

Uganda Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

The NCPI data gathering and validation involved desk reviews, consultations with public sector agencies, CSO networks and Bilateral agencies, UN organizations and other Development Partners. The questionnaire Part A (for Government) and Part B (for CSOs, Bilateral Agencies and UN Organisations) were self administered by the targeted respondents. The respondents included; Uganda AIDS Commission (UAC), Ministry of Health (MOH), Ministry of Education and Sports (MOES), Ministry of Gender and Social Development (MOGLSD), Ministry of Agriculture, Fisheries and Animal industries (MAAIF), Office of the Prime Minister, and Local Governments (LGs). CSO representatives included Uganda Network of AIDS Service Organisations (UNASO), Inter Religious Council Uganda (IRCU), National Forum of People Having AIDS NAFOPHANU, International Coalition of Women on AIDS (ICW), Center For Participatory Research and Development (CEPARD), Action Group for Health and Advocacy (AGHA), Uganda Network (UGANET), Coalition for Health and Advocacy (HEPS), NACOLA, Projects included; MEEP II, Development Partners included; UNAIDS, UNDP, UNFPA. Questionnaires were synthesized to generate draft reports which were reviewed by the National HIV/AIDS M & E Technical Working Group and preliminary results validated at a national stakeholder's workshop.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

The consultant allowed in house consultations within respondent institutions. The submitted responses were agreed on positions of institutions interviewed. A draft report was first reviewed by UAC technical team and the National M&E Technical Working Group. The final draft report was discussed at the validation workshop held for all key HIV stakeholders. There was basically no serious disagreements. A final draft was sent to all stakeholders by email to check for any comments.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

Quality of data submitted required substantial validation. The accuracy and completeness of the data submitted could not sufficiently be ascertained due to limited time and busy schedules of the respondents. Most of the respondents provided personal views which are often subjective.

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

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Buvuma District Local Government	Technical Planning Committee (TPC)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Dr Katumba Gubala	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Agriculture Fisheries and Animal industry and fisheries (MAAIF)	Robert kahuka	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education and Sports	Roland	Yes	Yes	Yes	Yes	Yes	Yes
Buikwe District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
Office of the Prime Minister	Ibrahim Wandera	Yes	Yes	Yes	Yes	Yes	Yes
Butambala District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Henry Stanley Katamba	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Gender, labour and Social Development	Mugimba	Yes	Yes	Yes	Yes	Yes	Yes

Kyankwanzi District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
Uganda AIDS Commission	Grace Murindwa	Yes	Yes	Yes	Yes	Yes	Yes
Gomba District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
Kyegegwa District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
Kiryandongo District Local Government	TPC	Yes	Yes	Yes	Yes	Yes	Yes
-	-	No	No	No	No	No	No

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

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Uganda Network of AIDS Service Organisations (UNASO)	Namanya Bram	Yes	Yes	Yes	Yes	Yes
NACWOLA	Florence Baluba	Yes	Yes	Yes	Yes	Yes
Action group for Health and Human Rights and HIV/AIDS (AGHA UG)	Agiresaasi Apophia	Yes	Yes	Yes	Yes	Yes
Center for Participatory research and Development (CEPARD)	Opolot Samson	Yes	Yes	Yes	Yes	Yes
UNAIDS	Henry Tabifor	Yes	Yes	Yes	Yes	Yes
UNFPA	Rosemary Kindyomunda	Yes	Yes	Yes	Yes	Yes
UNDP	Charles Birungi	Yes	Yes	Yes	Yes	Yes
MEEPP 11	Sarah Kyokusingura	Yes	Yes	Yes	Yes	Yes
Inter Religious Council (IRCU)	Johnson Masiko	Yes	Yes	Yes	Yes	Yes
NAFOPHANU	Stella Kantutsi	Yes	Yes	Yes	Yes	Yes
ICW	Lillian Mworeko	Yes	Yes	Yes	Yes	Yes
HEPS	Rossette Mutambi	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

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

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was 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.:

The previous national strategy was modified to accommodate the emerging issues and drivers of the epidemic. The new strategic plan emphasizes roll out to national coverage on proven and evidence-based HIV interventions in each of the thematic service areas: In HIV Prevention the plan aims to scale-up biomedical interventions to achieve universal access targets, uphold behavioral interventions, address socio-cultural and economic drivers of the epidemic and re-invigorate the political leadership at all levels to enlist their commitment to HIV prevention. In care and treatment, the plan's strategic focus is to provide treatment of all eligible, roll out pre-ART care to HCII and HCIII, accredit more health facilities including private health facilities for HAART, improve early TB diagnosis and strengthen linkages with prevention through peers and village Health teams (VHTs). In social support and protection, the plan aims at increasing advocacy for universal coverage to a comprehensive social support and protection package to articulated beneficially groups. Attention shall be placed on empowerment of households and communities with livelihood skills and opportunities. The plans also at strengthening systems for service delivery at all levels of the multi-sectoral response.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

Ministry of Health, Ministry of Gender, Labour and Social Development, Ministry of Finance, Uganda AIDS Commission (UAC). Ministry of Agriculture, Fisheries and Animal Industry, Ministry of Transport and Communication, Ministry of Education and Ministry of Local Government.

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

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

-
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?:

Ministry of Finance allocates budget to different sectors for service delivery. The sectors and agencies then allocate budgets to activities for implementation. HIV/AIDS constitute some of the activities implemented by sectors. It is a government policy that HIV/AIDS is mainstreamed into all sectors and agencies planning and budgeting processes. In addition, Development partners provide off budget funds to sectors and agencies for implementation of HIV/AIDS interventions. In reality the off budget funding from development partners is the main source of funding for HIV/AIDS.

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

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:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

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 [write in]?:

Internally Displaced Persons Fishing communities Commercial Sex workers Trucker drivers Prisoners Uniformed forces (army, police and prison officers) Mobile population and migrants workers People living with disabilities Motorcycle (Boda boda) riders

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

1.6. 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

1.7

1.7. 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, like all the other key stakeholders in the national response, were requested to designate some of their members to each of the six Technical Working Groups constituted to facilitate the preparation of the National Strategic Plan for HIV/AIDS. The designated civil society members in each of the TWGs, actively participated in the development of the national strategy.

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

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

-

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

HIV impact alleviation:

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 security or other schemes):

Yes

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

Yes

Other[write in below]:

-

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 strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes
5.2. 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
5.3. Is HIV programme coverage being monitored?:

Yes
5.3

(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?:

Mobile groups Female headed Households The population group covered is of young people in schools both male and female Children, Men, Women and Elderly MARPS Mobile groups Couples Age groups Pregnant women The under 5yrs Bodaboda riders Workers at work places Fishing community Discordant couples

Briefly explain how this information is used:

In planning and programming of HIV interventions at all levels Public information and sensitization From various health units and is used for planning purposes, identifying which population is at high risk and strategies to be followed in preventive measures Used by the planning; the Ministry of Education and Sports at the same time by the HIV and AIDS projects Used in designing targeted interventions like couple counseling and testing Used in resource mobilization for HIV/AIDS programmes in the country and in districts and stakeholders

(c) Is coverage monitored by geographical area:

Yes
IF YES, at which geographical levels (provincial, district, other)?:

District Level Regional Health unit catchment area Sub counties

Briefly explain how this information is used:

For planning and allocation of resources basing on areas which are most affected It is used in prioritizing of the interventions especially the level of intensity Used to expand or scale up HIV/AIDS interventions in the district with coverages Used to lobby for development partners Estimate prevalence by district and design intervention Public information sensitisation Projecting the service supply and demand at the district and regional levels

5.4. Has the country developed 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:

The plan has been used by donors and government to support infrastructure development like construction of health facilities, renovation and equipping of health facilities. Stakeholders have also supported human resources for health development through training, recruitment and payment of salaries and allowances. Stakeholders have also supported the strengthening of the logistics and supplies systems through procurement of medical supplies and logistics and capacity building capacity. The plan have also been used to mobilize resources for health systems strengthening. A number of partners have committed their support, such as World Bank and other partners. MoH has developed and is implementing a health system strengthening project focusing mainly on expansion and renovation or health facilities and increasing on the number of trained health workers .Project will facilitate recruitment and motivation of qualified health workers

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 the HIV programmes in 2011?:

