

ANNUAL PROGRAM REPORT 2016



HOPE AND PEACE FOR HUMANITY (HPH), UGANDA



AUTHOR: MANAGEMENT

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PREFACE

Hope and Peace for Humanity (HPH) is a legally registered NGO with Government of Republic of Uganda and mandated to contribute to the restoration of hope and improving the quality of life for people in post-conflict communities in Northern Uganda. Our main focus is put on OVCs, PHAs, single child mothers and extremely vulnerable individuals through community healthcare promotion, access to quality education, economic empowerment and livelihood improvement, food security and peace building for sustainable development and self-reliance. We need to agree that people especially young people, children and women suffered greatly from the consequences of the two decades armed conflict in Northern Uganda.

This state called for concerted efforts of all concerned stakeholders to develop and implement interventions that focuses on Rehabilitation, Reintegration, Recovery and rights protection; hence the reasons for core-existence of HPH. This program report details what transpired for the organisation for the year ended 2016 in reducing the impacts of the war in the region. This report gives highlights on the key achievements, partnerships and collaborations created, linkages and referrals made, strategic approaches used, success stories registered, visitors hosted, challenges faced during the period, lessons learnt and as well as recommendations for future programming.

There are a number of projects that have been implemented for the period by HPH, achievements realized and these included; - (i) Accelerated Education termed “Speed School Program” (ii) Increasing access to PMTCT and HIV prevention among pregnant women and their male partners (iii) Strengthening children protection systems in Gulu municipality, (iv) economic empowerment for exploited children in Gulu, access to education for OVCs and (v) education support for conflict affected secondary school girls. Finally, given the achievements we have scored, HPH reiterates to maintain participatory and people centered approaches to create meaningful transformation of societies. HPH put it forward to always align with National Government Programs and jointly contribute to the set global Sustainable Development Goals (SDGs).



Ms Idah Lagum Lumoro

Chairperson Board of Directors (BOD)

Acknowledgements

I am pleased to present to you a report on our work and practice in the intervention areas of integrated health (HIV and AIDS response in 2016), OVC Education, Economic Empowerment and livelihood enhancements. It was an exciting and challenging period that enabled us touch and influence lives of many people we interfaced with. The reception and participation of our partners and the commitment of our beneficiaries and the communities in utilizing the services was a key factor for our success in the year. The year was the first in the implementation of the new HPH Strategic Plan, 2016-2020. It was therefore full of activity, learning, re-engineering and adaptation of new practices for enhanced service delivery to our beneficiaries and communities.

In every success we have registered as an organization, we had people and institutions behind us and this has motivated us to remain focused to our laid-down goals, mission, vision and objectives. Truly, HPH management recognizes and congratulates the concerted efforts of its staff and volunteer members exhibited during the period. It has your presence, commitment and dedication that we have reached this far.

HPH acknowledges the significant contribution and technical guidance of Gulu and Omoro District Local Government whenever called for help. Thank you again for recognizing our presence in the area. HPH is much grateful to all our donors notably;- Global Fund for Children, Positive Action for Children Fund (PACF) and Pathfinder as a Technical Assistance (TA) organisation, PEPFAR/USAID (Community Grants – US Embassy Kampala, Geneva Global, Steve family foundation and HPH members. Thank you for the financial support. Every drop of support to HPH has been counted.

We also wish to acknowledge the input of the lower local Government structures (Child Protection Committees (CPCs), Village Health Teams (VHTs), and Division political and technical leadership), peer educators, cultural and religious leaders. You have been instrumental towards community mobilisation, follow-ups and referrals, health education, monitoring and Evaluation as well as advocating and marketing the works of HPH.

Above all we owe you a great debt of gratitude to all members of Board of Directors that have been industrious in providing continuous monitoring and development of appropriate policies

that best address the needs and concerns of our target groups. Your active engagement in resource mobilization cannot be doubted.

A handwritten signature in blue ink, appearing to read 'Godfrey Canwat', is centered within a light blue rectangular box.

Mr. GODFREY CANWAT
EXECUTIVE DIRECTOR

Board of Directors Message

It is my honor to share with you the journey HPH travelled in the programme responses in 2016 and like the previous years, 2016 was eventful with many milestones and achievements recorded. The reporting year was the first year into a new strategic plan implementation, 2016-2020. This therefore meant an increased obligation on the scope, quality and sustainability of intervention service delivery to the communities we served. In order to set the pace, HPH teams had to do much more and this kept all the segments of HPH family; governance, management, staff and volunteers busy throughout the year. I applaud the teams for keeping the tradition of hard work and achieving great results, in spite of some challenges met along the way.

