



The Republic of Uganda
Ministry of Health

Implementation Guide for the National Strategy for Integration of Sexual Reproductive Health and Rights and HIV/AIDS 2017 - 2021

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Preface

Acknowledgements

List of Acronyms

ABC	Abstinence Being Faithful and Condom use
ACP	AIDS Control Program
AIC	AIDS Information Center
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARVs	Anti-retroviral Drugs
BCC	Behavior Change Communication
CDC	Center for Disease Control
CSWs	Commercial Sex Workers
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
GFATM	Global Fund to Fight Aids Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV/AIDS
HC	Health Center
HCT	HIV Counseling and Testing
HIV	Human Immune deficiency Virus
HMIS	Health Management Information System
HSD	Health Sub-district
HSDP	Health Sector Development Plan
HSSP	Health Sector Strategic Plan
IDUs	Injection Drug Users
IEC	Information Education Communication
IMPAC	Integrated Management of Pregnancy and Childbirth
IYCF	Infant and Young Child Feeding
MARPs	Most At Risk Population groups
MoAAIF	Ministry of Agriculture and Animal Industry and Fisheries
MoE&S	Ministry of Education and Sports
MoFPED	Ministry of Finance Planning and Economic Development
MoGLSD	Ministry of Gender Labor and Social Development
MOH	Ministry of Health
MoLG	Ministry of Local Government
MSM	Men who have Sex with Men
NSF	National Strategic Framework
PEAP	Poverty Eradication Action Plan
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission of HIV/AIDS
RH	Reproductive Health
RHD	Reproductive Health Division
RTC	Routine Testing & Counseling
SGBV	Sexual Gender Based Violence

UAC Uganda AIDS Commission
VCT Voluntary Counseling and Testing
VHTs Village Health Teams

Glossary of terms

Adolescent: This is a person aged 10-19 years (MOH 2011a)

Early child development: This is defined as an orderly, predictable process along a continuous path in which a child learns how to achieve more complicated levels of moving, thinking, speaking, feeling, and relating to others. Physical growth, literacy and numeracy skills, socio-emotional development, and readiness to learn are vital domains of a child's overall development, which is a basis for overall human development (Shonkoff and Phillips 2000).

Gender based violence: Any act that results into physical, sexual or psychological harm or suffering to women, men and children. This includes threats of such acts as coercion or arbitrary deprivation of freedom whether occurring in private or in public (MOH 2011a)

Health system: The sum total of all the organizations, institutions and resources whose primary purpose is to ensure delivery of quality services to all people, when and where they need them. The World Health Organization (WHO) identifies six core components or 'building blocks' of a health system: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing and (vi) leadership/governance WHO (2010).

Integration: The process of bringing together, in a holistic manner, different kinds of related sexual and reproductive health (SRH) and HIV and AIDS interventions at the levels of legislation, policy, programming and service delivery to ensure access to comprehensive services in an efficient and effective manner. IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives, 2009.

Male involvement: This refers to the fulfilment of roles and responsibilities of men in sexual and reproductive health and rights including HIV/AIDS prevention, care and support. Boys and men will take responsible decisions to realize their full potential in their sexual and reproductive health and rights; It will also mean men's full enjoyment of their sexuality and realization of their reproductive health goals and rights in a responsible manner; It will further mean that males participate effectively in the health and well-being as well as respecting rights of their partners and children (MOH 2011b)

Reproductive health: The World Health Organization (WHO) defines reproductive health as, "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes". This definition suggests that people with adequate reproductive health have satisfying and safer sexual lives, and can make a choice as to whether, when and how they would like to have children. www.who.int/reproductive-health/gender/sexual-health.html

Rights: Rights are generally understood to include: the right to the highest attainable standard of sexual and reproductive health; the right to liberty and security of the person; the right to life; the rights to non-discrimination and equality; the right to privacy; the right to decide, freely and responsibly, on the number, spacing, and timing of children; the right to marry

and found a family; the right to seek, receive, and impart information regarding sexual and reproductive health; the right to be free from inhuman or degrading treatment; and the right to enjoy the benefits of scientific progress.

Sexual health: This is a personal sense of sexual well-being, as well as the absence of disease, infections or illness associated with sexual behavior. It includes issues of self-esteem, self-expression, caring for others and cultural values. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (International HIV/AIDS Alliance 2003 and 2010)

Sexual Violence: Being forced to have sexual intercourse or perform any other sexual acts against one's will (MOH 2011a).

Young person: A person aged 10-24 years of age (MOH 2011a).

Youth: Any person between the ages of 18 – 30 years According to the Uganda Constitution

Chapter 1:

1.1 Introduction and Background

The importance of linking SRH and HIV has become increasingly clear in the context of harmonization, collaboration, the call for increased accountability and the pressure to achieve the MDGs and now the SDGs. Since 1994, when the first call for integration was made at the Cairo International Conference on Population and Development (ICPD), several global declarations have been made, including the Glion Call to Action on Family Planning and HIV and AIDS in Women and Children of 2004 and the New York Call to Commitment: Linking HIV and AIDS and Reproductive Health of 2004. The Ministry of Health (MOH) in Uganda with collaboration and support from partners UNFPA, UNAIDS, WHO, PEPFAR, AIC and others developed a revised National strategy for Integration of Sexual Reproductive Health and Rights and Human Immunodeficiency Virus (SRH&R/HIV) 2017 – 2021. This strategy was built on the successes and lessons learned from the earlier strategy of 2012 – 2016. The revised strategy lays out a framework for coordinated approaches across SRH and HIV programmes to enhance accessibility and cost effectiveness in programme delivery with the overall goal of contributing to better quality of life of the people in Uganda through improved provision of integrated SRH and HIV/AIDS services. This is an implementation guide developed as a follow on support document to operationalize the revised strategy.

1.2 Rationale for SRH/HIV Integration

Integrating SRH and HIV/AIDS policies, programs and services is considered essential for meeting international and national goals and targets including the SDGs particularly Goals 3, 5 and 10 (WHO, UNFPA, UNAIDS and IPPF 2005). It is also an important human rights obligation particularly for people living with HIV, key populations, women and girls (UNAIDS 2010). From early on in the century it has been a documented fact that the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding while sexually transmitted infections also increase the risk of HIV acquisition and transmission. In addition, sexual and reproductive ill-health and HIV share root causes, including poverty, gender inequality and social marginalization of the most vulnerable populations.

