

BEGA KWA BEGA

ANNUAL REPORT 2003 / 2004

1

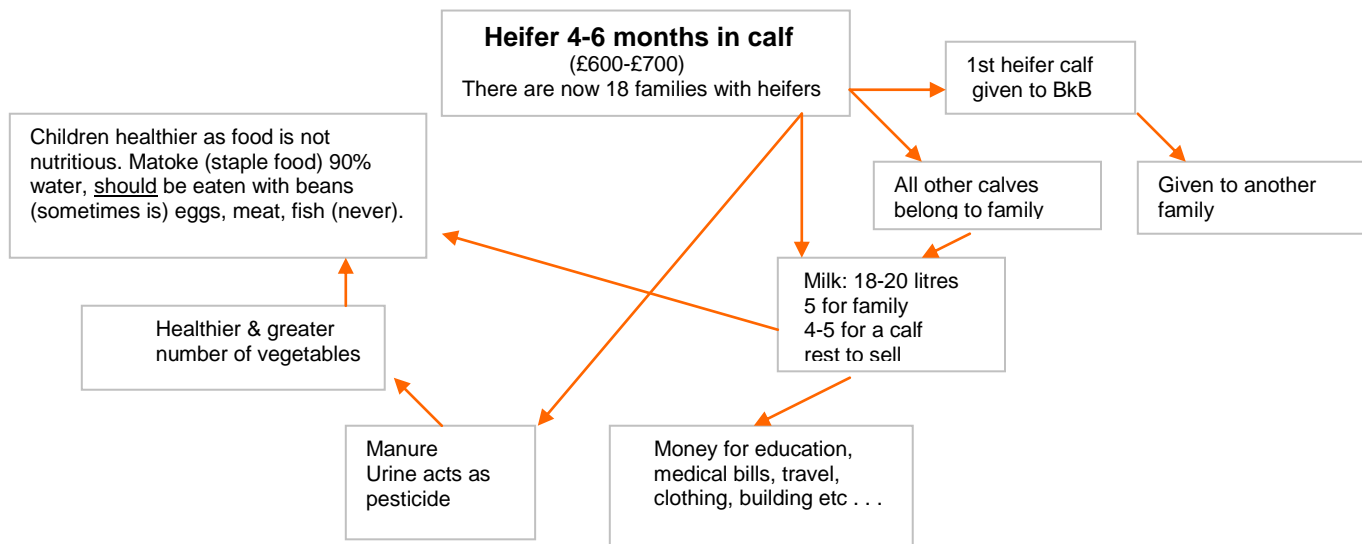
On behalf of Bega kwa Bega, I hereby present the activities Annual Report for the project, year 2003 / 4. The challenges that have been presented by the orphan problem are still great, and the struggle to curb them still goes on.

I start by reporting on some of the **Income Generating Projects**: There are at present 100 small projects run by widows and another 40 good proposals being put forward. Others would like to expand. There are animal projects: heifers, pigs, goats, chickens, rabbits. Gardening projects: renting land for 2 years and selling the produce, brewing beer and selling to local stores; brick making; entertaining; product of knitting machines.

The Heifer Project: BKB began its heifer project in the year 2001. To date there are 18 heifers, and 18 families have benefited. Malnutrition, income levels, education standards and life styles have all had a positive change. All these families can now send at least 4 children to primary school as a result of monies earned through the sales of milk. (Unfortunately 3 cows so far have succumbed to a serious disease that normally is not in evidence.) In order to receive a heifer, the recipient must:

- be recommended by the village council
- have access to clean water
- have access to two acres of land on which to grow elephant grass for feed
- be widows or a grandparent bringing up at least 4 orphans
- be physically able
- be willing to sign a simple contract promising to donate the first female calf back to the project

Recipients are then helped to build a shelter and receive training from a vet.



Notable is a disease that attacks bananas (matoke) which is a staple food in Uganda. Urine acts like a pesticide and is collected and administered to the plants.

There has been a very clear and evident correlation between milk consumption and health levels:

- Land usage has increased by about 50%
- Malnutrition reduced by 18%
- Usage of manure has increased by 100%
- Housing and lifestyle standards increased by 20%

It is important to note that it is unavoidable to work without a vet doctor. They are very important in administering medication, training, and advice both to the organisation and most especially to the farmers.

