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<th>Full Form</th>
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<td>ADB</td>
<td>African Development Bank</td>
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<tr>
<td>AIC</td>
<td>AIDS Information Centre</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
</tr>
<tr>
<td>BOT</td>
<td>Board of Trustees</td>
</tr>
<tr>
<td>CD4/8</td>
<td>Cluster Differentiation (for lymphocytes) 4/8</td>
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<tr>
<td>CPT</td>
<td>Cotrimoxazole Prophylaxis Treatment</td>
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<td>CSF</td>
<td>Civil Society Fund</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CSW</td>
<td>Commercial Sex Worker</td>
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<td>DBS</td>
<td>Dried Blood Spots</td>
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<td>DFA</td>
<td>Director Finance and Administration</td>
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<tr>
<td>DHO</td>
<td>District Health Officer</td>
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<td>DOT</td>
<td>Directly Observed Treatment</td>
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<tr>
<td>ED</td>
<td>Executive Director</td>
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<tr>
<td>ESP</td>
<td>Expanding Social Protection</td>
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<td>FC2</td>
<td>Female Condom</td>
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<tr>
<td>HC</td>
<td>Health Center</td>
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<td>HCP</td>
<td>Health Communication Partnership</td>
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<td>HCT</td>
<td>HIV Counseling and Testing</td>
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<tr>
<td>HEP</td>
<td>Hepatitis</td>
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<tr>
<td>HIV</td>
<td>Human Immune Deficiency Virus</td>
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<tr>
<td>IA</td>
<td>Internal Audit</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
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<tr>
<td>KYHSC</td>
<td>Know Your HIV Status Club</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MARPS</td>
<td>Most At Risk Populations</td>
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<tr>
<td>MOES</td>
<td>Ministry of Education and Sports</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MoGLSD</td>
<td>Ministry of Gender, Labor and Social Development</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>MP</td>
<td>Member of Parliament</td>
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<tr>
<td>MoLG</td>
<td>Ministry of Local Government</td>
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<tr>
<td>OP</td>
<td>Older Persons</td>
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<tr>
<td>PACE</td>
<td>Program for Accessible Health, Communication and Education</td>
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<tr>
<td>PBC</td>
<td>Primary Biliary Cirrhosis</td>
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<tr>
<td>PECs</td>
<td>Peer Educator Clubs</td>
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<td>PEECs</td>
<td>Protection and Economic Empowerment Clubs</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PLHA</td>
<td>People Living with HIV &amp; AIDS</td>
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<td>PHDP</td>
<td>Positive Health Dignity and Prevention</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<tr>
<td>RM</td>
<td>Regional Manager</td>
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<td>SAGE</td>
<td>Social Assistance Grant for Empowerment</td>
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<td>SBCC</td>
<td>Social Behavioral Change Communication</td>
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<td>SMC</td>
<td>Safe Medical Circumcision</td>
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<tr>
<td>SOPs</td>
<td>Standard Operation Procedures</td>
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<tr>
<td>SRH</td>
<td>Sexual Reproductive Health</td>
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<tr>
<td>STAR</td>
<td>Strengthening TB/HIV Response</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<tr>
<td>TASO</td>
<td>The AIDS Support Organization</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<td>UAC</td>
<td>Uganda AIDS Commission</td>
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<td>UGX</td>
<td>Uganda Shillings</td>
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<td>UHMG</td>
<td>Uganda Health Marketing Group</td>
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<tr>
<td>UNFPA</td>
<td>The United Nations Population Fund</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>UVRI</td>
<td>Uganda Virus Research Institute</td>
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<tr>
<td>VIA</td>
<td>Visual Inspection with Acetic Acid</td>
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<td>VMMC</td>
<td>Voluntary Male Medical Circumcision</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>VSLA</td>
<td>Village Savings and Loan Association</td>
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<tr>
<td>WEI</td>
<td>World Education Incorporated</td>
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<td>WHO</td>
<td>World Health Organization</td>
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AIC GOVERNANCE STRUCTURE

Hon. Dr. Medard Bitekyerezo
Chairperson, BoT

Mr. Fred Barongo
Vice Chairperson, BoT

Ms. Darlson Kusasira

Ms. Prossy Namakula
Member

Prof. Rhoda Wanyenze
Member

Sheila Birungi Gandi (Mrs.)
BoT Secretary

Dr. Zapher Karyabaikabo
Member

Mr. Richard Okodeu
Member

Mr. James Ebitu
Member

Dr. Paul Onzubo
AIC SENIOR MANAGEMENT TEAM

Sheila Birungi Gandi (Mrs)
Executive Director

Augustine Ssendi
Director Finance & Administration

Internal Auditor,
Kivumu Michael Ssimbwa

Ahumuzi Godfrey
ICT Manager

Dr. Nkoysoyo Abdallah
Director Planning & Programming

Mugabi Nicholas
M&E Manager

Vincent Seruwujjo
Regional Manager Mbale

Alice Berigija
Regional Manager Western & South Western,

Henry Leku Lulu
Regional Manager Northern & West Nile
FOREWORD

I would like to congratulate AIC for being one of those strongest organizations in the country for the last 26 years that have been at the forefront of the HIV response in Uganda. AIC has ensured that services for HIV/AIDS with its related infections and other preventable diseases are easily accessible and utilized by Ugandans. AIC is currently serving over 60 districts of Uganda, with physical presence in 6 UDHS regions of Kampala, South Western, Eastern, East Central, North Eastern and West Nile.

This 2015-2016 annual report highlights how AIC has contributed to the fight against HIV/AIDS in Uganda. During the year, AIC presented a revised and expanded 5 year Strategic Plan for the period 2015 -2020. The plan is in line with the National Development Plan and also the international targets that has set up ambitious targets to be achieved by 2020, guided by the 90/90/90 global strategy of ending AIDS by 2030. This strategic plan is costed at about 40 billion shillings with achievable targets to contribute to the national health indicators and global Sustainable Development Goals (SDGs). The new expanded strategic plan is fully aligned to the Ministry of Health Sector Strategic and Investment Plan 2015/2020 and generally to the National Development Plan 2 2015-2020. The focus is to not only strengthen HIV and AIDS prevention and control strategy but also strengthen Adolescent and sexual reproductive health services.

I wish to thank all our development partners for the continuous invaluable partnership, financial and technical support to AIC. The Government of Uganda especially the Ministry of Health and the Uganda AIDS Commission for their leadership role in this response. We appreciate the continued integral working relationship and without which we would not meet our strategic goals and objectives. I am highly indebted to the AIC staff, institutions and individuals without whom these achievements would not have been possible. AIC is committed to serve the people of Uganda and collaborate with her partners to lead us to a population free of HIV and AIDS and other Preventable diseases.

Dr. Medard Bitekyerezo
Chairperson, Board of Trustees
MESSAGE FROM THE EXECUTIVE DIRECTOR

The year 2015/16 has seen AIC steadily advance through implementing her core programs and projects to contribute to Uganda’s and global HIV and AIDS response. 2015/2016 is the initial year of the implementation of AIC Expanded Strategic Plan 2015/2016-2020/2021. I would like to recognise the support we received from various development partners including United Nations Population fund (UNFPA), United States Agency for International Development (USAID) through World Education Bantwana/Better Outcomes Project, Global Fund for HIV/TB and Health systems strengthening, USAID MSH/Star East, USAID/EGPAF- R-HITES, Makerere University School of Public Health and other stakeholders like the Ministry of Health (MOH) and Uganda AIDS Commission (UAC).

