

ANNUAL REPORT 2016



Komo Learning Centres (KLC) was established in 2009 as a non-profit organization (501c3) with the goal of providing quality education to vulnerable children in Uganda.

Since then it has moved steadily towards implementing a holistic model of sustainable development for rural communities with an emphasis on youth leadership and livelihoods development.

KLC is currently engaged in a number of projects directly impacting over 15,000 people in Uganda.



Education

KLC directly supports 320 children and 16 teachers at Johnson Nkosi Memorial Primary School, including their health and nutrition. We also sponsor 100 youth at the secondary, vocational, and university levels. Selection criteria are based on financial need, as well as academic potential.

Livelihoods

KLC, in partnership with Mentoring, Coaching, Empowering (MCE), has established the Leadership, Entrepreneurship, and Apprenticeship Program (LEAP). Over 1000 young people per year participate in this 12-month training course that focuses on leadership, vocational and entrepreneurship development, and post program support, including access to financing and private sector linkages.

Health

KLC launched the Nama Wellness Community Clinic in June 2014. This clinic offers low-cost primary health care services with a focus on:

- Malaria prevention and treatment
- Family planning
- Maternal and child health (including ultrasound)
- Cervical cancer screening and treatment
- HIV testing, counseling, and education
- Dental care

In addition, the clinic serves as headquarters for community health outreaches that began in 2011.

Youth

KLC is dedicated to addressing problems facing youth in Mukono District. In 2014 we launched the NAWEC Youth Centre, which focuses on youth empowerment, leadership, workforce development, and sexual and reproductive health. With a host of innovative youth-serving partners, the Youth Centre is a space for young people to learn, grow, and most importantly... have fun! In partnership with US Peace Corps, we have also created a youth-led club in which young people design and implement all club activities. Currently the club has a peer health education project, a drama group, and provides training on a variety of income generating activities.

1. Sponsorship Program



Our 2016 sponsored students include

- One primary school student.
- 63 secondary school students
- 20 university students studying medicine, journalism & mass communication, and others.
- 17 vocational students engaged in Engineering, Catering, Plumbing and agriculture.
- One student practicing Mechanics through the apprenticeship program.

Academics

In 2016 we had 27 students in candidate classes. Out of these, 20 completed Senior 4 and seven completed Senior 6. With a need to have students improve their grades, we introduced the promotional cut off points, corrective action plans, and mandatory tutoring and counseling for students who were not performing well. This saw an improvement in performance compared to the previous years. Most of the students performed well and we are now waiting for results for university-bound students.

Graduations

In 2016, KLC had six students graduate with certificates and degrees from different universities and vocational institutions.

- Two students graduated from Young Men's Christian Association Mukono with Certificates in catering.
- Three students graduated from Uganda Christian University with Bachelor's Degrees in development studies, mass communications, and procurement and logistics management.
- One student graduated from Nkumba University with a Bachelor's Degree in social work and social administration.

Highlighted Student

Katende Samuel (pictured right) graduated with a Bachelor's Degree in development studies from Uganda Christian University with a second class upper. Samuel said, "I want to continue with the initiative being undertaken by KLC to support the less-privileged people in the community with my own organization - *Twekembe Development Organization*." This he has already started doing!



Highlights from our Education program

<p>Senior Three Career Guidance</p> 	<p>Our career day workshop provided career guidance for all secondary students joining Senior 3. The workshops included educational and career guidance. KLC staff carried out trainings and 20 students engaged in sessions.</p>
<p>SRH Training</p> 	<p>The essence of the trainings was to engage students around topics that are not taught at school or by their parents. We hope it will students from getting incorrect information from the internet, magazines, or friends. Topics included sexuality, adolescence, menstrual cycle, pregnancy, and abortion.</p>
<p>Alumni meeting</p> 	<p>We held an alumni meeting and on 30 July 2016. The purpose of the meeting was for the students to get to know each other and to learn job-readiness skills. A KLC alumni committee was elected and agreed to actively engage in KLC activities.</p>
<p>Parents meeting</p> 	<p>All parents of sponsored students were asked to attend a meeting in which we explained and answered questions about sponsorship policies. Parents were asked to sign consent forms for each of their children. Sixty parents attended the meeting and the theme was "When and how do we parent?" The guest speaker was Mr. Bwire Christopher, the Headmaster of Mpoma Girls School.</p>
<p>Student Mentorship</p> 	<p>The students have been receiving psychological counseling and mentorship support from the KLC team. The team has carried out a number of routine visits to the different schools. While on these visits, academic, disciplinary, and conduct issues were handled.</p>
<p>Student Camp</p> 	<p>The sponsorship program of KLC in partnership with Peace Corps Uganda organized a four-day camp for secondary students from 6-9 December 2016 at Mutoola Beach and Camping Site in Mukono district. Sixty-one students attended the leadership and health-themed camp called S.E.R.V.E (Students Empowered Reformed Victorious and Educated). The students participated in sessions about goal setting, HIV, and STI prevention, making re-usable sanitary towels, gender based violence, dance aerobics, and many more. This camp was an amazing opportunity for the KLC sponsored students to actively participate in creative and innovative programs and to practice their leadership skills. By the end of the camp, the students reported a greater sense of self-confidence, a greater willingness to speak and perform before large audiences, and a greater interest in art, athletics and storytelling.</p>

2. Leadership, Entrepreneurship, Apprenticeship Program

The Leadership, Entrepreneurship, Apprenticeship Program (LEAP) was designed and implemented by Komo Learning Centres, Uganda (KLC) in partnership with Mentor, Coach, Empower (MCE).

