

My Ugandan Elective Experience

By Jessica Haworth

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Introduction

A little about me!

Hi, I'm Jessica! I'm currently in my third year of the MNurSci Children's course at Nottingham University, due to qualify in 2016. I have just returned from my elective in Uganda where I worked in a hospital for 2 months, so I thought I'd share some of my experiences.

I chose to go to Uganda after researching areas that have high levels of teenage pregnancy and coming across some literature about the Batwa community in the Bwindi area. These people were made refugees when they were forcibly removed from the Bwindi Forest 25 years ago, but now live in poverty due to stigma, lack of education and lack of work opportunities. A US couple, a doctor and a nurse, travelled to the area found this situation too much to ignore and so set up a hospital to cater for the community. They gradually increased their presence by setting up women's centres and schools. The hospital has since grown in size to accommodate the local community as well. It now covers a population of 100, 000 people, whilst only having a running cost of equal to one general practice in the UK.

The hospital has a lot of statistics to show how they are making a huge difference in the communities they serve, for example, eliminating the number of newborns with HIV from maternal transmission through medical intervention, community screenings and educations.

I wanted to see how a hospital can achieve such wonderful results, using little money and limited resources, and how we can learn from this.



Jessica Haworth - Elective Plan

Elective Planning

Please fill in your name followed by 'Elective Planning' in the box provided above and fill out the sections below. You may return to this form at a later date to edit it and make additions via your asset store.

TIP: You may find it easier to write in Microsoft Word and then copy and paste your text into this document using the keyboard short cut 'Ctrl + V'

Where?

Where are you planning to go?

Write in as much detail as possible. Do you know the location within your country of choice? Do you have a specific practice or organisation in mind?

Buhoma, South West Uganda. Bwindi Community Hospital.

Personal Learning Outcomes

What is your overall aim?

What is it that you are hoping to gain from going here?

To learn about health care abroad by witnessing and being a part of a different health care system and seeing how this care is different.

What learning outcomes do you have to help you to achieve your overall aim?

1. To develop my knowledge of child development and how culture, health and social circumstances influence it.
2. To act as an advocate for the child in difficult circumstances to ensure the best interests of the child are met through using knowledge learnt in the UK as well as in Uganda.
3. Take part in community health care to see the difficulties in accessing care and how this is the same/different to here in the UK.

How are you going to achieve these learning outcomes?

Talk about potential activities/tasks you wish to do that will help you to achieve your learning outcomes.

I will work as part of the team within the hospital and in the community, taking part in regular activities to see how these are different from the UK. I will work with the service users to gain a better understanding of the health care system and the issues they face.

I will take part in home visits and community education tasks to improve my community nursing skills and learn how these skills are the same/different from those used in the UK.

Cultural Differences

While your elective should be a positive and enriching experience, working in an environment which is new to you can be challenging, both physically and emotionally. It is possible you will find situations which you have not encountered before, and this can apply whether you are in an overseas placement or in a UK one. To help you to manage your placement most effectively, you will need to research thoroughly into what is going to be expected of you, and the culture and nature of the work environment and locality.

Please summarise your research into the placement you are planning to attend.

I have spoken to staff at Bwindi about certain tasks and a basic agenda.

I have spoken to students who have been to rural Uganda before and other parts of Africa to get advice.

I have used internet resources such as WHO to give an overview of the main issues in health there.

I have familiarised myself with some of the common illnesses of Uganda and how these would present, such as malnutrition.

Planning Progress

What planning have you done towards your placement so far?

Use this table to log all activities and progress you complete towards your placement.

