



Annual Impact Report 2024



Nama Wellness
COMMUNITY CENTRE

ABOUT US

Nama Wellness Community Centre (NAWEC) is a registered local NGO operating in Mukono district in Uganda. Established in 2014 to provide health care services to the people of Mukono and the surrounding areas. We empower communities to take lead in addressing their healthcare needs through Community Health Workers (CHWs) who are at the core of our community health interventions. Additionally, we support 11 government health facilities across the Mukono district, further making access to quality healthcare a reality in our catchment area. Moreover, we take specialized health services to hard-to-reach areas through clinical outreaches ensuring that no one is left behind.

Our centre of excellence in Lukojjo village, Nama Sub County, Mukono, which is a level three health centre- serves both as a provider of a wide range of services including maternity, family planning, child immunization, cervical cancer screening and treatment, and laboratory services. The centre also works as a training and replenishment facility for CHWs.

OUR MISSION

To transform community health systems through professionalized Community Health Workers (CHWs) who are integrated into the national healthcare system to achieve Universal Health Coverage.

OUR VISION

Equitable and quality healthcare services for all.

OUR FOCUS

- Health Service Delivery
- Research
- Advocacy and Policy



A MESSAGE FROM OUR EXECUTIVE DIRECTOR

Dear Partners, Supporters, and Friends,

As I reflect on the journey at Nama Wellness Community Centre (NAWEC), I am filled with profound gratitude and optimism. Our commitment to transforming community health systems through professionalised Community Health Workers (CHWs) has yielded remarkable results that directly impact the lives of thousands in Mukono district and beyond.

In 2024, our dedicated team of 306 Community Health Workers were the cornerstone of our success, conducting over 120,955 household visits and serving 286,384 individuals. These numbers represent more than statistics—they represent mothers who received vital prenatal care, children who were immunised and families who gained access to essential services, often for the first time.

I am particularly proud of our CHW's exceptional 93% program functionality rate and their comprehensive approach to healthcare delivery. Their efforts have resulted in the treatment of over 10,900 malaria cases, 6,700 pneumonia cases,

and 3,300 diarrhoea cases among children under five. This work, recognised by GAVI for our contribution to immunisation coverage in Uganda, demonstrates the vital role of community-based healthcare in achieving universal health coverage.

Our impact extends beyond direct healthcare delivery. We are actively shaping the future of community health through research partnerships with prestigious institutions like Makerere School of Public Health and Stanford Centre for Health Education. Our CHWs are not just healthcare providers; they are emerging leaders and advocates. When Reginah Nabulya presents her experience on electronic Community Health Information Systems at national conferences, or when Annet Draluru speaks about climate change and health, they represent the future of professionalised Community Health Workers in Uganda.

Looking ahead, we remain committed to our 2023–2028 strategic vision. We're not just building a healthcare program; we're cultivating a movement that recognises and elevates the critical role of

Community Health Workers in achieving universal health coverage. Our work in establishing the first ever national CHWs and the Coalition of NGOs in the community health space will further strengthen this vision.

None of this would be possible without the trust of our communities, the dedication of our staff and CHWs, and the unwavering support of our partners and donors. As we expand our reach across Mukono and Buikwe District, your continued partnership is crucial in helping us build stronger, healthier communities.

Thank you for being part of this transformative journey. Together, we are making equitable and quality healthcare a reality for all.

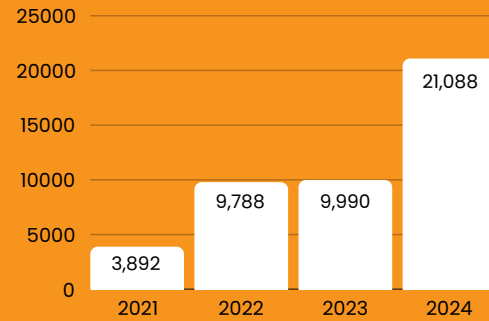
With gratitude and determination

Pauline Picho Keronyai
Executive
Director
Nama Wellness
Community Centre
(NAWEC)

