An AIDS Free Uganda, My Responsibility: Documents For the National HIV and AIDS Response, 2015/2016 - 2019/2020









NATIONAL HIV AND AIDS STRATEGIC PLAN 2015/2016 - 2019/2020

The guiding document for the Uganda National HIV and AIDS response during the coming five years. Developed in a participatory, consultative way, and intended for use by all stakeholders in Uganda's response to HIV and AIDS

NATIONAL HIV AND AIDS MONITORING AND EVALUATION PLAN 2015/2016 - 2019/2020

The guiding document for results and evidence based tracking and management of the Uganda National HIV and AIDS response during the coming five years. develop in a participatory, consultative way, and intended for use by all stakeholders in involved in producing, collecting, analyzing and using evidence about uganda's response to HIV and AIDS

THE NATIONAL HIV AND AIDS INDICATOR HAND BOOK 2015/2016 - 2019/2020

A supporting document for results based tracking management of the Uganda National HIV and AIDS response during the coming five years. Developed for use by all stakeholders involved in producing, collecting, analyzing and using evidence about Uganda's response to HIV and AIDS.

NATIONAL HIV AND AIDS PRIORITY ACTION PLAN 2015/2016 - 2017/2018

The National Priority Action Plan 2015/2016 - 2017/2018 (NPAP) is not a stand-alone document, but rather part and parcel of the National Strategic Plan 2015/2016 - 2019/2020 (NSP). The National Priority Action Plan details the implemention and priorities the activities within the first three years of the National Strategic Plan as part of guuidance for the different stakeholders.

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Acronyms

ABC	Abstinence, Being faithful and Condom use
ACP	AIDS Control Program
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
AIS	AIDS Indicator Survey
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti Retro Viral
BCC	Behaviour Change Communication
CSOs	Civil Society Organizations
DACs	District AIDS Committees
DQA	Data Quality Assessments
EMIS	Education Management Information System
FBOs	Faith Based Organizations
FP	Family Planning
FWS	Female Sex Workers
НСР	Health Communication Partnership
НСТ	HIV Counselling and Testing
HIV M&E	HIV Monitoring and Evaluation
HIV	Human Immune Deficiency Virus
HMIS	Health Management Information Systems
HSSIP	Health Sector Strategic and Investment Plan
IDI	Infectious Diseases Institute
ILO	International Labour Organization
IPs	Implementing Partners
JAR	Joint Annual AIDS Review
LQAS	Lot Quality Assurance Surveys
M&E	Monitoring and Evaluation
M&E TWG	Monitoring and Evaluation Technical Working Group
M&E	Monitoring and Evaluation
MARPS	Most At Risk Populations
MDG	Millennium Development Goals
MEEPP	Monitoring and Evaluation Emergency Plan Progress
MGLSD	Ministry of Gender, Labour and Social Development
MOES	Ministry of Education and Sports
МОН	Ministry of Health
MoLG	Ministry of Local Government
МоТ	Modes of Transmission Study
MSM	Men who have Sex with Men
MTR	Mid-Term Review
NADIC	National AIDS Documentation and Information Centre
NASA	National AIDS Spending Assessment

NCPI	National Composite Policy Index
NGOs	Non-Governmental Organizations
NPA	National Planning Authority
NPAP	National Priority Action Plan
NPS	National HIV Prevention Strategy
NSP	National Strategic Plan
NSPPI	National Strategic Program Plan of Interventions
OPM	Office of the Prime Minister
OVC	Orphans and other Vulnerable Children
OVC MIS	Orphans and other Vulnerable Children Management Information System
PC	Partnership Committee
PEPFAR	President's Emergency Plan for AIDS Relief
PIRS	Performance Indicator Reference Sheets
PHA	Persons with HIV and AIDS
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SCE	Self-Coordinating Entities
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
TA	Technical Assistance
ТВ	Tuberculosis
TWG	Technical Working Group
UAC	Uganda AIDS Commission
UASR	Uganda AIDS Status Report
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UHSBS	Uganda HIV and AIDS Sero-Behavioural Survey
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UVRI	Uganda Virus Research Institute
WHO	World Health Organization

Foreword

The National HIV and AIDS Monitoring & Evaluation Plan 2014/2015-2019/2020 of the Strategic HIV and AIDS Plan (NSP) was developed to respond to the 'three ones' principle (one national coordinating entity, one national strategic framework, and one agreed upon country level M&E System). The goal of this M&E Plan is to strengthen the national HIV and AIDS strategic information management system for improved effectiveness.

This M&E Plan has a stronger focus on the operationalization aspects, data quality assurance and use; as well as comprehensive aggregation of national HIV and AIDS data. The M&E Plan will ultimately aim at ensuring that quality and timely HIV and AIDS information is generated to guide program improvement decisions. It provides a framework for comprehensive data collection, aggregation, storage, reporting and dissemination. It is one of the key components of a functional M&E system.

This Plan was developed through a highly consultative process, informed by the Mid Term Review Report of the National HIV and AIDS Strategic Plan 2011/2012-2014/2015. It is the role of all key stakeholders to implement the M&E Plan with overall coordination by Uganda AIDS Commission.

I appreciate the concerted effort by all stakeholders in developing this M&E Plan and I urge all stakeholders to support its implementation.

Together we share the challenge!

Professor Vinand M. Nantulya Chairperson Uganda AIDS Commission

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Dr. Christine JD. Ondoa Director General Uganda AIDS Commission

SECTION I: INTRODUCTION

1.1 Background

The Uganda AIDS Commission (UAC) together with key stakeholders conducted a Mid-Term Review (MTR) of the implementation of the National Strategic Plan 2011/12- 2014/15 in August/September 2014. The MTR findings and recommendations informed and shaped the development of the National Strategic Plan 2015/2016-2019/2020 (NSP).

The national HIV and AIDS response under the NSP will be implemented under four broad thematic areas, namely: Prevention, Care and Treatment, and Social Support and Protection, as well as Systems Strengthening. The NSP is aligned to the National Development Plan (NDP) and the M&E plan and resolutions of the 69th United Nations General Assembly whereby world leaders in collaboration with the Joint United Nations Programme on HIV and AIDS (UNAIDS) agreed to work towards ending the AIDS epidemic as a public threat by 2030.

The M&E Plan will be a key performance management tool for the NSP; it details how data will be aggregated from M&E systems of key sectors and provided to enable reporting against the NDP as well as global targets. Performance monitoring of the NSP is an on-going process that allows decision-makers to determine whether the country is making progress towards achieving the NSP intended results. The M&E Plan therefore provides a framework for generating, managing and utilizing performance information in a timely manner by various stakeholders in the National HIV and AIDS response. The M&E Plan provides a detailed description regarding how M&E will be executed over the NSP period; it also details how the various components of the M&E system will work together to produce timely information for use in program improvement.

The data aggregated by the Plan provides a comprehensive picture regarding the performance of the national HIV and AIDS response, which is then submitted nationally to Office of the Prime Minister enable reporting against National Development Plan Targets

1.2 NSP 2015/16 - 19/20 Description and Approach

The Vision of NSP 2015/2016-2019/2020 is "A healthy and productive population free of

HIV and *AIDS* and its effects". The NSP Vision is aligned to Uganda's Vision 2040, which is, "a Transformed

The NSP aims at:

- Decreasing HIV and AIDS related morbidity and mortality
- Preventing new HIV infections
- Reducing the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups
- Establishing an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 Years". The NSP Goal is "zero new HIV infections, zero discrimination and zero AIDS-related deaths".

The NSP approach is to scale up the coverage of ART, HCT, condom and SMC services; scale up interventions aimed at reducing the number of sexual partners, provide support services for those infected and affected by HIV and AIDS as well as roll out the 'test and treat' approach. The NSP further aims at scaling up the Combination Prevention approach involving strengthening health systems including community and household levels, addressing critical enablers through strategic integration of HIV services with other care and prevention programs, and enhancing national resource allocation.

1.3 Highlights of the M&E Plan2011/12 -2014/15 Achievements, Challenges and Review Recommendations

The review of National HIV and AIDS Strategic Plan 2011/2012 - 2014/2015 was conducted in the year 2014 through a participatory and consultative process, engaging all key stakeholders involved in its implementation to ensure ownership and accountability. The review methodology involved desk review of key documents, national and district level consultations as well as a series of thematic technical working group meetings and the national validation workshop for stakeholders. The review established a number of achievements of the M&E Plan for that period; highlighted challenges that affected the implementation of the M&E Plan and recommended priorities for the next M&E Plan. The achievements, challenges and recommendations under the following M&E System components encompass: organizational structure, Human Capacity for M&E, Partnerships for Planning, Coordinating and Managing the M&E System, M&E frameworks, the M&E Work Plan and costs, Communication, Advocacy and Culture for M&E Routine Programme Monitoring Surveys and Surveillance, National and Sub-national databases, Supportive Supervision and Data Auditing, Evaluation and Research as well as Data Dissemination and Use.

1.3.1 Highlights of the Achievements of the M&E Plan 2011/2012 -2014/2015

Under the M&E Plan 2011/12 -2014/15,the following were accomplished by UAC together with key sectors contributing data, namely; Ministry of Health (MOH), Ministry of Gender, Labour and Social Development (MoGLSD), Ministry of Education and Sports (MoES) and Ministry of Local Government (MoLG) among other key stakeholders as summarised in the various M&E system components below:

- Organisational structure: UAC has an instituted M&E unit that is fairly equipped. The sectors also have units responsible for data management and reporting.
- Human capacity for HIV and AIDS M&E: There is dedicated and trained M&E staff for implementing the plan at UAC and two zones. There is also a Strategic Information (SI) team at ACP/MOH, and 12 regional performance-monitoring teams. There are M&E units in all sectors levels, as well as M&E units at implementing partners (IP) level. Health Centre (HC) IIIs, IVs and hospitals had Medical Records Assistants who manage data while Bio-Statisticians manage the Health Management Information System (HMIS) data.

- Partnerships to plan, coordinate and manage the HIV and AIDS M&E System: There
 is a multi-sectoral M&E Technical Working Group (TWG) and SCE; the District Health
 Information System (DHIS 2) and President's Emergency Plan for AIDS Relief (PEPFAR)
 reporting systems were harmonized. The PEPFAR data management system {the HIV
 Based Real Time Database (HIBRID)} heavily supported the rolling out of the DHIS
 2. The HMIS was revised to be responsive to both government and partner reporting
 requirements. The multi-sectoral annual Joint AIDS Review (JAR) and regional review
 meetings provide a good forum for interaction and reviewing progress, challenges and
 recommendations. Implementing partners were supporting districts to ensure DHIS2
 functionality. Most District AIDS Committees (DACs) had been revitalised.
- M&E frameworks/Logical Framework: There was an M&E framework with a comprehensive M&E Plan that laid out various M&E interventions as well as indicators for tracking progress.
- Annual Costed National HIV and AIDS M&E Work Plan: There was a costed M&E plan, which was 7% of the total NSP cost. Sectors and IPs also had M&E work plans and budgets.
- Communication, Advocacy and Culture for M&E: There was a growing supportive M&E culture among program managers. Various AIDS Development Partners (ADPs) were also advocating for sound M&E practices and willing to support the M&E functions. Others were tracking of daily HIV messages in the print and electronic media, and use of data in reports.
- Routine HIV Programme Monitoring: Routine data, which is disaggregated by sex, age and type of service, was produced by the sector databases. All public and United States Government (USG) funded actors used standard national data collection tools. The shift from manual to web based reporting systems for HMIS and OVCMIS provided real-time data. There were improved sector reporting rates. The National HIV and AIDS M&E TWG performed reviews of annual data.
- Surveys and Surveillance: The National HIV and AIDS M&E TWG provided technical input into the several national level surveys and surveillances such as the AIDS Indicator Survey (AIS), Epidemiological Surveillance and HIV Sero-Behavioural Survey. The National HIV and AIDS M&E TWG further provided input at validation workshops.
- National and Sub-national HIV Databases: The sector databases that generate data for the plan, that is, the HMIS/DHIS2, Education Management Information System (EMIS), OVC-Management Information System (MIS) were functional and regularly updated.
- Supportive Supervision and Data Auditing: Support supervision and data quality assessments (DQAs) were conducted by sectors and IPs.
- Evaluation and Research: The NSP midterm review was conducted to track progress on implementation of the National HIV and AIDS Strategic Plan 2011/2012 -2014/2015

against targets. Several researches were conducted by IPs but were not tracked at national level.

• Data dissemination and use: There was dissemination of a national HIV and AIDS monitoring framework and NSP through joint review meetings, TWGs and other workshops, as well as email. The NADIC was revamped and restocked as a one-stop Information centre. The HIV and AIDS messages are tracked daily and extracted from the print media and transmitted to key stakeholders. A toll free line was established for people to call in and get information. Program data was used for decision making for instance in making ART and HIV Counselling and Testing (HCT) stock projections. There is timely reporting against the national and international obligations.

1.3.2 The National M&E Plan 2011/2012 -2014/2015 Challenges

The following challenges and gaps affected the implementation of the M&E Plan2011/2012 -2014/2015:

- Inadequacy of national reporting mechanism that captures behavioural and structural data (non-biomedical) on HIV and AIDS interventions from all actors.
- Limited popularization of the M&E plan, limited awareness about the national HIV and AIDS reporting systems, tools and timelines. Reporting entities not fully aligned to NSP and M&E plan.
- Insufficient tracking of the National HIV and AIDSM&E plan indicators; the indicator performance table is not routinely populated.
- Lack of standard reporting tools and schedules to UAC by sectors: Sectors had no standard data aggregation and reporting tools, and timelines that are known to them so as to submit data against NSP indicators. *"UAC does not appear on our reporting calendar, we are only obliged to report to the Office of the Prime Minister (OPM)"*, said a respondent from one of the sectors.
- Frequent stock outs of the National HMIS tools: A number of districts reported running out of HMIS tools, hence affecting data compilation.
- Delayed finalization of the National HIV and AIDS database: The National HIV and AIDS Documentation and Information Centre was not fully utilised as a one stop centre for HIV and AIDS hub for Uganda.
- Weak coordination mechanisms and partnerships: Although the District AIDS Committees (DACs) were recently revitalized. The DACs had been inactive for some years, hence affecting coordination of the response. Most of the Sub County Coordination Committees (SACs) were inactive. Coordination and review meetings with Implementing Partners (IP) to review the implementation progress were irregular. TheNational HIV and AIDS M&E TWG had no clear TORs as well as defined schedules and representation.

- Weak data quality assurance procedures: There were no guidelines to enable the production of quality data. The DQA were not frequently done.
- Lack of an explicit data analysis and use plan: There were no deliberate efforts in the M&E plan to step up and track data use. There was limited dissemination of various information products including the M&E plan. The information products are not necessarily tailored to different audiences. There was limited gender based analysis and reporting.
- Insufficient M&E staffing levels at national and lower levels: Although the M&E unit at UAC had 2 personnel, the numbers were not commensurate to the scope of work. There was no Database Manager for rolling out of the database. There was no sufficient manpower to perform data collection, aggregation, analysis and use of local government and health facility, coupled with limited computer and data analysis skills.
- Gaps in HIV Evaluation and Research: There was no national HIV and AIDS Research Agenda and no comprehensive data base for all HIV evaluation and research carried out in the country.

1.3.3 Recommendations for the development of the NSP 2015/2016 - 2019/2020

Based on the National HIV and AIDS Strategic Plan 2011/12 -2014/2015 review findings and recommendations, the following priority areas of interventions were proposed:

- Strengthen the operationalization of the NSP HIV and AIDS M&E Plan and the sector M&E plans by ensuring that the plan includes all essential elements as well as timelines for routine monitoring, annual reviews, MTR and end of term evaluation. National data collection and reporting tools for behavioural and structural community indicators should be developed. Clarify reporting lines and motivate sectors to report through value addition, reward and sanctions. Also, develop an indicator Handbook as an operational manual.
- Operationalize and roll out the National HIV and AIDS M&E Database through training users, popularizing the database, ensuring regular data entry and cleaning, and recruiting a Database Manager.
- Revitalize the National HIV and AIDS M&E TWG with clear TORS, schedules (quarterly and as and when need arises) and representation.
- Establishmechanismsforcapturingcommunity data from non-government implementers, particularly the non-biomedical interventions. Appraise the three proposed options: incorporating and getting non-biomedical data from sectors, OPM or establishing a system to capture that at UAC.
- Develop a multi-sectoral capacity building strategy for HIV and AIDS M&E Personnel at all levels.

The National HIV and AIDS Monitoring and Evaluation Plan

- Strengthen data quality assurance through developing and implementing the data quality assurance guidelines for HIV and AIDS. Institute mechanisms to validate and harmonize data from various sectors. Hold pre- JAR meetings to validate data.
- Increase the M&E Staffing and time allocation to M&E interventions at UAC to ensure that more time is dedicated to data analysis, dissemination and use.
- Develop an elaborate data use plan that includes target audience-tailored dissemination products and schedules based on information needs assessment that was conducted by UAC under National AIDS Documentation and Information Centre (NADIC); Conduct data use sessions at district, regional and national levels and track the implementation of action plans. Develop and track data use indicators. Finalize and disseminate findings of the key surveys such as ANC surveillance. Institutionalize National AIDS Conferences.
- Lobby and support district and sectors to have costed HIV and AIDS M&E work plans and budgets.
- Enhance the coordination of HIV and AIDS research: Finalize the research database and develop a national research agenda; create an inventory for all HIV related researches. Coordinate national research and work with Uganda National Council for Science and Technology (UNCST) and other accredited Institutional Review Boards (IRB) institutions to ensure that all HIV and AIDS related reports are submitted to UAC.
- Strengthen Gender analysis: Strengthen the tracking, analysis and reporting on gender perspectives in HIV and AIDS data. The reporting tools should incorporate variables for data on the analysis of gender related indicators.

1.4 M&E Plan Development Process

The development process of the National HIV and AIDS M&E Plan followed the comprehensive review of the National Strategic Plan 2011/2012-2014/2015 and the development of the National HIV and AIDS Strategic Plan2015/2016-2019/2020. The NSP development took into consideration a wide range of new and or revised policies, the emerging issues around HIV AND AIDS response, issues of international health among other things.

The process was highly participatory including the review of existing documents. A series of multi-sectoral thematic TWG meetings were held to review the draft plan with a focus on achievements and limitations of the previous M&E Plan, as well as the MTR review recommendations. The National HIV and AIDS M&E TWG further focused on the NSP indicators, targets, data sources and responsibility for data collection.

The National HIV and AIDS M&E Technical Working Group with a multi-sectoral composition spearheaded the process for developing the M&E Plan. This ensured stakeholder ownership and responsibility.

