

# St. Luke's Mission Hospital

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expensive to be purchased by the hospital. The number of malnourished children is increasing and the hospital needs a sustainable way for providing the feeding. As a result of this situation, a proposal on Goat milk has been developed. The main idea is to buy milking goats, breed them, milk them and be able to prepare the formulas for the malnutrition ward. For this task the perfect place to locate them is being determined. After that is defined, the kraal will be build, the goat-care-keepers will be hired and the goats will be bought, after that hopefully MILK!!! The idea is not to depend on external collaborations to get the basic milk for the ward, but to be able to sustain a supply of milk.

Half of the money for this project was raised in Germany in a very spontaneous way, people just heard about the problem on the malnutrition ward and then heard the proposal and started donating money. The rest of the money will be donated by Afrika Projekt.

There will be two available posts for the goat-care-keepers (taking care of them, milking them, etc.).

If someone has important information about appropriate goat breeds, or knows somebody that could take care of them, we will appreciate your help.

On top of that it is known that malnourished children need some extra and special stimulation and games. The project also proposes to hire someone that will be trained in play and stimulation therapy, to visit the ward everyday for some hours, teach the mothers the best way of stimulating their babies to help them get better, sooner.

This post is also still available, job description and interview days will be informed in the near future.



Elaborated by St. Luke's Mission Hospital Management.

This newsletter is our new tool to communicate and inform you about what is going on in St. Luke's Hospital. Please feel free to contribute. This is not an official document and we can not guarantee it to be complete, therefore help us with information, corrections and additions. These are the monthly news:

## Drugs and medical equipment



This month we received a donation of drugs and medical material worth 10.000 Euro (1200'000,000 Zim dollars) from the Medical Mission Institute, Würzburg, Germany. This donation was urgently needed due to the shortage of many main drugs in the last months.

All these new drugs are now kept in the pharmacy. In the so called "german pharmacy" are only some special drugs (e.g. insulin) and some medical equipment stored (urine catheter, pleura drains, etc.). There will be a new policy for the usage and supply of drugs and material (e.g. gloves). This is to avoid running out of the medicine too fast and to determine how much materials and drugs are used approximately in a month. This recording will help us to reduce shortages of drugs and be able to ask for supply with enough lead time.

## New OI Clinic



Taking into account the high number of people infected with HIV in Zimbabwe, Misereor (german catholic organisation) has agreed to support a new structure for the OI clinic. The main purpose is to be able to provide ARV therapy to the people of our district (including children). For this project some changes will be made, to be able to register and have a proper follow up of the patients under ARVs.

There will be support for the project (VCT building, computer, files, scales, etc.) and also on drug supply.

This is very good news for the Hospital, because if the OI clinic manages to get the people in treatment and maintain them healthy, that will ease the workload on the wards in the long run. The OI clinic will have a family oriented therapy and staff members and their families are also a priority (maintaining a high confidentiality level).

The OI clinic will have an office (next to the Matron's office) where information about HIV and AIDS can be found. The clinic will start with its new structure on the 11<sup>th</sup> of April. There will be a new grouping structure to have a better follow up and medical register of the patients. Patients will be cited for the initial check-up and for review, mainly Tuesdays and Thursdays. The first children group will start on the 18<sup>th</sup> of May.

If you have any comments or would like to have more information about this new structure and how you and your family can benefit from it, please come to our office.

The OI clinic will require someone that is able to make all the statistics and be able to keep records of the patients. This post is still available, job description and interview days will be informed in the near future.

The actual members of the OI Clinic are:

Nurse - *Mr. Khumalo*

Doctors - *Dr. Schales, Dr. Julie, Dr. Holger*

Counsellors - *T. Chauke, C. Nleya, N. Ndlovu and N. Ncube.*

Psychologist - *Angela Forero*

## Malaria Workshop



Doctor Julie Kaniki was invited last month to a refresher workshop on Malaria. It is important to be informed and to be able to have

the latest information on the topic. Below are the new facts that Dr. Kaniki would like to share with us:

- In comatose patients under Quinine treatment not improving after 48 hours, the dose should be reduced to 5mg/kg TDS.
- For ITP (prophylaxis) in pregnancy SP should be given in the 16<sup>th</sup>, 26-28<sup>th</sup> and 34-36<sup>th</sup> weeks of gestation.
- Because of increasing resistance to the CQ-Fansidar Course, Coratem (artemether and lumefantrin) should be the new first line drug (but it is rarely available and affordable in Zimbabwe).
- Quinine should stay as a second line drug to avoid resistance development.
- For children under 5 years a special Coma scale (Children's Coma Scale or Blantyre Coma Scale for children) should be used (already introduced to the paediatric ward).

## Paediatric Ward



As you may have noticed, the paediatric ward has a new playground. This is part of the "sport activity project" developed by Afrika Projekt in relationship to the World Cup in Germany 2006. This is hopefully just the first part of a nice project. If you have some good ideas that can be implemented for this project we would appreciate your collaboration. Contact Simon Bornmann or the Afrika Projekt team.

## Goat Project

Since 2001 the malnutrition ward was supported by UNICEF. Given that this help stopped in September 2005 the ward has been faced with very hard times in the last months. Some of the times the ingredients that are needed to provide complete nutritional formulas are not available or just too