Increasing HCT Access through Networking
Vision
Universal Knowledge of HIV status in Uganda

Mission
To provide quality HIV/AIDS information, Counseling and Testing services.

Core Values
- High Integrity.
- Commitment to excellence.
- Effective communication.
- Equity and mutual respect.
- Team spirit.
- Timeliness.
- Continuous learning and improvement.

Slogan
Knowledge is power, take an HIV test today.

This report was produced with financial support from Civil Society Fund.
TABLE OF CONTENTS

TABLE OF CONTENTS .................................................................................................................................................. 1
LIST OF ACRONYMS AND ABBREVIATIONS ........................................................................................................... 1
FOREWORD .................................................................................................................................................................. 3
VISION ....................................................................................................................................................................... 4
MISSION STATEMENT .................................................................................................................................................. 4
CORE VALUES .............................................................................................................................................................. 4
AIC SLOGAN .............................................................................................................................................................. 4
MEMBERS OF THE AIC BOARD OF TRUSTEES ....................................................................................................... 4
AIC BOARD OF TRUSTEES SUB-COMMITTEES AND THEIR MEMBERSHIP ............................................................. 5
  Programmes /Technical Sub-Committee: ................................................................................................................ 5
  Finance Sub-Committee: ......................................................................................................................................... 5
  Policy Sub-Committee: .......................................................................................................................................... 5
  Resource Mobilisation Sub-Committee: .................................................................................................................. 5
  Research Sub-Committee: ...................................................................................................................................... 6
HIV COUNSELING AND TESTING .......................................................................................................................... 8
  HCT Utilization by Age-group .............................................................................................................................. 9
  Sero-prevalence among AIC clients ........................................................................................................................ 10
  Sero-prevalence by Age-group among AIC Clients ............................................................................................. 11
  Sero-prevalence by Approach of HCT Service Delivery ..................................................................................... 12
  Sero-prevalence by Gender ................................................................................................................................... 12
MOBILIZATION FOR HCT ....................................................................................................................................... 14
HIV PREVENTION ...................................................................................................................................................... 15
PALLIATIVE CARE ....................................................................................................................................................... 17
  Psychosocial Support: .......................................................................................................................................... 17
  TB/HIV Integration ................................................................................................................................................. 17
  Screening and treatment of other opportunistic Infections ................................................................................... 18
  Basic Care Packages (BCP) ................................................................................................................................. 18
  Cotrimoxazole prophylaxis .................................................................................................................................. 19
  CD4  Monitoring .................................................................................................................................................... 19
  Discordant couple club activities .......................................................................................................................... 19
CAPACITY BUILDING FOR QUALITY HIV COUNSELING AND TESTING ............................................................ 20
  Skills enhancement through partnerships ........................................................................................................... 21
  Commitment to excellence .................................................................................................................................. 21
HUMAN RESOURCE AND ADMINISTRATION ....................................................................................................... 22
  Staff benefits .......................................................................................................................................................... 22
  Staff Development ................................................................................................................................................ 22
INFORMATION TECHNOLOGY ................................................................................................................................ 23
FINANCE .................................................................................................................................................................... 23
**List of Acronyms and Abbreviations**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFB</td>
<td>Acid-Fast Bacilli</td>
</tr>
<tr>
<td>AIC</td>
<td>AIDS Information Centre</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti Retroviral Therapy</td>
</tr>
<tr>
<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>BCP</td>
<td>Basic Care Package</td>
</tr>
<tr>
<td>CBDOTS</td>
<td>Community Based Directly Observed Treatment</td>
</tr>
<tr>
<td>CD4/8</td>
<td>Cluster Differentiation (for lymphocytes) 4/8</td>
</tr>
<tr>
<td>DDHS</td>
<td>District Director of Health Services</td>
</tr>
<tr>
<td>FPAU</td>
<td>Family Planning Association of Uganda</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
</tr>
<tr>
<td>HSSP</td>
<td>Health Sector Strategic Plan</td>
</tr>
<tr>
<td>IDP</td>
<td>Internally Displaced Person(s)</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>IED</td>
<td>Interim Executive Director</td>
</tr>
<tr>
<td>IPH</td>
<td>Institute of Public Health</td>
</tr>
<tr>
<td>IT</td>
<td>Information Technology</td>
</tr>
<tr>
<td>ITN</td>
<td>Insecticide Treated Net</td>
</tr>
<tr>
<td>MARPS</td>
<td>Most At Risk Populations</td>
</tr>
<tr>
<td>MEEPP</td>
<td>Monitoring and Evaluation of Emergency Plan Progress</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>PEAP</td>
<td>Poverty Eradication Action Plan</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PLHA</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PPD</td>
<td>Purified Protein Derivatives</td>
</tr>
<tr>
<td>PSI</td>
<td>Population Services International</td>
</tr>
<tr>
<td>PTC</td>
<td>Post Test Clubs</td>
</tr>
<tr>
<td>TASO</td>
<td>The AIDS Support Organisation</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UAC</td>
<td>Uganda AIDS Commission</td>
</tr>
<tr>
<td>UBOS</td>
<td>Uganda Bureau of Statistics</td>
</tr>
<tr>
<td>UDHS</td>
<td>Uganda Demographic Health Survey</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Program for HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNHS</td>
<td>Uganda National Household Survey</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UPHOLD</td>
<td>Uganda’s Program for Human and Holistic Development</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UVRI</td>
<td>Uganda Virus Research Institute</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling &amp; Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
**Foreword**

