



RAKAI COMMUNITY BASED HEALTH PROJECT

P.O.Box 48, Kyotera, Rakai, Tel:0772591417, +256 772 847 669

Email: rcbhp@yahoo.com

ACTIVITY REPORT 2022

Written by:
Stella Namugera, Nutritionist.
PO Box 48, Kyotera

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1. Introduction

This year 2022 has been a successful year as we were able to treat over 100 malnourished patients at the nutrition unit. Due to financial challenges we didn't manage to do the regular food training sessions as we did before the corona pandemic. We have managed to give the best care we can offer, and we are grateful for the work done this year.

We want to thank all donors, local authorities and community members who still stood with us for the financial and legal support. We appreciate the trust, believe and financial means they have offered to us 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.

It implements both health and nutrition, providing access to comprehensive primary health care (PHC), HIV/TB care, sexual and reproductive health and nutrition in the district and the neighboring communities.

Nutrition is an integrated package clients have continued to receive, with major interventions being treatment of acute malnutrition through provision of inpatient therapeutic care, outpatient therapeutic care, and community mobilization and sensitization.

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 malnutrition

D. Activities

- Rehabilitation and treatment of severely malnourished children
- Food training workshops for community members
- Education programs: playing inter-active games, school visits, drama group, cooking demonstrations, involving sensitization of schools, health facilities, community members, VHTs, leaders and health workers about malnutrition
- Lively hood activities: House visits, Counseling and guidance
- Collaboration with other health facilities/ organizations/ government officials (TASO, Brick by brick, Cotton on, probation officer, police and CDOs) in the districts 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 acute malnutrition through provision of inpatient therapeutic care, and outpatient therapeutic care. This year 2022 the number of 119 patients are treated and rehabilitated at the nutrition.

2. Education.

Food training outreach program. This involves Sensitizing community members on grass root level through an inter-active workshop including a drama group, nutrition game and screening and assessment of children. Unfortunately, this program was not able to be carried out regularly in the year 2022 due to financial challenges.

Cooking demonstrations

This takes place at the facility by staff together with caretakers with emphasis on various food groups, correct measurements and the cooking time to minimize the loss of nutrients for food specifically prepared for malnourished children and preparation of easy and nutritious meals for children and pregnant women using the locally available materials.

Active learning through playing the Food Game

Food cards (cards with various types of food) and food charts were played by caretakers to easily classify food groups and their functions in the body when consumed.

School Visits

This involves visiting four schools, where nutrition education is carried out and the food game is played. This time we were able to continue with this program since schools were reopened. There were **8 nutrition classes** provided to p6 students at St Paul Kaaso primary school and they were appreciative and picked up some important nutrition facts to use in their daily life.

3. Livelihoods.

House visit program. This involves Visiting former patients or referrals from other organizations to screen and assess children after treatment. Monitoring the Nutritional health status (weight, height, MUAC), food practices by mothers, hygiene and safety of the homestead of the child, available foods, counseling and advising if necessary. This program took place to review discharged patients from 2022 and former patients that missed review in 2021. We conducted 24 house visits and we were able to find 165 children who were doing well although there was a few who didn't look good due to lack of resources like food and lack of transport to come back to the hospital.

4. Rehabilitation at the Bivamuntuyo farm

Bivamuntuyo takes up mothers whose children fail to cure after discharge and the mother who lacks support from her family members or husband. They are involved in agriculture, financial management like saving, guidance and counseling, life skills, among others. **1 mother and her child** joined the group of mothers who stays at the farm for further rehabilitation and work opportunities.

1 Mother of a former patient managed to finish the hairdressing course offered to her by Bivamuntuyo and she is rewarded with a certificate and already working and generating income for her child and household.

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 2020

- Treatment and rehabilitation of **119** severely malnourished children
- 24 House visits to former patients and referrals from other organizations and local authorities.
- Counseling over 100 caretakers of the patients during treatment time of the patient about family planning, HIV/AIDS testing/ treatment, Hygiene, nutrition, food preparation, storage etc.

