

# Uganda Report NCPI

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## NCPI Header

**is indicator/topic relevant?:** Yes

**is data available?:** Yes

**Data measurement tool / source:** NCPI

**Other measurement tool / source:**

**From date:** 01/01/2013

**To date:** 12/31/2013

**Additional information related to entered data. e.g. reference to primary data source, methodological concerns::**

**Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::**

**Data measurement tool / source:** GARPR

**Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:** Dr. Christine J.D Ondoa

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**Describe the process used for NCPI data gathering and validation:** The respective parts of the NCPI were circulated on e-mail to 9 civil society stakeholder institutions; the ADP group, and 10 government sectors. Two separate meetings were held for civil society and government sectors, to discuss the tool and clarify the completion process. Four civil society stakeholders and four government sectors were represented at the meetings. One meeting was held with the ADP group to discuss the completed tool. Necessary follow up was done by e-mail, telephone, and physical visits; to ensure completion and timely return. Further follow up on un-returned tools was made at the consensus meeting to review and adopt the main report.

**Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:** Respondents were encouraged to explain their basis for differing scores in the sections for comments, and to provide further information and documentation to back their views. Positions stated by respondents in the tool were validated against available and relevant documented records. In some cases, follow up discussions were held with the respondent and/or other members of the constituency represented.

**Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):** Section I - It was not clear if responses were to be restricted to the specific stakeholder category represented by the respondent, or the broad range of civil society actors (and how broad to go. For example, FBO representative focused more on FBO participation, but also occasional referred to participation by other civil society stakeholders. National AIDS budget - some respondents understood this to mean the national government budget for AIDS; distinct from AIDS financing from international sources

## NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
UganUganda Human Rights Commission	Violet Akurut Adome- Commisioner	A1,A2,A3,A4,A5,A6
MINISTRY OF AGRICULTURE ANIMAL INDUSTRY AND FISHERIES	KWAGALA SHARON- SENIOR HUMAN RESOURCE OFFICER (FOCAL PERSON HIV/AIDS)	A1,A2,A3,A4,A5,A6
Uganda Police services	Mr. Bagenda Livingstone	A1,A2,A3,A4,A5,A6
Uganda Peoples Defence Forces	Arinaitwe Gilbert	A1,A2,A3,A4,A5,A6
Ministry of Health	Joshua Musinguzi	A1,A2,A3,A4,A5,A6
Uganda AIDS Comission	Dr. Christine J.D Ondoa	A1,A2,A3,A4,A5,A6

**NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]**

Organization	Names/Positions	Respondents to Part B
UNASO	Bharam Namanya -Executive Director	B1,B2,B3,B4,B5
NAFOPHANU	Stella Kentusi - Executive Director	B1,B2,B3,B4,B5
IRCU	Johnson Masiko - Director HIV/AIDS & Public Health	B1,B2,B3,B4,B5
ADP-G	Mary OdukaOchan - ADP-G Chair	B1,B2,B3,B4,B5
Private Sector	George Tamale - Private Sector Advisor HIV&AIDS	B1,B2,B3,B4,B5

## A.I Strategic plan

**1. Has the country developed a national multisectoral strategy to respond to HIV?:** Yes

**IF YES, what is the period covered:** 2011/12- 2014/15

**IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:**  More emphasis was put on; • Prevention of HIV • Evidence based interventions • Introduction of new biomedical interventions like safe male circumcision

**IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.**

**1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?:** Uganda AIDS Commission

**1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?**

**Education:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Health:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Labour:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Military/Police:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Social Welfare:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Transportation:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Women:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Young People:**

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**Other:** Local Government and Presidency

**Included in Strategy:** Yes

**Earmarked Budget:** Yes

**IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:**

**1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?**

**KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:**

**Discordant couples:** Yes

**Elderly persons:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations:** Yes

**SETTINGS:**

**Prisons:** Yes

**Schools:** Yes

**Workplace:** Yes

**CROSS-CUTTING ISSUES:**

**Addressing stigma and discrimination:** Yes

**Gender empowerment and/or gender equality:** Yes

**HIV and poverty:** Yes

**Human rights protection:** Yes

**Involvement of people living with HIV:** Yes

**IF NO, explain how key populations were identified?:**

**1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?**

**People living with HIV:** Yes

**Men who have sex with men:** Yes

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific key populations/vulnerable subpopulations [write in]:** Fishing community, married couples and exposed infants

: Yes

**1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:** Yes

**1.6. Does the multisectoral strategy include an operational plan?:** Yes

**1.7. Does the multisectoral strategy or operational plan include:**

**a) Formal programme goals?:** Yes

**b) Clear targets or milestones?:** Yes

**c) Detailed costs for each programmatic area?:** Yes

**d) An indication of funding sources to support programme implementation?:** Yes

**e) A monitoring and evaluation framework?:** Yes

**1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:** Active involvement

**IF ACTIVE INVOLVEMENT, briefly explain how this was organised.:** Civil Society is represented on a top decision making organ- the partnership committee, the technical working groups, and steering committee . They were consulted to give views during review of the previous plan and determination of priorities for the current plan.

**IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:**

**1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:** Yes

**1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:** Yes, all partners

**IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:**

**2.1. Has the country integrated HIV in the following specific development plans?**

**SPECIFIC DEVELOPMENT PLANS:**

**Common Country Assessment/UN Development Assistance Framework:** Yes

**National Development Plan:** Yes

**Poverty Reduction Strategy:** No

**National Social Protection Strategic Plan:** Yes

**Sector-wide approach:** Yes

**Other [write in]:**

: No

**2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?**

**HIV-RELATED AREA INCLUDED IN PLAN(S):**

**Elimination of punitive laws:** No

**HIV impact alleviation (including palliative care for adults and children):** Yes

**Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:** Yes

**Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:** Yes

**Reduction of stigma and discrimination:** Yes

**Treatment, care, and support (including social protection or other schemes):** Yes

**Women's economic empowerment (e.g. access to credit, access to land, training):** Yes

**Other [write in]:**

:

**3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:** Yes

**3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:** 4

**4. Does the country have a plan to strengthen health systems?:** Yes

**Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children:**  There has been expansion and upgrading in numbers and size of health facilities to manage more increasing numbers of clients. There has also been renovation and upgrading laboratory infrastructure including commencement of constructing the modern reference laboratory facilities.  There has been massive recruitment of health workers  There has been skills development for health workers  There has been improvement in data reporting and information sharing through m-trac.  Improved supply chain management of medicines and health supplies.

