

KAGUMU DEVELOPMENT ORGANIZATION (KADO)

**PO BOX 260, PALLISA
UGANDA
ANNUAL PROJECT REPORT 2023**



FUNDER: GLOBALGIVING

PROGRAM: SAVE PREGNANT MOTHERS FROM MALARIA IN UGANDA

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DATE OF SUBMISSION: 1st November, 2023

ACKNOWLEDGEMENT

Kagumu Development Organization Acknowledges GlobalGiving for the financial support of **USD 3478.01** that facilitated the organization to run a malaria prevention program from August 2022 to July 2023. This is therefore an appreciation for the financial support and the organization with great pleasure thanks all donors who endeavored to raise what they could to save pregnant mothers who are the majority population at risk to Malaria in rural communities in Uganda. May the Almighty God bless all donors and GlobalGiving + team!!!!!!

SUMMARY

Kagumu Development Organization received totals of USD 27,536.29 from the Global Giving USA in the last 12 months beginning August 2022 to July 2023 to implement the save pregnant mothers from malaria in Uganda. Funds totaling to USD **22,134.72** was received and project. The overall objective of the project is to contribute to the reduction of mortality and morbidity of pregnant mothers through provision of malaria prevention services by 2024. The specific objectives are: 1) to increase malaria prevention awareness strategies among pregnant and lactating mothers, 2) to increase access and utilization of malaria prevention services among pregnant mothers, 3) to strengthen the capability of Kagumu Health Centre III a Not For Profit Health facility to provide sustainable malaria prevention services by 2024. The project was run in collaboration with Kibuku District Health team (DHT) and Subs County Health Team (SHT). The funds were sustainably managed that funds were used to equip Kagumu health Centre with long lasting insecticide treated nets, antimalarial drugs and supplies, mobilization and sensitization of pregnant mother and home visit of households with pregnant mothers.

PROJECT PLANNED ACTIVITIES FOR THE YEAR

1. Sensitize pregnant mothers on Malaria prevention
2. Procure antimalarial drugs and supplies
3. Procure long lasting insecticide treated nets and distribution
4. Home visits to households with pregnant mothers
5. Supervision , monitoring and Evaluation

SUMMARY OF OUTPUTS

By the end of July 2023, the project secured the following outputs:

- 998 pregnant mothers received long lasting insecticide treated nets
- 715 pregnant mothers received presumptive malaria treatment (IPTs)
- 342 pregnant mothers received ACT
- 875 households with pregnant mothers visited to assess utilization of malaria prevention measures and provide onsite health education
- 204 received mosquito spray
- 1445 Pregnant mothers received health education on malaria prevention strategies
- 764 mothers tested for malaria
- 582 pregnant women
- 24 Supervision, monitoring and evaluation visits

DESCRIPTION OF IMPLEMENTED ACTIVITIES

Activity 1: Sensitization of pregnant mothers on malaria prevention

This was implemented during antenatal clinic and immunization days in Bulangira Health center III, Kagumu Health center 111 and Kibuku Health Center IV. A total of **1445** pregnant mothers were sensitized on causes of malaria, signs and symptoms of malaria, how to prevent malaria and dangers of malaria. During sensitization meetings, it noticed that mothers lack knowledge and skills in malaria prevention, and have negative attitude in indoor residual spraying yet nets have been scarce. Lack of mosquito nets coupled with limited access to indoor residual spraying has caused a lot of Malaria transmission in vulnerable communities. Data the district health center IV reveals that 75% of Outpatient cases are diagnosed with malaria monthly.



Health education of pregnant mothers

Procure antimalarial drugs and supplies

The project funds was used to procure antimalarial drugs and supplies for use at Kagumu Health center III. In the periods, the project procured Fansidar (IPT) tablets, ACT tablets and malaria rapid diagnostic testing kits. Pregnant mothers were tested **715** malaria provided malaria presumptive treatment (IPTs) on a cost sharing basis roughly Ugx 5000 (USD 1.40) per antenatal visit to facilitate sustainability of the services. A total of, **324** treatment with ACT and **764** tested for malaria during the period.



Registering pregnant mothers for malaria test



A health worker carrying out a malaria test

Activity 3: long lasting insecticide treated nets and distribution Procure

The project funds were utilized to procure **1,559** long Lasting Insecticide Treated Nets (LLINs) for Distribution to pregnant mothers during antenatal clinic days and total of 988 Nets had been distributed to pregnant mothers at the end of the year. .



Activity 4: Home Visits.

The project conducted home visits in households with pregnant mothers in Kagumu, Bulangira and Kibuku communities in Kibuku district. The purpose of the home visits was to assess access to long lasting insecticide treated nets, utilization, practical sensitization of mothers on malaria prevention strategies i.e. bush clearing, covering potholes around their homes, breaking empty tins and pots that facilitate the breeding of mosquitoes, net hung up, maintenance of torn nets and hygiene. A total of **875** households were visited and reaching malaria prevention services to pregnant mothers. The project indirectly benefited 771 children less than five years who are also most at risk to malaria.



