# AIDS INFORMATION CENTRE

# EXPANDED STRATEGIC PLAN 2017/18 – 2021/22

# EXPANDING SERVICE DELIVERY TO KEY AND PRIORITY POPULATIONS

# "CONTRIBUTING TO ENDING AIDS BY 2030"

*Knowledge Is Power,*

*Take an HIV Test Today*

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# AIC Acronyms and Abbreviations

| | |
|---|---|
| **ABC** | Abstinence, Being faithful, Condom use |
| **ADB** | African Development Bank |
| **AHSPR** | Annual Health Sector Performance Review |
| **AIC** | AIDS Information Centre |
| **AIDS** | Acquired Immunodeficiency Syndrome |
| **ART** | Antiretroviral Treatment |
| **ARV** | Antiretroviral |
| **BCC** | Behavior Change Communication |
| **BoT** | Board of Trustees |
| **CBOs** | Community Based Organizations |
| **CPI** | Combination Prevention Interventions |
| **CSF** | Civil Society Fund |
| **CSOs** | Civil Society Organizations |
| **DALYs** | Disability Adjusted Life Years |
| **DANIDA** | Danish International Development Agency |
| **EmOC** | Emergency Obstetric Care |
| **FBOs** | Faith Based Organizations |
| **FM** | Finance Management |
| **FP** | Family Planning |
| **FY** | Financial Year |
| **GBV** | Gender Based Violence |
| **HC IVs** | Health Centre Four |
| **HCT** | HIV Counselling and Testing |
| **HTS** | HIV Testing Services. |
| **HIS** | Health Information Systems |
| **HIV** | Human Immunodeficiency Virus |
| **HMIS** | Health Management Information System |
| **HR** | Human Resource |
| **HRH** | Human Resources for Health |
| **HSD** | Health Sub district |
| **HSSIP** | Health Sector Strategic and Investment Plan |
| **ICT** | Information Communication Technology |
| **IEC** | Information, Education Communication |
| **IMR** | Infant Mortality Rate |
| **KPs** | Key Populations |
| **KRA** | Key Result Area |
| **KYHSC** | Know Your HIV Status Club |

| | |
|---|---|
| **MCH** | Maternal and Child Health |
| **M&E** | Monitoring and Evaluation |
| **MDGs** | Millennium Development Goals |
| **MoH** | Ministry of Health |
| **MoLG** | Ministry of Local Government |
| **MSH** | Management Science for Health |
| **NCDs** | Non-Communicable Diseases |
| **NGO** | Non-Governmental Organization |
| **NHA** | National Health Accounts |
| **NHP** | National Health Policy |
| **NMR** | Neonatal Mortality Rate |
| **NRH** | National Referral Hospitals |
| **OIs** | Opportunistic Infections |
| **PHPs** | Private Health Practitioners |
| **PMTCT** | Prevention of Mother to child Transmission of HIV |
| **PNFP** | Private Not for Profit |
| **PTC/PLI** | Post Test Club/Philly Lutaaya Initiative |
| **PWDs** | Persons with Disabilities |
| **RACs** | Regional Advisory Committees |
| **RRH** | Regional Referral Hospitals |
| **SGBV** | Sexual Gender Based Violence |
| **SRH** | Sexual and Reproductive Health |
| **STDs** | Sexually Transmitted Diseases |
| **STI** | Sexually Transmitted Infection |
| **SWOT** | Strength, Weaknesses, Opportunities and Threats |
| **TB** | Tuberculosis |
| **TCMPs** | Traditional and Complimentary Medicine Practitioners |
| **UDHS** | Uganda Demographic Health Survey |
| **UNAIDS** | United Nations Joint Program on AIDS |
| **UNFPA** | United Nations population Fund |
| **UNMHCP** | Uganda National Minimum Health Care package |
| **US** | Unites States |
| **USAID** | United States Agency for International Development |
| **VCT** | Voluntary Counselling and Testing |
| **VHTs** | Village Health Teams |
| **WHO** | World Health Organization |
| **SRH** | Sexual and Reproductive Health |

# Message from Chairperson AIC BOT

I am pleased to present to you the AIDS Information Centre (AIC) strategic plan for the period of 2017/2022. This is an important initiative that establishes a unified vision for AIC's future and the shared work ahead. This strategic plan began with dialogue between AIC management and the AIC BOT with MOH, The Uganda AIDS Commission about its past performance, emerging issues, and the significant challenges in improving the population health of Ugandans.

Uganda continues to experience the impact of the HIV&AIDS epidemic on its economy and human development index, felt in terms of its labor supply, productivity and saving/investment, and the Gross Domestic Product. According to Uganda's Economic projection, if there were no AIDS Uganda's Gross Domestic Product would grow at an average rate of 6.5% per year between 2005 and 2025 but this would be reduced to 5.3% under the "AIDS-without-ART" scenario, and by 2025 the economy will be 39% smaller than it would have been without AIDS.

The key drivers of HIV incidence in Uganda continue to revolve around: a) high risk sexual behaviors including early sexual debut, multiple sexual relationships, inconsistent condom use; and transactional sex b) low individual level risk perception c) high Sexually Transmitted Infections (STI) prevalence; d) low utilization of antenatal care (ANC) and delivery services; e) low uptake of Safe Male Circumcision (SMC) services; f) sub-optimal scale-up of ART; g) gender inequalities including Gender Based Violence.

This strategic plan is a statement of AIC's prioritized goals and initial objectives and strategies that will better position AIC toward the vision of a *Population free of HIV&AIDS and other preventable health problems.* In this plan you will notice a focus on prevention and systems strengthening both of which are critical to reducing the burden of HIV related morbidity and mortality. You will also notice a focus on knowledge management (KM) an approach to better sharing and applying knowledge and expertise to improve health. Taking on KM activities that recognize and treat knowledge both as a resource an input necessary to the success of activities and as a product a valuable output produced through experience.

This plan is the first step in an ongoing strategic planning process and our goals, objectives and strategies will continue to evolve through development of annual implementation planning, annual evaluation and adjustment. Every branch and department of the secretariat of AIC will be engaged in this work, and I invite you as stakeholders to join AIC in its work towards meeting the many public health challenges ahead.

AIC is indebted to our Development partners for the support given to AIC as it implemented the last five years' strategic plan and the already expected support for this new plan. AIC will continue to partner with you and seek technical and financial support to implement this revised strategic plan. It is the commitment of AIC BOT, Management and staff to contribute to ending AIDS by 2030.

I thank you!

**Hon. Dr. Medard Bitekyerezo**
**Chairperson Board of Trustees**
**AIDS INFORMATION CENTRE- UGANDA**

# Message from the Executive Director

For the past 27 years, AIC has increasingly made her mark in the fight against HIV&AIDS. To consolidate her success over the past years and strengthen her position and role, AIC has once again, set her priorities for the next five years (2017/18-2021/22).

It is my sincere hope that if this strategic plan is executed with the spirit it exhibits, the next five years will be an exciting chapter in AIC story and the national response. We shall all see a well-coordinated approach that speaks with one mind and voice, and supports the government in delivering integrated HIV&AIDS services to Ugandans.

It is important to note that this plan cannot be delivered by AIC alone. I therefore call upon partners engaged in HIV response and other partners to support AIC in delivering this plan.

This strategic plan has been heavily a consultative process with different stakeholders including the AIC Board of Trustees, MoH, Uganda AIDs Commission, AIC development partners, the community and AIC staff. This plan is a product of the coordination efforts by the Management based on the critical analysis of the previous strategic plan, financial and management analysis, changing international and national HIV, TB, SRH and health care programing.

However, it is also important to note that enabling all to participate requires defined roles for different stakeholders, including MOH, UAC, CSOs, Local Governments, political leadership, the community among others. We must re-engage our leadership at various levels, and this strategic plan answers this call. It focuses on integrated response as key pillars in harnessing synergies and resources to strengthen the national response.

Thank you for the support you give to AIC.

