



2021 ANNUAL REPORT



ACRONYMS

AIDS	Acquired Immuno - Deficiency Syndrome	MGLSD	Ministry of Gender, Labour and Social Development	USH	Uganda shillings
ANC	Antenatal Care	PCR	Pupil-Classroom Ratio	UNICEF	United Nations International Children's Emergency Fund
ARI	Acute Respiratory Infection	PEPFAR	President's Emergency Plan For AIDS Relief	USAID	United States Agency for International Development
ART	Antiretroviral Therapy	PHC	Primary health care	VSLA	Village Saving and Loan Association
AVSI	Association of Volunteers in International Service	PEP	Post-Exposure Prophylaxis	VHT	Village Health Team
BCG	Bacillus Calmette–Guérin	PNC	Post-natal care	WASH	Water, Sanitation and Hygiene
CDC	Center for Disease Control	SDG	Sustainable Development Goals		
CBGS	Community Banking Groups	SOVCC	Sub-county Orphans and other Vulnerable Children Committee		
CDO	Community Development Officer	SRH	Sexual and Reproductive Health		
CMES	Continuing Medical Education	MOES	Ministry of Education and Sports		
DCDO	District Community Development Officer	MOH	Ministry of Health		
EMTCT	Elimination of mother-to-child transmission	M&E	Monitoring and Evaluation		
FP	Family Planning	NA	Nurture Africa		
GBV	Gender-Based Violence	NDP	National Development Plan		
HCT	HIV Counseling and Testing	NGO	Non-Governmental Organisation		
HIV	Human Immuno-deficiency Virus	OVC	Orphans and other Vulnerable Children		
MARY	Most-At Risk Youths	TB	Tuberculosis		
MDGS	Millennium Development Goals	UBOS	Uganda Bureau of Statistics		

Cover page photo :
Midwife assistant Linda administering a Depo Provera injection at the Nurture Africa Family Planning Clinic



Tailoring tutor Allen giving a lesson at the tailoring section of the Nurture Africa Vocational Centre.
Photo by William Musoke

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LETTER FROM THE CO-FOUNDERS

“THE FUTURE LOOKS BRIGHT”

Dear Friends,

2021 was another challenging year for Nurture Africa (NA). Covid -19 continued to force all education institutes to remain shut. Covid -19 restrictions like curfew, social distancing and travel restrictions remained in place for the entire year. These restrictions continued to present challenges to the Ugandan population. Pregnant women had challenges travelling to deliver their babies in hospitals, HIV infected clients had challenges attending appointments and collecting their HIV medication, while guardians struggled to keep their business running to provide for the welfare of their family. The volunteer project continued to be on hold. With these challenges we continued to restructure, to be more efficient and continued to innovate. The NA staff, stakeholders and beneficiaries continued to show resilience. We are so thankful for the resolute staff and community that rallied around to ensure we were steered through this difficult period. Our partners and donors continued their support enabling us to continue to assist the thousands of vulnerable families on our programmes. **It is impactful to see children born with HIV striving into their adolescence and adulthood. Some of the first HIV positive children we supported now have children themselves. We currently have a zero percent mother to child transmission rate of HIV.** It is amazing to see now how HIV being transmitted from a mother to child is becoming so low around the whole country of Uganda. We are thankful to be able to contribute to this great achievement. **For so many of us, it is these outcomes that keeps us fighting and doing our best to support as many people as possible.**

NA is continuing to strengthen local systems to ensure that sustainable development outcomes are based on enhanced functionality of various local stakeholders. **We continue to provide holistic support to thousands of families, focusing on guardians of poor families in schools and health centres.**



At Nurture Africa, our team took on an ambitious quality improvement effort to improve maternal and neonatal care in our own health centre and supporting government health centres in Nansana Municipality. **We ensured a 0% maternal mortality rate and a 0% neonatal mortality rate in the last year in our health centre.** This is a great achievement compared to district and national maternal and neonatal mortality rates. We will continue to support the district and national efforts to reduce these rates through training and the provision of resources to these health centres.

2022 marks the last year of our current strategic plan. As we embark on reflection and planning for the new five-year plan, the future looks bright. The volunteer project is due to reopen in 2022 and with that comes more possibilities to strategize, to enhance the training and research component of Nurture Africa and to continue the 'localisation' process of ensuring Nurture Africa is transitioned completely to a national NGO. **For this new strategic plan 2023- 2027 Nurture Africa will be considering new areas like the climate which are impossible to ignore regardless of where your focus is as a development agency.**

All this work is made possible by the determination of our communities, commitment of our staff, values of our partners, purpose of our stakeholders and unity of our supporters like you.

Onwards and upwards.

Brian and Annet

Brian Iredale
CEO & Co- Founder

Annet Nakawunde
Co-Founder

FOUNDED BY A GROUP OF COMMITTED UGANDANS AND IRISH VOLUNTEERS, NURTURE AFRICA IS BUILDING THE RESILIENCE OF URBAN AND RURAL AFRICAN FAMILIES TO BECOME MORE SELF RELIANT

We leverage on beneficiaries to lead in the design, implementation, and evaluation of all our interventions that are based on a holistic family centred model. Then, through our community systems strengthening approach, we partner with communities, local government, government ministries, national and international partners (hospitals, universities, and companies) to build evidence of impact and infuse these insights into our projects and to advocate to local and national government.

OUR VISION

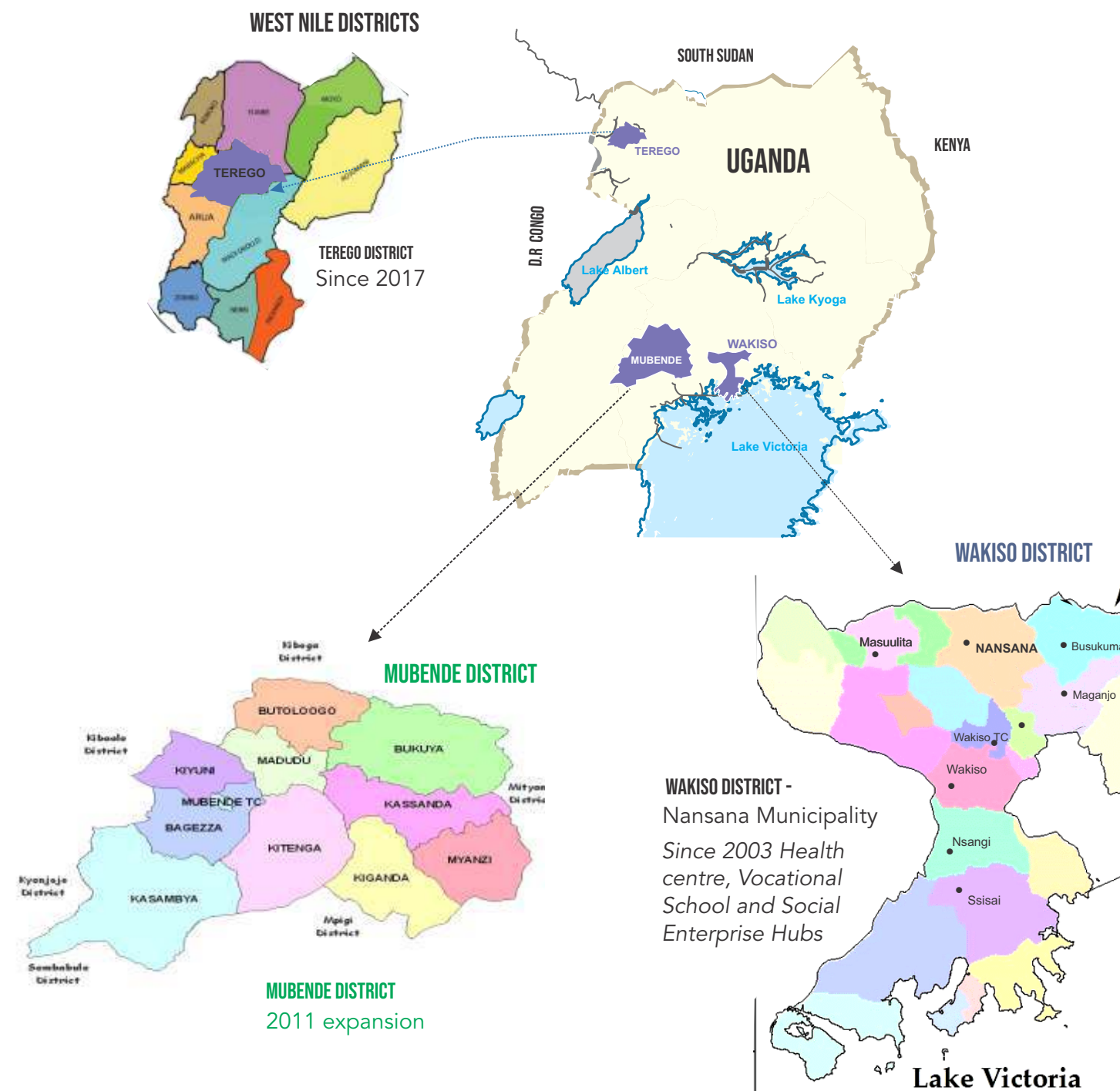
OUR MISSION

To empower vulnerable children, adolescents and families to be positive influences in society. NA aims to achieve this through Health, Education, Child Protection and Sustainable Livelihoods.

OUR CORE OBJECTIVES

- To ensure that orphans and vulnerable children (OVCs) receive a high standard of education leading to employment opportunities.
- To ensure women and children infected with or affected by HIV/ AIDS gain access to proper health care.
- To promote sustainable livelihoods (food security and income generation) for vulnerable families.
- To promote and protect the human rights of vulnerable children, adolescents and adults.

OUR GEOGRAPHICAL COVERAGE



Nurture Africa (NA) is dedicated to ending extreme poverty and reducing inequality for poverty stricken and vulnerable female headed families and their children in the Wakiso and Mubende districts of central Uganda, as well as South Sudanese refugee children in the Terego district of northern Uganda. We graduate female headed families out of poverty and empower female most at-risk youth (MARYS) to become self-reliant. We are one of the few organizations in Uganda that combines social enterprise with philanthropy and humanitarian principles.

NA is a registered Charity and a non-governmental organization in Ireland (CHY 15459) and Uganda (No: 20053406) respectively operating in Wakiso, Mubende, and Terego districts which has a total population of over 3.5 million. Terego District was carved out of Arua District in June 2020. It became operational at the start of the 2020/2021 financial year. Terego has a population of 378,000 people of which 210,000 (37,006 households) are ugandan communities while 168,000 are refugees settled in the camps (Daily Monitor 2021). NA's comprehensive model addresses the multi-dimensional nature of poverty. 'Under one roof, we combat hunger, malnutrition, inequality, maternal mortality, infectious diseases including HIV/AIDS, female youth unemployment, and lack of access to economic resources.

Founded by local community members and international trained health professionals, NA has grown organically as an organization since 2003. As a locally led organization, we respond to community needs, create culturally aware solutions, and empower community members to control their own futures. Our staff includes individuals who were formerly served by the organization.

The co-founder Nakawunde Annet was once a MARY who had to drop out of education due to poverty. She is a pillar of the communities Nurture Africa works with. By sharing her experience, she provides leadership and guidance to the female headed families and female MARYs which explains why many of them remain hopeful and have their lives transformed socially and economically.

NA's sustainable model combines social enterprise with philanthropy to ensure the organization's longevity. Our vocational centre includes social enterprise businesses that provide revenue for our female youth programs. Our health centre is open to all community members, regardless of their income level. With this model, we can subsidize patients unable to afford our healthcare services.

One of our main focuses in our health centre is to provide comprehensive maternal and child health services so that women have everything required to achieve their health goals. We provide ante natal care (ANC), HIV counselling and testing and this comes with promotion of couples testing, HIV care and treatment, and e-MTCT care if a pregnant woman is found to be HIV positive, delivery services and immunizations for children. Additionally, NA provides free family planning education and products to enable female youths or adults to make the choice regarding child spacing.

NA believes all female headed families deserve to live in dignity and have the right to healthcare, education, and economic resources. We are on a mission to transform families living in poverty through our holistic and replicable model. We address the root causes of extreme poverty in Uganda, so that marginalized families can prosper.

HOW WE DO IT

NA provides health and educational services, child advocacy, vocational training, and micro- financing for families living in poverty, giving them the tools they need to redefine their futures. NA's medical centre provides health services for children, mothers, and individuals with chronic illnesses. We offer primary healthcare, maternal and child healthcare, sexual and reproductive healthcare, nutritional support, and medical assistance for communicable diseases including malaria, typhoid, and HIV. We provide healthcare in a clinical setting, as well as mobile services. Our community outreach efforts provide immunizations, ultrasounds, and family planning services to families living in hard-to-reach areas. NA provides holistic educational services for children, youth, and adults. Our educational services include guidance counselling, vocational training, teacher training, nutritional training, and reusable sanitary pad training. We connect families to additional educational support as needed, including providing scholastic materials and helping teenage girls who have dropped out of school.

NA's local partners make our work possible. We partner with health centres and schools to identify vulnerable children and their guardians. We also identify marginalized families through our health centre and vocational centre. Our local partners include civil society networks, hospitals, the police, local government entities, community leaders, and human rights committees. In addition to our community partners, we include families and guardians in our project planning process.

NURTURE AFRICA'S HOLISTIC FAMILY CENTRED MODEL

THIS IS A GRASS ROOTS LED APPROACH TO TRANSFORMING AFRICAN FAMILIES TO BECOME MORE SELF RELIANT

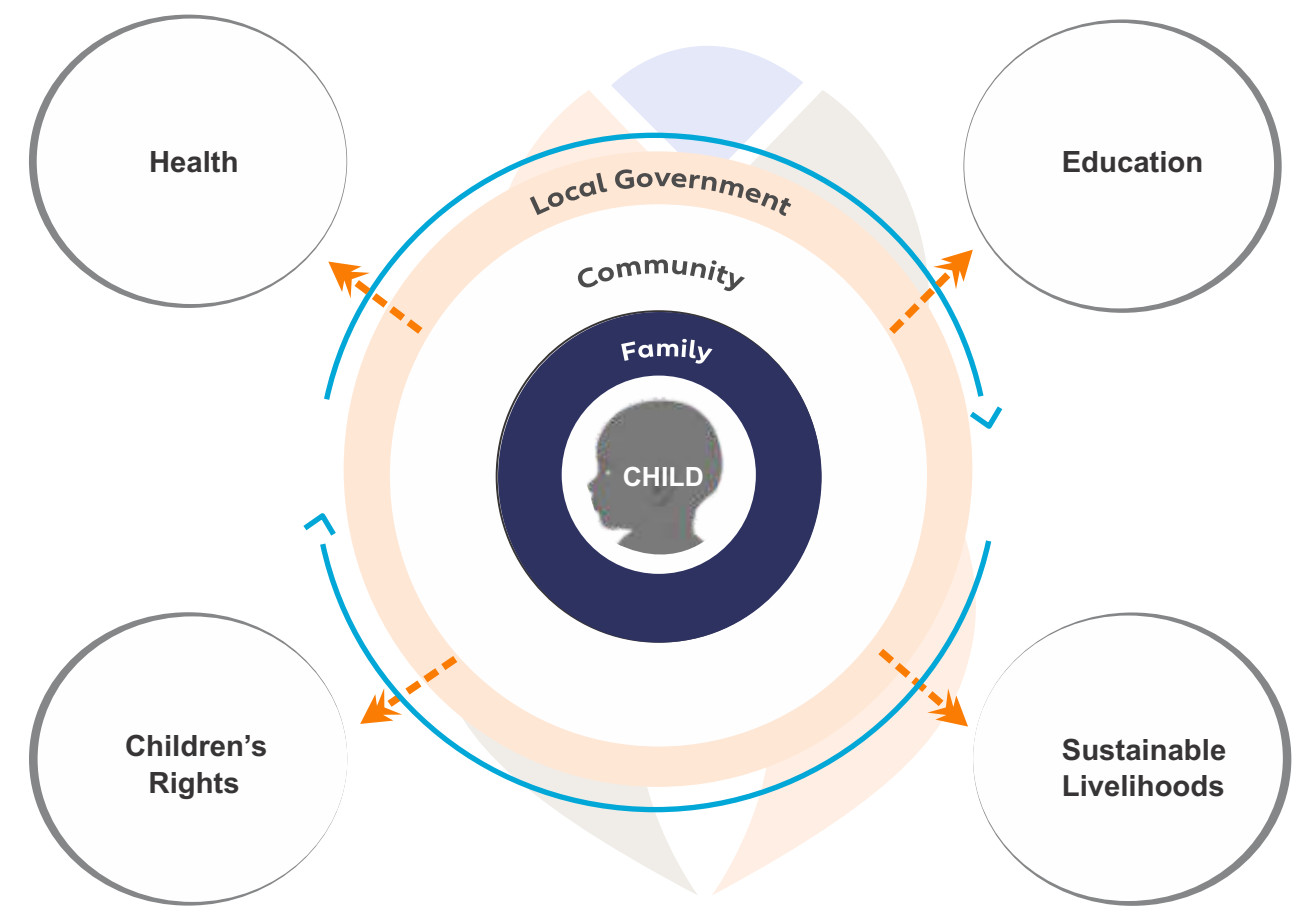
NA employs a holistic approach that is strategically central in it's programming. Various interventions are provided to one family anticipating changing livelihood transformation. Providing multiple intervention under one roof has more impact on a family enabling them to become more self reliant.

