



2025

ANNUAL REPORT

EMPOWER  **HEALTH**
THROUGH HEALTH

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MESSAGE FROM LEADERSHIP

As we reflect on 2025, Empower Through Health (ETH) is proud of the progress we have made in expanding access to health care, education, research, and community-based support in Buyende District and surrounding communities. Our work is grounded in the belief that all people have equal value, and that health and education are fundamental rights. Yet for many families in rural Uganda, these rights remain difficult to access because of distance, cost, stigma, poverty, and limited public infrastructure.

ETH exists to help close this gap. We provide direct services that meet urgent community needs while also building the evidence, partnerships, and local capacity required for long-term systems change. **Our model is built around a reinforcing cycle of health care, education, and research.** Mpunde Health Center and ETH's community programs provide essential services, build trust, and reveal urgent local needs. The Global Health Experiential Fellowship generates revenue that helps sustain these services, trains future global health leaders, and produces preliminary data for research and program development. ETH's research then transforms community experience and field data into evidence-based interventions, grant proposals, publications, and improved models of care that can be brought back to the communities we serve. Together, service informs learning, learning informs research, and research strengthens service.

This cycle was visible across our work in 2025. Mpunde Health Center continued to serve as a critical lifeline for rural communities, recording 13,091 patient encounters across outpatient care, maternal health, immunization, preventive services, and mental health care. Mental health remained one of ETH's most important areas of growth. As the only facility in Buyende District with a psychiatric clinical officer and the only consistent provider of formal mental health services in the district, Mpunde Health Center plays a unique role in addressing an urgent and underserved need. In 2025, ETH provided 1,099 mental health consultations, reflecting a major increase from the early days of the program, when fewer than five clients per month accessed mental health care. This growth reflects increasing community trust, ongoing stigma-reduction efforts, and the continued need to bring care closer to underserved communities.

Education also remained central to ETH's mission. Through the Mpunde Education Initiative, we made significant progress toward constructing a new primary school designed to provide a high-quality learning environment for children in the district. One classroom block, comprising four classrooms, was substantially completed during the year, with the school scheduled to open in February 2027. In parallel, ETH supported vulnerable students with school fees and learning materials, helping children at risk of dropping out remain in school. Through the Menstrual Dignity Project, ETH also addressed a practical but important barrier to girls' school attendance by providing reusable menstrual hygiene kits and menstrual health education.

The Global Health Experiential Fellowship continued to serve as one of ETH's most important bridges between education, research, and sustainability. In 2025, ETH hosted 45 fellows from Ugandan and U.S. universities, who worked collaboratively on projects related to mental health stigma, informal care systems, HIV care engagement, severe mental illness, and school discontinuation. The fellowship provides students with hands-on training in ethical global health research while also generating preliminary data that informs ETH's research agenda and future interventions. Revenue from GHEF also helps sustain ETH's broader operations, including health care and community programming, making the fellowship an important part of ETH's financial and programmatic sustainability model.

Research remains a strategic engine of ETH's work. Across our research portfolio, we are asking practical questions that matter deeply for rural communities: Why do people struggle to access care? Who do they turn to first? How do stigma, poverty, family systems, and community beliefs shape health-seeking behavior? And how can formal health systems work more effectively with families, traditional healers, religious leaders, community health workers, and local leaders? In 2025, ETH's research increasingly focused on developing community-based models of care for serious mental illness, suicide prevention, depression stigma, HIV-related depression, and the social determinants of health. These efforts are laying the foundation for future grants, publications, and scalable interventions.

Our partnerships with district leaders and community stakeholders also deepened this year. ETH engaged district health officials, facility leaders, faith leaders, traditional healers, local council leaders, women’s representatives, youth leaders, and community members to share findings, gather feedback, and align future programming with local priorities. These partnerships are essential to ensuring that our work remains locally responsive, accountable, and sustainable.

