



THE CARING HANDS Newsletter

28th February, 2018

**BIBLE
VERSE OF THE MONTH**
Page 2

**MOBILE MEDICAL CAMP 2018
SLATED FOR JUNE AT KAMULI HOSPITAL**
See Google Map Page 5

A SEED THAT GERMINATES



JB working with ROKO at a UN Project in Northern Uganda

As I stepped into the office on a Friday morning, my phone began to ring. I was hesitant to answer it. Usually, I don't want any distractions when I reach office until I have settled in for the morning. I think my colleague thought I wasn't hearing the phone ring so, kindly she told me that my phone was ringing. I thanked her but continued with what I was doing. As I walked close to my desk where my handbag was placed, I was nagged by the vibration sound from the phone. I began to wonder who it was. The previous day, I had been thinking a lot about my elderly sick grandma, was the call from her? I wondered. I reached out to my handbag and without picking the handset, I answered the call as soon as I saw the caller; it was one of my favorite former Caring Hands beneficiaries. I wondered why he was calling me in the morning; was everything okay? I wondered as I said hello and adding "JB is everything okay?" I was relieved to hear a yes madam from the other end. He went on "I wanted to let you know that I'm going to be away from Kampala for a year". My heart sunk as I continued to listen in with many reasons running into my head as to why he was going to be away and for a whole year. Is he going back home to take care of family issues? Is he being serious by going away for a year? Does he even think that he will find the job when he comes back? Who in the world is misleading this young man? I had a good reason to think of the worst.

When JB and his colleagues graduated from a trade school (locally known as Technical school), they went back to the landsite, a place they called home. I informally heard that they were back to making fishing nets. My heart broke as I felt that the years Caring Hands took them to school would go to a waste if they went back to live in this community. I and several people who have lived or worked in fishing communities understand better the lifestyle of fishermen. I started to plan on how to bring them to Kampala. I thought looking for companies where they could do internship, would be a good idea. **Continued on page 2**

A 10 YEAR OLD GIRL WITH INJURED BACK

Nakiboneka Shamilah a 10 year old girl, who was admitted in the Intensive Care Unit (ICU) of Mulago hospital was attended to by her grandmother. The grandmother sells charcoal for a living; an activity that gives her little income. During a brief interview, she informed us that Nakiboneka's father, who is her first born is serving two years in the prison after was found in possession of a stolen item. His imprisonment brought about several challenges as he was not only responsible for his family and mother, but also for his two siblings.



Nakiboneka with her grandmother and siblings

Because Nakiboneka's mother was a stay home mother, when her husband was arrested, she abandoned Nakiboneka and her two brothers at their grandmother's home in Wakiso District which is 5 miles away from Kampala. Even though there is free primary education in the country, the income Nakiboneka's grandmother earns from the sale of charcoal is not enough to purchase basic scholastic materials for five children as well feeding them and herself.

As the saying goes that when it rains, it pours, Nakiboneka was once out playing when she fell in a ditch and damaged her back, but she did not immediately feel the effect. After a few days, she collapsed and was taken by the grandmother to Wakiso hospital where she received treatment for some time. Despite the treatment, Nakiboneka's condition worsened day by day that she was later transferred to Mulago hospital Intensive Care Unit. In the ICU, the primary team asked the grandmother to buy drugs, but she couldn't afford as they were very expensive and she had spent all the savings she had at the previous hospital. At this point, the primary team contacted CHIMAMM that later provided what was needed for Nakiboneka's treatment.

Continued on page 3

THE CARING HANDS

Newsletter

A SEED THAT GERMINATES (continued)

As long as they behaved their best, worked hard with patience and meticulousness, I was almost sure that they would be recruited at the end of their internship. Usually internship is done before one completes their training but here I was looking for internship positions for graduates. With hard work, luck and connections, the five young men were accepted into ROKO (one of the largest construction companies in the country) as well as other companies that work closely with ROKO. What a joy it was!!!! Note that, not every time you plan something good for someone, they will receive it with open arms and a smile. While the four young men accepted to come to Kampala with the condition that Caring Hands would pay their rent and contribute a small amount of their living expenses for six months, the fifth young man chose to stay in the fishing community. Along the way, the fourth one dropped and went back to the life he knew better. Even with encouragement and counseling, he refused to come back to Kampala as much as he had promised.



