



# Annual report 2012

## **Health Child**

Empowering local  
communities for healthy  
children





**We envision a world where all children are ‘healthy, educated and protected’**

**Our mission is to create a safe and secure healthy environment for children and caregivers so that children- both girls and boys can experience a safe and fruitful childhood, to grow and become responsible and productive persons in their communities.**



# Table of contents

## INTRODUCTION



- 4 Message from the Board Chair.
- 5 Where we work
- 6 How we work

## PROGRAMS

- 8 Maternal & Child Health
- 12 Early Childhood Education
- 16 Nutrition & Livelihood Support
- 18 Sanitation & Hygiene
- 20 Child Protection
- 22 ICT for Development

## SUSTAINABILITY & STRATEGY

- 24 Knowledge Management
- 26 Strong Partnerships
- 28 Financials

## LEADERSHIP

- 30 Board of Directors and Management team

## Acronyms

VHT	Village Health Team
FP	Family Planning
ANC	Antenatal care
PNC	Postnatal care
ICT	Information & Communication Technology
ECD	Early Childhood Development
FSG	Family Support Group



## Message from the Board Chair

The year 2012 has been a remarkable one for Health Child in making strides towards achievement of its vision of having healthy, educated and protected children. We would like to thank Cordaid, BVLf, Measure Evaluation, IICD and Connect for Change for the donations extended to us that have substantially enabled us to implement our programs and bring about invaluable changes in the communities we serve.

During the year 2012, Health Child expanded its operational coverage to Lira and Apac districts in Northern Uganda. We are confident that the Northern region shall gain from the best practices that have over time been gained from Health child's programs that have for the past 8 years been implemented in Jinja and Wakiso districts. Health Child in October 2012 with funding from CORDAID embarked on a three year maternal and child health project with a focus of improving pregnancy, neonatal and child health outcomes. It is also during this year that Health Child has successfully completed implementation of a maternal and child project which has resulted into improved maternal and child indicators in the areas where it was implemented in Jinja district. Additionally, Health Child with funding from Measure Evaluation conducted a study to measure the impact of wireless text messaging on family planning uptake. The findings of this study form a major contribution towards new knowledge that will move forward the country's agenda of using Information and Communication Technology to promote uptake of family planning services.

Sincere thanks go to our implementation partners without which our program goals would be achieved with minimal success. They include the Jinja, Lira, Apac and Wakiso district administration, local councils right from the village to the district level, village health teams, health centres, line ministries for the health, education and child protection sectors and nongovernmental organizations. To the entire Health Child implementation team, thank you for your dedicated work towards ensuring that the goals of the organization are achieved. Finally, a word of thanks goes to my fellow board members who play a key role in providing overall strategic direction to the operations of Health Child.

To you reading this report, we are confident that it will provide you with insightful lessons that you can carry forward to create positive and meaningful changes in the lives of children.

**Bazira Namuganza Jennifer**  
Chairperson, Health Child Board of Directors

- ▶ **PROGRAM COMPONENTS**
- Child and maternal health
- Early childhood education
- Child nutrition
- Income generation support
- Sanitation and hygiene
- Child protection
- Information and Communication
- Technology for development

## Where we work





## How we work

**Health Child uses multiple approaches to ensure that organization objectives are achieved in a sustainable, practical way**

### Community Strengthening

We employ a community strengthening model that acknowledges that communities are not powerless but have the ingredients necessary for development. We use locally available resources and structures for development.

### Facilitators

Health Child plays a facilitative role to support and strengthen community networks to implement and sustain initiatives that play a leading role in promoting child wellbeing.

### International Partners

At the International level, Health Child works with International agencies in creating partnerships to enhance service provision and in sharing best practices and lessons learned.

### Collaboration

Health Child further seeks collaborative partnerships with District Local Governments in the area of operation and the National line Ministries to strengthen service delivery in the area of operation.

## How we measure success: our objectives

Reduce child mortality

Reduce maternal mortality

Increase community participation in early childhood education and development.

Promote active child participation in demanding and advocating for their rights and protection.