Human Immunodeficiency Virus (HIV) counseling and testing (HCT) remains a pivotal service in the management of HIV/Acquired Immuno-Deficiency Syndrome (AIDS) and a vital entry point to HIV and AIDS prevention and care services.

2008 was a year of considerable growth for AIDS Information Centre-Uganda (AIC). Among our achievements this year, we registered a total of 337,523 clients served and reached with HCT. This was an increase of 26% from the number reached in the year 2007. AIC continued to apply the integrated approach to HCT service delivery which includes provision of the following services: Family Planning; Sexually Transmitted Diseases treatment; treatment of opportunistic infections including Tuberculosis (TB) and Psycho-social support through Post Test Clubs (PTC).

The increase in demand for HCT services has led AIC to review its operations through a strategic planning process that oversaw the development of the 2009 – 2014 strategic plan. The new strategic plan re-focused the Vision, Mission and goals of AIC to meet the new demands and developments in the national response against HIV and AIDS.

AIC acknowledges the continued support from partners in the struggle against HIV and AIDS. The government of Uganda through the Ministry of Health and the Uganda AIDS Commission continued to provide an enabling environment for the provision of HIV/AIDS services through the coordinating roles they play.

I would therefore, like to take this opportunity to thank all our partners, donors and Board of Trustees for their continued support. Our success has been a direct result of the continued collaboration and building of relationships. We look forward to continued support and collaboration from all the stakeholders and donors as we continue in our fight against HIV and AIDS.

“A total of 337,523 clients were reached with HCT services in 2008. This was an increase of 26% from the numbers reached in the year 2007”
Vision

Universal knowledge of HIV status in Uganda

Mission statement

To provide quality HIV/AIDS information, counseling and testing services.

Core values

- High integrity
- Commitment to excellence
- Effective communication
- Equity and mutual respect
- Team spirit
- Timeliness
- Continuous learning and improvement

AIC slogan

“Knowledge is power, take an HIV test today”.

Members of the AIC Board of Trustees

1. Hon. Dr. Chris Baryomunsi Chairperson/ V/Chair social services committee of parliament
2. Mrs. Angelina Wapakhabulo Vice Chairperson/ High Commissioner to Kenya
3. Prof. Waswa Balunywa Treasurer/ Principal Makerere Business School (MUBS)
4. Prof. Charles Rwabukwali Associate Members’ Representative
5. Mr. Jimmy Ivans Obbo PTC Representative
6. Hon. Dick Nyai PLI Representative
7. Mr. Danson Yiga Mukasa Member
AIC Board of Trustees Sub-Committees and their membership

Programmes /Technical Sub-Committee:

Dr. Sam Okware
Hon. Dick Nyai
Jimmy Ivans Obbo
Dr. Kaguna Amooti Bwera
Mr. Francis Nahamya
Chairperson
Member

Hon. John Emily Otekat
Hon. Benson Obua-Ogwal

Mr. Francis Nahamya
Secretary/AIC Programmes Director

Finance Sub-Committee:

Prof. Waswa Balunywa
Mr. Danson Yiga Mukasa
Hon. John Emily Otekat
Hon. Benson Obua-Ogwal
Mrs. Beatrice Kansiime
Chairperson
Member
Member
Member
Secretary/AIC Finance Director

Policy Sub-Committee:

Mrs. Angelina Wapakhabulo
Prof. Charles Rwabukwali
Hon. John Emily Otekat
Hon. Dick Nyai
Ms. T. Lubandi Samali
Chairperson
Member
Member
Member
Secretary/AIC HRA Director
Resource Mobilisation Sub-Committee:
Hon. Dr. Chris Baryomunsi  Chairperson
Hon. Benson Obua-Ogwal  Member
Prof. Waswa Balunywa  "
Mr. Danson Yiga Mukasa  "
Dr. Raymond Byaruhanga  Secretary/AIC Executive Director

Research Sub-Committee:
Prof. Charles Rwabukwali  Chairperson
Dr. Sam Okware  Member
Dr. Kaguna Amooti Bwera  "
Prof. Waswa Balunywa  "
Hon. Dick Nyai  "
Dr. Raymond Byaruhanga  Secretary/AIC Executive Director

The Board of Trustees (BOT) is responsible for overall governance in the organisation and is mandated to perform tasks as prescribed in the constitution. At each Branch level, the Board of Trustees is assisted by a Branch Advisory Committee (BAC) that is composed of 9 members and one ex-officio as follows:

