PROJECT NAME	**CULTIVATION AND DISTRIBUTION OF YOUNG PLANTS OF ENDANGERED MEDICINAL PLANTS FOR THE BASIC MEDICAL CARE OF PEOPLE IN THE LUGAZI REGION IN UGANDA**
REPORTING PERIOD	**JULY - SEPTEMBER, 2023**

IMPLEMENTING PARTNER	**LUGAZI RURAL FINANCE DEVELOPMENT TRUST [LRFDT]**
BENEFICIARIES	**THE PEOPLE IN LUGAZI REGION IN UGANDA**
FUNDED BY	**GENINSA**

INTRODUCTION

We have been very successful in visiting the field for activity implementation and to continue conceptualize how the community perceives the idea of domestication of traditional medicinal plants. The following are some of the observations and findings,

- The community does domestication of medicinal plants, but little of no care for proper growth is taken.
- Domesticated medicinal plants are mostly grown for home use but not for economic benefit.

DOMESTICATED MEDICINAL PLANT AT HH LEVEL

- The community has done domestication of medicinal plants, but take little interest in maintenance of their proper growth.
- Apart from a few households, the rest use these medicinal plants communally. i.e. irrespective of where it is domesticated, access if free and at any time and with no attention to basic harvesting methods.
- The community visited confirms that these medicinal plants are useful and have saved them from medical bills though they have not been subjected to any formal training about the use, harvest and domestication of medicinal plants. The knowledge they have is inherited or heard/received from herbalists and traditional healers in open markets.

Therefore, this report comes as a result of the activities done, monitored, evaluated and reported in line with the current medicinal project titled, "**Cultivation and Distribution of Young Plants of Endangered Medicinal Plants for The Basic Medical Care of People in The Lugazi Region in Uganda"**

Through the following activities, we have steadily moved towards achieving the project objective which is **"Cultivation of endangered medicinal plants for basic medical care."** The above findings have been aligned with this quarter activities such that the project purpose is achieved, the targeted group served and indicators to measure fulfilment are feasible.

IMPLEMENTED ACTIVITIES

As per the workplan, in this quarter we have had the following activities done;

1. Individual plants selection
2. Plants propagation
3. Plants distribution to relevant partners
4. Financial and marketing plan formulation

Activity Description

Activity 1: Plant Selection

In line with the last quarter's activities, we had 10 plants selected, planted and distributed for domestication. The 10 plants which were;

S/No	SCIENTIFIC NAME	LOCAL NAME
1.	*Plectronthus barbatus*	Ekibwankulaata
2.	*Oregano sp*	Mubiri
3.	*Tetradema riparia*	Kyewamala
4.	*Physalis peruviana (Gooseberry)*	Entuntunu
5.	*Mentha piperita (Mint)*	Pepper Mint
6.	*Rosemarinus officinaris*	Rosemary
7.	*Justicia betonica*	Nalongo
8.	*Ocimum basilicum (Basil)*	Mujaaja
9.	*Symphytum officinale*	Russian comfrey
10.	*Hoslundia opposita*	Kamunye

During the distribution process, members concentrated so much on the four plants which are;

S/No	SCIENTIFIC NAME	LOCAL NAME
1.	*Oregano sp*	Mubiri
2.	*Rosemarinus officinaris*	Rosemary
3.	*Justicia betonica*	Nalongo
4.	*Ocimum basilicum (Basil)*	Mujaaja

The 4 above stood out due to their community regular useability and on the market side of it, we found out that practicing herbalists and traditional healers also do need them. Herbalists and traditional healers also use a lot of **Artemisia and soursop** and we found it necessary to consider them and added them on the list to have 12. The rest of the medicinal plants are not left out but they are grown and reserved to deter them from getting extinct.

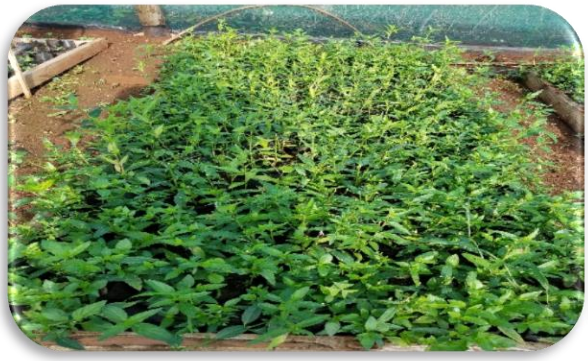
Point of concentration

Having developed a business plan proposal, considerable efforts are now towards the 5 medicinal plants which are very useful, endangered, at the verge of getting extinct and at the same time economically workable. These are;