## 5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Many

b) HIV Counselling & Testing and Tuberculosis: Many

c) HIV Counselling & Testing and general outpatient care: Many

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: Many

e) ART and Tuberculosis: Many

f) ART and general outpatient care: Many

g) ART and chronic Non-Communicable Diseases: Many

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :  Family health days where there is family counseling, immunization, maternal health, testing etc.

## 6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in your country's HIV programmes in 2013?: 7

Since 2011, what have been key achievements in this area:  Involvement in top leadership in national planning  Development and implementation of the National HIV Strategic Plan  Developed and implemented the sector HIV strategic plans  Developed and implemented in some districts HIV Strategic Plans  Widely disseminated the National HIV Strategic Plan to the public, private and civil society organisations.

What challenges remain in this area:  Not all Local Governments have HIV strategic plans  Unclear alignment of resources to the implementation of HIV plans  Weak district led programming  Inadequate funding of HIV interventions

## A.II Political support and leadership

### 1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

#### 1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:  Inauguration and launching of the national strategic plan by the Head of State  HIV public counseling and testing by the President and the First Lady and other politicians and senior government officials  provision of conducive environment to freely discuss HIV/AIDS issues including open critiquing of HIV programmes  Commitment of funds to improve local manufacturing capacity for ARVs

#### 2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

## 2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: Yes

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Prof.: Prof. Vinand Nantulya, Chairman, UAC

Have a defined membership?: Yes

IF YES, how many members?: 11

Include civil society representatives?: Yes

IF YES, how many?: 1

Include people living with HIV?: Yes

IF YES, how many?: 1

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: Yes

## 3. Does the country have a mechanism to promote coordination between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:  Functional partnership committee at national level  Developed new guidelines for coordination of stakeholders at lower levels.  Conducted Joint Annual AIDs Reviews with the participation of all key stakeholders  Conducted partnership forum in the last two years  Developed a national HIV/AIDS integrated annual work plan for coordination of interventions and stakeholders.

What challenges remain in this area:  Weak capacity in some constituencies in terms of planning, monitoring and evaluation  Weak HIV coordination structures at local government level

## 4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

## 5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: Yes

Coordination with other implementing partners: Yes

Information on priority needs: Yes

Procurement and distribution of medications or other supplies: No

Technical guidance: Yes



**Other [write in]:** Data not readily available

: Yes

**6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:** Yes

**6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:** Yes

**IF YES, name and describe how the policies / laws were amended:**  The National HIV Policy 2011 was amended to include the new innovative ways of preventing HIV with the involvement of key stakeholders.

**Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::**

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2013?:** 9

**Since 2011, what have been key achievements in this area::**  Provision of conducive political environment for HIV programming  Leadership by example  Multi-sectoral approach to HIV programming

**What challenges remain in this area::**  Inadequate allocation of funds to HIV interventions.

### **A.III Human rights**

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]:**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**  
Yes

**IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws::** □ The 1995 Constitution emphasizes non discrimination on the basis of sex, race, and economic/social status. □ Different sectors have workplace policies and guidelines that do outlaw discrimination □ Different Acts have been put in place which include the Police Act, The Human Rights Commission Act, The Equal Opportunities Commission Act, The National Council for Children Act, The Children Act, and Family and Children's Courts Act. All the above laws discourage discrimination.

**Briefly explain what mechanisms are in place to ensure these laws are implemented::** □ The regulations, policies and strategic documents are in place to guide operationalization of the laws.

**Briefly comment on the degree to which they are currently implemented:** There are mechanisms for reporting, investigating, arbitration and prosecution in cases where the laws have been violated.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?:** No

**IF YES, for which key populations and vulnerable groups?:**

**People living with HIV:** No

**Elderly persons:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** No

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** No

**Transgender people:** No

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]:**

: No

**Briefly describe the content of these laws, regulations or policies::**

**Briefly comment on how they pose barriers::**

## **A.IV Prevention**

**1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:** Yes

**IF YES, what key messages are explicitly promoted?:**

**Delay sexual debut:** Yes

**Engage in safe(r) sex:** Yes

**Fight against violence against women:** Yes

**Greater acceptance and involvement of people living with HIV:** Yes

**Greater involvement of men in reproductive health programmes:** Yes

**Know your HIV status:** Yes

**Males to get circumcised under medical supervision:** Yes

**Prevent mother-to-child transmission of HIV:** Yes

**Promote greater equality between men and women:** Yes

**Reduce the number of sexual partners:** Yes

**Use clean needles and syringes:** Yes

**Use condoms consistently:** Yes

**Other [write in]:** Abstinence and couple counselling

: Yes

**1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:** Yes

**2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:** Yes

**2.1. Is HIV education part of the curriculum in:**

**Primary schools?:** Yes

**Secondary schools?:** Yes

**Teacher training?:** Yes

**2.2. Does the strategy include**

**a) age-appropriate sexual and reproductive health elements?:** Yes

**b) gender-sensitive sexual and reproductive health elements?:** Yes

**2.3. Does the country have an HIV education strategy for out-of-school young people?:** Yes

**3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:** Yes

**Briefly describe the content of this policy or strategy:**  The National HIV Prevention Strategy emphasizes the combination HIV prevention which covers behavioral, biomedical and structural interventions.