**Sheila Birungi Gandi (Mrs.)**
**EXECUTIVE DIRECTOR**
**AIDS INFORMATION CENTRE- UGANDA**

# Executive Summary

AIC Strategic Plan 2017-2022 at a Glance

**VISION:** Population free of HIV and AIDS and other preventable health problems

**MISSION:** To provide sustainable, collaborative and integrated HIV and AIDS and other related health services in Uganda

| | Strategic Focus Area I | Strategic Focus Area 2 | Strategic Focus Area 3 |
|---|---|---|---|
| | **Prevention of HIV and related preventable health problems** | **Systems strengthening** | **Knowledge management** |
| Goal (s) | **1.1.** Increased demand and uptake of comprehensive integrated HIV/AIDS services and other preventable health problems among targeted populations | 2.1. Improved health outcomes and wellbeing of population groups targeted by AIC interventions and programs, through approaches of integration, community engagement, networking, linkages and partnerships | 3.1. Improved health practice and health outcomes through effective knowledge management within AIC and its partners |
| Strategic objectives | 1.1.1. To intensify HIV prevention awareness and knowledge through behaviour change communication campaigns targeting most at risk and priority populations.<br>1.1.2. To increase knowledge, attitudes and practices in sexual and reproductive | 2.1.1. To improve availability, access and quality of evidence-based integrated HIV/FP/RH services and programs using strategic approaches<br>2.1.2. To establish peer support systems for increased and sustained demand, uptake and adherence to integrated HIV/FP/SRHR services.<br>2.1.3. To improve and sustain quality of | 3.1.1. To implement five integrated processes of knowledge assessment, capture, generation, synthesis, and sharing to facilitate learning and actions of decision making, practice and policies within AIC and partners<br>3.1.2. To share knowledge |

| | | | |
|---|---|---|---|
| | health rights through communication campaigns targeting selected populations<br>1.1.3. To increase access to and utilization of biomedical interventions for HIV prevention through provision of diagnostic, care and treatment services.<br>1.1.4. To strengthen capacity of community health systems for creating a supportive social cultural environment for HIV prevention | service delivery through trainings, mentorships, quality improvement programming and provision of guidelines and job aids<br>2.1.4. To establish client referral and follow up mechanisms through partnerships with CBOs, religious and cultural institutions, CSOs and organizations offering specialised services.<br>2.1.5. To create an enabling socio-cultural environments and advocacy for increased community engagement and advocacy for improving the policy, legal and governance environments, and affecting the social determinants of health<br>2.1.6. To establish a network of champions, advocates, ambassadors for HIV/FP/SRHR related policy change, resource mobilization and programming.<br>2.1.7. To forge partnerships with private for profit, not for profit, local governments and other institutions for resource mobilization, services delivery, services contracting | related to varied topics of HIV/AIDS, family planning and reproductive health<br>3.1.3. To share knowledge related to functional areas that support health goals of behaviors change communication, service delivery, advocacy and policy using a variety of knowledge sharing technological mechanisms<br>3.1.4. To strengthen AIC KM culture and capacity in knowledge management processes and implementation of KM activities that contribute to efficiency and effectiveness of AIC programs |

# 1. Introduction and Background

## 1.1 The Strategic Planning Process

At the 2015 Annual General Meeting, AIC stakeholders request for a reevaluation of the role of AIC, prioritize deployment of resources and rebrand AIC's overall mandate, direction and goals for the future. A strategic planning work group (SPG) consisting of the AIC Executive Director and senior managers was charged with developing the framework for the plan with technical assistance from a consultant. AIC BOT was also engaged to secure commitment and support in determining the organizational direction. The process involved three major phases:

1. Establishing Organizational Direction;
2. Internal and External Environmental Assessment and
3. Identifying strategic themes and operational goals and objectives.

### Phase 1: Establishing Organizational Direction

AIC Secretariat adopted an extensive consultative process over a period of one year, in which different AIC staff, governance committees at regional level, and other stakeholders both in the public and private sector domains were consulted. With technical leadership from a consultant at several meetings, AIC conducted an organizational review of its mission statement and development of a 5-year strategic vision statement and core values. AIC's vision, mission and core values were drafted and presented to the BOT, all staff and relevant stakeholders for consideration, comments and final approval.

### Phase 2: Internal and External Environmental Assessment

A comprehensive environmental assessment was conducted in order to identify the presence of internal barriers to AIC success and to address the interrelationship of AIC with external stakeholders like UAC, MOH, District Local Governments, partner NGOs and development agencies. With technical guidance of a consultant, an internal environmental assessment was conducted including a SWOT (strengths, weaknesses, opportunities, threats) analysis and a thorough review of all statutory mandates of AIC by senior management team, staff based at regional offices, and the respective AIC RACs. The external environmental assessment included the analysis of data, information and knowledge in various national and global strategy documents, relevant evaluation reports and research articles related to global public health. Meetings with AIC staff were held to elicit feedback at critical points in the strategic planning process. The SWOT analysis revealed AIC's solid core strengths that can be

leveraged in order to build and chart a future direction and opportunities that exist for AIC to expand beyond its current focus. Highlights about the context of the findings of the situational analysis are the basis of what is described in the introductory section of this document.

### Phase 3: Identifying strategic themes and operational goals and objectives

Based on phase 1 and 2 of the planning process the strategic planning group of AIC, comprised of senior management and AIC BOT in a retreat, analyzed the information and feedback and determined emerging strategic themes and critical planning goals and strategic objectives which are presented in section 3: AIC Strategic Plan 2017-2022 at a Glance.

## 1.2 Organizational Direction

### 1.2.1. AIDS Information Centre

The AIC-Uganda was founded on February 14th 1990 to provide Voluntary Counselling and Testing (VCT) to the population of Uganda. AIC was the first of its kind in Africa and has gradually become a centre of excellence in the provision of HIV Counselling and Testing (HCT) services. Currently, AIC offers a number of HIV prevention, care and support service through the eight regional AIC facilities covering over 60 districts in all regions of Uganda. These include Arua (West Nile region), Lira (Mid North region), Soroti (North-Eastern region), Mbale (Mid-Eastern region), Jinja (Eastern region), Kampala (Central region), Mbarara (Western region), Kabale (Southwestern region) and Moroto (Karamoja region). In response to the changing environment as determined by advances in technology, climate change, and the economic recession, AIC's strategic direction must change. The global perspective, legacy and achievements of the MDGs provides valuable lessons and experiences to contribute to this planning which is in line with the SDGs, focusing on achieving full gender equity and improving health services among other targets. AIC has an important role in contributing to the pursuance of SDGs 2,3,4,5 and 17 for a more prosperous, equitable and sustainable Uganda.

Reversing the spread of HIV is closely linked to combating other major diseases, promoting gender equality, improving child development and improving sexual reproductive maternal and newborn health. Thus AIC has moved from its initial HIV targeted response to a long-term action during the reversal in the spread of HIV/AIDS. AIC understands the interconnectedness of development issues that balance the three dimensions of social, economic and environmental development hence the commitment to addressing the social and possible economic impact of HIV and RH issues of particularly women and the youth as the future generation.

### 1.2.2. Evolving from an "Information Centre".

In this strategic period, the core functions of AIC on HIV will remain the same. What is new is the systematic and deliberative approach AIC will take to accomplish and coordinate these activities while expanding scope to enable integration. The primary focus of AIC will remain preventing new infections (transmission and acquisition). Given the national and global changes in health and the need to remain relevant to these dynamics, AIC will undergo a systematic rebranding and revitalisation process but will keep its name, Mission and objectives. This process has already been underway through additional service packages outside the original mandate stipulated in the previous strategic plan (like VMMC, cervical cancer screening, OVC and ART) that AIC started offering. This strategic plan is therefore premised on a rebranded AIC over this strategic period.

In view of the emerging needs and aspiration of AIC to meet these needs, it is imperative that AIC rebrands itself beyond a mere HIV/AIDS information service organization to an organization that in addition to providing a comprehensive package of services within the HIV/AIDS continuum of care also provides integrated SRH services, vaccination programs, Orphans and vulnerable children among others.