LEAP is a 12-month program that serves out-of-school youth between 15 and 25, most of whom do not have a job or business. The LEAP experience is designed to equip these youth with marketable skills they can use to start their own businesses or find gainful employ-



ment. LEAP is an innovative, interactive, and engaging initiative. While the first six months are focused on classroom learning, each different module has a demonstrated practical application and real-world task associated with it that participants must complete in order to receive credit. Modules fall into three categories: Life skills (e.g. leadership, team work, and interpersonal communication), Entrepreneurship skills and Employability skills (e.g. professionalism, job searching). Also in the first half of the program, we teach income generating activity skills, such as soap-making, sandal-making, chalk-making.

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 Cohorts

We have completed two LEAP Cohorts (Cohort 1, a small pilot, in December 2015 and Cohort 2 in April 2016). We will complete Cohort 3 in April 2017 and have just started the baseline survey for Cohort 4. We have seen significant positive outcomes, as evidenced by the Cohort 2 endline data, and are continuously piloting new innovations that are based on lessons learned from implementation.

LEAP Cohort 2

The second Cohort started in May 2015 with 516 young people. Of the 441 who completed Cohort 2, 81% had paid positions or a business at endline. To date, the most compelling evidence of LEAP's success comes from the Cohort 2 endline survey, select data highlighted below.

- **Economic Opportunity¹**
 - 81% of youth had an economic opportunity at endline

¹ Full or part-time job, business, self-employment, paid internship, or seasonal employment

- 55% increase in youth that had an economic opportunity
- 48% reduction in unemployment
- **Income**
 - Average monthly income at endline = 143,000 UGX
 - 45% increase in participants earning money
 - 24% increase in earnings between 115-350,000 UGX per month
- **Savings**
 - Average total savings at endline = 95,000 UGX
 - 55% increase in participants that saved money
- **Wealth and Assets**
 - 47% increase in participants who owned mobile phones
 - 28% increase in participants who had electricity in their homes

LEAP Cohort 3

LEAP Cohort 3 began in May 2016 with 550 young people and will complete the program in April 2017. We are conducting two pilots in Cohort 3. Five hundred young people will go through the “original” LEAP course, while 27 will take part in LEAP+ and 30 will be enrolled in LEAP Accelerator.

- **LEAP+** targets young people who have a higher education level (S6 and university) than regular LEAP participants (S4 and below). This pilot was created in response to the request of young people who did not fit the standard LEAP educational profile, but who understood that the critical need for the skills taught in LEAP. In fact in both Cohort 1 and 2 we saw several young people who misrepresented their educational attainment so that they could enroll in LEAP. Also, we learned from previous cohorts that young people with drastically different education backgrounds often had conflicts within the course.
- **LEAP Accelerator** was created to build the already successful businesses LEAP youth started in Cohorts 1 and 2. Thirty superstars from Cohort 1 and 2 were chosen to participate in Cohort 3’s Accelerator program. The aim of the Accelerator is to take businesses young people have created under LEAP to the next level, which includes registration assistance, mentoring and guidance, business planning, hiring, marketing and branding, and access to finance and market linkages.

LEAP Cohort 4

In Cohort 4, beginning January 2017, we plan to enrol a total of 800 youth in the already existing LEAP programs, as well as add two additional pilots – LEAP Urban and LEAP Replication. Each of the two pilots will consist of 100 youth, bringing the total number of youth in Cohort 4 to 1000.

- **LEAP Urban** will be implemented in the crowded, low-income neighborhoods of Kampala and will be staffed by MCE Uganda. Over the last three years LEAP has grown to include urban Mukono town. We have observed that the dynamics of working with urban youth are different from working with rural youth. For example, time availability, opportunities available, nature of aspirations, and nature of linkages desired are all significantly different. As we look toward replicating LEAP in other geographical locations, we are cognizant that some will be working with urban youth. For this reason, we propose to conduct LEAP Urban to learn about programming in preparation for scale in both rural and urban settings. In our last meeting, Retrak Uganda expressed interest in the LEAP Urban pilot.

- LEAP Replication** will explore the feasibility of scaling the LEAP model through other NGOs in Uganda and beyond. In this scaling pilot we will be searching for an interested and able NGO in the economically depressed North and East of Uganda that would like to implement LEAP. MCE Uganda would provide the curriculum, training, support, and potentially staff for initial setup and implementation. LEAP is a highly scalable model that can potentially be set up and tailored for implementation in a diverse range of contexts. We see this as the natural next step for LEAP, as outcomes of the program are positive, the management team consists of leaders in the field of youth economic development, and the curriculum is flexible and easy to tailor. Another aspect of LEAP's flexibility, and therefore its scalability to other environments, is that the hard/vocational skills (e.g., mechanics) are not taught by LEAP staff directly. These skills are taught through apprenticeships with local artisans who can be found in any community throughout the country. In Uganda we are in the early stages of engaging with Just Like My Child Foundation. Other organizations that have expressed interest for LEAP replication are from Kenya, South Africa, and Malawi. At the moment we are first focusing on developing a LEAP Replication toolkit comprised of an implementation guide, the curriculum, and an M&E toolkit.

3. Komo Learning Centres Youth-Led Club (YLC)

This year, we launched the Youth Led Clubs (YLC), a safe space where young people can meaningfully participate in activities that affect their lives. The uniqueness of this approach is that young people are not treated as mere beneficiaries of services, but are given a platform to voice their needs, implement activities, and make decisions.

The youth received trainings in entrepreneurship, health leadership and drama. They were given an opportunity to identify their needs, prioritize activities that benefit their communities, and design, implement, and evaluate these activities.

