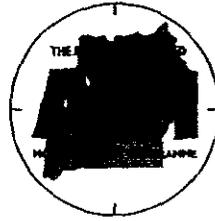


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The AIDS/HIV Integrated Model District Programme



Fourth Quarter Report Programme Year 1

April – June 2002



AIM is a USAID and CDC Funded Project



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



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**ACRONYMS**

ACP	AIDS Control Programme of the MOH
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
AIM	AIDS/HIV Integrated Model District Programme
ART	anti retroviral therapy
ARV	anti-retroviral
BCC	behaviour change communication
CA	cooperative agreement
CBO	community-based organisation
CDC	Centres for Disease Control and Prevention
CMS	Commercial Marketing Strategies
DDHS	Director District Health Service
DHAC	District HIV/AIDS Committee
DHS	demographic and health survey
DISH	Delivery of Improved Services in Health
DOPs	District Operations
DOTS	directly observed treatment, shortcourse
DRI	District Response Initiative
FBO	faith-based organisation
FGD	focus group discussion
GOU	Government of Uganda
HIV	human immunodeficiency virus
IAMU	Islamic Medical Association of Uganda
INGO	International non-governmental organization
IEC	information, education and communication
IGAs	income generating activities
JIA	joint institutional assessment
JSI R&T	JSI Research and Training Institute, Inc.
LC	Local Councils
MAP	Multi National AIDS Programme
M&E	monitoring and evaluation
MOH	Ministry Of Health
MOLG	Ministry Of Local Government
NA	needs assessment
NACWOLA	National Association of Women Living with AIDS
NGO	non-governmental organisation
NTPP	National TB and Leprosy Programme
OI	opportunistic infection
OVC A	orphans and vulnerable children and Adolescents
PIASCY	Presidential Initiative on Youth and AIDS Education
PLWHAs	people living with HIV/AIDS
PMTCT	prevention of mother to child transmission
PY	programme year
RC	AIDS/HIV Integrated Model District Regional Coordinator
SA	situational analysis
SA/NA	situational analysis/needs assessment
SDU	Strengthening Decentralization in Uganda
STI	sexually transmitted infection
T&CB	training and capacity building
TA	technical assistance
TASO	The AIDS Support Organisation
TB	tuberculosis
THETA	Traditional and Modern Health Practitioners
TOT	training of trainers
UAC	Uganda AIDS Commission
UACP	Uganda AIDS Control Project
UNAIDS	United Nations AIDS Programme
UNASO	Uganda Network of AIDS Service Organisations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UWESO	Uganda Women's Effort to Save Orphans
VCT	Voluntary Counselling and Testing
WB	The World Bank
WEI	World Education, Inc.
WL	World Learning



SUMMARY OF PROGRESS AND CHALLENGES

The overall sense of achievement for the AIM programme in this final quarter has been one of relief. At last the programme was implementing the activities in the districts that it had planned to do several months earlier. It is known that the delay in the decision making by Government of Uganda and USAID/CDC as to which districts AIM would work with created frustration all round. But as soon as the decision was made (February 17th) AIM informed the districts and started the process of partnership. Following the launch of AIM and the public announcement of the district selection (March 26th) the programme moved hastily to catch up with the lost time.

The AIM team visited the ten Phase I districts on several occasions for introduction, sensitisation and mobilisation meetings. The Situational Analysis (baseline study) was started along with the Health Facility and Infection Control study (with the DELIVER Project and Macro International). AIM was also in a position to appoint Regional Co-ordinators who were established in this quarter. The TB personnel for district and national activities were also identified and authorised for recruitment. The security situation in the north of the country has unfortunately restricted some progress in several areas, in particular Pader and Apac.

Other personnel were recruited this quarter resulting in a full compliment of staff for the first time. It has taken 12 months to recruit the appropriate people for the posts. If AIM needs to expand and recruit more national personnel, this issue of skills shortage must be taken into consideration.

Another important achievement has been the on-going positive relationship with the Ugandan AIDS Commission, Ministry of Health and Ministry of Local Government. These essential partnerships will be of great benefit as AIM develops its programme not only at the district level but also for national initiatives. Other positive areas of co-operation have also developed this quarter with UNAIDS, DFID, SDU, INGO Forum, AIC and the AIM partner NGOs. The on-going activities with our partner NGOs included the Organisational Capacity Building Programme (JIA) and support for the Barcelona International AIDS Conference. AIM assisted NACWOLA in their presentation at this Conference and also presented a paper on the intense VCT Training manual development.

In general, AIM's final quarter in this first Programme Year (PY1) has been most satisfactory. The national activities are being fulfilled and the district level activities are now being implemented. Relationships with the ten Phase I District DHACs are being developed with GOU partnerships in full support of AIM programme activities. This quarter brings to a close an eventful first year for AIM. The programme is in an excellent position to build on this year's success and to develop with pace the implementation of the second year workplan. On a more difficulty note it is important to recognise that AIM has had its share of grief and loss. Cranmer (an AIM trainer) and his family were brutally beaten and then robbed of all their possessions. Paul (AIM's Assistant Director of Health Services) and his wife lost their young son. The AIM team (along with JSI and WE in Boston) were very supportive in these situations but we are reminded that our work as an agency is not only confined to those we endeavour to serve.