Looking ahead, 2026 will be a year of expansion and implementation. ETH plans to extend mental health services to additional high-volume public health facilities in Buyende District, continue preparing the Mpunde Education Initiative for school opening in 2027, strengthen the Global Health Experiential Fellowship, and translate research findings into practical interventions that improve health and social support systems. We will also continue building the organizational capacity, partnerships, and financial sustainability needed to support this next stage of growth.

We are deeply grateful to our donors, partners, staff, fellows, board members, district leaders, and the communities we serve. Your trust and collaboration make this work possible. Together, we are expanding access to care, strengthening local capacity, and building models of health and education that can transform lives in Buyende District and beyond.



Yang Jae Lee, MD
Executive Director &
Chairperson,
Empower Through Health



Kazungu Rauben
Executive Director,
Empower Through Health - Uganda



HEALTH CARE & MENTAL HEALTH

ETH established Mpunde Health Center in 2018 to address critical gaps in health service access in Buyende District, a rural and resource-limited area where communities face long travel distances, high out-of-pocket costs, shortages of skilled health workers, and limited access to specialized care. The health center was designed to bring integrated, community-based health care closer to underserved populations while complementing existing government health structures.

Since its establishment, Mpunde Health Center has provided primary care, preventive services, maternal health care, and mental health services to residents of Buyende District and surrounding communities. Today, Mpunde Health Center remains the only facility in Buyende District with a psychiatric clinical officer and the only consistent provider of formal mental health services in the district. Mental health has become one of ETH's most important areas of service delivery. When Mpunde Health Center opened, formal mental health services were largely unavailable in the district, and individuals with mental health conditions often had to travel long distances or rely on informal sources of care.

In 2025, Mpunde Health Center recorded 13,091 patient encounters, including outpatient care, immunization, antenatal care, maternity and postnatal services, family planning, vaccination campaigns, and psychiatric outpatient care. During the same period, ETH provided 1,099 mental health consultations, reflecting substantial growth from the early phase of the program, when fewer than five clients per month accessed mental health care. This increase reflects growing community trust, improved awareness, and the continued need for accessible mental health services in Buyende District.

Despite this progress, access remains uneven. Mental health services are still most accessible to individuals who live near Mpunde Health Center or who can afford transportation. Community engagement and stakeholder discussions continue to highlight barriers such as distance, transport costs, limited mental health literacy, stigma, and continued reliance on traditional explanations for mental illness. These barriers delay care-seeking and leave many people in remote parts of the district without timely support.

In response, ETH plans to decentralize mental health care in 2026 by introducing regular mental health clinic days at additional high-volume public health facilities in Buyende District. This expansion will bring services closer to underserved communities, reduce geographic and financial barriers, and improve early identification and treatment of mental health conditions. ETH will also continue community-based awareness and stigma-reduction efforts, including outreach through local radio and collaboration with community leaders.

The expansion of mental health services will also generate important service utilization data, helping ETH and district partners better document the true burden of mental health conditions and advocate for increased government investment, including dedicated mental health funding and additional trained staff. Mpunde Health Center will continue to serve as a central hub for integrated care while supporting a broader district-level model for accessible, community-based mental health services.



Immunization Outreach



A psychiatry appointment

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“Transportation to the hospital was very hard. When you go into labor at midnight, you are taken to Kamuli, and at times women give birth on the way and have complications. Currently, if you go into labor, you are rushed here, received by medical personnel, and immediately attended to. At first my daughters-in-law didn’t have a place to deliver their children, but right now we just walk to bring them to the health center; we don’t even need a vehicle. I have so far delivered six grandchildren from here”

Mother of 9 children, Nabirye Naigaga Community Member

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“Before, people with mental issues had to go to far places like Jinja, which is a four-hour drive, and that is for those who have money for transport, while those who can’t, like me, would remain home. Now they come here, get treatment, and even get healed. Mental health treatment is now available here, and my child has started receiving medication and improving. This has helped many people in the community. In addition, the facility has provided jobs to some of the community members that has changed their livelihoods”

Nakate Madina, Chairlady Mpunde Village



EDUCATION & YOUTH SUPPORT

Mpunde Education Initiative

In Buyende District, access to education does not always translate into quality learning outcomes. Many learners attend school for years without achieving basic literacy and numeracy competencies, and only an estimated 20% of primary school students transition to secondary education. These challenges are driven by inadequate school infrastructure, limited learning resources, and high levels of poverty that force many families to deprioritize education in favor of immediate household needs.

