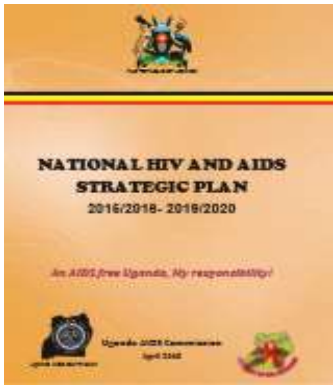
THE REPUBLIC OF UGANDA

NATIONAL HIV AND AIDS PRIORITY ACTION PLAN

2018/2019-2019/2020

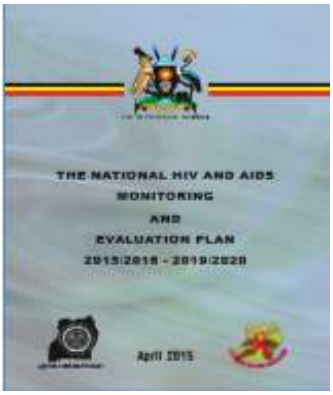
Uganda AIDS Commission

JULY 2018



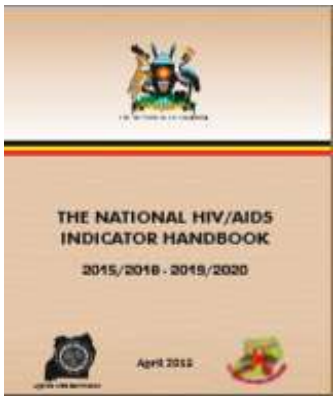
NATIONAL HIV AND AIDS STRATEGIC PLAN 2015/2016 - 2019/2020

The guiding document for the Uganda National HIV and AIDS response during the five years of implementation. Developed in a participatory, consultative way, and intended for use by all Stakeholders in Uganda's response to HIV and AIDS



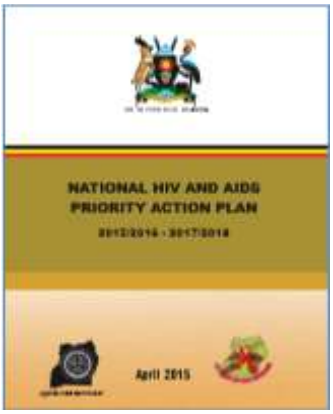
NATIONAL HIV AND AIDS MONITORING AND EVALUATION PLAN 2015/2016 - 2019/2020

The guiding document for results and evidence based tracking and management of the Uganda National HIV and AIDS response during the five years of implementation. Develop in a participatory, consultative way, and intended for use by all stakeholders in involved in producing, collecting, analyzing and using evidence about Uganda's response to HIV and AIDS



THE NATIONAL HIV AND AIDS INDICATOR HAND BOOK 2015/2016 - 2019/2020

A supporting document for results based tracking management of the Uganda National HIV and AIDS response during the five years of implementation. Developed for use by all stakeholders involved in producing, collecting, analyzing and using evidence about Uganda's response to HIV and AIDS.



NATIONAL HIV AND AIDS PRIORITY ACTION PLAN 2018/19 - 2019/20

The National Priority Action Plan 2018/19 -2019/20 (NPAP) is not a stand-alone document, but rather part and parcel of the National Strategic Plan 2015/2016 - 2019/2020 (NSP). The National Priority Action Plan details the implementation and priorities the activities within the first three years of the National Strategic Plan as part of guidance for the different stakeholders.

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LIST OF ABBREVIATIONS AND ACRONYMS

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

ACKNOWLEDGEMENT

The National Priority Action Plan 2017/2018- 2019/2020 (NPAP) is a continuation of the previous NPAP 2015/16-2017/18. The NPAP entails the priorities and activities to be undertaken by the different stakeholders in the remaining period of the National Strategic Plan 2015/2016-2019/2020.

The preparation of the NPAP was a participatory and consultative process which involved engagement of the different stakeholders through the UAC reference group and the different Technical Working Groups (TWGs) which included Prevention, Care and Treatment, Social Support & Protection, Costing and Finance, Systems Strengthening and Gender.

Uganda AIDS Commission acknowledges the different stakeholders in the TWGs representing the different entities in the multi sectoral HIV and AIDS response which included Ministries, Departments and Agencies, Civil Society Organizations, NGOs and development partners for their valuable contribution towards the successful development of this NPAP.

Special thanks also goes to the Staff of UAC led by the Director General (*Dr. Nelson Musoba*) which composed of the Acting Director for Planning and Strategic Information (*Dr. Peter Wakooba);* Monitoring and Evaluation Officer (*Charles Otai*), Head of Prevention (*Dr. Daniel Byamukama*) and other UAC staff in the directorates of partnerships, planning and strategic information and Programming, Research and Policy for their guidance, participation and oversight in development of the NPAP. In addition, AIDS Control Programme (ACP) -Ministry of Health staff, PEPFAR, UNAIDS, WHO and other UN agencies are also appreciated for their input and support.

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1.0. BACKGROUND TO THE NATIONAL PRIORITY ACTION PLAN

1.1. Introduction

The National HIV and AIDS Strategic Plan 2015/2016 – 2019/2020 (NSP) was developed to guide implementation of the multi-sectoral response. It provides strategic actions aimed to address the gaps and challenges identified in the 2015 Mid-Term Review (MTR) of the National HIV and AIDS Strategic Plan 2011/2012—2014/2015. The present NSP builds on the achievements registered in the national response during the 2010-2015 implementation period. The NSP further builds upon the vision of the NSP 2011/2012—2014/2015, and subscribes to the country's vision statement contained in Uganda Vision 2040, "a Transformed Uganda Society from a Peasant to a Modern and Prosperous Country within 30 Years".

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

The overall Goal of the NSP is "***Towards Zero new infections, Zero HIV and AIDS-related mortality and morbidity and Zero discrimination".***

The development of the NPAP for the remaining two years (2018/2019-2019/2020) of the NSP was informed by the key findings of the 2018 Mid-Term Review of the NSP 2015/2016-2019/20 on the progress of implementation with focus on the achievements registered, the key challenges and gaps, lessons learnt and best practices as well as the current dynamics of the HIV&AIDS epidemic. In order to measure progress towards the overall goal of the NSP the results matrix in Table 1 shall apply.

Table 1: Result matrix- Impact indicators.

Performance Indicators	Indicator Source	Baseline	Target 2019/2020	Data Sources	Frequency of Collection	Respon sibility
IMPACT INDICATORS						
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	*MoH Spectrum Estimates*	Annually	MoH
		Children= 15,287 (2013)	Children =8,593			
2.HIV and AIDS related mortality	CPR	63,018 (2013)	25,310	*MoH Spectrum estimates*	Annually	MoH
3.Percentage of infants born to HIV infected mothers who become infected	CPR	6 weeks = 5.7% After Breast feeding =13.6%	6 weeks = 1.9% After breast feeding=6.5%	*MoH Spectrum Estimates*	Annually	MoH
4.HIV prevalence rate among 15-49 years	CPR	Total 7.3% (2011)	6%	AIS	Every 5 years	UBOS
		Male 6.1%	5%			
		Female 8.2%	7%			
5.Percentage change in discriminatory attitudes towards PLHIV	CPR	Overall=66% M=65.8% F=77.8% (2011)	30%	UDHS	Every 5 years	UBOS

The implementation of NSP falls under four broad thematic areas with each defined by a goal, a number of strategic objectives and actions. See Table 2.

Table 2: Thematic Areas and Corresponding Goal

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

1.2. Purpose of the NPAP

This NPAP 2018/2019- 2019/2020 highlights the revised strategic actions and activities to each for the objectives in the NSP 2015/2016-2019/2020. Specifically, the purpose of this NPAP is aimed to serve the following:

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

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

1.3. The Development Process of the NPAP

The methodology for developing the NPAP involved (i) Document review, (ii) Consultative meetings with TWGS, (iii) Identifying activities that are relevant to the strategic actions informed by the current dynamics of HIV&AIDS epidemic, (iii) prioritizing the activities for each strategic action, and (iv) identifying the lead agencies for each strategic action and other actors. Principally the process involved:

a) Review of the NSP
b) Review of the NSP MTR Report 2018, in order to identify key activities that were considered as (a) successful with high impact, (b) activities that need to be added in light of the current HIV & AIDS dynamics.
c) Review of the previous National HIV and AIDS Priority Action Plans 2015/16-2017/2018 in order to identify relevant activities to the strategic actions in the current NSP. As a result some activities were maintained, dropped or adjusted accordingly.
d) Consultations with the respective Thematic Technical Working Groups (TWG)

The suggested activities meet the following criteria:

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

1.4. Application of the NPAP

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

Setting output targets: The NSP outcomes are based on projections from the Spectrum. It is on these that overall and disaggregated output targets in the NSP and Monitoring and Evaluation (M&E) Plan were derived. Thus, it is expected that the unit for planning of activities will be the districts. Monitoring the Utilization of the NPAP: The UAC shall monitor and evaluate the extent to which the work plans of the various agencies have (a) addressed the priority actions captured (b) quantified the indicated the outputs relating to national output indicators. These will allow UAC to know upfront the extent to which actions of the agencies and their aggregated outputs will contribute to the national outputs in the M&E Framework.

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

1.5. Implementation Period of Priority Activities

All priority activities identified in this NPAP are expected to be implemented in a period of two years 2018/2019-2019/2020.

1.6. Presentation of the NPAP

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

2.0. PREVENTION

GOAL 1: TO REDUCE THE NUMBER OF NEW YOUTH AND ADULT INFECTIONS BY 70% AND THE NUMBER OF NEW PEDIATRIC HIV INFECTIONS BY 95% BY 2020

Outcome level Results	Targets
Reduction in the number of new infections by 2020	• Number of new HIV Infections among the 15-49 years reduced by 70% • Number of new pediatric HIV infections reduced by 95% by 2020
Increased coverage and utilization of HIV prevention services	• The proportion of HIV-infected mothers and exposed infants accessing PMTCT sustained at 95%. • The proportion of HIV infected adults who know their status increased to 90%. • The proportion of adult males that are circumcised increased to 80%. • The proportion of risky sex encounters (stratified by multiple partnerships, casual and sex with partners of unknown HIV sero-status) that are consistently protected by condoms increased to 80% • All HIV care and treatment outlets will provide integrated minimum package of HIV Prevention services. • All facilities implementing blood transfusion safety and universal infection control.
Increased adoption of safer sexual behavior and reduced risky behaviors	• Comprehensive HIV knowledge among young people 15-24 years increased by 20% (Baseline 45.7% in females & 44.8% in males as of 2015-UDHS-2016.) • Recent multiple partnerships reduced by 50% among men and women respectively (2.3% in women and 20.6% in males). • Condom use at the last higher risk sex increased by 20%. • Transactional sex among men and women reduced by 50%. • Cross-generational sex and early sex reduced by at least 50%. • Casual sex reduced by at least 50% • Percentage of MARPs reporting consistent condom use increased by 50%

OBJECTIVE 1: TO INCREASE ADOPTION OF SAFER SEXUAL BEHAVIORS AND REDUCTION IN RISKY BEHAVIOURS.

Since 1980's when HIV was first reported in Uganda, the main mode of transmission has been sexual transmission contributing up to 90% of all new infections. The main factor responsible for this high sexual transmission are mainly the high risk sexual behaviors that include: multiple (concurrent) sexual partnerships, cross-generational, early sex debut, transactional sex, sex work, casual sex, Sexual Gender-Based Violence (SGBV) as well as low and inconsistence condom use. And these are coupled with low comprehensive knowledge on HIV, structural gaps and social cultural factors.

Below, are the NSP Year 4 & 5 HIV Prevention priority activities/interventions including; Behavior Change Communication with leadership engagement, condom programming, scaling up HIV prevention interventions and Positive Health Dignity and Prevention (PHDP), SRH programs targeting adolescents and young people, and interventions targeting MARPS among others.

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

Activities	Lead agency	Years
1.1. Develop and coordinate implementation of a national multi - partner targeted Social Behaviour Change Communication (SBCC) strategy aligned to the drivers of the HIV epidemic paying special attention to populations with high risk of infection such MARPs, and adolescent girls, young women and men.	**UAC**	**4 & 5**
1.2. Develop and roll out targeted comprehensive Social Behavior Change Communication (SBCC) campaigns aligned to the drivers of the HIV epidemic targeting specific population groups and situations within health sector mandates	**MoH,** *UAC, Other line ministries, CSOs*	**4 & 5**
1.3. Develop and roll out targeted comprehensive Social Behavior Change Communication (SBCC) campaigns aligned to the drivers of the HIV epidemic targeting in school adolescents and young people at all levels	**MoES,** *UAC, Other line ministries, CSOs*	**4 & 5**
1.4. Develop and roll out targeted comprehensive Social Behavior Change Communication (SBCC) campaigns aligned to the drivers of the HIV epidemic targeting out of school adolescents and young people in various environments	**MoGLSD,** *UAC, Other line ministries, CSOs*	**4 & 5**
1.5. Develop and roll out targeted Social Behavior Change Communication (SBCC) strategy aligned to the drivers of the HIV epidemic paying special attention to Persons With Disabilities (PWD).	**MoGLSD**, *UAC, MoH* **,** *NUDIPU, CSOs,*	**4 & 5**
1.6. Scale up the implementation of the national Advocacy Campaign targeting political, cultural, religious leaders and parents to support and prioritize Interventions for to address behavior and structural drivers including GBV.	**MoGLSD**	**4 & 5**
1.7. Roll out the interventions to engage men in HIV prevention and close the tap on new infections, through mobilizing all political, cultural, and religious and other civic leaders, in line with Presidential First Track Initiative (PFTI).	**UAC,** *MoH, CSOs, IPs*	**4 & 5**

Activities	Lead agency	Years
1.8. Develop and promote standard IEC/BCC messages and materials on the drivers of the epidemic for use by stakeholders	**MoH,** *UAC, IPs*	**4 & 5**
1.9. Disseminate IEC/BCC messages and materials to the general population and to specific groups using a dynamic mix of channels	**MoH,** *UAC, IPs*	**4 & 5**
1.10. Expand provision of HIV education for in-school youth with focus on multiple partnerships, cross-generational, transactional and early sex	**MoES ,** *MoH, UAC*	**4 & 5**
1.11. Develop and implement a National IEC/BCC Programme targeting adolescents and young people (10-24) out of school	**UAC,** *MoGLSD, IRC*	**4 & 5**
1.12. Implement school-based interventions for all adolescents addressing gender equality, prevention of violence & comprehensive sexuality education.	**MoES,** *UAC, MoH, Districts.*	**4 & 5**
1.13. Expand provision of quality education, counseling and linkage to SRHR services to all tertiary education institutions	**MoES ,** *MoH, CSOs*	**4 & 5**

2. STRATEGIC ACTION: Strengthen policy guidance, quality assurance and capacity for effective IEC/ Social and Behavioral Change Communication programming at all levels.

Activities	Lead agency	Years
2.1. Develop implementation guidelines, and minimum quality standards for SBCC activities for all stakeholders.	**UAC**, *MoH, IPs*	**4 & 5**
2.2. Develop SBCC training modules and train actors to support roll out of the SBCC standard guidelines	**UAC,** *MoH IPs*	**4 & 5**
2.3. Establish/strengthen SBCC coordination standards platforms at multi-sectoral and sectoral levels.	**UAC,** *MoH, MoLG, Line ministries*	**4 & 5**
2.4. Develop and implement a program for engagement of media actors to support responsible messaging HIV for the general public.	**UAC ,** *MoH, UCC*	**4 & 5**
2.5. Develop simple guidelines and SoPs for the involvement of PLHIV in communication for social and behavior change programs.	**UAC**, *MoH*	**4 & 5**
2.6. Develop a harmonized training curriculum and build the capacity of PLHIV on their expected role in community mobilization and communication for behavior change.	**UAC,** *IPs*	**4 & 5**
2.7. Engage the media houses to enhance accurate and responsible reporting on HIV issues.	**UAC,** *MoH*	**4 & 5**

Activities	Lead agency	Years
2.8. Establish standard SBCC M&E guidance and Conduct regular monitoring and evaluation of programs by all stakeholders.	**UAC**, *MoH, MoES, MoGLSD, other line ministries, CSOs*	**4 & 5**

3. STRATEGIC ACTION: Procure and distribute adequate numbers of male and female condoms (free and socially marketed condoms) expand condom distribution across settings and at community level and assure quality.

