



# Kiwoko Hospital News

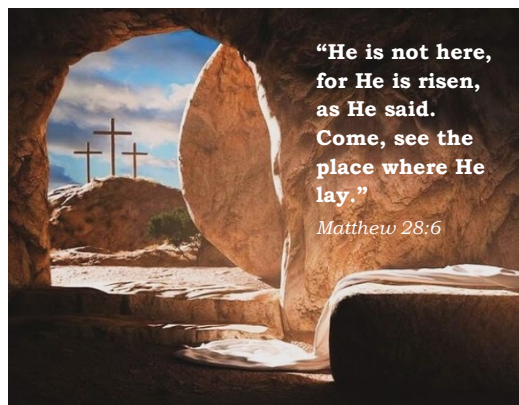
April 2025

## Special points of interest:

- Audette Exel's Visit
- Patient Stories
- Project and Ministry Updates

## Inside this issue:

Audette Exel's Visit	2
Research Publication	3
KHHTI Diploma Enrollment	3
Funding Cuts	4-5
Patient Stories	5-6
Project Updates	7
Ministry Updates	8
Visitors and Volunteers	9
Prayer Points	9
Donations	9



**"He is not here, for He is risen, as He said. Come, see the place where He lay."**  
*Matthew 28:6*

each partner plays in ensuring we continue to provide excellent healthcare whilst sharing the Good News of the Gospel of our Saviour, Jesus Christ.

Welcome to the Easter 2025 edition of the Kiwoko Hospital Newsletter.

As always, this Newsletter gives a 'feel' of what is going on at the hospital. There are some challenging updates, especially regarding funding cuts and some of the implications. Yet we can also be encouraged, particularly through patient stories, project and ministry updates. Please keep praying, encouraging and supporting the hospital. We value greatly the role that

## EASTER ACTIVITIES

Easter is the most important festival in the Christian calendar, when we remember Jesus' death and resurrection, and His victory over sin and death. This is the Good News of the Gospel which we want to share with others!

### Lent Meetings

As has been the practice over recent years, during the Lent period, there have been short services each week in the different villages within the hospital compound. These have been an opportunity to encourage staff and their families to consider Jesus' death and resurrection, and how salvation comes

through Him alone.

### Easter Mission

The annual Easter Medical mission is usually organised for 2 days in the days leading up to Easter. This year it is in Nakaseke, a neighbouring town to Kiwoko. 15-20 staff are volunteering, working alongside local churches and other health worker volunteers. The mission involves preaching the Gospel and providing free medical services.

Large numbers of people are expected to attend!



(Above) One of the Lent meetings within the hospital compound. (Below) Nakaseke Easter Medical Mission has started!



## AUDETTE EXEL'S VISIT



**Audette Exel (4th from left) with representatives from Kiwoko Hospital and Adara Development Group**

Our joy knew no bounds when we were informed that Audette Exel, the founder of Adara Group, would be visiting in March 2025. Adara Group is well known for supporting communities in poverty-stricken areas. Their mission is to bridge the world of business and the world of people in extreme poverty.

A 27-year-old partnership between Adara Group and Kiwoko Hospital has drastically reduced the number of maternal and newborn deaths in Luwero, Nakaseke, and Nakasongola Districts, and Uganda at large! The 38-bed Neonatal Intensive Care Unit (NICU) has advanced by leaps and bounds to become a National Centre of Excellence.

“I am back in remote Uganda at this incredible Centre of Excellence in Maternal

and Newborn Health, Kiwoko Hospital. It is 27 years since I first drove the red dust road to reach here – a place that has uplifted my life beyond measure. Kiwoko is now a beacon of hope for mothers and babies living in poverty, in low resource settings globally and the centre of Adara Newborn – our model of care for mothers and small and sick babies. There has been laughter and hugging and stories. Some are stories of pain and fear – most are stories of hope and resilience” said Audette on her LinkedIn post.

Her visit was at a time that Kiwoko Hospital is struggling and has grossly been affected by the funding cuts.

“I wake up to the call to prayer and the sound of community getting ready for another day, the sun rising, monkeys chasing each other on the roof, pots clanging and

children laughing. It all seems as it ever was – except it is not! This time, the size of the impending disaster is beyond words.