Through the Mpunde Education Initiative, ETH is responding to these barriers by combining school construction with targeted support for vulnerable learners. The goal is not only to help children enroll in school, but to ensure they can remain in school, learn effectively, and progress toward secondary education.

In 2025, ETH made major progress toward constructing a new primary school in Mpunde. Early in the year, the project focused on architectural designs, construction plans, cost estimates, and logistical preparations. Construction began in September, and by the end of the year, one classroom block comprising four classrooms had been substantially completed. Each classroom is designed to accommodate approximately 60 learners, with final finishing works, including plastering, doors, and interior fittings, remaining at year end.

Scheduled to open in February 2027, the school will provide a purpose-built learning environment and serve as a model for improved primary education infrastructure in Buyende District. The next phase will focus on completing the remaining construction works, furnishing classrooms with desks, blackboards, and learning materials, equipping basic library resources, securing required administrative approvals, recruiting qualified staff, and preparing for student enrollment.

In parallel with school construction, ETH provided direct education support to vulnerable learners at risk of dropping out due to financial and social constraints. In 2025, 35 students received scholarships covering school fees and learning materials, enabling them to remain in school and continue their education. This targeted support helped reduce dropout risk and improve participation among learners facing significant barriers.

Once completed and operational, the Mpunde Education Initiative will combine infrastructure, learner support, and quality instruction to improve school retention, strengthen learning outcomes, and expand long-term educational opportunity for children in underserved communities.



New School Building

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“I am very happy to be receiving school fees support. My mother has many children, and it has been difficult for her to keep us all in school. I am the last-born child, and I am very grateful that I was selected as one of the beneficiaries of Empower’s education initiative. Before the sponsorship, I often missed school because of unpaid fees and lack of scholastic materials. Now, these needs are covered through the sponsorship. I have also received two pairs of school uniforms, and I am now among the well-dressed pupils at my school. Recently, I was given a leadership role as a health prefect because of my cleanliness and good performance. Before this support, my performance was poor because I was rarely in class, as I was often sent home to collect school fees. I am looking forward to doing well, getting a first grade, and joining secondary school next year. In the future, I want to become an English teacher.” **A Primary seven Beneficiary**

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“The current school block is very nice and is one of the best buildings in Mpunde. People often come and ask me whether it will be a secondary school because it is built to the same standards as government seed secondary schools. They also ask when the school will open and bring their children, hoping to enroll them here. I am very happy that Empower chose to construct a school in this area, and I hope it will set a good standard for other primary schools in Buyende District by offering quality education to children. I am excited and looking forward to the opening of the school, and I hope all my children will enroll here. I will support the school in any way possible as needs arise. I have been part of the construction process, and I look forward to working closely with the school administration to support and promote the mission of the school.” **Community member neighboring the school construction site**

Menstrual Dignity Project

As part of ETH's broader commitment to education and adolescent well-being, the Menstrual Dignity Project addresses a practical but significant barrier to girls' school attendance. Many families in Buyende District cannot consistently afford menstrual hygiene products, leading some girls to miss school, improvise with inadequate materials, or experience shame and embarrassment during menstruation.

In 2025, ETH distributed 149 reusable menstrual pad kits to vulnerable school-going girls and prepared an additional 294 kits for future distribution. The project also reached more than 2,500 children through menstrual health and sexual and reproductive health education sessions in schools and community settings. These sessions helped address myths, reduce stigma, and create more supportive environments for girls.

