The National HIV Priority Action Plan for Key and Priority Populations 2020/2021 – 2022/2023

Uganda AIDS Commission

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FOREWORD

Uganda AIDS Commission (UAC), in collaboration with Ministry of Health and partners has facilitated the process of developing a National Key and Priority Populations Action Plan (2020/21 – 2022/23) to enable rapid scale up of effective, efficient and harmonised interventions for the Key populations (KPs) and Priority populations (PPs). This Action Plan is aligned to the new National HIV&AIDS Strategic Plan (2020/21- 2024/25).

The development process was highly consultative, guided by the National Key and Priority Populations Steering Committee and the Ministry of Health KPs Technical Working Group., The consultative process drew high level participation by key stakeholders, including government line ministries, UN agencies, CDC and USAID, implementing partners, KPs Networks and KP led organizations. Uganda AIDS Commission is therefore indebted to the contributions made by all stakeholders in setting these National Priorities. We are equally indebted to the contributions and the financial support from PITCH through UNYPA

Lastly, I wish to congratulate all partners and national HIV stakeholders for their active participation in the development of this Action Plan but above all for their invaluable and continuous contribution to the fight against HIV and AIDS through KPs and PPs Programming.

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Acknowledgement

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LIST OF TERMINOLOGIES

Key Populations: These are populations that are at high risk of acquiring HIV and are also affected by punitive laws and stigmatizing policies.
The populations covered here are Sex Workers, Men who have Sex with Men, Transgender persons, Persons Who Inject Drugs, and prisoners

Priority populations: These are populations which by virtue of demographic factors (age, gender, ethnicity, occupation, income level, education attainment or grade level, marital status, physical factors) or behavioral factors or health coverage status or geography are at increased risk of HIV but, unlike the Key populations, are not subjected to punitive laws and stigmatizing policies. These include Fisher folk, Uniformed service personnel, Truckers, migrant workers and mobile populations, adolescents girls and young women, HIV discordant couples, Persons with Disabilities, Refugees and other displaced persons.

Men who have sex with men: Males who have sex with males, regardless of whether or not they also have sex with women or have a personal or social gay or bisexual identity. This concept is useful because it also includes men who self-identify as heterosexual but who have sex with other men.

People who inject drugs: People who take in psychoactive drugs intravenously for non-medical purposes.

Fisher folk/fishing Community: A community that is substantially dependent on, or substantially engaged in the harvest or processing of fishery resources to meet social and economic needs.

People in prisons and other closed settings: There are many different terms used to denote places of detention, which hold people who are awaiting trial, who have been convicted or who are subject to other conditions of security. Similarly, different terms are used for those who are detained. In this guidance document, the term “prisons and other closed settings” refers to all places of detention within a country, and the terms “prisoners” and “detainees” refer to all those detained in criminal justice and prison facilities, including adult and juvenile males and females, during the investigation of a crime, while awaiting trial, after conviction, before sentencing and after sentencing. This term does not formally include people detained for reasons relating to immigration or refugee status, those detained without charge, and those sentenced to compulsory treatment and to rehabilitation centers

1 INTRODUCTION

1.1 Background and Situation Analysis

Uganda AIDS Commission (UAC) in collaboration with partners facilitated the development of the National Key and Priority Populations Action Plan (2020/2021 – 2022/2023) to enable rapid scale up of effective, efficient and harmonised national Key and priority populations interventions. This Action Plan is aligned to the National HIV Prevention Roadmap (2018-2030) and the National HIV and AIDS Strategic Plan (NSP) 2020/21 – 2024/25.

The HIV epidemic in Uganda continues to be severe and generalised, but with concentrated sub-epidemics in Key Populations (KPs) and Priority Populations (PPs) who bear a disproportionate burden of HIV and/or are more susceptible to the risk factors of HIV Infection. The results of the 2016-2017 Uganda Population HIV Impact Assessment (UPHIA) indicate that the national average HIV prevalence was estimated at 6.0% among adult population aged 15 – 49 years. However, evidence from the CRANE Survey and other studies show that HIV prevalence remains significantly higher among key populations (KPs), including sex workers (35- 37%)], fisher folk (22-29%), long distance truck drivers (25%), uniformed services personnel (18.2%), men who have sex with men (MSM) (12.7%). These and other Key populations have been identified as a major source of new HIV infections in the country.

Incidence remains higher among all key populations, averaging about 4300 new infections per 100,000. This excludes injecting drug users, who have the highest incidence: about 18,000 new infections per 100,000. Incidence is considerably lower among general population groups, averaging about 940–1400 new infections per 100 000 adults. Key populations—who constitute 5% of the population—contribute 21% of new infections annually *(UAC/MOH Analysis of HIV Prevention Response and Modes of Transmission in Uganda 2014)*

1.2 Rationale for Developing a Priority Action Plan (2020/21 – 2022/23)

The Uganda AIDS Commission (UAC) is mandated to offer overall leadership in the management and coordination of the national HIV and AIDS response. It is within this mandate that UAC led the development of the National road map towards zero new infections by 2030, the National HIV and AIDS Strategic Plan 2020/21 – 2024/25, and plans to strengthen the KP and PP programming and coordination during the new HIV and AIDS Strategic Plan period. It is in this regard that the National Key Population Priority Action Plan (NKPAP) has been developed to guide the fast-tracked Key and Priority populations HIV response in the country during the period of the National HIV AIDS Strategic Plan 2020/21 – 2024/25.

