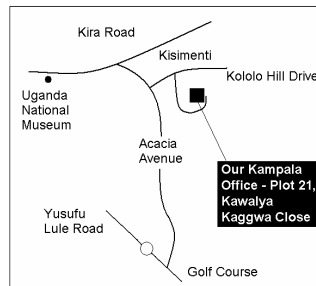
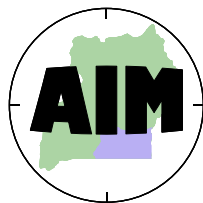




"When a lion comes to the village, you don't make a small alarm. You make a very loud one. When I knew of this problem (of AIDS), I said we must shout and shout and shout and shout"

*Yoweri Museveni,
President of Uganda*

Any questions or queries? Please feel free to contact AIM:
The Communication and Information Co-ordinator
Plot 21, Kawalya Kaggwa Close,
PO BOX 12009,
Kampala, Uganda
Ph: 041 346292, 345845, 345836, 078 260657/8
Fax: 041 346286
info@aimuganda.org



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SCOPE

July 2002

Issue No. 04

The Uganda AIDS/HIV Integrated Model District Programme

ONE YEAR ON



"We must liberate the energies of our people. They are our greatest resource. Against all odds they keep society going by their unflinching solidarity with their extended families and communities and their generosity to others. They are a model to other parts of the world ... If we invest in people there is nothing we cannot achieve.

Koffi Annan, UN Secretary General

The Uganda AIDS/HIV Integrated Model District Programme is a five year initiative jointly funded by the United States Agency for International Development (USAID) and the Centers for Disease Control and Prevention (CDC).



AIM—ONE YEAR ON

AIM is a new concept and a new programme. The formation of the Model District Programme began several years ago following consultation with the Ministry of Health, Uganda AIDS Commission, international agencies, Non-Governmental Organisations, Community-Based Organisations, Faith-Based Organisations and those using HIV/AIDS services. The idea came from leading HIV/AIDS players in Uganda. The United States Agency for International Development (USAID) and the U.S. Centres for Disease Control and Prevention (CDC) designed the programme concept, which they agreed to jointly fund for five years. Now the idea has become a reality.

The AIM Programme is the result of the desires of people and organisations committed to mitigating the impact of HIV/AIDS in Uganda. AIM's mission, shared by all its stakeholders, is to decrease the incidence of HIV among adults and children and increase the level of care and support for those affected by AIDS in Uganda. The programme, particularly true in its first year of activities, is guided by principals of collaboration, commitment, communication and contribution.

The AIDS/HIV Integrated Model (AIM) District Programme was awarded to John Snow Incorporated Research and Training Institute Inc, (JSI), World Education International (WEI) and World Learning Incorporated (WLI). These agencies manage the programme and are committed to its success in the same spirit of partnership and collaboration that conceived and gave birth to AIM.

We have striven to create a solid foundation for the AIM programme. This has taken considerable time and energy from all stakeholders. In order to achieve sustainable results, we must take time to build partnerships through a transparent process. This focus has allowed us to select sixteen priority districts for the model programme and conduct several other activities at the national and district levels.

This process of several years has been about teamwork and so this issue of SCOPE has focussed on team – the AIM team. Inside you will discover something about the AIM staff, the AIM structure and the achievements the AIM programme has made this year.

AIM SUCCESSFUL THROUGH TEAM

AIM is a team working with other teams. One of its tasks is to strengthen the work of teams particularly at the district and sub-district levels. Effectiveness through good teamwork has been shown to increase output by 40%. But teams are not always easy. Teams are critical to success, sometimes frustrating but often effective if they are prepared for the long term. There are four key elements for all team members: Commitment, Co-operation, Communication and Contribution. AIM plans to strengthen the district HIV/AIDS coordination teams so that they will function effectively in all four areas. AIM is designed to encourage and enhance those who are involved with HIV/AIDS prevention and care. In addition to funding and technical assistance we seek to:

- Encourage the hearts of our collaborators.
- Enable others to act by fostering collaboration, promoting cooperative goals and building trust.
- Search out challenging opportunities to change, grow, innovate, and improve.
- Envision the future, creating an ideal and unique image of what can be.
- Model the way by creating standards of excellence and setting an example for others to follow.

