



ANNUAL REPORT

2016/2017

CONTENTS

Acronyms.....	ii
Message from the Board Chairperson.....	iii
Executive Director's Message.....	iv
Executive Summary.....	1
About ANECCA	2
Achievements of ANECCA in 2016/2017.....	4
Challenges and Way forward.....	14
Financial Management and Performance.....	16
ANECCA Leadership and Staff.....	18

ACRONYMS

AFHS	Adolescent Friendly Health Services
ANECOA	African Network for the Care of Children Affected by HIV/AIDS
ART	Anti-Retroviral Therapy
CCM	Country Coordinating Mechanisms
CSOs	Civil Society Organizations
DHO	District Health Officer
GLOBAL FUND	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HC	Health Centre
HIV	Human Immunodeficiency Virus
MGLSD	Ministry of Gender, Labor and Social Development
MoES	Ministry of Education and Sports
MoH	Ministry of Health
OVC	Orphans and other Vulnerable Children
PSS	Psychosocial Care and Support
TNA	Training Needs Assessment
TOT	Training of Trainers
UNICEF	United Nations International Children's Emergency Fund

MESSAGE FROM THE BOARD CHAIRPERSON

On behalf of the Board, I am pleased to share with you an account of key accomplishments of ANECCA during the period 2016/17.

This year, it was an exciting learning phenomena at ANECCA as we strengthened, lobbied and advocated new strategies that ensure that Ministries of Health across Africa provide support towards ending paediatric and adolescent HIV and AIDS. Amidst challenges of limited funds to effectively strengthen regional HIV&AIDS interventions and over expectation of stakeholders on the roles of ANECCA, the board embarked on repositioning the organisation in line with global trends with a new five year strategic plan for 2017-2022 .

I take this momentous opportunity to appreciate our partners for the support particularly the Global Fund, UNICEF Uganda, Uganda's Ministry of Health and other Ministries of Health across the 25 African countries . My gratitude goes to all the Country Coordinating Mechanisms (CCMs) and stakeholders in the many countries where we have worked with in various capacities to ensure that children and adolescents are not lagging behind as HIV interventions are scaled up.

I count on your continued support to ANECCA as we work towards better health for children and adolescents in Africa.

Prof. Philippa Musoke - Board Chair person





EXECUTIVE DIRECTOR'S MESSAGE

It has been a busy and rewarding year for us and it is to my delight that I share with you the 2016/17 ANECCA annual report.. As the global Agenda 2030 deadline fast-approaches, ANECCA has bolstered the Africa regional efforts of improving access to quality and comprehensive HIV prevention, care, treatment and support for children within the broader maternal and child health framework

During the year, we reviewed existing national policies and guidelines on care and treatment of HIV infected children and adolescents in 7 African countries, documented and shared training needs for Adolescent HIV care, developed evidence-informed training manuals, and conducted

training of trainers (TOTs) on counselling and psychosocial support at a regional level and in Uganda, South Sudan, Malawi and Ethiopia while in Uganda, we piloted the development of a management dashboard for the National HIV program.

We also supported HIV infected children and adolescents together with their health or social workers to share experiences at national conferences in addition to orienting Civil Society Organizations in 4 countries on Psychosocial Care for children affected by HIV. ANECCA supported cross-site intercountry visits for delegates from Nigeria to come to Uganda to learn and share experiences on innovative ways of providing integrated and adolescent friendly services.

We are grateful to all the partners for the support that enabled a seamless execution of our mandate. These are; UNICEF Uganda and the Global Fund for the funding, Uganda's Ministry of Health AIDS Control Program, particularly the Paediatric and Adolescent HIV Unit and the Global Fund team in Geneva responsible for the Uganda program, I am particularly grateful to the Country Coordinating Mechanisms (CCMs) of the seven countries led by the Uganda CCM, for the oversight to our regional program. In the coming year, we will continue exploring opportunities that support efforts for healthy children and adolescents in all countries in the Africa region.

Dr. Denis Tindyebwa - Executive Director

EXECUTIVE SUMMARY

This report presents the various activities that were planned and implemented by ANECCA during the financial year 2016/17. It also presents achievements registered, challenges and lessons learnt.

