THE REPUBLIC OF UGANDA

THE MONITORING AND EVALUATION PLAN

FOR

THE NATIONAL HIV AND AIDS STRATEGIC PLAN 2020/21-2024/25

"Ending the HIV and AIDS epidemic: Communities at the forefront"

Uganda AIDS Commission

APRIL 2020

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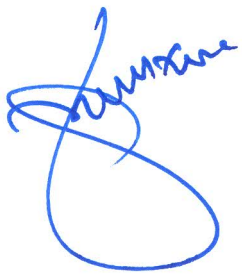
Foreword

In the last planning period 2015/16-2019/20, Uganda made strides towards achieving the global 90-90-90 targets. By March 2020, 89% of all adults living with HIV in Uganda knew their HIV status, 84% were on treatment, and among those on treatment, 75% had viral load suppression (VLS). These rates are however lower among children (65-65-48) and hence this calls for focusing on protecting children. About 95% of pregnant women living with HIV were on ART. The Monitoring and Evaluation (M&E) Plan for the National HIV and AIDS Strategic Plan (NSP) is part of the three ones for the HIV and AIDS response in Uganda, that is, one coordinating body, one strategic plan and one M&E Plan. The NSP M&E plan seeks to strengthen tracking NSP implementation progress, measuring NSP achievements against targets and exploring various data utilisation avenues for informed decisions regarding programme improvement.

The development of this M&E Plan benefitted from a highly consultative process that informed the development of NSP 2020/21-2024/25. The outcomes of the Mid-Term Review of the NSP 2015/2016-2019/2020 and the Joint AIDS Review (JAR) of 2019 greatly informed this M&E Plan. To this end, I wish to appreciate the concerted effort of all stakeholders in developing this M&E Plan.

I therefore call upon all key stakeholders play their active role in implementing the M&E Plan with overall coordination by Uganda AIDS Commission.

Together we can achieve more!



Dr. Eddie Mukoyo Setuluya
Chairperson, Uganda AIDS Commission

Acknowledgements

The Uganda AIDS Commission extends gratitude to members of the M&E Technical Working Group (TWG) chaired by Dr. Sarah Byakika of Ministry of Health (MOH) that spearheaded the development of this M&E Plan. The TWG membership comprised of different Ministries, Departments and Agencies (MDAs), HIV and AIDS program implementers including civil society, communities of people living with HIV (PLHIV) and development partners.

The Commission appreciates all the thematic consultants fielded by Socio-Economic Data Centre Ltd (SEDC) who facilitated the entire process of developing the National HIV and AIDS Strategic Plan (NSP) 2020/21-2024. In a special way I acknowledge Dr. Julian K. Bagyendera, M&E Thematic Consultant for facilitating the development process of this M&E Plan. Special appreciation goes to Dr. Steven Baveewo who stood in to chair the meetings whenever the chair was engaged.

Lastly but not least, I acknowledge the contribution of all the staff UAC for convening and coordinating all M&E TWG meetings. The UAC staff included Dr. Vincent Bagambe, Mr. Charles Otai, Dr. Peter Wakooba, Ms. Susan Candiru, Mr. Eugene Oola, Mr. Martin Turyarugayo, Mr. Andrea Kugonza, and Mr. Alex Ndaada.

In a special way, I acknowledge the contribution of development partners who financially supported the development of this documents, your efforts are highly appreciated.

Dr. Nelson Musoba
Director General, Uganda AIDS Commission

Acronyms

ACP	AIDS Control Program
ADP	AIDS Development Partners
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
APN	Assisted Partner Notification
CSOs	Civil Society Organizations
CPHL	Central Public Health Laboratory
DICs	Drop-in Centers
DPs	Development Partners
GARPR	Global AIDS Response Progress Reporting
eMTCT	Elimination of Mother-To-Child Transmission
GoU	Government of Uganda
HIV	Human Immunodeficiency Virus
IDI	Infectious Diseases Institute
IRCU	Inter-Religious Council of Uganda
JAR	Joint Annual Review
KPs	Key Populations
LGBT	Lesbians, Gay, Bisexual, Transgender
LMIS	Logistics Management Information Systems
M&E	Monitoring and Evaluation
MDAs	Ministries, Department and Agencies
MoD	Ministry of Defense
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MSM	Men who have Sex with Men
MSU	Marie Stopes Uganda
MTEF	Medium Term Expenditure Framework
MTR	Mid-Term Review
MU-SPH	Makerere University – School of Public Health
NADIC	National AIDS Documentation and Information Centre
NAFOPHANU	National Forum for PLHA Networks in Uganda
NDP	National Development Plan
NPA	National Planning Authority
NPAP	National Priority Action Plan
NSP	National HIV and AIDS Strategic Plan
NSSIP	National Social Sector Investment Plan
OPM	Office of Prime Minister
OVC	Orphans and other Vulnerable Children

PCR	Polymerase Chain Reaction
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
SAGE	Social Assistance Grant for Empowerment
SBCC	Social and Behavioural Behavioural Change Communication
SCE	Self-Coordinating Entity
SDG	Sustainable Development Goals
SEDC	Socio-Economic Data Centre Ltd
SIDA	Swedish International Development Agency
TASO	The AIDS Support Organization
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UDHS	Uganda Demographic and Health Survey
UBOS	Uganda Bureau of Statistics
UNAIDS	Joint United Nations Program on HIV and AIDS
UNHRO	Uganda National Health Research Organisation
UNASO	Uganda Network of AIDS Support Organizations
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UPDF	Uganda Peoples Defense Forces
UPHIA	Uganda Population-Based Impact Assessment
URCS	Uganda Red Cross Society
UWEP	Women Entrepreneurship Program
WHO	World Health Organization
YLP	Youth Livelihood Program

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SECTION 1: INTRODUCTION

1.1 Background

The Monitoring and Evaluation (M&E) Plan for the National HIV and AIDS Strategic Plan (NSP) is part of the three ones for the HIV and AIDS response in Uganda, that is, one coordinating body, one strategic plan and one M&E Plan. The 2020/21-2024/25 NSP will be implemented under four broad thematic areas, namely: Prevention, Care and Treatment, Social Support and Protection, as well as Systems Strengthening. The NSP is aligned to the Third National Development Plan (NDPIII)—2020/21-2024/25 and the Sustainable Development Goals (SDGs) as well as the Resolutions of the 69th United Nations General Assembly where world leaders in collaboration with the Joint United Nations Programme on HIV and AIDS (UNAIDS) agreed to work towards ending the AIDS epidemic as a public threat by 2030.

Regarding global 90-90-90 targets which Uganda aspired to achieve in the previous NSP, by March 2020, 89% of all adults living with HIV in Uganda knew their HIV status, 84% were on treatment, and among those on treatment, 75% had viral load suppression (VLS). These rates were lower among children (65-65-48). About 95% of pregnant women living with HIV were on ART.

The Mid-Term Review (MTR) of the outgoing NSP M&E Plan 2015/16-2019/20 revealed strengths in terms of:

- The existing M&E Technical Working Group (TWG) spearheading the Strategic Information (SI) management for HIV and AIDS response
- Data validation meetings for data quality assurance
- Supporting most of the districts (102) and five line ministries [(Ministry of Works and Transport (MoWT), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Education and Sports (MoES), Ministry of Water and Environment (MoWE), Ministry of Defence and Veteran Affairs (MoDVA)] to develop HIV and AIDS Strategic Plans and M&E frameworks
- Harmonized the Joint Annual Review (JAR) and Global AIDS Response Progress Reporting (GARPR) and processes in place to produce one report
- Establishing a situation room harmonizing the sector databases (DHIS 2, DREAMS (PEPFAR), PTCT dash board, Central Public Health Laboratory (CPHL) dash board, OVC MIS); establishing a gender tracking dashboard
- Ninety percent (90%) of Ministries, Department and Agencies (MDAs) having functional HIV and AIDS Committee
- Conducting 13 studies,
- Training 160 district personnel in monitoring of HIV and AIDS services

The MTR pointed out areas of improvement including:

- With the stopping of Uganda AIDS Commission (UAC) reporting funding to ministries in FY 2016/17, some reports were not submitted on time.
- Although MoH developed centralized data capture making it easy to access biomedical data on prevention, care and treatment; this data is mainly heath facility based and is lacking community focus components.
- The development of the HIV and AIDS Strategic Plans and M&E frameworks and capacity building in M&E for HIV and AIDS did not cover all MDAs and districts.
- There was no national research agenda to guide research for HIV response and HIV
- Conducted HIV and AIDS researches were not consolidated or synthesized.

- The National HIV dataset for research products has not been updated since 2013 due to inadequate funding.
- HIV and AIDS studies conducted during the first half of the outgoing NSP largely focused on care and treatment 63% (76 out of 120) while 31% (37 out of 120) were on HIV prevention (between January 2016 and December 2017) hence leaving a gap in HIV research to inform evidence – based policies in social support and systems strengthening thematic areas.
- Most of the MDAs have not fully integrated the HIV and AIDS indicators in the performance monitoring tools thus making it difficult to track performance.
- Implementation is to be tracked mainly from the public and private not for profits (PNFPs) but most private for profits (PFPs) do not report.

Some of the best practices and lessons learned included:

- Establishment of an HIV and AIDS TWG to provide M&E technical oversight of the response ensured regular tracking of NSP implementation progress.
- Increased use of dashboards which availed a platform for viewing data and instituting timely corrective interventions and hence contributed to tracking of program implementation progress.
- Regular data validation and review meetings that improved data quality, and data use as well.

A few missed opportunities were also identified that included:

- Failure to tap into use of social media communication to speed up reporting and information dissemination;
- Not institutionalizing reporting through Office of the Prime Minister (OPM) which would have made it easier for UAC to simply extract reports for the MDAs from OPM where sectors report regularly
- Lack of an effective mechanism for monitoring the use of funds allocated to HIV and AIDS interventions to ensure that they are used for the planned interventions.

The existing opportunities identified for enhancing the NSP M&E included:

- The growing appreciation and focus on data quality and use by most implementing partners (IPs) and sectors Some MDAs have HIV and AIDS Strategic Plans and M&E Plans, although these will expire in 2020, and their existence are likely to implement the planned interventions.

1.2 The Development Process for M&E Plan 2020/21-2024/25

The development of this M&E Plan was linked to the process followed in the development of NSP 2020/21-2024/25, which was guided predominantly by qualitative methods. These included extensive review of the MTR report for the outgoing NSP, highly consultative and participatory meetings. The process extensively involved key stakeholders and interest groups at national and sub-national levels. The M&E Thematic Consultant on the NSP working together with UAC Convenor of the M&E TWG led and facilitated the process of developing this Plan.

The M&E TWG like all the other TWGs for respective thematic areas was constituted from a wide spectrum of development partners, AIDS service organizations, government MDAs to provide expertise input and review the plan and related documents. Apart from the M&E TWG, other TWGs were constituted according to the Thematic Areas of the NSP including a cross-cutting TWG handling Gender and Human Rights. The work of all the thematic areas that culminated into NSP 2020/21-2024/25 and together with the synthesised results of the outgoing NSP informed the development of this M&E Plan 2020/21-2024/25:

1. HIV Prevention
2. Care and Treatment
3. Social Support and Protection
4. Systems Strengthening focusing on Governance, Infrastructure, Human Resource and Financ-

ing, M&E, and Research
5. Costing and Financing.

The M&E TWG together with thematic TWGs prioritised the critical indicators for NSP performance tracking. Priority was given to outcome indicators for national level performance tracking and a few tracer output indicators. The selection of indicators was guided by criteria:

- Relevance to the priority NSP strategic interventions identified for the thematic areas
- Indicators needed to satisfy reporting on national and international commitments
- Existence of a reliable and regular data source in the country
- Indicators that were identified by thematic TWGs and deemed as priority to provide information needed to guide decisions on the national response
- Indicators with more focus on the national coordination function as opposed to those for sector implementation
- Indicators tracking prioritised international indicators

The analysis of identified strengths and limitations, lessons learnt, existing and missed opportunities as well as the priorities, some of which synthesised from the Mid Term Review (MTR) of the outgoing NSP identified for the 2020/21-2024/25 NSP informed the development of this M&E Plan 2020/21-2024/25.

1.3 Key Outcomes Prioritised for NSP by 2025

The following are the major outcomes prioritized by the NSP 2020/21-2024/25 to be attained by 2025:

- Comprehensive knowledge of HIV prevention raised to 70%; multiple sexual partners reduced to 10.5%; condom use in high risk sex increased to 75%; condom use among sex workers to 80%; among other key and priority populations to 85%; and sexual debut among children below 16 years reduced to 5%
- HIV-positive pregnant women who receive anti-retroviral drugs (ARVs) to reduce risk of mother-to-child transmission of HIV raised to 100%; EID positivity rate eliminated to 0% (under 2 months) CPHL; 1st PCR at 80% and 3rd PCR at 100%.
- Diagnosed PLHIV who start ART increased to 95%; retention to 95%; and adherence to 95%; HIV-positive incident TB cases that receive both TB and HIV treatment increased to 100%; HIV positive acutely malnourished clients in care who receive nutrition therapy increased to 85%; people in HIV care screened for cancer of the cervix and/or receive HPV vaccine increased to 90%.
- Men and women with accepting (positive) attitudes towards PLHIV increased to 95%; PLHIV who experience any form of discrimination reduced to 3.0% at workplace; 0.5% in communities; access to counselling and psychosocial services increased to 40%; and PLHIV and Orphans and Other vulnerable Children (OVC) households that are food secure increased to 70%
- PLHIV, key populations (KPs) and other vulnerable groups who know their HIV health rights increased to 90%.
- Structures for governance and leadership of the multi-sectoral response at all levels function at 100%; human resources for delivery of quality HIV and AIDS services attain 70% minimum standards; health infrastructure responsive to HIV service needs functions at 100%; resources for HIV and AIDS are 100% mobilized and efficiently utilized.

Strategic Shifts under NSP 2020/2021—2024/2025

This NSP highlighted a set of priority strategic shifts that will serve as game-changers for the attainment of the above outcomes as follows:

Prevention: In line with Global HIV Prevention Coalition Roadmap, a package of combination HIV prevention interventions will be rolled out to achieve saturation levels with particular focus on:

- Breaking the HIV transmission cycle through identification of PLHIV with particular attention to finding missing men and initiating them into treatment
- Increasing coverage of comprehensive HIV prevention and SRH targeting adolescents and young people, especially adolescent girls and young women (AGYW) and male partners of AGYW
- Improving and scaling up targeted HIV prevention programs, including Opioid substitution therapy, needle exchange program, condom program, among key populations, including sex workers (SW), men who have sex with men (MSM), Transgender and persons who inject drugs (PWID)
- A new generation of condom programming aimed to redirect condom distribution towards a Total Market Approach with more distribution via social marketing, and also targeting non-traditional outlets and sex work settings
- Reducing risk of HIV acquisition by young males through targeted, high quality circumcision by shifting voluntary medical male circumcision (VMMC) from a vertical intervention to a more sustainable, integrated one;
- Consolidating Elimination of Mother-to-Child Transmission (EMTCT) gains and closing emerging gaps in uptake of ART, retention and adherence, monitoring of mother-baby pairs, and testing and care of HIV exposed infants
- Promoting targeted use of pre-exposure prophylaxis (PrEP) for prevention of new infections, based on geographical location, high level of risk and vulnerability and increasing quality post-exposure prophylaxis (PEP)
- Increasing access to sexually transmitted infections (STI) services that include diagnosis and management of STI symptoms and STI screening among key populations and to all pregnant women alongside EMTCT

Care and Treatment: The triple 95-95-95 will provide the cornerstone for further reduction of HIV infection and AIDS related deaths by 2025, with deliberate programmatic emphasis on achieving high ART and retention (above 90%) coverage among sex workers and other key populations. The game-changers are:

- Prioritizing high impact HTS approaches including assisted partner notification (APN), index client testing, community social networking, self-testing, and use of screening tools for provider-initiated counselling and testing (PICT).
- Ensuring Dolutegravir (DGT) transition for all PLHIV linked to care and improvement of access to 2nd and 3rd line regimens
- Scaling-up differentiated service delivery approaches for ART and other HIV related services, including implementation of Youth and Adolescent Peer Support (YAPs) model, Drop-in Centers (DICs) in urban areas and community and peer-led initiatives for key populations
- Strengthening community structures and systems for client tracing, care, referral and follow-up

Social Support and Protection: Psychosocial, economic, legal and protection services are recognized as "social enablers" for HIV prevention, and uptake of care and treatment services. These will be given more attention, compared to the past and will focus on:

- Scaling up efforts to eliminate HIV related and other forms of stigma and discrimination of PLHIV, key populations, persons with disabilities (PWDs), and other vulnerable groups
- Mainstreaming social support for PLHIV, affected population and at high risk population into national social development programs
- Strengthening prevention and response to gender-based violence (GBV)/discrimination and mainstreaming of gender and human rights programming into the HIV and AIDS response to

address and remove barriers to access
- Increase coverage and delivery of services to meet the basic needs to OVC households
- Strengthening legal and policy framework on HIV and AIDS to ensure inclusion of all key populations, priority populations and vulnerable groups.

Systems Strengthening: Optimal service delivery will be possible with a bigger and diversified resource basket, efficient systems and infrastructure with sufficient capacity to achieve sustained outcomes through continuous quality improvement of services of evidential impact, hence attention will be placed on:

- Strengthening capacity to collect, analyse and use strategic information for decision making
- Strengthening the scale up of health facility and community information systems
- Optimizing supply chain management of medical and pharmaceutical products for commodity security with minimal stockouts of essential products
- Strengthening human resource capacity for relevant ministries, agencies and departments
- Strengthening health and social services infrastructure
- Improving financing for HIV-related services along priority interventions
- Improving efficiencies in HIV program management and coordination.
- Strengthening the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for M&E of the NSP
- Promoting information sharing and utilization among producers and users of HIV/ and AIDS data/information at all levels

SECTION 2: RATIONALE FOR THE NSP MONITORING AND EVALUATION PLAN

The NSP M&E Plan is a performance management and learning tool that provides a framework for comprehensive data collection, aggregation, storage, reporting, dissemination for continuous learning and improvement. It also provides for data quality assurance for the generated data; routine monitoring and M&E technical support interventions; M&E capacity strengthening; operations research for program improvement as well as essential reviews and evaluations to gauge the achievement of NSP hierarchy of results (outputs, outcomes and impact). The NSP M&E Plan provides guidance for enhanced information sharing and utilization at various levels for effective programming.

The NSP M&E plan ultimately aims at ensuring that quality and timely HIV and AIDS information is generated to guide evidence-based decision making on programming, policy making and implementation to achieve better results. The Plan builds on lessons from the previous plans (2010/2011-2014/2015) and 2014/2015-2019/2020), current NSP and global M&E requirements guide comprehensive M&E for HIV and AIDS.

