

WELLSPRING CHILDREN'S MEDICAL CENTRE

PHYSIOTHERAPY ANNUAL REPORT FOR THE YEAR 2019

Compiled by

PT. MUHINDO PASCAL

Supervised by

PT. SENGENDO IBRAHIM

BACKGROUND.

In **2010**, the African Child policy report acknowledged that children with disabilities in Africa are among the most neglected groups in society and that they and their families face enormous economic, political and social barriers that have an adverse impact on their physical, social and intellectual development and wellbeing.

In Kalungu district of central Uganda, there are few NGO's that provide support to children with disabilities and their families through community support networks, income generating activities and support towards education but there is no facility that provides specialist therapeutic intervention, including physiotherapy, occupational therapy and speech/language therapy as well as support, training and education.

Wellspring children's medical centre department of physiotherapy only provides physiotherapy rehabilitation which is just part of a multidisciplinary patient management team.

There is also a cultural and social stigma attached to families who have a child with a disability; they can be shunned by their own family and the community as people believe that a disability is contagious, a curse, witchcraft or a punishment from God for the sins of the parents.

This isolation often causes increased family stress, financial burdens and a reluctance to seek help, often resulting in a disability becoming more debilitating, as it remains untreated.

PHYSIOTHERAPY TEAM

The physiotherapy department of wellspring was opened in 2012 in response to the severe lack of available services for children with disabilities in Kalungu district and its nearborhood.

Ibrahim started with only two clients and since then the number has progressively increased The department now is being run by two physiotherapists Ibrahim and Pascal who provide therapy to the clients who visit the clinic regularly and to a few clients in the community though not regularly.

DATA ANALYSIS FOR THE YEAR 2019

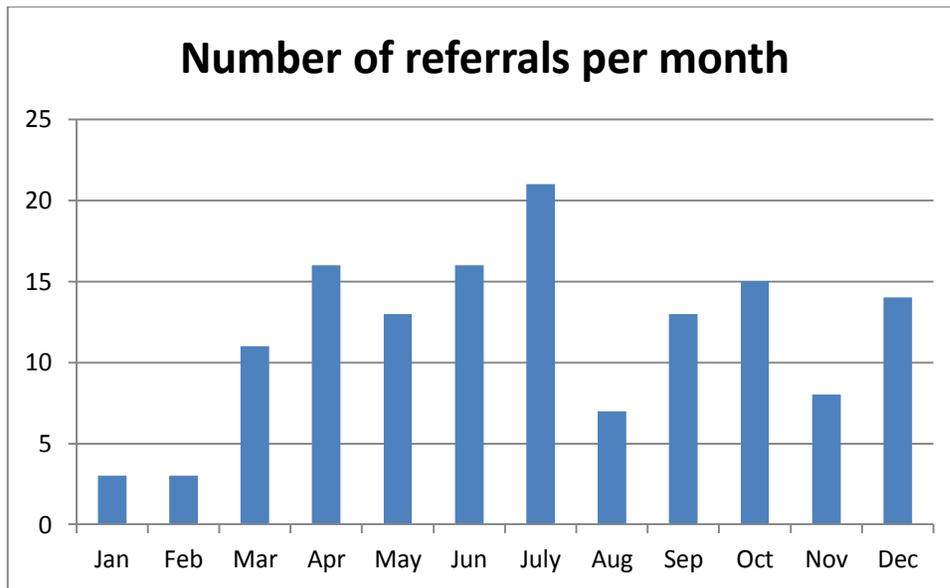


Figure 1.

- Shows that, after the initial low referrals in January and February, we are averaging 11 new referrals a month.
- This highlights the increased need for therapy and rehabilitation services in the communities served by wellspring.
- The majority of the referrals were received through self and friends and families of current clients.