The National HIV and AIDS M&E TWG, which had the overall responsibility of overseeing the development of the new M&E plan, prioritised the critical indicators for tracking in the Plan. Priority was given outcome indicators for national level performance tracking and a few tracer output indicators. The selection of indicators was guided by criteria:

- Relevance to the priority NSP strategic interventions identified for the thematic areas
- Indicators needed to satisfy reporting on national and international commitments
- Existence of a reliable and regular data source in the country
- Indicators that were identified by thematic TWGs and deemed as priority to provide information needed to guide decisions on the national response
- Indicators with more focus on the national coordination function as opposed to those for sector implementation

SECTION II: Rationale for the NSP MONITORING & EVALUATION Plan

The National HIV and AIDS Strategic Plan 2011/2012-2014/2015 review pointed out the M&E Component to be the strongest requirements to track progress in implementation of the NSP thematic areas. More so, there were some key limitations for better performance including : lack of a comprehensive national reporting mechanism that captures behavioural and structural data on HIV and AIDS interventions from all actors; limited popularization and operationalization of the M&E plan. Others included; lack of standard reporting tools and schedules for sectors; delayed finalization of the National HIV and AIDS database; weak coordination mechanisms and partnerships; limited district level HIV and AIDS M&E funds; weak data quality assurance procedures; lack of an explicit data use plan; insufficient M&E staffing levels at national and lower levels; gaps in HIV Evaluation and Research; as well as limited gender based analysis and reporting.

The M&E Plan 2014/2015-2019/2020 builds on the previous plan, which is one of the "three ones principle". The plan has a stronger focus on the operationalization aspects of data quality assurance and use; as well as comprehensive gathering of data on both biomedical and non-biomedical HIV and AIDS interventions. The data shall be captured from the public, private sectors not for profit as well as the private for profit sectors. The plan will enable UAC and other key stakeholders to obtain the required information for tracking progress and impact of the national response. The plan portrays prioritized NSP objectives as well as the performance tracking and measurement indicators that will enable stakeholders to assess progress towards achieving the desired results.

The Plan provides a framework for comprehensive data collection, aggregation, storage, reporting and dissemination. It also provides for data quality assurance for the generated data; routine monitoring and M&E technical support interventions; M&E capacity strengthening; operations research for program improvement as well as essential reviews and evaluations to gauge the achievement of NSP hierarchy of results (outputs, outcomes and impact). The M&E Plan provides guidance for enhanced information sharing and utilisation at various levels for effective programming.

The M&E Plan provides for quality and timely HIV and AIDS information generated to guide program improvement decisions that may entail scaling up of effective interventions, phasing out non-effective interventions, re-aligning, re-strategizing or re-directing interventions as well as redesigning programs in order to achieve better results.

Given the multi-sectoral nature of the HIV and AIDS response and hence varied data sources for various indicators, the M&E Plan clarifies the roles and responsibilities of various stakeholders in gathering, aggregating, disseminating and reporting of HIV and AIDS data. The plan further spells out the required partnerships for generating data and performing data quality assurance interventions.

The data generated by national sector databases such as HMIS, OVC MIS, EMIS and LOGICS will be synchronized with the National HIV and AIDS database at UAC. All stakeholders will

be able to access the aggregate system generated reports for information and use. The data generated will further enable Uganda as a country to meet her national and international reporting obligations. At the national level, UAC will use the data from sectors to produce Joint Annual HIV and AIDS National Review Reports, the national Annual Progress Reports and Global Country Progress Reports. Extracts of key national data will be analyzed to develop the HIV and AIDS statistical abstracts. The plan will more importantly provide the basis for continuous learning and improvement of the NSP strategies; it is designed recognizing the fact that specific elements of the NSP implementation may require adjusting or refining to respond to rapidly changing nature of the HIV and AIDS epidemic.

SECTION III: National strategic Plan RESULTS framework and M&E Plan Goal, Purpose, Objectives

This section presents the NSP results framework as well as NSP M&E plan, goal, purpose, and objectives.

3.1 The NSP Results Framework

The NSP results framework is based on four (4) thematic areas namely Prevention, Care and Treatment, Social Support and Systems Strengthening. Each thematic area has specific outputs, outcomes and impact as shown in figure 1 below. The NSP assumes that if various strategic interventions are done in various thematic areas, they will lead to realisation of outputs for thematic area, which will in turn lead to the desirable outcomes, hence contributing to the realisation of higher level impacts which are:

- i) Decreasing HIV and AIDS related morbidity and mortality
- ii) Preventing new HIV infections
- iii) Reducing the vulnerability to HIV and AIDS and mitigate the its impact to on PLHIV and other vulnerable groups
- iv) Establishing an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.





HIV and AIDS National Strategic Plan 2015/2016 - 2019/2020

outputs

3.2 Goal, Purpose, and Objectives

Goal

To ensure a coordinated and effective strategic information management system for use in improving the national HIV and AIDS response.

Purpose

To provide an overall framework for tracking the implementation and measuring the performance of the NSP.

Specific Objectives

The specific objectives of the National HIV and AIDS M&E Plan are:

- To strengthen the national mechanisms for generating comprehensive, quality and timely HIV and AIDS information for monitoring and evaluating the NSP 2014/15-2019/20
- ii) To promote information sharing and utilization among producers and users of HIV and AIDS data/information in Uganda, at all levels.

SECTION IV: Execution of the NSP M&E Plan

This section contains a detailed discussion of how the M&E Plan will be comprehensively operationalised under various components of the NSP M&E system.

4.1 The NSP M&E System Components

The M&E system comprises of 12 components as depicted in Figure 2 below. Each component will require functionality in order for the system to effectively produce timely results for utilisation in program improvement. The Data/information use is the ultimate goal of the M&E system and hence forms the centre of all components.





Source: Global HIV M&E Informationhttp://www.globalhivmeinfo.org/DIGITALLIBRARY

The sub sections below present a detailed discussion of the composition and functioning of the NSP M&E System components, which reflects the multi-sectoral and broad nature of the national HIV and AIDS response:

4.1.1 Organisational Structure

The M&E team at UAC under the overall leadership of the Director for Planning and Strategic Information will take lead in executing the NSP M&E Plan. The UAC M&E Department is equipped with computers and Internet to enable timely data aggregation, analysis and reporting. The UAC zonal offices will also play a key role in disseminating and executing the plan, as well as providing technical assistance (TA) to implementing partners (IPs) in understanding and interpreting the indicators.

The key sectors, which aggregate national HIV and AIDS data such as MOH, MoES and MGLSD have electronic national databases, working in collaboration with implementing partners will facilitate timely aggregation of countrywide data.

The multi-sectoral annual Joint AIDS Review (JAR) and regional review meetings provide a good forum for interaction and reviewing progress, challenges and making program improvement decisions.

4.1.2 Human Capacity for HIV M&E

UAC has dedicated, trained and experienced M&E staffs based at UAC Head Office as well as two zonal offices that will spearhead HIV and AIDS M&E work.

Additionally, the AIDS Control Programme (ACP) at MOH has a Strategic Information (SI) team that provides TA to the M&E activities. Members of the multi-sectoral HIV and AIDS M&E TWG provide TA and technical oversight for all M&E products as well as 12 regional performance monitoring teams for routine tracking of interventions and quality assurance. There are M&E Departments in all key Sectors, as well as M&E units of IPs, the M&E Human Resources (HR) within sectors and implementing partners will be very handy in data collection, cleaning, aggregation and reporting. At the district level, there are Bio-Statisticians who manage District Health Information System (DHIS 2) data, and submit data to MOH. At health facility level, there are Medical Records Assistants who manage data and submit monthly reports to the district to feed into DHIS2. Capacity has been built at district and health facility level to ensure that the DHIS 2 is populated. This will ensure timely submission of data to the sectors and eventually to UAC. This capacity building is phased and mainly targeting poorly performing Local Governments.

4.1.3 Partnerships to Plan, Coordinate and Manage the HIV M&E System

Successful implementation of the M&E Plan will highly depend on crucial partnerships among key stakeholders that entail structures such as the multi-sectoral HIV and AIDS M&E TWG, the Self Coordinating Entities (SCE); the District Health Information System (DHIS 2) under MOH as well as the Community Based Services Department (CBSD) under MGLSD. The regional structures including the MOH regional performance monitoring teams, UAC zonal coordinators working with IP staff will continue to provide technical assistance to local governments for timely data collection and reporting into the DHIS 2.

The M&E Department at UAC is the secretariat for the muti-sectoral HIV and AIDS M&E TWG. The UAC will continue to support the functioning of the National HIV and AIDS M&E TWG and will review clear terms of references (TORs) to guide members on the purpose and scope of the TWG.

4.1.4 The National HIV and AIDS NSP M&E Plan

This Plan will provide reference and operational guidance for M&E of the national HIV and AIDS response. It is explicitly based on the National Strategic Plan and describes the

implementation of all 12 components of a national HIV M&E system. Dissemination of the plan will be done through: UAC website, email, regional workshops, review meetings, and other fora.

In order to strengthen the operationalization of this Plan, Performance Indicator Reference Sheets (PIRS) have been developed. The UAC will populate the NSP Indicator Tracking Table annually and annex it to the UAC Annual Report, so that performance trends can be easily analyzed at any given time.

The Plan articulates the timelines for routine monitoring, annual reviews, MTR and end of term evaluation as well as regular M&E support supervision to support sectors to generate the quality data. The UAC will continue to liaise with ADPs to establish a mechanism to comprehensively capture data generated by Implementing partners.

4.1.5 Annual Costed National HIV and AIDS M&E Work-plan

The plan will be broken down into annual costed national M&E work plans by the UAC spelling out the activities that will be done every year. The M&E work-plan budget will be at least 5-15% of the total NSP budget. The costed National M&E work plan will be jointly prepared and shall integrate activities of all relevant stakeholders. The plan assumes that IPs and sectors have budgets for M&E activities within their mandate.

At the local government level, the HIV focal point persons will be supported to lobby the district leadership and IPS to commit resources for HIV and AIDS M&E work plans.

4.1.6 M&E Advocacy, Communication and Culture

The National HIV and AIDSM & ETWG collaborating together with National AIDS Documentation and Information Centre (NADIC), the Advocacy and Communications Department at UAC and other M&E stakeholders will consciously promote M&E practices and culture among policymakers, programme managers, programme staff, and other stakeholders. These efforts will be aimed at ensuring better understanding of M&E, supportive M&E culture, and reduce negative connotations of M&E. Among senior officials to be targeted include the heads of departments in ministries, parliamentarians, district leadership as well as heads of key agencies that influence the functioning and funding of HIV and AIDS work.

The M&E culture will be promoted as a best practice for all implementers through capacity building and technical support supervision to all IPs. The promotion of M&E will build on the growing supportive culture where most of the ADPs are willing to support the M&E functions. The culture of embedding M&E planning and implementation at every stage of the project life cycle will be embedded in every IP engage in the HIV and AIDS response to ensure adequate panning for M&E, regular tracking and reviewing of implementation as well as evaluating to establish if the interventions are enabling the realisation of desired results.

4.1.7 Routine HIV Programme Monitoring

Routine program data appropriately disaggregated by sex, target group and type of service; will be produced by the sectors and IPs. Where standard national data collection tools exist; all IPs, both government and private sector will use them for data collection, to ensure improved reliability. Frequent stock-out of national HMIS registers was noted as a challenge in the previous NSP period and as such, UAC will continue to lobby MoH to prioritize and allocate budgets for HMIS tools to minimise such occurrences.

National data collection and reporting tools for behavioural and structural indicators will be developed. In order to strengthen data collection and ensure reporting on behavioural and structural indicators, UAC in close collaboration with sectors will develop data collection and reporting tools for the non-biomedical indicators. UAC will support the sectors to include HIV and AIDS indicators into their district level indicators and sector MIS, so that they are reported on at the same time the biomedical indicators are reported. UAC will then obtain sector-based reports from respective sectors. A memorandum of understanding (MOU) will be signed between UAC and the sectors spelling out the relationship and reporting lines. The option of obtaining data through sectors was chosen because sectors already have existing structures and databases to capture this data.

However, during the NSP 2011/2012-2014/2015 review, some sectors pointed out the need for more funding in order to review and reproduce reporting tools incorporating additional indicators, scale up data collection as well as funds to upgrade their databases to incorporate the required HIV and AIDS indicators.

Gender Tracking, Analysis and Reporting

The tracking, analysis and reporting on gender mainstreaming was noted as a weak area in the previous M&E Plan, to address this, gender-related indicators were developed and included for regular tracking and reporting. All reports will include gender analysis. The reporting tools will be revised to incorporate variables on gender related indicators. The field monitoring and technical support supervision tools at LG and national level will also incorporate gender aspects so as to routinely track and support the implementation of gender mainstreaming interventions.

This Plan aims at improving routine data collection and reporting through providing clarify on reporting lines, motivating sectors to report through value addition, rewards and sanctions for those that do not comply.

Primary service data will be collected by service providers and submitted to relevant sectors through the districts.

National HIV and AIDS Strategic Plan Data Flow

The national HIV and AIDS M&E system data comes through existing data systems in the country. Accordingly, existing stakeholder sub-systems will comprise the building blocks for the national system. These building blocks comprise of sector management information systems. The strategy to utilize existing systems is founded on the premise that:

- The national response is constituted of multi-sectoral stakeholders
- Sectors already have established existing information and M&E systems and structures; hence a parallel system would simply duplicate efforts, cause double reporting and waste resources.
- Efficiency is best achieved through utilization of existing systems which when harnessed through effective coordination are adequate to provide sources for tracking the bulk of indicators of national interest.
- The cost of establishing new and parallel structures for national HIV and AIDS M&E would be prohibitive. Therefore M&E of the national response will be best done through effective coordination of existing systems.





4.1.8 Surveys and Surveillance

Periodic data collection for some indicators that cannot be tracked through routine data collection will be done through surveys and surveillances. Comprehensive reviews based on data triangulation, systematic reviews of existing studies and reviews of program data will recommend surveys to fill gaps that cannot be answered by the already identified data sources. The thematic TWGs will provide technical input into the design of the studies including the essential variables for tracking.

Periodic data collection will among others include the following:

HIV and **AIDS spending data:**- The UAC will institutionalize and track financial data routinely to inform and provide specific financial data about government along with partners support

allocation and expenditures on HIV and AIDS Programs. The UAC M&E Department is currently putting in place a system to ensure institutionalization of National AIDS Spending Assessment (NASA)as one of the comprehensive spending assessment methodologies and will liaise with the relevant government structures during the process.

Sentinel Surveillance Surveys – will be conducted bi-annually by the MOH at ANC sentinel surveillance sites.

AIDS Indicator Survey (AIS) – Also known as the Uganda HIV Sero-behavioural Survey (UHSBS), will be conducted by the MOH in liaison with Uganda Bureau of Statistics (UBOS) after every five years. Incidence studies will be carried out through follow-up of cohort populations to ascertain the direction of the epidemic by determining the magnitude of new HIV infections during specified periods.

Uganda Demographic Health Survey (UDHS)– a population-based survey is conducted by UBOS every after 5 years with technical assistance from partners associated with DHS including Ministry of Health. The UAC will work with the UBOS to ensure that HIV and AIDS related data needs are captured by the survey.

National Commitment Policy Index – (formerly National Composite Policy Index): This index examines progress made in a number of areas such as Policy, Strategic Planning, Structures, Resources, M&E (including research), Legal environment, Human Rights, Civil Society Participation, Prevention, Treatment, Care and Support, Impact Mitigation for preparation of Country Progress Reports. The NCPI is a questionnaire-based tool, which is administered to key informants in the specific areas and findings validated by a meeting of stakeholders.

Special Surveys– They will be conducted based on the National Research Agenda for the purpose of addressing areas of interest in the implementation of HIV and AIDS Programs. In addition, institutions with capacity to conduct special research such as operations research will conduct studies but these should be coordinated to align them with identified national interests and priorities to address data needs for these areas.

The Lot Quality Assurance Sampling (LQAS)– surveys will be conducted by the districts to supplement other survey methodologies in providing district based data on a number of variables in areas of sexual behaviour, HIV and AIDS and reproductive health.

The survey and surveillance protocols will be based on international standards. The prioritised surveys will be guided by the National Research Agenda, which will be developed. A Research Database Module will be part of the National HIV and AIDS Database, which will be uploaded with HIV and AIDS related surveys conducted.

4.1.9 National and Sub-national HIV and AIDS Databases

The newly developed National HIV and AIDS Database will be operationalised and rolled out through training users, popularizing the database, ensuring regular data entry, cleaning as well as recruiting a Database Manager.

The sector databases will be the main repository for HIV and AIDS data generated by their sectors to the National HIV and AIDS M&E Database. The sector databases will be the Health Information Management Systems (HMIS), Education Management Information System (EMIS), OVC-Management Information System (MIS) and LOGICS.

The sector database will obtain data from the districts; either through Sub-national databases such as the DHIS 2 or directly online data entry by the district contact persons.

Various IPs also maintain databases that include their project-generated data, from which they will report to the districts. There is a growing shift from manual to web based reporting systems, which provides real-time data.

4.1.10 M&E Support Supervision and Data Quality Assessments

Data can only be useful when if it is of quality so that decision makers can rely on it for decision making. This will require developing the data quality assurance guidelines and tools for HIV and AIDS data to ensure that participatory data quality assessments (DQA) are done by relevant players at various levels. DQA should be performed at least annually for each indicator per IP. UAC will develop DQA guidelines, which will then be adapted by IPs and sectors. The DQAs will be mainly done at sector and implementation level. The UAC shall mainly track whether DQAs of the required standard are being carried out.

The M&E Units at various levels are charged with the responsibility of monitoring the data quality for entities within their jurisdiction to ensure that data is valid, reliable, precise, complete, of integrity and timely.

Each entity such as UAC, sectors, IPs and should develop data management guidelines for reference while conducting routine data collection at their levels. The guidelines should clearly spell out roles and responsibilities for various entities and should include an elaborate data flow chart.

Pre-JAR meetings will be held to validate data from various sectors before finalising national reports.

4.1.11 Evaluation and Research

In order to assess the NSP effectiveness, relevancy, efficiency, impact and sustainability; evaluations will be conducted at specific intervals of the NSP period. In addition to the Joints AIDS Annual reviews that are conducted every year, a mid-term review(MTR) of the NSP will be conducted in 2017/2018, which is the midpoint of the NSP period. An NSP end of program evaluation will be conducted in 2020.

Based on the National Research Agenda, which will stipulate priority areas for research, operations research will also be conducted to answer specific identified programmatic questions for programme improvement.

The programme will identify key evaluation and research questions, coordinate studies to meet the identified needs, and enhance the use of evaluation and research findings. UAC will establish relationships with credible research institutions for partnerships in conducting researching; the Research and Academia SCE will be a key structure for vetting and guiding the researches, to ensure that ethical approval procedures and standards are adhered to.

An inventory of completed and on-going country-specific and evaluation and research studies will be maintained and regularly updated.

A national forum for validation, dissemination and discussion of HIV and AIDS research and evaluation findings will be conducted for each of the researches conducted as part of the National Research Agenda. The evaluation and research findings will be used and referenced in planning and other programming documents.

