



Guidelines for Multi-Sectorial HIV & AIDS Mainstreaming in Uganda

A - Background

HIV&AIDS is still a burden and a substantial threat to Uganda’s socio-economic development, imposing a heavy burden on individuals, families, communities and the nation. Uganda is acknowledged as one of the countries that have mounted the most innovative and successful responses against the HIV and AIDS epidemic, having registered a decline in HIV prevalence from 18% in 1990s to 6.4% in 2005 to 6% in 2016 (UPHIA 2016).

HIV&AIDS mainstreaming in Uganda has been considered as an appropriate and sustainable strategy to address the multifaceted drivers and consequences of the epidemic, although there are notable gaps that hinder the full realization of the mainstreaming goals.

These guidelines therefore provide guidance on how all Ministries, Departments, Agencies/ Local Governments (MDAs/LGs) in Uganda will effectively mainstream HIV&AIDS in their programs, as one of the key strategies to achieve the goal of ending AIDS as a public health threat by 2030.

B Gaps in the current HIV&AIDS Mainstreaming

- i) Some MDAs/LGs are unclear about the impact and the context of sector HIV&AIDS responses, and their institutional and coordination structures;
- ii) The mainstreaming efforts are fragmented, not standardized with ad-hoc implementation of HIV activities, posing a challenge to addressing the impact of HIV&AIDS in sectors;
- iii) Use of different HIV&AIDS mainstreaming approaches and principles which reflect lack of coherence;
- iv) Some MDAs/LGs have not identified Focal Point staff to address HIV and AIDS mainstreaming, while others have assigned staff, who are not at the Senior Management level;

- v) Inadequate allocation and appropriation of resources for HIV&AIDS mainstreaming;
- vi) There is limited integration of HIV&AIDS activities in the MDAs/LGs plans and budgets, and some of them have not developed HIV&AIDS workplace policies

C.Key Steps in HIV&AIDS mainstreaming

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

D.Minimum interventions for HIV&AIDS mainstreaming by MDAs/LGs

To ensure that all MDAs/LGs implement HIV&AIDS mainstreaming activities in a uniform manner, the following set of minimum interventions shall be undertaken;

i. HIV Prevention Interventions;

Conduct HIV&AIDS sensitization at the workplace and in communities
Conduct/refer clients for HIV testing and counseling services both at the workplace and in communities served
Promote Behavior Change Communication interventions including dissemination of Information Education Communication materials at the work place and within the communities served
Promote HIV prevention interventions that focus on adolescent girls and young women
Promote condom education, distribution and



correct/consistent use

Promote access for referral mechanism for Prevention of Mother to Child Transmission and Safe medical Male Circumcision services, Post Exposure Prophylaxis

Engage men in HIV prevention at the work place and within the communities served

ii. Care and Treatment;

Provide effective referrals of staff identified to be living with HIV to access ART.

Support all staff and particularly PLHIV staff through MDAs/LGs medical insurance schemes etc.

iii. Social support and Protection;

Promote psycho-social support for PLHIV at workplace and within communities served including Home Based Care

Establish PLHIV support groups at the workplace and in communities served

Establish and strengthen mechanisms to address stigma and discrimination of PLHIV at the workplace and communities served

iv. Systems Strengthening;

Establish and strengthen HIV&AIDS coordination structures at work place and communities served.

Develop and operationalize HIV & AIDS workplace policy

Prepare and submit period activity reports

Conduct resource mobilization activities to ensure implementation of sector HIV and AIDS plans

Convene quarterly coordination meetings to review progress and planning of activities

E. Users

These guidelines shall be utilized primarily by the following officials;

- Members of Parliament, Members of Cabinet, Accounting Officers, Heads of Departments and Planners in all MDAs and Local Governments
- HIV/AIDS Focal Points within sectors

- Planners and decision makers in Development/Donor Agencies

F. Financing

To facilitate implementation of the mainstreaming guidelines, the Ministry of Finance, Planning & Economic Development (MOFPED) shall instruct MDAs to allocate 0.1% of their budgets (excluding, pension, gratuity and transfers) for HIV&AIDS interventions.

G - Coordination and Management Structures

Uganda AIDS Commission under the Office of the President shall provide oversight and technical support for the effective HIV&AIDS mainstreaming in all Government MDAs/LGs. UAC will also conduct periodic assessments on the status of implementation of the HIV&AIDS planned activities and budgets in all MDAs/LGs.

For more information contact;

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The detailed HIV&AIDS Mainstreaming guidelines can be accessed at the UAC website