



ML-Uganda

Serving the world's poor.

MISSING LINK UGANDA

ANNUAL REPORT

FINANCIAL YEAR

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Program Manager's Message



This report covers our activities for the period January to December 2011 in which the organization is actively seeking to fulfill its vision and mission. It highlights the organisation's achievements and also reflects on areas that need improvement.

The year 2011 has seen increased economic hardships in Uganda due to sky rocketing commodity prices including fuel and food. This has made it practically difficult for already poor and vulnerable families to survive during these economic times.

Increased vulnerability means more young people are likely to drop-out of school and resort to risky sexual activities to survive. Throughout 2011, ML-Uganda has remained faithful to reaching the most vulnerable and most at risk children and youth with information to make informed choices, skills to maintain healthy lifestyles through empowerment and education. We have continued to provide youth friendly information,

services and skills training to adolescents and youth that engage in risky sexual behaviours and reproductive health problems including HIV/AIDS.

From the stories of young people that have benefited from ML-Uganda that we have heard throughout 2011, we are reenergized to continue to pursue the cause for empowerment of young people. We acknowledge the need to support the creation of a supportive environment at national and community levels, to empower parents to take on their parenting role, communities to support families and government to enact and enforce laws and policies that protect and promote the welfare of children and youth.

I would like to extend sincere and warm gratitude to our Board and all stakeholders that contributed so much to our mission.

I would like to also acknowledge the tireless efforts of the staff, without whom these great achievements would not be attained

A handwritten signature in blue ink, appearing to read 'S. Mukabire'. The signature is stylized and fluid.

Siraje Mukabire
PROGRAM MANAGER

1.0 ABOUT MISSING LINK UGANDA

1.1 Who we are:

Missing Link Uganda (ML-Uganda) is a local civil society organisation in Uganda that was founded by HIV positive people in 2007. It decided on a general name to avoid stigma and discrimination and also to gradually illustrate to people that 'positive people can be a positive force for development of their communities'.

ML-Uganda supports community-based approaches that are turning the tide of HIV/AIDS in Uganda. It also provides care to vulnerable men and women who are ill and struggling to survive; assists orphans and other children affected by HIV and other vulnerabilities. The organisation reaches heroic caregivers who single-handedly care for people living with HIV/AIDS and their orphans. It then supports, sustains and builds the capacity of these people. We also assist people with disabilities to advocate for their rights. Since 2007 ML-Uganda has implemented community-level initiatives/projects in many districts of Uganda.

ML-Uganda has a rolling staff of 10 people and over 40 regular Community Based Volunteers. ML-Uganda supports community-based approaches that are turning the tide of HIV/AIDS in Uganda. They provide care to vulnerable men and women who are ill and struggling to survive; assist orphans and other children affected by HIV and other vulnerabilities; reach heroic caregivers who single-handedly care for people living with HIV/AIDS and their orphans and supports, sustains and builds the capacity of people living with HIV and AIDS, women, people with disabilities to advocate for their rights. We also offer a comprehensive package for rural communities which include; OVC support, HIV counseling and testing (HCT), sensitization on abstinence to schools and the youth out of school, Prevention of mother to child transmission of HIV, encouraging formation of anti AIDS clubs in communities and schools, among others.

1.2 Our Vision:

‘An empowered community able to take care of the most vulnerable and ensures high standard quality of life for all and sustainable development’

1.3 Our Mission:

To strengthen the capacity of local communities to respond to the causes and impacts of diseases, human rights abuse, famine, poverty and other forms of vulnerability and hence promote improved life in a holistic approach.

1.4 Core Values:

- Compassionate;
- Integrity;
- Accountability;
- Responsibility

1.5 Goal:

To contribute to the government's and other body's efforts to the reduction and control of STD/HIV/AIDS infections and other diseases, poverty, natural calamities and human rights protection.

