



# ANNUAL REPORT

2017/18



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# Acronyms

<b>ADPs</b>	AIDS Development Partners
<b>ANECOA</b>	African Network for the Care of Children Affected by HIV/AIDS
<b>ART</b>	Anti-Retroviral Therapy
<b>CCM</b>	Country Coordinating Mechanisms
<b>CATS</b>	Community ART Treatment Supporters
<b>CSOs</b>	Civil Society Organizations
<b>DGHS</b>	Director General of Health Services
<b>DHO</b>	District Health Officer
<b>eMTCT</b>	Elimination of Mother to Child Transmission
<b>GLOBAL FUND</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HIV</b>	Human Immunodeficiency Virus
<b>MoH</b>	Ministry of Health
<b>OVC</b>	Orphans and other Vulnerable Children
<b>PEPFAR</b>	The U.S. President's Emergency Plan for AIDS Relief
<b>PSS</b>	Psychosocial Care and Support
<b>SRH</b>	Sexual and Reproductive Health
<b>TA</b>	Technical Assistance
<b>TOT</b>	Training of Trainers
<b>UAC</b>	Uganda AIDS Commission
<b>UNICEF</b>	United Nations International Children's Emergency Fund

On behalf of the ANECCA Board, I am pleased to share with you an account of key accomplishments of ANECCA during the period 2017/18. The year 2017/18 exposed ANECCA to many learning phenomena. These include strengthening, lobbying and advocacy strategies for ensuring that Ministries of Health provide support towards ending paediatric and adolescent AIDS. Although there has been a commendable level of achievements during the year, there has also been some challenges encountered, which included; limited funds to effectively strengthen regional HIV&AIDS interventions; as well as inadequate commitment of members because their other competing responsibilities.

In order to reduce the long term impacts of these challenges, ANECCA Board started the review of ANECCA position in line with global trends. This was started with review of the previous ANECCA strategic plan and embarked on the new 5-year strategic plan 2017-2022. In this regard, I humbly take this momentous opportunity to appreciate all the partners who supported ANECCA during the year in various capacities. In particular, I would like to thank the GLOBAL FUND, Ministries of Health, including MOH Uganda, and UNICEF Uganda. Appreciation is also extended to all the CCMs and stakeholders in the many countries where we have worked throughout the year in various capacities to ensure that children and adolescents are not lagging behind as HIV interventions are scaled up.

I would like to further enlist your continued support to ANECCA as we continue working together for better health for children and adolescents in Africa.

*Prof. Philippa Musoke*

**Board Chair person**

## Message from the Board Chairperson



## Executive Director's Message



I am delighted to share with you ANECCA's achievements presented in this 2017/18 annual report. It is one thing to achieve on project results and another - to consistently attain an A1 rating in the management of a grant. It was gratifying and encouraging to achieve both this year as we implemented the Global Fund regional project across seven countries in Africa.

As part of efforts to strengthen capacity of providers for paediatric and Adolescent HIV services, we conducted Training of Trainers (TOTs) on counselling and psychosocial support at regional level and in Burundi, Tanzania and Nigeria in addition to orienting Civil Society Organizations in 3 countries on Psychosocial Care for children affected by HIV. We also supported HIV infected children and adolescents and their health/social workers to share their experiences various national conferences. ANECCA supported Cross Site intercountry visits for delegates from Nigeria's Ethiopia and Uganda to learn and share experiences on innovative ways of providing integrated and adolescent friendly services in other countries.

I thank the Global Fund for the grant, the Country Team in Geneva for easing implementation and most of all the Country Coordinating Mechanisms (CCMs) of the seven countries for the oversight they rendered to the regional program. I appreciate UNICEF for supporting ANECCA to provide technical assistance to Uganda's Ministry of Health AIDS Control Program on PMTCT, Paediatric and Adolescent HIV care, and to health care providers in Karamoja region to improve laboratory services for Early Infant Diagnosis (EID).

ANECCA recognizes the Paediatric and Adolescent HIV Unit for the excellent working relationship that has strengthened the National HIV Response. ANECCA continues to work on her mission of improving access to quality and comprehensive HIV prevention, care, treatment and support for children in Africa integrated within the broader maternal and child health framework. I thank USAID JSI and the AIDSfree project that supported printing of the Handbook on Counseling and Psychosocial support for children and adolescents affected by HIV.

As we implement in the following year, we will continue to establish strategic partnerships geared towards ensuring healthy women, children and adolescents, and indeed entire families across Africa.