AIC has played significant roles towards the national efforts to scale up HIV prevention, care and treatment, Social support and Protection and Health/Community Systems Strengthening. During the past 1 year AIC aligned its interventions and has been implementing priorities defined by her strategic plan, well aligned to the new National HIV and AIDS Strategic Plan 2015/16 – 2019/20. A combination of biomedical, behavioral, social/structural strategies was implemented to gain multidimensional coverage of the general and key populations and to address the different modes of HIV transmission. Through its 8 regions of Kampala, Jinja, Mbarara, Mbale, Soroti, Arua, Lira and Kabale. AIC implemented HIV Counselling and Testing, Safe Male Circumcision, HIV Care and Treatment, Behavior change communication (BCC)/IEC , TB prevention and management, Laboratory services, pediatric and Adolescents Health services and also participated in the operational research which informed national policy Documents in Uganda.

I would like to recognize the commendable and continued support from BOT members during the year. I also thank my fellow staff for their continued contribution towards the HIV response. I extend special tribute to clients in care, we hope you continue to encourage your peers to join us in the struggle to bring hope to many affected and infected with HIV and AIDS.

Sheila Birungi Gandel (Mrs.)
Executive Director
WHO WE ARE

AIDS Information Centre Uganda (AIC) is a National Non-Governmental Organization that was founded on 14th February 1990 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 was established to provide quality HIV & AIDS Information, Counseling and Testing services (HCT). The organization was founded as a result of a growing demand from people who wanted to know their HIV status during the period when HIV prevalence was over 18% in the general population and over 30% at sentinel surveillance sites especially ANC clinics. Today the VCT model has evolved into an integrated and comprehensive package of HIV Prevention, care & treatment, Social support & protection and Health & Community systems strengthening.

Vision:
A population free of HIV and AIDS and other Preventable Diseases

Mission:
To provide information and comprehensive care for HIV and AIDS and other preventable diseases in Uganda

Goal:
To contribute to the reduction of HIV&AIDS, its Socio-economic effects and other preventable diseases in the population of Uganda

Core Values:
High Integrity | Commitment to Excellence | Effective Communication | Mutual Respect and Equity | Team Spirit | Timelines | Continuous Learning and Improvement

Slogan:
Knowledge is Power, Take an HIV Test Today!
WHAT WE DO

We provide HIV Prevention Services through:

- Behavior Change Communication (IEC/BCC)
- HIV Counseling and Testing services (HCT)
- Elimination of Mother to Child Transmission (eMTCT) services
- Sexual Reproductive Health Services (Family Planning, Post Abortion Care, Cervical Cancer Screening, SGBV Services, Safe Motherhood and Comprehensive Sexual Education among others)
- Condom Promotion and distribution
- Safe Male Circumcision (SMC)
- STI services and MARPS
- Other Prevention Services (ART for PEP and HIV prevention for key and priority population, partnership with Blood Bank for blood safety)

We provide HIV Care and Treatment including:

- Chronic HIV&AIDS care and treatment for Adults
- Chronic HIV&AIDS care and treatment for Children
- TB, HIV&AIDS Services
- Home Based HIV&AIDS Care services
- Nutrition

We provide Social support and protection by:

- Supporting OVC 5–14 years attending school
- Supporting Non-OVCs attending school
- Supporting OVCs and other vulnerable groups receiving care and support
- Supporting Cultural institutions and Religious Leaders
- Involving PLHIV (Young positives, Discordant Couples, Peer Education by Clients on ART, BCP kits distribution, VSLAs)
We provide HIV&AIDS laboratory Services including but not limited to:

- CD4/8 cell counts and percentages
- EID services
- Malaria tests (B/S and RDTs)
- Referral services (for Viral load, Liver function, Renal function, Genexpert tests)

We provide Health and Community Systems strengthening through:

- Work place policies and service delivery
- ARVs, drugs for STIs
- Capacity building (Comprehensive Condom Programming, Counselor Training, Laboratory Technicians Trainings, M&E Trainings, SGBV Trainings, Nutrition and Psychosocial Support Trainings among others)
- Strategic planning and HIV&AIDS mainstreaming (support District to develop and align their strategic plans to the national priorities, support districts to mainstream HIV&AIDS in their work plans, facilitate HIV&AIDS review and formulation processes)
- Coordination structures (Regional Planning and review meetings, DOC, NOC, DACC, SACC, National MARPs Steering Committee, National Technical Working Groups)
- Community structures (Capacity building for CBOs, Village Health Teams (VHTs) Peer Educators for key and priority population, Young positives, discordant couples, Know your HIV status clubs)
- M&E Systems (Training of Local Governments in M&E, Building of Local Government Staff Capacity in the use of HMIS tools, data collection, data entry, data cleaning, data analysis, reporting, feedback and data use for evidence informed decision-making).
- Joint Support Supervision (AIC, MoH, IPs and Local Governments)
- Radio programs (Talk shows, spots, DJ mentions, Announcements)
- Edutainment (music, dance and drama, flash-mobs, documentaries, videos)
- Recreation games and sports (tournaments, athletic and football, netball, volleyball competitions at leisure parks).
EXECUTIVE SUMMARY

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. Below is a summary of AIC performance measured against the various variables within FY 2015/2016.

HIV Counseling and Testing

- During the year a total 295,227 (53% male and 47% female) individuals were reached with HCT services. Out of the 295,227 reached with HCT, 78% were young people below 25 years and only 22% above 26 years. Only 1% were recorded as new infections.
- The HIV Positivity Rate increased from 1.7% in 2013/2014 and 1.8% in 2014/15 to 1.9% in 2015/16. The HIV Positivity rate is higher among Female at 2.1% compare to Male at 1.9%.
- A total 30,589 MARPs were served through static sites and targeted outreaches. Majority (69%) were females and only 31% male individuals.

Safe Male Circumcision

- A total of 14,453 males were circumcised by AIC at the 8 regional centers. Out of these 99% were between 14 to 49 years.

Promotion and Distribution of Condoms

- A total 1,165,259 condoms were distributed, 99% were male condoms and only 1% female condoms distributed.

HIV Prevention through Behavioral Change Communication

- Through HCT 295,227 individuals were reached with BCC, 491,223 people were reached with BCC through community dialogues and media, and 1,115,259 through condom distribution.

IEC Materials distribution

- A total 36,684 IEC materials in form of brochures, leaflets, and posters were given during the year.

HIV Treatment, Care and Support

- All the 1,251 clients who tested HIV positive were started on a one month’s cotrimoxazole prophylaxis dose and referred to the nearest ART accredited health centers, hospitals and implementing partners (IPs) in the district.
- A total of 3,116 pregnant women were tested for HIV, out of these 100 tested positive. All the 100 who tested positive were enrolled into care for progressing management of PMTCT.
1 INTRODUCTION

AIDS Information Centre (AIC) Uganda is a National Non-Governmental Organization that was founded on 14th February 1990 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 was is able to provide services in 60 districts.

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 a multidimensional coverage of the key populations and to address the different modes of HIV transmission. AIC implemented HIV Counseling 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 60 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 highlights the achievements during the reporting period July 2015 to July 2016.

