Model District Programme

Annual Report
Programme Year 1
JUNE 2001 – JULY 2002

AIM is a USAID and CDC Funded Project

Implemented by JSI Research & Training Institute, Inc. with World Education and World Learning

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ACRONYMS

ACP	AIDS Control Programme
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS/HIV Integrated District Programme
ART	Anti retroviral therapy
ARV	Anti-Retroviral
BCC	Behaviour Change and Communication
CBOs	Community Based Organisations
CDC	Centre for Disease Control and Prevention
CMS	Commercial Marketing Services
DDHS	Director District Health Service
DfID	Department for International Development
DHAC	District HIV/AIDS Committee
DHS	Demographic and Health Survey
DISH	Delivery of Improved Services for Health
DOPs	District Operations
DOTS	Directly Observed Treatment, Short course
DRI	District Response Initiative
FBOs	Faith Based Organisations
FGDs	Focus Group Discussions
GOU	Government of Uganda
HA	HIV/AIDS
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IGAs	Income Generating Activities
IMAU	Islamic Medical Association of Uganda
INGO	International NGO Forum
IUTLP	International Union of TB and Lung Disease Prevention
JIA	Joint institutional assessment
JSI	JSI Research and Training Institute, Inc.
LIFE	Leadership in Fighting an Epidemic
M&E	Monitoring and Evaluation
MOH	Ministry Of Health
MOLG	Ministry Of Local Government
NA	Needs assessment
NACOWLA	National Coalition of Women Living with AIDS
NAPLWA	National Association of People Living with AIDS
NGOs	Non Governmental Organisations
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children.
PLWAs	People Living With AIDS
PIASCY	Presidential Initiative on Youth and AIDS Education
PMTCT	Prevention of Mother to Child Transmission
RC	AIDS/HIV Integrated Model District Coordinator

SA	Situational Analysis
SA/NA	Situational Analysis/Needs Assessment
SDU	Strengthening Decentralization in Uganda Project
STI	Sexually Transmitted Infections
T&CB	Training and Capacity Building
TA	Technical Assistance
TASO	The AIDS Support Organisation
TB	Tuberculosis
THETA	Traditional and Modern Healers Practitioners Together Against AIDS other Diseases
TOT	Training of Trainers
UAC	Uganda AIDS Commission
UACP	Uganda AIDS Control Project
ULAA	Uganda Local Authorities Association
UNASO	Uganda National AIDS Service Organization
UNANM	Uganda National Association for Nurses and Midwives
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWESO	Ugandan Women's Effort to Support Children
VCT	Voluntary Counselling and Testing
WB	World Bank
WE	World Education
WL	World Learning

GLOSSARY

Access: ability to obtain needed services from designated/identified facilities on a regular and consistent schedule.

Basic core services: see *Core HIV/AIDS Activities.*

Clinical care centres: a health facility that provides health services in more than one medical area of expertise.

Community care: social support provided by community members of organisations to individuals and their families.

Coordination: A process promoting information exchange, which builds alliances between different organisations and facilities creating cooperation, complementary and collaborative programmes that reinforce one another.

Core HIV/AIDS Activities: the ten HIV/AIDS core activities/services identified as being essential for the prevention and treatment of those affected by HIV/AIDS.

Functional DHAC: official district level HIV/AIDS coordinating body that meets regularly, adheres to the UAC DHAC Guidelines and has a strategic and monitoring plan in place.

Health Facility: any public, private or NGO setting that provides medical services.

Health Visit: a scheduled or unscheduled visit by a person to a health facility prompted by the need for medical attention.

Home-based care: clinical and non-clinical palliative care support provided to people living with HIV/AIDS within their home.

Integrated: HIV/AIDS prevention, care and support services, which are planned, implemented and monitored in a coordinated manner.

District Integrated AIDS/HIV Services: a facility or group of facilities that provides at least five of the ten AIM core services including VCT.

Quality clinical care: medical care that at a minimum meets national MOH standards and guidelines.

Social support: counselling, social services, economic assistance and end of life planning provided to people living with HIV/AIDS and their families, orphans, vulnerable children and widows.

Strengthen and support: to build upon and reinforce existing services.

TB centre: any public, private or NGO setting that has the facilities, trained staff, medicines, materials and laboratory services necessary to provide TB care.

VCT centre: any public, private or NGO setting that has facilities, trained staff, and materials necessary to provide HIV VCT.

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EXECUTIVE SUMMARY

This annual report brings to a close an eventful first year for the Ugandan AIDS/HIV Integrated Model Programme (AIM). The programme is in a good position to build on this year's success and to implement its second year workplan. The national activities are being fulfilled and the district-level activities are now being implemented. Relationships with the ten Phase I District HIV/AIDS Committees (DHACs) are being developed with Government of Uganda (GOU) partnerships in full support of AIM programme activities.

AIM actively seeks to work with the GOU and non-governmental organizations (NGOs) in stemming the tide of AIDS by strengthening ongoing efforts and collaborating to build a system of service across the continuum of prevention, care and support. AIM is supporting and strengthening local governments, NGOs, community-based organizations (CBOs), faith-based organizations (FBOs) private organisation (POs) so that the level of service provision in selected districts is scaled up both in terms of quality and quantity.

Following a long collaborative but necessary process of district selection, the AIM team began implementing district activities immediately once selections were made final by the Ministry of Health, United States Agency for International Development (USAID) and the Centres for Disease Control and Prevention (CDC) on February 17, 2002. AIM immediately started to work with selected districts by informing the districts and beginning the process of partnership and programme implementation.

AIM was officially launched on 26th March, 2002. The launch was the culmination of a successful collaboration between JSI Research and Training Institute, Inc. (JSI), World Education, Inc. (WEI), and World Learning (WL), USAID, CDC and GOU to identify a group of districts that demonstrated an interest in working together to expand access to quality HIV/AIDS prevention, care and support services. Ten districts were selected for Phase I, with an additional six to come on board later in 2002. On that same day, an initial meeting was held with the ten Phase I districts to explain in greater detail the AIM Programme and discuss short-term start-up activities.

