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## List of Abbreviations and Acronyms

| | | |
|---|---|---|
| ADPs | - | AIDS Development Partners |
| ART | - | Antiretroviral Therapy |
| CSOs | - | Civil Society Organisations |
| CPR | - | Country Progress Report |
| EAC | - | East African Community |
| EID | - | Early Infant Diagnosis |
| GBV | - | Gender-Based Violence |
| HC | - | Health Centre |
| HCT | - | HIV Counselling and Testing |
| IEC | - | Information, Education, Communication |
| IPs | - | Implementing Partners |
| LG | - | Local Government |
| LMIS | - | Logistics Management Information System |
| M&E | - | Monitoring and Evaluation |
| MoFA | - | Ministry of Foreign Affairs |
| MoESTS | - | Ministry of Education, Science, Technology and Sports |
| MoFPED | - | Ministry of Finance, Planning and Economic Development |
| MoIA | - | Ministry of Internal Affairs |
| MoJCA | - | Ministry of Justice and Constitutional Affairs |
| MoLG | - | Ministry of Local Government |
| MoPS | - | Ministry of Public Service |
| MTR | - | Mid-Term Review |
| NASA | - | National AIDS Spending Assessment |
| NPAP | - | National Priority Action Plan |
| NSP | - | National HIV and AIDS Strategic Plan 2015/2016- 2019/2020 |
| PLHIV | - | People Living with HIV |
| PMTCT | - | Prevention of Mother to Child Transmission |
| PrEP | - | Pre Exposure Prophylaxis |
| PSM | - | Procurement Supply Management |
| PWDs | - | Person with Disabilities |
| SBCC | - | Socio-Behavioral Change Communication |
| SCEs | - | Self Coordinating Entities |
| SMC | - | Safe Male Circumcision |
| SOPs | - | Standard Operating Procedures |
| SRHR | - | Sexual and Reproductive Health and Rights |
| STIs | - | Sexually Transmitted Infections |
| TWG | - | Technical Working Group |
| UAC | - | Uganda AIDS Commission |
| UAIS | - | Uganda AIDS Indicator Survey |
| UBTS | - | Uganda Blood Transfusion Services |
| UCC | - | Uganda Communication Commission |
| UVRI | - | Uganda Virus Research Institute |
| VHTs | - | Village Health Teams |

## Acknowledgement

The National Priority Action Plan 2015/2016-2017/2018 (NPAP) is not a stand-alone document, but rather part and parcel of the National Strategic Plan 2015/2016-2019/2020 (NSP). The National Priority Action Plan details the implementation and prioritizes the activities within the first three years of the National Strategic Plan as part of guidance for the different stakeholders.

The National Priority Action Plan was prepared in a highly consultative and participatory manner, engaging different stakeholders through TWGs of the four thematic areas of Prevention, Care and Treatment, Social Support & Protection and Systems Strengthening as detailed the National Strategic Plan. The Stakeholders were drawn from different entities in the multi – sectoral response that included Ministries, Departments and Agencies, Civil Society, NGOs, Academia and Development Partners.

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**Dr. Christine J.D Ondoa**
**DIRECTOR GENERAL**

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# 1.0 BACKGROUND TO THE NATIONAL PRIORITY ACTION PLAN

## 1.1 Introduction

The National HIV and AIDS Strategic Plan 2015/2016 – 2019/2020 (NSP) was developed to guide implementation of the multi-sectoral response. It provides strategic actions aimed to address the gaps and challenges identified in the Mid-Term Review (MTR) of the National HIV and AIDS Strategic Plan 2011/2012—2014/2015. The NSP builds on the achievements registered in the national response during the previous implementation period. The NSP further builds upon the Vision of the immediate previous National HIV and AIDS Strategic Plan 2011/2012—2014/2015, subscribes to the country's Vision Statement contained in Uganda Vision 2040, "a Transformed Uganda Society from a Peasant to a Modern and Prosperous Country within 30 Years".

The Vision of this NSP is "***A Healthy and Productive Population free of HIV and AIDS and its effects***"

The overall Goal of the NSP is "***Towards Zero new infections, Zero HIV and AIDS-related mortality and morbidity and Zero discrimination".*** in order to measure progress towards the overall goal of the NSP the following results matrix shall apply

| **Overall Goal of NSP:** ***Towards Zero new infections, Zero HIV and AIDS-related mortality and morbidity and Zero discrimination*** | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Indicators** | **Indicator Source** | **Baseline** | **Target 2019/2020** | **Data Sources** | **Frequency of Collection** | **Respon-sibility** |
| **Impact Indicators** | | | | | | |
| **1. HIV incidence** | CPR | Total = 139,089<br>Adults =123,802 | Total = 110, 814<br>Adults =102,221 | *MOH Spectrum Estimates* | Annually | MOH |
| | | Children 15,287 (2013) | Children =8,593 | | | |
| **2.HIV and AIDS related mortality** | CPR | 63,018 (2013) | 25,310 | *MOH Spectrum estimates* | Annually | MOH |
| **3. Percentage of infants born to HIV infected mothers who become infected** | CPR | 6 weeks = 5.7%<br>After Breast feeding =13.6% | 6 weeks = 1.9%<br>After breast feeding <5% | *MOH Spectrum Estimates* | Annually | MOH |
| **4.HIV prevalence rate among 15-49 years** | CPR | Total 7.3% (2011) | 7.8% | AIS | Every 5 years | UBOS |
| | | Male 6.1% | 6.5% | | | |
| | | Female 8.3% | 8.9% | | | |
| **5.Percentage change in discriminatory attitudes towards PLHIV** | CPR | 34% (2011) | 50% | AIS | Every 5 years | MOH |

The implementation of NSP falls under four broad thematic areas with each defined by a goal, a number of strategic objectives and actions. See Table 1.

**Table 1: Thematic Areas and Corresponding Goal**

| Thematic area | Goal |
|---|---|
| Prevention | To reduce the number of new youth and adult infections by 70% and the number of new pediatric HIV infections by 95% by 2020 |
| Care and Treatment | To decrease HIV-associated morbidity and mortality by 70% through achieving and maintaining 90% viral suppression by 2020 |
| Social Support and Protection | Reduced vulnerability to HIV and AIDS and mitigation of its impact on PLHIV and other vulnerable groups |
| Systems Strengthening | An effective and sustainable multi-sectoral HIV and AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020 |

Against the four goals, there are 18 Objectives and a total of 117 Strategic Actions. The NSP like others before is a broad overarching national HIV and AIDS planning framework, which is not detailing priority activities to be implemented by stakeholders for each of the proposed Strategic Action vis-à-vis the Thematic Areas. This, therefore, necessitated the development of this National HIV and AIDS Priority Action Plan 2015/2016-2017/2018(NPAP) to facilitate the operationalization of the NSP to the time of its mid-term review.

## 1.2 Purpose of the National Priority Action Plan

The purpose of this NPAP is aimed to serve the following:

1. A guide for implementing partners: districts, sectors (public and private), donors, civil society organizations (CSOs), and faith-based organizations (FBOs) in developing their annual plans and to align their operational plans in order to contribute to the achievement of NPAP goals and targets
2. A guide to align international support to national priorities
3. An instrument to assist with mobilization and allocation of resources to the national response
4. An instrument for Uganda AIDS Commission (UAC) and partners to monitor implementation of the national response.

It is envisaged that all implementing partners, regardless of their sources of funds, i.e. government or donors will harmonize and align their annual operational plans to the NSP's planned priorities.

## 1.3. The Development Process of the NPAP

The methodology for developing the NPAP involved (i) a desk review, (ii) identifying activities that are relevant to the strategic actions, (iii) prioritizing the activities for each strategic action, and (iv) identifying the lead agencies for each strategic action and other actors.

Principally the process involved:

1. Review of NSP and previous National Strategic Plans
2. Review of the 2014 NSP MTR Report, in order to identify key activities that were considered as (a) successful with high impact, (b) activities that need to be scaled-up
3. Review of the last National HIV and AIDS Priority Action Plans 2011/2012-2012/2013 in order to identify relevant activities to the strategic actions in current NSP and would need to be rolled forward.
4. Consultations of the respective Thematic Technical Working Group (TWG)

Against each strategic Actions in the NSP, priority actions were identified. The priority actions were entered in a Spreadsheet for ease of prioritization. The criteria used for prioritizing the activities were:

1. Coverage of the interventions/activities (populations and geographical coverage);
    a. Population: Low (not preferred) /High (preferred);
    b. Geographic coverage: local (Not preferred) /national (preferred)
2. Ability to contribute to the targets of the National Strategic Plan - Contribution: Low (not preferred) /High (preferred)
3. Cost effectiveness of the interventions/activities- Cost: High (not preferred) /Low (preferred)
4. Proven efficacy of the intervention/activity - Efficacy: Low (not preferred) /High (preferred)
5. Feasibility of implementation with available resources - Feasibility: Low (not preferred) /High (preferred)
6. Ability to address equity concerns – take care of gender, rural/urban, age, rich/poor and geographical areas.
    a. Equity Gender: Low (not preferred) /High (preferred)
    b. Equity Rural/Urban: Low (not preferred) /High (preferred)
    c. Age Groups: Low (not preferred) /High (preferred)
    d. Rich/poor: Low (not preferred) /High (preferred)

## 1.4 Application of the NPAP

*Development of Annual Work Plans*: The UAC will pull out and consolidate all the priority actions pertaining to a given agency and share with them. Thereafter, each agency will develop an operational action/work plan with more detailed actions for accomplishing each priority action.

*Setting output targets:* The NSP outcomes are based on projections from the Spectrum. It is on these that overall and disaggregated output targets in the NSP and Monitoring and Evaluation (M&E) Plan were derived. Thus, it is expected that the unit for planning of activities will be the districts.

*Monitoring the Utilization of the NPAP:*The UAC shall monitor and evaluate the extent to which the work plans of the various agencies have (a) addressed the priority actions captured (b) quantified the indicated the outputs relating to national output indicators. These will allow UAC to know upfront the extent to which actions of the agencies and their aggregated outputs will contribute to the national outputs in the M&E Framework.

The UAC will also ensure that the projections from spectrum will be revised annually based on the outcomes of the previous year. In this way, the iteration of planningand implementation will be carried out in order to ensure that the country is constantly checking its potential of achieving the goals envisaged in the NSP.

## 1.5 Implementation Period of Priority Activities

All priority activities identified in this NPAP are planned to be implemented in a period of two years.

## 1.6 Presentation of the NPAP

The NPAP is presented under the Four Thematic Areas of the NSP, with the priority actions outlined against each of the strategic actions under each objective. The lead implementation agency has been emphasized in bold while the other support agencies have been presented in italics.

# 2.0 PREVENTION

**GOAL 1: To reduce the number of new youth and adult infections by 70% and the number of new pediatric HIV infections by 95% by 2020**

| Outcome level Results | Targets |
|---|---|
| **Reduction in the number of new infections by 2020** | • Number of new HIV Infections among the 15-49 years reduced by 20%<br>• Number of new pediatric HIV infections reduced by 95% by 2018 |
| **Increased coverage and utilization of HIV prevention services** | • The proportion of HIV-infected mothers and exposed infants accessing PMTCT sustained at 90%<br>• The proportion of adults who have recently tested for HIV increased to 80%<br>• The proportion of adults males that are circumcised increased to 80%<br>• The proportion of risky sex encounters (stratified by multiple partnerships, casual and sex with partners of unknown HIV sero-status) that are consistently protected by condoms increased to 80%<br>• All HIV care and treatment outlets integrated in HIV prevention<br>• All facilities implementing blood transfusion safety and universal infection control measures |
| **Increased adoption of safer sexual behavior and reduced risky behaviours** | • Comprehensive HIV knowledge among young people 15-24 years increased by 20%<br>• Recent multiple partnerships reduced by 50% among men and women respectively<br>• Condom use at the last higher risk sex increased by 20%<br>• Transactional sex among men and women reduced by 50%<br>• Cross-generational sex and early sex reduced by at least 50%<br>• Casual sex reduced by at least 50%<br>• Percentage of MARPs reporting consistent condom use increased by 50% |

### Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviours

Uganda has sustained a generalized epidemic with adult prevalence increasing from 6.4% in 2005 to 7.3% in 2011. Ministry of Health (MoH) estimates show that there would be 140,000 new infections per year for the period of the NSP 2016-2020, if interventions remain at the same level. A comparison of risk[1] across population groups expressing incidence as the risk of infection per 100,000 persons shows that women will contribute about 4100 new HIV infections for every 100,000 persons. Adolescents and young people will constitute a larger proportion of incident HIV cases. Additionally, women and girls, and Most at Risk populations (MARPs) in Uganda bear a

[1]*Risk is operationally used to mean the probability or chance that a person may acquire HIV infection*

disproportionate burden of HIV infections. It is therefore imperative that MARPs groups, women and girls have uninterrupted access to comprehensive packages of HIV prevention services tailored to their unique needs.

1. **Strategic Action:** Scale-up age- and audience-appropriate social and behavioral change interventions including abstinence (A) and being faithful(B) to reach all population groups with targeted HIV prevention messages.

| Activities | | Lead agency | Years |
|---|---|---|---|
| 1.1. | Coordinate implementation of a national multi-partner targeted Social Behaviour Change Communication (SBCC) strategy aligned to the drivers of the HIV epidemic paying special attention to populations with sub-epidemics such MARPs, women and girls. | **UAC** | **1&2** |
| 1.2. | Develop and implement a national Advocacy Campaign targeting political, cultural and religious leaders to support and prioritize gender-based violence (GBV) | **MoGLSD** | **1&2** |
| 1.3. | Develop and promote standard IEC/BCC messages and materials on the drivers of the epidemic for use by stakeholders | **MoH**, *UAC,* | **1&2** |
| 1.4. | Disseminate IEC/BCC messages and materials to the general population and to specific groups using a dynamic mix of channels | **MoH,***UAC, IPs* | **1&2** |
| 1.5. | Expand provision of HIV education for in-school youth with focus on multiple partnerships, cross-generational, transactional and early sex | **MoES,***MoH, UAC* | **1&2** |
| 1.6. | Develop and implement a National IEC/BCC Programme targeting adolescents and young people (10-24) out of school | **UAC,***MoGLSD, IRCU* | **1&2** |
| 1.7. | Expand provision of life skills communication training, peer networks development, and youth friendly sexual and reproductive health rights (SRHR) information and linkages to services for out of school youths | **MoGLSD,***MoH, CSOs* | **1&2** |
| 1.8. | Implement school-based interventions for all adolescents addressing gender equality, prevention of violence & comprehensive sexuality education | **MoES,***UAC, MOH, Districts.* | **1&2** |
| 1.9. | Raise awareness and build community level capacity to change negative gender norms, beliefs and practice through tailored audience specific messaging and lobbying | **MoGLSD,***UAC, MOH, CSOs* | **1&2** |
| 1.10. | Expand provision of quality education, counseling and linkage to SRHR services to all tertiary education institutions | **MoES,***MoH, CSOs* | **1&2** |

**2. Strategic Action:** Strengthen policy guidance, quality assurance and capacity for effective IEC/social and behavioral change communication programming at all levels

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 2.1. | Develop implementation guidelines, and minimum quality standards for IEC/BCC activities for all stakeholders | **UAC**, *MoH, IPs* | **1&2** |
| 2.2. | Sensitize districts, IPs, community leaders and other stakeholders on effective HIV prevention interventions, IEC/BCC guidelines and approaches | **UAC**, *MoH, LGs, IPs* | **1&2** |
| 2.3. | Review and update IEC/BCC training manuals and guidelines of various IPs to ensure consistency with the National HIV Prevention Strategy | **UAC,** *IPs* | **1&2** |
| 2.4. | Facilitate IEC/BCC Committee to provide ongoing Monitoring, Quality Assurance and a clearing house for IEC/BCC messages and materials | **UAC**, *MoH, MoLG, Line ministries* | **1&2** |
| 2.5. | Conduct quarterly media briefings to provide guidance and updates on HIV facts, figures and breakthroughs in the national response. | **UAC**, *MoH, UCC* | **1&2** |
| 2.6. | Develop simple guidelines and SoPs for the involvement of PLHIV in communication for social and behavior change programs | **UAC**, *MoH* | **1&2** |
| 2.7. | Develop a harmonized training curriculum and build the capacity of PLHIV on their expected role in community mobilization and communication for behavior change. | **UAC,***IPs* | **1&2** |
| 2.8. | Orient media practitioners to enhance accurate and responsible reporting on HIV issues | **UAC, Mo ING** | **1&2** |
| 2.9. | Conduct regular impact evaluation of IEC/BCC activities of various stakeholders | **UAC**, *MoH, IPs* | **1&2** |

