

**Bega kwa Bega Quarterly Report**

**OCTOBER TO DECEMBER 2017**

**PROJECT SUMMARY TABLE**

|  |  |
| --- | --- |
| Community/Village: | Bukondo, Mpatta, Buziba and Ngondwe |
| County/Province: | Busiro |
| District/Region: | Wakiso District |
| Beneficiaries: | 1,438 |
| Direct Population Benefited: | 171 Agriculture/Nutrition plus 583 Mobile Clinic Patients |
| Current community situation/problems: | Few government health facilities that are under staffed and with no drugs and long distances to health centers.  Food shortage due to poor farming practices, leached soils, seasonal drought, poor quality seeds and limited farming skills  Moderate to acute malnutrition and poor hygiene |
| Project components: | Provision of basic health services, counselling, health improvement workshops and promotion of the use of native medicines.  Agricultural trainings, supply of high quality planting materials, food storage and seed preservation and construction of energy saving stoves.  Nutrition status assessment, nutrition education and counseling, food preparation demonstrations, supplementary feeding, growth promotion and monitoring, hygiene and sanitation education sessions and demonstrations. |
| Total Cost: |  |

**EXECUTIVE SUMMARY**

This is BKB first quarterly report for the second grant from Vibrant Village Foundation (VVF). It covers activities carried out in Bulkondo, Mpatta, Kaziba and Ngondwe villages, under three project components of Agriculture, nutrition and health. The above villages are found in Namayumba Sub County which is the immediate sub county after Kakiri where we had the first project.

The project was launched on 10th October 2017 at Namayumba Sub county headquarters in a meeting attended by the government sub county (Local Council Three) leader, BKB staff, BKB regional coordinator and 12 local leaders from the 4 villages. The purpose of the meeting was to brief leaders about the new program and their role in ensuring effective implementation of the project

After a brief overview about the project, the 12 local leaders in consultation with the community members were requested to select 3 peer trainers from their respective villages to participate in a two day intensive training at BkB Organic Demonstration Farm. The trainees then helped identify and set up a demonstration farm within each village which is used as the training/demonstration site for the participating villagers. The peer leaders work closely with BKB staff and the local leaders to mobilize the community members to participate in project activities.

The demonstration sites in Bukondo and Mpatta are used for trainings in Agriculture and nutrition. The knowledge and skills acquired here is transferred to participating farmers’ home. At the demo, farmers observe and participate in improved farming skills, Nutrition education and demonstrations and hygiene and sanitation sensitization and demonstrations.

Under health the Mobile Health Clinic (MHC) conducted 20 clinic sessions in the 4 villages with each village having 5 clinic sessions spread in the quarter. Activities centered on treatment of basic ailments, understanding drug dosage application, antenatal care, nutritional management and deworming. The community participates by offering the place where the clinic will conduct its business and in discussions on health and related social issues affecting the community.

Local government officials help to mobilize farmers and to monitor implementation of activities to sustain the achievements of the project. This has been frequently manifested at several meetings by the leaders’ communications especially Mr. Muzenze Joseph the chairperson Namayumba Sub County.

However it should be noted that save for the Mobile Health Clinic which is conducted in all the four villages the rest of the activities until June will be implemented in Bukondo and Mpatta villages only. Ngondwe and Buziba villages to be considered in the next phase.

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

On 2nd November we launched the program in Bukondo and Mpatta villages marking the commencement of Agriculture and Nutrition programs.

***Agriculture***

Agricultural lessons are provided at the respective villages demonstration sites once a week. It’s the farmers themselves who chose a family on whose land a demonstration garden is set up by the Farm Manager. At the demonstration site the villagers watch and take part in the instructional process and are thereby equipped with practical skills which they adopt and transfer to their personal gardens once they are established. Farmers are provided with planting materials to facilitate the implementation of what they learn. The knowledge is further passed on to other villagers in these communities and neighboring villages by the participants and actually many more people are benefiting than originally anticipated. For instance we have a total of 171 participants attending the demonstration and training sessions as opposed to the 80 planned for. We have 112 participants from Bukondo and 59 from Mpatta (see table below).

