

UGANDA

Child Survival and Development

Global HIV and AIDS (*Thematic*) Report

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Abbreviations and Acronyms

ACP:	AIDS Control Programme (of Ministry of Health)
ADP:	AIDS Development Partners
ANC:	Antenatal Care
ATF:	AIDS Trust Fund
ART:	Antiretroviral Treatment
BBB:	Bring Back Babies (campaign)
CCM:	Country Coordination Committee
CLHIV:	Children Living with HIV
COP:	Country Operational Plan
DREAMS:	Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe
EMTCT:	Elimination of Mother to Child Transmission (of HIV)
HTS:	HIV Testing Services
JUPSA:	Joint United Nations Programme Support on AIDS
MOH:	Ministry of Health
NSP:	National Strategic Plan (on HIV/AIDS)
PEPFAR:	President's Emergency Plan for AIDS Relief
PMTCT:	Prevention of Mother to Child Transmission (of HIV)
OVC:	Orphans and Vulnerable Children
SRMNCAH:	Sexual Reproductive Maternal, Newborn, Child and Adolescent Health
UAC:	Uganda AIDS Commission
UNAIDS:	The Joint United Nations Programme on HIV and AIDS
UNICEF:	United Nations Children's Fund
UPHIA:	Uganda HIV Impact Assessment
USG:	United States Government
WHO:	World Health Organization

Executive Summary

Uganda continues to make remarkable progress towards ending the AIDS epidemic and the attainment of the 90-90-90 global targets for HIV, thanks to concerted actions by the government and partners. Reductions in new HIV infections and AIDS-related deaths continued at an impressive pace in Uganda. Yet, children are being left behind. While the overall HIV treatment level is high, only 67 per cent of children under 15 years of age living with HIV were reached with HIV treatment in 2017/2018. Furthermore, adolescent girls and young women continue to be disproportionately affected. Gender-based violence and inequalities, existing laws and policies that require parental consent and restrict access to sexual and reproductive health services by unmarried adolescents, as well as lack of comprehensive sexuality education in schools are important barriers to essential information and services that adolescent girls and young people need to stay healthy. Stigma and discrimination remains high with estimated 25 per cent of people reporting discriminatory attitude (UNAIDS data, 2018). Other important challenges include over-reliance on external partners for core service delivery inputs, which poses serious risk to uninterrupted service delivery and compromises

In 2018, UNICEF contributed to strengthen the capacity of national institutions to implement a comprehensive HIV and AIDS response with focus on maternal and paediatric interventions, to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children. All efforts led by UNICEF were closely coordinated with the Joint United Nations Programme on HIV/AIDS and other partners.

UNICEF, together with the Uganda AIDS Commission (UAC) and AIDS development partners (ADPs), supported a number of strategic policy and advocacy actions in 2018. These included the mid-term review of the National HIV Strategic Plan (2015/16-2019/20); the legal and regulatory guidelines for the operationalization of the AIDS Trust Fund; the roll out of the Presidential Fast Track Initiative to end AIDS by 2030 and the development and dissemination of HIV mainstreaming guidelines. In order to sustain the momentum towards the elimination of Mother-to-Child Transmission of HIV (eMTCT) by 2020 and the overall epidemic control, UNICEF engaged with the Ministry of Health and partners to scale up efforts for the retention of mother-baby pairs in HIV care and at improvement of quality of HIV care and treatment, including for adolescents. The launch of the 'Free to Shine' and the "Bring Back Babies" campaigns by the First Lady led to a high-level mobilization of leaders and senior managers across the country, to address bottlenecks for HIV testing, treatment and retention in care of mothers, adolescents and children living with HIV.

At sub-national level, UNICEF strategically supported district health systems strengthening interventions for improved coverage and quality of HIV care in 37 priority districts, including refugee hosting districts.

As the eMTCT Lead within the Joint UN Programme Support on AIDS, UNICEF provided substantial technical and financial support to pre-elimination assessments for Uganda's validation towards MTCT certification. The country's achievement of 95 per cent first ANC coverage, 95 per cent maternal Antiretroviral Treatment (ART) and an MTCT rate below five per cent have positioned the country as one of the front runners undertaking the WHO Validation Assessment in 2018.

