

The District Selection Process

The District Selection Process took several months as it was fundamental to the success of the AIM programme. The process was designed to be objective, transparent and consultative, and included stakeholders from Government, NGOs, CBOs and FBOs. The key stages in the process were:

- Criteria Selection Working Group formed in September 2001 and finalised criteria for the selection process.
- District Selection Group (DSG) was formed to recommend the districts for AIM 's programme.
- Independent, local consulting group was appointed to provide a district profile review of all fifty-six districts and identify a short list for further assessment. DSG sub-committee provided guidance to the consultants.



Representatives from a district presenting their HIV/AIDS plans to the AIM District Assessment Team

- DSG reviewed consultant group recommendations and agreed on the districts to be further assessed.
- Short listed districts were notified in December 2001, and between January and February 2002 eight teams consisting of representatives from DSG, consultants, and AIM visited and assessed twenty five districts.

- DSG reviewed the assessment team's findings and recommended specific districts to be selected for the AIM programme.
- Recommended districts were reviewed by the Ministry of Health and the Uganda AIDS Commission, and a final list of districts was agreed on and approved at the end of February 2002.



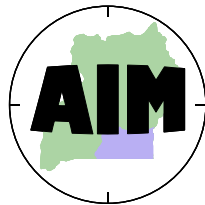
The AIM District Selection Group discussing the Assessment Team's reports

- Of the 16 chosen districts, ten were selected for Phase I of the AIM Programme with the remaining six starting in Phase II as resources are allocated.

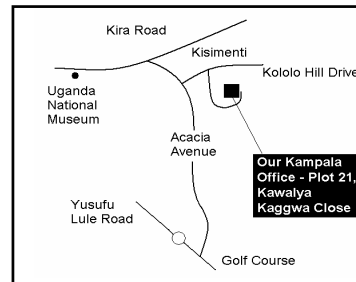
The map shown on the front page indicates the Phase I and Phase II selected AIM districts.

Any questions ? Please feel free to contact AIM:

The Communication and Information Co-ordinator
Plot 21, Kawalya Kaggwa Close, PO BOX 12009,
Kampala, Uganda
Ph: 041 346292/8, 345845, 345836
Fax: 041 346286
info@aimuganda.org



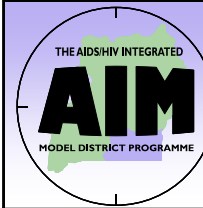
The AIDS/HIV Integrated Model District Programme



The AIDS/HIV Integrated Model District Programme is funded by USAID and CDC

AIM is a JSI R&T managed project

The views expressed by the authors do not necessarily reflect those of USAID or CDC



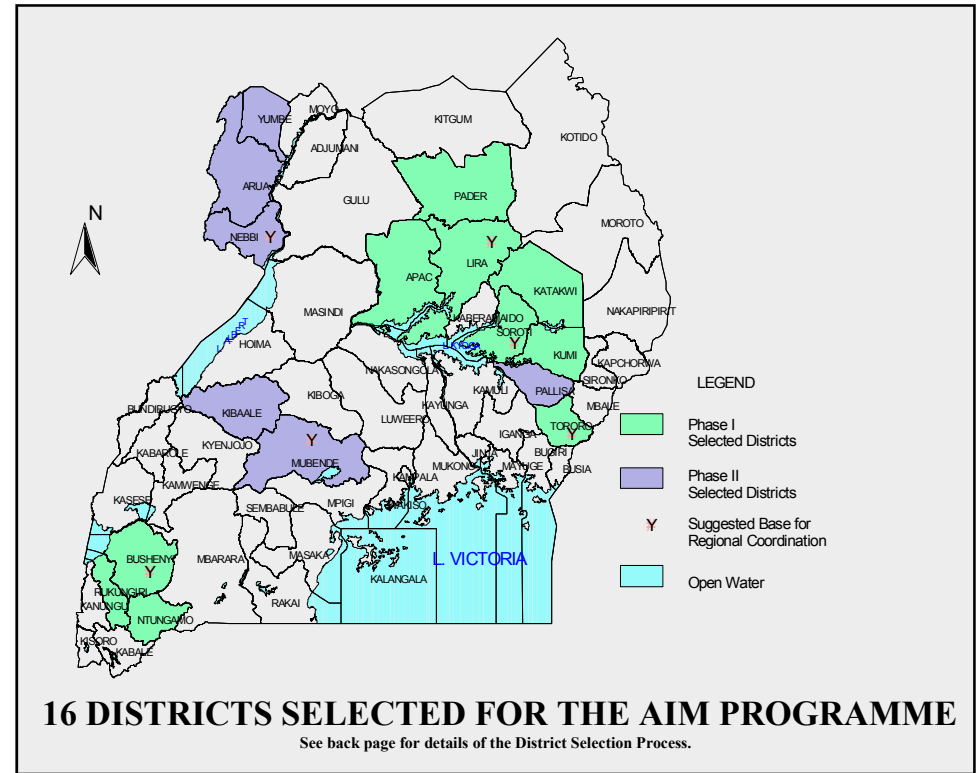
SCOPE

MARCH 2002

SPECIAL LAUNCH EDITION

Issue No. 03

AIM - officially launched by the Minister of Health - 26th March 2002



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 Centres 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 affected by HIV/AIDS.



