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 **BEGA KWA BEGA QUARTERLY REPORT**

**JANUARY TO MARCH 2017**

**PROJECT SUMMARY TABLE**

|  |  |
| --- | --- |
| Community/Village: | Wagaba, Namagera, Kamuli and Kabagezi |
| County/Province: | Busiro |
| District/Region: | Wakiso District |
| Beneficiaries: | About 2353 people |
| Direct Population Benefited: | 110 Agriculture/Nutrition, 1725 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 skills.Large 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:** | **11, 921** |

**EXECUTIVE SUMMARY**

This report covers activities carried out in the four villages of Wagaba, Kamuli, Namagera and Kabagezi from 1st January to 31st March 2017 under the programs of Health, Agriculture, Nutrition and Education.

Kabagezi and Namagera demonstration gardens were still the focus of this quarters Agriculture and nutrition program activities because the two programs complement each other. As family demonstration gardens train parents/guardians in food production, the nutrition program is designed to train them on how to prepare nutritious meals using what is locally available. At the demo, farmers observe and participate in improved farming skills and cooking lessons and thereafter transfer the knowledge and skills to their home. However the main challenge has been the prolonged draught, rains came towards the end of February and continued sporadically until April. Although a few crops managed to germinate, some like maize was severely hit by the American bollworm which has proved resistant to any pesticide.

Main activities carried out under agriculture were: construction of two energy saving stoves, hosting farmers at BKB main farm, seedbed preparation, supply of good quality seeds and farmer to farmer visits.

In nutrition we continued with the feeding program, nutrition status assessment, nutrition education and food demonstrations, farmer exposure visit to BKB farm and hygiene and sanitation trainings and demonstrations.

In health, the MHC which operates in the 4 villages; maintained its main activities of: diagnosis and treatment of general medical illnesses, malaria prevention and treatment, referrals, health education and counselling, behavioral change communication, raising awareness on nutrition, family planning, breastfeeding, HIV/AIDS, antenatal care, hygiene and encouraging the use of sustainable alternative means of treatment (use of local drugs). The clinic visits different locations in the villages providing free medical care to the most vulnerable communities in Kakiri Sub County in Wakiso district.

Under Education our main objective was to induct teachers towards use of school gardens as a teaching/learning aid. The training incorporated aspects of nutrition, hygiene and sanitation.

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

***Agriculture***

1. **Training and construction of the energy saving stoves**. Four energy saving stoves were constructed by both the trainer and the farmers. At each demo, one stove was constructed while the other two were constructed at two different homesteads. The beneficiaries in Kabagezi village were New Generation Primary School and Natongo Amina. While in Namagera village it was Namagera Primary School and Grace Sempa. The training factored in the aspect of growing and managing trees along with their conservation through use of energy saving stoves. The purpose here is to minimize tree cutting, environmental degradation and pollution as all folk here depend on wood energy for cooking.
2. **Exposure visit to BKB Farm**: We hosted 60 farmers from our two demos of Kabagezi and Namagera. The intention was to raise their self-esteem and inspire them to adopt what they have learnt. They were taken through a practical session on pest management (biorational), bottle irrigation and soil fertility management where they participated in making heap compost.
3. **Seed bed preparation**: Various types of appropriate seed beds were prepared both at the demo and participants’ homes. These included Zai-pits, basket gardens, trench beds, key-hole gardens; sack gardens, container gardens among others. Variety is to provide farmers with a range of options to enable them choose what is most suitable to their situation.
4. **Distribution of planting material to farmers:** Farmers were supplied with vitamin A fortified potato vines. These are the most important sweet potatoes available with vitamins. They mature in 3 months, resist diseases, and have an orange color with a good aroma. This will increase the consumption of vitamin A among these poor country folk and reduce malnutrition. Farmers also received good quality vegetable seeds to enable them produce enough food. The seeds included: egg plants, spinach, collards (Sukuma week), beet root, onions (bulb and leek), celery, cucumber, beans, squash, okra, cauliflower and soya beans. Unfortunately their germ inability level was low due to prolonged draught.
5. **Farmer to farmer visits**: This was done to assess their adoption levels and enable an in depth sharing of skills necessary for food production. The visits also generated statistical data as indicated in our monitoring tool (PME). This time, lead farmers based on their adoption rates have been used to guide the rest during these farmer to farmer visits. A total of 110 (57 from Kabagezi and 53 from Namagera) farmers were visited *(ref table 1& graph 1 on pg 9).* There is a steady progress in adoption of some farming techniques; evident among them is soil fertility management where a good number have made pit compost and mulched their gardens. Many have also taken on planting more crop varieties, a key skill which farmers have liked.
6. **Other learning areas:** Participants also learnt about postharvest handling, value addition marketing, soil and water conservation, water harvesting for crops, livestock and human consumption. Composting for instance managing domestic waste such as lawn trimmings to generate manure. Management of planting materials of several crops such as vitamin A fortified potato vine and agro forestry.