In 2026, ETH will focus on sustainability by training adolescent girls in the local production of reusable sanitary pads using affordable, locally available materials, while continuing to distribute kits to vulnerable learners and provide community sensitization.



Menstrual Education and Pad Distribution

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“The problem with menstruation is that it is unpredictable, especially when your cycle is irregular. Sometimes you can be in class and it just starts. Now that I have pads, I carry one with me when I am close to my period, just in case it starts. Before, I used cotton cloth most of the time. If my period started while I was at home, I would stay home until it stopped. If it started while I was at school, I would ask the senior woman teacher for permission to go home and stay there for about three days, at least until the bleeding reduced. After that, I would use a cloth to pad myself and return to school. My parents cannot afford to buy me pads when they are not even able to buy books, pens, or pay school fees. They see pads as optional, and as a girl you have to improvise. But now I am well supported. I have three pads, and they have helped me stay in school. I would like to thank Empower and the team for supporting young girls like me” **14 years old Girl, Primary 7**



School girls with their new menstrual hygiene kits



RESEARCH, TRAINING, AND LEADERSHIP DEVELOPMENT

Global Health Experiential Fellowship

The Empower Through Health Global Health Experiential Fellowship is a reciprocal training and research program that brings together students from Uganda and the United States to learn, collaborate, and conduct community-based research. The program combines a five-week in-person field experience in Uganda with structured virtual learning before and after field placement. Fellows gain hands-on experience in public health research, intercultural teamwork, and community engagement while contributing to research that informs ETH's programs.

In 2025, ETH hosted 45 fellows from Ugandan and U.S. universities. Fellows worked collaboratively on field-based research projects examining mental health stigma and care-seeking behaviors, informal healthcare systems, co-design approaches for supporting people with severe mental illness, barriers to HIV care engagement, and factors contributing to school discontinuation among adolescents.

Through these experiences, fellows strengthened their skills in qualitative research, public health, intercultural collaboration, and community engagement. The data generated through GHEF continues to inform the design of community-based interventions implemented by ETH and its partners.

To date, more than 200 fellows have participated in GHEF, including students from Yale University, Harvard University, Cornell University, Brown University, Johns Hopkins University, and the University of Chicago, alongside Ugandan universities including Makerere University, Uganda Christian University, Kyambogo University, and Kampala International University. An independent peer-reviewed evaluation of the program found that both Ugandan and international participants reported significant gains in career development, research skills, and intercultural competence.

GHEF continues to strengthen equitable local-global partnerships while nurturing the next generation of global health leaders committed to ethical, community-centered, and collaborative approaches to addressing health inequities.



Fellows conducting an interview, 2025



Cohort 1, 2025 at Sipi Falls



Cohort 2, 2025

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"This was my first time working with qualitative research. I think it was amazing to see how stories could cultivate research. Public health in that way is one of my favorite sciences." **American Fellow, Cohort 2025**



Fellows conducting an interview, 2025

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"I have been able to gain new experiences and learn about the health dynamics in rural settings. I have made new friends, learnt new research skills and above all my desire to cause impact in local communities has been ignited." **Ugandan Fellow, Cohort 2025**

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"I talked to a lot of the nurses and doctors and it was really amazing to learn so much from them and get to know their perspectives on healthcare. They're so incredibly resourceful." **Clinical Week Participant, Cohort 2025**



Clinical Week 2025

Building Local Leadership

ETH continued to invest in local leadership and staff capacity in 2025. During the year, ETH supported a two-year Master of Public Health training opportunity for its Uganda Executive Director, strengthening the organization's leadership capacity in public health, program management, and evidence-informed service delivery. This investment reflects ETH's broader commitment to building local expertise and ensuring that programs are led and sustained by skilled Ugandan professionals.

As resources allow, ETH hopes to expand professional development opportunities for additional staff members in future years.



