

Chairman's report Oct 2021

The most important message from this year oct 20 – oct 21 is that despite Covid, UCIF are continuing to support childbirth injury repair in Uganda. An amazing 234 operations were undertaken in this difficult year, with one of the UCIF international staff present at over half and an excellent job done overall by our Ugandan colleagues.

The other notable achievement for this year for Ishbel Campbell, is the publication of her manual of nursing care for childbirth injury patients. Publication was shared with FIGO (Federation International of Gynaecology and obstetrics) and they have now distributed it to 66 different registered fistula surgeons in 44 different countries. It is currently being translated in Portuguese and French. During the course of this year, we have seen it used as an excellent teaching tool and been impressed at the fast learning of the nurses using it.

Activity:

Mubende and Hoima, November 2020

These 2 camps were run with some restrictions on numbers due to the lockdown. Nonetheless, Dr Alphons Matovu and Dr Ian Asiimwe managed to treat 30 women with fistula and x with other conditions. They noted that the number of fistulae seems to be on the rise again with poor access to help in childbirth during the strict period of lockdown.

Kitovu Jan 2021

Unfortunately none of the UCIF international surgeons, nor Dr Michael Breen were able to travel to Uganda in January 2021. Nonetheless, Dr Nabukalu and her team did manage to put on a camp with sponsorship from UCIF. Dr Ian Asiimwe attended, working alongside Dr Florence as per their summary below:

OBSTETRIC FISTULA NARRATIVE REPORT FOR THE 1ST CAMP OF 2021 FROM 3RD – 17TH JANUARY 2021 The first camp of 2021 took off immediately on the arrival of Dr Asiimwe Ivan (Fistula Surgeon from Hoima Hospital) who was joined by Sr Dr Nalubega Florence (Gynaecologist, Fistula Surgeon from Kitovu Hospital) and Dr Kayondo Moses (Fistula Surgeon from Mbarara Referral Hospital). Those three surgeons are among the surgeons trained by our senior consultants at Kitovu Fistula Training Program. There were 5 trainees: Dr Kaijamurubi Gregory, Dr Kato K. Paul, Dr Musanje Mathius and two Nurses from Kitovu Hospital. The assessment of patients was done by the 3 surgeons and the trainees throughout the camp. This camp was mainly sponsored by Uganda Child Birth Injury Fund....We appreciate all our funders, they came at the right time as the prices of transport and feeding have been VERY HIGH due to Covid 19 Pandemic, restrictions.

Total number of women: operated 57.

Kamuli March 21

A very successful camp was held in March in Kamuli. Ishbel Campbell attended the camp on behalf of UCIF. Unfortunately due to travel restrictions caused by covid the rest of the team were unable to join the camp. Dr Ian Asiimwe our Ugandan colleague was lead surgeon for the camp and had 3

surgical trainees to assist him. Dr Fiston, Dr Margaret and Dr Bonnie the Kamuli medical superintendant. Over 40 women were operated on during camp. Uganda Village Project provided food and transport money for the patients. The nursing team was lead by the fistula nurses, Joan and Joanita who are currently in training to become fistula nurse trainers. Sister Rose, Rebecca and Justine completed the nursing team on the ward. It was a very successful camp, run very well by our Ugandan colleagues with an enjoyable evening of food and speeches to celebrate the success of the camp on the last night.

A follow up camp was planned for June, but this had to be cancelled at short notice as Uganda went into strict lockdown.

October Kamuli/Kagadi/Kyangwali

October saw a welcome return to fistula camps for Mhairi Collie and Ishbel Campbell. The team were joined by Isbeal Uttley, volunteer. Despite delays from visas and COVID paperwork for Mhairi and Isbeal, everyone came together in Kamuli. The camp was run by Dr Ian Asimwe, who had brought 2 senior trainees - Dr Medeyi Vincent and Dr Tinka Anna. Dr Bonny Ssere and Dr Margaret from Kamuli were also in attendance. Nurses Ishbel Campbell, Joan Nabbgala and Juanita ran an excellent nurse training program for 4 local nurses (Cissy, Immaculate, Maureen and Rebecca) using the superb Nurse training manual written by Ishbel and recently published. Most nurses need training programs at 2-3 camps to achieve competence in fistula care.

