

KIWOKO HOSPITAL NEWSLETTER



26th April 2021



From the Medical Director

Warm Greetings to all our readers!

Welcome to the latest edition of our newsletter and the first for this year 2021. It's been a while since I last wrote to you all but I am grateful that the Lord has kept you safe till this day

in the midst of all the challenges.

Let me start by extending profound thanks on behalf of the Board and Management to all near and far who have encouraged us, advised us, prayed with us, and supported us both materially and financially. We have been so blessed because Lord has catered for our every need and has enabled us to continue this important work of ministry which always touches many lives.

COVID-19 continues to reshape our lives in so many ways and at all levels of the social spectrum. We have been very privileged as a country to have had a God given, though as yet unexplainable, break in the rate of infections which had peaked in December 2020 and January 2021. As of now country wide "COVID isolation units" have very low numbers of patients; in fact we made our last positive diagnosis on February 5th 2021! We praise the Lord for this much needed respite and our prayers go out to all who are still going through a lot of upheaval because of the pandemic.

Continued overleaf

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SPECIAL POINTS OF INTEREST

- Interview with a Volunteer Doctor
- Solar Project Update

As a result we have seen the resumption of training by many schools including our Health Training Institute, resumption of most businesses and church services, as well as fairly free travel countrywide. The last remaining encumbrance to “business as usual mode” is the 9pm to 5:30am curfew which remains to be repealed.

Much as these occurrences have given much hope to many. We are still wary because of the new waves of infection and new strains we are seeing in some adjacent parts of the continent coupled with the widespread abandonment of COVID prevention SOPs and the very high levels of vaccine hesitancy at all levels of the society. It is a good time to remember where our hope comes from.



Mr Sam Muwanguzi

On April 30th 2021, one of our long serving staff members in the Estates Department, Mr Sam Muwanguzi will be celebrating 30 years of continuous faithful service with Kiwoko Hospital! Congratulations Sam—your zeal, hard work and humility are an inspiration to many! In the same vein, Kiwoko Hospital shall this year be celebrating 30 years since we were officially opened to work as a hospital in September 1991. Special thanks to all those who have partnered with us in one way or another, and all the staff who have worked here for all this time. Your faithfulness has yielded much fruit.

Yours in service,

Dr Peter

“Know therefore that the LORD your God is God, the faithful God who keeps covenant and steadfast love with those who love him and keep his commandments, to a thousand generations.”

Deuteronomy 7:9

COVID-19 UPDATE

Mr Julius Ojuka, Principal Nursing Officer and Chair of KH COVID-19 Technical Working Group, provides a brief update on the COVID-19 response.

Thank you to everyone who has supported and enabled KH’s COVID-19 response, including ADARA Development, Friends of Kiwoko Hospital (FOKH), and the many people who have donated through the JustGiving Urgent Appeal or directly to the hospital.

The hospital had her first COVID-19 case on 2nd August 2020, and by 8th August the cases had risen to five. The hospital embarked on massive screening of all staff and surrounding community while intensifying all preventive measures. In addition, clinical staff were put on high alert to identify cases amongst patients. To date, the hospital has tested 951 clients (staff and patients), with 56 positive cases and 4 deaths (no staff deaths).

Many infrastructural changes have been made, including reconfiguring part of male ward into a respiratory ward, significantly easing the management of respiratory patients.

The hospital is also engaged in the ongoing vaccination exercise. We continue to encourage staff to avail of the vaccine.



Respiratory Ward



Tents provide extra space



Mr Ojuka receiving his 1st vaccine

EASTER MEDICAL MISSION

This report has been compiled by Derek Kikabi. Derek works at KH as a Psychiatric Clinical Officer, has a heart for mission, and was the main organiser of the recent Medical Mission.



“Humble salutation in Jesus Name.

As a mission hospital we are privileged that, through Christ, God has blessed us with professional and skilled health workers.

As our motto states **WE TREAT... JESUS HEALS**, Easter season 2021 was a time to reach out to the needy

community extending love and encouraging people in Christ Jesus through providing quality healthcare.

We believe that our medical skills and knowledge if used for Christ's sake are fulfilling the great mission why Jesus came and the reason for the existence of Kiwoko Hospital.

In Matthew 10:8 Jesus sends the disciples to different places and tells them to preach, heal the sick and pray for the demon possessed... “Freely you have received; freely give.” In the same way all health workers who participated in this mission offered their services freely to the community of Nakaseke.