**Education**

78 teachers representing 8 schools were trained on how they can improve teaching of agriculture in schools and contribute to food production in the community because teachers are key stakeholders in the fight against hunger and malnutrition. The theme for the training was *“increasing food production through agricultural education”*. Topics such as agriculture teaching methods, role of schools in food production, management of school gardens, using small spaces to produce food, organic food production, handling agricultural tools were handled among others. The teachers were taken through hands on sessions especially those related to use of the school gardens, the science kits, workshop tools and garden tools among others. Each participant was also given seeds to take back to their schools. Seeds received by teachers were leaf cabbage, carrots, egg plants and onions. Besides training in agriculture, teachers also had sessions on nutrition particularly the balanced diet, hygiene and sanitation at home and in the community which was crowned with demonstrations on hand washing and how to make a tip tap. Both teachers and pupils would be good at impacting the community with appropriate skills that can help increase food production.

After the training, 4 of the schools; Kirungarunga, Namagera Church of Uganda, Kabagezi and New Generation Primary School received a science kit each. The kits have agriculture and nutrition, hygiene and sanitation items. These kits are real teaching and learning materials rooted in the curriculum of Ugandan education system. The garden kit contained a wheelbarrow, knapsack sprayer, manure folk, spade, shovel, watering can, hand hoe, panga and rake. While the hygiene and sanitation kit contained a small plastic jerry can (tip taps), a string and message tags which had different messages on nutrition, hygiene and sanitation. The science kits are to be displayed in the school compound such that the pupils can read them and practice the message that they convey. These tangible teaching aids are to facilitate practical agriculture lessons and provide hands on training for pupils and teachers in the convenience of their school. If correctly used, the performance of pupils at school will improve and so will the food production at school and back home.

**Nutrition**

Main areas covered under the nutrition program were nutrition education, food demonstration, management of malnutrition among children and hygiene and sanitation.

**Activities carried out were:**

**Food demonstrations:** These includedpreparation of nutritious foods forboth home consumption and income generation. Doughnuts, daddies, vegetable pies, cakes and biscuits were for commercial purposes while the former included fish and rice, ground nut and mushroom luwombo (luwombo means steamed in banana leaves); fruit punch which is very rich in vitamins and minerals that boost body immunity and water which rehydrates the body; Kachumbala (a mixture of cut onions and tomatoes) which is rich in vitamins and mineral and helps boost the body’ immunity against diseases. It is also rich in dietary fiber which prevents constipation.

**Nutrition education** covered the following aspects: Nutritional management of anemia, cough and underweight. Anemic patients were advised to eat foods rich in Iron like liver, meat, and dark green leafy vegetables; foods rich in vitamin C which enhance the absorption of non haem iron (Iron from plant sources) and to avoid drinking coffee and tea with food because they form an insoluble complex with Iron.

**Hygiene and sanitation** focused on raising more awareness on tip taps/handwashing facilities for washing hands after visiting the toilet, plate stands for draining kitchen utensils, pit latrines with doors, latrine covers to keep off flies, enclosed bathrooms, rubbish pits and kitchens. Most families now have these facilities save for few who may lack one or two especially kitchens and latrines as they may require one to part with some money.

**Exposure visit:** The 60 farmers from our two demonstration gardens in Kabagezi and Namagera also got a chance to see our local oven and how it works. They baked biscuits in the oven to prove our point which is “there are alternative and relatively cheap local facilities that they can use to achieve the same results as one who uses an electric appliance. All that is required for the local oven is an old metallic drum/something in that shape.

