



2015 Annual Report



2015: A Year of Growth

Over the last year we have greatly expanded KLC programming. The Leadership, Entrepreneurship, Apprenticeship Program (LEAP) graduated its first cohort of 88 youth in December 2015 and expanded fourfold, enrolling over 400 youth, in cohort 2. The Nama Wellness Community Centre clinic, started 2015 with under 150 patient visits per month and ended the year with close to 500. In partnership with Peace Corps, we started an innovative youth-led club in which young people are the decision-makers and drivers of club activities, as opposed to simply project beneficiaries. We increased our staff from 14 to 23 during the year and have implemented a formal training program to build their capacity. We had an excellent year and want thank our funders, our dedicated staff, and the wonderful Nama Sub-County community for making it possible.

Johnson Nkosi Memorial Primary School Grant

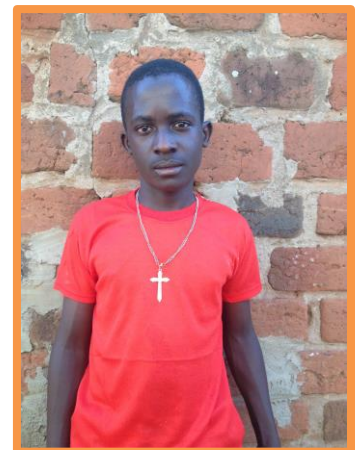
Since 2010, KLC has provided an annual grant to Johnson Nkosi Memorial Primary School to fund operations. In 2015 KLC:

- Supported 16 Johnson Nkosi teachers.
- Supported over 320 Johnson Nkosi students.
- Signed an MOU that outlines special NAWEC clinic rates for Johnson Nkosi students and teachers.

Sponsorship Program

KLC Sponsored Students

In 2015 KLC took five additional students into the sponsorship program, for a total of 110. KLC sponsors needy young people to go to primary, secondary, university, and vocational school, paying for their school fees, books, supplies, accommodation, and upkeep. In addition, students receive free healthcare at the NAWEC clinic and are covered for the costs of referral services to other health providers (e.g., Mulago Hospital), if necessary.



Our 2015 sponsored students include:

- 1 primary school student.
- 75 secondary school students.
- 15 university students studying medicine, journalism & mass communication, procurement and logistics, social work, accounting, and financial management.
- 20 vocational students engaged in engineering, catering, plumbing and agriculture.

Graduates

In 2015, seven KLC sponsored students graduated from vocational institutions. Several of these students will be upgrading from certificates to diplomas in 2016.

- 1 student graduated from Mityana Agrovvet Institute with a certificate in veterinary medicine.
- 2 students graduated from the Management, Training and Advisory Centre (MTAC) in HR management and accounting.
- 1 student graduated from Lugogo Vocational School with a certificate in electrical installation.
- 3 students graduated from YMCA Mukono with certificates in catering.



Highlights of some events for Students and Parents

Career Days

During 2015 we held several meetings with students to provide career guidance and support. KLC facilitators reviewed students' S4 and S6 exam results and helped them think through their next steps. To advance in the KLC sponsorship program (specifically at the S4 and S6 levels), students are required to write proposals outlining their intended courses of study, how their previous education has prepared them to succeed, and what type of careers they hope to pursue. KLC management reviews these proposals to determine what funding will be provided to each student.

Parents Meeting

We at KLC understand the importance of parental involvement and during 2015 we made this one of our top priorities. We held two parents meetings in which we reviewed the sponsorship policy (specifically student, parent, and KLC responsibilities), provided our vision for the future of the program, and listened to parents on ways we might improve the program (e.g., providing academically enriching activities during holidays). Out of these meetings was born the Parents Advisory Council, which helps mobilize sponsorship parents, provide council to KLC management, and organize events.



Pool Parties

Secondary and university sponsored students attended the biannual pool parties at Festino City in Mukono. These events are aimed at building relationships with students, obtaining status updates, and most importantly, having fun!

Highlighted Student: Justine Nandyose

Justine Nandyose graduated with a diploma in accounting and finance from Management Training and Advisory Centre. She is passionate about sharing the knowledge and skills acquired from school with other girls.