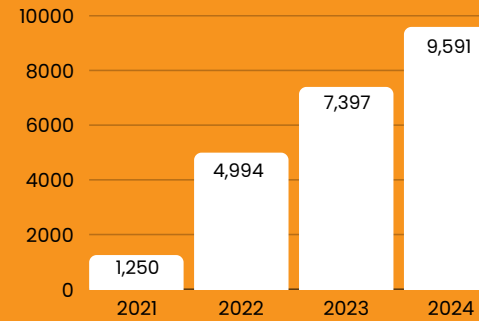


OUR IMPACT OVER THE YEARS

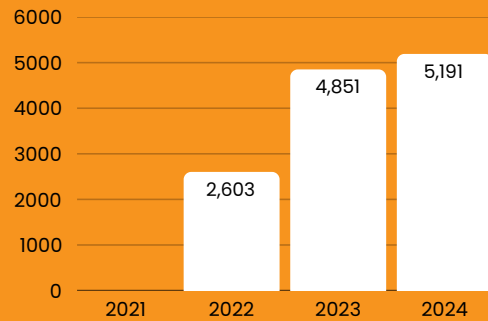
Sick children treated by CHWs for malaria, pneumonia and diarrhoea at household level



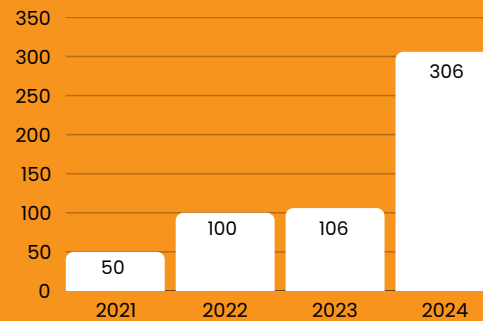
Family planning services uptake



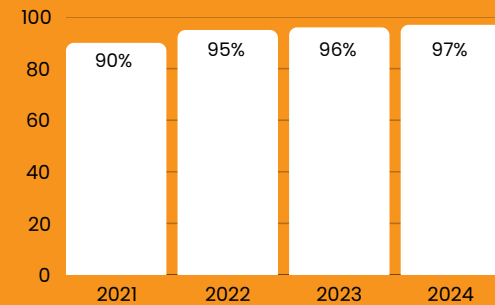
Family planning services through CHWs (Sayana press)



CHWs supported over the years



Percentage of facility-based deliveries





➤ **HEALTH SERVICE DELIVERY**

Child Health Services

One of the key focuses of our healthcare strategy has been the improvement of child health, as children are often the most vulnerable members of any community. A total of 45,598 children under the age of five years were served, highlighting our commitment for better health outcomes for children. CHWs alone, saw 20,015 of these at household level for reasons ranging from assessment for malnutrition, malaria, diarrhoea, pneumonia, to referrals among others. 3,976 cases of diarrhoea were identified at household level through routine household visits, with 3,355 children receiving treatment with Oral Rehydration Salt (ORS) and Zinc, two essential therapies in managing dehydration and preventing further complications.

In total, 13,846 children were screened for fever, a key symptom of malaria, 10,946 tested positive for the disease—indicating a 79% positivity rate. These children were promptly treated with Artemisinin-based Combination Therapy (ACT), a first-line treatment for malaria. This has saved households from high costs related to care for severe malaria, for which many in our catchment area can hardly afford. In addition to this, 8,461 children were assessed for fast breathing, a proxy indicator for pneumonia, 6,781 were treated using amoxicillin dispersible, with a recovery rate of 95%. The few cases that do not recover in time and danger sign cases are referred to higher level health facilities. Referrals for children in this category amounted to 2,134. These are regularly followed up to ensure adherence and provide reports of progress to the health facilities.

Immunization is one of the most effective ways to prevent infectious diseases, particularly among young children. NAWEC is proud to have played a key role in vaccinating 25,583 children in 2024, ensuring that they are protected against preventable diseases such as measles, polio, and diphtheria. Our efforts were recognized at the national level when NAWEC received the GAVI CEO Award for our exceptional contribution to improving immunization coverage in Uganda. This recognition emphasises the importance of community-led vaccination campaigns and the role that CHWs play in ensuring that vaccines reach even the most remote and underserved populations.



Reproductive Health and Family Planning

The importance of reproductive health services cannot be overstated. In a year marked by challenges to maternal health in many parts of Uganda, such as stock outs of family planning commodities, our reproductive health services provided care for women of all ages. NAWEC's family planning services reached 9,591 individuals, empowering women to make informed choices about their reproductive health. This was further supported by the administration of 5,191 doses of Sayana Press, a highly effective, short-term injectable contraceptive. Sayana Press offers women greater flexibility and control, which has saved many women and households from unwanted pregnancies, which ultimately impact the wellbeing of the children, the women and their households.

At NAWEC Health Centre III, we saw 166 babies delivered, a demonstration of the trust local populations place in our services. In addition, 2,217 antenatal and 785 postnatal care visits were conducted, ensuring that mothers and their babies receive a comprehensive care package.

