



Bushenyi Integrated Rural Development (BIRD)-UGANDA

Annual Report 2023



For community transformation

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ABOUT BIRD

Founded in 2007, as a Private for Non-Profit (PFNP) Organization, Bushenyi Integrated Rural Development (BIRD), is serving in four of the districts of Greater Bushenyi in Southwestern Uganda with a population of 812,300 people. The organization was established in response to increasingly high community demand for primary health services, education support for vulnerable children and youths, and family and community livelihood improvement in the difficult to reach areas.

Vision: Empowered members of the community, leading a productive life and qualitatively contributing to sustainable national development.

Mission: To transform society through building vibrant communities at grassroots through the delivery of quality Primary Health Care (PHC) Services, education and logistical support for vulnerable children and women economic empowerment.

Objectives:

- a) To create a conducive environment for delivery of quality PHC services to Communities living in the difficult to reach areas in Buhweju, Bushenyi, Mitooma and Sheema Districts.
- b) To increase community access to basic health services focusing on women and children.
- c) To eliminate poverty through improving family and household income.
- d) To empower the youth through formal and non-formal education for sustainable development.

Areas of focus: basic medical, maternal, newborn and child (MNCH) health services, health and school infrastructure development, school logistical support, youths and women economic empowerment, water and sanitation.

Services provided: Child immunization, antenatal care (ANC), family planning, maternity, HIV/AIDS counselling and testing, medical treatment of common illnesses, school health services, training and community sensitization.

Delivery Mode of services:

- a) Establishing primary health facilities/health centres at parish level.
- b) Conducting community health outreach clinics, health days, home visits, and medical camps.

- c) Training of community-based health workers/village health teams and management committees.
- d) Protecting water sources, construction of water tanks, and hand dug wells.
- e) Skilling women and the youth.
- f) Conducting school visits, supporting vulnerable children and school infrastructure development.

1 Message from the Coordinator



To our new readers, you are warmly welcome to a great fraternity of BIRD's membership! Seeing mothers, committedly traversing the almost impassible network of village footpaths and creeks to bring their children to the clinics for immunization, and pregnant women regularly daring burdensome uphill journeys to the community health outreach stations for antenatal checks, is heart splitting and

Ephrance Nuwamanya one of the driving factors to BIRD's continued services to communities in the difficult to reach areas. Your support is critical to this cause and is highly appreciated.

These mothers are the unsung heroes in society, we hope that one day all will be well! One would not have wished to imagine, if a mother or a pregnant woman, having braved and firmed all odds to come for the MNCH services and found for example vaccines not available! The district local Governments within BIRD's area of jurisdiction, and the Ministry of Health kept the clinics supplied with vaccines and related cold chain equipment all through. We are grateful. **Photo:** a mother carrying her baby to Beverly HC for immunization in Rubengye parish (File photo)



The community greatly benefited from specialized services of sister organizations namely Maries topes Uganda, TASO, when over 100 people were screened for Tuberculosis and cancer of the cervix. Health Partners, Uganda, Buhweju Health Cooperatives Group, Uganda Health Activity (UHA) continued to work with BIRD at Beverly health centre to support health insurance groups, improve immunization coverage and antenatal care.

Difficult accessibility to health facilities and outreach centres, enrolling and retaining qualified healthcare providers such as midwives, low levels of household income, insufficient medical supplies, significant dropout rate especially girl children, and gender-based violence remained restricting factors to ably promote health and sustainable development in general. **Photo:** A qualified Nurse/Midwife at Kiyanga HC, retaining qualified health providers in the difficult to reach areas is a very challenging administrative enterprise.



We are piloting an initiative to integrate environmental protection (diverse tree planting) into health service delivery at the health centres. We intend to expand the initiative to households of members of the health cooperatives groups registered with the clinics.

Specific objectives for the year were to; a) improve immunization coverage and timeliness, b) increase the number of antenatal care attendances, c) improve maternity and family planning services, d) improve power lighting system at Beverly health centre, e) operationalize the new health clinic at Kiyanga, f) increase education support for vulnerable children, and g) enhance sensitization and community drive against gender based violence.

We attach great value to every material, financial, and logistical support committed to the organization during the year 2023. You have been instrumental in supporting BIRD's Mission and Vision. Thank you. Please don't hesitate to send a copy of this report to a friend!



The following table shows BIRD areas of operation and population per District (UBOS 2014).