**3. Strategic Action:** Procure and distribute adequate numbers of male and female condoms (free and socially marketed condoms) and expand condom distribution across settings and at community level

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 3.1. | Develop and update the condom procurement and distribution plan | **MoH** | **1&2** |
| 3.2. | Expand condom distribution outlets for the general population and special groups | **MoH** | **1&2** |
| 3.3. | Expand promotion, procurement and distribution of female condoms to urban and peripheral outlets | **MoH** | **1&2** |
| 3.4. | Develop a strategy and implement concerted condom distribution for MARPs using the peer network model | **MoH** | **1&2** |

**4. Strategic Action:** Scale-up condom education (emphasizing correct and consistent use) to address complacency and fatigue associated to use

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 4.1. | Design and deliver Condom promotion and social marketing campaigns using a dynamic mix of channels including mass media, fetes, etc | **MoH,** | **1&2** |
| 4.2. | Mobilize and establish partnerships for concerted condom use education campaigns, paying attention to misconceptions and other barriers to female condom use | **MoH** | **1&2** |

**5. Strategic Action:** Integrate SGBV prevention and human rights into HIV prevention programming

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Conduct research on the causes and manifestation of GBV in different contexts (including SGBV), and design and implement appropriate interventions | **MoGLSD,***UAC* | **1&2** |
| 5.2. | Build capacity of providers (health) to support Sexual assault victims to access health services including PEP | **MoH** | **1&2** |
| 5.3. | Expand provision of services for timely management of SGBV using the Standard Package | **MOH** | **1&2** |
| 5.4. | Develop and disseminate facility-level protocols and kits for collecting forensic evidence and referring SGBV survivors for treatment and rehabilitation | **MoH,***MoIA* | **1&2** |
| 5.5. | Provide a comprehensive package of SRH, HIV prevention, care and treatment through harmonized programming and ensure access by vulnerable populations [(women and girls and persons with disability (PWD)]. | **MoH,***CSOs* | **1&2** |
| 5.6. | Strengthen referral from the health facility to other social and legal support services for survivors of SGBV for rehabilitation and/or legal redress | **MoH**, *MoGLSD, UAC, MoIA* | **1&2** |

**6. Strategic Action:** Conduct mapping and size estimation for key populations to inform targeted and scaled-up interventions for key populations

| Activities | | Lead agency | Years |
|---|---|---|---|
| 6.1. | Mobilize resources to undertake a size estimation survey for MARPs | **UAC,***MoH, MARPs Networks* | **1&2** |
| 6.2. | Disseminate the survey findings to inform programming including HIV prevention commodity planning | **UAC,***MoH, MARPsNetworks* | **1&2** |
| 6.3. | Finalize and disseminate the MARPs scoping and Programming Framework with supportive SoPs for its use | **UAC,***MOH, MARPs Networks* | **1&2** |
| 6.4. | Document current intervention models and methodologies for MARPs programming. | **UAC,** *MARPs, Networks* | **1&2** |
| 6.5. | Conduct periodic evaluation of HIV prevention interventions and approaches targeting MARPs and share best practices and lessons learned | **UAC,** , *MARPs Networks* | **1&2** |

**7. Strategic Action:** Scale-up comprehensive interventions targeting MARPs

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 7.1. | Map MARPs and coverage of dedicated comprehensive HIV prevention services in Uganda | **MoH,***UAC, MARPs Network* | **1&2** |
| 7.2. | Provide tailor made integrated services targeting MARPs in selected national and regional level Locations | **MoH,***IPs, MARPs Network* | **1&2** |
| 7.3. | Set up outreach and dedicated clinics for MARPs e.g. STI services for sex workers, moonlight clinics for truckers, and integrated outreach clinics for fisher folk etc | **MoH,***LGs, IPs,* | **1&2** |
| 7.4. | Develop and pilot routine service data capture tools for use by all providers serving MARPs | **UAC,***MoH, MARPS Network* | **1&2** |
| 7.5. | Strengthen capacity of facility and community-based service providers for quality service delivery | **MoH,***UAC, IPs, LGs* | **1&2** |
| 7.6. | Develop and disseminate common referral tool for use by health workers and MARPs peer leaders | **MoH,***UAC, MARPS Network* | **1&2** |
| 7.7. | Build capacity of MARPs network members to ensure timely mobilization, sensitization and delivery of quality services | **MoH,***MARPS Network, UAC* | **1&2** |
| 7.8. | Roll out of innovative educational and service delivery models for mobile MARPs e.g. wellness centres for truckers, or mobile clinics for fisher-folk | **UAC,** MoH, MARPS Network | **1&2** |
| 7.9. | Conduct action research on drug and substance abuse and its effect on HIV transmission | **UAC,**Research Academia and Science,MARPs Network | **1&2** |

**8. Strategic Action:** Scale-up comprehensive sexual and reproductive health (SRH)/HIV programs targeting, adolescents (both in and out of school) and Young People

| Activities | | Lead agency and others | Years |
|---|---|---|---|
| 8.1. | Incorporate sex education in open talks targeting adolescent boys and girls | **MoESTS,** *MoH, UAC* | **1&2** |
| 8.2. | Provide tailored adolescent friendly services including STI management, HCT, condom use and family planning information and commodities | **MoH,** *MoESTS* | **1&2** |
| 8.3. | Promote creation of adolescent peer networks for psychosocial support and establish youth friendly corners at all major HIV care service outlets in the public and private sectors | **MoH,** *MoESTS, CSOs* | **1&2** |
| 8.4. | Engage boys as peer leaders for SRHR services and support them to overcome tendencies of masculinity that hinder affective use of HIV prevention services | **MOH,** *MoESTS, MoGLSD, IPs* | **1&2** |
| 8.5. | Provide SRHR information and services as part of an integrated package of HIV prevention, PMTCT and other services for adolescent boys and girls | **MOH,** *MoESTS, MoGLSD, IPs* | **1&2** |
| 8.6. | Educate communities about HIV/STIs co-infection, how to negotiate safe sex, how to identify early signs and symptoms of STIs and where to seek treatment | **MoH,** *UAC, MoESTS, CSOs, IPs, Netwroks of PLHIV* | **1&2** |
| 8.7. | Train voluntary counseling and testing providers [counselors both medical and social workers] to ask questions about partner violence and develop safe disclosure plans for individual clients | **MoH,** *UAC, MoESTS, CSOs, IPs, of PLHIV Networks* | **1&2** |
| 8.8. | Conduct STI and cervical cancer screening and treatment at friendly facilities and community- based satellite clinics | **MoH**, *IPs* | **1&2** |
| 8.9. | Provide audience appropriate sex education to both girls and boys, especially messages about abstinence, safe sex and their rights | **MoESTS,** CSOs, IPs | **1&2** |
| 8.10. | Train health educators [in the public and private sector] and other health care providers to improve their skills of dealing with adolescent mothers and others newly experiencing changes with their bodies | **MoH,** *IPS, CSOs, LGs* | **1&2** |

**9. Strategic Action:** Support and implement family centered approaches to prevent HIV infection

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 9.1. | Promote condom use among married individuals living in discordant relationships | **MoH,***PLHIV Networks* | **1&2** |
| 9.2. | Build capacity of front-line care providers especially women, the elderly, and orphaned children in coping strategies | **MoGLSD**, *PLHIV Networks, CSOs* | **1&2** |
| 9.3. | Promote couple counseling and HIV testing working with religious, cultural and other community leaders. | **UAC,** *MoGLSD, PLHIV networks* | **1&2** |
| 9.4. | Improve community-based referral systems to support individuals living with HIV cope with treatment and other care needs | **MoGLSD,***MoH, UAC, LG, IPs/ CSOs, IRC* | **1&2** |
| 9.5. | Building capacity of affected households to provide food security for PLHIV through training in modern farming practices, and basic nutrition counseling and support | **MoH,***CSOs MoGLSD, MAAIF* | **1&2** |

**10. Strategic Action:** Expand programming for positive health, dignity and prevention (PHDP) interventions

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 10.1 | Integrate PHDP interventions into HIV care and treatment to improve health and HIV prevention among PLHIV | **MoH,***CSOs MoGLSD, PLHIV Networks* | **1&2** |
| 10.2 | Build capacity of PLHIV networks for delivery of PHDP services | **MoH,***CSOs MoGLSD, PLHIV Networks* | **1&2** |
| 10.3 | Develop and disseminate standardised PHPD messages | **MoH,***CSOs MoGLSD, MAAIF* | **1&2** |
| 10.4 | Develop and disseminate policy/guidance on treatment for prevention. | **MoH,***CSOs MoGLSD, MAAIF* | **1&2** |

### Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services

Integration of HIV care services with other general health services has been one of the proven strategies to attaining optimal use by target populations. Sub-dividing components of the HIV prevention package through the use of different service providers at various locations may be very costly and unsustainable for a weak health system like Uganda. The situation is further

compounded by the lack of adequate health workers especially at service delivery level. Integration here is operationally taken to mean the provision of HIV prevention services with other health services either at a single point of access or by using referrals within a single health district[2].Early initiation of antiretroviral drugs for prophylaxis during pregnancy, use during the breastfeeding period and use of a triple regimen for PMTCT for eligible pregnant women living with HIV reduces the chance that an HIV positive mothers will transmit HIV to their unborn or new born baby. The HCT and SMC are essential components of the minimum HIV prevention services package that need to be prioritized throughout the period of the NSP.

**1.Strategic Action:** Expand coverage and uptake of HCT, eMTCT and SMC services to optimal levels

| Activities | | Lead agency | Years |
|---|---|---|---|
| 1.1. | Strengthen provision Family planning and infant feeding counseling as part of the integrated package targeting girls and women at all ANC and SRH facility based clinics and community outlets | **MoH,** *IPs* | **1&2** |
| 1.2. | Provide family planning information and services to all women and girls of reproductive age group living with HIV | **MoH,** *IPs* | **1&2** |
| 1.3. | Provide HCT services for all pregnant and breastfeeding women and their partners within the health care setting | **MoH,** *IPs* | **1&2** |
| 1.4. | Counsel for HIV testing and offer STI prevention information and treatment services for all mothers attending the MCH clinics | **MoH,** *IPs* | **1&2** |
| 1.5. | Disseminate guidelines for and promote establishment of psychosocial support groups for treatment adherence at facility community level | **MoH,** *IPs* | **1&2** |
| 1.6. | Provide life-long antiretroviral drugs and *cotrimoxazole* to HIV positive pregnant and breastfeeding women according to recommended guidelines | **MoH,** *IPs* | **1&2** |
| 1.7. | Provide antiretroviral drugs and *cotrimoxazole* for prophylaxis to HIV exposed infants (*cotrimoxazole* at 6weeks) | **MoH,** *IPs* | **1&2** |
| 1.8. | Provide nutritional assessment and counselling support to HIV positive pregnant and breastfeeding mothers and the exposed babies | **MoH,** *IPs* | **1&2** |
| 1.9. | Provide EID services for all infants born to HIV positive mothers and ensure all HIV positive babies are started on HAART | **MoH,** *IPs* | **1&2** |
| 1.10. | Scale up quality SMC services to all facilities from HC IV onwards, augmented with outreaches to all HC IIIs, and dedicated mobile SMC teams | **MoH,** *IPs* | **1&2** |

[2] *Adapted from WHO 2009.*

**2. Strategic Action:** Improve the quality of biomedical HIV prevention interventions through enhanced quality assurance (QA)/quality control (QC) approaches

| Activities | Lead Agency | Years |
|---|---|---|
| 2.1. Intensify quality assurance and technical support supervisory visits to all accredited HIV care service outlets in the public and private sectors | **MoH,** *IPs* | **1&2** |
| 2.2. Strengthen quality assurance for HIV screening working with the regional centers of excellence (Laboratory hubs) | **MoH,** *IPs* | **1&2** |

**3. Strategic Action:** Scale up coverage of HCT for HIV prevention in targeting key populations, and vulnerable groups.

| **Activities** | **Lead Agency** | **Years** |
|---|---|---|
| 3.1. Expand provider-initiated HCT , couple counselling and testing as well as targeted community based outreach HCT | **MoH**, *IPs* | **1&2** |
| 3.2. Provide HCT as part of the integrated package of services targeting MARPs | **MoH,***MARPs Networks* | **1&2** |
| 3.3. Lobby for recruitment, training and retention of counsellors throughout the health care system | **MoH,** *IPs* | **1&2** |
| 3.4. Create demand for HCT through community mobilization and education | **MoH,***PLHIV Networks, CSOs* | **1&2** |
| 3.5. Streamline the use of expert clients in facility and non-facility based counseling pre and post HIV testing | **MoH,** *PLHIV Networks* | **1&2** |
| 3.6. Promote establishment of post-test clubs as a coping mechanism to individuals, couples and families. | **MoH,***PLHIV Networks* | **1&2** |

**4. Strategic Action: Enhance test and treat programming for pregnant women, HIV/TB co-infected persons, HIV discordant couples, MARPs, and children <15 years of age**

| **Activity** | **Lead agency** | **Years** |
|---|---|---|
| 4.1. Expand service outlets for HIV prevention and commodity distribution targeting MARPs, pregnant women, adolescents and discordant couples | **MoH,***MARPs Network* | **1&2** |
| 4.2. Provide ART for all MARPs testing HIV positive in ways that do not stigmatize them | **MoH,***CSOs* | **1&2** |

| Activity | | Lead agency | Years |
|---|---|---|---|
| 4.3. | Provide ART for all pregnant women testing HIV positive | **MoH,***CSOs* | **1&2** |
| 4.4. | Provide ART for all HIV positive individuals in HIV discordant relationships | **MoH,***CSOs* | **1&2** |
| 4.5. | Improve referral and follow-up for all priority populations (Pregnant mothers, MARPs, women and girls, children <15 years, and discordant couples) | **MoH,***CSOs* | **1&2** |

**5. Strategic Action:** Expand targeted STI interventions for MARPs and vulnerable groups

| Activity | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Improve STI case management in public and private health facilities targeting MARPs | **MoH,** *IPs* | **1&2** |
| 5.2. | Re-orient providers and intensify support supervision and mentorship for all service providers for improved STI case management among case management | **MoH,** *IPs* | **1&2** |
| 5.3. | Screen all mothers attending ANC for syphilis and provide treatment for all reactive | **MoH,** *IPs* | **1&2** |
| 5.4. | Conduct STI and cervical cancer screening for all MARPs attending HIV care clinics | **MoH,** *IPs* | **1&2** |
| 5.5. | Adapt (Update) the existing STI management guidelines to address the unique needs of the various MARPs sub-populations | **MoH,** *IPs* | **1&2** |
| 5.6. | Define the minimum package of integrated HIV prevention services for MARPs | **MoH,** *IPs* | **1&2** |
| 5.7. | Accredit more facilities within the fishing communities to improve access to tailored HIV prevention information, services and commodities | **MoH,** *IPs* | **1&2** |
| 5.8. | Promote provision of integrated HIV prevention information and commodities and treatment services using the minimum package of integrated services as the minimum | **MoH,** *IPs* | **1&2** |
| 5.9. | Develop and disseminate data capture tools for use by all providers serving MARPs | **MoH,** *IPs* | **1&2** |

