

Table of Contents

Acronyms	iv
Acknowledgement.....	Vi
Glossary of Commonly Used M&E and Other Terminologies Used	vii
List of NSP 2015/16-2019/20 Indicators and Respective Indicator Definition Page Numbers	xiii
1.0 INTRODUCTION	1
1.1 Background.....	1
1.2 NSP 2015/16 - 19/20 Description and Approach	1
2.0 PURPOSE OF THE NSP INDICATOR HANDBOOK	2
2.1 Purpose and Objectives of the NSP Indicator Handbook.....	2
2.2 Intended Audience.....	2
2.4 Components of the M&E Systems	4
2.5 Steps in Developing the NSP Indicator Handbook.....	14
2.6 How to use the NSP Indicator Handbook.....	14
2.7 When and Where to use the NSP Indicator Handbook.....	15
3.0 NSP RESULTS FRAMEWORK.....	16
4.0 The NSP Performance Indicators	18
4.1 Performance Indicator Matrix.....	18
4.2 Consolidated List of NSP Indicators	19
4.3 Indicator Reference Sheets.....	24
ANNEX 1 Calendar with major HIV/AIDS M&E Events.....	74
ANNEX 2 References	76
ANNEX 3: The National HIV and AIDS M&E TWG who provided input.....	78
ANNEX 4: HIV and AIDS M&E Plan Consultancy Team.....	79

List of Tables

Table 1: Intended audience for the Indicator Handbook	2
Table 2: Number of NSP Indicators per Thematic Area	18
Table 3: Consolidated List of Indicators.....	19

List of Figures

Figure 1 NSP M&E System Components	4
Figure 2 HIV/AIDS Data Flow Chart	9
Figure 3 NSP Results Framework.....	17

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AIS	AIDS Indicator Survey
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti Retro Viral
BCC	Behaviour Change Communication
CSOs	Civil Society Organizations
DACs	District AIDS Committees
DQA	Data Quality Assessments
EMIS	Education Management Information System
FBOs	Faith Based Organizations
FP	Family Planning
FWS	Female Sex Workers
HCP	Health Communication Partnership
HCT	HIV Counselling and Testing
HIV M&E	HIV Monitoring and Evaluation
HIV	Human Immune Deficiency Virus
HMIS	Health Management Information Systems
HSSIP	Health Sector Strategic and Investment Plan
IDI	Infectious Diseases Institute
ILO	International Labour Organization
IP	Implementing Partners
JAR	Joint AIDS Review
LQAS	Lot Quality Assurance Surveys
M&E	Monitoring and Evaluation
M&E TWG	Monitoring and Evaluation Technical Working Group
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MDG	Millennium Development Goals
MGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MoLG	Ministry of Local Government
MoT	Modes of Transmission Study
MSM	Men who have Sex with Men
MTR	Mid-Term Review
NADIC	National AIDS Documentation and Information Centre
NASA	National AIDS Spending Assessment
NCPI	National Composite Policy Index
NGOs	Non-Governmental Organizations
NPA	National Planning Authority
NPAP	National Priority Action Plan
NPS	National HIV Prevention Strategy

NSP	National Strategic Plan
NSPPI	National Strategic Program Plan of Interventions
OPM	Office of the Prime Minister
OVC	Orphans and other Vulnerable Children
OVC MIS	Orphans and other Vulnerable Children Management Information System
PC	Partnership Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PIRS	Performance Indicator Reference Sheets
PHA	Persons with HIV/AIDS
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SCE	Self-Coordinating Entities
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UASR	Uganda AIDS Status Report
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UHSBS	Uganda HIV/AIDS Sero-Behavioural Survey
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UVRI	Uganda Virus Research Institute
WHO	World Health Organization

ACKNOWLEDGEMENT

The M&E indicator handbook is a detailed guide for the user on the HIV and AIDS data management processes. This publication has been made possible by special funding from the HIV and AIDS Partnership Fund, Global Fund and Technical Assistance to the Government of Uganda. Our gratitude goes to members of the M&E Technical Working Group chaired by Dr. Sarah Byakika of Ministry of Health (MOH) with membership from different Ministries, Agencies and Departments, Civil Society and the entire HIV and AIDS Partnership for providing invaluable comments that improved the document.

Special thanks go to Dr. Julian Bagyendera for having facilitated the development process of this M&E indicator handbook. I also acknowledge the extra level of effort from Mr. Jotham Mubangizi of UNAIDS in finalising the document.

Lastly, I acknowledge all the staff of UAC and in particular Dr. Nelson Musoba for the leadership and the core team comprising of Dr. Peter Wakooba, Mr. Daniel Kyeyune, Ms. Jennifer Tumusiime, Dr. Zepher Karyabakabo for technical guidance and Mr. Denis Busobozi, the convenor of the M&E Technical Working Group.

In a special way, I acknowledge all those who made priceless contributions to the development process of this document.

Dr. Christine JD. Ondoa

Director General

Glossary of Commonly Used M&E and Other Terminologies Used

Below is a presentation of selected commonly used M&E and other terminologies used; it is not an exhaustive glossary in itself.

AIDS Development Partners (ADPs): The AIDS Development Partners Group (ADPG) is the aggregate¹ coordinating body for all bilateral and multilateral Agencies active in the area of AIDS in Uganda

Activity: Actions in the context of the project which are both necessary and sufficient, and through which inputs (financial, human, technical and material resources) are mobilized to produce specific outputs or contribute to the outcome.

Acquired Immunodeficiency Syndrome (AIDS): is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV).

Antiretroviral (ARV): A substance, drug, or process that destroys a retrovirus (such as HIV), or suppresses its replication. Often used to describe a drug active against HIV.

Antiretroviral treatment (ART): A treatment aimed at preventing HIV from damaging the immune system.

Baseline data: Data that describe the situation at project start-up of the issues and development conditions that the project or program will address. The baseline serves as the starting point for measuring the performance of the project and is an important reference for evaluations.

Benchmark: Reference point or standard against which progress or achievements may be compared, such as what has been achieved in the past, what other comparable organizations such as development partners are achieving, what was targeted or budgeted for, what could reasonably have been achieved under the circumstances. It also refers to an intermediate target to measure progress in a given period.

Care: Services provided to targeted groups such as people living with HIV/AIDS or OVC to mitigate their conditions. Care services include medical and non-medical services.

Civil society organization (CSO): Non-governmental and not for profit institutions that provide public services. CSOs may include community-based organizations (CBO) and faith-based organizations (FBO).

¹A forum that brings together representatives from agencies and those development partners who may also be represented on other specific coordinating forms (ie. UN TWG, NDP FAR).

Confidentiality: Keeping information private. This is an important component in delivery of health services particularly of HIV counseling and testing (HCT) and treatment services.

Data: Refers to a record of what happens around us. Data could be numbers or descriptions of people, items, activities or events.

Data quality: A perception or an assessment of data's fitness to serve its purpose in a given context. Data is of high quality if it is fit for their intended uses in operations, decision-making and planning. It correctly represents the real-world construct to which they refer. The information provided in reports is obtained by processing data

Data sources: These are documentations that capture the result of data collection processes, such as reports and databases.

Effectiveness: Determining the degree of attainment of the predetermined objectives and target results of the project, in view of the employed strategy, approaches and procedures. Which project elements /activities overlapped or were underestimated to achieve the set objectives.

Efficiency: Determining the co-relationships between the results obtained from the project (or project activities) and the efforts expended in terms of time, human, financial, technology and other resources.

Evaluation: Evaluation is periodic assessment of a project's: relevance, effectiveness, efficiency and impact. Evaluation is carried out after an interval of time. Evaluation verifies program design.

Goal: The higher-order objective to which a development intervention is intended to contribute. The overall result to which the project will contribute, along with various other, external interventions.

Human Immunodeficiency Virus (HIV): A virus that steadily weakens the body's defense (immune) system until it can no longer fight off infections such as pneumonia, diarrhea, tumors and other illnesses. Most of HIV infections are been transmitted through unprotected sexual intercourse with someone who is already infected with HIV. HIV can also be transmitted by infected blood or blood products (as in blood transfusions), by the sharing of contaminated needles, and from an infected woman to her baby before birth, during delivery, or through breast-feeding.

Immune deficiency: A breakdown or inability of certain parts of the immune system to function, thus making a person susceptible to certain diseases which they would not ordinarily develop.

Incidence: Refers to the number of new HIV/AIDS infections.

Incidence rate: Refers to the number of new HIV/AIDS infections per year per person at risk.

Indicators: Are measures of progress towards achieving goals. Indicators are units of data, measured over time. Therefore, indicators measure change and provide 'indications' of success or failure. For indicators to be meaningful, some data need to be collected to provide indicator values or indicator scores.

Information product: An information product is a regular and periodic items produced from packaged information such as reports, newsletters, website updates or other structured means of communication.

Impact: The overall and long-term or ultimate results realized from an intervention.

Inputs: Inputs are the resources that the project "consumes" in the course of undertaking the activities. Typically they will be human resources, money, materials, equipment and time.

Mainstreaming HIV/AIDS: Embedding HIV/AIDS response in existing development programmes rather than making it a completely separate issue.

Mitigation: Activities designed to reduce the impact of the epidemic such as provision of school fees, food and/or clothing to children in a household affected by HIV/AIDS and strengthening of social safety nets.

Monitoring: Monitoring is regular data collection, analysis and use of derived information to assist timely decision making, ensure accountability and provide the basis for evaluation and learning. It is routine tracking of implementation of activities. Monitoring is performed to: to check whether activities are being implemented according to plan; to assess progress versus set outputs; is the program on track; to identify and document critical milestones; to learn about and document the task that is being implemented; find out whether assumptions made are still correct; to inform management to make evidence based decisions and take appropriate actions and Identify things being done well that should be continued and supported; to account for what was achieved using given resources and to provide continuous feedback on implementation.

Multi-sectorial response: Interventions from various sectors addressing a common issue, which are designed to include the efforts of different government departments.

Network: Consists of individuals and/or organizations willing to assist one another or collaborate to achieve common goals. A network can rapidly disseminate information - lessons, innovations, techniques, ideas, news, requests, and questions. A network may give its participants a strong sense of solidarity and connection.

Objective: Refers to the result that the project itself intends to achieve, independent of other interventions.

Outcome: Actual or intended change in development conditions that development interventions are seeking to support. It describes a change in development conditions because of the output strategy and key assumptions. An outcome is an intermediate result higher than an output but lower than an impact.

Output: The immediate/direct results of project inputs, achieved through the completion of project activities. They are tangible products (including services) of a programme or project that are necessary to achieve the outcomes of a programme or project. Outputs relate to the completion (rather than the conduct) of activities and are the type of results over which managers have a high degree of influence.

Partnership: An open relationship among different partners, whose strength lies in the diverse, but complementary contributions that each one makes toward achieving a common objective.

Performance-based measurement: A management tool that emphasizes how goals are being achieved over time. The aim is to determine the relevance of objectives, efficiency, effectiveness, impact and sustainability so as to incorporate lessons learned into the decision-making process.

Performance: A particular characteristic or dimension used to measure intended changes defined by an intervention. Performance indicators are used to observe progress and to measure actual results compared to expected results. They serve to answer “how” or “whether” a unit is progressing towards its objectives, rather than “why” or “why not” such progress is being made.

Performance indicators: Are usually expressed in quantifiable terms, and should be objective and measurable such as numeric values, percentages, scores, and indices). Performance indicators focus on outcomes, objectives and goals while process indicators, are simply an accounting of the results of individual project activities.

People Living with HIV/AIDS (PLHIV): The people who are HIV positive.

Policy: A document setting out an organization's official position on a particular issue.

Prevalence: The number of HIV positive persons in a population.

Prevalence rate: The percentage of HIV positive persons in a population.

Procurement: The way of purchasing resources in a transparent and cost-effective manner.

Project Purpose/Outcome: The anticipated effect that the project will achieve by delivering the planned outputs. This is often to be expressed in terms of a "change in behavior" of a group or institution; the project outputs are expected to facilitate this change.

Result: A broad term used to refer to the effects of a programme or project and/or activities. The terms "outputs", "outcomes" and "impact" describe more precisely the different types of results at different levels of the log frame hierarchy.

Results-Based Management: A management strategy or approach by which an organization ensures that its processes, products and services contribute to the achievement of clearly stated results. Results-based management provides a coherent framework for strategic planning and management by improving learning and accountability. It is also a broad management strategy aimed at achieving important changes in the way agencies operate, with improving performance and achieving results as the central orientation, by defining realistic expected results, monitoring progress towards the achievement of expected results, integrating lessons learned into management decisions and reporting on performance.

Self-Coordinating Entities (SCEs): These are homogenous constituencies of HIV/AIDS stakeholders that are represented on the HIV/AIDS partnership. There are 11 SCEs: Civil Society Organisations; Cultural Institutions; Faith Based Organisations; People Living with HIV; the Media; the Private Sector; the Parliament; Line Ministries; Performing Artists, Research Academia and Scientists; as well as the AIDS Development Partners.

Stakeholders: Those individuals and organizations affected (negatively or positively) by the outcome of an activity/project and/or those who can affect the outcome of a proposed intervention.

Strategy: The means employed to reach the objective such as advocacy, community mobilization, mobile HCT camps and the like.

Surveillance: This refers to National biological and behavioral and social surveys of STI/HIV/AIDS/TB sexual behavior and social rates and trends. Surveillance surveys include ANC sentinel surveillance, AIDS Indicator Survey and the Uganda Demographic and Health Survey.

Sustainability: Determining the strength and opportunities of mechanisms put in place to guarantee the continuation of the activities/interventions on a sustainable- long-term achievement of the desired situation.

Targets: These are set performance values/levels of indicators expected to be achieved by programs within a defined time period. Targets are based on previous experience and known baseline values.

HIV counseling and testing (HCT): HIV counseling and testing is the process by which an individual undergoes counseling to enable him/her to be tested for the human immunodeficiency virus (HIV).

List of NSP 2015/16-2019/20 Indicators and Respective Indicator Definition Page Numbers

NSP 2015/16-2019/20 Indicators	Indicator Definition Page
Overall Goal of NSP: To achieve universal access targets for HIV/AIDS Prevention, Care and Treatment, Social Support and Protection, and Systems Strengthening by 2020	
Impact Indicators	
1. HIV incidence	27
2. HIV/AIDS related mortality rate	27
3. Percentage of infants born to HIV infected mothers who become infected	27
4. HIV Prevalence rate among 15-49 years	27
5. Percentage change in discriminatory attitudes towards PLHIV	29
HIV PREVENTION INDICATORS	
Objective 1: To increase adoption of safer sexual behaviours and reduction in risky behaviours	
Outcome Indicators	
P1.1 Percentage of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission	29
P1.2 Percentage of adults 15-49 years who use a condom at the last higher risk sex	30
P1.3 Percentage of young people 15-24 years who have had sexual intercourse before the age of 15.	30
P1.4 Percentage of individuals 15-49 years reporting consistent condom use	31
P1.5 Percentage of MARPs reporting consistent condom use	31
Output Indicator	
P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions	32
Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
Outcome Indicators	
P2.1 Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results	33
P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV	34
P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	34
P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth	35
P2.5 Percentage of males 15-49 years that are circumcised	36
P2.6 Percentage of donated blood units screened for HIV in a quality assured manner and according to national or WHO guideline	36
Output Indicators	

NSP 2015/16-2019/20 Indicators	Indicator Definition Page
P2.1.1 P2.1.1 Percentage of pregnant women who tested for HIV and received their results	37
Objective 3: To mitigate underlying social-cultural gender and other factors that drive the HIV epidemic	
Outcome Indicators	
P3.1 Percentage of girls aged 15-49 years who experience sexual and gender-based violence)	37
P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI	38
CARE AND TREATMENT INDICATORS	
Objective 1: To increase access to pre- antiretroviral therapy care for those eligible	
Outcome Indicator	
CT1.1 Proportion of adults and children enrolled into HIV care services	39
Output Indicators	
CT1.1.1 Proportion of adults and children enrolled in HIV care currently on (cotrimoxazole) / Dapsoneprophylaxi at last visits	39
Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic care for patients initiated on ART	
Outcome Indicators	
CT2.1 Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy	40
Output Indicators	
CT2.1.1 Number of HIV positive adults and children currently receiving ART	40
CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	41
CT2.1.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	41
Objective 3: To improve quality of chronic HIV care and treatment	
Outcome Indicators	
CT3.1 Percentage of <i>estimated</i> HIV-positive incident TB cases that received treatment for both TB and HIV	42
CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)	42
Output Indicators	
CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV-positive	43
Objective 4: To strengthen integration of HIV care and treatment within health care programs	
Outcome Indicators	

