



THE REPUBLIC OF UGANDA



UGANDA AIDS COMMISSION STRATEGIC PLAN

VISION

A population Free of HIV and its Effects

THEME

Mainstreaming for Sustainability of the HIV Response

PERIOD: 2020/21-2024/25

June 2021

TABLE OF CONTENTS

Acronyms	iv
Foreword.....	vi
Acknowledgement	vii
Executive Summary.....	viii
CHAPTER ONE: INTRODUCTION	1
1.0 Introduction and Background	1
1.1 Legal framework of Uganda AIDS Commission.....	1
1.2 Governance and Organisational structure	2
1.3 The national legal and policy contexts in which UAC operates	2
1.4 Purpose of the plan	5
1.5 The process of developing the SDP	6
1.6 The structure of the UAC Strategic Plan.	7
CHAPTER TWO: SITUATION ANALYSIS	8
2.1 A description of the HIV Epidemic situation in Uganda	8
2.2 UAC's Development Situation/performance against set targets	13
2.3 Cross Cutting Issues	17
2.5 UAC SWOT Analysis.....	19
2.6 Overview of UAC Institutional Capacity.....	23
CHAPTER THREE: THE STRATEGIC DIRECTION OF THE SECTOR	26
3.0 Vision, Mission, Goal, and Strategic Objectives	26
3.1 Vision and Mission.....	26
3.2 UAC Values statement.....	26
3.3 Goal:	26
3.4. Strategic Objectives and Intermediate Outcomes:	27
CHAPTER FOUR: FINANCING FRAMEWORK AND STRATEGY	45
4.0 Summary of Strategic Plan Budget.....	45
4.1 MTEF Projection and implementations for SP Financing	45

4.2	Resource Mobilization Strategy.....	46
4.2	Summary of funding by expenditure centres	47
4.3	Resource mobilization strategy.....	48
CHAPTER FIVE: INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTING THE PLAN		49
5.1	Arrangements for coordinating UAC Strategic Plan implementation.....	49
5.2	Sustainability	51
CHAPTER SIX: COMMUNICATION AND FEEDBACK ARRANGEMENTS		52
6.1	Target Audiences	52
6.2	Approach to Communication.....	53
6.3	Strategic Tools for Communication.....	53
6.4	Indicators of Success	55
6.5	Critical Success Factors	55
6.6	Advocacy	56
6.7	Feedback Mechanism	56
CHAPTER SEVEN: STRATEGIC RISKS AND THEIR MANAGEMENT		58
7.1	Assumptions	58
7.2	Risks	58
7.3	Critical Success Factors	59
CHAPTER EIGHT: MONITORING AND EVALUATION ARRANGEMENTS		65
8.0	Monitoring and Evaluation	65
8.1	Elements of the UAC M&E Strategy.....	65
8.2	Stakeholders in the UAC M&E Function	65
8.3	Development of UAC M&E System	66
8.4	Monitoring and Evaluation Framework.....	67
8.5	Performance Monitoring Indicators and Targets	67
8.6	Progress Reporting.....	67
8.7	UAC Annual Performance Review.....	68

8.8	The goal, Overall Objective and Programs, and the Outcome Indicators	69
CHAPTER NINE: PROJECT PROFILES		74
APPENDICES		89

Appendices

APENDIX 1: PROPOSED OPTIONS FOR BRIDGING THE FINANCING GAP	89
APENDIX 2: UAC RESULTS FRAMEWORK; OUTPUT LEVEL	90
APENDIX 3: UAC ORGANOGRAM	95
APENDIX 4: SUMMARY OF THE FUNCTIONS OF THE UGANDA AIDS COMMISSION	96
APENDIX 5: PARTNERSHIP MECHANISM FOR THE COORDINATION OF UGANDA'S HIV AND AIDS RESPONSE.....	97
APENDIX 6: COMMUNICATION CHANNELS.....	98
APENDIX 7: COSTING OF THE PLAN	100
APENDIX 8: MAPPING OF STRATEGIC OBJECTIVES TO STRATEGIC ACTIONS (UAC STAKEHOLDER MAPPING AND ANALYSIS)	124

List of Tables

TABLE 1: BUDGET AND ALLOCATION OVER UAC STRATEGIC PLAN (2015-2020).....	16
TABLE 2: SWOT ANALYSIS OF THE UAC	19
TABLE 3 : ALIGNMRNT TO NDP III: PROGRAMME RELEVANT TO UGANDA AIDS COMMISSION.....	30
TABLE 4: UAC SUB-PROGRAMME, INTERVENTIONS, OUTPUT AND ACTIONS	33
TABLE 5: SUMMARY OF STRATEGIC PLAN BUDGET (IN BILLION SHILLINGS)	45
TABLE 6: MTEF PROJECTION AND IMPLEMENTATIONS FOR SP FINANCING	45
TABLE 7: UAC FINANCING FRAMEWORK.....	46
TABLE 8: UAC STRATEGIC PLAN 2020/2021-2024/2025 COSTED INTERVENTIONS IN BN SHILLINGS	47
TABLE 9: MTEF PROJECTIONS AND IMPLICATIONS FOR SP FINANCING	47
TABLE 10: FUNDING GAP	48
TABLE 11: KEY ENVISAGED RISKS (LOW 1, MODERATE 2, HIGH 3; MINOR 1, MODERATE 2, SIGNIFICANT 3)	60
TABLE 12: RESULTS FRAMEWORK (OUTCOME LEVEL)	69
TABLE 13: PROJECT PROFILES	74

List of Figures

FIGURE 1: TREND IN THE NUMBER OF NEW HIV INFECTIONS OF ALL AGES AND HIV INCIDENCE RATE AMONG MALES AND FEMALES AGED 15 – 49 YEARS 2010 – 2020 [SOURCE: SPECTRUM FILE]	8
FIGURE 2: HIV PREVALENCE - 15-49 DECEMBER 2019	10
FIGURE 3: TRENDS OF NEW HIV INFECTIONS VS AIDS RELATED DEATHS:	11
FIGURE 4: TOTAL PLHIV AND TOTAL RECEIVING ART (ALL AGES).....	12
FIGURE 5 : TRENDS IN HIV AND AIDS SPENDING (UGX BN- 2008/09-2018/19).....	14
FIGURE 6: VISION, MISSION, GOAL, STRATEGIC OBJECTIVES, AND INTERVENTIONS.....	29

Acronyms

BCC	Budget Call Circular
BFP	Budget Framework Paper
BN.	Billion
CAC	City AIDS Committee
CCM	Country Coordinating Mechanism
CTE	Committee of Technical Experts
CNDPF	Comprehensive National Development Planning Framework
DACs	District Aids Committees
GAPR	Government Annual Performance Review
DLG	Decentralized Local Government
FDI	Foreign Direct Investment
FY	Financial Year
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoU	Government of Uganda
HSDP	Health Sector development Plan
ICASA	International Conference on AIDS and STIs in Africa
ICT	Information and Communicartion Technology
JAR	Annual Joint AIDS Review
KPs	Key Populations
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoFPED	Ministry of Finance, Planning, and Economic Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
MPS	Ministerial Policy Statement
MTEF	Medium Term Expenditure Framework
NADIC	National AIDS Documentation and Information Centre
NAFOPHANU	National Forum of People Living with HIV and AIDS Networks in Uganda
NDP	National Development Plan
NPA	National Planning Authority
NSP	National Strategic Plan
NTR	Non-Tax Revenue
OP	Office of the President
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PAC	Parish AIDS Committee
PF	Partnership Fund
PFTI	Presidential Fast Track Initiative
PLHIV	Persons Living with HIV and AIDS

PPP	Public-Private Partnerships
PWD	Persons with Disabilities
R&D	Research and Development
SBCC	Social and Behavioural Change Communication
SAC	Sub-County AIDS Committee
SCE	Self-Coordinating Entities
SDGs	Sustainable Development Goals
SDP	Sector Development Plan
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UAC	Uganda AIDS Commission
UBOS	Uganda Bureau of Statistics
UGX	Uganda Shillings
UNAIDS	The Joint United Nations Program on HIV and AIDS
USD	United States Dollars
VAC	Village AIDS Committee
WHO	World Health Organisation

Foreword

The Uganda AIDS Commission (UAC) was established by an Act of Parliament (Cap 208) in 1992 to coordinate the multi-sectoral HIV response in Uganda. UAC is responsible for overseeing the implementation of the 'Three Ones' principles of "One National Coordinating Authority," "One Action Plan," and "One Monitoring and Evaluation Framework."

UAC and stakeholders developed the National HIV and AIDS Strategic Plan and its M&E framework, aligned to the third National Development Plan. This second five-year UAC Strategic Plan aims to operationalise the National HIV and AIDS Strategic Plan and its Monitoring and Evaluation Framework, launched by the Rt Hon Prime Minister on 28th August 2020. It is yet another milestone responding to the HIV response and facilitating the roll-out of the Presidential Fast Track Initiative (PFTI) on Ending AIDS as a Public Health Threat by 2030.

Notably, this second UAC Strategic Plan comes at a critical moment in our HIV response history when the external funding for the HIV response is declining. Simultaneously, a new program planning approach comprising eighteen programs has been adopted by government and communicated in the Third National Development Plan. Under the program planning approach, HIV and AIDS interventions are addressed under the Human Capital Development Program. Other interventions that contribute to HIV prevention as enablers are implemented in other programs, calling for a healthier coordinating body. Therefore, the Government should prioritise strategies to mobilise adequate resources to implement the planned interventions in this complex implementation environment.

Stakeholders will note that development of the new Plan was done with all AIDS partners' active participation to serve as a comprehensive guide and policy document. It identifies five strategic objectives, including: a) Strengthening formulation of Policy, Strategy, and guidelines for the National HIV and AIDS Response; b) Improving resource mobilisation, monitoring for the National HIV and AIDS response; c) Strengthening partnerships and coordination mechanisms for the national HIV response; Strengthening HIV and AIDS knowledge management, and d) Strengthening the institutional capacity to lead the HIV Response.

This strategy will guide UAC to deliver on its mandates to coordinate stakeholders, mobilise resources for sustainable financing, and track results. I urge all stakeholders to support UAC in the implementation of this Plan.



Hon. Babirye Milly Babalanda

MINISTER FOR THE PRESIDENCY

Acknowledgement

It pleases me to present the Uganda AIDS Commission (UAC) Second Strategic Plan for 2020/21- 2024/25. This Plan details all aspects of the organisation's work, and therefore provides a strategic framework to guide all Directorates' and departmental work plans. The plan translates into the Commission's institutional performance contract. Consequently, it will be our "North Star" during the next five years of working to achieve our vision of "A population free of HIV and its effects."

This UAC Strategic Plan document provides a roadmap to meet UAC's legal mandate and facilitate the attainment of the national HIV and AIDS response results as outlined in the National Strategic Plan for HIV and AIDS. Importantly, it will guide efforts to coordinate the multi-sectoral response, strengthen collaboration, and ensure accountability for the resources and results. It makes clear the critical functions of UAC as the state agency overall charged with these responsibilities.

Lastly, this Plan outlines the strategies that align UAC and stakeholders' activities, including those of Implementing and Development Partners, to the broader objectives of the relevant programs in the 3rd National Development Plan, and hence the link to "Increased Household Incomes and Improved Quality of Life of Ugandans."

Therefore, the successful implementation of this Plan hinges on the support of UAC staff and our stakeholders. UAC appreciates the critical role played by the 12 Self Coordinating Entities, including communities of Persons Living with HIV, Faith-Based Organisations, Civil Society, AIDS Development Partners, the Private Sector, the Media, and other stakeholders. Equally important, are Parliament, Ministries, Departments and Agencies (MDAs), Decentralised Local Governments (DLGs), Research and Academia, and other government sectors.

On behalf of UAC staff, I convey our commitment to strengthening the HIV response coordination at all levels of government to sustain and enhance the required results towards ending AIDS as a Public Health threat. We thank all partners who have provided input to this Plan, including the United Nations Joint team through UNAIDS, UN Women, NAFOPHANU, NPA, OP, Irish Embassy, the Members of the Technical Committee and Mr Moses Arinaitwe, who facilitated the process of developing the Plan.



Dr Nelson Musoba
DIRECTOR GENERAL

Executive Summary

Uganda AIDS Commission envisions a population free of HIV and its effects. The mission of UAC is to provide effective leadership to the HIV and AIDS Multi-sectoral Response. Over the Plan period, the UAC shall offer a strategic framework for the coordination and management of HIV and AIDS in Uganda, thus contributing to increased household incomes and improved quality of life. UAC will also work to achieve its goal of effectively managing and coordinating the multi-sectoral stakeholders towards ending HIV and AIDS in Uganda through five strategic objectives, namely: a) to provide policy strategy and policy guidance to stakeholders in the national HIV and AIDS response; b) to mobilise, monitor resources for the national HIV and AIDS response; c) to strengthen partnerships and coordination mechanisms for the national HIV response; d) to strengthen HIV and AIDS knowledge management; and e) to enhance the institutional capacity to lead the HIV Response.

Under this plan, the Commission has identified four priority needs in line with its mandated functions: a) HIV & AIDS care (counselling) and treatment; b) HIV & AIDS prevention; c) PLHIV psychosocial support; and d) HIV & AIDS system support - ecosystem. This Second UAC Strategic Plan is to be implemented under the theme, "*Mainstreaming for Sustainability of the HIV Response.*" The Commission will heighten its Mainstreaming HIV and AIDS strategy in all development programs implemented by Ministries, Departments, Agencies, and Decentralised Local Governments. This will enable Uganda to efficiently manage the HIV response towards ending AIDS, thus unleashing its national economic growth potential.

This second Plan aligns with the NDP III theme: "*Sustainable Industrialisation for inclusive growth, employment and wealth creation.*" It will empower the Commission to contribute to three national development programs of NDP III, namely:

- a) **Human Capital Development Programme:** Controlling the HIV and AIDS epidemic and its consequences will increase the Ugandan population's productivity potential for increased competitiveness and better quality of life. The resultant improved child and maternal outcomes and increased life expectancy.
- b) **Community Mobilisation and Mindset Programme:** To achieve PFTI, UAC and partners will have to empower families, communities, and citizens to embrace and actively participate in the programs for the national HIV response. The key expected results include: increased participation of families, organisations, and citizens in the provision and utilisation of HIV services; enhanced media coverage on HIV issues; increased household savings; and better uptake and/or utilisation of HIV services at community and district levels.
- c) **Governance and Security Programme:** UAC aims to improve adherence to the HIV and AIDS policies and regulations and the country's capacity to contain the HIV epidemic and other related epidemics. Key expected results include improvement in

the national HIV Response indices; and an increased percentage of districts, sub-counties, cities, and municipalities with functional coordination structures.

Under each of the five Strategic Plan objectives mentioned above, the Commission will address five strategic objectives under which several priority interventions are to be addressed as follows:

Under Strategic Objective No 1. aimed at providing policy strategy and guidance to stakeholders in the national HIV and AIDS response, the Commission will: a) develop overarching policies, plans, laws, and guidelines on HIV and AIDS; b) popularise Policies and guidelines, laws on HIV and AIDS; c) supervise and monitor stakeholders to ensure compliance with policies, Plan, procedures, and laws. Develop and monitor HIV and AIDS Strategic plans; and e) Support MDAs and LG to integrate/mainstream HIV and AIDS in their plans, programs, and projects.

Under the second strategic plan that aims to mobilise, monitor resources for the national HIV and AIDS response, the Commission's priority interventions are: a) to develop and implement a resource mobilisation framework; b) build Institutional Capacity for AIDS resource tracking & monitoring; and c) support national and sub-national AIDS Coordination structures.

The third strategic objective through which the Commission seeks to strengthen partnerships and coordination mechanisms for the national HIV response will focus on the following priority areas: a) Roll out the UAC Regulations for coordination of the response; b) functionalise the Partnership Framework; c) build capacity for partnership structures at all levels to strengthen coordination of SCEs within SCEs (documentation, resource mobilisation, reporting,); and d) Strengthen the community of PLHIV for partnership in the HIV and AIDS response.

Under strategic objective number 4, which aims to strengthen HIV and AIDS knowledge management over the plan period, the priorities of the Commission will be to: a) revitalise NADIC as a national hub for HIV and AIDS strategic information; b) build capacities of Sector HIV Information Management systems to enable reporting of strategic information with the central platform; c) establish communication mechanisms targeting different categories of populations, including Adolescents, Youths, special interest groups, etc.; d) undertake evaluative/periodic assessments and special studies; and e) promote information sharing and utilisation among producers and users of HIV and AIDS data/information at all levels.

Strategic objective five seeks to strengthen the institutional capacity to lead the HIV Response. Under this objective, the Commission will address two priority areas: a) enhance governance systems (Board, SCEs, DACs, SACs, PACs, and VACs); and b) Strengthen Management Support Systems to coordinate HIV and AIDS Response.

The Indicative Budget of the Strategic Plan (In Billion Shillings)

Classification	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Total
Recurrent (wage)	5.761	5.761	5.761	5.761	5.761	28.805
Recurrent (non-wage)	20.024	31.828	23.772	22.349	24.588	122.561
Total recurrent	25.785	37.589	29.533	28.11	30.349	151.366
Development	2.4	1.67	2.915	0.925	1.433	9.343
Total Budget	28.185	39.259	32.448	29.035	31.782	160.709

CHAPTER ONE: INTRODUCTION

1.0 Introduction and Background

This document outlines the second Strategic Plan for Uganda AIDS Commission (UAC), documenting priority interventions that will lead to a well coordinated national HIV and AIDS response. It builds on the achievements of the first UAC strategic plan, which ended on the 30th of June 2020. The plan is also informed by critical national policy, legal, and planning documents that include the ruling party manifesto (NRM, 2016), the Third National Development Plan (NDP III, 2020/21-2024/25) and the Presidential Fast-Track Initiative (PFTI) for Ending AIDS as a Public Health threat. The Third National Development Plan (NDP III, 2020/21-2024/25) is the third overarching national development plan that lays down an overall national planning framework for guiding Ministries, Departments, and Agencies (MDAs) to develop their strategic plans aligned to it.

In line with its mandate, the strategic plan describes how UAC will coordinate stakeholders to effectively implement the Presidential Fast-Track Initiative (PFTI) for ending AIDS as a Public Health threat by 2030. Uganda AIDS Commission was established in 1992 to coordinate the national HIV and AIDS response. In performing its mandate, UAC is required to develop a Strategic Plan that defines its strategic thrusts in line with its legal mandate. This Strategy outlines new, bold steps to advance UAC's leadership role in the national HIV response and to implement the national HIV and AIDS Strategy for 2020/21-2024/25. It also outlines efforts for ensuring that the HIV response is fully resourced and implemented with optimal efficiency.

1.1 Legal framework of Uganda AIDS Commission

This institution was established by UAC Act (CAP 208) to oversee, plan and coordinate AIDS prevention and control activities throughout Uganda in the areas of: a) HIV & AIDS counselling and treatment; b) HIV & AIDS prevention; c) PLHIV psychosocial support; d) HIV & AIDS system support- ecosystem. Its specific functions are:

- a) To formulate policy and establish program priorities for the control of the AIDS epidemic and management of its consequences throughout the country.
- b) To ensure proper planning and coordination of all AIDS control policies and programs within the overall program strategy.
- c) To identify obstacles to the implementation of AIDS control policies and programs and ensure the performance and attainment of program activities and targets.
- d) To disseminate information on the AIDS epidemic and its consequences in Uganda and on the program activities for its control.
- e) To supervise all activities relating to the control of the AIDS epidemic in Uganda.

To find a drug for the cure of the AIDS disease.

1.2 Governance and Organisational structure

Uganda AIDS Commission provides strategic guidance and coordinates the efforts of Government, Civil Society Organizations, Communities affected by HIV, the private sector and Development Partners to transformative progress towards ending AIDS as a public Health threat. UAC is strategically located under the Office of the President and gets overall policy direction and guidance from H.E the President or his delegated entity/authority. It is an autonomous institution, corporate and managed by a multi-sectoral Board and a technical team (Secretariat) headed by the Director-General.

- ✓ The UAC Board comprises of the Chairperson and 10 members, appointed by the President and drawn from the government and non-government sectors, People Living with HIV/AIDS (PLHIV) and individuals who are selected for their outstanding expertise and commitment to the HIV response to reduce and eliminate HIV/AIDS. The Board meets quarterly and functions through committees, include: a) Finance & Administration Committee; b) Advocacy Committee; c) Resource Mobilization Committee; c) Board Audit Committee; and d) Policy, Planning & Monitoring Committee.
- ✓ The Secretariat is headed by a Director-General accountable for the day-to-day running of the institution. The technical teams are led by Directors of: a) Planning and Strategic Information; b) Policy, Research and Programming; c) Finance & Accounting; d) Partnerships; and e) Human Resource and Administration. The UAC Organogram is represented at *Figure 5*.

The Partnership Committee: This is comprised of 12 Self-Coordinating Entities (SCEs), which include: 1) Line Ministries, Departments, and Agencies (MDAs); 2) Parliament; 3) Research, Academia, Science and Professional Bodies; 4) AIDS Development Partners; 5) The Network of People Living with HIV and AIDS (PLHIV); 6) Civil Society Organizations; 7) Private Sector; 8) Faith-Based Organisations; 9) Media; 10) Culture; 11) Decentralized Response; and 12) Country Coordinating Mechanism (CCM) of the Global Fund

Zonal Coordination Units cater for the decentralised response and provide a significant link between UAC and the Local Governments. In the current structure, there are three operational Zonal Coordination Units, in Gulu for Northern Uganda, Karamoja for the greater Karamoja area/North Eastern Region; and Mbarara for the greater western region. Zonal Coordinators should be logistically facilitated to supervise and offer technical guidance to District HIV Focal Persons, District AIDS Committees and the private sector HIV/AIDS players. During the Consultations to develop this strategic plan, districts expressed a strong need to work together with the Zonal Coordinators to impact the communities at Local Government levels given the resurgence of HIV in some sub-populations in their localities.

1.3 The national legal and policy contexts in which UAC operates

Uganda AIDS Commission aligned this Strategic Plan to Vision 2040 and the National Development Plan (NDP III) 2020/21 – 2024/25 priorities, National HIV and AIDS Strategic Plan (NSP) 2020/21-2024/25; and the Presidential Fast Track Initiative.

This Strategic Plan is aligned to the NDP III, which recognises HIV and AIDS as a critical issue in Human Capital development. The National HIV and AIDS Strategic Plan adopted the prioritised interventions including; a) elimination of Mother to Child transmission of HIV; b) Test and Treat for all; c) Safe Male Circumcision, d) scaled up condom use among key and vulnerable groups; e) pre-exposure prophylaxis; f) post exposure prophylaxis; and establishing and ensuring access to HIV prevention and management programs for adolescent girls and young women. Implementing this strategic Plan will ultimately reduce HIV and AIDS-related morbidity and mortality, thus increasing productivity, inclusiveness, and wellbeing of the population, contributing to the NDP III goal of increased household income and improved quality of life.

This Plan recognises existing planning, policy, and legal framework in Uganda including; the 2011 National HIV and AIDS Policy that provides a broader framework for delivering HIV and AIDS services and promotes a human rights-based, gender-sensitive legal, and policy environment to address HIV and AIDS in Uganda; the second National Health Policy; and the Health Sector Development Plan.

On the legal side, there is the HIV and AIDS Prevention and Control Act (2014). This legal framework obliges the state to ensure equitable access to HIV services and universal HIV treatment on a non-discriminatory basis. Uganda subscribes to the regional and international commitments and obligations to protect and promote human rights and to achieve gender and general equality for all. The Constitution of the Republic of Uganda (1995), the African Charter on Human and Peoples' Rights (1981), and the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003). The African Union Solemn Declaration on Gender Equality in Africa (adopted in Addis Ababa, Ethiopia, in 2004) acknowledges the high incidence of HIV among women and girls in Africa and commits states to accelerate the implementation of gender-specific measures to combat HIV.

This Plan is also informed by policy and legal provisions relating to social support and eliminating structural barriers to service access: The Domestic Violence Act (2010) and the Children's Act (Cap 59); the Penal Code Amendment Act (2006), which prohibits acts of sexual violence (rape and defilement); the National OVC Policy (2004); the National Policy on Disability (2006); the Uganda Gender Policy (2007); the National Anti-HIV and AIDS Stigma and Discrimination Policy (2016), among others.

