

HOME OF HOPE JINJA UGANDA

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MONTHLY PERFORMANCE REPORT FOR JULY 2024 PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTH OF JULY 2024 $$2^{\text{ND}}$$ AUGUST 2024

| PLANNED ACTIVITY | TARGET | ACHIEVEMENT | LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD |
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| Engagement in income generating activities | Re-stocking of the poultry firm | Having reduced in the production levels due to over growth, all the chicken in the poultry farm were sold off and a new stock was put in place with immediate effect. These will be raised for a period of four month before starting to lay. Eggs are part of the children's diet on a daily basis to boost their immunity and this has helped keep them in good health. This project has also helped in cutting the organisation's expenditure. | Due to lack of space, we are unable to restock in advance which affects the supply over time as we wait for the chicks to start laying. |
| Participation in district/nation al celebrations | Day of the African Child | Together with other partners, Home of Hope Joined the rest of the world to commemorate the belated Day of the African Child organised by Jinja City in conjunction with all civil society organisations serving in the promotion and protection of children's rights in the city. During the celebrations, Home of hope children were given the opportunity to make a presentation as representatives of children with disabilities. | The occasion was graced by the Minister for Youth and Children's affairs who thanked and appreciated Home of Hope for the grate interventions made towards the lives of children with multiple disabilities. |

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| Inhouse therapy | All resident children | During the month under review, a total of 67 resident children were able to receive therapy services to support them boost their capabilities and prevent the development of secondary disabilities. Some of the children are now able to perform other tasks which they had never performed such as crawling, standing with the support of objects, ability to reach for objects among others which is a positive sign in their day to day living. Care givers are also engaged in conducting joint therapy as a strategy of equipping them with therapy skills to support the therapy team to increase on the work force and enable the children get more therapy time. | Care givers are cautioned to always alternate the children's positions to avoid being predisposed to pressure sore development. Much as seeing the impact of the therapy takes time to be noticed, available evidence shows a step forward in the children's growth and development. |
| Home visits | 4 home visits | 3 home visits were conducted and a total of 19 households were visited. During the visits, care givers, family members and community members were given psychosocial support and also sensitised on social inclusion of children/persons with disabilities in the community. With the support of the therapy team, care givers were also able to put in place assistive devises using local materials to help their children improve on their capabilities while at home. During the home visits, the team also educates not only care givers but also the surrounding community members on other issues such as home improvement, menstrual hygiene for the girl children, techniques of enhancing household incomes, nutrition among children with disabilities and management of children with disabilities and positioning. | Through the home visits care givers are able to utilise the locally available resources in the development of therapy equipment which has reduced/minimised the cost of procurement of the items while also increasing access to the necessary equipment. The demonstrations of therapy equipment using local resources done at house hold level have helped scale the knowledge among community members and care givers in particular. |

| Outreach clinics | 2 clinics | All the 2 clinics were conducted and a total of 5 new cases were registered during the period under review. The clinics also always act as a platform for sensitisation and dissemination of information at grass root levels and health education especially regarding persons with disabilities in the community. Participants in the programme also engage in a savings scheme where they are able to make personal savings for entrepreneur development aimed at enhancing house hold incomes among families with children with multiple disabilities. During the clinics, participants are also able to share experience and this is always a platform for psychologically preparing the new clients in the programme. | There has been an increase in the number of new cases registered per outreach which requires increase in the quantity of drugs procured yet due to inflation, there has been a raise in the costs of medication which calls for increase in funding which has affected the Home of Hope budget allocations for the activity |
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| Drop in clinics | 8 clinics | During the month of July, 9 drop-in clinics were conducted and four new cases were registered. Care givers have also had the opportunity to share the challenges with both fellow care givers and the Home of Hope staff and this has helped them form strategies for improvement of the wellbeing of the children under their care. The children have been able to showcase different capabilities resulting from continued attendance of the drop-in clinics. Just as the outreach clinics, care givers in the drop-in clinic also established a personal saving scheme where they will be able to share out funds at the end of the year. | Due to increasing numbers of beneficiaries to this programme, there is need to expand the therapy room to absorb all clients and the therapy equipment. Some of the therapy equipment have also worn out and need replacement yet there are no ready funds for making procurement. |
| Medication | All sick children | 42 children on daily medication for the control of the various chronic conditions that they suffer from were all able to receive medicine on a timely and | Some of the infections are passed on from one child to the other through contact and the care givers have |

| Stome of Stope July | a Ogunua Moni | appropriate period hence did not develop any complications related to their conditions. 31 children were also treated in management of other complications such as cough, flue and a few malaria cases were also registered during the month under review. Some of the cases are still being | therefore been cautioned to try and isolate all children who show signs of infection to avoid further infections. |
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| | | observed while other children have fully recovered and in good condition. | |
| Centre clinic | 1 clinic | 1 centre clinic was conducted and there were 4 new cases registered during the month of July 2024. There was also a raise in the number of persons who attended compared to the previous month and this is attributed to the stable weather conditions which enabled the clients navigate with ease to the centre. As a result of continued education on the uptake of the medication to the clients, there has been no case of attacks registered during the month under review by either the care takers or the beneficiaries. | With the increasing numbers of beneficiaries, there has been a raise in the demand for more medicines yet there has been an increase in the cost of medicine which has constrained our budget allocations for the programme. |
| Medical review | 4 children | 1 child with hydrocephalus, 2 with spine bifida and 1 with both spina bifida and hydrocephalus were taken for medical review at Cure Children's Hospital during the Jinja camp as per the schedule for the review. As per the findings of the review, all the children are in stable condition and there was no issue identified that would expose them to danger. Having followed all the set precautions by the medical team there has been no child under any medical condition that has required emergency reviews over the time under review. | to be observed for all |

