



nurtureafrica

Empowering Vulnerable Families

2020 ANNUAL REPORT

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Front page:
Babirye Annet, a Nurture Africa client,
with her children in Nansana, Uganda

ACRONYMS

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

Christine a Pharmacist at Nurtre Africa medical centre , Nansana
Photo by Wlliam Musoke



LETTER FROM THE CO-FOUNDERS

2020 has been the toughest year Nuture Africa has experienced in its 17 years. In February we lost one of the co-founders of Nuture Africa, who happened to be our first volunteer, then our first staff member, ending up our finance manager before passing away suddenly on February 11th. Nansasi Babra was the most dedicated and loving staff member we could ever have hoped for. From the beginning her heart was there to assist the Nansana community - those vulnerable families who were so badly off. It was an honor and privilege to know her and work with her for over 20 years. Whether it was a call on Christmas day from the health centre because a newborn child had no clothes, or a guardian needing some assistance with school fees, Nansasi was always available 24 hours a day 365 days a year. Her phone was never off, and she was always there for Nuture Africa and to help in any way. Her sudden loss in February followed by the COVID pandemic caused Nuture Africa to rethink and restructure as it never thought it would have to. With great challenges came opportunity and we can say we are thankful for the dedicated staff and community that rallied around to ensure we were steered through this stormy weather. We were forced to restructure, to be more efficient, to innovate and to ensure that we continue to support the vulnerable families that we have done so over the past two decades. Our health staff rallied around and stayed at the health centre to continue to provide our essential services during the COVID transport ban:

Women like Lillian who were supported emotionally to accept their HIV status and enroll on treatment to safeguard the unborn baby from contracting HIV. Disabled clients like Ozil who can now independently support themselves and have joined school after several years of intense rehabilitation at our centre.

HIV clients like Gladys who were unable to physically collect their medication are grateful for remaining healthy throughout the COVID lockdown due to Nuture Africa's home-based drug refill programme that ensured door-to-door steady supply of HIV drugs to clients.

Another client Shakira gave birth to her first child and was delighted to receive her child in a stable and healthy condition. Despite her vulnerability status of being a high blood pressure patient, Shakira is grateful for the quality antenatal care and counseling services she received enabling her to have a safe delivery and a healthy baby. It is babies like Shanita who were able to be delivered in a health facility due to our mobile ambulance. For so many of us, it is these moments of knowing that even the little things can make all the difference in someone's life that become the sweetest in our lives. Shanita's moment was possible because she was surrounded by a health system built to deliver high-quality, equitable care. There was a nurse trained in neonatal resuscitation, a health facility equipped and adequately staffed, a Community Health Worker empowered to ensure facility deliveries and a community committed to health access.

This year, Nurture Africa continued strengthening local systems to ensure that sustainable development outcomes are based on enhanced functionality of various local actors. By strengthening local systems, we do not stop at recognizing a more inclusive set of key development stake holders (networks/committees, government agencies, civil society organizations, beneficiary committees or others) but as well pay greater attention to the roles those actors play in producing development outcomes and how effectively they fulfill their roles. In 2020, we provided holistic support to more families than ever before, 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 care and ensured a 0% maternal mortality rate and a 0.1% neonatal mortality rate in the last 2 years in our Health Centre. This is a great achievement compared to district and national maternal and neonatal mortality rates.

All this work is made possible by the resolve of our communities, resilience of our staff, vision of our partners, ambition of our stakeholders and solidarity of our supporters like you.



Brian Iredale
CEO & Co- Founder



Annet Nakawunde
Co-Founder

INTRODUCTION

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

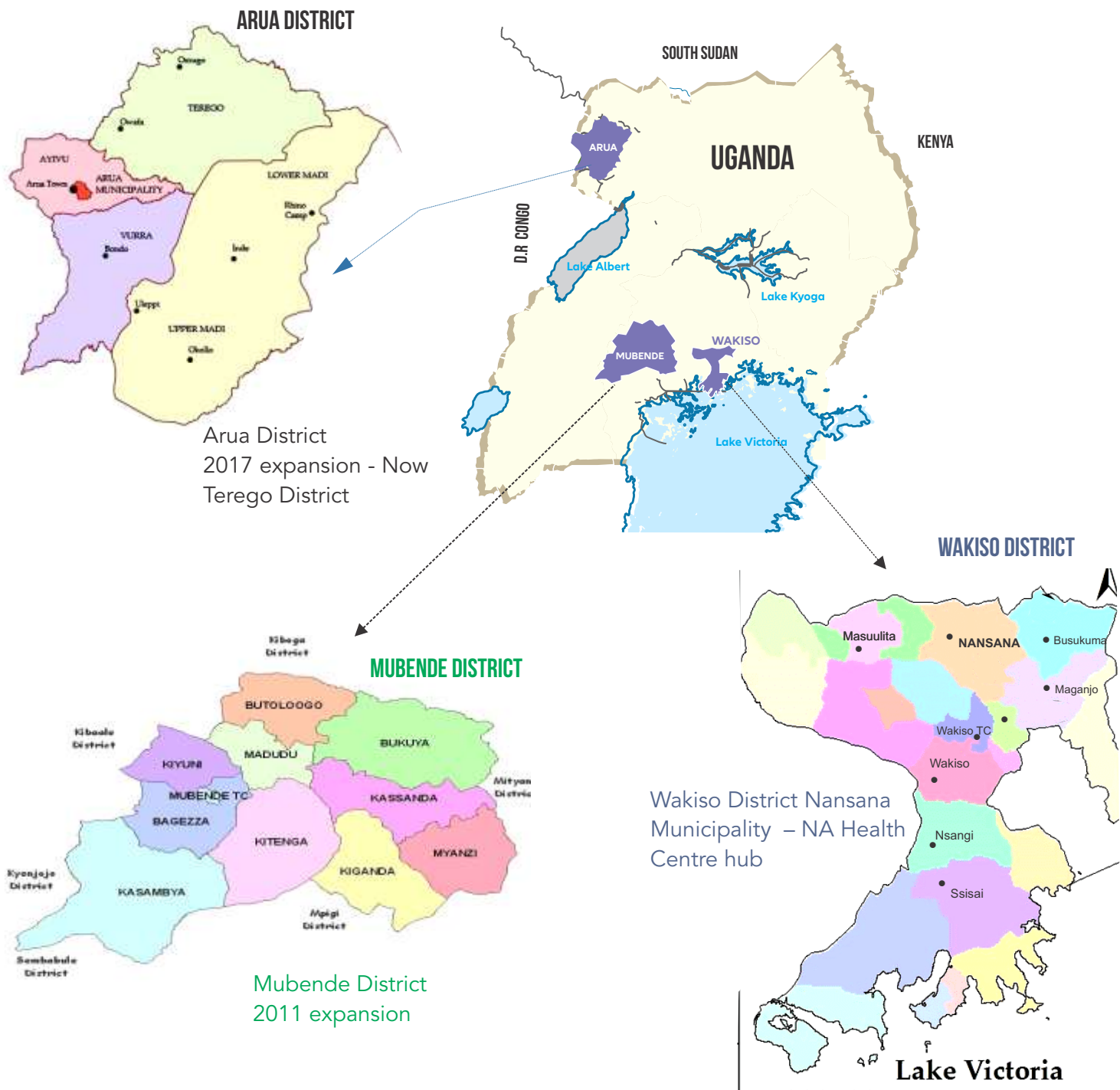
Nurture Africa believes that families have the knowledge and resilience to solve the world's most pressing poverty related challenges and root causes of vulnerability. At grassroots level, we connect family and community initiatives with international experience to enable tangible improvements in poverty reduction outcomes.

We leverage our families 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, agencies, 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.



Namuli Florence , NA child protection
educating Kasengejje Primary school about child rights
Photo by Musoke William

GEOGRAPHICAL COVERAGE



OUR VISION

Empowered African families that are self-reliant.

OUR MISSION

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

NURTURE AFRICA'S 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 families infected and/ or affected by HIV/ AIDS.
- To promote and protect the human rights of vulnerable children, and HIV – infected and/or HIV – affected adolescents and adults.

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 Arua 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 organisations 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 (S.5914/6521) 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 most at-risk youth (MARY) who had to drop out of education due to poverty. She is a pillar of the communities Nurture Africa operates in and provides leadership and guidance to the female headed families and female (MARYS) that work with NA

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 (promoting couples testing), HIV care and treatment (and eMTCT care if a pregnant woman is found to be HIV positive), delivery services, immunisations for their children and most importantly 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.

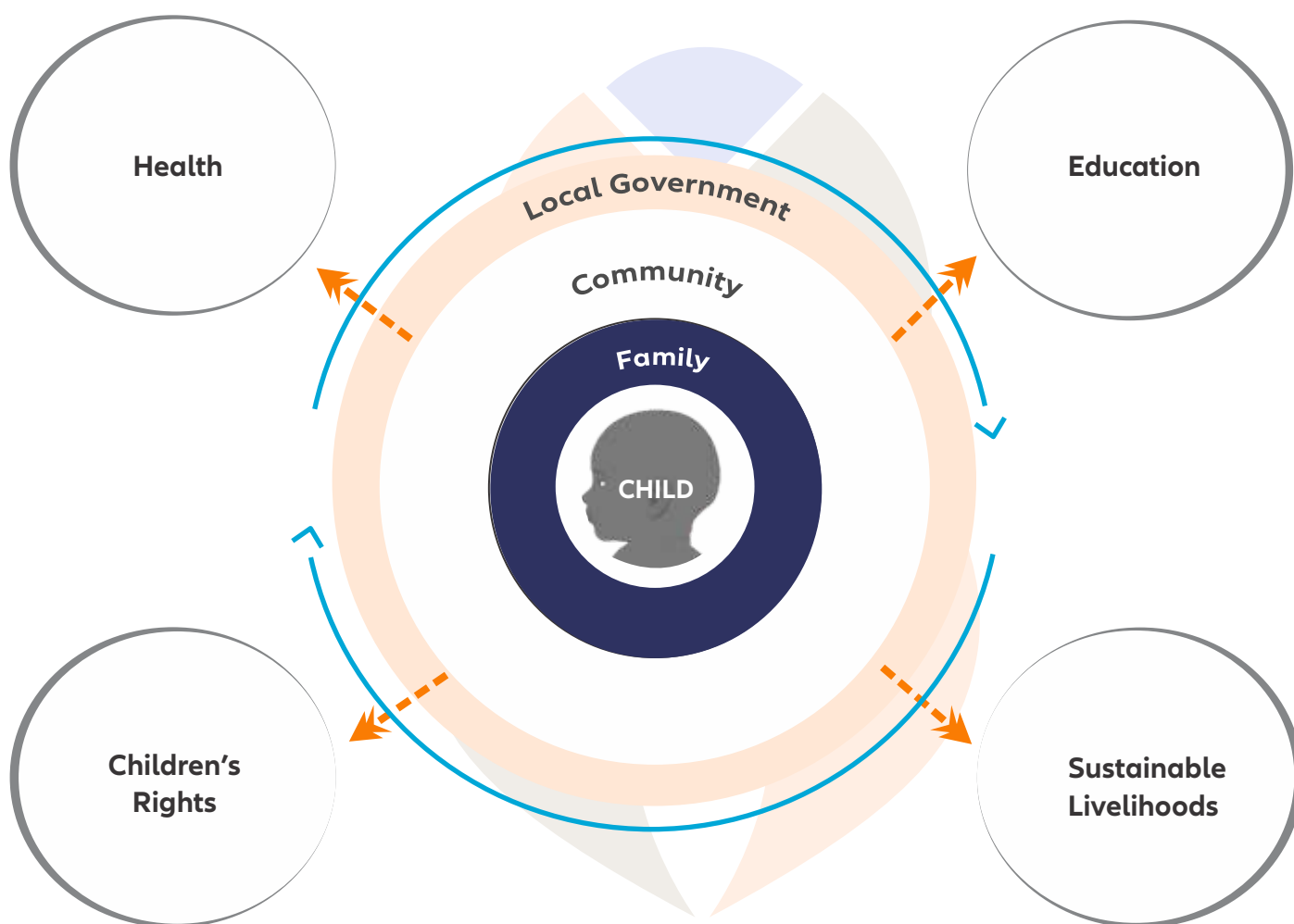
HOW WE DO IT

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.