Increase opportunities of income for women in the communities

Collaborate with state and non-state actors to promote child growth and stimulation.

Promote active participation of communities to promote hygiene and sanitation at household and community levels.

Promote integration of Information Communication Technology in achieving the broader goal of; "integrating all social services provisioning so that children and caregiver's wellbeing is enhanced through increased access to quality health, nutrition, education and livelihood services and their rights protected



# Maternal & Child Health

**Core Project : “Accelerating uptake for post partum care, promotion of child health including early infant HIV diagnosis and care.”**

In 2013, Health Child worked with 450 pregnant women in Jinja district in Walukuba, Masese, Kakira and Mafubira sub counties under the two year project “Accelerating uptake for post partum care, promotion of child health including early infant HIV diagnosis and care”. Health Child focused on goal oriented antenatal care(ANC), deliveries in health centres, promotion of postnatal care(PNC), family planning, immunization and improving attitudes towards maternal and child health.

## Promising interventions

- ▶ **Capacity building:** Health Child trained 26 Village Health Team (VHT) members through a comprehensive computer based curriculum. Modules included antenatal care, postnatal care, safe deliveries, Prevention of Mother to Child Transmission (PMTCT) of HIV, pregnancy, immunization, managing childhood illness, family planning, community mobilization and effective dialogue. The VHTs as a result of the trainings are now competent in data capturing, processing, systematic follow-up of pregnant women and their households, community mobilization, communication and correct usage of communication tools on maternal and child health.
- ▶ **ICT based health toolkits:** Health Child operates a resource centre which contains ICT aided health resources where users can access the internet for relevant trainings and resources on maternal and child health. Users are also offered basic computer skills to enable them improve their computer proficiency.
- ▶ **Mama clubs:** We partner with mentor mothers and experienced caregivers to support new mothers through mothers clubs started by trained VHTs. Clubs meet monthly and focus on relevant health issues such as ANC, PNC, birth preparedness; breast feeding, child immunization; proper nutrition and providing a support network during emergencies related to pregnancy and child health care.



**ANC session at a health centre where pregnant mothers receive essential health care**



▶ **Home visits:** In order to close the loopholes in the provision of maternal and child health care VHTs worked with mothers during pregnancy, through delivery and post-natal visits with emphasis on encouraging them to seek professional health care. Through home visits, the teams effectively monitored and helped mothers with practical nutrition; child care especially for newborns including umbilical cord care; immunization schedules; sanitation and hygiene and monitoring post natal complications. Home visits are also important in harnessing male engagement, as it is easier to talk with them in their own homes where they can maintain control and discuss contentious topics and dilemmas. Common childhood illnesses such as malaria, infections, flu, and diarrhoea are addressed and caregivers given guidelines on how to prevent or manage them. The home visits enabled information sharing with people who were not direct project beneficiaries such as other family members and neighbours.

▶ **Research supported practice:** A longitudinal study was carried out to follow 452 pregnant women from their first trimester through to their delivery to measure the projects effect on improving uptake of maternal and child health services. Emerging evidence shared below from the study confirms the community strengthening approach as a promising best practise, cost effective, measurable, efficient that will be replicable in other community based programs.

# Impact

Health Child improved attendance of antenatal care, increased deliveries under skilled care; increased neonatal and infant survival and access to PMTCT services.

452

women directly reached with prenatal and post natal services

26

Village Health Team members trained

67%

of women in the cohort attended ANC 4 or more times.

97%

of direct beneficiary women delivered at health centres

104

Mama clubs started to support mothers

99%

of children born of HIV positive mothers were HIV free

96%

of children born weighed above normal birth weight

1800

women were reached in health centres and through the FSGs meetings for antenatal care

# Lessons learned

- ▶ **Early enrollment** of mothers for ANC services increases the chances that they will have a health pregnancy, delivery and a good start for newborns.
- ▶ **Systematic follow-up** and home visits with pregnant women increases positive pregnancy outcomes (ANC and PNC attendance, delivery in health facilities, immunization and utilization of Family Planning services).
- ▶ **Joint planning** and implementation of health services with key stakeholders including district leadership reduces implementation costs.
- ▶ Participatory monitoring and reviews of implementation hand in hand with the community and other actors promotes ownership, accountability and sustainability of outcomes.