The roles and responsibilities of various stakeholders are further clarified in the plan given the multi-sectoral nature of the HIV and AIDS response and hence varied data sources for various indicators, specifying responsibilities for gathering, aggregating, disseminating and reporting of HIV and AIDS data. Partnerships are essential for successful implementation of the plan; it spells out the required partnerships for generating data and performing data quality assurance interventions.

The National AIDS Documentation and Information Center (NADIC), which is housed at UAC will serve as a repository of the national HIV and AIDS data generated by sector databases such as Health Management Information Systems (HMIS), Orphans and Vulnerable Children (OVC) and Community Management Information Systems (MIS and EMIS.), Ministries, Departments and Agency information systems and Education Management Information Systems (EMIS). These will feed into the central databases at the National Information Technology Authority Uganda (NITAU) and Office of the Prime Minister (OPM) for harmonised national registry. All stakeholders will be able to access the aggregate system generated reports for information and use through NADIC. The data generated will further enable Uganda as a country to meet her national and international reporting obligations. At the national level, UAC will use the data from sectors to produce reports to track progress on implementation such as JAR Reports, the national Annual Progress Reports and the Global Country Progress Report (GCPR). Extracts of key national data will be analysed to develop the HIV and AIDS statistical abstracts.

SECTION 3: THE GOAL, OBJECTIVES AND RESULTS FRAMEWORK FOR THE NATIONAL HIV AND AIDS STRATEGIC PLAN 2020/2021 – 2024/2025

3.1 The NSP Theory of Change

Building from a model developed for Equity Plan 2019[1], this NSP 2020/2021 – 2024/2025 recognises that there are key drivers fuelling the HIV epidemic and major barriers to HIV related services that remain in Uganda❶.

In a country facing a mature, generalized epidemic, these drivers and barriers affect all people living with or affected by HIV and AIDS. However, there are members of KPs and vulnerable groups, as identified in national HIV and AIDS surveillance, survey and routine reports other relevant documents❷.

The populations and groups addressed by the Plan have greater vulnerability to infection or to a higher burden or prevalence of disease, while having least access to the continuum of services to prevent infection or to obtain needed treatment, care or other curative services for HIV and AIDS and opportunistic diseases. The Plan further recognises that evidence-based, best-practice approaches and interventions have been identified nationally, regionally and globally ❸

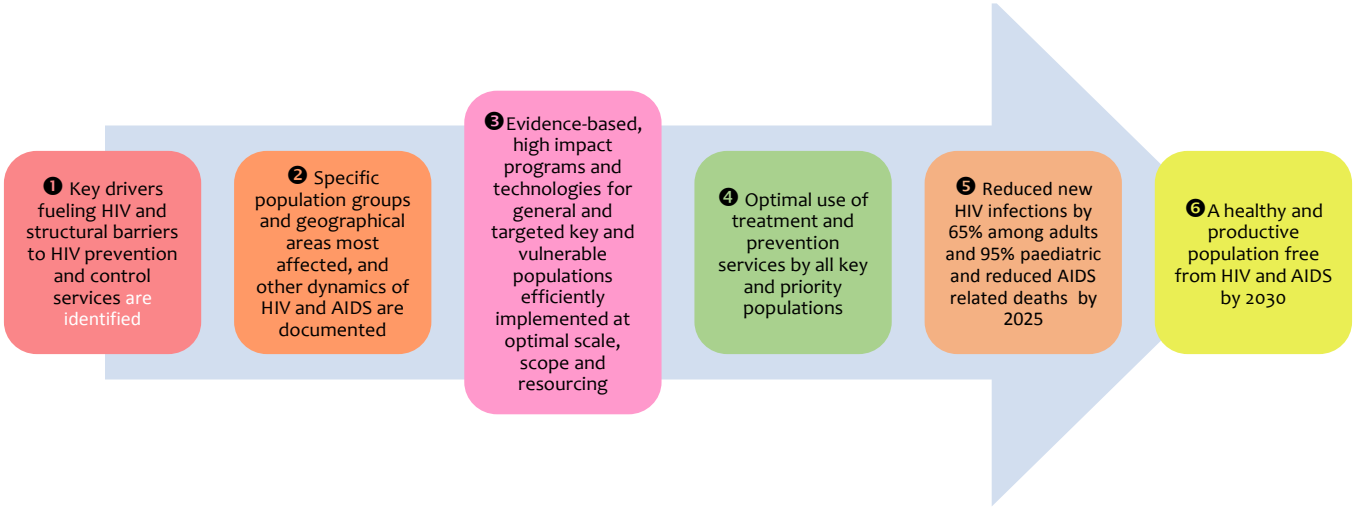
that if implemented in a comprehensive fast track mode with maximum efficiencies, differentiated according to populations at risk❹

will contribute towards the desired goal – zero new infections, zero AIDS related mortality and morbidity and zero discrimination, thus halting drivers and removing barriers by reducing HIV incidence and AIDS related mortality by 65%❺.

Comprehensiveness means that interventions are proven/recognised as effective in stemming HIV spread, are available, accessible, affordable and acceptable and are offered at sufficient standards of quality to ensure maximum levels of uptake and retention for all population groups, including key and priority populations. The interventions should also be adequately resourced, technically and financially, to an optimal scale of implementation likely to significantly impact on the course of HIV to meet global targets. Ultimately, through scaling-up and sustaining the HIV response, a healthy and productive population, including key and vulnerable subpopulations most affected will be AIDS free by 2030❻.

1 Most concepts and variables plotted in this Theory of Change are specific to the NSP 2020/2021 – 2024/2025 while the theoretical framework is drawn extensively from Russell Armstrong's ideas in the National Plan for Achieving Equity in Access to HIV, TB and malaria services in Uganda 2020-2024, Kampala, Uganda

Figure 1: Theory of change for attaining outcomes and goal of NSP



3.2 NSP Goal and Objectives

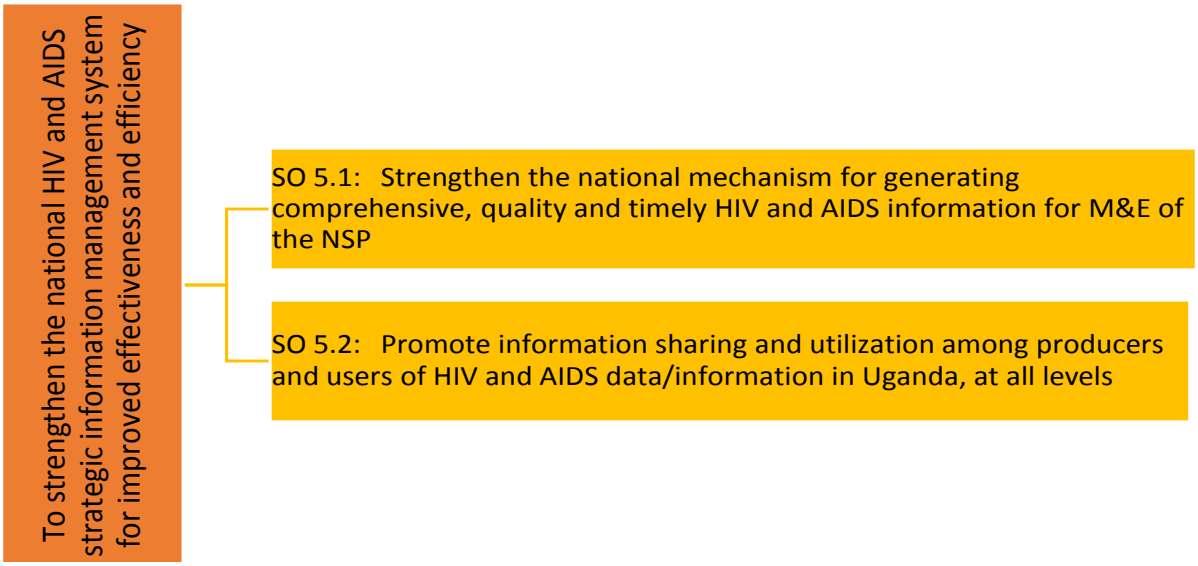
The goal of 2020/21-2024/25 NSP is to increase productivity, inclusiveness and wellbeing of population through ending HIV and AIDS as an epidemic by 2030.

The objectives of the 2020/2021—2024/2025 NSP are to:

- To reduce new HIV infections by 65% among adults and paediatric HIV infections by 90% by 2025
- To reduce HIV related morbidity and mortality by 2025
- To strengthen social and economic protection to reduce vulnerability to HIV and AIDS and mitigation of its impact on PLHIV, OVC, key populations and other vulnerable groups
- To strengthen the multi-sectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and quality services to all targeted populations
- To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency

The M&E thematic goal and objectives, which feed into the overall NSP goal are presented in figure 2 below.

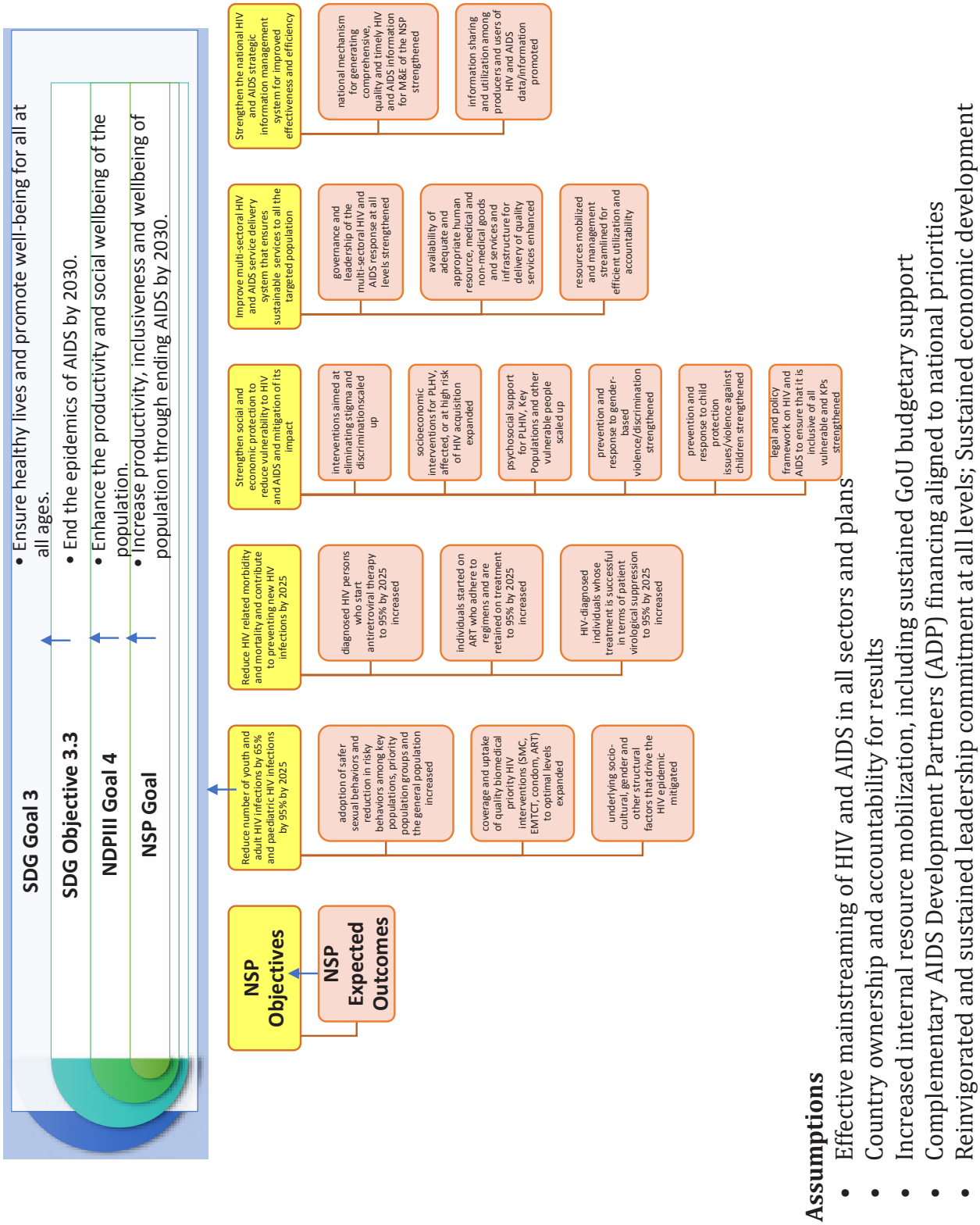
Figure 2: M&E the thematic goal and objectives



3.3 The NSP Results Framework

Figure 10 below presents the NSP goals and outcomes and how they link into national and global development targets.

Figure 3: NSP results framework



Assumptions

- Effective mainstreaming of HIV and AIDS in all sectors and plans
- Country ownership and accountability for results
- Increased internal resource mobilization, including sustained GoU budgetary support
- Complementary AIDS Development Partners (ADP) financing aligned to national priorities
- Reinvigorated and sustained leadership commitment at all levels; Sustained economic development
- Adequate absorptive capacity of resources by implementing agencies and organizations.

SECTION 4: THE NSP MONITORING AND EVALUATION SYSTEM

The UAC has the mandate to coordinate and monitor the national multi-sectoral response to the HIV and AIDS epidemic in Uganda. During the implementation of the NSP, UAC will co-ordinate the response and provide guidance to the stakeholders; including public, civil society and private sector partners. Sectors, that include MDAs, districts and lower local government structures will be responsible for (a) managing the response in their areas of jurisdiction (b) integrating HIV and AIDS in their core business and implementation agendas to achieve the set output and outcome targets.

4.1 Institutional Arrangement for Coordinating the Response

The HIV and AIDS epidemic is multi-thronged and hence is addressed through a multi-sectoral approach which requires multiple stakeholders to track interventions carried out by various stakeholders at different levels. The UAC is responsible for overseeing the implementation of the 'Three Ones' principle in the coordination of the national response, hence will oversee the implementation of One M&E Framework. The UAC will disseminate the NSP and its accompanying documents (National M&E Plan, National Priority Action Plan, and the Abridged Version of NSP). The Commission will also monitor the implementation of the NSP including resource utilization and accordingly consolidate and disseminate the information on the epidemic to national, regional, local and international partners.

The Zonal Coordination Units, an extension of UAC at sub national level will:

- Monitor and evaluate the HIV and AIDS response within the region
- Coordinate, supervise, build capacity and monitor clusters of districts
- Gather and scrutinize HIV and AIDS reports/data from all LGs for action
- Undertake regular support supervision to the LGs

The HIV and AIDS Partnership Mechanism

The HIV and AIDS Partnership Mechanism, which was established to minimize duplication; maximize potential for synergies, harmonization, learning and peer support; and pool efforts for scaling-up the response, includes; the Partnership Forum, Partnership Committee, self-Coordinating Entities and Partnership Fund. Each structure plays a complimenting and facilitating role to each other as described below.

- The Partnership Forum reviews progress in the response and sets priorities for the next planning year paying keen interest to available resources in country.
- The Partnership Committee provides a platform for collective oversight over the management of the national response. Further, the partnership committee convenes quarterly to appraise members on progress made in implementation of the NSP, sets the agenda for updating, monitoring of the national strategic framework for the AIDS response; review annual action plans and indicators to ensure that priority areas are adequately addressed; review budgets and financial reports from various constituencies and actors relevant to NSP; prepare for, organize, moderate and follow up on outcomes of the Partnership Fora; mobilize resources for the Partnership Fund, monitor and evaluate its outputs.
- The Self-coordinating entities are responsible for monitoring and reporting about implementation by members.
- The Partnership Fund monitors and evaluates the information and resources.

The demonstrative but not exhaustive roles and responsibilities for various stakeholders are illustrated in Table 1.

Table 1: Stakeholder roles and responsibilities in implementation of the NSP M&E Plan

SN	Stakeholder Category	Roles and Responsibilities
	UAC	- Provide overall leadership in execution of the M&E Plan - Coordinate all NSP M&E activities in the NSP M&E Plan - Promote the national HIV M&E system - Ensure wider dissemination of the NSP, NPAP and NSP M&E Plan - Conduct data aggregation from sectors and data cleaning - Perform regular data analysis and produce periodic reports dashboards and other information products - Ensure that standardisation of tools for use by IPs - Ensure proper functionality of the Nation HIV and AIDS Database - Develop data quality assurance guidelines and tools - Conduct data quality assessments - Perform district level monitoring of interventions and provide M&E technical support supervision - Populate the NSP indicator tracking table annually and annex it to the NSP Annual report - Strengthen M&E Capacity for the HIV and AIDS response - Organise regular data reflection and utilisation events including the Annual HIV and AIDS Conference, JARs, and the like - Produce and disseminate various information products - Facilitate National HIV and AIDS M&E TWG and DACs to perform theirrole
	OPM	- OPM as a coordinating body will host a central database where all sectors will report. OPM will further provide data on refugees.

SN	Stakeholder Category	Roles and Responsibilities
	Key sectors (MOH, MoES, MoGLSD and MoLG, MAAIF, MODVA, MOWT and other MDAs)	- Ministry of Health (MoH) to lead the periodic Uganda Population & HIV -Impact assessments and MoGLSD to lead the implementation of the community development programs. - Perform routine data collection - Aggregate, clean and report sector data in a timely manner - Perform data quality assessments within the sector - Perform field monitoring of interventions and provide M&E technical support supervision - Produce sector level dashboards and promote data utilisation within all sector levels for program improvement
	Implementing Partners/ Service outlets such as Health Facilities	- Perform routine program data collection on NSP and other program level indicators - Scale up the use of health and community health information systems - Aggregate, clean and report to the sectors data in a timely manner through the district focal point person - Maintain primary data collection records for at least 5 years with maxmum confidentiality. - Perform data quality assurance - Perform continuous quality improvement initiatives - Perform routine monitoring of activities - Ensure adequate in-house capacities for M&E - Utilise data regularly for program improvement

SN	Stakeholder Category	Roles and Responsibilities
	The Local Governments	- Coordinate partners to develop an integrated district HIV/AIDS Strategic and M&E plan aligned to the national priorities and ensure that the annual workplan is aligned to HIV/AIDS strategic and the M&E plan - Aggregate and submit data to respective sectors on all relevant output indicators - Perform field monitoring of interventions carried out by implementing partners (IPs) in the local government (LG) and provide M&E technical support supervision - Assure data quality within their districts through periodic DQAs and data validation - Organise quarterly review meetings to reflect and utilize data and ensure that action points are taken and implemented based on data reflection meetings. - Appraise the facility and community HIV and AIDS programs as accountability to the public to demonstrate project accomplishments versus desired results - Ensuring that there is information documentation, reporting and dissemination to LG and lower LGs.
	ADPs	- Support the strengthening of government M&E systems to make them more reliable to produce and report data on a timely basis - Ensure that supported IPs submit timely and data to the relevant sectors - Ensure that supported IPs use standard national data collection tools where they exist - Conduct data quality assessments for their IPs - Perform field monitoring of interventions and provide M&E technical support supervision - Strengthen M&E capacity for the HIV and AIDS response - Ensure coordinated funding for researches and surveys through liaison with UAC and funding researches within the prioritised National HIV and AIDS Research Agenda

SN	Stakeholder Category	Roles and Responsibilities
	National M&E Technical Working Group	- Provide technical guidance on issues pertaining to M&E of the national response - Provide technical input to all M&E products produced by the NSP M&E system - Meet regularly, at least once a quarter to discuss emerging issues that need to be considered - Regularly track the implementation of the NSP M&E plan - Coordinate national M&E activities and ensure timely execution - Promote and support dissemination of information - Organise regular data reflection and utilisation events - Spearhead NSP MTR and end of NSP evaluation
	Self-Coordinating Entity **(SCEs)**	- Perform field monitoring of interventions and provide M&E technical support supervision to their constituents - Perform data quality assurance within constituents through periodic DQAs and data validation - Hold review meetings to reflect and utilize data within their constituents - Ensure action points are taken and implemented based on data - The Research and Academia SCE will play a lead role in ensuring that prioritised researches are conducted according to the national and international protocols
	UBOS (UBOS)	- Conduct national surveys and produce timely reports on national surveys such as UDHS and Census - Liaise with MOH in conducting the AIS and other surveys
	Beneficiaries	- Provide authentic data to service providers on request - Participate in monitoring and evaluating services through providing feedback to service providers, responding to survey questionnaires and participating in review meetings.