KEY ACHIEVEMENTS QUARTER 4, PY2

- Six staff recruited (health, training, regions and administration)
- District co-ordinators in situ
- Fourth issue of SCOPE produced and disseminated
- Collaborative agreements signed with ACP, MOH, AIC, DRI, EGPAF
- UAC collaboration on district HIV/AIDS co-ordination guidelines
- Health facility and infection prevention survey conducted with the DELIVER Project
- Situational analysis and needs assessment of districts planned and commenced
- M&E framework finalised for approval
- Strategic plan finalised for approval
- PY2 workplan refined
- Reconnaissance visits made to all districts
- Sensitisation of DHACs visits made to all districts
- One stop HIV/AIDS service guidelines prepared and services guidelines collected
- Finalised Joint Institutional Assessment process with AIM partner NGOs
- Finalised JIA reports on ten AIM partner national NGO's
- Draft VCT manual produced
- VCT manual pre-tested in districts
- Poster presentation of VCT manual development process made at International AIDS Conference in Barcelona
- NACWOLA supported to attend and present at International AIDS Conference
- Presentation of AIM's community-based approach made at International AIDS Conference

PROGRAMME LOGISTICS

Staff Recruitment and Personnel

The staffing process was completed this quarter with the hiring of the following employees:

Grants Manager- Richard Ssewajje
Nurse- Faustina Mary Kamanzi
IEC Trainer- Baron Oron
OVCA Trainer- Margaret Nakanjako Njeri
Regional Coordinator (Northern)- Stephen Ochieng

In addition, since TB activities are pending and the finances have not yet been finalized AIM decided to hire the future staff TB Specialists, Dr. Samson Haumba and Dr. Henry Luwaga as consultants. This arrangement allows the District TB component to move ahead while continuing to ensure coordination of national level activities.

These final appointments draw to a close the recruitment of AIM staff. The process has been extended over the first year due to a shortage of qualified personnel in these areas. AIM has found that due to the large number of projects and funders working in Uganda it is a difficult process to identify available qualified personnel. See attached staff structure.



Staff Training

The staff update sessions conducted once a week for an hour continued to take place this quarter. To make the update sessions more participatory and meaningful, staff were consulted on what topics to include in the update sessions. The topics included family planning and HIV/AIDS, TB and HIV/AIDS, parenting, dealing with HIV-infected children, revealing HIV status to children, adolescents and HIV prevention, malaria prevention and control, team building and tips on vehicle maintenance. Facilitators are either from within AIM or from partner agencies.

Press and Media Relations

During field visit to the Lira District reporters from the local newspapers (Rupiny) contacted the AIM Communication and Information Coordinator for permission to produce an article for the local paper in relation to the DHAC reconnaissance visit. AIM was also requested to participate in the local FM station talk show.

The C&I Strategy for AIM is being finalised and will provide guidance on how to share programme information with the press and media during the 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.

SCOPE

To date AIM has circulated over 3000 copies of its four newsletters. The fourth edition of the AIM Newsletter "SCOPE" was published and distributed end of June 2002. This year over 1500 copies have been shared with AIM partners and stakeholders at national and district levels. This edition provided an easy to read summary of AIM's first year and AIM's technical and organizational divisions. A copy is attached.

PROGRAMME MANAGEMENT AND PLANNING

Programme Year 2 Planning

Following the completion of the M&E framework in which the programme's strategic objective activities and expected results were agreed and finalized, staff discussed the specific tasks for PY2 to be performed under each of the activities. The PY2 plan was presented to USAID and CDC in a series of meetings for their comments. The comments were incorporated and the team further broke up the tasks into subtasks with specific individuals identified for each task. The PY2 plan is with USAID for approval.

M&E Planning

The process of finalising AIM's M&E framework was facilitated through a collaborative effort with CDC, USAID and the AIM team including Andrew Fullem of JSI, Boston. On Friday June 14th, 2002, a meeting was held to fine-tune the draft M&E framework. The outputs from the meeting were collated into a draft M&E framework and the final draft was distributed to USAID and CDC for final comments. AIM now awaits USAID/CDC's approval and finalisation.

Steering Group/Advisory Group

AIM has transitioned from working with a Steering Group to an Advisory Group which involves broader representation such as Ministry of Local Government, Ministry of Gender and people living with HIV/AIDS. The terms of reference were drawn up in consultation with the Steering Group and one meeting of the Advisory Group was held in this quarter to sensitize the new members to the AIM Programme. The members chosen were:



Dr. David Kihumuro Apuuli	Director General Uganda AIDS Commission
Dr. Elizabeth Madraa	Programme Manager STD/ACP - MOH
Ms Elizabeth Kyasiimire	Commissioner for Gender, Culture & Com Dev.
Mr. J.J. Ssonko	Ministry of Local Government
Mr. Ronald Kamara	Inter-Religious Council
Ms Lillian Mworeko	UNASO/PLWHA
The Chair, UN Theme Group	UNDP
Dr. Donna Kabatesi	CDC
Ms Elise Ayers	USAID

Meetings with MOH/UAC

AIM's relationship with the UAC has grown stronger this quarter. There has been recognition that AIM has much to offer the UAC in its coordination of HIV/AIDS efforts in Uganda. The relationship with the two key executives (Dr. Kihumuro and Prof. Rwomushana) is healthy 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.)

Significantly, AIM has taken a lead role in assisting the UAC to draw up National Guidelines for District HIV/AIDS Co-ordination. These guidelines should be available in September 2002 in time for AIM's district level intervention following the situational analysis and needs assessment.

UAC/UNAIDS Collaboration workshop

The UAC/UNAIDS collaboration workshop in May was aimed at discussing and strategizing ways of strengthening district coordination. The meeting was jointly facilitated by UAC and UNAIDS but hosted and supported by AIM. It brought together the main stakeholders who discussed coordination arrangements currently existing in districts, their weaknesses and how they can be improved. The workshop culminated in the establishment of a working group with representation of different stakeholders, including AIM, to develop draft district HIV/AIDS coordination guidelines. The Working Group has since produced a document due to be discussed at a national consensus conference in the first quarter of PY2. AIM has been instrumental in the process of district coordination guidelines and will continue to look for ways to expedite the process with UAC.

National STD/AIDS Control Programme (ACP) in the Ministry of Health

The ACP and AIM senior programme staff attended the meeting, which took place on 10th May 2002.