1.6 Specific Objectives:

- To reduce the transmission rate of STD/HIV/AIDS and its impacts by increasing HIV/AIDS knowledge, communication and relationship skills in communities.
- To improve the welfare of the communities through initiation of programmes geared towards gender equity, peace and reconciliation and self-help projects/activities.
- To address the problem of stigmatization, discrimination, provide care and support to people affected by HIV/AIDS in affected communities.
- To establish basic primary health care programmes aimed at improving the health status and welfare of the community.
- To carry out programmes that promote sustainable integrated agriculture among rural communities.
- To build the capacity of local communities to respond to the causes of vulnerability so as to improve their livelihood.

- To advocate for and address the plight of youth, women, people with disabilities (PWDs), people living with HIV/AIDS (PLWAs), orphans and vulnerable children (OVC), and other vulnerable groups.
- To advocate for the rights of youth, women, people with disabilities (PWDs), people living with HIV/AIDS (PLWAs), orphans and vulnerable children (OVC), and other vulnerable groups.
- To promote safe motherhood interventions in Uganda

2.0 HIV/AIDS: FACTS ABOUT UGANDA

- HIV prevalence has stagnated at 6.4% (National HIV/AIDS Strategic Plan, 2007/8-2011/12)
- 135,300 new infections annually of whom 19,500 are youth and children (UHSBS, 2005).
- 940,000 people living with HIV/AIDS, 140,000 are youth and children (Ministry of Health, 2009)
- 78,000 deaths were reported annually (UNAIDS and Ministry of Health, 2009).
- Most the 2.3 million orphans are a result of HIV/AIDS (NSPPI 2004/5-2008/9)
- 60% of children and youth living with HIV/AIDS are in need of ART without which they will die before 2 years of age (National HIV/AIDS Strategic Plan, 2007/8-2011/12)
- 1 out of 3 youth that need ART receive it
- ART for youth and children is still largely urban centered
- 90% of the children get HIV through MTC transmission (MOH PMTC Policy)
- Most health workers have inadequate knowledge and technical skills of HIV/AIDS in children and youth

HIV/AIDS is having devastating impact on the world's youngest and most vulnerable citizens. Since researchers first identified HIV/AIDS 20 years ago, more than 21.8 million people around the world have died from the disease. An estimated 42 million people are living with HIV today, including almost 3 million children under age 15. HIV infects an additional 16,000 people every day, in 2003 alone it is estimated 5 Million people were infected with virus globally.

The HIV/AIDS epidemic in sub-Saharan Africa has already orphaned a generation of children and now seems set to orphan generations more. It is estimated that nearly three quarters of the world's people living with HIV/AIDS live in Sub-Saharan Africa.

2.1 Sub-Saharan Africa

- More than 11 million Children under the age of 15 in Sub-Saharan Africa have lost atlist one parent to HIV/AIDS, 34 million Children have been orphaned over all.
- 8 % of all the world's children orphaned by HIV/AIDS reside in Sub-Saharan Africa
- The percentage of the region's Orphans whose parents died from HIV/AIDS increased from 3.5% in 1990 to 32% in 2001

2.2 Uganda and HIV/AIDS Success Story!

Uganda has been widely hailed as Africa's showcase for HIV/AIDS management programmes. Ten years ago the Ugandan government set up centres dedicated to HIV research and treatment to find ways of dealing with the epidemic. This atmosphere of openness and political commitment created high levels of awareness about HIV and its prevention throughout the population.

This success story has been heavily criticized, but facts on ground indicate the HIV prevalence rate has gone down. This has been so because of the Government policy of openness about the epidemic together with other stakeholders most especially NGO's, FBO's and CBO's.

2.3 HIV Education and Awareness

“Young people are at high risk for HIV and other sexually transmitted Diseases. The only way to change the course of HIV epidemic is to stop young people getting infected”.