4.2 Implementation of the NSP Monitoring and Evaluation of Plan

The NSP M&E plan will be a core component of the national M&E system for the HIV and AIDS response which is strategically designed to utilise existing stakeholder sub-systems as building blocks. These building blocks comprise of sector management information systems. Given the multi-sectoral nature of the HIV and AIDS response and hence varied data sources for various indicators, the NSP M&E Plan clarifies the roles and responsibilities of various stakeholders in gathering, aggregating, and disseminating (including reporting) of HIV and AIDS data.

The data generated by sectors will feed into the National HIV and AIDS database at UAC which is linked to other national line ministry databases such as Prime Ministers Integrated Management

Information System (PM - IMIS), HMIS, OVC MIS and EMIS . All stakeholders will be able to access aggregate system generated reports for information and use. The data generated will further enable Uganda as a country to meet her national and international reporting obligations. At the national level, UAC will use the M&E plan data to produce the Annual Uganda AIDS Status Report, Sector Annual Joint Review Reports, and Quarterly reports as well as HIV and AIDS statistical abstracts. The UAC will generate data for the Country Progress Reports as well as submit program performance reports to the OPM.

4.2.1 M&E advocacy, communication and culture

As part of coordination and oversight, UAC established the HIV and AIDS E-mapping and Monitoring System to continuously map the activities of HIV and AIDS stakeholders and set up NADIC for managing HIV and AIDS data resources. In place is a Situation room for harmonizing the sector databases (DHIS 2, DREAMS, PTCT dashboard, CPHL dash board, OVC, MIS) yet to be rolled out at national and lower levels. A gender tracking dashboard for the NSP indicators is also established. Training for capacity building is thus necessary across the board.

At local government (LG) level, about 50% of districts have functional District AIDS Committees (DACs) and majority (97%) have established PHA Networks/forums. Besides, MoFPED has instructed all accounting officers in the MDAs to allocate 0.1% of their annual budget for mainstreaming HIV and AIDS. Hence, UAC will scale-up its advocacy role on mainstreaming HIV and AIDS in programs and plans by preparing guidelines on how to budget and use the 0.1% of the allocation.

4.2.2 Data management

Data collection and reporting

Program data appropriately disaggregated by sex, target group, type of service and geographic areas will be collected by the sectors supported by IPs to enable reporting against NSP indicators. The IPs will however collect data on more variables beyond the NSP reporting requirements for use at project implementation level. It is recommended that government, private sector and partners use standard national data collection tools for routine data collection where they exist in order to ensure data reliability.

It was noted during the review of the outgoing NSP that standard national data collection and reporting tools for behavioural and structural indicators were lacking, and these will be developed. In order to strengthen data collection and ensure reporting on behavioural and structural indicators, UAC in close collaboration with sectors will develop data collection and reporting tools for the non-biomedical indicators. UAC will support the sectors to include HIV and AIDS indicators into their district level indicators and sector MIS, so that they are reported on at the same time the biomedical indicators are reported. UAC will then obtain sector-based reports from respective sectors. A memorandum of understanding (MOU) will be signed between UAC and the sectors spelling out the relationship and reporting lines. The option of obtaining data through sectors was chosen because sectors already have existing structures and databases to capture this data.

NSP Data Flow

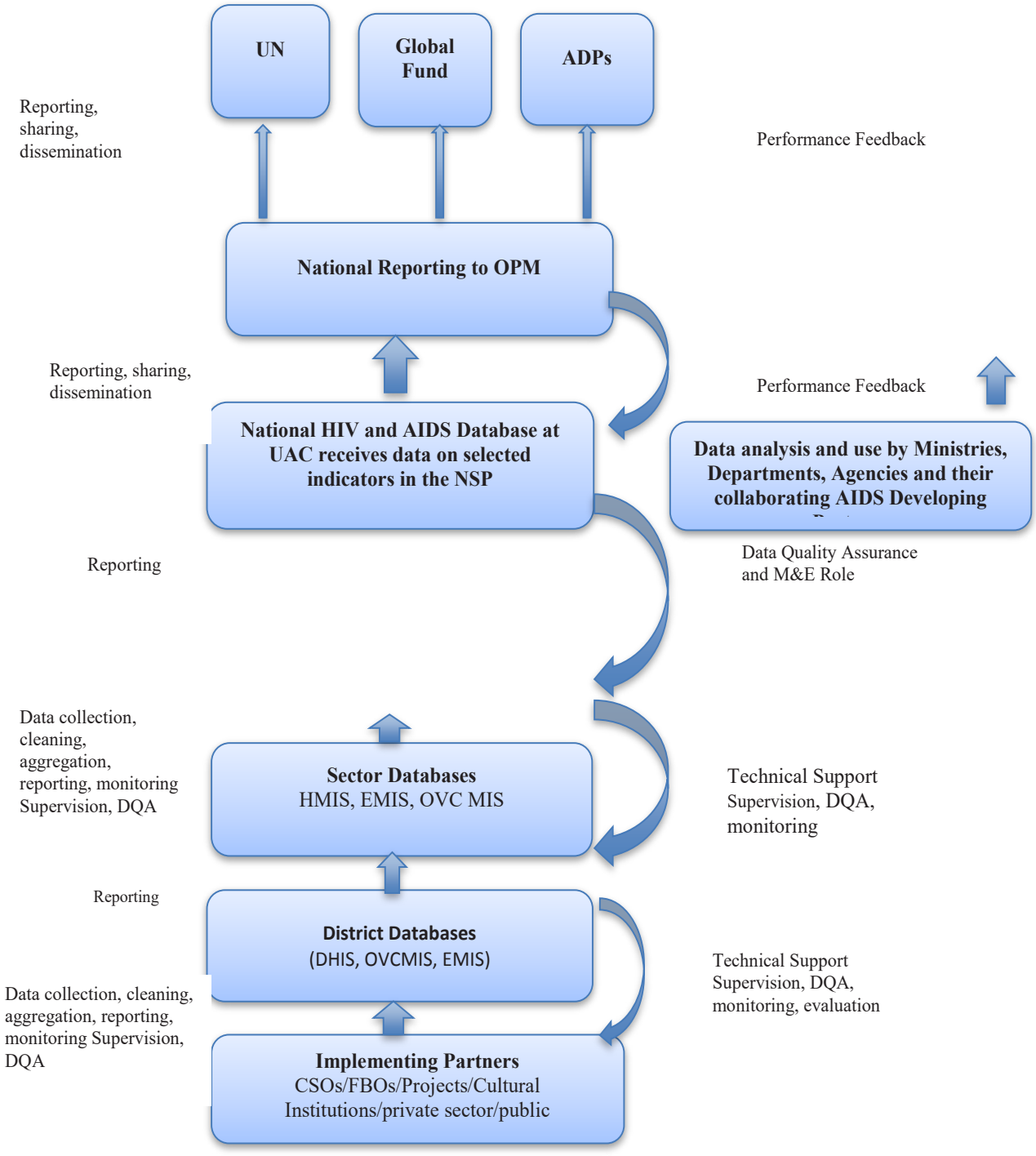
The NSP data comes through existing sector MIS in the country, hence existing stakeholder sub-systems will comprise the building blocks for the national system. Utilization of existing systems is founded on the premise that:

- The national response is constituted of multi-sectoral stakeholders
- Sectors already have established existing information and M&E systems and structures; hence

a parallel system would simply duplicate efforts, cause double reporting and waste resources.

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

Figure 4: HIV and AIDS data flow chart



4.2.3 NSP reporting

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

Table 2: Major reports to be generated by the NSP M&E system

Level	Information product/report	Description	Report Due Date	Responsible Agency
International Reports	Country Progress Reports Global AIDS Monitoring Tool (GAM)	Submitted to UNAIDS for tracking progress on global indicators and targets.	31st March	UAC
	Report to OPM	In line with reporting requirements established by government, the UAC contributes reports to the OPM.	30th January (Bi-Annual) 30th July (Annual)	UAC
Country Reports: National Level	Annual Country HIV and AIDS Progress Report	The report is based on undertakings agreed upon by stakeholders during the JARs and indicators to be reported on an annual basis as per indicator matrix. Since the UAC is not the source of these data, it is expected that sectors will provide the data to UAC on a timely basis but UAC will provide a formal communication to respective sectors requesting compilation and sharing of these data. The report prepared by UAC from data shared by stakeholders will be submitted to the OPM.	30th September	UAC
	Sector Annual Joint Review Reports	Sectors will produce respective sector reports as per specific sector prescribed requirements. Some of these reports are quarterly and others annual. Quarterly reports will inform decisions to be made on a regular quarterly basis while annual report will be shared and discussed in respective Annual Sector Review meetings or Program performance assessments	30th September	UAC
	Statistical Abstract Indicators	A table of figures/statistics on indicators selected	30th April	UAC
	Quarterly and annual Performance Reports	Based on activities in the NPAP, the UAC will compile quarterly and annual reports showing progress made on implementation of activities agreed on. This is essential for determining progress on indicators selected for monitoring and evaluating the national HIV and AIDS response	15th October 15th January 15th April 15th July	UAC

Level	Information product/report	Description	Report Due Date	Responsible Agency
Country Reports: Sub-national Level	District HIV and AIDS related Reports	The sub-national level structures will produce reports as required by the respective MDAs. This will include monthly and quarterly reports. At District level, Quarterly reports produced by respective MDAs will be shared with the office of the CAO and discussed by the DACs and UAC Zonal offices on a quarterly basis. It is not expected that the DACs will process data but will discuss reports on HIV and AIDS submitted by respective government agencies and partners. Reports submitted by the sub-national level are necessary for production of national level information products. District reports are sector specific and need to be prepared and submitted within timelines set by respective sector reporting timelines.	15th October 15th January 15th April 15th July	

4.2.4 Data storage - national and sub-national HIV and AIDS databases

Each service provider has the primary responsibility to create a safe data storage system, whether electronic or in hard copy. All key sectors have MIS in which sector data is aggregated at national level. The sector database will obtain data from the cities and districts; either through sub-national databases such as the DHIS 2 or directly online data entry by the entity contact persons. The National HIV and AIDS Database and NADIC will serve as a repository of all HIV and AIDS data from sectors (MDAs) and all HIV and AIDS related research and publications.

Data security should be ensured through:

- Storing data in password-protected databases on computers accessible only by authorized staff
- Securing the server environment so that is it accessed through strong passwords and unique identifiers
- The hard copy files should be kept in lockable rooms and cabins only accessible by authorized staff.
- The NSP data will be regularly backed up on weekly basis on site and on a cloud-based server for maximum security.
- Confidentiality of personal client information should be guaranteed through ensuring that only relevant service providers who have sworn the oath of confidentiality access the records.
- Analysed and reported data should not bear names of clients or respondents

4.2.5 M&E support supervision and data quality assessments

Data can only be useful and if it is of quality so that decision makers can rely on it for decision making. This will require developing the data quality assurance guidelines and tools for HIV and AIDS data to ensure that participatory data quality assessments (DQA) are done by relevant players at various levels. National level DQAs will be led by the sectors with support from the IPs and LG level DQAs will be led by the respective LGs and City Authorities. The DQAs will be mainly done at sector and implementation level. The UAC shall mainly track whether DQAs of the required standard are being carried out.

The M&E Units at various levels are charged with the responsibility of monitoring the data quality for

entities within their jurisdiction to ensure that data is valid, reliable, precise, complete, of integrity and timely.
Each entity such as UAC and sectors, should develop data management guidelines for reference while conducting routine data collection at their levels. The guidelines should clearly spell out roles and responsibilities for various entities and should include an elaborate data flow chart.
Pre-JAR meetings will be held to validate data from various sectors before finalising national reports.

4.2.6 Data analysis, dissemination and use

Data Analysis

Data from sector databases, DHIS2, EMIS and OVCMIS will be cleaned as and when determined by the user sectors, ministries, departments and agencies on monthly, quarterly, semi-annually or annual basis and analysed using their respective systems which may include Stata, Excel or Epi Info to inform programming. Descriptive statistics will be generated and where necessary some inferential analysis will be done. Data will be presented using tables, graphs, maps and in narratives. The results obtained will be used to assess progress and performance as well as collaboration, learning and adaptation at district, facility and community levels. Data analysis will answer what, where, who and why questions regarding the interventions and the results.

Sectors, LGs and IPs with electroton-ic databases are encouraged to pro-gram dashboards on key indicators for real-time generation of analysis and graphs

Data Dissemination and Use

Increased data use for program improvement will remain the key focus of the M&E function. The UAC will promote purposeful and deliberate use of program data for decision-making in policy and programming decisions, such as in making projections required drugs and supplies based on average client load. Data use will be promoted through synthesizing, producing and disseminating tailored HIV and AIDS related communication products for different target audiences such as policy makers, decision makers, sectors, ADPs, IPs, LGs, CSOs, private sector, couples, young people, senior citizens and the general public. There will be knowledge and learning sharing platforms that will share the learning gathered from the data. Data use indicators are incorporated into the NSP indicators; these will be tracked regularly to ensure that data use events occur and data use action plans are implemented.

Some of the planned learning and data use and dissemination activities include:

Report production and dissemination: UAC and Government Sectors (MDAs and LGs) will produce and disseminate periodic reports such as annual reports showing progress in NSP implementation. The reports will be compiled and shared with key stakeholders that include the MDAs, LGs, IPs, policy makers and the ADPs. The reports will focus on sharing achievements against targets, performance cascades, unmet need, lessons learnt, innovations and best practices, challenges and priorities for the follow-up period.

i. Performance review meetings: performance reviews will be conducted on quarterly at district and regional level and annual basis at national level. These meetings will focus on achievements versus targets, performance cascades challenges faced, best practices and lessons learnt and priorities to be followed up. The district HIV and AIDS Focal Persons together with the District AIDS Committees (DACs) will take lead in organising district level review meetings.

ii. Newsletters: UAC will publish a semi-annual electronic and hard copy newsletter demonstrating NSP achievements and disseminating key information to the general public regarding the project.

Success stories, best practices and lessons learnt will also be featured in the newsletter.

iii. Abstracts and publications: Key stakeholders should be on the lookout of national and international conferences and workshops where to submit analysed data based on HIV and AIDS program generated data as well as conducted researches, surveys and evaluations.

NADIC: The NADIC being the central repository of all HIV and AIDS information will continue to serve as one of the key dissemination fora for electronic and hard copy information. An MoU will be signed between NADIC and Uganda National council for Science and Technology (UNCST) on sharing all HIV related researches and datasets conducted in the country, as well as Uganda National Health Research Organisation (UNHRO) and Uganda Virus Research Institute (UVRI). The data in NADIC will be available at UAC website under NADIC for public access. In addition to the manual recording of users on NADIC at UAC, an e-tracking tool will be included for NADIC website access in order to track the kind of users, information requests, frequency of visits and assess rating of the accessed information.

iv. The HIV Situation room; Will be getting data from various sources to provide a view of current situation from various sources such as the e-HMIS, CHPL, OVCMIS, EMIS. This will be accessed on-line.

v. Databases: The Gender dashboard, the research database, electronic mapping of HIV and AIDS service providers. The gender dashboard and the research database are being hosted at NITA-U. The catalogue picks information materials at NADIC and is an open public access catalogue. The UAC M&E database will be strengthened to ensure that MDAs input data and is up to date. An electronic tracking tool will be developed to provide partner access into the databases.

vi. Presentations at workshops, seminars/conferences/meetings: Key stakeholders will prepare and make presentations in various meetings organized at various levels to share innovations, lessons learnt, best practices and progress towards achieving national and international development goals.

vii. Information, Education and Communication (IEC) materials: Customised IEC materials as brochures, fact sheets and fliers will be developed, translated into major local languages and widely disseminated. The IEC materials should include various messages tailored for varied target audiences such as policy makers, decision makers, sectors, IPs, LGs, CSOs, private sector, couples, young people, senior citizens and the general public. The NADIC will take lead in developing audience-tailored dissemination products based on the information needs.

viii. Mass media: The social, electronic and print media will be used as channels for wide and rapid dissemination of key messages. This will necessitate repackaging information to suit the dissemination channel.

4.2.7 Evaluation, research and surveillance

Evaluation, research and surveillance will be conducted for periodic data collection for some indicators that cannot be tracked through routine data collection. In order to assess the NSP relevancy, effectiveness, efficiency, sustainability and impact; evaluations will be conducted at specific intervals of the NSP period. In addition to the JARs that are conducted every year, a MTR of the NSP will be conducted in 2022/23, which is the midpoint of the NSP period. An NSP end of program evaluation will be conducted in 2025.

A national forum for validation, dissemination and discussion of HIV and AIDS research and evaluation

findings will be conducted for each of the researches conducted as part of the National Research Agenda. The evaluation and research findings will be used and referenced in planning and other programming documents. A coordination mechanism will be instituted for the national HIV and AIDS research. The UAC will further work with the Research, Academia and Professionals Self Coordinating Entity to ensure that all HIV and AIDS related research reports are submitted to UAC.

The thematic TWGs will provide technical input into the design of the studies including the essential variables for tracking. Periodic data collection will among others include the following:

The HIV and AIDS spending data - The UAC will conduct the National AIDS Spending Assessment *(NASA),* which is one of the comprehensive spending assessment methodologies and will liaise with the relevant government structures and ADPs during the process.
Sentinel Surveillance Surveys – The MoH will spearhead the conducting of sentinel Surveillance Surveys at ANC sentinel surveillance sites bi-annually.

The Uganda Population Based HIV and AIDS Assessment (UPHIA) –The UPHIA will be conducted by the MoH in liaison with UBOS done bi-annually. Incidence studies will be carried out through follow-up of cohort populations to ascertain the direction of the epidemic by determining the magnitude of new HIV infections during specified periods.