**3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?**

**People who inject drugs:** HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Men who have sex with men:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Sex workers:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Customers of sex workers:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Prison inmates:** Condom promotion, Drug substitution therapy, HIV testing and counseling, Reproductive health, including sexually transmitted infections prevention and treatment, Stigma and discrimination reduction, Targeted information on risk reduction and HIV education, Vulnerability reduction (e.g. income generation)

**Other populations [write in]:**

:

**3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2013?:** 9

**Since 2011, what have been key achievements in this area:**  Highest level of involvement by H.E the President and the First Lady in HIV prevention.  Supportive Parliament in disseminating HIV prevention messages  Active involvement of cultural leaders and religious leaders in HIV prevention  Developed and disseminated an HIV prevention message which was rolled over the country through the leaders.  Involvement of People living with HIV in prevention interventions  Conducted HIV Indicator Survey which guides the prevention interventions

**What challenges remain in this area:**  Not adequately reached the grass root community due to shortage of resources  Changing /shifting of the virus among certain age groups requires changes in the packaging of the HIV prevention message  Complacency among the general population  Change in technology which requires change in dissemination mechanisms  MARPS are in hard to reach areas like fishing communities meanwhile others are mobile and difficult to follow up.

**4. Has the country identified specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:**  Highest level of involvement by H.E the President and the First Lady in HIV prevention.  Supportive Parliament in disseminating HIV prevention messages  Active involvement of cultural leaders and religious leaders in HIV prevention  Developed and disseminated an HIV prevention message which was rolled

over the country through the leaders.  Involvement of People living with HIV in prevention interventions  Conducted HIV Indicator Survey which guides the prevention interventions

**IF YES, what are these specific needs?** :  Not adequately reached the grass root community due to shortage of resources  Changing /shifting of the virus among certain age groups requires changes in the packaging of the HIV prevention message  Complacency among the general population  Change in technology which requires change in dissemination mechanisms  MARPS are in hard to reach areas like fishing communities meanwhile others are mobile and difficult to follow up.

#### **4.1. To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Strongly agree

**Economic support e.g. cash transfers:** Agree

**Harm reduction for people who inject drugs:** Disagree

**HIV prevention for out-of-school young people:** Strongly agree

**HIV prevention in the workplace:** Strongly agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Strongly agree

**IEC on stigma and discrimination reduction:** Strongly agree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Strongly agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Strongly agree

**Risk reduction for intimate partners of key populations:** Strongly agree

**Risk reduction for men who have sex with men:** Agree

**Risk reduction for sex workers:** Strongly agree

**Reduction of gender based violence:** Strongly agree

**School-based HIV education for young people:** Agree

**Treatment as prevention:** Strongly agree

**Universal precautions in health care settings:** Strongly agree

**Other [write in]:** SMC, couple testing and counselling and EID

: Strongly agree

**5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 7**

## **A.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes**

**If YES, Briefly identify the elements and what has been prioritized:**  Availability of Anti-retroviral therapy to all eligible persons  Treatment and prevention of opportunistic infections  Palliative care  Treatment of TB co-infection  Home based care  Treatment of infants who are infected MTCT.  Continuous counseling  Nutritional support  Spiritual support

**Briefly identify how HIV treatment, care and support services are being scaled-up?:**  Accreditation of more health facilities to give care and treatment  Recruitment of more health workers  Training and mentoring of health workers and counselors.  Expansion and up grading of infrastructure  Procurement of medical equipment  Procurement of medicines and health supplies  Involvement of village Health Teams and people living with HIV networks  support to local manufacturing industries for ARVs and medicines for opportunistic infections.  Information dissemination on the availability of services.  Involvement of religious, cultural and opinion leaders and CSOs

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Agree

**ART for TB patients:** Agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Strongly agree

**Economic support:** Agree

**Family based care and support:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** Agree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Agree

**Nutritional care:** Agree

**Paediatric AIDS treatment:** Agree

**Palliative care for children and adults Palliative care for children and adults:** Agree

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Strongly agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Strongly agree

**Psychosocial support for people living with HIV and their families:** Strongly agree

**Sexually transmitted infection management:** Strongly agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Strongly agree

**Other [write in]:** Treatment for HIV pregnant women

: Strongly agree

**2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:** Yes

**Please clarify which social and economic support is provided:** Income generating activities such as piggery, poultry  
Social assistance grants Youth fund Provision of shelter to orphans and widows

**3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:** Yes

**4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:** Yes

**IF YES, for which commodities?:** Antiretroviral therapy medications, condoms, and HIV test kits and lab reagents

**5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?:** 9

**Since 2011, what have been key achievements in this area?:**  Enrolled more people on ART than the estimated new infections  Accredited more health facilities  Trained more health workers and counselors  Involved more VHTs  Improved on screening TB

**What challenges remain in this area?:**  Increasing number of people in need especially after implementing new WHO guidelines 2013 on treatment  Inadequate staffing  Inadequate CD4 screening facilities  TB/HIV collaboration still weak  Increasing drug resistance for HIV and TB  Loss to follow up is still high

**6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

**6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?:** 8

**Since 2011, what have been key achievements in this area:**  Mapping of OVC all over the country  Increasing number of OVC reached with interventions  Development of policies and guidelines

**What challenges remain in this area:**  Increasing number of OVC that require interventions  School attendance on OVC is lower than non- OVC  The performance of OVC in school is relatively poor

## **A.VI Monitoring and evaluation**

**1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:** Yes

**Briefly describe any challenges in development or implementation:**  Lack of a comprehensive HIV M&E database  Weak M&E systems in sectors  Inadequate human resource in M&E  Inadequate resources ( finance and logistics)  Incomplete and untimely reporting  low utilization at source and at lower levels.