There was mutual agreement regarding the process AIM is taking to support the districts; namely the situational analysis/needs assessment, strategic planning, and annual work planning. The ACP recommended the DHACs as an entry point to the district support programme but cautioned AIM not to ignore the office of the DDHS when in the districts.

The ACP invited AIM to be a member of the CT 17, a body coordinating the policy and implementation of VCT services. The VCT training guidelines manual being harmonized by AIM for the Ministry of Health, will have to be endorsed by the CT 17 before being submitted to Top management for ratification. ACP and AIM agreed to collaborate and share information through the AIM Advisory Committee, scheduled meetings, reports, and



participation in each others activities such as the VCT assessment and strategic planning process.

Involvement of AIM in TB control

One TB specialist at the NTLP and another AIM based, for the districts, have been recruited on short-term consultancies with full participation of the NTLP. A meeting was held between AIM and the NTLP which gave AIM the responsibility of expanding CB-DOTS in all the 16 AIM districts. AIM will also assist in the on-going studies in Kampala to integrate AIDS and TB care under a one-stop service. Finally, AIM will work with the NTLP to monitor and evaluate the programme performance.

AIM staff have been oriented to the CB-DOTS technical and implementation arrangements and both AIM and the NTLP are working to develop a strategic TB plan for AIM support. This will take into consideration the issues raised in a memo from the USAID contracts committee regarding AIM's involvement in TB services.

Key meetings with NGOs

Apart from the regular contact AIM has with its partner NGOs, the programme tries to relate with other relevant groups. 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 like the M&E plan and other technical considerations. The more formal 'update sessions' have taken place on two occasions this quarter allowing for the AIM Senior Management to discuss all programme issues.

It was with some disappointment that AIM bade farewell to several USAID personnel who had been significant in the programme start up. These included Angela Franklin Lord, John Lord and Don Brady. Specifically the USAID Head of Mission, Dawn Liberi, was a great support and advocate of AIM.

It was a pleasure to meet new USAID personnel. Rudi Thomas who is now in post and Robert Cunnane who will be in post in late August. AIM looks forward to introducing the programme to the new USAID team and fostering a positive working relationship.

Krista Steward from USAID/Washington made a visit to AIM during her recent trip. It was helpful to understand her supportive role to the USAID/U 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 at their request.

USAID/CDC technical input group meetings

Two meetings were held: one on 15th April and another on 14th June to discuss the concept of a "one-stop AIDS service centre", the core activities, and the M & E framework. The 9 core activities were increased to 10 after dividing OVCA into orphans and vulnerable children (OVC) and separating out adolescents. A model to integrate the 10 core activities and provide them as a one-stop service centre with a cross-referral system was presented at the meeting. It was agreed that the preferred integration (model defined as "one client, one service provider for all core HIV/AIDS services, under one roof, and same-day"),



would require structural and functional modifications of existing services and may be difficult to implement. Instead, AIM proposed a working definition for integration as "one client, several specialized clinics/facilities, linked by common understanding of the rationale for integration, with functional referral systems and all services not necessarily on the same day".

It was agreed that wherever possible - and particularly at health sub-districts and lower levels - AIM will move towards the ideal integration model. AIM is now working on defining integration models for each of the three levels of service delivery; namely the district (LC 5), the county (LC 4) and the sub-county (LC 3).

Collaborative/consultative meetings

UACP

A meeting was held with the UACP as the start of our collaborative effort. During the meeting, AIM shared with the UACP staff its findings from the district reconnaissance visits that had earlier been conducted, and its plans to support the districts to carry out a needs assessment exercise and to develop strategic plans for the following months. On its part, UACP gave their views on the DHACs as coordinating bodies in the districts; the role of the district HIV/AIDS focal persons, and the support that the programme had given districts in preparing the HIV/AIDS annual work plan. It was proposed and agreed that AIM should give specific and immediate attention to those districts among the 10 AIM districts where UACP is working so that the AIM and UACP processes can be brought together and synchronized with an intention of "creating a model within a model". This needs to be discussed further but it is encouraging that there may be coordination of these projects at a district level.

UNICEF (DRI)

AIM staff had a meeting with Dr Mugabe Mbulawa of UNICEF DRI to share AIM's progress to-date, future plans and to acquaint themselves with the DRI programme. DRI plans were similar to AIM as the programme was not working specifically with the DHAC but with the entire District Planning technical team. This was because it was only part of a bigger UNICEF programme aimed at strengthening districts' capacity in a number of areas – HIV/AIDS being one of them. Dr Mugabe shared with the team details of the initiative which is aimed at helping communities to assess their needs as far as HIV/AIDS is concerned and come up with action plans that can be supported by other initiatives like World Bank's CHAI. Dr. Mugabe also shared information on the work that UNICEF was doing on the development of a PMTCT manual. The two programmes agreed to meet regularly in future for updates and to jointly participate in district events and seek more ways of complementing each other.

SDU

The Strengthening Decentralisation in Uganda (SDU) USAID-funded project was asked by the USAID Mission to explore the possibilities of the two organisations working together. It has been agreed that SDU could offer certain specific training courses in the AIM districts. Discussion around the type of training requests revolved around leadership, management and financial procedures. SDU would suggest a plan of action and submit it to AIM in August.

AIDS Information Center (AIC) strategic planning

AIM participated in a meeting to review the AIC strategic plan. Participants noted that in the foreseeable future, VCT will continue to grow. Policy, legal and institutional frameworks are in place for supporting the implementation of successful VCT programmes. Coordination of VCT remains a substantial problem and if unchecked will affect all other



key activities. The onus of providing VCT services lies with the districts. AIC should only play a supportive and promotive role. Documentation of best practices will have to be emphasized in the strategic plan as this directly relates to the local and regional support AIC is already providing.

