



Fourth Quarter Newsletter



October Clinic Pinnacles

Highlighted Case Opportunities: Dehydration and Appendicitis are highlighted in the October report. **Dehydration** is a condition suffered because of the loss of significant quantities of fluid and salt in the body. **Appendicitis** is when the appendix becomes inflamed and filled with pus causing severe pain.

Thirty-one clients were serviced and classified as dehydrated, three adults and 28 children were diagnosed. The most severe case was Andrew Baguma, an 18-month-old male brought to the Clinic with repeated fainting episodes followed by diarrhea and vomiting. He had no appetite for food or fluids. His eyes were sunken, lethargic, no tears, feverish, with dry lips and skin. After 30 minutes of IV management, Andrew was better and was sent home with antibiotics. *The doctor could not properly monitor Andrew's vital signs due to the lack of an Automatic Vitals Monitor.*

Ruth Basemera, a seven-month-old baby girl, was brought into the Clinic with 56 breaths per minute (12-20 breaths is normal) and was severely dehydrated because of her symptoms of food poisoning. The doctor was able to give Ruth fluid intravenously and she recovered after an hour of treatment. It was hard to find Ruth's veins because they had collapsed. *The Clinic needs a Vein Finder Device to alleviate the pain of sticking a patient repeatedly.*

Appendicitis can be confused with bladder or urine infection, gastroenteritis, irritable bowel syndrome, constipation, Crohn's disease, ectopic pregnancy, and for women, menstrual pain. If this condition is left untreated, the appendix could burst causing peritonitis, a serious infection.

Three clients, two female and one male, were serviced this month. Kabasinguzi, a 47-year-old female, visited the Clinic with diarrhea, fever, and severe abdominal pain with generalized tenderness. *The doctor had to refer this client to the District Hospital for a surgical procedure that had required an equipped functional theatre.*

November Clinic Pinnacles

November introduced two medical conditions: **Dyslipidemia and Sickle Cell Anemia**. **Dyslipidemia** is an unhealthy level of one or more lipids (fat) in your blood. The combination of cholesterol and proteins is called lipoprotein. **Sickle Cell Anemia** is an inherited disease, a group of disorders called a disease that cause red blood cells to become misshapen and breakdown. These sickle cells can become sticky or rigid, which can slow or block the blood flow.

Dyslipidemia was seen in 17 patients at the Clinic. Justine, a 59-year-old female, endured a 4-month period of poorly controlled hypertension and struggled with varied blood pressure levels. *After a few test procedures Justine needed a test done with a Biochemistry Analyzer which the Clinic did not possess.* This analyzer performs a lipid test along with liver and renal functions. Justine was referred.

Sickle Cell Anemia tells the body to make iron-rich compounds in the red blood cells called hemoglobin. Hemoglobin associated with sickle cell anemia causes red blood cells to become rigid, sticky and misshapen.



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November cont'd

Five clients serviced at the Clinic included two children and three adults. Joy, a 9-month-old baby girl, came to the Clinic with swollen hands and feet, a fever, and loss of appetite since the age of 2 months. The doctor stabilized Joy and managed her bacteremia but, **due to the lack of a Hemoglobin Electrophoresis, had to refer her to the District Hospital to test for Sickle Cell Anemia.** In the same month, because it is a common practice, 16 couples needed the same test performed to rule out the sickle cell traits before marriage.



December Clinic Pinnacles

December highlighted **Epilepsy and Amenorrhea**. **Epilepsy** is a neurological disorder where brain activity becomes abnormal, causing seizures or periods of unusual behavior and sometimes loss of awareness. **Amenorrhea** is the absence of menstruation, which means a sign of hormone problems. This condition is increasingly becoming more common among the women in the community.

Epilepsy must occur at least two times within 24 hours for its diagnoses. Seizure signs may include temporary confusion, a staring spell, stiff muscles, uncontrollable jerking of arms and legs, loss of consciousness and awareness.



There were 15 patients brought to the Clinic for Epilepsy drug refills but there were two new clients who had seizures and were diagnosed with Epilepsy. Esther, a 22-year-old female, came in with symptoms which began five months earlier. The doctor administered an anticonvulsant IV and placed the patient in a recovery room. The second patient was Isaac, a nine-month-old baby who had two to three seizures per month since birth. The baby had never been taken to a hospital for treatment because the mother had a history of using a local herbalist to cure him. Both clients were referred to the District Hospital in Kampala for imaging services of a CT Scan and EEG to rule out tumors and to diagnose Epilepsy. **Imaging must be done first, and the Clinic lacks an Electroencephalogram EEG Machine-measures the electrical activity of the brain which will aid in better management of the patients.**

Amenorrhea occurs in girls who have not experienced menstruation by the age of 15. This could be due to family history, genetics, abnormality, the absence of reproductive organs, or lack of hormones to start the menstruation cycle. There is Primary and Secondary Amenorrhea. Secondary cases mean the absence of three or more periods by someone who was once regular. Secondary can be brought on by breastfeeding, menopause, and hormone imbalances.