2.4 Prevention

With no cure or vaccine in sight for the last 20 years, prevention as a social vaccine is a very important area to focus on in preventing the further spread of HIV/AIDS. The vast majority of people do not have HIV/AIDS and we can still do much to ensure that they stay safe. Though Uganda’s HIV/AIDS prevalence rate has drop from 30% to 6% this does not mean relaxation in interventions to scale down the prevalence rate.

Missing Link Uganda is one of a few child and youth focused faith based NGO's in Uganda involved in HIV/AIDS education focusing on young people ages 12-25 years. Our risk reduction program is designed to equip young people in primary and secondary schools with more information on HIV/AIDS to make informed and responsible choices on their lives. This program also is also designed to educate out of school youth about the dangers of contracting HIV and how to avoid it.

The table below shows the services provided per service point.

Achievement summary	No. Reached Male	No. Reached Female	Masese 1	Masese 11	Walukuba
Treatment of STIs	0	439	156	191	69
Seprin Prophylaxis	0	4	0	3	1
Treatment of other infections	0	324	76	203	45
Family planning methods and counseling	0	31	9	20	2
Counseling on reproductive health	0	505	127	298	80
Post abortion care	0	5	4	1	0
Condoms distribution and demonstration	0	444	141	268	35
Voluntary counseling and testing for HIV	142	342	91	54	339
Referrals for further treatment	0	3	0	3	0
HCG pregnancy testing	0	26	8	15	3
Peer educators trained and supported to conduct peer education activities	0	50	20	20	10

3.0 STRATEGIES APPLIED BY ML-UGANDA IN ITS INTERVENTIONS

There are many different things we do to prevent the spread of HIV/AIDS. We will continue to ride on these strategies and even improve on them further.

- Educate young people to understand how HIV/AIDS is spread and what we can do to protect ourselves. UNAIDS 2004 epidemic report indicate young people ages 15-24 years old account for nearly half of the new HIV infections worldwide. They are the largest youth generation in history and need a protective environment, access to health and support services if they are to play their role in combating the epidemic.
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- We encourage young people to change their sexual behaviors by “ABSTAINING” from premarital sex and by encouraging young married people to be faithful to their partners as the only possible way to avoid HIV infections. Missing Link Uganda is currently distributing to students customized scholastic materials e.g. books and pens with a message (abstain from premarital sex”)
- Making everyone aware of the plight of those living with HIV/AIDS and their families, and work hard to promote openness and compassion to break down the stigma and silence surrounding HIV/AIDS and further support AIDS Orphans
- Encourage voluntary testing for all people to know their status. For those negative to begin living responsible lives to avoid the HIV infection and to encourage positive people to begin ARV medication and live a positive life.
- Establishment of HIV/AIDS clubs in schools
- Train more peer educators and facilitators in schools and communities.
- Social mobilisation of OVC caregivers to facilitate acquisition of skills and accessing to resources
- Home based HIV/AIDS care and support

- Enhancement of children participation and involvement in planning and in making decisions that affects them
- Targeting OVC households as opposed to individual children
- Training duty bearers to facilitate provision of quality and access to services
- Development of referral systems for complimentary services

3.1 Education is key

Research finds show that sex education and counseling do not encourage promiscuity among young people. Failure to educate them, in fact, may be a death sentence.

- Recent surveys in 17 countries on three continents found that more than half the adolescents surveyed could not name a single method of protecting themselves against HIV/AIDS.
- In sub-Saharan Africa, half the teenage girls surveyed did not realize that a healthy-looking person might be living with HIV/AIDS.
- Many young people do not see HIV/ AIDS as a personal threat. Almost two-thirds of sexually active girls 15 to 19 in Haiti told researchers they ran no risk of infection.
- Education in decision-making and negotiation skills, especially from peers, helps teens to protect themselves from unwanted sexual relationships, exploitation and violence, and to ensure use of condoms when they are sexually active.