The meeting recommended that AIC should take advantage of the AIM process i.e., situational and needs assessment, and strategic and annual planning at the district level to get integrated into the district planning and implementation system. Recognizing AIC offering best practice in VCT, and knowing that AIM may require the AIC expertise in building the capacity of districts for VCT, and realizing that AIC and AIM may work in the same districts, there is need for AIM and AIC to hold central level meetings to discuss collaboration mechanisms.

Workshop for developing national guidelines for setting up and managing quality VCT services for HIV/AIDS

A workshop supported by USAID/REDSO, and attended by country teams from Eritrea, Tanzania, Ethiopia, and Uganda, and representatives of regional institutions like the Commonwealth Regional Health Community Secretariat and USAID was conducted at Jinja between 20th and 23rd May 2002. Staff from the Ministry of Health, AIC and AIM represented Uganda. The key workshop outputs included an outline of essential elements for VCT service delivery guidelines, and an outline of the process for developing national guidelines/manuals for implementation, management, and monitoring for quality VCT services.

Following the workshop, the Ministry of Health has identified and commissioned a consultant to develop the Ugandan national guidelines. AIM is a member of the technical committee supporting the consultant.

Mildmay

Several meetings took place between AIM and Mildmay senior staff. The main area of interest was to look at ways in which AIM could utilise the training facilities and training expertise Mildmay has to offer particularly in the area of laboratory and clinical input. Further discussions are planned as soon as the district needs assessments are finalised.

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

The 11-year old foundation is supporting PMTCT implementation in the following areas:

- Monitoring and evaluation of PMTCT at the Ministry of Health
- Rakai research and implementation
- AVR in Kitgum, Pader, and Hoima]
- The African Resource Development Organisation in Masaka and Sembabule
- Integrated community initiatives in Bushenyi
- Mbarara University to support the Health Sub-Districts in Mbarara
- Church of Uganda at Kumi hospital, Kisizi hospital in Rukungiri and Kasese district.

AIM held an introductory meeting with EGPAF, during which it was observed that since AIM and EGPAF are members of the PMTCT stakeholder's forum and the Technical Committee, there is an excellent opportunity for collaboration. The two organisations agreed to work towards supporting the Ministry of Health to schedule the meetings. EGPAF may participate in the development of district strategic plans as a technical advisor for PMTCT or as a donor. AIM may be invited to become a member of the EGPAF international external review team.



PROGRAMME ACTIVITIES

Monitoring and Evaluation

Situational Analysis/Needs Assessment exercise

During the last quarter, AIM contracted and worked with a team of consultants to conduct a Situational Analysis/Needs Assessment exercise in the 10 Phase I AIM districts of Soroti, Katakwi, Rukungiri, Bushenyi, Ntungamo, Tororo, Kumi, Lira, Apac and Pader. The purpose of this exercise was to assess the situation with regard to the HIV/AIDS and TB service provision in those districts with a view to identifying the existing needs/gaps. The findings will guide the AIM Programme in planning and implementing appropriate interventions in the above partner districts.

In preparation for conducting the exercise, USAID, CDC, and the AIM Team, with assistance from Andrew Fullem at JSI Boston, developed the instruments, to reflect the 10 AIM core activity areas (the integrated/basic HIV/AIDS services package). The data collection exercise was conducted July 8-26, 2002. A final report is expected by the end of August 2002.

It is important to mention, however, due to the deteriorating security situation in the northern part of the country, the whole of Pader district was not covered, together with two sub-counties in Apac district and one sub-county in Lira district. The AIM Team will organise a similar exercise in these places when the security situation improves.

After the exercise has been fully completed, the AIM team will work with the partner districts to review/develop their strategic and annual work plans in line with the study findings. The technical and funding gaps so identified will form the basis for AIM's interventions.

Health Facility Survey

At the request of the Uganda USAID mission, CDC, DELIVER Project, Macro International and AIM combined resources to conduct a facility survey. The main objective of the survey was to provide information on product availability and quality and availability of HIV/AIDS services in clinical facilities in Uganda.

The survey was conducted in 12 districts, among which six were AIM Programme districts (Soroti, Rukungiri, Pader, Tororo, Lira and Ntungamo). Macro International (on behalf of and in consultation with the AIM Team) and the DELIVER Project are in the final stages of data analysis and report writing. The final report is expected between October and November, 2002.

The survey findings will also make a great contribution to AIM's planning process. Once the survey has been fully accomplished, the AIM team will work with the partner districts to address the technical and funding gaps so identified.

Core Activities

To support the districts in implementing comprehensive and integrated HIV/AIDS prevention, care and support programmes, it is important to identify core HIV/AIDS activities for a 'model' district programme. Together with AIM key partners, ten core activities were agreed upon as comprising such a comprehensive package.

1. VCT



2. PMTCT+
3. Targeted preventive efforts
4. OVC
5. Adolescents
6. Opportunistic infections and infection prevention
7. TB
8. STD management
9. Home-based care
10. Laboratory capacity for the districts

Criteria for core activities

The first step was to develop criteria for the core activities and define the components any facility providing any core activity would have in place, in the areas of infrastructure, personnel and related services. The level at which a particular service would be provided was also considered. This could be used to measure performance of any particular facility, and how it had developed through the years to implement these activities. If such a facility receives AIM support, then this could also help measure an AIM success.

Existing Policy, Training and Service Delivery Guidelines

For the different components of the core activities to be implemented at the service delivery point, important factors that must be in place were identified. These include trained personnel, service delivery protocols, and service management and monitoring. To meet these needs, AIM has started collecting/searching for materials that are available within and outside the country that could be used to establish and improve the functionality of facilities delivering these core activities. Guidelines have been collected from several organizations including government, WHO, CDC, UNAIDS, international NGOs and local NGOs and will be presented in a matrix with core activities against the source, the guidelines component, where they were used and recommendations for those who would want to use them. The guidelines are intended to be used by our partners who may want to establish these services though not necessarily in AIM supported districts. This will be a continuous process that will be updated from time to time. The guidelines included though, were not limited to the following generic groups:

- National policy guidelines
- Curriculum for training service providers
- Training manuals for service providers
- Service delivery guidelines including supervision
- Service establishment guidelines
- Treatment protocols and algorithms with those having a treatment component
- Testing protocols for laboratory tests

Best practices in any of these core activities will be documented and disseminated widely.