**1.1. IF YES, years covered:** [ National Monitoring and Evaluation Plan 2011/12-2014/15]

**1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:** Yes, some partners

**Briefly describe what the issues are:**  Parallel reporting systems which weaken the National M&E system

**2. Does the national Monitoring and Evaluation plan include?**

**A data collection strategy:** Yes

**IF YES, does it address:**

**Behavioural surveys:** Yes

**Evaluation / research studies:** Yes

**HIV Drug resistance surveillance:** Yes

**HIV surveillance:** Yes

**Routine programme monitoring:** Yes

**A data analysis strategy:** Yes

**A data dissemination and use strategy:** Yes

**A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):** Yes

**Guidelines on tools for data collection:** Yes

**3. Is there a budget for implementation of the M&E plan?:** Yes

**3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:**

**4. Is there a functional national M&E Unit?:** Yes

**Briefly describe any obstacles:**



#### 4.1. Where is the national M&E Unit based?

In the Ministry of Health?: No

In the National HIV Commission (or equivalent)?: Yes

Elsewhere?: No

If elsewhere, please specify:

#### 4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Head M&E	Full-time	1/12/2011

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
M&E Officer	Full-time	1/12/2010

#### 4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

**Briefly describe the data-sharing mechanisms:**  National M&E Technical Working Group  Consultative Meetings  Validation meetings and workshops  Performance reviews ( quarterly and annual)  Web-based/ email sharing of reports and updates  Through the media ( print and electronic)

**What are the major challenges in this area:**

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: Yes

6. Is there a central national database with HIV- related data?: Yes

**IF YES, briefly describe the national database and who manages it.:**  Under staffing  Shortage of tools and logistics  Under funding

**6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:** No, none of the above

**IF YES, but only some of the above, which aspects does it include?:**

#### 6.2. Is there a functional Health Information System?

**At national level:** Yes

**At subnational level:** Yes

**IF YES, at what level(s)?:** both

**7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:** Estimates of Current and Future Needs

**7.2. Is HIV programme coverage being monitored?:** Yes

**(a) IF YES, is coverage monitored by sex (male, female)?:** Yes

**(b) IF YES, is coverage monitored by population groups?:** Yes

**IF YES, for which population groups?:**  Infants  Children ( 0-14)  Adults including pregnant women

**Briefly explain how this information is used::**  Used in Planning and budgeting  Provision of services  Resource mobilization  Monitoring and evaluation  Information dissemination  Policy formulation

**(c) Is coverage monitored by geographical area?:** Yes

**IF YES, at which geographical levels (provincial, district, other)?:**   National  District  health sub-district  Health facility

**Briefly explain how this information is used::**  Estimation and ordering of medicines and health supplies  Planning and budgeting  Reporting  Follow -up and monitoring

**8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?:** Yes

### **9. How are M&E data used?**

**For programme improvement?:** Yes

**In developing / revising the national HIV response?:** Yes

**For resource allocation?:** Yes

**Other [write in]::**

: Yes

**Briefly provide specific examples of how M&E data are used, and the main challenges, if any::**  Joint Annual AIDS Review and reporting  policy making like development of guidelines  In the allocation of resources like in the budget call circular

### **10. In the last year, was training in M&E conducted**

**At national level?:** Yes

**IF YES, what was the number trained::**

**At subnational level?:** Yes

**IF YES, what was the number trained:**

**At service delivery level including civil society?:** Yes

**IF YES, how many?:**

**10.1. Were other M&E capacity-building activities conducted other than training?:** Yes

**IF YES, describe what types of activities:**  On web based M&E group consultations  Fellowship programme at some Universities  National M&E technical working Group meetings

**11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?:**

**Since 2011, what have been key achievements in this area?:** □ Rolling out of DHIS 2 □ Initiation of developing of the National M&E database □ Capacity building of M&E Officers □ Recruitment of more staff dedicated to M&E at sub-national levels.

**What challenges remain in this area?:** □ National M&E data base not yet finalized due to procurement process □ None attainment of staff adequate for M&E □ Shortage of tools for data collection □ Inadequate skills transfer in M&E □ Poor culture in data use especially at lower levels □ High attrition level of M&E staff

## **B.I Civil Society involvement**

**1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:** 3

**Comments and examples::** Through representatives on national committees such as CCM, PC and HPAC, CSOs have pushed the advocacy agenda for more commitment Faith-based organizations have engaged government and policy makers to make commitments to the fight against HIV/AIDS. Every year FBOs meet the parliament of Uganda before reading of the national budget and in 2011/2012, issues such as treatment for children, budget for health have been put on the agenda of these key decision makers. This has progressively influenced political leaders. FBOs have also engaged legislators to visit people and children affected by HIV/AIDS in order for them to gain insight on what goes on in a bid to get their commitment. The Private sector has advocated and lobbied for formulation of policy on non-discrimination of HIV+ employees at the workplace and a regulation on HIV&AIDS and the world of work has been drafted. CSOs have provided the evidence on policy and strategic needs to build successfully advocacy for political leadership commitment.

**2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:** 4

**Comments and examples::** Civil society is currently engaged in the review of the NSP, development of the HIV Investment case and actively participates in Annual Joint Review. The Uganda AIDS Commission regular call faith based organizations to take part in national planning processes including the current strategic plan. FBOs however have not been fully involved in the budgeting processes for the national budget save for the Partnership and coordination budget. FBOs were also consulted during the National Assessment Expenditure for HIV/AIDS. The private sector has fully participated through meetings, reviews and submission of comment and ideas. The CSOs have continued to participate and influence key national processes e.g. during the formulation of the National HIV strategic Plan, National HIV Prevention Strategy and the Annual Joint AIDS reviews.

**3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:**

**a. The national HIV strategy?:** 5

**b. The national HIV budget?:** 3

**c. The national HIV reports?:** 4

**Comments and examples::** Services of Civil society in National AIDS reports should have been ranked at 5 however, due to limited documentation of CS contribution inadequate information is captured in National reports. There is no specific National AIDS Budget, all integrated in line ministries whose processes do not involve CSOs. FBOs contribute greatly in the national HIV/AIDS response in all the three thematic areas and are normally included in the national reports such as the Annual Joint AIDS Report of 2012, the UNGASS of 2009 as well as reports that are shared between Self Coordinating Entities (SCEs). HIV behavioral prevention which is mainstay for FBOs is included in the national AIDS strategy. There is however still a gap in as far as participation in the national budgeting process is concerned as FBOs do not fully participate. Data on the private sector HIV&AIDS services provided by civil society in areas of HIV prevention, treatment, care and support is not known. In all the documents reviewed, no clear baseline info exists therefore full inclusion is not done. A clear look at the HIV&AIDS NSP and strategy 2012-15, there is no clear cut indicators for the private sector yet they are doing a lot. Secondly there is no clear

tracking mechanism in place to track what the individual companies are doing yet a lot is done. However of recent the self-coordinating entity has begun to track these services though needs to be strengthened to capture all these private sector interventions.

