



HOME OF HOPE JINJA UGANDA

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MONTHLY PERFORMANCE REPORT FOR JUNE 2023
PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTH OF JUNE 2023
3RD JULY 2023

PLANNED ACTIVITY	TARGET	ACHIEVEMENT	LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD
Education	20 children	As per the government schedules all the school going children had to report back to school and resume the second term of their learning. Among them is our won Jesca who is pursuing a bachelors in Social work who is currently undergoing her internship with Home of hope in fulfilment of the above together with other students. Her presence and interaction with other Home Of Hope Jinja beneficiaries especially care givers and the children has helped build confidence and a sense of belonging.	All the visitation dates set by the various learning centres need to be observed. These help both home of hope staff and the responsible teachers to interact and identify the learning gaps of the children for improvement. The internship students are to be given more opportunity to engage in various activities that shall give them more hands on training and skills.
Drop in clinics	4 clinics	Four drop in clinics were conducted and 8 new cases were registered all together. Most of these had got referred to Home Of Hope Jinja by others clients already under the programme. As	During the clinics, care givers are given the opportunity to share their experiences and also discuss challenges which has helped them

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		a result of constant and consistent attendance of the activity, care givers are now able to report improvement in the capabilities of the children compared to the time before joining the programme	overcome the psychological challenges they go through in the community. Due to inconsistency in turn up for the drop in clinics by some of the care givers, the children take long to improve in some of the capabilities.
Home based activities	Variety	With the help of other staff members the children have been engaged in various activities to stimulate their wellbeing and these range from indoor/outdoor games, community walks, swings among others. Some of the children have also participated in skills development activities such as art and craft, farming among others. These have helped identify and build the children's potentials and capabilities.	The engagements are to be done frequently but more playing materials need to be provided since the number of the children is overwhelming compared to the available play material.
National celebrations	Day of the African child	In partnership with other organisations working with children in the district under the patronship of the district local government, Home Of Hope Jinja participated in the district celebrations to commemorate the Day of the African child and this year's theme was promoting and protecting children's right in the digital era.	The activity was wrapped up with a visit by all partner organisations and the district local government staff at Home Of Hope Jinja in appreciation for the lead role in services delivery to children with disabilities in the region.
Home visits	Four home visits	During the month under review, three home visits were conducted reaching out to 16 households with children with disabilities and these were able to receive services ranging from	More home visits are to be conducted in the subsequent months especially to the households of the new clients to assess the

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		<p>psychosocial support, therapy counselling and guidance. Through the home visits one child in Busede was identified to be in need of nutritional support and was there after referred to Nalufenya children’s hospital with the support of Home Of Hope Jinja</p>	<p>children’s wellbeing and surrounding.</p> <p>Through the home visits, the field team together with the care givers are able to develop assistive devices for the children using locally available resources.</p>
Outreach clinics	Two outreaches	<p>During the outreach in Busede 5 new cases were registered while three new cases were registered in Buwenge and two of whom were from the neighbouring districts of Luuka and Kamuli and these had been referred by those who were already beneficiaries of the programme.</p> <p>Clients reported that as a result of constant uptake of medication in the previous years they have never suffered from seizures in the past four months consecutively and this has made community members think that they are no longer epileptic hence widening their social capital and participation in development projects. This has reduce on the social gap between the clients and the community.</p>	<p>Lack of consistency by care givers in the outreach clinics and poor compliance to medical guidelines has caused a setback in the health of the children benefiting due to irregular uptake of the medication.</p> <p>One client in Buwenge and one in Busede passed on having suffered from saviour malaria that was not detected and managed effectively.</p> <p>Clients advised to continue with their medication to avoid further seizures and setback</p>
Centre clinic	One centre clinic	<p>One centre clinic was conducted and two new clients were received but one of whom was referred since she needed blood transfusion which is not offered. During the centre clinic, there was no case of attacks that was reported expect improvement in</p>	<p>The beneficiaries were also able to receive other services such as counselling and guidance plus sharing experience with other clients on how they have managed various situations that</p>

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		<p>the health of clients following proper drug compliance which has also increased their participation in other engagements such as household improvement and general social engagements.</p>	<p>they come across in their day to day life.</p> <p>On the un fortunate part of it, we lost one of the clients of the programme due to long illness of malaria that was not managed by the care givers.</p>
In house therapy	Resident children	<p>As a result of constant therapy provided to the children on a daily basis and with the recruitment of an Occupational Therapist which created more work force in the therapy section, the children are now able to adopt to various capabilities in their daily living skills which has also reduced on the risks of developing secondary disabilities among the children.</p>	<p>The children are to be given more time for daily therapy to fasten the process of adaptation to the various capabilities.</p> <p>Much as we have the support of the assistive devices such as wheel chairs and other equipment, there is still need for more therapy equipment.</p>
Child development	Development of care plans	<p>On a weekly basis, the social and therapy team together with the care givers sit twice to develop care plans per child which are based on the child’s capabilities and areas that need to be improved upon by developing basic daily routines that have to be followed by all care givers. These have helped the care givers plan for the time they spend with the children more appropriately.</p>	<p>There is need to review the previous care plans developed for assessment of the progress of the children and possible adjustment in the care plans made especially in areas that the children need improvement.</p>
Therapy outreaches	Four outreaches	<p>As a result of low turn up of the care givers in this activity, only two outreach clinics were</p>	<p>The activity shall now be conducted during the outreach clinics every</p>

