Universal Knowledge of HIV status in Uganda

To provide quality HIV&AIDS Information, HIV Counseling and Testing Services

- High Integrity
- Commitment to Excellence
- Effective Communication
- Mutual Respect and Equity
- Team Spirit
- Timelines
- Continuous Learning and Improvement

Knowledge is Power, Take an HIV Test Today!
Special appreciation goes to all AIC staff for the continuous delivery of quality services in the reporting period July 2013 to June 2014 and to the clients who were willing to utilize the services offered by AIC.

AIC is also grateful to the Government of Uganda, Parliament and district local governments for creating a conducive enabling environment in which we are able to provide services. The Ministry of Health, UAC, MoES, MoGLSD, MoLG for good coordination, technical assistance and would like to convey its appreciation to the Development Partners (CSF, UNFPA, MSH/TRACK TB, MSH/STAR-E, EGPAF/STAR-SW, Africa Capacity Alliance) for the financial and technical support.

We are equally thankful to the CSOs and PHA forum for the great partnerships, continued collaboration and support during this period.

AIC is committed to continuously contribute to national efforts of reducing new infections and mitigating the impact of HIV.
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<th>Acronym</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>ADB</td>
<td>African Development Bank</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>CD4/8</td>
<td>Cluster Differentiation (for lymphocytes) 4/8</td>
</tr>
<tr>
<td>CSF</td>
<td>Civil Society Fund</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>CPT</td>
<td>Cotrimoxazole Prophylaxis Treatment</td>
</tr>
<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
</tr>
<tr>
<td>DHO</td>
<td>District Health Officer</td>
</tr>
<tr>
<td>FC2</td>
<td>Female Condom 2</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Communication Partnership</td>
</tr>
<tr>
<td>HEP</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>JCRC</td>
<td>Joint Clinic Research Centre</td>
</tr>
<tr>
<td>KYHSC</td>
<td>Know Your HIV Status Club</td>
</tr>
<tr>
<td>RATN</td>
<td>Regional AIDS Training Network</td>
</tr>
<tr>
<td>SMC</td>
<td>Safe medical Circumcision</td>
</tr>
<tr>
<td>STAR</td>
<td>Strengthening TB\HIV response</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
</tr>
<tr>
<td>MARPS</td>
<td>Most At Risk Populations</td>
</tr>
<tr>
<td>MOES</td>
<td>Ministry of education and Sports</td>
</tr>
<tr>
<td>MoLG</td>
<td>Ministry of Local Government</td>
</tr>
<tr>
<td>MOLGSD</td>
<td>Ministry of Labour Gender and Social Development</td>
</tr>
<tr>
<td>MOH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PHA</td>
<td>People Living with HIV &amp; AIDS</td>
</tr>
<tr>
<td>PACE</td>
<td>Program for Accessible Health, Communication and Education</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>PHDP</td>
<td>Positive Health Dignity and Prevention</td>
</tr>
<tr>
<td>TASO</td>
<td>The AIDS Support Organization</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UAC</td>
<td>Uganda AIDS Commission</td>
</tr>
<tr>
<td>UNFPA</td>
<td>The United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
</tr>
<tr>
<td>UPPET</td>
<td>Uganda Post-Primary Education and Training Institutions</td>
</tr>
<tr>
<td>UVRI</td>
<td>Uganda Virus Research Institute</td>
</tr>
<tr>
<td>VIA</td>
<td>Visual Inspection with Acetic Acid</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
EXEUTIVE SUMMARY

This report gives details of the contribution of AIC towards the National goal of reducing new HIV infections with highlights of the achievements during the period July 2013 to June 2014. It also outlines the, best practices, lessons learnt, success stories and challenges faced during the period.

In the reporting period, AIC tested a total of 341,541 individuals for HIV at both the static and outreach-sites of which 22,616(6.6%) came as Couples. In total, 5,724 HIV positives were identified and effectively linked to care, giving an average HIV sero positivity rate of 1.7%.

Overall, 338,146(161,971 male, 176,176 female) individuals were reached with Behavior change communication messages; these resulted into increase in the number of people who adopted HIV prevention practices.

11,281,731 (10,695,662 male, 586,069 female) condoms were distributed in 17 districts, using the established condom outlets including lodges, saloons, drug shops and through peers. This was aimed at promoting safer sexual practices and correct use of condoms.

A total of 13,562 clients received safe male circumcision (SMC) services as part of an HIV prevention package.

AIC enrolled 2,401 new clients into care bringing the number in care to 7,642. 711 new clients were assessed and enrolled onto antiretroviral treatment. Antiretroviral treatment services were provided at all the 8 AIC Regional centres.

AIC conducted a wide range of capacity development interventions in Cervical Cancer screening and monitoring and Evaluation. The courses were offered with funding from African Development Bank, UNFPA, Global Fund, Rotary Foundation, World Vision, STAR-E and Africa Capacity Alliance.

AIC also participated in meetings, conferences, workshops in order to inform and influence the national HIV/AIDS response.
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Executive Director
### MAJOR HIGHLIGHTS OF THE YEAR

- **341,514 Clients Tested**
  - Male 178,703
  - Female 162,838
- **1.7% HIV Sero-prevalence**
  - Male 1.4%
  - Female 2.0%