**4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?**

**a. Developing the national M&E plan?: 4**

**b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 4**

**c. Participate in using data for decision-making?: 4**

**Comments and examples:** • There is limited funding for joint M&E activities between CSOs and Government partners • M&E plan does not capture all that CSOs implement especially in the areas of prevention, social support, and community systems FBOs have partially participated in M&E process for HIV/AIDS. The meetings have been irregular and FBOs largely report to government through the HMIS system and to MEEPP the USAID contractor for M&E. FBOs use the national data such as the AIDS Indicator Survey as well as their internally generated data for decision making and evidence based programming for HIV/AIDS. There is limited use of M&E data for decision making mainly because as a private sector reports are not available in time. 1. CSOs have continued to be involved in country HIV reviews namely the midterm review of NSP, the annual Joint annual AIDS reviews and joint field visits. The revision of the NSP informed the development of new NSP, with its accompanying M&E framework and CSOs were fully engaged. 2. The CSOs are members of the national M&E technical working group

**5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4**

**Comments and examples:** PWDs, Uniformed Personnel, CSWs, and other social minorities are not fully engaged and involved. PHA Networks indicated a score of 4; while broader CSOs indicated a score of 3. The country has largely involved FBOs and civil society in in the national HIV/AIDS response. In Uganda the country implements a multi-sectoral response and formed the partnership committee where leading sectors including civil society organizations are involved in planning and implementing of AIDS activities. Not all companies in the private sector have been included simply because the sector is big and growing. However through the SCE and having developed private sector strategy, efforts are underway to include all. See strategy attached. The CSOs representation at national and district level include; The Uganda National AIDS Service Organization (UNASO), National Forum of People Living with HIV, the International Community of women Living with HIV, National Forum of Women Living with HIV, Young Positives, that also sit on the CCM, MARPS network that sits on CCM, Inter religious Council of Uganda,

**6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:**

**a. Adequate financial support to implement its HIV activities?: 2**

**b. Adequate technical support to implement its HIV activities?: 3**

**Comments and examples:** • CSOs fundraise on their own with limited government contribution both financially and technically • Resources available for CSOs are only with the Civil Society Fund and Partnership Fund but even then these funds are not accessed by all CSOs Currently, there are several funding sources such as PEPFAR, the Civil Society Fund, the Global Fund, the Partnership Fund and other bilateral funding agencies in the country. These finding mechanism are competitive in nature which puts civil society organizations and especially FBOs at a disadvantage as most work in hard to reach areas and do not have well developed systems to compete. Some FBOs and CSOs get funding from these sources though still inadequate. There is need for increased funding for CSOs and affirmative action as special category of HIV/AIDS service providers. It only the UAC partnership fund that is accessed for coordination but for the companies, there is a miss conception that the private sector has funds yet majority as SMEs and so grapple with developing policies and setting up interventions hence the need for support but no funds are available for the private sector to access. 1. The CSOs in Uganda are mainly the implementing partners through which both bilateral and Multilaterals channel funds through for implementation of HIV activities. 2. The Civil Society Fund and partnership fund of the Uganda AIDS Commission mainly were established to ensurean effective coordination and funding to CSOs. 3. CSO self-coordinating entities apply and receive funds from the Partnership

Fund within AUC

**7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

**Prevention for key-populations:**

**People living with HIV:** 51-75%

**Men who have sex with men:** 51-75%

**People who inject drugs:** >75%

**Sex workers:** 51-75%

**Transgender people:** 25-50%

**Palliative care :** 25-50%

**Testing and Counselling:** 51-75%

**Know your Rights/ Legal services:** 51-75%

**Reduction of Stigma and Discrimination:** 51-75%

**Clinical services (ART/OI):** 25-50%

**Home-based care:** >75%

**Programmes for OVC:** 51-75%

**8. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to increase civil society participation in 2013?: 5**

**Since 2011, what have been key achievements in this area::** OCV programming Free legal services Advocacy towards policy change Community mobilization and engagement There have not been significant efforts to increase civil society participation in HIV/AIDS save for what has been pertaining in the past such as the partnership initiative, participation in JAR and in national meetings. The MoH in 2013 partnered with civil society organizations in the Elimination of mother to Child Prevention of HIV campaigns in 2013. These efforts should be strengthened in the coming years. Full recognition at partnership committee Participation at CSF Board and CCM Board Support by the hotel sector to offer free venues for workshops on HIV&AIDS 1. One of the CSOs is the PR for Global Fund 2. CSOs have adequate representation on the CCM 3. There has been increased funding for CSOs, coordination and management 4. Through CSOs there has been increased coverage and access for HIV services

**What challenges remain in this area::** Underfunding Limited or no documentation of CSO work and best practices Fragmented CSOs with less opportunities to meet and share practices Stigma and discrimination still hamper access and utilization of services Limited livelihood programmes to empower vulnerable communities/populations Some sections of government have not yet fully appreciated the role and potential of CSOs and FBOs sometimes looking at them as competitors rather than complementers of HIV/AIDS services. Allocation of resources to PNPfFs for example is still low and needs to be increased bearing in mind that they provide almost 50% of healthcare in the country. FBOs and CSOs play a significant role in community social support to mitigate the impact of HIV/AIDS compared to the resources that are availed to them. Lack of support for the SME to undertake HIV&AIDS related activities Lack of a monitoring mechanism to track resources from the private sector for HIV&AIDS activities a. CSOs have potential to be well and better coordinated b. CSOs need to clearly document and share their contribution especially at the community level c. Working with and within Govt structures to minimize vertical programming