During the year, HIV prevention, OVC education, women economic empowerment and livelihood enhancement remained key components of HPH responses, with several innovations in the delivery of services. Our focus remains on combination HIV prevention programming involving biomedical, behavioral and structural interventions, targeting various population segments. We worked on other strategic intervention areas including capacity development, research, and advocacy and strengthening district health capacity for quality service delivery.

In all these areas, HPH posted impressive results that matched and in some cases surpassed the planned targets. Sustainability of the response was a factor of great concern to HPH. We continued to explore and embrace initiatives that contribute to sustainability of our efforts to defeat HIV, increase access to quality education and economic empowerment. HPH flagships for sustainability are; Community-led Programming, District Health Systems Strengthening (DHSS), local resource mobilization and Partnership. Promising results have been recorded in these areas and we commit to do more by drawing lessons from other best practices from around the Country and global village. During the year, GFC hired OCD and M&E consultants continued to revise and revisit the organizational setup to better reposition the organisation to effectively contribute to the National and global responses.

We are doing these with now more optimism that we will live to witness an HIV-free generation, more enrolled children in school (improved education) and better economic lives for post conflict communities. During the year, HPH partnered with a number of stakeholders at various levels to shape the agenda to end HIV and AIDS, increase access to education and economic empowerment etc. HPH engaged with district local governments of Gulu and Omoro, to share its best practices in HIV prevention and AIDS care and support, education improvement and economic strengthening. HPH was involved in a number of district sector working groups such as health, education, gender, GBV and children protection committees and VHTs working in health care service delivery at local grassroots/community, sub-county and district levels.

HPH also kept its doors open to people and institutions interested in sharing and learning HPH experiences in HIV and AIDS, education, economic empowerment and livelihood support programmes attained over the years. These interventions contributed to sharpening of service delivery models and practices at district, national and international level. HPH BOD followed

through its mandate and held various governance meetings and consultations successfully. New members were brought in to replace those who had left. HPH went through the year with great success and that was realized with support from our many partners, friends and donors; US Embassy Kampala (USAID – PEPFAR Community Grants), Global Fund for Children (GFC), Positive Action for Children Fund (PACF) & Pathfinder International, Geneva Global, Steve Family Foundation, Gulu district local government and Gulu district NGO Forum, Beneficiaries and members among others.

We look forward to your continued partnership as we implement the new strategic plan.

Board of Directors' team

Ms. Idah Lagum Lumoro -Chairperson.

Ms. Jessica Anena-Member

Mr. Tonny Okwanga-Member

Ms. Vicky Lalam-Member

Mr. Alana Bernard-Treasurer

HPH MANAGEMENT TEAM



Godfrey Canwat - Executive Director



**Oroma Jennet-Project Officer,
Health**



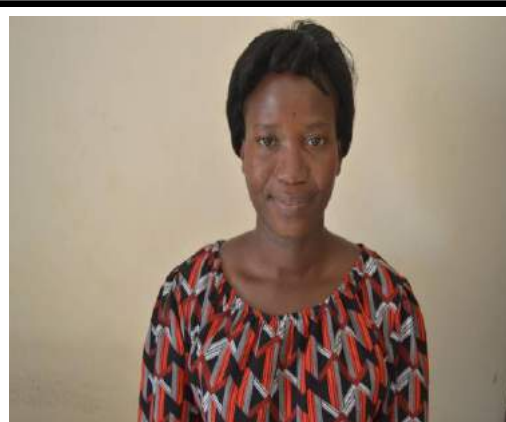
**Oola Bernard-Project Officer,
Education**



**Peter Lumoro-Speed School,
supervisor**



**Leonard
Ochaya - Finance & Administration
Manager**



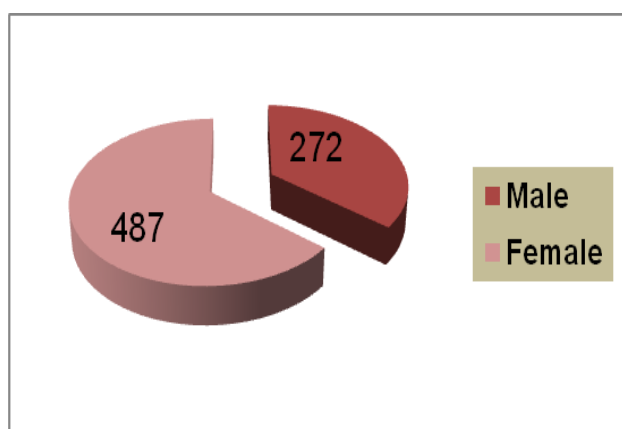
Christine Alice Lakot – Child Protection