How the Plan relates to the NDP III 2020/21-2024/25

The Theme of this strategic plan is "Mainstreaming for Sustainability of the HIV Response." It requires every Ministry, Department and Agency (MDA) to participate in the fight against HIV and AIDS, thus efficiently availing more Ugandans with HIV prevention, care and treatment services, and services for mitigations of its effects integrated into the existing development programs. With the increasing uncertainty of external financing, the mainstreaming strategy will ensure sustainability of HIV and AIDS interventions towards ending AIDS, thus unleashing the national economic growth potential. Therefore, this theme

is in line with the NDP III, "Sustainable Industrialisation for inclusive growth, employment and wealth creation." The Plan also mainly contributes to three national development programs of NDP III, namely:

- a) **Human Capital Development Programme:** Controlling the HIV and AIDS epidemic and its consequences will increase the Ugandan population's productivity potential for increased competitiveness and better quality of life. The resultant improved child and maternal outcomes and increased life expectancy.
- b) **Community Mobilisation and Mindset Programme:** To achieve PFTI, UAC and partners will have to empower families, communities, and citizens to embrace and actively participate in the programs for the national HIV response. The key expected results include: increased participation of families, organisations, and citizens in the provision and utilisation of HIV services; enhanced media coverage on HIV issues; increased household savings; and better uptake and/or utilisation of HIV services at community and district levels.
- c) **Governance and Security Programme:** UAC aims to improve adherence to the HIV and AIDS policies and regulations and the country's capacity to contain the HIV epidemic and other related epidemics. Key expected results include improvement in the national HIV Response indices; and an increased percentage of districts, sub-counties, cities, and municipalities with functional coordination structures.
- d) **Public Sector Transformation:** To improve public sector to the citizens' needs regarding HIV and AIDS services, this plan envisions retooling UAC and the response's coordination structures, increasing government effectiveness. This will be achieved through; strengthening accountability and transparency for the national HIV response; streamlining coordination structures for efficient and effective service delivery and increasing transparency and responsibility for the mobilised resources.

Linkage between the strategic plan and global and regional initiatives

Uganda subscribes to the Sustainable Development Goals (SDGs) and this plan is especially cognizant of SDG 3 of ensuring healthy lives and promoting the well-being for all ages. Specifically, it seeks to address target 3.3 of end Epidemics of AIDS, Tuberculosis, Malaria and neglected tropical diseases. The UAC Strategic Plan 2020/21–2024/25 will guide the post-2020 agenda and alignment with the SDGs, principally Goals 3 and 5. It recognises the regional initiatives, including the East African Community, the Inter-Governmental Authority on Development (IGAD), Great Lakes Initiative on AIDS (GLIA) and the African Union Commitment on HIV Control. More specifically, it is aligned with the United Nations' goals in the 2016 Political Declaration on Ending AIDS.

Other commitments and obligations are the African Charter on the Rights and Welfare of the Child (1990), the Universal Declaration of Human Rights (1948), and the Convention on the Elimination of All Forms of Discrimination Against Women 1979 (CEDAW, reaffirmed by the Beijing Declaration and Platform of Action in 1995), the Political Declaration on Universal Health Coverage 2019 and other regional and international instruments to which Uganda is a State Party.

Linkage between the UAC Plan and NDP III:

Uganda AIDS Commission will contribute to objective 4 of the NDPIII, Human Capital Development program which relates to improving population health, safety and management. This is through effective coordination and leadership of the national multi-sectoral HIV response. Thus, UAC interventions will contribute to the Human Capital Development programme Implementation plan which will relate to reducing new HIV infections, AIDS related deaths, stigma and discrimination. Other programs which UAC relates to include; community mobilisation and mindset change; Governance and security; and public sector transformation. Through effective coordination of the national multi-sectoral HIV response, there will be increased coverage with quality HIV and AIDS services, with resultant reduction in the burden of HIV epidemic and its impediments on communities' socio-economic development.

1.4 Purpose of the plan

In the last 5 years, Uganda made significant progress in the fight against the HIV and AIDS epidemic as evidenced by the reduction in new HIV infections and AIDS related deaths. Similarly, coverage with HIV services like HIV testing, antiretroviral therapy and other effective technologies has improved, implying that the implementation landscape has evolved over the years and so have the stakeholders. As the country turns the corner towards the last mile, it is important to ensure sustained collective commitment across all sectors in order to protect gains in HIV prevention, treatment and social protection, and to accelerate progress towards the country's commitments to end this epidemic and its negative impacts. Therefore, in view of this context and its implications on the national planning framework and systems, and in view of the fast-changing national and international financing landscape, this second Strategic Plan lines up new and innovative measures to enhance the Commission's capacity to effectively and efficiently coordinate stakeholders to implement the National HIV response towards ending AIDS as a Public Health threat by 2030.

Through this plan, UAC seeks to provide effective leadership to the HIV and AIDS Multi-sectoral Response through addressing the following strategic objectives;

1. To provide policy strategy and guidance to stakeholders in the national HIV and AIDS response;
2. To mobilise and monitor utilization of resources for the national HIV and AIDS response;

3. To strengthen partnerships and coordination mechanisms for the national HIV response;
d) to strengthen HIV and AIDS knowledge management; and
4. To enhance the institutional capacity to lead the national multi-sectoral HIV Response.

This plan offers an opportunity for UAC to guide stakeholders towards implementation of the Presidential Fast Track Initiative for Ending AIDS by 2030 and the 3-ones (one coordination framework, one strategic plan and one M&E mechanism). The plan is critical for Uganda to effectively respond to the current HIV and AIDS epidemic.

1.5 The process of developing the SDP

This development plan was developed using a highly consultative and participatory approach, involving key stakeholders and interest groups, including the board and staff of UAC, communities of People Living with HIV and vulnerable Populations, AIDS Development Partners, selected districts and Implementing Partners.

In keeping with the UAC technical capacity to implement the multi-sectoral HIV response since its establishment, the management and Board decided to use an Internal Task Force, assisted by an External Facilitator. The TF comprised UAC Directorates' heads, representative of the Board, key stakeholders, particularly NPA, PLHIV, and AIDS Development Partners.

A planning framework to guide the development of UAC Second Plan was presented to the Senior and Top Management Committee and the Board for approval. The framework spelt out mechanisms and roadmap for the development of the UAC Plan until its approval. The means included holding consultations with UAC primary and secondary stakeholders to elicit their needs, expectations, and aspirations to coordinate HIV multi-sectoral response. A strength weakness, opportunities, and threats (SWOT) and Political, Economic, Social, and Technological (PEST) analysis was conducted to identify enablers (strengths & opportunities) and challenges (weaknesses and threats). An Issues Paper informed by findings from significant policy, planning, legal and critical reports including the Mid-Term Review Report of the previous Strategic Plan formed the basis of consultations with UAC Directorate technical and support staff, representative MDAs, AIDS Development Partners, representatives of HIV Self Coordinating Entities, UAC Zonal Coordination Offices and District AIDS Committees.

Notably, the Task Force identified the UAC Second Plan's Vision, Mission, Strategic objectives, interventions, and core values from the consultations. A preliminary presentation of the consultations' findings and proposed Commission's strategic thrust was then presented to the Board for inputs and prior approval. The Task Force developed results-based monitoring and evaluation frameworks and cost estimates for the Plan based on the initial acceptance. The final draft plan will be subjected to both an internal and external approval process and subsequently adopted as the Uganda AIDS Commission Strategic Plan 2020/21-2024/25.

1.6 The structure of the UAC Strategic Plan.

The Uganda AIDS Commission Strategic Plan comprised of Nine Chapters; **Chapter One** covers the Introduction and background information that provides a foundation for the Plan; **Chapter Two** focuses on the Sector Situation Analysis, simulating the past performance of the Commission including challenges and lessons learnt. It therefore provides a benchmark for issues to be addressed. **Chapter Three** presents the strategic direction of the Commission for the 5-year period. It further gives detail of the strategic objectives focusing on the strategic interventions, outcomes and outputs, necessary for attainment of the envisaged targets. **Chapter Four** details the financing framework and strategy; **Chapter Five** presents the institutional arrangements for implementing the Plan; **Chapter six** covers communication and feedback strategy; **Chapter seven** presents the risk management; **Chapter Eight** spells out the monitoring and evaluation arrangements that will be used to track the performance of the Plan; and lastly **Chapter 9** details the project profiles. The detailed Cost of the Strategic Plan, the Results framework are also annexed.

CHAPTER TWO: SITUATION ANALYSIS

This chapter presents an analysis of the Uganda AIDS Commission's performance under the previous strategic plan in the context of its achievements, gaps and challenges since June 2016. The analysis focuses on the key results areas prioritised to contribute to the 2nd NDP and how they contributed to reducing the HIV and AIDS epidemic. Also presented is the SWOT analysis as well as the stakeholder analysis in terms of data and trends that influence the National HIV Response, in order to describe the context within which the plan is being developed and to provide a foundation for the strategic direction going forward.

2.1 A description of the HIV Epidemic situation in Uganda

Uganda made tremendous progress in achieving sustained reduction in new HIV infections and HIV incidence, as well as HIV/AIDS related morbidity and mortality in most population groups during the past decade. The National HIV estimates indicate that as of December 2019, over 1,460,000 people were living with HIV and that 53,000 Ugandans got newly infected with HIV in that year, of which 5,700 were children aged 0 to 14 years. Women aged 15 years and older were 28,000 contributing over 53% of all new infections. Furthermore, over 21,000 AIDS related deaths were registered, implying that about 60 people died due to AIDS related illnesses each day. However, current levels are still high and the SDG targets for 2020 that envisioned reduction of new HIV infections and AIDS-related by 75% by 2020 were not met. In addition, there are some population groups and geographical hotspots where new HIV infections and HIV prevalence remain high - almost ten-fold that of the general population.

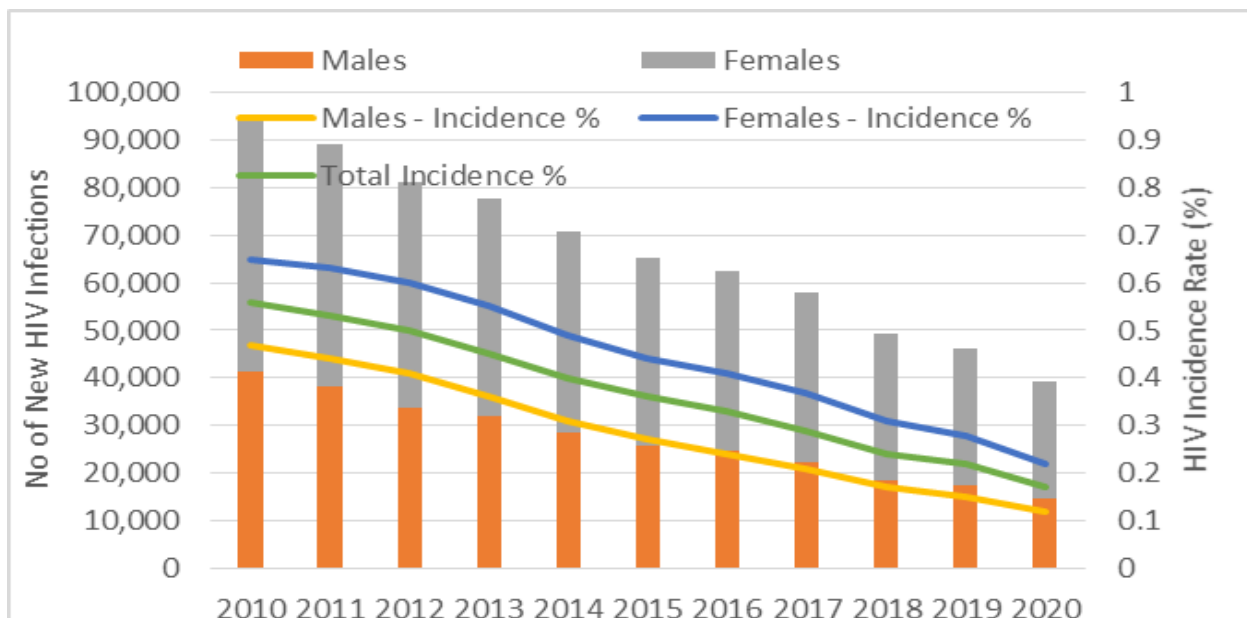


Figure 1: Trend in the Number of New HIV Infections of all ages and HIV Incidence Rate Among Males and Females Aged 15 – 49 years 2010 – 2020 [Source: Spectrum file]

The HIV prevalence is still high, estimated to be 5.6%, i.e., 7.1% for women, 4.3% for men, 2.8% among young women, and 1.1% among young men. Among older adolescents and young people, HIV prevalence is almost four times higher among females than males. Although not all data are current or comprehensive, for specific population groups, particularly KPs, HIV prevalence is significantly higher, ranging from 13.7% among Men who have Sex with Men to as high as 37% among sex workers. Despite this tall figure, a positive change has been realised over the years. This is demonstrated by the decline in HIV prevalence from 6.6% in 2010 to 6.1% in 2015 and then to 5.6% as of December 2019. HIV incidence (per 1,000) is estimated to have reduced from 3.19 in 2010 to 1.93 in 2015, and then down to 1.31 as of December 2019

The HIV prevalence in Uganda varies by population, socioeconomic and sociodemographic characteristics, and geographical areas (see Figure 1). There are wide variations by region and district. Most of the North, central, western, and South-western areas of the country report higher prevalence rates; communities with the least prevalence are mainly in the Karamoja, North-East, and West Nile regions. A national population-based survey (UPHIA 2016–2017) shows that HIV prevalence not only varies across the 10 areas, ranging from 3.1% in West Nile to 8.0% in the Central 1 region, but that it is also higher among those residing in urban areas (7.5%) compared to those living in rural areas (2-3%). Therefore, the HIV epidemic in Uganda continues to be severe, mature, generalised, and heterogeneous.

2.1.1 Major achievements

a) Achievements on the set targets and standards

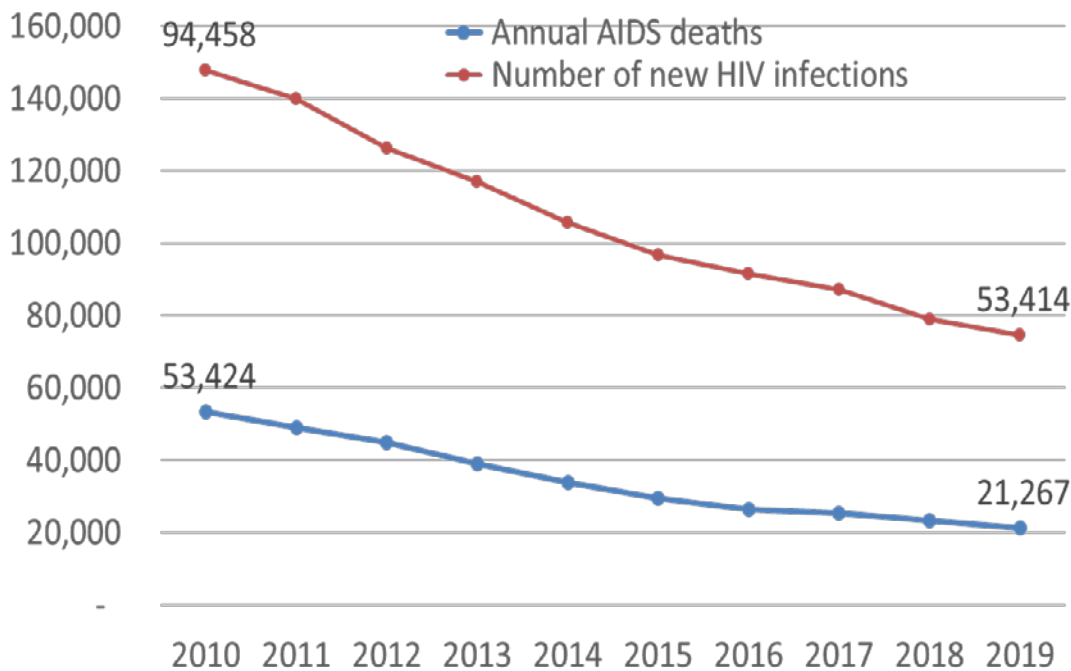
The mandate of UAC is formulation of policy, strategy, guidelines and standards; resource mobilisation; strengthening partnerships and coordination; management of information relating to the national HIV and AIDS response. In this regard, UAC coordinated stakeholders to formulate or reviews relevant policies and guidelines; effectively provide HIV and AIDS services; and regularly conduct performance reviews. The consensus was also built on priorities for the HIV and AIDS strategic plan for 2020/21-2024/25. Below is a detailed account of the significant achievements over the 5 years.

b) Progress on impact and outcome targets

Through effective coordination of stakeholders, UAC was able to register a significant reduction in the HIV and AIDS burden in Uganda as evidenced by annual progress reports and periodic population-based studies. The national epidemic transition metrics for 2019 showed that new HIV infections have reduced by 52% since 2010, while the AIDS-related deaths decreased by 60%.

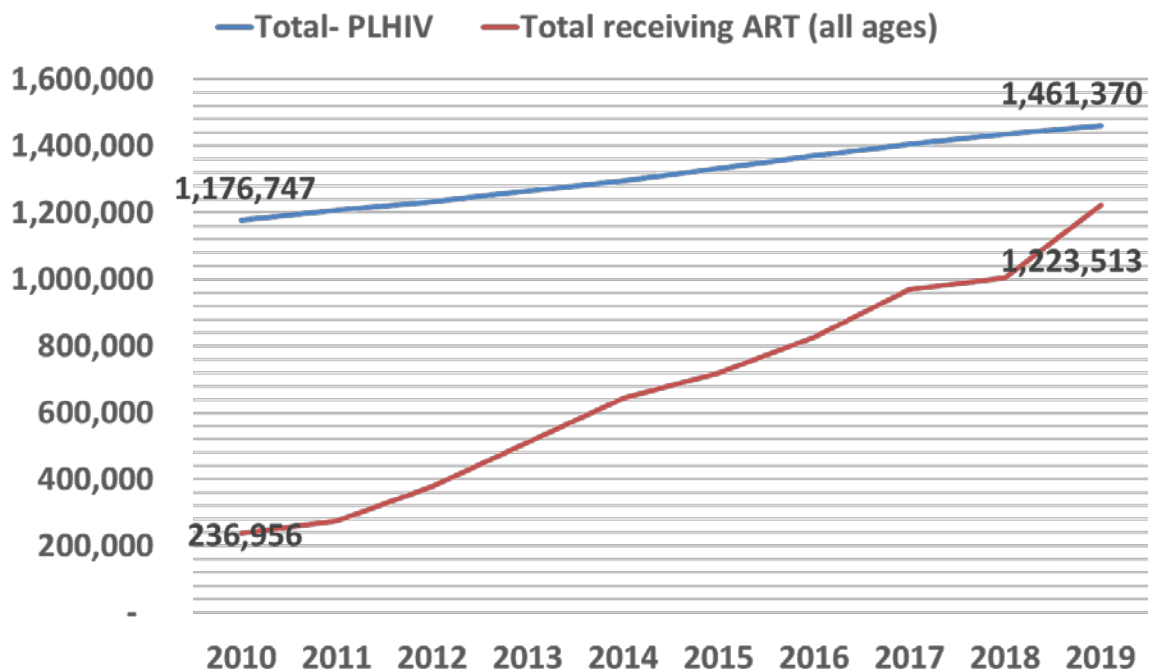
The figures given below highlight the progress made towards the reduction of infections and improvements in awareness and treatment of persons living with HIV and AIDS.

Figure 3: Trends of new HIV infections vs AIDS related deaths:



Over the last five years, Uganda has made a lot of progress towards attaining the 90-90-90 targets. The 2020 JAR report showed that the 2nd and 3rd 90 were achieved by December 2019, putting Uganda among the 14 countries globally to have made this achievement. The Country also attained 89%, a one percentage point short of the first 90.

Figure 4: Total PLHIV and Total Receiving ART (all ages)



Collaborative engagement of the PLHIV organisations, various religious and cultural leaders are beginning to bear fruits; stigma among PLHIV reduces from 50% in 2013 to 24% in 2019; self-stigma was halved.

However, performance has declined slightly following the COVID-19 pandemic. Furthermore, there are still over 300,000 individuals who are not virally suppressed, including 120,000, are on treatment but not virally suppressed. An estimated 180,000 HIV infected persons have not yet been tested, including an estimated 53,000 annual new infections.

Progress is also noted in the integration of HIV services, for instance, HIV prevention service providers have integrated Social and Behavioral Change Communication (SBCC), Gender Based Violence (GBV) and Sexual and Reproductive Health (SRH). Strategies like targeted provision of HIV Testing Services, Reaching Key Populations (KP) with services and consolidating Prevention of Mother to Child Transmission of HIV are progressively finding the missing positives. The improved ART coverage following the adoption of Test and Treat has contributed to a good quality of life of PLHIV and significantly contributed to the

dramatic reduction in new HIV infections. There is multi-sectoral engagement in the response more evident with the revitalising HIV mainstreaming in Government sectors. There is notable progress in systems supporting service delivery within the health sector, such as laboratory, supply chain, strategic information, and policy development and dissemination.

There is targeted programming addressing Adolescent Girls and Young Women (AGYW) to reduce their vulnerability to HIV. The targeted programming includes DREAMS covering 15 districts, GF covering 39 districts. Programs implemented include creating awareness about SRH/HIV/GBV and economic empowerment.

2.1.2 Contribution of UAC to the National Strategic Plan

The Commission's contributions towards the success of the national HIV response relate to the strategic leadership and direction, coordination of the partnership mechanism, resource mobilisation, monitoring and evaluation, and institutional capacity building. This has resulted in a reduction in HIV prevalence from 18% in the late 1990s to 7.3% in 2015 and 5.6% by December 2019. The framework for the partnership mechanism is represented in Figure 4.

UAC's capacity to coordinate partners to develop and disseminate AIDS control policies and strategies has meaningfully impacted national development. The 2020/21-2024/25 National HIV and AIDS Strategic Plan, the Key Population and Priority Population programming framework/action plan, the Presidential Fast-Track Initiative (PFTI) action plan, the Partnership manual, and functional multi-sectoral Technical Working Groups stand out as policies that have guided HIV and AIDS partners through this success. Other critical documents and tools developed during the strategic period include; the National HIV and AIDS policy, Draft National HIV Stigma and Discrimination policy; UAC regulations; the National HIV mainstreaming guidelines; National HIV Prevention roadmap; the Adolescents and Young People (AGYP) accountability framework, and Guidelines for coordination of decentralised HIV and AIDS response was also developed. Furthermore, UAC has developed message clearing and harmonisation guidelines for all HIV and AIDS related messages. In this development cycle, the Commission will update and widely disseminate the policies, procedures, and other emerging frameworks to reach all stakeholders.

2.2 UAC's Development Situation/performance against set targets

Several achievements were made towards the set targets and standards in regards to policy and strategy formulations; the following were realised:

- UAC played a leading role in bringing HIV and AIDS concerns into the global and national environmental policy dialogue. The Presidential Fast-Track Initiative's roll-out revitalised high-level political leadership for the National HIV response right from His Excellence the President, Parliamentarians, Government ministries, and district leaders. The Commission took leadership in the commemoration of international and national advocacy and awareness days, including the observance of 5 World AIDS Days, 5 Candlelight Memorial Days (CLMD), and two (2) Philly Lutaaya memorial lectures. The PFTI and these advocacy days attracted multi-sectoral participation from Religious

and Cultural leaders, PLHIV, the media, and the young people who worked with Government sectors to disseminate information to the community.

- A specific HIV and AIDS Committee of parliament was created, ensuring that the HIV agenda is discussed at the government's legislative level.
- Developed the HIV & AIDS mainstreaming guidelines, which were included in the last 2 budget call circulars. The policies have been rolled out and implemented in over 60% of the districts.

The following was achieved under resource mobilisation:

The Commission developed a resource mobilisation strategy to enable acquisition of resources for the National HIV Response from which several approaches have been implemented, including;

- The reformed Country Coordination Mechanism (CCM) coordinated the mobilisation and monitored the utilisation of HIV and AIDS Global Funds disbursed both through the public and private sector Principal Recipients;
- The One Dollar Initiative was promoted as another innovative resource mobilisation strategy to encourage individuals and organisations to contribute at least a dollar per person. To date, the response from the public has been positive, with Parliamentarians alone raising almost 1 billion shillings in cash and pledges; and
- The mainstreaming guidelines for HIV and AIDS were developed and rolled out. This has informed the Budget Call Circulars (BCCs) for FYs 2018/19, 2019/20, and 2020/21 with the Permanent Secretary/Secretary to the Treasury directing all MDAs and LGs to allocate 0.1% HIV & AIDS interventions. Through this mechanism, MDAs and Districts had allocated Ugx38bn for HIV interventions in FY 2019/20.

