



THE REPUBLIC OF UGANDA

THE NATIONAL PRIORITY ACTION PLAN

2011/12 – 2012/13



UGANDA AIDS COMMISSION

March 2011

Uganda AIDS Commission
Plot 1-3 Salim-Bey Rd, Ntinda
P.O. Box 10779,
KAMPALA - UGANDA
Tel: +256 414 288 065
www: [http:// www.aidsuganda.org](http://www.aidsuganda.org)

THE NATIONAL PRIORITY ACTION PLAN - 2011/12 - 2012/13

This Publication has been made possible by special funding from the HIV/AIDS partnership fund.

**Available from : Uganda AIDS Commission
Plot 1-3 Salim-Bey Rd, Ntinda
P.O. Box 10779,
KAMPALA - UGANDA
Tel: +256 414 288 065
www: [http:// www.aidsuganda.org](http://www.aidsuganda.org)**

TABLE OF CONTENTS

1. Introduction	2
1.1 Purpose of the National Priority Action Plan	2
1.2 Process for the preparation of the NPAP for the period	3
1.3 Costing and Financing the National Priority Action Plans	4
Annexes	
Annex 1: Planned Priority Activities by NSP objectives	5
Annex II: Summary of NPAP costing estimates by objective	25
Annex III: Funding gap for the NPAP	27

Introduction

1.0 Background

The Uganda AIDS Commission in consultation and collaboration with key stakeholders prepared a Revised National Strategic Plan for HIV/AIDS (2011/12-2014/15). The plan was prepared after an extensive midterm review of the implementation of the National HIV/AIDS Strategic Plan (2007/08-2011/12). The outcome of the midterm review therefore provided substantial input into the revision of the NSP. The overarching goal of the revised NSP is to achieve universal access targets for HIV/AIDS prevention, care, treatment and social support and protection by 2015.

The Revised National Strategic Plan for HIV/AIDS (2011/12-2014/15) has four specific goals:

1. To reduce HIV incidence by 30% by 2015;
2. To improve the quality of life of PLHIV by mitigating the health effects of HIV/AIDS by 2015;
3. To improve the level of access of services for PLHIV, OVC and other vulnerable populations by 2015; and
4. To build an effective and efficient system that ensures quality, equitable and timely service delivery by 2015

The revised NSP specific goals constitute the three service thematic areas of the national response (HIV prevention, care and treatment and social support and protection) and one support thematic area (strengthened systems of service delivery).

The revised NSP provides strategic objectives and priority strategic actions and targets for each of the thematic areas for the four year period. It provides a common strategic framework that will guide all interventions by all stakeholders in the national response to HIV and AIDS epidemic. The scope of the strategic plan is therefore national and the achievement of its targets is the collective responsibility of all stakeholders and service providers.

In order to operationalize the revised NSP, HIV stakeholders have prepared a National Priority Action Plan (NPAP) that elaborates priority activities for each of the agreed strategic actions that must be implemented by stakeholders and the targets to be achieved in each year of NSP.

1.1: The Purpose of National Priority Action Plan:

The National Priority Action Plan will be used as:

- A guide for implementing partners: districts, sectors (public and private), donors, CSOs, and FBOs in developing their annual plans and to align their

operational plans in order to contribute to the achievement of NPAP and hence revised NSP goals and targets;

- A guide to align international support to national priorities;
- An instrument to assist with mobilization and allocation of resources to the national response;
- An instrument for Uganda AIDS Commission and partners to monitor implementation of the national response.

All implementing partners, regardless of their sources of funds, i.e. government or donors are expected to harmonize and align their annual operational plans to the NSP's planned priorities.

1.2: Process for the preparation of the NPAP for the period 2011/12-2012/13

The methodology and approach used in the preparation of the NPAP was highly consultative and participatory with key stakeholders in the national HIV/AIDS response. The thematic consultants that had carried out the midterm review and revision of the National HIV/AIDS Strategic Plan (2007/08-2011/12) were re-engaged to undertake consultations with key stakeholders on the priority activities that should be implemented for each of the agreed strategic actions. The key stakeholders that were consulted included key public sector ministries, CSOs, FBOs, PHAs, UAC, and the development partners. The consultants guided the stakeholder consultations with a set of criteria for determining priority activities to be included in the NPAP for 2011/12-2012/13 period. Some of the criteria used to prioritize the activities proposed by the different stakeholders included:

- Coverage of the interventions/activities (populations and geographical coverage);
- Ability to contribute to the targets of the revised National Strategic Plan;
- Cost effectiveness of the interventions/activities;
- Proven efficacy of the intervention/activity;
- Feasibility of implementation with available resources and
- Ability to address equity concerns - take care of gender, rural/urban, age, rich/poor and geographical areas.

Prioritization of activities also considered issues identified during the review and revision of the NSP i.e., progress made, gaps, challenges, emerging issues, recommended, priorities and targets. After consultations with key stakeholders, the consultants then prepared draft priority action plans for the respective thematic areas.

Thematic Technical Working Groups (TWGs) which had been constituted for the midterm review and revision of the NSP and comprising of representatives from all key HIV/AIDS stakeholders were reconvened to discuss the draft priority action plans. The thematic TWGs discussed, reviewed and finally approved the respective thematic priority action plans for the first two years of NSP. The approved thematic priority actions plans were integrated to produce the National Priority Action Plan for 2011/12-2014.15. Section1 presents the agreed priority activities for each strategic

action by goal, objectives and the responsible lead implementing sectors or organization.

1.3: Costing and Financing the National Priority Action Plans (2011/12-2012/13)

The National Priority Action Plan for the period 2011/12-2012/13 was costed to determine the financial resources required for its implementation (Annex II and III). The resultant cost was compared to the projected resources available from all the major funding sources for the revised NSP during the period 2011/12-2012/13 and the funding gap determined.

The costs of the period for the NPAP was developed using an activity based costing approach that took in consideration the level of coverage of the interventions as set by the thematic areas. Unit cost of providing health and non health commodities and services were then applied to the set coverage targets to derive the estimates of the resource requirement. In addition estimates were provided for other program overhead costs.

