Living Every Day For Children

HEALTH CHILD ANNUAL REPORT 2014

Health Child Uganda

USEFUL **TERMS**

ANC	Ante Natal Care
ANC	Antenatal care
DEO	District Education Officer
DHO	District Health Officer
HC	Health Centre
HCT	HIV Counselling and Testing
ICT	Information and Communication Technology
IGA	Income Generating Activity
MCH	Maternal and Child health
NGO	Non-Government Organisation
PNC	Postnatal Care
SMS	Short Message Service
STI	Sexually Transmitted Infections
VHT	Village Health Team
VSLA	Village Saving and Loaning Association

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REFLECTIONS FROM THE **BOARD CHAIR**

On behalf of the Board of Health Child we are pleased to introduce the 2014 Annual Report. This report highlights the progress and achievements of Health Child over the past year.

Every child deserves the best in life; to be provided for, cared for, loved and protected. Health Child interventions envision healthy educated and protected children. In 2014, through our child survival, early childhood development and child protection programs, Health Child has continued to transform the lives of more children in Uganda. Health Child extended interventions to 2 new districts; Kumi and Nakapiripirit expanding our operational coverage to now 6 districts including Jinja, Wakiso, Lira and Apac districts.

I would like to extend my heartfelt gratitude to my colleagues, donors, health child staff and partners for tirelessly working towards achieving our vision.

Namuganza Jennifer, Board Chairperson

MESSAGE FROM THE **EXECUTIVE DIRECTOR**

Walakira Betty,
Executive Director
Health Child

Each year Health Child continues to make impact in the lives of young children in underserved poor communities. Health Child interventions are implemented at the grass root level targeting children, women and households to ensure that children's survival, education and protection rights are met by all those in their care environment.

Nearly 3 million children in Uganda live below the poverty line. Children who grow up in poverty are most likely to perform poorly on health, education, food security outcomes and face much less advantageous early childhood caring environments than children from households with better off incomes. This year, Health Child successfully adopted the village saving and loaning group methodology as a new route for sustainably economically strengthening households and promoting good parenting through dialogues on child protection, education, maternal and child health and hygiene. 71 groups composed of 25 to 30 members were formed by Health Child in Lira, Jinja and Apac districts with an enrollment of 80 percent women in child bearing age and men 20 percent. Health Child also successfully launched a birth preparation social enterprise where 2,191 pregnant were supported to save and access delivery kits, newborn warm clothing, and transport to the health center and newborn basins.

14,440 young children were reached with early learning, nutrition and child stimulation programs in Health Child early childhood education centers this year. Notable in the area of child protection, Health Child using dialogues equipped 1,972 parents with proper child care and protection practices.

We thank all our partners mainly the district and sub-county local governments, local leaders and health centers for closely collaborating with us in implementing 2014 programs.

CHAPTER 1

WHO WE ARE!

Health Child is Non-Government Organization registered with the National NGO Board under the Ministry of Internal Affairs with registration number 9541. The major focus of the organization is holistic child development through community empowerment. Interventions undertaken since the organization's inception in 2006 have focused on maternal and child health; child nutrition, education and protection; sanitation and hygiene and livelihoods support. Currently, Health Child is implementing her programs in 6 districts in Northern, Eastern and Central Uganda, namely Kumi, Nakapiripiriti, Lira, Apac, Jinja and Wakiso and specifically targets poor communities including selected fishing communities on small islands on Lake Victoria. Such communities have largely been excluded from mainstream development programmes partly because of their hard-to-reach locations; rendering them perpetually vulnerable to poverty, disease and ignorance. Consequently, the children become the main culprits of this exclusion and get caught up in a cycle of poverty and missed opportunities.

Our Vision:

Health Child's Vision is healthy educated and protected children.

Our Mission:

Health Child 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.

About Health Child's Programs

1. Child Survival

Much more effort is required to bring down maternal and newborn deaths in Uganda standing at 438 deaths per 100,000 live births and 28 deaths per 1,000 live births. These deaths are heavily concentrated around the period of delivery, the day of birth, and the first week following birth. They can be avoided if more efforts are placed on ensuring that mothers and newborns are attended to at birth by skilled health professionals; receive postnatal care, especially the first day and first week; and if essential supplies, equipment and facilities are available.