DISTRICT LEVEL

District Reconnaissance Visits

Visits were conducted to all the 10 Phase I districts by teams of AIM staff. The objectives of the visits were to:

- assess the coordination arrangements that exist in the districts
- to establish the existence and quality of districts HIV/AIDS strategic plans



- discuss the status of "integration" of services in the districts
- discuss logistical issues particularly with those districts that would be hosting the AIM regional offices.

During the visits meetings and discussions were held with the districts' leadership and members of the District HIV/AIDS committees. The key issues that emerged from these meetings were:

- All districts have HIV/AIDS committees named 'District HIV/AIDS Committee' (DHAC) that were formed as part of the drive by the UAC to establish coordination structures for implementation of the World Bank - funded Uganda AIDS Control Project (UACP). Though the membership of these was multi sectoral with a representation of NGOs, they had remained largely dormant because of the delay in accessing the UACP fund.
- What most districts have as "Strategic plans" for HIV/AIDS are simply a 2-page outline extracted from the District Health plan. Most districts had 2001/02 annual work plans which were developed for and with assistance from the World Bank funded UACP. Unfortunately, no funds had been availed for implementation except for Lira District. Kumi has implemented its annual work plan using funds from Irish Aid.
- None of the districts, other than Kumi, have yet conducted an HIV/AIDS needs assessment. It was agreed that this would be the next step before strategic planning begins. AIM will make available needs assessment tools and the DHACs will be actively involved in the exercise with support from AIM as well as consultants. A full and comprehensive strategic plan for each district will thus be devised.
- There were no facilities offering comprehensive services under one roof/compound in any district,. The closest were some government, NGO and private for-profit health units that offer a limited range of services, namely sensitization, pre and post test counselling, blood screening, treatment of opportunistic infections, and outreach services to lower level units.

Soroti, Bushenyi and Lira districts welcomed the AIM Regional Coordination role and allocated office space for the AIM regional coordinator.

Sensitization of DHACs

Meetings were held with all DHACs from the 10 districts to sensitise them on their roles in the AIM programme, update them on the AIM progress, and briefly discuss with them issues related to the Needs Assessment exercise that was to be conducted in their districts. The meetings were conducted by the regional facilitators with support from the headquarter based staff. The key issues arising from the meetings were:

- Most DHACs expressed the need to take the district councils through the same sensitization exercise so that they understand the AIM programme thoroughly and are in a position to provide the political support for the DHACs to play their roles effectively. This is now planned for PY2.
- Though some draft guidelines were discussed with the DHACs and were well received, need was expressed to finalize these together with issues concerning how the DHACs will relate to AIM during implementation and how they will be vetting proposals from partner organizations. These are to be completed within the 1st quarter of PY2.



- A good number of the DHACs still existed only as loose groups with no strong bonds among members. They indicated the need to review their compositions – to address issues such as membership and structure of the DHACs, particularly the need to have smaller committees within the big group to act as a steering group. Currently memberships range from 15 – 25.
- The DHACs requested to be actively involved in the needs assessment exercise to ensure that the district information concerns were adequately addressed. Some DHACs suggested additions to the issues to be covered during the exercise. These were added into the needs assessment tools.
- The DHACs in the North expressed the need for the Regional Coordinator position for the area to be filled as soon as possible, and Stephen Ochieng has since joined to perform this role.

NATIONAL LEVEL

The AIM Resource Centre

The Resource Centre has continued to collect various resource materials both from local sources and abroad. This includes literature, videotapes and CDs. The Resource Centre has since subscribed to various Resource Centres both internationally and nationally and made request for resource materials. The Centre continues to download other resources from the internet facility installed.

A consultant has provided support and guidance in the standardisation of the documentation and flow of resources in and out of the Resource Centre. The AIM Resource Centre is now preparing a first year book of AIM activities including the launch. Additionally, an AIM Web Page is being developed.

The Resource Centre serves the AIM staff and, as the programme continues to support district activities, the Centre will continue to provide and access the necessary resources requested for a growing numbers of users.

Procurement

During this quarter AIM regional coordinators worked closely with the District Director of Health Services to draw together a comprehensive list of health facility needs for HIV/AIDS, TB and malaria activities at health centre levels four and five. The district health facilities in levels four and five will receive laboratory equipment in the coming quarter as specifications and bids are being collected for this procurement. In addition to health facility and lab procurement AIM will be supplying the DHACs with computers and printers to facilitate coordination within their offices.

VCT

VCT Manual development

The second level workshop for this exercise was conducted in Jinja from the 7th – 13th April 2002. It was attended by 13 trainers from the MOH VCT sites, Uganda Private Midwives Association, and AIDS Information Center and was facilitated by AIM trainers. The purpose of this workshop was to revise, develop and strengthen training modules on areas that were identified as critical for inclusion in the new training manual. . A total of 38 sessions in 10 modules were developed. A multi-agency core group of trainers was formed to ensure that the final draft would be ready in the set time frame.

Technical Review Group (TRG)



A 12-member team of technical specialists - mainly from the medical profession and counsellor trainers - was asked to conduct a technical review of the VCT manual. An orientation meeting was held on 9th May. Each member of the TRG took a specific section of the manual for review. A second TRG meeting took place on 21st May to receive feedback from each member and also gain consensus on the suggestions and technical comments to the draft manual. Changes were then integrated.