### 1.2.3. Past Performance

AIC's programs in the last five years were guided by its last strategic plan whose goal was to improve the quality of life of communities vulnerable to HIV and AIDS in Uganda through access to correct and consistent information on HIV and AIDS, counselling and testing, prevention, care and support services. AIC's work was geared to the attainment of the following key result areas:

| Key Result Area | Achievement |
|---|---|
| • HCT, care, support and referral services provided | Increased HCT, access to ART and other care services and expanded services to cover more districts |
| • Advocacy, information, education and communication enhanced | Increased responsiveness and utilization of SRHR services. |
| • Research and knowledge management strengthened | Increased understanding of the HIV challenges, better quality and reduced transmissions. |
| • Gender responsive training and capacity building programs provided | Improved quality of SRHR/HIV services following better technical capacities in programming of HIV services. |
| • Building sustainable management capacity | Increased referrals and linkages, partnerships and collaborations with government and other NGOs. |

AIC conducted a comprehensive environmental scan in order to ascertain the sustainability of strategic decisions, address the interrelationships of AIC with external stakeholders, and identify the presence of internal barriers to success. While the internal assessment included consultative meetings with stakeholders and a SWOT analysis, the external assessment included a desk review of national strategies and reports as well as research documents. A summary of significant findings from each segment of the environmental assessment is presented below.

Funding mechanism influenced the additional services offered by AIC where new interventions were adopted depending on the donor interests. The scope of services offered by AIC were outside the mandate stipulated in the previous strategic plan thus triggering the rebranding process and integration of new activities in the strategic plan.

# 2. Environmental Assessment

## 2.1 Internal Environmental Assessment

### 2.1.1. AIC SWOT Analysis

| Strengths | Weaknesses |
|---|---|
| 1. BOT leadership is diverse, with broad knowledge base and technical experience in organizational development and operations<br>2. Senior management team with qualifications, expertise, commitment and experienced in management of health organizations<br>3. Institutional arrangements of regionalization and organizational structures that facilitate efficient and client responsive | 1. Lack of strategy to market AIC services and programs leading to low utilization and demand from would be clients<br>2. AIC reactive rather than proactive in addressing changing treads in public health of Uganda<br>3. Staffing of regional centers not commensurate to AIC scope and scale of programming |

| | |
|---|---|
| implementation of programs<br>4. Existence of functional management system for human resource management, finance management, program monitoring and evaluation and governance<br>5. Positive relationships with health and public health sector and with notable development agencies supporting Uganda<br>6. AIC monopoly of providing technical leadership in HIV testing in Uganda | 4. Insufficient professional staff to implement the scope of all AIC services<br>5. Limited financial base to support planned scope and scope and scale of programs<br>6. Limited M&E capacity to evaluate and support regional centers due to lack strategic focus of the M&E function and lack of budget<br>7. High rate of staff attrition affecting implementation of intended plans<br>8. Roles of different governance structures such as RACs unclear, not empowered and unfulfilled<br>9. Occupation of some 4 regional offices is unsustainable and at a rental cost |
| **Opportunities** | **Threats** |
| 1. Potential to expand to research and knowledge management in collaboration with academic institutions<br>2. Potential to use integration to expand range of health services given the trend in public health needs in Uganda<br>3. Planned establishment of a Government AIDS Trust Fund<br>4. Establishment of additional funding mechanism through the proposed community health insurance, existing | 1. Over dependency on external donors amidst shifts in donor funding priorities in light of the agenda under the global SGDs<br>2. Financial sustainability of NGOs in Uganda amidst a growing competition between NGOs<br>3. Possible requirement of restructuring and redesigning AIC strategic direction resulting from the agenda of the global SDGs |

| | |
|---|---|
| health insurance service providers and the national health insurance scheme<br>5. Current MOH support for laboratory services (CD4/viral load count inputs)<br>6. Already established good relations and partnerships with other NGOs<br>7. Reorganized need for AIC to reflect and change future direction to remain relevant | 4. Reduced availability of private and donor grant funding |

## 2.2. External Environmental Assessment

A selection of national and global strategy and policy documents for HIV and AIDS, FP, RH, ASRH, Women's health, Gender Equality and youth and development in Uganda were reviewed in regard to the relevancy and value of AIC's role and work in Uganda.

Documents reviewed included:

1. The Social Development Goals (SDGs).
2. The Uganda Vision 2040.
3. National Health Policy.
4. The National HIV prevention strategy 2011-2015.
5. The National HIV AND AIDS Strategic Plan 2015/2016 - 2019/2020
6. Uganda AIDS Commission, National HIV and AIDS Priority plan.
7. The National youth policy/strategy towards 2020.
8. Government of Uganda/UNFPA Eighth Country Programme 2016 - 2020
9. The Uganda National HIV prevention road map (draft).
10. Partnering to Achieve Epidemic Control in Uganda - USAID PEPPFER.
11. The Global Plan to end AIDS: 2016-2020:

In addition current research on HIV and AIDS, FP, RH, ASRH, Women's health, Gender Equality and youth and development in Uganda were also reviewed to identify any possible translation of research findings to policy or program actions.

From the review of national and global strategies, and available research the following are observations and conclusions from analysis the data, information and knowledge from the analysis:

### 2.2.1. The Contexts

#### 2.2.1.1. The National Context

The theme of the Uganda Vision 2040 is "A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years". The second national development plan (NDP II)' theme is "Strengthening Uganda's Competitiveness for Sustainable Wealth Creation, Employment and Inclusive Growth" The goal of this Plan is to attain middle-income status by 2020. One of the objectives that will contribute to realization of this goal is "*strengthening mechanisms for quality, effective and efficient service delivery" (NDPII page XXIII). One of the key strategies governments commit to do to achieve the NDP targets is to establish and promote strong* "Public/Private Partnerships (PPPs) for sustainable development". Scaling up HIV prevention and treatment is one of the priority interventions in the Health sector. The HIV/AIDS epidemic has had great impact on the population and the disease burden remains unacceptably high.

The HIV prevalence among persons aged 15 to 49 years stands at 7.3 percent (UAIS 2011) with disparities among men and women. The prevalence for women being 8.3 percent compared to 6.1 percent for men. Overall, there is an increase in prevalence amongst adolescents i.e. boys 0.3-1.7 percent among 15-19 years, 2.6-3.0 percent for girls and the estimated number of people eligible for antiretroviral treatment (ART) is 1.5 million. Among the youth aged 15 – 24 years of age, only 39.5 percent of the males and 38.1percent of the female have comprehensive knowledge of HIV/AIDS. According to the Country HIV report 2014, "Uganda is still registering high level of new HIV infections yet interventions for primary HIV prevention, specifically targeting risky behaviours and structural drivers, are still not conceptualized and delivered systematically which constrains quality, efficiency and coverage. There is

limited funding for comprehensive Social and Behavioural Change Communication despite the low HIV/AIDS comprehensive knowledge".

#### 2.2.1.2. The Global Context

The global efforts to end the AIDS epidemic by 2030 are part of the overall plan to achieve Sustainable Development Goals (SDGs). The AIC understands the interconnectedness of the social, economic, and environmental issues to development and disease prevention strengthens our justification for this strategic plan. AIC would like to also address the social and possible economic impact of HIV and RH issues of the youth as the future generation. Pointing to why the SDGs are a response to the failure in attaining significant outcomes of the MGDs. Rather than standalone Goal for AIDS, there is need to root the HIV response on the interdependence between HIV and the SDGs, from ending poverty (SDG 1) to promoting inclusive societies (SDG 16) and strengthening partnerships (SDG 17).

## 2.3. Considerations of AIC's Contribution to National Plans

### 2.3.1. RMNCAH/HIV Integration and Linkages

Globally and nationally, there is growing interest in the delivery of integrated RMNCAH/HIV/SGBV services. Integration of HIV/FP/RH/SRHR was designed to directly influence health outcomes of reducing maternal morbidity/mortality, infant morbidity/mortality and harnessing the demographic dividend of investing in the health of youth and economic development of Uganda. Integrating RMNCAH and HIV&AIDS programing is essential for meeting international and local goals and targets including the SDGs particularly Goals 3, 5 and 10[1]. RMNCAH needs in Uganda are enormous and are expected to increase within the demographic momentum caused by the high adolescent age population. While increasing access to ART contributes to growing numbers receiving lifelong treatment, the majority of people living with HIV lack access to essential RMNCAH services and their reproductive health rights are often ignored. Furthermore, HTS and ART programs do

[1] WHO, UNFPA, UNAIDS and IPPF (2005). *Sexual and Reproductive Health and HIV/AIDS: A Framework for Priority Linkages*.

not routinely include RMNCAH services and referral mechanisms are weak especially for the adolescents.

