

MIFUMI HEALTH CENTRE

NEWSLETTER



MIFUMI Health Centre

One Step Closer: The Establishment of MHC's Management Committee

Mifumi Health Centre (MHC) is proud to announce the establishment of their Management Committee. The committee is made up of eleven members from various backgrounds. Members consist of Mifumi village residents, local government officials, teachers, women's savings and loans group members, faith-based leaders, hospital administrators and MHC staff representatives.

This committee will function similarly as a board to a non-profit. Some duties of the members include reviewing MHC's progress, promoting the mission of the health centre in the community, and advising on the expansion and improvement of services. In addition, the committee will assist in putting MHC's fundraising and strategic plans into action.

As Mifumi Health Centre moves forward towards its goal of becoming a model rural health centre the establishment of the committee is a critical in the process. MHC's In-Charge Sister Gorretti feels that one of the greatest benefits of the Management Committee is that the members can serve as community mobilisers.

It is essential to include the community in Mifumi Health Centre's progress in order to create sustainable change. The establishment of the committee brings Mifumi Health Centre one step closer to becoming a model rural health centre.

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Dry Season: MHC Combats Malnutrition



Community Health Worker, Micheal

because uncorrected malnutrition for children under the age of five years old has lifelong negative health outcomes, such as underdeveloped cognitive function and stunted growth.

Mifumi Health Centre is well aware of the serious adverse effects of malnutrition and is doing its' part to combat this deadly condition. Staff members conduct trainings on food storage, nutrient rich foods, and harvesting techniques. In 2013, MHC intends to expand current efforts using a "Positive Deviance" malnutrition prevention model. This program has been successfully implemented across Sub-Saharan

In Uganda, each year December to March proves to be a difficult time. The following formula results in poor health conditions: dry season + minimal harvest + holiday expenses + school fees due = limited funds and food.

Combating malnutrition is important, especially for children under the age of five. In researching programs on malnutrition you will find the majority focus on "under-five malnutrition prevention". This is

Africa and South East Asia.

The model uses families who despite the same circumstances as their neighbors, have been able to raise healthy properly nourished children. Their successful feeding techniques are modeled and shared with families in the same village whose children are malnourished. Mifumi Health Centre is confident that such a model will bring change to the community.

MHC Securing the Basic Right to Health

In anticipation of moving to Uganda for over a year I found myself in multiple received all the necessary check-ups and injections. As an American and a public health professional who believes health is a human right, I am highly critical of the American health care system.

One afternoon, as I waited to hear my name called in a new high-tech clinic in Washington DC, a father and son came through the door. The father was clearly in incredible pain. He leaned heavily on one leg gripping the other with his hand. His son, no older than six years old looked very concerned as his care taker was now clearly the one in need of care. The pair made their way slowly to the counter. The man explained that he had already been to other clinics but they did not take his insurance and he could not afford to pay the bill. The receptionist offered to check with their providers and see what could be done.

He held onto the corner of the reception counter and waited anxiously in pain. The receptionist stated softly "Sir, I am sorry but we also do not take your insurance. The co-pay alone will be \$100."

The man shook his head, "But I do not understand! Why do I pay for this insurance monthly if I cannot get service when I need it?" "I am afraid there is nothing I can do sir." the receptionist responded frowning. As the father and son stumbled out, tears rose to the man's eyes, he turned away from his son who was becoming increasingly concerned. I understand here is no perfect health care system, each one is flawed. However, withholding medical service to someone in need is not only wrong but criminally human rights.

I am proud to say that at Mifumi Health Centre the situation I described above simply would not happen. Our centre may not be as high-tech or new but we do not turn people away who are in need. The fee for service is 1,500 UGX for children (50 pence) and 3,000 for adults and if a patient is in need of care but cannot afford the minimal payment we make an exception. Most recently, we have acquired an emergency vehicle in which we provides free transport for those in critical need of services that we do not currently offer at Mifumi Health Centre. As it states on the sign post outside of MHC, we are "securing the basic right health." I only wish the father in Washington, DC could have come to Mifumi Health Centre.



Uganda's Health Status: MHC Bringing a Better Tomorrow

The major health concerns in Mifumi Village are not unique to Uganda. In fact, when those concerns are viewed at a country level the call to action to support Mifumi Health Centre becomes stronger. Among the major concerns some include, malnutrition, poverty, HIV/AIDS and gender equality. Despite the struggles villages like Mifumi are opportunity for a better

Today 65 percent of Uganda's population lives on less than US\$2 per day.



MHC changing tomorrow one patient at a time.

Strengthening support networks such as Mifumi Health Centre is necessary to combat the crippling poverty rate and to promote a thriving healthy community. In Mifumi Village, families struggle daily to provide nutritious foods to their children. The effect of malnutrition on a national scale is staggering.

Currently, 1 in 3 are stunted (low height for their age) due to malnutrition. Fortunately, Uganda is decreasing their under-five mortality rate, impart due to efforts combatting malnutrition. Mifumi Health Center is contributing to this positive trend by equipping families with knowledge and skills to harvest and feed their children more nutritious foods.

Gender roles and inequalities contribute to every facet of health. This fact is evident when comparing the number of male to female patients at MHC. Women and men should be empowered and encouraged to be partners in protecting their family's health. If the current lack of partnership continues so will health disparities. For instance, in Uganda the prevalence of HIV is highest among women ages 30 to 34, at 12.1 percent (1 in 8 women), compared to 8.1 percent (1 in 13 men) among men in that same age group.

