessment was transparent, participatory, and nationally owned.

What the Equity Assessment Found

The KPI E1 process and site visits found both progress and persistent gaps.

Areas of progress

- Improved non-discriminatory access to HIV, TB and malaria services
- Strengthened rights-based approaches in several facilities
- Better engagement of PLHIV and TB-affected communities
- Increased awareness of stigma, confidentiality, and patient rights

Persistent barriers

- Stigma and discrimination, including on social media and in some health facilities
- Limited participation of key populations in program design and monitoring
- Weak confidentiality and privacy, particularly for AGYW, youth, and KP
- Gaps in safe access to services for refugees, fisherfolk, and mobile populations
- These findings were echoed in Q2, Q3 and Q4 site visits, where communities reported fear of being seen at clinics, lack of privacy in integrated service points, and judgmental attitudes from some providers

Key Populations, AGYW and Vulnerable Groups

Oversight in 2025 confirmed that vulnerability is geographically and socially patterned:

- Fishing and island communities face disproportionately high HIV and malaria risk
- AGYW lost critical support following the closure of DREAMS programming in Gulu
- Key populations depend on under-resourced drop-in centres and CLM structures
- Refugees and mobile populations struggle with continuity of care

These realities were consistently raised by communities during site visits and informed CCM advocacy.

Community-Led Monitoring (CLM)

The CCM continued to receive updates on CLM implementation from PR2 (TASO) and civil society partners through the POC. CLM provided:

- Early warnings on stockouts and access barriers
- Feedback on provider behaviour and confidentiality
- Evidence of service gaps for KP and youth

However, the CCM also noted that CLM coverage and functionality were constrained by funding, staffing, and logistical limitations, especially in hard-to-reach and island settings.

Safeguarding and Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH)

The Uganda Country Coordinating Mechanism (UCCM) recognises that equity, human rights and access to services cannot be realised without strong safeguarding systems. In 2025, the CCM strengthened this dimension of governance and community protection through targeted PSEAH engagement and awareness activities.

A PSEAH campaign was implemented in Hoima, Buikwe and Nakaseke districts, with the objective of:

- Increasing community and beneficiary awareness of sexual exploitation, abuse and harassment risks
- Promoting safe and confidential reporting channels
- Reinforcing zero-tolerance expectations for all personnel involved in Global Fund-supported programmes

These activities contributed to a safer enabling environment for women, girls, key populations and vulnerable groups, particularly in settings where power imbalances, poverty and dependence on services increase exploitation risks.

Safeguarding issues and PSEAH principles were also reinforced through:

- Community engagement during site visits
- Equity and human rights discussions within the CCM
- Linkages to Community-Led Monitoring and feedback mechanisms

By integrating PSEAH into its equity and oversight functions, the CCM ensured that protection of beneficiaries and staff formed part of the broader accountability and rights-based approach to HIV, TB and malaria programming in 2025.

SUPPLY CHAIN, DATA & HEALTH SYSTEMS (RSSH)

Commodity Security and Supply Chain Oversight

Throughout 2025, CCM oversight consistently identified commodity insecurity as one of the most serious risks to HIV, TB, and malaria service delivery.

Across Q1, Q2, Q3 and Q4 site visits, the CCM documented recurrent stockouts of:

- Malaria RDTs and ACTs
- HIV test kits and ARVs
- TB medicines and laboratory reagents
- PMTCT and maternal health supplies

Stockouts were first observed in Mukono (Q1), where malaria RDTs were unavailable, and later confirmed in mainland districts (Q2), national regions (Q3), and island facilities (Q4), demonstrating that the problem was systemic rather than localised.

The CCM noted that these shortages:

- Delayed diagnosis and treatment
- Increased presumptive treatment
- Undermined patient confidence
- Disrupted continuity of HIV and TB care

The oversight committees regularly required PRs and MoH to present stock status reports, redistribution plans, and mitigation measures.

Storage, Distribution and Last-Mile Delivery

Oversight visits revealed that supply chain risks were not limited to national procurement but also affected:

- District redistribution capacity
- Fuel and transport availability
- Storage conditions, particularly in island and remote facilities

In Q4 island districts, facilities reported that even when medicines existed at district level, they could not be transported due to lack of boats, fuel, and facilitation.

Data Systems, EMR and Reporting

The CCM assessed data quality and digital health systems as part of RSSH oversight in Q3 and Q4.

