**Bega Kwa Bega**

**Bi-Annual Narrative Report**

**April – Sept 2018**

**31 – October - 2018**

**SUMMARY TABLE**

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| Community/Village: | Bukondo, Mpatta, Buziba and Ngondwe |
| County/Province: | Busiro |
| District/Region: | Wakiso |
| # of direct participants\* | 1326 |
| # of households\* | 461 |
| # of total beneficiaries (includes participants and members of household who also benefit)\* | 6630 |
| % 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  Good nutrition status of individuals & improved hygiene & sanitation |
| Project components: | Primary Health Care, Health Literacy, beneficiary engaged in learning the use of natural and native medicines.  Nutrition status assessment, nutrition education & nutrition counseling, 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**

**Agriculture**

**Objective 1**

* Increased number of crops grown by farmers.

**Activity**

* Supplying high quality yielding seeds and planting materials

**Output/Outcome**

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

**Objective 2**

* Farmers having new space saving farming techniques

**Activities**

1. Teaching intensive farming methods, planned/staggered planting.
2. Teaching organic farming
3. Constructing energy saving stoves

**Output/outcome**

* Increase in food variety especially vegetables.
* 66 farmers practicing at least 2 space saving techniques
* 92 farmers trained in organic farming/space saving technology
* 6 energy saving stoves were constructed

We distributed improved seed varieties such as Cytot II beans, vitamin A fortified sweet potatoes, beet root, kale, among others; farmers were trained in value addition techniques and food preservation. 92 out the 92 farmers have adopted new crops and 66 new space saving technology respectively.

**Nutrition**

**Objective 1**

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

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**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. 87.5% participants are of good nutrition status.
* Residents consume at least five meals and four of these are balanced. Average Household Dietary Diversity Score (HDDS) is 8 out of 82 households, the average HDDS has improved from 5 to 8.

**Activity 2**

* Conduct nutrition education and food demonstrations

**Output/outcome**

* 92 people received nutrition education
* Change in dietary practice as resident take healthy and balanced meals.

**Objective 2**

Reduce cases of malnutrition among children

**Activity 1**

* To give baby food demonstrations

**Output/outcome**

* 92 households enhanced their skills in baby food preparation.
* Reduction in cases of undernourished children in the community. Of the 8 moderately malnourished children, 7 improved and only one is still struggling.

**Objective 3**

* Increased age appropriate growth among children

**Activity 1**

* Provide supplementary feeding to moderatelymalnourished children.

**Output/outcome**

* 8 benefited from the supplementary feeding program, though one became a defaulter.
* 87.5**%** of the children are within age appropriate anthropometric measurements as indicated in the table below.

Prevalence of underweight by age, based on weight-for-age z-scores

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Severe underweight**  **(<-3 z-score)** | | **Moderate underweight**  **(>= -3 and <-2 z-score )** | | **Normal**  **(> = -2 z score)** | | **Oedema** | |
| **Age (mo)** | **Total no.** | **No.** | **%** | **No.** | **%** | **No.** | **%** | **No.** | **%** |
| **6-17** | 3 | 0 | 0.0 | 0 | 0.0 | 3 | 100.0 | 0 | 0.0 |
| **18-29** | 3 | 0 | 0.0 | 0 | 0.0 | 3 | 100.0 | 0 | 0.0 |
| **30-41** | 1 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| **42-53** | 1 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 |
| **54-59** |  |  |  |  |  |  |  |  |  |
| **Total** | 8 | 0 | 0.0 | 1 | 12.5 | 7 | 87.5 | 0 | 0.0 |

Main activities included Nutrition status assessment, Nutrition education and food demonstrations that focused on food nutrient conservation cooking methods. Examples included steamed mpombo (food steamed in bananas leaves), irish potatoes boiled with jackets, sweet potatoes steamed in jackets, boiled/steamed matooke/bananas and vitamin C conservation. This was crowned with a food exhibition for all the food items learnt about. Participants have knowledge on the different food groups and can now prepare nutritious feeds using locally available foods to promote good health and nutrition plus income generation. Examples of marketable foods are cassava cake, millet cake, yam cake, making fondant & butter icing, gonja chips, sweet potatoe chips & crisps, matooke & yam crisps, nsuga juice, etc.

**Education**

**Objective 1**

Teachers and learners developing and using school gardens.

**Activity 1**

Train teachers on Agriculture, nutrition, hygiene and sanitation

**Output/outcome**

4 school gardens established

42 teachers trained in organic farming and management of school gardens and use of the science kits.

**Income Generation**

**Objective 1**

Increased business opportunities in the area especially farm related.

**Activity 1**

Provide start up support in kind to 40 families.

**Output/outcome**

20 businesses set up started

**Objective 2**  
Improved business management skills

**Activity 2**

Conduct business management training

**Output/out come**

40 participants trained in business management and record keeping

**Health (MHC)**

**Objective**

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

**Activities**

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

**Output/outcome**

* 10 MHC sessions conducted.
* 3210 people have access to improved health services
* 1236 people diagnosed and treated of basic ailments
* Improved health among the residents of the four villages of Mpata, Bukondo, Ngondwe and Kaziba.

1236 people benefited directly from the MHC; 318 of these were children between 0-6 years, 401 children between the ages of 6-17 years, 291 female adults and 226 male adults giving us a total of 719 children and 517 adults. Worms, cough and flue, malaria and backache are the 4 most prevalent diseases. Patients also received guidance and counseling on pregnancy, nutrition, preparation of a balanced diet and administering and managing native medicines. 27 cases were referred; notable among them was little Jessica with Kwashakor who was referred to Mulago National Referral hospital for specialized treatment with BKB support of 60,000 shillings. Jessica now looks much better after undergoing treatment for one month **(*see picture in drop box***)

Patients averaged 124 per clinic session. This is an indication that the communities have now wholly embraced the concept of the MHC.

**RISKS AND CHALLENGES**

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| --- | --- | --- |
| **Risks and Challenges:** | **Impact on Programming:** | **Corrective or Preventative Measures taken:** |
| Majority of the farmer did not access the IGP business support due to limited finance as budgeted. Only 20 farmers were financed with business materials. | Farmers complained of being neglected since they all had financial constraints in their businesses. | We have talked with all these farmers and agreed to propose and request for an increase on the budget and to make this IGP support a revolving fund. |
| The number or late adopters was high compared to the previous demos | Failure to manage own farmer gardens as expected. | Visiting farmers at their gardens in the presence of their spouses to arouse collective family participation. |
| **Health**  Some parents had developed a habit of sending children alone to the MHC | Lead to long hours of waiting for the parents to come | Home visitors tasked to inform the communities about the principles of treating minors |
| Anticipated increase in prices of supplies / drugs. | Reduced number of patient treated | Increase the Mobile Health Clinic budget. |