Section II shows the total resources required to implement the National Priority Action Plan for the years 2011/12 and 2012/13.

SECTION 1

GOAL 1: TO REDUCE HIV INCIDENCE BY 30% BY 2015

OBJECTIVE 1: TO SCALE UP COVERAGE, QUALITY AND UTILIZATION OF PROVEN BIOMEDICAL AND BEHAVIOUR HIV PREVENTION INTERVENTIONS BY 2015

Targets by 2012/13

- Reduce the estimated number of new infections from 129,000 to 111,917 by 2013
- Estimated number of vertical HIV infections reduced from 19,544 to 10,000 by 2013
- Percentage of HIV positive pregnant women who received antiretroviral drugs to reduce risk of mother to child transmission increased from 52% to 75%
- Percentage of randomly selected retail outlets and service delivery points that have condoms in stock increase from 45% to 60%
- 1,250,000 males (14-49 years) circumcised by 2013

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Scale up PMTCT using Option B+ Lead Sectors: UAC, MoH, DLGs	Review and update policies, technical guidelines and standards for delivery of PMTCT using Option B+
	Strengthen health facility capacity for quality PMTCT service delivery through training of staff, provision of equipment, supplies and other resources
	Provide uninterrupted PMTCT services in all health facilities that offer ANC services
	Introduce /scale up provider-initiated HCT and couple counselling and testing to all health facilities
	Improve linkages and referral between PMTCT and HIV care and treatment services
	Ensure increased access to more effective and feasible PMTCT regimens (option B plus) among HIV infected pregnant women (operationalise the new guidelines for option B Plus)
Scale up access and uptake for ART services among those in need Lead Sectors: MoH	Increase ART facility coverage especially in under-served regions and populations such as prisons and other uniformed services, fishing communities, and some rural/hard to reach districts
	Improve ART eligibility screening and treatment monitoring
	Ensure uninterrupted supply of ARVs at the central and facility levels
	Increase resources towards treatment (especially GOU funding and other local resources) and improve the efficiency and effectiveness of available resources for treatment
	Recruit and train more health care providers in ART delivery and address staff retention and motivation;
	Advocate for policy for treatment for prevention
Scale up Safe Male Circumcision Lead Sectors: MoH, UAC	Develop/standardize/translate IEC/BCC messages and materials for demand creation of SMC
	Disseminate IEC/BCC messages and materials for the general and specific population groups using a mix of channels e.g. mass media, interpersonal Communication, peer network, campaigns, community dialogue, etc

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
	Engage political, cultural, religious leaders, media & other stakeholders to promote/advocate for SMC Sensitize HUMCs and health workers on appropriate communication and user friendly attitude Organize dissemination of SMC and avail platform for technical discussions Widely disseminate policy and technical guidelines on SMC Build capacity of service providers and service outlets to roll out SMC
Increase correct & consistent condom use during risky sexual encounters Lead Sectors: MoH	Quantify condom requirements, procure and distribute to outlets Expand condom distribution for the general population and key populations Conduct condom promotion campaigns using a mix of channels Conduct promotion, procurement and distribution of female condoms Expand social marketing of condoms to all urban areas and HIV hot spots
Sustain 100% blood transfusion safety and adherence to universal precautions Lead Sectors: MoH	Review and streamline the supply chain management of medical and health supplies for blood transfusion Quantify & procure national, district and health facility level needs for medical, pharmaceutical and laboratory supplies for blood transfusion Ensure quality & standard adherence of blood supplies management Build capacity of service providers Ensure sustained campaigns for blood donations
Promote Medical Infection Control Lead Sectors: MoH	Build capacity of health facilities and communities to provide Medical infection control
Promote 100% access to Post-Exposure Prophylaxis (PEP) Lead Sectors: MoH, MoGLSD	Review and streamline the supply chain management of PEP Quantify & procure national, district and health facility level needs for PEP Provide HCT for SGBV survivors Build capacity of service providers & duty bearers to provide PEP Widely disseminate PEP guidelines Promote law enforcement in respect to PEP Review the policies and guidelines to take into consideration non-medical aspects of PEP
Promote safer sexual behaviour among key/target populations Lead Sectors: MoH, UAC	Update, launch and disseminate Information, Education, Communication/Behaviour Change Communication (IEC/BCC) communication strategy aligned to the drivers of the HIV epidemic Expand provision of HIV education for Key populations focusing on reduction of multiple sexual partnerships, cross-generational, transactional and early sex using curricular, life skills and peer network channels

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
	Expand provision of life skills training, peer networks and youth friendly SRH services for out of school youths
	Expand provision of quality educational, counselling and SRH services to all tertiary education institutions
Strengthen behaviour change programmes to address socio-cultural, gender and other underlying drivers in communication endeavours	Undertake research, document and disseminate findings on socio-cultural factors that promote risky sexual behavior
	Share best practices that motivate change in harmful gender norms
	Hold countrywide community dialogues on factors that hinder behavior change and uptake of HIV preventive services
	Build capacity of cultural & community leaders to mobilize for change of harmful socio-cultural norms and gender practices
Lead Sectors:	Support communities to design and implement context specific interventions that address harmful socio-cultural and gender norms
MoGLSD,	Support PHDP programs
Promote ABC+ for HIV prevention	Strengthen HIV education in schools
	Strengthen faith based and community initiatives encouraging AB and family values
Lead Sectors:	Strengthen & scale up the YEAH initiative
	Update and disseminate the AB strategy