Since the development of the first key populations Action Plan (2014-16), new HIV prevention tools have been added to the national response, including Pre Exposure Prophylaxis (PrEP), Needle Syringe Program, and Medically Assisted Therapy (MAT)

for Persons Who Inject Drugs (PWIDs). In addition, the Mid-Term Review (MTR) of the National HIV and AIDS Strategic plan (NSP) 2015/16-2019/20 pointed out several key population subgroups that were not covered in the NSP, implying they were not planned for, including People who inject drugs and Transgender persons. Hence, there is need to reflect these realities in a new national Key populations focused guidance document. Further, the findings of Mid Term Review (MTR) of the NSP (2015/2016- 2019/2020) indicated a number of gaps and challenges in the national Key population programming and coordination mechanisms that require fresh thinking and planning. Equally important is the 2016 United Nations Political Declaration on ending AIDS which set new global goals, targets and commitments for HIV prevention and treatment, including targets for Key populations programming. Therefore, it becomes imperative to develop a new key and priority populations action plan aligned to the above realities.

1.3 The Purpose of National Priority Action Plan

In order to operationalize the National HIV and AIDS Strategic Plan 2020/21 – 2024/25, HIV stakeholders have prepared a national Key and Priority Populations Action Plan (NKPAP) that elaborates priority activities for each of the agreed strategic actions that must be implemented by stakeholders and the targets to be achieved in each year of NSP. The National Priority Action Plan will be used as:

1. A guide for implementing partners: districts, sectors (public and private), Civil Society organizations (CSOs, and Faith Based Organizations (FBOs) in developing their annual plans and to align their operational plans in order to contribute to the achievement of NSP 2020/21 – 2024/25 goals and targets.
2. A guide to align international support to national priorities;
3. An instrument to assist with mobilization and allocation of resources to the national response;
4. An instrument for Uganda AIDS Commission and partners to monitor implementation of the national Key and priority populations' response.

1.4 The Development Process of National Key and Priority Populations Action Plan (2020/2021 – 2022/2023)

The methodology and approach used in the preparation of the National Key and Priority Populations Action Plan (2020/2021 – 2022/2023) was highly consultative and participatory. Consultative meetings with Key stakeholders, including KP and PP led organizations and networks, implementing and development partners, and lead government agencies were held at national level as well as regional levels. The development process was guided by the extended National KP and PPs Steering Committee and the Ministry of Health KP Technical working Group (TWG), in addition to national experts in KP and PP programming. The process was led by an independent consultant and it started with development and presentation of a concept and inception report which were approved by from the National extended KP and PPs Steering Committee as well as the Top Management Committee at the Uganda AIDS Commission.

1.5 Alignment to exiting National Policy and Strategy Provisions

1.5.1 HIV Prevention Roadmap 2018-2030

The objective of the roadmap is to identify and align critical actions needed to accelerate and sustain reductions in new HIV infections in Uganda. It responds to key remaining challenges to push the prevention response towards attaining zero new infections in the country and contributing to national development intentions and commitments to sustain the response. It acknowledges HIV as a development issue and therefore is subordinate to national development frameworks and targets to inspire integration of HIV into development programming. It recognizes the importance of targeting key and priority populations, and defines in broad terms the minimum package of sevices for the different populations

1.5.2 The National HIV Strategic Plan (NSP) for 2020/21 – 2024/25

The strategic plan acknowledges the fact that while achievements have been made nationally in reducing new infections from 135,000 in 2010 to approximately 50,360(adults and children) in 2017; there are sub-popautions including Key populations that continue to affect these gains. These populations have high Incidence averaging about 4300 new infections per 100,000 (MOT 2014).

2 OUTCOMES, STRATEGIC OBJECTIVES AND ACTIONS

Outcome 1: Increased Adoption of Safer Behaviors and Reduction in Risky Behaviors

The National HIV Prevention Roadmap (2018-2030) underscores the role SBCC plays in supporting HIV prevention and care outcomes and calls for cost effective, evidence based approaches for adoption of safer behaviors and reduction of risky behavior among the key and priority populations. To reduce the risk of acquiring HIV, members of Key and priority Populations must be supported to understand their risk, and acquire the right knowledge, skills and a belief in their self-efficacy to reduce that risk. Behavioral interventions will provide information, motivation, education and skills-building to help individuals reduce risky behaviors and sustain this positive change.

2.1.1 Indicators and targets of outcome1:

The behavior change and risk reduction targets are based on the following corresponding indicators:

1. Comprehensive HIV knowledge among Key and priority populations increased from 45 % (UDHS 2016) to 90% by 2023

2. Consistent Condom use among key and priority populations during risky sexual encounter increased to 90% by 2023
3. Safe injecting practices increased to 90%

4. Reduction in sexual partners

2.1.1.1 Strategies and priority actions for outcome 1

Shifts in high risk sexual behavior among the key and priority populations (KPs) will require effective strategies tailored to each KP and PP sub-category based on known behavior traits and development of approaches, involving coordinated multi-channel communication (KP hotspot mobilization, working with KP and PP peers and person to person/small group dialogues). The strategies and priority actions for adoption of safer behavior and reduction of risky behavior among Key and priority populations in the next phase of HIV prevention will be as shown below: It is important to note that under this and subsequent outcomes, some key actions in the previous Priority Action Plan which were not implemented but are still relevant to the response have been maintained in this plan.