Following the launch, the AIM team visited the Phase I districts on several occasions for introduction, sensitisation, assessment and mobilisation meetings. The situational analysis (baseline study) was started along with the Health Facility and Infection Prevention study (in partnership with the USAID-funded DELIVER Project and Macro International).

Amidst all the practical start-up activities, the crucial role of bridge building and collaboration was undertaken. The role of AIM as a catalyst for integration and cooperation necessitates the need for a unified approach in all areas. This has been particularly important as AIM found its place within the Ministry of Health

(MOH) and with the Ugandan AIDS Commission (UAC). It has been a long but essential process to establish the appropriate working relationship with both MOH and UAC as well as other Government ministries. There has been an on-going positive relationship with the UAC, MOH and Ministry of Local Government. These partnerships have not only assisted AIM in selecting districts but will also assist the programme at the district level and also for national initiatives. Other positive areas of co-operation have also developed with various funders and international agencies, including UNAIDS, DfID, the USAID-funded Strengthening Decentralisation in Uganda (SDU) Project, International NGO Forum (INGO), The AIDS Support Organisation (TASO), AIDS Information Centre (AIC), and of course AIM partner NGOs.

The on-going activities with the AIM partner NGOs included joint institutional assessments (JIAs), which will assist the capacity building for their national and district organisation. Support for the Barcelona International AIDS Conference was provided to a women's Non-Governmental Organisation (NACWOLA), so they could present at the Conference along with AIM staff who presented on the VCT training manual development and role of consultation.

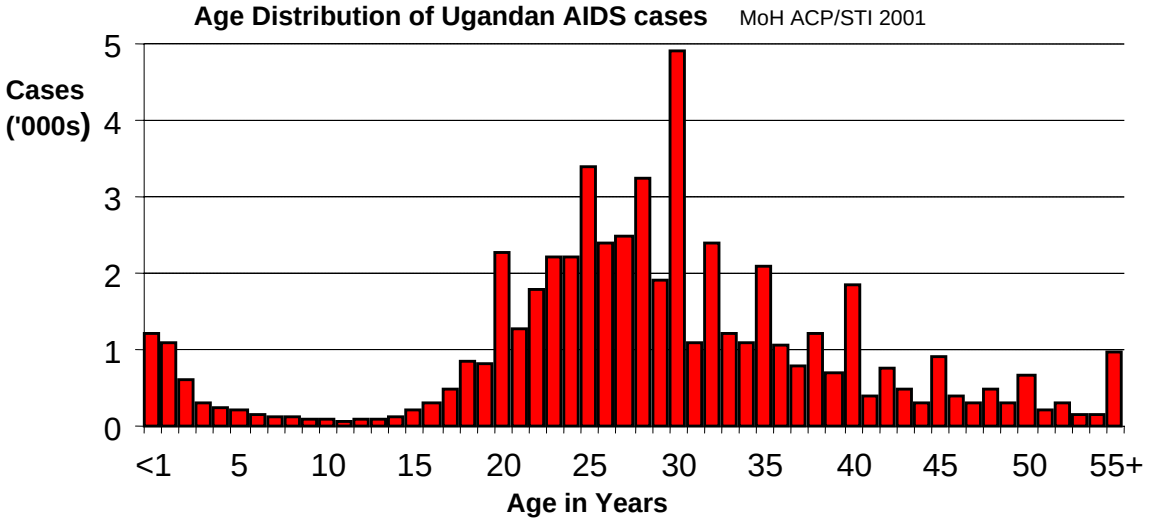
During the year, AIM also took the opportunity to support some national programme activities and begin work in several critical technical areas. In supporting World AIDS Day and the efforts of a number of Ugandan organizations, AIM assisted six agencies to conduct a wide range of communication and programme activities.

AIM's concentrated focus on finalising the monitoring and evaluation framework (M&E), and strategic, activity and work plans involved consultation with key stakeholders and input from partners, which aided the AIM team in refining the final documents

The second year of the AIM programme is focussed on direct district-level activities. There are already many plans for funding and procurement of essential items including laboratory equipment along with the necessary support to the District Coordinating Committees that are responsible for the HIV/AIDS services at district level.

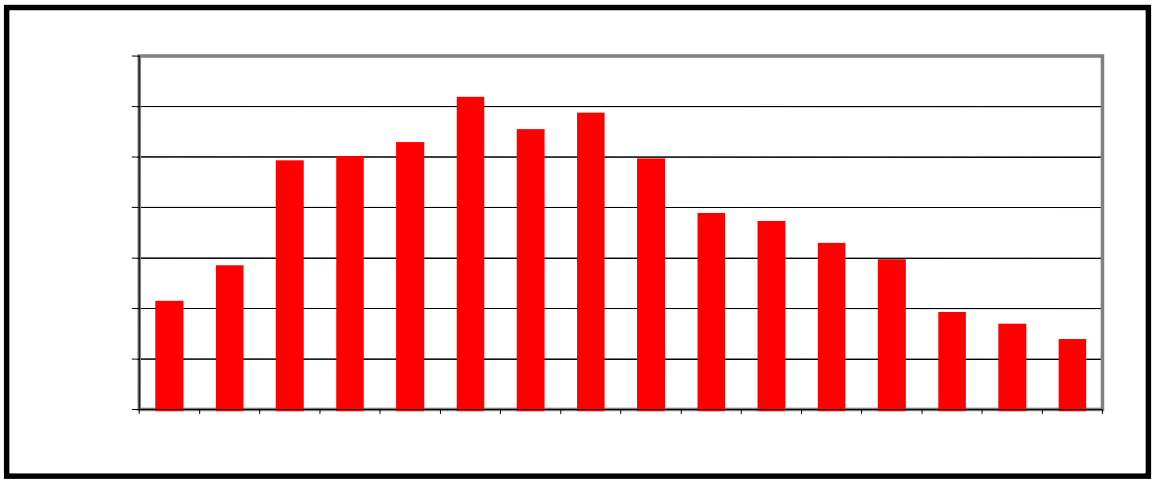
THE CHALLENGE

Since 1983 when the first AIDS cases were recorded, 58,165 people living with AIDS have been reported to the surveillance unit of the Uganda STD/AIDS Control Programme. These numbers, however, fail to represent the toll of the AIDS epidemic given the Government of Uganda estimate of 1.1 million people living with HIV/AIDS, of which 99,081 were newly diagnosed with AIDS in 1999. As in many African countries, Ugandan women are disproportionately impacted by HIV/AIDS. An estimated 55% of adults living with AIDS are women, and HIV/AIDS prevalence among adolescent women is nearly double that of men. An estimated 848,492 people have died of AIDS, while an estimated 1.7 million children have been orphaned since the beginning of the epidemic, nearly 1 million of whom were alive at the end of 2000.



