



## Second Quarter Newsletter



### April Clinic Pinnacles

**Highlighted Case Opportunities: Dehydration and Candidiasis** are highlighted in the April report. The loss of crucial amounts of fluid and salts contributes greatly to **Dehydration**. Body fluids are normally lost throughout the day through various activities of the body's daily functions; therefore, it is important to replace this loss by drinking plenty of fluids. Dehydration is no respecter of persons, but this condition is gravely dangerous for young children and older adults.

The Clinic received 17 clients classified as dehydrated; 3 adults and 14 children below the age of 5. Timothy, a 21-year-old male, had 3 episodes of fainting in one day, 3 days of headaches, and 5 days of vomiting and diarrhea. He was found unconscious by his family and brought to the Clinic. Timothy regained consciousness after 3 hours while the Clinic team inserted an intravenous fluid. Several attempts were made to find his veins. The Clinic lacks a Vein Finder Machine.

**Candidiasis (Candida)** is a fungal infection found on the skin or mucous membranes caused by an overgrowth of yeast (fungus). This infection lives on the skin, inside the mouth, throat, gut, and vagina without any problems. Healthy bacteria keeps the yeast balanced.

Oral, cutaneous, vaginal, granuloma (chronic infection on the skin, scalp, mouth, and fingernails), or invasive (serious infection in the heart and skull due to immune deficiency) candidiasis can occur where there is an imbalance of yeast and healthy bacteria. Candidiasis can become critical in diabetics, pregnant women, infants, catheter users, denture wearers, and HIV/AIDS patients. Thirty-seven clients, 4 men, 21 women, and 12 infants were treated with antifungal medicines.

### May Clinic Pinnacles

**Highlighted Case Opportunities:** May highlights two non-communicable diseases: **Hypertension (high blood pressure) and Deep Vein Thrombosis (DVT)**. Hypertension occurs when the pressure (measured in millimeters of mercury-mmHg) in your blood vessels is too high (140/90 mmHg or higher). Hypertensive emergency is active when the blood pressure is higher than 180/120 mmHg. Hypertension is most common in adults, but some children can have hypertension when problems with the kidneys or heart are present or with unhealthy diets and lack of exercise.

In May, 20 clients with hypertension were treated; 13 females and 7 males. A 48-year-old female, Marunga, visited the Clinic with hypertension and complaining of headaches. Although she was already on medications her symptoms persisted. The Clinic team performed an Electrocardiogram (ECG) with no cause apparent. Because the Clinic does not have a Chemistry Analyzer, Marunga was referred to the Regional Hospital.

**Deep Vein Thrombosis (DVT-also known as Thrombophlebitis or Venous Thrombosis)** is a blood clot (caused by an injury or sluggish blood flow) in a vein located deep within your body, usually in your leg, but can also be in your thigh, pelvis, arm, brain, intestines, liver, or kidney. The Clinic usually gets patients with DVT, but clients are referred to the Regional Hospital because this facility does not have a Doppler Ultrasound Diagnostic Machine.

Nine clients entered the Clinic for treatment with swollen limbs. Among them was Mugisa, a 53-year-old male, with a swollen left leg for 27 days and right-sided abdominal pain for 13 days. With no diagnostic machine, Mugisa was stabilized and referred to the hospital for further testing.



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### June Clinic Pinnacles

**Sickle Cell Disease (Anemia) and Malnutrition** are highlighted in the June report. **Sickle Cell Disease** is caused by inheriting a defect in a gene. Two genes are inherited—one from the mother and one from the father. A one gene inheritor is called a “carrier” of the disease. The red blood cells are misshapen (shaped like crescent moons) and breakdown. Signs and symptoms of Sickle Cell Anemia can begin to appear at age 6 months. A Sickle Cell Anemia can be diagnosed by a Hemoglobin Electrophoresis Test.

In June, the Clinic serviced 13 clients; 9 children and 4 adults. A person of interest was Andrew a 16-year-old male, who was known to have this disease, was brought in with chest pains, and knee and elbow joint pains and coughing spells for a week. The doctor rehydrated Andrew and administered intravenous pain medicine along with antibiotics. After three hours of managed care, Andrew was out of painful crisis and discharged with an oral medication.

