



MINISTRY OF HEALTH

# **NATIONAL PrEP COMMUNICATION PLAN**

APRIL, 2019

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# Foreword

In Uganda, an estimated 1.32 million people were living with HIV and 52,000 people became newly infected with the virus in 2016. According to National HIV and AIDS Strategic Plan (NSP) 2015/16 – 2019/20, the prevalence of HIV has a geographical heterogeneity with urban residents, people living in Kampala, central and mid-northern regions being more affected. In addition, the prevalence of HIV differs among the different sub categories with key and priority populations being affected more than the general population.

Uganda developed the HIV prevention plan 2010/11-2014/15, which was hinged on the Combination HIV Prevention (CHP) strategies highlighting the need to apply simultaneous provision of multiple context specific, proven, efficacious and effective behavioural (AB, PHDP), structural (reducing SGBV), and biomedical interventions. The biomedical interventions include: PMTCT, Condom use, Circumcision and ARVs for treatment and prevention including PEP and PrEP among others.

Uganda is one of the countries that provided global evidence for the efficacy of oral PrEP. Clinical and demonstration studies conducted using TRUVADA (TDF&FTC) showed that PrEP is efficacious and feasible. Prompted by the findings from these studies and WHO recommendations, Uganda adopted PrEP as part of the combination HIV prevention package. Accordingly, Uganda developed PrEP technical guidelines and tools to guide roll out and implementation of PrEP. Effectively, the roll out of PrEP started in July 2017 using a phased funded approach. To date, ninety (90) facilities are implementing PrEP across the country.

During the implementation of PrEP, a number of individuals at substantial risk of acquiring HIV have been enrolled on PrEP including: discordant couples, Sex workers, MSM and PWUD among others. Despite reaching several clients with PrEP, the program has experienced a number of challenges including: Low demand, Low Uptake, Poor adherence, Myths and Misconceptions, Stigma associated with use of ARVs among others. These challenges, evidence from PrEP studies and various reports have necessitated the development of this communication plan to promote PrEP services.

The development of this communication plan was a consultative process spearheaded by the Ministry of health involving a number of stakeholders. It is my sincere hope that this communication plan will create public awareness about PrEP among different stakeholders, provide correct information, tools and skills to service providers to offer quality PrEP services and promote uptake of PrEP services by people at substantial risk of acquiring HIV.

I therefore urge the different stakeholders to use this communication plan in order to contribute to the reduction of HIV/AIDS incidence through promotion of PrEP uptake.

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Director General Health services  
Ministry of Health

## Acknowledgements

The development of this PrEP communication plan has been a truly collaborative effort. We wish to thank organisations and individuals whose names are listed in the annex for their invaluable support.

Ministry of health for the overall coordination of the process, USAID communication for health communities (CHC), for technical support, CDC, UNFPA and WHO for technical input and guidance

We acknowledge the technical guidance and input of The Ministry of Health AIDS Control Program and the STD Unit, and the members of the Task Force for the development of this communication plan

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All your efforts are highly appreciated.

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## Acronyms

ABC	Abstinence, Being Faithful, Condom use
AIDS	Acquired Immuno-Deficiency Syndrome
AYP	Adolescent Girls and Young Women
CHP	Combination HIV prevention
CME	Continuous Medical Education
FAQ	Frequently Asked Questions
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
MOH	Ministry of Health
NSP	National HIV/AIDS Strategic Plan
PrEP	Pre Exposure Prophylaxis
PWD	People with Disabilities
SMC	Safe Male Circumcision
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UPHIA	Uganda Population HIV Impact Assessment
VHT	Village Health Team
WHO	World Health Organisation

# I Background and Rationale to PrEP for HIV Prevention

In Uganda, an estimated 1.32 million people were living with HIV and 52,000 people became newly infected with the virus in 2016<sup>1</sup>. According to National HIV and AIDS Strategic Plan (NSP) 2015/16 – 2019/20, the prevalence of HIV has a geographical heterogeneity with urban residents and people living in Kampala, central and mid-northern regions are more affected. In addition, the prevalence of HIV differs among the different sub categories with key and priority populations being affected more than the general population<sup>2</sup>.

## I.1 How is Uganda responding to the HIV Epidemic?

Uganda developed the HIV prevention plan 2010/11-2014/15, which was hinged on the Combination HIV Prevention (CHP) strategies highlighting the need to apply simultaneous provision of multiple context specific, proven, efficacious and effective behavioural (AB, PHDP), structural (reducing SGBV), and biomedical interventions. The biomedical interventions include: PMTCT, Condom use, Circumcision and ARVs for treatment and prevention including PEP and PrEP among others.