Since the Alma-Ata International Conference on Primary Health Care in 1978, the emphasis on health policy framework has been Primary Health Care. In the area of reproductive health, this initially involved mainly maternal and child health care including family planning. Progressively other areas of reproductive health as it is understood today such as treatment of sexually transmitted diseases (STDs), adolescent health, prevention & management of infertility, post abortion care etc., were included in maternal child health/family planning (MCH/FP) programs following the 1994, ICPD, when the current understanding of reproductive health and its full scope took effect. Even though the HIV/AIDS epidemic was recognized at that time as an important component of SRH, its programming and funding was prioritized in a vertical manner due to the scale and scare of the epidemic. Taking HIV/AIDS and Sexual and Reproductive Health and Rights (SRH&R) as totally separate entities is counterproductive and cannot assist in achieving goals and targets for either HIV or SRH &R.

In Uganda SRH/HIV Integration is crucial for the attainment of the national development plan 2 (NDP II) which is designed to propel the economy towards middle income status by 2020 and in line with the

vision 2040 as well as the Second National Health Policy (NHP II). The NDP II also seeks to leverage the International and Regional Frameworks such as Africa Agenda 2063 and the Post 2015 Development Agenda to exploit growth opportunities. With a theme of *"Strengthening Uganda's Competitiveness for Sustainable Wealth Creation, Employment and Inclusive Growth"*, the NDP II underscores a need to intensify efforts against SRH and HIV problems. These include high fertility rate, maternal mortality ratio and HIV/AIDS prevalence rates plus the low budgetary allocation to health as percentage of the total government budget below the Abuja Declaration target of 15 percent. The Uganda Vision 2040 provides development paths and strategies to operationalize Uganda's Vision statement which is *"A Transformed Ugandan Society from a Peasant to a Modern and Prosperous Country within 30 years"* as approved by Cabinet in 2007. Some important SRH indicators within the vision 2040 include life expectancy at birth, infant mortality rate and maternal mortality ratio among others. Within the health sector, the NDP II and NHP II are operationalized through the Health Sector Development plan (HSDP) which currently runs from 2015 – 2019 with a goal *"to accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life"*. The HSDP calls for integrated SRH/HIV services delivery in order to attain the objective one of *'contributing to the production of a healthy human capital for wealth creation'*.

1.3 Models of SRH/HIV Integration

Integration refers to a situation where different kinds of SRH and HIV services or operational programmes are joined together to ensure and perhaps maximize collective outcomes including referrals from one service to another (UNFPA, WHO, IPPF and IAWG, 2014). Linkages on the other hand are the bi-directional synergies in policy, programmes, services and advocacy between SRH and HIV. Bi-directionality entails linking SRH with HIV -related policies and programmes and linking HIV with SRH-related policies and programmes

Three integration models have been documented and these include;

- The Fully integrated services or 'kiosk' model where;
 - Client receives all services in one room
 - Scenario 1: Client comes in for FP – provider offers ANC, HCT, STI & TB screening, cervical cancer screening, ART, condoms, NCD screening
 - Scenario 2: Client comes in for HCT – provider offers FP, STI & TB screening, cervical cancer, condoms, NCD screening
- Partially integrated or 'super market' model where;
 - Larger clinics with a several rooms that can serve as entry points where different options are offered to the client which may be referred to different entry points
 - Scenario 1: Client comes in for FP – referred to HCT room, offered HCT, tests positive referred to ART clinic or back to FP room if negative.
- The Referral 'mall' model where;
 - Applicable to hospitals where services are disaggregated and routinized to support service integration.

1.4 Purpose of this implementation guide

This implementation guide aims at operationalizing the revised National Strategy for Integration of SRH/HIV 2017 – 2021. It describes the required actions by the various stakeholders including the Ministry of Health, Partners, district health system managers, health service providers (private public and private not for profit) other private sector and civil society players in the field of SRH&R and HIV/AIDS regarding actualization of integrated SRH/HIV service delivery.

1.5 Process of developing this implementation guide

This implementation guide was developed following the finalization of the revised National Strategy for Integration of SRH/HIV 2017 – 2021 which itself happened through a phased process. Phase one involved a comprehensive desk review of the current SRH/HIV linkages and integration efforts to establish needs, gaps, and document good practices at policy, systems and service delivery levels. Phase two involved a rapid assessment of implementation of national SRH&R and HIV/AIDS linkages and integration strategy at facility level to identify on-going integration efforts plus any gaps in regard to delivery of integrated SRH&R/HIV/AIDS services at that level. Phase three involved the use of the findings and recommendations of the rapid assessment to revise the national SRH&R/HIV/AIDS linkages and integration strategy.

The implementation guide was then developed giving emphasis to the implementation aspects of the revised SRH/HIV integration strategy as recommended by the stakeholders and MOH. Additional inputs were obtained from UNFPA, SADC and experiences from in-country. The implementation guide underwent peer review by the SRH/HIV Core technical team, Task team and National Stakeholders.

Chapter 2

2.1 Goal and Objectives of the SRH/HIV Integration strategy

2.1.1 Overall Goal of the strategy

To contribute to better quality of life of the people of Uganda through improved provision of integrated SRH and HIV/AIDS services.

2.1.2 Objectives of the strategy

1. To strengthen the coordination and planning for SRH/HIV integration at MOH
2. To strengthen capacity for district and facility level implementation of SRH/HIV integration.
3. To address wider health system factors for integrated SRH/HIV services

2.1.3 Strategies and activities

Objective 1: To strengthen the coordination and planning for SRH/HIV linkages and integration at MOH

Strategies

- Strengthen existing mechanisms for joint planning, budgeting, training and resource allocation, supervision, monitoring and evaluation for SRH/HIV between HIV/AIDS and RH divisions
- Build strong linkages and coordination with other sectors
- Strengthen collaboration and partnerships for SRH/HIV integration between MOH and other sectors and government agencies, Development partners, NGO and Private sector
- Harmonize MOH guidance on SRH/HIV integration for all new documents
- Build capacity for community coordination structures
- Advocate for the other non-health sectors to play their roles including enforcement of laws and legislations that support SRH/HIV related issues by Ministry of internal affairs.

Activities

- Strengthen the RH/HIV Core team and Task teams to continue providing technical guidance on linkages and integration aspects
- Conduct joint planning, budgeting, training, supervision, monitoring and evaluation of SRH/HIV services between RH division and ACP
- Develop a National integrated SRH/HIV priority action plan

- Develop an advocacy strategy to obtain and sustain commitment to delivery of integrated SRH/HIV/AIDS services at all levels
- Develop a guide for all stakeholders on SRH/HIV integration to inform all documents by MOH and stakeholders involved in SRH and HIV services and ensure a harmonized approach towards integrated SRH/HIV service delivery
- Support the implementation by key stakeholders including Uganda AIDS Commission (UAC), RH division & AIDS Control Program (ACP) of the Ministry of Health, etc. of their roles in the provision of integrated SRH/HIV services
- Review and enforce existing HIV and SRH-related laws and legislation for the improvement of SRH.
- Track and report on indicators for integrated SRH/HIV services

Objective 2: To strengthen the capacity of district and facilities to implement quality integrated SRH/HIV services