ANALYSIS OF KEY ACHIEVEMENTS BY THEMATIC AREAS

1.0 : Reproductive health, maternal health, Child health and HIV prevention, Care and Support

During the period, there has been increased access to PMTCT and HIV prevention services among pregnant women and their spouses. 759 community members in Gulu Municipality were equipped with factual information about HIV, PMTCT/EMTCT and FP integration practices to remove barriers (negative attitudes, community and self stigma, cultural myths, GBV, inferiority complex among women, lack of information about PMTCT, and other HIV/AIDS services among others) to PMTCT access and increase community engagement in supporting pregnant mothers to access ANC services at public health facilities.

Figure 1: PMTCT/EMTCT/HIV/FP community awareness by Gender



In comparison to gender attendance, 64% were female while 36% were male. Our annual actual targets were 759 people higher compared to the planned targets which were set to reach 720 community people. This means there was an increment of 39 community people that benefited from the awareness. The analysis reports indicate a great





improvement in the uptake of HCT including PMTCT/EMTCT and FP services by the community people of reproductive age. For the period

Jan-June 2016, when the project has just started, 125 community people (men and women of reproductive age) were reported benefiting from the services at the health facilities inclusive of

20 couples. For the period July-Dec 2016 the performance improved to 339 community people of reproductive age benefiting from the services.

This was attributed to the continued community awareness campaigns which made people aware of the services as well as the viable strategies and methodologies used which included community drama presentations and joint reflection, community dialogues and use VHTs.

List of ANC Clinics

-  Lujo H/C II
-  Lanenuber H/C III
-  Teegot H/C II
-  Bobi H/C III
-  Awoo H/C II
-  LuJorongole H/C II

Reports from ANC clinics have indicated that through HPH partnership with them, 132 HIV positive mothers and 105 of their spouses were registered and enrolled for ART including FP, pre and postnatal services and that the turn-up was higher than before. This implies that for the year 2016, community people had started embracing EMTCT as a preventive measure for HIV among babies. Male involvement in supporting their pregnant wives to access friendly ANC at health clinics has drastically improved. Through their involvement, males realized that they

have a pivotal role to play to accept their engagement with their wives to make informed decisions about family planning options. In addition men have been encouraged to engage in collective action to battle HIV virus transmission to the babies.



71 Health Commodity Kits (HCK) were distributed to pregnant mothers that enrolled for ART program for good hygiene and sanitation promotion and as a motivational strategy for the pregnant mothers who deliver from the health facilities than through the TBAs. Regular



home and follow-up visits have been carried out and particularly HIV positive pregnant women/mothers including their spouses were provided with counseling services to reduce risky sexual behaviours and promote positive living. It is vital to report that clients were appreciative of the follow-up visits as some of them felt loved and cared

for despite the existence of community stigma and other negative consequences as result of HIV/AIDS.

At community perspective, Family Support Groups (FSGs) and youth continued to advocate for community centered promotion of EMTCT program having realized its good impacts it had created in saving lives of babies from HIV Infection through mother to child transmission.

Despite such enormous successes, HPH observed that majority of the HIV positive mothers and their entire households still lack access to socio-economic interventions and poverty still strikes them. This means they are unable to generate incomes and respond adequately to costs associated with regular treatment; transport to and from the health facilities. Others do not have the capacity to attend to proper feeding options and yet majority of them are on ART. Some AIDS clients were addicted to drug and substance abuse (consumption of alcohol) in pretense of killing boredom, reducing stress, anxiety and depression. This severely compromises their health and adherence to drug regimen. Other HIV positive mothers live single life and do not have caregivers to provide immediate support for example to remind them guide and remind them on prompt and regular medication and drug refill.

2.0 : Increased livelihoods opportunities and economic empowerment.

With the return and resettlement of over 95% of the communities, some children have taken to the street to find alternative sources of livelihood and ended up being exploited sexually by adults. An estimated 30,000 children were abducted by the rebels who largely used the girls as sexual slaves – they were repetitively exposed to sexual violence by the rebel commanders. It is estimated that there are 200 to 300 children in Gulu are involved in commercial sex (Uganda Youth Development Link (UYDEL), 2011).

This has been attributed to children being orphaned, poverty, bad peer influence; this exploitation has also been linked closely with drug abuse. This exposed the girl children to child pregnancies, STI/D's (including HIV/AIDS) and child trafficking but also excessive defilement. In Gulu, children are organized in groups of 10s, where they rent 1 room where they sleep during the day and engage in sex work at night. Children are also exposed to child pornography through tabloids (red pepper and onion) and areas around Gulu Municipal. CSE is majorly in the 4 divisions within the municipal in Gulu, but also in the neighbouring districts of Nwoya and Amuru due to the oil excavation and increased trade at the border of South Sudan and Uganda.