***“...the size of the impending disaster is beyond words.”***

The withdrawal in February of committed funding to low-income countries from USAID – 40% of the world’s total humanitarian aid -looms like a spectre at the door. PEPFAR is shattered – the global supplier of critical, lifesaving antiretroviral drugs for HIV. In remote communities with widespread HIV transmission, after years of turning the tide, it seems there will be no swords and no shields for the battle going forward. How long will the supplies of ARVs for HIV patients last?

Nobody knows. A few months maybe. Families are sharing meds to make their supplies last – dramatically impacting their viral load. How long will the supply of TB meds, condoms, antimalarials last? How do they get ready for the likely return of the mother-to-child transmission of HIV – unseen in the sites we work in for at least a decade? Will we see more unsafe abortions? Yes. More teen pregnancies? Yes. More death? Yes. Will the teams here manage with compassion, excellence and magnificence? Yes. **Do they need our support more than ever? Yes.”**

Thank you Audette for visiting us here in Kiwoko. It was inspiring to have you around - your presence never leaves us the same!



**Audette visiting the Kiwoko Hospital NICU**

## RESEARCH PUBLICATION IN BMJ GLOBAL HEALTH

Kiwoko Hospital has a committee that handles research projects around the hospital. The Health Services and Research Committee (HSRC) is coordinated by Dr. James Nyonyintono, KH Clinical Programs Manager.

One of the recent research studies undertaken by Kiwoko Hospital and Adara Group involved the Hospital to Home (H2H) Program. The H2H Program was developed to address a critical gap in follow-up care,

supporting high-risk infants in the hospital and when they return home. The findings of this most recent study stated that there was a higher uptake of breastfeeding and immunisation in high risk infants after they have been discharged from the hospital when they had H2H input. The data also indicated improvement in infant's growth, possible reduction in neurodisability and most importantly 'Hope' that preterm babies could survive and thrive.

Both caregivers and healthcare workers reported H2H as beneficial with high participation and engagement in home visits. The study also found the program improved healthcare workers' knowledge, confidence and collaboration with caregivers, leading to stronger family-centred care.

Read the full publication at: <https://gh.bmj.com/content/10/2/e015945>

***“The H2H Program addresses a critical gap in follow-up care, supporting high-risk infants...”***

***DID YOU KNOW?*** Kiwoko Hospital uses a 5-year Strategic Planning approach in determining and planning for the way forward. This is organised into 4 key objective areas: Administrative/Estates; Clinical Programs; KHHTI; and, Chaplaincy. The current plan ends in June 2025, with the next 5 year plan currently being formulated. Pray for wisdom and clarity for those involved in developing this important document.

## KHHTI DIPLOMA ENROLLMENT COMMENCES

In September 2024, KHHTI was awarded accreditation by the Ministry of Education and Sports to extend teaching to Diploma courses for Nursing and Midwifery courses.

This was a great opportunity given that KHHTI is one of the few schools offering quality education in rural Uganda. A study showed that 75% of learning institutes are concentrated in the urban areas of Uganda. This makes KHHTI a ray of hope that is looked up

to by the rural community who are not able to afford the costs of education in urban areas of Uganda.

Even though KHHTI had hoped to take up and enrol 50 Diploma students in January 2025, only 30 students could be registered.

Although a new girls hostel, which can accommodate 58 girls, was launched in November 2023, KHHTI is still facing a challenge of lack of adequate accommodation and



classroom facilities for the new students. The school is currently seeking funding to implement the plans for expansion that were developed in conjunction with German Architects, Jan Glasmeier and Oliver Giebels.

To support the roll out of KHHTI's master plan, please donate or contact us: [businessmanager@kiwokohospital.com](mailto:businessmanager@kiwokohospital.com). Together, we can promote quality education in rural Uganda!

## FUNDING CUTS HAVE DIRE CONSEQUENCES FOR HEALTH

The recent closure of USAID, through which we have been receiving drugs and treatment for HIV/AIDS and ART patients, has taken many nations by surprise. Uganda and Kiwoko Hospital have not been spared this devastating blow. Many are going through phases of shock, depression and uncertainty.

### What about my family?

"It is only a matter of time until we die," recites the 43 year old Milly [permission obtained]. "I have three children and I'm worried about who will take care of them when I'm gone. I am grateful that none of my children contracted this disease at birth since I was immediately enrolled for treatment and I continue to pray to God to help us through this difficult period."

***"It is only a matter of time until we die..."***

Milly works as a house help. It is through this job that she has been sustaining her three children whom she is single handedly raising. She has been receiving her treatment from Kiwoko Hospital HIV clinic since she found out about her status in 2005.

