

Strengthening Interventions

Enabling communities to create a safe environment for children



HEALTH CHILD
Annual report 2013

Vision

Healthy educated and protected children

Mission

To create a safe, secure and 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



Perspectives and reflection

- 1** Game changers for maternal and child health..p6
- 2** Tapping into community knowledge to reduce malnutrition..p8
- 3** Creating livelihood options for urban families..p9

- 6** Delivering on quality early learning for children..p12
- 7** Equipping communities for child protection..p14
- 8** Knowledge management for enriched interventions..p16
- 9** Financials..p18

- 4** Enacting laws for sanitation..p10
- 5** Strategic communication tools for better health outcomes..p11

Contents

Perspectives & reflection

“Health Child registered great successes such as increasing deliveries at health centers, to 90.5% and increasing antenatal care attendance to 62.6% in Health Child areas of coverage.”

Protecting children's rights is at the heart of all Health Child interventions, as we work to strengthen child survival, early childhood development and child protection in the community.

In 2013, Health Child registered great successes such as increasing deliveries at health centers to 90.5% and antenatal care attendance to 62.6% in Health Child areas of coverage. More than 1,700 pregnant women were enabled to access essential delivery items at a subsidized cost under Health Child's STAR PARENT saving scheme and underweight and wasting among children reduced among 800 children reached under Health Child's nutrition program.



Increasing access to early learning and equipping children with skills to identify, prevent, report child abuses were other notable successes.

As we planned for financial sustainability Health Child ventured into social enterprises to enable us internally finance our activities. We plan to continue to strengthen and diversify the selected enterprises in the coming years.

This annual report is therefore a

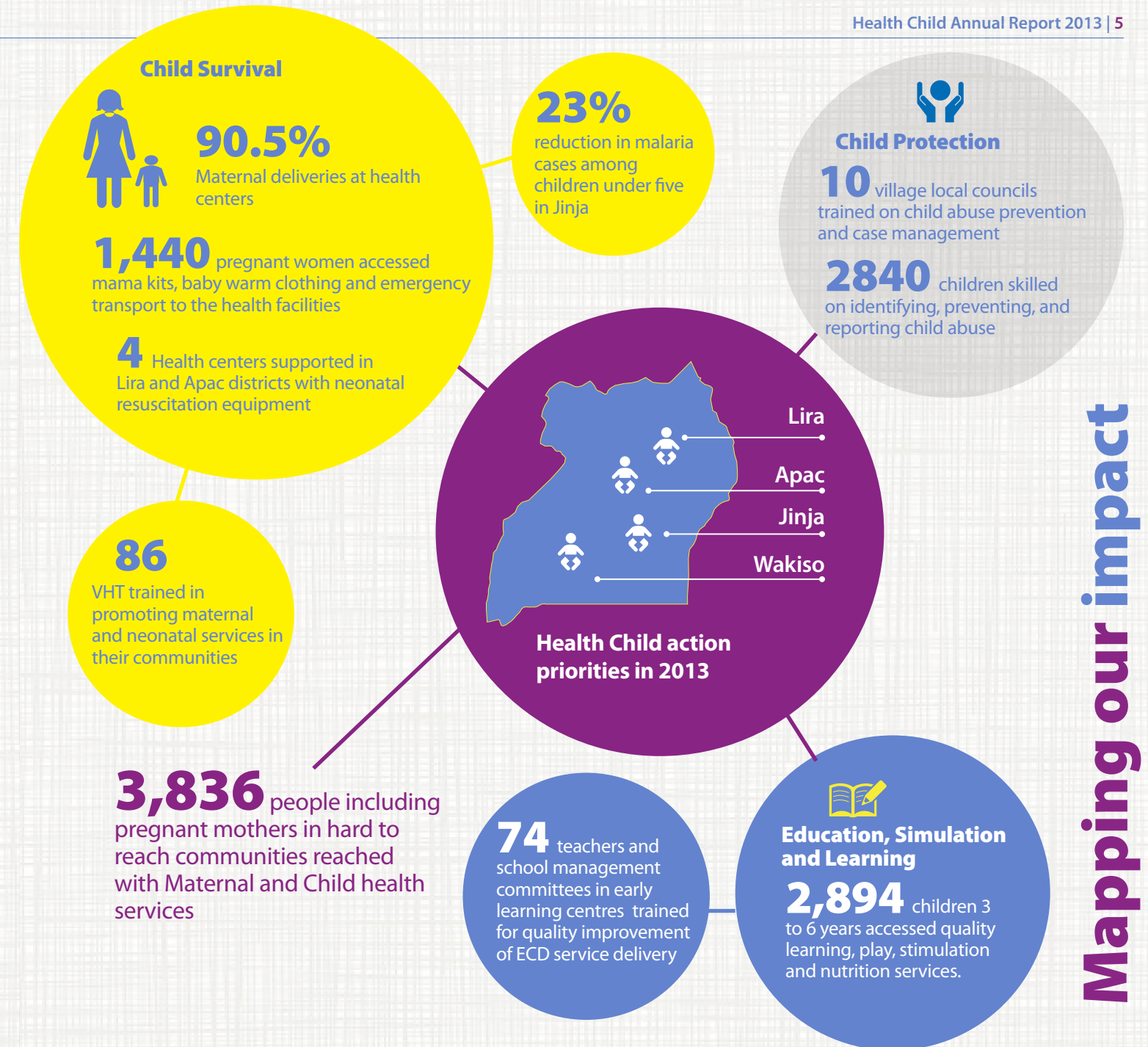
recollection of the fulfillment of the mission and vision of Health Child seen through the testimony of both the beneficiaries and implementing staff as well as organizational research and observed outcomes.