Justine shared her dream with us: "My prayer and vision is to help the less privileged, as I was also helped at the time when I was in need." She is currently working as a cashier at a hardware store in Kampala.

After a successful completion of a diploma, Justine is looking forward to pursuing a Bachelor's degree in accounting and finance in August 2016.



Leadership, Entrepreneurship, and Apprenticeship Program (LEAP)

Overview

LEAP is an initiative supported and funded by KLC and implemented in partnership with MCE Uganda. The LEAP experience is designed to equip youth who have dropped out of school with marketable skills they can use to start their own businesses or find gainful employment.

LEAP provides:

- Leadership skills development.
- Entrepreneurship skills development.
- Practical experience through apprenticeships.
- Post program support, including mentorship, financing, and market linkages.

LEAP aims to increase:

- Small business creation.
- Employment.
- Income.
- Leadership and community participation.

LEAP Cohort 1 (Pilot)

The LEAP pilot initially targeted 120 youth in Mukono District between the ages of 15 to 25 who had limited access to livelihood opportunities, had left school early, and survived on less than two dollars a day. In December 2015 88 young people graduated from the first cohort. The graduation event included representatives from local government, local NGOs, and LEAP parents/guardians. Many LEAP graduates also had the opportunity to exhibit their products (e.g., liquid soap) at the graduation.

Endline data collected from LEAP Cohort 1 participants at graduation showed very promising results, including:

- Business Creation and Employment¹
 - 85% of LEAP graduates had a job (36%), a business (26%), or both (23%).
 - 58% increase in employment and/or business ownership compared to baseline.
- Income²
 - 33% of participants earned over 40 USD per month.
 - 22% increase in participants who earned over 40 USD per month compared to baseline.

Leap Cohort 2

In response to the success of LEAP Cohort 1, we scaled up the program in Cohort 2; over 600 young people applied and 448 were enrolled. After seven months of the program, Cohort 2 midline data³ showed very promising results compared to baseline, including:

- 30% increase in employment.
- 18% increase in business ownership.
- 31% increase in the number of LEAP participants earning income.
- 7% increase in the number of LEAP participants earning above the poverty line.⁴
- 21% increase in ratio of income received from self-owned business.

The endline evaluation report for Cohort 2 will be completed in July 2016.

¹ Endline sample for employment and business creation variables consisted of 72 LEAP graduates who had completed both the employment and business survey questions.

² Endline sample for the income variable consisted of 43 LEAP graduates who had provided income information.

³ Midline sample for all variables consisted of 448 LEAP participants who completed both baseline and midline questions for employment, business creation, and income.

⁴ The International Poverty Line of 1.25 USD/day equals approximately 115,000 UGX per month.

Highlighted LEAP Student: Jamal Masere

Jamal was orphaned at the age of seven and due to difficult financial circumstances was not able to complete his education. He had a child at a young age and worked in a stone quarry to support his family. At this job he was able to save close to \$115 USD. Jamal said that LEAP sessions on business plan development and resourcefulness motivated him to use his savings to launch a livestock farming enterprise. He first purchased a cow and now has added two bulls to his small farm. He feels that bulls are a smart investment, as they fetch a good price at market. Jamal looks forward to being a large-scale livestock farmer in Bwefulumya.



KLC/NAWEC Youth Centre

On 5 December 2014, KLC/NAWEC held its Youth Centre grand opening. The youth centre is a space where hundreds of youth from the community come to learn new skills, network with their peers, and design projects to better their communities.

Computer Lab

The Youth Centre is equipped with a state-of-the-art computer lab, housing ten work stations. KLC began running classes on basic computer literacy and the Microsoft Office suite in June 2015 and have trained over 40 students. Classes were initially provided to sponsored students, LEAP participants, and staff free of charge. In 2016, we plan to open the lab to the community and charge a small fee for courses. To increase the value of our computer courses, we are in the process of applying to provide the International Computer Driver's License certification to course participants.

Youth Centre Partners and Activities

KLC is blessed with innovative and dedicated partners. It is our vision to bring people and organizations who have valuable skills and experience together with young people in Mukono District. KLC conducts outreach and promotion activities with community youth and utilizes the Youth Centre to host workshops on subjects, such as entrepreneurship, lifeskills, and sexual and reproductive health. Activities such as movie nights and soccer games are also part of youth centre programming.