It was against this horrible status that during the year 2016, HPH put much focus on three areas to strengthen prevention and responsive service delivery initiatives that protect and promote child rights;-

2.1 Capacity strengthening of duty actors on child protection.

- 60 duty bearers at District and lower Local Government leadership as well as the community based structures were trained in child protection to strengthen their capacity to enforce



existing legislations and frameworks against Commercial Sexual Exploitation of Children (CSEC) and other child rights abuse, violations and exploitation. These capacity building trainings targeted community development officers, police child and family protection units, probation/ community service department, district Gender and Labour officers, CSOs and community child protection committees. It is our concern as HPH that very many policies at national and international levels exist but enforcement is another challenge. This is because some policy makers as well as the implementers of these laws and development programs do not have adequate access to them and this becomes difficult for them to enforce. This means routine updates for policy makers and implementers are necessary.

2.2 Economic empowerment.

46 Girls (12-17 years) exploited through commercial sex in Gulu municipality were provided with practical skills training in leather shoe making. By the time of this report, all the girls were able to produce men and women shoes including the belts.



These beneficiaries fell under categories of child single mothers, Orphans without homes and lived on streets, attendants and nude dancers in bars and lodges. For the sustainability of this intervention, HPH equipped these girls with skills in group formation and dynamics, business management, products marketing, financial management and created a link between them and the District local government with a view of continuous support and benefit from the Government Development programmes, notably the Youth Livelihoods Fund (YLF) among others. It is planned that for the year 2017, trainees will be grouped and provided with start-up kits to establish group working businesses in relation to the skills provided. HPH will ensure continual monitoring, follow-ups and mentorship for long-term sustainability.

2.3 Community and school awareness campaigns

2000 (500 in community and 1500 in schools) young people from within and outside schools aged 15-24 years were equipped with knowledge to improve their understanding about the risks associated with engagement in commercial sexual exploitation.

Figure 2: School awareness on CSEC by school and Gender end Dec 2016.

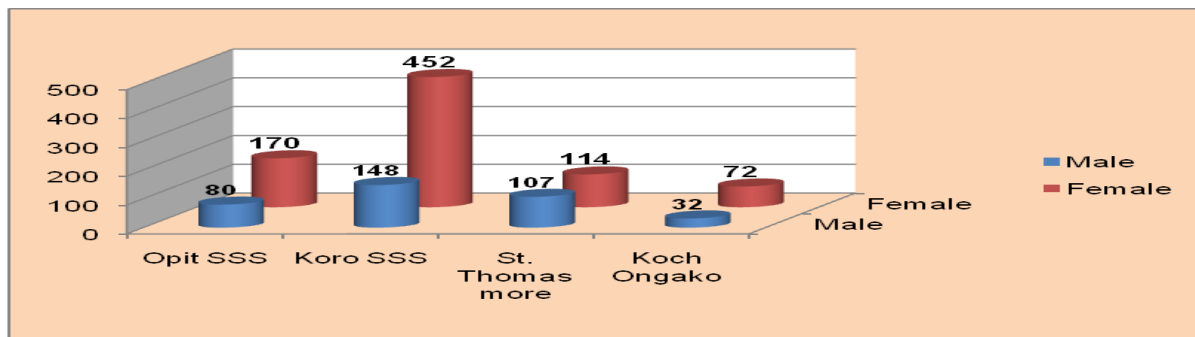
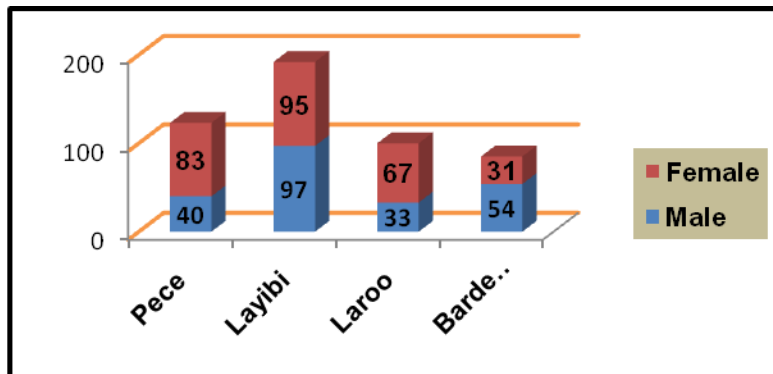


Figure 3: Community awareness on CSEC by Gender and Division end Dec 2016



These people were also equipped with life planning skills, provided with information about child protection service providers and human rights advocates.

