



THE REPUBLIC OF UGANDA

UGANDA AIDS COMMISSION
Under the Office of the President

**GUIDELINES FOR MULTI-SECTORIAL HIV AND AIDS
MAINSTREAMING IN UGANDA**

*“Presidential Fast Track Initiative to Ending HIV and AIDS as a
Public Health Threat by 2030”*

February 2018



Together, we share the challenge



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Acronyms

ABC	Abstinence, Being faithful and Condom use
ADPS	AIDS Development Partners
ART	Anti-Retroviral Therapy
BCC	Behavioural Change Communication
CCM	Country Coordinating Mechanism
CHBC	Community Home Based Care
CSO	Civil Society Organization
DAC	District AIDS Committee
eMTCT	Eliminating Mother to Child Transmission
EOC	Equal Opportunities Commission
GDP	Gross Domestic Product
HIV	Human Immune Virus
IEC	Information Education and Communication
JAR	Joint AIDS Review
LGs	Local Governments
M&E	Monitoring and Evaluation
MDA	Government Ministries Departments and Agencies
MoFPED	Ministry of Finance, Planning and Economic Development
MOH	Ministry of Health
MOGLSD	Ministry of Gender, Labor and Social Development
NDPII	National Development Plan II
NGO	Non-governmental Organization
NHA	National Health Accounts
NSP	National Strategic Plan
OPM	Office of the Prime Minister
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for Aids Relief
PHA	People Living with HIV/AIDS
PLHIV	People Living with HIV/AIDS
SMC	Safe Male Circumcision
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UPHIA	Uganda Population HIV Impact Assessment
VCT	Voluntary Counselling and Testing

Glossary

<i>Civil Society Organizations</i>	A collection of NGOs and institutions that manifest interests and will of citizens. It also includes voluntary bodies or society activists which aim to represent the needs of a local community
<i>Comparative advantage</i>	This refers to the strengths, opportunities and unique characteristics of an organization and/or institution that puts it in a better position to respond to HIV and AIDS.
<i>Government Ministries, Departments and Agencies</i>	These are permanent or semi-permanent organizations in the machinery of government that are responsible for the oversight and administration of specific functions
<i>HIV and AIDS Mainstreaming</i>	Mainstreaming HIV and AIDS is a process that enables management of sectors and institutions to address the causes and effects of HIV and AIDS in an effective and sustained manner, both through their usual work and within their workplace
<i>Integration</i>	This is a process of attaining close and seamless coordination between several departments, groups, organizations, systems or activities to become one
<i>HIV Prevalence</i>	Proportion of individuals in a population who have HIV at a specific point in time. (Usually in percentage)
<i>Sector</i>	A distinct part or branch of a nation's economy or society or of a sphere of activity
<i>Multi-Sectoral</i>	A combination of sectors that involve both public and non public actors
<i>Self Coordinating Entities</i>	These are clusters of HIV and AIDS stakeholders that have something in common put together. These include the media, private sector, cultural Institutions etc
<i>Budget Call Circular</i>	This is a document issued by MoFPED guiding all sectors on the processes and priorities for Planning and Budgeting

Key Steps in HIV&AIDS mainstreaming

For effective HIV&AIDS mainstreaming, all public and private institutions shall;

- i. Establish HIV&AIDS coordination committee of 7 to 15 members comprising of members of the Senior Management of the MDAs/LGs/Institution
- ii. Appoint an HIV&AIDS Focal Point Person (staff) at a Senior Management level
- iii. Allocate 0.1% of the institution's total budget (excluding Pensions & Transfers) to HIV&AIDS. Institutions shall mobilize additional resources from other sources to address any funding gaps
- iv. Develop Sector/Institution HIV&AIDS Strategic Plan aligned to the National HIV&AIDS Strategic Plan priorities
- v. Develop a work place HIV&AIDS Policy
- vi. Implement planned HIV& AIDS activities and submit reports on a quarterly basis to UAC
- vii. Prepare and submit to UAC annual progress reports on HIV&AIDS programing

Minimum interventions for HIV&AIDS mainstreaming by each Sector/Institution

To ensure that all public and private institutions implement HIV&AIDS mainstreaming activities in a uniform manner, the following set of minimum interventions shall be undertaken by each sector/institution, in addition to any other planned interventions within the sector/institution's mandates and spheres of influence;

<i>HIV Prevention Interventions</i>	<ul style="list-style-type: none"> • Conduct HIV&AIDS sensitization at the workplace and in communities • Conduct/refer clients for HIV testing and counseling services both at the workplace and in communities • Promote Behavior Change Communication interventions including dissemination of Information Education Communication materials at the work place and within the communities • Promote HIV prevention interventions that focus on adolescent girls and young women • Promote condom education, distribution and correct/consistent use • Promote access for referral mechanism for Prevention of Mother to Child Transmission and Safe medical Male Circumcision services, Post Exposure Prophylaxis • Engage men in HIV prevention at the work place and within the community
<i>Care, treatment</i>	<ul style="list-style-type: none"> • Provide effective referrals of staff identified to be living with HIV to access ART. • Support all staff and particularly PLHIV staff through MDAs/LGs medical insurance schemes
<i>social support and Protection</i>	<ul style="list-style-type: none"> • Promote psycho-social support for PLHIV at workplace and within communities including Home Based Care • Establish PLHIV support groups at the workplace and in communities • Establish and strengthen mechanisms to address stigma and discrimination of PLHIV at the workplace and communities
<i>Systems Strengthening:</i>	<ul style="list-style-type: none"> • Establish and strengthen HIV&AIDS coordination structures • Develop and operationalize HIV & AIDS workplace policy • Prepare and submit period activity reports • Conduct resource mobilization activities to ensure implementation of sector HIV and AIDS plans • Convene quarterly coordination meetings to review progress and planning of activities

Foreword

HIV and AIDS still poses a substantial threat to Uganda's socio-economic development, imposing a heavy burden on individuals, families, communities and the nation.