## I.2 PrEP as an effective HIV Prevention Intervention

Uganda is one of the countries that provided global evidence for the efficacy of oral PrEP. Clinical and demonstration studies conducted using TRUVADA (TDF&FTC) showed that PrEP is efficacious and feasible<sup>3</sup>. Prompted by the findings from these studies and WHO recommendations, Uganda adopted PrEP as part of the combination HIV prevention package and developed PrEP technical guidelines and tools to guide roll out and implementation of PrEP. Effectively, the roll out of PrEP started in July 2017 using a phased funded approach. To date ninety (90) facilities are implementing PrEP across the country.

## I.3 Why the Communication Plan

During the implementation of PrEP, a number of individuals at substantial risk of acquiring HIV have been enrolled on PrEP including: discordant couples, Sex workers, MSM and PWUD among others. Despite reaching several clients with PrEP, the program has experienced a number of challenges. These challenges, evidence from studies<sup>4</sup> and various reports have necessitated the development of this communication plan to promote PrEP services.

### Critical PrEP Knowledge and Behavioural Gaps Identified

- |                                      |   |  |
|--------------------------------------|---|--|
| • Low demand and uptake              | • Myths and Misconceptions                  | • Poor retention and loss to follow up |
| • Poor adherence                     | • Knowledge gap among health care providers | • Inaccurate messaging                 |
| • Stigma associated with use of ARVs |   |  |

<sup>1</sup> UPHIA 2016

<sup>2</sup> NSP 2015/16-2019/20

<sup>3</sup> Baeten 2016

<sup>4</sup> LEARN 2017; What does PrEP mean to young women?

## I.4 Development of this communication plan

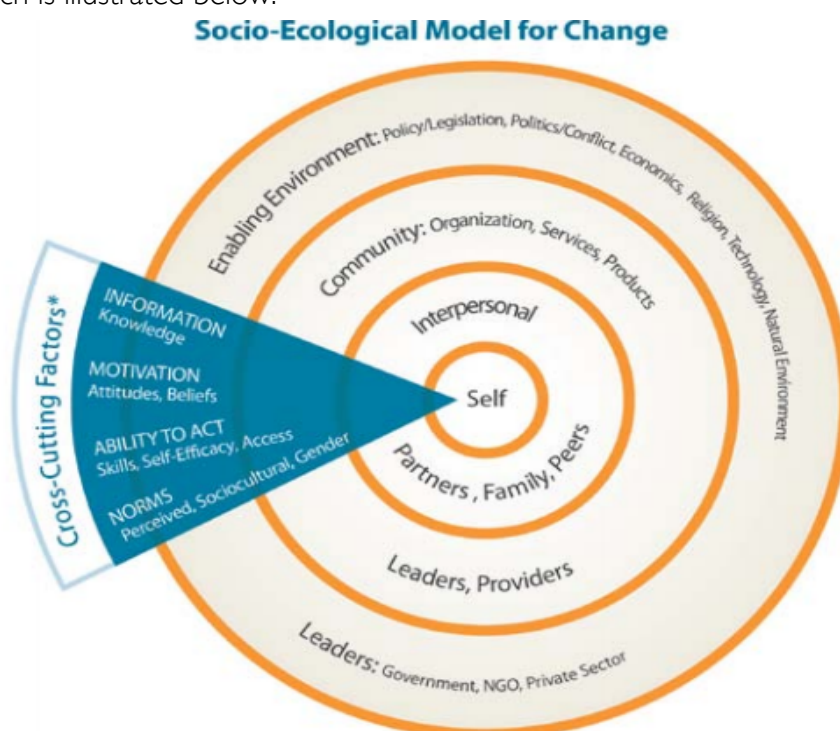
The development of this communication plan was a consultative process spearheaded by the Ministry of health involving a number of stakeholders. A task force was constituted to review existing studies, policies, strategies and various reports on PrEP, and came up with an initial draft. Meetings to refine the initial draft were conducted with IPs, HDPs, Communication implementing partners, Technical working groups (TWGs), PrEP service providers, District Health Teams (DHTs), CSOs and PrEP beneficiaries.

