



RAKAI COMMUNITY BASED HEALTH PROJECT

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ACTIVITY REPORT 2017

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1. Introduction

The project is slowly building up a reputation and connecting with other facilities and government institutions in the district. Malnutrition is still a big challenge to manage and control, especially in children under 5 years. We see the numbers of patients coming to the facility increasing and the need of sensitization on nutrition is on high demand. We continue to improve on our services and skills to be able to provide the best treatment and care for our beneficiaries.

Thanks goes out all donors, local authorities and community members for the trust, believe and financial support we have received this year.

2. Background and Context

Information about Rakai Community Based Health Project

Rakai Community Based Health Project, situated in Kyotera District, was founded in 1999 as a non-government organization. The organization is operating in Rakai and Kyotera District, offering health care based services.

A. Vision:

An organization that is able to respond to demand driven health services at a more sustainable basis

B. Mission:

To empower people to elevate their health status through their own participation and mobilize resources to promote local initiatives for enhanced demand driven health care services.

C. Aims and objectives

- To carry out health outreach in both preventive and curative strategies
- To engage in activities aimed at improving and conservation of the environment
- To conduct research into the population and health and social economic aspects of development
- To build capacity building strategies enabling communities to improve their health standard and livelihoods
- Reduce malnutrition in children through sensitization of communities about (mal) nutrition

D. Activities

- Rehabilitation and treatment of severely malnourished children
- Food training workshops for community members
- Education of health workers about (mal) nutrition
- House visits
- Counselling and guidance
- Connecting with other health facilities/ organizations/ government in the District to create more awareness about malnutrition and referrals to our facility in case of malnutrition.

Program Key Areas

1. Health.

Rehabilitation and treatment of severe malnourished children at Kyotera Medical Centre, striving to reduce malnutrition in children. So far we have treated an average of 120 patients per year and the number is increasing every year.

2. Education.

Food training outreach program. Sensitizing community members on grass root level through an inter-active workshop including a drama group, nutrition game and screening and assessment of children.

3. Livelihoods.

House visit program. Visiting former patients or referrals from other organizations to screen and assess a child after treatment. Monitoring the Nutritional health status (weight, height, MUAC) hygiene and safety of the homestead of the child, available foods, counselling and advising if necessary.

3. Participatory approach as mode of intervention

Rakai Community Based Health Project Basically uses the following ways when carrying out its activities.

- Working with and consulting the local authorities before and during activity implementation
- Corporation with other organizations to form a bigger and stronger base in the Districts where activities are carried out
- Involving government employees to join our activities and advise the organizations activities
- Involve beneficiaries to assist with educating and sensitizing others

Rakai Community Based Health Project has been praised for their services offered on grass root level as they are well organized and educative. Multiple times government authorities request our assistance as we are specialized and equipped with experienced staff and facilities.

4. Achievements/ Outputs

Achievements of Rakai Community Based Health Project in 2017

- Treatment and rehabilitation of 100+ severely malnourished children
- Sensitizing 1000+ community members during the two weekly food training sessions
- 2 full day outreaches including nutrition drama, HIV/AIDS testing, cervical cancer screening, nutrition education and child assessment and screening in the communities
- 60 House visits to former patients and referrals from other organization or local authorities
- Full day visit to Mbarara Nutrition department and Master cares Nutrition Unit (Kyotera) to exchange experience with staff, review and update work methods, network with other people and to be exposed to a different nutrition facility in the country
- Counselling over 50 caretakers of the patients during treatment time of the patient about family planning, HIV/AIDS testing/ treatment, Hygiene, nutrition etc
- Provided peanut butter and soya maize flour to patients at discharge for home consumption
- Organized a meeting with “local healers” from the district to sensitize them about malnutrition in children. With the kind request to refer malnourished patients to a hospital instead of treating these patients locally and at a high cost.

5. Challenges

- Bewitching, caretakers first visit “local healers” who they believe can heal their (malnourished) child. Most of the time these local healers cause more damage to the child’s health and they charge huge amounts of money for treatment.
- Lack of knowledge and education about malnutrition. Many people have no idea the condition of the child is caused by bad nutrition.
- We are a private institution not supported by government authorities with the necessary therapeutic feeds (F75, RUTF) which makes the recovery of the patients slower and more challenging.
- Recruiting qualified staff, it’s a challenge to find a nutritionist for a small facility like ours
- Admission of severely malnourished patients can take a long time, on average patients stay 2/3 weeks on ward to recover. Caretakers are not always able or willing to stay for such a long time as they have other responsibilities and interests.
- Reaching community members on grass root level, through mobilization on a boda with a megaphone we try to reach out to community members to join our food training sessions organized in their communities. Low turn up due to weather conditions, burials or lack of interest and high expectations make it difficult to reach our target amount on yearly base.

6. FUTURE PLAN

The project would like to expand their services to the communities on grass root level and to focus more on prevention of malnutrition through:

- A Nutrition truck, a 2 or 3 day outreach program where we visit a community with our truck. The truck will have screens to show educational videos on any subject that can help with preventing malnutrition. On spot screening and assessment of children, drama group, counselling, food training workshop, agriculture information and sale of seeds and other nutritious foods that can reduce/ prevent malnutrition.
- Continue our services at the hospital nutrition unit, becoming experts in the treatment of malnourished children and share our knowledge with other health workers to have a strong base in the district that can reduce malnutrition by working together.
- Finding a reliable funder for long term funding
- Creating awareness amongst community members about malnutrition through entertainment (drama) and inter active games
- Combine sources and knowledge with other organizations working on grass root level to reach a bigger network and beneficiaries

7. Conclusion

It has been a good year for the project. We have increased on our network with experts and organizations to corporate with in different fields. We receive more and more patients at the unit and we are determined to continue improving the care and treatment given at the facility. We focus on the most profitable ways to prevent malnutrition through education and sensitization.

Management appeals to all workers and beneficiaries to continue the fight against malnutrition and work hand in hand to have the best results for the future.

Appendix i: project pictures



A mother with her child at the nutrition ward



severe malnutrition



sisters, due to bad family planning the first born (right) is severely malnourished and neglected, left the baby sister of 6 months who gets all the attention and breast milk



kyotera medical centre nutrition unit



home visit at former patients house

Appendix ii: Official Endorsements

Report approved by:

Dr. Katwiire Ambrose
Chairperson