Outcome	**Key actions to be performed**	**Time Frame**	Lead agency and Other partners
Outcome 1: Increased Adoption of Safer Behaviors and Reduction in Risky Behaviors	– Conduct a study to establish and document risky sexual behaviors among key and priority populations sub-categories and associated causal factors	FY 2021	**UAC,** MOH
	– Develop and translate IEC/BCC messages and materials tailored to known risk behaviors for each KP and PP sub-category	FY2021	**UAC,** MOH
	– Capacity building of health workers and other stakeholders on effective HIV Prevention interventions for Key and Priority Populations IEC/BCC guidelines, approaches and service delivery tools	FY 2021	**UAC,** MOH, Line Ministries
	– Disseminate IEC/BCC messages and materials to the key and Priority populations using a mix of, interpersonal, small group dialogue and peer -to peer network campaigns	FY 2021	**UAC**, MOH, Line Ministries, IPs
	– Support hotspot mobilization of key populations for HIV prevention services utilizing peer to peer approach	FY 2021/22	**UAC,** MOH, Line Ministries, IPs
	– Disseminate national policies and guidelines including management of drug and alcohol use	FY 2022	**UAC,** MOH, IPs
	– Regularly review the IEC/BCC programs of various stakeholders to inform better programming	FY 2022	**UAC,** MoH, District teams, IPs
	– Increase number of drop in centers/safe spaces for key populations groups	FY 2022	MoH, District teams, IPs
	– Capacity building for key populations especially for peer to peer behavior change communication	FY 2021/22	MoH, District teams, IPs

2.2 Outcome 2: Increased Coverage, Quality and Utilization of HIV prevention services

Addressing the quality of care service gaps remains core in key and priority populations programming. Most programmes reaching Key and priority populations currently do not provide a comprehensive HIV prevention package yet there are limited defined partnerships and referral systems to ensure that KPs and PPs receive the complete package in a convenient manner. Under this action plan, there will be a combination HIV prevention package and delivery of a core package of evidence-based interventions that will be scaled up to achieve critical levels of coverage. The Biomedical interventions will be augmented with a strong IEC/BCC utilizing multi-channels models but largely embracing an interpersonal, peer to peer and small group dialogue approach. A strong livelihood and psychosocial component will be intergraded in this program addressing poverty among some KPs and PPs and reduction of vulnerability.

2.2.1 Indicators and targets of outcome

- The proportion of key and priority populations who know their HIV Status increased to 95%
- Increase coverage of ART for key populations to 95%
- Increase of key populations priority who are virally suppressed to 95%
- Health workers screening for STIs among 95% of KPs and PPs
- Increase PrEP coverage to 100% for sex workers and MSMs
- 75% coverage for Needle and syringe program (NSP)
- 50% coverage with MAT for PWIDs that are in need
- 75% coverage with PEP for survivors of sexual violence.

2.2.1.1 Strategies and Priority Actions:

The main strategies for addressing the biomedical drivers of the epidemic in the next phase of HIV prevention in the country are summarized in the table below:

Outcome	Key actions to be performed	Time Frame	Lead agency and Other partners
Outcome 2: Increased Coverage, and Utilization of HIV prevention services	– Conduct a service mapping of national HIV prevention services for all Key and Priority populations to identify service gaps and utilization	FY 2021	**UAC,** MoH, IPs
	– scale up a minimum HIV prevention package for KPs and PPs to fill identified gaps to achieve 95% coverage	FY 2021/22	**UAC,** MoH, IPs
	– Develop, review and update policies, technical guidelines, protocols and standards for delivery of the core HIV prevention services among KPs and PPs.	FY 2020/22	**UAC,** MoH, IPs
	– Develop and disseminate facility-level protocols for delivering friendly services to KPs and PPs	FY 2020/21	**MoH, UAC,** Line Ministries, IPs

	– Train health care givers countrywide to provide friendly comprehensive KPs and PPs services for all sub-categories including MSM, TG and PWIDs	FY 2020/21	**MoH, UAC,** IPs
	– Institute and implement pilot projects for minimum HIV prevention package for KPs in Selected hot spot areas	FY 2020/23	**MoH,** UAC, Line Ministries, IPs
	– Set up outreach or dedicated clinics for hard-to-reach population groups e.g. STI services for sex workers, Drop In Centres (DICs), moonlight clinics for truckers, wellness centres for truckers, mobile clinics for fisher folk etc	FY 2020/21	**MoH**, UAC, Line ministries, IPs
	– Expand condom distribution outlets for KPs and PPs in the mapped hot spots including lodges, beaches, bars, hotels, etc to ensure that there are condoms all the time[1]	FY 2020/21	**MoH**, UAC, Line ministries, IPs
	– Ensure uninterrupted supply of commodities for KPs and PP services throughout the year and strengthen service outlets in regional Hubs and lower health facilities.	FY2020/23	**MoH**, UAC, Line ministries, IPs
	– Integrate a full range of FP services for prevention of unplanned pregnancies among KPs and PPs, safer conception and access to eMTCT services	FY2020/23	**MoH**, UAC, Line ministries, IPs
	– Expand PrEP services to attain national coverage		
	– Expand provision of services for timely management SGBV among KPs and PPs sub-groups using the standard package to attain national coverage	FY 2020/23	**UAC,** MOH, Line ministries, IPs
	– Train service providers and KP and PP peers on psychosocial support using peer-to peer approach	FY 2020/21	**UAC,** MOH, IPs

2.3 Outcome 3: Strengthened Sustainable enabling environment that mitigates Underlying Factors Driving the HIV Epidemic

The key drivers of the epidemic currently comprise of harmful cultural norms, beliefs and practices; gender disparities, discriminatory laws and violation of KPs and PPs rights, wealth and poverty, HIV-related stigma and discrimination, poor governance and accountability, inequitable targeting of existing HIV services and gaps in coordination of the KP and PP HIV response especially at the local government level. The KP and PP Action plan seeks to influence these factors that increase risk and vulnerability to HIV infection among KP and PP Sub-categories.