- During the financial year 2016/17, ANECCA registered the following achievements;
- Reviewed the existing national policies and guidelines in 7 countries on care and treatment of HIV infected children and adolescents
- Conducted rapid assessment of training needs for Adolescent HIV services in 7 countries to inform development of training manuals
- Conducted national and regional stakeholder meetings to validate and discuss findings of the National Policy gaps and Training Needs Assessments to inform the development of a regional position paper that could stimulate action towards ending paediatric and adolescent HIV at national and international level.
- Conducted a regional workshop for training trainers (TOT) in adolescent HIV counseling and psychosocial support
- Conducted national TOTs on counseling and psychosocial support of adolescents living with HIV
- Supported HIV infected children, adolescents and their health/social care givers to share evidence and experiences at national conferences
- Shared and discussed performance of the f Global Fund regional Project with key stakeholders from each of the 7 countries.
- Developed a National Paediatric and Adolescent National HIV management dashboard for Uganda
- Oriented Civil Society Organizations in Psychosocial Care Services for children affected by HIV
- Supported Cross Site Intercountry visit to learn and share experiences on innovative approaches and best practices on adolescent friendly services

ABOUT ANECCA



The African Network for Care of Children Affected by HIV/AIDS (ANECCA) is a not-for-profit regional organization established in 2001 in response to the recognition that children affected by HIV/AIDS in Sub-Saharan Africa were largely neglected by existing health care systems

ANECCA is registered in Uganda and supports the improvement of the quality of life for women, children, adolescents and young adults in Africa through supporting innovation and augmenting emerging best practices in health

ANECCA is a network of clinicians and social scientists committed to improving the quality of clinical and non-clinical care of children and adolescents in Africa through utilizing local human resources to increase access to, and improve quality of care for children and adolescents affected by HIV.

ANECCA is one of the first and leading organizations in Africa to dedicate its efforts to paediatric HIV prevention, care, treatment and support initiatives. . ANECCA's *Handbook on Pediatric AIDS in Africa*, and various accompanying training materials and tools, continue to serve as invaluable resources for health care service providers and managers in Africa as they work to integrate paediatric HIV services into their healthcare systems.

Since its inception, ANECCA has supported African countries to strengthen their technical capacity in scaling up paediatric and adolescent HIV/AIDS prevention, care, treatment and support programmes through:

i. Training of health care service providers

Conducting training needs assessments to identify skills gaps and prioritize training needs of health care providers at all levels of health care delivery

systems; followed by needs based training using various methods and approaches as appropriate.

- Providing Technical Assistance to countries to develop and implement training programmes focusing on relevant topical areas that cover the various aspects of paediatric HIV care under ANECCA's *Ten-Point Package for Comprehensive Paediatric HIV Care* framework.

- Providing Technical Assistance to countries to establish and roll-out health care facility-based clinical mentoring activities to consolidate health worker skills for identification, follow up and enrolment of HIV infected children and adolescents into care and treatment programs.

ii. **Development, production, dissemination and promotion of use of key resource materials** for promoting services for children and adolescents affected by HIV/AIDS. Such materials are being used at various levels of program implementation to strengthen service delivery.

iii. **Collaborative operational research to generate evidence-based information for decision making in paediatric and adolescent HIV practice and programming.**

iv. **Advocating for appropriate policies and programming approaches to promote universal access to paediatric and adolescent HIV prevention, care and treatment services.**

international and national level HIV programming and service delivery, organizations have partnered with ANECCA through various Government Ministries of Health



Core Values

⇒ **Caring:** ANECCA is committed to be a caring and responsive to the felt needs of women, children, adolescents and young adults at all times.

⇒ **Accountable:** ANECCA is committed to be accountable to its external and internal clients for the resources and services it uses. ANECCA's will focus on evidence-based measurable results.

⇒ **Integrity & Transparency:** ANECCA will at all times maintain a high level of integrity, and transparency in all its operations.

⇒ **Passionate:** ANECCA is passionate to contribute to national, regional and global efforts that will improve the quality of life for women, children, adolescents and young male and female adults.

⇒ **Non-Discrimination:** ANECCA's is an equal-opportunity service provider driven by respect and non-discriminatory practices, regardless of gender, religion, culture, and race.