## B.II Political support and leadership

**1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:**

Yes

**IF YES, describe some examples of when and how this has happened::** PLHIV are involved in a number of fora through representation e.g. NSP development, Investment Case, Partnership Forums ant regional and national levels, membership on TWGs at UAC, MoH and other line MDAs In Uganda PLWAs are actively engaged in policy design and program implementation. PHLA Networks are involved at different levels; sit on committees and boards on HIV&AIDS. However it should be noted that private sector also has key populations and vulnerable sub populations for instance fisheries, transport, Hotel, restaurants and bars among others. MARPs have been increasing over the past years, and failure to effectively target them constitutes a very big gap in the current national response. a. They are members of CCM b. They are members of key national and district technical working groups and decision making groups, Self-coordinating entities and partnership committee

## B.III Human rights

**1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** Yes

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** Yes

**People with disabilities:** Yes

**People who inject drugs:** No

**Prison inmates:** No

**Sex workers:** Yes

**Transgender people:** No

**Women and girls:** Yes

**Young women/young men:** Yes

**Other specific vulnerable subpopulations [write in]::**

: No

**1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:**

Yes

**IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws::** Article 21 of the constitution provides for equality under the law and freedom from discrimination. The constitution of the republic of Uganda treats all Ugandans as equal. There are however specific laws such as the child statute that protects Orphans and other Vulnerable Children, the national gender policy for the rights of women and girls. There is a national policy on HIV/AIDS and the world of work. This spell out non-discrimination based on real or perceived status. Constitution of Uganda 1995, Article 1, Article 2; provide for non-discrimination. Article 20(1,2) and article 21 (1,2,4) provide that "Fundamental rights and freedoms of the individual are inherent and not granted by the State (20:1), All persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law(21:1)" The national HIV policy and planning guidance support focus on these groups.

**Briefly explain what mechanisms are in place to ensure that these laws are implemented::** Advocacy on fair legislation e.g. on HIV Control and Prevention Bill, stock outs Community networks created and strengthened There are clear cut mechanisms to ensure that they are implemented for instance the Ministry of Gender, labour and social development is mandated to carry out workplace inspections of health and safety including HIV&AIDs but this rarely and in most cases not done. All government and nongovernmental organizations are mandated to implement the Uganda Constitution and this is reflected in all policies, strategies plans and programs developed and implemented by the country. Adequate resources have also been given to key sectors like the security and the judiciary to ensure that the acts in the constitution of Uganda are implemented.

**Briefly comment on the degree to which they are currently implemented::** Coalition based advocacy efforts are in place for a fair HIV law, They are generally not implemented However, there is poor enforcement of the non-discrimination commitments in HIV policy and planning guidelines. In general, there is a big discrepancy between the laws, the formulated policies and actual implementation. The limitations in budgetary allocations have made the implementation of the laws extremely difficult.

**2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:** Yes

**2.1. IF YES, for which sub-populations?**

**KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:**

**People living with HIV:** No

**Men who have sex with men:** No

**Migrants/mobile populations:** Yes

**Orphans and other vulnerable children:** No

**People with disabilities:** No

**People who inject drugs:** Yes

**Prison inmates:** Yes

**Sex workers:** Yes

**Transgender people:** Yes

**Women and girls:** No

**Young women/young men:** No

**Other specific vulnerable populations [write in]::**

: No

**Briefly describe the content of these laws, regulations or policies::** Anti-Homosexuality Act 2014 The Signed anti homo bill will pose a challenge to the Men who have sex with men but also the drug users are affected by the Narcotics Law The HIV prevention and control Bill has punitive clauses like criminalization of willful HIV transmission, mandatory testing and disclosure Anti-Homosexuality Act of 2014 Clause 1 and 2: penalizes LGBTI with life imprisonment for repeated offence and 14-year-sentence as a penalty for those convicted for homosexual acts. Clause 12, 13 also imposes punishments on those that advocate or officiate at LGBTI activities The Penal code has sodomy as a crime The Prisons Act deters prisoners from sexual activities therefore the act of condom distribution is not under the mandate of the prison intimate policy

**Briefly comment on how they pose barriers::** Criminalization of homosexuality will drive the act underground They cannot openly come out to easily access services LGBT would have challenges expressing themselves, accessing services and service providers may also be unwilling to provide services to the group.

**3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:** Yes

**Briefly describe the content of the policy, law or regulation and the populations included.:** National policy on GBV and National action Plan on GBV (NAP) commit to use actual findings from the GBV analysis to establish and strengthen the capacities of community based and state institutions. The two list specific legislation on sexual violence as one of their strategic actions. NAP highlights the need to challenge patriarchy. The penal code lays out consequences for perpetrators of rights of women, girls and other populations. The Child statue includes rights of children including the right to protection from any form of violence. The employment act and the National retirements act protect workers living with HIV/AIDS and in the latter their savings are given once one is HIV positive. The National Policy and HIV&AIDS and the world of work There is a policy on GBV

**4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:** Yes

**IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy::** This cuts across all the policy documents – as specifically relevant

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?:** Yes

**IF YES, briefly describe this mechanism::** The PLHIV Stigma Index Survey was finalized in 2013 The country justice system lays out methods and procedures that is followed once there discrimination or harm to individuals. No clearly defined mechanism The Uganda Human Rights commission has a department where complaints are received, verified and action taken/recommended

**6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).**

**Antiretroviral treatment:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**HIV prevention services:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No



**Provided, but only at a cost:** No

**HIV-related care and support interventions:**

**Provided free-of-charge to all people in the country:** Yes

**Provided free-of-charge to some people in the country:** No

**Provided, but only at a cost:** No

**If applicable, which populations have been identified as priority, and for which services?:** Pregnant women - Antiretroviral therapy All children under 15- ART Women and PHLA have been identified as a priority. However other prevention services are at a cost, a. Pregnant mother and their babies- eMTCT b. All persons eligible for ART c. Uncircumcised men - SMC services d. Prevention services for sex workers, fishing communities

