



Humanitarian
Aid Relief Trust

Northern Uganda Visit Report

21st - 30th October 2017

PAORINHER: CELEBRATING 10 YEARS OF ACHIEVEMENTS



Humanitarian Aid Relief Trust
Unit 1, Jubilee Business Centre
213 Kingsbury Road
London
NW9 8AQ

020 8205 4608
office@hart-uk.org
www.hart-uk.org
Reg charity: 1107341

List of abbreviations

ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
HART	Humanitarian Aid Relief Trust
IDP	Internally displaced person
LRA	Lord's Resistance Army
M & E	Monitoring and Evaluation
NDC	Nutri Dietetic Centre
OCHA	UN Office for the Coordination of Humanitarian Affairs
OVCs	Orphans and vulnerable children
PAORINHER	Patongo Orphans Infants Health Rehabilitation
PLHIV	Person Living with HIV
PFP	Power for the People
VHTs	Village Health Team volunteers

BACKGROUND CONTEXT

Northern Uganda suffered 20 years of terrorism from 1987 to mid-2008, inflicted by the so-called 'Lord's Resistance Army' (LRA) in which countless civilians were massacred, 2 million people were displaced, homes were destroyed and at least 25,000 young people were abducted and forced to serve as child soldiers.¹

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA), the LRA attacks and the government's counter-insurgency measures resulted in the displacement of nearly 95 percent of the Acholi population in three districts of northern Uganda.

By 2006, 1.7 million people lived in more than 200 internally displaced person (IDP) camps in northern Uganda. These camps had some of the highest mortality rates in the world. The Ugandan Ministry of Health and partners estimated that through the first seven months of 2005, about 1,000 people were dying each week, chiefly from malaria and AIDS.

Three HART personnel visited Patongo in 2005, one of the areas suffering severely from LRA atrocities to meet local people, obtain evidence of their suffering, and (as is HART's foundational principle) to ask them to identify their priorities for aid. Their response: *'with so many of our people killed or now dying in the camps, there is no one to look after other people's orphans – and many are dying of starvation and disease.'*

HART was privileged to respond by offering assistance with the establishment and development of a Centre for the care of orphans: **Patongo Orphans Infants Health Rehabilitation** (PAORINHER).

In 2008, the LRA signed a Peace Agreement with the Government of Uganda, making it possible for survivors to return to their villages and for the PAORINHER staff to find extended families and caring members of the community to provide homes for the orphans. This changed the focus of the Centre's work towards the provision of holistic care for HIV positive children and their carers.

As the infant orphans grew into young children, PAORINHER staff realised they needed education. Teaching began for these children in one classroom. Now, alongside the Health Care Programme at PAORINHER, a school has been established which has grown from those small beginnings to provision of high quality education for over 700 students up to P7 Grade (Key stage 3).

There have also been significant collateral developments, including nutrition initiatives, such as the purchase and distribution of chickens and hens (including 'layers' which provide eggs). These are very important for HIV positive children, helping to reduce serious side-effects of malnutrition and to reduce nausea which may accompany the taking of Anti-Retroviral drugs.

The staff and community are profoundly grateful to the Aall Foundation for the resources which have made this possible. The recent report to the Aall Foundation provided data on the 'chicken initiative'.

¹ See chapter 4 in 'This Immoral Trade: Slavery in the 21st Century' by Caroline Cox, which documents some of the horrific stories of children who were abducted by the LRA and forced to become child soldiers.

This report contains first-hand accounts of continuing developments including meetings with the PAORINHER Board of Management; the Senior Nurse, Pius, with primary clinical responsibility; the local Village Health Teams (VHTs); the lead clinician of the HIV clinic of the nearest hospital at Kalongo which provides hospital care when needed for PAORINHER; and, in Gulu, an account of a meeting with Monsignor Matthew Odong whom some of us met in our early visits and who gave an update on the general situation.