⇒ **Teamwork:** ANECCA will proactively encourage and support teamwork, premised on the assumption that all person working for the network is, resourceful in their own way.

ACHIEVEMENTS OF ANECCA IN 2016/2017

Conducted a review of the existing national policies/guidelines on care and treatment of HIV infected children and adolescents

As a Principal Recipient of a Global Fund regional grant, ANECCA conducted a review of the existing national policies and guidelines in seven countries namely; Malawi, Ethiopia, Tanzania, Burundi, South Sudan, Nigeria and Uganda to identify gaps which lead to low coverage and quality of care and treatment of HIV infected children and adolescents aimed at developing country-specific action plans to bridge those gaps. The gaps identified included;

- National policies lacked national, subnational and health facility action plans to operationalize them.
- Although country HIV policies recognize children and adolescents living with HIV as a special group, there were no clear strategies on how to identify, link, initiate and retain them in HIV care and treatment programs.
- Country HIV M&E systems are unable to track uptake, coverage and quality of service for children and adolescents living with HIV. Indicators for paediatric and adolescent quality of care are lacking.
- Important child health issues such as nutrition, water and sanitation, gender-based violence and non-communicable diseases are not clearly addressed in the policies. For example, non-communicable diseases and gender-based violence against children and adolescents are on the increase in the general population in some countries, but current HIV policies do not address these key issues among children and adolescents living with HIV.
- Health workers lack knowledge of the current national paediatric and adolescent guidelines in their countries, and express a lack of confidence and skills to optimally provide psychosocial support to children and adolescents living with HIV.
- UNAIDS provides estimate data for only two age groups (<15 and >15 years). Adolescent age group estimates will help in better program planning.
- In some countries, country HIV testing services policies on age of consent are inconsistent with country legal frameworks for adolescents to independently seek medical treatment.



7

countries: Malawi, Ethiopia, Tanzania, Burundi, South Sudan, Nigeria and Uganda were reviewed on the existing national policies and guidelines in

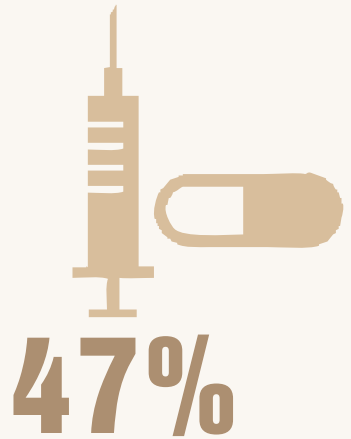
Conducted Rapid assessment of training needs for Adolescent HIV services to inform development of training manuals

The rapid assessment of the training needs for adolescent HIV services was conducted in 7 countries (Burundi, Ethiopia, Uganda, Tanzania, South Sudan, Malawi and Nigeria) Below were the summary of results;

- ⌚ All the national and subnational HIV programme managers were aware of performance and training gaps and see these as crucial needs of the national HIV response. The knowledge gaps were attributed to frequent changes of health care workers and lack of refresher training. Where trainings are organised, they were mostly done centrally by the ministry of health, UN agencies and international NGOs with little or no input from the beneficiaries.
- ⌚ None of the countries have any national policy on the establishment of special clinics and special consulting days for children and adolescents
- ⌚ Several challenges were highlighted including the scarcity of staff caring for people living with HIV, especially staff with knowledge and skills on care of paediatric and adolescent HIV patients

- ⌚ There was generally poor knowledge and skills of paediatric and adolescent HIV by the health care workers, with non-clinicians performing better than clinicians on the knowledge and skills tests.
- ⌚ Several negative attitude and opinions were expressed by all cadres of health care workers. About half of the clinicians believed that one does not require any special skills to manage a child or an adolescent living with HIV; 47% of the clinicians would not place a child on anti-retroviral treatment because the drugs are too strong for the child's body. About 50% of the clinicians and a similar proportion of nurses and midwives would notify the parents of an HIV positive adolescent of their child's status even without the adolescent's consent.

