

ANNUAL REPORT 2014-2015



Vision:

Universal Knowledge of HIV status in Uganda

Mission:

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

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!

Acronyms

ADB	African Development Bank
AIC	AIDS Information Centre
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
CD4/8	Cluster Differentiation (for lymphocytes) 4/8
CSF	Civil Society Fund
CSO	Civil Society Organization
CPT	Cotrimoxazole Prophylaxis Treatment
CSW	Commercial Sex Worker
DHO	District Health Officer
FC2	Female Condom 2
HCT	HIV Counseling and Testing
HCP	Health Communication Partnership
HEP	Hepatitis
HIV	Human Immune Deficiency Virus
IEC	Information, Education and Communication
KYHSC	Know Your HIV Status Club
SMC	Safe medical Circumcision
STAR	Strengthening TB\HIV response
SRH	Sexual Reproductive Health
MARPS	Most At Risk Populations
MOES	Ministry of education and Sports
MoLG	Ministry of Local Government
MOLGSD	Ministry of Labour Gender and Social Development

MOH	Ministry of Health
PEPFAR	President’s Emergency Plan for AIDS Relief
PHA	People Living with HIV & AIDS
PACE	Program for Accessible Health, Communication and Education
PMTCT	Prevention of Mother to Child Transmission
PHDP	Positive Health Dignity and Prevention
TASO	The AIDS Support Organization
TB	Tuberculosis
UAC	Uganda AIDS Commission
UNFPA	The United Nations Population Fund
USAID	United States Agency for International Development
UVRI	Uganda Virus Research Institute
VIA	Visual Inspection with Acetic Acid
WHO	World Health Organization

Table of Contents

Acronyms.....	ii
Message from AIC BOT Chair	vi
Message from the Executive Director	vii
AIC 2014 Key Highlights.....	viii
1 INTRODUCTION.....	9
2 HIV COUNSELLING AND TESTING	10
2.1 HCT Utilization by Gender.....	10
2.2 HCT Utilization by Age	11
2.3 HIV Prevalence by Gender	11
2.4 HIV Prevalence by Age Group	12
2.5 Couple HIV Counselling and Testing.....	13
2.6 Increase of HCT uptake among MARPs	14
3. SAFE MALE CIRCUMCISION	17
4. PROMOTION AND DISTRIBUTION OF CONDOMS.....	18
5. HIV Prevention through Behaviour Change Communication	18
5.1 HIV Prevention through BCC targeting MARPs	19
6. Community Dialogues Sessions for Behavior Change Communication	20
7. IEC Materials distribution.....	20
8. Psychosocial support and Prevention with Positives	21
9. Distribution of Basic Care Kits.....	21
10. Sexual Reproductive Health, MenEngage and Gender Equality	22
11. OVC and Youth Economic Empowerment.....	23
12. HIV TREATMENT, CARE AND SUPPORT.....	23
12.1 Cotrimoxazole Prophylaxis	24
12.2 Antiretroviral Therapy service	24
12.3 Elimination of Mother To Child Transmission of HIV	26
13. Community TB Control project (Track TB Project).....	27
14. Laboratory Services.....	28
15. Sexual Reproductive Health Program	28
15.1 Cervical cancer screening.....	29
15.2 Family Planning	30
15.3 STI Screening and Management	30
16. CAPACITY BUILDING PROGRAMS	31
16.1 Staff Capacity Building Programs.....	31

16.2	Trainings for the Community Structures	32
16.3	HCT Training for service providers.....	33
16.4	MARPs Targeted Trainings.....	33
16.5	HCT in Schools.....	34
17.	AIC 5 Year Strategic Plan 2015 to 2020	34
18.	Advocacy & Partnerships Highlights	Error! Bookmark not defined.
19.	Human Resources Management in AIC	35
19.1	Staff Development.....	Error! Bookmark not defined.
19.2	Interns, Sessionals, Research Fellows, Peace Corps and Volunteers	Error! Bookmark not defined.
19.3	Recruitment.....	Error! Bookmark not defined.
20.	ICT Development.....	35
21.	Governance in AIC	36
22.	Financial Management	37
23.	Internal Audit.....	38
	AIC Board of Trustees.....	41

Table 1: HIV Utilization by gender.....	10
Table 2: HIV Prevalence by Gender	11
Table 3: pregnant women reached at aic	27
Table 4: FP UTILIZATION BY METHOD.....	30



Message from AIC BOT Chair

AIC has been at the forefront of the fight against HIV in the country for the past 20 years by ensuring that health services are easily accessible and utilized by Ugandans. AIC is currently in over 53 districts of Uganda, with physical presence in 6 UDHS regions of Kampala, South Western, Eastern, East Central, North Eastern and West Nile.

This annual report highlights how AIC has contributed to the fight against HIV/AIDs in Uganda.

This has come with a lot of hard work. During the year, AIC presented a second 5 year Strategic Plan for the period 2015 – 2020. This strategic plan is costed at about 35billion shillings and the targets are achievable and will be contributing to the national health indicators. This replaced the first 5 year strategic plan which was implemented with support from development partners. The new strategic plan is fully aligned to the Ministry of health sector strategic and investment plan 2015/ 2020, and will be looking at not only HIV and AIDS but will also strengthen its adolescent and sexual reproductive health services. It will address issues of service delivery in early diagnosis and prevention of non-communicable diseases (NCDs), it will add its efforts in addressing issues of malnutrition and the associated diseases.

I wish to thank all our development partners for continuing the invaluable partnership and support with AIC. The Ministry of Health continued to be integral partners without whom we would not meet our obligations. I wish to thank all the institutions and individuals without whom these achievements would not have been possible.

Hon. Mrs. Rwakimari Beatrice
Chair person Board of Trustees
AIDS Information Centre



Message from the Executive Director

It is with pride that we present the 2014 AIC annual report. This report represents the tremendous accomplishments by the AIC Team. This report shows that AIC is increasingly contributing to the national goals through provision of quality services.

These achievements wouldn't be possible with the invaluable partnership and support with our development partners. The Ministry of Health has continued to provide oversight role to ensure we meet our obligations.

The first strategic plan 2009-2014 has ended and the 2015 – 2020 strategic plan was launched in June. The new strategic plan is fully aligned to the Ministry of health sector strategic and investment plan 2015/ 2020, and will address issues of service delivery in early diagnosis and prevention of non-communicable diseases (NCDs), it will add its efforts in addressing issues of malnutrition and the associated diseases on top of HIV/AIDS.

This Annual report provides key achievements in various projects run by AIC in 2014. AIC continued to put special attention to the integration of other services into its programming in preparation for the new strategic plan.

Dr. Raymond Byaruhanga
EXECUTIVE DIRECTOR

AIC 2014 Key Highlights

- ❑ 243,999 individuals reached with HCT services of which 56% were men and 44% were female
- ❑ 12,858(6,425 Male , 6,433 Female) individuals were tested as Couple of which 1% were concordant positive, 4% discordant couples and 95% concordant negative as shown in the figure below
- ❑ 47,078 MARPs reached with HCT services through both the static sites and targeted outreaches, this represented 19.3% of the individuals reached by HCT
- ❑ 47,092 Individuals were circumcised by AIC this year,
- ❑ 10,064,726 condoms (9649957 male and 366361 female) distributed
- ❑ 217,985 reached with BCC messages through counselor led and client focused counseling sessions
- ❑ 98,677 MARPs provided with BCC messages through the AIC Community structures
- ❑ 201 dialogues targeting MARPs conducted
- ❑ 188,932 IEC materials I distributed
- ❑ 2771 basic care kits distributed
- ❑ 1,678 HIV positive clients enrolled into Care in AIC and 731 were started on ART
- ❑ 1,847 f on ART and 2,977 (1322 male, 1655 female) clients active in Care in the 8 regional centres.
- ❑ 3784 patients were followed up, 87.2% (3301) were very active and adhered well to treatment. 3106 (94.1%) of all active patients were on community based dot through the TRACK TB project
- ❑ 3680 women screened for Cancer of the Cervix
- ❑ 1,724 Individuals were trained in 2014/15

1 INTRODUCTION

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 during the year.

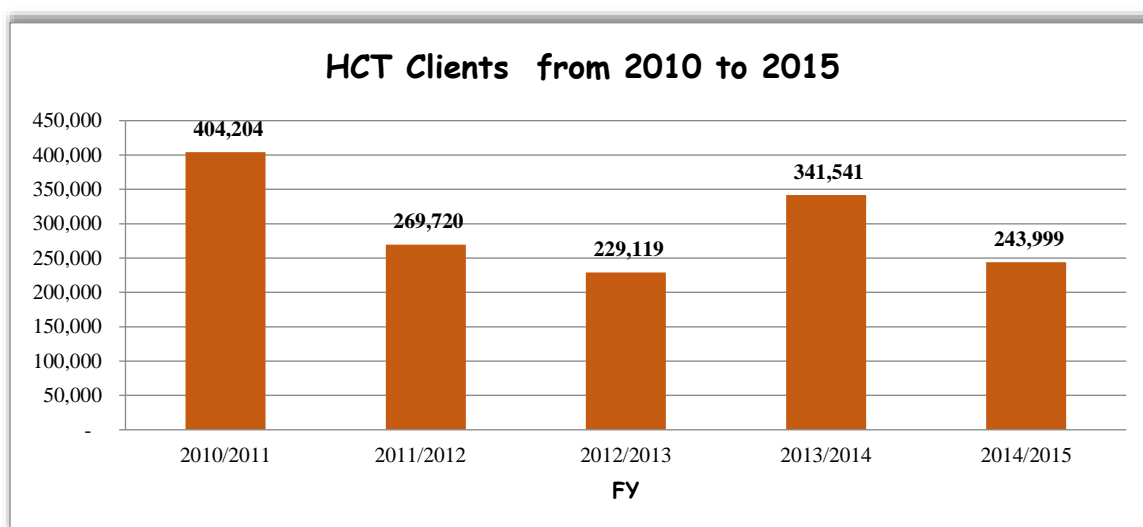
2 HIV COUNSELLING AND TESTING

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 243,999 individuals accessed integrated HCT services at the 8 AIC regional centres down from 341,541 reached in 2014/15 financial year, of which 56% were men and 44% were female. This shown more men than women seeking for HCT which has been the trend for the last 5 financial years. The table below show this breakdown.