In Uganda couples who are planning to marry must take a Sickle Cell Disease test to rule out the disease. There were 16 couples who visited the Clinic for this test, but they were referred to the Regional Hospital. **The Clinic does not have an Electrophoresis Machine to rule out hemoglobinopathies.**

**Malnutrition** is a lack of sufficient nutrients in the body. The cause might include a poor diet, digestive conditions, or another disease. Symptoms are fatigue, dizziness, and weight loss. If left untreated, Malnutrition can lead to physical or mental disability, impaired immune system, increased risk of adult chronic diseases, mortality, and cycle of inter-generational malnutrition resulting in a poor economic status for the individual and the country. This condition is a great contributor to morbidity and the mortality of children under the age of 5. More than one third of all young children are stunted in growth due to Malnutrition. Poor nutrition during a woman’s pregnancy makes the fetus most vulnerable and to the age of two (where most rapid physical growth and developmental years occur).



**Marasmus** is severe undernutrition with a deficiency in all the macronutrients that the body requires to function, including carbohydrates, protein, and fats. Its features include severe wasting, old man’s face, excess hanging skin around the buttocks, ribs and zygoma bones are prominent, and eyes are sunken.

**Kwashiorkor** occurs when you may have carbohydrates but lack protein in your diet. Kwashiorkor is known for causing edema—swelling with fluid, especially in the belly and the face. There can be a change in skin pigment, decreased muscle mass, diarrhea, fatigue, and a change in hair color or texture.

Several children appear at the Clinic with Malnutrition mostly under the age of 5. They are normally diagnosed, stabilized and then referred to the Regional Hospital with a nutritional department. A 4-year-old female, Joseline, came into the Clinic with swollen legs for over a month but she could no longer walk and had severe wasting and loss of appetite. After her grandmother sought treatment from traditional healers with no cure, she was told the child’s sickness was related to witchcraft. The child had no immunizations and was delivered at home where her mother died during delivery.



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### June cont'd

After the doctor's assessment, Joseline was diagnosed with severe acute malnutrition with complications. She also had HIV/AIDS and severe bacterial septicemia. Joseline was referred to the Regional Hospital with a nutritional department and Antiretroviral (ARV) Initiation.



Vein Finder



Electrophoresis Machine

### 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:

- ❖ Vein Finder Device-\$500-\$800
- ❖ Blood chemistry Analyzer-\$700-1,500+
- ❖ Electrophoresis Machine-\$500-\$900
- ❖ Doppler Ultrasound-\$1,500-\$5,500

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](mailto:info@hhcharities.org).



Blood Chemistry Analyzer



Doppler Ultrasound



## Second Quarter Newsletter

### Ugandan Children’s Manager’s Report April - June

April ended well for the children HHCharities’ sponsor’s support. The children completed their Term One exams, and they all performed well. Visitations were made to the children during the holiday break by the children’s manager, Priscilla. Reminders were given to the children regarding their daily conduct, and their roles or responsibilities given to them by the school for completion during the holidays. The children were also encouraged to maintain a high level of sanitation and hygiene and to remove high bushes around the house and to remove stagnant water to avoid the breeding of mosquitoes that, if bitten, could lead to Malaria. HHCharities was alerted to the fact that a lot of the children have grown out of their uniforms, or their uniforms have worn out, and many of them lack backpacks.

In May the children started Term Two on the 20<sup>th</sup>. The children reported back to school, and they were all able to complete their holiday package given to them by their schools. All the school fees were paid, and the children promised to put great concentration on their studies this Term. Food was bought for the Food Pantry and distributed to some of the children in need. HHCharities was also blessed with a donor who sent funds to assist the children. Backpacks, uniforms, some tuitions were paid, and a scholarship was given to a youth studying Engineering (male photo below) through this organization. The children were very thankful.

June was met with the same challenges the children have each month, the children must walk long distances to school and from school so many times they are very tired. Their challenge lies in reaching school in time and then returning home before dark. There is not a bus that goes around and picks up the children, so they are forced to walk even in bad weather. Priscilla was able to visit some of the children for Carriers Day where the children are guided on which subjects they should take to help them reach their educational goals and dreams for their future lives.

Many of the children are hoping and praying for a sponsor so they can attend school in 2024. **Be the answer to their prayers?** All the information you need to support a child is listed below. *Thank you for 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 5<sup>th</sup> – May 3<sup>rd</sup>  
(Funds due by January 30, 2024)**

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

**Term III – September 16<sup>th</sup> – December 6<sup>th</sup>  
(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 via PayPal (Donate) or Your Bank)**

Payments accepted: Checks (mailed to address below)  
Credit Card Payments: via PayPal (Donate) at [www.hhcharities.org](http://www.hhcharities.org)  
Zelle (Business): ([info@hhcharities.org](mailto: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\*