Activities	Lead Agency	Years
3.1. Review and increase procurement of male and female condoms to meet projected annual targets	**MoH,** *UAC, Social Marketing Agencies (SMAs)*	**4 & 5**
3.2. Expand both male and female condom distribution outlets using government, Alternative Distribution system (ADS) and private for profit channels to reach all sexually active rural and urban population groups using the total market approach	**MoH,** *UAC, SMAs*	**4 & 5**
3.3. Develop and or Enhance infrastructural and technical capacity for condom post-shipment testing and post-marketing quality assurance regulatory agencies	**MoH,** *UAC, NDA, SMAs*	**4 & 5**
3.4. Build capacity for local NGOs and the media to appropriately advocate national investment in the condom program and demand creation for both female and male condoms	**MoH,** *IPs*	**4 & 5**
3.5. Roll out the Condom LMIS to all districts and link to the HMIS	**MoH,** *UAC, CSOs, IPs*	**4 & 5**

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

Activities	Lead Agency	Years
1.1. Enhance promotion and demand creation for condom uptake using innovative mechanisms like the peer network, media campaigns, social and corporate marketing approaches.	**MoH**, *UAC, CSOs*	**4 & 5**
1.2. Promote and support Condom promotion through social marketing channels to operationalize the TMA etc.	**MoH,** *UAC, SMAs*	**4 & 5**
1.3. Establish partnerships with non-traditional actors such as private business entities for concerted condom use education campaigns, paying attention to misconceptions and other barriers to female condom use.	**MoH,** *UAC, CSOs, Private sector partners*	**4 & 5**
1.4. Conduct operational research to understand condom use dynamics among different sub-populations and on condom market segmentation.	**MoH,** *UAC, CSOs*	**4 & 5**

5. STRATEGIC ACTION: Integrate SGBV prevention and human rights with HIV prevention programming

Activities	Lead Agency	Years
5.1. Conduct research on the causes and manifestation of GBV and VAC in different contexts (including SGBV), and design and implement appropriate interventions.	**MoGLSD,** *UAC, MoH, CSOs*	**4 & 5**
5.2. Utilize existing, evidence to integrate HIV into SGBV and VAC programs as well as SGBV&VAC into SRH/HIV programming.	**MoGLSD,** *UAC, MoH, CSOs*	**4 & 5**
5.3. Build capacity of Health service providers to support GBV victims to access health services including PEP, ECP and medical legal forensic examination and referral.	**MoH,** *JLOS*	**4 & 5**
5.4. Develop capacity for provision of services for GBV screening and timely management of GBV cases integrated with SRH/HIV services using the Standard Health Package of care and national GBV Referral Pathways.	**MoH,** *MoGLSD, JLOS*	**4 & 5**
5.5. Provide a comprehensive package of SRH, HIV prevention, care and treatment through harmonized programming and ensure access by those at risk of and affected by SGBV/VAC among the various populations groups i.e. vulnerable and MARPs populations (women and girls and PWD).	**MoH,** *CSOs*	**4 & 5**
5.6. Strengthen referral from the health facility to other social and legal support services for survivors of SGBV for rehabilitation and/or legal redress.	**MoH**, *MoGLSD, UAC, MoIA*	**4 & 5**

6. STRATEGIC ACTION: Conduct mapping and size estimation for key populations to inform targeted and scaled-up interventions for key populations.

Activities	Lead agency	Years
6.1. Conduct periodic profiling and size estimation surveys for MARPs and hotpots mapping at national and program delivery levels.	**UAC,** *MoH, MARPs Networks, CSOs*	**4 & 5**
6.2. Review and revise/develop national MARPs programming guidance, SoPs and intervention models basing on new evidence and aligning to the revised national SRH/HIV/GBV planning frameworks.	**UAC,** *MoH, MARPs Networks*	**4 & 5**
6.3. Conduct periodic evaluation of HIV prevention interventions and approaches targeting MARPs and share best practices and lessons learned.	**UAC,** , *MARPs Networks*	**4 & 5**
6.4. Conduct DQAs and data triangulations for MARPS profiling and size estimation studies	**UAC,** *MoH, MARPs Networks*	**4 & 5**

7. STRATEGIC ACTION: Scale-up comprehensive interventions targeting MARPs

Activities	Lead agency	Years
7.1. Develop and roll out the training curriculum and SoPs for provision of MARPS friendly integrated SRH/HIV/GBV services.	**MoH,** *IPs, MARPs Network*	**4 & 5**
7.2. Develop and roll out the training curriculum and SoPs for provision of integrated SRH/HIV/GBV services among PWDs	**MoGLSD,** UAC, NUDIP**,** MoH,	**4 & 5**
7.3. Roll out MARP friendly services to other facilities and communities in hotspots beyond the existing DICs.	**MoH**, *LGs, IPs,*	**4 & 5**
7.4. Develop MARPs friendly services monitoring granular data capture tools for use by all providers serving MARPs	**MoH ,** *UAC, MARPS Network*	**4 & 5**
7.5. Develop a training manual and build capacity of community-based service providers and MARPS peers to engage in program delivery.	**MoH,** *UAC, IPs, LGs*	**4 & 5**
7.6. Build capacity of MARPs network members to ensure timely mobilization, sensitization for service access and building community competence to advocate to responsive programming.	***MARPS Network****, MoH UAC*	**4 & 5**
7.7. Pilot efficacious HIV prevention interventions targeting specific groups such as people who use drugs.	**MoH,** *UAC, IPs, CSOs*	**4 & 5**
7.8. Conduct action research on drug and substance abuse and its effect on HIV transmission to inform programming	**UAC,** *MoH Research Academia and Science, MARPs Network*	**4 & 5**

8. STRATEGIC ACTION: Scale-up comprehensive sexual and reproductive health (SRH)/HIV Programs targeting, adolescents (both in and out of school) and Young People

Activities	Lead agency	Years
8.1 Develop implementation guidelines and implement the endorsed National Sexuality Education Framework at all levels of education including institutionalizing the school safe space approaches for provision of age appropriate information and counselling support.	**MoES ,** *UAC, FBOs, CSOs*	**4 & 5**
8.2 Develop implementation guidelines and implement sexuality education for out of school adolescents and young people within their various contexts.	**MoGLSD ,** *UAC, FBOs, CSOs*	**4 & 5**

Activities	Lead agency	Years
8.3 Provide tailored adolescent friendly services including STI management, HTS, condom use and family planning information and commodities, cancer screening aligned to national policy guidance.	**MoH,** *IPs, CSOs*	**4 & 5**
8.4 Promote creation of adolescent peer networks for psychosocial support for the infected and affected in various settings including education institutions and HIV care service points.	**MoH,** *IPs, CSOs*	**4 & 5**
8.5 Establish youth friendly spaces/corners/social centres in various settings to provide SRH/HIV/SGBV services including HIV treatment support.	**MoH,** *IPs, CSOs*	**4 & 5**
8.6 Engage boys as champions for SRHR services and support them to overcome tendencies of masculinity that hinder affective use of HIV prevention services	**MoES,** *MoGLSD, MoH, IPs, CSOs*	**4 & 5**
8.7 Educate communities about HIV/STIs co-infection, how to negotiate safe sex, how to identify early signs and symptoms of STIs and where to seek treatment	**MoH,** *IPs, CSOs, PLHIV Networks*	**4 & 5**
8.8 Build heath system capacity for provision of adolescent and youth friendly integration SRH/HIV/GBV services targeting national coverage (Includes focus on HR, infrastructure, facility reorientation, etc.)	**MoH,** *MoGLSD, MoES, CSOs, IPs, PLHIV Networks*	**4 & 5**

9. STRATEGIC ACTION: Support and implement family centered approaches to prevent HIV infection and sexual reproductive ill-health

Activities	Lead Agency	Years
9.1. Support SRH/HIV/GBV programming for discordant couples to enhance access to information and services on HTS, safe sexual practices, safe conception and treatment for prevention and community support	**MoH**, *PLHIV Networks, CSOs*	**4 & 5**
9.2. Roll-out implementation of the National Parenting Guidelines and integrate into SRH/HIV/GBV program delivery.	**MoGLSD,** *MoH, CSOs*	**4 & 5**
9.3. Support programming for social change including socialization of children at family level to shun harmful social-cultural norms, values, beliefs and practice and adopt HIV preventive behaviors	**MoGLSD,** *UAC, Religious/ Cultural institutions*	**4 & 5**

Activities	Lead Agency	Years
9.4. Work through the community development structures to Raise awareness and build household and community level capacity to change negative gender norms, beliefs and practice through community change management approaches	**MoGLSD,** *UAC, MoH, CSOs*	**4 & 5**
9.5. Roll-out the Community Learning Centre concept to enhance capacity building at household and community level with focus on SRHR/HIV/GBV as part of development programming	**MoGLSD,** *UAC, MoH, CSOs*	**4 & 5**
9.6. Promote HTS innovative approaches like Assisted Partner Notification (APN) and index client HIV Testing Services, to increase number of family members with known HIV status.	**MoH**, *PLHIV Networks, CSOs*	**4 & 5**
9.7. Promote couple counseling and HIV testing working with religious, cultural and other community leaders.	**UAC,** *MoGLSD, PLHIV networks*	**4 & 5**
9.8. Improve community-based referral systems to support individuals living with HIV cope with treatment and other care needs	**MoGLSD,** *MoH, LG, IPs/ CSOs, IRC*	**4 & 5**
9.9. Build capacity of affected households to provide food security for PLHIV through training in modern farming practices, and basic nutrition counseling and support	**MAAIF,** *UAC, CSOs MoGLSD,*	**4 & 5**

OBJECTIVE 2: TO SCALE-UP COVERAGE AND UTILIZATION OF COMBINATION HIV PREVENTION BIOMEDICAL INTERVENTIONS DELIVERED AS PART OF INTEGRATED HEALTH CARE SERVICES

The HIV investment case 2015-2025 and the National HIV strategic Plan 2015/16-2019/2020 prioritizes a set of biomedical interventions to be implemented under the feasible maxima for Uganda to attain the epidemic control. The biomedical interventions prioritized for epidemic control in year 4&5 include; HTS, Condom programming, PMTCT, SMC ART, PREP, PEP among others, and these will be implemented together with Behavioral & Socio-structural. The HIV prevention road map 2017-2020, calls for Prioritizing, partnering and engaging of concerned communities while delivering the combination prevention services. Furthermore emphasis will be put on integrating HIV and SRH services delivery at both community and facility levels under the differentiated services delivery models, based on client preferences and needs. Priority activities for the above and complementary prevention interventions comprising of STI treatment, Blood transfusion safety, Universal Precautions for infection control in health facilities, HIV Prevention among HIV-infected individuals, are described below.

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

Activities	Lead agency	Years
HTS		
1.1. Roll out and implement the revised HTS (integrated in SRH/HIV/GBV) guidelines that have prioritized differentiated testing approaches for all population groups (PITC-Routine HTS, & Diagnostic HTS, Index Client HIV & TB Contact Tracing, KYCS, APN, HIVST), client initiated HTS(VCT), out of facility Based HTS(HBHTS, outreaches/mobile HTS, workplaces and testing of prisoners during entry and exit from Prison	**MoH,** *IPs*	**4 & 5**
1.2. Review, update and roll out the adult HTS screening tool in high volume facilities	**MoH,** *IPs*	**4 & 5**
1.3. Strengthen provision integrated Family planning, infant feeding counseling, ANC and SRH targeting girls and women at all facility based clinics and community outlets	**MoH,** *IPs*	**4 & 5**
1.4. Promote and Provide rights-based family planning information and services to all women and girls of reproductive age group including those living with HIV and discordant couples	**MoH,** *IPs*	**4 & 5**
1.5. Provide HTS services for all pregnant and breastfeeding women and their partners during pregnancy and lactation period	**MoH,** *IPs*	**4 & 5**
eMTCT		
1.6. Promote STI screening and prevention and treatment services for all mothers and their partners attending the MCH clinics	**MoH,** *IPs*	**4 & 5**
1.7. Expand the roll out of EPI/PMTCT/EID integration for EID to all PMTCT sites and point of care testing	**MoH**, *IPs*	**4 & 5**

Activities	Lead agency	Years
1.8. Strengthen the PMTCT mentorship program to reach all PMTCT sites on a regular basis	**MoH**, *IPs*	**4 & 5**
1.9. Conduct research on eMTCT including finalization of the PMTCT impact evaluation study to inform the elimination agenda	**MoH**, *IPs*	**4 & 5**
1.10. Promote male engagement including access to HIV testing using innovative approaches like APN and HIVST in SRH clinics	**MoH**, *IPs*	**4 & 5**
1.11. Provide life-long antiretroviral drugs and cotrimoxazole to HIV positive pregnant and breastfeeding women according to recommended guidelines	**MoH**, IPs	**4 & 5**
1.12. Ensure availability of antiretroviral drugs and cotrimoxazole for prophylaxis to HIV exposed infants (cotrimoxazole at 6weeks)	**MoH**, *IPs*	**4 & 5**
1.13. Conduct nutritional assessment and counselling support to HIV positive pregnant and breastfeeding mothers and the exposed babies	**MoH**, *IPs*	**4 & 5**
1.14. Provide EID services for all infants born to HIV positive mothers and ensure all HIV positive babies are started on HAART	**MoH**, *IPs*	**4 & 5**
SMC		
1.15. Scale up quality SMC services (integrated with SRH/HIV prevention services) to all facilities from HCIV onwards, augmented with outreaches to all HCIIIs, and dedicated mobile SMC teams	**MoH**, *IPs*	**4 & 5**
1.16. Review SMC policy, communication strategy and SMC guidelines and complete the development a national SMC training curriculum and guidelines	**MoH**, *IPs*	**4 & 5**
1.17. Conduct biannual Site quality assessment and accreditation, and build capacity or SMC service providers and sites	**MoH**, *IPs*	**4 & 5**
1.18. Adopt and roll-out innovative SMC approaches like devices Shang Ring and Prepex into the SMC programme	**MoH**, *IPs*	**4 & 5**
1.19. Increase demand creation for SMC services through mass media and engagement of leaders Expanding to additional health facilities	**MoH**, *IPs*	**4 & 5**
1.20. Strengthen the national SMT and support regions to develop SMTs to oversee SMC SAES	**MoH**, *IPs*	**4 & 5**
1.21. Build capacity of health facilities to institutionalize SMC	**MoH**, *IPs*	**4 & 5**
1.22. Strengthen the mechanisms for investigating, follow up and tracking of the SMC SAEs	**MoH**, *IPs*	**4 & 5**
1.23. Conduct regular SMC AEs audits	**MoH**, *IPs*	**4 & 5**

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

Activities	Lead Agency	Years
2.1 Intensify quality assurance and technical support supervisory visits to all accredited HIV care service outlets in the public and private sectors	**MoH,** *IPs*	**4 & 5**
2.2 Strengthen quality assurance for HIV screening working with the regional centers of excellence (Laboratory hubs)	**MoH,** *IPs*	**4 & 5**
2.3 Advocate for recruitment, training and retention of counsellors throughout the health care system	**MoH,** *IPs*	**4 & 5**
2.4 Roll out the Quality Assurance for HIV Testing Services for all testing points. All testers will participate in the MoH Proficiency Testing (PT) program routinely upon receipt of panels sent to them	**MoH,** *IPs*	**4 & 5**
2.5 Roll out the national certification framework for testers and testing points in all HIV testing facilities including the private sector	**MoH,** *IPs*	**4 & 5**

