BUSHENYI INTEGRATED RURAL DEVELOPMENT (BIRD)

Facing the COVID-19 pandemic challenge.

ANNUAL REPORT-2020

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Figure 1: Map of Uganda showing Greater Bushenyi region

Figure 2: The five Greater Bushenyi Districts

Table 1-BIRD Areas of Operation-2020

	Parish	Sub county	District	District Population
	Ryamabengwa	Central Division	Bushenyi	251,400
	Rubengye	Rubengye	Buhweju	120,720
	Nyamihera	Engaaju	Buhweju	
	Kiyanga	Kiyanga	Mitooma	196,300
	Kyeibanga	Kyeibanga	Sheema	220,200

A message from the coordinator-(Ephrance Nuwamanya)

A lot was at stake during the year 2020, as a result of the COVID-19 pandemic; hundreds of thousands lost their lives- rest in peace, and the millions infected but recovered we give thanks, the health care providers by oath and with hugely compassionate hearts, commited to save millions of lives, may God reward you. Desperate and distressed families and individuals losing their beloved ones, their jobs, suffering from anxiety related to fear of the unknown and seperation from their beloved ones hospitalized.

Scientists and researchers, working hard at establishing most suitable interventions to fight and control the pandemic, hence the Standard Operating Procedures (SOPs) and COVID-19 vaccines.

We give thanks for all who worked hard at research, and those who under difficult circumstances provided humanitarian services and encouragement to every one.Thank you for the innovations support and initiatives to control the pandemic.

At BIRD, we have all the reasons to affirm our heartfelt appreciation to individuals and groups for the tremendous support mainly financial, extended to communities and families during the year. It was as a challenging time where families experiences hardships related to lack of accessibility to essential services and the pandemic associated socio economic consequencies.

We thank you all in your respective capacities for the medical supplies, for food, material support and technical guidance. As a result of your support BIRD succeeded in continuing to reach out to families and households in the difficult to reach areas to provide basic health services, this time around within the confines of recommended SOPs that were introduced.

To the Medical Mission Team, District local Governments of Buhweju, Bushenyi, Mitooma and Sheema, the Ministry of Health, Ministry of Internal Affairs NGO Bureau, Rotary International, Lisa L and friends, thank you for being friends indeed.

Currently, challenges revolve around building local capacity to adjust and be able to cope with the COVID-19 pandemic, equipping health facilities and neighboring schools to effectively observe SOPs, and revitalize the medical mobile teams critical in assuring quality of service deliverly.

1. **Main Objectives:**
   a. To create a conducive environment for delivery of quality PHC services for communities living in the difficult to reach areas in Buhweju, Bushenyi, Mitooma and Sheema Districts.
   b. To improve family and household income to eliminate poverty.
   c. To empower the youth through formal and non formal education for sustainable development

2. **Activties**
   a. Establishment of first line health centers to provide basic health services and community referral points for patients ad clients.
   b. Conduct community heath outreach clinics and medical camps
   c. Equip the women and youths in the community with relevant knowlede and skills to become self reliant.
   d. Support vulnerable children in the community to attain formal education.

3. **Planned activities for Financial year 2020**
   a. Complete the MNCH wing at Kiyanga HC
   b. Mobilize resources to purchase a vehicle for field work
   c. Conduct 10 community health outreach services
   d. Provide quarterly technical support to nursing staff, Community health workers and VHTs
   e. Train and equip women groups and youth in tailoring.
   f. Conduct ITN impact assessment in families, and community management of malaria among children aged 6mnths-5 years.

4. **BIRD-main areas of Service delivery**

1. Health

As elsewhere in the Districts and country at large, the Primary health delivery activities were affected in BIRD's areas of jurisdiction due to limitation of free movement of the people, lack of transport and reduced socio economic activities that significantly affected household income. The Nursing staff, and village health teams , community health workers and health management committees are commended for their commitment, resilience and creativity to encourage and sensitize members of the local community especially childcare takers through the lockdown and entire the year.

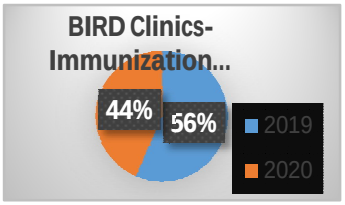
A survey to assess the extent of impact of mosquito nets in families, and community management of malaria among children aged 6mnths-5 years at household level was not conducted as was planned.

1a. Immunization

The District Health Teams continued within the available means, to supply HCs with vaccines and related cold chain equipment. We are grateful.