Picture of Kategere Paul,VHT Ki-sima II Island



## A community health volunteer gains confidence

Before I got in touch with Health Child, I always faced challenges in responding to questions raised on health related matters. I was challenged by community members during community meetings. However now given the training that we received from the project nurse at the Health Child resource centre, I can truly and confidently handle health sessions in the community and now our work has been simplified and made worth enjoying. My thanks go to the project nurse”

*Kategere Paul, VHT Kisima II Island*



# Early Childhood Education

Early childhood education is a key foundation of overall success at school and work in later years. For the impoverished children Health Child works with, it is even more paramount. In our early childhood education program, Health Child worked with isolated, underserved communities on 7 island villages in Jinja and Wakiso districts.

Partnering with the community we helped establish and manage 13 community based Early Childhood development (ECD) centres. Our shared goal- sustainable centres that are successful, provide integrated services, are owned and managed by the community. Through a business and performance oriented approach for ECD management we worked on the following topics with the ECD leadership:

## ► ECD Management Program:

- Creating and implementing sustainability strategies.
- Developing specific goal oriented work plans for each calendar year.
- Developing a marketing strategy for the ECD centre.
- Building and using an ECD operational plan.
- Developing budgets for each school term.
- Creating appropriate fees structures that are both manageable by the community while meeting operational costs.
- Maintaining a 100% transparency mark across all ECD operations.
- Implementing effective reward systems to improve teacher motivation



An Early Childhood Centre. Good nutrition is a fundamental component of these centres to ensure children's well being.



Picture of Wapaali David



## Journey to a sustainable ECD centre in Musiima Village

Wapaali David is Chairman of St Paul ECD centre management committee located in Musima village, Jinja district. He shares first hand the journey of establishing the centre in 2011-a partnership between Health Child and the community.

“We first identified available community land on which we constructed a temporary structure. It now houses young children 3-6 years where they learn and play. Health Child supported us by training teachers and management committee members, provision of nutritious porridge to children at the centre and payment of teacher’s salaries. While beginning the centre in our community, Health Child informed us that a time would come when all affairs of the centre would be taken over by the community and over time it has been preparing the management committee for this time. I am happy to that through adoption of the sustainability model introduced to us by Health Child, St Paul is now able to pay teachers salaries using the money we collect from parents as school fees payment. This is because we have learnt to maintain a regular flow of income from caregivers to the centre and from the centre to caregivers. The management committee with support from parents has started soliciting for funds which shall enable us to construct a permanent structure for the centre.”

## Impact

3

### Community based resource centres established

We worked with the community to establish 3 resource centres where caregivers regularly accessed useful information on child care, children reading materials and play items.


48

### Trained ECD Teachers and Support Caregivers

Health Child identified resource persons in Jinja and Wakiso districts who were trained in the national early learning curriculum. Topics included development of timely work plans, lesson plans, daily routines and creating learning materials. Health Child also engaged the district education offices in conducting support supervision visits to the ECD centres.

21

### Improved learning environment through support to 21 ECD centres supported (13 community based, 8 private)

Guided by the national recommendation  for ECD centres, we worked with 21 ECD centres to create indoor and outdoor child friendly spaces that were safe, stimulating, and hygienic. As part of the exterior learning environment children now enjoy leveled compounds with grass, flowers and locally made mobile outdoor play items while for the indoor environment, they now have well written colored charts and flash cards, indoor toys, safe drinking water and improved floors.

501

### Children benefitting from improved nutrition programs in ECD centres

For communities where families are struggling to feed their children, the ECD centres are an important community resource to ensure that children are fed and also offer a place where caregivers can learn how to grow and prepare nutritious meals at minimal cost. Health Child has for the last four years run nutrition programs in 13 ECD centres. The meals include fortified porridge and fruit.