Chairperson
Vice Chairperson
Treasurer
PTC Representative
PLI Representative
Members (4)
Secretary/Branch Manager as ex-officio

The following are the BAC chairpersons for the different committees:
Mr. Dan Opima  Arua
Mr. Jack Mwondha  Jinja
Mr. John Alex Muyita  Kampala
Mr. Arsen Nzabakurikiriza  Kabale
Mr. Peter Owiny Gudozu  Lira
Mr. James Turyagyenda  Mbarara
During the year, the Board of Trustees provided policy guidance and made decisions on critical matters related to management of AIC. These included:

- Approval for AIC to review the existing policies and staff regulations and conditions of service.
- Approval of new maternity leave in line with the government’s policy of 90 days.
- Revision of the gratuity policy which approves full payment of all staff gratuity only when the staff is leaving the organisation.
- Approval for AIC to purchase the piece of land located behind the present office building.
- Approval for disposal of old assets in line with the donor requirements.
WHO and UNAIDS strongly support the continued scale up of client-initiated HIV testing and counseling, but recognize the need for additional, innovative and varied approach (WHO 2007: 5). AIC provides HCT through its 8 branches (Kampala, Mbarara, Jinja, Soroti, Kabale, Mbale, Arua and Lira). The approaches used include: Mobile Voluntary Counseling and Testing (MVCT)/Home-to-Home services and outreaches targeting mainly the Most at Risk Persons (MARPs) such as commercial sex workers, Internally Displaced Persons, fishing communities and the youth. AIC’s intervention in this area has been very vital in increasing the percentage of people with knowledge about their HIV sero-status. According to the Uganda HIV/AIDS Sero-prevalence Baseline Survey (2005), 79% of the Ugandan population lacks knowledge about their sero-status and yet this knowledge is a key step towards effective prevention and treatment of HIV/AIDS.

During the year of 2008, AIC recorded 337,523 HCT clients counseled tested and received results. This was an increase of 26% from the previous year of 2007 (Table 2.1 below). AIC put a lot of emphasis on bringing the HCT service closer to the people through outreaches and indirect sites.

**Table 1: HCT by Nature of Service Outlet January – December 2008**

<table>
<thead>
<tr>
<th>Approach</th>
<th>Jan-Mar 08</th>
<th>Apr-Jun 08</th>
<th>Jul-Sept 08</th>
<th>Oct-Dec 08</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Sites</td>
<td>31,606</td>
<td>24,855</td>
<td>34,662</td>
<td>36,784</td>
<td>127,907</td>
</tr>
<tr>
<td>Branches</td>
<td>15,718</td>
<td>15,153</td>
<td>15,032</td>
<td>13,945</td>
<td>59,848</td>
</tr>
<tr>
<td>Outreaches</td>
<td>17,156</td>
<td>26,607</td>
<td>51,395</td>
<td>54,610</td>
<td>149,768</td>
</tr>
<tr>
<td>Total</td>
<td>64,480</td>
<td>66,615</td>
<td>101,089</td>
<td>105,339</td>
<td>337,523</td>
</tr>
</tbody>
</table>

Source: AIC database 2008
Table 2 shows the contribution made by the various approaches. There was a slight increase in the outputs from the outreach approach and indirect sites whose share increased to 44.4% and 37.9% respectively in 2008 as compared to 42% and 35% of 2007.

**Figure 1: Utilisation of HCT by gender**
Out of a total of 337,523 clients who received HCT during the period, 58% were female while 42% were male. Female clients continued to be more inclined to seeking medical and health information as opposed to their male counterparts.

**HCT Utilization by Age-group**

**Figure 2: HCT utilisation by age**

AIC continued to offer HCT to individuals of all ages. The adults aged between 25 and 49 years who are the most productive and reproductive age-group still constitutes the majority of those reached. During the year, adults in this age
range accounted for 47.1% of AIC clients. The youth and children below 25 years also accounted for a considerable proportion of 45.7%. (Figure 3)

**Sero-prevalence among AIC clients**
Overall, the sero-prevalence for AIC clients was 6.9% in the period under review. This is close to the national average of 6.4%. It is important to note that the prevalence was highest among the clients seen at the AIC main branches with 12.1% being positive. This was mainly because the majority of clients who came to the branches were self selected whose main reasons for testing fall in the category of HIV risk as reflected in the table 3 below.

