



CHIMAMM

Monthly Newsletter

PROVIDE FINANCIAL AID TO NEEDY PEOPLE AS WELL AS MORAL SUPPORT

"You have to deal with all that?" exclaimed my friend while trying to explain my routine responsibilities with the Caring Hands' educational program beneficiaries. The question took me by surprise because all along I thought it was just part of the routine mentoring these young people. Since our first student, I have had to play a parenting role in the lives of these CHF educational beneficiaries. If you asked me whether I chose this role, I would say no without hesitation but some roles are given by default.

As our conversation proceeded, my friend asked me my opinion on what she personally needed to do to about her gate keeper who asked her for a financial aid. In the "charity world" this concern comes up a lot and I want to share some advice with anyone who is interested in giving financial aid to individuals directly rather than working through reputable organization. Often times, people are moved to help those who are considered to be less fortunate, but I have discovered that these same good hearted individuals have no clue of the unintended consequences that can occur. The average person seems to be concerned with his or her personal income and in some cases is moved with a philanthropic determination to make a difference in another person's life. It's certainly a good thing to help another person out, but we have to fully assess the person we intend to help and to have an understanding of their background. That is important because it prepares us for inevitable challenges. Taking into account future pitfalls equips us with better ways to handle things. Humans are very complex. One might come to you for help but with over rated expectations and at times without proper supervision, a financial gift might ultimately be detrimental to the benefactor. This is why we need to subject our decisions to some sort of logical reasoning and not emotional thinking; otherwise our resources might be spent in vain. In many cases, a beneficiary's history of unstable behavior is a result of the environment in which they live or were raised reducing their psyches to survival mode rather than a thriving one. As a benefactor, this is something you need to determine before committing yourself. The equation often includes parents or guardians on the sidelines (in cases of children below 18 years of age) as well as the beneficiary him/herself.

That said, everyone needs to know that it's not enough to provide financial aid to needy people but moral support is equally as important. It's not a smooth journey. Whereas there are beneficiaries who are mature and come from a stable environment and are ready to walk a journey of success when given an opportunity, but the majority tend not to have life in proper perspective.

Therefore, thorough preparation on all fronts is important so that the goal is not left half completed.

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BIBLE VERSE OF THE MONTH

Matthew 7:7

"Ask, and it shall be given you; seek, and ye shall find; knock, and it shall be opened unto you."

UNKNOWN PATIENTS IN MULAGO HOSPITAL



Part of the Front View of Mulago Hospital Uganda

The issue of unknown patients is a vast problem in Mulago hospital; these are commonly found in causality ward, neural ward, medical wards, trauma and ICU. One can hardly walk through these wards without noticing at least two or three patients' files labeled 'unknown'. These patients are usually brought from the streets by police having head injuries or fractures and unconscious mostly due to motor vehicle accidents or mob justice among others. After admission, they lay in hospital completely without any support and given the fact that they cannot speak and their relatives or family members cannot be traced. This is normally difficult for the primary teams on the wards to treat such unconscious patients effectively because certain expensive unique drugs and investigations are always needed.

Thus, Caring Hands International Ministries and Medical Missions (CHIMAMM) is often contacted to assist in provision of the drugs needed, do the investigations required, provide nutritional support and ensure patients' proper hygiene by providing diapers. Nonetheless, there is always need for an attendant; someone who can help to administer the drugs, help in doing investigations and also take the patient back home after discharge but there is always none. At times some are able to regain consciousness and give contacts of their relatives, others cannot remember the contacts and unfortunately some pass away without being known. Some ways have been tried like making announcements in newspapers with patients' photos to see if anyone out there knows them; however, this option has not been very effective. Another option is sometimes to request the police give adequate information about the patients as soon as they bring them to hospital like where an unconscious patient was picked so that tracing of the patients' origin can be made easily. However, the police barely gives any information on presenting the unconscious patients to Mulago hospital, thus making patients' files labelled as unknown. There are also a few rehabilitation homes in the country where a patient can receive care after discharge.

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EVEN A WORD CAN CURE

PP is an old woman estimated to be between 75-80 years of age who lives in one of the suburbs of the capital city of Uganda. She gave birth to three children and her husband died when their last born was two years old. PP widow struggled to bring up her children without help from any of her relatives. The single parent worked hard day and night to provide the best for her children.

Fortunately two of her children completed studies and got descent jobs as the youngest was still in school. Her life changed and she started forecasting a better life. She regained her happiness as her children catered for her necessities and she lived a joyful life for a while since she almost lacked nothing.

She narrates it was a Sunday when she encountered what she calls a nightmare. Her children left home for a trip and on their way back, they got an accident which cost their lives. When she received the sad news, she lost her consciousness for some hours. She couldn't believe what had happened, losing all her children at once yet they were her bread winners by then.

