



INTRODUCTION OF DISTRICT RESPONSE INITIATIVE (DRI) IN UGANDA

*National Dissemination Workshop for
DRI Action Research*

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Background

Uganda has made remarkable progress in reduction of HIV/AIDS infection from 30% in 1992 to the current rate of about 6%.

This was largely achieved through the following key initiatives: -

- The policy of openness about HIV/AIDS
- High level political commitment



Background (Cont'd)

- Use of a multi-sectoral approach to combat HIV/AIDS
- Adoption of a policy focussing on individual and collective
- responsibility towards prevention and control of HIV/AIDS
- Use of condoms

Background (Cont'd)

The DRI (now operational in 31 Districts) on HIV/AIDS was initiated by UAC in collaboration with UNICEF and UNAIDS to:-

- reduce HIV/AIDS prevalence rates through behavioural change
- improve the quality of life of people living with HIV/AIDS through community support.
 - create *AIDS-competent* people and communities.

Rationale for District Response Initiative

Despite the recorded progress in reversing HIV/AIDS trends in Uganda, several challenges remain, namely:-

- A gap still exists between awareness and behavioural change.
- The existing local responses are still limited in scope and geographical coverage.



Rationale for District Response Initiative (Cont'd)

- There is evidence of fragmentation of responses within Districts.
- Uganda, like many countries combating HIV/AIDS, is convinced that a combination of empowering of key actors and multi-sectoral support to their interventions can be effective in developing capacities of local communities to tackle HIV/AIDS issues within their own environment.

Rationale for District Response Initiative (Cont'd)

The DRI attempts to intensify action at all through: -

- Stimulating interaction and partnership building between all stakeholders at District and lower level,
- Scaling-up and strengthen local responses to address the effects of HIV/AIDS comprehensively, and
- Improve the co-ordination between National, District and community level responses.



The key elements of the DRI strategy:

- capacity building
- mainstreaming HIV/AIDS activities in Local Government Planning and Budgeting.



The mainstreaming element: -

- provides an opportunity for building the capacity of Local Government structures to adequately and sustainably respond to the challenges posed by HIV/AIDS in the community.
- facilitates access to institutional resources (human, financial and material), which would otherwise be difficult to get if HIV/AIDS activities are managed without the involvement of Local Governments.
- Ultimately, will scale-up interventions on HIV/AIDS prevention, control and mitigation at all levels of the society.


OBJECTIVES UNDER THE DRI OPERATIONAL FRAMEWORK

- 80% of all rural and urban communities targeted in this initiative would have addressed HIV/AIDS explicitly in their action plans, and regularly monitor progress towards AIDS-competence
- 80% of all rural and Urban communities targeted in this initiative would have developed partnerships with local institutions in order to make further progress towards AIDS competence
- 50% of all rural and urban communities in Uganda would rely on a specified package of accessible, quality support services.



STRATEGIES

- Organising facilitation Teams at District level
- Building facilitation and planning capacities in the Districts
- Preparing communities for development of community based activities e.g PDCs
- Develop a learning process among communities and within Districts
- Develop capacities at National level for supporting the facilitation process and going to scale



The Process of Formulation & Implementation of DRI

- DRI support document produced
- Facilitators Manual produced
- 62 National facilitators trained
- Sub-county facilitators trained
- PDCs trained
- CAPs produced

Status of DRI Implementations


Summary of DRI Activities Implementation (January 2003)

Activity	Target	Achieved	%age
District Level Orientation	31	22	71
Oriented Sub-counties	138	95	69
ToT for Sub-county Trainers	138	91	66
Trained PDC	857	406	47
PDCs with CAP	857	95	23



EMERGING ISSUES

- Capacity building in the 25 non-DRI operational Local Governments.
- integration of HIV/AIDS initiatives in the District Plans, Budgets and Workplan e.g. MAP, DRI, AIC and local responses.
- focussing on mobilisation of own resources to fund HIV/AIDS activities



EMERGING ISSUES (Cont'd)

- review the methodology of formulation of CAPs so that communities focus on their own resources as compared to external support
- scaling up strategy to cover the remaining Local Governments where DRI is not implemented.
- community organisation and mobilisation
- Improved information management and dissemination



KEY LESSONS LEARNT

- Communities can be mobilised to respond to their HIV/AIDS situation
- Communities have come to terms with the HIV/AIDS problems
- Community involvement is important in the fight against HIV/AIDS - can act on their own
- Information sharing within and across communities is important
- resources are inadequate to respond to the HIV/AIDS problem
- Poverty needs to be addressed along side tackling HIV/AIDS
- The orphans problem is overwhelming families and communities hence the need for a holistic and systematic approach to the problem

KEY LESSONS LEARNT (Cont'd)

- Working within existing structures facilitated and quickened implementation of DRI
- Local Governments can play a critical role in the fight against HIV/AIDS.
- Integration of HIV/AIDS issue in Local Government Plans and budgets is integral in sustainability of the fight against HIV/AIDS at local levels.
- PDCs are critical structures in scaling up the fight against HIV/AIDS



Challenges

The key challenges faced in the implementation of DRI include:-

- Sensitising the local Governments and communities to grasp the concept of DRI
- Co-ordination and harmonisation of DRI with other HIV/AIDS initiatives
- Cascading DRI to communities and individuals
- Mobilisation and allocation of resources at Local Government levels

THE WAY FORWARD

- **DRI is a reality. we need to improve on the implementation modalities**
- **Increase coverage**
- **Continuous sensitisation**
- **Mainstreaming HIV/AIDS activities in LG Plans and Budgets (Support implementation of CAPs)**
- **Improve co-ordination of HIV/AIDS initiative - Centre local**
 - **District and lower Local Government levels**
- **Research, documentation and dissemination of lessons learnt**

TOGETHER, WE SHARE THE CHALLENGE