The recent global goal of ending AIDS by 2030 calls for acceleration of efforts to combat the epidemic. To roll out this goal in Uganda, I in collaboration with all key stakeholders in the country launched the Presidential Fast Track initiative to Ending HIV and AIDS as a Public Health Threat by 2030, on 6th June 2017. All sectors will therefore have to engage in a process of mainstreaming HIV and AIDS for a multi-sectoral action to scale up AIDS responses, as a means to achieving the objectives of the Presidential Fast Track initiative. Effective AIDS responses are premised on strong interactive links between national development instruments and National Action Frameworks for HIV and AIDS and sector plans. This approach provides a sound basis for Uganda to achieve the interrelated targets of the Sustainable Development Goals.

HIV and AIDS mainstreaming in Uganda has been considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic. This is rooted in an appreciation of HIV and AIDS as a development issue requiring development related responses, and is articulated in a number of national and sectoral development instruments such as the vision 2040 and in the second National Development Plan.

Whereas Uganda has been making progress in mainstreaming HIV and AIDS; the current mainstreaming efforts need to be strengthened and scaled up in all institutions.

Every institution in Uganda is therefore required to respond, within their mandates and spheres of influence, in ways that will contribute to the goals of the National Strategic Plans on HIV and AIDS using the one coordinating authority, one action framework and one monitoring and evaluation plan.

I therefore call upon all institutions to utilize these guidelines for effective HIV and AIDS mainstreaming as one of our key approaches to ending HIV and AIDS by 2030.

.....
H.E Yoweri Kaguta Museveni
PRESIDENT OF THE REPUBLIC OF UGANDA

Preface

Globally, there is increasing recognition of an agreement on the need for HIV and AIDS to be addressed more systematically and substantially in all development programs. These guidelines therefore respond to an urgent need by the Government of Uganda for a practical guidance on how to effectively mainstream HIV and AIDS in all public and non-public sector programs, as one of the key strategies to achieve the goal of ending AIDS as a public health problem by 2030.

The guidelines aim to help Government Ministries, Departments and Agencies (MDAs) and Local Governments (LGs), Development Cooperation Agencies, Non-governmental organizations (NGOs) and other civil society organizations (CSOs), and the private sector to support the process of mainstreaming HIV and AIDS into their routine programs; with the purpose of accelerating and improving a coordinated and harmonized national response to HIV and AIDS.

The process of developing these guidelines involved assessing the progress Uganda has made in mainstreaming HIV and AIDS and the overall achievements to the HIV response; to identify entry points and opportunities, and to establish priorities for action. The document is therefore designed to be used as a reference tool or a resource for effective HIV and AIDS mainstreaming in public and non-public sectors.

I therefore call upon all the Government MDAs and LGs, our valued partners - the Development Cooperation Agencies, NGOs, CSOs, and the private sector to use this document as a guide to effectively mainstream and scale-up HIV and AIDS programs in your respective activities. HIV remains a priority among the national development agenda and, through the multi-sectoral approach; all sectors are urged to contribute to the goal of ending HIV and AIDS as a public health threat by 2030.

.....
Hon. Mbayo Esther Mbulakubuza
MINISTER FOR THE PRESIDENCY

Acknowledgements

While the Uganda AIDS Commission took a leading role in developing these HIV and AIDS mainstreaming guidelines, various stakeholders including individuals, organizations, Parliament, Ministries, Departments and Agencies played an important and active role.

We wish to express our sincere gratitude to the officials who participated in the consultations to define the contents of the guidelines (*Annex 3*). We also thank all institutions (*Annex 4*) that provided feedback during the validation of the guidelines for the valuable contributions and guidance provided.

The development of the HIV and AIDS guidelines was made possible by the financial support of Government of Uganda and UNICEF; we acknowledge UNICEF's unwavering support in the national HIV and AIDS response.

Finally, I acknowledge the role of the UAC Management and the Technical Working Group (*Annex 5*) who actively participated in developing the guidelines.

.....
Dr Nelson Musoba
DIRECTOR GENERAL
UGANDA AIDS COMMISSION

1.0 BACKGROUND

HIV and AIDS still poses a substantial threat to Uganda's socio-economic development, imposing a heavy burden on individuals, families, communities and the nation. It is therefore paramount that HIV and AIDS is mainstreamed in all sectors if the country is to control and mitigate its impact on the economy. Meaningful investment in HIV now can avert substantial future HIV and AIDS related costs (HIV Investment Case 2014). The involvement of all sectors in the implementation of the national HIV and AIDS strategies is a key requirement to address the causes, drivers and effects of HIV in a sustainable manner.

Under its mandate, in 2008, the Uganda AIDS Commission (UAC) led the development of the HIV and AIDS Mainstreaming Policy and guidelines, to enhance HIV and AIDS mainstreaming in all sectoral plans and budgets. Whereas various sectors (public and non-public) are mainstreaming HIV and AIDS in their programs, there are notable gaps as follows that hinder the full realization of mainstreaming goals;

- i) Most sectors are unclear about the impact and the context of sector HIV and AIDS responses, and their institutional and coordination structures.
- ii) The mainstreaming efforts are fragmented, not standardized with ad-hoc implementation of HIV activities, posing a challenge to addressing the impact of HIV&AIDS in sectors.
- iii) Use of different HIV and AIDS mainstreaming approaches and principles which reflect lack of coherence.
- iv) Some sectors have not identified dedicated staff to address HIV and AIDS mainstreaming, while other sectors have assigned staff, who are not decision makers.
- v) Complacency among leaders in allocation and appropriation of resources for HIV and AIDS mainstreaming
- vi) There is limited integration HIV and AIDS in the sector/institution plans and budgets, and many institutions have not developed HIV and AIDS workplace policies

The non-standardized mainstreaming of HIV and AIDS in sectors poses a challenge in monitoring and evaluation of sector HIV and AIDS responses and the overall sector contribution to the national strategy. There is still need for clarity and to have a common understanding of what HIV and AIDS mainstreaming entails, and thus a need to update the current guidelines in the light of the current direction in the national response to support the implementation of HIV and AIDS mainstreaming in all sectors.

