



THE CARING HANDS Newsletter

30th March, 2018

BIBLE VERSE OF THE MONTH

Proverbs 19:17

"One who is gracious to a poor man lends to the LORD, And He will repay him for his good deed."

THE HEART OF A SERVANT

It had been a busy short week after a long Easter weekend. I was not sure if a few team members and I should proceed with the plan to go to Kasesero to hand over a newly constructed toilet to the community. This project was funded by our partners from Indonesia. The hygiene in Kasesero is wanting. When I was first introduced to this community, I almost saw both human and animal waste all over the place. In May 2017, Ramya Rachel (a lawyer by profession) led a group to Uganda to partner with CH to do this project. This was geared towards improving sanitation in the community. Children are expected to pay UGX 100 to use the facility. If it weren't for cleaning materials, cleaning, emptying it when it fills up and hiring someone to manage it, children would have used it for free.



Commissioning of the toilet at Kasesero fish land site

By close of business a day before departure, transport had not been arranged. To go to Kasesero during a rainy season one needs a strong vehicle which of course comes at a higher cost. In the past couple of years, I have been getting stressed over going to Kasesero not because I don't enjoy doing what we do there, but because it's difficult to do what we plan to do when we visit and be able to leave before dark. It's partly the nature of work our friends there depend on for survival. Boats are sent out in the evening to fish and they return the following morning. Every individual owning a boat has to count the catch before it's sold to the factory or retailers. This means that everything else is put to a standstill until this activity is done especially if one is working with fishermen/boat owners.

When the morning came, we were all ready and by 6:30am we were on the road to Rakai. We were in good time for everything until the car broke down in the middle of nowhere on a murrum road and on a rainy day. If there were high way robbers, we would have been gracefully robbed or killed without anyone ever tracing the criminals because for a good amount of time, no car or person came by.

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CARING HANDS CARE TO A CONGOLESE REFUGEE

For many years the Democratic Republic of Congo (DRC) has suffered from both civil ethnicity wars. International Organizations have tried to find a solution to end these wars but in vain. The citizens know nothing but war and even though the country is known to be rich with minerals and timber, these haven't been of any advantage of to make meaningful development. The years of turmoil have left the country in a sorry state; families divided/displaced above all, uncountable number of deaths. Uganda has had to host many of these refugees. Some live in refugee camps while those with money found houses to rent.

During the month of April, Caring Hands was called to support a younger man of 20 years. He had been admitted at Kiruddu hospital after having developed swellings on his leg that later became septic. It is suspected that this illness could have been caused by the hush conditions in the refugee camp. Bunji (not real name) had a nephew who was 13 years old. They both came from a Kyagwali refugee camp in western Uganda. In an effort to escape from the war in DRC, they were separated from their larger family. When they (boys) arrived in Kyagwali camp efforts to trace their larger family were in vain.



CHIMAMM staff in Kiruddu hospital visiting a Congolese refugee

Within no time Bunji was sick and admitted in Hoima Regional hospital. Due to limited resources at the regional hospital, he was referred to the National Referral hospital for better medical care. They (Bunji and his nephew) arrived at Kiruddu hospital with nothing; no money, no beddings, no extra clothes, no nothing and in addition to speaking only Swahili; a language that is not very common in Uganda. Caring Hands team was fortunate to have a member who speaks Swahili. We provided both medical and non-medical supplies for both the patient and the attendant. We also contacted United Nations High Commission for Refugees for full registration and provision of anything mandated by them to give to people such.

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THE HEART OF A SERVANT (continued)

The team was calm, making jokes about the whole experience but in my heart I was praying that God intervenes before anything worse happens. We have heard stories of being people being robbed and killed along the very road where we stuck so as a leader, I had a good reason to worry. Phone calls to friends in Rakai were in vain and yet calling mechanics or friends in Kampala was only for passing time. As we continued to wait, a taxi eventually showed up heading where we came from. The driver was helpful of the taxi parked besides our vehicle and in the mud; he laid under our car to check what could have been the problem. After touching a few things here and there, he called a mechanic from the nearest big town. We were about 30km or so off the main tarmac road that goes to the boarder of Uganda and Tanzania. He also called a taxi at Kasesero to come and pick the rest of us to go do work the driver waited for the mechanic. Within the next hour and half hours, we had reached Kasesero. It's still raining and no shelter for us to wait except the car that brought us. I had been waiting impatiently to get out of this car, it had dirty torn maroon seats and the odor of fishing was almost suffocating me but it's driver (and a beneficiary of our previous medical camp) was kind enough to let us stay in his car as he went looking for the organizer of the activity for which we had come to conduct. It took us another 2 hours to handle over the facility but again with only a handful of people and in the rain.



The new toilet in Kasesero

One of the attributes of the CH team that I love the most is patience. They will put up with a whining patient, an undisciplined student under CH sponsorship program, fifthly places where in most cases we find ourselves operating and impressively, they will still serve with a smile and dedication. We waited for hours after the handover and none of the team members complained. Our vehicle miraculously came for us but it had not been fixed. Note the word "miraculously". As driver waited in the middle of the Savana thicket shrubs and trees, a thought suddenly came into his mind, he went touched something and there, the car started to move.

