

HOME OF HOPE JINJA UGANDA

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MONTHLY PERFORMANCE REPORT FOR JANUARY 2025 PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTH OF JANUARY 2025 $\mathbf{4}^{\text{TH}} \text{ FEBRUARY 2025}$

PLANNED ACTIVITY	TARGET	ACHIEVEMENT	LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD
Education and skilling programme	18 children	Having accomplished a long holiday, 17 children were able to resume the school programme and these include the Home of Hope based class. All requirements were procured and the team ensured that all holiday packages had fully been accomplished and ready to be checked by the responsible school teachers. The art class has also been on going and the children have been able to perfect their skills while also learning new skills for self-reliance. Art pieces have been developed and currently on display for purchase.	As per the school regulations some of the children living with chronic illnesses are required to start staying at school having gone to higher levels of learning which may cause a big risk to their health and these shall therefore be monitored closely together with the school administration to avoid any short comings.
Management committee meetings	1 meeting	As per the provisions of the law, 1 Management Committee meeting was to be held in the month of December 2024, however the meeting was postponed to January 2025 and this was successfully conducted with all the concerned members in attendance. Administrative staff and technical support team members were able to share progress and upcoming plans. Implementation and monitoring	Out comes of the meeting are to be implemented for the good of the children and these need to be followed up by the responsible persons. The next meeting date shall also be communicated on time to enable proper planning.

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		entire quarter.	
Drop-in clinics	8 clinics	2 drop-in clinics were conducted per week making a total of 8 clinics conducted throughout the month. During the period under review, there has been a total of new cases were registered and following continued participation in the programme, a number of care givers have given testimony of great improvement in the capabilities of their children and the level of response to the techniques applied on the children is always an influencing factor to the care givers.	Much as the number of new clients keeps on increasing, the level of consistency is very low due to other factors such as long distances, other commitments by the care givers, lack of adequate transport facilitation while some of the care givers easily give up due to high expectations.
		During the clinics, all new clients/care givers are prepared psychologically to manage the different experiences they come across for the best of the children. During the clinics, new children are assessed to determine Home of Hope intervention areas and also make recommendations based on the child's condition.	There shall be home visits conducted especially in the households of the new clients to ascertain their social background and well-being.
Therapy outreach	4 sessions	Having come out of the festive season, we resumed the therapy outreach clinics in Budondo Sub County and a total of 4 outreaches/therapy sessions were conducted and 7 new cases were registered. Much as some of the children had outgrown the therapy stages and had developed contractures, the care givers were also given tips and techniques of controlling the further development more secondary disabilities as the children grow. Care givers also received psychosocial support, counselling and guidance from the social team. As a result of the interaction with the new care givers, some	It is said that organisations that worked in the area before offered small incentives in monitory terms to the care givers as a motivation to participate in their programmes and this has intoxicated their minds and raised their expectations and affects their participation in the programme. Some care givers also take the advantage of their children's conditions as a tool of extorting support and funds from well-wishers.

		children were referred to other service providers for further management.	
Centre clinics	1 clinic	1 centre clinic was conducted during the period under review and 2 new cases were registered. The newly enrolled clients in this programme have all reported positive changes in their health conditions due to uptake of medication. Having had the experience of how others benefited from the saving scheme in the previous year, there has been an increase in the number of patients and care givers registering to take part in the savings scheme per month. An evaluation of the motive of the personal saving was conducted and each of the clients was directed/guided how to achieve their dreams through the savings.	Having stayed long on the programme, some of the participants have now developed the capacity of sensitising others and encouraging them to engage more in the programme. To enable the beneficiaries of the saving scheme develop more in their ventures, there is need to make more follow up on the implementation of their businesses and also keep on providing more education on financial management.
Outreach clinics	2 outreach clinics	2 clinics were conducted that is in Buwenge Town council and Busede subcounty. The clinics are aimed at extending both therapy and epilepsy medication to the hard to reach areas and each clinic targets to serve communities from three sub counties however, during the clinics, we register beneficiaries from even the neighbouring districts of Luuka, Mayuge, Kamuli among others. During the Busede outreach, 8 new clients were registered while 1 new case was registered in Buwenge. During the outreaches, community members are always engaged in various activities such as dialogues, sensitisation talks and 1st time clients are prepared psychologically to manage their conditions.	With the calendars that were distributed to the clients to guide them in the uptake of the medication, it is evident that some of the care givers and beneficiaries have a poor tendency in observing their medical schedules which has put them at risk of developing the side effects of none drug compliancy. Our programmes in the hard to reach communities have helped supplement on the government efforts in the various fields but are still lacking and there is need for a joint effort in this with other partners/service