- Provided over 1400 kg of soya maize flour to caretakers at discharge, OTC, house visits, and ward consumption and on review to feed the patient at home.
- 2 patients on home support, paying for daily cups of milk and soya porridge 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.
- Myths and cultural beliefs. 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 to the child's health.
- Recruitment of passionate, specialized staff. As we are situated in Kyotera a local setting, it is not easy to find staff that are dedicated and interested to work in a small town mainly focused on nutrition and for a long time.
- Change of staff time to time. When staffs are yet to gain enough experience, they get better jobs in the government and we are forced to recruit new inexperienced staff in the field of nutrition. I
- Reviewing patients. Most caretakers don't turn for review due to lack of transport or sometimes they consider it not very important to come back.
- Accessing necessary formulas. We are a private institution not supported by government authorities with therapeutic feeds (F75, F100, super cereal plus, RUTF) which makes the recovery of the patients slower and more challenging
- 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.

- Caretakers who refuse admission. In 2022 we failed to admit over 10 patients who were severely malnourished but the caretaker refused admission for various reasons, they are busy with their daily activities, they have other young children/ animals at home who need care, they believe their children cannot be cured from the facility, they don't have (financial) support from husbands and other family members.
- High rates of teenage mothers. 27% of the care takers received in 2022 was teenage mothers.
- Mothers /caretakers who come with a lot of expectations, hoping to get treatment but also financial help from sponsors
- Financial challenge. As a nutrition unit, we are lack enough finance to run the entire project

6. FUTURE PLAN (2020-2025)

Expansion. 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 2/3 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, counseling, 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.
- Opportunities for care takers who are willing to attend at Bivamuntuyo farm to learn life skills and agriculture

7. Conclusion

We managed to treat and rehabilitate over a 100 children, we have counseled over a 100 caretakers and visited former patients. The nutrition unit has been a busy place this year and the staff has proofed they are experienced and specialized. We lost 11 patients who mostly came in a critical condition. One of the staff members finalized her studies for nutritionist, her knowledge and experience will not only benefit the nutrition department but all other patients of the facility that need nutrition advise/ treatment.

Malnutrition is still in fact a big challenge in Uganda and many children are still suffering from it, but we are continuing to give our best to assist and treat the malnourished children with our professional staff.

Appreciation is there for all workers and we shall work hand in hand with the beneficiaries to have the best results for the future.

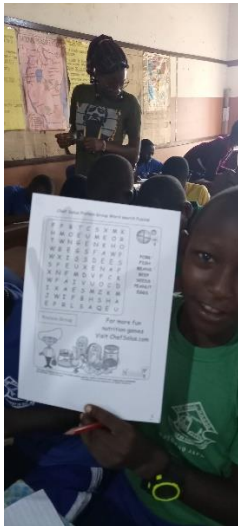
APPENDIX 1

Data summary of patients admitted between 2014 and 2021

year	Boys	Girls	Marasmus	Edematous	MAM	TRR	Deaths	<6months	6months To 5yrs	>5yrs	total
2014	49	38	36	45	6	13	7	18	63	6	87
2015	45	47	44	39	9	14	6	12	71	9	92
2016	50	39	45	29	15	9	5	8	61	16	89
2017	61	53	69	27	18	5	5	13	94	5	114
2018	71	52	48	56	19	7	4	14	102	7	123
2019	70	62	47	64	21	6	4	12	113	7	132
2020	53	54	35	66	6	4	12	21	83	3	107
2021	69	57	52	63	11	5	4	17	103	6	126
2022	73	46	53	52	21	01	11	11	108	01	119

Appendix 2: project pictures

Nutrition education at St Paul Kaaso Primary school. P6 students enjoyed the inter active nutrition classes.



Health education for caretakers during rehabilitation at the Nutrition Unit



Preparing of mukene powder which add proteins to the meals of the patients



House visit to former patients



Severely malnourished children with marasmas



Feeding patients



Appendix 3: Official Endorsements

Report approved by:

Dr. Katwiire Ambrose
Project Director