

NETHIPS Strategic Plan

2016

'A Sierra Leone where people living with HIV enjoy equal rights and opportunities and live productive and meaningful lives'.

Abbreviations and Acronyms

AGM	Annual General Meetings
AHF	AIDS Health Foundation
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
BCAASL	Business Coalition Against AIDS in Sierra Leone
CCM	Country Coordinating Mechanism
CSO	Civil Society Organization
DAC	District AIDS Committee
DSA	Daily Sustenance Allowance
EID	Early Infant Diagnosis
eMTCT	Elimination of Mother to Child Transmission
EVD	Ebola Viral Disease
FBO	Faith Based Organization
FSW	Female Sex Workers
GAWA	Global AIDS Week of Action
ICD	International Condom's Day
IPAM	Institute of Public Administration and Management
LEA	Legal Environment Assessment
MCH	Maternal Child Health
MoHS	Ministry of Health and Sanitation
MSM	Men who have Sex with Men
NAC	National AIDS Council
NECHRASS	Network of Christians
NAS	National AIDS Secretariat
NGO	Non-Governmental Organization

NETHIPS	Network of HIV Positives in Sierra Leone
NLTCP	National Leprosy and TB Control Program
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PHDP	Positive Health Dignity and Prevention
PLHIV	People Living With HIV
PMTCT	Prevention of Mother to Child Transmission
PWID	People Who Inject Drugs
SLIRAN	Sierra Leone Inter-Religious AIDS Network
SLYCHA	Sierra Leone youth coalition on HIV and AIDS
SRH	Sexual and Reproductive Health
SOLTHIS,	
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UN	United Nations
UNICEF	United Nations Children’s Fund
WHO	World Health Organization
WAD	World AIDS Day

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NETHIPS only exists as an organization when the membership through their support groups remain active and meaningfully contribute to its programs. The meaningful role played by all PLHIVs including the Executives and support group coordinators is a testament of ownership, solidarity and belief in the programs the organization anticipates to implement in years to come to improve the quality of life of all PLHIVs.

Finally, NETHIPS acknowledges the contribution of all staff during the development of this document.

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1 Background

1.1 Overview of Sierra Leone

Sierra Leone is located on the west coast of Africa and covers an area of about 71,740 square kilometers (approximately 28,000 square miles). The country is bordered in the north and north-east by the Republic of Guinea, on the east and southeast by the Republic of Liberia and the west and southwest by the Atlantic Ocean. Administratively, the country is divided into four regions, namely: Eastern, Northern, Southern Provinces and the Western Area. The Local Government Act of 2004 decentralized government operations to 19 Local Councils (13 District Councils and 6 Urban/City Councils); further subdivided into 149 Chiefdoms in the provinces, and 12 Wards in Western Area. The 2010 Decentralization Policy further clarifies the operational mechanism to realize the decentralization intentions as articulated in the Local Government Act. However, the commitment to decentralization in Sierra Leone is not yet backed by specific constitutional provision.

The Sierra Leone Third Poverty Reduction Strategy Paper (PRSP III) 2013-2018 (The Agenda for Prosperity) recognizes that HIV/AIDS can cause loss of human capital, reduce labour productivity, and increase poverty. The strategy has controlling HIV as a specific sector priority; with focus on further reducing HIV prevalence to 1.15% by 2017. It prioritizes a twin focus on identifying HIV positive people and reaching them with treatment to reduce transmission; and reaching the population groups at highest risk with the appropriate HIV prevention interventions. However, progress in implementation of the commitments in this strategy was severely curtailed by the 2014- 2015 ebola epidemic in the country; and the 2015 global slump in Iron ore prices, which had become the main export commodity from Sierra Leone

1.2 National Epidemic

The HIV epidemic in Sierra Leone affects different population sub-groups and all sectors of the population through multiple and diverse transmission dynamics. The modes of transmission study of 2010 revealed sub populations of key populations in particular female sex workers (13.7%), MSM (2.4%) and PWID (1.4%), sex workers and their clients and partners (39.7%), fisher folks (10.7%), transporters (3.6%), mine workers (3.2%) contributing significantly to new infections.

In 2015, it is estimated that there are 50,885 (see 2016 GARPR) adults living with HIV in Sierra Leone, roughly 4,400 of whom are children below the age of 15. Table 1 presents the epidemiological estimates produced by EPP/spectrum for 2015.

Over half of PLHIV are females over the age of 15, and prevalence was 2.3% in urban areas compared to 1.0% in rural areas. HIV prevalence among pregnant women attending antenatal clinics (ANC) also declined progressively from 4.4% in 2007 to 2.1% in 2014. There was a three-fold

Indicator	Estimated Value
HIV Population (Adults + Children)	50,885
HIV Population (Adults 15+)	46,486
HIV Population (Children)	4,399
Prevalence Adult (15+)	1.25
New HIV infections- Adult	2,166
New HIV infections- Children	304
Need for ART- Adult (15+)	27,594
Need for ART- Children	1,894
Mothers needing PMTCT	3,854
AIDS orphans	22,870
Annual AIDS deaths	2,502

Table 1: 2015 HIV Epidemiological Status of Sierra Leone

increase in syphilis prevalence among pregnant women from 0.4% in 2006 to 1.4% in 2010; concerns being that STIs are co-factors to HIV infection. Syphilis prevalence is higher amongst rural pregnant women (1.8%) compared to their urban counterparts (1.3%).

Six districts (Western Area, Port Loko, Tonkolili, Kenema, Bo and Bombali) spread in all four regions (North, East, West and South) have been identified as districts with 70% of the burden of HIV in the country. In 2015, programme data for the 6 districts revealed an average 3.4% HIV prevalence among people who tested for HIV. The Sierra Leone DHIS 2013, gives prevalence for the districts as follows:

District	Women (%)	Men (%)	Total (%)	High Burden Districts
Western Area	3.4	2.5	2.9	
Port Loko	1.7	1.2	1.5	
Tonkolili	1.0	0.3	1.7	
Kenema,	1.1	0.9	1.0	
Bo	1.8	1.0	1.2	
Bombali	1.6	0.6	1.2	
Kailahun	0.9	1.0	0.9	
Kono	3.6	1.2	2.5	
Kambia	0.9	0.9	0.9	
Koinadugu	1.2	0.7	1.0	
Bonthe	1.3	0.5	0.9	

Moyamba	1.3	0.6	0.9
Pujehun	1.5	0.10.8	

Table 2: HIV Prevalence by district

Mining activities, high presence of key populations, urbanisation and high risk behaviour amongst youths are the key drivers of the epidemic in these district communities. In addition, translating knowledge to behaviour, multiple sexual partners, cross generational sex, sexual and gender based violence, low uptake of PMTCT, low practice of universal precautionsof blood transfusion, high levels of stigma and discrimination, and low adherence to ART are risk factors that provide the platform for new infections. Stigma and discrimination was singled out in the stigma index study as a large barrier to receiving an HIV test and staying in treatment.

In 2015, over 13,000 people were receiving ART, of which only 525 were children under the age of 15. Nearly 3,000 pregnant women were receiving treatment to prevent mother to child transmission (PMTCT), and roughly 100,000 people received an HIV test. There is a 30% ART coverage nationally, but only 13% ART coverage among children. Key populations were active in scaling up their services through provision of one-stop-shops which provided HIV services in addition to support related to human rights and gender empowerment. The Global Fund is the predominant funder of the national AIDS response, however other partners such as UNAIDS and the UN family, International NGOs, CSOs, and FBOs are active in providing support to PLHIVs and to prevention programmes among the general population.

1.3 National Response

The National HIV and AIDS Commission Act 2011 was enacted to establish the National HIV and AIDS Commission (NAC) to be responsible for monitoring and formulation overarching policies for all HIV and AIDS related services in the country. The Act makes provision for the monitoring of the HIV prevalence and contains penalties for discriminatory acts against those infected and affected by HIV and AIDS. The Act makes provision for two members of PLHIV to be represented in the proceedings of the Commission.

The National AIDS Secretariat (NAS) is the coordinating body and secretariat of the NAC charged to roll the policies agreed on by the NAC. The NAS collaborates with multi-sectoral partners to coordinate the implementation of the response- including strategic priority formulation and roll out, resource mobilisation, generate evidence for action and monitoring the response and the trend of the epidemic. By end of 2010, the NAS developed a national strategic plan 2011-2015 and Operational Plan 2011-2012 which was informed by a Joint Programme Review of the 2006-2010 national strategic plan, Modes of Transmission Study- 2010, improved generation of programme data, and multi-stakeholder inclusive participation. The buy-in from partner organisations and networks/coalitions was

overwhelming leading to constituencies including NETHIPS developing Action/operational plans aligned to the national strategy.

2 NETHIPS

2.1 The Organization

Established in 2006, the Network of HIV Positives in Sierra Leone (NETHIPS) is the umbrella body of people living with HIV (PLHIV) in the country. The core functions of the network is to- coordinate all the support groups of people living with HIV; advocate for the rights of those infected or affected by HIV; strengthen the capacities of persons living with HIV and the support groups for greater and meaningful participation, and; mobilise resources to implement programmes that seeks to improve the lives and wellbeing of PLHIV.

NETHIPS has a national office housed in Freetown and 3 regional offices in Bo, Makeni and Kenema. In addition, there are 40 community support groups of people living with HIV nationwide across all 4 regions and 14 geographical districts in the country. The national office coordinates all the activities of the regions and the support groups, while each regional office plays oversight to the support groups in their respective regions. Support groups provide safety nets for PLHIV through experience sharing and promotion of positive living.

Owing to the huge impact of HIV on women living with HIV, the Voice of Women (the network of women living with HIV) was established in 2007 as the arm of NETHIPS to respond to the specific needs of women and girls. The Voice of Women (VOW) has a national office in Freetown and presence in all districts in the country.

2.2 Organizational Mandate

Vision

A Sierra Leone in which all people living with HIV and AIDS (PLHIV) including orphans and vulnerable children (OVCs) enjoy equal rights and opportunities and live productive and meaningful lives.

Goal

To improve the quality of life of people with HIV and AIDS and to reduce the impact of HIV on the lives of those infected and affected by HIV in Sierra Leone.