OBJECTIVE 2: TO SCALE UP HIV COUNSELING AND TESTING (HCT), INCREASING COVERAGE AND UPTAKE BY 2015

Targets by 2012/13

- 3,500,000 adults (14-49 years) counselled, tested and received results by 2013

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Scale up HCT	Quantify & procure adequate quantities of medical, pharmaceutical and laboratory supplies for HCT
Lead Sectors:	Expand provider-initiated HCT, Home based HCT, Routine HCT, VCT, Outreach based HCT as well as couple counselling and testing
MoH	Set up outreach or dedicated clinics for Key population groups
	Mobilize leaders to serve as role models, ambassadors or champions for HCT
	Recruit, train, & motivate counsellors throughout the health care system
	Create demand for HCT through community mobilization & sensitization
	Provide technical support supervision to HCT service providers
Enhance HCT linkage to care	Develop guidelines for integration of HCT into care, treatment and other services
Lead Sectors:	Build capacity for delivery of quality integrated HCT through multi-skilling, multitasking, coaching, mentoring and joint planning
MoH	Implement Integrated HCT into all AIDS care, support and treatment outlets
	Improve referral & follow-up of discordant couples
	Establish functional post test clubs

OBJECTIVE 3: TO MITIGATE UNDERLYING SOCIAL, CULTURE, GENDER AND OTHER FACTORS THAT DRIVE THE HIV EPIDEMIC BY 2015

Targets by 2012/13

- Stigma Index Finalised and disseminated

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
<p>Promote interventions that reduce stigma and discrimination</p> <p>Lead Sectors:</p> <p>MoGLSD</p>	Review research studies on stigma to inform development of effective interventions against the drivers of stigma
	Develop and implement a Stigma Reduction Framework
	Conduct campaigns and public dialogues on HIV-related stigma and discrimination in the community
	Re-engage leaders to address HIV-related stigma and discrimination
	Train service providers and communities in provision of psychosocial services
<p>Strengthen the capacity of health and social services to manage SGBV cases</p> <p>Lead Sectors:</p> <p>MoGLSD, MoH, MoIA</p>	Design and implement appropriate interventions in concordance with existing research recommendations in respect to SGBV
	Build capacity of service providers to enable SGBV survivors to access comprehensive services at all times
	Expand provision of services for timely management of SGBV using the standard package
	Provide basic equipment & supplies for forensic examination at all service delivery points
	Develop and disseminate facility-level protocols for collecting forensic evidence and referring SGBV survivors
	Strengthen referrals linkages for health social and legal support services for survivors of SGBV
<p>Build partnerships with cultural/religious leaders to address socio-cultural drivers</p> <p>Lead Sectors: MoGLSD</p>	Continue with the engagement of cultural/religious leadership for HIV prevention at all levels
	Disseminate/implement the tools and guidelines for cultural leaders to mobilize communities for HIV prevention
<p>Promote the involvement of men as key partners in HIV prevention interventions</p> <p>Lead Sectors:</p> <p>MoGLSD</p>	Develop and disseminate HIV prevention messages in which are context specific for activities/events that are popular with men
	Conduct grassroots based community dialogue meetings to develop positive and respectful attitudes as well as behaviours towards women and girls
	Study existing services promoting male involvement to enable inform policy and guidelines on male involvement in HIV prevention
	Establish and train associations and groups of men
	Conduct IEC/BCC interventions to empower men and boys to resist peer pressure of masculinity
	Conduct community and school-based interventions for boys at an early age to adopt safer behaviours

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
	<p>Advocate for enactment of appropriate bye-laws for male involvement in HIV prevention and SRH</p> <p>Engage policy makers & family heads as role models for HIV prevention</p>
<p>Reduce vulnerability of OVC</p> <p>Lead Sectors: MoGLSD</p>	<p>Create awareness on existing laws and institutions that address OVC</p> <p>Review existing legislation and advocate for the implementation of laws and strategies that restrict provision of HIV prevention services to some groups</p> <p>Lobby government to increase resources for enforcement and monitoring of laws governing OVC and promoting women emancipation</p> <p>Build the capacity of existing community-based structures and networks (LCs, police and health units) to support OVC</p> <p>Advocate for affirmative action in development and livelihood programmes for OVC households</p> <p>Advocate for introduction and scale up of community health insurance to address the health needs of vulnerable groups</p> <p>Train front-line care providers for OVC in basic counseling skills</p> <p>Advocate for legal and appropriate social as well as community safety nets to benefit OVC and their families</p> <p>Establish community-based referral systems to manage and monitor referrals between OVC caregivers and other service providers</p> <p>Advocate for building capacity of families to provide food security for OVC</p> <p>Advocate for provision of non-tuition costs and essential requirements for OVC education</p>

GOAL 2: TO IMPROVE THE QUALITY OF LIFE OF PLHIV BY MITIGATING THE HEALTH EFFECTS OF HIV/AIDS BY 2015

OBJECTIVE 1: TO INCREASE EQUITABLE ACCESS TO ART BY THOSE IN NEED FROM 50% TO 80% BY 2015

Targets by 2012/13

- Percentage of adults and children in need, receiving antiretroviral therapy increased from 50% to 65% by 2013
- Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy: increased from 84% to 85%
- Percentage of hospitals, HC-IVs accredited for adult/paediatric ART services: increased from 91% of HCIV to 100% and increased from 6% of HCIII to 10% by 2013
- All accredited ART sites performing or linked to laboratories with CD4 and full blood count (100% of HCIV and 10% of HCIII) by 2013

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Promote health seeking behaviour among males Lead Sectors: MoH; GLSD	Develop and implement IEC and BCC programs targeting men
	Reorient care and treatment interventions to ensure that they are responsive to the needs of men in order to increase male enrolment and retention.
	Target men through workplace policies and interventions in both formal and informal sectors, and document best practices for replication
Scale up access and uptake for ART services among those in need Lead Sectors: MoH	Increase ART facility coverage (accredit more ART facilities) especially in under-served populations such as uniformed services, fishing communities, and some rural/hard to reach districts
	Build capacity of health facilities to improve ART eligibility screening and treatment monitoring (onsite CD4 and full blood counts or through linkages with other laboratories).
	Procure and distribute adequate quantities of ARVs to ensure uninterrupted supply at all levels
	Initiate ART for an additional 240,000 individuals by 2013.
	Train more health care providers in ART delivery.
	Operationalise the system for unique patient identifiers to enable patient tracking within and across sites
Increase coverage of ART treatment to mothers receiving PMTCT regardless of CD4 counts, and expand earlier initiation of treatment for other populations, such as sero-discordant couples, people in pre-HAART care, etc Lead Sectors: MoH	Integrate and support referral between PMTCT and HIV care and treatment services
	Operationalise the new guidelines for option B Plus and increase access to HAART by HIV infected pregnant women .
Promote and expand specialized	Train more providers in paediatric and adolescent care