## I.5 Alignment with PrEP Technical guidelines

The PrEP technical guidelines provide a framework for increasing access and use of PrEP as an integral part of combination HIV prevention plan. The policy stresses communication as a key aspect for promoting PrEP through community mobilization and public education based on a standard communication plan.

## I.6 Theoretical framework for PrEP Communication Plan

The socio-ecological model shows that a person's behaviour is determined by several factors at personal, family, community and environmental settings. PrEP interventions ought to be audience-specific, to address the relevant factors which influence people's behaviour. Individuals, who are at substantial risk of HIV infection, shall be given information about the availability and benefits of PrEP. Implementers should acknowledge the communities and other circumstances surrounding the target audience in order to address the barriers related to existing myths and misconceptions about PrEP. Communication for PrEP services in Uganda shall be informed by the socio-ecological model which is illustrated below:



\*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)



## 2 The PrEP Communication Strategy

The Goal of National Strategic Plan 2015/2016—2019/2020 (NSP) “Towards zero new infections, zero HIV and AIDS-related mortality and morbidity and zero discrimination”. This communication plan supports Objective 2 of the prevention thematic goal which prioritises adopting and scaling up Pre-Exposure Prophylaxis (PrEP) as a priority prevention intervention integrated in the Health Care services.

- Goal**
- To contribute to the reduction of HIV/AIDS incidence through promotion of PrEP uptake
- Aim**
- To provide a framework for advocacy, information dissemination and the implementation of PrEP communication interventions in HIV prevention
- Objectives**
1. To create public awareness about PrEP among different stakeholders
  2. To provide correct information, tools and skills to service providers to offer quality PrEP services
  3. To promote uptake of PrEP services by people at substantial risk of acquiring HIV

### Guiding principles

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- **Participation and community ownership** to empower community members to decide their own messages and become agents for PrEP communication.
- **Simplicity and specificity** so that PrEP messages are simplified and easily understood by audiences, and that channels are audience specific.
- **Evidence-based** so that adequate data is gathered about audiences and their perspectives about PrEP
- **Rights-centred** to enable clients know their rights, and ensure that every intervention is anchored in the wellbeing of the client and promotion of their right to health and information.
- **Partnerships that promote collaboration and coordination** of activities among stakeholders to increase audience reach with PrEP messages.
- **Respect for privacy and confidentiality** of the PrEP end users

# 3 Implementation of the PrEP Communication Plan

All communication interventions should contribute to enhancing knowledge and favourable attitudes, with the aim of increasing uptake of PrEP in Uganda.

1. Organizations, projects, partners and other stakeholders will support development of materials, design specific campaign strategies and activities in line with the communication plan. Implementation of all PrEP communication activities will follow national policies and guidelines as specified in the National Health Policy, PrEP policy, National Health Sector Strategic Plan, National HIV/AIDS strategic Plan and this PrEP communication plan.
2. Strategic communication interventions around PrEP for HIV prevention will follow the accepted process of analysis, strategic design, development and testing, implementation, monitoring and evaluation, and re-planning. PrEP communication interventions will be evidence and theory-based, culturally appropriate, and use an appropriate mix of mass media, interpersonal communication, community mobilization and other communication approaches for behaviour change communication and/or advocacy efforts.
3. PrEP advocacy should reach leadership at national, district, facility and community levels.
4. In promoting PrEP, some population groups are “prioritized to maximize the public health benefit”, based on available resources. This communication plan therefore identifies and prioritizes audiences for effective communication.

# 4 Priority Issues and Target Audiences

## 4.1 Priority issues for PrEP Communication

The following are considered as priority issues to be handled through effective Communication:

- |  |   |
|--|---|
| 1. What is PrEP?                                     | 12. For how long is PrEP taken?                       |
| 2. What are the benefits of PrEP?                    | 13. How does PrEP reduce the risk of HIV infection?   |
| 3. Can PrEP prevent STIs                             | 14. What is the difference between PrEP, PEP and ART? |
| 4. Do I need to use condoms while on PrEP?           | 15. Is PrEP safe with contraceptives?                 |
| 5. What are the myths and misconceptions about PrEP? | 16. Why is it important to adhere to PrEP?            |
| 6. Who should receive PrEP?                          | 17. Does PrEP cause Hepatitis B?                      |
| 7. How does PrEP work?                               | 18. Does PrEP reduce libido?                          |
| 8. Where can I access PrEP?                          | 19. Can I take alcohol while on PrEP?                 |
| 9. Why PrEP and why now?                             | 20. Can I take PrEP when pregnant/Breastfeeding?      |
| 10. Is PrEP safe?                                    |   |
| 11. What are the possible side effects of PrEP?      |   |