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| Referral | All serious and complex cases | Having registered an increase in the number of children treated of different infections during the month of July, no resident child was referred for further management, however, one client from the centre clinic who required specialised attention was referred to the regional referral hospital while one child from the drop -in clinic was also referred to a specialised orthopaedic facility for further assessment and management due to her condition that could not be managed by Home of Hope Jinja Uganda. | There is need to follow up on the progress of the referred persons to ascertain their conditions. Through networking with other partners, the referral system has been strengthened which has increased access to service delivery. |
| Capacity building | Two staff members | Two staff members were attended a summit/training on advancement in assistive devices or technology and inclusive environment for persons with disabilities. The summit was an eye opener on the transformation in technology that is friend to all persons with disabilities and how this enhances development, social inclusion and participation of persons with disabilities in the society. | The knowledge learnt from the summit should be put in practice for the good of the children and the trained staff members are yet to pass on the knowledge to other staff members. |
| Economic empowerment | One care giver | 1 care giver of a child with disability who is a beneficiary of the drop-in clinics was mentored and supported with capital to start up a small-scale enterprise to enable her enhance her house hold incomes to be able to provide the basic needs of the child with disabilities under their care. | More care givers are to be identified and supported for a betterment of the lives of children with disabilities. |

Prayer points

- Good health of all the children and staff at the home.
- Expansion of the Therapy section
- Establishment of a maternity wing at the health facility
- Procurement of more assistive devises and equipment such as wheel chairs.
- Renovation of the old Home of Hope building

- Construction of supported homes for transition of the young adults
- Provision for the procurement of more outreach and centre clinic medication whose prices have escalated yet the beneficiaries have increased.
- Establishment of a special needs school.

Conclusion

On behalf of the children, staff and administration of Home of Hope Jinja Uganda, I take this opportunity to thank all those who have supported us in one way or the other to ensure that we achieve and meet our goals. I would also request all those capable and willing to support our cause to join us in the struggle we are in to promote the rights of children and persons with disabilities and ensure that they have a befitting life just like any other person in the community. "MAY GOD BLESS YOU ALL"

Pictorial



Figure 1: Eggs are one of the major components in the children's diet however, having out grown their laying period the chicken were sold off to create space for restocking.



Figure 2:New stock of layer chicks is currently in the brooding room following the sale of the previous stock due to under production.



Figure 3: Home of Hope children joined the rest of the world to celebrate the Day of the African child organised by the City Administration in partnership with stakeholders engaged in child related issues in the city.



Figure 4: During the home visits, Home of Hope staff support care givers to put in place therapy devises using locally available resources to help the children perfect in their capabilities. Above is Therapist Alex and Social Worker Stephen constructing parallel bars in one of the homes visited in the month of July 2024.



Figure 5: Lumuli Ronel tries out the parallel bars made for him as his parents look on with pleasure. having such devises at home increase access to assistive devises and fasten the children's process of adaptation to skills



Figure 6: Care givers play a great role in the wellbeing of children while at home and educating them on how they should manage the children based on their disabilities is Key. Rita was crippled by sickle cells and was supported with a wheel chair by Home of Hope to help in her mobility. Above is the home of hope team educating one of the care takers during a home visit.



Figure 7: The Outreach clinics help provide ground for sensitisation and dissemination of information. Above is Sharifa a Social Worker leading an interaction between the beneficiaries during the Busede Outreach in July.



Figure 8: Outreach clinics give opportunity to community members share personal experience and also share ideas of how to manage various situations they come across. Above are some of the beneficiaries of the Outreach programme in Buwenge during the outreach in July 2024.



Figure 9: Records of the children's progress are made to help the team develop action plans for every child in the drop in clinics. Above is Milly the Assistant Therapist checking for a child's records during one of the drop in clinics in July.



Figure 10: New clients of the drop-in clinics are assessed on arrival to determine course of action and also understand their expectations. above is Jessica (on a wheel chair) doing an assessment on a new client during the drop in clinic. Jessica is a child of Home of Hope conducting her last internship programme for the award of a Bachelors degree in Social Work.



Figure 11: New clients of the centre clinics are always prepared psychologically to adopt to their conditions by the social team. Above is Social worker Sharifa sharing and sensitising new clients of the Centre clinic in July.



Figure 12: Getting clients/care givers share their experience with others creates confidence and self-esteem among beneficiaries. above is one of the clients sharing her experience during the centre clinic in July 2024.



Figure 13: Adhering to and observing medical review dates reduces on the risks of complications among the children. Above are Home of Hope children attending a medical review camp in Jinja during the month of July 2024.

Submitted by:

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