7

### Partnerships with primary schools for “Mujje Tuyige Wamu”, a child to child initiative for improved learning

We worked with primary school children from 7 schools to develop learning and play materials under the “Mujje Tuyige Wamu” initiative translated, “Come let us learn together.” It is a “child to child approach” where older children teach younger ones good hygiene and sanitation as well as making play materials like balls, dolls, ropes. In addition, primary school teachers also provide the older children with after school help for their homework. This is invaluable as most of these children’s parents do not have any formal education.



# Nutrition & Livelihood Improvement

## ► Promotion of indigenous knowledge and skills on child nutrition and care

Grandmothers are an important indigenous knowledge resource which has been included in Health Child's programs through young caregiver nutrition mentoring sessions. 85 grandmothers living in the communities served by Health Child have been actively engaged in conducting practical child nutrition and care mentoring dialogues where young caregivers were equipped with knowledge and skills on preparation of balanced indigenous meals for children, child stimulation, prevention of childhood illnesses and food preservation. Health Child also published a manual titled "Indigenous Practices for Promotion of Child Health, Nutrition and Early Child Learning in Uganda" depicting positive lessons on indigenous knowledge on nutrition which has been utilized during the grandmothers mentoring sessions.

## ► "Sigha Ensigo Okungule": Improving livelihoods for women

Health Child strives to increase incomes for women through increased opportunities. The "Sigha Ensigo Okungule" ("Sow a seed and reap") scheme operates as a matching grant where Health Child matches the weekly savings of a mother on average USD \$1 per week. This creates a sense of ownership and increases the desire to invest in more productive ventures. Loans are available for community members who want to start up businesses or increase capital investment in their businesses. To improve the success rate of these new businesses, successful business owners are regularly invited to address topics like bookkeeping, market analysis, customer care, stock management and product packaging.

## Impact

**1335**

Caregivers benefitting from grandmother mentoring sessions

**85**

Grandmothers involved in nutrition mentoring sessions

**204**

Caregivers currently enrolled in the Sigha Ensigo Okungule matching grant scheme

Mothers at the Star Mamaz savings club receive lessons on bookkeeping basics



# Sanitation & Hygiene

## ► Community policing for improved hygiene and sanitation

Health Child successfully worked with 10 Model villages in Jinja district including Musima, Kalungami, Kabembe A, Kabembe B, Kagogwa, Kibugambaata, Water, Kipambe, Kisima I and Kisima II. Each of these villages under their respective local council leaders collaborated to create sanitation and hygiene bylaws to guide sanitation improvement in their communities. The VHTs and sub county inspectorates were at the forefront of supervising and supporting households to maintain hygienic and sanitary compounds. Specific attention was on waste management, consumption of safe drinking water, proper water storage, good drainage, appropriate bath shelters, eliminating jigger infestation, proper ventilation, clean safe pit latrines and hand washing facilities. Penalties were issued for those homes and facilities that fell short. This has led to significant improvement in sanitation standards.

## ► Joining the fight against jiggers in Busoga region

Health Child in response to the jigger outbreak in Busoga region, joined hands with the Jinja district health office and VHTs to rehabilitate 3 villages affected by jiggers within its catchment area in Kalungami, Kagogwa and Musima. Key program activities included jigger disinfection, treatment, prevention counseling and behavior change campaigns for personal and household hygiene improvement. Health Child working with village health teams in villages mobilized neighbourhoods into family health support groups. Each support group comprised ten homesteads which were sensitized about jiggers, their spread and how to practice simple daily hygiene to prevent them. Homes were disinfected regularly by the VHT members and encouraged to keep clean to prevent reinfection.

## Impact

### 30%

Increase in sanitation facility coverage from 42.8% to 72.3%

### 1784

Households participating in the sanitation initiative

### 22%

Percentage decrease in jigger infestation in areas of operation

### 248

People including adults and children reached by the jigger elimination program



## My family is now jigger free

Seven years ago, Kawuda Stabua's family, in Musima village was attacked by a jigger infestation. Sauda and her husband did their best to fight them with insecticide powder, which they sprinkled regularly on their mud floor and removed the jiggers from affected body parts.

