



nurtureafrica
Empowering African Families

Annual Report 2024



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Acronyms

ANC	Antenatal Care
ART	Antiretroviral Therapy
CHI	Children's Health Ireland
CPR	Cardiopulmonary Resuscitation
eMTCT	Elimination of Mother-to- Child Transmission
FGDs	Focus Group Discussions
FP	Family Planning
HIV	Human Immunodeficiency Virus
IUDs	Intra-Uterine Devices
LG	Local Government
MARYs	Most At-Risk Youths
MCH	Maternal and Child Health
MCH	Maternal and Child Health
MoES	Ministry of Education and Sports
NA	Nurture Africa
NICU	Neonatal Intensive Care Unit
OPD	Outpatient Department
PAIRS	Paediatric Assessment and Illness Recognition Stabilisation
PHC	Primary Health Care
RBA	Rights-Based Approach
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
TVET	Technical and Vocational Education and Training
UGX	Ugandan Shillings
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
VCPCs	Village Child Protection Committees
VHTs	Village Health Teams

Our Background

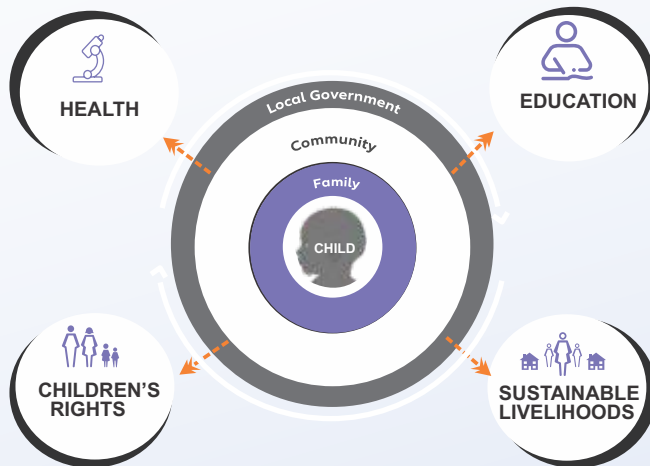
Nurture Africa (NA) was established in 2003 from a meeting of two lives shaped by courage and compassion. Brian Iredale, an Irish volunteer determined to stand with children living in poverty, and Annet Nakawunde, a young Ugandan woman who rose from profound hardship to become a voice of strength and possibility, came together with one shared belief: that every child deserves a chance, and every family deserves hope.

NA's purpose is deeply human: to restore dignity, ignite potential, and help families reclaim ownership of their futures. Through compassionate healthcare, nurturing education, protection of children's rights, nutritious support, and financial empowerment, NA walks with families as they rebuild their strength and confidence, step by step, day by day.

For more than two decades, the communities of Nansana, Wakiso and Mubende have been at the heart of everything NA does. Their resilience inspires NA's mission. Together, we are proving that when families are supported, when young people are believed in, families can be empowered, lift themselves out of poverty and become more self-reliant.

Today, NA is a vibrant, community-rooted organisation built on resilience and the unwavering conviction that families can thrive when given the proper support. NA embraces a holistic, family-centred approach because poverty is not a single problem, and neither is the solution. Across healthcare, education, sustainable livelihoods, child protection, and environmental protection, NA brings life-changing interventions "under one roof," ensuring that no child, youth or family is left behind.

The NA Holistic Family Centered Model



Nurture Africa's Holistic Family Centred Model. NA targets the child but considers the family as a unit. Providing multiple interventions "under one roof" enables more impact on the family to be achieved.



What we stand for

Our mission and values and objectives define who we are, guide our aspirations, and inspire us daily. They are the foundation of Nurture Africa and our commitment to the communities we serve.

Our Mission

To be the most caring organisation, passionately working to ensure every family in Uganda has access to the tools and resources necessary to be healthy, educated, and lead productive lives.

Our Vision

Empowered African families that are more self-reliant.

Our Core Values

- 👍 Passion
- 👍 Caring
- 👍 Integrity
- 👍 Teamwork
- 👍 Innovation
- 👍 Accountability.



Our Core Objectives

- To improve the health of poor and marginalised children, young people, and families in Wakiso and Mubende districts.
- To improve child protection by holding duty bearers to account
- To improve the quality of formal education for vulnerable children and vocational training for most at-risk young people.
- To improve the livelihoods of poor and vulnerable households through a “**Holistic Family Centred**” approach.
- To protect the environment and mainstream it throughout all programme activities.



Message from the Co-founders

Building Resilient Communities together

Dear Partners, Friends, and Stakeholders,

As we look back on 2024, we are reminded of why NA exists and why the support of our donors and partners is so important. **Every achievement this year stands as a testament to your belief in a world where no mother dies giving life, no child is left untreated because of poverty, and no young person is denied their potential.**

This year marked a significant step forward in strengthening maternal and newborn health services. The opening of the Obstetrics Post-Operative Ward and Level 2 Neonatal Intensive Care Unit (NICU) at the NA Health Centre IV represents more than an infrastructure improvement; it fills a critical gap in specialised care within Nansana Municipality. Uganda continues to face high neonatal and maternal mortality, and the introduction of this facility provides families with timely, high-quality support closer to home. In 2024, the unit enabled 308 Caesarean births to be safely managed, contributing to improved outcomes for mothers and newborns who previously faced substantial risk due to delays in accessing appropriate care.

We embarked on training Village Health Team (VHT) members in neonatal and paediatric emergency response, frontline workers who often serve as the first source of healthcare in the communities we serve. These VHTs educated 11,306 community members, facilitated 6,556 emergency referrals, and were supported by our innovative tricycle ambulance system. In a country where transport delays contribute to over 30% of maternal deaths, this community-led emergency network is saving lives every single day.



