



HOME OF HOPE JINJA UGANDA

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MONTHLY PERFORMANCE REPORT FOR APRIL 2025
PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTHS OF APRIL 2025
3RD APRIL 2025

PLANNED ACTIVITY	TARGET	ACHIEVEMENT	LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD
Centre clinics	One clinic	<p>One centre clinic was held and a total of three new beneficiaries were registered. Clients reported improvement in both their health and social wellbeing while those who had psychological problems were also able to receive counselling. The new beneficiaries were prepared psychologically to overcome the challenges that they have been going through and guided on how to overcome them and accept their conditions.</p> <p>During the centre clinics clients especially the newly registered ones get the opportunity to meet others in the similar conditions and share experience and strategies of overcoming the various situations which has given them hope and recovery.</p>	<p>There are still some community members undergoing similar conditions but have not yet know where to go to and this calls for continued sensitisation and dissemination of information for creation of awareness.</p> <p>The newly registered patients in the previous months gave testimony of how their lives have greatly improved having become part of the Home of Hope centre clinic.</p>
Drop-in clinics	Eight clinics	<p>Nine drop-in clinics were conducted during the period under review and six new cases were registered. Care givers have registered progress of the children as a result of continued therapy</p>	<p>Due to the increasing number of beneficiaries in the programme, there is need to expand the therapy room to accommodate the</p>

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		<p>especially in their development and daily living capabilities.</p> <p>Both new and old care givers share the progress and challenges of the children with both the social and therapy team and together with the professional guidance, solutions for the management of the identified issues are developed.</p>	<p>increasing numbers. We also lost two children under this programme during the period under review.</p> <p>With the increasing cost of living today, the transport costs have kept on increasing yet some of the care givers can not afford it and therefore calling for an increase in the transport refund rates offered by Home of Hope to the care givers.</p>
Family tracing	One family	<p>Having got scanty information guiding to the family backgrounds of some of the children, our team managed to trace and locate families of three children and these included Josam, Shamina and Elija. Elija's family was so welcoming and was also able to visit him one week later.</p> <p>By reaching the families, we were able to establish the relationship between the children and the other family members. We also further established the social aspects that may affect the children of the family if re-unified and new care plans were developed for each child.</p>	<p>Some of the family members have not been aware of the locations of the children while others thought that the children had long time died and for fear of being in conflict with the law some of the family members fear to be established.</p> <p>The new care plans are to be implemented together with the family members as per the agreed action points.</p>
Social inquiries	Two families	<p>We received three cases of households claiming to have children in need of alternative care hence calling for staging social inquiries to establish the situation of the said children and all these households were visited and information was gathered from both family members and surrounding communities. Due to lack of sensitisation on disability related issues some families and communities have found difficulties in coping with</p>	<p>Some of the families need to be supported with start-up income to establish income generating activities which will enhance household income to enable their care givers meet their basic needs while others require supportive devices and therapy services to ease their mobility and also avoid the</p>

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		children with multiple disabilities hence finding it challenging to live with them but through the social inquiries, we were able to create awareness and social acceptance among the said families and communities. Family members of the said children were psychologically prepared to live with the children.	development of secondary disabilities. We also need to continue with home visits to the families to sensitise the affected persons and create more social acceptance.
Home visits	Eight home visits.	<p>Due to the effects of changes in the weather, we were able to conduct six home visits during the month under review and a total of twenty-seven households were reached out to. During the home visits our team together with the families of the children are able to develop care plans for the children, extend psychosocial support, counselling and knowledge on home improvement both on hygiene and the environment to suit the needs of the children.</p> <p>We also reached out to the surrounding communities to establish the social relationship between the community, family members and the children.</p>	Some of the family members had no or little knowledge on the impact of the social and environmental factors on the lives of the children hence our interventions are expected to highly improve on the situation.
Medical reviews	One child	During the period under review, one child living positively with HIV was taken for review and the medical reports indicate that she is in stable condition. We were advised to continue with the previous precautions and medication for the period to the next review date were also provided.	New review dates were set and these are to be observed. All responsible staff members need to observe and report any unusual changes for the necessary action to be taken.
General medication	Thirty children	A total of 27 children were medically treated and some have fully recovered while others are still undergoing treatment but are in fine condition. There	Care givers need to keep on isolating children identified with infections immediately to avoid further infections.