NSP 2015/16-2019/20 Indicators	Indicator Definition Page
CT4.1 Unmet need for Family Planning among PLHIV	43
CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy	44
Output Indicators CT4.1.1 Percentage of PLHIV women of reproductive age receiving any method of family planning	44
SOCIAL SUPPORT AND PROTECTION	
Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups	
Outcome Indicator	
SP1.1 Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV	45
Output Indicator	
SP1.1.1 Percentage of individuals reached stigma and discrimination reduction messages	45
Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs	
Outcome Indicators	
SP2.1 Percentage of OVC households that are food secure	46
SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met	46
Output Indicators	
SP2.1.1 Percentage of OVC households that received economic strengthening support	47
SP2.1.2 Percentage of OVC supported services in 3 or more Core Program Areas (CPAs)	47
Strategic Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups	
Outcome Indicators	
SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection	48
SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package	48
Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS	
Outcome Indicators	

NSP 2015/16-2019/20 Indicators	Indicator Definition Page
SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.	49
SP4.2 Percentage of men and women who believe that wife beating is justified	49
SP4.3 Percentage of women who own land alone or jointly with their spouses	50
Output Indicators	
SP4.1.1 Numbers of individuals reached with interventions addressing GBV	50
SYSTEMS STRENGTHENING INDICATORS	
Objective 1: To strengthen the governance and leadership of the multi-sectorial HIV/AIDS response at all levels	
Outcome Indicators	
SS1.1 National Commitments and Policy Instrument (NCPI) index score	51
SS1.2 Uganda AIDS Commission Management Index score	51
Output Indicators	
SS1.1.1 Percentage of SCEs and other their constituents with functional boards	52
SS1.1.2 Percentage of large work places with HIV/AIDS workplace policies (30 workers and above)	53
Objective 2: To ensure availability of human resources for delivery of quality HIV/AIDS services	
Outcome Indicators	
SS2.1 Percentage of health facilities with the required staffing levels	53
Output Indicators	
SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care	54
Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV/AIDS services	
Outcome Indicators	
SS3.1 Percentage of health facilities with no stock outs of STI drugs, HIV test kits and condoms for more than 1 month within past 12 months	54
SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months	55
Objective 4: To ensure availability and access to quality HIV/AIDS services	
Indicators for this objective are covered under various thematic areas	
Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV/AIDS services	
Outcome Indicators	
SS5.1 Percentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards	55
SS5.2 Proportion of health center IIIs offering ARV and eMTCT services	56

NSP 2015/16-2019/20 Indicators	Indicator Definition Page
Output Indicators	
SS5.1.1 Percentage of HCs providing HIV/AIDS services that meet the quality standards	56
Objective 6: To mobilize resources and streamline management for efficient utilization and accountability	
Outcome Indicators	
SS6.1 Percentage HIV/AIDS funding that comes from GOU SS6.2 Percentage of districts with HIV/AIDS costed Strategic Plans	57 57
Objective 7: To strengthen coordination of the national HIV/AIDS response	
Outcome Indicators	
SS7.1 Percentage of districts with functional DACs with functional coordination structures SS7.2 Percentage of districts with functional PHA Networks SS7.3 Percentage of Self Coordinating Entities (SCEs) with functional HIV/ AIDS committees	58 58 59
Output Indicators	
SS7.1.1 Functional National HIV/AIDS TWGs	59
MONITORING AND EVALUATION	
Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
Outcome Indicators	
ME1.1 Percentage of sectors with costed HIV/AIDS M&E work plans	60
ME1.2 Percentage of sectors performing data quality assessments	61
Outputs Indicators	
ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC ME1.1.2 Functional national HIV/AIDS database in place ME1.1.3 Percentage of IPs trained in M&E for HIV/AIDS programs	61 62 62
Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
Outcome Indicators	
ME2.1 Percentage of implementers utilizing program generated HIV/AIDS data ME2.2 Percentage of IPs conducting HIV/AIDS operations research based on the national research agenda ME2.3 Number of NSP reviews conducted ME2.4 Number of data use events held at national, regional and district levels	63 63 64 64
Outputs Indicators	
ME2.1.1 Number of NSP based reports produced (<i>disaggregated level international and national levels</i>)	65
ME2.1.2 Number information dissemination products produced and disseminated by the NADIC	65

1.0 INTRODUCTION

1.1 Background

The National HIV/AIDS Strategic Plan (NSP) 2015/16-2019/20 was developed in 2014 by key stakeholders in the national HIV/AIDS response spearheaded by the Uganda AIDS Commission (UAC). The NSP will be implemented under four broad thematic areas, as in the previous one, namely: Prevention, Care and Treatment, and Social Support and Protection, as well as Systems Strengthening. The NSP is aligned to the National Development Plan (NDP) and resolutions of the 69th United Nations General Assembly whereby world leaders in collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) agreed to work towards ending the AIDS epidemic as a public threat by 2030.

The NSP M&E Plan was subsequently developed in April 2015 to provide an overall framework for tracking the implementation and measuring the performance of the NSP.

The key stakeholders then decided to develop the NSP Indicator Handbook to act as an operational manual for day to day use by program implementers, managers and development partners for performance measurement.

1.2 NSP 2015/16 - 19/20 Description and Approach

The Vision of NSP 2015/16-2019/20 is “A healthy and productive population free of HIV/AIDS and its effects”. The NSP Vision is aligned to Uganda’s Vision 2040, which is, “a Transformed

The NSP aims at:

- Decreasing HIV/AIDS related morbidity and mortality
- Preventing new HIV infections
- Reducing the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups
- Establishing an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 Years”. The NSP Goal is “zero new HIV infections, zero discrimination and zero AIDS-related deaths”.

The NSP approach is to scale up the coverage of ART, HCT, condom and SMC services; scale up interventions aimed at reducing the number of sexual partners, provide support services for those infected and affected by HIV/AIDS as well as roll out the ‘test and treat’ approach. The NSP further aims at scaling up the combination prevention approach involving strengthening health systems including community and household levels, addressing critical enablers through strategic integration of HIV services with other care and prevention programs,

and enhancing national resource allocation.

2.0 PURPOSE OF THE NSP INDICATOR HANDBOOK

2.1 Purpose and Objectives of the NSP Indicator Handbook

The purpose of the Indicator handbook present an explicit explanation to all HIV/AIDS M&E practitioners regarding how the M&E system for HIV/AIDS in Uganda works. In addition, this NSP Indicator Handbook provides a comprehensive listing of indicators for the national HIV/AIDS response as well as their definitions to ensure consistency in measuring and reporting against the indicators.

The specific objectives of this Handbook are to:

- i) Provide a compilation of the National HIV/AIDS NSP indicators in a single volume.
- ii) To provide a handy user-friendly indicator definitions booklet of National HIV/AIDS NSP indicators for easy reference.

2.2 Intended Audience

The national response for HIV/AIDS in Uganda is multi-sectorial and is comprised of various players or stakeholders with different roles and responsibilities but governed by a common goal and framework. This section explains who the intended users are and for what purpose. Table 1 below presents various categories of key stakeholders and how they will utilise the handbook.

Table 1: Intended audience for the Indicator Handbook

Stakeholder Category	Key Actors	NSP Indicator Handbook Use
UAC	<ul style="list-style-type: none"> - UAC M&E Unit staff and all UAC professional staff - M&E sub committee of the UAC 	<ul style="list-style-type: none"> - Tracking progress towards achieving NSP targets - Reporting against national and international obligations - Monitoring the performance of sectors against NSP sector targets - Evaluating performance of the national response - Making management decisions regarding future project designs and priority interventions as well as distribution of services.

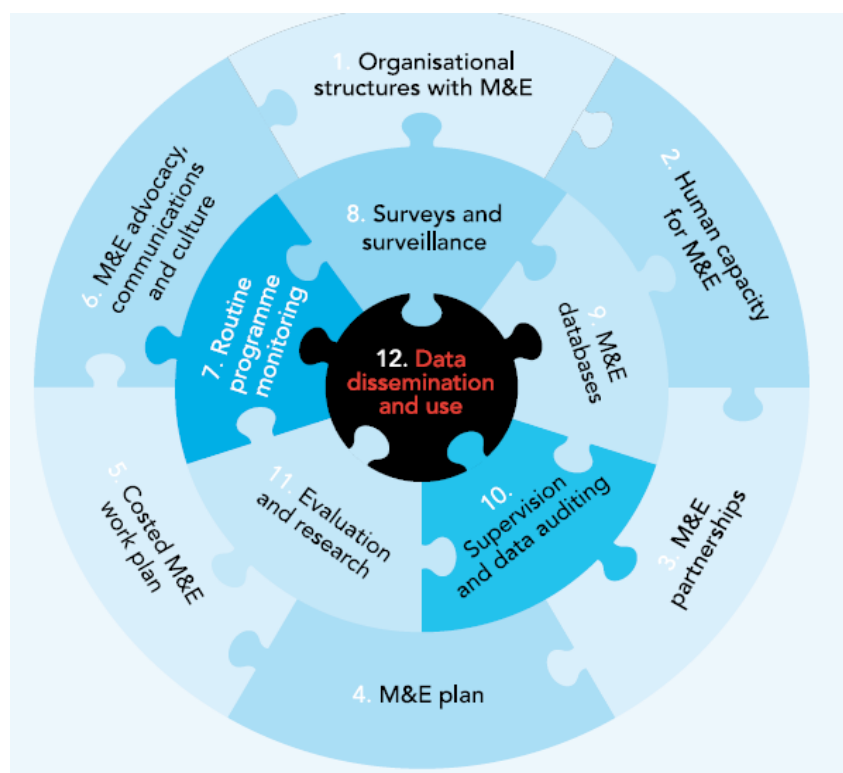
Stakeholder Category	Key Actors	NSP Indicator Handbook Use
Key sectors (MOH, MoES, MGLSD and MoLG)	<ul style="list-style-type: none"> - SI team at Ministry of Health STI/AIDS Control Programme - Sector HIV/AIDS Committees and M&E staff - -Sector/Ministry HIV/AIDS Focal Persons - Permanent Secretaries of Ministries 	<ul style="list-style-type: none"> - Tracking progress towards achieving sector specific NSP targets - Reporting to UAC and OPM - Monitoring the performance of sector based IPs against their targets - Evaluating performance of the sector response - Making management decisions regarding future project designs and priority interventions, as well as distribution of services.
Implementing Partners/ Service outlets such as HCs	<ul style="list-style-type: none"> - Management and M&E staff of NGOs, projects, private sector implementing - HIV/AIDS activities - Health facilities 	<ul style="list-style-type: none"> - Tracking progress towards achieving project targets - Reporting to sectors and AIDS development partners (ADPs) - Making management decisions regarding making interventions more effective.
The Local Governments	<ul style="list-style-type: none"> - District HIV/AIDS Focal Persons, HMIS Focal Persons and District Biostatisticians - Chief Administrative Officers - District HIV/AIDS Committees (DACs) 	<ul style="list-style-type: none"> - Monitoring the performance of sector IPs in their areas of jurisdiction - Evaluating project performance
ADPs	<ul style="list-style-type: none"> - AIDS Development Partners and their M&E units/staff 	<ul style="list-style-type: none"> - Measuring the performance of sector IPs against targets - Making management decisions regarding future projects design and funding priorities. - Evaluation project performance

Stakeholder Category	Key Actors	NSP Indicator Handbook Use
M&E Technical Working Group (TWG)	- National HIV/AIDS M&E TWG, the National M&E TWG at OPM, Sector M&E TWG	<ul style="list-style-type: none"> - Measuring the performance of the national response towards achieving NSP targets - Synthesising information for national and international reporting - Monitoring the performance of sectors against targets - Evaluating the performance of the national response
Beneficiaries	- PLHIV, OVC, people affected by HIV/AIDS, the communities	- Assessing project performance

2.4 Components of the M&E Systems

This section contains a detailed discussion of various components of the NSP M&E system. The NSP M&E system will be comprised of 12 components as depicted in Figure 1 below. Each component will require a good level of functionality in order for the system as a whole to effectively produce timely and comprehensive data for utilisation in program improvement. Data use is the ultimate goal of the M&E system and hence forms the centre of all components.

Figure 1 NSP M&E System Components



Source: Global HIV M&E Information <http://www.globalhivmeinfo.org/DIGITALLIBRARY>

2.4.1 Organisational Structure

The M&E team at UAC under the overall leadership of the Director for Planning and Strategic Information will take lead in executing the NSP M&E Plan. The UAC M&E unit is equipped with computers and Internet to enable timely data aggregation, analysis and reporting. The UAC zonal offices will also play a key role in disseminating and executing the plan, as well as providing technical assistance (TA) to implementing partners (IPs) in understanding and interpreting the indicators.

The key sectors, which aggregate national HIV/AIDS data such as MOH, MoES and MGLSD have electronic national databases, working in collaboration with implementing partners will facilitate timely aggregation of countrywide data. The LOGICS, which is the MoLG MIS is also being revamped to be more functional.

The multi-sectorial annual Joint AIDS Review (JAR) and regional review meetings provide a good forum for interaction and reviewing progress, challenges and making program improvement decisions.

2.4.2 Human Capacity for HIV M&E

UAC has dedicated, trained and experienced M&E staffs based at UAC Head Office as well as two zonal offices that will spearhead HIV/AIDS M&E work.

Additionally, the AIDS Control Programme (ACP) at MOH has a Strategic Information (SI) team that provides TA to the M&E activities. Members of the multi-sectorial HIV/AIDS M&E TWG provide TA and technical oversight for all M&E products as well as 12 regional performance monitoring teams for routine tracking of interventions and quality assurance. There are M&E units in all key sectors, as well as M&E units of IPs, the M&E Human Resources (HR) within sectors and implementing partners will be very handy in data collection, cleaning, aggregation and reporting. At facility level, the Health Center (HC) III and above have Records Assistants who manage data, whereas districts have Bio-Statisticians who manage District Health Information System (DHIS 2) data, and submit data to MOH. Capacity has been built at district and health facility level to ensure that the DHIS 2 is populated. This will ensure timely submission of data to the sectors and eventually to UAC. This capacity building is phased and mainly targeting poorly performing LGs.

Additionally, UAC M&E requires beefing up in staff numbers and reorganizing to ensure that more time is dedicated to data analysis, dissemination and use. The M&E structure should match the needs of the decentralized response, which may necessitate personnel responsible for particular regions.

2.4.3 Partnerships to Plan, Coordinate and Manage the HIV M&E System

Successful implementation of the NSP M&E plan will highly depend on crucial partnerships among key stakeholders that entail structures such as the multi-sectorial HIV/AIDS M&E TWG, the Self Coordinating Entities (SCE); the District Health Information System (DHIS 2) under MOH as well as the Community Based Services Department (CBSD) under MGLSD. The regional structures including the MOH regional performance monitoring teams, UAC zonal coordinators working with IP staff will continue to provide TA to the HCs and districts to support timely data collection and reporting into the DHIS 2 ensuring high quality data by ensuring district quarterly review meetings embrace data utilization.

The M&E unit at UAC will act as secretariat for the multi-sectorial HIV/AIDS M&E TWG to identify topical issues for discussion and schedule meetings in consultation with the chairperson. UAC will continue to support the functioning of the National HIV/AIDS M&E TWG and will develop clear terms of references (TORs) to guide members on the purpose and scope of the TWG

2.4.4 The National HIV/AIDS NSP M&E Plan

This NSP M&E Plan is multi-sectorial and was developed through active participation of multi-sectorial stakeholders through consultations and thematic TWGs. It will provide reference and operational guidance for M&E of the national HIV/AIDS response. The M&E Plan is explicitly based on the National Strategic Plan. It describes the implementation of all 12 components of a national HIV M&E system and adheres to international and national technical standards for HIV M&E. The Indicator Handbook is being developed to foster increased use through more user-friendly versions. Wider dissemination of the plan will be done through: UAC website, email, regional workshops, review meetings, and other forums.

In order to strengthen the operationalization of the HIV/AIDS M&E Plan as recommended by the review of the previous NSP, Performance Indicator Reference Sheets (PIRS) have been developed (see annex C) for reference. UAC will populate the NSP Indicator Tracking Table annually and annex it to the UAC Annual Report, so that performance trends can be easily analyzed at any given time.

The M&E plan articulates the timelines for routine monitoring, annual reviews, MTR and end of term evaluation (See Annex B for the details); as well as regular M&E support supervision to support sectors to generate the quality data required for NSP. UAC will continue to liaise with ADPs to establish a mechanism so that funded IP data is -comprehensively captured by the national system.

2.4.5 Annual Costed National HIV/AIDS M&E Work-plan

The costed national M&E plan will be broken down into annual costed national M&E work plans by the UAC M&E Department spelling out what M&E activities will be done each year by who, when and where. Annex B, which summarizes the various Performance Management Tasks will be key reference guide for formulating the annual work-plan. The M&E work-plan budget will be at least 5-15% of the total NSP budget. The costed National M&E work plan will be a joint work plan that integrates the HIV/AIDS M&E activities of all relevant stakeholders. The plan assumes that IPs and sectors have budgets for M&E activities within their mandate.

At the local government level, the HIV focal point persons will be supported to lobby the district leadership and advocate for committing resources for HIV/AIDS M&E work plans.