<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th>Targets</th>
<th>Achieved</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clients Counseling and tested for HIV and received results</td>
<td>280,047</td>
<td>341,541</td>
<td>122%</td>
</tr>
<tr>
<td>2</td>
<td>Couples reached with HIV counseling and testing services</td>
<td>20,000</td>
<td>20,174</td>
<td>101%</td>
</tr>
<tr>
<td>3</td>
<td>Clients provide with SMC services</td>
<td>24,700</td>
<td>13,562</td>
<td>55%</td>
</tr>
<tr>
<td>4</td>
<td>Clients provided with HIV prevention messages</td>
<td>266,668</td>
<td>338,146</td>
<td>127%</td>
</tr>
<tr>
<td>5</td>
<td>Distribute condoms</td>
<td>5,000,000</td>
<td>11,281,731</td>
<td>226%</td>
</tr>
<tr>
<td>6</td>
<td>Clients treated for TB</td>
<td>200</td>
<td>177</td>
<td>89%</td>
</tr>
<tr>
<td>7</td>
<td>Clients enrolled on ART</td>
<td>466</td>
<td>711</td>
<td>153%</td>
</tr>
<tr>
<td>8</td>
<td>Conduct CD4 count tests for HIV+ clients</td>
<td>14,066</td>
<td>6,353</td>
<td>45%</td>
</tr>
<tr>
<td>9</td>
<td>Clients provided with FP methods</td>
<td>16,668</td>
<td>3,812</td>
<td>23%</td>
</tr>
<tr>
<td>10</td>
<td>Women screened for cancer of cervix</td>
<td>400</td>
<td>3,592</td>
<td>898%</td>
</tr>
<tr>
<td>11</td>
<td>Number of HIV positive clients provided with Basic care kits</td>
<td>13,768</td>
<td>5,360</td>
<td>38.9%</td>
</tr>
</tbody>
</table>
Background
AIDS Information Centre (AIC) Uganda is a National Non-Governmental Organization that was founded on 14th February 1990 at Bauman House in Kampala Uganda. Currently AIC headquarters are located on Block 1321, Mengo-Kisenyi, Musajja Alumbwa road with regional offices in Kampala, Jinja, Mbarara, Mbale, Soroti, Arua, Lira and Kabale. AIC through these regional offices is able to provide services in 53 districts. The key goals of the strategic plan are to;

- Provide HCT, care, support and referral services
- Enhance Advocacy, information, education and communication
- Conduct Research and knowledge management
- Provide Gender responsive training and capacity building programs
- Build sustainable management capacity in AIC

During this period AIC aligned its interventions to the HSSIP, NSP and HPS 2011 - 2015. A combination of biomedical, behavioral, social/structural strategies was implemented to gain multidimensional coverage of the key populations and to address the different modes of HIV transmission. AIC implemented HIV Counselling and Testing, Safe Male Circumcision, HIV Care and Treatment, Sexual reproductive health services to contribute to the reduction of new HIV infections through increasing access and utilization of quality HIV prevention, care, and support and treatment services in over 53 districts in Uganda. AIC worked with different development partners who provided both technical and financial support to contribute to the annual achievements. In a bid to reduce on new infections and to provide care to affected individuals, AIC implemented Behavior change communication (BCC), HIV Counseling & Testing (HCT), Prevention of mother to child transmission of HIV (PMTCT), Safe Male Circumcision, Condom Programming, Sexual and reproductive health services including STI management, BCC/IEC materials distribution, HIV Care, Treatment and Support including OI and TB
management and positive prevention and Children and Adolescents Health. This report is highlights the achievements:

### HIV COUNCELLING AND TESTING

#### 2.1 HCT Utilization by Gender
AIC uses a combination prevention strategy in order to increase accessibility and utilization of HCT services. HCT service delivery was through static and community outreach based approaches which prioritized the hard-to-reach underserved communities, key and vulnerable populations (commercial sex workers, Long Distance Truck Drivers and their clients, Fishing communities, Boda-Boda). AIC’s strategy ensures accessibility of HCT services to the communities by taking the services nearer the communities through outreaches in market places, places of work and in trading centres. In the year, a total of 341,541 individuals accessed integrated HCT services at the 8 AIC regional centres, of which 52% were men and 48% were female. This shown more men than women seeking for HCT. The table below show this breakdown.

**Table 1: HIV Utilization by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number Tested</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>178,703</td>
<td>52%</td>
</tr>
<tr>
<td>Female</td>
<td>162,838</td>
<td>48%</td>
</tr>
<tr>
<td>Total</td>
<td>341,541</td>
<td>100%</td>
</tr>
</tbody>
</table>

- **HCT UTILIZATION BY GENDER**

- **Female 162,092 48%**

- **Male 178,049 52%**

#### 2.2 HCT Utilization by Age
The age group of 15-49 years registered the largest proportion of 80.2% of clients reached, 5-15 years registered 13.2% of the clients, and 49 and more registered 5.8%, 2-5 years registered 0.7% and the smallest proportion was of children 0 – 2 years at 0.1%. The graph below illustrates this.
2.3 HIV Prevalence by Gender
The HIV sero-prevalence registered in 2013/14 is 1.7% which is less than that of FY2012/13 that was at 2.8%. The female prevalence is 2.0% and for male is 1.4% as compared to 3.4% and 2.2% registered in FY2012/13 respectively. The table and graph below illustrate this.

**TABLE 2: HIV Prevalence by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total Tested</th>
<th>HIV Positive</th>
<th>HIV (%)</th>
<th>Sero-prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>178,703</td>
<td>2,514</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>162,838</td>
<td>3,210</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>341,541</td>
<td>5,724</td>
<td>1.7%</td>
<td></td>
</tr>
</tbody>
</table>
2.4 HIV Prevalence by Age Group

The age group of 49 years and more registered the highest prevalence of 2.2% as shown in the table above. This was followed by the most productive age group of 15 – 49 years at 1.9%. The prevalence of children 0 – 2 years was high at 1.6%. The age groups 2-5 years registered 1.4% and 5 – 15 years was 0.3%.

![HIV sero prevalence graph](image)

2.5 Couple HIV Counselling and Testing

AIC encourages couples to access counselling and testing together to provide them with an opportunity to assess their HIV risk as a couple, identify possible prevent methods and to decide on positive living if HIV positive. Of the population reached with HCT, 6.6% registered as couples.
During the year, 22, 616 individuals were tested as Couple of which 1% were concordant positive, 4% discordant couples and 95% concordant negative as shown in the figure below. The HIV positivity among the discordant couples was high among the female who registered 58.8% while the male was 29.9%.