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
pediatric and adolescent HIV care and treatment Lead Sectors: MoH	Build capacity for all accredited facilities to provide comprehensive pediatric, adolescent and adult HIV care and treatment
	Expand and improve linkages between EID, care and treatment facilities and communities to ensure early and sustained linkage to care and retention for HIV infected children
Strengthen HIV drug resistance surveillance and prevention Lead Sectors: MoH	Strengthen quality of ART services (prescription practices, support mechanisms for patient retention and adherence) to prevent emergence of drug resistance to ARVs
	Build capacity and systems for monitoring HIV drug resistance (Early warning indicator monitoring) to prevent HIV drug resistance
	Conduct annual HIV drug resistance surveys
	Compile and disseminate annual drug resistance and early warning indicator reports to stakeholders

OBJECTIVE 2: TO INCREASE ACCESS TO PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS INCLUDING TB

Targets 2012/13

- Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV: from 34.2% to 60% by 2013
- Percentage of HIV patients in care, receiving cotrimoxazole for prophylaxis: increase from 93% to 95% by 2013
- Percentage of hospitals and HCs providing PITC: 100% HCIV and 100% hospitals by 2013

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Increase proportion of infected individuals enrolled and retained in HIV care Lead Sectors: MoH	Scale up the implementation of provider-initiated HIV testing (PITC) within health facilities
	Improve linkages and referral between HCT and HIV care and treatment
	Enhance mechanisms for pre-ART patient retention
	Develop guidelines and support health facilities to provide pre-ART care according to guidelines
Promote universal access to the basic care package Lead Sectors: MoH	Provide adequate uninterrupted supplies for basic HIV care (safe water, insecticide treated mosquito nets and cotrimoxazole prophylaxis)
	Promote utilization of the Basic Care Package including use of innovative distribution options.
Scale up integrated TB-HIV services (site coverage and number of individuals served) Lead Sectors: MoH	Expand linkages and referral between TB and HIV testing, care and treatment services to ensure early diagnosis and initiation of HIV treatment among TB patients
	Increase access to more effective TB diagnostic

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
	tests (such as GeneXpert) in order to improve TB diagnosis among HIV infected patients
	Enhance coordination of TB/HIV collaborative services at the national and sub-national level
Support and expand provision of palliative care	Train more providers at all levels to improve skills for palliative care provision.
Lead Sectors: MoH	Provide adequate and uninterrupted supply of pain management drugs (including morphine)
Ensure availability of commodities for opportunistic infection diagnosis, prevention and treatment	Develop diagnostic and treatment algorithms for OI diagnosis and treatment
Lead Sectors: MoH	Provide adequate laboratory supplies and drugs for diagnosis and treatment of common OIs
Provide nutritional assessment and therapeutic support to PLHIV	Integrate nutritional education, assessment and therapeutic support into HIV care and treatment
Lead Sector: MoH	Provider training/improved skills for nutritional education, assessment and therapeutic support
	Provide appropriate nutritional support for HIV exposed infants

OBJECTIVE 3: TO INTEGRATE SEXUAL AND REPRODUCTIVE HEALTH (INCLUDING HIV PREVENTION) INTO ALL CARE AND TREATMENT SERVICES BY 2015

Targets 2012/13

- Unmet need for FP among HIV infected individuals <10%

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Integrate Positive Health Dignity and Prevention (PHDP) into HIV care and treatment services	Integrate PHDP interventions into HIV care and treatment to support improved health and HIV prevention among PLHIV
Lead Sectors: MoH	Build capacity of PLHIV networks for delivery of PHDP services
	Develop and disseminate standardized PHDP messages
	Develop and disseminate policy/guidance on treatment for prevention
Integrate family planning counseling and support for adults and adolescents in HIV care	Integrate the full range of FP services for prevention of unplanned pregnancies, safer conception and access to PMTCT services.
Lead Sectors: MoH	
Build capacity of providers and empower communities to support PLHIV in their SRH choices and provide the entire range of SRH services	Enhance provider skills in FP counseling and scale-up innovative FP counselling approaches such as the use of expert clients in FP counselling
	Build capacity of PLHIV networks for delivery of FP services

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Lead Sectors: MoH	
Provide support for HIV sero-discordant couples including disclosure and partner testing and new effective prevention interventions	Integrate interventions to expand partner HIV testing and counselling and disclosure within HIV care and treatment settings Provide comprehensive HIV prevention, care and treatment support for sero-discordant couples including access to effective interventions such as treatment for prevention.
Lead Sectors: MoH	
Ensure availability of prevention and reproductive health supplies	Provide adequate and uninterrupted supplies and options for HIV prevention and FP.
Lead Sectors: MoH	

OBJECTIVE 4: TO SUPPORT AND EXPAND THE PROVISION OF HOME BASED AND COMMUNITY BASED CARE AND SUPPORT

Targets 2012/13

- Percentage of health facilities linked to operational HBC services increase to 80%

NSP Strategic Actions	Planned Priority Activities 2011 - 2013
Facilitate and empower existing community structures, e.g. PHA networks and VHT to provide HIV prevention, treatment, care and support services	Train and provide support for VHTs, PLHIV and other community networks to ensure delivery of quality home based and community based care Develop and disseminate tools and guidelines for coordination, documentation and reporting of home based and community based services.
Lead Sectors: MoH	
Ensure strong linkages and referral systems between health facilities and community structures	Enhance referral mechanisms between facilities and home based as well as community based providers
Lead Sectors: MoH	