*Dr. Tindyebe Denis*  
**Executive Director**

# ■ Executive Summary

**This report presents the various outputs that were achieved by ANECCA during the financial year 2017/18.**

Achievements during the year; ANECCA:

Supported the revision of the ANECCA Psychosocial Care and Counseling for Paediatric and Adolescents curriculum by the Ministries of Health in Uganda and in Tanzania

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Developed a handbook and a pocket guide on Counselling and Psychosocial support for children and adolescents living with HIV. .

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supported Uganda's Ministry of Health to launch the impact evaluation of the PMTCT program,

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Supported the Ministry of Health in Uganda to validate the National eMTCT Program.

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Supported the development of the HIV Community Strategy with elements of HIV and linked to the broader health strategy in Uganda.

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Trained health care providers in Counseling and Psychosocial care and support in Burundi, Tanzania, and Nigeria.

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Oriented Civil Society Organizations (CSOs) in psychosocial care and support in 4 countries of Burundi, Ethiopia, Tanzania and Nigeria.

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Supported HIV infected children and adolescents to share experiences during various national conferences

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Updated and printed the ANECCA handbook on Paediatric AIDS in Africa (version 2017)

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Supported the development and launch of the Point of Care (POC) Testing Policy and Implementation guidelines and facilitated its dissemination in Karamoja region.

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Supported Ministry of Health Officials to visit other countries to learn best practices in programming for adolescent-responsive HIV prevention, care and support.

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Supported a National HIV Stakeholders Meeting in Uganda that was attended by over 500 participants from all districts.

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Supported the HIV/AIDS target setting at national and sub-national levels in Uganda

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# About ANECCA

The African Network for the Care of Children Affected by HIV/AIDS (ANECCA) is a network of clinicians and social scientists across Africa working to improve the quality of health care services for women, children, adolescents, young adults and their families in Africa by strengthening the RMNCAHN platform. ANECCA provides technical assistance to Ministries of Health, designs and implements health projects, produces resource materials for health care providers, and catalyzes innovations to respond to health needs of children, adolescents and their families. It has built capacity of over 10,000 health workers and improved the lives of over 30,000 children and adolescents across Africa. ANECCA is a not-for-profit non-governmental organization registered in Uganda,

Tanzania, Ethiopia, Burkina Faso, Niger and Nigeria. It has its headquarters in Kampala, Uganda, a sub-regional secretariat in Dakar, Senegal to coordinate projects in French-speaking West and Central African countries and has focal persons in 22 countries. ANECCA has partnered and worked with various ministries of health in the region, 14 international and national level organizations involved in HIV programming and service delivery, and national paediatric associations in East, Central, Southern and West African countries. This success has generated demand for ANECCA's services by various direct beneficiaries, partner and collaborating organizations; government and donor funded programs.

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For over 17 years, ANECCA has provided technical assistance to Ministries of Health in 22 countries in Africa. ANECCA is renowned for supporting African countries to strengthen their technical capacity in scaling up paediatric and adolescent HIV/AIDS prevention, care, treatment and support programs

## OUR WORK METHOD

Training of health care service providers by:

Conducting training needs assessments to identify skills gaps and prioritize training 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 program 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.

Development, production, dissemination and promotion of use of key resource materials for children and adolescents affected by HIV/AIDS in order to improve service delivery.

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

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





## VISION

Healthy women, children and Adolescents in Africa



## MISSION

To improve quality and comprehensive health and HIV services for women, children and adolescents by strengthening the maternal, new-born, child and adolescent health platform through partnerships.

## CORE VALUES

Value	What we stand for
<b>Caring</b>	We are concerned and responsive to the felt needs of women, children, adolescents and young adults at all times in everything we do.
<b>Accountable</b>	We are responsible, justify our actions and decisions to all our stakeholders for the resources and services we use.
<b>Respect</b>	We treat all people with dignity, courtesy and value their contributions regardless of gender, religion, culture and race
<b>Excellence</b>	We aim at exceeding expectations in everything that we do through innovation and continuous quality improvement
<b>Simplicity</b>	We seek to continually simplify and improve processes, procedures and activities

# Achievements of ANECCA in 2017/2018



**A Competence Based Training Manual  
for Health Care Providers in Paediatric and  
Adolescent HIV Psychosocial Care and Counseling**

Participants Manual  
Final draft- 4.November.2017

- Adaptation of the ANECCA Psychosocial Care and Counseling for Paediatric and Adolescents curriculum by the Ministry of Health in Uganda



*Dr. Cordelia Katureebe (Coordinator ACP MOH) during the adaptation workshop*

Training mentorship tools were developed along with a revised and updated curriculum on Paediatric and adolescent Counselling and Psychosocial Care Curriculum. According to UDHS 2016, Karamoja sub-region is disproportionately underserved; with poor health and other social indices and therefore has become a priority region for strengthening HIV/SRH/TB services. In response, ANECCA conducted the first training of trainers (TOT) for Karamoja region using the adapted psychosocial care and support curriculum. .