When the mechanic came with a shaft to put in the car, he brought a wrong one, he had to go back and when he did, he couldn't find the type suits our vehicle so he had to travel another 40km or so to see if he could find one. He got one but it's cost almost tripled the cost at which it's sold in Kampala so our driver ordered for it to be bought in Kampala and delivered by public transport. To summarize the story, we didn't get home until past 3:30am. I have a zillion un friendly experiences that the team has had while serving others but the most important lesson for me is that no matter what happens to them, they will not quit not because they are paid but because they have the hearts to serve others. I want to appreciate Ramya Rachel, her team, the lead person during the construction of the facility and the CH team. We invite you to partner with us as we reach out to others with love.

Ms Nalugo Susan
Administrator

A STITCH IN TIME SAVES NINE

M is considered old according to the laws in Uganda, he was brought up by busy parents who never spared time to nurture him like any child would be. They were concerned with his wants than necessities, providing him with physical necessities and never minded what he would become in future.

God blesses people with children to look after and ensure that they become good citizens in their respective countries. But parenting children is not necessarily an obligation of the biological parents alone, but a concern of every adult more so in Africa. Being stewards, we have to ensure that children are brought up in the best way possible to benefit the society where they stay and the country at large.

As M was growing, community members did not bother about his behaviors and thought nurturing him was a sole responsibility of the biological parents, but now he turned up to be a problem to the whole community. His anti-social behaviors and failure to abide by the codes of the community is currently every one's concern. He is even influencing many youths to behave according to his way which is a threat to tomorrow's generation. At an early stage where shaping him would be much easier, they seemed to be less concerned and now they are regretting.

Hoping for a changed Uganda, Caring Hands Foundation came up with the idea of helping children morally, spiritually and academically to ensure that they become good citizens who will benefit their societies and country at large. Education is among the main activities that CHF does where orphans and non-privileged children are sponsored at all levels of learning in order to transform their lives. Reaching out to one child can help to transform lives of many.

Esther Nabwaami
Assistant Administrator

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DID YOU KNOW

High Blood Pressure-Hypertension

High blood pressure (HBP) also known as hypertension is a leading cause of disease and death worldwide. It also increases among people of all races as they age.

How it Presents:

- Majority of patients with high blood pressure have no symptoms and that causes the greatest danger of late detection.
- High blood pressure rarely gives warning signs. To find out if you have high blood pressure, you should have your blood pressure measured regularly.
- Some patients with HBP may present with complications of heart disease, kidney failure, stroke (brain injury), poor vision and other blood vessel diseases.
- Patients may present with headache, palpitations (awareness of heart beat), poor vision or body weakness.

What are the Risk Factors for HBP?

- Family history of HBP
- Poor eating patterns- particularly eating fatty foods with high cholesterol, too much salt, fast foods and little or no fruits and vegetables in the diet.
- Alcohol intake.
- Overweight and low level of physical activity have a strong influence on your blood pressure.
- Patients who smoke are more likely to have HBP.

How to prevent or manage:

- Maintain a healthy body weight –This can be measured through the body mass index (BMI)
- Be physically active every day – 30 minutes of moderate physical activity such as brisk walking is recommended on all or most days of the week
- Limit your alcohol intake
- Decrease your salt/sodium intake – most salt is hidden in processed foods such as bread, meat, poultry (especially processed meat), some cereal products, biscuits and pasta.
- Increase your potassium intake through what you eat such as fruit, vegetables, legumes (chick peas, lentils, baked and kidney beans, and plain unsalted nuts.
- Check your blood pressure regularly.
- If you have HBP, take your medications regularly and have your doctor check for complications on a regular basis.

Robert Kalyesubula, MD.
Consultant Physician (Nephrologist)

CARING HANDS CARE TO A CONGOLESE REFUGEE (continued)

Bunji recovered in time. Both the primary and Caring Hands teams did everything possible to manage the patient's condition efficiently. Bunji recovered so quickly and was sent back to the camp.

Ms Kadde Norah
CHIMAMM Nurse

THE COST OF HEALTH IN UGANDA THROUGH THE EYES OF DOCTOR AND PATIENT

Part 1

Through Eyes of the Patient

The year 2012 will always be glued to my mind when I was called after a pathology examination that my father had been involved in a terrible accident and was admitted at Mulago national referral hospital. Luckily, he was found to have had no internal bleeding instead a degloving scalp injury. The cost of hospital stay that required food, buying drugs and doing investigations, initially were affordable, but six months down the road, we were in despair as my sister, a registered nurse, had to quit her job to take care of our father. Our clinic business started to decline and we were struggling to pay school fees for our siblings.

This opened the eyes of my understanding to what patients go through while in hospital and during our assessment of this patient as a doctor, we determine their social classes, social support, duration of stay in hospital, and the urgency of need of help; a case in point of my family in 2012 that we were middle income earners with good social support.

