



BWINDI COMMUNITY HOSPITAL NEWSLETTER

Volume 2, Issue 7

June 2011



Message from the Medical Superintendent

Dear Partners and Friends,

I am happy for this opportunity to share with you this latest Bwindi Community Hospital newsletter.

Please accept our humble thanks to you for your support that is propelling us to higher standards of health care in the area.

We have made significant progress in some of our community health interventions such as malaria prevention. Insecticide treated mosquito nets coverage now stands at 60%. This has decreased malaria threat in the community particularly among the under fives. Today only 2% of the

under fives seen in our outpatients department are treated for malaria as compared with 51% four years ago.

Malnutrition rate among children in the area has stagnated at 10%. In our last survey, 89% of all households reported not to be having enough food at least one day in a week. We have seized an opportunity to work with Eurochange Charity and KULIKA Charitable Trust to address this problem. Please read on for more details of what is happening here.

Thank you very much for supporting us.

Dr Birungi Mutahunga – Medical Superintendent, Bwindi Community Hospital

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Malaria Threat Decreases

Over the last five years Bwindi Community Hospital has deliberately directed efforts towards malaria prevention and control through distribution of Insecticide treated mosquito nets to the most vulnerable; children and pregnant women.

This approach has reduced malaria among children aged less than five years attending our outpatient's clinic from 51% in 2006 to 2% today. We would like to celebrate this big success with all our partners especially Buy-A-Net Canada (BAN).

Our Community Health & Batwa team and Village Health Promoters who have selflessly endured to reach every household with a net had their efforts further rewarded by the May 2011 visit by Gail Fones, the Board Director BAN.



BAN Board director, Gail Fones with the hospital staff on one of the community visits

While visiting the community with our staff to acquaint herself with our work, Gail was happy to find the most underprivileged Batwa pygmies sleeping under the insecticide treated mosquito nets.

Despite this progress, malaria is still a problem in the Bwindi area accounting for 30% of all deaths according to our 2010 household survey. Only 60% of the general population sleep under nets and our target of 90% is yet to be met. The struggle continues!



Keep up to date with our work

You can now follow us on twitter [@bwinditweets](https://twitter.com/bwinditweets), watch recent videos at our youtube site www.youtube.com/user/bchuganda#p/u, 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/119325. 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.



Health care a priority for everyone in Bwindi community

In order to promote equity and address health inequalities, BCH in partnership with International Medical Foundation (IMF), launched **eQuality Health scheme** early last year.

This program is aimed at improving access to quality and affordable health services by the sick and poor.

At present, the community has responded by pooling resources to contribute towards her healthcare by advance payment of \$3 per person per year. This way, the rich subsidize for the poorest and so do the healthy for the sick. Each person then pays about half a dollar as a nominal fee to access a package of services including surgery and inpatient services.

Over the past few months, this scheme has gained momentum and now boasts of membership of over 17,000.

Turinawe Evas (not her real names), was one of the happiest recent beneficiaries of the scheme. For 13 years, Evas had been distressed with uncontrollable leakage of urine because of a hole between her urinary bladder and the birth canal. She said this developed after a difficulty delivery at home because she could not get to hospital. She lost her first baby in the process and about a week later she started leaking urine uncontrollably.



The above graph shows eQuality health membership growth since February 2010

She had since failed to get married. At first she believed it was a curse from God because she had not been officially married.

Even when she was told her problem could be solved in hospital, she could not afford the cost. Her luck came with our regular Swiss medical team hosting a surgical camp last May where the hole was repaired at a cost of only half a dollar because she had registered with *eQuality health* scheme. "I am very happy that now I am normal like any other woman. There are many more in my village who said will come for treatment if I got better. Can I marry and have children?" were remarks from Evas when she returned for review 4 weeks after the operation.

Imaging the World (ITW) links BCH

Maternal and Child health is one area BCH considers priority. In our 2010 household survey, 11% of all deaths that had occurred in the previous 12 months were reported to have been mothers during child birth.

In our quest to curb rampant maternal deaths, we are privileged to have partnered with ITW, an organization based in Vermont (USA) that will offer training to local health providers to capture high quality ultra sound scans.

These scans will then be relayed through the web to volunteers around the world and potentially lifesaving diagnoses returned for prompt intervention.

Three local lower health facilities of Nyakatare, Nyamwegabira and Byumba will be linked to BCH which in turn will be linked to Vermont volunteers. Using cell phone signals, diagnoses will be shared with in the team, "saving lives by bringing communities of the world together; one ultrasound scan at a time".

Although the initial focus will be maternal health, trauma and other critical conditions as can be faced in a remote rural area as Bwindi will later be addressed also. This program will be active beginning next year.