Strategies

- Build capacity of districts and facilities to provide integrated quality SRH/HIV services
- Support complete and timely reporting on integrated M&E indicators
- Document and learn from existing of SRH/HIV integration efforts and best practices
- Ensure availability and wide dissemination of models of integration, relevant job aides including SRH/HIV integration packages by level of facility
- Support and provide guidance in development of relevant IEC materials
- Raise awareness about SRH &R as well as HIV issues and services including prevention
- Mobilize communities to utilize integrated SRH/HIV services

Activities

- Develop and disseminate performance standards and devise monitoring and accountability mechanisms for the provision of high-quality integrated SRH/HIV services including minimum packages that constitute acceptable integration by level including nutrition
- Develop and disseminate appropriate tools and support orientation of programme managers and health workers on RH/HIV integration
- Develop indicators for monitoring quality within integrated SRH/HIV services
- Develop/update and disseminate service delivery protocols and job aides and ensure focus on integrated service delivery through the different SRH and HIV programmes including Focused antenatal Care, Postnatal care, FP, STI, HCT, PMTCT, ART, Post-Abortal Care (PAC), Adolescent Sexual and Reproductive Health/Youth-Friendly Services, male involvement strategy
- Ensure timely and complete reporting on the available indicators for integrated RH/HIV services and adoption of any new ones agreed upon plus corresponding revision of tools

- Upgrade the available infrastructure to cater for integration of services
- Develop, disseminate and distribute relevant behavior change and service uptake for integrated SRH/HIV services for targeted audiences
- Conduct mass media campaigns to create and increase awareness about the relationship between prevention of SRH ill-health and HIV prevention and availability of integrated SRH/HIV services
- Utilize community programs to sensitize communities on the availability of integrated SRH/HIV services
- Support community dialogue meetings through the VHT strategy and other community mobilization systems
- Conduct mentorships at district and facility level aimed at re-organization of services to enable delivery of quality integrated SRH/HIV services
- Support SRH/HIV integration among facilities under army, police and prisons

Objective 3: To address the wider health system factors for integrated SRH/HIV services

Strategies

- Advocate for increased financing of health services and efficient utilization of resources
- Support the recruitment to Improve the numbers of health workers providing integrated SRH/HIV services at facility level
- Support pre and in – service training to enhance the skills for integrated SRH /HIV service delivery
- Strengthen infrastructure modification and development aligned to SRH/HIV integration
- Strengthen and harmonize the Commodity supply systems for SRH/HIV integration
- Strengthen strategic information management and research

Activities

- Allocate more funds to SRH/HIV during planning and budgeting
- Mobilize partners to implement SRH/HIV integrated service delivery
- Support the establishment of NHIS and AIDS Trust Fund
- Develop strategic partnerships and mobilize financial resources required to deliver these integrated services
- Recruit and train service providers on integrated RH/HIV service provision
- Review and update all existing pre-service & in-service training curricula to incorporate SRH/HIV integration including nutrition
- Incorporate SRH/HIV integration into Pre-service training including nutrition
- Develop and implement incentive schemes to attract and retain multi-skilled SRH/HIV service providers

- Support infrastructure improvements to take care of requirements for SRH/HIV integration
- Develop guidelines for new health facility infrastructure to provide for SRH/HIV integration
- Equip the service delivery points and provide relevant health supplies to cater for integrated service provision.
- Develop a linked logistics supply management system for relevant SRH and HIV/AIDS commodities at national and lower levels
- SRH/HIV monitoring and evaluation indicators in the HMIS, health facility surveys, parameters for the district league table and hospital

Chapter 3

3.1 Levels of implementation and roles of different players

The major focus of the RH/HIV integration strategy is to improve and ensure the provision of quality, accessible and equitable RH/HIV services. The SRH/HIV health care delivery system operates at the national, district, health sub-district and community levels. The RH/HIV strategy recognizes the important roles of other stakeholders in implementation and therefore a need for a multi-sectoral approach. This implementation guide is thus in harmony with the other existing RH and HIV policies and guidelines.

National level

At national level there are different players and actors with the Ministry of Health being the parent ministry taking the lead as well as coordinating role. The Reproductive Health Division (RHD) under the Department of Community Health and AIDS control programme (ACP) under National Disease Control will jointly take responsibility for ensuring implementation of SRH/HIV integration within the health sector and coordination with other relevant sectors. The SRH/HIV Core team brings together RHD and ACP staff that are involved in the day to day monitoring and follow up of the SRH/HIV integration plan/agenda and also includes representation from WHO, UNFPA, UNICEF, UNAIDS and PEPFAR. The SRH/HIV Integration Task Team comprises of the core team members plus representatives of other relevant sectors crucial for successful implementation of integrated SRH and HIV activities. Co-chaired by RHD and ACP the SRH/HIV Integration Task Team comprises of representatives from

- MOH
- MOGLSD
- MOES
- MOFPED
- Min of Justice and constitutional affairs
- Min of internal Affairs
- Civil Society
- Private sector

The SRH/HIV Integration Task Team reports through the RHD and ACP from where information is channeled to the Maternal and Child health technical working Group. The team performs the following tasks:

- Policy formulation, setting standards and quality assurance;
- Resource mobilization for SRH/HIV programs;
- Capacity development and technical support;
- Coordination of SRH/HIV services and stakeholders' activities;
- Monitoring and evaluation of overall SRH sector performance;
- Coordination of RH/HIV research in collaboration with National Research Council;
- Strengthening the linkage between the national, regional and district referral hospitals in relation to SRH/HIV services;
- Coordination and ensuring inter-sectoral linkage with line ministries, NGOs, and the private sector;

- Coordination of RH/HIV IEC interventions in collaboration with the Health Promotion and Education Division.
- Advocacy with Development Partners to support integration through their funding and programming

Roles of other sectors and actors

In this section the implementation guide provides guidance on the roles of other sectors including advocacy, formulation of relevant and appropriate policies sensitive to SRH/HIV integration e.g. in education, human rights and other areas relevant to SRH and HIV. Ultimately, sectors are expected to support, monitor and follow through the development, implementation, and coordination of relevant SRH/HIV integration activities that fall within their jurisdiction.