UAC has finalized the research database and will continuously update the inventory of all HIV and AIDS related researches to create a one-stop centre of all researches done in country.

A coordination mechanism will be instituted for the national HIV and AIDS research. The UAC will further work with the Research, Academia and Professionals Self Coordinating Entity to ensure that all HIV and AIDS related research reports are submitted to UAC.

4.1.12 Data Dissemination and Use

The UAC will promote purposeful and deliberate use ofprogram data for decision-making in policy and programming decisions, such as in making stock projections for ART drugs and HIV test kits, apportioning resources to where there is most need and re-strategising.

Data use will be promoted through synthesizing, producing and disseminating several information products based on analysed data such as annual reports, newsletters, success stories, brochures, fact sheets, best practices and lessons learned through electronic and print media. Information will also be repackaged and channelled through social media outlets.

Forums will be organized for data sharing and data use; these will include review meetings at national, regional and district levels. The National AIDS Conference will be organised by UAC annually and will be key national information dissemination and learning forum. The district HIV and AIDS Focal Persons together with the District AIDS Committees (DACs) will take lead in organising district level review meetings.

Data use indicators have been incorporated into the NSP indicators; these will be tracked regularly to ensure that data use events occur and data use action plans are implemented.

There will be need to mobilize resources for conducting researches; this will be spearheaded by UAC in close collaboration with the Research and Academia SCE.

The NADIC will take lead in developing audience-tailored dissemination products based on the information needs assessment that was conducted in 2014. Data will be packaged into usable forms such abstracts from conducted researches, surveys and evaluations.

UAC will continue to track, extract and synthesise HIV and AIDS messages from the print media and disseminating them to key stakeholders. The AIDS Call Centre, a toll free line, is being established for clients to call in and access information especially for referral to access additional information and other HIV and AIDS services.

The data use plan will be developed by the UAC M&E Department is collaboration with the National HIV and AIDS M&E TWG. The plan will define tailored dissemination products and schedules for different target audiences, as guided by the findings of the information needs assessment conducted under the NADIC in 2014. The data use plan as well as the data management guidelines will reflect the frequency of data analysis for various indicators by different stakeholder categories.

The country will continue to compile reports against the national and international reporting obligations and submit them on time. Below is a summary of major reports to be generated by the NSP M&E System:

Level	Information product/report	Description	Report Due Date	Responsible Agency
International Reports	Country Progress Reports	Submitted to UNAIDS for tracking progress on global indicators and targets.	31 st March	UAC
	Report to OPM	In line with reporting requirements established by government, the UAC contributes reports to the OPM.	30th January (Bi-Annual) 30th July (Annaul)	OPM (Submitted by UAC)
	Annual Uganda AIDS status Report	The report is based on undertakings agreed upon by stakeholders during the Joint Annual Reviews and indicators to be reported on an annual basis as per indicator matrix. Since the UAC is not the source of these data, it is expected that sectors will provide the data to UAC on a timely basis but UAC will provide a formal communication to respective sectors requesting compilation and sharing of these data. The report prepared by UAC from data shared by stakeholders will be submitted to the OPM.	30th September	UAC
Country Reports: National Level	Sector Annual Joint Review Reports	Sectors will produce respective sector reports as per specific sector prescribed requirements. Some of these reports are quarterly and others annual. Quarterly reports will inform decisions to be made on a regular quarterly basis while annual report will be shared and discussed in respective Annual Sector Review meetings or Program performance assessments	30th September	UAC
	Statistical abstract indicators	A table of figures/statistics on indicators selected	30th April	UAC
	Quarterly and annual Performance Reports	Based on activities in the NPAP, the UAC will compile quarterly and annual reports showing progress made on implementation of activities agreed on. This is essential for determining progress on indicators selected for monitoring and evaluating the national HIV and AIDS response	15th October 15th January 15th April 15th July	UAC
Country Reports: Sub-national Level	District HIV and AIDS related Reports	The sub-national level structures will produce reports as required by the respective MDAs. This will include monthly and quarterly reports. At District level, Quarterly reports produced by respective MDAs will be shared with the office of the CAO and discussed by the DACs and UAC Zonal offices on a quarterly basis. It is not expected that the DACs will process data but will discuss reports on HIV and AIDS submitted by respective government agencies and partners. Reports submitted by the sub-national level are necessary for production of national level information products. District reports are sector specific and need to be prepared and submitted within timelines set by respective sector reporting timelines.	15th October 15th January 15th April 15th July	

 Table 1:
 Major Reports to be generated by the NSP M&E System

SECTION V: The NSP Performance Indicators

The indicators in table 1 below will be used to track progress towards attaining NSP objectives. The indicators and targets were consultatively agreed upon by the thematic TWGs, they were further scrutinized and prioritized by the multi-sectoral National HIV and AIDS M&E TWG.

Most of the indicators will be tracked quarterly by sectors, and annually by UAC, whereas others will be tracked periodically through surveys. A multi-sectoral spectrum of stakeholders will be actively involved in tracking various indicators at different levels.

The M&E Plan was purposively designed to have a few outcome indicators and much fewer tracer output indicators, leaving the sectors to track the majority of the output indicators as well as the rest of the outcome indicators. Overall, the 76 indicators will be tracked, of which 5 are at impact level, 46 at outcome level, whereas 25 are output level indicators as summarized in table 1 below. Annex A presents a consolidated summary list of the indicators.

NSP Thematic Area	Number of Impact Indicators	Number of Outcome Indicators	Number of Output Indicators	Total
1. HIV Prevention		14	2	16
2. Care and Treatment	5	6	5	11
3. Social support		8	4	12
4. Systems Strengthening		18	14	33
Total per category	5	46	25	71
Total number of indicators	76			

Table 2: Number of NSP Indicators per Thematic Area

Table 3 below presents the detailed complete set of indicators, with respective baselines and targets, data sources, frequency of data collection as well as responsibility for data collection.

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators						
1. HIV incidence	CPR	Total = 139,089 Adults =123,802 Children 15,287	Total = 110, 814 Adults =102,221 Children =8,593	MOH Spectrum Estimates	Annually	МОН
		(2013)				
2. HIV/AIDS related mortality	CPR	63,018 (2013)	25,310	MOH Spectrum estimates	Annually	МОН
3. Percentage of infants born to HIV infected mothers who become infected	CPR	6 weeks = 5.7% After Breast feeding =13.6%	6 weeks = 1.9% After breast feeding =6.5%	MOH Spectrum Estimates	Annually	МОН
4. HIV prevalence rate among 15-49 years	CPR	Total 7.3%	7.8%	AIS	Every 5 years	UBOS
		(2011) Male 6.1%	6.5%	_		
		Female 8.3%	8.9%	-		
5. Percentage change in discrimi- natory at- titudes towards PLHIV	CPR	34% (2011)	50%	UDHS Stigma Index Survey	Every 5 years Every 3 years	UBOS UAC
HIV PREVENTION	INDICATO	RS	<u> </u>			1
Objective 1: To inc	rease adop	otion of safer sexu	al behaviours and	reduction in risk	y behaviours	
Outcome Indicator	rs					
P1.1 Percentage of young people	CPR	Male: 39.3% (2011)	70%	AIS Report	Every 5 years	МОН
15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission		Female: 38.6% (2011)	70%			UBOS
P1.2 Percentage of adults 15-49 years who use a condom at the last higher risk sex	CPR	Males: 37.9% Females: 29.4% (2011)	Males: 75% Females: 75%	AIS Report	Every 5 years	MOH UBOS

Table 3: The NSP Performance Indicator Matrix

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators	1	1	1			
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
P1.3 Percentage of young people	CPR	Males: =11.9% (2011)	7%	AIS	Every 5 years	МОН
15-24 years who have had sexual intercourse before the age of 15.		Females: =13.1% (2011)	7%	-		UBOS
P1.4 Percentage of individuals 15-49 years reporting consistent condom use		Males: 37.9% (2011)	90%	AIS Reports	Every 5 year	МОН
P1.5 Percentage of MARPs reporting		SW: N.A	50%	AIS	Every 5 years	МОН
consistent condom use		Uniformed services: N.A	50%			
		Fishermen: N.A	50%			
		MSM: N.A	50%			
		Truckers: N.A	50%			
		IDU: N.A				
Output Indicator						
P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions	CPR	Not available	Total =12,500,000 Age group • 10-24=7,500,000 • 25 plus= 6,250,000 Sex • Male=7,500,000 • Female= 6,250,000 Target population • MARPS=50,000 • General Population=6,200,000 • Youth In school= 4,875,000 Youth out of school = 2,625,000	BCC Program Reports, HMIS	Annually	МОН
Objective 2: To sca of integrated healt			on of biomedical HIV	prevention into	erventions deli	vered as par
Outcome Indicator						
P2.1 Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results	CPR	Total = 47% (7,800,000) 2013)	80%	HMIS	Annually	МоН

Performance	Indicator	Baseline								
Indicators	Source		2019/20	Sources	of Collection	ity				
Impact Indicators										
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН				
P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to- child transmission of HIV		75% (2014)	85%	PMTCT & Paediatric HIV and AIDS Care Program Annual Report	Annually	МОН				
P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	CPR	36.7% (37,423/101,907) (2013)	80%	Spectrum estimates	Annually	МОН				
P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth	CPR	1 st PCR = 44% 2 nd PCR = 10% (2013)	1 st PCR = 75% 2 nd PCR = 70%	PMTCT& Paediatric HIV and AIDS Care Program Annual Report	Annually	МОН				
P2.5 Percentage of males 15-49 years that are circumcised		25% (2013)	80%	AIS Reports	Every 5 years Annually	МОН				
P2.6 Percentage of donated blood units screened for HIV in a quality assured manner and according to national or WHO guidelines	CPR	100% (2013)	100%	UBTS Reports	Annually	UBTS				
Output Indicators	<u>.</u>	J		1		ı				
P2.1.1 Percentage of pregnant women who tested for HIV and received their results		93.0% (1,410,598/ 1,516,130) HMIS (Oct 2012 – Sep 2013)	100%	PMTCT Reports	Annually	МОН				

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators					_	_L
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
Objective 3: To mit	igate unde	rlying social-cul	tural gender and oth	er factors that	drive the HIV e	pidemic
Outcome Indicator	'S					
P3.1 Percentage of girls aged 15- 49 years who experience sexual and gender-based violence)		Women: 27% UDHS 2011	Women: 23%	UDHS	Every 5 years	MGLSD
P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI		Males 90% Females: 84% (2010)	95% 90%	AIS	Every 5 years	MGLSD
CARE AND TREATM	INENT ND	ICATORS				
Objective 1: To inc	rease acce	ss to pre- antiret	roviral therapy care	for those eligib	le	
Outcome Indicator						
CT1.1 Proportion of adults and children enrolled into HIV care services		Total = 70% Adults=N.A Children=N.A (June 2014)	80%	HMIS 106a	Annually	МОН
Output Indicators						
CT1.1.1 Proportion of adults and children enrolled in HIV care currently on (cotrimoxazole) / Dapsone prophylaxi at last visits		80% (2013)	90%	HMIS 106a	Annually	мон
initiated on ART		ss to antiretrovir	al therapy and susta	in provision of	chronic care fo	r patients
Outcome Indicator	'S					
CT2.1 Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral		83% (140,457/ 166,095)	90%	ART Quarterly Reports	Annually	МОН
Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
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Impact Indicators						
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
Output Indicators						
CT2.1.1 Number of HIV positive adults and children currently receiving ART		Adults = 659,064 Children = 54,680 Total =713,744	Adults = 1,420,312 Children = 123,794 Total =1,544,105	ART Quarterly Reports	Annually	МОН
CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV		20,625 (2014)	80%	PMTCT Annual Reports	Annually	МОН
CT2.1.3 Percentage of pregnant women who receive anti- retroviral drugs to reduce the risk of mother-to-child transmission of HIV		88,266 (% N.A) 2013	95%	PMTCT Annual Reports	Annually	мон
Objective 3: 7	o improve	e quality of chroni	c HIV care and treatr	nent		1
Outcome Indicator	'S					
CT3.1 CT3.1 Percentage of <u>estimated</u> HIV-positive incident TB cases that received treatment for both TB and HIV		60% (2013)	70%	2012 NTLP report	Annually	МОН
CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)		Not available	80%	HMIS 106a	Annually	МОН

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators	1	1	1		1	1
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
Output Indicators	1	1	1		1	11
CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV positive		78% (7,833/10,045) 2014	85%	NLTP Reports	Annually	МОН
Objective 4: To str	engthen ir	ntegration of HIV	care and treatment	within health ca	re programs	L
Outcome Indicator	rs					
CT4.1Unmet need for Family Planning among PLHIV		34% (general population)	PLHIV = 80%	UDHS	Every 5 years	UBOS/MOH
CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy		Not available	50%	HMIS 106a	Annually	МОН
Output Indicators	1	1	1		1	1
CT4.1Percentage of HIV positive women receiving any method of Family Planning		Any method=24% (general population) Any modern=21% (general population) UDHS 2011	PLHIV = 80%	HMIS 105	Annually	МОН
SOCIAL SUPPORT			·	·		
		ts to eliminate st	igma and discrimina	ation of PLHIV ar	d other vulner	rable groups
Outcome Indicator SP1.1 Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV		34%	70%	NAPHOPANU Stigma Index, UDHS	Every 5 years Every 2 years	UBOS

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators		1			1	1
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
Output Indicator		1	_1	1	•	
SP1.1.1 Percentage of individuals reached stigma and discrimination reduction messages		Not available	ТВ	NAPHOPANU Stigma Index, UDHS	Every 5 years Every 2 years	UAC UBOS
Objective 2: To sca programs	le up servi	ices to meet the	needs of PLHIV, OVC a	and other vulner	able groups in	developmen
Outcome Indicator	rs					
SP2.1 Percentage of OVC households that are food secure		45.2% (LQAS 2013)	60%	Special Surveys	Annually	MGLSD
SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met		24.8	70%	UDHS	Every 5 years	MGLSD
Output Indicators						
SP2.1.1 Percentage of OVC households that received economic strengthening support		41.2	60%	LQAS	Annually	MGLSD
SP2.1.2 Percentage of OVC supported services in 3 or more Core Progam Areas (CPAs)		Not available	50%	OVC MIS	Annually	MGLSD
			ent a life cycle sensit other vulnerable grou		ive package of	social suppor
Outcome Indicator	'S					
SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection		Not available	100%	M&E Reports/ Program Reports	Annually	MGLSD

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators		I				<u>I.</u>
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package		Not available	65%	Program Reports	Annually	MGLSD
			d protection progra that make women, g			
Outcome Indicator	:s				<u> </u>	
SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.		38% (2011)	70%	UDHS	Every 5 years	UBOS
SP4.2 Percentage of men and women who believe that wife beating is justified		Women =58 % Men = 43% (2011)	20%	UDHS	Every 5 years	UBOS
SP4.3 Percentage of women who own land alone or jointly with their spouses		61%	40%	UDHS	Every 5 years	UBOS
Output Indicators						
SP4.1.1 Number of individuals reached with interventions addressing GBV		Not available	5,000,000	OVCMIS	Annually	MGLSD
SYSTEMS STRENG			and archin of the new	ti coctoral UNV -	nd AIDS records	so at all laval-
Objective 1: 10 stre		governance and I	eadership of the mul	u-sectoral HIV a	nu AIDS respon	se at all levels
SS1.1National Commitments and Policy Instrument (NCPI) index score	CPR	54.6% (2013)	95%	CPR Report	Annually	UAC

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators		1	I	1		1
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
Output Indicators						
SS1.1.1 Percentage of SCEs and other their constituents with functional boards		92% (2014 UAC SCE Capacity Assessment Report)	100%	SCE Capacity Assessment Report	Every 2 years	UAC
SS1.1.2 Percentage of large work places with HIV & AIDS workplace policies (30 workers and above)		Not available	70%	Special assessment	Annually	UAC
Objective 2: To ens	sure availa	bility of human re	esources for delivery	of quality HIV a	and AIDS servi	ces
Outcome Indicator	rs					
SS2.1 Percentage of health facilities with the required staffing levels		Not available	80%	Survey	Annually	МОН
Output Indicators	1	1	1		1	1
SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care		Infection control = N.A SMC = N.A Palliative care = N.A	Infection control = TBD SMC = TBD Palliative care = TBD	Program Reports	Annually	
			nd supply managemo uired in the delivery			of medical an
Outcome Indicator						
SS3.1 Percentage		STI drugs =N.A	90%	HMIS	Annually	МОН
of health facilities with no stock outs of STI drugs, HIV test kits and		HIV test kits= N.A	90%	HMIS	Annually	МОН
condoms for more than 1 month within past 12 months		Condoms = N.A	90%	HMIS	Annually	МОН

Performance Indicators	Indicator Source	Baseline	Target 2019/20	Data Sources	Frequency of Collection	Responsibil- ity
Impact Indicators						
1. HIV incidence	CPR	Total = 139,089 Adults =123,802	Total = 110, 814 Adults =102,221	MOH Spectrum Estimates	Annually	МОН
SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months		Not available	TBD	Annually	Annually	мон
Objective 4: To ens	ure availa	bility and access	to quality HIV and A	IDS services		
Indicators for this	objective a	are covered und	er various thematic a	reas		
Objective 5: To stro	engthen th	e infrastructure	for scaling-up the de	livery of qualit	ty HIV andAIDS	services
Outcome Indicator	'S					
SS5.1 Percentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards		Not available	TBD	HMIS	Annually	МОН
SS5.2 Proportion of Health Centre IIIs offering ARV and eMTCT services		Not available	TBD	HMIS	Annually	МОН
Output Indicators						
SS5.1.1 Percentage of HCs providing HIV and AIDS services that meet the quality standards		Not available	TBD	Special Survey		МОН
Objective 6: To mo	bilize reso	urces and stream	nline management fo	or efficient util	ization and acco	ountability
Outcome Indicator	'S					
SS6.1 Percentage HIV and AIDS funding that comes from GOU		Government: 11% ADPs: 89%	Government: 40% ADPs: 60%	NASA	Annually	UAC

Performance Indicators	Indicator Source	Baselin	e	Target 2019/20	0	Data Sou	a rces	of	quency lection	Responsibil- ity
Impact Indicators		,		1		1				
1. HIV incidence	CPR	139,089		Total = 1 Adults =			H ctrum mates	Anı	nually	МОН
SS6.2 Percentage of districts with HIV and AIDS costed Strategic Plans		Not available		100%		LOG	ICS	Anı	nually	MoLG
Objective 7: To stre	engthen co	ordinatio	on of the	national	HIV and All	DS res	sponse			
Outcome Indicator	s									
SS7.1 Percentage of districts with functional DACs with functional coordination structures		30% (2010)		100%		LOG	ICS	Anı	nually	MoLG
SS7.2 Percentage of districts with functional PHA Networks		90% (2010)		100%		UAC Rep	Annual ort	Anı	nually	UAC
SS7.3 Percentage of Self Coordinating Entities (SCEs) with functional HIV and AIDS committees		53% (2014 U Assessn		70%			odical essment	Eve yea	ery 2 rs	SCE
Output Indicator		1		<u> </u>		<u> </u>		I		<u> </u>
SS7.1.1 Functional National HIV and AIDS TWGs		4			4 meetings in a year	Min of T mee		Anı	nually	UAC
Performance Indicators	Basel (2012	line 3/14)	Target 2019/2		Data Sour	ces	Frequen of Collectio	U	Respons	sibility
MONITORING AND	EVALUATI	ION								
Objective 1: To stre HIVandAIDS inforn									lity and ti	mely
Outcome Indicator	s									
ME1.1 Percentage of sectors with costed HIV and AIDS M&E			rcentage of Not available 100% UAC Data		UAC Datab	ase	Annually		UAC	

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Performance Indicators	Baseline (2013/14)	Target 2019/20	Data Sources	Frequency of Collection	Responsibility
ME1.2 Percentage of sectors performing data quality assessments	Not available	100%	UAC Database	Annually	UAC
Outputs Indicators					
ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC	Not available	100%	UAC Database	Annually	UAC
ME1.1.2 Functional national HIV and AIDS database in place	0	1	UAC Databases	Annually	UAC
ME1.1.3 Percentage of IPs trained in M&E for HIV and AIDS programs	0	TBD	UAC Databases	Annually	UAC
Objective 2: To promo data/information at al		sharing and utiliza	ation among proc	lucers and use	rs of HIV AND AIDS
Outcome Indicators					
ME2.1 Percentage of implementers utilizing program generated HIV and AIDS data	54% 2014 UAC SCE Capacity Assessment	70%	Special Survey	Annually	UAC
ME2.2 Percentage of IPs conducting HIV and AIDS operations research based on the national research agenda	0	100%	UAC Databases	Annually	UAC
ME2.3 Number of NSP reviews conducted	0	1MTR 1 End term evaluation 5 Annual reviews	UAC Databases	Annually	UAC
ME2.4 Number of data use events held at national regional and district levels.	0	4 regional meetings every year regional 5 national meetings	UAC Databases	Annually	UAC
Outputs Indicators		_			
ME2.1.1 Number of NSP based reports produced	0	International =5 Country Progress Reports National The Joint HIV and AIDS Annual Review Report=5 Annual Progress Report to OPM for MDGs =5	UAC Databases	Annually	UAC

Performance Indicators	Baseline (2013/14)	Target 2019/20	Data Sources	Frequency of Collection	Responsibility
ME2.1.2 Number of information dissemination products produced and disseminated by the NADIC	0	25 (5 per year)	UAC Databases	Annually	UAC

*TBD stands for 'to be determined' meaning that the values were not obtained from the available data sources at the time of completing the matrix. Therefore will be obtained through special surveys. N.A stands for not available.