Consequently, unmet need for contraception is high, even higher for HIV positive and high-risk women. It is for these reasons that AIC plans to align its HIV/AIDS programs in synchrony with the global and national trends by integrating them with RMNCAH to remain relevant and responsive to the national and global shift. AIC will use an integration model that ensures access to information, services, integrated skills for multi-tasking, strategic information management and quality improvement.

### 2.3.2. Male Involvement

According to the national PMTCT strategy, most SRH and HIV/AIDS services and delivery systems often bypass men with very few interventions targeting them directly. Without male involvement, many women and adolescents have a harder time negotiating safe sex, condom use, and access to services. Providing reproductive health services for men is an effective intervention for HIV prevention but continues to be a challenge. AIC will use the already successful models of male involvement to reach out to men in all services.

### 2.3.3. Linking Tuberculosis and HIV

Even after excluding cases associated with HIV, new tuberculosis cases are on the rise in Uganda, and while HIV prevention efforts are proving successful in some places, the number of deaths and new infections due to TB continues to increase. The urgency of moving forward in developing new programs, activities, and interventions to respond to HIV/AIDS and tuberculosis has never been greater. With the dramatic increase of MDR-TB and XDR-TB, the problems and costs associated with tuberculosis and HIV programs will intensify if action is not taken now. MDR-TB and XDR-TB are clear signals that current tuberculosis and HIV health care systems are not sufficient to stop the two epidemics. AIC will use the experience gained in implementing track TB in Kampala, the Global fund HIV/TB project in Arua and other related projects to strengthen HIV/TB programming.

### 2.3.4. Social Support and Pprotection for Children affected by HIV

During the implementation of the last strategic plan (2010/11 -2014/15), AIC identified a need and started to address the additional social support requirements for orphans and other vulnerable children (OVCs). Additional requirements in areas of social support, child protection, family support and education where observed during AIC service delivery sessions and they continue to manifest in rural communities as indicated by findings of resent research studies. Children affected and infected by HIV need care and support services and shall be one of the target populations within the AIC programming. AIC will endeavour to expand and strengthen sustainability social support and protection for orphans and other vulnerable children.

### 2.3.5. Linking Nutrition and HIV/AIDS

The World Health Organization and national HIV care programs recommend that nutrition information is part of the care packages for clients on ART Care. Adequate nutrition is necessary to maintain the immune system, manage opportunistic infections, optimize the response to medical treatment, sustain healthy levels of physical activity, and support an optimal quality of life for people living with HIV. Nutritional interventions help optimize the benefits of ART and increases adherence with treatment regimens especially as people on lifelong ART increase in the country. Food insecurity and malnutrition are endemic in Uganda on top of the fact that many people do not know what type of foods their bodies require especially when using ART. The underlying contributors to under nourishment include: inadequate access to food at the household and individual level, limited participation and access to programs addressing food security as part of government programs, and low consumption of most needed food items after families dispose of food for income generation. AIC will focus on promoting food security and nutrition education as part of positive living for PLHIV.

### 2.3.6. Emergence of Hepatitis B as a serious public health problem

Hepatitis B has become a serious issue of concern for AIC given its effects of AIC constituencies or target communities in Uganda. Hepatitis B is more infectious in comparison to HIV and can be transmitted through exchange of body fluids including sweat and vertical transmission from mother to child. It has become more rampant in Uganda with a national prevalence of 10% and higher rates in Karamoja (23%), Northern Uganda (20%) and west Nile (18.5%). Government has initiated efforts to integrate hepatitis B prevention within HIV/AIDS programs; however, this has been hampered by inadequate funding. AIC will in the next five years continue to collaborate with government in sensitizing people and providing Hepatitis B vaccination.

### 2.3.7. Rising trend of Non communicable diseases

There is a rising trend of Non Communicable Diseases (NCDs) in Uganda associated with an increase in the aging population, unhealthy feeding habits and adoption of unhealthy lifestyles. According to the Ministry of Health, total deaths from NCDs are projected to increase by a further 17% over the next 10 years[2]. The majority of the NCDs are preventable through a broad range of simple, cost-effective public health interventions targeting NCD risk factors. AIC will design strategies for an integrated prevention and management of NCDs with HIV through health promotion/health education and basic services delivery in order to minimize their prevalence and effects.

### 2.3.8. Laboratory Services

The provision of good laboratory services for disease surveillance is affected by low level of funding, a weak regulatory framework and the limited number of laboratory professionals in the country. The Government's plans to develop diagnostic capacity for selected zoonotic diseases at Health Centre four (HC IVs), general hospitals and Regional Referral Hospitals will not be able to address the current demands given the declining resources for the health sector hence the need for support services from the

[2]Health sector strategic & Investment Plan 2010/11 – 2014/15

private sector. AIC will improve access and quality of its laboratory services through acquiring new technologies and improving and changing approaches in all the regional centres and other services delivery points in communities and homes.

### Summary

In summary, the information and feedback obtained through and during the course of the environmental assessment along with the articulated goals of executive leadership, were both merged and integrated to form "the strategic focus areas" included in this strategic plan. The themes reflect the main strategies of AIC and incorporate critical issues which AIC must address in order to move forward. A summary of the strategic themes and operational goals is presented in the next section of this strategic plan.

# 3.0. AIC STRATEGIC DIRECTION 2017/18-2021/22

Informed by the strategic analysis, AIC will adopt strategic imperatives outlined below during the 2017/18-2021/22 strategic plan period. The driving force behind AIC's strategic intents is premised on the changes in the policy and program direction by the government as well as the Global Health/HIV Initiatives. The Health Sector Development Plan 2015/16 – 2019/20, the National HIV&AIDS Strategic Plan, the fast track initiative of ending AIDS BY 2030, as well as the Uganda Vision 2040 have been instrumental in enabling AIC re-define its strategic intents.

This five-year strategic plan represents a refined strategic direction for AIC and will be used as the benchmark for intermediate assessments of progress and challenges that may be met in due course. Specifically, the plan is designed to:

- Communicate AIC's changing mandate from the traditional services to more robust programs which are meaningful to its target groups given the changes in health context;
- Ensure proper utilization of available resources;

- Establish a basis for measuring program progress and outcomes as well as performance contracting for staff and
- Be a means or tool for resource mobilization