9
Since 2009, what have been key achievements in this area:

Contributions of AIDS money to other programmes e.g. HMIS, laboratory and reproductive health Action plans e.g. strategic plans in place for the sectors Strategic planning for Uganda is generally excellent as well as policy development Relatively stable HIV prevalence Quality assurance -improved eg routine CD4 monitoring Increased number of people on ART Revised policies about PMCT guidelines Development of the new National HIV/Aids strategic plan and M&E plan Development of the HIV/AIDS prevention strategy for health sector The AIDS Indicator survey was conducted and is currently being finalised Acquired equipment (lab) Adapting policy changes in HIV management Developed the national development plan(NDP)2010/11-2014/15 Scaling up of ART services /PTCMT Improved in referral system Training of the health workforce in ART PTCMT Acquired equipment Adopting policy changes in HIV management Conducting of joint annual reviews Mid term review of 5yrs NSP Conducting of population based HIV/AIDS Sero behavioral survey

What challenges remain in this area:

Inadequate funding especially from government Inadequate human resources especially in the health sector Over-reliance on donor funding for HIV/AIDS programmes implementation of the strategy remains quite challenging due to budget constraints Refocusing the ongoing funding towards the new priorities and intervention Inadequate capacity to strategic planning Weak coordination of implementing partners Due to the decentralization policy, line ministries or sectors are not implementors but only focus on policy guidance and providing technical support for LGs which are the implementors of government policies Not all eligible HIV infected individuals can access ART Inadequate capacity for M&E at all levels Transport challenges Stigma and discrimination

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

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

His Excellency the President officiated at the World AIDS Day where the National Strategic Plan for HIV/AIDS and the National Prevention Strategy was launched. The President pledged continued government support to the prevention and control of HIV/AIDS in the country. Opinion leaders like the Archbishop of Church of Uganda have led the campaign for HIV testing and counseling. The honorable members of Parliament on AIDS committee conducts monitoring visits to districts to assess HIV/AIDS programme implementation.

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

Yes

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 Venada Nantulya

Have a defined membership?:

Yes

IF YES, how many members?:

-

Include civil society representatives?:

Yes

IF YES, how many?:

-

Include people living with HIV?:

Yes

IF YES, how many?:

-

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 interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

A partnership mechanism has been established for HIV/AIDS where all the key constituencies are involved in the management and coordination of HIV/AIDS response. A Partnership Committee, Self Coordinating Entities (SCEs), Partnership Forum and Partnership Fund were established to facilitate the interaction of HIV/AIDS stakeholders. The Partnership Committee in which all the SCEs are represented convenes every month to review the progress in the national response. The Partnership Funds provides funding for operations of the partnership structures. Development Partners have contributed substantial resources into the partnership Fund.

What challenges remain in this area:

Inadequate consultation and feed back to the respective constituencies by members of the Partnership Committee Inadequate funding for partnership structures from the Partnership Fund Multiplicity of HIV/AIDS stakeholders which present a challenge in coordination The representatives of the SCEs in the Partnership Committee often don't provide timely and adequate feedback to their respective constituent members (hence poor sharing of information

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

-

5.

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 below]:

Provide grants through the CSF for implementing HIV/AIDS programs

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:

National HIV/AIDS Policy, PMTCT policy, HCT policy, Infant and Young Feeding Policy were developed/reviewed. The process of development/review of the policies was consultative and participatory with key stakeholders in the national HIV/AIDS response. Technical Working Groups (TWGs) were formed, with composition from key stakeholders, to facilitate the development/review of the policy. The TWG ensured consultations with stakeholders at national, local government and community levels. The draft policies prepared were extensively reviewed and endorsed by the TWGs. The process of the review is coordinated by the respective government sectors/institutions. The final draft policies were reviewed by wider stakeholders in a national validation meeting. The final policies are officially launched by government and disseminated for implementation.

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

There are gaps between policies and implementation guidelines. The PMTCT Policy recommends Option B+, implementing agencies are still using Option A. WHO ART eligibility criteria recommends a threshold of 350 Cells/mm CD4 for accessing ART, but the country does not have enough resources and adequate health systems to provide ARVs for all the eligible persons. The National HIV/AIDS Policy recommends non-discrimination for HIV infected person, but some institutions/agencies like banks, armed forces etc enforced mandatory HIV testing before being recruited. HIV positive individuals are rejected.

