



BWINDI COMMUNITY HOSPITAL NEWSLETTER

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Child Health

Healthcare for children continues to be a top priority at the Hospital as we move towards our vision of having a "healthy and productive community free from preventable diseases and with excellent health services accessible to all."

Robert, who led the child health program for more than 2 years, is back to school to train as a degree nurse and will return to work with us when he completes the course in 3 years' time. We were lucky to have Brenda to take over from him. Brenda is equally good and has worked in the department for over a year.

Children's ward has been very busy. The staff have continued to work hard to improve child health through education, prevention and high quality treatment services.

In the month of May, we identified 4 children with cleft palate from the community within the Bwindi area who needed surgery to correct the defects and we worked together with CoSRu Hospital in Kampala (the capital) to have the children worked upon. Three of the children, Alex, Clare and Byorebye had very successful operations and have since returned home. The fourth child was malnourished at the time and had to be rehabilitated for some weeks before the operations. He has now been operated upon and will soon leave the Hospital and unite with the rest of the family.

Malnutrition and malaria are the biggest among the conditions we see among children. In March, we were shocked by a story of an 11 year old boy, Darius who was brought to the hospital very sick with malnutrition from a neighbouring town called Kihhi swollen all over but weighing only 14 kgs (a child of his age should have more that 26kgs). Darius was brought by his grandmother unable to talk. One week later, he got better and was able to eat and talk and this is when we got the shocking story from the grandmother and Darius himself.

Darius' parents had actually lost hope of the boy surviving and had started making arrangements for his burial. A grave was dug, while Darius was still breathing and relatives silently mourned as they waited for the moment when



Darius and grandmother moments before discharge

the boy would breathe his last. Darius' luck came when the grandmother visited the family and insisted that the boy would not be left to die from home without taking him to the Hospital. "I told them (parents) it's better for him (Darius) to die from the hospital in the doctor's hands than for us not to try to help at all."

Darius stayed at the hospital for 45 days and was discharged when he had fully recovered. Brenda narrates that "he was very fine at the time he left and he was not even given drugs to take home." He has now started school and he is doing well.

A week before Darius left, he would play around with other children and staff at the hospital and always told them his sad story. The most painful part of Darius' story is that he at one point heard people discussing about his 'death'

We are very glad that we were able to save Darius' life and of many other children who are always brought to us. We have a very good program for children from the two sub counties of Mpungu and Kayonza supported by Euro-change Charity under which children get subsidised health care services.

We however have a big challenge with children brought from outside these sub counties where the parents have to pay the actual costs of care but many can not afford. It costs \$15 per day to care for a child in our ward. More

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Keep up to date with our work

You can now follow us on twitter [@bwinditweets](#), watch recent videos at our youtube site [www.youtube.com/user/bchuganda](#), follow major events in pictures at [www.flickr.com/photos/bwindihospital](#), and if you are on facebook, join our cause at [www.causes.com/causes/bwindi](#). You can access all these sites from our website at [www.bwindihospital.com](#) where you will also find lots of information about our work including monthly news updates.



Using data in disease mapping

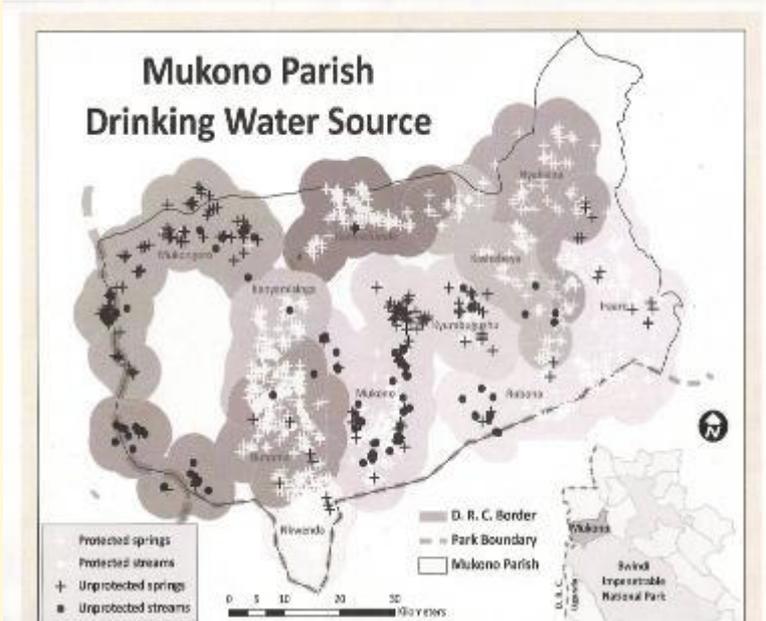
In the last one year, we have been registering and collecting data from all households in the Bwindi area to help in the assessment, monitoring and evaluation of our health care interventions in the community and to ensure that they have access to appropriate and cost-effective care, including health promotion, disease prevention services, and evaluation of the effectiveness of our care.