Ministry of Gender Labor and Social Development

- i. The Ministry of Gender labor and social development is inter-alia mandated to steer policy development, program design, implementation and coordination for young people's programmes targeting socio-cultural determinants. Specifically, the Ministry should; lead the development /review, and widely disseminate, implement and monitor policies and laws that support empowerment of young people, girls and women, ease access to financing/livelihood programs for young people, elderly, women plus other interventions relevant to socio-cultural determinants of young people, women's and elderly peoples' health and development.
- ii. Mainstream HIV and gender issues in adolescent, women and elderly related policies and programs. This includes creation of public awareness on gender issues that affect the sexual and reproductive health rights of young people, women and the elderly plus the responsibilities of the community towards these people.
- iii. Participate in and nurture partnerships with stakeholders such as MOH and others to ensure joint support and implementation of relevant programmatic aspects /interventions aimed at addressing needs of young people, women and elderly for better health and development including the national SRH/HIV stakeholder's meeting.
- iv. Support technical and institutional capacity building of the relevant structures of the sector for effective implementation of programmes that have an effect of the SRH/HIV needs of adolescents and young people, women and the elderly.
- v. Mobilize and advocate for increased resource allocation towards programs targeting young people, women and elderly taking into account SRH/HIV integration.
- vi. Support the implementation of a management information system that will enable regular data collection on development programmes for young people, women and elderly and disseminate reports on the progress of the implementation of these programmes and related laws taking into account SRH/HIV integration.
- vii. Advocate for the elimination of social and cultural practices that affect the health of adolescents, women and elderly and violate their rights taking into account aspects of SRH/HIV integration.
- viii. Monitor the implementation of labour laws with reference to adolescents in various sectors of the economy and ensure elimination of child labour in collaboration with the Ministry of Justice taking into account aspects of SRH/HIV integration.

- ix. Through the National Youth Council mobilize and coordinate youth groups and NGOs dealing in adolescent health to provide a forum for young people to express themselves on issues of adolescent health and development taking into account SRH/HIV integration

Ministry of Education and Sports

The Ministry of Education and Sports' mandate is to facilitate acquisition of knowledge, skills and values for self-reliance and managing/coping with challenges within a family, community and wider society.

- i. Integrate SRH responsive programmes including adolescent health and SGBV in the school education system with respect to age and sex.
- ii. Advocate for resource, mobilization and allocation for the school health programmes.
- iii. Co-ordinate, monitor and evaluate implementation of programmes in schools related to SRH/HIV including adolescent Health Policy and strategies. Safety and security in schools should be part of such programmes
- iv. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.
- v. Advocate, coordinate and monitor implementation of programmes to ensure adolescent mothers are re-integrated into school systems taking into account SRH/HIV integration.
- vi. Foster linkages between children, teachers, parents, health workers and communities for the good health of young girls and boys taking into account SRH/HIV integration.

Ministry of Finance, Planning and Economic Development

- i. Allocate adequate resources for the implementation of SRH and HIV programmes across all sectors.
- ii. Coordinate and monitor utilization of funds allocated to SRH/HIV and related Programmes.
- iii. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to the finance, planning and economic development sector.

Ministry of Justice and Constitutional Affairs

- i. Ratify and incorporate international and regional instruments relevant to adolescent health into domestic law taking into account SRH/HIV integration.
- ii. Amend existing laws and formulate legislative measures designed to be instrumental in:
Eradicating all harmful customary practices. Removing restrictions of adolescent development against enjoyment of civil rights such as access to information, education, employment, health services etc.
- iii. Integrate the health sector into the regional and district JLOS quarterly meetings to share information and progress on SGBV and any ongoing interventions taking into account SRH/HIV integration
- iv. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.
- v. Advocate for resource, mobilization and allocation for the school health programmes taking into account SRH/HIV integration.

Ministry of Internal Affairs

- i. Enforce laws that eliminate practices which affect the health of adolescents and violate their rights in collaboration with the MOGLSD and MOJCA.
- ii. Advocate for resource, mobilization and allocation for the relevant programmes
- iii. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.
- iv. Ensure security for all – including individuals, structures, providers and clients

Ministry of Agriculture, Animal Industry and Fisheries

- i. Integrate economic development needs/concerns of young people, women and elderly into agricultural programmes
- ii. In collaboration with MoH educate households on the importance of appropriate nutrition.
- iii. Advocate for resource, mobilization and allocation for the relevant programmes
- iv. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.
- v. Promote increased production and availability of nutritious foods.

Ministry of Local Government

- i. Advocate for resource, mobilization and allocation for the relevant programmes
- ii. Monitor and support to ensure implementation of SRH/HIV programmes in the districts
- iii. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.

Development partners

- i. Provide technical, financial and logistical support to the line ministries, institutions, Public, Private and Civil Society organisations implementing SRH/HIV programmes and activities.
- ii. Support policy dialogue and advocacy for SRH and HIV at national and international levels.
- iii. Co-ordinate development partner technical and logistical support for implementing adolescent health and development programmes.
- iv. Advocate for increased funding and allocation of resources towards health including SRH/HIV services and programmes
- v. Representation in national SRH/HIV integration stakeholder meetings and follow up relevant agreed action points.

Civil society organizations

- i. Advocate for SRH/HIV integration issues at local, national and international levels.
- ii. Participate in national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.
- iii. Integrate SRH/HIV within the framework of other ongoing activities.
- iv. Undertake operational research and disseminate information on SRH/HIV integration in collaboration with other stakeholders.
- v. Mobilise resources for SRH/HIV programmes

Research and Training INSTITUTIONS

- i. Carry out research in SRH/HIV integration and disseminate findings.
- ii. Provide technical assistance in assessments/surveys/evaluations related to integrated SRH/HIV programmes.
- iii. Capacity building for research among institutions and with programmes of adolescent health.
- iv. Monitoring and evaluation of programmes related to SRH/HIV integration
- v. Conduct training in areas related to SRH/HIV integration
- vi. Advocate for and mobilise resources towards research, training and capacity building with respect to SRH/HIV integration
- vii. Representation at national SRH/HIV integration stakeholder meetings and follow up agreed actions relevant to their sector.

Members of Parliament

Advocate for increased government funding and budget allocation towards health including SRH/HIV

Initiate debate and pass Bills supportive of improved health service delivery including in areas of SRH and HIV

Community mobilisation for integrated SRH/HIV services

National Referral Hospitals

- Offer integrated comprehensive RH/HIV services;
- Offer specialized RH/HIV health services such as management of VVF, infertility;
- Reproductive health cancers and comprehensive HIV/AIDS care including ART;
- Plan and manage SRH/HIV services;
- Offer promotional, preventive, curative and rehabilitative SRH/HIV services;
- Mobilize resources;
- Implement IEC and behavioral communication programmes
- Implement training
- Conduct operations research;
- Receive and transfer referrals to higher and lower levels;
- Supervise lower level health facilities.
- Collect, analyse, utilize and disseminate gender disaggregated health data
- Conduct RH/HIV outreaches

Regional Level

National Referral Hospitals

- Offer integrated comprehensive RH/HIV services;
- Offer specialized RH/HIV health services such as management of VVF, infertility;
- Reproductive health cancers and comprehensive HIV/AIDS care including ART;
- Plan and manage SRH/HIV services;
- Offer promotional, preventive, curative and rehabilitative SRH/HIV services;
- Mobilize resources;
- Implement IEC and behavioral communication programmes
- Implement training
- Conduct operations research;