Date	What you did	Further steps
April-May 2013	Researched areas of the world with high rates of child mortality and poverty. I started reading about Uganda, which has progressing health care to tackle many different issues causing childhood illnesses. I started to focus on a community called the Batwa Pygmies that were made refugees from Bwindi National Park 20 years ago and are still experiencing extreme poverty. This led to the discovery of Bwindi Community Hospital that was originally set up to cater to this community, but has since expanded to serve over 100, 000 people.	Research what services Bwindi Community Hospital offer; whether they take volunteers and if so, whether they would accept me.
19.05.2013	First email to Bwindi Community hospital enquiring about volunteering.	Await reply
20.05.2013	Email received of acceptance. Given mentor. They await confirmation of dates.	Work out provisional cost of trip and book flights. Find provisional accomodation.
23.05.2013	Send email and have reply about provisional accomodation, awaiting confirmation of dates.	Book flights. Research funding/grant opportunities.
11.10.2013	Application to AMECA elective bursary.	Await interview and selection.
04.11.2013	Offer of interview for AMECA elective bursary	Attend interview and await selection.
14.11.2013	Notice of successful application from AMECA elective bursary	Await transfer of funds and book flights
25.12.2013	International flights booked	Give dates of elective to all those necessary. Find method of transport to Hospital. Ensure comprehensive insurance and vaccinations.
15.05.2014	Comprehanisve insurance completed and most vaccinations.	Get remainder of vaccinations. Start purchasing necessary over-the-counter and prescription medicines.
30.07.2014	Internal flights booked	
August 2014	Checked that all necessary medicines are bought. Suitable clothes purchased. Fundraising for the hospital. Final confirmations of accomodations, flights and placement dates.	Pack!

How ready are you to go?

Use the rating bar below to indicate how far along you are in your planning for your elective placement. Update this as you plan more and more.

Scale is 1 to 10 from No planning done to Ready to go

No planning done 1 2 3 4 5 6 7 8 9 10 Ready to go



Outcome 1

To develop my knowledge of child development and how culture, health and social circumstances influence it.

Child development is a worldwide standard set out by the World Health Organisation (Martorell et al 2006). It is affected by many factors, such as nutrition, illness and parental interaction (Cabanero-verzosa 2005).

Uganda has a high prevalence of poverty (27%), particularly within rural communities according to World Bank Indicators (unknown, 2010). This can lead to lack of food leading to malnutrition; lack of parental time available due to work commitments and lack of resources or access to healthcare due to travel restraints. Research has found 3 issues that require attention in Uganda to improve child development:



Premature neonate (consent gained from mother)

1. Better weaning strategies. Some mothers were found to be either weaning too early or too late. This was found to be because of lack of education, a lack of food security or a lack of time available for feeding. (Kikafunda, Walker, Turnwine, 2003)

2. Worms. Worms cause a decreased amount of nutrients to be absorbed leaving the person malnourished. Difficulty accessing health care and fear of the medicine was found to be the main reason parents gave for not seeking medical help (Pond, Cabanera-Verzosa, Gamurorwa 2001)

3. Early Child Development Strategies. Traditional views of parenting, as well as time and energy restraints leave some parents unable to have positive parental interaction which can delay child development in some areas (Cabanero-Versosa, 2005)

Nurses in all environments should be aware of the influence of culture, health and social circumstances on child development in order to give holistic care and support parents in the correct way to maximise the child's development opportunities.

Meeting Outcome One

To develop my knowledge of child development and how culture, health and social circumstances influence it.



Child playing with nurse (consent gained from all)

Reflection of Delayed Development in Child using Driscoll (1994)

What

Whilst on the children's ward, an admission arrived of a child, aged 4, with a chest infection. On assessment, it was quickly realised that he was also suffering from severe acute malnutrition. This was identified using indicators such as a MUAC (Middle-Upper-Arm-Circumference) score and taking weight-for-height (he did not suffer from oedema, which is another indicator) as recommended by the World Health Organisation (2009).

On speaking to the accompanying adult, we strongly suspected a worm infestation due to a description of the faeces. However, we also found a complicated social history. The accompanying adult was the uncle who had taken in the child after his mother was neglectful. The man had two wives, with a combined child count of 10. He told us not all the children can eat everyday as there is not enough food to go around, so they tend to only eat every second day. Both the man and the two wives work during the day, leaving the older children at home to look after the younger children.

When we spoke to the child, he appeared very shy and would not speak to us. We tried to get him to trust us using play activities such as drawing and using toys we had made from disposable bottles. However, he did not speak.

We continued to monitor him on the ward, starting him on worm-treatment as well as malnutrition-treatment (F-75 / F-100). On the second day of the admission, I went to speak to other children accompanying the patient who spoke some basic English. They informed me, on my enquiring, that the patient cannot speak.

I spoke to the Uncle through a translator about what the child had said. He eventually admitted that the boy cannot speak but that he does not tell people for fear of judgement of having a 'retarded child'.