The report also outlines processes of Monitoring and Evaluation (M & E) together with proposals for future strategic planning. In addition, we were accompanied by nutrition experts from the Nutri Dietetic Centre (NDC), Vivian Jacky and Vivian Nambozo, who began a partnership with PAORINHER this year, and Nasrin Sharifi, from Power for the People (PFP), who is considering very significant potential partnerships with regard to the provision of solar power and agricultural developments.



A Pupil of PAORINHER Primary School during the Anniversary parade.

MEETING WITH MONSIGNOR MATTHEW ODONG IN GULU

'I am so happy you have shared our challenges and being with us in solidarity. Now it is peaceful but we suffered for 22 years with the LRA and it will take us 50 years to recover and to repair our losses. Therefore, we need people like you to come and give us hope and let us know that we are not forgotten.'

Those who lost loved ones need to hear the message that you have come a long way from overseas as an expression of solidarity with our people. St Paul in his letter to the church at Corinth reminded us that when part of the body suffers we all suffer.'

Monsignor Matthew Odong has been a priest for 30 years, 27 of which have been in Gulu. He suffered at the hands of the LRA on 11th May 2003 when they attacked and abducted 41 seminarians. *'I was a father to them and to see them in captivity was profoundly painful. 30 escaped at different times but we still don't know where the 11 are, if they are still captive or if they have died, gone to heaven and are praying for us.'*

As the Vicar General of the Diocese, he has the responsibility to represent the Church and to work with other Acholi religious leaders in their interfaith forum for mediation and advocacy, which was founded in 1997. The war killed Catholic, Protestants, Muslims and Orthodox Christians. Therefore they joined together to become a voice for the voiceless to tell the world of their suffering.

'There are two Ugandas: the South which is another country and very wealthy; the North which has been reduced to nothing by the war and the people have little to eat. But we have not given up. We know the Lord is here. During the war, refugees fled here, sleeping in schools and other places. Our faith has to be translated into actions: "Whatsoever you do to the least of one of my children, you do to me. I was thirsty and you gave me water. I was hungry and you gave me food..."'

'As a priest, I had to stay with my people to show that God had not forgotten them. There have been many risks. I was followed by the rebels into the bush. I have also met the president several times and met the Pope in 2014. Then the Pope came to Uganda in 2015. In 2008, the vice President of South Sudan, Riak Machar, called and asked for help from religious leaders to go to Juba.'

Educational facilities have been destroyed and in rural areas there are often no school buildings left and teaching takes place under trees.

The people always smile but when you sit down and talk with them, you find they still suffer from deep wounds.

Now is the time for reconciliation, rehabilitation and resettlement.'



One example of a massacre inflicted on civilians in the village of Opota, near Patongo. Names painted in red are those who were boiled in a pot.

MEETING WITH PAORINHER BOARD OF MANAGEMENT

We had a meeting with the Board of Management of PAORINHER at the Centre for a briefing on the activities, progress and challenges they encounter in the running of the Centre.

Present at the meeting were:

BIMENY JOHN BAPTIST - Chairman
OKELLO JUSTINE - Deputy Head
OKOT EMMANUEL - Board Secretary
OBOK JAPOK - Board Secretary for Mobilisation
LUTTO JOSEPH ADONGA - Head Teacher
RAYMOND OKOT – Director of PAORINHER
JACKY VIVIAN – Nutritionist from NDC

BARONESS COX –HART CEO
DAVID BATES – HART Trustee
VIVIAN NAMBOZO – Nutritionist from NDC
ZIALLO GOGUI – HART Administrator
DAVID THOMAS – HART Project and Logistic Co-ordinator
NASRIN SHARIFI – Founder and Director of (PFP)

Chairman's Briefing

The Board is the central organisation for the management of PAORINHER and is the focus for coordination between the Board, the staff and donors. We were very happy when 10 years ago HART started supporting 32 under-fives orphans and HIV positive children with feeding, HIV care and counselling.