2.3.1 Indicators and Targets:

The major indicators and targets of change in these drivers over the planned period are:

[1] The condom distribution plan will be reviewed to identify new distribution channels and sustaining stocks in those points

- Improved legislative and policy framework that promotes HIV prevention for key and priority populations
- Sexual and Gender-Based Violence among KPs and PPs reduced
- Survivors of SGBV seeking help from service organizations increased
- Stigma and discrimination against KPs and PPs reduced
- Strengthened capacity of KPs and PP networks and organizations to coordinate and support KPs and PPs
- Attain 50% coverage of Livelihood programs for KPs and high risk PPs

2.3.1.1 Strategies and Priority Actions:

The strategies and priority actions to influence change in factors that increase risk vulnerability to HIV infection are as follows:

Outcome	**Key actions to be performed**	**Time Frame**	Lead agency and Other partners
Outcome 3: **Strengthened Sustainable enabling environment that mitigates Underlying Factors Driving the HIV Epidemic**	– Undertake Research on the causes and manifestation of SGBV in different KP sub-groups and design and implement appropriate interventions based	FY 2020/21	UAC, **MoGLSD,** Research Institutions
	– Support IPs, CSOs, communities to design and implement KP and PP context specific interventions that address harmful socio-cultural and gender norms	FY 2020/22	**MoGLSD,** UAC, Research Institutions
	– Analyze the existing policies, legislation, programs and advocate for the amendment of laws that restrict provision of HIV prevention services to some KP groups	FY 2020/22	**UAC, Justice Law and Order sector** MoGLSD, MOH, and IPs/CSOs
	– Conduct advocacy campaigns on policies and laws that affect the health rights of KPs	FY 2020/22	**UAC, IPs, KP led organisations**
	– Sensitize and educate the law enforcement officers on public health and Ugandan laws.	FY 2020/23	**UAC,** MoJ, MoGLSD, and IPs/CSOs
	– Sensitize and educate KP groups on their health rights and responsibilities	FY 2020/23	**UAC,** MoJ, MoGLSD, and IPs/CSOs, HRC

	– Lobby government and development partners to increase resources for delivery of services to all KP and PP groups	FY 2020/23	**UAC,** MoH, CSOS, MoGLSD, IPs, Districts MoIA, MoD
	– Develop and implement a plan of action to address the socio-cultural factors that disproportionately affect KPs	FY 2020/23	**UAC,** MoH, KP and PP organisations, MoGLSD, IPs, line ministries
	Conduct a needs assessment among KPs and PPs to in order to engage in IGAs, and appropriate IGAs for each category	2020/21	**UAC, Line ministries**
	– Use the needs assessment to scale up a comprehensive livelihood component for KP and PP sub-categories to reduce vulnerability	FY 2020/23	**UAC, Line ministries**
	– Train and support IGA KP and PP beneficiaries in essential business management skills including bulk marketing	FY 2021/22	**UAC, Line Ministries**
	– Document Cash transfers best practices and scale them up among KPs and PPs	FY 2020/21	**UAC,** IPs, Line ministries

2.4 Outcome 4: Achieving a more Coordinated KP and PP HIV Prevention response at all levels

Improving leadership and coordination of the Key and Priority Populations national HIV response is key to meeting the goal and targets that have been set in the NSP. Currently, although the national coordination mechanisms exist under a multi-sectoral approach, they are not optimally functional especially at sub national level. Nationally, there is no functional monitoring system to track key and priority populations HIV combination prevention response and, most of the implementing partners track different indicators with different tools at national and district levels. At the same time, different funding sources targeting similar activities in the same geographical areas are not well coordinated. The lack of convergence of such funds at agreed minimum administration units e.g. sector and districts level, affects synergy building for expanded coverage and focus on common results. Therefore, the National Key and Priority Population Action Plan is needed to guide coordination of efforts and mobilization and allocation of resources

2.4.1 Indicators and targets:

- All districts having functional Key and priority Populations networks by 2023
- Number of districts with HIV plans that integrate KPs and PP programs aligned to the National KP Priority Action (2020-23)
- Each Local government coordination structure with a focal point person for KP and PP interventions
- KP and PP issues regularly discussed in District and lower local government HIV coordination meetings.
- A functional Multisectoral KP and PP National steering committee

2.4.1.1 Strategies and Priority Actions:

The main strategies and priority actions for addressing the emerging gaps in the leadership and coordination of KP and PP HIV response at all levels include the following:

Outcome	Key actions to be performed	Time Frame	Lead agency and Other partners
Outcome 4: **Achieving a more Coordinated KPs and PPs HIV response at all levels**	– Strengthen the existing coordination structures at district and community levels to coordinating KPs and PPs response at community level	FY 2020/22	**UAC,** MoLG, LG, KP and PP organisations
	– Strengthen the KPs and PPs steering committee, review its terms of reference and expand its representation and mandate	FY 2020/22	**UAC**
	– Strengthen the KPs coordination network at national level	FY 2020/23	**UAC,** MoH
	– Coordinate resource allocation and use among IPS targeting KPs and PPs at national, district and community levels	FY 2020/23	**UAC,** MoH, MoGLSD, ADPs, IPs, Districts MoIA, MoD, CSOs

2.5 Outcome 5: Strengthened Information Systems, tracking and reporting on the KP and PP national response

In Uganda, absence of harmonized reporting tools among actors at national, sector and district and hotspot levels affect effective tracking and reporting for KPs and PPs national response. Yet without appropriate programme data, it is difficult to establish the extent of program coverage, resource gaps, and also to hold respective leadership accountable for action or inaction for some KP and PP groups.

Uganda AIDS Commission and partners will review the existing national and sectoral tools to establish if these tools capture all the needed national KPs and PP indicators (biomedical, Behavioral, socio-economic/structural) or are comprehensive enough, and to establish the inherent gaps across national actors. The review exercise will lead to harmonization of existing tools (government, implementing partners), revisions of such tools, revisiting national tracking mechanisms including tracking systems and a national consensus of such agreed tools through a partner consultation process. Monitoring and Evaluation efforts will continue to be based on the existing M&E and surveillance systems, procedures and mechanisms but evaluated and strengthened to respond to KP and PP needs. In addition, information systems of major IPs will also be harnessed. Uganda AIDS Commission through its

National HIV Prevention Committee will provide oversight to multi-sectoral monitoring and evaluation. However, working very closely with and strengthening horizontal linkages with sector information systems to capture timely data will be critical.

2.5.1 Indicators and Targets:

The major targets and indicators of change in these drivers over the next five years include:

- Harmonized tools for data capture on all KP and PP programmes adopted and utilized by IPs
- Strengthened reporting systems to track coverage, outputs, and utilization of HIV Prevention programs for the different KP and PP sub-categories
- Quarterly and annual reports on the KPs and PPs HIV response produced
- A baseline survey on the KP and PP response conducted;
- A mechanism for regular tracking of HIV Prevention Resources for KPs and PPs instituted by 2023

2.5.1.1 Strategies and Priority Actions:

The strategies and priority actions under this outcome are as follows:

Outcome	Key actions to be performed	Time Frame	Lead agency and Other partners
Outcome 5: Strengthened Information Systems, tracking and reporting on KPs and PPs national response	– Review data variables that are captured by IPs, Government and recommend additional variables required for effective tracking additional HIV prevention Indicators for KPs	FY 2020/21	**UAC**, MoH, IPs
	– Work on new additional variables that can be captured in the electronic version of the HMIS	FY 2020/21	**UAC**, MoH, IPs
	– Establish horizontal reporting linkages with sector Management information systems to track KP and PP response	FY 2020/22	**UAC,** Sectors
	– Assess sector M&E systems and recommend appropriate strengthening measures to track KP and PP response	FY 2020/22	**UAC,** Sectors
	– Develop a reporting system, and guidelines for regular collection and compilation of data on KPs and PPs services at community/hot spot levels	FY 2020/21	**UAC,** Sectors, IPs
	– Compile and analyse HIV prevention M&E data and produce of quarterly and annual HIV prevention Reports	FY 2020/23	**UAC, MOH,** Sectors, IPs
	– Establish or strengthen a one stop centre or knowledge hub for HIV prevention information for KPs and PPs , and similar centres at district level	FY 2020/22	**UAC, MOH,** Sectors, IPs
	– Establish linkages and reporting relationships with IPs, research institutions and research coordination entities	FY 2020/22	**UAC, MOH,** Sectors, IPs

	– Periodic evaluation of HIV prevention interventions for KPs and PPs, service delivery approaches, models and sharing of best practices and lessons learned to inform better programming	FY 2020/23	UAC, NPC, IPs, Research Institutions
	– Regular dissemination of information, brainstorming sessions, debates, data use workshops international conferences e.g. ICASA and IAS.	FY 2015/18	**Lead: UAC,** MoH, IPs, line ministries, KP and PP organisations
	– Develop a reporting system, and guidelines for regular collection and compilation of data on community services for KPs and PPs	FY 2020/22	**MoH**, UAC, , MoGLSD, IPs, Districts MoIA, MoD

3 INSTITUTIONAL SUPPORT TO ACTION PLAN IMPLEMENTATION

The Implementation of the priority activities for KPs and PPs HIV prevention outlined in this Action Plan will be undertaken by various stakeholders working together under the auspices of the multi-sectoral approach. Uganda AIDS Commission will provide leadership and guidance for effective implementation of the action plan by the implementing partners. UAC will further support lead sectors to review their existing implementation plans and align them to the national KP and PP Action Plan (2020/23.

3.1 Role of the Uganda AIDS Commission

Uganda AIDS Commission (UAC) will continue with its oversight role of nation-wide efforts in HIV prevention for KPs and PPs. This will include coordination of policy development, planning, resource mobilization and allocation, as well as monitoring and reporting on progress on implementation of KP and PP National Interventions. UAC will further support sectors and districts to develop/align their annual plans to the national KP and PP Priority Action Plan (2020/23 and collate the plans and progress reports to compile annual progress reports on HIV prevention to be shared with stakeholders through various fora including the Joints Annual AIDS Review (JAR). UAC through its NPC will from time-to-time hold stakeholder meetings on HIV prevention to monitor implementation reports, identify gaps and draw the attention of stakeholders.