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

This is the central strategy to NA's programming approach, providing multiple interventions to one family which leads to greater impact enabling them to graduate out of poverty.



NA developed a “holistic family centered model” during our 2018-2022 strategic plan. This model evolved over the past 12 years. NA has always used the grassroots approach. Through implementation, listening to the community members and government officials, the model has been adapted over the years. Our approach is in line with many big, well known organisations who have done a lot of research demonstrating how our model works. These organisations include USAID, the Centre for Disease Control and Prevention (CDC), PEPFAR, UNICEF and AVSI. All of them basically say the same thing—a holistic approach to poverty-stricken families is more efficient, effective, and sustainable.

In 2020 NA continued to implement the holistic 'family centered' model with a focus on upscaling the amount of comprehensive support given to the marginalised community and family members of Wakiso and Mubende districts. NA also continued its humanitarian services in the newly formed Terego District (formerly part of Arua District). NA focused in Imvepi Refugee on child protection and education programmes.

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 includes: -

- ✧ Access to free or subsidised health care- PHC, ANC, family planning, immunisation, 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 included in the VSLA content.
- ✧ Financial literacy training and support to developing a business plan.
- ✧ Access to a backyard garden through training and provision of seedlings. Food aid for the critically vulnerable.
- ✧ Child protection training, including responsive parenting skills.
- ✧ Support to register a birth with government authorities.
- ✧ Support to write a Will.
- ✧ Home visits through NA's community health workers to provide psychosocial support.



Despite the COVID lockdown NA empowered 26,184 guardians and their family members through the holistic family centered model enabling 37% of their monthly income levels to double from €22.50 to €45. 44% of these families were on €5 net monthly income in the last 18 months and are now at €22. Their meal consumption has gone from one meal at baseline to three meals a day now.

PROGRESS MADE

26,184

FAMILIES EMPOWERED

37%

MONTHLY INCOME GROWTH


This is a great achievement considering the restrictions caused by the COVID lockdown.

A photograph of a grocery stall. In the foreground, several large stalks of sugarcane are leaning against a wooden structure. Behind them, on shelves, are various fruits including watermelons, pineapples, green limes, and red tomatoes. A person wearing a black cap is partially visible on the right side of the frame. The background is dark and appears to be the interior of the stall.

“THE MAGIC OF COLLECTIVE SAVINGS”

CASE STUDY

Namirembe Mimuna, 35 years, Wakiso Town council, in her grocery stall selling food items. Photo by Ssettumba Kenneth June 2021.



“I really thank Nuture Africa for introducing this project to us. If it had not been for the magic of joining VSLA, by now, I would have died with all my children”.

– MIMUNA, MOTHER OF 4

35 year old Mimuna Namirembe, a single mother of four children has had her fair share of struggles. Due to the husband leaving and not taking care of her children the burden of looking after them fell on Mimuna.

Mimuna became destitute and both her and her children survived on occasional handouts from people, going without food on other days. Mimuna was frustrated until she was introduced to the concept of a Village Savings and Loans Association (VSLA) by a project staff of Nuture Africa in 2019. She initially hesitated to join one but after realizing the changed lives her friends were living, Mimuna decided to join the Kyoga Village Savings and Loans Association in Wakiso Town council in September, 2019.

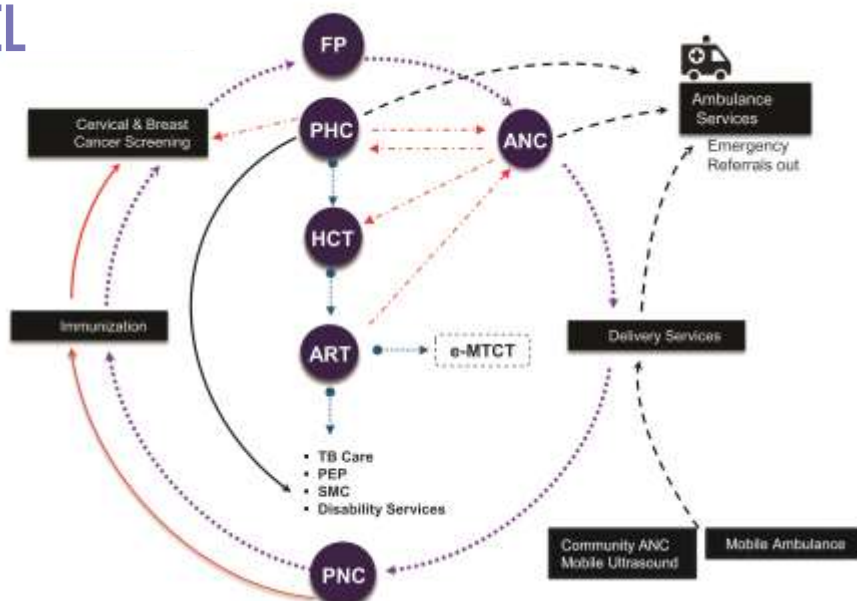
From doing occasional odd jobs like washing clothes and fetching water for a fee, Mimuna started saving the little she would with the VSLA. Life started to change for Mimuna when she got her very first loan from the VSLA. “With UGX 50,000 (€12.50), I was able to set up a general merchandise stall at the roadside,” she said. With continued saving, borrowing and an increase in customers, Mimuna still runs her stall whose capital has now increased to UGX 500,000 (€12.50) thanks to her VSLA group. Now life has given Mimuna and her children the green light. “All my children are now in school and I pay their fees on time. I have also bought a 20ft by 50ft plot of land at a cost of UGX 3 million (€750) in Nampunge village near Kakiri Town Council from the VSLA share-outs. I buy clothes for my children and we have nutritious meals twice a day,” Mimuna shared her gains from the VSLA group with a smile.

Mimuna is very grateful to NA. “I really thank Nuture Africa for introducing this project to us. If it had not been for the magic of joining a VSLA, by now I would have died with all my children”, Mimuna said thankfully.

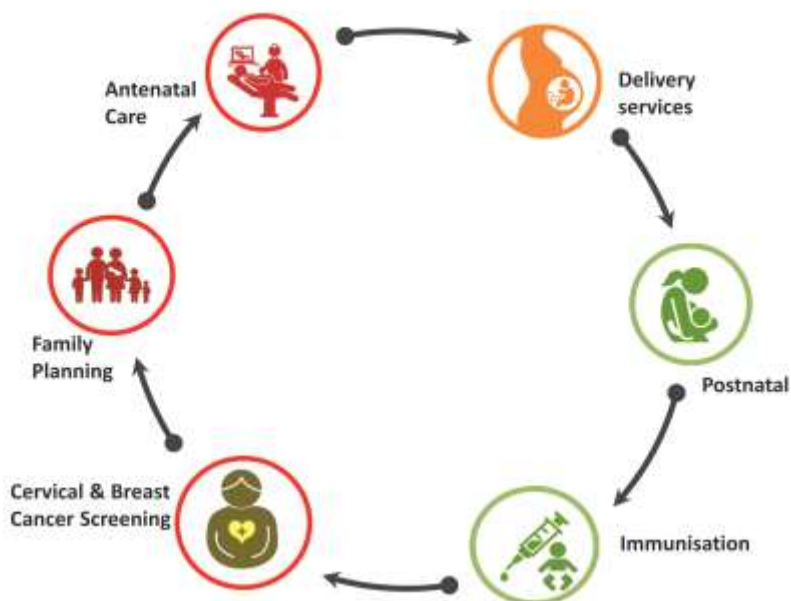
HEALTH SERVICES

THE NA HEALTH CARE MODEL

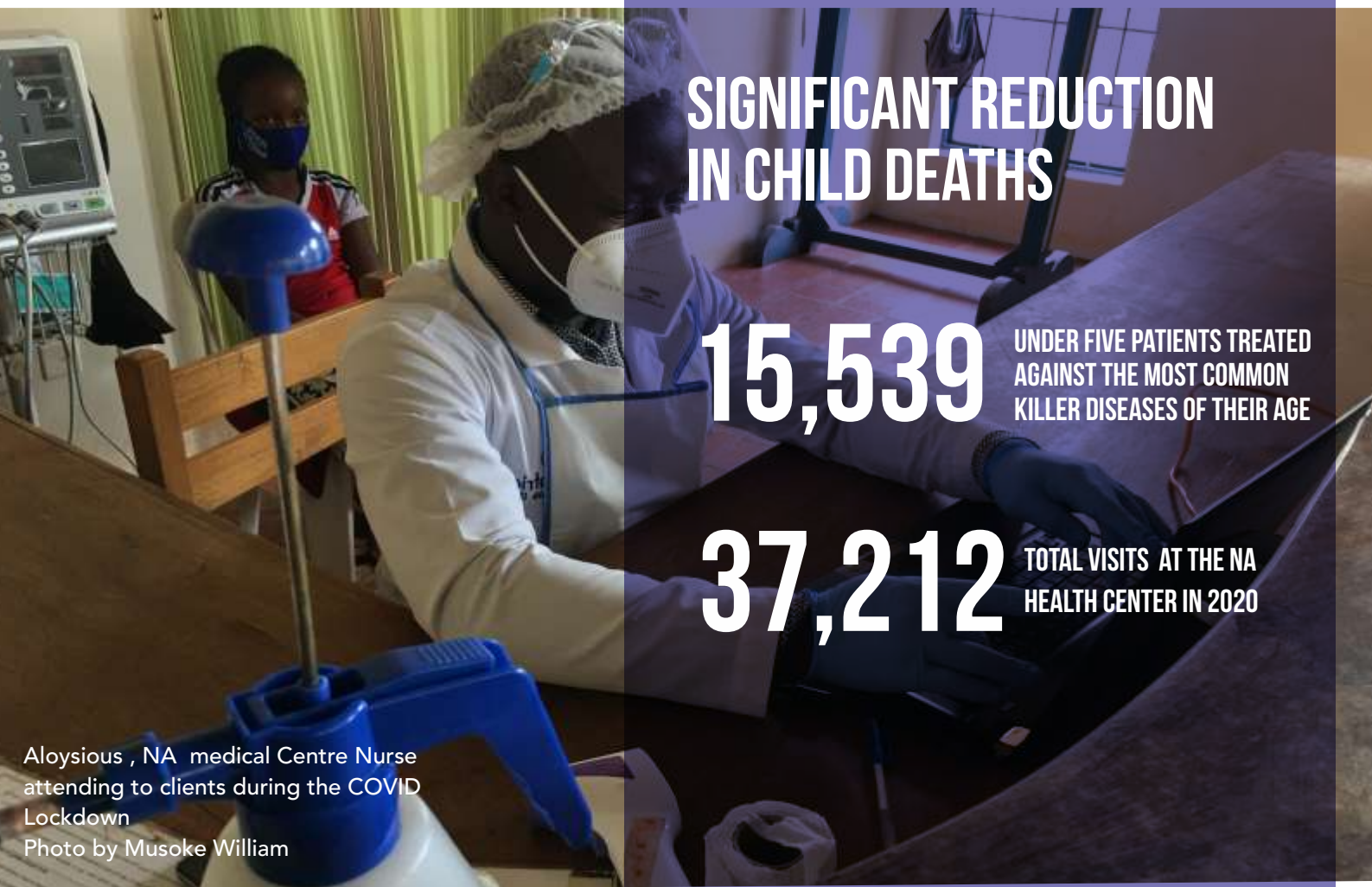
FP	FAMILY PLANNING
PHC	PRIMARY HEALTH CARE
HCT	HIV COUNSELING AND TESTING
ART	ANTIRETROVIRAL THERAPY
EMTCT	ELIMINATION OF MOTHER TO CHILD TRANSMISSION
ART	ANTIRETROVIRAL THERAPY
PEP	TUBERCULOSIS
SMC	SAFE MALE CIRCUMCISION



MATERNAL AND CHILD HEALTH MODEL



NA is committed to supporting Uganda's ambitions to achieve universal health coverage, especially in hard-to-reach areas. 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. These include the health sector development plan 2019/2020 and HIV care and treatment guidelines of 2019. 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.



