

Which districts will AIM work with?

Although all districts in Uganda have their own specific HIV/AIDS needs, the AIM programme will not be able to work in all the 56 districts. Twelve districts will be selected through a consultative process involving Government Departments, NGOs/CBOs and International Agencies. A process to guide and develop the district selection criteria has begun. AIM believes that by starting in a few districts and building capacities of these selected districts, their neighbours will also benefit. If this model is successful, then it will be possible to replicate it in the remaining districts.

What does AIM hope to achieve in the next six months?

Working together with representatives from the Uganda AIDS Commission, Ministries of Health, Local Government, Education and Gender, NGOs and CBOs, AIM will conduct a rapid assessment of selected districts where the programme will be implemented. A base line survey will then be conducted in the selected districts and the findings will be used in future joint planning meetings with each individual district. A programme launch is planned towards the end of the year.

The AIM Programme began its operation in August 2001. The important process of establishing an office base and a strategic plan will continue to December.

Key Achievements to date:

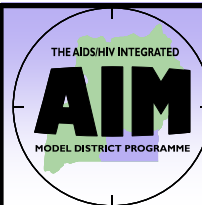
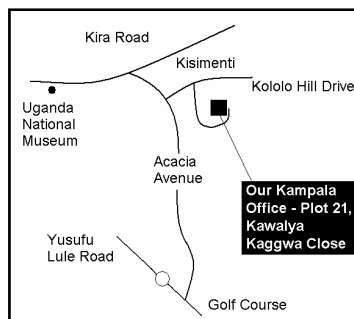
- Offices to house the national coordinating team have been established.
- Consultation and design of name and logo.
- Recruitment of national personnel to be part of the AIM team is underway.
- Consultative meetings between the MOH, UAC, USAID and CDC have been held.
- A Criteria Selection Working Group comprising of individuals representing key agencies met with AIM at the Kololo office on 19th September 2001. Through a process of active debate and focus groups, AIM was able to gather a list of criteria to be considered for the District Selection Process.

Any questions or queries? Please feel free to contact AIM:

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The AIDS/HIV
Integrated Model
District Programme



SCOPE

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Greetings and welcome to the first issue of SCOPE. It is our intention to keep our partners informed about all of our activities as the programme develops. Your suggestions, comments and input will ensure that this information is relevant to those who receive it.

Maurice Adams Programme Director

AIM - The AIDS/HIV Integrated Model District Programme

Uganda is one of the countries that has made great strides in combating the AIDS epidemic. With continuous declines in infection rates observed, many people might think that there is no need for yet another programme. However, although Uganda has made significant progress, there continues to be numerous challenges; HIV and sexually transmitted infection services are not uniformly available throughout the country, continuous provision of services is often difficult due to poor roads and transport, distance from centres, limited leadership and human resource capacity and civil unrest. In districts where services are available, they are often limited to towns, with sometimes only a few outreach and referral mechanisms in place. Nearly every district has an insufficient number of trained people to handle the range of medical and social needs.

The AIM programme has been designed to assist with increasing the provision of HIV/AIDS services. It will work closely with the districts, NGOs, CBOs and other partners to increase availability and access to these services. AIM is a new programme, but it is designed to support, strengthen and enhance existing services. The Ministry of Health and the Uganda AIDS Commission have welcomed AIM, and look forward to a close working relationship.

The AIM Programme is managed by JSI Research and Training with its sub-contractors World Education and World Learning on behalf of USAID/CDC.

The programme office is located in Kololo on Plot 21, Kawalya Kaggwa Close, Kampala. In future three regional offices will be established to serve the chosen districts.

Key Aspects of the Programme

AIM exists to strengthen and support organizations and individuals to participate in district level decision making which will result in broader access to quality HIV/AIDS prevention, care and support services. AIM proposes an approach that will be driven by the needs of local government agencies, NGOs and private sector working in the selected districts. The community and those affected by HIV will also have a vital role in the design of the programme. Through provision of technical assistance and involvement of grassroots level stakeholders, Aim will support the establishment and management of integrated services for those heavily impacted and burdened by HIV. This involves integrating other areas including TB, Malaria, Food security, Micro-nutrients, Water and Sanitation, income generating Projects, Gender issues, and orphan care.

Programme Strategy

In order to achieve the foal, AIM has an approach that comprises of:

- District based and community driven, owned and managed services
- Comprehensive, integrated and mulit-sectoral services
- Effective monitoring and evaluation at all levels
- “Twinning” or linking of districts
- Simultaneous phasing of all districts
- Sub contracting through districts and directly to NGOs and CBOs
- Capacity building through training and IEC

The main areas of intervention will be: primary prevention of HIV/AIDS care and support for men, women and children, and capacity building. Specific focus will be on Voluntary Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), Orphans and Vulnerable Children (OVC), Young People and Community Care.

FACTS FROM THE UGANDAN FIELD

Children Under 15 make up over 50% of the population
≈

Around 66% of women give birth at home without trained personnel.
≈

FACTS FROM FURTHER AFIELD

Two out of five children in Britain are illegitimate
≈

One Billion of the world's six billion inhabitants have never had a phone Call
≈

A Model AIDS/HIV Integrated Programme for Uganda

The Uganda HIV/AIDS Integrated Model District Programme is a five year initiative jointly funded by the United States Agency for International Development (USAID) and the Centre for Disease Control and Prevention (CDC). The formation of the Model Programme was devised following consultation with the Ministry of Health, Uganda AIDS Commission, International Agencies, NGOs, CBOs and those af-

Programme Name

fected by HIV/AIDS.

The AIDS/HIV Integrated Model District Programme – AIM – is the name that was agreed upon after extensive consultation. The name and logo were designed, tested, and found to reflect the focus of the programme, allow for easy logo design and provide accessible recognition. It highlights the important elements of the programme- an integrated model for comprehensive HIV/IDS services at district and sub-district level.

The Overall goal of AIM is to:

AIM's Goal and Objectives

Strengthen and support HIV/AIDS prevention, care and support services at the district and sub-district level

The two broad objectives of the programme are:

- To support 12 selected districts to plan, implement and monitor decentralized HIV/AIDS prevention, care and support services.
- To strengthen the capacity of NGOs, CBOs to plan, manage and provide essential services at national, district and sub-district level.

AIM...

...for a safe and healthy future



WIT AND WISDOM

“A leader should be light hearted and full of hope by means of facial expression, words and dress.”

Marshall Montecucoli, 17th Century Strategist