AIM - a working partnership

AIM is the result of a successful collaboration between JSI Research and Training Institute, Inc (JSI) and their sub-contractors World Education International (WEI) and World Learning Incorporated (WLI), the United States Agency for International Development (USAID), the U.S. Centres for Disease Control and Prevention (CDC) and Government of Uganda. The consortium of organisations involved in the AIM programme has come together to share challenges on the frontier of programme implementation, creating a model on how groups can collaborate to bring their talents and expertise to enable men, women and children utilise affordable and accessible HIV/AIDS services. Since July 2001, the AIM team has been developing the model so that selected districts can start to benefit from the resources offered by the programme.



AIM - a model for Collaboration

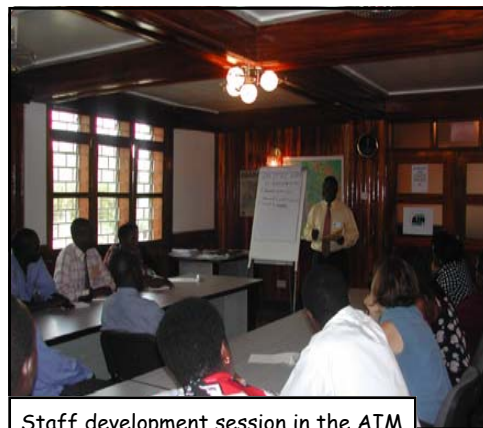
The Uganda AIDS Commission (UAC) is a supra-sectoral body responsible for the overall joint planning, monitoring, evaluation and coordination of HIV/AIDS efforts in Uganda. The UAC provides leadership in the development of the National Strategic Framework (NSF) that guides HIV/AIDS prevention and control efforts in the country. The Ministry of Health is mandated to handle health-related issues of the HIV epidemic. Both the UAC and the Ministry of Health (MOH) are therefore important partners with AIM in HIV/AIDS control in Uganda.

Right from the start, AIM set out to establish mechanisms for increased collaboration with these bodies. For example AIM holds meetings with the link programme in the MOH (the National STD/AIDS Control Programme), exchanges technical information and documents and has participated in meetings to design an improved coordination mechanism for the districts.

An AIM District Programme Advisory Group (AG) has been established to support efficient and effective implementation of the AIM Programme. The AG comprises of representation from the UAC, MOH, Ministry of Local Government, Ministry of Gender, Labour, and Social Development, Uganda Local Authorities Association, Inter-Religious Council, PHA network, UN Theme Group, Youth Council, a district representative, CDC, and USAID.

We must work together to govern better and manage our resources better. The age of separate destinies has run its course.

Kofi Annan, UN Secretary General



Staff development session in the AIM training room



The AIM Team

As the leader of the AIM team, I am grateful for all the collaboration that went on before, privileged to be part of the present committed team and challenged by the enormous task we have along with the other players as we invest in the future of Uganda.

Our challenge in the coming year will be to build on this strong foundation, working with the government, NGO and private sector leaders in the districts to strengthen and expand HIV prevention and AIDS care and support services.

One hundred and forty years ago, Abraham Lincoln, the American President responsible for ending the social injustice of his time, impressed upon his country the need to work together in the face of adversity. *"We can succeed only by concert. The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty: and we must rise with the occasion. As our case is new, so we must think anew and act anew."* Coincidentally, this quote was recorded as spoken on December 1st, the date we now commemorate as World AIDS Day. We are dedicated to working with our partners in responding to HIV/AIDS care and prevention with that same conviction.

