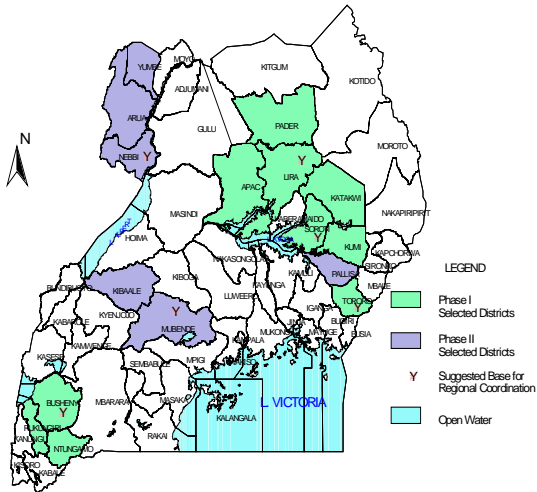


Where are the AIM Districts?

The AIM District Programme will be working with the 16 districts that were agreed by the Government of Uganda, USAID and CDC at the end of February 2002. Of these model districts, ten were chosen for Phase I of the AIM Programme with the remaining six in Phase II.

Phase I districts are Lira, Pader, Apac, Rukungiri, Bushenyi, Ntungamo, Katakwi, Soroti, Kumi, Tororo. Phase II districts are Mubende, Kibaale, Pallisa, Nebbi, Arua, Yumbe.



Regional Offices

AIM coordinates its work through district representatives in each selected district. In addition, three regional coordinators ensure quality management and communication.

Eastern Region (Soroti)

Tel: 045 61836

Western Region (Bushenyi)

Tel: 048 642694

Northern Region (Lira)

Tel: 0473 20284

How to contact AIM

Central Office and HIV/AIDS Resource Centre

A technical team based in Kampala is available to support both national and district initiatives.

Location: First Floor,
Nakawa Building,
Plots 3-7 Old Port Bell Road,
Nakawa,
P. O. BOX 12009,
Kampala,
Uganda.

Tel: (+256) 078 260657/8, (041)
222011/19/20/21

Fax: (+256) 041 222035

Email: info@aimuganda.org

Website: www.jsi.com/aim

*For a visit, any questions or queries?
Please feel free to contact the
Communication and Information
Co-ordinator.*



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The views expressed by the author(s) do not necessarily reflect those of USAID or CDC



The AIDS/HIV Integrated Model District Programme



QUALITY
HIV/AIDS/TB
SERVICES FOR
MORE PEOPLE



What is AIM?

AIM is part of Uganda's efforts to tackle HIV/AIDS. AIM plans to establish effective and replicable models in 16 districts that successfully contribute to the decrease in HIV incidence, while playing a significant role in increasing HIV/AIDS integrated care and support services.

AIM works in partnership with government, non-governmental organizations (NGOs), community based organizations (CBOs), faith-based organizations (FBOs) and the private sector to ensure that more men, women and children in selected districts in Uganda, access and utilise appropriate, affordable and quality HIV/AIDS prevention, care and support services.

How does AIM operate?

AIM, with funding from USAID and CDC, started in Uganda in July 2001 with a mandate from the Government of Uganda (GOU). It works with the Uganda AIDS Commission (UAC), Ministry of Health (MOH) and other ministries and agencies. At a national level AIM supports activities such as HIV/AIDS policy and guideline development, TB initiatives, networking and collaboration with government and NGOs. However, the primary focus of AIM's involvement is in the districts. In particular, AIM works with the District HIV/AIDS Committees (DHAC's) and their partners. AIM does not directly implement but supports and strengthens district level service implementation through technical assistance and financial support.



QUALITY HIV/AIDS SERVICES FOR MORE PEOPLE

AIM is a collaborative partnership driven by needs identified by the selected districts. The districts plan, implement and are responsible for their own HIV/AIDS/TB programmes. With support from AIM the task is to expand and establish quality HIV/AIDS services for more people.

AIM assists at the national, district and sub-district level by:

Strengthening and supporting the capacity of district government, NGOs, CBOs, FBOs and the private sector to ensure access to high quality HIV/AIDS services.

Enhancing integration of comprehensive HIV/AIDS prevention, care and support services.

Increasing quality of HIV prevention clinical, community and home based care, and social support services for people infected and affected by HIV/AIDS including orphans and young people.



What is a 'model' district?

What makes an 'AIDS/HIV Integrated Model District Programme?' AIM, together with its partners, has defined ten core services to constitute a comprehensive package for a model district programme. These are:

- Voluntary Counselling and Testing (VCT)
- Targeted prevention efforts for at risk populations
- Clinical care, prevention and treatment of Opportunistic Infections (OI's)
- Clinical care including prevention and treatment of Tuberculosis (TB)
- Community/home based care of HIV/AIDS
- Prevention of Mother to Child Transmission of HIV (PMTCT)
- Orphans and Vulnerable Children (OVC) interventions
- Adolescent friendly/appropriate services
- Sexually Transmitted Illness (STI) management
- Laboratory capacity

The integration of these services at all levels primarily through a client referral mechanism, is vital for the success of this model programme. In addition to the core services, AIM will promote the provision of other crosscutting services such as condom education and promotion, behaviour change communication (BCC), and monitoring and evaluation.