## 3.1. Vision, Mission and Core Values

### Mission Statement

**To provide sustainable, collaborative and integrated HIV and AIDS and other related health services in Uganda**

### Vision Statement

**Population free of HIV and AIDS and other preventable health problems**

### AIC Core Values

**Integrity in all executions**

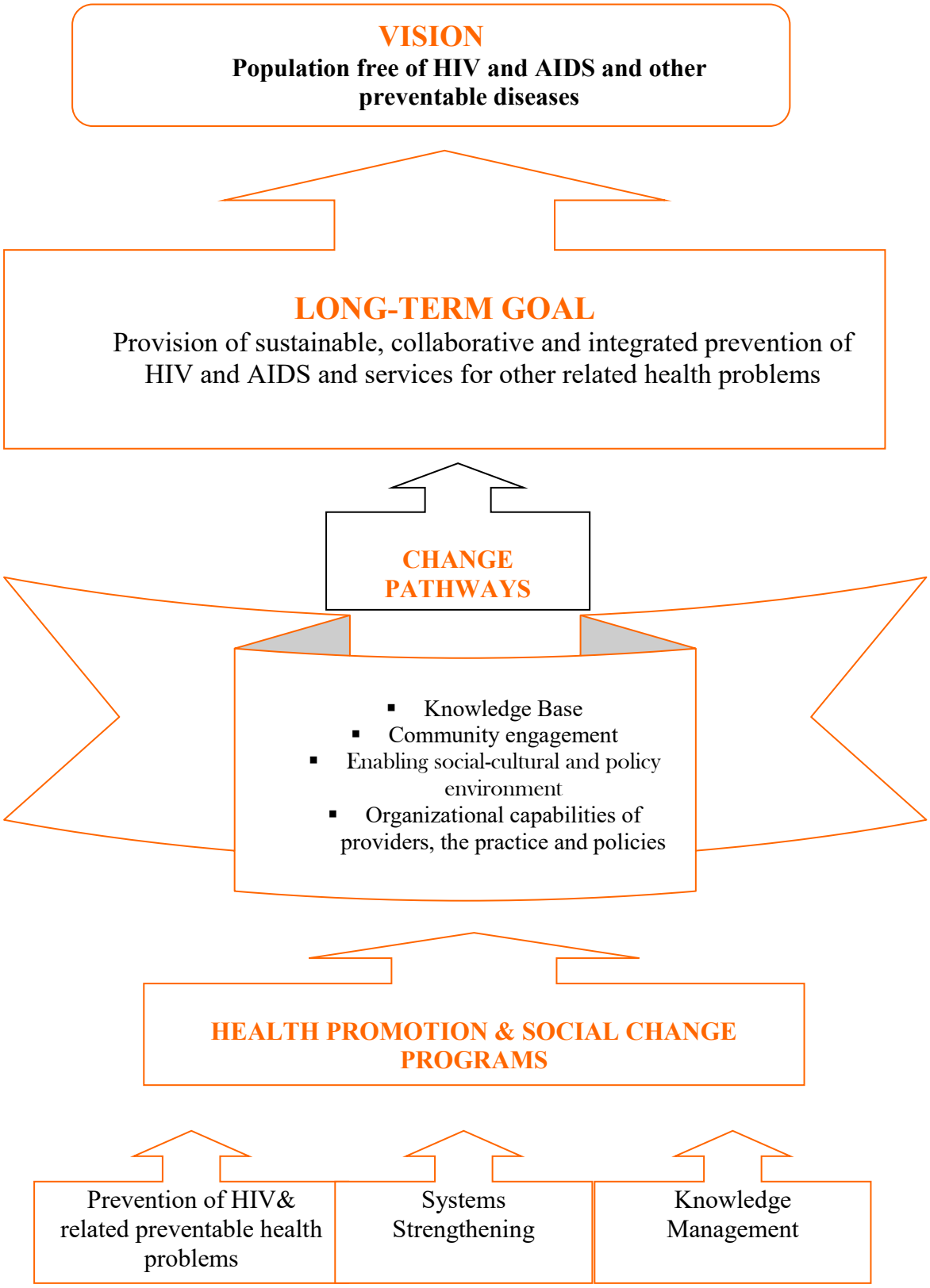
**Transparency**

**Accountability for resources and results entrusted by all stakeholders**

**Service excellence**

**Equity and fairness**

**Team work**


VISION
Population free of HIV and AIDS and other preventable diseases
LONG-TERM GOAL
Provision of sustainable, collaborative and integrated prevention of HIV and AIDS and services for other related health problems
CHANGE PATHWAYS
Knowledge Base
Community engagement
Enabling social-cultural and policy environment
Organizational capabilities of providers, the practice and policies
HEALTH PROMOTION & SOCIAL CHANGE PROGRAMS
Prevention of HIV& related preventable health problems
Systems Strengthening
Knowledge Management

## 3.2. Theory of Change (ToC)

AIC's 2017/2022 strategic plan is a commitment of its share contribution to the fulfillment of the social change, quotient of how different target populations or communities will be different after reaching them. The theory of change will allow AIC to think and measure its contribution to a comprehensive solution to the impact of HIV in Uganda, rather than aiming at bringing solutions on its own. This strategic plan underpins a theory of change informed by various strategies of health promotion and behavior change, theories that are valuable foundations for developing comprehensive communication strategies and programs. The theory of change approach in AIC is therefore intended to match needs for long term actions with short term financing opportunities while demonstrating robust indicators of progress towards long-term goals. In this strategic plan, AIC has identified pathway that are needed in achieving long-term goal and logically compelling measurable short-term outcomes.

The plan portrays actions and outcomes of many players including individual clients from target population groups, local communities systems, local implementing partners, and local governments. The model change processes are those related to health promotion for behavior change exhibited by qualitative or quantitative indicators. Implications of using the theory of change in AIC point to structural changes for widening its feedback system that will engage the populations it seeks to influence, developing common standards and quality control for its evaluation function.

AIC's evaluation goals will therefore promote: on-going organizational learning of what works and why, what implementation flawed and therefore doesn't work, what health promotion theory does not work or what circumstances changed; demonstrate transparency of work; identify with complexity and context and will make the case for its relevance in Uganda's national HIV and RH response as well as motivate stakeholders. Evaluations will include measuring "pre-conditions"; connect internal

processes and activities to outward goals; measure capacity, advocacy, and incremental policy changes and test theoretical beliefs and evidence.

The TOC approach will be used in the design and evaluation of interventions and the application of the theory of change in AIC will include setting up M&E methods that base on learning and reflection, providing a framework for reflection, and for making changes to the premises about what works. Learning approaches will begin with understanding program design and intent (ToC) and connecting inputs, outputs and expected outcomes.

The theory of change approach in AIC articulates: the long term, sustainable social change it wishes to bring about. It also states what needs to happen for this change (or vision of success) to come about. It also states what needs to happen in order to achieve the pre-conditions to change or short-term goals or outcomes as pathways of the desired change. The approach also describes the indicators of success that will show that the targets have been achieved, success, and specific visible changes that will tell that change has happened, evidence of success. In this strategic direction, particular attention will go to the following pre-conditions:

1. Community engagement for empowering people and sustaining action.
2. Creating a knowledge-base - *evidence* (Research) and *knowledge translation* (piloting innovations, advocacy case tools).
3. Organizational capabilities – *providers* (performance of managers and service providers), *practice* (optimized service delivery through integration, quality improvements, local partnerships and accountability, efficient information system), *policy* (human resource management, monitoring and evaluation, resource mobilization)
4. Generating supportive environment to generate demand and supply of comprehensive integrated services

## 3.3. Strategic Focus Areas

### • Strategic Focus Area 1 PREVENTION OF HIV & RELATED HEALTH PROBLEMS

**Goal: Increased demand and uptake of comprehensive integrated HIV/AIDS services and other preventable health problems among targeted populations**

Acknowledging that the HIV epidemic in Uganda continues to be severe, mature, generalised and heterogeneous, AIC will undertake a combination of public health primary, secondary and tertiary interventions to achieve prevention, control and protection of HIV&AIDS, reproductive health and related health problems in selected communities in Uganda. This approach is expressed as "Going up stream" with aimed at reducing risks or threats to health and slow down or stop premature death. A wide range of interventions will be categorized as primary, secondary or tertiary in the following way:

**AIC Primary prevention** interventions will aim at preventing targeted disease before occurrence by: 1). Preventing exposures to factors that cause HIV infection, unwanted pregnancy; 2). Altering unhealthy or unsafe behaviors that can lead to HIV infection; and 3). Increasing control interventions where HIV and reproductive problems have occurred and increasing resistance to disease or injury should exposure occur. Interventions would include but not be limited to:

- policy and advocacy in support of programming, legislation and enforcement to mandate safe and healthy practices
- education about healthy and safe habits
- Immunization against infectious diseases.

**AIC Secondary prevention** interventions will aim at: 1). Reducing the impact of HIV, TB, and unmet need for family planning among populations that are vulnerable; 2). Intensifying detection and treatment of HIV, TB and maternal problems to halt or slow progression and encouraging personal practices to prevent reoccurrence, and; 3). Implementing interventions that support returning the affected and infected to their original health and function and preventing long-term life problems. Secondary prevention interventions would include:

- Assessments/screening tests, regular follow-up exams to detect infections and diseases in their earliest stages
- ART, promoting dietary and physical exercise programs

**AIC Tertiary prevention** interventions will aim at mitigating the impact of the apparent on-going HIV/AIDS, TB and RH effects. Assisting the affected individuals or population groups to cope, manage and sustain capacity and ability to function, their quality of life and life expectancy. It will include:

- Rehabilitation programs for livelihood and skills development
- Supporting peer groups that allow members to share strategies for living well

AIC is proposing to continue to provide HIV prevention through multiple primary and secondary prevention service packages, strategic approaches, varied settings and population. Approaches and settings will include but not limited to; mass communication, community-advocacy, and outreach, school-based, work-based, home-based and working through community-based networks. These services shall target key and priority populations; adolescents, most at risk populations including sex workers, women, cross boarder populations, men and other vulnerable groups. A deliberate effort will be undertaken to reach out to men through male action groups and other strategies for the key drivers of the epidemic. AIC will adapt the national and global strategies of “Start Free Stay Free AIDS Free,” aimed at ending AIDS in children, adolescents and young people by 2020.