3. STRATEGIC ACTION: Scale up coverage of HCT for HIV prevention in targeting key populations, and vulnerable groups.

Activities	Lead Agency	Years
3.1 Roll out and implement the revised HTS guidelines that have prioritized differentiated testing approaches for MARPs groups (PITC-Routine HTS, & Diagnostic HTS, Index HIV & TB Client Contact Tracing, APN, HIVST), out of facility Based HTS (Venue based HTS, and outreaches/mobile HTS)	**MoH**, *IPs*	**4 & 5**
3.2 Expand the provision of HTS as part of the integrated package of services targeting MARPs	**MoH,** *MARPs Networks*	**4 & 5**
3.3 Create demand for HTS through community mobilization and education	**MoH,** *PLHIV Networks ,CSOs*	**4 & 5**
3.4 Enhance the use of peers and expert clients in facility and community for HIV testing and linkage to care and other services	**MoH,** *PLHIV Networks*	**4 & 5**

4. STRATEGIC ACTION: Expand targeted STI interventions for MARPs and vulnerable groups.

Activity	Lead Agency	Years
4.1 Adapt (Update) the existing STI management guidelines to address the unique needs of the various vulnerable and MARPs sub- populations	**MoH,** *IPs*	**4 & 5**
4.2 Re-orient providers and intensify support supervision and mentorship for all service providers for improved STI case management among MARPs and vulnerable groups	**MoH,** *IPs*	**4 & 5**
4.3 Screen all mothers attending ANC for syphilis and provide treatment for all reactive	**MoH,** *IPs*	**4 & 5**
4.4 Conduct STI and cervical cancer screening for all MARPs attending HIV care clinics	**MoH,** *IPs*	**4 & 5**
4.5 Promote provision of STI prevention information and commodities and treatment services	**MoH,** *IPs*	**4 & 5**
4.6 Build capacity of health service providers in more facilities within the fishing communities and hot spots to improve access to tailored HIV prevention information, services and commodities	**MoH,** *IPs*	**4 & 5**
4.7 Review and incorporate STI indicators and data tools (with granular disaggregation) into DHIS2	**MoH,** *IPs*	**4 & 5**

5. STRATEGIC ACTION: Integrate SRH; Maternal, Newborn and Child Health (MNCH) and TB services with HIV prevention

Activities	Lead agency	Years
5.1 Strengthen health worker capacity for delivery of integrated RMNCAH/HIV/GBV services through multi-skilling, coaching, mentoring, and joint planning in all districts.	**MoH,** *IPs*	**4 & 5**
5.2 Expend implementation of the integrated M&E system for the MNCH platform including provision of data capture tools to all HFs providing the services; joint support supervision	**MoH,** *IPs*	**4 & 5**
5.3 Ensure integration of SRHMCAH/GBV into accreditation of HIV treatment sites.	**MoH,** *IPs*	**4 & 5**
5.4 Support roll-out of the Community Development manual integrating SRMNCH/HIV into routine work of the social development sector.	**MoGLSD,** *IPs*	**4 & 5**
5.5 Develop and implement HIV/RMNCAH integration guidelines into other community services and activities	**MoGLSD,** *IPs*	**4 & 5**

Activities	Lead agency	Years
5.6 Enhance risk reduction counselling and provide support for HIV negative women and girls at various RMNCAH service outlets including family planning information and commodities.	**MoH,** *IPs*	**4 & 5**
5.7 Strengthen community level mechanisms for mobilization and education targeting early and sustained ANC attendance	**MoH,** *IPs*	**4 & 5**

6. STRATEGIC ACTION: Adopt new HIV prevention technologies and services including Pre- Exposure Prophylaxis (PrEP).

Activities	Lead Agency	Years
6.1 Expand the roll out of PrEP to all high volume Health Facilities located in Hotspots.	***MoH**, UAC, IPs*	**4 & 5**
6.2 Conduct pilots for feasibility and local acceptability studies for the roll out of Vaginal Daprivine Ring for PrEP among high risk populations	**UAC,***UNAIDS, MoH, Res. Inst, UNHRO*	**4**
6.3 Develop and disseminate technical guidelines, training materials, SoPs and data tools(longitudinal register) for provision of PrEP	**MoH,** *IPs, CSOs*	**4 & 5**
6.4 Develop and disseminate IEC/BCC messages and materials on new HIV prevention technologies	**MoH,** *UAC, CSOs*	**4 & 5**
6.5 Build capacity of service providers and service outlets to roll out PrEP technologies	**MoH,** *UAC, CSOs*	**4 & 5**

7. STRATEGIC ACTION: Strengthen medical infection control and ensure universal precaution.

Activities	Lead Agency	Years
7.1 Build capacity of health facilities and communities to provide medical infection control including effective medical waste management	**MoH,** *LGs, IPs*	**4 & 5**
7.2 Support formation and training of facility level infection control committees	**LGs,** *MoH, IPs*	**4 & 5**
7.3 Sensitize and support communities on infection control and post exposure prophylaxis especially those providing community based care for people living with HIV	**MoH,** *LGs, IPs*	**4 & 5**
7.4 Institute mechanisms to report and receive PEP for all occupational and non-occupational exposures among health care workers	**MoH,** *LGs, IPs*	**4 & 5**
7.5 Strengthen comprehensive care for SGBV survivors including HIV post exposure prophylaxis	**MoH,** *MoIA (Police).*	**4 & 5**
7.6 Provide PEP for health care workers and non-health workers who have had exposure to HIV	**MoH,** *LGs, IPs*	**4 & 5**

8. STRATEGIC ACTION: Expand mechanisms to improve blood collection, storage and screening for HIV.

Activities	Lead Agency	Years
8.1 Ensure 100% screening for blood born infections of all blood samples collected before transfusion	**MoH,** *U BTS , IPs*	**4 & 5**
8.2 Ensure quality and standard adherence of blood supplies management	**MoH,** *UBTS, IPs*	**4 & 5**
8.3 Ensure sustained campaign for blood donor recruitment, collecting blood, screening and distribution of safe blood to all facilities	**MoH,** *UBTS, IPs*	**4 & 5**
8.4 Use the screening results for blood from routine blood donors to document the burden of HIV and blood borne STIs	**MoH,** *UBTS,*	**4 & 5**

9. STRATEGIC ACTION: Support research in primary prevention including microbicides and vaccines and use of ARVs for prevention.

Activities	Lead agency	Years
9.1 Compile and provide regular updates on progress in vaccine development	**MoH,** *UVRI*	**4 & 5**
9.2 Undertake research, document and disseminate findings on social cultural factors that affect risky sexual behavior and or uptake of safer sexual behaviors	**MoGLSD,** *UAC, Academia, IPs*	**4 & 5**
9.3 Conduct studies to determine the unmet need for family planning among women living with HIV	**MoH,** *UAC*	**4 & 5**
9.4 Conduct a national baseline survey to determine the magnitude and nature of human rights violations indicating any disparities by gender in the context of HIV	**UAC,***JLOS, CSOs*	**4 & 5**
9.5 Conduct national, regional and onsite data verification and regular triangulation of data from various sources to obtain reliable estimates of HIV incidence	**MoH,** *UVRI, UAC*	**4 & 5**
9.6 Support the national HIV surveillance system to ensure that it generates and disseminates timely and comprehensive data on HIV incidence in the country	**MoH,** *UVRI, UAC*	**4 & 5**
9.7 Support implementation of regular population and facility- based surveys/assessments of HIV and AIDS programme indicators (e.g., the UAIS 2016/17) and LQAS and Crane Survey.	**MoH,** *UAC, CSOs*	**4 & 5**
9.8 Conduct action research on drug and substance abuse and its effect on HIV transmission	**UAC,** *MARPs Network*	**4 & 5**
9.9 Conduct the MoT (KYE and KYR) with data triangulation for qualitative and quantitative data to generate consensus on burden, drivers and response to HIV epidemic	**UAC** *, MoH*	**4 & 5**

OBJECTIVE 3: TO MITIGATE UNDERLYING SOCIO-CULTURAL, GENDER AND OTHER FACTORS THAT DRIVES THE HIV EPIDEMIC

About 53% of the estimated 1.3 million people are living with HIV (UAC, 2018), are women aged 15 and above, only 38% are men aged 15 and above, and 9% are children aged 0-14 (UNAIDS, 2016b). The disparity in HIV prevalence in the patriarchy Ugandan community is because of: the gender inequality and the low status of women and girls that puts them in a weaker position to negotiate for safer sex; norms of masculinity which drive men to have multiple sexual partners, refuse to use condoms or adopt other protective measures; stigma and discrimination which constrain access to preventive HIV services; and generally inadequate access to and utilization of HIV preventive services. Women and young girls living with violent partners are less able to protect themselves from unsafe and coerced sex. Women living with HIV are more likely to suffer physical and non- physical violence as a result of their status, both from intimate partners as well as family and community members. The horror of violence keeps women from seeking HIV prevention and treatment services. The NPAP therefore high lights priority interventions to address social-cultural and economic drivers of HIV among women, girls and other vulnerable population groups at risk of HIV during year 4& 5. Communities and families shall be empowered to address the socio-cultural and economic drivers of HIV through context-specific interventions. Best practices in influencing change in masculinity and gender norms that make women and men vulnerable to HIV will also be documented and shared in order to improve how organizations, families and communities respond to HIV among other things.

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

Activities	Lead Agency	Years
1.1. Roll out the Presidential Fast Track initiative interventions targeting all leaders(civic, religious, cultural) in the community	**UAC,** *MoH, MoGLSD and IPs*	**4 & 5**
1.2. Build capacity of cultural and community leaders to mobilize for change of harmful socio-cultural norms and practices.	**UAC,** *MoH, MoGLSD and IPs*	**4 & 5**
1.3. Conduct community dialogues on factors that hinder behavior change and uptake of HIV prevention services in the country.	**MoGLSD**, *NGOs/ CSOs, IPs, Districts*	**4 & 5**
1.4. Document and share best practices for motivating change in harmful gender norms.	**MoGLSD,** *UAC, IPs & Academic/Research*	**4 & 5**
1.5. Implement school-based interventions for all adolescents addressing gender equality, prevention of GBV & comprehensive sexual education	**MoES**, *UAC, MoGLSD, Education Standards Agency*	**4 & 5**

Activities	Lead Agency	Years
1.6. Implement interventions for all out of school adolescents addressing gender equality, prevention of GBV & comprehensive sexual education	**MoES**, *UAC, MoGLSD, Education Standards Agency*	**4 & 5**
1.7. Ensure access to comprehensive targeted information and services for vulnerable populations and MARPs groups	**UAC,** *MoH, Line Ministries, CSOs*	**4 & 5**
1.8. Implement a multi-sectoral training curriculum and program on GBV targeting providers of health, social and judicial services	**UAC**, *MoGLSD, MoH, ADPs, CSOs, Networks of PLHIV*	**4 & 5**
1. 9. Raise awareness and build community level capacities to change negative gender norms, beliefs, practices through targeted audience specific messaging and advocacy	**MoGLSD,** *UAC, IPs*	**4 & 5**
1.10. Conduct support supervision and mentorships to SGBV intervention services providers, using standardized tools	**MoGLSD**, *MoH, UAC, ADPs, CSOs, Networks of PLHIV*	**4 & 5**
1.11. Develop and disseminate tools and guidelines for leaders (cultural religious) leaders to mobilize and sensitize communities for HIV prevention	**MoGLSD**, *UAC, IPs*	**4 & 5**
1.12. Intensify engagement of cultural and religious leaders for HIV prevention campaigns and services uptake at all levels.	**MoGLSD,** *UAC, IPs*	**4 & 5**
1.13. Promote access to social equity and justice for vulnerable populations such as women and girls, the disabled, children<15 years and PLHIV)	**JLOS,***UAC, MoGLSD, CSOs, IPs*	**4 & 5**
1.14. Address the socio-cultural barriers that increase risk of HIV infection	**MoGLSD,** *CSOs, IPs*	**4 & 5**
1.15. Design and implement deliberate programs targeting to empower young boys and girls aged 15-24years	**MoGLSD**, *MoH, UAC, IPs*	**4 & 5**

2. **STRATEGIC ACTION:** Strengthen legislative and policy framework for HIV prevention

Key actions to be performed	Lead Agency	Years
2.1. Create awareness of existing laws and institutions that address SGBV among community leaders	**MoGLSD,** *JLoS, CSOs*	**4 & 5**
2.2. Review existing legislation and advocate for the amendment of laws that may hinder effective provision of HIV prevention services	**UAC,** *JLOS, MoGLSD, CSOs, HRC, LRC*	**4 & 5**
2.3. Lobby government to increases resources for enforcement and monitoring of laws regarding SGBV, girl education	**UAC,** *MoIA, M oGLSD & IPs/ CSOs, ADPs, MoES*	**4 & 5**
2.4. Sensitize law and policy makers on the need to enact laws that prohibit discrimination and promote access and sustained use of HIV prevention services	**UAC,** *MoH, JLoS*	**4 & 5**
2.5. Advocate for effective implementation of policies and laws addressing SGBV and other structural drivers of HIV	**MoH,** *UAC, MoJCA, MoIA*	**4 & 5**
2.6. Establish and or build the capacity of existing community-based structures and networks, the local councils, police and services providers to uphold Human rights of the vulnerable group and support access to justice.	**MoIA,** MoGLSD *& IPs/CSOs, MoLG, MoJCA, LCs*	**4&5**

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

Key actions to be performed	Lead Agency	Years
3.1. Liaise with existing health services providers to make basic equipment and supplies for forensic examination	**MoH,** *UAC, LG IPs*	**4 & 5**
3.2. Train health workers countrywide to screen for SGBV and provide comprehensive SGBV related services	**MoH,** MoGLSD, *LG, UAC, IPs/ CSOs*	**4 & 5**
3.2. build capacity of judicial, legal paralegal and enforcement officers in investigating, prosecuting and management of GBV cases	**MoJCA** *UAC, / CSOs*	**4 & 5**
3.3. Engage community leaders and law enforcement personnel to reduce SGBV and support processes towards justice for victims of SGBV	**MoGLSD,** *CSOs*	**4 & 5**

4. STRATEGIC ACTION: Promote male involvement in HIV prevention for their own health and the health of their partners and families.