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December cont'd

December recorded 23 clients complaining of this disorder. Twenty-two had the Secondary disorder. Kajumba, an 18-year-old complained of the absence of menstrual periods since puberty, coupled with headaches, vision problems, and overweight (225 lbs. and 4 ft. 3 in. tall). *The doctor recommended a hormonal test with a **Hormonal Analyzer Machine** which the Clinic lacks, so this client was referred to the District Hospital to perform the test.*

Vein Finder



Biochemistry Analyzer

Essential Medical Equipment

For the Clinic to operate more efficiently, we have listed equipment needs with **Uganda's approximate costs**. Please join us in working to send the Clinic funds for equipment. Equipment and cost range is:

- ❖ Automatic Vitals Monitor-\$865-\$2,200
- ❖ Vein Finder Device-\$100-\$300
- ❖ Biochemistry Analyzer-\$300-\$1,200
- ❖ Hemoglobin Electrophoresis-\$500-\$2,500
- ❖ Electroencephalogram EEG Machine-\$1,300-\$4,500
- ❖ Hormonal Analyzer Machine-\$1,500 - \$3,700

Of course, it is more advantageous and less costly to send funds so the Clinic can purchase the equipment in Kampala, Uganda. Anyone with access to non-government organizations, private companies, individuals, and institutions that can assist, please contact HHCharities at info@hhcharities.org.

Vital Sign Monitor





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Ugandan Children’s Manager’s Report October - December

October was a month of outpouring rain which presents many challenges for the children. In October, the children also faced promotional exams, so they were encouraged to study hard to pass to the next level. The children will then break for the end of the year. During the manager’s visitations, the children were encouraged to maintain a good hygiene practice for their bodies and safe sanitation so they would not become sick.

In November, the children’s manager had an opportunity to visit several of the children’s homes. Her purpose was to encourage them in their education process. All the children were promoted to the next grade level. Hallelujah! Congratulations to our children! During the upcoming holiday break, the children were challenged to participate in activities at home like poultry keeping, knitting, weaving, and animal raising. During this period, the manager cautioned the children to be aware of their peer groups. Bad groups would steer them away from focusing on their education and their reading time.

December blessed the children with a long break before the next school year. The children’s manager had another visitation with a few of the children and reminded them to be obedient and helpful around the house. There was a great celebration for the children sponsored by a generous church. The children ate beef, rice, and beans and played various games that entertained them well. Thank you for blessing the children beyond measure!

Many of the children are hoping and praying for a sponsor so they can attend school in 2024. **Will you be the answer to their prayers!** All the information you need to support a child in 2024 is listed below. *Thank you for stepping up and helping another child realize his/her dream!*



Imagine Life Through a Child’s Eyes...Sponsor a Child’s Education!

**Ugandan Children’s Tuition/Support for 2024
 Fort Portal, Uganda**

Three (3) Academic Terms/Semesters in the **Ugandan Public Schools:**

**Term I – February 5th – May 3rd
 (Funds due by January 30, 2024)**

**Term II – May 27th – August 23rd
 (Funds due by May 21, 2024)**

**Term III – September 16th – December 6th
 (Funds due by September 9, 2024)**



Funds are used for:
 Tuition, Uniform, Lunch Meals, School Supplies, Additional Meals/Clothes

ANNUAL TOTAL-----\$396/\$450

Term Payments: \$132/\$150 per term (according to grade level)

Monthly payments: \$33/\$38 per month (Auto Payments set up via PayPal (Donate) or via Your Bank)

**Payments accepted: Checks (mailed to P.O. Box)
 Credit Card Payments: via PayPal (Donate) at www.hhcharities.org
 Zelle (Business): info@hhcharities.org/CashApp (Business): \$Humanitarianhands**

*** Use your Match Program at your place of employment to maximize your giving. ***

**95% of your tuition payments are wired to Uganda for the children*
 *92% if paying via credit card payments 3% for charge fees/5% for administrative costs**