Youth Centre Partners:

- **Sawa World** teaches young people how to generate income from activities requiring very low startup capital.
- **EcoAction** teaches young people how to be environmentally responsible, while also showing them that what some call trash can be converted into art and even provide them with income.
- **SlowFood International and Project DISCC** trains young people on best practices in farming and, through work on group dynamics and business skills training, how to make an agricultural cooperative profitable.
- **Breakdance Project Uganda** teaches young people how to dance, while at the same time developing their leadership skills.
- **Raising Voices:** provides training to KLC and NAWEC staff on how to engage women who have experienced violence.
- **Galaxy Dance Project** strengthens and nurtures young people music and dance talents, while at the same time developing their leadership skills.
- **Winning Choices** will continue with their *Girls Can Fly* trainings to help young girls develop self-esteem, confidence, and related life skills that are necessary for their socio-economic development.
- **Most at Risk Population Initiative and Reach out Mbuya** works with youth to develop better sexual and reproductive health strategies that will help our youth (in and out of school) make informed decisions.

US Peace Corps

In 2015 KLC began working with the US Peace Corps in several capacities:

- Thirty-Four newly arrived, health-focused Peace Corps Volunteers (PCVs) visited KLC to engage with members of the local community. KLC conducted outreach activities and secured participation from 120 community members. The PCVs broke the community members into groups and conducted health needs assessments. The PCVs then spent one week creating mock interventions for the various identified needs and presented their interventions to the community at a subsequent meeting at KLC.
- KLC staff provided training to new Health PCVs on youth engagement and community mobilization.
- KLC staff helped facilitate workshops that led to the development of Peace Corps' *Empower. Equip. Engage. A Toolkit for Youth to Start and Lead Clubs*.
- KLC, in partnership with Peace Corps, has planned the launch of our new youth-led club, in which youth will be the designers, implementers, and evaluators of club activities. Youth have expressed interest in several topics, such as SRH education, skills training, and theater.