Peer Health Education Program

KLC staff with the help of Peace Corps Volunteer, Katie Fox, trained YLC members to be peer health educators in the community. This training lasted eight months and culminated in both written exams and an assessment of how the students actually performed with community members. Youth were trained in areas of HIV/AIDS, STIs, family planning, breast and cervical cancer, and WASH. After the SRH training, the volunteer Peer Health Educators will conduct health education activities in primary and secondary schools, and the community at large. We strongly believe that youth sharing health information, values, and positive behavioural examples with their fellow youth will create great tangible benefit in the community.



Drama Group

The YLC Drama Team forged a cordial working relationship with our clinic team. They conducted several community presentations, conveying maternal and child health information that included family planning, violence prevention, and cancer screening. Community members appreciated the drama and noted how they were able to learn a great deal by through this type of relatable format

for health information. These activities have helped reduce the misconceptions and myths that community members have concerning family planning and sexual and reproductive health issues.

Entrepreneurship Program

Integrating youth-led club activities with livelihood activities has made drastic changes in the lives of young people in the community. We have conducted many workshops on replicable income generating activities that were complemented with financial literacy and communication skills training. Youth have been able to utilize these skills for employment and business creation. Several of the youth from the club have also started to conduct trainings themselves, on topics such as soap-making, chalk-making, etc. Lastly we trained youth in biogas-making and they will soon establish a biogas demonstration project in the community.

Lowice's Story

Namuyiga Lowice is young woman aged 21 years and orphaned at the age of seven after her father succumbed to prostate cancer. She stays with her mother who was diagnosed with HIV two years ago. Since her childhood, Lowice dreamed of being a lawyer. She has an interest in advocating for rights of the vulnerable women and youth, as well as acting as a mouthpiece for communities facing social injustices. However, on the demise of her father, her dreams were shattered and she had to find work to support herself and her mother.

Student Details

Name: Namuyimba Lowice

Age: 21

Village: Lukojjo

Occupation: Volunteer Peer Educator

Quote

"I am grateful to the opportunity given to me to reach out to my fellow youth, I wouldn't exchange it for anything"

In the picture (right) Lovince is at the youth Centre training her peers in SRH.



Lowice has continued to reach out to youth with key health messages. She further envisions creating female clubs where women and girls would meet, share information, and learn from each other in a non-judgmental manner.

In 2016, Lowice got an opportunity to join the Komo Learning Centres youth-led club peer health education initiative. For her, it was a blessing in disguise to actualise her dream. She learned a great deal about sexual and reproductive health, such as HIV counselling and guidance, stigma, and family planning.

During health outreaches conducted by our clinic, she has expertly disseminated health information, provided counselling and guidance to the peers, educated on proper condom use, as well as facilitating youth referrals and follow-ups. Lowice says, "I keep doing what I'm doing because I'm extremely passionate about working with youth. I dream to see a world where youth can be free from avoidable health menaces."

Youth-Led Club Video Project

KLC was awarded a grant under the USAID-funded YouthPower Learning Project to document the activities of the club in a set of eight videos on the subjects of: 1) YLC concept, purpose, vision, recruitment, and leadership; 2) Capacity building through trainings and workshops; 3) Community

needs assessment, activity prioritization, and decision-making; 4) Activity planning and design; 5) Activity implementation and evaluation; 6) Gender and age issues; 7) YLC challenges, solutions, and benefits in comparison to other projects that are adult designed and implemented; and 8) The process of making the video set.

The videos will give YLC members who have been meaningfully involved in club programming the opportunity to genuinely share their experiences, ideas, and reflections. Question we will explore to provide the global community with insights into promising practices in youth-led program design, implementation, and evaluation include:

- What are the challenges, benefits, value, and lessons learned around youth-led programming?
- What facilitates successful youth-led programming and what hinders it?
- What skills and experience are the most beneficial in helping youth develop their own projects?

The videos will detail the concept, activities, challenges, and lessons learned of the YLC, but they will also provide an opportunity for young people to meaningfully contribute. YLC members, especially the leadership, will be involved in concepting, designing, and shooting the videos. They will have the opportunity to structure the videos, give their perspective in interviews, conduct interviews with other youth and community members, take part in the technical shooting of the video (after some training on video equipment operation), participate in post-production, and review videos before they are finalized.



Computer Lab

The youth centre is equipped with a state-of-the-art computer lab, housing ten workstations. We conduct classes for youth in KLC programming, KLC staff, and community members. In 2016 we awarded completion certificates to 16 students. To date we have trained over 50 students.

4. United States Peace Corps Partnership



In 2016, Komo Learning Centres received a community health Peace Corps Volunteer to serve for 18 months, primarily under youth programming.

In April 2016, the KLC Youth Programs Manager, the Peace Corps Volunteer (PCV), and two youth members of the KLC Youth-Led Club attended a weeklong youth development camp hosted by Peace Corps Uganda. The youth were trained in entrepreneurship, gender sensitivity, life skills, and healthy living.

Peace Corps Chief of Staff Laura Chambers and Peace Corps Uganda Country Director visited Komo Learning Centres in May 2016 to learn more about organizational activities and how KLC and Peace Corps can continue their partnership in the future.

In June 2016, 21 Peace Corps health trainees visited Komo Learning Centres to conduct community needs assessments and follow-up health trainings. The delegation came purposely to have an interface with local community members and to conduct a needs assessment among youth of different walks of life and genders. The PCV meetings drew a crowd of over 100 young people of which 70% were youth ages 14 – 30 years. They tackled a variety of topics including sexual reproductive health, nutrition, and malaria.