Global HIV and AIDS thematic funding provided a flexible and catalytic support towards these achievements. Crucial support to advocacy for EMTCT, to assessment of socio-cultural bottlenecks, and scale up of the management capacity for provision of paediatric and adolescent ART could not have been provided without this thematic funding.

Strategic Context of 2018

Uganda continues to make a steady progress toward the global 90-90-90 targets. Approximately 90 per cent of all Ugandans living with HIV know their HIV status; 86 per cent of all persons living with HIV (PLHIV) are receiving treatment and 87 per cent of all PLHIV on treatment are virally suppressed¹. Uganda is also on track for pre-elimination of mother to child transmission (eMTCT) with WHO certification, as the proportion of HIV positive pregnant and breastfeeding women receiving ARVs for eMTCT reached 95 per cent (95,523/103,670) in 2017/2018 compared to 90 per cent in 2016/2017.² The positive effect of ART roll-out has led to a reduction in AIDS-related deaths from 47,000 in 2010 to 26,000.³ Similarly, the number of new HIV infections declined from 100,000 in 2010 to 50,000 in 2017.⁴

Main factors having contributed to this positive progress are the adoption of the test-and-treat approach, which opened the opportunity for immediate initiation of care and treatment without recourse to CD4 count or clinical staging of patients. The adoption of the universal treatment approach and the expansion of the number of sites providing HIV testing and treatment services resulted in over one million out of the 1.3 million people living with HIV (PLHIV) enrolled into care and treatment. The revision of the Consolidated HIV Guidelines in 2018 provided new opportunities for enrolment of children living with HIV (CLHIV) through multiple entry points, including malnutrition clinics, paediatric wards, TB clinics and wards and immunization sites. High level political engagement, strong sector coordination and substantial external funding to HIV programmes have also been key to the success of the response in Uganda.

Despite these overall positive trends, Uganda has a large HIV burden with 1.3 million PLHIV. Furthermore, while the overall HIV treatment level is high, only 67 per cent of children under-15 years of age living with HIV were reached with HIV treatment in 2017/2018 (Global AIDS monitoring report, UNAIDS 2018). Adolescent girls and young women continue to be disproportionately affected. The 2016 Uganda Population-Based HIV Impact Assessment (UPHIA) results revealed an increase in HIV prevalence among young people and a higher prevalence of HIV among young women aged 20-24 (5.1 per cent) compared to that of young men (1.3 per cent). Young people account for 33 per cent of new infections.

Gender-based violence⁵ and inequalities, existing laws and policies that require parental consent for unmarried adolescents to access sexual and reproductive health services, as well as lack of comprehensive sexuality education in schools are important barriers to essential information and services that adolescent girls and young people need to stay healthy. The level of knowledge and HIV protective behaviors among youth remains low. Only 38 per cent of young people aged 15-24 years in Uganda have a comprehensive HIV prevention knowledge. Condom use remains low at only 60 per cent among males (at last sexual encounter with a non-cohabiting partner), and 46 per cent among their female counterparts.⁶ Removal of policy and legal requirements, the rapid scale-up of intensive prevention programme packages, including elements that improve school attendance and empower young women to mitigate their own risk are needed to accelerate progress and halt the spread of HIV in Uganda.

¹ 2017/2018 Uganda Joint Annual AIDS report

² 2017/2018 Uganda Annual Health Sector Report

³ 2018 UNAIDS data report

⁴ 2018 UNAIDS data report

⁵ Estimated 30 per cent of ever-married or partnered women aged 15-49 years experienced physical or sexual violence from a male intimate partner in the past 12 months (Uganda Demographic and Health Survey, 2016)

⁶ 2015/2016 UDHS report

The release by the Global Fund for HIV, TB, Malaria of the 2018 allocations, including for the Resilient and Sustainable Systems for Health (RSSH) components and the catalytic support for Adolescent Girls and Young Women provides an important opportunity for addressing the HIV programme needs. Additional opportunities for strengthened adolescent programming include the adoption in 2018 of the National Multi-Sectoral Coordination Framework for Adolescent Girls, National Sexuality Education Framework in Schools, and the Multi-sectoral Communication for Developments Strategy for Adolescents.