We realised they also needed education and we began with one class. By 2008, we had started a primary school which has developed so successfully that in 2015 and 2016, the school excelled in examinations.

Health care is now provided for 600 children plus nutritional support with 300 chickens to provide eggs in 6 sub counties in PAORINHER catchment area.

The children are monitored by the Centre's nurse to check drug adherence.

Current needs:

- A fence around the Centre to protect the children;
- A lighting system to enable study for academic performance;
- Dormitories: those currently in use are crowded and inadequate. The performance of the school has attracted parents from the district which raised the need for more accommodation for the new students
- Furniture in classrooms: seating is needed to enable school children to sit for school work. At the moment, they have to sit on the floor which is uncomfortable and distracting.

Head Teacher's Briefing

The school at PAORINHER is an educational model. It is the best in Agago District with some good grades and no failures in two years running.

The school currently has a total of 732 pupils: 349 boys and 383 girls.

The school staff consist of 19 teachers, 14 male and 5 female.

The Exam results for the last two years are as follow:

Academic Year	Number of candidates	Passed	Grade I	Grade II
2015	20	20	7	13
2016	32	32	6	26

MEETING WITH DR. COX, LEAD CLINICIAN, KALONGO HOSPITAL

'At the HIV clinic in Kalongo hospital, we see tremendous work being done by PAORINHER.

The children are often referred to us and this is how I came to hear about PAORINHER. The children need help because they are vulnerable as orphans, many living in poverty, and their parents may be HIV-infected and unable to care for them.

Children typically get referred to us at Stage 4 – termination stage, when the blood virus count is so high that little or nothing can be done for them. Investigation showed that poor nutrition, incorrect dosage and poor adherence to drug therapy regime was the root cause. Poor nutrition is due to lack of food security. Stage 4 children often present terminal brain tumours. Parents who are battling HIV themselves struggle to provide for their children in terms of food, school fees, and general living costs. As a result, even uninfected children suffer. Child marriage is rife in adolescent girls, just to be able to eat. This has a big impact on education: from P1-P4 girls outnumber boys 4 to 1, only 25% girls remain in school from P6 onwards because of child marriage.'

According to Dr Cox, with new HIV infections, sensitisation is key for early testing and diagnosis. Kalongo Hospital's dance group, the Super Eagles, headed by Dr Cox, has created a sensitisation and testing programme using traditional dance and music, in the district of Agago. This is very successful because people, drawn by the traditional songs, dance and music, readily engage with the programme. The theme of the 2015 Acholi Music Festival was *Stop Child Marriage*; in 2016 it was *Food Security*, and this will be repeated for the 2017 Festival in December.

They are committed to teaching communities in the district about HIV, male circumcision and food security.

'This is the most powerful teaching method to obtaining people's attention. When the people hear the music, they all come and listen. They absorb the health education message and we see behavioural change within a few months. They would never give such attention to a traditional teaching methods or a radio broadcast. Our band is brilliant and has been Acholi champions for the last 2 years.'

Of the challenges they face, transport is a critical issue, especially in the referral system. The lack of transport and poor roads means that it can take over a week to get a Stage 4 child to Kalongo Hospital for treatment. The hospital has few ambulances and these prioritise emergency surgical and obstetric cases. Sturdy mountain bikes and courier motorcycles that can navigate the roads – especially in rainy season – can save lives and much suffering.



Super Eagles Health Education Band

FIELD VISIT TO STELLA, VILLAGE HEALTH VOLUNTEER, AT AGAGO DISTRICT HEALTH CENTRE

'We greatly appreciate what you have done for our children with good nutrition with eggs.

This also helps them to make money by selling some of the produce and thereby to enhance their quality of life. We are very happy to be in this situation as we can help these children to have a future.'

Problems and Challenges:

Stella emphasised the main problem faced by patients of the Health Centre is the lack of education: some children, especially orphans, cannot afford the school fees. In the case of child-headed households, family responsibilities keep them out of school.