ETH-U Executive Director receiving medical supplies

Research and Evidence Generation

Research remains a central strategic pillar of ETH, ensuring that programs are grounded in evidence, culturally responsive, and designed for long-term scalability. ETH's research agenda is led by Dr. Yang Jae Lee and builds on more than a decade of community-based work in rural Uganda. Through long-standing partnerships in Buyende District, ETH uses research to identify locally meaningful barriers to care, understand how people navigate health and social systems, and translate findings into practical interventions.

In 2025, ETH's research increasingly focused on community-based and collaborative models of care at the intersection of mental health, HIV, suicide prevention, and broader social determinants of health. Across these areas, ETH's work seeks to move from description to intervention: identifying key problems, developing culturally grounded models of care, preparing competitive grant proposals, and generating evidence that can inform scalable programs in Uganda and other underserved settings.

A major area of emphasis is the development of integrated care pathways for serious mental illness. ETH is preparing a planned grant proposal focused on improving continuity of care after psychiatric hospitalization for people with psychotic disorders in Uganda. This project would develop and test a family-adaptive, stepped-care model linking families, community health workers, clinicians, and referral hospitals to support medication continuity after discharge.

ETH is also awaiting review of a proposal focused on depression stigma in rural Uganda. This project proposes to co-design and pilot-test radio public service announcements targeting both public stigma and self-stigma related to depression. If funded, the project would produce culturally resonant radio-based stigma-reduction tools and generate pilot data for a future larger-scale community-delivered radio trial.

In parallel, ETH is developing a suicide prevention research agenda focused on the gap between screening and response. A planned Screening-to-Response system would pair universal suicide screening in primary care with a structured, patient-controlled support activation pathway and monitoring for stigma-related social harms. This work addresses a central challenge in high-stigma settings: screening can identify people in need of help, but disclosure may also expose individuals to family conflict, community exclusion, legal consequences, or other harms.



Research project training and discussion



Research team meeting

Beyond clinical mental health care, ETH's research is expanding to address upstream social and economic determinants of health. One emerging project focuses on school discontinuation among adolescents and young people in rural eastern Uganda. This work examines how school dropout can produce shame, anticipated stigma, social withdrawal, loss of daily structure, and increased risk for depression, suicidal ideation, substance use, and unsafe economic trajectories.

ETH's broader research portfolio also includes studies of patient pathways for depression among people living with HIV, collaboration between traditional healers, religious leaders, and biomedical providers, men's attitudes toward family planning, and community media preferences for mental health communication. Across these studies, several consistent themes have emerged: stigma and limited mental health literacy remain major barriers to care; families and community-based actors are often the first point of support; financial constraints shape health-seeking behavior; and formal health systems are most effective when connected to trusted local networks.

Together, this growing body of work positions ETH as both a community-based implementation partner and a research platform for developing locally grounded, scalable interventions. Several manuscripts and grant proposals are currently in preparation, with the goal of contributing to the global evidence base on culturally responsive mental health care, integrated service delivery, suicide prevention, and rural health systems strengthening.



PARTNERSHIPS, CHALLENGES, AND 2026 PRIORITIES

District Partnership to Expand Mental Health Care

Mpunde Health Center is currently the only facility in Buyende District with a psychiatric clinical officer, making it the district's primary source of consistent formal mental health care. Since ETH introduced mental health services, monthly attendance has increased from fewer than five clients per month to an average of more than 100 clients per month, demonstrating both growing community awareness and significant unmet need.

Despite this progress, access remains uneven. Mental health services are still most accessible to people living near Mpunde Health Center or those who can afford transportation. Many community members in remote and underserved areas continue to face barriers to care, including distance, transport costs, stigma, limited mental health literacy, and continued reliance on informal sources of support.