Objectives

Co-ordination

- Act as a National coordinating body for all PLHIV care and support groups recognizing and implementing programmes in line with the principles of the Three Ones i.e. “One agreed AIDS action framework, one national AIDS coordinating authority and one agreed monitoring and evaluation framework”.
- Assist newly diagnosed HIV positive individuals identify and care and support groups of their choice
- Standardize support services provided
- Coordinate the activities of support groups in Sierra Leone.
- Support the mobilization of resources to strengthen the functions and activities of NETHIPS offices and support groups

Advocacy

- Advocate for the rights of people living with HIV and AIDS in Sierra Leone
- Reduce HIV-related stigma and discrimination by advocating for the review or removal of discriminatory HIV-related policies, laws and practices and for the enactment of those which will improve the lives of PLHIV
- Show evidence of implementation of improved HIV-related laws policies and practices
- Participate in the review of the National HIV Policy
- Reduce the incidence of landlords evicting tenants because of their HIV status.
- Be represented in all key fora on HIV.
- Advocate to government and partners to improve confidentiality amongst health care workers in Sierra Leone
- Advocate for the creation of an enabling environment in which all PLHIV have access to support services and are using positive living methodologies

Capacity building

- Establish and strengthen support groups to effectively function in every district of Sierra Leone
- Promote positive living among PLHIVs to increase their resourcefulness or productivity
- Enhance capacity of NETHIPS executive and coordinators of support groups to improve delivery of services to PLHIVs
- Strengthen VOW, the women’ subset of NETHIPS to become fully functional

Livelihood Support

1. In collaboration with partners; advocate, mobilize resources and support livelihood opportunities of PLHIVs through support groups nationwide by:
 - i. Taking leadership and ownership in the design, management and supervision of all livelihood interventions for PLHIV.
 - ii. Conducting needs assessment and rolling out context sensitive livelihood programs
2. Advocating for the acquisition of land to NETHIPS for the purpose of agricultural productivity, construction of multi-purpose facilities, etc.

NETHIPS' Corporate Strategies

- To advocate for improved access to and utilization of HIV treatment including opportunistic infections and drug adherence by all PLHIV on ART.
- To reduce the vulnerability of orphans and vulnerable children to HIV and AIDS.
- To work towards improvement of HIV-related policies, laws and practices that uphold Human Rights
- To facilitate the formation of new support groups in communities in need
- To advocate for biomedical, social research & the giving of “human face” & “voice” to HIV to be ethical, clearly explained, strictly monitored and that the participants share the benefits of their outcomes and are fully insured against the potential negative effects of drug trials
- To advocate for Improved confidentiality amongst health care workers in Sierra Leone.
- To address negative Information, Education and Communication (IEC) messages currently in use.
- To provide a platform for PLHIVs in Sierra Leone to come together to exchange ideas and share experiences of living with HIV with less anxiety
- To give “human face” and “voice” to the problem of HIV & AIDS in Sierra Leone by ensuring meaningful representation and involvement of PLHIVs in relevant forums locally and internationally in line with UNAIDS GIPA and MIPA Principles
- To collaborate with the Government of Sierra Leone, non-governmental organizations (NGOs), Community Based Organizations (CBOs), Faith Based Organizations (FBOs), other local partners, international partners and the UN

Systems in the prevention and control of HIV and AIDS including care and support for PLHIVs

- To strengthen cooperation with other partners working on or that have interest in HIV & AIDS work
- Build and strengthen the capacity of the Network and that of its member constituencies (support groups) with adequate knowledge and skills to effectively deal with the HIV & AIDS in Sierra Leone

CORE VALUES

- Honesty, transparency, and accountability in all transactions
- Good stewardship of resources
- An unconditional, holistic and non-judgmental approach to care, support, treating every individual with the respect and dignity they deserve
- A participatory approach to planning and development
- Commitment to empowering and developing people particularly PLHIV to their optimum potential
- Utilize Personnel policies and practices that are just and non-discriminatory with proper regard to health, safety and equal opportunities

2.3 Structure of NETHIPS

NETHIPS has a national office, 3 regional offices and support group (s) in each district.

NETHIPS hopes to establish support groups in all chiefdoms in Sierra Leone over time.

For efficiency and separation of power, NETHIPS has two distinctive structures:

1. The secretariat headed by the Executive Director
 - Secretariat staff
 - Advisory Board/ Board of Trustees
2. The National Executive headed by the Coordinator has the following positions
 - National Executive
 - Regional Executive
 - Membership

2.4 Partnership

NETHIPS has established partnership with the Government of Sierra Leone, The United Nations Family , Bi and Multi – Lateral Partners, Human Right Commission, Civil Society Organizations, Local and International Development Agencies and organizations working on HIV & AIDS.

NETHIPS is represented in all HIV & AIDS committees and fora in the country including the National AIDS Council (NAC), the Country Coordinating Mechanism (CCM), Business Coalition Against AIDS in Sierra Leone (BCAASL), Coalition of Civil Societies on AIDS, all District AIDS Committees (DAC), Partnership Forum, OVC Technical Working Group, Sierra Leone Inter-Religious AIDS Network (SLIRAN), Sierra Leone Youth Coalition on HIV&AIDS, etc.

2.5 Justification for the development of a Strategic Plan for NETHIPS

The successful roll out of the NSP 2016-2020 depends on strong leadership from partners in promoting the development and implementation of a coordinated and coherent implementation framework/planning instruments at all levels. As a key partner in the national AIDS response and a key contributor to the implementation of the NSP, NETHIPS needs to identify its niche in the NSP and develop a costed comprehensive roadmap aligned to the national strategic instruments. This will help to improve on accountability, track progress (programmatic and financial), identify synergies for joint actions, and improve on resource mobilization. Moreover, this forestalls leadership and the greater and meaningful involvement of PLHIV in the response.

3 The Development process of Action Plan

3.1 Methodology

In November 2011, NETHIPS organized a three-day Consultative meeting for all support group leaders to inform a new Action Plan for 2011-2013 and guide the organization within the changing environment for HIV and national health. The Review was approved through validation by a broad base of stakeholders and partners at a validation workshop. It focused on three areas – the role, work and governance of NETHIPS and also the six thematic areas of the National Strategic Plan – and explored key questions such as how could NETHIPS make a more effective contribution to the national response to HIV. The Review looked backwards (reflecting on NETHIPS' strengths and weaknesses in 2006-10) and forwards (identifying strategic issues and options for the future).

4 Assessment Findings:

4.1 Desk Review

Aligned to the NSP 2011-2015, the NETHIPS Action Plan 2011-2013 is the first comprehensive accountability instruments in the organization’s history that clearly articulated its priorities over a period. Unfortunately the organization did not embark on the development of another operational plan after 2013 to complete the NSP cycle due to the EVD outbreak; however the organization was guided by an emergency response plan that aimed at tracing PLHIV and employing non-traditional methods of sustaining ART services to them whilst extending support to EVD survivors in organizational development and responding to stigma and discrimination.

During a detailed desk review of NETHIPS 5 year (2011-2015) contribution to the national response, the following are documented as the highlights of the achievements and gaps along the 6 thematic areas of the NSP:

NSP 2011 – 2015 Thematic Area	Accomplishments 2011-2015	Gap/Challenge
1. Coordination, Decentralized Response, Resource Mobilization and Management Overview:	<ul style="list-style-type: none"> ⚠ Existence of one national, 4 regional NETHIPS office and 1 national office of VOW fully operational and actively involved and represented at all levels in the response at national and sub national levels ⚠ Trained 33 Peer Counsellors, 23 SLA Facilitators, 300 women living with HIV as social mobilisers, and 150 PLHIVs on leadership, business management, governance and positive living practices ⚠ Mobilised 6 billion Sierra Leone Leones 	<ul style="list-style-type: none"> ⚠ Limited capacities in the membership of NETHIPS to coordinate the activities of the network and to participate meaningfully in the national response ⚠ Potentials to mobilise resources beyond traditional donors is not fully harnessed
2. Policy, Advocacy, Human Rights and Legal Environment	<ul style="list-style-type: none"> ⚠ NAC Act 2011 passed into law that protects the rights of PLHIV ⚠ Existence of a NETHIPS advocacy paving way for successful engagements with the Ministry of Justice and the Human Rights Commission 	<ul style="list-style-type: none"> ⚠ Low popularisation of the NAC Act contributing to high stigma
3. Prevention of New Infections	<ul style="list-style-type: none"> ⚠ Conducted sustained positive prevention trainings for 1,800 NETHIPS membership in all 40 support groups contributing to the health and survival of the beneficiaries ⚠ Partnered with the office of the First Lady to implement <i>Give Birth to Life without HIV</i> saving lives of mothers and 64 babies born without HIV 	<ul style="list-style-type: none"> ⚠ About 20% NETHIPS membership reached with positive prevention practices ⚠ No operational sustainability roadmap is available to continue the give birth to life without HIV

4. Treatment of HIV and other related Health Conditions	<ul style="list-style-type: none"> ⚠ 300 Defaulter Tracers trained and returned 2153 PLHIVs to treatment ⚠ More PLHIV screened and treated for TB due to improved collaboration and NETHIPS involvement in TB programme formulation, implementation and supervision ⚠ 	<ul style="list-style-type: none"> ⚠ Only 131 ART sites available nationwide and drug stock out reported in hard to reach communities ⚠ No provision in NETHIPS planning for emergencies eg. natural disasters and disease outbreak
5. Care and Support for the infected and affected by HIV & AIDS	<ul style="list-style-type: none"> ⚠ Livelihood programmes in rice, ground nut, cassava, fish and piggery established in various communities and supporting PLHIV at individual level to meet extra health expenses ⚠ Vocational Skills training centre constructed at Grafton, Western Rural, Freetown. ⚠ Provided nutritional support to 2200 OVCs and 4300PLHIVs nationwide ⚠ Conducted Stigma Index Study 	<ul style="list-style-type: none"> ⚠ Not all the 40 support groups have received livelihood programmes. ⚠ Skills training equipments and Ministry of Education approval needed to operationalise the centre ⚠ About 10% of PLHIV are receiving nutritional support ⚠ The recommendation of stigma study is yet to be implemented
6. Research, Monitoring and Evaluation	<ul style="list-style-type: none"> ⚠ One M&E Officer recruited at National level ⚠ Database of NETHIPS membership and OVC available ⚠ 	<ul style="list-style-type: none"> ⚠ One M&E personnel not enough in a scaled up and fast tracked response ⚠ Database of NETHIPS membership and OVC available ⚠ Weak commitment to planning instruments eg work planning and related reviews