Mothers and other child care takers within the recommended pandemic control guidelines brought children for immunization. It was a challenge helping mothers to adjust and observe the Standard Operating Procedures (SOPs) especially during the first half of the lock down when masks and sanitizers were not readily available.

A total of 10472 children aged 0-5 years were immunized under the routine immunization program when compared to the 13587 children immunized under the same program in 2019. The twice a year mass immunization campaigns of children 6-15 years were not conducted.



From rt to lft: A nursing staff assisting the mother to weigh her baby and Waiting mothers,during an immunization clinic at Beverly HC-Buhweju district.

We look forward to the development of COVID-19 vaccine to protect all members in society especially the vulnerable groups (women and the elderly). Women in the rural areas bare most of the burden related to looking after family wellness and livelihood.

1b. Antenatal Care

A total of 1922 pregnant women attended antenatal clinics when compared to 2432 of 2019. The number significantly reduced as a result of nurses and midwives being unable to travel to the established community health outreach centers and other health posts in the villages to attend to the women during the lock down. This also was reflected in the reduced number of births 98 at the health clinics when compared to the 105 of 2019. Health outreach activities reduced in terms of numbers of times an outreach was supposed to be conducted in a month.

Pregnant women in Rubengye-during antenatal clinic.

1c) **Patients treated**

The number of patients treated during the year (**5678**) when compared to the **7799** of 2019.
Majority of the patient were treated for malaria (accounting for 37% of the total number of patients treated), and other diseases affecting the respiratory, urinary and gastro-intestinal tract and mild anemia.
None of the patients treated for malaria (children and adults) reported with complicated malaria.
Funds generated as user fee were not enough to meet patients' demand and expenses related to support community outreach activities especially transport for VHTs and CHWs, medicine stock especially for maternal and child health (MCH) clinics and staff welfare.

Special thanks to Pastor Dave and the Medical Mission Teams for the financial contribution they made towards procurement and stock some of the required medicines in the HCs. We are grateful.

Table 11: BIRD Clinics: Summary of the number of clients registered in 2020

	2020	2019	2018
1. General Pts	5678	7799	6609
2. Malaria	2101	3821	3174
3. Children Immunized 0-5yrs	10472	13587	9895
4. Antenatal Care	1922	2432	2524
5. Deliveries	98	105	74

Beverly Health Center (BHC)

BHC Outpatient Unit

BHCmaternityward (file photo)

2. Special Projects

BIRD focused on two projects namely; completing construction of the health center and maternity ward, and purchasing a vehicle much needed for field work activities. We are still looking forward to helping hands to be able to buy the vehicle.

a) *Kiyanga HC and Maternity ward*: Community demand for services in BIRD areas of jurisdiction has been on the increase. Kiyanga community however has been lacking a relatively decent facility to receive health services from.

BIRD has been renting a small building with a few rooms in a small trading center which, over the years has been serving as a health center. The rooms (cubicles) have been too few and too small to accommodate patients and the nurses have been improvising space for the weekly immunization clinics on verandah and tree shade. Required privacy for clients/patients and convenience for staff to effectively deliver services have somehow been comprised.

In view of the above, BIRD in 2018 set out to construct a health center with the assistance of development partners, friends and members of the local community. The two winged facility has a maternity and a general ward for patients, and rooms to cater for immunization and family planning services. Construction work however is continuing, for which work BIRD on behalf of the community is requesting for helping hands to complete the remaining construction works.

We are grateful for the initial funding from Altus Rotary Club, that set rolled the project, and the Medical Mission team led by Pastor Dave who have been contributing funds to continue with the construction of the health center and maternity ward.

Funds generated as user fee significantly reduced during the year and opportunities to raise the required funds from the community and other development partners were limited due to the COVID -19 pandemic and lockdown.