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 2011?:

8

Since 2009, what have been key achievements in this area:

High level political and opinion leader support and commitment for HIV/AIDS Creation of budget line for purchase of ARVs Involvement of civil society and private sector in the national HIV/AIDS response Formulation and implementation of enabling laws and policies for HIV/AIDS Creation of HIV/AIDS Standing committee in Parliament

What challenges remain in this area:

Complacency and gradual decrease in interest in HIV/AIDS High turn over of political leaders at all levels Donor pressures affecting political support and prioritization of HIV interventions Changing landscape for HIV epidemic Inadequate funding for HIV/AIDS interventions High illiteracy levels in the populations

A - III. HUMAN RIGHTS

1.1

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:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Uniformed service men/forces, long distance truck drivers and fishing communities

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

No

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

-
Briefly explain what mechanisms are in place to ensure these laws are implemented:

-
Briefly comment on the degree to which they are currently implemented:

-
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

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

No

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

No

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

-

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

Men who have sex with men, people who inject drugs and sex workers are illegal according to the Penal Code Act.

Briefly comment on how they pose barriers:

Men who have sex with men, people who inject drugs and sex workers are not targeted directly with HIV interventions because they are illegal.

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?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

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 below]:

Harmful cultural practices

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 age-appropriate, 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?:

No

Briefly describe the content of this policy or strategy:

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 2011?:

7

Since 2009, what have been key achievements in this area:

Development of the National Prevention Strategy 2011-2015 Expanded critical coverage and utilization on biomedical prevention and interventions eg. PMTCT Better coordination of HIV prevention efforts Information system for HIV and AIDS prevention improved Common and clear messages as regards prevention both in print and electronic media More sex workers have been encouraged to test and find out their status Prepare disseminated and is implementing the national HIV prevention strategy All sectors have prepared HIV prevention strategies in the NDP PMTCT changed recently to address cMTCT Strengthening of M&E systems through Uganda AIDS Commission Development of new prevention strategy that is aligned to the new developments in the epidemic

What challenges remain in this area:

Inadequate and prioritization of funding to prevention. Complacency due to existence of ARVs and the changing land scape hence high rates of new HIV infections Too many stakeholders involved in the HIV prevention amidst weak coordination and lack of a clear stewardship at all levels. The changing landscape of HIV epidemic

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

Yes

IF YES, how were these specific needs determined?:

Conducted the Modes of Transmission Study in 2008 which clearly highlighted the sources of new infections with the drivers of HIV epidemic. Conducted a review of the prevention thematic area and Mid-term review of the National HIV Strategic Plan 2007/8-2011/12 which gave prevention priorities. Regular Review of programmatic reports

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

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:

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:

Agree

Risk reduction for intimate partners of key populations:

Agree

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

N/A

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

Agree

Other[write in]:

-

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 2011?:

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:

Scaling up access to ART including accrediting more health facilities and procuring adequate quantities of ARVs Expanding treatment for opportunistic infections Expanding HIV/TB treatment collaboration Scaling up of HCT at health facilities and household level. Strengthen linkages between HCT and Care VHCT Home based care Tanable ART to all eligible individuals Positive living strategies Increasing access to more vulnerable orphans for a package of social support All HIV implementing strategies rolled out to HC VS PMTCT Early infant diagnosis Prophylaxis of OIs ART Palliative Care

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Accreditation of more health facilities to provide ARVs Capacity of health workers to administer ART. Where there are no qualified health workers, task shifting is emphasized Strengthening laboratory facilities to improve diagnosis and follow up including introduction of point care of care. Increased funding for ARV purchase Strengthening logistics management system (procurement, storage and distribution). Integration of Sexual and Reproduction Health into care and treatment.