So What

This situation caused me quite a lot of upset. It was hard to hear of such hardship in one family and seeing the effects it has had on this child. I was initially bewildered and angry at the fact the father would not consider a form of contraception to use with either wife and laughed it off when the subject was broached multiple times by myself and other nurses, as I would have thought that since he was struggling with 10, he might want to stop. I had gathered from my experience of the country so far that contraception was a relatively new subject, and that many traditional views still held-strong that a large family is a successful family. Bwindi Hospital has done astounding work recently in the local area to challenge these beliefs and has increased the prevalence of contraceptive use massively through education, although the level of use is still very low (28%). Although I knew all of these facts and was aware of the cultural differences, I could not help feeling disappointed and angry. However, I had watched the other nurses speak to parents about contraception many times (every parent and adult patient has contraceptive advice on discharge) so I felt prepared to manage my own emotions and deal with the subject calmly and openly. Although the man did not seem to respond to any of the advice offered, I was still pleased with the way it was handled.

The fact the boy's development was stunted (children should be making an effort to speak by 2 years old – NHS Choices, 2013) could have been caused by many different factors, or a combination. The fact he was severely malnourished from the contributory factors of as worms and a lack of food availability, could have limited the nutrients available for brain development, delaying signs of progress; neglect can affect speech development (Culp et al, 1991), as it restricts their opportunities for social learning (Sharma and Cockerill, 2014). He unfortunately has experienced neglect both from his birth

mother, and by imposing western definitions, has experienced it from his uncle's family too: 'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development...It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.' (HMSO, 2006). Although the uncle and his wives were obviously trying to provide for his family, they were not able to. This results in the children not eating regularly, getting an education or receiving positive parental influence during the day. However, the culture of Uganda and the provisions for care are rather different to here as there is no social services or monetary benefits to help.

Another possibility for the delayed speech could be the presence of a learning disability, autism or a physical disability (Tidy, 2014). Currently in Uganda, learning disabilities and autism are not commonly recognised as medical problems. They can be regarded by the community as a curse or the child being 'slow'. For this reason, the uncle has not sought help sooner to avoid judgement. No physical abnormalities were noted during assessment or examination, so I do not know how the medical staff would have identified and responded to these, such as dysarthria (motor difficulty in creating speech) as these are commonly referred to speech and language therapists in this country.



Malnourished child with makeshift toy (consent gained from mother)

Now What

This experience has highlighted to me the importance of considering all factors when assessing child development. The boy had a stunted or delayed development, which can be linked to culture, health and social circumstances. Culture since the uncle has not sought help for the delay from either a lack of education or fear of judgement; health since worms could have contributed to the malnutrition which could have reduced or slowed brain development as well as considering the possible factors of delayed speech; and social circumstances as the lack of food availability could have restricted nutrients to the brain, but also because of the neglect the boy had already experienced.

When this situation first came to my attention, I had already managed the care of many other malnourished children with delayed development. Although I acknowledged the effect of lack of food on development, this particular boy forced me to consider the many factors involved in development.

I will take forward this awareness I have gathered when working with children and families in the future, regardless of what country they are in. It is important to remember when assessing a child that they are not 'just another case of...' but an individual case that requires individual evaluation and help.

It has also made me much more appreciative of the support systems we have in this country, such as social services, health visitors, speech and language therapists etc. It is important as a nurse to recognise and understand the roles of other health workers in order to work as a team to safeguard children and give them the best possible opportunities. I feel, although I did not work with other health professionals other than nurses and doctors in this, it has made me more aware of their roles in this country. I will use this knowledge in my future career when making referrals, discharges or working in the community.

Outcome 2

To act as an advocate for the child in difficult circumstances to ensure the best interests of the child are met through using knowledge learnt in the UK as well as in Uganda.

Paediatric nurses have a responsibility to act as advocates for children in healthcare (Coyne, 2005). Advocacy within nursing covers a broad range of responsibilities, including protecting the rights of patients when they cannot do so themselves (Marquis and Huston, 2009), encouraging the use of up-to-date healthcare practices, or encouraging children to voice their opinions, even if they do not match their parent's or physician's (Coyne, 2005).

I found that in Uganda, I experienced advocacy issues with babies most frequently. The Bwindi Community Hospital charges a small amount for an admission (equivalent to £0.50p), however people in the local area still struggle to find the money which means they do not always seek medical help when they need it. In addition to the admission cost, the child's family need to find money for food as the hospital cannot currently supply food, unless medically necessary, such as in malnutrition cases.



