

ANNUAL REPORT 2014-2015

This has been an exciting year for BkB for two main reasons. We have made our first step towards becoming self-sufficient with the opening of **Gogolo**, our Play and Learning Centre and we have extended the work of our Organic Demonstration Farm into the villages with what we have named '**Family Gardens**'. This last project is particularly appropriate, it being United Nation's International Year of Soils. We have continued to go forward with our other projects: Water, Health and Nutrition, Income Generation, Education.

EDUCATION: This year eight of our orphans passed the end of Primary School Exam and are now in Secondary School. Sadly we lost one of the children who drowned. As children join secondary school their fees increase and it has been a struggle to meet the extra amount demanded. Many of these children had given up hope of an education but thanks to sponsors in the UK and US 113 children are now in school or colleges of further education. 4 have jobs: 2 are teachers, one a caterer and the fourth a tailor.

Last Summer Gill Farbrother together with her husband and daughter, came over from England and held 2, two day teacher training workshops, one at the farm where 32 teachers enrolled and the other at Jengo Pre-School with 38 teachers attending. Topics included letters and sounds, jollyphonics, assessment, reading, writing, vocabulary, punctuation and ideas for PE. Teachers enjoyed the training and have put their knowledge to good use in their classrooms. They all hope to be invited again to further workshops.

WATER: The main objectives of the water project: to improve the health of communities, to prevent young girls from walking miles to fetch water when abduction and rape are real possibilities and to save energy and time. We now have 164 Protected Springs, 16 Boreholes and 25 tanks.



Impact

- Over 6,000 now access clean water as a result of the 12 springs that have been protected over the past year.
- Infant mortality rate has dropped. There are fewer water-borne diseases where there are protected springs.
- Communities are learning to work together to build and maintain their village protected spring.
- There has been a continued improvement in personal hygiene because of the availability of clean water.

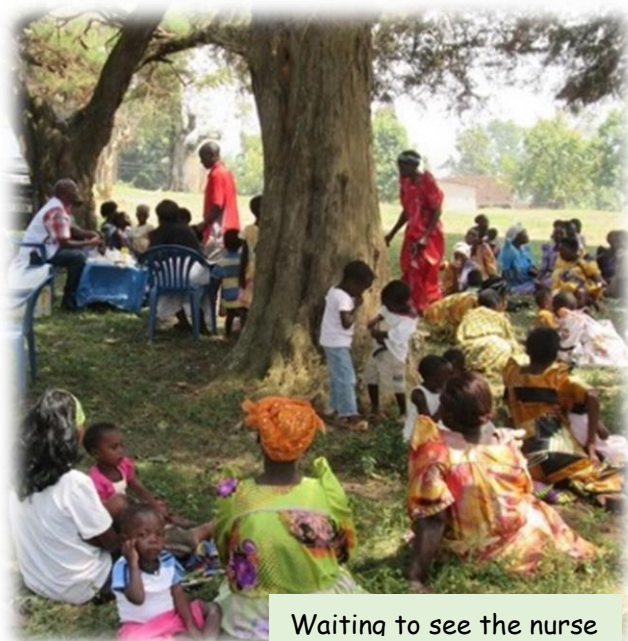
Challenges

- The need is high. Over 20 villages are asking BkB to help them with safe water for their communities.
- Limited funds. We had a target to protect 20 springs last year, but were able to protect only 12.
- Long dry seasons are still a big problem as they lead to some protected springs drying up and thus people have to walk long distances to other community springs to fetch water.

• Protected Springs 2014 – 2015

No:	Spring Name	Village	Parish	Sub-county	District
1	Jim's Well	Namabya	Mako	Kasanje	Wakiso
2	Michael's Well	Mayembe	Ward D	Mpigi T/C	Mpigi
3	Dougie's Well	Kimbugu		Mpigi T/C	Mpigi
4	Mary's Well	Ssagala	Jungo	Kasanje	Wakiso
5	Gerry Ferrie's Well	Ngoma	Bumozi		Mpigi
6	Montessori School of Fairfax	Maziba	Maziba	Mpigi T/C	Mpigi
7	Peter Morris Sends His Love	Mulore	Maziba	Mpigi T/C	Mpigi
8	Julia & Catherine Keane's Spring	Mbale	Ward C	Mpigi T/C	Mpigi
9	Michael & Nesta Peiris Spring	Luwure	Sokolo	Kasanje	Wakiso
10	The Sander's Family Spring	Ggala	Kakola	Mpigi T/C	Mpigi
11	Tony's Spring	Bumoli	Kakola	Mpigi T/C	Mpigi
12	Fortunate's Well	Konkoma	Konkoma	Mpigi T/C	Mpigi