UAC reviewed the 2008 guidelines for HIV and AIDS mainstreaming programmes to provide further guidance on emerging issues in HIV and AIDS mainstreaming in public and private sectors, including development projects. In the 2017/18 Budget Call Circular, the Ministry of Finance, Planning and Economic Development instructed Ministries, Departments and Agencies (MDAs) to provide for HIV mainstreaming budget in their Mid-Term Expenditure Framework (MTEF) allocation.

These guidelines therefore provide a step-by-step process of how to mainstream HIV & AIDS in all sectors.

1.1 Context and Rationale

Uganda is acknowledged as one of the countries that have mounted the most innovative and successful responses against the HIV and AIDS epidemic, adopting a multi-sectoral approach to the control of HIV and AIDS guided by the “3 ones” (One Strategic Plan, One Monitoring and Evaluation Plan, and One Coordinating Body). The country registered HIV prevalence decline, from 18% in 1990s to 6.4% in 2005 and again after a resurgence of HIV from 7.3% in 2011 to 6% in the general population in 2017 (UPHIA 2017).

Despite these successes, several challenges remain with new infections still occurring among adolescents and young people; men are not accessing the services available which continue to impact on young girls and women; coverage of testing and treatment services is still limited; viral load suppression is still low due to limited coverage; and financing the response is still highly dependent on donor funding though efforts for improved domestic financing are in place. This is coupled with inadequate coordination of multiple players at all levels. Implementation of these guidelines is expected to go a long way in addressing the challenges of coordination at sector levels towards achievement of the National goal of Ending HIV and AIDS as a Public Health Threat by 2030.

In the 2017/18 Budget Call Circular, the Ministry of Finance Planning and Economic Development (MoFPED) instructed UAC to provide effective guidance on HIV mainstreaming in sectors. These guidelines therefore provide guidance on the mainstreaming processes and what individual sectors, institutions and development partners shall do to effectively mainstream HIV and AIDS in their work/programs.

HIV and AIDS is a crosscutting issue and Accounting Officers/Chief Executives are obliged to address HIV and AIDS under their performance contracts.

1.2 Scope and Purpose

These guidelines aim at stimulating active multi-sectoral participation by outlining what individual sectors, institutions and development programs should do to mainstream HIV and AIDS in a bid to achieve the goal of ending HIV and AIDS as a public health threat by 2030.

1.3 The Impact of HIV and AIDS

Age groups and settlements: According to the preliminary findings of the UPHIA study of 2017, HIV and AIDS prevalence trend begins to rise at the age of 30 across gender and peaks to 14% among men aged 45-49 and to 12.9% among women aged 35-39. This shows that the epidemic is prevalent and affects the most productive age group that contributes much to the work force of the country.

The study further indicates that the prevalence is higher among urban areas at 7.1% compared to rural areas with 5.5%. Most of the urban areas are synonymous with economic activities and thus having an influence on the growth of various sectors.

Economy: It is estimated that Uganda’s Gross Domestic Product (GDP) would grow at an average rate of 6.5% per year between 2005 and 2025 if there were no AIDS, but this would

be reduced to 5.3% with AIDS (NSP 2015). It's thus without doubt that HIV and AIDS impacts on all sectors of the economy. At the Household level, AIDS may prevent members of the household engage in income generating work for his/her family and affect other members of the household who have to provide unpaid care, reducing on their available daily work hours. Amidst such challenges medical expenses may exacerbate the family's perilous downward economic spiral. The sudden loss of income and economic security in the household reduces its resources and exposing it to economic risks.

At macro level, the HIV and AIDS pandemic has an impact on labor supply and market, due to increased morbidity and mortality, and loss in income in the population due to medical costs and other HIV and AIDS related costs which reduce demand for goods and services. This is compounded by loss of skills in key sectors of the labor market. A study on the impact of HIV and AIDS on the productivity and labor costs in corporations in Uganda (Frank Feeley 2004) indicated that employee benefits and related HIV and AIDS costs were up to 5.9% of total labor costs in organizations studied. The long period of illness associated with HIV and AIDS reduces labor productivity. The increased absenteeism results into underperformance and reduced production. The lower productivity results into reduced exports while imports of expensive health care may increase.

The high levels of HIV and AIDS related stigma and discrimination in the population as well as in enterprises may increase denial and failure to access HIV and AIDS services, which negatively impacts on labor productivity. Stigma and discrimination further obstructs prevention interventions that the country is undertaking.

1.4 Linkage with the National and International Commitments

The mandate for HIV and AIDS mainstreaming is derived from a few international declarations and national instruments namely:

- i) **The 2001 UNGASS Declaration:** The UNGASS declaration of Commitment to end HIV and AIDS calls upon all countries to mainstream AIDS responses into their development frameworks at national, sectorial (public, private and civil society) and local levels. Development of these guidelines is premised on the global declaration for key stakeholders to engage in mainstreaming HIV and AIDS for multi-sectorial action in order to scale up AIDS responses
- ii) **Sustainable Development Goals (SDGs):** These guidelines aim at cascading the SDGs of Good health and wellbeing (Goal 3) at sector levels with emphasis on HIV and AIDS epidemic.
- iii) **Presidential Fast Track Initiative on ending AIDS as a Public Health Threat by 2030:** The initiative aims at Fast Track interventions to end AIDS as a public health threat by 2030. To achieve this, HIV and AIDS mainstreaming effort is a key priority for the response.