4.0 STATEMENT OF FAITH

The work and activities of Missing Link Uganda are based upon and consistent with the following creed and beliefs:

- **Jesus Christ**

He is the head of the body, the church and the head of this organisation. God has set Jesus at His right hand in Heavenly places. He put all things under His feet and gave Him to be head over all things to the Church, which is the Body, the fullness of Him who fills all in all. (Eph. 1:20-23; 1Cor.1: 3; Eph.4: 15 and 5:23; Col.1: 18 and 2:10)

- **The Scriptures**

The Bible is the inspired word of God, the product of holy men of old who spoke and wrote as the Holy Spirit moved them. We accept the new covenant (Heb. 8:13), as recorded in the New Testament, as our infallible guide in matters pertaining to conduct and doctrine. (2 Tim. 3:16; 1 Thes.2: 13; 2 Pet. 1:12)

- **The God Head**

Our God is one, but manifested as the Father, the Son and the Holy Spirit. (Matt. 28:19). The Father is the Source of the Word. (John 1:14; 14:28; 16:28). The Son is the Word manifested in flesh, the only begotten of the Father and has existed with the Father from the beginning. (John 1:1; 1:14; 1:18). The Holy Spirit proceeds from both the Father and the Son and is eternal. (John 15:26)

- **Man – His Fall and Redemption**

Man is a created being, made in the likeness and image of God, but through Adam's transgression and fall, sin came into the world. Jesus Christ, the Son of God was manifested to destroy the work of the devil by giving His life and shedding His blood to redeem and restore man back to God. (Rom. 5:12; 3:23; 1 John 3:8)

- **The Gospel**

Jesus gave us the Great Commission: "Go into the entire world and preach the gospel to every creature." (Mark 16:15) "For I am not ashamed of the gospel of Christ, for it is the power of God unto salvation for everyone who believes." (Rom. 1:16) These signs shall follow those who believe: In my Name they will cast out demons... they will lay hands on the sick and they will recover." (Mark 16:17-18; Matt. 10:7-8)

- **Water Baptism**

Baptism in water is through full immersion and is a direct command of the Lord, for believers only. This ordinance reflects the spiritual reality of the Christian's identification with Christ in His death, burial and resurrection. (Matt. 28:19; Rom. 6:4; Col. 2:12; Acts 8:36-39) The following formula regarding the Water Baptism has been accepted: "Upon the confession of your faith in the Lord Jesus Christ, the Son of God and by the authority, I baptize you in the Name of the Father, the Son and the Holy Spirit."

- **Baptism in the Holy Spirit**

The baptism in the Holy Spirit is a gift from God as promised by the Lord Jesus Christ to those who are believers in this dispensation and is received subsequent to the New Birth. This experience is accompanied by the evidence of speaking in other tongues as the Holy Spirit gives utterance. (Matt.3: 11; John 14:16-17; Acts 2:38-39; 19:2-7; 1:8)

- **Sanctification**

The Bible teaches that without holiness no man can see God. We believe in the doctrine of sanctification as a definite, yet progressive grace, commencing from the time of regeneration and continuing until the consummation of salvation. (Heb. 12:14; 15:23; 2 Pet. 3:18; 2 Cor. 3:18; Phil.3: 12-14; 1 Cor. 1:30)

- **Divine Healing**

Healing is for the physical ills of the body and is wrought by the power of God through faith and the laying on of hands. It is provided for in the atonement of Christ and is the right of every member of the body of Christ today. (Mark 17:18; Jas. 5:14-18; 1 Pet. 2:24; Matt. 8:17; Is. 53:4-5)

- **The Resurrection of the Dead and return of Our Lord**

“The same Jesus who was taken up from you into heaven, will so come in like manner...” (Acts 1:11) When Christ returns, “...the dead in Christ shall rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air...” (Rev. 20:6)

- **Hell and Eternal Retribution**

The one who physically dies in his sins without Christ is hopelessly and eternally lost. He will be cast into the lake of fire with no further opportunity of hearing the gospel or of repentance. (Heb. 9:27; Rev. 19:20)

5.0 PROJECTS IMPLEMENTED BY ML UGANDA IN 2011

1. “My Friend with AIDS is Still My Friend”

Missing Link Uganda marked the World AIDS day marked on the 1st December 2011. In reference to our theme, majority of our activities focused on the care and support of people living with AIDS and AIDS orphans. We marked the day in Jinja together with other CSOs and partners in the district of Jinja.