**Nutrition status assessment:** This entails carrying out anthropometry, clinical and dietary assessments which is a continuous activity, done regularly to help identify other malnutrition cases. 12 more children were identified for the feeding program in quarter 8.

**Feeding program:** Five children were found moderately malnourished and put on the feeding program for a period of one and half months. Two of these; John Mark Tamale and Nampala Florence have already gained the standard weight and won’t be continuing while the remaining three will have to remain on the program *(see results in table 2, pg 9).*.

**HEALTH (MOBILE HEALTH CLINIC)**

1725 people were treated at the mobile Health Clinic. 675 were children and 1,050 were adults. Female adults were 621 while male adults were 429. *(See table 3, pg 10, graph 2 pg 10, table 4, pg 11 and graph 3, pg 11).*

This quarter the clinic step up its health campaign on; proper dieting during antenatal period. Beneficiaries were also argued to eat fruits on a daily basis; eat green leafy plants to minimize anemia; to continue using local alternative drugs where possible and to immunize their children against immunizable killer diseases.

**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.

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| --- | --- | --- |
| **Risks and Challenges** | **Potential Impact on Project Implementation** | **Proposed Risk Management** |
| At the time of implementing the teachers’ workshop, many teachers were in their annual holiday. Mobilizing them was a big huddle There were many schools that required the science kits yet there were few kits to issue out. Worse still was the bigger number of students in these schools.The explossive out break and spread of the American boll worm. This has eaten many fields of maize.  | Teachers responsible for teaching of science and agriculture in some classes would miss the trainingSome students would not get opportunities to get a feel of such kits hence slowing learning These cause economic losses to both trainees and the project because more inputs will be required. | We collaborated with the school administrators to call them for the training.Schools were advised to source for some funds and add on their own kitsWe have involved many stakeholders to champion a massive check and control of these pests. Priority has been put on bio-pesticides come next quarter |
| ***Nutrition*** Some caregivers’ insist on having their children on the feeding program despite their ineligibility.Some caregivers claim to have no flask for carrying porridge while others are not willing to come to the meeting point daily and prepare the enriched porridge. They prefer being given flour and they do it in their own homes yet that has cost implications for us. | Wastage of resourcesTheir children are not enrolled on the feeding program. | Continuous sensitization about the purpose of the feeding program.We have advised them to buy a flask and also spare time for porridge preparation so that each child gets their share because it is for the good of their children.  |
| ***Health (MHC)***Limited drugs at government facilities and increased medical expenses. | Overwhelming number of patients coming to the MHC. | Seeking for more funding and supplementing with alternative local medicinal plants/herbs. |

**PLANS FOR NEXT QUARTER**

***Agriculture***

Training will mainly focus on the following:

* Conducting the IGP workshop. We hope to conduct this in May this year so as to empower farmers with more business skills.
* Farm management. Farmers will be exposed to the most appropriate farm records required and the various management issues related to farming as a business.
* Supply of good quality seeds. These will include fruit trees seedlings, legumes, root crops, annual crops among others.
* Postharvest handling. This will look at storage techniques and seed handling skills required to increase shelf life.
* Value addition. This will open opportunities to participants on aspects of increasing value of produce after processing.
* Marketing strategies appropriate to these farmers and what they produce.
* Composting and all other techniques for soil and water conservation

***Nutrition***

* Continuation of the feeding program.

Nutrition education, counselling, assessment and food demonstrations

* Growth monitoring & evaluation
* Hygiene and sanitation sensitization
* Conducting the IGP workshop

**Mobile Health Clinic**

* Increase Nutritional growth and improvement
* Continue Behavioral Change Communication
* Continue Treatment of basic ailments
* Continue deworming exercise
* Local medicine sensitization

**STORIES AND PHOTOS**

**Agriculture**

Mrs Ntege of Namagera village has planted squash, leaf cabbage, amaranths, carrots, soya, and beans among others. The most interesting is that she joined our trainings in December 2016 after learning about our works from a colleague (Miss Nakitto Ester), today she sells 10 bundles of mixed leafy vegetable to Namagera Infant School every week. Each bundle is bought at 500/= thus earning her 5,000/= per week.