GOAL 3: TO IMPROVE THE LEVEL OF ACCESS OF SERVICES FOR PLHIV, OVC AND OTHER VULNERABLE POPULATIONS BY 2015

OBJECTIVE 1: TO SCALE UP DELIVERY OF COMPREHENSIVE QUALITY PSYCHOSOCIAL SERVICES TO PLHIV, AFFECTED HOUSEHOLDS AND PERSONS MOST VULNERABLE TO EXPOSURE TO HIV

Targets 2012/13

- Percentage of House Holds that receive economic strengthening support increased from 41.2% to 60% by 2013
- Percentage of OVC who have access to a comprehensive service package increased from 24.8% to 40% by 2013

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
<p>Scale-up counselling services provisions at health care points and in communities for PLHIV and persons most vulnerable to exposure to HIV</p> <p>Lead Sectors: MoGLSD/MoH</p>	Support health care providers and peer groups in the provision of counselling services at health care points and in communities
	Support community education and theatre through established existing structures e.g., VHTs in affected communities about the existing counselling services
	Implement interventions to address barriers to access counselling services at health care points and in communities
	Conduct continuous quality assurance routine support supervision and client feedback to meet the needs of clients e.g., through routine operational research and clients' feedback
	Scale-up and support AIDS support clubs in schools and communities to provide psychosocial support to PLHIV and affected members of the community
<p>Provide training of service providers, PLHIV networks and care takers to identify and respond to psychosocial support needs of PLHIV and persons most vulnerable to exposure to HIV</p> <p>Lead Sectors: MoGLSD/MoES</p>	Update and harmonize service providers, PLHIV networks and groups including their level of activeness, psychosocial training needs, and other capacity gaps
	Assess, review and disseminate existing Training Manuals on psychosocial support to address the needs of different population groups
	Undertake training and facilitate for psychosocial support
<p>Develop and deliver a package of direct psychosocial support services provision for PLHIV, affected households and persons most vulnerable to exposure to HIV</p> <p>Lead Sectors:</p>	Harmonize and standardize the psychosocial support package provided by service providers and PLHIV networks
	Strengthen capacities of communities and districts to provide psychosocial support to PLHIV, OVC and affected families (Systems)
	Increase capacity of PLHIV associations and post-test support groups to provide psychosocial support to other PLHIV and affected families
	Facilitate/Strengthen districts to coordinate and mentor

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
MoGLSD	CSOs providing psychosocial support
	Support interventions to empower PLHIV to prepare their children for the future through activities such as will writing, memory book project
	Strengthen the OVC, PLHIV and households with support services to provide care for their members (community)

OBJECTIVE 2: *TO EMPOWER HIV AFFECTED HOUSEHOLDS AND MOST VULNERABLE GROUPS WITH LIVELIHOOD SKILLS AND OPPORTUNITY TO COPE WITH SOCIO-ECONOMIC DEMANDS*

Targets 2012/13

- Percentage of PLHIV and vulnerable households receive IGA support increase to 60% by 2013

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
Support most vulnerable households of PLHIV and of articulated beneficiary categories to meet immediate needs for proper nutrition and food security Lead Sectors: MoAAIF	Disseminate information on local options and sources of meeting nutritional needs of PLHIV and other vulnerable households.
	Train and support community structures e.g., VHTs to promote food production, processing technologies, storage, utilisation and hygiene by PLHIV and affected households
	Provide emergency and therapeutic feeding to most vulnerable households of PLHIV, OVC and other vulnerable categories experiencing chronic food shortage (From care and treatment)
	Provide essential farming technologies and inputs to HIV/AIDS affected households and organised support groups in communities worst affected by the epidemic
	Organise community competitions to recognise affected households with good food, nutrition, hygiene and sanitation practices
Support economic activities for households of PLHIV and those most vulnerable to exposure to HIV Lead Sectors: MoGLSD	Conduct a needs and capacity assessment on PLHIV to engage in IGAs, and appropriate IGAs for PLHIV and other affected households
	Support IGAs for economic sustainability of PLHIV and other affected households
	Train and support IGA beneficiaries in essential business management skills including bulk marketing
	Train community resource persons and caregivers in IGA , supervision and resource monitoring
	Advocate and lobby government to provide cash transfers to PLHIV and vulnerable/affected households
Advocate for affirmative action to support vulnerable	Support collective marketing and or bulk sales of products from households of PLHIV and those most vulnerable to exposure to HIV
	Lobby for affirmative inclusion of PLHI and other vulnerable categories in national programmes under

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
PLHIV and articulated categories to benefit from existing initiatives and programs Lead Sectors: MoGLSD	prosperity for all, e.g. NAADS, NUSAF, NUREP,SAGE (Social Assistance Grants for Empowerment) etc.

OBJECTIVE 3: TO SCALE UP COVERAGE OF A COMPREHENSIVE SOCIAL SUPPORT AND PROTECTION PACKAGE TO MOST VULNERABLE PLHIV AND OTHER AFFECTED GROUPS

Targets 2012/13

- Percentage of PLHIV and persons most vulnerable to exposure to HIV reporting cases of SGBV reduced from 39% to 25%
- Percentage of large work places (employing 20 or more persons) that have HIV/AIDS policies increased from 83% to 90% by 2013

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
Support enrolment and retention and completion of OVC, PLHIV of school-going age and other identified beneficiary groups. Lead Sectors: MoES	Conduct study on barriers to school enrolment, retention and completion of OVC, PLHIV of school-going age
	Support interventions for addressing identified barriers
	Provide a minimum education support package e.g., scholastic materials, non-tuition dues for OVC in primary, secondary schools and vocational training institutions
	Advocate and lobby private education providers to provide bursaries to OVC, PLHIV of school-going age as part of corporate social responsibility.
	Train teachers, matrons and school nurses in psychosocial support for OVC and children and teachers living with HIV
Promote informal education, vocational and life skills development for OVC, PLHIV of school-going age and persons most vulnerable to exposure to HIV Lead Sectors: MoGLSD	Identify the most appropriate and popular apprenticeship education opportunities and vocational/life skills for OVC
	Conduct and assessment of informal education, vocational and life skill development needs for OVC
	Provide a minimum education support package e.g., scholastic materials, non-tuition dues, including start up kits, for OVC in vocational training institutions,
	Support interventions aimed at addressing OVC and community negative attitude towards apprenticeship, vocational and life skills education
	Establish, renovate and equip vocational institutions, apprenticeship and community centres to attract OVC
Support provision of appropriate shelter for	Provide tuition and non-tuition bursary scheme for critically vulnerable orphans and children in vocational and apprenticeship institutions
	Provide decent shelter to children and deserving elderly headed households