## 4.2 Target Audience for PrEP communication

### 4.2.1 Primary Audiences

There are populations are at substantial risk of HIV acquisition and transmission compared to the general population and these form the primary audience. These two population groups are targeted to increase their awareness about PrEP, location of service and criteria for access. The communication objectives for this group are:

1. To educate the population at substantial risk of HIV acquisition about PrEP.
2. To promote communication about PrEP among the populations at substantial risk and their peers
3. To create awareness on the availability of PrEP services

#### 1. Key Populations

Groups at increased risk of acquiring HIV irrespective of epidemic type or local context e.g. *Commercial sex workers, Transgender persons, MSM, PWUIDs, incarcerated/ prisoners etc.*

#### 2. Priority Populations

Groups particularly vulnerable to HIV infection in certain situations or contexts e.g. *Discordant couples, fisher folks, truckers, migrant workers, AYP, plantation workers, people in entertainment establishment, Uniformed forces, bar maids, refugees, PWDs etc.*

#### Common Characteristics of the Primary Audience:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Have multiple concurrent sexual partners (MCP)</li> <li>• Inconsistence or no condom use</li> <li>• Recurrent STIs</li> <li>• Recurrent PEP users</li> <li>• Limited access to HIV prevention, care and treatment (time, place, environment-legal and social)</li> <li>• They have disposable income especially men</li> </ul> | <ul style="list-style-type: none"> <li>• Abuse alcohol and drugs</li> <li>• Experience GBV</li> <li>• Risky work environment/ fatalism for instance fisher folk, construction workers and uniformed men/women etc.</li> <li>• Discordancy</li> <li>• Sexual partners of unknown HIV status</li> <li>• Engage in anal sex</li> <li>• Are mobile populations</li> </ul> |
|---|---|

## 4.2.2 Secondary Audiences

### 1. Health Workers and other PrEP Service Providers

*e.g. Facility Based peer educators and health workers; Community based service providers: Peers educators, VHTs, and counsellors*

Health service providers are at the centre of providing PrEP services at the different service delivery platforms at facility or in the community and public or private sector. Most health workers may not have the correct information about PrEP in relation to HIV. Some health service providers work in facilities that don't provide PrEP. Due to lack of information on why and where it is offered, they may not refer clients for PrEP services. Furthermore, some health workers may view PrEP as an additional burden; and as a result they tend to become unconcerned to any inquiries about PrEP. Communication for this group aims are:

1. To equip health workers with correct information about PrEP to enable them offer PrEP to those who are eligible
2. To equip health workers with correct information about PrEP for HIV prevention to enable them answer client concerns
3. To prepare health workers to counsel clients and refer them for appropriate PrEP services.

### 2. Leaders

These populations are influencers of primary audiences, and therefore require their own targeted communication. Leaders are listened to by the public and play an important role in shaping public opinion. They are leaders in their communities and institutions. They always provide authoritative and locally relevant guidance to their followers. Whereas some leaders are supportive of PrEP as an HIV prevention measure, some have strong opinion against it. They are cautious about publically recognizing PrEP as an HIV prevention measure, because of perceived cultural, religious and moral implications. This audience has the ability to influence society to take up PrEP, if equipped with necessary information. Communication for this group aims to provide leaders with adequate information on PrEP so that they support the scale up and implementation of PrEP program. Communication for this group aim is to provide leaders with adequate information on PrEP so that they support the scale up and implementation of PrEP program

### 3. Other secondary audiences

The audiences below are not mutually exclusive but are categorized for purposes of effective planning and delivery of appropriate PrEP messages. They include two key groups

- a) Work place/audience managers: *Plantations, bar/clubs, factory, prisons, bodaboda and pimps/mummies*
- b) Influential audiences: *Political, civil, religious, Cultural, Business leaders, Law enforcement officers and media.*

# 5 Communication Matrix

Message themes in the Communication Matrix are for guidance on issues that are most important for a particular group. Message content should be adapted to the identified communication issue taking into consideration socio-demographic profiles of intended audiences.