Recent surveillance data indicate that a critical turn has been made in the reduction of HIV/AIDS prevalence. Surveillance data from selected antenatal clinics in the country show continuous declines. Voluntary counselling and testing (VCT) sites report decreased HIV infection rates in both men and women coming for antibody testing. Condom usage has also been reported to be on the increase in surveyed districts. The Government of Uganda (GOU), NGOs and the private sector have made an impressive effort in establishing programmes that have contributed towards creating awareness and extending services. Educating the population about the epidemic and how the virus is spread, HIV testing, Sexually Transmitted Infections (STI) screening and treatment, condom availability, support for People Living with HIV/AIDS (PLWHAs), are but some of the initiatives undertaken by the different groups to stem the epidemic.

HIV prevalence rate in pregnant women in urban area in Uganda % MoH ACP/STI 2001



Despite this apparent success, Uganda still faces numerous challenges. Basic HIV/AIDS services are available in less than half of the country's 56 districts. Where services are available, the geographical spread is limited. The district health offices, NGOs and Community Based Organisations (CBOs) face a variety of constraints including; limited institutional capacity to expand critical services, inadequate personnel training and supervision, limited training of trainers (TOT), prevention of Mother to Child Transmission (PMTCT) and limited access to anti-retroviral therapy (ART). In addition to this, the issues of new and emerging opportunistic infections and of second generation HIV/AIDS prevention and care will challenge us all.

The formation of the Model District Programme model was devised following consultation with the Ministry of Health (MOH), Uganda AIDS Commission (UAC), International Agencies, NGOs, CBOs and PLWHAs. The financial supporters of the programme, The United States Agency for International Development (USAID) and The Centers for Disease Control and Prevention (CDC), as an outcome of the LIFE Initiative, ensured that a broad consultation was carried out prior to the development of and invitation for bids to manage the programme. JSI Research & Training Institute Inc. (and its partners World Learning Inc. and World Education Inc.) was awarded the cooperative agreement in June 2001 to implement and manage the programme.

PROGRAMME BACKGROUND

The AIM programme has been designed to assist with increasing the provision of quality integrated HIV/AIDS services at district and sub-district level. AIM will work closely with local government, NGOs, CBOs, FBOs, the Private Sector and other partners to increase availability and access to a range of core comprehensive services in selected districts. Although AIM is a new programme, it does not duplicate other initiatives as it is designed to support, strengthen, enhance and establish services. The Ministry of Health and the Uganda AIDS Commission have welcomed AIM and look forward to a close working relationship.

The 'Uganda HIV/AIDS Model District Programme' was the working name given during the inception of the programme. After extensive consultation, it was agreed that this name should be changed to better reflect the focus of the programme, allow for easy logo design and provide accessible recognition. The new name was shared and discussed with many stakeholders in small groups and at individual level. Based on these discussions and assessments, Commercial Marketing Strategies (CMS) assessed the name and logo. 'The AIDS/HIV Integrated Model District Programme' -**AIM**- became the chosen title for the Programme.

PROGRAMME MISSION

To establish effective and replicable models that successfully contribute to the decrease in HIV prevalence and incidence in Ugandan adults and children, and that play a significant role in increasing the level of care and support to all those in Uganda affected by AIDS.

PROGRAMME 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.

PROGRAMME DEVELOPMENT TIME LINE

2001

June 1 – Cooperative Agreement awarded to JSI

June - July - COP and JSI Senior Advisor visit Uganda for stakeholder meetings

July - Senior Programme Personnel initiate programme start-up

September 19 - Criteria Selection Working Group formed

October - November - District Selection Assessments conducted

December 15 - Recommended districts for AIM implementation put to MOH and UAC

2002

January - MOH and UAC deliberate with USAID and CDC on selected districts

February 17 - Final approval of recommendations made for Phase I and Phase II district implementation process

February 19 - Phase I Districts (10) informed of their selection. Amended District Assessment Process for 6 extended districts (Phase II).

March - June - Recruitment of District Co-ordinators

April - District introductions/assessment

May - District sensitisation

June - District Health Facility Survey conducted (baseline)

July - District Situational Analysis and Needs Assessment started (baseline)

PROGRAMME OBJECTIVES

1. To strengthen and support the capacity of district government, non-governmental organisations (NGOs), community based organisations (CBOs), faith-based organisations (FBOs) and the private sector (Pos) to plan, implement, manage and provide quality HIV/AIDS 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.

3. To increase access to and utilisation of quality HIV prevention services in selected districts and sub districts.

4. To increase access and utilisation of quality HIV/AIDS clinical, community and home-based care, in the selected districts and, at sub-districts.