- iv) **Vision 2040:** Effective HIV and AIDS mainstreaming at sectorial level will greatly contribute to Vision 2040 by ensuring a healthy population
- v) **The National Health Policy (2017):** The Health Policy seeks to reach everyone in a comprehensive integrated manner. The guidelines re-emphasize the need for attention by all sectors and development partners in addressing the HIV pandemic.
- vi) **The National OVC Policy (2013):** Recognizes HIV and AIDS among the major factors leading to loss of a parent and need to put into place a support system for orphans. The guidelines address HIV& AIDS mainstreaming at the workplace and community levels where the orphans live or are cared for.
- vii) **Local Governments Act (1997) - Amendment 2015:** The Act calls upon local Governments to ensure budgets take into account HIV and AIDS in the approved Development Plan of the local government. The guidelines provide a clear process and guide for MDAs and LGs to mainstream HIV and AIDS in their operations and sphere of influence.
- viii) **Gender policy 2007:** Women’s vulnerability both socially and physically to HIV compounds existing gender inequality. Thus there is need to address gender issues in HIV mainstreaming at all levels.
- ix) **National Development Plan II (NDPII):** Recognizes the impact of HIV and AIDS epidemic on the economy to ensure the wellbeing of the population. The HIV and AIDS mainstreaming guidelines provide a guide to the implementation of the NDPII in relation to HIV and AIDS epidemic.
- x) **National HIV and AIDS Strategic Plan 2015/16-2019/20:** The NSP positions mainstreaming as part of systems strengthening to ensure sustainability of the response.
- xi) **HIV and AIDS Policy in the world of work:** The Public Service Policy provides for guidance on HIV and AIDS in the world of work. The mainstreaming guideline will be used to guide all sectors/institutions in operationalization of the public service policy.
- xii) **Equal Opportunities Policy 2006:** The Policy recognizes that HIV is still a challenge in Uganda which is affecting all categories of people. The guidelines will be used by all sectors/institutions to address HIV and AIDS issues among the most vulnerable populations including women, young people, disable and children.

1.5 Objectives of the guidelines

- i) To provide a clear understanding of HIV and AIDS mainstreaming
- ii) To provide guidance on the step-by-step process to HIV and AIDS mainstreaming in sectors/institutions
- iii) To provide tools to guide the implementation and monitoring of the HIV and AIDS mainstreaming interventions.

- iv) To provide institutional framework for coordination of HIV and AIDS response in public and non-public sector
- v) To build the capacity of all actors in mainstreaming HIV and AIDS in all programs and strategies

1.6 Users

These guidelines shall be utilized primarily by the following officials;

- i) Policy makers
- ii) Accounting Officers, Heads of Departments and Planners in all MDAs and Local Governments
- iii) HIV/AIDS Focal Points within sectors
- iv) Development/Donor Agencies
- v) Decision Makers and Managers in Private sector, cultural institutions, FBOs, Media, PLHIV, Young People and civil society/NGO personnel

1.7 Definitions and Fundamentals in Mainstreaming Concepts

UNAIDS defines mainstreaming HIV and AIDS as a process that enables management of sectors and institutions to address the causes and effects of HIV and AIDS in an effective and sustained manner, both through their usual work and within their workplace.

Mainstreaming addresses both the direct and indirect aspects of HIV and AIDS within the context of the normal functions of an organization, sector, institution or community. It is essentially a process whereby a sector analyses how HIV and AIDS can impact it now and in the future, and considers how sectoral policies, decisions and actions might influence the long-term impact of the epidemic in the sector.

1.8 Internal and External Mainstreaming

HIV and AIDS Mainstreaming in sectors therefore implies addressing HIV and AIDS within two key domains, namely the internal or workplace domain and the external domain, which is linked to the core function of a sector.

Internal Mainstreaming: refers to actions that can be taken within a sector to lessen the impact of HIV upon the health and wellbeing of its workforce and, by extension, on the institution/sector's operations and sustainability.

External Mainstreaming: is about averting any possible contributions a sector, development program or project might make to the spread of HIV and refers to adaptations made to a sector's ongoing work to protect itself against the effects of the epidemic.

1.9 Guiding Principles

These HIV and AIDS mainstreaming are guided by the following principles:

- i) Effective leadership at all levels which is critical for the implementation of the sector response including policy development, strategic planning, resource mobilization, program implementation, and monitoring and evaluation;
- ii) Broader stakeholder involvement, partnerships & collaboration, empowerment and capacity building as an integral part of the sectors' HIV and AIDS mainstreaming;

- iii) The impact of the epidemic on development and the impact of development efforts on the epidemic, including the aspects of development efforts that facilitate and mitigate the spread of HIV;
- iv) Placing the response to HIV and AIDS in the core agenda of both public and private sectors in the country;
- v) Use of the comparative advantage of different stakeholders to put in place strategies and programs to address the epidemic;
- vi) Recognition of the complementarity amongst stakeholders and their mandates, as a pre-requisite for preventing duplication and ensuring that the money works optimally amidst dwindling external resources for HIV and AIDS;
- vii) Taking into consideration of gender and equity issues (vulnerability based on female, male, disability, age and location parameters) in the HIV and AIDS mainstreaming processes
- viii) Effective and functional coordination structures for HIV and AIDS at all levels

2.0 GUIDE TO MAINSTREAMING HIV and AIDS IN SECTORS

This section describes ‘step-by-step’ process of HIV&AIDS mainstreaming in public and non-public entities (adopted from UNDP). It further highlights roles and responsibilities of sectors including coordination, monitoring & evaluation of the mainstreaming process. The section also provides financing and Resource Mobilization mechanisms for HIV&AIDS Mainstreaming and key priority interventions for HIV and AIDS mainstreaming by all sectors.

2.1 HIV and AIDS Mainstreaming steps

Every institution (both public and private) shall follow the steps below as a standard guide for HIV & AIDS mainstreaming;

Step 1: Develop context specific HIV and AIDS Strategic Plan aligned to the National HIV&AIDS Strategic Plan priorities, as part of the institution and public/citizen/client social safeguards

Each institution shall conduct a situational analysis on HIV and AIDS in the sector/institution and prepare an HIV and AIDS institutional profile - which will be used to determine the goals, objectives and detailed action plan for implementation

The analysis should include: The situation and response analysis, institutional assessment, human and financial resource assessment, and analysis of the expected impact of the HIV response in the sector and possible entry points for mainstreaming the HIV interventions in the sector.

The Goals, Objectives and Action plans shall be aligned to the four National HIV and AIDS Strategic Plan (NSP) priorities, and other planning frameworks.

Institutions shall develop a Monitoring and Evaluation Plan to monitor, assess progress towards achieving the stated goal and objectives of HIV and AIDS programming in the sector/institution.