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

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):

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

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:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

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:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

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:

Universal primary and secondary education that includes Orphans and vulnerable children Integration of vulnerable groups in government programmes in particular Community driven development, National Agricultural Advisory Services as special interest groups Provision of shelter to vulnerable categories of people Income generating activities for OVCs Provision of food to the HIV affected people Psychosocial support for HIV positive people is provided as part of the package Provision of school fees and scholastic materials to HIV/AIDS orphans Support for income generating activities for HIV /AIDS affected people

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?:

No

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 2011?:

7

Since 2009, what have been key achievements in this area:

Enrolled more HIV positive eligible persons on ARVs (150,000 in 2009-331000 in 2011) increased funding for ARVs Increase TB/HIV collaboration Development of procurement Protocol for essential medicines including HIV/AIDS ART among the East African Community partner states. OI treatment has been available for those who needed it Revised the eligible criteria for CD4 250 for CD4 350 (as recommended by WHO). Set up an ARVs manufacture plant in Uganda Provided funding to CSOs to support PLHAs Improved diagnosis, clinical staging and monitoring of patients on treatment

What challenges remain in this area:

Not every body eligible access ARVs Weak care system in particular inadequate qualified health workers to facilitate first expansion of ART roll out. Uncoordinated multiple procurement of ARVs Low Adherence to drugs Weak logistics management system CD4 machines still in few health facilities(hospitals and some HCIIIs) Inadequate funding for ART

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

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

Yes

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

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

23%

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 2011?:

4

Since 2009, what have been key achievements in this area:

Government in consultation with stakeholders developed a national OVC Strategy for supporting OVC Government put OVC Policy in place Direct partner support to OVC component through Civil Society Fund Strengthened Office of the probation and welfare officers and Community Development Officers in the Districts to support OVCs Strengthened OVC Secretariat in Ministry of Gender, Labour and Social development to support OVC programmes. Minimum package for orphans and other vulnerable children have been agreed upon

What challenges remain in this area:

Overwhelming number of orphans and vulnerable children remain under served Limited support for OVC Inadequate funding specifically targeting the hard to reach OVCs in relation to HIV and AIDS services Poor conceptualization of standard packages for OVC Difficult to know the exact number of OVC High donor dependence for OVC programmes but still with insufficient coverage.

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:

Many players with parallel M&E systems coupled with multiple tools Inadequate reporting of stakeholders to national level databases Inadequate funding for M&E Limited skills for M&E at all levels Inadequate equipment and software for M&E at all levels Poor attitude towards M&E component in institutions

1.1 IF YES, years covered:

2011/12 to 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, all partners

Briefly describe what the issues are:

-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

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? :

10%

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

Yes

Briefly describe any obstacles:

Under staffed M&E Unit Poorly equipped in terms of computers, software, transport and allocation of resources No established national database and reporting tools Linkages with other national level stakeholders is weak

4.1. Where is the national M&E Unit based?**In the Ministry of Health?:**

-

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

Coordinator M&E	yes	-	December 2011
M&E Officer	yes	-	December 2010

Temporary Staff [Add as many as needed]**POSITION [write in position titles in spaces below] Fulltime Part time Since when?**

-	-	-	-
---	---	---	---

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?:

No

Briefly describe the data-sharing mechanisms:

Implementing partners report to respective sectors then sectors prepare quarterly and annual reports which are shared. Sectors prepare annual reports which are shared at annual joint reviews UAC compiles an annual report on the national response which is discussed and shared in the annual joint AIDS reviews. UAC shares the quarterly and annual reports on the national response to the Office of The prime Minister and Parliament

What are the major challenges in this area:

Parallel M&E systems with different reporting tools and data bases Poor attitude of compiling and sharing accurate information. Weak capacity to compile, analyze and prepare reports for sharing Limited logistics and equipment for facilitating information sharing Shortage of staff at all levels

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?:

No

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

6.2. Is there a functional Health Information System?**At national level:**

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

National District Health sub districts Health facility At health facility level At national level (MoH Resource center) All level up to HC IIs

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

No

8. 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]:

Proposal generation for funding purposes

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

Assessing trends in performance of HIV Interventions Assessing the implementation of work plans on the national response Programme improvement Resource allocation and proposal development Assessing coverage of interventions in different areas of the country M&E data is used in designing appropriate interventions and programs Challenges Inadequate and poor quality data available due to poor reporting from implementing partners Shortage of equipment, and software to analyze and collate data Inadequate human resource capacity in terms of skills and numbers

9. In the last year, was training in M&E conducted

At national level?:

No

At subnational level?:

No

At service delivery level including civil society?:

No

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Support supervision to implementing partners, and performance review meetings.