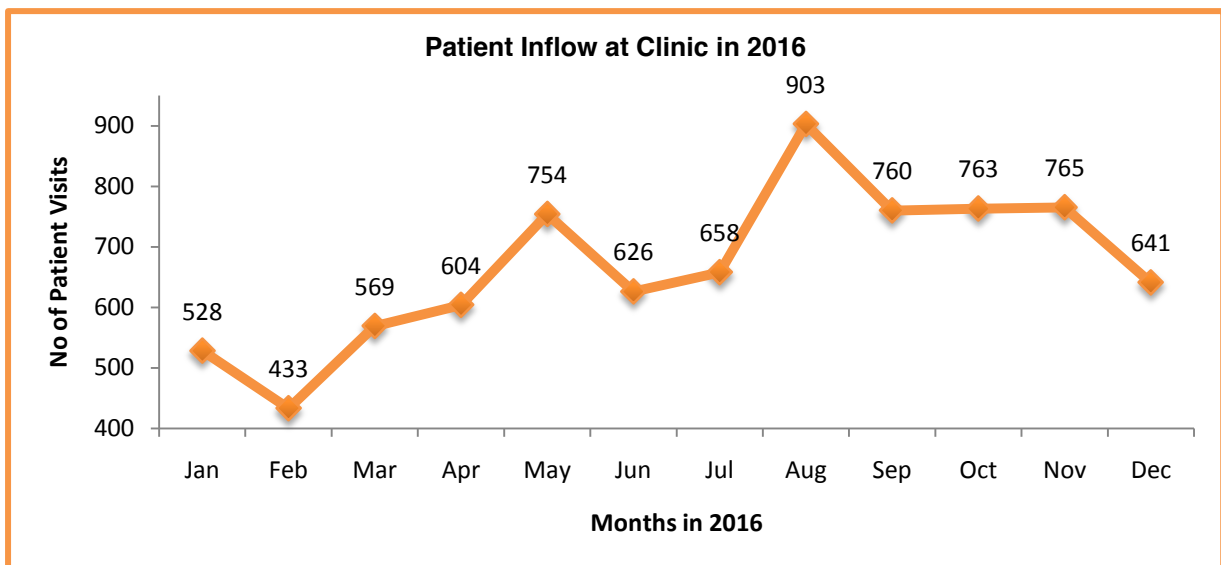
In July and September 2016, two youth from KLC’s Youth-Led Club participated in regional entrepreneurship trainings and competitions hosted by Peace Corps Uganda. KLC’s youth performed well and were ranked 2nd and 6th in the central region for their business proposals. KLC’s Sponsorship Manager and Peace Corps Volunteer facilitated a session on menstrual hygiene management and reusable sanitary pads (RUMPs) at the in-service training for Peace Corps Uganda health and agribusiness 2016 volunteers in Kayunga.

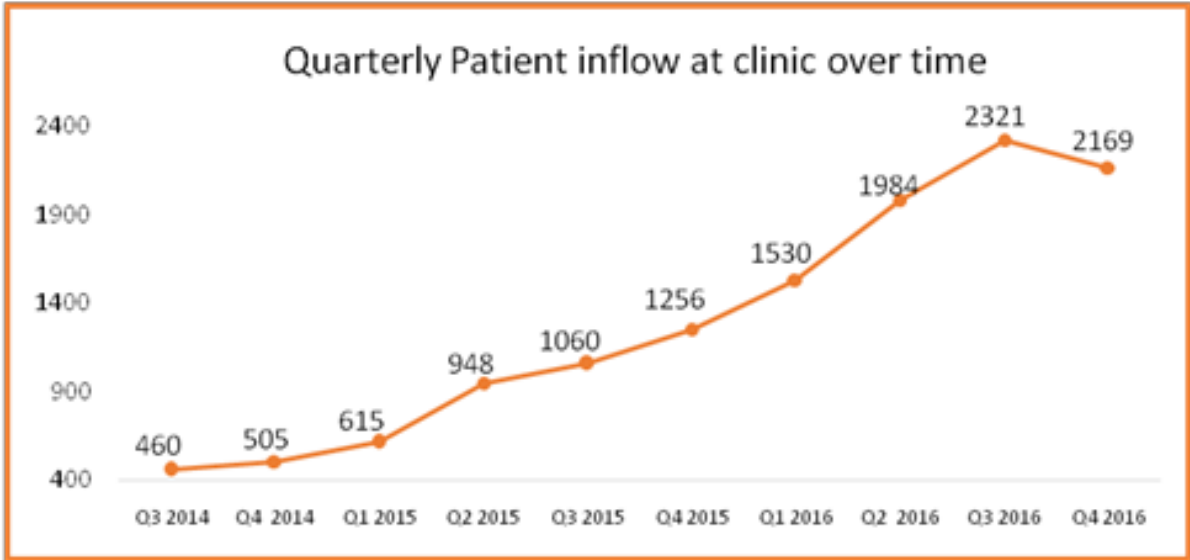
In December 2016, KLC’s Peace Corps Volunteer and Sponsorship Manager hosted a four-day camp for the secondary school sponsorship students in Mukono. This camp was part of a series of health and professional development trainings for all sponsorship students facilitated by Peace Corps Uganda Volunteers and KLC staff.