## Development of handbook on Counselling and Psychosocial support for children and adolescents living with HIV

Through a partnership with AIDS Free, ANECCA developed a Handbook on Counselling and Psychosocial Care for Children and Adolescents Affected by HIV with the aim of equipping HCP with important information that will maximize resiliency, minimize risk factors, and promote positive personal growth of children and adolescents living with and affected by HIV. The handbook is written for HCP who provide counselling and psychological care of children

and adolescents. The handbook has information on HIV clinical care, growth and development, mental health, child protection, counselling, disclosure, loss-grief and bereavement, adherence, gender considerations, transition of care, sexual and reproductive health (SRH) and monitoring and evaluation of psychosocial services. The information provided in the handbook

## Evaluation of the National Program for prevention of mother to child transmission of HIV in Uganda

The Ministry of Health together with ANECCA organized a National stakeholder's meeting to create national awareness for the PMTCT impact evaluation, show the performance to date as well as the gaps and share an implementation plan of the PMTCT impact evaluation with national stakeholders. The meeting attracted participants from Ministry of Health (ACP, RH, MCH),

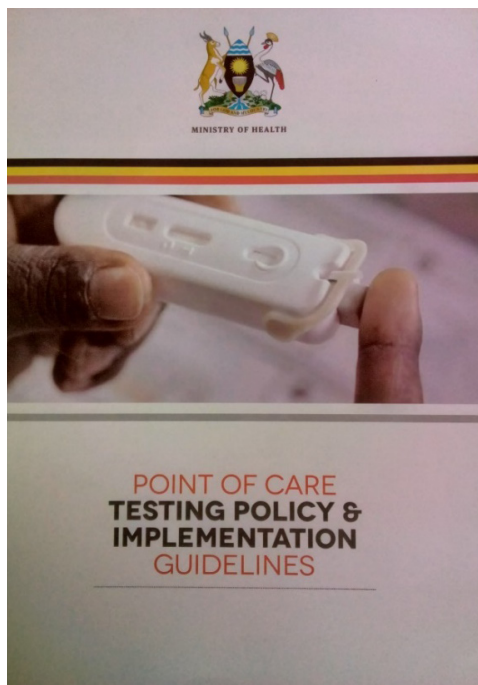
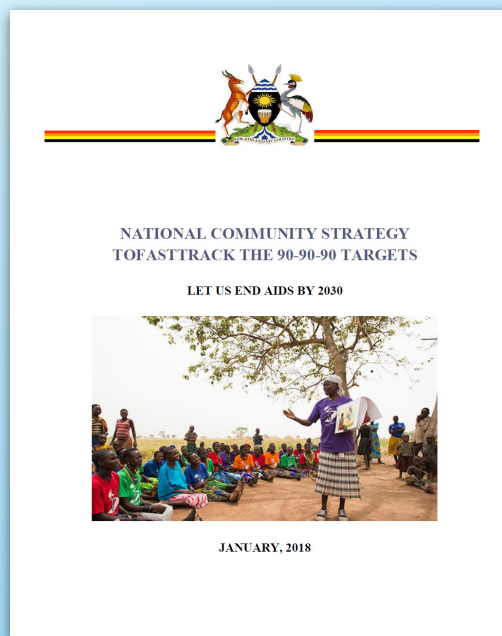
AIDS Development partners (PEPFAR, UN, CHAI), and DHOs from districts with participating study health facilities. Presentations showing the overview of the eMTCT program including the fact that progress has been made, over 86% reduction in MTCT, scaled up to 3242 facilities from 5 in 2000 and 845 in 2010 and MTCT has reduced to 1% by 6 weeks.



*Director General of Health Services MOH- Prof Anthony Mbonye launching the Evaluation study*

## ■ The National HIV Community Strategy

During the year, ANECCA supported the MOH to develop the National HIV Community Strategy and incorporated elements of HIV and linked to the broader health strategy in the country. Although the strategy is pending approval by MOH Senior management, the draft was however shared with stakeholders during the national eMTCT, Paediatric and Adolescent performance review meeting in May.