We wish to thank all our development partners who have continued to make our work possible through technical and financial support in spite of the global economic challenges that have seen a downturn in resources.

We are further grateful to the Board of Directors for its insightful leadership that saw Health Child access new funding partners and grow in human resource capacity to improve organizational effectiveness.

Top, Jennifer Namuganza,
Chairperson, Health Child Board of Directors

Bottom, Betty Walakira, Executive
Director, Health Child in the
community



1

Game changers for maternal and child health



It gives me so much joy that the boda boda rider was able to wait for me until morning when I was discharged and brought us back home safely.

Grace Ogwal had contributed UGX 2000 to the Bardago Star Mothers' club savings every week, in Lira district. Once she had saved half of the required amount, Grace received a STAR PARENT voucher from Health Child entitling her to a delivery kit, baby clothes and emergency transport. When labour progressed, Grace's husband called one of these trusted transporters who rushed her to Ogur Health centre IV, 16km from her home. Grace paid the transporter using the voucher she had received, and had a successful delivery.

In Lira, Jinja and Apac districts, more than 1700 mothers like Grace have benefitted from the STAR PARENT clubs.

Empowering mothers to deliver safely at a qualified health center

Mothers who are involved in some form of organised birth preparedness process are more likely to deliver safely at a health facility. Health Child launched a social enterprise, STAR PARENT, which combines a savings scheme, and practical skills for good maternal and child health outcomes. Mothers are enrolled in the STAR PARENT mothers club by VHTs, where they are taught simple steps to prepare for safe delivery

and new born care.

Each week the mother contributes money towards a safe delivery kit, baby supplies and emergency public motorcycle transport to the health centre. Health child subsidizes products made available through local STAR PARENT agents, provides STAR MAMA delivery kits and also establishes business relationships with public transport motorcycles to provide safe transport to and from the hospital on an agreed upon fee that matches group vouchers.