**7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:** Yes

**7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:** Yes

**8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:** Yes

**IF YES, Briefly describe the content of this policy/strategy and the populations included::** ART guidelines and National prevention strategy prioritizes service delivery to all without discrimination

**8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:** Yes

**IF YES, briefly explain the different types of approaches to ensure equal access for different populations::** National prevention strategy packages

**9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:** Yes

**IF YES, briefly describe the content of the policy or law::** While the law exists, the ministries of internal affairs and defense workplace policies require pre recruitment screening of people due to nature of training. National Policy on HIV&AIDS and the world of work. However because it is not clearly implemented and hence violated. HCT policy

**10. Does the country have the following human rights monitoring and enforcement mechanisms?**

**a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:** Yes

**b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:** Yes

**IF YES on any of the above questions, describe some examples::** Uganda Human Rights Commission Uganda Law Reform Commission Inspector general of Government The Uganda Human Rights Commission receives cases from persons that may be discriminated against but FBOs are not aware of any performance indicators that are followed. No response from FBOs/IRCU

**11. In the last 2 years, have there been the following training and/or capacity-building activities:**

**a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:** Yes

**b. Programmes for members of the judiciary and law enforcement<sup>46</sup> on HIV and human rights issues that may come up in the context of their work?:** Yes

**12. Are the following legal support services available in the country?**

**a. Legal aid systems for HIV casework:** Yes

**b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:** No

**13. Are there programmes in place to reduce HIV-related stigma and discrimination?:** Yes

**IF YES, what types of programmes?:**

**Programmes for health care workers:** Yes

**Programmes for the media:** Yes

**Programmes in the work place:** Yes

**Other [write in]::**

: No

**14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?:** 5

**Since 2011, what have been key achievements in this area::** Policy guidelines are in place to protect the rights of vulnerable persons but current proposed HIV legislation may water down the achievements with its criminalization and mandatory testing clauses. eMTCT programme Provision of health & HIV services for all including PLHIV without discrimination

**What challenges remain in this area::** Having a fair and suitable HIV law Limited capacity by service providers to understand and apply Human Rights Based approach The recently signed Anti-homosexuality law & some clauses in the HIV Prevention and Control such as criminalization of HIV transmission, mandatory testing may negatively affect and reverse the gains made in the national HIV response

**15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?:** 5

**Since 2011, what have been key achievements in this area::** Enabling environment to provide free legal services by CSOs Provision of access to health and HIV services irrespective of gender, sexual identity .... Reduced discrimination of PLHIV.

**What challenges remain in this area::** Not following RBA in planning and programming Repeal/and or management of the Anti-homosexuality Act Removal of punitive clauses from the HIV Prevention and Control bill Gender Policy

## **B.IV Prevention**

**1. Has the country identified the specific needs for HIV prevention programmes?:** Yes

**IF YES, how were these specific needs determined?:** There is an National HIV Prevention Strategy in place The needs for HIV programs are contained in the national HIV prevention strategy a roadmap that was initiated by government in conjunction with UNAIDS to halt the disease. These needs were determined through surveys, experience and other studies. Working committees and consultations a. The country HIV prevention programmes have been determined through the development of the National HIV prevention strategy that was developed through consultative processes and launched by His Excellency the President. The NPS informed the development of eleven sector prevention strategies. b. The gap analysis and target setting during the development of the interim fund application for global fund further refined and gained consensus on key national prevention programmes c. The development of Uganda Investment case was a further critical step in refining the prevention programmes for the country d. The burden of disease development exercise also informed the consensus on the HIV prevention programmes

**IF YES, what are these specific needs? :** • Treatment for prevention • Prevention of HIV in Most at Risk populations such as fishing communities, sex workers • Circumcision for HIV prevention • Combination prevention • Stigma reduction • HTC a. Combination of HIV prevention strategies including the biomedical, structural and behavioral interventions targeting specific group b. ART for all those eligible, Test and treat/HTC, SM, EMTC and reduction of sexual partners

### **1.1 To what extent has HIV prevention been implemented?**

**The majority of people in need have access to...:**

**Blood safety:** Strongly agree

**Condom promotion:** Agree

**Harm reduction for people who inject drugs:** Strongly disagree

**HIV prevention for out-of-school young people:** Agree

**HIV prevention in the workplace:** Agree

**HIV testing and counseling:** Strongly agree

**IEC on risk reduction:** Agree

**IEC on stigma and discrimination reduction:** Disagree

**Prevention of mother-to-child transmission of HIV:** Strongly agree

**Prevention for people living with HIV:** Agree

**Reproductive health services including sexually transmitted infections prevention and treatment:** Agree

**Risk reduction for intimate partners of key populations:** Agree

**Risk reduction for men who have sex with men:** Disagree

**Risk reduction for sex workers:** Disagree

**School-based HIV education for young people:** Agree

**Universal precautions in health care settings:** Agree

**Other [write in]:** Treatment as prevention

: Agree

**2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 5**

**Since 2011, what have been key achievements in this area::** Development of policy documents Increased number of PLHIV on treatment Reduced incidence Measuring stigma and discrimination There have been expanded efforts in the following areas; • Safe male medical circumcision was rolled out and is largely successful •

**What challenges remain in this area::** Not placing PLHIV at the centre of HIV Prevention • Fragmented IEC on HIV prevention • Reporting on behavioral HIV prevention in the national strategy • Funding for HIV prevention is still low a. High Cost of Interventions for IEC/BCC messages, ARVS, SMC Kits etc. create challenges to scale up and sustainability b. Health Systems challenges- Health Infrastructure, Human Resources, Supply Chain Management challenges, commodity stock outs etc. constrain delivery of Services c. The introduction of the new WHO Consolidated Guidelines will be accompanied with increased Treatment need and create perceptions of low progress to Universal access Targets- COSTS