### Key Approaches

- Sensitization and behaviour change communication (SBCC).
- HTS, Care and treatment
- Sexual Reproductive Health/Adolescent Sexual Reproductive Health.
- Condom education, promotion and distribution.
- Male involvement/engagement.
- Special focus on Key and priority populations.
- Engaging religious and cultural institutions

## • Strategic Focus Area 2 SYSTEMS STRENGTHENING

**Goal: Improved quality and efficiency in the provision of integrated SRH/HIV intervention**

**Improved partnerships and collaboration for scaling up integrated SRHR/HIV interventions**

Systems strengthening as AIC' strategic direction for 2017-2022 will target the enhancement of selected components of Health Systems Strengthening (HSS) and Community Systems Strengthening (CSS). Components which will be essential for AIC programming, service delivery leading to creating functional, effective community systems and enabling community-based implementing partners of AIC to fulfill their role in contributing to AIC goals. Change pathways for HSS will include: 1). Human Resources for Health; 2). Health Care Delivery and 3). Medical technologies. Change pathways for CSS will include; 1). Enabling environments and advocacy, 2). Community networks, linkages, partnerships and coordination; 3. Resources and capacity building, 3). Monitoring & evaluation.

### Key Intervention Areas

- Improving access to HIV services.
- Improving management, technical and financing capacities
- Advancement of technologies for quality service delivery

- Enhancing service and client management through provision of policy guidelines
- Streamlining monitoring and evaluation systems and approaches
- Quality improvement management
- Strengthen leadership and governance of selected implementing partners, and AIC structured
- Strengthening linkages and networks for quality improvement in HIV prevention, care and support
- Creating networks, partnerships and linkages
- Capacity building for local partners
- Citizen engagement and community advocacy

## • Strategic Focus Area 3 KNOWLEDGE MANAGEMENT

**Goal: Enhanced evidence based decisions making for the delivery of integrated SRHR/HIV and other related health services**

Research and knowledge management in AIC will be a systematic approach of ensuring that managers, service providers and stakeholders access and apply the latest research and other evidence. Knowledge management in AIC will include implementation of activities necessary for effective identification of knowledge needs of the respective target audiences, and creation, capturing or generation, and sharing relevant knowledge for learning and improved program performance.

As part of AIC's public health mandate this approach will enable capturing and responding to critical knowledge that is needed for ensuring public health preparedness; managing and integrating existing information; enabling virtual AIC teams to work collaboratively with access to shared knowledge at local and national levels.

Operationally, knowledge management in AIC will promote learning and collaboration, inform implementation of policy and advocacy strategies, improve AIC practice, programs, and research, and enhance AIC capacity building and human

resource development programs. As in health systems, knowledge management in AIC will blend people the people who operationalize it and those who will make use of its outcomes, technology and processes to create, share, translate and apply knowledge for adding value and improved effectiveness. in the wake of urgent need for scaling up and accelerating the agenda. Research will be essential to advancing AIC policies, their implementation and eventual scaling up of uptake of high-impact HIV prevention interventions and programs. AIC will rely on identification and testing of new approaches and technologies, based on research evidence, and rigorous monitoring and evaluation. AIC will therefore establish a knowledge base that provides for evidenced decision making, rational resource allocation, transparence and accountability within its systems that feed into national planning and reporting.

## Key Intervention Areas

- Identifying knowledge gaps and mapping annual research agenda for AIC and on behalf of its stakeholders.
- Capacity building/strengthening for strategic information management (capacity for needs assessment, planning and evaluation)
- Enhancing information and communication infrastructure within AIC – including technological advancement
- Developing human resources - the people who will operationalize knowledge management and make use of its outcomes
- Supporting knowledge translation - synthesis, exchange, dissemination and application of knowledge to accelerate the benefits of local and global innovation of HSS and CSS within AIC and by stakeholders
- Promoting knowledge generation for programming and for advocacy tools
- Establishing knowledge hubs
- Participating in and contributing to national and international public health expositions, conferences and meetings

## 3.4. Catchment Areas and Priority Populations

Whereas this strategic plan promotes a broad framework for addressing health and specifically HIV at a general population level in the geographical hinterland of AIC facilities and served communities, it also identifies key populations and vulnerable groups that will be the primary target for specific prevention, to achieve maximum impact. It should be noted that all priority and key populations for HIV are the same for other SRHR issues. The priority and key populations and vulnerable groups that are at higher disease risk include:

| Key population group for HIV/SRHR | Priority populations | Vulnerable populations to TB |
|---|---|---|
| • Sex workers<br>• Men who have sex with men<br>• Fisher folks and their communities<br>• Adolescents living with HIV<br>• People who use drugs | • Young girls and women (15-24 years)<br>• Fisher folks and their communities<br>• People along the transport corridors and those in transport business like boda boda riders, Taxi, Lorry and other drivers<br>• School girls and adolescents<br>• Orphans and other vulnerable children<br>• Uniformed personnel<br>• People with disabilities<br>• Young people in and out of school<br>• Street children<br>• Refugees and other persons in Humanitarian crises<br>• Migrant workers<br>• Drug abusers<br>• Universities and other college youths on HIV prevention. | • All household contacts of confirmed TB<br>• Healthcare workers, mine workers, Uniformed personnel and inmates<br>• Diabetics and malnourished people<br>• Drug, tobacco and alcohol abusers<br>• People living and working in poorly ventilated and overcrowded housing |

### The Scope

AIC will focus on preventive and treatment services based on its clientele needs. These services will be provided within the limits of AIC's delivery capacity and supported by a comprehensive referral mechanism and capacity building for its staff and implementing partners. Specifically, AIC core functions will include laboratory diagnostic services, disease treatment and prevention, HIV Counselling and Testing, Safe Medical Circumcision as well as advocacy, research and HIV&AIDS knowledge management. AIC will focus on services provided for at HCIII level by MoH which will include MCH, outpatient services, diagnostic services, immunization, treatment and care.

## 4.0. Performance Management

AIC will continue to invest in developing, supporting and sustaining its management, programming and financing capabilities for effective implementation of the scope outlined in this strategic plan and a measurement plan for tracking strategic objectives versus progress.

### 4.1. Leadership and Management

AIC's operational management is delegated by the BOT to the Executive Director whose role is to provide leadership to a senior management team with a responsibility of managing the day-to-day activities of AIC. In order to implement this strategic plan, AIC will review its human resources to reflect the new mandate. A human resource deployment plan, aligned to this strategic plan will be developed following a thorough human resource audit at national and regional levels.

Management teams at senior and lower levels will be responsible for coordination, planning; programming; financing; technical supervision, monitoring and evaluation; organizational capacity building; management of data information and knowledge; logistics management and financing.

The AIC Secretariat will review the current organizational structure and institutional policies in order to have a robust system which will translate the strategic intents into tangible results that are measurable and commensurate with resource investment. Key among policies for consideration will be the human resources management. This will require identification of vital positions for filling in addition to review of performance contracting arrangements for the existing staff.

## 4.2. Governance and Organizational Oversight

The responsibility of corporate governance of AIC rests with the Board of Trustees and the BOT is guided by a Code of Corporate Governance which stipulates the roles and against which functioning of the board will be monitored. The BOT has the legal, moral, and fiduciary responsibility for AIC and its major responsibilities that are key to the growth and sustainability and they include: Acquiring and protecting the organization's assets; making certain that AIC is working to fulfill its mission. Strategic thinking and oversight characterize the role of AIC' BOT.

AIC BOT members have been selected based on their experience and qualification in the fields of governance, NGO management, strategic planning and finance. (See appendix for detail). The objective of governance and oversight of this strategic plan is to increase and sustain AIC's financial and organizational capacity and strengthen accountability for achievement of AIC program goals. The BOT will be responsible for reviewing audited accounts, the Programs and Capacity strengthening frameworks and the Risk Analysis on an annual basis as well as monitor the implementation of any recommendations. Three sub-committees report to the Board; the Programs and Planning Committee, Finance and administration Committee. The committees are composed of at least two Board members, external advisors and the Executive Director.