Despite these successes, there are still barriers to achieving comprehensive reproductive health coverage in the district. Stock-outs of contraceptives and other essential commodities continue to pose challenges, and the absence of a fully equipped operating theatre at NAWEC HC III limits our ability to handle more complex maternal cases. These challenges indicate areas for continued advocacy and resource mobilization.



HIV/AIDS Interventions

NAWEC's efforts to extend access to HIV/AIDS services are part of our broader public health strategy, which focuses on reducing stigma, improving awareness about prevention, and providing ongoing support to individuals living with HIV. Our proactive approach to HIV/AIDS continued to be an essential part of our healthcare delivery model. In 2024, we provided 1,676 individuals with HIV testing and counselling services. Through this, we identified 41 (2.4%) new HIV-positive cases who we enrolled into HIV care at NAWEC HCIII. By the end of the year, 83 HIV/AIDS clients were receiving Antiretroviral Therapy (ART) at our community health centre. The ART program is critical in improving the lives of those living with HIV, reducing the viral load, and preventing the transmission of the virus to others.

Nutrition Services

Child malnutrition continues to be a significant challenge especially for female headed households and those in the care of the elderly. In 2024 alone, 5,939 children were assessed for signs of malnutrition, and 206 children were enrolled on nutritional therapy. Malnutrition, if not addressed early, can have lifelong consequences for a child's development and overall health. CHWs are again a critical resource in the identification, screening and treatment of malnourished children. We have equipped them with knowledge and skills to assess children using the Middle Upper Circumference (MUAC) tape and make appropriate referrals for further assessment at partner health facilities. Additionally, through our partnership with other organizations, we are able to provide targeted nutritional interventions that aim to reverse malnutrition and improve the health outcomes of children at risk.

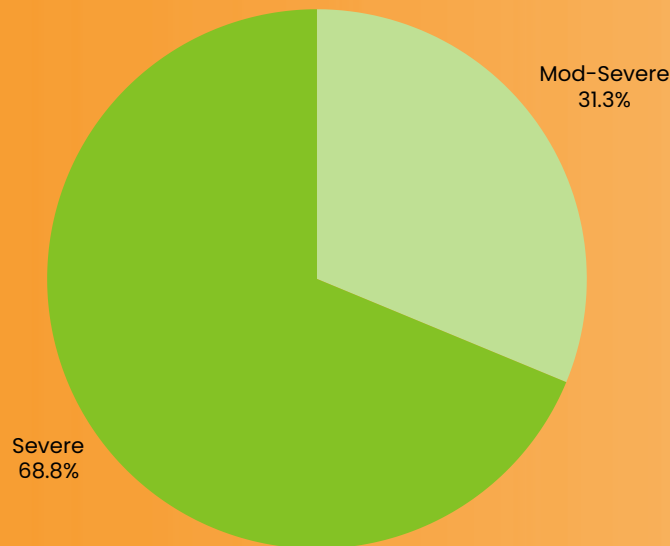


Community Mental Health

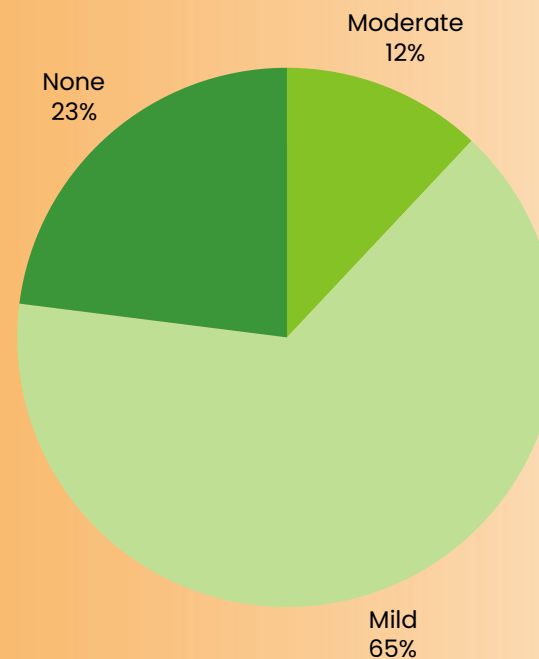
At the peak of the COVID-19 pandemic, we initiated a mental health intervention in our catchment area, training community health workers to take lead in the implementation of Interpersonal Psychotherapy for Groups (IPT-G), a WHO recommended model for addressing depression and anxiety in low-resource settings like ours. This year, we graduated 176 women and adolescent girls with none to minimal depression levels. Key triggers of depression and anxiety include disagreement, life changes, isolation, and loss of loved ones. These are exacerbated by the high levels of poverty, and physical illnesses, making women more susceptible.