Dr. Maurice Adams, Programme Director

AIM—year one achievements

AIM's achievements in its first year are a result of a successful collaboration between John Snow Research and Training Institute, Inc. (JSI), World Education International (WEI), World Learning Inc (WLI), the United States Agency for International Development (USAID), the Centres for Disease Control and Prevention (CDC), the Government of Uganda and NGOs. The first year of operations resulted in the following achievements:

District Activities:

- A seven-month consultative process and assessment visits to choose 16 districts.
- Assessment visits to 10 districts to identify needs.
- Assessment visits and sensitisation meetings with each selected Phase I district to plan programme activities.
- Health Facility Baseline Survey of sample districts to identify factual needs.
- Situational Analysis and Needs Assessment Study of each of the Phase I district to prepare for the strategic planning and priority schedule.

National Activities

- Compilation of VCT Trainer of Trainers Counselling Manual for use by MOH and its partners.
- Technical assistance to video production for PMTCT education to be produced and in use later this year.
- Organisational assessment and training Development for 12 national NGOs that have significant impact at district level.
- Technical assistance to the government's youth HIV/AIDS education programme and policy.
- Technical assistance to HIV/AIDS coordination guidelines for district bodies responsible for HIV/AIDS activities.
- Funding grants to seven NGOs for logistical support, VCT services and peer education programmes.
- Funding of National TB and Leprosy Programme personnel for specialist training.

These activities have been achieved because significant efforts have been made to improve:

Networking and collaboration:

- Establishment of a Steering Committee and Advisory Group.
- Effective working relationship with key partners such as Ministry of Health, Uganda AIDS Commission, TASO, AIC, UNICEF and UACP to guide AIM as it implements the programme.
- Publication of four newsletters "SCOPE", to inform stakeholders of ongoing activities.
- Opening of the AIM HIV/AIDS Resource Centre.

Programming:

- Development of the AIM strategic plan, work plans, monitoring and evaluation framework. These aspects will act as the blue print for the AIM programme over the next four years.

Logistics:

- The establishing of an efficient office base and the recruitment of thirty staff, AIM's facilities and personnel are being utilised by many agencies.

Finance and Administration (F&A) Team

Behind the scenes at AIM is the Finance & Administration team. Providing constant support to AIM's activities the F&A Team maintains effective and transparent programme logistics, IT support, financial and personnel management. This Kampala office based team is as committed to the goal of AIM as those working daily in the field to keep the programme running efficiently. This part of the AIM team ensures that the field and Kampala based teams are fully equipped and supported to meet their objectives in a timely manner. They document and keep track of AIM activities from point of origin to production of related documents or reports.

AIM Drivers

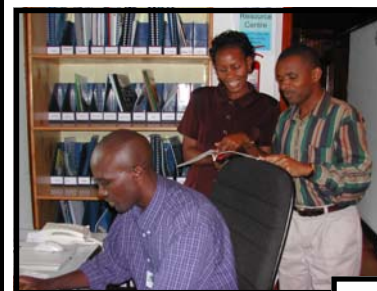
Many of you may have seen the AIM drivers and the AIM vehicles around Kampala and further afield. The AIM district programme drivers ensure the safety of staff and vehicles at all times. The AIM drivers are conscious of maintaining a positive image of the programme, its implementers and funders. They have been invaluable in coping with day-to-day pressures, working tirelessly driving from one end of the country to the other.



AIM drivers discussing travel routes for programme activities in the districts

Communication and Information (C&I) Team

AIM has good relations with all its stakeholders and will continue to do so to achieve its goals. In order to provide updated information of the programme's progress the C&I department produces in-house the AIM Newsletter "SCOPE" bi-monthly. This is circulated to all AIM's partners, stakeholders and others interested in AIM's activities. The programme has established an AIM HIV/AIDS Resource Centre for AIM partners and stakeholders to use. The Resource Centre will be linked with the AIM districts' to provide support to local partners. The AIM web page will soon be available.