**Table 3: Main Reasons for Testing**

<table>
<thead>
<tr>
<th>Main Reason for testing</th>
<th>No of respondents</th>
<th>Share to Total</th>
<th>Cumulative Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past HIV Risk</td>
<td>187,367</td>
<td>55.7%</td>
<td>55.7%</td>
</tr>
<tr>
<td>Feel ill</td>
<td>20,997</td>
<td>6.2%</td>
<td>61.90%</td>
</tr>
<tr>
<td>Lost Partner/Kid/Parent</td>
<td>8,322</td>
<td>2.5%</td>
<td>64.40%</td>
</tr>
<tr>
<td>Current HIV Risk</td>
<td>8,201</td>
<td>2.4%</td>
<td>66.80%</td>
</tr>
<tr>
<td>STD Symptoms</td>
<td>4,593</td>
<td>1.4%</td>
<td>68.20%</td>
</tr>
<tr>
<td>Ill Partner/Child/Parent</td>
<td>3,696</td>
<td>1.1%</td>
<td>69.30%</td>
</tr>
<tr>
<td>AIDS Symptoms</td>
<td>297</td>
<td>0.1%</td>
<td>69.40%</td>
</tr>
<tr>
<td>Confirm Previous Test Results</td>
<td>38,510</td>
<td>11.4%</td>
<td>80.80%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>29,227</td>
<td>8.7%</td>
<td>89.50%</td>
</tr>
<tr>
<td>Get Married</td>
<td>10,973</td>
<td>3.3%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>20,664</td>
<td>6.1%</td>
<td>98.90%</td>
</tr>
<tr>
<td>New Partner</td>
<td>3,640</td>
<td>1.1%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Source: AIC database 2008

The stratification by age, gender and nature of service approach below indicates in detail how different categories of individuals are affected by the epidemic.
Sero-prevalence by Age-group among AIC Clients

The sero-prevalence is highest (10.2%) among the productive age group (25-49 years) and lowest for those in the 13-17 years and 18-24 years categories at 1.2% and 3.7% respectively (Figure 3). The low prevalence among this category of youth is a pointer that individuals in this age range benefit greatly from HIV prevention interventions that prevent cross-generational sex with the older population which has a high prevalence. During the year, AIC continued counseling and testing for youth aged 20-24 years. This was in partnership with PSI, which targeted the group that was vulnerable to cross generation sex at 9 universities throughout the country. Individuals above 50 years also registered a high prevalence of 7.6% much higher than the national average. The old age group should be specifically targeted with prevention strategies that address their specific challenges.

Figure 3: HIV Prevalence by Age-group

![HIV Prevalence by Age-group](source: AIC database 2008)
Sero-prevalence by Approach of HCT Service Delivery

Clients at the AIC main branches registered the highest sero-prevalence of 10.5% due to the nature of the clients who come to the branches voluntarily with HIV risk-related reasons for testing (Figure 4). The sero-prevalence rate in the outreaches was the lowest at 3.5% because this is mostly a random sample of clients. Outreaches are mostly carried out in the rural areas which have a lower prevalence compared to the urban areas. Urban dwellers—both female and male—are more likely to be infected than those in rural areas (Uganda HIV/AIDS Sero-Behavioural Survey 2004-05).

Figure 4 HIV Prevalence by approach

Source: AIC database 2008
Key: D-District supported sites, M- Main branch sites, O- Outreach sites.

Sero-prevalence by Gender

The prevalence among the females was 7.6% compared to 6.0% among the males an indicator that the epidemic continues to be more concentrated among the females.

Interventions for cross generational sex: Cross generational sex accounts for a greater prevalence of HIV infection among teenage girls than among boys according to studies done in Uganda. 7% of women aged 15 – 19 years have had higher risky sex with a
partner who is 10 or more years older in past 12 months (UDHS, 2006). As stated by the UN Secretary General’s Task Force “to deepen public awareness of the inappropriate, abusive and often illegal nature of sexual relationships between older men and teenage girls.” (UNAIDS, Facing the Future Together-2004)

AIC in response to this concern entered into partnership with Population Services International (PSI) to implement anti-cross generational sex program in 9 universities that included Kampala International University, Makerere University, Kyambogo University, Makerere University Business School- Nakawa, Uganda Martyrs University Nkozi, Nkumba University, Uganda Christian University Mukono, Islamic University – Mbale, and Mbarara University of Science and Technology. This strategy provided the young women opportunities to assess their HIV related risks and adopt safer behaviors that helped them to avoid HIV and other sexually transmitted infections that would result from cross generational relationships. A total of 4,082 (Females 2,319, Males 1,763) university students accessed HCT and related services.

AIC in also worked with public and private health units and hospitals, provided HCT services using the Provider Initiated strategy. Patients who sought medical care were given education sessions on the importance of HIV testing services. These patients were given opportunities to test for HIV and other related services. This strategy promoted utilisation of HCT services and paved way for early diagnosis, treatment and management of HIV and AIDS.
MOBILIZATION FOR HCT

AIC used a number of methods for mobilization of the population to access HCT. These included: Radio talk shows, Post Test Club (PTC) outreaches including drama and distribution of IEC materials (reaching a total of 31,655 people). Text to Change was an innovative strategy that was used to mobilize the population using mobile phones. This method is highlighted below.

