



HOME OF HOPE JINJA UGANDA

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MONTHLY PERFORMANCE REPORT FOR APRIL 2023
PERFORMANCE AGAINST THE PLANNED ACTIVITIES FOR THE MONTH OF APRIL 2023
2ND MAY 2023

PLANNED ACTIVITY	TARGET	ACHIEVEMENT	LESSONS LEARNT, COMMENT, CHALLENGES AND WAY FORWARD
Therapy outreaches	Four outreaches	All the four outreaches were conducted and there has been an improvement in the turn up of the children. The care givers have been able to learn a few therapy techniques that they apply on the children which has increased on the time the child is able to access therapy hence propelling the rate of change in their health and flexibility which is a control measure of developing secondary disabilities among the children.	Participation by the care givers is not consistent causing a fall back in the progress of the children and this is attributed to the rain season which has kept them busy in the farm lands. The rains have also worsened the conditions of the roads which has affected the transportation costs in and around the area of coverage which some of the care givers can hardly afford.
Drop in clinics	Four clinics	Four drop clinics were held and twelve new cases were registered and this is always an opportunity for the care givers to learn skills and also share personal experiences. By sharing personal experiences, care givers	Just as above participation/consistency is affected by the current weather conditions. It is now a routing that care givers are given the

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		<p>are able to overcome the stigma that they face in the community hence reducing on the impact of the psychological torture they face as a result of the having children with multiple disabilities.</p> <p>The volunteers/interns also helped establish new techniques of developing therapy materials such as stress balls using the locally available resources. The programme has attracted clients from the neighbouring district</p>	<p>opportunity to display the skills learned in the previous drop in clinic before they are equipped with new techniques.</p> <p>Care givers can always minimise costs of assistive devices and increase access by using local material.</p> <p>One child was referred for further management</p>
Skilling of children	All able children	<p>Children have also been trained in making hand crafts using the local materials which is aimed at enhancing skills for self-reliance and these are lifetime skills that they can use to earn a living even after home of hope. These include items such as bracelets, neckless, hand bangles, drawings among others.</p>	<p>Some of the children are slow learners and therefore need more time and materials to perfect in their capabilities. they also need to practice more often</p>
Home visits	Two visits per week	<p>Five home visits were conducted in the homes with children with multiple disabilities to ascertain the living conditions of the children and during these visits counselling, guidance and psychosocial support is extended to the family members and the team also supported the care givers in making assistive devices such as standing frames and walk ways among others.</p>	<p>Members within the same village need to be encouraged to visit one another to strengthen their networking and also learn more from each other.</p> <p>The weather conditions affected progress to the expected target of home visits and these have to be rescheduled.</p>

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Education	All the school going children	The end of April saw all school goings children back for holidays except the one in University and compared to the midterm performance, the end of term results reflected improvement in the performance of the children. All children were issued with holiday packages that are meant to help them memorise the skills and knowledge learnt just to keep them on track.	The children will be engaged in various activities that help build their minds and administration is to also ensure that all holiday packages are attended to. Sharing the performance of the children with the teaching staff helps in making strategies for the child's improvement.
Child development	Put in place Care plans	Having gone through the care plan development training, all line departments were able to jointly develop care plans of the children and this is aimed at improving their capabilities. The care plans are also developed based on the child's condition and capabilities and this helps the organisation easily monitor and assess the progress of the child.	The care plans are to be implemented jointly by the social, therapy, medical team and the care mothers being the immediate implementers of the programme are to be engaged in the development of every care plan. Weekly meetings shall also be conducted to discuss the care plans.
Repair and maintenance	25 Wheel chairs	During the period under review, we were able to service, maintain and repair a total of sixty wheel chairs that had been damaged and were no longer in use. This followed the sheer need of the assistive devices the children both in the home and community to support in their mobility and navigation. Once all are repaired the children shall manage to move independently with ease and also get comfort with the	There is need to construct a storage facility for the accomplished wheel chairs for safety. Once finalised some of the wheel chairs shall be distributed to the children in need of them in the community. It has been noted that the repairs are more cost effective than

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		new wheels.	procurement of new wheel chairs.
Distribution of assistive devices	Enhance mobility	<p>In the bid to ease mobility and children under the drop in clinics were issued assistive devices to support their mobility. Kasirye Shadan from Bugembe Town Council was issued a wheel chair while Manture Mary Helena was received a walker.</p> <p>This was a recommendation made by the therapy team upon assessment.</p> <p>Both Helena and Kasirye were among the new cases registered during the month.</p>	<p>We intend to scale up the number of beneficiaries based on the availability of the necessary devices.</p> <p>There is need to consider availing all children in need of the devices within the home prior to distribution to the community.</p>
Staff fitness	Aerobics	<p>As a result of work without play among employees being the major cause of body pains it was recommended that they be engaged in body fitness activities to eliminate such complications. Weekly aerobic sessions were established for all employees in the organisation and there has been a remarkable change in their lives. From the offset of the exercise, there has been no case of employees complaining as earlier. This has helped improve their body fitness.</p>	<p>The activity is done twice a week and all employees take part in it.</p> <p>There are some employees with other complex health conditions who are exempted from the activity.</p>
Outreach clinics	Two outreach clinics	<p>During the outreach clinic in Buwenge 3 new clients were registered while in Busede two clients were registered and one was later referred to Jinja hospital for further management</p>	<p>There is need to make a follow up of on the referred case during the subsequent month.</p> <p>Most of the caregivers</p>