3.2 Role of the Ministry of Health

The MoH is central to the implementation of KP and PP Priority Action Plan 2020-2023. It will be responsible for coordination and technical guidance of the public health response settings. The MoH will also be responsible for quantification, procurement, rationalization, supply chain management of commodities for KPs and PPs HIV prevention, overseeing integration of KP and PP services in the health sector and tracking implementation of HIV prevention in districts and other implementing partners. The MoH will be expected to develop KP and PP specific annual plans as well as compilation of regular progress reports from the health sector on implementation of KP and PP activities.

3.3 Roles of Other Line Ministries

All sectors in KP and PP programming will be required to review their strategies and plans and align them to the national KP and PP Priority Action Plan (2020/23). The sector plans will be harmonized plans at sectoral levels through consultative processes with all IPs/CSOs supporting sectoral specific HIV responses. Deliberate efforts to support planning functions of sub-national entities as well as tracking implementation of HIV prevention endeavors within respective sectors should be undertaken. To facilitate this KP and PP coordination role, it is necessary that each affected line ministry identify a responsible desk officer to coordinate KP and PP HIV prevention in the sector, and be accountable for compilation of quarterly progress reports on HIV prevention in the sector. The reports will outline progress being made in meeting the targets of KP and PP National Priority Action Plan. These

reports will be shared with UAC and other stakeholders periodically to contribute to and inform better and coordinated programming.

3.4 Role of Districts and Local Governments:

Since district and lower local governments are responsible for service delivery, UAC, MoH and other line Ministries will work with district teams to develop integrated annual multi-sectoral work plans that mainstream HIV prevention interventions for KPs and PPs within the existing programs. The plans will be aligned to the national KP and PP Priority Action Plan (2020/23) but incorporate all activities of all IPs operating in the district, including activities funded from national, local and external sources.

After developing a harmonized district/urban plans, Districts and municipal councils will also be responsible for coordination of various IPs irrespective of source of funding, and ensure that linkages and referral mechanisms between IPs and other district entities are established and functional in order to offer the complete package of HIV prevention services for KPs and PPs. Districts and Municipal Councils also will be required to identify a lead officer and department that will be responsible for coordination and compilation of regular progress reports on implementation of KP and PP activities as well as support formation and functionality of KP and PP Networks. Rationalization of implementation of KP and PP response at district level will be a joint activity with IPs based on a common plan, joint reviews on progress but the district/municipal council will take lead in compilation and reporting to respective line ministries. Special emphasis will be put on urban areas as high risk areas due to existence of multiple hot spots.

Furthermore, districts and local government will be required to mobilize local resources to support KP and PP HIV/AIDS prevention, care and treatment as one measure of ensuring sustainability of HIV prevention endeavors.

3.5 Role of Implementing Partners, NGOs, CBOs:

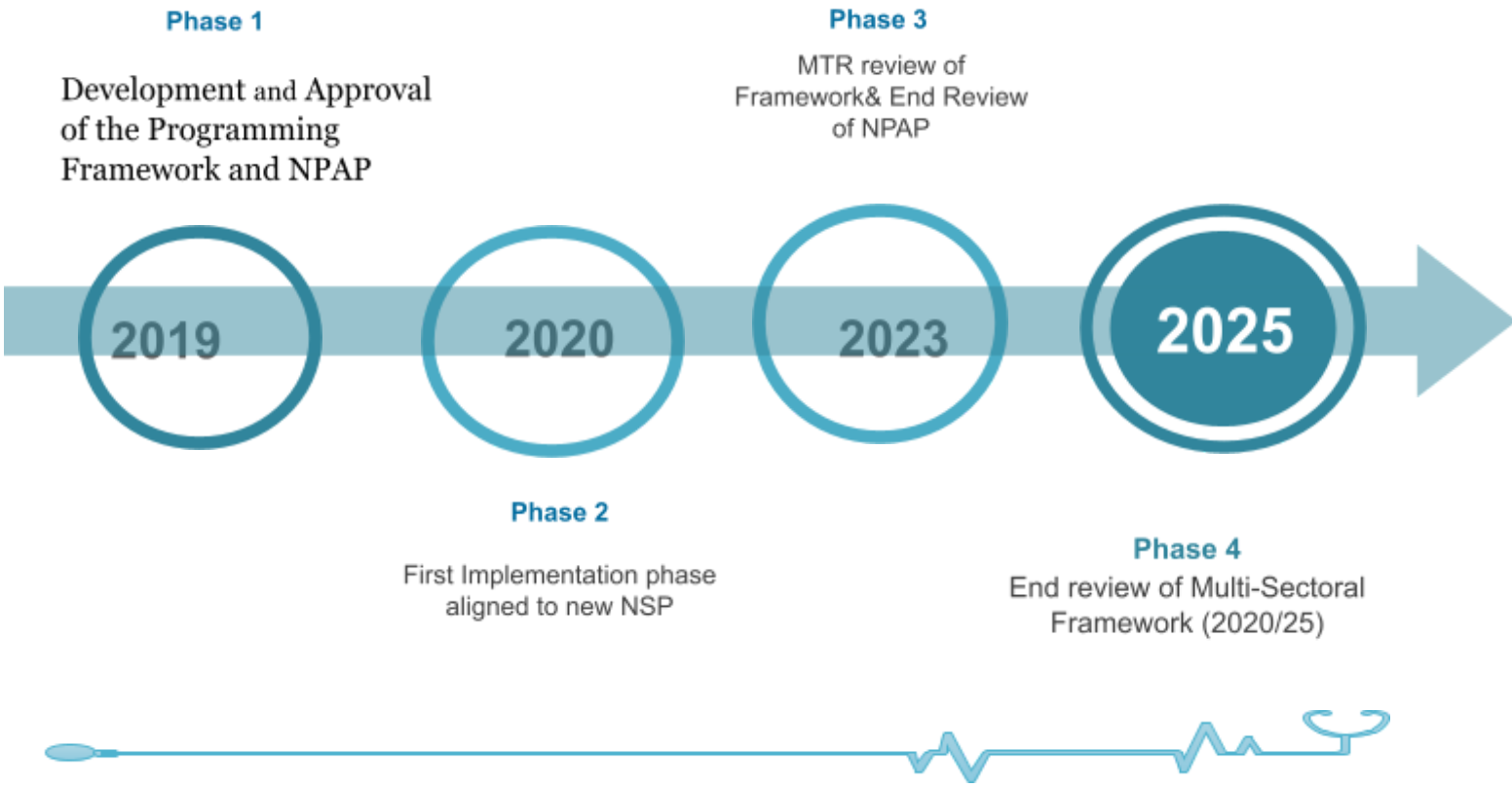
In line with the multi-sectoral approach, IPs, NGOs, CBOs, research and academic institutions, private sector entities, etc at all levels will also play significant roles in KP and PP national HIV prevention in order to realize the set targets and priorities. It is evident that many partners implement HIV activities within line ministries and sectors and therefore coordination of the entities will be critical to ensure delivery of a complete package of HIV prevention services to communities and individuals. Development partners and Bilaterals supporting KP and PP response will be coordinated through UAC, MOH and other line departments.