2.4.6 M&E Advocacy, Communication and Culture

The National HIV/AIDS M&E TWG collaborating together with National AIDS Documentation and Information Centre (NADIC), the Communications Department at UAC and other M&E stakeholders will consciously promote M&E practices and culture among policymakers, programme managers, programme staff, and other stakeholders. These efforts will be aimed at ensuring better understanding of M&E, supportive M&E culture, and reduced negative connotations of M&E. Among senior officials to be targeted include the heads of departments in ministries, parliamentarians, district leadership as well as heads of key agencies that influence the functioning and funding of HIV/AIDS work.

The M&E culture will be promoted as a best practice for all implementers through capacity building and technical support supervision to all IPs. The promotion of M&E will build on the growing supportive M&E culture and most of the ADPs are willing to support the M&E functions. The culture of embedding M&E planning and implementation at every stage of the project life cycle will be embedded in every IP engage in the HIV/AIDS response to ensure adequate panning for M&E, regular tracking and reviewing of implementation as well as evaluating to establish if the interventions are enabling the realisation of desired results.

2.4.7 Routine HIV Programme Monitoring

Routine program data appropriately disaggregated by sex, target group and type of service; will be produced by the sectors and IPs. Where standard national data collection tools exist; all IPs, both government and private sector will use them for data collection, to ensure improved reliability. Frequent stock-out of national HMIS registers was noted as a challenge in the previous NSP period and as such, UAC will continue to lobby MoH to prioritize and allocate budgets for HMIS tools to minimise such occurrences.

National data collection and reporting tools for behavioural and structural indicators will be developed. In order to strengthen data collection and ensure reporting on behavioural and structural indicators, UAC in close collaboration with sectors will develop data collection and reporting tools for the non-biomedical indicators. UAC will support the sectors to include HIV/AIDS indicators into their district level indicators and sector MIS, so that they are reported on at the same time the biomedical indicators are reported. UAC will then obtain sector-based reports from respective sectors. **A memorandum of understanding (MOU) will be signed between UAC and the sectors spelling out the relationship and reporting lines.** The option of obtaining data through sectors was chosen because sectors already have existing structures and databases to capture this data. However, during the NSP 2011/12-2014/15 review, some sectors pointed out the need for more funding in order to review and reproduce reporting tools incorporating additional indicators, scale up data collection as well as funds to upgrade their databases to incorporate the required HIV/AIDS indicators.

Gender Tracking, Analysis and Reporting

The tracking, analysis and reporting on gender mainstreaming was noted as a weak area in the previous M&E Plan, to address this, gender-related indicators were developed and included for regular tracking and reporting. All reports will include gender analysis. The reporting tools will be revised to incorporate variables on gender related indicators. The field monitoring and technical support supervision tools at LG and national level will also incorporate gender aspects so as to routinely track and support the implementation of gender mainstreaming interventions.

This NSP aims to improve routine data collection and reporting through providing clarity on reporting lines, motivating sectors to report through value addition, rewards and sanctions for those that do not comply.

Primary service data will be collected by service providers and submitted to relevant sectors through the districts.

The programme will aim at producing timely and high quality routine programme monitoring data with an explicit focus on data use.

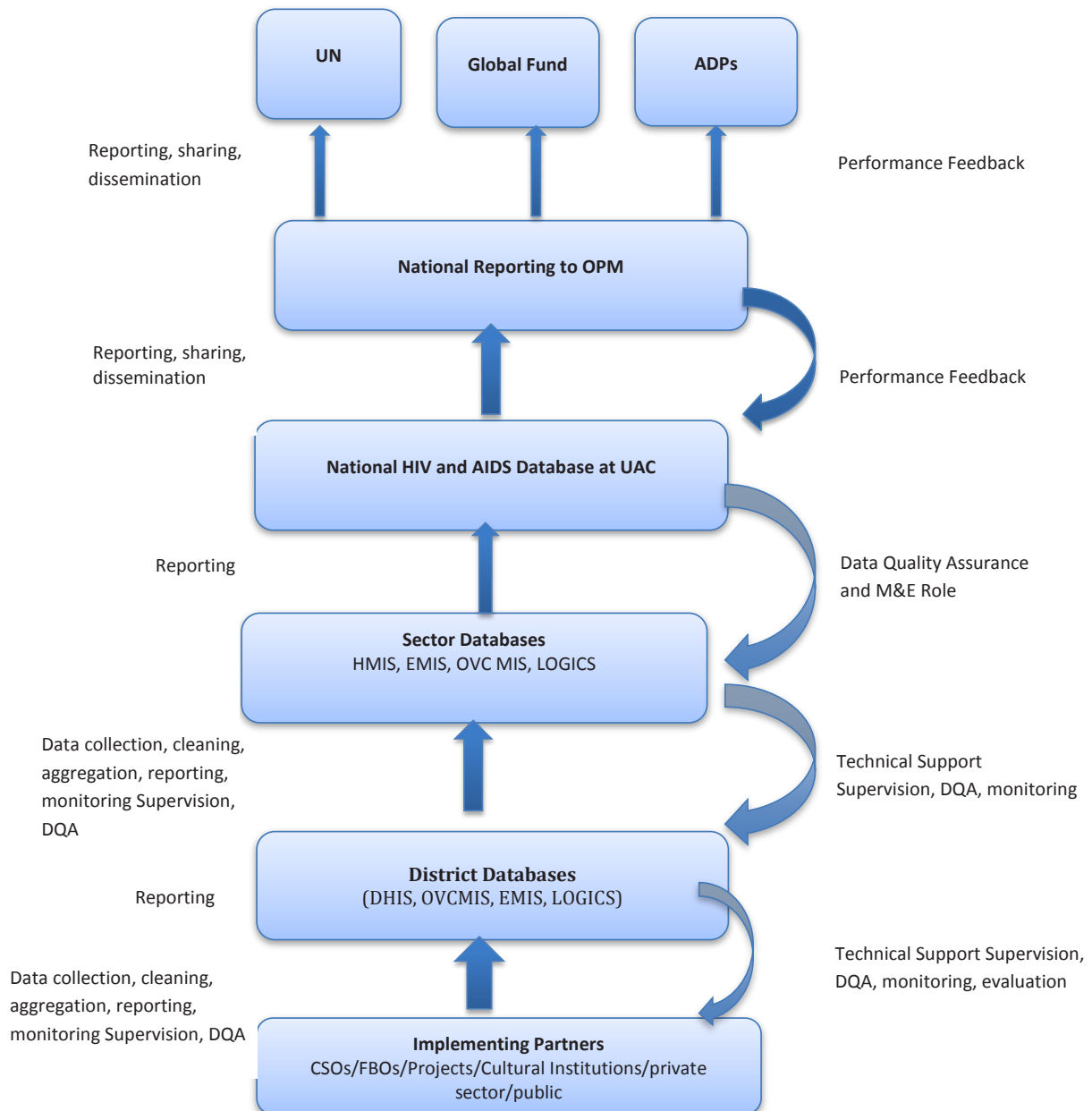
NSP Data Flow

Data for the national HIV/AIDS M&E system come through existing data systems in the country as shown in Figure 2 below. Accordingly, existing stakeholder sub-systems will comprise the building blocks for the national system. These building blocks comprise of sector management information systems. The strategy to utilize existing systems is founded on the premise that:

- The national response is constituted of multi-sectorial stakeholders
- Sectors already have established existing information and M&E systems and structures; hence a parallel system would simply duplicate efforts, cause double reporting and waste resources.

- Efficiency is best achieved through utilization of existing systems which when harnessed through effective coordination are adequate to provide sources for tracking the bulk of indicators of national interest.
- The cost of establishing new and parallel structures for national HIV/AIDS M&E would be prohibitive. Therefore M&E of the national response will be best done through effective coordination of existing systems.

Figure 2 HIV/AIDS Data Flow Chart



2.4.8 Surveys and Surveillance

Periodic data collection for some indicators that cannot be tracked through routine data collection will be done through surveys and surveillances. Comprehensive reviews based on data triangulation, systematic reviews of existing studies and reviews of program data will recommend surveys to fill gaps that cannot be answered by the already identified data sources. The thematic TWGs will provide technical input into the design of the studies including the essential variables for tracking.

Periodic data collection will among others include the following:

HIV/AIDS spending data: - UAC will institutionalize and track financial data routinely to inform and provide specific financial data about government along with partners support allocation and expenditures on HIV/AIDS Programs. The UAC M&E Unit is currently putting in place a system to ensure institutionalization of National AIDS Spending Assessment (NASA) as one of the comprehensive spending assessment methodologies and will liaise with the relevant government structures during the process.

Sentinel Surveillance Surveys – will be conducted bi-annually by the MOH at ANC sentinel surveillance sites.

AIDS Indicator Survey (AIS) – Also known as the Uganda HIV Sero-behavioural Survey (UHSBS), will be conducted by the MOH in liaison with Uganda Bureau of Statistics (UBOS) after every five years. Incidence studies will be carried out through follow-up of cohort populations to ascertain the direction of the epidemic by determining the magnitude of new HIV infections during specified periods.

Uganda Demographic Health Survey (UDHS) – a population-based survey conducted by UBOS with technical assistance from partners associated with DHS including Ministry of Health. UBOS produces this report every 5 years. The UAC will work with the UBOS to ensure that HIV/AIDS related data needs are captured by the survey.

National Commitment Policy Index – (formerly National Composite Policy Index): This index examines progress made in a number of areas such as Policy, Strategic Planning, Structures, Resources, M&E (including research), Legal environment, Human Rights, Civil Society Participation, Prevention, Treatment, Care and Support, Impact Mitigation for preparation of Country Progress Reports (formerly known as UNGASS reports). The NCPI is a questionnaire-based tool, which is administered to key informants in the specific areas and findings validated by a meeting of stakeholders.

Special Surveys – They will be conducted based on the National Research Agenda for the purpose of addressing areas of interest in the implementation of HIV/AIDS Programs. In addition, institutions with capacity to conduct special research such as operations research will conduct studies but these should be coordinated to align them with identified national interests and priorities to address data needs for these areas.

The Lot Quality Assurance Sampling (LQAS) – surveys will be conducted by the districts to supplement other survey methodologies in providing district based data on a number of variables in areas of sexual behaviour, HIV/AIDS and reproductive health.

The survey and surveillance protocols will be based on international standards. The prioritised surveys will be guided by the National Research Agenda, which will be developed. A Research Database Module will be part of the National HIV/AIDS Database, which will be uploaded with HIV/AIDS related surveys conducted.

2.4.9 National and Sub-national HIV/AIDS Databases

The newly developed National HIV/AIDS Database will be operationalised and rolled out through training users, popularizing the database, ensuring regular data entry, cleaning as well as recruiting a Database Manager.

The sector databases will be the main repository for HIV/AIDS data generated by their sectors to the National HIV/AIDS M&E Database. The sector databases will be the Health Information Management Systems (HMIS), Education Management Information System (EMIS), OVC-Management Information System (MIS) and LOGICS.

The sector database will obtain data from the districts; either through Sub-national databases such as the DHIS 2 or directly online data entry by the district contact persons.

Various IPs also maintain databases that include their project-generated data, from which they will report to the districts. There is a growing shift from manual to web based reporting systems, which provides real-time data.

2.4.10 M&E Support Supervision and Data Quality Assessments

Data can only be useful when if it is of quality so that decision makers can rely on it for decision making. This will require developing the data quality assurance guidelines and tools for HIV/AIDS data to ensure that participatory data quality assessments (DQA) are done by relevant players at various levels. DQA should be performed at least annually for each indicator per IP. UAC will develop DQA

guidelines, which will then be adapted by IPs and sectors. The DQAs will be mainly done at sector and implementation level. UAC should mainly track whether DQAs of the required standard are being carried out.

The M&E Units at various levels are charged with the responsibility of monitoring the data quality for entities within their jurisdiction to ensure that data is valid, reliable, precise, complete, of integrity and timely.

Each entity such as UAC, sectors, IPs and should develop data management guidelines for reference while conducting routine data collection at their levels. The guidelines should clearly spell out roles and responsibilities for various entities and should include an elaborate data flow chart.

Pre-JAR meetings will be held to validate data from various sectors before finalising national reports.

2.4.11 Evaluation and Research

In order to assess the NSP effectiveness, relevancy, efficiency, impact and sustainability; evaluations will be conducted at specific intervals of the NSP period. In addition to the Joints AIDS Annual reviews that are conducted every year, a mid-term review (MTR) of the NSP will be conducted in 2017/18, which is the midpoint of the NSP period. An NSP end of program evaluation will be conducted in 2020.

Based on the National Research Agenda, which will stipulate priority areas for research, operations research will also be conducted to answer specific identified programmatic questions for programme improvement.

The programme will identify key evaluation and research questions, coordinate studies to meet the identified needs, and enhance the use of evaluation and research findings. UAC will establish relationships with credible research institutions for partnerships in conducting researching; the Research and Academia SCE will be a key structure for vetting and guiding the researches, to ensure that ethical approval procedures and standards are adhered to.

An inventory of completed and on-going country-specific and evaluation and research studies will be maintained and regularly updated.

A national forum for validation, dissemination and discussion of HIV/AIDS research and evaluation findings will be conducted for each of the researches conducted as part of the National Research Agenda. The evaluation and research findings will be used and referenced in planning and other programming documents.

UAC has finalized the research database and will continuously update the inventory of all HIV/AIDS related researches to create a one-stop center of all researches done in country.

A coordination mechanism will be instituted for the national HIV/AIDS research. UAC will further work with the Research, Academia and Professionals Self Coordinating Entity to ensure that all HIV/AIDS related reports are submitted to UAC.

2.4.12 Data Dissemination and Use

UAC will promote purposeful and deliberate use of program data for decision-making in policy and programming decisions, such as in making stock projections for ART drugs and HIV test kits, apportioning resources to where there is most need and re-strategising.

Data use will be promoted through synthesizing, producing and disseminating several information products based on analysed data such as annual reports, newsletters, success stories, brochures, fact sheets, best practices and lessons learned through electronic and print media. Information will also be repackaged and channelled through social media outlets.

Forums will be organized for data sharing and data use; these will include review meetings at national, regional and district levels. The National AIDS Conference will be organised by UAC annually and will be key national information dissemination and learning forum. The district HIV/AIDS Focal Persons together with the District AIDS Committees (DACs) will take lead in organising district level review meetings.

Data use indicators have been incorporated into the NSP indicators; these will be tracked regularly to ensure that data use events occur and data use action plans are implemented.

There will be need to mobilize resources for conducting researches; this will be spearheaded by UAC in close collaboration with the Research and Academia SCE.

NADIC will take lead in developing audience-tailored dissemination products based on the information needs assessment that was conducted in 2014. Data will be packaged into usable forms such abstracts from conducted researches, surveys and evaluations.

UAC will continue to track, extract and synthesise HIV/AIDS messages from the print media and disseminating them to key stakeholders. The AIDS Call Centre,

a toll free line, is being established for clients to call in and access information especially for referral to access additional information and other HIV/AIDS services.

The data use plan will be developed by the UAC M&E unit in collaboration with the National HIV/AIDS M&E TWG. The plan will define tailored dissemination products and schedules for different target audiences, as guided by the findings of the information needs assessment conducted under the NADIC in 2014. The data use plan as well as the data management guidelines will reflect the frequency of data analysis for various indicators by different stakeholder categories.

The country will continue to compile reports against the national and international reporting obligations and submit them on time. Below is a summary of major reports to be generated by the NSP M&E System:

2.5 Steps in Developing the NSP Indicator Handbook

The processes of coming up with the NSP Indicator Handbook included 4 major steps:

- i) Reviewing the HIV/AIDS NSP and NSP M&E Plan 2011/12 -2014/15 achievements, challenges and making recommendations for improvement.
- ii) Developing the HIV/AIDS NSP 2015/16 - 2019/20
- iii) Developing the HIV/AIDS NSP M&E Plan 2015/16 - 2019/20
- iv) Developing the HIV/AIDS NSP Indicator Handbook

2.6 How to use the NSP Indicator Handbook

This handbook provided a comprehensive list of NSP indicators per thematic area and will be used as a reference guide for IPs and managers in order to fully understand the NSP indicators and their respective:

- Definitions
- Numerators
- Denominators
- Units of measure
- Disaggregation
- Level in the result chain
- Data collection methods
- Data sources
- Frequency of data collection

- Responsibility for data collection
- Baselines
- Targets

2.7 When and Where to use the NSP Indicator Handbook

The NSP Handbook serves the following purposes:

- Clearly stipulated which indicators will be tracked, by who, when and how.
- Spells out the roles and responsibilities of stakeholders
- Advocates for and communicates about National HIV/AIDS M&E system at all levels (International/national/subnational) and with development partners.
- Advocates for funding for unfunded aspects of National HIV/AIDS M&E system implementation

The handbook will be used by at the following key stages of program life cycle:

Design stage: This handbook will guide IPs and sectors as they formulate their M&E plans and respective indicators. It will be a point of reference to ensure their M&E plans and indicators alignment to the National HIV/AIDS Plan indicators.