5.1 Key Target Setting Assumptions

The NSP targets in table 1 above were set based on the key assumptions:

- i) The HIV and AIDS interventions, including primary HIV prevention approaches, will be scaled up to levels higher than the NSP 2011/2012 and 2014/2015 performance levels, to attain the higher targets.
- ii) There will be Effective mainstreaming of HIV and AIDS in all sectors and plans
- iii) There will be country ownership and accountability for results by key stakeholders
- iv) Internal resource mobilization will be increased including sustained GOU budgetary support
- v) The development partner financing will be increased and or sustained, provided on time and aligned to NSP priorities
- vi) There will be reinvigorated and sustained leadership commitment at all levels
- vii) The implementing partners will have adequate absorptive capacity of available allocated and released resources.
- viii) The key stakeholders will collect and submit performance data to their respective sectors in a timely manner to enable timely analysis, reporting and use of information.

5.2 Stakeholder Roles and Responsibilities and Implementation Arrangements for the National HIV and AIDS M&E Plan

The national response for HIV and AIDS in Uganda is multi-sectoral and is comprised of various players or stakeholders with different roles and responsibilities but governed by a common goal and framework. The roles for key stakeholders in implementation of the M&E plan are outlined as follows:

Table 4: Stakeholder Roles and Responsibilities in Implementation of the NSP M&E Plan

SN	Stakeholder Category	Roles and Responsibilities
	UAC	 Provide overall leadership in execution of the M&E Plan Coordinate all NSP M&E activities in the NSP M&E Plan Promote of the national HIV M&E system Ensure wider dissemination of the NSP, NPAP and NSP M&E Plan Conduct data aggregation from sectors and data cleaning Ensure that standardised tools are developed and used by IPs Perform regular data analysis and produce periodic report and other information products Ensure proper functionality of the Nation HIV and AIDS Database Develop data quality assurance guidelines and tools Conduct data quality assessments Perform field monitoring of interventions and provide M&E technical support supervision Populate the NSP indicator tracking table annually and annex it to the NSP Annual report Strengthen M&E Capacity for the HIV and AIDS response Organise regular data reflection and utilisation events including the Annual HIV and AIDS Conference, JARs, and the like Produce and disseminate various information products Facilitate National HIV and AIDS M&E TWG and DACs to perform their role
	Key sectors (MOH, MoESTS, MGLSD and MoLG)	 Perform routine data is collection Aggregate, clean and report sector data in a timely manner Perform data quality assessments within the sector Perform field monitoring of interventions and provide M&E technical support supervision Utilise data for program improvement
	Implementing Partners/ Service outlets such as HCs	 Perform routine data collection Aggregate, clean and report to the sectors data in a timely manner through the district focal point person Maintain primary data collection records for at least 5 years with maximum confidentiality. Perform data quality assurance a their level Perform field monitoring of activities Ensure adequate in-house capacities for M&E Utilise data regularly for program improvement
	The Local Governments	 Aggregate and submit data to respective sectors on all relevant output indicators Perform field monitoring of interventions and provide M&E technical support supervision Assure data quality within their districts through periodic DQAs and data validation Hold quarterly review meetings to reflect and utilize data. Ensure that action points are taken and implemented based on data reflection meetings.

SN	Stakeholder Category	Roles and Responsibilities
	ADPs	 Support the strengthening of government M&E systems to make them more reliable to produce and report data on a timely basis Ensure that supported IPs submit timely and data to the relevant sectors Ensure that supported IPs use standard national data collection tools where they exist Conduct data quality assessments for their IPs Perform field monitoring of interventions and provide M&E technical support supervision Strengthen M&E capacity for the HIV and AIDS response Ensure coordinated funding for researches and surveys through liaison with UAC and funding researches within the prioritised National HIV and AIDS Research Agenda
	National M&E Technical Working Group	 Provide technical guidance on issues pertaining to M&E of the national response Provide technical input to all M&E products produced by the NSP M&E system Meet regularly, at least once a quarter to discuss emerging issues that need to be considered Regularly track the implementation of the NSP M&E plan Coordinate national M&E activities and ensure timely execution Promote and support dissemination of information Organise regular data reflection and utilisation events
	SCEs	 Perform field monitoring of interventions and provide M&E technical support supervision to their constituents Perform data quality assurance within their constituents through periodic DQAs and data validation Hold review meetings to reflect and utilize data within their constituents. Ensure action points are taken and implemented based on data The Research and Academia SCE will play a lead role in ensuring that prioritised researches are conducted according to the national and international protocols
	UBOS	 Conduct national surveys within their scope and produce timely reports on national surveys such as UDHS and Census Liaise with MOH in conducting the AIS and other surveys
	Beneficiaries	 Provide authentic data to service providers on request Participate in monitoring and evaluating services through providing feedback to service providers, responding to survey questionnaires and participating in review meetings.

SECTION VI: Capacity Building for HIV and AIDS M&E

Capacity building is a responsibility of all stakeholders involved in the national response. There are different dimensions for capacity building but herein, reference is made to recruitment, training (formal and on-job) and retention of HR for a functional M&E system. Although it is recognized that capacity building plays a crucial role in the overall functioning of the M&E system, monitoring of capacity building efforts will be tracked at individual sector or programmatic level.

A multi-sectoral Capacity Needs Assessment will be conducted by UAC, which will inform the development of the M&E Capacity Strengthening Strategy for HIV and AIDS. The strategy will be developed in order to strengthen M&E skills for HIV and AIDS managers given their key role in decision making, which impacts allocation of resources, as well as M&E Personnel at all levels. The service delivery levels, which generate data, will be given special capacity strengthening attention for maximum data quality outcomes.

The UAC is will develop M&E training modules that will guide M&E functions in sectors. This curriculum development is a collective and participatory effort and documents developed will be utilised by all institutions for capacity building efforts for M&E

Capacity strengthening will also focus on boosting the capacity of IP and sector institutions so as to generate, process and manage quality data.

The capacity building strategy for SCE, which was finalised early 2015, will be implemented so as to equip the SCE to play their M&E functions better among their constituents.

Capacity strengthening will also focus on boosting resources for M&E, particularly adequate staffing levels for M&E, ensuring that the M&E unit is facilitated with computers for data management, reliable internet connectivity for timely reporting and dissemination of information as well as funds for implementing M&E interventions. All IPs, districts and sectors should have a costed M&E work-plan as a minimum requirement for M&E work.

SECTION VII: Monitoring and Evaluation of the National HIV and AIDS M&E Plan Implementation

In order to track the implementation and achievements of the NSP M&E plan, M&E indicators have been developed and included in the NSP indicator matrix(*see table 1*). These indicators will be tracked regularly to ensure that M&E is on course.

The UAC M&E unit will develop Annual M&E work-plans based on the M&E Plan interventions, as summarised in Annex B. M&E work-plan tracking will be done annually and will be part of UAC annual report focusing on departmental performance against work-plans, constraints encountered, lessons learned and setting priorities for the following quarter.

The National HIV and AIDS M&E TWG will play a key role in tracking the functioning of the M&E component of the NSP on a regular basis.

The NSP MTR and End of Program Evaluation will constitute the major assessments to establish the effectiveness of the M&E system in terms of generating timely information and fostering its utilization.

Assumptions for implementation of the M&E Plan

The implementation of the Plan is a multi-sectoral effort and hence largely depends on the dedication and contribution of each key stakeholder. The following assumptions are critical in implementation of the revised Plan:

Commitment of Key Stakeholders-The multi sectoral nature of the HIV and AIDS response implies that successful implementation of the revised NSP and its M&E plan will require stronger partnerships and commitment from all partners. Based on findings of the MTR, the following assumptions are critical:

- Stakeholders will own the revised NSP and its monitoring plan and will be committed to implementation of both plans
- IP information and M&E systems will be functional and will provide timely information necessary for the Plan
- Partners will continually submit HIV and AIDS data to Government

Adequate M&E Capacity of Key Stakeholders – The success of the NSP M&E system will depend on the existence of ample M&E skills and expertise to ensure that data produced by the system is of quality and meets the basic data quality dimensions of reliability, validity, precision, timeliness, integrity and completeness. The M&E capacity is essential at all cascade levels of the data management processes, that is at the data collection level, at district aggregations level, within sectors and at UAC.

Resource Availability: Both human and financial resources are essential for an effective M&E system. It is therefore assumed that there will be adequate resources provided for

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ensuring the role of coordination of the M&E, both from in country and out of the country for sustainability purposes. The plan assumes that IPs and sectors have budgets for M&E activities within the mandate.

SECTION VIII: Costing and financing of the National HIV AND AIDS M&E Plan

The National HIV and AIDS M&E system is comprised of stakeholder systems and thus data sources are planned for and budgeted by the respective sectors responsible for those indicators. Centrally, UAC budgets will reflect M&E Plan costs that will be implemented by the agency, such as the coordination, processing, storage and aggregation of country level data. Similarly, various implementing partners that contribute data for the national M&E system will reflect M&E budgets in their institutional budgets.

The cost of implementing the M&E Plan will be 5-10% of the total NSP cost. The M&E Budget will include: coordination costs, printing and dissemination of the Plan, annual reviews, data storage, aggregation and processing, capacity strengthening for M&E, NSP review and evaluations as well as operations research. The budget will further cover interventions aimed at boosting data utilisation both at regional and national level. The IPs will facilitate district level review meetings on a rotational basis.

The Plan will be financed by GOU, ADPs and the private sector. The private sector and local government will be encouraged to contribute some items in kind such as free meeting venues for programme review meetings.

Annex A Consolidated List of Indicators

Summary List of NSP 2015/2016-2019/2020 Indicators	Number of Indicators
Overall Goal of NSP: To achieve universal access targets for HIV and AIDS Prevention, Care and Treatment, Social Support and Protection, and Systems Strengthening by 2020	
Impact Indicators	
 HIV incidence HIV and AIDS related mortality rate Percentage of infants born to HIV infected mothers who become infected HIV Prevalence rate among 15-49 years Percentage change in discriminatory attitudes towards PLHIV 	5
HIV PREVENTION INDICATORS	
Objective 1: To increase adoption of safer sexual behaviours and reduction in risky behaviours	
Outcome Indicators	
 P1.1 Percentage of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission P1.2 Percentage of adults 15-49 years who use a condom at the last higher risk sex P1.3 Percentage of young people 15-24 years who have had sexual intercourse before the age of 15. P1.4 Percentage of individuals 15-49 years reporting consistent condom use P1.5 Percentage of MARPs reporting consistent condom use 	5
Output Indicator	
P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions	1
Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services	
Outcome Indicators	
 P2.1 Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth P2.5 Percentage of males 15-49 years that are circumcised P2.6 Percentage of donated blood units screened for HIV in a quality assured manner and according to national or WHO guideline 	6
Output Indicators	
P2.1.1 P2.1.1 Percentage of pregnant women who tested for HIV and received their results	1
Objective 3: To mitigate underlying social-cultural gender and other factors that drive the HIV epidemic	
	1

Summary List of NSP 2015/2016-2019/2020 Indicators	Number of Indicators
P3.1 Percentage of girls aged 15-49 years who experience sexual and gender-based violence) P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI	2
CARE AND TREATMENT INDICATORS	
Objective 1: To increase access to pre- antiretroviral therapy care for those eligible	
Outcome Indicator	
CT1.1 Proportion of adults and children enrolled into HIV care services	1
Output Indicators	
CT1.1.1 Proportion of adults and children enrolled in HIV care currently on (cotrimoxazole) / Dapsone prophylaxi at last visits	1
Objective 2: To increase access to antiretroviral therapy and sustain provision of chronic care for patients initiated on ART	
Outcome Indicators	
CT2.1 Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy	1
Output Indicators	
CT2.1.1 Number of HIV positive adults and children currently receiving ART CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV CT2.1.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV	2
Objective 3: To improve quality of chronic HIV care and treatment	
Outcome Indicators	
CT3.1 Percentage of <i>estimated</i> HIV-positive incident TB cases that received treatment for both TB and HIV CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)	2
Output Indicators CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV- positive	1
Objective 4: To strengthen integration of HIV care and treatment within health care programs	
Outcome Indicators	
CT4.1 Unmet need for Family Planning among PLHIV CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy	2
Output Indicators CT4.1.1 Percentage of PLHIV women of reproductive age receiving any method of family planning	1

Summary List of NSP 2015/2016-2019/2020 Indicators	Number of Indicators
SOCIAL SUPPORT AND PROTECTION	
Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups	
Outcome Indicator	
SP1.1 Percentage of individuals aged 15-49 years with accepting attitudes towards PLHIV	1
Output Indicator	
SP1.1.1 Percentage of individuals reached stigma and discrimination reduction messages	1
Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs	
Outcome Indicators	
SP2.1 Percentage of OVC households that are food secure SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met	2
Output Indicators	
SP2.1.1 Percentage of OVC households that received economic strengthening support	2
SP2.1.2 Percentage of OVC supported services in 3 or more Core Progam Areas (CPAs)	
Strategic Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups	
Outcome Indicators	
SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection	2
SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package	
Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV andAIDS	
Outcome Indicators	
SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives. SP4.2 Percentage of men and women who believe that wife beating is justified SP4.3 Percentage of women who own land alone or jointly with their spouses	3
Output Indicators	
SP4.1.1 Numbers of individuals reached with interventions addressing GBV	1
SYSTEMS STRENGTHENING INDICATORS	
Objective 1: To strengthen the governance and leadership of the multi-sectoral HIV andAIDS response at all levels	
Outcome Indicators	

Summary List of NSP 2015/2016-2019/2020 Indicators	Number of Indicators
SS1.1National Commitments and Policy Instrument (NCPI) index score SS1.2 Uganda AIDS Commission Management Index score	2
Output Indicators	
SS1.1.1 Percentage of SCEs and other their constituents with functional boards SS1.1.2 Percentage of large work places with HIV and AIDS workplace policies (30 workers and above)	2
Objective 2: To ensure availability of human resources for delivery of quality HIV andAIDS services	
Outcome Indicators	
SS2.1 Percentage of health facilities with the required staffing levels	1
Output Indicators	
SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care	1
Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV andAIDS services	
Outcome Indicators	
SS3.1 Percentage of health facilities with no stock outs of STI drugs, HIV test kits and condoms for more than 1 month within past 12 months SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months	2
Objective 4: To ensure availability and access to quality HIV andAIDS services	
Indicators for this objective are covered under various thematic areas	
Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV andAIDS services	
Outcome Indicators	
SS5.1 PPercentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards SS5.2 Proportion of health center IIIs offering ARV and eMTCT services	2
Output Indicators	
SS5.1.1 Percentage of HCs providing HIV and AIDS services that meet the quality standards	1
Objective 6: To mobilize resources and streamline management for efficient utilization and accountability	
Outcome Indicators	
SS6.1 Percentage HIV and AIDS funding that comes from GOU SS6.2 Percentage of districts with HIV and AIDS costed Strategic Plans	2
Objective 7: To strengthen coordination of the national HIV and AIDS response	
Outcome Indicators	
SS7.1 Percentage of districts with functional DACs with functional coordination structures SS7.2 Percentage of districts with functional PHA Networks SS7.3 Percentage of Self Coordinating Entities (SCEs)with functional HIV/ AIDS committees	3

Summary List of NSP 2015/2016-2019/2020 Indicators	Number of Indicators
Output Indicators	
SS7.1.1 Functional National HIV and AIDS TWGs	1
MONITORING AND EVALUATION	
Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV AND AIDS information for monitoring and evaluating the NSP 2014/15-2019/20	
Outcome Indicators	
ME1.1 Percentage of sectors with costed HIV and AIDS M&E work plans	2
ME1.2 Percentage of sectors performing data quality assessments	
Outputs Indicators	
ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC ME1.1.2 Functional national HIV and AIDS database in place ME1.1.3 Percentage of IPs trained in M&E for HIV and AIDS programs	3
Objective 2: To promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels.	
Outcome Indicators	
ME2.1 Percentage of implementers utilizing program generated HIV and AIDS data ME2.2 Percentage of IPs conducting HIV and AIDS operations research based on the national research agenda ME2.3 Number of NSP reviews conducted ME2.4 Number of data use events held at national, regional and district levels	4
Outputs Indicators	
ME2.1.1 Number of NSP based reports produced (disaggregated level international and national levels)	4
ME2.1.2 Number information dissemination products produced and disseminated by the NADIC	3
TOTAL	76