4.2 Consultation

In addition to the desk review, NETHIPS next planning cycle is guided by a report of Christian Aid partnership with NETHIPS review meeting, and consultations the entity organized with its membership in each of the 4 regions that aimed at formulating a vision and priority interventions based on lessons learnt. Based on these, the following were the recommendations documented to guide the development of NETHIPS Strategic Plan 2016-2020:

- **Capacity Building:** NETHIPS should lay emphasis in building the capacity of its membership for leadership role within the organisation and the labour market for their improved wellbeing.
- **Partnerships:** NETHIPS should strike appropriate partnership with non-traditional partners; e.g. the private sector for resources as well as building the capacity of their membership for gainful employment in their institutions. Partnership should also be extended to decentralised structures for the integration of HIV into their existing programmes, and legal aid entities for protection of the human rights of PLHIVs
- **Activate Key Organizational Structures:** Reinvigorate the NETHIPS Board and make them fully operational. In the same vein, AGM should be held annually.
- **Policy leadership:** Lead in the review of NAC Act and work place programmes and facilitate the implementation of work place programmes on behalf of private sector institutions. NETHIPS should be seen visible in the advocacy, planning, implementation, sustained resource mobilization in the elimination agenda including 'Give Birth to Life without HIV' campaign, sexual and reproductive health and rights for PLHIV etc
- **Implement Study recommendations:** roll out the recommendations from studies, especially the stigma index study. This includes instituting a multi-stakeholder committee to take leadership in operationalising recommendations from reports, projects and issues
- **Innovations:** Devise sustainable mechanisms such as peer matching and innovative community approaches to access and follow up on defaulters
- **Emergency Planning:** NETHIPS planning in the coming cycle should make provisions to ensure a continuum of access to ART and related services by PLHIV affected by emergencies including natural disasters
- **OVC support:** Over and beyond care and support, NETHIPS should ensure OVCs are reached with combination prevention services as well as its membership.
- **Livelihood and social protection:** Investing and ensuring that the vocational skills centre is operational. Beyond generating income and responding to stigma, this will showcase how PLHIV can contribute to human development and nation building. Equally, agriculture, cash transfers, village savings and loan, small and medium Enterprise engagement is critical for sustainable and bettered lives for People living with HIV
- **Research and Documentation:** Need to invest in research work that will improve the quality of life of people living with HIV as well as evidence for planning.

Documentation and dissemination in particular success stories and challenges should be key in NETHIPS next planning cycle

The implementation of these recommendations in addition to maximising leverage from broader national strategic efforts such as cities initiatives; innovative domestic and external resource mobilisation strategies; concentrated implementation in high burden districts; Test, Treat and Retain All - are not only game changers that could not only fast track NETHIPS response but increases their visibility and leadership in the response.

5 Strategic Plan

This section outlines the NETHIPS strategic plan based on the desk review and consultations

5.1 Aligning the NETHIPS Strategic Plan to the National Strategic Plan 2016-2020

Aligned to the national strategy, NETHIPS will roll out the above along the 3 themes prescribed in the NSP 2016-2020; namely **Prevention, Treatment and Response Coordination**. NETHIPS will align specific outcomes in each of the themes in the aforementioned NSP as it relates to it.

1. Prevention

NETHIPS proposes a prevention strategy that mirrors the NSP 2016-2020 however with special focus on PLHIV, children orphaned and affected by HIV and pregnant women. In addition, NETHIPS will also participate in broader national efforts including HCT campaigns targeting specifically young people and key populations, and support to implementation of work place programmes.

2. Treatment

Within the national drive to increasing coverage and improving service provision at health facilities linked to intensified HCT, NETHIPS will embark on innovative strategies for tracing and retaining all persons tested positive for HIV, and giving care to persons in extreme conditions.

NETHIPS treatment model will include livelihoods and wealth creation for PLHIV, and positive health, dignity and prevention. Combining treatment with livelihoods, social protection and PHDP has far reaching effect in achieving the goals for viral load suppression in people living with HIV whilst contributing to living a positive, productive and dignified life.

3. Response Coordination and Management

The successful roll out of the 2 thematic areas above is hinged on coordination and management. NETHIPS will roll out this at 3 levels, namely

- Strengthening Capacity of NETHIPS and Support Groups of PLHIV
- Resource Mobilisation and Partnerships; and

- M&E and Evidence Generation

A well capacitated NETHIPS will not only develop and implement programmes, but can establish and sustain the right partnerships to mobilise resources (technical and financial), create linkages and synergies, and can generate evidence and data for improved actions and investments.

5.2 Goal

The goal of the NSP 2016-2020 is 'a country *where HIV ceases to be a public health threat by 2020*'. NETHIPS is aware that its main target population is PLHIV irrespective of sex, sexual orientation, age etc. To this end, NETHIPS will extend its coverage to children orphaned and affected by HIV and AIDS. Based on the above, NETHIPS goal in the next 5 years up to 2020 is a country where all persons tested positive for HIV receive quality uninterrupted HIV treatment and related care support services; have reduced viral load; and living positively, productive, meaningful and dignified life free of stigma.

5.3 Principles

The NETHIPS strategic plan 2016-2020 is based on the following key principles:

5.3.1. Meaningful Involvement of PLHIV (MIPA). MIPA is a guiding principle that calls for the active and meaningful participation of people living with HIV in the inception, development, implementation, monitoring, and evaluation of policies and programmes.

Partnerships and Integration: NETHIPS will strenghtne partnerships as well as creating newer ones and ride on intrgration in the roll out of this plan

5.3.2. Transparency and accountability. NETHIPS maintains transparency in its operations and decision making, and is accountable to its constituencies as well as donors.

5.3.3 Human rights and equity. Human rights are universal. This is also the case for PLHIV. One's HIV status or any other personal characteristic should never be a reason to reduce access to civil rights and health and social services. Equity refers to people being able to access appropriate services based on their needs regardless of their means, gender, or any other demographic description.

5.3.4. Gender equality. Women, men who have sex with men, and transgendered people are confronted with specific challenges regarding access to services, discrimination and stigma. NETHIPS aims to be gender-sensitive and to address gender equity in all its activities and systems.

5.3.5 Cost-effectiveness and sustainability. NETHIPS aims to achieve its outcomes in the most cost-effective way, and is especially conscious about the already limited and decreasing resources available for HIV and need for sustainability.

5.4 Result Matrix

The matrix below gives the Outcome, Strategic Result and Key Interventions for each theme (Prevention; Treatment; and Response Coordination and Management). The outcomes and outputs are directly derived from the national strategy except (NSP 2016-2020), except for few interventions, specifically care and support in the Treatment, and Response Management and Coordination thematic areas. The key interventions are NETHIPS contributions to the broader national Strategic Outcomes and Results

NSP Thematic Area: Prevention	
NSP Outcome 1 : Young people especially young women and adolescent girls who access combination prevention services are empowered to protect themselves from HIV increased from 2015 levels to 90% by 2020	
Strategic Result	Key Interventions
<i>Output 1.1: Young people especially adolescent girls orphaned and affected by HIV aged 10-24 years reached with comprehensive life skills, sexuality, HIV and AIDS education and services increased from 2015 levels to 100% by 2020</i>	Establish functional comprehensive adolescent and youth friendly services in NETHIPS, VOW and support group offices for young men and women living with HIV, OVCs and persons affected by HIV
	Increase access and utilisation for integrated SRH and HIV services for young men and women living with HIV, OVCs and persons affected by HIV
	Integrate HIV, SRH and sexuality education in NETHIPS owned vocational skills centre
	Strengthen the participation of PLHIV in national HCT campaigns (eg WAD, ICD, MCH week, etc)
	Facilitate cross generational dialogue on HIV, SRHR, sexuality in communities
	Generate quality programmatic data and report on uptake and impact of NETHIPS intervention in life skills, sexuality, HIV and

	AIDS education and services on young people especially adolescent girls and boys orphaned and affected by HIV
Outcome 2: New HIV Infections eliminated and their mothers health and well being is sustained	
Strategic Result	Key Interventions
<i>Output 1: HIV positive mothers that attain viral load suppression during pregnancy, labour, and over entire time period of breastfeeding increased from 2015 level to 90% by 2020</i>	Strengthen the participation of PLHIV especially WLHIV in the social mobilisation of pregnant women for ANC and PMTCT services
	Strengthen the participation of PLHIV in the roll out of eMTCT agenda
	Develop and roll out a comprehensive Mother to mother support group strategy (eg. referral from SP to WSG)
	Review and roll out the recommendations of male involvement strategy in PMTCT
<i>Output 2: HIV positive mothers that get unplanned pregnancies reduced by 67% between 2015 and 2020</i>	Integrate SRH and FP commodity education and service provision at NETHIPS and selected support group office for young adolescent WLHIV
	Develop and roll out peer matching and mentoring in particular for adolescent and young women in all support groups
	Provide information on services where SRH and FP services are available across the country to adolescent and young women living with HIV
	Generate quality programmatic data and report on uptake and impact of NETHIPS interventions in eMTCT
NSP Thematic Area: Treatment, Care and Support	
Outcome 1: 90% of all adults and adolescents who know their positive HIV status receive comprehensive treatment, care and support, including sustained antiretroviral therapy; and have durable viral load suppression	
Strategic Result	Key Interventions
Output 1: PLHIV including children who receive ART and complimentary care and support services increased from 2015 levels to 90% by 2020	Strengthen support groups in communities to support, report and sustain integrated HIV and AIDS treatment, care and support services for PLHIV.
	Strengthen community systems/structures to provide/or link up PLHIV to appropriate HIV services
	Participate in strengthening health systems to increase and improve on ART and TB