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
deserving vulnerable groups Lead Sectors: MoGLSD	Encourage and instil a sense of community responsibility for the provision of shelter for deserving vulnerable groups Network with and support NGOs/CBOs with shelter interventions for PLHIV and OVC
Mainstream gender and disability into social support program initiatives Lead Sectors: MoGLSD	Conduct gendered research on the impact of HIV/AIDS on social support programme initiatives Build capacity of local governments to guide implementers at Local Government level to carry out gender mainstreaming and disability into support program initiatives Support capacity building activities for gender mainstreaming facilitators
Provide legal and social services for the protection of women and young people against and sexual and gender based violence (SGBV) on account of HIV Lead Sectors: MoGLSD	Create awareness and appreciation among men, women, boys and girls, about their entitlement and procedures for accessing legal and social protection services. Train communities, families and other potential perpetrators of SGBV about the legal implications Support community resource agents, CBOs and NGOs in advocacy, protection and service provision related to SGBV Strengthen the capacity of government departments involved with advocacy, protection and service provision in line with SGBV
Promote rights awareness and sensitization to address cultural norms, practices and attitudes that perpetuate gender based and sexual violence in the context of HIV Lead Sectors: MoGLSD and MoJCA	Support local governments, NGOs, and CBOs to integrate human rights in their HIV/AIDS programs Conduct advocacy campaigns on policies and laws on rights of PLHIV, OVC and other vulnerable categories Develop capacities for enforcing relevant laws and policies to ensure human rights and fundamental freedom of PLHIV and OVC. Engage cultural leaders to address cultural norms, practices and attitudes that serve as a blockade to the realisation human rights Lobby MoGLSD to acceralate development of regulations to operationalize the DVA Enforce Domestic Violence Act (DVA) and other related policies on violence against women and girls to address the violence arising due to HIV status disclosure, discordance or sero-difference Strengthen partnerships and networks between communities, local governments, NGOs, CBOs and the national level Provide survivors of abuse, violence and exploitation with appropriate services Support civil and community-based responses identified as best practices in prevention and handling of sexual and gender based violence
Build capacity of Justice, Law and Order Sector and non-	Train and support community-based paralegals to carry out community education campaigns on human rights, legal and

NSP Strategic Actions	Planned Priority Activities 2012 - 2013
<p>state actors to develop and enforce litigation related to HIV through justice-enabling structures</p> <p>Lead Sectors: JLOS</p>	<p>ethical needs of PLHIV, OVC and other HIV/AIDS affected groups</p>

GOAL 4: TO BUILD AN EFFECTIVE AND EFFICIENT SYSTEM THAT ENSURES QUALITY, EQUITABLE AND TIMELY SERVICES BY 2015

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

Targets 2012/13

- National Composite Policy Index (NCPI) increase from 54.6% in 2010 to 70% by 2013
- Proportion of HIV coordination structures/committees in public and non public sector institutions and departments at central and decentralized levels that are functional increase from 30% (for DACs) and 90% (for PHA networks) in 2010 to 50% and 95% in 2013 respectively.

NSP STRATEGIC ACTIONS	PLANNED PRIORITY ACTIVITIES.
<p>Mobilize political and technical leadership, management and stewardship of the multi-sectoral response at all levels</p> <p>Lead Sectors:</p> <p>JLOS</p>	Advocate and promote the implementation of the 3-ones principles at the national, sectoral, district, institutional and community levels
	Engage political leaders (e.g. Ministers, MPs, LC councillors, LC Chairpersons, etc) and technical leaders (e.g. Permanent Secretaries, CAOs, Head teachers, Executive Officers, MDA officials etc) so that they are HIV/AIDS competent and responsive.
	Engage religious and traditional leaders as well as leaders in informal sector (e.g. CSWs, PWDs) in coordination and leadership of national response at different levels
	Build capacity of local governments to plan, coordinate, implement and monitor the decentralized HIV/AIDS response
	Convene strategic national and regional forums for key technical and political leaders in public and non-public sector for sharing experiences and challenges in context of HIV/AIDS
	Build capacity for good governance and accountability at all levels.
<p>Institute, implement and monitor the necessary legal, policy and operational instruments and guidelines</p>	Disseminate UAC Act, national HIV/AIDS policy and sector specific HIV/AIDS related policies
	Expedite finalization, dissemination, and monitoring of pending laws, policies and guidelines related to HIV/AIDS
	Develop and disseminate an inventory of existing laws, policies and guidelines on the multi-sectoral AIDS response.
	Expedite operationalisation of the policy on staffing in health facilities and positions of focal point persons in line ministries and districts for effective coordination and service delivery
<p>Strengthen the capacity of UAC to coordinate the national multisectoral HIV/AIDS response</p>	Develop and monitor the implementation of the UAC Charter, Strategic plan and almanac
	Expedite implementation of the UAC 2011 institutional review