Uganda Demographic Health Survey (UDHS) – A population-based survey is conducted by UBOS every after 5 years with technical assistance from partners associated with DHS including MoH. The UAC will work with the UBOS to ensure that HIV and AIDS related data needs are captured by the survey.

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

Special studies – The planned National HIV and AIDS Research Agenda will inform the implementation of special studies which will be addressing areas of interest in the implementation of HIV and AIDS programs. The M&E TWG will be responsible for developing the National HIV and AIDS Research Agenda. The National HIV and AIDS Research Agenda will stipulate priority areas for research, operations research will also be conducted to answer specific identified programmatic questions for programme improvement. In addition, institutions with capacity to conduct special research such as operations research will conduct studies, but these should be coordinated to align them with identified national interests and priorities to address data needs for these areas. An inventory of completed and on-going country-specific and evaluation and research studies will be maintained at NADIC and regularly updated.

4.3 Capacity Building for Monitoring and Evaluation

In order to ensure quality data, and relevant analysis and interpretation of data, ample M&E skills are essential at all levels. Capacity building is a responsibility of all stakeholders involved in the national response. UAC will leverage from partners and other stakeholders to support M&E infrastructure in areas with critical gaps. Capacity strengthening interventions should focus on regional referral, sub-national level and service provides since those are the sources of data that feed into the national

M&E system. Various capacity strengthening interventions will be implemented, that will include but not limited to trainings, mentorships, participatory data quality assessments, exchange and learning visits, feedback dissemination and joint national data cleaning and review meetings.

The UAC will scale up tailored M&E capacity building for members of DACs that were not covered under the previous NSP, based on identified capacity gaps. The capacity building strategy for SCE, which was finalised early 2015, will be implemented to equip the SCE to play their M&E functions better among their constituents.

Capacity strengthening will also focus on boosting resources for M&E, particularly adequate staffing levels for M&E, ensuring that the M&E unit is facilitated with computers for health information systems and data management, reliable internet connectivity for timely reporting and dissemination of information as well as funds for implementing M&E interventions. All sectors and LGs should have a costed M&E work-plan as a minimum requirement for M&E work.

4.4 Strategic Interventions Prioritised for Monitoring, Evaluation and Research

The National HIV and AIDS M&E TWG proritised the following strategic objectives and their respective interventions.

SO 1: Strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for M&E of the NSP

Strengthen operationalization of NSP M&E Framework

- Institute a mechanism for monitoring MDAs with regard to the 0.1% budget allocation for HIV and AIDS mainstreaming as per the MoFPED directive in the Budget Call Circular for FY 2018/19 to ensure effective integration and implementation of HIV and AIDS in their work plans.
- Institute a mechanism for monitoring the use of HIV and AIDS mainstreaming funds, AIDS Trust Fund and other funds allocated to HIV and AIDS.

Scale up the development of MDA and district HIV and AIDS Strategic Plans and M&E frameworks

- Expand capacity strengthening interventions in M&E for HIV and AIDS to more districts, DACs and CSOs in need of training
- Provide technical support to ministries to fully integrate the HIV and AIDS indicators in the performance monitoring tools for regular tracking of performance.
- Fast track finalisation and rolling out of the Situation Room at a national and sub-national level. Situation Room

Reinforce Routine M&E Activities

- Strengthen monitoring and implementation of the developed MDA and district HIV and AIDS Strategic plans.
- Institute a sustainable mechanism to foster regular and timely reporting by ministries and SCEs including considering reporting through OPM.
- Institute a centralized data capture for all HIV and AIDS thematic areas beyond just care and treatment for easy access to data. UAC should develop centralized data management systems including developing tools for HIV and AIDS data collection and disseminating these tools to ADPs and local governments.
- Conduct regular multi-sectoral progress review meetings at national and district level focusing on achievements, challenges, lessons learnt and actions for improvement.
- Perform regular data analysis, aggregation and reporting on NSP and SDG indicators.
- Produce the annual JAR Report and annually populate the NSP indicator tracking table.

Institutionalize multi-sectoral Regular Data Quality Assurance and Assessments

- Conduct regular data validation meetings at different levels; monthly at service provision point, quarterly at district, regional and annually at national levels.
- Conduct regular (quarterly, semi-annually and annual) participatory data quality assessments on sampled indicators and map trends of data quality to determine improvement.
- Develop national SOPs for HIV and AIDS data quality assessments and data validation for use all stakeholders involved.

SO 2: Promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels

Scale-up Data Use and Learning Events

- Expand the use of data dash boards for key NSP and SDG indicators including gender specific indicators and provide hands on capacity strengthening within Health Sector and across sectors and districts to visualize and share information.
- Institutionalize learning events at all levels and track implementation of action points.
- Produce, translate and disseminate information dissemination products, customized for various life cycle categories and generate deeper discussions on the disseminated materials to allow asking of questions, raising fears and internalization of the content.

Undertake evaluative/periodic assessments and special studies

- Develop and disseminate the national research agenda to guide research for HIV response and commission operations research guided by the agenda to improve programming.
- Consolidate and synthesize conducted HIV and AIDS researches to make them more comprehensively informative and useful
- Institute a sustainable mechanism for regularly updating the National HIV dataset for research products
- Support implementation of HIV research studies to inform evidence – based policies in social support and systems strengthening thematic areas which were least covered by HIV research studies conducted during the first half of the outgoing NSP
- As part of enhancing aggregation and centralised repository of HIV and AIDS research, NADIC should establish MoU with UNCST on sharing all HIV related researches and datasets conducted in the country. This involves MoUs with UNHRO and UVRI.
- Conduct NSP MTR and end-term evaluation and disseminate findings.

SECTION 5: THE PERFORMANCE INDICATORS OF THE NSP AND FINANCING OF THE M&E PLAN

5.1 Performance Indicators of NSP

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

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

The M&E Plan was purposely designed to only have outcome and impact indicators being a strategic document. Overall, the 80 indicators will be tracked, of which 3 are at impact level and 77 at outcome level, as summarized in table 3. Annex 1 presents complete set of indicators per thematic area and respective baselines and targets.

Table 3: Number of NSP indicators per thematic area

NSP Thematic Area	Number of Impact Indicators	Number of Outcome Indicators
1. HIV Prevention	3	22
2. Care and Treatment		14
3. Social support		22
4. Systems Strengthening		12
5. M&E		7
Total per category	**3**	**77**
Total number of indicators	**80**	

Note: The M&E TWG will map out the data sources for indicators without baseline indicators, some will require special surveys which need to be planned, while others will require including them in tools of existing national surveys.

5.2 Financing of the M&E Plan

The National HIV and AIDS M&E system is comprised of stakeholder systems and thus data sources are planned for and budgeted by the respective sectors responsible for those indicators. Centrally, UAC budgets will reflect M&E Plan costs that will be implemented by the agency, such as the coordination, processing, storage and aggregation of country level data. Similarly, various implementing partners that contribute data for the national M&E system will reflect M&E budgets in their institutional budgets.

The cost of implementing the M&E Plan will be 5-10% of the total NSP cost. The M&E Budget will include coordination costs, printing and dissemination of the Plan, annual reviews, data storage, aggregation and processing, capacity strengthening for M&E, NSP review and evaluations as well as operations research. The budget will further cover interventions aimed at boosting data utilisation both at regional and national level. The IPs will facilitate district and regional level review meetings on a rotational basis.

The Plan will be financed by GOU, ADPs and the private sector. The private sector and LGs will be encouraged to contribute some items in kind such as free meeting venues for programme review meetings.

ANNEX A: NSP PERFORMANCE INDICATORS

HIV PREVENTION INDICATORS				
Impact/Outcomes	**Indicators**	**Disaggregation**	**Baseline**	**Target**
Reduced new HIV infections	HIV incidence rate (15 - 49 years)		0.3%*******	0.2%
1 Increased adoption of safer sexual behaviors and reduction in risky behaviors among key populations, priority population groups and the general population	1.1 Percentage of adult males and females (15-49 and 50+ years) who have had sexual intercourse with more than one partner in the last 12 months	Male	15-49: 20.6%*** 50+: NA	15-49: 10.5% 50+: 5%
		Female	15-49: 2.3%*** 50+: NA	15-49: 1% 50+: 0.5%
	1.2 Percentage of young women and men aged 15-24 years who correctly identify 3 ways of preventing sexual transmission of HIV and who reject 2 misconceptions about HIV transmission	Male	45%***	70%
		Female	46% ***	70%
	1.3 Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15	Male	21% *	11%
		Female	10.2% **	5%
	1.4 Percentage of Sex Workers reporting condom use at the most recent client		69%******	90%
	1.5 Percentage of MSM who used a condom at last anal sex		39%******	60%
	1.6 Percentage of PWID reporting safe injecting practices in the last 1 month	Male	N/A	90%
		Female	N/A	90%
2 Coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services scaled-up	2.1 Percentage of males and females 15-49 and 50+ years reporting condom use at last higher risk sex	Male	15-49: 57% *** (2016/17) 50+:	90% 50%
		Female	15-49: 37% *** (2016/17) 50+:	80% 30%
	2.2 Percentage of key and priority populations 15-49 years reporting consistent condom use			
	Sex workers		45% (2012)[a]	85%
	Uniformed personnel	(M&F)	N/A	85%
	Fishermen		N/A	85%
	MSM		64% (2009)[c]	85%
	Truckers		21% (2012)[a]	85%
	Injecting drug users	(M&F)	N/A	60%
	Transgender persons		N/A	50%

HIV PREVENTION INDICATORS				
Impact/Outcomes	**Indicators**	**Disaggregation**	**Baseline**	**Target**
	2.3 Percentage of women and men (15-49 years) who tested for HIV in the last 12 months and know their results	Male	37.3% ** 55% * (2017/18)	50%
		Female	48.1%** (2017/18)	50%
	2.4 Percentage of key and priority populations who have received an HIV test in the previous 12 months and know their results			
	Sex workers		86%[b]	90%
	Uniformed personnel	(M&F)	N/A	90%
	Fishermen		N/A	90%
	MSM		85%	95%
	Truckers		N/A	90%
	Injecting drug users	(M&F)	N/A	90%
	Transgender persons		N/A	90%
	Prisoners	(M&F)	N/A	90%
	2.5 Percentage of people who inject drugs who use harm reduction programs	(M&F)	N/A	80%
	2.6 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV		92%	95%
	2.7 Percentage of HIV-positive women in sexual relationships using family planning		N/A	70%
	2.8 Percentage of HIV-positive breast- feeding mothers with viral load suppression		N/A	95%
	2.9 Percentage of pregnant and breast-feeding mothers on ART at 12 months of initiation		N/A	90%
	2.10 Percentage of exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV		85%	90%
	2.11 Proportion of exposed		2.1 (HMIS)	1.3

HIV PREVENTION INDICATORS					
Impact/Outcomes	**Indicators**		**Disaggregation**	**Baseline**	**Target**
		infants testing positive with 1st DNA-PCR within 2 months			
	2.12	Percentage of males (15-49 years) that are circumcised		43%***	80%
	2.13	Early infant diagnosis (EID) positivity rate		2% (under 2 months) CPHL	0%
	2.14	Percentage of donated blood units in the country that have been adequately screened for HIV according to national or WHO guidelines during the past 12 months		100%	100%
3 Mitigated underlying socio-cultural, gender and other factors that drive the HIV epidemic	3.1	Percentage of women (15-49 years) who experience sexual and gender-based violence		13%***	5%
	3.2	Percentage of adult males and females that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI	Male	91% (2017/18)	98%
			Female	87%***	95%
	3.3	Percentage of key populations who avoided health care in the past 6 months because of stigma and discrimination	Sex workers	N/A	10%
			MSM	N/A	10%
			PWID	N/A	10%
			Trans gender	N/A	10%

Note: *LQAS 2018, **UPHIA 2016, ***UDHS 2016, ****UBTS Annual Report, *****UAIS 2011, ******UAC Global report 2019; [a]Matovu et al. 2013; [b]Pande et al. 2019; [c]Hladik et al. 2017, *******MoH HIV Spectrum Country Estimates.

HIV CARE AND TREATMENT INDICATORS			
Impact/Outcome	**Indicator**	**Baseline**	**Target**
Reduced HIV related morbidity and mortality and contribute to preventing new HIV infections	Annual HIV related deaths	21,000	10,800
	HIV mortality rate (15 – 49 years)	66/100,000***	33/100,000
1 Linkage to ART increased to 95% by 2025	1.1 Proportion of diagnosed HIV persons who start antiretroviral therapy within one month		
	• All	Not available	93%
	• Adult women (15+years)	93%***	95%
	• Adult men (15+years)	81%	90%
	• Older people *(50+years)*	Not available	95%
	• Adolescents (10-19 years)	Not available	95%
	• Children (0-14 years) M, F	74%	95%
	1.2 Percentage key and priority populations with HIV on ART (M, F; type of KP)		95%
2 Retention on ART increased to 95% by 2025	2.1 Proportion of PLHIV retained on ART at 12 months after initiation		
	• *Adults and young people*	88%	95%
	• *Adult women (15+years)*	*94%*	*95%*
	• *Adult men (15+years)*	*79%*	*95%*
	• *Older people (50+years)*	*Not available*	*95%*
	• *Children (0-14 years)* M, F	68%	95%
3 Adherence on ART increased to 95% by 2025	3.1 Proportion of active clients with adherence of >95% in the last clinical visit	95%	100%
4 Viral suppression increased to 95%	4.1 Proportion of people living with HIV who are virologically suppressed		
	• All		95%
	• *Adults*	80%	95%
	• *Males (15-24 years)*	*68%*	*95%*
	• *Males (25-34 years)*	*74%*	*95%*
	• *Males (35-49 years)*	*84%*	*95%*
	• *Females (15-24 years)*	*77%*	*95%*
	• *Females (25-34 years)*	*84%*	*95%*
	• *Females (35-49 years)*	*87%*	*95%*
	• *Older people (50+years)*	*Not available*	*95%*
	• *Adolescents (15-19 years)*	*49.4**	*90%*
	• *Children (0-14 years)* M, F	39.3%*	90%
	4.2 Percentage key and priority populations on ART that is virally suppressed(M, F; type of KP)	Not available	95%

HIV CARE AND TREATMENT INDICATORS				
Impact/Outcome	**Indicator**		**Baseline**	**Target**
5 Integration of HIV care and treatment across programs strengthened	5.1	Unmet need for FP among PLHIV	41.2%**	20%
	5.2	**TB & HIV Co management**		
	5.2.1	Percentage of estimated HIV-positive incident TB cases that received both TB & HIV treatment within the past 12 months (M, F)	76%*	100%
	5.2.2	Proportion of ART patients who started on TB preventive Therapy (TPT) in the previous reporting period who completed therapy (M, F)	80%*	100%
	5.2.3	Percentage of HIV positive acutely malnourished clients in care who received nutrition therapy (M, F)	70.5%	85%
	5.2.4	Percentage of people in HIV care who were screened for hepatitis B and C (M, F)	Not available	50%
	5.2.5	Proportion of PLHIV on ART with advanced HIV disease screened for cryptococcal meningitis (CCM) -M, F	87%	95%
	5.2.6	Percentage of PLHIV women screened for cancer of the cervix	TBD	50%
	5.2.7	Percentage of HIV-positive adolescent girls on ART receiving HPV vaccine within the past 12 months	Not available	90%

*Note: * HMIS, ** UDHS 2016,* ***MoH HIV Spectrum survey.

SOCIAL SUPPORT AND PROTECTION INDICATORS			
Impact Indicator: Social and economic vulnerability among PLHIV, PWDs, OVC, Key and priority populations and other vulnerable populations reduced by 2025			
Outcomes	**Indicators**	**Baseline**	**Target**
	and sexual violence)	M (not available)	
	3.5 Percentage of GBV survivors who report to formal institutions such as police (M, F)	6.6%**	10%
	3.6 Percentage of GBV survivors who access formal services- (Protection, health and legal services) by M, F	Not available	50%
4 Improved child protection and reduced VAC	4.1 Percentage of OVC aged 5-17 that have at least three basic needs met (M, F)	39%	70%
	4.2 Percentage of children and adolescents (13-17 years) by who report sexual violence (M F; and age category)	Overall: 18% Girls 25% Boys 11%	6% 8% 4%
	4.3 Percentage of girls and boys 0-17-year survivors of sexual violence who receive formal services (Medical, Psychosocial and legal services)	Overall: 6.1% (13-17 yrs.) Girls: 7.7% (13-17 yrs.) Boys: 4.6% (13-17 yrs.)	50% 60% 45%
	4.4 Percentage of children survivors of violence and SGBV who have completed PEP (M, F)	Not available	60%
5 Legal and policy framework on HIV and AIDS improved to ensure inclusive access by all PLHIV, Key Populations and other Vulnerable Populations	5.1 Percentage of PLHIV, KPs and other vulnerable groups who know their HIV health rights and responsibilities (M, F, category)	Not available	90%
	5.2 Percentage of PLHIV, KPs and other vulnerable groups who report rights violations (M, F, category)	Not available	5%
	5.3 Percentage of PLHIV, KPs and other vulnerable groups accessing legal services in the face of rights violations (M, F, category)	Not available	48%

*Stigma Index Survey 2019, **UDHS 2016, ***LQAS 2017, **** World Bank 2018 (refers to general popn of school going age)

SOCIAL SUPPORT AND PROTECTION INDICATORS			
Impact Indicator: Social and economic vulnerability among PLHIV, PWDs, OVC, Key and priority populations and other vulnerable populations reduced by 2025			
Outcomes	**Indicators**	**Baseline**	**Target**
1 Stigma and discrimination minimized	1.1 Percentage of men and women aged 15-49 years with accepting attitudes towards PLHIV	Overall = 66.8%* Male = 71.3% Female =65.6%	Overall = 80% Male = 85% Female =80%
	1.2 Percentage of men and women living with HIV who report experiences of HIV-related discrimination disaggregated by community(exclusion from social gatherings), health settings and workplace	*Community* Overall=4.29* Female=4.81 Male =3.44 *Health care settings*[2] 8.7%/5.5% *Workplace* Overall=7.93%* Female=8.12%* Male=7.63%*	Overall=0.5% Female=0.5% Male =0.2% 4%/1% Overall=3.5% Female=3.5 Male=3.0%
	1.3 Percentage of PLHIV who self-report on the construct of feeling guilty or worthless due to being a PLHIV (M, F)	24% *	8%
	1.4 Percentage of PLHIV reporting difficulty to disclose HIV status to other people. (M, F)	36.3%*	15%
2 Reduced socio-economic vulnerability for PLHIV and other vulnerable groups	Percentage of PLHIV and OVC households that are food secure (M, F)	37.2%***	70%
	2.1 Percentage of children and young people (6-17 years) living with HIV who have dropped out of school (M, F)	29%****	15%
	2.2 Percentage of individuals who access counselling and psychosocial services (disaggregated by sex, HIV status, KP type and other vulnerable populations)	Not available	40%
	2.3 Percentage of men and women PLHIV who report having not received any type of support such as counselling for the mental health conditions experienced.	39.7%*	10%
3 Reduced gender-based violence/discrimination	3.1 Percentage of men and women who believe that wife beating is justified	Overall, 47% Women, 49% Men, 40.1%**	15% 18% 10%
	3.2 Percentage of married women who participate in making decisions pertaining to their own health care, major household purchases, and visits to their family	Overall 51% 15-19, 35.5% 20-24, 43.9%**	85% 65% 73%
	3.3 Percentage of women who own land alone or jointly with their spouses	47.7%**	60%
	3.4 Percentage of women and men 15-49 years who experience GBV from an intimate partner in the past 12 months(sex, physical	Physical = 22.5% (F) Sexual violence = 16.6% (F)	11% 8%