At sector level, the specific roles will be in line with their mandates and comparative advantage. For example, NGOs are often more efficient in reaching at Hotspot level, as well as supporting community led interventions. Therefore, all stakeholders will be required to harmonize their plans with the district plan and to provide regular reports to districts and line ministries so that they can be incorporated in district-wide and national reports of HIV prevention.

3.6 Financing the National KP and PP Action Plan

Uganda AIDS Commission and partners will use the plans of action for mobilization of resources to support program implementation. Existing partners that have been implementing programs targeting KPs and PPs will be mobilized to contribute to common national, district plans and support activities within their mandate.

4 Implementation Phasing



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ANNEX 1: LIST OF PARTICPANTS

ANNEX 2: Results and Performance Indicators' Matrix for KPs

Performance Indicator	Indicator Definition	Baseline	Annual Targets			Data Source and methods	Frequency of data collection	Responsibility
			2021	2022	2023			
NPS Result Area 1 : key populations reached with individual and/or small group-level HIV prevention interventions								
Sexual and other Behavioral Risk Prevention								
1.1.1 No. of KPS reached with BCC/IEC interventions based on evidence and/or minimum standards	No. of KP and PPs reached with individual and/or small group level interventions that are based on evidence **Disaggregation**: Age, sex, type (CSW, truckers, fisher folk etc.)	Fishermen: 9.6% (69,769/ 730,000)	70%	80%	90%	HIBRID/DHIS2	Annually	**UAC/MOH**
		Female Sex Workers: 56.3% (73,183/130,000)	70%	80%	95%	HIBRID/DHIS2	Annually	**MOH**
		Truckers: 34760	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH**
		MSM: 17.5% (3851/22,000)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH**
		Military Personnel =54% (73,423/1350000)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH /IPs**
		People in Prison settings: 12.5% (71,369/582430)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH /IPs**
		People with Injecting Drug use: 22.4% (1682/7,500)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH /IPs**
1.1.2 Percentage of KPs and PPs who both correctly identify ways of preventing the sexual	Percentage of KPS who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions	Fishermen (Av. 40%) Men: 41% Women: 38%	60%	70%	85%	A study on forty-six fishing communities of the Lake Victoria Basin August 2010 (n =911)	Annually	**UAC**
		Sex workers: (TBD)	TBD	80%	90%	KP Surveys	2 years	**MOH, UAC, IPs**

transmission of HIV and who reject major misconceptions about HIV transmission	**Disaggregation**: Age, sex, type (CSW, truckers, fisher folk etc.)	Truckers: TBD	TBD	80%	90%	KP Surveys	2 years	**UAC, MOH IPs**
		MSM: TBD	TBD	80%	90%	KP Surveys	2 years	**MOH, UAC, IPs**
		Uniformed services: TBD	TBD	80%	90%	KP Surveys	2 years	**UAC, MOH IPs**
1.2 Risk reduction Counseling and Testing								
1.2.1 No of KPs and PPs who test for HIV and receive their test results	No. of KPS who test for HIV and received their test results **Disaggregation**: Age; sex; test result and type of HCT provided	Fishermen (Av. 70%) Men: 62% Women: 77%	70%	80%	90%	A study on forty six fishing communities of the Lake Victoria Basin August 2010 (n =911)	Annually	**UAC/MOH**
		Sex workers: 48.3% (62,864 /130000)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH, UAC, IPs**
		PWIDS: 15.6% (1175/7,500)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH, UAC, IPs**
		Truckers: TBD	TBD	80%	90%	KP Surveys	Annually	**MOH, UAC, IPs**
		People on prison settings; TBD	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH, UAC, IPs**
		MSM: 22% **(4830/22,000)**	44%	80%	90%	HIBRID/DHIS2	Annually	**MOH, UAC, IPs**
		Uniformed services:	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
1.2.2 No. of KPs and PPs who tested HIV+	No. of KP and PPs who test HIV + and received their test results **Disaggregation**: Age; sex; test result and type of HCT provided	Fishermen: (TBD)	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Female Sex workers: **4.3%** (2712/ 62864)	4%	2%	1%	HIBRID/DHIS2	Annually	**MOH, , UAC, IPS**
		PWIDS: TBD	70	80%	90%	HIBRID/DHIS2	Annually	**MOH, , UAC, IPS**