HEALTH



Waiting to see the nurse

Objectives: To control and treat tropical diseases, plan and deliver preventative health education, conduct home visits and give emergency response to high risk orphans & vulnerable children. During the period between February 2014 and February 2015, BkB held 40 mobile health clinics which served a total of 4,448 patients in 31 villages. The most life threatening disease is still malaria although worm infections had a greater number of patients. This is mainly due to the fact that almost all who come to the clinic are advised to take some de-wormers. Cough problems are also high being an airborne disease. Children below 6 suffer mainly from malaria, coughs, intestinal worms, diarrhoea, dehydration, malnutrition, stunting and low energy. Children of 6-17 suffer from malaria, coughs, intestinal worms, malnutrition, dehydration and anaemia. Adults are mainly affected by malaria, sexually transmitted diseases, HIV/AIDS, coughs, intestinal worms and anaemia.

A total of 1,196 patients were tested for malaria. 981 were found to be positive while 215 were negative. We now have access to Rapid Diagnostic Test (RDT) which enables nurses to instantly identify those with malaria who may then receive a prescription. People used to claim they had malaria which led to unnecessary prescribing. *(see below for analysis of the clinic's work)*

The Home Visitor supports families identified by the clinic's nurses. She looks for those with HIV/AIDS and educates them as to how they may improve their lives and encourages them to get treatment. She looks for severe cases of malaria and malnutrition among the children. The importance of malaria prevention and eating healthily are emphasized. There has been a great improvement in the lives of people through this project. People are now more knowledgeable concerning their health and are taking better care of themselves. Those with HIV/AIDS now go to health centres for checkups,

counselling and treatment. Anaemia cases have decreased, cases of diarrhoea are fewer since hygiene has now improved and children look and feel better. Widespread use of mosquito nets and removal of stagnant water near homes results in fewer sick days and lower rates of absenteeism from school. People are full of praise for the mobile clinic. One lady was thankful she does not have to walk long distances for treatment. Now she can de-worm her entire household every 3 months, something she learnt attending the health clinic.

INCOME GENERATION

This project continues to provide jobs for women and men who are then able to take care of their families. Two hundred and ten businesses started with our help are still flourishing. However, we suffered a tremendous loss when Angelina Campbell from Wishaw, Scotland, died earlier this year. Since 2002 she had visited Uganda 10 times teaching the use of knitting machines and setting up groups of women who would help each other between her visits. She did cleaning jobs to pay for her flight and wools for the knitting machines of which 250 have been sent over



to Uganda. Many women have found security through Angelina's efforts. One woman dying of AIDS told her she would now die in peace knowing her daughter was able to earn enough to look after her younger siblings. Angelina herself admitted that many of the women knitted better than she did and were able to invent new shapes and patterns. She had also trained the women to maintain and mend the machines. Her relatives and friends are determined her work will continue. We are grateful for the great work she did in Uganda and she will always remain in our hearts.

AGRICULTURE

- Over 500 students from 11 schools and 53 individual farmers visited the farm this year.
- 29 teachers of which 19 were female and 10 were male made use of our farm to translate classroom theories into practical tasks along with their learners.
- A residential 7 day training workshop for 4 orphans from Kitovu, an NGO based in Masaka working with orphans. Topics included composting, integrated pest and disease management, soil and water conservation, vegetable production, farm planning, farm management and record keeping, livestock production and agro-forestry among others. **Organic principles were applied in all these topics.**

- We now have 10 mature pigs and 12 piglets. Our cow gives us an average of 14 litres of milk per day.
- We harvest a variety of fruit & vegetables which we sell to neighbours, restaurants and hotels. In addition we sell organic pesticides, eggs, piglets and seeds to many of our visitors and regular customers.
- We received a donation of a brand new generator, custom built, from CLARK UK. This will truly come into its own when a borehole, for which we now have funds, is sunk on the farm.