Using Mobile Phones to Fight HIV&AIDS: AIC & Text To Change (TTC)

AIDS Information Centre (AIC) in partnership with Text To Change a Netherlands based phone text message organization and Zain (formerly Celtel Uganda) a local mobile telephone company used phone text messages to improve knowledge and awareness about HIV/AIDS in Uganda. This encouraged people to voluntarily go for HIV counseling and testing. It was piloted in Mbarara district in southwestern Uganda among 15,000 Celtel subscribers for a period of 6 weeks. A total of 2,500 (17%) of the subscribers responded. The demand for services at the branch rose by over 50% during the pilot period and this was attributed to the fact that some people got information from their relatives or friends who had received the information on their mobile phones.

“Cell phones are increasingly popular in Africa and if so many people are accessing mobile telephones why not use them for health education?”

Comments the Mayor of Mbarara Municipality
HIV PREVENTION

According to the UNAIDS Report on the global AIDS epidemic (2004: 69), it’s recognized that prevention is the mainstay of the response to AIDS, but is seldom implemented at a scale that would turn the tide of the epidemic. It further recognizes that prevention programs reach fewer than one in five people who need them.

Key elements of comprehensive HIV prevention include:

- AIDS education and awareness;
- Behavior change programs, especially for young people and populations at higher risk of HIV exposure, as well as for people living with HIV;
- Promoting male and female condoms as a protective option, along with abstinence, fidelity and reducing the number of sexual partners;
- Voluntary counseling and testing;
- Preventing and treating of sexually transmitted infections;
- Primary prevention among pregnant women and prevention of mother-to-child transmission.

AIC contributed to the HIV prevention program in Uganda through delivery of “Abstinence”, “Be faithful” and Other Prevention messages through outreaches, drama activities, Post Test Clubs (PTCs) and HIV/AIDS radio talk shows particularly on the local radios. A total of 1,202,233 condoms were distributed to most at risk populations such as fishermen, boda boda cyclists, students in higher institutions of learning, waitresses, and discordant couples and to the post test club members.
Table 4: Number of Individuals reached with AB Messages

<table>
<thead>
<tr>
<th>Abstinence and Be-faithful</th>
<th>Total No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals reached with AB by PTC members</td>
<td>155,470</td>
</tr>
</tbody>
</table>

Table 5: Number of Individuals reached with condom messages

<table>
<thead>
<tr>
<th>Condom use</th>
<th>Total No. of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individual reached with OP by PTC members</td>
<td>225,884</td>
</tr>
</tbody>
</table>

PTC's participated in conducting 35 community dialogue sessions to communicate AB & OP messages

Community couple dialogue sessions

In August 2008, AIC established three additional youth corner on top of the already existing four corners attached to AIC branches: Soroti, Arua and Kabale. This bring the total number of youth corners to seven.

“Counseling at the youth corner has helped me to see the risk of having an STD and risk of having many sexual partners...I could have got HIV! Thanks God I am negative!” A youth from Soroti
AIC participates in activities to commemorate of 25 years of HIV & AIDS in Uganda

On 14th March 2008, Uganda commemorated 25 years of HIV/AIDS in Uganda at Kasensero Landing sites. AIC participated through an exhibition and provision of free HIV counseling and testing services. The guest of honor was H.E. Kaguta Museveni. 36 people accessed HCT due to challenges related to transport.

PALLIATIVE CARE

AIC contributed to the goal of the National Strategic Plan in care and treatment by offering Palliative Care Basic –Health Care (PCBHC). PCBHC includes psychosocial support, screening for and treatment of opportunistic infections (including Tuberculosis), as well as the provision of the basic health care package. The basic health care package includes prevention of malaria, respiratory and central nervous system diseases among PLHAs.

Psychosocial Support:
AIC continued to offer post test psychosocial counseling and support, to all clients that are HIV positive to encourage them to live positively. This was provided by counselors to clients during one on one session or in Post Test clubs. The topics addressed include but are not limited to:

- Discordance
- Stigma and discrimination
- Window period
- Malaria prevention
- The role of CD4 monitoring and Anti-Retroviral Therapy (ART)
- Reproductive Health, Pregnancy and PMTCT
- Safer sex
- Condom use
- Disclosure and the basic care package to PHA’s

TB/HIV Integration
AIC is guided by the National Policy guidelines for TB/HIV collaborative activities in Uganda. The overall goal of the policy is to decrease the
burden of tuberculosis and HIV in Uganda through improved TB and HIV collaborative interventions. AIC employs a screening tool developed in collaboration with Centres for Disease Control and prevention (CDC) to screen HIV positive clients for TB. This is done in the 8 branches of AIC and the supported sites. All clients suspected to have TB go on to have sputum examination, X-rays and a tuberculin skin test where indicated. AIC also counseled and tested TB patients for HIV at the Branches and supported other health facilities through technical support supervision and training. In 2008, 4,444 HIV positive clients were screened for TB and 2,797 TB patients were counseled and tested for HIV, of whom 1,130 (40%) were positive. AIC offers prophylactic Isoniazid Therapy (IPT) for prevention of TB among HIV positive clients with Latent TB. In 2008, 343 clients were offered IPT and 1037 were offered Treatment for active TB.