Among the activities conducted by Missing Link Uganda on that day included providing of care packages to people living with HIV/AIDS and affected by AIDS, this included food, sugar, salt, soap, tea leaves, clothes and scholastic materials. We identified and visited 20 families badly affected by the AIDS epidemic, such as child headed households, elderly persons headed households and families of people living with AIDS.

We further visited Bugiri Orphanage, an orphanage with 46 total AIDS orphans, where we donated food, scholastic materials, and clothes. At the orphanage we had a lot of fun where we were entertained by the AIDS Orphans in music, dance, skits and an AIDS Drama.

We closed our activities with a HIV/AIDS awareness and prevention seminar at Jinja Parents Secondary School in Jinja, where we screened a movie on HIV/AIDS and the young people.

Similarly we had various presentations from Missing Link Uganda staff and by people living with AIDS. Students at Jinja Parents Secondary School were stunned by a testimony of an AIDS activist, Prima Ndeka who has been living with AIDS for the last 13 years, they had never seen a person confessing publicly that she was living with AIDS.

2. **Needy Student's Scheme:**

Under the needy Students scheme, ML-Uganda reduced its support from 50 students to 20 students in different secondary schools in Jinja district because of financial constraints.

However, these students are from different other districts though studying in Jinja. ML-Uganda has so far received many applications from various needy students. We hope we will be able to raise sufficient funds for this noble cause.

3. Emergency Relief:

In collaboration with various ministries, individuals and fellowships we were able to collect various used clothes which benefited many formerly internally displaced people in Northern Uganda and street children in Jinja district. Missing Link Uganda has in the past sent and is continuing to send emergency appeals to various donors to raise support in aid of the people affected by the 20 years civil conflict. We are looking for support in this area, we need used clothes, food, domestic utensils, plastic sheets, blankets, medicines, scholastic materials, garden tools and seeds to help the internally displaced persons.

4. Maternal Health and safe motherhood campaigns.

We held sensitization to encourage women go for antenatal services during pregnancy and to deliver in hospitals. As result we were able to see an increase in the number of mothers delivering in hospitals. The figure rose from 20% to 60%.

6.0 ONGOING PROJECTS:

The Missing Link Uganda is currently working on the following projects:

1. Behavioral Change Communication

Behavioral Change Communication (BCC) sessions have remained a cornerstone of ML-UGANDA efforts to enable children and youth adopt positive coping skills to change behavior from risky to healthy lifestyles. The sessions are organized in three ways: youth-led; these are prepared and delivered by young people with the support of a social/ health worker to facilitate sharing ideas and life experiences; Social worker led, delivered by a social worker, aimed at providing factual and accurate information and sessions led by an external facilitator aimed at sharing information of a specialty that ML-Uganda is not competent about for instance legal issues are facilitated by police officers and medical issues facilitated by guest medical personnel.

At every center, BCC sessions are conducted at least once a week reaching more than 50 children and youth with messages on topics related to ML-Uganda work, such as drug and substance abuse, HIV/AIDS, adolescent sexual and reproductive health gender and empowerment of girls, children's rights and responsibilities personal hygiene and life skills among others. These sessions are also conducted in the communities for young people who cannot come to the centers through community outreach dialogues. Through this approach, ML-Uganda has facilitated fora where young people learn from each other, access information and skills to protect themselves and live responsibly as well as share experiences about challenges they have experienced. Through this other young people have found healing in self-help peer groups that encourage sustained behavior change while others have developed regained self-worth and value for their lives.