Over the years, the Holistic family centered model has been tested and proved to be efficient, effective and sustainable. Because of its grounded impact on the lives of poverty-stricken families, as researched and demonstrated by a number of organizations that include; USAID, UNICEF, AVSI, PEPFAR, Centre for Disease Control and prevention, this model is relevant and appropriate for the population and communities that NA serves. Compounded by the grassroots model that involves wide stakeholder involvement ranging from communities to government, the model remains adaptable and applicable.

In 2021, NA continued to implement the holistic 'family centered' model comprehensively designed to address development issues of the marginalized population in Wakiso and Mubende districts, as well as refugees in Imvepi refugee settlement in Terego district.

NA's holistic centered model package includes poverty-stricken families receiving a minimum of 3 services from the below list enabling them to build resilience and be uplifted out of poverty. They include: -

- ☆ Access to free or subsidized health care- PHC, ANC, family planning, immunization, HIV care. Free health services for the critically vulnerable.
- ☆ Access to a VSLA through training, and inputs for the VSLA such as booklets, savings boxes, etc. WASH Training related to covid -19 was included in the VSLA content in 2021.
- ☆ Financial literacy training and support to developing a business plan.
- ☆ Access to a backyard garden through training and the provision of seedlings. Food aid was provided to the critically vulnerable.
- ☆ Child protection training, including responsible parenting skills.
- ☆ Support to register a birth with government authorities.
- ☆ Support to write a Will.





THE RENEWED HOPE
STORY OF CHANGE

“It was a challenging world for me until I joined Nurture Africa's VSLA group”- **ASSIMWE BEATRICE**

Assimwe Beatrice aged 29yrs, is a mother of two girls and lives at Mende, Wakiso District. “The capital alone was hard for me to get and even the little money my husband used to leave at home was only enough for a day's meal” Says Assimwe.

One morning, I met a friend and during our conversation, she talked about how joining a group would change my life the way it did when she joined one of NA 's groups at Mabombwe starting with the little savings of €5.

After the conversation, I registered with the same group. “Today, I do not regret joining NA's VSLA group, because I am in position to meet my basic bills, look after my children and support my family generally and happily”.

Positive parenting has enabled me handle my children with care and ensure they are protected right from home, at school and along the way. Thanks to NA's child protection program.” Says Assimwe. From the training on backyard gardening, she rented a small piece of land to grow vegetables for selling and food consumption as she manages the covid-19 recovery period. “Hopefully, I will have enough money to buy my own land soon” says Assimwe.

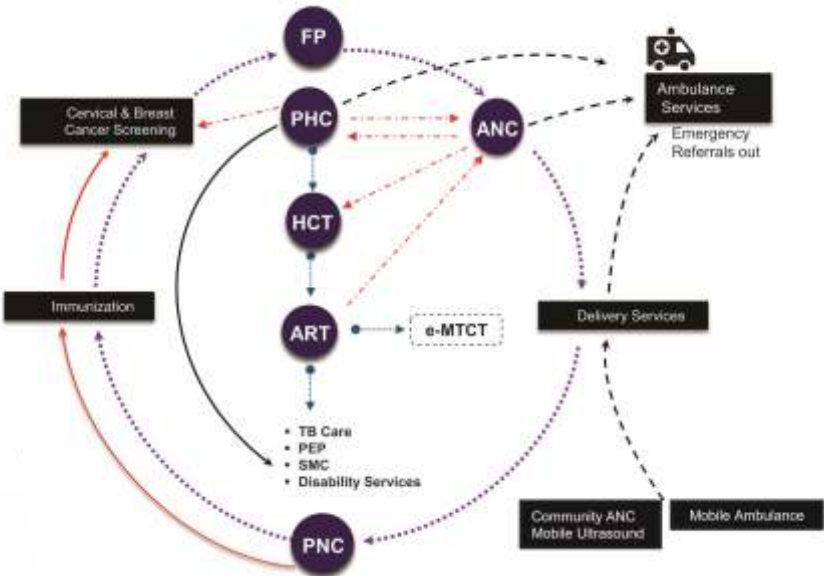
Photo: Asiimwe Beatrice with her daughter at Mende, Wakiso District at her stall selling food items. Photo taken by Mujjuzi Ivan

HEALTH CARE SERVICES

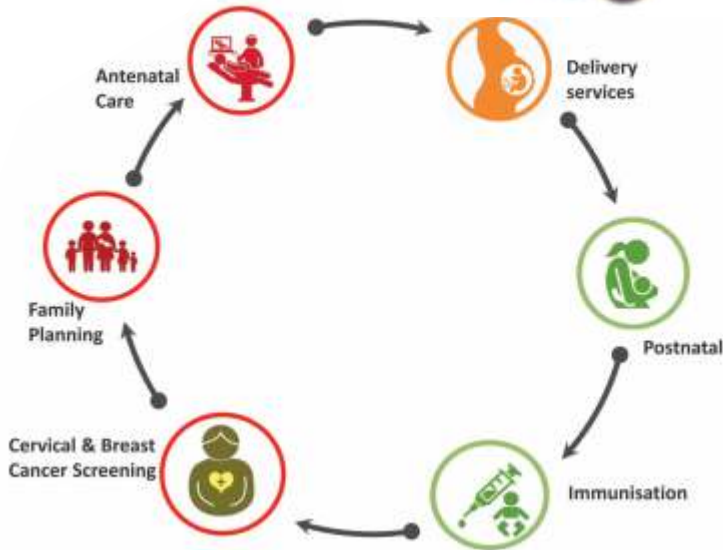
NA is committed to supporting Uganda's ambitions to achieve universal health coverage, especially in hard-to-reach areas. NA's Health services include HIV/AIDS care, maternal and child health, family planning, childhood immunization, physiotherapy, and other primary health care services. NA follows the guidelines of the Ministry of Health and the World Health Organization. NA provides high quality health services to the most vulnerable communities and those in hard-to-reach areas. NA also conducts outreach services in hard-to-reach communities of Mende, Masulita and Kasengejje to increase accessibility to health care.

THE NA HEALTH CARE MODEL

- FP FAMILY PLANNING
- PHC PRIMARY HEALTH CARE
- HCT HIV COUNSELING AND TESTING
- ART ANTIRETROVIRAL THERAPY
- EMTCT ELIMINATION OF MOTHER TO CHILD TRANSMISSION
- ART ANTIRETROVIRAL THERAPY
- PEP TUBERCULOSIS
- SMC SAFE MALE CIRCUMCISION



MATERNAL AND CHILD HEALTH MODEL



James Akankwatsa NA laboratory technician testing client samples
Photo by Musoke William

PRIMARY HEALTH CARE HEALTH CARE IS A RIGHT NOT A PRIVILEGE

NA provides primary health care to communities with the aim of improving the health status of the recipients. In this regard, 13,829 patients were treated in 2021 compared to 15,539 in 2020. The 11% reduction in PHC numbers is attributed to the covid-19 pandemic restrictions on individual movements and mobility. In 2020, there was 9 months of restrictions but in 2021 the whole year was affected.

PROGRESS MADE

13,829

PATIENTS TREATED

IMMUNISATION

ENSURING EVERY CHILD CELEBRATES A 5TH BIRTHDAY

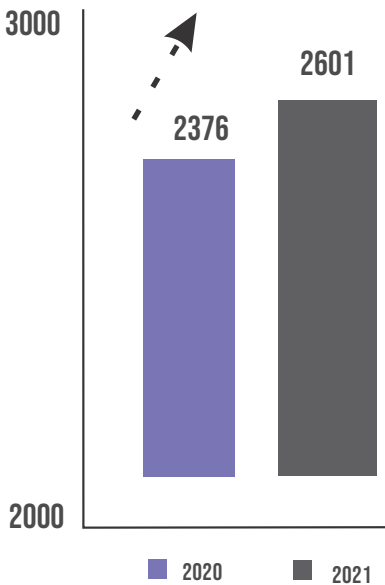
For a second year, the covid-19 pandemic severely affected the delivery and uptake of immunization services globally. Globally, about 43 per cent of the deaths among those aged 5–24 years occurred among adolescents. Over 70 per cent of all deaths among 5–24-year-olds occurred in sub-Saharan Africa (45 per cent) and Central and Southern Asia (27 per cent). If current trends continue, nearly 21 million children and youth aged 5–24 years will die between 2021 and 2030. On current trends, more than 48 million children younger than 5 will die before 2030, half of them newborns. Well over half of these deaths – 57 per cent – will take place in sub-Saharan Africa (28 million), with another 25 per cent occurring in Southern Asia (12 million). Meeting the SDG target in the 54 countries that are off track would avert 8 million under-five deaths between 2021 and 2030 and reduce the annual number of under-five deaths to 2.5 million in 2030. For a second year, the covid-19 pandemic severely affected the delivery and uptake of immunization services globally (*United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), Report 2021*)

A child who is not immunized is more likely to become sick, permanently disabled and could possibly die. NA empowered the community health workers and Village Health Teams (VHTs) to track all children at birth, monitor their growth and ensure on time immunization. They mobilized and sensitized communities about the immunization services. Children of 5 years and below, were immunized against; polio, measles, DPT, Tetanus, Pneumonia, TB (BCG), as well as provided with deworming tablets and Vitamin A capsules. Immunization is undertaken twice at the NA Health Centre to protect children against infectious diseases. Despite the lockdown, **NA was able to safely immunize 2,601 children in 2021 up from 2,376 in 2020. There was a 0% mortality rate amongst these children.**



Senior Mid wife at NA, Elina administering DPT vaccine to a child. Photo by Mujjuzi Ivan

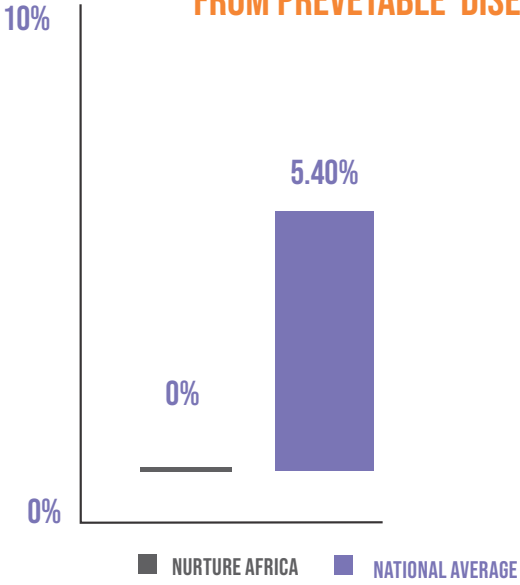
IMMUNISED CHILDREN



9.46%

INCREASE IN THE
NUMBER OF CHILDREN
IMMUNIZED AGAINST
VACCINE PREVENTABLE
DISEASES.

REGISTERED DEATH RESULTING FROM PREVENTABLE DISEASES



Added to the national awareness programs and sensitization on immunization, every child delivered at NA is immunised. All Mothers are encouraged to continue to get their children immunised according to the schedule following discharge after delivery. In a similar way, the sensitization conducted at the NA Health Centre was comprehensive and covered all topics surrounding immunization, its importance and dangers associated with not immunizing a child.

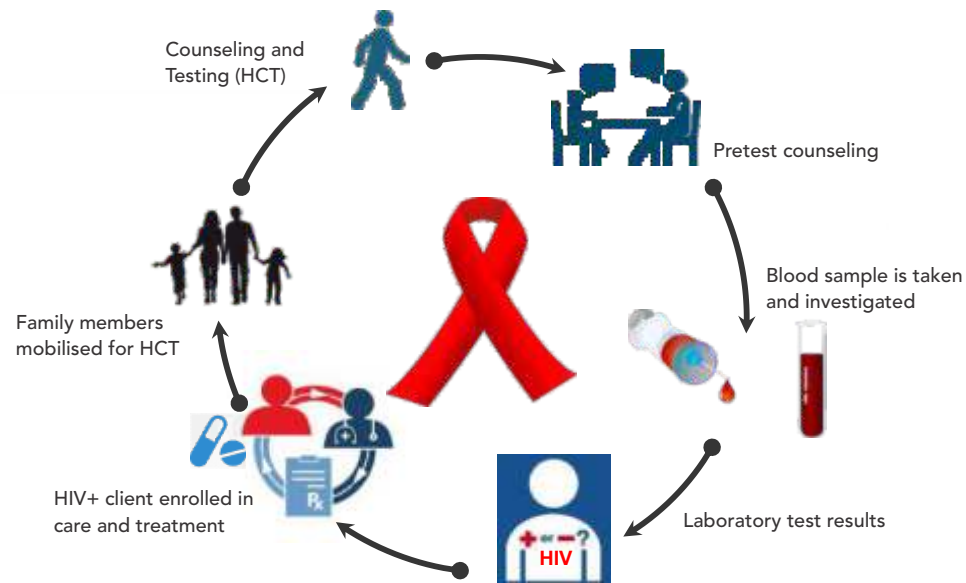
HIV/AIDS COUNSELLING AND TESTING

HIV CARE AND TREATMENT

Approximately 38.4 million people globally were living with HIV in 2021. 1.5 million people became newly infected with HIV in 2021. 650 000 people died from AIDS-related illnesses in 2021. In Uganda by December 2021, the total number of people living with HIV was 1.4 million out of which, 500,000 were adult men, 840,000 adult women and 88,000 children. New HIV infections were 54,000 out of which 16,000 were men (15+years), 31,000 women (15+years) and 6,000 children (0-14years). 17,000 deaths were recorded with 7,100 men, 6,300 women and 4,000 children (*Global HIV Programme, World Health Organization Report, 2021*).

NA's HIV programmes aim at improving the health of HIV infected population in consideration of all age groups. To reach out to thousands of people, NA trains community health workers, VHTs and peer leaders on sensitizing the population about HIV prevention, care and treatment. At grassroot level, all newly identified HIV clients are linked to care and counselling is intensified to ensure negative clients maintain a good health. For discordant couples, NA provides home based counselling and testing

NA HIV /AIDS CARE MODEL



BUILDING AN HIV-FREE GENERATION

Increasing knowledge of one's HIV status through HIV testing and counselling (HCT) is a key route to tackle Uganda's HIV/AIDS epidemic. NA has expanded the HCT services and the number of people testing has increased. Testing is conducted at the NA Health Centre and in community outreach hot spots.