- Receive and transfer referrals to higher and lower levels;
- Supervise lower level health facilities.
- Collect, analyse, utilize and disseminate gender disaggregated health data
- Conduct RH/HIV outreaches

The district and Sub district level

Local governments and authorities

The Local Governments and Authorities shall use relevant line departments to execute the following:

- i. Support networks, expand coverage and scope of SRH/HIV service delivery through community based distribution and social marketing system
- ii. Plan, coordinate, implement, monitor and evaluate SRH/HIV programmes at all levels in the district, including school health programs, hygiene, safety, security, IEC and community-based programs.
- iii. Build capacity to implement the complete spectrum of SRH/HIV services including for young people
- iv. Provide effective, committed and accountable leadership for SRH/HIV programming
- v. Mobilization and allocation of adequate gender and age proportionate resources for SRH and HIV
- vi. Include SRH/HIV Integration during local government intersectoral planning and review meetings
- vii. Guide planning, implementation, monitoring and evaluation of quality integrated gender sensitive and rights- based SRH/HIV services;
- viii. Monitor and support supervision to ensure quality of care;
- ix. Resource mobilization;
- x. Coordination of activities of the NGOs, private sector and line ministries;
- xi. Provide guidance to district councils and advocate for support for integrated SRH/HIV services;
- xii. Promote community participation and involvement in integrated SRH/HIV service delivery;
- xiii. Ensure liaison between the center and lower levels;
- xiv. Collect, analyse, interpret, disseminate and utilize gender disaggregated health data
- xv. Support capacity building for lower levels.
- xvi. Coordinate and implement IEC activities

General hospitals

- Offer integrated comprehensive RH/HIV health services
- Plan and manage SRH services;-
- Offer promotional, preventive, curative and rehabilitative SRH/HIV services;
- Mobilize resources;
- Implement RH/HIV IEC and behavioral change communication programmes
- Conduct training;
- Conduct operations research;
- Collect, analyse, utilize and disseminate gender disaggregated SRH/HIV data;
- Receive and transfer referrals to higher and lower levels;
- Supervise lower level health facilities;
- Promote community participation and involvement;

- Provide gender sensitive/rights-based integrated SRH/ HIV services;
- Provide intensive care for newborn

Health Centre IV

- Provide integrated comprehensive SRH/HIV services;
- Plan and manage SRH/HIV services;
- Implement gender-sensitive and rights-based SRH/HIV services;
- Offer promotional, preventive, curative and rehabilitative SRH/HIV services;
- Mobilize resources;
- Provide SRH/HIV IEC / behavioral change communication;
- Conduct operational research;
- Collect, analyse, utilize and disseminate gender desegregated SRH data;
- Receive and refer to higher and lower levels;
- Supervise lower level health facilities;
- promote community participation and involvement in integrated SRH/HIV services delivery
- conduct community outreaches;

Health Centre III

- Provide integrated comprehensive SRH/HIV services;
- Serve sub-county catchment area;
- Provide preventive, promotional, curative and maternity care including basic emergency obstetric care;
- Offer basic family planning services
- Implement gender-sensitive and rights-based SRH/HIV services;
- Provide community outreach SRH services;
- Supervise and work with Village Health Teams (VHTs) and other SRH/HIV CORPs including TBAs.
- Refer clients to Health Center IVs or district hospitals;
- Provide IEC/BCC on SRH/HIV;
- Promote community participation and involvement in SRH services.

Health Centre II

In line with the Rural Development Strategy (RDS) adopted by the government and also the Medium Term Expenditure Framework (MTEF) HC II shall:

- Provide preventive, promotional and curative integrated SRH/HIV services
- Maternity care including basic emergency obstetric care;
- Offer basic family planning services
- Implement gender-sensitive and rights-based SRH/HIV services;
- Provide community outreach SRH services;
- Supervise and work with Village Health Teams (VHTs) and other SRH CORPs including TBAs.
- Refer clients to Health Center IVs or district hospitals;
- Provide IEC/BCC;
- Promote community participation and involvement in SRH services.

The Community level:

In line with the Health policy, community participation is key to the success and sustainability of the SRH/HIV program. The role of the Village Health team will be to:

- Mobilize people for SRH/HIV services;
- Mobilize resources;
- Distribute SRH/HIV commodities i.e. Contraceptives (condoms, pills, Depo), Mama Kits, IPTs;
- Advocate and demand for improved SRH rights and services
- Disseminate SRH/HIV information/messages;
- Promote cultural practices that enhance SRH/HIV services while discouraging the negative ones;
- Facilitate emergency preparedness at household level;
- Establish and maintain working relationships with the nearest health unit/health worker;
- Collect and submit community data to the supervising health units.

Chapter 4:

4.1 Implementation of the SRH/HIV integration strategy

Minimum Basic packages for integration of SRH/HIV services by health facility levels

	Basic Services	Suggested SRH or HIV/AIDS services to be added/integrated in the basic services
COMMUNITY LEVEL	Community Based RH <ul style="list-style-type: none"> • Community Based Distributors • Village Health Teams • CBOs • Peer mothers • Adolescent Peer educators/providers • Father mentors 	IEC/BCC, HIV counseling and referrals for testing, adherence to treatments, psychosocial support, health promotion FP, condoms, referrals, Postnatal Care through home visiting nutrition,
	Home & Community Based Care	FP counseling, condoms and referrals, basic care package, nutrition, ART adherence literacy, monitoring and support, palliative care
	Orphans & Vulnerable Children	HIV counseling, FP counseling and provision of condoms and pills, IEC for ART, adherence counseling, psychosocial support, PEP counseling and referral for testing, youth RH/HIV services, life skills, behavior change communication
	HIV outreach <ul style="list-style-type: none"> • HCT 	FP counseling and provision of condoms and pills, dual protection counseling , referral for other methods, behavior change communication, HCT, OI prophylaxis, adherence to treatments
	FP outreaches	HCT, Counseling for condoms and condom supplies, FP services, OI prophylaxis and referrals
Immunization outreaches	FP counseling, Pills, condoms, injectables, HCT, Counseling for condoms and condom, OI prophylaxis and referrals, Infants and Young Children feeding counseling, nutrition	
SCHOOLS		School Health Clubs with age specific targeted messages and activities on SRH/HIV
HEALTH CENTER IIs	ANC	Goal Oriented ANC and referrals, HTC and PMTCT or referral for PMTCT, OI prophylaxis, nutrition, TB counseling
	FP	HCT, referral to Comprehensive Care Center, TB screening, nutrition
	STI/RTI clinic	TB screening, HCT, FP counseling, provision of methods and referral for other methods

