Survey Response Details

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Response Details

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1) Country

Uganda (0)

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

Enosh Bizimana

3) Postal address:

P.O.Box 10779 Kampala, UGANDA Plot 1-3 Salim Bay, Ntinda

4) Telephone:

Please include country code

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6) Date of submission:

Please enter in DD/MM/YYYY format

30/03/2010

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7) Describe the process used for NCPI data gathering and validation:

The process of data gathering and validation involved desk reviews, consultative meetings with public sector agencies, CSO networks, Development Partners during which the tools were admnisterede by the Conusultants. The generated draft reports were first reviewed by the National HIV/AIDS M & E working group and finally validated at a national stakeholders workshop.

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

Resolution of disagreements and varying positions were handled through dialogue to attain

consensus and through evidence based appraoches

9)

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

Where there could potential misinterpretation, operational/working definitions were provided.

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10)

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

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Uganda AIDS Commission	Dr Kihumuro Apuuli, Director General	A.I, A.II, A.III, A.IV, A.V

11)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Uganda AIDS Commission	Prof. John Rwomushana, Deputy Director General/ Director Knowledge Management and Research	A.I, A.II, A.III, A.IV, A.V
Respondent 3	Uganda AIDS Commission	Benson Bagorogoza, Ag. Director Planning	A.I, A.II, A.III, A.IV, A.V
Respondent 4	Uganda AIDS Commission	Enosh Bizimana, M & E Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 5	Uganda AIDS Commission	Dr Jim Arinaitwe, Global Fund Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 6	Uganda AIDS Commission	Dr Saul Onyango, HIV Prevention Advisor	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Ministry of Finance, Planning & Economic Development	Ms Miriam Kuseerwa	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Ministry of Health	Dr Zainab Akol, Programme AIDS Control Programme	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Ministry of Health	Dr Joshua Musinguzi, Epediomologist	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Ministry of Health	Dr Esiru Godfrey, PMTCT Coordinator	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Ministry of Health	Dr Norah Namuwenge, M & E Officer	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Ministry of Health	Dr Oleke Christopher, BCC/ICC Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Ministry of Health	Mr Enginyu Sam, ACP/STD Unit	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Ministry of Gender & Social Development	Edward Mugimba, Assistant Commissioner	A.I, A.II, A.III, A.IV, A.V

Respondent 15	Ministry of Local Government	Mr Mugema S	A.I, A.II, A.III, A.IV, A.V
Respondent 16	Ministry of Agriculture, Animal Industry & Fisheries	Ms Acayo Connie	A.I, A.II, A.III, A.IV, A.V
Respondent 17	Ministry of Agriculture, Animal Industry & Fisheries	Mr Engewu Bosco	A.I, A.II, A.III, A.IV, A.V
Respondent 18	Uganda Bureau of Statistics	Mr Mubiru Henry, Senior Statitician	A.I, A.II, A.III, A.IV, A.V
Respondent 19	Ministry of Foreign Affairs	Mr Mangali Okello	A.I, A.II, A.III, A.IV, A.V
Respondent 20	Ministry Trade,Tourism & Industry	Ms Judith Odoi	A.I, A.II, A.III, A.IV, A.V
Respondent 21	Kitgum Local Government	Mr Thomas Ojok	A.I, A.II, A.III, A.IV, A.V
Respondent 22	Ministry of Education & Sports	Mr Julius Tukesiga	A.I, A.II, A.III, A.IV, A.V
Respondent 23	Ministry works, Transport & Telecommunications	Mr James Sanya	A.I, A.II, A.III, A.IV, A.V
Respondent 24	Office the President	Dr Jesse Kagimba, Presidential Advisor HIV/AIDS	A.I, A.II, A.III, A.IV, A.V
Respondent 25	Office of the President	Ms Christine Tibagwa	A.I, A.II, A.III, A.IV, A.V

12) **If the number of respondents to Part A is more than 25, please enter the rest of respondents for Part A in below box.**

