**Bega Kwa Bega**

**Bi-Annual Narrative Report**

**October 2018 – March 2019**

 **26th – April - 2019**

**SUMMARY TABLE**

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| Community/Village: | Bukondo, Mpatta, Buziba and Ngondwe |
| County/Province: | Busiro |
| District/Region: | Wakiso |
| # of direct participants\* | 1964 |
| # of households\* | 461 |
| # of total beneficiaries (includes participants and members of household who also benefit)\*  | 4,635 |
| % 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. Impassable and inaccessible road system due to over flooded sectionsFood shortage due to poor farming practices, poor quality seeds and limited skillsGood nutrition status of individuals & improved hygiene & sanitation |
| Project components: | Primary Health Care, Health Literacy, counseling, beneficiary engaged in learning the use of natural and native medicines.Nutrition status assessment, nutrition education & nutrition counseling, food preparation demonstrations, supplementary feeding, growth monitoring and promotion, hygiene & sanitation education sessions & demonstrations.Agricultural trainings & supply of improved seeds  |
| Total Grant Award: | $ 122,000 |

**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**

* Building water sources
* **Establishing water committees and training selected** villagers on care and maintenance of boreholes.
* **Training beneficiaries on water management,** hygiene and sanitation.

2 boreholes were drilled in Ngondwe and Kaziba 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. In total 4 boreholes have been drilled in the 4 villages (Mpata, Bukondo, Kaziba and Ngondwe) to cater for 1,027 people (32%) that had no access.

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| **Output/outcome*** 2 boreholes drilled
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| * 16 % of population now has access to improved water (i.e. 514 people who didn’t have access prior).
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**Agriculture**

**Objective 1**

* Increased number of crops grown by farmers.

**Activity**

* Supplying high quality yielding seeds and planting materials

**Output/Outcome**

* 101 farmers supplied with new seed varieties.
* 97 farmers growing more than two new crops
* 87 improved family gardens planted

**Objective 2**

* Farmers having new space saving farming techniques

**Activities**

* Teaching intensive farming methods, planned/staggered planting.
* Teaching organic farming
* Constructing energy saving stoves

**Output/outcome**

* Increase in food variety especially vegetables.
* 43 farmers practicing at least 2 space saving techniques
* 101 farmers trained in organic farming/space saving technology

## 101 farmers have adopted new crops namely sukuma/leaf cabbage, cucumber, turnip, okra, carrots, amaranths, vitamin A fortified sweet potatoes, beans. Recently adopted skills and technologies include: seed selection, pest and disease control, soil and water conservation, value addition, stagger planting, sack gardening, composting, bottle irrigation and reduced tillage. Farmers also received training on water harvesting techniques, handling, treatment, usage and management. Two 3000 liter capacity tanks were purchased and fully installed for 2 beneficiaries; one per village.

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| **Nutrition****Objective 1**Residents preparing and consuming enough food to have at least four balanced meals a day per family.   |

**Activity 1**

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

**Output/outcome**

* Baseline report for assessing progress in growth and development of children.
* Improved food access/household food consumption; the Average Household Dietary Diversity Score (HDDS) was 5 considering 106 households, the average HDDS has improved from 5 to 8. Residents on average consumed 3 meals.

The baseline report revealed the prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or oedema as; 62.5% normal, 25% moderate wasting and 12.5% oedema. Prevalence of underweight by age, based on weight-for-age z-scores is 14.3% severe, 28.6% moderate, 57.1% normal and 14.3% oedema. Prevalence of stunting by age based on height-for-age z-scores showed severe as 37.5% and normal as 62.5%. On average the situation improved to 87.5% normal.

**Activity 2**

* Conducting nutrition education and food demonstrations

**Output/Outcome**

* 89 people received nutrition education
* Change in dietary practice. Participants have learnt about the different food groups and most can now choose what to prepare to ensure their families get a balanced diet.

**Objective 2**

* Reduce cases of malnutrition among children

**Activity 1**

* Giving baby food demonstrations

**Output/outcome**

* 89 households enhanced their skills in baby food preparation.
* Reduction in cases of undernourished children in the community. Of the 18 (eighteen) children, 16 were moderately malnourished and 2 were severely malnourished. All of these children have greatly improved as mentioned above.

Participants have learnt how to prepare nutritious food using what is available in the community to promote good health and nutrition and to enhance their income levels. Demonstrations carried out included: food nutrient conservation cooking methods like steaming food in banana leaves, boiling and steaming food with jackets and vitamin C conservation. Other demonstrations focused on foods/snacks for sale. To conclude the quarter, participants prepared and exhibited all the foods they had learnt about. It was fantastic listening to them explain how they had prepared the different foods. Aside from that two brick ovens were constructed at the 2 demo sites to facilitate the baking of cakes and other snacks.

**Objective 3**

* Increased age appropriate growth among children

 **Activity 1**

* Providing supplementary feeding to moderatelymalnourished children.

**Output/outcome**

* With the exception of one defaulter all the 17 children benefited from the supplementary feeding program and have greatly improved/are out of danger.
* 87.5**%** of the children are within age appropriate anthropometric measurements.

Objective 4

* 100% of households having standard basic hygiene and sanitation facilities

Activity

* Conducting training sessions on hygiene and sanitation

Output/outcome

* 89 of people received hygiene education (beneficiaries)
* 55% of households with hygiene and sanitation facilities constructed/improved.

Hygiene & sanitation education and demonstrations was on basic sanitary facilities which included tip-taps, dish racks, pit latrines & covers, bathrooms, rubbish pits and kitchens.

**Health (MHC)**

**Objective**

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

**Activities**

* Conduct a Mobile Health Clinic in each village once a quarter.
* Promote the use of native medicines.

**Output/outcome**

* 10 MHC sessions were conducted in four villages of Mpata, Bukondo, Ngondwe and Kaziba.
* 3210 people have access to improved and regular health services
* 1,863 people were diagnosed and treated of basic ailments
* Improved health care and knowledge among the residents of four villages in Namayumba sub-county

A total of 1,863 were treated at the MHC of which 1,042 were children and 821 were adults. 477 were children below 6 years and 565 were children between 6-17 years. 443 were female adults while 378 were male adults. 38 were referred for more specialized treated.

Worms, cough and flue, malaria and urinary tract infection (UTI) are the most prevalent diseases. Besides treatment, patients also received counseling on pregnancy related issues, sexually transmitted diseases, drug abuse, nutrition, preparation of a balanced diet, administering native medicines and its management. There has been an increase in the MHC attendees which is attributed to the effectiveness of our drugs, increased awareness and growing appreciation of our services.

**RISKS AND CHALLENGES**

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| **Risks and Challenges:** | **Impact on Programming:** | **Corrective or Preventative Measures taken:** |
| **Agriculture** Prolonged drought greatly affected our work. Little success was realized compared to similar seasons due to too much drought that struck the area. | Farmers lost many seeds due to failed germination and or seedling mortality which was high. | We have tried to encourage farmers concentrate on smaller sized plots or nursery beds which were watered regularly so as to push these crops through the dry spells. |
| The number or late adopters was high compared to the previous seasons | Failure to manage own farmer gardens to the expected levels. | Visiting farmers at their gardens in the presence of their spouses to arouse collective family participation and responsibility.  |
| **Health**Sharing of drugs with other family members | Patients not able to heal, as dosage is not full, leading to no impact | Home visitors tasked to inform the communities about the principles of treatment and also engaging all beneficiaries before drugs are given to them |
| Anticipated increase in prices of supplies / drugs, due to the fluctuation of currency |  leads to reduced patient coverage and not being able to secure planned supplies | An increase in funding. |