**Is death inevitable?**

Moses Kiyimba, the HIV/AIDS Male Champion working with Kiwoko Hospital, shares similar sentiments to Milly. "I almost ran crazy when I was told that we shall not be receiving drugs anymore; not just me but many of the other patients too. We saw our colleagues in the community who refused to take medication die. Some of them who stopped taking medication and went to traditional healers or churches for intervention either came back very sick or eventually died! So, if we also stop taking this medication, we are going to die. There's no other way out for survival without medicines and yet many of us cannot afford this treatment."

Moses Kiyimba has been advocating for early detection and intervention in the community. By doing this, he has managed to educate and draw many to the awareness of this deadly disease. When the patients come to Kiwoko Hospital for treatment, Moses is keen to triage them and monitor their vitals.

***"There's no other way out for survival without medication and yet many of us cannot afford this treatment..."***



### Drugs running out

"Our drug stock levels are going down everyday. We only received part of the drugs that we ordered at the beginning of the quarter. We have not yet received any communication from our suppliers about dates of possible delivery. By the end of April, we shall not have any drugs left. Many of the surrounding facilities have reported that they have completely run out of drugs, which puts more pressure and demand on us," say Yusuf and James, our nurses at the HIV Clinic.

The minimum monthly cost of drugs for an HIV/AIDS patient is Ugx. 50,000/- (approx. £11 GBP). This excludes monitoring blood tests like viral load, cell count or any other required test. The story is totally different for patients on the third line of treatment.

### Only adverse outcomes

Sudden and sweeping aid funding cuts are harming efforts to

**(Above) Drug supplies are running out fast (Below) Clinics continue**



eradicate HIV, monitor outbreaks of diseases and prevent diseases that can easily be avoided through health education, immunization and sanitation promotion.

In Uganda, conditions like HIV, mental health problems and epilepsy are common, yet affordable prevention and treatment services are often not available. Furthermore, these conditions disproportionately affect the most vulnerable and disadvantaged people in our population. People of low socioeconomic status carry a higher

*Continued on Page 5*

*Continued from Page 4*

burden of diseases and this association remains across the life course if not managed in the early phases.

### **Hope for the hopeless**

Life can understandably seem hopeless in this

situation. Our hospital mission statement outlines that we will always advocate for our patients, with particular focus on the poor and the vulnerable. Whilst we seek to secure funding

and supplies for our patients, we continue to point them to our Saviour, Jesus. In contrast to so many situations in this world, we have a secure Hope: Jesus never breaks His promises!

***“I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world.” John 16:33***

## **PATIENT STORY: Retinopathy of Prematurity**

A mother’s joy begins when new life is stirring inside... when a tiny heartbeat is heard for the very first time, and a playful kick reminds her that she is never alone.

Pregnancy wasn’t straightforward for Margaret Babirye [permission obtained], a 23-year-old residing in Bombo. Babirye was always sick, nauseous and vomiting frequently during her pregnancy. A scan in her second trimester revealed two heartbeats! She was expecting twins!! It should have been a joyous moment - double cheer, double joy but no, she was always sickly to the extent that she had to shut down her fruit and vegetable stall in the market to allow her to rest some more.

Her 26-year-old husband, a boda boda rider (motorbike taxi), took on the responsibility of taking care of Babirye. At 29 weeks of pregnancy, Babirye

started experiencing labour pains. She was rushed to a nearby clinic where she delivered her little twins. Being a premature delivery, Babirye was transferred to Kiwoko Hospital’s Neonatal Intensive Care Unit for proper management of her twins.

Upon admission at Kiwoko Hospital, her 1<sup>st</sup> and 2<sup>nd</sup> babies weighed 1.03kg and 0.94kgs respectively. A few days later, the twins were diagnosed with Retinopathy of Prematurity (ROP). Babirye and her husband had not been prepared to deal with this. They didn’t even have money saved up to treat their twins. Would their little babies grow up blind? And never see the beauty of creation all their lives? This was a heartbreaking situation for the new parents!

‘ROP is an eye disease in premature babies, caused by abnormal

blood vessel growth in the retina, potentially leading to blindness. Risk factors include low birth weight, oxygen therapy, neonatal sepsis, anaemia, poor nutrition (inadequate breastfeeding), and breathing issues (apnoea),’ explains Dr. Iddi Ndyabawe, an ROP specialist working with the Kiwoko Hospital NICU.