**2.6 HCT to Uniformed Personnel**

AIC with funding from UNFPA, CSF, STAR-E and STAR-SW provided HCT targeting the uniformed personnel mainly the army, police and prison and inmates. This activity was carried out in the districts of Mubende district, Padar, Arua, Moyo, Kabale, Kisoro and Mbarara and Border towns of Bunagana and
Chanika. In 2013/14, a total of 5,960 uniformed personnel were reached with HCT and of these, 143 were found HIV positive registering a prevalence of 2.4% down from 6.3% registered in FY2012/13.

![AIC Kisoro Liaison Officer giving out HCT results to a prisoner in Kisoro district.](image)

Below is the chart showing the HIV status among uniformed personnel.

![5,960 were provided with HCT services](chart)

**2.7 HCT to Commercial Sex Workers**

During FY2013/14 Sex Workers were provided with HCT services and a total of 4,795 were reached through HCT targeted outreaches compared to 2,873 in FY2012/13 of these, 356 were found HIV positive registering a prevalence of 7.4% which is more than that of FY2012/13 that registered 5.0% and the highest among the most at risk population. The graph below illustrate this.
The graph below show the trend of HIV prevalence for the two years

2.8 HCT to Fisher Folks
During FY 2013/14 10,160 fisher folks in the districts of Kalangala, Pallisa, Jinja and Lira were provided with HCT services of which 247 were HIV positive registering a HIV prevalence of 2.4%. The graph below illustrates this.
2.9 HCT to Boda Boda Cyclists
AIC reached 5,454 Boda boda cyclists with targeted HCT outreaches in its districts of operation of which 174 were HIV positive registering an HIV prevalence of 3.2%. This was the second highest prevalence among the most at risk population.

2.10 HCT to Truck Drivers
AIC reached 5,454 Truck Drivers with targeted HCT outreaches in its districts of operation of which 158 were HIV positive registering an HIV prevalence of 2.7%. This was the second highest prevalence among the most at risk population.
Lessons leant and best practices

**Challenges**
- Persistent stock out of HIV test kits remained challenging during the year.

**Lessons learned and best practices**
- MARPS are easily mobilized by their leaders; therefore it is imperative to always involve the leaders in reaching out to the MARPS in their respective communities.
- Through peer education, more people have acquired knowledge on HIV/AIDS in the community and demand for services has been boosted by the peer educators
- Involvement of local and opinion leaders such as the local council officials, religious leaders in HCT outreach mobilization is critical for the success of HCT outreaches
3. **SAFE MALE CIRCUMCISION**

In an effort to create demand for SMC, community mobilization and sensitization is done using community radios in addition to community health education sessions conducted by counselors and community volunteers. Pre-circumcision counseling to dispel myths and address misconceptions related to the intervention, wound care and risk reduction strategies after SMC were conducted. Post-operative services were provided through follow-up of patients and self-reporting. In total 13,562 men were circumcised with support from the CSF and STAR-E &SW projects. This was an increment from 11,997 reached with SMC services in FY2012/13 as result on increased mobilization of men for SMC services. SMC has been fully embraced in central, West Nile and western regions of Uganda, however, the situation is different for northern Uganda and Teso regions where the uptake is still low. Cultural and religious factors contribute hugely to the negative beliefs people have about SMC. The age group of 15-49 years registered the largest proportion of 71.9% of clients reached because AIC services are targeting men in the reproductive age group, 5-15 years registered 26% of the clients, and 49 years and above registered 1.4%, 2 – 5 years and above registered 0.6 % and lastly less than 2 years registered the smallest proportion of 0.2 %.

The graph below further illustrates this.

![Graph showing clients provided with SMC services by age group](image-url)
4. PROMOTION AND DISTRIBUTION OF CONDOMS

Condom programming as an intervention area is aimed at promoting acceptance, demand and utilization of both male and female condom in sexually active populations. In the year, AIC has promoted and ensured continuous access to both male and female condoms for prevention of HIV transmission, other STIs and unintended pregnancies among sexually active and most at risk populations. The community structures established as condom outlets, continue to ensure continued availability of condoms at hot spots like bars, lodges and other settings with high concentration of sex work. Outreach activities are also considered as important points for distribution and promotion of condoms in AIC catchment areas. On-going education and promotional campaigns have increased uptake and utilization of condoms, although the female condom is still unpopular even among women.

Photos showing promotion and distribution of female and male condoms to both men and women

AIC used 910 condom outlets in 17 districts to distribute condoms of which 93 are Hotels/bars/lodges/restaurants, 54 Health facilities, 37 Shops, 726 Community based outlets. Through the above structures a total of 11,281,731 pieces of both male and female condoms were distributed in the year (10,695,662 male and 586,069 female). Overall the utilization of female condoms is still low compared to men condoms. The clients were educated on proper condom use before they received the condoms.
5. **HIV Prevention through Behaviour Change Communication**
Through KYHS clubs, Young Positives and peer educators risky populations were reached with messages aimed at personalization of risk and coming up with risk reduction strategies. During the year, AIC had targeted to reach 266,667 individuals with BCC but a total of 338,146 individuals (176,175 females, 161,971 males) were reached. Most of the individuals reached were from the general population (45.6%) followed by Youth in school (21.1%) and Married people (10.1%). These were reached through one on one and small groups of less than 25 people.

6. **Community Dialogues Sessions for Behavior Change Communication**
AIC has worked with individuals, communities and societies to develop strategies that promote positive behaviors which are appropriate to their settings using community dialogue as an approach. This approach is deemed necessary on the premise that ”behavior change communication” is influenced by “development” and “health services provision” and that the individual is influenced by community and society. Community and society provide the supportive environment necessary for behavior change.