6,003 clients were tested for HIV in 2021 compared to 5,111 in 2020. (This is an increase of 17.45%). 302 tested positive in 2021 compared to 332 in 2020. This is a 9% decrease in HIV positive tests. All 302 clients (100%) that tested HIV positive were linked to HIV medication

PROGRESS MADE

2,216 CLIENTS ACTIVE IN CARE

302 NEWLY IDENTIFIED HIV POSITIVE CASES ENROLLED IN CARE

ASSISTED PARTNER NOTIFICATION (APN)

During counselling sessions at the NA Health Center and at community outreaches, clients are sensitized on the importance of testing their partners so that those who test positive are linked to care for healthy living. Clients are also supported with contact tracing, follow up, counselling and referrals to HIV prevention and treatment.

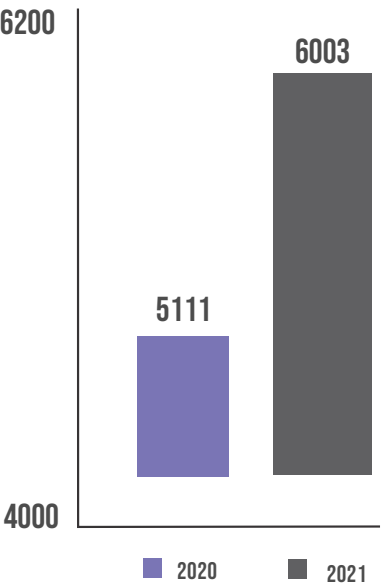


Wycliff NA Lab technician at a community Health camp during one of the outreaches taking off a blood sample for an HIV test

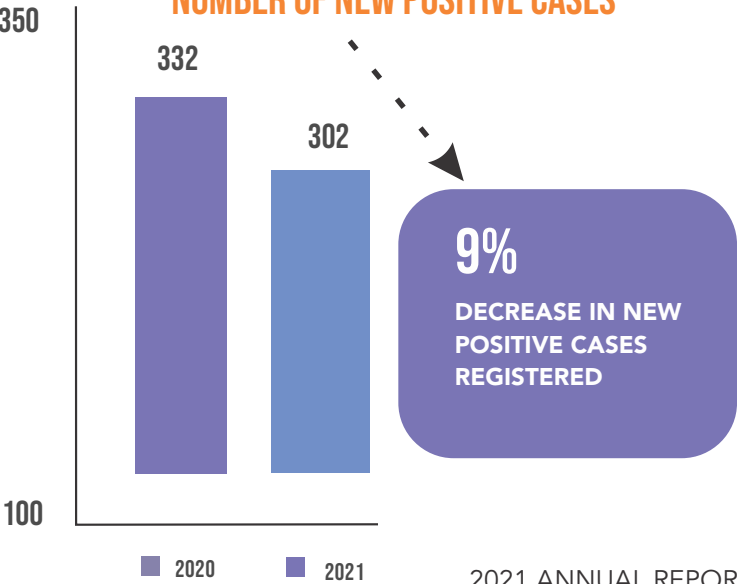


Charlotte NA Counsellor offering Pre-test Couselling services to a client after Provider Initiated HIV counselling and testing was done by the clinician.

TOTAL NUMBER OF CLIENTS TESTED FOR HIV



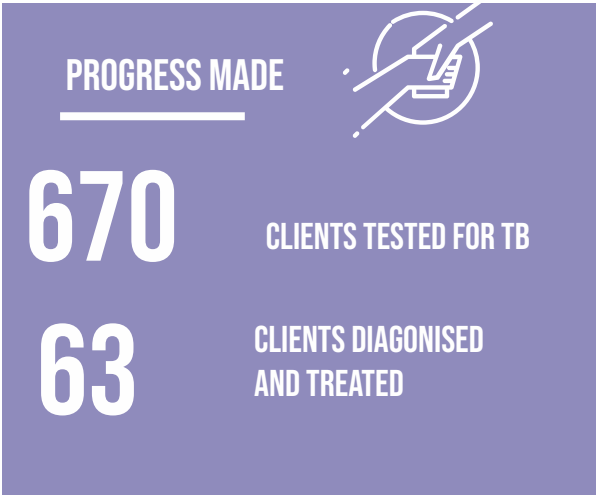
NUMBER OF NEW POSITIVE CASES



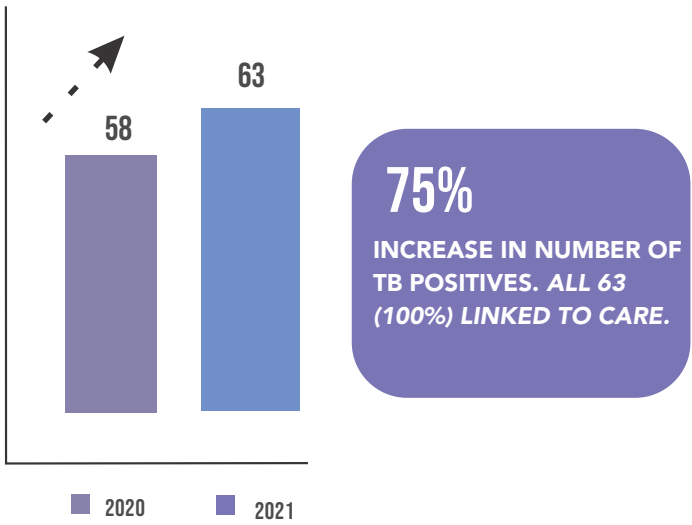
TUBERCULOSIS

In Uganda, a total of 7,860 TB cases were reported during 2021, 687 more than 2020 (7,173) and 1,040 fewer than 2019 (8,900).

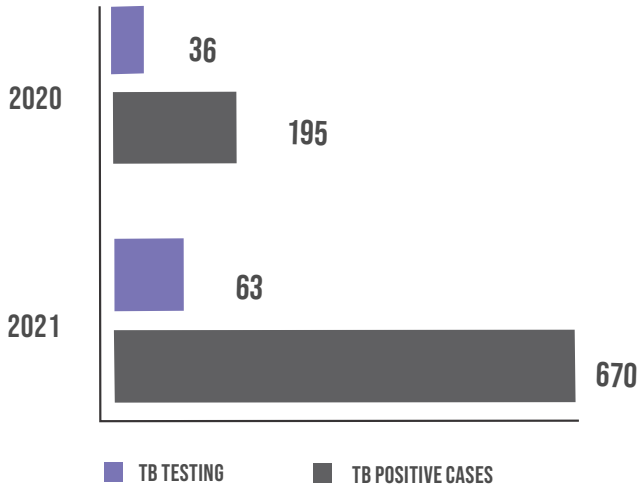
At NA, 670 clients were tested for TB in 2021 compared to 195 in 2020. With an increase in the number of clients tested for TB, there was also an 8.6% increase in the number of TB positive clients from 58 in 2020 to 63 in 2021. All the 63 (100%) were linked to care and treatment.



NUMBER OF CLIENTS THAT TESTED POSITIVE FOR TB



CLIENTS TESTED FOR TB



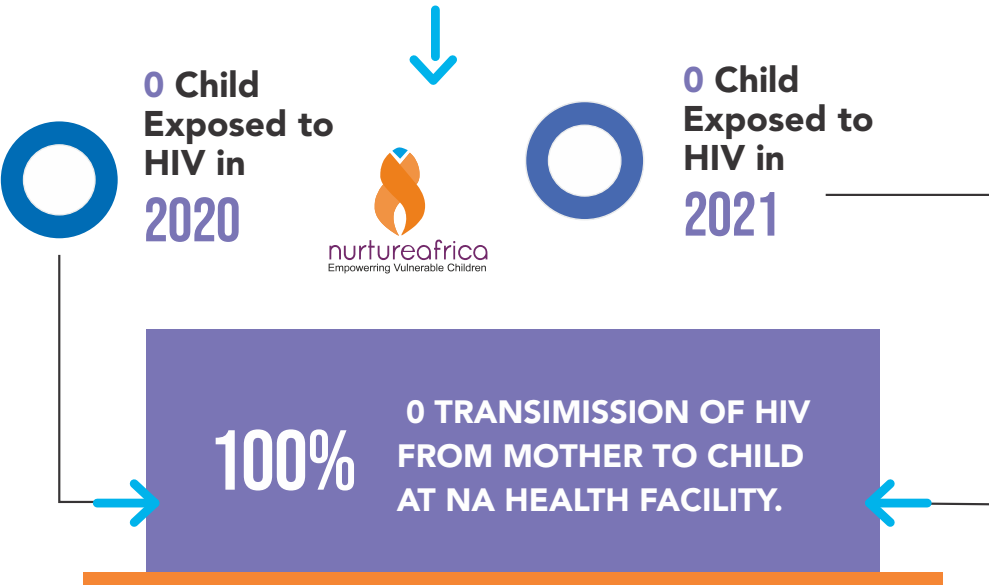
NA intensified TB testing at the health center and ensured that all TB positive clients were immediately linked to care and treatment, continuously tested and followed up for consistent management

ELIMINATION OF MOTHER TO CHILD TRANSMISSION (eMTCT)

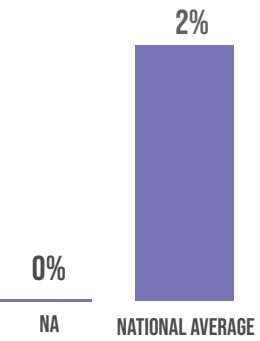
In Uganda, there was a significant reduction in the rates of Mother-to-child transmission of HIV from over 20% in 2000 to 2.8% in 2021. Although Mother-to child transmission of HIV is preventable through antiretroviral treatment during pregnancy and postpartum, there were more than 150,000 new infections in children (0-14 years) world wide in 2020. The UNAIDS 2021 spectrum estimates indicated there were 5,500 new childhood HIV infections in Uganda due to Mother-to-child transmission with half of those infections occurring among infants born to mothers who stopped HIV treatment during pregnancy and breast feeding.



NA provides high level professionalized services to ensure that HIV positive pregnant women and mothers together with their unborn babies and children are retained in care to reduce the risks associated with transmitting HIV infections to their babies. 610 HIV positive pregnant women were identified to receive eMTCT in 2021 compared to 500 in 2020 implying a 22% increase in the number of women that received eMTCT care. Mother-to-child HIV transmission rates were maintained at 0% compared to the national average of 2% in 2021.

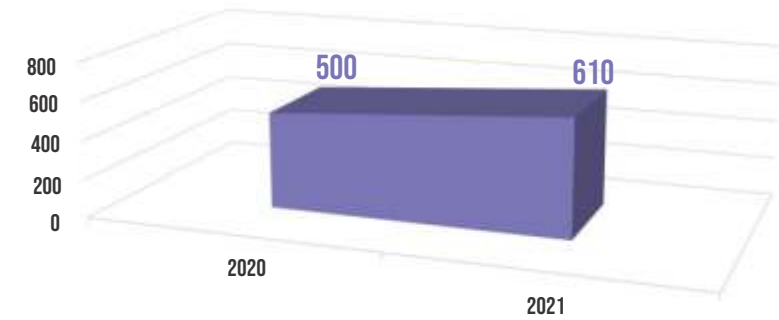


ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV RATES



NA has ensured that HIV - positive mothers and their exposed infants are retained in care to decrease the number of new HIV infections among babies.

NUMBER OF PREGNANT WOMEN RECEIVING EMTCT



NURTURE AFRICA

ELIMINATED
MOTHER-TO-CHILD
TRANSMISSION OF HIV

AMONG ITS CLIENTS FOR THE SIXTH
YEAR IN ROW

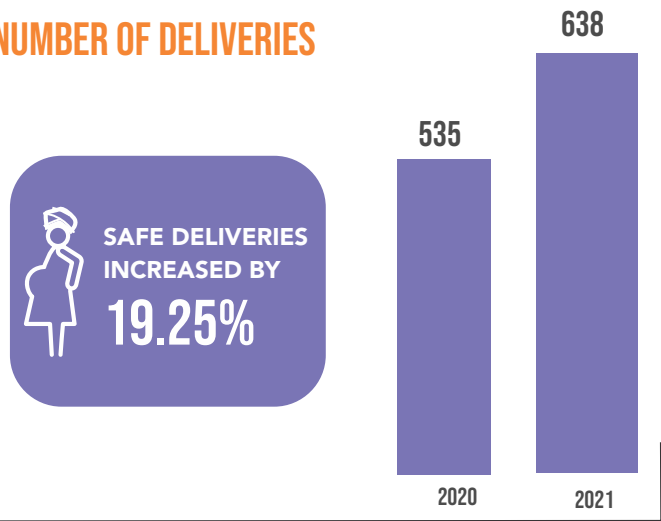
NA carried out sensitization of mothers who are HIV positive at the NA Health Centre and during outreaches on the importance of delivering HIV free babies. In a similar way, all pregnant women were tested for HIV and those found positive were linked and retained in eMTCT care. The clients are counselled and supported to take ARVs, they are also linked and introduced to VHTs for continued follow up.

NUMBER OF SAFE DELIVERIES

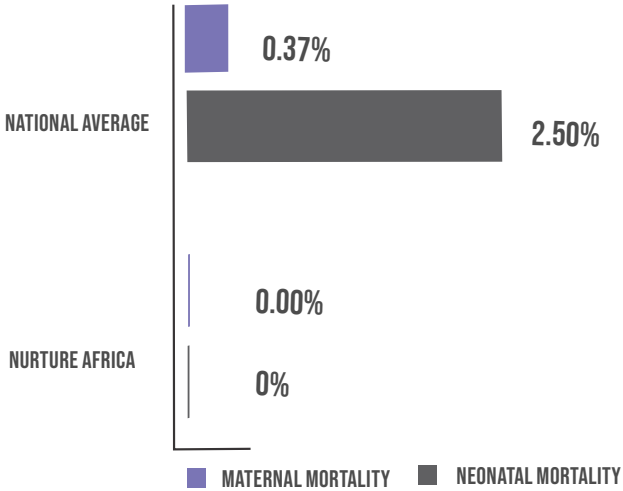
No deaths were registered keeping neonatal death rate at 0% compared to the 4.3% national average. 638 deliveries were recorded in 2021 compared to 535 in 2020. **This is an increase of 19.25%.**

The increased number of safe deliveries at the NA Health Centre was due to the professionalized service provision, support given to pregnant women during ANC visits and during delivery. Increased awareness during outreaches on the quality of services provided at the NA Health Centre also influenced mothers to utilize the service.

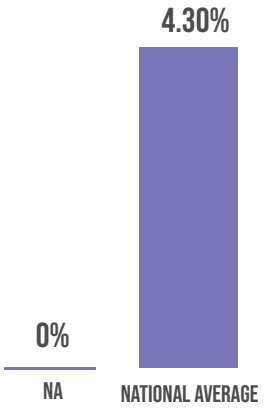
NUMBER OF DELIVERIES



MATERNAL & NEONATAL MORTALITY RATES



PERCENTAGE OF NEONATAL DEATHS



“The birth of a child should be a happy time for families. Ensuring safe deliveries for mothers is a primary role of Health workers.

Nakiito Linda
NA Midwife Assistant



REPRODUCTIVE HEALTH

IMPROVING KNOWLEDGE AND ACCESS TO HIGH QUALITY SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES

When women and couples have the tools to choose when they get pregnant, the result is better. NA understands that while women and female youths may have a desire to access SRH services, relatives and community leaders are often the gatekeepers to these services. **NA has increased access to SRH services, thus challenging social norms and increasing knowledge for women and female youths about their SRH rights.**

NA starts by training and empowering Community Committees, Male Forums, Community Health Workers, and Youth Advocates. Each of these groups plans and launches their own reproductive Health initiatives to educate their neighbors, distribute and promote contraceptives.