## **B.V Treatment, care and support**

**1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:** Yes

**IF YES, Briefly identify the elements and what has been prioritized::** Roll out of Option B+ Increasing number of PLHIV on treatment • ARV treatment • Provision of home based care • Screening of all HIV individuals for TB • STI screening and treatment • Prophylaxis for these that test positive • Family planning for PLWAs • Management and treatment of OIs • Psychosocial support and end of life care Adopted the new WHO guidelines i)Treating all adults with CD4 T cell count below 500, all children below 15 years Have an estimate of the Care and Treatment needs based on the new guidelines and plan to reach 1,000,000 the by 2015, ii) Adopted test and treat for all discordant couples, TB co-infected patients and pregnant mothers and MARPS iii)Provide Cotrimoxazole and IPT to all HIV positive persons iv) Provide adherence counselling to all people in care and treatment

**Briefly identify how HIV treatment, care and support services are being scaled-up?:** The Ministry of health has increased capacity building for health centers intending to be accredited to provide ARVs. There have been increased service delivery points such as CD4 count machines, EMTCT has been put at lower health center levels, there is free distribution of mosquitoes nets by government and CSOs and more health workers are being enrolled to handle HIV cases. i)Increase access to reach all Health Centre IIIs and all eligible Health Centre IIs ii) Have rationalized Care and treatment services iii) Established Quantification Procurement Plan Unit to monitor, forecast and plan for HIV commodities. iv) Working with USG, GF and World Bank to address HRH needs v) Established of quality improvement strategies vi) Working with Implementing Partners to provide Continuous mentoring and support supervision. In addition the country has institutionalized Regional

**1.1. To what extent have the following HIV treatment, care and support services been implemented?**

**The majority of people in need have access to...:**

**Antiretroviral therapy:** Strongly agree

**ART for TB patients:** Strongly agree

**Cotrimoxazole prophylaxis in people living with HIV:** Strongly agree

**Early infant diagnosis:** Agree

**HIV care and support in the workplace (including alternative working arrangements):** Disagree

**HIV testing and counselling for people with TB:** Agree

**HIV treatment services in the workplace or treatment referral systems through the workplace:** Disagree

**Nutritional care:** Disagree

**Paediatric AIDS treatment:** Agree

**Post-delivery ART provision to women:** Agree

**Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):** Agree

**Post-exposure prophylaxis for occupational exposures to HIV:** Agree

**Psychosocial support for people living with HIV and their families:** Disagree

**Sexually transmitted infection management:** Agree

**TB infection control in HIV treatment and care facilities:** Agree

**TB preventive therapy for people living with HIV:** Agree

**TB screening for people living with HIV:** Strongly agree

**Treatment of common HIV-related infections:** Agree

**Other [write in]:**

:

**1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area:** Increased number of PLHIV on treatment The number of those on ART has jumped from 250,000 to almost 450,000 to date. a. Treatment coverage has improved but the level of unmet need is substantial particularly among eligible children. Adults ART almost achieved but more effort need for Paediatric access. Health facilities actively providing ART have doubled from 532 in March 2012 to 1073 by June 2013reaching 1478 by September 2013 i. Health facilities accredited for ART almost doubled, from 695 health facilities in June 2012 to 1350 in June 2013 ii. In 2013, 194,000 new patients were enrolled on ART against annual target of 110,000. This exceeded the number of new infections over the same period of time. iii. Individuals accessing ART increased from 329,060 (57% coverage) in September 2011 to 570,373 (73% coverage) by end of September 2013. b. There is now high profile engagement in eMTCT to improve national performance preventing new infections among infants and protecting their mothers from death c. There have been considerable achievements in prevention of opportunistic infections among PLHIV d. Uganda still remains one of the nine countries in Sub-Saharan Africa characterized as having a high-burden of tuberculosis disease with approximately 80% of all new TB cases occurring each year in these countries

**What challenges remain in this area:** Remaining percentage of PLHIV not accessing ART • Resources for ART treatment are still limited • Service delivery points still few • EMTCT yet to be fully embraced by couples i) Follow up of people started on ART to ensure adherence especially eMTCT ii) Reaching key affected populations iii) Lack of appropriate follow up mechanism along the continuum of care iv) Need to improve uptake of care and treatment for children v) Strengthening Identification of HIV positive people

**2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?:**  
Yes

**2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:** Yes

**2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:** Yes

**3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?:** 6

**Since 2011, what have been key achievements in this area::** OVC programming specifically undertaken e.g. CSF, SUNRISE OVC • Increased number of OVC on care • Economic empowerment through vocal training has increased • Increased awareness of the needs of OVC needs by stakeholders • Increased enrolment and retention of OVC in schools a. Analysis of HIV sensitive social protection responses that provided in-sight into the various social protection response strategies that potentially mitigate the socio-economic impact of HIV&AIDS among households affected by HIV&AIDS, including workers. The analysis was also able to present existing policy strategies in the sectors of health, OVC, education, agriculture, social security and social development that need to be taken cognizant of in terms of leveraging the socio-economic risks and vulnerabilities among households affected by HIV&AIDS. b. 20 districts of the 32 were technically and financially supported to implement varied actions including: - Mapping and coordinating of OVC service providers; Dialoguing with communities to prevent further violence to OVCs, especially on property grabbing from children and mothers who have lost bread winners; Facilitating access to health, education and protection services for OVCs; As well as improved reporting through the National OVCMIS. This resulted into delivery of service to 23,218 vulnerable children (47.4% girls) in line with the national OVC policy. c. The Ministry of Gender Labour and Social Development was supported to disseminate the National Action Plan on the elimination of HIV-induced Child Labour in 60 districts and the respective districts were able to develop plans of actions that will guide the designing of community interventions to address the problem of child labour, promote children access to education, increase school enrolment and retention.

**What challenges remain in this area::** Deliberate effort to target YPLHIV • There are still multitudes of OVC that cannot access services • Reduced resources for OVC care • Many children do not know their status • The quality of care given to children and those with peculiar needs such as the disabled is a challenge Sustainability of OVC support programs, especially the free education OVC initiative.