In a bid to promote positive health seeking behavior and counteracting negative cultural biases on HIV prevention, Care and mitigating the impact of GBV on HIV transmission, AIC has engaged different audiences to discuss critical issues in HIV prevention as well as gathering community based recommendations for improving service delivery. Communities that were engaged through dialogue include Boda boda riders, commercial sex workers, artisans, youth, adult men only and women only. Civic leaders, religious leaders and law enforcement officers were also engaged to emphasize their role in preventing HIV and GBV.
7. **IEC Materials distribution**
IEC materials are a source of information and answers to the many questions people have when not able to see a service provider. In a bid to strengthen BCC dissemination, AIC was able to distribute IEC materials in form of brochures, leaflets, and posters during the year.

8. **Psychosocial support and Prevention with Positives**
In 2013/14 5,575 clients received psychosocial support services at AIC, these Psychosocial support are aimed at empowering people more especially those living with HIV to live healthy and stigma free lives. Through this the clients are able to access services in case of any ailment without stigma. Above all, these services are aimed at reducing new infections among clients and to promote good health seeking
behaviors among people living with HIV. The highest proportion of the HIV patients receiving these services were of age group and above who registered 99.6%.

8.1 Distribution of Basic Care Kits
Through partnership with PACE, AIC distribute 5,360 basic care kits to HIV positive clients identified during the provision of services of which women represented 61% of the clients and male 39% as shown in the graph below.

![Pie chart showing distribution of basic care kits by gender]

9. Prevention of Violence against Women and Girls (VAWG) and OVC care
AIC’s attention to the effects of women and girl-child’s exposure to adult domestic violence has increased over the last Six years. Our experience in sexual reproductive health and HIV programming interventions for students in secondary schools, HIV positive women and HIV negative women in discordant relationships has demonstrated that there is untold sexual, emotional and physical abuse of women and girls. The girl children face sexual violence from teachers, relatives and transporters (Boda boda riders and taxi men).

The focus is on both the impact of the exposure on children’s development and on the likelihood that exposed children may be at greater risk for becoming either a child victim of physical or
sexual abuse or an adult perpetrator of domestic violence. AIC’s current response and strategic interventions are based on what works to prevent violence against women and girls. This kind of abuse causes chronic health and emotional consequences that affect the wellbeing of the girl child in Uganda. Our partnership with Ministry of Education and Sports and other implementing partners as resulted into promotion of life skills and health seeking behaviors among the most vulnerable groups like school girls, sex workers and women in discordant relationships.

AIC strategy on VAWG aims to stop violence before it occurs, by promoting respectful, non-violent relationships. To be effective, primary prevention approaches are implemented alongside secondary and tertiary violence prevention approaches which respond to violence after it occurs. With more funding, we hope to test more innovative approaches to reduce the rate of violence against women and children in Uganda.
10. HIV TREATMENT, CARE AND SUPPORT

Medical care and treatment services in AIC are a tenet in positive living with HIV and in improving the quality of life of PLHIV as well as in prevention of HIV transmission. AIC integrated care, treatment and support services during implementation. The integrated services includes ART, STI Management, Laboratory Investigations, Cotrimoxazole prophylaxis, TB management, psychosocial support services, Family planning and other SRH services including cervical cancer screening.

10.1 Cotrimoxazole Prophylaxis

Cotrimoxazole prophylaxis is part of the HIV and AIDS medical care and management package. In 2013/2014, a total of 7,140 clients accessed Cotrimoxazole prophylaxis at AIC. This intervention has resulted in improved quality of life due to reduced risk of opportunistic infections and morbidity among PLHIV.

10.2 Antiretroviral Therapy service

In order to increase access to comprehensive services by key populations AIC Regional centres were accredited by MoH to provide Antiretroviral therapy services in September 2012. AIC has since slowly but steadily enrolled eligible HIV positive people onto ART. In 2013/14, 2,401 HIV positive clients were assessed and enrolled into Care in AIC, of which 711(47.8% male, 52.2% female) were started on ART bringing the number of clients on ART to 891(45.1% male, 54.9% female) individuals by close of the financial year. 74 Pregnant mothers were enrolled onto ART and followed up during the year with all giving birth to HIV negative children. AIC currently has a total of 2,595 clients in Care.

| TABLE 3: CLIENTS ON ART |
|-------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Gender                  | <2yr | 2- <5yr | 5-14yr | >15yr | Total |
| Male                    | 0    | 1      | 0      | 401   | 402   |
| Female                  | 0    | 0      | 1      | 488   | 489   |
| Total                   | 0    | 1      | 1      | 889   | 891   |

AIC ART programme is MARP targeted, and the key population includes TB infected clients, discordant couples, pregnant women, commercial sex workers and truck drivers. All the above categories are enrolled on ART irrespective of their CD4 count and clinical staging. In FY 59.3% of the clients enrolled for ART were of the Key population and the highest proportion was registered by discordant couples with 22.4% of the newly enrolled clients, Youth registering 13.4% and Pregnant women 10.4% as illustrated in the table below.
Lesson learned

- The “Test and Treat Approach” used for MARPs (HIV positive pregnant women, discordant couples, Commercial sex workers, Boda boda riders, truckers, Fisher folks and TB/HIV co–infected) is a good strategy for increasing the number of MARPs accessing care treatment services.

10.3 Elimination of Mother To Child Transmission of HIV
AIC regional centres provided eMTCT services according to the Uganda national guidelines and as recommended by WHO. This was implemented through screening and testing women for HIV and pregnancy. All pregnant mothers were referred for ANC and those that tested positive for HIV were enrolled for ART. During the year a total of 3,545 pregnant women were Counselling tested and received results. The highest proportion of women tested were of age group 15 – 24 years registering 50%, 25 – 34 years registering 39%, 35 – 49 years registering 9.5%, 49 years above 0.8% and less than 15 years 0.7%. The HIV sero–prevalence was high among women of 35 – 49 years at 4.4%. This is illustrated in the table below.