**6. Strategic Action:** Integrate SRH; maternal, newborn and child health (MNCH) and TB services with HIV prevention

| Activities | Lead agency | Years |
|---|---|---|
| 6.1. Strengthen capacity for delivery of integrated services through multi-skilling, coaching, mentoring, joint planning in all districts | **MoH,** *IPs* | **1&2** |
| 6.2. Conduct joint planning meetings and field visits to monitor delivery of integrated services | **MoH,** *IPs* | **1&2** |
| 6.3. Define and disseminate the package of services for integration of SRH, Maternal, newborn, and child health services | **MoH,** *IPs* | **1&2** |
| 6.4. Develop guidelines and implement integration of HIV prevention into other community services and activities | **MoGLSD,** *IPs* | **1&2** |
| 6.5. Enhance risk reduction counselling and provide support for HIV negative women and girls at various RMNCAH service outlets including family planning information and commodities. | **MoH,** *IPs* | **1&2** |
| 6.6. Re-orient health workers to provide rights based SRH services to people living with HIV | **MoH,** *IPs* | **1&2** |
| 6.7. Strengthen community level mechanisms for mobilization and education targeting early and sustained ANC attendance | **MoH,** *IPs* | **1&2** |

**7. Strategic Action:** Adopt new HIV prevention technologies and services including Pre-Exposure Prophylaxis (PrEP)

| Activities | Accountable Institution | Years |
|---|---|---|
| 7.1. Organize scientific conferences to discuss and disseminate new evidence on HIV Prevention technologies | **UAC,***UNAIDS, MoH, Res. Insts, UNHRO* | **1&2** |
| 7.2. Conduct feasibility and local acceptability studies for the roll out of new HIV prevention technologies including PrEP | **UAC,***UNAIDS, MoH, Res. Inst, UNHRO* | **1&2** |
| 7.3. Develop and disseminate policy and technical guidelines and training materials on new HIV prevention technologies | **MoH,***UAC, CSOs* | **1&2** |
| 7.4. Develop IEC/BCC messages and materials on new HIV prevention technologies | **MoH,***UAC, CSOs* | **1&2** |

| Activities | | Accountable Institution | Years |
|---|---|---|---|
| 7.5. | Advocate and lobby for provision of HAART for prevention of HIV infection with focus on early ART initiation among HIV sero-discordant couples and PrEP to sero-negative individuals | **UAC,** *MoH, PLHIV networks, CSOs, IPs,* | **1&2** |
| 7.6. | Build capacity of service providers and service outlets to roll out new HIV prevention technologies | **MoH,** UAC, CSOs | **1&2** |

**8. Strategic Action:** Strengthen medical infection control and ensure universal precaution

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 8.1. | Build capacity of health facilities and communities to provide medical infection control | **MoH,***LGs, IPs* | **1&2** |
| 8.2. | Build facilities for effective medical waste management | **MoH,** *IPs* | **1&2** |
| 8.3. | Support formation and training of facility level infection control committees | **LGs,***MoH, IPs* | **1&2** |
| 8.4. | Sensitize and support communities on infection control and post exposure prophylaxis especially those providing community based care for people living with HIV | **MoH,***LGs, IPs* | **1&2** |
| 8.5. | Re-orient health workers on universal precaution for infection control | **MoH,** *LGs, IPs* | **1&2** |
| 8.6. | Institute mechanisms to report and receive PEP for all occupational exposures among health care workers | **MoH,** *LGs, IPs* | **1&2** |
| 8.7. | Strengthen comprehensive post rape care including HIV post exposure prophylaxis | **MoH,** *MoIA (Police).* | **1&2** |
| 8.1. | Provide PEP for health care workers | **MoH,** *LGs, IPs* | **1&2** |

**9. Strategic Action:** Expand mechanisms to improve blood collection, storage and screening for HIV

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 9.1. | Review and streamline supply the chain management of medical and health supplies for blood transfusion | **MoH**, *UBTS, IPs* | **1&2** |
| 9.2. | Ensure quality and standard adherence of blood supplies management | **MoH,***UBTS, IPs* | **1&2** |
| 9.3. | Ensure sustained campaign for blood donor recruitment, collecting blood, screening and distribution of safe blood to all facilities | **MoH,***UBTS, IPs* | **1&2** |

**10. Strategic Action:** Support research in primary prevention including microbicides and vaccines

| Activities | Lead agency | Years |
|---|---|---|
| 10.1. Disseminate findings of the recent PrEP studies conducted at the two sites in Eastern (Mbale, Tororo) and south-western Uganda (Sheema) to inform programming | **UAC,***MoH, CSOs, IPs* | **1&2** |
| 10.2. Compile and provide regular updates on progress in vaccine development | **MoH,***UVRI* | **1&2** |
| 10.3. Undertake research, document and disseminate findings on social cultural factors that promote risky sexual behaviour | **MoGLSD,***UAC, Academia, IPs* | **1&2** |
| 10.4. Conduct studies to determine the unmet need for family planning among women living with HIV | **MoH,***UAC* | **1&2** |
| 10.5. Conduct a national baseline survey to determine the magnitude and nature of human rights violations indicating any disparities by gender in the context of HIV | **UAC,***JLOS, CSOs* | **1&2** |
| 10.6. Conduct onsite data verification and regular triangulation of data from various sources to obtain reliable estimates of HIV incidence | **MoH,***UVRI, UAC* | **1&2** |
| 10.7. Support the national HIV surveillance system to ensure that it generates and disseminates timely and comprehensive data on HIV incidence in the country | **MoH,** *UVRI, UAC* | **1&2** |
| 10.8. Support implementation of regular population and facility-based surveys/assessments of HIV and AIDS programme indicators (e.g., the UAIS 2016/17). | **MoH,***UAC, CSOs* | **1&2** |
| 10.9. Conduct action research on drug and substance abuse and its effect on HIV transmission | **UAC,***UAC, MARPs Network* | **1&2** |

**11. Strategic Action:** Expand standardized and targeted combination HIV prevention services for Key populations

| Activities | Lead agency | Years |
|---|---|---|
| 11.1 Provide extensive behavioural interventions to MARPS | **UAC,***UAC, MARPs Network* | **1&2** |
| 11.2 Provide extensive structural interventions to MARPS | **UAC,***UAC, MARPs Network* | **1&2** |
| 11.3 Provide biomedical interventions to MARPS | **UAC,***UAC, MARPs Network* | **1&2** |

## Objective 3: To mitigate underlying socio-cultural, gender and other factors that drives the HIV epidemic

Socio-cultural, economic and gender inequality put men, women, boys and girls at a greater risk of HIV infection through multiple pathways. Women who have been raped face an obvious risk of HIV infection from their assailant yet these women are often reluctant to report the crime. Women and young girls living with violent partners are less able to protect themselves from unsafe and coerced sex. Women living with HIV are more likely to suffer physical and non-physical violence as a result of their status, both from intimate partners as well as family and community members. The fear of violence also keeps women from seeking HIV testing, AIDS care and treatment services. Therefore, women and girls' specific vulnerabilities need to be addressed in all aspects of addressing the HIV epidemic. In the next phase of the NSP 2016-2020, there will be increased focus on socio-cultural factors that hinder behaviour change. Communities and families shall be empowered to address the socio-cultural and economic drivers of HIV through context-specific interventions. Best practices in influencing change in masculinity and gender norms that make women and men vulnerable to HIV will also be documented and shared in order to improve how organizations, families and communities respond to HIV among other things.

1. **Strategic Action:** Address socio-cultural and economic drivers of the epidemic through strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.1. | Document and share best practices for motivating change in harmful gender norms | **MoGLSD,***UAC, IPs Academic/Research* | **1&2** |
| 1.2. | Conduct community dialogues on factors that hinder behavior change and uptake of HIV prevention services in the country | **MoGLSD**, *NGOs/ CSOs, IPs, Districts* | **1&2** |
| 1.3. | Build capacity of cultural and community leaders to mobilize for change of harmful socio-cultural norms and practices | **UAC,***MoH, MoGLSD and IPs* | **1&2** |
| 1.4. | Implement school-based interventions for all adolescents addressing gender equality, prevention of GBV & comprehensive sexual education | **MoES**,*UAC,MoGLSD, Education Standards Agency* | **1&2** |
| 1.5. | Ensure access to comprehensive targeted information and services for vulnerable populations and MARPs groups | **UAC,***MoH, Line Ministries, CSOs* | **1&2** |
| 1.6. | Implement a multi-sectoral training curriculum and program on GBV targeting providers of health, social and judicial services | **UAC**, *MoGLSD, MoH, ADPs, CSOs, Networks of PLHIV* | **1&2** |
| 1.7. | Raise awareness and build community level capacities to change negative gender norms, beliefs, practices through targeted audience specific messaging and advocacy | **MoGLSD,***UAC, IPs* | **1&2** |

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.8. | Develop and disseminate tools and guidelines for cultural leaders to mobilize and sensitize communities for HIV prevention | **MoGLSD**, *UAC, IPs* | **1&2** |
| 1.9. | Intensify engagement of cultural and religious leaders for HIV prevention campaigns and services uptake at all levels. | **MoGLSD,***UAC, IPs* | **1&2** |
| 1.10. | Promote access to social equity and justice for vulnerable populations such as women and girls, the disabled, children<15 years and PLHIV) | **JLOS,***UAC, MoGLSD, CSOs, IPs* | **1&2** |
| 1.11. | Address the socio-cultural barriers that increase risk of HIV infection | **MoGLSD,** *CSOs, IPs* | **1&2** |
| 1.12. | Design and implement deliberate programs targeting to empower young boys and girls aged 15-24years | **MoGLSD**, *MoH, UAC, IPs* | **1&2** |
| 1.13. | Strengthen affirmative action for promoting meaningful participation of girls and women in decisions about their own health. | **MoGLSD,***UAC, MOH, IPs* | **1&2** |

**2. Strategic Action:** Strengthen legislative and policy framework for HIV prevention

| Key actions to be performed | | Lead Agency | Years |
|---|---|---|---|
| 2.1. | Create awareness of existing laws and institutions that address SGBV among community leaders | **MoGLSD,***JLoS, CSOs* | **1&2** |
| 2.2. | Review existing legislation and advocate for the amendment of laws that may hinder effective provision of HIV prevention services | **UAC,***JLOS, MoGLSD, CSOs, HRC, LRC* | **1&2** |
| 2.3. | Lobby government to increases resources for enforcement and monitoring of laws regarding SGBV, girl education | **UAC,***MoIA, MoGLSD & IPs/CSOs, ADPs, MoE* | **1&2** |
| 2.4. | Sensitize law and policy makers on the need to enact laws that prohibit discrimination and promote access and sustained use of HIV prevention services | **UAC,***MoH, JLoS* | **1&2** |
| 2.5. | Advocate for effective implementation of policies and laws addressing SGBV and other structural drivers of HIV | **MOH,***UAC, MoJ, MoIA* | **1&2** |
| 2.6. | Establish and or build the capacity of existing community-based structures and networks, the local councils, police and health services to support women and other vulnerable groups to access justice | **MoIA,***MoGLSD & IPs/CSOs, MoLG, MoJ, LCs* | **1&2** |

**3. Strategic Action:** Strengthen capacity of health, legal and social service providers to manage SGBV cases

| | | | |
|---|---|---|---|
| 3.1. | Liaise with existing health services providers to make basic equipment and supplies for forensic examination | **MOH,***UAC, LG IPs* | **1&2** |
| 3.2. | Train nurses and doctors countrywide to screen for SGBV and provide comprehensive SGBV related services | **MOH,***MoGLSD, LG, UAC, IPs/ CSOs* | **1&2** |
| 3.3. | Engage community leaders and law enforcement personnel to reduce SGBV and support processes towards justice for victims of SGBV | **MoGLSD,***CSOs* | **1&2** |

**4. Strategic Action:** Promote male involvement in HIV prevention for their own health and the health of their partners and families

| **Activities** | | **Lead Agency** | **Years** |
|---|---|---|---|
| 4.1. | Enhance male-friendly HIV and AIDS services and use of mentor fathers for mobilisation | **MOH,** *CSOs* | **1&2** |
| 4.2. | Engage men in HIV, sexual and reproductive health programs and interventions and also offer them services | **MoH,** *CSOs, IPs* | **1&2** |
| 4.3. | Establishment and training networks of men through the workplace | **MoGLSD,***UAC, MoPS, LG & IPs/ CSOs* | **1&2** |
| 4.4. | Implement BCC/IEC interventions to empower men and boys to resist peer pressure of norms of masculinity, e.g. having many sexual partners | **MoGLSD**, *MoEST S, LG & IPs/CSOs* | **1&2** |
| 4.5. | Conduct community and school-based interventions for boys at an early age to adopt safer behaviors | **MoGLSD,***MoES and IPs/CSOs* | **1&2** |
| 4.6. | Develop and disseminate HIV prevention messages delivered in context specific activities/events that are popular with men e.g. sports, workplaces, entertainment etc. | **MoGLSD**, *MoH, UAC & IPs, CSOs* | **1&2** |
| 4.7. | Conduct grassroots based community dialogue meetings to develop positive, and respectful attitudes and behaviors towards women and girls | **MoGLSD,***UAC, LG and IPs/CSOs* | **1&2** |
| 4.8. | Advocate for enactment of appropriate bye-laws for male involvement in HIV prevention and SRH | **UAC,***MoGLSD, DLGs, MoJCA, MoLG* | **1&2** |

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## 5. **Strategic Action:** Strengthen efforts against stigma and discrimination

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Conduct research on stigma to inform development of effective interventions against the drivers of stigma | **UAC,***PLHIV Networks, MoGLSD, , Academic/ Research,* | **1&2** |
| 5.2. | Conduct public dialogues on HIV-related stigma and discrimination in the community | **MoGLSD ,** *PLHIV Networks, UAC,* | **1&2** |
| 5.3. | Build capacity for community leaders to speak against HIV-related stigma and discrimination | MoGLSD , *PLHIV Networks, UAC, MoH* | **1&2** |
| 5.4. | Strengthen psychosocial support services for affected individuals through training service providers and communities in counselling | **MoGLSD ,** *PLHIV Networks, UAC* | **1&2** |
| 5.5. | Implement Stigma Reduction Framework to reduce stigma at service delivery points | **MoGLSD ,** *PLHIV Networks,MoJ, UHRC, CSOs* | **1&2** |

## 6. **Strategic Action:** Utilize community extension work programs in the socio-economic sectors to deliver HIV programs

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 6.1. | Utilize community health workers to strengthen linkages between communities and facilities | **MoH**, *UAC, LGs* | **1&2** |
| 6.2. | Advocate for affirmative action in development and livelihood programs for population groups that are most vulnerable to HIV in communities | **UAC,***MoT&C, IPs / CSOs MoGLSD, MoIA, MAAIF, MoD, MoESTS* | **1&2** |
| 6.3. | Build the capacity of institutions to monitor the mainstreaming of HIV in livelihood programs | **UAC,***MFPED, IPs/CSOs* | **1&2** |
| 6.4. | Equip and utilize peer educators, community workers with skills, tools and commodities to effectively promote uptake of HIV and AIDS services, deliver stigma free prevention services and provide effective referral for services | **MoH,***UAC, civil society* | **1&2** |
| 6.5. | Advocacy for introduction / scale up of community health insurance to address the needs of vulnerable groups | **MoGLSD,***UAC, MFPED, IPs/CSOs* | **1&2** |

**7. Strategic Action:** Apply gender and human rights based programming approaches for HIV prevention programs at national and lower levels

| Activities | Lead Agency | Years |
|---|---|---|
| 7.1 Training Program Managers and Service Providers in Human Rights based programming | **UHRC,***MoJCA MoGLSD, UAC* | |
| 7.2 Development of tools that check compliance | **UHRC,***MoJCA MoGLSD, UAC* | |

# 3.0 CARE AND TREATMENT

**Goal 2: To decrease HIV-associated morbidity and mortality by 70% through achieving and maintaining 90% viral suppression by 2020**

| Outcome level Results | Targets |
|---|---|
| Decreasing HIV and AIDS related morbidity and mortality | • Proportion of adults and children enrolled into HIV care services increased to <80%<br>• Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy increased to 90%<br>• Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV increased to 70%<br>• Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT) increased to 80%<br>• Unmet need for Family Planning among PLHIV reduced to …..(or by…)***(to be determined)*** |

**Strategic Objective 1: To Increase Access to Pre- Antiretroviral Therapy Care for those Eligible**

Persons that test HIV are sometimes delayed to start ART due to delays in clinical assessments and or disease staging. Timeliness in processes for clinical assessments and initiation of individuals to HIV treatment is a step to community level viral load suppression and should be prioritized in the initial years of the NSP 2016-2018. While previous efforts for HIV care mobilization target the general population, majority of patients in care have been women and girls. A closer look at the current patient cohorts both for pre-ART and ART services, one in every 3 patients is a man/boy. This leaves a huge unmet need for care that calls for deliberate efforts to improve the participation of males as we sustain the females in HIV care and treatment care programs.