26. Office of the Prime Minisiter, Ms Grace Nalumu Muguwa 27. Uganda AIDS Commission Kabugo Rose, Programme Officer decentralized response 28. Ministry Of Public Service, Mr Paul Bogere, Assistant Commission

13)

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

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Uganda Network of AIDS Service Organizations (UNASO)	Mr Bharam Namanya	B.I, B.II, B.III, B.IV

14)

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2	Inter-Religious Council (IRC)	Reverand Ruteikara,	B.I, B.II, B.III, B.IV
Respondent 3	Inter-Religious Council (IRC)	Mr Charles Serwanja	B.I, B.II, B.III, B.IV
Respondent 4	The AIDS Support Organization (TASO)	Dr Abdullah Nkoyoyo, M & E Officer	B.I, B.II, B.III, B.IV

Respondent 5	National Forum of Persons Having HIV/AIDS Networks in Uganda (NAFOPHANU)	Mr Ekawanga Morris, M & E Officer	B.I, B.II, B.III, B.IV
Respondent 6	AIDS Infromation Centre AIC	Dr Katamba HS	B.I, B.II, B.III, B.IV
Respondent 7	Global Coalition of Women Against AIDS in Uganda(GCOWAU)	Ms Flavia Kyomukama	B.I, B.II, B.III, B.IV
Respondent 8	UNAIDS	Mr Musa Bungudu, UNAIDS Country Coordinator UGANDA	B.I, B.II, B.III, B.IV
Respondent 9	UNAIDS	Ms Jane Kalweo, Institutional Development Advisor	B.I, B.II, B.III, B.IV
Respondent 10	UNAIDS	Ms Catherine Barasa, HIV Prevention Advisor	B.I, B.II, B.III, B.IV
Respondent 11	UNAIDS	Mr Julius Byenkya, CSO Advisor	B.I, B.II, B.III, B.IV
Respondent 12	UNAIDS	Mr Bernard Mwijuka, M& E Advisor	B.I, B.II, B.III, B.IV
Respondent 13	WHO	Dr Innocent Nuwagira,	B.I, B.II, B.III, B.IV
Respondent 14	WHO	Dr Beatrice Crayah	B.I, B.II, B.III, B.IV
Respondent 15	UNICEF	Dr Richard Oketch	B.I, B.II, B.III, B.IV
Respondent 16	UNICEF	Mr Wilbrod Ngambi	B.I, B.II, B.III, B.IV
Respondent 17	UNFPA	Ms Rosemary Kindyomunda	B.I, B.II, B.III, B.IV
Respondent 18	CDC	Dr Donna Kabatesi, Director CDC Uganda	B.I, B.II, B.III, B.IV
Respondent 19	CDC	Dr Frank Kaharuza	B.I, B.II, B.III, B.IV
Respondent 20	Irish Aid	Ms Mary Oduka	B.I, B.II, B.III, B.IV
Respondent 21	PEPFAR	Michael Strong, PEPFAR Coordinator	B.I, B.II, B.III, B.IV
Respondent 22	PEPFAR	James Kamoga	B.I, B.II, B.III, B.IV
Respondent 23	USAID	Xavier Nasabagasani	B.I, B.II, B.III, B.IV
Respondent 24	DFID	Ms Mercy Mayebo	B.I, B.II, B.III, B.IV
Respondent 25	Chemonics/CSF	Dr W.K Kisubi, Chief Party	B.I, B.II, B.III, B.IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

26.UNFPA Nangobi Teddy 27. CDC Ms Charmaine Matovu 28. SIDA Dr. Solome Nampewo 29.IOM Ms Sebbaduka Bernadette 30.Infectious Disease Institute, Makerere University Dr Andrew Kambugu

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16)

Part A, Section 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 (0)

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17) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2007/08 - 2011/12

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

18

19)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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20) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Agriculture, Finance & Planning, Public Service, Local Government, Justice & Consititutional Affairs, Mineral & Energy, Water & Environment, Trade & Industry, Fisheries, Forestry

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21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

Page 10

23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2008

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24)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