She was shocked and failed to pick up for some months. She frequently visited the hospital, but she would not get any better. Due to continuous body weakness, one day she decided to go for a general body check up, but results indicated that she never had any problem. This intensified the situation and she would almost visit the hospital every week. She underwent such a situation for almost a year.

A volunteer (Good Samaritan) went to her way and committed herself to visit her on a daily basis. She sacrifices some hours to chat with her, share with her and counsel her. After a while, the old woman gained strength and courage since she had got someone with whom to share her problems and challenges.

The regular visits the Good Samaritan made stabilized the old woman's health and now she moves on well. Medicine cures, but also comfort, counselling and standing by people during trying times restores one's life and gives them hope. Likewise the various ward rounds that are held by the Caring Hands team, help to restore many patients' lives more so those without care takers.

Comforting words give hope and are a source of light for the distressed and hopeless. Even a word can cure; we all can change people's lives by caring for them.

Esther Nabwaami
Assistant Administrator

PROVIDE FINANCIAL AID TO NEEDY PEOPLE AS WELL AS MORAL SUPPORT (continued)

As I conclude, I want to appreciate the people who actually provide the supervisory and mentoring duties of charitable giving. I'm cognizant that financial supporters do a terrific job in helping organizations realize their goals but the implementers are equally wonderful. Thus, aligning financiers and implementers appropriately, expands the influence of an organization and potentially transforms many lives.

Ms Nalugo Susan
Administrator

UNKNOWN PATIENTS IN MULAGO HOSPITAL (continued)

They are always overcrowded and can hardly take in any new patients because of lacking enough space. The issue of unknown patients remains a matter of further discussion; nevertheless, CHIMAMM has always played its part in ensuring that these patients are helped.

To God be the glory and thanks to the CHIMAMM team and donors who help in supporting the unknown patients.

Mawanda John
Social Worker

PUTTING A SMILE ON THE FACE OF A REFUGEE

Uganda is expected to host 300,000 Congolese refugees by the end of 2018 according to a report published by United Nations High Commission for Refugees on 31st December 2017. The refugees are increasingly flocking into Uganda in big numbers, stretching social services beyond limit especially in the health sector.

As helping the vulnerable is one of Caring Hands' values, we were called upon on 1st August 2018 to render support to three Congolese from two different families. Among them was a 58 year old Boniface; a bread winner to one of the families, he looked baffled by his situation. He also looked haggard, hungry and surrounded by a feeling of helplessness. His wife was admitted in addition to his three-year old son who was forced by circumstances to stay in the hospital. As the wife's situation got dire, Boniface lashed out for help to anyone who was putting on a white coat or dress, but all in vain because no one understood the language he spoke. When Caring Hands team reached the bed side of Boniface's wife, we were touched by the situation we saw. We made efforts to find a translator to enable us understand Boniface's communication then help him. **Continued on page 2**

HARMONIOUS RELATION BETWEEN THE PRIMARY TEAM AND CARING HANDS

Mulago Referral hospital is the main referral hospital in Uganda and it receives quite a big number of patients being a government hospital. The hospital is located on Mulago hill and provides care to all kinds of patients and conditions. This hospital was founded on the background of a training institution for medical student doctors, i.e. local students and international students.

When the hospital started undergoing renovations two years ago, patients were split into the KCCA (Kampala Capital City Authority) hospitals like Kawempe hospital was designated for obstetrics and gynecology (maternity and mothers with reproductive problems) and Kiruddu hospital for all medical conditions.



Front View Kawempe Hospital

Caring Hands' existence for nine years in Mulago hospital and being a Christian founded organization has enabled us provide medical services to vulnerable patients. Thus, in the scope of our work, there is need for a team that helps to make our working environment in Mulago hospital, smooth and comfortable.

On this note, the primary teams from the various wards of Mulago hospital have been of great importance to the success of Caring Hands in provision of medical services to the patients. The primary teams identify the patients that need further medical assistance on treatment they can't afford and contact Caring Hands to assist the patients. This is the moment when Caring Hands does assessments and responds accordingly in assisting the patients.

Mulago hospital does most of its investigations for the patients, but there are some that are not performed within the hospital, yet many of our patients come from a humble background and hence cannot afford these investigations, drugs and basic needs like a special diet while in the hospital and other miscellaneous items. It is on this basis that Caring Hands Foundation is called upon to get on board of supporting such patients to have investigations done and get provided with drugs hence improving on patients' care.

With the holistic management from both the primary teams and Caring Hands Foundation, care to patients has been a complete circle. Our working relationship is successful because we all need each other and no missing are gaps left in extending medical services to patients.

It's encouraging on many occasions to take on a patient, and find the patient back on his /her feet .This gives more hope and creates a good image to all the teams.

Bravo!!! To all the teams in your various cadres and we are very grateful to work with you.

"For a building to be firm the foundation has to be well laid and the bricks properly arranged to make a beautiful and admirable structure."