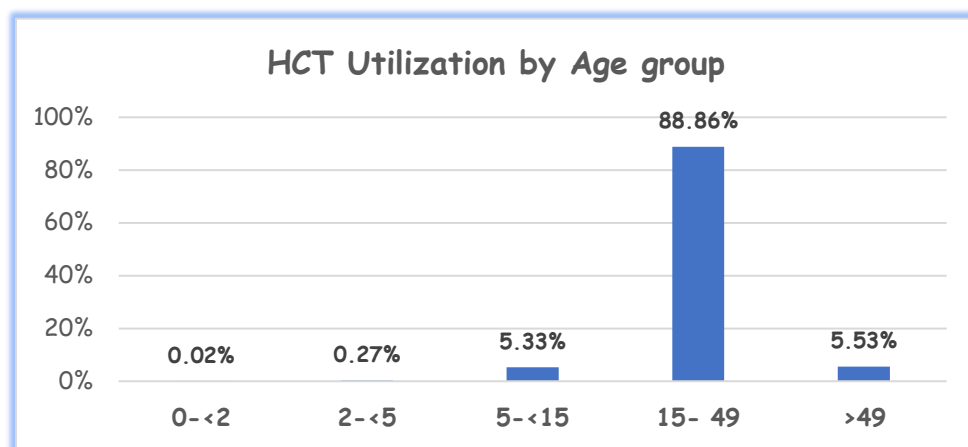
TABLE 1: HIV UTILIZATION BY GENDER

Gender	Number Individuals Tested	%age
Male	136,489	56%
Female	107,510	44%
Total	243,999	100%



2.2 HCT Utilization by Age

The age group of 15-49 years registered the largest proportion of 88.9% of clients reached, 5-15 years registered 5.3% of the clients, and 49 and more registered 5.5%, 2- 5 years registered 0.3% and the smallest proportion was of children 0 – 2 years at 0.02%. The graph below illustrates this.

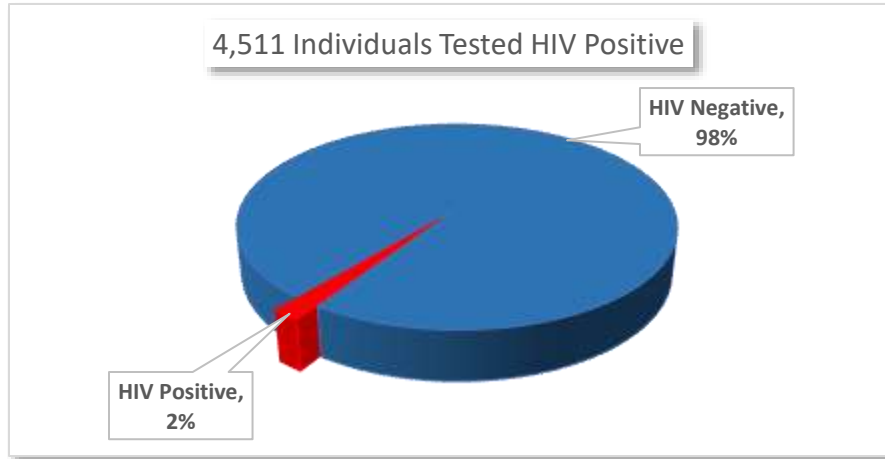


2.3 HIV Prevalence by Gender

The HIV Positivity Rate increased from 1.7% in 2013/14 to 1.8% in 2014/15. The HIV Positivity rate is higher among Female at 2.3% compare to Male at 1.5%. Generally there was slight increase in the HIV positivity rate of female from 2.0% to 2.3% and male from 1.4% to 1.5%. The table and graph below illustrate this.

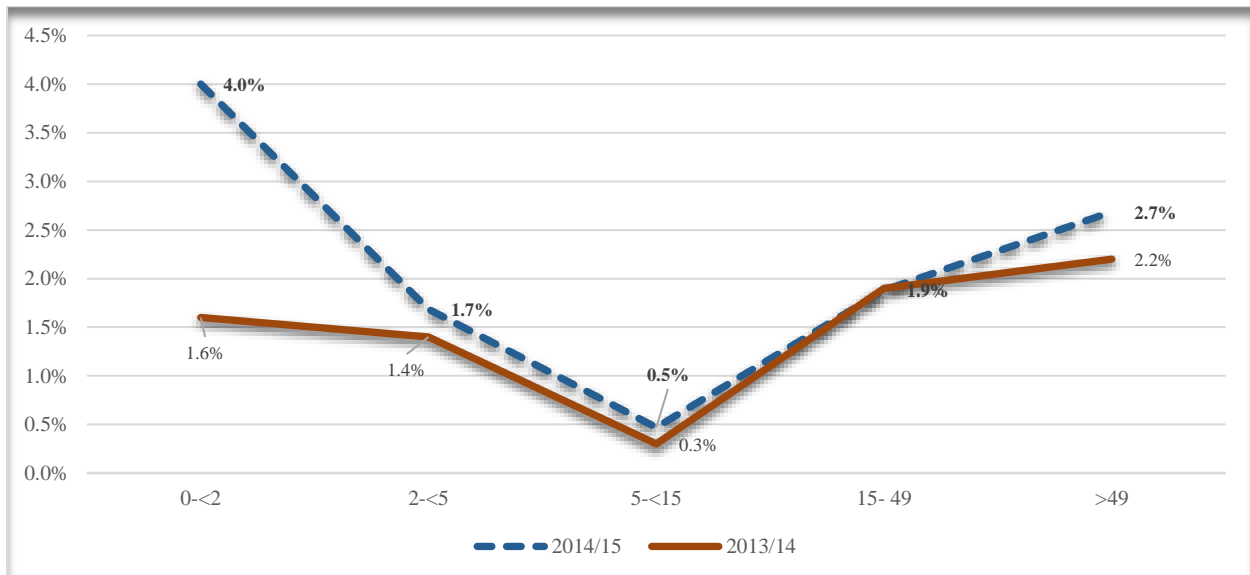
TABLE 2: HIV PREVALENCE BY GENDER

Gender	No. of Individuals Tested	HIV Positive	HIV Positivity Rate
Male	136,489	2,009	1.5%
Female	107,510	2,502	2.3%
Total	243,999	4,511	1.8%



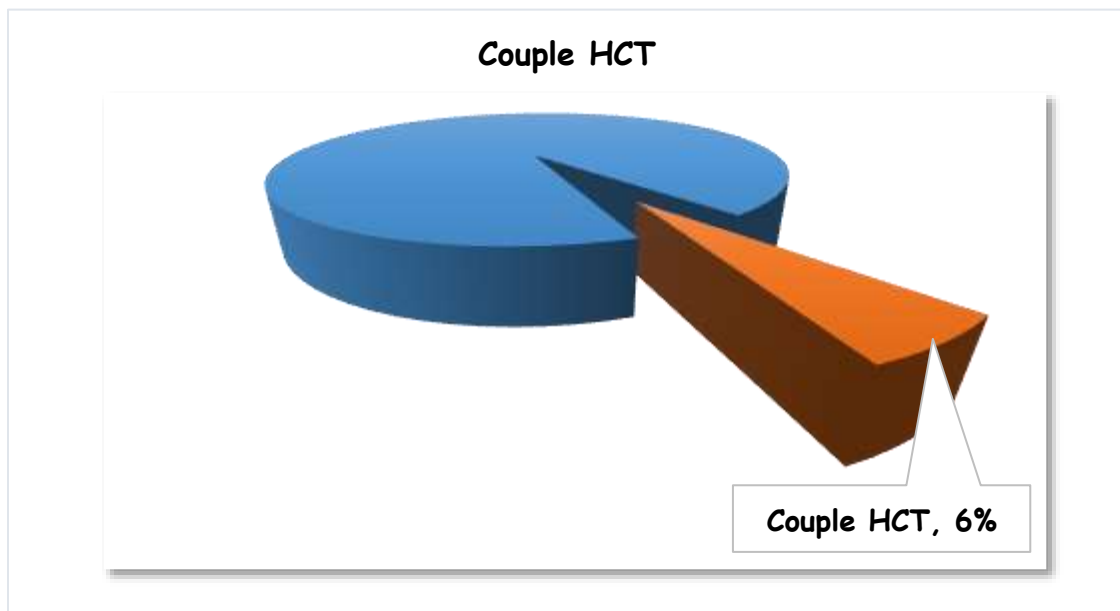
2.4 HIV Prevalence by Age Group

The age group of less than 2 years registered the highest HIV positivity rate of 4.0%, followed by greater than 49 years at 2.7%. This was followed by the sexually active age group of 15 – 49 years at 1.9%. The HIV positivity rate of children 2 – 5 years 1.7%. The lowest rate was 0.5% for age group 5 – 15 years.