Commonly available sources of knowledge and skills enhancement such as the internet, CPD programmes, journals and other publications were poorly utilised by all the health care workers studied. Currently available pre-service training programmes appear inadequate to address knowledge and skills gaps.



of the clinicians would not place a child on anti-retroviral treatment because the drugs are too strong for the child's body

Conducted national and regional stakeholder meetings to validate and discuss findings of the National Policy gap and Training Needs Assessments to inform the development of a regional position paper

The national stakeholder meetings were followed by a regional dialogue on the findings and this culminated in the participants issuing a position paper on the findings, a summary of which is presented below. The Regional Position paper has been used to advocate for policy and practice change at international and national level. At national level, Ministries of Health will develop plans that will address the gaps identified during national assessments, and respond to specific issues in the regional position. Development of national action plans is being advocated for and facilitated by ANECCA. The seven country assessments showed that these countries have similar gaps in their paediatric and adolescent HIV policies and training needs that impede optimal coverage and quality of care for children and adolescents living with HIV. These gaps include;

- ④ Most health facility records are paper based and data abstraction for the health worker is difficult. Country M&E systems currently do not contain adolescent age-aggregated data to measure uptake and coverage of adolescents in HIV care and treatment. Countries have different data collection tools that are currently mainly manual and paper based. The WHO-recommended HIV testing age of

consent is in conflict with most countries' statutory legal age for seeking medical attention. Lack of explicit national and sub-national action plans to ensure successful identification, linkage, initiation and retention of children and adolescents living with HIV in care and treatment programs. Lack of explicit quality care indicators for paediatric and adolescent HIV programs. Prevention, detection and care of gender-based violence among children and adolescents living with HIV are not well addressed.

- ④ HIV training curriculum: Most of the curriculum reviewed during training needs assessments were grossly deficient in paediatric and adolescent medicine especially the counselling and psychosocial components. There is need to address the poor attitudinal issues identified with health care workers especially as they relate to sexually active adolescents. The multi-sectoral concept of HIV response is largely not considered in developing existing HIV training curricula.
- ④ There is still a huge unmet need for mentorship on paediatric and adolescent HIV care among frontline health workers, and there is largely lack of national mentorship



318

participants attended the National Multi-stakeholder validation meetings for Policy Review and Training Needs Assessment in 7 countries under review

framework to guide and standardize implementation of mentorship.

- ⌚ Orphans and vulnerable children are disproportionately marginalized and their mandate is found in different ministries, which has led to late identification and initiation into HIV care and support.

The meeting recommended that each country addresses the following action items.

- ⌚ Make efforts to move to electronic medical records
- ⌚ Ensure that data is disaggregated by age particularly for adolescents (10-14, 15-19 years) Include paediatric and adolescent quality indicators in their national reporting system Share country success stories to scale up best practices.
- ⌚ Regional bodies and individual countries should lobby UNAIDS to provide ART estimates that encompass adolescent age cohorts (10-14 years, 15-19 years).
- ⌚ Carry out multi-sectoral harmonization of policy and legal documents for consistency.

- ⌚ Update sub-national paediatric and adolescents' action plans with explicit and measurable strategies for identification, linkage, initiation and testing.
- ⌚ Promote paediatric and adolescent operational research through widening partnerships with professional associations, academia, among others.
- ⌚ Promote a multisectoral engagement with ministries of health, social affairs (OVCs), agriculture (nutrition), education and justice (child protection) to manage children and adolescents living with HIV holistically.
- ⌚ Mainstream and integrate services to prevent, detect and care for Sexual Gender-Based Violence survivors in paediatric and adolescent HIV care.
- ⌚ Deliberate efforts be made to establish effective, sustainable structured pre-service and in-service training curricula/programs and national structured mentorship frameworks that address the capacity needs of health care workers for children and adolescent HIV services including counselling and Psychosocial support/care.

- ⌚ Develop an adolescent HIV toolkit that includes adolescent HIV minimum package of care, country guidelines for teen clubs and other adolescent activities.

The Training Needs Assessment identified the critical capacity gaps among health workers which included Counselling and Psychosocial support for children and adolescents living with HIV. This informed the development of training materials. As a result, the ANECCA Counselling and Psychosocial support curriculum was revised and updated and was used in the regional Training of Trainers adaptation of the ANECCA Clinical Systems Mentorship Toolkit. The handbook on Paediatric AIDS in Africa was also revised and updated.