The eight weeks IPT-G is led by trained CHWs using a digital system that we adopted in 2023 with support from Dimagi. The Commcare Connect App is not just a data collection tool, it is more of a job aid for the CHWs; all the IPT-G workflows are embedded into this system, making the facilitation of session more efficient and effective.

Pre-Therapy Depression



Post-Therapy Depression



JACINTA'S STORY

Within the Baganda and many other tribes in Uganda, male children are seen as the only way for lineage continuity and the absence of a one child in a marriage can easily lead to a break up. Jacinta* a 35 year old resident of Mpoma village battled depression, believing her worth hinged on bearing a male child. She narrates,

“I grew up in a home where our father cherished boys, and only them went to secondary schools, for girls primary seven was enough. He always made fun of us. Calling us all kinds of demeaning titles. Before I got married, I always prayed that my first born child is a boy, but this did not happen as I had anticipated...after my third child, who is also a girl, I just knew that I was headed for trouble...”

Despite her husband's support, she feared abandonment for having only daughters. Through the IPTG in Mpoma village, Jacinta* joined support groups that changed her perspective. The eight sessions helped her challenge cultural expectations and rebuild her self-worth. She learned to value herself beyond reproduction and recognize her husband's unconditional love. Today, Jacinta reports experiencing the strongest, most supportive period of her marriage!

Jacinta's recovery journey shows how targeted interventions can help individuals overcome deeply rooted societal pressures and personal anxieties.



Evaluation of the Community Health Worker (CHW) Program

We usually evaluate our CHW program using a comprehensive tool called the CHW Assessment and Improvement Matrix (AIM). This evaluation ensures that the program is functioning effectively and meeting its goals. In our most recent assessment, we achieved an impressive overall score of 93%. This score reflects the dedication and hard work of our CHWs and the support from the community. Our program excels in several key areas. The recruitment and training of CHWs are strong, ensuring that they are well-prepared to provide quality care. The availability of necessary equipment and supplies, along with strong supervision, helps maintain high standards of service. The program also offers a balanced incentive package, which includes financial compensation and non-financial rewards, to keep our CHWs motivated.

Community involvement is another strength we are proud of. The active participation and support of the community play an important role in the success of the CHW program. Additionally, we have effective systems in place for managing and using data to improve quality of health care services. However, there are some aspects that need improvement. We need to provide more opportunities for CHWs to advance their careers and strengthen our linkages with the national health system. The CHW AIM tool helps to ensure that our programs remain effective, sustainable, and responsive to the needs of our communities.



Integrating Climate Change into Community Health

With the increasing variability in weather patterns and global climate change extremes, CHWs are critical in addressing environmental challenges. In Mukono district, we have empowered CHWs to lead community-based climate adaptation efforts, primarily through strategic tree planting initiatives targeting over 28,000 households.

Each household is encouraged to plant two trees: one fruit and one hardwood tree, addressing both immediate community needs and long-term environmental sustainability. This approach recognizes the deep interconnection between community health and environmental conditions.

Environmental factors such as air pollution, soil contamination, climate change, and deforestation directly impact community health, contributing to various health challenges, such as diarrheal disease, respiratory infections, malnutrition, and food-related health risks. By putting CHWs at the forefront of climate change and action, communities are taught about proper waste management, climate smart agricultural practices, and ways of mitigating adverse climate change impacts.



Scaling Our ProCHW Model through other Organisations

With the increasing variability in weather patterns and global climate change extremes, By systematically scaling our proCHW model, we are transforming community healthcare. Our technical assistance program empowered five organizations to improve their community health worker capacities. Through training and guidance, we supported St. Kizito Hospital Matany, Hope Charity Medicare, St. Francis Healthcare Services, Kivuluni Maternity Africa, and The MAA Trust to develop strong and adaptable community health delivery strategies that can effectively address local needs.

Our model emphasizes knowledge transfer, organizational capacity building, and contextual adaptation, enabling the participating organisations to improve access especially for those at the bottom of the healthcare system pyramid.

Cultivating a Compassionate Culture at Nama

In 2024 with support from Focus Area for Compassion and Ethics (FACE), we launched the compassion hero's award, which recognises simple acts of kindness like helping a co-worker who is struggling, cooking a meal for someone who may not be feeling well, or celebrating a friend's birthday in a way that makes them feel special. Through this award, we have seen great changes in attitudes of staff and interactions with clients have improved which has subsequently led to positive client experiences especially those who visit NAWEC HCIII.