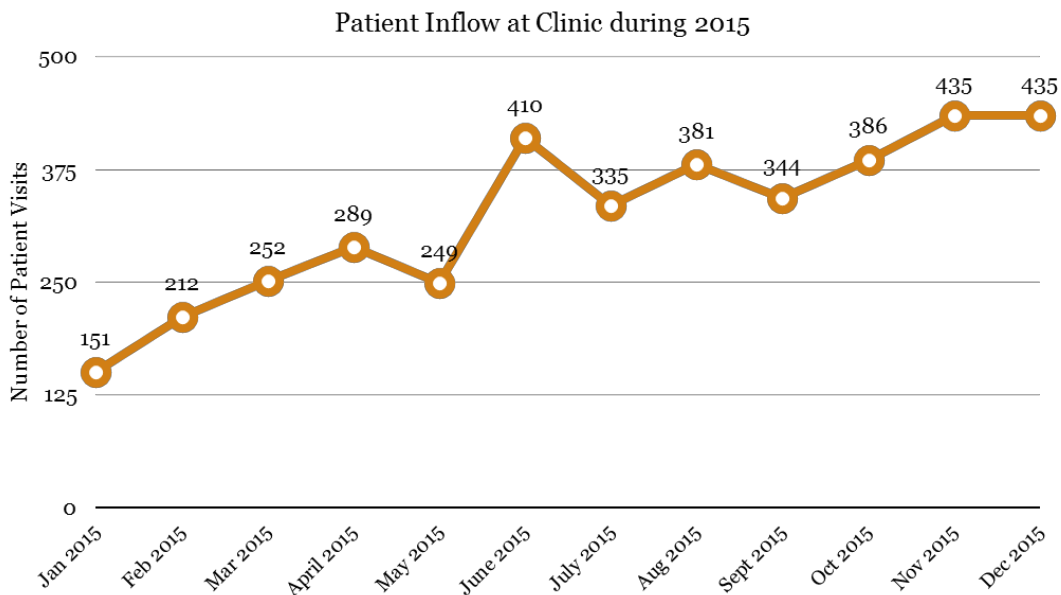


NAWEC Health Centre

Opened in June 2014, NAWEC started 2015 with all the challenges of a new organization in a resource-poor environment. However, with the support of passionate funders, the addition of much-needed services, a large increase in staff, and the receptivity of an appreciative community, NAWEC had a phenomenal year. Our patient flow at the clinic grew by 188%, and we increased the number of both first-time and return clients. Of patient diagnoses, malaria, respiratory infections, and gastro-intestinal diseases dominated our clinic and lab services. However, with the addition of dental services in August, medical issues such as dental caries have also manifested as a problem in our patient population. New partnerships were forged with both public and private entities, augmenting our services, programs, and reporting. We are especially proud of our growing maternal and child health services, as well as our partnership with the Ugandan Virus Research Institute to ensure quality control in our laboratory. Though redesigned at the end of the year, community outreaches remained a core component of NAWEC's operations, with pediatric de-worming and HIV counseling and testing being the most popular services.

Patient Flow

Over the course of 2015, NAWEC conducted a total of 3,879 patient visits, most of which included clinical consultations. On average, at least 30% of patient visits were made by return clients each quarter, though the number of first-time clients grew consistently over the year, indicating ever-improving market penetration in the community and effective addition of new services (most notably dental and maternal and child health).



Diagnoses

From the 3,879 visits to the facility, NAWEC documented 2,426 diagnoses this year, most of which were submitted monthly to the local Ministry of Health for disease tracking. All diagnoses recorded are derived from the 124 Ministry of Health codes used by public and some private primary care facilities across the country. The most common diagnoses recorded stayed fairly consistent each month, with occasional seasonal spikes in malaria and a growing number of typhoid cases after the regional outbreak in March. With the addition of dental services in July and increased uptake of services in September, dental caries became a prevailing diagnosis, with more than 61% of dental patients possessing the condition in the fourth quarter. However, respiratory tract infections (including pneumonia and TB) and gastro-intestinal diseases have consistently been the key health problems facing our community.

Top Ten MOH Diagnoses in 2015		
Rank	MOH Diagnostic Category	Case
1	All other diagnoses	496
2	Severe respiratory infections	445
3	Cough or cold (no pneumonia)	205
4	Gastro-intestinal disorders	197
5	Malaria	155
6	Skin diseases	145
7	Dental caries	98
8	Pneumonia	95
9	Injuries	89
10	Tooth extractions	67