10. 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 2011?:

5

Since 2009, what have been key achievements in this area:

Reviewed the implementation of the national M&E Plan and revised the M&E Plan Recruited staff for M&E Reconstituted and strengthened the national M&E TWG

What challenges remain in this area:

Parallel M&E systems with different reporting tools and data bases Poor attitude of compiling and sharing accurate information. Weak capacity to compile, analyze and prepare reports for sharing Limited logistics and equipment for facilitating information sharing Shortage of staff at all levels

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?:

4

Comments and examples:

The CSOs have been part of NSP review and revision as well as the new prevention strategy. In addition the CSOs have contributed to the institutional review of the coordination of the response CSOs have contributed towards policy formulation and amendments such as HIV and AIDS bill which is not yet passed. Domestic relations bill, maternal and child mortality where a coalition was formed and petitioned Parliament Have representatives on several commitment but the representatives are never facilitated to consult and feedback to widen CSOs it still remains that representatives usually are expressing their opinions CSOs were fully engaged in the NSP MTR and 2011 JAR and the revision of the NSP. They were also engaged in the development of the national prevention strategy Civil society working with govt coordinating bodies like UAC has ensured that HIV/AIDS atrategic plans and relevant policies are in place like prevention strategy Civil society has invested a lot of time and energy to strengthening political commitment and there has been a response as shown by enactment of domestic violence Act and anti FGM Act However political leaders could be more responsive by providing budgets to support their commitments CSOs are part of the policy dialogue in the partnership committee.They have been engaged at all levels The alliance of majors(AMICAALL) has convened national fora such as the urban leaders AIDS formation in 2011 to re engage Aids formation in 2011 to engage mayors and other urban leaders on HIV/AIDS Over 400 leaders attended Civil society

through its self-coordinating entity coordination structure has been involved in the AIDS response including involvement in the development of national instruments like NSP, PMMP and Global Fund process. They have engaged policy makers and influenced policies but they need to focus their strategies through participation in key policy document development e.g. NSP

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:

CSOs were involved in the review and development of the revised NSP and in the development of the National Priority Action Plan. The process was highly participatory and consultative with all stakeholders including CSOs in the various TWGs

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

4

c. The national HIV reports?:

4

Comments and examples:

Few CSOs are involved or supported by the national budget to implement their plans. HIV service delivery in Uganda is mostly provided by CS organisations especially among key populations like sex workers, fishing communities and young people. The CSOs' role was never clarified in the NSP and so is reporting and their impact to be evaluated since there was no benchmark. Services of CSOs are included in the national HIV strategy but due to poor coordination the reports are not represented and there are still gaps on including the services in the national budget. CSOs received support from various sources including the CSF under UAC to deliver services especially for HIV prevention and care. Some national level NGOs e.g. TASO provide treatment and care services. Some services like provision of legal aid as a form of social support have not been considered in the national HIV budget and is seldom if ever at all included in HIV reports. Although a large proportion of HIV services are provided by the civil society, a large component of their budget is outside the national budget.

4.

a. Developing the national M&E plan?:

2

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

:

2

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

3

Comments and examples:

CSOs as part of M&E TWG and have been part of the formulation of M&E framework for the response. Few organisations are involved in M&E and most cases the representation is not that of PLHA representatives. Despite the capacity challenges, CSOs have increasingly participated in the M&E discussion.

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

5

Comments and examples:

Various networks of CSOs are represented at national level coordination committees. However this has not been replicated at lower level especially Networks of key populations. CSO sector is the primary implementer of interventions targeted for key populations in Uganda. The limitation previously associated with stigma and marginalisation has been progressively addressed. Different groups have registered CBOs or NGOs that provide opportunities for engagement in HIV/AIDS policy programming and service delivery action.

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?:

2

Comments and examples:

Lower level CSOs are not accessing the resources. The programme/funding mechanisms have not specifically allocated funds for TA for CSOs. There is high competition and duplication of activities/priority areas which puts money in the hands of a few organisations. A civil society organisation (TASO) has been made the second PR for GF in Uganda. Many times it's the big organisation or networks that are able to access funding and technical support and it's worse with the CSF. Different support organisations support different CSOs depending on the priority they choose to address in the national response. Partnership fund and SCF of UAC supports OVC activities.