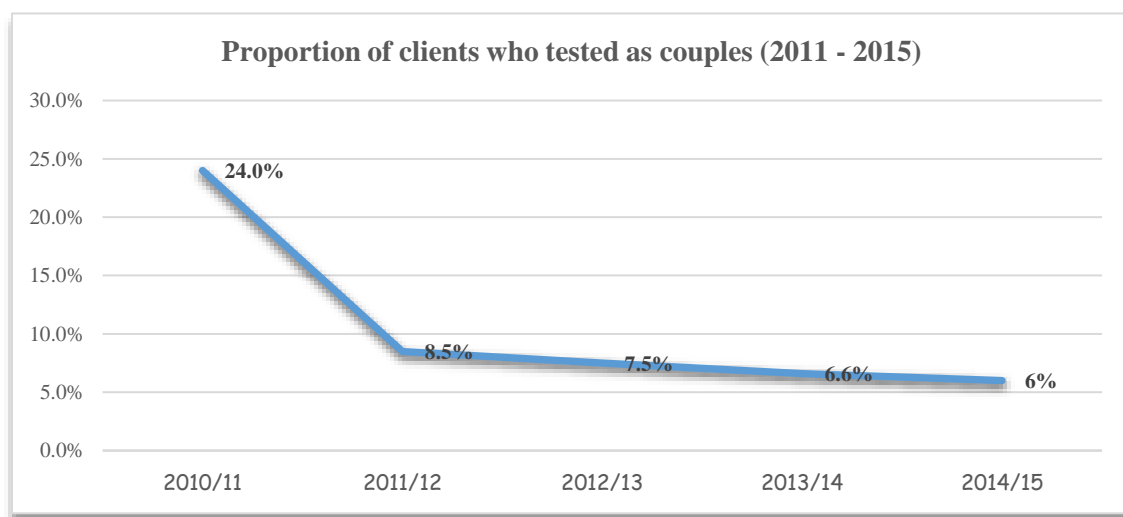


2.5 Couple HIV Counselling and Testing

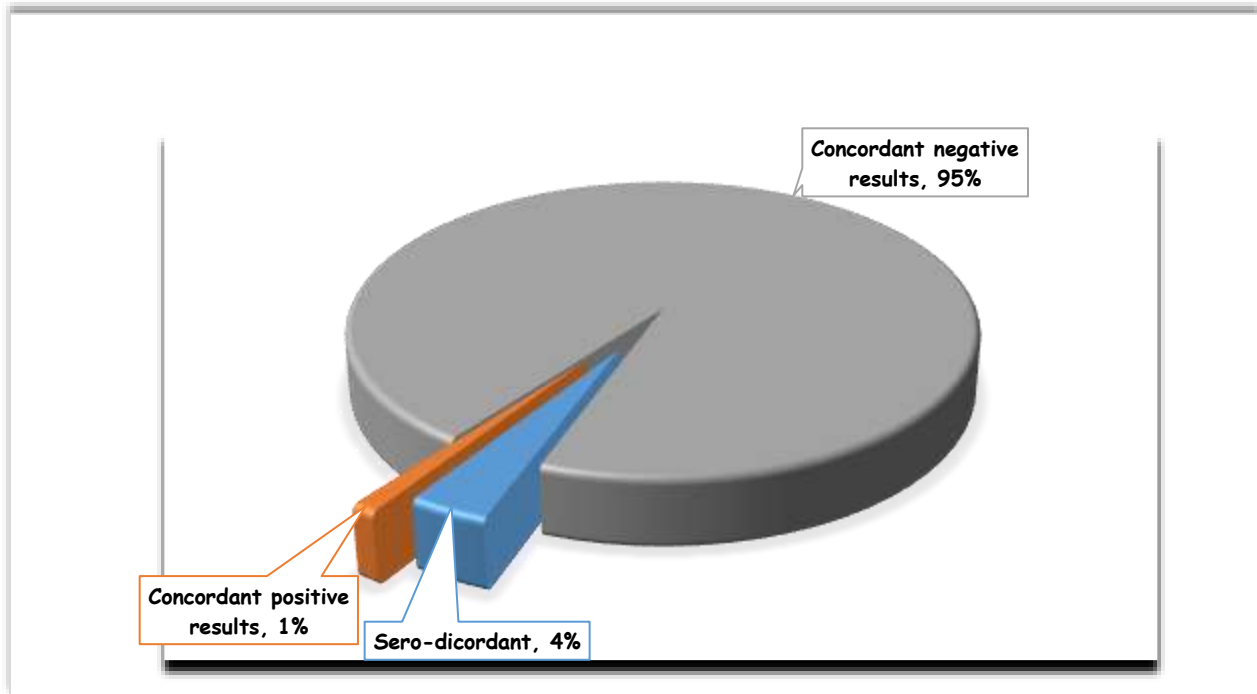
AIC encourages couples to access counselling and testing together to provide them with an opportunity to assess their HIV risk as a couple, identify possible prevent methods and to decide on positive living if HIV positive. Of the Individuals reached with HCT in FY 2014/15, 6% were tested as couples down from 6.6% registered in FY 2013/14.



Over the last five years the proportion of individuals testing as couple at AIC has been reducing, which is not different from the national trend as shown below.

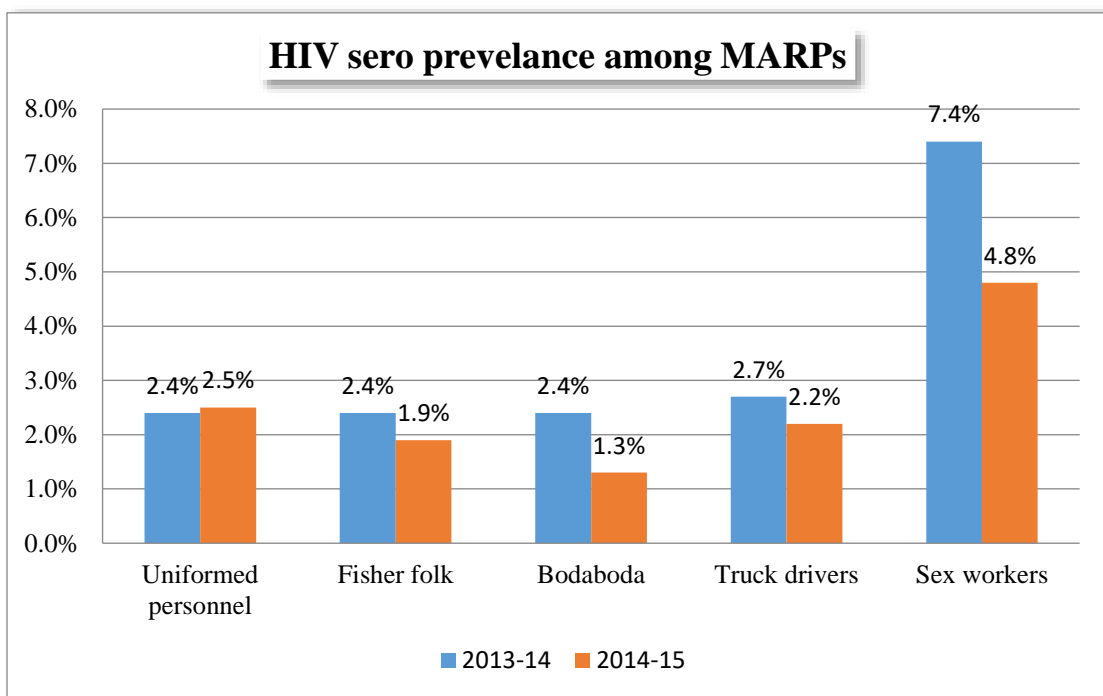


During the year, 12,858(6,425 Male , 6,433 Female) individuals were tested as Couple of which 1% were concordant positive, 4% discordant couples and 95% concordant negative as shown in the figure below. The HIV positivity among the discordant couples was high among the female who registered 58.8% while the male was 29.9%.



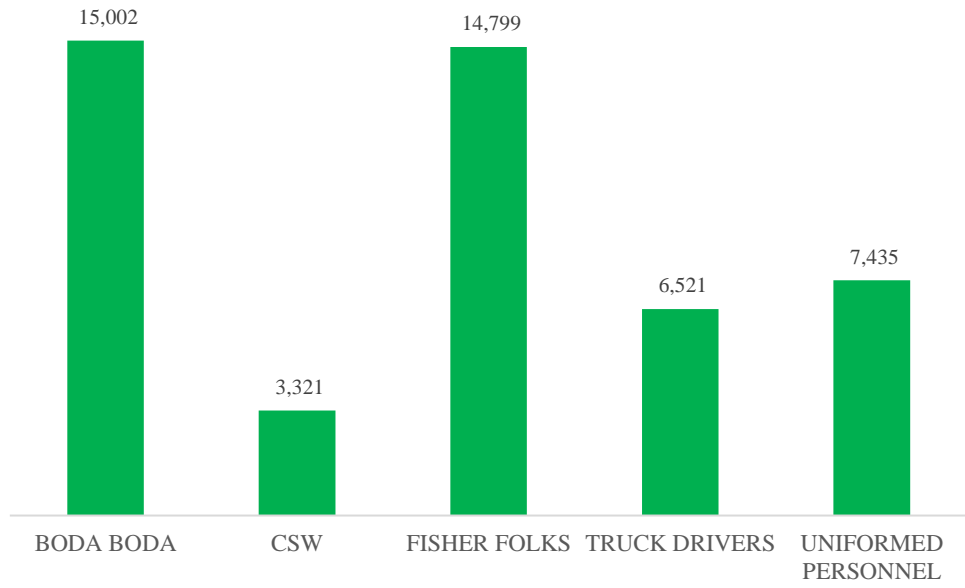
2.6 Increase of HCT uptake among MARPs

During the year, AIC programming focused on increasing HCT uptake among Most at Risk populations Including Sex Worker, Uniformed personnel, Fisher folks, Boda Boda and Truckers. AIC reached **47,078** individuals with HCT services through both the static sites and targeted outreaches, this represented **19.3%** of the individuals reached by HCT services in the 8 regional centres. Of the 47,078 counselled, tested for HIV, the average HIV sero positivity was 2.0% but varying from 4.8% among Sex Worker to 1.3% among Boda Boda riders as shown in the graph below.



