



Twinning update January 2024 Bugarura Village

Dear Heilendi Practice,

Thank you for your ongoing support of the BCH Community team and Bugarura Village. We have some updates from the community team about their work which we would like to share with you and some personal accounts from Bugarura village which we hope will give you a little insight into some of the challenges faced by the local population.

We really appreciate you taking part in the pilot twinning project and we are hoping to expand this out over the next 6 months. As such, it would be really helpful if you could give us some feedback and we have included a questionnaire with this letter, which, if you could return by email to reachbwindi@gmail.com would be much appreciated.

Yours sincerely,
REACH Bwindi



Progress and successes of the Community Health Team since the service was started

Bwindi Community Hospital has the most robust community health program in Uganda involving more than 500 Community health Volunteers and conducting 70 community-based outreaches on average every month across remote areas with challenging terrain.

In the last 20 years BCH through the community health programme: -

1. Has establish one of the biggest and most active community mental health program in Uganda that had reached out to over 5000 individuals and families.
2. Is running one of the biggest and most active Mental Health Gap Action Program, as recommended by WHO, in Uganda.
3. Is the best performing site in the country for community mental health services for the period between 2018 to 2023.
4. Has been able to reduce skin diseases (especially jiggers) among the pigmies from over 17% [in 2018] to less than 4.5% in 2022.
5. Has reduced the percentage of alcohol use among Batwa from 31% in 2018 to 18% in 2022.
6. Has reduced the percentage of Gender Based Violence among Batwa from 38% in 2018 to 19% in 2022.
7. Have registered an increase of pit latrine coverage among the Batwa from 60% in 2018 to 83% in 2023.
8. Has increased the presence of cell phones in Batwa Households from 19% in 2018 to 37% in 2023 to make it easier for them to communicate with VHTs and other community health team members.
9. Has recruited and trained Community Health Volunteers among Batwa Communities in Uganda.
10. Has integrated mHealth (mental health) in our community health care programs involving about 500 Community Health volunteers.
11. Has reduced under-five mortality by 76% in the last 10 years.

Current work of the Community Health Team and it's work in Bugarura Village

One of the roles of Community Health nurses at Bwindi Community Hospital (BCH) working in the Community Health and Batwa (CH&B) Program area is carrying out immunization outreaches in 4 areas in the catchment area of Bwindi Community Hospital (see figure below). Other roles include follow-up of pregnant women and neonates, malnutrition screening, health education, community identification and referral of sick children, mothers and other patients in all the 101 villages in our immediate catchment area. In villages that have a school the team will



health education talks on topics such as 'life skills', teenage pregnancy and sexually transmitted diseases.

Bugarura Village is one of the villages in the catchment area that had poor health indicators. Through the interventions of Bwindi Community Hospital through our community Health Nurse in collaboration with Community Health Volunteers locally known as Village Health Team (VHT) members, the situation has greatly improved. This is appreciated by residents of the village and one of the community health nurses recently had an interview with one of the residents who gives his testimony in the interview as transcribed below.

The interview: -

So, how are you Elia?

Respondent: Am fine

Interviewer: I have come here for a normal conversation with you about things that concern health in Bugarura and I will ask some few questions which I would like you to answer willingly. But before I proceed, I need to inform you that you have the right to refuse to engage in this conversation. Also, we seek for a permission from you to allow us at some point use the recordings from this conversation or your photos but using them in a non-destructive manner in case of fundraising for funds to help many people and am blessed to have you today as the respondent. After granting us the permission, you will be required to sign the consent form.

Respondent: I agree to all you have asked for.

Interviewer: Mr. Elia where do you reside?

Respondent: I reside in Bugarura village in Kayonza Sub County.

Interviewer: Like how many years have been in Bugarura village?

Respondent: I have stayed there for over forty years.

Interviewer: Is it where you were born, or you went there as a migrant?

Respondent: Its where I was born because am now 50 years' old

Interviewer: Are all your parents in this village?

Respondent: Absolutely.

Interviewer: So, you have never left this village for another village?

Respondent: Not at all.

Interviewer: The main reason why am here is for us to be able to look back into health issues of this village, how people used to deal with health issues and at some point I will be asking you some questions. So, what were the major problems or health condition people used to face in the time when health services were not yet good like in 2013 and back?

Respondent: In those years, we were doing badly in as far as health issues are concerned because people would fall sick and go for herbs and others to shrines for help and eventually many would die. If someone had like malaria would die in the process of engaging the herbalists and witch doctors. During those years, women would produce many children and sometimes they would get complications like bleeding and lose a lot of blood and they would



attribute this bleeding to poor relationship with the in laws where they would think it's because she denied her mother food which beliefs would lead to death of some women.

Interviewer: But were those beliefs really true or why would they think someone is doing those things to them?

Respondent: This was because people didn't have enough sensitization about where to go for health care, but people instead believed more in witchcraft than modern health care although sometimes they would get cured by these local means.

Interviewer: This sounds interesting but let us go slowly. What were the conditions that used to affect children mainly during that time?

Respondent: During those years, some children would be born when they are small and weak, and they would attribute that to some local causes like "Oruhima" (a local term for disease causer) or think the child has evil spirits or sometimes children would get body swellings or some would lose weight (Malnutrition) and the parents would think of appeasing the evil spirits instead of going to the health facilities and children would die a lot because of such ignorance.