"By doing this, I thought I could get rid of the jiggers easily but I didn't improve the hygiene of my household. I did not wash my children's clothes regularly or keep the home clean. I am convinced that this gave room for jiggers to continue affecting us to the point that my husband decided to abandon me and my children in our home to marry off another wife because he was convinced that I was associated with bad luck. My first born child became malnourished due to the severe jigger infestation and I was forced to take him out of school", says Kawuda.

"After receiving health information through the family health support groups, I cemented the floor of my home and improved the sanitation standards of my home by constructing a drying rack, bath shelter and cleaning my latrine. The status of my children's health has improved because they received health attention. I am also proud to inform you that my entire household is now jigger free. My son who had dropped out of school is now studying. Many thanks to Rose Bakaira, my village health team member and Health Child for helping me get out of the jigger problem".



# Child Protection

## ▶ Child led advocacy

One of our child protection approaches at Health Child is to enable children understand their rights, what constitutes abuse and where to find help when their dignity and rights are violated. Health Child led a vigorous campaign in 4 primary schools to increase childrens' awareness about their rights including how to identify, report and seek assistance for rights violations. We employed highly engaging tools including community theatre, school debates, educational messages on clothing. In addition child protection messages were shared regularly with the school community at the weekly school assemblies.

## ▶ Fostering community responsiveness to child rights abuse

Health Child worked to increase reporting of child abuse incidents in the community and encourage legal action against perpetrators. Health child facilitated informational village meetings during which factors that hinder community reporting on child rights violations were unraveled. They included; fear of conflict with the perpetrator, their family and the community; discouragement due to inadequate legal action in the past which allowed abusers to go free even after they were reported.

## ▶ Child abuse hot lines established

Additionally, Health Child established two hotlines to facilitate reporting of cases especially by community members who were afraid of revealing their identity. Reported cases were investigated together with the village local councils.

## ▶ Rejuvenating Local council courts to handle cases of child rights violation

Following a child protection training from Makerere University and National Association for Social Workers, Health Child held a Training of Trainers in 10 villages for child affairs focal persons which led to the revitalization of case-registers by the local councils enhancing systematic tracking, intervention and appropriate procedure in child rights abuse cases reported at village level. child rights perpetrators, written complaints, summons and hearing notices.

## Impact

**1830**

Children reached with child protection messages

**304**

Child abuse cases reported and legally pursued

**8**

Informational village meetings held to support dialogue around child protection issues

**10**

Villages trained in practical case management, interviewing minors, handling cases of children in conflict with the law among others

School debates are good platforms for reinforcing to children their rights and responsibilities



# ICT for Development

Information Communication and Technology (ICT) is an integral part of our interventions. Health Child operates a fully fledged ICT based resource centre under which the following activities were implemented this year.

► **Design and production of Information, Education and Communication materials**

IEC materials on maternal and child health were developed, produced and disseminated in health centres and the community. They included; posters on immunization, nutrition, breastfeeding, a delivery checklist, videos on preparation for successful delivery at a health centre, family planning, infant care including umbilical cord hygiene, PMTCT and a chart on breastfeeding.

► **mHealth for safe pregnancy**

Developed and sent mobile phone text messages to pregnant mothers and the community to influence positive decisions in maternal and child health.

► **Community radio shows for safe, supportive pregnancy and delivery**

Radio talk shows were aired to promote postnatal care and mainstreaming male involvement in maternal and child health care promoting dialogue among couples and community members. Couples were directly involved in the shows and prizes were given to participants demonstrating health awareness.

► **Increasing access to computer based health resources**

Community members accessed health information using acquired computer skills from the Health Child resource centre.

► **Skill strengthening for frontline workers**

Health Child provided VHT members a refresher course to improve their computer skills and resource access for efficacy in supporting community health.

## Impact

9

IEC materials developed, produced and disseminated including posters and videos

465

Pregnant women received informational text messages including reminders for health facility appointments,

1500

Community members helped to acquire computer skills

40

Couples participated in community radio talk shows promoting postnatal care, male involvement in maternal and child health care and community health

Mothers review informational text messages sent via mobile phone



# Knowledge Management

## ► Research Opportunities: Evaluating the efficacy of E-Health

Health Child with the support of Measure Evaluation PRH through the University of North Carolina undertook a study titled *E-Health: Can Wireless Text Messaging Increase Uptake of Family Planning Services in Uganda?: A Case of Health Child*. Findings of the study have been shared at the Ministry of Health Technical working group meetings and international foras to contribute to the knowledge base on the efficacy of mobile health initiatives.