2 HIV COUNSELLING AND TESTING SERVICES

Access and utilization of HCT services is one of the core activities at AIC. HCT services are delivered using a double pronged approach of static/facility and community outreach with priority to the hard-to-reach underserved communities, Most at risk populations (MARPS) such as commercial sex workers, Long Distance Truck Drivers and their clients, Fishing communities, mobile workers, plantation workers and Boda-Boda riders, PLHIV, and Youth in and out of school. AIC’s outreach strategy ensured accessibility of HCT services to the communities through outreaches in market places, places of work and in trading centers among others. During the year a total 295,227 (53% male and 47% female) individuals were reached with HCT services. Out of the
295,227 reached with HCT, 78% were young people below 25 years and only 22% above 26 years. It is important to note that only 1% were cases of new infections.

The HIV Positivity Rate increased from 1.7% from 2013/2014 to 1.8% in 2014/15 to now 1.9% in 2015/16. The HIV Positivity rate is higher among Female at 2.1% compared to Male at 1.9%. HCT services are delivered using a double approach of static/facility and community outreach with priority to the hard-to-reach underserved communities.

It’s critical to note that out of the Individuals reached with HCT in FY 2015/16, 7% (5,670) were tested as couples and 30,589 MARPS (69% females and 31% males) which signifies a representation of the special groups served by AIC.

### 2.1 HCT Utilization

Out of the number tested 83% received their results and only 27% did not pick their results, see figure 1 below. AIC through sensitization and counseling continued to provide adequate information to ensure an increased acceptance and confidence to receive results. This will consequently lead to increased risk reduction among HIV negative persons, at the same time result to increased enrollment to care for the positive clients.

*Figure 1: Number of clients who tested and received results*

The HIV Positivity Rate increased from 1.7 in 2013/2014 and 1.8% in 2014/15 to 1.9% in 2015/16. The HIV Positivity rate is higher among Female at 2.1% compared to Male at 1.9%. The national prevalence rate is still high at 7.3% (The HIV and AIDS Uganda Country Progress Report 2014).
2.2  Couple HIV Counseling and Testing

AIC encourages couples to access HIV counseling and testing together. This is an opportunity to assess a couple’s HIV risk, identify possible prevention methods and to decide on positive living if the couple tests HIV positive. Out of the Individuals reached with HCT in FY 2015/16, only 7% were tested as couples.

2.3  HCT uptake among MARPs

In this reporting year, AIC programming focused on increasing HCT uptake among Most at Risk populations (Sex Workers, Uniformed personnel, Fisher folks, Boda-Boda and Truckers). AIC reached 30,589 MARPS, a reduction of 35% from last year’s number of 47,078 individuals. MARPS accessed HCT through both the static sites and targeted outreaches. Out of the 30,589 MARPS reached with HCT, majority (69%) were females and only 31% male individuals. The average HIV sero positivity was 2.0% but varying from 5.2% among Sex Worker to 1.5% among Bodaboda riders just like last year. Comparatively, there was a slight increase in sero-positivity among MARPs compared to last year, see figure 2 below.

**Figure 2: HIV Sero-Prevalence among MARPs**
As noted above, the figure 3 below shows the absolute numbers of MARPS reached out with HCT during the year. The reductions in HCT outreaches to MARPs is attributed to the reduction in funding subsequently reduction in personnel numbers at the 8 regional centers.

**Figure 3: Number of MARPs Reached with HCT**

![](image)

2.4 **Safe Male Circumcision (SMC)**

During the year 14,453 males were circumcised by AIC at the 8 regional centers. Majority of the circumcisions were done in South Western Uganda (Kabale and Mbarara regional centers), followed by Kampala and Jinja, Mbale and Soroti centers had the least number of circumcisions, see figure 4 below.
In terms of age, 99% of the male circumcised were for persons between 14-49 years. This great milestone because the adolescent and young adults are the most sexually active and at risk of HIV.

SMC was provided either during outreaches/ camps sessions or at the Static sites. With the support from MSH-Star-E, UNFPA and CSF, AIC built capacity of her staff to follow MoH SMC guidelines: where all clients received pre-surgery counseling, taking tetanus toxoid dose, screening and treating for STIs on top of testing for HIV before surgery. There were no adverse events recorded during the period and all circumcised individuals were adequately followed up. Most of the males were reached through outreach activities with a special initiative of reaching out young people in tertiary institutions.

2.5 Promotion and Distribution of Condoms
During the year 2015/16, AIC continued to promote safer sex among targeted beneficiaries by increasing access to both male and female condoms. Condoms were distributed during counseling sessions, at the AIC regional center receptions, established condom outlets called condom Distribution points which include drug shops, bars, Hotels in main towns, shops, and peer leaders and through community condom promoters. Condoms were supplied through Uganda Health Marketing Group (UHMG) and District Health departments. AIC also came up with new tracking mechanisms of supply chain management of condoms to basically track the demand and supply of Condom. This was a biometric system which is being piloted in the Urban Districts of Kampala.
through a private company called track solutions, the mechanism required specific funding to sustain its operations.

A total 1,165,259 condoms were distributed, of these 99% were male condoms and only 1% female condoms, see figure 5 below. However, though throughout the years the distribution of female condoms has been extremely low. Fc2 utilization continues to be low due to the misconception by women about the usage of female condoms, ignorance about FC2 and ignorance about its how it is used during intercourse, poor attitude about FC2 due to some sexuality and cultural orientations across cultures.

**Figure 5: Condom Distribution**

2.6 **HIV Prevention through Behavior Change Communication**

AIC has continued to conduct counselor-led and client-focused counseling sessions to promote positive behavioral practices among discordant couples, sex workers, clients on ART, incarcerated population, truck drivers, Boda-bodas, uniformed personnel, youth in and out of school and general population reaching. Through HCT 295,227 individuals were reached with BCC, as shown in figure 6 below. During HCT sessions clients are informed about HIV risk reduction strategies. The mode of delivery of these messages has been either through one on one or a group of not more than 25 individuals at ago.
The messages were delivered by either the AIC counselors or the community trained peers as well as expert clients. AIC will continue with this strategy for a sustained effort of building community awareness and improvement of adherence to preventive and treatment regimens.

Apart from using HCT, 491,223 people were reached with BCC through community dialogues and media (community radios), and 1,115,259 through condom distribution. Thus, the cumulative number of people reached with BCC messages was 1,901,709 people.

2.7 Information Education and Communication Materials distribution
Information, Education and communication (IEC) materials are key in health promotion and education. In a bid to strengthen BCC dissemination, AIC was able to distribute 36,684 IEC materials in form of brochures, leaflets, and posters during the year. IEC materials with massages on GBV prevention, couple dialogue and testing, disclosure, alcohol abuse, rights and freedoms, Fc2, Couple HCT, SMC, teenage pregnancy and early marriages were distributed to the targeted populations.
2.8 Psychosocial Support and Prevention with Positives and Basic care Kits

During FY 2015/16, 3,644 (60% male and 47% female) clients received psychosocial support services at AIC. The Psychosocial support is aimed at empowering people more especially those living with HIV to live healthy and stigma free lives. Through this, the clients were able to access services 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.

