



First Quarter Newsletter



January Clinic Highlights

Clinic Opportunities: The top medical condition treated in the month of January was, of course, **Malaria**. Intestinal worms, upper respiratory infections and hypertension also played a major role in the patients treated this month. The children suffered with pneumonia and diarrhea.

The Clinic presented a Cervical Cancer Awareness Session for the mothers who were visiting for their children's immunizations. We are just grateful that the mothers are realizing the importance of vaccinating their children. Cervical Cancer is one of the most common cancers in Uganda. Eighty percent of the women who develop this cancer are diagnosed when they are well into the advanced stages of this disease. Sadly, only 20% of these women have a five-year survival rate.

Testimony: A 28-year-old woman named Kemigisa shared that when she was 21 years old, she started having irregular bleeding episodes along with severe abdominal and pelvic pain. She suffered in silence for years fearing she would not attract a husband. Because of Kemigisa's age the hospital told her she was too young to be screened for cervical cancer. In 2022 she brought the daughter of her boss for immunization and sat to hear about the cervical cancer education session. Kemigisa realized she had the symptoms of cervical cancer. She was referred to the Regional Hospital, was treated and now enjoys a happy life with a child.

February Clinic Highlights

Clinic Opportunities: **Malnutrition continues to plague the people of Uganda.** Chronic malnutrition is about 41%, underweight children about 16% and acute malnutrition approximately 3%.

The Clinic treats malnutrition with early detection made by using these four common nutrition anthropometric indicators: the Mid-Upper Arm Circumference (MUAC) tapes, Weight for Height (WFH), Height for Age (HFA), and Weight for Age (WFA). The Village Home Team uses these methods when they visit house-to-house in the communities. Deworming and immunization are monitored to reduce children's illnesses.

Testimony: A 27-year-old woman had four children aged nine, six, three and one. The youngest child died from malnutrition because the mother was not producing sufficient milk. The child was taken to a health center and was diagnosed with severe malnutrition. He was treated for nine months but later passed. The three-year-old was admitted to the John H. and Marie Parrish Medical Clinic for acute malnutrition. She was treated and now lives a healthy life. Her mother received nutritional guidance from the staff at the Clinic which saved her children's life.



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March Clinic Highlights

Clinic Opportunities: Although Malnutrition is a major concern for the people of Uganda in children and adults, Western Uganda is known as “the food basket” of the country. The people rely on staple crops like cassava, matooke, beans, and maize but these items lack sufficient protein, iron, and vitamins. Malnutrition might occur because these items lack vitamins that contribute to fat and muscle tissue growth. There is quantity in the food but not quality.

In the Kabarole District where the Clinic is located, 41% of the children under five are stunted in growth because of malnutrition. The babies are born under weight at 50% of the births weighing below a healthy level. This puts the children at a high risk of early death and long-term growth delays.

Specific types of Malnutrition are Kwashiorkor, caused by severe protein deficiency; Marasmus caused by severe caloric deficiency; and Micronutrient deficiency which causes bleeding gums, night blindness, hair loss, and slow healing. Severe acute malnutrition can leave a child extremely thin, weak, and vulnerable to disease.



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March Clinic Highlights cont'd

Testimony: Gidion and Natukunda, expectant parents, earned very little money so Gidion did not take Natukunda to her antenatal visits. While working in the tea fields, she gave birth at the tea farm assisted by the workers. The Clinic was 12 kilometers (7.5 miles) away, too far for her to walk. As the result of no prenatal care, Natukunda died after delivering Pamella. Gidion could not care for the child, so she was given to his elderly mother who was also disabled. Pamella suffered from malnutrition. She was taken to the Clinic and at two months old, she weighed 1.8 kilograms (4 pounds). The pastor of the Living Church visited the Clinic that day and noticed Pamella's thin frame. He immediately paid for Pamella's medical care. She was severely malnourished, so treatment began immediately. Later in the month Pamella visited the Clinic for follow-up looking healthy and playful.

There are many children in the community like Pamella. Malnutrition is an extremely dangerous health condition that the people must endure until life changes for them.



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Humanitarian Hands CHARITIES

Building Hope...
One Heart, One Life, One Community At A Time

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Ugandan Children's Manager's Report January - March

During the holiday in **January**, the children's manager focused on educating the orphaned children regarding their safety, their well-being, healthcare, sanitation, and their psychosocial well-being. Meetings were held with the children's caregivers to reinforce information shared with the children. The children that were preparing for the national exams received academic guidance.

In **February** follow-up meetings were performed to check on the children's academic performance and their daily attendance. The children are maintaining a consistent attendance and performing good in their classes, with a few exceptions of those who needed additional assistance. Tuitions and financial support was submitted to the students' school, and the progress reports were reviewed and sent to the children's sponsors. The reports indicated steady improvement and positive discipline among all our sponsored students.

March focused on education monitoring, social well-being, hygiene, and strengthening collaborations with the school and the children's caregivers. Continued support is shared with the students in the areas of peer pressure, emotional well-being, self-discipline, and daily life challenges. Counseling was available for those students who needed individual care. Some of the challenges they face are irregular attendance at school because of family-related issues and economic challenges. A few of the students have little or no involvement with their caregiver which affects the child's performance.



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

Terms for Ugandan Public Schools:

Term I – February 2nd – May 1st

(Funds due by January 28, 2026)

Term II – May 25th – August 21st

(Funds due by May 20, 2026)

Term III – September 14th – December 4th

(Funds due by September 9, 2026)

Funds are used for: Tuition, Uniform, Shoes, School Supplies, Lunch Meals

ANNUAL TOTAL-----\$396/\$450 (according to grade level)

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

Monthly payments: \$33/\$38 per month (according to grade level) Auto Pay via PayPal (Donate) or Your Bank)

**Payments accepted: Checks (mailed to address below)/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***