An illustrative example is the case of a 10-year-old girl who is living with her grandmother and who has to take responsibility as the caretaker for the elderly woman. She has to cut wood and undertake household chores; she also has to walk a long distance to receive treatment and consequently her health is failing. She cannot obtain sufficient food for herself and her grandmother. The health workers provide some food but it is not enough. As a result she cannot go to school.

Needs:

Stella emphasised the need for health workers and families to have bicycles to facilitate access to treatment.

Clothing is needed for orphans as they cannot buy clothes.



Services provided at Agago District Health Centre



Patients and health workers welcoming the HART team at the Health Centre

Meeting with PAORINHER Health Volunteers (VHTs) – 26 Oct 2017

Present:

David Bates – HART Trustee

Vivian Martha Nambozo – NDC Nutritionist

Ziallo Gogui – HART Administrator

Vincent Oling - PAORINHER Field Worker

7 Village Health Team volunteers (VHTs) joined by Pius Atwai, Patongo Health Centre and PAORINHER Nurse.

This meeting took the form of a focus group with the aim of identifying the VHTs' major activities and challenges to their role (morning session) in order to identify ways in which the VHTs could contribute to reporting progress in the PAORINHER outreach programme (afternoon session). It was facilitated by David Bates, a HART Trustee, with experience in participatory planning, monitoring and evaluation.

VHTs' Activity:

PAORINHER VHTs were asked what their major activities are:

- All are providing health education to mothers and children under the age of 17 across the 6 sub-counties in Agongo District. They have a number of ways of engaging with their communities from visiting households to holding formal weekly, fortnightly or monthly meetings depending on workload and geography.
- Location of meetings depends on availability and access to facilities including Health Centres, Village Centres and home visits to peoples' houses. It is noted that males are poor attenders at these meetings which could be due to work commitments, stigma or alcohol and substance misuse.
- All have HIV/AIDS households in their sub-districts. Some have multiple members living with HIV, some have child-headed households and some households have child carers.
- Other population issues are mental illness, alcohol and substance misuse and parents refusing to take health advice on how to care for their children. In some households, vulnerable people are caring for orphans and vulnerable children (OVCs) and there are a number of reports of sub-optimal administration of drugs.

VHTs will ensure that ART (Anti-Retroviral Treatment) drugs are given appropriately in vulnerable households by giving them themselves when necessary.

VHTs also report the early success of the chickens, especially the layers who are providing eggs to ensure that children are not taking their ARV (Anti-Retroviral) drugs on empty stomachs. This reduces or eliminates the nausea associated with taking these drugs.

This will overcome some non-compliance but there are still many other reasons for clients not taking medication, such as selling their drugs.

Alcoholism also featured as a major disruptive factor to effective therapy either because clients sell their drugs to buy alcohol or because they are drunk and do not take their drugs.

VHTs, Health Centre staff and the Field Workers do communicate, cooperate and share good practice but there are still many challenges.

Challenges and Requirements:

Taking a health system strengthening approach, the VHTs were each asked what their major challenges are and how these might be met. These were then clustered and two main clusters emerged: poor access to health and care services along with continued malnourishment in the community. These were verified as major reasons for ineffective treatment of HIV/AIDS by Dr Cox the lead clinician in Kalongo Hospital HIV/AIDS clinic where very sick PAORINHER children are referred².

- Poor access to Health and Care Services: Poor access caused by a number of factors due to the geography, financial status of individuals and intermittent or non-supply of drugs from the Ministry of Health (MoH).
- Transport: The communities and health system lack appropriate transport to enable the clinician to reach the patient or the patient to reach the clinician. In addition, it is difficult for VHTs to travel around their sub-counties.

Recommendation: PAORINHER Field Workers and VHTs assessed transport requirements and believe that bicycles would greatly enhance the VHTs' effectiveness in support of their vulnerable populations.