The Health Child maternal and child health program promotes birth preparedness, quality maternal and child health service delivery and home based care practices on maternal and child health. Health Child mobilizes pregnant women to save for essential health items required at the time of delivery, conducts community sensitization and promotes male involvement in maternal and child health.

Initiatives to improvematernal and child health service delivery are implemented collaboratively with district health departments and health centersand they include; capacity building activities for health workers on maternal and child care, health outreaches and mortality audits.
Home based maternal and child care practices are promoted through home visits, and community group based dialogues targeting pregnant women, postnatal mothers and men.

Health Child utilizes ICTs as an integrative component of its maternal and child health program. ICT tools including mobile phones, community and fm radio, videos, call center are used in the program for educating communities on MCH, mobilizing pregnant to go to health centers, data collection, research and capacity building for health personnel.

2. Early childhood development

The early stages of a child's development are vital for laying a sound foundation on which children can holistically develop and learn. Therefore ensuring that they have access to quality education services, stimulation and quality care is critical. The Health Child early childhood program utilizes a community strengthening approach that targets households, community and schools to improve learning, stimulation and care given to children aged 0-8 years. Interventions under our ECD program include supporting communities to establish early childhood development centers, strengtheningcaregiver capacity to promote child stimulation and learning activities at household and community levels and collaboration with community and government structures to improve children's physical environment.

3. Child Protection

The Health Child protection program aims at contributing to an effective community based child protection system by:

- Supporting and strengthening capacity of families, caregivers and other service providers to protect and care for children. We look at the family and the community as the first line of response for the growth and development of all children
- Mobilizing and strengthening community based responses for the care, support and protection of children
- Increasing access to protection and legal services for abused children
- Raising awareness and advocating for a supportive environment for orphans and vulnerable children
- Strengthening partnerships between government, the private sector and civil society to enhance resource leveraging for protection of children from rights abuses
- Research and documentation to inform child protection programming

A YEAR OF RESULTS!

Child Survival

1,423 deliveries happened this year of which **1,416** (99.5%) mothers delivered in a health center.

1,124 (78.9%) mothers made 4 antenatal visits during pregnancy and **1,101** (77.4%) received postnatal services within 6 weeks after delivery.

882 pregnant women were supported to acquire mama kits, **1,152** basins, **182** baby warm clothing and **192** transport to the health facility for delivery.

14,239 community members (*7,039 women, 3,900 men and 3,300 children*) were reached through health outreaches with antenatal care, immunization, HCT, postnatal care check-up, family planning, actual treatment and sensitization.

56 Village Health Teams were engaged in regular trainings to improve child and maternal outcomes and they conducted home visits to **1,447** pregnant mothers.

Child and maternal audit was conducted which revealed a reduction in child mortality; from **9** per *1,000* last year to **4** per *1,000*. We are proud to report zero maternal mortality.

71 village saving groups were formed; **1,447** women and **431** men were enrolled for saving for child and maternal health.

5,965 community members (*2,141* women/*3,824* men) and **2,191** pregnant women received health text messages.

Early childhood development

4 model ECD centers established to demonstrate good practices to communities and other centers. **99** caregivers serving in **39** ECD centres received training to improve quality of learning for young children. **10** Sub-Counties committed to actively monitoring ECD centers and planning for them in their quarterly plans.

Child protection

Health Child designed a community dialogue facilitation guide on child protection for use by child protection workers in facilitating dialogues in group meetings

CHAPTER 2

ENSURING MATERNAL AND CHILD SURVIVAL

Strengthening health systems capacity for quality maternal and child health service delivery

Capacity building for health workers should be continuous. 12 government health centers in Apac, Lira and Jinja districts benefited from a training program by Health Child for midwives on early detection and appropriate response to maternal and neonatal complications. The training benefited 26 health workers and was carried out in association with the district health teams and Global Health Media Project which supported this program by providing neonatal care related videos. This health centers include: Aduku, Aduku Mission, Apire in Apacditrict, Abala, Oguru in Lira district and Mafubira, Musima, Wakitaka, Buwenda, Wairaka in Jinja district.