The Knitting Project: As last year, two tons in weight of machines arrived from the UK at the beginning of the year. Angelina Campbell from Scotland came over to continue her lessons. She works for 3 to 5 days with a group who produce in that time a jumper, scarf and hat. Good quality work is insisted on. Groups taught in year 1 (it is now year 3) are being introduced to patterns and colours. There are 10 main centres where women from 5 to 10 villages will come to learn. Machines are not given to one person, but three, who then teach others. Good money is made from the sale of the knitted garments, mostly to schools.

The Mobile Clinic programme has been maintained. It continues to do a good job for the populace, as health care would not otherwise exist in the villages. A total of over 5,520 patients were treated last year. Many people i.e. more than 45% in the villages we've been to (a volunteer nurse, sometimes a volunteer doctor, a volunteer who fills in the forms, and the medicines, all taken to the village in my pick-up truck) can now clearly identify what they may be suffering from, and are able to ask for proper medication in cases where there is no doctor. Many children die of worms. De-worming is a simple procedure and costs little (under a £1 for a year). Malaria continues to be the biggest killer. Anti-malaria medicine is always in demand. On average £35 is spent each week on medicine bought from a private pharmacy. HIV tests are not carried out and the virus only reveals itself as Aids through how a person looks. There are no medicines in the country for the illnesses HIV brings with it. There seems to be no reduction in the numbers exhibiting the onset of AIDS. Those with illnesses not treatable by the clinic are encouraged to attend a hospital, but doctors have to be paid and transport adds to the costs. A doctor might diagnose and hand out a prescription, but people have no money for medicine.

Standards of hygiene have really improved i.e. proper toilet usage & construction of cheap better ones. On each of these mobile clinics which are conducted once a week, training is conducted simultaneously with treatment. 75% of children in villages visited no longer have stomach worms as we carry out a de-worming exercise on each trip.

We received a number of used clothing, which were distributed to various groups of families, which were most needy. Normally these are mainly orphaned children living without an adult in the home, or families headed by a grandmother.

Education: BKB has always been sponsoring orphans with school fees and a total of 75 orphans were sponsored last year in nursery school and secondary school. There are two deaf children sponsored in a special boarding school. The charity has also extended School development support to three nursery schools. The assistance in all the schools was to rehabilitate the classroom structures and putting up new toilets.

Books used in Schools i.e. text books, were purchased and distributed to 6 primary schools. Due to pressure of work, we decided to have the adult literacy programme handled by another organisation that operates in the same area that we do. This was in April 2003.

Adult Training: Training days have taken place on Health, Nutrition, Craft Work, Aspects of Farming, Business Management, HIV and AIDS etc . . .

Water is a very serious issue. In some places people walk 5 miles to fetch a maximum of 20 litres a day. Children can walk long distances to fetch only 5 litres of water. The Government cannot help since resources are not there. Last year was the 'Year of Water' and with money donated from the UK we were able to carry through the drilling of a third bore hole (£4,600 each); now 7 'harvesting' of rain water are in place (gutters and water tanks £1,500 each); and completed / begun there are now 17 Protected Springs (£460 each).

A surveyor is called in before any work is started on a water project. Bore Holes are drilled where there are no springs. The third **bore hole** is in Kamuli / Wakiso district. This particular one supplies water to over 215 families daily and normally the average family number is 7 members. Thus 1,505 fetch water on this borehole daily.

'**Harvesting**' of rain water is only possible where the house is strong enough and only done if inhabited by a large number of orphans and no adults.

Before starting work on a **protected spring** certain criteria have to be met: the Village Council or school need to contact BkB, and the following points are considered:

- numbers who will use the spring
- other sources of water
- distance of the spring from the village or villages

If it is decided to go ahead a water committee is formed. Villagers must undertake most of the work, BkB coming in at the last stage with money to buy materials for the concrete basin and technicians to build it.

3 latrines have been built in primary schools and 3 for orphaned families where there are a large number of children living and no adults.

The Charity distributed **foodstuffs** to a number of orphaned families. The items that were distributed were: beef, cooking oil, sugar, salt, soap and rice.

Continuous monitoring has helped the projects keep alive. Advice and encouragement have paid off.

Much is still needed to be carried out: for example a 'loans project', without interest, would benefit those wishing to set up new businesses; there are many villages who are waiting to have the possibility of clean, available water; families wait anxiously for heifers and goats; the number of orphaned children needing sponsorship for their education increases.

However, with the help of many generous people, the charity is achieving much. On behalf of BkB beneficiaries and on my own behalf, I would like to take this opportunity and thank all donors, well wishers, sympathisers and participating agencies plus all individuals who try to make a better life for our needy children.

Thank you very much.

DAVID SSAGALA
Project Manager, Bega kwa Bega