Step 2: Establish HIV&AIDS coordination committee of 7 to 15 members (should be gender sensitive) comprising of members of the Senior Management of the MDAs/LGs/Institution, and appoint an HIV&AIDS Focal Point Person (staff) at a Senior Management level

The Accounting Officer/ Chief Executive of the institution shall chair the committee and appoint members representing departments/units to the committee.

The Committee Chairperson shall appoint HIV and AIDS Focal Person, who will also act as the secretary of the committee. The Focal Point person will be responsible for day-to-day planning, coordination and implementation of the HIV and AIDS activities in the sector/institution.

Step 3: Develop a work place HIV&AIDS Policy

Step 4: Each institution shall cost and allocate not less than 0.1% of the institution's total budget (excluding Pensions & Transfers) to HIV&AIDS programs.

Costing will entail establishment of the Costs of each activity in the action plan, mobilize resources (internal and external) and allocate resources for implementation. Institutions shall mobilize additional resources from other sources to address any funding gaps

Note that HIV and AIDS actions may not necessarily require additional resources, especially when they become part and parcel of routine functions, activities and budgets.

Step 5: Implement planned HIV& AIDS activities, document, and report on the planned activities on a quarterly basis

Each sector/institution shall define the roles and responsibilities of all relevant stakeholders, mobilize and engage relevant partners, build capacity and skills to ensure effective implementation.

Step 6: Submit quarterly reports on the implementation of sector HIV and AIDS activity plans to UAC using the templates in the annex

Sectors/institutions shall define milestones and indicators according to their HIV and AIDS action plans; the indicators shall be aligned to the indicators in the National M&E plan for HIV and AIDS.

2.2 Expected results of Multi-Sectoral mainstreaming of HIV and AIDS in Uganda

Mainstreaming HIV and AIDS in the sectors has key results that are beneficial to HIV programming and the economy at large. The expected results of effective HIV and AIDS mainstreaming in sectors shall include;

- i) Increased awareness and knowledge on HIV and AIDS among the workforce and the community
- ii) Reduced HIV prevalence among the workforce and the community
- iii) Improved access to treatment through referral mechanisms for the workforce and affected communities
- iv) Reduced HIV and AIDS related stigma and discrimination at workplaces and in communities
- v) Improved Institutional response to HIV and AIDS in all sectors
- vi) Sector-specific HIV policies and strategies in place
- vii) Improved staff capacity for mainstreaming HIV and AIDS throughout sectors/organizations

- viii) Effective support mechanisms for HIV and AIDS affected staff in place; in regard to strengthening household/community safety nets and coping capabilities to deal with HIV and AIDS
- ix) Resources allocated and spent for HIV and AIDS within the sectors for a sustained HIV and AIDS financing in the sectors
- x) Effective coordination structures
- xi) Monitoring and Evaluation of all HIV and AIDS related sectorial activities leading to increased knowledge on effective HIV and AIDS responses
- xii) Improved reporting on HIV and AIDS by all sectors/Institutions

2.3 Priority Interventions for Sectoral HIV and AIDS Mainstreaming

To ensure that all sectors plan and implement HIV and AIDS mainstreaming activities, the following minimum set interventions shall be undertaken by each sector/institution, in addition to any other planned interventions within their mandates.

i) HIV Prevention Interventions

- a) Conduct HIV and AIDS sensitization at the workplace and within communities;
- b) Conduct HIV&AIDS sensitization at the workplace and in communities
- c) Conduct/refer clients for HIV testing and counseling services both at the workplace and in communities
- d) Promote Behavior Change Communication interventions including dissemination of Information Education Communication materials at the work place and within the communities
- e) Promote HIV prevention interventions that focus on adolescent girls and young women
- f) Promote condom education, distribution and correct/consistent use
- g) Promote access for referral mechanism for Prevention of Mother to Child Transmission and Safe medical Male Circumcision services, Post Exposure Prophylaxis
- h) Engage men in HIV prevention at the work place and within the community

ii) Care and treatment

- a) Provide effective referrals of staff identified to be living with HIV to access ART.
- b) Support all staff and particularly PLHIV staff through MDAs/LGs medical insurance schemes

iii) Social support and Protection

- a) Promote psycho-social support for PLHIV at workplace and within communities including Home Based Care
- b) Establish PLHIV support groups at the workplace and in communities
- c) Establish and strengthen mechanisms to address stigma and discrimination of PLHIV at the workplace and communities

iv) Systems strengthening

- a) Establish and strengthen HIV&AIDS coordination structures
- b) Develop and operationalize HIV & AIDS workplace policy
- c) Prepare and submit period activity reports

- d) Conduct resource mobilization activities to ensure implementation of sector HIV and AIDS plans
- e) Convene quarterly coordination meetings to review progress and planning of activities

2.4 Financing and Resource Mobilization for HIV&AIDS Mainstreaming

All MDAs, LGs, institutions (Public and Private) shall allocate 0.1% of their total budget allocation to implement HIV and AIDS interventions as provided for in these guidelines.

Uganda AIDS Commission shall work with MoFPED, the private sector regulatory bodies and Development Partners to ensure that this allocation is appropriated, disbursed and utilized for HIV and AIDS interventions.

All MDAs, LGs, institutions (Public and Private) shall mobilize additional resources from other sources (outside the institution) to address the funding gaps for HIV and AIDS within the institution.

2.5 Coordination and Management Structures

The Uganda AIDS Commission through the Office of the President shall provide oversight to ensure the guidelines are implemented. The guidelines are intended to ensure that HIV and AIDS is part and parcel of all programs both in public and non-public sectors.

HIV and AIDS Mainstreaming will be implemented through the Uganda AIDS Commission Partnership mechanism under the 12 Self Coordinating Entities (SCEs) namely: Parliamentary Committee on HIV and AIDS; Government Ministries, Departments and Agencies (MDAs); People Living with HIV and AIDS (PLHIV), Civil Society Organisations (CSOs); the Private Sector, Faith-Based Organizations (FBOs); AIDS Development Partners (ADPs); Cultural Institutions; Research, Science Academia and Professional Bodies (RASP); CCM and Decentralized Response; and Media. Other actors include: National Planning Authorities, Equal Opportunity Commission, Local Authorities, NGO Board, Sector Working groups, and any other key entities.