Figure 1 *Health workers in Apac district practice neonatal resuscitation*

Generating new evidence to fill critical knowledge gaps on MCH

With support from Health Child,the district health teams of Apac and Lira this year investigated newborn mortalities happening at community level and generated evidence used to design and conduct refresher quarterly support supervision programs for health workers. The audits were undertaken in collaboration with Aduku health centre IV in Apac and Oguru health centre IV in Lira. Neonatal mortality within Health Child star parent clubs was tracked this year and results show that of 1,423 deliveries reported within the clubs, only 4 neonatal mortalities happened from 9 last year.

Wakello Dorcus, *a senior midwife at Aduku health centre IV*

WakelloDorcus, a senior midwife at Aduku health centre IV participated in the mortality audit exercise and has this to say;
"I am so glad to have participated in the neonatal mortality auditing this year with support from Heath child in the villages of Odeo corner, Akuni, Anginyi and Apire in Aduku Sub County, Apac district. Much as it is the mandate of the Health centres to follow up death cases as they occur in the communities, sometimes it is not done not because the health workers don't want but because of limitation in funds. In addition, most of the deaths which occur in the communities are not reported on time which makes it difficult to follow such cases and yet it's very important to establish the cause of such occurrences in time. The rejuvenation of the mortality audits at our health centre in collaboration with Health Child has increased the effectiveness of Village Heath Teams and communities in reporting maternal and new born deaths at the health centre so that audits is done early. I urge Health Child to continue supporting such programs for the safety of our mothers and babies"

Strengthening demand for maternal and child health services

This year, pregnancy and postnatal care home visits were conducted in association with VHTs reaching 1,447 homes underHealth Child's MCH program implemented in Jinja, Lira and Apac districts. Twice during pregnancy and thrice after delivery, the pregnant women were monitored to timely go to health facilities for skilled goal oriented ANC, delivery and postnatal services. Analyzed indicators from the home visits conducted this year show that out of 1,423 deliveries, 1,416 (99.5%) mothers delivered in a health center, 1,124 (78.9%) mothers made 4 ANC visits, 1,101 (77.4%) received PNC services within 6 weeks after delivery.

Innovative social enterprises to increase timely access to essential delivery products

Health Child this year successfully launched STARPARENT, a social enterprise supporting pregnant women to timely prepare for birth.Our inspiration for the enterprise is to remove barriers for seeking timely health care by pregnant women. In Lira, Jinja and Apac districts where the social enterprise was rolled out, pregnant women join Star Parent village saving groups to save for a delivery kit, newborn warm clothing, baby's basin and transport to a health center. The delivery kits and warm clothes are produced in-house by Health Child while liaisons with local public motor cycle riders have been created to provide transport services to the pregnant women.2,191 pregnant women accessed delivery products this year through Star parent(882 mama kits, 1,152 basins, 182 baby warm clothing, and 192transport).The Star parent delivery kit and warm clothing are accessible on open market.

Bridging hard to reach communities to maternal and child health services

Remote communities experience major difficulties in accessing quality health services, distance and poor transport network being major hindrances. Health Child maternal and child health outreaches were done inremote communities of Aduku Sub-County in Apac district and Oguru Sub-County in Lira district reaching 14,239 community members (7,039 women, 3,900 men and 3,300 children). Services were provided included antenatal care, immunization, HCT, postnatal care check-up, family planning services.

Figure 2 *Health Child collaborated with public health centers to conduct the outreaches*

Giving maternal and child health priority within village saving groups

Health Child formed village saving groups in Lira, Jinja and Apac districts and is using these groups as a platform forpromoting maternal and child health dialogues and saving for health and birth preparedness. 71 village saving groups composed of 25 to 30 members were formed by Health Child this year enrolling women and men in child bearing age. Weekly, groups hold dialogues and contribute money towards their health which is saved on each member's personal account and is retrievable if the member or his/her family member falls sick. 1,447 women and 431 men were enrolled in the saving groups this year.