[2] Definition: Being advised not to have sex because of your HIV status/Being talked badly about or gossiped about because of your HIV status

SYSTEMS STRENGTHENING INDICATORS				
Outcomes	**Indicators**		**Baseline**	**Target**
1 Governance and leadership of the multi-sectoral HIV and AIDs response at all levels strengthened	1.1	Percentage of districts with functional DACs	50%	100%
	1.2	Percentage of districts with functional PLHIV Networks	95%	100%
	1.3	Percentage of Self Coordinating Entities (SCEs) with functional HIV and AIDS committees	80%	100%
	1.4	Percentage of large work places (more than 50 employees) with HIV and AIDS workplace programs	Not available	100%
	1.5	Percentage of sectors mainstreaming HIV and AIDS	Not available	100%
2 Availability of adequate human resources for delivery of quality HIV and AIDS services ensured	2.1	Percentage of health facilities with required staffing levels	Not available	70% of minimum standards
3 Stock outs of medicines and supplies in health facilities reduced	3.1	Percentage of health facilities that had no stock out of one or more required essential medicines and health supplies within past 12 months	Not available	0%
4 Health infrastructure responsive to HIV service needs	4.1	Percentage of HC IIIs accredited and offering HTS, ART and EMTCT		100%
	4.2	Percentage of testing facilities (laboratories) that are accredited according to national or international standards		100%
5 Resources for HIV and AIDS mobilized and management streamlined for efficient utilization and accountability	5.1	Percentage of the HIV and AIDS funding from GoU	15%	15%
	5.2	Percentage of MDAs and LGs with up-date costed strategic plans and budgets	Not available	100%
	5.3	Percentage of HIV and AIDS budget funded by the private sector	Not available	30%

MONITORING, EVALUATION AND RESEARCH INDICATORS				
Outcomes		**Indicators**	**Baseline**	**Target**
1	Strong national mechanism for generating comprehensive, quality and timely HIV and AIDS information for M&E strengthened	1.1 Percentage of sectors and districts with up-to-date costed HIV and AIDS M&E work plans		
		Sectors	100% (key sectors)*	100% (All sectors)
		Districts	80% (102 districts)*	100%
		1.2 Percentage of sectors submitting quality data that meets standards	N/A (Newly modified indicator)	100%
		1.3 Percentage of key sectors (MDAs) submitting timely and complete reports to UAC	(Newly modified indicator)	100%
		1.4 Percentage of Self Coordinating Entities (SCEs) submitting quality reports	N/A (Newly modified indicator)	100%
2	Information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels improved	2.1 Percentage of implementers utilizing program generated HIV and AIDS data	N/A (Newly modified indicator)	100%
		2.2 Percentage of the national research agenda items covered through operational research in each thematic area of the NSP	(Newly modified indicator)	100%
		2.3 Percentage of stakeholders satisfied with NADIC	N/A (Newly modified indicator)	80%

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ANNEX B: INDICATOR REFERENCE SHEETS

HIV PREVENTION INDICATORS

NSP THEMATIC GOAL: To prevent new HIV infections	
INDICATOR TITLE: HIV incidence rate	
Description: Percentage of new HIV infections in the population in the last 12 months.	
Rationale: One of the major goals of HIV and AIDS programmes is to ensure that there are very few new infections. One of the greatest achievements is to see a reduction in the number of new infections in all groups and ages. HIV Incidence is critical in assessing the status of the HIV epidemic and the impact of prevention interventions. It is important to know whether the new infections are reducing or increasing.	
Numerator: New HIV infections	
Denominator: Total population	
Unit of measure: Percentage	**Disaggregated By:** Sex, age (adults versus children)
Level: Impact	**Data Source:** MoH HIV Spectrum Country Estimates
Data Collection Methodology: Modelling triangulated with the HIV recency testing data	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Baseline: 0.4%	**Target:** 0.2%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: Percentage of adult males and females (15-49 and 50+ years) who have had sexual intercourse with more than one partner in the last 12 months	
Description: Refers to people having sexual intercourse with more than one partner.	
Rationale: Having had sexual intercourse with more than one partner in the last 12 months implies having multiple- sexual partners which puts one at a risk of contracting HIV and AIDS.	
Numerator: Individuals who had sexual intercourse with more than one partner in the past 12 months.	
Denominator: Respondents aged 15 years and above who reporting to have had sexual intercourse past 12 months.	
Unit of measure: Percentage	**Disaggregated By:** Age, sex, marital status.
Level: Outcome	**Data Source:** UPHIA Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional):	
Baseline: Male 15-49: 20.6% *(UPHIA 2016)* 50+: NA Female 15-49: 2.3% *(UPHIA 2016)* 50+: NA	**Target:** Male 15-49: 10.5% 50+: 5% Female 15-49: 1% 50+: 0.5%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: Percentage of young women and men aged 15-24 years who correctly identify 3 ways of preventing sexual transmission of HIV and who reject 2 misconceptions about HIV transmission	
Description: The indicator measures the percentage of young people who are knowledgeable about essential facts regarding HIV transmission.	
Rationale: It is believed that knowledge about HIV and AIDS is essential and a prerequisite for people to adopt behaviors that reduce the risk of acquiring it, even though knowledge alone is insufficient to achieve this	
Numerator: respondents aged 15-24 years who gave the correct answer to all questions	
Denominator: The respondent population aged 15–24 years.	
Unit of measure: Percentage	**Disaggregated By:** Sex and age group.
Level: Outcome	**Data Source:** UPHIA Report
Data Collection Methodology: Surveys	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional): Multiple questions are included in the survey instrument in order to derive calculations for its measurement.	
Baseline: Male 45% *(UPHIA 2016)* Female 46% *(UPHIA 2016)*	**Target:** Male 70% Female 70%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: Percentage of young people 15-24 years who have had sexual intercourse before the age of 15.	
Description: This indicator tracks the age at which the individuals begin to get exposed to HIV through sexual intercourse.	
Rationale: A major goal of the HIV prevention program is to delay the age at which young people start having sex and discourage premarital sexual activity, which increases their potential exposure to HIV.	
Numerator: Young people aged 15–24 years who report having had sexual intercourse before the age 15 years	
Denominator: Young people respondents aged 15–24 years	
Unit of measure: Percentage	**Disaggregated By:** Sex
Level: Outcome	**Data Source:** UPHIA Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional):	
Baseline: Males =21% (UPHIA 2016) Females=10.2% (UPHIA 2016)	**Target:** Males 11% Females 5%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: Percentage of Sex Workers reporting condom use at the most recent client	
Description: The indicator is a proxy measure for consistent condom use among Sex Workers with their clients.	
Rationale: Key and priority populations who include Sex Workers are drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for Sex Workers to protect themselves and to prevent infecting others, it is important that they use condoms consistently, particularly with non-marital and non-cohabiting partner. The indicator measures progress in preventing exposure to HIV among groups that are at most risk of contracting HIV through unprotected sex.	
Numerator: Sex Workers reporting consistent condom use at the most recent client.	
Denominator: The total of Sex Workers	
Unit of measure: Percentage	**Disaggregated By:** Sex
Level: Outcome	**Data Source:** Key Population Survey Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 69%	**Target:** 90%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: Percentage of MSM who used a condom at last anal sex	
Description: The indicator is a proxy measure for consistent condom use among MSM **during anal sex**. Being a receptive partner during anal sex presents very a high highest-risk of contracting HIV since the lining of the rectum is thin and may allow HIV to enter the body during anal sex. The insertive partner is also at risk for getting HIV during anal sex.	
Rationale: MSMs are among the drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for MSMs to protect themselves and to prevent infecting others, it is important that they use condoms consistently, particularly every time they have anal sex.	
Numerator: MSMs reporting condom at last anal sex	
Denominator: The total of MSMs	
Unit of measure: Percentage	**Disaggregated By:** N/A
Level: Outcome	**Data Source:** Key Population Survey Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 39%	**Target: 6**0%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: P**ercentage of PWID reporting safe injecting practices in the last 1 month**	
Description: People who inject drugs (**PWID**) are at high risk for acquiring **HIV** if they use needles, syringes, or other drug injection equipment that has been used by someone an **HIV** positive person.	
Rationale: PWID are among the drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for **PWID** to protect themselves and to prevent infecting others, it is important that they use safe methods of administering injections.	
Numerator: **PWID** reporting safe injecting practices in the last 1 month.	
Denominator: The total of **PWID**	
Unit of measure: Percentage	**Disaggregated By:** Sex
Level: Outcome	**Data Source:** Key Population Survey Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: N/A	**Target: 9**0%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors	
INDICATOR TITLE: Percentage of individuals aged 15-49 years who used a condom at the last high risk sex	
Description: High-risk sex is sexual intercourse with a non-marital or non-cohabiting partner.	
Rationale: Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners.	
Numerator: Individuals aged15-49 years who used a condom at the last high risk sex.	
Denominator: Respondents aged15-49 who reported having sex with a non-marital or non-cohabiting partner in the past 12 months.	
Unit of measure: Percentage	**Disaggregated By:** Age, sex, marital status.
Level: Outcome	**Data Source: U**PHIA Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional):	
Baseline: Males: 15-49: 57% (UPHIA 2016) 50+:N/A Females: 15-49: 37% (UPHIA 2016) 50+: N/A	**Target:** Males: 15-49: 90% 50+: 50% Females: 15-49: 80% 50+: 30%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: Percentage of key and priority populations 15-49 years reporting consistent condom use	
Description: The indicator refers to key and priority populations that condom a use every time they have sex with a non-marital and non-cohabiting partner. The categories of key and priority populations that will be tracked will include sex workers, men having sex with men (MSM), fishermen (fishing communities), Transgender persons, long distance truck drivers, uniformed personnel (such as the army, the police and prisons officials), prisoners, and injecting drug users (IDU).	
Rationale: Key and priority populations are drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for these groups to protect themselves and to prevent infecting others, it is important that they use condoms consistently, particularly with non-marital and non-cohabiting partner. It measures progress in preventing exposure to HIV among groups that are at most risk of contracting HIV through unprotected sex.	
Numerator: Key and priority populations reporting correct and consistent condom use every time they every time they have sex with a non-marital and non-cohabiting partner.	
Denominator: The total of the above 7 key and priority populations categories	
Unit of measure: Percentage	**Disaggregated By:** By type of Key and priority populations (sex workers, MSM, fisher folk, transgender, truckers, uniformed personnel, prisoners and IDU)
Level: Output	**Data Source:** UPHIA report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline:	**Target**
Sex workers: 45% (2012)[a] Uniformed services: N.A Fishermen: N.A MSM: 64% (2017)[c] Truckers: 21% (2012)[a] Injecting drug users: N.A Transgender persons: N.A Prisoners: N.A	85% 85% 85% 85% 85% 60% 50% 50%

NSP THEMATIC GOAL: To prevent new HIV infections
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services
INDICATOR TITLE: Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results
Description: The proportion of survey respondents aged 15-49 who were tested for HIV and received their results in the last 12 months.
Rationale: When people know their HIV status, it is hoped that if they are negative, they will want to protect themselves from acquiring the infection and if they are positive, it will help them seek treatment and hopefully prevent infecting others. The indicator measures progress made in implementing the HIV testing and counselling strategy.
Numerator: Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know their results

Denominator: Number of all respondents aged 15-49	
Unit of measure: Percentage	**Disaggregated By:** • Sex • Age category (15-19, 20-24 and 25-49)
Level: Outcome level	**Data Source:** HMIS
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH, UBOS	
Measurement Notes (optional): The information will be triangulated with the periodic information from UDHS.	
Baseline: Male = 37.3% (UPHIA 2016) Female = 48.1% (UPHIA 2016)	**Target:** Male = 50% Female = 50%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To increase adoption of safer sexual behaviors and reduction in risky behaviors.	
INDICATOR TITLE: Percentage of key and priority populations who have received an HIV test in the previous 12 months and know their results	
Description: The indicator refers to key and priority populations that received an HIV test in the previous 12 months and know their results. The categories of key and priority populations that will be tracked will include sex workers, men having sex with men (MSM), fishermen (fishing communities), Transgender persons, long distance truck drivers, uniformed personnel (such as the army, the police and prisons officials), prisoners, and injecting drug users (IDU).	
Rationale: Key and priority populations are drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. Regular testing is required since they are engaged in high risk sex so that they know their sero-status and seek appropriate services.	
Numerator: Key and priority populations that received an HIV test in the previous 12 months and know their results.	
Denominator: The total of the above 7 key and priority populations categories	
Unit of measure: Percentage	**Disaggregated By:** By type of Key and priority populations (sex workers, MSM, fisher folk, transgender, truckers, uniformed personnel, prisoners and IDU)
Level: Output	**Data Source:** UPHIA report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline:	**Target**
Sex workers: 45% (2012)[a] Uniformed services: N.A Fishermen: N.A MSM: 64% (2017)[c] Truckers: 21% (2012)[a] Injecting drug users: N.A Transgender persons: N.A Prisoners: N.A	85% 85% 85% 85% 85% 60% 50% 50%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Percentage of people who inject drugs who use harm reduction programs	
Description: This indicator refers to PWID that follow policies and guidelines aimed at reducing negative legal, social and health impacts of related to drug use	
Rationale: Scaling up of harm reduction programs shall mitigate the stigma and denial among the PWID. Harm reduction programs reduced the risk PWIDs contracting HIV.	
Numerator: Number of **people who inject drugs who use harm reduction programs**	
Denominator: Number of all **people who inject drugs**	
Unit of measure: Percentage	**Disaggregated By:** • Sex • Age category (15-19, 20-24 and 25-49)
Level: Outcome level	**Data Source:** Key population survey
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH, UAC	
Measurement Notes (optional): The information will be triangulated with the periodic information from UDHS.	
Baseline: N.A	**Target:** Male = 80%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV	
Description: The indicator measures progress in preventing mother-to-child transmission of HIV through the provision of Antiretroviral drugs. This is one of the four main methods for the prevention of mother-to-child transmission, along with primary prevention of HIV for women of child bearing age, prevention of unintended pregnancies among women living with HIV, and appropriate treatment, care and support for mothers living with HIV.	
Rationale: The risk for mother-to-child transmission can be reduced significantly by the complementary approaches of providing antiretroviral drugs (as treatment or as prophylaxis) to the mother and antiretroviral prophylaxis to the infant and using safe delivery practices and safer infant feeding. The data will be used to track progress toward global and national goals towards elimination of mother to-child transmission; to inform policy and strategic planning; for advocacy; and leveraging resources for accelerated scale up.	
Numerator: HIV-positive pregnant women who received antiretroviral drugs during the past 12 months to reduce mother-to-child transmission.	
Denominator: Estimated number of HIV-positive pregnant women within the past 12 months	
Unit of measure: Percentage	**Disaggregated By:** Age
Level: Outcome	**Data Source:** PMTCT & Paediatric HIV and AIDS Care Program Annual Report
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Quarterly	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): For the numerator: national programme records aggregated from programme monitoring tools, such as patient registers and summary reporting forms.	

For the denominator: estimation models such as Spectrum, or antenatal clinic surveillance surveys in combination with demographic data and appropriate adjustments related to coverage of ANC surveys.	
Baseline: 92% (MOH PMTCT Report)	**Target:** 95%

NSP THEMATIC GOAL: To prevent new HIV infections
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.
INDICATOR TITLE: Percentage of pregnant and breast-feeding mothers on ART at 12 months of Initiation.

Indicator Title: Percentage of HIV-positive breast- feeding mothers with viral load	
Description: Percentage of HIV-positive breast- feeding mothers patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months.	
Rationale: This indicator monitors the proportion of documented viral load results from of HIV-positive breast- feeding mothers who have been on ART for at least 3 months (or according to national guidelines) with a suppressed result (<1,000 copies/ml). This allows ART programs to monitor individual and overall programmatic response to ART as measured by virologic suppression. This indicator will provide data on patients who have a viral load (VL) test in the past 12 months and the percentage who were virally suppressed	
Numerator: Number of HIV-positive pregnant and breastfeeding women on ART with suppressed VL results (<1,000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months	
Denominator: Number of HIV-positive pregnant and breastfeeding women on ART with a VL	
Unit of measure: Percentage	**Disaggregated By: Age**
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: HMIS	
Frequency of Collection: Quarterly	
Responsibility for Data Collection: ACP	
Measurement Notes (optional):	
Baseline: 92%	**Target**: 95%
NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Proportion of HIV-positive pregnant and breastfeeding women retained on treatment at 12 months after initiation	
Description: This indicator measures the proportion of pregnant and breastfeeding women who have been retained on antiretroviral therapy (ART).	
Rationale: High retention is one important measure of program success, specifically in reducing morbidity and mortality, and is a proxy for overall quality of the ART program. Monitoring the program level retention is a critical quality of service indicator at the site and national program levels as it can highlight barriers to health seeking behaviors and/or gaps in access to and provision of health services.	