The specific roles for the different actors are as follows:

i) The Uganda AIDS Commission:

- a) Shall ensure that the guidelines are approved and disseminated widely, reviewed on a regular basis for relevancy, as well as monitoring its use.
- b) Advocate for resource allocation from different sources to HIV and AIDS mainstreaming activities.
- c) Guide the development of appropriate HIV and AIDS indicators, and monitor progress on actions of the various sectors.
- d) Coordinate and guide the development of HIV and AIDS responsive plans in all sectors at all levels.

- e) Conduct annual assessments on the status of implementation of the HIV and AIDS planned activities and budgets in all sectors/institutions.
 - f) Constitute a National Mainstreaming Committee to ensure mainstreaming of HIV and AIDS in all sectors.
 - g) Strengthen capacity to set priorities, mobilize resources and provide advocacy for mainstreaming interventions.
 - h) Mobilize various government and non-government bodies at different levels to put in place appropriate HIV and AIDS policies and plans.
 - i) In liaison with MOH and UBOS, conduct and disseminate findings of periodic HIV and AIDS surveys
- ii) The Ministry of Finance, Planning and Economic Development (MoFPED):**
- a) Create a vote output for HIV&AIDS mainstreaming in each sector
 - b) The MoFPED shall instruct the sectors to allocate 0.1% of their budgets in all sectors for HIV and AIDS interventions.
- iii) Government Ministries, Departments and Agencies:**
Every Ministry, Department and Agency of government is required to mainstream HIV and AIDS activities into their policies and programmes. In particular, each shall be required to:
- a) Build the capacity of the staff in all departments in planning for HIV and AIDS and ensure capacity is built on routine basis given that public staffs at times rotate.
 - b) Allocate a budget line for HIV and AIDS activities as provided for in these guidelines, and ensure that funds are actually utilised for HIV and AIDS programs. More resources for HIV and AIDS activities may be mobilized from other sources
 - c) Develop appropriate indicators, collect data to monitor progress and report, which should be aligned to the National HIV and AIDS Monitoring and Evaluation Plan as required by Uganda AIDS Commission
 - d) Ensure gender and equity concerns are integrated in HIV and AIDS activities
 - e) Develop sector-specific policies on HIV and AIDS, for example workplace policies
- iv) The Office of the Prime Minister (OPM):**
The OPM shall use its existing structures to ensure that HIV and AIDS is addressed in all government programs. Specifically, OPM will:
- a) Develop indicators for HIV and AIDS mainstreaming in all MDAs' plans
 - b) Develop capacity of staff to monitor and evaluate HIV and AIDS programs
 - c) Ensure that all government ministries, departments and agencies have mainstreamed HIV and AIDS in their core functions and that all reports include HIV&AIDS indicators
 - d) Monitor the implementation of HIV and AIDS mainstreaming in all sectors
- v) Ministry of Public Service**
Enforce the implementation of HIV and AIDS mainstreaming in all public sectors, through issuance of circulars, standing instructions and policies.

vi) Equal Opportunities Commission

- a) Evaluate the sectors' Budget Framework Papers (BFPs) to ensure compliance with the HIV and AIDS mainstreaming guidelines.
- b) Share information and create synergies with UAC to advocate for the financing and allocation of budgets for implementation of HIV and AIDS mainstreaming across sectors according to the guidelines provided.

vii) Local Authority structures

- a) Existing local authority structures and systems including District Local Governments, Municipalities, and Town Councils shall be used to discuss and plan for HIV and AIDS activities.
- b) The local Government levels where HIV and AIDS will be planned for are village, parish, sub-county and district levels.

viii) The Office of the Chief Administrative Officer (CAO) and the Town Clerks (for Municipalities), the districts and Municipalities shall:

- a) Oversee implementation of HIV and AIDS mainstreaming with support from the District AIDS Committees, the NGO forum and the private sector association.
- b) Disseminate the guidelines to all sectors at the district, municipal and town council level, FBOs, PLHIV, the private sector and civil society agencies within the district.
- c) Build capacity of staff in all departments in HIV and AIDS responsive planning and programming.
- d) Review priorities and budgets to ensure that HIV and AIDS issues are adequately catered for by all departments in the district. –
- e) Allocate a budget line for HIV and AIDS activities as provided for in these guidelines, and ensure that funds are actually utilised for HIV and AIDS programs. More resources for HIV and AIDS activities may be mobilized from other sources.
- f) Develop an HIV and AIDS work place policy.
- g) Ensure that all departments develop appropriate HIV & AIDS responsive objectives and indicators and collect data to monitor progress.
- h) Ensure that all FBOs, PLHIV, the private sector and civil society organizations operating in the district/municipality register with CAO/Town Clerk's office and their activities should reflect HIV and AIDs interventions.
- i) Incorporate an indicator on HIV and AIDS mainstreaming in the performance of appraisals of the various sectors of the districts/municipalities/town councils.
- j) Supervise and ensure that duty bearers honour their obligations.
- k) Provide periodic reports to UAC on progress of HIV and AIDS implementation.
- l) District councils should enact ordinance to ensure all programs and budgets presented by departments reflect HIV and AIDS activities before approval.

ix) Civil Society:

NGOs and CBOs are active partners in the response to HIV and AIDS in the country and shall undertake the following in mainstreaming HIV and AIDS:

- a) Develop action plans that incorporate HIV and AIDS in their respective areas of focus.