5. To increase access 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.

PROGRAMME APPROACH

The 'support and scale-up' approach of the AIM programme will be driven by the needs of selected districts, supported by the Situational Analysis/Needs Assessment as perceived by local government, NGOs, CBOs, FBOs and the private sector it is district driven as opposed to donor driven. This is a collaborative, multi-sectoral and cross-district integrated approach involving stakeholders with the view of supporting long-term sustainability, ownership and decentralised management. To achieve this, the strategy has five key components:

- 'twinning' or linking of districts
- simultaneous roll out of selected districts with phased implementation
- capacity building through training and technical assistance
  phasing of all selected districts simultaneously,
- sub-granting through selected districts and directly to NGOs, CBOs and FBOs.
- effective monitoring and evaluation at all levels

COLLABORATION AND INTEGRATION

Partnership and collaboration with stakeholders are critical elements for AIM's objectives are to be achieved. As soon as the Cooperative Agreement was awarded senior JSI staff paid courtesy visits to MOH, UAC, AIC, TASO, UNASO,

CMS, UNICEF, WB, UWESO, UNMA, UAC, ACP, UACP (MAP), IMAU, THETA, DISH and NACWOLA. The purpose was to make further contact with agencies visited during proposal preparation and to introduce the programme. Agency staff members were briefed about start-up activities and the District Criteria Selection Process. The meetings served as a basis for future discussion about the roles the different organisations will have in the programme. A meeting with Dr. Adatu, Manager of the MOH TB and Leprosy Programme was also held to introduce AIM and to discuss plans. This latter meeting was arranged as AIM had been asked to integrate a TB component into their programme.

Key Meetings with MOH/UAC

A planning meeting with Ministry of Health, USAID/CDC, and AIM was held on the 11th September, 2001. The key people present were: Prof. Francis Omaswa (Director General, MOH), Dr. Dennis Lwamafa (CHS - NDS), Dr. Joshua Musinguzi (Director Planning and Health), Dr. Wilford Kirungi (EPI, ACP), Dr. Saul Onyango (PMTCT, Coordinator, ACP), Ms Suzzane McQueen (USAID), Ms Elise Ayers (USAID) and Dr. Maurice Adams (AIM).

Professor Omaswa welcomed the AIM Programme to Uganda. The key elements identified for the success of the programme included a need to identify a clear entry point, that all interventions must take the country's fight against AIDS forward and not backward, and there must be a spirit of trust between MOH and implementing agencies/partners. For this reason, AIM was asked to consider who would be its 'parent Ministry'.

It was agreed that the MOH would be the parent body and that a team comprised of representatives from the Minister of Health, Planning and Policy Development and Ministry of Local Government would be identified to serve as the 'point of entry' contact. This would be AIM's 'entry point' into the districts and ACP would be the main counterpart/partner. Dr. Dennis Lwamafa would chair and Dr. Musinguzi would serve as the primary contact. Dr. Kirungi and Dr. Kaweesa would be members of the initial "point of entry" committee.

The relationship with the UAC has grown stronger during the year. There is been recognition that AIM has a great deal to offer the UAC in their role as co-ordination of the HIV/AIDS efforts in Uganda. The relationship with the two key executives (Dr. Kihumuro Apuuli and Prof. John Rwomushana) is long standing and AIM regularly consults with them. Similarly, UAC has called upon AIM on several occasions. AIM is now an official participant in the UAC Partnership Forum (a newly established consultation group) and regularly sits on committees (e.g., National AIDS Conference and the Presidential Initiative on Youth and AIDS Education [PIASCY]).

Significantly, AIM has taken a lead role in assisting UAC to draw up National Guidelines for District HIV/AIDS Co-ordination. These guidelines should be available and rolled out in September 2002 for the national consensus gathering

of all district leaders. This will be in time for AIM's direct intervention at district level following the situational analysis and needs assessment.

Key meetings with INGOs and NGOs

As AIM was starting to find its place in the existing structure of HIV/AIDS agencies in the government and non-government sector, a number of groups wished to discover more about the programme and how they could liaise. Many meetings were arranged, including:

DANIDA	:	World Bank	:	Nnabagereka Development Trust
UNASO	:	ACET	:	Uganda Business Coalition
UNAIDS	:	NPLWA	:	Save the Children
UNICEF	:	CARE	:	DfID
GOAL	:	Irish AID	:	Academic Alliance

Even though AIM is not an international NGO (INGO), the Director was invited to assist with establishment of the new INGO Forum. AIM will continue to work closely with the INGO agencies in Uganda and regularly meets with the INGO Forum Chair.

Key Meetings USAID/CDC

- USAID and CDC officers are regularly involved in AIM gatherings. Their advice and support is valuable and essential, particularly in areas such as the M&E plan, VCT Training Manual technical input and other programme considerations. At the beginning of the programme, AIM produced a monthly Programme Update. After the districts had been selected it was agreed that AIM would meet monthly with USAID and CDC to discuss the programme status and identify key issues for attention. A number of meetings were held with USAID staff to discuss modifications to the CA to accommodate the agreement USAID made with GOU for the additional Phase II six districts.

- A meeting took place between AIM senior staff and the USAID Mission Director, Dawn Liberi. During the meeting, the Director welcomed the JSI team to Uganda and reiterated the need to develop a close working relationship with LC3 and LC5 wherever we'll be working. She also emphasised the need for transparency in the selection of districts where AIM will be working. The JSI team informed her of plans to hold a meeting for key stakeholders in September 2001 to develop the criteria for district selection.

- A meeting was held with the USAID EXO, Don Brady, Executive Secretary and Shipping/Expeditor, to brief the JSI team on guidelines for processing work permits, local hire staff regulations, medical insurance scheme, and vehicle procurement.

- After the departure of many of the senior staff at USAID/Uganda, AIM staff had the please of briefing Rudi Thomas who is now in post and Robert Cunnane who will be in post August 2002. AIM looks forward to introducing the programme to the new USAID team and fostering a positive working relationship.

Other related meetings

- The US Ambassador was updated on the AIM programme. His comments on the multi-sectoral and cross-cutting aspects of HIV/AIDS were noted. In addition, the Ambassador's perspective on the AIM logo was taken back to the AIM team and subsequently the design was modified.

- Krista Stewart, who offers programme support to USAID from Washington, visited AIM during her recent trip to Uganda. It was helpful to understand her supportive role to the Mission and useful to present to her the AIM programme and personnel at a more personal level. AIM will endeavour to communicate significant developments to the USAID Washington office.

- Macro International (Greg Pappas) visited CDC and USAID to discuss the possibility of a household sero and behavioural baseline survey with a focus on the AIM districts. In principle, this was agreed to by CDC (Drs. Mermin and Kabatesi) and USAID (Angela Franklin Lord). AIM was asked to consider indicators to contribute to the baseline as the AIM districts would be considered as a target for the survey.