**SIGNIFICANT REDUCTION
IN CHILD DEATHS**

15,539

UNDER FIVE PATIENTS TREATED
AGAINST THE MOST COMMON
KILLER DISEASES OF THEIR AGE

37,212

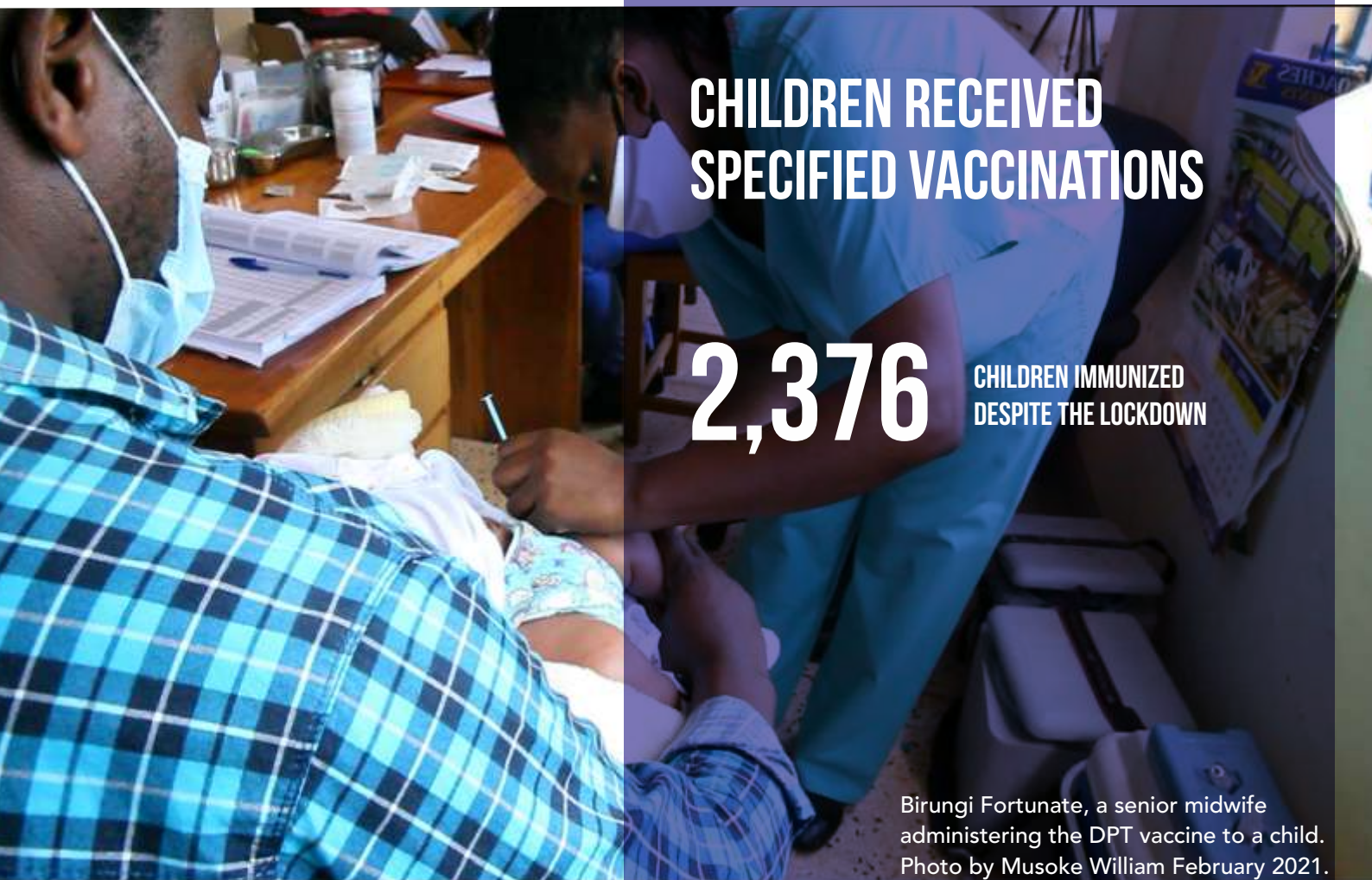
TOTAL VISITS AT THE NA
HEALTH CENTER IN 2020

Aloysious , NA medical Centre Nurse
attending to clients during the COVID
Lockdown
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, 15,539 patients were treated and prevented against the most common killer diseases of under-five's: malaria, pneumonia, measles, and diarrhea related conditions. Total health center visits for 2019 was 50,156 while for 2020 it is 37,212. The reduction is mainly attributed to the lockdown and transport restrictions due to COVID. We were also not able to do outreach services for 6 months as gatherings of more than 20 were also banned.



CHILDREN RECEIVED SPECIFIED VACCINATIONS

2,376

CHILDREN IMMUNIZED
DESPITE THE LOCKDOWN

Birungi Fortunate, a senior midwife
administering the DPT vaccine to a child.
Photo by Musoke William February 2021.

CHILD HEALTH

ENSURING EVERY CHILD CELEBRATES A 5TH BIRTHDAY

Despite the global progress in reducing child mortality rates over the past few decades, an estimated 5.2 million children under age 5 died in 2019. More than half of those deaths occurred in sub-Saharan Africa (UNICEF, 2018). In Uganda, HMIS estimates that only 55% of children aged 12–23 months were found to be fully vaccinated with coverage being relatively higher in urban areas (61%) than rural areas (50%) (Malande et al., 2019)

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 (VHT) to track all children at birth, monitor their growth and ensure on time immunization. They mobilize and sensitize 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 a month at NA health centre to protect children against infectious diseases. Despite the lockdown NA was able to safely immunise 2,376 children up from 2,693 in 2019. There was a 0% mortality rate amongst these children.

HIV/AIDS PREVENTION, CARE AND TREATMENT

BUILDING AN HIV-FREE GENERATION

HIV TESTING AND COUNSELING

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 Nurture Africa health center and in community outreach hot spots. **Despite COVID restrictions 5,112 clients were tested to increase knowledge on their HIV status. 2,052 of these were youths**

HIV CARE AND TREATMENT

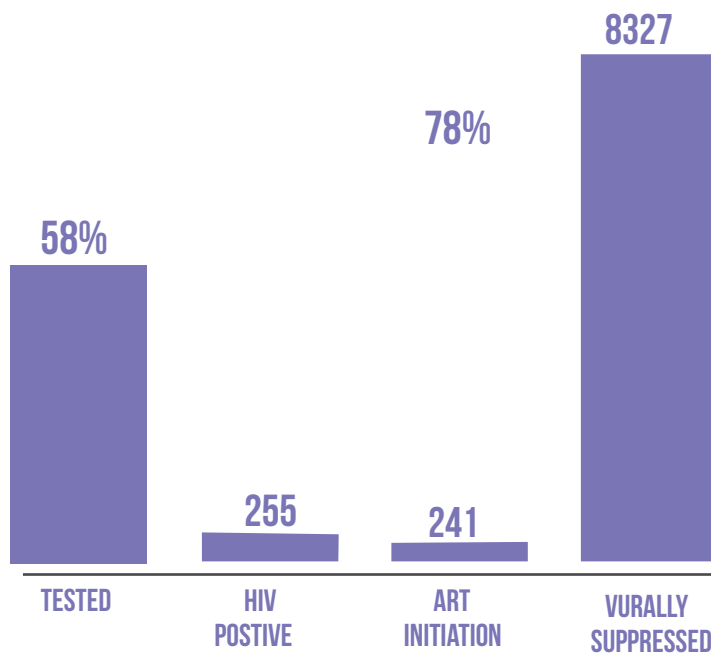
The HIV burden at the end of 2020 was estimated at 1.46 million adults and children living with HIV in Uganda. NA's strategy under its HIV programme is to improve the health of HIV children, adolescents, men, pregnant women, and guardians of HIV infected children. NA trained community health workers, VHT's and peer leaders with knowledge on HIV prevention. They were also trained on how to identify and mobilize clients for HIV education workshops and HCT services in the community and at NA.

All HIV positive clients identified are linked to ART care to help HIV negative partners to remain negative and identified discordant couples are provided with home-based couple counselling.

PROGRESS MADE

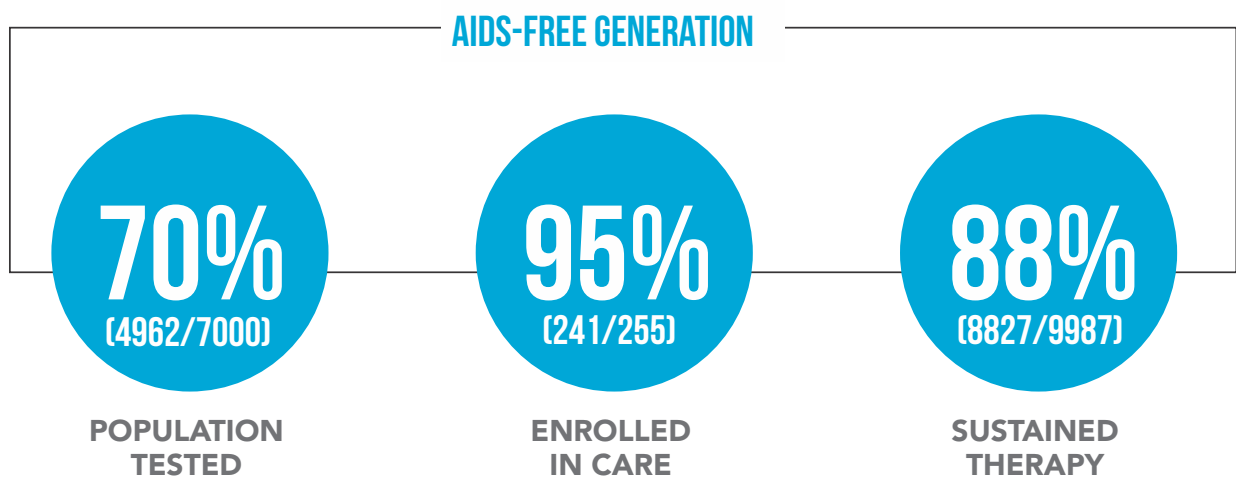
1,998 CLIENTS ACTIVE IN CARE

333 NEWLY IDENTIFIED HIV POSITIVE



PROGRESS TOWARDS 90 90 90 TARGETS (UNAIDS, 2020)