We have had discussion with Mukono district to integrate compassion into government health facilities where health workers face burn out and have been reported to struggle with fostering good work relations. We believe that by making compassion a part of the health system and structure, better services will be provided, ultimately improving patient outcomes.



➤ RESEARCH

Expanding Frontiers: CHWs Leading Innovation in Climate Action, Digital Health, and Advocacy

In a ground-breaking contribution to emerging research on climate change and community health, Annet Draleru, a CHW supported by NAWEC, presented her innovative study at the National Health Promotion and Disease Prevention Conference. Her abstract, "Nurturing Nature: CHWs Leading the Fight against Climate Change through Tree Planting," showcases how frontline health workers are innovating solutions at the intersection of environmental sustainability and public health. This research demonstrates CHWs' expanding role beyond healthcare delivery to address environmental determinants of health, and contributing to scholarly discourse and practical solutions for complex global challenges. Annet's abstract is a shot at bridging the gap between grassroots environmental action and public health outcomes.

Adding to the growing body of CHW-led research, Reginah Nabulya, from Namawojjolo parish, wrote an abstract on digital health systems titled, "Advancing Healthcare through the Electronic Community Health Information System (eCHIS)," representing a key frontline perspective on digital health. As an end-user of digital health tools, Reginah's provided practical insights about eCHIS, its implementation, challenges, and opportunities at community level. Through her presentation, she demonstrated how CHWs are actively shaping the health landscape, moving beyond being mere users of technology to become key contributors in its development and evaluation, and subsequent data utilisation for decision making.

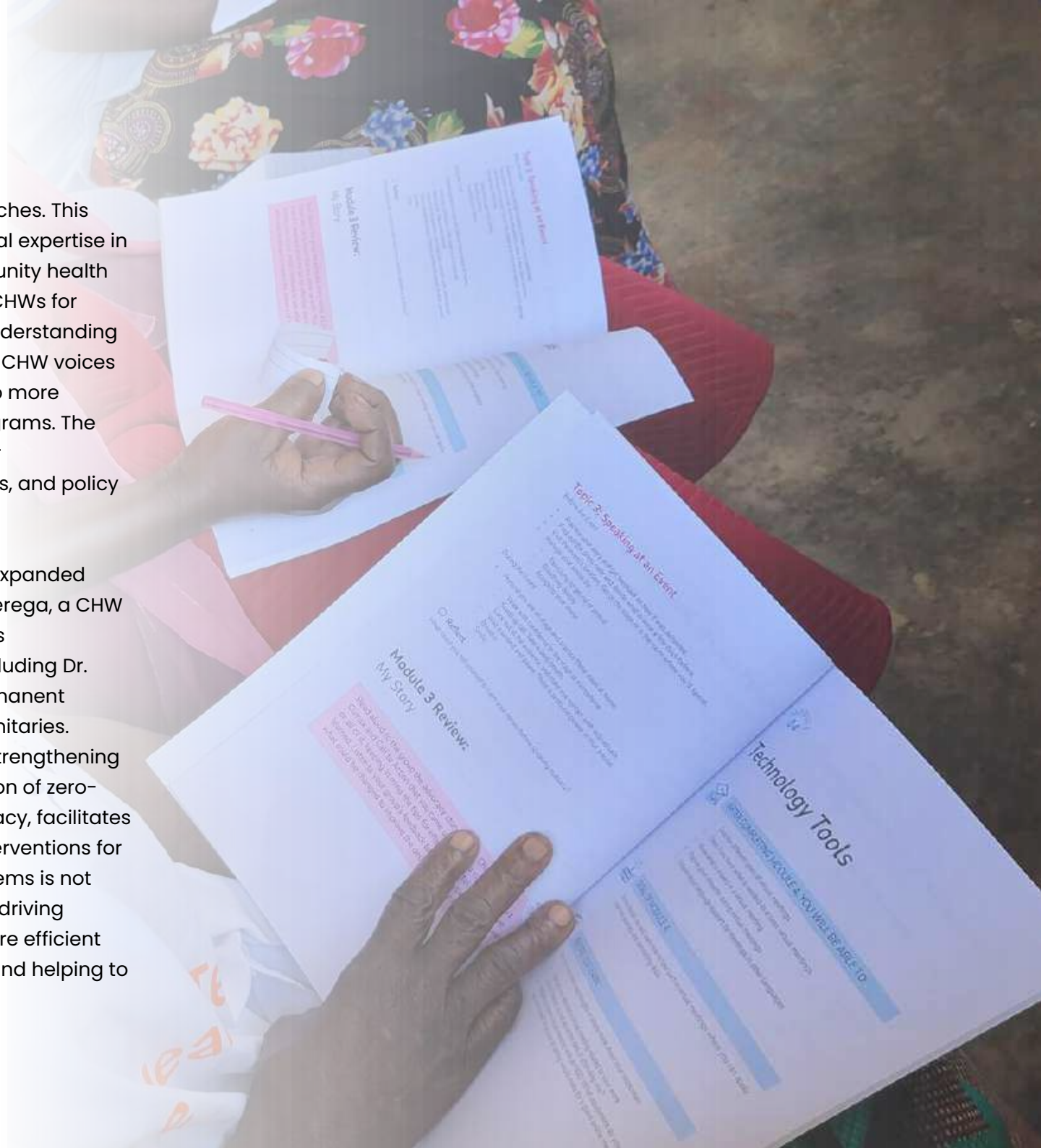
In a noteworthy contribution to community health systems research, we have partnered with Makerere School of Public Health to conduct a study: "A Case Study of the Professionalized Community Health Worker Model Implemented by Nama Wellness Community Centre, Mukono District, Uganda." This research aims to document and analyse the proCHW model, producing evidence to inform community health policy and practice across Uganda and beyond. The study will examine key elements of our strategy, including training methodologies, supervision structures, performance management systems, and community engagement strategies. The outcomes of the study will substantively contribute to the growing body of evidence on sustainable, professionalized CHW models in limited resource settings like Mukono.