Activities	Lead Agency	Years
4.1. Strengthen male-friendly HIV and AIDS services and use of mentor fathers for mobilization	**MoH,** *CSOs*	**4 & 5**
4.2. Engage men in HIV, SRH programs and interventions and also offer them services	**MoH,** *CSOs, IPs*	**4 & 5**
4.3. Implement CC/IEC interventions to empower men and boys to resist peer pressure of norms of masculinity, e.g. having many sexual partners	**MoGLSD**, *MoES, LG & IPs/CSOs*	**4 & 5**
4.4. Develop and disseminate HIV prevention messages delivered in context specific activities/events that are popular with men e.g. sports, workplaces, entertainment etc.	**MoGLSD**, *MoH, UAC & IPs, CSOs*	**4 & 5**
4.5. Conduct grassroots based community dialogue meetings to develop positive, and respectful attitudes and behaviors towards women and girls	**MoGLSD,** *UAC, LG and IPs/CSOs*	**4 & 5**
4.6. Advocate for enactment of appropriate bye-laws for male involvement in HIV prevention and SRH	**UAC,** *MoGLSD, DLGs, MoJCA, MoLG*	**4 & 5**

5. STRATEGIC ACTION: Strengthen efforts against stigma and discrimination.

Activities	Lead Agency	Years
5.1. Conduct research on stigma to inform development of effective interventions against the drivers of stigma	**UAC,** *PLHIV Networks, MoGLSD, , Academic/ Research,*	**4 & 5**
5.2. Conduct public dialogues on HIV-related stigma and discrimination in the community	**MoGLSD**, *PLHIV Networks, UAC,*	**4 & 5**
5.3. Build capacity for community leaders to speak against HIV-related stigma and discrimination	**MoGLSD**, *PLHIV Networks, UAC, MoH*	**4 & 5**
5.4. Strengthen psychosocial support services for affected individuals through training service providers and communities in counselling	**MoGLSD**, *PLHIV Networks, UAC*	**4 & 5**
5.5. Implement Stigma Reduction Framework to reduce stigma at service delivery points	**MoGLSD**, *PLHIV Networks, MoJCA, UHRC, CSOs.*	**4 & 5**

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

Activities	Lead Agency	Years
6.1. Utilize CSOs and Community health services providers to strengthen linkages between communities and facilities	**MoH**, *UAC, LGs*	**4 & 5**
6.2. Advocate for affirmative action in development and livelihood programs for population groups that are most vulnerable to HIV in communities	**UAC,** *IPs / CSOs* MoGLSD, *MoIA, MAAIF, MoD, MoES*	**4 & 5**
6.3. Build the capacity of institutions to monitor the mainstreaming of HIV in livelihood programs	**UAC,***MFPED, IPs/CSOs*	**4 & 5**
6.4. Equip and utilize peer educators, community workers with skills, tools and commodities to effectively promote uptake of HIV and AIDS services, deliver stigma free prevention services and provide effective referral for services	**MoH,** *UAC, CSOs*	**4 & 5**
6.5. Advocate for introduction /scale up of community health insurance to address the needs of vulnerable groups	**MoGLSD,** *UAC, MoFPED, IPs/CSOs*	**4 & 5**

7. STRATEGIC ACTION: Apply gender and human rights based programming approaches for HIV Prevention programs at national and lower levels

Activities	Lead Agency	Years
7.1. Training Program Managers and Service Providers in Human Rights based programming	**UHRC,** *MoJCA* MoGLSD, *UAC*	**4 & 5**

3.0. CARE AND TREATMENT

GOAL 2: TO DECREASE HIV-ASSOCIATED MORBIDITY AND MORTALITY BY 70% THROUGH ACHIEVING AND MAINTAINING 90% VIRAL SUPPRESSION BY 2020.

Outcome level Results	Targets
Decreasing HIV and AIDS related morbidity and mortality	• Proportion of adults and children enrolled into HIV care services increased to >95%. • Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy increased to 90%. • Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV increased to 100%. • Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT) increased to 80%. • Unmet need for Family Planning among PLHIV reduced to 24% • Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy increased to 100%.

OBJECTIVE 1: TO INCREASE LINKAGE TO CARE FOR ALL PERSONS LIVING WITH HIV

Persons that test positive for HIV should be linked to care and initiated on antiretroviral therapy as soon as possible. Initiation of ART is sometimes delayed by challenges in ensuring the successful linkage to care for all those who test positive. Timely and effective, linkage to care and early initiation on ART is a crucial step towards community-level viral load suppression and should be prioritized in the remaining period of the NSP (year 4 and 5). Deliberate efforts to improve the enrolment and participation of males should be enhanced while sustaining the all PLHIV in care and treatment programs.

1. STRATEGIC ACTION: Strengthen mechanisms for linkage to care for all HIV positive individuals

Activities	Lead agency	Years
1.1. Improve referral and patient care system and infrastructure.	**MoH**, *IPs*	**4&5**
1.2. Enhance differentiated HTS including facility and, community testing, PITC, APN, HIVST and targeted HIV testing strategies for high-risk/high prevalence groups and timely linkage to care.	**MoH,** *IPs*	**4&5**
1.3. Ensure timely and effective linkage to care and initiation of ART by supporting mechanisms to track HIV positive persons that are linked to care e.g., linkage facilitators, and enhanced linkage tools.	**MoH,** *IPs*	**4&5**

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

Activities	Lead agency	Years
2.1. Scale up the implementation of Provider-Initiated HIV Testing (PITC) within health facilities.	**MoH,** *IP*	**4&5**
2.2. Scale-up public education and treatment literacy that is age and population specific and appropriate.	**MoH,** *IP, CSOs*	**4&5**
2.3. Enhance mechanisms for ART adherence support and retention in care.	**MoH,** *IP*	**4&5**
2.4. Reorient care and treatment interventions to ensure that they are responsive to the needs of men in order to increase male enrolment and retention.	**MoH,** *IP*	**4&5**
2.5. Integrate alcohol and drug dependence reduction strategies for all individuals on HIV treatment (ART) to reduce drug toxicities and increase adherence.	**MoH,** *IP, CSO*	**4&5**

3. STRATEGIC ACTION: Strengthen community level follow-up and treatment support mechanisms for individuals in care (adults and children)

Activities	Lead agency	Years
3.1. Enhance capacity of PLHIV networks, CSOs, VHTs and other community entities to support DSDM with emphasis on treatment literacy, patient empowerment, psychosocial and adherence support and disclosure.	**MoH,** *IP, CSOs*	**4&5**
3.2 Enhance peer mobilization strategies for recruitment, enrolment and retention in care.	**MoH,** *IP, CSOs*	**4&5**
3.3 Conduct nutrition assessment, counselling and support for all PLHIV in care.	**MoH,** *IP, CSOs*	**4&5**
3.4. Strengthen retention in care through strong community systems and support the use of unique identifiers to track patients while maintaining their confidentiality.	**MoH,** *IP, CSOs*	**4&5**
3.5. Develop treatment and care program models for the enrolment and retention of MARPs and vulnerable children.	**MoH,** IP, CSOs	**4&5**

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

Activities	Lead agency	Years
4.1. Strengthen supply chain for OI diagnostics and medications	**MoH,** *IP*	**4&5**
4.2. Build capacity for management of OIs including Cryptococci meningitis	**MoH,** *IP*	**4&5**

OBJECTIVE 2: TO INCREASE ACCESS TO ART TO >95% AND SUSTAIN PROVISION OF CHRONIC-TERM CARE FOR PATIENTS INITIATED ON ART

Timely initiation and retention on ART can contribute greatly towards community viral load suppression, improved quality of life and survival as well as HIV prevention. Therefore, the NSP needs to prioritize the provision of an evidence-based, quality-assured continuum of comprehensive HIV treatment services with strong community linkage and support structures.

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

Activities	Lead agency	Years
1.1 Build capacity of health care providers in ART delivery.	**MoH,** *IPs*	**4&5**
1.2 Strengthen facility and community linkages with inter- and intra- facility referral protocols and linkage strategies including referrals within DSDM platforms.	**MoH,** *IP, CSO*	**4&5**
1.3 Scale up key population friendly HIV care and treatment services with peer mobilization and support.	**MoH,** *IP, CSOs*	**4&5**
1.4 Scale-up stigma reduction interventions to increase access to and retention in care.	**MoH,** *IP, CSO*	**4&5**
1.5 Enhance capacity and accredit more ART sites especially targeting all HC III and all PMTCT sites.	**MoH,** *IP*	**4&5**

2 **STRATEGIC ACTION:** Expand and consolidate pediatric and adolescent ART in all accredited ART sites

Activities	Lead agency	Years
2.1 Integrate and support referral between PMTCT and HIV care and treatment services.	**MoH,** *IP*	**4&5**
2.2 Utilize technology including social media for education, recruitment and retention in care.	**MoH,** *IP,CSs*	**4&5**
2.3. Provide care givers with HIV education, literacy and empowerment.	**MoH,** *IP, CSO*	**4&5**
2.4. Provide facility and community-based youth friendly HIV care treatment into services and strengthen capacity of CSOs and PLHIV networks to support them.	**MoH,** *IP, CSO*	**4&5**
2.5 Standardize methodologies for disclosure by and to adolescents living with HIV.	**MoH,** *IP*	**4&5**

3 **STRATEGIC ACTION:** Supporting transitions between child-adolescent -adult care

Activities	Lead agency	Years
3.1 Train and support more providers in pediatric and adolescent care including in-service refresher training.	**MoH,** *IP, CSO*	**4&5**
3.2. Scale up integrated youth friendly services.	**MoH,** *IP, CSO*	**4&5**

3.3. Build capacity for all accredited facilities to provide comprehensive pediatric, adolescent and adult HIV care and treatment.	**MoH,** *IP, CSO*	**4&5**

4 STRATEGIC ACTION: Roll out "Test and Treat" for all PLHIV infected persons regardless of CD4 count and clinical stage of disease.

Activities	Lead agency	Years
4.1. Strengthen and support the roll out of DSDM for children, adolescents, and MARPs (truckers, fisher folks, CSWs and MSM), and sero-discordant couples to ensure implementation of "Test and Treat" and sustained ART adherence.	**MoH,** *IP, CSOs*	**4&5**

5 STRATEGIC ACTION: Strengthening early initiation into ART and adherence support services.

Activities	Lead agency	Years
5.1. Promote age and population specific treatment education programs in community and other non-health facility based settings.	**MoH,** *IP, CSOs*	**4&5**
5.2. Scale-up HIV education and treatment literacy, adherence and retention in institutions of learning.	**MoES,** *MoH, IP, CSOs*	**4&5**
5.3. Employ non-clinical care strategies to increase the retention rate for PLHIV on ART.	**MoH,** *IP, CSOs*	**4&5**
5.4. Use innovative social media, mobile and web-based technology to increase adherence, retention and follow up options.	**MoH,** *IP, CSOs*	**4&5**
5.5. Scale up use of people living with HIV peer support strategies.	**MoH,** *IP, CSOs*	**4&5**
5.6. Support rapid scale-up of ART and enhance facility and community based retention and adherence initiatives.	**MoH,** *IP*	**4&5**
5.7. Finalize and rollout national treatment adherence strategy.	**MoH,** *IP, CSOs*	**4&5**
5.8. Implement effective evidence-based adherence support interventions such as SMS reminders.	**MoH,** *IP, CSOs*	**4&5**
5.9. Strengthen psycho-social and adherence support groups at facilities and communities.	**MoH,** *IP, CSOs*	**4&5**
5.10. Expand and improve linkages between EID, care and treatment facilities and communities to ensure early and sustained linkage to care and retention for HIV infected children.	**MoH,** *IPs, CSOs*	**4&5**
5.11. Utilize peer support and of adolescents living with HIV networks.	**MoH,** *IPs, CSOs*	**4&5**

6 STRATEGIC ACTION: Streamline "Nurse Driven' Care plus 3-6 monthly drug refills for patients who are stable on ART

Activities	Lead agency	Years
6.1. Support 'nurse driven' care including task sharing, DSDM and other strategies	**MoH,** *IP*	**4&5**
6.2. Disseminate the 'nurse driven care protocol	**MoH,** *IP*	**4&5**

OBJECTIVE 3: TO IMPROVE QUALITY OF CHRONIC HIV CARE AND TREATMENT

Interventions under this objective will largely focus on improving and sustaining the quality of services across the continuum of care for all PLHIV in care. This includes the monitoring of viral load suppression and drug resistance. Innovations to ensure equitable access to HIV care and treatment by MARPS and KPs is of particular interest in the remaining phase of the NSP.

1. STRATEGIC ACTION: Establish and sustain quality assurance and quality improvement activities at all HIV care and treatment sites

Activities	Lead agency	Years
1.1. Strengthen quality of ART services (evidence-based standardized prescription practices, support mechanisms for patient retention and adherence) to prevent emergence of drug resistance to ARVs.	**MoH,** *IP*	**4&5**
1.2. Train more providers at all levels to improve skills for palliative care provision.	**MoH,** *IP, CSOs*	**4&5**
1.3. Strengthen capacity of facilities to monitor the quality of care and utilize care program data to improve decision making.	**MoH,** *IP*	**4&5**
1.4. Conduct continuous quality assurance including routine support supervision, mentorship, refresher training, continuing medical education, case conferences, and client feedback to meet the needs of clients.	**MoH,** *IP, CSOs*	**4&5**

2. STRATEGIC ACTIONS: Define and implement integrated guidelines on community-based care, basic care package, linkages with social support structures, Lost To Follow Up (LTFU) management and private sector care

Activities	Lead agency	Years
2.1. Develop integrated guidelines on community-based care, basic care package, linkages with social support structures, LTFU management and private sector care.	**MoH,** *IPs*	**4&5**
2.2. Implement periodic monitoring for adherence and disclosure.	**MoH,** *IPs*	**4&5**

Activities	Lead agency	Years
2.3. Disseminate and support the implementation of the guidelines on community-based care, and basic care package, by community service providers to ensure delivery of quality services.	**MoH,** *IPs, CSO*	**4&5**

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

Activities	Lead agency	Years
3.1. Build capacity and systems for monitoring HIV drug resistance and support HCWs to utilize viral load and resistance testing services.	**MoH,** *IPs,*	**4&5**
3.2. Strengthen annual drug resistance and early warning indicator reporting to stakeholders.	**MoH,** *IPs, CSOs*	**4&5**
3.3. Develop and implement viral suppression and drug resistance surveillance plans, protocols, periodic surveys and cohort analyses to monitor ART at national level	**MoH,** *IPs*	**4&5**
3.4. Build capacity to conduct timely VL testing including VL test camps to identify and manage treatment failure	**MoH,** *IPs*	**4&5**
3.5. Create demand for viral load testing through sensitization of HCWs, client, peer-leaders and caregivers	**MoH,** *IPs*	**4&5**
3.6. Implement a costed National HIV drug resistance Monitoring Strategy and plan	**MoH,** *IPs*	**4&5**

4. STRATEGIC ACTION: Strengthen treatment monitoring and evaluation of clinical complications and effects of long-term use of antiretroviral drugs

Activities	Lead agency	Years
4.1. Strengthen capacity for viral load monitoring at all health facilities providing HIV care services.	**MoH,** *IPs*	**4&5**
4.2. Establish standardized national patient unique identifier, defaulter tracking tools and mechanisms that adequately cater for patient confidentiality	**MoH,** *IPs*	**4&5**
4.3. Build the capacity of NGOs to monitor ART services in public and non-public health facilities	**MoH,** *IPs, CSOs*	**4&5**
4.4. Implement TB Intensified Case Finding (ICF) and IPT guidelines in HIV care to include the integration of TB services in HIV outreach programs.	**MoH,** *IPs*	**4&5**
4.5. Improve utilization of GeneXpert and TB LAM to enhance TB diagnostic yield	**MoH,** *IPs*	**4&5**
4.6. Strengthen antiretroviral drug pharmacovigilance, routine assessment and recording of adherence in the medical records through QI approaches	**MoH,** *IPs, CSOs*	**4&5**

5. **STRATEGIC ACTION:** Promote universal access to the basic care package

Activities	Lead agency	Years
5.1. Provide adequate uninterrupted supplies for basic HIV care (safe water, insecticide treated mosquito nets and Co-Trimoxazole prophylaxis)	**MoH,** *IPs*	**4&5**
5.2 Promote utilization of the Basic Care Package including use of innovative distribution options.	**MoH,** *IPs, CSOs*	**4&5**

STRATEGIC OBJECTIVE 4: TO STRENGTHEN INTEGRATION OF HIV CARE AND TREATMENT WITHIN HEALTH CARE PROGRAMS

Integration of HIV care services into healthcare programs will enhance their accessibility, utilization and sustainability. This is particularly important in view of increased patient loads and persisting human resource shortages. Integration is operationally taken to mean the provision of HIV care services within other health services either at a single point of access or via referrals within a single health district. In order to be more effective, integration should ensure that PLHIV in care readily receive other healthcare services while other users also readily access HIV testing and care services in the same setting.