Pictures: Top left, Grace Ogwal with her newborn; a maternal health trainer demonstrates resuscitation to health workers

108

women were provided with family planning services

379

pregnant women received antenatal care services,

433

babies received immunization

192

women were screened for PMTCT

Bridging gaps to ensure quality maternal and child health service delivery

Refresher training and support supervision for improved neonatal care

Health Child in partnership with Jinja, Lira and Apac district health offices and Royal College of London-Pediatrics and Child Health provided a refresher training course for 35 health workers on neonatal care including newborn resuscitation. After the training Health Child worked with the district health teams to provide support supervision on a quarterly basis to support learning. *In Jinja district, the District Health Team devised and is coordinating a MCH drug and supplies redistribution plan which enables health centers experiencing stock outs to obtain drugs and supplies from another health center that will have been identified by the district to have a surplus of those drugs.*

Delivering maternal and child health services to the hard to reach

86 Village Health Teams were trained to carry out quality home based care, home visits and referral activities intended to promote antenatal care, birth preparedness and proper nutrition during pregnancy and postnatal care. *These VHTs in collaboration with health workers, were able to reach 3,836 people in remote communities in Lira and Apac district through outreaches with additional services for immunisation, family planning, HIV counselling and testing, eMTCT, and STI screening.*

Home visits by Village Health Team

Visiting pregnant women and new mothers at home by trained VHTs is essential to remind them about important health actions they need to take during pregnancy and referral of mothers and babies with danger signs. *Health Child worked with 70 trained VHT members to identify 1,740 pregnant mothers within their villages, mobilized them to form STAR PARENT clubs and conducted monthly home visits to support good antenatal, postnatal and overall health of mothers and their children.* During home visits, the VHTs use a Ministry of Health approved information pack with aids and guiding materials to provide appropriate information, educate mothers and identify emerging concerns and signs that require medical attention.

Enabling peer support among pregnant and postnatal mothers

Health Child engaged Village Health Teams to form and facilitate dialogues within 170 STAR PARENT mother clubs. What qualifies a woman to join a mother club is pregnancy and each club is composed of 10 to 15 mothers who have been identified and mobilized by a VHT to form the club. The clubs meet monthly to hold dialogue on pregnancy, nutrition and health and welfare of their children and household members, facilitated by VHTs.

2

Tapping into community knowledge to reduce malnutrition

In Uganda malnutrition is a chronic problem with almost half of the population being food energy deficient, and children being among the most vulnerable as it is a key influencer of child development, learning, early interaction, and overall wellbeing.

Grandmother mentors improve children's nutrition

Across Uganda, grandmothers have traditionally been revered as the custodians of appropriate child care. Health Child empowered grandmothers and other mature respected women in the community to mentor mothers in the community on proper child care and practical tips for improved nutrition.

Nutrition mentoring sessions were conducted at the opening and closing days of the ECD programs benefiting the wider community and at

health facility antenatal care sessions benefiting pregnant mothers.

Lessons given by grandmothers

- Growing and using locally available indigenous nutritious foods
- Menu planning
- Food preparation and hygiene
- Food storage and preservation
- Feeding techniques and feeding intervals including breast feeding, weaning and introducing new foods to children
- Deworming
- Preventing waterborne diseases especially diarrhoea



3,218 caregivers of given nutrition lessons using locally available nutrient rich foods

1,356 pregnant women mentored on an healthy feeding, breastfeeding and child nutrition

934 community based ECD centres were provided with nutritious meals, made available through community and Health Child contributions.

3

Creating livelihood options for urban families



Now in its third year, the Health Child 'Sigha Ensigo' savings and credit scheme enables low income families in urban areas access finances to enable them improve their children's welfare beyond nutrition. Because these families reside in urban or semi urban areas, they rely on the market for food. With limited funds, families tend to purchase filling but unhealthy foods.



When we first met Sara, her 1 year old was severely malnourished. After 2 weeks at the Childrens Hospital unit at Nalufenya, Sara joined the Health Child 'Sigha Ensigo' club, where together with other caregivers of malnourished children she learned about nutrient rich foods, preparing a balanced diet and improving household finances. "We used to save UGX1,000 every week and since I was the bread winner, I could save for my children's feeding mainly. When my savings had accumulated to UGX 35,000, I requested for a loan of UGX 50,000 from the scheme and I used this loan to start a small business selling charcoal and matooke. I used the profits from my business to feed my children on nutritious food like vegetables, silver fish mixed with ground nuts and greens, irish potatoes and beans, their health improved very much and I always make sure that I keep my children on a balanced diet. I was also able to pay back the loan and re-invested it in my business".