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		<p>has been no case that was referred and some of the conditions especially those that are transmitted through contact and respiratory means such as cough and flue have been minimised.</p> <p>Through constant monitoring and implementation of set guidelines for chronic diseases, there have been only two cases of children developing complications reported and managed out of the total number recorded in the month of April.</p>	Care givers also need to continue observing the set standard operation procedures to avoid further occurrences.
Therapy outreaches	Four outreaches	<p>Five therapy outreach sessions were conducted in Budondo Health Centre four and two new cases were registered during the period under review. Care givers have reported improvement in the capabilities of the children which has given them hope compared to before therapy. Care givers also get the opportunity to access knowledge on disability issues, share experience with other care givers and also acquire therapy skills that they are able to apply while at home with the children.</p> <p>Establishment of the weekly therapy sessions was aimed at extending the services closer to the communities in the hard to reach places of Budondo and Butagaya since there are no such services in the area.</p>	<p>Some of the care givers are inconsistent in attendance which affects the children's recovery/development process and also derails the intended objective of the service however we always make reminder calls to the care givers prior to the sessions. Attendance is also affected by the current rain season and the poor road network which affects movement to the service centre.</p> <p>One child identified with eye problems was referred to eye specialists for further management.</p>
Outreach clinics	Two outreach sessions	There has been an increase in the number of beneficiaries attending or accessing the services during the outreach programmes both in Busede and Buwenge and even people from the neighbouring districts of Kamuli, Iganga,	The increasing numbers of beneficiaries impacts on the quantity of medicine procured which implicates on the budget costs of the organisation hence calling

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		<p>Mayuge, Luuka, Namutumba and Bugiri which is an indicator of the serious need and demand for the services. This is attributed to lack of the services at the government facilities in the said areas. During the period under review the average attendance of the beneficiaries was 140 participants per outreach though some of the already registered beneficiaries did not attend we managed to make follow up with them through phone contact.</p> <p>Beneficiaries were also able to gain access to services such as therapy, psychosocial support, health education and counselling among others.</p>	<p>for increased expenditure on medication yet the prices keep on fluctuating due to high inflation.</p> <p>Much as the beneficiaries have care givers to guide them in the use of the medicines, some of the beneficiaries are left to take the medicine without guidance which affects their response to the medication process.</p>
Routine/daily medication	Forty-two children	<p>As a result of constant uptake two of the children have been taken off the daily medication programme and the forty children still continue to receive their medication on a daily basis. None of the children was reported to have developed complications during the period under review and they are all in good condition.</p> <p>we continue to closely monitor the progress of the children under medication to assess their response to the dosage given and as a result, three children were identified to be in need of different dosage which we managed to advance and they stabilised.</p>	<p>Care givers should make sure that the medication schedules are observed on a daily basis.</p> <p>Lack of continuous seizures reduces on the risks of developing mental disorders among the affected children</p>
Networking and partnership	All partners	<p>Home of Hope made a partnership with Afaayo Foundation which is a local organisation based in Kampala, Kamwokya and conducted sensitisation drives in families taking care of children with multiple disabilities and this</p>	<p>Many care givers of children with multiple disabilities in the urban setting lack knowledge and access to services geared at supporting the children</p>

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		<p>involved psychosocial support, skilling in therapy techniques, and home visits among others and the team also developed care plans for the various children met and to date follow up on the set action plans is on-going.</p> <p>The activity helped care givers understand better the conditions of their children and also improved on the level of social acceptance of children with disabilities in the communities reached out to.</p>	<p>while others have always taken advantage of the children's condition to extort funds from would be service providers.</p>
Education and skilling	Formal and informal skilling	<p>Having successfully accomplished her education, Jessica was able to graduate with a bachelor's degree in Social Work and Social Sciences while other school going children also accomplished their 1st term of the academic year in the new levels of learning and all of them performed well. They were also issued with holiday packages that they will be supported to accomplish by our responsible staff members.</p> <p>The children have also been engaged in the Art class where they have been able to develop various practical skills in developing art pieces. These skills are aimed at preparing the children to live independently.</p>	<p>Jessica has been appointed as the administrator of the supported Home for the young adults while the other school going children will still be engaged in other activities alongside their holiday packages.</p> <p>Some of the art pieces developed by the children hall be sold off as a source of income to support the art class.</p>
Supported home	Construction of the second apartment	<p>The accomplished apartment of the supported home was allocated to the male young adults who are now living together as a family and we also kickstarted the construction of the second apartment which will be allocated to the female young adults and 75% of the construction has been carried out. This will not only help Home of Hope comply with the laws governing</p>	<p>Much as the two apartments will provide room for the relocation of the young adults who have attained the age of 18 years and above, there is still need for the construction of more apartments since there are still more young adults within the home and more</p>

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		children's homes but also provide more space for the accommodation/admission of more vulnerable children in need of alternative care to the home.	children are almost attaining the age of 18 years.
Nutritional support	All malnourished children.	During the period under review, we were able to provide nutritional support to a total of 58 children and these are beneficiaries of our various programmes such as the drop-in clinics, outreaches and home visits. These were issued with nutritious food stuff such as porridge and modified rice to help boost their nutrition and improve on their immunity. Currently, the children have showed positive response	Much as we have tried to provide nutritional support to the children, there are still many children in the community who are in need of the support but we are limited with the support to meet all their needs.