Implementation phase: It will serve a reference point for IPs, sectors and UAC as they compile routine monitoring data on the indicators. The indicators guide the stakeholders on critical elements of the program that should be monitored.

Evaluation phase: At the time of assessing the achievements of various projects, sectors and the national response as a whole, the handbook will serve as a reference point to establish what results were achieved based on data for the tracked indicators, so as to triangulate with information collected using other methods.

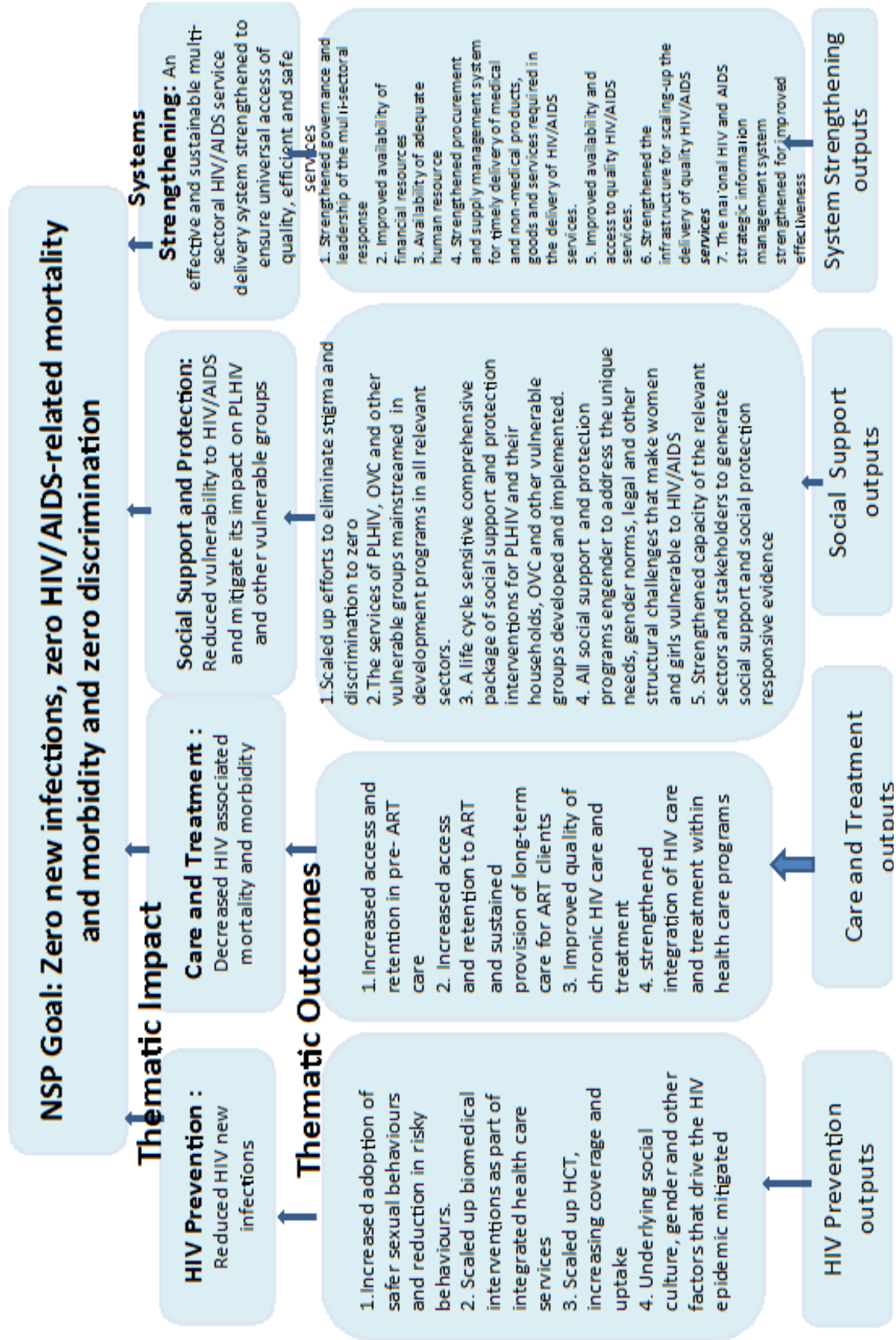
Annex 1 presents the calendar with major HIV/AIDS M&E events, which included indicator tracking and measurement.

3.0 NSP RESULTS framework

The NSP 2015/15-19/20 results framework is based on four (4) thematic areas namely Prevention, Care and Treatment, Social Support and Systems Strengthening. Each thematic area has specific outputs, outcomes and impact as shown in figure 3 below. The NSP assumes that if various strategic interventions are done in various thematic areas, they will lead to realisation of outputs per thematic area, which will in turn lead to the desired outcomes, hence contributing to the realisation of higher level impacts which are:

- i) Decreasing HIV/AIDS related morbidity and mortality
- ii) Preventing new HIV infections
- iii) Reducing the vulnerability to HIV/AIDS and mitigate the its impact to on PLHIV and other vulnerable groups
- iv) Establishing an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

Figure 3 NSP Results Framework



4.0 The NSP Performance Indicators

The indicators in table 3 below will be used to track progress towards attaining NSP objectives. The indicators and targets were consultatively agreed upon by the thematic TWGs, they were further scrutinized and prioritized by the multi-sectorial National HIV/AIDS M&E TWG.

Most of the indicators will be tracked quarterly by sectors, and annually by UAC, whereas others will be tracked periodically through surveys. A multi-sectorial spectrum of stakeholders will be actively involved in tracking various indicators at different levels.

4.1 Performance Indicator Matrix

The NSP M&E plan was purposively designed to have a few outcome indicators and much fewer tracer output indicators, leaving the sectors to track the majority of the output indicators as well as the rest of the outcome indicators. Overall, the 76 indicators will be tracked, of which 5 are at impact level, 46 at outcome level, whereas 25 are output level indicators, as summarized in table 2 below.

Table 2: Number of NSP Indicators per Thematic Area

NSP Thematic Area	Number of Impact Indicators	Number of Outcome Indicators	Number of Output Indicators	Total
1. HIV Prevention	5	14	2	16
2. Care and Treatment		6	5	11
3. Social support		8	4	12
4. Systems Strengthening		18	14	33
Total per category	5	46	25	72
Total number of indicators				76

4.2 Consolidated List of NSP Indicators

Table 3 below presents a summary list of NSP indicators.

Table 3: Consolidated List of Indicators

Summary List of NSP 2015/16-2019/20 Indicators	Number of Indicators
Overall Goal of NSP: To achieve universal access targets for HIV/AIDS Prevention, Care and Treatment, Social Support and Protection, and Systems Strengthening by 2020	
Impact Indicators	
1. HIV incidence 2. HIV/AIDS related mortality rate 3. Percentage of infants born to HIV infected mothers who become infected 4. HIV Prevalence rate among 15-49 years 5. Percentage change in discriminatory attitudes towards PLHIV	5
HIV PREVENTION INDICATORS	
Objective 1: To increase adoption of safer sexual behaviours and reduction in risky behaviours	
Outcome Indicators	
P1.1 Percentage of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission P1.2 Percentage of adults 15-49 years who use a condom at the last higher risk sex P1.3 Percentage of young people 15-24 years who have had sexual intercourse before the age of 15. P1.4 Percentage of individuals 15-49 years reporting consistent condom use P1.5 Percentage of MARPs reporting consistent condom use	5
Output Indicator	
P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions	1
Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
Outcome Indicators	
P2.1 Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth P2.5 Percentage of males 15-49 years that are circumcised P2.6 Percentage of donated blood units screened for HIV in a quality assured manner and according to national or WHO guideline	6
Output Indicators	
P2.1.1 P2.1.1 Percentage of pregnant women who tested for HIV and received their results	1
Objective 3: To mitigate underlying social-cultural gender and other factors that drive the HIV epidemic	

Summary List of NSP 2015/16-2019/20 Indicators	Number of Indicators
Outcome Indicators	
P3.1 Percentage of girls aged 15-49 years who experience sexual and gender-based violence) P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI	2
CARE AND TREATMENT INDICATORS	
Objective 1: To increase access to pre- antiretroviral therapy care for those eligible	
Outcome Indicator	
CT1.1 Proportion of adults and children enrolled into HIV care services	1
Output Indicators	
CT1.1.1 Proportion of adults and children enrolled in HIV care currently on (cotrimoxazole) / Dapsoneprophylaxi at last visits	1
Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic care for patients initiated on ART	
Outcome Indicators	
CT2.1 Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy	1
Output Indicators	
CT2.1.1 Number of HIV positive adults and children currently receiving ART CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV CT2.1.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	2
Objective 3: To improve quality of chronic HIV care and treatment	
Outcome Indicators	
CT3.1 Percentage of <i>estimated</i> HIV-positive incident TB cases that received treatment for both TB and HIV CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)	2
Output Indicators	
CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV-positive	1
Objective 4: To strengthen integration of HIV care and treatment within health care programs	
Outcome Indicators	
CT4.1 Unmet need for Family Planning among PLHIV CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy	2
Output Indicators	
CT4.1.1 Percentage of PLHIV women of reproductive age receiving any method of family planning	1
SOCIAL SUPPORT AND PROTECTION	
Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups	
Outcome Indicator	

Summary List of NSP 2015/16-2019/20 Indicators	Number of Indicators
SP1.1 Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV	1
Output Indicator	
SP1.1.1 Percentage of individuals reached stigma and discrimination reduction messages	1
Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs	
Outcome Indicators	
SP2.1 Percentage of OVC households that are food secure SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met	2
Output Indicators	
SP2.1.1 Percentage of OVC households that received economic strengthening support	2
SP2.1.2 Percentage of OVC supported services in 3 or more Core Program Areas (CPAs)	
Strategic Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups	
Outcome Indicators	
SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection	2
SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package	
Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS	
Outcome Indicators	
SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives. SP4.2 Percentage of men and women who believe that wife beating is justified SP4.3 Percentage of women who own land alone or jointly with their spouses	3
Output Indicators	
SP4.1.1 Numbers of individuals reached with interventions addressing GBV	1
SYSTEMS STRENGTHENING INDICATORS	
Objective 1: To strengthen the governance and leadership of the multi-sectorial HIV/AIDS response at all levels	
Outcome Indicators	
SS1.1 National Commitments and Policy Instrument (NCPI) index score SS1.2 Uganda AIDS Commission Management Index score	2
Output Indicators	

Summary List of NSP 2015/16-2019/20 Indicators	Number of Indicators
SS1.1.1 Percentage of SCEs and other their constituents with functional boards SS1.1.2 Percentage of large work places with HIV/AIDS workplace policies (30 workers and above)	2
Objective 2: To ensure availability of human resources for delivery of quality HIV/AIDS services	
Outcome Indicators	
SS2.1 Percentage of health facilities with the required staffing levels	1
Output Indicators	
SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care	1
Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV/AIDS services	
Outcome Indicators	
SS3.1 Percentage of health facilities with no stock outs of STI drugs, HIV test kits and condoms for more than 1 month within past 12 months SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months	2
Objective 4: To ensure availability and access to quality HIV/AIDS services	
Indicators for this objective are covered under various thematic areas	
Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV/AIDS services	
Outcome Indicators	
SS5.1 Percentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards SS5.2 Proportion of health center Ills offering ARV and eMTCT services	2
Output Indicators	
SS5.1.1 Percentage of HCs providing HIV/AIDS services that meet the quality standards	1
Objective 6: To mobilize resources and streamline management for efficient utilization and accountability	
Outcome Indicators	
SS6.1 Percentage HIV/AIDS funding that comes from GOU SS6.2 Percentage of districts with HIV/AIDS costed Strategic Plans	2
Objective 7: To strengthen coordination of the national HIV/AIDS response	
Outcome Indicators	
SS7.1 Percentage of districts with functional DACs with functional coordination structures SS7.2 Percentage of districts with functional PHA Networks SS7.3 Percentage of Self Coordinating Entities (SCEs)with functional HIV/ AIDS committees	3
Output Indicators	
SS7.1.1 Functional National HIV/AIDS TWGs	1
MONITORING AND EVALUATION	

Summary List of NSP 2015/16-2019/20 Indicators	Number of Indicators
Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
Outcome Indicators	
ME1.1 Percentage of sectors with costed HIV/AIDS M&E work plans	2
ME1.2 Percentage of sectors performing data quality assessments	
Outputs Indicators	
ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC ME1.1.2 Functional national HIV/AIDS database in place ME1.1.3 Percentage of IPs trained in M&E for HIV/AIDS programs	3
Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
Outcome Indicators	
ME2.1 Percentage of implementers utilizing program generated HIV/AIDS data ME2.2 Percentage of IPs conducting HIV/AIDS operations research based on the national research agenda ME2.3 Number of NSP reviews conducted ME2.4 Number of data use events held at national, regional and district levels	4
Outputs Indicators	
ME2.1.1 Number of NSP based reports produced (<i>disaggregated level international and national levels</i>)	4
ME2.1.2 Number information dissemination products produced and disseminated by the NADIC	3
TOTAL	76

4.3 Indicator Reference Sheets

This section presents detailed definitions for each indicator. The indicators are presented in the following order: impact indicators, HIV prevention indicators, care and treatment indicators, social support and protection, systems strengthening indicators as well as monitoring and evaluation.

Impact Indicators

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
INDICATOR TITLE: 1. HIV incidence	
Description: Total number of new HIV infections in the population in the last 12 months	
Rationale: One of the major goals of HIV/AIDS programmes is to ensure that there are very few new infections. One of the greatest achievements is to see a reduction in the number of new infections in all groups and ages. HIV Incidence is critical in assessing the status of the HIV epidemic and the impact of prevention interventions. It is important to know whether the new infections are reducing or increasing.	
Numerator: New HIV infections	
Denominator: Total population	
Unit of measure: Number	Disaggregated By: Sex, age (adults versus children)
Level: Impact	Data Source: MOH Modeling projection reports
Data Collection Methodology: Modeling	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Baseline (2013): Total = 140,000 Adults =123,802 Children 15,287	Target: Total = 110, 814 Adults =102,221 Children =8,593

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
INDICATOR TITLE: 2. HIV/AIDS related mortality rate	
Description: Refers to deaths caused AIDS and diseases that are commonly associated with HIV infection.	
Rationale: The HIV/AIDS care and treatment ART are aimed at reducing HIV related deaths. This indicator hence measure the impact of care and treatment ART interventions and is a measure of whether there is improved quality of life among HIV positive people.	
Numerator: HIV positive people who die in one year	
Denominator: Known HIV positive people in one year	
Unit of measure: Percentage	Disaggregated By: Sex, age
Level: Impact	Data Source: MOH Spectrum estimates reports
Data Collection Methodology: MOH Spectrum estimates	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Baseline: 63,000 2013	Target: 21,497

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
INDICATOR TITLE: 3. Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	
Description: HIV exposed infants that are projected to test HIV positive out of the total estimated number of exposed infants. Exposed infants are those born to HIV positive mothers.	
Rationale: The indicator enables the country to assess progress towards elimination of MTCT. It measures the impact of PMTCT interventions.	
Numerator: Estimated number of children who will be newly infected with HIV due to mother-to-child transmission among children born in the previous 12 months to HIV-positive women	
Denominator: Estimated number of HIV positive women who delivered in the previous 12 months	
Unit of measure: Percentage	Disaggregated By: sex
Level: Impact	Data Source: MOHSpectrum Estimate reports
Data Collection Methodology: Modeling Projections	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): The modeled projections are compared with the facility based data.The transmission can be calculated by using the Spectrum model.	
Baseline: 14% (15000/105,059) Spectrum Estimates (2013)	Target: 5%

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
INDICATOR TITLE: 4. HIV Prevalence rate among 15-49 years	
Description: Percentage of adults aged 15-49 years who are HIV infected in the last 12 months	
Rationale: The goal of HIV interventions is to realise a decrease in the percentage of people that have the infection The indicator depicts the HIV burden and guides decision in determining the amount of resources that will be required to provide care to persons living with HIV/AIDS. With better efforts towards care and prolonging of life for people with the infection, the prevalence could increase or remain stable depending on the programme's effectiveness in combating new HIV infections particularly in the age group of 15-24 years, The indicator measures the HIV Sero prevalence among the adult population. HIV prevalence in the adult population helps to estimate the number of HIV positive people for purposes of programme planning and evaluation.	
Numerator: Number of adults aged 15 - 49 years who are HIV positive	
Denominator: Total number of men and women aged 15-49 years	
Unit of measure: Percentage	Disaggregated By: Sex, Age, geographical location
Level: Impact	Data Source: AIS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	

Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Total 7.3% (2012) Male 6.1% (2012) Female 8.2% (2012)	Target: 6% 5% 7%

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
INDICATOR TITLE: 5. Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV	
Description: This indicator will be measured using a number of questions aimed at exploring whether there is change in discriminatory attitudes towards PLHIV. Some of the variables that will be measured will include: willingness to care for a relative who is sick with AIDS in their own household; willingness to buy fresh vegetables from a vendor if they knew that he/she were HIV positive; feeling that a teacher who has the AIDS virus but is not sickly should be allowed to continue teaching in the school; and that if a member of their family got infected with the AIDS virus, they would not want it to remain a secret.	
Rationale: Negative attitudes towards PLHIV limit disclosure of HIV status as well as access to services, hence putting the life of the PLHIV at a risk of poor health due to fear to access services to avoid stigmatization. Lack of disclosure also increases the chances of HIV infection for the unknowing sexual partner.	
Numerator: The women aged 15-49 and aged men 15-54 who answer yes to the 4 indicators above. Percentage of respondents (aged 15–49 years) who respond “No” to question 1- 4	
Denominator: Number of all respondents aged 15–49 years who have heard of HIV	
Unit of measure: Percentage	Disaggregated By: sex and age
Level: Impact	Data Source: UDHS/ UAIS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years (UDHS); Every 3 years (UAC)	
Responsibility for Data Collection: UBOS, MOH	
Measurement Notes (optional):	
Baseline: 34% (UDHS 2011)	Target: 70%

Prevention Indicators

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: P1.1 Percentage of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission	
Description: The indicator measures the percentage of young people who are knowledgeable about essential facts regarding HIV transmission.	

