



# BWINDI COMMUNITY HOSPITAL NEWSLETTER

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## eQuality Health Bwindi

Bwindi Community Hospital has partnered with International Medical Foundation (IMF) to start an innovative health insurance scheme called eQuality Health Bwindi.

The scheme helps the community to help itself by enabling people to pay for health care before they get sick. Each member of the community aged five and above is able to make an annual payment of about \$3 to become a member of eQuality. This entitles them to use Bwindi Community Hospital outpatient and inpatient services including investigations, drugs and even operations for only 50c per visit. This scheme protects the poor, and enables them to take control over their health care expenditure. It also means that the community are contributing to maintenance of high quality services for the people of the Bwindi area now and for the future.

The first year of the scheme is costing about \$270,000 – half of which we will raise from the community through 45,000 people paying subscriptions, collected through existing burial



*James talking to stakeholders about eQuality*

societies. We hope to raise the other \$135,000 from supporters who want to help a program that helps people to help themselves. The slogan for the scheme is 'Bataka Twetambire' which means 'Let us Heal Ourselves'.

James Twebaze, a Senior Clinical Officer, has been sensitising community members during outreaches, Hospital visits and radio talk shows since the scheme was launched in February 2010. Please click on the eQuality icon on the front page of the hospital website for more information and contact us if you can help.

## Waiting Mothers Hostel

In the last newsletter we told you about building an extension to the Waiting Mothers' Hostel, and how so many women are making a choice to give birth at Bwindi Community Hospital.

We are pleased to tell you that we are in the final stages of completing the extension that will help us to cope with extra deliveries. The capacity of the hostel will increase to 60 beds.

More and more children are being born at the Hospital, and the Hostel occupancy has increased to more than 100%, as at times, some women use mattresses on the floor. In the month of January, we delivered 126 babies and there were 104 in February. Our target is to have 150 deliveries per month, not because



*The new look of the Waiting Mothers Hostel*

we are encouraging mothers to produce more children but because we know from our 2009 Household survey (on the Annual Report section of our website) that still 50% of local babies are born at home.

We are now looking for support to extend the Maternity ward, as we would like to double the capacity to 42 beds to enable us handle more mothers who want to deliver in hospital.



## Medical Superintendent - Dr Birungi

Dr Birungi Mutahunga will be taking over as Medical Superintendent of Bwindi Community Hospital during the next few months. Birungi is from a town about one hour drive from Bwindi. He has been working at the Hospital for two and a half years and is currently the Principle Medical Officer. Birungi is about to complete a Masters degree in Public Health through the University of London.

He was appointed by the Board of Governors during their January meeting. The Medical Superintendent is the person in charge of all clinical and non-clinical aspects of the work of the Hospital.

Birungi replaces Paul Williams who will be leaving after more than four years in Bwindi. Jane Anyango has been recruited to replace Vicky Holt as the Principle Nursing Officer, the head nurse in the Hospital.



*Dr. Birungi at work*

## Tuberculosis in Bwindi

As we prepare to mark World Tuberculosis Day on 24<sup>th</sup> March, Uganda is still ranked 15<sup>th</sup> by the World Health Organisation out of the 22 worst hit countries in the world. Uganda also has poor adherence to treatment and poor access to health services for people with TB

Since July 2007 the Hospital has cared for 314 TB patients and we carry out free screening, testing, treatment and education to our population of 60,000 people with your support. Many TB patients also have HIV infection.

In the 2009 Household Survey we found that although the Hospital was testing and treating more and more people with TB, more than 10% of adults are at high risk of TB but are not coming to the Hospital for testing.

To improve on this situation the Hospital has been working with Village Health Promoters (VHP's) in 200 villages to improve TB diagnosis. They are being trained to be able to detect early signs of the disease and they refer suspects to the Hospital or to outreach clinics for testing.

A TB patient has continue treatment for eight months for complete healing. This requires close monitoring to ensure that patients do not default, an area that the VHP's will also help in. The VHP's have already been working with the Hospital in family planning, malaria prevention and malnutrition detection.

By increasing awareness about the disease we expect to increase access to services, reduce the rate of spread of TB within the community and reduce the number of people who do not complete treatment.

## Family Planning (birth control)

Family planning is critical to solving many of the challenges that developing countries like Uganda face including pervasive poverty, high mortality rates, and demographic pressure with its dramatic environmental, economic, and social consequences. That is why Bwindi Community Hospital is increasing efforts to improve family planning and reproductive health services as a core element of our health programs.