Family Gardens

Family demonstration gardens were thought of as the best way to increase food production at family level, and act as an answer to malnutrition and food shortages. We first had a consultative meeting with village leaders who were enthusiastic about this idea. Each of these leaders were instructed to recruit 3 peer trainers from his/her village to participate in a three days intensive training at BkB Organic Demonstration Farm. This took place last July. We then went into a selected village. The villagers chose a family on whose land a demonstration

garden was then set up by the Farm Manager. The villagers watch and take part in this process and are thereby equipped with practical skills which they adopt and transfer to their personal gardens. They learn about planning, seed bed and nursery bed preparation, seed selection and preservation, nutrient recycling and composting, organic farming, crop rotation, relay cropping, etc. Villagers are given seeds, plants and some tools. We have now worked this method in 4 villages which has then been copied by over 112 villagers in their own gardens.

Zawedde of Ssentema village told of her experience with the beans given to her by BkB. From the 2 cups of beans she received and planted she harvested 15 cups. Her family eat fresh beans from these plants. She gave away 4 cups to a friend and planted 7. She sold 4 cups and bought carrot seeds. If we get 20 trainees like Zawedde then our project will be sustainable

The Farm Manager reports: "At Naddangila village when I used fresh bio-pesticides to manage been aphids, the villagers made their own bio-pesticides and were thrilled when these worked in their own gardens".

NUTRITION Objectives

- To assess nutritional needs.
- To involve and assist communities to identify nutrition problems and implement appropriate interventions.
- To enable individuals to use diet to manage various diseases and to prevent illnesses.
- To create income-generating activities for women and promote the production of food crops with particular focus on legumes, vegetables and fruits.
- To promote improved methods of food processing, preservation, preparation and consumption.

Activities conducted include:

- Nutrition education and food demonstrations.
- Hygiene and sanitation education: construction of bathroom, tip-taps for hand washing, pit latrine and pit latrine covers, dish rack etc.
- Community-based growth and monitoring promotion involving monitoring the nutritional



organise a feeding programme easily replicable for children between six months & five years, expectant mothers and women of reproductive age who are moderately malnourished.

status of children by taking their anthropometric measurements: weight, length/height, mid-upper arm circumference, age.

- Nutrition-related skills, including planning a healthy meal
- Feeding programme: the feeding of moderately malnourished clients on grain amaranth porridge.

Achievements

- The feeding program started with eleven children and two adults. Their nutritional status improved greatly. A 3 year old weighing 5.5 kg within two weeks weighed 8.0 kg
- The level of malnutrition has dropped through education, food demonstrations and the feeding programme.
- The grain amaranth was harvested and with time the participants will be able to make their own flour for the amaranth porridge using their own amaranth seeds and other seeds like soya beans and maize.
- Participants can now manage various diseases such as HIV/AIDS-related complications like diarrhoea, nausea & vomiting, mouth sores and oral thrush, through diet.
- Participants can now make nutritious income generating food items. A woman made a maize cake for the school's day of her child's school. They can also make potato fritters, cassava balls, cassava biscuits.
- Participants (28 from Sentema and 25 from Katiti) who used to have 1 meal a day now have 3 while maintaining a balanced diet and conserving nutrients while maintaining good hygiene and sanitation.
- 90% of the participants now ensure they consume vegetables and fruit every day together with other foods.
- 95% of the participants now know and do proper child feeding.



Bathroom made out of papyrus

- Hygiene and sanitation have been improved. 90% of the participants now have all the hygiene and sanitation facilities such as pit latrine with a cover, bathroom, dish rack, rubbish pit, tip-tap and a kitchen. An example is of the woman above



Current bathroom

who did not have a bathroom. She then put up one made of papyrus and later built a better one as shown.