Findings included:

- Incomplete and delayed reporting across HIV, TB, malaria and ANC registers
- Limited EMR functionality due to weak power supply, poor connectivity, and staff capacity gaps
- Delayed viral load and TB data due to sample transport and cold chain failures

These data weaknesses affected:

- Programmatic monitoring
- Forecasting and procurement
- Accountability for results

Infrastructure and RSSH Investments

Significant Global Fund investments had been made in:

- Incinerators
- Oxygen plants
- Laboratories
- Solar power
- Facility construction and rehabilitation

However, oversight in Q1 and Q3 showed that many RSSH assets were not yet fully operational due to:

- Missing equipment
- Lack of maintenance contracts
- Power instability
- Staffing gaps

This created a risk that capital investments were not translating into service delivery gains.



Human Resources for Health (HRH)

Across all quarters, the CCM observed critical HRH shortages, particularly for:

- Midwives
- Clinical officers
- Laboratory staff
- Records and data officers

In Mukono, five staff were managing over 180 ANC clients and 30 deliveries per day while in island and rural settings, a single clinician often covered multiple service points

These shortages resulted in:

- Long waiting times
- Reduced privacy and quality
- Burnout and attrition
- Weak follow-up of TB and HIV clients

Community Health Systems

The CCM found that community health systems were fragile nationwide.

- VHTs remained the backbone of outreach but were poorly supported
- CHEWs were not fully deployed, particularly in high-need districts
- Community follow-up for TB, HIV, malaria, and maternal health was therefore inconsistent

This limited the effectiveness of integrated, community-based service delivery.

COMPLIANCE WITH GLOBAL FUND CCM GOVERNANCE, ELIGIBILITY & PERFORMANCE REQUIREMENTS

Governance and Accountability Framework

In 2025, the Country Coordinating Mechanism (CCM) maintained a governance system that ensured Global Fund investments for HIV, TB, Malaria and RSSH were governed with independence, transparency, inclusion, and accountability. The CCM functioned through a structured architecture comprised of:

- The CCM (full body)
- The Executive Committee (EXCOM)
- Oversight committees:
 - Programme Oversight Committee (POC)
 - Finance & Procurement Committee
 - Programme Development & Resource Mobilization Committee (PD&RM)
 - Ethics Committee
- The CCM Secretariat

This structure strengthened segregation of duties, reduced governance risks, and ensured oversight decisions were supported by committee-level analysis before escalation and approval.

Inclusive Representation and Legitimacy

The CCM maintained a multi-stakeholder membership and decision-making model, safeguarding inclusive representation across constituencies including government, civil society, affected communities and technical partners. This ensured CCM legitimacy and alignment with Global Fund expectations that those most affected by the diseases are meaningfully represented in governance and oversight.

Oversight Planning and Implementation

In 2025, the CCM demonstrated compliance with its oversight mandate through:

- A structured annual oversight plan and calendar
- Routine grant performance reviews through committee processes
- Quarterly oversight mechanisms (meetings and field verification)
- Documentation of findings, recommendations and follow-up

This ensured oversight was systematic and continuous, rather than ad hoc.

Performance Monitoring and Risk Assurance

The CCM applied a risk-based oversight approach by monitoring:

- Program performance risks (service delivery gaps, low detection, access barriers)
- Cross-cutting system risks (HRH shortages, referral failures, infrastructure functionality)
- Supply chain and commodity security risks
- Data quality and reporting risks
- Equity, human rights and access barriers

Risks were escalated through a defined governance pathway to ensure timely decision-making and follow-up.

Committee Functionality and Segregation of Duties

The CCM's committee system strengthened oversight quality and ensured specialist governance functions were clearly assigned:

(a) Programme Oversight Committee (POC)

- Led routine analysis of grant performance, risks, site visit findings and implementation bottlenecks
- Issued recommendations and maintained an action-follow-up mechanism through an action tracker

(b) Finance & Procurement Committee

- Supported fiduciary assurance by grant financial performance, tracking procurement bottlenecks, commodity risks, contractor performance and value-for-money concerns
- Ensured financial and procurement risks were considered alongside performance risks
- Issued recommendations and maintained an action-follow-up mechanism through an action tracker

(c) Programme Development & Resource Mobilization Committee (PD&RM)

- Strengthened strategic stewardship by supporting resource mobilization, sustainability dialogue, and alignment of grant priorities to national needs
- Positioned oversight evidence to inform future programming and funding decisions

(d) Ethics Committee

- Oversaw integrity safeguards including conflict of interest management and ethical governance practices
- Provided governance assurance around credibility, transparency, and responsible conduct

(e) Executive Committee (EXCOM)

- Provided high-level governance leadership between full CCM sittings
- Reviewed and resolved high-risk issues that required senior decision-making or national-level engagement

Conflict of Interest and Integrity Safeguards

In 2025, the CCM continued to operationalize conflict of interest (COI) controls through:

- COI declarations at meetings and key decisions
- Ethical governance oversight through the Ethics Committee
- Reinforcement of recusal expectations where conflicts could arise

These safeguards protect CCM independence and reduce the risk of implementer influence over oversight outcomes.