Communication Issues	Communication Objectives	Message Themes	
Primary Audience: People at substantial risk of getting HIV (KP & PP)			
<ul style="list-style-type: none"><li>• Lack of knowledge about PrEP</li><li>• Myths and Misconceptions about PrEP</li><li>• Poor adherence to PrEP</li><li>• Poor uptake of PrEP</li></ul>	<ul style="list-style-type: none"><li>• To create awareness to the population about PrEP.</li><li>• To address myths and misconceptions about PrEP.</li><li>• To promote access and utilization of PrEP services.</li><li>• To address factors leading to poor adherence</li></ul>	<ul style="list-style-type: none"><li>• What is PrEP?</li><li>• What are the benefits of PrEP?</li><li>• Can PrEP prevent STIs</li><li>• Do I need to use condoms while on PrEP?</li><li>• What are the myths and misconceptions about PrEP?</li><li>• Who should receive PrEP?</li><li>• How does PrEP work?</li><li>• Where can I access PrEP?</li><li>• Why PrEP and why now?</li><li>• Is PrEP safe?</li><li>• What are the possible side effects of PrEP?</li></ul>	<ul style="list-style-type: none"><li>• For how long is PrEP taken?</li><li>• How does PrEP reduce the risk of HIV infection?</li><li>• What is the difference between PrEP, PEP &amp; ART?</li><li>• Is PrEP safe with contraceptives?</li><li>• Why is it important to adhere to PrEP?</li><li>• Does PrEP cause Hepatitis B?</li><li>• Does PrEP reduce libido?</li><li>• Can I take alcohol while on PrEP?</li><li>• Can I take PrEP when pregnant/Breastfeeding?</li></ul>
Secondary Audience: PrEP Health Service Providers			
<ul style="list-style-type: none"><li>• Inadequate knowledge and skills to offer PrEP services.</li><li>• Inadequate skills to communicate PrEP as a prevention option.</li></ul>	<ul style="list-style-type: none"><li>• To equip health workers with knowledge and skills about PrEP to enable them offer PrEP services to those who are eligible</li><li>• To equip health workers with communication and counselling skills</li></ul>	<ul style="list-style-type: none"><li>• Who is at a substantial risk of acquiring HIV?</li><li>• Who is eligible for PrEP?</li><li>• How to initiate PrEP</li><li>• How to follow up a PrEP client?</li><li>• How to monitor a client on PrEP</li><li>• When to stop PrEP?</li><li>• How to stop PrEP?</li><li>• When to restart PrEP?</li><li>• How do I give PrEP adherence support?</li><li>• How do I engage the community for PrEP?</li><li>• How do I monitor side effects of PrEP?</li><li>• How to give risk reduction counselling for PrEP client</li><li>• How do you initiate PrEP</li><li>• How do you monitor clients on PrEP</li></ul>	
Secondary Audience: Leaders			
<ul style="list-style-type: none"><li>• Inadequate knowledge about PrEP</li><li>• Myths and Misconceptions about PrEP</li></ul>	<ul style="list-style-type: none"><li>• To provide leaders with adequate information on PrEP so that they support and advocate for scale up</li></ul>	<ul style="list-style-type: none"><li>• What is PrEP?</li><li>• What are the benefits of PrEP?</li><li>• What are the myths and misconceptions of PrEP?</li><li>• Who qualifies for PrEP?</li><li>• Where can I access PrEP?</li><li>• Is PrEP safe?</li><li>• Roles and responsibilities of leaders in scaling up PrEP services</li></ul>	