[Youth, Women, married couples, pregnant women, Health Workers, Children and exposed babies, Orphans and Vulnerable Children, Discordant couples, Commercial Sex Workers, civil servants, uniformed services, Mobile populations, Internally Displaced Persons, fishing communities, People with disabilities, Persons living with HIV and AIDS, Truck drivers, prisoners, Minorities and other MARPS]

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

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?	Yes
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Active involvement (0)

Page 12

28)

Part A, Section I: STRATEGIC PLAN

Question 1.8 (continued)
IF active involvement, briefly explain how this was organised:

Civil society has actively engaged in policy formulation processes, planning and programming, procedures and implementation. Civil society actors participate in the development of all national and district level planning frameworks including the current National Strategic Plan for HIV&AIDS. CSOs are part of the Partnership Committee and actively participate in the National and district partnership forums. The above are exemplified by; • Civil Society Fund • PHA forums and networks • Young people

29)

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

Yes (0)

30)

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

Yes, all partners (0)

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31)

Part A, Section I: STRATEGIC PLAN

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 (0)

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32)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Please specify	

33)

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

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Please specify	

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34)

Part A, Section I: STRATEGIC PLAN

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

Yes (0)

Page 17

35)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

3 (3)

36)

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 (0)

Page 18

37)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	Yes
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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38)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

HCT is provided both in static centers (20) hospitals and mobile outreaches. Most HIV testing is voluntary but also mandatory for police, prisons and troops going for UN and African Union

deployment, and training in foreign countries. Testing is also done for new UPDF and police recruits. However counseling is mandatory. Those that test positive are immediately linked to care and treatment and assessments are conducted wherever they are deployed.

39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	
d. Men who have sex with men	
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

41)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

There are institutional arrangements and mechanisms for investigation, enforcement, rehabilitation and prosecution e.g. Inspector General of Government, Police, probation and social welfare, Judiciary, Human Rights Commission as well as the Equal opportunities Commission. Implementers have some resources allocated to enforce laws

42)

Briefly comment on the degree to which these laws are currently implemented:

When cases are reported, they are dealt with accordingly by the relevant law enforcement agencies

Page 21

43)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

Page 23

44)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

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47)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current needs only (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

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49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

Yes (0)

50)

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

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

• People Aged between 15-24 and 15-49 also Less than 15years • Commercial sex workers, • Partners of commercial sex workers • Fishing communities & couples. • Other MARPS

52)

Briefly explain how this information is used:

Information is used to project incidences and prevalence of HIV in these groups Planning, implementation and monitoring programmes targeting these groups

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53) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

Regional, district and national

55)

Briefly explain how this information is used:

Resource allocation, projections and programming of interventions are planned with assistance of Service Mapping reports, Tracking and Hot spot marking

56)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

57)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

5 (5)

58)

Since 2007, what have been key achievements in this area:

Reviewed and disseminated the NSP Aligning programme areas with current study findings such as MoT study Attempted evidence based planning Produced and disseminated the national Priority Action Plan Developed monitoring forms for Local Governments Identification of human resource and other capacity and systems issues Mainstreaming guidelines PMMP performance monitoring and Management plan National development Plan

59)

What are remaining challenges in this area:

Inadequate resource allocation / Funding Monitoring and evaluating systems are not harmonized Limited capacity in planning especially at local government level There are concerns about the country's overall strategic direction given the less than impressive changes in major indicators over several years of the response

Page 31

60)

Part A, Section II: POLITICAL SUPPORT

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

61)

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

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1992

63)

2.2 IF YES, who is the Chair?

Name	Bishop Emeritus Halem'Imaana
Position/title	Chair, Uganda AIDS Commission

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	No
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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65)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

9

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?

Please enter an integer greater than or equal to 1

1

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67)

Part A, Section II: POLITICAL SUPPORT

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 (0)

Page 35

68)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

Through the partnership arrangement all entities including CSOs, the private sector, FBOs actively participate and influence decisions. The coordination of the response is guided through self coordinating entities (SCEs), including representatives of PHA Networks and Associations, national and international NGOs, youth and media, academia and science, in addition to UN & Bilaterals, Parliament, ministries of government and private sector representatives. The major outcome is a shared vision, harmonized plan of action and dialogue on the roadmaps for stemming the epidemic.