5. Nama Wellness Community Centre Clinic

Patient Flow

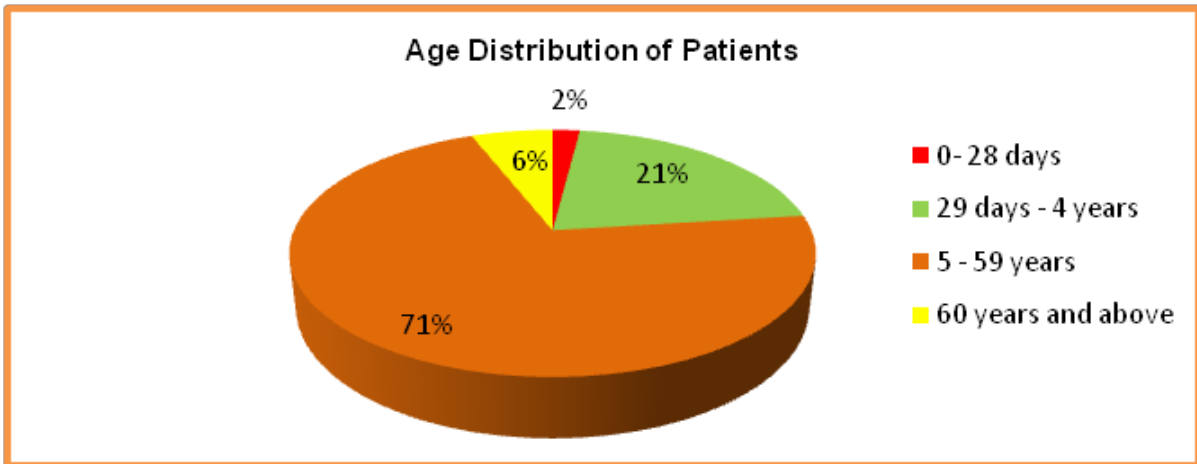
2016 was a year of growth for NAWEC. Since we began in June 2014 the clinic has registered 12,162 client visits, and the trend has been one of exponential growth. Out of this number, 1,071 (9%) client visits were registered in 2014, 3,087 patients (25%) in 2015 and 8,004 (66%) in 2016.



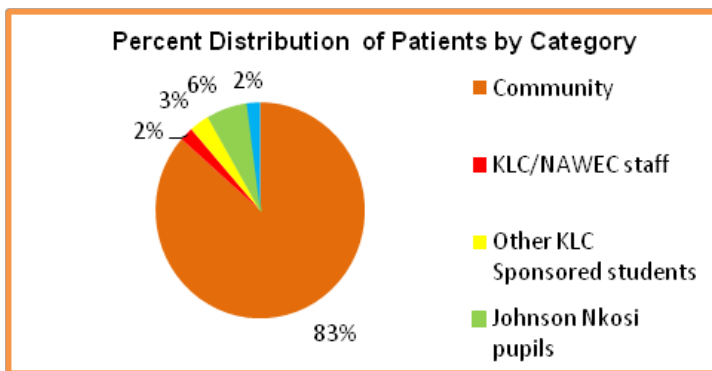


Client Age, Category, and Gender Distribution

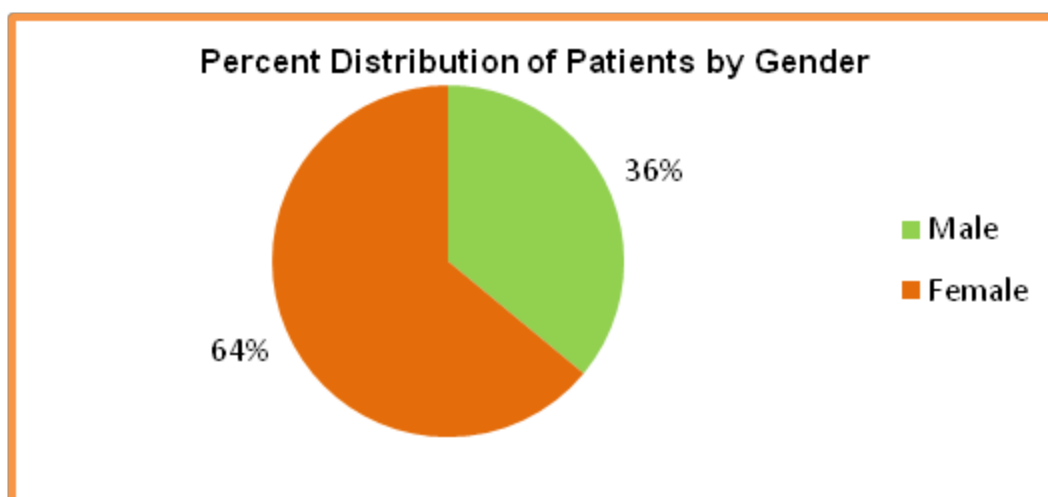
According to the Ministry of Health age category; the percentage of patients aged between 0-28 days is 2%, 21% of the patients are aged between 29 days-4years, 71% 5-59 years and 6% above 60 years. There are fewer number of patients under one month, mainly because we do not have a maternity ward and the post natal services are just starting to be strengthened at the clinic. The chart below shows age distribution of patients.



In regards to the type of patients received, majority (83%) of our patients came from the community followed by the KLC/NAWEC staff (2%), Johnson Nkosi pupils (6%) and staff (2%) , other KLC sponsored pupils (3%). The Johnson Nkosi and other KLC sponsored students are those (112 students) that are being given school fees to enable them complete their studies. The chart below shows the distribution of patients by category.



Throughout the year, women had a significantly higher number (64%) of clinic visits and diagnostic services than men (36%). This number was consistent with the previous years. The chart below shows the distribution of patients by gender.