The medical mission was held at the same time as a Bible conference



Free medications were dispensed

The team included: Derek, Frank, Joshua, Joseph, Brenda, Irene, Gerald, Biyinzika, Sr Jane, Dr Dan, Aaron, Dorothy, Paul, Barbara, Samuel, Lydia, Fred, Stephen, Silver and Grace.

This was a life changing mission as 246 people were treated and prayed for in the process. Seven people gave their life to Jesus Christ. We thank God.

This has opened our eyes to know we can extend the Gospel to people in such a way.

May God bless everyone who participated in and supported the mission.”



Introducing the team to the congregation

VOLUNTEERS WANTED!!

We continue to welcome (and need!) volunteer healthcare professionals to work alongside our national workers. There is so much we can learn from each other! Would you be interested in spending a sabbatical at Kiwoko Hospital, or perhaps you are recently retired and would like to do some voluntary work?

Currently we have particular need for **GENERAL SURGEONS** and **PHYSICIANS**, those in the training years and beyond!! However, we encourage anyone interested, no matter their background, to get in touch.

For further information about volunteering, electives or visits to the hospital, contact Stephen Park (Visitors and Volunteers Coordinator) by email: visitors@kiwokohospital.org

FROM THE UK TO UGANDA: AN INTERVIEW WITH A SHORT-TERM VOLUNTEER DOCTOR

Dr Dan Mort trained as a doctor in the UK, and is currently volunteering at KH. He was due to arrive in August 2020 but due to COVID-19 and Uganda's closed borders his arrival at Kiwoko was delayed until December 2020.



Hi Dr Dan! Tell us a bit about yourself – where are you from, and what were you doing before you came to Kiwoko?

Hi! So I'm a junior doctor from the UK, nearly 4 years post-graduation. I took an extra "FY3" year after my Foundation Training, working in ED and Acute Medicine, and then left the UK in September 2020 to get some experience

working abroad in lower-resource settings. I first travelled to work with refugees in Camp Moria on Lesbos, Greece - arriving 24 hours before it completely burnt down and helping to staff new medical services in the aftermath - and then came over to Kiwoko about 3 months later, in December last year.

What sort of work have you been doing in Kiwoko?

I've mainly been working in Paediatrics and NICU, occasionally covering other wards – and helping out with the evening on-call a couple of times a week.

How have you found it so far – and how does it compare to working in the UK?

It's been a very steep learning curve! I was fortunate to get some good exposure to Paediatrics in my Foundation and FY3 training, but the culture in the UK is extremely consultant-led, whereas a lot of the ward work done here – including Paediatrics - is led by non-specialist junior doctors.

I spent my first 2 weeks shadowing Dr Eric – who has a lot of experience in paediatrics - and he got me up to speed with the basics of recognition and management of things that we don't really see much of back home, like malaria, sickle cell disease, and severe acute malnutrition – and after that, I was running the ward round and admissions a bit more by myself, with easily-accessible support when I needed it (which was very frequently in the first few months!)

We do have a small but friendly "paediatrics/NICU" team, including a specialist who runs the NICU in-hours, meaning that we can work together on the more complex cases, but it did take a while at the beginning getting used to the increased responsibility and decision-making role, as well as the

lack of access to some of the blood tests and other investigations that I'd be used to back home.

Having said that, the medicine here is immensely satisfying – many of the children here come in with largely reversible disease, and we have the resources here (like blood transfusions and strong anti-malarials) to give them a good standard of care and get them back on their feet again.



What do you find most challenging?

Negotiating the best standard of care possible within the socioeconomic constraints of the parents' living situation can be very tricky at times. A few weeks ago, a critically ill child arrived, who absolutely needed to go to an intensive care setting straight away, but his parents couldn't afford the journey to Kampala, or additional costs that might arise on arrival there. We did our best with what we have here, but unfortunately the child passed away after we had maxed-out on the treatment available to us. It's often a similar story with children arriving with complex kidney or neurological illnesses, who should really be seen and investigated by a specialist in Kampala, but the financial implications are just not viable. Even the common conditions we manage on the ward, like severe acute malnutrition, are made more challenging by the relative expense of some investigations which would ideally be done daily (like electrolytes), and the absence of some important tests (like phosphate, magnesium, calcium levels). Coming into these challenging situations as an outsider is a bit scary, and I've learnt that a significant amount of time must be spent listening to the care-giver, and working out a realistic route forward, trying to tread the line between the most ideal plan and the most pragmatic one!