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		conducted in the period under review and the programme was halted for the interest of saving the organisation’s resources.	month however this shall impact on the children’s development and the care givers should therefore be keen in learning the techniques so as they can easily apply them while at home.
Routine medication	Forty children	As a result of constant monitoring and approval, one more child was subjected/enrolled on a daily medication scheme for control of seizures bringing the total number of children on daily medication to 41. All these children have been in a stable condition with none of them requiring to receive any serious medical attention. This is attributed to proper uptake of the medication.	All programme staff and implementing staff are to closely monitor the progress and response of the children to the medication for proper management. Other children such as Franklin are still being monitored and not yet subjected to daily medication.
General health care	Five children	25 cases of infections and illnesses were registered and these included some that were carried over in the previous month and a few of which were malaria cases while others were bacterial and respiratory infections that easily move from one person to the other even through contact. All cases were well managed and some of them are still undergoing medication but already showing signs of improvement and positive response to the medication.	Isolation of the infected children should be done as a control measure for the respiratory infections such as flu and cough while care givers need to be cautioned of protection measure for the children such as ensuring that the nets are utilised in the right way.
Medical review	3 children	Three children with hydrocephalus who were	All review upcoming review dates are to be

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		scheduled for review were all taken for the review and as per the medical advice, the children were all in stable condition and new review dates were set.	observed and all set terms and conditions are to be adhered to for the good health of the children.
Referrals	None	One child from Home Of Hope Jinja with sickle cells and in need of blood transfusion was referred for the service since such services are not offered at Derrick and Emily Memorial Medical Centre and having received the service, the child's condition stabilised and was thereafter discharged while through the home visits one child in the community was referred to Nalufenya Children's Hospital for nutritional treatment and is currently still undergoing medication. Give the current situation of the child, there are indicators of improvement in the health of the child.	There is need to operationalise the blood transfusion section in the medical centre to avoid referrals to other service providers and also make the service closer to other would be beneficiaries. Home Of Hope Jinja Uganda is taking full responsibility and wellbeing of the referred family till the child is in stable condition however, there is need to lobby for the provision of such nutritional food to Home Of Hope Jinja for easy access by those in need.
Assistive devices	Distribution of wheel chairs	One child during the drop in clinic was issued with a wheel chair to enhance her mobility having developed the disability at the age of 13 years which affected her lower limbs.	The child is to be monitored for maximum utilisation of the wheelchair and this is expected to prepare the child in easing access to other services.

Prayer points

- *Good health of all the children and staff at the home.*
- *Pray for perfect health for all the children and staff at the home.*
- *Pray for expansion of the medical facility*

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- *Pray for the establishment of learning institute for Physio therapists and Occupational therapists*
- *Pray for establishment of a special needs school*
- *Pray for the construction of a bore hole as an alternative for the high water bills*
- *Pray for acquisition of specialised therapy equipment*
- *Pray for the furnishing of the guest wing*
- *Pray for more provision in abundance at the home to be able to meet all home needs*
- *Pray for the establishment of more income generating activities within the home for sustainability*

Conclusion

*Home Of Hope Jinja Uganda through the dedicated staff strives hard to provide a good and healthy environment to children with multiple disabilities who happen to be the most vulnerable species of mankind and grate thanks and gratitude be given to the team. However, this would not be made possible without the support and love of all those who sacrifice their funds and time to solicit for the wellbeing of these children. **MAY GOD BLESS YOU ALL.***

Pictorial



Figure 1: Through the internship programme she is undergoing, Jesca one of Home of Hope children (on a wheelchair) is able to share her experience and also provide psychosocial support, counselling and guidance to care givers and other beneficiaries of our programmes.

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Figure 2: Understanding the reason for Home of Hope Establishment from the founder gives care givers hope and reason to persist on the drop in clinics. The Executive Director - Edith shares has a word with the care givers during the drop in clinic during the month of June 2023



Figure 3: Seeing your child make a move for the better is an encouragement to push on with Home of Hope programmes, a care giver smiles as the Therapist (Hafusa) takes her son through a therapy session during the drop in clinic.

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Figure 4: Story telling is one of the learning sessions provided to the children at the home – above is Stephen a social worker reads a story book to Waswa and Farouk at the Home



Figure 5: Making them practice by doing is one of the ways they can learn to do things. Above, Milly the Asst. Therapist practicing communication skills with Junior during a home based therapy session.

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Figure 6: The Executive Director enjoying a session on aerobics with other staff members at the home guided by the Instructor during the month of June 2023



Figure 7: Other children join Home of Hope children in a presentation during the celebrations to commemorate the Day of the African Child in June 2023.

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Figure 8: Home visits help to understand the social problems the care givers and children go through.



Figure 9: Care givers/clients of Busede await to receive services during the outreach clinic

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Figure 10: clients share a light moment during the centre clinic at Home of Hope in the month of June 2023. Drug compliance reduces on the risks of non-compliance.



Figure 11: On a weekly basis, care givers and other technical staff develop care plans aimed at child development. Once implemented, care plans play a big role in skills development among the children.

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Figure 12: Emma was found malnourished during the home one of the visits in Busede and was referred to Nalufenya Children's Hospital for further management. His health has currently improved and he is being monitored and supported by Home of Hope Jinja Uganda



Figure 13: Having made repairs on the wheelchairs at the home, Home of Hope Jinja Uganda is now able to extend support to its clients to ease their mobility.

Submitted by:

EDITH LUKABWE
EXECUTIVE DIRECTOR

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