Examples (from Marea, Nutritionist)

Muwanuka, a mother, says from the time she started attending the nutrition education sessions and food demonstrations she totally changed her feeding habits for the better. Unlike before, where she only consumed vegetables at the time when she had no sauce, she now consumes vegetables every day in addition to other foods and fruit each day. She says her children no longer fall sick frequently like before since they now get all the nutrients needed.

One elderly grandmother, Nalugya, said she no longer has painful joints ever since she started taking the amaranth porridge. She also said she can now spend more time in the garden without feeling hungry

Another mother, Zubeda, is so thankful to BkB because her child who could not walk or talk properly at the age of three, had a skin rash, was underweight is now healthy and can walk, talk, play with friends and even bully them! This achievement was through the feeding programme (amaranth porridge) together with improved feeding habits, good hygiene and sanitation. The mother now also feeds on a balanced diet together with her children.

As for the bean fritters, many women said that most of them were tired of eating beans only as a sauce, but now they know another way of preparing them .

One participant said she was having persistent constipation but recovered from the time we had the session because she used the advice together with the vegetable salad. Another said the vegetable salad gives her an appetite and makes her feel better if she is feeling weak or a bit sick. Most women said they did not know they could eat raw vegetables especially in that combination.

GOGOLO PLAY & LEARNING CENTRE

This is BkB's first step towards becoming self-sufficient. The centre opened in October 2014 with its main objective being to generate revenue for BkB which comes from the gate fees, restaurant, snack bar and charges for children's parties. It is a children's sanctuary and many leave in tears wishing to spend more time at the



centre. Families tell us that they like bringing their children to play in this green, safe, clean and stimulating environment. Groups of primary and nursery school children visit Gogolo on their field trips. Already the play centre is meeting most daily expenses: maintenance and overheads.

Nursery School: In response to numerous requests from families, a nursery school has been established at Gogolo. The school will utilize the center during school terms and will generate additional revenue.

Challenges

- Operation is seasonal. During term time there are fewer visitors than during school holidays.
- When it rains nobody comes to play.
- More funds are needed in order for the centre to meet additional requirements.

Future plans:

- Install solar panels for security lights.
- Build a patio off the parking lot for adult diners and expand the menu.
- Develop a water feature for use especially during the hot, dry seasons.

CHRISTMAS: One hundred and twenty families received Christmas parcels. These gifts continue to put smiles on the faces of the orphans and disadvantaged families. Most of these families would not have been able to afford a Christmas meal but with the Christmas parcel they were able to eat a good meal.

Many thanks to you our friends who continue to support, visit and participate in our work. Thank you for helping us to improve the living conditions of orphans, their extended families and the communities in which they live.

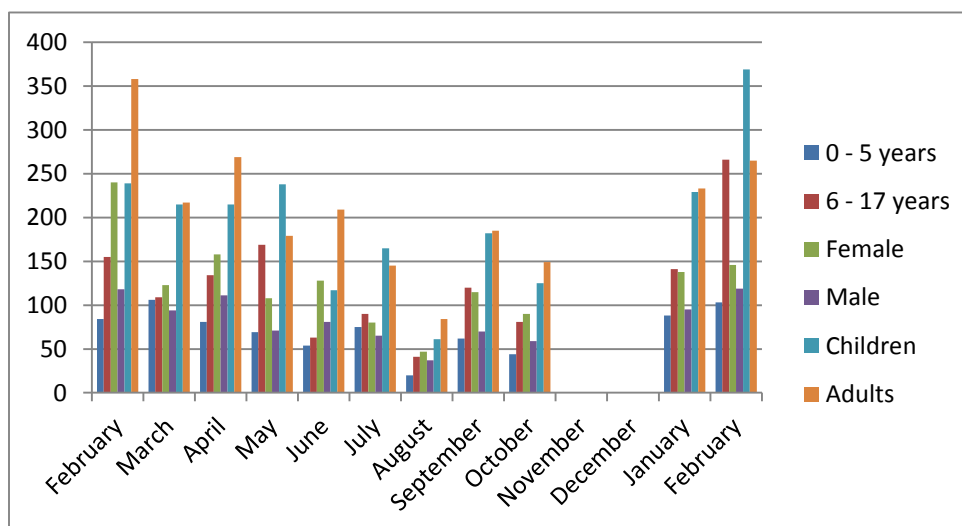
David Ssagala
Manager BkB.