The Presidential Fast Track Initiative on ending AIDS as a public health threat by 2030 has yielded several positive results one year after it was launched in June 2017. The initiative aims to accelerate HIV prevention efforts with focus on reducing new infections among girls, young women and their male partners; address last mile gaps in the country's efforts to eliminate Mother-to-Child Transmission of HIV; provide momentum to the test-and-treat approach to attain the 90-90-90 targets; engage mechanisms to ensure financial sustainability and institutional effectiveness for a multi-sectoral response.

Stigma and discrimination, which present additional barriers to care and treatment, remain high with estimated 25 per cent of people reporting discriminatory attitude (UNAIDS data, 2018). Laws criminalizing the transmission of and non-disclosure of or exposure to HIV transmission and widespread social stigma and discrimination of key populations stand in the way of efforts to address the extremely high incidence of HIV in this group. In response to this challenge, the CCM supported the development of the catalytic grant application to the Global Fund to support the removals of legal and human rights barriers to access to services. UNICEF in collaboration with other UN agencies and with health development partners continued to provide technical assistance for monitoring of the implementation of the catalytic fund through the CCM.

The National HIV response continues to heavily rely on donor funding; for example, 88 per cent of HIV commodities are financed through PEPFAR and Global Fund with GoU contributing only 12 per cent. With the anticipated PEPFAR transition and scaling down of funding to Uganda after 2020, coupled with Uganda's shrinking fiscal space for social services, especially health and education, poses serious risks to uninterrupted service delivery, as well as financial and programmatic sustainability of HIV services.

Building its mandate and comparative advantage, UNICEF contributed to strengthen the capacity of national institutions to implement maternal and paediatric interventions to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children. In addition, through joint UN support and in collaboration with AIDS development partners, UNICEF engaged with the Government of Uganda to systematically address the documented challenges facing the National HIV response at national and sub-national level as well as through a multi-sectoral approach. For example, in an effort to improve domestic financing for the HIV response, UNICEF provided technical support towards finalizing the regulatory framework of the AIDS Trust Fund, which is expected to support the financial transition from external to domestic sources.

Results Achieved in the Sector

Within the framework of the Joint United Nations Programme on HIV/AIDS and in collaboration with other partners, UNICEF has contributed to strengthen the capacity of national institutions to implement a comprehensive HIV and AIDS response with focus on maternal and paediatric interventions to support elimination of vertical transmission of HIV, adolescent programmes, and paediatric tuberculosis diagnosis and treatment for HIV-associated tuberculosis in children.

At policy level, UNICEF has, in collaboration with the Uganda AIDS Commission (UAC) and AIDS development partners (ADPs), supported the mid-term review of the National HIV Strategic plan (2015/16-2019/20); the operationalization of the AIDS Trust Fund, to which the Parliament has committed an allocation of 20 billion Uganda Shillings in the 2018/19 budget; the regional roll out of the Presidential Fast Track initiative to End AIDS by 2030; and the development and dissemination of the HIV mainstreaming guidelines to line ministries, departments and agencies.

In a bid to eliminate mother to child transmission of HIV (eMTCT) by 2020 and to improve retention of mother-baby pairs in HIV care, UNICEF has in collaboration with ADPs and the MoH, supported the launch of the 'Free to Shine' campaign championed by the First Lady. To improve quality of HIV care and treatment, including for adolescents, UNICEF supported the development and dissemination of the revised national HIV consolidated guidelines; development of the peer curriculum on psychosocial support for adolescents and children living with HIV, the Sexual Reproductive Health and Rights and HIV (SRHR/HIV) integration guidelines. To improve availability of data for policy and programming, UNICEF supported the review of HMIS to disaggregate HIV treatment data for adolescents (by age, sex); the on-going national eMTCT impact evaluation, the national validation processes toward eMTCT certification by WHO, the point of care (PoC) pilot and the group antenatal care pilot.

At sub-national level, UNICEF strategically supported district health systems strengthening interventions for improved coverage and quality of HIV care for 37 priority districts, in both development and refugee settings. UNICEF continued to leverage partnerships for district level support through several joint programs including the joint UN SRHR/HIV/GBV program also called the "2gether for SRHR program" in 10 districts; the Karamoja UN AIDS (KARUNA) program in 8 districts; and the UNITAID funded PoC pilot by UNICEF and the Clinton Health Access Initiative (CHAI) at 32 pilot facilities.