S/No	SCIENTIFIC NAME	LOCAL NAME
1.	*Oregano sp*	Mubiri
2.	*Rosemarinus officinaris*	Rosemary
3.	*Justicia betonica*	Nalongo
4.	*Ocimum basilicum (Basil)*	Mujaaja
5.	*Artemisia*	TBF

Oregano

Rosemarinus officinaris



Justicia betonica

Ocimum basilicum Basil

Artemisia

During the market survey, in preparation of the business plan we discovered that artimesia is a very vital medicinal plant in combating malaria and other related ailments. It was also discovered that artimesia fetches a good price on the side of the producer, so it has been adopted as one of the five medicinal plants which are included in the business plan.

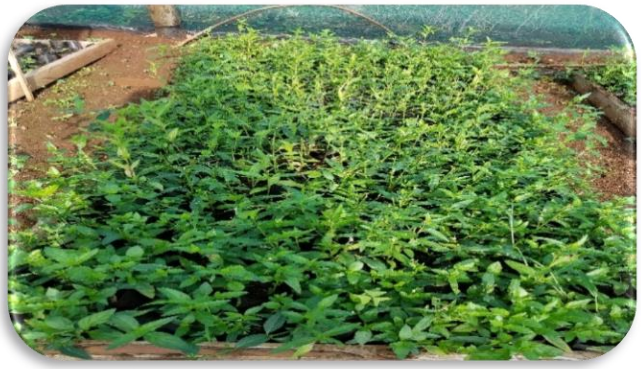
Currently the list contains 13 medicinal plants grown and distributed among the beneficiaries, but for the business plan proposal we have concentrated on 5 above. ***Annona muricata*** is pronounced, but not considered in the business plan because it is relatively available at household level though its demand is still at large. We hope to further its domestication through supply of seedlings to those who showed interest and they need it in quantity.

Activity 2: Plant Propagation under controlled conditions

By use of a shed-net, we have propagated the above plants under controlled conditions. After community sensitization about the use and the economic aspects of medicinal plants, community

members displayed some interest to have them domesticated. The first batch of those propagated were given out and we embarked on the activity of replanting as below;

Pupils replanting oregano



Newly planted Justicia betonica

Newly planted Basil

Watering newly planted Rosemarinus officinaris

The replanting Process is on going

As we progress, we are still continuing replanting more of the above medicinal plants as we take care of the rest of the plants. As seedlings and seeds are not in plenty, we have domesticated these medicinal plants and at least we are having a mother garden of each. The beneficiaries who took the seedlings will also be another source of planting material whenever need arises.

Activity 3: Giving out seedlings to relevant Partners

The 10 selected medicinal plants as previously reported, were germinated from the shed-net and the seedlings were distributed to selected relevant beneficiaries.

Before Distribution

During seeds and seedlings collection, a number of community people were approached and some of them were a source of some seeds and seedlings. The selected medicinal plants were purely endangered and getting extinct. For a good cause, we embarked on training those household we hoped to domesticate these seedlings.

Fact finding

1. During the training it came to our notice that some community people do not want to be associated with medicinal plants because they are disregarded by their religion.
2. Some community people do take medicinal plants as their primary treatment and they do not believe in medical treatment using factory made medicine.
3. Traditional healers make sure thar their patients do not understand what the treatment is made of or the ingredients in the treatment.
4. Most of the traditional healers lack the scientific knowledge of administering treatment since most of them are school dropouts.
5. The community does not attach any economic value to medicinal plants. They are free of charge however much they all believe that medicinal plants are endangered and getting extinct.
6. Those with domesticated medicinal plants are always willing to tell you what they use it for.

Project Intervention

Through trainings, we have prepared medicinal plant users to carry out medicinal plant farming as a business.

We have identified households which are ready to domesticate medicinal plants saving them from getting extinct.

We have trained medicinal plant users as to how they can preserve medicinal contents before use, i.e. by solar drying and grinding

We have set up a mother garden of all those medicinal plants species which are endangered and getting extinct. The community is therefore sure of the source of seeds and seedlings.

Through research, we have identified some herbalists and traditional healers who can buy medicinal plants as raw materials so long as they meet their required specifications.