	<p>service provisions at health facilities</p> <p>Provide information on ART and other clinical services to PLHIV in at community level and nation wide</p> <p>PLHIV on ART, in support groups, trained as care givers etc)</p>
Output 2: PLHIV under care and co-infected with TB who attain TB cure increased from 2015 level to 90% by 2020	<p>Ensure all PLHIV are screened and receive a continuum of appropriate treatment for TB</p> <p>Collaborate with the NLTB programme to strengthen the defaulter of HIV and TB co-infected patients including those on HBC</p>
Outcome 2: 90% of PLHIV enrolled in NETHIPS and support groups and their dependants receive and benefit from social protection, skills and livelihood opportunities, and live in stigma free environments	
Strategic Result	Key Interventions
Output 1: PLHIV enrolled in NETHIPS and PLHIV Support Groups and their vulnerable dependants with improved livelihoods increased from 2015 level to 90% by 2020	Fully operationalise vocational training centre at Grafton community, Western Rural.
	Strengthen and scale up on going livelihood projects (fishery, piggery and poultry) and establish effective business and welfare management systems for the proceeds
	Provide skills training, cash transfers, business and agricultural livelihood opportunities to young people and vulnerable women living with HIV
	Coordinate and sustain the availability of nutritional support for vulnerable PLHIV and OVCs
	Strengthen/collaborate MDAs and community structures to facilitate the protection, care and support for OVCs, people living with disability, women, the aged and care givers
	Generate quality programmatic and financial data on livelihood and welfare interventions
	Develop and operationalise a country specific roadmap for Positive Health, Dignity and Prevention (PHDP)
Output 2: PLHIV enrolled in Support Groups live positively and protected from stigma increased from 2015 levels to 90% by 2020.	Support the Review the NAC Act 2011 to address emerging issues and gaps based on current global, regional and national trends
	Roll out the recommendation of SI and LEA
	Generate quality data on stigma and related response mechanisms against PLHIV

NSP Thematic Area: Response Coordination

Outcome 1: A capacitated and fully resourced NETHIPS, VOW and Support Groups implementing and coordinating all PLHIV programmes in line with national priorities and generating data and evidence for improved actions.

Strategic Result	Key Interventions
<i>Output 1: NETHIPS and VOW empowered to coordinate the activities of PLHIV</i>	Conduct institutional assessment of NETHIPS, VOW and Support Groups and roll out recommendations
	Strengthen NETHIPS offices in the regions and at national level to effectively coordinate PLHIV response and participate in broad national response
	Strengthen VOW office at national level; and revive and operationalise all district offices
	Create new community support groups including KAP support groups based on the disease burden of the district
	Develop and roll out an HIV emergency plan including national disasters for the continuum of HIV services for PLHIV during such period
	Generate programmatic and financial data, and develop a database of all support groups and networks
<i>Output 2: NETHIPS strategic response plan and interventions in the national strategy is fully funded and implemented.</i>	Develop and implement joint partnership and resource mobilisation plan
	Target non-traditional donors (internal and external) to fund NETHIPS strategic plan
	Participate in GF resource mobilisation processes as well as other donors
<i>Output 3: Partnerships with Stakeholders in the national HIV response increased from 2015 levels to 70% by 2020</i>	Strengthen partnerships with CSOs, private sector, government MDAs for mutual benefits and advocacy related issues for PLHIV
	Strengthen meaningful participation in the CCM and visible collaboration of HIV and TB grants
	Provide work place services for BCAASL, some MDAs and civil society organisations including key population organisations (Partnerships for resources)
	Generate and disseminate best practice partnerships

Output 4: NETHIPS generate real time and evidenced based strategic and operational data and information	Support to strengthening real time monitoring and reporting of stock out of ART drugs, defaulters, newly tested positive individuals, OVCs
	Develop a centralised and networked database systems on PLHIV interventions and beneficiaries
	Develop organisational work plans and related annual reviews
	Document and disseminate best practice
	Intensify oversight and monitoring of PLHIV, Key populations interventions and other partner interventions and share gaps and best practices in appropriate fora.
	Conduct and disseminate studies that seeks to promote the welfare and dignity of PLHIV.
	Conduct independent evaluation of programmes and implement best practices.

Monitoring and Evaluation Framework

The National Strategic Plan 2016-2020 is a rapid response initiative that skew towards the end of AIDS by 2030. The plan is built on fast tracking the AIDS response through the use of innovative strategies and game changers to end AIDS in the country. All throughout the consultative process in the development of the NSP 2016-2020, it was well noted that Plan should accompany with it a robust M&E Plan to monitor the implementation and the response. Invariably, multi-stakeholders partners implementing specifics of the NSP as it relates to them are required to develop M& E plans that are aligned to the broader national M&E Plan. Hence, the NETHIPS M&E Plan. Like the linkages between the national NSP and M&E Plans, the NETHIPS M&E Plan will use the NETHIPS Strategic Plan as the main reference frame and as such its Results, Strategies and Indicators are anchored into the NSP Results framework.

In the fast track era, there is increasing demands on monitoring and evaluation, yet this can only be achieved if better systems are built and supported. The NETHIPS M&E Framework aims to build systems in place that will stand to the test of times to collect programme monitoring data, simple behavioural trends data and evaluation of programmes.

Below are the Indicators at Impact and Outcome levels as presented in the NETHIPS Strategic Plan:

Theme 1: Prevention	
Results	Indicator
NSP Outcome 1 : Young people especially young women and adolescent girls who access combination prevention services are empowered to protect themselves from HIV increased from 2015 levels to 90% by 2020	Percentage of young people who are OVCs, (disaggregated by age group and sex) who access combination prevention services and are empowered to protect themselves from HIV
<i>Output 1: Young people especially adolescent girls orphaned and affected by HIV aged 10-24 years reached with comprehensive life skills, sexuality, HIV and AIDS education and services increased from 2015 levels to 90% by 2020</i>	<i>Percentage of young people 10-24 years who are OVCs (disaggregated by age group, sex and district) of PLHIV reached with comprehensive life skills, Sexuality, HIV and AIDS education.</i>
Outcome 2: New HIV Infections eliminated and their mothers health and well being is sustained	Percentage of HIV-exposed infants (disaggregated by sex and district) that are infected with HIV
<i>Output 1: HIV positive mothers that attain viral load suppression during pregnancy, labour, and over entire time period of breastfeeding increased from 2015 level to 90% by 2020</i>	<i>Percentage of HIV positive mothers (disaggregated by age group and district) that attain viral load suppression during pregnancy, labour and over the entire period of breastfeeding</i>
<i>Output 2: HIV positive mothers that get unplanned pregnancies reduced by 67% between 2015 and 2020</i>	<i>Percentage of HIV positive mothers (disaggregated by age-group and district) that get unplanned pregnancies</i>
Theme 2: Treatment (including Care and Support)	
Results	Indicator
Outcome 1 90% of all adults and adolescents who know their positive HIV status receive comprehensive treatment, care and support, including sustained antiretroviral therapy; and have durable viral load suppression	Percentage of all adults and adolescents (disaggregated by age-group, sex and district) who know their positive HIV status receive comprehensive treatment, care and support, including sustained antiretroviral therapy; and have durable viral load

	suppression
<i>Output 1: PLHIV including children who access ART and complimentary care and support services increased from 2015 levels to 90% by 2020</i>	<i>Percentage of PLHIV (disaggregated by age-group, sex and district) who access ART and complementary care and support services</i>
<i>Output 2: PLHIV under care and co-infected with TB who attain TB cure increased from 2015 level to 90% by 2020</i>	<i>Percentage of PLHIV under care and are co-infected with TB (disaggregated by age-group, sex and district) who attain TB cure</i>
Outcome 2 90% of PLHIV enrolled in NETHIPS and support groups and their dependants receive and benefit from social protection, skills and livelihood opportunities, and report no stigma	Percentage of PLHIV and OVC (disaggregated by age-group, sex and district) who are skilled; gainfully employed, and can meet their basic social needs and report no stigma
<i>Output 1: PLHIV enrolled in NETHIPS and PLHIV Support Groups and their vulnerable dependants with improved livelihoods increased from 2015 level to 90% by 2020</i>	<i>Percentage of PLHIV in support groups (disaggregated by age-group, sex and district) in support groups skilled/received cash transfer/livelihood support and can provide food and other essential needs.</i>
<i>Output 2: PLHIV enrolled in Support Groups live positively and protected from stigma increased from 2015 levels to 90% by 2020</i>	<i>Percentage of PLHIV in support groups living positively and reporting no stigma</i>
Theme 3: Response Coordination	
Results	Indicator
Outcome 1: A capacitated and fully resourced NETHIPS, VOW and Support Groups implementing and coordinating all PLHIV programmes in line with national priorities	Total number of programmes (disaggregated by region, districts and chiefdoms) coordinated and successfully implemented by NETHIPS, VOW and PLHIV community Support Groups
<i>Output 1: NETHIPS, VOW and community support groups empowered to coordinate the activities of PLHIV</i>	<i>Number of offices (NETHIPS, VOW and Support Groups) with systems in place and capacity and to manage PLHIV programmes including responding to emergencies</i>
<i>Output 2: NETHIPS strategic response plan and interventions in the national strategy is fully funded and implemented.</i>	<i>Total amount invested in PLHIV interventions (disaggregated by partner implementing the activity, source, amount, thematic and geographical focus of investment)</i>
<i>Output 3: NETHIPS establish and strengthen innovative partnerships with multi-stakeholder partners</i>	<i>Number of functional partnerships created and results generated</i>
<i>Output 4: NETHIPS generate real time and evidenced based strategic and operational data and information</i>	<i>Number of PLHIV systems operational and generate real time data and evidence for operational planning and implementation</i>