SRH is a major focus for NA. The overall goal is to improve the SRH, MCH and children's health in Wakiso district. This period of time has seen women and female youth face remarkable difficulties due to COVID-19. NA continued to support vulnerable women and youth's SRH rights during this global pandemic. NA supports women with family planning (FP), child delivery and post-natal care (PNC) services. This has led to a great impact on reducing child and maternal mortality and morbidity. Women are encouraged to attend all services from the NA health facility to improve awareness and utilization of SRH services.

FAMILY PLANNING

The sensitization on adoption of free family planning services through one-on-one sessions during which the pros and cons are discussed with clients partly contributed to increased number of women sensitized on family planning. These discussions demystify the myths and misnomers surrounding family planning. Moreso, the availability of the family planning commodities and women's willingness to utilize family planning commodities including condoms and contraceptives also explains the increased number of women utilizing family planning methods as well as routine health education at the clinic and in the community by health workers, VHTs and Community Health workers.

92.5% of women and youth that were sensitized by NA sourced family planning compared to 67.2% at District level and the national average at 67.3%. In 2021, NA recorded a reduction in unwanted pregnancies by 1.6% from 10% in 2020 to 8.38% in 2021. This is compared to 39.2% rate of unwanted pregnancies at District level and a national average of 49%.

CONTRACEPTIVE PREVALENCE RATE

PERCENTAGE OF WOMEN USING CONTRACEPTIVES

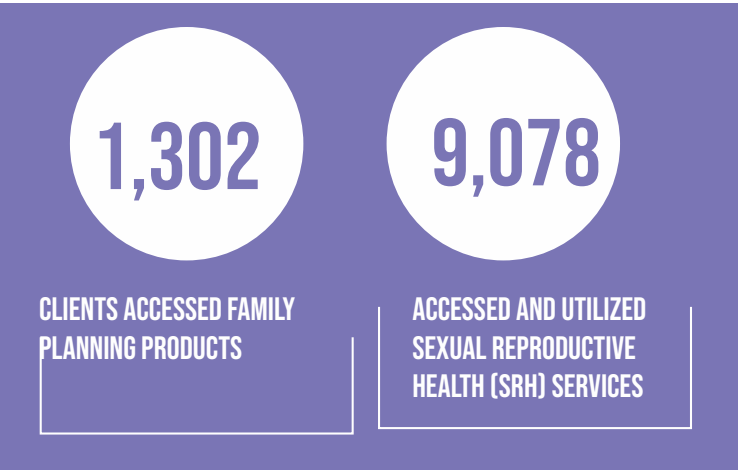
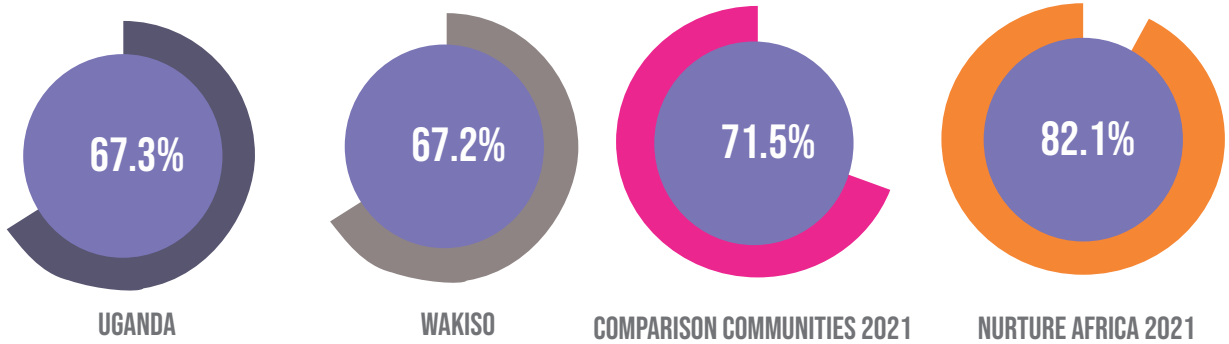


Photo: Linda, a Midwife Assistant, offering Injecta Plan, a hormonal family planning method to a woman to prevent unwanted pregnancy

ANTENATAL CARE SERVICES (ANC)

Pregnancies come with risks that can only be mitigated by ANC attendances. During ANC sessions, pregnant women are sensitized on reporting risks, complications, and general knowledge on managing pregnancies right from early to late stages. At the NA Health Centre, women are encouraged not to miss their appointments and visits. In the communities, VHTs proactively visit homes and identify pregnant women, link them to health centers, identify symptoms of high-risk pregnancies and enhance knowledge on the need to continuously attend their ANC visits. The VHTs also encourage pregnant women to adhere to maternal nutritional guidelines as well as delivering in the hands of professional health workers.

NA’S ANC MODEL

Central to our model is the evolvement of Village Health Teams.

VHTs identify pregnant women as they proactively visit homes in their village. These VHTs then link mothers to the formal health system, identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, promoting ANC care visits, and supporting safe delivery at a facility. They also follow up on postpartum care, provide breastfeeding support, and educate new mothers on a range of contraceptive options. Additionally, NA is improving maternal care at the health systems level. NA is collaborating with government health facilities to improve the quality of prenatal and postnatal care. NA is working with community committees to improve access to emergency transportation for pregnant women.

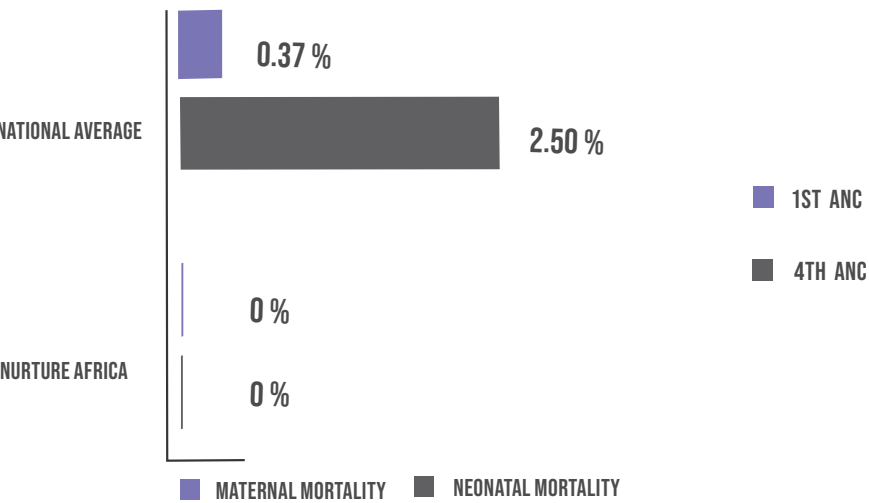


Flavia, a Community Health Worker taking anthropometric measurement of height for an expectant mother as part of nutritional assessment in the Antenatal Care Clinic at NA

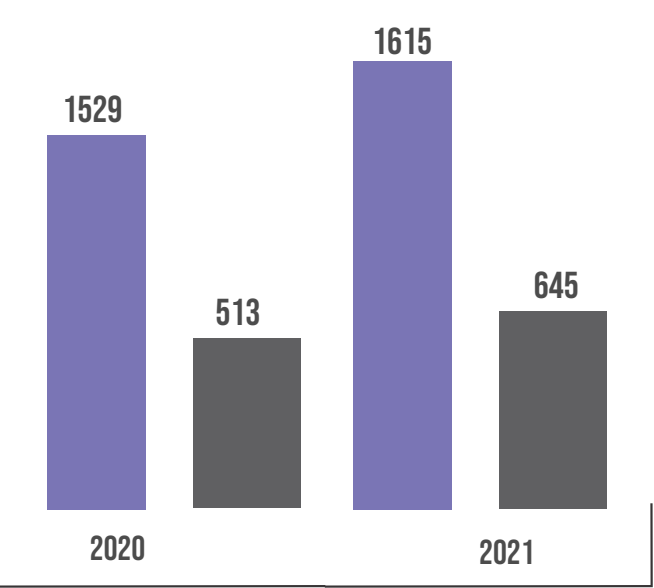
The NA Health Centre is well positioned to detect risky pregnancies and provide necessary support to pregnant women. These services attracted many pregnant women to attend their ANC visits at the facility. Given the awareness made on the importance of ANC visits, this compelled several women to visit the facility.

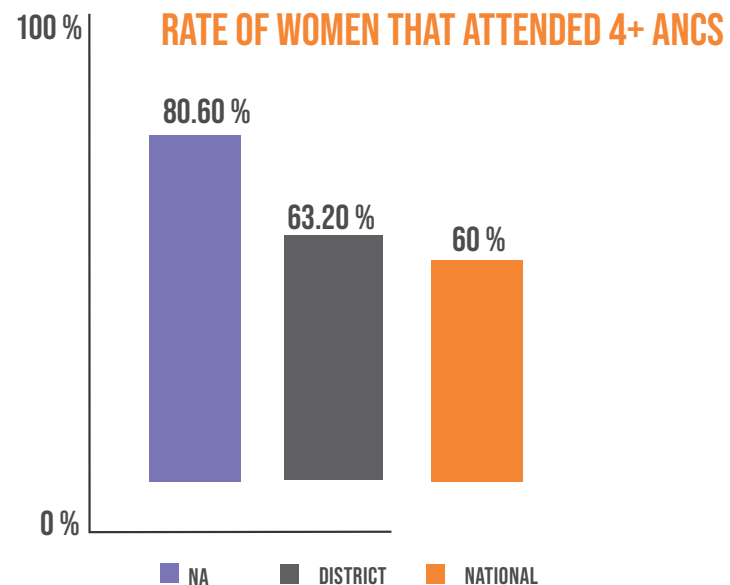
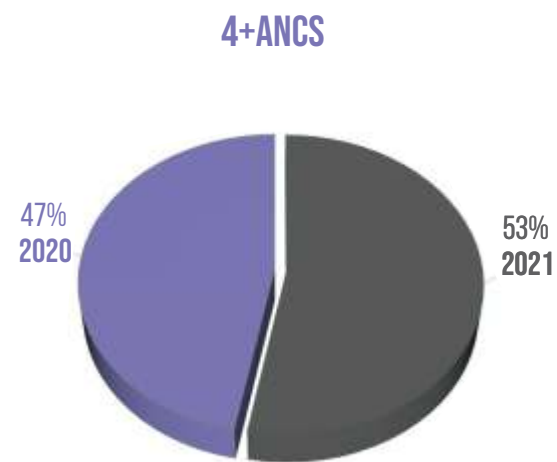
1,615 pregnant women attended their 1st antenatal at the NA health facility in 2021 compared to 1,529 in 2020. (This was an increase of 5.62%). There was a **21.5%** increase in number of women that attended their 4th antenatal from 531 in 2020 to 645 in 2021.

MATERNAL & NEONATAL MORTALITY RATES



ANC ATTENDANCE





REHABILITATION SERVICES

ADVOCACY FOR CHILDREN WITH DISABILITIES

5.82% of Uganda children are estimated to be children with disabilities (*National Action Plan for children with disabilities 2016/17-2020/21*, Ministry of Gender, Labour and Social Development). NA provided Rehabilitation services to 286 children 2021 compared to 246 in 2020. This number increased by 16.3%. The rehabilitation team also conducted awareness sessions in the communities which the guardians appreciated by bringing their children for support.

The team at the NA Rehabilitation Centre, trains and demonstrates to the parents or guardians on support initiatives in the form of physiotherapy and occupational therapy so that, the guardians can continuously support their children with exercises and the different positions while at home, for the children to register progress to living independent lives and also prevent secondary deformities.

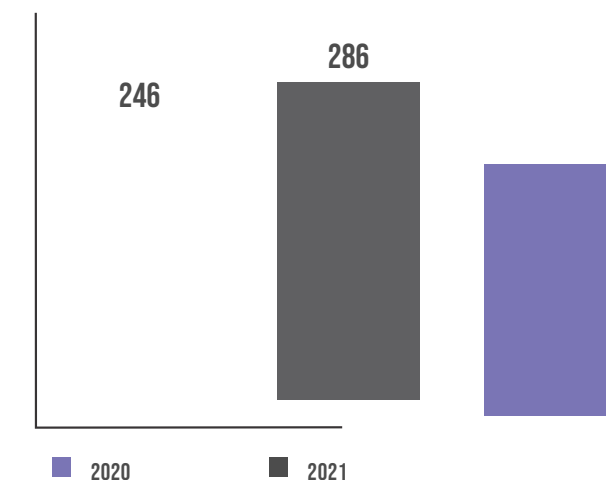
PROGRESS MADE

PHYSIOTHERAPY CARE & TREATMENT

286 CHILDREN TREATED



CHILDREN WITH DISABILITIES THAT RECEIVE PROFESSIONAL REHABILITATION SERVICES



“She can walk

From weekly visits to 2 visits a month, and currently once in 3 months for follow up and review”.

My name is Nakamyuka Jackie, a mother to Nakamyuka Denniz. My Daughter struggled to walk and her development was delayed. In 2021, I was referred to Nurture Africa Rehabilitation Center and my daughter was enrolled in 2021. With the physiotherapy, services and exercises which I committed to even at home, my daughter can now walk though slowly but I remain grateful to NA for the transformation.”

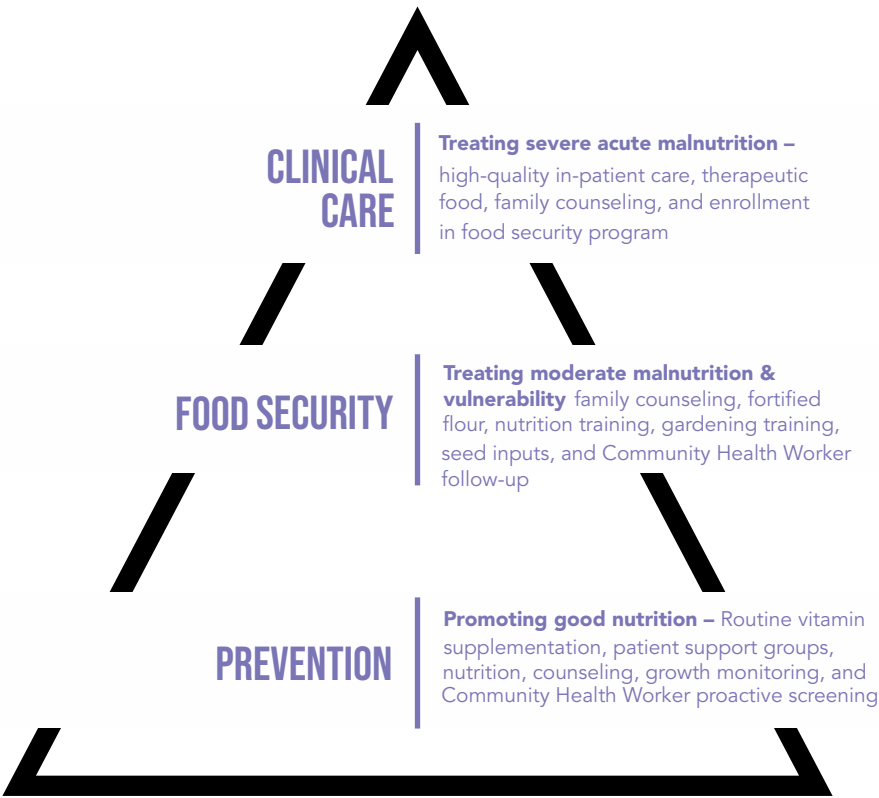


NUTRITION

NURTURE AFRICA IS INVESTING IN THE LONG-TERM IMPACT OF NUTRITION SECURITY

Inadequate care and feeding practices, food insecurity, unhealthy household environment and inadequate health services are the leading causes of early childhood malnutrition. Approximately 29% of Ugandan children aged 6-59 months are stunted (low height for their age), 4% are wasted (low weight for their height) while 11% are under weight (have a body mass index (BMI) below that normal for their age and height group). To improve nutritional outcomes, NA encourages families to grow diverse foods at household level by setting up backyard gardens. 40% of child deaths are linked to malnutrition. Adequate nutrition during the first 1,000 days between conception and a child's 2nd birthday is one of the best investments in a child's health, education, and wellness. Uganda's national estimates, which the prevalence is heterogeneous across the country, indicate that 3.6% children suffer from moderate acute malnutrition, while 1.3% have severe acute malnutrition (UBOS 2017).