## 4.3. Monitoring and Evaluation

One of the great values of monitoring and evaluation of this strategic plan is the advantage of ensuring that the organization is following the direction established during strategic planning process. Pursuant to AIC core values of integrity in all executions, and accountability for resources and results entrusted by all stakeholders. The monitoring and evaluation of this strategic plan will use approaches that increase accountability, stakeholder participation and utilization of data for decision making. Knowledge of what works and what does not work will be the basis for developing goals and rational allocation of resources. The first step in effecting monitoring and evaluation of this strategic plan will be the development of an M&E framework, the plan and tools which will guide systematic implementation. Monitoring and evaluation will be carried out in five ways namely;

- Monitoring by AIC Board of Directors where the Executive Director will be expected to report on a quarterly basis, to the full board about the status of implementation of the strategic plan, including progress toward each of the overall strategic goals.
- Monitoring by the Executive Director where on a monthly basis, reports will be expected from the Director of Programs & Planning and the Director of Finance & Administration regarding the status toward their achieving the goals and objectives assigned to them.
- Monitoring by teams based at AIC head office will monitor implementation of the SP at field levels.
- Joint monitoring on an annual basis, by AIC head office, AIC branch teams, AIC RAC teams, AIC Board of Trustees and AIC partners
- Evaluations by external teams commissioned by AIC or/and its partners at Midterm and end of the strategic plan period.

The current M&E system of AIC will be modified, upgraded and re-designed to monitor and evaluate implementation of the strategic plan, and to monitor and evaluate progress in archiving outcomes and results from the respective interventions. A functional M&E system will be established, and its functionality will depend on defined (a) institutional structures for AIC's M&E function, (b) human capacity (c) M&E partnerships, (d) M&E framework, (e) M&E costed work plans, (f) advocacy and communications for M&E, (g) surveys, (h) routine program monitoring, (i) Knowledge Management Databases, (j) supervision and data auditing, (k) HIV/SRHR learning and research, (l) and data dissemination and information sharing.

M&E partnerships will be essential for AIC's M&E system to function and these will be linked with District Planning Units, District Health offices, MOH-HMIS department, MOH-TWGs on M&E, UAC M and E; UNAIDS M&E Team. Although AIC will not fund the establishment and maintenance of these partnerships, it will participate in MOH and UAC M&E and other relevant technical working groups.

An M&E framework will be essential to guide operationalization of AIC's M&E system and an M&E framework and plan will be developed with a set of output, outcome and impact indicators as broadly defined in the implementation framework. Indicators will be in line with those applied by MOH, UAC and UDHS under Uganda Bureau of Statistics. Proposed key performance indicators include indicators directly related to HIV/AIDS prevention, treatment and mitigation, measures of systems strengthening, and measures of AIC Knowledge Management. To the extent possible KPIs will be adapted from the NSP, UNGASS (United Nations General Assembly Special Session on HIV/AIDS) indicators, which Uganda as a country is already committed to collect and report upon. Indicators for FP, RH and SRHR interventions, those for Systems Strengthening and those for AIC Knowledge Management efforts will be adapted from national and global M&E frameworks for global health.

**Strategic Focus Area 1:** ***Prevention of HIV and other related preventable health problems:***

- Indicators that measure health promotion actions of education, facilitators and advocacy
- Indicators that measure health promotion outcomes of health literacy, social influence and action, and health public policy and organizational practice
- Indicators that measure intermediate outcomes of health lifestyles, effective health services, health environment

**Strategic Focus Area 2**: ***Systems strengthening***

- Indicators that measure outputs of intervention access and service readiness; and intervention quality and safety
- Indicators that measure outcomes of coverage of interventions, and prevalence risk behaviors and factors
- Indicators that measure impact in terms of improved health outcomes and equity and social and financial; risk protection; responsiveness; and efficiency

**Strategic Focus Area 3**: ***Knowledge management (KM)***

- Indicators that measure KM processes of knowledge assessments, knowledge generation, capture, and synthesis, knowledge sharing; and strengthening KM culture and capacity
- Indicators that measure outputs of KM reach and engagement, and indicators that measure knowledge usefulness
- Indicators that measure KM initial outcomes of Learning (awareness, attitude, intention) and Action (decision-making, practice, policy)
- Indicators that measure KM intermediate outcomes of systems improvement, and intermediate outcomes of behavior change

In order to monitor progress of implementation and coverage of HIV/FP/SRHRH services to which AIC interventions and projects will have contributed, data collection for routine program monitoring, focusing on all the target populations to whom services will be provided. Routine program monitoring data about medical HIV

services generated from health facilities located in all settings targeted by AIC will report increase in service delivery. However, HIV services delivered in the community based on specific target populations will be collected by AIC implementing partners responsible for implementation of such projects. All routine data collected, will be based on Uganda's data collection protocols.

Furthermore, survey data will also be collected and used to track results at Strategic Objective level and three types of surveys are anticipated: health facility survey; mapping assessment to determine knowledge needs; and population-based community surveys to gauge coverage, health status, equity, risk protection, responsiveness. KM reach and engagement, and KN usefulness. The Lot Quality Assurance Sampling (LQAS) method will be used to measure key outcomes which will be listed in the results matrix. LQAS is a rapid survey that will determine whether AIC catchment areas are reaching pre-established targets for key indicators. Activities for analysis and synthesis of M&E data and products will include data quality assessments; estimates and projections; in-depth studies; use of research results; assessment of progress and performance and efficiency of AIC health system.

A Logistic Management Information System (MIS) will be another M&E component which will be strengthened to track distribution, stock management and consumption for all service delivery commodities, such as drugs, condoms, contraceptive supply, ARVs, clinic supplies, and equipment. The LMIS tracks the distribution of commodities and equipment from AIC HQ to service delivery sites and the practitioner in charge of the site will be responsible for tracking its own allotments but will be required to use one reporting system and forward this information. The system will use a set of standardized forms and records to track the commodities' storage and distribution and these records will provide information on stock-keeping, transaction and consumption records.

AIC will communicate and use M&E products through the following ways; targeted and comprehensive reporting; regular program and system review processes;

publications and dissemination events; and national reporting to UAC, MOH, donors and other AIC stakeholders. Feedback systems and approaches required in M&E systems will be applied to translate findings into improvement actions.

AIC' M&E system will only be operationalized with funding and therefore a costed M&E work plan will be developed and updated on an annual basis and AIV will dedicate at least 20% of its annual budget to M&E.

## 4.4. AIC Sustainability Plan

The goal of AIC's sustainability strategy is for it to mature as a local organization with technical, managerial and financial capacity for continuity, with significant support from its members and local community leading to minimal dependence on external support. The objectives will be to: develop organizational stability; create client demand and expanding client base; and achieve greater control over resources.

### 4.4.1. Institutional sustainability

AIC will focus on keeping within a well articulate clear mission, developing strong innovative leadership, recruiting qualified staff and rewarding excellent performance, strengthening management systems at all levels, and remain responsive to changing client needs and environment.

### 4.4.2. Program Sustainability

This will remain relevant to its clients by continuously understanding client needs and how to meet them, providing high quality services, implement Knowledge management activities to support application of evidence-based management, and marketing HIV/FP/SRHR services and programs effectively.