At Namagera Primary School Miss Nakitto Ester has been promoted to the level Director of Studies in that school after her efforts to encourage other teachers to use the school garden. This was revealed by the head teacher Mr Samuel Zaake. In her own words Ester says, *“We have been eating these vegetables since last year as teachers at lunch, but this term every Friday any teacher willing can take home a variety of vegetables. We hope to mill amaranths and put it into students’ porridge next term. This will be history!! Thanks to BKB”*

**Nutrition**

Before the feeding program John Mark Tamale who is 4 ½ years old was found to be moderately malnourished. He weighed only 15kg and his mid upper arm circumference (MUAC) was 14.9cm. After enrolling on the feeding program where he takes enriched porridge on a daily basis, he now weighs 19kg, has a MUAC of 15cm and he has become very energetic.

**Table 1: FARMER PARTICIPATION BY DEMO AND GENDER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of demo** | **Males with established gardens** | **Females with established gardens** | **Total farmers with gardens** |
| Kabagezi  | 09 | 48 | 57 |
| Namagera | 14 | 39 | 53 |

**Graph 1: FARMER PARTICIPATION BY DEMO AND GENDER**

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Table 2: **NUTRITION ASSESSMENT RESULTS FOR CHILDREN ON THE FEEDING PROGRAM**

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| --- | --- |
| **BEFORE** | **AFTER** |
| **Names** | **Age** | **Weight** | **Height** | **MUAC** | **Weight** | **Height** | **MUAC** |
| Kakande Lukuman | 2 yrs. | 8 kg | 83 cm | 15.0 cm | 10 kg | 83 cm | 15.4 cm |
| Kyalisima Barbra | 1 yr. | 5 kg | 72 cm | 14.4 cm  | 5 kg | 72 cm  | 14.4 cm |
| Natembo Siyati | 1 8/12 yrs. | 9 kg | 82 cm | 13.8 cm | 8 kg | 82 cm | 13.6 cm |
| Tamale John Mark | 41/2 yrs. | 15 kg | 106 cm | 14.9 cm | 19 kg | 106 cm | 15 cm |
| Nampala Florence | 1 9/12 yrs.  | 10 kg | 87.8 cm | 13.2 cm | 12 kg | 87.8 cm | 13.9 cm |

**Table 3: MOBILE CLINIC ATTENDANCE BETWEEN FEBRUARY & MARCH 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7th Quarter** | **0-5 years** | **6-17 years** | **Female** | **Male** | **Children** | **Adults** |
| **Number of people** | 242 | 433 | 621 | 429 | 675 | 1,050 |
| **Total beneficiaries** | ***Children*** ***675*** | ***Adults*** ***1050*** | ***Total No. of beneficiaries******1,725*** |

Patients tested for: Malaria =  **338**

Malaria positive = **117**

Malaria negative = **221**

**Graph 2: A GRAPH REPRESENTATION OF THE MHC ATTENDANCE BETWEEN**

**FEBRUARY AND MARCH 2017**

 **Table 4: CUMULATIVE TOTAL OF PATIENTS PER AILMENT BETWEEN**

**JANUARY AND MARCH 2017**

|  |  |  |
| --- | --- | --- |
| **NO.** | **AILMENTS / DISEASES** | **NUMBER OF PATIENTS** |
| 1. | Worms | 770 |
| 2. | Cough | 520 |
| 3. | Malaria | 138 |
| 4. | Backache  | 48 |
| 5. | Ulcers  | 25 |
| 6. | UTI | 03 |
| 7. | Wounds | 16 |
| 8. | Eye problems | 08 |
| 9. | Pregnancy | 15 |
| 10. | Abdominal pain | 00 |
| 11. | STD | 03 |
| 12. | Diarrhea | 06 |
| 13. | Toothache | 09 |
| 14. | Arthritis | 19 |
| 15. | HIV | 04 |
| 16. | Referrals | 09 |
| 17. | Anemia | 00 |
| 18. | Dysminoria | 04 |
| 19. | Chest pain | 00 |
| 20. | Sickler  | 02 |
| 21. | Ortitis media  | 02 |

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

**BETWEEN JANUARY AND MARCH 2017**