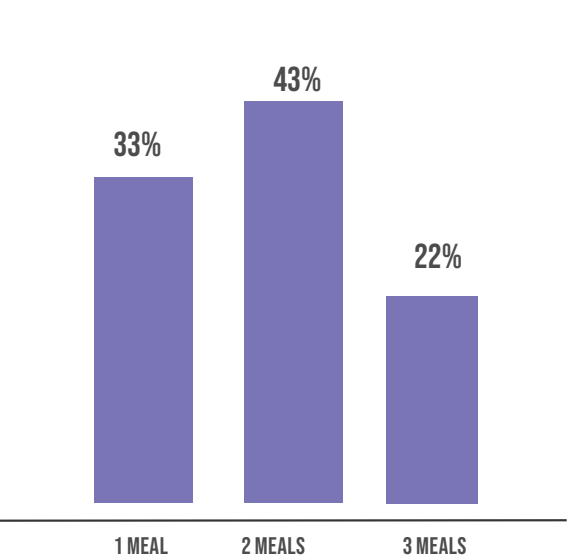
BUILDING A LADDER TO NUTRITION SECURITY



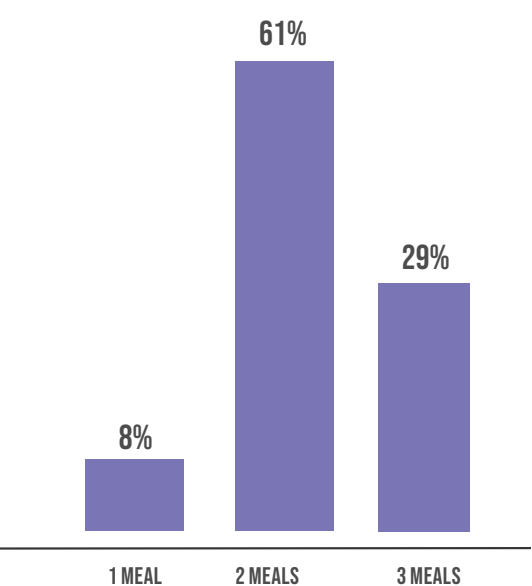
BACKYARD GARDENING

Due to space constraints many families do not have the space to grow vegetables. As a result NA trains guardian on how to grow "backyard" gardens. These are essentially gardens on shelves and in sacks within their small compound. It enables them to grow a variety of vegetables in a small space. This enables the nutritional content of their meals to improve. In 2021, 1,529 guardians of vulnerable children were trained in backyard gardening. Out of these, 61% of guardians improved the nutritional content of their meals (had nutritious vegetables with that meal as opposed to before the training). This is compared to 43% in 2020.

BEFORE BACKYARD GARDENING



AFTER BACKYARD GARDENING



Beneficiaries at their backyard gardens



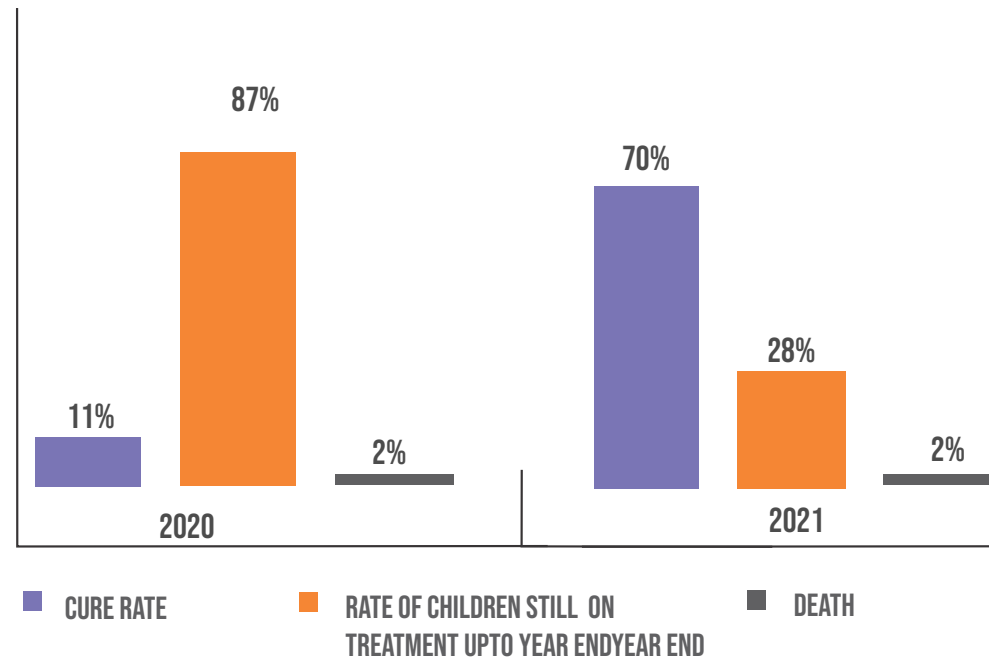


MALNUTRITION

In 2021, out of 103 malnourished children, **72 (70%) recovered**, 2 (2%) died and 29 (28%) remained under recovery compared to 11%, 2% and 87% respectively in 2020.



IMPROVED HEALTH OF MALNOURISHED CHILDREN



MALNUTRITION BEFORE

Joseph Semanda before and after therapeutic care
Photo by: Ivan Mujuzi



AFTER NUTRITION

CASE STUDY

Joseph Semanda 2 years old child

Joseph was adopted by Roche Dell Children's home when the mother dumped him at his father's home who then did not have a job and couldn't take good care of Joseph. By 1 year, Joseph could not sit by himself and during a home visit, a social worker from Roche Dell Children's home brought him to the NA Health Centre. Joseph's nutrition anthropometry on admission indicated a weight of 3.7kg, Mid Arm Upper Circumference of 9.5cm and his Z score was less than -3SD representing too low weight for age Z score.

At the initial diagnosis stage, with a severe acute malnutrition status, Joseph had no appetite which required inpatient therapeutic treatment due to underlying medical complications of vomiting and pneumonia.

At this point, the NA Health Team referred him to Mwanamugimu Nutrition unit Mulago for two weeks. He was put on formula milk of F75 that stabilizes the metabolic system and F 100 that contains the necessary combined minerals and vitamins needed by the body before being introduced to the home diet.

From Mulago Mwanamugimu, Joseph was brought back to the NA Health Centre for outpatient therapeutic care during which he was put on plumpynut and enriched porridge of corn soya blend with comprehensive review every two weeks until he gained normal weight. After ten months, Joseph's nutrition anthropometry at exit had improved with a weight of 10kg, MAUC 14CM, Height 90cm, Z score 0SD (Indicating normal weight for age) and currently with a normal nutrition status.

COMMUNITIES

We organize community committees to launch their own health initiatives around SRH, HIV, primary health care and nutrition. We also train community members to participate on the governance committees of public health centers and equip them to hold the health system accountable.

COMMUNITY HEALTH WORKERS

We train and empower Village Health Teams (VHTs) to extend high-quality care to every home. The VHTs track pregnancies, encourage facility deliveries and ensure on-time immunizations. They test and treat common childhood illnesses, provide contraceptives, and connect clients to health centers.



DATA

Real time data compiled by our M&E Data team in collaboration with the district biostatistician enables our team and government policy makers to make patient-centered and evidence-based decisions.

HEALTH CENTERS

We provide onsite quality improvement support, trainings and Continuous Medical Education (CMEs) to our staff. This support is built around the World Health Organization’s six health system building blocks: service delivery, health workforce, information systems, supply chain, finance, and governance. We also partner with our neighbouring health centers and hospitals to promote referrals of patients

TRANSFORMING COMMUNITIES

NA is committed to empowering African families to become more self – reliant. Through our community lead health model, NA partners with different stakeholders such as Wakiso Local Government (LG), Nansana Municipality, government health facilities i.e., Nabweru, Nakule, Namulonge, Kawanda, Ttikalu, Kasozi and Nabutiti, communities and schools in Nansana including, Kasengejje Primary school, Kisimbiri Primary school, Alliance High school, St. Stephen Primary school, Namusera UMEA, Jesse Infant school, and Nansana Center Primary school. They support the evaluation of NA's interventions to build evidence of its impact.

WORKING WITH VHTS

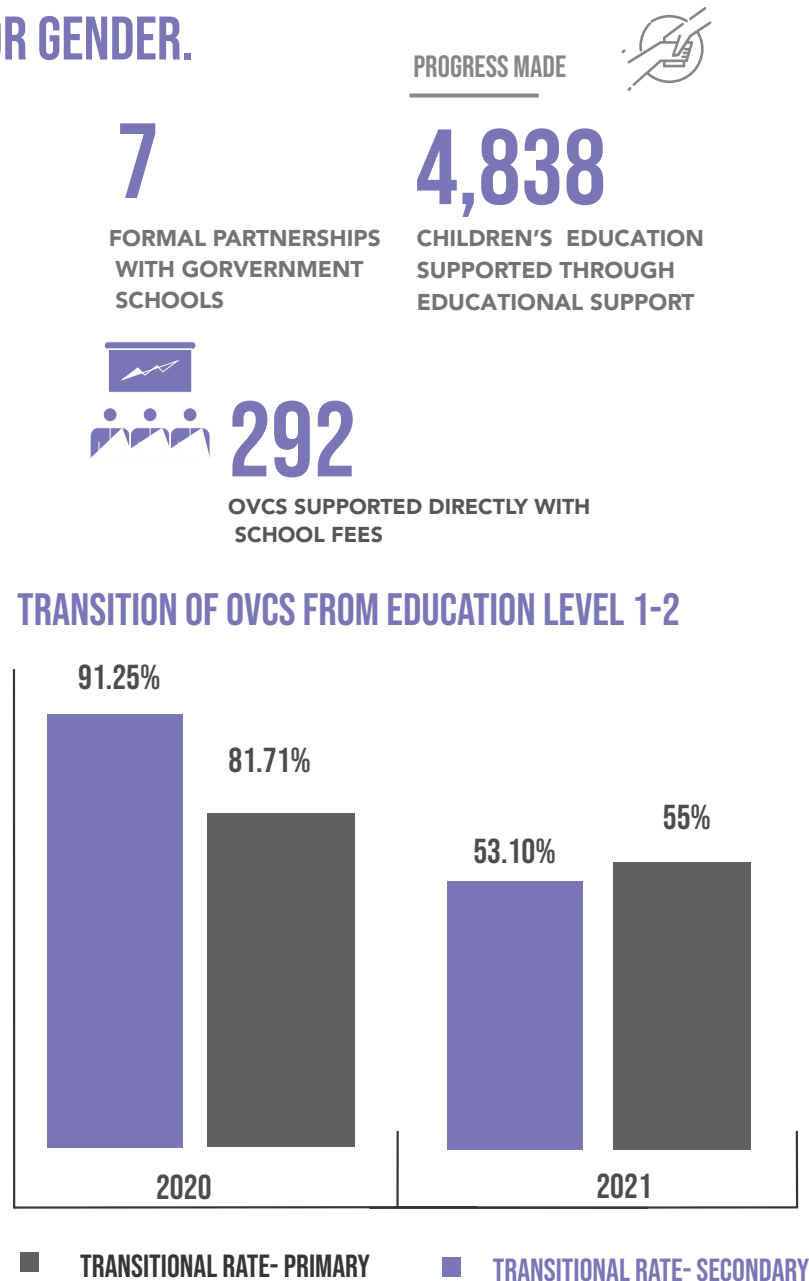
Village Health Teams (VHTs) contribute to access, improvement and delivery of health services to households and communities. The main role of VHTs is to mobilize communities for better health services, hence bridging the gap between communities and health facilities. These VHTs support the chain of access to health service delivery at village level. NA explicitly included VHTs within the human resources support plan and these work with NA's qualified medical teams to support people especially pregnant women and HIV patients in identifying and accessing quality health services in Nansana Municipality. NA works with VHTs to ensure they work closely with the NA's Health management committee in addressing health needs at the village/community level.

EVERY CHILD DESERVES A QUALITY EDUCATION REGARDLESS OF HIS OR HER SOCIO ECONOMIC STATUS, RELIGION, RACE OR GENDER.

EDUCATION ENABLEMENT

All children in all contexts, both boys and girls must have equal access to quality education. This includes extremely vulnerable children, HIV positive children and children with disability. This is in line with the international policies including UN Convention on rights of the child (1989) (Article 28 and 29) and Article 23 for Children with Disability. It is also addressed domestically under the Children's Act (2016), Universal Primary Education Policy (1997), Universal Secondary Education Policy (2007) and Orphans and Vulnerable Children Policy (2004). Despite these policies, only 67% of children finish primary school and just 9% of disabled children complete all levels of education in Uganda (UNICEF, 2019).

In 2021, NA supported 292 Orphans and Vulnerable Children (OVCs) at primary, secondary and tertiary education levels, through its sponsorship programme. These OVCs were provided with a contribution towards school or third level fees, basic school materials and transport facilitation where required. The transition rate from primary to secondary level at NA is 91.25% compared to 53.10% at national level and 81.71% for NA from secondary to tertiary level compared to 55% at national level.



WE ARE INNOVATING TO HELP THE VULNERABLE REACH THEIR POTENTIAL THROUGH EDUCATION.

“My dream is to become a Doctor” – CHRISTINE NAMAYANJA

In 2009 aged 14, A very intelligent young lady, Christine joined the education enablement programme.

*She was recruited as her guardian could not pay her school fees due to the large number of children in the family going to school. She was enrolled for a nursing course at Lubaga Nursing Training School where she later graduated as a nurse. **She is currently employed as a nurse in the NA Health Centre.** “My dream is to become a Medical Doctor”, says Christine.*



THE 'WHOLE SCHOOLS' APPROACH

The "Whole Schools" Model involves empowering the stakeholders who directly affect the quality of education in the school. These stakeholders include the guardians of the children going to the school, the teachers, the school management committees and the district education office. Activities within the school include teacher training, providing school resources, training guardians, children and teachers in child rights and eliminating corporal punishment, and developing a demonstration back yard garden where guardians and teachers can learn about nutrition. The guardians receive training in how to develop income generating activities and form VSLAs. Teachers also receive VSLA training so that they can develop supplementary income which is proven to increase their motivation in class. The guardians of these schools benefit from the "Whole Schools" model meaning that the child is more likely to attend classes and the guardian more likely to contribute more to the operation of the school. These combined activities will improve the quality of education in all the partner schools.