Why have you come?

I believe that an essential aspect of our discipleship to Jesus, as laid out consistently throughout Old and New Testaments, is the intentional serving of materially poor and vulnerable people, expecting nothing in return. Travelling to another country is absolutely not essential to fulfilling this mandate – there is so much need in the UK currently! However, working abroad, in lower-resource settings, has been on my heart since the start of medical school, and so it made sense to take this opportunity to get a good chunk of experience in such a setting before embarking on specialty training – with a view to continue working in similar settings in the future.

What would you say to other doctors at your stage in training who might be thinking about working in low-resource settings like Kiwoko?

Do it! I have learnt so much this year, and I really enjoy the work here. I feel that I've developed certain skills – both technical and non-technical – that I wouldn't necessarily be gaining in the UK at the moment. I would say, however, that I would not have felt confident (either here or Lesvos) working here coming straight out of FY2 – but it depends on how much responsibility and decision making you've been given during Foundation Training. Think about doing an FY3 in ED, Paediatrics, or Obs/Gyn before coming – and don't worry about the extra time out of training. Several of the NGO doctors I met in Lesvos were 'FY5' or even 'FY6' (!!) – with the plan to go back into training after their voluntary stints. There is no rush to finish training or become a consultant, and the skills you'll learn in these settings will likely have a big impact on your clinical practice when you return home.

FUN FACT: Favourite Ugandan food

Rolex (omelette rolled up in chapati). These are dangerously available outside the front gate, with freshly-made chapatis...ideal Friday kickback food!

Thank you, Dr Dan!



SOLAR POWER TRENDS AT KH ARE SHOWING A PROMISING RETURN!

Laureen Babirye, KH Business Development Manager, provides a report on how the KH Solar Project is making an

impact on energy bills, ultimately releasing money to be spent on direct patient care. What an exciting project!

It is crucial for businesses and ventures that rely on significant usage of energy to think of a financially appropriate choice of resident energy. Kiwoko Hospital, a rural community hospital in Nakaseke district, is one of such entities looking to make an appropriate choice. The major aim of the hospital management is to cut energy costs with the overall goal of releasing more funds from energy savings for investment in direct patient care.



Since inception, the hospital has been running on diesel generators, and hydropower from a national provider, Uganda Electricity Distribution Company and later UMEME. In 2017, the move was made to introduce solar power at the hospital premises with an initial installment of ten solar panels and an inverter. Since then, the hospital has been gradually scaling up its solar power capacity. We recently reviewed the hospital's solar power situation, to enable us to assess the financial implication of this energy choice and to determine if further encouragement of investment in solar power development at the hospital is wise, with the knowledge that increasing savings on energy consumption would stimulate more spending on direct patient care.

“The major aim... is to cut energy costs, with the overall goal of releasing more funds... [for] direct patient care.”

Description of Kiwoko Hospital's solar structure, amount of power generated since 2017 and cost implications of the solar project

In June 2017, Kiwoko Hospital procured and installed the first batch of solar panels at its premises. A total of 10 solar panels (20 by September 2017) and one inverter were put into activity generating an average of 390kWh per month with the highest monthly collection being 554kWh in October and the lowest at 159kWh in June, the installation month. This installation led to an actual cut in electricity bill payments of UGX 1,982,893, equating to a total savings of approximately £396.4 in 2017 with an effective six months solar power use.