Key Aspects of the Programme

AIM'S BACKGROUND

The AIM programme has been designed to assist with increasing the provision of HIV/AIDS services at district and sub-district level. It will work closely with local government, NGOs, CBOs, FBOs, the Private Sector and other partners to increase availability and access to these services. Although AIM is a new programme, it does not duplicate other initiatives as 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.

AIM'S GOAL

Men, women, and children in selected districts in Uganda to have the ability to access and utilise appropriate, available, affordable and quality HIV/AIDS prevention, care and support services.

AIM'S OBJECTIVES

1. To strengthen the capacity of government, non-governmental organizations (NGOs), community-based organisations (CBOs), faith-based organizations (FBOs), and the private sector to plan, implement, manage and provide services at the national, district and sub-district level.
2. To increase the level and quality of integration of HIV/AIDS prevention, care and support services at the district and sub-district level.
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.

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.

AIM'S STRATEGY

The integrated approach AIM has adopted is designed to be driven by the needs of the community and includes a comprehensive plan with key interventions:

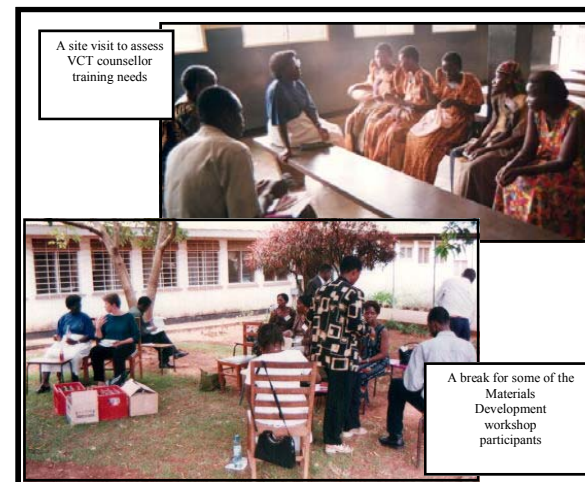
- Simultaneous roll out of selected districts with phased implementation.
- Linking of selected districts.
- Networking through partner collaboration.
- Comprehensive, integrated and multi-sectoral services.
- District-based and community driven, owned and managed services.
- Capacity building through training and IEC.
- Sub granting through districts and directly to NGOs and CBOs.
- Effective monitoring and evaluation at all levels.

The two main areas of intervention will be HIV primary prevention and AIDS care and support for men, women and children. Specific attention is given to Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), Orphans and Vulnerable Children (OVC) and Young People and Community Care. AIM Regional Personnel will coordinate these activities supported by the Kampala team.

AIM Activities

In addition to the District Selection Process and the establishment of the programme, AIM has been actively involved in a range of activities and projects:

VCT Training Curriculum: In response to an expressed need of stakeholders including AIC and the MOH, AIM held consultative meetings to identify gaps in HIV/AIDS counsellor training materials with a view to standardise a national VCT counsellor training curriculum. As a result, and working closely with MOH and AIC, AIM organised and conducted a VCT counsellor training materials revision workshop from 17th February - 1st March and trained a team of ten trainers from MOH, AIC and UPMA in adult learning cycle, experiential learning techniques, and conducting occupational site audits to identify learners' needs. The revision of current VCT counsellor training materials has begun, and a proposed delivery plan and curriculum design is in place. It is hoped that a final draft will be submitted to MOH for approval and endorsement by June 2002.



Joint Institutional Assessment: Strengthening the capacity of NGOs to manage, plan and provide essential services at district and sub-district level is one of the goals of AIM. Building partnerships between AIM and the NGOs is crucial. In collaboration with UNASO, AIM has identified twelve national level indigenous NGOs engaged in HIV/AIDS activities, for the purpose of offering training and assessment in organisational development. A participatory tool, the Joint Institutional Assessment (JIA), will be used in the process of assessing the capacity of each NGO in order to strengthen the planning, management, and implementation of support services nationally and at sub-district level.



AIM was pleased to support various groups at the 2001 World AIDS DAY

AIM Resource Centre: The Kampala office is developing a Resource Centre offering the most recent information on HIV/AIDS and development issues available for Uganda and other countries. Books, magazines, articles and multi-media are available on-site with facilities to use the world wide web. Primarily designed for AIM's partners, the Resource Centre will be available for all to use.

NGO Support: In the spirit of last year's World AIDS Day theme, / Care, Do You?, AIM provided support to several NGO's for displays and presentations and subsequently with equipment and technical assistance for their organisation.