- A meeting with Reuben Granich, Medical Epidemiologist for CDC, was held to inform AIM of the general TB programme in Uganda and the role CDC will have along with the International Union of TB and Lung Disease Prevention (IUTLP) Assessment.

- The USAID-funded Strengthening Decentralisation in Uganda (SDU) project was asked by the mission to explore the possibilities of the two organisations working together. It was agreed that SDU could offer certain specific training courses in the AIM districts. Discussion of the type of training requests revolved around leadership, management and financial procedures has lead to a proposal for Programme Year 2.

PROGRAMME PLANNING

The primary focus of AIM activities during the first six months was assessing and selecting the districts in which the programme will collaborate. During the second six months of AIM's first year the emphasis shifted to working with districts to conduct a comprehensive situation analysis (something that had not been done in most districts) for the baseline surveys. The selection and assessment

process was thorough and inclusive. At times, the process may have appeared slow, but the consultative methodology implemented will be vital to the programme's long-term success.

District Selection

The process of district selection was guided by an advisory group comprised of both the government and other stakeholders in the NGO and private sectors at national and community levels. These agencies participated in a process to guide and develop the selection criteria. The districts for the AIM programme were selected through a transparent and consultative process. The importance of this cooperation and partnership cannot be underestimated. Districts are at different stages in their response to the epidemic. The initial concept of *ready-to-go* districts (with strong local government support and basic HIV/AIDS services) supporting the *underserved* districts (with limited or no HIV/AIDS services and few NGOs) has in part changed since the project was designed.

It has become clear that the categorisation of districts is not so simple. All districts had shown various levels of strengths during the assessments that could be used to benefit other districts in the AIM programme. Additionally, the concept of linking districts was not always greeted enthusiastically by all districts. The linking of districts in a regional cluster is a key approach to the AIM strategy, which will help to facilitate the transfer of skills and capabilities. This strategy is starting to be implemented in the AIM regional clusters.

Initially, 10 of 56 districts of Uganda were to be chosen for the AIM programme. It was essential that the selection process be well managed to ensure a successful five years of programme implementation. Four consultancy groups were interviewed for the initial task of a district desk review. The chosen group, Impact Associates, conducted a desk analysis of secondary information on all the 56 districts of Uganda.

A thirteen-point criteria was then developed by the Criteria Selection Working Group to analyse available district-specific information on integrated HIV/AIDS services. Initially 20 districts were selected by the District Selection Working Group. Based on consultations with AIM programme stakeholders, another five districts that met the criteria were selected, for a total of 25 selected districts.

Teams of AIM staff and representatives from the government, NGOs and USAID visited the 25 candidate districts between January and March to learn more of their programmes and hear how they might benefit from and contribute to AIM. Districts then made presentations to the team on HIV/AIDS related activities, plans and programmes. The teams reported back to the District Selection Working Group, which made recommendations regarding the final districts to AIM Steering Group.

In response to the GOU request that additional districts be considered, USAID suggested that the AIM Programme be expanded to accommodate extra districts considered necessary to provide a representative sample of districts. AIM assessed the recommendations and with guidance from CDC and USAID (and following further district assessments) proposed a total of 16 districts. The districts were divided into Phase I (10) and Phase II (6) for phased implementation. The second phase would start when the CA was appropriately modified. A district map showing the districts is found in the Appendix.

An abstract detailing this process was submitted to the Barcelona XIV AIDS conference. USAID, MOH/UAC co-authored.

AIM PROGRAMME LAUNCH

The AIM launch brought together representatives from the ten Phase I districts at the AIM office on March 26, 2002. The meeting introduced AIM to the first ten districts and set out the expectations and commitments that would be required for AIM/district partnerships to succeed. This was a well-attended gathering that solicited many important questions. Many, if not all, districts were under the impression that AIM was a standard donor type of agency providing finances in the areas of agreed need. AIM explained that is was not a typical donor programme and confirmed its role as a model programme for integrated HIV/AIDS services at district and sub-district level. Finally, the importance of a three-month plan was explained to the districts. Participants were actively involved in communicating their district situations and the priorities they were considering focusing on. This valuable input assisted AIM in designing the next three months work plans for their district interventions.

Simultaneous rollout of districts

Programme rollout in all Phase I selected districts has been simultaneous, although implementation rates have varied, depending on the status of HIV/AIDS related services in the district and resources available. The strengthening of the co-ordination bodies (the District HIV/AIDS Committees [DHAC]) to function effectively serves as the cornerstone of long-term sustainability of HIV/AIDS services and is vital for the success of the programme. Other important stakeholders at the district level include district health officials and organisations including NGOs/CBOs/FBOs and the private sector. The first official visits to the districts following the launch concentrated on the reconnaissance of the districts and the introduction of AIM along with the sensitisation of the districts. Full reports are available detailing these preliminary pre-Situational Analysis visits.

Steering and Advisory Groups

It was important for AIM to have a group of professionals that would assist the development of the programme in its first year. The initial “entry point committee” of the MOH transferred its input to a Steering Committee. This committee assisted AIM in the significant initial stages of development

particularly district selection. At the end of the first year it was agreed that as AIM was now established an Advisory Committee should be formed from the Steering Committee. Members of the Steering Committee and Advisory Committee are listed in the appendix.

Strategic planning
Draft log frames for each of the five AIM Programme objectives were completed and a preliminary list of outcome and output indicators was agreed on for each objective and activities under each outcome have been detailed out by the different teams. The separate AIM teams specified the different tasks under each of the activities which would feed into the annual work plans. A five year strategic plan has been made available

Monitoring and Evaluation
A sustainable 'model' programme requires a systematic monitoring and evaluation component to ensure the success of the programme at the national and district level. AIM has developed a comprehensive evaluation framework and monitoring plan utilising baseline data and specially commissioned studies.