Thankfully, through Good Samaritan gifts and with support from Dr. Becca Jones (our Neonatal Specialist),

Babirye’s twins were able to receive the much-needed treatment for the ROP disease.



**(Above) Babirye with her twins (Below) Babirye receiving input from the NICU team**



## PAITENT STORY: From Kapchorwa to Kiwoko for Care



26-year-old Joy Chemutai [permission obtained] attended a Community Eye Camp outreach held by Kiwoko Hospital in October 2024. She was reviewed by Frank Sekyewa, KH Ophthalmic Clinical Officer. Dr. Roy Harper, a neuroendocrinologist at the Ulster Hospital, Northern Ireland, and chairperson of Friends of Kiwoko Hospital (FOKH) was visiting the hospital at the time and had attended the outreach alongside Frank and the team. His expertise was important in organising Chemutai's care!

Chemutai mentioned that her eye was swelling and she was going blind. Upon

review, it was noted that her neck was swollen too and the possibility of thyroid disease was discussed. Chemutai was asked to come to the hospital for further management but, unfortunately, she wasn't able to attend immediately as her husband was transferred to a work station out of the country. As a result, Chemutai had to go back to her parent's home in Kween - Kapchorwa, together with her 2-year-old son.

While in Kapchorwa, Chemutai's condition worsened and she felt the need to heed to the doctor's advice and come seek further treatment at Kiwoko Hospital. Chemutai started her journey from Kween to Kiwoko early in the morning. Her journey was an interesting one as she used several types of transport: a taxi from Kween to Kapchorwa, a bus from Kapchorwa to Kampala, and another taxi from Kampala to

Luwero. Upon arrival at Luwero town, her transport money was all used up, so she decided to walk the 15kms from Luwero to Kiwoko Hospital! Fortunately, a boda boda rider heading the same direction met her and decided to give her a free lift to the hospital.

On arrival to Kiwoko Hospital she was attended to by our doctors, and being too late in the night, Chemutai was given a bed at the female ward for a night's rest.

Our OCO, Frank Sekyewa notes that Chemutai has Thyroid Eye Disease (TED), also known as Grave's Disease. This is an autoimmune disease, where the body attacks itself resulting in damage to the thyroid gland as well as other parts of the body, including the eyes. With TED, the immune system attacks the muscles and tissues surrounding the eyes.

Chemutai continues to receive treatment from the hospital and she is due for her follow up appointment in early April.

Through our Missions Fund supported by the Ballygowan Presbyterian Church, we were able to meet the treatment and transport costs for Chemutai.

Community Eye Outreach continues twice monthly to villages within Nakaseke district.



(Above) Our customer care Officer JB Katongole helped Chemutai when she arrived late in the day (Below) Chemutai being assessed by Dr Roy and OCO Frank at the Community Eye Camp



## PROJECT UPDATES

*Many of you have been following along with interest the various projects that have been ongoing in recent times. We thank God for all those who are enabling these projects to happen.*

### HDU Update

The construction works in the High Dependence Unit are now complete! There are now new floors, doors, windows and unitary, plus much more!

The HDU has space for 4 beds: 3 adult and 1 paediatric. This project also includes 3 self-contained rooms where patients who would like to pay a little more for higher quality accommodation will stay when admitted.

Through our funder, Hilfe Für Kiwoko, we continue to raise funds to equip the unit. Thank

you, Hilfe Für Kiwoko, for your commitment to this goal!

(From right clockwise) **Newly plastered and painted walls, and beautiful new floors; New windows; New carpentry and units; and New internal doors. The HDU is nearly ready for patients—just equipment now needed!**



### Theatre Update

Our newly constructed theatre is being put to good use, with major and minor surgeries happening daily! Besides having a more conducive work environment, our patients are receiving a top notch experience within the unit.

Phase II of the project is ongoing. This includes refurbishment of the old theatre rooms. We are hoping that this phase

will be completed by the end of May 2025.

We are forever grateful to supporters, families and individuals who have worked tirelessly and given their support — financially, spiritually and technically — towards this project.

(From top right clockwise) **KHHTI students training in the new theatres; The theatre dedication service (Jan 2025) - 2 photographs**



## MINISTRY UPDATES

Chaplaincy, and related ministries, makes up one of the 4 key areas of work of Kiwoko Hospital. As a mission hospital, we desire to share the Gospel not only through our actions, but also through our words. The Chaplaincy department are involved in overseeing this aspect of the work, especially through encouraging and training individuals to do this within their sphere of influence, and also through organising specific activities and events. In this KH Newsletter, we will highlight just a small number of these activities.