We have completed the process in two sub counties of Kayonza and Mpungu and now rolling to the third sub county of Kanyatorogo. We have collected their bio-data, medical information including socio-economic aspects such as levels of education and income. Every household's GIS Coordinate (Geographical location, Easting and Northing, using GPS Receivers) has also been taken and added to the database.

Every time patients visit the hospital, their information is updated in the database with data related to diseases diagnosed and treatment given, among others. We are also updating all the patients' information since January 2008 in the database to further enrich it.

With all this data, we can generate maps that can help in analyzing disease occurrences and how we can more strategically plan for appropriate interventions.

We recently had a team from Colgate University (US) who trained our IT team to be able to locally produce such maps using GIS software, ArcGis. This software can generate various kinds of maps for example we can have maps showing water sources against occurrences of waterborne diseases. This will help us in investigations related to the safety of water sources in the area leading to an appropriate intervention from our community health team.



Sample map extracted during the training.

We are very happy that we now have the database running and the skills to extract relevant information for decision making. What we are now lacking is the license to the ArcGis software to be able to run this on our own. At the moment, we have to send data to Colgate University for analysis.

We are grateful to all supporters who have helped us to set up this system at the Hospital. Our work is a lot easier and faster following this development.

Scholarships

Bwindi Community Hospital has always considered scholarships as one of the ways in which we can recruit and retain quality health workers. We are glad to report that with your support, we have continued to make good progress with this program.

We recently sent three of our staff members for further studies. Elly has joined a paramedical school to study for a diploma in Public Health Dentistry. Alex and Christine have joined nursing schools to study for the next two and a half years in Comprehensive Nursing.

They will all return to work for the Hospital after completing their courses.



Christine Atuheire

Christine comes from Karangara, about 30minutes drive from the Hospital. She joined the hospital in 2007 and worked as an assistant nurse in the surgical unit. She had dropped out of school because she lacked school fees.

Christine however kept the desire to continue with her education and when she started working here, she decided to study in order to finish her 'O' levels in her own time which she passed with very good grades.

Through her hard work and dedication, Christine was able to get a scholarship to live her dream. She has pledged to come back to work at the Hospital for the rest of her career.



Alex Namanya

Alex is from a polygamous family in Kirima, about three hour drive from the Hospital. He completed his high school education in 2008 but his parents were not able to raise enough money for him to continue with his studies.

He chose to come to work at the Hospital last year to try to raise some money to go back to school. He worked as a clinical support staff nurse at the children's ward, a job where he showed a lot of interest, learning flexibility and dedication to serve the community.

Elly comes from Burema in Kanungu about three hours drive from the Hospital. He was brought up by the mother who also paid for his fees until he completed his high school. He joined the Hospital in 2008 where he served diligently as a customer care representative.

Elly is intelligent and showed commitment in serving his community. The Hospital identified a lot of potential in him and awarded him a scholarship and he has committed himself to returning after the three years of studies to work as a Public Health Dental Officer.



Elly Byaruhanga



Patients with cataract eye conditions wait in line for the operations

Eye surgical camp in June

Bwindi Community Hospital set up a surgical unit in December 2008 and has since continued to expand its services in order to meet the increasing needs of the people in the area.

To be able to achieve this, the Hospital is getting the support of visiting surgeons from other Hospitals so as to provide the required specialised services.

