



BWINDI COMMUNITY HOSPITAL NEWSLETTER

Volume 2, Issue 5

September 2010



Neonatal Care

The number of women delivering at the Hospital has greatly increased, from less than 50 per month a year ago to an average today of 105 babies each month. This increasing trend has also meant an additional number of children requiring care at the children ward including neonates (children between birth and 28 days)

The children's ward has a special unit that looks after neonates. The staff in this ward have been working hard to raise the quality of service provided, and this has resulted in the mortality rate among the neonates dropping from 22.2% a year ago to 14.5% today.



Neonate receiving treatment

In June, Jessica Amelia who is 21 years old gave birth to a baby before term (at 31 weeks) in our maternity ward. The baby, who weighed only 0.9kg and had congenital complications, was taken to our neonatal unit for care. It was a very difficult case for a unit

without standard equipment like incubators. The unit can currently only regulate the temperature of the room and this is proving a major challenge monitoring children born with weights under 1.5kgs. An intensive care incubator offers newborn and diseased babies individual temperature and humidity.

Fortunately, Jessica's child survived and gained weight up to 2kgs after 2 months. Whilst they are both now discharged from the hospital, we will continue to monitor the child's weight by age as she grows.

Although the mortality rate has reduced among the neonates in the unit, a large number of children brought in with a weight of less than 1.5 kgs like Jessica's sadly don't make it because the Hospital still lacks some vital life saving equipment. With support systems like an incubator, phototherapy machine, infusion pump, suctioning machine, specialist resuscitation and monitoring equipment, and standard neonatal beds, still not available to us, these items would make a huge difference in saving the lives of neonates in our ward.

The unit currently admits 16 neonates every month with an average length of stay in the ward of approximately 3 weeks. We are actively seeking the contribution of an intensive care incubator which we believe will greatly increase the level of care we can provide at the ward.

Inside this Issue:

- Neonatal Care
- Improving the survival rate of those with HIV and Tuberculosis.
- Maternal Healthcare
- Volunteers
- Community Health and Batwa



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.



Improving the Survival Rate of Those with AIDS and Tuberculosis

Prior to December 2006, there were no HIV/AIDS testing or treatment services in the community we serve, which is now a population of over 60,000 people. With your generous support, thousands of people have been tested for HIV, with many receiving effective treatment and living positively, and thousands of potential HIV infections have been prevented.

To date, we have tested more than 32,000 people for HIV and Tuberculosis, finding prevalence rate of 5.3% and giving those who are positive the chance to lead a healthy and productive life. Over 1600 people have enrolled into our HIV care program, including 564 confirmed with AIDS and receiving free anti-retroviral (ART) treatment. Bwindi Community Hospital currently offers free HIV treatment services at over 5 locations helping ensure that we serve clients even in the most remote places. At each clinic, we give all clients a basic care package comprising counseling, TB screening and treatment, family planning, CD4 & viral load counts, and prevention of mother-to-child transmission. Stigma reduction and education of the community have been addressed using hospital posters in the local language which include pictures of staff members, focus group discussions, and regular radio programs, some of these featuring expert patients living with HIV/AIDS. We organize weekly church and school sensitization and testing meetings throughout the three Sub Counties of Kayonza, Mpungu and Kanyantorogo, and hold monthly adolescent group meetings for HIV, sexually transmitted infections (STIs) and general health education.

Earlier this year we started a youth sensitization program targeting 50 schools in Kayonza, Mpungu and Kanyantorogo. We are pleased to report that 46 schools have now been visited resulting in a total of 8849 pupils being educated in how to live healthy lives.

Below, Susan is one of many pupils who have benefited from our HIV/AIDS program. She comes from a family of five, is fifth born, and lives about 2km from the hospital. Both the father and the mother are HIV positive, however the rest of the children were negative. Susan was brought to Bwindi Hospital three years ago when the parents had lost hope of the ill girl surviving. She was hospitalized for over two months and during this period Susan and the parents were met by a Counselor and agreed to test for HIV. The news was a huge shock to them, but they were encouraged to start on treatment and given hope that with medical help their daughter would live a longer life.

Susan is now five years and looking healthy. She loves studying and tells her friends at school that she is alive because of the ARV treatment.



Susan and Rhona an HIV Counselor

She says she does not find any problem taking this medicine because the parents are very supportive, and that they remind her every morning to take it before she goes to school.

We would really like to be able to reach out to all children like Susan by involving young people to help open up channels for communication, and encouraging discussions about HIV and interpersonal relations both at school and at home. This will help to combat the disease through public education and awareness as the disease is not only a battle against the virus but also a battle against the stigma, discrimination, and cultural taboo of HIV sufferers.

We are very grateful to JCRC, whose partnership ends this month, for all their support for the last four years. We are now looking forward to partnering with EGPAF who will take over and continue these vital support services. We are also grateful to EJAF for their continued support.

Maternal Health Care

Kyomuhendo Evas is 25 years old and has three children, two boys and a girl. Evas gave birth to her first two children at home with the help of Traditional Birth Attendants but it wasn't very easy for her. She experienced several complications both during her pregnancies and at birth. As a result, she wanted to avoid getting pregnant again but because she was not using birth control methods, she became pregnant again.

Engulfed with fear and anxiety, Evas came to Bwindi Community Hospital for an antenatal clinic at 11 weeks of her pregnancy and returned again later at 20 weeks for another check-up.

On her second visit, Evas' health was very poor and feared she would experience similar complications as had happened during her first two pregnancies. At the antenatal clinic, the midwives soon realized they needed to more closely monitor Evas' condition and advised her to stay at the Hospital.