HPH believed this information would help victims to report and access fair justice. Divisions of target were Laroo, Layibi, Pece and Bardege. In addition, young people and youth were provided with information about their rights and how they should advocate for them. In schools of Opit, Koro, St. Thomas more and Koch Ongako sensitization was held through Focus Group Discussions, debates and quiz and we believed these avenues would enable school children make informed decisions about life, value their sexual rights, and contribute to increased retention and improved academic performance for young people in schools.

2.3 Provision of psychosocial support and friendly ASRHS

In order for these girls concentrate on the training, they were provided with psychosocial support services such as one-on-one and group counseling, organized and encouraged them engage in MDD, sports, debates, spiritual fellowship. In addition the beneficiaries were taken for exposure visits to enable them learn, share experience and support each other towards the processing of individual and group development. HPH believed that such interventions would facilitate the emotional and psychological healing of these girls as majority were undergoing emotional trauma as a result of sexual abuse, violence and exploitation. Through one-on-one routine counseling sessions, some girls had been empowered and denounced

commercial sex and abdicated the practice completely. It was also revealed some of these girls had acquired HIV/AIDS including other Sexual Transmitted infections, and due to stigma attached to the practice, lacked access to HIV/AIDS Care and support as well as Reproductive health services mainly the modern family planning methods.

Through partnership and collaborations with Reproductive Health Uganda and TASO-Branches, the HIV positive girls were supported through the strengthened referral system and enrolled for ART treatment care and support from TASO and Reproductive health services from Reproductive Health Uganda.

For peace building and reconciliation purposes, some girl beneficiaries who had been abandoned by their parents because of the practice and the shame brought to families were reinstated to their families through the existing Community Based Structures (Child Protection Committees, village leaders) that supported with negotiation, guidance and counseling of both the parents/ relatives and the children victims.

3.0 Access and retention of children in school and employability of youth

3.1 Speed school / ECD/ Self Help Group/ and school capacity building.

The 2 decades' armed conflict had great impacts on the education system not only in Gulu but the entire acholi region. These impacts included death of parents and guardians who would have provided the education needs of these children. In Uganda, out of the total child population, 65% are vulnerable due to poverty, insecurity, diseases and conflicts. In Northern Uganda, vulnerability stands at 80% (including Karamoja and West Nile); Out of the 2.3 million children who are orphans, 38% are from the war-affected north and 46% nation-wide due to AIDS. The death of parents and guardians left these children in a dilemma of lack of education. Education of the children is a right and should be protected and promoted.

HPH and Geneva Global entered into partnership in 2016 and implemented phase one of the Speed School and Early Childhood Development program. This program contributes to Northern Uganda Education Program Strategy which focuses on supporting out of school



Serious concentration in ECD class is what we see



Facilitator guide pupils in class



A school girl handing in her assignment for facilitator's evaluation

children to enroll back in school and stay in school and complete their cycle of primary education. This program is implemented through four interrelated components/ models;-

- Accelerated learning classes/speed School (SS). This covers P1-P3 in one year.
- Self Help Groups. This supports parents of children under education program.
- Early Childhood Development (ECD). This basically nursery section attached to each public school. Children enrolled for ECD are aged between 3 and 7 years.

- Primary school capacity building.

By the end December 2016, HPH had recruited 250 children (8-14 years) in Gulu District on the School Speed (SS) program. Children under this program are sponsored through scholarships where they are provided with learning materials and paid for their tuition fees in the established accelerated learning Centres. Children are empowered to discover themselves, develop their mental thinking through basic learning before they are graduated to primary education. After every one year these children are graduated and linked to Government schools (Link schools) for Universal Primary Education (UPE). Since 2016, these children have exhibited learning potential which means that they are prepared for public schools environment for learning. This is greatly attributed to the fact that facilitators use child-centred and analytical approaches (peer to peer teaching, games, music, pictorial, family based learning among others) to create favorable environment for learners.

These learning Centres are equipped with facilitators/ caregivers well-trained in basic literacy and numeracy and child management. This program is holistic in design in that 250 parents/guardians of these children had been empowered through formation of 10 Self-Help Groups, trained in Village savings and each group had received a seed grant of UGX 1,000,000 and this non-refundable but kept within their groups for loan borrowing within themselves. The grant has enabled them engage in establishment of activities for income generation and meet the basic needs of their children especially education once PHP has phased out. We also believed that their incomes generated would have positive multiplier effects to other family members. Like any other groups, the self help groups also still find difficulties with loan defaulters within the groups.