Numerator: Number of HIV-positive pregnant and breastfeeding women retained on treatment at 12 months after initiation	
Denominator: Total number of HIV-positive pregnant and breastfeeding women started on ART	
Unit of measure: Percentage	**Disaggregated By:** Age
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: HMIS	
Frequency of Collection: Quarterly	
Responsibility for Data Collection: ACP	
Measurement Notes (optional):	
Baseline: 85%	**Target**: 95%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	
Description: Refers to exposed infants that are given antiretroviral prophylaxis for prevention of early postpartum mother-to-child transmission.	
Rationale: This indicator measures the delivery and uptake of antiretroviral prophylaxis, for the prevention of mother-to-child-transmission (PMTCT)	
Numerator: HIV exposed infants who received ARVs for prophylaxis	
Denominator: Live births to HIV positive women in the last 12 months	
Unit of measure: Percentage	**Disaggregated By:** age
Level: Outcome level	**Data Source:** HMIS
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 85% *(HMIS)*	**Target:** 90%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Percentage of males 15-49 years that are circumcised	
Description: The prevalence of male circumcision among males.	
Rationale: Safe male medical circumcision has been found to be an effective means of preventing HIV infection among men. The indicator measure progress that has been achieved in circumcising men as a means of reducing risk of transmission of HIV to males.	
Numerator: Males aged15 - 49 years who circumcised Males aged15 - 49 years who circumcised in the past 12 months	
Denominator: All male respondents 15-49 years	
Unit of measure: Percentage	**Disaggregated By:** Age groups
Level: Outcome level	**Data Source:** MOH program reports, AIS Report
Data Collection Methodology: Routine HMIS data collection, AIS Survey	

Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 43% *(UDHS 2016)*	**Target:** 80%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
INDICATOR TITLE: Early infant diagnosis (EID) positivity rate	
Description: Refers to exposed infants that are tested for HIV.	
Rationale: This indicator it measures early detection of HIV and the rate at which HIV is being transmitted from mother to child. It measures the success of prevention of mother-to-child-transmission (PMTCT) programmes.	
Numerator: HIV exposed infants who are tested for HIV	
Denominator: Live births to HIV positive women in the last 12 months	
Unit of measure: Percentage	**Disaggregated By:** age, sex
Level: Outcome level	**Data Source:** HMIS
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 2% (under 2 months) CPHL	**Target:** 0%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.	
INDICATOR TITLE: Percentage of donated blood units in the country that have been adequately screened for HIV according to national or WHO guidelines during the past 12 months	
Description: Screening in a quality assured manner is defined as screening performed in blood centres/ blood screening laboratories that (i) follow documented standard operating procedures and (ii) employs an external quality assurance (EQA) scheme	
Rationale: Blood safety programmes aim to ensure that all blood units are screened for infections that are transmissible through blood transfusion.	
Numerator Donated blood units screened for HIV in a quality assured manner.	
Denominator: Total blood units donated	
Unit of measure: Percentage	**Disaggregated By:** N/A
Level: Outcome level	**Data Source:** UBTS Reports
Data Collection Methodology: Routine program data	

Frequency of Collection: Annually	
Responsibility for Data Collection: UBTS	
Measurement Notes (optional):	
Baseline: 100% *(UBTS 2019)*	**Target:** 100%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic	
INDICATOR TITLE: Percentage of girls 15-24 years who experience sexual and gender-based violence (GBV).	
Description: Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional. The indicator measures progress in reducing prevalence of GBV.	
Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health. Women who experience GBV are more likely to be exposed to women to the risk of contracting HIV due to coerced sex. There is growing recognition that women and girls' risk of, and vulnerability to, HIV infection is shaped by deep-rooted and pervasive gender inequalities - violence against them in particular. Studies conducted in many countries indicate that a substantial proportion of women have experienced violence in some form or another at some point in their life. This indicator measure GBV prevalence.	
Numerator: Women aged 15-49 who report experiencing physical or sexual violence by at least one of these partners in the past 12 months	
Denominator: Women respondents aged 15-49 who currently have or had an intimate partner	
Unit of measure: Percentage	**Disaggregated By:** Age (15-19, 20-24 and 25-49)
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Women:13% (UDHS 2016)	**Target:** Women: 5%

NSP THEMATIC GOAL: To prevent new HIV infections
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic
INDICATOR TITLE: Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI
Description: The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners. The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners.

Rationale: The ability of women to negotiate safer sex empowers them to prevent HIV infections. The indicator shows changes in people's attitudes with regard to women's participation in negotiating for safer sex.	
Numerator: Adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has an STI.	
Denominator: Total number of adults that responded to the questions	
Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome level	**Data Source:** AIS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Males 91% Females 87% (UDHS 2016)	**Target:** Males 98% Females 95%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic	
INDICATOR TITLE: Percentage of key populations who avoided health care in the past 6 months because of stigma and discrimination	
Description: The indicator measures the level of access to services for the key populations	
Rationale: Stigma towards the key populations at individual, community level is one of the main reasons why they will not test for HIV to know their status and prevent themselves from acquiring it if HIV free or accessing treatment if they are found to have HIV. Therefore, it is necessary to assess people's attitudes to those living with HIV and AIDS.	
Numerator: Key populations who avoided health care in the past 6 months because of stigma and discrimination	
Denominator: Total number of Key populations	
Unit of measure: Percentage	**Disaggregated By:** Sex, age, KP type
Level: Outcome	**Data Source:** NAPHOPANU Stigma index, UDHS
Data Collection Methodology: Survey	
Frequency of Collection: UDHS every 5 years Stigma index every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: Sex workers - N.A MSM - N.A PWID - N.A Trans gender - N.A	**Target:** Sex workers - 10% MSM - 10% PWID -10% Trans gender - 10%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic
INDICATOR TITLE: Percentage of women and men aged 15–49 who report discriminatory

attitudes towards people living with HIV	
Description: This indicator will be measured using a number of questions aimed at exploring whether there is change in discriminatory attitudes towards PLHIV. Some of the variables that will be measured will include: willingness to care for a relative who is sick with AIDS in their own household; willingness to buy fresh vegetables from a vendor if they knew that he/she were HIV positive; feeling that a teacher who has the AIDS virus but is not sickly should be allowed to continue teaching in the school; and that if a member of their family got infected with the AIDS virus, they would not want it to remain a secret.	
Rationale: Negative attitudes towards PLHIV limit disclosure of HIV status as well as access to services, hence putting the life of the PLHIV at a risk of poor health due to fear to access services to avoid stigmatization. Lack of disclosure also increases the chances of HIV infection for the unknowing sexual partner.	
Numerator: The women aged 15-49 and aged men 15-54 who answer yes to the 4 indicators above.	
Denominator: All women aged 15-49 and aged men 15-54.	
Unit of measure: Percentage	**Disaggregated By:**
Level: Impact	**Data Source:** UDHS Stigma Index Survey
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years (UDHS); Every 3 years (UAC)	
Responsibility for Data Collection: UBOS, MOH	
Measurement Notes (optional):	
Baseline: (UDHS 2016) Male = 29% Female = 34%	**Target:** Male = 18% Female = 20%

HIV CARE AND TREATMENT INDICATORS

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
INDICATOR TITLE: HIV mortality rate (15 – 49 years)	
Description: Refers to deaths caused by HIV and AIDS related sicknesses.	
Rationale: The HIV and AIDS care and treatment is aimed at reducing HIV related deaths. This indicator hence measure the impact of care and treatment ART interventions and is a measure of whether there is improved quality of life among HIV positive people.	
Numerator: HIV positive people who die in one year	
Denominator: Known HIV positive people in one year	
Unit of measure: Percentage	**Disaggregated By:** Sex, age
Level: Impact	**Data Source:** MOH Spectrum estimates reports
Data Collection Methodology: MOH Spectrum estimates	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Baseline: 66/100,000 (UDHS 2016)	**Target:** 33/100,000

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To increase linkage to ART	
INDICATOR TITLE: Proportion of diagnosed HIV persons who start antiretroviral therapy within one month	
Description: This indicator measures initiation on ART for diagnosed HIV persons	
Rationale: Early initiation is essential in suppressing the viral load and minimizing the spread of HIV.	
Numerator: newly identified HIV positive individuals started on ART within one month	
Denominator: All newly identified HIV positive individuals	
Unit of measure: Percentage	**Disaggregated By:** sex and age
Level: Output	**Data Source:** HMIS Quarterly Report (106a)
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: (*MoH HIV Spectrum survey)* All= Not available Adult women (15+years) = 93% Adult men (15+years) = 81% Older people *(50+years)* = Not available Children (0-14 years) = 74%	**Target:** 93% 95% 90% 95% 95%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections
NSP Objective: To increase retention on ART
Indicator Title: **Proportion of PLHIV retained on ART at 12 months after initiation**
Description: This indicator measures the proportion of individuals who have been retained on antiretroviral therapy (ART). The numerator is defined as the number of adults and children who are still on treatment twelve months after initiating ART
Rationale: ART is essential for decreasing morbidity and mortality, but also as a highly effective approach to prevent HIV transmission. High retention is one important measure of program success, specifically in reducing morbidity and mortality, and is a proxy for overall quality of the ART program. Monitoring the program level retention is a critical quality of service indicator at the site and national levels as it can highlight barriers to health seeking behaviors and/or gaps in access to and provision of health services
Numerator: Number of adults and children who are still on treatment at 12 months after initiating ART
Denominator: Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died and those who have stopped ART.

Unit of measure: Percentage	**Disaggregated By:**
Level: Outcome	**Data Source:** HMIS, (Survey)
Data Collection Methodology: HMIS	
Frequency of Collection: Quarterly	
Responsibility for Data Collection: ACP, Implementing Partners	
Measurement Notes (optional):	

Baseline:		**Target:**
Adults and young people	88%	95%
• *Adult women (15+years)*	*94%*	*95%*
• *Adult men (15+years)*	*79%*	*95%*
• *Older people (50+years)*	*Not available*	*95%*
Children (0-14 years)	68%	95%
Key and priority populations		
• *Sex workers*	*Not available*	60%
• *Uniformed personnel*	*Not available*	60%
• *Fishermen*	*Not available*	60%
• *MSM*	*Not available*	60%
• *Truckers*	*Not available*	60%
• *Injecting drug users*	*Not available*	50%
• *Transgender persons*	*Not available*	60%
• *Prisoners*	*Not available*	60%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections		
NSP Objective: To increase Adherence on ART		
Indicator Title: **Proportion of active clients with adherence of >95% in the last clinical visit**		
Description: This indicator measures the proportion of PLHIV currently enrolled on ARVs who stick to the ART prescriptions and timing given by health workers.		
Rationale: ART adherence is essential for better functionality of the drugs and good health of the PLHIV. This reduces morbidity and mortality.		
Numerator: Number of active ART clients with adherence of >95% in the last clinical visit		
Denominator: Total number of active ART clients		
Unit of measure: Percentage	**Disaggregated By:**	
Level: Outcome	**Data Source:** HMIS	
Data Collection Methodology: HMIS		
Frequency of Collection: Quarterly		
Responsibility for Data Collection: ACP, Implementing Partners		
Measurement Notes (optional):		
Baseline: 95%	**Target:** 100%	

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections		
NSP Objective: To increase viral load suppression increase		
Indicator Title: Proportion of people living with HIV who are virologically suppressed		
Description: Proportion of documented viral load results from PLHIV who have been on ART for at least 3 months (or according to national guidelines) with a suppressed result (<1,000 copies/ml).		
Rationale: This allows ART programs to monitor individual and overall programmatic response to ART as measured by virologic suppression. This indicator will provide data on patients who have a viral load (VL) test in the past 12 months and the percentage who were virally suppressed at the most recent test.		
Numerator: Number of ART patients with suppressed VL results (<1,000 copies/ml) documented in the medical or laboratory records/LIS within the past 12 months		
Denominator: Number of ART patients with a VL result documented in the medical or laboratory records/LIS within the past 12 months		
Unit of measure: Percentage	**Disaggregated By:** Age, Sex, Key population	
Level: Outcome	**Data Source:** HMIS, (Survey)	
Data Collection Methodology: HMIS		
Frequency of Collection: Quarterly		
Responsibility for Data Collection: ACP, Implementing Partners		
Measurement Notes (optional):		
Baseline: (*HMIS)*		**Target:**
All	N.A.	95%

Adults	80%	95%
• *Males (15-24 years)*	*68%*	*95%*
• *Males (25-34 years)*	*74%*	*95%*
• *Males (35-49 years)*	*84%*	*95%*
• *Females (15-24 years)*	*77%*	*95%*
• *Females (25-34 years)*	*84%*	*95%*
• *Females (35-49 years)*	*87%*	*95%*
• *Older people (50+years)*	*Not available*	*95%*
Adolescents (15-19 years)	*49.4*	*90%*
Children (0-14 years)	39.3%	90%
Key and priority populations	N.A	95%

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Unmet need for Family Planning among women PLHIV	
Description: Unmet need referees to HIV positive women who have the desire to space or limit their births but who are not using family planning. The women to be considered under this indicator are those who are married and the sexually active aged 15-49.	
Rationale: This is a proxy indicator for measuring the need family planning HIV positive women of reproductive age.	
Numerator: HIV positive women who have the desire to space or limit their births but who are not using family planning	
Denominator: Estimated number of HIV positive women in reproductive age group in the last 12 months.	
Unit of measure: Percentage	**Disaggregated By:** age
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: = 41.2% (*UDHS 2016)*	**Target:** 20%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Percentage of estimated HIV-positive incident TB cases that received both TB & HIV treatment within the past 12 months	
Description: This indicator measures all PLHIV receiving both TB treatment and ART within a reporting period.	
Rationale: This indicator measures efforts address TB/HIV co-infection among People Living with HIV.	
Numerator: PLHIV on both TB treatment and ART	
Denominator: All estimated HIV positive clients who also have TB infection.	
Unit of measure: Percentage	**Disaggregated By:** Sex and by adults versus children
Level: Output	**Data Source:** HMIS

Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 76% (HMIS)	**Target:** 100%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)	
Description: Among those who started a course of TPT in the **previous** reporting period, the number that completed a full course of therapy (for continuous IPT programs, this includes the patients who have completed the first 6 months of isoniazid preventive therapy (IPT), or any other standard course of TPT such as 3 months of weekly isoniazid and rifampicin, or 3-HP)	
Rationale: This indicator measures the performance of HIV programs in scaling up TPT, with the goal of preventing progression to active TB disease among PLHIV and decreasing ongoing TB transmission in this population	
Numerator: Number of PLHIV on ART from the previous reporting period who were documented as having received at least six months of IPT or having completed any other standard course of TPT	
Denominator: Number of ART patients who were initiated on any course of TPT during the previous reporting period	
Unit of measure: Percentage	**Disaggregated By:** Age, Sex
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Quarterly	
Responsibility for Data Collection: ACP, Implementing Partners	
Measurement Notes (optional): N/A	
Baseline: Not Available	**Target:** 100%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy	
Description: Nutritional therapy includes therapeutic food, education and counselling	
Rationale: The indicator tracks the level of effort in reducing morbidity and mortality associated with malnutrition among HIV positive clients, this is a Quality of Care indicator for management of malnutrition among HIV positive clients.	
Numerator: Acutely malnourished HIV positive clients in care who received nutritional therapy	
Denominator: acutely malnourished HIV positive clients in care	
Unit of measure: Percentage	**Disaggregated By:** Sex, adults and children
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	

Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 70.5%	**Target:** 85%
NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Percentage of people in HIV care who were screened for hepatitis B and C	
Description: This indicator referrers to PLHIV who are tested for hepatitis B and C	
Rationale: Screening hepatitis B and C is essential in integrating HIV care on co-management of TB	
Numerator: PLHIV who are tested for hepatitis B and C in a reporting period.	
Denominator: All PLHV accessing ART	
Unit of measure: Percentage	**Disaggregated By:** Sex, and age
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: N.A	**Target:** 50%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Proportion of PLHIV on ART with advanced HIV disease screened for cryptococcal meningitis (CCM)	
Description: This indicator referrers to PLHIV who are tested for cryptococcal meningitis (CCM)	
Rationale: Screening cryptococcal meningitis is essential in integrating HIV care on co-management of TB. Cryptococcal meningitis commonly attacks PLHIV.	
Numerator: PLHIV who are tested for cryptococcal meningitis in a reporting period.	
Denominator: All PLHV accessing ART	
Unit of measure: Percentage	**Disaggregated By:** Sex, and age
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 87%	**Target:** 95%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened
INDICATOR TITLE: Percentage of PLHIV women screened for cancer of the cervix
Description: This indicator referrers to PLHIV who are checked for cancer of the cervix

Rationale: PLHIV are prone to getting cancer of the cervix. Regular screening of cancer of the cervix enables early detection and management of the cancer.	
Numerator: PLHIV who are screened for cancer of the cervix.	
Denominator: All PLHV accessing ART	
Unit of measure: Percentage	**Disaggregated By:** Sex, and age
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: 87%	**Target:** 50%

NSP THEMATIC GOAL: To reduce HIV related morbidity and mortality and contribute to elimination of new HIV infections	
NSP Objective: To strengthen integration of HIV care and treatment across programs strengthened	
INDICATOR TITLE: Percentage of HIV-positive adolescent girls on ART receiving HPV vaccine within the past 12 months	
Description: This indicator referrers adolescents girls aged 10-19 years on ART who were given HPV vaccine within the past 12 months.	
Rationale: The HPV vaccine prevents cancer of the cervix which PLHIV are prone to contracting. Regular screening of cancer of the cervix enables early detection and management of the cancer.	
Numerator: PLHIV who are screened for cancer of the cervix.	
Denominator: All PLHV accessing ART	
Unit of measure: Percentage	**Disaggregated By:** Sex, and age
Level: Outcome	**Data Source:** HMIS 106a
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: N.A	**Target:** 90%

SOCIAL SUPPORT AND PROTECTION INDICATORS

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To minimize stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV	
Description: The indicator measures the level of acceptability of the population towards PLHIV and thus the level of stigma in the population.	
Rationale: HIV related stigma at individual, community and institutional settings such as health facilities is one of the main reasons why many people will not test for HIV to know their status and prevent themselves from acquiring it if HIV free or access treatment if they are found to have HIV. Therefore, it is necessary to assess people's attitudes to those living with HIV and AIDS.	
Numerator: Persons expressing accepting attitudes to PLHIV	
Denominator: Total number of persons aged 15-49 surveyed	
Unit of measure: Percentage	**Disaggregated By:** Sex,
Level: Outcome	**Data Source:** NAPHOPANU Stigma index, UDHS
Data Collection Methodology: Survey	
Frequency of Collection: UDHS every 5 years Stigma index every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: *(Stigma Index Survey 2019)* Overall = 66.8% Male = 71.3% Female = 65.6%	**Target:** Overall = 80% Male = 85% Female =80%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To minimize stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of men and women living with HIV who report experiences of HIV-related discrimination disaggregated by community (exclusion from social gatherings), health settings and workplace	
Description: Discrimination refers to unjust or prejudicial treatment of different categories of people especially on the grounds of race, age, disability, status or sex. It may also be exhibited against persons (known or suspected to be) living with HIV or suffering from AIDS.	
Rationale: Discrimination in community, health care settings and the workplace infringes on the rights of PLHIV and affects their ability to access services and do productive work to support their health and families.	
Numerator: PLHIV reporting experiences of HIV-related discrimination	
Denominator: Total number of PLHIV surveyed	
Unit of measure: Percentage	Disaggregated By: Sex, age and location (community, health care and workplace)
Level: Outcome	Data Source: NAPHOPANU Stigma Index Report, UDHS
Data Collection Methodology: Survey	
Frequency of Collection:	

UDHS - every 5 years Stigma Index - every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: (Stigma Index Survey 2019) **Community** Overall = 4.29* Female = 4.81 Male = 3.44 **Health care settings** -Being advised not to have sex because of your HIV status = 8.7% -Being talked badly about or gossiped about because of your HIV status = 5.5% **Workplace** Overall = 7.93% Female = 8.12% Male = 7.63%	**Target:** Overall = 0.5% Female = 0.5% Male = 0.2% 4% 1% Overall = 3.5% Female = 3.5 Male = 3.0%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To minimize stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of PLHIV who self-report on the construct of feeling guilty or worthless due to being a PLHIV	
Description: Feelings of guilt or worthlessness often stem from self and external stigma.	
Rationale: If the feelings of guilt or worthlessness are not reversed, they may lead to poor health through its consequences which include depression, isolation and lack of motivation to productive work.	
Numerator: PLHIV reporting feelings of guilt or worthlessness	
Denominator: Total number of PLHIV surveyed	
Unit of measure: Percentage	**Disaggregated By:** Sex and age
Level: Outcome	**Data Source:** NAPHOPANU Stigma Index Report, UDHS
Data Collection Methodology: Survey	
Frequency of Collection: UDHS - every 5 years Stigma Index - every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: 24% (Stigma Index Survey 2019)	**Target:** 8%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To minimize stigma and discrimination of PLHIV and other vulnerable groups
INDICATOR TITLE: Percentage of PLHIV reporting difficulty to disclose HIV status to other people.