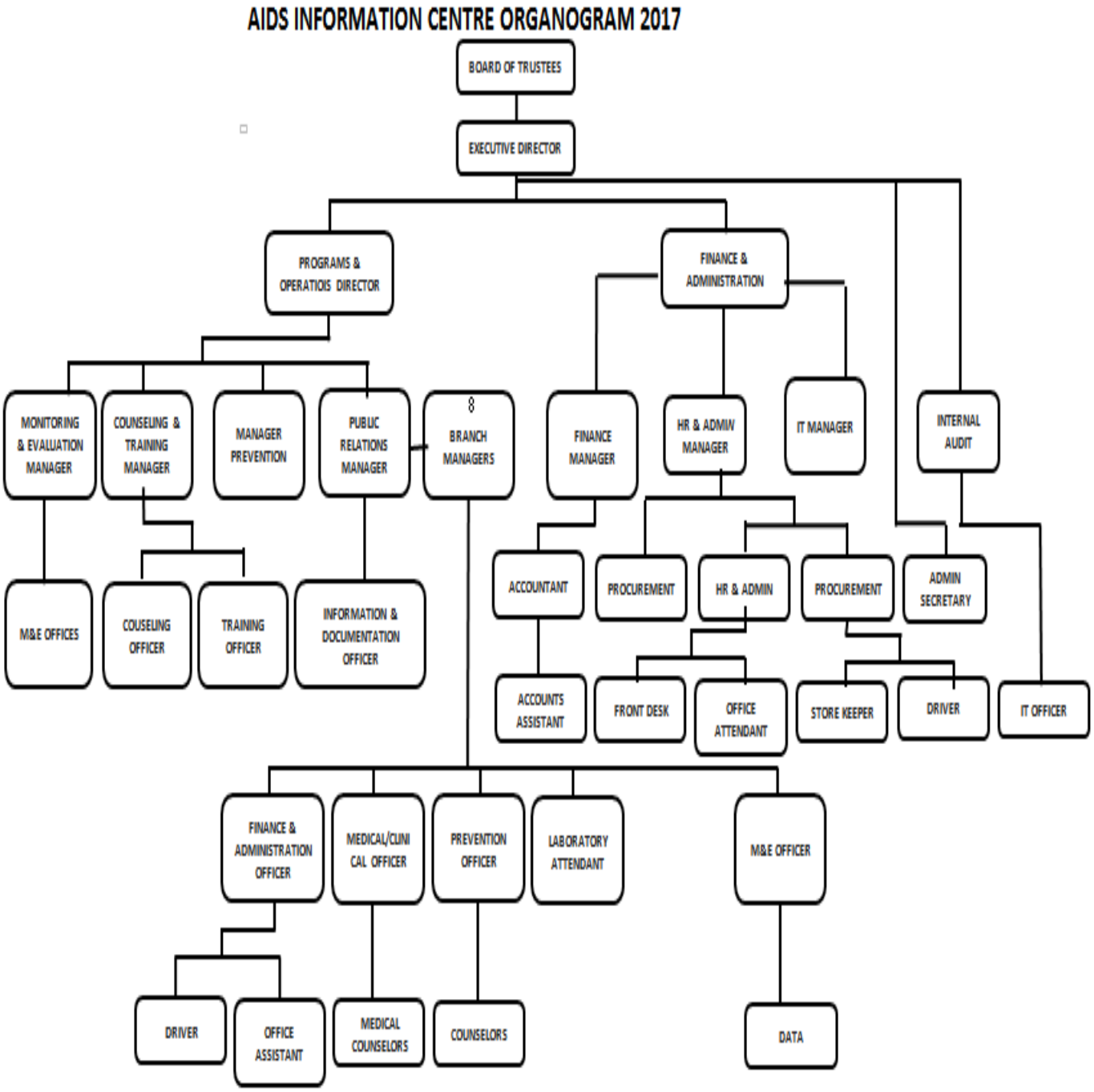
### 4.4.3. Financial Sustainability

This will entail diversification of funding sources, instituting cost containment measures as well as strengthening allocative efficiency while increasing while increasing local contribution to AIC investment/programs. In addition AIC will also

invest in donor confidence; follow the finance management and accountability principles and policies.

# APPENDICES

## Appendix 1: AIC Organogram



## 2: AIC Stakeholder Analysis

In this annex, would like to present whose interests have been taken into account during this strategic planning process and shall continue to be so during the implementation of the plan.

The AIC stakeholders are grouped into the following categories:

- The public national political (legislators, governors), public (ministry of health [MOH],
- International/donors,
- Nongovernmental organizations/civil society organizations
- Communities/primary beneficiaries.

### The Stakeholders

| International | National | Districts/Local/community |
|---|---|---|
| • UNAIDS<br>• UNICEF<br>• UNFPA<br>• UN Women<br>• UNDP<br>• UNHCR<br>• Other UN agencies<br>• USAID<br>• CDC<br>• USAID partners<br>• Global fund<br>• Other UN and international agencies and bodies | • Ministry of Health<br>• Ministry of Gender Labour and social development<br>• Uganda AIDS Commission (UAC)<br>• Ministry of Local Government<br>• Ministry of finance<br>• National Population council<br>• The parliament of Uganda<br>• National NGOs<br>• International NGOs<br>• KCCA<br>• UNRA<br>• Other government agencies and authorities<br>• UNASO.<br>• UWESO<br>• OAFLA<br>• Uganda National NGO forum | • District Local Government Councils<br>• District Administration<br>• Sub-county Councils and Staff<br>• District Health Offices<br>• District Community Development Offices<br>• Probation Offices<br>• Health Centres and General Hospitals in districts<br>• Regional Referral Hospitals<br>• Local NGOs and CBOs<br>• PLHA Groups<br>• Key Population Groups<br>• Other Organized Groups. |

### Stakeholders' Contribution to the Strategic Plan Achievement

| No | Category | Key areas |
|---|---|---|
| 1 | The UN agencies | Funding/partnerships; global policy support, |
| 2 | Central government of Uganda departments | National leadership in Policy and program implementation, reporting and accountability. |
| 3 | District and other lower local governments | Partnerships at program implementation, local leadership, M and M and E and advocacy. |
| 4 | National and international NGOs | Partnerships and collaborations in resource mobilizations, program implementation, monitoring and evaluation and reporting. |
| 5 | Others | Partnerships and collaboration and resources mobilization. |

## Appendix 3: Abridged Budget

| | Strategic Focus Area I | YEAR 1 Estimates |
|---|---|---|
| | Prevention of HIV and related preventable health problems | UGX |
| | 1.1. Increased demand and uptake of comprehensive integrated HIV/AIDS services and for other preventable health problems among targeted populations. | |
| | 1.1.1. To increase HIV prevention awareness and knowledge through behavior change communication campaigns targeting most at risk and priority populations. | 900,000,000 |
| | 1.1.2. To increase knowledge, attitudes and practices in sexual and reproductive health rights among through communication campaigns targeting selected populations | 1,200,000,000 |
| | 1.1.3. To increase access to and utilization of biomedical interventions for HIV prevention through provision of diagnostic, care and treatment services. | 1,980,000,000 |

| | | |
|---|---|---|
| | 1.1.4. To strengthen capacity of community systems for creating a supportive social cultural environment for HIV prevention | 2,163,600,000 |
| | **SUBTOTAL** | **6,243,600,000** |
| | **Strategic Focus Area 2** | |
| | Systems strengthening | |
| | 2.1. Improved quality and efficiency in the provision of integrated SRHR/HIV interventions. | |
| | 2.2. Improved partnerships and collaboration for scaled up integrated SRHR/HIV interventions | |
| | 2.1.1. To establish peer support systems for increased and sustained demand, uptake and adherence to integrated SRHR/HIV services. | 350,000,000 |
| | 2.1.2. To strengthen capacities for work and home based services targeting Key and priority populations (sex workers, refugees, IPDs, cross border population). | 450,000,000 |
| | 2.1.3. To improve and sustain quality of services through trainings, mentorships, quality improvement programming and provision of guidelines and job aids. | 300,000,000 |
| | 2.1.4. To establish a network of champions, advocates, ambassadors for HIV/SRHR related policy change, resource mobilization and programming. | 120,000,000 |
| | 2.1.5. To establish client referral and follow up mechanisms through partnerships with CBOs, religious and cultural institutions, CSOs and delivery organizations offering specialized services. | 145,000,000 |
| | 2.1.6. To forge partnerships with private for profit, not for profit, local governments and other institutions for resource mobilization, services delivery, services contracting. | 80,000,000 |
| | **SUBTOTAL** | **1,445,000,000** |
| | | |

| | | |
|---|---|---|
| | **Strategic Focus Area 3** | |
| | Knowledge Management | |
| | 3.1. Established Knowledge Management culture and capacity within AIC for effective knowledge translation into innovative policy and program actions that influence management and programming of integrated HIV/FP/ARHR programs | |
| | 3.1.1 To conduct a knowledge assessment for identifying knowledge assets and assess knowledge needs within AIC and those articulated in national strategic frameworks for HIV/FP/RH and associated research agendas. | 120,000,000 |
| | 3.1.2. To implement processes that capture, generate, synthesize, and share data, information and knowledge for monitoring, evaluating and learning about programming, management and service delivery of integrated HIV/FP/RH/ASRH programs | 897,000,000 |
| | 3.1.3. To develop KM infrastructure or capacity for generating data, strategic information and knowledge on various topics on integrated HIV/FP/SRHR programs. | 530,000,000 |
| | 3.1.4. To develop KM infrastructure generating data, strategic information and knowledge, and technological mechanisms for storing, providing access to the data, information and knowledge at different AIC locations | 360,000,000 |
| | **SUBTOTAL** | **1,907,000,000** |
| | **TOTAL ESTIMATES** | **9,595,600,000** |