							PE	ERFO	RMA	NCE N	MANA	GEM	ENT 1	TASK	SCHE	DUL	Е				
Performance		201	5/16			201	6/17			201	7/18			201	8/19		2	019/	20		
Management Tasks	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Notes
	Per	form	ance	Mon	itoriı	ng Pla	n Ma	inage	emen	t and	Trac	king									
Develop the M&E Plan			x																		
Hold M&E Plan dis- semination and orienta- tion session				X	X	X	X														The plan will be dissemi- nated at national, regional and dis- trict levels
Populate the NSP Indica- tor tracking table				x				x				x				x				x	This will be done annually
	Col	lect a	nd M	anag	e Pei	form	ance	Data	i									1			
Design non- biomedical data col- lection and reporting tools				x																	
Document and collect activity data as per implemen- tation	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x			On-going basis fol- lowing activity implemen- tation
Roll out the National HIV and AIDS data- base			X	X	X	X				x			x				x				The data- base will be graded annually
Sign MOUs with sectors			x	x																	
Input data into the da-				X				x				x				x				X	
tabase Aggregate and compile indicator tracking data	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	To be done quarterly by sectors, annually by UAC.
	Im	oleme	ent M	&E C	apac	ity St	rengt	theni	ng In	terve	entior	IS									
Orient the Structural IPs on data collection and report- ing tools				x	x	x	x	x													
Conduct M&E As- sessment for IPs and sectors				x	x																
Develop M&E Train- ing modules			x	x	x																

Annex B Performance Management Tasks

							PF	ERFO	RMAI	NCE N	IANA	GEM	ENT 1	rask	SCHE	DUL	E				
Performance		201	5/16			201	6/17			201	7/18			201	8/19		2	019/	20		
Management Tasks	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Notes
Conduct M&E capac- ity strength- ening inter- ventions	X	X	x	x	X	X	x	x	X	X	X	X	X	X	X	X	X	x	X	X	These will include a mixture of formal as well as on site hands on ses- sions for managers and M&E staff
Conduct M&E techni- cal support supervision visits	x	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	To be done by IPs, LGs, sec- tors, UAC and ADPs
	Ass	sess E	Data (-																
Develop DQA guide- lines and tools				X	X	X															
Conduct DQAs				X					X				X				X				To be done by IPs, LGs, sec- tors, and UAC
Perform data clean- ing and vali- dation	X	x	X	x	X	X	X	x	x	X	X	X	X	X	X	X	X	x			This will be done by the data collec- tors, M&E team and Database Manager. The data- base will have inbuilt data valida- tion rules.
	Rev	view	the A	ctivit	y Per	form	ance		·				·					·			
Produce progress reports (national and interna- tional)				X				X				X				X				X	
Hold quar- terly and annual per- formance review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			Quar- terly review meetings will be held at IP and district level; Bi- annual re- views at re- gional level and annual reviews at national level
Develop TORs for M&E HIV and AIDS			X	X																	

							PI	ERFO	RMA	NCE N	/ANA	GEM	ENT	TASK	SCHE	DUL	Е				
Performance	2015/16 2016/17						2017/18				201	8/19		2	019/	20					
Management Tasks	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Notes
Hold HIV and AIDS M&E TWG meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
	Rej	port I	Perfo	rman	ice ai	ıd Sh	are Iı	nforn	natio	n											
Conduct data analy- sis	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Produce quarterly, semi-annual and annual reports to USAID	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Disseminate information products e.g. reports, success stories, best practices and lessons learnt to key stakeholders	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
Develop a data use plan				X	X																
Organise data utilisa- tion events including the National AIDS Con- ference	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
	Coi	ıduct	surv	vevs. e	evalu	ation	and	speci	ial sti	ıdies											
Develop the Na- tional HIV and AIDS Research Agenda			x	X	x																
Conduct AIS			x	x																	Ву МОН
Conduct NASA				x				x				x				x					UAC
Conduct Surveillance Studies				x				x				x				x					МОН
Conduct MTR										x											Consultan- cy Firm
Conduct end-tem evaluation																		X			Consultan- cy Firm
Conduct special stud- ies					x				x						x						Consultan- cy Firm
LQAS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	x	X	X	X	X	By dis- tricts, IPs

Annex C Indicator Reference Sheets

Impact Indicators

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To prevent new HIV infections

INDICATOR TITLE: 1. HIV incidence

Description: Total number of new HIV infections in the population in the last 12 months

Rationale: One of the major goals of HIV and AIDS programmes is to ensure that there are very few new infections. One of the greatest achievements is to see a reduction in the number of new infections in all groups and ages.HIV Incidence is critical in assessing the status of the HIV epidemic and the impact of prevention interventions. It is important to know whether the new infections are reducing or increasing.

Numerator: New HIV infections

Denominator: Total population

Level: Impact	Data Source: MOH Modeling projection reports
Unit of measure: Number	Disaggregated By: Sex, age (adults versus children)

Data Collection Methodology: Modeling

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Baseline (2013):	Target:
Total = 139,089	Total = 110, 814
Adults =123,802	Adults =102,221
Children 15,287	Children =8,593

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality

INDICATOR TITLE: 2. HIV and AIDS related mortality rate

Description: Refers to deaths caused AIDS and diseases that are commonly associated with HIV infection.

Rationale: The HIV and AIDS care and treatment ART are aimed at reducing HIV related deaths. This indicator hence measure the impact of care and treatment ART interventions and is a measure of whether there is improved quality of life among HIV positive people.

Numerator: HIV positive people who diein one year

Denominator: KnownHIV positive people in one year

Unit of measure: Percentage

Disaggregated By: Sex, age

Level: Impact	Data Source: MOH Spectrum estimates reports						
Data Collection Methodology: MOH Spectrum estimates							
Frequency of Collection: Annually							
Responsibility for Data Collection: MOH							
Baseline: 63,000 2013/14	Target: 21,497						

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To prevent new HIV infections

INDICATOR TITLE: 3. Percentage of infants born to HIV infected mothers who become infected

Description: HIV exposed infants that are projected to test HIV positive out of the total estimated number of exposed infants. Exposed infants are those born to HIV positive mothers.

Rationale: The indicator enables the country to assess progress towards elimination of MTCT. It measures the impact of PMTCT interventions.

Numerator: Infants who be newly infected with HIV due to mother-to-child transmission

Denominator: Total estimated number of exposed infants based on the estimated number of HIV positive women who delivered in the previous 12 months.

Unit of measure: Percentage	Disaggregated By: sex					
Level: Impact	Data Source: MOHSpectrum Estimate reports					

Data Collection Methodology: Modeling Projections

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):The modeled projections are compared with the facility based data.The transmission can be calculated by using the Spectrum model.

Baseline: 9.2 (9,629/105,059) Spectrum Estimates (UNGASS report) 2013/14 Target: 5%

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To prevent new HIV infections

INDICATOR TITLE: 4. HIV Prevalence rate among 15-49 years

Description: Percentage of adults aged 15-49 years who are HIV infected in the last 12 months

Rationale:The goal of HIV interventions is to realise a decrease in the percentage of people that have the infection The indicator depicts the HIV burden and guides decision in determining the amount of resources that will be required to provide care to persons living with HIV and AIDS. With better efforts towards care and prolonging of life for people with the infection, the prevalence could increase or remain stable depending on the programme's effectiveness in combating new HIV infections particularly in the age group of 15-24 years, The indicator measures the HIV Sero prevalence among the adult population. HIV prevalence in the adult population helps to estimate the number of HIV positive people for purposes of programme planning and evaluation.

Numerator: Number of adults aged 15 - 49 years who are HIV positive

Denominator: Total number of men and women aged 15-49 years

Unit of measure: Percentage	Disaggregated By: Sex, geographical location
Level: Impact	Data Source: AIS

Data Collection Methodology: Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: UBOS

Measurement Notes (optional):

Baseline: Target:	
Total 7.3% (2012) 6%	
Male 6.1% (2012) 5%	
Female 8.2% (2012) 7%	

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

INDICATOR TITLE: 5. Percentage change in discriminatory attitudes towards PLHIV

Description: This indicator will be measured using a number of questions aimed at exploring whether there is change in discriminatory attitudes towards PLHIV. Some of the variables that will be measured will include: willingness to care for a relative who is sick with AIDS in their own household; willingness to buy fresh vegetables from a vendor if they knew that he/she were HIV positive; feeling that a teacher who has the AIDS virus but is not sickly should be allowed to continue teaching in the school; and that if a member of their family got infected with the AIDS virus, they would not want it to remain a secret.

Rationale: Negative attitudes towards PLHIV limit disclosure of HIV status as well as access to services, hence putting the life of the PLHIV at a risk of poor health due to fear to access services to avoid stigmatization. Lack of disclosure also increases the chances of HIV infection for the unknowing sexual partner.

Numerator: The women aged 15-49 and aged men 15-54 who answer yes to the 4 indicators above.

Denominator: All women aged 15-49 and aged men 15-54.

Unit of measure: Percentage

Disaggregated By:

Level: Impact	Data Source: UDHS Stigma Index Survey
Data Collection Methodology: Survey	0
Frequency of Collection: Every 5 years (UDHS); Every 3 years (UAC)	
Responsibility for Data Collection: UBOS, MOH	
Measurement Notes (optional):	
Baseline: 34% (UDHS 2011)	Target: 70%

Prevention Indicators

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors

INDICATOR TITLE: P1.1 Percentage of young people 15-24 years who correctly identify ways of preventing sexual transmission of HIV and reject major misconceptions about HIV transmission

Description: The indicator measures the percentage of young people who are knowledgeable about essential facts regarding HIV transmission.

Rationale: It is believed that knowledge about HIV and AIDS is essential and a prerequisite for people to adopt behaviors that reduce the risk of acquiring it, even though knowledge alone is insufficient to achieve this

Numerator: respondents aged 15-24 years who gave the correct answer to all questions

Denominator: The respondent population aged 15–24 years.

Unit of measure: Percentage	Disaggregated By: Sex and age group.
Level: Outcome	Data Source: AIS Report

Data Collection Methodology: Surveys

Frequency of Collection: Every 5 years

Responsibility for Data Collection: MOH, UBOS

Measurement Notes (optional):

Multiple questions are included in the survey instrument in order to derive calculations for its measurement.

Baseline:	Target:
Male: 39.3% (AIS, 2011)	Males 70%
Female: 38.6% (UAIS 2011)	Females 70%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors

INDICATOR TITLE: P1.2 Percentage of individuals aged 15-49 years who used a condom at the last high risk sex

Description: High-risk sex is sexual intercourse with a non-marital or non-cohabiting partner.

Rationale: Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners.

Numerator: Individuals aged15-49 years who used a condom at the last high risk sex.

Denominator:Respondents aged15-49 who reported having sex with a non-marital or non-cohabitingpartner in the past 12 months.

Unit of measure: Percentage	Disaggregated By: Age, sex,urban/rural, marital status.
Level: Outcome	Data Source: AIS Report

Data Collection Methodology: Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: MOH, UBOS

Measurement Notes (optional):

Baseline:	Target:
Males: 37.9% (AIS)	Males: 75%
Females: 29.4% (AIS)	Females: 75%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors

INDICATOR TITLE: P1.3 Percentage of young people 15-24 years who have had sexual intercourse before the age of 15.

Description: This indicator tracks the age at which the individuals begin to get exposed to HIV through sexual intercourse.

Rationale: A major goal of the HIV prevention program is to delay the age at which young people start having sex and discourage premarital sexual activity, which increases their potential exposure to HIV.

Numerator: Young peopleaged 15–24 years who report having had sexual intercourse before the age 15 years

Denominator: Young people respondentsaged 15–24 years

Unit of measure: Percentage	Disaggregated By: Sex
Level: Outcome	Data Source: AIS Report

Data Collection Methodology: Survey

Responsibility for Data Collection: MOH, UBOS

Measurement Notes (optional):

Baseline:	Target:
Males =11.9% (source 2011)	Males 7%
Females=13.1% (source 2011)	Females 8%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors

INDICATOR TITLE: P1.4 Percentage of individuals 15-49 years reporting consistent condom use

Description: Consistent condom use refers to the practice of using condoms every time they had sex with a non-marital and non-cohabiting partner.

Rationale: Using condoms every time people have sexual intercourse can reduce the risk of contracting the AIDS virus. Condom use is an important measure of protection against HIV, especially among people with multiple sexual partners.

Numerator: Individuals aged15-49 years who used a condom at the last high risk sex.

Denominator: Individuals 15-49 who reported having sex with a non-marital or non-cohabitingpartner in the past 12 months.

Unit of measure: Percentage	Disaggregated By: Age, sex,urban/rural, marital status.
Level: Outcome	Data Source: AIS reports
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: Males: 37.9% (AIS 2011)	Target: 90%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors.

INDICATOR TITLE: P1.5 Percentage of MARPs reporting consistent condom use

Description: The indicator refers to MARPs that condom a use every time they have sex with a non-marital and non-cohabiting partner. The categories of MARPs that will be tracked will include sex workers, men having sex with men (MSM), fisherfolk (fishing communities), long distance truck drivers, uniformed personnel (such as the army, the police and prisons, plantation workers, and injectable drug users (IDU).

Rationale:MARPs are drivers of the HIV and AIDS epidemic because of the high-risk sexual behaviours they engage in. In order for MARP groups to protect themselves and to prevent infecting others, it is important that they use condoms consistently, particularly with non-marital and noncohabiting partner. It measures progress in preventing exposure to HIV among groups that are at most risk of contracting HIV through unprotected sex.

Numerator: MARPs reporting correct and consistent condom use every time they every time they have sex with a non-marital and non-cohabiting partner.

Denominator: The total of the above 6 MARP categories

Unit of measure: Percentage	Disaggregated By: By type of MARPs (sex workers, MSM, fisher folk, truckers, uniformed personnel and IDU)
Level: Output	Data Source: AIS reports

Level: Output

Data Collection Methodology:

Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Target
50%
50%
50%
50%
50%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 1: To increase adoption of safer sexual behaviors and reduction in risky behaviors.

INDICATOR TITLE: P1.1.1 Number of individuals reached in individual or small groups with a minimum package of preventive interventions

Description: This indicator measures the outputs of HIV prevention interventions that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). For the purposes of being counted here, these interventions do not include large-scale public gatherings (with more than 30 people) or mass media outputs.

The National Prevention technical working group will define the minimum package.

Rationale: This indicator measures the number of individuals who attended individual or small group activities focused on HIV preventive interventions. The more the individuals receive the HIV prevention messages, the higher number who are likely to make behavioral changes.

Numerator: Individuals reached in individual or small groups with a minimum package of preventive interventions

Unit of measure: Number	Disaggregated By: Age group, sex,target population
Level: Output	Data Source: BCC program reports, HMIS

Leven output

Data Collection Methodology: Survey

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):Double counting of individuals who participate in HIV prevention interventions should be avoided through close monitoring of activities by partner, and geographic area. Care should be taken to count individuals served *during the current reporting period as opposed to sessions attended*. One individual may attend more than one session in a year.

Baseline: Not available	Target:
	Total =12,500,000
	Age group
	• 10-24 =7,500,000
	• 25 plus = 6,250,000
	Sex
	• Male =7,500,000
	• Female = 6,250,000
	Target population
	• MARPS=50,000
	• General population =6,200,000
	• Youth In school = 4,875,000
	• Youth out of school =2,625,000

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services

INDICATOR TITLE: P2.1 Percentage of adults 15-49 years who tested for HIV in the last 12 months and know their results

Description: The proportion of survey respondents aged 15-49 who were tested for HIV and received their results in the last 12 months.

Rationale: When people know their HIV status, it is hoped that if they are negative, they will want to protect themselves from acquiring the infection and if they are positive, it will help them seek treatment and hopefully prevent infecting others. The indicator measures progress made in implementing the HIV testing and counselling strategy.

Numerator: Number of respondents aged 15-49 who have been tested for HIV during the last 12 months and who know their results

Denominator:Number of all respondents aged 15-49

Unit of measure: Percentage	Disaggregated By:
	• Sex
	• Age category (15-19, 20-24 and 25-49)

Level: Outcome level	Data Source: HMIS
Data Collection Methodology: Routine program data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH, UBOS Measurement Notes (optional): The information will be triangulated with the periodic information from UDHS and AIS tat is conducted every 5 years.	

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services

INDICATOR TITLE: P2.2 Percentage of HIV-positive pregnant women who receive antiretroviral drugs to reduce risk of mother-to-child transmission of HIV

Description: The indicator measures progress in preventing mother-to-child transmission of HIV through the provision of Antiretroviral drugs. This is one of the four main methods for the prevention of mother-to-child transmission, along with primary prevention of HIV for women of childbearing age, prevention of unintended pregnancies among women living with HIV, and appropriate treatment, care and support for mothers living with HIV.

Rationale: The risk for mother-to-child transmission can be reduced significantly by the complementary approaches of providing antiretroviral drugs (as treatment or as prophylaxis) to the mother and antiretroviral prophylaxis to the infant and using safe delivery practices and safer infant feeding. The data will be used to track progress toward global and national goals towards elimination of mother to-child transmission; to inform policy and strategic planning; for advocacy; and leveraging resources for accelerated scale up.

Numerator: HIV-positive pregnant women who received antiretroviral drugs during the past 12 months to reduce mother-to-child transmission.

Denominator:Estimated number of HIV-positive pregnant women within the past 12 months

Unit of measure: Percentage	Disaggregated By: Age
Level: Outcome	Data Source: PMTCT & Paediatric HIV and AIDS Care Program Annual Report

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):<u>For the numerator</u>: national programme records aggregated from programme monitoring tools, such as patient registers and summary reporting forms. <u>For the denominator</u>: estimation models such as Spectrum, or antenatal clinic surveillance surveys in combination with demographic data and appropriate adjustments related to coverage of ANC surveys.

Baseline:	Target:
75% (midyear source, 2014)	85%
MOH PMTCT Report	

NSP THEMATIC GOAL: To prevent new HIV infections			
ISP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions lelivered as part of integrated health care services			
INDICATOR TITLE: P2.3 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV			
Description: Refers to exposed infants that are given antiretroviral prophylaxis for prevention of early postpartum mother-to-child transmission.			
Rationale : This indicator measures the delivery and uptake of antiretroviral prophylaxis, for the prevention of mother-to-child-transmission (PMTCT)			
Numerator: HIV exposed infants who received ARVs for prophylaxisDenominator: Live births to HIV positive women in the last 12 months			
		Unit of measure:PercentageDisaggregated By: age	
Level: Outcome level	Data Source: HMIS		
Data Collection Methodology: Routine program data collection Frequency of Collection: Annually Responsibility for Data Collection: MOH Measurement Notes (optional):			
		Baseline: 36.7% (37,423/101,907) 2013	Target: 80%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services

INDICATOR TITLE: P2.4 Percentage of infants born to HIV Positive women receiving a virological test for HIV within 2 months of birth.