	Basic Services	Suggested SRH or HIV/AIDS services to be added/integrated in the basic services
	Immunization	FP counseling, Pills, HCT, Counseling for condoms and condom supplies, OI prophylaxis and referrals, Infants and Young Children feeding counseling, nutrition
	Post-rape	Counseling, Emergency Contraception, HIV counseling and testing, psychosocial support, referral for PEP
HEALTH CENTER IIIs	ANC	Goal Oriented ANC including PMTCT, OI prophylaxis and referral for ART, Infant and Young Children feeding counseling, nutrition, TB screening
	FP	HCT, OI prophylaxis, referral to the Comprehensive Care Centers, TB screening, nutrition
	HCT	FP counseling and provision of FP commodities (including condoms for dual protection), referrals for other methods
	TB clinic	FP counseling and provision of FP methods if applicable, referral, HCT, referral for ART
	Maternity	HCT, PMTCT, ARV prophylaxis, TB screening Counseling on infant and Young Children feeding, referral to care and treatment or FP clinic
	Post-natal clinic	HCT, ARV prophylaxis, OI prophylaxis, referral for ART & Comprehensive Care Centers, FP counseling and provision of pills, condoms, injectables, and implants in some facilities, referral. Screening for cancer of the cervix using VIA
	MCH (Immunization)	Post-natal counseling & testing, TB screening, RTI screening, FP counseling and provision of FP methods if applicable, ARV prophylaxis, referral, Infant and Young Children Feeding counseling, nutrition
	STI /RTI	TB screening, HCT, FP, counseling for condoms and condom supplies
	Post Abortion Care	HIV counseling and testing, referrals, OI prophylaxis, FP counseling, counseling for condoms and condom supplies
	Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis, STI treatment
Youth-friendly	Comprehensive ASRH and HIV services	
HEALTH CENTERS IVs	ANC	Goal Oriented ANC—PMTCT, ART, and OI prophylaxis, counseling for Condoms and condom supplies, Infant and Young Children Feeding counseling, nutrition, TB screening & referrals
	FP	FP—HCT, referral to the Comprehensive Care Center, TB screening and referral
	HCT	FP counseling and provision of FP methods, condoms for dual protection, cervical cancer screening
	TB clinic	HCT, referral for comprehensive care and treatment, FP counseling including condom counseling & condom supplies,

	Basic Services	Suggested SRH or HIV/AIDS services to be added/integrated in the basic services
		referrals
	Maternity	HCT, PMTCT, ARV prophylaxis, TB screening,
	Post natal clinic	HCT, ARV prophylaxis, OI prophylaxis, referral for ART & Comprehensive Care Centers, FP counseling and provision of pills, condoms, injectables, and implants in some facilities, referral Screening for cancer of the cervix using VIA
	MCH (Immunization clinic)	Post-natal testing, ARV prophylaxis, referral, TB screening referral for ART, Infant and Young Children Feeding counseling, nutrition
	ART	FP counseling and provision of condoms and pills, referral, TB screening, RTI screening
	STI/RTI clinic	TB screening, HCT, FP counseling and provision of FP methods including Condoms
	Post Abortion Care	HIV counseling and testing, referrals, FP counseling, counseling for condom use and condom supplies
	Youth-friendly	Comprehensive ASRH and HIV services
	Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis (PEP), STI treatment
DISTRICT HOSPITALS	ANC	Goal Oriented ANC—PMTCT, ART, OI prophylaxis, Infant and Young Children Feeding Counseling, nutrition, counseling for condoms and condom supplies, malaria prevention
	FP	HCT, referral to the Comprehensive Care Centers, TB screening, nutrition, cervical cancer screening
	HCT	FP counseling including condom counseling & supplies, provision of other FP commodities, referral, cervical cancer screening
	TB Clinic	HCT, referrals for Comprehensive care & support, FP counseling including condom counseling & supplies, referral, cervical cancer screening
	Maternity	HCT, PMTCT, ARV prophylaxis, TB screening, Infant and Young Child Feeding counseling, nutrition Post-natal ward—HCT, FP, ARV, prophylaxis, referral to care and treatment
	MCH (Immunization clinic)	Post-natal testing, TB screening, RTI screening, FP counseling and provision of FP methods, ARV prophylaxis, referral, Infant and Young Child Feeding Counseling, nutrition
	Post-natal clinic	STI/RTI—TB screening, FP, HCT, referral, Infant and Young Children Feeding counseling, nutrition ,screening for cancer of the cervix with VIA

	Basic Services	Suggested SRH or HIV/AIDS services to be added/integrated in the basic services
	Comprehensive ART	FP counseling and provision of condoms and pills, referral for other methods of FP, cervical cancer screening, TB screening, RTI screening
	STI/RTI clinics	TB screening, HCT, FP counseling and provision of FP methods including condoms
	PAC	HIV counseling and testing, FP counseling & supply of FP commodities (including condoms for dual protection)
	Youth-friendly	Comprehensive ASRH and HIV services
	Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis (PEP)
REGIONAL REFERRAL HOSPITALS	ANC	Goal Oriented ANC—PMTCT, HCT, ART, OI prophylaxis, TB screening, referrals, Infant and Young Children Feeding counseling, nutrition, malaria prevention, condom counseling & supplies
	FP	HCT, referral to the Comprehensive Care Center, TB screening, nutrition, cervical cancer screening
	HCT	FP counseling, provision of FP methods including condoms for dual protection, cervical cancer screening
	TB clinic	HCT, referral for ART, FP counseling including condom counseling & supplies, cervical cancer screening
	Maternity	HCT, PMTCT, ARV prophylaxis, TB screening, Infant and Young Child Feeding counseling, nutrition Post-natal ward—HCT, FP, ARV, prophylaxis, referral to care and treatment, TB screening
	MCH (immunization clinic)	Post-natal testing, TB screening, RTI screening, FP counseling and provision of FP methods including condoms for dual protection, ARV prophylaxis, referral to ART, Infant and Young Children Feeding counseling, nutrition.
	Post-natal clinic	HCT, ART/Comprehensive Care Center, FP counseling and provision of pills, condoms, injectables, implants, IUCDs, TL/vasectomy, cervical cancer screening, STI, RTI, TB screening, ,screening for cancer of the cervix with VIA
	Comprehensive ART	FP counseling and provision of condoms and pills, referral for other FP methods, cervical cancer screening, TB screening, RTI screening
	STI/RTI clinic	TB screening, HCT and referral to ART, FP counseling and provision of FP methods including condoms for dual protection
	PAC	HIV counseling and testing, FP counseling & supply of FP commodities (including condoms for dual protection)
	Youth-friendly	Comprehensive ASRH and HIV services
Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis (PEP), STI treatment	
NATIONAL	ANC	Goal Oriented ANC—PMTCT, HTC, ART, OI prophylaxis TB screening, referrals, Infant and Young Children Feeding