The AIM Resource Centre

Training and Capacity Building Team

One of AIM's objectives is to strengthen the capacity of government, NGOs, CBOs, FBOs and the private sector so that they can plan, implement, manage and provide integrated and comprehensive HIV/AIDS services at the national, district and sub-district levels. The Training and Capacity Building Team is responsible for the planning and coordination of training and capacity building needs for AIM.

The team has been involved in many activities in the last year including: working alongside key VCT stakeholders, including the Ministry of Health, to develop a standard VCT Counsellor Training Manual for Uganda; participation in making a PMTCT film that will be used to inform and mobilise communities to access services; and an organisational development programme for national NGO's.

I hope that you and those you represent want to break the silence barrier, that you are going to be ready to want - responsibly, urgently and in an engaging way - to speak, and teach people about sex, about reproductive health

*Archbishop Emeritus
Desmond Tutu*



VCT materials review /development workshop with stakeholders

Health Services Team- a key role in AIM

The Health Team supports the fulfilment of AIM'S goal by participating in the planning and implementing of the overall AIM programme strategy by providing technical guidance and oversight for training, materials development in clinical care, home based care, STIs, OIs, TB, palliative care, and paediatric HIV/AIDS care. As a key player at the national and district levels, Health Services supports the AIM districts in planning and implementing HIV/AIDS related health services. This team is a technical resource in the training of HIV/AIDS clinical service providers in AIM districts and will ensure that standards for the integrated HIV/AIDS clinical services in the districts are in place and observed.

AIM and the future

AIM's second year will focus on the implementation of service planning and delivery at the district level, in line with its goal and objectives

AIM'S MISSION

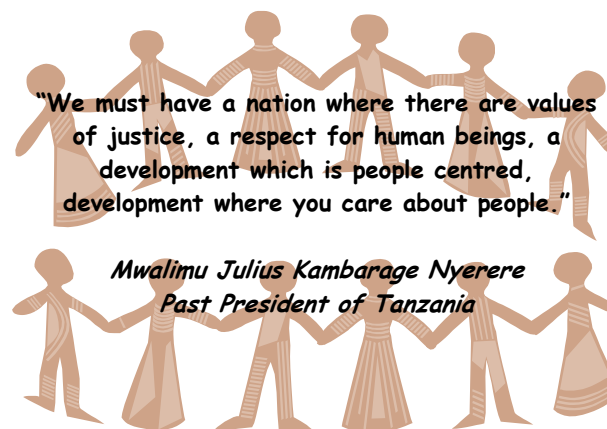
To decrease the incidence of HIV among adults and children and to increase the level of care and support for those affected by HIV/AIDS in Uganda.

AIM'S GOAL

For men, women, and children in selected districts in Uganda to access and utilise appropriate, affordable and quality integrated HIV/AIDS prevention, care and support services.