- b) Enter into agreement through MoUs with Ministries, districts and lower authorities to undertake HIV and AIDS responsive planning and program implementation.
 - c) Build capacity of staff in HIV and AIDS responsive planning and programming.
 - d) Review their priorities and budgets to ensure that HIV and AIDS issues are adequately catered for.
 - e) Develop and implement HIV and AIDS programmes through internal and external mainstreaming at places of work and communities served.
 - f) Carry out effective advocacy for HIV and AIDS planning, implementation and monitoring
 - g) Mobilize resources for the implementation of HIV and AIDS activities
 - h) Provide quarterly reports to relevant sectors/ institutions
- x) **The Private Sector:**
The role of the private sector organizations in HIV and AIDS mainstreaming shall include:
- a) Orient staff in HIV and AIDS responsive planning and programming
 - b) Develop HIV and AIDS action plans
 - c) Develop and implement HIV and AIDS workplace policies
 - d) Mobilize and allocate resources for HIV and AIDS programmes aligned to the National Strategic Plan
 - e) Provide periodic reports to UAC on progress of HIV and AIDS implementation
 - f) Participate in advocacy events at all levels
- xi) **Faith Based Organizations:**
Interreligious Council of Uganda (IRCU) shall coordinate HIV and AIDS mainstreaming of all FBOs and the FBOs shall:
- a) Review priorities and budgets to ensure that HIV and AIDS issues are adequately catered for in all programmes
 - b) Orient staff in HIV and AIDS responsive planning and programming
 - c) Develop action plans on HIV and AIDS mainstreaming
 - d) Lobby for the inclusion of HIV and AIDS issues on the policy agenda at national and international levels
 - e) Mobilize resources for the implementation of HIV and AIDS activities
 - f) Provide periodic reports to UAC on progress of HIV and AIDS implementation
- xii) **Cultural Institutions:**
Traditional/Cultural leaders are custodians and gatekeepers of power, values and they command high respect within their communities. It is therefore important for Traditional or Cultural leaders to mainstream HIV prevention programs in their activities as follows:
- a) Shall review and develop action plans on HIV and AIDS mainstreaming in their work plans and budgets to ensure that HIV and AIDS issues are adequately catered for in partnership with government, NGOs and other stakeholders
 - b) Conduct trainings for cultural leaders and their subjects on HIV and AIDS
 - c) Issue pronouncements to ensure negative cultural practices are eliminated
 - d) Mobilize resources for the implementation of HIV and AIDS activities
 - e) Provide periodic reports to UAC on progress of HIV and AIDS implementation
 - f) Develop strategies to engage in and conduct grassroots advocacy campaigns for the prevention of HIV and AIDS

- g) Promote positive values that stop spread of HIV and AIDS
 - h) Document and share information on the status on the implementation of HIV activities in their cultural institutions
- xiii) People Living with HIV&AIDS**
- a) Promote and advocate for HIV&AIDS mainstreaming across institutions
 - b) Advocate for development, review and implementation of HIV and AIDS related policies
- xiv) The Media**
- a) Provide airtime/space for publicity and advocacy of HIV and AIDS issues
 - b) Plan and implement HIV and AIDS as part of the Corporate Social Responsibility programs
 - c) Provide quarterly reports on implementation HIV and AIDS activities in the media fraternity
- xv) Research, Academia, Science and Professional Associations (RASP)**
- a) Develop and implement HIV and AIDS Research agenda and disseminate the findings
 - b) Provide quarterly reports on HIV and AIDS related research conducted and disseminate
- xvi) International Organisations and Development Partners:**
The role of development partners is instrumental in the fight against HIV and AIDS. The Development Partners shall:
- a) Mainstream HIV and AIDS in all supported development projects
 - b) Provide technical and financial support to scale up HIV and AIDS response in the country
 - c) Lobby, advocate for and support the National Response

Other actors and policy implementers not mentioned above shall:

- a) Be mandated to mainstream HIV and AIDS in their policies, plans and activities
- b) Ensure appropriate allocation of resources for the implementation of the policy in their programmes
- c) Review their priorities and budgets to ensure that HIV and AIDS issues are adequately catered for
- d) Support the development and review of Workplace policies in the country

2.6 Monitoring and Evaluation

Monitoring and Evaluation of the HIV&AIDS mainstreaming is key in tracking the progress made by the Sectors/institutions in implementing the interventions as well as achieving the desired objectives.

At the National level;

- i) Uganda AIDs Commission has developed HIV and AIDS mainstreaming tools for; planning, reporting, monitoring & evaluation (annexed). All institutions shall use these tools to plan, implement and report on the mainstreaming interventions.
- ii) Uganda AIDS Commission shall build capacity of staff in planning, monitoring and evaluation of HIV and AIDS mainstreaming

At sector level:

- i) All institutions/Sectors shall collect routine data on HIV and AIDS activities implemented, prepare and submit quarterly progress reports to Uganda AIDS Commission using the reporting tools provided
- ii) All sectors/institutions shall develop monitoring and evaluation systems for HIV and AIDS mainstreaming
- iii) All sectors/institutions should prepare and disseminate their annual sector performance report on HIV and AIDS programing

Annex 1: Tools for HIV and AIDS Mainstreaming in Sectors/Institutions

i) Activity Costing Plan

Activity	Item	Qty	Days	Frequency	Unit Cost	Amount	Source of funds
Objective 1:							
Activity 1.1							
Activity 1.2							
Sub Total							
Objective 2:							
Activity 2.1							
Activity 2.2							
Sub Total							
Grand Total							

ii) UAC Monitoring and Evaluation Framework for HIV and AIDS Mainstreaming

Priority Area	Indicator	Baseline	Target	Data Source	Frequency	Person Responsible
Objective 1: Strengthen HIV Policy and governance in Sectors						
Roll out of HIV and AIDS Mainstreaming in the different sectors/Institutions	No. of Sectors/ Institutions with mainstreaming work plans	0	TBD	Support Supervision Check list	1	Head Resource Mobilization
Roll out HIV and AIDS Work Place Policies to Sectors	No. of Sectors with operational HIV and AIDS Work Place policies	TBD	100%	Quarterly Performance Reports	4	Directorate of Partnerships
Functional HIV and AIDS Structures	No. of Institutions/ Entities with functional HIV and AIDS Structures	TBD	100%	Quarterly Performance Reports	4	Directorate of Partnerships
Objective 2: Sustainable Financing of HIV and AIDS activities						
Allocate funds to HIV and AIDS activities	No. of Institutions/Entities with at least 35% of budgetary allocations to HIV and AIDS activities	TBD	100%	Annual Sector Reports	1	Directorate of Finance/ Head Planning
Adequate funding for identified HIV and AIDS activities	No. of Institutions with HIV and AIDS activities adequately funded	TBD	100%	Annual Sector Reports	1	Resource Mobilization
Objective 3: Strengthened Monitoring and Evaluation of HIV and AIDS activities in Sectors						
Establish M&E Plans for Institutions/Entities	No. of Institutions/ Entities with Monitoring and Evaluation Plans	TBD	100%	Support Supervision Reports	1	Monitoring and Evaluation Department
Provide support to Institutions/ Entities in the development of tools	No. of Institutions/ sectors supported in developing Tools	TBD	100%	Support Supervision Reports	1	Head Resource Mobilization
Regular reporting of Mainstreaming activities	No. of Institutions/ Entities submitting reports on time	TBD	100%	Bi annual performance reports	2	Monitoring and Evaluation Department