Also, a large, all terrain motor cycle would improve the line of communication with Kalongo hospital and transport of patients needing urgent treatment, especially in the rainy season when the roads are often impassable to other vehicles, including all-wheel drive.

- Finance for hospital fees/drugs: Patients often have to borrow money to pay for hospital fees. In the sub-district of Adilongo, patients have started a small community bank to help their members pay out of pocket expenses for clinical care.

Recommendation: This scheme might work in other sub-counties; VHTs may wish to assess the feasibility with their clients.

- Communication: VHTs are using their own mobile phones to call clinicians for advice or to refer their clients for clinical treatment. They use their own 'air time' and have to pay for power to charge their phones which is currently UGX 500 in Patongo where electricity is not always available.

Recommendation: VHTs need dedicated phones loaded with air time and re-loaded monthly by the Field Workers. They also need the ability to re-charge their phones without having to go to Patongo to pay. A sustainable energy source in the sub-county is the preferred method which could be used to charge other peoples' phones for a small fee that could be ploughed back into the system.

- Level 3 ART not available in Patongo³: There is a need to ascertain where the block in supply is and to un-block this. The Global Fund for HIV/AIDS, TB and malaria resources these drugs so there should be no issue with supply. Clinicians are told there are none in the system when they ask why their orders have not been delivered.

Recommendation: This is an advocacy issue and HART supports PAORINHER, the Health Centres and Hospital in an investigation to identify why drugs are not being issued.

² Meetings between HART/PAORINHER with Dr Cox and CE Kalongo Hospital on 25 Oct 17.

³ David Bates and Vincent meeting with Pius and healthcare team in Patongo HC 26 Oct 17

Conclusion:

All VHTs were fully engaged in the process and were enthusiastic with the proposed data collection methodology which they had helped to create and will deliver. Improved qualitative reporting will provide data to support resource requirements and requests for capacity to meet those requirements.

VHT and Sub-district	No of Households	No of HIV+ households	No of child headed households or child carers	No of households with vulnerable children	Frequency of meetings	Place of meetings
Christine Adilongo	120	5	13	27	Weekly	Home visits Health Centres >100 women attend
Samuel Kotomo		33	4		Weekly	Coincide with VSLA meetings on Fridays
Charles Omot	54				Monthly	
Jacob Lira	67	13	1 girl		Weekly (Tue)	
Thomas Patongo	138	26	1		Twice monthly (Fri)	
Lina Lukole	47		1		Twice monthly	
Cecilia Patongo			1 (10 year old boy)			

COLLABORATION WITH NUTRI DIETETIC CENTRE (NDC)

The partnership between PAORINHER and NDC is providing valuable education on nutrition for VHTs and caregivers from 6 sub-counties.

NDC is working to improve the agricultural and nutritional situations for families with HIV+ children through food demonstration camps, training workshops and technical support or health care programmes, including de-worming.

Jacky Vivian Aciro and Vivian Nambozo from NDC's visit coincided with the visit by the HART team and provided a valuable opportunity to share information and to discuss continuing initiatives, assisted by funding from the Aall Foundation. The work undertaken by NDC is immensely valuable in improving the nutritional status and health of children with HIV as well as laying the foundations for sustainable development.

FARM VISIT

On 27/10/2017 a team from PAORINHER and Nasrin Sharifi visited the school farm to assess feasibility for development of agricultural production. The land has been leased for 5 years with intention to purchase. It has been estimated to be between 360-500 acres. However, actual land holding will be calculated after a detailed survey.

The first impressions are generally positive:

- The land has been fallow for several decades and therefore has huge potential for agricultural production (both crop and animal);
- The soil appearance is very dark in colour, which is indicative of high fertility;
- The land boasts two boreholes and one stream, which would make irrigation possible in the dry season.

Possible projects that can be carried out on the land have been generalised under 3 broad themes: School, Business and Outreach (See table below).

Costs for clearing, ploughing, production costs and land survey have not been addressed here.