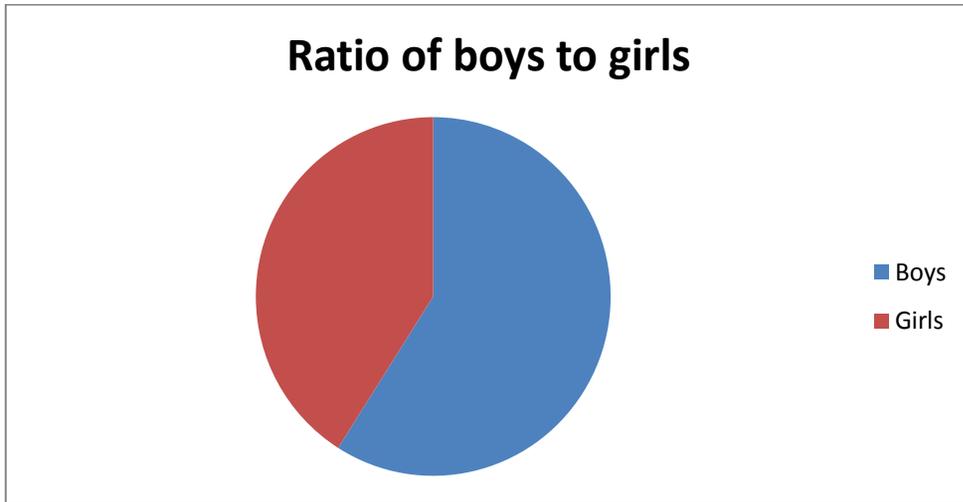


Figure 2.

- A total of 166 clients attended the physiotherapy clinic in 2019.
- 98 or 59% of them were boys and 68 or 41% girls.

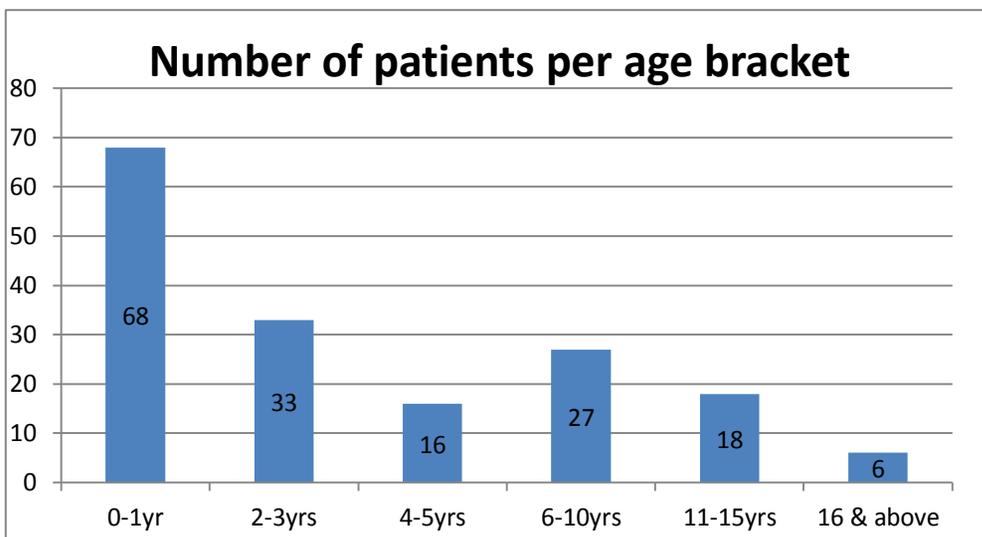


Figure 3.

- Majority of the clients are aged 0-1 years and this shows that some of these developmental conditions are now being detected early. This is probably because of increased community awareness as regards to developmental conditions.
- Of the 10 children of school going age with severe disability (CP, Hydrocephalus, Spina bifida) only 2 are in school, and of the 8 not in school, only 3 have a disability too severe to allow them enroll. The other 5 are excluded from school due to lack of fees, the school's reluctance to accept a child with a disability and mobility limitations.