Rationale: It is believed that knowledge about HIV/AIDS is essential and a prerequisite for people to adopt behaviors that reduce the risk of acquiring it, even though knowledge alone is insufficient to achieve this	
Numerator: respondents aged 15-24 years who gave the correct answer to all five questions	
Denominator: The respondent population aged 15–24 years.	
Unit of measure: Percentage	Disaggregated By: Sex and age group.
Level: Outcome	Data Source: AIS Report
Data Collection Methodology: Surveys	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH,	
Measurement Notes (optional): Multiple questions are included in the survey instrument in order to derive calculations for its measurement.	
Baseline: Male: 39.3% (AIS, 2011) Female: 38.6% (UAIS 2011)	Target: Males 70% Females 70%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: P1.2 Percentage of individuals aged 15-49 years who used a condom at the last high risk sex Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse	
Description: High-risk sex is sexual intercourse with a non-marital or non-cohabiting partner.	
Rationale: Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners. It measures progress towards preventing exposure to HIV through unprotected among people with multiple sexual partners. Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners.	
Numerator: Individuals aged 15-49 years who used a condom at the last high risk sex. Number of respondents (aged 15-49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex	
Denominator: Respondents aged 15-49 who reported having sex with a non-marital or non-cohabiting partner in the past 12 months. Number of respondents (15-49) who reported having had more than one sexual partner in the last 12 months	
Unit of measure: Percentage	Disaggregated By: Age, sex, urban/rural, marital status.
Level: Outcome	Data Source: AIS Report
Data Collection Methodology: Survey	

Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Males: 37.9% (AIS) Females: 29.4% (AIS)	Target: Males: 75% Females: 75%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: P1.3 Percentage of young people 15-24 years who have had sexual intercourse before the age of 15.	
Description: This indicator tracks the age at which the individuals begin to get exposed to HIV through sexual intercourse.	
Rationale: A major goal of the HIV prevention program is to delay the age at which young people start having sex and discourage premarital sexual activity, which increases their potential exposure to HIV.	
Numerator: Young people aged 15–24 years who report having had sexual intercourse before the age 15 years Number of respondents (aged 15-24 years) who report the age at which they first had sexual intercourse as under 15 years	
Denominator: Young people respondents aged 15–24 years	
Unit of measure: Percentage	Disaggregated By: Sex
Level: Outcome	Data Source: AIS Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional):	
Baseline: Males =11.9% (source 2011) Females=13.1% (source 2011)	Target: Males 7% Females 8%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: P1.4 Percentage of individuals 15-49 years reporting consistent condom use	
Description: Consistent condom use refers to the practice of using condoms every time they had sex with a non-marital and non-cohabiting partner.	
Rationale: Using condoms every time people have sexual intercourse can reduce the risk of contracting the AIDS virus. Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners.	
Numerator: Individuals aged 15-49 years who used a condom at the last high risk sex.	

Denominator: Individuals 15-49 who reported having sex with a non-marital or non-cohabiting partner in the past 12 months.	
Unit of measure: Percentage	Disaggregated By: Age, sex, urban/rural, marital status.
Level: Outcome	Data Source: AIS reports
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Males: 37.9% (AIS 2011)	Target: 90%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: P1.5 Percentage of MARPs reporting consistent condom use Percentage of MARPS reporting the use of a condom with their most recent client	
Description: The indicator refers to MARPs that use condom every time they have sex with a non-marital and non-cohabiting partner. The categories of MARPs that will be tracked will include sex workers, men having sex with men (MSM), fisherfolk (fishing communities), long distance truck drivers, uniformed personnel (such as the army, the police and prisons, plantation workers, and injectable drug users (IDU).	
Rationale: MARPs are drivers of the HIV/AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for MARP groups to protect themselves and to prevent infecting others, it is important that they use condoms consistently, particularly with non-marital and non-cohabiting partner. It measures progress in preventing exposure to HIV among groups that are at most risk of contracting HIV through unprotected sex.	
Numerator: MARPs reporting correct and consistent condom use every time they every time they have sex with a non-marital and non-cohabiting partner. Number of MARPS who reported that a condom was used with their last client	
Denominator: The total of the above 6 MARP categories Number of MARPS who reported having commercial sex in the last 12 months	
Unit of measure: Percentage	Disaggregated By: By type of MARPs (sex workers, MSM, fisher folk, truckers, uniformed personnel and IDU)
Level: Output	Data Source: AIS reports
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline:	Target

SW: N.A	50%
Uniformed services: N.A	50%
Fishermen: N.A	50%
MSM: N.A	50%
Truckers: N.A	50%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions	
Description: This indicator measures the outputs of HIV prevention interventions that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). For the purposes of being counted here, these interventions do not include large-scale public gatherings (with more than 30 people) or mass media outputs. The National Prevention technical working group will define the minimum package.	
Rationale: This indicator measures the number of individuals who attended individual or small group activities focused on HIV preventive interventions. The more the individuals receive the HIV prevention messages, the higher number who are likely to make behavioral changes.	
Numerator: Individuals reached in individual or small groups with a minimum package of preventive interventions	
Denominator: Women aged 15-49 and men aged 15-54	
Unit of measure: Number	Disaggregated By: Age group, sex, target population
Level: Output	Data Source: BCC program reports, HMIS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): Double counting of individuals who participate in HIV prevention interventions should be avoided through close monitoring of activities by partner, and geographic area. Care should be taken to count individuals served during the current reporting period as opposed to sessions attended. One individual may attend more than one session in a year.	

Baseline: Not available	Target: Total =12,500,000 Age group <ul style="list-style-type: none"> • 10-24 =7,500,000 • 25 plus = 6,250,000 Sex <ul style="list-style-type: none"> • Male =7,500,000 • Female = 6,250,000 Target population <ul style="list-style-type: none"> • MARPS=50,000 • General population =6,200,000 • Youth In school = 4,875,000 • Youth out of school =2,625,000
--------------------------------	---

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: P2.1 Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results.	
Description: The proportion of survey respondents aged 15-49 who were tested for HIV and received their results in the last 12 months.	
Rationale: When people know their HIV status, it is hoped that if they are negative, they will want to protect themselves from acquiring the infection and if they are positive, it will help them seek treatment and hopefully prevent infecting others. The indicator measures progress made in implementing the HIV testing and counselling strategy.	
Numerator: Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know their results	
Denominator: Number of all respondents aged 15-49, including those who have never heard of HIV or AIDS	
Unit of measure: Percentage	Disaggregated By: <ul style="list-style-type: none"> • Sex • Age category (15-19, 20-24 and 25-49)
Level: Outcome level	Data Source: AIS
Data Collection Methodology: AIDS Indicator Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): The information will be triangulated with the periodic information from UDHS and AIS that is conducted every 5 years.	

Baseline: Men :23.2% (2011, UAIS) Total = (47%) (7,800,000)	Target: 80%
--	--------------------

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Number of children and adults who received HIV testing and counselling in the past 12 months and know their results	
Description: It measures the number of children and adults by age that tested in last 12 months.	
Rationale: When people know their HIV status, it is hoped that if they are negative, they will want to protect themselves from acquiring the infection and if they are positive, it will help them seek treatment and hopefully prevent infecting others. The indicator measures progress made in implementing the HIV testing and counselling strategy.	
Numerator: Number	
Denominator: NA	
Unit of measure: Number	Disaggregated By: • Sex • Age (<1, 1-9, 10-14, 15-19, 20-24 and 25-49)\
Level: Output	Data Source:
Data Collection Methodology: HMIS	
Frequency of Collection: annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): The information will be triangulated with the periodic information from UDHS and AIS that is conducted every 5 years.	
Baseline: Children: 926,141 received results (2014) Adults: 8,638,851 received results (2014)	Target:...

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV Percentage of HIV-positive pregnant women who received antiretroviral medicine to reduce the risk of mother-to-child transmission	
Description: The indicator measures progress in preventing mother-to-child transmission of HIV through the provision of Antiretroviral drugs. This is one of the four main methods for the prevention of mother-to-child transmission, along with primary prevention of HIV for women of childbearing age, prevention of unintended pregnancies among women living with HIV, and appropriate treatment, care and support for mothers living with HIV.	

Rationale: The risk for mother-to-child transmission can be reduced significantly by the complementary approaches of providing antiretroviral drugs (as treatment or as prophylaxis) to the mother and antiretroviral prophylaxis to the infant and using safe delivery practices and safer infant feeding. The data will be used to track progress toward global and national goals towards elimination of mother to-child transmission; to inform policy and strategic planning; for advocacy; and leveraging resources for accelerated scale up.	
Numerator: Number of HIV-positive pregnant women who received antiretroviral drugs during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery	
Denominator: Estimated number of HIV-positive pregnant women who delivered within the past 12 months	
Unit of measure: Percentage	Disaggregated By: Age
Level: Outcome	Data Source: PMTCT & Paediatric HIV/AIDS Care Program Annual Report
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): For the numerator: national programme records aggregated from programme monitoring tools, such as patient registers and summary reporting forms. For the denominator: estimation models such as Spectrum, or antenatal clinic surveillance surveys in combination with demographic data and appropriate adjustments related to coverage of ANC surveys.	
Baseline: 75% (midyear source, 2014) MOH PMTCT Report	Target: 85%

NSP THEMATIC GOAL: To prevent new HIV infections
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services
INDICATOR TITLE: P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis to reduce the risk of early mother-to-child- transmission in the first 6 weeks
Description: Refers to exposed infants that are given antiretroviral prophylaxis for prevention of early postpartum mother-to-child transmission.
Rationale: This indicator measures the delivery and uptake of antiretroviral prophylaxis, for the prevention of mother-to-child-transmission (PMTCT)
Numerator: HIV exposed infants who received ARVs for prophylaxis Number of infants born to HIV-infected women who received antiretroviral prophylaxis to reduce early mother-to-child transmission (early postpartum, in the first 6 weeks)

Denominator: Live births to HIV positive women in the last 12 months Estimated number of HIV-infected pregnant women giving birth	
Unit of measure: Percentage	Disaggregated By: age
Level: Outcome level	Data Source: HMIS
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 36.7% (37,423/101,907) 2013	Target: 80%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth.	
Description: The indicator measures the extent to which infants born to HIV-positive women are tested within the first 2 months of life to determine their HIV status and eligibility for ART.	
Rationale: Infants infected with HIV during pregnancy, delivery or early postpartum often die before they are recognized as having HIV infection. WHO recommends national programmes to establish the capacity to provide early virological testing of infants for HIV at 6 weeks, or as soon as possible thereafter to guide clinical decision-making at the earliest possible stage. HIV disease progression is rapid in children; they need to be put on treatment as early as possible because without early treatment almost 50% of children would be dead by the second year. The	
Numerator: Infants who received an HIV test within 2 months of birth, during the reporting period. Infants tested should only be counted once	
Denominator: HIV-positive pregnant women giving birth in the past 12 months	
Unit of measure: Percentage	Disaggregated By: Sex, test result
Level: Outcome level	Data Source: PMTCT&Paediatric HIV/AIDS Care Program Annual Report
Data Collection Methodology: Routine HMIS data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): The numerator is measured using laboratory data for Early Infant Diagnosis testing whereas the denominator is obtained from Spectrum estimates, central statistical offices, and/or sentinel surveillance	

Baseline: 1 st PCR = 44% 2 nd PCR = 10% (2013)	Target: 1 st PCR = 75% 2 nd PCR = 70%
--	--

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: P2.5 Percentage of males 15-49 years that are circumcised	
Description: The prevalence of male circumcision among males.	
Rationale: Safe male medical circumcision has been found to be an effective means of preventing HIV infection among men. The indicator measure progress that has been achieved in circumcising men as a means of reducing risk of transmission of HIV to males.	
Numerator: Number of male respondents aged 15-49 years who report that they are circumcised	
Denominator: All male respondents 15-49 years	
Unit of measure: Percentage	Disaggregated By: Age groups
Level: Outcome level	Data Source: MOH program reports, AIS Report
Data Collection Methodology: Routine HMIS data collection, AIS Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 33.2% (MOH Surveillance Report 2013)	Target: 80%

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Number of male circumcisions performed according to national standards during the last 12 months	
Description: There is compelling evidence that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. Three randomized controlled trials have shown that male circumcision provided by well-trained health professionals in properly equipped settings is safe and can reduce the risk of HIV acquisition. WHO/UNAIDS recommendations emphasize that male circumcision should be considered an efficacious intervention for HIV prevention in countries and regions with heterosexual epidemics, high HIV and low male circumcision prevalence.	

Rationale: .it measures progress in scaling up male circumcision services.	
Numerator: Number of males circumcised during the past 12 months according to national standards	
Denominator:	
Unit of measure: Number	Disaggregated By: Age groups (<1yr, 1-9yrs, 10-14years, 15-19 years, 20-24yrs, 25-49 yrs, 15-49yrs and 50+yrs)
Level: Output level	Data Source: Health facility recording and reporting forms
Data Collection Methodology: Routine HMIS data collection, AIS Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 878,109 (2014)	Target:

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.	
INDICATOR TITLE: P2.6 Percentage of donated blood units screened for HIV in a <u>quality assured manner</u> and according to national or WHO guidelines	
Description: Screening in a quality assured manner is defined as screening performed in blood centres/ blood screening laboratories that (i) follow documented standard operating procedures and (ii) employs an external quality assurance (EQA) scheme	
Rationale: Blood safety programmes aim to ensure that all blood units are screened for infections that are transmissible through blood transfusion.	
Numerator Donated blood units screened for HIV in a quality assured manner.	
Denominator: Total blood units donated	
Unit of measure: Percentage	Disaggregated By: N/A
Level: Outcome level	Data Source: UBTS Reports
Data Collection Methodology: Routine program data	
Frequency of Collection: Annually	
Responsibility for Data Collection: UBTS	
Measurement Notes (optional):	
Baseline: 100% (UBTS 2013)	Target: 100%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.	
INDICATOR TITLE: P2.1.1 Percentage of pregnant women who tested for HIV and received their results	
Description: This indicator refers to pregnant women who tested for HIV and received their results during pregnancy, including those previously known and documented to be HIV positive. They are presumed to be aware of the sero-status after receiving HIV test results.	
Rationale: This indicator assesses the country efforts in identifying the HIV status of pregnant women. This in turn provides an entry point for other PMTCT services and helps to tailor prevention, care and treatment interventions according to the identified needs.	
Numerator: Number of women attending ANC, labour and delivery and postpartum services who were tested for HIV and received their results.	
Denominator: Estimated number of pregnant women in the last 12 months	
Unit of measure: Percentage	Disaggregated By: Test result, age
Level: Output	Data Source: PMTCT Reports
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Xxx% HMIS 2013/14	Target: 80%

NSP PERFORMANCE INDICATOR REFERENCE SHEET	
NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective 3: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic	
INDICATOR TITLE: P3.1 Percentage of girls 15-24 years who experience sexual and gender-based violence (GBV).	
Description: Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional. The indicator measures progress in reducing prevalence of GBV.	