We have partnered with the Stanford Center for Health Education to conduct research: "Rollout of an Online Advocacy Training Course for Community Health Workers in Uganda: A Case Study." This study examines the potential of digital learning platforms in empowering CHWs to become effective advocates for community health systems strengthening. The research investigates how online training can improve CHWs' advocacy capabilities, analysing digital accessibility in resource-limited settings, effectiveness of online learning methodologies, impact on CHWs' ability to articulate community health needs to policymakers, scalability potential across Uganda, and

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integration with traditional CHW training approaches. This collaboration with Stanford brings together global expertise in digital education and local knowledge of community health systems, potentially reforming how we prepare CHWs for advocacy roles. The findings will contribute to understanding how technology can be leveraged to strengthen CHW voices in health policy discussions, ultimately leading to more responsive and effective community health programs. The study's outcomes will be particularly valuable for organizations developing CHW training programs, and policy makers investing in digital health education.

During the 50th anniversary celebrations of the Expanded Program on Immunization (EPI@50), Rodrick Katerega, a CHW from Mukono, demonstrated the use of eCHIS. His presentation was towards prominent figures, including Dr. Sania Nishtar, CEO of GAVI, Dr. Atwine Diana, Permanent Secretary of the Ministry of Health, and other dignitaries. Rodrick exhibited how eCHIS plays a key role in strengthening immunization efforts by enabling the identification of zero-dose children. The system increases data accuracy, facilitates real-time monitoring, and supports targeted interventions for underserved populations. This use of digital systems is not only improving immunization coverage but also driving broader health improvements by supporting more efficient service delivery, improving resource allocation, and helping to close gaps in healthcare access.





➤ **ADVOCACY AND POLICY**

Raising Voices, Strengthening Systems: CHWs at the Forefront of Health Advocacy and Policy

During the Roux Prize Award ceremony in London, a video was presented showcasing the work of CHWs in their communities. The video, filmed in Nama Sub County, highlighted how these health workers are making a noticeable difference by delivering healthcare, education, and support to individuals in rural areas. Through their work, CHWs are bridging gaps in healthcare systems, particularly in areas where access to formal healthcare services is limited. The video not only celebrated the dedication of CHWs but also demonstrated how their efforts contribute to broader health goals, such as reducing mortality rates, preventive care, and improving health equity. It was a moving portrayal of the grassroots work being done to strengthen community health.

In a powerful demonstration of grassroots leadership, Mariam Namanda from Mukono district emerged as an influential voice at two national forums.

Supported by NAWEC, she was a panellist at the National Health, Promotion and Disease Prevention Conference side event that focused on the role of CHWs in achieving Universal Health Coverage and the Ministry of Health Partners Retreat, where she brought frontline perspectives to high-level policy discussions. Her contribution demonstrates the growing recognition of CHWs as essential stakeholders in shaping Uganda's healthcare policies.

Dr. Madeleine Ballard, CEO of Community Health Impact Coalition (CHIC) and recipient of the prestigious Roux Prize, visited Nama sub-county to document the work of our CHWs. During her visit, Dr. Ballard spent time with CHWs, witnessing first-hand their impact on community health. She offered to support the establishment of a CHW association, which would serve as a unified platform to advocate for pro-CHW models and strengthen community health systems.