Description: The indicator measures the extent to which infants born to HIV-positive women are tested within the first 2 months of life to determine their HIV status and eligibility for ART.

Rationale: Infants infected with HIV during pregnancy, delivery or early postpartum often die before they are recognized as having HIV infection. WHO recommends national programmes to establish the capacity to provide early virological testing of infants for HIV at 6 weeks, or as soon as possible thereafter to guide clinical decision-making at the earliest possible stage. HIV disease progression is rapid in children; they need to be put on treatment as early as possible because without early treatment almost 50% of children would be dead by the second year. The

Numerator: Infants who received an HIV test within 2 months of birth, during the reporting period. Infants tested should only be counted once

Denominator: HIV-positive pregnant women giving birth in the past 12 months

Unit of measure: Percentage	Disaggregated By: Sex, test result
Level: Outcome level	Data Source: PMTCT& Paediatric HIV and AIDS Care Program Annual Report

Data Collection Methodology: Routine HMIS data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional): The numerator is measured using laboratory data for Early Infant Diagnosis testing whereas the denominator is obtained from Spectrum estimates, central statistical offices, and/or sentinel surveillance

Baseline:	Target:
$1^{st} PCR = 44\%$	$1^{st} PCR = 75\%$
2^{nd} PCR = 10%	$2^{nd} PCR = 70\%$
(2013)	

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services

INDICATOR TITLE: P2.5 Percentage of males 15-49 years that are circumcised

Description: The prevalence of male circumcision among males.

Rationale: Safe male medical circumcision has been found to be an effective means of preventing HIV infection among men. The indicator measure progress that has been achieved in circumcising men as a means of reducing risk of transmission of HIV to males.

Numerator: Males aged15 - 49 years who circumcised Males aged15 - 49 years who circumcised in the past 12 months

Denominator:All male respondents 15-49 years

Unit of measure: Percentage

Level: Outcome level	Data Source: MOH program reports, AIS Report
Data Collection Methodology: Routine HMIS data collection, AIS Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline: 33.2% (MOH Surveillance Report 2013)	Target: 80%

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.

INDICATOR TITLE: P2.6 Percentage of donated blood units screened for HIV in a <u>quality</u> <u>assured manner</u> and according to national or WHO guidelines

Description: Screening in a quality assured manner is defined as screening performed in blood centres/ blood screening laboratories that (i) follow documented standard operating procedures and (ii) employs an external quality assurance (EQA) scheme

Rationale: Blood safety programmes aim to ensure that all blood units are screened for infections that are transmissible through blood transfusion.

Numerator Donated blood units screened for HIV in a quality assured manner.

Denominator:Total blood units donated

Unit of measure: Percentage	Disaggregated By: N/A	
Level: Outcome level	Data Source: UBTS Reports	
Data Collection Methodology: Routine program data		
Frequency of Collection: Annually		
Responsibility for Data Collection: UBTS		
Measurement Notes (optional):		
Baseline: 100% (UBTS 2013)	Target: 100%	

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 2: To scale-up coverage and utilization of biomedical HIV prevention interventions delivered as part of integrated health care services.

INDICATOR TITLE: P2.1.1 Percentage of pregnant women who tested for HIV and received their results

Description: This indicator refers to pregnantwomen who tested for HIV and received their results during pregnancy, including those previously known and documented to be HIV positive. They are presumed to be aware of the sero-status after receiving HIV test results.

Rationale: This indicator assesses the country efforts in identifying the HIV status of pregnant women. This in turn provides an entry point for other PMTCT services and helps to tailor prevention, care and treatment interventions according to the identified needs.

Numerator:Number of women attending ANC, labour and delivery and postpartum services who were tested for HIV and received their results.

Denominator:Estimated number of pregnant women in the last 12 months

Unit of measure: Percentage	Disaggregated By: Test result, age
Level: Output	Data Source: PMTCT Reports

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline: Xxx% HMIS 2013/14

Target: 80%

NSP PERFORMANCE INDICATOR REFERENCE SHEET

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 3: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic

INDICATOR TITLE: P3.1 Percentage of girls 15-24 years who experience sexual and genderbased violence (GBV).

Description: Gender-based violence (GBV) refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. GBV is commonly experienced as physical or sexual violence, but can also be psychological and emotional. The indicator measures progress in reducing prevalence of GBV.
Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health. Women who experience GBV are more likely to be exposed to women to the risk of contracting HIV due to coerced sex.

There is growing recognition that women and girls' risk of, and vulnerability to, HIV infection is shaped by deep-rooted and pervasive gender inequalities - violence against them in particular. Studies conducted in many countries indicate that a substantial proportion of women have experienced violence in some form or another at some point in their life. This indicator measure GBV prevalence.

Numerator: Women aged 15-49 who report experiencing physical or sexual violence by at least one of these partners in the past 12 months

Denominator:Women respondents aged 15-49 who currently have or had an intimate partner

	Disaggregated By: Age (15-19, 20-24 and 25-49)
Level: Outcome	Data Source: UDHS

Data Collection Methodology: Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: MGLSD

Measurement Notes (optional):

Baseline:	Target:
Women: 27%	Women: 23%
UDHS 2011	

NSP THEMATIC GOAL: To prevent new HIV infections

NSP Objective 3: To mitigate underlying social-cultural gender and other factors that drives the HIV epidemic

INDICATOR TITLE: P3.2 Percentage of adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has a STI

Description: The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners. The indicator measures progress that has been made in empowering women into making decisions regarding sex with their sexual partners.

Rationale: The ability of women to negotiate safer sex empowers them to prevent HIV infections. The indicator shows change sin peoples attitudes with regard to women's participation in negotiating for safer sex.

Numerator: Adults that believe that a woman is justified to refuse sex or demand condom use if she knows that her husband has an STI.

Denominator: Total number of adults that responded to the questions

Unit of measure: Percentage	Disaggregated By: Age, sex	

Level: Outcome level	Data Source: AIS	
Data Collection Methodology: Survey		
Frequency of Collection: Annually		
Responsibility for Data Collection: MGLSD		
Measurement Notes (optional):		
Baseline: Males 90% Females 84% (2010)	Target: Males 90% Females 95%	

Care and Treatment Indicators

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality

NSP OBJECTIVE:Objective 1: To increase access to pre- antiretroviral therapy care for those eligible

INDICATOR TITLE: CT 1.1 Proportion of adults and children enrolled into HIV care services

Description: This indicator refers to measures the number of all newly diagnosed HIV positive clients who have been newly initiated into Pre-ART and ART care during the reporting period.

Rationale: It is very essential that all HIV positive clients are immediately enrolled into HIV care services for social and medical support. This indicator provides a measure of the uptake of pre-ART and ART services for the newly diagnosed clients. The indicator further acts as a proxy to measure the functionality of the referral system from HCT to Pre-ART and ART care.

Numerator: Newly diagnosed HIV positive clients enrolled into HIV care services

Denominator: Newly diagnosed HIV positive clients in past 12 months

Unit of measure: Proportion	Disaggregated By: sex, adults versus
Level: Outcome	children Data Source: HMIS 106a

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline:	Target:
Total 70%	80%
Adults =	
Children =	
(June 2014)	

NSPObjective 1: To increase access to pre- antiretroviral therapy care for those eligible

INDICATOR TITLE: CT 1.1.1 Proportion of Adults and Children enrolled into HIV care currently on trimethoprim-sulfamethoxazole (cotrimoxazole) / Dapsone

Description: Enrollment in HIV Care includes both Pre-ART and ART patients.

Rationale: Cotrimoxazole (CTX) prophylaxis is a critical intervention for PLHIV- for prolonging life, and reducing the incidence of opportunistic infections. This indicator provides a measure of prevention interventions among HIV positives.

Numerator: HIV positive Adults and Children in care receiving Cotrimoxazole / Dapsone prophylaxis at last visit

Denominator: Total HIV positive individuals in care

Unit of measure: Percentage	Disaggregated By: Sex and Adults versus Children	
Level: Output	Data Source: HMIS 106a	
Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		

Responsibility for Data Collection: MOH

Measurement Notes (optional): N/A

Baseline: 80% (2013)

Target: 90%

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality

NSPObjective 2: To increase access to antiretroviral therapy and sustain provision of chronicterm care for patients initiated on ART

INDICATOR TITLE: CT2.1 Percentage of HIV positive adults and children known to be on treatment 12 months after initiation of antiretroviral therapy

Description: The indicator measures progress in increasing survival among infected adults and children by maintaining them on antiretroviral therapy.

Rationale: One of the goals of any antiretroviral therapy programme is to increase survival among infected individuals. As antiretroviral therapy is scaled up in countries around the world, it is also important to understand why and how many people drop out of treatment programmes. This data can be used to demonstrate the effectiveness of those programmes and highlight obstacles to expanding and improving them. This indicator measures client retention on ART, which is a critical determinant of the effectiveness of an HIV treatment programme

Numerator: Adults and children who are alive and on antiretroviral therapy at 12 months after initiating treatment.

Denominator: All adults and children who initiated antiretroviral therapy in the past 12-months including those who have died since starting antiretroviral therapy, those who have stopped antiretroviral therapy, and those recorded as lost to follow-up at month 12.

Unit of measure: Percentage	Disaggregated By: Sex, age, pregnancy status	
Level: Outcome	Data Source: ART Quarterly reports	
Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MOH		
Measurement Notes (optional): At facility level, patients who are transferred-in should be included and those transferred-out should be excluded from the statistics.		
Baseline: 83 % (140,457/166,095) 2013	Target:90%	

NSPObjective 2: To increase access to antiretroviral therapy and sustain provision of chronic-term care for patients initiated on ART

INDICATOR TITLE: CT2.1.1 Number of HIV positive adults and children currently receiving ART

Description: 'Currently' refers to clients who are accessing ART services during the quarter. It measures the proportion of HIV positive adults who remain active on ART.

Rationale: the indicator measures access to ART, used to estimate resource needs for ARVs. Additionally helps assess progress towards providing ART to all those who are eligible.

Numerator: HIV positive adults and children receiving ART during the quarter

Denominator: All ART clients that are alive

Unit of measure: Percentage	Disaggregated By: 1st or 2nd line, sex and age
Level: Output	Data Source: HMIS Quarterly Report (106a)

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional): N/A

Baseline:	Target:
Adults = 659,064	Adults = 1,420,312
Children = 54,680	Children = 123,794
Total = 713, 744	Total = 1,544,105

NSPObjective 2: To increase access to antiretroviral therapy and sustain provision of chronicterm care for patients initiated on ART

INDICATOR TITLE: CT2.1.2 Percentage of HIV exposed infants who have received ARV prophylaxis to reduce risk of mother-to-child transmission of HIV

Description: The exposed infants are children born to HIV positive mothers that are given antiretroviral prophylaxis for prevention of early postpartum mother-to-child transmission.

Rationale: This indicator measures the uptake of antiretroviral prophylaxis, for the prevention of mother-to-child-transmission (PMTCT).

Numerator: HIV exposed infants who received ARVs for prophylaxis

Denominator: Estimated number of live births to HIV positive women in the last 12 months

Unit of measure: Percentage	Disaggregated By: N/A	
Level: Output	Data Source: PMTCT Annual Reports	
Data Collection Methodology: Routine program data collection		

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline: 20,625 (2014)

Target: 80%

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality

NSPObjective 2: To increase access to antiretroviral therapy and sustain provision of chronicterm care for patients initiated on ART

INDICATOR TITLE: CT2.1.3 Percentage of pregnant women who received anti-retroviral drugs to reduce the risk of mother-to-child transmission of HIV

Description: This indicator refers to HIV positive pregnant women who are given ARVsto prevent passing on the HIV infection to their unborn babies. This indicator measures progress in preventing mother-to-child transmission of HIV through the provision of antiretroviral drugs. This is one of the four main methods for the prevention of mother-to-child transmission, along with primary prevention of HIV for women of childbearing age, prevention of unintended pregnancies among women living with HIV, and appropriate treatment, care and support for mothers living with HIV.

Rationale: The risk for mother-to-child transmission can be reduced significantly by the complementary approaches of providing antiretroviral drugs (as treatment or as prophylaxis) to the mother and antiretroviral prophylaxis to the infant and using safe delivery practices and safer infant feeding. The data will be used to track progress toward global and national goals towards elimination of mother to-child transmission; to inform policy and strategic planning; for advocacy; and leveraging resources for accelerated scale up.

Numerator :HIV-positive pregnant women who received antiretroviral drugs during the past 12 months to reduce mother-to-child transmission		
Denominator: Estimated number of HIV-positive pregnant women within the past 12 months.		
Unit of measure: PercentageDisaggregated By: age		
Level: Output	Data Source: PMTCT Annual Reports	
Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MOH		
Measurement Notes (optional): N/A		
Baseline: 88,266 (percentage not available)	Target: 95%	

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality		
NSPObjective 3: To improve quality of chronic HIV care and treatment		
INDICATOR TITLE: CT3.1 Percentage of <i>estimated</i> HIV-positive incident TB cases that received treatment for both TB and HIV.		
Description: The indicator is a measure of the percentage of HIV positive clients that receiving both ART and treatment for TB.		
Rationale: This indicator assesses trends in the detection and treatment of TB among people living with HIV who are registered in HIV care.		
Numerator :HIV positive clients who received ART and who TB treatment within the reporting period		
Denominator: Estimated number of incident TB cases in people living with HIV		
Unit of measure: Percentage Disaggregated By: Sex, adults and children		
Level: Outcome Data Source: 2012 NTLP report		
Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MOH		
Measurement Notes (optional): N/A		
Baseline: 60% Jan – June 2013 Target: 70%		

NSPObjective 3: To improve quality of chronic HIV care and treatment

INDICATOR TITLE:CT3.2 Percentage of people with diagnosed HIV infection on Isoniazid Preventive Therapy (IPT)

Description: Number of adults and children in HIV care who received treatment for latent TB infection TB preventive therapy (TBPT), expressed as a proportion of the total number of adults and children newly-enrolled in HIV care over a given time period.

Rationale: This indicator measures the mitigation efforts to reduce the incidence of TB among People Living with HIV.

Numerator: Adults and children given at least one dose of isoniazid preventive therapy during the reporting period.

Denominator:Total number of adults and children in HIV care during the reporting period

Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Outcome	Data Source: HMIS 106a

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional): N/A

Baseline: Not Available

Target:80%

NSP THEMATIC GOAL: To decrease HIV and AIDS related morbidity and mortality

NSPObjective 3: To improve quality of chronic HIV care and treatment

INDICATOR TITLE:CT3.1.1 Percentage of HIV positive TB patients who start on or continue previously initiated antiretroviral therapy, during or at the end of TB treatment, among all HIV positive.

Description: This indicator measures all HIV positive clients receiving TB treatment, whether they are new on TB treatment or continuing TB clients.

Rationale: This indicator measures efforts address TB/HIV co-infection among People Living with HIV.

Numerator: HIV positive TB patients on TB treatment

Denominator: All estimated HIV positive clients who also have TB infection.

Unit of measure: Percentage	Disaggregated By: Sex and by adults versus children
Level: Output	Data Source: NLTP Reports

Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline:78% (7,833/10,045) 2014	Target:85%

NSP THEMATIC GOAL:	To decrease HIV an	d AIDS related morbio	lity and mortality

NSPObjective 4: To strengthen integration of HIV care and treatment within health care programs

INDICATOR TITLE:CT4.1 Unmet need for Family Planning among women PLHIV

Description: Unmet need referees to HIV positive women who have the desire to space or limit their births but who are not using family planning. The women to be considered under this indicator are those who are married and the sexually active aged 15-49.

Rationale: This is a proxy indicator for measuring the need family planning HIV positive women of reproductive age.

Numerator: HIV positive women who have the desire to space or limit their births but who are not using family planning

Denominator: Estimated number of HIV positive women in reproductive age group in the last 12 months.

Unit of measure: Percentage	Disaggregated By: age
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Annually Responsibility for Data Collection: MOH Measurement Notes (optional): N/A	

Baseline:	Target: PLHIV = 24%
=34.4% (general population)	
UDHS 2011	

NSPObjective 4: To strengthen integration of HIV care and treatment within health care programs

INDICATOR TITLE:CT4.2 Proportion of HIV positive acutely malnourished clients in care who received nutrition therapy

Description: Nutritional therapy includes therapeutic food, education and counseling

Rationale: The indicator tracks the level of effort in reducing morbidity and mortality associated with malnutrition among HIV positive clients, This is a Quality of Care indicator for management of malnutrition among HIV positive clients.

Numerator: Acutely malnourished HIV positive clients in care who received nutritional therapy

Denominator: acutely malnourished HIV positive clients in care

Unit of measure: Percentage	Disaggregated By: Sex, adults and children	
Level: Outcome	Data Source:HMIS 106a	
Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MOH		
Measurement Notes (optional): N/A		
Baseline: Not available	Target:50%	

NSPObjective 4: To strengthen integration of HIV care and treatment within health care programs

INDICATOR TITLE:CT4.1.1 Percentage of HIV positive women receiving any method of Family Planning

Description: HIV positive women receiving any FP method for use. The women to be considered under this indicator are those who are married and the sexually active aged 15-49.

Rationale: This is a proxy indicator for family planning access and use for HIV positive women.

Numerator: HIV positive women receiving any method of family planning in the last 12 months.

Denominator: Estimated number of HIV positive women in reproductive age group in the last 12 months.

Unit of measure: Percentage	Disaggregated By: age
Level: Outcome	Data Source: HMIS 105
Data Collection Mathadalage Pouting program data collection	

Data Collection Methodology: Routine program data collection

Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional): N/A	
Baseline: Any method=24% (general population) Any modern=21% (general population) UDHS 2011	Target: PLHIV = 80%

Social Support Indicators

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups

INDICATOR TITLE: SP1.1 Percentage of individuals aged15-49 years with accepting attitudes towards PLHIV

Description: The indicator measures the level of acceptability of the population towards PLHIV and thus the level of stigma in the population.

Rationale: Stigma at individual, community level to PLHIV is one of the main reasons why many people will not test for HIV to know their status and prevent themselves from acquiring it if HIV free or accessing treatment if they are found to have HIV. Therefore, it is necessary to assess people's attitudes to those living with HIV and AIDS.

Numerator: Persons expressing accepting attitudes to PLWHIV

Denominator: Total number of persons aged 15-49 surveyed

Unit of measure: Percentage	Disaggregated By: Sex, Gender
Level: Outcome	Data Source: NAPHOPANU Stigma index,
	UDHS

Data Collection Methodology: Survey

Frequency of Collection: UDHS every 5 years

Stigma index every 2 years

Responsibility for Data Collection: UAC/UBOS

Measurement Notes (optional):

Baseline: 34%

Target: 70%

NSPObjective 1: To scale up efforts to eliminate stigma and discrimination of PLHIV and other vulnerable groups

INDICATOR TITLE: SP1.1.1 Percentage of individuals reached stigma and discrimination reduction messages

Description: This indicator measuresthe outputs of stigma and discrimination interventions that might include peer education, classroom, small group and/or one-on-one information, education, communication (IEC) or behavior change communication (BCC). For the purposes of being counted here, these interventions do not include large-scale public gatherings (with more than 30 people) or mass media outputs.