While there are biological determinants at play, women mostly experience higher rates of HIV and other STD/Is due to gender inequality. Mifumi Health Centre recognizes the lack of male patients as a weakness and actively encouraging couples to attend antenatal visits together and to get tested as a couple. Infact, couples who come together are rewarded by skipping the cue and are attended to first. In addition, Mifumi has recruited male community health workers in effort to reach this at-risk and hard to reach group.

The implications of these national health outcomes serves as a call to action. Mifumi Health Center must operate as a model rural health center. The heartbeat of the global health movement's is in rural health centres. Mifumi Health Centre is not just one health centre in one village it is the future of Uganda and the health of its people. Support Mifumi Health Centre and in turn support the future of Uganda.

References:

Macro International Inc. *Uganda, Demographic and Health Survey. 2006.*

Stopping Killer Diseases with immunisation and Solar Power!

Friday mornings at Mifumi Health Centre are bustling! As the centre opens at 8:00am women and their infants come streaming inside.

It is immunization day. Mothers come from near and far to keep their little ones healthy. As parents wait for their children to be immunized they watch health education videos on topics such as Malaria, Tuberculosis, and HIV/AIDS. Health Centre staff members take their time explaining to each caregiver the importance of immunization. MHC offers immunization protection against the some of the most fatal diseases; Polio, Tuberculosis, Whooping Cough, Measles, Hepatitis B and E, and Diphtheria.

When a young mother brought her infant to the health centre we asked her "How did you decided to bring you baby to get immunized?" She stated simply "I see children suffering from these diseases in my community. I want my baby to be different. I want to protect her."

Mothers like this one come weekly, on Fridays, to Mifumi Health Centre in hopes of a healthy future for their children. MHC strides to provide the highest quality of immunisation care.



MHC changing tomorrow one patient at a time.

However, there is currently a barrier to providing such care, a lack of a solar fridge to store the vaccines and injections.

Currently, the vaccines are stored in a fridge which runs on gas. While the centre keeps a second cylinder close by, there are occasions when even the gas station runs out of stock. When this happens entire batches of vaccines become unusable. A solar fridge would prevent the vaccines



Nursing Assistant Helen immunisation infant.



Gas cylinder fridge storing vaccines.

from spoiling even in the event of a power outage or lack of gas. Help us keep future populations of Mifumi Health Centre healthy by contributing towards a solar fridge! Stop killer diseases with solar!

Answering the Hard Questions: Talking Our Way to a Violence Free World



Survivors attending MIFUMI training.

“Do men in your country hurt women too?” a survivor of domestic violence turned to me and asked. As we exchanged long gaze, a sword of sadness pierced my heart. The short answer was yes. The long answer requires more than one short article but I will try.

The pain in a survivor's eyes looks the same whether you are standing in a fully equipped sexual assault center in the United States of America or under a tree in a rural village in Uganda. Since moving to Uganda six months ago, I have been asked a

version of the question above multiple times. This is in part because I am working for MIFUMI, a Gender-based Violence (GBV)* prevention organization. I interact closely with survivors on a regular basis as part of my work with the organization's health and women's advice centres. When answering such questions, I envision all survivors living in the US flowing into the streets yelling, “Yes we exist!”

The question is hard because the undertones run deep and are painful. The inquiring survivor's eyes yearn for validation that not just Ugandan women suffer. However, once I confirm that American women experience domestic violence too, a shift occurs. The response they were waiting for seems to bring unexpected, uneasy emotions. The problem has seemingly grown larger and scarier than before. The thought process being, if American women suffer from violence too then when will the abuse cease to exist anywhere – if ever? In reality, the USA does a poor job of advocating for their GBV survivors – aggressive court proceedings, pathetic options for rehabilitating survivors and perpetrators, and out-dated legal mandates which often favor perpetrators. I argue that there are lessons the States can learn from Uganda.

I acknowledge the prevalence of Domestic Violence is higher in Uganda than in the USA. In the States, nearly one in four (25%) women report experiencing Domestic Violence in their lifetime (Centre for Disease Control, 2008). That means if you are American, you know multiple survivors and perpetrators – or perhaps you are one of the two. In Uganda, three in five (60%) of women say they had ever experienced physical domestic violence. More than half of these women had experienced physical domestic violence in the past 12 months (Demographic and Health Survey, 2006).

However, the high prevalence in Uganda sparks dialogue – newspaper articles, radio talk shows, television adverts, billboards, and good ol' face to face conversation. In the States, GBV hides shivering under the rug - a country too proud to have such devastating problems. More than once I have tuned my radio dial to Uganda's pop station to find a segment on domestic violence. Never once have I heard a top 40 station in the US discussing such issues. This is not because listeners tuned in don't experience GBV. Rather, women (and Men, I acknowledge) suffer from Domestic Violence across the world - from the un-paved road outside of MIFUMI's Health Centre to New York City's Upper East Side, domestic violence exists. It does not discriminate. The color of your skin, degrees you hold, or cars you drive do not function as body guards against violence.

While I wish that MIFUMI's rural health centre was as heavily resourced as the sexual assault centre I volunteered with in DC, our health centre and Uganda at large have something to teach the States. Talk. Talk loudly and often. Answer the hard questions. And then do something too few people do – ask back. Ask what do the survivors and at-risk populations in your community think we can do to eliminate Gender-based Violence. They have ideas, good ones. Acknowledgement and awareness of Gender-based Violence, in the USA and Uganda, is the first step in moving toward its prevention. So, start a conversation. Create dialogue for change.

* **Gender-based Violence:** Violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women (United Nations Population Fund, *Gender Theme Group*, 1998).

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Macro International Inc. *Uganda, Demographic and Health Survey*. 2006.

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