69)

Briefly describe the main challenges:

Dynamic nature of the epidemic, new issues including knowledge about the disease, modes of transmission, technologies and promising practices keep emerging over which the actors have to plan and strategize. Overlapping programs and harmonizing stake holders is difficult.

70)

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

Please enter the rounded percentage (0-100)

30

71)

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

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes

Capacity-building	Yes
Other: Financial resource mobilization	Yes

72)

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

No (0)

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73)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

7 (7)

74)

Since 2007, what have been key achievements in this area:

• There has been active involvement in policy, plan and program development at various levels • Advocacy- intensified targeting of the most at risk populations and to Global Fund for more resources • Aligned thematic areas with new evidence • Government contributed to access to care and treatment and ARVs • Government commitment in terms of funds for support and prevention

75)

What are remaining challenges in this area:

• Insufficient resource mobilization especially for care and support • Very low funding from Government of Uganda

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76)

Part A, Section III: PREVENTION

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

Yes (0)

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77)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
m. Males to get circumcised under medical supervision (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

78)

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

Yes (0)

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79)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

80)

2.1 Is HIV education part of the curriculum in:

primary schools? Yes
secondary schools? Yes

teacher training? Yes

81)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

82)

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

Yes (0)

83)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

84)

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

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Sex workers, Clients of sex workers, Prison inmates
Stigma and discrimination reduction	Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Sex workers, Clients of sex workers, Prison inmates, Other populations
HIV testing and counselling	Sex workers, Clients of sex workers, Prison inmates, Other populations
Reproductive health, including sexually transmitted infections prevention and treatment	Sex workers, Clients of sex workers, Prison inmates, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers, Clients of sex workers, Prison inmates, Other populations
Drug substitution therapy	
Needle & syringe exchange	

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85) **Part A, III. PREVENTION**

Question 3.1 (continued)

You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Truck Drivers

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86)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

8 (8)

87)

Since 2007, what have been key achievements in this area:

• Roadmap for HIV/AIDS Prevention • Revision of OVC policy • Revision of PMTCT policy • MMC (Medical Male Circumcision

88)

What are remaining challenges in this area:

• Consolidation of the National HIV/AIDS policy • Implementation gaps • Coordination challenges

Page 45

89)

Part A, III. PREVENTION

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

Yes (0)

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90)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

• Population based surveys • Surveillance • Roadmap to HIV/AIDs Prevention • Key studies e.g. Modes of transmission study • Most at risk populations study

91)

4.1 To what extent has HIV prevention been implemented?

The majority of people in need

	have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Don't agree
IEC* on stigma and discrimination reduction	Don't agree
Condom promotion	Don't agree
HIV testing and counselling	Don't agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Don't agree
Other: please specify	

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92)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

5 (5)

93)

Since 2007, what have been key achievements in this area:

• Increasingly, more people accessing prevention services e.g PMTCT scaled up and also couple HCT • Reintroduction of female condom • Innovative strategies e.g. moonlighting

94)

What are remaining challenges in this area:

• Accessibility service coverage is still challenging for many people • Behavioral change remains sluggish; many have the information but the response is slow. • People have lived with HIV for too long and have normalized it.