Rationale: This indicator measures the number of individuals who attended individual or small group activities focused on the reduction of stigma and discrimination. The more the individuals receive messages on the reduction of stigma and discrimination, the higher number who are likely to make behavioral changes.

Numerator:Individuals aged 15-49 reached in individual or small groups with stigma and discrimination reduction interventions.

Denominator: Respondentsaged 15-4

Unit of measure:	Percentage
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Disaggregated By: Sex, age **Data Source:** NAPHOPANU

Level: Output

Data Collection Methodology: Survey

Frequency of Collection: Every 3 years

Responsibility for Data Collection: NAPHOPANU Stigma index,

Measurement Notes (optional):

Baseline: NotAvailable

Target: 70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs

INDICATOR TITLE: SP2.1 Percentage of OVC households that are food secure

Description: A household is considered food-secure when its occupants do not live in hunger or fear of starvation.

Rationale: Food is one of the essential basic needs for OVC to thrive and live a healthy lifestyle.

Numerator: OVC households that do not live in hunger or fear of starvation

Denominator: OVC households	
Unit of measure: Percentage	Disaggregated By: Age, sex
Level: Outcome	Data Source: Special surveys
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 45.2% (LQAS 2013)	Target: 60%

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs

INDICATOR TITLE: SP2.2 Percentage of OVC aged 5-17 that have at least three basic needs met

Description: The basic material needs include food, clothing, bedding, and shelter. According to UDHS, basic material needs were considered to have been met if the child had a pair of shoes, two sets of clothes, and a blanket.

Rationale: When children lose their parents to HIV or if parents are afflicted by HIV, they may fail to provide for their families and this makes children in these households vulnerable to many things. One of the main strategies of mitigating the effect and adversity of HIV is to provide children orphaned and made vulnerable by HIV and with basic necessities.

Numerator: Number of OVC aged 5–17 surveyed with a minimum set of three basic personal material needs.

Denominator: Number of OVC aged 5–17 surveyed

Unit of measure: Percentage	Disaggregated By: Age, sex
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: MGLSD	
Measurement Notes (optional):	
Baseline: 24.8 %	Target: 70%

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs

INDICATOR TITLE SP2.1.1 Percentage of OVC households that received economic strengthening support

Description: Economic strengthening support includes training on IGAs, Grants, Start-up kits, microcredit and market linkages.

Rationale: It is the aim of OVC programmes to provide OVC households with support to improve their economic status.

Numerator: OVC whose households have been provided with economic strengthening support.

Denominator: Surveyed OVC households

Unit of measure: Percentage	Disaggregated By: Sex and age group
Level: Output	Data Source: LQAS

Data Collection Methodology: Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: MGLSD

Measurement Notes (optional):

Baseline: 41.2 %

Target: 60%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 2: To scale up services to meet the needs of PLHIV, OVC and other vulnerable groups in development programs.

INDICATOR TITLE SP2.1.2 Percentage of OVC supported services in 3 or more Core Program Areas (CPAs)

Description: The CPAs include: 1) Economic Strengthening, 2) Food and Nutrition Security, 3) Health, Water, Sanitation and Shelter, 4) Education, 5) Psychosocial Support and Basic care: 6) Child Protection & Legal Support and 7) Legal, Policy and Institutional Framework.

Rationale: This indicator is a proxy of establishing the OVC that received comprehensive services.

Numerator: OVC supported services in 3 or more CPAs

Denominator: All estimated number of OVC

Unit of measure: Percentage	Disaggregated By: sex, age
Level: Output	Data Source: OVC MIS

Data Collection Methodology: Routine program data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MGLSD		
Measurement Notes (optional):		
Baseline: Not available	Target: 50%	

NSP Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups

INDICATOR TITLE:SP3.1 Percentage of districts with Life skills cycle sensitive comprehensive package of social support and protection

Description: The indicator measures the districts with Life skills cycle sensitive comprehensive package of social support and protection programs implemented.

Rationale: Life skills cycle sensitive comprehensive package of social support and protection guides the analysis of risk and vulnerability across the life-cycle. It identifies different life cycle stages, with each associated with certain risks and vulnerabilities that if not addressed, one's graduation to an acceptable state of wellbeing remains unattainable.

Numerator: Districts with Life skills cycle sensitive comprehensive package of social support and protection.

Denominator: All the districts of Uganda

Unit of measure: Percentage	Disaggregated By: Region
Level: Outcome	Data Source: M&E reports/program reports

Data Collection Methodology: Routine Programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MGLSD

Measurement Notes (optional):

Baseline:Not available

Target: 100%

NSP Objective 3: To develop and implement a life cycle sensitive comprehensive package of social support and protection interventions for PLHIV and other vulnerable groups

INDICATOR TITLE: SP3.2 Percentage of vulnerable individuals receiving a life cycle sensitive comprehensive package.

Description: This indicator measures the vulnerable individuals receiving a life cycle sensitive comprehensive package.

Rationale: Life skills cycle sensitive comprehensive package of social support and protection guides the analysis of risk and vulnerability across the life-cycle. It identifies different life cycle stages, with each associated with certain risks and vulnerabilities that if not addressed, one's graduation to an acceptable state of wellbeing remains unattainable.

Numerator: Vulnerable individuals receiving a life cycle sensitive comprehensive package.

Denominator: All the districts of Uganda

Unit of measure: Percentage	Disaggregated By: sex, age	
Level: Outcome	Data Source: Program reports	
Data Collection Methodology: Routine Programme Data Collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MGLSD		
Measurement Notes (optional):		
Baseline:Not available	Target: 65%	

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV and AIDS

INDICATOR TITLE: SP4.1 Percentage of married women who participate in all the three decisions pertaining to their own health care, major household purchases, and visits to their family or relatives.

Description: This indicator measures the percentage of married womenwhoparticipate in decision-making regarding their health as well as home management. For purposes of this indicator, married women include women staying with partners in a long-term relationship.

Rationale: Most married women in Uganda do not participate in decision-making regarding their health as well as home management. The measure of participation in the three key decisions pertaining to their own health care, major household purchases, and visits to their family or relatives, is a proxy measure of empowering women to make decisions regarding home management as well as health. Limited decision making regarding women's health predisposes them to health risks such as being exposed to contracting HIV due to limited ability to negotiate for safer sex.

Numerator: Married women who participate in all the three decisions pertaining to their own
health care, major household purchases, and visits to their family or relatives.Denominator: All sampled women married womenUnit of measure: PercentageDisaggregated By: age, RegionLevel: OutcomeData Source: UDHSData Collection Methodology: SurveysFrequency of Collection: Every 5 yearsResponsibility for Data Collection: UBOSMeasurement Notes (optional):Baseline: 38%Target:70%

NSP THEMATIC GOAL: To reduce the vulnerability to HIV and AIDS and mitigating its impact on PLHIV and other vulnerable groups

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV and AIDS

INDICATOR TITLE: SP4.2 Percentage of men and women who believe that wife beating is justified.

Description: Wife beating is the commonest form of gender-based violence (GBV) in Uganda. GBV constitutes a major abuse of women's rights. GBV is a result of an unequal balance of power between women and men; it cuts across cultures, ethnic groups, socioeconomic statuses, and religions. The indicator gauges whether society still accepts that wife beating is justified if she if she burns the food, if she argues with him, if she goes out without telling him, if she neglects the children, and if she refuses to have

sexual intercourse with him.

Rationale: Wife beating isIt is a proxy measure of other forms of GBV. Is measures success of women's empowerment programs.

Numerator: Men and women who believe that wife beating is justified by saying yeas to any of the above reasons for wife beating.

Denominator: Surveyed men (15-54 years) and women (15-49 years)

Unit of measure: Percentage	Disaggregated By: Age group and sex
Level: Outcome	Data Source: UDHS

Data Collection Methodology: Survey

Frequency of Collection: Every 5 years

Responsibility for Data Collection: UBOS

Measurement Notes (optional):

Target:20%

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV and AIDS.

INDICATOR TITLE: SP4.3 Percentage of women who own land alone or jointly with their spouses.

Description: This indicator measures ownership of land among women aged 15-49, which is a key economic asset for investment. Women may own land individually or they may be co-owning together with their spouses.

Rationale: Ownership and control of assets by women and men influences their individual participation in development processes at all levels. Lack of assets makes women vulnerable to various forms of violence and lessens their decision-making power in the household. Tradition and low economic status limit women's ownership of productive assets such as land and housing. Ownership of assets confers additional economic value, status, and bargaining power. Limited economic power limits their access to health services, including HIV and AIDS services.

Numerator: Women who own land alone or jointly with their spouses.

Denominator: Surveyed women aged 15-49

Unit of measure: Percentage	Disaggregated By: age, region
Level: Outcome	Data Source: UDHS
Data Collection Methodology: Survey	
Frequency of Collection: Every 5 years	
Responsibility for Data Collection: UBOS	
Measurement Notes (optional):	
Baseline:61%	Target:40%

NSP Objective 4: To engender all social support and protection programs to address the unique needs, gender norms, legal and other structural challenges that make women, girls, men and boys vulnerable to HIV and AIDS

INDICATOR TITLE: SP4.1.1 Numbers of individuals reached with interventions addressing GBV.

Description: The indicator refers to males and females that were targeted with interventions aimed at discouraging norms and practices that condone GBV. GBV refers to violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders within the context of a specific society.

Rationale: GBV is the most common type of violence that women experience worldwide, and it has serious consequences for women's mental and physical well-being, including their reproductive and sexual health (WHO, 1999). Gender-based violence was declared to be a violation of human rights by the United Nations General Assembly in 1993.

Numerator: Individuals reached with interventions addressing GBV.

Denominator: Population aged 15-54

Unit of measure: Percentage	Disaggregated By: Sex, age	
Level: Output	Data Source: OVCMIS	
Data Collection Methodology: Routine program data		
Frequency of Collection: Annually		
Responsibility for Data Collection: MGLSD		

Measurement Notes (optional):

Baseline: Not available

Target: 5,000,000

Systems Strengthening Indicators

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

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

INDICATOR TITLE: SS1.1National Commitments and Policy Instrument (NCPI) index score

Description: The NCPI is a comprehensive tool used to measure country level Commitments as well as Policy and Political leadership. It examines the national strategy, the NSP multisectoral strategy implementation strategies; political support; human rights; HIV prevention strategies and well as treatment, care and support interventions. The NCPI further examines the monitoring and evaluation functions of the national.

Rationale: The NCPI is an international tool that enables comparisons across various countries regarding progress made by national responses towards addressing HIV and AIDS.

Numerator: N/A		
Denominator: N/A		
Unit of measure: Index score Disaggregated By: N/A		
Level: Outcome	Data Source: CPR Report	
Data Collection Methodology: Routine Programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 54.6 2013	Target: 95%	

NSP Objective 1: To strengthen the governance and leadership of the multi-sectoral V response at all levels

INDICATOR TITLE: SS1.2 Uganda AIDS Commission Management Index score

Description: The composite index covers the following broad areas with a total score of 32:

- 1. Proportion of posts of UAC staff establishment.
- 2. Availability of an annual UAC operational plan
- 3. Availability of Data on National HIV and AIDSM&E plan indicators.
- 4. Functionality of the UAC management information system.
- 5. Provisions for data audit.
- 6. Availability of a national costed annual priority action plan for HIV and AIDS
- 7. Frequency of HIV and AIDSpartnership meetings
- 8. Status of reporting obligations (local and international)

Rationale: This indicator's purpose is to assess readiness and progress in the management of the National Strategic Plan by UAC

Numerator: The total of the scores of the components of the expected functions of the Uganda AIDS Commission, multiplied by 100.

Denominator: Maximum possible score (32)

Unit of measure: Index score	Disaggregated By: N/A
Level: Outcome	Data Source: Management Index Assessment Report

Data Collection Methodology: Routine Programme Data Collection

Frequency of Collection: Every 2 years

Responsibility for Data Collection: UAC

Measurement Notes (optional): The composite index covers the following broad areas with a total score of 32

Baseline: Not available	Target: TBD
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NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

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

INDICATOR TITLE: SS1.1.1 Percentage of SCEs and their constituents with functional boards.

Description: This indicator measures SCE with boards that are active and meet at least once in the past 2 quarters (6 months). The meeting minutes will be used to confirm the meetings.

Rationale: The purpose of this indicator is to assess the functionality of governance and leadership bodies within SCEs in providing strategic oversight to SCE interventions. **Numerator**: Number of SCEs and their constituents with functional boards

Denominator: Total number of SCEs and their constituents

Unit of measure: Percentage	Disaggregated By: SC
Level: Output	Data Source: SCE Capacity Assessment Report)
Data Callection Mathedalectro Deutine Description Data Callection	

Data Collection Methodology: Routine Programme Data Collection

Frequency of Collection: Every 2 years

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: 92% 2014

Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

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

INDICATOR TITLE: SS1.1.2 Percentage of large work places with HIV andAIDSworkplace policies (30 workers and above)

Description: The indicator measures progress in implementing workplace policies and programmes to combat HIV and AIDS among companies employing big numbers of staff.

Disaggregated By: Public/Private employer

Data Source: HMIS

Rationale: According to ILO principles, workplaces (employers) are supposed to have HIV and AIDS policies and programmes that prevent stigmatization and discrimination on the basis of HIV status, prevent and control HIV and AIDS and care for those infected.

Numerator: Large work places with HIV&AIDS workplace policies

Denominator: Sampled large work places

Unit of measure: Percentage

Level: Output

Data Collection Methodology: Routine Programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional): Employers are asked to state whether they are currently implementing personnel policies and procedures that cover the following aspects: prevention of stigmatization and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness and termination benefits and have workplace based HIV and AIDS prevention, control and care programmes

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 2: To ensure availability of human resources for delivery of quality HIV and AIDS services

INDICATOR TITLE: SS2.2 Percentage of health facilities with the required staffing levels

Description: This indicator measures the adequate staffing levels among health facilities.

Rationale: There is need for adequate staffing levels among health facilities for effective service delivery.

Numerator: Health facilities with the required staffing levels.

Denominator: Total number of health facilities surveyed

Unit of measure: Percentage	Disaggregated By: District and Level of health facility
Level: Outcome	Data Source: survey
Data Collection Methodology: Survey	

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):	
Baseline: Not available	Target: 80%

NSP Objective 2: To ensure availability of human resources for delivery of quality HIV and AIDS services

INDICATOR TITLE: SS2.1.1 Number of health workers that have completed an in service training on infection control, SMC and palliative care

Description: Number of health workers that have completed an in service training on infection control, SMC and palliative care in the last 12 months, as per MOH guidelines.

Rationale: The indicator shows the level of effort being put into building for providing services services ininfection control, SMC and palliative care areas which are critical elements on comprehensives HIV and AIDS services.

Numerator: Health workers that have completed an in service training on infection control, SMC and palliative care

Denominator: All health workers

Unit of measure: Number	Disaggregated By: Training area (infection control, SMC and palliative care); facility level and sex
Level: Output	Data Source: Program reports

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline:	Target:
Infection control = N.A	Infection control = TBD
SMC = N.A	SMC = TBD
Palliative care = N.A	Palliative care = TBD

NSP Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV and AIDS services

INDICATOR TITLE: SS3.1 Percentage of health facilities with no stock outs of STI drugs, HIV test kits and condoms for more than one month within last 12 months

Description: The indicator measures whether health facilities are running out ofessential HIV and commodities (STI drugs, HIV test kits and condoms).

Rationale: This indicator measures the effectiveness of the procurement and supply management system for STI drugs, HIV test kits and condoms as well as track institutional capacity to ensure availability of theses commodities.

Numerator: Number of health facilities reporting no stock outs of STI drugs, HIV test kits and condoms.

Denominator: Total number of health facilities

Unit of measure: Percentage	Disaggregated By: District, facility level and ownership
Level: Outcome	Data Source: HMIS

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline:	Target:
STI drugs =N.A	STI drugs =90%
HIV test kits= N.A	HIV test kits= 90%
Condoms = N.A	Condoms = 90%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 3: To strengthen the procurement and supply management system for timely delivery of medical and non-medical products, goods and services required in the delivery of HIV and AIDS services.

SS3.2 Percentage of health facilities providing ART services with no drug stock outs for more than 2 months in the last 12 months.

Description: The indicator measures whether health facilities are running out ofessential ART drugs.

Rationale: This indicator measures the effectiveness of the procurement and supply management system ART drugs. Ideally, HCs providing ART services should not run out of ART drugs so that clients don't miss refills.

Numerator: Number of health facilities reporting no stock outs of ART drugs.

Denominator: Total number of health facilities accredited to provide ART services

Unit of measure: Percentage	Disaggregated By: District and facility level
Level: Outcome	Data Source: HMIS

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline: Not available

Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV and AIDS services.

INDICATOR TITLE: SS5.1 Percentage of laboratories with capacity to perform clinical lab tests according to national laboratory standards

Description: This indicator measures the existence of necessary infrastructure and technical capacity among labs to perform tests according to national laboratory standards.

Rationale: In order for HIV tests to be done, there is need for labs to have enough capacity to perform various tests.

Numerator: Laboratories with capacity to perform clinical lab tests according to national standards.

Denominator: Total number of laboratories

Unit of measure: Percentage	Disaggregated By: Level and ownership
Level: Outcome	Data Source: HMIS

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MOH

Measurement Notes (optional):

Baseline:Not available

Target: TBD

NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV and AIDS services

INDICATOR TITLE: SS5.2 Proportion of Health Center (HCs) IIIs offering ARV and eMTCT services

Description: MOH is scaling up services ARV and eMTCT services to HC IIIs. This proportion of Health Center (HCs) IIIs offering ARV and eMTCT services.

Rationale: In order to realise eMTCT, it is important that PMTCT services are taken closer to the communities. This indicator measures the coverage of ARV and eMTCT services among HC IIIs. **Numerator**: Number of HCs IIIs offering ARV and e MTCT services

Denominator: Total number of HCs IIIs

Unit of measure: Percentage	Disaggregated By: District, facility level and ownership
Level: Outcome	Data Source: HMIS
Data Collection Methodology: Routine programme data collection	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	

Baseline:Not available

Target: TBD

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 5: To strengthen the infrastructure for scaling-up the delivery of quality HIV and AIDS services

INDICATOR TITLE: SS5.1.1 Percentage of HCs providing HIV and **AIDS services that meet the quality standards**

Description: This indicator measures the provision of HIV and AIDS services at HCs that meet MOH guidelines for provision of those particular services.