A two-day workshop was held in January to brainstorm on the programme's initial M&E framework. The workshop was attended by representatives from CDC, USAID and AIM, and facilitated by Andrew Fullem of JSI/Boston. During the two-day meeting, a list of questions to be answered by the M&E framework was generated, the five primary programme objectives were agreed upon and key indicators on each of the objectives were developed. The outputs from the meeting were collated into a draft M&E framework and were distributed to participants for comments. This has formed the basis of the log frames that have been developed by the AIM staff with assistance from a consultant supplied from CDC. The M&E framework for AIM has been developed for USAID and CDC approval to ensure baseline data on access, utilisation and quality of AIM core services. The M&E framework has been made available.

Baseline study
A list of indicators for which baseline behaviour and biological information will be required, and these will be discussed with the Macro team for inclusion in the baseline study if it is authorised to be conducted in late 2002 as planned.

Core activities
AIM finalised the list of prioritised core activities that each district will plan for and implement during the programme period. These core activities were shared with all stakeholders and the ten Phase I districts in a district briefing meeting in March 2002. At that time, each district ranked the core activities based upon their perception of district specific needs, and added additional priorities as necessary. The ten core services agreed upon were:

1. Voluntary counselling and testing (VCT)
2. Targeted prevention efforts for populations that are at risk
3. Clinical care and prevention and treatment of Opportunistic Infections (OI's)
4. Clinical care including prevention and treatment of Tuberculosis (TB)
5. Community and home-based care of HIV/AIDS
6. Prevention of Mother to Child Transmission of HIV prevention (PMTCT)
7. Orphans and Vulnerable Children (OVC) interventions
8. Adolescent friendly/appropriate services
9. Sexually Transmitted Illnesses (STIs) management
10. Laboratory capacity

The District Integration Service ("One Stop Shop") has been developed as a specific strategy to co-ordinate these ten services both in terms of planning and also as a referral mechanism for clients.

PROGRAMME ACTIVITIES

Capacity Building and Training

For the initial programme implementation, training will be conducted directly by AIM programme staff or its partners with the districts, NGO/CBO and private sector agencies. In order to build local training capacity, however, AIM staff plan to train a cadre of master core trainers in each district and/or region who will be able to meet future local training needs. In situations where training materials are available in country, these will be utilised.

Where necessary and for training in areas such as VCT, PMTCT, and treatment of opportunistic infections, training and IEC materials will be developed in collaboration with key partners (e.g. AIC). The appointment of AIM regional co-ordinators ensures that the interface between districts and the AIM support office will remain effective and efficient.

A comprehensive capacity building and training initiative has been designed and will be offered to national level NGOs, CBOs, FBOs and private sector partners in PY2 during 2002/3 to address the gaps and needs in service and training delivery. These include:

- Needs Assessment
- Organisational Development
- Training of Trainers
- IEC/BCC Materials Development
- Documentation of Effective Methods
- Advocacy

Sub granting

It is expected that financial support will be necessary in many of the selected districts to increase quality service delivery and establish services that are lacking. For this reason, funds will be made available through a sub-granting mechanism. Each district will receive funding or procured equipment for the District Office's co-ordination activities. Based on the strategic planning exercise and agreed workplans/priorities, district government services, NGOs/CBOs/ FBOs and private sector activities will receive direct funding. The DHACs will have a significant role in identifying organisations that will receive grants and procurement input.

VCT training manual

Before AIM was established, the MOH and other prime stakeholders identified existing gaps in HIV prevention and counselling training materials. Once AIM got underway, the VCT training manual became a programme priority. In November 2001, AIM visited the prime stakeholders, including MOH/ACP, UNICEF, WHO, AIC and TASO to gather an in-depth understanding of what each agency was doing in relation to materials development.

During the second quarter, AIM reviewed and adapted existing VCT counselling materials. The purpose of the revision was to develop standardised, high-quality training materials that can be used nationally. AIM used a highly participatory approach involving key stakeholders from both the public and private sectors, including the MOH, AIC, Private Midwives Association to develop the manual.

The specific objectives of the VCT materials development process were to:

1) Review VCT materials currently in use;
2) Identify gaps within the current materials;
3) Gain a greater understanding of the needs of counsellors in the VCT field;
4) Develop new training modules on specific issues identified by trainers and counsellors; and
5) Develop standardised, high-quality training materials that can be used nationwide.

A two-week workshop was conducted in February for trainers drawn from the AIDS Information Centre, Ministry of Health, trainers/counsellors from Ministry of Health VCT sites (Iganga and Hoima) with staff from AIC VCT supported sites of Rushere-Mbarara and Tororo, and a trainer for the Uganda Private Midwives Association. The workshop also included three artists who provided more appropriate visual aids for the new materials. Participants conducted site audits to Kaliro, Iganga, and AIC Jinja in order to identify counsellor needs regarding the use of materials and gaps in the current materials.

Joint Institutional Assessments (JIA) with NGO Partners

During April and May, the AIM team began the Joint Institutional Assessment (JIA) process to help identify and build the capacity of ten AIM partner national level indigenous NGOs working in HIV and AIDS. The JIA is a participatory process designed to assess the ability of national level NGOs to strengthen their internal capacity in specific areas so that they can effectively manage, plan and provide essential services at the national, district and sub district levels. Through an intensive participatory process of interviewing members of different levels in each NGO (e.g., staff, board members and clients), key areas such as strategic planning, programme management, human resources, finances, communication, board development and training have been critically examined.

In preparation for conducting the JIA, the AIM team, with assistance from Christine Claypoole and Gill Garb from WEI/Boston, developed criteria for NGO selection and identified 10 national NGOs that fit the criteria. The NGOs selected are all involved in prevention, care and support services and are members of UNASO. Members from each NGO participated in a roundtable meeting to learn more about the process and signed letters of agreement to commit to the process. In addition, the AIM staff developed a JIA discussion guide and rating system which is used when conducting interviews with individual NGOs. The roundtable workshop was conducted in the first week of April 2002 and facilitated by Rebone Majola, a World Education JIA specialist from South Africa.