## 6 Channel Matrix

Target Audience	Channel	Materials	Strategy/Execution
<b>Primary Audience:</b> <i>People at substantial risk of getting HIV (KP &amp; PP)</i>	<ul style="list-style-type: none"> <li>Inter Personal Communication (IPC)</li> <li>Electronic Media (Radio &amp; TV)</li> <li>Print Media</li> <li>Social Media</li> </ul>	<ul style="list-style-type: none"> <li>Job Aides</li> <li>FAQ cards</li> <li>Brochures</li> <li>DJ message leaflet on HIV prevention including PrEP (DJ mentions)</li> <li>Talking points for Radio programs</li> <li>Radio spots, magazines</li> <li>TV spots</li> <li>Animated Videos</li> <li>Stickers</li> <li>Fact sheets</li> <li>Fliers</li> <li>Pull-up banners</li> <li>Tear drops</li> <li>T-shirts</li> <li>wrist bands</li> <li>Bandana</li> </ul>	<ul style="list-style-type: none"> <li>Small Group Discussions</li> <li>One on One Sessions</li> <li>dialogues</li> <li>Hotline</li> <li>Short text Messages (SMS)</li> <li>Hot spot visits</li> <li>Mobile phones</li> <li>Social Media (What's App, Twitter, Facebook, Instagram)</li> <li>Role plays</li> <li>Social events</li> </ul>
<b>Secondary Audience:</b> <i>Health Service Providers</i>	<ul style="list-style-type: none"> <li>Inter-personal Communication</li> <li>Print Media</li> <li>Electronic Media</li> <li>Social Media</li> </ul>	<ul style="list-style-type: none"> <li>Job Aides</li> <li>FAQ cards</li> <li>Risk assessment tool guide</li> <li>PrEP service directory</li> <li>PrEP Training curriculums.</li> <li>News letters</li> </ul>	<ul style="list-style-type: none"> <li>Seminars</li> <li>Mentorship sessions</li> <li>CME's</li> <li>Hotline</li> <li>Short text Message (SMS)</li> <li>Rob calls for Providers</li> <li>Social Media (What's App, Twitter, Facebook etc)</li> <li>Support supervision</li> </ul>
<b>Secondary Audience:</b> <i>Leaders</i>	<ul style="list-style-type: none"> <li>Inter Personal Communication</li> <li>Electronic Media (Radio &amp; TV)</li> <li>Print Media</li> <li>Social Media</li> </ul>	<ul style="list-style-type: none"> <li>Job Aides</li> <li>FAQ cards</li> <li>Brochures</li> <li>Talking points for Radio programs</li> <li>Radio spots, magazines</li> <li>TV spots</li> <li>Facts sheets</li> <li>Leaflets</li> <li>T-shirts</li> </ul>	<ul style="list-style-type: none"> <li>Small Group Discussions</li> <li>dialogues</li> <li>Hotline</li> <li>Short text Messages (SMS)</li> <li>Social Media (What's App, Twitter, Facebook etc.)</li> <li>Seminars</li> <li>Public gatherings</li> </ul>

# 7 Roles of Stakeholders

Stakeholder	Role
1. Ministry of Health	<ul style="list-style-type: none"> <li>• Resource mobilization for implementation of the communication plan</li> <li>• Leadership and coordination</li> <li>• Monitoring and supervision of execution of the communication plan</li> <li>• Technical reviews, development and approval of messages /campaigns and evaluation of PrEP interventions</li> <li>• Policy guidance</li> </ul>
2. Health Development partners (HDPs)	<ul style="list-style-type: none"> <li>• Provide resources for operationalizing the implementation plan</li> <li>• Resource allocation</li> <li>• Monitoring resource utilization</li> <li>• Provision of technical support</li> </ul>
3. Service Implementing Partners	<ul style="list-style-type: none"> <li>• Facilitate community linkages</li> <li>• Reproduce and scale up the reach of PrEP messages</li> <li>• Facilitate dissemination and distribution of PrEP messages</li> <li>• Document and share emerging issues</li> </ul>
4. Communication Implementing Partners	<ul style="list-style-type: none"> <li>• Support the development of PrEP materials, tools and interventions</li> <li>• Provide technical assistance and seed rollout of interventions to IPs</li> <li>• Support monitoring and evaluation of PrEP interventions</li> <li>• Supporting community mobilization activities</li> </ul>
5. District leadership (technical)	<ul style="list-style-type: none"> <li>• Mapping and coordination of partners in the district for PrEP</li> <li>• Supervise PrEP implementation within the district</li> <li>• Provide technical guidance to CBOs/NGOs/CSOs within the district</li> <li>• Targeted Dissemination of health communication materials</li> <li>• Resource mobilization and allocation</li> </ul>
6. District leadership (political)	<ul style="list-style-type: none"> <li>• Advocacy for PrEP services</li> <li>• Resource mobilization and allocation</li> <li>• Community mobilization</li> <li>• Monitoring program implementation</li> </ul>
7. Health facility	<ul style="list-style-type: none"> <li>• Provide PrEP information and counselling services</li> <li>• Strengthen facility and community linkage</li> <li>• Conduct Continuous Professional Education (CPEs)</li> </ul>