Delivered Medicinal Plants Seedlings at Household Level

After the distribution, planting (domestication) started and we are looking forward to monitor and evaluate progress

Planting of Medicinal Plants at Household level

At household level, farmers have offered small plots of land for medicinal plant domestication and we are capitalising of having many community members offering the same. Specieis domesticated are from their choice, but luckly enough, all the species have been distibuted and domesticated.

Activity 4: Propagation Rate Recording and Finance Plan proposal Developement

By this time, we are in a better position to fill all the gaps which were left lacking in the last report. We had just planted the medicinal plants and some observations were not conclusive, but now the table contains complete data.

S/No	PLANT NAME	LOCAL NAME	PROPAGA'N RATE	PROPAGATION CONDITIONS	EVALUATION OF RESULTS
1.	*Plectronthus barbatus*	Ekibwankulaata	35%	Potted and Under a shed net with irrigation	Its germination rate is very low and it needs a lot of water in its infancy stage.
2.	*Oregano sp*	Mubiri	95%	Potted and Under a shed net with irrigation	It can easily be germinated and needs less water in pots and in the mother garden.
3.	*Tetradema riparia*	Kyewamala	25%	Potted and put in a propagator under a shed net with irrigation	It is propagated by use of stems, but it is very delicate when it comes under a protected environment.
4.	*Physalis peruviana Gooseberry*	Entuntunu	40%	Initially used tray beds for germination and later transferred to the mother garden	These are wild plants and not friendly to protected environment.
5.	*Mentha piperita Mint*	Pepper Mint	55%	Potted and Under a shed net with irrigation	Germination rate can increase as evidenced by its area colonization.
6.	*Rosemarinus officinaris*	Rosemary	71%	Potted and Under a shed net with irrigation	Only needs much water during its stay in the shed net
7.	*Justicia betonica*	Nalongo	99%	Potted and Under a shed net with irrigation	It has no challenges in its growth, it is very friendly to both protected and non-protected environment.
8.	*Ocimum basilicum Basil*	Mujaaja	65%	Potted and put in a propagator under a shed net with irrigation	It needs regulated irrigation especially when it is out of the propagator
9.	*Symphytum officinale*	Russian comfrey	99%	Planted directly in a mother garden under a shed net	It has no challenges in its growth, it is very friendly to both protected and non-protected environment.
10	*Centella asistica(L) urban*	Kabbo kamuwala	85%	Potted and Under a shed net with irrigation	It has no challenges in its growth, it is very friendly to both protected and non-protected environment.
11	*Hoslundia opposita*	Kamunye	55%	Potted and put in a propagator under a shed net with irrigation	It is a slow growing plant which requires time to fully evaluate its results
12	*Annona muricata*	TBD	TBD		TBD
13	*artimesia*	TBD	TBD	Potted and Under a shed net with irrigation	TBD

The medicinal plants highlighted in green are the ones which formed a basis for the Financial plan proposal development and they have been reserched on and found to be economically viable. Therefore, in line with the current project, i.e. "***Improving the use of Traditional Medicinal Plants in Uganda"*** much as we shall continue with all the 13 medicinal plants, but we have found out that the 5 highlighted posess charactristics which render them to be propagated in numbers compared to the rest. They are;

- Economically viable
- With more medicinal values
- Easily propagated i.e.their germination rate is high
- Endangered
- Getting extinct

Point to be Noted

This project and how it is designed is unique in nature and the community is familiar or is used to such projects whose index directly affects them i.e. Improving food shortages, and household econimic status. As project implementors, we had to go an extra mile through traininings and field visits to prove to the community that this project is as good or better than those other projects you are yearning for. This project addresses health issues and economic gaps at household and community levels.

Challenges and Solutions

Our mother gardens have not served us as expected. The germination rate of some medicinal plants is so low to be in position to generate seeds and seedlings. Much as we knew that we had to buy some seeds and seedlings for propagation, but we had much hope in the mother gardens to reduce on the quantity to be bought.

The buying of seeds and seedlings from scattered souces is not yet adderessed, but we have much hope in the near future the mother garden to solve this issue. We shall only be buying what is not available in the mother gardens and we hope that relevant beneficiaries who took the seedlings will be in positin to suppress the planting material demand.

Ongoing activities

All the four aligned activities are still going on but this time we are equating them to the forth coming new project to reduce on the challenges. We are still analyzing the financial plan proposal in line with this project and make it relevant for the new project.

We are making field visits as a monitoring and an evaluation tool to those who planted medicinal plants and at the same time ascertaining clients with much space to host medicinal plant mother gardens with friendly terms and conditions.

NOTE:
Financial statements worked on separately

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