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 **BEGA KWA BEGA QUARTERLY REPORT**

**OCTOBER TO DECEMBER 2016**

**PROJECT SUMMARY TABLE**

|  |  |
| --- | --- |
| Community/Village: | Wagaba, Namagera, Kamuli and Kabagezi |
| County/Province: | Busiro |
| District/Region: | Wakiso District |
| Beneficiaries: | About 1643 people |
| Direct Population Benefited: | 96 Agriculture/Nutrition, 1163 Mobile Health Clinic,  |
| Current community situation/problems: | High incidences of water borne diseasesFood shortage due to poor farming practices, seasonal drought, and poor quality seeds and limited skillsLarge percentage of villagers particularly young children suffer from malnutrition.Poor health and frequent illnesses, lack of health facilities, costly medical care, no reliable source of income, low levels of education, strong mythical superstitions, low regard for medicinal plants, little knowledge about traditional medicinal plants, poor knowledge of the impact of nutrition on health, poor hygiene.Low income and lack of business skills, start-up capital and market information especially among women. |
| Project components: | Drilling boreholes and establishing and training water user committees.Agricultural trainings and supply of improved seeds, planning plantings for regular food supply, development of individual family gardens at participants’ home plotsNutrition status assessment, supplementary Feeding program for children 6 months - 5 years, Growth Monitoring & Promotion, nutrition education and nutrition counselling, food preparation demonstrations, hygiene and sanitation education monitoring & evaluation.Primary health care provision, medical literacy, behavioral change communication and wellness practices, preventive medicine, participatory learning and action in health care provision (practical engagement of patients).Give business management trainings and startup capital |
| **Total Cost:** | **24,478** |

**EXECUTIVE SUMMARY**

This report covers activities carried out in the four villages of Wagaba, Kamuli, Namagera and Kabagezi from 1st October to 31st December 2016 under the programs of Health, water, Agriculture and Nutrition. All the four programs are running in the two villages of Namagera and Kabagezi with the exception of Wagaba and Kamuli (former two villages) that benefit from the health program alone.

The demonstration site is still the main focus for activities in Agriculture and Nutrition with regular follow up visits to participants’ homes to ascertain whether the knowledge and skills acquired are being translated into increased food production and a reduction in malnutrition.

 The nutrition program has been a success with the nutritional status of the children improving remarkably particularly for the 14 children on the feeding program. All children gained weight; they look stronger, happy and have regained their appetite, natural skin and hair color. Other activities done under nutrition included nutrition status assessment; nutrition education and counselling; several different food demonstrations and; hygiene and sanitation education. Participants have learnt how to improve life through nutrition, the impact of HIV/AIDS on nutrition and the impact of Nutrition on HIV/AIDS, dietary management of HIV/AIDs related complications. Preparation of nutritious food items using locally available foods to promote good health and nutrition.

While in Agriculture the focus has been: procurement and distribution of seeds and root crops;domestication of bio-pesticides, construction of two water tanks and visiting farmers’ own gardens to assess the level of adaptability. However the prolonged draught affected the farmers crops most dried up or failed to germinate. As a result the yield was poor. Despite the very bad season, local leaders continued to mobilize and encourage farmers to attend trainings and opened up gardens for early planting once the rains come. Compared to the previous harvests, farmers reported an increase in food availability even though drought continued to hit their area.

In health, the MHC still carries on with the diagnosis and treatment of general medical illnesses, (see table 3) malaria prevention, referrals, health education and counselling, sustainable alternative means of treatment (use of local drugs), behavioral change communication, family planning, HIV/AIDS, antenatal care, hygiene and nutrition.

Under water, we had two boreholes drilled; one in Kabagezi and the other in Namagera. The boreholes are already in use, serving over 900 people.