<p>Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health. Women who experience GBV are more likely to be exposed to women to the risk of contracting HIV due to coerced sex.</p> <p>There is growing recognition that women and girls' risk of, and vulnerability to, HIV infection is shaped by deep-rooted and pervasive gender inequalities - violence against them in particular. Studies conducted in many countries indicate that a substantial proportion of women have experienced violence in some form or another at some point in their life. This indicator measure GBV prevalence.</p>	
<p>Numerator: Women aged 15-49 who report experiencing physical or sexual violence by at least one of these partners in the past 12 months</p>	
<p>Denominator: Women respondents aged 15-49 who currently have or had an intimate partner</p>	
<p>Unit of measure: Percentage</p>	<p>Disaggregated By: Age (15-19, 20-24 and 25-49)</p>
<p>Level: Outcome</p>	<p>Data Source: UDHS</p>
<p>Data Collection Methodology: Survey</p>	
<p>Frequency of Collection: Every 5 years</p>	
<p>Responsibility for Data Collection: MGLSD</p>	
<p>Measurement Notes (optional):</p>	
<p>Baseline: Women: 27% UDHS 2011</p>	<p>Target: Women: 23%</p>

<p>NSP THEMATIC GOAL: To prevent new HIV infections</p>	
<p>NSP Objective 3: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic</p>	
<p>INDICATOR TITLE: P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI</p>	
<p>Description: The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners. The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners.</p>	
<p>Rationale: The ability of women to negotiate safer sex empowers them to prevent HIV infections. The indicator shows change in peoples attitudes with regard to women's participation in negotiating for safer sex.</p>	
<p>Numerator: Adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has an STI.</p>	
<p>Denominator: Total number of adults that responded to the questions</p>	
<p>Unit of measure: Percentage</p>	<p>Disaggregated By: Age, sex</p>
<p>Level: Outcome level</p>	<p>Data Source: AIS</p>

Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Males 90% Females 84% (2010)	Target: Males 90% Females 95%

Care and Treatment Indicators

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP OBJECTIVE: Objective 1: To increase access to pre- antiretroviral therapy care for those eligible	
INDICATOR TITLE: CT 1.1 Proportion of adults and children enrolled into HIV care services Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	
Description: This indicator refers to measures the number of all newly diagnosed HIV positive clients who have been newly initiated into Pre-ART and ART care during the reporting period.	
Rationale: It is very essential that all HIV positive clients are immediately enrolled into HIV care services for social and medical support. This indicator provides a measure of the uptake of pre-ART and ART services for the newly diagnosed clients. The indicator further acts as a proxy to measure the functionality of the referral system from HCT to Pre-ART and ART care.	
Numerator: Newly diagnosed HIV positive clients enrolled into HIV care services Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period.	
Denominator: Estimated number of adults and children living with HIV	
Unit of measure: Proportion	Disaggregated By: sex, adults versus children
Level: Outcome	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Total (713,744) 70% Adults =659,064 Children =54,680 (June 2014)	Target: 80%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 1: To increase access to pre- antiretroviral therapy care for those eligible	
INDICATOR TITLE: CT 1.1.1 Proportion of Adults and Children enrolled into HIV care currently on trimethoprim-sulfamethoxazole (cotrimoxazole) / Dapsone	
Description: Enrollment in HIV Care includes both Pre-ART and ART patients.	
Rationale: Cotrimoxazole (CTX) prophylaxis is a critical intervention for PLHIV- for prolonging life, and reducing the incidence of opportunistic infections. This indicator provides a measure of prevention interventions among HIV positives.	
Numerator: HIV positive Adults and Children in care receiving Cotrimoxazole / Dapsone prophylaxis at last visit	
Denominator: Total HIV positive individuals in care	
Unit of measure: Percentage	Disaggregated By: Sex and Adults versus Children
Level: Output	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 80% (2013)	Target: 90%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 2: To increase access to antiretroviral therapy and sustain provision of chronic-term care for patients initiated on ART	
INDICATOR TITLE: CT2.1 Percentage of adults and children with HIV known to be on treatment 12 months after initiating treatment among patients initiating antiretroviral therapy	
Description: The indicator measures progress in increasing survival among infected adults and children by maintaining them on antiretroviral therapy.	
Rationale: One of the goals of any antiretroviral therapy programme is to increase survival among infected individuals. As antiretroviral therapy is scaled up in countries around the world, it is also important to understand why and how many people drop out of treatment programmes. This data can be used to demonstrate the effectiveness of those programmes and highlight obstacles to expanding and improving them. This indicator measures client retention on ART, which is a critical determinant of the effectiveness of an HIV treatment programme	
Numerator: Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment	

Denominator: Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period <i>including those who have died since starting antiretroviral therapy, those who have stopped antiretroviral therapy, and those recorded as lost to follow-up at month 12</i>	
Unit of measure: Percentage	Disaggregated By: Sex, age, pregnancy status
Level: Outcome	Data Source: ART Quarterly reports
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): At facility level, patients who are transferred-in should be included and those transferred-out should be excluded from the statistics.	
Baseline: 84.9% (54012/.....) 2014	Target: 90%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic-term care for patients initiated on ART	
INDICATOR TITLE: CT2.1.1 Number of HIV positive adults and children currently receiving ART	
Description: 'Currently' refers to clients who are accessing ART services during the quarter. It measures the proportion of HIV positive adults who remain active on ART.	
Rationale: the indicator measures access to ART, used to estimate resource needs for ARVs. Additionally helps assess progress towards providing ART to all those who are eligible.	
Numerator: HIV positive adults and children receiving ART during the quarter	
Denominator: All ART clients that are alive	
Unit of measure: Percentage	Disaggregated By: 1st or 2nd line, sex and age
Level: Output	Data Source: HMIS Quarterly Report (106a)
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Adults = 659,064 Children = 54,680 Total = 713, 744	Target: Adults = 1,420,312 Children = 123,794 Total = 1,544,105

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic-term care for patients initiated on ART	
INDICATOR TITLE: CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	
Description: The indicator measures progress towards mother to child transmission of HIV. Data for this is obtained from program records at Health facilities.	
Rationale: One of the many goals of HIV programs globally is to eliminate HIV transmission from HIV positive pregnant mothers to their children pre, peri and post-natally. Accordingly, all children born to HIV positive mothers need to be given ARVs to reduce the risk of acquiring the infection during birth and breastfeeding.	
Numerator: All children born to HIV positive mothers who are given ARVs for prophylaxis.	
Denominator: Total number of live births delivered by HIV positive mothers.	
Unit of Measure: Percentage	Disaggregated by: Age group
Level: Output	Data Source: PMTCT Annual Reports
Data Collection Methodology: Routine program data collection	
Frequency of collection: Annually	
Responsibility: MOH	
Measurement notes: (Optional)	
Baseline: 20,625 (2014)	Target: 80%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic-term care for patients initiated on ART	
INDICATOR TITLE: CT2.1.3 Percentage of pregnant women who received anti-retroviral drugs to reduce the risk of mother-to-child transmission of HIV	
Description: The indicator measures progress in eliminating mother to child transmission of HIV through provision of Anti-retroviral drugs.	
Rationale: The risk of mother to Child to Transmission can be reduced significantly by the complimentary approaches of providing Anti-retroviral drugs (as treatment or prophylaxis) to the mother using safe delivery practices and safer infant feeding. The data will be used to track progress towards National and Global goals on elimination of mother to child transmission to inform policy, strategic planning, advocacy and leveraging resources for accelerated scale up.	
Numerator: Number of HIV positive pregnant women who received Anti-retroviral drugs during the past 12 months to reduce mother to child transmission of HIV.	
Denominator: The estimated number of HIV positive pregnant women in the past 12 months.	
Unit of Measure: Percentage	Disaggregated by:

Level: Output	Data Sources: PMTCT Annual Reports
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility: MOH	
Measurement Notes: (Optional)	
Baseline: 88,266 (% N.A)2013	Target: 95%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 3: To improve quality of chronic HIV care and treatment	
INDICATOR TITLE: CT3.1 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	
Description: The indicator is a measure of the percentage of HIV positive clients that receiving both ART and treatment for TB.	
Rationale: This indicator assesses trends in the detection and treatment of TB among people living with HIV who are registered in HIV care.	
Numerator: Number of people with HIV infection who received antiretroviral combination therapy in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines), within the reporting year	
Denominator: Estimated number of incident TB cases in people living with HIV	
Unit of measure: Percentage	Disaggregated By: Sex, adults and children
Level: Outcome	Data Source: 2012 NTLP report
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 60% Jan –June 2013	Target: 70%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 3: To improve quality of chronic HIV care and treatment	
INDICATOR TITLE:CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)	

Description: Number of adults and children in HIV care who received treatment for latent TB infection TB preventive therapy (TBPT), expressed as a proportion of the total number of adults and children newly-enrolled in HIV care over a given time period.	
Rationale: This indicator measures the mitigation efforts to reduce the incidence of TB among People Living with HIV.	
Numerator: Adults and children given at least one dose of isoniazid preventive therapy during the reporting period.	
Denominator: Total number of adults and children in HIV care during the reporting period	
Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Outcome	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Not Available	Target: 80%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 3: To improve quality of chronic HIV care and treatment	
INDICATOR TITLE: Percentage of adults and children living with HIV newly enrolled in care who are detected having active TB disease	
Description: Number of adults and children in HIV care who received treatment for latent TB infection TB preventive therapy (TBPT), expressed as a proportion of the total number of adults and children newly-enrolled in HIV care over a given time period.	
Rationale: This indicator measures the mitigation efforts to reduce the incidence of TB among People Living with HIV.	
Numerator: Total number of adults and children newly enrolled in HIV care who are diagnosed as having active TB disease during the reporting period	
Denominator: Total number of adults and children newly enrolled in pre-ART care or on ART during the reporting period	
Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Outcome	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 2% (100/60578), 2014	Target: 80%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 3: To improve quality of chronic HIV care and treatment	
INDICATOR TITLE: Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	
Description: Number of adults and children in HIV care who received treatment for latent TB infection TB preventive therapy (TBPT), expressed as a proportion of the total number of adults and children newly-enrolled in HIV care over a given time period.	
Rationale: This indicator measures the mitigation efforts to reduce the incidence of TB among People Living with HIV.	
Numerator: Number of adults and children in HIV care, who had their TB status assessed and recorded during their last visit <i>HIV care includes pre-ART and ART.</i>	
Denominator: Total number of adults and children in HIV care in the reporting period	
Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Outcome	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Not Available	Target: 80%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 3: To improve quality of chronic HIV care and treatment	
INDICATOR TITLE: CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV positive.	
Description: This indicator measures all HIV positive clients receiving TB treatment, whether they are new on TB treatment or continuing TB clients.	
Rationale: This indicator measures efforts address TB/HIV co-infection among People Living with HIV.	
Numerator: HIV positive TB patients on TB treatment	
Denominator: All estimated HIV positive clients who also have TB infection.	
Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Output	Data Source: NLTP Reports
Data Collection Methodology: Survey	
Frequency of Collection: Annually	

Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 78% (7,833/10,045) 2014	Target: 85%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP Objective 4: To strengthen integration of HIV care and treatment within health care programs	
INDICATOR TITLE: CT4.1 Unmet need for Family Planning among women PLHIV	
Description: Unmet need referees to HIV positive women who have the desire to space or limit their births but who are not using family planning. The women to be considered under this indicator are those who are married and the sexually active aged 15-49.	
Rationale: This is a proxy indicator for measuring the need family planning HIV positive women of reproductive age.	
Numerator: HIV positive women who have the desire to space or limit their births but who are not using family planning	
Denominator: Estimated number of HIV positive women in reproductive age group in the last 12 months.	
Unit of measure: Percentage	Disaggregated By: age
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: =34.4% (general population) UDHS 2011	Target: PLHIV = 24%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSP Objective 4: To strengthen integration of HIV care and treatment within health care programs	
INDICATOR TITLE: CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy	
Description: Nutritional therapy includes therapeutic food, education and counseling	
Rationale: The indicator tracks the level of effort in reducing morbidity and mortality associated with malnutrition among HIV positive clients, This is a Quality of Care indicator for management of malnutrition among HIV positive clients.	

Numerator: Acutely malnourished HIV positive clients in care who received nutritional therapy	
Denominator: acutely malnourished HIV positive clients in care	
Unit of measure: Percentage	Disaggregated By: Sex, adults and children
Level: Outcome	Data Source: HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Not available	Target: 50%

NSP THEMATIC GOAL: To decrease HIV/AIDS related morbidity and mortality	
NSPObjective 4: To strengthen integration of HIV care and treatment within health care programs	
INDICATOR TITLE: CT4.1.1 Percentage of HIV positive women receiving any method of Family Planning	
Description: HIV positive women receiving any FP method for use. The women to be considered under this indicator are those who are married and the sexually active aged 15-49.	
Rationale: This is a proxy indicator for family planning access and use for HIV positive women.	
Numerator: HIV positive women receiving any method of family planning in the last 12 months.	
Denominator: Estimated number of HIV positive women in reproductive age group in the last 12 months.	
Unit of measure: Percentage	Disaggregated By: age
Level: Outcome	Data Source: HMIS 105
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Any method=24% (general population) Any modern=21% (general population) UDHS 2011	Target: PLHIV = 80%

Social Support Indicators

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: SP1.1 Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV	
Description: The indicator measures the level of acceptability of the population towards PLHIV and thus the level of stigma in the population.	
Rationale: Stigma at individual, community level to PLHIV is one of the main reasons why many people will not test for HIV to know their status and prevent themselves from acquiring it if HIV free or accessing treatment if they are found to have HIV. Therefore, it is necessary to assess people's attitudes to those living with HIV/AIDS.	
Numerator: Persons expressing accepting attitudes to PLWHIV	
Denominator: Total number of persons aged 15-49 surveyed	
Unit of measure: Percentage	Disaggregated By: Sex, Gender
Level: Outcome	Data Source: Stigma index, UDHS
Data Collection Methodology: Survey	
Frequency of Collection: UDHS every 5 years Stigma index every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: 34% (Base year)	Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: SP1.1.1 Percentage of individuals reached with stigma and discrimination reduction messages	
Description: This indicator measures the outputs of stigma and discrimination interventions that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). For the purposes of being counted here, these interventions do not include large-scale public gatherings (with more than 30 people) or mass media outputs.	
Rationale: This indicator measures the number of individuals who attended individual or small group activities focused on the reduction of stigma and discrimination. The more the individuals receive messages on the reduction of stigma and discrimination, the higher number who are likely to make behavioral changes.	
Numerator: Individuals aged 15-49 reached in individual or small groups with stigma and discrimination reduction interventions.	

Denominator: Respondents aged 15-4	
Unit of measure: Percentage	Disaggregated By: Sex, age
Level: Output	Data Source: Stigma Index
Data Collection Methodology: Survey	
Frequency of Collection: Every 3 years	
Responsibility for Data Collection: NAPHOPANU Stigma index,	
Measurement Notes (optional):	
Baseline: Not Available	Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs

INDICATOR TITLE: SP2.1 Percentage of OVC households that are food secure

Description: A household is considered food-secure when its occupants do not live in hunger or fear of starvation.

Rationale: Food is one of the essential basic needs for OVC to thrive and live a healthy lifestyle.

Numerator: OVC households that do not live in hunger or fear of starvation

Denominator: OVC households

Unit of measure: Percentage

Disaggregated By: Age, sex

Level: Outcome

Data Source: Special surveys

Data Collection Methodology: Survey

Frequency of Collection: Annually

Responsibility for Data Collection: MGLSD

Measurement Notes (optional):

Baseline: 45.2% (LQAS 2013)

Target: 60%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs	
INDICATOR TITLE: SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met	
Description: The basic material needs include food, clothing, bedding, and shelter. According to UDHS, basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes, and a blanket.	
Rationale: When children lose their parents to HIV or if parents are afflicted by HIV, they may fail to provide for their families and this makes children in these households vulnerable to many things. One of the main strategies of mitigating the effect and adversity of HIV is to provide children orphaned and made vulnerable by HIV and with basic necessities.	
Numerator: Number of OVC aged 5–17 surveyed with a minimum set of three basic personal material needs.	
Denominator: Number of OVC aged 5–17 surveyed	
Unit of measure: Percentage	Disaggregated By: Age, sex
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 24.8%	Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs	
INDICATOR TITLE SP2.1.1 Percentage of OVC households that received economic strengthening support	
Description: Economic strengthening support includes training on IGAs, Grants, Start-up kits, microcredit and market linkages.	
Rationale: It is the aim of OVC programmes to provide OVC households with support to improve their economic status.	
Numerator: OVC whose households have been provided with economic strengthening support.	
Denominator: Surveyed OVC households	
Unit of measure: Percentage	Disaggregated By: Sex and age group
Level: Output	Data Source: LQAS

Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 41.2%	Target: 60%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs.

INDICATOR TITLE SP2.1.2 Percentage of OVC supported services in 3 or more Core Program Areas (CPAs)

Description: The CPAs include: 1) Economic Strengthening, 2) Food and Nutrition Security, 3) Health, Water, Sanitation and Shelter, 4) Education, 5) Psychosocial Support and Basic care: 6) Child Protection & Legal Support and 7) Legal, Policy and Institutional Framework.

Rationale: This indicator is a proxy of establishing the OVC that received comprehensive services.

Numerator: OVC supported services in 3 or more CPAs

Denominator: All estimated number of OVC

Unit of measure: Percentage

Disaggregated By: sex, age

Level: Output

Data Source: OVC MIS

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MGLSD

Measurement Notes (optional):

Baseline: Not available

Target: 50%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups

INDICATOR TITLE: SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection

Description: The indicator measures the districts with Life skills cycle sensitive comprehensive package of social support and protection programs implemented.