To ensure that communities own and sustain this program, HPH parents, local leaders, Link school head teachers, Sub County and District local authorities were engaged and empowered to follow-up with their children for regular class attendance. As a result community people have improved their engagement in school activities such as Centre Management Committee meetings, latrine building and rehabilitation.

4 Quality and effective internal process to support strategic plan.

Throughout the period, HPH has been keen with internal capacity strengthening of its staff members. With its partner organisation (RICE WN), HPH had exchange learning visits where staff members had exposure to other organisation for programming, data tracking documentation and reporting mechanisms. There was recruitment of qualified and experienced personnel and this has increased on the workforce of HPH. Various partnerships and networks have been created and this has enabled HPH to source for funding for its programs and also meet its human resource needs.

With the assistance of external consultants and Pathfinder international, various policies have been developed and put in place. Various capacity building training have been undertaken by staff in areas of programming, strategic partnership, financial management, Governance and leadership. This has been instrumental in shaping HPH in the execution of its mandate.

5 Key Success Stories

Success Story 1: Evaline Ayoo 29yrs old was enrolled on treatment at the age of 22yrs, that is seven years ago after being bed ridden for almost 5 months and had lost weight seriously. In fact the family members had abandoned her to die in a small grass thatched hut. Through the works of VHTs, Evaline was identified, taken to hospital and enrolled on ART program. In the process, Evaline gained strengths, recovered and got herself a small room for rent 5 KMs away from her parents. Evaline happened to fall in love with a man who was also HIV+; as they continued attending their ANC services and health education, she delivered at a health facility and today Evaline says ***“Life is what you make it to be, I just wanted to die after my own family neglected me but today my baby girl Abigal 19 months is HIV negative. This would not be possible if it was not because of the PMTCT programme; I just do not know what to tell the VHTs, medical staffs at Lanenober H/C III and HPH staffs; may God bless you all”*** as she burst into tears of joy.

SUCCESS STORY 2: COMMUNITY OF LAKWANA P.7 SCHOOL EMBRACED SPEED SCHOOL PROGRAM

Speed School shooting two birds (at Lakwana Speed School A and Hima Village)

In 2015 Geneva Global commissioned a study on rate of drop out of children in Government Primary Schools in Gulu district that was conducted by Pincer Consultants. The schools identified with high dropout that HPH work with are Koch Ongako P.7, (5th), Lakwana P.7 (7th), Awoo P.7 (8th) and Lelaobaro P.7 (9th). Four different meeting were conducted to convince parents to bring their children and benefit from the speed school yet there were a number of children in the villages of Hima, Labworomor, Wii Atoo and Wii Gweng. This stem from the notion that “HPH has a plan to expose the parents with children at home to be arrested by the



Resident District Commissioner who had vowed to use all means to fork out such parents. After series of meetings and recruitment of Facilitators who also helped in sensitizing their own community, recruitment of beneficiaries started though carried out in five different sessions to get the 50 required learners for Lakwana Link School who are currently learning. The Members of Hima Community Store accepted for the store to be used for a token

maintenance cost of 100,000= only for the study period.

The turning point: During the selection of CMC and SHG Leaders, a member advised on children going to the bush for calls was unsafe and very risky. The parents agreed to sink the latrine and make 2 shelter but most of the SHG members were women (21F: 4M) and promised

to talk to their spouses, to work for them and elderly mothers. 2 shelters have been erected; and a latrine has been sunk and construction of the wall will commence shortly. ***The structure will serve members of the store later too.***

SUCCESS STORY 3: A case of Ocaya Emmy of Koch Ongako Speed School C

Like many Speed School beneficiaries, Ocaya Emmy applauds the program for making him study again. Emmy is 12 years old and lives with his mother who is now with another man (Emmy's stepfather) in Tochi Village Abwoc Parish Koch Ongako Sub County in the new Omoro District. The mother separated with Emmy's father sometimes back. Emmy came to live with the stepfather at the beginning of the year after staying home for two years. ***"My father was no longer attending to me on education matters and my stepmother never wanted me to go to school hence I left studies after attending P.3 class for one month only in 2014. One day my mother came to see me, and then I requested to go with her to visit our uncles. I later decided to proceed to where she stays. On reaching there, I was welcomed by my stepfather"*** said Emmy.