In addition, clients on ART receive psycho-social sessions to enhance adherence, positive living, safer sex practices, nutrition, and sexual reproductive health issues, clinical monitoring, setting future plans among others. Clients also shared testimonies about their life and how they cope up as HIV positive. Prevention with positives is an intervention designed to support HIV positive clients to live positively by passing ABC messages, giving social and psycho social support, and home based care and provision of basic care kits. This helped to deal with issues of stigma and discrimination, behavior change and sexual education, see figure 7.

During the year, AIC supported 1,766 individuals with socioeconomic support including but not limited to safe water vessel, mosquito nets, legal aid, and condoms as a dual method of psycho-social support to PLWHA. Comparatively, below is the trend of the number of clients who received basic kits from since FY 2013/14 to FY 2015/16 FY, as shown in figure 8 below:
2.9 Community Dialogues
AIC conducted 100 community dialogues in the districts of Mukono, Mubende, Arua, Kabale, Mbarara, Jinja, Soroti, Lira, and Kampala targeting males to enhance male involvement in EMTCT. Over 500,000 people were reached with Sexual Reproductive Health, Male Engagement and Gender Equality knowledge and skills.

2.10 Orphans and Vulnerable Children and Youth Economic Empowerment
During the financial year, AIC implemented an OVC Project with the support from WEI/Bantwana /USAID. The project activities were and still implemented in Arua district in River Oli Division, O’dupi, Rhino camp and Logiri sub counties due to their high vulnerability index for children. A total of 118 Para social workers (PSWs) from River Oli, Logiri, Odupi and Rhino camp were trained on identification and enrollment of vulnerable households using the Vulnerability Identification and Prioritization Tool (VIPT) and Household Assessment Tool (HAT). A total of 1600 households were enrolled in Logiri, Odupi, River Oli and Rhino camp sub counties by the para social workers with support from Community Development Officers of the respective sub counties and AIC staff.

The interventions used included the home visits; to identify cases and develop care plan, the VSLA groups to economically empower the vulnerable households an economic empowerment strategy to improve the saving cultures of the OVC house holds for better and lasting change in their lives and

Figure 8: Trend of number of Basic Kits given to Clients

![Graph showing the trend of number of Basic Kits given to Clients from FY 2013/14 to FY 2015/16.](image)
the group based education in which topics such as parenting/hygiene/health, Social protection and education, parenting skills, nutrition, HIV prevention and Gender Based Violence (GBV) prevention were discussed. More interactions were made with OVC household members through e Peer Educator Clubs (PEC), Girl First Clubs (G1Cs), Protection and Economic Empowerment clubs (PEECs) and Parenting skills groups to share knowledge and skills for improved quality of life in these families.

To ensure economic strengthening, system strengthening and referral and linkage, 418 home visits were made to identify cases of OVCs. Through Linkage of OVCs during Home visits, 5 PECS, 2 G1Cs, 6 PEECs and 3 Parenting skills groups were formed and supported in the year. A total of 16 VSLA groups were also formed and supported. In addition, 26 cases were referred, follow ups were made, and 26 beneficiaries were able to get the services referred for, see figure 9 below.

Figure 9: Better Outcomes Household Enrolment as per the database

3 HIV TREATMENT, CARE AND SUPPORT
AIC main flagship is medical care and treatment for PLWHIV/AIDS so as to improve their quality of life as well as prevention of HIV transmission. AIC integrated care, treatment and support services during implementation. The integrated services include ART, STI Management, HCT, Cotrimoxazole prophylaxis, TB management, psychosocial support services, Family planning and
other SRH services including cervical cancer screening.

### 3.1 Cotrimoxazole Prophylaxis
During HCT outreaches, all clients tested positive for HIV were started on a one month’s cotrimoxazole prophylaxis dose and referred to the nearest ART accredited health centers, hospitals and implementing partners (IPs) in the district for enrolment into care. All the 1,251 clients that tested HIV positive during the reporting period at the 8 regional centers and community outreaches were provided with cotrimoxazole prophylaxis. The HIV positive individuals identified in outreaches were provided with a month’s dose of cotrimoxazole and referred to the nearest ART accredited health centers, hospitals and IPs in the district. This intervention has resulted in improved quality of life due to reduced risk of opportunistic infections and morbidity among PLHIV.

### 3.2 Antiretroviral Therapy Service
AIC has continued to grow its ART clinic and in order to increase access to HIV Care and Treatment services, AIC Regional centers were accredited by MoH to provide Antiretroviral therapy services in September 2012. AIC uses the Test and Treat Approach for key populations in order to increase access to care, treatment, and support services. At each of the AIC sites, there is a psychosocial club, discordant club and Post Test Club (PTC), young positives and peer educators to support all HIV Positive clients. The number of clients on ART was 3,644 (1,933 male and 1,711 female) by the end of the year 2015/16. A total of 100 pregnant mothers were enrolled into ART.

### 3.3 Elimination of Mother to Child Transmission of HIV
AIC implements the national eMTCT programme at all the 8 service centers. During the year; emphasis was laid on primary prevention of HIV infection among women of the reproductive age, preventing unintended pregnancies among women living with HIV by increasing access to family planning services, prevention of HIV transmission from mothers living with HIV to their infants by implementing option B+ where all identified HIV positive pregnant women were enrolled onto ART. AIC developed interventions to follow up children born to mothers for Dried Blood Spot (DBS). It also supported mothers as well as providing appropriate treatment and care and effective referrals for HIV positive mothers during the reporting year. A total of 3,116 pregnant women were tested for HIV, out of which 100 tested positive. These were followed up at regular intervals and were prepared to take up other feeding options.
3.4 Prevention of HIV infection in young people

AIC was able to implement this with funding from UNFPA. In six Universities namely: Uganda Christian University, Uganda Martyrs University Nkozi, Makere University, Makere Business University-Nakawa, Kampala University and Nkumba University were reached with the services. 8,782 young people were reached with BCC messages and 6,784 were tested for HIV. 43 youth were found HIV positive, 23 were enrolled in care at AIC and the rest were referred to the nearest health facilities of their choice. The youths were also supported to have governance structures to ensure sustainability of the program in those universities.

3.5 Urban Tuberculosis Control Project (Track TB Project)

AIC with the support from Management Sciences for Health (MSH) Uganda is implementing the community component of TRACK TB Project (2013-2017) in Kampala. The project has a team of 51 Community-facility Linkage Facilitators (CLFs), with 7 community supervisors. Guided by the urban DOTS Model, AIC has a team responsible for following up TB patients (DOT monitoring and adherence counselling), conducting TB contact tracing, referral of presumptive TB patients in the community, intensified TB screening at OPD care centers and following sputum of bacteriologically confirmed TB patients at two, three, five and six/eight months of treatment. AIC has also been recognized for pioneering the biometric contact tracing technology as an innovation to be tested for its effectiveness in the contribution to adherence management.