The HC under Construction

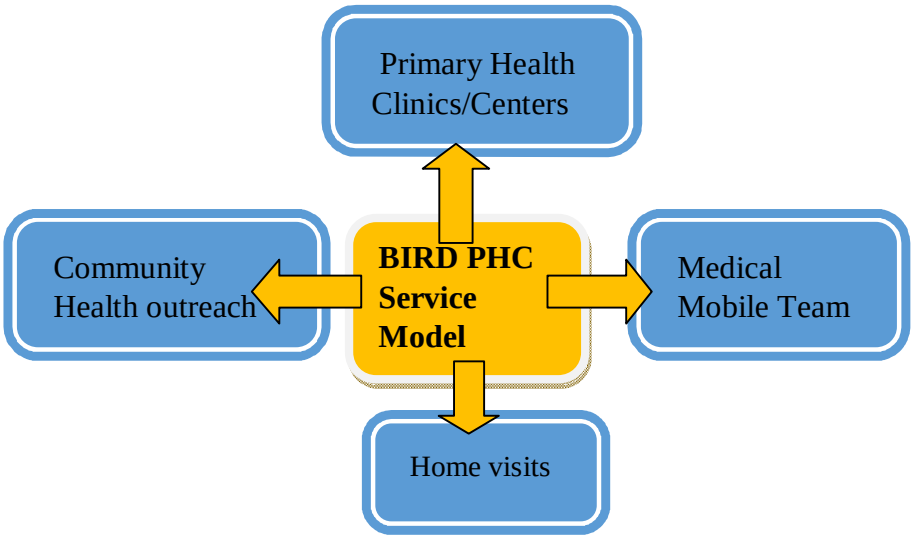
The rented building serving as a HC.

b) ***Vehicle for field work***

Given the nature and location of communities BIRD targets to improve their quality of health and subsequently realize sustainable development, a strong vehicle preferably a Toyota Land cruiser is needed to transport the medical mobile team (MMT), deliver medical supplies and vaccines and serve as an ambulance to the critically ill on referral.

The medical mobile team is one of BIRD's core structures of service delivery. The team technically supports field staff and village based health workers as well as monitoring and supervision for quality assurance.

The BIRD PHC service delivery core structures comprise health centers, community health outreach (provisional service centers within a designated area in villages located far from the health centers), home visits, and medical mobile team.
Trained nurses, midwives and trained volunteers based in the community are the main health providers. The medical mobile team is based at the BIRD headquarters and consists of more qualified health providers to support field staff.



Lack of a vehicle for field work has limited the supportive and technical role of the MMT to the field staff and has affected timely delivery of medical supplies and vaccines to the health centers. BIRD is seeking for financial assistance to purchase the vehicle. This can go a long way to facilitate movement and enhance the PHC core activities namely child immunization and women of child bearing age, antenatal care and family planning, medical, laboratory and screening services, and support supervision.
During this time of COVID -19 challenges, a vehicle to reach out to communities and families, living in villages far from the health centers, is more critical, than has been the case.

The difficult to reach communities: some of the villages in Rubengye (Buhweju District) BIRD serves. Locations like this one require sound means of transport to reach .

3. Education

Schools resumed late during the year, after closure in March the same year due to the pandemic. However, only candidate classes (Primary Seven, senior four and Senior six) were allowed in preparation for the UNEB (Uganda National Examination Board) examination-academic year 2020.

Despite the shortages, parents, school management committees and Government tried their level best to provide hand washing facilities, sanitizers and masks according to the SOPs guidelines. School administration, teaching and support staff and students' efforts to adjust to the new normal are commendable. By the end of the year no candidate in BIRD areas of jurisdiction had been infected.

Candidates (P.7) of Rwatukwire Primary School, Bushenyi District. Schools and parents worked hard to ensure SOPs were observed. Thanks

a) Addison Tumwebaze an engineering student from Makerere graduated in January 2020. Before joining University, Addison during his High School, was sponsored by Frederiksberg Rotary, Denmark. Their financial support made it possible for him to successfully go through high school and eventually pursue his engineering degree on a Government program. Congratulation Addison and thanks to the Rotary fraternity world over.

Rotarian Ephrance /BIRD Coordinator about to pin a Rotary Peace pin on Addison during his graduation function in January.

b) Esther Atuhaire is a continuing sponsored student at Kiyanga Vocational school. Her continuing education and reporting back to school at the end of 2020 has been made possible by Christians and youths from Victory Memorial Methodist Church, Guymon, Oklahoma. We thank you friends.

Esther is one of thousands of the vulnerable girl children who grew up under harsh and unpredictable conditions. She comes from one of the remotest sub counties called Kiyanga. We are grateful to God as well as Esther to survive the ordeals of the lock down, and her determination to continue with her education. Thanks to her sponsors.

Sponsored Student Esther Atuhire

The need to train and equip schools with knowledge and skills related to Information Technology (IT) and IT equipment is no longer optional and cannot be ignored. Any support to assist one or two schools with IT equipment, Internet and skills development for teaching staff and students is welcome.