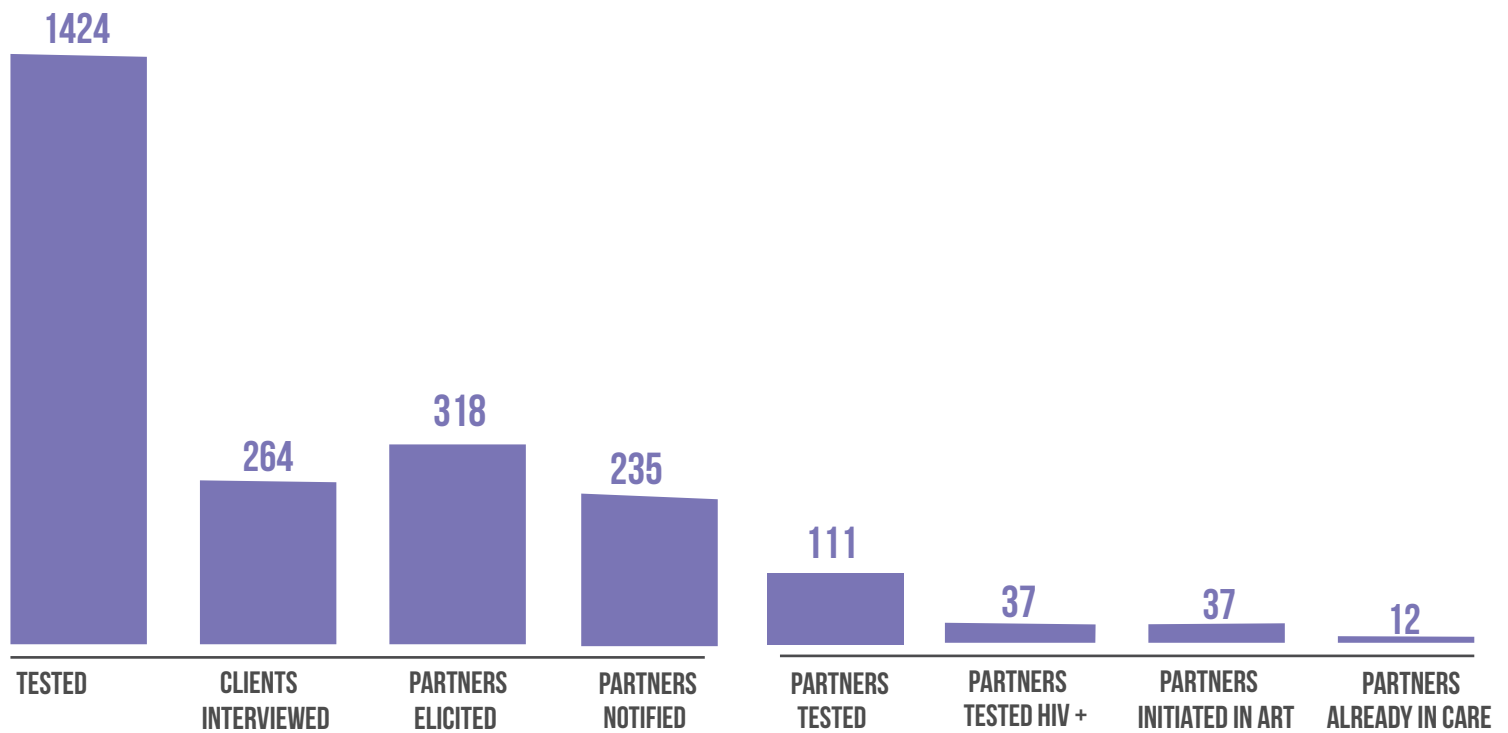
NA ACHIEVING AN AMBITIOUS TARGET



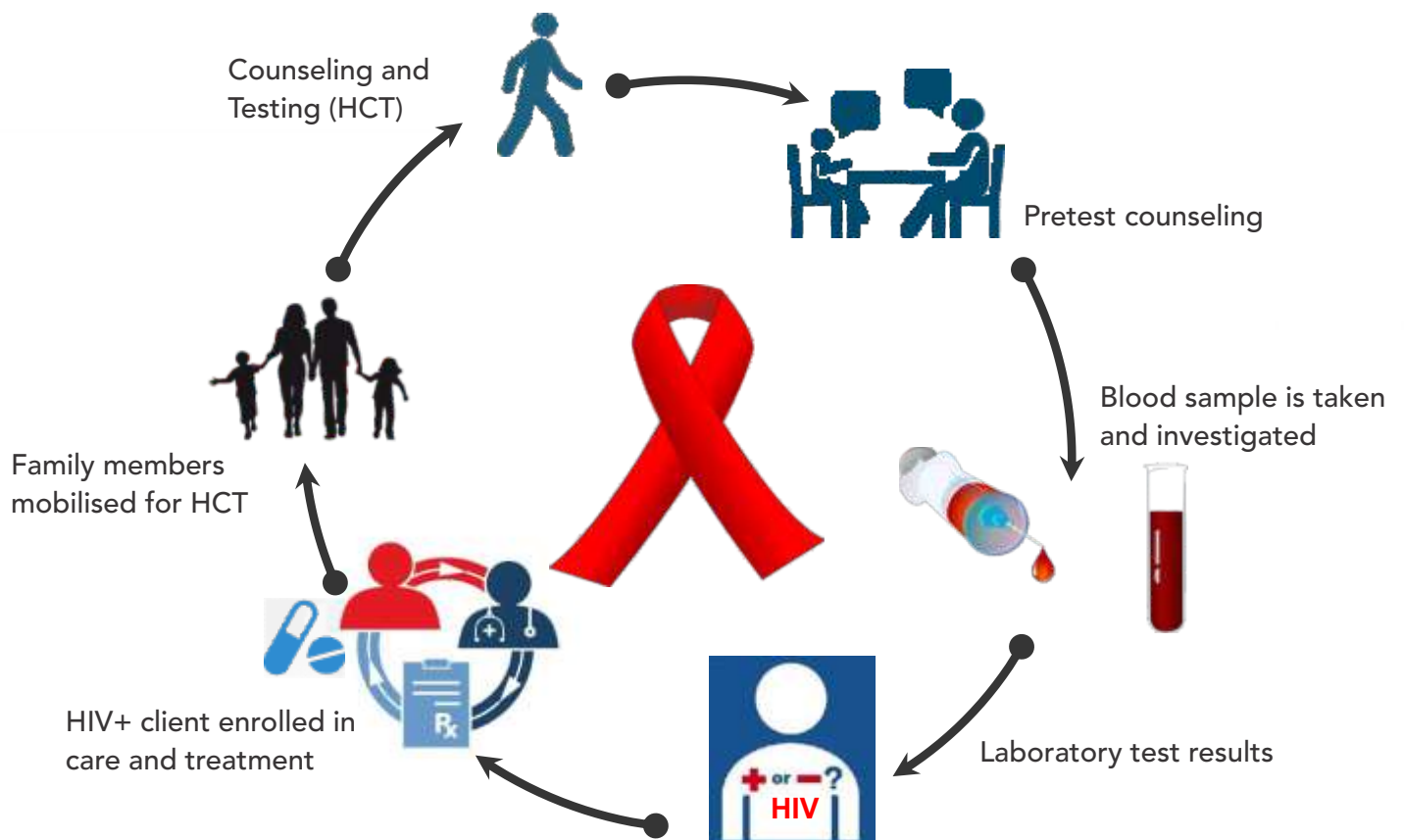
The global UNAIDS target is to reach 90-90-90 by 2020.

ASSISTED PARTNER NOTIFICATION (APN)

At NA, our trained VHTs interview clients and encourage them to confidentially contact their sexual partners who are then followed up, counselled, tested and the positive ones linked to care. APN is an innovative service where PLWH are interviewed to elicit information about their partners. They are then offered the opportunity to have a trained disease intervention specialist (DIS) confidentially notify their partners of their potential exposure and offer them HIV testing, referrals to HIV prevention and treatment services.



NA HIV /AIDS CARE MODEL



TUBERCLOSIS (TB)

HIV is the leading risk factor for development of TB. In turn, tuberculosis is the leading cause of death among people with HIV. A total of 1.4 million people died from TB in 2019 (including 208,000 people with HIV). TB is present in all countries and age groups, but it is curable and preventable. As a result, NA focused on delivering integrated TB services and those tested positive, are enrolled in to care to reduce TB cases and deaths.

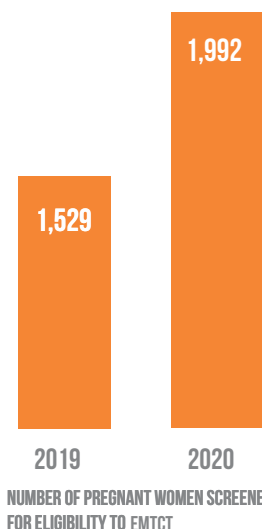
FACTS IN FIGURES

58 CLIENTS DIAGNOSED AND TREATED

ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV

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.

In 2020, 1,529 HIV – positive pregnant women received antiretroviral drugs to reduce the risk of mother to child transmission which creates a reduction in new infections among children.



OF HIV-EXPOSED INFANTS

SUPPORTED BY NURTURE AFRICA TESTED POSITIVE FOR HIV 18 MONTHS AFTER BIRTH,

333 COMMUNITY MEMBERS DIAGNOSED WITH HIV ENROLLED INTO CARE

1,758 PEOPLE IN CARE ARE VIRALLY SUPPRESSED

NURTURE AFRICA

VIRTUALLY ELIMINATED MOTHER-TO-CHILD TRANSMISSION OF HIV

AMONG ITS CLIENTS FOR THE FIFTH YEAR IN ROW

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

When women and couples have the tools to choose when they get pregnant, the result is better. NA understands that while women and girls may have a desire to access reproductive health services, relatives and community leaders are often the gatekeepers to these services. Thus, **we increase confidential access to services, while challenging social norms and increasing buy-in for reproductive rights.**

We start 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, and confront cases of abuse.

Sexual and Reproductive Health (SRH) is a major focus for Nurture Africa. The overall goal is to improve the sexual reproductive health, maternal health, and children's health in Wakiso district. This period of time has seen women and female youth face remarkable difficulties due to COVID. 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 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. Services are offered at the facility as well as in the community (through outreaches and home visits) by the Village Health Teams (VHT's) and peer educators.

99%

OF THE 9,717 WOMEN AND FEMALE YOUTH DEMONSTRATED IMPROVED KNOWLEDGE AND EMPOWERMENT IN SEXUAL REPRODUCTIVE HEALTH FOLLOWING TRAINING.

6.7%

REDUCTION IN NEW HIV INFECTIONS AND AN 8% REDUCTION IN SEXUALLY TRANSMITTED INFECTIONS (STIS) AMONG 15,000 YOUTH AND WOMEN COMPARED TO 2019.

1,621

VULNERABLE WOMEN AND YOUTHS RECEIVED FAMILY PLANNING (FP). THIS WAS DOWN FROM THE 1,983 WHO RECEIVED FP IN 2019. THIS WAS MAINLY DUE TO A BAN ON TRANSPORT FOR SEVERAL MONTHS DURING THE COVID LOCKDOWN.