During the year, AIC registered 5,616 new TB patients in 22 high burden facilities of Kawala HC, Mulago Ward 5 & 6, Joy medical center, Kibuli Hospital, Namungona orthodox Hospital, Nsambya Home care, Machison bay Hospital, Kitebi HC, Kirudu Hospital, Kawempe Hospital, Lubaga Hospital, Mengo Hospital, Kiswa HC, Butabika Hospital, International Hospital Kampala (IHK), Komanboga HC, Kisugu HC, Alive Medical Center, Staff clinic, Kisenyi HC and Naguru Hospital. A total of 5,448 were enrolled on Direct Observed Treatment (DOTs), and 4,717 of their contacts were traced. About 84% of new primary biliary cirrhosis (PBCs) were contact traced and 1,560 homes of new and continuing patients were visited. Out of the 4,717 contacts traced, 289 (6%) were diagnosed (clinically, bacteriologically and extra-pulmonary) with TB and were referred for treatment. In addition, 79% of all PBCs had a sputum sample analyzed at 2, 3, 5 and 6/8 month of treatment. Of Interest, 92% of cumulative patients in care are on community and family DOT.
In addition, AIC through the track TB project have piloted a Bio metric system to do contact tracing for clients. This innovation is one of the success stories under the TB project which the organization would like to replicate into other projects but also cell to other institutions for adoption.

### 3.6 Laboratory Services
AIC continued to conduct on-site training for all laboratory staff with the aim of exposing the laboratory staff to world-class laboratory services and contributing to improving the quality of laboratory services in regional centers. During the year, the laboratories in the 8 regional centres conducted a total of over 3,304 tests beyond HCT. These include, RPR Screening, HCG/pregnancy tests, Malaria screening, Urinalysis, CD4/8 tests, Viral load, PCR, ABO Blood grouping, Hepatitis b and C and Haemoglobin estimation among others. Majority (43%) of lab test were for HIV, 17% viral load count and 14% CD4 cell count test. The laboratory services improved the quality of care of clients who sought treatment at AIC during the year. All medical treatments were based on confirmed laboratory findings and this led to improved treatment outcomes and client satisfaction. AIC is planning to widen the scope of laboratory services in the subsequent years to include renal and liver function tests which will further improved the clinical monitoring of clients in care.

### 3.7 Sexual Reproductive Health Program
At AIC, HIV prevention, Counselling and Testing services have been integrated into other sexual and reproductive health services. Access to sexual and reproductive services is essential for preventing unwanted pregnancies, preventing HIV infections, prevention and treatment for STIs, prevention and detection of non-communicable diseases including cervical cancer. 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.

### 3.8 Cervical Cancer Screening
SRH programing contributes to the improvement in the health of girls and women. Screening for Cancer of the breast and Cervix is integrated with screening and treatment for STIs is one of our integral services in HIV within all the 8 regional centers. A total of 1,648 women were screened for cervical cancer during the year. 17% of the women screened were identified with suspicious of malignancy, and were referred for further investigations. Cumulatively 9,518 women have been screened by AIC since 2012/13 FY. However during the reporting year, there has been a reduction
in number of women screen from 3,680 for last year to 1,648 in 2015/16 FY. This is due to financial constraints AIC has encountered during the year to be able to conduct outreach services.

Figure 10 below shows the trend of cancer screening from 2012/13 FY to 2015/16 FY. In the next FY, AIC and her partners will scale up cancer screening and testing through the SHR programming.

**Figure 10: Trend of Cancer screening**

![Graph showing trend of cancer screening](image)

### 3.9 Family Planning

During the FY 2015/2016, 5,615 clients accessed family planning services for both temporary and permanent methods. Condom use was the most sought for method of family planning with 4,155 (74%) clients. This could be because condoms offer dual protection against HIV and STIs and unwanted pregnancies, Condoms are easy to use and accessible and most importantly affordable. Depo Provera and oral pills (the most commonly consumed FP method. Microgynon tablets were also demanded as a method of family planning at 12% (954) level of usage respectively. The other family planning products offered during the year include: Implanon Implants, Misoprostol tablets and emergency pills. It should also be noted that 7% of the clients who received family were HIV positive.

During the year, the number of clients who accessed FP services increased from 4,324 in 2013/14 to 5,615 in FY2015/16. Nonetheless, there is still a high unmet need of FP services in the catchment area. AIC will therefore continue to innovatively reach out to the population in her area of operation who will need FP services in the coming year.
3.10  **STI Screening and Management**
During the year; 2,980 clients were screened for STIs, of which 42% were males and 57% were female clients. Out of the total number of STI clients screened; 28% were diagnosed with STIs and were treated. All those clients that were screened for STIs were provided with prevention information and those that tested positive for STI were encouraged to bring their partners for assessment and treatment. STI prevention services which were provided included provision of condoms to all those individuals who tested positive for STIs in addition to all those sexually active patients who expressed risky sexual behavior.

4  **CAPACITY BUILDING**
During the year 2015-2016, the training sector with support from UNFPA, Civil Society Fund (CSF) USAID-WEI/Bantwana conducted training and capacity building activities. The activities included training HIV prevention counselors, training Psychosocial club members and AIC staff in Village Savings and Loan Association(VSLA), training of Para Social workers in case management and promotion of Orphaned and Vulnerable Children(OVC) rights in the community, training in parenting skills targeting OVC Care-givers, Service providers, district officials, and Para Social Workers. AIC also conducted, Female condom 2 refresher trainings for AIC staff, MARPS peer mobilizers’ training for Hoima and Arua, on top of MARPS service providers training for Hoima and Arua districts. This capacity building initiative is aimed at improving the skills of the internal resource we have but also all associative structures are able to execute their work as required. The following capacity building trainings were conducted during the year:

- Training of HCT service providers: A total of 42 individuals out of which 5 were males and 37 females were trained.
- Training of MARPS peer educators: AIC trained 60 (68% male and 32% female) MARPS peer community programme support persons in Hoima and Arua districts. The trainees included uniformed personnel, sex workers, Boda-boda cyclists, Long distance truck drivers, Fisher folks, Sexual minorities and drug users. The participants were imparted with knowledge and skills in BCC on top of peer support.
• Training of MARPS service providers: The training sector trained Health Workers from the 2 regional hubs (Hoima and Arua) in delivery of friendly Sexual Reproductive Health /HIV services to MARPs. A total of 80 (25% males and 75% females) service providers comprising of nursing officers, enrolled nurses, clinical officers and midwives were trained.

Participants were drawn from Hoima regional referral hospital, Arua Regional Referral Hopital, Kikube HCIV, Azur HV, Kigorobya HCIV, Buhanika HCIV, Karongo HCIII. Pajulu HCIII, Rhino camp H/CIV, Adomi HC IV, Bondo HCIII, Kuluva hospital, Ayivumi HCIII, Vurra HCIII, Bondo military, Pajulu HCII and Aroi HCIII, see figure 11. The above two trainings were conducted with support from UNFPA.

Figure 11: Role Play Participants in plenary

Under the USAID-WEI/Bantwana project, 25 (14 males and 13 females) individuals were trained in parenting skills. A total of 3 AIC staff and 4 Child Development Officers for the Better Outcome project for the children and youth in Eastern and Northern Uganda attended a Training of Trainers (ToT) on OVC Identification and Prioritization tool (VIPT) and Household Assessment Tool (HAT). In addition, 118 (47% males and 60% female) Para social workers were trained in the use of service provision mapping tools. AIC Arua trained 115 linkage facilitators (62 female and 60 males) in case management and referral systems for OVC in Arua district. All these trainings were aimed at improving the knowledge and skills of service providers to offer quality services. AIC will continue to mobilize resources in the coming year to ensure a continued effort in building the capacity of the service providers within her catchment area.
4.1 Staff Training

A refresher training on FC2 condom utilization for AIC staff was conducted during the reporting period. The refresher training session was attended by 14 participants: 3 (21%) participants were males while 11 (78%) were females. The training aimed at strengthening service providers’ capacity to promote and increase FC2 female condoms utilization in the community for prevention of unintended pregnancies and sexually transmitted infections (STIs). In order to develop the social and economic skills of People living with HIV receiving HIV care, a ToT in VSLA skills was conducted for 24 AIC staff who later on cascaded the training to 184 Psychosocial Support Group members from the 8 AIC regional centers. This led to the formation of 8 VSLAs.