		Truckers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		MSM: 67% (3236/4830)	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH, IPS**
		Prisons and other Closed settings: 2373/58243	70%	80%	90%	HIBRID/DHIS2	Annually	**MOH, IPS**
		Uniformed services: TBD	TBD	80%	90%	Coverage, access, utilization of KP services surveys	Annually	**MOH, UAC, IPs**
1.2.3								
1.2.4 No. of HIV+ KPs and PPs enrolled into HIV care and support services	HIV+ KPS newly enrolled into HIV care and support services **Disaggregation**: Age, sex, type (CSW, truckers, fisher folk etc.)	Fishermen: (TBD)	TBD	100%	100%	MOH reports	Annually	**MOH, UAC, IPs**
		Sex workers: TBD	TBD	100%	100%	MOH reports	Annually	**MOH, UAC, IPs**
		Truckers: TBD	TBD	100%	100%	MOH reports	Annually	**MOH, UAC, IPs**
		MSM: TBD	TBD	100%	100%	MOH reports	Annually	**MOH, UAC, IPs**
		Uniformed services: TBD	TBD	100%	100%	MOH reports	Annually	**MOH, UAC, IPs**

1.2.5 No. of HIV+ KPs and PPs reached with a minimum package of prevention with positives (PwP) interventions	KPS reached with a minimum package of PwP interventions **Disaggregation**: Service location (hot spot, clinical, community), age, sex, type (CSW, truckers, fisher folk etc.)	Fishermen: (TBD)	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Sex workers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Truckers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		MSM: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Uniformed services: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
1.2.6 No. of HIV+ KPS who were screened for TB in HIV care settings	**Numerator**: HIV+ KPS who were screened for TB **Denominator**: All HIV+ KPS recorded in HCT Register **Disaggregation**: age, sex, type (CSW, truckers, fisher folk etc.)	Fishermen: (TBD)	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Sex workers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Truckers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		MSM: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Fishermen: (TBD)	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
1.2.7 No of HIV+ KPS in HIV care or treatment who started TB treatment	**Numerator**: HIV+ KPS started on TB treatment	Fishermen: (TBD)	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**

	Denominator: All HIV+ KPS recorded in HCT Register **Disaggregation**: age, sex, type (CSW, truckers, fisher folk etc.)	Sex workers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Truckers: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		MSM: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
		Uniformed services: TBD	TBD	80%	90%	Coverage, access, utilization of KPs services surveys	Annually	**MOH, UAC, IPs**
1.2.8 Percent of laboratories in KPS targeted outlets/health facility with a satisfactory performance in external quality assurance/proficiency testing (EQA/PT) program for CD4	**Numerator**: Laboratories in target KPS service outlets/facility with satisfactory EQA/PT for CD4 measurement **Denominator**: All laboratories in target districts providing HIV/AIDS-related testing services	TBD	TBD	80%	90%	Service Mapping Surveys	Annually	**MOH, UAC, IPs**
1.2.9 No. of staff trained in KP Service outlets/ facilities in logistics and supply chain management of HIV&AIDS-related commodities	Staff trained in logistics and supply chain management of HIV/AIDS-related commodities	TBD	TBD	80%	90%	Service Mapping Surveys	Annually	**MOH, UAC, IPs**
1.2.10 Percent of service outlets/	**Numerator**: Service outlets/ facilities						Annually	

facilities providing KPS services that do not report stock-outs of essential HIV/AIDS-related commodities	providing KPS services that do not report stock-outs **Denominator**: All service outlets/health facilities in target districts		TBD	80%	90%	Service Mapping Surveys		**MOH, UAC, IPs**
1.2.11 No. of service outlets/ health facilities providing KPS services that are utilizing the web-based HMIS reporting mechanism in according with national guidelines	service outlets/ health facilities providing KPS Services that are utilizing the web-based HMIS reporting mechanisms	TBD	TBD	80%	90%	Service Mapping Surveys	Annually	**MOH, UAC, IPs**
1.2.12 No. of Service outlets/ facilities providing KPS services that have improved their timeliness and quality of reporting in HMIS and other MoH registers	Service outlets/ facilities providing KPS services that have improved their timeliness and quality of reporting in HMIS in a district	TBD	TBD	80%	90%	Service Mapping Surveys	Annually	**MOH, UAC, IPs**
1.2.13 No. of staff trained in routine monitoring and evaluation of KPS programs	**Staff trained in routine monitoring and evaluation of KPS programs in accordance with national guidelines**	**TBD**	**TBD**	**80%**	**90%**	**Service Mapping Surveys**	**Annually**	**MOH, UAC, IPs**

in accordance with national guidelines								