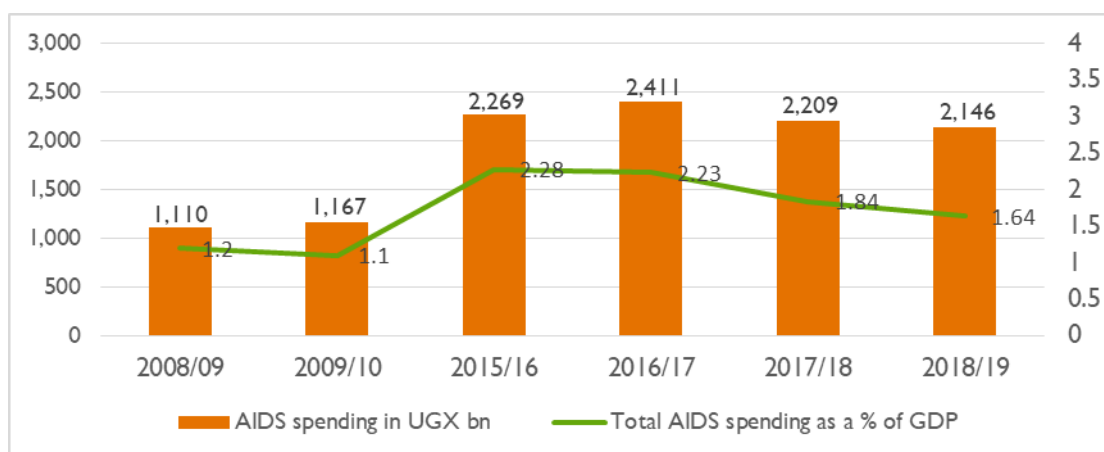


Figure 5 : Trends in HIV and AIDS spending (UGX bn- 2008/09-2018/19)

The following was achieved under Monitoring and Reporting:

The provision of oversight to stakeholders was achieved through convening regular partner meetings to review performance and agree on new policies, plans, and strategies, and get commitments from partners. Between 2015/16 and 2019/20, 5 annual Joint AIDS Review

(JAR) and 2 Partnership Fora (PF) were convened, drawing participation from all actors in Uganda's national HIV AND AIDS space.

UAC's performance monitoring and reporting systems have improved over time, which, positively impacted on accountability to government and stakeholders through quarterly and annual review meetings and, through compilation of annual reports to the Board and other government arms. UAC developed tools like strengthening its web presence, using social media, and disseminating its illustrated yearly information to improve communication effectiveness. The Commissions communications channels are represented in Appendix 4. Through the partnership with NITA-U, UAC's web presence has been tremendously enhanced. Working with the Ministry of ICT, the national and international HIV and AIDS events have been shared on many websites of other Government institutions. Through these and other efforts the following outcomes have been registered;

- Reached overall 68% of the targeted population with programmes addressing stigma, discrimination and social exclusion in places with high levels of stigma - up from 34% in 2015 to 19.1% in 2018
- **Played** a role in mainstreaming of HIV in central ministries departments and agencies, and local governments hence increasing domestic financing of the national HIV response or upholding human rights
- **Reached** over 95% people with integrated HIV and AIDS response services

2.2.1 Progress against the international, regional and national commitments

The well-coordinated national HIV response significantly contributed to attaining the 3rd SDG by reducing AIDS-related deaths by 60%. Uganda had a substantial reduction in new infections and AIDS mortality during the decade; however, it fell short of SDG targets of 70% reduction, achieving a 43% decline in new conditions and 60% in AIDS deaths by 2019. Achieving a 90% reduction in new infections and AIDS death over the next decade is contingent on increased scale-up / uptake of HIV prevention and treatment. Uganda has the potential to avert 130,000 new HIV infections and 51,000 new AIDS-related deaths provided Uganda AIDS Commission effectively coordinates resource mobilisation and efficient delivery of HIV services.

Africa Agenda 2063

UAC contributed to the Agenda's goal No. 3 of healthy and well-nourished citizens and goal No. 12 of achieving capable institutions and transformative leadership. In 2013, the Commission achieved the 10-year target of reducing HIV AND AIDS incidence by at least 80% and lowering the proportion of deaths attributed to HIV 50%.

East Africa Vision 2050

UAC planned activities targeted to achieve a rate of 3.6% HIV prevalence among the populations by 2030. It contributed to accessing a significant proportion of PLWHIV to treatment. As a result, the HIV prevalence rate was lowered from 7.1% in 2011 to the current 5.8%. Also, UAC contributed to good governance by coordinating a good interaction among state institutions (MDAs, DLGs, Parliament) on the one hand, and their interface with critical

stakeholders in the national HIV response including the key affected persons, AIDS Development Partners, Civil Society Organizations, Religious and cultural institutions, the media among others. However, there are sub-population variations in the HIV burden, with some regions' majority being within EAC target.

2.2.2 Institutional capacity of UAC with Respect to Financial Resources

The table below shows an analysis of the budget and allocations over the past 5 years of the strategic plan for the period 2015/16- 2019/20

Table 1: Budget and Allocation over UAC strategic Plan (2015-2020)

Budget component	FY 2015/16		FY 2016/17		FY 2017/18		FY 2018/19		FY 2019/20	
	Planned	Released	Planned	Released	Planned	Released	Planned	Released	Planned	Released
Recurrent (wage)	1.381	1.381	1.32	1.32	1.319	1.319	1.319	1.319	1.319	1.319
Recurrent (non-wage)	6.239	6.239	6.239	6.239	5.779	5.779	5.411	5.411	7.395	7.395
Total recurrent	7.62	7.62	7.559	7.559	7.098	7.098	6.73	6.73	8.714	8.714
Development	0.128	0.128	0.128	0.128	0.128	0.128	0.128	0.128	0.0078	0.0078
External financing	0.006	0.006	1.86	1.86	1.2	1.2	3.28	3.28	3.8	3.8
Supplementary releases										
Total Budget	7.754	7.7754	9.547	9.547	8.426	8.426	10.138	10.138	12.5218	12.5218
Funding gap(nominal)										
Funding gap(%)										
Share of development to total budget	1.65%	1.65%	1.67%	1.67%	1.77%	1.77%	1.87%	1.87%	0.09%	0.09%

Table 1 indicates most of the UAC operations and development funding was Government of Uganda budget allocations and the institution received all the budgeted funds for all the five years. The budget performance over the past five years was 98% and above, except in the FY 2016/2017, where a 91% performance was registered. That deviation was mainly attributed to unfilled staff positions and deferred capital expenditure on disputed land.

2.3 Cross Cutting Issues

The implementation of any Strategic Plan can be either successful or not, based on how the crosscutting issues are addressed during the implementation of the plan. The core cross cutting issues anticipated to impact the implementation of the planned initiatives for the Uganda AIDS Commission include; HIV and AIDS Environment, Climate change, Gender and equity, Human rights, Social Protection and Population. This section provides highlights on each of the factors.

a) HIV and AIDS

HIV and AIDS is still a burden and a substantial threat to Uganda's socio-economic development, imposing a heavy burden on individuals, families, communities, and the nation. Uganda is globally acknowledged to have mounted the most innovative and successful responses against the HIV and AIDS epidemic. In 2016, the country registered a decline in HIV prevalence from 18% in the 1990s to 6.4% in 2005 to 6% in 2016 (UPHIA 2016).

HIV and AIDS mainstreaming in Uganda has been considered an appropriate and sustainable strategy to address the epidemic's multifaceted drivers and consequences. However, there are notable gaps that hinder the full realisation of the mainstreaming goals. Therefore, these guidelines provide guidance on how all Ministries, Departments, Agencies/ Local Governments (MDAs/LGs) in Uganda will effectively mainstream HIV&AIDS in their programs, as one of the key strategies to achieve the goal of ending AIDS as a public health threat by 2030.

b) Environment

Environmental Management plays a critical role in the sustainability of the available resources, land being one of them. The environment observes no boarder restrictions. An environmentally degrading activity performed in one location may affect the entire globe. As a country, Uganda through the responsible bodies is working to achieve the objectives that promote sustainable development and public awareness of the need to manage land, air, and water resources in a balanced and sustainable manner for the present and future generations as enshrined in the 1995 Constitution of the Republic of Uganda.

Despite the deliberate effort to manage the environment, Uganda is still grappling with some challenges such as rapid urbanization, poverty, unplanned urbanization, expansion of informal settlements, industrialization and the impact of climate change. These challenges have HIV/AIDS response across the country in terms of population movements and human settlements and activities. The effects of the challenges we grapple with, were evidenced by the increasing water levels of L. Victoria that saw most of the lakeshores reclaimed by the lake. These therefore contribute significantly to the increase in communicable diseases such

as HIV/AIDS, TB among others and non-communicable diseases. It is therefore imperative to integrate the global environmental agenda initiatives into the UAC strategic document as well as strategies on how the Commission intends to collaborate with the various Ministries, Departments and Agencies (MDAs) responsible for the sustainability of natural resources to manage the resource.

c) Gender and Equity

Gender refers to socially constructed allocated roles for men and women. Equity refers to acting in fairness in all aspects of service delivery. Gender and Equity & Gender Based Violence, however still remains one of the structural barrier in the fight against HIV/AIDS in the country as there are still high stigma and discrimination among women and girls in the country. This UAC Strategic Plan is aligned to the guidance of the key government policies that emphasize gender mainstreaming in the HIV response to reduce HIV prevalence, new infections and AIDS related deaths as a way of contributing to the long-term objective to eliminate gender inequalities. The approach UAC will consolidate Gender and Equity mainstreaming strategy will be aimed at reducing inequalities, so that men and women, boys and girls and other marginalized and vulnerable persons are able to; be healthy, move out of poverty, achieve a better livelihood, and contribute to the national development.

d) Human Rights

Access to health has a direct impact on the enjoyment of a number of human rights. There are however inadequate meaningful social support and protection for people living with HIV , PWD, OVC, Key population and priority population and other vulnerable groups related to equity and human rights which hamper the country target of attaining zero new HIV infection, zero AIDS related death and zero discrimination

e) Culture and mindset change

There are several behavioural barriers to adoption of positive mind sets cushioned by long years of social conditioning are demonstrated by harmful culture, beliefs and practices that promote stigma and discrimination, inability to live healthy and productive lifestyles. High rates of child marriages, teen pregnancies, gender-based violence, escalating HIV infections among young women and girls are manifestation of a failing social SafetyNet.

Mind-set change brings with it great benefits, including public appreciation of the country's development agenda and increased awareness for ownership. It helps to enhance the well-being of the people or groups by changing their attitudes, norms, cultural practices and behaviours. In addition, builds capacities of communities to assess their needs, identify options for addressing them, prioritize, leverage resources, and create sustainable solutions

and innovations. This will lead to achievement of socio-economic transformation of the country towards development.

2.4 UAC SWOT Analysis

Table 2: SWOT Analysis of the UAC

STRENGTH	WEAKNESSES
<ul style="list-style-type: none"> ➤ Constituted management and governance structure ➤ Existence of policies and strategies that guide the response ➤ Meeting all international and national reporting requirements ➤ Secretariat with qualified staff, housed in her own home ➤ A robust finance management system ➤ A strong relationship between Board and Management 	<ul style="list-style-type: none"> ➤ Partially constituted Regional/Local Government offices - dissemination of information ➤ Weak NADIC that coordinates the flow of strategic HIV information ➤ Inadequate M&E system, not able to comprehensively address the response indicators ➤ Inadequate Budget ➤ Vacant positions in approved establishment structure ➤ Inadequate dissemination of HIV and AIDS information and policies ➤ Ineffective implementation of UAC policies ➤ Current UAC structure not well aligned to its mandate ➤ Inadequate wage bill provision for staff and Board remuneration ➤ Limited opportunities for staff capacity Enhancement ➤ Weak internal and external communication ➤ Non-operational of the other five (5) zonal offices ➤ Ineffective tools and workspace, e.g., ICT and transport ➤ Parallel HIV and AIDS information collection systems ➤ Over-dependence on donor funding.
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> ➤ Established by an Act of Parliament 	<ul style="list-style-type: none"> ➤ Parallel HIV and AIDS information

<ul style="list-style-type: none"> ➤ Positioned under OoP- Political will ➤ Global agenda of ending AIDS by 2030 ➤ Presidential Fast Track Initiative for Ending AIDS ➤ Several systems to gather HIV information ➤ NADIC–potential national HIV and AIDS information hub ➤ Stakeholder confidence in UAC and more comprehensive network among national and international partners ➤ Multi-sectoral nature of HIV response - Linkage with public/private actors ➤ Existence of Urban LGs & Zonal structures ➤ Peace and security in Uganda 	<ul style="list-style-type: none"> collection systems ➤ Over-dependence on donor funding. ➤ Reduced donor funding - Dwindling donor support ➤ Limited funding from Government ➤ The pending merger of statutory bodies – UAC + MoH ➤ High staff turn over ➤ Declining Donor support ➤ Key partners not adhering to UAC policies and guidelines ➤ Emerging diseases, e.g., COVID 19 – competition for resources, ➤ Increasing new HIV infections among adolescents and young people
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2.5 Summary of emerging issues and implications

2.5.1 Policies and plans

The Commission has identified the following policy issues for prioritisation; – a) the national HIV policy, which is due to expire in December 2020, will require updating; b) the Commission's HIV/AIDS workplace policy; and c) the National HIV Stigma and Discrimination policy, which were developed are yet to be approved for implementation. Several strategic documents like the UAC regulations, the Key Population/Priority Population programming framework; the National HIV mainstreaming guidelines; the HIV prevention roadmap; the AGYP accountability framework; have not been disseminated among stakeholders to guide service delivery. Gaps have also been identified in strategic areas where policy guidance is required, namely, the HIV & AIDS Social impact guidelines; guidelines for the coordination of decentralised HIV AIDS response; and message clearing and harmonisation guidelines. These will be developed and disseminated to all stakeholders at all coordination levels.

Following the roll-out of the Presidential Fast Track Initiative (PFTI) on Ending AIDS, there is a need to monitor its implementation and progress towards attainment of the agreed targets. Over the next 5 years, the Commission will regularly monitor and report on its progress, learn lessons, and provide feedback to the implementers.

2.5.2 Mainstreaming of HIV interventions into sector development programs

HIV&AIDS is still a burden and a substantial threat to Uganda's socio-economic development, imposing a heavy burden on individuals, families, communities, and the nation. Uganda is globally acknowledged to have mounted the most innovative and successful

responses against the HIV and AIDS epidemic. In 2016, the country registered a decline in HIV prevalence from 18% in the 1990s to 6.4% in 2005 to 6% in 2016 (UPHIA 2016).

HIV&AIDS mainstreaming in Uganda has been considered an appropriate and sustainable strategy to address the epidemic's multifaceted drivers and consequences. However, there are notable gaps that hinder the full realisation of the mainstreaming goals. Therefore, these guidelines provide guidance on how all Ministries, Departments, Agencies/ Local Governments (MDAs/LGs) in Uganda will effectively mainstream HIV&AIDS in their programs, as one of the key strategies to achieve the goal of ending AIDS as a public health threat by 2030.

Gaps in the current HIV&AIDS Mainstreaming

- i) Some MDAs/LGs are unclear about the impact and the context of sector HIV&AIDS responses and their institutional and coordination structures;
- ii) The mainstreaming efforts are fragmented, not standardised with the ad-hoc implementation of HIV activities, posing a challenge to addressing the impact of HIV&AIDS in sectors;
- iii) Use of different HIV&AIDS mainstreaming approaches and principles which reflect lack of coherence;
- iv) Some MDAs/LGs have not identified Focal Point staff to address HIV and AIDS mainstreaming, while others have assigned teams, which are not at the Senior Management level;
- v) Inadequate allocation and appropriation of resources for HIV&AIDS mainstreaming;
- vi) There is limited integration of HIV&AIDS activities in the MDAs/LGs plans and budgets, and some of them have not developed HIV&AIDS Strategic plans and workplace policies

2.5.3 Coordination structures

Uganda AIDS Commission, as the National HIV and AIDS Coordinating Authority, has established a Partnership Mechanism for all the stakeholders in Uganda, executed through the Self Coordinating Entities. The partnership mechanism offers an integrated, unified, and synergetic approach to delivering the National Response. The well-defined structures and reporting relationship replicated to lower levels enable the Commission to effectively coordinate and manage the response. However, most HIV and AIDS stakeholders' contribution has been off-budget. Given the NDP III emphasis on coordinating non-state actors in the national development agenda, the Commission will further strengthen this mechanism to effectively deliver HIV services. The country approaches the last mile towards ending AIDS by 2030.

2.5.4 Weak HIV and AIDS knowledge management/HIV information

Information Management in the context of the National HIV Response in Uganda has remained a fragmented activity. This inhibits stakeholder access to timely, relevant, high-quality data given the many multi-sectoral HIV response systems for collecting information between and even within the sectors, with little integration and collaboration. This poses a considerable challenge in ensuring adequate and timely quality information to inform policy development and program management at all National HIV and AIDS Response levels.

The National AIDS Documentation and Information Centre (NADIC) was established as the one-stop centre for HIV and AIDS information and facilitate expeditious communication and dissemination of information to support decision making for the HIV response. However, NADIC has not realised its full potential, for it has not been fully functional.

The development of the UAC Communication strategy will enhance partnerships with the Media Self Coordinating entity. This will strengthen information dissemination, address UAC information needs identified by collaborative Government communication agencies (NITA-U; MICT, etc.). This will further enhance the HIV Situation Room. New communication platforms such as social media like Tweeter, WhatsApp, Instagram, Facebook, and others have not been fully embraced to take advantage of modern technology. Therefore the gaps anticipated to be addressed through fast-tracking the implementation of the HIV situation room will have a trickle effect in addressing effective communication mechanisms targeting Adolescents and young people, e.g., digital platforms, strengthening the structure and capacity of NADIC to perform as well as the oversight of message clearing and dissemination. The Commission will also develop and disseminate policy briefs, maximising the Multimedia mix for communication and review the contact and NADIC HR structure to match the demands.

2.5.5 Regulations

Ever since the UAC Act (1992) was enacted, there have not been regulations to operationalise it. The Act requires rules to guide its enforcement. This will also need the Commission to disseminate the UAC Regulations developed recently to both stakeholders and internal and external staff and partners. The dissemination of the regulations recently will enable the UAC to improve adherence to the HIV and AIDS policies and regulations and the country's capacity to contain the HIV epidemic and other related epidemics.

2.5.6 Resource mobilisation

Since 2015, Uganda's efforts to increase domestic financing for HIV response have been exemplary, with 50 billion annual increments to the ARVs budget alone. However, with the ever-increasing budget, the percentage contribution by GoU has remained constant, with the most considerable portion of funding, over 80%, being sourced externally by development partners. Over the next 5 years, the cost of delivering HIV services in Uganda will increase from approximately US\$ 735 million to US\$ 908 million by 2025. Most of the donor funding

comes as off-budget support with the inherent risks of duplication and wastage. UAC today needs to establish new and innovative financing approaches to bridge this gap. Appendix 1 represents the proposed options for bridging the gap. UAC will mobilise stakeholders to commit their resources to prioritise interventions, track and account for all the mobilised resources. The non-state actors will be encouraged to channel their contribution as direct budget support.

2.6 Overview of UAC Institutional Capacity

UAC Act situates the institution under the President's Office, hence draws overall policy direction and guidance from H.E the President or his delegated entity/authority. UAC is an autonomous institution, corporate and strategically managed by a Board. A Director-General heads the Commissions management team (Secretariat). The UAC Board provides policy direction to the Commission and is comprised of a Chairperson and ten members, appointed by the President; members are drawn from the government and non-government sectors, PLHIV and individuals selected from the broader community based on their outstanding expertise and commitment to the HIV response to reduce and eliminate HIV and AIDS. UAC Board meets quarterly and functions through committees include: a) Finance & Administration Committee; b) Advocacy Committee; c) Resource Mobilization Committee; c) Board Audit Committee; and d) Policy, Planning & Monitoring Committee.

The Director-General heads the Secretariat and is accountable for the day-to-day running of the institution, assisted by five Directors of: a) Planning and Strategic Information; b) Policy, Research, and Programming; c) Finance & Accounting; d) Partnerships; and e) Human Resource and Administration. *Appendix 2 represents UAC Organogram.*

Oversight for the decentralised response is prescribed through 8 Zonal Coordination Units, which provide a significant link between the UAC and the Local Governments, and the AIDS partners in the respective regions. Three out of the eight zonal coordination units are operational situated namely; Gulu for Northern Uganda; Karamoja for the greater Karamoja area/North Eastern region; and Mbarara for the greater western region. Zonal coordination units enhance UAC visibility in the catchment Local Governments as the institution is not a direct implementer but attains its results by coordinating critical interventions by stakeholders. For effective stakeholder coordination at national and sub-national levels, UAC works through established structures, namely:

- ✓ At the central level, there is the Board and Secretariat and 12 Self Coordinating Entities (SCEs);
- ✓ At the Decentralised level, there are Zonal Coordination offices, District AIDS Committees (DACs), Sub-County AIDS Committees (SACs), City AIDS Committees (CACs) and Municipality AIDS Committees (MACs); and

- ✓ The Partnership Committee is comprised of 12 SCEs, and these include: 1) Line Ministries, Departments, and Agencies (MDAs); 2) Parliament; 3) Research, Academia, Science and Professional Bodies; 4) AIDS Development Partners; 5) The Network of People Living with HIV and AIDS (PLHIV); 6) Civil Society Organizations; 7) Private Sector; 8) Faith-Based Organisations; 9) Media; Culture; 10) Decentralized Response; and 12) Country Coordinating Mechanism (CCM) of the Global Fund.

2.6.1 Financial resources

UAC has operationalised the Act's funding provisions and effectively mobilised financial resources from both Government of Uganda and Development Partners to support the implementation of priority interventions in the national HIV response, as well as coordination of entities within the multi-sectoral response.

During the strategic period 2015/16 – 2019/20 UAC received Shs.38.24 billion (100%) from the GOU budget which is the principal source of funding. Shs.10.146 billion was received as Grants from JUPSA and other ADPs like UN Women, Unicef and others.

2.6.2 Human Resources development and management

In 2011 the UAC Institutional Review conducted, documented gaps within the structure and made recommendations to strengthen the system. Additionally, the comprehensive assessment of NADIC also recorded several gaps and made recommendations. The institutional review report recommended an increase in the number of directorates from three (3) to five (5) to enhance capacity, improve coordination of the response, and improve accountability.

- ✓ The Directorate of Planning and Strategic Information was renamed (previously known as Directorate of Planning, Monitoring, and Evaluation) added with ICT unit delinked from Directorate of Policy, Research, and Programming (also renamed and formerly known as directorate of policy, knowledge management, and advocacy);
- ✓ The Partnership Directorate was created as a new directorate.
- ✓ The Directorate of finance and administration was separated into two directorates: Finance and Accounting; and Human Resources and Administration.
- ✓ The comprehensive NADIC report recommended creating a department of NADIC under the directorate of Planning and Strategic Information after observing that NADIC required additional people and skills to function at the expected level of routine synthesis and dissemination of HIV and AIDS information. The proposed reforms were costed and expected to have been implemented in phases and completed by the end of 2014. They are pending implementation.

2.6.3 Monitoring and Evaluation function

UAC has a robust function of the M&E, which coordinates progress being made to realise the Plan's targets and indicators. The M&E supports an existing functional information system to support the systematic collection of data and information to assess the steps to achieve the planned goals.

CHAPTER THREE: THE STRATEGIC DIRECTION OF THE SECTOR

3.0 Vision, Mission, Goal, and Strategic Objectives

Guided by the goal to make a lasting change in the coordination of the HIV response in Uganda, the Commission outlines the most strategic approaches and positions itself to realise or surpass the set goal. This section presents the Vision, Mission, Goal, Objectives and strategic priorities of Uganda AIDS Commission during the Strategic Period 2020/21-2024/25. It also details UAC's sub-programs, interventions, outcome indicators, outputs and projects.

3.1 Vision and Mission



3.2 UAC Values statement

The following values are the North star in guiding UAC towards the realisation of its vision and mission. These are;

Stakeholder responsiveness – the Commission undertakes to respond to stakeholder needs in real-time, to proactively predict their expectations, and devise measures to address them.

Integrity – As an organisation, UAC strives to promote openness, trust, transparency, accountability and respect in all our undertakings.

Professionalism – the Commission adheres to ethical codes of conduct, exercising fairness and impartiality in delivering quality services.

Partnership – collaboration and partnership is core to the Commission's service delivery mechanisms.

Teamwork – Whereas the Commission cherishes and continues to reward individual merit, we believe in rallying individual efforts together in a manner that creates synergies. Teamwork and team building is therefore central to the Commission's core values.

3.3 Goal:

To effectively manage and coordinate the multi-sectoral stakeholders towards ending HIV and AIDS in Uganda.

3.4. Strategic Objectives and Intermediate Outcomes:

This section presents the strategic objectives that have been identified to achieve UAC's goal of managing the multi-sectoral stakeholders for the national HIV response. These objectives directly link to the NDP III sub-programme objective of improving population health, safety and management. The section also presents the intermediate outcomes that will lead to reduced mortality due to high-risk Communicable Diseases (Malaria, TB & HIV/AIDS).

3.4.1. Strategic Objectives:

Strategic Objective 1: To strengthen the formulation of overarching policies, plans, regulations and guidelines on the HIV and AIDS response

Key Results Areas

- (i) HIV and AIDS policies, strategies, and procedures developed and disseminated to all MDAs, DLGs and non-state actors
- (ii) Increased UAC Board effectiveness to provide oversight to the national HIV and AIDS response
- (iii) UAC Regulations operationalised to ensure non-state actors' compliance with policies guidelines and laws.