Screening and treatment of other opportunistic Infections

AIC screens and treats sexually transmitted infections like syphilis and Herpes simplex type II and other opportunistic infections like skin infections, pneumonias and others in all its eight branches. Among the integrated services offered are education and counseling on Reproductive health issues for the HIV positive and offering of Family Planning (FP) suitable to individual circumstances and choice. A total of 4,291 clients were treated for opportunistic infections.

Basic Care Packages (BCP)
A total of 4,460 clients received basic care packages consisting of mosquito nets, water guard chemical and a safe water vessel, condoms, Septrin for prophylaxis and reading material on psychosocial counseling to all HIV positive clients. This Package helps in prevention of malaria, respiratory, central nervous system diseases among PLHAs. This was achieved through partnership with PSI.
Cotrimoxazole prophylaxis

A daily dose of Cotrimoxazole has been proven to prolong life (25-50% decrease in mortality) and reduce the incidence of malaria, diarrhoea, toxoplasmosis, certain respiratory infections, blood infections (Septicaemia) and other illnesses affecting PLHA. 

A total of 4,043 clients received contrimoxazole treatment.

CD4 Monitoring

A total of 9,041 clients had CD4 tests done, and of these 3,993 had a CD4 less than 250 and were therefore referred for ART. CD4 test services are available in all AIC branches.

Discordant couple club activities

Out of 8 AIC branches, 6 (75%) have couple counseling clubs. A total of 236 discordant couples were registered and received ongoing psychosocial support. Furthermore, two studies were conducted on discordant couples aimed at preventing transmission of HIV. This was in collaboration with MRC.

Members of a discordant couples discussing effects of sex & alcohol at AIC
AIC’s training department continued to promote quality HCT service delivery through skills building for services providers from public, and private institutions as well as privately sponsored individuals. 1,541 trainees (144%) benefitted from various HCT courses surpassing the annual target of 1,072 trainees by 44%.

Table 2.6 shows the types of courses and the beneficiaries by gender.

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Target</th>
<th>Achieved</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Privately-sponsored HCT Counselors (agencies and individuals) UHSP</td>
<td>200</td>
<td>399</td>
<td>129</td>
<td>270</td>
</tr>
<tr>
<td>2 Routine Counselling and Testing (RCT)</td>
<td>90</td>
<td>170</td>
<td>44</td>
<td>126</td>
</tr>
<tr>
<td>3 HCT supervision skills training</td>
<td>100</td>
<td>108</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>4 HIV Rapid testing training</td>
<td>150</td>
<td>150</td>
<td>42</td>
<td>106</td>
</tr>
<tr>
<td>5 TOT for Palliative Care for AIC staff</td>
<td>28</td>
<td>29</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>6 Palliative care for service Providers from Indirect sites</td>
<td>320</td>
<td>315</td>
<td>104</td>
<td>211</td>
</tr>
<tr>
<td>7 Youth Friendly HCT</td>
<td>28</td>
<td>28</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>8 Other Prevention Promoters</td>
<td>280</td>
<td>239</td>
<td>131</td>
<td>108</td>
</tr>
<tr>
<td>9 Business orientation and AB messages</td>
<td>84</td>
<td>83</td>
<td>49</td>
<td>34</td>
</tr>
<tr>
<td>10 Refresher training for counselors</td>
<td>20</td>
<td>20</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>11 Best practices in library and information science (LIS)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1073</strong></td>
<td><strong>1,542</strong></td>
<td><strong>564</strong></td>
<td><strong>975</strong></td>
</tr>
</tbody>
</table>

Source: AIC database 2008
**Skills enhancement through partnerships**
Providing quality training services enhanced client satisfaction and confidence building among existing and new partners. 52% of the HIV Prevention counsellors, trained were sponsored by partners and this greatly augmented our performance. Some of the key partners in this period included; Health Initiatives Project (HIPS), Strengthening Counselor Training Project (SCOT), Family Health International – Regional Outreach Addressing HIV/AIDS through Development Strategies (ROADS), Rushoroza Diocese in Kabale, Kyambogo University. 48% of the total counsellors trained were self sponsored individuals.

![HCT supervision training in Arua region](image)

**Commitment to excellence**
As a way to fulfill one of our core values “Commitment to Excellence”, deliberate efforts were made to ensure that service providers’ competencies within AIC and the supported sites are improved to respond to clients’ needs. Some of the training activities that were conducted included; Palliative care, Routine Counselling and Testing, supervision skills, HIV Rapid Testing, Prevention Promoters, Business orientation among others.

![Role Play during a Palliative Care training for Jinja region](image)
HUMAN RESOURCE AND ADMINISTRATION

Staffing

The AIC team has individuals with balanced and complementary skills with four directorates of Program (which has the technical team), Operations (has the branch implementation team), Finance and Human Resource/Administration.