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

People living with HIV:

51-75%

Men who have sex with men:

>75%

People who inject drugs:

-

Sex workers:

>75%

Transgendered people:

>75%

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

>75%

Clinical services (ART/OI)*:

25-50%

Home-based care:

51-75%

Programmes for OVC:**

>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 2011?:

7

Since 2009, what have been key achievements in this area:

The role of CSOs has been articulated in the NSP CSOs representatives on key committees and TWGs CSO has increasing become a strong advocacy for the rights of the people Successful in having a civil society PR for the Global Fund Expanded coverage of HIV programs implemented by CSO Expanded focus on key population groups eg sex workers Establishment of the CSF as a financing mechanism for CSOs More involvement of CSOs in the drafting of NSP Representation on policy development at national level

What challenges remain in this area:

Limited funding for CSOs, Resource allocation to Indigenous CSOs is still limited Capacity and technical skills to plan and engage government and partners in the delivery of HIV/AIDS services is limited CS "watch dogs" role in Uganda is not sufficient Civil society tends to be viewed as adversaries yet we are partners or we ought to be viewed Coordination of CS efforts to ensure adequate representation and feedback in decision making process is lacking. Several competing CSOs coalitions/networks at national level for the same resources Negative attitude of policy makers towards CSOS Police permission for CSO public activities hinders CSOs operations

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:

PLHA SCE has been involved as part of Greater Participation of People with AIDS/MPA National HIV policy developed through consultative approach and was approved in 2011 Through the self coordinating entity of people living with HIV/AIDS was part of the national partnership structure During development of national health policy and the national strategic plan for HIV/AIDS, the PLWA have been fully involved They were involved in the review of the national HIV strategic OVC and design of the HIV prevention strategy in 2011

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

-

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Prison inmates:
Yes

Sex workers:
Yes

Transgendered people:
-

Women and girls:
Yes

Young women/young men:
Yes

Other specific vulnerable subpopulations [write in]:
-

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:

The constitution of Uganda which is the supreme law clearly articulates human rights for all citizens of Uganda without discrimination The constitution of the Republic of Uganda caters for equal access for all citizens

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

The laws are enforced by Police and the Courts of Law Different government sectors have mandates to translate the laws into action Public education to create awareness about these laws

Briefly comment on the degree to which they are currently implemented:

Implementation of the existing laws is weak due to inadequate facilitation of the Police and Courts of Laws High illiteracy and poverty levels in the country are big hindrances to law implementation Not all Ugandans are able to exercise their constitutional rights due to weak social service delivery systems

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?

People living with HIV:

-

Men who have sex with men:

Yes

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

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

Penal code stipulates punishment and criminalizes some of the key populations like sex workers and MSM Anti Counterfeit bill doesn't protect the rights of the original producer of the drugs Homosexuals practices and sex for commercial gain is illegal

Briefly comment on how they pose barriers:

The population groups engaged in illegal practices are not targeted for HIV services and hence stigmatized. Constrains access to information and services since members of these communities fear to be identified with the practice The above implies that these can easily engage in unsafe practices for fear of discrimination and facing the wrath of the law

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:

Domestic violence Act stipulates the sanctions against violence against women The penal code which describes penalties for rape, defilement and sexual assault The national law punishes domestic violence ,rape,defilement etc

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:

People living with HIV have a right to seek medical care and treatment The national HIV/AIDS policy uses promotion of human rights as a key principle National HIV policy provides for the protection of the rights of PHAs and for non-discrimination

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

Yes
IF YES, briefly describe this mechanism:

Through the usual legal framework

6. Does the country have a policy or strategy of free services for the following?		
Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	Yes	-
Yes	Yes	-
Yes	Yes	-

If applicable, which populations have been identified as priority, and for which services?:

Pregnant women for PMTCT services PLHA with CD4 cell count <350 - ART All people - HCT Infant children born to HIV positive mother - ART Th

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:

All the key populations have been prioritized to access the priority HIV services depending on need

8.1
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?:
No

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:

The policy states that HIV status should not be the criteria for accessing employment (non-discrimination for HIV positive individuals)

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:
-

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 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:

Yes

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]:

Work place HIV policy

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 2011?:

5

Since 2009, what have been key achievements in this area:

Key populations have been recognized as of target in the prevention strategic plan Development and approval of the HIV and AIDS policy Development of workplace policies The campaign by CSO against some of the discriminatory provisions in the bill Human Rights Commission played a key role in articulating human rights issues in national policy documents.