**Table 4: Pregnant women reached at AIC**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. Tested</th>
<th>HIV Positive</th>
<th>Sero-Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10.4 TB/HIV integration

Tuberculosis (TB) is infection major cause of death among people living with HIV and its management is integral in HIV care. AIC has continued to conduct routine screening of all clients for TB in line with the Ministry of Health Guidelines. In this reporting period, 162 TB clients were offered HCT services, of whom 66.7% (108) were TB/HIV co-infected. Out of these, 56 were started on ART at AIC sites and 52 referred for ART to community health facilities near them.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. tested for HIV</th>
<th>No. HIV positive</th>
<th>No. on CPT</th>
<th>No. on ART</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;15</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15-24</td>
<td>1773</td>
<td>51</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>1383</td>
<td>48</td>
<td>3.5%</td>
<td></td>
</tr>
<tr>
<td>35-49</td>
<td>338</td>
<td>15</td>
<td>4.4%</td>
<td></td>
</tr>
<tr>
<td>&gt;49</td>
<td>28</td>
<td>1</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3545</td>
<td>115</td>
<td>3.2%</td>
<td></td>
</tr>
</tbody>
</table>

Challenges in TB/HIV Management

- There has been shortages of TB Drugs this financial year at MOH, hence putting lives of TB patients at risk.

Lessons Learned

- Health care providers in HIV chronic care services need regular on-the-job support and mentorship in order to provide quality TB screening and linkages for TB services.
10.5 Laboratory support to HIV Care
AIC regional centres have fully fledged laboratories to quickly investigate possible infections. This aids quick diagnosis and treatment to improve the health of our patients. The investigations that can be done include HIV testing, CD4 counting, ZN for AFBs, Urine microscopy, Stool Microscopy, Malaria, Pregnancy test, Hemoglobin Estimation (Hb) and Syphilis tests among others. Overall a total of 14,990 tests were performed in 2013/14 of which 6,353 CD4, 3,011 VDRL/RPR, 1,091 Urine Microscopy and 1,028 ZN for AFBs. An External Quality Assurance assessment was also carried out in partnership with Central Public Health Laboratories (CPHL), CDC, UVRI, and TB Reference Laboratory which showed high quality standards being maintained at AIC labs. The graph below shows different tests conducted at AIC

![Number of Tests Graph](image)

11. Sexual Reproductive Health Program
At AIC, HIV prevention, testing and counselling services have been integrated into other sexual and reproductive health services. Access to sexual and reproductive services is essential for preventing unwanted pregnancies and preventing HIV infections. SRH services have been targeted to key populations and PLHIV. The services provided by AIC include screening and treatment of STIs; family planning; cervical cancer screening and post-exposure prophylaxis.
11.1 Cervical cancer screening
AIC used this component of SRH to contribute to improvement in the health of women. Screening for Cancer of the Cervix is integrated with screening and treatment for STIs in all the 8 regional AIC centres. During the year, 28 AIC staff (from clinical and laboratory departments) were trained in cervical cancer screening. This training boosted AIC’s ability to offer the service and in return a total of 2,989 women were screened for cervical cancer during the year. 130 women were identified with suspicious lesions as shown in table below.

<table>
<thead>
<tr>
<th>Age group</th>
<th>No. screened</th>
<th>No. of suspicious lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>394</td>
<td>16</td>
</tr>
<tr>
<td>25-34</td>
<td>1,258</td>
<td>68</td>
</tr>
<tr>
<td>35-44</td>
<td>855</td>
<td>39</td>
</tr>
<tr>
<td>45-54</td>
<td>362</td>
<td>11</td>
</tr>
<tr>
<td>55 above</td>
<td>120</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2,989</td>
<td>130</td>
</tr>
</tbody>
</table>

The age group of 25-34 years registered the incidence rate of women suspicious lesion 5.4% of women screened, 35 - 44 years registered 4.6% of the women screened, 15 – 24 registered 4.1% of the women screened, 45 - 54 years registered 3.0 % and the smallest incidence was of women more than 55 years at 1.7%. The graph below illustrates this.

![Women suspected of cervical cancer by age group](image)

11.2 Family Planning
Family Planning Utilization by Gender
In the year, a total of 4,324 individuals accessed Family planning services at the 8 AIC regional centres, of which 35.9% were men and 64.1% were female.
**Table 5: FP Utilization by Gender**

<table>
<thead>
<tr>
<th>Gender</th>
<th>No. of clients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,553</td>
<td>35.9%</td>
</tr>
<tr>
<td>Female</td>
<td>2,771</td>
<td>64.1%</td>
</tr>
<tr>
<td>Total</td>
<td>4,324</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Family Planning Utilization by Age Group**

The age group of 25 - 34 years registered the highest proportion of 45% utilizing FP services, 15 - 24 years registered 19% , 35 – 44 registered 17.8% , 45 – 54 years registered 14.6% and the smallest proportion was of women more than 55 years at 3.6%. The graph below illustrates this.

**Table 6: FP Utilization by Age Group**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>150</td>
<td>672</td>
<td>822</td>
<td>19%</td>
</tr>
<tr>
<td>25-34</td>
<td>545</td>
<td>1402</td>
<td>1947</td>
<td>45%</td>
</tr>
<tr>
<td>35-44</td>
<td>263</td>
<td>505</td>
<td>768</td>
<td>17.8%</td>
</tr>
<tr>
<td>45-54</td>
<td>503</td>
<td>127</td>
<td>630</td>
<td>14.6%</td>
</tr>
<tr>
<td>55 above</td>
<td>92</td>
<td>65</td>
<td>157</td>
<td>3.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1553</td>
<td>2771</td>
<td>4324</td>
<td>100%</td>
</tr>
</tbody>
</table>

**FP utilization by age group**

**Family Planning Utilization by Method**

In the year; a total of 4,324 Clients accessed FP services at AIC which is still low due to low acceptance of family planning in the communities. The most commonly consumed FP method was Depo-provera.
injection which registered 42% of women utilizing FP methods, Condoms registering 26.1%, Microgynon registering 22.4% women, Implanon registering 4.9%, IUDs registering 3.7%, Microlut tablets at 0.5% and lastly Jadelle Implants and Emergency contraceptives at 0.2%. The table below illustrates this.