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

Activities	Lead agency	Years
1.1. Expand linkages and referral between TB and HIV testing, care and treatment services to ensure early diagnosis and initiation of HIV treatment among TB patients	**MoH,** *IPs, CSOs*	**4&5**
1.3. Enhance coordination of TB/HIV collaborative services at the national and sub-national level	**MoH,** *IPs*	**4&5**
1.4. Promote integration of TB and ART treatment to create one-stop-centers.	**MoH,** *IPs*	**4&5**
1.5. Implement TB Infection, Control (TBIC) practices in all health care facilities	**MoH,** *IPs*	**4&5**
1.6. Build capacity of district and facility teams to conduct periodic TB infection risk assessments and monitor implementation of the TB infection control plan.	**MoH,** *IPs*	**4&5**
1.7. Orient the DHMT, DHAC and SHAC in the districts on TB/HIV collaboration	**MoH,** *IPs, UAC, LG*	**4&5**
1.8 Strengthen collaboration and monitoring mechanism at national and district level	**MoH,** *IPs, LG*	**4&5**
1.9. Train Private health workers on TB, B/HIV and MDR TB	**MoH,** *IPs, LG*	**4&5**
1.10 Promote the use of ICF tools for TB symptom screening at health care facilities and linkage of presumptive TB case to the laboratory for diagnosis	**MoH,** *IPs, CSOs*	**4&5**

Activities	Lead agency	Years
1.11 Conduct on-site training and mentorship of health care providers to implement IPT, targeting all HIV care and TB clinics for persons eligible for IPT	**MoH,** *IPs, CSOs*	**4&5**

2 STRATEGIC ACTION: Integrate HIV care and treatment with maternal, newborn and child health, sexual and reproductive health and rights, mental health, non-communicable /chronic diseases and geriatric care

Activities	Lead agency	Years
2.1. Integrate HIV testing, care and treatment services into maternal, neonatal and child health settings and services.	**MoH,** *IPs, CSOs*	**4&5**
2.2. Provide screening and diagnostic equipment and linkage services for TB, NCDs (e.g., hypertension, diabetes, heart disease, mental health disorders and malignancies), malnutrition and opportunistic infections within HIV care services.	**MoH,** *IPs, CSOs*	**4&5**
2.3. Scale up prevention interventions for TB, OIs, NCDs and other co-morbidities, water and sanitation-related diseases, vaccinations for preventable diseases (cervical cancer, hepatitis, pneumococcal).	**MoH,** *IPs, CSOs*	**4&5**
2.4 Develop and rollout standard protocols to guide geriatric care among PLHIV with a focus on the tracking the occurrence, management and outcomes of NCDs and long term effects of ART.	**MoH,** *IPs, CSOs*	**4&5**
2.5. Support geriatric care among PLHIV to enable shorter clinic waiting times and timely specialist reviews for elderly PLHIV	**MoH,** *IPs, CSOs*	**4&5**

3 STRATEGIC ACTION: Provide prevention and management of OI, STIs and ART wrap around services in general outpatient and inpatient care

Activities	Lead agency	Years
3.1. Provide adequate laboratory supplies and drugs for diagnosis and treatment of common OIs	**MoH,** *IPs, CSOs*	**4&5**
3.2. Provide public education and education for care givers on OIs, STIs etc.	**MoH,** *IPs, CSOs*	**4&5**
3.3. Conduct STI and cancer screening and treatment at friendly facilities and community- based satellite clinics (safe spaces) using already tested approaches e.g., targeted outreaches, provider initiated, peer to peer mechanisms referral, mobile services, and partner notification	**MoH,** *UAC , MoES, CSOs, IPs, networks of PLHIV*	**4&5**

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

Activities	Lead agency	Years
4.1. Integrate nutritional education, assessment and therapeutic support into HIV care and treatment	**MoH,** *IPs, CSOs*	**4&5**
4.2. Build capacity for nutritional education, assessment and therapeutic support	**MoH,** *IPs, CSOs*	**4&5**
4.3 Provide appropriate nutritional support for HIV exposed infants and young children	**MoH,** *IPs, CSOs*	**4&5**
4.4 Improve nutritional literacy for people living with HIV including the caregivers of children <5years.	**MoH,** *IPs, CSOs*	**4&5**
4.5 Mainstream PMTCT and infant feeding issues in food and material support programs especially for HIV infected people;	**MoH,** *IPs, CSOs*	**4&5**
4.6. Mainstream nutrition care and support for pregnant and lactating woman and HIV-exposed children in the minimum package of services for PMTCT and Pediatric HIV care	**MoH,** *IPs, CSOs*	**4&5**
4.7 Provide nutrition commodities especially therapeutic foods to include locally available and sustainable options	**MoH,** *IPs, CSOs*	**4&5**

4.0. SOCIAL SUPPORT AND PROTECTION

GOAL 3: REDUCED VULNERABILITY TO HIV AND AIDS AND MITIGATION OF ITS IMPACT ON PLHIV AND OTHER VULNERABLE GROUPS

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

STRATEGIC OBJECTIVE 1: TO SCALE UP EFFORTS TO ELIMINATE STIGMA AND DISCRIMINATION OF PLHIV AND OTHER VULNERABLE GROUPS

PLHIV face stigma and fear to disclose their HIV status to avoid being discriminated against or even denied freedom of expression in society. Women and girls especially shoulder a disproportionate share of the blame on the basis of real or perceived HIV status. The UDHS (2016) revealed that 33.4% of women and about 29% percent of men had negative attitudes towards PLHIV. Addressing the community-rooted factors that promote this level of non-accepting attitudes towards PLHIV will therefore be prioritized in the implementation of this NSP.

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

Activities	Lead Agency	Years
1.1. Build the capacity of cultural and religious institutions, community support systems and PLHIV Networks at the local level to address stigma at community and personal level	**MoGLSD,** *PLHIV networks*	**4&5**
1.2. Establishment and strengthen existing district level networks of people living with HIV as vehicles for easy mobilization of PLHIV and possible engagement as resource persons for the various HIV programs.	**UAC**, *PLHIV Networks*	**4&5**
1.3. Strengthen and mobilize district Level networks of PLHIV as a platform for sensitizing, involving and engaging PLHIV in programs and campaigns to address stigma	**UAC**, *PLHIV Networks*	**4&5**

2. STRATEGIC ACTION: Strengthen interventions that empower PLHIV to deal with self-stigma

Activities	Lead Agency	Years
2.1. Develop guidelines for implementing positive health, dignity and prevention	**UAC,** *PLHIV Networks*	**4&5**
2.2. Establish and strengthen sub-county platforms for effective dialogue on dangers of self-stigma	**UAC,** *PLHIV Networks*	**4&5**
2.3 Conduct a national PLHIV stigma index study	**UAC,** *PLHIV Network*	**4&5**
2.4 Support &monitor development of workplace policies in both public and private sector at national and district levels.	**UAC**	**4&5**

3. STRATEGIC ACTION: Implement campaigns to addresses stigma experienced in homes, communities and other institutions (schools, hospitals, workplaces and places of worship)

Activities	Lead Agency	Years
3.1 Conduct operational research on stigma and psychosocial needs of HIV infected workers in places of work to generate evidence that will inform appropriate integration of stigma reduction strategies in occupational health policies and programs	**MoGLSD,** *UAC*	**4&5**
3.2. Build capacity and lobby community leaders, service providers, the mass media and other key stakeholders to promote positive messages about living with HIV.	**UAC,** *PLHIV Networks*	**4&5**

Activities	Lead Agency	Years
3.3. Build the capacity of networks of women living with HIV and other CSOs to demand for and advocate for uptake of rights-based HIV services.	**UAC,** *MoH, LGs*	**4&5**
3.4. Promote community-based interventions that provide correct information about HIV transmission segmented according to target audiences in easily accessible language(s)	**MoGLSD,** *PLHIV Networks*	**4&5**
3.5. Build capacity of AIDS support clubs in schools and communities, CBOs and PLHIV networks to provide psychosocial support to boys and girls orphaned due to HIV, adolescent mothers living with HIV and PWDs.	**UAC,** *MoH, IPs, PLHIV Networks*	**4&5**

4 STRATEGIC ACTION: Design and implement interventions to eliminate discrimination against women and girls in the context of HIV and AIDS

Activities	Lead Agency	Years
4.1. Build capacity of community health educators and other health care professionals delivering HIV-related education, prevention, and treatment services to work effectively with young women and girls and to consider gender-related vulnerabilities and risks.	**MoH,** *MoGLSD, UAC*	**4&5**
4.2. Improve access to non-judgmental and user-friendly sexual health and HIV prevention information, commodities and services for adolescent mothers and young women living with HIV.	**MoH,** *CSOs*	**4&5**
4.3. Build capacity of and promote community based organizations that raise awareness to change norms that promote stigma and discrimination among women and girls	**UAC,** *MoGLSD, PLHIV Network*	**4&5**

5 STRATEGIC ACTION: Institute and strengthen anti-stigma and discrimination programs for key populations

Activities	Lead Agency	Years
5.1. Advocate for policy and bylaws on stigma and discrimination of key populations	UAC, *MARPs Network, IP*	**4&5**
5.2. Train educators, social and health care professionals delivering HIV-related education, prevention, and treatment services to be sensitive to the needs and issues of key populations.	**MoH**, *MoES, MARPs , Network, IPs*	**4&5**

STRATEGIC OBJECTIVE 2: TO MAINSTREAM THE NEEDS OF PLHIV, OVC AND OTHER VULNERABLE GROUPS[1] INTO OTHER DEVELOPMENT PROGRAMS

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

1 STRATEGIC ACTION: Integrate PLHIV, OVC and other vulnerable groups' needs in development programming

Activities	Lead Agency	Years
1.1. Develop and disseminate a tailored social support and social protection package for the various vulnerable groups to be used by providers in the public and private sectors.	**UAC,** *MoGLSD, PLHIV Networks, CSOs*	**4&5**
1.2. Adopt a systematic lifecycle approach to social support and social protection programming for PLHIV and other vulnerable groups	**MoGLSD**	**4&5**
1.3 Disseminate the national anti-stigma policy	**MoGLSD**, *UAC, PLHIV Network*	**4&5**

2 STRATEGIC ACTION: Coordinate all sectors to fulfill and account for their mandate in relation to social support and social protection

Activities	Lead Agency	Years
2.1. Update and harmonize the inventory of service providers, PLHIV networks and groups including their level of activeness, psychosocial training needs, and other capacity gaps	**MoGLSD,** *PLHIV Networks*	**4&5**
2.2. Assess, review and disseminate existing Training Manuals on psychosocial support to address the needs of different population groups	**MoGLSD,** *I P s , UAC*	**4&5**
2.3. Undertake training and facilitate for psychosocial support	**MoGLSD,** *IPs*	**4&5**
2.4. Strengthen coordination among sectors involved in social support interventions.	**MoGLSD**	**4&5**
2.5. Build the capacity of the Community Based Service (CBS) departments for mobilizing and empowering communities to provide social support services	**MoGLSD,** *IP*	**4&5**

[1] [4]*Vulnerable persons include PWD, the elderly and key populations*

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

Activities	Lead Agency	Years
3.1. Improve legislation governing inheritance and property rights so that women and girls and Orphans have property rights	**JLoS,** *MoGLSD, UAC*	**4&5**
3.2. Improve legal literacy programs and legal aid services to promote and enforce women's rights under customary and statutory law	**UAC,** *MoGLSD, JLoS*	**4&5**
3.3. Sensitize the community, religious, cultural, school and CBO/CSO leaders on rights of PLHIV & OVC and their roles in protecting them against abuses including property dispossession;	**UAC,** *MoGLSD*	**4&5**
3.4. Conduct a rapid assessment of existing laws, policies and guidelines that impede PLHIV from accessing social support	**UAC,** *JLoS*	**4&5**
3.5. Support the implementation of laws that protect women from violence.	**JLoS**	**4&5**
3.6. Mobilize and train community self-help groups and paralegals to ensure social support to persons who are abused, ill, food insecure, bereaved and other forms of deprivation	**MoGLSD,** *IP*	**4&5**
3.7 Revise the HIV prevention and AIDS Control Act 2014 and other laws to improve the clauses that stigmatize women, promote disclosure with consent and undermine the dignity of PLHIV	**UAC,** *PLHIV Networks, CSOs*	**4&5**
3.8. Refresher trainings for the judges, police and other legal and judicial system personnel to be more sensitive to issues regarding sexual violence against women	**MoGLSD,** *UAC, JLoS*	**4&5**
3.9 Advocate for gender and rights based HIV programming	**UAC,** *PLHIV Networks*	**4&5**
3.10. Promote and enforce laws that address GBV and gender inequality	**MoJCA,** *MoGLSD*	**4&5**

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

Activities	Lead Agency	Years
4.1. Provide sanitary information and accelerated access to services and commodities for the girl child in school	**MoES**	**4&5**
4.2. Build capacity of teachers and counsellors to be able to handle the special needs of children living with HIV in schools	**MoES**	**4&5**
4.3. Develop, disseminate and implement guidelines on how to integrate HIV and AIDS in the school curriculum (teachers and learners)	**MoES**	**4&5**

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

Activities	Lead Agency	Years
5.1. Advocate for the enrolment of OVC and youth with particular attention to those living with HIV into informal, vocational and apprenticeship education programs	**MoGLSD**	**4&5**
5.2. Advocate for implementing the policy for having one vocational school per sub-county	**MoGSLD**	**4&5**
5.3. Establish/renovate and provide essential equipment and learning materials to vocational, apprenticeship and community centres	**MoGLSD**	**4&5**
5.4. Enhance linkages with other services such as legal support, sustainable livelihood and income generating activities	**MoGLSD**	**4&5**

6. STRATEGIC ACTION: Expand social assistance grants to the most vulnerable PLHIV, OVC and other vulnerable persons

Activities	Lead Agency	Years
6.1. Facilitate community, agriculture and veterinary extension workers to register households whose economic livelihoods have been devastated by HIV and AIDS in each sub-county;	**MAAIF**	**4&5**
6.2. Offer financial, socio support, vocational training and livelihood skills enhancement opportunities to AIDS orphans prioritizing the girl child to prevent a recurring cycle of poverty and infection	**MoGLSD,** *IPs, CSOs, UAC, MoH*	**4&5**
6.3. Ensure preferential treatment is accorded to OVC (esp. due to HIV) in the national education bursary scheme to include tuition and non- tuition dues for primary, secondary and tertiary institutions.	**MoES,** *MoGLSD*	**4&5**

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

Activities	Lead Agency	Years
7.1. Mobilise community support groups and facilitate them to provide basic social needs (such as shelter, food, firewood, bedding, clothing, ITN and soap, etc.) to households with chronically ill PHA, OVC and caregivers.	**MoGLSD**	**4&5**
7.2. Establish a community-managed data base by facilitating local authorities to compile and periodically update the register of vulnerable groups and households in the community so that it is used as the basis for selecting beneficiaries of social support services.	**MoGLSD**	**4&5**

STRATEGIC OBJECTIVE 3: TO DEVELOP AND IMPLEMENT A LIFE CYCLE SENSITIVE COMPREHENSIVE PACKAGE OF SOCIAL SUPPORT AND PROTECTION INTERVENTIONS FOR PLHIV AND OTHER VULNERABLE GROUPS

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

Activities	Lead Agency	Years
1.1. Strengthen capacities of communities and districts to provide psychosocial support to PLHIV, OVC, key population and women and girls and other vulnerable populations	**MoGLSD**	**4&5**
1.2. Increase capacity of PLHIV associations and post-test support groups to provide psychosocial support to other PLHIV and affected families	**UAC,** *PLHIV Networks, MoGLSD, IP*	**4&5**
1.3. Train Village Health Teams (VHTs), Key population peer leaders and caregivers in holistic approach to social support (food, nutrition, hygiene, sanitation, etc.	**MoH,** *IPs*	**4&5**
1.4. Develop a package for delivery of psycho and social protection services to PLHIV including women and girls by service provides in the public and non-public sectors.	**MoGLSD**, *MoH*	**4&5**
1.5. Advocate for affirmative action for PLHIV most especially OVCs, women and girls and persons with disability in development programming and budgeting	**MoGLSD,** *UAC*	**4&5**
1.6. Link psychosocial support services with programs that increase access to vocational skills training, and opportunities to develop practical and business skills targeting PLHIV, OVC, women and girls.	**MoGLSD,** *IP*	**4&5**