iii) Sector/Institution Implementation Framework Tool

Sector:

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Organization/Institution:

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Internal/ External Activity:

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Objectives	Activities	Timeframe				Expected Output	Person Responsible	Cost	Funding Source
		Q1	Q2	Q3	Q4				
Objective 1	Activity 1.1								
	Activity 1.2								
Objective 2	Activity 2.1								
	Activity 2.2								

iv) Sector M&E Framework Tool for Performance measurement of HIV and AIDS activities

Sector						
Organization						
Date of assessment						
Section 1: Activity Progress (include specific outputs)						
Thematic Area:						
Objective 1:						
Activity	Performance Indicator	Baseline	Annual Target	Achievements		Comment
				Current	Cumulative	
Activity 1.1						
Activity 1.2						
Objective 2:						
Activity 2.1						
Activity 2.2						
Etc.						
Key lessons learnt and best practices:						
Detail major problems identified and actions planned or taken to overcome them:						
Section 2: Financial Report						
Activity	Funds budgeted	Actual funds allocated	Source of Funds	Funds utilized	Balance	Narrative for over or under Spending
Summarize current financial status, identify problems and corrective actions:						
Prepared by:			Signature:		Date:	

v) Sector/Institution Bi-annual Reporting Tool

Sector							
Organization							
Thematic Areas							
Reporting Period							
1. Activity Progress							
Objective	Program Indicator	Annual Target	Performance Outputs achieved				Narrative
			Bi- annual 1	Bi- annual 2			
2. Finance							
Objective	Activity	Budget	Funds received	Funding Source	Funds spent	Balance	Narrative
3. Outline Challenges:							
4. Outline technical support required:							

Annex 2: Template for Monitoring HIV and AIDS Mainstreaming in sectors/organizations by Uganda AIDS Commission

Sector						
Organization						
Date of assessment						
Section 1: Activity Progress (include specific outputs)						
Objective 1:						
Priority Area	Performance Indicator	Baseline	Annual Target	Performance		Comment
				Current	Cumulative	
Priority Area 1.1						
Priority Area 1.2						
Etc.						
Objective 2:						
Priority Area 2.1						
Priority Area 2.2						
Etc.						
Key lessons learnt and best practices:						
Detail major problems identified and actions planned or taken to overcome them:						
Section 2: Financial Report						
HIV&AIDS Mainstream Financial Position	Funds budgeted	Actual funds allocated	Funds utilized	Balance available		
Summarize current financial status, identify problems and corrective actions:						
Prepared by:			Signature:		Date:	

Annex 3: Institutions that participated in the consultations to define the contents of the guidelines

1. Parliament of Uganda
2. Office of the Prime Minister
3. Ministry of Health
4. Ministry of Local Government
5. Ministry of Public Service
6. Ministry of Works and Transport
7. Ministry of Water and Environment
8. Ministry of Agriculture Animal Industry and Fisheries
9. Ministry of Gender, Labor and Social Development
10. Ministry of Finance Planning and Economic Development
11. Equal Opportunities Commission
12. Uganda National Roads Authority
13. Standard Gauge Railway Project
14. Makerere University
15. Country Coordinating Mechanism for Global Fund (CCM)
16. National Forum of PLHA Networks in Uganda (NAFOPHANU)
17. Media Self coordinating entity
18. Inter-Religious Council of Uganda IRCU
19. Positive Men's Union (POMU)
20. Center Disease Control and Prevention (CDC)
21. Jimark-Gd & Associates

Annex 4: Institutions that validated the guidelines

1. MARPS Network
2. Uganda National Roads Authority (UNRA)
3. NACWOLA
4. Judiciary Service Commission
5. MoH/ACP
6. Straight Talk Foundation (STF)
7. National Medical Stores (NMS)
8. Ministry of Gender, Labour and Social Development (MoGLSD)
9. Makerere University Joint AIDS Program (MJAP)
10. Ministry of Works and Transport (MoWT)
11. Program for Accessible Health Communication and Education (PACE)
12. Ministry of Local Government (MoLG)
13. International Community of Women Living with HIV , East Africa (ICWEA)
14. Uganda Network of AIDS Service Organizations (UNASO)
15. National Union of Disabled Persons of Uganda (NUDIPU)
16. Uganda Prisons
17. UNICEF
18. Parliament of Uganda
19. Clinton Health Access Initiative (CHAI)
20. African Health Foundation - Uganda Cares (AHF-Uganda Cares)
21. UN Women
22. UNAIDS
23. The Country Coordination Mechanism for the Global Fund (CCM)
24. UPDF - Directorate of HIV and AIDS
25. Uganda Manufactures Association (UMA)
26. Uganda Health Marketing Group (UHMG)
27. Uganda National Chamber of Commerce and Industry
28. UNESCO
29. MEMD
30. Ministry of Internal Affairs
31. Country Coordinating Mechanism for Global Fund (CCM)
32. NAFOPHANU
33. AMICAALL
34. Equal Opportunities Commission
35. Uganda AIDS Commission

Annex 5: members of the Technical Working Group that led the development of the HIV and AIDS Mainstreaming Guidelines

- 1) Zephyr Tanzani Kibenge - Chairperson
- 2) Sarah Khanakwa - Secretary
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