1. **Strategic Action:** Strengthen mechanisms for linkage to care for all HIV positive individuals

| Activities | Lead agency | Years |
|---|---|---|
| 1.1. Improve referral and patient care system and infrastructure. | **MoH**, *IPs* | **1&2** |
| 1.2. Enhance strategies for diagnosing (PITC and targeted community testing for high-risk/high prevalence groups) and timely linkage to care | **MoH,***IPs* | **1&2** |
| 1.3. Ensure timely eligibility assessment for adults and children including clinical assessments and CD4 testing | **MoH,** *IPs* | **1&2** |

2. **Strategic Action:** Increase HIV care entry points within health facilities, community, schools social/child protection and workplaces for HIV exposed infants, children, adolescents and men

| Activities | Lead Agency | Years |
|---|---|---|
| 2.1. Scale up the implementation of provider-initiated HIV testing (PITC) within health facilities | **MoH,** *IP* | **1&2** |

| Activities | Lead Agency | Years |
|---|---|---|
| 2.2. Scale-up public education and treatment literacy that is age and population specific and appropriate | **MoH,** *IP, CSOs* | **1&2** |
| 2.3. Enhance mechanisms for pre-ART patient retention | **MoH,** *IP* | **1&2** |
| 2.4. Reorient care and treatment interventions to ensure that they are responsive to the needs of men in order to increase male enrolment and retention. | **MoH,** *IP* | **1&2** |
| 2.5. Integrate alcohol and drug dependence reduction strategies for all individuals on HIV treatment (Pre and ART) to reduce drug toxicities | **MoH,** *IP, CSO* | **1&2** |

**3. Strategic Action:** Strengthen community level follow-up and treatment support mechanisms for pre-ART and ART individuals (adults and children)

| Activities | Lead Agency | Years |
|---|---|---|
| 3.1 Enhance treatment literacy, patient empowerment, psychosocial and adherence support and disclosure interventions with full involvement of Civil Society and communities, especially PLHIV | **MoH,** *IP, CSOs* | **1&2** |
| 3.2 Enhance peer mobilization strategies for recruitment, enrolment and retention in pre- ART care | **MoH,** *IP, CSOs* | **1&2** |
| 3.3 Conduct nutrition assessment, counselling and support for pre-ART patients | **MoH,** *IP, CSOs* | **1&2** |
| 3.4 Strengthen retention in care through strong community systems for retention | **MoH,** *IP, CSOs* | **1&2** |
| 3.5 Develop treatment and care program models for MARPs and vulnerable children | **MoH,** IP, CSOs | **1&2** |

**4 Strategic Action:** Scale-up implementation of prevention and treatment of AIDS-related life threatening opportunistic infections including Cryptococci meningitis.

| Activities | Lead Agency | Years |
|---|---|---|
| 4.1 Strengthen supply chain for OI diagnostics and medications | **MoH,** *IP* | **1&2** |
| 4.2 Build capacity for management of OIs and non-communicable diseases such as cervical cancer | **MoH,** *IP* | **1&2** |

## Strategic Objective 2: To increase Access to ARTto 80% and sustain provision of chronic-term care for patients initiated on ART

Timely enrollment and better retention in care including ART can contribute greatly towards reducing community level viral load. Comprehensive HIV treatment services based on a coherent continuum of care with special focus to assuring and sustain quality of care across the continuum, stronger linkages with community level support structures will be thus be a priority for the NSP 2016-2020.

**1. Strategic Action:** Strengthen care and treatment referral within decentralized ART services with inclusion of community and home-based HIV treatment

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.1. | Build capacity of health care providers in ART delivery. | **MoH,** *IPs* | **1&2** |
| 1.2. | Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies | **MoH,** *IP, CSO* | **1&2** |
| 1.3. | Scale up key population friendly HIV care and treatment services with peer mobilization and support | **MoH,** *IP, CSOs* | **1&2** |
| 1.4. | Scale-up stigma reduction interventions to increase access to care and treatment | **MoH,** *IP, CSO* | **1&2** |
| 1.5. | Enhance capacity and accredit more ART sites especially targeting all HC III and all PMTCT sites | **MoH,** *IP* | **1&2** |

**2. Strategic Action:** Expand and consolidate pediatric and adolescent ART in all accredited ART sites

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 2.1 | Integrate and support referral between PMTCT and HIV care and treatment services | **MoH,** *IP* | **1&2** |
| 2.2 | Utilize technology including social media for education, recruitment and retention in care | **MoH,** *IP, CSOs* | **1&2** |
| 2.3 | Provide care givers with HIV education, literacy and empowerment | **MoH,** *IP, CSO* | **1&2** |
| 2.4 | Integrate HIV care treatment into youth friendly services | **MoH,** *IP, CSO* | **1&2** |
| 2.5 | Standardize methodologies for disclosure by and to adolescents living with HIV | **MoH,***IP* | **1&2** |

**3. Strategic Action:** Supporting transitions between child-adolescent -adult care

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 3.1 | Train more providers in paediatric and adolescent care | **MoH,** *IP, CSO* | **1&2** |
| 3.2 | Scale up integrated youth friendly services | **MoH,** *IP, CSO* | **1&2** |

| | | |
|---|---|---|
| 3.3 Build capacity for all accredited facilities to provide comprehensive pediatric, adolescent and adult HIV care and treatment | **MoH,** *IP* | **1&2** |

**4. Strategic Action:** Roll out "Test and Treat" interventions for HIV positive pregnant women, key populations, HIV/TB co-infected persons, HIV discordant couples, and children <15 years.

| Activities | Lead Agency | Years |
|---|---|---|
| 4.1 Develop specific programs/models that target children, adolescents, and MARPs (truckers, fisher folks, CSW and MSM), and sero-discordant couples to ensure implementation of 'test and treat' and sustained ART adherence. | **MoH,** *IP, CSOs* | **1&2** |
| 4.2 Roll out 'test and treat' for MSM and TG | **MoH,** *IP, CSOs* | **1&2** |

**5. Strategic Action:** Strengthening early initiation into ART and adherence support services

| Activities | Lead Agency | Years |
|---|---|---|
| 5.1 Promote age and population specific treatment education in community and other non-health facility based settings | **MoH,** *IP, CSOs* | **1&2** |
| 5.2 Scale-up HIV education and treatment literacy, adherence and retention in institutions of learning | **MoESTS,** *MoH, IP, CSOs* | **1&2** |
| 5.3 Employ non-clinical care strategies to increase the retention rate for PLHIV on ART | **MoH,** *IP, CSOs* | **1&2** |
| 5.4 Use innovative social media, mobile and web-based technology to increase adherence, retention and follow up options | **MoH,** *IP, CSOs* | **1&2** |
| 5.5 Scale up use of people living with HIV peer support strategies | **MoH,** *IP, CSOs* | **1&2** |
| 5.6 Support rapid scale-up of ART and enhance patient retention and adherence | **MoH,** *IP* | **1&2** |
| 5.7 Finalize and rollout national treatment adherence strategy | **MoH,** *IP, CSOs* | **1&2** |
| 5.8 Implement effective evidence-based adherence support interventions such as SMS reminders | **MoH,** *IP, CSOs* | **1&2** |
| 5.9 Strengthen psycho-social and adherence support groups at facilities and communities | **MoH,** *IP, CSOs* | **1&2** |

| | | |
|---|---|---|
| 5.10 | Expand and improve linkages between EID, care and treatment facilities and communities to ensure early and sustained linkage to care and retention for HIV infected children | **MoH,** *IPs, CSOs* | **1&2** |
| 5.11 | Utilize peer support and networks of adolescents living with HIV | **MoH,** *IPs, CSOs* | **1&2** |

**6. Strategic Action:** Streamline "Nurse Driven' Care plus 3-4 monthly drug refills for patients who are stable on ART

| Activities | Lead Agency | Years |
|---|---|---|
| 6.1 Develop protocol for 'nurse driven' care | **MoH,** *IP* | **1&2** |
| 6.2 Disseminate the 'nurse driven care' protocol | **MoH,** *IP* | **1&2** |

**Strategic Objective 3: To improve quality of chronic HIV care and treatment**

Interventions under this objective will largely focus of improving the quality of services across the continuum of care for all participating individuals including treatment and drug resistance monitoring. Innovations to overcome the unique demand and delivery barriers especially for MARPS, women and children will be of special interest in the initial phase of the NSP.

**7. Strategic Action:** Establish quality assurance and quality improvement activities at all HIV care and treatment sites

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 7.1. | Strengthen quality of ART services(prescription practices, support mechanisms for patient retention and adherence) to prevent emergence of drug resistance to ARVs | **MoH,** *IP* | **1&2** |
| 7.2. | Train more providers at all levels to improve skills for palliative care provision. | **MoH,** *IP, CSOs* | **1&2** |
| 7.3. | Strengthen capacity of facilities to monitor quality of care and utilise care data for decision making | **MoH,***IP* | **1&2** |
| 7.4. | Conduct continuous quality assurance routine support supervision and client feedback to meet the needs of clients | **MoH,** *IP, CSOs* | **1&2** |

**8. Strategic Actions:** Define and implement integrated guidelines on community-based care, basic care package, linkages with social support structures, lost to follow up (LTFU) management and private sector care

| Activities | Lead Agency | Years |
|---|---|---|
| 8.1 Develop an integrated guidelines on community-based care, basic care package, linkages with social support structures, LTFU management and private sector care | **MoH,** *IPs* | **1&2** |
| 8.2 Implement periodic monitoring for adherence and disclosure | **MoH,** *IPs* | **1&2** |
| 8.3 Disseminate and support the implementation of the guidelines by community service providers to ensure delivery of quality home based and linkages with other services | **MoH,** *IPs, CSO* | **1&2** |

**9. Strategic Action:** Strengthen monitoring of chronic HIV care and treatment including scale-up of viral load monitoring and surveillance for drug resistance

| Activities | Lead Agency | Years |
|---|---|---|
| 9.1 Build capacity and systems for monitoring HIV drug resistance | **MoH,** *IPs,* | **1&2** |
| 9.2 Strengthen annual drug resistance and early warning indicator reporting to stakeholders | **MoH,** *IPs, CSOs* | **1&2** |
| 9.3 Develop and implement surveillance plans, protocols and periodic surveys and cohort analyses | **MoH,** *IPs* | **1&2** |
| 9.4 Build capacity to identify and manage treatment failure | **MoH,** *IPs* | **1&2** |
| 9.5 Implement the National HIV drug resistance and Monitoring Strategy and costed plan | **MoH,** *IPs* | **1&2** |

**10. Strategic Action:** Strengthen treatment monitoring and evaluation of clinical complications and effects of long-term use of antiretroviral drugs

| Activities | Lead Agency | Years |
|---|---|---|
| 10.1 Strengthen capacity for viral load monitoring | **MoH,** *IPs* | **1&2** |
| 10.2 Establish standardized national patient unique identifier, defaulter tracking tools and mechanisms | **MoH,** *IPs* | **1&2** |
| 10.3 Build the capacity of NGOs to monitor ART services in public and non-public health facilities | **MoH,** *IPs, CSOs* | **1&2** |
| 10.4 Implement TB Intensified Case Finding (ICF) guidelines in pre-ART care and rollout the IPT guidelines | **MoH,** *IPs* | **1&2** |

| | | |
|---|---|---|
| 10.5 Improve utilization of GeneXpert to enhance TB diagnostic yield | **MoH,** *IPs* | **1&2** |
| 10.6 Strengthen pharmacovigilance, routine assessment and recording of adherence in the medical records through QI approaches | **MoH,** *IPs, CSOs* | **1&2** |

**11. Strategic Action:** Promote universal access to the basic care package

| Activities | Lead Agency | Years |
|---|---|---|
| 11.1 Provide adequate uninterrupted supplies for basic HIV care (safe water, insecticide treated mosquito nets and Cotrimoxazole prophylaxis) | **MoH,** *IPs* | **1&2** |
| 11.2 Promote utilization of the Basic Care Package including use of innovative distribution options. | **MoH,** *IPs, CSOs* | **1&2** |

## Strategic Objective 4: To strengthen integration of HIV care and treatment within health care programs

Integration of HIV care services is one of the proven strategies to attaining optimal use by target populations. Sub-dividing components of the HIV prevention package through the use of different service providers is costly for a weak health. The situation is further compounded by the lack of adequate health workers especially at service delivery level. Integration is operationally taken to mean the provision of HIV prevention services with other health services either at a single point of access or via referrals within a single health district[3]

1. **Strategic Action:** Fully integrate HIV/TB programming and services at all levels including community DOTS and home-based care

| Activities | Lead Agency | Years |
|---|---|---|
| 1.1. Expand linkages and referral between TB and HIV testing, care and treatment services to ensure early diagnosis and initiation of HIV treatment among TB patients | **MoH,** *IPs, CSOs* | **1&2** |
| 1.2. Increase access to more effective TB diagnostic tests (such as GeneXpert) in order to improve TB diagnosis among HIV infected patients | **MoH,** *IPs* | **1&2** |
| 1.3. Enhance coordination of TB/HIV collaborative services at the national and sub-national level | **MoH,** *IPs* | **1&2** |
| 1.4. Promote integration of TB and ART treatment to create one-stop-centres. | **MoH,** *IPs* | **1&2** |

[3] *Adapted from WHO 2009.*

| | | |
|---|---|---|
| 1.5. Implement TB infection control (TBIC) practices in all health care facilities | **MoH,** *IPs* | **1&2** |
| 1.6. Build capacity of district and facility teams to conduct periodic TB infection risk assessments and monitor implementation of the TB infection control plan | **MoH,** *IPs* | **1&2** |
| 1.7. Orient the DHMT, DHAC and SHAC in the districts on TB/HIV collaboration | **MoH,** *IPs, UAC, LG* | **1&2** |
| 1.8. Strengthen collaboration and monitoring mechanism at national and district level | **MoH,** *IPs, LG* | **1&2** |
| 1.9. Train Private health workers on TB, TB/HIV and MDR TB | **MoH,** *IPs, LG* | **1&2** |
| 1.10. Promote the use of ICF tools for TB symptom screening at health care facilities and linkage of presumptive TB case to the laboratory for diagnosis | **MoH,** *IPs, CSOs* | **1&2** |
| 1.11. Conduct on-site training and mentorship of health care providers to implement IPT, targeting all HIV care clinics for PLHIV and TB clinics for HIV negative children under five years of age, who are eligible | **MoH,** *IPs, CSOs* | **1&2** |

**2. Strategic Action:** Integrate HIV care and treatment with maternal, newborn and child health, sexual and reproductive health and rights, mental health and non-communicable /chronic diseases

| Activities | Lead Agency | Years |
|---|---|---|
| 2.1 Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services | **MoH,** *IPs, CSOs* | **1&2** |
| 2.2 Provide screening and diagnostic equipment for TB, NCDs, malnutrition, opportunistic infections together with those for HIV. | **MoH,** *IPs, CSOs* | **1&2** |
| 2.3 Scale up prevention interventions for TB, OIs and other co-morbidities, water and sanitation-related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal) | **MoH,** *IPs, CSOs* | **1&2** |

**3. Strategic Action:** Provide prevention and management of OI, STIs and ART wrap around services in general outpatient and inpatient care

| Activities | Lead Agency | Years |
|---|---|---|
| 3.1 Provide adequate laboratory supplies and drugs for diagnosis and treatment of common OIs | **MoH,** *IPs, CSOs* | **1&2** |
| 3.2 Provide public education and education for care givers on OIs, STIs etc | **MoH,** *IPs, CSOs* | **1&2** |
| 3.3 Conduct STI and cancer screening and treatment at friendly facilities and community- based satellite clinics (safe spaces) using already tested approaches e.g., targeted outreaches, provider initiated, peer to peer mechanisms referral, mobile services, and partner notification | **MoH,** *UAC, MoESTS, CSOs, IPs, netwroks of PLHIV* | **1&2** |