Strategic Objective 2: To improve resource mobilisation for the National HIV and AIDS response, its tracking monitoring and accountability. The key results areas are:

- (i) A legal framework developed for public and private resource mobilisation as a contribution to the national HIV response
- (ii) HIV and AIDS mainstreaming guidelines updated, rolled out and implemented in all MDAs and DLGs
- (iii) Mobilization and management of resources for HIV and AIDS streamlined for efficient utilization and accountability

Strategic Objective 3: To strengthen partnerships and coordination mechanisms for the national HIV response. The key results areas are:

- (i) The capacity of AIDS Committees for DLGs and MDAs built to monitor, document and report HIV and AIDS services in their sectors/ districts
- (ii) Functional coordination structures (Self Coordinating Entities, coordination committees and technical working groups)

Strategic Objective 4: To strengthen HIV and AIDS knowledge management. The key results areas are:

- (i) Revitalisation of NADIC as a national hub for HIV and AIDS strategic information
- (ii) The Capacity of HIV Sector information Management system built
- (iii) Communication and feedback mechanisms for targeted different categories strengthened
- (iv) A research agenda developed and implemented, findings shared at multi-sectorial HIV and AIDS fora

Strategic Objective 5: To strengthen UAC's Institutional capacity to lead to the multi-sectorial HIV response. The key results areas are:

- (i) The capacity of UAC staff SCEs, DLGs and MDAs AIDS Committees built to monitor, document and report HIV and AIDS services in sectors/ districts
- (ii) Stakeholders satisfaction in UAC's coordination of the HIV and AIDS response enhanced
- (iii) Timely preparation and submission of quality plans and reports and accountability to stakeholders
- (iv) Ensure availability and functionality of appropriate non-health infrastructures and equipment. Increased availability and functionality of relevant ICT and other office equipment

3.4.2 Intermediate Outcomes:

- An enabling policy environment with updated guidelines
- Improved stakeholder compliance to HIV and AIDS policy guidelines and regulations
- Enhanced institutional effectiveness in the National HIV and AIDS Response
- Functional HIV and AIDS stakeholder coordination structures
- A properly resourced and sustainable HIV response
- Improved availability, access and use of HIV and AIDS information

Figure 6: Vision, Mission, Goal, Strategic Objectives, and Interventions

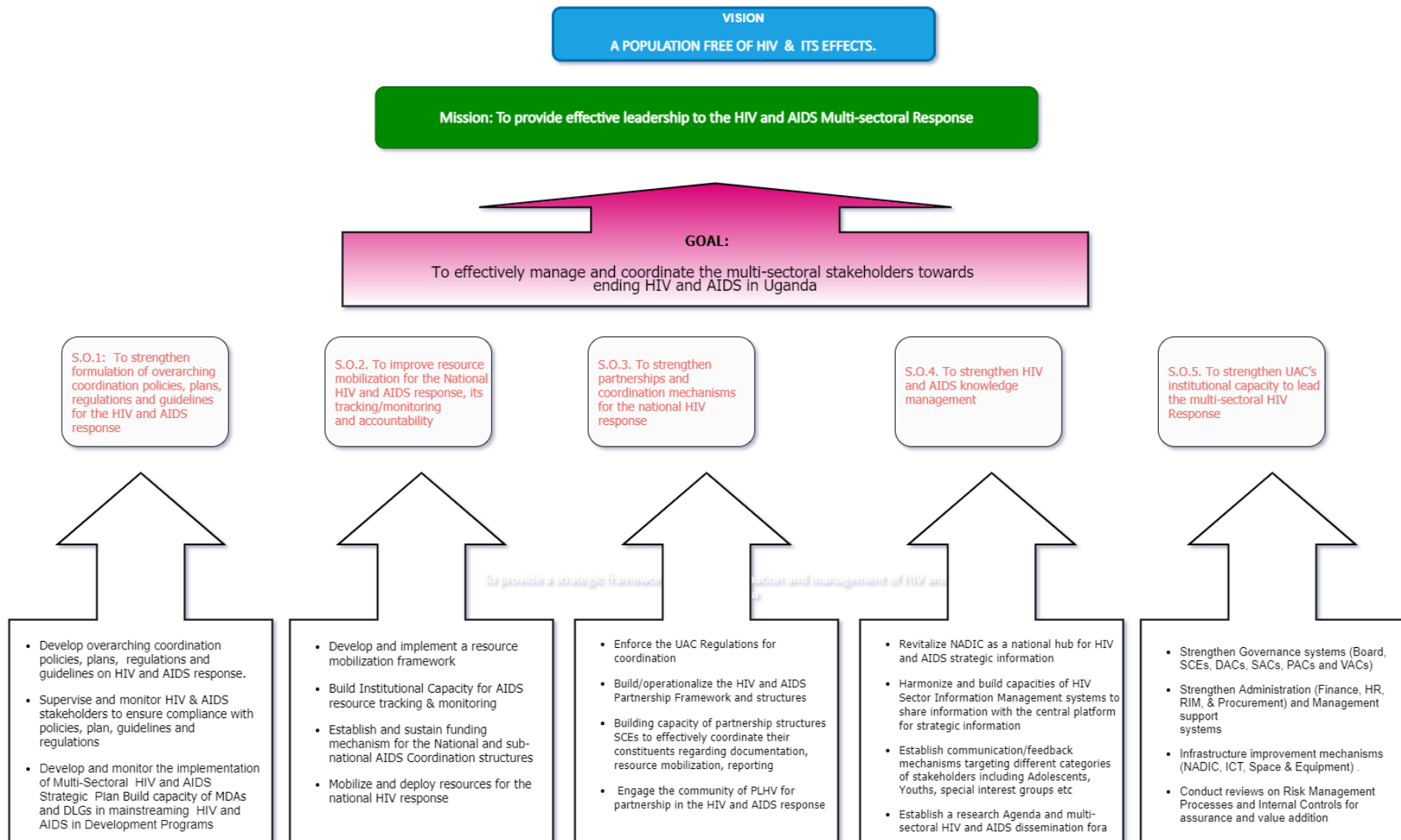


Table 3 : Alignment to NDP III: Programme Implementation Action Plan (PIAP) relevant to Uganda AIDS Commission

NDP III Programme	Goal	Objective (s)	Outcome Results	NDP III Intervention (s)	PIAP Output	PIAP Actions
Human Capital Development	Improving productivity of labour for increased competitiveness and better quality of life for all	Objective 4: To improve population health, safety and management	1.To reduce the number of new HIV infections by 61% 2.To reduce AIDSs related deaths by 77%	1.Reduce the burden of HIV epidemic and its impact on the socio-development of communities, using the multisectoral approach	1.HIV and AIDS, strategies, and guidelines, developed and disseminated to MDAs, DLGs and non-state actors 2. HIV and AIDS mainstreaming guidelines rolled out to MDAs and DLGs 3. Capacity of DLGs and MDAs AIDS Committees built to monitor HIV and AIDS services in their sectors/ districts 4. Reduced morbidity and mortality due to HIV/AIDS, TB and malaria and other communicable diseases 5. Resources for HIV and AIDS mobilized and their management streamlined for efficient utilization and accountability	1.Develop and implement National and District HIV/AIDS Strategic Plans 2020 -2025 2. HIV/AIDS National Strategic Plan developed & disseminated, institutional HIV/AIDS Action plans developed & implemented; communication & national advocacy programmes implemented 3.Technical Support provided to MDAs/DLGs on Mainstreaming of HIV interventions 4.Performance review meetings 5.Capacity assessment of coordination

						<p>structures</p> <p>6..Regulate and regularize AIDS service providers</p> <p>6. Mapping and size estimation and determine HIV prevalence among all key populations and scale-up comprehensive interventions targeting key populations including drop-in centers in regional referral and general hospitals as well as outside hospital settings</p> <p>7.Regularly track resources allocated to HIV and AIDS services, by source</p> <p>8.Design and implement/scale up innovative HIV prevention programs to improve comprehensive HIV knowledge, impart life skills, reduce risky sexual behaviours, address</p>
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						<p>gender-based violence and improve sexual and reproductive health status among in and out-of-school children and youth.</p> <p>9.Strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort</p> <p>10.Equipping of Coordination Committees to improve timely reporting</p> <p>11.Training and Technical support of Coordination Committee members</p> <p>12.Regular assessments, monitoring/mentoring to MDAs/DLGs</p>
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Table 4: UAC Sub-programme, Interventions, Output and Actions

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
NDPIII Programme 16: Human Capital Development				
HIV and AIDS Policy, Strategy and Policy guidance to stakeholders	To strengthen the formulation of overarching policies, plans, regulations and guidelines on HIV and AIDS response	<i>Develop/update overarching policies, plans, laws, and guidelines on HIV and AIDS</i>	<ul style="list-style-type: none"> • Review/update and disseminate the National HIV and AIDS Policy • Review/ approve and popularize the UAC HIV and AIDS Workplace Policy • Review, approve and disseminate the National HIV Stigma and Discrimination Policy • Disseminate the Adolescents and Young People Accountability Framework • Develop and publish periodic plans and policy statements • Prepare regular Policy Briefs and advice to Government • Develop a National HIV and AIDS Strategic Plan • Develop & disseminate HIV and AIDS Strategic Planning Guidelines for MDAs and DLGs • Support Self Coordinating Entities (MDAs, LGs, and private sectors) to develop HIV and AIDS workplace policy and Strategic Plan 	<p>Improved policy environment that is favourable for delivery of HIV prevention, care and treatment, social support services</p> <p>Multi-Sectoral HIV and AIDS Strategic Plan developed and its implementation monitored</p>

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
			<ul style="list-style-type: none"> • Roll out the KP&PP Programming framework 	
		<i>Roll out and sustain HIV and AIDS Mainstreaming strategy in all MDAs and LGs</i>	<ul style="list-style-type: none"> • Build the capacity of central technical HIV and AIDS mainstreaming teams • Regularly review and disseminate the HIV and AIDS Mainstreaming Guidelines • Regularly review progress on HIV mainstreaming and provide feedback to implementers and OPM • Training and mentoring MDAs, DLGs and non-state actors in HIV mainstreaming • Supervise and monitor the implementation of HIV Mainstreaming Guidelines 	HIV mainstreaming consistently implemented in all MDAs and DLGs
		<i>Supervise, monitor and regulate stakeholders of the national HIV and AIDS response</i>	<ul style="list-style-type: none"> • Regularly review and disseminate UAC Regulations 2020 to all stakeholders • Monitor the distribution and coverage of HIV and AIDS service providers • Regularly publish the compliant HIV and AIDS service providers • Review and clear messages and communications on HIV and AIDS before dissemination to the public 	Stakeholders' compliance with HIV related policies, Plans, guidelines, and laws

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
Resource Mobilization and Tracking for the National HIV and AIDS Response	To mobilise, monitor resources for the national HIV and AIDS Response	<i>Develop and implement a resource mobilisation framework</i>	<ul style="list-style-type: none"> • Review and operationalise the resource mobilisation strategy (strategy will cover both internal and external resource mobilisation avenues) • Engage MDA and DLGs for effective utilization of the 0.1% allocations towards HIV Interventions • Revitalise the functionality of the Resource Mobilisation steering & Technical Working Group (TWG) • Develop Funding Guidelines for the HIV response • Operationalise the National AIDS Trust Fund 	Resource mobilization framework developed and implemented
		<i>Build Institutional Capacity for AIDS resource tracking & monitoring</i>	<ul style="list-style-type: none"> • Undertake biannual national HIV spending assessments • Institutionalise AIDS Resource tracking mechanisms at the UAC • Track HIV and AIDS resources for national infrastructure projects • Develop guidelines and monitor HIV and AIDS resources for national infrastructure projects • Establish a reporting mechanism for resources on HIV AIDS resources 	Resources for the HIV and AIDS response routinely tracked

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
		<i>Mobilize funds for national and sub-national AIDS Coordination structures</i>	<ul style="list-style-type: none"> • Develop a framework for basket funding for Development partners • Develop and institutionalise a sustainability plan for LG structural operations • Operationalise mainstreaming guidelines in LGs • Support partner funding application processes (GF, COP, etc.) • Develop policy briefs and Cabinet memos on funding for the HIV and AIDS response • Operationalize innovative financing mechanisms, e.g. private sector (ODI), ATF and others 	Resources for the National HIV response mobilized
Partnerships & Coordination Mechanisms for National HIV Response	To strengthen partnerships and coordination mechanisms for the national HIV response	<i>Roll out and popularise the UAC Regulations for effective coordination of the response</i>	<ul style="list-style-type: none"> • Disseminate the regulations (orient UAC Staff and external partners) • Build capacity of UAC to implement the regulations • Monitor non-state actors' compliance with the UAC regulations 	UAC regulations popularised
		<i>Build/operationalize the HIV and AIDS Partnership Framework &</i>	<ul style="list-style-type: none"> • Review, update and disseminate the Partnership manual (should include a chapter on the UAC Regulations) • Hold regular regional Partnership 	HIV and AIDS Partnership Framework updated

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
		<i>structures</i>	Coordination / Implementing Partners' meetings <ul style="list-style-type: none"> • Provide technical assistance to Self-Coordinating Entities • Provide technical assistance to Local Government Coordination Structures • Operationalize the Zonal coordination offices • Strengthen UAC's national HIV and AIDS Technical Working Groups 	
		<i>Strategic engagement of SCEs (Media, CSOs, FBOs, Cultural, MDAs, DLGs & Politicians) for partnership in the prevention of HIV and AIDS Response</i>	<ul style="list-style-type: none"> • Train SCEs and other coordination structures in communication, documentation, resource mobilisation • Provide mentorship to SCEs and other coordination structures in multiple fields • Provide technical support supervision and mentoring to SCEs and other coordination structures in the numerous fields • Provide technical support to Local Government coordination structures 	HIV Stakeholders engaged and partnerships built to address socio-cultural, gender and other structural factors that affect communities of PLHIV and other vulnerable groups
		<i>Build the capacity of PLHIV communities and other vulnerable</i>	<ul style="list-style-type: none"> • Develop and disseminate literacy materials/manuals on HIV for PLHIV • Provide capacity building of PLHIV in 	The PLHIV networks and other vulnerable groups empowered to participate in HIV

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
		<i>groups to participate in HIV service delivery</i>	various fields (financial, management, communication, advocacy etc.) <ul style="list-style-type: none"> • Provide technical support to PLHIV networks countrywide (in identified areas) • Meaningful engagement of the community of PLHV for partnership in the HIV and AIDS response • Meaningful engagement of youths for partnerships in HIV prevention, care and social support including stigma and discrimination, and SGBV • Meaningful engagement of key and vulnerable populations for partnerships in HIV prevention, social support including stigma and discrimination, economic empowerment and SGBV 	service delivery
HIV and AIDS Information and Knowledge Management	To strengthen HIV and AIDS Information and knowledge management	<i>Revitalise NADIC as a national hub for HIV and AIDS strategic information</i>	<ul style="list-style-type: none"> • Ensure a functional IT environment for storage and retrieval of HIV data and information • Establish MoUs with UNCST, UNHRO, and UVRI on sharing all HIV related researches and datasets conducted in the country • Analyse, synthesise and produce reliable 	HIV and AIDS Mangement strengthened

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
			<p>national HIV facts, figures, and estimates (HIV and gender Statistics)</p> <ul style="list-style-type: none"> • Regularly receive, review and disseminate publications on HIV and AIDS • Manage functional M&E and HIV databases (Gender, Situation Room, e-mapping, Research) • Fast track finalization and rolling out of the Situation Room at the national and sub-national levels • Establish multi-sectoral and integrated real-time HIV databases/dashboards for providing updates and accountability for HIV epidemic response at national and district levels • Regularly update the National HIV dataset for research products 	
		<p><i>Build capacities of Sector HIV Information Management systems to enable reporting of strategic information with the</i></p>	<ul style="list-style-type: none"> • Strengthen the national and zonal M&E structures (TWGs) to regularly review data and provide feedback to stakeholders • Equip the M&E teams with computers for data management • Capacity strengthening interventions in 	<p>Increased availability of quality national and sub-national information on HIV and AIDS</p>

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
		<i>central platform</i>	<p>M&E for DACs and CSOs in need of training</p> <ul style="list-style-type: none"> • Establish a mechanism for monitoring HIV Mainstreaming in MDAs • Provide technical support to MDAs to fully integrate the HIV and AIDS indicators in their performance monitoring tools for ease of performance tracking and reporting • Hold coordination meetings with sectors to harmonize data collection and reporting mechanisms and tools for the non-biomedical indicators. 	
		<i>Establish communication mechanisms targeting different populations, including Adolescents, Youths, special interest groups, etc.</i>	<ul style="list-style-type: none"> • Develop a communication strategy for UAC • Regular engagements with media houses to influence publications on HIV and AIDS/ Periodic media information updates utilizing different platforms • Produce, translate, and disseminate information products customized for various life cycle categories to generate more in-depth discussions and internalization on the content's published materials. 	Commncation mechanisms established targting the vulnerable groups

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
			<ul style="list-style-type: none"> • Meaningful engagement of the media to improve reporting of the HIV and AIDS response 	
		<p><i>Undertake evaluative/periodic assessments and special studies</i></p>	<ul style="list-style-type: none"> • Develop and disseminate the national research agenda for HIV response • Build the capacity of science researchers to communicate findings • Commission operations research to improve programming • Consolidate and synthesize conducted HIV and AIDS researches into policy briefs to inform decision-makers • Coordinate implementation of HIV research studies in social support and systems, strengthening thematic areas • Conduct regular programmatic reviews (annual JARs, quarterly SCEs reviews) • Perform regular data analysis, aggregation, and reporting on NSP and SDG indicators • Develop national SOPs for HIV and AIDS data quality assessments and data validation for use all stakeholders involved • Conduct MTR and end-term evaluations 	<p>Assessment/evaluation reports undertaken</p>

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
			<p>(NSP & UAC-SP) and disseminate findings</p> <ul style="list-style-type: none"> • Collect, analyse, and disseminate HIV and AIDS behavioural, biological surveillance, and monitoring information • Establish an HIV /AIDS Museum centre 	
		<i>Promote information sharing and utilization among producers and users of HIV and AIDS data/ information at all levels</i>	<ul style="list-style-type: none"> • Scale up the use of data dashboards for key NSP and SDG indicators, including gender-specific indicators across sectors and districts to visualize and share information • Produce the annual JAR Reports and annually populate the NSP indicator tracking table and track implementation of action points • Conduct regular multi-sectoral progress review meetings at national and district level focusing on achievements, challenges, lessons learned, and actions for improvement • Mid-term and End-term review of the National HIV and AIDS strategic plan 	Information sharing and utilisain among producers and users of HIV andADS data strengthened
Institutional Capacity to lead the National	To strengthen the institutional capacity	<i>Strengthen Governance systems</i>	<ul style="list-style-type: none"> • Formulate and review UAC’s Strategic Plan 	Governance sytems to lead the National HIV

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
HIV & AIDS Response	to lead the HIV Response	<i>(Board, SCEs, DACs, SACs, PACs, and VACs)</i>	<ul style="list-style-type: none"> • Build capacity of the Board and Board committees in HIV & AIDS Governance and Coordination • Conduct quarterly Board meetings for decision making • Conduct an Annual Board retreat to reflect on emerging issues and implementation of planned activities • Procure tools for effective execution of Board duties • Review the Board Charter • Conduct regional oversight visits • Undertake benchmarking studies on best practices in Governance, HIV and AIDS coordination, and emerging issues • Build capacity of the SCE's • Facilitate SCE's to generate regular reports • Develop guidelines for managing and coordinating SCE's and their constituency • Develop a legal framework for public and private sector resource mobilization for HIV response • Review the policies for SCE 	Response strengthened

UAC Sub-programme	Sub- program Objective	Interventions	Actions	Outputs
			Coordination 1) Strengthen DACs, SACs PAC's and VACs coordination structure	
		<i>Strengthen Management Support Systems to coordinate HIV and AIDS Response.</i>	<ul style="list-style-type: none"> • Review the organizational structure • Review policies and manuals that guide the implementation of activities at UAC • Recruit and sustain adequate staffing for the Coordination function (regulations, M&E, zonal officers etc.) • Build capacity of UAC Staff. • Review of the performance management system • Enhance staff remuneration and motivation • Develop Manpower Plan /Develop Human Resource plan • Recruit and retain staff • Conduct reviews on Risk Management Processes and Internal Controls for assurance and value addition 	Management Systems to coordinate the HIV and AIDS Response strengthened
		<i>To ensure availability and functionality of appropriate infrastructures and equipment</i>	<ul style="list-style-type: none"> • Procure and maintain equipment for Retooling project • Renovate and maintain Office premises • Procure tools for HIV and AIDS Focal Persons for effective coordination and reporting 	UAC ICT hosting environment improved

CHAPTER FOUR: FINANCING FRAMEWORK AND STRATEGY

This chapter presents the costing of priority interventions and the expected results, summary of funding by source for the five years. It attempts to provide an estimated total investment expenditure required for UAC priorities, and aligning them to the NDP investment expenditure. The estimates will serve as baseline against which financial performance of the plan shall be benchmarked. While preparing the plan, the unit cost methodology was applied to come up with the 5 year costs, which were then annualized.

The section on resource mobilization shows the vote indicative financial plan, including the resource mobilization and expenditure strategies.

4.0 Summary of Strategic Plan Budget

The total cost required to implement the UAC strategic plan is UGX160.7 Bn. The costs are based on the inputs and the quantities required for each activity, and the estimated cost per unit. The costs are highest in FY 2021/22 at UGX 39.259, and thereafter reduce to an average of UGX 31Bn per year. The detailed breakdown for the budget is provided in the table below.

Table 5: Summary of Strategic Plan Budget (in Billion Shillings)

Classification	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Total
Recurrent (wage)	5.761	5.761	5.761	5.761	5.761	28.805
Recurrent (non-wage)	20.024	31.828	23.772	22.349	24.588	122.561
Total recurrent	25.785	37.589	29.533	28.11	30.349	151.366
Development	2.4	1.67	2.915	0.925	1.433	9.343
Total Budget	28.185	39.259	32.448	29.035	31.782	160.709

4.1 MTEF Projection and implementations for SP Financing

This section presents an analysis of the Medium-Term Expenditure Framework (MTEF) projections for 2020/21-2024/25 shows annualized costs and how they compare with the projected budget. It clearly shows the funding gap across the 5 year implementation period.

Table 6: MTEF Projection and implementations for SP Financing

Classification	FY 2020/21		FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25		Total	
	Funds	Gap	Funds	Gap	Funds	Gap	Funds	Gap	Funds	Gap	Funds	Gap
Recurrent (wage)	1.32	4.44	1.32	4.44	1.39	4.37	1.39	4.38	1.39	4.38	6.79	22.01
Recurrent (non-wage)	7.92	12.10	7.92	23.90	7.92	15.85	7.92	14.43	7.92	16.67	39.61	82.95
Total recurrent	9.24	16.54	9.24	28.35	9.31	20.22	9.31	18.81	9.31	21.04	46.41	104.96
Development	1.85	0.55	1.85	-0.18	1.85	1.07	1.85	-0.93	1.85	-0.42	9.25	0.09
Total Budget	11.09	17.09	11.09	28.16	11.16	21.29	11.16	17.88	11.16	20.62	55.66	105.05

4.2 Resource Mobilization Strategy

There are currently two revenue sources to the Uganda AIDS Commission; Government of Uganda budgetary allocation and the AIDS Development Partners. The main source of UAC financing shall be GoU budget support, contributing almost 60% of the financing. The development partners who supported UAC in the last 5 years were Embassy of Ireland through UNAIDS, UN Women and the Global Fund. In the FY 2019/20, the resources availed to UAC from all these sources amounted to UGX11.57 Bn yet the budgetary need was UGX25.03 Bn, which left an unfunded gap of UGX13.46 Bn. Given the increasing demand for coordination of the HIV response (including human resources and equipment), the budgetary requirement is projected to expand, calling for increased resource envelope from both Government and Development Partners. In addition to GoU budgetary allocation, potential financing of the plan is expected from UN Partners (UNAIDS, UNDP, UNICEF, UN Women, and others), PEPFAR (USAID, UHSS, LISTEN), and European Union, and this is likely to be off-budget. The potential funders shall be given copies of this strategic plan and requested to identify and support areas of their interest. Each year, an integrated workplan shall be developed and funded activities harmonized to ensure there are no duplications. Unfunded priorities shall be rolled over to the next financial year planning cycle.

Table 7: UAC Financing Framework

Sources of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	% share of source	Off budget support
GoU Budget Support	11.09	18.09	20.09	22.09	24.09	95.45	59%	
Development Partners support	3.00	4.00	5.00	5.00	5.00	22.00	14%	22
Implementing Partners & the Private Sector	14.10	15.17	8.36	1.95	2.69	43.26	27%	43.26
Total	28.19	37.26	33.45	29.04	31.78	160.71	100%	65.26

In this plan, the identified strategic actions that will be implemented over the next five year period have been costed, and the total resource requirement is estimated at UGX160.71 billion. This amount translates into UGX32. billion on average, annually. It is projected that Government of Uganda will contribute 59.4% of the total Budget, Development Partners contributions estimated at 13.7% and the balance of 26.9% mobilised locally through Implementing Partners and the private sector. Appendix 6 maps the strategic outputs to strategic actions.