Table 1: BIRD areas of operation

Parish	Sub county	District	District Population
1. Ryamabengwa	Central Division	Bushenyi	251,400 (127,000)
2. Rubengye	Rubengye	Buhweju	144,100 (62,400)
3. Nyamihera	Engaaju	Buhweju	
4. Kiyanga	Kiyanga	Mitooma	196,300 (92,400)
5. Kyeibanga	Kyeibanga	Sheema	220,500 (114,400)
			812,300

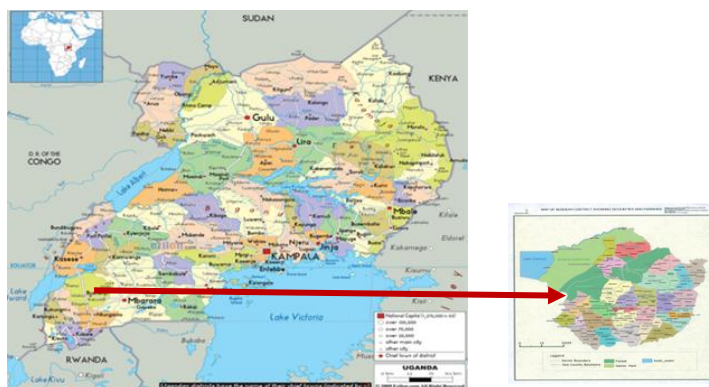


Figure 1: Map of Uganda & Map of Greater Bushenyi Districts

2 Achievements

2.1 Health

BIRD's objective to improve maternal, newborn and child health in the difficult to reach areas in Greater Bushenyi, remains a core area of focus, that the organization has continued to keenly pursue. The challenges of poor accessibility due to poor road network, difficult terrain, natural occurrences, low levels of household income and lack of transport for health mobile team and field staff, still exist.



Photo: The terrain and the road to Rubengye, Buhweju district.

Eighty percent of the planned community health outreach clinics for child immunization, antenatal care, family planning and treating the sick were conducted.

The achievements so far realized, have been due to tireless efforts of staff, village-based health care team that have maintained regular contacts with care givers at household levels and community leadership. The respective district local governments and Ministry of health have been at the forefront in providing technical guidance and logistical support. **Table 11** shows number of clients registered in the health centres and outreaches.

2.1.1 Immunization

The trend of immunization coverage of children aged 0 days-12 months significantly improved, including those completing their immunization within the recommended schedule i.e within the their first year of life (12 months). All the vaccines required were



Figure 1 from left during an immunization clinic at Rubengye Buhweju District & Kisiizi HC-Kiyanga, Mitooma District.

available, and the solar powered vaccine refrigerator the Ministry of health installed at Beverly health centre is functional and has relieved the staff of the challenge of spending much time travelling long distances to the district medical stores to collect vaccines. The targeted group of children for immunization include children aged 0-12 months & 12-5years.

NB: The nurses and village health teams (VHTs) lack transport, and this makes the workload harder for them to carry vaccines and other supplies to the health outreach centres. This coupled with lack of protective wear during the rainy days, affects service delivery. The main item under the transport component for the nurses and vhts urgently required is Motorbikes.

2.1.2 Antenatal care, Family planning and deliveries

One thousand two hundred seventy-three (1273) pregnant women attended antenatal care clinics and complied well to their scheduled monthly check-ups. However, there is need to continue sensitizing communities and families with pregnant teenagers. to attend antenatal care clinics. Pregnant teenagers, tend to avoid antenatal care clinics due to stigma. They need a lot of support from the community and health centres to overcome the challenges. A lot of effort is necessary to develop a user friendly environment at the health facilities for the young pregnant mothers.

Lack of trained midwives recruited on a more permanent basis, has been a big hinderance for facility-based deliveries. Remoteness of the health centres and demand for higher pay and other emoluments are some of the factors affecting staff retention especially the midwives. Nonetheless, the number of pregnant women who come to be delivered at the health centre is still too low when compared to those attending antenatal care clinics refer to Table 11. **Pic:** Antenatal care clients at Beverly Health center, Rubengye. File photo.



2.1.3 Patients

Twelve thousand nine hundred and fifty patients (12950) were registered and treated. The number of patients reduced when compared to those registered in 2022 (15496), due to lack of medical supplies. As a result, there were more referrals to higher health facilities in addition to those referred on grounds of complexity of their respective medical conditions.

Malaria, sexually transmitted infections and respiratory tract infections (especially in children} were the top three conditions majority of patients were treated for. As was the case in 2022, the number of children aged 1-5 years were very few. The VHTs and child caretakers are commended for the intensive support that empowered caretakers to be recognize early signs of malaria and take informed action to effectively manage the disease.