Our Primary Health Care (PHC) services reached 127,680 individuals (73,951 women and girls, and 36,423 men), achieving a remarkable 98.4% recovery rate and a 96% client satisfaction score. These outcomes stand in sharp contrast to the national health system's challenges, where shortages of medicines, staff, and diagnostic capacity too often limit the quality of care. With your investment in maternal and child health (MCH), 326 health workers were trained in best practices in MCH and Sexual and Reproductive Health (SRH).

The establishment of a local Paediatric Acute Illness Recognition Skills (PAIRS) faculty made up of 42 highly trained professionals mentored by Children's Health Ireland (CHI) means that this capacity will not only continue but grow, year after year. For a country where child mortality remains among the highest in the region, the creation of a sustainable, local training faculty is a powerful legacy of your commitment.

Through our education and youth empowerment programmes, 162 vulnerable young people, 74% of them young women, gained employable skills in tailoring, catering, carpentry, hairdressing, and biowaste recycling. At a time when Uganda faces one of the world's highest youth unemployment rates, these programmes offer not simply skills, but dignity, income, and independence.



The establishment of the local Paediatric Acute Illness Recognition Skills (PAIRS) faculty made up of 42 highly trained Ugandan health workers mentored by Children's Health Ireland (CHI) was a huge milestone. For a country where child mortality remains the highest in East Africa, the creation of a sustainable, local training faculty is a powerful legacy.

Our child protection programme reached 4,106 individuals (2,060 children and 2,046 guardians), with rights education and community safeguarding mechanisms. In a context where more than 60% of children experience some form of violence before the age of 18, these programmes provide a shield of safety for the most vulnerable.

Our environmental programmes expanded significantly. 8 schools launched recycling initiatives, and 11,000 kilograms of recyclable waste were collected. Youth-led biowaste projects generated income while helping families adopt cleaner, more resilient environmental practices, critical in rapidly growing urban communities such as Nansana.

Our partners, donors and volunteers made it possible for every mother under our care to give birth this year in a safe environment, every newborn to receive skilled medical treatment, every child to be protected from abuse, and every youth we supported to gain an employable skill and future. - delete the rest.

In a world of shifting global priorities and shrinking funding, this support has kept doors open, medicines stocked, health workers trained, and children safe.

Together, we are building a Uganda where every family can thrive, every child can reach their potential, and every community can stand firm.

Onwards and upwards,

Brian Iredale, CEO / Co-Founder and **Nakawunde Annet**, Co-Founder



Executive Summary

In 2024, NA advanced its vision of 'empowered, self-reliant families' through targeted investments in healthcare, education, youth livelihoods, child protection, and environmental sustainability across Wakiso and Mubende Districts.

A key milestone was the opening of the Obstetrics Post-Operative Ward and Level 2 NICU, the first non-profit specialised maternal-newborn unit in Nansana Municipality, now receiving referrals from government facilities and providing life-saving care to mothers and newborns.

Five partner health centres were strengthened with essential equipment, monthly medical supplies, and biomedical support. Community systems were reinforced.

Primary Health Care (PHC) services achieved a 98.4% recovery rate and 96% satisfaction score. Nutrition support for malnourished children and rehabilitation for children with disabilities ensured holistic care for vulnerable families. Youth empowerment programmes equipped vulnerable young people, primarily young women, with vocational skills, while child protection interventions reached children and caregivers. Environmental initiatives expanded through recycling programmes in local government primary schools, biowaste collection, and support for youth-led biowaste enterprises.

400

malnourished children supported

68.1% full recovery: zero relapse

220

children with disabilities rehabilitated

97% caregiver satisfaction

60

VHTs trained and deployed

11,306 sensitised; 6,556 emergency referrals enabled

326

health workers trained; 42 PAIRS faculty created

83% competence in emergency paediatric and neonatal skills



2024 Accomplishments by Strategic Objective



Health

STRATEGIC OBJECTIVE 1

127,680

clients reached through Primary Health Care services

98.4% recovery rate and 96% satisfaction score

47,479

children immunised

96% full immunisation; reduced infant vulnerability

110,496

individuals received HIV testing

95.5% retention, 96% viral suppression, 1,341 linked to care

308

Caesarean births supported

Improved maternal and neonatal outcomes via new NICU & post-op ward

43,198

pregnant women received ANC

19,871 (46.5%) completed 4 antenatal care (ANC) visits; maternal mortality 26/100,000

3,331

pregnant women received ANC

143 positives identified; 100% referred to specialised care



Livelihoods

STRATEGIC OBJECTIVE 2

2,046

guardians trained in backyard gardening

80% established gardens; 84% households eating nutritious meals daily

2,046

guardians trained in entrepreneurship; 58 savings groups formed.

75% improved income-generating activities; income increased by 86.9%

400

malnourished children assisted with nutrition supplementation

51.8% full recovery; 78 improved from severe to moderate malnutrition



Education & Youth Empowerment

STRATEGIC OBJECTIVE 3

162

Youths trained in vocational skills

85 gained employment; 7 started businesses; 21 returned to school

116

Teachers trained in child-centred methodologies

Post-training scores improved from 52% to 96%; 7,116 learners benefited

95.7%

PLE pass rate among partner school candidates

Exceeded national average by 3.9%; drop in Division IV failures



Child Protection

STRATEGIC OBJECTIVE 4

4,106

individuals trained in child rights

92% improved knowledge; more substantial reporting confidence

1,109

child protection cases documented

Improved accountability and case follow-up via 10 VCPCs & police

110

teachers trained in child centred, non-violent methods

85.7% adoption rate; reduction in corporal punishment



Environment

STRATEGIC OBJECTIVE 5

8

schools engaged in biowaste recycling

11,000 kg collected
€2,471 earned in school fees

35

youths trained in biowaste innovation

Over 2,100 recycled products made (bags, cards, pizza boxes, jewellery)



2024 Achievements by Strategic Objective

This section provides a detailed analysis of NA's performance across our five strategic objectives, demonstrating the scale of our reach and the depth of our impact. By examining programme outcomes alongside district and national indicators, this section highlights how our interventions are contributing to improved health, education, livelihoods, child protection, and environmental sustainability in Wakiso and Mubende Districts.