One evening my stepfather sat us down with my mother and said *"I have been attending a meeting called by the LC I Chairman of PidaLoro Village requiring that all Out of School Children of age range 8 – 14 years staying at home should be registered to study under some arrangement called Speed School which he elaborated clearly. He proposed to mummy that I take up the opportunity since I was already in school. My mother accepted willingly aware of the hardship I encountered which led to my dropping out of school. He took me on the day scheduled by Hope and Peace for Humanity where I was enrolled.*



Emmy (left) and his friend express their happiness after the Placement Exam on the 1st day

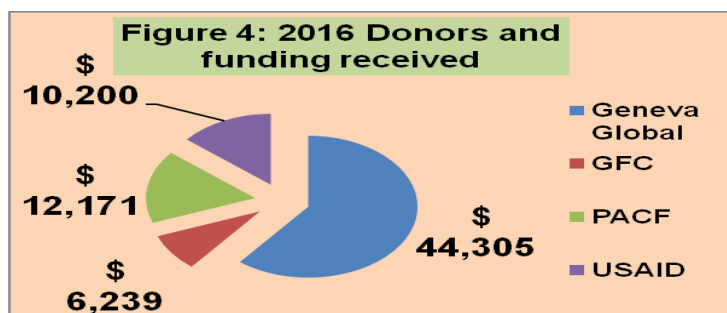
My studies this time was a bit different because the stepfather would not allow me stay at home unless I am sick. Sometimes he follows me when they go for saving meetings. My parents supported me to study through health care, food (packed lunch) and encouragement, but at school I got support from Geneva Global through HPH in terms of books pen, pencils and teaching that my parents don't pay for. ***"I am very happy with the SS Program that brought me back to school because the knowledge I had acquired before was getting lost from my mind"***.

Akello Winnifred (Emmy's Facilitator) said that Emmy can now read both Luo and simple English words/objects and because of this the parents are very happy with the boy's performance in school. Emmy was in position One in Phase II exams and was the best pupil for both Koch

Ongako Link School and Speed Schools in the Gulu/Omoror End of Year Exams 2016 (*See Placement Results below*)

• English	96/100	} Total marks 463 out of 500 Position 1 out of 25 His Average Marks: 92.6
• Numeracy (Maths)	96/100	
• Literacy I (Writing)	80/100	
• Religion	92/100	
• Literacy II (Kwan)	99/100.2	

6 Organizational Incomes and Expenditure For Jan-Dec 2016



Our sources of funding have been mainly through donations and membership subscription. Some of our major donors are Geneva Global, Global Fund for Children (GFC) and Positive Action for Children Fund (PACF) and USAID as in figure 4.

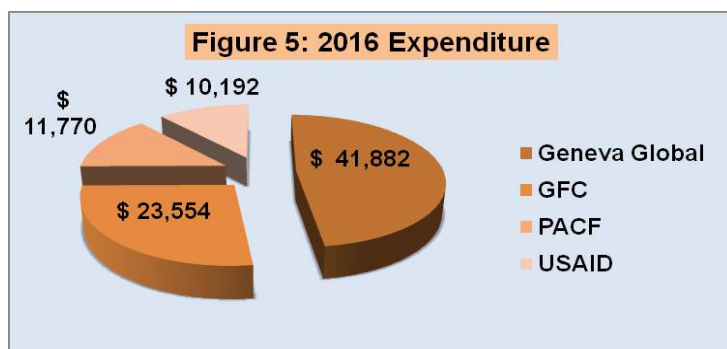


Figure 4 show that HPH received \$ 6,239 from GFC which was much less than the expenditure in figure 5. In 2015 we had a balance of \$ 17315 which was carried forward for 2016 activities.

7 2016 HPH Visitors

HPH over the year received many visitors including donors to the organization and programme intervention sites which saw the gratitude of programme evidence work ongoing in the various communities in which HPH operate. Notable among the visitors were GFC team from Washington DC, USA and Grant Thornton who had come for the international knowledge exchange conference (KE) organized and hosted by HPH in partnership with FICH Oyam, Davies Carly from PACF UK, Super Cell team from Geneva Global HQ in Philadelphia, USA and many other wishers and friends of HPH who associated themselves with the work of the organization.



Emmanuel, Bundie (GFC visiting team) with Bernard while middle director explaining to the visitors during school visit of a beneficiary and right the grant Thornton visitors with a beneficiary



Geneva Global donor visitors in one of the speed school classes while right meeting parents and members of the self help groups

8.0 Key issues identified during the period which require urgent redress.

8.1 Child protection is still a serious issue to consider.

The rate of Commercial Sexual Exploitation of Children in Gulu town is high and this practice is common in most of the entertainment places such as bars and lodges. The enforcement of child protection laws especially in curbing down child sexual exploitation is limited. The law enforcement personnel still have capacity gaps in tracking, documenting and taking relevant action against commercial sexual exploitation of children. The Child Protection structures at local level of governance are still weak due to lack facilitation and corruption in the case management processes. Children are trafficked from villages promised with good employment, connected by pimps to work as bars and lodges attendants during day time and used as sex workers during night time. This practice has even penetrated schools. During the period we have also noticed high rate of child marriages which is attributed to poverty, orphan hood and negative cultural practices that promote corporal punishment for children.