Integration of ICTs to accelerate maternal and child health outcomes

ICT based platforms are integral to Health Child maternal and child health program. This year, they were utilized to create MCH awareness, increase demand for skilled delivery and postnatal care services, data collection and capacity strengthening of maternal and child health service providers.

Using mobile phone text and voice messaging, 2,191 pregnant women were mobilized to receive MCH servicesat health centers and outreach sites.

5,965 community members (2,141 women/3,824 men) were reached with awareness text messages on pregnancy care, birth preparedness, safe delivery, postnatal care,male involvement, family planning and caring for newborns.

26 midwives (16 in Jinja,4 in Lira and 10 in Apac) benefited from video based neonatal care refresher trainings onusing a partograph,new born physical examination,danger signs in newborn and newborn resuscitation.
Health child designed and rolled out a mobile based application which supports easy collection and analysis of financial status, maternal and child health indicators within village saving groups.

Health Child piloted a special mobile based money transfer system with MTN service provider that enables pregnant women enrolled in our Star Parent Village Saving groups to directly send their birth preparedness savings and access the delivery products they have saved for timely.

CHAPTER 3

ACHIEVING QUALITY EARLY LEARNING WITH INDIGENOUS RESOURCES

Creating ECD model ECD centres

Health Child in collaboration with Private Sector Foundation Ugandaunder the early steps strong foundation project established 4 ECD centres of excellence in Kumi and Apac districts. This involved construction of learning structures, ECD caregiver trainings, community sensitization, and equipment of the centres with learning materials. These activities were geared towards making the centres model to others in the districts for best practices on improving children's physical and learning environment, child nutrition, child protection, community and Government engagement in ECD.

Figure 3 *A model centre in Kumi district constructed under the early steps strong foundation project*

Building capacity of ECD centre caregivers to render quality care and learning to young children

99 caregivers serving in 39 ECD centres supported by Health Child in Kumi and Apacdistricts received training on the ECD learning framework, designing termly plans, daily routine, and development of age appropriate play and learning materials.

Figure 4 *A caregiver practices letter symbols during the Health Child training*

Involving parents to make contributions essential for sustainably running ECD centres

This year, 243 parents with children enrolled in 21 Health Child supported ECDcentersin Jinja and Wakiso districts were mobilized to initiate village saving and loaning group linked to the centres where they can save and borrow school fees for their children.

Figure 5 *Parents during a VSLA meeting*

Involving government sustainably implement ECD programs at the grass root level

10 Sub-Counties in Apac, Kumi, Jinja, Wakiso and Nakapiripirit districts this year received training and support from Health Child on integrating ECD activities within the Sub-County quarterly plans for sustainability. 67 ECD centres under Health Child program were supervised by the community development officers, health assistants and production officers. With their support, community members were mobilised to set up 15 micro gardens, 15 drying ranks, 12 live fences, 19 hand washing facilities and constructed 12 kitchens in various ECD centres.

Atai Annet, Community Development Officer, Kumi sub-county had this to comment on Health Child's ECD program; *"Kumi sub-county has moved steps ahead to plan and budget for ECD activities by supporting the centers to see to it that they have things like slates to write on, create strong linkages to other primary schools and health facilities. The Health Child intervention has opened the eyes of both the communities and sub-county, in away they have realized the importance of the ECD and this has been embraced"*

Figure 6 *Atai Annet (right) during ECD sub county planning meeting*

CHAPTER 4

PROTECTING CHILDREN RIGHTS

Developing community dialogue guides on child protection, child health, sanitation and early childhood development

The family unit holds the first line of responsibility towards ensuring that children are cared for and protected from rights violations.The guides developed by Health child are simple tools designed to assist self-led discussions by family groups on child protection, hygiene and sanitation, maternal and child health and early childhood development. Health Child has adopted the guides within 71 village saving groups composed of 25-30 members which we have supported parents specifically those with children under the age of 8 years to form as a way of economically strengthening their households but at the same time, use the platform to advocate for children's rights. More interventions under this will be implemented in the coming year. An example of how the child protection guide is structured is seen below:

Session one:
How drunkenness can lead to physical abuse of children

Session objectives:

1. To discuss the linkage between drunkenness and child physical abuse
2. To prevent physical abuse among households that is linked to drunkenness by demonstrating the dangers of drunkenness to child rights

Discussion story:
Nakato and her conflicting family

My husband is a drunkard. One day he returned home late in the night and found us asleep. He knocked the door but no one could hear him. He got so angry and forced the door open and that is when I woke up with my children. When he got into the house, he screamed at me and my children accusing us of being useless. He got ahold of our baby and shook him so hard to the point that he stopped crying. I rushed the baby to the hospital and thank God, the health workers were able to return him to life. My son is three years now but he has a brain damage

Q1 What issue is causing conflict in Nakato's family and how?

Responses given by group:

.....

.....

Facilitator's remarks:

Over drinking; this is too much consumption of alcohol to the point that a person loses his or her physical and mental balance

Being drunk can easily lead to children being physically and sexually abused by the drunk person, more so for no reason at all.

Examples of child physical abuse include cutting, bruising, burning and breaking a person's limbs and beating

Living with a person who drinks too much alcohol is very traumatizing for children because a drunk person cannot control his or her impulses and suffers from poor judgement.

When parents feel guilty about a drinking problem, they sometimes take it out on their children by beating them or harming them which is violation of children's rights

Q2 What child abuses can you identify from this story?

Responses given by group:

.....

.....

Facilitator's remarks:

1. Physical abuse; Nakato's husband shook his baby so hard to the point that he stopped crying
2. Psychological abuse; when Nakato's husband got into the house, he screamed at her and her children accusing them of being useless which is traumatizing to children

Q3 In what ways can over drinking by a parent affect children?

Responses given by group:

.....

.....

Facilitator notes:

Children living with alcoholic parents are at a greater risk of being physically and emotionally abused. Children can pick up some of the following risky behaviors and feelings;

1. Guilt; the child can blame him or herself for the parent's drinking problem
2. Worrying; the child may constantly worry about the situation at home
3. Embarrassment; the child can feel ashamed of his parent
4. Anger; the child feels angry at the alcoholic parent for drinking
5. Depression; the child feels lonely and helpless to change the situation
6. Failure in school
7. Delinquent behaviors such as stealing, abuse of drugs
8. Health problems such as headache, stomach ache
9. Disability if the parent beats or burns a child

KEY LESSONS THIS YEAR FROM OUR INTERVENTIONS

1. Working with women in child bearing age and men within village saving groups this year presented Health Child with key benefitsand lessons which include; major cut down in mobilisation costs as group saving meetings are used as a platform for sensitization and educational activities.

2. Social enterprises by can aid in sustaining interventions. The enterprises provide valuable opportunity for Non-Government Organizations to subsidize services to less privilege communities.