### Key research results

75% of women who received text messages to attend family planning appointments showed up for services.

Mobile telephony was associated with increased uptake of modern contraceptive methods 38.7% in implementation area compared with 13.6% in the control population.

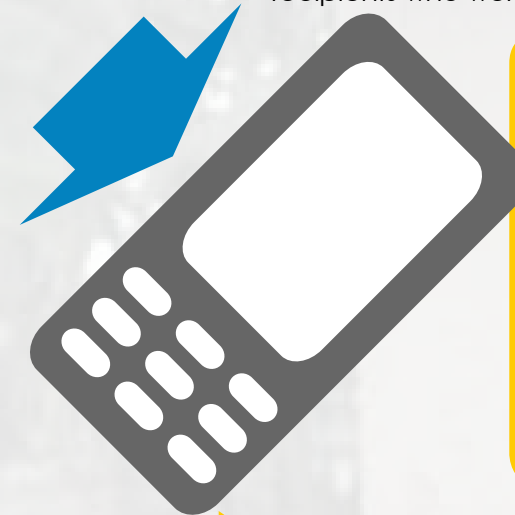
Ownership of a mobile phone did not affect turn up of women at health facilities nor acceptance of a method. Only 40.8% of women who received messages personally owned a mobile phone. The rest of the women received messages passed on by their husbands 29% and by VHTs 31.6%.

Acceptance of modern contraceptive was more common among women who received messages in Luganda (local lanugage) accepting atleast one method than women who received messages in English

65.6% of the respondents felt that the messages they had received were helpful in contraceptive adherence. They reported that the messages had helped them understand how to manage the side effects (52%), or use the method more correctly and effectively (66%).

## ► Text to Change Collaborative

Health Child in collaboration with our partner “Text to Change” conducted a call survey to investigate the impact of mobile phone text messaging on community health decisions. The survey involved 122 randomly sampled HC-TTC text message recipients who were contacted on phone, and their responses concerning the program captured through questionnaires.



**67%**

had learnt more about family planning methods and use through text messages.

**14%**

Accessed antenatal care because of text messages

**94%**

said text messages had ever helped them to take a health decision or action

**81%**

said that the text messages influenced them to visit a health facility to seek medical attention.

## ► Learning

A team of 10 Health Child staff participated in the “2012 Virtual Leadership Development Program (VLDP) for monitoring and evaluation teams on family planning activities” organized by Measure Evaluation, Management Sciences for Health and USAID. The result was an increase in postnatal care attendance after delivery from 42% to 82.4% among the 452 pregnant women who were reached by Health Child. This success was largely because of a well executed and comprehensive plan that enabled 6 health centres collaborate with VHTs in offering and follow up of postnatal care in the community , utilising an effective database to track clients progress and use of mobile phone technology to send timely messages to urge mothers to attend postnatal care.

## ► Advocacy

Health Child team was honored to participate in the 2012 global mhealth summit where we advocated for increased usage of ICT SMS messages for maternal and child health promotion.

## ► Knowledge Sharing

Health Child published three articles drawn from lessons and best practices in our program. One article on improving children’s physical environment was published internationally in the 2012 edition journal by Bernard Van leer Foundation on Early Childhood matters while two articles on improving child health and physical environment have been published nationally in the NEMACY, quarterly newsletter.



# Strong Partnerships

We believe that organizations become stronger with effective collaboration. We have continued to work with state and non-state actors; local and international.