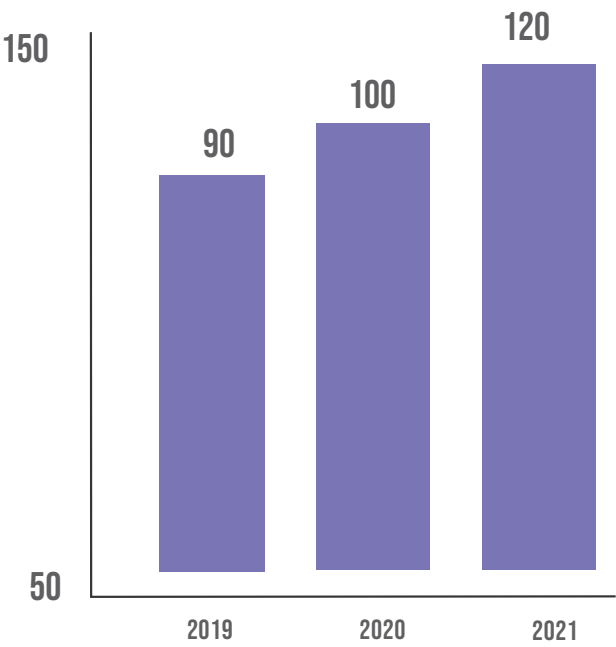
YOUTH EMPOWERMENT

In 2016, the Youth Empowerment Programme commenced with the aim of empowering vulnerable youths to become more self-reliant. The programme embraces vulnerable youth in need of vocational skills to enable them to gain employment or start an income generating activity

NA trained 120 youths in 2021 compared to 100 in 2020. Through its entrepreneurship program, 50 youths were provided with capital out of which 15 youth have stable businesses, 6 are progressing slowly and 5 are static.



YOUTH TRAINED AT THE NA VOCATIONAL CENTRE



NURTURE AFRICA YOUTH SOCIAL ENTERPRISE PROGRAMME

INNOVATION AND SOCIAL IMPACT

The Most at Risk Youth (MARYS) are a vulnerable group that is isolated and discriminated in society. NA provides an opportunity to the MARYs to start a job or get a skill that enables them to get or seek employment. This is done through a through a unique youth hybrid philanthropy/ social enterprise model which combines providing practical vocational and life skills. MARYs lack the financial capability that would support them complete education hence their high dropout rates from school. As result, many resort to transactional sex for survival. This programme ensures that throughout the programme they are in a safe environment, they gain an allowance, are provided with transport, meals, have access to family planning, free medical care, and counselling. This enables these youths to sustain themselves and not have to resort to prostitution, transactional sex, early marriage, or theft. They also get financial literacy training enabling them to either go on to establish their own business after 2-3 years or find employment in an established business.

MARYS lives are transformed into positive influences on Ugandan society. NA trains 120-150 MARYS a year. The direct benefit to their immediate family is immense. On average these MARYS assist in supporting at least 3 other vulnerable family members. This results in over 400 vulnerable individuals being supported per year. At the extreme end without this project these MARYS are likely to contract HIV, be forced into transactional sex, have unwanted pregnancies, get forced into marriage, start using illicit drugs or end up committing crimes. The Youth Social Enterprise Programme is a safe haven for these youths who lack the confidence and ability to function independently in Ugandan society.

SUSTAINIBILITY

NA has branded its Social Enterprise “Urban Village”. Its logo is of a strong black woman to represent its vision; for these MARYS to become self-reliant and positive influences on society. The trained youth have an opportunity of practicing their skills at our established urban villages. However, in 2021, the closure of schools and restaurants left our Urban Villages closed until the lockdown was uplifted.



THE URBAN VILLAGE LOGO



YOUTH SOCIAL ENTERPRISE (INTERIOR)

“

Empowerment of MARYS has been the core objective of our vocational training program. Youth livelihoods have been greatly improved through this program

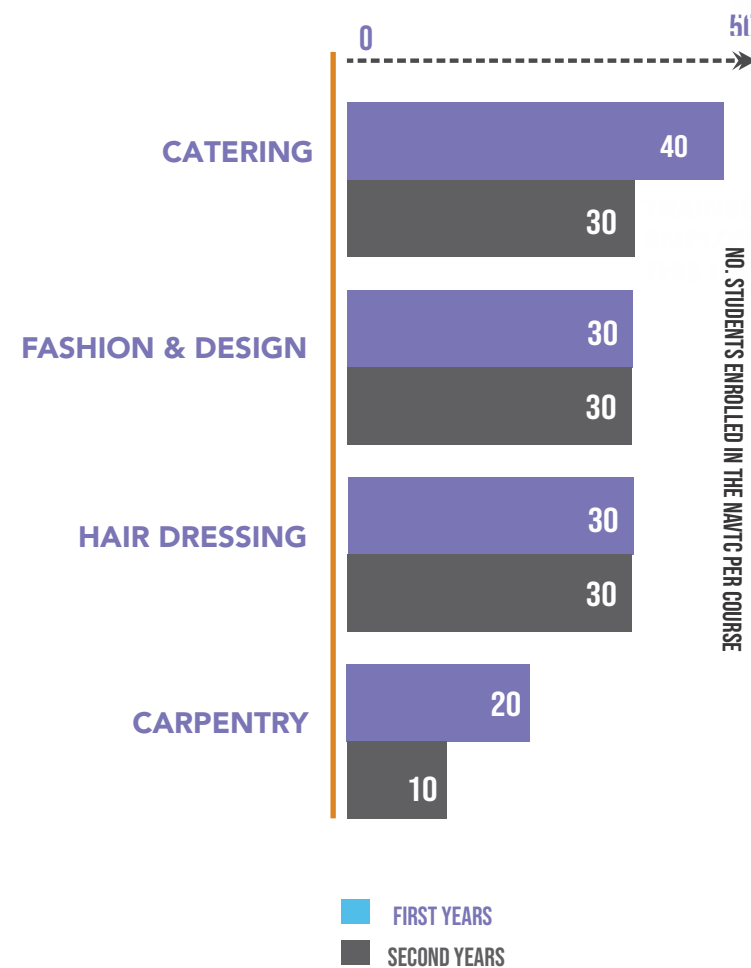
Mr . Chuka

Principal NA Vocational Training Centre



CATERING

YOUTHS RECEIVING VOCATIONAL TRAINING 2021



YOUTH SOCIAL ENTERPRISE (EXTERIOR)



TAILORING



HAIR DRESSING



CARPENTRY WORKSHOP



SUSTAINABLE LIVELIHOODS

TRANSFORMING AND EMPOWERING INDIVIDUALS

NA implements a unique Holistic Family Centred Model where each guardian (which represents a family/household) receives a combination of the following: - training and resources to develop a Village Savings and Loans Association (VSLA), training and resources to start a backyard garden, training in child protection and training on how to make a will. Providing multiple interventions at household level has proven to improve the livelihoods and self-reliance of a family (SCORE 2016). NA's VSLA model empowers these vulnerable families to gain income generating opportunities. A VSLA is a group of mainly women with some men who meet regularly, save, and provide low interest loans to group members.

VSLA groups are composed of 30 people. They save together and take small loans from those savings with an interest of not more than 10% of the value of loan. VSLA members are trained on the methodology and provided with ongoing support for 12 months. Among the outstanding benefits of VSLA is gaining skill and knowledge in financial management where members invest their money to improve their livelihood.

Members are able to lift themselves out of poverty with nothing but their own funds. Ultimately, VSLA members experience significant improvement in household health and wellbeing, and overall improved quality of life. VSLAs have proven to be very effective in accelerating growth and building local capacity. The members have access to high responsive and safe financial services and this enables them to upscale economic activities, improve household health and welfare, acquire business skills, educate their children and improve the quality of their social lives both within the family and the surrounding community. In addition, VSLA activities affect food availability, food accessibility and food stability. If the government of Uganda can improve on the quality of VSLA activities, the level of household food security will improve (John. B. Ogwal et.al, 2022).

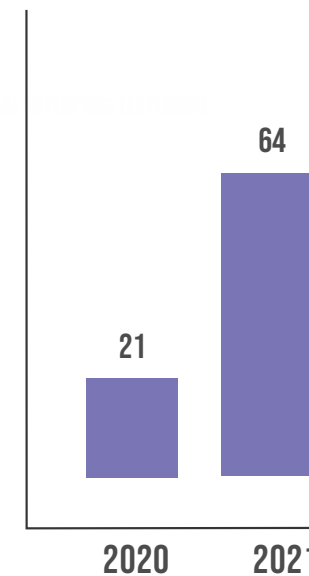
NA works with the guardians and teachers from the 7 partner schools surrounding health centres and the Rehabilitation Centre to implement the VSLA model.

SAVING WITH VSLAS

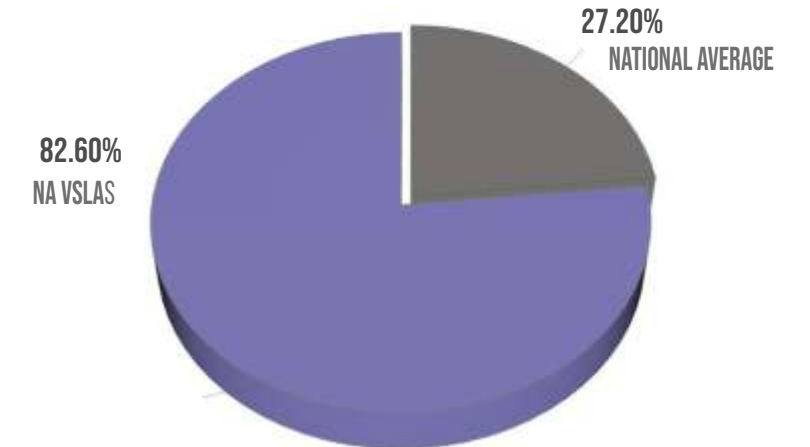
All HIV - positive individuals and their allies are encouraged to form groups (VSLAs) to access sustainable livelihood support services and enhance their resilience to shocks and stresses. Through VSLA groups HIV - positive individuals are equipped with financial literacy and entrepreneurship education which increases financial savings and they also received training in backyard gardening to improve on their and their families nutritional intake during meals.

NA VSLA groups increased from 21 in 2020 to 64 in 2021. The large number of groups explains the increase in savings from €15,492 in 2020 to €102,280 in 2021.

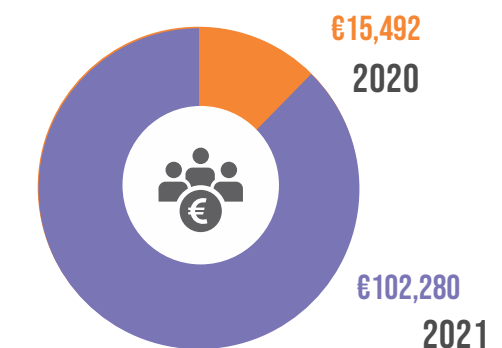
VSLA GROUPS FORMED



PERCENTAGE OF PEOPLE SAVING WITH VILLAGE SAVINGS AND LOANS ASSOCIATIONS



ANNUAL SAVINGS

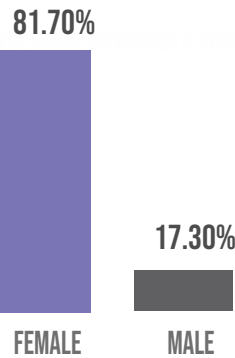


2,502 guardians joined and saved with the 64 formed groups. In Uganda 54% of adults save for future use. In terms of institutions used for savings, only 34% of savers use formal financial institutions such as commercial banks, micro deposit taking institutions, credit institutions and SACCOs.

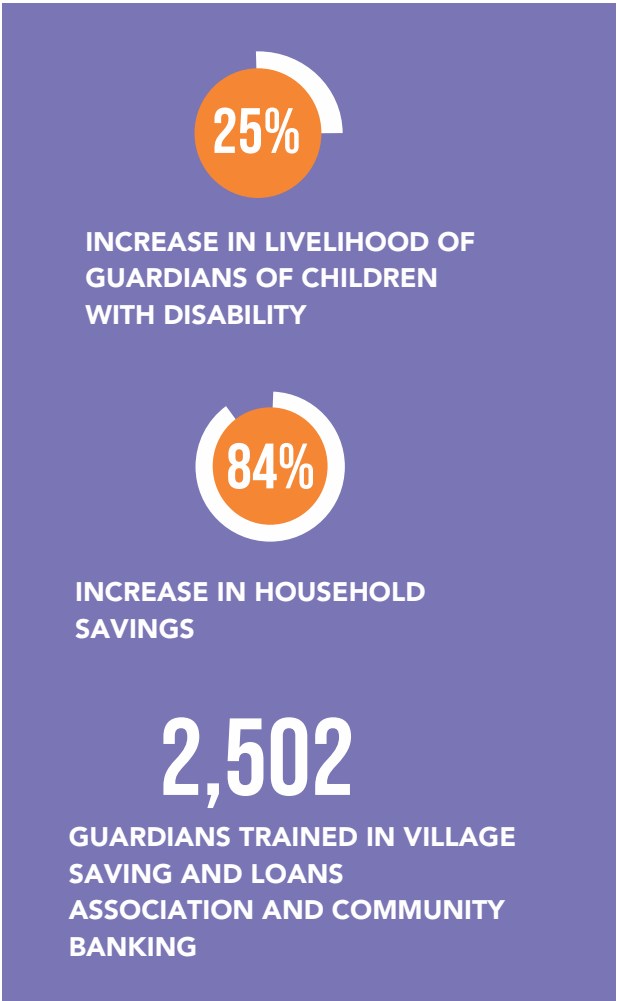
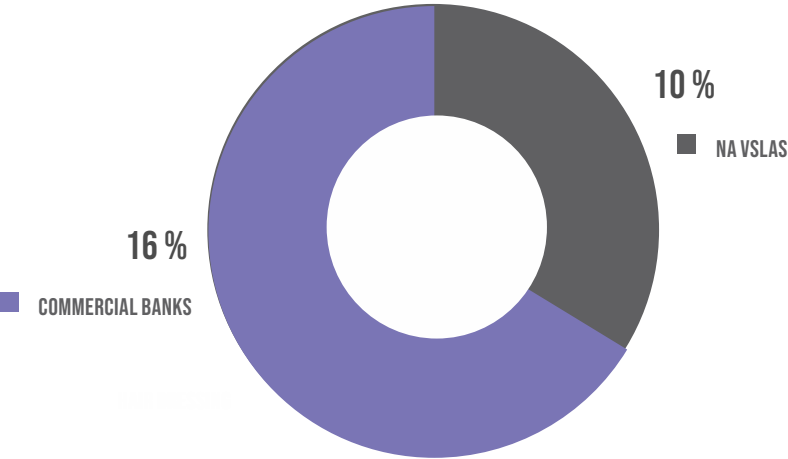
SAVINGS AND FINANCIAL INCLUSION

With over 81.7% and 18.3% of the VSLA members being female and male respectively, the VSLAs' contribution to financial inclusion and women empowerment cannot be overstated enough.

VSLA MEMEBRSHIP DISAGGREGATED BY GENDER



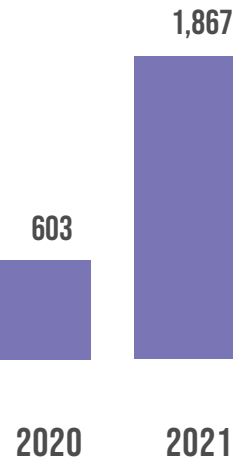
ANNUAL SAVINGS



The number of individuals supported by VSLAs to start businesses increased from 603 in 2020 to 1,876 in 2021. These 1,876 (74.98%) out of 2,502 trained guardians were able to develop business plans, create, and manage small income generating activities using capital borrowed from their savings at a low interest rate of 10% compared to prime lending rate of 16% - 22% for commercial banks.

The success of the VSLA groups is attributed to the business trainings provided by the projects team, the start up start up capital and resources provided during commencement of group savings. These resources are not provided by all organizations supporting similar initiatives and that is why NA's VSLA groups increase in number every year.