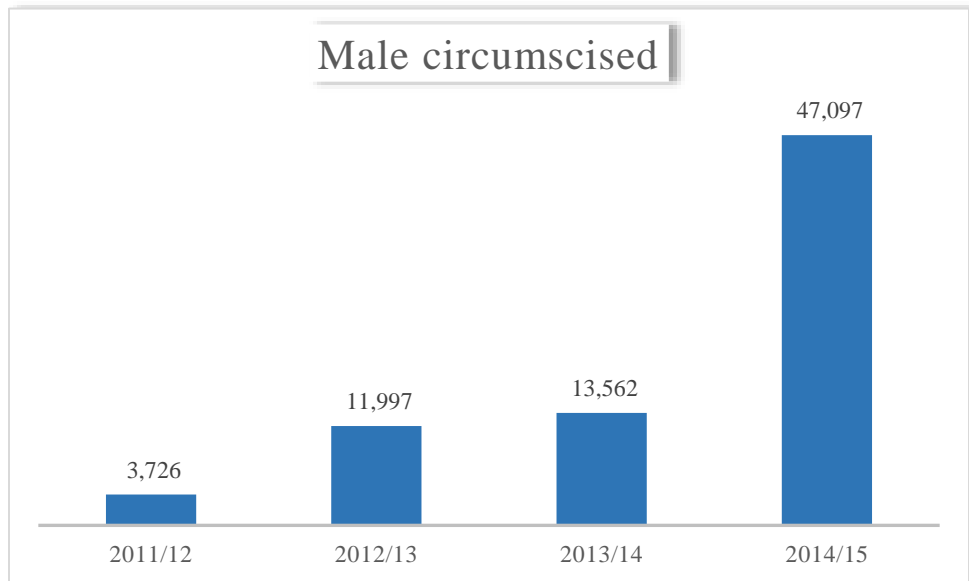
CATEGORY	GRAND TOTAL	HIV POSITIVE	%age CONTRIBUTION
BODA BODA	15,002	190	6.1%
CSW	3,321	161	1.4%
FISHER FOLKS	14,799	281	6.1%
TRUCK DRIVERS	6,521	145	2.7%
UNIFORMED PERSONNEL	7,435	188	3.0%
OTHERS	196,921	3,546	80.7%
TOTAL	243,999	4,511	100%

47,078 MARPs reached with HCT Services



3. SAFE MALE CIRCUMCISION

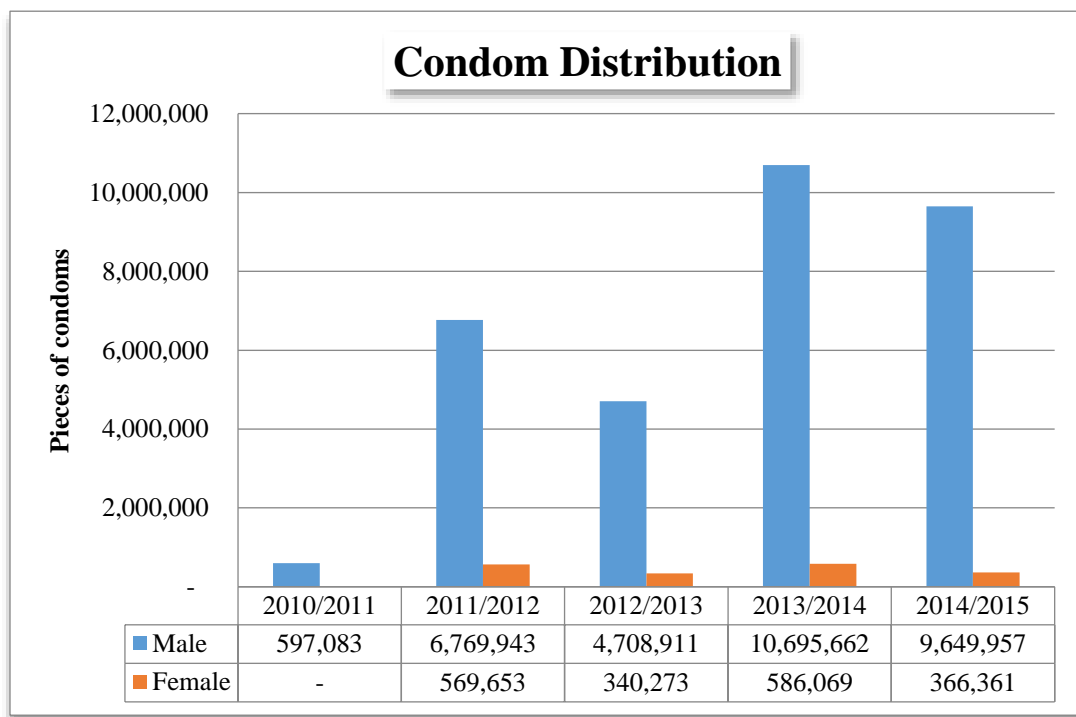
A total of **47,092** Individuals were circumcised by AIC this year, this adds up to **76,382** males circumcised in the 8 regional centre since the inception of the package in FY 2011/2012. SMC is provided either during outreaches/ camps sessions or at the Static sites in each of the 8 regional centres. Service providers follow MoH SMC guidelines which require all clients to receive pre surgery counseling, screen and treat for STIs and test for HIV. This was made possible because of the available of SMC kits from CSF supplied through JMS throughout the year and the utilization SMC champions, counselors, community volunteers and radio announcements to mobilize and sensitize communities on the benefits of SMC. The graph below further illustrates this.



4. PROMOTION AND DISTRIBUTION OF CONDOMS

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 centre receptions, established condom outlets that include drug shops, bars, shops, peer leaders and community condom promoters. Condoms were procured from UHMG and District Health Offices.

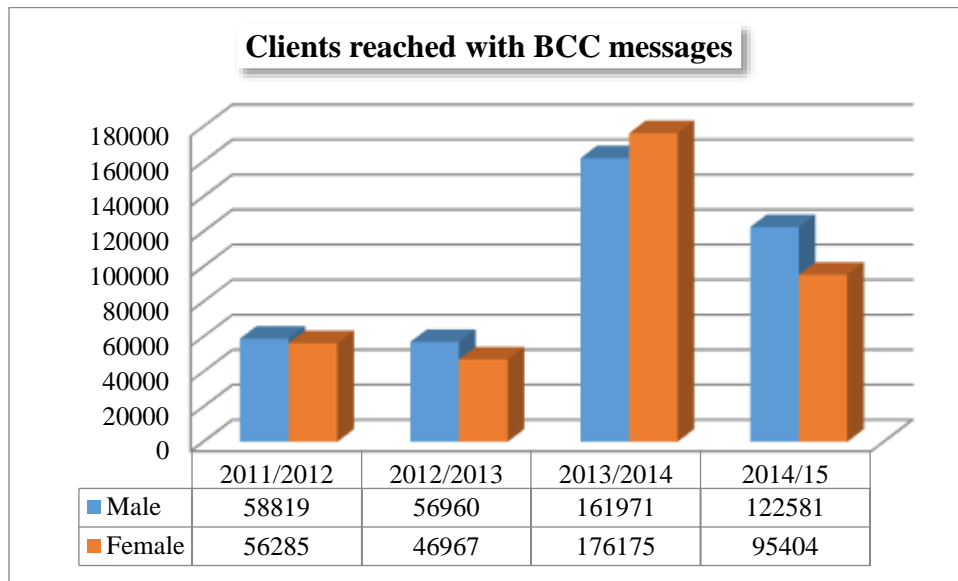
In 2014/2015, AIC has been able to distribute **10,064,726** condoms (**9649957** male and **366361** female). This brings the cumulative condoms distributed from **2010** to **24,283,912** pieces. Through the use of trained FC peer educators AIC has been able to increase on the utilization of FC2 this year, although utilization continues to be low due to the misconception by women about the usage of female condoms.



