



RAKAI COMMUNITY BASED HEALTH PROJECT

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ACTIVITY REPORT 2018

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1. Introduction

This year has been a challenging year especially on the financial side. The head sponsor phased out their annual contribution and finding new funders on national and international level has been quite difficult. The numbers of patients continues to increase and our services are on demand in the region.

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/ organisations/ government officials (TASO, Brick by brick, Cotton on, probation officer, police and cdo's) 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 2018

- Treatment and rehabilitation of 120 severely malnourished children
- Sensitizing over 1000 community members during the two weekly food training sessions
- 4 full day outreaches including nutrition drama, HIV/AIDS testing, cervical cancer screening, nutrition education and child assessment and screening in the communities
- 75 House visits to former patients and referrals from other organization or local authorities
- Full week workshop for nutrition staff at Mulago referral hospital Kampala. To update knowledge, treatment guides and new protocols concerning malnutrition guided by Dr Esther, head of NU department Mulago Kampala
- Counselling over 50 caretakers of the patients during treatment time of the patient about family planning, HIV/AIDS testing/ treatment, Hygiene, nutrition etc
- Provided over 1000 kg of soya maize flour to caretakers at discharge to feed the patient at home

5. Challenges

- Ignorance, caretakers come too late to the hospital with severely wasted children. That makes it very difficult to treat the patient and changes of recovery are minimal.
- Bewitching, caretakers have used traditional healing services which are expensive and can cause a lot of damage to the child's health.
- After discharge we noticed a percentage of 10% dies eventually due to other diseases (malaria/ HIV etc) or re- occurrence of malnutrition and a weak immune system
- 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.
- Fundraising is a challenge, finding potential funders especially locally is not easy and there are a lot of projects out there aiming for the same funders.
- 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 more 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
- Starting a school nutrition program

7. Conclusion

As though it has been a challenging year financially we have managed to treat and heal many severely malnourished children. We have educated community members and we are slowly building up a reputation in the area where we are known for our unique services where patient and caretaker are taken care of with specialized care and not to forget love to achieve the best results.

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



patients eating ekitobero



daily food training and counselling for caretakers



Severely wasted patient (marasmas)



staff supporting feeding of patient



Full week training at Mulago referral hospital

Appendix ii: Official Endorsements

Report approved by:

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Chairperson