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In a landmark moment for community health advocacy, Reginah, a CHW supported by NAWEC, delivered the opening remarks at the National Health Promotion and Disease Prevention Conference. Her address to this distinguished gathering, which included Uganda's Prime Minister, Ministers of Health, the Ministry of Health Permanent Secretary, the Africa CDC Director General, and Members of Parliament, marked a significant shift in recognizing CHWs' voices at the highest levels of health policy making. This platform provided an opportunity for frontline health workers' perspectives to be heard directly by national and global health leaders.

A significant milestone in community health advocacy is approaching with the imminent registration of Uganda's first Coalition of NGOs dedicated to community health. This alliance will unite organizations working in community health, creating a powerful collective voice to influence national

health policies, share best practices, and advocate for stronger community health systems. The coalition represents a strategic step toward coordinated advocacy efforts, improved resource mobilization, and more effective engagement with government stakeholders to advance community health priorities across Uganda.



CHW SPOTLIGHT: MARIAM NAMANDA

Namanda Mariam, commonly known in her village as Musawo Mariam, did an exceptional job not just in her community, but at district, national and international level. She was voted by the Community Health Impact Coalition (CHIC) as the CHW of the year 2024, for her contribution to advancing the professionalization of CHWs in Uganda and across the globe. This year Mariam was part of the panel discussion on the role of CHWs in achieving Universal Health Coverage organised by the Ministry of Health during the National Health Promotion and Disease Prevention conference. During the EPI@50 celebrations in Nama Sub County, Mariam addressed the congregation that was led by the GAVI CEO. In another event–Community Health Partners Retreat, Mariam was the mouth piece of other CHWs. She says,

“It has been a great year for me, my family and the community that I serve. I am thankful for the opportunities to always make a case for my fellow CHWs and our people. When I was told to take the CHW Advocacy Training, I did not know the impact it would have on me. I believe I am able to speak and command respect because of the knowledge I got from the course...”

Like Mariam, the rest of the CHWs we work with are motivated and take up any opportunities to speak about themselves and their communities without fear. We celebrate these unsung heroes of not just as NAWEC but the entire health sector.



Events

Celebrating Ten Years of Excellent Service Provision in Mukono District

[WATCH OUR 10 YEAR DOCUMENTARY](#)



[NAMA WELLNESS IN THE NEWS](#)



In celebration of our 10th anniversary, we conducted pre-event activities. During these activities, we focused on advocacy, health promotion and prevention, addressing climate change, and access to quality healthcare services. The celebrations culminated in a high-level luncheon, which was officiated by Dr. Charles Olaro, Director of Health Services (Curative) at the Ministry of Health, on 28th June 2024. The luncheon graced by 96 participants from the Ministry of Health, GFF, Segal Family Foundation, Mukono DLG, CHIC, KLC, representatives from the parliament, UNICEF, Makerere University School of Public Health, Access Uganda, Nyaka, Kinga Health, NAWEC board members and staff, New Vision, Capital FM,

and Uganda Broadcasting Corporation (UBC) among other participants. In his speech, Dr. Olaro Charles emphasized Ministry Of Health's shift towards strengthening community health, with a major focus on health promotion and disease prevention, to ensure the realization of the National Health Policy, National Development Plan III and Uganda Vision 2040 goals. He also encouraged NAWEC and other partners to leverage on the Parish Development Model to promote health in the communities. He emphasized the need to promote self-care by empowering communities to self-test. Additionally, he equated the 10 years of NAWEC to an adolescence stage and emphasized the need for more financial and technical support at such a stage.



Events

Strengthening Primary Healthcare Through Voice and Visibility

We organised a Side Event during the National Health Promotion and Disease Prevention Conference organised by the Ministry of Health focussing on CHWs and their roles in achieving Universal Health Coverage. The event had CHWs share their experiences, challenges and opportunities presented by a cadre of proCHWs. By providing a platform for CHWs to talk about their work, the event created prospects for visibility, recognition, and policy influence. The presence of high-level dignitaries such as the prime minister, minister of health, and international representatives suggests a unique opportunity for direct policy input, potentially leading to improved resource allocation, better training programs, and more responsive healthcare strategies.

The specific example of a CHW like Reginah Nabulya making opening remarks is particularly powerful, where frontline health workers are given a voice at national platforms. This approach aligns with global efforts to strengthen primary healthcare systems, particularly in regions with limited healthcare infrastructure. By focusing on the experiences of CHWs, the event showcased an approach to healthcare that recognizes the position of local knowledge and resources in achieving Universal Health Coverage, while also possibly inspiring more community members to become CHWs and increasing the reliability of community health programs.