Interviewer: Where would these witch doctors be? In that very village or somewhere in a distance like in Congo?

Respondent: These witch doctors stayed within the village and because many households had things they believed in as gods and whenever one fell sick, they would have to do things to appease the spirits so that the patient gets cured.

Interviewer: Is that where they would take even the young sick ones for cure?

Respondent: Yes, they would take the children in that small house where the spirits were kept but eventually these children would die.

Interviewer: Are there any other situations that concern health during that time you would like to tell me about?

Respondent: Yes. In most cases children would get diarrhoea and lose a lot of water, become very weak and people they would attribute this diarrhoea to the developing teeth and they would go in the child's mouth, remove tooth buds and this would make children grow up without teeth.

Interviewer: After removing those teeth, would the babies get cured?

Respondent: Most of them would die but a few would survive.

Interviewer: What else would disturb these children during those years?

Respondent: They would get skin rashes and they would think of their local ways of treating illnesses when actually the conditions required modern interventions and sometimes these skin rashes were due to measles or chicken pox.

Interviewer: How was the hygiene among people during that time?

Respondent: There was poor hygiene, people would defecate anywhere, and the faeces would be washed by rain to the water sources and people would get sick whenever they used this water. There was very little sensitization about good hygiene.

Interviewer: It sounds like problems were many those days. How did people come to get out of those bad times?



Respondent: Some problems started reducing when religion came and people were discouraged to believe in evil spirits and start using health facilities, they were sensitized about good health care and people got to know where to go when they are sick.

Interviewer: How was this sensitization about good health habits done, where would they be educated from and who are the people that took this health education from?

Respondent: Bwindi Community Hospital came in our villages, trained village health volunteers which volunteers had to be mainly the residents of that village so that can be able to also health educate the households near them.

Interviewer: When did Bwindi Community Hospital train these health volunteers?

Respondent: It was around 2014 when Bwindi Community Hospital trained the village health volunteers (VHTs) in every village in our sub county so that they start health educating people about good hygiene and how to prevent children from killer diseases like polio and measles and to also health educate on good health seeking behaviours.

Interviewer: So, how do you compare the health situation in those years and today after Bwindi Community training of Village Health Teams in your communities? What are the good things or changes that came as a result of presence of these VHTs?

Respondent: People now observe good hygiene, people got to know the importance of immunization so that the baby can have good life, and measles and polio were eliminated in our communities and many other things.

Interviewer: So what do you think has not yet been achieved that requires community health engagements by Bwindi Community hospital?

Respondent: We still need more sensitization about health issues because people still need to understand more about health, we need family planning services to prevent maternal deaths to have children with good health as a result of women producing planned children.

Interviewer: According to your observation, do you think children are still dying of Malnutrition or do we still have malnutrition cases?

Respondent: Currently, it is very rare to get a child with malnutrition because households were health educated about good nutrition.

Interviewer: How many Health Volunteers were trained in Bugarura village and how do they manage to reach all the households?

Respondent: In Bugarura village there are 5 VHTs and each VHT was assigned a number of households that are near him/her so that they don't walk long distances during household surveys and health education.

Interviewer: Like how many households does each VHT take care of?

Respondent: Each VHT was assigned 35 to 40 households.

Interviewer: Where do you take the report you get from those households?

Respondent: After collecting the report, we give it to the community Health nurse from Bwindi Hospital who also takes to Hospital.

Interviewer: I think I have gotten what I needed from this conversation so thank for you time, we have come to the end of our conversation, and have a good time.

REACH Bwindi





Would you like to hear more?

If you would like to read more personal accounts from the Community Team on their journey to providing to the communities around Bwindi Community Hospital and their day to day challenges have a look at our REACH Bwindi website:

<https://reachbwindi.com/2023/06/09/a-personal-account-from-the-community-team/>

If you would like to read more about the work of the Community Health Team they have been able to publish a number of research papers:

<<https://phcfm.org/index.php/phcfm/article/view/1404>>Community perceptions of mental illness in rural Uganda: An analysis of existing challenges facing the Bwindi Mental Health Programme

<<https://phcfm.org/index.php/phcfm/article/view/1462>> Mental illness in Bwindi, Uganda: Understanding stakeholder perceptions of benefits and barriers to developing a community-based mental health programme

Community Health Volunteers in Primary Healthcare in Rural Uganda: Factors Influencing Performance. *Frontiers in public health*, 5, 62. <https://doi.org/10.3389/fpubh.2017.00062>



Feedback form for Twinning Pilot

We would value your feedback on the twinning process. Please could you take the time to answer the following questions.

1. Is the twinning project something you feel is of value and would like to continue with?

Yes No

2. How easy was it to navigate the interactive map to find information about the different villages?

Easy Ok Quite difficult Too difficult, please change

3. How easy was it to complete the google form to pick a village

Easy Not easy

4. Were you satisfied with the information received over the 6 months regarding the community health service involvement in your twinned village?

Yes No

5. Do you feel the monthly twinning rate is an appropriate amount?

Yes No

6. Would you like to receive more information about REACH Bwindi's other projects and fundraising activities?

Yes No

7. Do you have any other feedback or comments?

Many thanks

Please return to reachbwindi@gmail.com