

MAP/IRT MEDICINES USE AT KIRKER HOSPITAL

The partnership between MAP International, International Relief Teams and KAMRA continues to save lives in the forgotten corner of Maine Soroa, one of the remotest districts in Niger, about 900 miles of the Capity City, Niamey.

Transforming US medical surplus into life-saving material, this partnership gives rise to healthier communities in places where a tube or a dose of medicine can literally mean the difference between life and death in a hospital setting.

The recently shipped MAP/IRT container full of much-needed medicines and medical supplies to the remote village in Eastern Niger, near Lake Chad came handy to treat refugees whose health conditions are often serious due the lack of medical services in their region of origin devastated by religious conflicts. The shipment is allowing healthcare providers at Kirker Hospital to vastly increase their patient care capacity and quality of service.

"Good health is above wealth, and it is not valued till sickness comes" - - This local saying in Eastern Niger is corroborated in the following stories of Mr. Soumana Hamidou, and little Boulama Mele, both refugees from Nigeria, now living in Maine Soroa. They are indeed among the nearly 10,000 people have arrived recently in Southeastern Niger, bringing to more than 80,000 the number of refugees who have fled deadly attacks by islamists of Boko Haram in Northeastern Nigeria.

Mr. Soumana arrived in Maine Soroa 3 months ago. He is 27 years old. He used to live in Azare, Borno State prior to the outbreak of Boko Haram violence. To flee the deadly attacks from the terrorist group, he along with his family came to Maine Soroa last August.



Soumana Hamidou, having his abdominal fluid removed at Kirker Hospital

He was admitted at Kirker Hospital as a result of abdominal pain and bloating. He was also complaining about shortness of breath. Following a physical examination of the abdomen, the physician at Kirker Hospital determined that Mr. Soumana had ascites. During his consultation, he admitted having used some concoction to treat pains that he was feeling weeks back.

Considering the seriousness of his condition, the local team at Kirker Hospital quickly decided to hospitalize him. They inserted a tube into his belly to remove large volumes of fluid. He also received antibiotics from the recent MAP/IRT shipment, which arrived in August 2014. He was released after 14 days of hospitalization, but still comes back every other day for follow up. Had the medicines from the shipment been available earlier, Mr. Soumana would not have been brought to use concoctions to treat his pain in the first place, and consequently worsened his condition. A local nurse further affirmed: "if the antibiotic and supplies had not been made available by the MAP/IRT shipment, we would have ended up giving Mr. Soumana a prescription, which he would probably not be able to afford".

Mr. Soumana remained so thankful his entire hospital stay, and came to appreciate life at its real value because of the good health he is recovering.

On the other hand, Boulama Mele is 3 years old little boy. His parents left their village of Yunusari and sought shelter in Maine Soroa after attacks were reported in their area. The Headquarters of Yunusari Local Government is located just 10 miles form Maine Soroa, near the Burun Gana River.

It was 7:00 in the morning, and at Kirker Hospital the night shift was getting ready to sign off when Little Boulama was brought in after a troubled and sleepless night. Nurse Tidjani who just took care of a malaria patient was shocked by the



Little Boulama Mele, receiving care at Kirker Hospital

child's condition that he

literally extended his shift to make sure the little boy gets the urgent attention he needed. He immediately consulted him. His symptoms included cough, fever, and difficulty breathing. The initial evaluation pointed to pneumonia with the crackling, bubbling, and rumbling sounds made by the lungs, which was further confirmed by other tests. Pneumonia affects approximately 450 million people globally per year, almost seven percent of population, and results in about 4 million deaths, mostly in developing countries. In these countries, and among the very old, the very young, and the chronically ill, pneumonia remains a leading cause of death.

The 3-year-old Boulama was lucky enough that antibiotics and pain relievers were readily available thanks to the recent MAP/IRT support. Kirker Hospital staff successfully treated and discharged him.