A health worker during home visit



A health worker during home visit

Activity 5: Supervision, Monitoring and Evaluation

The project is being supervised and monitored monthly by the monitoring and Evaluation officer. A total of 24 visits were conducted in 12 months. The purpose of the visits were to ensure that plan activities are implemented as per the program design. Also to establish the outcomes of the project. At the end of the year, it was established that there was a reduction of malaria incidences

PROJECT OUTCOMES:

- The planned activities were successfully implemented in the periods August 2022 to August, 2023 utilizing the funds
- The project increased access and utilization of mosquito nets among pregnant mothers.
- There was increased awareness on malaria prevention measures among pregnant mothers
- Increased attendance of women for antenatal services at Kagumu Health center III
- Improved hygiene in households with pregnant mothers.
- Increased utilization of malaria prevention measures to reduce malaria

LESSON LEARNT

- Malaria is rampant in rural communities due to lack of knowledge and skills on prevention strategies.
- Distribution of mosquito nets during antenatal clinic days improves antenatal attendance by pregnant mothers
- Some pregnant mothers have **Asthma** disease and are allergic to indoor residual spray (IRS) drugs and have no access to mosquito nets. This exposes them at risk to malaria
- Most households in rural communities are relatively poor with a big number of children. The Government conducts mass net distribution after 3 years. A Couple is given one net and every 3 children under five years are given a net. When a woman gets

pregnant, she leaves the bed with the net to the man and sleep isolated without a net. There is great need to rescue pregnant women from malaria

- There is also poor attitude towards the use of mosquito nets. Some people states that mosquito nets generate a lot of heat at night and are not health. There is therefore need to for continuous sensitization of pregnant women to utilize mosquito nets.

SUCCESS STORY 1.

Use long lasting insecticide treated nets is an effective malaria prevention strategy

Sarah is a mother aged 38 years who had a miscarriage last year 2022 due to malaria. She narrated that she had poor attitude to sleep in mosquito nets yet she had been advised. When she visited Kagumu Health Centre III seeking for antenatal services last year in September, she was again tested for Malaria and proved positive with signs of threatened abortion again. She was treated, sensitized, advised on mosquito use and provided with a long lasting treated net procured with funds from GlobalGiving. She started using a mosquito net, attending antenatal clinic days and devoured a malaria free baby.



In black is Sarah and her bay at home with the M&E Officer

Sarah now gives testimony to the peers and she now a community resource person whom other women can seek advises. This exactly explains how rural women behave and what the project support.

SUCCESS STORY 2.

Harriet is a disabled lady who was not attending antenatal services and not sleeping in a mosquito net. She produced a child with malaria and brought her to our health facility for treatment. She had negative attitude to use mosquito nets. She was sensitized and accepted to use nets after that the organization provided her a mosquito net. This explains the thinking of local women.



Conclusion:

The funding of this project is very significant that it support the project which contributes to the wellbeing and poverty of most vulnerable communities in Uganda. Currently, malaria is the leading course of mortality and mobility in including poverty in Uganda. In addition, Uganda is the 6th country in the world with malaria burden. KADO therefore, request partners to continue supporting the project until it realizes the intended goal

APPENDIX 1.FINANCIAL PERFORMANCE REPORT

Exchange Rate: USD 1 = Uganda shillings 3700

Activity description	Budget in Uganda shillings	Budget in USD	Expenditure in Uganda Shillings	Expenditure in USD	Variance in USD
Activity1: Sensitize pregnant mothers on Malaria prevention strategies	12,000,000	3,243.24	11,980,000	3,237.84	5
Activity 2: Procure antimalarial drugs and supplies	18,550,000	5,013.51	18,510,000	5,002.70	11
Activity 3: Procure long lasting insecticide treated nets and distribution	72,064,180	19,476.81	72,060,000	19,475.68	1
Activity4: Home visits to households with pregnant mothers	20,000,000	5,405.41	19,860,000	5,367.57	38
Activity 5: Supervision , monitoring and Evaluation	6,071,857	1,641.04	6,040,000	1,632.43	9
Total	128,686,037	34,780.01	128,450,000	34,716.22	63.79

Notes: Varies of Uganda shillings 63.79 carried forward.

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APPENDIX 2: ACTIVITY PHOTOS



DISTRIBUTION OF MOSQUITO NETS TO PREGNANT MOTHERS AT KAGUMU HEALTH CENTRE III



SENSITIZATION OF PREGNANT MOTHERS AT KIBUKU HEALTH CENTER IV



PROVISION OF PRESUMPTIVE TREATMENT (IPts) TO PREGANT MOTHERS
AT KIBUKU HEALTH CENTRE IV