Evaluation on the impact of the "Sigha Ensigo" scheme revealed a major reduction in child underweight and wasting from 12.5% to 4.5% and 7.8% to 3.7% respectively.

236 female caregivers from Masese landing site community, in Jinja district enrolled and active in 'Sigha Ensigo'










Picture: Top, Sarah Atagali, a member of the 'Sigha Ensigo' club

4 Enacting laws for sanitation

Ten villages in Jinja on a mission to maintain hygiene and sanitation in their community, to reduce the prevalence of preventable diseases related to poor hygiene decided to take concrete measures to ensure that all households complied with sanitation guidelines. Health Child worked with the sub-County Health Inspector and local leaders to create by-laws, based on agreed indicators. The leaders ensured that the laws were enforced.

Sanitation indicator progress (Percentage)

							
	Pit latrine	Drying rack	Bath shelter	Hand washing jerrican	Soap/ash for hand washing	Rubbish pit usage/private pit	Availability of clean drinking water
2011	70.5	52.2	67.2	52.0	40.5	56.3	66.7
2012	80.2	59.2	77.7	59.1	56.3	62.1	68.2
2013	89.3	66.7	82.2	77.0	74.2	68.2	85.7



Health Child adapted popular board games to health games including ludo, snakes and ladders and solitaire. The games utilize the same rules but are innovatively crafted into key health messages that players can easily take up while having fun. The games promote male participation in family planning, condom use and prevention of teenage pregnancy.

5 Strategic communication tools for improved health outcomes

Getting the right information to mothers and caregivers is critical in enabling them adapt positive behaviors for improved health outcomes. Health Child uses a mix of methods to ensure that people from various backgrounds can be reached.

STAR PARENT Inspirational corners

The STAR PARENT inspirational corners are a collection of testimonies by mothers on simple steps they have taken to improve their health and that of their children. These first hand recounts inspire confidence in other mothers who easily identify with their peers and are encouraged to follow their example. Health Child placed testimonies of mothers across 4 health centres in 2 districts at Mafubira HC II and Wakitaka HC III in Jinja district, Aduku health centre IV in Apac and Oguru Health IV.



Community Radio

Health messages and talk shows prompting communities especially mothers and caregivers to practice positive behaviors to live and thrive were aired through community radio and on air through FM radio. Combining these two is clever, because the former target market places and other high population areas where messages are amplified using simple equipment including local speakers while the latter reaches other sections of the population that may not likely operate in these areas. FM radio also provide the additional advantage of increased coverage.



Mobile phone text messaging

Health Child operates an SMS based platform to reach out to pregnant women and community members with vital health information. Health text messages were sent in form of reminders on health center appointments, educative messages, interactive quiz and health promotional messages.



2,386
pregnant women
received educative
health information
via mobile phones

Picture: Top left, a community group views a health text message

6

Delivering on quality early learning for children

Quality Early Childhood education has the potential to prepare children for successful schooling and overall career performance. Early childhood education shapes children's perspectives and impacts on their cognitive, social and physical development. Health Child supports quality service delivery in 21 centres in Jinja and Wakiso.



Striving to Achieve Quality Early Learning

To ensure children receive quality education, ECD teachers and support caregivers received training in pedagogical practice. Health Child further facilitated support supervision visits by the district ECD focal persons to the centers to ensure improved indoor and outdoor learning environments. Older siblings of children attending the ECD centers were involved to make play materials for use by young children in the centers through a program called Mujje Tuyige.

Strides to Sustain Health Child Supported Community Based ECD centers

Half of the ECD centers supported by Health Child are community based -established and managed by community members using community contributions. In order to promote ownership of the ECD centers, Health Child this year worked with community members to ensure sustainability. A sustainability matrix was developed which captured issues such as management committees having at least one member who can read and write, management – teacher – parent meetings, indoor and outdoor improved environment and school fees payment by caregivers.



