

Omni Med Monthly Report May 2025



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Water Sources

Omni med staff visited four water sources in the month of May.

The first water source we visited this month is Nababirye, located in Nsanja village.

Currently, it is not functional due to water overflow from newer sources upstream, and renovation is needed to fix the issue. Since it is situated in a trading center, it serves many households including a primary and secondary school. It was constructed by the RUWASA project in October 1995.



Nababirye water source located in Nsanja village

Next, we visited Siperito water source, located in Luyobyo village, Nsanja. This water source is protected and was constructed by the RUWASA Project in 1996 and later renovated by PEAK Engineering Company. It needs minor concrete repairs, but overall, it's operating well with two functional pipes, a good drainage system, and strong water flow. Over 60 households collect water from it. The community takes good care of it through regular maintenance.



Siperito water source located in Luyobyo village

Thirdly, our staff visited Nabibuga water source in Nakalanda village. It is unprotected and serves about 130 households. Unfortunately, converting it into a protected water source isn't feasible due to its large size, considerable water volume, and being rooted near a big tree. Many households get water from it. Very many people collect water from it. The muslim community constructed a borehole for the village, but the land owner locked it with a padlock and denied residents access.



Children collecting water at Nabibuga water source

Lastly, we visited Bukasa water source, an unprotected water source serving over 40 households. Its flat topography makes it unsuitable for construction.



Home Visits

This month we held 07 home visits and saw 17 VHTs.

Breakdown of home visits for May

DATE	VILLAGE	NO. OF VHTS SEEN
5- MAY	MUGANGA	1
5- MAY	KABIRA	3
12- MAY	KIYIRIBWA	3
19- MAY	NAKALANDA	2
19- MAY	MAWOTTO	4
26- MAY	SUGU LUGALA	2
27- MAY	BUKULE	2

Average number of households that VHTs serve: 102

Average number of years each VHT has served in their village: 15

Commonest occupations of VHTs: Farmers, Fishermen, Teachers

Common changes: More people wash hands with soap after visiting the latrine, Increased construction of boreholes, More pregnant women attend antenatal, Increased HIV testing and other diseases, Increased use of family planning, Increased construction of drying racks, General improvement in sanitation and hygiene, More people boiling drinking water, Decrease in diseases like malaria and diarrhea, Increased participation in immunization programs, Increased use of mosquito nets, Increased construction of pit latrines.

Suggested topics by the VHTs: All types of cancer, Nutrition, Diseases associated with the elderly, Sanitation and Hygiene, Drug prescription, Mental Health, Diabetes, Hypertension, Family planning, Monkey pox.



Allan and Cissy with VHTs during home visits

Quarterly Trainings

Omni med staff held four quarterly trainings in the month of May.

List of Quarterly Trainings held in May

DATE	PARISH	NO. OF VHTS	TOPIC
7- MAY	KYETUME	15	MENTAL HEALTH COPING SKILLS
15- MAY	MAKUKUBA	15	MENTAL HEALTH COPING SKILLS
22- MAY	KIWAFU	07	MENTAL HEALTH COPING SKILLS
29- MAY	MWANYANGIRI	27	MENTAL HEALTH COPING SKILLS



VHTs during quarterly trainings at Makukuba and Kiwafu parishes

Mosquito Net Distribution

We received 1800 mosquito nets through our Peace Corps volunteer Kristin. In May, we began distribution in villages of Namuyenje, Buwaali, Ntenjeru, Namataba among others prioritizing the most vulnerable community members, including children under 5, pregnant mothers, and individuals living with HIV/AIDs. VHTs played a key role in mobilizing the community and facilitating the distribution.



Namuyenje residents during mosquito net distribution

Alongside the distribution, our staff also conducted malaria education sessions, empowering community members with knowledge on prevention, symptoms and treatment. The initiative aims at reducing malaria related deaths in Uganda by providing both protective measures and essential health information to those who need it most.



Edward and a VHT educating community members about malaria

Stories from the field

A VHT from Kiyiribwa village noted that the low uptake of HPV vaccination can be attributed to two main factors; misconceptions and myths surrounding the vaccine among parents, and inadequate community mobilization efforts leading to low turnout during vaccination outreaches.



Allan and Cissy interacting with a VHT during one of the field visits

A VHT from Nawanjuki village was actively promoting community health by delivering a talk on hypertension to the neighboring village of Wabinyira. Notably, he is one of the VHTs who received blood pressure cuffs, which he continues to use effectively for screening and monitoring blood pressure in his village. He is committed to improving health outcomes in his area, encouraging early detection and management of hypertension.



A VHT(L) educating Wabinyira residents about hypertension

A VHT from wankoba village reported a concerning high incidence of domestic violence, prompting him to seek interventions or support that could help mitigate these cases. He expressed a strong desire for effective strategies to address this issue such as community sensitization, counseling, support groups and training for VHTs to identify and respond to domestic violence.

AOB

VHTs trained under the ENT program continue to provide dedicated primary ear care services every Thursday at Seeta Nazigo Health Center III. Their commitment and regular schedule has positively impacted the community enabling early detection, treatment, management and monitoring of ear related conditions.



A VHT seeing an ear patient at Seeta Nazigo H/C III