Key results achieved at subnational level in 2018, with UNICEF support include:

1. The accreditation of new health centres (HCIII) and capacity building to provide quality HIV diagnosis, care and treatment services for children, adolescents and women has resulted in:
 - Increased number of facilities providing anti-retroviral therapy (ART) for children from 501 (90 per cent of target) at the end of 2017 to 553 (99 per cent of target) in 2018; as a result, 20,394 children (10,566 girls and 9,828 boys), aged 0-14 years old continued to receive ART.
 - Increased number of facilities providing eMTCT services (Option B+) from 576 in 2017 to 594 (103 per cent of target); as a result, 24,679 pregnant women living with HIV (94 per cent of target) were reached with ART (Option B+) for eMTCT.

2. All targeted 37 districts continued to implement at least three high-impact gender-responsive adolescent prevention interventions including HIV testing services (HTS), eMTCT services for pregnant adolescent girls and availability of ART for all adolescents living with HIV. A total of 308,347 adolescents, 105 per cent of the annual target, (189,314 girls, 119,033 boys), were reached with HTS and reported in HMIS/DHIS 2.

The HIV Thematic grant provided flexible and catalytic support to HIV prevention, treatment and care for pregnant women, children and adolescents in Uganda. Below is a more detailed account of activities supported from this grant.

National and Field level technical support for HIV implementation and monitoring

During 2018, the grant strategically supported salary costs for two HIV/AIDS Specialists at the UNICEF Country Office in Kampala and at Field Office level, thus ensuring sufficient capacity for engagement in national level coordination and strategic and technical forums, as well as at field level to support HIV programming in the regions of West and Central Uganda which bear the highest burden of disease. The West and Central Field Office based in Mbarara covers 22 out of 37 UNICEF supported districts and accounts for 77 per cent of new HIV infection cases (24,650 of the 28,751 new HIV infections recorded in the 37 districts). The 22 focus districts also include 78 per cent of pregnant women living with HIV (PWLHIV) currently on ART (9,274 of the 11,958 PWLHIV).

Coordination of Paediatric and Adolescent HIV management platforms and forums

Support to Paediatric and Adolescent HIV coordination forums at the Ministry of Health continued during 2018 and contributed to ensure that the technical working groups followed through with the programme planning and partnership engagements. Using this forum, the strategic action plans developed for paediatric and Adolescent HIV response were finalized, including harmonization of action plans from the ALL-IN assessment and the determined, resilient, empowered, AIDS-Free, mentored, and safe (DREAMS) initiative by the PEPFAR. The partnership with PEPFAR helped harmonize the various assessments and core implementation packages for high-impact HIV/AIDS interventions targeting adolescents.

The participation of the First Lady Janet K Museveni in the Bring Back Baby (BBB) campaign launch and activities was a key achievement contributing to high level engagement and support. The campaign is an accountability forum designed to raise awareness on the high lost to follow up and the low retention of mother-baby pairs in care, especially among adolescents and young mothers. The campaign had two components including advocacy and service delivery. Advocacy engagement efforts reached 250 leaders comprising of members of parliament, political leaders, religious leaders, cultural leaders and AIDS development partners (ADPs) as well as representatives from regional level, district level and civil society organizations (CSOs).

The meeting helped stakeholders to undertake a proper analysis and gain full understanding on high impact interventions along the continuum of HIV care as well as along the health system structure that needed to be addressed in order to attain MTCT elimination including patient factors, structural, socio-behavioral and cultural barriers to service access, uptake and continuity with a focus on 'why mothers are failing to come and/or return for care'.

The meeting concluded with the following:

1. A call for mothers to 'come back', with their spouses and babies for continuous care.

2. A call for programme managers at all levels to address structural, behavioural and socio-cultural barriers to access and uptake of SRMNCAH and eMTCT services.
3. A call to address the knowledge gaps at community level especially among adolescents and young women.