**TABLE 7: FP UTILIZATION BY METHOD**

<table>
<thead>
<tr>
<th>Method</th>
<th>No. of Clients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microgynon Tablets</td>
<td>969</td>
<td>22.4%</td>
</tr>
<tr>
<td>Microlut Tablets</td>
<td>22</td>
<td>0.5%</td>
</tr>
<tr>
<td>Jadelle Implants</td>
<td>7</td>
<td>0.2%</td>
</tr>
<tr>
<td>Implanon Implants</td>
<td>212</td>
<td>4.9%</td>
</tr>
<tr>
<td>Depo-Provera</td>
<td>1816</td>
<td>42.0%</td>
</tr>
<tr>
<td>Emergency Contraceptives</td>
<td>8</td>
<td>0.2%</td>
</tr>
<tr>
<td>Condoms</td>
<td>1130</td>
<td>26.1%</td>
</tr>
<tr>
<td>IUD</td>
<td>160</td>
<td>3.7%</td>
</tr>
<tr>
<td>Total</td>
<td>4324</td>
<td>100%</td>
</tr>
</tbody>
</table>

11.3 **STI Screening and Management**

In the year; a total of 6,449 clients were screened for STIs of whom 2,627 were males and 3,822 were females. Of the total screened; 2,163 were diagnosed to be having STIs (807 males and 1,356 females) and were all treated. This contributed to the improved quality of life of PHLAs due to reduced morbidity.
12. Capacity Building
AIC conducted a wide range of courses and other capacity development interventions in the HIV and AIDS response, Cervical Cancer and Monitoring and Evaluation. The courses are offered with funding from African Development Bank, UNFPA, Global Fund, Rotary Foundation, World Vision, STAR-E and Africa Capacity Alliance formerly RATN. This section highlights the achievements of the sector during the year.

12.1 Train HCT service providers
In order to enhance self-reliance and sustainability of quality service provision among agencies and individuals, the training sector conducted 4 self-sponsored training sessions, 3 were HIV prevention training courses for individuals while 1 was for an agency called Community Volunteer initiative for development (COVOID). A total of 64 participants successfully completed the didactic and practicum phases of the training. Of these of which 12(19%) were males and 52(81%) females.
12.2 Train a team from Philippines
AIC was requested to orient a team of Filipinos on HIV and AIDS programme component in Uganda. The Vocational Training team (VTT) which comprised of doctors, Rotarians and nurses were visitors of the Rotary club based in Bweyogerere. The three days orientation was conducted from 24th to 27th June 2014 at AIC. These are expected to also orient 300 regional health care professional and 120 Rotarian leaders in Philippines. This will enhance the response to HIV and AIDS especially stigma surrounding HIV infection in Philippines. A total of 10 participants attended the orientation. 3 of them were males and 7 were females.

12.3 Train Peer Educators
A total of 134 peer educators were trained from Kamuda and Asamuk Sub counties in Soroti & Amuria districts. These comprised of 73 pupils, 21 teachers and 40 community members. Of these, 75 (56%) were
males while 59(44%) were females. The peer educators were in Value Based Life Skills so as to support their peers to deal with life challenges including HIV prevention.

12.4  Conduct training for care givers
AIC in partnership with World Vision Uganda trained 159 community care givers to provide care and support services to HIV infected and affected community members. These include PHAs, VHTs, religious leaders, Political leaders, CBOs and Hope team members.

12.5  UNFPA funded activities
In partnership with UNFPA, AIC trained commercial sex workers from Arua, Gulu and Kalangala as peer educators. A total of 88 SWs were equipped with knowledge, skills and tools to be involved in disseminating reproductive health messages on HIV, Family Planning, Safe Male Circumcision, Prevention with Positives and adapting the ABC+ messages into their local settings, providing feedback from the community and promoting access to care and treatment at community level. This training empowered the CSWs so as to contribute to HIV prevention efforts. Of the 88 beneficiaries of the training, 86 were females while 2 were their male clients. The graph below illustrates training by district.

12.6  Monitoring & Evaluation Training
During this period, AIC received funds from Global Fund through The Aids Support Organization (TASO)- Grants Management Unit to conduct training M&E for 35 Districts. The training targeted District Health Officers (DHOs), Statisticians, Biostatisticians, District Planners, HIV Focal Persons, Heads of CSOs, Faith Based institutions and PHA Network technical staff. A total of 310 participants benefitted
from the training activity. 303 were district officials while 7 were AIC staff. Out of the 310 participants 218(70%) were males while 92(30%) were females.

### 310 DISTRICT OFFICIALS TRAINED IN M&E

![Pie chart showing 70% male and 30% female district officials trained in M&E.]

**Table 8: Districts trained in M&E**

<table>
<thead>
<tr>
<th>#</th>
<th>Districts</th>
<th>#</th>
<th>Districts</th>
<th>#</th>
<th>Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BUDAKA</td>
<td>10</td>
<td>BUTALEJA</td>
<td>19</td>
<td>KAMPALA</td>
</tr>
<tr>
<td>2</td>
<td>BUDUDA</td>
<td>11</td>
<td>BUTAMBALA</td>
<td>20</td>
<td>KAMULI</td>
</tr>
<tr>
<td>3</td>
<td>BUGIRI</td>
<td>12</td>
<td>BUVUMA</td>
<td>21</td>
<td>KAYUNGA</td>
</tr>
<tr>
<td>4</td>
<td>BUIKWE</td>
<td>13</td>
<td>BUYENDE</td>
<td>22</td>
<td>KIBOGA</td>
</tr>
<tr>
<td>5</td>
<td>BUKEDEA</td>
<td>14</td>
<td>GOMBA</td>
<td>23</td>
<td>KIBUKU</td>
</tr>
<tr>
<td>6</td>
<td>BUKOMANSIMBI</td>
<td>15</td>
<td>IGANGA</td>
<td>24</td>
<td>LUUKA</td>
</tr>
<tr>
<td>7</td>
<td>BUKWO</td>
<td>16</td>
<td>JINJA</td>
<td>25</td>
<td>LUWERO</td>
</tr>
<tr>
<td>8</td>
<td>BULAMBULI</td>
<td>17</td>
<td>KALANGALA</td>
<td>26</td>
<td>MANAFWA</td>
</tr>
<tr>
<td>9</td>
<td>BUSIA</td>
<td>18</td>
<td>KALIRO</td>
<td>27</td>
<td>MAYUGE</td>
</tr>
</tbody>
</table>