	Hold dialogue, advocacy and lobbying sessions between UAC Board and top management of each public and non-public sector
Strengthen coordination, linkages, networking and collaboration within and across sectors and at national, decentralized and community levels	Operationalise intra- and inter- sectoral/constituency coordination of HIV/AIDS activities at national, district and community levels
	Review the decentralized HIV/AIDS response coordination framework and basic package for coordination within the Local governments.
	Map out the programmes and stakeholders engaged in implementation of NSP in the country to guiding planning and resource allocation
	Support Local governments to enforce laws and national/local policies, procedures and guidelines for improving coordination and service delivery at decentralized level
	Review the architecture, functionality, cost and financing of existing partnership coordination mechanism/structures at national and decentralized levels.
Mainstream HIV/AIDS gender, disability and human rights perspectives in all major development programmes in public and non-public sectors	Disseminate the national mainstreaming policy and associated national and sector guidelines for implementation
	Monitor the implementation of the workplace HIV/AIDS policies in the respective public and non-public sector
	Mainstream HIV/AIDS in existing and new development programmes and institutions.
	Review and integrate HIV/AIDS in the public and non-public sector monitoring and evaluation systems (e.g. Government Annual Performance Review, Sector Annual Performance Review, Local Government Annual Assessment, Civil Society Annual Assessment)
	Develop, disseminate and monitor utilization of self assessment framework on HIV/AIDS mainstreaming for individual sectors, local governments and organizations
	. Support major national institutions and statutory bodies to mainstream HIV/AIDS in their development initiatives (e.g URA, UNRA, NARO, EC etc)
	Produce an annual report on the national status of the multi-sectoral response to HIV/AIDS in addition to UNGASS report and with input from different sectors and stakeholders
Align HIV/AIDS related plans of sectors, districts, key stakeholders, development partners and funding mechanisms to the NSP	Disseminate the costed revised NSP, sector/district/agency HIV/AIDS Strategic Plans, M&E Plans
	Monitor the implementation of the National Priority Action Plan
	Support local governments, sectors and civil society to develop and monitor implementation of HIV/AIDS action plans.
Promote social participation, self regulation and	Empower communities to demand for quality services and accountability.

accountability in the multi-sectoral response	Establish and operationalise linkages between social justice and rights based advocacy within the HIV programs
	Build the capacity of the CS for effective participation on policy and decision making organs, advocacy and holding government accountable
	Develop a public-private partnership for HIV/AIDS
	Establish self regulation mechanism for CSOs engaged in HIV/AIDS
	Develop, disseminate and implement a strategy for building the capacity of civil society in service delivery, governance and organizational development
	Empower community members to communicate, advocate and demand for HIV/AIDS services and associated accountability from leaders and service providers
Build strong linkages and referral systems between institutionalized facilities and community structures	Update the skills of CSOs, CBOs, FBOs, PLWHAs providers through training in HIV/AIDS service delivery and referrals
	Support the development and implementation of linkages for referral support networks and systems at all levels.
	Strengthen community based networks and systems for enhancing availability, access, utilization and quality of HIV/AIDS related services

2. Objective 2: To ensure availability of and access to resources for strengthening systems for delivery of quality HIV/AIDS services

Targets 2012/13

- Percentage of facilities (Public and non- Public) reporting non stock outs of drugs, laboratory reagents and other commodities including condoms and non-health goods increased
- Improve domestic (Public, 11%) and international (68%) AIDS spending.

NSP ACTIONS	STRATEGIC	PLANNED PRIORITY ACTIONS
Develop the infrastructure for enhancing the multi-sectoral HIV/AIDS services delivery		Rehabilitate and maintain the physical infrastructure, equipment and transport for provision of HIV/AIDS related services by public and non-public sector agencies
		Upgrade and equip HCIII and HCII's to improve accessibility to HIV/AIDS related services to the rural population
		Monitor the utilization, maintenance and reporting of existing and new health infrastructure, equipment, transport and supplies for HIV/AIDS related services at the different facilities, MDAs
		Promote the use of ICT in the national HIV/AIDS response
Build capacity of human resource for delivery of the multi-sectoral response to the HIV/AIDS epidemic at		Review the human resource establishments in terms of numbers and skills mix in the facilities and necessary actions taken to fill them
		Train health/non-health and non-professionals engaged in

all levels	provision of HIV/AIDS services
	Increase recruitment, deployment, development and retention of sufficient professional health workers to enable rapid acceleration of treatment, prevention and care services, particularly in rural facilities at HC-IV, HC-III and HC-II
	Develop a policy/guideline for task shifting and volunteerism in supporting provision of HIV/AIDS related services.
	Integration HIV/AIDS in pre-service training curricular of tertiary institutions of learning
Develop the capacity for procurement, distribution and disposal of HIV and AIDS related goods and services at all levels	Develop and disseminate the health sector procurement manual, bid document and annual procurement plan
	build capacity for forecasting, logistics management, procurement and disposal of health goods and services within the health sector including health facilities
	Provide the necessary inputs for provision of HIV/AIDS related services by public and non-public sector agencies
	Document and harmonize procurement of non-health goods and services
Expand the capacity of laboratories at different levels for delivery of HIV/AIDS related services	Review disseminate and monitor the utilization of policies, procedures and SOPs by the relevant facilities and laboratories
	Provide the laboratory reagents / commodities necessary for provision of HIV/AIDS related diagnostic services by public and non-public sector agencies
	Build the necessary capacity of laboratory staff in health facilities to provide laboratory services
Mobilize adequate resources for HIV and AIDS services	Build capacity for Public and non-public actors to mobilize, utilize and account for resources internally and externally
	Establish and operationalize the HIV/AIDS trust Fund
	Develop and disseminate a national resources mobilization strategy
Promote efficient allocation and use of HIV and AIDS resources	Conduct regular resource tracking for HIV/AIDS funding
	Institutionalize resource tracking at all levels.
	Conduct studies to review unit cost for delivery of HIV/AIDS services
Align and harmonize resources to the National HIV/AIDS plans	Disseminate NSP, NPAP and advocate for resource alignment to HIV/AIDS priorities

Objective 3: To establish a coordinated and effective national system for management of strategic information for the HIV/AIDS response

Targets 2012/13

- Percentage of indicators in the national M&E plan that are reported on according to reporting schedule increased from 35% in 2010 to 60% in 2013
-