At Good Hope ECD in Wakiso district, the community and centre management approach the education of their children collaboratively. Whether it is fee structures, syllabus shifts, expansion, new hires or staff dismissals its done transparently and in the spirit of unity.

The center was founded on a partnership framework by Health Child and the Island community in 2009. The community donated land and manpower for the construction of the center. Health Child trained the management teams ensuring gender equity and diversity. By 2011 the center was thriving with 80 children.

When caregivers started complaining about a teacher who was not performing parents began to remove their children from the school. The school management invited parents, caregivers and other community partners to resolve the problem. Together they discussed the challenges and developed a collaborative action plan. Good Hope ECD, has since thrived on the same principle of collaboration.

In 2013 when Health Child handed over full responsibility to the centre, the management invited the community to chart a way forward including a new school fees structure, revision of teachers salaries and budgets for operational costs enabling them to gain a surplus on their budget which was used to improve sanitation in the school through renovation of school toilets. There are also plans to expand to primary 1 and 2, hire new staff and construct classes.

61 ECD teachers teachers and support caregivers trained in pedagogical practice

3 Support Supervision visits by the district ECD focal persons to the centers to ensure improved indoor and outdoor learning

2,894 young children aged 3-6 years accessed early learning services, stimulation, play and nutritious meals at 21 ECD centers supported by Health Child in Jinja and Wakiso

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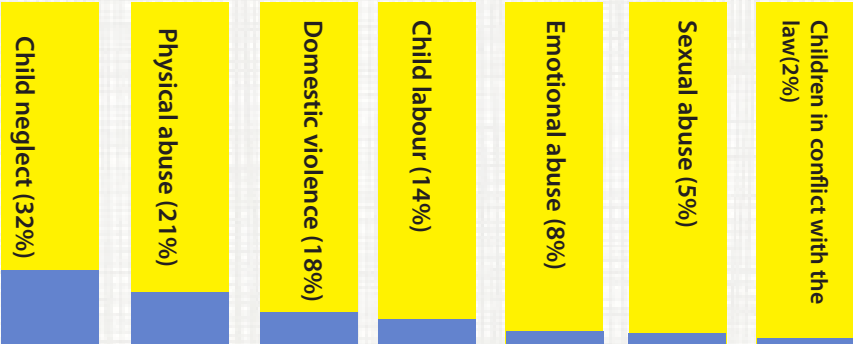
Equipping communities for child protection

Wrap around interventions rally the entire community against child abuse and prepare key actors and persons of influence to take lead in protecting children. A collaborative approach bears more results in child protection. At the local level, strengthening capacities of local leaders to handle child protection promotes responsiveness to child protection issues.

Equipping children to protect their rights

Health Child seeks to ensure holistic development of a child, which makes child protection very critical. A school approach was adopted for preventing and responding to child abuse in Jinja district through which Health Child partnered with schools to reach children with trainings and support activities on how to identify, prevent, report child abuses committed against them. School debates, drama and counseling were the major communication platforms used to engage the children.

As a result, children reported child abuse cases which were handled in collaboration with local leaders, police and other child protection authorities.



Cases of abuse reported by children



Training of Local leaders

Health Child trained village local leaders on child abuse prevention and case management. This strengthened linkages between them and other child protection actors. 10 village local councils in Jinja district have benefited from our trainings and are now functional.

Increasing Community Responsiveness to Child Protection

Community members are also targeted since they are also the perpetrators of violation of Children’s rights; they were reached through community theaters with an aim of increasing their response to child abuse and neglect.



Pictures: bottom right- children discuss child abuse prevention in school; top right, training of local leaders in child protection

8

Knowledge management for enriched interventions

Sharing for successful programming

Health Child practice is informed by the lessons we learn from our own experiences and that of other experts. Being a part of thriving networks and sharing opportunities is one of the ways we tap into leading best practices and enrich our interventions. Conferences are one of the platforms we use to build partnerships, learn best practices and contribute to better outcomes for maternal and child health.