Diagnoses

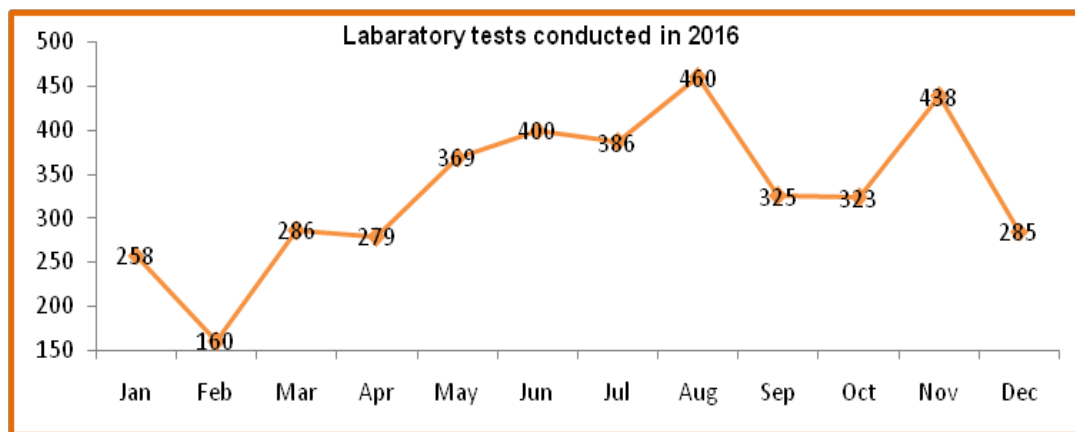
Out of the 7,930 clinic visits to the facility, NAWEC documented 3,175 diagnoses this year. Out of this number, we had malaria registering the top diagnosis, followed by cough and cold. With us scaling up on the dental services, the dental caries diagnosis was the fifth most diagnosed illness, followed by gastro-intestinal disorders and skin diseases respectively.

The details on the numbers of cases for the top ten specific diagnoses pertaining to some of the broad Ministry of Health diagnostic categories can be seen on the table (1 below), all of which were submitted monthly to the District Health Office for disease tracking.

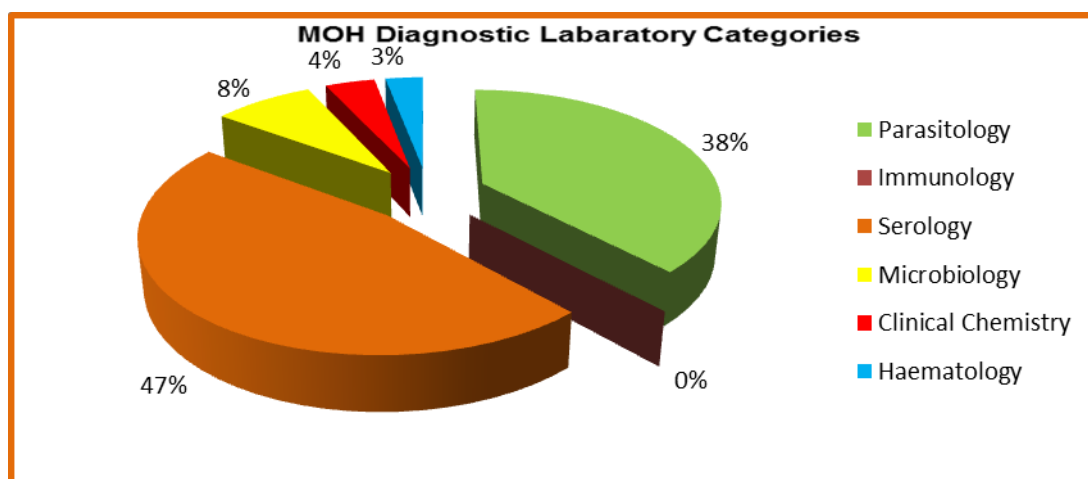
TOP 10 MOH DIAGNOSES IN 2016		
Rank	MOH Diagnostic Category	Case
1	All other diagnoses	628
2	Malaria	464
3	Cough or cold (no pneumonia)	455
4	Dental caries	416
5	Gastro-intestinal disorders	292
6	Skin diseases	265
7	Pneumonia	210
8	Severe respiratory infections	129
9	Injuries	163
10	Tooth extractions	153

Laboratory

Our high-quality laboratory clearly distinguishes us from other facilities in the district and is a critical component of our operations. 3,969 clinical lab tests were conducted in 2016. Lab test numbers fluctuated over the year, mainly due to our high number of students seeking services at the clinic. Thus, the services decrease during the holidays, as can be seen from the chart below.



HIV, malaria RDT and malaria microscopy were the most utilized tests. Of the 3,969 clinical lab tests performed at the clinic, 47% of the total tests were serology (HIV, Typhoid, pregnancy, Brucella, Syphilis, etc.), 38% on parasitology (Malaria), 8% on Microbiology (Urinalysis, Zn, Microscopy, Gram), 4% on clinical chemistry (Blood Sugar), and 3% on haematology (HB, Film comment, etc.) The chart below shows MOH diagnostic laboratory categories.



Internally, we were able to monitor four quality indicators, which were; 1) Client waiting time for lab services, 2) stockouts, 3) equipment break down, and 4) customer satisfaction. The lab also adopted a method of analyzing, documenting and implementing all staff suggestions to improve the quality of its services. We also mentored our partner labs (ROTOM, Blessed, Victory medical center and Mukono Health Center IV) on equipment management to improve quality of laboratory services they are offering.

This year, we had quarterly external quality assessment on proficiency testing by Uganda Virus Research Institute (UVRI) for HIV, TB, malaria. The samples we collect for TB and malaria were ex-

changed with neighboring laboratories for comparison and all results for these laboratories were comparable and met the desired standards.

We also successfully participated in the External Quality Assessment (EQA) programs of United Kingdom National External Quality Assessment Service (UK NEQAS) for Hematology. The performance for all the tests was perfect at 100%. The laboratory shall continue to evaluate the impact of work processes and potential failures on examination results as they and shall modify processes to reduce or eliminate the identified risks.