The latest of such collaborations resulted into a very successful eye surgical camp that targeted patients with cataract eye conditions. The camp was supported by Christian Blind Mission (CBM) and several individual donors. The camp was conducted from 7th -9th June at the Hospital during which, 28 cataracts and five other eye related operations were carried out.

There was great excitement as patients who had lost sight were able to see again. An 80 year old grandmother, Joy Beshereka was the happiest of all the patients. Joy was totally blind due to cataracts and had lost hope of ever seeing again. For two years, she depended on her 11 year old grandson, Mugisha Gashom for all kinds of support, like cooking, bathing and all house household tasks.

"It was a total nightmare, because I couldn't do anything on my own and in many occasions I would boycott eating food because I didn't want to disturb the young boy to take me for short or long calls all the time" lamented Joy.

But after two successful operations on both eyes, Joy was able to see again and couldn't wait to get back home to see how it looks after two years of total 'darkness'. "I can see! I am very happy." became her song to almost everyone who went to see her. Three other patients also had both eyes operated upon and went back home celebrating.

Eye conditions are a big problem in the Bwindi area. During the screening excises for the camp, our medical team saw over 600 people with eye related illnesses but was only prepared to work on people with cataract operations.

In all, 110 patients were screened with cataracts although the majority were found to have their cataracts not mature for operations. The Hospital will hold another eye surgical camp in six months to work on such cases and any other that will emerge and we plan to host such camps every six months.

Our surgical team led by Dr. Nkalubo Julius is preparing for yet another surgical camp at the end of June where the Hospital will host orthopedic surgeons from the US for one week. We are very grateful to all those who supported this camp, we look forward to your continued support for similar camps in the future.



One of the groups registers into the scheme in May

Progress on the health membership scheme

Instead of the sick being asked to pay for the costs of their health care when they are least able to afford, the community in the Bwindi area now have the opportunity to pay a fixed annual premium through a health membership scheme, the **eQuality Health Bwindi** launched in February 2010. The community members currently have to pay \$3 of the total \$6 that it costs the Hospital per person per year in order to join the scheme and the balance we expect to raise from supporters.

We are making good progress with this scheme as more members of the community are subscribing to it. We now have 4,141 members registered from 18 Bataka (burial societies) groups, among which are 600 Batwa of the 800 living in the Bwindi area.

Samuel Rwabigiremu is one of those who have already benefited from this scheme. Samuel is 100 years old, married to four wives with 12 children and has lost count of his grand children. He comes from a village close to the Hospital. For years Samuel would always sell goats or part of his land to be able to pay for hospital bills. When he heard about our health scheme, he first hesitated to join but on further explanations about the scheme, he subscribed

through his bataka group.

Three weeks after his group subscribed to the scheme, Samuel was brought to the Hospital with a chest problem and abdominal symptoms and was admitted for 6 days. He was charged 50c instead of \$100 he would have paid if he wasn't in the scheme. Samuel got well and left the Hospital happy and reassured about the operations of the scheme. This is how we expect the scheme to be helping members of this community.

eQuality Health Bwindi is an excellent scheme that will increase utilization of health care in this community including the poorest. The main challenge has been the slow uptake of the scheme as it is a new concept but with more sensitisation, the rate of subscription has greatly increased over the past few weeks and are therefore hoping that we will meet our target for this calendar year. We are also hoping to be able to raise the other 50% subsidy (\$135,000) from supporters during this first year of implementation.

More information about this program is on our website and for information on how you can support us in this area, please send us an email at: BwindiCommunityHospital@gmail.com

<p>All donation details and links can be found on our website: www.BwindiHospital.com.</p>	<p>You can make a tax deductible donation through our US charity:</p>
<p>You can make a gift aided donation through our UK charity:</p>	<p>The Kellermann Foundation</p>
<p>Friends of Bwindi Community Health Centre Details are at: www.BwindiFriends.co.uk/bwindi/how-to-donate.html</p>	<p>P.O. Box 1901 Penn Valley, CA 95946 (530) 432-3201 www.KellermannFoundation.org/donate.htm</p>
<p>Please let us know by email if you have made a donation: BwindiCommunityHospital@gmail.com</p>	