**4. Strategic Action:** Integrate nutrition assessment, counseling and support in HIV care and treatment services including use of Ready to use Therapeutic Food (RUTF) for severely malnourished, and linkages to increase food security.

| Activities | Lead Agency | Years |
|---|---|---|
| 4.1 Integrate nutritional education, assessment and therapeutic support into HIV care and treatment | **MoH,** *IPs, CSOs* | **1&2** |
| 4.2 Build capacity for nutritional education, assessment and therapeutic support | **MoH,** *IPs, CSOs* | **1&2** |
| 4.3 Provide appropriate nutritional support for HIV exposed infants and young children | **MoH,** *IPs, CSOs* | **1&2** |
| 4.4 Improve nutritional literacy for people living with HIV including children <5years. | **MoH,** *IPs, CSOs* | **1&2** |
| 4.5 Mainstream PMTCT and infant feeding issues in food and material support programs especially for HIV infected people; | **MoH,** *IPs, CSOs* | **1&2** |
| 4.6 Mainstream nutrition care and support for pregnant and lactating woman and HIV-exposed children in the minimum package of services for PMTCT and Pediatric HIV care | **MoH,** *IPs, CSOs* | **1&2** |
| 4.7 Provide nutrition commodities especially therapeutic foods | **MoH,** *IPs, CSOs* | **1&2** |

# 4.0 SOCIAL SUPPORT AND PROTECTION

**Goal 3: Reduced vulnerability to HIV and AIDS and mitigation of its impact on PLHIV and other vulnerable groups**

| Outcome level Results | Targets |
|---|---|
| Reducing the vulnerability to HIV and AIDS and mitigate the its impact to on PLHIV and other vulnerable groups | • Increased number of women and girls [15-49 years] who make decisions about their SRH independently or jointly with partners increased from 61% to 80%<br>• Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV ncresed to 70%<br>• SGBV among women living with HIV reduced from 39% to 10%<br>• % SGBV survivors helped by social service organizations increased from 23% to 60%.<br>• Reduced Stigma and discrimination i.e. % expressing fear of contracting HIV from casual contact with PLHIV reduced by 50% from 19% women & 28% men)<br>• Percentage of men and women who believe that wife beating is justified reduce by 50%<br>• % of adults who believe that a wife is justified to refuse sex with her husband if he has an STD increased to 100% from 84 % women and 90% men.<br>• 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 increase by 30% |

**Strategic Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups**

PLHIV face stigma and fear to disclose their HIV status to avoid being discriminated against or even denied freedom of expression in society. Women and girls especially shoulder a disproportionate share of the blame on the basis of real or perceived HIV status. The UAIS (2011)revealed that more than 80% of women and about 69% percent of men had negative attitudes towards PLHIV. Addressing the community-rooted factors that promote this level of non-accepting attitudes towards PLHIV will therefore be prioritized in the implementation of this NSP.

**1. Strategic Action:** Mobilize and strengthen cultural (including traditional healers) and religious institutions, community support systems and PLHIV Networks to address stigma

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.1. | Assess to establish the capacity gaps of cultural and religious institutions and PLHIV Networks to address stigma | **MoGLSD,** *UAC, IPs* | **1&2** |
| 1.2. | Build the capacity of cultural and religious institutions, community support systems and PLHIV Networks to address stigma at community and personal level | **MoGLSD,** *PLHIV networks* | **1&2** |
| 1.3. | Establishment and strengthen existing district level networks of people living with HIV as vehicles for easy mobilization of persons living with HIV and possible engagement as resource persons for the various HIV programs. | **UAC**, *PLHIV Networks* | **1&2** |

**2. Strategic Action:** Strengthen interventions that empower PLHIV to deal with self-stigma

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 2.1. | Develop guidelines for implementing positive health, dignity and prevention | **UAC,** *PLHIV Networks* | **1&2** |
| 2.2. | Create opportunities to strengthen existing interventions that support PLHIV to positively fight self-stigma | **UAC,** *PLHIV Networks* | **1&2** |

**3. Strategic Action:** Conduct PLHIV Stigma Index assessment at least every two years

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 3.1. | Scale up dissemination and the use of the Stigma Index study report 2013 | **UAC,** *PLHIV Network* | **1&2** |
| 3.2. | Update the PLHIV stigma index report | **UAC,** *PLHIV Network* | **1&2** |

4. **Strategic Action:** Implement campaigns to addresses stigma experienced in homes, communities and other institutions (schools, hospitals, workplaces and places of worship)

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 4.1. | Conduct operational research on stigma and psychosocial needs of HIV infected workers in places of work to generate evidence that will inform appropriate integration of stigma reduction strategies in occupational health policies and programs | **MoGLSD,** *UAC* | **1&2** |
| 4.2. | Build capacity and lobby community leaders, service providers, the mass media and other key stakeholders to promote positive messages about living with HIV. | **UAC,** *PLHIV Networks* | **1&2** |
| 4.3. | Build the capacity of networks of women living with HIV and other CSOs to demand for and advocate for uptake of rights-based HIV services. | **UAC,** *MoH, LGs* | **1&2** |
| 4.4. | Promote community-based interventions that provide correct information about HIV transmission segmented according to target audiences in easily accessible language(s) | **MoGLSD,** *PLHIV Networks* | **1&2** |
| 4.5. | Build capacity of AIDS support clubs in schools and communities, CBOs and PLHIV networks to provide psychosocial support to boys and girls orphaned due to HIV, adolescent mothers living with HIV and PWDs. | **UAC,** *MoH, IPs, PLHIV Networks* | **1&2** |

**5. Strategic Action:** Design and implement interventions to eliminate discrimination against women and girls in the context of HIV and AIDS

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Assess the extent of stigma and discrimination of women and girls in context of HIV and AIDS in various situations | **MoGLSD,** *PLHIV Network* | **1&2** |
| 5.2. | Build capacity of community health educators and other health care professionals delivering HIV-related education, prevention, and treatment services to work effectively with young women and girls and to consider gender-related vulnerabilities and risks. | **MoH,** *MoGLSD, UAC* | **1&2** |
| 5.3. | Improve access to non-judgmental and user-friendly sexual health and HIV prevention information, commodities and services for adolescent mothers and young women living with HIV. | **MoH,** *CSOs* | **1&2** |

| | | | |
|---|---|---|---|
| 5.4. | Build capacity of and promote community based organizations that raise awareness to change norms that promote stigma and discrimination among women and girls | **UAC,***MoGLSD, PLHIV Network* | **1&2** |

**6. Strategic Action:** Institute and strengthen anti-stigma and discrimination programs for key populations

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 6.1. | Assess the extent of stigma and discrimination of key populations in the context of HIV and AIDS | UAC, *MARPs Network, IP* | **1&2** |
| 6.2. | Advocate for policy and bylaws on stigma and discrimination of key populations | UAC, *MARPs Network, IP* | **1&2** |
| 6.3. | Train educators, social and health care professionals delivering HIV-related education, prevention, and treatment services to be sensitive to the needs and issues of key populations. | **MoH**, *MoESTS, MARPs Network, IPs* | **1&2** |

## Strategic Objective 2: To mainstream the needs of PLHIV, OVC and other vulnerable groups[4] into other development programs

PLHIV have special needs that need to be able met in order to cope with life-long treatment. PLHIV also need information on how to access care easily and in a timely manner. This is amidst some public laws, policies and community level practices and norms that do not favor disclosure of one's status. Children, women and girls, PWDs and the elderly have special needs in the context of HIV. it is therefore important that all national HIV response programs put into considerations the special needs of the vulnerable groups in order to achieve the desired behavioral and treatment outcomes.

**1. Strategic Action:** Integrate PLHIV, OVC and other vulnerable groups' needs in development programming

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.1. | Develop and disseminate a tailored social support and social protection package for the various vulnerable groups to be used by providers in the public and private sectors. | **UAC,** *MOGLSD, PLHIV Networks, CSOs* | **1&2** |
| 1.2. | Adopt a systematic lifecycle approach to social support and social protection programming for PLHIV and other vulnerable groups | **MoGLSD** | **1&2** |

[4]*Vulnerable persons include PWD, the elderly and key populations*

**2. Strategic Action:** Coordinate all sectors to fulfill and account for their mandate in relation to social support and social protection

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 2.1. | Update and harmonize the inventory of service providers, PLHIV networks and groups including their level of activeness, psychosocial training needs, and other capacity gaps | **MoGLSD,** *PLHIV Networks* | **1&2** |
| 2.2. | Assess, review and disseminate existing Training Manuals on psychosocial support to address the needs of different population groups | **MoGLSD,** *IPs, UAC* | **1&2** |
| 2.3. | Undertake training and facilitate for psychosocial support | **MoGLSD,***IPs* | **1&2** |
| 2.4. | Strengthen coordination among sectors involved in social support interventions. | **MoGLSD** | **1&2** |
| 2.5. | Build the capacity of the community based service (CBS) departments for mobilizing and empowering communities to provide social support services | **MoGLSD,***IP* | **1&2** |

**3. Strategic Action:** Campaign for revision of harmful laws and policies that deter PLHIV, OVC, key populations and vulnerable groups from accessing social support and protection interventions

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 3.1. | Improve legislation governing inheritance and property rights so that women and girls and Orphans have property rights | **JLoS,** *MoGLSD, UAC* | **1&2** |
| 3.2. | Improve legal literacy programs and legal aid services to promote and enforce women's rights under customary and statutory law | **UAC,** *MoGLSD, JLoS* | **1&2** |
| 3.3. | Sensitize the community, religious, cultural, school and CBO/CSO leaders on rights of PLHIV & OVC and their roles in protecting them against abuses including property dispossession; | **UAC,***MoGLSD* | **1&2** |
| 3.4. | Conduct a rapid assessment of existing laws, policies and guidelines that impede PLHIV from accessing social support | **UAC,** *JLoS* | **1&2** |
| 3.5. | Enact and enforce laws that protect women from violence | **JLoS** | **1&2** |
| 3.6. | Mobilize and train community self-help groups and paralegals to ensure social support to persons who are abused, ill, food insecure, bereaved and other forms of deprivation | **MoGLSD,***IP* | **1&2** |

| | | | |
|---|---|---|---|
| 3.7. | Revise the HIV prevention and AIDS Control Act 2014 and other laws to improve the clauses that stigmatize women, promote disclosure with consent and undermine the dignity of PLHIV | **UAC,** *PLHIV Networks, CSOs* | **1&2** |
| 3.8. | Train judges, police and other legal and judicial system personnel to be more sensitive to issues regarding sexual violence against women | **MoGLSD,** *UAC, JLoS* | **1&2** |
| 3.9. | Advocate for gender and rights based HIV programming | **UAC,** *PLHIV Networks* | **1&2** |
| 3.10. | Promote and enforce laws that address GBV and gender inequality | **MoJ,***MoGLSD* | **1&2** |

**4. Strategic Action:** Integrate social support and protection issues in education sector programs (including school health and reading programs, Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), curricular and extracurricular activities)

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 4.1. | Provide sanitary information and accelerated access to services and commodities for the girl child in school | **MoESTS** | **1&2** |
| 4.2. | Build capacity of teachers, and counsellors to be able to handle the special needs of children living with HIV in schools | **MoESTS** | **1&2** |
| 4.3. | Develop, disseminate and implement guidelines on how to integrate HIV and AIDS in the school curriculum (teachers and learners) | **MoESTS** | **1&2** |

**5. Strategic Action:** Implement targeted programmes that support PLHIV, OVC and other vulnerable groups to access livelihood opportunities, vocational skills training and informal education

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Advocate for the enrolment of OVC and youth into informal, vocational and apprenticeship education programs | **MoGLSD** | **1&2** |
| 5.2. | Advocate for implementing the policy for having one vocational school per sub-county | **MoGSLD** | **1&2** |
| 5.3. | Establish/renovate and provide essential equipment and learning materials to vocational, apprenticeship and community centres | **MOGLSD** | **1&2** |
| 5.4. | Enhance linkages with other services such as legal support, sustainable livelihood and income generating activities | **MoGLSD** | **1&2** |

**6. Strategic Action: Expand social assistance grants to most vulnerable PLHIV, OVC and other vulnerable persons**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 6.1. | Facilitate community, agriculture and veterinary extension workers to register households whose economic livelihoods have been devastated by HIV and AIDS in each sub-county; | **MoAAIF** | **1&2** |
| 6.2. | Offer financial, socio support, vocational training and livelihood skills enhancement opportunities to AIDS orphans prioritizing the girl child to prevent a recurring cycle of poverty and infection | **MoGLSD,** *IPs,CSOs, UAC, MoH* | **1&2** |
| 6.3. | Ensure preferential treatment is accorded to OVC (esp. due to HIV) in the national education bursary scheme to include tuition and non-tuition dues for primary, secondary and tertiary institutions. | **MoES,** *MoGLSD* | **1&2** |

**7. Strategic Action:** Design and implement interventions that prioritize the key populations, elderly and PWDs in social support and protection services

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 7.1. | Mobilise community support groups and facilitate them to provide basic social needs (such as shelter, food, firewood, bedding, clothing, ITN and soap, etc) to households with chronically ill PHA, OVC and caregivers; | **MoGLSD** | **1&2** |
| 7.2. | Establish a community-managed data base by facilitating local authorities to compile and periodically update the register of vulnerable groups and households in the community so that it is used as the basis for selecting beneficiaries of social support services; | **MoGLSD** | **1&2** |

**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**

1. **Strategic Action:** Develop and promote a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV, OVC, key populations and other vulnerable groups

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 1.1. | Strengthen capacities of communities and districts to provide psychosocial support to PLHIV, OVC, key population and women and girls and other vulnerable populations | **MoGLSD** | **1&2** |
| 1.2. | Increase capacity of PLHIV associations and post-test support groups to provide psychosocial support to other PLHIV and affected families | **UAC,** *PLHIV Networks, MoGLSD, IP* | **1&2** |
| 1.3. | Train Village Health Teams (VHTs), Key population peer leaders and caregivers in holistic approach to social support (food, nutrition, hygiene, sanitation, etc. | **MoH,***IPs* | **1&2** |
| 1.4. | Develop a package for delivery of psycho and social protection services to PLHIV including women and girls by service provides in the public and non-public sectors. | **MoGLSD**, *MoH* | **1&2** |
| 1.5. | Advocate for affirmative action for PLHIV most especially OVCs, women and girls and persons with disability in development programming and budgeting | **MoGLSD,***UAC* | **1&2** |
| 1.6. | Link psychosocial support services with programs that increase access to vocational skills training, and opportunities to develop practical and business skills targeting PLHIV, OVC, women and girls. | **MoGLSD,***IP* | **1&2** |
| 1.7. | Define basic PSS package for HIV and guidelines for implementation and integration into social-economic development programs | **UAC,** *MoGLSD* | **1&2** |

**2. Strategic Action: Develop and implement interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of children in their care**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 2.1. | Disseminate information on local options and sources of meeting nutritional needs of PLHIV and other vulnerable households. | **MoH,** *MoGLSD* | **1&2** |
| 2.2. | Include and ensure access to income generating/ livelihood activities for HIV-positive women in HIV and AIDS projects. | **MoAAIF,** *IPs, CSOs* | **1&2** |
| 2.3. | Train and support community structures to promote food production, processing technologies, storage, utilization and hygiene by PLHIV and affected households | **MAAIF,***IPs* | **1&2** |
| 2.4. | Build capacity and improve access to seedlings and other resources of the most vulnerable households experiencing chronic food shortage | **MoH,***MAAIF, PLHIV networks* | **1&2** |
| 2.5. | Train teachers, matrons and school nurses in psychosocial support for OVC and children and teachers living with HIV | **MoES,***IPs* | **1&2** |
| 2.6. | Establish, renovate and equip vocational institutions, apprenticeship and community centers | **MoES,** *MoGLSD* | **1&2** |

**3. Strategic Action:** Develop and implement appropriate strategies to prevent and respond to child abuse and exploitation

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 3.1. | Strengthen reporting, documentation, follow up and handling of SGBV and abuse cases | **MoGLSD,** *MoJCA, MoH* | **1&2** |
| 3.2. | Lobby for enforcement of legislation, regulations and policies that condemn child rights abuse | **MoGLSD,** *MoJCA, MoH* | **1&2** |
| 3.3. | Provide training to educators and health care professionals delivering HIV-related education, prevention, and treatment services to handle child abuse cases and to consider gender-related vulnerabilities and risks. | **MoGLSD,** *MoJCA, MoH* | **1&2** |
| 3.4. | Orient judicial services personnel, police and community leaders to improve their capacity in handling child abuse and related cases in the context of HIV and AIDS | **MoGLSD,** *MoJCA, MoH* | **1&2** |
| 3.5. | Train para-legals and OVC duty bearers in legal support and child protection including linkage to health and legela aid services | **MoJCA,** *MoGLSD,* | **1&2** |

**4. Strategic Action: Build and scale- up capacity for quality counseling services for PLHIV, OVC, key populations and other vulnerable groups**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 4.1 | Promote Peer-to-peer counselling through PHA networks, mentor mothers, peer groups of discordant couples and adolescent groups | **MOH,** *PLHIV Network, IP* | **1&2** |
| 4.2 | Train providers at health centre level in provision of psychosocial support and counselling | **MoH,** *MoGLSD, PLHIV Network, IPs* | **1&2** |

**Strategic 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 and AIDS**

Men and boys need to know and respect the rights and responsibilities of the family members, know and understand what constitutes GBV including sexual violence as well as the consequences of SGBV in relation to new HIV infections. Additionally, communities need accurate information on the causes, magnitude and consequences of SGBV to both men/boys and women/girls.