Conducted a regional workshop for training trainers in adolescent HIV care, treatment and support

A regional workshop for training of trainers was conducted in Uganda with the objective of equipping National Trainers with skills and knowledge in paediatric/adolescent HIV psychosocial care and counseling. The two-weeks training involving 30 participants drawn from 7 countries of; Burundi, Ethiopia, Malawi, Nigeria, South Sudan Tanzania and Uganda. It is hoped these will train more trainers at national level in their respective countries.



Participants during practical sessions



Closing remarks by the ANECCA Executive Director

Conducted national TOTs on care and support of adolescents living with HIV

The National TOTs were conducted in 4 countries and these included; Uganda, Malawi, South Sudan and Ethiopia. The objective of the training was to help health care providers acquire and develop the required knowledge, skills and attitudes to enable them provide quality counselling/ psychosocial care services to children, adolescents and families affected by HIV and AIDS in the families. A total of 120 healthcare workers were trained from 4 countries.



National TOT on Psychosocial care- Malawi



National TOT on Psychosocial care- South Sudan

Supported HIV infected children, adolescents and health/social workers to share evidence and experiences at national conferences

The children and adolescents and their social caregivers from 4 countries were supported to attend annual conferences of National Paediatric Associations and/or national paediatric HIV conferences. A total of 201 children and adolescents (Uganda 44, South Sudan 89, Burundi 27, Malawi 41) participated. The purpose of supporting children and their social workers was to enable them present and share knowledge and lived experience on adolescent HIV care and services as well as generating debate on how to improve care for children and adolescents affected by HIV and AIDS. Adolescents shared some of the following concerns.

Work towards zero stigma and discrimination.

- ④ Train peer educators/ ambassadors to support their young ones. Peer champions sensitize the students on the issues about HIV.
- ④ Improve on the life skills education and training for the young people
- ④ Institutions to avoid stigmatizing messages in their 'talking compound' signposts and posters
- ④ Organize and train parents on their role to support the children infected with HIV
- ④ School meals be served on time to support medication



Children and Adolescents during the Paediatric Conference in Kampala, Uganda



Paediatric conference in South Sudan

Conducted annual regional performance review meeting for Global Fund regional Project

A two days' project Annual review meeting was held in Uganda to share updates of the project progress in the last one year of implementation. The review meeting brought together 64 stakeholders who included; delegates from the Ministries of Health in the seven countries (Malawi, Uganda, Tanzania, Burundi, Ethiopia, Nigeria and South Sudan), the CCM representatives, implementing partners and ANECCA Project Officers in the 7 countries.



Stakeholders have a photo opportunity at the Annual Regional performance review meeting



Stakeholders during the regional review meeting

Conducted national TOTs on care and support of adolescents living with HIV

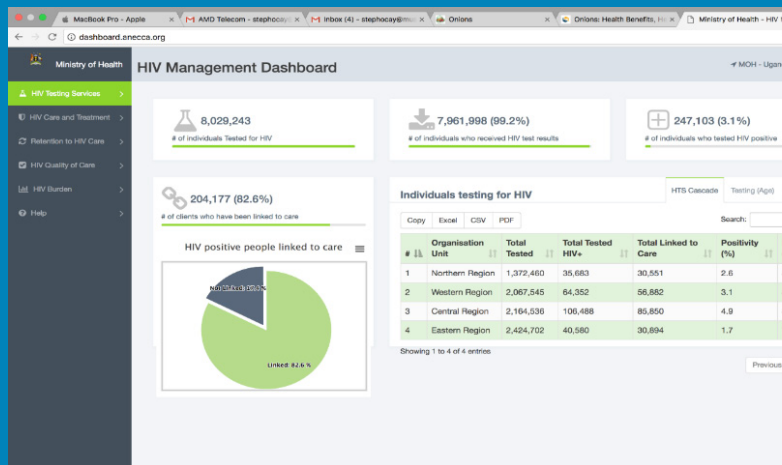
ANECCA with funding from UNICEF Uganda designed an HIV performance monitoring dashboard for national and sub national levels. The dashboard is expected to be used for performance tracking and measurement to enable stakeholders and service providers to assess progress towards achieving the desired goals of eliminating HIV in the country.

