



Registered association for the promotion
of medical care and social support in
Northern Samar, Philippines

Bugko, December 2007

Dear members, dear friends, and supporters of Mabuhay!

In July, we set up a temporary tent in preparation for training our volunteers. Bugko is divided into seven "districts." Therefore, we initially considered seven volunteers to support us in our mission here: one from each "district," so that we could monitor patients at home across the board. The idea was that our volunteers would also work on our nutrition program for malnourished and undernourished children and monitor the participating families at home to ensure that the child included in the program truly receives support.



August was overshadowed by a dengue fever epidemic. Dengue is transmitted by mosquitoes that hide in stagnant water, dark corners, or tire piles, and bite during the day. The symptoms are varied and similar to malaria, so the diagnosis was not always immediately clear. We had to bring many patients to the hospital for laboratory testing, and many had to stay there for observation or travel to the hospital in Catarman daily for checkups. We also did a lot of educational work in Bugko and the neighboring villages. We put up posters, informed elementary and high school teachers about the symptoms, visited the families and neighbors of patients who had tested positive to see if other family members were affected, and checked whether the residents were implementing our information, such as emptying water containers and removing water from flower vases. Unfortunately, a 4-year-old boy in Bugko died from complications of the disease (internal bleeding). His mother had not correctly assessed the fluctuating fever attacks, and so the little boy was brought to the hospital too late for diagnosis and treatment.

We put up posters everywhere and gave information



Marifel's healing process continued to progress. Her greatest wish was a school bag with wheels so she wouldn't have to carry it on her back. We were happy to grant her this wish. She has been going to school since September and is happy.



In August, after a long period of preparation, we began training eight volunteers. We ended up with eight because a "district" is quite large, and we decided we could easily place two volunteers there. We began with an orientation day. Our new helpers approach the work with great enthusiasm and some already have experience, having previously worked in the state health unit. We meet twice a month for training, and in between, they evaluate what our patients are doing in their district and supervise the nutrition program for undernourished and malnourished children, which I will report on later.





As you may remember, I work once a week as a school nurse at St. Anthony Academy. In September, we organized eye consultations for the students at the hospital. (The ophthalmologist holds consultations there twice a week.) We traveled to the hospital in groups of 7-8 students. When we were taking their medical records (I reported on this in May), the students had noticed frequent headaches, eye pain, and vision problems. With the help of Dr. Quilatan, we were able to persuade the ophthalmologist, and he examined the students free of charge. Some of the students needed medication, others needed glasses. The optician also supported us in our endeavor. We obtained the necessary medication and provided 8 students with glasses. The students were able to choose the models themselves and received expert advice and information on how to care for and wear their glasses. This was the first time in the school's history that something like this had been done, and the school was founded in 1962.



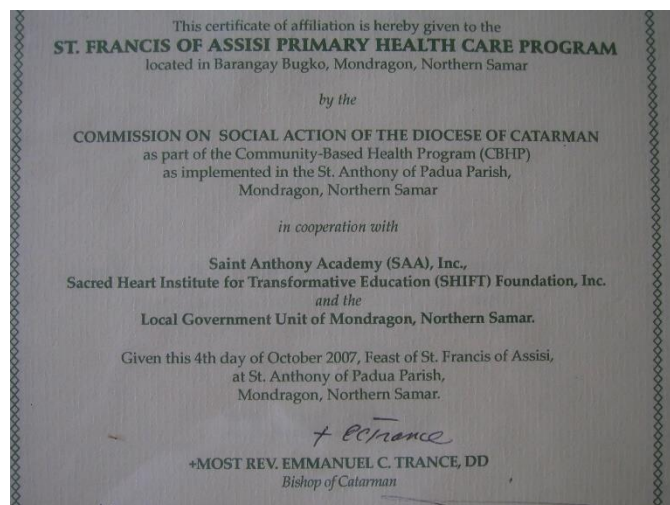
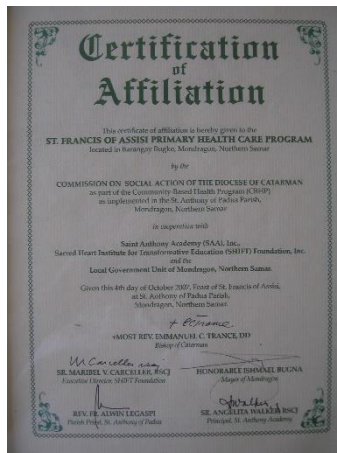
September was also marked by an epidemic of diarrhea. We were usually able to stop it by administering salts, but sometimes the patients were so dehydrated that they had already lost consciousness, and in those cases, the only thing that helped was an IV drip and a quick trip to the hospital. In this context, we explained to the patients the benefits of boiled, sterilized water, as patients were coming in large numbers from specific regions, and

we also passed this information on to the local leaders. People here usually drink the water straight from the pump without boiling it first, and the springs are usually not tested for microbes, and we then see the consequences in the outpatient clinic.



We were extremely fortunate with this patient. Her condition was very critical, but thank God she came to us in time. Her only concern when she regained consciousness was her son, for whom she cares selflessly.

On October 4, the feast day of Saint Francis, we received our certificate:



On October 7, we finally held our first orientation day for the mothers of malnourished and undernourished children. We selected 28 children from various districts of Bugko. We established rules for the mothers to follow so that the program didn't simply end with "feeding," which doesn't help the children and is ineffective. The children were weighed and measured to determine their degree of malnutrition. Afterwards, we showed them simple hygiene rules, such as washing their hands before eating, which is still a rarity here.



The following week, Dr. Quilatan examined the children and determined which children still needed deworming or other medical help in addition to the nutritional program.



We placed particular emphasis on using nutrient-rich, local foods, as the mothers cannot afford to buy expensive food from the store, and we cooked using charcoal (made from coconut shells) so that we could replicate the situation the families find at home. For the first week, cooking was done in our outpatient clinic with the assistance of volunteers, as they will also be accompanying the women and children at home over the next few months. Sister Veronica and I visit the individual groups on a rotating basis to observe the children's progress and help with problems. For example, the children in one group wouldn't eat boiled eggs, so we tried scrambled eggs, and the children responded well. Unfortunately, it has to be said that the mothers here themselves are unable to make such simple changes to their thinking, and that is why it is so important that we visit the groups ourselves on a regular basis.



The group with the volunteers

The first group of children will be enrolled in the program until January. What we can say so far is that all the children have gained weight and are also less susceptible to illness. You will read the final results in the next letter.

On November 22-23, Typhoon Mina roared over Bugko, destroying many roofs, banana plants, and coconut palms. Unfortunately, our temporary tent, where we hold the training sessions and which had already been patched up, also fell victim to the storm. We repaired it as best we could and hope that it will now last longer until another solution is found.



Alongside the successes, we also experience many sad cases, patients for whom we can help little or nothing. Even the hospital in Catarman is not well-equipped for many illnesses.



Finally, here are a few pictures from our home visits to give you an idea of what we find here. Sometimes a candle is the only light source:

With best wishes for a blessed Christmas season, Yours,

Sabine Korth

Malipayon nga Pasko (Merry Christmas) from Bugko!

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