Page 48

95)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment,

care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

No (0)

97)

1.2 IF YES, does it address barriers for most-at-risk populations?

No (0)

98)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

99)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

• Supervision findings • PHA voices • MoT study findings • Sensitization of people on how to seek the se services • Studies- like the sero – behavioral survey

100)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Don't agree
Psychosocial support for people living with HIV and their families	Don't agree
Home-based care	Don't agree

Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Don't agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

Page 51

101)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

102)

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

No (0)

Page 53

103)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

6 (6)

104)

Since 2007, what have been key achievements in this area:

• 53% of those who need ARVs are on treatment • Increase in number of ART sites • EWI studies are being conducted • IMAI trainings are being undertaken

105)

What are remaining challenges in this area:

• Inadequate stock of all medicines including ARVs, CTX, HIV supplies and commodities •

Starting people on ARTs early enough not yet possible • Adherence • Logistics in pediatric care are lacking

Page 54

106)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

Page 55

107)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

108)

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

Yes (0)

109)

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

Yes (0)

Page 56

110)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 5.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the rounded percentage (0-100)

23

111)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

4 (4)

112)

Since 2007, what have been key achievements in this area:

• Defining the OVC service package • Review of policy and action plan • Situational Analysis of orphans and Vulnerable children • Setting up the structure at district level

113)

What are remaining challenges in this area:

• EID costs are high, children challenging to access & exercise tedious • Funding is limited and yet the scope and magnitude of OVC needs is increasing. • The human resource capacity to provide services is not adequate and there is no streamlined and coordinated plan of strengthening the human resource capacity especially at the local government level

Page 57

114)

Part A, Section V: MONITORING AND EVALUATION

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

Yes (0)

Page 58

115)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2008

116)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2012

117)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

118)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

119)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements

(including indicators) with the national M&E plan?

Yes, but only some partners (0)

Page 59

120)

Part A, Section V: MONITORING AND EVALUATION

Question 1.4 (continued)
IF YES, but only some partners or IF NO, briefly describe what the issues are:

There are implementation challenges of the M&E framework and harmonization including ownership of the framework and its dissemination to all the key actors in the country

Page 60

121)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

Page 61

122)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

123)

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

Yes (0)

Page 62

124)

Part A, Section V: MONITORING AND EVALUATION

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

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

1

125)

3.2 IF YES, has full funding been secured?

No (0)

126)

3.3 IF YES, are M&E expenditures being monitored?

No (0)

Page 64

127)

Part A, Section V: MONITORING AND EVALUATION

Question 3.2 (continued)
IF you answer "NO" i.e., indicating the full funding has NOT been secured, briefly describe the challenges:

Limited Resources Poor costing Lack of prioritization for M & E

128)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

129)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

• The country has an Technical Working Group which meets quarterly • JAAR meets annually They meet to make annual sector reviews and agree on progress to forge way forwards

130)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

131)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)? Yes
in the Ministry of Health?
Elsewhere? (please specify)

132) Number of permanent staff:

Please enter an integer greater than or equal to 0

3

133) Number of temporary staff:

Please enter an integer greater than or equal to 0

0

Page 67

134)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of all the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M & E Coordinator	Full time	2008
Permanent staff 2	M & E Officer	Full time	2009
Permanent staff 3	Data Manager	Full time	2005
Permanent staff 4			
Permanent staff 5			
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

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135)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

No (0)

Page 70

136)

Part A, Section V: MONITORING AND EVALUATION

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

Yes, meets regularly (0)

137)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

138) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

Uganda National AIDS Service Organization, National Forum for People Living with HIV/AIDS. They are part of the National M& E Technical Working Group to ensure that civil society interests are catered for.

139)

7. Is there a central national database with HIV- related data?

No (0)

Page 73

140)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

141) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

sector and district levels

142)

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

No (0)

143)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

3 (3)

144)

Provide a specific example:

• M& E data is used to develop the National Strategic Plan, NSAP. • It is also used for planning, budgeting, decision making and programming • The UHBS 2004/5 found multiple partner rates very high. This raised issues of discordance and since then, the country has embarked on reinvigorating HIV prevention and couple counseling campaigns

145)

What are the main challenges, if any?

• Complexity of measuring behavioral trends • No proper data validation system, uncoordinated M&E reporting system

Page 75

146) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

2 (2)

147)

Provide a specific example:

Mid-Term Expenditure Framework. Some funds for prevention have been allocated and earmarked

148)

What are the main challenges, if any?

