

7,740

Patients Treated



175

Surgeries Performed



665

Eye-glasses Dispensed



48

Angel Patients



Bulamu Forms Strong Partnership with Government Officials at Sheema Camp

We held our first medical camp of 2018 from February 19 to 23 in the Sheema District of Uganda, and it was another success. The camp utilized Shuuku Health Center IV, a government-operated clinic on a 6-acre campus with 10 buildings that we supplemented with 25 rented tents and 1,200 chairs. The camp cost \$44,500, or \$5.75 per patient treated, with an additional \$3,700 spent on the 48 patients in the expanded Bulamu Angel Program. (see page 2)

Bulamu benefited greatly from the support provided by District Chairman David Kabigumira, the senior elected official in this district of 250,000 people. “Chairman David”, as he is known, has oversight of the 33 clinics and one hospital in Sheema that are operated under the Ministry of Health (“MOH”). Thanks to this private-public partnership, the Shuuku facilities were provided to us free of charge, ambulances were available as needed, and the health center’s medical professionals joined the Bulamu staff that treated nearly 8,000 Ugandans during the week. The Chairman helped with publicity and staff recruiting, assigned government officials to assist us, and arranged free housing at neighboring homes for our temporary workforce. Sheema District is also partnering with us in the launch of an innovative patient follow-up program, described below, that will utilize the District’s Village Health Team (“VHTs”) to visit patients treated at the camp and evaluate outcomes.

“Never before have we had such overwhelming government support—from the local district council to the second-highest office in Uganda. Bulamu has now established itself as a household name and a formidable partner of the government of Uganda.”

- Gerald Atwine
Bulamu President



Bulamu’s Gerald Atwine (L) and Dick Chandler (R) meet privately with Uganda’s Vice President, H.E. Edward Ssekandi in his office.

Following the camp, Chairman David accompanied Bulamu CEO Dick Chandler and President Gerald Atwine to Kampala, the capital, where he arranged a series of meetings with MOH officials and business leaders to spread the Bulamu story. On their last day in Kampala, Bulamu's two leaders met with His Excellency Edward Ssekandi, Vice President of Uganda. He was especially impressed with the Bulamu

“SuperCamp” model, as we are now calling it, because we offer a full range of health services to 8-10,000 patients in a week, compared to other pop-up camps in Uganda that treat 1-2,000 patients with a limited menu of services. The Vice President asked that we conduct a SuperCamp in his home district of Masaka, which we have now scheduled for June of this year. It can't hurt to have friends in high places! ■



“My experience with Bulamu has been enriching and impressive. It has addressed the real need in my district. Handling 1,300 people per day, every day, is not something simple. Bulamu has done it extremely well. I am very grateful on behalf of the government of Uganda for the services that Bulamu is bringing. Bulamu has restored hope for the hopeless. Bulamu has taught us something new: that we need to be passionate. The Ministry of Health is very excited. Everybody is very excited. Thank you, Bulamu!”

- Chairman David Kabigumira
Sheema District Chairperson

The Bulamu Angel Program Increases Tenfold

One drawback of week-long medical clinics is the inability to treat serious medical cases, like the ones that require referral to an acute care facility for diagnostic imaging, surgery, or in-patient care. In rural Uganda, patients don't have cars and usually can't afford transportation to hospitals that may be 25-50 kilometers away. For family members to accompany children or elderly patients, the cost of “upkeep” (i.e., lodging and meals) can also be prohibitive.

To address this need, as part of our medical camp model Bulamu has become a patient advocate, facilitating acute care treatment when escalation to another facility is required. Sometimes this means transporting patients to an X-ray center and returning with films so that the doctor can make a definitive diagnosis (e.g., pneumonia). If direct hospital admission is required, we arrange ambulance transport for

patient and family, assist them in gaining hospital admission, and pay for surgery if the government will not (e.g., cataract surgery). If treatment cost is covered, our assistance may be limited to travel, upkeep, and gaining hospital admission. We've learned that large medical centers can be confusing and intimidating to the rural poor. Without our assistance, in most cases the treatment simply would not happen.

