



## **RAKAI COMMUNITY BASED HEALTH PROJECT**

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# **ACTIVITY REPORT 2019**

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## **1. Introduction**

This year has been a good year for the project. Promotion throughout both districts on different levels has given us acknowledgement and appreciation for our services. The numbers of patients is increasing and the project activities are slowly expanding due to the demand for the specialized services we offer.

We want to thank all donors, local authorities and community members for the trust, believe and financial means they have supported us with 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
- Nutrition education school program
- House visits
- Counselling and guidance
- House visits
- Connecting with other health facilities/ organizations/ 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 150 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 experience.

#### **4. Achievements/ Outputs**

##### **Achievements of Rakai Community Based Health Project in 2019**

- Treatment and rehabilitation of 150 severely malnourished children
- Sensitizing over 500 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
- 80 House visits to former patients and referrals from other organization or local authorities
- Full day workshop for health workers from different health facilities in the districts, local authorities and beneficiaries. Being updated about the new WHO guidelines for treatment of malnutrition and management of malnutrition.
- Counselling over 50 caretakers of the patients during treatment time of the patient about family planning, HIV/AIDS testing/ treatment, Hygiene, nutrition etc
- 5 Week school nutrition program carried out at St Paul Kaaso Primary school, Nutrition education for the students with inter-active games.
- Provided over 1000 kg of soya maize flour to caretakers at discharge to feed the patient at home
- 3 patients on home support, paying for daily cups of milk until the child is stable to start other feeds. Visited every month.

## **5. Challenges**

- Ignorance, caretakers come too late to the hospital with completely wasted children. That makes it very difficult to treat the patient and chances of recovering are low.
- Many caretakers believe the child is bewitched and have visited a witch doctor before coming to the hospital. They have given the child herbs and treatment which can be deadly or dangerous.
- Recruitment of passionate, specialized staff. As we are situated in Kyotera it is not easy to find staff who is dedicated and interested to work in a small town mainly focused on nutrition
- 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.
- Schools are not interested to invest time in nutrition classes. We have been offering free nutrition classes to several schools but many of them don't see the importance of these classes and prefer not "to waste time" on this subject.
- 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.



## **6. FUTURE PLAN (2020-2025)**

**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 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.
- Expand the student school program. It is very important for the next generation to learn about nutrition as they are the ones who are going to produce the future generation and with proper knowledge about nutrition they can avoid malnutrition in their own children and family members.
- 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.

## **7. Conclusion**

It is very rewarding to see the project has a huge impact in the region and every child that recovers from a severe disease like malnutrition is a gift of God....we can treat but god heals.

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



Peace after and before treatment



Nutrition unit



Marasmus (starvation) and Edema (lack of protein) two main types of malnutrition



Patient drinking milk



Health education for caretakers



School nutrition game



House visit to former patient



Nutrition drama group

Appendix ii: Official Endorsements

Report approved by: .....

Dr. Katwiire Ambrose  
Chairperson