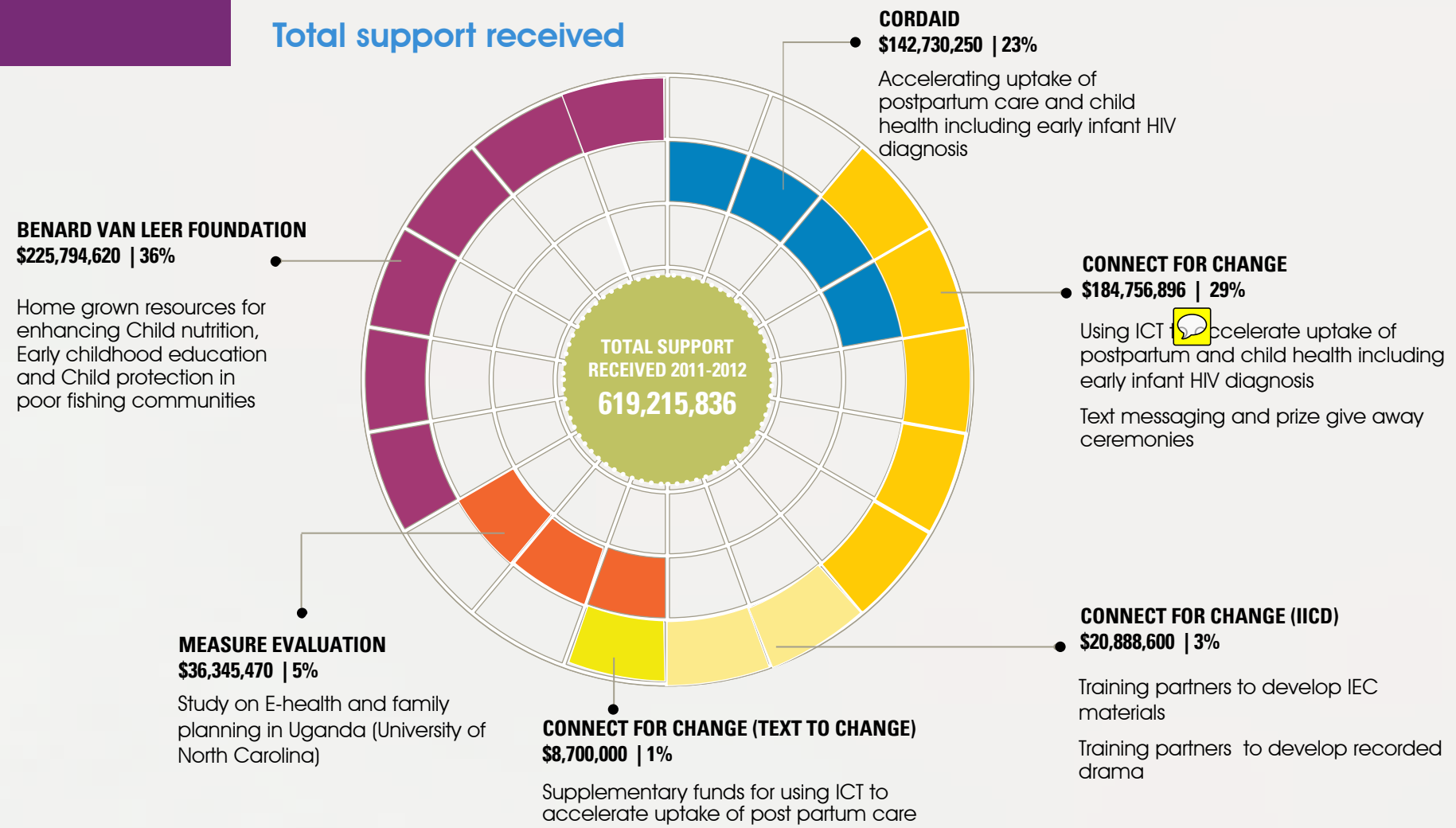




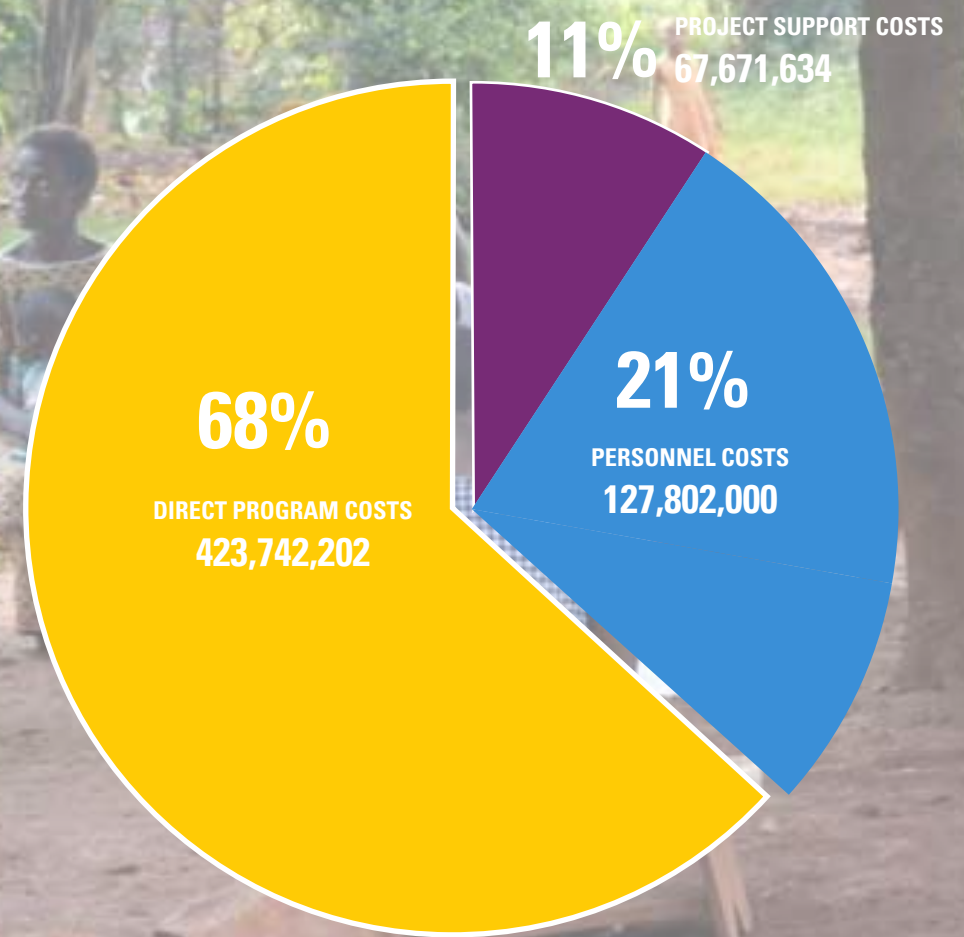
# Financials

Health Child has continued to be successful in the implementation of its life changing programmes thanks to the generous support of these organizations.

## Total support received



## Expenditure by activity





# Board of Directors & Management

## BOARD OF DIRECTORS

### Chairperson

Bazira N. Jennifer

### Technical advisor

Dr.Eddy J. Walakira

### Financial advisor

Patrick Wasswa

### Members

Rebecca T. Muwanga

Irene Kavuma

## MANAGEMENT

### Executive Director

Betty Walakira

### Finance & Human resource

Dinah Munyagwa

### ECD project officer/ Assistant Finance officer

Nankinga Sylvia

### Head of Programs

Nalule Sarah

### Monitoring & Evaluation officer

Esther Birungi

### Program Manager, Maternal & child health

Frank Balidawa

### Project Officer, Maternal & child health

Babirye Dorothy

### Project Officer, Maternal & child health

Olal Andrew

### Project Officer, Maternal & child health

Ajok Scovia

### Project Officer, Maternal & child health

Acobi Andrew

### Project Nurse

Nambi Hellen

### Child Protection / Sanitation officer

Irene Nakalanzi

### Child Nutrition / Livelihood support officer

Chandiru Hellen

### Scheme fund Officer

Amuku Ambrose

### ICT officer

Irongo Daniel

### ICT Assistant

Oneka Benard



Health Child is committed to promoting the holistic wellbeing of children aged 0-8 years through improved access to child and maternal health, sanitation and hygiene, early childhood education and child protection which reduces child morbidity and mortality. We also target women of child bearing age as a primary beneficiary.



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