**RAKAI HEALTH SCIENCES PROGRAM/**

**MOUNTAINS OF HOPE CHILDREN’S MINISTRIES**

**OVC PROGRAM QUARTERLY PROGRESS REPORT**

To: RHSP

Cc: CAO Mpigi District

Cc: RDC Mpigi District

Cc: DCDO Mpigi District

Cc: SPWO Mpigi District

Cc: CDO Kiringente Sub County

Cc: CDO Muduuma Sub County

Cc: CDO Buwama Subcounty

Cc: CDO Kamengo Subcounty

Cc: DHO Mpigi district

Cc: DEO Mpigi district

From: Mountains of Hope Children’s Ministries

Date of Report: March 2021

Reporting Period: January to March 2021

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Reviewed by: James Malinga-Executive Director

SECTION 1.0: INTRODUCTION

1. **Introduction**

The program networked and partnered with Mpigi District local government departments , including; Mpigi District Health Office, District Probation Office, District police Family and child welfare Office, Mpigi town council, Muduuma, Buwama, Kammengo, Kiringente, Nkozi and Kituntu sub counties, Health Centres para social workers and other agencies. These include: CBOs, Community Based structures- Para social workers.

This document shows progress of interventions that Mountains of Hope project and stakeholders have attained for this quarter January to March 2021, the interventions addressed the prevailing OVC and OVC household challenges, HIV prevention all aiming at improvement in OVC and their household quality of life. Project interventions during the quarter were in the four core programme areas; Economic stability and security, Education and development, survive and health, care and protection.

**1. 1: Background about OVC Program**

OVC program for AIDS-affected children have promoted resilience in children and broader society by reducing adversity and by building services and systems that reach people directly in their households and communities. And the evidence – highlighted here and throughout the document –shows that these interventions are working. They have kept children in school and improved education and psychosocial outcomes at the child level. They have developed household economic strengthening initiatives; established parent/caregiver education and support groups; and increased health care access and food and nutrition outcomes at the family and household level.

OVC programs also support the medical goals of the response in key and mutually beneficial ways***.*** For example, efforts to keep children in school have positive impacts on prevention. Economic strengthening activities help remove barriers to accessing facility-based services and child-focused health interventions are important platforms for targeting mothers for prevention of mother-to-child transmission (PMTCT). In addition, OVC community-based programming helps to reduce stigma and discrimination and create an enabling environment for people infected and affected by HIV/AIDS to access services. By addressing socio-emotional effects of the epidemic, OVC programs reduce the likelihood of children and adolescents moving from being affected by the epidemic to happiness.

Category of children in our program:

* HIV positive children and adolescents
* HIV exposed infants
* Children of female sex workers
* Children with life threatening conditions, children in abusive environments

**1.2. Summary of Achievements**

**1.3: Cascades(Present the HIV and Social cascade data for your respective geographical areas)**

**2. 0. ACHIEVEMENTS PER CORE PROGRAMME AREA (CPA)**

**CPA1: Case Management**

***Conduct Household Vulnerability Assessments*** *(Enrolment, Graduation and Exit)*

**OVCs graduated in Kiringente.**

|  |  |  |  |
| --- | --- | --- | --- |
| **sub county** | **Male** | **female** |  |
| **Kiringente** |  |  |  |
| **Muduuma** |  |  |  |
| **Buwama** |  |  |  |
| **Kamengo** |  |  |  |
| **Nkozi** |  |  |  |
| **Kituntu** |  |  |  |

**OVCs newly enrolled**

|  |  |  |  |
| --- | --- | --- | --- |
| Sub county | Male | female |  |
| Kiringente |  |  |  |
| Muduuma |  |  |  |
| Kamengo |  |  |  |
| Nkozi |  |  |  |
| Buwama | **61** | **71** |  |
| Kituntu |  |  |  |

***Community Facility Linkages and Referrals***

|  |  |  |  |
| --- | --- | --- | --- |
| *SUBCOUNTY* | *BOYS* | *GIRLS* |  |
| Kiringente | **1** | **0** |  |
| Muduuma | **1** | **2** |  |
| Buwama | **61** | **71** |  |
| Kammengo | **28** | **48** |  |
| Nkozi |  |  |  |
| Kituntu |  |  |  |

***Case file management & Record keeping***

All children’s files are kept in the cabin.

All records of children are kept in the file; services given to children are recorded in children’s files. Care givers who exited the program were removed from the Cabin and kept in another lockable cabin, our files also contain child ID numbers, and each house hold has a unique ID for easy identification.

HOME VISITS

**PURPOSE**:

* To assess the house hold status for improved standards of living.
* Identifying those that are still vulnerable.
* Assessing those households that are vulnerable.

**ACTIVITIES DONE**

* Filling the House-hold vulnerability assessment tool in their households.
* Filling in the monitoring tool.
* Giving psychosocial support

|  |  |  |  |
| --- | --- | --- | --- |
| Sub county | Number of house holds | Number of OVC visited male | female |
| Kiringente |  |  |  |
| Muduuma |  |  |  |
| Kamemgo |  |  |  |
| Buwama |  |  |  |
| Nkozi |  |  |  |
| Kituntu |  |  |  |