NSP STRATEGIC ACTIONS	PLANNED PRIORITY ACTIONS
Build partnerships among producers and users of HIV/AIDS information for the national HIV/AIDS response Lead Sectors: UAC lead stakeholders	Convene regular partnership forums to discuss HIV/AIDS data/information
	Post HIV/AIDS information on UAC website to promote data sharing among users and producers of HIV and AIDS data
Promote ownership of the national HIV/AIDS monitoring and Evaluation framework Lead Sectors: UAC and Institutions	Conduct committed meetings to each institution that contributes HIV and AIDS data to discuss HIV and AIDS data generation, processing, sharing and use
	Disseminate at national and sub-national levels all documents on HIV and AIDS including M & E developed by the UAC and partners.
	Conduct regular institution targeted meetings with producers and users of HIV and AIDS data to discuss each institution's role and contribution to the national M&E of the HIV and AIDS response
Develop and disseminate national policies, guidelines and plans to all partners at national and sub-national levels Lead Sectors: UAC and stakeholders	Depending on recent findings, develop new policies (for example on medical male circumcision) and disseminate to all levels
	Develop and disseminate visual aid/or job-aid tools on a) indicators and their definitions b)schedules of reporting of data and disseminate to users and producers
	Through media (print and audio), websites, bulletins etc, disseminate materials on HIV and AIDS at national and sub-national levels
Build the capacity for collection, analysis, dissemination, and utilization of HIV/AIDS data/information for the national response Lead Sectors: UAC as lead working with various stakeholder institutions	Conduct a M & E capacity needs exercise/assessment to determine capacity building requirements for institutions providing HIV and AIDS data for the national response
	In line with findings of the capacity needs exercise, develop a capacity building plan for M & E in HIV and AIDS
	Conduct capacity building activities (for example on-the-job training)
	UAC to work with institutions to create a log of capacity building efforts/activities for M & E on HIV and AIDS that are conducted by institutions annually
Develop a national HIV/AIDS data base for	Conduct an assessment exercise to determine why previous efforts to develop a database were not concluded

capture, storage and retrieval of HIV/AIDS data /information shared by all partners in the response for national and global commitment Lead Sectors: UAC and the National M&E TWG	Based on findings, continue development of the database a) using previous platform or b) Identify a platform for construction of a database for data capture of HIV and AIDS data shared by stakeholders
	In line with tools developed for data gathering from stakeholders,
Promote and co-ordinate HIV/AIDS research Lead Sectors: UAC together with National M&E TWG and Academia	Promote linkages between biomedical and social research
	Determine priorities for research and develop a research agenda for HIV and AIDS
	Assess and build the capacity for operational research and production of policy briefs at various levels
	Institutionalize/re-invigorate national and decentralized forums for dissemination of HIV/AIDS research findings
	Undertake periodic operations research to inform prioritization and resources allocation.

Annex II:

SUMMARY OF NPAP COST ESTIMATES BY OBJECTIVES.

NATIONAL PRIORITY ACTION PLAN FOR YEARS 2012-2013			
		2011/12 US \$ M	2012/13 US \$ M
GOAL: 1 TO REDUCE HIV INCIDENCE BY 30% BY 2015			
Objective 1:	To scale up coverage, quality and utilization of proven biomedical and behaviour HIV prevention interventions by 2015	148.02	189.30
Objective 2:	To scale up HIV counseling and testing (HCT), increasing coverage and uptake by 2015	17.05	33.31
Objective 3:	To mitigate underlying social, culture, gender and other factors that drive the HIV epidemic	14.70	18.87
	SUB TOTAL	179.78	241.47
GOAL: 2 TO IMPROVE THE QUALITY OF LIFE OF PLHIV BY MITIGATING THE HEALTH EFFECTS OF HIV/AIDS BY 2015			
Objective 1:	To increase equitable access to art by those in need from 50% to 80% by 2015	186.96	217.13
Objective 2:	To increase access to prevention and treatment of opportunistic infections including TB	22.10	28.80
Objective 3:	To integrate sexual and reproductive health (including HIV prevention) into all care and treatment services by 2015	9.20	11.90
Objective 4:	To support and expand the provision of home based and community based care and support	6.20	9.60
	SUB TOTAL	224.46	267.43
GOAL 3: TO IMPROVE THE LEVEL OF ACCESS OF SERVICES FOR PLHIV, OVC AND OTHER VULNERABLE POPULATIONS			
Objective 1:	To scale up delivery of comprehensive quality psychosocial services to pLHIV, affected households and persons most vulnerable to exposure to HIV	12.80	14.89
Objective 2:	To empower HIV affected households and most vulnerable groups with livelihood skills and opportunity to cope with socio-economic demands	23.20	27.30
Objective 3:	To scale up coverage of a comprehensive social support and protection package to most vulnerable PLHIV and other affected groups	37.44	44.01
	SUB TOTAL	73.44	86.20
GOAL: 4 TO BUILD AN EFFECTIVE AND EFFICIENT SYSTEM THAT ENSURES QUALITY, EQUITABLE TIMELY SERVICES BY 2015			
Objective 1:	To strengthen the governance and leadership of the multi-sectoral HIV/AIDS response	18.20	25.50
Objective 2:	To ensure availability of and access to resources for strengthening systems for delivery of quality HIV/AIDS services	56.71	84.31

NATIONAL PRIORITY ACTION PLAN FOR YEARS 2012-2013			
		2011/12 US \$ M	2012/13 US \$ M
Objective 3:	To establish a coordinated and effective national system for management of strategic information for the HIV/AIDS response	36.94	52.10
	SUB TOTAL	111.85	161.92
	GRAND TOTAL	589.53	757.02

ANNEX III: FUNDING GAP FOR THE NPAP.

	2011/12 US \$ M	2012/13 US \$ M
NPAP RESOURCE ESTIMATES.	589.53	757.02
PROJECTED INFLOWS.		
GOU	42	42
Bilateral		
Irish Aid **	8.71	8.71
DFID ****	8.57	8.15
DANIDA	7.1	7.1
SIDA	1.4	1.4
USG/PEPFAR	324	324
Multilaterals		
UN Agencies	16.9	7.3
UNICEF	6	6
GFATM		41.6
Total projected inflows	414.68	446.26
Funding Gap	174.85	310.76

Rate of exchange

** 1 € = 1.320 US\$

**** 1 £ = 1.6135 US\$