**5. Strategic Action:** To support review, implementation and monitoring of legal and policy instruments that empowers women, girls, men and boys to access and utilize social support and protection services

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 5.1. | Conduct a review of the legal and policy instruments that affect access to social support and protection by women, girls | **MoJCA,** *MoGLSD, UAC* | **1&2** |
| 5.2. | Develop mechanisms to operationalize legal and policy reforms | **MoJCA,** *MoGLSD, UAC* | **1&2** |
| 5.3. | Disseminate the findings from the review of legal and policy instruments | **MoJCA,** *MoGLSD, UAC* | **1&2** |

6. **Strategic Action:** Strengthen institutions and sectors to implement laws and policies addressing SGBV and other rights violations among PLHIV, OVC, key populations and other vulnerable persons

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 6.1. | Create awareness and appreciation among men, women, boys and girls, about their entitlement and procedures for accessing legal and social protection services. | **MoJCA,***IP, MoGLSD, UAC* | **1&2** |
| 6.2. | Train communities, families and other potential perpetrators of SGBV about the legal implications | **MoJCA,***IP, MoGLSD* | **1&2** |

| | | | |
|---|---|---|---|
| 6.3. | Support community resource agents, CBOs and NGOs in advocacy, protection and service provision related to SGBV | **MoGLSD** *IPsCSOs* | **1&2** |
| 6.4. | Strengthen the capacity of government departments involved with advocacy, protection and service provision | **MoJCA,** *IPs MoGLSD* | **1&2** |
| 6.5. | Build the capacity of community based service departments at local government level to respond to the needs of PLHIV, OVC and other vulnerable groups | **MoLG,***MoGLSD, IPs* | **1&2** |

**7. Strategic Action: Enhance capacity of all actors engaged in the HIV and AIDS national response to adopt gender and rights-based HIV programming**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 7.1. | Conduct gendered research on the impact of HIV and AIDS on social support programs | **MoGLSD,***IPs* | **1&2** |
| 7.2. | Build capacity of local governments to guide implementers at Local Government level to carry out gender mainstreaming, human rights and disability into support program initiatives | **LG ,** *UAC , MoGLSD* | **1&2** |
| 7.3. | Conduct advocacy campaigns on policies and laws on rights of PLHIV, OVC and other vulnerable categories | **MoJCA,***UAC, MoGLSD, IP* | **1&2** |
| 7.4. | Develop capacities for enforcing relevant laws and policies to ensure human rights and fundamental freedom of PLHIV and OVC. | **MoIA,***UAC, MoJCA , MoGLSD, IP* | **1&2** |
| 7.5. | Engage cultural leaders to address cultural norms, practices and attitudes that serve as a barrier to the realization human rights | **UAC,***MoJCA, MoGLSD, IP* | **1&2** |
| 7.6. | Provide survivors of abuse, violence and exploitation with appropriate services | **MoJCA,***MoH, MoGLSD, IP* | **1&2** |
| 7.7. | Advocate for strengthening institutions and sectors to implement laws and policies addressing SGBV and other rights violations among PLHIV | UAC, *MoH, MoJCA, IP, MoGLSD* | **1&2** |

**8. Strategic Action: Establish mechanisms for engaging men and boys in HIV and AIDS and SGBV programing**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 8.1. | Identify and promote model families that live a violence free life for community education | **MoGLSD**, *IPs* | **1&2** |
| 8.2. | Involve men and boys ain planning, implementation, M&E of anti- SGBV campaigns. | **MoGLSD**, *IPs* | **1&2** |
| 8.3. | Develop and test community based interventions that raise awareness and change norms about male masculinity | **MoGLSD**, *IPs* | **1&2** |
| 8.4. | Conduct community dialogue sessions and drama on SGBV as a vehicle for social change | **MoGLSD**, *IPs* | **1&2** |
| 8.5. | Establish community level avenues for sharing testimonies from SGBV survivors and perpetrators | **MoGLSD**, *IPs* | **1&2** |
| 8.6. | Educate and encourage men and boys, from an early age, to respect women's rights | **MoGLSD**, *IPs* | **1&2** |
| 8.7. | Develop and implement an advocacy campaign targeting political, cultural and religious leaders as resource persons for the anti-SGBV campaign. | **MoGLSD**, *IPs* | **1&2** |
| 8.8. | Support and promote dialogues between male community groups and service providers | **MoGLSD,** *IPs* | **1&2** |
| 8.9. | Openly discuss the laws related to SGBV and their implications | **MoJCA**, *MoGLSD IPs* | **1&2** |
| 8.10. | Scale up efforts to engage cultural institutions in addressing existing socio-cultural and gender norms, beliefs and practices that deter men and boys from using HIV care and treatment services | **MoGLSD**, *IPs* | **1&2** |

**9. Strategic Action: Build capacity of community based organizations and other CSOs to address violence against women and girls, men and boys in the context of HIV and AIDS through social mobilization.**

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 9.1. | Train and support local leaders to carry out community education campaigns on human rights, legal and ethical needs of PLHIV, OVC and other HIV and AIDS affected | **MoGLSD**, *IPs* | **1&2** |
| 9.2. | Train and support community-based paralegals to carry out community education campaigns on human rights, legal and ethical needs of PLHIV, OVC and other HIV and AIDS affected | **MoJCA,** *MoGLSD, IPs* | **1&2** |

| | | | |
|---|---|---|---|
| 9.3. | Mobilize communities to change unequal and harmful norms in the context of GBV/HIV | **MoGLSD**, *IPs* | **1&2** |
| 9.4. | Disseminate policy briefs on culture and GBV/HIV | **MoGLSD,***UAC, MoH, IPs* | **1&2** |
| 9.5. | Build capacity of local governments, cultural institutions and CSOs to implement GBV elimination campaigns and offer support to survivors guided by that national GBV elimination plan | **UAC,***MoGLSD, MoH, ADPs, Networks of PLHIV* | **1&2** |
| 9.6. | Build capacity for gender and Human rights based analysis in planning/programming, implementation, monitoring and Evaluation | **MoGLSD**, *UAC, IP* | **1&2** |
| 9.7. | Conduct a study to determine community gaps and barriers in addressing GBV | **MoGLSD**, *UAC, IP* | **1&2** |

# 5.0 SYSTEMS STRENGHTENING: GOVERNANCE, HUMAN RESOURCE AND RESOURCE MOBILISATION

**Goal 4: An effective and sustainable multi-sectoral HIV and AIDS service delivery system that ensures universal access and coverage of quality, efficient and safe services to the targeted population by 2020**

| Outcome levelResults | Targets |
|---|---|
| Establishing an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population | • National Commitments and Policy Instrument (NCPI) index score improves by <40points<br>• Percentage of SCEs and other their constituents with functional boards increased to 95%<br>• Percentage of government contribution to HIV and AIDS funding increased by 10%<br>• Percentage of districts with functional coordination structures increased to <50%<br>• Percentage of districts with functional PHA Networks increased to <95% |

***Objective 1: To strengthen the governance and leadership of the multi-sectoral HIV and AIDS response at all levels***

Effective leadership and governance to ensure strategic policy frameworks to provide the requisite oversight spearhead coalition building and accountability for investments made is essential for the multi-sectoral response to HIV and AIDS at national, local government and community levels. A reduction in new HIV infections will not be attained without strong and efficient leadership across the service delivery levels especially now that resources for HIV are dwindling.

1. **Strategic Action:** Strengthen the engagement of leaders (political, religious, cultural and technical) in the stewardship of the multi-sectoral response at all levels and key institutions, organizations, facilities and communities

| Activities | | LEAD AGENCIES | Years |
|---|---|---|---|
| 1.1. | Promote and monitor implementation of the 3-ones principles at the national, sectoral, district, institutional and community levels | **UAC,** *MDAs, LG, SCEs, ADPs* | **1&2** |
| 1.2. | Orient religious, political and technical leaders at national and local government levels | **UAC,** *CSOs* | **1** |
| 1.3. | Support and engage religious and traditional leaders as well as leaders in informal sector in coordination and leadership of national response at different levels | **UAC**, *SCEs* | **1&2** |

| | | | |
|---|---|---|---|
| 1.4. | Build capacity for good governance and accountability and to effectively plan, coordinate, implement and monitor the response at all levels. | **UAC,***MDAs, LG, SCEs* | **1&2** |
| 1.5. | Operationalize the Leadership's Accountability Framework | **UAC,***MDAs, LG, SCEs* | **1&2** |
| 1.6. | Support political, technical and cultural leaders as champions of the campaign on HIV and AIDS within their respective mandates and communities | **UAC,***MDAs, LG, SCEs, ADPs* | **1&2** |

**2. Strategic Action:** Review, disseminate and monitor implementation of existing and new legal and policy related instruments for reducing structural barriers to national response

| **Activities** | | **Lead agency** | **Years** |
|---|---|---|---|
| 2.1. | Develop and disseminate an inventory of existing laws, policies and guidelines on the multi-sectoral AIDS response. | **UAC**, *MoJCA, MoH, MoGLSD* | **1** |
| 2.2. | Review existing laws and policies so that they do not conflict or contradict each other | **UAC**, *MoJCA, MoH, MoGLSD* | **1&2** |
| 2.3. | Develop a clear strategy and capacity for repackaging, producing, disseminating, enforcing and monitoring the implementation of the various policies, laws and bills and ordinances | **UAC**, *MoJCA, MoH, MoGLSD, LGs* | **1&2** |

**3. Strategic Action:** Strengthen the capacity of UAC and the partnership mechanism to carry out their mandates

| **Activities** | | **Lead agency** | **Years** |
|---|---|---|---|
| 3.1. | Implement and monitor the UAC Charter and Strategic plan | **UAC** | **1&2** |
| 3.2. | Hold regular dialogue, advocacy and lobbying sessions between UAC Board and top management of each public and non-public sector for improved coordination | **UAC,** *Office of the President* | **1&2** |
| 3.3. | Increase coverage and strengthen the UAC regional coordination offices | **UAC,** | **1** |
| 3.4. | Strengthen the functioning of the partnership coordination mechanism/structures at national and decentralized levels. | **UAC,***SCEs* | **1&2** |
| 3.5. | Support SCEs to scale-up their activities including having structures and mechanisms cascading to lower levels | **UAC**, *SCEs* | **1&2** |

**4. Strategic action:** Support the public and non-public sector coordinating structures to carry out their roles including gender and function better with improved linkages, networking and collaboration within and across sectors and at national, decentralized and community levels

| Activities | | Lead agency | Years |
|---|---|---|---|
| 4.1. | Operationalize intra-and inter-sectoral/constituency coordination of HIV and AIDS activities at national, district and community levels | **UAC,** *MDAs, LG, SCE, MoH, ADPs* | **1&2** |
| 4.2. | Review the decentralized HIV and AIDS response coordination framework and basic package for coordination within the Local governments. | **UAC,** *MoLGLG, SCE* | **1&2** |
| 4.3. | Update the mapping of programs and stakeholders engaged in implementation of NSP in the country for guiding planning and resource allocation | **UAC** | **1&2** |
| 4.4. | Support Local governments to enforce laws and national/local policies, procedures and guidelines for improving coordination and service delivery at decentralized level | **UAC,***MoLG* | **1&2** |
| 4.5. | Rationalize the roles of local government and the mandates of MoH with regards to health management and service delivery in the districts. | **UAC,***MoH, MoLG* | **1&2** |

**5. Strategic Action:** Promote multi-sectoral planning at all levels with emphasis on target setting based on disease burden and continuum of response by geographical locations, facilities/institutions and key populations and that all plans are responsive and aligned to respective local government and/or sectoral plans

| Activities | | Lead agency | Years |
|---|---|---|---|
| 5.1. | Disseminate and monitor the implementation of the NSP, sector/district/agency HIV and AIDS Strategic Plans, NPAP and M&E Plans and local government HIV and AIDS planning guidelines | **UAC**, *MDAs, SCEs, LGs* | **1&2** |
| 5.2. | Support the integration of HIV and AIDS District Annual Planning Meetings and budget conferences of the districts. | **UAC**, *MoLG, LGs* | **1&2** |
| 5.3. | Support the development of a consolidated annual operational plan and budget by sector and SCE aligned to the NSP and this NPAP and, where possible, cascading to district, sub-county and facility levels. | **UAC,***MDAs, SCE, LGs, ADPs* | **1&2** |

| | | | |
|---|---|---|---|
| 5.4. | Build the human resource capacity for computer modeling and simulation of epidemic and the costing of interventions in the NSP | **MoH**, *UAC* | **1&2** |
| 5.5. | Develop tools for guiding the districts and key partners in translating the NSP and NPAP into a coherent plan | **UAC** | **1** |

**6. Strategic Action:** Ensure that gender, disability and human rights are mainstreamed in all major programmes in public and non-public sector.

| **Activities** | | **Lead agency** | **Years** |
|---|---|---|---|
| 6.1. | Monitor the implementation of the workplace HIV and AIDS policies in the respective public and non-public sector | **UAC,***MDAs, SCEs* | **1&2** |
| 6.2. | Intensify mainstreaming of HIV and AIDS in existing and new development programs and institutions. | **UAC,***MDAs, SCEs* | **1&2** |
| 6.3. | Re-sensitize and equip the major national institutions and statutory bodies, MDAs and Civil society on mainstreaming HIV and AIDS at multi-sectoral level. | **UAC,***MDAs, SCEs* | **1&2** |
| 6.4. | Review and consolidate the integration of HIV and AIDS in the public and non-public sector monitoring and evaluation systems | **UAC,***MDAs, SCEs* | **1&2** |
| 6.5. | Develop, disseminate and monitor utilization of self-assessment framework on HIV and AIDS mainstreaming for individual sectors, local governments and organizations | **UAC,***MDAs, SCEs* | **1&2** |

**7. Strategic Action:** Ensure implementation of EAC trans-boundary HIV and AIDS related legal and programmatic concerns as required by all partner states

| **Activities** | | **Lead agency** | **Years** |
|---|---|---|---|
| 7.1. | Support cross-border and transport corridor facilities to be responsive to the needs of mobile, vulnerable and other key populations | **MoH,** | **1&2** |
| 7.2. | Harmonize/amend existing Uganda laws and policies that affect the regional response to HIV and AIDS | **UAC**, *MoJCA, MoFA* | **1&2** |
| 7.3. | Ensure that programs, protocols, policies and laws that relate to regional response to HIV and AIDS are implemented and monitored in Uganda | **UAC**, *MoH, MoJCA, MoFA* | **1&2** |

### Objective 2: To ensure availability of adequate human resource for delivery of quality HIV and AIDS services

In order to sustain the recent achievements in decimating the number of new HIV infections, Uganda needs to ensure adequate mix of human resources in numbers and skills at all service outlets. A well performing, highly motivated and skilled HIV and AIDS response workforce that is responsive, fair and efficient is essential towards achieving the best outcomes possible given available resources and circumstances.