Paediatric ward staff (consent gained from all)

Meeting Outcome Two

To act as an advocate for the child in difficult circumstances to ensure the best interests of the child are met through using knowledge learnt in the UK as well as in Uganda.



Me and baby! (consent gained from mother)

Reflection of Care using Driscoll's Model of Reflections (1994)

What

As I was finishing a shift, a mother came in holding her very young baby. She explained that she did not have the money for an admission, but asked if we could look at the baby and tell her what to do. I asked her what she thought the problem was, and she said that her baby was not breathing properly. When I briefly looked at the baby, he was clearly in respiratory distress. I explained that the baby needed to be admitted otherwise he could deteriorate quickly. She declined, saying that she did not have the money, so it was not possible and walked out. I was quite distressed by this, so followed the mother out. I continued to speak to her explaining that the baby needed urgent admitting. I managed to convince her to come back inside with me whilst I made some calls about funding. I called two charities, and managed to get one of them to pay for the admission. The baby was admitted and was placed on CPAP to help his breathing. He was discharged 1 week later fit and healthy.

So What

This situation was difficult for me to handle as I felt very selfish about not just giving her the money for the admission, as I am in a privileged position of having money in comparison. However, I was aware that it would be unprofessional and may seem unfair if other patients found out. I had previously bought food for struggling patients anonymously and donated it through the hospital, but as the chaplain had finished for the day, I could not do it this time. It is also important to remember that I am acting as a member of that hospital, and so should not act outside of their normal protocols as it could put staff in difficult positions in the future if a patient expected nurses to pay for their admission.

It may have come across to some as unprofessional to follow her out, instead of respecting her wishes, however, I would argue that I was acting in the child's best interests. Had I not persisted, the mother would have continued home and the child may have died.

Now What

On reflection, I feel my actions were appropriate for the situation. I followed the correct 'protocols' in looking for charitable help rather than funding the admission myself. But most importantly, I acted as an advocate for the child's health.



Although it would be unlikely to find the same situation in the UK, it is likely that I will experience another situation where the parents' or physician of a child is not acting in their best interests (Carter, 2002) such as not including a child in decision about their care. It is important to remember the role of an advocate within nursing and to challenge behaviour which is not deemed best practice or in the child's best interests (Council of Europe, 1996). I will remember this case, and the lessons I learnt from it. It reminded me that nurses have a very privileged role to be part of someone's life and to use this role to always put the patient first.

Outcome 3

Take part in community health care to see the difficulties in accessing care and how this is the same/different to here in the UK.

In every country there are health inequalities. In nursing, it is important to understand which groups and communities of people are at risk of poorer health in order to target these in community health work. In both childhood and adulthood, social disadvantage is associated with a higher risk of disease, disability and premature health (Graham, 2009). This is a complex relationship with determinants affecting people's health and education such as increased prevalence of temporary or overcrowded accommodation (Barnes et al, 2008) which can interrupt education; less nutritious food (Acheson, 1998) due to instability or lack of money income (Graham, 2009) and/or difficulty accessing care and treatment due to childcare restraints, travel costs or prescription costs (Exworthy et al, 2003).



Cooking session on ward (consent gained from all)

Uganda has a high level of poverty (24.5% of population in 2009 according to The World Bank Indicators, 2015) which was particularly high in the area that I was working in (IIED, 2014). People struggled to afford daily life, running out of food regularly or not being able to buy nutritious food. A lack of protein in the diet and/or a lack of food can lead to malnutrition. This can then have a knock-on effect on development and education.

Community work by the hospital includes community outreaches, such as HIV testing, sexual health education and contraceptive clinics, school programmes, cooking sessions and daily teaching by nurses within wards on different topics such as 'the dangers of traditional medicine'. During my stay I was able to observe all of these programmes and observe the communication techniques used by the nurses.

Meeting Outcome Three

Take part in community health care to see the difficulties in accessing care and how this is the same/different to here in the UK.



Outreach in village

Reflection of outreach using Driscoll (1994)

What

During my placement in Bwindi, I was able to experience some community outreaches. Unfortunately for me, a lot of the community work is done by lone workers on motorbikes, which I was not able to join. However, for the larger outreach days, the hospital used the minibus. One such outreach I attended travelled an hour and a half on dirt tracks to reach a village. This outreach was planned to provide sexual health education to a large group of women; HIV testing; and school outreaches to encourage schools in the local area to comply with the hospital's 'young person's health' education scheme. Many of the schools have been set up by and with churches. The catholic schools are not keen for contraceptive teaching to be taught in the school as it goes against the church's teaching. The community nurse therefore presented the scheme as more covering general health, and encouraging the respect of women's rights to stay in school.