2. Aids Orphans Community Care and Support Program:

ML-Uganda is currently supporting 24 AIDS orphans in Mafubira sub-county Jinja District under community based aids orphans care and support program (CBAOCSP). AIDS orphans under this program receive scholastic materials e.g. books, pens and pencils,

school fees, school uniform and a small domestic fund for upkeep. In future such orphans will also be able to receive medical care. Similar program are underway in other districts.

3. School Focused HIV/AIDS Awareness and Prevention Campaigns:

In the HIV/AIDS awareness and prevention campaigns, Missing Link Uganda has designed a special program for primary and secondary based students. This program is currently being conducted on weekends. ML-Uganda staff and volunteers share a message of HIV/AIDS through music, presentations based on the current Impact of HIV/AIDS in communities, drama, staff and volunteer testimonies and social interaction. This program is currently operation in Jinja district due to lack of transport and funds for upcountry travelling, feeding, accommodation, and allowances. We have apparently many invitations from many schools than we can afford to visit.

4. Peer to peer education

ML-Uganda has promoted the peer to peer prevention model that builds skills of adolescents and youth to reach out to their peers to participate in programmes at ML-Uganda. It is based on the philosophy that each young people can reach more than one other peers and positively influences them more than an adult or someone outside that peer group. They share the same characteristics and are therefore more in touch with each other and can easily communicate. It involves identifying and training peer educators and routinely supporting them to prepare, conduct and monitor peer education activities. After training they are highly involved in mobilising other young people, increasing awareness on issues that affect young people through sports, drama and dialogues.

7.0 OTHER PROGRAMME ACTIVITIES

7.1 Financial Audit

ML-Uganda hired Ms. Kiranda and Company Certified Public Accountants to audit the financial year January to December 2011. The exercise was done from January 20th to 24th February 2012 and a report produced. The report was good and has been discussed with ML-Uganda Board of Governors.

7.2 Monitoring and Evaluation

ML-Uganda was able to monitor all its interventions. monitoring tools were developed with indicators that show that a particular goal has been achieved. Monitoring visits were made and reports written and shared with key stakeholders. Monitoring was done on quarterly basis and a midterm evaluation carried out after every six months. At the end of the projects, an external evaluator was hired to evaluate the projects.

7.3 Capacity Building

All that ML-Uganda has achieved would not have been possible without the unwavering dedication and hard work of staff and volunteers at all levels. Throughout the year ML-Uganda prioritized building skills base of staff to design, implement, monitor and evaluate interventions to ensure evidence based approaches are integrated when dealing with young people's concerns.

7.3.1 Board meetings

Four meetings with the Board of Directors were held to discuss the strategic direction of ML-Uganda and to guide the senior management team on general organization management.

7.3.2 Staff capacity meetings

Four major training workshops were conducted for mid-level and field staff. They include:

- Evidence based programmes for young people facilitated
- Youth friendly services for young people
- Team building workshop
- STI and HIV/AIDS management

We have kept together a solid team that has contributed to the achievements earlier alluded to. We have had tremendous support from local volunteers, 1 International interns and 10 local interns.

8.0 BEST PRACTICES

- Technically guided trainings of OVC and their caregivers is a good practice for effective capacity building and skills as a means of sustainability
- Community outreach sites and household based HIV/AIDS services results in increased access
- Programmes with stigma reduction component highly attracts OVC caregivers to increasingly access HIV/AIDS services
- HIV/AIDS integrated programmes with referrals facilitates children and families to widely access services in rural areas

9.0 CHALLENGES

- Lack of reliable means of transport to reach out to beneficiaries and target population. This affected our activities as we could not reach all the planned areas in time.
- It was discovered that majority of children given birth by HIV positive couples were also HIV positive putting the entire generation at risk. This meant that there was little efforts geared towards prevention of mother to child-transmission (MTCT)
- Fear of self-disclosure for HIV positive mothers prevents children accessing HIV services
- Short-term funding curtails sustainability of HIV services to children, women and their households
- Low level involvement of males in HIV/AIDS, youth and OVC interventions affected smooth implementation.
- Poor/negative male attitude towards involvement in ANC and HCT services to support their partners.