1. **Strategic Action:** Review the policy and strategy for improving attraction, motivation and retention of staff involved in delivery of HIV and AIDS services in the health, non-health and community based services departments in both public and non-public sector

| Activities | | Lead agency | Years |
|---|---|---|---|
| 1.1. | Expedite operationalization of the policy on staffing in health facilities and positions of focal point persons in line ministries and districts for effective coordination and service delivery | **MoH,** *MoPS, LG* | **1** |
| 1.2. | Review the human resource establishments in terms of numbers and skills mix in the facilities and necessary actions taken to fill them | **MoH,** *LG, MoPS* | **1&2** |
| 1.3. | Support the implementation of the Supervision Performance Assessment Strategy and Reward strategy (SPARS) | **MoH,***LG* | **1&2** |
| 1.4. | Strengthen the capacity of the District Supervisory Authority | **MoH,***LG* | **1&2** |
| 1.5. | Develop a policy on performance based rewarding and appraisal that underscores the concept of quality improvement in delivery of HIV and AIDS services | **MoH,** *LG, CSOs, ADPs* | **1&2** |

2. **Strategic Action:** Harmonize pre- and in-service training of different cadres for HIV/ AIDS service provision

| Activities | | Lead agency | Years |
|---|---|---|---|
| 2.1. | Review curriculum and train health/non-health and non-professionals engaged in provision of HIV and AIDS services | **MoES,***MoH* | **1&2** |
| 2.2. | Integration HIV and AIDS in pre-service training curricular of tertiary institutions of learning | **MoES,***MoH* | **1&2** |
| 2.3. | Accredit training institutions in collaboration with stakeholders and ensure standards for various fields of HIV training (HCT, ART, paediatric care, PEP etc) | **MoES,***MoH* | **1&2** |

**3. Strategic Action:** Ensure that HIV and AIDS is mainstreamed in the curriculum of Education Institutions at all levels

| Activities | | Lead agency | Years |
|---|---|---|---|
| 3.1. | Revise the curriculum, teaching materials and policies on LSSSE in schools and teacher/tutor training institutions | **MoES,***MoH* | **1&2** |
| 3.2. | Scale-up pre-service and in-service training of teachers in LSSSE | **MoES,***MoH,* | **1&2** |
| 3.3. | Integrate LSSSE in the national examination system | **MoES,** MoH, | **1&2** |
| 3.4. | Ensure that HIV and AIDS is integrated into the curricula of major academic institutions including Universities and other tertiary institutions | **MoES,***MoH, UAC* | **1&2** |

**4. Strategic Action:** Advocate for revision of public service structures and institutionalize critical staff and positions at health facilities, line ministries, departments, agencies and districts

| Activities | | Lead agency | Years |
|---|---|---|---|
| 4.1. | Support human resource needs and capacity development concerns at the decentralized systems and sectors in all sectors and at all levels, especially the decentralized service level, systems and sectors for enhancing the delivery of HIV services | **MoLG,** *MoH, LGs* | **1&2** |
| 4.2. | Rationalize the positions for counsellors in the public sector health facilities | **MoLG,** *MoH, LGs* | **1&2** |

**5. Strategic Action:** Build the leadership and management capacity of key workers and structures for enhancing implementation of the national and decentralized HIV and AIDS response.

| Activities | | Lead agency | Years |
|---|---|---|---|
| 5.1. | Organize leadership and management training programmes for health facility staff | **MoH**, *LGs, IPs* | **1&2** |
| 5.2. | Coordinate the recruitment, training and sustainability plans of HIV and AIDS service providers | **MoH**, *LGs, ADPs* | **1&2** |

**6. Strategic Action: Promote the implementation of the public private partnership in the delivery of HIV and AIDS services**

| Activities | | Lead agency | Years |
|---|---|---|---|
| 6.1. | Disseminate the public-private partnership policy | **MoH**, *LGs, ADPs, SCEs* | **1&2** |
| 6.2. | Discuss the operationalization of the policy with key stakeholders | **MoH**, *LGs, ADPs, SCEs* | **1&2** |
| 6.3. | Design and implement an effective communication strategy for the PPP Policy | **MoH**, *LGs, ADPs, SCEs* | **1&2** |

## Objective 3: To strengthen the procurement and supply chain management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV and AIDS services

While there is notable progress made in the procurement and stocks for HIV and AIDS medical and non-medical products at national level, sub-national and lower level users still face challenges accessing these products. There are frequent stock outs and storage facilities at district level are suboptimal yet some HIV commodities are very bulky. There is still need to strengthen procedures and processes for accessing timely and quality essential pharmaceutical and health products and technologies by the lower level providers and beneficiaries.

**7. Strategic Action:** Institutionalize the QPPU and support capacity building in procurement and management of products, goods and supplies, particularly at lower level health facilities.

| Activities | | LEAD AGENCIES | Years |
|---|---|---|---|
| 7.1. | Develop a policy on supply chain rationalization and QPPU unit | **MoH** | **1&2** |
| 7.2. | Promote timely and efficient forecasting, quantification, periodic supply/procurement planning and pipeline monitoring of HIV commodities | **MoH** | **1&2** |
| 7.3. | Institutionalize the QPPU within the Pharmacy Division and support capacity building particularly at lower level health facilities to quantify and plan for their commodities. | **MoH** | **1&2** |

**8. Strategic Action:** Strengthen the harmonization of procurement and supply chain management, and the expansion of operationalization of Web-based ARV ordering and Reporting System

| Activities | | Lead agency | Years |
|---|---|---|---|
| 8.1. | Build capacity for forecasting, logistics management, procurement and disposal of health goods and services within the health sector including health facilities | **MoH,** *LGs* | **1&2** |
| 8.2. | Improve coordination and leadership for logistics management at all levels | **MoH,** *LGs* | **1&2** |
| 8.3. | Procure adequate commodities for HIV and AIDS related services including laboratory reagents, HCT kits, ART, and treatment of OIs, TB and STIs as well as FB materials. | **MoH,** *MoFPED, LGs* | **1&2** |
| 8.4. | Strengthen HIV commodity management and supply chains monitoring to Ensure continuous availability of quality HIV commodities at the point of service delivery | **MoH,** *LGs, CSOs* | **1&2** |
| 8.5. | Institutionalize the position of Procurement Supply Management (PSM) focal persons within the Pharmacy Division structures | **MoH** | **1&2** |

**9. Strategic Action: Standardize the LMIS and build the requisite capacity in ICT and logistics management**

| Activities | | Lead agency | Years |
|---|---|---|---|
| 9.1. | Train facility staff and recruit and train other staff for district logistics management to improve data for logistics in the districts. | **MoH,** *LG* | **1&2** |
| 9.2. | Develop a robust Logistics Management Information System (LMIS) to facilitate timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS | **MoH,** *LG* | **1&2** |
| 9.3. | Standardize the LMIS that is linked to the DHIS-2 at the MoH that will strengthen continuum of information flow on PSM. | **MoH,** *LG* | **1&2** |
| 9.4. | Build the necessary infrastructure, equipment and staff capacity in ICT and logistics management in order to operationalize the LMIS | **MoH,** *LG* | **1&2** |
| 9.5. | Roll out the community health management information system. | **MoH,** *LG* | **1&2** |

**10. Strategic Action:** Develop and implement a national comprehensive policy on storage, distribution of health commodities and supplies and waste management in public and non-public facilities

| Activities | Lead agency | Years |
|---|---|---|
| 10.1. Support infrastructural development for effective distribution and appropriate storage of HIV commodities in health facilities at various levels in the country | **MoH** | **1&2** |
| 10.2. Improve on pharmaceutical and waste management at national and facility levels. | **MoH** | **1&2** |
| 10.3. Develop a national warehousing and distribution strategy to guide procurement, storage and distribution | **MoH** | **1&2** |
| 10.4. Expand the WAOs currently only for ARVs to include coverage for all HC-IIIs | **MoH** | |

**11. Strategic Action:** Build the capacity of CSOs and communities in procurement and supply chain management of both health and non-health goods and services that enhance uptake of HIV and AIDS services

| Activities | Lead agency | Years |
|---|---|---|
| 1.1. Train CSOs in procurement planning and related PPDA procedures | **CSOs** | **1&2** |
| 1.2. Train CSOs and communities in supply chain management adopted by government | **CSOs** | **1&2** |

### Objective 4: To ensure coordination and access to quality HIV and AIDS services

For the initial 2 years of the NSP 2016-2020, Uganda will promote innovations to deliver effective, safe, quality personal and non-personal interventions to those who need them, at the right time and without stigmatising them. Linkages between institutionalized facilities and community level structures, patient adherence support initiatives and referral for greater adherence to treatment shall be prioritised.

**1. Strategic Action:** Promote integration of HIV and AIDS services in all settings and in major development programme service delivery

| Activities | Lead agency | Years |
|---|---|---|
| 1.1. Train project leaders in HIV and AIDS mainstreaming | **UAC,***MoFPED* | **1&2** |

| | | | |
|---|---|---|---|
| 1.2. | Assess the extent to which major government projects have integrated HIV and AIDS | **UAC,***MoFPED* | **1&2** |
| 1.3. | Provide technical support in integration of HIV and AIDS in major existing and pipeline projects | **UAC,***MoFPED* | **1&2** |

**2. Strategic Action:** Build strong linkages between institutionalized facilities and community systems and ensure an effective referral system, greater adherence to treatment and improved monitoring of service delivery

| Activities | | Lead agency | Years |
|---|---|---|---|
| 2.1. | Update the skills of CSOs, CBOs, FBOs, PLWHAs providers through training in HIV and AIDS service delivery and referrals | **MoH,** *LG, SCEs* | **1&2** |
| 2.2. | Support the development and implementation of linkages for referral support networks and systems at all levels. | **MoH,** *LG, SCEs* | **1&2** |
| 2.3. | Strengthen community based networks and systems for enhancing availability, referral, access, utilization and quality of HIV and AIDS related services | **MoH,** *LG, SCEs* | **1&2** |
| 2.4. | Strengthen the capacity of VHTs and of grassroots structures including those of PLHIV for enhancing referrals and treatment adherence | **MoH,** *LG, SCEs* | **1&2** |

**3. Strategic Action:** Promote greater coordination, linkage, partnership and collaboration among public and non-public sectors

| Activities | | Lead agency | Years |
|---|---|---|---|
| 3.1. | Advocate for memorandum of understanding between public and non-public institutions involved in HIV and AIDS in a given sector or local government | **UAC,** *MoLG, LG* | **1&2** |
| 3.2. | Strengthen community dialogue with active engagement of service providers and NGOs | **UAC,** *SCEs, MoLG, LG* | **1&2** |
| 3.3. | Facilitate inter-constituency coordination meetings at national, regional and district levels | **UAC,***LMs, SCEs, LGs* | **1&2** |

4. **Strategic Action:** Strengthen capacity of CSOs and communities for increased advocacy and mobilization for demand and uptake of services, social participation, self-regulation and accountability in the multi-sectoral response.

| Activities | | Lead agency | Years |
|---|---|---|---|
| 4.1. | Strengthen capacity for development and implementation of community mobilization activities at all levels | **MoGLSD,** *CSOs, LMs, SCEs, LGs* | **1&2** |
| 4.2. | Establish standards for guiding community and workplace HIV and AIDS activities implementation and practice. | **MoPS,** *MoGLSD, CSOs, LMs, SCEs, LGs* | **1&2** |
| 4.3. | Empower communities and workplaces to ensure improved capacity and capability to take charge of their health and welfare. | **MoPS,** *MoGLSD, CSOs, LMs, SCEs, LGs* | **1&2** |
| 4.4. | Standardize the modality for engaging and remunerating VHTs and other community structures involved in community services and linkages to health facilities | **MoH,** *MoGLSD, CSOs, LMs, SCEs, LGs* | **1&2** |
| 4.5. | Build the capacity of Civil Society so that they can support the ordinary citizens to participate directly or indirectly in exacting accountability. | **CSOs,** *LMs, SCEs, LGs* | **1&2** |

## Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV and AIDS services

Enhancements in form of renovations to existing infrastructure and remodeling where need be shall be promoted with the intention to increase the number of facilities that have the necessary equipment and the capacity to provide the package of services required to prevent new HIV infections.

1. **Strategic Action:** Scale-up rehabilitation and building of new health and non-health infrastructure as well as improving management and maintenance of infrastructure for enhancing better HIV and AIDS related service delivery to different category of users

| PRIORITY ACTIONS | | LEAD AGENCIES | Years |
|---|---|---|---|
| 1.1. | Continue rehabilitating and maintaining the physical infrastructure, equipment and transport for provision of HIV and AIDS related services by public and non-public sector agencies | **MoH,** *LG* | **1&2** |
| 1.2. | Plan and monitor the utilization, maintenance and reporting of existing and new health infrastructure, equipment, transport and supplies for HIV and AIDS related services at the different facilities, MDAs | **MoH,** *MDAs, LG* | **1&2** |

| | | | |
|---|---|---|---|
| 1.3. | Promote the use of ICT in the national HIV and AIDS response | **MoH,** *MoING* | **1&2** |
| 1.4. | Provide infrastructure that cater for the needs of MARPs including youth, PWDs and the elderly. | **MoH** | **1&2** |
| 1.5. | Provide basic utilities at the health facilities. | **MoH** | **1&2** |
| 1.6. | Develop a national policy on storage and distribution of commodities, including those provided by donors. | **MoH** | **1&2** |

**2. Strategic action:** Expand availability and capacity of laboratories at different levels for delivery of HIV and AIDS services

| Activities | | Lead agency | Years |
|---|---|---|---|
| 2.1. | Review disseminate and monitor the utilization of policies, procedures, laboratory protocols and SOPs by the relevant facilities and laboratories | **MoH** | **1&2** |
| 2.2. | Provide the laboratory reagents / commodities necessary for provision of HIV and AIDS related diagnostic services by public and non-public sector agencies | **MoH** | **1&2** |
| 2.3. | Build the necessary capacity of laboratory staff in health facilities to provide laboratory services | **MoH** | **1&2** |
| 2.4. | Intensify strengthening of laboratory systems and networks in the country for effective diagnosis and monitoring of ART, especially for early detection of toxicities and treatment failure | **MoH** | **1&2** |
| 2.5. | Reduce turnaround time for results and feedback | **MoH** | **1&2** |
| 2.6. | Procure and establish POC/VL and support development and dissemination of a communication strategy for all POC platforms | **MoH** | **1&2** |
| 2.7. | Provide adequate and functional HIV diagnostic equipment that are well maintained through service contracts while adopting new technologies | **MoH** | **1&2** |
| 2.8. | Harmonize the operations of national laboratories as encapsulated within the EAC protocol on health | **MoH** | **1&2** |

**3. Strategic Action:** Increase the accreditation of HC-IIIs and HC-IIs to provide comprehensive HIV and AIDS and TB services

| Activities | Lead agency | Years |
|---|---|---|
| 3.1. Expand outreach capabilities to high risk groups across all HIV funded programs. | **MoH,** *CSO* | **1&2** |
| 3.2. Extend accreditation for provision of comprehensive HIV and AIDS services to HC-III's and HC-IIs | **MoH,** *LG* | **1&2** |
| 3.3. Improve the facilities for enhancing provision of services to special groups such as youth friendly services, MARPs, disability and elderly who may be affected. | **MoH,** *CSO* | **1&2** |

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

Uganda developed the HIV investment case in 2013 as a long-term framework for financing the HIV response. The Investment approach held that key cost effective interventions would be scale up rapidly to attain optimum level by 2018. Two impact indicators would then measure the outcomes for this period: - numbers of new infections and AIDs related deaths.