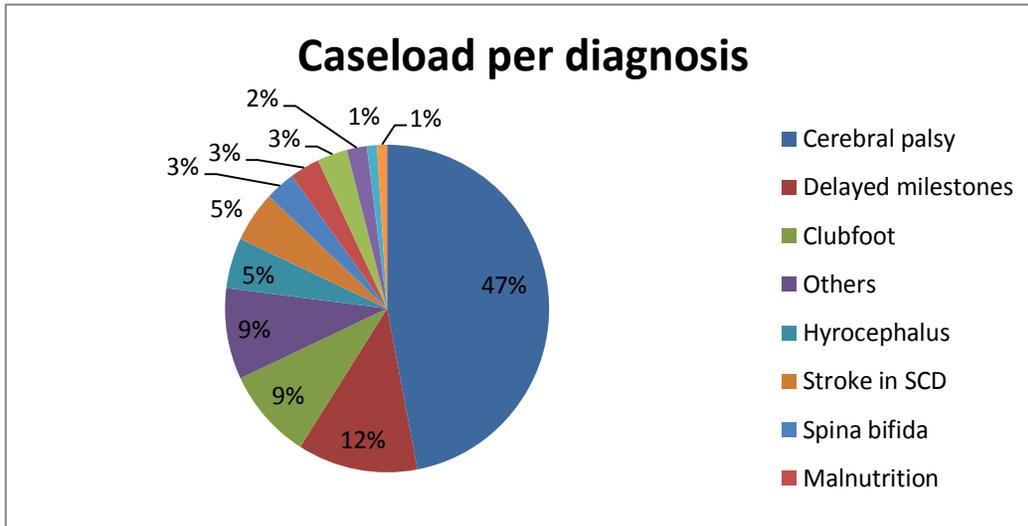


Figure 4

- Cerebral palsy and delayed milestones make up the largest percentage of the caseload. They are caused by non progressive damage to the infant brain and affects development in all areas.
- Cerebral palsy is more common among boys than girls. Most of the children identified with CP have the ataxic type.
- 70% of the children are limited in their abilities to perform activities of daily living and gross motor activities, some need to use walking aids like crutches, walkers and parallel bars.
- Physiotherapy is extremely effective for young children and we are seeing excellent outcomes within 12 weeks of starting rehabilitation.
- Other conditions that account for the 9% of caseload include: Torticollis; Burns, Low back pain, Amputation, DDH and Autism.
- Of the cerebral palsy cases 20 children have a concurrent condition like epilepsy, kyphosis, lower limb discrepancy, clubfoot, dislocated hips, scoliosis and blindness.

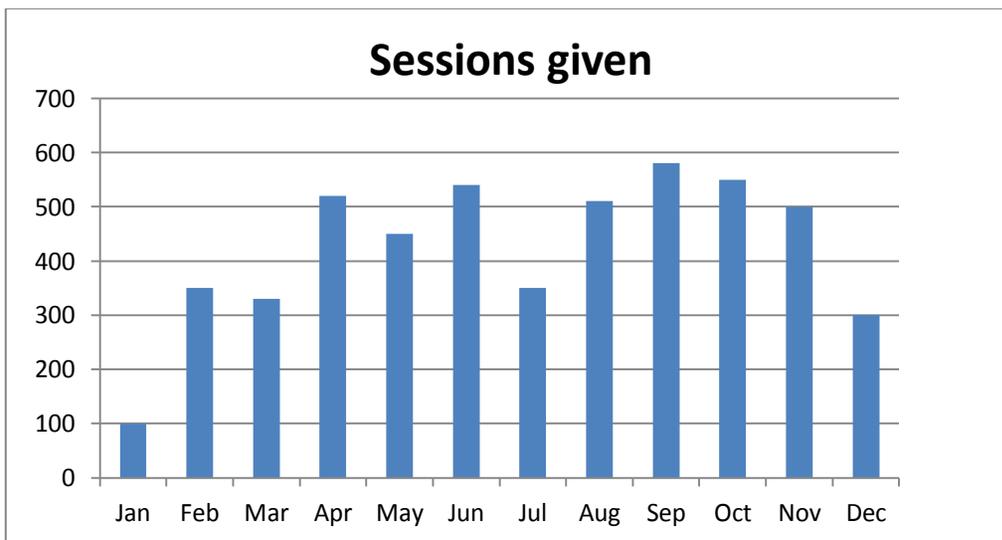


Figure 5

- On average, 300 therapy sessions are provided by the two physiotherapists every month.

- Each session takes between 20-40 minutes depending on therapy goals.
- Ideally each patient is supposed to be seen on a daily basis to effect the rehabilitation process but because of a number of challenges including financial constraints, patients are only seen twice a week (Two sessions). However a few who can attend regularly to the clinic have always received 5 sessions a week.