The main objective of the activity was to design and pilot a real-time performance monitoring dashboard for selected indicators on comprehensive HIV/AIDS care. Together with a

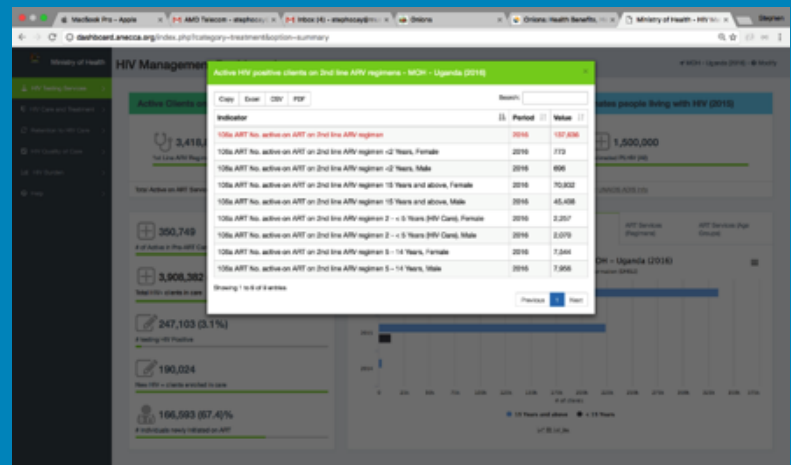
team from the Ministry of Health, the dashboard was piloted in Jinja District at both the DHO's office and at major health facilities and these included Jinja Regional Referral Hospital, Busede HC III, Kakaire HC III, Mpumudde HC IV and Jinja Central HC III. Comments and recommendation from the health facilities were integrated into the final dashboard that is deployed on www.dashboard.anecca.org. The dashboard is awaiting takeover and expansion of the indicators by the Ministry of health.

ANECCA with funding from UNICEF Uganda designed an HIV performance monitoring dashboard for national and sub national levels to be used for performance tracking & measurement

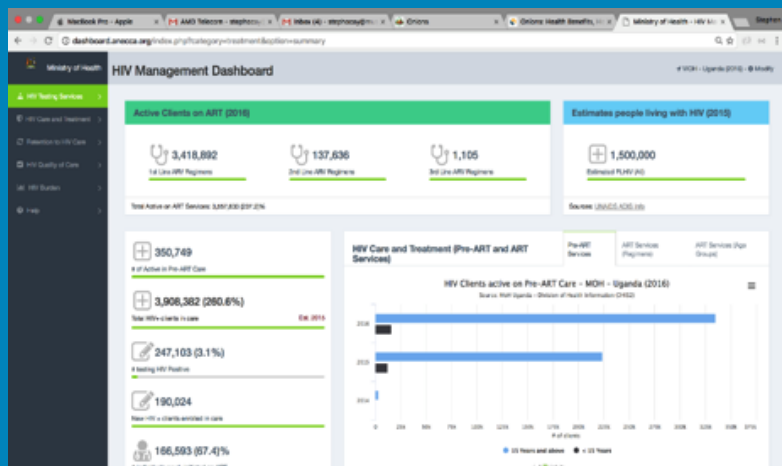
Sample Images of the dashboards



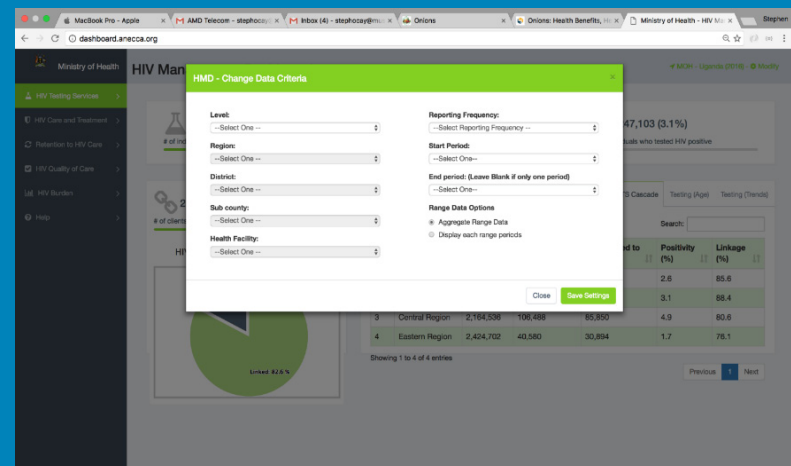
HIV Testing Services Dashboard Summary



Detailed view of 2nd Line ARV regimens summary



HIV Care and Treatment main summary page



Filter Levels for various sub national levels

Pretesting of the dash board at the DHO's office in Jinja and Busede Health Centre III