## ■ The Point of Care (POC) Testing Policy and Implementation guidelines

In order to address improved point of care and laboratory services, the scale up access to HIV testing and monitoring of clients in care and treatment, ANECCA supported Ministry of Health to develop the Point of Care Testing Policy and implementation guidelines. Over 2000 copies of the policy guidelines were produced and disseminated to stakeholders.



*Dr. Kirungi Wilford – Head of Strategic information MOH leading the sub-national HIV target setting process for Soroti and Karamoja Region*



## ■ Organized a National HIV Stakeholders Meeting with a theme “Last mile towards HIV epidemic control; Leaving no body behind”

The national HIV stakeholders meeting that was held May 2018 was convened with the aim of focusing on the progress of all efforts in the control of the HIV epidemic in Uganda. In line with the 90-90-90 UNAIDS strategy, the meeting was intended to share program updates, disseminate findings and review national program priorities.



Dr. Steve Okokwu, UNICEF

The three-day meeting was attended by over 500 delegates from all HIV stakeholders including AIDS Development Partners (ADPs), District Health Teams (DHTs), Implementing Partners (IPs), Civil Society, Uganda AIDS Commission (UAC), Adolescent groups, Regional Referral Hospitals (RRH), the Ministry of Health, among others.

*‘The Ministry of Health is committed to cascading the Presidential Fast Track Initiative down to the grassroots aimed at ending HIV by 2030’*

*Dr. Diana Atwine, Permanent Secretary Ministry of Health.*

## ■ Supported the HIV/AIDS target setting at national and sub-national levels

Tremendous progress has been achieved in the HIV epidemic response over the last 10 years. Uganda has committed to achieving HIV/AIDS epidemic control through the 2030 and 2020 fast track targets for adults and children respectively. The Ugandan Government has shown commitment to this cause through the multi-sectoral response, as well as the presidential fast track initiative. The epidemic response has been largely led by development partners that determine and allocate targets towards ending the epidemic to the implementing partners through the Country Operational Planning process. These targets have been in some cases refuted by the local and national response leadership, thus challenging implementation and slowing down progress.

As there has been growing need to do things differently, the public health response requires national target setting

towards epidemic control for strengthened leadership and accountability. Following application of various methods and models, the set national targets that would lead to epidemic control needed to be cascaded to the local level (region, sub-region, and district). With funding from UNICEF, ANECCA supported the MOH to set national and sub-national HIV targets

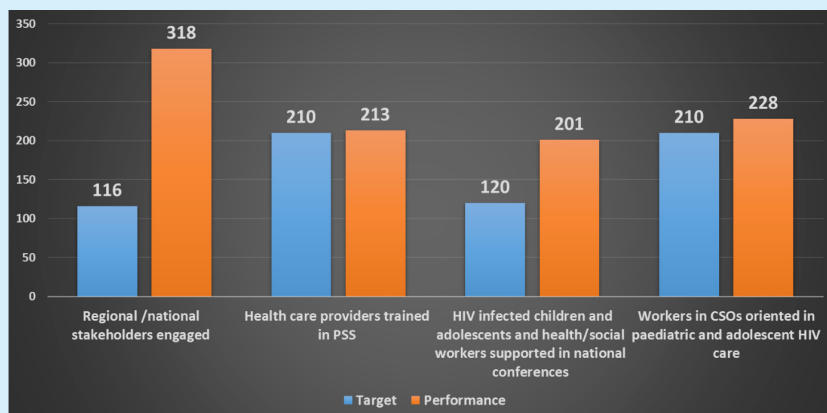


Mr. Aisu Steven- Senior Advisor, Uganda National Laboratory Services representing MOH during the POC Policy launch.



ANECCA conducted a training needs assessment for health care providers in Uganda, Malawi, South Sudan, Tanzania, Nigeria, Burundi and Ethiopia. The findings from the assessment revealed that there was a skill and knowledge gap among the healthcare providers to provide quality care and treatment for children and adolescents living with HIV. In order to address the gaps identified by the assessment, ANECCA has engaged different stakeholders, conducted psychosocial trainings, oriented CSOs in Psychosocial support as well as supporting children and adolescents living with HIV/AIDS attend national conferences to share experiences. The figure below shows the key outputs of ANECCA's interventions.

## ■ Performance on the key targets for the ANECCA-Global Fund regional project 2017/2018



Up to 318 Key Stakeholders were engaged by ANECCA in pediatric and adolescent HIV care and treatment at Regional and National Level. National Action Plans were also developed for Malawi, South Sudan, Nigeria, Ethiopia and Burundi. A total of 213 National trainers from the 7 countries have been trained in Psychosocial care and Support, each country represented by 30 participants. 228 participants from 118 Civil Society Organizations in 7 African countries were orientated in Psychosocial care and support for children and adolescents.

