RAKAI COMMUNITY BASED HEALTH PROJECT

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ACTIVITY REPORT 2025

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1. Introduction

The year 2025 has been a successful year as we were able to treat over 170 patients at the nutrition unit. Due to financial challenges we were not able to do the regular community nutrition sensitization and school nutrition program, also CMEs for health facilities with work with were cut short due to insufficient funds. During the year 2024 the nutrition unit was finally recognized and accredited by the ministry of health as an official nutrition center for both out patient therapeutic care (OTC) and in patient therapeutic care(ITC) programs for management of acute malnutrition in Kyotera and Rakai districts.

During the reporting period we have managed to treat, rehabilitate and support over 170 malnourished patients

The nutrition team has managed to give the best care we can offer and we are grateful for the work done this year.

We are grateful for the support of our donors, local authorities and community members for the financial and legal support. We appreciate the trust, guidance and financial input we have received this year 2025.

2. Background and Context

Rakai Community Based Health Project(RACHEP),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 services at community and health facility level, providing access to comprehensive primary health care (PHC), HIV/TB care, MCH, sexual, reproductive health and nutrition in Kyotera and Rakai districts 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**

- Nutrition assessment and counselling for clients for early identification of acute malnutrition at both community and facility level.
- Rehabilitation and treatment of severely malnourished children
- Food training sessions for community members
- School nutrition education and nutrition education for the youth and adolescents, to create awareness and enhance knowledge on good nutrition practices and healthy life style.
- Conducting trainings ,orientations and CMEs for medical health workers ,community health workers (VHTs), community members medical and nursing students and leaders on malnutrition.
- Lively hood activities: linked some care takers and mothers to livelihood support programs at Bivamuntuyo, where mothers are trained in skills and income generating activities and self-sustainability and prevent relapse of malnutrition among their children.
- Collaboration with other health facilities/ organizations/ government officials (TASO, Bivamuntuyo, mission Manya, BAMA foundation, Cotton on Foundation, district probation officer, police and cdo's) in Kyotera and Rakai Districts to strengthen linkage, referral and support systems on nutrition related services and intervention at both community and health facility level.
- Conduct nutrition and medical screening, offer nutrition and dietary counselling and advise, to support a healthy life style for the general population.

Program Key Areas:

1. **Nutrition**.
   Rehabilitation and treatment severe acute malnutrition through provision of inpatient therapeutic care, and outpatient therapeutic care.
2. **Community sensitization**
   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, pregnant and lactating women ,youth and adults .
3. **Education and training**
   Conducting continuous medical Education (CMEs), on job training and coaching , for health worker and medical students at Kyotera medical center, nursing schools and other health facilities we collaborate with in relation to nutrition services

Activity description:

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 this year since schools were reopened. . There were **2 nutrition classes** provided to agricultural students in collaboration with Biva and they were appreciative and picked up some important nutrition facts to use in their daily life.

4. **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. We conducted 22 house visits and we were able to find 160 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.

5. **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** Mothers and their children joined the group of mothers who stays at the farm for further rehabilitation and work opportunities.

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 2025

- Treatment and rehabilitation of **171** malnourished children in ITC.
- Accessing formulas. We are now an accredited private nutrition unity supported by government with the necessary therapeutic feeds (F75, F100, RUTF) which has transformed and improved our standard of care and rehabilitation services for patients with acute malnutrition, improving patient outcome, as observed from the rate of recovery and reduced number of deaths in care during the period(only 3 deaths reported)
- We successfully managed and treated **94** patients with acute malnutrition and complications on the ITC program at the ward
- In this year we have been able to lift the face of our Nutrition Ward by having tiled and repainted using funds from our funders and friends.
- In reference to the MOH health required standards for a nutrition unit, we were able to renovate and expand the nutrition unity to the basic standard that offers high quality OTC and ITC services
- **22** House visits to former patients and referrals from other organizations and local authorities.
- Counseling over **170** caretakers of the patients during treatment time of the patient about family planning, HIV/AIDS testing/ treatment, Hygiene, nutrition, food preparation, storage etc.

- Provided **2500kg** of soya maize flour to caretakers at discharge, OTC, house visits, and ward consumption and on review to feed the patient at home.
- **75 OTC** patients that received home based support, paying for daily cups of milk and soya porridge until the child is stable to start other feeds. Visited every month.
- We conducted **12** nutrition sensitization sessions for care takers and mothers during immunization and antenatal clinics at KMC (10) ,Mitukula HC III (1) and Kibaale community center (1).
- Successfully conducted 6 CMEs for health care workers on nutrition assessment and support from St Bernard's Mannya Health center, Kibaale community center ,Mitukula health center 3,and Lamagwa health center IV
- Successfully hosted 3 groups of volunteers from the Netherlands, who supported our community and nutrition ward activities.