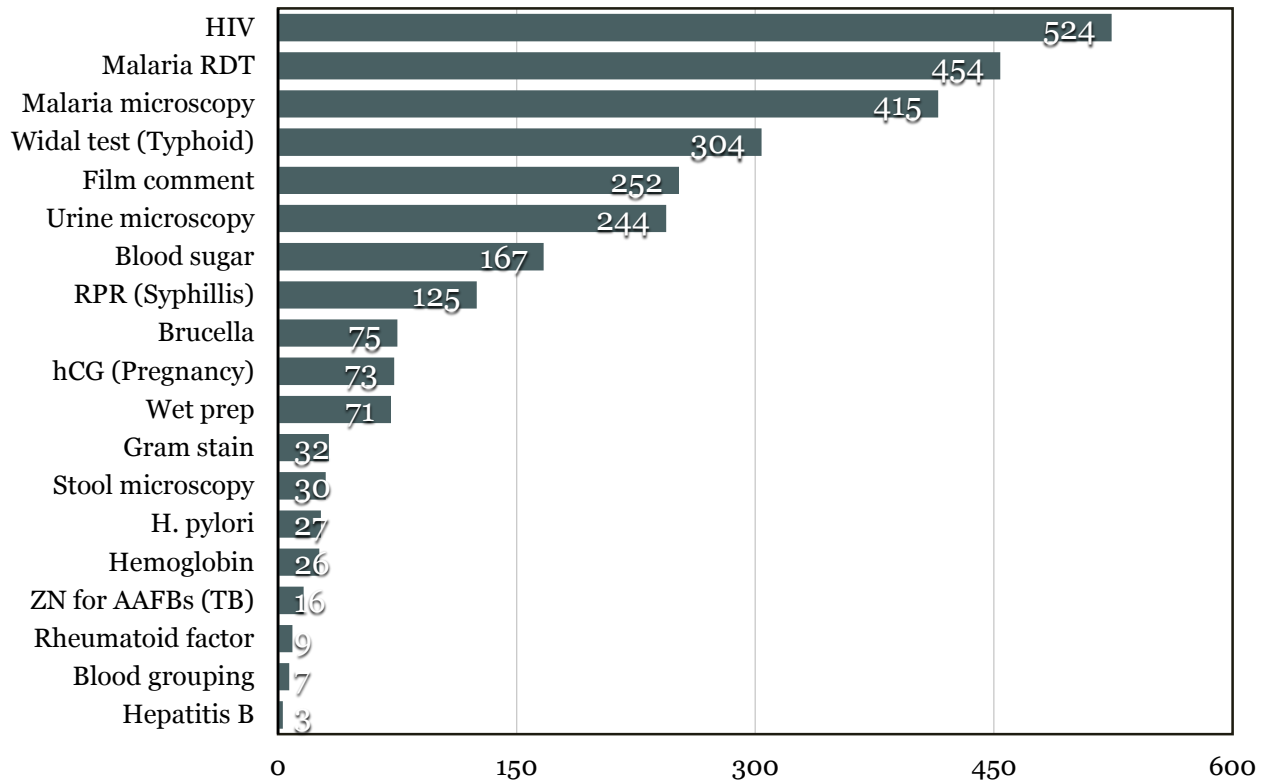
Laboratory

Our high-quality laboratory helps distinguish us from other facilities in the area and is a critical component of NAWEC's clinical operations. The number of laboratory tests administered varied over time, as clinicians and services offered changed. In total, 2,855 tests were administered in during the year.

HIV, malaria RDT, and malaria microscopy were the most highly utilized tests. This is reflected in the annual totals, which show that HIV tests, malaria RDT, and malaria microscopy comprised 18.35%, 15.90%, and 14.54% of all tests, respectively. With an on-going outbreak of Typhoid that was initially reported in Kampala in early March of 2015, the number of Widal tests performed during Q2, Q3, and Q4 was significant. With 304 performed this year, Widal tests accounted for 10.65% of all laboratory tests. The percent positivity of Widal, RPR, and HIV tests during Q3 and Q4 was significant, and points to a need for greater education about WASH and safe reproductive health.



Number of Laboratory Tests Performed during 2015



Outreaches

During Q4 2015, NAWEC revamped its outreach program and provided services to 717 people. We streamlined our approach to avoid duplication of services, improve service delivery, and maximize coverage. Consequently, we combined our bi-weekly outreaches into one, reducing the overall number of outreaches in Q4. Across six parishes in Nama Sub-County, the teams offered HIV/AIDS counseling and testing (HCT), family planning services including condom distribution, hypertension screening, child de-worming, and limited primary care consultations.



Family planning services are a crucial component of NAWEC's outreaches, though the number of clients reached in Q4 quarter declined slightly due to the new outreach schedule. Culturally, women consistently favor depo-provera injections over birth control pills, as they are more discreet and their male partners often disapprove of birth control. Our nurses estimate there is an unmet need for long-acting, reversible contraceptives like intra-uterine devices (IUDs), which are also discreet and provide a non-hormonal alternative to traditional birth control methods. Currently, NAWEC refers women to our

clinic for arm implants (implanon) and IUDs, but we are hoping to add these services to outreaches in the future. We also refer women to the clinic for cervical cancer screening, as only 12% of family planning patients report ever having been screened.

De-worming children — a low cost and low tech service — helps us reach hundreds of patients every month. HCT is our most popular service among adults. The HIV prevalence rate among those tested (mostly men between the ages of 25 and 49) was extremely low (2.00%), which is in keeping with the average over the last 14 months (2.02%). About 16% of HCT clients were first-time testers.

Number of Patients Receiving Outreach Services, by 2015 Quarter

	Family Planning Consultation	Condom Distribution	HIV Counseling and Testing (HCT)	Blood Pressure Screening	Pediatric De-worming
Q1	214	N/A	598	115	N/A
Q2	579	304	738	377	N/A
Q3	302	139	643	661	919
Q4	128	175	553	523	595
2015 TOTAL	1,223	618	2,532	1,676	1,514

Health Centre Partners

NAWEC has entered into partnerships with the Ministry of Health at the local and national levels that include support for staff capacity building, monitoring and reporting, procurement of supplies and equipment, and supervision. We have teamed up with the district health office (DHO) in Mukono to offer maternal and child health services, and testing services for TB, HIV, and malaria. At the national level, we are working with the Uganda Virus Research Institute (UVRI) and Central Public Health Laboratory (CPHL) in performing quality control checks on our laboratory tests to ensure they meet the required standards.