ANDA
HEALTH

National Health Promotion
& Disease Prevention

16th-18th

September 24



Meet some of our champion team

Board Member

Mr. Kazimoto Yosiya

Community Representative on the Board

Mr. Kazimoto brings the community's voice to NAWEC's Board of Directors, where he has served two terms. As a former civil servant, his background in environmental management, community engagement, and strategic planning ensure that our work benefits the people we serve. His experience has shaped our strategy and keeps community needs at the centre of our decisions.



Jean Marion Apiny

Senior Midwife & Quality Assurance Manager

With over five years at NAWEC, Jean Marion leads maternal and child health services with an exemplary record of zero maternal mortality. She spearheads quality assurance across clinical services, providing vital mentorship to both facility staff and CHWs. Her expertise extends beyond NAWEC through capacity building for government health facilities, improving reproductive healthcare quality across the Mukono district. She ensures excellence in safe delivery services, cervical cancer screening and treatment, and family planning, embodying NAWEC's commitment to exceptional maternal health care.



Brian Odaga

Program Manager & Field Epidemiologist

A trained epidemiologist, Brian managed NAWEC's extensive community health programs across four sub-counties (Kyampisi, Ntuda, Kimenyedde, and Nama). He is now leading the expansion of the community health model to cover the entire Mukono and Buikwe districts after its success in the four sub-counties. His dedication was particularly evident during the COVID-19 pandemic, where he orchestrated emergency transport services for women in labour despite movement restrictions. He coordinates the network of 306 proCHWs, oversees partnerships with 11 government health facilities, and ensures seamless integration of community-based healthcare services. His expertise in health systems management is crucial in scaling NAWEC's impact.



Overcoming Challenges and Expanding Our Impact

While 2024 has been a year of achievement, challenges remain. The absence of an operating theatre, stock-outs of family planning commodities, and limited funding are persistent issues that need to be addressed to ensure the sustainability and expansion of our programs. NAWEC is already preparing to expand into Buikwe District, and we have secured a \$50,000 grant to respond to the Mpox outbreak, reflecting our ability to adapt to emerging health threats.

As we look back on 2024, we are proud of the impact we have made in the lives of thousands of individuals in Mukono District. The dedication of our Community Health Workers and the trust of the community have been central to our success. NAWEC is committed to continuing our work of building a sustainable, community-driven healthcare ecosystem that is accessible and responsive to the needs of the communities we work with.



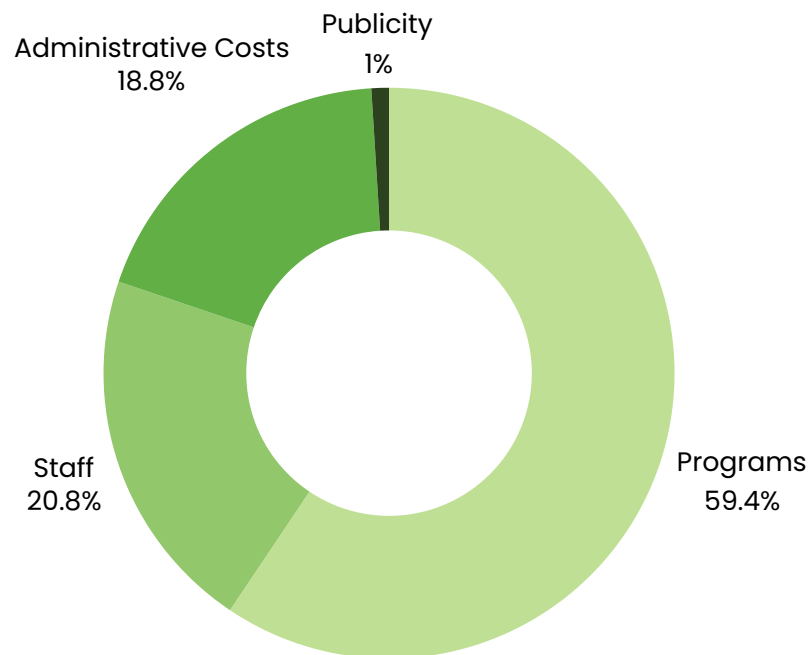
With Gratitude to our Partners



Finances

In 2024 Nama Wellness Community Centre's **budget was US\$746,277** of which we raised 90% from 12 partners.

Our **expenses in 2024 totaled US\$451,343**. 60% of this was directed towards our programs, 21% to staff, 19% administrative costs, 1% on publicity.





Nama Wellness
COMMUNITY CENTRE



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