**OVERVIEW OF MAJOR ACTIVITIES & EVENTS FOR THE 5TH QUARTER**

***Agriculture***

1. **Procurement and distribution of seeds** for the demos and gardens of individual farmers. More high yielding vegetable seed varieties were supplied to all our participants and some of it planted at the demonstration gardens. These included legumes, cereals, and leafy crops, (beans, ground nuts, soya beans, green peas, maize, leaf cabbage, carrots, cucumber, spider weed, amaranths, beet root, onion, leeks, spinach etc.)
2. **Supply and planting of root crops**. The most important root crop supplied to farmers this quarter is the yellow potato variety (NASPOT 13). It is fortified with vitamin A and is highly recommended for all categories of people. They mature within 3 months and are resistant to diseases. In Uganda this variety is not so common to the rural poor farmers yet it is a good solution to hunger and malnutrition. We hope our farmers will make use of this crop and will also propagate the vines to benefit more farmers in the area.
3. **Domestication of bio-pesticides** at both the demo and at individual farmers’ gardens: Such domesticated pesticide plants so far include: *Tephrosia, Merrygolds, Capsella, Phytollacca, Tithonia* etc. Several bio- rational combinations were used to manage both pests and diseases such as aphids. The result of this was the domestication of these medicinal plants. (Domestication) Planting these wild medicinal plants in our home gardens protects them from extinction and makes them readily available for use at any time farmers deem it necessary.
4. **Stagger planting was done** to ensure there is continuous food production throughout the year. Crops such as Leek, Leaf cabbage, green peas, black night shade, Okra, Teke among others were preferred due to their growth habits such as tolerance to drought, early maturity rates among others.
5. **Construction of two water tanks.** The two beneficiaries of the tanks are Teopista Nassali of Kabagezi village and Vicent Ssempa of Namagera village. The tanks have a capacity of 2500 liters each. This capacity can keep a family garden of about 50 x 50 ft. running without rainfall for 30 days if 80 liters of water are used per day.
6. **Visiting farmer’s own gardens**. Farmers were visited at their own gardens, experience was shared and advice given. We observed a steady progress in adoption of farming techniques such as using bio-pesticides, soil and water conservation and crop diversity at the farmers’ gardens.
7. **Trainings*:*** Several skills were learnt by farmers which included among others
* **Seed bed preparation**. This was demonstrated to farmers at the learning site who also did the same in their homes. Participants learnt how to make raised beds which are convenient when there is plenty of water especially during heavy rains; container beds for those with small space and; open field beds which are suitable for well drained soils and large scale production.
* **Seed selection**. Farmers were equipped with skills in selecting seeds for planting; observe seed performance in terms of size, early maturity, resistance to diseases and local conditions and palatability (acceptability of food to a person basing on taste, smell, and/or color.
* Soil and water conservation. For example bottle irrigation and composting.
* **Timely harvesting** was also learnt since crop maturity is relative to tastes and preferences or objectives of the farmers; some people may prefer fresh beans while others prefer dried beans. At either stage one must be timely.
* **Water harvesting techniques** which included harvesting water for crops, livestock and human consumption. Water purification, storage and contaminants among others.
* **Supply and planting of root crops** especially sweet potatoes that are fortified with vitamin A. farmers learnt how to propagate, manage and, the benefits of such a crop. They also learnt how to manage the planting materials of several crops such as sweet potato vines (propagated by vines) and crops that are propagated by seed such as carrots and carrots which requires various planting techniques.
* **Stagger planting:** These involved skills especially to do with timing rain periods. Such skills included the exodus of black ants with their eggs. This is an evidence of increased soil temperature and once this is seen rain takes less than a week to start

***Nutrition***

Activities carried out:

**Feeding program:** Fourteen moderately malnourished children were on this program; taking the nutritious grain amaranth porridge on a daily basis. This porridge is made from grain amaranth flour, soya bean flour, maize flour, millet flour and silver fish, powder plus milk, eggs and sugar.Each child takes three (3) or two cups of the porridge on a daily basis depending on the child’s age. The porridge is prepared at one of the benefiting parent’s home where all the mothers gather daily in the morning to prepare it. The nutrition status of these children has greatly improved. (Stories on page 8).

**Nutrition education sessions** on improving the quality of life, impact of nutrition on HIV/AIDS, dietary management of HIV/AIDS related complications such as mouth sores, nausea & vomiting, diarrhea and; food preparation demonstrations for the respective sessions have been carried out.

**Nutrition counseling: P**articipants here included expectant mothers, the elderly, mothers /caretakers of children especially malnourished children and male participants.