Ten national level NGOs that attended the roundtable workshop in April were scheduled for assessment using JIA. These were:

- National Community of Women Living with HIV/AIDS (NACWOLA)
- Islamic Medical Association (IMAU)
- Uganda Women's Efforts to Save Orphans (UWESO)
- Straight Talk Foundation,
- Church Human Services AIDS Prevention Programme (CHUSA)
- Uganda Business Coalition (UBC)
- Uganda Private Midwives Association (UPMA)
- Uganda National Association for Nurses and Midwives (UNANM)
- Traditional and Modern Healers Practitioners Together Against AIDS other Diseases (THETA)
- Uganda Network of AIDS Service Organisations (UNASO). UNASO initially was involved in the selection since it is a network of ASOs.

Youth Alive, and NGEN were invited but were not able to be a part of the JIA process.

Assessments were carried out at each institution's premises over one day. In some cases additional time was required to meet the members of the board at a time and location convenient to them.

A JIA has been completed with each NGO; consensus was gained on priority areas of strength and areas that need improvement. The AIM staff rated each category to help identify capacity gaps. Findings were then discussed with individual institutions and together they decided upon a list of priorities for capacity building. Assistance will be in the form of training, customized technical assistance or other agreed upon mechanisms. A partnership agreement will then be signed by the NGO and AIM to carry out the agreed activities over a specified time-frame.

A half- day workshop was organized on 6th June to gain feedback from the institutions about the JIA process and suggestions on how this could be improved. In addition, AIM shared the crosscutting issues arising from the assessments:

- Strategic planning
- Advocacy and networking
- Monitoring and evaluation
- Resource acquisition skills
- Financial management
- Strengthen district support
- Human resources/Leadership skills
- MIS/Report writing/Data analysis

While these similarities were quickly apparent, it is also understood that the institutions assessed have unique differences and comparative strengths and weaknesses. Capacity building can occur at the individual, organisational or institutional level. At institutional level, some customized technical assistance is required for specific NGO's (e.g. establishing an accounting system and an accompanying accounting package). NGOs like the Straight Talk Foundation (STF) do not operate through established district branches and programme staff are in direct contact with their target audiences. Those institutions with weak district branches expressed willingness to replicate capacity building in these branches.

While ten JIAs were conducted by the end of PY1, the JIA process will continue over the life of the project, with AIM monitoring and evaluating the areas of improvement with each NGO to set up a continual feedback loop to improve services.

PMTCT

The Prevention of Mother-to-Child Transmission of HIV (PMTCT) Working Group comprised of representatives from USAID, CDC, AIC, MOH, Makerere University and Johns Hopkins University—has been working to develop a video to disseminate information on the prevention of mother to child transmission of HIV. CDC requested AIM to assist by providing a facilitator to the video shooting process that took place from February 12th – 2nd March. In addition, an AIM vehicle and driver were provided to support the film unit. The AIM staff mobilised

key players and organisations and identified people with different talents and skills and sought their consent, identified locations for video shooting and translation.

GRANTS

A grant was provided to Uganda Network of AIDS Support Organizations (UNASO) to procure a computer and printer following the robbery of these items from their offices in December 2001.

World AIDS Day Events

World AIDS Day, December 1st 2001, provided AIM with an opportunity to collaborate with other HIV/AIDS organizations in Uganda on an issue central to all of us. AIM provided support for World AIDS Day activities by funding the following activities:

NGO Support

Uganda Network of AIDS Support Organizations (UNASO**)**

- Radio call in programme focusing on the role of young men in the prevention of HIV/AIDS, and the role of men's participation in the care of PLWHA and affected families.
- Television programme discussing the role of men in PMTCT. This discussion focused on accessibility and availability of male-friendly VCT services in the rural areas through networking with the existing AIDS service organizations.

Traditional and Modern Health Practitioners Together Against AIDS and Other Diseases (THETA)

- Radio call in programme on the contributions of traditional healers in HIV/AIDS prevention and care.
- March by the Traditional Healers Initiative Against AIDS,
- Drama/Songs by the Modern Traditional Healers Association.
- Exhibit booth at the WAD Commemoration Day in Centenary Park, Kampala.

Islamic Medical Association of Uganda (IMAU)

- Radio programme, television programme and an all-day seminar at the Rayaat Mosque topics include men taking care of themselves and men taking care of their partners and families.

Uganda AIDS Commission (UAC)

- Eight drama groups performed on Friday the 30th November and Saturday 1st December.

National Community of Women Living with HIV/AIDS in Uganda (NACWOLA)

- Hospital visits and delivery of food and staples to AIDS patients in twelve NACWOLA branch districts.

AIDS Information Centre (AIC)

- Subsidized (half price) VCT services for the general public in four main branches (Kampala, Jinja, Mbarara and Mbale).

FINCA

- World AIDS Day Parade in Masaka.
- Support awareness leaflets and red ribbons for boda boda cyclists.

It is expected that in the coming program year significant levels of grant making will occur as district level activities get underway. A process and system for grants is being designed with assistance from other USAID/JSI projects.

EXTERNAL RELATIONS AND COMMUNICATIONS

Resource Centre

The AIM Resource Centre was created to support the AIM staff and partners in its efforts to keep up-to-date on the most recent developments in HIV/AIDS in Uganda, regionally, and internationally. During the first quarter, the Resource Centre at the AIM Kampala office became operational. The Centre has a collection of HIV/AIDS related, documents from the MOH and other government ministries. It also includes district-specific HIV/AIDS materials, materials developed by local NGOs and CBOs, health, training, capacity building, M&E materials as well as statistical and epidemiological information from the National Information database. An internet service is also available through which one can access internationally available resources. The support being received through JSI home office intranet has helped boost the international information base.

The AIM Resource Centre contacted other centres in the country to open up lines of communication and sharing of information related to integrated decentralised health activities in Uganda. Requests how to access the resources have come from Community Based Research (CBR), Makerere University Child Health & Development Centre (CHDC) and Creative Research & Evaluation Centre (CRC), and the World Learning Resource Centre.