NUMBER OF GUARDIANS IN VSLA GROUPS FORMED



Members of Mukisa VSLA Group at one of their meetings



“My success can never be justified without a mention of Nurture Africa and the saving culture I learnt through my saving group”

– ASSIMWE GORRET

Aged 29 Gorret is a member of the World Changer 2 group, a shop attendant, has 2 children living at their home in Kisimbiri. She learnt about the VSLA groups through a friend who shared her achievements after joining the group. Assimwe lost her husband in 2018 and was under pressure to provide for her 2 children.

In 2019 she started the VSLA trainings that were conducted by NA projects. The immediate effect of the training was a reduction in expenditure levels, increased savings from her profit and proper planning. By February 2020, Asiimwe had saved €81 which she used to purchase one piglet, feeds and a semi-permanent wood structure for its shelter.

In December, 2020, her pig produced 14 piglets which she sold. It is this transaction that was a turning point in her life because she raised more money to expand her current business. Beyond business expansion, Asiimwe records an increase in income which has enabled her to provide for her children especially, meals, school fees and all basic needs. “My success can never be justified without a mention of NA and the saving culture I learnt through my saving group” Says Gorret



CHILD PROTECTION

EVERY CHILD HAS A RIGHT TO BE SAFE FROM HARM

The ignorance around child rights among children, teachers, parents and the community members accelerates child abuse forms like defilement and corporal punishment.

Through the National Child Policy (NCP) 2020, the Government of Uganda demonstrates its commitment to ensure the well-being and safety of all children regardless of their vulnerability status. It is a stride in Uganda's efforts to uphold children's rights and protect them from all forms of abuse, for example neglect, exploitation, and violence.

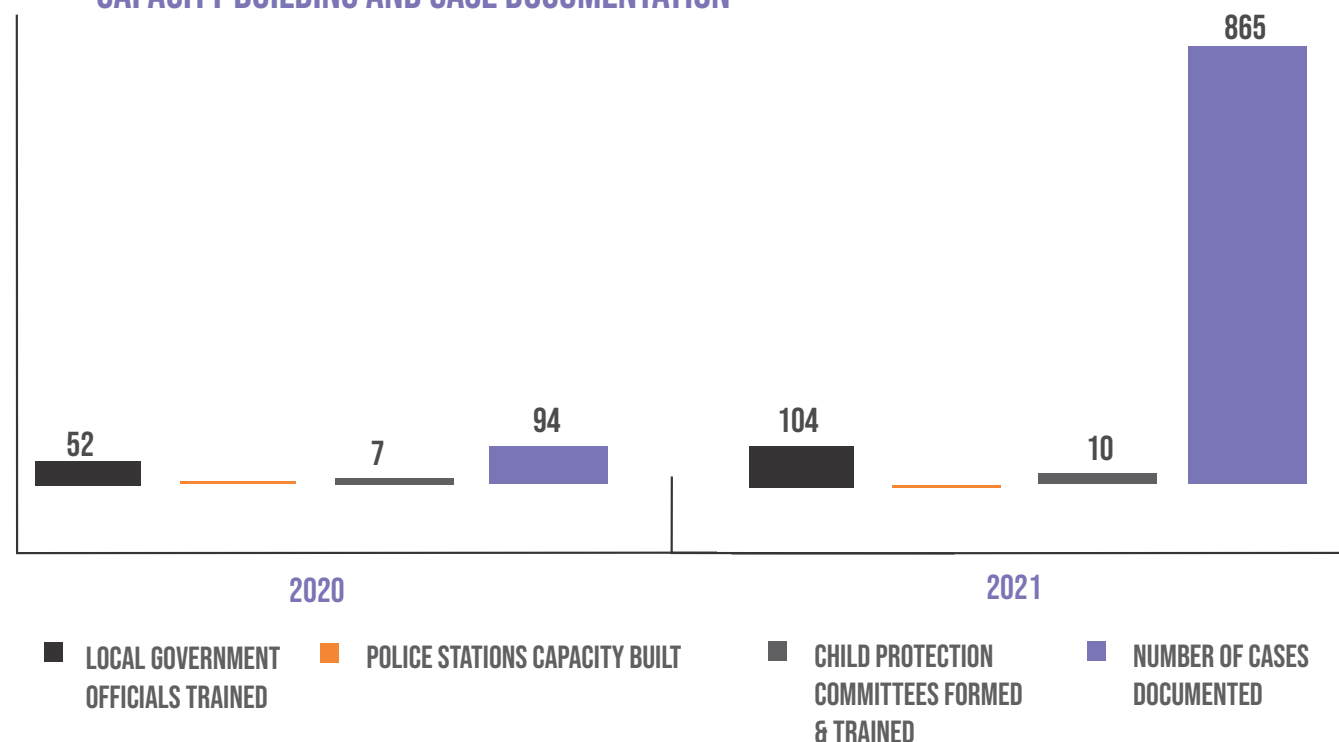
According to the *Violence Against Children (VAC) Survey 2018 report by the Ministry of Gender Labour and Social Development*, of 18-24 year old Ugandans, one in three girls (35%) and one in six boys (17%) reported experiencing sexual violence during their childhoods. This included 11% of girls experiencing pressured or forced sex.

Then six in ten females (59%) and seven in ten males (68%) reported experiencing physical violence during their childhoods. While, four in ten girls (34%) and six in ten boys (59%) ages 13-17 experienced

TRAINING OF LOCAL GOVERNMENT OFFICIALS

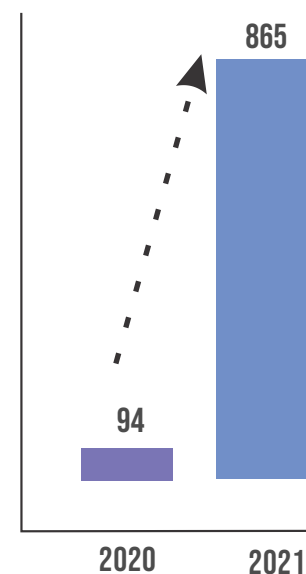
In 2021, 104 Local Government (LG) officials were trained on the application of good governance principles, gender, disability, environment & human rights mainstreaming compared to 52 in 2020. NA built capacity and provided resources to document child violations and rape and defilement cases to 2 Police stations and 10 child protection committees compared to 2 police stations and 7 child protection committees in 2020. As a result, 865 cases were documented in 2021 compared to 94 in 2020. In addition, 2 functional district female youth committees were established and trained in Mubende district.

CAPACITY BUILDING AND CASE DOCUMENTATION

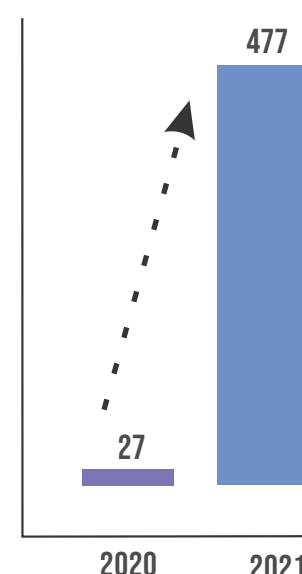


NA worked with 7 partner schools which contain over 4,800 children, 2 health centres and the Police stations in Wakiso District to provide training to children, parents/guardians, teachers and police officers on child rights, reporting and documenting child abuse cases. As a result of the trainings that we conducted and follow up by the NA Child Protection Officer, documentation of child abuse cases in Wakiso District increased from 94 in 2020 to 1, 589 in 2021 and this informed proper follow up that realised a 1.3% increase in the settlement of cases from 27 in 2020 to 477 in 2021.

CHILD PROTECTION CASES DOCUMENTED AND FOLLOWED UP



CHILD PROTECTION CASES DOCUMENTED AND FOLLOWED UP



INCREASED NUMBER OF CASES SETTLED FROM 27 IN 2020 TO 477 CASES IN 2021

INSTITUTIONAL CAPACITY DEVELOPMENT

ORDINANCE FORMULATION

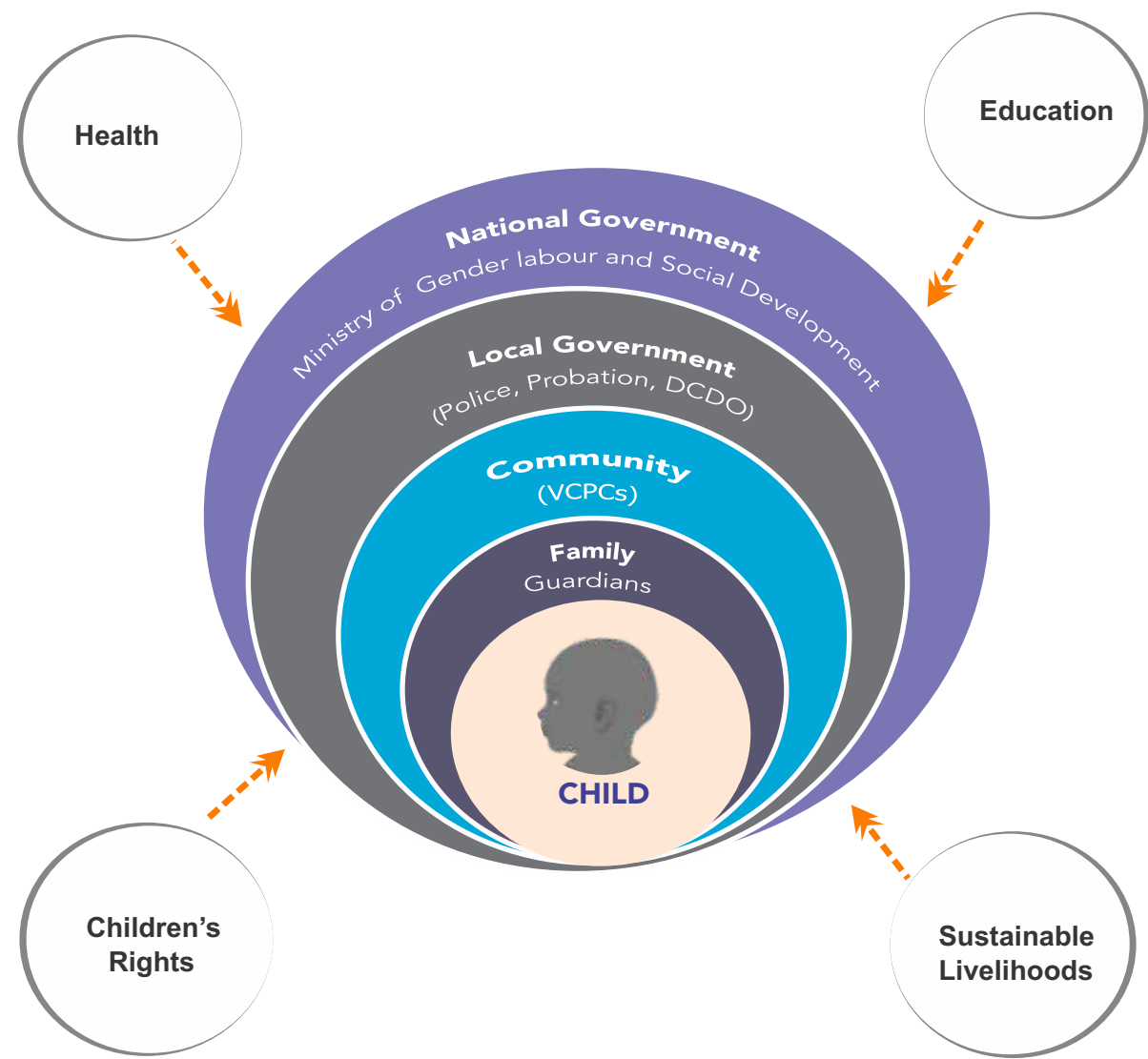
NA assisted LG in Terego and Mubende in developing 5 ordinances on Substance and Drug Abuse, Child Labour, and Environmental and Food Security. The ordinance formation involved consultations made in partnership with district, sub county and local council representatives. These ordinances will address all challenges related to drug abuse, child abuse, food insecurity and the environment. In 2021, the completion rate for Ordinance formation was at 100% (2) and (3) in Mubende and Terego Districts respectively with a major aim of addressing any form of abuse to zero tolerance after dissemination in 2022.



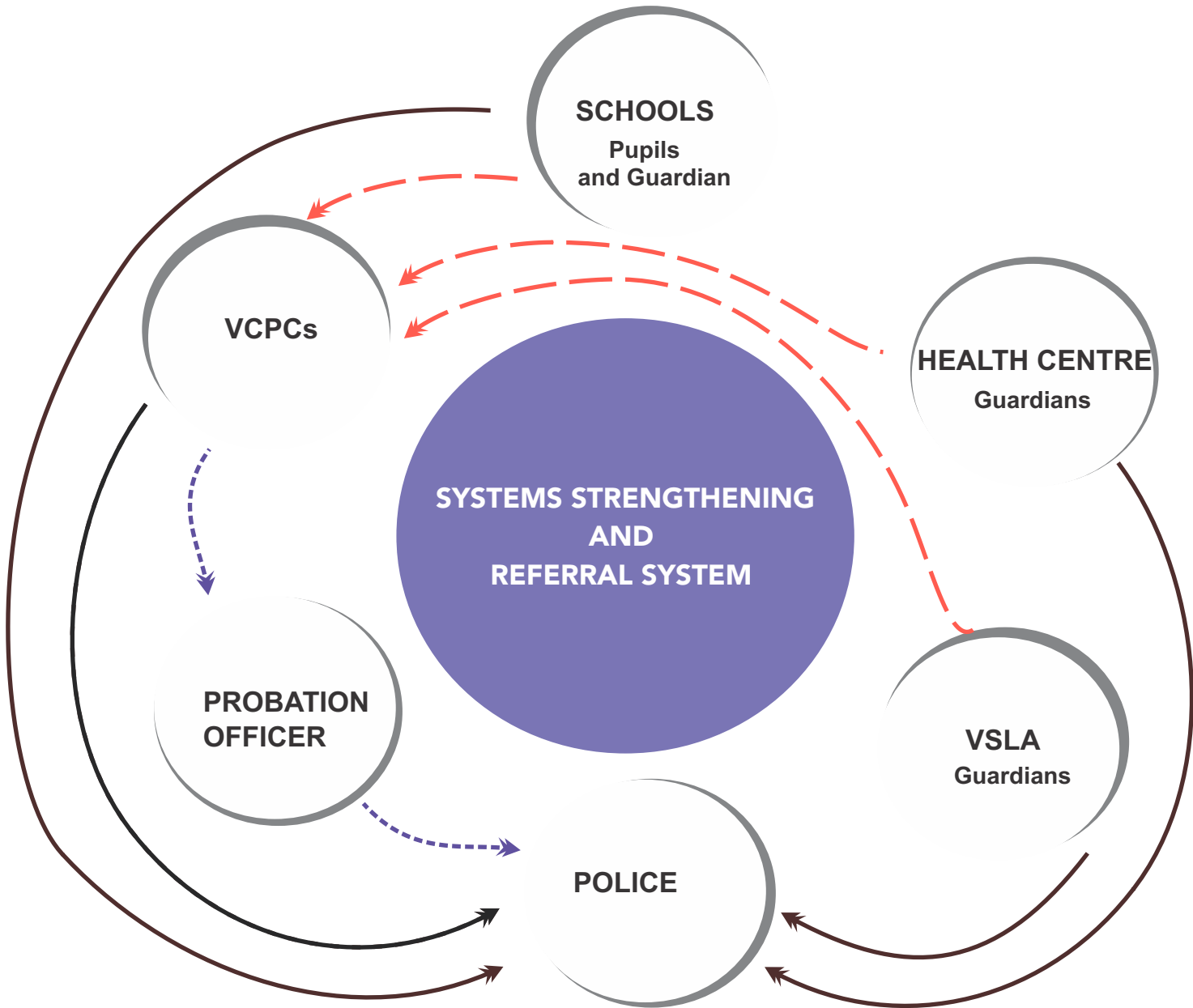
STAKEHOLDERS UNDER CHILD PROTECTION

Protection is achievable under different layers including the Family, Community, Local government, and National level.

