# CHIMAMM

## Monthly Newsletter

**BIBLE VERSE OF THE MONTH**

**Proverbs 28:13**

"He that covereth his sins shall not prosper: but whoso confesseth and forsaketh them shall have mercy."

## THE TALE OF A VILLAGE - PART 1

Born to a teenage mum and polygamous ex-soldier, R.M was abandoned to his needy paternal grandmother at the age of 2 years. The old woman did all she could to raise the boy. She fed him, clothed him, took him to school and above all, she loved him. At the age of 6 years, the father took him away from his grandmother to go live with some of his half siblings and step-mother. R.M at that age; unfortunately, became a house helper as he was made to do all the house chores while his step siblings played or went to school. Even though R.M was enrolled in a Government aided school, he barely made it to school due to all the house chores that he bore on his shoulders.

When the mother heard about the situation of her son, she picked him from his father and took him to live with her. The mother, who currently works as a prison warden, provided R.M's school requirements, food, clothing and shelter except love and care. The boy had to put up with domestic violence that sometimes he would be spanked for doing nothing. At one point neighbours had to report the mother to police after she punished the boy so heavily, leaving many bruises that seemed like cuts on his body. The mother apologized to police and promised never to punish the boy in a similar manner. However, if the neighbours thought it was over, it only became worse with threats of murder.

Fortunately, this time he had joined secondary school and he attended a school that was not far from his paternal grandmother (the woman who raised him from 2 years-6years). Filled with fear, R.M made a decision not to go back to his mother. He was scared of her and death (who wouldn't?). He was determined to do work of unskilled labourers, (cultivating people's land, drawing water from wells for people, and serving as a potter at construction sites etc), in order to collect school fees.

He was determined to do anything legal to gather tuition for his schooling. Unlike the first time, he wasn't warmly welcomed by his grandmother. One would think that after hearing such a story, the grandmother would receive him with open hands more so at that age when he could help out with house chores, but that wasn't the case. On several occasions, his grandmother asked him to leave and go back to his mother, one of his paternal aunties defended and pleaded on R.M's behalf. He wasn't asked to leave his grandmother's home because he had done anything wrong, no, it was just bad lack if I could say.

At that moment when R.M was between a hard place and a rock, is when we learned about his situation. As a procedure, his father was contacted. We stated what we could provide, and he (father) would play his part as far as R.M's schooling was concerned. He agreed, but business was conducted on a phone.

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## A LONG HELD MYTH COMING TO AN END

Part of CHIMAMM Office in Uganda

As my daily routine, I try to ensure that I complete a quarter of my day's program before I have breakfast. So one day it was clocking to 10:00 am when my colleagues had gone for a ward round and an elderly woman knocked at the door of CHIAMM office in Mulago. I allowed her in. She was dressed in her 'Gomasi' (traditional attire). I offered her a seat and greeted her as hospitality is one of our values at CHIMAMM.

She introduced herself and expressed her need for assistance after being directed to us by one of the nurses on ward whose name was withheld. The fact being at CHIMAMM we work as a team, I informed her to wait for medical team to analyse her situation and we help her out.

In addition, it was time for me to have breakfast having completed quarter of the day's program. I prepared it and offered her a cup of tea and some edibles. She tried to reject the offer, but I insisted saying, " Even if it's little, it will be a pleasure you and I having breakfast together".

She finally accepted and we enjoyed the breakfast while holding a dialogue. As time went, she opened up to me that her rejection of breakfast was not because she was satisfied, instead due to the myth that she held for long.

According to her, offices were meant for special people and those blessed by God. She termed herself as of "low class and caliber" and she had felt unworthy to have breakfast with me. I felt so bad to hear her regarding herself not a loved one of God. I opened my hands widely to receive her and shared with her about the love of Christ for all humans. She was so surprised to realize that whatever she thought about offices isn't what she found at CHIMAMM. She stepped out of office a happy woman, having proved her myth was a misconception she had held for long.

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CARING HANDS INTERNATIONAL MINISTRIES AND MEDICAL MISSIONS
Website: https://www.chimamm.org Email: caringhandsfoundationltd@gmail.com Tel: 0414 532424 (Uganda) / 011256414532424 (USA)

## THE TALE OF A VILLAGE - PART 1 (continued)

R.M.

Efforts to encourage him to come to CHIMAMM's office to complete some paperwork were futile. At the end of the school's first term, he was contacted to send transport to his son so that the boy could go back home, but he instead turned against his word asking why the organization couldn't pay the transport as well or if not they could call off the scholarship. My end of the phone was silent until I caught my breath and in a soft voice I asked, "Sir, are you asking the organization to terminate the scholarship for your son simply because you don't want to give him transport of UGX 20,000 (about $ 5-6). Little did I know that he had never spent money on his son's schooling.