Pre-Testing the VCT draft manual

As part of the process of revising and harmonising the VCT counsellor training manuals, the MOH and key stakeholders with support from AIM, conducted a mini-field test exercise (pre-test), from 3rd – 8th June. Prior to this field-testing exercise, AIM conducted a two-day TOT to orient trainers from stakeholder organizations - mainly AIC and MOH - to the manual and purpose of field-testing. Four trainers participated in this orientation exercise.

The purpose of this field test was to assess how well the VCT sessions suit the external environment, participants, facilitators, design and implementation. They also provide feedback to counsellors from the audit sites to assess learner's needs were conducted in February. Nine counsellors from the three sites (Kaliro, Iganga, and AIC Jinja) and one artist attended with facilitators from AIC and MOH. With support from WEI/Boston a good draft manual was produced and a poster presentation on the process used by AIM and VCT stakeholders was presented at the International Conference on HIV/AIDS in Barcelona that took place from 7th -12th July 2002.

Joint Institutional Assessment (JIA)

Round Table Workshop for National Level NGOs.

A workshop was organised for all selected national level NGOs on 5th April at AIM offices. The goals were to initiate a process of partnership between these agencies and AIM, to discuss the process of JIA in detail, share the selection criteria, and draw a schedule for the assessment exercise. Ten out of the twelve NGOs/FBOs were represented either by members from their boards of directors or top executives. 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),
- Uganda Network of AIDS Service Organisations (UNASO) and
- Traditional and Modern Healers Practitioners Together Against AIDS and other Diseases (THETA).

National Empowerment and Guidance Network of people living with HIV/AIDS (NGEN+) and Youth Alive were not able to attend.

Assessment of NGOs/FBOs

A schedule was developed for assessing each of the NGOs beginning in April and ending in May. With support from World Education-(South Africa), JIA guidelines, which had been adopted, were reviewed and assessed by UNASO and UPMA.



NGEN+ and Youth Alive, which could not attend the first workshop, asked that they might be considered for another phase. Ten institutions were therefore assessed between 3rd April and 23rd May. The five key areas considered in the institutional assessment were:

- Strategic Management,
- Programme Performance,
- Financial Management,
- External relations/Networking and
- District branch support.

The schedule involved discussions with a member of the board of directors/trustees, the programme executive director/coordinator, staff from programmes and some from finance and audit departments.

The assessment exercise was completed in May and a meeting was subsequently organised on the 6th June for all the ten institutions that were assessed. During this workshop, feedback was received from the institutions on how the JIA exercise was conducted and suggestions were given on how this could be improved in future. Crosscutting issues arising from the assessment included:

- Strategic Planning
- Resource Acquisition Skills
- Financial Management
- Record Keeping
- Monitoring and Evaluation
- Information Management Systems
- Participatory Approaches
- Adult Learning Principles
- Project Design/Project Implementation
- Advocacy
- Networking
- Public Relations/Productive Relationships
- Strategic Management
- Governance
- Human Resource Development
- Setting up and Managing Branches

Report Writing and Feedback

Draft reports were compiled and meetings held with eight institutions to share the draft reports and get the final input from the NGOs/FBOs in July, 2002. Final reports are being made and planning for the workshops has started.

Partnership Agreements

A Partnership Agreement (PA) has been drafted and after final input from management, detailed PAs will be drawn for each institution according to the details in the assessment report. They will be sent to each institution to enable management to read and discuss these reports before formally signing them, and thus committing to the process.

Technical Assistance

The training and capacity building teams worked with both local and International consultants this quarter. On a local level, graphic artists were contracted to work with AIM and its stakeholders in developing illustrations for the VCT manual being developed.

Trainers from stakeholder organizations who participated in the VCT training manual development were also contracted as local consultants to help hasten the process of refining sessions developed during the workshops, integrate technical comments, and field test the revised sessions. The training team also worked with Ms Rebone Majola from



WWI/South Africa, also supported the team in preparing for the JIA, Beth Gragg from WEI Boston who support the team in refining the manual and orienting core group members on field testing. Gill Garb and Christine Claypoole, WEI/Boston also supported the training team in reviewing its workplans.

NEXT STEPS

- Agreement on additional TB funding
- Agreement on extension of AIM programme (to cover 6 new districts)
- Commencement of AIM expansion (e.g. staffing)
- Initiation of Phase II districts
- Develop security plan for AIM and its staff
- Finalise PY2 workplan
- Obtain authorisation on PY2 workplan from USAID/CDC
- Obtain authorisation on M&E framework from USAID/CDC
- Train districts in M&E
- Laboratory equipment procurement
- Logistic support for DHAC procurement
- District HIV/AIDS guidelines completed with UAC
- National consensus meeting with all districts for HIV/AIDS co-ordination guidelines
- Finalisation of Health Facility Survey report with the DELIVER Project
- Finalisation of Situational Analysis and Needs Assessment Survey
- Meetings with districts to communicate Health Facility and Situational Assessment surveys and receive feedback
- Conduct initial strategic planning with districts
- Conduct initial training with districts (SDU)
- Development and implementation of training programme for partner NGOs (following JIAs)
- Field-test (with AIC) VCT Training Manual
- Gain approval from GOU for VCT Counselling Training Manual
- Finalize AIM Webpage
- Produce and disseminate SCOPE
- Develop partnership strategy with AIC and TASO
- Develop comprehensive communication strategy to ensure AIM's messages get out

Attachments:

SCOPE

Organisation chart



June 2002

The AIM Team

Supportive / guidance lines
 Supervisory / accountability lines _____
 TBA = To be Appointed