In response, ETH is working closely with the Buyende District Health Office and facility leadership to expand access by deploying psychiatric clinical support to two higher-level health facilities in the district. This partnership will focus on establishing regular mental health clinic days, strengthening referral pathways, supporting the availability of essential psychotropic medicines, and conducting community sensitization to improve awareness and acceptance of mental health care.

This collaboration is designed not only to bring services closer to underserved communities, but also to generate service utilization data that can inform longer-term government investment. Over time, ETH aims to use this evidence to advocate for additional public-sector mental health staffing and resources in Buyende District.

District and Community Engagement

In 2025, ETH actively engaged district and community stakeholders to strengthen collaboration, share evidence, and align future programming with local priorities. Early in the year, ETH convened a district-level dissemination and engagement meeting to share research findings, highlight the impact of Mpunde Health Center, and discuss recommendations for service improvement. The meeting included the District Health Officer and technical representatives, district security officials, the Office of the Resident District Commissioner, health facility in-charges, civil society organizations, and non-governmental organizations, with 26 participants in attendance.

ETH also held a follow-up engagement meeting with district leadership and key stakeholders to present research findings and share the organization's five-year strategic priorities. This helped align ETH's programmatic focus with district health priorities and strengthened coordination for future programming. At the community level, ETH convened faith leaders, traditional healers, local council leaders, women representatives, youth leaders, and health facility clients to gather feedback on the performance, accessibility, and quality of services at Mpunde Health Center. Community members shared their experiences and provided practical recommendations to improve service delivery, community outreach, and referral pathways.

These engagements reinforced ETH's commitment to locally responsive programming and strengthened collaboration between ETH, district authorities, and community leaders.



Community partner discussions

Challenges and Lessons Learned

ETH's work in 2025 highlighted both the strength of its model and the operational demands of scaling services in a rural, resource-limited setting. Demand for healthcare, mental health care, education support, and research activities continues to grow, but ETH's infrastructure, staffing, transport systems, and financial base must also grow to sustain this expansion responsibly.

Laboratory services at Mpunde Health Center remain limited, constraining diagnostic capacity and affecting clinical decision-making. Expanding laboratory services to include microscopy and blood analysis would improve quality of care, but will require additional equipment, supplies, and staffing support, including a laboratory assistant.

Space limitations also remain a significant challenge. ETH had planned to extend the health center building to better accommodate maternity, laboratory, and examination services, but this was delayed because of budget constraints. As patient volume grows, facility expansion will be increasingly important to maintaining quality, privacy, and efficiency of care.

Mental health access continues to be one of the most urgent service gaps in Buyende District. Mpunde Health Center remains the only facility in the district with a psychiatric clinical officer and the only consistent provider of formal mental health services. Current services primarily reach individuals near Mpunde or those who can afford transportation, leaving many communities in northern and central Buyende underserved. Expanding regular mental health clinic days to strategically located, high-volume public facilities will be essential to reducing geographic inequities in access.

Transportation and vehicle maintenance also remain major operational challenges, particularly during the Global Health Experiential Fellowship season and other field-intensive activities. Older vehicles require frequent repairs, increasing costs and reducing reliability. Acquiring an additional reliable, higher-capacity van would improve program logistics, reduce maintenance burdens, and strengthen field operations.

Finally, ETH's continued growth requires ongoing investment in staff capacity, management systems, and sustainable financing. As ETH expands mental health services, prepares to open the Mpunde school, and develops new research and implementation projects, strengthening local leadership, supervision structures, financial systems, and diversified funding will be essential to ensuring that growth is sustainable and aligned with community priorities.

Looking Ahead to 2026

In 2026, ETH will focus on scaling its most effective programs while strengthening the infrastructure needed for long-term sustainability.

In health care, ETH will work to expand Mpunde Health Center’s facilities to include improved laboratory, maternity, and examination space. ETH will also establish regular mental health clinic days at strategically located, high-volume health facilities in Buyende District and continue community-based stigma-reduction outreach through local radio, community health workers, and local leaders.