5. HIV Prevention through Behaviour Change Communication

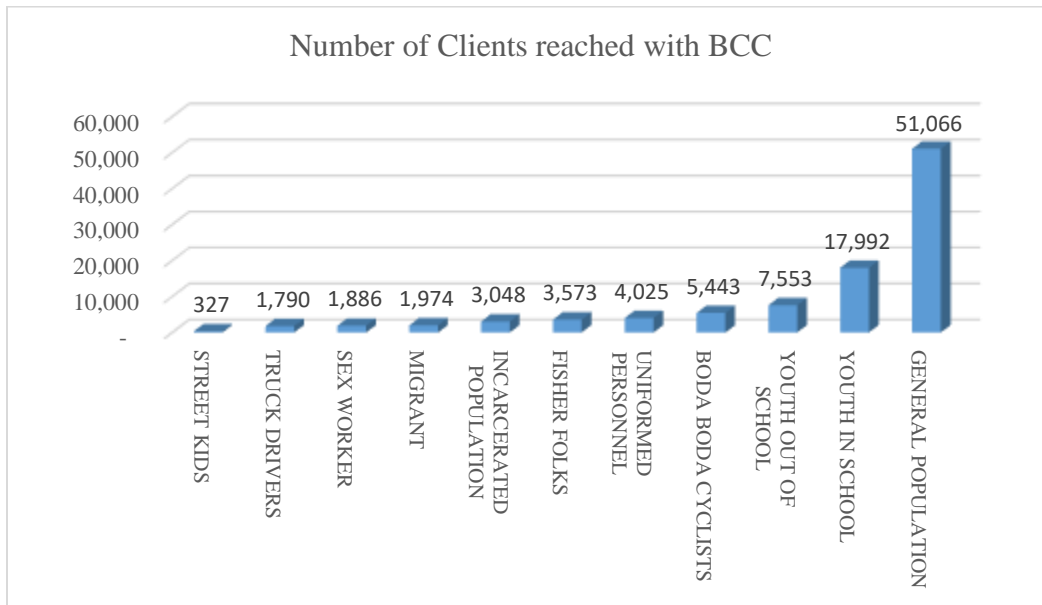
AIC has continued to conduct counselor led and client focused counseling sessions to promote positive behavioral practices among discordant couples, sex workers, clients on ART, incarcerated population, truck drivers, Boda-bodas, uniformed personnel, youth in and out of school and general population

reaching **217,985** individuals. During HCT counseling sessions risk reduction plan are developed. The table below shows the number of individuals reached with BCC message through counselors



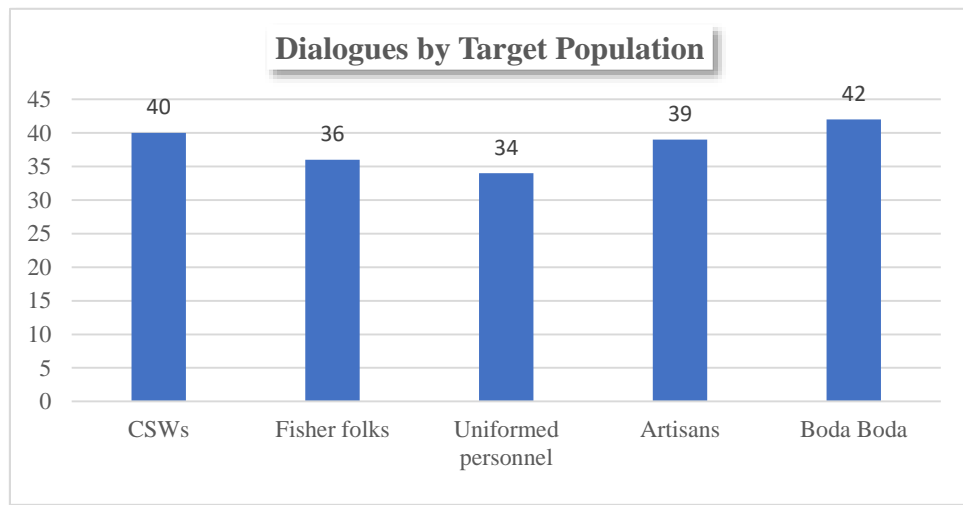
5.1 HIV Prevention through BCC targeting MARPs

Through the Know your HIV Status Clubs (KHYSs) members, young positive and peer educators AIC, reached out to the MARPs with behaviour change communication messages. During the FY AIC reached **98,677** Individuals (50909 male, 47768 female). The graph below shows the target populations reached BCC messages at the communities.



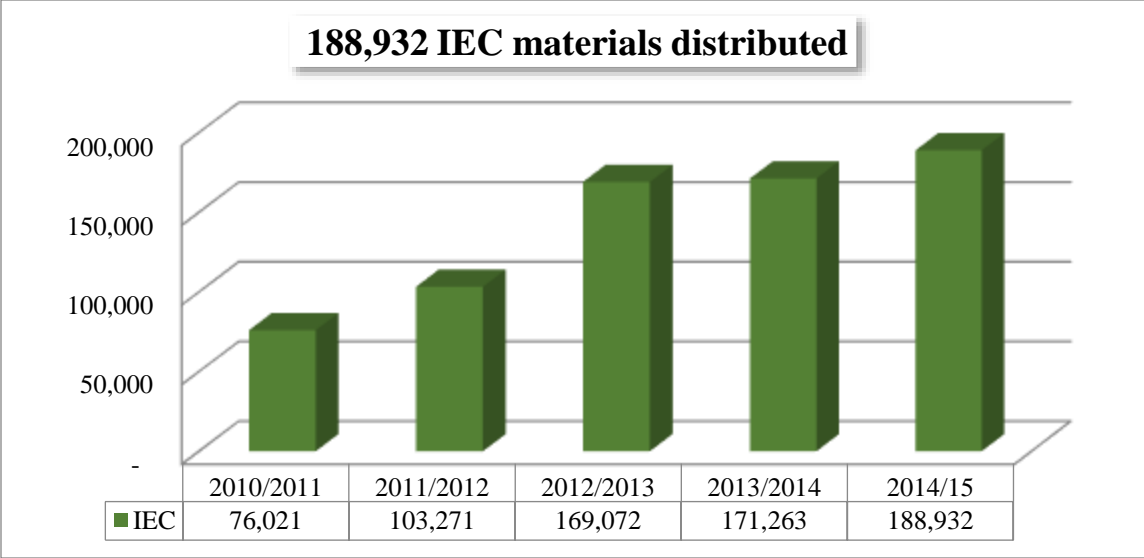
6. Community Dialogues Sessions for Behavior Change Communication

During project period, AIC HIV-prevention efforts continued targeting most MARPs, particularly CSWs, truck drivers, fisher folks, boda-boda and Uniformed Personnel with combination prevention strategy-driven activities. The dialogues were intended to influence behavior change, discuss human rights, and socio-structural barriers to access of integrated services. Messages discussed included promotion of HIV/SRH, HIV & AIDS awareness, promotion of human rights and prevention of GBV, de-campaigning cross generational sex and multiple concurrent relationships. In particular, AIC conducted 201 dialogues; 40 with CSWs, 36 with fisher folks, 34 with uniformed personnel, 39 with artisans and 42 with boda-boda riders aiming at behavior change reaching out to **3,943** in the project period as shown in the graph below



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 **188,932** IEC materials in form of brochures, leaflets, and posters during the year. The numbers distributed has been increasing annually.

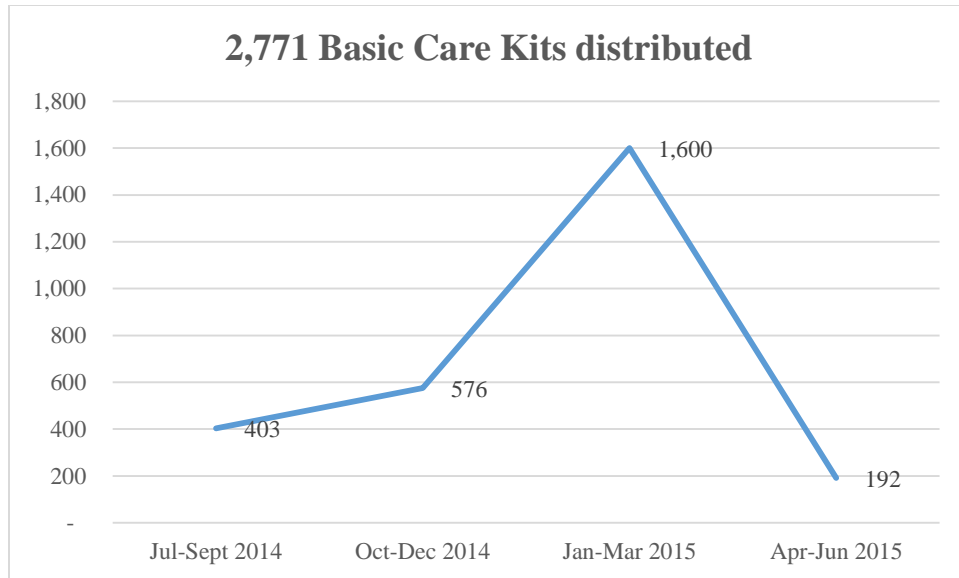


8. Psychosocial support and Prevention with Positives

In 2014/15 **7520** 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%.

9. Distribution of Basic Care Kits

Through partnership with PACE, AIC distribute 2771 basic care kits in 2014/15 down from 5,360 in 2013/14 to HIV positive clients identified during the provision of services.



10. Sexual Reproductive Health, MenEngage and Gender Equality

Key achievements during this reporting period include community and institutional engagement, mobilization and sensitization as described below:

- ❑ AIC at community level, reached out to men through many ways. One of the strategies used is Interpersonal Communication (IPC) with boda-boda at their work places (stages). Use of Male Champions who have also conducted doorstep mobilization (peer-to-peer). AIC has continued to work with Religious Institutions including Churches and Mosques through Religious Leaders. The other one is through crowd mobilization in one area using drama and public address systems by staging in one place. Free HIV Counseling and testing as well as condom demonstration and distribution are also methods used to attract various populations for sensitization. Besides this, brochures and stickers simplified in local language (Luganda) been developed and distributed to encourage men to test for HIV together with their partners.
- ❑ AIC offered integrated Services including HIV Counseling and Testing and Medical Male Circumcision (MMC) during mobilization. Couple HCT was encouraged for Men and women.

- ❑ AIC conducted a mapping exercise of all targeted areas with unreached men to specifically mobilize and sensitize them to approach health centers within their catchment area.
- ❑ AIC worked and will continue to work with Community structures like KHYSC, Young Positives, Discordant Couples , MARPs Peer educators and Village Health Teams to increase access and utilization of health services. AIC identified and recruited male champions to continue with follow-up on men and couples to access services. Over 101,045 individuals have been mobilized and sensitized.