• Limited funding ; the global crunch is affecting all • There is need for new preventive strategies

Page 76

149)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

2 (2)

150)

Provide a specific example:

• There has been policy change from VCT to HCT

151)

What are the main challenges, if any?

• High demand for services including HCT • Low Human Resource in facilities • Inadequate data

Page 77

152) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, but only addressing some levels (0)

Page 78

153) **Part A, Section V: MONITORING AND EVALUATION**

For Question 10, you have checked "Yes, but only addressing some levels", please specify

at national level (0)

154)

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

At national level?	No

At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 80

155)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

156) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

Orientation of national and district technical staff and other stakeholders on the performance measurement and management plan (PMMP), National Priority Action Plan (NPAP) and the National HIV/AIDS Strategic Plan (NSP). Computerization of data Updated systems e.g SQL Recruited staff CSO's

Page 82

157) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

3 (3)

158)

Since 2007, what have been key achievements in this area:

 Developed the PMMP Joint Annual AIDS Review (JAAR). This is where stakeholders come together and share experience to improve on the M&E performance systems Conducted district partnership forum meetings: findings from District partnership forums feed into the JAAR. Began the process of establishing a central database for HIV and AIDS related data. The process is still ongoing. Developed and pre-tested data collection forms for both national and district level indicators.

159)

What are remaining challenges in this area:

 Human resource capacity is still inadequate Inadequate funding

Page 83

160)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

161)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

Specified in sector policies and guidelines e.g. Ministry of Education, Ministry of Gender, Labour and Social Development etc

162)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

163)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex Workers	No
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

164)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

The Police, Judiciary, Uganda Human Rights Commission, Equal Opportunities Act, Industrial Court (in MGLSD), Family and Child Protection Units of the Police, Probation and Social Welfare departments, Children Courts, National Council for Children , Women Councils are some of the key institutional frameworks in place to enforce the various laws. CSOs also have arrangements for legal protection and social defense. They are a number of CSOs running Legal AID Clinics that offer legal protection. These are all mechanisms through which people can appeal.

165)

Briefly describe the content of these laws:

The 1995 Constitution and supporting legislations emphasize non-discrimination on the basis of sex, race, and economic/social status. Sectors also have work place policies and guidelines that outlaw discrimination.

166)

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

Although there are some weaknesses in enforcement of the laws and policies, by and large if a case is reported, it is investigated and action is taken. Discrimination is currently more covert than overt; overt discrimination can easily be detected and investigated leading to disciplinary action.

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167)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

No (0)

Page 88

168) **Part B, Section I. HUMAN RIGHTS**

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

Yes (0)

Page 89

169)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The National Strategic Plan for HIV/AIDS addresses the rights of PLHIV. It takes a human rights based approach to policy and programming for prevention, treatment, care and support services. The OVC policy is also hinged on the key principles of the CRC which emphasizes the rights of OVC including those infected and affected with HIV and AIDS. However, Uganda does not have an explicit HIV and AIDS Policy. A draft was developed but is still before cabinet. There is a draft HIV/AIDS Prevention Bill still undergoing consultations.

170)

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

Yes (0)

Page 90

171)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

There are mechanisms by Government and Civil Society Organizations: Government: Structures like Uganda Human Rights Commission and the Equal Opportunities Commission exist. However they are yet to develop clear and precise mechanisms on how to address cases of discrimination for PLHIV and Most at Risk Populations (MARPs). CSOs like UGANET and FIDA have programs for following up cases human rights violations especially for PHAs and OVC. These CSOs do engage in documentation and lodge complaints with the Uganda Human Rights Commission for redress

172)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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173)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

All stakeholders including PLHIV and some MARPs like sex workers are involved in the NSP development and revision and implementation processes. PLHIV are involved in policy formulation through their alliances and networks. People Living with HIV (PLHIV) as a self-Coordinating Entity receives funding from the Partnership Fund of the Uganda AIDS Commission. People Living with HIV (PLHIV) are represented on the national committees such as Partnership Committee (PC), National and District Partnership Forum etc. However, several minorities are not recognized by law (MSM, WSW and IDUs)