Caption: Hon. Janet K. Museveni (third from left), First Lady of the Republic of Uganda and eMTCT Champion, officiates at the launch of the Free to Shine Campaign and Retaining Mothers and Babies in Care

Credit: UGDA/2018/Bongyereirwe

HIV sensitive Social Support and Protection

Social support and protection is the third pillar of Uganda's HIV National Strategic Plan geared towards provision of services that reduce vulnerability to HIV acquisition and mitigation of its impact on PLHIV and other vulnerable groups by scaling up efforts to eliminate stigma and discrimination. Social protection is considered to be HIV sensitive when it is inclusive of people who are either at risk of HIV infection or susceptible to the consequences of HIV.

Accounting for only 4 per cent of the USD 3.647 billion budget requirement for the five-year implementation of NSP 2015/16-2019/20, this critical pillar receives the least technical and funding support. Uganda participated in a global meeting on socialp held in Geneva in 2017 which was jointly organized by UNICEF and UNAIDS to strengthen country level actions on social support and protection.

As a follow up to the global meeting, countries were encouraged to undertake assessments on social protection services available to address vulnerabilities to HIV and mitigation actions within

their programmes. Using HIV and social protection assessment tools, the country team led by the Ministry of Gender and Uganda AIDS Commission, and supported by UNICEF and UNAIDS, went through the process of establishing an enabling environment through the following steps and actions:

- i. Collection of information that will determine and/or confirm whether the existing social protection schemes in Uganda are HIV sensitive or need further modification for responsive programming.
- ii. Collections of information that will catalyze cross-sector co-programming and co-financing of HIV and social protection programmes.

Priorities identified to further support the development of national HIV sensitive social protection systems in Uganda include the revision of national AIDS strategies, the development of HIV sensitive social protection investment cases and concept notes for consideration by USG/PEPFAR COPs and other social welfare and poverty alleviation programmes.

Financial Analysis

Table 1: 2018 planned budget for HIV/AIDS

Intermediate Result	Planned Budget, USD
Other Resources - Emergency	1,913,876
Other Resources - Regular	4,283,384
Regular Resources	1,289,008
Total	7,486,268

Table 2: Country-level Thematic contributions to thematic pool received in 2018

Donors	Grant Number*	Contribution Amount	Programmable Amount
Global – HIV THEMATIC FUND	SC149902	133,810.43	133,810.43
Total		133,810.43	133,810.43

Table 3: Expenditures in the thematic sector by results area

Outcome Area	ORE	ORR	RR	All Program accounts
02-01 PMTCT and Infant Male Circumcision	24,795.50	275,768.48	601,273.74	901,837.72
02-02 Care and Treatment of children affected by HIV/AIDS	24,364.50	34,653.78	309,875.05	368,893.33
02-03 Adolescents and HIV/AIDS	-	151,170.79	103,550.65	254,721.44
02-05 HIV # General	-	6,600.18	101,432.55	108,032.73
TOTAL	49,160.00	468,193.23	1,116,131.99	1,633,485.22

Table 4: Thematic expenses by results area

Description	Incurred Expense		Cash Advances and	Cumulative	Commitments	Total
	2018	2019	Prepayments	Expenditure		
Staff and Other Personnel Costs	67,249.18	0.00	0.00	67,249.18	0.00	67,249.18
Supplies and Commodities	4,366.06	0.00	0.00	4,366.06	0.00	4,366.06
Equipment, Vehicles and Furniture	1,277.92	0.00	0.00	1,277.92	0.00	1,277.92
Contractual Services	1,859.03	0.00	0.00	1,859.03	0.00	1,859.03
Travel	14,274.27	0.00	0.00	14,274.27	0.00	14,274.27
Transfers and Grants to Counterparts	18,185.46	0.00	14,625.23	32,810.69	0.00	32,810.69
General Operating + Other Direct Costs	6,718.66	(0.01)	0.00	6,718.65	5,254.63	11,973.28
Total	113,930.58	(0.01)	14,625.23	128,555.80	5,254.63	133,810.43

Table 5: Expenses by Specific Intervention Codes

The table below shows a breakdown of expenditures of thematic contributions by specific intervention codes.