Theme: Prevention			
Outcome 1			
Strategic result	Cost (2016-2020)	delete	

NETHIPS Operational Plan 2016-2018

Theme: Prevention				
NSP Outcome 1 : Young people especially young women and adolescent girls who access combination prevention services are empowered to protect themselves from HIV increased from 2015 levels to 90% by 2020				
Strategic Output	Strategic Interventions	Activities	Assumptions/comments	Cost (\$)
<i>Output 1.1: Young people especially adolescent girls orphaned and affected by HIV aged 10-24 years reached with comprehensive life skills, sexuality, HIV and AIDS education and services increased from 2015 levels to 90% by 2020</i>	Establish functional comprehensive adolescent and youth friendly services in NETHIPS, VOW and support group offices for young men and women living with HIV, OVCs and persons affected by HIV	Create 20 Adolescent youth friendly centres in PLHIV Offices	1 table, 1 television, and 2 chairs per office. 20 of 5kva generators will be procured for 20 support group offices.	44,880
		Train 72 NETHIPS members to manage and provide services in the AYFRC	3 persons per group in a 5 day workshop per year effective 2017 and 2018.	28,800
		Share information and encourage members to engage their dependants including OVCs to access centres	Mainstream information in all meetings of NETHIPS, VOW, HAPPY and Support Groups (No cost implication)	0
		Prepare and disseminate information brochures and leaflets about the centre and services	500 copies each of brochures and leaflets will be produced and disseminated	3,000
		Prepare and disseminate information brochures and leaflets on SRH, FP and HIV specific for PLHIV and those affected	500 copies each of brochures and leaflets will be produced and disseminated	3,000
		Provide counselling and peer education on HIV prevention, stigma reduction, life skills, sex and sexuality	No cost implication	0

		Prepare and disseminate a directory of SRH & HIV, and adolescent youth and friendly centres and facilities locations and services nationwide for NETHIPS members	Produce and disseminate 500 copies	2500
	Integrate HIV, SRH and sexuality education in NETHIPS vocational skills centre	Develop HIV and SRH curriculum and integrate it into all courses offered at NETHIPS Vocational Skills Centre.	4 weeks national consultancy to develop the curriculum	4000
		Train 7 (seven) Instructors to teach HIV, SRH and sexuality course at the skills centre	7 persons for five days each year	1750
	Strengthen the participation of PLHIV in national HIV campaigns (eg.) stigma reduction, GAWA WAD, ICD, MCH week, etc.)	Conduct advocacy to ensure at least 100 PLHIV benefit from general trainings and briefings for the conduct of national campaigns	NAS and other partners facilitate the organisation of such briefings/ trainings and social mobilisation (No cost implication)	0
		Mobilize resources for NETHIPS to actively participate in the conduct of national campaigns		0
		Organise vigils in all 14 district headquarter towns during WAD commemoration	Target at least 500 PLHIV to attend in the 14 districts	140,000
	Facilitate cross generational dialogue on HIV, SRHR, sexuality, stigma etc. in communities	Organise 2 days dialogue meetings in 45 vulnerable communities each year	20 participants in each meeting in the 45 vulnerable communities	36000
		Utilise generational dialogue forum and existing community structures to raise awareness on HIV stigma and promote HIV testing in	Refer to dialogue meetings in 45 vulnerable communities (No cost implication)	0

		communities.		
		Develop relevant posters on HIV, SRHR, sexuality, stigma for dissemination in the respective communities	500 pictorial posters will be produced and disseminated in communities	2,500
	Generate quality programmatic data and report on uptake and impact of NETHIPS intervention in life skills, sexuality, HIV and AIDS education and services on young people especially adolescent girls and boys orphaned and affected by AIDS	Develop simple reporting tools for reporting on all SRH, HIV, sexuality, cross generational dialogue etc. activities.	500 copies will be developed and printed for each programme intervention area and disseminated to each PLHIV office nationwide	5000
		Train 135 persons on the use of reporting tools	3 persons per support group including NETHIPS, VOW and HAPPY Offices for 8days (5 days initial training and 3 days refresher)	86,400
		Prepare and disseminate appropriate quarterly programmatic report and data to key partners including NAS, UN Family, SOLTHIS, AHF, Christian Aid etc.	Soft copies will be disseminated (No cost implication)	0
		Hold annual programme review meetings to discuss lessons learned and emerging issues.	2 days meeting involving 30 people (program and Admin staff).	1200

Outcome 2: New HIV Infections eliminated and the health of HIV+ mothers' and well-being is sustained????/				
Output	Strategic Interventions	Activities	Assumptions/comments	
<i>HIV positive mothers that attain viral load suppression during pregnancy, labour, and over entire time period of breastfeeding increased from 2015 level to 90% by 2020.</i>	Strengthen the participation of PLHIVs, especially WLHIV in the social mobilisation of pregnant women for ANC, EID and PMTCT services.	Train 700 WLHIV to conduct social mobilisation of pregnant women for ANC, EID and PMTCT	50 women each in all the 14 districts for 3days	168,000
		Procure 140 megaphones and batteries for social mobilisations efforts	10 megaphones per districts	3,500
		Collaborate with the office of the First Lady of Sierra Leone and City Mayors to revive and scale up the <i>Give Birth to Life without HIV</i> campaign.	Conduct 4 regional launches and develop annual district specific plans (50 participants each)	1200
		Engage 700 WLHIV to conduct follow up on positive pregnant women for appropriate ART treatment and option B+ services.	Monthly transport stipend provided. (Standardizewith other volunteers).	630,000 (12 months stipend)
		Provide baby packs to promote institutional delivery.	100 baby packs per quarter	16,000
		Enrol at least 90% of new HIV+ positive women in support groups.	New members enrolled in community and VOW support groups.	No cost implication
		Organise quarterly updates and progress meetings with PMTCT service providers at health facilities.	NACP and NETHIPS to do MOU.	No cost implication
	Strengthen the participation of PLHIV in the review and implementation of the Elimination of Mother to Child Transmission (eMTCT) agenda.	Participate in the review and development of a new eMTCT strategic plan.	eMTCT strategic plan to phase out by end of 2016.	No cost implication
		Participate in resource mobilisation for the implementation of the eMTCT strategic plan.	Proposals including Global Fund new funding applications in 2017 to be explored	No cost implication

	Develop and roll out a comprehensive Mother-to-mother support group strategy.	Develop NETHIPS mother-to-mother support group strategy.	One national consultant needed for a month. (4 weeks of consultancy)	4000
		Train 280 members through VOWto provide peer support (adherence to ART, infant feeding options, family planning etc.) to HIV positive women	Distribution per district will be based on the expected pregnant mothers population (2 days triaging for 280 participants)	448,00
		Establish 20 Mother to mother support groups	1 Orientation sessionsfor each and monthly meetings	120,0,00 (1 orientation session –short meeting @200, support group meetingsX12= 120,000)
	Review and roll out the recommendations of male involvement strategy in PMTCT	Review, validate, produce and disseminate the strategy	A review and validation meeting for 40 participants and print 150 copies of the male involvement strategy	1900
		Train 100 PLHIV as Peer Educators on male engagement strategy	Integrate training into others above	No cost implication
		Develop and print simple reporting tools for reporting on all eMTCT programme activities	500 copies will be developed annually	5000
		Train 100 persons on the reporting tools	Integrate training into others above	No cost implication
		Prepare and disseminate appropriate quarterly programmatic report and data to key partners including NAS, UN Family, SOLTHIS, AHF, Christian Aid etc	Soft copies will be disseminated	No cost implication

		Hold annual programme review meetings to discuss lessons learned and emerging issues	Annual programme review will be based along the 3 thematic areas of the NETHIPS strategic plan	No cost implication
<i>HIV positive mothers that get unplanned pregnancies reduced by 67% between 2015 and 2020</i>	Integrate SRH and FP commodity education and service provision at NETHIPS and support group offices for young adolescent Living with HIV	See activities in Output 1 (One stop shop-adolescent youth friendly centres).		No cost implications
	Develop and roll out peer matching and mentoring in particular for adolescent and young women in all support groups	See activities in mother to mother support groups and adolescent youth friendly centres.	No cost implications	No cost implication
	Provide information on services where SRH and FP services are available across the country to adolescent and young women living with HIV	See activities in mother to mother support groups and adolescent youth friendly centres	No cost implications	No cost implication
	Generate quality programmatic data and report on uptake and impact of NETHIPS interventions in elimination of mother to	Develop simple reporting tools for reporting on all eMTCT programme activities	500 copies will be developed annually	5000
		Train 100 persons on the reporting tools	Integrate into other training programmes	8000

	child transmission (EMTCT)			
		Prepare and disseminate appropriate quarterly programmatic reports and data to key partners including NAS, UN Family, SOLTHIS, AHF, Christian Aid, etc.	Soft copies will be disseminated	No cost implication
		Hold annual programme review meetings to discuss lessons learned and emerging issues	Annual programme review will be based along the 3 thematic areas of the NETHIPS strategic plan	No cost implication
NSP Thematic Area: Treatment, Care and Support				
Outcome 1: 90% of all adults and adolescents who know their positive HIV status receive comprehensive treatment, care and support, including sustained antiretroviral therapy; and have durable viral load suppression				
Strategic Result	Key Interventions	Activities	Assumptions	
Output 1: PLHIV including children who receive ART and complimentary care and support services increased from 2015 level to 90% by 2020	Strengthens support groups in communities to support, report and sustain integrated HIV and AIDS treatment, care and support services for PLHIV.	Establish Community Treatment Observatory (CTO) to follow up on stock out of ART and needed commodities at health facilities	Refreshment and transport reimbursement to 35 people attending meeting to establish CTO	1050
		Form Community Consultative Groups (CGG) to galvanize peer support on treatment related	Transport reimbursement and refreshment to 10 CCG	800

		issues	members per meeting per quarter	
		Organize advocacy platforms to improve ART & TB services	Hall rental and Refreshment for 30 national stakeholders per meeting per quarter	2400
Accelerate a comprehensive treatment literacy programme		Conduct training workshop for newly diagnosed PLHIV on treatment literacy and positive living strategies	30 PLHIV per quarter per district for 2 days	38400
		Conduct HIV treatment literacy and stigma reduction using religious leaders.	1 Meeting per district per quarter targeting 20 leaders	22400
		Hold support group meetings to facilitate treatment literacy among PLHIVs	2 meetings per support group per quarter (currently there are 40 groups with possibility to increase)	6400
Promote home-based care programme for PLHIV and their families		Build capacity of peer-support groups to provide support to PLHIV and their families	Provide 1 bicycle per support group to follow up on bedridden clients	10,000
		Distribute HBC to 700 bedridden clients	Provide HBC package (based on HBC manual) to 88 bedridden clients nationwide per quarter for 2 years	42,240
		Provide psychosocial support to 4000 OVC and PLHIVs	Incentive for 80 volunteers (2 per	Reached through

			support group per quarter) to reach 500 OVC	expert clients- No cost implication
Strengthen community systems/structures to provide/or link up PLHIV to appropriate HIV services	Train 80 support group members on emergency preparedness	1 participant per support group per training for 3 days for 2 quarters (40 participants x 2 trainings for 3days)	19,200	
	Provide needed tools to peer support groups for response particularly during emergency	2 set first AID kit and 1 manual on emergency response to PLHIV to all support group	500	
	Provide laboratory support for 4000 patients per year (at Le 250,000 per patient).	SLL 250,000 per patient to 500 patient per quarter	160,000	
Participate in strengthening health systems to increase and improve on ART and TB service provisions at health facilities.	Train 420 defaulter tracers to strengthen referral linkages for improve access and uptake of services by PLHIV and affected persons including children	Train 210 tracers (including NACP staff) per health district for 3 days per year for two years	100,800	
	Engage and support 14 NACP staff as district supervisors to coordinate defaulter tracing exercise	Stipend, transport and top up cards per month for 14 district supervisors	26,880	
	Provide transport and stipend to 420 defaulter tracers	Stipend and transport to 420 tracers per month	756,000	
	Provide phones and top up to 420 defaulter tracers	Phone and monthly top up for 420 defaulter tracers	68,400	