4.2 Summary of funding by expenditure centres

Table 8: UAC strategic plan 2020/2021-2024/2025 costed interventions in bn shillings

Strategic Objective	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
SO 1. Strengthen Formulation of Policy, Strategy and Guidelines for the National HIV and AIDS Response	2.04	2.87	2.55	2.09	1.93	11.47
<i>S.O.2: Improve Resource Mobilization and Monitoring for the National HIV and AIDS Response</i>	0.63	0.44	0.83	0.12	0.57	2.58
<i>S.O.3: Strengthen Partnerships and Coordination Mechanisms for the National HIV& AIDS Response</i>	2.54	4.92	5.08	5.08	5.08	22.68
<i>S.O.4: Strengthen HIV and AIDS Knowledge Management</i>	1.85	9.97	2.10	2.05	1.99	17.96
S.O.5: Strengthen Governance and Support Services	17.69	18.69	18.29	18.08	18.58	91.33
S.O.6: Improve Infrastructure and equipment	3.45	2.37	3.62	1.63	3.63	14.69
TOTAL	28.19	39.26	32.45	29.04	31.78	160.71

The thematic area to Strengthen Governance and Support Services with a budget of UGX91,33 billion is the highest spending centre. This comprises funding strategies for improving the working environment, ensuring adequate staff motivation and professional development. Strengthening Partnerships and Coordination Mechanisms for the National HIV& AIDS Response is the next high spending pillar with UGX-22.68 billion, representing 14.20% of the entire budget. The detailed costing by strategies and strategic actions is presented in Appendix 5.

Table 9: MTEF Projections and Implications for SP Financing

Budget line	2020/21 (Million)	2021/22 (Million)	2022/23 (Million)	2023/24 (Million)	2024/25 (Million)
Wage	1,32	1,32	1,39	1,39	1,39
Non wage	7,92	7,92	7,92	7,92	7,92
Total recurrent	9,24	9,24	9,31	9,31	9,31
Development	1,85	1,85	1,85	1,85	1,85
Total Funding	11,09	11,09	11,16	11,16	11,16

Table 10: Funding Gap

Classification	2020/21 (Million)	2021/22 (Million)	2022/23 (Million)	2023/24 (Million)	2024/25 (Million)
Wage gap	4,44	4,44	4,37	4,38	4,38
Non wage gap	12,10	23,90	15,85	14,43	16,67
Total recurrent gap	16,54	28,35	20,22	18,81	21,04
Development gap	0.55	-0.18	1,07	-0.93	-0.42
Total Funding gap	17, 09	28,16	21,29	17,88	20,62

4.3 Resource mobilization strategy.

Formulation and implementation of a Resource Mobilisation Strategy (RMS) are planned strategic actions for operationalising the strategic plan. RMS will provide priority strategies and activities for mobilisation of revenues to sustain the Commission.

For now, the critical strategies for financing the deficit are as follows:

- a) Lobbying Government to increase budgetary allocation to UAC to at least 40.5Bn over the next five years, translating into an average of UGX4.00 bn increments per annum
- b) Revenue from accreditation of HIV service providers is projected to be about UGX500,000,000 (five hundred million shillings)
- c) Soliciting for additional support from Development Partners – deepening donations. This measure is expected to generate UGX22.00 bn over the next five years or an average of UGX4 Bn per year.
- d) Through partnerships, some activities will be strategically delegated to Implementing Partners and others innovatively delegated to local governments, the Private Sector and other community participation mechanisms. Through these innovations, interventions worth UGX43.26Bn will be implemented over the 5 year period, which translates to an annual budget of UGX 8Bn. Details of how much will be leveraged and what sources will be captured in the pending UAC Resource Mobilisation Strategy to be developed as part of this strategic plan.

CHAPTER FIVE: INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTING THE PLAN

5.1 Arrangements for coordinating UAC Strategic Plan implementation

To effectively realize the goal and objectives of the UAC Strategic Plan, proper planning for the mandate's performance was undertaken. This entailed looking at the activities and inputs, resources requirements and institutional capabilities needed for effective implementation of the mandate; coordination of stakeholder interactions, and monitoring and evaluation activities to be carried out to measure performance and impact of the plan.

5.1.1 Coordination of Implementation

Unlike the national HIV and AIDS response, which is primarily delivered through the Partnership Mechanism, implementing the Commission's Strategic Plan will be done mostly through the Commission's governance, leadership, and management structures. UAC will continue strengthening the Board and Management structures and systems to enhance functional linkages internally and externally. A Committee of Technical Experts (CTE), as an advisory committee to the Board, provides policy and technical advice in the governance of the national HIV and AIDS response. The CTE is comprised of representatives selected by the state and non-state AIDS control implementers in the various sectors of the national response. The Commission will also explore the establishment of technical Implementation Teams to strengthen the implementation of the Plan.

Over this Plan period, UAC is to establish multi-sectoral HIV&AIDS Coordination Technical Support Teams. These will be distributed across districts and MDAs to provide real-time oversight, support and feedback on implementing specific policies assigned by the UAC Management. Under this strategy, UAC aims to promote convergence of actors for common goals of particular policy issues and interventions moving forward, build synergies that maximise resource utilisation and provide oversight and enforcement of Implementation. The respective teams will ensure that the assigned districts and MDAs are all implementing the policies and interventions adopted in the country. The districts and MDAs submit timely reports as per the guidance and mobilise required resources to implement their respective activities. Expressly, the teams will undertake the following tasks: a) act as the median of communication between districts/MDAs and UAC on the specified policy issues and interventions at hand; b) organise quarterly review meetings for the region/MDAs; c) Facilitate knowledge sharing and learning – from districts/MDAs with documented success stories; d) ensure that the assigned MDAs/districts submit quarterly progress reports to UAC for consolidation; and e) Provide updates to UAC Management on critical issues in the assigned region/MDAs regarding HIV&AIDS response through quarterly stakeholder meetings

The overall aim is to promote stakeholders' convergence towards common goals on specific HIV&AIDS policies and interventions, build synergies that maximise resource mobilisation

and utilisation, and enforce Implementation at national and sub-national levels. Specifically, a) to augment the capacity of UAC to be able to coordinate the response within limited resources; b) ensure timely support and feedback to the districts and MDAs; c) facilitate and establish peer learning platforms at the regional/MDA level; and d) strengthen the coordination, governance and management of the HIV and AIDS response at the national and sub-national level.

5.1.2 Coordination at the Board Level:

Provision of policy guidance and strategic direction is a primary responsibility of the Board; therefore, the Board will be accountable for the plan's overall success. The critical roles of the Board will include, but not limited to endorsement and approval of policy-related issues in the plan; comprehensive supervision/oversight; demanding and causing for accountability from Management and reviews of the plan. The Board Committees will continue being essential structures as fora for fast disbursement of the Board business.

5.1.3 Coordination at Management Level:

The responsibility of day-to-day implementation of the plan rests on the Secretariat headed by the Director General. Consistent with the performance-based management, the Strategic Plan will provide a framework for the development of Annual Work Plans and Budget for the Commission, thereby informing the Accounting Officer's Performance Contract. Therefore, the delivery of this plan is the overall responsibility of the Director General, who will provide leadership for the implementation of the plan at management/Secretariat level, especially in resource mobilisation budgetary allocation, communication and advocacy. The Director General will be supported by the Directors responsible for work in programming, budgeting and implementation of priorities that fall in their respective jurisdictions. The performance will also include inspection, monitoring, compliance reviews and evaluation. The Top Management, a critical decision-making structure, is vested with effective coordination and strategic plan implementation management.

For effective functioning of the existing decision making structures, as well as improving communication and flow of information within the Commission, both vertical and horizontal flow, the following measures are recommended:

- (a) **Good facilitation of the Board (Commission) and Board Committees** – an exact Board calendar/schedule shall be drawn up and implemented. Board and Committee meetings shall be facilitated to effectively expand their policy guidance, oversight, and resource mobilization roles.
- (b) **Institutionalising the Top Management** – activities of Top Management, a decision-making structure comprising the Director General and heads of the five (5) directorates that constitute functional areas of the Commission will need to be made more formal with clear terms of reference and mode of operation.

- (c) **Regularization of Directorate Meetings** should be organized regularly to communicate Board and Top Management decisions for technical officers' prompt action.
- (d) **Regularization of Staff meetings** – staff meetings will be held at least once a quarter to enhance information flow and sharing and obtain staff feedback on matters of general concern.
- (e) **The Board and Top Management Decision Action Tracking systems** to help check progress on implementation of Board and Management decisions, especially those relating to the Strategic Plan
- (f) **The Partnership Mechanism¹** remains a crucial pillar for the delivery of the HIV and AIDS national response. This is because the multi-sectoral response stakeholders enable integrated and unified delivery of priority HIV and AIDS programs and projects identified in the National Strategic Plan and integrated Monitoring and Evaluation Framework coordinated by the Uganda AIDS Commission.

5.2 Sustainability

The Commission has five (5) directorates with 59 filled staff positions out of the approved establishment of 82 staff. The understaffing challenges were adequately analysed in the situation analysis, and this plan shall prioritize recruitment to fill the vacant positions to ensure proper implementation of the Strategic Plan. *Appendix 9* represents the recruitment plan over the plan period.

Professional development activities such as staff training and retraining will be prioritised to ensure that the Commission has a talented staff pool to deliver the Strategic Plan. Staff motivation and productivity enhancement measures have been presented in the Action Plan. The Directorate of Human Resource and Administration shall develop a staff capacity development plan to guide staff retention and development.

¹ Structures of the Partnership Mechanism: Partnership Forum, Partnership Committee, Self-Coordinating entities and Partnership Fund

CHAPTER SIX: COMMUNICATION AND FEEDBACK ARRANGEMENTS

The UAC Communication and Stakeholder Engagement Strategy has been prepared to support implementation of the UAC Strategic Plan for the period 2020/21-2024/25. It will from the vantage of conducting effective communication and stakeholder engagement activities, be one of the tools to realize the goal and objectives of the UAC Strategic plan 2020/21-2024/25. The Strategy has been prepared in a consultative way, where the Board and staff of UAC, key stakeholders including representatives of key affected populations, were represented and took part in its drafting. Whereas this Strategy provides UAC wide overarching framework and guideline and enunciates shared principles and approaches to be adhered to, it nevertheless is not a one-size fits all document. It permits users to implement it in a way that is more adaptive to specific demands and requirements.

The goal of this Communication and Stakeholder Engagement Strategy is “To keep UAC stakeholders well informed, actively engaged and committed to ending AIDS as a Public Health Threat by 2030. Specifically the strategy will advocate for; positioning UAC as the coordinator of the National HIV and AIDS Response in the Country; publicizing the work that the Commission does to all our stakeholders; enhancing/improving communication and feedback with the internal and external stakeholders; and developing a clear and consistent brand (positive image) for the Commission. Formulation of the above Strategy objectives has been preceded with a rigorous identification and analysis of UAC stakeholders and problems - from the vantage of communication and stakeholder engagement - that impede their participation in and support to UAC.

6.1 Target Audiences

The diverse nature of the work of the Commission requires effective communication to operate at a number of levels. In overall terms, however, our target audience groups will include but not limited to:

6.1.1 Internal

- i) UAC Commissioners/Board Members
- ii) All staff of the Commission
- iii) All the agents of the Commission

6.1.2 External

Primary stakeholders (Self-Coordinating Entities)

- i) Ministries, Departments and Agencies
- ii) Local Government
- iii) Media,
- iv) Religious organizations
- v) Cultural institutions,
- vi) AIDS Development Partners

- vii) People Living with HIV and AIDS and other vulnerable populations
- viii) Parliament
- ix) Research, Academia, Science and Professional Associations (RASP)
- x) CCM
- xi) Civil society organizations ,Regional and International organisations
- xii) Youth Organizations

Secondary stakeholders

- i) General Public

6.2 Approach to Communication

It is important that the Commission is recognized for its work, achievements and information products. The Commission's approach to what and how to communicate will be guided by: Ensuring consistency of messages; holding regular Communications meetings to ensure a flow of information and to coordinate the communications requirements; having standard templates for all presentations; and having all media queries addressed by the communications and advocacy department.

6.3 Strategic Tools for Communication

6.3.1 External Communications

6.3.1.1 Website

The website is the most important information resource available to the Commission for information on its work in an easily accessible way to a widespread and diverse audience. The website will be updated to ensure it displays the most recent information for all those interested in the national HIV response and the Commission's work. It has been re-designed to address the changing needs of the growing organization. The website is an interactive mode of engagement between the general public and other interested parties.

6.3.1.2 Media Relations

The Commission will engage the media in an open, transparent and honest way. Relationships will be developed with journalists both nationally and regionally, including print, broadcast and online. These relationships will be based on mutual trust. The work of Commission will be publicized through press releases, press briefings, press conferences, by-lined articles in the media, feature and topical articles in the media.

6.3.1.3 Adverts

All media enquiries will be directed through the Communications Department and, in conjunction with the Director General will decide on the appropriate response and channel of communication.

6.3.1.4 Newsletter

Quarterly and annual newsletters on the work of the Commission will be produced. The newsletters will communicate to key stakeholders the work being undertaken by the Commission. This newsletter will be available to our key stakeholders in PDF format on the website. Copies will also be printed and distributed to key stakeholders.

6.3.1.5 Advertising

Subject to availability of funds, a public information campaign will be undertaken to create awareness among the general public and stakeholders. The public information campaign will focus on supporting the work of the Commission by creating awareness of the work it does and its impact in driving the mandate of the Commission. In addition, advertising campaigns will be developed for specific activities. Documentaries showcasing the work of the Commission will be developed and broadcast on prominent TV channels.

6.3.1.6 Information Leaflets and brochures

Public engagement will also include the production of information leaflets and brochures detailing the work of the Commission. These publications will be produced as required and distributed to stakeholders during exhibitions, sensitization workshops and displayed at the front desk.

6.3.1.7 Conferences / Seminars/Workshops

The Commission will be an active participant in conferences and seminars engaging in HIV/AIDS related issues. These conferences / seminars will provide an opportunity for the Commission to engage with key stakeholders for information dissemination and learning purposes.

6.3.2 Internal Communications

Internal communication is essential to help staff understand the Vision, Mission, Goal, values, and culture of the Commission. Internal communication will also give an opportunity to staff members to discuss work related issues and will keep them informed on important decisions taken by management.

6.3.2.1 Virtual Round Table with the Director General

True communication requires a two-way process (talking and listening). Listening to employees enables management to identify strengths and weaknesses, which helps in the process of decision making. The Director General will hold regular meetings with staff as a sharing and listening exercise. In addition, quarterly round table sessions with the DG will be held. These sessions with the DG will be an opportunity to share their views on the work of the Commission, what is satisfactory and where staff believe the Commission could improve its performance.

6.3.2.2 E-mail

The e-mail will be a key resource for internal communication to pro-actively keep staff fully informed. Through the e-mail, staff will be informed of Top Management resolutions, developments at the Commission (promotions, adverts, news etc)

6.3.2.3 Notice Board

The Notice Board will be another key information conveyor to staff. This will cater for staff that may not have access to the e-mail. It may convey messages of shortlisted people, promotions, press cuttings, adverts, news etc.

6.3.3 Branding

Branding is an effective way of increasing visibility and corporate identity. Branding shall increase select lettering style, one consistent logo and colors. These will always be reflected on banners, publications, presentations, corporate wear, and headed papers and on any other thing that identifies with Uganda AIDS Commission.

6.4 Indicators of Success

A system of continuous measurement will be undertaken to ensure that key messages are disseminated in an appropriate and timely way and that the key target audiences are aware of the Commission and understand its mandate.

This measurement will include;

- Polling of members of the general public on an annual basis to measure awareness of the Commission and its work (surveys).
- An annual staff survey to measure the effectiveness of internal communications
- Online user feedback surveys on the Commission's website to measure the ease of use of the website, the relevance of information provided.
- More measurement of success shall include the number of radio spots aired, number of messages produced, number of messages disseminated, number of journalists trained, number of media clippings, media conferences, number of leaders advocating for HIV prevention, number of messages cleared, number of error messages tracked etc.
- A bi-annual media monitoring report will be prepared to assess the presence of HIV issues in the press.
- An annual message tracking report for HIV messages, adverts and spots published, by who, where, when. This will be used to assess gaps in HIV messaging.

6.5 Critical Success Factors

The successful implementation of the Communication Strategy is highly dependent on the following:

6.5.1 Top management support

The Communication Strategy is an initiative that seeks to transform the communication in the Commission. It therefore requires a lot of top management support to nurture it from its initial stages to full implementation. It has implications on financial resources but more importantly, the time needed to devote to communication activities as an opportunity cost to other pressing organizational demands.

6.5.2 Stakeholder support

Success requires all stakeholders at the Commission to support the Communication and Advocacy department through providing helpful input to its implementation, providing necessary funding, and offering technical support and services where required. In addition, stakeholder buy in will ensure that all actions presented in this strategy are implemented.

6.5.3 Ability to initiate and sustain partnerships and collaborations

Successful implementation of this strategy requires a collaborative venture to leverage on the current and potential partners within the region and internationally. Having them on board will be a strong pillar to the department and the Commission at large.

6.5.4 Supportive organizational culture

This Communication Strategy requires a supportive culture where everyone is willing and ready to embrace change.

6.6 Advocacy

Advocacy is the act of speaking up and drawing a community's attention to an important issue, and directing decision-makers toward a solution. Advocacy is the promotion of a cause or influencing a policy, or funding streams towards a determined activity. In this strategy, Advocacy efforts will focus on mainly three key issues: a) Inadequate supportive laws and policies for HIV/AIDS prevention; b) Inadequate funding for HIV/AIDS programmes; and c) Mobilization of all leaders to fight against new HIV infections.

To achieve three above, the strategy will target and engage the highest level of government, Office of the President, Parliament, National Planning Authority, Ministry of Finance, Planning and Economic Development, Religious, Cultural and political Leaders, Ministries, Departments and Agencies, Civil Society, ADPs, the Media and many others in the multi-sectoral response.

6.7 Feedback Mechanism

The regular and comprehensive feedback received from the stakeholders will be attended to accordingly. The various institutions' communication and Public Relations personnel will align their communication implementations plan to the ICT-SIP Communications Strategy. Designated teams will participate to stakeholders' issues through different avenues that

include; Website (MoICT, UCC, and NITA-U), Social Media, Media Interactive Sessions (Radio, TVs, and Print media), Question and answer sessions during meetings, among others.

Notably, HIV and AIDS continues to be a significant challenge in people's lives, affecting labour productivity and the cost of its prevention and treatment. The ICT will play an essential role in implementing HIV and AIDS Policies and programs by providing platforms for information collection, analysis, storage, and dissemination. Various ICT media such as radio, television, internet, telephony, and social media will be utilized to create awareness. All these will be undertaken in collaboration with the Ministry of Health, Uganda AIDS Commission, Civil Society, and the Private Sector.

CHAPTER SEVEN: STRATEGIC RISKS AND THEIR MANAGEMENT

Successful execution of the UAC strategic development plan requires systematic identification, mitigation, and monitoring of operational, strategic, and external risks. As part of the process for developing this plan, UAC systematically identified such potential risks and proposed mitigation measures and strategies that shall be adopted to effectively manage them. The assumptions, risks and critical success factors are;

7.1 Assumptions

- a) The political environment will remain calm and that the aftermath of the Presidential, Parliamentary and General Elections will not degenerate into civil and political unrest
- b) The economic outlook at the global and national level will recover from the effects of COVID-19 pandemic and that Uganda's economy will rebound to grow at a rate of 6% or higher, hence more resources available for the HIV and AIDS response
- c) Uganda's economy will be diversified with additional domestic funding streams, especially from its abundant natural resources like minerals (oil and gold) and agriculture.
- d) Uncertainties about the future of political supervision of the Commission will be clarified and, or the Commission will continue to fall under the political control of the Presidency
- e) The goodwill and overwhelming support of critical stakeholders in the Commission's ability to drive HIV mainstreaming in particular and the national response, in general, will be sustained.
- f) The Commission's statutory mandate and responsibilities to oversee, coordinate, manage and monitor the HIV and AIDS national response for Uganda will be further strengthened.
- g) Adequate capacity by UAC staff and partner institutions to utilize available allocated and released funds (improved absorptive capacity)

7.2 Risks

If the above assumptions or conditions are not met, the Commission will be exposed to the following risks and uncertainties.

- a) Delayed or non-implementation of priority projects and activities due to inadequate resources
- b) Complacency and reversing progress so far attained towards the HIV and AIDS national response
- c) Mandate migration – another agency stepping in to execute what is supposedly the Commission's mandate
- d) Limited staffing of the critical departments of the Commission to drive implementation of strategic interventions
- e) Weak Information and Communication Technology systems affecting the Commission's visibility and its capacity to disseminate HIV and AIDS-related information

7.3 Critical Success Factors

Some of the critical success factors for this strategic plan are:

- a) Stakeholder ownership of the strategic plan both internal and external and accountability for results
- b) Alignment of UAC Priorities to the goal and objectives of the 2020/21-2024/25 National Strategic Plan (NSP) for the HIV and AIDS and national development strategies [Uganda Vision 2040 and the 3rd National Development Plan (NDP III)].
- c) Reinvigorated and sustained leadership commitment at all levels, including renewed interest and participation of the Board and Management in UAC Resource Mobilisation drives
- d) Adequate resource mobilisation and allocation to strategic plan priorities. Key to this is the development and implementation of a Resource Mobilisation Strategy
- e) Improved UAC participation in sectoral, national planning and budgeting processes, and public performance reporting and accountability systems – These initiatives have enhanced UAC participation in Program Working Groups (PWGs). Government budgeting and performance reporting processes such as Budget Framework Paper (BFP), Ministerial Policy Statements (MPS) and Government Annual/Half Annual Performance Review (H/GAPR) are essential to increasing and sustainable funding to the Commission. It will also enhance accountability and public image of the Commission among its stakeholders.

The identified risks have been categorized with ratings as High (H), Medium (M) and Low (L) as outlined below;

Table 11: Key envisaged risks (Low 1, Moderate 2, High 3; Minor 1, Moderate 2, Significant 3)

S/No	Risk category	Risk	Risk Factor	Risk level	Mitigation strategy
1	Institutional	a) Operational	Inadequate necessary structures, strategies, policies , procedures to manage the HIV response	2	<p>Multi-stakeholder Board in place and fully constituted</p> <p>Majority of staff in place with the relevant skills and experience</p> <p>Board Charter in place</p> <p>NSP and other relevant documents in place to guide the response</p> <p>UAC 5- year strategic plan being completed</p> <p>Annual integrated work plan in place and implemented</p> <p>Mainstreaming guidelines in place</p> <p>UAC regulations being finalized</p> <p>Many other policies, procedures in place to guide the response</p> <p>Alignment of UAC priorities to the goal and objectives of the 2020/21-2024/25 National Strategic Plan (NSP) for the HIV and AIDS and national development strategies [Uganda Vision 2040 and the 3rd National Development Plan (NDP</p>

S/No	Risk category	Risk	Risk Factor	Risk level	Mitigation strategy
					III)
			Limited staffing of the critical departments of the Commission to drive implementation of strategic interventions	3	Institutional review and Job evaluation ongoing to re-align structure to strategy
		b) Financial	Inadequate or loss of financing source which may arise due to lack of absorption capacity of funds or lack of accountability etc. It may also be due to reliance on external rather than domestic funding or the difference between planned and actual revenue.	2	Resource mobilization strategy in place Increased lobbying with the stakeholders Strict enforcement of implementation of approved activities as per the timelines Strict implementation of financial controls
			Delayed or non-implementation of priority projects and activities due to inadequate resources	3	Reinvigorated and sustained leadership commitment at all levels, including renewed interest and participation of the Board and Management in UAC Resource Mobilization drives
		c) ICT	Weak Information and Communication Technology systems affecting the Commission's visibility and its capacity to disseminate HIV and AIDS-related information	3	ICT & NADIC to be revamped with improved ICT hosting environment Procurement of new infrastructure Integration of the various standalone databases

S/No	Risk category	Risk	Risk Factor	Risk level	Mitigation strategy
					Upgrading the skills of the staff
		d) Compliance	Failure to comply with laws, regulations, presidential guidelines and directives and codes of conduct applicable to its administrative and Programme activities.	2	Board and Necessary management structures in place to enforce compliance
		e) Reputational Risk	Inability to amend and restore brand and reputation	3	Develop and operationalize a communication strategy Strengthen the Message Clearing Committee Strengthen the SCEs and Coordination structures
2	External risk	a) Stakeholder management	Failure to clearly define and map out the external stakeholders and their needs	2	The Board is multi-stakeholder in nature There is a partnership structure in place and the various stakeholders are represented and partnership manual in place
			Failure to address the needs of the stakeholders	2	Addressed through the partnership manual and ongoing

S/No	Risk category	Risk	Risk Factor	Risk level	Mitigation strategy
		b) New laws/regulations	Pressure to cut administrative costs.	3	Board in place able to plan and lobby
		c) Changes in foreign policy by both host and funding countries.	Misunderstanding between partner countries.	3	Continuous monitoring /paying attention to changes in foreign Governments policy and alignment to friendly countries
		d) Changes in government policy	Mandate migration – another agency stepping in to execute what is supposedly the Commission’s mandate	2	On going Lobbying & explaining the unique role and mandate of UAC to the stakeholders Ensuring visibility of UAC by the management and Board being relevant all the time.
		e) Catastrophic risks;	Civil unrest, wars, refugees, pandemics (Covid 19, ebola) etc	2	Integration of emergency services into existing HIV programs
3	Strategic risks	a) Inadequate/wrong decisions taken.	Taking decisions not based on empirical evidence	2	ICT and NADIC being revamped Data Manager Has been recruited
			Failure to evaluate the impact of the decision	2	M&E Department fully equipped
			Improper implementation of decisions	2	Decisions are sieved and reviewed at various stages before implementation

S/No	Risk category	Risk	Risk Factor	Risk level	Mitigation strategy
			Lack of responsiveness to stakeholders needs	2	There is NSP & UAC strategic plan with stakeholders needs assessment taking account of the stakeholder needs
		b) Non-existence of the Board.	Delays in appointment of the Board.	3	Initiate the process of Board appointment before the term of current board expires
		c) Failure to appoint top Managers in time.	Ineffective recruitment processes	3	Ensuring an effective recruitment plan is in place.
		d) Failure to have approved Strategic plan and Budget	Inadequate funding and multiple stakeholder interests.	3	Ensure early planning by involving all the relevant stakeholders.
		e) Failure to prioritise HIV in the national planning processes	Complacency and reversing progress so far attained towards the HIV and AIDS national response	2	Improved UAC participation in sectoral, national planning and budgeting processes, and public performance reporting and accountability systems – These initiatives have enhanced UAC participation in Program Working Groups (PWGs). Government budgeting and performance reporting processes such as Budget Framework Paper (BFP), Ministerial Policy Statements (MPS) and Government Annual/Half Annual Performance Review (H/GAPR) are essential to increasing and sustainable funding to the Commission. It will also enhance accountability and public image of the Commission among its stakeholders

CHAPTER EIGHT: MONITORING AND EVALUATION ARRANGEMENTS

8.0 Monitoring and Evaluation

This section presents the Monitoring and Evaluation (M&E) arrangements for the UAC strategy for the entire period July 2021 to June 2025. It is intended to guide staff and stakeholders on how to regularly and systematically track implementation of the prioritized interventions and assess progress of the plan with regard to the agreed objectives and outcomes. The M&E strategy has been aligned to the M&E Framework for the NDP III, the M&E Plan for the National HIV&AIDS strategic plan, and the Uganda National Monitoring and Evaluation Policy and framework. The M&E strategy will help UAC to answer the following questions;

- i. Were the prioritised activities implemented as planned?
- ii. Were resources availed and used in a timely manner as planned?
- iii. Did UAC's implementation of activities result into the planned outputs?
- iv. Did the outputs result in the expected outcomes and create the desired impact?