Continuous Medical Education Sessions (CMEs) were also conducted for AIC staff to enhance their competency. These focused on different topics/areas namely; Couple counseling and testing, MoH 2014 ART guidelines for children, adolescents and adults, Nutritional support for PLHIV, Hepatitis B/HIV co-infection, TB/HIV co-infection, Orientation on filling the HIV Care/ART card and, Patient adherence card, Integration of FP into HIV care, positive living, Sexually Transmitted Diseases, eMTCT Policy, Psychosocial counseling, Stress management, Key populations, New HIV prevention strategy, Data management, Post exposure and Pre-exposure prophylaxis. This was aimed at keeping the staff abreast with the most updated information that facilitates satisfactory service delivery.

In the next FY 2016/17, AIC will seek strategic partnerships to fund its training program, diversify the training programme to include modules on ICT training, proposal writing skills and advanced HIV training packages at diploma and degree levels. Secondly, focus will be on developing a robust curriculum accredited by the National Council of Higher Education. This will enable the department to scale up trainings and attract more program income from tuition fees.

5 NATIONAL ADVOCACY FORUM
AIC in her 2016-2021 Strategic Plan under Result Area 3, Research, advocacy and knowledge management, is highly engaged in influencing Policy at national level. This has been possible through strong partnership with government and other CSOs to contribute to different national development agendas especially in the areas of Adolescent and Young SRH, HIV&AIDS, Coordination and
Networking. In 2015/2016, AIC has been part of the major national advocacy forums which include but not limited to the following:

- **Forum 1**: National Stakeholders’ Meeting on the Functionality of Health Unit Management Committees (HUMCs). As a result, guidelines on a comprehensive monitoring and evaluation of the work of HUMCS by the MOH were developed.

- **Forum 2**: eMTCT Performance Review Meeting. This led to review of eMTCT Accreditation Assessment procedures and eMTCT indicators. These are to be followed by all IPs in Uganda.

- **Forum 3**: Min-National Stakeholders Meeting on HIV Prevention Messaging for Older People (OPs). The group developed a Position Paper on HIV Prevention Messaging for OPs in Uganda, with a focus in gender, age and cultural dynamics.

- **Forum 4**: Meeting with UAC on Social Behavioral Change Communication (SBCC) Strategy Development targeting MARPS/key populations.

- **Forum 5**: Consultative meeting between Youth Leaders, MGLSD and MPs on the National Coordination Mechanism and National Action Plan for Youth (NAPY).


5. **AIC FIVE Years Strategic Plan 2015/2020**

During the past year, AIC initiated a process to review her second 5 year strategic plan (2015 to 2020). The review was informed by the changing organization structure. The proposed strategic direction is based on the programming priorities, and the need to have an expanded SRH/HIV strategy to inform the current SRH/HIV integration in service provision. The revised new strategic plan is still under review. The revised strategic plan will address issues of service delivery in early diagnosis and prevention of non-communicable diseases (NCDs), including non-clinical aspects like Gender based Violence, and Sexual Reproductive Health among others. The critical issues about strategic program areas, vision and mission in the new expanded strategic plan are narrated in preliminary section (who we are).

6. **HUMAN RESOURCES MANAGEMENT**

During 2015/2016, the Human Resources Management team continued to improve AIC Human Resources capacity, visibility, and practices through strategic interventions. The focus was a
consolidation of systems and processes and embarking on new initiatives. Based on the human resources value proposition. A number of new initiatives were put in place to drive organizational change through the following: During the year the organization had a staff portfolio of 96 (46 male and 50 female). The number of biomedical science staff is 23, and majority (73) staff are non-bio medical including other fields ranging from Social Sciences, development studies, management, finance, Human Resource, counselling, Procurement and Communication.

6.1 Human Resources Policies and Procedures (HRPP)
The HRPP was reviewed and yet to be approved by BOT. There will be a need for an Orientation Programme in the coming year to ensure that staff clearly understands the new HRPP.

6.2 Staff Retention
AIC has continued to revolve around retaining existing talent. Employee retention is a fine balancing act between company culture, remuneration and incentives. The HR department has tried to provide each employee with the right combination of all the three to satisfy the employee without compromising AIC interests in the process.

AIC still continues to be one of those organizations which has steady staff retention trends and with the reduction in staff, AIC has come up with great multi-tasking innovations which have seen staff grow in different capacities and also get better motivated.

6.3 Performance Management System (PMS)
The new performance management system has been put in place and it places significant focus in establishing new performance indicators and signing of performance agreements for the new roles after multitasking. There is a strict mentorship program across departments and supervisors, and
this will help the existing teams to work better. Effective support supervision is the main focus for AIC’s HR policy.

6.4 Staff Development
The HRP 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.

6.5 HR Risk analysis
With the help of Internal audit an HR Risk profile has been generated. This helped the organization in planning for its employees in future thus reducing on turnover and increasing on productivity.

7. MONITORING AND EVALUATION FUNCTION
The M&E remains a core function of AIC programming. In the year 2015/16, the M&E unit supported the project and program design, developing of project management plans, tracking of progress and evaluation of program activities. Results from M&E have been used to inform AIC’s strategic, programmatic and operational decisions.

7.1 M&E Support to Projects and Programs
The M&E function is pertinent to AIC’s programs. Through the year M&E unit has supported all AIC programs and projects. Technical support was granted to Urban Track TB project, USAID-WEI/Bantwana project, and Global Fund Health System Strengthening and M-health projects. Together with IT department, the unit has maintained a functional database (M&E) system for all AIC programs and projects. In addition, the unit has supported core AIC program activities such as HCT, SMC and ART among others. Clear M&E frameworks were designed for each project and internal AIC programs.

7.2 Standard Operating Procedures
During the year the M&E unit facilitated and coordinated the review process of strategic Standard Operating Procedures (SOP) documents: Data Management SOP, Nutrition Care and Management SOP, Capacity Building SOP and M&E SOP. These SOPS are geared at mainstreaming and
standardizing all AIC procedures and processes related to the various activities of nutrition care, data management, capacity building and M&E.

7.3 Monitoring & Evaluation Policy
The draft M&E Policy was developed and presented to the Management Team. The purpose of the M&E policy is to clarify monitoring and evaluation as a function within the AIC Directorate of Programs and Planning. It identifies some useful tools that will help when performing any monitoring and evaluation activities. Upon review by the senior Management team, the policy will be presented to the BOT for review and approval within coming FY2016/2017.