To cut the long story short, CHIMAMM fully took over the responsibility. We pay tuition for the boy, buy both personal and school requirements as well as providing transport to and from school.

Recently, when part of the school where R.M goes caught fire, and some of R.M's property (shoes that we bought him this term, blanket and mattress) got burned, his father almost suffocated me with phone calls. He wanted to know if his son was safe. I was beginning to think that he cared about him, but to my dismay, when he found out that his son was safe and that some of his property got burnt, he accused R.M of telling lies!!! He accused him of being a crook who took advantage of the situation, sold his property and ate the money!!! Who speaks so negatively about their son even when evidence is available? As the saying goes, when it rains, it pours, R.M's aunt had given him a blanket. R.M used it both at school and home, but when his aunt heard what his father said about him, she demanded for her blanket. Yes, she did! It sounded like a movie when I heard about it, but it wasn't.

Well, R.M wants to be a lawyer. CHIMAMM is committed to demonstrating the love of God to a hurting world, bring restoration and hope. We are going to do just that for R.M may be one-day R.M will become somebody useful to his family and country. So we hope.

**Ms Nalugo Susan**

## KATONGOLE'S PREDICAMENT

Katongole who is a 39 year old man used to be a peasant in Nkoni village south western Uganda. When his parents passed away about ten years ago, he decided to leave Nkoni village and went to Kampala city to seek a job. While in the city, he managed to get a job of carrying luggage around the city which he did for some time. Unfortunately, he acquired HIV and later on suffered from AIDS which weakened him and could no longer work. He was started on ARVs which he took for a certain period of time, but he later went off and fell sick again. At this point, Katongole went to Mulago hospital (Kirudu) where he was admitted, but given the fact that he was a low income earner, and had neither a wife nor children; therefore, he completely had no support. And he could not afford the drugs and investigations that he needed.

It was one of the Wednesday hospital visits to Kiruddu hospital when Katongole was referred to CHIMAMM team. He needed a number of laboratory investigations, drugs, dippers and nutritional support. CHIMAMM medical team assessing him, found out he was needy and hence fit for CHIMAMM's intervention. Laboratory investigations were done, drugs provided and he was also enrolled on the feeding program. We also worked hand in hand with an organization known as COME (our counterparts who also support vulnerable patients in the hospital) and they provided Katongole with beddings in addition to ensuring that his hygiene was proper by bathing him.

We visited Katongole every Wednesday for two months providing whatever he needed and also speaking to him until it was time for his discharge, but he had no money for transport back home and neither did any of his relatives' contacts because it had been ten years since he last saw them. At the time of discharge, he was paralyzed and could not walk neither use public means and therefore needed a hired car.

This issue was raised in one of CHIMAMM's weekly meetings and it was decided that we fund his transport back home because his stay in the hospital was more costly than his transport fare. Preparations were made and we escorted Katongole back home. On reaching his village in Nkoni (about 141 miles from Kampala), he could hardly remember his home since it was ten years ever since he left. We inquired and managed to locate his home, but we found when his grandmother and brother whom he thought would still alive, were dead! There was only a sister- in- law still alive and whom he did not know about, but by the time of our arrival she had gone for burial somewhere leaving two young children at home. We left Katongole with them and he was very grateful for what CHIMMAM had done for him. Glory Be to God and thanks for CHIMAMM team who made a difference in Katongole's life.

Mawanda John
**Social Worker**

## A LONG HELD MYTH COMING TO AN END (continued)

Love and care that the lady received during the limited time at CHF office ended the myth that she held for years. Extending love to one another reveals Christ's presence in our lives.

Esther Nabwaami
**Assistant Administrator**

## THE JOURNEY TO KAMULI HOSPITAL FOR A MEDICAL CAMP JUNE 2018

It was Thursday morning of 21st June 2018 when CHIMAMM team gathered at its office at the Physiology department to set off to the Far East for its medical camp. Plans for this camp were started as early as March 2018 and different team members were brought on board i.e. our host; that is the Kamuli team, Gombe team, Starkey, International Medical Mission, Kanungu team, ENT team from Naguru, and the main CHIMAMM team including our President and some support team members from surgical department, obstetrics and gynecology, nutritional unit and the pediatrician.

We were set to go at around 10.am after our breakfast that was as early as 7.00am from the medical school canteen. The team members helped to get all the drugs and all the supplies to the two Costa buses that were parked in front of the offices. Unlike other medical camps, this time we had a different taste of transport to the medical camp where we travelled in Costa buses rather than the Mulago Nurses and Midwifery bus which had worked for approximately four years in our past medical camps in Kansensero. We also opted for a different location, different people, but same services rendered. The two Costa buses kept following one another until we approached Banda, a trading centre along Kampala - Jinja road, that heavy traffic slowed them. The driver tried all possible ways he could to maneuver the traffic jam, but he failed. Hence, he drove on slowly until we reached a place called Mbalala where he was stopped by a traffic officer. The driver moved a few meters ahead and located a parking space, and then he moved out of the vehicle to meet the officer. The officer asked him to present his driving permit which was found valid apart from the road license that had expired. The driver was forced to bribe the traffic officer for the expired road license by walking to a small house by the road side and gave the bribe to the officer's boss.