4. Women & Youth Empowerment

Women faced a very big challenge of looking after their respective family welfare. The primary and continuing roles of feeding, educating, guiding and controlling children at home was heavier and squarely fell on women. Almost all families with children of school going age very much appreciated the work and role of teachers and schools in general. Children were home full time and it was an uphill task for responsible adults to control as one would expect.

Women accessing to health care facilities and chances of getting recommended treatment were limited as a result of COVID-19 lockdown.

We didn't register cases of gender based violence at the clinics but almost all female clients who managed to come to the clinics expressed concern over scarcity of food and other home necessities, limited income as a result of closure of the local markets they used to sell their produce, fear of the unknown in respect to the pandemic and how best they would be able to cope with the pandemic and family demands which were increasing.

Some of he community members and women field staff interacted with. From Left: Some of the community members in Kiyanga that received food and other supplies. Thanks to Lisa L. Right: mothers during an immunization clinic adjusting to the new normal of the recommended SOPs.

5. Challenges and prioritized needs

We are still facing the COVID- 19 pandemic, believing and looking forward to lasting solutions to overcome the pandemic. We hope scientists and nations of the world to collaborate in search and development of vaccines, and other COVID-19 management protocols and innovations.

The challenges of poverty, low house hold income, illiteracy, disease and equitable access to quality and affordable basic health services have become more intense. At BIRD, the invaluable support our partners in development have been extending to communities, before and during the pandemic is a tremendous source inspiration to continue extending the services.

The following are BIRD's challenges and prioritized needs:

a) Preparing and equipping communities and institutions-**S**tandard **O**perating **P**rocedures
   i. Training and continuous sensitization of health care providers and community members in respect to COVID-19 control best practices.
   ii. Water Sanitation and Hygiene (WASH)-equipping health centers and schools, with hand washing facilities, sanitizers and masks. More safe and adequate water supplies needed in the highlighted facilities and selected points in the community.



From left: Health care workers preparing for mass immunization campaigns at Rubengye and an inpatient at Kiyanga HC: All these need to be sensitized and equipped to observe the SOP guidelines.

b) Stocking HCs with medical supplies as stimulus package to meet patients treatment needs, especially antenatal and maternity clients.

c) Special Projects;
   i. Completing the construction of Kiyanga Health Center & Maternity ward.
   ii. Purchasing a vehicle for field work to enhance health promotion and education at health facility and community level.

d) Promote sanitation for girls in and out of school by providing sanitary pads and menstrual hygiene facilities.

6. Finance

Income in Ugx	**2020**	**2019**
a) Local Contribution	9,890,000	17,000,000,
b) Donation from development partners	15,950,000	27,087 ,916
c) Bal brought forward	5,785,000	23,912,084
Total	**31,625,000**	**68,000,000**

The main items of expenditure included purchasing essential medical supplies for health centers, staff welfare, and special projects-shutters for Kiyanga health center, food aid to vulnerable families, motorcycle repairs, fuel and administration.

7. Budget 2021

The budget estimates for year 2021 is **Ugx 125,000,000**, within budget the range of FY 2020 which was **Ugx. 120,000,000**. This is a result of the anticipated completion of Kiyanga Health Center and purchase of a vehicle for field work, in addition to the mainstream activities.

The anticipated source of income will be local contributions **(9,250,000**) and donations (**115,750,000)**.

8. Work plan 2021/2022

The main activities in the work plan include; continuing to provide maternal, newborn and child health services, home and school visits, training and sensitization of health care providers, equipping health centers and schools with standard hand washing facilities, providing girls with sanitary pads, procuring and supplying medicines, transport fuel, staff welfare, completing the health center and maternity ward at Kiyanga and purchase of a vehicle for field work.

9. Vote of thanks

We are grateful to all friends and development partners for the support extended to BIRD especially during the time of lock down and throughout the year.

We feel greatly honored and humbled by standing with us, your prayers, goodwill, financial and material support has sustained the organization and communities at grassroots.

Rotarians, the 2019-Medical Mission Team to Uganda, from USA and friends (we from then on) refer to as Good Samaritans from Canada, though we have never seen, contributed funds for foodstuffs and other items distributed to for vulnerable families, we can't thank you enough.

The Buhweju, Bushenyi and Mitooma District local governments, thank you for lending a hand by providing the Government double cabin vehicles to transport the donated items at grassroots and other areas of routine technical support, related to service delivery. We thank you.