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In house therapy	All resident children	Much as some of the resident children have out grown therapy, there is need to apply some preliminary therapy techniques to avoid the development of secondary disabilities and the entire Home of Hope team has ensured that all resident children are engaged in therapy activities that support to improve on their wellbeing. With continued therapy, some of the children have been able to enhance their daily living skills and this is a step towards the development of skills for self-reliance	Just as we skill and equip community care givers with therapy techniques all home of hope staff members with direct access to the children have been equipped with these techniques and therefore provide therapy to the children at all times
Supported Home	1 unit	The construction of the supported home was accomplished successfully and this is expected to accommodate a total of nine children. However, we have been able to shift six children to the home and these have already been able to acclimatise to the situation at the Home. Two care givers and one administrator have been assigned to the home and these will directly be supervised by the main stream administrative staff for proper service delivery to the children.	Home of Hope needs to construct more supported homes to accommodate the increasing number of young adults who have outgrown the age of being in a children's home (18 years and above) as per the provisions of the law however, much as we have the land, we still lack funds to kick start the construction of more apartments as planned.
Medical review	5 children	This time round, the schedule for medical review was for only children with Spine bifida and those with skin infections. Three children with spine bifida and two with skin infections were attended to during the medical review. The review includes sharing with the medical team on the progress of the target children and	New review dates have been set and other precautions have also been put in place and the responsible staff shall therefore take responsibility of observing them.

		also making assessment of their progress and response to the previous set conditions and procedures. As a result, the medical team was very appreciative to the manner in which Home of Hope staff handle the children under this condition and these were urged to continue with the same effort. All children were assessed and new recommendations were set for further management.	There are other children with different conditions whose review dates have to be observed.
Routine medication	42 children	Currently there has been a slight increment in the number of children receiving daily medication as a control to their chronic or genetical illnesses and these include mong others children with epilepsy, sickle cells, intellectual disabilities and those living with HIV. As a result of continued uptake, all the 43 children receiving daily medication are in good shape and have had no complications during the period under review.	The market costs of most of the medication required by the children on a daily basis has risen and this has highly impacted on the organisation's budget lines
General medication	20 children	During the month of January, a total of 33 children received medication with very few malaria cases registered while the majority of the cases were respiratory tract infections that can be transmitted from one person to the other even through body contact while some of the children developed complications due to the nature of disabilities that they have. There has been no case referred for further management and a majority of the children have now recovered while others are positively responding to the medication.	Early identification and isolation of the infected children helps control the spread of the infections to other children. Continued monitoring of the recovery process of the children is to be conducted by all staff members.
Referrals	None	Having properly managed the various conditions among the children at Home of Hope, there was no child referred for	The referred patients needed specialised services that are even not offered at

Home of Hope Jinja Uganda Monthly Report - November 2024 further management however, 1 client our medical facility but only from the centre clinic and 1 from the in regional referral outreach clinics were referred for further hospital. The referred clients need to be followed up to management due to the complex ascertain their conditions conditions that needed specialised attention/services that are not offered thereafter. during the clinics.

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 devises 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 colander 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"

Pictorial



Figure 1: Through management committee meetings, administration is able to share with stakeholders on the progress of the organisation and also share workplans. We also hold other meetings such as Board of Directors, Administrative staff, departmental and General staff meetings. Above are members of the Management Committee holding a meeting in January 2025 at the Home of Hope Guest wing.



Figure 2: During the Drop-in Clinics, care givers get the opportunity to share personal experience and also psychosocial support.



Figure 3: Through regular participation in the Drop-in clinics, care givers get the opportunity to learn and perfect in therapy techniques that they apply while at home. Above is a caregiver closely watching Therapist Alex applying therapy on a child during one of the drop-in clinics in the month of January 2025.



Figure 4: Many community members around Home of Hope living with epilepsy and sickle cells or taking care of children of this nature have found peace and harmony in using the Home of Hope Centre clinic to access services that are not offered to them elsewhere. Above is A beneficiary of the centre clinic airing out her concern to the Social Worker Stephen during the Centre clinic in January 2025 at Home of Hope.



Figure 5: During the Centre clinics, new clients are prepared psychologically and mentally how to overcome the challenges that they are likely to face on a day to day basis. Above is Social Worker Jessica together with a student on internship providing counselling services during the January 2025 Centre clinic.



Figure 6: As a mode of scaling our coverage and increasing access to communities, we started a Therapy Outreach in Budondo Sub County. Above is one of the care givers attending to Therapist Alex during the therapy Outreach in Budondo at the Health Centre in January 2025



Figure 7: At Home of Hope, we help build the capacity of students in various fields of learning. Above is Diana a student on internship sensitising the beneficiaries of the Buwenge Outreach clinic. This helps build their capabilities in public speech, self confidence and also encourages the development of wide knowledge on various subjects.



Figure 8: During the outreach clinics, we also engage community members in community dialogues which helps them identify their own problems and also develop strategies of overcoming them. Above is a community dialogue in Busede in January 2025

Submitted by:

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