Stakeholder	Role
	<ul style="list-style-type: none"> <li>• Ensure quality improvement of PrEP services</li> <li>• Mapping, Mobilization, Sensitization of the community on PrEP</li> <li>• Recording and reporting emerging issues</li> <li>• Conduct health talks on PrEP</li> </ul>
8. Community gate keepers/opinion leaders	<ul style="list-style-type: none"> <li>• Mobilize communities for PrEP services</li> <li>• Distribute and dissemination of PrEP materials</li> <li>• Utilization of PrEP communication materials</li> <li>• Refer and link community to PrEP service points</li> <li>• Educate communities on PrEP services and dispel myths and misconceptions.</li> <li>• Using established structures to promote PrEP services</li> </ul>
9. Civil society Organizations	<ul style="list-style-type: none"> <li>• Advocacy and lobbying for PrEP services</li> <li>• Resource mobilization for PrEP services</li> <li>• Dissemination of PrEP communication materials</li> <li>• Monitoring, supervision and evaluation of PrEP interventions</li> <li>• Refer and link community to PrEP service points</li> <li>• Educate communities on PrEP services and dispel myths and misconceptions.</li> </ul>



## 8 Monitoring and Evaluation

Communication campaigns based on this communication plan are designed and executed for monitoring and evaluation along with communication activities. This helps to measure impact and results as well as guide re-planning and/or replication of communication campaigns.

The monitoring provides interim assessment of the quality of communication interventions. At every level of implementation, partners are expected to establish mechanisms for tracking progress. It is expected that best practices and lessons learnt will be shared and disseminated to provide benchmarks during the scale up of PrEP in the country. The communication plan promotes evidence based communication interventions. Accordingly, all PrEP interventions shall be preceded by formative assessment and baseline indicators. These provide a key input in the evaluation of programmes. Evaluation of communication interventions shall be undertaken to assess the extent to which the set objectives have been achieved.

Objective	Indicator	Data measurement	Frequency
1. To create public awareness about PrEP among different stakeholders	<ul style="list-style-type: none"> <li>Proportion of individuals provided with information on PrEP</li> <li>Proportion of individuals with correct information on PrEP</li> <li>Proportion of individuals knowing where to access PrEP services</li> </ul>	<ul style="list-style-type: none"> <li>Surveys</li> </ul>	<ul style="list-style-type: none"> <li>2 and a half years</li> </ul>
2. To promote uptake of PrEP services by people at substantial risk of acquiring HIV	<ul style="list-style-type: none"> <li>Number of individuals who seek PrEP services.</li> </ul>	<ul style="list-style-type: none"> <li>Routine data from facilities HMIS 106</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>
3. To provide correct information, tools and skills to service providers to offer quality PrEP services	<ul style="list-style-type: none"> <li>% of service providers with comprehensive knowledge on PrEP</li> <li>Proportion of service points with appropriate PrEP communication tools</li> </ul>	<ul style="list-style-type: none"> <li>Surveys</li> </ul>	<ul style="list-style-type: none"> <li>2 and a half years</li> </ul>
4. To Increase demand and promote uptake of PrEP services in Uganda	<ul style="list-style-type: none"> <li>Increased number of individuals utilizing PrEP services in Uganda</li> </ul>	<ul style="list-style-type: none"> <li>Routine data from facilities HMIS 106</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>

# ANNEX

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## Annex I: List of Contributors:

1. Tabley Bakyaite	Ag. ACHS	HP & E MOH
2. Dr. Joshua Musinguzi	Program Manager	MoH/ACP
3. Dr Allan Muruta	Ass. Commissioner	NDC
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15. Simon Mwima	Program Officer	MOH/ACP
16. Mashero Richard	SBBC T. Advisor	USAID RHITES -E
17. Kansiime Ritah	PrEP Program	MOH/MARPI
18. Emmanuel Ainebyonna	SPRO	MOH
19. Charles Brown	ED	Preventive Care International
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22. Pande Gerald	PO – KP/STI	MOH/ACP
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24. Kimera Maniduuli	Medical Officer	MOH
25. Echeru Fredrick	CA – MCM	USAID/CHC
26. Nangenda Ivan	PO	MOH
27. Harriet Kiwuwa	P/Asst	MOH/ACP
28. Mingo Andrew	PA	MOH
29. Isaac Sugar-Ray	HEO	MOH
30. Dinnah Kwarisima	SHE/SBCC	MOH
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40. Mutoni Doreen	E,D	VOICES
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57. Odonga Grace	P.O	MOH
58. Sanyu Hajjara Batte	P.M	WONETHA
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60. Kyomukeme Flera	Pm	WONETHA
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