One of the UN projects in Uganda

With all this effort, when JB told me that he was going to be away from Kampala, I had the reason to worry, I didn't want him to go back to making fishing nets, earning between UGX 2,000-5,000 a day and sleeping around with prostitutes. Luckily that was not the case. Because he is a wonderful employee, the company he works at selected him and a few others to go to Yumbe district where United Nations is currently expanding on their existing operational infrastructure (not just an ordinary project, but a United Nations project). This came with a pay rise and I was sure to ask specifically about it. As I reflect, I can't help but share this with everyone. What a joy to be part of one's journey!! JB is now paying tuition for his siblings and financially supporting his mother's small scale agricultural activities. I feel so blessed to part of a team that helps change the destiny of those lives that would otherwise have gone to a waste.

Thank you Caring Hands, thank you selfless supporters!!
With God's love and mercy, we surely thrive!

Ms Nalugo Susan
Administrator

DID YOU KNOW

Vaginal Discharge Syndrome (VDS)

A menace to the quality of life. Quite a common condition, VDS presents in over 6 for every 10 women of reproductive age (15 to 49 years). It's commonly a sexually transmitted condition, however, it can be contracted in many other ways.

How it Presents

- Can start with vaginal discomfort during sex or genital itching
- Abnormal vaginal discharge described as foul smelling, bloody, yellowish, brown or whitish discharge

What Causes VDS

- Commonest cause is fungal infection a condition known as vaginal candidiasis.
- It can be mixed with bacterial infection especially by chlamydial infection or gonorrhea

Risk Factors

- Poor genital hygiene.
- Poor environmental hygiene especially in washrooms.
- Bad practices like vaginal wash with medicated soaps.
- Multiple sex partner or having a non faithful sexual partner.
- Poor use of sanitary pads.

How to prevent or manage

- Improve of genital and environmental hygiene
- Use of jik to soak under garments
- Use of Vim or germicides to clean the wash rooms
- Safe sex life style with one trusted sexual partner
- Appropriate medication to the identified cause by a medical practitioner

John Mundaka, MD.

Obstetrician / gynecologist

BIBLE VERSE OF THE MONTH

Proverbs 3:5,6

"Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will make your paths straight."

THE CARING HANDS

Newsletter

NO ASSISTANCE IS NEGLIGIBLE

On a rainy Monday when transport means were scarce, I was heading somewhere, where time was one of the factors that I had to consider, I decided to move on foot and half way my journey, I came across a child who was smartly dressed in her uniform. Despite the rain, she never had anything covering her body and books to prevent them from getting wet.

I had put on a rain coat and holding an umbrella. Since I was almost late where I was heading, I never minded the young girl and I by-passed her. As I proceeded with my journey, I suddenly felt I had not done anything to help the young girl who was moving helplessly under the rain without any thing covering. I then felt concerned and started blaming myself yet I had moved quite a long distance from where I had found her.

I was in dilemma for a while as I thought of what I could do. Many questions crossed my mind; whether going back to help the girl or not, offering her the umbrella or the rain coat. What if she rejects the offer wouldn't it be wastage of time yet for a slight delay I would be late where I was heading. All those questions had contradicting answers and I was hesitant to go back.

Deeply thinking, I almost collided with a man who raised his voice at me and said "Either stand and think or stop thinking and do what is right" I wondered how he got to know that I was deeply thinking and confused. I immediately changed my direction and decided to go back and offer assistance to the young girl. When I met her, I presented the two ideas to her of either giving her the umbrella or the rain coat and she opted for the rain coat. The young girl was happy and thanked me several times. We moved together for a while and as we were about to take different directions, she wanted to put off the rain coat and return it to me, but I told her that I had given it to her to use it whenever it rains and she was grateful.

A few days down the road, I met the same girl with her mum, they were happy meeting me for the girl had narrated the story to her mum. Giving the girl a rain coat to put on as it was raining, created a relationship between her family and mine. The strong bond between the families, unity, love and care are all a result of charity that I did for the girl. Its yields were less expected.

We are always called upon to help the needy, young and disabled. What you may consider to be minor, little or negligible can be of great value to someone else like a simple rain coat was to the young girl. No help is negligible. Nonetheless, most people Caring Hands Foundation has rendered a caring hand too have always returned with words of joy and appreciation.

Esther Nabwaami
Assistant Administrator

A 10 YEAR OLD GIRL WITH INJURED BACK (Continued)

Grandmother was very grateful, but since she had four other kids who were left in the house alone, she couldn't continue staying in the hospital. She needed to go back to her business in order to work and be able to provide basic needs for the kids. As much as we counseled her, we could imagine the situation she was in.