|  |
| --- |
| **FINDING DURING HOME VISITS** |
|  |
|  |

**CPA 4: Health, Water and Sanitation (Healthy)**

**DISTRIBUTION OF FARM INPUTS**

**PURPOSE**

|  |
| --- |
| **ACTIVITIES DONE.** |
|  |
| **Pictures taken during distribution.**  **ADHERENCE SUPPORT VISITS**  **PURPOSE**:  To assess children who are not suppressing.  **ACTIVITIES DONE**  Following up OVCs who are not suppressing  We have a total number of 234 HIV positive OVC on the program.as summarised below in each sub county per facility   |  |  |  | | --- | --- | --- | | **sub county** | **Name of facility** | **Number of HIV positive OVC** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **TOTAL OF** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **OUT OF 234 HIV positive OVC 28 are not suppressing due to the following reasons.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Reasons for not suppressing** | **Buwama** | **Kammengo** | **Muduuma** | **Kiringente** | **Total number** | | **Poor time management** | **2** | **2** | **2** | **2** | **8** | | **Parental negligence** | **2** | **2** | **3** | **1** | **9** | | **Pill burden** | **01** | **0** | **1** | **0** | **2** | | **Vomiting of drugs** | **0** | **1** | **0** | **1** | **2** | | **Stigma.**  **Luck of food** | **1**  **1** | **1**  **1** | **1**  **2** | **0**  **0** | **3**  **4** |   **TOTAL NUMBER 28** | |

**Pictures taken during home adherence visits in Kamengo Sub County**

**BOOSTER GRANT**

**PURPOSE**:

To support caregivers with IGAs by giving them booster grants.

**INTRODUCTION**

Mountains of hope together with RHSP supported8 caregivers with IGAs. Each caregiver was supported with a booster grant worth 100,000/= given in kind.

**ACTIVITIES**

|  |
| --- |
| **Activities done**   1. Identifying the house holds 2. Assessing the kind of business the caregiver wants. 3. Purchasing the items for the caregiver.   **Achievements**  A total of 8 caregivers in kiringente have been boosted.  **NUTRITION EDUCATION.**  **Mostly for the caregivers who have malnourished children and those with children who are not suppressing.**  **trained a total number of 60 caregivers on how to prepare ekitoobero**  **buwama 28**  **bunjako 20**  **muduuma 12**  **total of 60.**  **ADOLESCENT CLUBS**  **Conducted adolescent clubs to 50 adolescents from 5 facilities.**  **SINOVUYO**  **We trained SINOVUYO to 30 caregivers in Jalamba buwama sub county**  **This were able to attain parental skills**  **In following 14 sessions.**   * **Introducing the program an defining participants goals** * **Spending special time** * **Praising each other.** * **Talking about emotions** * **What do we do when we are angry** * **Problem solving putting out the fire** * **Motivation to save and making abudget with our family** * **Dealing with problems with out conflict 1** * **Dealing with problems with out conflict11** * **Establishing rules and routines** * **Way of making money and making afamily saving plan** * **Keeping safe in the community** * **Responding to crisis** * **Widening the circle of support.**   . |

**CPA 6: Systems Strengthening (District Sub Grant)**

***DOVCC and SOVCC Meetings***

Not yet had any

***Support to SGBV Survivors***

***Technical Support Supervision by the DCDO/Probation office***

***Community Sensitization meetings about SGBV***

We sensitise them through SINOVUYO training. On topics of managing anger.

We also sensitized children about their rights during child protection training at schools.

**CPA 6: Systems Strengthening (Monitoring &Evaluation and CQI)**

Success story

Nampijja Gertrude is 50 years old she leaves in Kiringente Sub County with 2 children both grand children. before we met Gertrude, she used to sleep in bad conditions sometimes without food, one day her house fell on them but luckily enough they did not get hurt a good Samaritan helped then and gave them where to sleep, Nantinda Annet our Para social worker identified her and she enrolled her in to our OVC program 2018 since then she has been saving some little money in the group.

We identified her for booster grant and she told us she wanted to start up a business for second hand clothes for children we purchased for her what she wanted a few months later, her business started booming, she started up another business of selling fresh fried fish she sells it very well and it all gets finished. She started to save 10,000/= in the VSLA group.

Gertrude’s life has changed she no longer suffers like those days she even eats three meals a day without any hustle of getting it because she is know a working class woman.

She has known started to save money for constructing her new house.

**3.1. Challenges** (challenges and how they were addressed or suggested solutions in case they still exist)

**Challenges:**

1. Late release of funds led to delay in implementation of activities, funds should be realised early in order to quicken activities.

**What has enabled us to achieve**?

1. Team work is one core reason why we have been able to achieve. Together as staff, with the help of the Para-social workers and the guidance from the RHSP team, we have all worked as a team to see that we achieve our goals.
2. Planning has also helped us to achieve in a way that we follow what we planned to do other than just doing things out of the blue. This has kept us on track.
3. Creating a good relationship with the people in the community we are working in has enabled us to achieve since these people hold the most accurate information about their fellow community members.

We call upon RHSP team to continue guiding us in every program activity that we do to enable us to do our work efficiently and effectively

**3.2. Lessons Learnt**

**Lesson Learnt:**

Reaching out to the community can give a clear picture than what is written in assessment forms by a Para social worker

**3.4. Planned Activities for Next quarter**

* **Continuous house hold assessment.**
* **Home visits to all OVC HH enrolled in the program**
* **Conducting SINOVIYO sessions.**
* **Conduct monitoring of VSLA groups.**
* **Facilitation of OVC transition into adulthood and out of school to gain apprenticeship skills.**
* **School visits follow up to monitor progress of the child.**
* **Assessment of HIV infected children for vulnerability.**
* **Distribution of scholastic materials.**
* **Verification of OVC for school fees payments.**
* **Strengthening young adolescent clubs at health facilities in Muduuma and Kiringente.**
* **Nutrition education/ kitchen gardens training in both sub counties.**
* **Business skills training and financial literacy**
* **Social support to medicine adherence focusing on VL non suppressed OVC.**
* **Orientation sessions for community leaders and dialogues for OVC care givers on early marriage and other harmful VAC practices.**
* **Orientation sessions for community leaders to understand chid protection legal frameworks for prevention of VAC.**