	Basic Services	Suggested SRH or HIV/AIDS services to be added/integrated in the basic services
REFERRAL HOSPITALS		counseling, nutrition, malaria prevention, condom counseling & supplies
	FP	HCT, referral to the Comprehensive Care Center, TB screening, nutrition, cervical cancer screening
	HCT	FP counseling and provision of FP methods including condoms for dual protection, cervical cancer screening
	TB clinic	HCT, referral to ART, FP counseling including condom counseling & supplies, cervical cancer screening
	Maternity	HCT, PMTCT, ARV prophylaxis, TB screening, Infant and Young Child Feeding counseling, nutrition Post-natal ward—HCT, FP, ARV, prophylaxis, referral to care and treatment, TB screening
	MCH (Immunization clinic)	Post-natal testing, TB screening, RTI screening, FP counseling and provision of FP methods including condoms for dual protection, ARV prophylaxis, referral to ART, Infant and Young Children Feeding counseling, nutrition
	Post-natal clinic	HCT, ART/Comprehensive Care Center, FP counseling and provision of pills, condoms, injectables, implants, IUCDs, TL/vasectomy, cervical cancer screening, STI, RTI, TB screening, cancer cervix screening using VIA
	Comprehensive ART	FP counseling and provision of condoms and pills, referral for other FP methods, cervical cancer screening, TB screening, RTI screening
	STI/RTI clinic	TB screening, HCT, FP counseling and provision of FP methods including condoms for dual protection
	PAC	HIV counseling and testing, FP counseling & supply of FP commodities (including condoms for dual protection)
	Youth-friendly	Comprehensive ASRH and HIV services
Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis for HIV, STI treatment	

4.2 Stepwise guide on how to initiate integrated SRH/HIV Service delivery in a health facility

1. Hold meetings of the key stakeholders at facility level (include the health facility in-charge, the in-charges of maternity, family planning, ANC, HIV/AIDS clinic, clinicians, midwives, lab)
2. Identify which SRH services to be integrated with HIV/AIDS and HIV/AIDS services to be integrated with SRH services and select the departments to start with.

Use the following guide for SRH and HIV services that can be integrated at a HCIV

ANC	Goal Oriented ANC—PMTCT, ART, and OI prophylaxis, counseling for Condoms and condom supplies, Infant and Young Children Feeding counseling, nutrition, TB screening & referrals
FP	FP—HCT, referral to the Comprehensive Care Center, TB screening and referral
HCT	FP counseling and provision of FP methods, condoms for dual protection, cervical cancer screening
TB clinic	HCT, referral for comprehensive care and treatment, FP counseling including condom counseling & condom supplies, referral
Maternity	HCT, PMTCT, ARV prophylaxis, TB screening,
Post natal clinic	HCT, ARV prophylaxis, OI prophylaxis, referral for ART & Comprehensive Care Centers, FP counseling and provision of pills, condoms, injectables, and implants in some facilities, referral Screening for cancer of the cervix using VIA
MCH (Immunization clinic)	Post-natal testing, ARV prophylaxis, referral, TB screening referral for ART, Infant and Young Children Feeding counseling, nutrition
ART	FP counseling and provision of condoms and pills, referral, TB screening, RTI screening
STI/RTI clinic	TB screening, HCT, FP counseling and provision of FP methods including Condoms
Post Abortion Care	HIV counseling and testing, referrals, FP counseling, counseling for condom use and condom supplies
Youth-friendly	Comprehensive ASRH and HIV services
Post-rape care	Emergency Contraception, HIV counseling and testing, psychosocial support, Post Exposure Prophylaxis (PEP), STI treatment

Use the table on page 25 as a guide for the SRH/HIV services that can be integrated at different levels

3. Determine the requirements needed to be able to provide the integrated SRH/HIV services identified in 2) above; You can consider
 - i. Space
 - ii. Staff
 - iii. Training/orientation of staff
 - iv. Supplies /commodities
 - v. Review of the ordering system, storage and monitoring of supplies to meet the needs
 - vi. Availability of appropriate recording and reporting tools

- vii. Others
- 4. Select focal persons for integration of SRH with HIV/AIDS and HIV/AIDS services with SRH services
- 5. Develop an SRH/HIV integration work plan based on the services identified in 2) above
- 6. Involve the community; Church pastors and community leaders about the new model and ask them to transmit the information to the communities.
- 7. Conduct meetings to review progress either weekly, fortnightly or monthly (use the data collected from the recording and reporting tools to inform the review meetings)

Case studies and good practices of Integration of SRH and HIV/AIDS services will be compiled as a separate document.

4.3 National SRH/HIV Integration Implementation plan

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
Objective 1: To strengthen the coordination and planning for SRH/HIV integration at MOH									
1. Develop annual work plans and budgets for national SRH/HIV integration activities	1. Annual work plan and budget developed 2. % of annual work plan implemented	1. One per year 2. 80%	MOH SRH/HIV Core team		X	X	X	X	X
2. Monthly and Quarterly SRH/HIV Core team and Task teams meetings respectively	1. No. of Core team meetings held 2. No. of Core team meetings held 3. % Task team action points accomplished	12 meetings 4 task team meetings 80%	MOH SRH/HIV Core team		X	X	X	X	X
3. Approval of position paper/roadmap to reinvigorate SRH/HIV integration by MoH Senior-Top management	Position paper approved	Position paper approved	MOH SRH/HIV Core team		X				
4. Health sector engagement of Donors and IPs on SRH/HIV integration	Donors and IPs engaged		MOH SRH/HIV Core team		X	X	X	X	X
5. Dissemination of the revised SRH/HIV integration strategy and implementation guidelines	1. % of districts reached	100%	MOH SRH/HIV Core team, IPs & Bilaterals		X	X	X	X	X
6. Orientation of the SRH/HIV integration task team and National scale up planning retreat	1. % of task team oriented 2. Scale up plan in place	100% Scale up plan	MOH SRH/HIV Core team /UNFPA		X				
3. Mapping and review of existing SRH/HIV tools and job aides and recommendation of additions	Mapping report available	Mapping report	MOH SRH/HIV Core team /UNFPA		X	X			
4. National dialogue on scaling up SRH/HIV integration in Uganda	Dialogue meeting held	Biennial	MOH SRH/HIV Core team		X		X		X
5. Compilation and Validation of the 2017 and subsequent annual SRH/HIV integration infographic snapshot reports	Annual Infographic snapshot report	One per year	MOH SRH/HIV Core team /UNFPA		X	X	X	X	X