57%

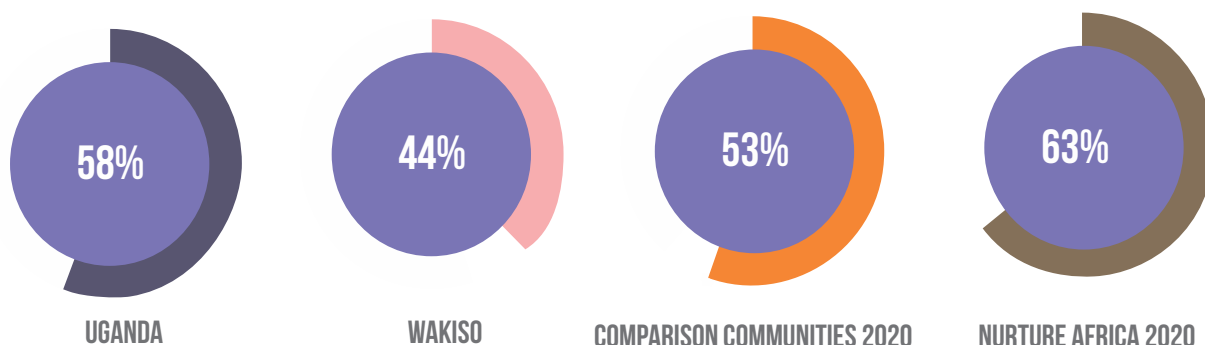
OF WOMEN HAD INSTITUTIONAL DELIVERIES IN COMPARISON TO THE NATIONAL AVERAGE OF 42% OF CHILDBEARING MOTHERS ATTENDING A PROFESSIONAL HEALTH WORKER.

14%

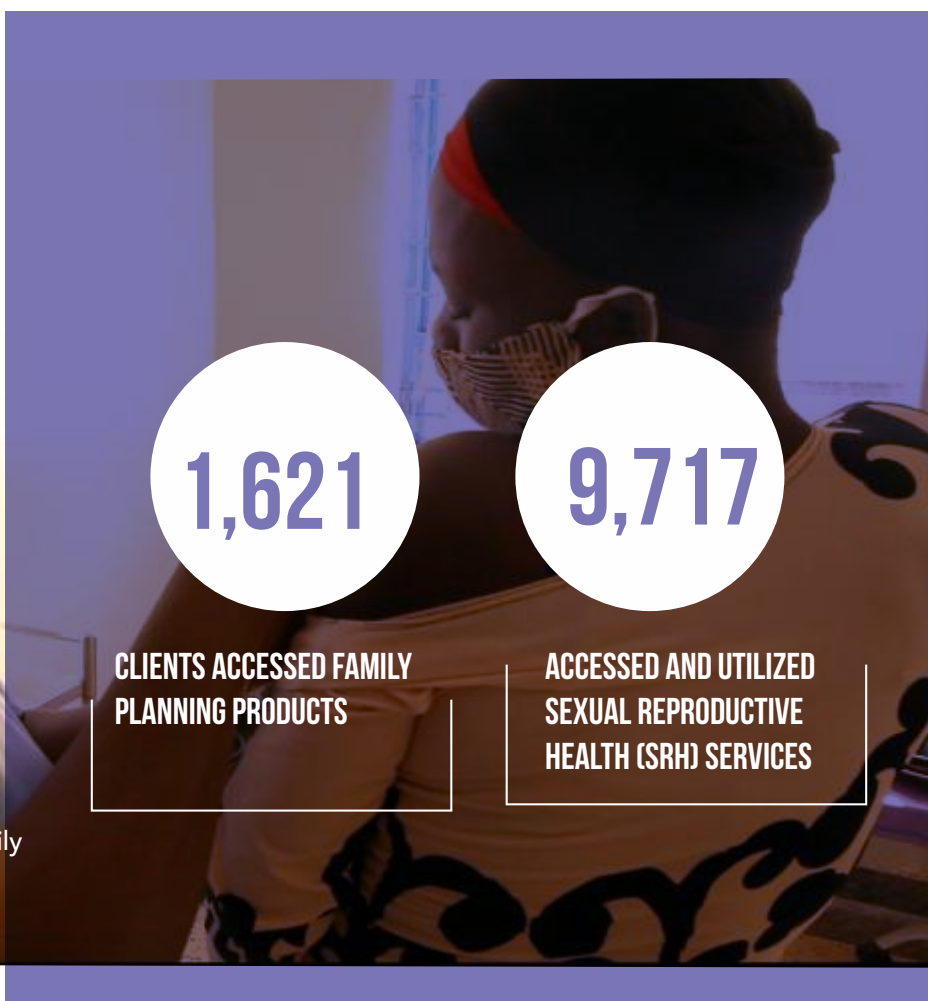
REDUCTION IN UNPLANNED PREGNANCIES DUE TO FAMILY PLANNING EDUCATION AND OTHER OFFERED SERVICES COMPARED TO 2019

CONTRACEPTIVE PREVALENCE RATE

PERCENTAGE OF WOMEN USING CONTRACEPTIVES



Nakitto Linda Teddy, a nursing assistant giving family planning injection (Depo Provera) to a client from Kasengeje, Wakiso.
Photo by Musoke William January 2021.



FAMILY PLANNING SERVICES

When women and couples have the tools to choose when they get pregnant, the result is better health outcomes for mother and child. NA offers women and girls opportunities to access family planning to protect them from contracting sexually transmitted diseases such as HVI, gonorrhea, syphilis.



ANTENATAL CARE SERVICES (ANC)

ANC services boost the awareness and understanding of the process of pregnancy to avoid complication in early and late pregnancy. NA's trained Village Health Teams (VHTs) identify pregnant women as they proactively visit homes in their villages. Mothers are linked to the formal health system, identifying symptoms of high-risk pregnancies, ensuring adequate maternal nutrition, promoting ANC visits, and supporting safe delivery at the health facility.

The Ambulance which is used to transfer women with complicated delivery to the National Referral Hospital, Kawempe
Photo by: William Musoke



COMPARISON BETWEEN MCH ATTENDANCE AT HEALTH CENTRES WITHIN NANSANA DIVISION WITH THOSE AT NA

YEAR: 2020



NA'S ANC MODEL

Central to our model is the recruitment of village health teams. These women have delivered healthcare to their communities for generations.

Na's Community Health Workers identify pregnant women as they proactively visit homes in their village. Then, they 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. We are supporting government health facilities to improve the quality of prenatal and postnatal care. We are working with community committees to improve access to emergency transportation for pregnant women.

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

Maternal malnutrition has a direct correlation with increased risk of infant death. 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). However, all forms of malnutrition remain largely hidden in Uganda because regular assessment is difficult in these children. In an effort to help children survive and thrive NA screened children for vulnerability and provided a holistic package of support to families on a long-term path to nutrition security.

BUILDING A LADDER TO NUTRITION SECURITY



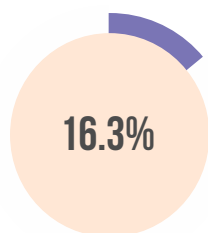
NA 's comprehensive holistic programming empowers people with HIV to lead healthy, productive lives, while eliminating new infections. All HIV - positive individuals and their allies are encouraged to form groups (VSLAs) to access sustainable livelihood support services and enhance their resilience to 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.

This training empowers these guardians to grow food to expand their dietary options and improve household nutrition, thus tackling the problem of household malnourishment. Will making is also promoted to ensure guardians family members are protected.

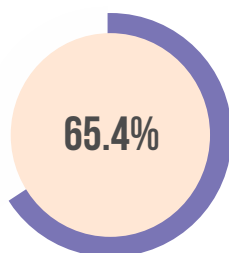
NA provided nutritious diets for preventing all forms of malnutrition including stunting and wasting. Care givers were educated on optimal infant feeding practices. NA provides children suffering from acute malnutrition were provided with food supplements and treated which improved the quality of the children's diet increasing their nutritional status.



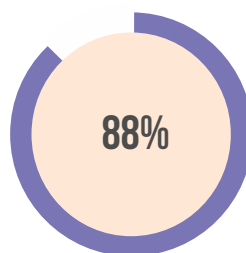
Twin mother Nalongo Vivian Nalule 28, with her daughters, Angel, and Allen 4 years, before and after the 18 months nutritional support from Nurture Africa.
Photo by: Nalubega Tolrant



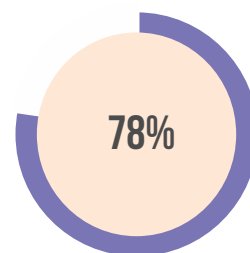
16.3% REDUCTION IN SEVERELY ACUTE MALNUTRITION (SAM) CASES



65.4% REDUCTION IN MODERATELY ACUTE MALNUTRITION (MAM) CASES

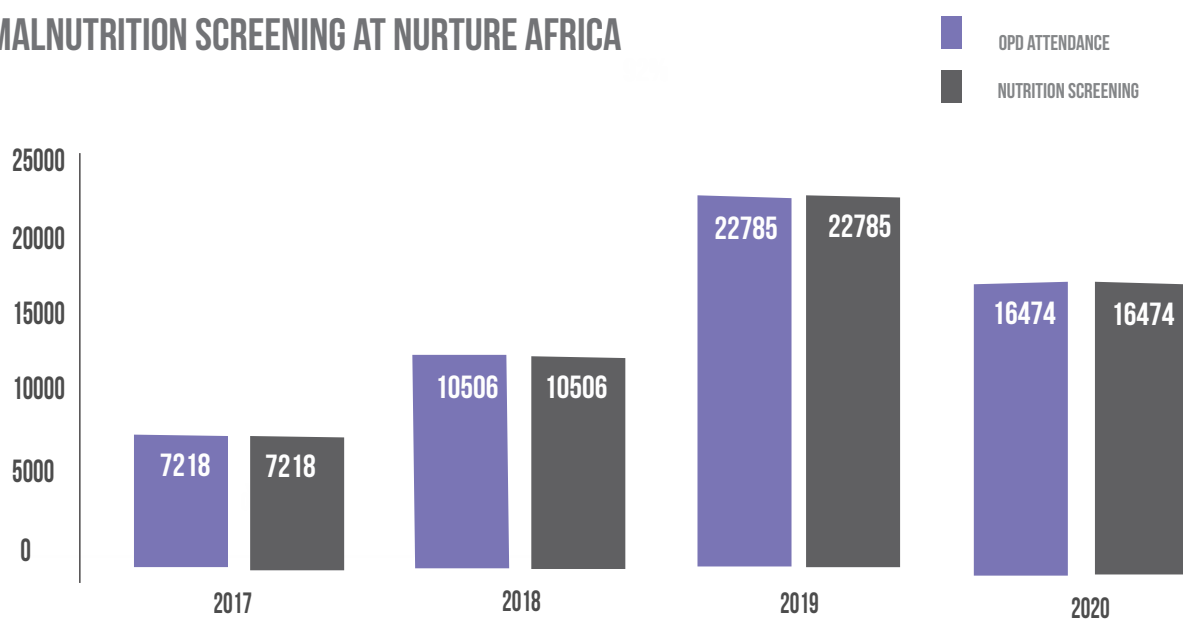


88% CURE RATE



78% REDUCTION IN DEATHS ARISING FROM MALNUTRITION. 2 DEATHS WERE REGISTERED IN 2020

MALNUTRITION SCREENING AT NURTURE AFRICA



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 and Nakule, communities and schools in Nansana. They support the evaluation of NA's interventions to build evidence of its impact.

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 recruit, train, supervise and empower our Village Health Teams (VHTs) to extend high-quality care to every home. Our 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..