The team was comprised of 168 staff by the end of the year, and it is headed by the executive director Dr Raymond Byaruhanga who is a medical doctor with wide experience in HIV and AIDS related projects. The team supported the successful achievement of AIC objectives and in 2008. AIC was joined by 20 competent and self motivated members.

Staff benefits

AIC’s remuneration policy ensures competent and committed employees needed to accomplish its mission are attracted, motivated and retained and. This includes competitive salaries which are reviewed regularly (Last reviewed in October 2008); gratuity and other reimbursable expenses. In addition, AIC provides adequate welfare cover for its employees to ensure a healthy and stable workforce. All employees & their immediate families are entitled to medical cover and in 2008, 577 in total benefited.

Over the year, all employees were insured through a 24 hour group insurance. A total of 4 staff who got accidents were compensated as per the workman’s compensation policy.

Staff Development

Staff training & development is one of the most significant non-financial features of the employment package. AIC builds capacity to enable the workforce master skills and expertise needed for effective work output.

Over the reporting period, emphasis was put on in-service training including: Rapid testing, Supervisory skills, Gender & development, Women in Leadership, Monitoring &
evaluation, change management, coaching and mentoring, writing and presentation skills, among other refresher courses to improve quality of HCT services. Furthermore, AIC received a fellow from the School of Public Health/CDC fellowship program, interns and other candidates for on job training.

**INFORMATION TECHNOLOGY**

Information Technology (IT) continues to spearhead most of activities in organizations ranging from communication, research, data analysis to prediction of business trends. It has changed the way organizations and businesses are operated, changed completely the mode of working (paper environment) that minus any form of IT facility, activities come to standstill.

Strategically, AIC positioned itself in this Information age by establishing an infrastructure for a Wide Area Network (WAN) in 7 branches including Jinja, Mbale, Soroti, Lira, Arua, Mbarara and Kabale. Furthermore, AIC headquarters started using the Very-Small-Aperture-Terminal (VSAT) technology. This has greatly improved communication by providing a reliable, secure and fast mode of communication.

**FINANCE**

AIC’s main development partners were the Uganda HIV/AIDS Support Project (UHSP), Centers for Disease Control and Prevention (CDC), Civil Society Fund (CSF) and the Northern Uganda Malaria/HIV/AIDS/Tuberculosis Programme (NUMAT). Funding received was to support HCT and related services, Training, and Operating Expenses. We also received support from other partners to further advance the mission and goals of AIC. Some of these Organizations included PLAN International, IAVI, APCA, PSI, HIPS, HCP, YEAH, MRC, CCF, Compassion International and Church of Uganda - CHUSA as shown in the chart below.

*Pie chart showing donor funding received*
AIC participates in activities to mark commemoration of 25 years of HIV & AIDS in Uganda

On 14th March 2008, Uganda commemorated 25 years of HIV/AIDS in Uganda at Kasensero Landing sites. AIC participated through an exhibition and provision of free HIV counseling and testing services. The guest of honor was H.E. Kaguta Museveni. 36 people accessed HCT due to challenges related to transport.

Capacity building training in new financial management systems for AIC
AIC participates in activities to mark World AIDS Day. Theme: “Test a million People for HIV”

The Former Minister of State for Primary Heath Care, Dr. Emmanuel Otaala visits and AIC stall to takes an HIV test