Nakiboneka sitting in her grandmother's home

After a week, Nakiboneka's condition improved and she was transferred to ward 11 from ICU for further management, CHIMAMM continued supporting her till discharge. Nakiboneka greatly improved, but her legs are still paralyzed and she can't feel them or walk. She will need to have physiotherapy. Caring Hands is committed to continue supporting the little one so that she can walk again. In addition to hospital related bills, we will be providing transport to ensure that the physiotherapy is done. Please be praying and keep Nakiboneka in your thoughts. She is a sweet girl that needs to be happy and enjoy her childhood.

We continue to thank everybody who gives whatever they can to see that Caring Hands' work keeps going.

Mawanda John
Social Worker

GOOD SAMARITANS RESURRECT THE LIFE OF AN ABANDONED CHILD

"I followed the sound of a crying child in the neighborhood and little did I know that it was Alinda locked up in the house. After having not seen the young girl playing around, my suspicions of finding a child I know in the house became high as I got closer and closer to the locked house" Those were words of a woman who rescued a 10 year old girl.

Alinda (not real name) is suffering from a condition called cancrum oris which means spontaneous necrosis of the soft and hard tissues of the oral cavity that resulted from an attack of measles disease.

Continued on page 4

THE CARING HANDS

Newsletter

DOCTOR SHOPPING A CANCEROUS VICE IN THE MEDICAL PRACTICE

I have been asked as a primary care Doctor at CHIMAMM to review patient X who has been doctor shopping and is out of funds for a belief that she has cancer, she has undergone several tests and gone as far as having a tonsillectomy (surgery to remove the tonsils).

In my mind am attempting not only to understand the patient's primary concerns of throat pain and lumpy throat feeling but also ascertain as to how this diagnosis has been made to a patient looking to be in good nutritional status having been sick for 1½ years with this "cancer".

On asking a few questions and checking through the patient's past files I discover that no diagnosis has been made of cancer despite visiting 8 different healthcare providers going as far as having a tonsillectomy for enlarged tonsils and this only added onto my curiosity during the history taking.

On probing further the patient's family social history with our social worker, we discover five years ago a 5 year old child in family had developed similar symptoms and signs of throat and ear pain, later throat swelling that rapidly enlarged and in 6/12 had succumb to cancer.

This and many more are "dark spots" in patient's history we have to unearth as we review under our care as Chimamm medical team. Patients often become their "own Doctors" and are not convinced on several doctors diagnosis, terms best coins as "writing Doctor" and "doctor shopping" respectively.

Doctor shopping is a phenomena whereby one visits multiple physicians to obtain multiple prescriptions for illicit drugs or the medical opinion that one wants to hear, a common practice amongst addicts, hypochondriacs or patients with factitious disorder whereas in Doctor writing, they tend to make their own prescriptions.

This growing vice can ideally be stopped by sharing information between doctors which is near impossibility especially in Africa and steps like; being non judgmental, use of open ended questions during history taking, examining patients for signs of flexibility and giving reference to treatment policies helps reduce incidences as the practice is brought to halt by the physician.

While patient X has been having chronic GERD with patients often presenting metallic test in the mouth due to acidity they tend to have a lumpy feeling (Globus) in the throat when sphincter muscles in throat usually tightens to prevent acid from entering voice box with heart burn usually being rare in such cases as shown in patient X.

At the summit of my meeting with patient X, we agreed that she will take the anti acid medications the previous doctors had prescribed since it offered relief and go on to prove absence of a mass through optic fibre laryngoscopy, a successful procedure that was done with patient having to look into imaging of her throat and confirming that the use indeed no marks.

Continued on page 5

GOOD SAMARITANS RESURRECT THE LIFE OF AN ABANDONED CHILD (continued)

The young girl was admitted in Kiruddu hospital after a neighbor broke into the house finding her lying on a dirty mattress on the floor. Alinda was not only very sick, but also malnourished with a lower lip that seemed as though it had been cut off.

She had been abandoned in the house by her mother who mentally broke down after the disappearance her husband and the eviction of the family from their new acquired land that they had unknowingly bought from a fraudster. Perhaps those two issues coupled with Alinda's sickness, she thought her world had crumbled down and she was left hopeless.