Rationale: This indicator measures the quality of HIV and AIDS services at HCs

Numerator: HCs providing HIV and AIDS services that meet the quality standards

Denominator: Total numberHCs

Unit of measure: Percentage	Disaggregated By: District, facility level and type of ownership
Level: Output	Data Source: Special survey
Data Collection Methodology: Survey	
Frequency of Collection: Annually	
Responsibility for Data Collection: MOH	
Measurement Notes (optional):	
Baseline:Not available	Target: TBD

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV AND AIDS response		
NSP Objective 6: To mobilize resources and streamline management for efficient utilization and accountability		
INDICATOR TITLE: SS6.1 Percentage HIV andAIDS funding that comes from the government of Uganda (GOU)		
Description: This indicator measures the contril AIDS response.	bution of GOU to the financing of the HIV and	
Rationale: This indicator is a proxy measure for government commitment and sustainability of HIV AND AIDS funding as opposed to heavy reliance on donor funding.		
Numerator: HIV and AIDS funding that comes from GOU		
Denominator: Total funding for the National HIV and AIDS response.		
Unit of measure: Percentage	Disaggregated By: District, facility level and ownership	
Level: Outcome	Data Source: NASA	
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: Government: 11% ADPs: 89%	Target: Government: 40% ADPs: 60%	

NSP Objective 6: To mobilize resources and streamline management for efficient utilization and accountability

INDICATOR TITLE: SS6.2 Percentage of districts with HIV andAIDS costed Strategic Plans

Description: The indicator measure the districts that have developed district specific HIV and AIDS Strategic Plans and its budget.

Rationale: In order for comprehensive and guided district level HIV and AIDS interventions to be effectively implemented, there is need for accustomeddistrict specific HIV and AIDS Strategic Plans. The plan wont be implemented unless it has been costed so that funds are allocated for its implementation.

Numerator: Districts with HIV and AIDS costed Strategic Plans

Denominator: All districts in Uganda

Unit of measure: Percentage	Disaggregated By: Districts
Level: Outcome	Data Source: LOGICS

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: MoLG

Measurement Notes (optional):

Baseline: Not available

Target: 100%

NSP THEMATIC GOAL: To establish an effective and sustainable multi-sectoral HIV and AIDS service system that ensures universal access and coverage of quality, efficient and safe services to the targeted population.

NSP Objective 7: To strengthen coordination of the national HIV and AIDS response

INDICATOR TITLE: SS7.1 Percentage of districts with functional DACs with functional coordination structures.

Description: Functional DACs are those that are active, meeting regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV and AIDS response.

Rationale: The DACs provide a multisectoral district level coordination and review mechanism for the indicator assesses the existence of district level coordination mechanism.

Numerator: Districts with functional DACs

Denominator: Total number of districts in the country

Unit of measure: Percentage

Disaggregated By: Districts

Level: Output	Data Source: LOGICS	
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: MoLG		
Measurement Notes (optional):		
Baseline: 30% (2010)	Target: 100%	

NSP Objective 7: To strengthen coordination of the national HIV and AIDS response

INDICATOR TITLE: SS7.2 Percentage of districts with functional PHA Networks

Description: A functional PHA network is one with registered members affiliated to all PHA associations in the District and that has met 12 times in past 12 months and is represented on the DAC.

Rationale: This indicator measures the coverage of PHA networks as well as greater involvement of PLHIV at district level.

Numerator: Districts with a functional PHA network.

Denominator: Total number of districts in the country

Unit of measure: Percentage	Disaggregated By: Districts
Level: Outcome	Data Source: UAC Annual Report
Data Collection Methodology: Routine program	me data collection
Frequency of Collection: Annually	
Responsibility for Data Collection: UAC	
Measurement Notes (optional):	
Baseline: 90% (UAC Annual Report 2010)	Target: 100%

NSP Objective 7: To strengthen coordination of the national HIV and AIDS response

INDICATOR TITLE: SS7.3 Percentage of Self Coordinating Entities (SCEs) with functional HIV AND AIDScommittees

Description: SCEs are deemed to be functional if they meet regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV and AIDS response. Currently there are ten SCEs namely: Civil Society Organisation (includes National Organisations, International Organisations and Young People); Cultural Institutions; Faith Based Organisations; People Living with HIV; Media; Private Sector; Parliament; Line Ministries; Research, Academia and Scientists; as well as the AIDS Development Partners.

Rationale: SCEs are part of the key multisectoral coordination mechanism for the national HIV and AIDS response.

Numerator: SCEs with functional HIV and AIDS UmiteesDenominator: Total number of SCEsUnit of measure: PercentageDisaggregated By: SCEsLevel: OutcomeData Source: Periodical assessmentData Collection Methodology: Routine program data collectionFrequency of Collection: AnnuallyResponsibility for Data Collection: SCEMeasurement Notes (optional):Baseline: 53%(2014 UAC SCE Assessment)Target: 70%

NSP Objective 7: To strengthen coordination of the national HIV and AIDS response

INDICATOR TITLE: SS7.1.1 Functional HIV andAIDS TWGs

Description: TWGs are deemed be have functional if they meet regularly (at least once a quarter) to plan, coordinate and monitor progress of implementation of the HIV and AIDS response. The key HIV and AIDS TWGs will include:

- 1) TWG 1: Prevention
- 2) TWG 2: Care and Treatment
- 3) TWG 3: Social Support and Protection
- 4) TWG 4: Systems Strengthening. This Thematic Area is divided into 3 sub-components with each having a fully constituted TWG as follows:

TWG 4.1: Governance and Leadership, Institutional Arrangements, Human Resource,

Infrastructure and Research

TWG 4.2: Monitoring and Evaluation M&E

TWG 4.3: Financing and Costing

Rationale: The TWGsconstitute national multi-sectoral coordination and review structures. They provide technical input into all HIV and AIDS tools and products within their technical area.

Numerator: Functional HIV and AIDS TWGs

Denominator: All HIV and AIDSTWGs (6)

Unit of measure: Percentage	Disaggregated By: TWG
Level: Output	Data Source: Periodical assessment

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

4

Baseline:

Target: 4 per TWG = 24

Monitoring and Evaluation Indicators

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV and AIDS response

NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV AND AIDS information for monitoring and evaluating the NSP 2014/15-2019/20

INDICATOR TITLE: ME1.1 Percentage of sectors with costed HIV andAIDS M&E work plans

Description: The indicator measure the districts that have developed district specific HIV and AIDS M&E work plans and budget.

Rationale: In order for the sectors to comprehensively track and assess implementation of HIV and AIDS interventions, there is need for accustomeddistrict specific HIV and AIDS M&E work plans. The wrokplan wont be implemented unless it has been costed so that funds are allocated for its implementation.

Numerator: Sectors with costed HIV and AIDS M&E work plans

Denominator: Total number of sectors

Unit of measure: Percentage

Level: Outcome

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: Not available

Target: 100%

Disaggregated By: Sectors

Data Source: UAC Databases

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV and AIDS response

NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for monitoring and evaluating the NSP 2014/15-2019/20

INDICATOR TITLE: ME1.2 Percentage of sectors performing data quality assessments

Description: This indicator will focus of the 4 main sectors that generate national HIV and AIDS data, that is the MOH, MoES, MGLSD and MoLG. Data quality assessments (DQAs) will focus on assessing the lower levels that generate data to establish if they meet the 6 main data quality dimensions; validity, precision, reliability, timeliness, integrity and completeness. The QDA will also include a component of data validation to verify samples the data reported from the lower levels.

Rationale: Unless data is of quality, it cannot be relied upon for decision-making. It is therefore important that every level that produces and or aggregates data institutes adequate data quality assurance procedures.

Numerator: Sectors performing data quality assessments

Denominator: Four sectors that generate HIV and AIDS data

Unit of measure: Percentage	Disaggregated By: Sectors
Level: Outcome	Data Source: Sector Databases

Level: Outcome

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: Sectors

Measurement Notes (optional):	
Baseline: Not available	Target: 100%

NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV AND AIDS information for monitoring and evaluating the NSP 2014/15-2019/20

INDICATOR TITLE: ME1.1.1 Percentage of key sectors submitting timely and complete reports to UAC

Description: This indicator will focus of the 4 main sectors that generate national HIV and AIDS data, that is the MOH, MoES, MGLSD and MoLG.

Rationale: Data can only be of good use if it is generated and submitted on time for decisionmaking. Timeliness will be judged by adhering to reporting timelines.

Numerator: Key sectors submitting timely and complete reports to UAC

Denominator: Four sectors that generate HIV and AIDS data

Unit of measure: Percentage

Level: Outcome

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: Sectors

Measurement Notes (optional):

Baseline: Not available

Target: 100%

Disaggregated By: Sectors

Data Source: UAC databases

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV AND AIDS response

NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV AND AIDS information for monitoring and evaluating the NSP 2014/15-2019/20

INDICATOR TITLE:ME1.1.2 Functional National HIV and AIDS Database in place

Description: The National HIV and AIDS Databasewill be deemed functional it is it operating well, regularly populated and is able to generate instant standard reports to users.

Rationale: The National HIV and AIDS Database will be the main repository for HIV and AIDS data generated by various sectors. It will provide a one-stop center for progress against NSP interventions.

Numerator: N/A		
Denominator: N/A		
Unit of measure: Numbers	Disaggregated By: N/A	
Level: Outcome	Data Source: UAC Databases	
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 0	Target: 01	

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management
system for use in improving the national HIV and AIDS response

NSP Objective 1: To strengthen the national mechanism for generating comprehensive, quality and timely HIV and AIDS information for monitoring and evaluating the NSP 2014/15-2019/20

INDICATOR TITLE:ME1.1.3 Percentage of IPs trained in M&E for HIV and AIDS programs

Description: This indicator is a proxy measure for conducting M&E for HIV and AIDS programs. The curriculum will be developed by UAC but the training will be conducted by various actors or consultants on their behalf. The potential actors include SCEs, sectors, IPs and the like.

Rationale: Adequate capacities are required in order for key stakeholders to perform effective M&E interventions, assure data quality, analyse and utilize data.

Numerator: IPs trained in M&E for HIV and AIDS programs

Denominator: Total Number of IPs

Unit of measure: Percentage	Disaggregated By:	
Level: Outcome	Data Source: UAC databases	
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 0	Target: TBD	

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels.

INDICATOR TITLE: ME2.1 Percentage of implementers utilizing program generated HIV andAIDS data

Description: This indicator measures the utilization of HIV and AIDS data for programme improvement by the entities that generate the data. Program data may be used for re-strategizing and or refocusing interventions, scaling up effective strategies, improving follow-on project designs.

Rationale: Utilization of information in the ultimate goal of M&E. Onceentities that generate the data increase its utilization, it serves as a motivation for them to pay attention to data quality since they also rely on it for decision-making.

Numerator: Implementers utilizing program generated HIV and AIDS data

Denominator: Total number of implementers

Unit of measure: Percentage	Disaggregated By: Type (Government, NGO	
Level: Outcome	Data Source: Special Surveys	
Data Collection Methodology: Surveys		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 54% 2014 UAC SCE Capacity Assessment	Target: 70%	

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV and AIDS response

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV AND AIDS data/information at all levels.

INDICATOR TITLE: ME2.2 Percentage of IPs conducting HIV and AIDS operations research based on the national research agenda

Description: The national research agenda will be developed under the leadership of UAC and the SCE for research and academia.IPs that intend to conduct HIV and AIDS operations research should be based on prioritized national HIV and AIDS research agenda.

Rationale: It is important that all research thatalloperations research is based on prioritized national HIV and AIDS research agenda in order to provide the most needed information for the response.

Numerator IPs conducting HIV and AIDS operational research based on the national research agenda

Denominator: Total number of IPs conducting HIV and AIDS operational research		
Unit of measure: PercentageDisaggregated By: N/A		
Level: Outcome Data Source: UAC databases		
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 0	Target: 100%	

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels.

INDICATOR TITLE: ME2.3 Number of NSP reviews conducted

Description: A total of 7 main NSP reviews will be conducted through the life cycle of the NSP; these include 1MTR, 1 end term evaluation and 5 annual reviews.

Rationale: NSP reviews are essential for tracking the NSP implementation, make timely decisions and learn lessons for improving the follow-on NSP.

Numerator: Number of NSP reviews conducted

Denominator: N/A

Unit of measure: Percentage	Disaggregated By: 1MTR, 1 end term evaluation and 5 annual reviews
Level: Outcome	Data Source: UAC databases

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: 0	Target: 1MTR
	1 End term evaluation 5 Annual reviews
	5 Annual reviews

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels.

INDICATOR TITLE: ME2.4 Number of data use events held at national, regional and district

Description: Data use events are highly encourages at various levels. Four major data use events are planned including the national AIDS conference will be centrally organizes by UAC together with key stakeholders at national level. At regional level, quarterly regional cluster review meetings will be held every year.

Rationale: Utilization of information in the ultimate goal of M&E. Data use events are critical data reflection events for multi-sectoral key stakeholders toreflect on program data, interpret it and make the necessary decisions to greater impact.

Numerator: Data use events held at national regional and district

Denominator: N/A

Unit of measure: Percentage	Disaggregated By: Regional and district
Level: Outcome	Data Source: UAC databases

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: 0	Target:
	4 regional meetings every year regional 5 national meetings
	<u> </u>

NSP THEMATIC GOAL: To ensure a coordinated and effective strategic information management system for use in improving the national HIV and AIDS response

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV and AIDS data/information at all levels.

INDICATOR TITLE: ME2.1.1 Number of NSP based reports produced

Description: One International report (Country Progress Report) and two national reports (The Joint HIV and AIDS Annual Review Report and the Annual Progress Report to OPM for MDGs) will be produced annually giving a total of 15 major NSP based reports.

Rationale: It is essential that reports are regularly produced depicting progress on implementation on NSP interventions as well as milestones towards reaching NSP targets.

Numerator: NSP based reports produced

Denominator: N/A

Unit of measure: Percentage	Disaggregated By: International and national levels	
Level: Output	Data Source: UAC databases	
Data Collection Methodology: Routine programme data collection		
Frequency of Collection: Annually		
Responsibility for Data Collection: UAC		
Measurement Notes (optional):		
Baseline: 0	Target: International =5 Country Progress Reports National The Joint HIV and AIDS Annual Review Report=5 Annual Progress Report to OPM for MDGs=5	

NSP Objective 2: To promote information sharing and utilization among producers and users of HIV AND AIDS data/information at all levels.

INDICATOR TITLE: ME2.1.2 Number of information dissemination products produced and disseminated by the NADIC

Description: The indicator tracks information dissemination products produced and disseminated by the National Information and Documentation Center (NADIC) based at UAC. The NADIC is meant to be a one-stop information center for HIV and AIDS information.

Rationale: The information produced by the national HIV and AIDS response is supposed to be synthetized and re-packaged into user-friendly information products. This indicator tracks the types of information dissemination products produced and disseminated by the NADIC.

Numerator: information dissemination products produced and disseminated by the NADIC

Denominator: N/A

Unit of measure: Percentage	Disaggregated By: type
Level: Output	Data Source: UAC databases

Data Collection Methodology: Routine programme data collection

Frequency of Collection: Annually

Responsibility for Data Collection: UAC

Measurement Notes (optional):

Baseline: 0

Target:25 (5 per year)

ANNEX D REFERENCE DOCUMENTS

- 1. JAR Reports 2011, 2012 and 2013
- 2. Ministry of Health /United States Government PMTCT Data Quality Assessment and Data Validation Report, 2013
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- 4. The Global Onsite Data Verification (OSDV) Report, 2012
- 5. The National Priority Action Plan, 2011/2012-2012/2013
- 6. The UAC Board, UAC Secretariat and National HIV and AIDS Response; Volume 1: Institutional Review Report, 2012
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- 9. Uganda AIDS Commission National HIV&AIDS Performance Measurement and Management Plan 2011/12-2014/15, 2008.
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- 18. UAC Report on Implementation of National HIV AND AIDS Strategic Plan FYN 2007/2008, Kampala, Uganda.
- 19. Uganda AIDS Commission, National HIV&AIDS Stakeholders & Services Mapping, draft report, June 2009
- 20. Uganda AIDS Commission: National HIV & AIDS Strategic Plan 2011/12-2014/15
- 21. Uganda Country AIDS Progress Report, 2013
- 22. Uganda Demographic Health Survey (UDHS) 2011
- 23. Uganda HIV Modes of Transmission and Prevention Response Analysis (2008)
- 24. Uganda HIV AND AIDS Annual Status Report 2011, 2012
- 25. Uganda HIV AND AIDS Sero-Behavioural Survey (UHSBS)—2004/2005
- 26. Uganda Partnerships Committee Expenditure Report 2008/09

ANNEX E: THE NATIONAL HIV AND AIDS M&E TWG WHO PROVIDED INPUT

NO.	NAME	ORGANISATION
1.	Dr. Sarah Byakika	MoH/ Chair
2.	Bagyendera Julian	SEDC/Provide and Equip Ltd
3.	Magomu Steven	Uganda Young Positives
4.	Katungi Brian	MUK
5.	Denis Busobozi	UAC/Convener
6.	December Walter	MARPS Network
7.	Dr. Hudson Balidawa	МОН
8.	Dr. Wakooba Peter	UAC
9.	Dr. Zepher Karyabakabo	UAC
10.	Edward Mukooyo	МОН
11.	Esther Sempiira	MSH
12.	Adoch Gena Anna Winnifred	SSEO - MOWT
13.	Jotham Mubangizi	UNAIDS
14.	Dr. Kyokusingura Sarah	MEEPP
15.	Mark Tumwine	CDC
16.	Mugabi Emmanuel	MOES
17.	Mwangi Joseph	USAID
18.	Nakamya Phellister	CCM Secretariat of GF
19.	Nalukwago Judith	Family Health International
20.	Dr. Nelson Musoba	UAC
21.	Dr. Nkoyooyo Abdallah	AIC
22.	Dr. Norah Namuwenge	МОН
23.	Ocen Sam	Uganda Young Positives
24.	Kulu Kenneth	MARPS Network
25.	Senyonga Paul	MOGLSD
26.	Dr. Vincent Bagambe	MOH/FCO
27.	Walter Obiero	CDC
28.	Wandera Ibrahim	Office of the Prime Minister
29.	Dr. Mugerwa Shaban	МОН
30.	Kamoga Joseph	PEPFAR
31.	Mwesigwa Joshua	IRCU M&E
32.	Kashemeira Obadiah	MoGLSD
33.	Kyeyune Dan	UAC
34.	Ssenyonga Paul	S.E/MoGLD
35.	Bufumbo Leonard	Research Associate
36.	Bizimana David	Inter Aid Uganda

5. National Monitoring and Evaluation Technical Working Group

ANNEX F HIV AND AIDS M&E PLAN CONSULTANCY TEAM

Consultant	Role
Prof. Asingwire Narathius	Overall Team Leader
Dr. Julian K. Bagyendera	Monitoring and Evaluation/Lead in developing the M&E Plan
Ms Elizabeth Mushabe	Gender Mainstreaming