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		<p>given her condition that needed immediate intervention and among the old clients no complications were reported as a result of consistent and proper uptake of medication hence improving their wellbeing in society.</p>	<p>have been engaged in garden work and had less time to monitor the progress of the children while some even forgot to turn up for the clinic.</p> <p>On a sad note we lost three of our clients who were beneficiaries of the outreach program during this month due to other complications.</p>
Centre Clinic	One centre clinic	<p>Despite the heavy rains, the centre clinic was conducted but with minimal numbers participating due to bad weather, however others turned later in the day. During the clinic members who turned up were able to share experience and also set ways forward in the different aspects they undergo while at home. The members are also engaged in voluntary saving and during this day they are able to save for specific intentions during the cash out.</p>	<p>In the bid to save transport costs, clients from the same area have a tendency of sharing transport costs by sending one person and this hinders the medical team from monitoring the conditions of others who don't turn up.</p> <p>The savings are always received at the end of the year and members are always encouraged to invest in small scale projects for income generation.</p>
In House Therapy	All resident children	<p>The therapy team on a daily basis takes the lead in conducting therapy on the resident children and as a result assessment on the progress of the children is conducted which has helped the children enhance their capabilities daily since more time</p>	<p>It takes long for a child to immediately respond or show positive changes to the therapy given hence more time is needed for proper assessment and evaluation.</p>

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		is allocated to them for improvement.	
Participation in International Days	World Autism day	Home Of Hope Jinja joined the rest of the world to celebrate the Autism day that was celebrated in Jinja through an Autism Awareness camp which involved exhibitions, inspirational speeches, and all forms of therapy. There were also people giving testimonies and personal experience in autism. All care givers of persons with autism were treated to simple management techniques of handling children with autism	Little is known about autism as a disability and most of the care givers with such children lack guidance on what they are to do with this situation and these celebrations acted as an eye opener to the community regarding autism and service delivery
General medication	All conditions	During the month under review, a total of 25 new cases of infection were registered among the children and these were majorly Respiratory tract infections that can easily be got through contact and as a result of improvement in the management of the children's sleeping areas there has been a reduction in the number of malaria cases reported. All these conditions have effectively been managed and a few children are still undergoing treatment while others recovered with ease.	More monitoring of the children's conditions is needed and isolation of the sick to avoid further spread of the disease especially those that can be got through contact.
Medical reviews	Three children	As per the schedules for review all the three children were able to attend their reviews as planned and these included one child with HIV/AIDS, one with cerebral palsy and one who is undergoing corrective surgery	All children taken for review are positive responding to their medication and their health has improved.

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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*
- *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 the renovation of the main building*
- *Pray for acquisition of land for farming*
- *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: During the therapy outreaches, care takers discuss the progress of the children and also share personal experiences with the guide of the therapy team. Above is the Therapist, Joel leading a discussion with the care givers in Busede

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Figure 2: A majority of the children who attend the drop in clinics are attended to by the grandparents and they are the most committed persons to the child's development. Above is a grandmother being trained on how to conduct a therapy session by a Home of Hope Therapist – Hafusa



Figure 3: Care takers find difficulties in accessing the necessary therapy equipment due to various reasons. Above are Home of Hope Volunteers Brine and Kristine training some of the care givers how to make stress balls with the Social Worker Stephen translating the process during the Drop in clinic this month

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Figure 4: Having assessed the children's capabilities in various skills, we support them to develop self-sustaining skills. Above, Home of Hope children being trained in making hand crafts using local materials



Figure 5: Home visits help care takers often overcome stress and other psychosocial challenges they face in the community. Above Sharifa (intern) listening to a care giver expressing her situation during a home visit in Buwenge Town Council

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Figure 6: Training, mentoring and involving care givers in care plan development keeps them on track with the organisation's objectives of a particular child. Above are some of the care givers, Social workers and the therapy team holding a care plan meeting this month. The meetings are held on a weekly basis



Figure 7: Wheel chairs are a major support in the mobility of children with disabilities. Above are the dilapidated wheel chairs before repairs

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Figure 8: With the repairs done on the wheel chairs, the children are now able to enhance their mobility capabilities. Above are some of the wheel chairs that were maintained during the month of April 2023.



Figure 9: the wheel chairs will not only benefit children in Home of Hope but also those in the multiple community programmes. Above is Kasirye excited with the wheel chair he received form Home of Hope.

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Figure 10: Luck supportive devices are some of the factors that hinder the children with multiple disabilities transform from one stage to the other. Above is Helena receiving a walker during a drop in clinic and watching on is her father (with Home Of Hope Jinja intervention, men are now able to participate in activities that help their children with disabilities develop)



Figure 11: Edith the ED of Home of Hope participates in aerobics with staff. Her participation is an encouragement to others and the activity has helped in staff performance in all programmes

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Figure 12: Care givers take part in the Buwenge Outreach this month, each outreach or centre clinic targets three sub counties however, people from neighbouring district also benefit from the programme.



Figure 13: Sabano (as commonly known by the community) on left, is among of the clients we lost during this month. She was admitted in Jinja referral hospital for over one month before she lost the battle. **May her soul rest in peace.**

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Figure 14: Having lost her daughter, Sabano's mother with her son attended the outreach clinic this month where she was able to receive counselling and also share with other parents.



Figure 15: Before distribution of medication, care givers are given the time to share experiences, sensitised and also ask questions or raise their concerns. Above, client given the opportunity to air out something during the centre clinic

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Figure 16: Celebrating disability related days is way of getting together with all disability fraternities and an opportunity to share and learn. Above, our Therapist – Hafusa (in a scarf) with other partners during the celebrations of the World Autism day.



Figure 17: We ensure that all medical review dates are observed. Above is Bahati waiting for his turn to see the doctor on his review date this month.

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Figure 18: During the home visits, care givers get the opportunity to be trained in making assistive devices using locally available materials. Above is a care giver expressing joy having made a standing frame with the guidance of our therapy team.

Submitted by:

EDITH LUKABWE
EXECUTIVE DIRECTOR

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