These comparisons help illustrate where **NA is exceeding national norms, addressing persistent gaps in public systems, and strengthening community resilience**. The data presented here shows how our holistic, family-centred model continues to deliver measurable, evidence-based progress for the most vulnerable families we serve.

Objective 1:

To improve the health of poor and marginalised children, young people, and families in Wakiso district.



This section aligns with SDG 3. Good Health and Wellbeing

The central region of Uganda (including Wakiso and Mubende Districts) continues to face significant health challenges that disproportionately affect poor and marginalised children, young people, and families. Immunisation coverage remains inconsistent, with many urban-poor and high-migration communities experiencing low completion rates, leaving infants vulnerable to preventable illnesses. HIV prevalence remains above the national average, and adolescents, especially young women, struggle to access youth-friendly HIV testing and sexual and reproductive health (SRH) services amidst persistent stigma and recent donor funding cuts. Maternal health outcomes are equally concerning, with many pregnant women completing fewer than the recommended four ANC visits due to transport barriers, limited income, and late presentation for care. These gaps contribute to delays in managing complications and increase risks of neonatal and maternal mortality.

Neonatal survival remains a critical issue, driven by inadequate emergency care skills among frontline health workers, weak referral pathways, and under-reporting of community-based newborn deaths. Peri-urban households also face rising food insecurity, with nutritional challenges contributing to stunting, anaemia, and poor child health outcomes. Cross-cutting systemic issues, including limited youth-friendly services, overstretched public facilities, high population mobility, and weakened community-facility linkages, further constrain access to essential care. Combined, these factors underscore the urgent need for strengthened health systems, improved service delivery, and targeted interventions to ensure equitable health outcomes for vulnerable families.



Nurture Africa's new Post-Operative Ward and Neonatal Intensive Care Unit (NICU) level 2



The registered NA achievements on this objective:

Programme Area	Reach	Outcomes	Comparison & Key Notes
		96% fully immunised. 4% mild side effects; infant mortality 4.2/1000	Wakiso has 51% coverage
HIV Testing & Care	110,496 tested; 1,341 linked; Wakiso HIV prevalence 7.1% vs National 4.9%	95.5% retention. 96% viral suppression. 98% patient satisfaction	National retention is 95% Patient satisfaction 86%
	43,198 women; 19,871 completed 4 ANC visits. 91% satisfaction.	46.5% completed 4 ANC visits. Maternal mortality 26/100,000. 91% satisfaction.	National 4 ANC completion 68%. National mortality 189–207/100,000
Cancer Screening	3,331 screened	143 positives; 100% referred to Mulago	District / national referral average 80%
Primary Health Care	127,680 clients	98.2% improved; 98.4% fully recovered	National PHC access 64%; 65% report difficulty accessing care
SRH & Family Planning	22,606 young women educated	58% family planning (FP) uptake. 12% pregnancy baseline reduction	Teenage pregnancy >25% nationally
Health Worker Training	326 trained. 42 Train the Trainers (TTTs). 60 VHTs	83% confident applying PAIRS / ETAT skills	National emergency Triage and Treatment (ETAT) competence 89%
	220 children	97% caregiver satisfaction	Disability prevalence: Uganda 16%. Nansana 10–15.4%.
	400 malnourished children	68.1% recovered. 31.9% improving and under monitoring	National recovery rate 40–70%
Infrastructure	NICU constructed	2 incubators & 8 cots operational	Few HCIVs in Uganda have NICU capability

The NICU has begun receiving referrals from partner facilities, including government health centres, enhancing care for vulnerable neonates needing advanced emergency support. The Post-Operative Ward also strengthens follow-up care for mothers and children recovering from surgery, ensuring safer transitions and better outcomes.

NA also constructed a post-operative ward with two private rooms to strengthen follow-up care for mothers, enabling close monitoring of vital signs and breastfeeding support, ultimately ensuring a smooth recovery and minimising complications and costs.

This new infrastructure is helping to reduce overcrowding-related risks, such as neonatal sepsis, by relieving congestion at overstretched government health facilities. It contributes directly to the NA's broader objective of reducing preventable neonatal and paediatric mortality.

In January 2024, midwives Kasumba Margret and Sarah Najjemba resuscitated a newborn before being admitted to the NICU, demonstrating the critical care NA is now supporting.



Objective 2:

To improve the livelihoods of poor and vulnerable households through a "holistic family-centred" approach.

1 NO POVERTY



This aligns with SDG 1: No Poverty, target 2: Reduce poverty by at least 50%, and target 3: Implement social protection systems

The central region in Uganda continues to face deep livelihood challenges driven by rapid urbanisation, limited access to land, and vast economic disparities. Many families live in informal settlements with limited space for food production, resulting in poor dietary diversity and inconsistent meals. Rising food prices have further weakened household food security, contributing to stunting rates comparable to the national average of 23%, especially in densely populated peri-urban areas. High youth unemployment, limited financial literacy, and restricted access to affordable credit also undermine household resilience and keep families in cycles of low income and vulnerability.

