

## CONTACT DETAILS

### Friends of Potter's Village

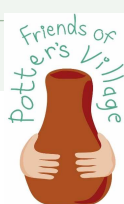
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This leaflet was produced by FoPV



## Friends of Potter's Village

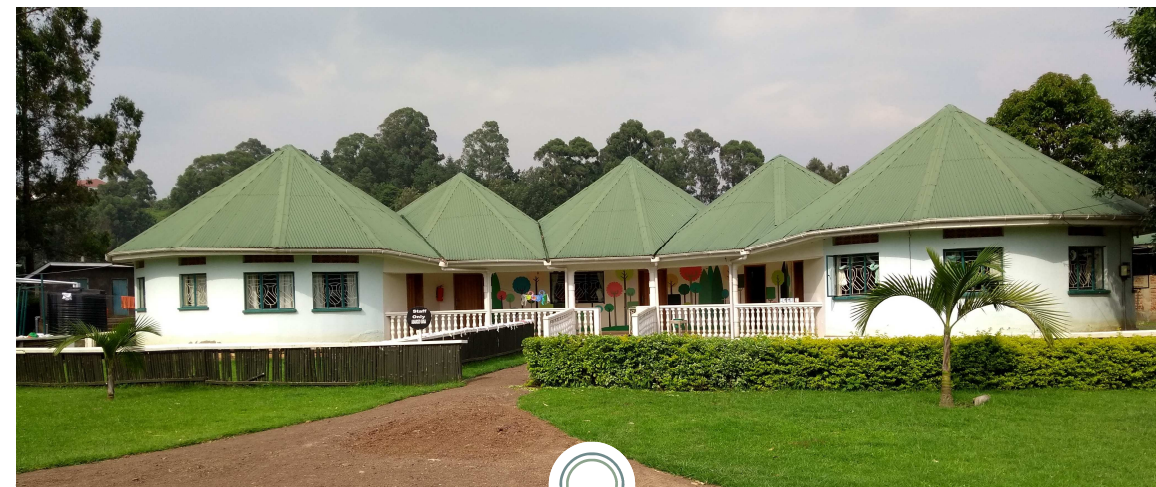


Since Potter's Village opened its doors to the first baby in 2007, it has worked with a Trust in the UK who provided funding and support for the project in Kisoro during its first few years.

As the project has now become an established part of the community and is over seen by a Uganda board of Trustees, the UK Trust has developed in to a purely funding arm called Friends of Potter's Village.

If you would like to know more about FOPV or would like to get involved in fundraising work in the UK, please contact [pottersuk@gmail.com](mailto:pottersuk@gmail.com) or look on our website for more details [www.pottersvillage.org.uk](http://www.pottersvillage.org.uk)

Charity No. 1173948  
Restoring hope to helpless children



## Potter's Village, Kisoro, Uganda

- *Child Crisis Centre*
- *Medical Centre*
- *Neonatal Unit*
- *Nutritional Rehabilitation Unit*
- *Rehab Centre for Children with Disabilities*



*"the pot the potter was working on turned out badly, the potter would simply start over and rework the clay into another pot" Jeremiah 18.4*

**Potter's Village running costs are approx. £9,000 per month**

For more details on how to donate go to our website or send a cheque made out to *The Friends of Potter's Village* (UK address on the back of leaflet)

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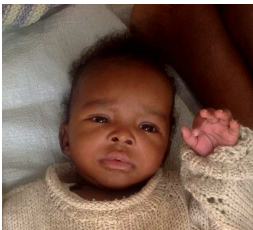


CHILD CRISIS CENTRE

Potter’s Village Child Crisis Centre was established in 2007 by Revd Cannon Jenny Green because she saw babies being abandoned on the death of their mother and had a vision to help. Today up to 30 babies with little chance of survival can be given a caring home on the site.

Children are brought to the -Crisis Centre for a number of reasons:

- Death of their mother
- Abandonment
- Unstable family situation (often health related or financial issues)



Potter’s Village cares for these little ones until they are ready to be reunited with their families or can be placed in foster care, normally between six months and 1 year old. It is the intention of Potter’s Village to be a stepping stone to support these children and their families at devastating times.

COMMUNITY SUPPORT

When the babies leave, Potter's Village continues to offer support to them and their families and to monitor their progress .

Often the family still needs financial support in caring for these babies and this is given depending on circumstance. It is usually given as a monthly child support allowance.

In recent years these families have been encouraged to save some of their money as part of a community support savings scheme. This scheme has proved very effective and many families have become self sufficient, no longer needing financial help from Potter’s Village.



MEDICAL CENTRE

Potter’s Village Children’s Medical Centre opened for patients from the community in December 2012. Services offered are Outpatient and Immunisation clinics, Inpatient Wards for children up to the age of 12, a Neonatal Unit for premature and sick new-born babies, Rehab Centre for Children with Disabilities, Nutritional Rehab, and a small Diagnostic Laboratory providing a variety of tests along with an ultrasound scanner.



Outpatients attend the Centre throughout the day, and sometimes the night; emergencies are seen at any time. In one eight-month period over 3,000 outpatients were seen. Inpatient numbers can vary monthly from 40 to 150 depending on the season. Common conditions seen on the ward are pneumonia, gastroenteritis, malnutrition, malaria and typhoid.

The Medical Centre is on the same site as the Crisis Centre and has developed a reputation for providing high quality care. The Medical Centre charges a small fee for consultations, admissions and treatment. The Centre is open to everybody and help is given to those who are simply unable to pay. No child will go without consultation and required treatment.

MEDICAL CENTRE CONT.

The Medical Centre can provide high dependency care thanks to equipment provided by generous donors, including incubators, oxygen concentrators, CPAP (this supports the breathing in very sick babies and young children), phototherapy for jaundiced babies, syringe pumps, and intravenous infusion pumps. A generator ensures the equipment continues to function despite the many power cuts. Locally trained nurses and clinical officers have developed their skills with the additional training we have given them.

NUTRITIONAL REHABILITATION UNIT (NRU)

The NRU was born out of a direct need seen within the community. PV Medical Centre was seeing more and more cases of malnourished children and also noticed repeat admission for some of these children. The Medical Centre has limited beds and some of the very malnourished needed longer term care than could be provided.

The Clinical Officer in charge of Nutrition monitors children at risk of malnourishment once they have returned to their homes, visiting regularly to check they are growing and putting on weight, assess the home situation and to give advice on good nutrition and hygiene.



NEONATAL UNIT

The Neonatal Unit cares for premature babies, asphyxiated babies and babies with severe infections. There is an excellent team of nursing assistants who can look after the Nursery.

The numbers of premature and sick new-born babies needing to be admitted varies from month to month, with the highest so far being 24. It is the only Unit of this kind in the District and has saved many lives.

REHAB UNIT FOR CHILDREN WITH DISABILITIES

The Rehab Centre sees children with conditions like cerebral palsy, Down’s syndrome, spina bifida, hydrocephalus and other neuro developmental conditions. In the 2014 census there were 5367 children with disabilities in the district of Kisoro with just one special school and no paediatric therapy available. Jenny Green’s original vision included some provision for disabled children at Potter’s Village. Children and their parents attend the centre monthly in a group with other children from their area.

Initially they have a therapy assessment, and any treatment given. Parents are taught an individual exercise programme to do at home and a feeding



assessment is done if indicated. There is a group time of songs and games teaching parents about the importance of stimulating play. If a child requires the help of a special chair, standing frame or walker; measurements are taken and the equipment is made by a local carpenter at a later date.