10.0 LESSONS LEARNT

- When the implementation schedule is shared with everyone involved in implementation especially at the parish level, mobilization becomes easier.
- Comprehensive training of service providers helps to achieve better results.
- Male involvement in HIV related activities had greatly improved compared to the past through post test clubs and local leaders meetings. This has led to an increase in a number of couples coming for testing.
- Many beneficiaries demand for family planning services along side PMTCT service delivery.
- Communities highly appreciate the use of drama groups and PHAs in PMTCT community sensitization.
- Stigma is still a barrier to accessing HIV/AIDS or PMTCT services among OVC and caregivers
- Involvement of local leaders facilitates social mobilization among low literacy communities.
- Majority (75%) of OVC caregivers are female thus the program took consideration the AIDS gender dimension

11.0 WAY FORWARD: RECOMMENDED INTERVENTIONS FOR 2012

In reference to the above findings, Missing Link Uganda has come up with recommendations that need to be implemented as follows:-

- Strengthening public-private partnerships with supportive development partners so as to improve our interventions and for sustainability of ML-Uganda and its interventions.
- Strengthening the self-financing capacities of ML-Uganda and its local partners
- Scaling up integrated HIV/AIDS community based interventions that target households, youth and women.
- Further participation in international, national and local level networking and advocacy for further investment into the critical issues that affect children and youth, in particular labour and sexual abuse and exploitation, human trafficking, alcohol drugs and substance abuse and reproductive health problems including HIV/AIDS, Sexually transmitted infections, early and unwanted pregnancies and limited power to make informed choices.
- Continuous capacity building for our human resource to design, implement and document evidence based and good practices that can be scaled up to improve the services we offer to children and youth.
- Raise funds to support improvement of facilities scale up psycho-social support services to reach more communities and children/youth living outside the family and those abused and exploited within their families and communities.
- Improve socio-economic conditions of 25% OVC through increasing access and opportunities for livelihoods of OVC households
- Improve social welfare conditions for 20.8% OVC through enhancing empowerment of caregivers and communities to both provide and promote children rights
- Increase proportion of babies born to HIV positive mothers, who receive ARV prophylaxis from 5% to at least 80%.
- Ensure that 80% of children born to HIV positive mothers access ARVs for PMTCT

12.0 PARTNERSHIPS

We are grateful to the following partners who supported us to fulfill our mandate in 2011.

- District Local Government of Jinja
- Wakiso Community Development Agency (WACODA)
- Post Test and Discordant Couple Association
- District Health Centres (II and IV)
- Friends of ML Uganda
- African Human Rights Forum (AHURIFO)