Florence is our new lead family planning nurse who joined in January. She made excellent progress during her first month, and her team inserted 55 implants. Altogether 730 women received pills, injections or other family planning methods from the Hospital during the month of January 2010. Only one year ago this number was less than 100.



*Florence inserting a contraceptive implant*

We have analyzed the data from our Household Survey and have been able to look at Contraceptive Prevalence Rate (CPR) in the villages that we serve. The overall CPR was 29% in Kayonza (the area closest to the Hospital) and 21% in the Mpungu area. This compares to the national average of 24%. Our target is to increase the percentage of couples using family planning up to 32% by the time of the next Household Survey in July, and up to 40% by 2012. We are very grateful for the support we have received so far to make this happen. We can only do this with your help.



## Community Health and Batwa team

The Community and Batwa Health team have continued with their efforts to ensure that diseases are tackled at their roots and if possible prevented altogether. They reach out to schools, churches and villages with immunisations, antenatal care and family planning, health education, and malnutrition and malaria prevention activities.

The month of January was dedicated to the fight against malaria. This was in response to a sharp increase in the prevalence of malaria in the area resulting from heavy rains from September to December. For two years, the Hospital had had a record of no death from malaria among children. This was from a background of a child dying of malaria every week at the Hospital before 2006. The success was as a result of education and distribution of mosquito nets (ITN's) at subsidised rates to the community. In December, however, we saw a very high number of children brought to the Hospital with malaria and we sadly lost two children to the disease.

The community team is working with more than 200 Village Health Promoters (VHP's) that we have trained about malaria. The VHP's are sensitising people about prevention and we are also involving them in the actual sales of the mosquito nets, helping them to make a small profit while making nets available to the poorest at prices they can afford. VHP's are expected to increase the ITN coverage in their villages and this is already showing positive results. In January there were more than double the usual sales of mosquito nets.



*Village Health Promoters after receiving the first batch of nets for them to sell*

We are using the results of our 2009 Household Survey to target areas that have the lowest coverage of mosquito nets. Overall only 39% of people sleep under nets, and our target by July 2010 (when we will carry out the next survey) is to increase this to 60%. Among the Batwa community, the coverage is still very low at 23% and our target is 70% by July 2010 and 90% by 2011. Among children under five, we are working towards increasing the coverage to 70% from 43% recorded in the last survey. Children are the most vulnerable to malaria, but surprisingly adults are more likely to sleep under nets!

Thankfully supporters have made it easier for us to get mosquito nets to the people who need them most. A British supporter has donated funds to purchase nets specifically to help the Hospital get all children under 5 sleeping under nets. A Canadian supporter studying in the US is getting his classmates to help. Thank you very much to them and to others. If you live in Canada you can make a donation through [www.BuyaNet.ca](http://www.BuyaNet.ca). If you tell them that the donation is for nets in Bwindi then they will use all of your money to purchase nets in Uganda that we can collect at the depot. This is the first tax-efficient way that Canadian Supporters can use to help the Hospital.



## Christmas on the Children's ward



### Money (sorry...)

The Hospital is still struggling financially. Although the HIV program has excellent financial support, the Children's Ward and Maternity are only partly funded and we need more donations to keep these elements of our work going.

We are getting busier as our reputation for excellent services for the poorest in society continues. We admitted more than 140 children last month (it was less than 30 a year ago) and performed 126 deliveries (compared with 60 a year ago).

The Community Health program, featured in this newsletter, is of very high quality and unlike many similar prevention programs the effects of our work are measured through the annual Household Survey, which is on our website.

Please ask us for more information if you are interested in helping to pay to continue this innovative and excellent work. Without donations we will have to cut back some of our programs. The community are making a contribution through the eQuality Health scheme, but we need your help too...

### Website

Please do have a good look at the new Hospital website at [www.BwindiHospital.com](http://www.BwindiHospital.com). It contains a large amount of information about all of the work of the Hospital and it is updated every month with latest news.

All donation details and links can be found on our website: [www.BwindiHospital.com](http://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](http://www.BwindiFriends.co.uk/bwindi/how-to-donate.html)

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

**The Kellermann Foundation**

P.O. Box 1901

Penn Valley, CA 95946

(530) 432-3201

[www.KellermannFoundation.org/donate.htm](http://www.KellermannFoundation.org/donate.htm)

Please let us know by email if you have made a donation: [BwindiCommunityHospital@gmail.com](mailto:BwindiCommunityHospital@gmail.com)