DISABILITY

ADVOCACY FOR CHILDREN WITH DISABILITIES IMPACT THROUGH RESEARCH

The Uganda Bureau of Statistics Census Report (UBOS 2016) indicated that 12.4% of the Ugandan population lives with some form of disability implying that approximately 4.5 million Ugandans are persons with disability hence a development concern. NA addressed the gaps being experienced by disabled children because of neuro - developmental disorders by providing therapeutic and community-based rehabilitation needed by the children and their families. This is in line with NDPII which talks about improving the resilience and productive capacity of the vulnerable persons including people with disabilities (PWDs) for inclusive growth as one of the core areas of focus.

NA provided physiotherapy care and treatment to 245 children and 113 children currently using disability equipment provided by the NA rehabilitation department to support their mobility. This improved the functional ability of the children, their activities of daily living, and participation.

PHYSIOTHERAPY CARE & TREATMENT

245

CHILDREN TREATED

113

USING DISABILITY EQUIPMENT
PROVIDED BY NA

COVID RESPONSE

ENSURING SAFETY FOR ALL AS NA'S RESPONSE TO THE GLOBAL PANDEMIC

Following Wakiso District and Nansana Municipalities request for support to fight the COVID Epidemic NA stepped up to ensure that our staff, clients, and communities were safe. Many of our projects were put on hold due to the lockdown but our health services remained open as we adapted to the 'new normal'. Staff needed to be housed on site as there was a ban on transport. This required NA to provide meals as well as accommodation. With the support of the team, partners, and donors the following results were achieved in 2020: -

RESULTS

21,569

clients were screened for COVID by NA health staff. 16,177 clients were screened at the NA health centre while 5,392 were screened in the community together with the Municipality rapid response unit for COVID.

4,836

were identified to be suspects of COVID infection, their samples were collected and referred to the Ugandan Virus Research Institute for testing.

317

clients were confirmed to have COVID infection. Out of 4,836 samples sent to the Uganda Virus Research Institute and Central Public Health Laboratories, 314 turned to be positive for COVID. This represents a 6.5% positivity rate.

10,392

households have been reached out by Village Health Team (VHT) volunteers in Nansana division, Nabweru subcounty, Ganda village and Wakiso town council. Door to door health campaigns for educating households about COVID prevention was carried out by NA trained VHT volunteers. They trained and assessed 10,392 families on their preparedness to prevent, isolate, report, and care for COVID patients. Members of the community were able to ask questions regarding COVID to VHTs and direct feedback was given.

48

community drives were completed by VHTs with the use of loudspeakers. VHTs traversed local communities educating people about COVID prevention and how to handle suspects. Many people who recovered from COVID were stigmatized by other members of the society which hindered reporting of suspects. VHTs were very influential at educating the population about handling these people to develop confidence among people to come out freely in case they have signs and symptoms.

7,018

leaflets were printed and distributed in the community and to patients at the health centre about how to handle COVID. The leaflets contained educative information, telephone contacts for rapid response unit in case of a suspected COVID cases in the community to be reported as soon as possible.



Nurture Africa's COVID response
Photos by: Musoke William

THE FUTURE OF UGANDA WILL BE BRIGHT WHEN WE EDUCATE OUR BOYS AND GIRLS EQUALLY WITHOUT DISCRIMINATION

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).

7

FORMAL PARTNERSHIPS
WITH GOVERNMENT
SCHOOLS

4,838

CHILDREN'S EDUCATION
SUPPORTED THROUGH
EDUCATIONAL SUPPORT



267

OVCS SUPPORTED DIRECTLY WITH
SCHOOL FEES



78

TEACHERS TRAINED ON CHILD CENTERED
METHODOLOGIES AND ALTERNATIVES TO
CORPORAL PUNISHMENTS



1,632

VULNERABLE HOUSEHOLD MEMBERS
PROVIDED WITH FOOD DURING LOCKDOWN
AND CHILDREN PROVIDED WITH SCHOLASTIC
MATERIALS TO IMPROVE ON THE QUALITY OF
EDUCATION.

NA is working to improve the quality of education and its effectiveness by working with seven partner schools and school management committees at all levels (i.e. primary, secondary and tertiary) through the 'Whole Schools' Approach of working with partner schools we provide a package that include scholastic material distribution, school fees payments, lunch facilitation, library services, teacher training, and mentorship which incorporates career guidance and SRH talks to the students. We also empower the guardians of these schools in backyard gardening and VSLA formation.

INCREASE IN SCHOOL ATTENDANCE OVER THE PAST 3 YEARS AS A RESULT OF 'WHOLE SCHOOL' INTERVENTIONS

SCHOOL	2018		2019		2020	
	Boys	Girls	Boys	Girls	Boys	Girls
Jessie Infant	127	137	132	137	124	50
Youth Care	445	432	582	602	582	638
Nansana CoU	212	374	364	402	401	
Nansana Centre	68	87	104	110	108	107
Alliance	400	425	340	507	440	505
Kasengejje	307	333	399	374	394	319
Namusera Umea	369	372	366	402	399	412
	1,828	2,060	2,187	2,434	2,448	2,390
Total Students	3,888		4,621		4,838	



I imagine how life would be if I had not received quality education – ARTHUR KAZIBWE

Kazibwe Arthur is 25 years old and is a Nurture Africa Alumni of the Sponsorship programme. At only 9 years of age, Arthur lost both his parents and was left to stay with his younger brother Emmanuel who is now 20 years old. He is currently working at Nurture Africa under the clinic data department.

Nurture Africa through the sponsorship program has supported both Arthur and Emmanuel with school fees and scholastic materials. Arthur graduated with a diploma in Medical Records and Health Information from Global Health Information Institute in 2019 after 3 years.

Arthur has been employed at Nurture Africa as a health data officer for the last two years which has helped him to become self-reliant and take care of his younger brother. Arthur says, *I imagine how life would be if I had not received quality education. Thank you, Nurture Africa, for the support.*

MOST SIGNIFICANT CHANGE: 'EDUCATION FOR SELF-RELIANCE'



INNOVATION

NA is the only organisation in Uganda that provides employment and income generating opportunities to Most At-Risk Youths (MARYS) who have been rejected by society.

We do this through a unique youth hybrid philanthropy/ social enterprise model which combines providing practical vocational training to these MARYS who go on to gain practical experience and an income in our social enterprises. MARYS do not have the financial ability to support themselves during further education leading to a high level of dropouts or resorting to transactional sex. 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 allowance and supplementary services is not provided in any other vocational centre in Uganda. This enables these youths to sustain themselves and not have to resort to prostitution, transactional sex, early marriage, or theft. They also get life skills training, english, maths, and 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.

DIRECT SOCIAL IMPACT

MARYS lives are transformed into positive influences on Ugandan society. NA trains 100-120 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, get raped, 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. They have been forgotten, without the financial resources or social support to reintegrate back into society. NA has used its vulnerability assessment tool and gone out to various hotspots to encourage these MARYS to join the programme.

THERE HAS BEEN PROGRESS 

OVER
100

MARYS TRAINED EVERY YEAR

OVER
400

INDIRECTLY BENEFIT FROM
THE SOCIAL ENTERPRISE
PROGRAMME PER YEAR

Our model is unique as it combines the following: -

- ✧ Practical vocational training (catering, hairdressing and beauty, fashion and design/ tailoring and carpentry)
- ✧ Life skills training- learn the tools to gain more self-respect, more self-confidence and to communicate more effectively.
- ✧ Access to family planning- some of these MARYS are already young mothers. They are educated about child spacing and encouraged to access this free resource during their training so that there is no interruption due to an unwanted pregnancy.
- ✧ Access to counselling- many of these MARYS have experienced some sort of trauma, for example, are a HIV infected adolescent wondering about disclosing their status to their partner, have recently had an unwanted child, have an abusive boyfriend, have a parent or guardian who have recently passed or who are responsible for their younger siblings as their parents have died.
- ✧ The three years these MARYS spend on the programme gives them enough time to gain the skills and confidence to become self-reliant and become positive influences on society.
- ✧ There is a myth out there that youths, once given some practical skills training and workshops in “start your own business” and some startup capital, can go out into the world and be successful. In reality it is a lot more complex to build resilience in a MARY who has experienced adversity.



Halima Namatovu 20, tailoring class student in the Nurture Africa vocational training Centre with other students during lessons.
Photo by Opio Peter.



5

NA SOCIAL ENTERPRISE
BUSINESSES CURRENTLY
OPERATING

Mariam Nalunkuma 21 a waitress at Urban village café and salon, Nansana attending to a clients.
Photo by Musoke William

SUSTAINABILITY

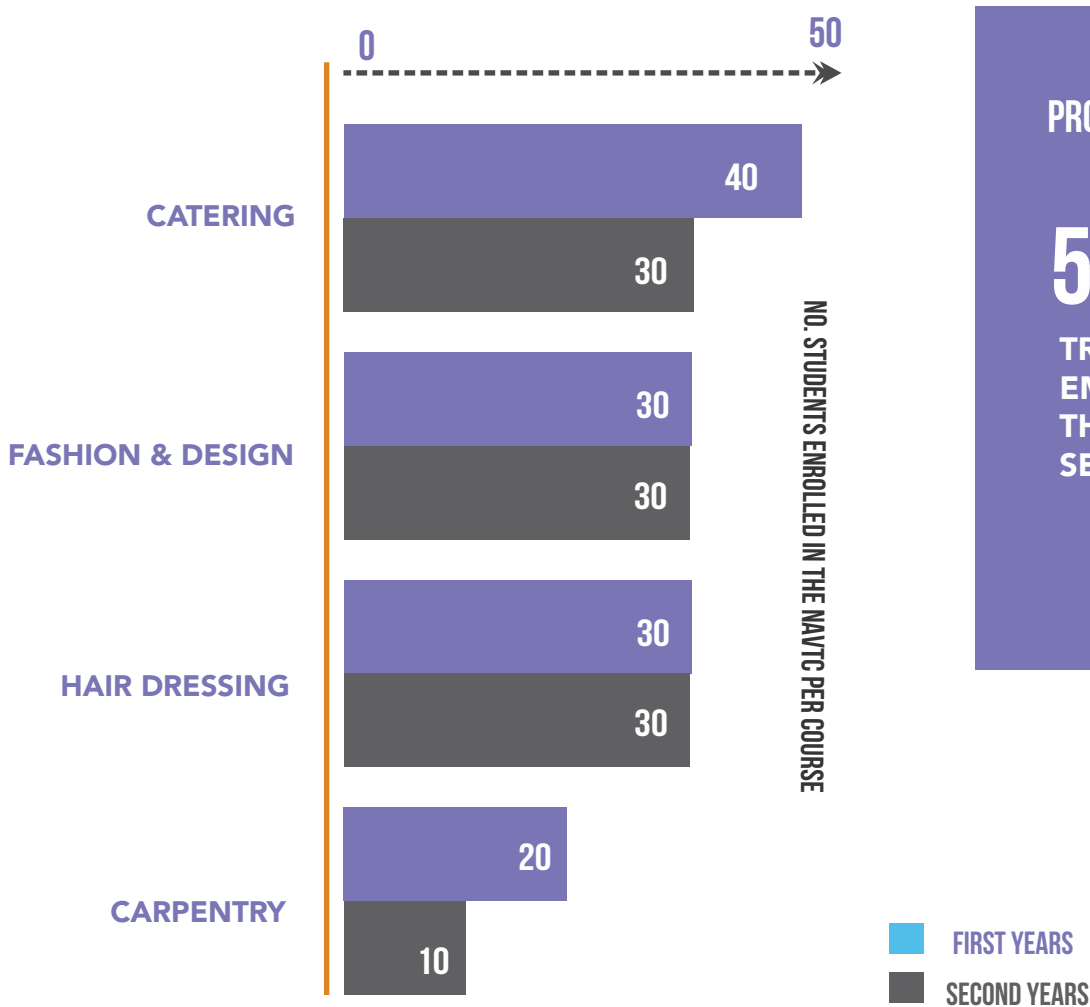
NA has branded its social enterprise "Urban Village". Its logo is of a strong black woman to represent its vision; for these MARYS to become self-reliant and positive influences on society. In year 2 of their training the MARYs can work in NA's social enterprises which are profit making. All profits are fed into the running costs and any surplus fed back to the vocational centre. NA is situated in Urban Slum areas which are combined with affluent areas.