It was a very busy camp with 46 patients having operations, of which 26 were fistula. At the end of the camp, 22 of these patients were dry. There were also 13 patients with faecal incontinence treated successfully with perineal reconstruction. There were 2 other notable patients - one lady who had had a colostomy for 17 years. She was unsure as to why she needed it then and was having a terrible time managing it, using rags only - no colostomy bags available. Her husband left her because of it, and she was unwelcome in society, being always dirty with a bad odour. She had a fairly major operation to reverse it, but recovered well and was then able to pass stool normally - first time for 17 years!

The second lady had a condition which caused her to have a blind vagina, incapable of sexual relations and unable to marry. she had a new vagina made from a part of her bowel by Dr Asimwe and Dr Collie - another very big operation, but she recovered well. She will be closely followed up to see how successful this is longterm.

Kagadi

The Kagadi camp ran for the week beginning Sunday 17 October. This venue was chosen for camps as it is currently very difficult to find enough beds available for camps in the hospitals in Mubende and Hoima. A new theatre bed and trolley were required to be able to run the camp while allowing for emergency Caesarean sections etc to carry on as well. This equipment was sourced by Dr Asimwe, funded by ucif, and will be used for many other camps in Kagadi.

There was an international team of surgeons including senior trainees from Congo, Somaliland, Kenya and Uganda. It was very inspiring to see all of these surgeons learning techniques in repairing patients - knowledge which they will take back to their home countries to treat patients there. The nurse training program progressed very well with 6 new trainee nurses and Ishbel very pleased

with their quick learning. Isbeal Uttley was invaluable in undertaking the patient transfers from theatre to ward and in helping in theatre.

In terms of cases, there were a huge number of patients treated for faecal incontinence (27), as well as 11 urinary incontinence, including 8 fistula, 3 prolapse cases and one more very young woman who had lost her reproductive organs and most of her vagina following a disastrous childbirth with a ruptured uterus, age only 16. She had a new vagina created from bowel - again a major operation, but one from which she recovered well. The camp went well with very full days to get all of the work done. There were a few extra prolapse cases which could not be accommodated; these ladies were planned for treatment in Mubende in the next few weeks. Challenges to working in Kagadi include insufficient theatre gowns, such that only the operating surgeon could wear a gown and no one for tear operations. Also, there were terrible scissors outside of the special vvf packs, incapable of cutting and no sheets or gowns for the patients, leaving them naked in theatre. We will endeavour to address these challenges and await quotes from Dr Matovu to see how we can assist with future camps.

Kyangwali

The smaller team of Dr Asiimwe, Dr Collie, Ishbel Campbell and Isbeal Uttley then moved on to Kyangwali UN refugee settlement for a final camp. 120 000 refugees are in the settlement, some of whom have been here since the 1970s. Most are from Congo, some from Rwanda and Sudan. Vehicles sponsored by USAID travel around the settlement's terrible potholed clay roads and bring patients to a small hospital just outside the boundary for treatment as required. The hospital is so small that there is almost no room for the usual emergency and obstetric patients to recover, with beds jammed against one another in the ward. UCIF has donated a large semipermanent tent to be erected on hard standing outside of the ward and used as extra ward space, for camps as well as for general postoperative patients.

In the ward, 2 of the nurses who had undergone training at Kagadi showed excellent organisational skills as well as understanding of the niceties of nursing fistula patients. Teaching of 3 other nurses continued at Kyangwali. Ishbel felt that the standard of nursing care was very high.

Within theatre, 15 cases were done, including 2 fistula and 5 tears. The 3 medical officers who work at the hospital attended for general surgical training and to assist in the cases. There was one case of post operative bleeding who had to return to theatre, but was fine after that. There were no other issues.

2021 remainder

Two further camps are planned by Dr Matovu and Dr Asiimwe in the next 2 months.

There remain many women with life altering injuries from childbirth requiring assistance in Uganda. Poor access to hospitals and healthcare during the lockdown has certainly exacerbated the problem- our UVP colleagues looking for and looking after fistula patients in the rural areas confirmed that they have many more cases awaiting the next camp, and many of these are teenagers.

Summary

Despite Covid problems, a lot of work has been done this year, something to be proud of. The country has suffered significantly from Covid, and also from the poor access to hospital during lockdown. All reports suggest an increased incidence of childbirth injury.

The publication of Ishbel Campbell's nursing manual has been a huge boon this year, and will continue to be vital in improving nursing care for fistula patients in Uganda and throughout Africa.