13.0 FINANCIAL HIGHLIGHTS FOR FINANCIAL YEAR 2011

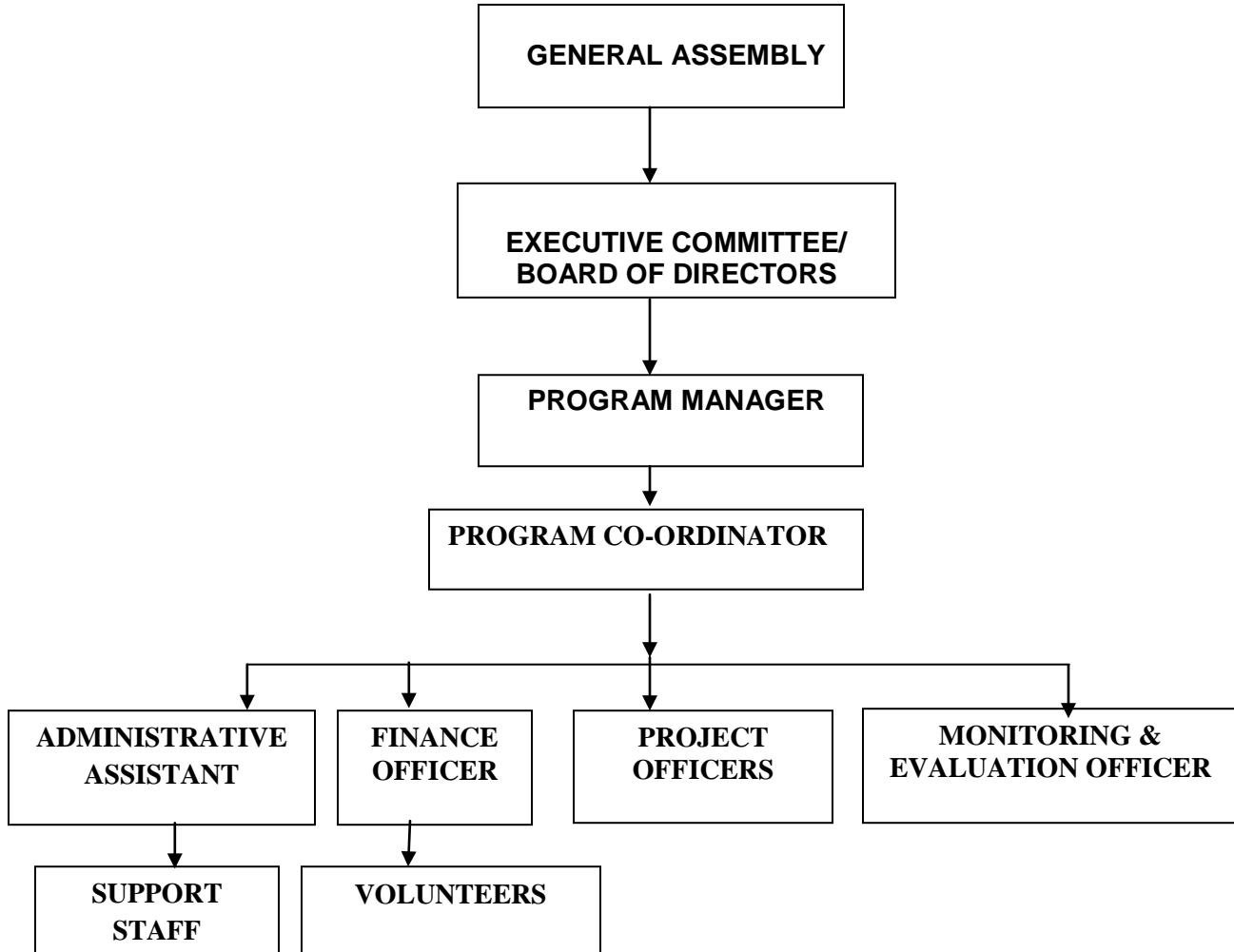
Funding/Revenue

Source	Revenue
Jinja District	UGX 10,000,000
Membership	UGX 20,000,000
Friends of ML-Uganda	UGX 50,000,000
In kind contribution-Venues, Transport, feeding of participants, etc	UGX 20,000,000

Expenditure

Activity	Cost in Uganda Shillings (UGX)
HIV/AIDS project, BCC, Orphanage care, Peer to Peer	17,780,000
Maternal Health and Safe motherhood	16,975,000
Administration-Salaries and wages	3,210,000
Traveling subsistence	3,600,000
Printing	21,644,000
Telephone and postage	1,344,500
Bank charges	1,764,500
Audit	500,000
Marketing	3,754,000
Electricity and Water	1,445,500
Stationery	1,850,000
News papers	1,875,000
Cleaning and sanitation	1,143,000
Balanced C/D	3,114,500
	80,000,000

ML-UGANDA CURRENT ORGANISATIONAL STRUCTURE



ANNEX III: PHOTO GALLERY



END