**Nutrition status assessment:** Anthropometry, clinical and dietary assessments were done. This is a continuous activity, done regularly to help identify other malnutrition cases.

**Hygiene and sanitation sensitization and demonstrations:** This covered the making of tip taps for washing hands after visiting the toilet, construction of dish racks, rubbish pits, bathrooms, kitchens, pit latrines with latrine covers and doors. Some members built all these facilities at their homes while others have just a few.

**Summary of the results of hygiene & sanitation monitoring**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of people** | **Pit latrine** | **Pit latrine cover** | **Tip-tap** | **Soap (tip-tap)** | **bathroom** | **Rubbish pit** | **Kitchen**  | **Dish rack** |
| Who built the facilities | 65 | 20 | 32 | 8 | 21 | 31 | 61 | 45 |
| Lacking the facilities | **6** | 51 | 39 | 63 | 50 | 40 | 10 | 26 |
| **Total**  | **71** | **71** | **71** | **71** | **71** | **71** | **71** | **71** |

**Food preparation demonstrations done included;**

* Bean/eggplant relish, bean/ silverfish relish (comprised of shelled beans, silver fish/silverfish, onions, tomatoes, green pepper). It is rich in protein, calcium and iron.
* The stuffed pumpkins where one was stuffed with beef and vegetables and the other with Irish potatoes and vegetable plus spaghetti. It is satisfying, delicious, rich in protein and vitamin A
* Sour porridge suitable for people with nausea. Sauce with ground nuts, green vegetables and fish powder suitable for those suffering from weight loss, persistent fatigue, depression, stress. The food is rich in protein, iron & vitamin E.
* Pumpkin and onion soups suitable for the management of diarrhea, nausea, lack of appetite, fever, cough, mouth sores. It is rich in protein and vitamin A.
* Sweet potato crisps and chips; plantain chips; vegetable stew; rice and eggs; a mixture of beans, maize, Irish potatoes & pumpkin leaves; vegetable salads for boosting appetite and easing digestion suitable for constipated people; ground nut in maize flour porridge; rice porridge suitable for managing diarrhea and; homemade ORS (Oral Rehydration Solution).

Most of the demonstrations above were done using the locally available foods that all participants can easily access. Learners were amazed at various nutritious food items prepared from home grown food. Most of them are now preparing these foods for their children.

**Health (Mobile Health Clinic)**

At the MHC emphasis was heavily on alternative means of treatment for purposes of sustainability. The understanding of local drugs administration and its management, general treatment and deworming exercise continued, behavioral change communication, family planning, HIV/AIDS, antenatal care, hygiene and nutrition.

This quarter 1168 attended the mobile clinic. 495 were children and 668 were adults. Female adults were 402 while male adults were 266. There were 194 children between 0-6 years and 301 children between 6-17 years. (See table 2 & graph 2 on pg. 9 & 10). There was a remarkable increase in the number of attendees partly because of more clinics- 6 in comparison to 4 in the last quarter; the absence of government village health teams who used to provide supplementary medical assistance and; the high cost of drugs/treatment at other for-profit facilities due to inflation and; the slow business (activities) due to draught. Farmers usually have spare time during the dry season and so can afford to attend the clinic) unlike during the rainy season when locals get so busy with planting and weeding of their gardens

Scores of people are now using local herbs, plants and local medicinal alternatives because of increased dissemination of knowledge on their usage and the traditional and cultural application of these local alternatives. However not all locals can access the drugs that easily because most forests where these medicinal plants are found have been cleared for human settlement.

Malaria seems to have dropped majorly because mosquito parasites do not survive successfully in the *dry season.* However the dry season has brought with it a spell of increased airborne diseases, food shortage, drying up of water sources. This compelled the MHC to speak about water storage and how the beneficiaries should prepare for water shortages. For example the locals have been advised to tap rain water, install water gutters, water tanks and if possible underground dug out polythene tanks.

**Water**

Two boreholes were drilled – one in Namagera village and another in Kabagezi village. The boreholes are expected to benefit over 900 people. These two villages had a serious problem of water scarcity, so the beneficiaries were so thrilled that the boreholes they had waited for since the inception of the project had finally been sunk. Water scarcity in terms of safety and accessibility in these villages had exposed many people to water bone illness and many had failed to produce important food crops for their families. At the time of drilling these bore holes many people wanted to have them drilled near their farms but geological factors directed the sites. Nevertheless people were very happy and so much pleased to have the bore holes drilled. Just a glance at the borehole site will let you see people in long queues with cans pumping water. (Photos in drop box).