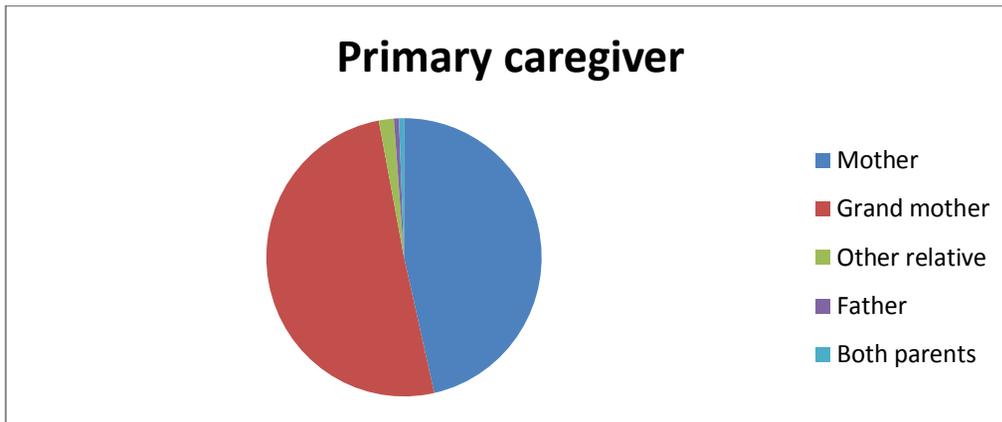


Figure 6.

- Majority of the caregivers of these children are grandparents (more than 50% of the total number). These are old grandmothers who are weak physically but because the parents abandon these children the grandmothers assume the position of the parents yet they may not be in position to provide all the necessities including transport to the medical centre, clothing, feeding and school fees among others.
- Fathers account for the least number of caregivers and this is not surprising in an African setting as most societies believe that men don't give birth to disabled children. When such child is born in a family the misfortune is attributed to a woman and sometimes these women and their children are abandoned leaving them alone.

ACHIEVEMENTS:

1. Since January 2019, the number of physiotherapist has been two and this has made work much more effective.
2. We have received and managed over 166 children with a wide range of disabilities.
3. The clubfoot clinic has been reinstalled and we can now manage our clients fully except that those who may need tenotomy are referred to CORSU. We have included SFABs in our budget and they will be readily available for patients who may need them after serial casting.
4. We have provided an average of over 300 physiotherapy sessions per month to the clients visiting the physiotherapy clinic.
5. Conducted a caregiver and patient training course on cerebral palsy and other developmental conditions.
6. Attended (Pascal facilitated by wellspring) a 2-day annual scientific conference organized by the Uganda Association of Physiotherapist at Paradise hotel in Jinja.

7. Received more therapy equipments including static bicycle, standing frame, rollers, lower bed, and tent.
8. Provided some specialist adaptive equipments like walking sticks, elbow and axilla crutches to a few clients.
9. Received a 4th year physiotherapy student of Mbarara University of science and Technology for a six week physiotherapy elective placement.

ACTIVITIES FOR 2020

1. Provide physiotherapy assessment and rehabilitation to children with disabilities to help them meet their developmental goals.
2. Conduct 3 cerebral palsy training course to caregivers and their children (every 4 months).
3. Improve the clubfoot clinic.
4. Provide relevant information that will help empower the community to make informed decisions about their children's health through designing information leaflets.
5. Visit the wellspring home for children with disabilities for physiotherapy assessment.

SOME OF THE SUCCESSES FOR 2019.

WALUSIMBI JOHN



**He was brought by the grandmother unable to stand and ambulate.
He is now able to push himself into standing, stand without support and ambulate independently for 2 minutes. He is now able to pull himself in a walker over a long distance.**

MUSIS JOSEPH



Because of his spina bifida myelomeningocele type, Joseph has impaired sensation below his thighs but that has not stopped him from achieving how to pull himself into four point kneel and crawling, he is happy and playful.