Activities	Lead Agency	Years
1.7. Define basic PSS package for HIV and guidelines for implementation and integration into social-economic development programs	**UAC,** *MoGLSD*	**4&5**
1.8 Work with key JLOS centers to enhance access to justice especially women and girls.	**JLOS,** *MoGLSD*	**4&5**

2 STRATEGIC ACTION: Develop and implement interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of children in their care

Activities	Lead Agency	Years
2.1. Disseminate information on local options and sources of meeting nutritional needs of PLHIV and other vulnerable households.	**MoH,** *MoGLSD*	**4&5**
2.2. Include and ensure access to income generating/ livelihood activities for HIV-positive women in HIV and AIDS projects.	**MAAIF,** *IPs, CSOs*	**4&5**
2.3. Train and support community structures to promote food production, processing technologies, storage, utilization and hygiene by PLHIV and affected households	**MAAIF,***IPs*	**4&5**
2.4. Build capacity and improve access to seedlings and other resources of the most vulnerable households experiencing chronic food shortage	**MoH,** *MAAIF, PLHIV networks*	**4&5**
2.5. Train teachers, matrons and school nurses in psychosocial support for OVC and children and teachers living with HIV	**MoES,** *IPs*	**4&5**
2.6. Establish, renovate and equip vocational institutions, apprenticeship and community centers	**MoES,** *MoGLSD*	**4&5**

3 STRATEGIC ACTION: Develop and implement appropriate strategies to prevent and respond to child abuse and exploitation

Activities	Lead Agency	Years
3.1. Strengthen reporting, documentation, follow up and handling of SGBV and abuse cases	**MoGLSD,** *MoJCA, MoH*	**4&5**
3.2. Lobby for enforcement of legislation, regulations and policies that condemn child rights abuse	**MoGLSD,** *MoJCA, MoH*	**4&5**
3.3. Provide training to educators and health care professionals delivering HIV-related education, prevention, and treatment services to handle child abuse cases and to consider gender-related vulnerabilities and risks.	**MoGLSD,** *MoJCA, MoH*	**4&5**

Activities	Lead Agency	Years
3.4. Orient judicial services personnel, police and community leaders to improve their capacity in handling child abuse and related cases in the context of HIV and AIDS	**MoGLSD,** *MoJCA, MoH*	**4&5**
3.5. Train para-legals and OVC duty bearers in legal support and child protection including linkage to health and legal aid services	**MoJCA,** *MoGLSD,*	**4&5**

4 STRATEGIC ACTION: Build and scale- up capacity for quality counseling services for PLHIV, OVC, key populations and other vulnerable groups

Activities	Lead Agency	Years
4.1 Promote Peer-to-peer counselling through PHA networks, mentor mothers, peer groups of discordant couples and adolescent groups	**MoH,** *PLHIV Network, IP*	**4&5**
4.2 Train providers at health centre level in provision of psychosocial support and counselling	**MoH,** *MoGLSD, PLHIV Network, IPs*	**4&5**

STRATEGIC OBJECTIVE 4: TO ENGENDER ALL SOCIAL SUPPORT AND PROTECTION PROGRAMS TO ADDRESS THE UNIQUE NEEDS, GENDER NORMS, LEGAL AND OTHER STRUCTURAL CHALLENGES THAT MAKE WOMEN, GIRLS, MEN AND BOYS VULNERABLE TO HIV AND AIDS

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

1 STRATEGIC ACTION: To support review, implementation and monitoring of legal and policy instruments that empowers women, girls, men and boys to access and utilize social support and protection services

Activities	Lead Agency	Years
1.1. Develop mechanisms to operationalize legal and policy reforms	**MoJCA,** *MoGLSD, UAC*	**4&5**
1.2. Disseminate the findings from the review of legal and policy instruments	**MoJCA,** *MoGLSD, UAC*	**4&5**

2 STRATEGIC ACTION: Strengthen institutions and sectors to implement laws and policies addressing SGBV and other rights violations among PLHIV, OVC, key populations and other vulnerable persons

Activities	Lead Agency	Years
2.1. Create awareness and appreciation among men, women, boys and girls, about their entitlement and procedures for accessing legal and social protection services.	**MoJCA,** *IP, MoGLSD, UAC*	**4&5**
2.2. Train communities, families and other potential perpetrators of SGBV about the legal implications	**MoJCA,** *IP, MoGLSD*	**4&5**
2.3. Support community resource agents, CBOs and NGOs in advocacy, protection and service provision related to SGBV	**MoGLSD** *IPs, CSOs*	**4&5**
2.4. Strengthen the capacity of government departments involved with advocacy, protection and service provision	**MoJCA,** *IPs MoGLSD*	**4&5**
2.5. Build the capacity of community based service departments at local government level to respond to the needs of PLHIV, OVC and other vulnerable groups	**MoLG,** *MoGLSD, IPs*	**4&5**

3 STRATEGIC ACTION: Enhance capacity of all actors engaged in the HIV and AIDS national response to adopt gender and rights-based HIV programming

Activities	Lead Agency	Years
3.1 Conduct gendered research on the impact of HIV and AIDS on social support programs	**MoGLSD,** *IPs*	**4&5**
3.2. Build capacity of local governments to guide implementers at Local Government level to carry out gender mainstreaming, human rights and disability into support program initiatives	**LG ,** *UAC , MoGLSD*	**4&5**
3.3. Conduct advocacy campaigns on policies and laws on rights of PLHIV, OVC and other vulnerable categories	**MoJCA,** *UAC, MoGLSD, IP*	**4&5**
3.4. Develop capacities for enforcing relevant laws and policies to ensure human rights and fundamental freedom of PLHIV and OVC.	**MoIA,** *UAC, MoJCA, MoGLSD, IP*	**4&5**
3.5. Engage cultural leaders to address cultural norms, practices and attitudes that serve as a barrier to the realization human rights	**UAC,** *MoJCA, MoGLSD, IP*	**4&5**
3.6. Provide survivors of abuse, violence and exploitation with appropriate services	**MoJCA,** *MoH, MoGLSD, IP*	**4&5**
3.7. Advocate for strengthening institutions and sectors to implement laws and policies addressing SGBV and other rights violations among PLHIV	UAC, *MoH, MoJCA, IP, MoGLSD*	**4&5**

4 **STRATEGIC ACTION**: Establish mechanisms for engaging men and boys in HIV and AIDS and SGBV programing

Activities	Lead Agency	Years
4.1. Identify and promote model families that live a violence free life for community education	**MoGLSD**, *IPs*	**4&5**
4.2. Involve men and boys in planning, implementation, M&E of anti- SGBV campaigns.	**MoGLSD**, *IPs*	**4&5**
4.3. Develop and test community based interventions that raise awareness and change norms about male masculinity	**MoGLSD**, *IPs*	**4&5**
4.4 Conduct community dialogue sessions and drama on SGBV as a vehicle for social change	**MoGLSD**, *IPs*	**4&5**
4.5. Establish community level avenues for sharing testimonies from SGBV survivors and perpetrators	**MoGLSD**, *IPs*	**4&5**
4.6. Educate and encourage men and boys, from an early age, to respect women's rights	**MoGLSD**, *IPs*	**4&5**
4.7. Develop and implement an advocacy campaign targeting political, cultural and religious leaders as resource persons for the anti-SGBV campaign.	**MoGLSD**, *IPs*	**4&5**
4.8. Support and promote dialogues between male community groups and service providers	**MoGLSD,** *IPs*	**4&5**
4.9. Openly discuss the laws related to SGBV and their implications	**MoJCA ,** *MoGLSD, IPs*	**4&5**
4.10. Scale up efforts to engage cultural institutions in addressing existing socio-cultural and gender norms, beliefs and practices that deter men and boys from using HIV care and treatment services	**MoGLSD**, *IPs*	**4&5**

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

Activities	Lead Agency	Years
5.1. Train and support local leaders to carry out community education campaigns on human rights, legal and ethical needs of PLHIV, OVC and other HIV and AIDS affected	**MoGLSD**, *IPs*	**4&5**
5.2. Train and support community-based paralegals to carry out community education campaigns on human rights, legal and ethical needs of PLHIV, OVC and other HIV and AIDS affected	**MoJCA,** *MoGLSD, IPs*	**4&5**
5.3. Mobilize communities to change unequal and harmful norms in the context of GBV/HIV	**MoGLSD**, *IPs*	**4&5**
5.4 Disseminate policy briefs on culture and GBV/HIV	**MoGLSD,** *UAC, MoH, IPs*	**4&5**

Activities	Lead Agency	Years
5.5. Build capacity of local governments, cultural institutions and CSOs to implement GBV elimination campaigns and offer support to survivors guided by that national GBV elimination plan	**UAC,** *MoGLSD, MoH, ADPs, Networks of PLHIV*	**4&5**
5.6. Build capacity for gender and Human rights based analysis in planning/programming, implementation, monitoring and Evaluation	**MoGLSD**, *UAC, IP*	**4&5**
5.7. Conduct a study to determine community gaps and barriers in addressing GBV	**MoGLSD**, *UAC, IP*	**4&5**

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

GOAL 4: AN EFFECTIVE AND SUSTAINABLE MULTI-SECTORAL HIV&AIDS SERVICE DELIVERY SYSTEM THAT ENSURES UNIVERSAL ACCESS AND COVERAGE OF QUALITY, EFFICIENT AND SAFE SERVICES TO THE TARGETED POPULATION BY 2020

Outcome level Results	Targets
Establishing an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population	• National Commitments and Policy Instrument (NCPI) index score improves by <60points • Percentage of SCEs and other their constituents with functional boards increased to 95% • Percentage of government contribution to HIV and AIDS funding increased by 10% • Percentage of districts with functional coordination structures increased to <100% • Percentage of districts with functional PHA Networks increased to 100%

OBJECTIVE 1: TO STRENGTHEN THE GOVERNANCE AND LEADERSHIP OF THE MULTI-SECTORAL HIV AND AIDS RESPONSE AT ALL LEVELS

Effective leadership and governance is very critical in the successful implementation of the NSP and it is only when there is effective leadership and governance that the country can amass benefits from the investment in HIV/AIDS.

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

Activities	Lead agency	Years
1.1. Promote and monitor implementation of the 3-ones principles at the national, sectoral, district, institutional and community levels	**UAC,** *MDAs, LG, SCEs, ADPs*	**4&5**
1.2. Roll out orientation of religious, political and technical leaders at national and local government levels to enhance their knowledge on HIV and AIDS	**UAC,** *CSOs*	**4&5**
1.3. Support and engage religious and traditional leaders as well as leaders in informal sector in coordination and leadership of national response at different levels.	**UAC**, *SCEs*	**4&5**
1.4. Build capacity for good governance and accountability and to effectively plan, coordinate, implement and monitor the response at decentralized levels.	**UAC,***MDAs, LG, SCEs*	**4&5**
1.5. Operationalize the Leadership's Accountability Framework	**UAC,** *MDAs, LG, SCEs*	**4&5**

Activities	Lead agency	Years
1.6. Expand support for political, technical cultural leaders and informal sector as champions of the campaign on HIV and AIDS within their respective mandates and communities focusing on new and emerging cultural institutions and districts.	**UAC,***MDAs, LG, SCEs ,ADPs*	**4&5**
1.7. Streamline the Presidential Fast track initiative on HIV at institutional and district levels.	**UAC,** ADPs, SCEs	**4&5**

2. STRATEGIC ACTION: Disseminate and monitor implementation of existing and new legal and policy related instruments for reducing structural barriers to national response.

Activities	Lead agency	Years
2.1. Develop and disseminate an inventory of existing laws, policies and guidelines on the multi-sectoral AIDS response.	**UAC**, *MoJCA, MoH, MoGLSD*	**4&5**
2.2. Develop a clear strategy and capacity for repackaging, producing, disseminating, enforcing and monitoring the implementation of the various policies, laws and bills and ordinances	**UAC**, *MoJCA, MoH, MoGLSD, LGs*	**4&5**
2.3. Support the implementation of existing laws and policies so that they do not conflict or contradict each other	**UAC**, *MoJCA, MoH, MoGLSD*	**4&5**

3. STRATEGIC ACTION: Strengthen the capacity of UAC and the partnership mechanism to carry out their mandates.

Activities	Lead agency	Years
3.1. Implement and monitor the PFTI and Strategic plan	**UAC**	**4&5**
3.2. Hold regular dialogue, advocacy and lobbying sessions between UAC Board and top management of each public and non-public sector for improved coordination	**UAC,** *Office of the President*	**4&5**
3.3. Increase coverage and strengthen the UAC regional coordination offices to two other regions	UAC,	**4&5**
3.4. Strengthen the functioning of the partnership coordination mechanism/structures at decentralized levels.	**UAC,***SCEs*	**4&5**
3.5. Support SCEs to scale-up their activities including having structures and mechanisms cascading to lower levels	**UAC**, *SCEs*	**4&5**
3.6. Strengthen coordination, advocacy and Networking mechanisms through participating in celebrating international and other public days e.g. world population day	**UAC**, *SCEs*	**4&5**
3.7. Expand the operations of UAC by establishing two other regional offices	**UAC**	**4&5**

4. STRATEGIC ACTION: Expand support for the public and non-public sector coordinating structures to carry out their roles including gender and function better with improved linkages, networking and collaboration with in and across sectors and at national, decentralized and community levels.

Activities	Lead agency	Years
4.1. Strengthen intra- and inter-sectoral/constituency coordination of HIV and AIDS activities at national, district, municipalities and community levels	**UAC,** *MDAs, LG, SCE, MoH, ADPs*	**4&5**
4.2. Operationalize the decentralized HIV and AIDS response coordination framework and basic package for coordination within the Local governments.	**UAC,** *MoLG, SCE*	**4&5**
4.3 Develop standards to provide oversight for the assessment for registration and certification of AIDS services organizations to align their activities to NSP	**UAC,** *MoIA*	**4&5**
4.4. Update the mapping of programs and stakeholders engaged in implementation of NSP in the country for guiding planning and resource allocation	**UAC.**	**4&5**
4.5. Support Local governments to enforce laws and national/local policies, procedures and guidelines for improving coordination and service delivery at decentralized level	**UAC,** *MoLG*	**4&5**
4.6. Rationalize the roles of local government and the mandates of MoH with regards to health management and service delivery in the districts.	**UAC,** *MoH, MoLG*	**4&5**

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

Activities	Lead agency	Years
5.1. Disseminate and monitor the implementation of the NSP, sector/district/agency HIV and AIDS Strategic Plans, NPAP and M&E Plans and local government HIV and AIDS costed plans.	**UAC**, *MDAs, SCEs, LGs*	**4&5**
5.2. Support the integration of HIV and AIDS District Annual Planning Meetings and budget conferences of the districts.	**UAC**, *MoLG, LGs*	**4&5**
5.3. Support the operationalization and implementation of a consolidated annual operational plan and budget by sector and SCE aligned to the NSP and this NPAP including district, sub-county and facility plans.	**UAC,** *MDAs, SCE, LGs, ADPs*	**4&5**
5.4. Build the human resource capacity for computer modeling and simulation of epidemic and the costing of interventions in the NSP	**MoH**, *UAC*	**4&5**
5.5. Develop and operationalize tools for guiding the districts and key partners in translating the NSP and NPAP into a coherent plan	**UAC**	**4&5**

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

Activities	Lead agency	Years
6.1. Monitor the implementation of the workplace HIV and AIDS policies in the respective public and non- public sector	**UAC,** *MDAs, SCEs*	**4&5**
6.2 Provide technical support to local CBOs to develop and implement HIV work place policies	**UAC,** *MLG, CSOs*	**4&5**
6.3. Intensify mainstreaming of HIV and AIDS in existing and new development programs and institutions.	**UAC,** *MDAs, SCEs*	**4&5**
6.4. Roll out sensitization programs to the major national institutions and statutory bodies, MDAs and Civil society on mainstreaming HIV and AIDS at multi- sectoral level.	**UAC,** *MDAs, SCEs*	**4&5**
6.5. Consolidate the integration of HIV and AIDS in the public and non-public sector monitoring and evaluation systems	**UAC,** *MDAs, SCEs*	**4&5**
6.6. Develop, disseminate and monitor utilization of self-assessment framework on HIV and AIDS mainstreaming for individual sectors, local governments and organizations	**UAC,** *MDAs, SCEs*	**4&5**

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

Activities	Lead agency	Years
7.1. Support cross-border and transport corridor facilities to be responsive to the needs of mobile, vulnerable and other key populations.	**MoH,**	**4&5**
7.2. Implement existing Uganda laws and policies that affect the regional response to HIV and AIDS.	**UAC**, *MoJCA, MoFPED*	**4&5**

OBJECTIVE 2: TO ENSURE AVAILABILITY OF ADEQUATE HUMAN RESOURCE FOR DELIVERY OF QUALITY HIV & AIDS SERVICES

This objective is geared towards ensuring availability of human resources for delivery of quality HIV&AIDS services including staffing and capacity building for the recruited staff to effectively manage the response.