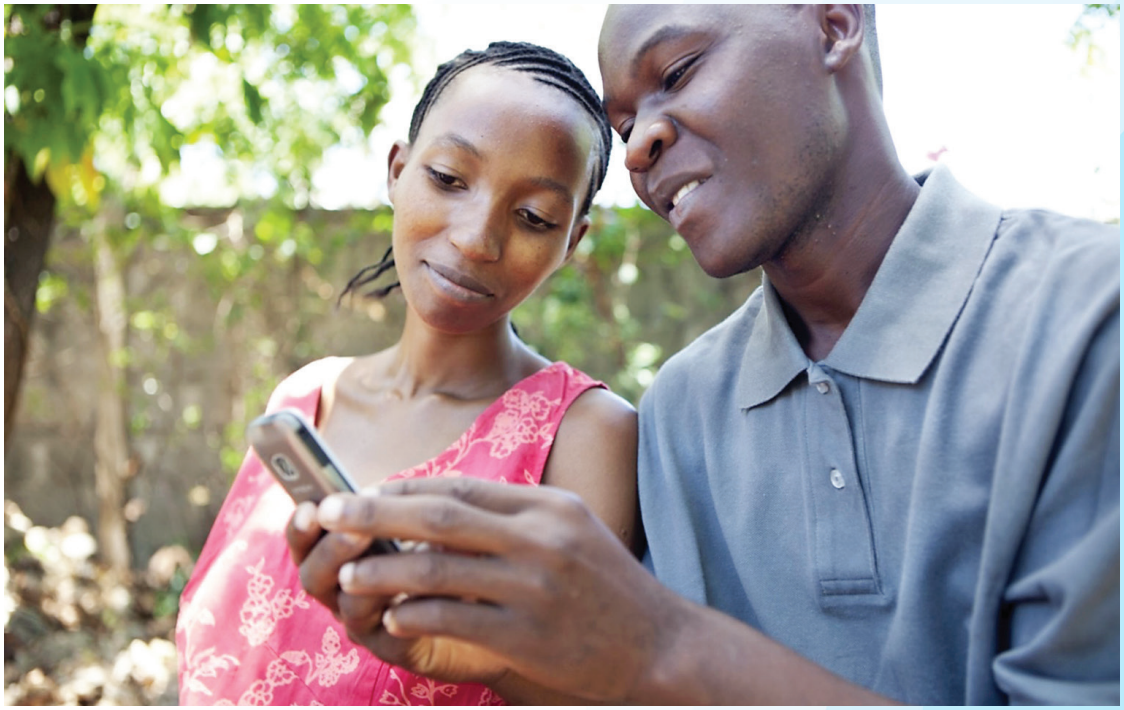
3. Implementation of ECD programs through the districts and sub counties is cost effective. It also increases ownership by the districts and sub counties for planning, implementation and sustainability of program activities.

4. Refresher training programs for health workers improves quality of maternal and child health service delivery. It also further boosts their motivation and are therefore more likely to offer better services to their clients.

CHAPTER 5

RESEARCH

Call survey to evaluate the impact of mobile voice messaging on maternal and child health knowledge and practice



The survey was undertaken by Health Child in collaboration with Text to Changetargeting 285 Health Child star parent members who were beneficiaries of voice messages on maternal and child health. The survey showed that 13% of the respondents could remember voice messages sent to them on family planning, 12% on immunization, 11% on antenatal care, 12% messages on business literacy.The study also reflected that voice messages sent in a community's local language do not require one to be literate, are easy to recall and can easily stimulate discussion especially when the voice used is one that community members can identify with. Therefore voice messaging was seen to be a viable initiative to furthering usage of mobile phones for health information access by local communities in their local language.

CHAPTER 6

PARTNERSHIPS

No project is able to implement in isolation, and Health Child is not any different. Nationally, we continue to be part of Child and Maternal Technical Working Group at the Ministry of Health where we contribute to child and maternal issues and also obtain guidance hence smooth implementation.

At district level, the collaboration with the health and education government departments allowed for support supervision, networking, sharing experiences and challenges and getting support in the process of implementation. We also collaborated with 10 Sub-Counties which will be actively involved in monitoring ECD centres; the monitoring activities are to be budgeted for in the quarterly plans.

Networks with other partners continued and new ones were forged; for instance, Private Sector Foundation Uganda, MTN mobile service provider, Global Health Media Forum for Education NGOs in Uganda (FENU), Global Health Media Project and Health centers. Consequently, ECD model centers were established, a mobile based application developed which allows mothers to save directly in their accounts, child and maternal health services extended and health training materials developed. We shall continue to work with partners in the future.

CHAPTER 7

FINANCIALS

Health Child received funding for the period October 2013 – September 2014 from Cordaid Netherlands, Connect for Change (Cordaid), Bernard Van Leer Foundation and Text to Change to implement the following projects;