8. INFORMATION COMMUNICATIONS TECHNOLOGY DEVELOPMENT
Information Communication (IT) function is a core support function. The ICT unit continued to play a cross cutting supportive function to all AIC programs and project. During the year the IT unit accomplished the following:

8.1 Asset acquisition
In order to improve and strengthen ICT systems, the department with CSF funding procured 15 desktop computers, 13 LAN switches and a Server. Following announcement of end of life of Microsoft Windows XP in 2013 and noting that Microsoft Navision cannot be installed on new operating systems, the department prepared for an upgrade to a higher version of Navision. To comply with this announcement and with CSF funding the latest Navision (Microsoft Dynamics NAV 2015) was procured and implemented. Unlike the old version where users were limited to only 4 concurrent connections and also decentralized, the new version allows 13 concurrent users connected in centralized manner. Today, Finance department at head office can monitor transactions posted at any Regional Centre. This is a great stride in financial management control.

8.2 Provision of Internet, e-Mail and Website update services
With funding from CSF AIC continued to fund Internet service provision. AIC receives a bandwidth of 4Mbps upload and 4Mbps download. It also maintains 7 leased lines each with a bandwidth of 512 Kbps purposely for WAN connectivity that allows centralized data entry and management. Throughout the year, the department continued to maintain a licensed mail server. The license was procured with 100% CSF funding. It ensured timely reporting and collaboration within and outside AIC. The AIC website was redesigned with attractive features and dynamic content.
8.3 Data Management
IT department continues to embrace centralized data management system. All regions transitioned into a web-based system with the server located at head office. This ensures that consolidated automated reports can be generated automatically on the report server. The department too added Track TB and USAID-WEI/Bantwana project Modules.

During the year the ICT Team introduced various enhancements to M&E and Finance Management Information Systems by installing and training all Finance staff in the revised NAVISON system procured under funding from CSF. This was aimed at making enhancements on the AIC database so as to improve completeness, timeliness and accuracy in reporting.

9. GOVERNANCE IN AIC
During the year, AIC conducted her annual general meeting. In addition all regional centers held their Annual General meeting with the respective boards and Regional Advisory committees. Following a major transition where the Executive Director for the past 8 years moved on, AIC BOT also appointed Mrs. Sheila Birungi Gandi as the substantive Executive Director to steer AIC to greater heights. There was restructuring of some staff and appointment of new staff as detailed in the HR section above. Management systems and all policies (M&E Policy, Financial Manual and Human Resources Manual) and strategic documents (SOP) were reviewed by senior management team and yet to be approved by the BOT. All these strides are intended to make AIC a strong Organization that is able to deliver her mandate.

10. FINANCIAL MANAGEMENT
In the FY2015-2016 projects and program income remained the main sources of revenue. In the reporting year, AIC realized a total income of UGX 3,713,265,980 (Three billions seven hundred thirteen million, two hundred sixty five thousand and nine hundred eighty shillings only). Of which 88% was project income, and only 12% realized from program income. The major donor was Civil Society Fund (CSF) with 39% contribution to organizational revenue, followed by UNFPA 16% and 11% by Management Sciences for Health-Track TB. Other donors included but not limited to USAID- Bantwana, Global Fund-HSS and STAR-South West, Global Fund TB/HIV and M-health, details are in figure 12 below. In terms of budget performance, AIC budget was UGX 9,189,960,000
(Nine billion one hundred eighty nine million, nine hundred and sixty thousand shillings), of which only 40% was realized in the reporting year.

**Figure 12: Revenue 2015/16**

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11. INTERNAL AUDIT (IA)

Internal Audit (IA) supports management efforts for risk management, by adopting a Risk Based Audit approach, only focusing on high risk areas where it can deliver value. Effective risk management requires good internal controls over processes/activities, to ensure the internal control objectives are achieved.

IA visited Soroti, Mbale, Jinja, Lira and Arua regional centers and provided management with IA reports for actions, highlighting weak and effective controls in areas of: program budget management, cost share collection and banking, vehicle management and fuel accountability, stores’ and assets management, staff administration and quality assurance in laboratory activities.
12. SHORT TERM PROJECTS
12.1 HIV Integration In social protection
AIDS Information Centre partnered with Irish Aid in organizing an HIV&AIDS Community Outreach programme in relation to Social Protection Programme in Kiboga district. Using the existing district and Social Assistance Grant for Empowerment (SAGE) community structures mainly the VHTs and Peer mentors, 2,500 individuals were reached. During the mobilization exercise educational talks on the Expanding Social Protection (ESP), see figure 13 and 14 below.

AIC participated in the creation of a knowledge sharing platform about good health and social protection within the communities. Four districts based project entry and planning meetings involving district authorities were successfully held to introduce the new service delivery concept to district leadership. Key district heads of departments and political leaders that participated included: Chairperson Local Council V, Chief Administrative Officer, District Health Officer, District Planner, District Engineer, DCDO and the hosting sub-county officials including the health in charge, sub county chief and sub county LC3 chairperson. The Irish Ambassador to Uganda visited 5 ESPP programme beneficiary homes to interact and discuss impact of the SP fund, see figure 15 below. During the visits beneficiaries were recognized for their contribution in providing services to orphan and the elderly. Information

Figure 14: Programme and service were provided on the World AIDS.

Figure 13: Some of the senior citizens enjoy lunch after community dialogue.

Figure 15: Irish Aid ambassador hand over a goat to one of the senior citizens as a social protection IGA.
about healthy living, good hygiene and how to maintain sanitation at individual and household level was provided to the communities. AIC also raised awareness of HIV&AIDS and other related diseases amongst the senior citizens in Kiboga district.

During the World AIDS day commemoration, AIC partnered with 1 local drama group which composed songs and role plays on HIV&AIDS and the importance of Social Protection. A total of 487 IEC materials of different categories with messages that encourage people to seek for treatment and care or look after those living with HIV&AIDS, cancer, Diabetes, TB among others were distributed to the communities by the AIC team and peers mentors mobilized from the district

AIC Promoted HIV integrated services and other health related early diagnosis among Older People and other community members. A total of 197 were counseled for HIV, of which 190 (86 female and 104 male) people were tested and received results out of the planned target of 450 making a percentage achievement of 42%. Out of these 2.1% tested HIV positive. All HIV positive clients were effectively referred for on-going care and support to the nearest health facilities especially public units. During the event a total of 44 women were screened for cancer of the cervix of which 9 had a VIA positive, and were referred to Kiboga Health facility for further management.

A total of 9,000 male condoms were distributed. Condom education and distribution was done on an individual basis and most of the condoms were taken by the younger population who tested. A total of 54 individuals were screen for STI and 14 treated for STI, 14 individuals received FP services. A total of 347 individuals (99 male and 248 female) had their Blood pressure measuring, (see figure 16) and 5 clients were circumcised.

AIC worked with Sight Savers to diagnose eye diseases among Older People. Free EYE care services such as spectacles and free walk-in outreach medical services for beneficiaries were provided. A total of 168 individuals were offered Optical services by Sight Saver of which 17

Figure 16: A Clinician during a medical session of Integrated HIV/SRH
Clients had Cataracts, 26 had refracted, 11 provided with glasses and 114 treated for other illnesses.

Construction of two permanent structures: It was evident that older people used to wait for their cash at the sub-county of Kibiga in the sunshine, rain and other unfavorable conditions and there was an indicator of poor hygiene for them. To address this, IrishAid supported AIC to build a permanent Shade that accommodates over 1,000 people and Toilet that also accommodates 10 people per usage to bridge the gap for older people to enjoy picking their cash. We are also aware that IrishAid is one of the chief donors of SAGE, therefore, this best practice and a commitment made in Kibiga Sub-county in Kiboga District challenges all other donors including UNICEF and UKAID to replicate the same in the next round of funding SAGE in targeted districts. AIC will monitor and evaluate significant changes/value addition created by these structures to the lives of older people, see figure 17 below.