Nationally, poverty reduction has slowed, with many households relying on unstable informal work and possessing minimal savings to absorb shocks. Participation in structured savings groups remains low, and business growth is often hampered by weak financial management. Women face additional barriers, limited access to credit, training, and productive assets, which restrict their economic participation and leadership in household decisions. These systemic challenges highlight the critical need for NA's holistic family-centred approach, which expands income-generating opportunities for vulnerable families. **This approach also builds household resilience by training guardians in backyard gardening, financial literacy, and entrepreneurship, forming Village Savings and Loans Associations (VSLAs), and enabling access to low-interest loans through PostBank Uganda.** Environmental sustainability was promoted through biowaste initiatives where learners recycled banana stems and wastepaper to generate income for scholastic needs.



The registered NA achievements on this objective:

Programme Area	Reach	Outcomes	Comparison & Key Notes
Backyard Gardening & Nutrition	2,046 guardians trained. 80% established gardens.	National nutritious-meal access: 73% (MoH Nutrition Report 2022)	National nutritious-meal access: 73% (MoH Nutrition Report 2022)
Entrepreneurship and Savings	2,046 guardians trained. 80% established gardens.	<ul style="list-style-type: none"> 75% of these guardians started income-generating activities. 1,740 are applying financial literacy. VSLA savings increased by 75%. Average income rose by 86.9% (€35.67 at baseline to €66.68). 86.9% of guardians can now meet basic needs 	VSLA income growth nationally: 10–25% per year (Ministry of Gender, 2023)
Malnutrition	400 malnourished children provided with supplementation	<ul style="list-style-type: none"> 51.8% of these children made a full recovery. 19.5% improving from severe to moderate malnutrition. Zero cases of relapse 	The national severe acute malnutrition (SAM) outpatient cure rate 62%. (Turyashemerwa et al. 2025)



Improvement stages of Ssemata Joseph, a child who was malnourished and administered to nutritional supplements thanks to NA



Objective 3:

To improve the quality of formal education for vulnerable children and vocational training for “at-risk” young people

4 QUALITY EDUCATION



This objective aligns with
SDG 4 Quality Education

Youth unemployment remains one of the most pressing development challenges in Nansana Municipality, where NA's Youth Empowerment Project operates. Many young people finish school without practical, marketable skills, leaving them unable to compete for the limited formal jobs available. High school dropout rates, poverty, and gender barriers further limit opportunities, especially for vulnerable girls and out-of-school youth. As a result, many rely on unstable informal work with little chance of upward mobility.

These challenges persist despite strong national and global frameworks promoting youth skilling, including the Skilling Uganda Initiative and UNESCO's Technical and Vocational Education and Training (TVET) Strategy (2022–2029). Many training institutions lack equipment, mentorship, and follow-up support, making it difficult for young people to transition into meaningful employment or entrepreneurship.

Against this backdrop, NA's Youth Empowerment Programme (YEP) fills a critical gap by offering demand-driven, hands-on vocational training, work placements, and ongoing mentorship, creating tangible pathways to employment, business start-up, and long-term self-reliance for vulnerable youth.



Youth undergoing vocational skilling at the NA Youth Empowerment Centre





The registered NA achievements on this objective:

Programme Area	Reach	Outcomes	Comparison & Key Notes
Youth Empowerment Programme	<ul style="list-style-type: none"> • 162 trained (114 female, 48male): • Tailoring 37. • Hairdressing 39. • Catering 38. • Carpentry 16. • Biowaste 32. 	<ul style="list-style-type: none"> • 85 youths gained employment. • 38 outside NA. • 40 within NA's production units. • 7 youths started their own income-generating activities. • 21 returned to formal education. • 30 remain actively engaged in training. 	District/national TVET employment rate following training: 63% (UBTEB).

These outcomes demonstrate positive progress when compared to the district and national performance levels.



“Joining the carpentry course was a turning point, I gained skills that help me earn, teach others, and take care of my family. I'm proud of what I've achieved.” BECKHAM
NURTURE AFRICA YEP PROGRAM BENEFICIARY

Voice of change

From School Dropout to Skilled Carpenter

18-year-old Nsubuga Beckham, life changed suddenly when his guardian, who paid his school fees, passed away. At the time, Beckham was in Senior Three and had no other support. He was forced to drop out of school and faced a difficult and uncertain future.

Beckham saw a notice about free vocational training for youth. He learned about the carpentry course and was excited by the idea of gaining practical skills. In February 2023, he enrolled in the programme.

During his training, Beckham learned how to make furniture, use carpentry machines, and carry out joinery work. He also attended other classes where he was taught about leadership, saving, starting a business, and managing money. Beckham worked hard and quickly became skilled in carpentry. He also began helping other trainees and soon took on a mentorship role at the workshop.

Impressed by his dedication and talent, NA brought Beckham on as an apprentice trainer. He now helps with furniture making and maintenance at the organisation. Through this opportunity, Beckham has become financially independent and is now able to support his family.

Beckham's journey, from dropping out of school to becoming a skilled and respected carpenter, shows how vocational training can change lives. His story reflects NA's goal of helping youth build a better future through practical skills and self-reliance.



NA's Whole School Approach:

Strengthening Schools, Households, and Communities

Primary school education in Wakiso and Mubende Districts continues to face significant challenges, including overcrowded classrooms, limited teaching materials, and inconsistent teacher training, all of which weaken learning outcomes and contribute to high dropout and absenteeism rates. Many teachers lack exposure to child-centred methodologies and still rely on traditional, punitive approaches, thereby undermining learner engagement and creating unsafe classroom environments. Frequent staff transfers, low motivation, and limited access to continuous professional development further hinder instructional quality. At the household level, poverty, food insecurity, and limited parental involvement affect children's ability to attend school consistently and perform well. These systemic barriers highlight the urgent need for strengthened teacher capacity, positive discipline training, inclusive pedagogy, and integrated school and community support, precisely the areas that NA's Whole School Approach (WSA) addresses.