Conducted Civil Society Organization Orientation in Psychosocial Care and Services for children affected by HIV

ANECCA conducted an orientation workshop of Civil Society Organizations and Networks of People Living with HIV in PSS Care and Counseling for Children and Adolescents Living with HIV as part of the commitment to engage in countrywide scaling up of PSS Care and Counseling services for Children and Adolescents.

The result will be strengthened advocacy and comprehensive programming for PSS Care and Counseling for HIV infected Children and Adolescents, considering that the referral pathway will comprise of both government and non-government service providers



Participants demonstrating their life experiences

with improved knowledge and competencies around PSS Care and Counseling for Children and Adolescents. Over 150 participants from



Dr. Denis Tindyebwa, the ANECCA Executive Director giving his remarks at the meeting

79 CSO's have been oriented from four African countries including Uganda, Malawi, Ethiopia and South Sudan.

ANECCA supported Cross Site Intercountry visit to learn and share experiences on innovative approaches and best practices in Paediatrics and Adolescent HIV care

ANECCA supported cross-site intercountry visits to learn and share experiences on innovative approaches and best practices in Paediatrics and Adolescent HIV care. A team from the Nigeria Federal Ministry of Health visited Uganda on a study tour in the Ugandan Health facilities in Lira and Moroto districts.

The Nigerian Team that undertook the study tour was led by the National HIV/AIDS & STIs Control

Programme (NASCP) Coordinator. Other members of the Nigerian team included;

- ⌚ Consultant Pediatrician, FMC Gombe- member National ART Task Team
- ⌚ State AIDS Programme Coordinator, Benue State
- ⌚ State ART site Coordinator, Enugu State and
- ⌚ ANNECA Project Officer- Nigeria



Delegates from Nigeria with Officers from Uganda Ministry of Health

The objectives of the study tour were ;

- ⌚ To engage Ugandan Ministry of Health AIDS/ STD Control Program on the development of policy and implementation of Adolescent Friendly Health Services (AFHS) in their country
- ⌚ To have first-hand knowledge of AFHS in selected public health facilities in Uganda
- ⌚ To adopt and implement best practices in AFHS in Nigeria

The team visited Lira Regional Referral Hospital, Moroto Regional Referral Hospital and below were the lessons learnt;

- ⌚ Strong evidence of leadership by the government
- ⌚ Partnership and collaboration at national and regional levels
- ⌚ Strong support from the health facility management It doesn't have to be big, start with whatever you have to achieve what you want
- ⌚ Team work at AFHS centers
- ⌚ Peers involvement and ownership of AFHS
- ⌚ Ease of Access to health services by Adolescent
- ⌚ Good linkage practice at AFHS centers

Workshop on Evidence- informed planning and monitoring for the ALL IN Country Assessment.

Following phase 1 and phase 2 assessment of adolescent services in Uganda using the ALL-IN Framework that had been conducted in the previous year, ANECCA partnered with UNICEF and facilitated the Ministry of Health Uganda in the development of a multisectoral national plan of action for Adolescent HIV program implementation. Institutions that participated in the meeting for developing national plan for action included; Line ministries – Ministries of Health, Education, Gender, Labour and Social Development and the Justice Law and Order Sector (JLOS) as policymakers, planners and managers; the United Nations Joint Team



Presentation by the Consulting Team

(UNJT) – including UNICEF, WHO, UNAIDS and UN women; implementing partners, Civil Society, as well as representatives of youth led and youth



ANECCA ED giving opening remarks

service organizations including representatives of adolescent networks.

CHALLENGES AND WAY FORWARD

Challenges	Way forward
ANECCA continues to face challenges of funding especially to support the West African sub-secretariat and to support the countries in that region for improved quality of services for children and adolescents.	ANECCA continues to explore opportunities for supporting all countries on the continent for healthy children and adolescents.