11. OVC and Youth Economic Empowerment

AIC embarked on youth employment, social entrepreneurship, employability and leadership development. AIC in her 2015-2021 strategy, prioritized securing incomes, quality health, HIV and care services and challenging gender discrimination among young people. AIC with partners have been able to provide a series of result-oriented activities like rights-based training for children, youth and young women such as life skills trainings and non-formal education/vocational training courses.

Through this, AIC focused on emotional health and counseling services, provided a drop-in centre and recreational opportunities for young men and young women as well as using peer educators for the provision of skills, advice and information. As a result of this training, hundreds of youths are managing their own small-scale businesses to sustain themselves. A successful area of AIC programming has been the “learn as you earn” concept where close to over 50 young people are playing major roles at various districts across Uganda, where they are serving as youth interns learning on the job, while at the same time earning income in cash.

12. 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.

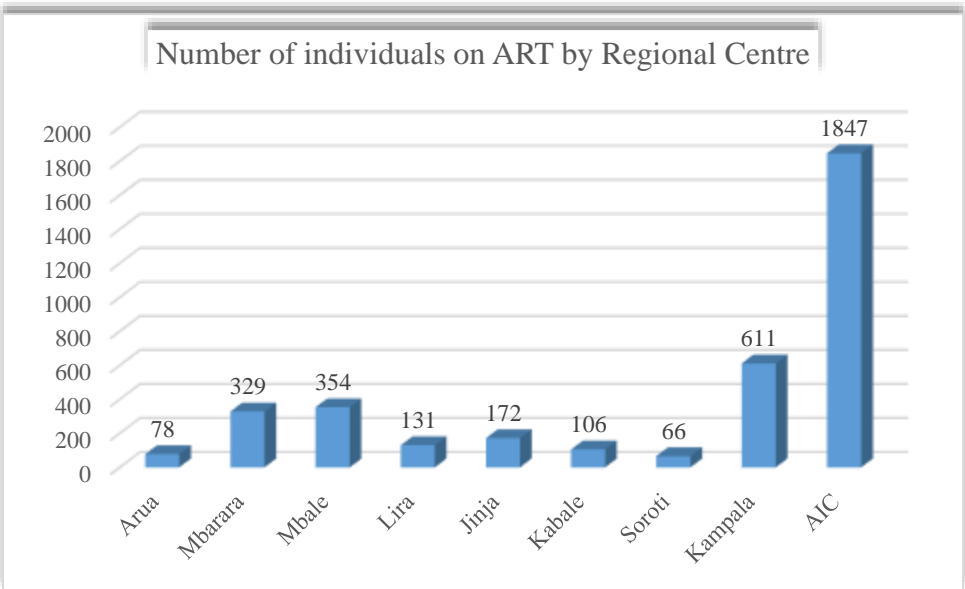
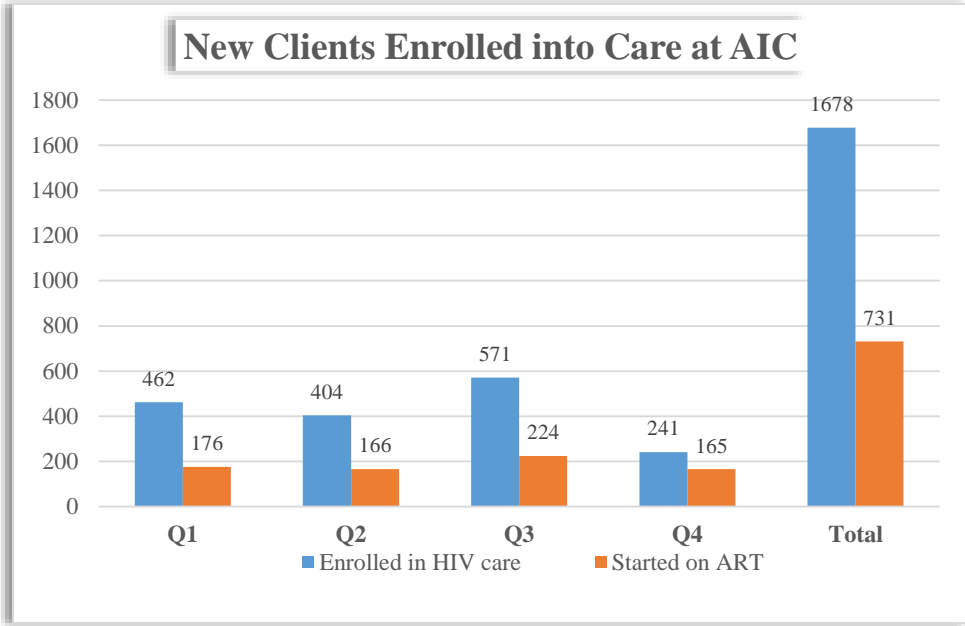
12.1 Cotrimoxazole Prophylaxis

In 2014/2015, a total of **6,358** 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.

12.2 Antiretroviral Therapy service

In order to increase access to HIC Care and Treatment services AIC Regional centres 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 PTC club to support all HIV Positive clients.

In 2014/15, **1,678** HIV positive clients were assessed and enrolled into Care in AIC, of which 731 were started on ART bringing the number of clients on ART to **1,847** from 891 in 2013/14. 76 Pregnant mothers were enrolled onto ART. AIC currently has a total of 2,977 (1322 male, 1655 female) clients active in Care in the 8 regional centres.



AIC ART programme uses a test and treat approach for key populations including Sex Workers, Fisher folks, Truckers, Men in Uniform and Boda Boda includes TB infected clients, discordant couples, pregnant women, commercial sex workers and truck drivers. During the financial year 1,401 HIV positive MARPs were assessed for ART eligibility using either clinical staging or CD4 testing of those 438 were initiated on ART, the other clients were linked and referred to the nearest facilities for Care. Currently there are 916 on ART at AIC as shown in the table below.

Number of MARPs who received specific services for 2014/2015						
Indicators	Sex workers	Fisher folks	Truckers	Men in Uniform	Boda Boda	Total
# Tested HIV positive	182	306	298	226	389	1,401
# Initiated on ART	136	81	73	57	91	438
# Provided with PEP	9	5	6	5	10	35
# Treated for STIs	226	436	549	318	371	1,900
# in HIV care or treatment who were started on TB treatment who were initiated on ART	3	18	17	7	2	47
# Monitored on ART using CD4 testing	87	117	243	151	318	916

12.3 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 4988 pregnant women were

Counselled tested and received results. The HIV sero –prevalence was high among women of above 49 years at 8.8%. Overall the HIV positivity was at 2.3% higher than the Overall HIV Positivity rate of 1.8% as illustrated in the table below.

TABLE 3: PREGNANT WOMEN REACHED AT AIC

Age group	HIV NEGATIVE	HIV POSITIVE	HIV Sero Positivity	Grand Total
15-49yrs	4843	111	2.2%	4954
Above 49yrs	31	3	8.8%	34
Grand Total	4874	114	2.3%	4988

13. Community TB Control project (Track TB Project)

AIC in partnership with MSH is implementing the community component of the TRACK TB Urban DOTS model. The project is being implemented in the 5 divisions of Kampala city. AIC

Key Achievements

- 94.6% DOT coverage
- 99.5% CPT and 96.1% ART coverage
- 78% of all patients treatment was monitored by sputum at 2, 3 5, 6/7 and on completion.
- 367 patients were discharged from care.
- 16 patients out of 83 lost to follow were brought back to care.
- Mortality and lost to follow-up were lowered to 2.6% and 2.3% respectively

utilizes a community linkage facilitators (CLFs) to follow up TB patient; conduct adherence counselling; conduct contact tracing and treatment supporter identification; TB screening and referral of presumptive patients; Follow up sputum smears and treatment interrupter tracing; Support TB/HIV collaboration;

Community sensitizations; and collaboration with other implementing partners. The Objective of the project is to reduce the burden of TB, MDRTB and TB/HIV in Kampala and specifically to improve TB treatment outcomes, TB case detection, DOT coverage among TB patients and TB/HIV collaboration in Kampala. A total of 3784 patients were followed up, 87.2% (3301) were very active and adhered well to treatment. 3106 (94.1%) of all active patients were on community based DOT. The 6.9% (195) of the active patients had no treatment supporters but were closely monitored by the community linkage facilitators for DOT. 308 patients from all categories were successfully treated and discharged in better clinical conditions. Of the 41.4 % (1566) co-infected patients, 99.8% were on CPT and 92.6% on ART. 157 patients with MDR TB

were followed up, fourteen (8.9%) were newly diagnosed and enrolled into care this month. 130 (82.8%) actively adhered to care and all were on DOT. All the seventy seven co-infected MDRTB patients are on CPT and ART. Average sputum for microscopy and culture follow up declined from 82.4% and 94.7% in October 2014 to 80.5% and 88.7% in June 2015 respectively. MDR TB surveillance and contact tracing was successfully conducted. Sixteen category II patients were registered, 10 (62.5%) had a Gene X pert test done and none was detected with Rifampicin Resistance (RR).

14. Laboratory Services

In FY 2014/15 AIC, embarked on expanding the laboratory capacity to conduct a number of specialized services to meet the clinical demands for laboratory services in Uganda. New equipment acquired during the year the lab purchased the following.....

The organization continued to conduct on-site training for all laboratory staff with the aim of exposing the laboratory staff to world-class laboratory service, and contributing to improving the quality of laboratory services in regional centres. During the year, the laboratories in the 8 regional centres conducted a total of over **253,000** tests.