174)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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175)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

Government has allocated some resources but they are not adequate. Government has not yet met its commitment to the Abuja Declaration of 15% to the health budget. Barriers to access: Services are free but access is limited by stock outs, non-efficiency of the health facilities, inadequate human resources and in some cases legal restrictions (MSM and IDU). Given the unit cost of treatment, it quite clear that it is unaffordable and unsustainable without support from AIDS Development Partners. An estimated 350.000 t0 400,00o0 people need ART but only about 190,000 are on treatment. This notwithstanding, the steps taken towards increasing focus on prevention are not adequate.

176)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

Page 93

177)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

178)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

Page 94

179)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The NSP clearly identifies the MARPs and strategies to reach them through various approaches. Services are provided irrespective of the level of vulnerability. However, services to MARPs are limited in as far as the law recognized them. Thus for those not recognized by the law, there are obstacles in respect to access to services.

180)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

Page 95

181)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Routine Counseling and Testing in health facilities, home/community based HCT and ART, Social Support for OVC and youth, Programme for Children and Youth in Difficult Circumstances, Programme for enhancing Adolescent Reproductive Health Life. The Fishing sector has a ten year strategy for reaching out to key populations with high risk of exposure to HIV in fishing communities

182)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

183)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

Page 96

184)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

185)

– 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 (0)

186)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

Yes (0)

187)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

Yes (0)

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188)

Part B, Section I. HUMAN RIGHTS

Question 12 (continued)
IF YES on any of the above questions, describe some examples:

The Uganda Human Rights Commission; and Uganda Law Reform Commission

Page 99

189)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

190)

– Legal aid systems for HIV casework

Yes (0)

191)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

192)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

193)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

Page 100

194)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: People Living with HIV/AIDS, FBOs, Anti-stigma Campaigns	**Yes**

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195)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

5 (5)

196)

Since 2007, what have been key achievements in this area:

• Designing of the national Strategic Plan. This plan has strategies for applying the human rights based approach to delivery of HIV/AIDS services. • Equal Opportunities Act • Domestic Violence Act (addresses GBV issues relating to HIV and AIDS)

197)

What are remaining challenges in this area:

Discrimination: Bills being drafted have contentious clauses. For example, the HIV Prevention Bill seeks to criminalize HIV transmission. It is controversial; it may contribute to increasing stigmatization and discouraging disclosure of HIV status.

Page 102

198)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

199)

Since 2007, what have been key achievements in this area:

Reviewing NSP and the PMMP to suit current trends Scaling up HCT/VCT access by the private sector and NGOs in the country

200)

What are remaining challenges in this area:

• Amount of resources needed to reach every body in need of services • Lack of adequate infrastructure and human resources to meet the increasing demand for HIV and AIDS services • Existing law is not adequately disseminated

Page 103

201)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

4 (4)

202)

Comments and examples:

• CSOs involved in development and implementation of the NSP • CSOs championed innovative strategies for HCT, ART and HIV prevention. • CSOs have actively participated in advocacy. They have challenged Bills and legislations that are perceived not to be supportive of PLHIV and the national HIV/AIDS response in general. • CSOs part of the Technical Working Groups of the National HIV/AIDS response. They are also part of the District AIDS Committees and members of the district HIV/AIDS forums.

Page 104

203)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent 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)?

5 (5)

204)

Comments and examples:

o NSP development o Represented in sector working groups using SWAP(Sector Wide Approach

Page 105

205)

a. the national AIDS strategy?

5 (5)

206)

b. the national AIDS budget?

2 (2)

207)

c. national AIDS reports?

3 (3)

208)

Comments and examples:

o NSP development o Represented in sector working groups using SWAP(Sector Wide Approach

Page 106

209)

a. developing the national M&E plan?

3 (3)

210)

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

3 (3)

211)

c. M&E efforts at local level?