What challenges remain in this area:

High illiteracy and poverty among the population Weak law enforcement agencies Poor facilitation and funding for law enforcement Inadequate dissemination and implementation of the policies and laws

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 2011?:

6

Since 2009, what have been key achievements in this area:

Revised policy distributed to key government sectors and civil society organisations Active participation of CSO in the formulation of laws and policies promoting human rights Strengthened UHRC to undertake its functions

What challenges remain in this area:

High illiteracy and poverty among the population Weak law enforcement agencies Poor facilitation and funding for law enforcement Inadequate dissemination and implementation of the policies and laws Lack/inadequate political will to enact and implement HIV related laws Many cases go unreported or mishandled by police Human rights are not properly understood

B - IV. PREVENTION

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

Yes

IF YES, how were these specific needs determined?:

A Mode of Transmission study was carried out to determine the specific needs of the national response. A midterm review of the NSP and review of the HIV prevention thematic areas was carried out

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

Agree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

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:

Agree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Agree

Other [write in]:

-

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 2011?:

6

Since 2009, what have been key achievements in this area:

HCT and PMTCT programmes being scaled up Public awareness campaign through the print and electronic media Evidence-based interventions confirmed through scientific means e.g circumcision Development of National Prevention strategy Involvement and support of cultural/religious leaders in HIV prevention campaign Recognition of treatment as a form of prevention Increased advocacy for a re invigorated national prevention response especially working with leadership

What challenges remain in this area:

Limited coverage of prevention services/interventions High rates of new HIV infections Changing landscape for HIV epidemic in Uganda Inadequate funding and prioritization of HIV prevention interventions Too many stakeholders undertaking HIV prevention with no clear leadership.

B - V. TREATMENT, CARE AND SUPPORT

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

Yes

IF YES, Briefly identify the elements and what has been prioritized:

Scaling up ART access to all eligible through accreditation of more health facilities to provide ART Comprehensive treatment of Opportunistic Infections Scaling up TB/HIV collaboration Integration of Sexual and Reproductive Health services in HIV care and treatment Providing a comprehensive package of social support to most vulnerable HIV/AIDS affected person and OVC

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Accreditation of more health facilities to provide ART Increased allocation of funding for ART services Partnership with the private sector in the provision of services Scale of HCT services Cash transfer to address care support Strengthening health systems to be able to provide services through recruitment

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

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

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:

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):

Disagree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

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:

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 2011?:

7

Since 2009, what have been key achievements in this area:

More people living with HIV been enrolled on ART More health facilities have been accredited to provide ART Adapted the WHO recommended eligibility criteria of CD4 of 350 for ART treatment Establishment of an ARV manufacturing plant in Uganda Strengthened the laboratory diagnosis and monitoring of clinical staging of HIV by installation of more CD4 machines and introduction of Point of Care technology Vigilance of the focal PLHAs coordinators to report drug stock outs, implementation of PMTCT guidelines

What challenges remain in this area:

Limited coverage of ART and other treatment related services. Many eligible individuals still not accessing ARVs Inadequate funding for ARV procurement Weak health system to facilitate faster roll out of the ART programmes Frequent stock outs of essential medicines for care and treatment - ARVs, anti-TB, septrin and other health supplies

2. Does the country have a policy or strategy to address the additional HIV-related 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

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

23%

3. 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 2011?:

7

Since 2009, what have been key achievements in this area:

More people enrolled into ART More health facilities have been accredited to provide ART Adapted the WHO recommended eligibility criteria of CD4 of 350 for ART treatment Strengthened the laboratory diagnosis and monitoring of clinical staging of HIV by installation of more CD4 machines and introduction of Point of Care technology Local production of ARV OVC secretariat established in Ministry of Gender, Labour and social development

What challenges remain in this area:

Limited coverage of ART and other treatment related services. Many eligible individuals still not accessing ARVs Inadequate funding for ARV procurement Weak health system to facilitate faster roll out of the ART programmes Frequent stock outs of essential medicines for care and treatment - ARVs, anti-TB, septrin and other health supplies Implementation of the OVC package still not comprehensive due to limited funding

Source URL: <http://aidsreportingtool.unaids.org/196/uganda-report-ncpi>