PROJECT	Crop	No. of acres required for annual production	Estimated number of kg/annum	Season grown	Notes
SCHOOL	Soybean	25	11 tonnes (500kg/acre)	1st	Soybean will be processed for consumption as porridge thrice a week by school pupils
	Cassava	50	36.5 tonnes (10 bags/acre)	Annual	To be consumed both fresh and dry, twice a week by school pupils
	Maize	20	17 tonnes (1 tone /acre)	1 st and 2nd	As part of daily diet and porridge
	Beans	20	10 tonnes (500kg/acre)	1st	Part of daily diet
	Greens	1	-	Annual	To supplement diet/create dietary diversity
Total acreage		116			
BUSINESS	Rice	50	-	2nd	Crops classed under business crops shall be used for income generation once sold, and money used to sustain the farm. Eventually the objective is for the school farm to be self-sustaining
	Yams	20	-	Annual	
	Bananas	3	-	Annual	
	Vegetables	3	-	Annual	
	Mixed fruit Oranges, Mangoes, Pawpaw, Jackfruit, Avocado	5	-	Long term	
Total acreage		81			
	Fish farm	-	-	-	The size of the fish pond will depend on the size of the reservoir to be dammed. The pond will require fencing off-approximately 560m of fencing
OUTREACH	Seed bank with sesame, cassava, lapena, sunflower, greengram and range fleshed sweet potato	-	-	-	The outreach arm shall also have demonstration plots for each crop. Caregiver will receive training and capacity building on different agricultural practices for the 'seed bank' crops.

POTENTIAL AGRICULTURAL AND SOLAR POWER DEVELOPMENTS WITH POWER FOR THE PEOPLE

Power for the People (PFP) is a UK registered charity. Its mission is to alleviate extreme poverty by building sustainable communities for the world's poorest people where the government and private sector are not meeting needs, powered by a backbone of basic infrastructure.

Nasrin Sharifi joined HART's visit to PAORINHER to assess how PFP might support the realisation of PAORINHER's vision and, specifically in the short term, support the sustainability of HART's OVC-PLHIV Outreach Program.

Together with PAORINHER's Board of Trustees and Management and the HART team, we have identified the following initiatives as the first phase of a potential 5-year Sustainability Program for PAORINHER:

- Improving household income in PAORINHER's Outreach Program for OVC families and PLHIV by providing households with solar lighting and power;
- Facilitating evening study and improving education both at the Centre (dormitories and classrooms) and in PAORINHER's Outreach Program for OVC families and PLHIV by providing solar lighting and power;
- Improving early testing and referral, and access to healthcare, by providing sturdy bicycles, internet access, solar lighting and power to PAORINHER's Volunteer Health Teams;
- Supporting Kalongo Hospital's Sensitisation & Community Engagement through Acholi Dance, Song & Music by supporting the community's micro-finance Scheme;
- Improving access education for OVCs, especially those infected with HIV, by increasing boarding capacity;
- Improving literacy and language skills by establishing a library at the Centre;
- Supporting the retention of adolescent girls in school at P6 and above, and helping reduce child marriages, by sponsoring 10 new OVC HIV girl boarders at the school, and by introducing a Self-care (cooking, cleaning, sewing and basic first aid) course as part of the school curriculum for both girls and boys;
- Reducing smoke-related disease, and saving cost, by installing biogas and smoke-less cook-stoves at the Centre; and
- Kick-starting a sustainable farming program to improve food security, nutrition and income for the Centre and its Outreach communities.



PAORINHER Board members with a present from Nasrin

DAY OF 10TH ANNIVERSARY CELEBRATION

The 10th Anniversary was celebrated in great style!

Proceedings began with a march through the town of Patongo, headed by a band with a very impressive young Drum Major. The programme continued at the Centre, beginning with a ceremony of prayer and blessing with holy water by the local Catholic Priest, followed by a magnificent variety of traditional dancing and music, including performances by children from the school, local groups and the 'Super Eagles' from Kalongo hospital.