Transparency, Documentation, and Institutional Memory

The CCM maintained a strong documentation culture to ensure traceability and audit readiness. Key governance documents produced and maintained included:

- Committee minutes and resolutions
- Site visit reports and debrief records
- Recommendations tracking tools/action matrices
- Workplan performance tracking
- Formal submissions and endorsements (where applicable)

This created a verifiable governance trail demonstrating that the CCM's oversight and decisions were documented, reviewable, and accountable.

Constituency Engagement and Democratic Accountability

In 2025, the CCM strengthened democratic legitimacy and accountability through constituency engagement meetings. These engagements enabled:

- Two-way accountability between CCM members and the constituencies they represent
- Validation of CCM governance positions, priorities and concerns
- Collection of community and stakeholder feedback on implementation challenges
- Dissemination of oversight findings and planned follow-up actions

This strengthened the CCM's compliance with expectations around meaningful engagement and reduced the risk of CCM decisions being detached from community realities.

Equity, Human Rights, and Community Voice in Governance

The CCM integrated equity and human rights into governance and oversight by:

- Maintaining an active Equity function (e.g., Equity Task Team)
- Promoting community feedback systems and community voice during oversight visits
- Ensuring that barriers affecting key populations, AGYW, hard-to-reach communities, refugees and mobile groups were reflected in oversight discussions and decision-making

Equity was treated as a governance consideration, not merely a programmatic add-on.

Safeguarding and PSEAH Compliance

The CCM recognizes safeguarding as a non-negotiable governance requirement that protects communities, strengthens trust, and reduces reputational and fiduciary risk.

In 2025, the CCM supported safeguarding through the Prevention of Sexual Exploitation, Abuse and Harassment (PSEAH) campaign implemented in Hoima, Buikwe and Nakaseke. The campaign strengthened:

- Awareness of acceptable conduct and reporting pathways
- Community-level understanding of rights and protections
- Organisational accountability culture and safe programming expectations

This safeguarding work reinforces ethical governance and supports compliance with Global Fund expectations on protection of beneficiaries and risk management.

Sustainability Planning and Institutional Continuity

In 2025, the CCM strengthened long-term governance stewardship by developing a CCM Sustainability Plan and Roadmap. This roadmap supports institutional continuity by addressing:

- Long-term functionality of CCM governance structures (committees and Secretariat)
- Sustainable resourcing and continuity of oversight mechanisms
- Risk management beyond grant cycles
- Strategic planning for future grant phases and national priorities

The sustainability roadmap demonstrates maturity by positioning the CCM as an institution capable of maintaining effective oversight and coordination beyond the immediate reporting year.

Overall Assessment of Compliance in 2025

By the end of 2025, the CCM demonstrated strong compliance with Global Fund CCM governance expectations through:

- Functional committee systems and EXCOM governance
- Implemented oversight planning and field verification
- Documented decision-making and institutional memory
- An active follow-up mechanism (action tracking)
- Constituency engagement as a legitimacy and accountability practice
- Safeguarding actions (PSEAH) reinforcing ethical governance
- A sustainability plan and roadmap strengthening continuity

This governance profile positions the CCM as a credible platform for oversight, accountability, and inclusive coordination of Global Fund-supported responses.



LESSONS LEARNT FROM CCM OVERSIGHT IN 2025

Evidence-Based Oversight is Essential

One of the clearest lessons from 2025 was that site visits, community engagement and data triangulation are indispensable to effective CCM oversight. Issues such as commodity stockouts, staffing shortages, RSSH under-functionality and equity barriers were often not fully visible in routine PR reports but became evident through field verification and community dialogue.

The CCM learned that:

- Regular field engagement is necessary to validate performance data
- Community voice strengthens risk identification
- Early warning signs (as seen in Q1) must be taken seriously and tracked over time

This reinforces the importance of continuing quarterly site visits and structured community engagement.

Supply Chains and HRH are the Weakest Links

Across all quarters, the CCM observed that medicines, diagnostics, and staff availability were the main determinants of whether Global Fund investments translated into real health outcomes.

The 2025 experience showed that:

- Stockouts and delayed redistribution undermine otherwise strong clinical services
- HRH shortages drive long waiting times, weak privacy, and reduced quality of care
- Infrastructure investments are ineffective without staff and commodities

The CCM learned that RSSH, supply chains and HRH must be treated as governance risks, not just technical issues.