#### 12.7 STAR - E TRAINING Activities

AIC conducted on job training for 62 service providers whose aim was to strengthen the capacity of HCT counselors to deliver quality CHCT services. The training enhanced their knowledge, attitudes and skills to enable them support couples within their respective health facilities to prevent HIV transmission and provide on--going support to those infected with HIV. Of the 62 service providers, 43 (69%) were females while 19(31%) were males. The participants were drawn from 42 health centres in 6 districts.
AIC processes include participation in meetings, conferences, workshops, publication of quarterly newsletters, posters and media releases. AIC also has an active website which is regularly updated to provide more information on the programs at AIC. In addition, AIC manages a very active Facebook page and twitter open to the public with over 500 viewers per day. Photos, programs and concerns on HIV and AIDS are shared on these forums.

AIC continues to be present and in attendance at different partners’ meetings, workshops and committees. This included; the Launch of the Uganda AIDS accountability Score card that was organized by UNASO; UAC stakeholders’ monthly meetings to program and strategize on issues of HIV Prevention; the National Condom Task force where stakeholders come together to assess, evaluate and program for the distribution and requisition of condoms both female and male for the whole country; workshop to develop a competence based international Pediatric and Adolescent HIV curriculum organized by BAYLOR and developed Advocacy Leadership Strategy in partnership with UNFPA.
AIC participated in a number of HIV/AIDS and TB conferences and key among them were; Uganda Society for Health Scientists conference, Kampala from 29th -30th May 2014 and 3 presentations were made by staff from at the conference.

In the same period, AIC participated in a number of national celebrations across the country including the World AIDS Celebrations, World TB Day, Labor Day, Women’s day, Candle Lighting, EMTCT (Elimination of Mother to Child Transmission) launches in Kampala and Arua. These launches were regionalized and AIC was available to provide services and advocate by having stalls.

14. Human Resources Management in AIC
AIC’s Human Resource Management (HRM) Vision is to be a learning organization where all staff continuously expand their capacity to deliver the organization objectives and where new and extensive patterns of thinking are nurtured. The HRM Mission is to develop and strengthen organizational systems and structures towards the achievement of organizational strategic objectives. It aims at achieving a highly motivated and competent workforce focused towards achievement of clearly outlined and shared objectives and staff development requirements matched with organizational expectations where AIC will stand out as the workplace of choice.

14.1 Staff Development
The policy in place outlines the principle and procedures to ensure that development opportunities are availed to staff on a fair, equitable and consistent basis. In the same financial year several staff were granted study leave and attained several training to support their career development. Staff has undergone and has trained other partners. In the period the following trainings have been attended or conducted by staff. Peer Educator for secondary School Teachers, M&E for senior Local government Officials, Cervical Training, and Cancer Screening among others.

14.2 Interns, Sessionals, Research Fellows, Peace Corps and Volunteers
AIC has the three above mentioned categories that support in implementing programmes. Sessionals refer to professional who are called as and when their services are needed. This category mainly includes Counselors, Laboratory Technicians and Surgeons who support in outreaches. Volunteers are graduates
who are willing to learn on the job and get exposure to AIC activities. Performing volunteers are often retained and recruited into the AIC mainstream. Interns on the other hand are students doing their field internship as a pre-graduation requirement. They are deployed to departments consistent with their courses and are not remunerated. AIC has also partnered with The Centers for Diseases Control/ Makerere School of Public Health to host a Research Fellow for Two years. Finally, in line with the continued partnership with The US Embassy in Uganda, AIC has been privy in hosting 4 Peace Corps for a 2 year period. They are based in the Mbarara, Arua, Kabale and Lira Regions and are working under the close supervision of the Regional Managers.

14.3 Occupational Health
In accordance with the Occupational Safety and Health Act 2006, AIC is expected to ensure reasonable safety, health and welfare of its staff. No staff should be put at risk as a result of carrying out her/his duties in AIC. Group and Personal Accident (GPA) insurance policy is in place for all contacted and Sessional staff. AIC has not registered any incident that requires GPA compensation. For purposes of awareness, AIG our GPA service provider has been asked to conduct branch awareness training.

Post exposure Prophylaxis is available for staff at any time should there be any accident that involves possibilities of contracting HIV. In collaboration with Public Health facilities in the regions, all AIC staff get Hepatitis A and B vaccination every six months to reduce their vulnerability of contracting the infection.

14.4 Recruitment
AIC gives staff opportunity to move on but also providing an opportunity to others to join as part of organization and career development. During the year 18 new staff joined AIC. AIC has a total number of 92 Contracted Staff (64% are male and female represent 36%) as shown in the graph below.
15. ICT Development
In today’s world of work, ICT continues to be the main driver of most activities ranging from just a simple SMS to complex Analyzes. For any organization, highly available and stable ICT environment means high productivity thus realizing returns on investment. In the last financial year 2013/2014, the ICT department continued to provide such environment. The continuous technical support, regular preventive maintenance of ICT equipment, introduction of emerging technologies and innovations through software development are among the factors that contributed to such an enabling ICT environment in AIC. The major activities during this year were

15.1 Software Development
The AIC Integrated database Version 3 continued to scale up. The training and HR modules were added. A total of 23 automated reports were developed using tabular format and the automated Graphical reporting system is under development and in its final stages.