During the year AIC, Introduced Hepatitis test at all the 8 regional centres and 298 Individuals were tested of which 68 were female and 230 male. Of the tested **9.4%** (15 female and 13 male) were positive and started o

15. Sexual Reproductive Health Program

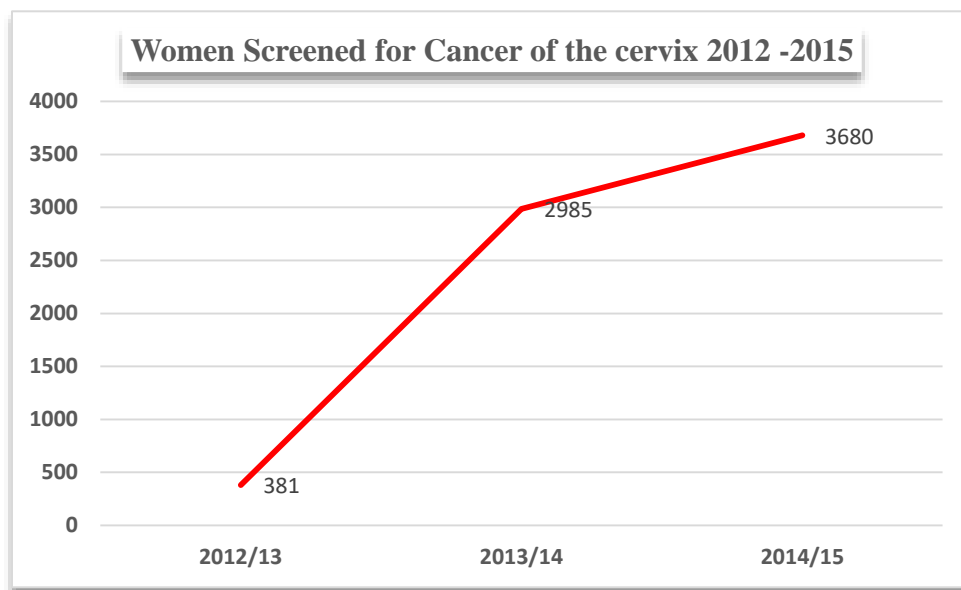
At AIC, HIV prevention, testing and counselling services have been integrated into other sexual and reproductive health services. Access to sexual and reproductive services is essential for preventing unwanted pregnancies and preventing HIV infections. SRH services have been targeted to key

populations and PLHIV. The services provided by AIC include screening and treatment of STIs; family planning; cervical cancer screening and post-exposure prophylaxis.

15.1 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. A total of 3,680 women were screened for cervical cancer during the year cumulatively adding to 7,046 women screened by AIC since 2012/13. 160 women were identified with suspicious lesions as shown in table below.

Age group	No. screened	No. of suspicious lesion
15-24	204	12
25-34	2,171	101
35-44	789	24
45-54	408	15
55 above	108	8
Total	3680	160



15.2 Family Planning

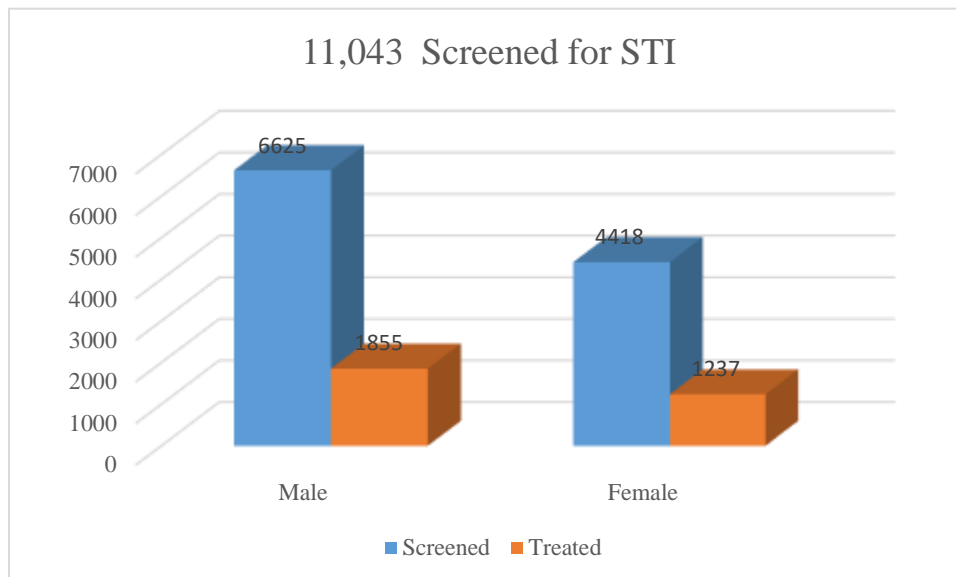
In the year a total of 3,352 clients down from 4,324 in FY 2013/14 Clients accessed FP services at AIC which is still low due to low acceptance of family planning in the communities. The most commonly consumed FP method was Microgynon tablets as illustrated below.

TABLE 4: FP UTILIZATION BY METHOD

Product name and specification	No. of Clients
Microgynon tablets	1413
Microlut tablets	172
Jadelle Implants	180
Implanon Implants	656
Depo-Provera	849
Misoprostol tablets	3
Emergency Contraceptives	3
Copper T IUD	76
Total	3,352

15.3 STI Screening and Management

In the year; a total of 11,043 clients were screened for STIs of whom 6625 were males and 4418 were females. Of the total screened; 3092 (1855 male, 1237 female) were treated for STIs in the 8 regional centres in the financial year.



16. Training, Skills and Capacity Building

During the June 2014 – July 2015 period, the capacity development sector implemented a number of activities that were funded by CSF, ADB (MoES), UNFPA and Program Income. These activities include training of service providers, MARPS training, and community condom promoters and concluding the ADB IV project activities. In Total **1,724** (795 male, 929 female) Individuals were trained in 2014/15.

16.1 Staff Capacity Building Programs

Training in FC2 promotion and distribution

A total of **16** AIC staff comprising of counselors and prevention officers were trained as ToT in FC2 condom promotion and distribution skills. In turn the trained staff oriented over **239** community condom distributors comprising of VHTs, KYHSC , Young positives, Peer educators among sex workers, boda-boda. The community distributors were selected from 53 sub counties of CSF operation. They are expected into increase utilization of female condoms in the prevention of sexually transmitted disease including HIV and unwanted pregnancies.

Train M&E staff in data management

In FY 2014/15 AIC conducted 2 trainings for M&E staff to improve the quality and management for data. The trainings were on monitoring & evaluation and data management of ART data using the open Medical records system (openMRS).

Train 19 AIC staff on documentation of success stories

In order to improve documentation of success stories a team of 19 AIC staff was trained. Participants were drawn for the 8 regional centres. The team comprised of M&E officers and Prevention officers. Of the 19 trainees 8 were females while 11 were males.

Conduct Early Infant Diagnosis training for 24 AIC staff.

The training aimed at enabling them identify and link exposed infants to care. The training was conducted by Ministry of Health trainers from the Central Public Health Laboratories (CPHL).

Conduct Continuous Medical Education Sessions (CMEs)

AIC regional centres conducted 288 Continuous Medical Education (CME) sessions during the year. This activity was purposely carried out to address the knowledge gaps among the service providers and provide updates on emerging issues in general. The sessions were conducted by heads of sections, external facilitators and staff that benefited from the different training activities.

16.2 Trainings for the Community Structures

Conducted refresher training for the Know Your HIV Status club members

This was meant to update their knowledge on emerging issues so as to enable them provide up-to-date HIV prevention information to their communities, increase uptake of HCT & cervical cancer screening services, Female condom use and promoting access to care and treatment at household level. A total of 700 KYHSC members benefited from the refresher course. 361 of them were males while 339 were females. The table below shows the sub counties that benefitted from the training:

Trained PHAs as peer educators

The PHAs were trained as peer educators to enable them provide psychosocial support to their peers, enhance adherence and encourage peers to enroll for treatment early enough. A total of 10 PHAs was trained by each AIC regional centre. These trainees were drawn from the support group for people accessing HIV care and treatment from AIC regional centres.

Training in FC2 promotion and distribution

A total of **16** AIC staff comprising of counselors and prevention officers were trained as ToT in FC2 condom promotion and distribution skills. In turn the trained staff oriented over **239** community condom distributors comprising of VHTs, KYHSC , Young positives, Peer educators among sex workers, boda-boda. The community distributors were selected from 53 sub counties of CSF operation. They are expected into increase utilization of female condoms in the prevention of sexually transmitted disease including HIV and unwanted pregnancies.

16.3 HCT Training for service providers

AIC Training Programme builds the capacity of service providers in HCT with the aim of strengthening HCT service delivery in the country. The trainings are on-site, evidence bases and conducted by national trainers in HCT. The training package consists of classroom sessions for 2 weeks and 1 week of practicum at the AIC regional centre. In 2014/15 AIC, conducted 4 self-sponsored training sessions, 3 were HIV prevention training courses while 1 was HIV rapid testing techniques. A total of 71 participants of which 22 were males and 46 females, successfully completed the didactic and practicum phases of training.

16.4 MARPs Targeted Trainings

Train service providers in delivery of services for MARPS

Most at a risk population (MARPS) are at a higher risk of HIV exposure than other people and yet are often subjected to stigma and discrimination and lack access to appropriate health services. AIC trained 129 Regional Referral Hospital staff in provision of MARPs friendly, nondiscriminatory HIV prevention and care services. They were selected from the UNFPA 5 Hubs of Mbale, Hoima, Arua, Mbarara and Gulu.