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## SUPERSTITIONS GNAW PATIENTS' PERCEPTION TO MEDICAL TREATMENT

Poverty, ignorance, superstition and social economic factors play key roles in preventing people in rural areas from accessing health care services. Through free medical outreach programs like one run by CHIMAMM, some of these obstacles have been addressed although others like superstition have remained entrenched among our people. I experienced this first hand during the medical surgical camp held in Kamuli district. We received a middle aged woman with a provisional diagnosis of squamous cell carcinoma. After assessment, we tried to explain to her what she was suffering from and what the plan of managing her condition was. To our surprise, the lady declined and said that it was witchcraft from her co-wife that had led to her condition. We were so saddened by her refusal to have the wound on her forearm biopsied and samples taken for histopathology, but we had nothing to do so we respected her decision. In rural areas, such superstitions are prevailing, but through medical outreaches, we can address such issues. Health education has been realized as one of the tools to address such issues. Secondly, involvement of communities so as to own the services can go a long way to help in ensuring service delivery and utilization of health services.

Nakandi Diana
**Nurse**

## DID YOU KNOW

**Should my Child Get the HPV Vaccine! How about myself?**
You may want to have a say in this decision, or you may simply want to follow your doctor's recommendation. Either way, this information will help you understand what your choices are so that you can talk to your doctor about them.

**Let's go through this together;**
If you have a child who is at least 9 years old, you may be weighing whether he or she should get vaccinated against human papillomavirus (HPV). HPV is a common sexually transmitted infection that can cause genital warts and cervical cancer. Men and women can carry it. HPV sometimes plays a role in other cancers as well, including cancers of the vulva, vagina, penis, anus, and throat. The incidence of cervical cancer in Uganda is three times the global average, and the cancer is the most frequently diagnosed in women. Current estimates show that annually, approximately 3500 women are newly diagnosed and 2400 die from cervical cancer. Projections show that by 2025, about 6400 new cervical cancer cases and 4300 deaths will occur annually ( WHO/ICO HPV and cervical cancer 2012).

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## THE JOURNEY TO KAMULI HOSPITAL FOR A MEDICAL CAMP JUNE 2018 (continued)

Ms Norah (centre) after arriving at Kamuli medical camp 2018

Shortly, the driver returned and drove us off. We stopped over at Najjembe trading centre along Jinja highway to have eats and soft drinks; however, we realized our stop over venue was close to Nalufenya, a place several Uganda media houses alleged to be a torture place for Uganda's security organs.

After a while, we drove off Jinja road to Kamuli road for a few kilometers and we were stopped by another traffic officer for quite for a while. Everyone in the Costa bus felt disgusted by the officer's delay despite the fact there were other two vehicles that had been stopped and the passengers instructed to move out and board other cars.

Alas! Finally, the officer let us go and we reached Kamuli hospital at 4pm under a warm welcome by the medical camp coordinator at the venue.

Bravo to everyone who participated in the Kamuli medical camp 2018.

God bless you.

Kadde Norah
**Nurse**

## DID YOU KNOW (continued)

Almost every case of cervical cancer is potentially preventable. Yet, women in low- as opposed to those in high-income settings have about a twofold cumulative risk of developing cervical cancer before the age of 65 years.

The HPV vaccine protects against the most common HPV types that can cause serious problems. There are two HPV vaccines: Gardasil and Cervarix. Gardasil, which protects against four HPV types (6, 11, 16, and 18), is approved by the FDA for use by females aged 9-26 to help prevent cancer of the cervix, vagina, and vulva; genital warts, and anal cancer.

It's also approved for males aged 9-26 to help prevent genital warts and anal cancer. Cervarix targets HPV types 16 and 18. It's approved for females aged 10-25 to help prevent cervical cancer.

**Facts about HPV vaccination**

Health workers and teachers recommend the HPV vaccine and generally the acceptability by parents is over 80%. In Uganda, Parents are motivated to have their daughters vaccinated. (WHO – 2011). However, the rate of full immunization among girls remains low. Currently, the most hindering factor is costs since the vaccines are still expensive for the average Ugandan. However on a smaller scale the Ministry of Health (MOH) is offering free HPV vaccine to girls below age of 10years. Getting vaccinated against HPV is recommended before becoming sexually active however it can still be taken after sexual debut. A woman's lifetime risk of acquiring HPV infection is greater than 80% and most infections occur within 3–4 years of sexual initiation. It is estimated that cervical cancer can develop over 10years after first sexual exposure. Uganda National Drug Authority registered the HPV vaccines in 2007. Both were introduced in the public sector through donations to the MOH and this was implemented first in the districts of Ibanda and Nakasongola for three years giving free HPV vaccines to girls under 14yrs. Over 10,000 girls were vaccinated and followed up. They had no registered side effect and have not shown any HPV related infections (PATH, HPV vaccine in Uganda 2011).