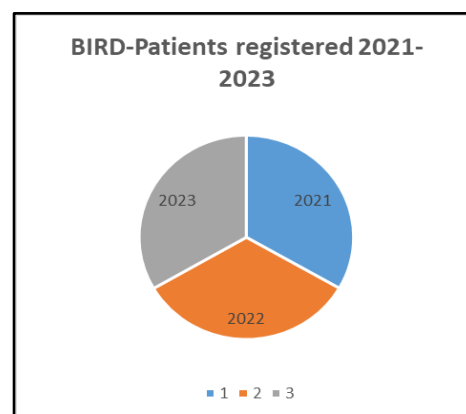
BIRD is grateful to Health Partners Uganda for training and support the leadership of several health insurance groups. Uganda Health Activity (UHA) helped in supporting EPI

Integrated in yet hard to reach villages. Maries topos Uganda, supported the reproductive health clinics.

The demand for screening for HIV/AIDs and cancer of the cervix is still high.

Table 11: Number of clients registered in clinics and outreaches-2023

Year	2021	2022	2023
No. of Patients	14455	15496	12950
No. of female	7826	9015	7770
No of males	6629	6481	5180
No. of children 0days -5 years	4112	4679	3203
Antenatal care	1365	1165	1273
No. of deliveries	130	145	116
No. of family planning	897	764	801
No of Children immunized	7910	8107	6872
HIV/AIDS Counselling & testing	897	910	675
Total (2-9)	29766	31266	25890



2.2 Education

The education program focuses on creating an opportunity for less advantaged youths to stay in school and attain highest levels of education with an aim of becoming useful citizens capable of sustaining their wellbeing and beneficial to the community.

Ever since its inception in 2007, hundreds of needy and vulnerable students have successfully passed through BIRD sponsorship program attaining varying levels of education. Majority of the students BIRD have managed to reach through monitoring and other avenues, have graduated from universities and other Higher Institutions of learning, and are actively engaged in both public and private service sectors.

We owe a lot of gratitude to all sponsors of students for having positively transformed society and contributed to the National development.

Agnes Ainembabazi, aged sixteen, is one of the four continuing sponsored students under BIRD's education support program. She currently is in form 3 of high school at Kibingo Girls Secondary School, in Sheema District, Uganda. Agnes, narrates her mum's sole struggle to get her continue with her education after successfully completing her first seven years of primary education. *Thanks to the Universal Primary Education (UPE).*

To all sponsors of the ongoing students thank you very much!

Agnes Ainembabazi S.3: GOD's Amazing Grace!



I am the first born of the family of five siblings (3 girls and two boys). We live in Kyamamali, Kyamuhunga

subcounty, Bushenyi district. Almost all households in our village are peasants and survive by , growing food for both family consumption and income generation. A few households grow tea, and families from impoverished households who can work, survive by working on the tea farms, and banana plantations to earn a living.

My mother is one of the young women, in our village I have been observing tirelessly working hard morning and evening, on other people's gardens to support the family.

When not in school, my siblings and I go out with mother to look for farmers in the village in need of manual labour for their crops. This kind of life, over the years has seriously impacted on our well-being because what usually mother earns hardly meets basic family requirements and needs for schooling for the five of us. Like my siblings, it would hurt us to the core of our being, daily seeing mother struggling to make ends meet.

I completed Primary seven in 2019, mother tried her level best to help me join secondary school, she however was not successful, because of costs involved to pay school fees, books and

boarding facilities. One evening, mother invited me to go with her to meet a friend in a neighbouring trading centre. Her friend informed her about a distant school, offering bursaries for S.1 candidates willing to study from that school. Mother needed to mainly look for boarding items, scholastic materials, food and clothing. We were happy and readily accepted the offer.

Both mother and I knew that it was not going to be easy for her to get money to meet half of the highlighted requirements. None of us had ever been to the school let alone having ever travelled that far from our village and neighbouring towns.

Settling at the new school combined excitement, anxiety, fear and required adjustment on my part to live within the little mother had left me with to address all the above. It was not long during school Term 1 of 2020, when the COVID 19 pandemic broke out which eventually led to Government closing all schools to control the pandemic!

When I went back home, I recommitted my situation to God, because nobody knew how this would end! Restricted movement, no money, no school! When the schools opened later during the year, my mother didn't have money to take me back to school, the COVID 19 impact had made the already bad pre-pandemic situation at home worse.

Three weeks into school reopening, my four siblings and I not knowing what to

do, as the elder child, I decided to help mother more than before to secure food and other basic needs for the family. Day by day, the agony of not being able to go back to school and continue with my education was beyond one's imagination and at night would fail to sleep. However, I was careful not to show mother my agony, she would be hurt the more.

One evening, mother came back with good news of a sister called Ephrance with an organization called BIRD (Bushenyi Integrated Rural Development), who after narrating her story, promised to search for any Good Samaritan who would help to support my secondary education. Unbelievable! Mother met Sister Ephrance during a women's group meeting where she took the courage to narrate her challenges highlighting her total failure to take me back to school.