3 (3)

212)

Comments and examples:

CSOs have been involved in M&E especially at the national level. They are represented in the M&E Technical Working Group at national level. CSOs also carry out M&E as Self-Coordinating Entities. Structures for M&E established at the district level but they are not effective.

Page 107

213) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

3 (3)

214)

Comments and examples:

Inter-Religious Council Uganda and National Forum of People with HIV /AIDS in Uganda (NAFOPHANU) which are umbrella organisations of FBOs and PLHIV are represented. These are Self-Coordinating Entities. Each of the networks has a self coordinating entity except the organisation of sex workers.

Page 108

215)

a. adequate financial support to implement its HIV activities?

3 (3)

216)

b. adequate technical support to implement its HIV activities?

3 (3)

217)

Comments and examples:

Apart from donors, the civil society has not received adequate support from the government. Technical support to CSOs is limited

Page 109

218) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

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

Prevention for youth	51-75%
Prevention for most-at-risk-populations	
- Injecting drug users	
- Men who have sex with men	
- Sex workers	51-75%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	51-75%
Clinical services (ART/OI)*	51-75%
Home-based care	>75%
Programmes for OVC**	51-75%

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219)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

7 (7)

220)

Since 2007, what have been key achievements in this area:

Government has made serious efforts in recognition of the role and value addition from the civil society. Increasing public-private sector partnerships in delivery of HIV/AIDS services

221)

What are remaining challenges in this area:

Supplementary funding from government, CSOs sometimes perceived as competitors rather than partners, and there is need to properly coordinate services offered by the civil society. Engagement of CSo's in planning and budgeting. Civil Society Fund not fully owned and run by CSOs. There has been externalization of the Technical Management Agent, Monitoring and Evaluation Agent and the Financial Management Agent. The costs of these management agencies are high. There is also inadequate reach of grassroots CBOs and NGOs.

Page 111

222)

Part B, Section III: PREVENTION

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

Yes (0)

Page 112

223)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

The Modes of Transmission study was a key element in enabling policy makers and programmers do targeted HIV prevention. It brought to light the key drivers of the HIV epidemic and the MARPs

224)

1.1 To what extent has HIV prevention been implemented?

	The majority of people in need have access
HIV prevention component	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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225)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention

programmes in 2009?

6 (6)

226)

Since 2007, what have been key achievements in this area:

PMTCT coverage increased • Mass media and IEC programs wide spread • Condoms wide spread through public and commercial outlets

227)

What are remaining challenges in this area:

• High unmet need for HCT/VCT (70% have never had an HIV test) • High unmet need for PMTCT-low coverage • Infection control and infection safety still remains a challenge especially in the context of TB-HIV

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228)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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229)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

• Consensus building meetings during the processes of developing the NSP and PMMP • HIV national surveillance reports • Special studies

230)

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

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree

Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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231)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

5 (5)

232)

Since 2007, what have been key achievements in this area:

Provision of treatment to at least half of the people who need it.

233)

What are remaining challenges in this area:

Provision of treatment is largely donor driven. This makes it unsustainable. While focusing on treatment, prevention is marginalized yet the cost of treatment is very high. Drug Stock-outs Supply chains for drugs and supplies are not efficient

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234)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

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235)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

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

Yes (0)

236)

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

Yes (0)

237)

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

Yes (0)

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238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 2.3 (continued)
IF YES, what percentage of orphans and vulnerable children is being reached?

Please enter the percentage (0-100)

23

239)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

5 (5)

240)

Since 2007, what have been key achievements in this area:

Rolled out the Technical Service Organisation model which involves strategic and functional partnerships between CSOs and government sectors (Ministry of Gender Labour and Social Development) • Created OVC coordination mechanisms at the national and sub-national • Developed national and sub national OVC strategic plans • Conducted a new situational analysis for OVC • OVC Management Information System has been rolled out in 8 districts • Developed guidelines and standards for OVC service providers • Many CSOs have committed resources towards OVC especially in terms of school fees, nutrition and housing/shelter

241)

What are remaining challenges in this area:

There is need for continuous and targeted capacity building at the district and sub-county levels.