The nurses were very open and encouraging of everyone to be involved in their own health decisions. A sense of humour often helped when discussing 'embarrassing' topics such as contraception. One man I shadowed, was speaking to a group of women who had just come from the clinic that was weighing their babies. They were all very young and giggled when the man asked them what contraceptive they used or if they were interested in it. The girls did not reply, obviously too shy to speak about it. The man continued to speak to them, smiling, often joking with them, and suggesting they should take control of their bodies and space their babies out. Although the women were still giggling, they were still standing talking to him. He took this as a signal that they were interested and brought out a box of one hundred condoms. He handed some to one woman, who took them and put them in her bag, which seemed to make the others feel more comfortable taking them. They all took some, until the box was empty and then walked away.

So What

Sexual health education in Uganda is a relatively new concept. This means that they are having to challenge long-standing traditional views such as women's place in society as subordinate to their male counterparts (The Global Gender Gap Report 2013) and to produce children as their main role. Bwindi Hospital is approaching this from an educational perspective, using statistics to show how smaller families prosper more in the area.

The way the nurse used humour in order to form a therapeutic relationship quickly was interesting to observe. The use of humour lightened the situation in which the women were feeling slightly uncomfortable. Research has shown that the use of humour in a circumspect manner is beneficial in nursing (McCreadie and Wiggins, 2008) to make clients feel more comfortable with the professional.

The outreaches are important to reach clients who might otherwise not have access to health professionals and advice. Literature has often shown that distance to health care facilities is a main barrier to accessing health care (Ensor and Cooper, 2004) in almost all countries, so by travelling the distance to nearby villages, the barrier has been removed, therefore offering healthcare to clients who would otherwise struggle.

Religion can affect how people receive nursing care and education. It is reported through literature and research that patients often perceive nurses as inattentive to religious needs (Reimer-Kirkham, 2009). Contraceptive education is an issue that can be strongly influenced by religious beliefs as some religions disagree with contraceptive use, such as Catholicism within Christianity (Locke, 2013). Nurses must respect people's beliefs, valuing individual differences. However, clients can still be offered the same education and advice, allowing the client to make their own informed decisions. The nurse who was offering the school education programme was open about the content, answering all questions the teachers asked, however, did not put any emphasis on the point that contraceptive advice was included in case the school refused. Although some may argue that this is deceptive, other can argue that it was necessary to be able

to deliver the rest of the education involved in the programme too.

Now What

I was very interested to observe the sexual health nurses encourage the use of contraception amongst young women in an area where it was still a relatively new subject. In this country, the use of contraception is encouraged, however, often relies on the client's interest to engage with health professionals (Carter et al, 2007). I learnt techniques from the sexual health nurses in Uganda to engage clients in discussions which can be transferred such as the use of humour to diffuse an embarrassed atmosphere, and using group conversation to encourage engagement, which has been supported in literature (Tyler and Blader, 2000) but needs to be used with caution as it can sometimes reduce people's engagement out of embarrassment and social norms.



My experience in Uganda has also made me more aware of the role of spirituality and religion within healthcare and nursing. Not only does it affect how some topics are received, such as contraception, but also affects how some people deal with illness. Nursing needs to recognise spiritual and religious beliefs and respond appropriately in situations such as bereavement.

The research I conducted around the issue of distance to healthcare facilities has highlighted to me the importance of smaller clinics and community nurses in this country. There has been debate recently surrounding centralising health facilities in this country, and creating regional centres as, although it allows for concentration of expertise, it makes the facilities further away for the majority of people. This increases the need for community support. However, it is not always cost-effective for a Trust to support community health (Tappenden et al, 2012) as the distances between appointments mean the nurses cannot always see many people, but it is still necessary as it reaches those in need of the healthcare.

Nearly all countries have similar community health needs, but some, such as Uganda, have more illness relating to poverty, than the UK (WHO, 2014). However, I feel I have learnt a lot about community health that can be transferred to all countries. Access to healthcare remains an issue worldwide, however, experiencing the more extreme version in Uganda where there are many miles between healthcare facilities and few methods of transport has made me more aware of the barriers within this country to accessing care.