NALUBEGA PATIENCE



**Child was brought by mother following a referral from the health centre where she was born with bilateral congenital talipes equinovarus.
Before serial casting**



After 5 sessions of serial casting

SEMUJU SHAMRAN



Child was brought by mother with bilateral talipes.



Photo taken after 4 weeks of serial casting.

We are happy to also report that the other clients are progressing well.

CHALLENGES FACED IN CARING FOR THE SPECIAL NEEDS CHILDREN AS REPORTED BY SOME OF OUR PRIMARY CAREGIVERS.

Some of our carers of children with disabilities have repeatedly highlighted their feelings of discrimination, stigma and exclusion. This is in line with several studies conducted in Uganda that reveal carers of children with disabilities, who are mainly mothers or grandmothers, are subjected to stress in the form of physical ailments, isolation and insufficient time for other household chores. Carers of children with hearing or speech deficits also highlighted challenges of a breakdown in communication because of inadequate knowledge in the use of signs.

Carers of children with special needs undergo strain because of unusual demands that include disrupted family and social relationships, exhaustion, financial difficulties, guilt and parenting distress.

Families with children who have mental health conditions have reported substantial costs incurred by treatment. Outpatient care accounts for most of the expenditure by the families. The indirect costs include limited career aspirations and time diverted from the ordinary activities of daily living to the needs of the disabled child.

Mothers of children with disabilities had more difficulty caring for their children and felt lack of time for themselves because of increased daily demands associated with the caring for a child with a disability.

COPING STRATEGIES.

There was considerable variation in how carers adapt to their care-giving demands.

Contextual factors such as socio-economic status, severity of disability and behavioral problems of child, social support and coping strategies have been associated with psychological and/or physical outcome. A number of studies from western countries have shown that spousal support or satisfaction with marital relationship is associated with lower levels of stress in parents of children with disabilities. Support from extended family members, especially grandparents has the potential of helping parents cope a disability.

In Africa, the phenomenon of extended family is disintegrating because of many causes including poverty and HIV/AIDS pandemic.

Because of a lot of care-giving strain and lack of enough rehabilitation services in the community, carers who visit wellspring have learned new skills to cope with child's disability. They improvise materials for exercises at their homes in order to maintain continuity of therapy.

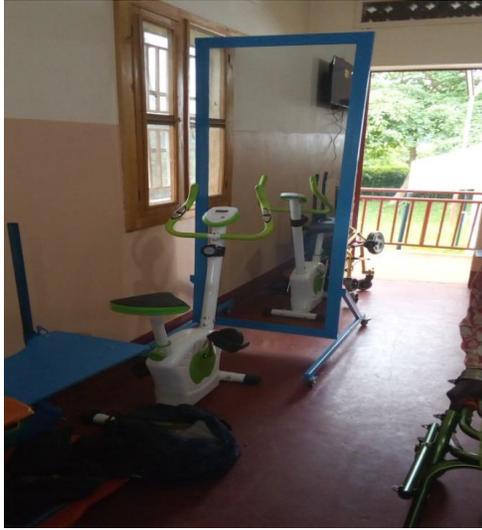
However informal sources of support such as friends and religious groups and the use of respite care service according to carers have been associated with reduced stress in carers of children with disabilities. But carers have reported reduced availability of these informal sources of support when the degree of disability in the child is severe.

Sharing of experiences with one another was highlighted as a mode of meeting emotional demands. Carers of children with disability talk to each other, share experiences and advise each other on how best to cope with the child. We have fostered these meetings through the cp training program and it has been found to be so motivational.

SUMMARY

The arrival of a disabled child severely impairs the expectations of carers. Hospital staff underestimates carers' emotional distress and need for information. Fear for the future, stress, rumour-mongering and poverty are encountered by carers. As they grapple with lost expectations, carers develop positive adaptations in the form of learning new skills, looking for external support and in some cases searching for cure for the problem. For their emotional stability, some carers apply spiritual interventions and sharing of experiences.

THE PHYSIOTHERAPY DEPARTMENT



AKNOWLEDGMENT.

We thank medcare team for the continuous support; we thank the entire wellspring team for the love and commitment and thank our caregivers who primarily provide unconditional care to these special needs children. May God bless you in abundance.

*******HAPPY NEW YEAR 2020*******