**Farmer information at Mpatta demonstration village.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Registered numbers** | **Family Gardens** | **Container**  **Gardens** | **New gardens** | **Composting** |
| Women | 18 | 16 | 02 | 14 | 02 |
| Men | 14 | 14 | 00 | 04 | 00 |
| Female youth | 12 | 10 | 03 | 03 | 00 |
| Male youth | 15 | 15 | 00 | 00 | 00 |
| **Total** | **59** | **55** | **05** | **21** | **02** |

**Farmer information at Bukondo demonstration village.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Registered numbers** | **Family**  **Gardens** | **Container**  **Gardens** | **New gardens** | **Composting** |
| Women | 46 | 46 | 04 | 13 | 04 |
| Men | 23 | 23 | 00 | 02 | 00 |
| Female youth | 25 | 25 | 02 | 02 | 00 |
| Male youth | 18 | 18 | 00 | 00 | 00 |
| **Total** | **112** | **112** | **06** | **17** | **04** |

**Highlights for the quarter include**

* Training of peer farmers (3 per each of the 4 villages) was at BKB main demonstration garden at Kisubi Entebbe. 14 peer trainees were trained in farming.
* Mobilization of farmers and launching of the project at Bukondo and Mpatta villages was successfully done when over 97 participants turned up in the two villages.
* Orientation and introduction of farmers to objectives of the project and topics of study during the project implementation stage.
* Procurement and distribution of seeds for the demos and those of individual farmers.
* Seed bed preparation, seed selection, planting of six different crops at the demos and at individuals’ gardens has been completed.

Participants have started their own gardens however a number of farmers could not plant at their own gardens because the project started at the end of the rain season yet farmers lacked skills to manage crops under the dry spells. A few crops have been planted at the demos and eight courageous farmers have succeeded in planting crops at their own farms during the dry spell.

**Nutrition**

Activities conducted under nutrition included the following:

**Nutrition status assessment:** Anthropometry, clinical and dietary assessments were carried out to determine the nutrition and health status of the residents and children. Of the 28 children assessed one was found severe and referred to hospital for proper medical attention. 10 were moderately malnourished and will be put on the feeding program slated to begin next quarter. The remaining 11 children who were normal will benefit from the nutrition lessons and food demonstrations as their parents/guardians transfer knowledge and skills back to their homes. However the assessment will continue to be done regularly to measure child progress and identify any more malnourished cases.

**Nutrition education and counselling sessions: on** exclusive breastfeeding and complementary feeding; food groups/balanced diet. These were accompanied by food preparation demonstrations using foods that are available in the community. A total of 63 participants attend the nutrition classes. Of these 35 are from Bukondo and 28 from Mpatta villages. Female participants are only 42 while men are only 21. 18 mothers/caregivers received counselling.

**Food preparation demonstrations done included** avocado pear and sweet peppers, maize flour and groundnut paste porridge, matooke/green banana and a mixture of green vegetables (dodo, egg plants, bitter tomatoes, French beans, tomatoes, onions, carrots, green pepper and young pumpkins) suitable for conditions like loss of appetite. Others were bean/eggplant relish, bean/ mukene (shelled beans, silver fish/mukene, onions, tomatoes and green pepper) which are rich in protein, calcium and iron. Mixed fruit juice (comprised of oranges, lemon, tangerines, passion fruits, paw paw plus syrup made from lemon rind, sugar, bay leaves and water) was also prepared. The juice enhances digestion, rehydrates and is rich in vitamin C; Sweet potato crisps and chips, pumpkin cake, maize cake, cassava biscuits, cassava balls, sweet potato fritters were also prepared.

All the demonstrations above were done using the locally available foods that all participants can access. The participants were thrilled with the foods and have started preparing them at their homes. They have also learnt and improved infant and young child feeding; with their local foods they can prepare a balanced diet, various nutritious food items which can promote good health and as others are sold for income to meet family needs.

**Hygiene and sanitation sensitization and demonstrations:** This covered the making of tip taps for washing hands after visiting the toilet, latrine covers, rubbish pits, construction of dish racks, installing shutters/doors to the kitchen, latrines and bathrooms as most homes had open ones with no privacy.

***Health (Mobile Health Clinic)***

Major activities this quarter were centered on general treatment, sensitization, understanding drug dosage application, antenatal care, and nutritional management and deworming.

Four villages were visited in the first quarter treating 583 people. 277 were children while 306 were adults. Female adults were 194 while male adults were 112. There was a registered total of 116 children between the ages of 0 – 6 years and 161 children between 6 – 17 years. A total of five mobile health clinics were held with patients averaging 117 per clinic.

Although there is considerable distance to health centers, as detailed by patients, the roads were passable and easy to navigate as the MHC evidenced when making treks to treatment locations.

BKB MHC begun with sensitizing patients about knowledge on drug administration, deworming routine, child drug administration and ORS (oral rehydration salts) preparation and usage, interpreting dosages, storage and common diseases identification.

Patients have done their best to adjust to the mobile health clinic schedule. It is clear that because of the large areas covered by the various villages BKB will be alternating the MHC spots or locations.