8.1 Elements of the UAC M&E Strategy

The M&E section of the UAC strategic plan defines the: objectives of the M&E strategy; the stakeholders in the M&E function; the M&E system development process; reporting arrangements; and the results and reporting matrix

8.2 Stakeholders in the UAC M&E Function

The following are the key national government M&E stakeholders and reporting frameworks to which the UAC M&E framework will participate.

8.2.1 Office of the President/Annual Apex Platform:

UAC will submit an annual high-level synthesised oversight programme and monitoring report to the Office of the President to facilitate assessment of the outcomes and impact derived from socio-economic and development interventions by UAC.

8.2.1 The National Planning Authority

UAC will prepare an annual report and submit it to NPA for inclusion in the National Development Report, which provides information on the country's current development status and the progress made against NDP indicators. This will be the basis upon which NPA will issue a Certificate of Compliance Report (COC) regarding UAC annual budgets and plans.

8.2.2 Office of the Prime Minister (OPM)

UAC will submit an annual report to OPM to facilitate the compilation of the Government Annual Performance Report (GAPR). The GAPR assesses performance of Government MDAs and Local Governments against key objectives as outlined in the NDP III, and the medium terms objectives and budget spending across main government MDAs implementing the NDP.

8.2.3 Ministry of Finance

UAC will submit quarterly reports to the Ministry of Finance Planning and Economic Development as part of the Budget Monitoring and Accountability Mechanisms. This mechanism tracks financial flows to MDAs and LGs and monitors inputs, outputs and progress of implementation of government programmes and projects included in annual budgets of government MDAs. These reports will enable the UAC Accounting Officer to report on the commitments made to MoFPED in the annual Performance contracts.

8.2.4 UNAIDS

UAC will compile a Global AIDS Progress Reporting (GAPR) that assesses the state of the National response and progress towards achieving both national and global HIV targets, thus contributing to a better understanding of the global response to the HIV pandemic. UAC will compile these reports annually to show progress towards the global targets set in the Political Declarations and the SDGs.

8.2.5 Partnership Forum

The Partnership Forum is the “apex body” for the partnership mechanism; where stakeholders are represented to undertake and oversee all operations of the National HIV Response. The PF provides an avenue for consultation and information sharing; joint planning and review in line with the national strategy for AIDS response. The Forum further looks into aspects of resource mobilization and the entire spectrum of support to HIV/AIDS interventions of all stakeholders. The Partnership Forum is always conducted after every two years but we plan to take it to regional levels and have it convened annually.

8.3 Development of UAC M&E System

The M&E System for the UAC Strategic Plan comprises of the Performance Management Tool (MIS) that needs to be established for internal management of the institutional plans as well as for reporting on performance. In developing this M&E strategy, UAC aligned it to the

NDP III M&E system, including: development of SMART performance indicators (including baseline indicators); setting performance targets that will be used to assess performance; earmarking methodologies, participants and tools to be used in conducting different M&E activities; setting the timeframes for different M&E activities/events; and identifying data centres for receiving information generated by M&E events.

8.4 Monitoring and Evaluation Framework

The monitoring and evaluation framework for the UAC SDP was adopted to measure the performance at all the three levels stated below;

- a) **Impact Level:** this constitutes a set of indicators and targets that will measure both realizations of the goal of the UAC Strategic Plan and contribution of the Commission towards completing the purpose and goal of the HIV and AIDS National Response.
- b) **Outcome Level:** indicators are derived from the strategic themes of the strategic plan. These assist in measuring the extent of attainment of the goal and strategy of objectives of the plan.
- c) **Output Level:** this will entail all key performance indicators (KPIs) and targets measuring the implementation of the Strategic Plan. They connote the processes through which inputs and activities will translate into tangible outputs.

8.5 Performance Monitoring Indicators and Targets

Based on the above M&E results framework, different sets of indicators and targets have been developed to monitor the implementation and performance of the UAC Strategic Plan. At implementation level, the selected monitoring indicators will measure the process of implementing the Strategic Plan and focus on inputs and outputs. Performance indicators aim at measuring outcomes and impact of UAC Strategic Plan. An attempt has been made to establish these indicators' current status, which will serve as the baseline for measuring progress and apportioning attributions to the plans.

The table below presents a synopsis of key performance indicators and targets by thematic area. The Monitoring and Evaluation Matrix shows the detailed indicators, indicator definitions, targets and source of data.

8.6 Progress Reporting

To improve assessment and reporting of progress on implementing the Strategic Plan, an electronic Resources Tracking System will be implemented by the second year of execution of the strategy to facilitate timely capture and reporting of resource inflows and analysis of resource flow trends projections.

The NADIC system will also be strengthened to improve timely access and information sharing to monitor and evaluate the plans.

Also, periodic strategic planning review retreats will be held as follows: Management Strategic Plan Implementation Review Meeting/Retreat to be held quarterly to enable each implementing unit present status reports. Joint Board and Management Strategic Plan implementation Review Meeting /Retreat will be held annually to precisely assess the progress of implementing the strategic plan and strategize for the subsequent period. The information captured will feed into the Annual Report of activities of the Commission during the year.

To bring on board other stakeholders such as Parliamentary Committee on HIV and AIDS, SCEs and Decentralised Response in monitoring and reporting of the HIV response, the Commission will prepare stakeholder briefs on the progress of implementing UAC strategic plan and leverage on existing coordination mechanisms for a national response such as JAR and PF to share the information. The kind of monitoring and evaluation reports to check implementation and measure the success of the strategic plan will therefore include but not limited to, the following:

- a) Monthly Progress report by the Directorates/Departmental Heads.
- b) Quarterly Progress report on Strategic Plan implementation for Management and Board
- c) Annual Report for Office of the President, Ministry of Finance, Planning and Economic Development, and the Ministry of Health
- d) Budget Framework and Ministerial Policy Statements
- e) Government Annual Performance Review (GAPR) Report to the Office of Prime Minister

8.7 UAC Annual Performance Review

Based on the above M&E Results Framework, different sets of indicators and targets have been developed to monitor the implementation and performance of the UAC strategic plan. The implementation monitoring indicators measure the process of implementing the Strategic Plan and focus on inputs and outputs. Performance indicators aim at measuring outcomes, effects and impact of UAC Strategic Plan. An attempt has been made to establish the current status of these indicators. This will serve as a baseline for measuring progress as well as apportioning attributions to the plans.

The table below presents a synopsis of key performance indicators and targets by thematic area. The Monitoring and Evaluation Matrix shows the detail indicators, indicator definitions, targets, and data source.

8.8 The goal, Overall Objective and Programs, and the Outcome Indicators

Table 12: Results Framework (OutCome Level)

Level of Results	Description of Results	Indicator	Baseline Value (Yr.-0)	Target				
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Goal: To provide a strategic framework for effective coordination and management of the National Response towards Ending HIV and AIDS in Uganda. This will ultimately contribute to increased household incomes and improved quality of life of Ugandans.	Reduction in the number of new infections by 61%	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	3.5	3.5	3.0		2.5	2.5
	Reduction in the number of new infections by 61%	Number of new HIV infections	52,000					20,000
	Reduction in AIDSs related deaths by 77%	Number of AIDS related deaths	22,000					7,000
	Final Outcomes: A functional well-coordinated, National HIV and AIDS response	National Policy Commitment Index	90%	100%	100%	100%	100%	100%
	Governance and leadership for the national multi-sectoral response strengthened	National Policy Commitment Index	80%	85%	90%	95%	100%	100%
S.O.1: To provide policy strategy and policy guidance to stakeholders in the national HIV and AIDS Response	Develop overachieving policies, laws, and guidelines on HIV and AIDS	Number of policies and guidelines developed	TBD	80%	90%	95%	100%	100%
	Implementation of the HIV strategic plan and other policy guiding documents reviewed	The proportion of scheduled reviews for HIV policies and plans that are executed	TBD	80%	90%	95%	100%	100%
	Build the capacity of MDAs	Number of MDAs that	MDAs 80%	85%	90%	95%	100%	100%

Level of Results	Description of Results	Indicator	Baseline Value (Yr.-0)	Target				
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	and DLGs in Mainstreaming HIV and AIDS in development programs	have mainstreamed HIV						
		Number of LGs that have mainstreamed HIV	LGs 60%	70%	80%	85%	90%	100%
	National HIV&AIDS Strategic plan Developed; MDAs & DLGs supported to develop HIV and AIDS strategic plans aligned to the National HIV&AIDS strategic plan	The percentage of MDAs sectors with Strategic Plans aligned to the NSP	70%	80%	90%	100%	100%	100%
		The percentage of LGs with HIV and AIDS Strategic Plans	60%	70%	80%	90%	95%	100%
S.O.2: To mobilize, monitor resources for the national HIV and AIDS response	Develop and implement a resource mobilization framework	Percentage of funds allocated per thematic area in the strategic plan	TBD	TBD	TBD	TBD	TBD	TBD
	Build Institutional Capacity for AIDS resource tracking & monitoring	Allocation and utilization of resources for the national HIV response tracked reported promptly	TBD (2019)	100%	100%	100%	100%	100%
	Establish and sustain funding mechanism for the National and sub-national AIDS Coordination structures	Percentage of funds for the National HIV response generated locally	12% (2018/19)	25%	30%	35%	40%	40%
	Mobilize and deploy resources for the national HIV response Coordination	Percentage of resources for the National Response Funded by	88%	75%	70%	65%	60%	60%

Level of Results	Description of Results	Indicator	Baseline Value (Yr.-0)	Target				
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	structures	ADPs						
SO 3: To strengthen partnerships and coordination mechanisms for the national HIV response	Engage the community of PLHV for collaboration in the HIV and AIDS response	The percentage of districts with functional PLHIV networks	2018/19 65%	70%	75%	80%	90%	100%
	Build capacity for partnership structures at all level to strengthen coordination of SCEs	The proportion of DLGs with functional coordination structures	65%	70%	75%	80%	85%	90%
	Strategic engagement of the media, civil society organizations, religious, cultural, and political institutions in the HIV prevention effort	No. of stakeholder engagements in the HIV prevention effort to address the socio-cultural, gender and other structural factors that drive the HIV epidemic	4	4	4	4	4	4
	Build HIV and AIDS partnership structures at all levels	The number of MDAs with functional coordination structures	75%	80%	85%	90%	95%	100%
		Proportion of urban councils with functional coordination structures	0%	95%	100%	100%	100%	100%
	Non state actors compliant with the regulations	Proportion of non-state actors certified to provide HIV services	TBD	70%	85%	90%	95%	95%
S.O.4: To strengthen HIV and AIDS information and knowledge management	Revitalize NADIC as a national hub for HIV and AIDS strategic information	Percentage of synthesized information products disseminated	TBD	60%	80%	90%	100%	100%

Level of Results	Description of Results	Indicator	Baseline Value (Yr.-0)	Target				
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	Harmonize and build capacities of HIV Sector Information Management systems to share information with the central platform for strategic information	Percentage of sectors routinely reporting promptly	70%	80%	90%	100%	100%	100%
	Establish communication mechanisms targeting different categories of most-at-risk populations (Adolescents, Youths, special interest groups)	The percentage of types of Most-At-Risk People reached by communication mechanisms	TBD	50%	65%	80%	90%	100%
	Establish a research Agenda for HIV and AIDS	Percentage of research institutions uploading HIV and AIDS research on the NADIC Portal	TBD	50%	60%	80%	90%	100%
	Strengthen HIV and AIDS knowledge management	Proportion of planned stakeholder performance reviews meetings that are convened	2018/19 100%	100%	100%	100%	100%	100%
SO 5: Institutional Capacity to lead the National HIV response	Strengthen Governance systems (Board, SCEs, DACs, SACs, PACs, and VACs)	Percentage of annual planned outputs that are achieved	92%	95%	98%	100%	100%	100%
	Strengthen Management support systems and Administration (Finance, HR,	Number of management manuals reviewed and	TBD	TBD	TBD	TBD	TBD	100%

Level of Results	Description of Results	Indicator	Baseline Value (Yr.-0)	Target				
				Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	RIM, Audit & Procurement)	implemented						
		Percentage of staff with improved working environment	60%	65%	75%	80%	100%	100%
	Ensure availability and functionality of appropriate infrastructure and equipment	Proportion of required equipment that is procured	15%	20%	50%	70%	80%	100%

CHAPTER NINE: PROJECT PROFILES

Table 13: Project Profiles

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
1.	Project Title	UAC Institutional Retooling Project
2.	NDP III Program	Human Capital Development
3.	Sector	Health
4.	Sub sector	Uganda AIDS Commission
5.	Vote	Uganda AIDS Commission
6.	Vote Function	Coordination of HIV & AIDS Response
7.	Vote Function Code	107
8.	Implementing Agency	Uganda AIDS Commission
9.	NDP PIP Code	51
10.	MFPED PIP Code	1634
11.	NDP Programme	Human Capital Development Programme
12.	Location	Plot 1-3 Salim Bay Road, Ntinda Kampala and 8 regional coordination centres in Gulu,

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		Mbarara, Moroto, Arua, Masaka, Luwero, Jinja, Hoima.
13.	Estimated Project Cost	9.3 Billion
14.	Total expenditure on project related interventions up to start of the next NDP	9.3 Billion
15.	Current stage of project implementation at commencement of the NDP	Nil
16.	Funding gap at commencement of the NDP	Nil
17.	Project Duration/Life span (Financial Years)	5 year
18.	Planned Start date	1/7/2021
19.	Planned End date	30/6/2025
20.	Name & Title of responsible officer	Quinto Rwotoyera, Director Finance and Accounting
21.	Already existing in the NDPI	No

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
22.	Already existing in the NDPII	No
23.	Already existing in the MFPED PIP	Yes
PROJECT INTRODUCTION		
24.	Problem Statement	<p>Problem to be addressed:</p> <p>Uganda is still faced with a high burden of HIV and AIDS, with over 1.46 million people living with HIV (Dec.2019), of which 1.2 million people were on Antiviral Treatment (ART). The annual cost of prevention and treatment of HIV and AIDS has increased over time from Shs657 billion in 2015 to 955 billion in 2020 and is estimated to increase to Shs1.3 trillion annually by 2025 unless behavioral change and other prevention interventions are scaled up, and available resources are efficiently utilized to effectively deliver HIV services.</p> <p>Annually 53,000 people get newly infected with HIV of whom 34% are young people between the ages of 15 and 24, majority of whom are girls. Furthermore 26,000 people die annually due to HIV and AIDS related illnesses of whom 51% are men, 31% are women & 18% are children.</p> <p>Causes of the problem:</p> <p>The cause of the problem is lack of institutional capacity of the Uganda AIDS Commission which include coordination structures and equipment to improve efficiency and effectiveness of multi-sectoral HIV & AIDS response. These involve capacity building of MDAs and LGs to mainstream HIV and AIDS in their sector plans and large</p>

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		<p>infrastructure projects; accreditation of HIV and AIDS service implementers; collaboration with cultural and faith based institutions and civil leaders and civil society organizations to promote positive sexual behavior and social change to reduce new HIV infections, mitigate stigma against People Living with HIV and other vulnerable population, and promote recruitment and retention on treatment.</p> <p>In addition, the Commission lacks adequate capacity to monitor performance on key indicators and dissemination of information to key stakeholders and the general public.</p>
25.	Situation Analysis	<p>Past achievements to address the problem</p> <p>Uganda is among the countries that demonstrated remarkable success in the fight against HIV and AIDS by achieving a dramatic reduction in the adult HIV prevalence rate from 18% in the 1990s to 6.5% in the early 2000s, largely due to committed and sustained political leadership, early intervention, a strong focus on prevention, and a multi-sectoral approach.</p> <p>Despite the above achievement, there was complacency which led to a resurgence of new HIV infections, hence a rise in HIV prevalence to 7.3% by 2011.</p> <p>The prevalence of HIV has since dropped to 6% as of 2020, attributed to a combination of behavioural change, biomedical and other structural intervention. Nonetheless, the HIV and AIDS epidemic in Uganda remains severe, generalised, and heterogeneous across geographical, socio-economic and demographic subgroups of the population. The annual cost of treating HIV and AIDS continues to increase estimated to hit the Shs 1.3 trillion mark by 2025, unless a prioritized set of interventions like addressing behavioral change communication, Adolescent Girls and Young Women, Key and Priority</p>

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		<p>Populations and other prevention interventions are scaled up and implemented consistently, using a multi-sectoral approach. Therefore more coordination efforts will be needed to catch up and work towards the 2030 targets.</p> <p>Approximately 1,000 people get infected with HIV per week and 140/ day, 6 people /hour, of whom 34% are young people between the ages of 15 and 24, majority of whom are girls. Furthermore 26,000 people die annually due to HIV and AIDS related illnesses (equivalent to a 69-seater bus passengers dying in a fatal accident every day!), of whom 51% are men, 31% are women & 18% are children.</p> <p>With the annual rate of new infections at 53,000, it is estimated that cumulative new infections will be 318,000 by 2025, especially among adolescent girls and young women, being the most vulnerable group, unless behavioral change and other prevention interventions are scaled up as a matter of priority.</p>
26.		<p>Ongoing interventions:</p> <ul style="list-style-type: none"> a) Coordinate the implementation of the Presidential Fast Tract Initiative to end AIDS as a public health by 2030 b) Coordinate mainstreaming of HIV & AIDS in plans of MDA and DLGs c) Collaboration with Self Coordinating entities (Faith Based Organisations, cultural institutions, media, civil society organisation, private sector, Development partners etc.) to promote behavioural change that lead to reduction of new HIV infections and adherence to treatment.

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		d) Accreditation of AIDS service organisation to coordinate HIV & AIDS service delivery
27.		<p>Challenges:</p> <ul style="list-style-type: none"> a) Demand for implementation of nationwide coordination of HIV & AIDS response with limited capacity in terms of human and logistical resources. b) Limited domestic financing of the response amidst a decreasing international resource envelop c) Other emerging diseases and epidemics that distract attention from the HIV response, potentially posing a risk of reversing the gains made against the HIV pandemic.
28.	Relevance of the project idea	<p>Alignment to Vision 2040, NDP, SIPs and Agency plans:</p> <p>UAC institutional capacity retooling is aligned and contributes Uganda Vision 2040, NDP III Human Capital Development program, primarily contributing to enhanced productivity and social wellbeing of the population through reduction of HIV related morbidity and mortality. The specific objectives aligned to are: a) improving population health, safety and management; and reducing vulnerability and gender inequality along the lifecycle.</p> <p>The project is also aligned to the UAC objective of strengthening the institutional capacity to lead the HIV Response</p>

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
29.	Stakeholders	<p>Direct beneficiaries</p> <ul style="list-style-type: none"> a) MDAs & LGs b) Civil Society Organisations c) Faith Based Organisations & Cultural Institutions d) Youth and other Vulnerable groups e) Private Sector Organisations, f) Parliament g) Network of People Living with HIV (PLHIV) h) AIDS Development Partners i) Implementing Partners j) Academia and Research Institutions k) Media Fraternity l) The Country Coordination Mechanism of the Global Fund <p>Indirect Beneficiaries</p> <ul style="list-style-type: none"> a) People Living With and Affected by HIV & AIDS b) Key and Vulnerable persons

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		c) The General population Likely project affected persons a) None
30.	Project Objectives /Outcome	Objectives a) To reduce new HIV infections b) Reduce HIV & AIDS stigma and discrimination c) Increase adherence to HIV and AIDS treatment Outcomes a) Reduced HIV & AIDS burden
31.	Project inputs /activities/interventions	Project inputs a) Human resources b) Equipment and materials c) Financial resources Project activities a) Equip regional HIV and AIDS coordination centres and UAC HQs to support coordination of HIV & AIDS response at district and lower governments structure to mainstream HIV and AIDS interventions over a period of five years. b) Build capacity of UAC to coordinate all Ministries, Departments, Agencies in mainstreaming HIV and AIDS in their sector plans and activities over a five-year period

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		<p>c) Coordinate sustained mass sensitization of Young People in school and out of school and other vulnerable groups using behavioural change communications and other prevention interventions to reduce new HIV infections in collaboration with the media, school and institution of higher learning to reach over 25m young people and other groups vulnerable to HIV infections.</p> <p>d) Develop ICT infrastructure for effective coordination of HIV and AIDS implementing entities and annual certification of all NGOs and CBOs providing HIV and AIDS services to ensure that only qualified and competent NGO and CBOs provide HIV and AIDS services to the public, hence quality assurance</p> <p>e) Developing UAC and staff capacity and enhancement of working conditions to attract and retain skilled human resources in coordination of HIV and AIDS response aimed at increasing staff productivity and output in effective coordination of HIV and AIDS response.</p> <p>Interventions</p> <p>a) Improve working condition and environment</p> <p>b) Improve logistical capacity</p> <p>c) Enhance strategic information sharing</p> <p>d) Enhance capacity of MDAs/DLGs in HIV & AIDS response</p>
32.	STRATEGIC OPTIONS	
33.	Strategic options	<p>Alternative means of solving the problem</p> <p>a) Reduction of new HIV infections through behavioural change communication and coordination of other interventions to reduce HIV & AIDS related morbidity and mortality.</p>

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>
		<p>b) Focusing on Biomedical interventions only with emphasis on care and treatment of HIV and AIDS to reduce HIV & AIDS related morbidity and mortality, and ignoring prevention interventions.</p> <p>The disadvantage of biomedical intervention only is that it is unsustainable in the long run as more new people are put on treatment whenever they are tested positive.</p> <p>Alternative means of financing</p> <p>There are two alternatives of financing this project; namely through GOU budget support or external funding.</p> <p>The advantage of external funding is that it will enable GOU to finance other priority interventions.</p> <p>The disadvantage of external funding is that it has been dwindling and may not be a reliable source yet may have conditions attached.</p> <p>The only viable funding option available is from GOU since there is no external funding for the project.</p>
34.	Coordinating with Government Agencies	<p>The roles of other stakeholders</p> <ul style="list-style-type: none"> • Ministry of Health- provision of guidelines for biomedical interventions • Ministry of Education- coordinating HIV & AIDS activities in schools and institution of higher learning • Ministry of Gender Labour and Social Development- coordinating HIV & AIDS activities among women, youth out of schools.