AIM'S OBJECTIVES

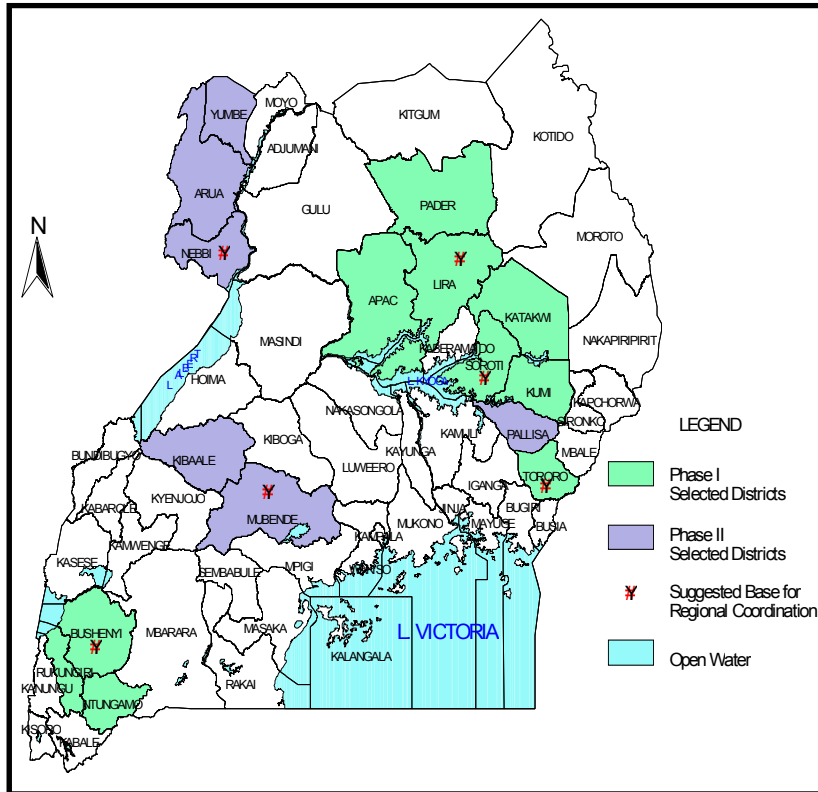
1. To support and strengthen the capacity of government, non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), and the private sector to plan, implement, manage and provide services at the national, district and sub-district level.
2. To increase integration and quality of comprehensive HIV/AIDS prevention, care and support services in selected districts and sub-districts.
3. To increase access to and utilisation of quality HIV prevention services in selected districts and sub-districts.
4. To increase access to and utilisation of quality HIV/AIDS clinical, community and home-based care in selected districts and sub-districts.
5. To increase access to and utilisation of quality social support services for people infected and affected by HIV/AIDS, including orphans, vulnerable children, and adolescents in selected districts and sub-districts.



"We must have a nation where there are values of justice, a respect for human beings, a development which is people centred, development where you care about people."

*Mwalimu Julius Kambarage Nyerere
Past President of Tanzania*

The districts selected for the AIM Programme



The district selection process was designed to be objective, transparent and consultative. Following a review and assessment process of all 56 districts, stakeholders recommended specific districts to be selected for the AIM programme. These were reviewed by the Ministry of Health and Uganda AIDS Commission. The final list of districts was agreed on and approved by the Government of Uganda, USAID and CDC at the end of February 2002. Of the 16 selected districts, 10 were chosen for Phase I of the AIM Programme with the remaining 6 starting in Phase II as resources are allocated. Phase I districts are Lira, Pader, Apac, Rukungiri, Bushenyi, Ntungamo, Katakwi, Soroti, Kumi, Tororo and Phase II districts will include Mubende, Kibaale, Pallisa, Nebbi, Arua, Yumbe.

District Operations Team

'Operations' is the AIM Programme's interface with the districts. It currently includes three regional coordinators who are based in the districts and who are in constant contact with the District HIV/AIDS Committees (DHACs) in their regions. They facilitate coordination of the AIM supported activities such as training at the district and regional levels and, jointly with the DHACs, will be involved in the monitoring and technical support visits to partner organisations.

With support from other technical departments of the programme, Health Services and Training and Capacity Building, the Operations Team provides the immediate and on the spot support in to the district's HIV/AIDS activities.

Operations will take a lead role in supporting the DHACs to develop their strategic plans based on the outcome of the situational analysis and the needs assessment exercise that AIM is conducting in all the districts.



District HIV/AIDS Committee (DHAC) activity in Apac district

Monitoring & Evaluation (M&E) Team

AIM has developed its own monitoring and evaluation framework with which to systematically follow-up on its implementation activities and to evaluate programme activities by assessing, appraising and determining the impact and quality of the AIM programme in terms of its relevance, efficiency, and effectiveness. It also serves to strengthen the capacity of government, NGOs, CBOs, FBOs and the private sector, through needs assessments, planning, reporting, learning from experience and demonstrating results and benefits.