Speeches included those given by the Chairman of the Local Authority, the Chairman of PAORINHER Board, Bimeny John Baptist, the Head Teacher, Lutto Joseph Adonga, and Caroline Cox, representing HART.

A banquet was served for 1,000 people, followed by a ceremonial cutting of a splendid anniversary cake.

The joyful day represented the achievements of PAORINHER over the 10 years since its establishment in dark, dangerous and very difficult times.



Celebratory Parade through Patongo



The HART Team introduction



A PAORINHER Board member showing the Anniversary plaque for the Centre



Super Eagles Dance Group



PAORINHER Pupils' Instrumental band



Baroness Cox had the honour of cutting the PAORINHER Anniversary Cake

SUMMARY OF MAIN CONCLUSIONS AND RECOMMENDATIONS

Achievements:

There is much to celebrate on the 10th anniversary of the establishment of PAORINHER.

- The number of HIV+ children receiving health care has expanded from 32 to over 600.
- The number of children receiving high quality education in the school associated with PAORINHER has increased from 33 to over 700.
- Collateral developments in nutritional initiatives including the provision of chickens and agricultural developments will enhance the health status of HIV+ children.
- Partnerships such as those with NDC and Power for the People form a basis for provision of solar power with multiple applications, agricultural programmes and associated sustainable development.

Challenges which need to be addressed:

- The lack of supply of essential medicines by the Government: This seriously jeopardises the health status of HIV+ children. **Level 3 ART not available in Patongo⁴**. There is a need to ascertain where the block in supply is and to remedy this. The Global Fund for HIV/AIDS TB and malaria provides resources for these drugs so there should be no problem with supply. Clinicians are told there are none available in the system when they ask why their orders have not been delivered.

Recommendation: The Government needs to rectify this problem as a matter of urgency. HART will raise this issue with the Ugandan High Commission in London.

- Transport: VHTs and people in local communities lack appropriate transport for the clinicians to travel to the patients or the patients to the clinicians. In addition, it is difficult for VHTs to travel around their sub-counties.

Recommendation: PAORINHER Field Workers and VHTs assessed transport requirements and believe that bicycles would greatly enhance the VHTs effectiveness in support of their vulnerable populations.

Also, a large, all-terrain motor cycle would improve the line of communication with Kalongo hospital and transport of patients needing urgent treatment, especially in the rainy season when the roads are often impassable to other vehicles including all-wheel drive.

- Finance for hospital fees/drugs: Patients often have to borrow money to pay for hospital fees. Adilongo have started a small community bank to help their members pay out of pocket expenses for clinical care.

Recommendation: This scheme might work in other sub-counties; VHTs may wish to assess the feasibility with their clients.

⁴ David Bates and Vincent meeting with Pius and healthcare team in Patongo HC 26 Oct 17

Conclusion:

With so many achievements accomplished in times of great difficulty and hardship, there are very good reasons for celebration and a firm foundation for further development.

This foundation is greatly strengthened by new and developing partnerships such as those with NDC and, it is hoped, with Power for The People.

The generous funding from the Aall Foundation and Trusthouse Charitable Foundation has been crucial in enabling these achievements and HART, together with the staff at PAORINHER, wish to put on record our profound gratitude for this support enabling transformational change in the provision of care for children and their families living in very difficult situations.

As Monsignor Matthew Odong said:

'The people always smile – but if you sit and talk with them, you will find they still suffer from deep wounds.'

We record our profound thanks to all those who have helped the staff at PAORINHER to bring health and hope to children and communities and to heal some of those wounds.

Thank you!

Caroline (Baroness) Cox, CEO, HART
Colonel David Bates, HART Trustee
Revd. David Thomas, HART Project and Logistics
Ziallo Gogui, HART Administrator
Nasrin Sharifi, Power for the People (PFP).



The HART Team and the PAORINHER Staff