Alinda while in Kiruddu hospital

The Good Samaritan hired a taxi (locally known as special hire) and brought Alinda to Mulago Hospital from where she was transferred to Kiruddu hospital level 4 where she would receive specialized health care. After the admission process was completed, the Good Samaritan had to go back home as she had other responsibilities to take care of. Although she was unable to stay with Alinda in the hospital, she went and reported the case to the local council leader of the area to ensure that Alinda gets an attendant. There were no traces of the girl's parents, but the leader and the well wishers resorted looking for other relatives. They were lucky enough find a contact of the girl's paternal grandmother who upon receiving news, arose immediately to go and attend to Alinda.

Caring Hands was called on board as the old lady couldn't afford requirements for the management of Alinda's condition.

To date, Alinda is well nourished and awaits a surgery. It would be a different case for Alinda had it not been the generosity of people. Caring Hands provides an opportunity for everyone to make a difference in people's lives. We continue to thank the team that actually does the job, the supporters and Mulago National Referral Hospital that gives Caring Hands an opportunity to demonstrate the love of God to those that deserve it.

Kadde Norah
CHIMAMM Nurse

THE CARING HANDS

Newsletter

THE LOST CHILDHOOD

The impacts of HIV/ AIDS pandemic on child development are enormous and these can be witnessed in our societies daily through the rapidly growing phenomenon of child headed families although little has been done to address them. At the age of 16 years I lost my parents to HIV-AIDS and the painful journey thus began. Initially, we were to be divided up among our relatives as is the norm in Africa, but we were old enough to begin fend for ourselves, hence, only our 4 year old sister was taken up by our uncle. Migrations have been identified as common occurrences due to HIV-AIDS. These occur both within and between rural and urban areas in form of going home to die, rural widows seeking work; children are relocated in order to seek maximum care (Foster et al., 1997).

The arrangement for our young sister worked for some time until one day upon visiting her, she said "am not staying here, I want to go back home with you". We tried to discourage her, but she was adamant and insisted on going with us back home. Finally, we agreed to her demands. I embarked on a journey to take care of my sisters although I was still a child. During the course of the years, I gradually lost my childhood. I had to think like an adult so as to ensure survival of my sisters and myself. Many out there admired me and praised me for taking care of my siblings, but none knew the turmoil I was going through. There were times I cursed why I was born the eldest, but that would not change the dice I had been given. As the trauma and stress took its toll, depression, anger issues, withdrawal, school absenteeism and poor performance all set in. A small issue would make me want to lash out at someone to make them fill the same way I was hurting inside. The meager resources we pooled from the two roomed house our parents had left us could barely sustain us in school and provision of necessities.

In 2003, when the going got tough, I decided to stay away from school as I was overwhelmed with what I was going through, but God had a different plan for me. One Saturday morning, I decided to go and watch post primary netball competitions at old Kampala S.S. little did I know that I was to be given a second chance. The Old Kampala team had a vacancy in their team so I was recruited and given a sportsman scholarship to continue my studies.

The pastor of the church where we went since childhood was also a source of social and psychological support. He advised us to trust in the Lord always as he had a plan for each of us and it did come through.

A look at the bright side, this has been a driving force in my life to rise up and be an agent of change in someone's life. I have trained as a nurse by profession and through Caring Hands; I have been given an opportunity to make a difference either by a touch, a word as I had wished for it to be done unto me in my childhood.

There numerous child headed families out there as a result of HIV/ AIDS, and all that is needed is social empowerment and support to replace the brooding brow of adulthood with the light of joy, energy and curiosity of childhood.

Nakandi Rebecca
CHIMAMM Nurse

DOCTOR SHOPPING A CANCEROUS VICE IN THE MEDICAL PRACTICE (Continued)

The sessions of cancelling 1 had with patient prompted me to ask myself several questions:
"How much cost does this have to our healthcare?"
"Is doctor shopping really a psychiatric problem?"
"How common is the practice in Africa?"
"Is poor professional care a contributor to doctor shopping?"

Through the medical fraternity neglects this phenomena one thing is rest assured, patient's satisfaction is always necessary after doctor's visit and this is the core of medical our medical team at caring hands , that a total restoration is brought to these patients as the bible best describes it in 3 john 1:2 That above all things God wishes that we may prosper and be in good health , even as our soul prospers , we look forward to continue giving our best in honour of countless support that we receive from our partners.

Ajuk Philip
Chimamm Doctor

GOOGLE MAP EXTRACT OF KAMULI TOWN, THE SLATED VENUE FOR THE MEDICAL CAMP OF JUNE 2018