ANALYSIS OF THE CLINIC'S WORK

ANNUAL MOBILE CLINIC ATTENDANCE BETWEEN FEBRUARY 2014 AND FEBRUARY 2015.

	0 - 5 years	6 - 17 years	Female	Male	Children	Adults
February	84	155	240	118	239	358
March	106	109	123	94	215	217
April	81	134	158	111	215	269
May	69	169	108	71	238	179
June	54	63	128	81	117	209
July	75	90	80	65	165	145
August	20	41	47	37	61	84
September	62	120	115	70	182	185
October	44	81	90	59	125	149
November	-	-	-	-	-	-
December	-	-	-	-	-	-
January	88	141	138	95	229	233
February	103	266	146	119	369	265
Total	786	1,369	1,373	920	2,155	2,293

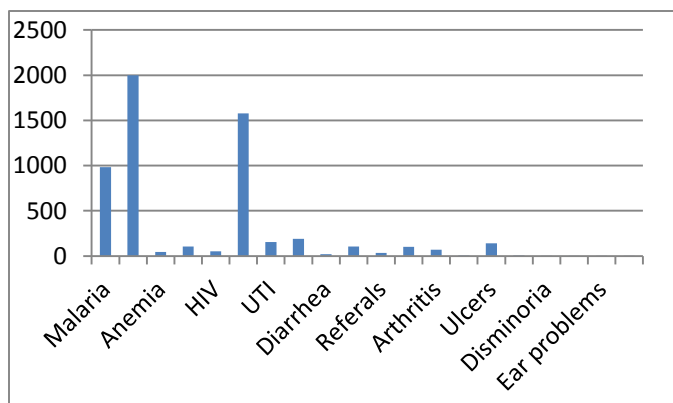
ANNUAL DISTRIBUTION OF MOBILE CLINIC ATTENDANCE IN GRAPH FORM BETWEEN FEBRUARY 2014 AND FEBRUARY 2015.



**CUMULATIVE TOTAL OF PATIENTS PER AILMENT
BETWEEN FEBRUARY 2014 AND FEBRUARY 2015**

AILMENT / DISEASE	No. OF PATIENTS
Malaria	981
Worms	1998
Anaemia	46
Eye problems	106
HIV	50
Cough	1576
UTI	154
Backache	188
Diarrhoea	20
Pregnancy	105
Referrals	33
Septic wounds	101
Arthritis	69
Dysuria	5
Ulcers	141
Tooth ache	6
Dysmenorrhea	3
Fungal infection	3
Ear problems	3
Measles	1

**GRAPHIC REPRESENTATION OF PATIENTS
AGAINST AILMENTS BETWEEN FEB 2014 – FEB 2015**



Month	Date	Village visited
February 2014	3 rd	Kasozo
	17 th	Kikandwa
	24 th	Mbuye
March	3 rd	Gobero
	17 th	Kikuji
	24 th	Ssebi
	31 st	Wagaba
April	8 th	Namagera
	14 th	Magogo
	22 nd	Ssentema
	25 th	Nakyerongosa
	28 th	kakoge
	30 th	Luwunga
May	5 th	Kirundi
	9 th	Kikajo
	12 th	katiti
	16 th	Nampungu
June	9 th	Kikajo and Katiti
	13 th	Nakyerongosa
	23 rd	Bukungulu
July	14 th	Kirugaruga
	16 th	Kyegogo
	21 st	Namagera
August	27 th	Bukerekere
September	1 st	Nadangira
	9 th	Mwera
	12 th	Kiterede
	15 th	Kitotoro
	22 nd	Kambe
	29 th	kabagezi
October	20 th	Bulima
	27 th	Buwanuka
Jan 2015	12 th	Kakooge
	19 th	Nakawuuka
	27 th	Busujja
Feb	5 th	Lugeye
	12 th	Ggayaza
	16 th	Nadangira
	23 rd	Dambwe

