**Bega Kwa Bega**

**Semi-Annual Narrative Report**

**Jan – Mar 2018**

**30th April 2018**

**SUMMARY TABLE**

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| Community/Village: | Bukondo, Mpatta, Buziba and Ngondwe |
| County/Province: | Busiro |
| District/Region: | Wakiso |
| # of direct participants\* | 824 |
| # of households\* | 461 |
| # of total beneficiaries (includes participants and members of household who also benefit)\* | 4120 |
| % of Organizational Budget | 70% |
| # of employees funded through VVF | 15 |
| Current community situation/problems: | Costly medical care with few medical facilities and little or no drugs in them and also long distances to get to medical facilities.  Food shortage due to poor farming practices, poor quality seeds and limited skills  Moderate acute malnutrition & improved hygiene |
| Project components: | Primary Health Care, Health Literacy, beneficiary engaged in learning the use of natural and native medicines.  Nutrition status assessment, nutrition education & nutrition counselling, food preparation demonstrations, hygiene & sanitation education sessions & demonstrations.  Agricultural trainings & supply of improved seeds |
| Total Grant Award: | 27,692 |

**OVERVIEW OF MAJOR ACTIVITIES & EVENTS FOR THE REPORTING PERIOD**

**Water**

**Objective**

All residences in the 4 villages having access to safe and clean water

**Activity**

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| 1. Build water sources  |  | | --- | | 1. Establish water committees and train selected villagers on care and maintenance of boreholes. | | 1. Train beneficiaries on water management, hygiene and sanitation. |   **Output/outcome**   * 2 boreholes drilled |
| * 16 % of population now has access to improved water (i.e. 514 people who didn’t have access prior).   2 boreholes were drilled in Mpatta and Bukondo village, a water committee formed for each of the borehole and water users sensitized on water management, hygiene and sanitation. This has increased accessibility of safe water to all residents in the 2 villages, catering approximately for 514 people that didn’t have access. Nevertheless the borehole user ratio is still high. |

**Agriculture**

**Objective 1**

* Increased number of crops grown by farmers.

**Activity**

* Supply high quality yielding seeds and planting materials

**Output/Outcome**

* 82 farmers supplied with new seed varieties.
* 68 farmers growing more than two new crops
* 12 improved family gardens

**Objective 2**

* Farmers having new space saving farming techniques

**Activity**

1. Teach intensive farming methods, planned/staggered planting.
2. Teach organic farming

**Output/outcome**

* 12 farmers practicing at least 2 space saving techniques
* 82 farmers trained in organic farming/space saving technology

Activities undertaken included distribution of vegetable seed varieties and root crops (vitamin A fortified sweet potatoes); visiting farmer’s own gardens to assess progress and giving on field demonstration; stagger planting (is continuous planting/crop growing to ensure farmers have food year round); seed bed preparation, seed selection and planting of six different crops at the demos and individuals’ gardens. 68 out the 82 farmers have adopted new crops and 12 new space saving technology respectively.so we anticipate an increase in food variety.

**Nutrition**

**Objective 1**

* Residents preparing and consuming enough food to have at least four balanced meals a day per family.

**Activity 1**

* To conduct nutrition status assessment; this includes anthropometry, clinical assessment and dietary assessment.

**Output/outcome**

* Baseline report for assessing progress in growth and development of children and participants are adopting.
* 50% of the families have 4 meals a day

**Activity 2**

* Conduct nutrition education and food demonstrations

**Output/outcome**

* 82 people receive nutrition education
* Change in dietary practice.

**Objective 2**

Reduce cases of malnutrition among children

**Activity**

* To give baby food demonstrations

**Output/outcome**

* 82 households enhanced their skills in baby food preparation
* Reduction in cases of undernourished children in the community. Of the 10 affected children only five are still on the feeding program.

**Objective 3**

* Increased age appropriate growth among children

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| **Activity**   * Provide supplementary feeding to moderatelymalnourished children. |
| **Output/outcome**   * 10 benefited from the supplementary feeding program this quarter * 62% of children are within age appropriate anthropometric measurements * Children 0 – 5 years well-nourished and growing strong |

Activities conducted include continuation of nutrition status assessment; nutrition education and food demonstrations; supplementary feeding for undernourished children; growth monitoring and promotion. Participants have improved their food preparation skills, improved Infant and Young Child feeding. They now know how to make nutritious delicious food items from locally available foods.

Out of the 13 undernourished children that we started with, 8 have improved. Notable among them is **Shakul Kibirige, a** 2year old who had kwashiorkor; pitting oedema, moon face, thin hair, skin depigmentation, distended stomach, lack of appetite(as seen in the first picture), was weak & irritable. He stays with his grandmother and the grandmother could not afford taking him to hospital. He has now greatly improved & this can clearly be seen in the pictures (in drop box). The remaining 5 are also improving gradually.

**Health (MHC)**

**Objective**

* 3210 people having access to regular health services from the Mobile Health Clinic.

**Activity**

* Conduct MHC to each village once a quarter.
* Promote the use of native medicines.

**Output/outcome**

* 742 people diagnosed and treated of basic ailments
* Improved health among the residents
* 3210 people have access to improved health services

During this quarter, the major activity was general treatment, counseling and guidance, sensitization and practical engagement of patients in learning episodes. Training occurred in drug administration, disease identification, pre-natal care, hygiene and sanitation, HIV AIDS sensitization and nutrition. Patients were able to attend in big numbers and averaged 145. The Management of mobile health clinic learnt that there was a lot of mistrust amongst the local populace with regard to health service provider, as many NGOs tend to promise to deliver but in vain. This probably accounts for the reason of low clinic attendance numbers in the beginning. The MHC ensured that services are brought near so that all the 3210 intended beneficiaries have access.

Income generation and Education program are due for implementation this quarter

**RISKS AND CHALLENGES**

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| **Risks and Challenges:** | **Impact on Programming:** | **Corrective or Preventative Measures taken:** |
| Some farmers deliberately took away demo tools for personalized use at their homes. This created shortage of tools at the demo during training sessions | Loss of tools and equipment slowing down work. | BKB field staffs have talked to local authorities so that they can handle this situation. We hope by mid of next quarter every tool/equipment will be returned. |
| 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**  **S**ome participants lack basic hygiene and sanitation facilities. | Hinders the translation of the knowledge and skills learnt into practice | Participants are encouraged to support each other especially the single mothers and elderly to get them. |
| **Health**  Anticipated increase in prices of supplies / drugs. | We lead to reduced patient coverage. | Supplementary budget. |