4. Collaborations and partnerships

- Collaborated with Bivamuntuyo and 3 mothers have been successfully enrolled into their program ,continued to supply the unit with over 2500kg of Soya porridge
- Collaborated with Missions Mannya and successfully conducted 8 integrated medical camps in the underserved communities from Kalangala, Rakai, Masaka and Kyotera districts.
- Collaborated with Willow foundation, and 5 of our nutrition unit staff were successfully trained in basic emergency care interventions.
- Collaborated with the local governments successfully for the smooth conduction of our community activities.
- Collaborated with Mulago Neonatal intensive care unit and had 3 successfully CMEs on Neonatal intensive care management .

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.
- Financial support, its difficult finding small grants funding specific nutrition activities for a nutrition unit, hence as a nutrition unit, we lack enough finances to run the entire project.
- Knowledge gap among health workers from health facilities s we collaborate with, on nutrition related interventions like assessment , care , treatment, counseling and support and lack appropriate nutrition assessment and screening tools and equipment.
- 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.
- Reviewing patients. Many caretakers don't turn for review due to lack of transport , weather conditions, social events, family and social restrictions and poor adherence behaviors.
- 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 2024 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. **40%** of the care takers received in 2024 was teenage mothers.
- Mothers /caretakers who come with a lot of expectations, hoping to get treatment but also financial help from sponsors

6. FUTURE PLAN (2026-2030)

Expansion. The project would like to expand the nutrition services more to the communities on grass root level through;

- Training of health workers from 4 health facilities in Rakai and Kyotera districts and equip them with the nutrition assessment tools and equipment to enhance early identification of malnutrition cases for proper support and management.

- Purchase of a mobile nutrition truck/van, to support on our community nutrition services. This van will help the project to promote nutrition services like screening and assessing on spot, at schools, work places, community and social events and also for community outreach programs. The truck will have screens to show educational videos on nutrition topics to sensitize the public. On spot screening and assessment of the population, drama group, counseling, food training workshop, agriculture information and sales of nutritious products that can benefit the health of individuals, reducing/ preventing malnutrition in the long run.

- Expand the student school nutrition 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 prevent malnutrition in their own children and family members.

- Continue our services at the hospital nutrition unit, becoming a center of excellence in the treatment and management of acute malnutrition in infants, young children, adolescents, pregnant and lactating women and adults 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 of former patients of the nutrition unit who are willing to follow the vocational training program at Bivamuntuyo farm to acquire knowledge and skills , to empower them to be self-sustainable in order to be able to prevent relapse of malnutrition in their families/homes.

7. Conclusion

We managed to treat and rehabilitate over 140 malnourished children, we have counseled over 140 caretakers and visited over 50 former patients.

The nutrition unit was renovated and is up to the required standards as per the ministry of health.

A successful team building day was carried out at Lake Nabugabo Holiday center, the staff enjoyed several team building activities which consequently enhanced bonding and team work among our staff.

We lost only **4** patients who mostly came in a critical condition, the number of registered deaths reduced significantly as compared to previous years due to the improved knowledge of care among our staff, supply of free therapeutic feeds from the government through Masaka regional referral hospital.

Acute Malnutrition is still a big challenge in Uganda, in particular, Kyotera and Rakai districts many children still suffer from acute and chronic malnutrition due to lack of knowledge on good nutrition practices, lack of available nutritious foods, poverty, disabilities,(cerebralpalsy,hydrocephalus), diseases(malaria, TB,HIV, heart conditions) poor social behaviors (child abuse, child neglect, lack of child support), 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.

APPENDIX1

Data summary of patients admitted between 1st January 2025 to 31st December 2025

Year	Total number assessed	No of pts managed on ITC	No of pts managed on OTC	Boys	Girls	MAM	SAM-E	SAM-NE	Death	Discharged	Referral out	Reviews	Defaulters
2025													
Jan	**20**	**12**	**8**	11	9	7	4	9	1	19	0	23	2
Feb	**10**	**7**	**3**	6	4	1	3	6	1	9	0	28	0
March	**5**	**1**	**4**	3	2	3	1	1	0	4	2	18	3
April	**11**	**4**	**7**	6	5	3	1	7	0	1	0	14	2
May	**22**	**15**	**7**	16	6	8	3	11	0	3	0	10	5
June	**14**	**7**	**7**	4	10	2	6	6	0	10	0	23	2
July	**22**	**14**	**8**	14	8	9	2	10	1	15	1	38	6
Aug	**9**	**6**	**3**	4	5	2	2	5	3	6	0	26	2
Sept	**15**	**12**	**3**	7	8	5	0	10	2	13	0	19	3
Oct	**18**	**10**	**5**	9	9	4	3	9	2	14	1	16	4
Nov	**24**	**17**	**6**	11	11	4	7	8	3	15	3	12	3
Dec	**16**	**10**	**3**	8	8	3	7	5	0	4	1	23	2
Total	**186**	**115**	**64**	**99**	**85**	**51**	**39**	**87**	**13**	**113**	**8**	**250**	**34**

PICTURES

Figure 1: A severely malnourished patient slowly recovering at the Nutrition Unit

Figure 2:Community sensitization, nutrition education and screening


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Figure 3:our team

Figure 4: our renovated nutrition ward

Figure 5: health promotion program with supported health facilities

Appendix ii: Official Endorsements

Report approved by: ……..

Dr. Katwiire Ambrose
Chairperson