Evas in the postnatal ward

Evas stayed at our Waiting Mother's Hostel until her time of giving birth. The nurses closely monitored her condition; she attended two more antenatal clinics at 29 and 36 weeks while at the hostel, and eventually gave birth to her third child, a healthy, bouncing baby girl without complications.

Bwindi Community Hospital has a key goal of providing safe deliveries to all expectant mothers in the Bwindi area. Over the past couple of years, the Hospital has been working in partnership with other organizations to provide maternal health services in particular with Marie Stopes International through a funded support program.

In this program, mothers like Evas buy a voucher at UGX 3000 (\$1.5) which is widely made available to the community through the Village Health Promoters. These vouchers entitle the mothers to a range of services provided at the Hospital including pre-natal, birth, and post-natal clinics.

This program, coupled with additional facilities like the availability of the free Waiting Mothers' Hostel, contributed to an increased uptake for the maternal health services at Bwindi Hospital. Just three years ago, we used to have only 12 mothers coming for antenatal clinics but now have over 500 mothers attending these clinics each month.

Bwindi Community Hospital also runs a program for the Prevention of Mother to Child Transmission of HIV (PMTCT). Under this program, all expectant mothers that test HIV positive are put on a treatment program that reduces the chance of transmission of the disease from mother to child to below 1%. Over 350 babies have now been protected from acquiring the disease from their mothers through this program since the program was originally launched in 2007.

Hospital deliveries now average 105 babies per month which is a significant increase over the figures of 3 years ago when we had less than 30 babies born a month. Despite this high increase however, the Community Household survey report for 2009

indicates that more more than half of local women are still giving birth away from a health unit.

Our challenge therefore is to manage this increasing trend of uptake of these services in the Bwindi area. We are actively looking for alternative partners to take over the wonderful work that we have been carrying out together with Marie Stopes International, and as we collectively move towards the Millennium Development Goal of reducing the Mothers Mortality Rate from 435 to 131/100 000 by 2015.

Volunteers at BCH

Bwindi Community Hospital (BCH) welcomes the opportunity for volunteers to visit and share their skills and knowledge with our staff, and for students to learn by conducting their electives (period of study away from the student's medical school) at the Hospital.

Enormous achievements have been made through the work of volunteers over the years in both clinical and non-clinical areas. Some have been here for just a few days, some for a year, while others for a much longer period of up to four years. In all cases, the volunteers have individually made much needed contributions towards improvement of the quality of lives in this community.

In July, a new couple joined our team and will be working at the Hospital for a full year. Jenny Farrer, a senior nurse and Andy Farrer a retired engineer. Both are from England, have now completed their orientations, and are now busy serving in different capacities at the Hospital. Andy is supporting our Administration team especially in the areas of maintenance and communications, whilst Jenny is supporting our nurses' team as a Nursing Advisor.

We also received Dr. Faye Harvey during August and she will be working with us for the next six months. Her role will be supporting the work in the outpatient and in-patient departments of the Hospital.

Prof. Ellen Kraly and Frank from Colgate University USA are here this month to conduct training in qualitative research particularly in the area of Sexual and Reproductive Health.

November will be very busy as several volunteers have planned to work with us during the month. Drs. Ashley and Moira who have regularly volunteered at the Hospital will be back for a week supporting our dental team, while Dr. Forat is leading a team of three from Switzerland for radiology & imaging support and a gynaecology camp for a week.

We very much thank Dr. Paul Williams and Vicky Holt who volunteered their time here for over four years up to June 2010, and also Dr. Mark Astill, Dr. Natasha McDonald Astill, Chus Caballo and Iza Malanowska who volunteered their time in the Hospital for a year up to July 2010.

We are very grateful to all the support we are getting in this way and are always open to welcome more volunteers who are interested in serving at the Hospital. Details about volunteering at the Hospital can be found at our website www.bwindihospital.com or enquiries can be sent to bchevolunteering@gmail.com

Community Health and Batwa



Children drinking water from a spring

A few years ago the local village children were easy prey for diarrhea and other killer diseases of childhood including malaria, malnutrition, whooping cough, measles, tetanus, and tuberculosis.

However, much has changed since many families here have adopted basic health and sanitation practices being taught by our community health team. Volunteer community health workers, trained and supported by Bwindi Hospital, have helped significantly to raise immunization rates and increase the awareness of basic hygiene in the three sub counties that we serve.

The approach has been simple: The community health team trains local volunteers to be village health promoters (VHPs) who in turn teach their fellow villagers the basics of home hygiene and sanitation.

This team conducts outreaches in many villages including 9 Batwa (pygmy) settlements. During these outreaches, the people are taught about malaria prevention, food and nutrition, safe water and sanitation, dental care, personal hygiene, avoidance of teenage pregnancies, family planning, and HIV/AIDS.

This month, Bwindi Hospital is carrying out another community health survey to measure the impact on people's health against a set of revised objectives. Different from last year's survey, this time we shall be focusing more on maternal and child health issues in the community so that we can develop better and more effective interventions in our on-going aim to improve health and quality of life of the local people.

We shall also be measuring the impact of access to safe, clean water and sanitation, a project that 3H Rotary International has been implementing. It is estimated that diarrhoea disease alone contributes up to 4.1% of the total global burden of disease of which an estimated 88% is attributable to unsafe water supply, sanitation and hygiene mostly affecting children in developing countries (WHO 2010). Having safe, clean water and sanitation are the most basic of human needs. It is a situation that we can sometimes take for granted. For those living in remote areas, the lack of safe, clean water can be a life or death experience that they have to face every day.

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 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

Or make a direct transfer to our Bank account in Uganda

Stanbic Bank, Kihhi Branch

Bwindi Community Hospital

Account no: 0140092515801

Sort Code: 040147

Swift Code: SBICUGKX

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