**MAJOR CHALLENGES/RISKS IDENTIFIED IN THE QUARTER**

*List and explain any major challenges or risks, their potential impact on project implementation, and how you overcame or plan to overcome the challenges/risks.*

|  |  |  |
| --- | --- | --- |
| **Risks and Challenges** | **Potential Impact on Project Implementation** | **Proposed Risk Management** |
| ***Agriculture***The desire for many participants to benefit from the harvested foods of the demo directly. Seasonal roads are impassable especially during rains and too dusty during dry periods.Stray animals have proved a problem to gardens. These eat away and destroy farms with various food crops. | The demo operator would lose interest to host the trainings if members take away food produced from these training demosHigh cost of transportation, time consuming, delays in seed distribution to farmersThese cause economic losses to both trainees and the project.They also bring about social disputes among involved parties | . To be consistent with the project design.Contracting transporters who are more familiar to the area.We have involved local leaders to champion dialogue in the area so as to solve this problem. |
| ***Nutrition*** Inadequate hygiene & sanitation facilities. | Less improved hygiene and sanitation. | Conducting of more education sessions & demonstrations, frequent monitoring of each and every household. |
| ***Health (MHC)***No drugs at government facilities and increased expense of medical feesProlonged dry period | Overwhelming number of patients with limited drugs.Likely increase in airborne diseases | Seeking for more funding and supplementing with alternative local medicinal plants/herbs.Prevention strategies such as more intakes of fruits and water storage methodologies. |

**PLANS FOR NEXT QUARTER**

***Agriculture***

Training will mainly focus but not limited to the following:

* Constructing two energy saving stoves
* Conducting the teachers’ workshop
* Supply of good quality seeds
* Postharvest handling
* Value addition
* Marketing
* Agro forestry
* Soil and water conservation

***Nutrition***

* Continuation of the feeding program.
* Workshop for teachers
* More Nutrition education sessions and food demonstrations to be conducted.
* Growth monitoring & evaluation

**Mobile Health Clinic**

* Continue Behavioral Change Communication
* Continued Treatment of basic ailments
* Continue deworming exercise
* Local medicine sensitization

**STORIES AND PHOTOS**

**Agriculture**

Nakkazi Cate is a single mother living with five children aged between three to sixteen years. At the time of farmer to farmer visits, she managed to share her experience which was full of tangible and empirical achievements. In one experience, she planted 250g of beans she obtained from the training and harvested 4kg in a space measuring about 15 X 20 feet. She intend to consume only 1kg and plant 3kg if she secures land as promised by one of her neighbors in the subsequent planting season

She also reported that she harvested one bundle of vegetable every day from 35 plants of leaf cabbage in a space of about 10x15 feet. She has other crops like carrots whose germination percentages were so good compared to her group mates. This attracted many to learn from her experience in managing carrots. Indeed she has helped them to identify what went wrong with the latter’s carrots.

In her own words, Cate mentioned that her family members learnt to eat greens such as Solanaceae after mixing them in a variety of amaranths. *“My savings have increased since I no longer buy ground nuts as I used to before BKB. (She used to buy lots of Ground nuts for source before the project).* *Disease infections have almost disappeared and my family members are living a good life since our diet changed. Thanks to BKB and all its partners. The various foods produced in my garden have attracted my neighbors to periodically visit me hence bringing more friends to our family*”.

**Nutrition**

Caretakers of the children on the feeding program are so grateful because of the remarkable improvement in their children especially for the three children mentioned below.

Blessing Mariam, a ten month old baby originally weighed 6kg & her mid upper arm circumference (MUAC) was only 12.1cm (yellow). She was weak, skinny, had brown hair and had no appetite for food but now Mariam weighs 9kg, her MUAC is now green which is an indicator of good nutritional status and her weight is now commensurate to her age. She is also energetic; laughs and plays with other kids and her hair has turned black.