Description: This indicator measures the ability of revealing one's HIV positive status to people close to them.	
Rationale: Disclosure enables PLHIV to get treatment support partners and shows progress towards overcoming stigma. Disclosure enables protection of the sexual partner	
Numerator: PLHIV reporting difficulty to disclose HIV status to other people.	
Denominator: All PLHIV surveyed	
Unit of measure: Percentage	**Disaggregated By:** Sex and AGE
Level: Impact	**Data Source:** Stigma Index Survey UDHS, UPHIA
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years (UDHS); Every 3 years (UAC)	
Responsibility for Data Collection: UBOS, MOH	
Measurement Notes (optional):	
Baseline: 36.3% (Stigma Index Survey 2019)	**Target:** 15%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To minimize stigma and discrimination of PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of PLHIV who self-report on the construct of feeling guilty or worthless due to being a PLHIV	
Description: Feelings of being guilt or worthlessness often stem from self and external stigma.	
Rationale: If the feelings of guilt or worthlessness are not reversed, they may lead to poor health through its consequences which include depression, isolation and lack of motivation to productive work.	
Numerator: PLHIV reporting feelings of guilt or worthlessness	
Denominator: Total number of PLHIV surveyed	
Unit of measure: Percentage	**Disaggregated by**: Sex and age
Level: Outcome	**Data Source:** NAPHOPANU Stigma Index Report, UDHS
Data Collection Methodology: Survey	
Frequency of Collection: UDHS - every 5 years Stigma Index - every 2 years	
Responsibility for Data Collection: UAC/UBOS	
Measurement Notes (optional):	
Baseline: 24% (Stigma Index Survey 2019)	**Target**: 8%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To reduce socio-economic vulnerability for PLHIV and other vulnerable groups
INDICATOR TITLE: Percentage of PLHIV who report increased levels of economic self-sufficiency (meet at least 3 basic emergency needs without external support)
Description: Economic self- sufficiency will be estimated from the ability of PLHIV to meet at least 3 basic emergency needs without external support
Rationale: Economic self- sufficiency implies living a productive life and ability to afford reasonable quality life including health care. It does reflect reduced levels of vulnerability.
Numerator: PLHIV who report economic self-sufficiency
Denominator: PLHIV surveyed

Unit of measure: Percentage	**Disaggregated by:** Sex, age and disability status
Level: Output	**Data Source:** UDHS, UPHIA
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: N.A	Target: 60%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To reduce socio-economic vulnerability for PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of OVC households that are food secure	
Description: A household is considered food-secure when its occupants do not live in hunger or fear of starvation. A house hold is a group of people who usually live and eat together.	
Rationale: Food is one of the essential basic needs for OVC to thrive and live a healthy lifestyle.	
Numerator: OVC households that do not live in hunger or fear of starvation	
Denominator: OVC households	
Unit of measure: Percentage	**Disaggregated by:** Age, sex
Level: Outcome	**Data Source:** Special surveys
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 37.2% (LQAS 2017)	Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To reduce socio-economic vulnerability for PLHIV and other vulnerable groups	
INDICATOR TITLE: **Percentage of children (6-17years) living with HIV who have dropped out of school**	
Description: This indicator tracks children of school going age **(6-17years) living** with HIV who should be in school but have dropped out of school.	
Rationale: It is the right of every child to attain basic education. Education is key for empowerment	
Numerator: Children (6-17years) living with HIV who have dropped out of school	
Denominator: Children (6-17years) living with HIV	
Unit of measure: Percentage	**Disaggregated by**: Age, sex
Level: Outcome	**Data Source:** Special surveys
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 29% *(World Bank 2018 (refers to general population of school going age)*	Target: 15%

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

NSP Objective: To reduce socio-economic vulnerability for PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of men and women PLHIV, KPs and other vulnerable populations who access counselling and psychosocial services	
Description: Counselling **entails** providing professional help and advice (to someone) to resolve personal or psychological problems. Psychosocial support addresses the ongoing psychological and social problems of HIV infected individuals, their partners, families and caregivers.	
Rationale: Counselling services are a critical entry point for combination prevention that aims to link HIV-positive persons to appropriate clinical and prevention services and HIV negative persons linking to preventive programs.	
Numerator: PLHIV, KPs and other vulnerable populations who access counselling and psychosocial services	
Denominator: PLHIV surveyed	
Unit of measure: Percentage	**Disaggregated by:** Sex, age and KP
Level: Output	**Data Source:** UDHS, UPHIA, Stigma Index Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: N.A	Target: 40%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To reduce socio-economic vulnerability for PLHIV and other vulnerable groups	
INDICATOR TITLE: Percentage of men and women PLHIV who report having not received any type of support such as counselling for the mental health conditions experienced.	
Description: Counselling entails providing professional help and advice to (someone) to resolve personal or psychological problems. Psychosocial support addresses the ongoing psychological and social problems of HIV infected individuals, their partners, families and caregivers.	
Rationale: Mental health conditions require appropriate management that entails counselling**.** Counselling services is a critical entry point for combination prevention that aims to link HIV-positive persons to appropriate clinical and prevention services and HIV negative persons linking to preventive programs.	
Numerator: PLHIV who report having not received any type of support such as counselling for the mental health conditions experienced.	
Denominator: PLHIV surveyed	
Unit of measure: Percentage	**Disaggregated by:** Sex and age
Level: Output	**Data Source:** Stigma Index Report
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: 39.7%	Target: 10%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To reduce gender-based violence/discrimination
INDICATOR TITLE: Percentage of men and women who believe that wife beating is justified.

Description: Wife beating is the commonest form of gender-based violence (GBV) in Uganda. GBV constitutes a major abuse of women's rights. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. The indicator gauges whether society still accepts that wife beating is justified if she if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have sexual intercourse with him.	
Rationale: Wife beating is It is a proxy measure of other forms of GBV. It measures success of elimination of gender based violence, particularly GBV towards women.	
Numerator: Men and women who believe that wife beating is justified by saying yeas to any of the above reasons for wife beating.	
Denominator: Surveyed men (15-54 years) and women (15-49 years)	
Unit of measure: Percentage	**Disaggregated By:** Age group and sex
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: Overall = 47% Women = 49% Men = 40.1% (UDHS 2016)	**Target:** 15% 18% 10%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To reduce gender-based violence/discrimination	
INDICATOR TITLE: Percentage of married women who participate in making decisions pertaining to their own health care, major household purchases, and visits to their family	
Description: This indicator measures the involvement of women in deciding on key issues such as their own health care, major household purchases, and visits to their family pertaining to one's life	
Rationale: Decision making on crucial issues their own health care, major household purchases, and visits to their family pertaining to one's life is a sign of empowerment, and implies women can make decisions to protect themselves from HIV such as negotiating for safe sex.	
Numerator: Women who participate in making decisions pertaining to their own health care, major household purchases, and visits to their family	
Denominator: Surveyed married women	
Unit of measure: Percentage	**Disaggregated By:** Age group and sex
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: Overall = 51% 15-19 = 35.5% 20-24 = 43.9% *(UDHS 2016)*	**Target:** 85% 65% 73%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on

PLHIV and other vulnerable groups	
NSP Objective: To reduce gender-based violence/discrimination	
INDICATOR TITLE: Percentage of women who own land alone or jointly with their spouses	
Description: This indicator tracks women who have control over key assets among which is land.	
Rationale: Land ownership is a sign of economic empowerment since it enables the lady to access credit and develop the land with minimal restrictions. This implies the lady is able to generate more income to support her needs and those of her family including health care and other basic needs.	
Numerator: Women who own land alone or jointly with their spouses.	
Denominator: Surveyed married women	
Unit of measure: Percentage	**Disaggregated By:** Age group and sex
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline: 47.7% *(UDHS 2016)*	**Target:** 60%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic	
INDICATOR TITLE: Percentage of women and men 15-49 years who experience physical and intimate partner sexual violence in the past 12 months	
Description: Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional. The indicator measures progress in reducing prevalence of GBV.	
Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health. Women who experience GBV are more likely to be exposed to the risk of contracting HIV due to coerced sex. At the same time women living with HIV often have increased risk of GBV on account of accusations and counter accusations of infecting their spouses and of marital unfaithfulness etc. There is growing recognition that women and girls' risk of, and vulnerability to, HIV infection is shaped by deep-rooted and pervasive gender inequalities - violence against them in particular. Studies conducted in many countries indicate that a substantial proportion of women have experienced violence in some form or another at some point in their life. This indicator measure GBV prevalence.	
Numerator: Women aged 15-49 who report experiencing physical or sexual violence by an intimate partner in the past 12 months	
Denominator: Women respondents aged 15-49 who currently have or had an intimate partner	
Unit of measure: Percentage	**Disaggregated By:** Age (15-19, 20-24 and 25-49)
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	

Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Women=29.6% Men = 30.4 *(UDHS 2016)*	**Target:** 15% 20.8%

NSP THEMATIC GOAL: To prevent new HIV infections	
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic	
INDICATOR TITLE: Percentage of GBV survivors who report to formal institutions such as police	
Description: The indicator measures the action taken by GBV survivors and also the trust in the justice and law system. Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional as well as economic exploitation.	
Rationale: GBV survivors ought to report to formal institutions such as police which can deal with perpetrators and prevent such from recurring. GBV predisposes people to contracting HIV such as cases of rape and defilement.	
Numerator: GBV survivors who report to formal institutions such as police	
Denominator: All who report to be GBV survivors	
Unit of measure: Percentage	**Disaggregated By:** Age (15-19, 20-24 and 25-49)
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 6.6% *(UDHS 2016)*	**Target:** 10%

NSP THEMATIC GOAL: To prevent new HIV infections
NSP Objective: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic
INDICATOR TITLE: Percentage of GBV survivors who access formal services- (Protection, health and legal services)
Description: The indicator measures formal services accessed by GBV survivors such as protection, health and legal services). Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional.
Rationale: GBV survivors require access to formal services such as protection (shelters), health and legal services to address the physical, health and psychological issues that follow GBV. GBV

predisposes people to contracting HIV such as cases of rape and defilement.	
Numerator: GBV survivors who report access to formal services- (Protection, health and legal services)	
Denominator: All who report to be GBV survivors	
Unit of measure: Percentage	**Disaggregated By:** Age (15-19, 20-24 and 25-49)
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 50%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To Improve child protection and reduce Violence against Children (VAC)	
INDICATOR TITLE: Percentage of OVC aged 5-17 that have at least three basic needs met	
Description: The basic material needs include food, clothing, bedding, and shelter. According to UDHS, basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes, and a blanket.	
Rationale: When children lose their parents to HIV or if parents are afflicted by HIV, they may fail to provide for their families and this makes children in these households vulnerable to many things. One of the main strategies of mitigating the effect and adversity of HIV is to provide children orphaned and made vulnerable by HIV and with basic necessities.	
Numerator: OVC aged 5–17 surveyed with a minimum set of three basic personal material needs.	
Denominator: OVC aged 5–17 surveyed	
Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 39% (OVC MIS)	**Target:** 70%
NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To Improve child protection and reduced Violence against Children (VAC)	
INDICATOR TITLE: Percentage of children (13-17 years) who report sexual violence	
Description: Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent. Forms of sexual violence include rape or sexual assault, child sexual assault and incest, unwanted sexual contact/touching, sexual harassment, sexual exploitation, showing one's genitals or naked body to other(s) without consent.	
Rationale: Every child has a right to be protected from sexual violence. Sexual violence harms children physically, health wise, socially and psychologically. Sexual violence pre-disposes victims to contracting HIV.	
Numerator: **Children (13-17 years) who report sexual violence**	
Denominator: OVC 13-17 years surveyed	

Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS/OVC MIS/ VAC survey
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: Overall: 18% Girls 25% Boys 11%	**Target:** 6% 8% 4%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups	
NSP Objective: To Improve child protection and reduced Violence against Children (VAC)	
INDICATOR TITLE: Percentage of children survivors of violence and SGBV who have completed Post-Exposure Prophylaxis (PEP)	
Description: Violence is any forced or harmful act against someone either physical or emotional. Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent. Forms of sexual violence include rape or sexual assault, child sexual assault and incest unwanted sexual contact/touching, sexual harassment, sexual exploitation, Showing one's genitals or naked body to other(s) without consent. Post-Exposure Prophylaxis (PEP) refers to medicines that are taken after exposure (or possible exposure) to HIV. The exposure may be occupational or non-occupational.	
Rationale: PEP protects survivors of violence and SGBV from exposure or possible exposure to HIV in case perpetrators were HIV positive.	
Numerator: Children survivors of violence and SGBV who have completed PEP	
Denominator: Children survivors of violence and SGBV	
Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS/OVC MIS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years/annual (analysis of OVC-MIS data/UCHL data	
Responsibility for Data Collection: UBOS/MGLSD	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 60%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To improve legal and policy framework on HIV and AIDS to ensure inclusive access by all PLHIV, key populations and other vulnerable populations
INDICATOR TITLE: Percentage of PLHIV, KPs and other vulnerable groups who know their HIV health rights and responsibilities
Description: The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS and to ensure an effective, rights-based response. Common human rights challenges related to HIV and AIDS include stigma and discrimination, inequality and violence against women and girls, denial of sexual and reproductive health and rights, misuse of criminal law and punitive approaches and mandatory testing remain among the main barriers to effective HIV responses.
Rationale: When human rights are protected, fewer people become infected and those living with HIV/AIDS and their families can better cope with HIV/AIDS.

Numerator: PLHIV, KPs and other vulnerable groups who know their HIV health rights and responsibilities	
Denominator: All PLHIV, KPs and other vulnerable groups surveyed	
Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS/Special survey
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS/UAC	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 90%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective: To improve legal and policy framework on HIV and AIDS to ensure inclusive access by all PLHIV, key populations and other vulnerable populations
INDICATOR TITLE: Percentage of PLHIV, KPs and other vulnerable groups who report rights violations
Description: This indicator tracks PLHIV, KPs and other vulnerable groups whose rights are violated and they take action by reporting to formal authorities. The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS and to ensure an effective, rights-based response. Common human rights challenges related to HIV and AIDS include stigma and discrimination, inequality and violence against women and girls, denial of sexual and reproductive health and rights, misuse of criminal law and punitive approaches and mandatory testing remain among the main barriers to effective HIV responses.
Rationale: Reporting human rights violation is key to reveal the perpetrators and has potential to enable those offended to obtain justice.
Numerator: PLHIV, KPs and other vulnerable groups who report rights violations
Denominator: All PLHIV, KPs and other vulnerable groups whose rights are violated

Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS/Special survey
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS/UAC	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 5%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
NSP Objective :To improve legal and policy framework on HIV and AIDS to ensure inclusive access by all PLHIV, key populations and other vulnerable populations
INDICATOR TITLE: Percentage of PLHIV, KPs and other vulnerable groups reporting that their rights were violated who sought legal redress
Description: This indicator tracks PLHIV, KPs and other vulnerable groups whose rights are violated and they take action beyond reporting to formal authorities but also seek help from the courts of law. The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS and to ensure an effective, rights-based response. Common human rights challenges related to HIV and AIDS include stigma and discrimination, inequality and violence against women and girls, denial of sexual and reproductive health and rights, misuse of criminal law and punitive approaches and mandatory testing remain among the main barriers to effective HIV responses.

Rationale: Seeking help from the courts of law enables conclusion of cases and delivering justice to those affected through delivering sentences to the offenders. This also serves as a deterrent to other potential perpetrators in the community.	
Numerator: PLHIV, KPs and other vulnerable groups reporting that their rights were violated who sought legal redress	
Denominator: All PLHIV, KPs and other vulnerable groups whose rights are violated	
Unit of measure: Percentage	**Disaggregated By:** Age, sex
Level: Outcome	**Data Source:** UDHS/Special survey
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS/UAC	
Measurement Notes (optional):	
Baseline: PLHIV = 18.8% *(PLHIV Stigma Index Report 2019)* KPs = N.A	**Target:** 48% 48%

SYSTEMS STRENGTHENING INDICATORS

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective: To strengthen the governance and leadership of the multi-sectoral response at all levels
INDICATOR TITLE: Uganda AIDS Commission Management Index score
Description: The composite index covers the following broad areas with a total score of 32: 1. Proportion of posts of UAC staff establishment. 2. Availability of an annual UAC operational plan 3. Availability of Data on National HIV and AIDSM&E plan indicators. 4. Functionality of the UAC management information system. 5. Provisions for data audit. 6. Availability of a national costed annual priority action plan for HIV and AIDS 7. Frequency of HIV and AIDS partnership meetings 8. Status of reporting obligations (local and international)
Rationale: This indicator's purpose is to assess readiness and progress in the management of the National Strategic Plan by UAC
Numerator: The total of the scores of the components of the expected functions of the Uganda AIDS Commission, multiplied by 100.
Denominator: Maximum possible score (32)

Unit of measure: Index score	**Disaggregated By:** N/A
Level: Outcome	**Data Source:** Management Index Assessment Report
Data Collection Methodology: Routine Programme Data Collection	
Frequency of Collection: Every 2 years	
Responsibility for Data Collection: UAC	
Measurement Notes (optional): The composite index covers the following broad areas with a total score of 32	
Baseline: N.A	**Target:** TBD

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population

NSP Objective : To strengthen coordination of the national HIV and AIDS response	
INDICATOR TITLE: Percentage of districts with functional District AIDS Committees (DACs)	
Description: Functional DACs are those that are active, meeting regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV and AIDS response.	
Rationale: The DACs provide a multisectoral district level coordination and review mechanism for the indicator assesses the existence of district level coordination mechanism.	
Numerator: Districts with functional DACs	
Denominator: Total number of districts in the country	
Unit of measure: Percentage	**Disaggregated By:** Districts
Level: Output	**Data Source:** LOGICS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MoLG	
Measurement Notes (optional):	
Baseline: 50% (2010)	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective : To strengthen Governance and leadership of the multi-sectoral HIV and AIDs response at all levels	
INDICATOR TITLE: Percentage of districts with functional PLHIV Networks	
Description: A functional PHIV network is one with registered members affiliated to all PHA associations in the District and that has met 12 times in past 12 months and is represented on the DAC.	
Rationale: This indicator measures the coverage of PHA networks as well as greater involvement of PLHIV at district level.	
Numerator: Districts with a functional PHA network.	
Denominator: Total number of districts in the country	
Unit of measure: Percentage	**Disaggregated By:** Districts
Level: Outcome	**Data Source:** UAC Annual Report
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 95% (UAC Annual Report 2010)	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective: To strengthen Governance and leadership of the multi-sectoral HIV and AIDs response at all levels
INDICATOR TITLE: Percentage of Self Coordinating Entities (SCEs) with functional HIV AND AIDS committees
Description: SCEs are deemed to be functional if they meet regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV and AIDS response. Currently there are ten SCEs namely: Civil Society Organisation (includes National Organisations,