Christopher Asiimwe, the BIRD IT support and field officer, shares some aspects of the latest [COVID-19 situation in Uganda] **refer to Appendix 1.**

Thank you Rotarians world over for transforming lives in Southwestern Uganda and the Country at large. Through your support over the years in the areas of providing safe water and sanitation, health and student sponsorship, the pandemic found more resilient and confident communities. This contributed to significant levels of strength, and sense of human dignity in their struggle to overcome the pandemic.

Conclusion

BIRD is set to continue engaging and transforming communities for better health and more productive life. The pandemic notwithstanding has made everyone appreciate collaboration, and teamwork the more.

The support and involvement of all development partners at different levels, whether material, spiritual and financial has made a difference. Communities have been resilience, and the staff committed. All the above have been a sources of BIRD's inspiration to continue serving.

Wishing you all safety, health and life.

Ephrance Nuwamanya

Appendix 1: THE STATE OF COVID 19 PANDEMIC IN UGANDA

(By Asiimwe Christopher)

Like any other developing country, Uganda with other many countries across the world, COVID-19 has challenged their communities and the government in unprecedented ways. As health officials try to control the virus and protect their people's health, the lockdown imposed to contain the spread has put livelihoods under immense strain, left many people without enough food to eat. This has been common in rural areas of BIRD's support that is rural districts of greater Bushenyi.

Covid 19 current situation Overview

Uganda is registering an increase in new cases of COVID-19 across the country between March and April 2021compared to the last situation report. Uganda has confirmed the circulation of five variants in the country including UK, Nigerian, Uganda and Indian variants and South African Strain. As of 30th, April 2021, Uganda had a cumulative total of41, 905 COVID-19 cases and 41,422 recoveries. Cumulatively, 342 deaths were recorded, with a case fatality rate of0.8 per cent. The phased reopening of schools continued during this reporting period. In April, Primary 4, 5 and 6 returned as well as Secondary 3 and 5. The class that recently reported was Secondary 2, which was scheduled for 13 May2021. Primary Leaving Examinations (PLE) and Uganda Certificate of Education (UCE) Examinations were successfully completed on 31 March and 1 April 2021 respectively.

Uganda in lockdown

The lockdown situation was worse. The government's response included the closure of schools, markets, bars and restaurants, and bans on public and private transport and social gatherings – including church, weddings and funerals. This caused more poverty since workers were laid off.

People with white-collar jobs have been laid off and left with no future, no source of income and no idea how they will regain employment.

This Lock furthermore affected women too. Most women are in informal work and have suffered disproportionately from the closure of markets and the ban on public and private transport. As a result, the survey reports that women's dependence on others has increased, and household food security has decreased.

Food relief and other domestic materials' distribution

The Ugandan government's idea to provide food relief packages of maize flour and beans were distributed to people in greatest need. But these rations would not last a month for many households, especially those with large families. Many in rural areas were left without food packages on the assumption that rural communities could produce their own food. Bushenyi Integrated Rural Development in partnership with friends from Canada offered a hand to contribute food relief packages and other domestic needs consisting of: posho, beans , Laundry soap-blue, and salt that benefitted over 100 households in a selected parish of the four districts in greater Bushenyi. The households given were identified as vulnerable and the criterion for selection was based on state of head of households and number of dependants for example widows, child headed households, pregnant women, some mothers who were nursing babies, families with people with physical and mental disability, and the elderly.

The office of President – Bushenyi (Headed by RDC, on right) receiving the food relief materials from BIRD

The residents of Kiyanga sub county in Mitooma district after receiving food relief materials from BIRD

Some few of the selected vulnerable people from Greater Bushenyi that received

Challenges faced in Food distribution

- Limited food supplies with the organization that would not cater for the all needy population
- Poor roads of the remote areas of Mitooma and Buhweju district.
- Limited funds to purchase the other required Covid 19 prevention tools like masks, sanitizers and soap for the people

Possible solutions

- Grant provision from willing sponsors to provide more food relief packages to the needy.
- Continued testing of all people arriving and entering the country
- Funding the purchase of Covid 19 prevention materials like masks and sanitizers
- Government's intervention to vaccinate more people and commencement of second dose
- Government to invest domestic budgets to improve national emergency food responsiveness. The government, through the Ministry of Agriculture, Animal Industry and Fisheries, should establish food reserves in the country that targets families most in need of emergency food packages.

Conclusion

As the country continues to experience the second wave of Covid 19, it's our sole responsibility to continuously observe the S.O.Ps scientifically proven by Ministry of Health.