## ■ Updated the ANECCA handbook on Paediatric AIDS in Africa (version 2017)

The updated ANECCA handbook (version 2017) on pediatric AIDS in Africa was printed and distributed in 7 African countries namely; Uganda, Tanzania, Malawi, South Sudan, Nigeria, Burundi and Ethiopia. The handbooks were also disseminated in medical schools in Ugandan Universities including Busitema University, Makerere University and Uganda Christian University. Over 1600 copies of the French version of the handbook were distributed at the ICASA conference in Ivory Coast.



## ANECCA supported Ministry Officials in intercountry learning visits

In line with cross site intercountry learning visits, delegates from Uganda and Ethiopia were supported to visit Zimbabwe and Ugandan health facilities respectively to learn and share experiences on adolescent health services.

### Ethiopian delegation visits Uganda health facilities

The visiting team had an opportunity to understand the policy framework under which the MOH – Uganda offers adolescent health services. They visited Gulu and Lira Regional Referral Hospitals to appreciate how they are translated into practice and identify best practices to input into their strategic plans to improve adolescent health care in Ethiopia. SUSTAIN - USAID the Implementing partner supporting the two regional referral hospitals made presentations to the team.

### Lessons learned and Action Plans

To set up adolescent health services which respond to their needs, the MOH should have clear strategic objectives which are detailed in all sectoral strategic plans. All decisions should be data driven and responsive to observed needs.

- i. Involvement of the health facility top management is essential for successful implementation of the adolescent health care services.
- ii. It is good practice to involve adolescents in the running of adolescent health care services whether general care or chronic HIV care.
- iii. To ease access, adolescent one stop health care points should have a number of services offered therein but

more especially management of common adolescent illnesses, SRH, HIV prevention services and effective referral and linkage mechanisms for other health services and other non-medical services.

### Uganda delegation visit Zimbabwe

The purpose of the visit was ;

- i. To learn key implementation modalities and models for psychosocial care and support in HIV programming
- ii. Zvandiri Community ART Treatment Supporters (CATS) model to differentiate services for adolescents in the communities.
- iii. To learn how the model uses OVC platform to support ART retention and adherence for children and adolescents

### Action Plans based on the cross site inter country visit

- Constitute Technical working groups and hold meetings to review existing policy frameworks and guidelines to situate the CATS model
- Adapt the Zvandiri model to suit Uganda's landscape
- Continue to engage the Zimbabwe team including Africaid for possible provision of Technical Assistance to Uganda
- Pilot the adapted Zvandiri model in a few regions and learn lessons before national scale up



*Ugandan Officials supported by ANECCA to visit Zimbabwe*



## ■ 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 2017 TO 30th JUNE 2018

	2018	2017
	US\$	US\$
INCOME		
Grant Income	2,071,706	1,611,896
Other Income	7,086	166,448
TOTAL INCOME	2,078,792	1,778,344
EXPENDITURE		
ANECCA Office operational expenses	(99,025)	(179,109)
Program expenses-UNICEF	(729,731)	(162,847)
Program expenses- Global Fund	(1,084,839)	(2,000,532)
TOTAL EXPENDITURE	(1,913,595)	(2,342,488)
Foreign exchange gain/(Loss)	10,402	(20,049)
Surplus/Deficit for the year	175,599	(584,193)

\*This an unaudited financial report. The audited set shall be posted on our website once the audit is concluded

**.AFRICAN NETWORK FOR THE CARE OF CHILDREN AFFECTED BY HIV/AIDS  
(ANECCA) STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE  
2018**

	2018	2017
	US\$	US\$
ASSETS		
Non-current assets		
Property and equipment	6,194	7,791
Current assets		
Accounts receivable and other receivables	26,282	10,433
Cash and bank balances	107,344	1,694
Sub-Total	133,626	12,127
TOTAL ASSETS	139,820	19,918
LIABILITIES AND FUND BALANCE		
Fund balance	91,885	(83,714)
Liabilities		
Accounts payable	47,935	103,631
TOTAL FUND BALANCE AND LIABILITIES	139,820	19,918

# ■ 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 Massawe	Tanzania	Founder member
Dr. Chipepo Kankasa	Zambia	Focal Person for ANECCA in Zambia
Dr. Ngagne Mbaye	Senegal	Head of sub-regional secretariat, coordinating ANECCA activities in West Africa
Prof. 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





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

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MINISTRY OF HEALTH