CHILD PROTECTION STAKEHOLDERS AT VARIOUS LEVELS

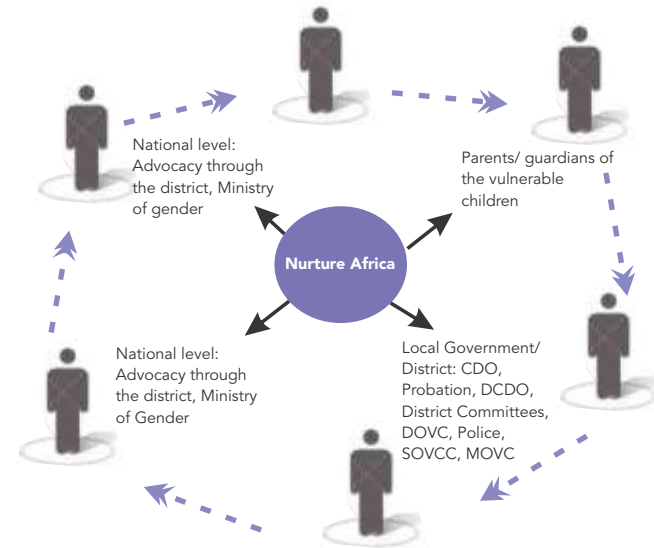


SYSTEMS STRENGTHENING AND REFERRAL SYSTEM - RELATIONSHIP BETWEEN CHILDREN, SCHOOLS, GUARDIANS, VILLAGE CHILD PROTECTION COMMITTEES (CPCS) AND THE POLICE



ADVOCACY

NA plays an advocacy role in collaborating with stakeholders at various levels right from family, community, and district up to the national level. Our Advocacy Model amplifies the voice of the voiceless and the rights of the children. In addition to that, the model is a response to the policy inadequacy at family, community, local and national levels.



Using the Participatory Action Research strategy, NA's advocacy model empowers beneficiaries to demand and defend for their rights from duty bearers. Some achievements in 2021 include:-

Disability.

During the COVID lockdown, NA advocated for over 600 families who had a disabled child to get food supplies from the Inter Religious Council of Uganda to enabled guardians to sustain feeding their children during the lockdown through collaboration with CDO community.

To improve the protection environment of refugee women and children from violence, exploitation, and abuse in Imvepi settlement development officer of Nabweru Division in Nansana Municipality, 10 guardians under NA rehabilitation programme were considered to benefit from the National Disability Grant.

Youth

The established youth committee at Wakiso District got a commitment from the District to consider NA youth beneficiaries to benefit from start-up capital to initiate their income generating activities.

Health

NA staff sit on 3 health committees at district level including COVID taskforce, HIV committee, and TB committee. This has increased access to COVID testing kits and vaccines for the vulnerable people.



THE REFUGEE PROJECT-IMVEPI REFUGEE SETTLEMENT

Uganda remains the largest refugee-hosting country in Africa, with 1,518,570 million refugees currently present in the country. Imvepi refugee settlement in Terego District hosts 60,676 refugees comprising of 53,709 women and children (85%), 1,754 elderly (3%), of which 33,474 (53%) are women and 13, 515 (21%) are youth (Uganda- Refugee Statistics September 2022- Imvepi) Refugees in this settlement still experience education and child protection challenges. NA has contributed towards addressing those gaps in the well-being of South Sudanese refugees in Imvepi settlement.

GOAL OF THE REFUGEE PROJECT

To improve the safety and well-being of South Sudanese refugees through strengthened provision of education and protection services

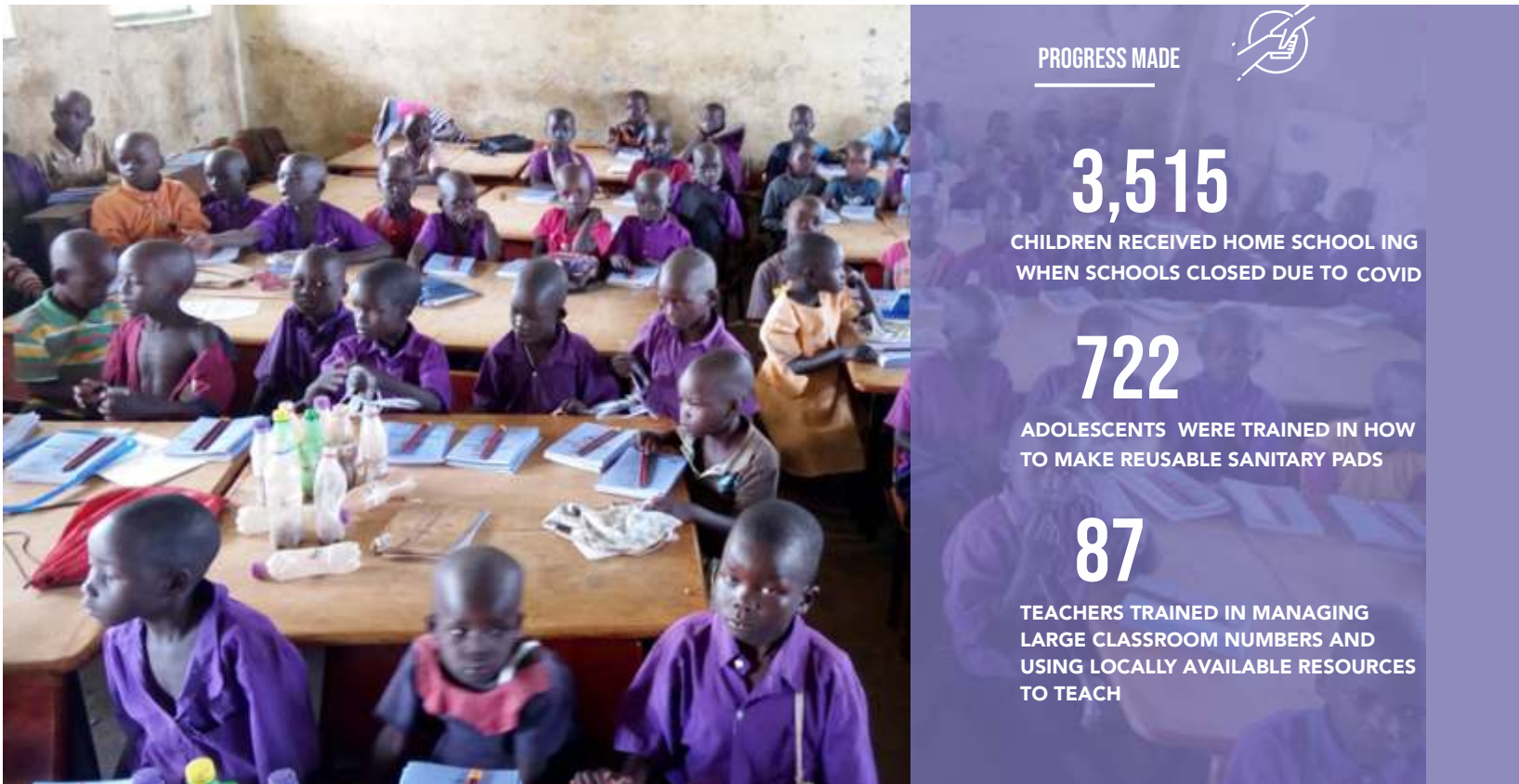
SPECIFIC OBJECTIVES:

- ✧ To improve the quality education for refugee children through teacher training and motivation, access to sanitary pads for adolescent girls, access to school uniforms and scholastic materials for school children
- ✧ To improve the protection environment of refugee women and children from violence, exploitation, and abuse in Imvepi settlement
- ✧ To Promote post-primary alternative education and life-skills education for out of school children and youth through vocational skills training and internship opportunities
- ✧ To Promote post-primary alternative education and life-skills education for out of school children and youth through vocational skills training and internship opportunities

SCHOOL ATTENDANCE AND EXAM RESULTS

Schools were closed for the whole of 2021 due to covid -19, all learning institutions were closed. However, NA introduced home schooling for primary school children as an initiative to ensure they continue to get education during the lockdown. This involved organizing and conducting learning between a group of homes being mindful of social distancing as per the Ministry of Health guidelines.

EDUCATION FOR EVERY CHILD



VALUE ATTACHED TO HOME LEARNING

Through its education project, NA conducted home to home learning to **1,023** with **472 boys** and **551 girls** of primary one, two and three pupils.



VILLAGE CHILD PROTECTION SENSITIZATION



1,656 Members of the Village Child Protection Committees (VCPCs) spear heading Child Protection.

RE-USABLE SANITARY PADS TRAINING

Concentration levels for the girl child cannot be differed from use of sanitary pads. NA conducted training for girls to have basic knowledge on how to make and use sanitary pads.

789 girls were trained in making re-usable sanitary pads



A COMMUNITY FREE FROM VIOLENCE

NA supports efforts to strengthen services that prevent and respond to violence against children in Imvepi refugee settlement through collaboration with Village Child Protection Committees.

According to the Uganda Refugee Response Plan (RRP) 2020- 2021, Uganda hosts over 55,077 children with specific child protection concerns (41,066 unaccompanied and 14,011 children at risk).

Supporting the police with resources to follow up on child abuse issues has reduced the number of crime rates and strengthening the referral systems committed in Imvepi settlement

CHILD PROTECTION COMMUNITY – LEAD MODEL



87

TEACHERS TRAINED IN ALTERNATIVES TO CORPORAL PUNISHMENT WHICH INCREASED REGULAR ATTENDANCE



1,462

CHILDREN AND GUARDIANS SENSITIZED IN CHILD PROTECTION AND SGBV ISSUES WHICH REDUCED CHILD ABUSE.



321

(160 FEMALES, 161 MALES) ADOLSCENTS TRAINED ON DANGERS OF EARLY PREGNANCY.



274

CHILD ABUSE CASES WERE FOLLOWED UP BY THE VCPCS AND POLICE AS A RESULT OF NA TRAINING AND SUPPORT

ORDINANCE FORMULATION

NA conducted community consultation meetings ahead of Ordinances formation in three sub- counties of Katrini, Biliafe and Leju Town Council in Terego District. This was done during formation of Ordinance in Substance and Drug Abuse, Child Labour, Environmental and Food Security that the District had challenges with. The consultations were made in partnership with Terego District which was represented by the District Speaker, District Community Development Officer (CDO), the Council Clerk and CDOs of the respective sub-counties and their chair persons.



Key stakeholders meeting to plan for dissemination of Ordinances in Terego District

REFERRAL PATHWAYS REFRESHER TRAINING

Ignorance about the referral process affects case management. NA conducts training of community members with the involvement of the probation officers and police for appreciation of the referral process.



OUR TEAM

Nurture Africa has 109 staff. 98% are Ugandan with 2 Irish staff

MANAGEMENT TEAM

From Left ; Peter Opio, Programmes Manager, Maria Kizito, Finance Manager, James Kimbowa, Country Director, J Saidat Nassanga, Compliance Officer, James Kiyemba, M&E Manager, Joan Ndagga, Project Coordinator, Brian Iredale, Co-founder and CEO, Sarah Namulema, Human Resource Manager, Annet Nakawunde Iredale, Co-founder, Kenneth Ssetumba Projects Manager



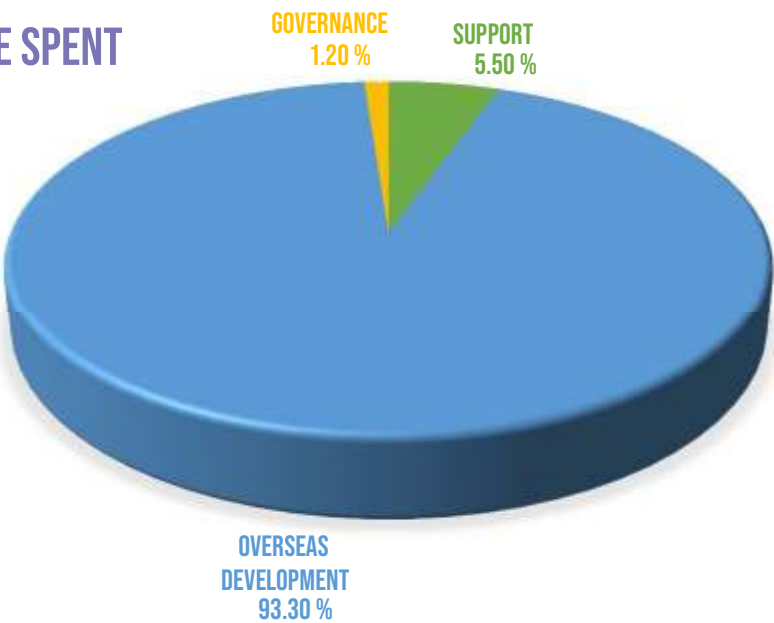
2021 AND 2020 BALANCE SHEET

RECONCILIATION OF FUNDS	2021			2020		
	Restricted €	Unrestricted €	Total €	Restricted €	Unrestricted €	Total €
Balance at 1 January 2021	914,615	238,881	1,153,496	625,435	251,797	877,232
Net Income/ (Expenditure)	173,979	100,516	274,496	341,210	673	341,883
Change in FX Reserves	109,692	(26,424)	83,267	(52,030)	(13,589)	(65,619)
Balance at 31 December 2021	1,198,286	312,973	1,511,259	914,615	238,881	1,153,496

MOVEMENT IN FUNDS	2021			2020		
	Restricted €	Unrestricted €	Total €	Restricted €	Unrestricted €	Total €
Balance at 1 January 2021	914,615	238,881	1,153,496	625,435	251,797	877,232
Income	1,253,009	374,065	1,627,074	1,140,173	419,148	1,559,321
Expenditure	(1,079,030)	(273,549)	(1,352,578)	(798,963)	(418,475)	(1,217,438)
Change in FX Reserves	109,692	(26,424)	83,267	(52,030)	(13,589)	(65,619)
Balance at 31 December 2021	1,198,286	312,973	1,511,259	914,615	238,881	1,153,496

ANALYSIS OF NET ASSETS BETWEEN FUNDS	2021			2020		
	Restricted €	Unrestricted €	Total €	Restricted €	Unrestricted €	Total €
Tangible Fixed Assets	470,188	258,670	728,858	426,734	203,635	630,639
Current Assets	728,098	118,000	846,098	487,881	91,668	579,549
Current Liabilities	-	(63,697)	(63,697)	-	(56,422)	(56,422)
Balance at 31 December 2021	1,198,286	312,973	1,511,259	914,615	238,881	1,153,496

HOW FUNDS ARE SPENT



OVER 93% OF INCOME
GENERATED WAS SPENT ON
OVERSEAS DEVELOPMENT

THANK YOU

NA believes in collaboration and partnerships. Our Partners make it possible to achieve our targets, support our mission, and continue meaningful impact.



Youth, Vocational
Training, Child Protection,
Good Governance



Disability Programme



JOCHNICK FOUNDATION
Youth Empowerment



Health- Maternal & Child
Healthcare and covid-19
related support



Youth, Vocational Training,
Child Protection



HIV Treatment & Care;
OVC support



General Support



Youth Social Enterprise



Maternal and Child Health



Education and Child Protection,



Disability Program



South Sudan
Refugee Project and
Covid -19 related support,
Maternal and Child Health
Sexual and Reproductive Health



EMPOWERING VULNERABLE AFRICAN FAMILIES



nurtureafrica
Empowering Vulnerable Children

NGO Ref: MIA/NB/2012/12/1520



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