Branch AGM were held in all 8 AIC branches during which new office bearers were elected. (Right) Hon. Dr. Elioda Tumwesigye speaks at the K’la AGM.
<table>
<thead>
<tr>
<th>Partner</th>
<th>Target group</th>
<th>Coverage of districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Vision</td>
<td>General Population</td>
<td>Kabale, Soroti, Mbale</td>
</tr>
<tr>
<td>Compassion international</td>
<td>General Population</td>
<td>Kabale, Soroti, Mbarara, Jinja, Mbale</td>
</tr>
<tr>
<td>Uganda Red Cross Society (URCS)</td>
<td>General Population</td>
<td>Soroti, Mbale</td>
</tr>
<tr>
<td>Church of Uganda-CHUSA</td>
<td>General Population</td>
<td>Mbale, Palisa</td>
</tr>
<tr>
<td>Strengthening Counseling and Testing (SCOT)</td>
<td>Counselors</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Heath Initiatives for the Private Sector</td>
<td>Counselors from</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Health Communications Partnership</td>
<td>private companies.</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Uganda Health Marketing Group</td>
<td>General Population</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>United Nation Fund for Population Activities (UNFPA)</td>
<td>General Population</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>African Palliative Care Association (APCA)</td>
<td>General Population</td>
<td>Kampala</td>
</tr>
<tr>
<td>Kawempe Home Care</td>
<td>General Population</td>
<td>Kampala</td>
</tr>
<tr>
<td>Naguru Teenage Centre</td>
<td>Youth</td>
<td>Kampala</td>
</tr>
<tr>
<td>Medical Research Counsel (MRC)</td>
<td>Couples</td>
<td>Kampala, Jinja</td>
</tr>
<tr>
<td>International AIDS Vaccine Initiative (IAVI)</td>
<td>Couples</td>
<td>Kampala, Wakiso, Mukono</td>
</tr>
<tr>
<td>Uganda Virance Research Institute (UVRI)</td>
<td>General Population</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Uganda Health Services Project (UHSP)</td>
<td>General Population</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Arua</td>
</tr>
<tr>
<td>Centers for Disease Prevention and Control (CDC)</td>
<td>Tuberculosis Clients</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Arua</td>
</tr>
<tr>
<td>Civil Society Fund (CSF)</td>
<td>MARPS</td>
<td>Kabale, Kanungu, Kisoro, Mbale, Butaleja, Arua, Nebbi, Maracha-Terego, Moyo</td>
</tr>
<tr>
<td>Northern Uganda Malaria, HIV/AIDS and TB Program (NUMAT)</td>
<td>General Population</td>
<td>Lira, Pader, Kitgum, Gulu, Amuru, Amolatar, Apac, Oyam, Dokolo</td>
</tr>
<tr>
<td>Plan International</td>
<td>General Population</td>
<td>Tororo</td>
</tr>
<tr>
<td>Population Services International</td>
<td>Youth</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Young Empowered and Healthy (YEAH)</td>
<td>Youth</td>
<td>Kampala, Mbarara</td>
</tr>
<tr>
<td>Baylor College of Medicine Children’s Foundation-Uganda</td>
<td>Children</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Organization</td>
<td>Category</td>
<td>Locations</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>Uganda Prisons Services (UPS)</td>
<td>Prison inmates</td>
<td>Kampala, Gulu, Mbarara</td>
</tr>
<tr>
<td>Community Empowerment Initiative</td>
<td>General Population</td>
<td>Kabale</td>
</tr>
<tr>
<td>Christian Children’s Fund</td>
<td>General Population</td>
<td>Mbale</td>
</tr>
<tr>
<td>Trans-cultural Psycho-Socio Organisation (TPO)</td>
<td>General Population</td>
<td>Soroti</td>
</tr>
<tr>
<td>Uganda Police Force</td>
<td>Uniformed Men &amp; Women</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>Uganda People’s Defence Force (UPDF)</td>
<td>Uniformed Men &amp; Women</td>
<td>Kabale, Mbarara, Kampala, Jinja, Mbale, Soroti, Lira, Arua</td>
</tr>
<tr>
<td>All government of Uganda ministries</td>
<td>Staff</td>
<td>Kampala</td>
</tr>
<tr>
<td>The AIDS Support Organization (TASO)</td>
<td>Staff</td>
<td>Mbarara, Gulu</td>
</tr>
</tbody>
</table>
Head Office
AIDS Information Centre – Uganda
Musajja –Alumbwa Road
P.O. Box 10446, Mengo-Kisenyi
Kampala – Uganda
Telephones: (+256 414) 231 528, 347 603, 576 535, 312 264453/4.
Kampala, Uganda
Email: informationdesk@aicug.org

Service Centres

Kampala Office
Musajja –Alumbwa Road
P.O. Box 10446, Mengo-Kisenyi
Kampala – Uganda
Telephones: (+256 414) 576 535
Kampala, Uganda
Email: aickampala@aicug.org

Mbarara Office
Plot 11 Ruhara Road
P.O. Box 1055, Mbarara
Telephone: (+256) 4854 21384, 4854 20876
Mbarara Uganda
Email: aicmbarara@aicug.org

Kabale Office
Plot M24 Rwakiseta Road Kirigime
P.O. Box 373, Kabale
Telephone: (+256) 4864 22254
Kabale, Uganda
Email: aickabale@aicug.org

Arua office
Plot 14, Mount Wati Road
P.O. Box 550, Arua
Telephone (+256) 4764 20508, 4764 20057
Arua, Uganda
Email: aicarua@aicug.org

Lira Office
Plot 5, Dokolo Road
P.O. Box 156, Lira
Telephone (+256) 4734 20861
Lira, Uganda
Email: aiclira@aicug.org

Soroti Office
Plot 2 Oculoi Road
P.O. Box 62, Soroti
Telephone (+256) 4544 61058
Soroti, Uganda
Email: aicsoroti@aicug.org

Mbble Office
Plot 2 Mugisu Walker Hill, Pallisa Road
P.O. Box 1838, Mbale
Telephone (+256) 4544 3333
Mbale, Uganda
Email: aicmbale@aicug.org

Jinja Office
Plot 17 Bell Avenue West
P.O. Box 2159, Jinja
Telephone (+256) 4314 20890
Jinja, Uganda
Email: aicjinja@aicug.org

www.aicug.org