**1. Strategic Action:** Expedite the implementation of the AIDS Trust Fund for enhancing local resource mobilization

| Activities | Lead Agency | Years |
|---|---|---|
| 1.1. Build capacity for Public and non-public actors to mobilize, utilize and account for resources internally and externally | **UAC,***MoFPED* | **1&2** |
| 1.2. Establish and operationalize the HIV and AIDSTrust Fund | **UAC,** *MoH,* | **1&2** |
| 1.3. Develop and disseminate a national resources mobilization strategy | **UAC** | **1&2** |

**2. Strategic Action:** Institutionalize a resource mobilization conference for facilitating advocacy for increased support by traditional and non-traditional bilateral and multilateral actors and the private sector

| Activities | Lead agency | Years |
|---|---|---|
| 2.1. Hold resource mobilization conference at national and regional levels | **UAC** | **1&2** |
| 2.2. Sensitize the private sector on local resource mobilization for HIV and AIDS | **UAC** | **1&2** |
| 2.3. Intensify advocacy for social corporate responsibilities in NSP implementation | **UAC** | **1&2** |

**3. Strategic Action:** Develop and disseminate appropriate tools for enhancing planning and resource allocation based on diseases burden at district/facility levels and continuum of response

| Activities | Lead agency | Years |
|---|---|---|
| 3.1. Develop and disseminate the tool for planning and resource allocation | **UAC** | **1&2** |
| 3.2. Train national and district planners and HIV and AIDS project managers on how to use the tool in planning | **UAC,** *MoFPED* | **1&2** |
| 3.3. Disseminate NSP,NPAP and advocate for resource alignment to HIV and AIDS priorities | **UAC**, *MDAs, SCE* | **1&2** |

**4. Strategic Action:** Increase government allocation for HIV and AIDS

| Activities | Lead agency | Years |
|---|---|---|
| 4.1. Sensitize the SWGs on impact of HIV and AIDS on their sectors | **UAC,***MoFPED* | **1&2** |
| 4.2. Advocate for increased funding for HIV and AIDS and health | **UAC,***MoFPED* | **1&2** |
| 4.3. Strengthen the capacity of CSOs to engage policy makers and government at various levels on budget allocations and policy discussions. | **UAC,***CSO* | **1&2** |

**5. Strategic action:** Strengthen the public sector budgeting tools for facilitating the mainstreaming of HIV and AIDS in public sector at national and local government levels and in major development programs

| Activities | Lead agency | Years |
|---|---|---|
| 5.1. Prepare the necessary data for enhancing budgeting for HIV and AIDS in the sectors | **UAC,***MoFPED, MDAs, SCE, ADPs* | **1&2** |
| 5.2. Strengthen the participation of HIV and AIDS focal point persons in the respective sector and local government budgeting process | **MoLG**, *UAC, LG, CSO* | **1&2** |
| 5.3. Define and popularize a framework for integrating HIV into development programming by all sectors | **UAC**, MDAs, MoFPED, LG, CSO | **1&2** |

**6. Strategic Action:** Develop appropriate tools to strengthen harmonized financial (allocations, disbursements, expenditures) and programmatic accountability against set targets on a quarterly and annual basis by public and non-public partners

| Activities | | Lead agency | Years |
|---|---|---|---|
| 6.1. | Build the capacity of the CS to demand for quality services and effectively participate on policy and decision making organs, advocacy and holding government and service providers accountable | **CSO,***UAC* | **1&2** |
| 6.2. | Develop a public-private partnership for HIV and AIDS in the context of HIV and AIDS service delivery | **CSO,***UAC* | **1&2** |
| 6.3. | Develop, disseminate and implement a strategy for building the capacity of civil society in service delivery, self-regulation, governance and organizational development | **CSO,***UAC* | **1&2** |

**7. Strategic Action:** Establish a resource tracking mechanism and an annual cost effectiveness review to enhance monitoring the utilization and effectiveness of resources for HIV and AIDS in the country

| Activities | | Lead agency | Years |
|---|---|---|---|
| 7.1. | Institutionalize and conduct a National AIDS Spending Assessment (NASA) | **UAC** | **1&2** |
| 7.2. | Conduct an assessment of cost-per outputs for major recipients of HIV funds at all levels with a view to scale up efficient models of care provision & improve accountability for resource use; | **UAC** | **1&2** |
| 7.3. | Conduct analysis of the impact of HIV and AIDS on the various sectors | **MoFPED,** *MDAs, UAC* | **1&2** |
| 7.4. | Increase public awareness and accountability by sharing information about funds for HIV at national, district and community levels via newspapers, radios, community notice boards & meetings; | **MoFPED,** *MDAs, UAC* | **1&2** |

**8. Strategic Action:** Strengthen capacity of stakeholders at all levels for local and international resource mobilization and efficient management and accountability of resources for HIV and AIDS in the country

| Activities | Lead agency | Years |
|---|---|---|
| 8.1. Establish high level committee on harmonizing funding for HIV and AIDS | **UAC,***MoFPED* | **1&2** |
| 8.2. Build capacity for resource mobilization at all levels of NSP delivery | **UAC,***MoFPED* | **1&2** |
| 8.3. Support districts and sectors to allocate HIV and AIDS budget line | **UAC,** *MoLG, LG* | **1&2** |
| 8.4. Update the accountability score card report | **UAC,** *CSO* | **1&2** |
| 8.5. Institutionalize the publishing of resource disbursements to implementing partners by major funding agencies and their accountability | **UAC,** *ADP, MoFPED,* | **1&2** |

# 6.0 SYSTEMS STRENGTHENING: MONITORING, EVALUATION AND RESEARCH

**Objective 1:**To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for M&E of the NSP.

In the immediate term, the NSP shall prioritize interventions aimed at creating a robusthealth information system that ensures production, analysis, and timely dissemination and use of reliable and accurate data on the key factors influencing the HIV epidemic, the key performance indicators and the ability of the health system to respond to populations vulnerable and those living with the HIV virus.

**1. Strategic Action:** Strengthen the operationalization of the HIV and AIDS M&E Plan

| Activities | Lead Agency | Years |
|---|---|---|
| 1.1. Convene regular partnership fora and M&E TWGs to discuss HIV and AIDS data/ information | **UAC,** *SCE* | **1&2** |
| 1.2. Develop and disseminate popular NSP Indicator Handbook | **UAC,** *SCE, MDAs, LG* | **1&2** |
| 1.3. Develop comprehensive overall and sector M&E work plans and budgets | **UAC,***MDAs, LG, IPs* | **1&2** |
| 1.4. Conduct routine monitoring, periodic reviews and evaluations of the HIV and AIDS M&E Plan | **UAC**, *MDAs, LG, IPs* | **1&2** |
| 1.5. Develop the multi-sectoral M&E plan with harmonized targets, indicators, data sources and reporting timelines. | **UAC**, *MDAs, LG, IPs* | **1&2** |

**2. Strategic Action:** Operationalize and roll out the National HIV and AIDS Database

| Activities | Lead Agency | Years |
|---|---|---|
| 2.1. Work with the Resource Centre in MoH on new additional variables that can be captured in the electronic version of the HMIS | **UAC**, *MoH, IPs* | **1&2** |
| 2.2. Build the capacity of NADIC as a one stop Centre or knowledge hub for HIV prevention information | **UAC**, *MoH, ADPs,* | **1&2** |
| 2.3. Disseminate materials on HIV and AIDS at national and sub-national levels | **UAC,** | **1&2** |
| 2.4. Roll out the National HIV and AIDS database | **UAC**, *MDAs, SCE* | **1&2** |
| 2.5. Make operational and popularize the M&E database | **UAC** | **1&2** |

### 3. **Strategic Action:** Improve mechanisms for capturing biomedical and non-biomedical HIV prevention data from all implementers

| Activities | Lead Agency | Years |
|---|---|---|
| 3.1. Incorporate non-biomedical variables into sector MIS | **UAC,***MDAs, SCE* | **1&2** |
| 3.2. Develop and roll out national tools for capturing biomedical and non-biomedical data | **MoH,** *UAC, MDAs, SCE* | **1&2** |
| 3.3. Ensure sector based information management system capture HIV and AIDS related data | **MDAs,** *SCEs, UAC* | **1&2** |

### 4. **Strategic Action:** Enhance mechanisms for improving data quality

| Activities | Lead Agency | Years |
|---|---|---|
| 4.1. Develop the national HIV and AIDS data quality assurance guidelines | **UAC** | **1&2** |
| 4.2. Conduct data quality assessments | **MDAs,***UAC* | **1&2** |
| 4.3. Hold pre-JAR data validation meetings and other validation mechanisms. | **UAC,** *LGs, SCE* | **1&2** |

### 5. **Strategic Action:** Strengthen the capacity of HIV and AIDS implementers in M&E

| Activities | Lead Agency | Years |
|---|---|---|
| 5.1. Conduct a M & E capacity needs exercise/ assessment to determine capacity building requirements for institutions providing HIV and AIDS data for the national response | **UAC** | **1&2** |
| 5.2. Develop and implement a multi-sectoral M&E capacity strengthening strategy for HIV and AIDS | **UAC** | **1&2** |
| 5.3. Review the UAC M&E staffing needs in relation scope and needs of the decentralized response. | **UAC** | **1&2** |
| 5.4. Develop the national HIV and AIDS M&E training curriculum | **UAC** | **1&2** |
| 5.5. Conduct capacity building activities on HIV M&E | **UAC,** *IPs,MDAs, SCE* | **1&2** |
| 5.6. Create a log of capacity building efforts/ activities for M & E on HIV and AIDS that are conducted by institutions annually | **UAC** | **1&2** |

**6. Strategic Action:** Strengthen HIV and AIDS M&E coordination and networks

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 6.1. | Revitalize and institutionalize M&E TWG | **UAC** | **1** |
| 6.2. | Conduct regular review and coordination meetings at local government and national level. | **UAC,***LG* | **1&2** |

**7. Strategic Action:** Perform regular data analysis, aggregation and reporting

| Activities | | Lead Agency | Years |
|---|---|---|---|
| 7.1. | Conduct regular data reviews, support and mentor health facilities in reporting, analysis of district specific data and utilizing the data at this level | **MDAs,** *UAC, IPs, LG* | **1&2** |
| 7.2. | Establish horizontal reporting linkages with sector management information systems, IPs, research institutions etc. | **UAC** | **1** |
| 7.3. | Develop a reporting system, and guidelines for regular collection and compilation of data on community services | **UAC,***MoH, IPs, MoGLSD, ADPs* | **1** |
| 7.4. | Produce an annual report on the national status of the multi-sectoral response to HIV and AIDS in addition to global country progress report and with input from different sectors and stakeholders | **UAC,***MDAs, SCE, LG* | **1&2** |

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

**1. Strategic Action:** Produce and disseminate tailored HIV and AIDS information products

| Activities | | Lead Agencies | Years |
|---|---|---|---|
| 1.1. | Produce information products from studies such as AIS, ANC Surveillance and Stigma Index findings | **UAC,***IPs* | **1&2** |
| 1.2. | Integrate HIV and AIDS reporting in the Annual Sector Performance Review process | **LM,***UAC* | **1&2** |
| 1.3. | Institutionalize/re-invigorate national and decentralized forums for dissemination of HIV and AIDS research findings | **UAC**, *MDAs, SCE* | **1&2** |

**2. Strategic Action:** Conduct and disseminate NSP reviews

| Activities | Lead Agency | Years |
|---|---|---|
| 2.1. Support JAR preceded by peer review exercise at all levels | **UAC** | **1&2** |
| 2.2. Ensure HIV and AIDS is integrated in the sector performance reviews | **UAC** | **1&2** |
| 2.3. Conduct NSP MTR | **UAC** | **1&2** |
| 2.4. Organize HIV and AIDS sector strategic plan reviews and joint TB and HIV performance review and dissemination of data quality assessment tools | **MoH,** UAC | **1&2** |

**3. Strategic Action:** Conduct operations research guided by the national HIV and AIDS research agenda to improve programming.

| Activities | Lead Agency | Years |
|---|---|---|
| 3.1. Determine priorities for research and develop a research agenda for HIV and AIDS | **UAC,***SCEs* | **1&2** |
| 3.2. Assess and build the capacity for operational research and production of policy briefs at various levels | **UAC,** *SCEs* | **1&2** |
| 3.3. Support district level HIV plans to incorporate operations research as a means for local innovation in the HIV response; | **UAC,***LG* | **1&2** |
| 3.4. Develop and populate an HIV and AIDSresearch database | **UAC,***SCEs* | **1&2** |
| 3.5. Conduct Annual antenatal HIV Sentinel Surveillance | **MoH** | **1&2** |
| 3.6. Conduct HIV Drug Resistance surveillance | **MoH** | **1&2** |
| 3.7. Conduct condom surveys every year | **MoH** | **1&2** |
| 3.8. Conduct an assessment of the epidemiological situation in the country including the TB surveillance system every two years (within allocation) | **MoH** | **1&2** |
| 3.9. Conduct a cascade of operational research capacity strengthening at national, regional and district levels | **MoH,** *SCEs* | **1&2** |

| | | |
|---|---|---|
| 3.10. Conduct PMTCT impact assessment, FSG assessment; eMTCT programs; Drug Resistance survey | **MoH,** *SCEs* | **1&2** |
| 3.11. Evaluate eMTCT and Mother Baby care Points initiative | **MoH,** *SCEs* | **1&2** |
| 3.12. Conduct TB disease mapping using geospatial and molecular analysis to identify TB hot spots to aid in the focusing of TB control interventions | **MoH** | **1&2** |

**4. Strategic Action:** Expand platforms for multi-sectoral program reviews and data utilization at national, regional and district levels

| Activities | Lead Agency | Years |
|---|---|---|
| 4.1. Hold annual national AIDS conference with prominence given to policy implications of research findings; | **UAC** | **1&2** |
| 4.2. Regularly disseminate information through think tanks, symposia, data use workshops, policy briefs etc | **UAC,***MoH* | **1&2** |
| 4.3. Post HIV and AIDS information on UAC website to promote data sharing among users and producers of HIV and AIDS data | **UAC** | **1&2** |
| 4.4. Conduct committed meetings to each institution that contributes HIV and AIDS data to discuss HIV and AIDS data generation, processing, sharing and use | **UAC** | **1&2** |
| 4.5. Disseminate at national and sub-national levels all documents on HIV and AIDS including M & E developed by the UAC and partners. | **UAC** | **1&2** |
| 4.6. Conduct regular institution targeted meetings with producers and users of HIV and AIDS data to discuss each institution's role and contribution to the national M&E of the HIV and AIDS response | **MDAs,** *UAC, SCE, LG* | **1&2** |

# 7.0 PROJECTED COSTS OF THE NATIONAL PRIORITY ACTION PLAN 2015/2016-2017/2018.

The resource estimates for the NPAP have been adopted from the NSP by thematic area.

**Resources required for the NSP in US $ Millions**

| | 2014/2015 (BASE LINE) | 2015-2016 | 2016/2017 | 2017/2018 | TOTAL FOR THREE YEARS |
|---|---|---|---|---|---|
| Prevention | 96.4 | 124.2 | 146.9 | 170.5 | 441.6 |
| Care and treatment services | 282.0 | 296.8 | 325.7 | 394.1 | 1016.6 |
| Social Support | 28.0 | 29.0 | 30.0 | 31.0 | 90 |
| System strengthening | 87.1 | 96.9 | 108.7 | 129.9 | 335.5 |
| **Total Millions of USD** | **493.5** | **546.9** | **611.3** | **725.5** | **1883.7** |

The cost for implementing the NPAP in two and half years will increase from 546.9m in 2015/2016 to 611.3m in 2016/2017.

## Financing of the NSP

Responsibility for financing this NSP requires contributions from GOU, Development Partners and non-state actors including the private sector, civil society and local communities. Hence, the principles of shared responsibility and global solidarity need to be upheld if the funding gap is to be narrowed and financial sustainability ensured. Thus, the NPAP will be funded through two funding mechanism, namely, (i) GOU funding from both domestic revenues and, (ii) donor support through the budget support.