Aiming to increase our services to women in the community, we entered into partnership with Program for Accessible Health, Communication, and Education (PACE) to offer family planning and cervical cancer screening services. PACE provides us with supplies, outreach support, and training.

Realizing that many women we serve have experienced violence in their homes and communities, we are partnering with Raising Voices to help build the capacity of our staff

to respond to the problem. Through trainings and workshops we hope to be able to provide tailored care and support to women who have experienced violence.

To bolster our efforts in HIV prevention, we have partnered with Mukono Multipurpose Youth Organization (MUMYO) to procure quality condoms and the Walter Reed Project in Uganda to support our efforts around Safe Male Circumcision (SMC).

Expanded Services

In 2015 we greatly expanded the scope of our services. Our aim was to be more responsive to community needs, thus increasing our effectiveness. To this end we instituted a standardized patient satisfaction survey and made programme modifications based on client feedback (e.g., introducing provision of ante and postnatal services).

We are committed to improving the health outcomes of women and children in Nama Sub-County and have developed an active maternal and child health programme that includes antenatal care, postnatal care, and immunization services. We have also launched a host of new services focused on women, including cervical cancer screening, provision of long-term family planning methods, and HPV vaccinations for young women.

To reduce the transmission of HIV we continue our HIV testing and counseling services and have added SMC through a partnership with the Walter Reed Project in Uganda.

In August 2015 we began providing affordable dental services to the community. Kevin Kiberu, the Dentist at NAWEC, provides education and a range of dental services (from extraction to root canals) at our fully equipped dental centre. Dental services are now only available on Thursday and Friday, but due to the high demand, we are considering expanding to other days of the week.

KLC 2016

NAWEC Clinic

Our major focus in 2015 was increasing MCH and women-focused services; this will also be our major focus in 2016. We are looking to add a nutrition program, increase ante and postnatal visits, increase immunization, provide more education to pregnant women and new mothers, provide ultrasound scans, and increase cervical cancer services.

Procuring new and more advanced medical and laboratory equipment is a priority as we scale up services and improve our diagnostic capacity. To fulfill government requirements for a Level II Laboratory, we are seeking funding for a complete blood count machine and a chemistry analyzer. As cervical cancer screening and treatment are virtually non-existent in Nama Sub-County, we are also hoping to purchase supplies like acetic acid and a cryotherapy machine. To meet the high demand for treatment for child respiratory tract infections, we would like to purchase nebulizers, oxygen cylinders and masks, patient monitors, and a larger and more diverse supply of pharmaceuticals.

We also hope to increase the scope of services we provide on health outreaches. This will likely include the provision of Implanon (hormonal implant) for family planning, management of common illnesses in both children and adults, ultrasound scans, and dental assessments. To facilitate expansion of health outreaches we would like to purchase a large vehicle that would allow efficient transport of staff and equipment to the field, examination beds, privacy screens and partitioned tents, and field-equipped sterilizing equipment.

Youth Activities

The focus of the youth centre in 2016 will be on the youth-led club. We are passionate about offering young people a meaningful way to engage in the development of their communities. By participating in the youth-led club, they will have the opportunity to be the designers and implementers of programs that affect their lives.

We also plan to create an SRH Team with participation by KLC youth staff and NAWEC clinical staff. This team will develop curricula and provide SRH education in local primary and secondary schools, at the youth centre, and as part of LEAP.

LEAP

In April 2016, KLC and MCE plan to begin a third cohort of 500 young people. Along with the 430 who will be enrolled in the standard LEAP, we will also run two pilots. The first pilot, LEAP+, will enroll 50 young people who have completed Senior Six (S6) class or higher and focus more on securing gainful employment. The second pilot, LEAP Accelerator, will enroll 20-30 successful entrepreneurs from LEAP Cohorts 1 and 2 with the aim of taking their businesses to the next level through business formalization, additional skills training, marketing/branding, and financial assistance.