However, with a long term stay in hospital or illness, one is often left penniless after a two months stay in hospital with sometimes families requiring selling portion of their land, animals, to foot bills of stay in hospital or turn to supporting organisations like Caring Hands Foundation.

The burden of ill health encompasses social, economic, physical and mental incapacitation which is not limited to the patients only, but spreads wide involving often care takers, community and the country at large. This year Uganda has allocated 758 billion Uganda shillings, and this Mulago national referral hospital gets 105.278 billion shillings, yet patients needs are still far from being met. Though Uganda gets sponsorships from the people of America through USAID, European Union, there's still a big gap on health care service provision due to the fact that patients' requirements are not limited to drugs only that are usually not available but also to social needs like food, clothing, transport and sometimes investigations as the hospital equipment are sometimes broken and take a while to repair or procure.

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'LET FOOD BE THY MEDICINE AND MEDICINE BE THY FOOD'

The relationship between nutrition and health has been in existence since old times. Hippocrates said that let food be thy medicine and medicine be thy food. Food is anything that we eat to nourish our bodies and it plays vital roles in our bodies. Macro and micronutrients derived from the food we eat are necessary for repairing and building of the worn out cells of the body; they act as co-enzymes in drug action as well as stimulation of drug breakdown. The existence of hunger, starvation, and malnutrition is one of the problems that prevent people from attaining highest level of health possible more so as this is the case in poor nations' of the world.

In 2013 during one of our ward rounds to check on the beneficiaries of CHIMAMM medical project in Mulago Hospital, it was observed that despite the fact that our patients were receiving medical care, they didn't improve. Most of them were malnourished, starved due to their inability to obtain nutritious meals hence could not utilize the drug therapy. Additionally, patients with renal and cardiac conditions need special meals with reduced salt intake and this cannot be achieved as food provided by the hospital doesn't include these exemptions hence making management of their conditions hard. This need prompted Caring Hands to initiate the feeding program in partnership with catering service providers. We provide food supplements like instant milk, instant porridge flour, 'mukene' (silver fish) powder and special meals to patients enrolled in our program to supplement what is provided by the hospital. These efforts have provided a meals to the unknown patients in the hospital, sped up the recovery period of our patients and shortened their stay in the hospital.

Thanks go to our partners, the donors for helping to avail a plate of food to our patients as it is doing wonders in their lives.

Rebecca Nakandi
Nurse

THE COST OF HEALTH IN UGANDA THROUGH THE EYES OF DOCTOR AND PATIENT (continued)

In the end, am left thinking how else could we as medical workers prevent sudden hospitalization and hinder patients from seeking health care when they are too sick. And to me the two answers that flashed into my mind are;

- Preparation for times through health policies and savings which currently are not available for the citizens except one is employed in an organization that provides them.
- Creating awareness through screening, health talks and this is best achieved throughorganizing HEALTH CAMPS like the soon to be conducted health camp by Caring Hands Foundation in June this year 2018.

Phillip Ajuk
Medical Doctor

WOMAN'S HIP BONE IS INJURED BY A CITY AUTHORITY TRUCK

Allen (not real name), used to make a living by selling to-matoes in Kalerwe market situated at the outskirts of Kampala city. She is a mother of three children who were abandoned by their father due to family misunderstandings. Before she was knocked down by a KCCA (Kampala City Council Authority) truck which left her disabled, she used to struggle through her small business and provide the family's basic needs although this was never enough to take her three children to school.

It was one evening when Allen was walking by the roadside that a speeding KCCA truck knocked her down and injured her heap bone to an extent of not being able to walk. Allen was immediately rushed to Mulago hospital where she was given emergence treatment and later transferred to ward 7 for further management. While in ward 7 she was examined by the doctors and their final plan was to perform an operation (total heap bone replacement) which would cost USD 2700. This was too much for Allen to afford. The other option was to contact KCCA to see if they would cover the cost since it was their truck that had knocked her down. Unfortunately, she did have any police document to justify her case, so KCCA could not help her.



Allen bedridden in hospital

This dilemma continued for some time and later on Caring Hands (CHIMAMM) was contacted. Allen was assessed and indeed found in need of CHIMAMM intervention; nevertheless, this cost was way higher than CHIMMAM's budget for a patient. Allen's issue was raised during the CHIMMAM weekly meeting and the final resolution was to opt for cheaper instrument. This decision was presented to the primary team on the ward and since it was the only way forward they agreed to perform a cheaper operation which required a Bipolar at a cost of USD 195. CHIMMAM funded for the instrument and the operation was done. Allen was very grateful although this temporary procedure can only work for two years and soon becomes painful.

CHIMMAM is endeavoring to find a solution for Allen in case the two years elapse. Glory be to God and thanks to CHIMMAM team who saw to it that hope is restored in Allen's life.

However, great thanks go to Dr. Holt, CHIMAMM President who mobilizes and communicates with our supporters to keep donating to CHIMAMM to help the needy people like Allen.

Mawanda John
Social Worker