Figure 17: Awaiting structure for senior citizens and Pit Latrine constructed by AIC
The working relationship with the AIDS Information Centre was thereafter endorsed by the Ambassador of Ireland and the Irish embassy staff, see figure 18.

Figure 18: Some of the Irish Aid Staff and Ambassador Addressing Senior Citizens


During the year AIC engaged in various policy research project as detailed in the table 1 below

**Table 1: Shows a list of research project implemented in the year**

<table>
<thead>
<tr>
<th>Supervising Institution</th>
<th>Research Team/Agency</th>
<th>Research Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda AIDS Commission/UNFPA/AIC</td>
<td>Dr. Esiru Godfrey -Team Lead, Dr. Edgar Kansiime Steven Ocaya</td>
<td>Mapping of HIV Infections In The General Population Through Secondary Data Analysis</td>
</tr>
<tr>
<td>STD/AIDS Control Program Ministry of Health Ministry/UNFPA/AIC</td>
<td>Ms. Teddy Kimulwa</td>
<td>Assessing Existing Couples’ SRH &amp; HIV Prevention Programming In Uganda</td>
</tr>
<tr>
<td>Uganda AIDS Commission/Ministry of Health/ UNFP/AIC</td>
<td>Dr. John Bosco Ddamulira; MB Chb Adhsim, Mph Dr. Brian Katungi; Phd, MA, Mph (M&amp;E) Dr. Vincent Bwete; MB Chb, Msc</td>
<td>A Report on MARPs Hotspots Mapping And Population Size Estimation In Six Hubs In Uganda</td>
</tr>
<tr>
<td>Ministry of Gender Labour And Social Development/UNFPA/AIC</td>
<td>Ministry of Gender, Labour and Social Development (MOGLSD)</td>
<td>Formulation Of Cultural Institutions Policy Briefs.</td>
</tr>
<tr>
<td>AIDS Control Program (ACP)/UNFP/AIC</td>
<td>Dr. John Lule; MB Chb, Msc. Dr. Brian Katungi; PhD, MA, Mph (M&amp;E)</td>
<td>National Sexually Transmitted Infections Priority Action Plan 2015-2018</td>
</tr>
</tbody>
</table>
14. IMPORTANT EVENTS DURING THE YEAR

14.1 eMTCT Launch for Western Region

During the year, the AIDS Information Centre was part of the main organizers of the eMTCT launch for the western region. The launch was fragged off by a breakfast meeting with the eMTCT patron the first Lady, Janet Kataha Museveni and the event was held in her country Home in Rwakitura. The senior management of AIC was part of the event.

14.2 Launch of the protect the Goal Campaign for Karamoja Region

The AIDS information Centre was the selected organization to launch and implement the National Protect the Goal campaign in Karamoja Region. This was an initiative by the president of the Republic of Uganda to use Recreational sports as a social mobilization strategy for young people to access integrated sexual reproductive Health and HIV services in big masses. This event was funded by UNFPA and the launch took place in Moroto District presided over by the RDC Moroto. See figure 21.
14.3 Renewing our existing brand through face lifting of the AIDS information Centre Home

The AIDS information cherishes its existing brand as one of its identity to communicate to the public about their existence. During the year we renewed our existing Brand through face lifting the secretariat with our brand colour. This is purposely to renew our commitment to the public and to emphasize our existence in the areas where we have our Centers. We would like to recognize Cheap General Hardware company for the partnership. The company painted our Secretariat in Kisenyi and Kampala branch as part of their cooperate social responsibility see figure 22 and 23 below.
15. MAJOR TRANSITIONS

Dr. Raymond Byaruhanga who served as the Executive Director for the AIDS information Centre from 2007 to 2015 moved on during the year to work with the Management Science for Health (MSH). The AIDS Information Centre would like to recognize the long term services offered by Dr. Raymond Byaruhanga through his 8 years of tenure. We wish to acknowledge the invaluable contributions he made to this great institution. Dr. Raymond will always be remembered as part of the AIC family. We extend our gratitude to other members of AIC senior management who moved on during the same year for the tremendous services they offered to this great institution. We shall always count on their contribution as we take AIC to greater heights.

Dr. Raymond Byaruhanga
(Former Executive Director)

Mr. Isharaza Musiime
Former Director Finance & Administration

Dr. Liverson Wakabi
Former Care & Treatment Manager

Mr. Edward Okech
Former Finance Manager

Mr. Nassir Musoke
Former Prevention Manager

Kanyoma L Twesige (Mrs)
Former Kampala Regional Manager
16. ANNEXES

Annex 1: 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 2: AIC Donors and Intervention Areas

<table>
<thead>
<tr>
<th>S/N</th>
<th>PROJECT</th>
<th>PARTNER</th>
<th>TIMELINE</th>
<th>GEOGRAPHIC SCOPE</th>
<th>INTERVENTION AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urban TB DOTs- rack TB project</td>
<td>Management Sciences for Health (MSH)</td>
<td>2013-2017</td>
<td>Kampala</td>
<td>TB Screen, Contact tracing and referral of TB index patients</td>
</tr>
<tr>
<td>2</td>
<td>VMMC</td>
<td>USAID/ STAR E</td>
<td>MAY-AUG 2016</td>
<td>Mbale</td>
<td>HCT, SMC, Training and TB screening</td>
</tr>
<tr>
<td>3</td>
<td>Support Demand Creation For Voluntary Medical Male Circumcision And HCT Outreach</td>
<td>USAID-STAR E</td>
<td>2016-1018</td>
<td>West Nile- Arua, Apac, Gulu, Kitgum, Lira, and Oyam</td>
<td>Mobilization and follow-up for VMMC outreach activities and conduct HIV testing and counselling (HTC) outreaches to KP/PP hotspots</td>
</tr>
<tr>
<td>4</td>
<td>M-health</td>
<td>Makerere School of Public Health</td>
<td>2016-2017</td>
<td>Kampala</td>
<td>Tuberculosis (TB) Contact Investigation Study</td>
</tr>
<tr>
<td>5</td>
<td>Global Fund HIV/TB</td>
<td>Global Fund</td>
<td>2016-2018</td>
<td>West, East and central districts of Northern Uganda</td>
<td>Support Health workers to Identify TB cases and support Tb treatment</td>
</tr>
<tr>
<td>7</td>
<td>Strengthening community HIV Prevention, treatment, care and support services in Uganda</td>
<td>Civil Society Fund</td>
<td>2012-2015</td>
<td>Mbale, Tororo, Kaberamaido, Jinja, Kampala, Mubende, Serere, Soroti, Lira, Kabale, Kanungu, Mbarara, Moyo, Arua and Mukono</td>
<td>Behavior change communication (BCC), HCT, eMTCT services, SMC services, condom distribution, HIV care and support services and build capacity.</td>
</tr>
<tr>
<td>8</td>
<td>STAR SW Scaling Up Integrated Prevention Services</td>
<td>STAR SW</td>
<td>2014-2015</td>
<td>Mbarara</td>
<td>HCT, HIV care and support, PMTCT and BCC</td>
</tr>
</tbody>
</table>