Dr. Kristen DeStigter(middle), and her team pose for a photograph with the BCH staff after a needs consultative visit in June 2011

Timely surgical intervention saves a young soul



The picture above shows Andinda and his mother at discharge

One and a half year old Andinda (not his real names) went to sleep with no apparent problem according to his mother. Turinawe, Andinda's mother, says it was in the middle of the night when she heard something burst beside her. "I stretched my arms to lift Andinda and suddenly felt warm

things spread all over my sons' abdomen. When I lit the candle to see what it was, the intestines were slowly pushing out and I got terrified", Turinawe narrated to the doctors.

At the hospital, Andinda was taken to theater, his intestines observed, washed, pushed back into the abdomen and the hole repaired. Sadly on review the following day, Andinda's condition had worsened with a swollen abdomen and high fever. He was referred to theater again where it was discovered that about two feet of his intestines had 'died'. This portion of the intestines was removed. Now Andinda is steadily recovering on the ward.

"*This problem that Andinda had is very rare and the first of its kind here but there are a few other similar cases which have been reported elsewhere",* Dr. Leonard Tutaryebwa, a Pediatrician at the hospital said.

Appreciation goes to the surgical team and all those who were there for Andinda at the critical time of need.

It costs us \$5,500 (14 Million UGX) per month to run this department.

Our humble thanks go to all our partners who have supported this department in many ways.

Hospital garden project boosts efforts to eradicate hunger

Whereas this component of the 1st MDG to eradicate extreme poverty and hunger is reported to be on track in most parts of the country, the story is different in Bwindi.

Only 11% of the population the Bwindi area have enough food to eat throughout the week!. These many hungry mouths to feed were revealed by our latest annual household survey of October 2010 whose full report will soon be published.

Our efforts to promote nutrition have been rewarded by the partnership with The Eurochange charity and KULIKA Uganda. KULIKA, with a rich experience in agricultural projects, will implement the project while offering an opportunity to our Community health & Batwa department to mobilize the community for training in sustainable agricultural methods. Marginalized groups and the very poor such as the Batwa pygmies will be the primary target for training. Eurochange charity will facilitate follow up process to ensure that the learned skills are transferred to the rest of the community thereby improving their livelihood.



Kulika team members assist with the BCH Nursery bed

Additionally, the project will produce enough nutritious foods to supplement the hospital's inpatient and staff feeding program. Our target is to reduce malnutrition among children from the current 10% to 5% over the next three years. We are grateful to The Eurochange Charity and all other partners for supporting this cause.

Building capacity at Bwindi community Hospital.

The hospital has greatly benefited from a number of volunteers who regularly visit the hospital. Among these were VSO British couple volunteers Andrew Farer and Jenny who have just returned home after one year of capacity building. Jenny has been instrumental in nursing practice & administration, while Andy has done enormous work in operations and communication.

In May we hosted a team of surgeons and radiologists from Switzerland who helped with general surgery and radiology & imaging. Through this training, our staff have been equipped with new surgical skills. BCH now offers 24/7 ultra sound service. Thanks to Dr. Forat who has supported Shallon Koshaba to obtain a diploma in diagnostic ultra sound. This team is also supporting Dr. Julius Nkalubo for post graduate study in gynecology & obstetrics.

We also had an opportunity to share orthopedic surgery experience with Dr. Seth and Meg Frenzen from Vermont for a whole week they spent here correcting orthopedic disabilities.

We thank all those who have shared their experience with us during the last few months.

Volunteers and students from Uganda and elsewhere in the world are always welcome. If interested in sharing your experience with us, please e-mail us at bchvolunteering@gmail.com. You may visit the volunteering section of our website; www.BwindiHospital.com for more information.



A Swiss team of volunteers perform operations from one of which Evas benefited.

All donation details and links can be found on our website: www.BwindiHospital.com.

You can make a gift aided donation through our UK charity:

Friends of Bwindi Community Health Centre

Details are at:

www.BwindiFriends.co.uk/bwindi/how-to-donate.html

You can also make a tax deductible donation through our US charity:

The Kellermann Foundation

P.O. Box 832809

Richardson, TX 75083-2809

Office phone: 214-519-9279

Email: info@kellermannfoundation.org

www.KellermannFoundation.org/donate.htm

In Canada, you can mail in cheques/money orders, made out to Buy-A-Net, directly to:

Buy-A-Net Malaria Prevention Group

P.O. Box 1063

Kingston, ON

K7L 4Y5

Please earmark the donations for use at Bwindi Community Hospital.

OR make a direct transfer to our bank accounts in Uganda with the following details:

Account Name: Bwindi Community Hospital

Bank: Stanbic

Branch: Kihihi

Account Number: 0140092515801

Sort Code: 040147

Please let us know by email if you have made a donation: bwindicommunityhospital@gmail.com