In 2020, 120 youths were enrolled from Kawempe and Nansana. However due to the COVID lockdown, the vocational centre and social enterprises were closed. To keep students motivated and equipped with different vocational skills NA conducted informal workshops in groups of 10 and gave students data and resources so they could continue to learn at home and access videos on YouTube.



THE URBAN VILLAGE LOGO

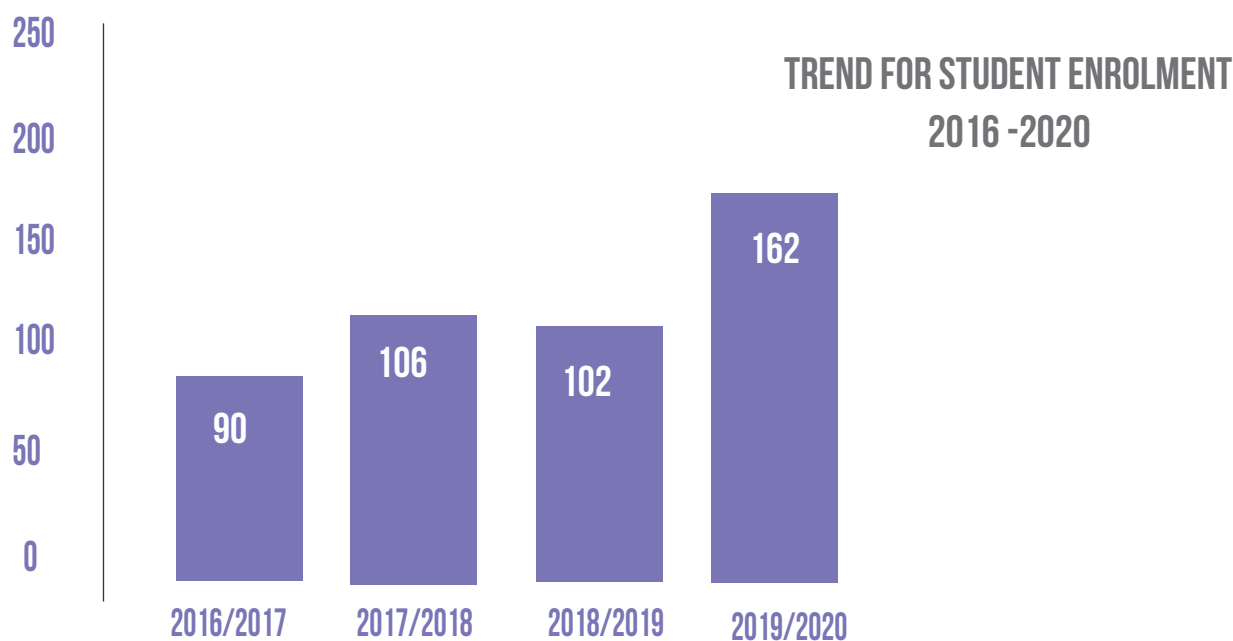
YOUTHS RECEIVING VOCATIONAL TRAINING 2020



PROGRESS MADE

57

TRAINED YOUTHS GAINED EMPLOYMENT OUTSIDE NA, THIS HAS IMPROVED THEIR SELF-RELIANCE



MOST SIGNIFICANT CHANGE: "GOOD FORTUNE IN TAILORING"

At a tender age of one, 20 year old Halima Matovu was orphaned. Abandoned by her father too, Halima started living with her grandmother. Luckily for Halima, her grandmother assumed full responsibility for her and managed to take her to school until she completed her senior four.

Halima had wanted to continue further in school but her elderly grandmother could not afford to pay. Luckily for Halima, NA was just in time to save her situation. Through a village youth committee, Halima was connected to NA's vocational training center. At the center, she received psychosocial support, life skills and reproductive health talks to guide her to make decisions regarding her future with the positive life decision making coaching she received. Halima is now in her second year doing tailoring.

Her tutor says her performance is extremely good and she has now been promoted to work with the production team. Halima's dream is to start a fashion design company employing a minimum of 100 people. Thanks to NA, Halima's dreams are now becoming a reality.



ECONOMIC EMPOWERMENT

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 be empowered and gain income generating opportunities. A VSLA is a group of women who meet regularly, save, and provide low interest loans to each other.

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. The VSLA model has been proven to reduce poverty by financially and socially empowering poor and vulnerable people. Studies of VSLAs programmes in Uganda reveal that VSLAs increase financial access for the poor, improve livelihoods, employment creation and provide members with social capital (Musinguzi, 2016). Results further indicate that the impact of VSLA is beyond increasing financial access including providing women an opportunity to exercise agency through utilizing their social networks in their community.

NA works with the guardians and teachers from the 7 partner schools surrounding health centres and rehabilitation centre to implement the Village Saving and VSLA model.

COMMUNITY BANKING GROUPS

NA has a sustainability strategy to prepare OVC guardians to be self-reliant, improve their livelihoods, have better capacity to manage their businesses and be in charge of their own livelihood. It provided loans to the OVCs guardian of children with disabilities with the aim of enabling guardians and vulnerable children gain economic empowerment through income generating activities to enhance household incomes.

PROGRESS



25%

**INCREASE IN LIVELIHOOD OF
GUARDIANS OF CHILDREN
WITH DISABILITY**



84%

**INCREASE IN HOUSEHOLD
SAVINGS**

3,273

**GUARDIANS TRAINED IN VILLAGE
SAVING AND LOANS
ASSOCIATION AND COMMUNITY
BANKING**

MOST SIGNIFICANT CHANGE: 'FROM SAVINGS TO A BIG BUSINESS VENTURE'

Nakkazi Justine 48, with daughter Nampiima Diana, 21 years, wakiso in their retail shop .Photo by Ssetumba Kenneth February



My hope to live a better life was restored when I joined Basiima VSLA group. – JUSTINE NAKKAZI

Years ago Justine Nakkazi was widowed and life took a different turn for her. "When I lost my husband, I had no strong source of livelihood that would cater for my children and I. Life was not easy," Justine said. She added that she used to get a daily facilitation of about 75 Cents from shop keeping at her sister's retail shop.

However, this was too meagre to sustain the daily needs of her family and she resorted to begging from relatives. Eventually they got tired and started to ignore her requests for help. Justine was hopeless until she met NA which taught her about VSLA. "My hope to live a better life was restored when I joined Basiima VSLA group. I was inspired by the positive experiences I had heard from some members," Justine said.

After regular savings with the group in 2019, Justine was able to request a loan and she opened her snacks selling business. She continued to make weekly savings of about 25 cents and in the same year, she was able to borrow 60 Euros which she used to open a retail shop.

EVERY CHILD HAS A RIGHT TO BE SAFE FROM HARM

NA recognizes its responsibilities for child rights and believes in childhood free from violence as fundamental to the growth and development process of every child. This is in line with international policies including UN Convention on rights of a child (1989) (Article 12, 19 and 24)

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

A strong commitment to protecting children against violence is clearly reflected in the Sustainable Development Goals (SDG 16).

According to the Violence Against Children (VAC) Survey 2018 report by the Ministry of Gender Labour and Social Development, 6 in 10 girls and 7 in 10 boys have experienced physical violence in childhood, mostly between 6 to 11 years. This high level of violence in Ugandan communities need to be addressed urgently as part of a child protection system that works on both prevention and response.

ACHIEVEMENTS WERE AFFECTED BY SCHOOL CLOSURES BECAUSE OF COVID 19.

3,745

children and their guardians trained in child rights and positive parenting which reduced violence in homes.

10

Civil Society Partners' capacity built on the referral system and reporting best practices which improved proper documentation and improved justice for all children.

94

Cases handled by NA in partnership with VCPCs, police and probation officer, achieved justice for these children.

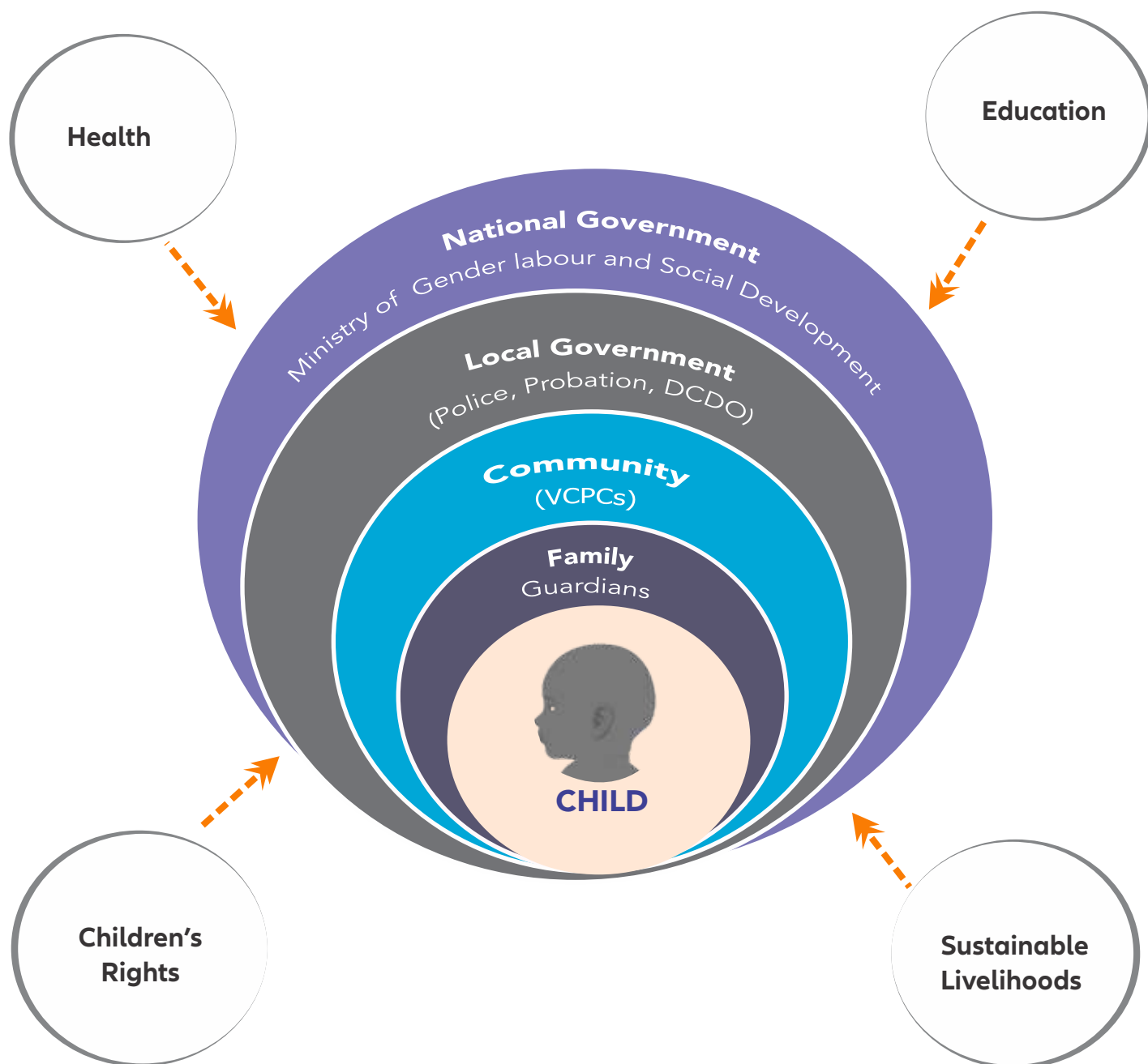
480

Adolescents living with HIV trained on protocols of handling rape and defilement to reduce early pregnancies