Our first acute care patient was a 9-year-old girl named Lydia Wabule, who suffered 1st degree burns over 30% of her body in a kitchen fire. In October, we transported her and her mother 200 kilometers to a burn unit at CoRSU Rehabilitation Hospital, where treatment was free but the cost of travel and upkeep over four months was considerable. After multiple skin graft operations, Lydia has now completed treatment and is back home with her family, a happy child once again.



Bulamu CEO Dick Chandler with burn victim Lydia Wabule, age 9, at CorSU Rehabilitation Hospital as she nears the end of her treatment after multiple skin graft operations.

With Lydia in mind, we formally launched the Bulamu Angel Program at the November camp, identifying four patients in need of life-saving or life-changing surgery. All have now been successfully treated. At the Sheema camp in February, Dick Chandler assumed leadership of this program while Gerald Atwine led camp operations. Once the doctors learned that their referrals would get immediate action, they made sure any patients needing escalation were brought to Dick's attention. The result was the expansion of the Angel Program to 48 deserving patients, with half getting X-rays (for about \$10 each) and the others accessing hospitals for surgeries such as for birth defects, thyroid issues, cataracts, broken bones, and tumors. So far, Bulamu has spent \$3,700 for February's Angel Program, at a cost of about \$78 per patient. Because these cases require a lot of follow-up arrangements, we now have a Ugandan staff member administering this program. We are proud to act as advocates for these patients, working with Uganda's public and private hospitals to provide a level of treatment they would not otherwise receive. ■

Sheema Camp Angel Program Patients

"I concluded that the Angel Program is extremely worthwhile, dramatically changing—and sometimes saving—lives at a relatively low cost. We decided to expand it and make it a permanent part of every camp."

- Dick Chandler
Bulamu CEO

Savier Amutuhaire, age 2, who had a compound fracture with open wounds and exposed tibia, caused by a fall that went untreated for 3 months. She is now on the way to recovery, lucky to still have her leg.



Rhina Kainenmbazi, 18 months old and blind since birth due to severe cataracts, shown here before the surgeries that restored sight in each eye while she is still young enough for her brain to reconnect and decode vision.

Joice Mbabazi, 28, suffered from a large palatal tumor that made it difficult to eat or swallow. Here she is just before her discharge after successful surgery.



Introducing the Bulamu Patient Follow-Up Program

“Here today, gone tomorrow” is a common complaint about medical camps in Africa. Where’s the proof of positive outcomes? How can we ensure continuity of care when follow-up is needed?

To address that problem, we are launching a pilot program to conduct patient follow-up in collaboration with the Sheema District. Using cloud-based technology, we are creating a digital “Patient Follow-up Form,” or PFF, that will allow each clinic to download our medical treatment record for the patients in its area. This becomes a clinical referral between Bulamu’s doctors and the local health center doctors. Using this patient record, the VHTs will call on patients in their homes to assess the results of their treatment and, if necessary, schedule follow-up appointments at the local clinic. This novel program will be possible because of our partnership with Chairman David, whose health department oversees the MOH hospital and 33 clinics in the Sheema District.

We will be making this follow-up program a permanent feature of all future camps, to our knowledge the first time this has been implemented at a medical camp in Uganda. ■

A Special Thanks to Our Major Donors

To achieve our goal of treating 60,000 patients this year, we need to increase our revenues from \$182,000 to \$454,000, which means we need more major donors. We are pleased to announce that two prior donors have each agreed to sponsor an entire camp, Connie & Dennis Keller, and Carl and Judy Ferenbach. In addition, two family foundations that are new to Bulamu are co-sponsoring a camp, the Farrell Family Foundation and the David Weekley Family Foundation. Meanwhile, we are continuing to build our base of individual donors, with the Jim Balassone Memorial Challenge Fund matching all contributions made before December 31, 2018.

Bulamu Healthcare *Providing primary healthcare to families in rural Uganda*
 501(c)(3) organization | contact@bulamuhealthcare.org



Bulamu Makes National Headlines

We were happy to see this full-page feature in one of Uganda’s daily newspapers. The Red Pepper has more than 370,000 followers on Facebook and 270,000 on Twitter, so a feature like this is a major boon for the Bulamu name and a testament to our growing reputation.

Thanks to your support, Bulamu plans to operate **5 more medical camps** and open another permanent women’s health clinic in Uganda in 2018.

To learn more about our mission or to make a donation, please visit www.bulamuhealthcare.org