Rationale: Life skills cycle sensitive comprehensive package of social support and protection guides the analysis of risk and vulnerability across the life-cycle. It identifies different life cycle stages, with each associated with certain risks and vulnerabilities that if not addressed, one's graduation to an acceptable state of wellbeing remains unattainable.	
Numerator: Districts with Life skills cycle sensitive comprehensive package of social support and protection.	
Denominator: All the districts of Uganda	
Unit of measure: Percentage	Disaggregated By: Region
Level: Outcome	Data Source: M&E reports/program reports
Data Collection Methodology: Routine Programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Not available	Target: 100%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups	
INDICATOR TITLE: SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package.	
Description: This indicator measures the vulnerable individuals receiving a life cycle sensitive comprehensive package.	
Rationale: Life skills cycle sensitive comprehensive package of social support and protection guides the analysis of risk and vulnerability across the life-cycle. It identifies different life cycle stages, with each associated with certain risks and vulnerabilities that if not addressed, one's graduation to an acceptable state of wellbeing remains unattainable.	
Numerator: Vulnerable individuals receiving a life cycle sensitive comprehensive package.	
Denominator: All the districts of Uganda	
Unit of measure: Percentage	Disaggregated By: sex, age
Level: Outcome	Data Source: Program reports
Data Collection Methodology: Routine Programme Data Collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Not available	Target: 65%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS

INDICATOR TITLE: SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.

Description: This indicator measures the percentage of married women who participate in decision-making regarding their health as well as home management. For purposes of this indicator, married women include women staying with partners in a long-term relationship.

Rationale: Most married women in Uganda do not participate in decision-making regarding their health as well as home management. The measure of participation in the three key decisions pertaining to their own health care, major household purchases, and visits to their family or relatives, is a proxy measure of empowering women to make decisions regarding home management as well as health. Limited decision making regarding women's health predisposes them to health risks such as being exposed to contracting HIV due to limited ability to negotiate for safer sex.

Numerator: Married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.

Denominator: All sampled women married women

Unit of measure: Percentage

Disaggregated By: age, Region

Level: Outcome

Data Source: UDHS

Data Collection Methodology: Surveys

Frequency of Collection: Every 5 years

Responsibility for Data Collection: UBOS

Measurement Notes (optional):

Baseline: 38%

Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS

INDICATOR TITLE: SP4.2 Percentage of men and women who believe that wife beating is justified.

Description: Wife beating is the commonest form of gender-based violence (GBV) in Uganda. GBV constitutes a major abuse of women's rights. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. The indicator gauges whether society still accepts that wife beating is justified if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him.

Rationale: Wife beating is a proxy measure of other forms of GBV. It measures success of women's empowerment programs.	
Numerator: Men and women who believe that wife beating is justified by saying yes to any of the above reasons for wife beating.	
Denominator: Surveyed men (15-54 years) and women (15-49 years)	
Unit of measure: Percentage	Disaggregated By: Age group and sex
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: Women =58 % Men 43% (UDHS 2011)	Target: 20%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS.	
INDICATOR TITLE: SP4.3 Percentage of women who own land alone or jointly with their spouses.	
Description: This indicator measures ownership of land among women aged 15-49, which is a key economic asset for investment. Women may own land individually or they may be co-owning together with their spouses.	
Rationale: Ownership and control of assets by women and men influences their individual participation in development processes at all levels. Lack of assets makes women vulnerable to various forms of violence and lessens their decision-making power in the household. Tradition and low economic status limit women's ownership of productive assets such as land and housing. Ownership of assets confers additional economic value, status, and bargaining power. Limited economic power limits their access to health services, including HIV/AIDS services.	
Numerator: Women who own land alone or jointly with their spouses.	
Denominator: Surveyed women aged 15-49	
Unit of measure: Percentage	Disaggregated By: age, region
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: 61%	Target: 40%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV/AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV/AIDS	
INDICATOR TITLE: SP4.1.1 Numbers of individuals reached with interventions addressing GBV.	
Description: The indicator refers to males and females that were targeted with interventions aimed at discouraging norms and practices that condone GBV. GBV refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society.	
Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health (WHO, 1999). Gender-based violence was declared to be a violation of human rights by the United Nations General Assembly in 1993.	
Numerator: Individuals reached with interventions addressing GBV.	
Denominator: Population aged 15-54	
Unit of measure: Percentage	Disaggregated By: Sex, age
Level: Output	Data Source: OVCMIS
Data Collection Methodology: Routine program data	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Not available	Target: 5,000,000

Systems Strengthening Indicators

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 1: To strengthen the governance and leadership of the multi-sectorial HIV/AIDS response at all levels	
INDICATOR TITLE: SS1.1 National Commitments and Policy Instrument (NCPI) index score	
Description: The NCPI is a comprehensive tool used to measure country level Commitments as well as Policy and Political leadership. It examines the national strategy, the NSP multisectorial strategy implementation strategies; political support; human rights; HIV prevention strategies and well as treatment, care and support interventions. The NCPI further examines the monitoring and evaluation functions of the national.	

Rationale: The NCPI is an international tool that enables comparisons across various countries regarding progress made by national responses towards addressing HIV/AIDS.	
Numerator: N/A	
Denominator: N/A	
Unit of measure: Index score	Disaggregated By: N/A
Level: Outcome	Data Source: CPR Report
Data Collection Methodology: Routine Programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 54.6 2013	Target: 95%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 1: To strengthen the governance and leadership of the multi-sectorial V response at all levels

INDICATOR TITLE: SS1.2 Uganda AIDS Commission Management Index score

Description: The composite index covers the following broad areas with a total score of 32:

1. Proportion of posts of UAC staff establishment.
2. Availability of an annual UAC operational plan
3. Availability of Data on National HIV/AIDS M&E plan indicators.
4. Functionality of the UAC management information system.
5. Provisions for data audit.
6. Availability of a national costed annual priority action plan for HIV/AIDS
7. Frequency of HIV/AIDS partnership meetings
8. Status of reporting obligations (local and international)

Rationale: This indicator's purpose is to assess readiness and progress in the management of the National Strategic Plan by UAC

Numerator: The total of the scores of the components of the expected functions of the Uganda AIDS Commission, multiplied by 100.

Denominator: Maximum possible score (32)

Unit of measure: Index score	Disaggregated By: N/A
Level: Outcome	Data Source: Management Index Assessment Report

Data Collection Methodology: Routine Programme Data Collection

Frequency of Collection: Every 2 years

Responsibility for Data Collection: UAC	
Measurement Notes (optional): The composite index covers the following broad areas with a total score of 32	
Baseline: Not available	Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 1: To strengthen the governance and leadership of the multi-sectorial HIV/AIDS response at all levels	
INDICATOR TITLE: SS1.1.1 Percentage of SCEs and their constituents with functional boards.	
Description: This indicator measures SCE with boards that are active and meet at least once in the past 2 quarters (6 months). The meeting minutes will be used to confirm the meetings.	
Rationale: The purpose of this indicator is to assess the functionality of governance and leadership bodies within SCEs in providing strategic oversight to SCE interventions.	
Numerator: Number of SCEs and their constituents with functional boards	
Denominator: Total number of SCEs and their constituents	
Unit of measure: Percentage	Disaggregated By: SC
Level: Output	Data Source: SCE Capacity Assessment Report)
Data Collection Methodology: Routine Programme Data Collection	
Frequency of Collection: Every 2 years	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 92% 2014	Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 1: To strengthen the governance and leadership of the multi-sectorial HIV/AIDS response at all levels	
INDICATOR TITLE: SS1.1.2 Percentage of large work places with HIV/AIDS workplace policies (30 workers and above)	
Description: The indicator measures progress in implementing workplace policies and programmes to combat HIV/AIDS among companies employing big numbers of staff.	

Rationale: According to International Labor Organisation (ILO) principles, workplaces (employers) are supposed to have HIV/AIDS policies and programmes that prevent stigmatization and discrimination on the basis of HIV status, prevent and control HIV/AIDS and care for those infected.	
Numerator: Large work places with HIV&AIDS workplace policies	
Denominator: Sampled large work places	
Unit of measure: Percentage	Disaggregated By: Public/Private employer
Level: Output	Data Source: HMIS
Data Collection Methodology: Routine Programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): Employers are asked to state whether they are currently implementing personnel policies and procedures that cover the following aspects: prevention of stigmatization and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness and termination benefits and have workplace based HIV/AIDS prevention, control and care programmes	
Baseline: Not available	Target: 70%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 2: To ensure availability of human resources for delivery of quality HIV/AIDS services

INDICATOR TITLE: SS2.1 Percentage of health facilities with the required staffing levels

Description: This indicator measures the adequate staffing levels among health facilities.

Rationale: There is need for adequate staffing levels among health facilities for effective service delivery.

Numerator: Health facilities with the required staffing levels.

Denominator: Total number of health facilities surveyed

Unit of measure: Percentage	Disaggregated By: District and Level of health facility
------------------------------------	--

Level: Outcome	Data Source: survey
-----------------------	----------------------------

Data Collection Methodology: Survey

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline: Not available	Target: 80%
--------------------------------	--------------------

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 2: To ensure availability of human resources for delivery of quality HIV/AIDS services	
INDICATOR TITLE: SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care	
Description: Number of health workers that have completed an in service training on infection control, SMC and palliative care in the last 12 months, as per MOH guidelines.	
Rationale: The indicator shows the level of effort being put into building for providing services in infection control, SMC and palliative care areas which are critical elements on comprehensive HIV/AIDS services.	
Numerator: Health workers that have completed an in service training on infection control, SMC and palliative care	
Denominator: All health workers	
Unit of measure: Number	Disaggregated By: Training area (infection control, SMC and palliative care); facility level and sex
Level: Output	Data Source: Program reports
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Infection control = N.A SMC = N.A Palliative care = N.A	Target: Infection control = TBD SMC = TBD Palliative care = TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV/AIDS services	
INDICATOR TITLE: SS3.1 Percentage of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV drug in the last 12 months	
Description: The indicator measures whether health facilities are running out of essential HIV and commodities (STI drugs, HIV test kits and condoms).	
Rationale: This indicator measures the effectiveness of the procurement and supply management system for STI drugs, HIV test kits and condoms as well as track institutional capacity to ensure availability of these commodities.	

Numerator: Number of health facilities reporting no stock outs of STI drugs, HIV test kits and condoms. Number of health facilities dispensing ARVs that experienced a stock-out of one or more required ARV drug in the last 12 months	
Denominator: Total number of health facilities Total number of health facilities dispensing ARVs	
Unit of measure: Percentage	Disaggregated By: District, facility level and ownership
Level: Outcome	Data Source: HMIS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: STI drugs =N.A HIV test kits= N.A Condoms = N.A ARVs (768/800)	Target: STI drugs =90% HIV test kits= 90% Condoms = 90%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV/AIDS services.	
SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months.	
Description: The indicator measures whether health facilities are running out of essential ART drugs.	
Rationale: This indicator measures the effectiveness of the procurement and supply management system ART drugs. Ideally, HCs providing ART services should not run out of ART drugs so that clients don't miss refills.	
Numerator: Number of health facilities reporting no stock outs of ART drugs.	
Denominator: Total number of health facilities accredited to provide ART services	
Unit of measure: Percentage	Disaggregated By: District and facility level
Level: Outcome	Data Source: HMIS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Not available	Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV/AIDS services.	
INDICATOR TITLE: SS5.1 Percentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards	
Description: This indicator measures the existence of necessary infrastructure and technical capacity among labs to perform tests according to national laboratory standards.	
Rationale: In order for HIV tests to be done, there is need for labs to have enough capacity to perform various tests.	
Numerator: Laboratories with capacity to perform clinical lab tests according to national standards.	
Denominator: Total number of laboratories	
Unit of measure: Percentage	Disaggregated By: Level and ownership
Level: Outcome	Data Source: HMIS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Not available	Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV/AIDS services	
INDICATOR TITLE: SS5.2 Proportion of Health Center (HCs) IIIs offering ARV and eMTCT services	
Description: MOH is scaling up services ARV and eMTCT services to HC IIIs. This proportion of Health Center (HCs) IIIs offering ARV and eMTCT services.	
Rationale: In order to realise eMTCT, it is important that PMTCT services are taken closer to the communities. This indicator measures the coverage of ARV and eMTCT services among HC IIIs.	
Numerator: Number of HCs IIIs offering ARV and e MTCT services	
Denominator: Total number of HCs IIIs	
Unit of measure: Percentage	Disaggregated By: District, facility level and ownership
Level: Outcome	Data Source: HMIS

Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Not available	Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV/AIDS services	
INDICATOR TITLE: SS5.1.1 Percentage of HCs providing HIV/AIDS services that meet the quality standards	
Description: This indicator measures the provision of HIV/AIDS services at HCs that meet MOH guidelines for provision of those particular services.	
Rationale: This indicator measures the quality of HIV/AIDS services at HCs	
Numerator: HCs providing HIV/AIDS services that meet the quality standards	
Denominator: Total number HCs	
Unit of measure: Percentage	Disaggregated By: District, facility level and type of ownership
Level: Output	Data Source: Special survey
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Not available	Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 6: To mobilize resources and streamline management for efficient utilization and accountability	
INDICATOR TITLE: SS6.1 Percentage HIV/AIDS funding that comes from the government of Uganda (GOU)	
Description: This indicator measures the contribution of GOU to the financing of the HIV/AIDS response.	
Rationale: This indicator is a proxy measure for government commitment and sustainability of HIV/AIDS funding as opposed to heavy reliance on donor funding.	

Numerator: HIV/AIDS funding that comes from GOU	
Denominator: Total funding for the National HIV/AIDS response.	
Unit of measure: Percentage	Disaggregated By: District, facility level and ownership
Level: Outcome	Data Source: NASA
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: Government: 11% ADPs: 89%	Target: Government: 40% ADPs: 60%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 6: To mobilize resources and streamline management for efficient utilization and accountability

INDICATOR TITLE: SS6.2 Percentage of districts with HIV/AIDS costed Strategic Plans

Description: The indicator measure the districts that have developed district specific HIV/AIDS Strategic Plans and its budget.

Rationale: In order for comprehensive and guided district level HIV/AIDS interventions to be effectively implemented, there is need for accustomed district specific HIV/AIDS Strategic Plans. The plan will not be implemented unless it has been costed so that funds are allocated for its implementation.

Numerator: Districts with HIV/AIDS costed Strategic Plans

Denominator: All districts in Uganda

Unit of measure: Percentage

Disaggregated By: Districts

Level: Outcome

Data Source: LOGICS

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MoLG

Measurement Notes (optional):

Baseline: Not available

Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 7: To strengthen coordination of the national HIV/AIDS response	
INDICATOR TITLE: SS7.1 Percentage of districts with functional DACs with functional coordination structures.	
Description: Functional DACs are those that are active, meeting regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV/AIDS response.	
Rationale: The DACs provide a multisectorial district level coordination and review mechanism for the indicator assesses the existence of district level coordination mechanism.	
Numerator: Districts with functional DACs	
Denominator: Total number of districts in the country	
Unit of measure: Percentage	Disaggregated By: Districts
Level: Output	Data Source: LOGICS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MoLG	
Measurement Notes (optional):	
Baseline: 30% (2010)	Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 7: To strengthen coordination of the national HIV/AIDS response	
INDICATOR TITLE: SS7.2 Percentage of districts with functional PHA Networks	
Description: A functional PHA network is one with registered members affiliated to all PHA associations in the District and that has met 12 times in past 12 months and is represented on the DAC.	
Rationale: This indicator measures the coverage of PHA networks as well as greater involvement of PLHIV at district level.	
Numerator: Districts with a functional PHA network.	
Denominator: Total number of districts in the country	
Unit of measure: Percentage	Disaggregated By: Districts
Level: Outcome	Data Source: UAC Annual Report
Data Collection Methodology: Routine programme data collection	

Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 90% (UAC Annual Report 2010)	Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 7: To strengthen coordination of the national HIV/AIDS response

INDICATOR TITLE: SS7.3 Percentage of Self Coordinating Entities (SCEs) with functional HIV/AIDS committees

Description: SCEs are deemed to be functional if they meet regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV/AIDS response. Currently there are ten SCEs namely: Civil Society Organisation (includes National Organisations, International Organisations and Young People); Cultural Institutions; Faith Based Organisations; People Living with HIV; Media; Private Sector; Parliament; Line Ministries; Research, Academia and Scientists; as well as the AIDS Development Partners.

Rationale: SCEs are part of the key multi-sectorial coordination mechanism for the national HIV/AIDS response.