Ms Kadde Norah
Nurse

NIGERIAN PATIENT



Aminu in hospital

26 year old Aminu Mohammed referred to as the Nigerian patient was a young gentleman whom we met as Caring Hands medical team having numerous medical conditions including tuberculosis, substance abuse disorder and deep vein thrombosis.

Aminu was emaciated, isolated and looked to be in pain, just a look at him nearly convinced me to take him up as one of our beneficiaries till I heard his story. Mohammed had moved into Uganda to study at one of the luxurious universities. He joined peer groups, started drinking heavily and involved in drugs abuse and in two years he found himself at national referral hospital following several admissions at nearby hospitals without much improvement.

Attempting to contact his parents was futile because they didn't want to talk to him. His friends checked on him once in a while because they had to attend classes but he often cried of hunger. Mohammed seemed to be on his death bed with his condition worsening each day until we decided to help him in all spheres including feeding, buying his expensive drugs and often getting to counsel him.

Mohammed revealed to us that he wanted to resume school though his years to continue at university were over. Expressed his desire to return to Nigeria despite the fact he was on bad terms with his parents.

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DID YOU KNOW

STROKE

According to McIntosh (2017), a stroke occurs when the supply of blood to the brain is either interrupted or reduced. When this happens, the brain does not get enough oxygen or nutrients, and brain cells start to die.

Types of Strokes

There are three main types of stroke:

- **Ischemic stroke:** This is the most common type of stroke. A blood clot prevents blood and oxygen from reaching the brain.
- **Hemorrhagic stroke:** This occurs when a weakened blood vessel ruptures and normally occur as a result of aneurysms or arteriovenous malformations (AVMs).
- **Transient ischemic attacks (TIAs):** Also referred to as a mini-stroke, these occur after blood flow fails to reach part of the brain.

Rehabilitation

Strokes are life-changing events that can affect a person both physically and emotionally. After a stroke, successful recovery will often involve specific therapies and support, such as:

- **Speech therapy:** This helps with any problems producing or understanding speech. Practice, relaxation, and changing communication style can all help.
- **Physical therapy:** This can help a person relearn movement and co-ordination. It is important to stay active, even if it is difficult at first.
- **Occupational therapy:** This is used to help a person to improve their ability to carry out routine daily activities, such as bathing, cooking, dressing, eating, reading, and writing.
- **Support groups:** These help with common mental health problems such as depression that can occur after a stroke. Many find it useful to share common experiences and exchange information.
- **Support from friends and family:** The people closest to a person should offer practical support and comfort after a stroke. Letting friends and family know what can be done to help is very important. Rehabilitation is an important and ongoing part of treatment. With the right assistance and the support of loved ones, rehabilitation to a normal quality of life is possible, depending on the severity of the stroke.

Prevention

The best way to prevent a stroke is to address the underlying causes. This is best achieved through lifestyle changes, including:

- eating a healthy diet
- maintaining a healthy weight
- exercising regularly
- not smoking tobacco
- avoiding alcohol or drinking moderately

Eating a nutritious diet means including plenty of fruits, vegetables, and healthy whole grains, nuts, seeds, and legumes. Be sure to eat little or no red or processed meat and limit intake of cholesterol and saturated fats. Minimize salt intake to support healthy blood pressure.

Compiled by
Dr. Mundaka

NIGERIAN PATIENT (continued)

After two months of care, he was discharged in great shape, but he had to undergo rehabilitation for the substances use disorder.

This was one life I saw snatched from the jaws of death and drug abuse, an epitome of hope restored by Caring Hands Foundation. I am grateful to be part of this great work because when I see restoration, am duly satisfied within.

Dr. Ajuk Philip

PUTTING A SMILE ON THE FACE OF A REFUGEE (continued)

Luckily before leaving the ward, an attendant of one of the patients knew Kinyarwanda and Kiswahili then helped us translate Boniface's communication into Luganda; a language we could understand with her. Then we decided as a team to get in touch with Inter-Aid Uganda (IAU); a refugee agency, in order to provide help to these Congolese patients. Finally, Boniface was helped.

On visiting the ward the following morning, I was impressed to see Boniface's life changed because of the little help we had provided him. He smiled broadly and shook my hand to express his great appreciation while speaking Kinyarwanda despite the fact I didn't understand the words. Boniface's gesture implied that no matter the outcome of the assistance extended to him by Caring Hands team, we meant a lot to his family.

In our daily work, we are challenged by such circumstances of providing help to refugees, yet there are many agencies doing so. Thus, to avoid duplication of services while utilizing our available resources, we have enhanced screening of patients carefully and link refugees to respective organizations. We believe such organizations have better resources allocated towards refugee patient care. Like Boniface's case, if it requires urgency, we shall attend to the patient as we contact the respective organization for further assistance.

Cases like of Boniface, often gives us hope and put a smile on our faces regardless of the circumstances they might be facing because we stand as Caring Hands team to help them.

Ms Nakandi Rebecca
Nurse