		Train 200 Expert Clients to support ART uptake and retention at NACP treatment sites (including the new ones to be set up)	200 Expert clients at district level for 3days	30,000
		Provide transport and stipend to 200 expert clients	Stipend and transport to 200 Expert clients per month	360,000
	Provide information on ART and other clinical services to PLHIV at community level and nation wide	Provide adequate IEC materials (patient right charter, adherence poster etc)	Print 1000 assorted IEC materials per year	1,000
		Hold radio discussions on ART treatment and available clinical services for PLHIV	2 radio discussions per district per quarter	22,400
Output 2: PLHIV under care and co-infected with TB who attain TB cure increased from 2015 level to 90% by 2020	Ensure all PLHIV are screened and received a continuum of appropriate treatment for TB	Develop data base at NETHIPS to track all PLHIV screened and receive available services	Hire consultant to develop data base with unique identifier codes-blanketed cost for development and review of database over 2 years	4,000
		Train support groups on data collection, analysis and dissemination	2 participants per support group per training for 3 days (40 participants x 2 trainings)	19,200
	Ensure all PLHIVs benefit for prevention services (IPT)	Develop data base at NETHIPS to track all PLHIV screened and receive available services	No cost implication	No cost implication
	Collaborate with the National Leprosy and TB(NLTCP) control	Hold engagement meetings with the National Leprosy and TB Control Programme (NLTCP) to	Refreshment for 15 people for 2 meetings	300

	programme to strengthen defaulter tracing of HIV and TB co-infected patients including those on HBC	establish collaboration		
		Develop and sign MoU with the NLTCP	No cost implication	No cost implication
		Attend NLTCP quarterly review meetings	Transport refund for 2 people per meeting per quarter (costing can be done for fuel where official vehicle is available)	No cost implication
Outcome 2: 90% of PLHIV enrolled in NETHIPS support groups and their dependants receive and benefit from social protection, skills and livelihood opportunities, and live in stigma free environments				
Strategic Result	Key Interventions	Activities	Assumptions	
<i>Output 1: PLHIV enrolled in Support Groups together with their vulnerable dependants provided with improved livelihoods from 2015 level to 90% by 2020</i>	Fully operationalise vocational training centre at Grafton community, Western Area Rural district.	Provide equipment and training materials for the NETHIPS Sia N'yama Vocational Skills Training Centre at Grafton	Equipment's for Computer software training, Hair dressing, Catering, tailoring& Dress Making, Embroidery, Artistry, Agricultural vocational Education Training (AVET)	To extract from Tech. Voc. budget
		Set up an Administrative system for the vocational center	Salaries for 9 staff (1 Principal, 6 Instructors, 1 Finance officer, 1 Office Assistant)	To extract from Tech. Voc. budget
		Register with Ministry of Education for support to the centre	No cost implication	No cost implication

	Strengthen and scale up on-going livelihood projects(fishery, piggery, poultry, etc.) and establish effective business and welfare management systems for the proceeds	Assess capacity of support groups and livelihood activities they are engaged in	Fuel and DSA to 3 staff for 2 day assessment of each of the 40 support group	11,280
		Expand livelihood projects to districts with support groups and the required capacity to produce, add value and market final products	Procure/ secure land and other inputs, Equipment and tools and provide the required managerial support per district	50,000
		Form additional 20 SLAs and strengthen existing ones to promote savings and investment for better livelihoods	Train 20 facilitators for 3 days and provide 20 SLA kits	5,900
		Support 20 SLA facilitators to provide oversight for newly formed SLAs	Stipend to 20 SLA facilitators per month	36,000
		Establish a follow up system to assure effectiveness of SLAs	DSA and transport refund to 4 regional staff to monitor VSLA, livelihood and welfare interventions per quarter for 2 years.	2,336
		Improve the Service industry and petty trading among PLHIVs for sustained livelihood development	Train 500 PLHIVs on small scale business enterprises (250 per year in a 3 days training)	
	Mobilize PLHIVs to enrol in support groups	Review MoU with NACP to test and refer people testing positive to HIV	No cost implication	No cost implication

		Organize PLHIVs into 10 new support groups in districts/communities that fulfil the conditions or criteria	Refer to similar activity above (no cost implication)	no cost implication
		Merge support groups not effective to encourage PLHIVs /OVC join support groups	No cost implication	No cost implication
		Enforce support group performance	No cost implication	No cost implication
	Provides skills training, cash transfers, business and agricultural livelihood opportunities to young people and vulnerable women living with HIV	Conduct training of PLHIV groups in IGA management so that they can run their activities in a sustainable manner	5 participants per support group for 3 days	48,000
		Link strong and effective SLAs to financing institutions like BRAC, community banks, etc.	No cost implication	No cost implication
		Undertake community engagements so as to mobilise support for IGA interventions by PLHIV – (Bring non – PLHIVs into IGA activities undertaken by support groups)	5 Meetings for 20 participants per district per annum.	28,000
	Coordinate and sustain the availability of nutritional support for vulnerable PLHIVs and OVCs	Maintain a data base of food insecure and malnourished PLHIV and OVCs	No cost implication	No cost implication
		Provide nutritional education to PLHIV households so as to improve their nutritional status	Activity done in support group meetings No cost implication	No cost implication
	Strengthen/collaborate MDAs and community	Make advocacy visit to MDAs and relevant community	No cost implication	No cost implication

	structures to facilitate the protection, care and support for OVCs, people living with disability, women, the aged and care givers	structures including local councils		
		Organize training for 15 MDAs and community structures to provide protection, care and support for OVCs, people living with disability, women, the aged and care givers	1 participant per MDA (15) and other 10 participants per districts for 3 days	52,500
		Develop training curriculum for community protection of vulnerable populations (training mentioned above)	4 weeks consultancy for curriculum development	4,000
		Develop a data base of MDAs and community structures NETHIPS work with and their strategic input into NETHIPS work	No cost implication	No cost implication
<i>Output 2: PLHIV enrolled in Support Groups live positively and protected from stigma increased from 2015 levels to 90% by 2020.</i>	Develop and operationalise a country specific roadmap for Positive Health, Dignity and Prevention (PHDP)	Conduct training for support groups on Positive Health Dignity and Prevention (PHDP)	3 participants per support group for 3 days	28,800
		Hold consultative meetings with support groups on how to roll out PHDP in support groups	Transport reimbursement and refreshment for 40 participants in a 1 day meeting.	600

		Support Groups roll out road map to operationalize PHDP	No cost implication	No cost implication
	Support the Review of NAC Act 2011 to address emerging issues and gaps based on current global, regional and national trends	Hold 10 advocacy meetings with key 25 partners on need to review NAC ACT 2011	Refreshments for 25 partners for 10 meetings	2,500
		Partner with the legal Aid Board to provide legal services (pro bono) for PLHIVs and OVCs	No cost implication	No cost implication
	Roll out the recommendation of Stigma Index and Legal Environment Assessment	Print and distribute advocacy materials developed from Stigma Index	Print 1000 pieces of advocacy materials	5,000
		Engage in awareness raising activities on findings from stigma Index	Done through support group meetings. No cost implication-(No Cost implication)	0
		Involve FBOs and cultural institutions in HIV&AIDS advocacy and stigma reduction	Engage through SLIRAN and NECRASS – No cost implication	0
	Generate quality data on stigma and related response mechanisms against PLHIV	Establish a robust follow up or monitoring system	DSA and transport refund to 4 regional staff to monitor (No Cost implication)	0

Theme 3: Response Management and Coordination

Outcome 1: A capacitated and fully resourced NETHIPS implementing and coordinating all PLHIV programmes in line with national priorities and generating data and evidence for improved actions.