Prayer points

- *Construction of more apartments for the supported home*
- *Good health of all the children and staff at the home.*
- *Expansion of the Therapy section*
- *Procurement of more assistive devices and equipment such as wheel chairs.*
- *Renovation of the old Home of Hope building*
- *Procurement of interior items for the supported home*
- *Establishment of a special needs school.*

Conclusion

*As we begin the calendar year, there have been many programmes and plans that have been set for accomplishment however, most of the programmes involve financial facilitation to be achieved and without the support of all Home of Hope well-wishers, nothing can be accomplished. It is on this note that on behalf of the children, staff and management of Home of Hope I extend our sincere appreciation to all persons, families and well-wishers of Home of Hope for the great role that they have played in the well-being of the home. I also take this opportunity to urge all those who wish the best for the children of Home of Hope to rise up and extend a hand for their good and also promise that with the committed and dedicate staff at Home of Hope, we shall always deliver with your support. **"MAY GOD BLESS YOU ALL"***

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Pictorial



Figure 1: During the Centre clinic gatherings, care givers and beneficiaries get the opportunity to ask the unknown questions, raise their concerns, share experience and also give motivational speeches to other beneficiaries. Above is one of the clients giving her personal experience during the Centre clinic in April 2025.



Figure 2: Everytime children show improvement in their Daily living skills resulting from therapy, care givers get hope and courage to continue participating in the programme. New care givers also gain confidence after meeting other care givers and sharing personal experience. Above are care givers having a light moment while sharing changes their children have developed due to participation in the Drop-in clinic in April 2025.

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Figure 3: During Social inquiries, we interact with different stake holders in the community to establish the social and environmental aspects affecting the children's wellbeing. Above is Peter the Programme Coordinator during a social inquiry in Butagaya Sub County in April 2025.



Figure 4: With Home visits, we are able to support the families design and develop strategies that support the personal development and growth of the children. Above is Social Worker Steven reviewing the care plans previously developed during a home visit at the home of Nankwanga Haulati (the child) in Bugiri District in April 2025.

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Figure 5: Establishment of the Therapy outreach in Budondo Health Centre iv provided access to therapy services to people living in the hard to reach areas which has brought joy to the care givers. Above, a care giver can afford a smile having realised positive changes in her child resulting from therapy in April 2025.



Figure 6: The Outreach clinics have kept on attracting many beneficiaries due to lack of access to such services hence increasing numbers of beneficiaries. Above is Social Worker Sharifa educating masses during the Outreach clinic in Busede outreach during the month of April 2025.

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Figure 7: In the Hard to reach rural communities, service providers of services such as therapy are a myth not even in the government facilities and the Home of Hope outreaches give opportunity to community members gain access to these services at no cost. Above is Therapist Alex providing therapy services during the outreach in Busede



Figure 8: One of the major causes of deaths among children with multiple disabilities in the community is poor nutrition and to reduce on these risks, Home of Hope provides care givers with nutritional supplies to boost the children's immunity. Above is Social Worker Stephen distributing Manapack rice and packed porridge to care givers during one of the drop-in clinics in the month of April 2025.

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Figure 9: With all the hurdles and challenges that come along with disabilities, Jessica has become the 1st child of Home of Hope who has been able to overcome them and achieved her dreams. In the month of April 2025, she graduated with a bachelor's degree in Social Work and Social Administration. Having attained this qualification, Jessica now joins the Home of Hope Administrative team as the Administrator of the Home of Hope supported homes in Kagoma.



Figure 10: Some of the male Young adults were relocated to the accomplished supported home where they now live happily as a family with Jessica as the administrator. Construction of more such apartments is required to accommodate the growing number of the young adults and also comply with the provisions of the laws governing children's homes.

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Figure 11: Construction of the second apartment of the supported home is at 75% and once accomplished, it is expected to accommodate the female young adults.

Submitted by:

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