Dental services

The number of dental patients seen this year increased to 417 with the majority (81%) accessing assessment and treatment. The dental services offered include:



- Extractions
- Dental fillings
- Tooth replacements (artificial teeth)
- Tooth cleaning (scaling and polishing)
- Dental Consultations
- Dental outreach services
- Oral health education'
- Root canal treatment
- Flapectomies

There was a change in patients' attitudes towards dental treatment; most patients now know that other treatment options than extractions can be offered at the clinic.

Our dentist also provides education to the community (during outreaches and at the clinic) on a range of dental services (from extraction to root canals) that we offer and occasionally visits Johnson Nkosi Memorial Primary School to sensitize students about oral health education. This year we ensured that we stock the unit with supplies to efficiently serve the increasing number of patients. We were also able to acquire a new suction machine which has greatly improved our work.

Our dentist received a four-day training in preventive dentistry in paediatrics and acquired knowledge that enhanced his skills in fluoride vanishes, fissure sealants, and general paediatric dentistry. We are currently mentoring one of our clinic volunteers, Irene Masika, in dental assistance.

Clinic Youth-Friendly Services

The NAWEC youth-friendly services initiative was launched on August 16th 2016 at NAWEC Youth Centre. The launch was a success as about 70 youth attended the occasion and were actively involved in the day's activities, including mobilizing prior to the launch of the event and preparing their own meals. PACE had two representatives that attended the launch, providing training and services.

NAWEC has dedicated every Tuesday to youth-friendly services; however, these services can be accessed by youth any time the clinic is open.

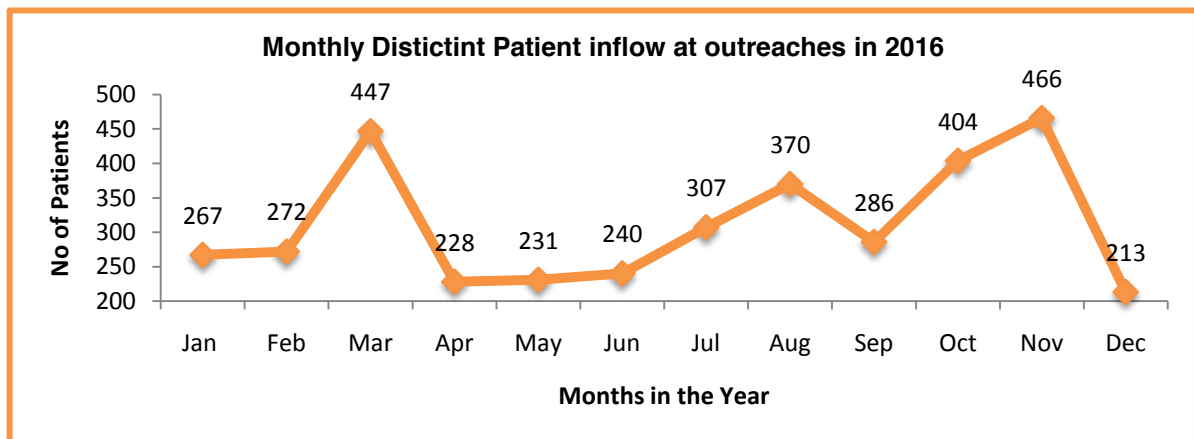
The photo below shows our clinical officer talking to the youth in of the sexual and reproductive health classes.



6. Health Outreaches

Client Outreach in 2016

This year we carried out a total no of 55 outreaches, registering 5,280 client visits (3,371 distinct clients) in 35 villages in Mukono District. The number of client visits increased in quarter four despite the decrease in December mainly brought about by the holidays in which comprehensive outreaches were not done.



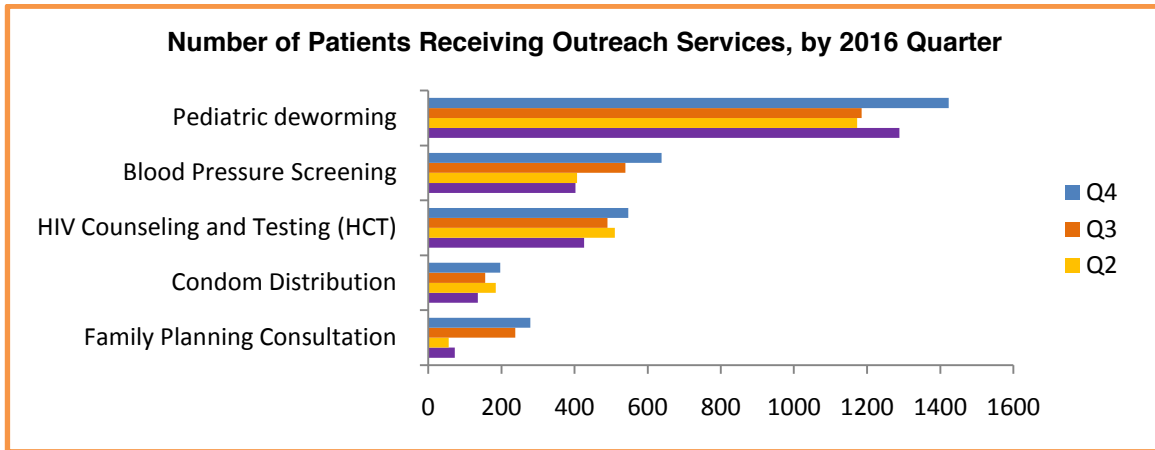
Number of Beneficiaries Served on Outreaches

A total number of 5,280 clients received paediatric De-Worming accounted for the highest numbers of beneficiaries clients served, followed by blood pressure screening, HCT, immunisation, family planning consultation and condom distribution respectively.

