



# HOME OF HOPE JINJA UGANDA

P.O. Box 5047, Jinja- Uganda  
Mob: +256772183058  
Office line 0393217663  
email: [edith.homeofhope@outlook.com](mailto:edith.homeofhope@outlook.com)  
[www.homeofhopeuganda.org](http://www.homeofhopeuganda.org)

**MONTHLY PERFORMANCE REPORT FOR SEPTEMBER 2024**  
**PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTH OF SEPTEMBER 2024**  
**2<sup>ND</sup> OCTOBER 2024**

PLANNED ACTIVITY	TARGET	ACHIEVEMENT	LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD
Drop in clinics	8 clinics	As a result of continued therapy, some of the children have greatly enhanced their capabilities which has given hope to the care givers and a reason for regular attendance. During the period under review 7 new cases were registered and with the support of students on internship, the children had more therapy time that before yet more clients were being handled at a time. Care givers were also able to receive new techniques from the internship students while they also shared experience with other care givers.	Being a rainy season, some of the children have developed various illnesses that has kept them away for a long period seeking for treatment.  There is need to follow up on care givers who have not turned up for the activity overtime
Centre clinic	1 clinic	One centre clinic was conducted and one new case was registered during the month of September. During the clinics beneficiaries get the opportunity to share personal experience, receive counselling for those with social and psychological problems as well as getting health education in various aspects of life. People who had just got enrolled on the	During the month of September, we were notified of the death of one of the beneficiaries of the Centre clinic and the cause of death was severe malaria. We condole together with the bereaved family.

**OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.**

		<p>programme also testified of improvement in life as a result of having access to the medication.</p> <p>Over time, there has been an increase in the number of beneficiaries of the programme and most of whom have been consistent in attendance hence a reduction in the number of cases seizures reported and more health stability of the beneficiaries.</p>	<p>Some of the beneficiaries especially those that have just initiated on the programme are yet to cope with adherence to the medical guidelines.</p>
Outreach clinics	2 clinics	<p>11 new clients were registered during the Busede Outreach and 3 new cases were registered during the Buwenge Outreach. Home of Hope has been highly appreciated for the contribution to supplement on the government efforts of providing access to such services to persons in need of them yet they can't be accessed elsewhere.</p> <p>During the outreach clinics, children in need of therapy services also gained access to the service while others were given counselling. Beneficiaries were also able to share personal experience and develop doable solutions to their problems.</p>	<p>The increasing costs of the medication prices has highly affected our budgeting process yet the number of beneficiaries keeps on growing at every outreach.</p> <p>When community members come together, they are able to develop solutions to their own problems when guided.</p>
General & Routine medication	42 children	<p>There have been no attack/seizures registered or any other complication resulting from the chronic illnesses of the 42 children under routine/daily medication and these have been in stable condition.</p> <p>Just like the previous month, the number of children treated against other illnesses such as malaria and other infections was also minimised since only 30 children fell sick in September and these were all</p>	<p>Continued and constant uptake of the medication enhances the children's health and performance.</p> <p>The reduced infections are as a result of adhering to the set guidelines of managing the various conditions by</p>

		treated to full recovery while some few are still undergoing treatment but with their health conditions in good shape.	the responsible persons(all staff)
Home visits	8 home visits	6 home visits were conducted and a total of 38 house holds were visited and these among others included households of new clients, those empowered economically and house holds surrounding the homesteads taking care of children with multiple disabilities. Some of the key areas being investigated are the environment surrounding the children, social aspects affecting their wellbeing, the communities level of understanding and accepting disability and also for the economically empowered households, we study the progress of the projects they under take and how it has improved the wellbeing of the children under their care.	
Economic Empowerment	2 house holds	2 care givers were given start up capital to start small scale businesses for economic independence and enhance their household incomes. Being a hawker, Komodo's mother lost her business while traveling from one point to the other and was brought to zero however we were able to revive her business by facilitating her with funds to restock her business and she is currently flourishing while Emma's care giver/mother was facilitated to start up a fish vending business which she had experience in and being along the lake shores, she is able to conduct the business with ease.	The beneficiaries need to be monitored and guided to ensure that the businesses grow to their expectations.  More care givers in need of support shall be identified supported in the future.
In house therapy	All resident children in need of therapy	As routine, all resident children receive therapy on a daily basis from the therapy team with the support of care givers and this has helped avoid secondary	The therapy team has to ensure that all care givers are equipped with the necessary therapy

OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.

		disabilities and the development of contractures among the children which is one of home of hope primary objectives.	techniques to reduce on the work load due to the increasing number of children in the home.
Mentoring and training	7 students	<p>During the month under review, we received 8 students from Denmark 7 of whom were therapists, 1 doing nursing and 1 student from Belgium doing social work and we have been able to mentor them in their various fields through our experienced staff.</p> <p>Both teams have been able to share experience and also learn new aspects of their profession from one another over time. They have also been able to incorporate the new techniques and way of doing things in their professions.</p>	There is need to identify other institutions from the diaspora offering similar services like home of hope to enable us exchange staff to give them the opportunity for more learning.

### **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 devices 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**

*The social welfare and wellbeing of children with multiple disabilities is paramount and with the interventions of home of hope, service delivery to children with multiple disabilities have been greatly improved however, more efforts are still needed in achieving the full potential these children. Without the support of well-wishers, we have been able to achieve some of the objectives. 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. **"MAY GOD BLESS YOU ALL"***

**OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.**

**Pictorial**



*Figure 1: its the duty of all parents/care givers to ensure that their children benefit from the drop in clinics. very often the men have left it to the women to deliver children to the drop in Clinics. Above is Therapist Eddie giving therapy tips to the father of Kagoya Keren whose mother abandoned with her father (Mugoya Geoffrey) at a very young age. Having learned about Home of Hope services Geoffrey hopes for great improvement in his daughter through therapy*

**OUR VISION:** A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.



Figure 2: With continued therapy, Nalyanzi Prossy is filled with the joy of being able to work with no support. Such progress keeps the care givers hoping for the best of their children.



Figure 3: Giving testimonies of the progress and personal experience helps reduce the effects of the psychological tremor that the beneficiaries of our programmes go through. Above is a beneficiary of the Centre Clinic testifying on her past and present in the month of September 2024.

**OUR VISION:** A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.



Figure 4: The trainees supported Home of Hope in all programmes and had the opportunity to share the African version of disability with the care givers. Above is a child receiving Therapy from some of the trainees during the Outreach clinic in Busede



Figure 5: Having been supported to start up a retail business, Mama Emma a mother of 2 children with disabilities is now able to meet some of the needs of her children. Above is Stephen the Social Worker having a chat with her on the progress during a home visit in September 2024.

**OUR VISION:** A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.



Figure 6: with the increasing numbers of the beneficiaries of the drop-in clinics, the Internship students were able to bridge the gap of insufficient staffing.



Figure 7: During the Outreach clinics, community members are sensitised on issues affecting them and they also get the opportunity to get responses to their un answered questions.

OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.





*Figure 8: Newly enrolled clients on our programmes get the opportunity to be prepared psychologically to avoid other outcomes. Above is Brenda a Social Work Intern counselling new clients during the Buwenge outreach clinic*

**OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.**



*Figure 9: Social Worker Stephen listening to one of the beneficiaries of the Buwenge outreach clinic in the month of September 2024.*

**Submitted by:**

**EDITH LUKABWE**  
EXECUTIVE DIRECTOR

**OUR VISION: A socially accepted, included, well cared for and involved community of children with multiple disabilities with self-help skills in order to live an independent life in.**