For the Mpunde Education Initiative, ETH will focus on preparing the new school for operation. This includes furnishing the first classroom block, equipping classrooms and library space with learning materials, obtaining required administrative clearances, recruiting staff, enrolling students, and identifying sponsors for vulnerable children at risk of dropping out.

In research, ETH will continue developing community-based and implementation-focused studies that inform program design and district-level service delivery. Priorities include assessing community perceptions and drivers of mental illness stigma, designing and testing context-appropriate stigma-reduction interventions, documenting care-seeking pathways, identifying structural barriers to mental health access, and generating operational recommendations to guide the scale-up of outreach clinics and community-based mental health services.

Across all areas, ETH’s 2026 priorities reflect a common goal: to translate community trust, service experience, and research evidence into scalable models that improve health, education, and social support systems in Buyende District.



ANNEX 1 COSTS

ETH-Uganda General Costs	UGX	USD
Personnel	52,960,000	15,373.00
Transportation	23,536,700	6,832.13
Other Costs	26,963,500	7,826.85
Sub total	103,460,200	30,031.98
Mpunde Health Centre Costs		
Personnel	48,610,000	14,110.30
Drug Purchases	45,326,500	13,157.18
Other Costs	22,999,100	6,676.08
Sub total	116,935,600	33,944.56
Menstrual Dignity Project Costs		
Personnel	2,385,000	692.31
Other Costs	370,000	107.40
Sub total	2,755,000	799.71
Mpunde Education Initiative Costs		
Personnel	16,170,000	4,693.76
School Construction	155,926,000	45,261.54
Sponsorship	10,246,800	2,974.40
Other Costs	1,430,000	415.09
Sub total	183,772,800	53,344.79
Global Health Experiential Fellowship/ Research Costs		
Personnel	59,985,000	17,412.19
Technology	8,044,626	2,335.16
Other Research Expenses	14,738,916	4,278.35
Participant's Subsistence	74,659,100	21,671.73
Field Logistics	107,495,341	31,203.29
Other Costs	27,965,139	8,117.60
Reimbursement	3,445,000	1,000.00
Sub total	292,888,122	85,017.78

ANNEX 1

COSTS CONT.

Other Costs		USD
Software		780.35
Advertising		1,516.02
Administrative Costs		296.10
Capacity Building		1,697.47
Sub total		4,289.94

Grand Total of All Costs		207,428.76
Exchange rate: \$1=Ugx 3445		



ANNEX 2

INCOME

INCOME	USD
Educational Programs	140,757.02
General Gifts	30,336.25
Mpunde Education Initiative Gifts	60,443.15
Menstrual Dignity Program Gifts	310.00
Research Contracts	88,665.28
Investment Income	22,667.16
Total	343,178.86

ANNEX 3

2025 HEALTH CENTER DATA

Month/Service	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Out Patient	386	337	247	195	315	273	269	181	201	180	274	148	3006
Immunisation	120	100	107	79	142	96	119	100	92	129	129	120	1333
Antenatal (ANC)	25	35	39	32	30	39	35	30	39	40	45	37	426
Postnatal/Maternity/deliveries	7	9	10	10	20	14	10	12	14	16	11	14	147
Deaths (Stillbirth)	1	2	2	0	3	2	0	0	0	0	0	2	12
Family planning	20	9	10	11	15	25	15	10	15	20	10	12	172
Deworming and Vitamin A supplementation	0	0	0	0	121	0	0	0	0	0	0	1002	1123
Immunisation Outreach Project	0	0	0	0	20	0	0	0	570	920	0	30	1540
Yellow Fever Vaccination	0	0	0	0	0	0	0	0	0	4223	0	0	4223
HPV Vaccination	0	0	0	0	10	0	0	0	0	0	0	0	10
Psychiatric OPD	94	80	79	79	58	52	102	96	107	128	124	100	1099
Total Patients Received	653	572	494	406	734	501	550	429	1038	5656	593	1465	13091