Conferences participation in 2013:

Global Maternal and Child Health conference, Arusha, Tanzania - January 2013.

Presentations:

"Steering interaction of referral systems for better maternal health outcomes"

"Stakeholder participatory monitoring and evaluation fostering quality maternal and child health service delivery"

International conference on Family Planning, Addis Ababa, Ethiopia - November 2013.

Presentations:

"Men a key account yet a challenging resource to tap: Success story of Health Child"

"Can wireless text messaging increase uptake of family planning?"

"Profile of Contraceptive Users in Jinja District: Opportunities for improved access and continuation of use."

Research

Evidence based interventions provide for more relevant programming. The ongoing research opportunities we are involved with help us adjust interventions to better meet our client needs. Health Child is proud to have been a part of national and international research projects including ongoing studies that assessed our models for maternal health, child survival and early childhood education.

Research opportunities

[Ministry of Gender labor and Social development and ANPPCAN](#)

Participated in a study that will inform the development of a national child protection toll free line for child protection

Contributed to the development of a coordinated data base of services rendered by Non Government Organizations country wide

BVLF

An externally facilitated study of Health Child's work under the project "Home grown resources for enhancing child nutrition, early childhood education and protection in poor fishing communities in Uganda" since 2008 in Jinja and Wakiso districts was conducted in 2013. The study report provides an analysis of the model being used by Health Child to implement the project, changes and benefits for young children aged 0-8 years, cost implications of running the model, sustainability of the model and replicability.

Canadian Grand Challenges

Health Child funded by the Canadian Grand Challenges conducted a study titled "Increasing Community Involvement, Participation and Responsibility towards Maternal and Child Health through a Community-Based Intervention in Uganda". The study was conducted to draw best practices and lessons from Health Child maternal and newborn health interventions in Apac and Lira districts in northern Uganda.

Networks for development

National Level

As a member of the National Council of Children, Health Child participated in the formation of the draft Uganda National Integrated Early Childhood Development Policy and Policy action plan for 2013-2018. The policy is promoting more holistic programming for young children ages 0-8 rather than interventions which are skewed to only to one focus area.

District level

Collaborating with the health, education, child protection government departments has enabled us develop key working relationships with technical district staff on support supervision, and for guidance with implementing programs according to national guidelines.

Non-Governmental Organisations

We partnered with Non-Governmental Organisations networks including: Uganda Network for the Marginalized Child and Youth (NEMACY-Uganda), ANPPCAN-Jinja, Raising Voices, Uganda Child Rights NGO Network, Forum for Education NGOs in Uganda (FENU) and Jinja Area Communities Federation (JIACOFE) and Royal College of Pediatrics and Child Health in London. As a result of these partnerships, Health Child benefited from child protection educational materials, refresher trainings, and participated in research to aid the development of a national child protection toll free line.