AIM Advisory Group
 In Country Govt and NGO
 Programme Support and Guidance

Ugandan AIDS Commission
 Programme coordination
 Support and Guidance

GOU Ministry of Health
 Programme technical
 Support and Guidance

CDC
 In Country Donor
 Programme Support and Technical Guidance

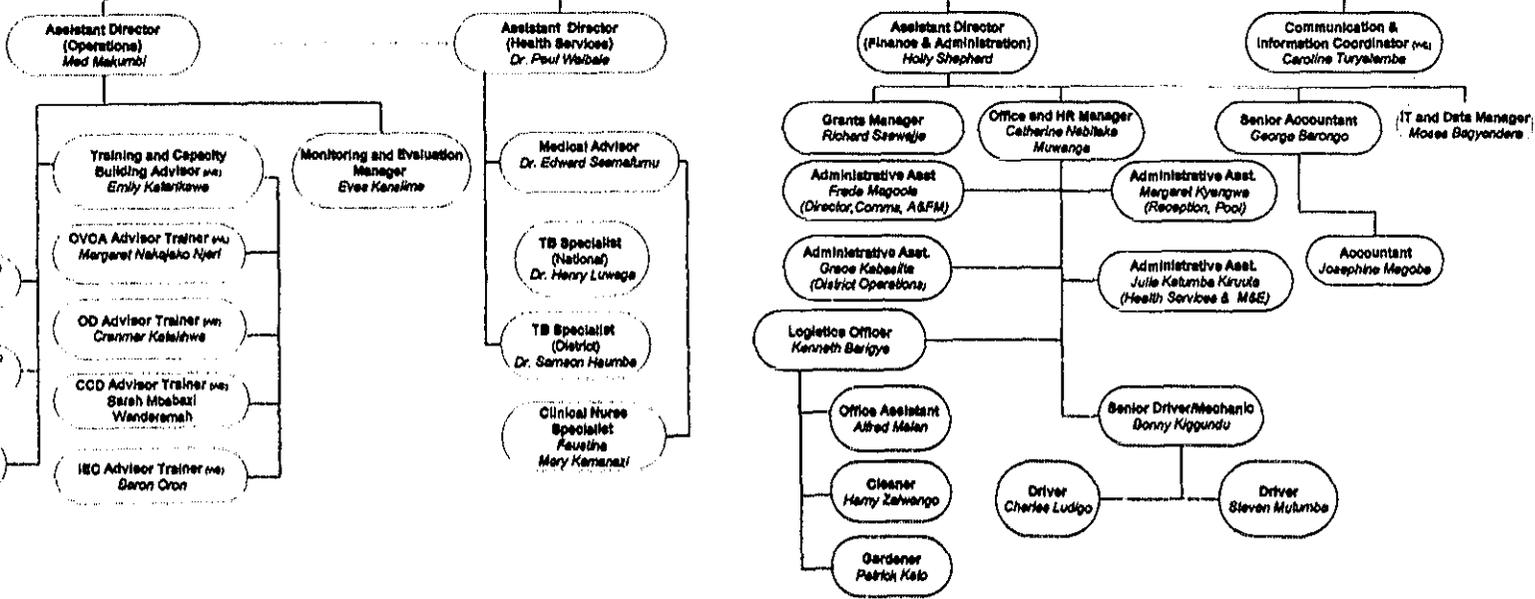
USAID
 In Country Donor
 Programme Admin and Support

JSI/RAT
 USA Based
 Programme Management and Technical Support

World Education
 USA Based
 Programme Technical Support

World Learning
 USA Based
 Programme Technical Support

Director
 AIM
 Maurice Adams



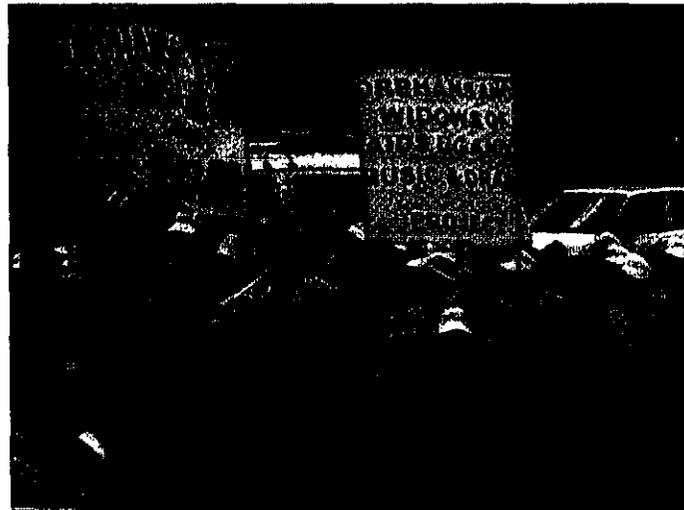


SCOPE

July 2002

Issue No. 04

The Uganda AIDS/HIV Integrated Model District Programme



"We must liberate the energies of our people. They are our greatest resource. Against all odds they keep society going by their unfailing 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 Centre 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.



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.

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

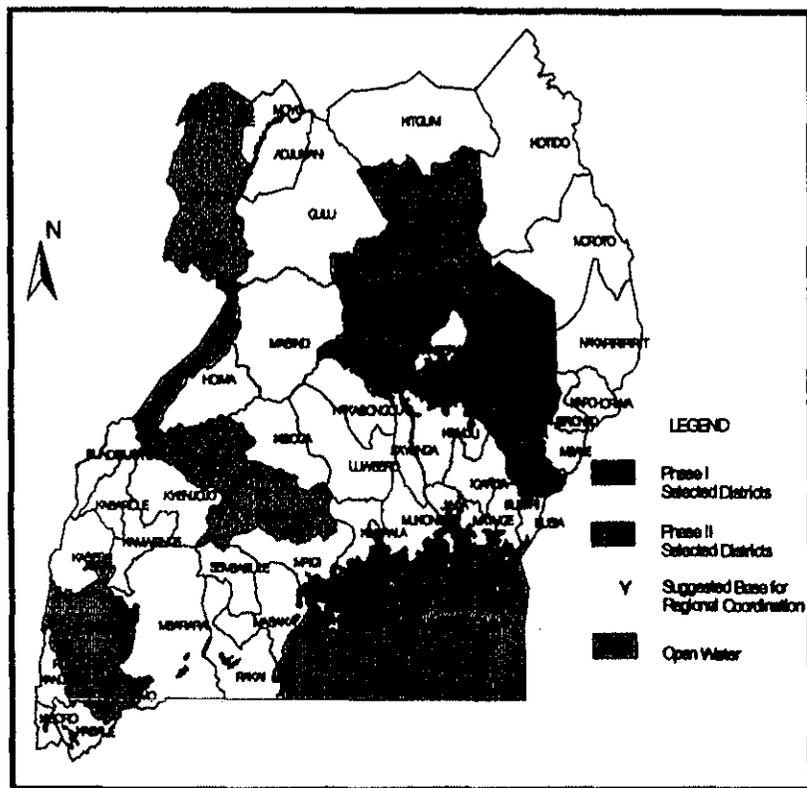
For men, women, and children in selected districts in Uganda to access and utilise appropriate, affordable and quality integrated HIV/AIDS prevention, care and support services.