NA's WSA provides holistic support to learners, teachers, guardians, and entire school communities. In 2024, NA worked with 10 partner local government primary schools to strengthen child protection, improve teaching quality, and enhance nutrition through school demonstration gardens and sustainable agriculture.

By empowering learners, teachers, and families simultaneously, the WSA created safer learning environments, improved academic performance, and strengthened household socio-economic stability across all partner schools. The Results reflect the impact of teacher training, improved classroom management, and child-centred methods.

The registered NA achievements on this objective:

Programme Area	Reach / Results	Outcomes	Comparison & Key Notes
Teacher Training in Child-Centred Methodologies	<ul style="list-style-type: none"> 116 teachers trained (77 females, 39 males) across 10 partner schools. 7,116 pupils are directly benefiting from improved teacher training. 	<ul style="list-style-type: none"> Pre-assessment training average: 52%. Post-assessment average: 96% 9/10 learners reported improved teacher relationships. 8/10 teachers observed better engagement & classroom management. 	Primary classrooms remain teacher-centred and exam-oriented, with only limited use of genuine learner-centred methods. (Siraj et al. 2022)

Primary Leaving Exams (State exams) Performance Summary Report Table

Programme Area	Reach / Results	Outcomes	Comparison & Key Notes
Primary Leaving Exam (PLE) Performance (sample of Five Partner Primary Schools)	<ul style="list-style-type: none"> 134 learners (95.7%) passed in Divisions I–III Division I: 7 learners Division II: 98 learners Division III: 29 learners Division IV was reduced from 11 to 5. 	<ul style="list-style-type: none"> Improved academic performance across all schools. 27 more learners moving into Division II & III. Fewer below-average results 	Partner schools exceeded the national pass rate (91.8%) by 3.9%.



Objective 4:

To improve child protection by holding duty bearers to account.



This objective aligns with
SDG 5. Gender Equality

Child protection challenges remain deeply entrenched in Uganda, where around 50% of children experience abuse (UBOS, 2023), and similar patterns persist in Wakiso and Mubende. Corporal punishment is still widely used despite national guidelines, driven by overcrowded classrooms, teacher stress, and limited training in positive discipline. Many guardians also lack accurate knowledge of children's rights, leading to harmful practices being normalised at home. At school and community levels, cases of abuse often go undocumented due to weak reporting systems, fear of repercussions, and limited coordination between schools, Village Child Protection Committees (VCPCs), and police. As a result, many violations are either resolved informally or not addressed at all, leaving children without meaningful protection or follow-up.

NA targeted these systemic gaps by strengthening learners' and guardians' awareness of their rights, improving teachers' capacity, and reinforcing community-level protection structures. By training teachers in child-centred, non-violent methodologies, NA helped reduce reliance on corporal punishment and improved classroom climates. Support to VCPCs and police stations enhanced case documentation and follow-up, ensuring that incidents were recorded and acted upon rather than overlooked. This, combined with school-based sensitisation and guardian engagement, contributed to safer learning environments and more accountable protection systems, closing the gap between national child protection policies and real-world practice for vulnerable children.

Primary Leaving Exams (State exams) Performance Summary Report

Programme Area	Reach	Outcomes	Comparison & Key Notes
Child Rights Education	4,106 individuals (2,060 children, 2,046 guardians) were educated.	92% improved knowledge and higher confidence in reporting violations. Positive parent mindset shifts.	Child abuse affects 50% nationally (UBOS 2023).
Strengthening Protection Structures	10 VCPCs engaged and 2 police stations.	1,109 child abuse cases documented and overseen.	Improved district-level safeguarding and case management.
Policy Development	5 ordinances initiated	Policies supporting vulnerable populations are being finalized.	Strengthens district legal frameworks.
Teacher Training – reduction in corporal punishment	110 teachers trained (74 female, 27 males) across 10 schools	85.7% adoption of alternative approaches to corporal punishment.	Significant reduction in corporal punishment and improved classroom climate.



Voices of change

Child centered Teaching helps

"I love how our teacher lets us work in groups and share our ideas. It makes learning more fun. Now our teacher talks to us and helps us understand what we did wrong instead of punishing us," JULIET , PUPIL AT ST. STEVEN NANSANAC/U.



"Child-centred teaching helps me understand each learner's strengths. It's amazing to see them grow in a supportive space. I no longer see myself as just an instructor. I'm now a facilitator of learning," LORENCE NAKALENGA, TEACHER AT ST. STEVEN NANSANAC/U.



NA child protection Officer training children on children's rights in partner schools.

Objective 5:

To protect the environment and mainstream it throughout all programme activities

13 CLIMATE ACTION



This aligns with SDG 13 Climate Action – target 3: Build knowledge and capacity to meet climate change.

Uganda's Central Region faces growing biowaste challenges as urbanisation accelerates, with schools and communities generating large amounts of organic and paper waste that often end up in open dumps or drainage channels. Most youth and households lack practical skills in recycling, composting, or converting biowaste into usable products, leaving valuable resources underutilised and contributing to pollution and flooding. With limited environmental education and almost no local training opportunities in biowaste innovation, young people, especially vulnerable youth, remain excluded from emerging green-economic opportunities. These gaps highlight the urgent need for youth-focused environmental skills programmes and school-based recycling systems, making NA's biowaste training and youth engagement initiatives essential for building climate resilience and sustainable livelihoods in the region.



Focus Group Discussions

Focus Group Discussions (FGDs) with guardians revealed significant changes in attitudes and practices. Many parents acknowledged that they had previously misunderstood or overlooked their children's rights, particularly in education and health. After the training, they expressed a renewed commitment to supporting their children's growth without resorting to violence or harmful discipline. Some even began sharing what they had learned with other parents in their communities.