Men at work installing solar panels on the roof of male ward in December 2020



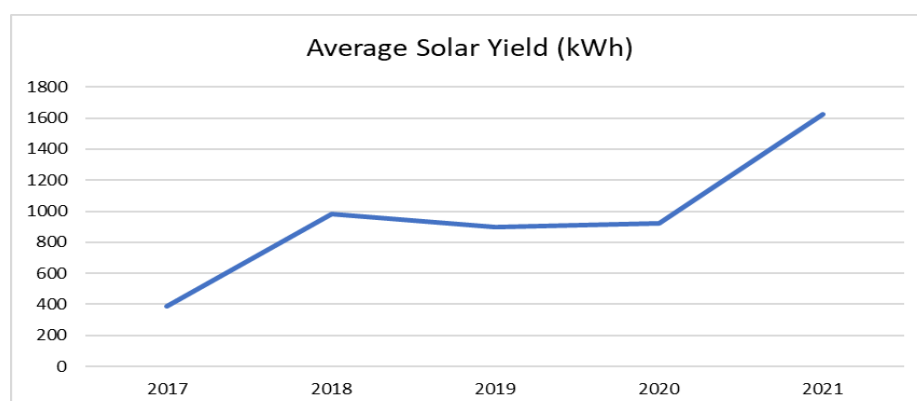
In 2018, with a solar power usage for the twelve months and an addition of one extra inverter and a further 20 panels, the average monthly power collection shot up to 983kWh. The bill cuts went to UGX 8,575,934 - an annual total savings of approximately £1,713.

The years 2019 and 2020 with total solar power yields of 10779kWh and 11055kWh respectively, led to electricity bill cuts of UGX 8,267,110 and UGX 8,478,976,

equaling annual power savings of £1,648 and £1,691. Key to note is the addition of 32 more solar panels and a third inverter in December 2020, too late to have a significant bill cut for the same year. This is expected to be significant for the year 2021. A summary of how much has been saved since 2017 is presented in the table below:



Year	Number of Solar Panels	Number of Inverters	Months Collected	Solar Yield (kWh)	Savings in Pound Sterling	Remarks
2017	10 (June) 20 (Sept)	1 (June)	6	2728 kWh	£396.40	10 more panels installed in September
2018	40 (Jan – Dec)	2 (Jan – Dec)	12	11796 kWh	£1,713	Yield changes depended on weather conditions
2019	40 (Jan – Dec)	2 (Jan – Dec)	12	10779 kWh	£1,648	Yield changes depended on weather conditions
2020	40 (Jan – Nov) 72 (Dec)	2 (Jan – Nov) 3 (Dec)	12	11055 kWh	£1,691	32 more panels added in December
2021	72 (Jan - date)	3 (Jan – date)	*2	*3255 kWh	*£499	*Current running year
To-date	72 Panels	3 Inverters	44 (=3.6 year)	39,613kWh	£5,947.40 (UGX 29,781,255)	



The graph to the left illustrates the capture of solar energy at KH. Yield has changed dependent on a variety of factors including the weather and the number of solar panels/inverters. The figures have been extrapolated to give a predicted value for 2021.

Summary of Findings:

Solar power trends at Kiwoko hospital show a promising turn. From zero savings in 2017 to about **£5,947.40** savings in early 2021. With 72 panels, the hospital could save significantly increasing amounts of money to invest in direct patient care this year. We believe continued investment in solar power at the hospital could greatly cut hospital utility bills, stimulate direct patient care investment and help Kiwoko Hospital achieve a much greener resident energy status which is an increasingly seminal parameter in this climate change era.

What will it take to have more solar panels installed at the hospital?

Projects like these cost a lot of money to implement, but make huge differences going forward. The current costs are shown in the table. **Note:** A maximum of 20 solar panels can be connected to one inverter i.e. once the number of panels exceeds twenty, a further inverter is required.

Required Item	Unit Cost (UGX)	Unit Cost (GBP)
Solar Panel	1,200,000	~£239.80
Inverter	16,000,000	~£3,198

It is with your support that Kiwoko Hospital is in a position to implement such impactful projects.

Thank you!

SNAPSHOT NEWS FROM KH

As a busy hospital, there is always much happening at KH!! Dr James Nyonyintono provides brief updates from a number of hospital departments.



DONATION OF Hb ELECTROPHORESIS MACHINE

Sincere thanks to **Hilfe für Kiwoko**, a German charity set up by elective students who spent time at KH in 2018, for their recent donation of a Hb Electrophoresis Machine. This machine is the 'gold standard' method for diagnosis and treatment follow-up of Sick Cell Disease, a severe genetic blood disorder, which affects individuals who inherit genes that code for abnormal haemoglobin from both of their parents. The disease is characterized by severe anaemia, susceptibility to serious and life-threatening infections, sporadic painful events, and progressive organ failure. Sick Cell Disease contributes 25% to the Child Mortality Rate in Uganda, where approximately 25,000 babies are born with it every year. Unfortunately 80% die before their 5th birthday due to complications arising from the condition. Before receiving this machine, patients could be screened at KH but had to be referred for definitive diagnosis. Early diagnosis is important to ensure patients receive appropriate care, such as folic acid, antimalarials, pneumococcal vaccination and penicillin prophylaxis. **THANK YOU, Hilfe für Kiwoko!**