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

Activities	Lead agency	Years
1.1. Government absorption of staff recruited by ADPs focusing on positions that fall within approved government structures	**MoH,** MoPS, LG	**4&5**
1.2. Expedite operationalization of the policy on staffing in health facilities and positions of focal point persons in line ministries and districts for effective coordination and service delivery	**MoH,** *MoPS, LG*	**4&5**
1.3. Support the implementation of the Supervision Performance Assessment Strategy and Reward strategy (SPARS)	**MoH,** *LG*	**4&5**
1.4. Strengthen the capacity of the District Supervisory Authority	**MoH,** *LG*	**4&5**
1.5. Develop and Implement a policy on performance based rewarding and appraisal that underscores the concept of quality improvement in delivery of HIV and AIDS services	**MoH,** *LG, CSOs, ADPs*	**4&5**

2. **STRATEGIC ACTION:** Harmonize pre- and in-service training of different cadres for HIV & AIDS service provision

Activities	Lead agency	Years
2.1. Review curriculum and train health/non-health and non-professionals engaged in provision of HIV and AIDS services.	**MoES,** *MoH*	**4&5**
2.2. Integration HIV and AIDS in pre-service training curricular of tertiary institutions of learning	**MoES,** *MoH*	**4&5**
2.3. Accredit training institutions in collaboration with stakeholders and ensure standards for various fields of HIV training (HCT, ART, pediatric care, PEP etc.)	**MoES,** *MoH*	**4&5**

3. STRATEGIC ACTION: Ensure that HIV & AIDS is mainstreamed in the curriculum of Education. Institutions at all levels.

Activities	Lead agency	Years
3.1. Revise the curriculum, teaching materials and policies on LSSSE in schools and teacher/tutor training institutions	**MoES,** *MoH*	**4&5**
3.2. Scale-up pre-service and in-service training of teachers in LSSSE	**MoES,** *MoH,*	**4&5**
3.3. Integrate LSSSE in the national examination system	**MoES,** MoH,	**4&5**
3.4. Ensure that HIV and AIDS is integrated into the curricula of major academic institutions including Universities and other tertiary institutions	**MoES,** *MoH, UAC*	**4&5**
3.5. Support the private sector agencies (e.g. Banks and Telecoms) and government parastatals to integrate HIV activities in their strategic plans	**UAC,** *ADPs, SCEs (private sector)*	**4&5**

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

Activities	Lead agency	Years
4.1. Support human resource needs and capacity development concerns at the decentralized systems and sectors in all sectors and at all levels, especially the decentralized service level, systems and sectors for enhancing the delivery of HIV services	**MoLG,** *MoH, LGs*	**4&5**
4.2. Rationalize the positions for counsellors in the public sector health facilities	**MoLG,** *MoH, LGs*	**4&5**

5. STRATEGIC ACTION: Build the leadership and management capacity of key workers and structures for enhancing implementation of the national and decentralized HIV&AIDS response.

Activities	Lead agency	Years
5.1. Organize leadership and management training programmes for health facility staff focusing on PFTI	**MoH**, *LGs, IPs*	**4&5**
5.2. Coordinate the recruitment, training and sustainability plans of HIV and AIDS service providers	**MoH**, *LGs, ADPs*	**4&5**

6. STRATEGIC ACTION: Promote the implementation of the public private partnership in the Delivery of HIV & AIDS services.

Activities	Lead agency	Years
6.1. Disseminate the public-private partnership policy	**MoH**, *LGs, ADPs, SCEs*	**4&5**
6.2. Operationalization of the PPP policy with key stakeholders	**MoH**, *LGs, ADPs, SCEs*	**4&5**
6.3. Design and implement an effective communication strategy for the PPP Policy	**MoH**, *LGs, ADPs, SCEs*	**4&5**
6.4 Mobilize the private sector to contribute to one dollar initiative	**UAC,** *ADPs, SCEs*	**4&5**

OBJECTIVE 3: TO STRENGTHEN THE PROCUREMENT AND SUPPLY CHAIN MANAGEMENT SYSTEM FOR TIMELY DELIVERY OF MEDICAL AND NON-MEDICAL PRODUCTS, GOODS AND SERVICES REQUIRED IN THE DELIVERY OF HIV&AIDS SERVICES

Generally, the is outstanding advancement made in the procurement and stocks for HIV and AIDS medical and non-medical products at both national level, sub-national and lower level. However, lower users still face challenges accessing these products with reported frequency in stock outs as well as storage facilities at district level being suboptimal yet some HIV commodities are very bulky. The Actions for this objective focus on the HIV and AIDS medical and non-medical supply chain management at all levels.

1 STRATEGIC ACTION: Support capacity building in procurement and management of products, goods and supplies, particularly at lower level health facilities.

Activities	Lead agency	Years
1.1. Support capacity for operationalization and roll out of the web-based system for ordering supplies	**MoH**	**4&5**
1.2. Promote timely and efficient forecasting, quantification, periodic supply/ procurement planning and pipeline monitoring of HIV commodities	**MoH**	**4&5**
1.3. Support capacity building particularly at lower level health facilities to quantify and plan for their commodities	**MoH**	**4&5**
1.4 Provide support for coordination and leadership for logistics management at all and streamline procurement of adequate commodities for HIV and AIDS related services including laboratory reagents	**MoH**	**4&5**

2. STRATEGIC ACTION: Strengthen the harmonization of procurement and supply chain management, and the expansion of operationalization of Web-based ARV ordering and Reporting System.

Activities	Lead agency	Years
2.1. Build capacity for forecasting, logistics management, procurement and disposal of health goods and services within the health sector including health facilities.	**MoH,** *LGs*	**4&5**
2.2. Procure adequate commodities for HIV and AIDS related services including laboratory reagents, HCT kits, ART, and treatment of OIs, TB and STIs as well as FB materials.	**MoH,** *MoFPED, LGs*	**4&5**
2.3. Strengthen HIV commodity management and supply chains monitoring to Ensure continuous availability of quality HIV commodities at the point of service delivery.	**MoH,** *LGs, CSOs*	**4&5**
2.4. Institutionalize the position of Procurement Supply Management (PSM) focal persons within the Pharmacy Division structures at lower levels.	**MoH,** *LGs*	**4&5**

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

Activities	Lead agency	Years
3.1. Train facility staff and recruit and train other staff for district logistics management to improve data for logistics in the districts.	**MoH,** *LG*	**4&5**
3.2. Operationalize the Logistics Management Information System (LMIS) to facilitate timely collection and transmission of quality commodity consumption and stock status data that is integrated into the HMIS	**MoH,** *LG*	**4&5**
3.3. Link the LMIS to the DHIS-2 at the MoH to strengthen continuum of information flow on PSM.	**MoH,** *LG*	**4&5**
3.4. Build the necessary infrastructure, equipment and staff capacity in ICT and logistics management in order to operationalize the LMIS	**MoH,** *LG*	**4&5**
3.5. Roll out the community health management information system.	**MoH,** *LG*	**4&5**
3.6 Roll out the HIV situation room to remaining MDAs and parliament	**UAC**	**4**

4. STRATEGIC ACTION: Develop and implement a national comprehensive policy on storage, distribution of health commodities and supplies and waste management in public and non-public facilities.

Activities	Lead agency	Years
4.1 Support infrastructural development for effective distribution and appropriate storage of HIV commodities in health facilities at various levels in the country	**MoH**	**4&5**
4.2. Improve on pharmaceutical and waste management at national and facility levels.	**MoH**	**4&5**
4.3 Develop a national warehousing and distribution strategy to guide procurement, storage and distribution	**MoH**	**4&5**
4.4 Expand the WAOs currently only for ARVs to include coverage for all HC-IIIs	**MoH**	**4&5**

5. STRATEGIC ACTION: Build the capacity of CSOs and communities in procurement and supply chain management of both health and non-health goods and services that enhance uptake of HIV & AIDS services.

Activities	Lead agency	Years
5.1 Train CSOs in procurement planning and related PPDA procedures	**CSOs**	**4&5**
5.2. Train CSOs and communities in supply chain management adopted by government	**CSOs**	**4&5**

OBJECTIVE 4: TO ENSURE COORDINATION AND ACCESS TO QUALITY HIV & AIDS SERVICES

The remaining implementation of the NSP needs to focus on coordination of HIV services at decentralized levels with an aim of eliminating duplication of response especially in-service delivery as well as Linkages between institutionalized facilities and community level structures, patient adherence support initiatives and referral for greater adherence to treatment.

1. STRATEGIC ACTION: Promote integration of HIV & AIDS services in all settings and in major development programme service delivery

Activities	Lead agency	Years
1.1. Train project leaders in HIV and AIDS Mainstreaming focusing on PFTI	**UAC,** *MoFPED*	**4&5**
1.2. Assess the extent to which major government projects have integrated HIV and AIDS	**UAC,** *MoFPED*	**4&5**
1.3. Provide technical support in integration of HIV and AIDS in major existing and pipeline projects.	**UAC,** *MoFPED*	**4&5**
1.4. Develop an online system to track individual clients along the HIV continuum of care (testing, treatment and support services)	**MoH**	**4&5**

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

Activities	Lead agency	Years
2.1. Update the skills of CSOs, CBOs, FBOs, PLWHAs providers through training in HIV and AIDS service delivery and referrals	**MoH,** *LG, SCEs*	**4&5**
2.2. Support the development and implementation of linkages for referral support networks and systems at decentralized levels.	**MoH,** *LG, SCEs*	**4&5**
2.3. Strengthen community based networks and systems for enhancing availability, referral, access, utilization and quality of HIV and AIDS related services	**MoH,** *LG, SCEs*	**4&5**
2.4. Strengthen the capacity of VHTs and of grassroots structures including those of PLHIV for enhancing referrals and treatment adherence	**MoH,** *LG, SCEs*	**4&5**
2.5. Development of community support centers providing a range of services such as information, testing and counseling, referrals, peer support, outreach to key affected people and communities and legal support	**MoH,** *LG, CSOs*	**4&5**
2.6. Strengthened capacity of citizens to demand for quality and equitable HIV and AIDS services	***LG,*** *SCEs, CSOs*	**4&5**

3. STRATEGIC ACTION: Establish and support Community networks, linkages, partnerships and coordination.

Activities	Lead agency	Years
3.1 Strengthen existing and create new community networks for coordination and networking	**UAC,** LG,CSOs	**4 &5**
3.2 Establish networking structures with local authorities such as local councils and district committees	**UAC,** LG,CSOs	**4 &5**
3.3 Develop partnership plans to facilitate networking between community and other actors, for access to HIV and AIDS services	**UAC,** LG,CSOs	**4 &5**
3.5 Support financing for coordination among community networks	**UAC,** LG,CSOs	**4 &5**
3.6 Develop communication platforms to share community knowledge and experiences and support community based HIV and AIDS networks	**UAC,** LG,CSOs	**4 &5**

4. STRATEGIC ACTION: Promote greater coordination, linkage, partnership and collaboration among public and non-public sectors.

Activities	Lead agency	Years
4.1. Advocate for memorandum of understanding between public and non-public institutions involved in HIV and AIDS in a given sector or local government	**UAC,** *MoLG, LG*	**4&5**
4.2. Develop and maintain MOUs with partners at both national and lower levels	**UAC,** LG, CSOs	**4&5**
4.3. Strengthen community dialogue with active engagement of service providers and NGOs	**UAC,** *SCEs, MoLG, LG*	**4&5**
4.4. Facilitate inter-constituency coordination meetings at national, regional and district levels	**UAC,***LMs, SCEs, LGs*	**4&5**

5. STRATEGIC ACTION: Strengthen capacity of CSOs and communities for increased advocacy and mobilization for demand and uptake of services, social participation, self-regulation and accountability in the multi-sectoral response.

Activities	Lead agency	Years
5.1. Strengthen capacity for development and implementation of community mobilization activities at decentralized levels	**MoGLSD,** *CSOs, LMs, SCEs, LGs*	**4&5**
5.2. Establish standards for guiding community and workplace HIV and AIDS activities implementation and practice.	**MoPS,** *MoGLSD, CSOs, LMs, SCEs, LGs*	**4&5**
5.3. Empower communities and workplaces to ensure improved capacity and capability to take charge of their health and welfare.	**MoPS,** *MoGLSD, CSOs, LMs, SCEs, LGs*	**4&5**
5.4. Standardize the modality for engaging and remunerating VHTs and other community structures involved in community services and linkages to health facilities	**MoH,** *MoGLSD, CSOs, LMs, SCEs, LGs*	**4&5**
5.5. Build the capacity of Civil Society so that they can support the ordinary citizens to participate directly or indirectly in exacting accountability.	**CSOs ,***LMs ,SCEs, LGs*	**4&5**

OBJECTIVE 5: TO STRENGTHEN THE INFRASTRUCTURE FOR SCALING-UP THE DELIVERY OF QUALITY HIV & AIDS SERVICES

There is need to strengthen Health facilities offering ART and eMTCT as well as performance of laboratories especially enhancements in form of renovations to existing infrastructure and remodeling of facilities as well as availing necessary equipment to improve the capacity to provide the package of services required for HIV and AIDS response capacity to provide the package of services required to prevent new HIV infections.