Voices of change

FROM PARENTS

I now understand my rights

"I used to take my child to the clinic only when they were seriously ill. Now I understand regular health care and proper nutrition are their rights. I feel more confident as a parent," DORREN SAAVA, FROM NANSANA, WAKISO DISTRICT



NA child protection Officer training children on children's rights in partner schools.

Child rights should be protected by all

"Before the training, I thought discipline meant using force. Now I know my children have the right to health, education, and nutrition. I've changed how I parent, and I've started helping other parents do the same," PROSSY NANYANZI, A PARENT IN KASENGEJJE VILLAGE.



This work also aligns with UNESCO's global push for inclusive, learner-friendly education methods. It demonstrates that, with the proper support, teachers can lead the way in transforming school environments for the better. These practices align with Uganda's National Education Policy to eliminate corporal punishment.

NA biowaste recycling and production

Programme Area	Reach	Outcomes	Comparison & Key Notes
School Biowaste Recycling	8 schools supported. 11,000 kg of biowaste collected.	Learners collected banana stems & paper waste. €2,470 paid toward students' school fees	Expanded from 0 to 8 schools due to integrated NA programmes.
Youth Biowaste Training	35 youths (Boys 16, Girls 19) trained	Skills developed in recycling, organic fertiliser, and craft production.	No biowaste skills existed locally before NA intervention.
Income Generation	MARYs & youth producing recycled items	500 cards, 1,200 bags, 400 pizza boxes, and jewellery sold.	Recycled crafts creating sustainable income for vulnerable youth

Youth involved in the programme expressed their appreciation for the opportunity to develop practical, impactful skills.

Voices of change

Making waste useful through recycling

Before this training, I had no idea how waste management worked. Now, I can create products that not only help me earn an income but also contribute to a cleaner environment. I am proud of the work we've done. Producing recycled materials has given me a sense of purpose, and I'm hopeful that I can make a career out of it.
WAKABI AN, APPRENTICE TRAINER.



NA biowaste recycling and production workshop:

NA biowaste recycling and production workshop:

The adoption of recycling and bio-waste collection programs in schools across Nansana municipality is a step towards achieving Uganda's Vision 2040 goal of a clean and healthy environment. This initiative not only aligns with global sustainability goals but also addresses the unique waste management challenges faced by urban and semi-urban areas in Uganda.



Local Partners

An alliance to achieve a better and stronger health backbone

NA strengthens health and community development outcomes through a coordinated, multi-level partnership approach that aligns with national priorities and reinforces local systems. NA's collaboration with the MoH remains central to this strategy. Through donations in kind (DIKs) **support totalling €250,000**, NA is equipped to implement programmes that adhere to MoH technical standards and national policies across maternal and MCH, HIV, and SRH. The MoH provides continuous technical guidance, training curricula, and quality assurance mechanisms for VHTs, teachers, and health workers.

This strong national partnership enables NA to integrate its work into national systems, including the use of MoH-approved referral pathways, adherence to clinical protocols, and alignment with Health Management Information Systems (HMIS) such as DHIS2. This support further enhances NA's digital capability, enabling efficient data collection, reporting, analysis, and real-time monitoring against national indicators—improving transparency, accountability, and evidence-based decision-making.

At the district and local government levels, NA collaborates closely with the Wakiso District Health Office, Nansana Municipal Council, and Sub-County Health and Community Development Committees. These partnerships facilitate coordinated service delivery through:

- **Access to local government health centres** for health worker training
- **Support to local monitoring structures, including supervision** at health centres and schools
- **Participation in District and Municipal Technical Planning Committees**, ensuring alignment with annual district workplans

Local partnerships extend beyond the health sector to include **VCPCs, Municipal and District NGO Networks, Community Development Officers (CDOs), Local Council leadership, and Sub-County Child Protection Committees.**

👉 These community-level structures play a critical role in the following

- 👉 Coordinating school- and community-based sensitisation campaigns
- 👉 Reporting, documenting, and responding to child protection cases
- 👉 Identifying vulnerable families and linking them to NA and government services
- 👉 Supporting the tracking of early warning signs of malnutrition, abuse, and household vulnerability
- 👉 Facilitating referrals to probation officers, health facilities, and police
- 👉 Strengthening accountability between communities and service providers

NA's active participation in **district technical working groups, NGO coordination meetings, the Child Protection Working Group, and Education Committees** ensures that interventions are well-coordinated, responsive to emerging needs, and non-duplicative.

Through this layered partnership model, NA continues to deliver scalable, high-impact, and sustainable programmes that address the holistic needs of families in Wakiso and Mubende Districts.



NA Volunteer Programme

Celebrating Volunteers, our every day Heros

In 2024, NA significantly strengthened community health and education systems through an integrated approach combining health worker capacity building and an expanded international volunteer programme.

International Volunteer Programme:

The international volunteer programme further strengthened education, health, and community development across Wakiso District.

- 👍 37 volunteer teachers supported classroom delivery in four partner schools, enhancing learner engagement and promoting child-centred pedagogy.
- 👍 Medical volunteers delivered HIV Home-Based Counselling and Testing (HBCT) for 512 clients, identifying 6 HIV-positive individuals and linking them to care.
- 👍 Literacy initiatives reached 642 learners, while 732 pupils received first-aid training across 10 schools and the vocational centre.
- 👍 Volunteers conducted 64 home visits to vulnerable households and supported 27 small businesses and 7 VSLAs, contributing to economic empowerment.
- 👍 698 adolescents participated in SRH education sessions across secondary schools and the vocational centre.
- 👍 100 teachers received training



Health Worker Training

146 health workers from 12 partner health facilities, including doctors, nurses, midwives, clinical officers, and pre-interns, completed PAIRS training. The PAIRS programme, rolled out in collaboration with 18 CHI health volunteers from Ireland, provided intensive, hands-on skills in newborn resuscitation, emergency paediatric care, cardiac arrest management, and CPR. Knowledge scores increased from 30% to 83%, and 81% of participants reported applying the skills in real clinical or community situations.