Numerator: SCEs with functional HIV/AIDS Committees

Denominator: Total number of SCEs

Unit of measure: Percentage

Disaggregated By: SCEs

Level: Outcome

Data Source: Periodical assessment

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: SCE

Measurement Notes (optional):

Baseline: 53%(2014 UAC SCE Assessment)

Target: 70%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectorial HIV/AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.	
NSP Objective 7: To strengthen coordination of the national HIV/AIDS response	
INDICATOR TITLE: SS7.1.1 Functional HIV/AIDS TWGs	
<p>Description: TWGs are deemed to be functional if they meet regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV/AIDS response. The key HIV/AIDS TWGs will include:</p> <ol style="list-style-type: none"> 1) TWG 1: Prevention 2) TWG 2: Care and Treatment 3) TWG 3: Social Support and Protection 4) TWG 4: Systems Strengthening. This Thematic Area is divided into 3 sub-components with each having a fully constituted TWG as follows: TWG 4.1: Governance and Leadership, Institutional Arrangements, Human Resource, Infrastructure and Research TWG 4.2: Monitoring and Evaluation M&E TWG 4.3: Financing and Costing 	
Rationale: The TWGs constitute national multi-sectorial coordination and review structures. They provide technical input into all HIV/AIDS tools and products within their technical area.	
Numerator: Functional HIV/AIDS TWGs	
Denominator: All HIV/AIDS TWGs (6)	
Unit of measure: Percentage	Disaggregated By: TWG
Level: Output	Data Source: Periodical assessment
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 4	Target: 4 per TWG =24

Monitoring and Evaluation Indicators

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
INDICATOR TITLE: ME1.1 Percentage of sectors with costed HIV/AIDS M&E work plans	
Description: The indicator measure the districts that have developed district specific HIV/AIDS M&E work plans and budget.	
Rationale: In order for the sectors to comprehensively track and assess implementation of HIV/AIDS interventions, there is need for accustomed district specific HIV/AIDS M&E work plans. The workplan will not be implemented unless it has been costed so that funds are allocated for its implementation.	
Numerator: Sectors with costed HIV/AIDS M&E work plans	
Denominator: Total number of sectors	
Unit of measure: Percentage	Disaggregated By: Sectors
Level: Outcome	Data Source: UAC Databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: Not available	Target: 100%

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
INDICATOR TITLE: ME1.2 Percentage of sectors performing data quality assessments	
Description: This indicator will focus of the 4 main sectors that generate national HIV/AIDS data that is the MOH, MoES, MGLSD and MoLG. Data quality assessments (DQAs) will focus on assessing the lower levels that generate data to establish if they meet the 6 main data quality dimensions; validity, precision, reliability, timeliness, integrity and completeness. The QDA will also include a component of data validation to verify samples the data reported from the lower levels.	
Rationale: Unless data is of quality, it cannot be relied upon for decision-making. It is therefore important that every level that produces and or aggregates data institutes adequate data quality assurance procedures.	
Numerator: Sectors performing data quality assessments	
Denominator: Four sectors that generate HIV/AIDS data	

Unit of measure: Percentage	Disaggregated By: Sectors
Level: Outcome	Data Source: Sector Databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	Target: 100%

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
INDICATOR TITLE: ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC	
Description: This indicator will focus of the 4 main sectors that generate national HIV/AIDS data that is the MOH, MoES, MGLSD and MoLG.	
Rationale: Data can only be of good use if it is generated and submitted on time for decision-making. Timeliness will be judged by adhering to reporting timelines.	
Numerator: Key sectors submitting timely and complete reports to UAC	
Denominator: Four sectors that generate HIV/AIDS data	
Unit of measure: Percentage	Disaggregated By: Sectors
Level: Outcome	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	Target: 100%

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
INDICATOR TITLE:ME1.1.2 Functional National HIV/AIDS Database in place	
Description: The National HIV/AIDS Database will be deemed functional if it is operating well, regularly populated and is able to generate instant standard reports to users.	
Rationale: The National HIV/AIDS Database will be the main repository for HIV/AIDS data generated by various sectors. It will provide a one-stop center for progress against NSP interventions.	
Numerator: N/A	
Denominator: N/A	
Unit of measure: Numbers	Disaggregated By: N/A
Level: Outcome	Data Source: UAC Databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: 01

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV/AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
INDICATOR TITLE:ME1.1.3 Percentage of IPs trained in M&E for HIV/AIDS programs	
Description: This indicator is a proxy measure for conducting M&E for HIV/AIDS programs. The curriculum will be developed by UAC but the training will be conducted by various actors or consultants on their behalf. The potential actors include SCEs, sectors, IPs and the like.	
Rationale: Adequate capacities are required in order for key stakeholders to perform effective M&E interventions, assure data quality, analyse and utilize data.	
Numerator: IPs trained in M&E for HIV/AIDS programs	
Denominator: Total Number of IPs	
Unit of measure: Percentage	Disaggregated By:
Level: Outcome	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	

Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: TBD

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
INDICATOR TITLE: ME2.1 Percentage of implementers utilizing program generated HIV/AIDS data	
Description: This indicator measures the utilization of HIV/AIDS data for programme improvement by the entities that generate the data. Program data may be used for re-strategizing and or refocusing interventions, scaling up effective strategies, improving follow-on project designs.	
Rationale: Utilization of information in the ultimate goal of M&E. Once entities that generate the data increase its utilization, it serves as a motivation for them to pay attention to data quality since they also rely on it for decision-making.	
Numerator: Implementers utilizing program generated HIV/AIDS data	
Denominator: Total number of implementers	
Unit of measure: Percentage	Disaggregated By: Type (Government, NGO)
Level: Outcome	Data Source: Special Surveys
Data Collection Methodology: Surveys	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 54% 2014 UAC SCE Capacity Assessment	Target: 70%

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
INDICATOR TITLE: ME2.2 Percentage of IPs conducting HIV/AIDS operations research based on the national research agenda	
Description: The national research agenda will be developed under the leadership of UAC and the SCE for research and academia. IPs that intend to conduct HIV/AIDS operations research should be based on prioritized national HIV/AIDS research agenda.	

Rationale: It is important that all research thatalloperations research is based on prioritized national HIV/AIDS research agenda in order to provide the most needed information for the response.	
Numerator IPs conducting HIV/AIDS operational research based on the national research agenda	
Denominator: Total number of IPs conducting HIV/AIDS operational research	
Unit of measure: Percentage	Disaggregated By: N/A
Level: Outcome	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: 100%

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
INDICATOR TITLE: ME2.3 Number of NSP reviews conducted	
Description: A total of 7 main NSP reviews will be conducted through the life cycle of the NSP; these include 1MTR, 1 end term evaluation and 5 annual reviews.	
Rationale: NSP reviews are essential for tracking the NSP implementation, make timely decisions and learn lessons for improving the follow-on NSP.	
Numerator: Number of NSP reviews conducted	
Denominator: N/A	
Unit of measure: Percentage	Disaggregated By: 1MTR, 1 end term evaluation and 5 annual reviews
Level: Outcome	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: 1MTR 1 End term evaluation 5 Annual reviews

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
INDICATOR TITLE: ME2.4 Number of data use events held at national, regional and district	
Description: Data use events are highly encouraged at various levels. Four major data use events are planned including the national AIDS conference will be centrally organized by UAC together with key stakeholders at national level. At regional level, quarterly regional cluster review meetings will be held every year.	
Rationale: Utilization of information is the ultimate goal of M&E. Data use events are critical data reflection events for multi-sectorial key stakeholders to reflect on program data, interpret it and make the necessary decisions to greater impact.	
Numerator: Data use events held at national regional and district	
Denominator: N/A	
Unit of measure: Percentage	Disaggregated By: Regional and district
Level: Outcome	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: 4 regional meetings every year regional 5 national meetings

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response	
NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.	
INDICATOR TITLE: ME2.1.1 Number of NSP based reports produced	
Description: One International report (Country Progress Report) and two national reports (The Joint HIV/AIDS Annual Review Report and the Annual Progress Report to OPM for MDGs) will be produced annually giving a total of 15 major NSP based reports.	
Rationale: It is essential that reports are regularly produced depicting progress on implementation on NSP interventions as well as milestones towards reaching NSP targets.	
Numerator: NSP based reports produced	
Denominator: N/A	

Unit of measure: Percentage	Disaggregated By: International and national levels
Level: Output	Data Source: UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 0	Target: International =5 Country Progress Reports National The Joint HIV/AIDS Annual Review Report=5 Annual Progress Report to OPM for MDGs=5

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV/AIDS response

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV/AIDS data/information at all levels.

INDICATOR TITLE: ME2.1.2 Number of information dissemination products produced and disseminated by the NADIC

Description: The indicator tracks information dissemination products produced and disseminated by the National Information and Documentation Center (NADIC) based at UAC. The NADIC is meant to be a one-stop information center for HIV/AIDS information.

Rationale: The information produced by the national HIV/AIDS response is supposed to be synthesized and re-packaged into user-friendly information products. This indicator tracks the types of information dissemination products produced and disseminated by the NADIC.

Numerator: information dissemination products produced and disseminated by the NADIC

Denominator: N/A

Unit of measure: Percentage

Disaggregated By: type

Level: Output

Data Source: UAC databases

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: 0

Target:25 (5 per year)

ANNEX 1 Calendar with major HIV/AIDS M&E Events

PERFORMANCE MANAGEMENT TASK SCHEDULE																						
Performance Management Tasks	2015/16				2016/17				2017/18				2018/19				2019/20				Notes	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
PMP Management and Tracking																						
Develop the NSP M&E Plan			X																			
Hold M&E Plan dissemination and orientation session				X	X	X	X														The plan will be disseminated at national, regional and district levels	
Populate the NSP Indicator tracking table				X					X				X				X				X	
Collect and Manage Performance Data																						
Design non-biomedical data collection and reporting tools				X																		
Document and collect activity data as per implementation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	On-going basis following activity implementation	
Roll out the National HIV/AIDS database			X	X	X	X				X			X				X				The database will be graded annually	
Sign MOUs with sectors			X	X																		
Input data into the database				X				X				X				X					X	
Aggregate and compile indicator tracking data	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	To be done quarterly by sectors, annually by UAC.	
Implement M&E Capacity Strengthening Interventions																						
Orient the Structural IPs on data collection and reporting tools				X	X	X	X	X														
Conduct M&E Assessment for IPs and sectors				X	X																	
Develop M&E Training modules																						
Conduct M&E capacity strengthening interventions						X	X	X	X	X	X	X	X	X	X	X	X	X			These will include a mixture of formal as well as on site hands on sessions for managers and M&E staff	
Conduct M&E technical support supervision visits	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	To be done by IPs, LGs, sectors, UAC and ADPs	
Assess Data Quality																						
Develop DQA guidelines and tools				X	X	X																
Conduct DQAs				X					X				X				X				To be done by IPs, LGs, sectors, and UAC	

PERFORMANCE MANAGEMENT TASK SCHEDULE																					
Performance Management Tasks	2015/16				2016/17				2017/18				2018/19				2019/20				Notes
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Perform data cleaning and validation	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			This will be done by the data collectors, M&E team and Database Manager. The database will have inbuilt data validation rules.
Review the Activity Performance																					
Produce progress reports (national and international)				X				X				X				X				X	
Hold quarterly and annual performance review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			Quarterly review meetings will be held at IP and district level; Bi-annual reviews at regional level and annual reviews at national level
Develop TORs for M&E HIV/AIDS			X	X																	
Hold HIV/AIDS M&E TWG meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Report Performance and Share Information																					
Conduct data analysis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Produce quarterly, semi-annual and annual reports to USAID	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Disseminate information products e.g. reports, success stories, best practices and lessons learnt to key stakeholders	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Develop a data use plan				X	X																
Organise data utilisation events including the National AIDS Conference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Conduct surveys, evaluation and special studies																					
Develop the National HIV/AIDS Research Agenda			X	X	X																
Conduct AIS			X	X																	By MOH
Conduct NASA				X				X				X				X					UAC
Conduct Surveillance Studies				X				X				X				X					MOH
Conduct MTR										X											Consultancy Firm
Conduct end-tem evaluation																			X		Consultancy Firm
Conduct special studies				X				X								X					Consultancy Firm
LQAS																					By districts, IPs

ANNEX 2 REFERENCES

1. JAR Reports 2011, 2012 and 2013
2. Ministry of Health /United States Government PMTCT Data Quality Assessment and Data Validation Report, 2013
3. National Development Plan (NDP), 2015/16—2019/20.
4. The Global Onsite Data Verification (OSDV) Report, 2012
5. The National Priority Action Plan, 2011/2012-2012/2013
6. The UAC Board, UAC Secretariat and National HIV/AIDS Response; Volume 1: Institutional Review Report, 2012
7. Uganda AIDS Commission Comprehensive Assessment of the National AIDS Documentation and Information Centre, 2012.
8. Uganda AIDS Commission National HIV&AIDS Strategic Plan 2007/8-2011/12, Moving Towards Universal Access, 2007.
9. Uganda AIDS Commission National HIV&AIDS Performance Measurement and Management Plan 2011/12-2014/15, 2008.
10. Uganda AIDS Commission Institutional UAC Board, UAC Secretariat and National HIV/AIDS Response; Volume 1: Review report, Kampala, Uganda-2011.
11. Uganda AIDS Commission National HIV/AIDS Strategic Plan; 2011/2012-2014/2015, December 2011, Kampala, Uganda.
12. Uganda AIDS Commission National HIV/AIDS Strategic Plan; 2011/2012-2014/2015 Review Report, December 2014, Kampala, Uganda.
13. Uganda AIDS Commission National HIV/AIDS Strategic Plan; 2014/2015 -2019/2020, November 2014, Kampala, Uganda.
14. Uganda AIDS Commission National HIV/AIDS Monitoring and Evaluation Plan 2015/16-2019/20, Kampala, Uganda.
15. Uganda AIDS Commission The National Priority Action Plan 2011/2012-2012/2013, December 2011, Kampala, Uganda.
16. Uganda AIDS Commission The New HIV/AIDS Partnership Mechanism, 13th August 2013, Uganda AIDS Commission Secretariat, Kampala, Uganda, 2013.
17. Uganda AIDS Commission Self Coordinating Entity Capacity Assessment report; 2011/2012-2014/2015, December 2011, Kampala, Uganda, 2014.
18. UAC Report on Implementation of National HIV/AIDS Strategic Plan FYN 2007/2008, Kampala, Uganda.

19. Uganda AIDS Commission, National HIV&AIDS Stakeholders & Services Mapping, draft report, June 2009
20. Uganda AIDS Commission: National HIV & AIDS Strategic Plan 2011/12-2014/15
21. Uganda Country AIDS Progress Report, 2013
22. Uganda Demographic Health Survey (UDHS) 2011
23. Uganda HIV Modes of Transmission and Prevention Response Analysis (2008)
24. Uganda HIV/AIDS Annual Status Report 2011, 2012
25. Uganda HIV/AIDS Sero-Behavioural Survey (UHSBS)—2004/2005
26. Uganda Partnerships Committee Expenditure Report 2008/09

ANNEX 3: THE NATIONAL HIV AND AIDS M&E TWG WHO PROVIDED INPUT

5. National Monitoring and Evaluation Technical Working Group

NO.	NAME	ORGANISATION
1.	Dr. Sarah Byakika	MoH/ Chair
2.	Bagyendera Julian	SEDC/Provide and Equip Ltd
3.	Magomu Steven	Uganda Young Positives
4.	Katungi Brian	MUK
5.	Denis Busobozi	UAC/Convener
6.	December Walter	MARPS Network
7.	Dr. Hudson Balidawa	MOH
8.	Dr. Wakooba Peter	UAC
9.	Dr. Zepher Karyabakabo	UAC
10.	Edward Mukooyo	MOH
11.	Esther Sempira	MSH
12.	Adoch Gena Anna Winnifred	SSEO - MOWT
13.	Jotham Mubangizi	UNAIDS
14.	Dr. Kyokusingura Sarah	MEEPP
15.	Mark Tumwine	CDC
16.	Mugabi Emmanuel	MOES
17.	Mwangi Joseph	USAID
18.	Nakamya Phellister	CCM Secretariat of GF
19.	Nalukwago Judith	Family Health International
20.	Dr. Nelson Musoba	UAC
21.	Dr. Nkoyooyo Abdallah	AIC
22.	Dr. Norah Namuwenge	MOH
23.	Ocen Sam	Uganda Young Positives
24.	Kulu Kenneth	MARPS Network
25.	Senyonga Paul	MOGLSD
26.	Dr. Vincent Bagambe	MOH/FCO
27.	Walter Obiero	CDC
28.	Wandera Ibrahim	Office of the Prime Minister
29.	Dr. Mugerwa Shaban	MOH
30.	Kamoga Joseph	PEPFAR
31.	Mwesigwa Joshua	IRCU M&E
32.	Kashemeira Obadiah	MoGLSD
33.	Kyeyune Dan	UAC
34.	Ssenyonga Paul	S.E/MoGLD
35.	Bufumbo Leonard	Research Associate
36.	Bizimana David	Inter Aid Uganda

ANNEX 4: HIV AND AIDS M&E PLAN CONSULTANCY TEAM

Consultant	Role
Prof. Asingwire Narathius	Overall Team Leader
Dr. Julian K. Bagyendera	Monitoring and Evaluation/Lead in developing the M&E Plan
Ms Elizabeth Mushabe	Gender Mainstreaming