Lukuma Kakande who is about 1 year and 4 months, weighed 7kg. He was weak and could not stand; he had brown silky hair, sores in his mouth and no appetite. He could not walk without support of his grandmother who is his guardian.Lukuma now weighs 9.7kg having gained 2.7kg. He is also energetic and can walk without support. His skin has improved and so is his hair. He also has a good appetite and the mouth sores have healed.

1 ½ year old Mariam who initially weighed 8 kg is now 9.6 kg. Prior to the feeding program, he was weak, had brown silky hair and no appetite. But now she is energetic, has good appetite and her skin has improved.

Mrs Sempa and family who could hardly have two meals a day now gets four meals a day. She says her family now has a balanced diet for most of the days.

With the knowledge and skills acquired Juliet Nassaka can now use locally available foods to prepare nutritious foods for her family. Her favorites are groundnut and maize flour porridge, staple/vegetable/legume mash (mugoyo) which is rich in iron, selenium and vegetable protein. She also consumes vegetables on a daily basis and her children look good and healthy.

 **MOBILE HEALTH CLINIC**

Mudasiru Kafuma is a 20 year old handicapped and HIV positive young man who lost his mother when he was still a child. Kafuma is paralyzed on one side of the body. Given his condition he can’t ably support himself so he needs an extra hand of support and someone who can constantly encourage him to take his ARVs (AIDS drugs). Of late Kafuma abandoned his father’s home in Kamuli due to mistreatment from his step mother. He would go without food for several days and yet he was taking strong drugs. This had greatly impacted on his health before the MHC intervened. His father, Muhammed Ssemuyaba who should have been there for him has instead given up on him claiming it’s no use. The father stopped even paying for his school fees. Kafuma was forced to flee to his elder brother’s home for fear that probably one day they could get rid of him since he had now been banished to eat with cats. BKB nurses have taken the initiative to keep track of him and ensuring he gets the necessary medical attention he deserves. His elder brother has now taken him in.

**Table 1: Farmer participation by demo and gender**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of demo** | **Males with established gardens** | **Females with established gardens** | **Total farmers with gardens** |
| Kabagezi  | 08 | 47 | 55 |
| Namagera | 08 | 33 | 41 |

**Graph 1: Farmer participation by demo and gender**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |  |  |  |  |  |  |  |

**Table 2: MOBILE CLINIC ATTENDANCE BETWEEN OCTOBER AND DECEMBER 2016**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6th Quarter** | **0-6 years** | **6-17 years** | **Female** | **Male** | **Children** | **Adults** |
| **Number of patients** | 194 | 301 | 402 | 266 | 495 | 668 |
| **Total beneficiaries** | ***Children*** ***495*** | ***Adults*** ***668*** | ***Total No. of beneficiaries******1,163*** |

Patients tested for: Malaria =  **373**

Malaria positive = **185**

Malaria negative = **188**

**Graph 2: A GRAPH REPRESENTATION OF THE MHC ATTENDANCE BETWEEN OCTOBER AND DECEMBER 2016**

**Table 3: TOTAL OF PATIENTS PER AILMENT BETWEEN OCTOBER AND DECEMBER 2016**

|  |  |  |
| --- | --- | --- |
| **NO.** | **AILMENTS / DISEASES** | **NUMBER OF PATIENTS** |
| 1. | Worms | 998 |
| 2. | Cough | 563 |
| 3. | Malaria | 185 |
| 4. | Backache  | 69 |
| 5. | Ulcers  | 30 |
| 6. | UTI | 32 |
| 7. | Wounds | 161 |
| 8. | Eye problems | 49 |
| 9. | Pregnancy | 27 |
| 10. | Abdominal pain | 12 |
| 11. | STD | 20 |
| 12. | Diarrhea | 16 |
| 13. | Toothache | 84 |
| 14. | Arthritis | 12 |
| 15. | HIV | 11 |
| 16. | Referrals | 11 |
| 17. | Anemia | 12 |
| 18. | Dysminoria | 05 |
| 19. | Chest pain | 06 |
| 20. | Sickler  | 04 |

**Graph 3: A GRAPH SHOWING NUMBER OF PATIENTS AGAINST AILMENTS**

**BETWEEN OCTOBER AND DECEMBER 2016**