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
6. A South to South SRH/HIV integration exchange between Botswana, Namibia and Uganda	Visit report % of recommendations of the report implemented	One visit 85%	MOH SRH/HIV Core team /UNFPA		X				
7. Incorporation of SRH/HIV integration review during 2017 National Health sector review reporting process and planning for 2018	SRH/HIV integration included in 2017 National Health sector review	SRH/HIV integration included in review	MOH SRH/HIV Core team 1		X	X			
8. Conduct joint planning, budgeting, training, supervision, monitoring and evaluation of SRH/HIV services between RH division and ACP	% of joint activities implemented	85%	MOH SRH/HIV Core team		X	X	X	X	X
9. Develop an advocacy strategy to obtain and sustain commitment to delivery of integrated SRH/HIV/AIDS services at all levels	Advocacy strategy in place	Advocacy strategy in place	MOH SRH/HIV Core team /UNFPA		X	X			
10. Conduct baseline assessment of SRH/HIV integration	Baseline conducted		MOH SRH/HIV Core team		X	X			
11. Conduct operational research on SRH/HIV integration in Uganda	Operational research studies conducted	One per year	MOH SRH/HIV Core team		X	X	X	X	X
12. Develop a checklist to inform all documents by MOH and stakeholders involved in SRH and HIV services and ensure a harmonized approach towards integrated SRH/HIV service delivery	SRH/HIV checklist in place	Checklist in place	MOH SRH/HIV Core team /UNFPA		X	X			
13. Conduct biannual SRH/HIV National Stakeholders' meetings to review implementation of integrated SRH/HIV services by key stakeholders	Biannual meetings held Action points of meetings implemented	2 per year 85%	MOH SRH/HIV Core team /UNFPA		X	X	X	X	X

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
14. Review and publicize existing HIV and SRH-related laws and legislation regarding SR/HIV	Laws review report		MOH SRH/HIV Core team /UNFPA		X	X	X	X	X
15. Track and review performance on indicators for integrated SRH/HIV services	Quarterly reports on SRH/HIV performance	4 per year	MOH SRH/HIV Core team		X	X	X	X	X
Objective 2: To strengthen capacity for district and facility level implementation of SRH/HIV integration									
16. Mentor districts and sub districts in planning, supervision and monitoring integrated SRH & HIV/AIDS services	% of districts mentored	85%	MOH SRH/HIV Task force /IPs, UNFPA		X	X	X	X	X
17. Train and mentor service providers on integrated RH/HIV service provision	% of targeted health facility mentorships conducted		MOH SRH/HIV Task force / IPs UNFPA		X	X	X	X	X
18. Develop/update and disseminate service delivery protocols and job aides and ensure focus on integrated service delivery through the different SRH and HIV programmes including Focused antenatal Care, Postnatal care, FP, STI, HCT, PMTCT, ART, Pots-Abortal Care (PAC), Adolescent Sexual and Reproductive Health/Youth-Friendly Services, male involvement strategy	SOPs, Job aides on the different SRH/HIV integration service delivery areas in place	100% of dissemination of Job aides and SOPs	MOH SRH/HIV Core team and Task force / UNFPA		X	X	X		
19. Review performance and provide feedback to districts on timeliness, completeness of reports plus performance in delivery of integrated SRH/HIV services	% of districts provided with feedback on performance	100%	MOH SRH/HIV Core team and Task force		X	X	X	X	X
20. Provide guidelines for Upgrading the available	Guidance on infrastructure needs for integrated SRH/HIV	Guidance in place	MOH SRH/HIV		X	X	X		

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
infrastructure to cater for SRH/HIV integrated services	services in place		Core team and Task force						
21. Develop, disseminate and distribute relevant behaviour change and service uptake messages for integrated SRH/HIV services for targeted audiences	% district dissemination of behaviour change communication	100%	MOH SRH/HIV Task force /IPs/ UNFPA		X	X	X		
22. Conduct mass media campaigns to create and increase awareness about the relationship between prevention of SRH ill-health and HIV prevention and availability of integrated SRH/HIV services	% of planned Mass media campaigns conducted	85%	MOH SRH/HIV Core team and Task force /IPs/ UNFPA		X	X	X	X	X
23. Utilize community programs to sensitize communities on the availability of integrated SRH/HIV services	% of planned community sensitization programs conducted	85%	MOH SRH/HIV Task force/ IPs / UNFPA		X	X	X	X	X
24. Support community dialogue meetings through the VHT strategy and other community mobilization systems	% of planned community dialogue meetings conducted	85%	MOH SRH/HIV task force / IPs / UNFPA		X	X	X	X	X
25. Provide mentorship support to Prisons, Army and Police for provision of integrated SRH/HIV services	% of planned mentorships conducted	85%	MOH SRH/HIV task force / IPs / UNFPA		X	X	X	X	X
Objective 3: To address wider health system factors for integrated SRH/HIV services									
26. Advocate for more funds to SRH/HIV during planning and budgeting from government and donors	% increase in funds allocated to SRH/HIV services	50%	MOH SRH/HIV Task force / IPs UNFPA		X	X	X	X	X
27. Work with the relevant departments to support the establishment of NHIS and AIDS Trust Fund and other alternative mechanisms for funding	National Health Insurance Scheme operational and AIDS Trust Fund In place	NHIS and ATF in place	MOH SRH/HIV Task force / UNFPA		X	X	X	X	X

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
28. Develop strategic partnerships and mobilize financial resources required to deliver these integrated services	Strategic partnerships for SRH/HIV integration in place	As above	MOH SRH/HIV Task force / UNFPA		X	X	X	X	X
29. Mobilize partners to implement SRH/HIV integrated service delivery	No. of partners supporting SRH/HIV integration	All HDPs	MOH SRH/HIV Task force						
30. Review and update all existing pre-service & in-service training curricula to incorporate SRH/HIV integration including nutrition	Pre-service & in-service training curricula reviewed and SRH/HIV integration incorporated		MOH SRH/HIV Task force / UNFPA		X	X	X		
31. Work with relevant MOH departments to develop and implement incentive schemes to attract and retain multi-skilled SRH/HIV service providers	Incentive schemes for health workers in place	Incentive schemes in place	MOH SRH/HIV Task force / UNFPA		X	X	X		
32. Develop a comprehensive advocacy strategy for improved funding, infrastructure, human resource for SRH/HIV integration	Comprehensive advocacy strategy in place	Advocacy strategy in place	MOH SRH/HIV Task force / UNFPA		X	X			
33. Develop guidelines for new health facility infrastructure to provide for SRH/HIV integration	Guidelines in place	Guidelines available	MOH SRH/HIV Task force		X	X			
34. Work with the relevant depts to develop an integrated logistics supply chain management system for SRH and HIV/AIDS commodities at national and lower levels	Integrated supply chain system for SRH and HIV commodities in place	Integrated supply chain system for SRH and HIV	MOH SRH/HIV Task force / UNFPA		X	X	X		
35. Include SRH/HIV monitoring and evaluation indicators in the HMIS, DHIS2, health facility quality surveys, parameters for the district league table and	SRH/HIV monitoring indicators included in the DHIS2, the district league table and hospital performance				X	X	X	X	X

Activities	Indicators	Targets	Lead Agency	Source of Funding	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
hospital performance									

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