### Carol Singing

Each Christmas Eve we take the opportunity to share God's love through song, word and gifts with the patients who are unfortunate to be inpatients at Christmas. A group of staff, students and others join together to go round the wards sharing the good news of Jesus. Patients delight in receiving

sugar and soap, with the children also receiving small toys.

### January Conference

Our annual January Bible conference took place from 15th-17th with input from the Christianity Explored team. A number of local pastors took part, as well as local churches helping with the praise and worship. A good number of staff, families and students attends the afternoon and evening sessions. This is always an encouraging conference, and we look forward to it annually!



### Compound Ministry

On alternative Fridays, Morning Prayers moves



Children having fun at the Suubi Bible Club

outdoors into the hospital compound. This continues to draw a good number of staff, patients and attendants. Unlike other Morning Prayers which are mostly in English, Compound Ministry is predominantly in the local language, Luganda.

### Suubi

The monthly Sunday afternoon children's Bible club resumed at the end of January after the long holidays with a special prayer session along with the parents/guardians of the children. The theme for this year within Suubi is "God is faithful" (Deuteronomy 7:9) through looking at different Bible stories and characters throughout the coming

year.

### St Luke's Sunday School

Another children's ministry within the compound is the weekly Sunday School associated with St Luke's, the Church of Uganda church on the hospital site. Since its inception in mid 2023, the Sunday school has been growing with on average 40-60 children attending weekly. We have been teaching chronologically through the Bible and recently completed teaching on King David. It has been a joy to see the children learning well through song, Bible memorisation (mostly in song!), Bible lessons and crafts/shading.



PHOTOS: (Left) The Carol Singing team making joyful sounds around the compound (Right) Some of the Sunday School children with crowns they made when learning about kings in the Bible



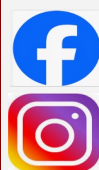
**We treat... Jesus heals**

## 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 this support we would not be able to provide the high-quality healthcare that our patients deserve.

If you have enjoyed this newsletter, please forward it on to family, friends and colleagues.

## SOCIAL MEDIA



We try to post regular updates on [Facebook](#) and [Instagram](#).

Why not follow along to keep in touch!

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## VISITORS & VOLUNTEERS

Each year we host visitors and volunteers from many different countries, many of whom are medical or nursing students doing their electives at the hospital. Many students come after hearing about the hospital from previous visitors or volunteers, or our supporting charities, FOKH and Hilfe für Kiwoko.



**Stephen Park (left), KH Visitor & Volunteer Coordinator, with some recent medical and nursing visitors and volunteers.**

**For information on visiting, medical electives or volunteering, please get in touch with KH Visitor & Volunteer Coordinator, Stephen Park, via email: [visitors.kiwokohospital@gmail.com](mailto:visitors.kiwokohospital@gmail.com)**

## PRAYER POINTS

Thank you to everyone who prays for Kiwoko Hospital, our staff and community. As well as the updates and articles in this Newsletter, please continue to pray for:

- Those in leadership and positions of responsibility. Pray for wisdom and guidance in every decision.
- Every member of staff, student and community with their various needs.
- Hospital finances. This continues to be one of the hospital's biggest challenges - costs are increasing, income is not... and funding has been pulled.
- Thank God for what He has done. Pray that He will continue to be glorified by the work.

***“Pray without ceasing” 1 Thessalonians 5:17***

## DONATIONS

As well as individual supporters, a number of registered charities support the work of Kiwoko Hospital in bringing good news to the poor, in word and in action.



**FOKUS MINISTRIES INTERNATIONAL**

For more information about giving through these charities, chose the appropriate country and charity: [\*please mark donation is for KH]

- **UK:** [www.fokh.org.uk](http://www.fokh.org.uk)
- **Various countries:** [www.adaragroup.org/development/get-involved/donate/](http://www.adaragroup.org/development/get-involved/donate/) \*
- **Germany:** [www.hilfe-fuer-kiwoko.de/](http://www.hilfe-fuer-kiwoko.de/) \*
- **US:** [www.fokusministries.org](http://www.fokusministries.org) \*

**DIRECT GIVING:** For some people this may be the best option. If doing this, please contact our Business Development Manager for further details and to ensure the donation is allocated appropriately: [businessmanager@kiwokohospital.com](mailto:businessmanager@kiwokohospital.com).