PAIRS training Nurture Africa health workers.
NA Irish Volunteers with NA Beneficiaries during home visits.



Risk Management, Challenges, and Lessons Learned

Reluctance of Women and MARYs to Access SRH and FP Service

Despite sensitisation efforts, deeply rooted cultural myths, misinformation about side effects, and stigma continued to affect uptake among certain youths and women. Limited male involvement further weakened the autonomy of female youth in decision-making. Service provision was also constrained by supply shortages resulting from USAID funding cuts, which affected national FP commodity distribution.

Mitigation

NA responded through a multi-layered, community-based approach. Partnerships with Joint Medical Stores ensured a steady supply of free FP commodities. Expert clients, VHTs, and peer educators delivered culturally sensitive counselling, while community dialogues, parent meetings, and youth-focused outreach sessions helped debunk myths.

Outcome

Despite these barriers, **54.4% of vulnerable young women** accessed FP services, surpassing the **50% annual target**.

Learning

The risk was well-identified and effectively managed. Community trust, decentralised education, and consistent follow-up were central to mitigating cultural resistance and improving SRH uptake.

Lessons Learned

Strengthening Community Health Information Systems

A key insight from 2024 is the urgent need for stronger community-level data systems. While Health Management Information Systems (HMIS) effectively capture facility-based information, many neonatal and maternal deaths occurring at home remain undocumented. Improving integration among VHT reports, local councils, and formal HMIS systems is essential for understanding the actual burden of mortality and for designing responsive interventions.

Rising Teenage Pregnancies and Early Marriages Among Girls Living in Poverty

Teenage pregnancy and early marriage remained prevalent, especially among out-of-school girls. Drivers included poverty, limited parental supervision, harmful social norms, and the lack of protective peer networks.

Mitigation

NA adopted an integrated response:

- 👉 SRH education in schools and communities
- 👉 Mobilisation of out-of-school girls through outreach
- 👉 Integration of vulnerable girls into vocational training, entrepreneurship and life-skills programmes
- 👉 Strengthened parent engagement to support protective behaviours

Outcome

Teenage pregnancy rates declined from **5.7% at baseline** to **4.69%**, outpacing the annual **reduction target of 0.65%**.

Learning

While broader structural issues remain, NA's integrated programming demonstrates that sustained exposure to education, livelihoods, and support networks significantly reduces vulnerability.



Lessons Learned Continued

Strengthening Community Health Information Systems

Despite robust community mobilisation, socioeconomic barriers, including transport costs, mobility of peri-urban households, and competing livelihood demands, continue to inhibit completion of the four recommended ANC visits. Health education must therefore be paired with social protection measures such as subsidised transport, enhanced male involvement, and mother-to-mother groups.

Addressing Barriers to ANC Attendance

Despite robust community mobilisation, socioeconomic barriers, including transport costs, mobility of peri-urban households, and competing livelihood demands, continue to inhibit completion of the four recommended ANC visits. Health education must therefore be paired with social protection measures such as subsidised transport, enhanced male involvement, and mother-to-mother groups.

Complementarity and Collaboration with Other Actors

Engagement with livelihood partners such as Save the Children and World Vision reinforced the importance of complementarity rather than competition. Collaboration improved targeting, reduced duplication, and expanded coverage, highlighting the value of integrated district-level planning.

Sustained Mentorship in Child-Centred Pedagogies

Teacher training showed that one-off sessions are insufficient to create lasting change. Continuous mentorship, classroom observation, and school-based coaching were critical for embedding non-violent, child-friendly teaching methods.

Ongoing Support for Vulnerable Youth in Vocational Training

Vocational training success depended heavily on psychosocial support. Many female youths entered programmes with trauma histories or unstable home environments. Regular mentorship and counselling were essential for retention and successful transition into employment.

Sustainability and Systems Strengthening

NA's sustainability strategy focuses on building systems, skills, and infrastructure that continue to benefit communities. These include:-

Health Infrastructure for Long-Term Impact

The completion of the Operating Theatre and the establishment of a mini-NICU at Nansana Health Centre IV transformed the facility into a functional municipal referral centre. These investments significantly reduced referrals to Mulago National Referral Hospital and strengthened local capacity for emergency obstetric and neonatal care—creating a legacy of accessible, high-quality services.

Human Capital Development

Continuous professional development for health workers, particularly through the PAIRS programme, has strengthened clinical competence and responsiveness. The MoH is in the process of endorsing PAIRS as a cost-effective complement to ETAT, underscoring its value to national emergency care priorities.

Economic and Household Resilience

Thousands of women have increased household food security through backyard gardening, bio-waste recycling, and organic fertiliser production. Demonstration gardens in schools model intergenerational learning, while VSLAs linked to PostBank and the GROW Programme empowered women with affordable credit and opportunities to build small enterprises.

Environmental Sustainability and Green Skills

NA's bio-waste and school recycling initiatives demonstrate the power of merging environmental stewardship with livelihoods. Youth and schoolchildren now contribute to cleaner communities while acquiring valuable skills aligned with Uganda's green growth agenda. These programmes illustrate NA's commitment to fostering both economic resilience and ecological responsibility.



Localisation

Building resilient communities through strategic partnerships

NA continues to advance its localisation agenda by ensuring that Ugandan-led communities assume increasing leadership in programme planning, delivery, and governance. At the centre of this shift is the organisation's deepening partnership with A–Z Children's Charity Uganda (A-Z), which is progressing through a structured governance transition.