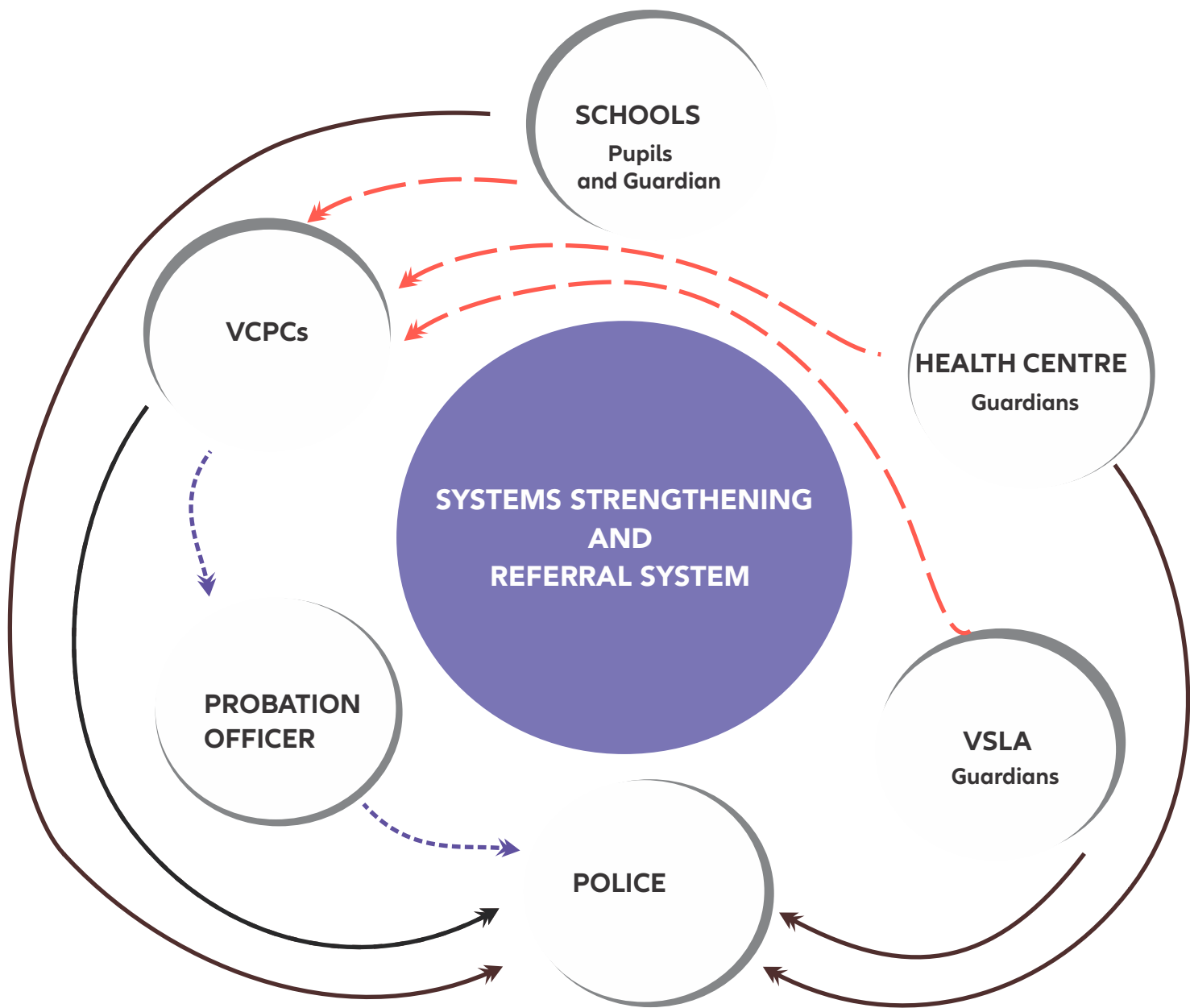
STAKEHOLDERS UNDER CHILD PROTECTION

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

THE DIAGRAM CAPTURES THE STAKEHOLDERS THAT APPEAR AT THE VARIOUS LEVELS AS STATED IN THE STATEMENT ABOVE

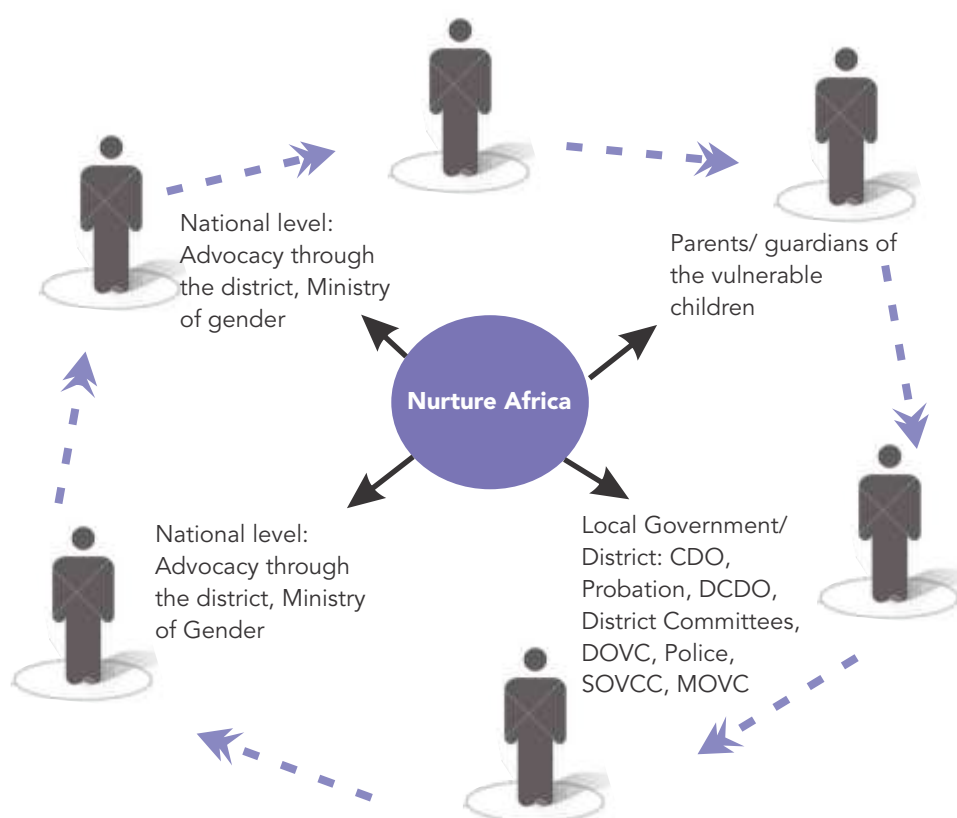


RELATIONSHIP BETWEEN CHILDREN, SCHOOLS, GUARDIANS, VILLAGE CHILD PROTECTION COMMITTEES (CPCS) AND THE POLICE (SYSTEMS STRENGTHENING AND REFERRAL SYSTEM)



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, our advocacy model empowers beneficiaries to demand and defend for their rights from duty bearers. Some achievements in 2020 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. The food enabled guardians to sustain feeding their children during the lockdown.

Through collaboration with CDO community 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 task force, HIV committee, and TB committee. This has increased access to COVID testing kits and vaccines for the vulnerable people.

REFUGEE PROJECT

Currently, Uganda is a home to over 1.4 million refugees and asylum seekers mostly originating from conflict-affected neighbouring countries within the Great Lakes region of Africa such as the Democratic Republic of Congo, Somalia, South Sudan, Rwanda, Eritrea, Burundi among others (Office of the Prime Minister, statistics 2020). Even though Uganda's 2006 Refugees Act and 2010 Refugees Regulations has been applauded as one of the best refugee policies in the world. Refugees and hosts continue to grapple with underlying poverty and vulnerabilities exacerbated by weak basic social services delivery, poor infrastructure, lack of information and limited market opportunities, all motivated by lack of proper functioning justice and governing systems.

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
- ✧ Promote post-primary alternative education and life-skills education for out of school children and youth through vocational skills training and internship opportunities
- ✧ Promote post-primary alternative education and life-skills education for out of school children and youth through vocational skills training and internship opportunities

EDUCATION FOR EVERY CHILD

NA works with 13 partner schools to provide quality education to refugee children through teacher training and teaching resources. In addition, NA provides sanitary pads for adolescent girls, school uniforms and scholastic materials. The following results were achieved despite the challenge of COVID and the partial lockdown

PROGRESS MADE

18,501

CHILDREN SUPPORTED THROUGH EDUCATIONAL RESOURCES IN 13 PRIMARY SCHOOLS

164

CHILDREN ATTENDED THE EARLY CHILD DEVELOPMENT CENTRE BEFORE COVID LOCKDOWN

3,515

CHILDREN RECEIVED HOME SCHOOLING WHEN SCHOOLS CLOSED DUE TO COVID

722

ADOLESCENTS WERE TRAINED IN HOW TO MAKE REUSABLE SANITARY PADS

87

TEACHERS TRAINED IN MANAGING LARGE CLASSROOM NUMBERS AND USING LOCALLY AVAILABLE RESOURCES TO TEACH



CHILD PROTECTION - 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



Photo: Child Protection referral workshop

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) ADOLESCENTS 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



Police motor bike donated by NA to enable them follow up on child abuse cases



NA Child Protection Officer sensitising refugee guardian on children's rights



Refugee children in the NA early learning centre before COVID lockdown



Teachers working in refugee schools learning about forming savings groups

INSTITUTIONAL CAPACITY DEVELOPMENT

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.

INSTITUTIONAL CAPACITY DEVELOPMENT

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



Irish Aid

Youth, Vocational
Training, Child Protection,
Good Governance



**The NANDO
and ELSA
PERETTI
foundation**
South Sudan
Refugee Project and
COVID related support



JOCHNICK FOUNDATION
Clinic, Youth, Child Protection



Youth, Vocational Training,
Child Protection



**LDI
INFECTIOUS
DISEASES
INSTITUTE**
HIV Treatment & Care;
OVC support



Youth/ Adolescent Sexual
Reproductive Health



Youth Social Enterprise



Maternal and Child Health



General Support



Disability Programme



**DUBLIN CITY COUNCIL
STAFF WORLD DEVELOPMENT FUND**



COVID related support



Health- Maternal & Child
Healthcare and COVID
related support



**“EMPOWERING AFRICAN
FAMILIES TO BE MORE
SELF-RELIANT”**

Nurture Africa

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



P O Box 33180, Kampala - Uganda
East 2 Cell, Hoima Road
Nansana Municipal Council
Wakiso District



ugandaoffice@nurtureafrica.ug
www.nurtureafrica.ie