Strategic Output	Strategic Interventions	Activities	Assumptions/Comments	Partners
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NETHIPS empowered to coordinate the activities of PLHIV	Conduct institutional assessment of NETHIPS, VOW and Support Groups and roll out recommendations	Recruit a consultant to conduct assessment and develop a capacity building plan	6 weeks national consultancy	6000
		Conduct one day advocacy meeting to present and mobilise partners to support the roll out of the capacity building plan	50 partners from CSOs, UN, MDAs and other bilateral donors	500
	Strengthen NETHIPS offices in the regions and at national level to effectively coordinate PLHIV response and participate in broad national response	Recruit a consultant to reposition NETHIPS personnel fit for purpose including reviewing and scaling up of TORs	4 weeks national consultancy	4,000
		Recruit a consultant to review and update organisational systems		
		Maintain/Recruit administrative staff to run NETHIPS head office	Salary for 2 years for 21 staff (Grade 1: 2 staff; Grade 2: 7 staff; Grade 3: 4 staff; Grade 4: 5 staff; Grade 5: 2 staff and Grade 6: 1 staff)	547,500
Recruit 4 regional Coordinators, 3 project officers, 3 finance officers, 3 M&E assistants, 1 Advocacy officers, 3 Advocacy assistants, 3 office assistants and 6 security officers for NETHIPS	Salary for 2 years (Grade 1,2 and 3 NETHIPS Policy @ 1300 per month)	330,200		

		regional offices		
		Reconstitute and organise Board meetings	No cost implication	No cost implication
		Procure 4 motor bikes and 3 vehicles (1 Truck and 1 delivery van and 1 Landcruiser)	Motor bike @ 2000; Truck 65,000 and Delivery van 30,000	143,000
		Renovate/Refurbish NETHIPS office building at Grafton fit for purpose.		50,000
		Create space for VOW at NETHIPS office at Grafton		
		Conduct leadership, management and coordination trainings for 20 NETHIPS Staff at National and Regional Offices in Resource Mobilization Proposal Development, Advocacy HIV and Human Rights PHDP	2 persons per group for 3 days	15,600
		Procure chairs, tables, printers, laptops and other consumables for national and sub national	5 tables and chairs each, 4 laptops, 3 printers, and assorted stationeries	20,000

		offices	(papers, toners, etc.) for regional and national office	
Strengthen Voice of Women (VOW) office at national level; and revive and operationalise all regional offices		Recruit 4 Programmes Officer at the national and 3 regional offices	Salary for 2 years (Grade 4 NETHIPS Policy @ 1300 per month)	135,200
		Procure 5 chairs, tables, printers, laptops and other consumables for national and sub national offices	4 chairs, tables, laptops, consumables	20,000
		Procure one vehicle	1 Land cruiser to support oversight, mentoring and timely reporting	40,000
		Provide annual office rental for 4 office spaces	One national and 3 regional offices	12,000
		Revive the Board and organise Board meetings.	Nine people in 2 Board meetings annually (2 meetings for 9 people for 2 years)	360
	Create new community support groups including KAP support groups based on the disease burden of the district		Conduct nationwide assessment and consultation to determine locations for the establishment of 20 new support groups	20 to be established (DSA for 2 people, Fuel and meeting cost for 20 people per assessment)
		Provide leadership and management training for 5 members for each of the 20 groups	5 days training involving 100 persons (5 per group)	40,000

		Organise advocacy meetings with HIV service providers to facilitate the enrolment of PLHIV into support groups and provide space for the organisation of their meetings.	No cost implication	No cost implication
	Develop and roll out an HIV emergency plan including national disasters for the continuum of HIV services for PLHIV during such period	Recruit a consultant to develop 3 months emergency plan.	2 weeks national consultancy	2000
		Raise awareness to PLHIV to report emergencies	No cost implication	No Cost implication
	Generate programmatic and financial data, and develop a database of all support groups and networks	Review and update systems to ensure timely submission of reports	No cost implication	No cost implication
		Conduct one day training on systems targeting all programme and finance personnel	40 staff at regional and national offices (20 per year)	2,600
		Create a database of all PLHIV (disaggregated by sex, location, support groups, age etc)	4 weeks consultancy	2,000
NETHIPS strategic response plan and interventions in the	Develop and implement joint partnership and resource mobilisation plan	Recruit a consultant to develop a partnership and resource mobilisation strategy	5 weeks national consultancy	5000

<i>national strategy is fully funded and implemented.</i>		Hold monthly meetings of NETHIPS executive on resource mobilisation	Executive provide a monthly update on resource mobilisation drive	No cost implication
		Build the capacity of partnership and resource mobilisation officer	4 weeks short course at IPAM	1500
	Increase NETHIPS resource mobilization drive	Develop and submit proposals including non-traditional donors	At least 4 proposals submitted annually	No cost implication
		Provide services for partners in exchange for funds or direct support to implementation of activities in the OP	Eg. work place programmes	No cost implication
	Support in GF and other donor resource mobilisation processes embarked upon by NAS and partners	Participate in GF proposal development and submission	GF proposal to be submitted in 2017	No cost implication
		Participate in all CARKAP proposal development, submissions and implementations	Christian Aid submitting a proposal for key populations	No cost implication
<i>Partnerships with Stakeholders in the national HIV response increased from 2015 levels to 70% by 2020</i>	Strengthen partnerships with CSOs, private sector, government MDAs for mutual benefits and advocacy related issues for PLHIV	Provide services for partners in exchange for funds or direct support to implementation of activities in the OP		No cost implication
		Organise advocacy/briefing meetings with the BCAASL Board	20 participants	No cost implication
		Organise briefing meetings with at least 4 key MDAs in the NAC	See activity in Treatment care and support	No cost implication
		Organise partnership meeting with Human Right Commission	Quarterly meetings (5 participants per meeting)	No cost implication

		Conduct advocacy to facilitate the formation/revitalisation of civil society coalition on AIDS	30 participants in a day meeting	300
	Support work place services for BCAASL, MDAs and civil society organisations including key population organisations.	Identify and train 100 PLHIV nationwide to support work place programmes for key partners (BCAASL, MDAs etc)	5 days training and 2 days review meetings organised each year effective 2017.	6500
		Conduct advocacy meetings with BCAASL members and some MDAs to share NETHIPS offer to support work place programmes in their respective institutions	NETHIPS will develop a concept and organise either bilateral meetings or convene/attend group/board meetings	No cost implication
		Enrol workers living with HIV into support groups	Targets at least 100 workers each year	No cost implication
		Provide psychosocial, treatment adherence services, nutritional, livelihood support etc to workers in need in the private and public sector		No cost implication
	Strengthen meaningful involvement in the CCM and all HIV forum	Attend all CCM decision making meetings including sub committees	No cost implication	No cost implication
		Attend all NAC meetings and advocate for an agenda item on NETHIPS and key population		No cost implication
		Advocate for the convening of national annual partnership forum meetings		No cost implication

		Provide regular feedback of meeting outcomes to membership (including regional offices) through meetings or circulation of briefing notes		No cost implication
	Strengthen HIV/TB collaboration to ensure quality service delivery for PLHIV	Facilitate and participate in the organisation of quarterly meetings between NAS/NACP and TB programme of MoHS		No cost implication
		Participate in the design, implementation and monitoring of TB programmes		No cost implication
		Advocate for the establishment of more DOT centres in HIV and TB co-infection endemic communities		No cost implication
	Generate and disseminate best practice partnerships	Document best practices in Resource Mobilisation, Advocacy, Partnerships etc	200 copies distributed widely annually, and in addition, presented in NETHIPS AGM, NAC and Partnership forum meetings	2000
		Develop Calendars, Christmas Cards etc to showcase best partnerships and projects	200 will be produced each and disseminated to partners	200

Output 4: NETHIPS generate real time and evidenced based strategic and operational data and information	Support to strengthening real time monitoring and reporting of stock out of ART drugs, defaulters, newly tested positive individuals, OVCs	Provide mobile phones and top up cards to 71 persons in support groups to provide daily report on stock out, defaulters etc.	All 43 support groups, 4 NETHIPS offices, 4 VOW office and 20 new support groups	7100
		Produce report form and train 80 persons on the use of the reporting tools	2 persons per group trained and 5000 copies of tools prepared and disseminated to all support groups	5200
		Prepare and disseminate bi-monthly progress report to the M&E TWG and relevant partners	No cost implication	No cost implication
	Develop and make use of a centralised and networked database systems on PLHIV interventions and beneficiaries	Recruit a consultant to develop a database of all PLHIV (disaggregated by sex, location, support groups, age etc)	See cost for consultant for organizational strengthening	No cost implication
		Train staff on the use of the database	2 days meeting for 20 staff (M&E, Programmes, Finance and Executive)	2000
		Share report generated from the database with relevant partners	e-copies disseminated on a 6 monthly basis	No cost implication
	Develop and implement organisational work plans and related annual reviews	Convene annual meetings to set milestones and develop work plans	Work plans restricted to national and regional offices	No cost implication
		Provide 6 monthly progress report	M& E staff to develop and disseminate report	No cost implication

		Conduct annual reviews to measure progress, challenges, lessons learnt etc	3 days annual review meeting held targeting 40 PLHIV (Focal Points of all support groups and executive of 10 NETHIPS and 5 VOW) and 10 key partners	13,650
		Produce annual programme and financial reports in line with the work plans	Validation meeting merged into annual review meeting	No cost implication
	Document and disseminate best practice	Develop best practice programme/ intervention criteria in collaboration with partners		1,000
		Produce and disseminate best practice report and disseminate to all key partners	100 copies produced and disseminated (50 copies per year).	
	Intensify oversight and monitoring of PLHIV, Key populations and other partner interventions and share gaps and best practices in appropriate fora.	Conduct monthly oversight visits on NETHIPS interventions, key populations programme and TB facilities	4 M&E staff in the regions and at national offices	No cost implication
		Advocate for joint quarterly oversight monitoring with key partners	2 NETHIPS executive participate in each quarter	No cost implication
		Produce timely trip reports and share with relevant partners	e-copies disseminated	No cost implication

	Develop and implement a research agenda	Recruit a consultant to conduct stigma and discrimination study and implement recommendations	4 weeks consultancy	national	3,000
		Recruit a consultant to conduct socio-economic profiling of PLHIV	4 weeks consultancy	national	3,000
	Conduct independent evaluation of programmes and implement best practices	Recruit consultant to evaluate all NETHIPS completed projects	4 weeks consultancy.	national	3,000

	Impact Indicator	Outcome Indicator	Output Indicator	Base line	Target Year		
				2015	2016	2017	2018
Prevention							
	Percent reduction in HIV incidence	<i>Percentage of young people 10-24 years who are OVCs (disaggregated by age group, sex and district) of PLHIV reached with comprehensive life skills, Sexuality, HIV and AIDS education</i>	No of AYFC established	TBD N/A	0	12	12
			No of NETHIPS service providers trained	0	0	36	36
			No. of OVCs that accessed AFRCs	0	0	800	1500
			No. of brochures produced	0	0	1500	1500
			No. of OVCs counselled	0	0	800	1500
			HIV and SRH Directory disseminated Y/N	N/A	0	1	1
			HIV and SRH curriculum fully integrated into NETHIPS skills centre courses	N/A	0	1	1
			No. of Instructors trained	0	0	7	3
			No. of PLHIV trained and conducting national campaigns	25	0	50	50
			Resources by type mobilised for national campaigns				
	No. of districts organised WAD vigils	5	5	14	14		
	No of vulnerable communities engaged on cross generational dialogue	0	0	23	22		
	Availability of reports on SRH, HIV etc	N/A	0	4	4		
	No. of NETHIPS members trained to report	40	40	67	68		

