

From: Rebecca Baldock

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Happy New Year! Hope it's a good one for you.

I had a lovely Christmas this year, full of joy and peace. We did much the same as last year, going to church in the morning, then in the afternoon to the wards singing carols and giving short talks. In the evening we had a meal together with some of the staff. One of the Drs has a 4 year old daughter who was so excited. She knew it was Jesus' birthday and wanted to see him. All through the day she kept asking people where he was, then in the evening a Dr arrived at the meal that she didn't recognise, so her first question was "Are you Jesus?" – It was so sweet.

At New Year people often reflect over the past year and look forward to the next, so here goes:

The work on the medical wards is continuing to develop. When I first arrived I always thought there was much more that we could be doing there, but it was difficult without a regular Dr. Since the arrival of Dr George we have been able to do training sessions with the nurses. We are getting more appropriate referrals and working as a team. There is talk of using some of the Leprosy ward as rehab beds. Leprosy treatment is aiming more and more at integrating people into the community and treating people in the community – therefore not all the beds on that ward are being used. To combine them with other patients in the hospital, will also further help to change the stigma held against them. As the leprosy ward is next door to the physio department, it makes sense that we could use some of it as a rehab ward. Nothing has happened yet, and it is still in the discussion phase. But it's an exciting new thought, which will be fun to develop over the next few months, if agreed upon.

We are continuing to build up links with the visiting surgeons. They are booked to come again next year. We've been communicating with them in Kampala and are successfully taking some of the patients to them. All the cleft lips get treated for free and free transport. Initially when we started it none of the babies were taken to Kampala. This is thought to be as the family are often frightened of travelling that far alone, or that they are not able to raise the initial transport funds. We have since been successfully taking them to kampala and the parents are so so happy to have their babies cured, many of them come back to the hospital to thank us. I've been providing the initial amount of money for transport, which is then refunded. Since it has been working successfully, over the next year we have to arrange with the hospital that they will provide the initial money to enable the patients to travel, with it being refunded later. This needs to happen to ensure that it continues to run smoothly when I leave.

At present we are no longer doing outreaches, although I'm still visiting disabled children in the villages in links with SADICH, and special needs education in the district. It's very sad what you see in the community, there are many disabled children who have never been to hospital or had the treatment they need. I saw one boy who I'd recognised. He was a boy with a disease affecting his bones – so he's 14, but looks about 8. I'd seen him in physio and sent him for an x-ray as I'd suspected a fracture. He'd never come back and we have no way of following up patients at the moment. It

turns out the parents did not have money for an x-ray so just took him back home. I saw him then months later at home. I was able to take photos of the boy which I sent to the orthopaedic surgeon, and this month he will go to Kampala for assessment and treatment. I also saw a 16 year old boy with epilepsy, who was fitting everyday. There are many fears and rumours associated with epilepsy and are very very poorly controlled in Uganda, despite the drugs being free. But again I was able to make an appointment with the physician so hopefully they will be able to control it better. Anyway going back to my first point. We are no longer doing the outreaches. There was a misunderstanding about the funding, which wanted to refund the ones we did, but not pay for any more. However the outreaches really need to be part of a more comprehensive community outreach program. We've done all the research on it last year, visiting different hospitals that already carry them out and doing the community mobilisation as an assessment. My colleague wanted to write the funding proposal, which he's started, but we are still waiting for him to finish. Once it is written we can apply for funding.

In June I wrote about SADICH, a local charity trying to enable children with disabilities. I mentioned that whilst I was home we had received funding to fully equip the carpentry so that we could start training disabled children there. Well lots, and nothing has happened since then. We still have not got the equipment and therefore started training the children because much development has taken place. We have found out (and the charity giving us the money have agreed) that if we get the equipment through tools with a mission we can also get sewing machines, for less money than the tools would cost to purchase here. This means we can train the boys / men in carpentry and the women/ girls in tailoring. However due to this we have had to wait for space to be ready in a container. They should be sent out early this year. Some people from home have also donated money for wheelchairs for some of these children. One of the older girls makes crafts which I saw when I measured her for a wheelchair. We are now in the process of setting up a small stall in the guest house at Kagando, so that we can sell some of her things (and other disabled peoples).

Many people have been asking how much longer I have left at Kagando and what will happen when my term here comes to an end. In July my 3 years at Kagando will be coming to an end and I will be returning to England. I'll have a couple of months home assignment first to spend time with friends and family and to visit churches and do things with AIM. During that time I'll be also looking for a job, so that I can start specialising in a particular area of physio.

For those of you who know my house help Enid, I'm delighted to inform you that she had a beautiful baby girl this morning.

Love Rebecca

Prayer requests:

- Thank God for all that has happened over the last year
- Thank God that we've had no true Ebola case. Ebola seems to have been controlled in the Bundabudgyo region. But please continue to pray for them as they are continuing to get new cases.

- For a long term prayer request – please pray for another physio to take over from me for when I leave. The physiotherapy department is running well at the moment, but it really needs two physios in order to be able to continue all the work we've been doing.
- Please continue to pray for the work of SADICH. That there will be space in a container soon for the carpentry tools and sewing machines. Also for the gifts stall that we are setting up.
- Please pray that Richard will get the proposal finished and that we can obtain funding for the community outreach.
- Please pray that the hospital will agree to put the money forward to transport patients to Kampala (which will be refunded) and that they will have the money there when it is needed.