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.



The districts selected for the AIM Programme



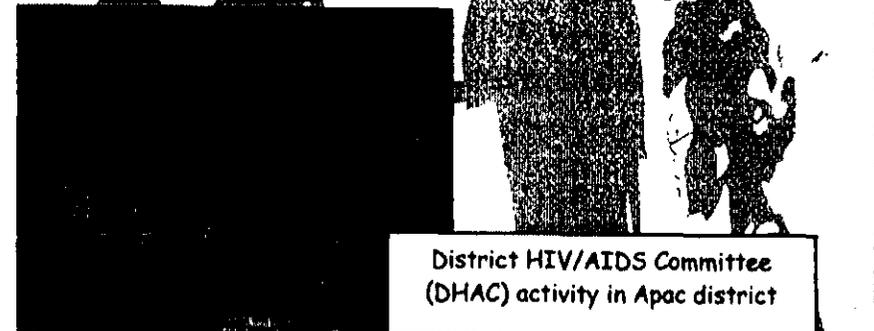
The district selection process was designed to be objective, transparent and consultative. Following a review and assessment process of all 56 districts, stakeholders recommended specific districts to be selected for the AIM programme. These were reviewed by the Ministry of Health and Uganda AIDS Commission. 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, Arup, Yumbe.

District Operations Team

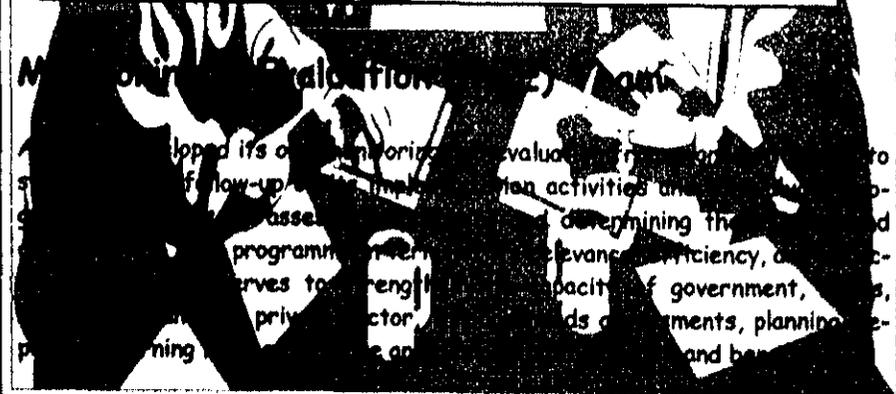
'Operations' is the AIM Programme's interface with the districts. It currently includes three regional coordinators who are based in the districts and who are in constant contact with the District HIV/AIDS Committees (DHACs) in their regions. They facilitate coordination of the AIM supported activities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

With support from other technical components of the programme, Health Services and Training and Capacity Building, the Operations Team provides the immediate and on the spot support in to the districts for AIDS activities.

Operations will take a lead role in supporting the districts 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



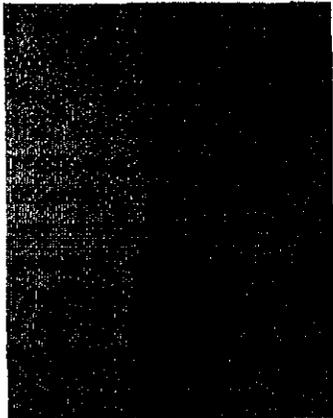
Monitoring and Evaluation

Developed its own monitoring and evaluation system to track the progress of the programme and to provide feedback to the government, the private sector, and other stakeholders. The system includes a set of indicators to measure the impact of the programme on the health and well-being of the population.

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.



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.

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

AIM - a model for Collaboration

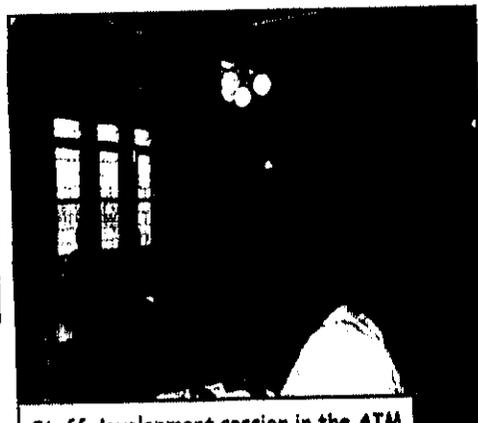
The Uganda AIDS Commission (UAC) is a supra-sectoral body responsible for the overall joint planning, monitoring, evaluation and coordination of HIV/AIDS efforts in Uganda. The UAC provides leadership in the development of the National Strategic Framework (NSF) that guides HIV/AIDS prevention and control 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

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.



JSI

Research and Training Institute, Incorporated



WORLD EDUCATION



WORLD LEARNING
founded in 1981 by the U.S. Agency for International Development



"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*