MORNING PRAYERS 'GROWS' AS STUDENTS RETURN

As the HTI students returned to their studies, Morning Prayers has returned to its pre-COVID numbers. The students have condensed semesters to enable them to make up for the time lost when schools

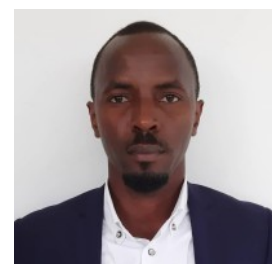
and colleges were closed due to COVID restrictions. The current first year students are studying Christianity Explored in 7 small groups on Wednesday evenings. A further intake of students will arrive in July, and there are plans to have a similar Bible study programme for them.

EXTRA HELP

We are pleased to host two short term volunteer doctors, Dr Dan Mort (*see P4-5*) and Dr Arda Akkas, who have added quality to our service delivery. Dr Akkas is a German Radiologist volunteering in the Radiology department for 2 months, and helping with teaching and training of the radiology technicians and doctors. Additionally, we have recently been joined by Dr Dale Mugisha, a locum obstetrician-gynaecologist. This is quite timely as we aim to start a Cervical Cancer Screening programme at KH, which Dr Mugisha has been involved in elsewhere.



Dr Akkas



Dr Mugisha

QUALITY IMPROVEMENT

We are constantly striving to improve the quality of patient care at KH. We recently enrolled in the Antimicrobial Stewardship and Infection Prevention program offered by Medicines Technology and Pharmaceutical Services (MTaP). We are looking forward to improving our practices. And with the easing of COVID lockdown, we hope to start our research study entitled: **'Feasibility of Use of the PATH bCPAP Kit including Oxygen Blenders in a Neonatal Population in Uganda'**.



DONATIONS

Kiwoko Hospital would not and cannot exist without the faithful giving of our friends and supporters.

Friends of Kiwoko Hospital is a registered Charity based in Northern Ireland (UK charity Ref. 104586). Please visit the website and choose the most appropriate way in which you can partner with us in bringing good news to the poor, in word and action.

... AND COMMISSION

If you are purchasing through Amazon UK, the hospital can gain up to 10% commission. Go to the FOKH website - www.fokh.org.uk - and click on the link on the bottom right, which will take you through to the usual Amazon website. Proceed as normal from there!

amazon.co.uk



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KEEP PRAYING...

- Continue to praise God! We thank Him for His continued faithfulness, provision and care, through which we can continue to serve the people of our local communities and beyond.
- Praise God for all our partners, donors and supporters. Kiwoko Hospital can only function due to the partnership these organisations and individuals provide in so many different ways—through financial giving, education, prayer, encouragement....
- Thank God for all our staff in so many different departments, each with an important role at the hospital. Continue to pray for their protection, especially from COVID-19.
- Pray for hospital leadership. Pray for wisdom as they make many decisions about the present and future running of the hospital.
- Thank God that a number of ministries have resumed following lifting of COVID restrictions. Praise God for the recent Medical Mission. Pray for all those involved in this important part of the hospital mission.
- Thank God for the Solar Project and how it is releasing funds to be used in other important areas of the hospital.
- Praise God for how Uganda has been spared from the severe impact of COVID-19 seen in so many countries worldwide. Continue to pray for protection.
- Pray for every patient and attendant who comes to Kiwoko. Pray that they will experience God's love in action, and that they would know God's speaking voice into their lives.
- Pray that in everything happening at Kiwoko Hospital, God will be glorified.

“Seek the Lord and his strength; seek his presence continually.”

1 Chronicles 16:11

THANK YOU FOR YOUR SUPPORT!

Kiwoko Hospital is a private, not-for-profit, mission hospital in rural Uganda. We are so thankful to our supporters for their ongoing significant contribution to the work of the hospital. Without you we would be unable to provide the high quality healthcare that our patients deserve.

family, friends and colleagues. For more information on Kiwoko Hospital, and for ways to support the work, go to the FOKH website:

www.fokh.org.uk

We also post regular updates on our Facebook page:

[https://
web.facebook.com/
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If you have enjoyed this update newsletter please forward it on to