			No. of partners reached quarterly with reports	8	4	15	15
			Availability of annual and programme review meeting reports	2	1	1	1
		<i>HIV positive mothers that attain viral load suppression during pregnancy, labour, and over entire time period of breastfeeding increased from 2015 level to 90% by 2020.</i>	No. of WLHIV trained and conducted social mobilisation and follow ups	150	0	350	350
			No. of megaphones and accessories procured	10	0	25	25
			No. of districts implemented Give Birth to life campaign	3	0	8	14
			No. of women provided with baby packs	300	100	400	400
			No. of WLHIV enrolled in support groups	3102	215	500	1500
			Quarterly PMTCT update minutes report available	N/A	0	8	8
			No. of PLHIV participated in finalised eMTCT strategic Plan development	N/A	0	5	5
			Percent of amount of funds mobilised for NETHIPS PMTCT interventions	N/A	10	20	25

			Availability of strategy	N/A	0	1	1
			No. of VOW members provided peer support	150	0	140	140
			No. of M2M support groups established	N/A	0	10	10
			Availability of male involvement strategy	1	0	1	1
			No. of PEs trained to conduct SM of males for PMTCT	N/A	0	50	50
			No. of PLHIV trained on use of reporting tools	N/A	0	50	50
			Availability of quarterly and programmatic review meeting reports	N/A	0	4	4
		<i>HIV positive mothers that get unplanned pregnancies reduced by 67% between 2015 and 2020</i>	Integrated in other activities above				
Treatment							
	Percentage of adults and adolescents who know their positive HIV status receive comprehensive	Percentage of PLHIV including children who receive ART and complimentary care and support services	No. of functional CTO established	1	0	1	0

	treatment, care and support, including sustained antiretroviral therapy; and have durable viral load suppression						
			No. of CCG meetings held and minuted	9	0	9	12
			No. of advocacy platforms organized on TB & HIV	2	2	4	4
			No. of training conducted for newly diagnosed PLHIV on positive living strategies	211	20	120	120
			No of HIV treatment literacy and stigma reduction training conducted using religious leaders	N/A	0	28	28
			Support group meetings held and minuted to facilitate treatment literacy among PLHIVs	410	320	320	320
			No of peer-support groups with required capacity to support PLHIV and their families	0	0	23	20
			No. of bedridden clients that receive HBC	1032	0	350	350
			No. of OVC and PLHIVs that receive psychosocial support	211	71	2000	2000
			No. of support group members	N/A	0	40	40

			trained on emergency preparedness				
			No. of peer support groups that respond during emergency	0	0	20	20
			No of patients that receive laboratory support	0	0	2000	2000
			No. of ART defaulter tracers trained to strengthen referral linkages	300	0	210	210
			No. of NACP staff engaged as district supervisors to coordinate defaulter tracing exercise	14	14	14	14
			No. of ART defaulter tracers provided with stipend and transport reimbursement	300	300	210	210
			No. of ART defaulter tracers that receive phones and top cards	300	300	210	210
			No of Expert Clients trained to support ART uptake and retention	136	136	200	200
			No. of expert clients that receive transport and stipend	136	136	200	200
			No. of IEC materials (patient right charter, adherence poster etc) provided	210	136	500	500
			No. of radio discussions held on ART treatment and available clinical services for PLHIV	103	41	112	112
		Percentage of PLHIV	Functional data base at NETHIPS	N/A	0	1	1

		<i>under care and co-infected with TB who attain TB cure</i>	to track all PLHIV screened and receive available services				
			No. of support group members trained on data collection, analysis and dissemination	40	40	20	20
			No. of engagement meetings held and minuted with the National Leprosy and TB Control Programme (NLTCP)	N/A	0	5	5
			No. of MoU signed with the NLTCP	N/A	0	1	1
			No. of quarterly NLTCP review meetings attended	N/A	0	4	4
		<i>Percentage of PLHIV enrolled in Support Groups together with their vulnerable dependants provided with improved livelihoods</i>	No. of programs/courses offered at the NETHIPS vocational center	N/A	0	6	6
			No. of staff approved and on government payroll	0	0	9	9
			Capacity assessment report on PLHIV support groups developed and disseminated	1	0	1	0

			No. of districts with viable livelihood projects for support groups	4	0	14	14
			No. of functional SLAs improving savings and investment among PLHIVs	23	0	20	20
			No. of SLA facilitators supported to provide oversight for SLAs	23	0	20	20
			No. of times SLAs are monitored and provided back stop with reports	10	0	12	12
			No. of PLHIV referred owing to signed MoU with NACP	120	540	600	700
			No. of new support groups established in districts/communities that fulfil the conditions or criteria	40	3	5	5
			No. of support groups merged for purpose of effectiveness	4	0	7	2
			No. of PLHIV groups trained in IGA management	143	0	100	100
			No. of SLAs linked to strong and effective financing institutions like BRAC	0	0	10	10
			No. of non- PLHIV brought into IGA interventions in support groups	0	0	200	200
			No. of PLHIV households provided with nutritional education	2115	2115	2000	2000

			No. of advocacy visits made to MDAs and relevant community structures including local councils	10	0	40	50
			No. of trainings organized for MDAs and community structures to provide protection, care and support for OVCs, people living with disability, women, the aged and care givers	0	0	15	15
			Curriculum available for training on community protection	N/A	0	1	1
			No. of support groups trained on Positive Health Dignity and Prevention (PHDP)	0	0	129	129
			No. of consultative meetings held with support groups on how to roll out PHDP in support groups	0	0	40	0
			No. of advocacy meetings held with key partners to review NAC ACT 2011	0	0	10	10
			MoU signed with legal AID Board	0	0	1	1
			No. of advocacy materials Printed and distributed from Stigma Index	200	150	500	500
			No. of awareness raising activities organized on findings from stigma Index	15	8	80	80
			No. of FBOsand cultural	N/A	0	150	80

			institutions involved in HIV&AIDS advocacy and stigma reduction				
Theme 3: Response Management and Coordination							
	A capacitated and fully resourced NETHIPS implementing and coordinating all PLHIV programmes in line with national priorities and generating data and evidence for improved actions.	NETHIPS empowered to coordinate the activities of PLHIV	Capacity building plan developed	N/A	0	1	0
			No. of partners supporting the roll out of the NETHIPS capacity building plan	N/A	0	50	50
			NETHIPS organisational systems reviewed to deliver	N/A	0	1	0
			Regional staff recruited and motivated to deliver	18	18	26	26
			NETHIPS Board reconstituted and organised				
			Vehicles procured to facilitate movement	2	1	4 motor bikes and 3 vehicles (1 Truck and 1 delivery van and 1	

						Landcruiser)	
			NETHIPS office building at Grafton refurbished	N/A		Office completed	
			VOW provided office space at NETHIPS office at Grafton			Office available	
			No. of NETHIPS Staff trained in Resource Mobilization Proposal Development, Advocacy HIV and Human Rights PHDP	5	3	20	10
			National and regional offices provided with office furniture and equipment			5 tables and chairs each, 4 laptops, 3 printers, and assorted stationeries (papers, toners, etc.) for regional and national office	
			Annual office rental provided for 4 office spaces	4	4	4	4
			No. of new support groups established to cater for KAP	0	0	10	10
			No. of new support groups trained on leadership and management	0	0	10	10
			No. of advocacy meetings organized with HIV service	20	8	25	25

			providers				
			Three months emergency plan developed for NETHIPS.	N/A	0	1 developed	
			Review and update systems to ensure timely submission of reports	1 in existence		Reviewed and updated	
			No. of programme and finance personnel trained on system performance	2	0	20	20
			Database created of all PLHIV	1 in existence	0	1 created	
		<i>NETHIPS strategic response plan and interventions in the national strategy is fully funded and implemented</i>	Partnership and resource mobilisation strategy developed			1 strategy developed	
			No. of meetings held by NETHIPS executive on resource mobilisation	N/A	0	12 meetings	
			No of successful proposals	4	2	3	2
		<i>Partnerships with Stakeholders in the national HIV response increased</i>	No. of advocacy/briefing meetings organized with the BCAASL Board	N/A	0	10 meetings	30 meetings
			No. of briefing meetings organized with at least 4 key MDAs in the NAC	N/A	0	4 meetings	5 meetings
			No. of partnership meeting held	N/A	0	4 meetings	5

			with Human Right Commission				meetings
			Civil society coalition on AIDS revitalized	1 in existence	0	1 revitalized	
			No. of PLHIV that supports work place programmes for key partners (BCAASL, MDAs etc)	N/A	0	50	50
			No. of workers living with HIV enrolled into support groups	0	0	50 employed	50 employed
			No. of workers from the private and public sector enrolled in support groups and reached with services	TBD	0	100	50
			No. of CCM decision making meetings attended including sub committees	TBD	TBD	All meetings	All meetings
			Collaboration with TB program enhanced	N/A		Collaboration established	
			No. of DOT centres established in HIV and TB co-infection endemic communities	N/A	0	TBD	TBD
		<i>NETHIPS generate real time and evidenced based strategic and operational data and information</i>	No. of persons in support groups that provide real time report on stock out, defaulters etc.	300	0	71 more engaged	
			No. of annual reviews held to measure progress, challenges, lessons learnt etc	1	1	1 review meeting held	1 review meeting held

			No. of annual programme and financial reports produced in line with work plans	N/A		1 produced	1 produced
			Best practice programme/ intervention criteria developed	N/A	0	1 developed	
			No. of best practice report produced and disseminated to all key partners	N/A	0	1 report produce	1 report produce
			No. of monthly oversight visits conducted with partners on NETHIPS interventions	0	0	7 times	12 times
			Stigma and discrimination study conducted	1	0	0	1 conducted
			Socio-economic profiling of PLHIV conducted	0	0	1 conducted	0
			Evaluation of NETHIPS program carried out	1	0	0	1 evaluation