Press and Media Relations

There has been an influx of various media groups visiting AIM, most of them with an appeal for AIM to support some of their health, HIV/AIDS and adolescent related activities. AIM has also received a number of requests from the local newspapers to put in articles for supplements in relation to malaria, youth in development, World Health Day, national HIV/AIDS conference and the like.

Most of the media has learnt about AIM informally or through recruitment adverts. One of the publishers; Kitara Enterprises—which publishes the annual AIDS Magazine—was sent to AIM through the UAC Secretariat. Media Groups that have visited AIM offices include;

- Capital Radio
- Dembe FM
- CBS Radio
- Buddu Broadcasting Services Ltd
- Bunyoro Broadcasting Services

- New Vision
- Monitor
- WBS
- Media Forum
- Gem Connection
- Pictures of Africa
- Medical Review Journal
- AIDS Magazine

Two local newspapers, the New Vision and the Monitor, published AIM IEC promotions on 1st December, 2001 with the message; *"Joining All Who Care About AIDS Prevention and Support Across Uganda, World AIDS Day, December 1st 2001."* AIM also placed an advertorial with Medical Review Journal on Dec 10th.

As AIM begins to work in the districts, there may be a need to develop some guidelines by which the regional coordinators share programme information during their course of work, especially in dealing with the district information officers/offices to ensure that correct information on AIM is circulated and understood as much as possible. It has been agreed that the Communication Director for JSI based in Boston will visit AIM and provide consultancy in this area.

SCOPE Newsletter
The AIM newsletter, SCOPE, was designed to provide information to AIM partners and the public as the programme develops. The first edition was distributed in October 2001. There have been four editions published this year, disseminated to over 5000 people in Uganda and another 1000 or so at the International AIDS Conference in Barcelona. SCOPE has been well received and the information provided was considered helpful by all stakeholders.

PROGRAMME SUPPORT

Project Start Up Administration
Like any other start-up process, AIM undertook necessary tasks and activities to ensure smooth operation. The organising of office logistics came with the inevitable frustrations of unfulfilled service plus procurement contracts and unmet deadlines. With patience and perseverance, however, the office was established in an ideal location that should serve the programme well.

Additionally, the relationship AIM has with USAID and CDC initially required clarification. AIM is one of the first jointly-funded projects between USAID and CDC. Early meetings ensured that planning and communication lines were agreed on and established.

Staff Recruitment

The staff recruitment process was more drawn out than expected. Quality of candidates has been an issue and even though AIM now has a full compliment of staff it has taken a full year to get to this point. There was confusion with some posts originally to be funded by the TB funding initially indicated by USAID. This funding however was not finalised and so several key posts will not be appointed until USAID approves the workplan, extension to the CA and funding for the extra TB component. Posts include two TB specialists and monitoring and evaluation personnel. If AIM needs to expand and recruit more national personnel, this issue of skills shortage must be taken into consideration.

The first job advertisements for most of the vacant positions were placed in one of the daily newspapers at the beginning of August, 2001. AIM received nearly 2000 applications. An acceptable number of candidates were short-listed after a review of the applications and interviews were conducted.

The recruitment process was lengthy and intense. First and second stage interviews were standard whilst a third was often necessary. The level of applicant quality was good but there were few exceptional candidates from which to choose.

During preliminary implementation of the AIM Programme, senior staff based in Kampala and Boston came to understand that the initial composition of senior management positions would not be able to fully execute the programme. There was a clearly identified need for personnel with experience working at two distinct levels; national level ministry, particularly the Ministry of Health, and at the district level. In order to meet these needs AIM decided, in consultation with USAID and CDC staff in September 2001, to divide the Deputy Director Position into two separate but equal positions.

The new positions for key senior management posts reflected the programme direction. Additionally, the 'upgrade' to Assistant Director would provide a status that should strengthen the importance of this level both within AIM and in relation to other agencies. The recruitment process for these roles started in November 2001 but with the delicacy and significance of the process (candidates and interview panel) appointments were not confirmed until early January 2002. AIM officially requested USAID to amend AIM key personnel.

The COP realised his need for short-term management support and for this reason a short term consultant was employed for the specific task of recruitment.

Several personnel have had their initial appraisal. This has shown a need for some changes in job descriptions and job titles to more accurately reflect the role that the staff member is actually performing. For example, one of the accountants has become the ‘Senior Accountant’ and the IT and Data Assistant has become the ‘IT and Data Manager’. Holly Shepherd, who was appointed as

Finance and Administration Manager is now ‘Assistant Director – Finance and Administration’ to reflect the responsibilities she has within the Senior Management team.

KEY ACHIEVEMENTS IN PROGRAMME YEAR 1

1 Established programme office base and logistical support
2 Developed Programme name and logo
3 Registered JSI as a local NGO
4 Recruited all (28) staff
5 Fostered a strong working relationship with MOH and UAC
6 Established AIM Steering Committee
7 Established AIM Advisory Group
8 Facilitated District Selection process and agreement
9 Conducted district programme extension assessment
10 Held AIM Launch
11 Conducted reconnaissance visits to all Phase I districts
12 Sensitised DHACs in all selected Phase I districts
13 Conducted District Assessment visits
14 Conducted Health Facility and Infection Prevention surveys with the DELIVER Project
15 Commenced Situational Analysis and Needs Assessment of districts
16 Collaborated with UAC on district HIV/AIDS co-ordination guidelines
17 Established AIM Regional Offices in three districts
18 Finalised Joint Institutional Assessment process with AIM partner NGOs
19 Produced draft VCT manual
20 Supported PMTCT, IEC video materials development
21 Prepared one-stop HIV/AIDS service guidelines
22 Supported seven NGOs with financial grants
23 Established AIM Resource Centre
24 Published four issues of SCOPE—AIM's newsletter—and disseminated widely
25 Conducted in-service staff training in reproductive health for AIM staff (Fortnightly training programme)
26 Presented on district selection process and on VCT manual development at Barcelona XIV International AIDS Conference
27 Supported NACWOLA to attend and present at International AIDS Conference
28 Produced five-year Monitoring and Evaluation Plan
29 Produced Strategic Plan and five-year Work Plan