15.2 Performance of Internet & WAN Connectivity
Throughout the year, Internet and leased lines were relatively stable and available to HQ and RCs. The continuous RC & HQ support for any Internet connectivity issues was one of our main activity. As seen from the table below, link could either be off or slow. But every effort could be put in place to ensure the service is restored. Thanks to the ISP for their fast response and for issuing tickets whenever the was an issue with Internet connectivity.
15.3 Maintenance of ICT equipment
This activity was carried out on all ICT equipment on quarterly basis. It aimed at the prevention of breakdowns and failures of the equipment. The table below summarizes all the equipment that were preventively maintained.

15.4 Introduction of Emerging Technologies
The department continued to align AIC activities with emerging technologies while reducing costs involved and increasing productivity. In this FY, the use of Skype as a communication platform was introduced. This aimed at reducing not only AIC telephone bills but also individual staff mobile telephone communication bills. To this end, the department offered technical support with ease to the Regional Centres through this system. The other technology introduced in AIC was “MyWiFi router”. This is a software that imitates how a physical hardware router works. It allows sharing of the already available Internet connection to WiFi on Laptops, Ipads and mobile telephones. This has greatly increased the use of Internet while reducing costs involved per staff in using either modems or bundles on personal.

16. Governance in AIC
During the year, AIC conducted her annual general meeting at the UMU conference hall in 11th October 2013 and all regional representatives attended the AGM. AIC was able to hold a strategic planning meeting and a retreat from 5th - 9th May 2014 at Imperial Botanical Beach Entebbe. The retreat was opened by the Chairperson Board of Trustees Hon. Beatrice Rwakimari. During the 5 days staff were able to have discussions, dialogues, and strategic thinking about the Organization’s future.
17. Financial Management
AIC’s income during the financial year 2013/14 was UG SHS 6,641,425,789. This compromised funds from donors including CSF, UNFPA, STAR-E, STAR-SW, Global Fund, ACA, MSH, MOES/ADB and World Vision. Our 2013/14 Budget was UG SHS 8,900,000,000. We raised UG SHS 6,641,425,789 representing a budget realization rate of 74.6%. The total expenditure for the organization in the FY was UG SHS 6,211,130,452. Some activities were not carried out this FY and will be implemented in FY 2014/14. In terms of expenditure by programme the highest proportion of the funds were spent on HIV counselling and testing ,care and support services which was 32.4% of the overall expenditure as shown in the table below.
The Main source of funds was CSF who contributed 48%. The chart below shows the distribution of income by funding sources.

18. Internal Audit
Management sets out goals and objectives to achieve and to support these efforts. AIC adopted a risk-based audit approach. Annually IA identifies and assesses risks, risk profile in the organization and develops a Risk-Based Audit Plan to direct audit resources to priority areas that add value. IA support management achieves its goals and objectives by implementing the Annual Plan through audit of HQ and
regional offices. Through findings and observations made during the reporting period, IA successfully recommended management to revise the Financial Policy Manual to adequately and effectively guide all financial and accounting processes under multiple funding. AIC facilities were supported to comply with guidelines and standards by MoH. Regional Offices were supported through planned audit visits, and the systems were evaluated. In addition, financial and technical accountability reports were reviewed to enhance quality management.

Annexes

AIC Anthem

Look you people of Uganda
We have to join hands today
With the AIDS Information centre
To fight against the AIDS scourge
It counsels and tests blood
Provides the necessities of life

The AIDS Information Centre
Has a Post Test Club
It has members of various beliefs
And all cultures are embraced
Bravo Management and Members
Continue your work for the nation

The AIDS Information Centre
Is grateful to its founders
Lydia Barugahare
We miss you dearly
Let your soul rest in peace
The journey you started
Will continue
For the struggle still continues

ANNEX 1: AIC DONORS AND INTERVENTION AREAS

<table>
<thead>
<tr>
<th>Donor</th>
<th>Regional Centre</th>
<th>Districts of implementation</th>
<th>Intervention areas</th>
</tr>
</thead>
</table>
| CSF         | Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara, Soroti | Mbarara, Arua, Moyo, Jinja, Kampala, Mukono, Mubende, Kanungu, Mbale, Tororo, Soroti, Serere, Kabale, Kaberamaido, Lira | ☑ Sexual prevention of HIV  
☑ Elimination of Mother to child transmission of HIV (eMTCT)  
☑ HCT  
☑ SMC  
☑ PHDP  
☑ Care & Support |
| UNFPA       | Lira, Kampala, Arua | Mubende, Kalangala, Gulu, Pader, Arua                          | ☑ SRH/ HIV Integration  
☑ HIV Services targeting MARPs  
☑ System strengthening |
| USAID/STAR E| Mbale           | Bududa, Kapchorwa, Budaka, Busia, Butaleja, Bukwo, Sironko, Mbale, Pallisa, Kween, Bulambuli and Kibuku. | ☑ HCT  
☑ SMC  
☑ Training counselors  • Support to internal and |
<table>
<thead>
<tr>
<th>Donor</th>
<th>Regional Centre</th>
<th>Districts of implementation</th>
<th>Intervention areas</th>
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<tr>
<td>USAID/STAR SW</td>
<td>Kabale, Mbarara</td>
<td>Isingiro, Kisoro, Kabale</td>
<td>HCT, BCC, SMC Condom programming</td>
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<td></td>
<td>ADB/MoES</td>
<td>Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara, Soroti</td>
<td>Main-streaming HIV/AIDS in 71 UPPET Institutions.</td>
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<td>Kampala</td>
<td>Kampala</td>
<td>Community CB-DOTS</td>
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<tr>
<td>USAID/ TRACK TB</td>
<td>Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti</td>
<td>Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti</td>
<td>Cervical Cancer screening</td>
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<td>AIC HQ</td>
<td>36 Districts</td>
<td>Build the Capacity of Districts teams in monitoring and evaluation of Health programs</td>
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<td>MOH</td>
<td>Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti</td>
<td>Collaborations at different regional centres</td>
<td>HCT, CD4 testing, ART, HIV Care</td>
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