This transition strengthens local leadership, accountability, and decision-making, while positioning A–Z to attract direct donor funding in line with global commitments to support locally led development. Significantly, it enhances the organisation's ability to respond quickly and appropriately to the needs of the communities it serves.

As part of this localisation process, A–Z has assumed full responsibility for the **Education Enablement (Sponsorship) Programme**, embedding it within Ugandan systems and expanding long-term sustainability.

In 2024, A–Z made significant progress in improving the educational and welfare outcomes of orphans and vulnerable children (OVCs). The organisation supported **194 students** across **75 primary and secondary schools**, **6 vocational institutions**, 3 nursing schools, and 6 universities, ensuring equitable access to education for some of the most vulnerable learners.

This partnership model ensures that interventions are **community-led, contextually relevant, and sustained by local expertise**. By strengthening local ownership and governance structures, NA and A–Z are building the foundations for long-term continuity, deeper accountability, and more resilient, locally driven development outcomes.

Sustainability

NA made significant strides in advancing its long-term sustainability strategy, driven by stronger partnerships, expanded local capacity, and a deliberate transition toward Ugandan-led governance and programming. Despite significant USAID budget cuts affecting many international development programmes, NA's diversified funding base and deepening local partnerships ensured that operations remained stable and uninterrupted, demonstrating our growing resilience and adaptability.

Government Integration and Service Continuity

Partnerships with the MoH and Nansana Municipality continued to deepen through renewed MoUs and the integration of NA's data systems with HMIS and DHIS2. The upgrade of the NA Health Centre to Health Centre IV, complete with an operating theatre and mini-NICU, has positioned it as a critical referral hub for Nansana Municipality. The Ministry of Health further reinforced this role by providing annual donations-in-kind worth €250,000. At the same time, NA strengthened local government health centres with neonatal resuscitation equipment, ensuring that service quality remains high beyond donor cycles.

Institutional and Policy Sustainability

NA strengthened collaboration with Local Government structures, mentoring 110 officials in Wakiso and Mubende in rights-based, gender-responsive, and inclusive governance. Regular multi-stakeholder review meetings and active community committees across Health, Education, Youth, Protection, Disability, and Livelihoods ensured that citizen voices directly shaped programme decisions. NA also supported the drafting of 5 new ordinances on disability inclusion, environmental management, and teenage pregnancy, doubling the baseline and embedding programme gains into permanent local policy frameworks.



Risks and Mitigation

Key sustainability risks include dependence on external grants, staff turnover, and shifts in donor priorities. NA actively mitigates these risks through the expansion of social enterprises, progressive localisation of management, cross-training of staff, and strict alignment with government strategies and policies. Together, these approaches provide substantial assurance that NA's impact, in health, education, protection, and livelihoods, will remain sustainable, scalable, and locally owned.

Human Resource



118

Total Staff

AS OF DECEMBER 2024

CATEGORY	NUMBER
Clinical Officers	3
Laboratory	5
Nurses	5
Pharmacy	4
Midwives	9
Theatre	5
Counsellors	4
Radiology/Scan	1
Community Workers	4
Rehabilitation Department	2
Data Department	6
Finance	15
Monitoring And Evaluation	3
HR and Administration	7
Youth Empowerment Program	5
Project Officers	5
Cleaners	10
Security Officers	7
Drivers	4
Information Technology	2
Vocational Centre	6
Volunteer coordinator	1
Co-founder and CEO	1



Our Partners



Comhairle Cathrach
Bhaile Átha Cliath
Dublin City Council



Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade





Financial Statement 2024

STATEMENT OF FINANCIAL ACTIVITIES FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2024

	Notes	Restricted Funds	Unrestricted Funds	2024 Total	Restricted Funds	Unrestricted Funds	2023 Total
		€	€	€	€	€	€
INCOME and ENDOWMENTS from:							
Donations and Legacies	3	1,206,452	81,374	1,287,826	1,326,392	117,805	1,444,197
Charitable Activities		6,275	336,086	342,361	-	312,641	312,641
Social Enterprise		-	295,172	295,172	-	207,348	207,348
Investments		-	171	171	-	464	464
TOTAL		1,212,727	712,803	1,925,530	1,326,392	638,258	1,964,650
EXPENDITURE on:							
Raising Funds	5	-	21,635	21,635	-	23,375	23,375
Charitable Activities		1,219,456	625,155	1,844,611	1,522,942	393,630	1,916,572
TOTAL EXPENDITURE		1,219,456	646,790	1,866,246	1,522,942	417,005	1,939,947
NET (EXPENDITURE)/ INCOME BEFORE TAXATION	7	(6,729)	66,013	59,284	(196,550)	221,253	24,703
Taxation	6	-	-	-	-	-	-
NET (EXPENDITURE)/ INCOME AFTER TAXATION		(6,729)	66,013	59,284	(196,550)	221,253	24,703
OTHER RECOGNISED GAINS/ (LOSSES)							
F/X gains/ (losses) on foreign operations		14,570	5,951	20,521	29,284	(23,031)	6,253
NET MOVEMENT in FUNDS		7,841	71,964	79,805	(167,266)	198,222	30,956
RECONCILIATION OF FUNDS							
Total Funds Brought Forward		1,099,512	529,085	1,628,597	1,266,778	330,863	1,597,641
Total Funds Carried Forward		1,107,353	601,049	1,708,402	1,099,512	529,085	1,628,597

Approved by the board on 22 July 2025 and signed on its behalf by:

Adrian Cummins

Daniel McLaughlin

Adrian Cummins

Danny McLaughlin

Director

Director

Date: 22 July 2025



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