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>					
35.	PROJECT ANNUALISED TARGETS (OUTPUTS)						
		Project annualized targets					
UAC Retooling Project	Actual output	Actual output					
Outputs	2018/20	2019/20	2020/20	2021/22	2022/23	2023/24	2024/25
Transport equipment units	0	1	4	7	2	4	4
Heavy duty printers installed			3				
HIV & AIDS message clearing studio							1
HIV & AIDS Call center					1	1	
E-integrated system for accreditation and e-mapping					1		1
HIV & AIDS RTS system							1
Servers installed			1				
Computers				12	50		
Network cabling installed				1			
Wireless access points installed				4			

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>						
	Cisco switches installed				3			
	Windows & AV software installed				4			
	CCTV unit installed					1		
	Office furniture units				20	45		
	Office refurbishment		1					
		ESTIMATED PROJECT COST AND FUNDING SOURCES						
		Project annual cost						
		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	GOU	0.128	0.128	1.850	1.850	1.811	1.820	1.922
	Donor							

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>				
36.	RESULTS MATRIX					
	Objectives hierarchy and description	Indicators	Means of verification	Baseline	Target	Assumption
	Goal Reduction of in number of HIV	# new HIV infections	HIV modeling estimate	52,000	20,000	Behavioral change communication is sustained over the next 5 years
	Outcomes Strengthen Coordination of HIV & AIDS response.	% of Self coordinating entities and AIDS service organizations submitting regular HIV & AIDS reports.	Annual reports.	40%	70%	IP accreditation system is implemented in time for AIDS service organizations.
	Outputs Equipment and infrastructure for coordination of HIV & AIDS response.	% of equipment and infrastructure procured and installed.	Fixed asset register reports.	10%	100%	All planned resources are released in time.

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>						
	Activities							
	Procurement and installation of equipment for coordination of HIV & AIDS response	% of activities completed	Annual work plan reports	10%	100%	All planned resources are released in time.		
		ACTUAL % PROGRESS		PROJECTED % PROGRESS				
Outputs		2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Transport equipment units		0	5%	23%	54%	63%	82%	100%
Heavy duty printers installed				100%				
					100%	100%	100%	100%
HIV & AIDS message clearing studio								100%
HIV & AIDS Call center						80%	100%	100%
E-integrated system for accreditation and e-mapping						80%	80%	100%
HIV & AIDS RTS system								100%
Servers installed				100%	100%	100%	100%	100%
Computers					17%	100%	100%	100%

<i>S/No</i>	<i>TITLE</i>	<i>DESCRIPTION</i>						
	Network cabling installed				100%	100%	100%	100%
	Wireless access points installed				100%	100%	100%	100%
	Cisco switches installed				100%	100%	100%	100%
	Windows & AV software installed				100%	100%	100%	100%
	CCTV unit installed					100%	100%	100%
	Office furniture units				30%	100%	100%	100%
	Office refurbishment		100%	100%	100%	100%	100%	100%

APPENDICES

Appendix 1: Proposed Options for Bridging the Financing Gap

Item	FY 2020/21 (UGX) Million	FY 2021/22 (UGX) Million	FY 2022/23 (UGX) Million	FY 2023/24 (UGX) Million	FY 2024/25 (UGX) Million
PROJECTED EXPENDITURE	28,291	39,238	32,222	28,990	31,856
PROJECTED FUNDING	11,090	11,090	11,090	11,090	11,090
FUNDING GAP	17,201	28,148	21,132	17,900	20,766
PROPOSED FINANCING OF THE FUNDING GAP					
Expanding Go MTEF allocation	13,760.64	22,518.40	16,905.60	14,320.00	16,612.80
Development Partners (Grants)	3,440.16	5,629.60	4,226.40	3,580.00	4,153.20
Other Innovative Measures					
TOTAL	17,200.80	28,148.00	21,132.00	17,900.00	20,766.00

Appendix 2: UAC Results Framework; Output Level

Strategic Intervention	Output	Performance Indicators	Baseline (FY)	Target (FY)					Means of verification	Assumptions	Responsible Person
				2020/21	2021/22	2022/23	2023/24	2024/25			
Develop/update overachieving policies, plans, laws, and guidelines on HIV and AIDS	Overachieving policies, laws, and guidelines on HIV and AIDS developed	Number of policies laws and guidelines developed	TBD	4	3	4	2	1	Policy documents UAC Annual Reports		Director General/DP RP
Develop Multi-Sectoral National & MDAs/DLGs HIV and AIDS Strategic Plans	MDAs and LGs supported to develop HIV and AIDS Strategic Plans aligned to the NSP	Proportion of MDAs and LG with HIV and AIDS Strategic Plans aligned to the NSP	MDAs 70%	M Das 80%	M Das 90%	M Das 95%	M Das 100%	M Das 100%	UAC Annual Reports		DPSI
			DLGs 70%	DLGs 80%	DLGs 90%	DLGs 100%	DLGs 100%	DLGs 100%			
Regularly review implementation of UAC strategy	Implementation of the UAC strategic plan and other policy/guiding documents reviewed	Number of Implementation reviews carried out	1	1	1	1	1	1	The JAR report	Annual Review Conference convened	DPSI
Roll out and sustain HIV and AIDS Mainstreaming strategy in all MDAs and LGs	HIV and AIDS Mainstreamed at all levels	The proportion of Public Sector Institutions that have mainstreamed HIV and AIDS	MDAs 80%	85%	90%	95%	100%	100%	HIV Mainstreaming Report	HIV Mainstreaming Portal created	DPSI
		Percentage MDAs and LG allocating 0.1% of the Central Transfers	LGs 60%	70%	80%	85%	90%	100%			
Mobilize and streamline resources for HIV and AIDS and management for	Advocacy for increased funding for the HIV and AIDS response conducted	Percentage of the HIV and AIDS funding from GoU	12% (2020)	15%	20%	25%	30%	40%	NASA Reports	NASA institutionalized among key stakeholders	DG

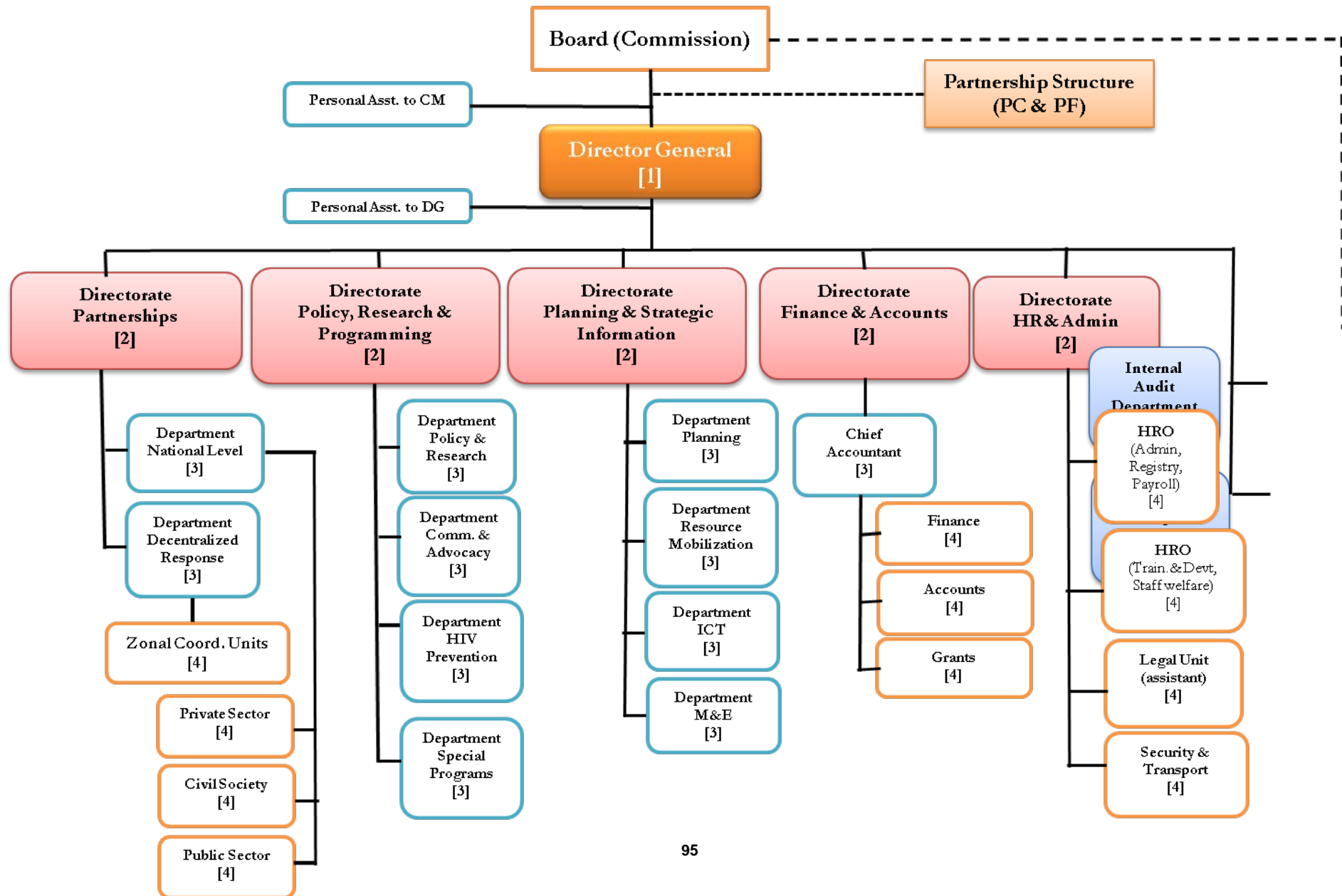
Strategic Intervention	Output	Performance Indicators	Baseline (FY)	Target (FY)					Means of verification	Assumptions	Responsible Person
				2020/21	2021/22	2022/23	2023/24	2024/25			
efficient utilization and accountability.											
Build institutional capacity for HIV and AIDS resource tracking built	Capacity for HIV and AIDS resource tracking built	Percentage of institutions with the capacity to electronically track resource	TBD						Annual Reports	NASA institutionalized in key institutions	DG
Supervise, monitor and regulate stakeholders of the national HIV and AIDS response	Non state actors compliant with the HIV and AIDS Related policies, Plans, guidelines, and regulations	Proportion of non-state actors certified to provide HIV services	TBD	70%	85%	90%	95%	95%	Annual Reports	UAC Regulations widely disseminated	DFA
Build/operationalize the HIV and AIDS Partnership Framework & structures	HIV and AIDS partnership structures functional at all levels	The proportion of institutions Self Coordinating Entities with functional coordination structures	6	8	10	12	12	12	Annual Reports		DoP
Strategic engagement of SCEs (Media, CSOs, FBOs, Cultural, MDAs, DLGs & Politicians) for partnership in the prevention of HIV and AIDS Response	HIV Stakeholders engaged and partnerships built to address socio-cultural, gender and other structural factors that affect communities of PLHIV and other vulnerable groups	The number of strategic engagement meetings convened per year	4	4	8	8	12	12	Annual Reports	Functional SCEs	DoP

Strategic Intervention	Output	Performance Indicators	Baseline (FY)	Target (FY)					Means of verification	Assumptions	Responsible Person
				2020/21	2021/22	2022/23	2023/24	2024/25			
Build the capacity of PLHIV communities and other vulnerable groups to participate in HIV service delivery	The PLHIV networks and other vulnerable groups empowered to participate in HIV service delivery	Proportion of PLHIV Networks and other vulnerable groups supported	TBD	50%	60%	70%	80%	90%	Annual Reports	Functional SCEs	DoP
Revitalise NADIC as a national hub for HIV and AIDS strategic information	UAC acknowledged as credible source of information on HIV and AIDS in Uganda	Percentage of key stakeholder institutions or organizations disseminating their HIV and AIDS information products through NADIC	2	10	15	15	20	20	UAC Website	UAC ICT environment for storage and retrieval of HIV data and information functional	DPSI
Harmonize and build capacities of HIV Sector Information Management systems to share information with the central platform for strategic information	HIV and AIDS data routinely submitted and published on UAC information systems	Percentage of sectors routinely reporting promptly	70%	80%	90%	100%	100%	100%	UAC Quarterly Reports		DPSI

Strategic Intervention	Output	Performance Indicators	Baseline (FY)	Target (FY)					Means of verification	Assumptions	Responsible Person
				2020/21	2021/22	2022/23	2023/24	2024/25			
Establish communication mechanisms targeting different categories key and priority populations (Adolescents, Youths, special interest groups)	Routinely engage KPs and PPs networks to disseminate HIV information	The proportion by types of KPs and PPs reached by communication mechanisms	TBD	50%	65%	80%	90%	100%	Annual Reports		DPRP
Establish a research Agenda for HIV and AIDS	Research agenda established and disseminated	Percentage of research institutions implementing the research agenda & uploading HIV and AIDS research on the NADIC Portal	TBD	50%	60%	80%	90%	100%	Annual Reports	Approved Research Agenda	DPRP
Undertake periodic reviews, evaluations and special studies to assess progress	Assessment/evaluation reports	Number of reviews/evaluations undertaken	4	4	4	4	4	4	Annual Reports		DG
Promote information sharing and utilization among producers and users of HIV and AIDS data	Information products shared on local platforms	Number of people visiting UAC platforms or meetings for HIV and AIDS information	TBD	20000 0	30000 0	40000 0	50000 0	60000 0	Annual Reports		DPRP
Strengthen Governance systems (Board, SCEs, DACs, SACs, PACs, and		Percentage of annual planned outputs that are achieved	92%	95%	98%	100%	100%	100%	Annual Reports		DHRA

Strategic Intervention	Output	Performance Indicators	Baseline (FY)	Target (FY)					Means of verification	Assumptions	Responsible Person
				2020/21	2021/22	2022/23	2023/24	2024/25			
VACs)											
Strengthen Management support systems and Administration (Finance, HR, RIM, Audit & Procurement)		Percentage of management manuals reviewed and implemented	TBD	100%	100%	100%	100%	100%			DG
		Percentage of staff with improved working environment	60%	65%	75%	80%	100%	100%	Annual Reports		DHRA
To ensure availability and functionality of appropriate infrastructures and equipment	UAC ICT hosting environment improved	Proportion of required equipment that is procured	15%	20%	50%	70%	80%	100%	Annual Reports		DPSI

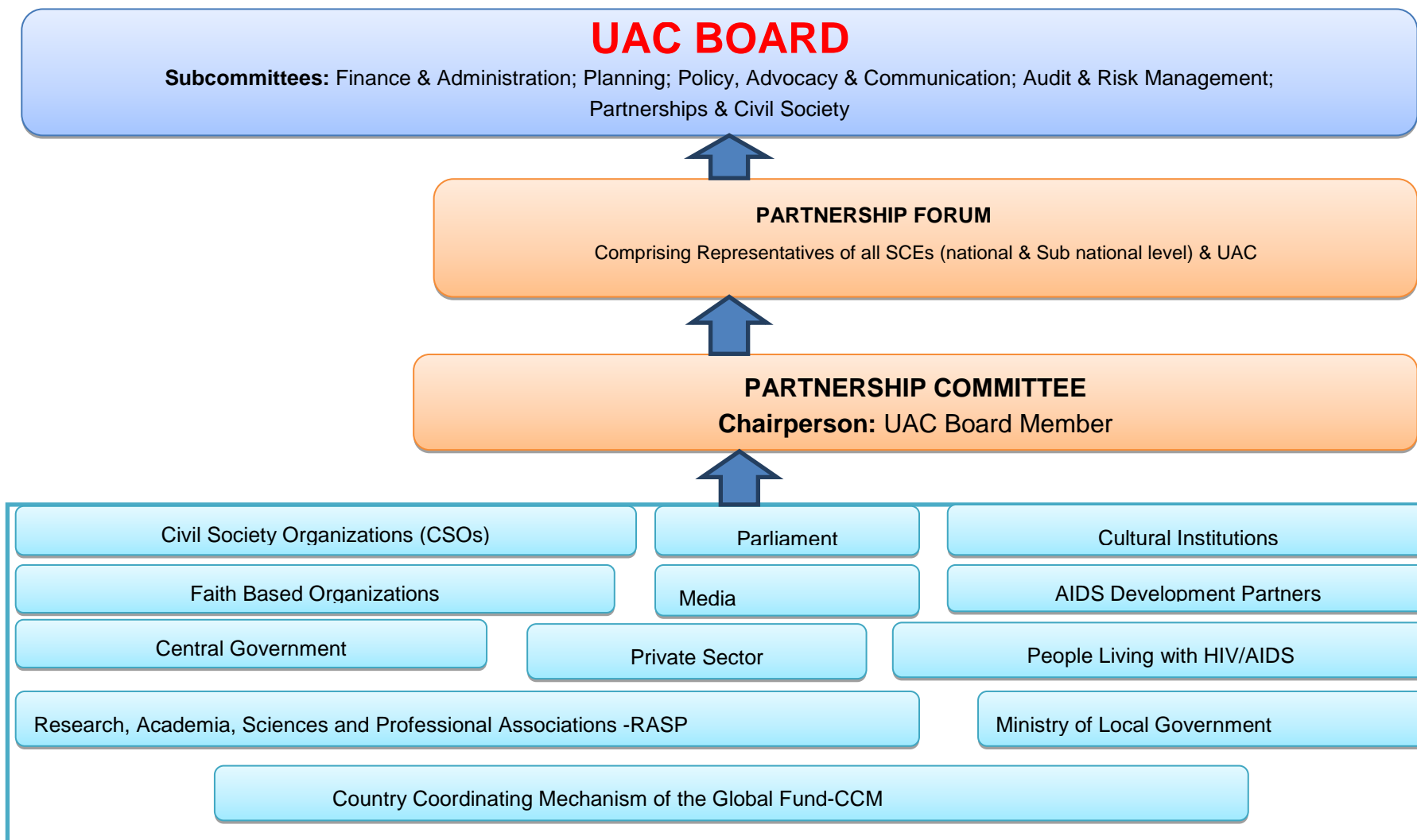
Appendix 3: UAC Organogram



Appendix 4: Summary of the functions of the Uganda AIDS Commission

Functions of the UAC	
<p>(1) To oversee, plan and coordinate AIDS prevention and control activities throughout Uganda and, in particular, to—</p> <p>(a) formulate policy and establish program priorities for the control of the AIDS epidemic and management of its consequences throughout the country;</p> <p>(b) ensure proper planning and coordination of all AIDS control policies and programs within the overall program strategy;</p> <p>(c) identify obstacles to the implementation of AIDS control policies and programs and ensure the performance and attainment of program activities and targets;</p> <p>(d) mobilize, expedite and monitor resources for the AIDS control programs and activities;</p> <p>(e) disseminate information on the AIDS epidemic and its consequences in Uganda and on the program activities for its control;</p> <p>(f) supervise all activities relating to the control of the AIDS epidemic in Uganda and, in particular, regarding</p>	<ul style="list-style-type: none"> ▪ health care and counselling of AIDS patients; ▪ the welfare of bereaved orphans and survivors of AIDS victims; ▪ the provision of medical supplies and equipment; ▪ the handling of socioeconomic, cultural, and legal issues related to the AIDS epidemic; and biomedical research and surveillance into the AIDS epidemic and methods of its prevention and control; <p>g) find a drug for the cure of the AIDS disease; and</p> <p>(h) perform such other functions relating to the prevention or control of the AIDS epidemic in Uganda as the Commission may deem necessary.</p>
<p><i>Source: Chapter 208 – The Uganda AIDS Commission Act, Commencement: 13 March 1992</i></p>	

Appendix 5: Partnership mechanism for the coordination of Uganda's HIV and AIDS Response



Appendix 6: Communication Channels

The most appropriate yet effective communication channels of the Commission include workshops, training, social media, website information, etc. Attention must be drawn to the communication channels to promote the two-way communication flow.

Below-the-line Meetings / Engagements

These are essential avenues to relay the message and get feedback. These media channels benefit the communicator through the two-step flow theory of communication in which messages are delivered to a few but influential members. Through meetings/engagements, the influential members obtain a clearer understanding of the projects and, as a result, will percolate to the other members. For critical stakeholders, meetings, seminars, and workshops should be organized, such include a) Members of Parliament; b) Development Partners; c) Chief Administrative Officers; d) Private Sector; and e) Academia and Civil Society. Other media channels, e.g., e-mail and website, should be used to complement the interaction.

Above-the-line (ATL)

(i) Newspapers, Radio, and TV

The above media channels target a broad spectrum of stakeholders. The medium can communicate the sector's achievements, project progress, and events targeting the public, Newspaper supplements, Publishing feature articles, news stories obtained through regular periodical press briefings or when the need arises. The radio talk shows, documentaries, and regional programs can promote ICT projects and services for adoption.

Television programs/talk shows focusing on ICTs should be planned and executed. The schedule can be implemented in partnership with the private sector.

(ii) Newsletters / Flyers

The external and internal newsletters will be published every quarter. These can be distributed to stakeholders to inform them about the sector's performance and ICT products and services. Flyers can be used to communicate events and other engagements that target the mass market/public.

(iii) Website

This resource will be capitalized to reach both the internal and external stakeholders. The websites shall contain all the relevant information that allows the stakeholders to interact with the Ministry and its agencies.

(iv) Media

Engagement with the media will take different forms: Training/Meetings, media tours, press conferences, social media, Media contact list, and other avenues. The ICT terminologies and acronyms may not be so apparent; therefore, training the journalists is critical to minimize misreporting.

Key Guidelines for Implementation

A designated team will be constituted to guide the implementation of the communication strategy. The team will be composed of the communication professionals and other representatives from the key stakeholders. The team will work closely to implement this strategy, including guiding the planned actions during the plan period. Independent surveys will be undertaken to establish the impact of the communication strategy. To ensure adequate execution of the communication strategy, the Commission plans to issue guidelines to stakeholders:

- (i) Clear roles, responsibilities, and expectations at all levels should be established;
- (ii) The communication messages sent out for specific ICT initiatives should be uniform;
- (iii) Clear and consistent internal communication, sharing, exchange, and coordination within the sector players should be adhered to;
- (iv) Timely and useful feedback management is vital at every opportunity of interacting with the external stakeholders; and
- (v) There should be proper documentation and dissemination of knowledge.

Feedback Mechanism

The regular and comprehensive feedback received from the stakeholders will be attended to accordingly. The various institutions' communication and Public Relations personnel will align their communication implementations plan to the ICT-SIP Communications Strategy. Designated teams will participate to stakeholders' issues through different avenues that include; Website (MoICT, UCC, and NITA-U), Social Media, Media Interactive Sessions (Radio, TVs, and Print media), Question and answer sessions during meetings, among others.

Notably, HIV and AIDS continues to be a significant challenge in people's lives, affecting labour productivity and the cost of its prevention and treatment. The ICT will play an essential role in implementing HIV and AIDS Policies and programs by providing platforms for information collection, analysis, storage, and dissemination. Various ICT media such as radio, television, internet, telephony, and social media will be utilized to create awareness. All these will be undertaken in collaboration with the Ministry of Health, Uganda AIDS Commission, Civil Society, and the Private Sector.