**Key points to remember**

- Children aged 9 to 14yrs get the vaccine in a series of two shots over 6 months. Children aged 15yrs and above get the vaccine as a three-dose series with the second dose given 1 to 2 months after the first dose and the third dose given 6 months after the first dose. For the vaccine to work best, all shots in the series must be given.
- The best time for your child to get the vaccine is before he or she becomes sexually active. This is because the vaccine works best before there is any chance of infection with HPV. When the vaccine is given at this time, it can prevent almost all infection by the types of HPV the vaccine guards against.
- The HPV vaccines were tested in thousands of people before being approved by the U.S. Food and Drug Administration (FDA), and there were no serious side effects. You can't get HPV from the vaccine, and it doesn't contain mercury.

Mundaka John
**CHIMAMM Doctor**

## HOPE FOR THE NEGLECTED CHILD

It often takes one awhile to overcome the thought of sexual abuse especially defilement and it seems unbearable for a neglected child, and this one peculiar case took us by storm as the medical team at CHIMAMM. Often times we offer assistance to one who is poor, but rarely do we get a case of neglect by parents, defilement, hunger and anger all in a patient who has just undergone a major surgery.

This was a case of NK, a 13year old female we met in Mulago general hospital on a bright Monday morning, sleeping on a bare mattress, covering herself with a single sheet of blanket, shivering a great deal from her hospital bed and beside her stood a well groomed gentleman who looked to be in his about 25 to 28 years of age and frankly told us he was the father, but she has been a stubborn girl.

Thousands of questions began pouring into my mind of how a parent would introduce a negative aspect of a child to unknown persons in seconds of picking up a conversation, what does being stubborn have to do with bowel perforation yet it was not anywhere near and accident, what does it have to do with being needy, what does it have to do with dropping out of school in primary three, what does it have to do with her mother not being there for her!

During medical training, we were told to have empathy not sympathy, but for once my eyes were teary as I looked in disbelief at the young soul who was taking in abuse and neglect from parents and society she didn't wish for. She was born out of a teenage romance between relatives who had to separate due to incest, defiled multiple times at an early age by boys in the neighborhood, and then she had to undergo an emergency surgery for a hole in her bowels.And after three days of stay in hospital, the unimaginable happened; her father disappeared from hospital, leaving no contacts, her illness worsened as all the food she ate poured out of the colostomy (temporary outlet on the stomach wall for feaces).

One peculiar question our director Ms Susan asked us after being briefed was what extra we could do to the young soul who was wasting away. I told her she needed parental feeds through blood, but it was quiet expensive and for her case I saw the whole team at CHIMAMM and primary care doctors willing to go an extra mile.

After about ten days of care, we noticed no improvement and as a doctor I had seen this many of such patients waste away in their death beds, but thanks be to God on this. One day the doctors made one of the best decisions I have never witnessed in medical practice; to reconnect her tubes (colostomy reversal) as fast as possible. It was the first time I saw this procedure being quickly done despite the fact most times the wound in the stomach has to be given time to heal.

A few days after operation NK began to take tea, eat and developed no complication, and the greatest news was that CHIMAMM decided to take care of her as a beneficiary and this brought me to one conclusion 'not all that is lost is lost and there is hope for an abused and neglected child.'

Big thank you to all our staff, directors and sponsors at CHIMAMM

Dr. Ajuk Philip
**CHIMAMM Doctor**

## UPCOMING EVENTS

### Upgrading of Kamuli ICU and HDU units

Upgrading the Intensive Care Unit (ICU) and HDU on the maternity wing with installation of the solar system in the major operating theatre. It is a 24million project funded by CHIMAMM organization speared headed by the CHIMAMM President. The project is closely supervised by Dr. Mundaka John together with the CHIMAMM Team. The project is under one of the major objectives implemented by the medical arm; improving the quality of medical care service in the disadvantaged communities. The project was proposed and granted following the recently concluded medical camp in Kamuli community. The ICUs and HDUs have undergone the structure face lift including renovations, tiling, painting and working on the electric and lighting. The organization has installed state of the art digital patient monitors, oxygen concentrators, and many other rescuseation equipment. The operating theatre has been installed with a 15 light double solar panel system. These units are ready to be handed over by the President to the entire Kamuli community and district administration by the end of January 2019.

### Medical Camp 2019 at Budduuda

CHIMAMM medical camp is slated for June 2019 at Bududa at Bulucheke Health Center IV and preparations are going on.



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