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

Activities	Lead agency	Years
1.1. Continue rehabilitating and maintaining the physical infrastructure, equipment and transport for provision of HIV and AIDS related services by public and non-public sector agencies.	**MoH,** *LG*	**4&5**
1.2. Plan and monitor the utilization, maintenance and reporting of existing and new health infrastructure, equipment, transport and supplies for HIV and AIDS related services at the different facilities, MDAs.	**MoH,** *MDAs, LG*	**4&5**
1.4. Promote the use of ICT in the national HIV and AIDS response	**MoH,** *MoICT*	**4&5**
1.5. Provide infrastructure that cater for the needs of MARPs including youth, PWDs and the elderly.	**MoH**	**4&5**
1.6. Provide basic utilities at the health facilities.	**MoH**	**4&5**
1.7. Develop a national policy on storage and distribution of commodities, including those provided by donors.	**MoH**	**4&5**

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

Activities	Lead agency	Years
2.1. Finalize the review and disseminate the utilization of policies, procedures, laboratory protocols and SOPs by the relevant facilities and laboratories	**MoH**	**4&5**
2.2. Provide the laboratory reagents / commodities necessary for provision of HIV and AIDS related diagnostic services by public and non-public sector agencies	**MoH**	**4&5**
2.3. Build the necessary capacity of laboratory staff in health facilities to provide laboratory services	**MoH**	**4&5**
2.4. Intensify strengthening of laboratory systems and networks in the country for effective diagnosis and monitoring of ART, especially for early detection of toxicities and treatment failure	**MoH**	**4&5**
2.5. Reduce turnaround time for results and feedback	**MoH**	**4&5**

Activities	Lead agency	Years
2.6. Procure and establish POC/VL and support development and dissemination of a communication strategy for all POC platforms	**MoH**	**4&5**
2.7. Provide adequate and functional HIV diagnostic equipment that are well maintained through service contracts while adopting new technologies	**MoH**	**4&5**
2.8. Harmonize the operations of national laboratories as encapsulated within the EAC protocol on health	**MoH**	**4&5**

3. STRATEGIC ACTION: Increase the accreditation of HC-IIIs and HC-IIs to provide comprehensive HIV and AIDS and TB services

Activities	Lead agency	Years
3.1. Expand outreach capabilities to high risk groups across all HIV funded programs.	**MoH,** *CSO*	**4&5**
3.2. Extend accreditation for provision of comprehensive HIV and AIDS services to HC- III's and HC-IIs	**MoH,** *LG*	**4&5**
3.3. Improve the facilities for enhancing provision of services to special groups such as youth friendly services, MARPs, disability and elderly who may be affected.	**MoH,** *CSO*	**4&5**

OBJECTIVE 6: TO MOBILIZE RESOURCES AND STREAMLINE MANAGEMENT FOR EFFICIENT UTILIZATION AND ACCOUNTABILITY.

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

1. STRATEGIC ACTION: Expedite the implementation of the AIDS Trust Fund for enhancing local resource mobilization

Activities	Lead agency	Years
1.1. Build capacity for Public and non-public actors to mobilize, utilize and account for resources internally and externally	**UAC,** *MoFPED*	**4&5**
1.2 Operationalize the HIV and AIDS Trust Fund	**UAC,** *MoH,*	**4&5**
1.3. Disseminate and operationalize the national resources mobilization strategy	**UAC**	**4&5**

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

Activities	Lead agency	Years
2.1. Hold resource mobilization conference at national and regional levels	**UAC**	**4&5**
2.2. Sensitize the private sector on local resource mobilization for HIV and AIDS	**UAC**	**4**
2.3. Intensify advocacy for social corporate responsibilities in NSP implementation	**UAC**	**4**
2.4. Roll out the One Dollar Initiative through engaging the private sector SCE to mobilize the private sector to contribute to HIV and AIDS response	**UAC,** *SCEs,*	**4&5**

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

Activities	Lead agency	Years
3.1. Develop and disseminate the tool for planning and resource allocation focusing on ADPs and CSOs	**UAC**	**4&5**
3.2. Train national and district planners and HIV and AIDS project managers on how to use the tool in planning	**UAC,** *MoFPED*	**4&5**
3.3. Disseminate the revised NPAP and advocate for resource alignment to HIV and AIDS priorities as outlined in the PFTI	**UAC**, *MDAs, SCE*	**4&5**
3.4 Specify HIV and AIDS indicators as standard indicators in the PBS tool to enable efficient tracking of HIV and AIDS resource flow in the DLGs	***MoFPED***, UAC, *MoLG*	**4&5**

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

Activities	Lead agency	Years
4.1. Sensitize the SWGs on impact of HIV and AIDS in their sectors	**UAC,** *MoFPED*	**4&5**
4.2. Advocate for increased funding for HIV and AIDS and health	**UAC,** *MoFPED*	**4&5**
4.3. Strengthen the capacity of CSOs to engage policy makers and government at various levels on budget allocations and policy discussions.	**UAC,** *CSO*	**4&5**
4.4. Implement HIV and AIDS mainstreaming through operationalization of 0.1% recurrent funds by MDAs	**UAC,** *MoFPED, MoLG*	**4&5**

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

Activities	Lead agency	Years
5.1. Prepare the necessary data for enhancing budgeting for HIV and AIDS in the sectors	**UAC,** MoFPED, *MDAs, SCE, ADPs*	**4&5**
5.2. Strengthen the participation of HIV and AIDS focal point persons in the respective sector and local government budgeting process	**MoLG**, *UAC, LG, CSO*	**4&5**
5.3. Popularize the framework (mainstreaming guidelines) for integrating HIV into development programming by all sectors	**UAC**, MDAs, MoFPED, LG, CSO	**4&5**

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

Activities	Lead agency	Years
6.1. Build the capacity of the CSOs to demand for quality services and effectively participate on policy and decision making organs, advocacy and holding government and service providers accountable	**CSO,***UAC*	**4&5**
6.2. Develop a public-private partnership for HIV and AIDS in the context of HIV and AIDS service delivery	**CSO,***UAC*	**4&5**
6.3. Develop, disseminate and implement a strategy for building the capacity of civil society in service delivery, self-regulation, governance and organizational development	**CSO,***UAC*	**4&5**

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

Activities	Lead agency	Years
7.1. Institutionalize National AIDS Spending Assessment (NASA)	**UAC**	**4 &5**
7.1. Finalize and disseminate National AIDS Spending Assessment (NASA)	**UAC**	**4**
7.2. Conduct an assessment of cost-per outputs for major recipients of HIV funds at all levels with a view to scale up efficient models of care provision & improve accountability for resource use;	**UAC**	**4**

7.3. Conduct analysis of the impact of HIV and AIDS on the various sectors	***MoFPED,*** *MDAs, UAC*	**4**
7.4. Increase public awareness and accountability by sharing information about funds for HIV at national, district and community levels via newspapers, radios, community notice boards & meetings;	***MoFPED,*** *MDAs, UAC*	**4&5**

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

Activities	Lead agency	Years
8.1. Establish high level committee on harmonizing funding for HIV and AIDS	**UAC,** *MoFPED*	**4**
8.2. Build capacity for resource mobilization at all levels of NSP delivery	**UAC,** *MoFPED*	**4**
8.3. Support districts and sectors to efficiently utilize the allocated HIV and AIDS budgets	**UAC,** *MoLG, LG*	**4&5**
8.4. Update the accountability score card report	**UAC,** *CSO*	**4&5**
8.5. Institutionalize the publishing of resource disbursements to implementing partners by major funding agencies and their accountability	**UAC,** *ADP, MoFPED,*	**4&5**

6.0. SYSTEMS STRENGTHENING: MONITORING, EVALUATION AND RESEARCH

OBJECTIVE 1: TO STRENGTHEN THE NATIONAL MECHANISM FOR GENERATING COMPREHENSIVE, QUALITY AND TIMELY HIV & AIDS INFORMATION FOR M&E OF THE NSP.

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

1. STRATEGIC ACTION: Strengthen the operationalization of the HIV and AIDS M&E Plan.

Activities	Lead Agency	Years
1.1. Convene regular partnership fora and M&E TWGs to discuss HIV and AIDS data/ information	**UAC,** *SCE*	**4&5**
1.2. Disseminate the updated NSP Indicator Handbook	**UAC,** *SCE, MDAs, LG*	**4&5**
1.3. Support the development and implementation of overall and sector M&E work plans and budgets	**UAC,***MDAs, LG, IPs*	**4&5**
1.4. Conduct routine monitoring, periodic reviews and evaluations of the HIV and AIDS M&E Plan	**UAC**, *MDAs, LG, IPs*	**4&5**
1.5. Update the multi-sectoral M&E plan with harmonized targets, indicators, data sources and reporting timelines.	**UAC**, *MDAs, LG, IPs*	**4&5**

2 STRATEGIC ACTION: Operationalize and roll out the National HIV and AIDS Database.

Activities	Lead Agency	Years
2.1 Work with the Resource Centre in MoH on new additional variables that can be captured in the electronic version of the HMIS.	**UAC**, *MoH, IPs*	**4&5**
2.2 Build the capacity of NADIC as a one stop Centre or knowledge hub for HIV prevention information	**UAC**, *MoH, ADPs,*	**4&5**
2.3 Disseminate materials on HIV and AIDS at national and sub-national levels	**UAC,**	**4&5**
2.4 Roll out the National HIV and AIDS database	**UAC**, *MDAs, SCE*	**4&5**
2.5 Make operational and popularize the M&E database	**UAC**	**4&5**

3 STRATEGIC ACTION: Improve mechanisms for capturing biomedical and non-biomedical HIV prevention data from all implementers.

Activities	Lead Agency	Years
3.1. Incorporate non-biomedical variables into sector MIS	**UAC,** *MDAs, SCE*	**4&5**
3.2. Roll out national tools for capturing biomedical and non-biomedical data	**MoH,** *UAC, MDAs, SCE*	**4&5**
3.3. Ensure sector-based information management system capture HIV and AIDS related data	**MDAs**, *SCEs, UAC*	**4&5**

4 STRATEGIC ACTION: Enhance mechanisms for improving data quality

Activities	Lead Agency	Years
4.1. Roll out the national HIV and AIDS data quality assurance guidelines	**UAC**	**4&5**
4.2. Continue implementing data quality assessments	**MDAs,** *UAC*	**4&5**
4.3. Hold pre-JAR data validation meetings and other validation mechanisms.	**UAC,** *LGs, SCE*	**4&5**
4.5. Develop and implement a system for uniquely identifying clients along the HIV continuum of care.	**MoH,** *UAC*	**4&5**

5 STRATEGIC ACTION: Strengthen the capacity of HIV and AIDS implementers in M&E.

Activities	Lead Agency	Years
5.1. Conduct a M & E capacity needs exercise/ assessment to determine capacity building requirements for institutions providing HIV and AIDS data for the national response	**UAC**	**4&5**
5.2. Implement a multi-sectoral M&E capacity strengthening strategy for HIV and AIDS	**UAC**	**4&5**
5.3. Review the UAC M&E staffing needs in relation scope and needs of the decentralized response.	**UAC**	**4&5**
5.4. Develop and implement the national HIV and AIDS M&E training curriculum	**UAC**	**4&5**
5.5. Conduct capacity building activities on HIV M&E at decentralized levels	**UAC**, *IPs, LG MDAs, SCE*	**4&5**
5.6. Create a log of capacity building efforts/ activities for M & E on HIV and AIDS that are conducted by institutions annually.	**UAC**	**4&5**

6. STRATEGIC ACTION: Strengthen HIV and AIDS M&E coordination and networks

Activities	Lead Agency	Years
6.1. Institutionalize M&E TWG	**UAC**	**4&5**
6.2. Conduct regular review and coordination meetings at local government and national level.	**UAC,**LG	**4&5**

7. STRATEGIC ACTION: Perform regular data analysis, aggregation and reporting

Activities	Lead Agency	Years
7.1. Conduct regular data reviews, support and mentor health facilities in reporting, analysis of district specific data and utilizing the data at this level	**MDAs,** *UAC, IPs, LG*	**4&5**
7.2. Establish horizontal reporting linkages with sector management information systems, IPs, research institutions etc.	**UAC**	**4&5**
7.3. Implement reporting system, and guidelines for regular collection and compilation of data on community services	**UAC,** *MoH, IPs, MoGLSD, ADPs*	**4&5**
7.4. Produce an annual report on the national status of the multi-sectoral response to HIV and AIDS in addition to global country progress report and with input from different sectors and stakeholders	**UAC,** *MDAs, SCE, LG*	**4&5**

OBJECTIVE 2: TO PROMOTE INFORMATION SHARING AND UTILIZATION AMONG PRODUCERS AND USERS OF HIV & AIDS DATA/ INFORMATION AT ALL LEVELS.

1. STRATEGIC ACTION: Produce and disseminate tailored HIV and AIDS information products

Activities	Lead Agency	Years
1.1. Produce information products from studies such as AIS, ANC Surveillance and Stigma Index findings.	**UAC,***IPs*	**4&5**
1.2. Integrate HIV and AIDS reporting in the Annual Sector Performance Review process.	**LM,***UAC*	**4&5**
1.3. Roll out national and decentralized forums for dissemination of HIV and AIDS research findings	**UAC**, *MDAs, SCE*	**4&5**

2. STRATEGIC ACTION: Conduct and disseminate NSP reviews

Activities	Lead Agency	Years
2.1. Support JAR preceded by peer review exercise at all levels	**UAC**	**4&5**
2.2. Ensure HIV and AIDS is integrated in the sector performance reviews	**UAC**	**4&5**
2.3. Conduct NSP end evaluation	**UAC**	**4&5**
2.4. Organize HIV and AIDS sector strategic plan reviews and joint TB and HIV performance review and dissemination of data quality assessment tools	**MoH,** UAC	**4&5**

3. STRATEGIC ACTION: Conduct operations research guided by the national HIV and AIDS research agenda to improve programming.

Activities	Lead Agency	Years
3.1. Finalize the review and implement the research agenda for HIV and AIDS	**UAC,** *SCEs*	**4&5**
3.2. Build the capacity for operational research and production of policy briefs at various levels	**UAC,** *SCEs*	**4&5**
3.3. Support district level HIV plans to implement operations research as a means for local innovation in the HIV response;	**UAC,** *LG*	**4&5**
3.4. Finalize the development and populate an HIV and AIDS research database	**UAC,** *SCEs*	**4&5**
3.5. Conduct Annual antenatal HIV Sentinel Surveillance	**MoH**	**4&5**
3.6. Conduct HIV Drug Resistance surveillance	**MoH**	**4&5**
3.7. Conduct condom surveys every year	**MoH**	**4&5**
3.8. Conduct an assessment of the epidemiological situation in the country including the TB surveillance system every two years (within allocation)	**MoH**	**4&5**
3.9. Conduct a cascade of operational research capacity strengthening at national, regional and district levels	**MoH,** *SCEs*	**4&5**

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

Activities	Lead Agency	Years
4.1. Hold annual national AIDS conference with prominence given to policy implications of research findings;	**UAC**	**4&5**
4.2. Regularly disseminate information through think tanks, symposia, data use workshops, policy briefs etc.	**UAC,** *MoH*	**4&5**
4.3. Post HIV and AIDS information on UAC website to promote data sharing among users and producers of HIV and AIDS data	**UAC**	**4&5**
4.4. Conduct committed meetings to each institution that contributes HIV and AIDS data to discuss HIV and AIDS data generation, processing, sharing and use	**UAC**	**4&5**
4.5. Disseminate at national and sub-national levels all documents on HIV and AIDS including revised M & E developed by the UAC and partners.	**UAC**	**4&5**
4.6. Conduct regular institution targeted meetings with producers and users of HIV and AIDS data to discuss each institution's role and contribution to the national M&E of the HIV and AIDS response	**MDAs,** *UAC, SCE, LG*	**4&5**

7.0. PROJECTED COSTS OF THE NATIONAL PRIORITY ACTION PLAN 2018/2019-2019/2020

The resource estimates for the NPAP are based on the NSP scenario 1 (90:90:90)[2].

`**Table 1**: Resource Estimates for the remaining two years of the NSP in US $ millions

	2017/18	2018/19	2019/20	TOTAL (FYs 2018/19-2019/20)
	Million USD	Million USD	Million USD	Million USD
Prevention	204.59	223.37	239.8	463.17
Care and treatment services	355.3	436.21	471.71	907.92
Program support-Systems strengthening	179.8	217.39	249.43	466.82
Mitigation –Social support	25	25	25	50
TOTAL (Millions of USD)	**764.69**	**901.97**	**985.94**	**1887.91**

Financing of the NSP

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

[2] It assumes that the 90-90-90 targets for the key interventions are all met by the year 2020.