Specific Intervention Codes Specific Intervention Code	Amount, USD
21-06-01 Infant and child HIV diagnosis (PITC)	86,522
21-06-02 Pediatric ART	115,070
21-06-03 HIV health and community system strengthening to improve access and adherence	553,242
21-06-04 HIV and AIDS monitoring and bottleneck analysis	32,848
21-06-05 Procurement and or supply management for HIV diagnostics and medicine	117,995
21-06-06 Provision of ART to adolescents	14,535
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	40,847
21-07-01 ART for PMTCT	618,466
21-07-08 Maternal HIV testing and counselling (PITC)	1,038
21-07-09 PMTCT program support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	52,896
21-07-12 HIV testing including self-testing and counselling in adolescents	27
Total	1,633,486

Table 6: 2019 planned budget for HIV/AIDS

Intermediate Result	Planned Budget, USD
Other Resources - Emergency	1,436,607
Other Resources - Regular	4,743,653
Regular Resources	1,581,567
Total	7,761,827

Future Work Plan

With Uganda EMTCT programme on the brink of achieving elimination status, efforts are now geared towards providing support for targeted quality and last mile activities in the response.

In 2019 and 2020, UNICEF will continue to support the government of Uganda to improve quality, access and utilization of prevention of HIV transmission to children and women, and of children and adolescents' treatment, care and support.

As per its country programme targets, UNICEF will aim to contribute to reach 95 per cent of HIV-positive mothers with life-long access to ART, 90 per cent of newborns with access to ARV treatment, and 90 per cent of adolescents (15–19 years) with HIV testing by 2020.

Key interventions targets will include the following:

- At least 65 per cent or 23,000 newborn babies from women living with HIV are tested within 6-8 weeks of birth.
- Over 90 per cent of health facilities provide pediatric antiretroviral therapy (ART).
- Over 90 per cent of health facilities provide pediatric antiretroviral therapy (ART).
- 559,000 young people are tested for HIV and receive their results.
- 3,948 HIV positive refugee children 0-14 years old in humanitarian settings (50 per cent girls) have continued access to antiretroviral therapy (ART).

UNICEF will also continue providing support for the development of a number of last mile activities including the national validation of pre-elimination of MTCT status, this is an EMTCT impact assessment that would assess the effectiveness of the programme and augment the evidence for validation.

However, the programme has witnessed dwindling of resources with a decrease in funding from donors traditionally supporting the fight against HIV/AIDS. UNICEF Uganda has mobilized multiyear funding from three donors including Sweden (SIDA, regional grant), Ireland (Irish Aid) and Joint UN Funding. In addition, UNICEF will continue to leverage strategic partnerships with the PEPFAR and the Global Fund, to achieve key results for HIV/AIDS.

HIV Resource Requirements and Funding Analysis

UNICEF Uganda requires a total of US\$ 31.6 million to reach its planned results in the HIV/AIDS response in 2016-2020. It is planned for 20 per cent or US\$ 6.45 million to come from UNICEF's regular resources, 68 per cent of US\$ 21.4 million to come from development donors and 12 per cent or US\$ 3.73 million to come from humanitarian donors.

Driven by the efforts of UNICEF to support the eMTCT agenda in the country, a considerable budget was raised from Sweden (SIDA) and other traditional donors such as Irish Aid, UNITAID and UBRAF to sustain the HIV response over the past years. A total of US\$ 7.86 million (representing 25 per cent of the total planned ceiling) was raised in 2016-2018, of which 89 per cent or US\$ 6.99 million was utilized. In addition, US\$ 2.96 million (46 per cent of the planned RR budget for the five year plan) was contributed from the country office's regular resources.

The Global HIV Thematic funding received in 2014 provided some crucial resources to start the implementation of this programme.

Adequate funding of the humanitarian HIV/AIDS response presented the greatest challenges as only 3 per cent of the planned budget of US\$ 3.74 million was received in 2016-2018.

Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation for the flexible and catalytic thematic contribution in support of children and women in Uganda. This generous support has made a direct positive impact on the lives of children and women affected by HIV/AIDS. The funding is helping them to progressively realise their rights to health care and development through provision of access to the HIV testing, treatment and care.

ANNEX 1 - DONOR FEEDBACK FORM

Name of Report: Uganda HIV Thematic, Non-Humanitarian
Reference number: SC149902

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”.

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

2. To what extent did the fund utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could improve on next time?

3. What suggestions do you have for future reports?

4. Any other comments you would like to share with us?