

Life in Kiwoko is a roller coaster - at times

In the last month we have seen some terribly ill patients get better - such as Ben, an 8 year old lad with Tetanus. After being seriously ill for 2 weeks he started to improve. I knew that we were making progress when he was able to try and speak to me on the ward round. He told me to instruct his mother that he would need to eat pancakes to get better quickly - obviously having concluded that his mother may pay more attention to directions from the doctor than a request from her son! After a week of intensive work from the physiotherapists to teach him to walk again after being unconscious and immobile for several weeks, he walked out of the ward singing.



AIDs awareness:
HIV Drama group

Not all stories end so well. We have had two patients in the last week who have died. They had been sick for many weeks with the combination of HIV and Tuberculosis. Because they were living far from their families their problems were compounded by a lack of having anyone to care for them. We provided food, counsel, and practical care for them, thanks to a donation from friends in the UK. The lady was touched by the care and gave her life to Jesus. The man was fed up being sick and was resistant to even the help we tried to offer, but we continued to care for him as much as he would allow. Both patients died, but did so in a place caring for them, with dignity and respect. Their fear of staying in hospital when they had no money to pay the bill was allayed when we assured them that the "Good Samaritan Fund" would take care of their bills.

While making plans is very wise and far beyond our control. The chaos in have obviously caused huge neighbour depending on Kenya for Kenya is crucial for our wellbeing £5 for a litre (thank fully now back medical equipment from Northern Mombassa port for a month. It was Easter. On board was a fantastic suction machines, x-ray equipment, sisters practically kissed me (as terrifying as it sounds) with delight at receiving functional suction machines. Our old orthopaedic drill broke in it's next operation, so we were very grateful for the timely arrival of a new one amongst the box of surgical instruments. We have a further container with more equipment and literature en route which is being cleared through Mombassa as I write this, so hopefully by the time you are reading it will have arrived.



Susan looking after twins in NICU

worthwhile, much happens to us that is Kenya following the elections there problems in Kenya itself, but as a 90% of our imports the stability of too. Petrol prices in January reached to normal.) We also had a container of Ireland which was stranded in great to receive it at last just before mix of surgical instruments, computers, sterilisers etc. Several of my ward



Dr Peter in theatre

Blessings and curses can sometimes be closer together than we think. One of our technicians, Francis Kato decided that with so much new equipment we wouldn't miss a steriliser, so he took one to sell. Theft is endemic in government institutions such that many do not have even basic essential equipment. Thus the hospital has a firm policy on such action and he was dismissed. Now we are missing a good technician and his family is missing his wage and his children will miss schooling. Our actions have consequences, but sadly in Uganda many are of necessity so focused on the needs of today, that the potential consequences for tomorrow are ignored. Trying to encourage

people to be involved in health insurance schemes to cover potential sickness tomorrow has proved beneficial to the few who have joined, but growth in uptake has been very slow. Thinking ahead is also an area the team from KYFC (Kiwoko Youth Friendly Centre - the base for the hospital's adolescent work) has been trying to encourage local teenage girls to engage with. Getting them to grapple with the issues around 'sugar daddies' (men paying



Rory on ward round

young girls school fees if they will just be their mistress) is a real issue for many local girls. For many it is the only way to stay at school, but with the high risk of obtaining HIV from such relationships, the cost of such education is very high.



There is much development across the hospital at present:

The new buildings at the Nurse and Lab training schools are now being roofed.

The pharmacy is now fully functional. It was built to prevent the hospital being closed because the previous structure was so substandard - so it was encouraging when a recent visit from officials in Kampala commended it as a model pharmacy for other institutions to emulate! New accommodation is nearly completed for doctors and nurses. Quality accommodation remains a significant and important tool (and need) in attracting and retaining good staff. We hope to have begun construction of our new Maternity/neonatal unit before the summer, supported through our long term supporters of our neonatal work called ISIS.

Perhaps the most exciting development is the expected return from further training of several senior Ugandan staff later this year. Our committed and enthusiastic staff remain our strongest asset but with a big and busy hospital and community work, our need for senior leadership consistently outstrips the number of staff able to fill such roles. Developing staff is a slow process so this is likely to remain a key area of need

and development for the coming years.

The pastors' conference in January was a huge success with over 700 local church leaders in attendance. It was particularly heartening to see leaders from different denominations worshiping together and listening to the teaching from the team from Hamilton Road in Bangor. Such unity amongst the different denominations is not always present in Uganda. We are now developing a partnership with KEST (Kampala Evangelical School of Theology) to run an outreach course for church leaders based at Kiwoko. These church leaders are often significant leaders in their local communities so it is good to be able to develop their skills in leadership and health related matters as well as Biblical Theology. It is encouraging to see such holistic community development working so well.



Shadrack, Norah and family.
Shadrack is the mission team leader & the main organiser of the Pastor's conference.

Thank you for the ongoing support you give us to do the work here day to day. Please continue to pray that we would be salt to the communities around us. There have been great improvements in the twenty years since health work was begun at Kiwoko, but huge needs remain. People's enthusiasm and resilience doesn't change that they are still poor and often vulnerable. However people's openness to spiritual matters as well as physical ones, and the genuinely welcoming and generous spirits, remain a continual challenge to me every day.

May God bless you and those you care for in the months ahead.

Rotu



Have you received this by post - save on cost and time by having it sent by email - please send your name and email address to feedback@fokh.org.uk

Single Gift Aid forms are downloadable at: <http://www.fokh.org.uk/worddocs/fokhsinglegift.doc>

A combined Gift Aid and Banker's Order form for regular gift aid donations is downloadable at: <http://www.fokh.org.uk/giftaid.pdf>