We are forging ahead with the nurse and surgeon training programs as part of our long term vision. We hope that 2022 will see more work done by Ugandan and international teams in concert, more training opportunities for young Uganda nurses and doctors and fewer covid related problems.

2022 plans

For 2022, we hope to run 2 camps in Kamuli, 2 in Kagadi, and 2 others venue to be decided between Mubende, Mbale and Fort Portal. We also expect to sponsor the January Kitovu camp.

We are working with Dr Matovu and Dr Asiimwe on addressing the perennial problem of bringing trainees on to standard and then advanced level. There are still only a few people around with the necessary surgical skills as well as the drive to undertake this challenging work. We need to do all we can to support them educationally and financially so that this vital work can continue and that these patients, surely amongst the world's most unfortunate and miserable, can be treated.



Uganda Childbirth Injury Fund				CC16a
Receipts and payments accounts				
For the period from	04/09/2020	To	03/09/2021	

Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
Donations	17,974	2,099	-	20,073	24,467
Fund Raising	-	-	-	-	-
Fistula Foundation	4,987	-	-	4,987	12,978
Tolkein Trust	30,000	-	-	30,000	30,000
Paypal giving fund	-	-	-	-	149
Burdett Trust	-	4,370	-	4,370	-
for Andrew Browning	-	-	-	-	-
Gift Aid Tax refund	3,740	-	-	3,740	2,417
Sub total	56,702	6,469	-	63,170	70,010
A2 Asset and investment sales, etc.	-	-	-	-	-
Total receipts	56,702	6,469	-	63,170	70,010
A3 Payments					
Transport, visas & accommodation	4,492	-	-	4,492	7,836
Medical supplies/equipment	-	-	-	-	144
Publications	-	-	-	-	-
Virika Expenses	-	-	-	-	-
Hospital costs	47,100	-	-	47,100	38,480
Bank & Just Giving charges	377	-	-	377	350
Ugandan Restricted Staff Payments	-	5,800	-	5,800	5,574
URICT	-	-	-	-	-
Ugandan Staff payments	2,734	-	-	2,734	2,036
Ugandan Surgeon payments	5,360	-	-	5,360	1,780
Sponsorship costs	-	-	-	-	6,000
Misc. Inc post & stationery	7	-	-	7	109
Donations to patients	-	-	-	-	60
Sub total	60,070	5,800	-	65,870	62,369
A4 Asset and investment purchases, etc.	-	-	-	-	-
Total payments	60,070	5,800	-	65,870	62,369
Net of receipts/(payments)	(3,369)	669	-	(2,700)	7,641
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	56,148	374	-	56,522	48,881
Cash funds this year end	52,780	1,043	-	53,822	56,522

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds	Bank Balance	52,780	1,043	-
	Less chqs/tfrs not cashed	-	-	-
	plus donations not cleared	-	-	-
	Total cash funds (agree balances with receipts and payments account(s))	52,780	1,043	-

	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Restricted funds to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-

	Details	Fund to which asset belongs	Cost (optional)	Cost (optional)
B3 Investment assets			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which asset belongs	Cost (optional)	Cost (optional)
B4 Assets retained for the charity's own use			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
B5 Liabilities			-	
			-	
			-	
			-	
			-	

Signed by one or two trustees on
behalf of all the trustees

Signature	Print Name	Date of approval
<i>Sarah E Fraser</i>	SARAH FRASER	25/11/2021



Independent examiner's report on the accounts

Section A

Independent Examiner's Report

Report to the trustees/
members of

Charity Name
Uganda Childbirth Injury Fund

On accounts for the year
ended

3 September 2021

Charity no (if
any)

1099135

Set out on pages

1

(remember to include the page numbers of additional sheets)

Respective responsibilities of
trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act) and that an independent examination is needed. It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

Basis of independent
examiner's statement

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

Independent examiner's
statement

In connection with my examination, no matter has come to my attention (other than that disclosed below *)

1. which gives me reasonable cause to believe that in, any material respect, the requirements:
 - to keep accounting records in accordance with section 130 of the Charities Act; and
 - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Acthave not been met; or
2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

* Please delete the words in the brackets if they do not apply.

Signed:

G. P. Talbot

Date:

04/11/21

Name:

Gay Talbot

Relevant professional
qualification(s) or body (if
any):

B.Sc

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