Infrastructure Without Systems Does Not Deliver Impact

The CCM found that investments in oxygen plants, laboratories, incinerators and solar power did not automatically result in improved services unless accompanied by:

- Maintenance plans
- Staffing
- Power and connectivity
- Operating budgets

This reinforced the lesson that capital investments must be matched with operational readiness, or their impact will be limited.

Equity must be Continuously Monitored

KPI E1, CLM and site visits showed that stigma, confidentiality concerns, geographic isolation and gender-related barriers continue to affect service uptake, especially for:

- Key populations
- AGYW
- Refugees
- Fisherfolk and mobile communities

The CCM learned that equity gains can be reversed quickly if community systems weaken, programmes end (e.g. DREAMS), or safeguards are not maintained.

Action Tracking Strengthens Accountability

The use of a Recommendations Tracker (Action Matrix) was a major governance improvement in 2025. It allowed the CCM to:

- Follow up on Q1 issues through to Q4
- Hold PRs accountable for corrective actions
- Prevent oversight findings from being forgotten

The CCM learned that oversight without follow-up has little value, and that action tracking is essential to credibility.

Constituency Engagement Improves Legitimacy

Engagement with constituencies strengthened:

- The legitimacy of CCM decisions
- The relevance of oversight priorities
- Trust between the CCM and communities

The CCM learned that two-way communication with constituencies is a governance necessity, not an optional activity.

Safeguarding Requires Continuous Attention

The PSEAH campaign and safeguarding discussions highlighted that power imbalances and vulnerability remain present across programmes. The CCM learned that:

- Awareness must be maintained
- Reporting pathways must be visible
- Safeguarding must be embedded in oversight

This is essential to protecting communities and the reputation of Global Fund investments.

The overarching lesson from 2025 is that effective CCM oversight requires strong governance, real community engagement, continuous risk tracking, and the ability to act on evidence. Where these elements were present, the CCM was able to protect service delivery, equity and accountability. Where they were weak, risks persisted.

STRATEGIC FOCUS FOR 2026

Based on the evidence gathered through site visits, community engagement, PR reporting, equity assessments and action tracking in 2025, the Uganda Country Coordinating Mechanism (UCCM) has identified five strategic priorities for 2026 to strengthen the performance, equity and sustainability of Global Fund-supported HIV, TB, malaria and RSSH programmes. These priorities reflect a deliberate shift from problem identification to problem resolution.

Priority 1 - Stabilising Commodity Security

The CCM will prioritise the reduction of stockouts and supply chain disruptions across all disease programmes. In 2026, oversight will focus on:

- Availability of RDTs, ACTs, ARVs, TB medicines, VL reagents and PMTCT commodities
- Tracking last-mile delivery

Commodity security will be treated as a governance risk, not merely a logistics issue.

Priority 2 - Strengthening Human Resources for Health and Community Systems

The CCM will place greater oversight emphasis on:

- Staffing gaps in maternity, laboratory, TB and HIV clinics
- Deployment and functionality of CHEWs and VHTs
- Incentives, supervision and tools for community-based follow-up

This is critical to improving retention, adherence, case detection and equity.

Priority 3 - Making RSSH Investments Work

The CCM will ensure that infrastructure and system investments translate into actual service delivery improvements by tracking:

- Functionality of oxygen plants, incinerators, laboratories and solar power
- Maintenance and operational budgets
- Availability of trained staff to run new infrastructure

RSSH will be reviewed not only as assets delivered, but as systems functioning.

Priority 4 - Protecting Equity, Human Rights and Safeguarding

In 2026, the CCM will strengthen oversight of:

- Key population, AGYW and refugee access
- Community-led monitoring and feedback
- Confidentiality and stigma-free services

- Safeguarding and PSEAH compliance

Equity and protection will remain central to grant stewardship and performance dialogue.

Priority 5 - Strengthening Accountability and Follow-Up

The CCM will consolidate the use of:

- Action matrices and recommendation trackers
- Time-bound PR reporting
- EXCOM escalation for unresolved risks

This will ensure that issues identified through oversight lead to measurable corrective action.

Oversight Modalities for 2026

To support these priorities, the CCM will:

- Continue quarterly oversight meetings
- Conduct quarterly site visits
- Maintain constituency engagement
- Integrate equity and safeguarding into all oversight tools
- Align oversight priorities with the CCM Sustainability Plan and Roadmap

The 2026 oversight agenda reflects the CCM's commitment to accountability, equity, and sustained impact.



C/O Uganda AIDS Commission, Plot 1-3 Salim Bay
Road



P.O Box 10779 Kampala-Uganda
+256 414 289 995



info@globalfundccm.org.ug



<https://globalfundccm.org.ug>

@TheGFUCCM