International Organisations and Young People); Cultural Institutions; Faith Based Organisations; People Living with HIV; Media; Private Sector; Parliament; Line Ministries; Research, Academia and Scientists; as well as the AIDS Development Partners.	
Rationale: SCEs are part of the key multisectoral coordination mechanism for the national HIV and AIDS response.	
Numerator: SCEs with functional HIV and AIDS Committees	
Denominator: Total number of SCEs	
Unit of measure: Percentage	**Disaggregated By:** SCEs
Level: Outcome	**Data Source:** Periodical assessment
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: SCE	
Measurement Notes (optional):	
Baseline: 80% (2014 UAC SCE Assessment)	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To strengthen the governance and leadership of the multi-sectoral HIV and AIDS response at all levels	
INDICATOR TITLE: Percentage of large work places (more than 50 employees) with HIV and AIDS workplace programs	
Description: The indicator measures progress in implementing workplace policies and programmes to combat HIV and AIDS among companies employing big numbers of staff.	
Rationale: According to ILO principles, workplaces (employers) are supposed to have HIV and AIDS policies and programmes that prevent stigmatization and discrimination on the basis of HIV status, prevent and control HIV and AIDS and care for those infected.	
Numerator: Large work places with HIV&AIDS workplace policies	
Denominator: Sampled large work places	
Unit of measure: Percentage	**Disaggregated By:** Public/Private employer
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: Routine Programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): Employers are asked to state whether they are currently implementing personnel policies and procedures that cover the following aspects: prevention of stigmatization and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness and termination benefits and have workplace based HIV and AIDS prevention, control and care programmes	
Baseline: Not available	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To strengthen coordination of the national HIV and AIDS response	
INDICATOR TITLE: Percentage of sectors mainstreaming HIV and AIDS	
Description: Mainstreaming HIV and AIDS is a process that enables sectors and institutions to address the causes and effects of HIV and AIDS in an effective and sustained manner, both through their usual work and within their workplace.	
Rationale: Mainstreaming HIV and AIDS into sector plans and budgets is a key approach to	

address both the direct and indirect causes of HIV and AIDS. By ensuring the integration of planning, resource and programming issues, mainstreaming enables a multisectoral and multi-stakeholder response.	
Numerator: Sectors mainstreaming HIV and AIDS in their plans and budgets	
Denominator: Total number of sectors in Uganda	
Unit of measure: Percentage	**Disaggregated By:** Districts
Level: Outcome	**Data Source:** UAC Annual Reports
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MoLG	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To ensure Availability of adequate human resources for delivery of quality HIV services	
INDICATOR TITLE: Percentage of health facilities with required staffing levels	
Description: This indicator measures the adequate staffing levels among health facilities.	
Rationale: There is need for adequate staffing levels among health facilities for effective service delivery.	
Numerator: Health facilities with the required staffing levels.	
Denominator: Total number of health facilities surveyed	
Unit of measure: Percentage	**Disaggregated By:** District and Level of health facility
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 70% of minimum standards
NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To reduce Stock outs of medicines and supplies in health facilities	
INDICATOR TITLE: Percentage of health facilities that had no stock out of one or more required essential medicines and health supplies in past 12 months	
Description: This indicator measures the regular availability of essential medicines in health facilities.	
Rationale: In order to effectively manage sicknesses including AIDS, it is important that health facilities are always stocked with essential medicines such as ARVs. Stockouts of these drugs implies that negative effect on adherence to drugs which is life threatening.	
Numerator: Health facilities that had no stock out of one or more required essential medicines and health supplies in past 12 months	
Denominator: Total number of accredited health facilities	
Unit of measure: Percentage	**Disaggregated By:** District and Level of health facility
Level: Outcome	**Data Source:** HMIS

Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 0%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To ensure that health infrastructure responsive to HIV service needs	
INDICATOR TITLE: Percentage of HC IIIs accredited and offering HTS, ART and EMTCT	
Description: Accreditation is an approach for improving the quality of health care structures. This indicator measures availability of HTS, ART and EMTCT at HC IIIs that are supposed to be providing these services.	
Rationale: In order to people to access the essential services such as HTS, ART and EMTCT, it is crucial that all accredited HC IIIs provide HTS, ART and EMTCT services.	
Numerator: Accredited HC IIIs offering HTS, ART and EMTCT	
Denominator: Accredited HC IIIs	
Unit of measure: Percentage	**Disaggregated By:** District and Level of health facility
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective: To ensure that health infrastructure responsive to HIV service needs	
INDICATOR TITLE: Percentage of testing facilities (laboratories) that are accredited according to national or international standards	
Description: Accreditation is an approach for improving the quality of health care structures. This indicator measures laboratories that are recognised to perform testing according to according to national or international standard.	
Rationale: Only accredited laboratories are qualified to perform lab tests and hence give reliable results.	
Numerator: Accredited laboratories according to national or international standards	
Denominator: All laboratories	
Unit of measure: Percentage	**Disaggregated By:** District and Level of health facility
Level: Outcome	**Data Source:** HMIS
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	

Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective 2: To strengthen community Systems	
INDICATOR TITLE: Percentage of community-led organizations including PLHIV and key and vulnerable population (KVP) networks involved in HIV responses	
Description: Community-led organizations are run by the people they serve and are primarily accountable to them. Community-led organizations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas.	
Rationale: Community-led organizations including PLHIV and key and vulnerable population (KVP) networks are a sustainable mechanism for ensuring continuity of interventions.	
Numerator: Community-led organizations	
Denominator: Community-led organizations involved in HIV responses	
Unit of measure: Percentage	**Disaggregated By:** Type of organisation
Level: Outcome level	**Data Source:**
Data Collection Methodology: Special survey	
Frequency of Collection: Annually	
Responsibility for Data Collection:	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective 2: To strengthen community Systems	
INDICATOR TITLE: Percentage of cultural institutions addressing barriers to HIV services and promoting appropriate social norms	
Description: This indicator measures the coverage of HIV services and promotion appropriate social norms among cultural institutions. It measures their engagement and involvement.	
Rationale: HIV and AIDS is perpetuated by a range of cultural values and norms which can only be addressed through working closely with and through cultural institutions. People strongly believe in their cultural leaders hence they have a lot of potential to cause he desired change.	
Numerator: Cultural institutions addressing barriers to HIV services and promoting appropriate social norms	
Denominator: All Cultural institutions in Uganda	
Unit of measure: Percentage	**Disaggregated By:** N/A
Level: Outcome level	**Data Source:** UAC Special survey
Data Collection Methodology: Special survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective 2: To strengthen community Systems
INDICATOR TITLE: Percentage of health units with active community-facility linkages or

networks for demand creation and mobilization for HIV services uptake	
Description: This indicator tracks the functionality of community-facility linkages or networks in order to mobilize communities and create increased demand for the uptake of HIV services.	
Rationale: Health facilities cannot work in silos to address HIV and AIDS issues, there is need for a strong arm of community mobilization to cause demand for services. Using local communities is a sustainable and less costly venture to attain social mobilization.	
Numerator: Health units with active community-facility linkages or networks for demand creation and mobilization for HIV services uptake	
Denominator: All health units providing HIV services uptake	
Unit of measure: Percentage	**Disaggregated By:** HC level
Level: Outcome level	**Data Source:** UAC Special survey
Data Collection Methodology: Special survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population	
NSP Objective 2: To strengthen community Systems	
INDICATOR TITLE: Percentage of districts with active community led interventions for HIV services	
Description: Active community led interventions are those where communities are regularly involved in implementing programs that provide HIV and AIDS services.	
Rationale: Using local communities is a sustainable and less costly venture to attain social mobilization.	
Numerator: Districts with active community led interventions for HIV services	
Denominator: Total number of districts in the country	
Unit of measure: Percentage	**Disaggregated By:** Districts
Level: Output	**Data Source:** LOGICS/Special survey
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MoLG/MGLSD	
Measurement Notes (optional):	
Baseline: N.A.	**Target:** 100%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective: To mobilized and streamline resources for HIV and AIDS and management for efficient utilization and accountability.
INDICATOR TITLE: Percentage of the HIV and AIDS funding from GoU
Description: This indicator measures the contribution of GOU to the financing of the HIV and AIDS response.
Rationale: This indicator is a proxy measure for government commitment and sustainability of HIV AND AIDS funding as opposed to heavy reliance on donor funding.

Numerator: HIV and AIDS funding that comes from GOU	
Denominator: Total funding for the National HIV and AIDS response.	
Unit of measure: Percentage	**Disaggregated By:** District, facility level and ownership
Level: Outcome	**Data Source:** NASA
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: Government: 12% ADPs: 88%	**Target:** Government: 40% ADPs: 60%

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective: To mobilized and streamline resources for HIV and AIDS and management for efficient utilization and accountability.
INDICATOR TITLE: Percentage of MDAs and LGs with up-date costed strategic plans and budgets
Description: The indicator measures the districts that have developed district specific HIV and AIDS Strategic Plans and its budget.
Rationale: In order for comprehensive and guided district level HIV and AIDS interventions to be effectively implemented, there is need for accustomed district specific HIV and AIDS Strategic Plans. The plan won't be implemented unless it has been costed so that funds are allocated for its implementation.
Numerator: Districts with HIV and AIDS costed Strategic Plans
Denominator: All districts in Uganda

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

NSP THEMATIC GOAL: A resilient multisectoral HIV and AIDS service delivery system that ensures sustainable access of efficient and safe services to all the targeted population
NSP Objective: To mobilized and streamline resources for HIV and AIDS and management for efficient utilization and accountability.
INDICATOR TITLE: Percentage of HIV and AIDS budget funded by the private sector
Description: The indicator measures the contribution of the private sector towards HIV and AIDS budget.
Rationale: The private sector are key stakeholders in the HIV and AIDS response and has a lot to contribute to the response both in cash and in kind. Private sector contribution is also part of public social responsibility whereby they give back to the communities where they operate.
Numerator: HIV and AIDS budget funded by the private sector
Denominator: Total HIV and AIDS budget

Unit of measure: Percentage	**Disaggregated By:** Districts

Level: Outcome	**Data Source:** LOGICS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MoLG	
Measurement Notes (optional):	
Baseline: Not available	**Target:** 100%

MONITORING, EVALUATION AND RESEARCH INDICATORS

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of sectors and districts with up-to-date costed HIV and AIDS M&E work plans	
Description: The indicator measures the sectors and districts that have developed district specific HIV and AIDS M&E work plans and budget.	
Rationale: In order for the sectors to comprehensively track and assess implementation of HIV and AIDS interventions, there is need for accustomed district specific HIV and AIDS M&E work plans. The workplan won't be implemented unless it has been costed so that funds are allocated for its implementation.	
Numerator: Sectors with costed HIV and AIDS M&E work plans	
Denominator: Total number of sectors	
Unit of measure: Percentage	**Disaggregated By:** Sectors
Level: Outcome	**Data Source:** UAC Databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: Sectors = 100% *(key sectors)* Districts = 80% (102 districts) *NSP Review Report 2019*	**Target:** Sectors = 100% Districts = 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of sectors submitting quality data that meets standards	
Description: This indicator targets all sectors that submit data to UAC which include MoH, MGLSD, MoES, and MoLG. Quality data will be assessed through quality assessments (DQAs) focusing on 6 main data quality dimensions; validity, precision, reliability, timeliness, integrity and completeness. The QDA will also include a component of data validation to verify samples the data reported from the lower levels.	
Rationale: Data can only be of good use if it is generated and submitted on time and is reliable for decision-making.	
Numerator: Sectors submitting quality data that meets standards	
Denominator: Four sectors that generate HIV and AIDS data	
Unit of measure: Percentage	**Disaggregated by:** Sectors
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: N.A, new indicator	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of key sectors submitting timely and complete reports to UAC	
Description: This indicator will focus of the 4 main sectors that generate national HIV and AIDS data, that is the MOH, MoES, MGLSD and MoLG. Timeliness will be judged by adhering to reporting timelines.	
Rationale: Data can only be of good use if it is of acceptable quality and generated as well as submitted on time for decision-making.	
Numerator: Key sectors submitting timely and complete reports to UAC	
Denominator: Four sectors that generate HIV and AIDS data	
Unit of measure: Percentage	**Disaggregated By:** Sectors
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of Self Coordinating Entities (SCEs) submitting quality reports	
Description: Timeliness will be judged by adhering to reporting timelines. Currently there are ten SCEs namely: Civil Society Organisation (includes National Organisations, International Organisations and Young People); Cultural Institutions; Faith Based Organisations; People Living with HIV; Media; Private Sector; Parliament; Line Ministries; Research, Academia and Scientists; as well as the AIDS Development Partners.	
Rationale: Data can only be of good use if it is generated and submitted on time for decision-making.	
Numerator: **Self Coordinating Entities (SCEs) submitting quality reports**	
Denominator: Ten SCEs	
Unit of measure: Percentage	**Disaggregated By:** Sectors
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of key sectors submitting timely and complete reports to UAC	
Description: This indicator will focus of the 4 main sectors that generate national HIV and AIDS data, that is the MOH, MoES, MGLSD and MoLG. Timeliness will be judged by adhering to reporting timelines.	
Rationale: Data can only be of good use if it is of acceptable quality and generated as well as submitted on time for decision-making.	
Numerator: Key sectors submitting timely and complete reports to UAC	
Denominator: Four sectors that generate HIV and AIDS data	
Unit of measure: Percentage	**Disaggregated By:** Sectors
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for NSP M&E	
INDICATOR TITLE: Percentage of Self Coordinating Entities (SCEs) submitting quality reports	
Description: Timeliness will be judged by adhering to reporting timelines. Currently there are ten SCEs namely: Civil Society Organisation (includes National Organisations, International Organisations and Young People); Cultural Institutions; Faith Based Organisations; People Living with HIV; Media; Private Sector; Parliament; Line Ministries; Research, Academia and Scientists; as well as the AIDS Development Partners.	
Rationale: Data can only be of good use if it is generated and submitted on time for decision-making.	
Numerator: **Self Coordinating Entities (SCEs) submitting quality reports**	
Denominator: Ten SCEs	
Unit of measure: Percentage	**Disaggregated By:** Sectors
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: Sectors	
Measurement Notes (optional):	
Baseline: Not available	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To improve information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels	
INDICATOR TITLE: Percentage of implementers utilizing program generated HIV and AIDS data	
Description: This indicator measures the utilization of HIV and AIDS data for programme improvement by the entities that generate the data. Program data may be used for re-strategizing and or refocusing interventions, scaling up effective strategies, improving follow-on project designs.	
Rationale: Utilization of information in the ultimate goal of M&E. Once entities that generate the data increase its utilization, it serves as a motivation for them to pay attention to data quality since they also rely on it for decision-making.	
Numerator: Implementers utilizing program generated HIV and AIDS data	
Denominator: Total number of implementers	
Unit of measure: Percentage	**Disaggregated By:** Type (Government, NGO
Level: Outcome	**Data Source:** Special Surveys
Data Collection Methodology: Surveys	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: N.A	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To improve information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels	
INDICATOR TITLE: Percentage of the national research agenda items covered through operational research in each thematic area of the NSP	
Description: The national research agenda will be developed under the leadership of UAC and the SCE for research and academia. IPs that intend to conduct HIV and AIDS operations research should be based on prioritized national HIV and AIDS research agenda.	
Rationale: It is important that all research that all operations research is based on prioritized national HIV and AIDS research agenda in order to provide the most needed information for the response.	
Numerator: National research agenda items covered through operational research in each thematic area of the NSP	
Denominator: Total items on the HIV and AIDS operational research	
Unit of measure: Percentage	**Disaggregated By:** N/A
Level: Outcome	**Data Source:** UAC databases
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: N.A.	**Target:** 100%

NSP THEMATIC GOAL: To strengthen the national HIV and AIDS strategic information management system for improved effectiveness and efficiency	
NSP Objective: To improve information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels	
INDICATOR TITLE: Percentage of stakeholders satisfied with NADIC	
Description: The indicator tracks the satisfaction among users of the National Information and Documentation Center (NADIC) based at UAC. The NADIC is meant to be a one-stop information centre for HIV and AIDS information.	
Rationale: Percentage of stakeholders satisfied with NADIC	
Numerator: All NADIC users who participate in the user survey	
Denominator: N/A	
Unit of measure: Percentage	**Disaggregated By:** type
Level: Output	**Data Source:** UAC NADIC Website
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: N.A.	**Target:** 80%

ANNEX C: LIST OF PARTICIPATING MEMBERS OF THE NATIONAL HIV AND AIDS M&E TWG

1	Dr. Sara Byakika	MoH
2	Dr. Steven Baveewo	CDC
3	Micheal Bamulangeyo	AHF-Uganda Cares
4	Edward Othieno	UBTS
5	Charles Serwanja	IRCU
6	Hannington Mutabarura	ICWEA
7	Obadiah Kashemeire	MGLSD
8	Nsubuga Fredrick	MoH - CPHL/UNHIS
9	Dr. Miriam Nakanwagi	USAID/SITES
10	John Bosco Kavuma	SEDC
11	Dr. Julius Simon Otim	KCCS/MoH
12	Jotham Mubangizi	UNAIDS
13	Martin Turyarugayo	UAC
14	Susan Chandiru	UAC
15	Andrea Kugonza	UAC
16	Eugene Oola	UAC
17	Alex Ndaada	UAC
18	Julian Bagyendera	SEDC/P&E
19	Dr. Peter Wakooba	UAC
20	Dr. Vincent Bagambe	UAC
21	Mary Kataike	UAC
22	Denis Odwar	NUDIPU
23	Solome Nampewo	MoH
24	Florence Buluba	NACWOLA
25	Mercy Mugweri	UBTS
26	Charity Balyamujura	SGR
27	Immaculate Owomugisha	UGANET
28	Immaculate Baseka	USAID/SITES
29	Charles Otai	UAC
30	Herbert Mulira	METS
31	Proscovia Namakula	GCOWAU

ANNEX D: LIST OF HIV AND AIDS M&E PLAN CONSULTANCY TEAM

Consultant	Role
Prof. Narathius Asingwire	Overall Team Leader
Dr. Julian K. Bagyendera	Lead Monitoring and Evaluation Consultant
Mr. John Bosco Kavuma	Monitoring and Evaluation Consultant

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