8.2 Education

Parents withdraw children from school and forced to farming during planting and harvesting sessions. These block the opportunities for these children to consistently attend and excel at school. Some families have never attended education at any one level and therefore their pain is inflicted on their children. This is a total violation of child's right to education. Some families are much aware of their responsibilities towards their children. However majority of these families are “swimming” in the pool of poverty cycles and hardly able to respond or adequately address the education and other needs of their children. Some families still undergo the post-armed conflicts consequences such as the destruction of their business enterprises, as well as the discontinued care from within and distant relatives. The most affected people are women and single mothers who lack seed capital for Income Generating Activities (IGA) establishment to capacitate them meet the education needs of their children.

School pupils and students are also frustrated by the long traveling distances to and from school. Some children walk approximately 10 Kms to and from school every day. As a result some children have withdrawn and resorted to child labour as housemaids, bar and lodge attendants, others are helpers on construction sites among others. Feeding children at home and school is a hustle. Majority of these children live homes without breakfast and they do not have lunch while at school. This means these children will study hungry and with a lot of stress which automatically disrupts attendance, retention and academic excellence. Teachers especially in rural areas are poorly remunerated which demotivates them from providing quality education services to pupils and students in classes.

With the host of financial challenges these teachers face, some of them resorted to part-time at school and the remaining time is invested in private business for extra income generation. Most of the schools under HPH target have poor infrastructure (depilated and incomplete school buildings) to the extent that some community children study under trees. This jeopardizes their learning arrangements during heavy rain pour. This is further intensified by the lack of updated learning materials such as textbooks, charts including furniture. The poor road networks in rural communities of Gulu District that have become impassable during rain session which block some children to cross to school as they fear to drown in waters for safety of their lives. All the above concerns have contributed immensely to poor access to quality education for both the girl and boy child in Gulu District.

Limited financial and non-financial resources. HPH appreciates its donors for support provided. However given the host of issues as highlighted above coupled with high expectations from communities, the organization still find challenges to meet such community demands. This also cuts-across the necessary demand for the administrative department especially remuneration for human resource and other office utilities. This has motivated HPH and serious embarked on look-out for within and outside opportunities for meaningful support in whatever form.

9.0 Lessons learnt

Partnership and collaborations have been behind our successes for the year ended 2016. During the year HPH has worked closely with public health facilities and their personnel who have supported in the effective implementation of eMTCT program. Through partnership we have managed to secure financial resources from the above partners showed in Figure 4 above that facilitated the implementation of projects above that yield recommendable results. This therefore translates that partnership is strength. In partnership a platform is created for participatory learning, sharing experiences, resources and replication of the best practices given each partner's capacity.

We have also learnt that engagement of direct beneficiaries and duty bearers play a role in sustaining results. These people understand well issues that affect them and however require empowerment to address them. This has been depicted from the fact that parents of the school children under the education program, leaders at all levels of leadership routinely monitor their children and schools to find out their level of academic excellence as well as identify gaps in the education system. They have also showed responsibility in supporting schools to build and rehabilitated school latrines. This is a sign of community responsibility which guarantees project's long-term sustainability.

We have also realized the need to revise the ordinary way of teaching school children. Children taught through participatory approaches (peer to peer teaching, role plays, singing, music among others) have self-confidence to express issues. In addition, the analytical thinking of these children is high because through example we have examined these children and some were eager to find out “why the teacher is teaching us this? Why this object exists? How does it exist? What will be after?

10.0 Recommendations for 2017

HPH will focus more on resource mobilisation to strengthen our interventions, identify new issues that require redress. As we have realized its importance, partnership has become one of our organisation strong strategy as well as a principle in all projects' implementations.

HPH will improve on marketing its successes through updating organisation Website and face book page. We plan to open up a twitter account. Strengthen internal capacity of our human resource through recruitment, trainings, orientations and rewarding to increase their competencies to respond and improve service delivery.

HPH also plan to acquire land for the organization and design its office structural outlook as it plans to raise funds for the construction with time. This will significantly reduce on renting challenges as well raise funds through sub-granting of office space to other relevant development partners working in the district or region.