Appendix 7: Costing of the Plan

UAC STRATEGIC PLAN 2020/2021-2024/2025 COSTED INTERVENTIONS

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund	
									Yr.1 (3)	Yr.2 (4)		Yr.3 (5)
		All sources	Summation of (3,4,5,6,7) = (8,9)									
SO 1. Strengthen formulation of Policy, Strategy, and guidelines for the National HIV and AIDS Response												
Strategic Intervention 1: Develop overarching coordination policies, plans, regulations, and guidelines on HIV and AIDS response.												
Develop and disseminate the National HIV and AIDS Policy	Develop and disseminate National HIV /AIDS Policy to stakeholders	GOU and Partners	715		475	80	80	80	715		715	
Develop, publish and disseminate the National HIV and AIDS Strategic and Action Plans 2025/2026-2029/2030	Develop, publish and disseminate the National HIV and AIDS Strategic Plan and Action plans		630				480	150	630		630	

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	2925/26-2029/30										
Review, publish and disseminate the National HIV Stigma and Discrimination Policy and Guidelines	Review, publish and disseminate HIV Stigma & Discrimination Policy and guidelines to relevant stakeholders .		495	185	150	80	80		495		495
Develop, publish and disseminate planning guidelines to support and monitor Self Coordinating Entities	Develop, publish and disseminate Guidelines to support SCE. To stakeholders		275		275				275		275
Develop, publish and disseminate HIV & AIDS guidelines for Social Impact Assessment for Infrastructure Projects	Develop, publish and disseminate HIV & AIDS guidelines for Social Impact Assessment for Infrastructure Projects to		170	85	85				170		170

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	stakeholders										
Disseminate the Adolescents and Young people Accountability Framework	Disseminate Adolescents and Young people Accountability Framework to stakeholders		250		125	125			250		250
Disseminate UAC Regulations 2020	Disseminate UAC Regulations 2020 to stakeholders		355	205	150				355		355
Disseminate the KP&PP Programming framework	Disseminate the KP&PP Programming framework to stakeholders		215		75	75	65		215		215
Disseminate the HIV and AIDS Mainstreaming Guidelines	Disseminate HIV and AIDS Mainstreaming Guidelines to		585	215	185	185			585		585

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	stakeholders										
Publish and disseminate Pastoral Letters for HIV & AIDS messaging	Publish and disseminate the Pastoral Letters for HIV & AIDS messages		75	75					75		75
Intervention Sub-total			3,765	765	1,520	545	705	230	3,765	0	3,765
Strategic Intervention, 2. Supervise and monitor HIV & AIDS stakeholders to ensure compliance with policies, plan, guidelines, and laws											
Monitor the implementation of the National HIV and AIDS Policy	Undertake monitoring visits and produce reports on the implementation of National HIV & AIDS Policy.		425	85	85	85	85	85	425		425
Monitor the implementation of the National HIV Stigma and Discrimination Policy	Undertake monitoring visits and produce reports on the implementation of National HIV Stigma and		735	150	150	150	150	135	735		735

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	Discrimination policy.										
Monitor the implementation of the Adolescents and Young people Accountually Framework	Undertake monitoring vists and produce reports on the implementation of Adolescents and Young people Accountability Framework		625	125	125	125	125	125	625		625
Monitor the implementation of the HIV & AIDS Mainstreaming Guidelines	Undertake monitoring visits and produce reports on the on the implementation of HIV & AIDS mainstreaming Guidelines		875	175	175	175	175	175	875		875

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Monitor the implementation of the HIV & AIDS National Strategic Plan	Undertake monitoring visits, produce reports and disseminate the implementation of HIV & AIDS National Strategic Plan		525	105	105	105	105	105	525		525
Undertake Mid-term and End-term review of the National HIV and AIDS Strategic Plan	Undertake Mid-term and End-term reviews, produce reports and disseminate the implementation of HIV & AIDS National Strategic Plan		885			435		450	885		885
Monitor the implementation of Self Coordinating Entities (MDAs, LGs, and private sectors) HIV and AIDS Strategic plans	Undertake monitoring visits, produce reports and disseminate the		625	125	125	125	125	125	625		625

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)						Budget Component		Unsecured Fund
	implementation of Self-Coordinating Entities HIV & AIDS Strategic Plan											
Monitor HIV & AIDS Stakeholders compliance with UAC Regulations	Undertake monitoring visits produce reports and disseminate on the HIV & AIDS stakeholders compliance with UAC Regulations		1750	350	350	350	350	350	1750			1750
Monitor the implementation of HIV & AIDS Vote Output by MDAs & LG	Undertake monitoring visits to MDAs & LG, produce reports and disseminate the implementation of HIV&AIDS		1000	200	200	200	200	200	1000			1000

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	Vote Output										
Intervention Sub-total			7,445	1,315	1,315	1,750	1,315	1,750	7,445	0	7,445
S.O.2: To improve resource mobilization, monitoring for the National HIV and AIDS response											
Strategic Intervention, 1. Develop and implement a resource mobilization framework											
Review and operationalize the resource mobilization strategy	Undertake the review and implementation of the Resource mobilization strategy		130	20	50	20	20	20	130		130
Develop and publish Funding Guidelines for the HIV response	Develop, publish and disseminate Funding Guidelines for HIV & AIDS response		105		75	30			105		105
Intervention Subtotal			235	20	125	50	20	20	235	0	235
Strategic Intervention, 2. Build Institutional Capacity for AIDS resource tracking & monitoring											
Institutionalized bi-annual national HIV spending	Undertake, bi-annual		1,750	530	80	530	80	530	1,750		1,750

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
assessments (NASA)	monitoring, publishing and dissemination NASA report										
Develop a framework for HIV and AIDS resources tracking for infrastructure projects	Develop, publish and disseminate the HIV & AIDS resource tracking for infrastructure projects.		190	75	40	35	20	20	190		190
Intervention Sub-total			1,940	605	120	565	100	550	1,940	0	1,940
Strategic Intervention, 3. Strengthen funding mechanism for National and sub-national AIDS Coordination structures											
Develop a framework for basket funding for Development Partners	Develop, publish and disseminate the Framework for basket funding for Development Partners.		98		68	30			98		98
Develop and institutionalize a sustainability plan for LG structural operations	Develop and disseminate the Sustainability plan for LG structural		120			120			120		120

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
	operations										
Develop a legal framework for public and private sector resource mobilization framework for HIV response.	Develop, publish and disseminate the Legal framework for public and private sector resource mobilization.		190		125	65			190		190
Intervention Sub-total			408	0	193	215	0	0	408	0	408
S.O.3: To strengthen partnerships and coordination mechanisms for the national HIV response											
Strategic Intervention, 1. Functionalise the Partnership Framework											
Review and update the Partnership Guidelines/Manual	Review, update, publish and disseminate the Partnership Guidelines Manual		110	65	45				110		110
Hold regular regional Partnership Coordination / Implementing Partners forum	Convene, publish and disseminate the implementation		800	160	160	160	160	160	800		800

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)						Budget Component	Unsecured Fund
	of the regional Partnership coordination forum										
Subvention for Country Coordinating Mechanism (CCM) operations	Transfers of subvention for operational expense for the Country Coordinating Mechanism (CCM)		5400	800	1,000	1,200	1,200	1,200	1,200	5,400	5400
Intervention Sub-total			6,310	1,025	1,205	1,360	1,360	1,360	1,360	6,310	6,310
<i>Strategic Intervention, 2. Build capacity of partnership structures at all level to strengthen coordination of SCEs</i>											
Provide technical assistance to Self-Coordinating Entities including LG lower structures	Build the capacity of self-coordinating Entities including LG lower structures		2,600	520	520	520	520	520	520	2,600	2,600

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Build capacity of leaders of refugee, fishing communities, religious, cultural institutions on HIV and AIDS prevention and control in collaboration with partners	Build the capacity of leaders on HIV & AIDS response.		5,205	405	1,200	1,200	1,200	1,200	5,205		5,205
Engage Members of Parliament to be male champions in HIV and AIDS to spearhead finding the missing men in prevention and control HIV & AIDS	Engagement of MPs to be male champions in HIV and AIDS		710	110	150	150	150	150	710		710
Engagement of Teachers and Young People in and out of school in collaboration with MoES, MoGLSD, and CSO to disseminate HIV & AIDS Prevention messages	Engagement of Teachers and Young People in and out of school on HIV & AIDS prevention.		1,470	70	350	350	350	350	1,470		1,470
Commemorate World and National AIDS Days and events (e.g., WAD, CLM, PLML)	Commemoration of world and National HIV and AIDS events (WAD, CLM, PLML).		5,950	350	1,400	1,400	1,400	1,400	5,950		5,950

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)							Budget Component		Unsecured Fund
Provide technical support to PLHIV networks countrywide	Build the capacity of PLHIV networks in the country.		835	175	165	165	165	165	165	835		835	
Intervention Sub-total			16,770	1,630	3,785	3,785	3,785	3,785	3,785	16,770	0	16,770	
S.O.4: To strengthen HIV and AIDS knowledge management													
<i>Strategic Intervention, 1. Equip NADIC as a national hub for HIV and AIDS strategic information</i>													
Procure and maintain functional IT environment for storage and retrieval of HIV data and information	Procurement and maintenance of ICT equipment for HIV and AIDS data management		1,025	100	520	135	135	135	135	1,025	400	1,425	
Analyze, synthesize and produce reliable national HIV facts, figures, and estimates (HIV and gender Statistics)	Undertake HIV and AIDS data collection, analysis and dissemination of Regular HIV and Gender Statistics		300	60	60	60	60	60	60	300		300	

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)						Budget Component		Unsecured Fund
Maintain functional M&E and HIV databases (Gender, Situation Room, e-mapping, Research)	Maintain and update M& E and HIV database		925	185	185	185	185	185	185	925		925
Intervention Sub-total			2,250	345	765	380	380	380	380	2,250	400	2,650
Strategic Intervention, 2. Build capacities of Sector HIV Information Management systems to enable reporting of strategic information with the central platform												
Develop the capacity of the national and zonal M&E structures to regularly review data and provide feedback to stakeholders	Build the capacity of the national and zonal M&E structures.		625	125	125	125	125	125	125	625		625
Provide technical support to MDAs to fully integrate the HIV and AIDS indicators in their performance monitoring tools for ease of performance tracking and reporting	Build the capacity of MDAs to intergrate HIV and AIDS indicators into their monitoring tools.		300	60	60	60	60	60	60	300		300
Coordinate meetings with sectors to harmonize data collection and reporting tools for the non-biomedical	Hold meetings with sectors to harmonize data collected for		440	80	120	80	80	80	80	440		440

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)						Budget Component	Unsecured Fund	
indicators.	non-biomedical indicators.											
Intervention Sub-total			1,365	265	305	265	265	265	265	1,365	0	1,365
Strategic Intervention 3: Establish communication mechanisms targeting different categories of Most-At-Risk Populations												
Develop and Implement a UAC communication strategy and branding	Develop, publish, disseminate and implement UAC Communication strategy and branding		1,750	350	350	350	350	350	350	1,750		1,750
Contribution to the Presidential Public Service Announcement (PSAs) on HIV and AIDS prevention control	Develop and disseminate the Presidential Public Service Announcement(PSAs) on HIV and AIDS prevention control.		766	46	180	180	180	180	180	766		766
Intervention Sub-total			2,516	396	530	530	530	530	530	2,516	0	2,516
Strategic Intervention 4: Undertake periodic assessments of HIV & AIDS response and special studies												

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Develop and implement the national research agenda for HIV response	Develop, publish and disseminate the National HIV & AIDS Agenda.		195	75	30	30	30	30	195		195
Consolidate and synthesize conducted HIV and AIDS researches into policy briefs to inform decision-makers	Publish and disseminate the Annual Policy briefs on HIV & AIDS research		681	185	124	124	124	124	681		681
Coordinate implementation of HIV research studies in social support and systems, strengthening thematic areas	Undertake the HIV research studies Publish, disseminate and implement in the social support and systems strengthening thematic areas		325	65	65	65	65	65	325		325
Conduct regular programmatic reviews	Hold , publish and disseminate programmatic review reports		385	45	85	85	85	85	385		385

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)							Budget Component		Unsecured Fund
Develop national SOPs for HIV and AIDS data quality assessments and data validation for use all stakeholders involved	Develop, publish and disseminate the National SOPs for HIV and AIDS data quality assessments and data validation.		48			48				48		48	
Intervention Sub-total			1,634	370	304	352	304	304	304	1,634	0	1,634	
Strategic Intervention 5: Promote information sharing and utilization among producers and users of HIV and AIDS data/information at all level													
Scale up the use of data dashboards for key NSP and SDG indicators, including gender-specific indicators across sectors and districts to visualize and share information.	Publish and disseminate the NSP and SDG indicators report.		355	35	80	80	80	80	80	355		355	
Host International Conference on AIDS and STI in Africa (ICASA) 2021	Host, publish and disseminate the Report of ICASA 2021		7500		7,500					7,500		7500	

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Quarterly Steering Committee meetings to review progress (AYP, MARPS, IEC/BCC, NPC)	Convene, publish and disseminate Quarterly reports of the Steering Committee meetings		400	80	80	80	80	80	400		400
Convene Annual Joint AIDS Review (JAR) to track implementation of action points	Hold,publish and disseminate the Annual report of JAR.		1703	303	350	350	350	350	1,703		1703
Conduct regular multi-sectoral progress review meetings at national and district level focusing on achievements, challenges, lessons learned, and actions for improvement	Hold, publish and disseminate the Report of regular multi-sectoral progress review meetings at national and district.		240	60	60	60	60		240		240
Intervention Sub-total			10,198	478	8,070	570	570	510	10,198	0	10,198
S.O.5: To strengthen the institutional capacity to lead the HIV Response											
Strategic Intervention 1: Strengthen Governance systems (SCEs, DACs, SACs, PACs, and VACs)											

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Build capacity of the SCE's.	Provide technical support of the SCE		400	80	80	80	80	80	400		400
Facilitate SCE's to generate regular reports.	Provide financial support to SCEs to regularly publish and disseminate consolidated reports		625	125	125	125	125	125	625		625
Develop guidelines for managing and coordinating SCE's and their constituency.	Develop, publish and disseminate the Guidelines for managing and coordinating SCE's and their constituency.		110			75	35		110		110
Review the guidelines for SCE Coordination	Review and publish the guidelines for the SCE Coordination		30			30			30		30

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Strengthen DACs, SACs PAC's, and VACs coordination structure.	Build the capacity of the DACs, SACs, PACs and VACs coordination structures		1270	245	245	260	260	260	1,270		1270
Prepare regular Policy Brief and advise to Government	Regularly prepare and submit the Policy briefs on HIV & AIDS to Office of the President..		200	40	40	40	40	40	200		200
Intervention Sub-total			2,635	490	490	610	540	505	2,635	0	2,635
Strategic Intervention 2: Strengthen Management Support Systems to coordinate HIV and AIDS Response.											
Develop UAC Strategic Plan for 2025/2026-2029/2030	Develop, publish and disseminate UAC Strategic Plan.		125					125	125		125
Review UAC Governance manuals	Review and publish UAC Governance manuals.		35			35			35		35

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Board regional oversight visits	Undertake Board regional oversight visits.and produce reports		288	72		72	72	72	288		288
Prepare and publish Quarterly, Half-Year, and Annual Ministerial Policy Statements, Financial and Programmatic reports	Prepare,publish and submit the Quarterly, Half-Year and Annual Ministerial Policy Statements, Financial and Programmatic reports.		1200	240	240	240	240	240	1,200		1200
Prepare and publish periodic plans and policy statements	Prepare and publish periodic Policy Statements and Annual Plans.		415	95	95	95	95	35	415		415

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
Undertake benchmarking studies on best practices in Governance, HIV and AIDS coordination, and emerging issues	Conduct benchmarking studies in Governance and HIV and AIDS Coordination, publish and implement the best practices		480		240			240	480		480
Build capacity of the Board and Board committees in HIV & AIDS Governance and Coordination	Convene, and Publish the Report of Board capacity building		540	40	125	125	125	125	540		540
Board Retainer, Board meetings, and retreats	Covene, publish and disseminate Annual Board report		1050	250	200	200	200	200	1,050		1050
Undertake periodic quality control, field verification, spot checks, and reviews for compliance with policies and procedures	Carry out Quarterly quality control, field verification and spot checks and produce Audit reports		950	150	200	200	200	200	950		950

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)						Budget Component		Unsecured Fund
Review the organizational structure.	Undertake the review of the organizational structure, publish and implemented		45	45					45		45	
Review Workplace policies and manuals that guide the implementation of UAC Strategy	Undertake the review of UAC internal policies, publish the report and implement		235	20	45	45	45	80	235		235	
Build capacity of UAC Staff.	Build the capacity of staff and publish the annual report		1916	60	652	454	350	400	1,916		1916	
Review of the performance management system.	Undertake the review of the performance management System and publish the reports.		105		75			30	105		105	
staff wages, allowances, and gratuity	Payment of Staff remuneration		61824	12,364.80	12,364.80	12,364.80	12,364.80	12,364.80	61,824		61824	

Outcomes	Actions	Source	Total Cost	Annualized Estimated Costs (UGX)					Budget Component		Unsecured Fund
								0			
Staff welfare	provide welfare and motivation to Staff		6500	1,300	1,300	1,300	1,300	1,300	6,500		6500
Develop Manpower Plan.	Develop and publish Manpower Plan		105		105				105		105
Recruit and retain new staff.	Recruitment of staff		12372.5	2,450	2,450	2,450	2,450	2,572.50	12,372		12372.5
Utilities	Payment for utilities		250	50	50	50	50	50	250		250
Procure and maintain equipment for Retooling project	Procurement and maintenance of equipment		12343	3,000	2,270	3,515	1,525	2,033	3,000	9,343	12343
Renovate and maintain Office premises	Renovation and maintenance of UAC office premises		2350	450	100	100	100	1,600	520	1,830	2350
Intervention Sub-total			103,129	20,587	20,512	21,246	19,117	21,667	91,956	11,173	103,129
TOTAL			160,599	28,290.80	39,238.	32,222	28,990.	31,856	149,426	11,573	160,999

Appendix 8: Mapping of Strategic Objectives to Strategic Actions (UAC Stakeholder Mapping and Analysis)

HIV and AIDS Value Chain	Key Actors in the Value Chain	Roles in the National Response	Level of interest in UAC works	Power & influence in UAC	Strategic Action
1. Enabling environment (Policy, Legal and Regulatory)	H.E The President/ The Presidency	Overall strategic leadership and direction on National HIV & AIDS response and resource mobilization	HIGH	HIGH	Establish and institutionalize a platform for regular engagement & reporting
	Cabinet	Provision of the Policy direction of HIV and AIDS national response	HIGH	HIGH	Regular engagement and reporting through an Information Memorandum
	Parliament	Enacting legislation regulating HIV and AIDS space in the country	HIGH	HIGH	Regular engagement with relevant committees, in particular, the HIV and AIDS Committee of Parliament
	Development Partners	Technical assistance and policy advocacy	HIGH	HIGH	Establish and institutionalize a forum for regular engagement & reporting
	Civil Society Organizations	Policy advocacy	HIGH	MODERATE	Closely manage expectations – ensure representation

HIV and AIDS Value Chain	Key Actors in the Value Chain	Roles in the National Response	Level of interest in UAC works	Power & influence in UAC	Strategic Action
					n in Partnership Mechanisms
2. Partnership Mechanisms	Uganda AIDS Commission (UAC) Board	Overall leadership, coordination, and management of HIV and AIDS partners for effective national response delivery, including resource mobilization.	HIGH	HIGH	Facilitate regular Board meetings and develop and action tracker to assess the implementation of the Board decisions
	Partnership Fund	A Basket fund for supporting the HIV and AIDS National Response	HIGH	HIGH	The fund is part and parcel of the national response. Constantly engage members.
	Self-Coordinating Entities (SCEs) Twelve (12) HIV and AIDS Groupings coordinate and manage common-interest issues relating to HIV and	The role of self-coordinating entities include but not limited to, the following: (i) Development Partners - Financing national response and provision of technical	HIGH	HIGH	Closely manage expectations and ensure active involvement in partnership mechanisms.

HIV and AIDS Value Chain	Key Actors in the Value Chain	Roles in the National Response	Level of interest in UAC works	Power & influence in UAC	Strategic Action
	<p>AIDS. These include development partners, Government Ministries, Departments and Agencies (MDAs); Civil Society – internal NGOs, Local NGOs and People Living with HIV and AIDS (PLWH); Parliament, Media, and Art, Decentralised Response (Local Governments), Cultural Institutions, Faith-Based Organization (FBOs), Private Sector.</p>	<p>expertise (ii) Civil society organization - Advocacy and implementing specific components of the response- (iii) Government ministries, departments, and agencies, decentralized response/ local governments - implementing policies and programs for HIV and AIDS national response (iv) PLWH/A consuming services availed by the</p>			

HIV and AIDS Value Chain	Key Actors in the Value Chain	Roles in the National Response	Level of interest in UAC works	Power & influence in UAC	Strategic Action
		National response (v) Cultural Institutions, FBOs, and private sector – advocacy and mobilization for service delivery			
	Partnership Forum	This entails the Joint Annual Review and the General Assembly that meet every 2 years to deliberate on urgent matters. It brings together over 120 agencies.	HIGH	HIGH	Ensure that JARs are organized every year and Partnerships Forum every after 2 years
3. Population affected and infected by HIV and AIDS	General Public (Residents)	(Test and treat Policy)	MODERATE	LOW	Keep informed
	PLWHA	Treatment, care, and support	HIGH	HIGH	Satisfy their demands and encourage them to access services.
	Orphans	Social support and protection (psychosocial support)	HIGH	LOW	Integrate them in the response and ensure they

HIV and AIDS Value Chain	Key Actors in the Value Chain	Roles in the National Response	Level of interest in UAC works	Power & influence in UAC	Strategic Action
					benefits
	People affected by HIV and AIDS	Policy Advocacy, service consumption, and review of the response	HIGH	HIGH	Accord them priority

Annex 1. List of Organisation Directly consulted

Sub- national level (Local Government)	
1.	Gulu
2.	Jinja
3.	Mbarara
4.	Moroto
National level (MDAs, Civil Society Organisation, FBOs and Private Sector Organisation)	
1.	Office of the President
2.	Ministry of Gender, Labour and Social Development
3.	Ministry of Water and Environment
4.	Kampala Capital City Authority
5.	NAFOPHANU
6.	UNAIDS

Annex 2. List of UAC Board and Staff Directly consulted

Board Members		
1.	Dr. Eddie Mukooyo	Chairperson
2.	Prof. Rhoda Wanyenze	Member
3.	Dr. Richard Nam	Member
4.	Dr. Lydia Mungherera	Member
5.	Sheikh Ramadhan Mugalu	Member
6.	Charles Emma Ofwono	Member
7.	Mr. Fred Barongo	Member
8.	Mr. William Tibyasa	Member
9.	Dr. Chareles Wendo	Member
10.	Dr. Nelson Musoba	DG/Secretary
Directorate of Partnership		
1.	Wamani Enid	Director Partnership

2.	Etii Tom	Coordinator Public Sector
3.	Murungi Hope	Coord. Civil Society & Private Sector
4.	James Francis Ikabalet	Zonal Coordinator - Karamoja Region
5.	Victor Rwengabo	Zonal Coordinatr - Northern Region
6.	Micheal Matsiko	Zonal Coordinator - Western Region
Directorate of Policy, Research and Programming		
1.	Karyabakabo Zepher (Dr)	Director, Policy, Research & Programming
2.	Tatwebwa Lilian	Head Special Programs
3.	Byamukama Daniel (Dr)	Head HIV Prevention
4.	Joanita Kemigisha	Head Communication & Advocacy
5.	Nakkazi Caroline (Dr)	HIV Prevention Officer
Directorate of Planning and Strategic Information		
1.	Bagambe Vincent (Dr)	Director Plan & Strategic Inf'n
2.	Wakooba Peter (Dr)	Head Monitoring & Evaluation
3.	Oola Eugene	Head Planning
4.	Khanakwa Sarah	Head Resource Mobilization
5.	Candiru Susan	Coordinator Information Resources
6.	Otai Charles	Monitoring & Evaluation Officer
7.	Nandugwa Ruth	Documentation Officer/Librarian
Directorate of Finance and Accounts		
1.	Rwotoyera Quinto	Director Finance & Accounts
2.	Ankunda Richard	Accountant - Grants
3.	Katwesigye Elizabeth	Accountant – Government of Uganda
4.	Matsiko Michael	Zonal Coordinator
5.	Rwengabo Victor	Zonal Coordinator
6.	Opira Robert	Accounts Assistant
7.	Kiggundu Jenipher	Accounts Assistant
8.	Imalingat Jane Frances	Accounts Assistant
Directorate of Human Resource and Administration		
1.	Tanzani Zephyr Kibenge	Director, HR & Admn
2.	Gansusure Bonnie	Human Resource Officer
3.	Nabukenya Peace	Human Resource Officer

4.	Wairugala Simon	Transport & Security Officer
5.	Lumbuye Herbert	Adm./Stores Assistant
Internal Audit		
1.	Gimeyi Paul	Chief Internal Auditor
2.	Bwayo Wilson	Internal Auditor
3.	Ampeire Deborah	Internal Auditor
Procurement and Disposal Unit		
1.	Kasadha Henry	Procurement Officer
2.	Kalema Richard	Procurement Assistant
Support staff		
1.	Namusisi Judith	Personal Assistant
2.	Nambooze Mastulah	Records Assistant
3.	Karugonjo Christine	Program Assistant
4.	Kataike Mary	Program Assistant
5.	Muhuruzi Grace	Program Assistant
6.	Bayigga Margaret	Administrative Assistant
7.	Ntegeka Enid	Front Desk Assistant
8.	Kyaligonza Balaam	Driver
9.	Kakooza Paul	Driver
10.	Rukidi Henry	Driver
11.	Adriko Ben Geoffrey	Driver
12.	Banyagi Steven	Driver
13.	Gwama Charles	Driver
14.	Kyebambe Richard	Driver
15.	Kiguli Samuel Mande	Driver
16.	Mugenyi Alex	Driver
17.	Okoboi James	Office Attendant
18.	Mukasa John	Office Attendant
19.	Kamiti Norah	Office Attendant
20.	Nakkungu Daisy	Office Attendant

Annex 3. List of the Task Force Members

S/N	Name	Organisation
1.	Dr.Vincent Bagambe	Uganda AIDS Commission
2.	Mrs. Enid Wamani	Uganda AIDS Commission
3.	Mr.Fred Barongo	Uganda AIDS Commission
4.	Mr.Quinto Rwotoyera	Uganda AIDS Commission
5.	Dr.Zepher Kalyabakabo	Uganda AIDS Commission
6.	Mrs. Zephyr Tanzani Kibenge	Uganda AIDS Commission
7.	Dr.Daniel Byamukama	Uganda AIDS Commission
8.	Dr.Peter Wakooba	Uganda AIDS Commission
9.	Mr, Eugene Oola	Uganda AIDS Commission
10	Mrs. Stella Kentutsi	NAFOPHANU
11	Dr.Patrick Twesigye	National Planning Authority
12	Mrs. Sylvia Nakasi	UNASO
13	Mr. Moses Arinaitwe	Facilitator