9

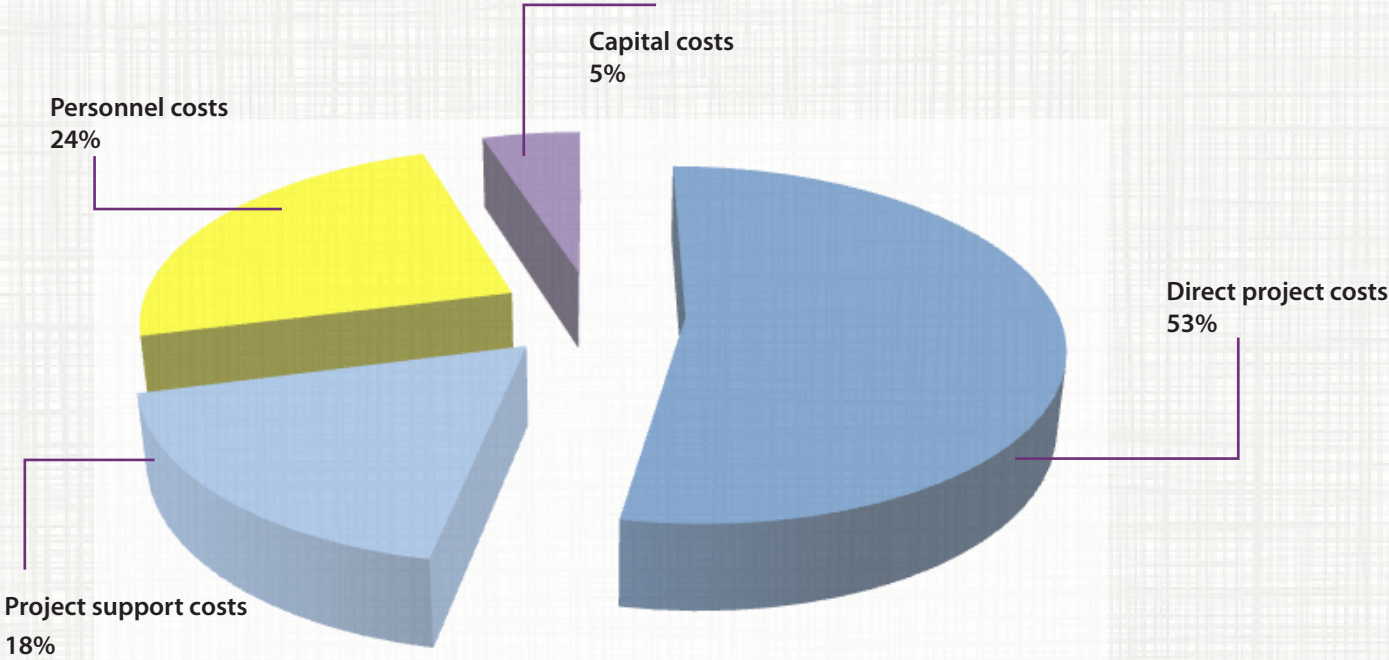
Financials

DONOR FUNDING RECEIVED

DONOR	PROJECT NAME	Funding October 2012- Sept 2013	Funding October 2011-Sept 2012
CORDAID	Enabling Access to Health: Increasing Community involvement, participation and Responsibility towards Maternal and Child Health	325,018,280	142,730,250
Bernard Van Leer Foundation	Home grown resources for enhancing Child nutrition, Early childhood education and Child protection in poor fishing communities	193,580,000	225,794,620
Connect for Change(Cordaid)	Addendum Sept- Dec 2012 Using ICT to “Accelerating uptake of postpartum care and child health including early infant HIV diagnosis”.	139,358,185	175,336,896
Connect 4 Change	Using ICT to Enabling Access to Health: Increasing Community involvement, participation and Responsibility towards Maternal and Child Health (Mar 2013- Feb 2014)	187,722,550	0
Text To Change	Text messaging translating messages and community talk shows	8,012,000	8,700,000
Connect for Change	Text messaging and prize give away ceremonies		9,420,000
Measure Evaluation, University of North Carolina USA	Study on E-health and family planning in Uganda		36,345,470
Connect 4 Change(IICD)	Training partners in developing IEC materials		11,193,600
Connect 4 Change (IICD)	Training partners to develop recorded drama		9,695,000
Connect 4 change (Text to change)	Extra funds for using ICT to accelerate uptake of post-partum care		8,700,000
Canadian Grand Challenge	Enabling Access to Health: Increasing Community involvement, participation and Responsibility towards Maternal and Child Health	231,907,200	

EXPENDITURE BY ACTIVITY

COST	Actual 2013	%performance	Actual 2012	%performance
Direct program costs	572,680,997	53%	423,742,202	68%
Project support costs	194,274,718	18%	67,671,634	11%
Personnel costs	262,474,500	24%	127,802,000	21%
Capital costs	56,168,000	5%	0	0%
Total	1,085,598,215	100%	619,215,836	100%



Board of Directors & Management

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Finance & Human resource
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Nalule Sarah

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