

INTRODUCTION

The mission of the AIM Program has been to establish an effective and replicable district-level model that would contribute to the decrease in HIV prevalence and incidence in Ugandan adults and children, and increase the level of care and support to Ugandans affected by HIV/AIDS.

The overarching goal of AIM was to help effect changes so that men, women, and children could access and utilize appropriate, affordable, and quality HIV/AIDS prevention, care, and support services.

The AIM Program ran from May 2001 through May 2006.

When traveling on Uganda's roads, you see billboards educating about HIV and AIDS scattered from one end of the country to the other.

The billboards attest to Uganda's forthright, intensive campaign against the deadly virus. So much of what has been accomplished in waging that campaign is less conspicuous, however. In countless ways, great and small, Uganda's government and its people have been confronting the HIV/AIDS crisis, promoting behavioral changes to prevent the disease, and treating and supporting people who have been infected or affected by it.

Despite Uganda's exemplary record among African nations in responding to the epidemic, its progress in combating HIV/AIDS in its communities has been challenged by a scarcity of resources.

As of 2001, basic services to prevent HIV and care for people affected by the disease were neither widely nor easily accessible, nor well coordinated outside the capital city of Kampala. Those conditions prevailed in most of the country's districts. The capacity to expand access and improve the quality of already available services at the district and sub-district levels was generally limited.



Photos: Tamara Plush

Through Reach Out's microenterprise program, Benon has received loans to rent and run a small shop. Benon's children are also benefitting through Operation School Fees, which is enabling them to attend school.

The AIDS/HIV Integrated Model District Program (AIM)

Since 2001, AIM has been working with local governments and civil society to overcome these barriers. Funded by the U.S. Agency for International Development through the U.S. government's President's Emergency Plan for AIDS Relief, the effort has been one of the largest, most diverse technical-assistance programs of its kind in Africa.

AIM was implemented by JSI Research & Training Institute and World Education. Through AIM, JSI and World Education were instruments for supporting Uganda's decentralized response to the HIV/AIDS epidemic in 16 districts, reaching about 30 percent of the population.

AIM was a collaborative partnership driven by needs identified by the selected districts. AIM focused on:

- Enabling districts to plan, implement, and manage their own HIV/AIDS and tuberculosis (TB) programs.
- Integrating improved comprehensive prevention, care, and support services at the district and health sub-district levels.
- Streamlining referral mechanisms.
- Supporting improved quality of HIV/TB prevention, clinical, community and home-based care, and social support services for people infected and affected by HIV/AIDS, including orphans and youth.



Photo: Monique Boivin, AIM/Uganda

The St. Padre Pio Health Center takes in orphans and vulnerable children and brings care closer to people living in the area. Here, St. Padre Pio students perform a dance to inform the community about AIDS. AIM has invested in the health center by providing grants and technical support to build the organization's capacity. AIM has supported the training of community home-based care providers, supplied home-based care kits to 100 homes, and helped upgrade the St. Padre Pio laboratory to improve diagnosis and treatment of opportunistic infections.

With the gradual movement of decision-making from Kampala to district governments, AIM helped strengthen district support and management of HIV and TB services while helping to refine district public and private sector responses to social development challenges. Providing grants to local groups became a powerful incentive to bring people and organizations into the decentralization process.

AIM supported grants for well-defined, district-based interventions with continuous technical assistance linked to measurable, performance-based outcomes. JSI/AIM's grant process promoted the development of District HIV/AIDS Committees and gave them a tangible role in Uganda's effort to respond to the HIV epidemic. Working

with and through District Committees, AIM provided funding and technical assistance to service providers to strengthen service delivery and community groups, enabling them to broaden their reach and deepen their technical expertise. This approach devolved the technical review and decisionmaking processes dramatically, empowering local groups, while allowing AIM to retain fiscal oversight.

The outcomes of AIM's granting activities included:

- Increased number and scope of HIV and AIDS prevention, care, and support service delivery sites in selected districts.

- Strengthened ability of District HIV/AIDS Committees to manage the grant solicitation and review process, thus building the expertise of a body that increasingly plays a critical role in scaling up HIV services.
- Allowed active communication and sharing of technical proposals and cross-sector approaches.
- Enhanced public/private and private/private linkages.

AIM also awarded a number of grants to national-level organizations. In some instances, these grants funded innovative programs that can serve as examples of promising practices. These grants helped develop the organizational capacity of key institutions that have branches or programs in the districts.

Much of AIM's legacy is already quantifiable. With AIM's support, the 16 districts have been able to establish 114 sites for HIV/AIDS counseling and testing and 84 sites for the prevention of the transmission of the virus from mother-to-child. AIM has been pivotal in launching district-wide networks of people living with HIV/AIDS involving 60,000 people, in 15 of the 16 districts. Over 317,000 people have been tested at these testing sites and 5133 mothers have benefited from services to prevent the HIV transmission from mother- to-child. A total of 18,000 TB patients have received community-based directly observed treatment.

Not everything of lasting value is reducible to statistics. From the very beginning, a central goal of AIM has been sustainability—supporting services and organizations

The AIM Program awarded 459 grants to a variety of organizations in 16 districts. The average grant has been small in size—about 40 million Uganda Shillings (\$22,000)—but large in impact. Most have been awarded to small, community-based groups.

that will outlast AIM and continue to operate effectively after the program ends in May 2006. The enhanced capacity of AIM's partners to manage their organizations and seek other sources of funds, the closer coordination among the many agencies and groups that embody the Ugandan healthcare system, an emboldened spirit among Ugandans drawn to the HIV/AIDS cause through AIM-supported programs—all such gains are hard to measure but are nonetheless real.

The diverse stories that follow in this booklet describe 15 initiatives supported by AIM. The stories and photos illustrate some of the gains with examples taken directly out of the lives of people with whom AIM has partnered.

JSI and World Education would like to thank the many groups who have worked with us and the many people who willingly give of their time and energy every day to battle HIV and AIDS—and those who kindly spoke up and contributed to this publication.



MED MAKUMBI, AIM CHIEF OF PARTY
and all the staff at AIM