The table below shows the number of patients receiving outreach services per quarter

Quarter	Family Planning Consultation	Condoms	HIV Counselling & Testing (HCT)	Blood Pressure	Deworming
Q1	73	136	426	403	1288
Q2	56	185	510	407	1173
Q3	238	156	490	539	1185
Q4	279	197	547	638	1423

The clients received at least one of the services indicated. The high numbers of paediatric deworming are a result of the deworming sensitization conducted in the communities



Locations of Outreaches by quarter

A total of 30 villages were visited this year. All of our outreach villages were visited at least twice during the year. In some communities we found similar service health providers; thus, in the next quarter we shall sit with the district health office to conduct mapping exercises aimed at avoiding service duplication. The table below shows locations of outreach by month

In addition to the outreaches listed above, clinic staff conducted school-based outreaches to enable young girls aged 10-15 years access to HPV vaccine meant to reduce cancer of the cervix.

Family Planning

Family planning services are a crucial component of NAWEC’s outreaches, with the numbers increasing to 752 this year. There is a trend of women consistently preferring Depo-Provera injections to birth control pills, mainly because they were more discreet and their male partners often disapprove of birth control. However, to address this issue, we intensified on family planning education and MCH sensitization outreach to address misconceptions about family planning. We also took advantage of relationship and collaboration we have with Komo Learning Centre and asked their youth drama group to communicate family planning information to the patients, yielding positive results; significantly increasing our patient numbers in Quarter 3 and



Deworming and Immunisation



Deworming was done for children as a free service. It helps us reach hundreds of patients every month, enabling us to offer 5,069 deworming services in 2016.

Children under five come for outreaches to receive supplementary deworming services.

HIV Counselling and Testing

HCT was the most popular service during the outreach with 1,973 patients. The HIV positivity rate among those tested (mostly women between the ages of 25 and 49) was extremely low (3.00%),

which kept up with the average over the last 14 months (2.02%). About 19% of HCT patients were first-time testers. These figures were not significantly different from what we saw last year.

7. PLANS FOR 2017

NAWEC

We are constantly seeking to strengthen and sustain its operations through capacity building. Looking ahead in 2017, we will continue being dedicated to growing our staff knowledge and capabilities through Continuing Medical Education (CME) and focused training sessions. We shall identify external training opportunities for our staff and have them attend the training as per individual development need.

With collaboration with MOH, we shall seek to continuously improve the quality of our laboratory services and those of other laboratories in our area — some of which we mentor. The laboratory hence forth shall evaluate the impact of work processes and potential failures on examination results as they affect patient safety, and shall modify processes to reduce or eliminate the identified risks and document decisions and actions taken

Due to increased number of patients at the facility there is also need to expand the capacity of our health facility to accommodate this growing numbers of clients. In 2017, we shall prioritise creating more physical space and ensure privacy amongst our clients especially during the MCH days.

With support from the Gould Family Foundation, Izumi Foundation, and the Segal Family Foundation, we will implement a program in which traditional birth attendants (TBAs) refer patients to our clinic for ante/postnatal care and for delivery to safe birthing centres (e.g., St. Francis Nagalama Hospital). Our aim is to reduce maternal and infant mortality, while also increasing pregnant women who access services at our clinic. Lwala Community Alliance in Kenya will be supporting this program through training, site visits, and materials.

Our new cryotherapy machine, the only one in Mukono District, will allow us to treat precancerous cervical lesions before they develop into difficult to treat cervical cancer (the leading cause of death of all cancers that affect women in Uganda). These lesions are simple to treat in the early stages, but are deadly if left to grow and fester. Mortality statistics are poor in Uganda for this cancer because women often are diagnosed in late stage cancer and then have few realistic treatment options.

Our revenue strategy is focused on increasing patient flow, marketing premium services to the middle class, and implementing a lab to lab (and perhaps clinic to lab) program. We have a global health master's student coming from Mt. Sinai School of Medicine this summer who, in collaboration with clinic staff, will complete a comprehensive sustainability and marketing plan for our health services. We are now properly staffed, trained, and equipped to put this plan into action. We plan to be at least 35% sustainability in five years

LEAP

In 2017, building on the numerous achievement for Cohort 2, we shall aim to help grow the top youth entrepreneurial ventures so they can employ five or more people within two years. We shall invest in these ventures through the LEAP Accelerator program that was launched this year, As we mentor them and give them avenues for growth, they will act as our youth entrepreneurial ambassadors in the community.

Having developed the LEAP theory of change model in 2017, we shall continuously improve our model, focus on outcomes, and measure the impact the programme is having in the community.

Lastly in Cohort 4 we shall start moving into urban areas, as well as replicating LEAP through partner NGOs across Uganda.

Youth Programs

All members of the club will be ambassadors with regards to disseminating information about our activities, recruiting new members, as well as looking for further opportunities to expand our influence. We shall develop flyers and brochures to be distributed in the community for both health and youth outreaches.

In 2017 we will position ourselves as the preferred youth centre for the young people in Mukono District. We shall spearhead efforts to accelerate the achievement of youth programming and identify areas in the Sustainable Development Goals (SDGs) to which our youth programs can contribute. With the recent launch of the Uganda National Youth Policy and Plan of Action, we will share in the Ugandan national vision for youth, collaborating with the Ministry of Gender and other relevant youth organizations to realize a better future for the youth in our district.

We shall register our computer lab to provide the International Computer Driving License (ICDL). This will allow our students to come out of our computer programs with an internationally recognized certification.

8. Our Donors and Partners