ANECCA supports the **improvement** of the **quality**
of **life** for **women, children, adolescents**
and **young adults** in **Africa** through supporting
innovation and augmenting emerging best practices in health



FINANCIAL MANAGEMENT AND PERFORMANCE

AFRICAN NETWORK FOR THE CARE OF CHILDREN AFFECTED BY HIV/AIDS STATEMENT OF INCOME AND EXPENDITURE FOR THE PERIOD 1st JULY 2016 TO 30th JUNE 2017

	2017 US\$	2016 US\$
INCOME		
Grant Income	1,609,096	1,251,029
Other Income	<u>166,448</u>	<u>50,887</u>
TOTAL INCOME	<u>1,775,544</u>	<u>1,301,916</u>
EXPENDITURE		
ANECCA Office operational expenses	179,362	28,974
Program expenses-UNICEF	162,847	313,434
Program expenses- Global Fund	<u>1,990,595</u>	<u>469,120</u>
TOTAL EXPENDITURE	<u>2,332,803</u>	<u>811,528</u>
Foreign exchange gain/(Loss)	20,524	2,392
Surplus/Deficit for the year	<u>-577,783</u>	<u>492,780</u>

**AFRICAN NETWORK FOR THE CARE OF CHILDREN AFFECTED BY HIV/AIDS (ANECCA) STATEMENT OF
FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2017**

		2017	2016
		US\$	US\$
ASSETS			
Non-current assets		<u>7,791</u>	<u>10,347</u>
Property and equipment			
Current assets			
Accounts receivable and other receivables		10434	26,074
Cash and bank balances		<u>1,690</u>	<u>477,136</u>
Sub-Total		<u>12,124</u>	<u>503,210</u>
TOTAL ASSETS		<u>19,915</u>	<u>513,647</u>
LIABILITIES AND FUND BALANCE			
Fund balance		<u>-83,716</u>	<u>494,066</u>
Liabilities			
Accounts payable		<u>103,631</u>	<u>19,581</u>
TOTAL FUND BALANCE AND LIABILITIES		<u>19,915</u>	<u>513,647</u>

ANECCA LEADERSHIP AND STAFF

BOARD MEMBERS

Name	Country	Designation
Prof. Philippa Musoke	Uganda	Chair of the Board of Directors
Dr. Angela Mushavi	Zimbabwe	Vice Chair of the Board of Directors
Prof. Brian Eley	South Africa	Founder member
Ms. Aggie Asiimwe- Konde	Uganda	member
Dr. Augustine Massawa	Tanzania	Founder member
Dr. Chipeco Kankasa	Zambia	Focal Person for ANECCA in Zambia
Dr. Ngagne Mbaye	Senegal	Head of sub-regional secretariat, coordinating ANECCA activities in West Africa
Dr. Regina Oladokun	Nigeria	Member
Mr Sam Bakika	Uganda	Member

SENIOR MANAGEMENT

Name	Country	Designation
Dr. Denis Tindyebwa	Uganda	Executive Director

FINANCE AND ADMINISTRATION TEAM

Name	Country	Designation
Ms. Winnifred Rugumambaju	Uganda	Finance and Administration Manager
Ms. Nambafu Violet	Uganda	Finance Officer
Ms. Namwase Esther	Uganda	Administrative Assistant
Ms. Nalubega Olive	Uganda	Administrative Assistant

PROGRAM IMPLEMENTATION TEAM

Name	Country	Designation
Dr. Iriso Robert	Uganda	Programme Coordinator
Ms. Rosemary Nasaba	Uganda	Programme Officer
Mr. Joseylee S. Kasule	Uganda	Monitoring, Evaluation and Learning Officer
Dr. Dhour Andrew	South Sudan	Project Officer
Dr. Treza Mphwatiwa	Malawi	Project Officer
Dr. Miraji Chaih	Tanzania	Project Officer
Dr. Ojoh Vincent	Nigeria	Project Officer
Dr. Zelalem Derseh	Ethiopia	Project Officer
Dr. Gashubije Longin	Burundi	Project Officer

ANECCA PARTNERS



The Global Fund
To Fight AIDS, Tuberculosis and Malaria



MINISTRY OF HEALTH



unicef

African Network for Care of Children Affected by HIV and AIDS [ANECCA]

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