Train MARPS peer mobilizers in community mobilization

113 MARPS peer mobilizers from the UNFPA Hubs Mbale, Hoima, Arua, Mbarara and Gulu were trained on how to mobilize, sensitize, and encourage their peers to access and utilize HIV, STDs prevention and care services. The peer educators were selected from uniformed personnel, sex workers, Long distance trucker drivers, Fisher folks and sexual minorities.

FC2 Training for Health Workers

During the year with funding from UNFPA, **297** health workers from the districts of Lyantonde, Kasese, Hoima, Arua, Mbale, Mbarara and Ntungamo with funds from UNFPA were trained in FC 2. The FC 2 trainings are aimed at empowering the service providers and community resource persons to educate clients on female condom use and distribute condoms to the clients they serve.

16.5 HCT in Schools

Training HIV&AIDS counselors in Schools

100 teachers were trained at Ntare High School and Lango College. Out of the 100 HIV& AIDS counselors 39 were females while 61 were males. The training sessions were conducted to enable teachers provide counseling services to fellow teachers and students with psychosocial issues in schools under ADB project IV.

Establish functional counseling centres

5 counselling centres were established in the ADB/MoES schools of Wakyato, Ogoko, Patongo, Katunguru & Apoo seed schools in accordance to the approved guidelines. These will provide a conducive environment to the teacher counselors as they provide counseling services to students with psychosocial issues including HIV&AIDS.

HIV & AIDS and stigma reduction in the workplace

27,291 teachers, school managers and students were sensitized on stigma & discrimination reduction at the work place during the year as part of the ADB project. Of these, 12,649 were males while 14,642 were females.

17. AIC 5 Year Strategic Plan 2015 to 2020

During the past year, AIC has been preparing its second 5 year strategic plan (running from July 2015). The plan was approved by the AIC Board of Trustees and launched on 26th June 2015 during the Annual General Meeting. The new strategic plan is fully aligned to the Ministry of health sector strategic and investment plan 2015/ 2020, and will be looking at not only HIV and AIDS but will also strengthen its adolescent and sexual reproductive health services. The new strategic plan will address issues of service delivery in early diagnosis and prevention of non-communicable diseases (NCDs), it will add its efforts in addressing issues of malnutrition and the associated diseases. The new AIC strategic plan will strengthen its laboratory infrastructure to support the quick, and early diagnosis of different diseases to reduce morbidity and mortality at community level. In order to effectively shape a viable strategic direction, AIC will be guided by:

Vision: Population free of HIV and AIDS and other preventable diseases

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

Goal: To contribute to the reduction of HIV and AIDS and other preventable diseases in the population of Uganda

Key Results Areas (KRAs)

- ❑ KRA 1: Diagnostics, treatment technologies and vaccines
- ❑ KRA 2: Health education, promotion and nutrition
- ❑ KRA 3: Research, advocacy and knowledge management
- ❑ KRA 4: Institutional Development

18. 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. 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.

19. 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 2014/15, 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.

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 and the make enchantments on the AIC database so as to improve completeness, timeliness and accuracy of reports by developing the Community TB MIS and upgrading the AIC database.

20. Governance in AIC

During the year, AIC conducted her annual general meeting at the Friday 26th June 2015 where the new 5 year strategic plan was launched and new Board of Trustees appointed. 2015 was an elective year in AIC, the regional centres also conducted elections for the Regional Advisory Committee (RAC) members who will steer the community for two years.



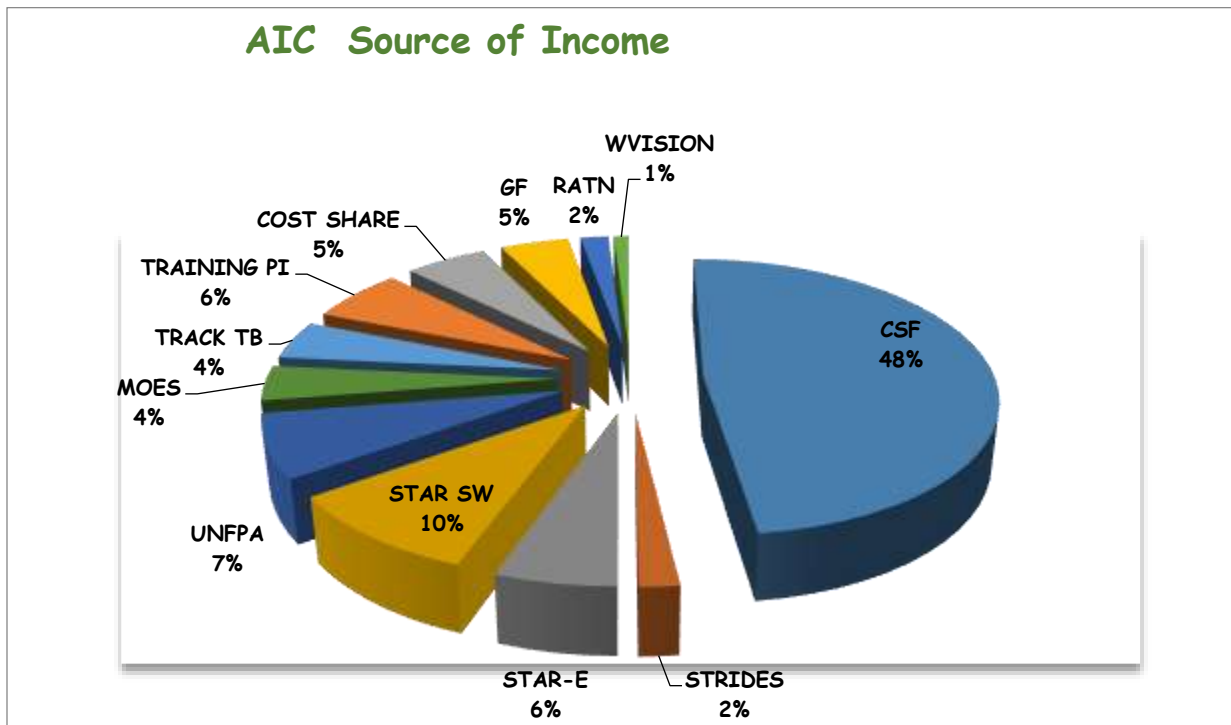
Members of RAC Soroti Region

21. Financial Management

AIC's income during the financial year 2013/14 was UG SHS 6,641,425,789. This comprised 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.

Result Area	Description	Budget	Expenditure
1	HIV Counseling and Testing, Care and support services	2,900,000,000	2,013,424,837
2	HIV prevention services	1,000,000,000	1,059,475,279
3	Research, Monitoring and Evaluation.	900,000,000	661,111,311
4	Training and Capacity development	400,000,000	695,050,367
5	Advocacy, Information and Partnerships Development	800,000,000	404,863,310
6	Sustainable and Functional Network	2,900,000,000	1,377,205,348
	TOTAL	8,900,000,000	6,211,130,452

The Main source of funds was CSF who contributed 48% . The chart below shows the distribution of income by funding sources.



22. 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

Donor	Regional Centre	Districts of implementation	Intervention areas
CSF	Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara, Soroti	Mbarara, Arua, Moyo, Jinja, Kampala, Mukono, Mubende, Kanungu, Mbale, Tororo, Soroti, Serere, Kabale, Kaberamaido, Lira	<input type="checkbox"/> Sexual prevention of HIV <input type="checkbox"/> Elimination of Mother to child transmission of HIV (eMTCT) <input type="checkbox"/> HCT <input type="checkbox"/> SMC <input type="checkbox"/> PHDP <input type="checkbox"/> Care & Support
UNFPA	Lira, Kampala, Arua	Mubende, Kalangala, Gulu, Pader, Arua	<input type="checkbox"/> SRH/ HIV Integration <input type="checkbox"/> HIV Services targeting MARPs <input type="checkbox"/> System strengthening
USAID/STAR E	Mbale	Bududa, Kapchorwa, Budaka, Busia, Butaleja, Bukwo, Sironko, Mbale, Pallisa, Kween, Bulambuli and Kibuku.	<input type="checkbox"/> HCT <input type="checkbox"/> SMC <input type="checkbox"/> Training counselors <ul style="list-style-type: none"> • Support to internal and external quality control <input type="checkbox"/> Referral for Care and treatment <input type="checkbox"/> TB Screening
USAID/STAR SW	Kabale, Mbarara	Isingiro, Kisoro, Kabale	HCT, BCC, SMC Condom programming
ADB/MoES	Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara, Soroti	Arua, Bushenyi, Busia, Butambala, Dokolo, Fort Portal, Gulu, Ibanda, Iganga, Isingiro, Kabale, Kampala, Kapchorwa, Kasese, Katakwi, Kisoro, Lira, Masaka, Masindi, Mbale, Mbarara, Mityana, Moyo, Nakaseke, , Ngora, Ntungamo, Pallisa, Soroti, Tororo, Yumbe and Zombo	Main-streaming HIV/AIDS in 71 UPPET Institutions.
USAID/TRACK TB	Kampala	Kampala	Community CB-DOTS
ACA	Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti	Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti	<input type="checkbox"/> Cervical Cancer screening <input type="checkbox"/> Build capacity of staff of public health facilities in cancer screening
Global Fund	AIC HQ	36 Districts	Build the Capacity of Districts teams in monitoring and evaluation of Health programs
MOH	Arua, Jinja, Kabale, Kampala, Lira, Mbale, Mbarara and Soroti	Collaborations at different regional centres	<input type="checkbox"/> HCT <input type="checkbox"/> CD4 testing <input type="checkbox"/> ART <input type="checkbox"/> HIV Care

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