Sister Ephrance narrative: *"After learning about Agnes' dilemma, I contacted a friend and educationist living near her home area and inquired about a relatively good and affordable school within reach of Agnes' home area, that would enrol her for her secondary*

education. Among the three that were identified, I chose the nearest school to her home area. After getting information about all the school requirements, Agnes was admitted to S.1 and started school.

I made sure the school administration understood Agnes' plight especially the struggle her mother was going through to get her child educated. The administration tried their level best to help her by not sending her home to collect the fees.

Most importantly, I advised the mother to make sure that she deposits every little amount of money she would earn on Agnes' school account.

Agnes despite starting the school late, she worked hard and is among the promising students. Later, a good Samaritan offered to support Agnes' secondary education at a Girls Boarding School called Kibingo, in a neighbouring District. Agnes, will be sitting for the Ordinary level UNEB (Uganda National Examination Board) O level examination next year 2024 .

A DREAM COMING TRUE!

3 Income and Expenditure

A total of Ugx 45,641,336 (24,549,616 donation and 17,314,800 local contribution) was received to mainly support health services, infrastructure development (building a health center in Kiyanga, Mitooma district), and education for sponsored students.

A total expenditure of Ugx 42,031,747 mainly procured medical supplies, supported infrastructure development, and community health outreach services. Table 111, summarises Income and expenditure 2021-2023.

More financial support is needed to complete a general ward at Kiyanga procure medical supplies and mama kits for the pregnant women.

1. Income	2023	2022	2021
a) Local Contribution	17,314,800	19,129,800	4,405,506
b) Donation	25,092,850	53,629,225	22,208,973
Total	45,641,336	72,830,650	27,667,881
2. Expenditure			
a) Medical Supplies	4,332,000	5,439,920	2,251,500
b) Infrastructure development	6,335,000	39,414,800	12,328,000
c) Community health outreach services	31,374,747	35,550,600	14,548,000
Total	42,031,747	80,405,220	29,127,500

4 Challenges and Opportunities

The challenges revolve around lack of a strong vehicle for the kind of terrain in the areas we reach out to, recruiting and retaining staff especially midwives, medical supplies including maternity and mama kits, and supplies for medical laboratory equipment.

4.1.1 Transport:

Lack of a strong vehicle has affected the delivery of medical supplies to centres and outreach stations when required, the mobile health team services, that would benefit more families and households, living yet far from the health centres are almost non-existent.

4.1.2 Recruitment and retaining staff:

The remoteness of the areas BIRD targets to improve health and community livelihood, are not attractive to staff, especially the young generation of professionals. They require higher remunerations and other incentives as food, acceptable levels of accommodation, communication and lighting. This is one of the priority areas that BIRD is focussing on for which any financial assistance is requested.

4.1.3 Medical supplies:

Patients and other clients registered at the clinics are many but a significant number of them get referred to other higher health facilities far away from their homes even though their conditions didn't warrant referral. This has proved to be costly to families in terms of transport, time and health complications because of delays.

5 Plans

BIRD is set to continue with primary health care services in the difficult to reach areas of the districts and priority activities include:

- 5.1.1 Fundraising to purchase a strong vehicle for field work, suitable for the geographical nature of the areas BIRD works with.
- 5.1.2 Staff recruitment and training: BIRD is targeting to recruit a clinical officer, two midwives and lab assistants. To organize three training workshops for village health teams and community health workers, health committees and health insurance group leaders.
- 5.1.3 To purchase medical supplies which include medicines for general patients, maternity kits, mama kits for pregnant women, and medical laboratory department.
- 5.1.4 Completing the general ward for inpatients at Kiyanga health centre.

6 Vote of thanks

BIRD recognizes that the achievements that have been realized, despite the challenges, could have been impossible without a range of supportive roles from various development partners, we thank you.

The nursing staff, village health teams and community health workers have continued to reach out to families and households through regular home visits, and community health outreach services. We are grateful to Rotary and Rotarian friends, health partners-Uganda, the Ministry of Health and District local governments for supplies such as vaccines and capacity building support.

Conclusion

It is amazing that we have been able to realize and continue to focus on our goal of attaining sustainable development through promoting health, education and community livelihood. The financial support entrusted to BIRD to educate a vulnerable child, to equip

a health centre, and support staff and vhts during their work is taken seriously because it is making such a tremendous difference.

We deeply appreciate the difference you are helping the organization to make in the community, households and individuals, despite the challenges. We strongly believe that an individual or a few individuals the services we render, positively impact, makes a multiplier transformational outlook for the society.

THE END

Thank you for making a difference in society.