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

|  |  |  |
| --- | --- | --- |
| **Risk and Challenges** | **Potential Impact on Project Implementation** | **Proposed Risk Management** |
| Long distances patients have to travel to the MHC | Reduced numbers at the clinic as far away people are unable to come especially the children and the elderly. | Change treatment locations in an equitable manner to reach out to all. |
| ***Agriculture***  The need of participants to change the training venue/demo of Mpatta. This emerged after participants complaining about the hospitality of the hosting family. | Loss of potential trainees from the program had started manifesting itself. | .  BKB field staff tasked leaders to re-locate the training venue to a more convenient family. |
| On many ocassions trainees missed learning on grounds of social problems like attending burrials and other social functions. Being end of the year, many people move a lot for holidays and social fuctions such as weddings, funerals among others. | Incomplete coverage of the curriculum resulted. This was coupled with inconsistence in skills acquisition by participants. | Farmer to farmer visits helped to bridge these gaps. This was supported by triangulation of several teaching/learning methods including recaps of previously learnt areas. |
| ***Nutrition***  Lack of some of the hygiene and sanitation facilities for a few individuals such as pit latrine | Can’t practice what they have learnt/cant adopt best practices learnt. | Encourage members to support each to acquire these basic facilities |

**PLANS FOR NEXT QUARTER**

**MHC**

* Continue with the treatment of basic ailments
* Continue deworming exercise
* Health workshops for behavioral change
* Guidance and counselling.

***Agriculture***

* Distribution of more vegetable seed varieties
* BkB staff visiting more farmer owned gardens
* Stagger planting to cross? the dry period
* Supply and planting of more root crops

***Nutrition***

* Starting of the feeding program.
* Continue with nutrition education sessions and food demonstrations
* Growth monitoring and evaluation

***Water***

* Drilling 2 boreholes

**STORIES AND PHOTOS**

**Mobile Health Care**

Bukondo was one of the villages visited by the MHC, where an elderly lady, Cecilia Nakabugo could no longer walk after being discharged from hospital from a previous treatment. After receiving treatment from the MHC, she was able to regain her movement and on top of that was able to attend two sessions of the dietary classes under the nutrition program *(see photo in drop box)*

***Nutrition***

The participants are so grateful; the training has enhanced their food preparation skills Caregivers have learnt how to make nutritious and delicious foods for their families from home grown and locally available foods. For instance they had no idea they could make juice from pawpaw fruit, biscuits from cassava flour, bake cakes from pumpkins and maize/corn flour using local stoves and sand. Other food items learnt were making mukene relish, bean and ntula relish. From the food demonstrations, all participants have learnt to prepare at least something new, for instance;

Nalongo Rosila’s husband was impressed when she prepared sweet potato fritters, sweet potato chips, crisps, bean /mukene relish, bean/ntula relish. He is happy that his wife’s going for the nutrition classes is for a good cause.

Mukyala Nusula has also changed her cooking style from ordinary porridge of maize flour to maize/corn flour and groundnut paste and her daughter loves it.

Another participant, Nalubega Benedicta also put her skills to test by preparing sweet potato fritters which she sold and earned 3000/=.

**MOBILE CLINIC ATTENDANCE BETWEEN OCTOBER AND DECEMBER 2017**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1st Quarter** | **0-6 years** | **6-17 years** | **Female** | **Male** | **Children** | **Adults** |
| **Number of patients** | 116 | 161 | 194 | 112 | 277 | 306 |
| **Total beneficiaries** | ***Children***  ***277*** | | ***Adults***  ***306*** | | ***Total No. of beneficiaries***  ***583*** | |

Patients tested for: Malaria =  **259**

Malaria positive = **106**

Malaria negative = **147**

**A GRAPH REPRESENTATION OF THE MHC ATTENDANCE BETWEEN OCT AND DECEMBER 2017**

**TOTAL PATIENTS PER AILMENT BETWEEN**

**OCTOBER AND DECEMBER 2017**

|  |  |  |
| --- | --- | --- |
| **NO.** | **AILMENTS / DISEASES** | **NUMBER OF PATIENTS** |
| 1. | Worms | 402 |
| 2. | Cough | 289 |
| 3. | Malaria | 106 |
| 4. | Backache | 58 |
| 5. | Ulcers | 24 |
| 6. | UTI | 31 |
| 7. | Wounds | 18 |
| 8. | Eye problems | 11 |
| 9. | Pregnancy | 16 |
| 10. | Abdominal pain | 22 |
| 11. | STD | 30 |
| 12. | Diarrhea | 17 |
| 13. | Toothache | 16 |
| 14. | Arthritis | 24 |
| 15. | HIV | 04 |
| 16. | Referrals | 09 |
| 17. | Anemia | 05 |
| 18. | Dysminoria | 30 |
| 19. | Chest pain | 11 |
| 20. | Sickler | 00 |
| 21. | Allergy | 02 |
| 22. | Hernia | 02 |

**A GRAPH SHOWING NUMBER OF PATIENTS AGAINST AILMENTS**

**BETWEEN OCTOBER AND DECEMBER 2017**