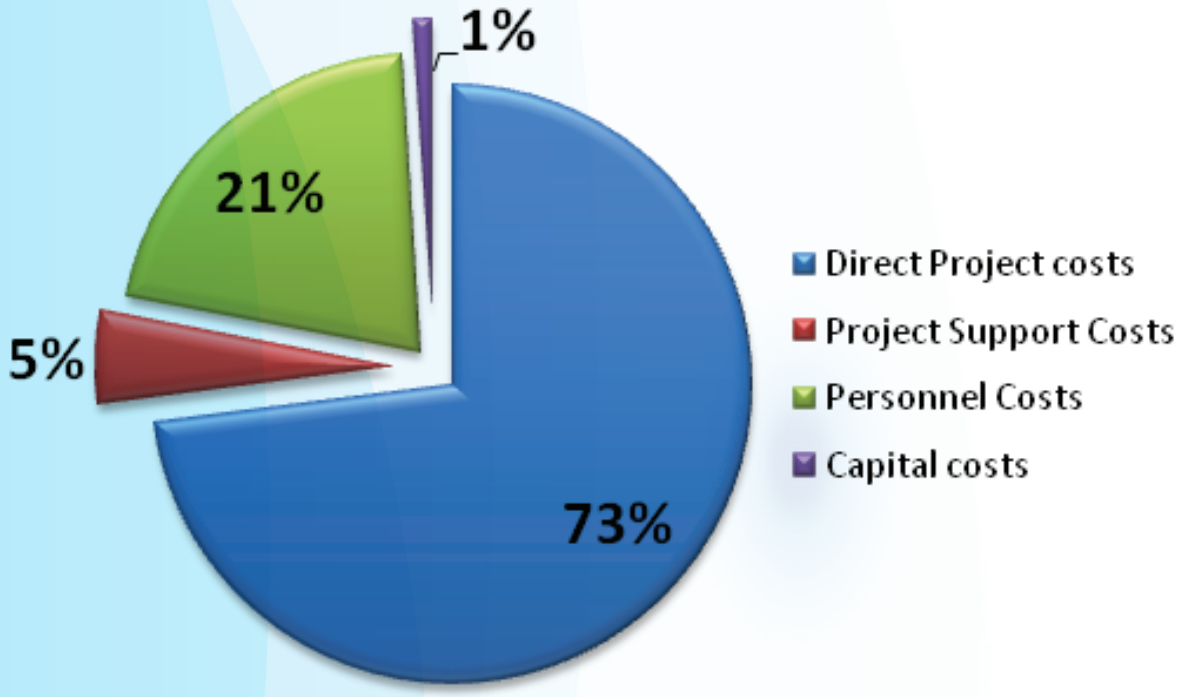
Health Child income by Donor

Donor	Project name	Funding October 2013-Sept 2014	Funding October 2012-Sept 2013
CORDAID	Enabling Access to Health: Increasing community involvement, participation and responsibility towards Maternal and Child Health	187,087,380	325,018,280
Connect for Change(Cordaid)	Addendum Sept- Dec 2014 "Using ICT to enable access to Health"	72,945,000	139,358,185
Connect 4 Change(Cordaid)	Using ICT to enabling access to health: increasing community involvement, participation and responsibility towards Maternal and Child Health (Jan 2014- Dec 2014)	223,540,000	187,722,550
Benard Van Leer Foundation	Improving outcome for Early Childhood Development in Uganda : Survival, Learning and Protection 2014	292,560,000	193,580,000
Benard Van Leer Foundation	Early Steps-Strong Foundation: Strengthening cooperative care groups in ECD (Kumi, Apac and Nakapiripirit) by Health Child	388,987,500	
Text To Change	Text messaging translating messages and community talk shows	5,330,000	8,012,000
Total		**1,170,449,880**	**1,085,598,215**

Expenditure by activity

	Actual 2014	%performance	Actual 2013	%performance
Direct program costs	853,355,665	73%	572,680,997	53%
Project support costs	63,996,215	5%	194,274,718	18%
Personnel costs	242,098,000	21%	262,474,500	24%
Capital costs	11,000,000	1%	56,168,000	5%
Total	**1,170,449,880**	**100%**	**1,085,598,215**	**100%**

A pie chart showing Expenditures for the year 2014



BOARD OF DIRECTORS

Chairperson	Bazira N. Jennifer
General Secretary/Executive Director	Betty Walakira
Technical advisor	Dr. Eddy J. Walakira
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