Evaluation

Looking back



Gorilla from Bwindi Forest

I have not been to any country in Africa before this elective trip. I have been lucky enough in my lifetime to travel quite a bit, but have not had the opportunity to work abroad. I feel this trip allowed me to become totally immersed in the culture, and get to know the people there.

I have learnt a lot about illnesses which are not very common here, such as malnutrition and worms, etc, which has increased my nursing knowledge. I learnt how to manage with fewer resources such as a lack of apnoea alarms, which gave me more practice at using observational skills instead of relying on machinery to alarm me when a child is struggling. It was my first experience of neonates, which I very much enjoyed. I would like to experience neonatal medicine here in the UK to see the comparison, as I know there are large differences. However, the science and the biology is obviously the same, which is what has interested me.

I learnt a lot about myself on the trip, such as how to live minimally, and to make time for those people who are important to me, as the Ugandan society encourages. It also showed me that I should appreciate things that often get taken for granted, such as an education and food.

I am glad that I chose to stay and work for two months instead of one. I feel it allowed me to become more settled and enjoy the area more as I got to know it more. I did take one week off to travel to lake Bunyonyi, which was a very beautiful place, and do some tourist-y things like kayaking and tours. However, I found myself missing the work back at the hospital!

Most of my planning was useful, however, there were some aspects that I now know for going back out. I found that when I got there, my phone network did not work and the international SIM card did not work either. This was simple to fix as I just bought one out there and topped it up as I went. I would know not to buy an international SIM in future trip, relying on internet for communication when I reached there first.

I also know what sort of things the hospital needs, such as children's clothes and toys. I did manage to send out neonatal clothes before I left for Uganda that were donated by Nottingham Children's Hospital. I had many more clothes and toys I was hoping to bring out with me that I had collected from people that I was unable to send in that shipment, but now I know that some airlines offer extra baggage allowance for charitable causes. I would apply for that and bring supplies out with me if I were to go again.

Whilst I was there, I became very involved with some charities, such as Ride 4 A Woman, which helps women become independent in business and income if they have divorced their partner. It also offers support and refuge for women suffering domestic violence. I worked with this charity to provide awareness of their presence to women who disclosed their struggles to me, as well as helped with their online presence. I would research local charities in the area that I was going to visit if I were to do a similar trip again as it offered me a different insight into local culture and enabled me to expand my understanding of how people, especially women, can suffer in these cultures.

I feel like my nursing knowledge has been stretched during this experience. I managed to meet my outcomes and feel like I understand the topics surrounding them better now. I hope to continue to develop the skills I learnt there, such as basic neonatal resuscitation and bereavement care, as well as community communication skills using humour and group education. One day I hope to return as a qualified nurse and learn more skills.



Blog Extracts

Whilst there I kept a blog on Blogspot to inform family and friends at home what I was up to, which was great for when I did not have open communication lines. It also worked as a permanent record of day-by-day living I experienced there.



2nd September "...People sometimes say I'm pessimistic in always looking for things that can go wrong. Baggage loss has been one that has been playing on my mind for the past few months, and, as a consequence, I had basically planned my breakdown in my head. With all that mindful practice, I have to say, I nailed the breakdown performance. The tears arrived dutifully on time after my face had gone all blotchy from holding them back, and streamed down my face as I tried to speak to the manager of Emirates in Uganda. And I can tell you now, I am not a pretty crier.

So I have been in the country for 2 hours so far, and already changed booked flights, found somewhere to stay in the capital for another night and become far too familiar with the toilets of Entebbe airport in a fruitless attempt to tidy myself up..."

4th September "...Somebody does come to get me, then takes me to my plane...where it is only me flying. Yeah, I had a private plane. Sat just behind the pilots who introduced themselves and did the safety announcements, consisting of: a.) there is water in the back b.) there are mints for lunch...



So it's a once in a lifetime experience (or perhaps twice as I return with this company too) to have a plane to myself. Something to be savoured and enjoyed. So, of course, I fall asleep. I wake up just before landing and see people waiting for me at the bottom. After a very easy landing I meet my driver, Chris. I can tell you now, Uganda does not have MOTs to pass. The car looked like it had been scrapped and then pushed back together. The windscreen wasn't so much a windscreen as a shattered piece of glass threatening to fall at any point, covered in cellotape to put off the inevitable. As I stepped inside the car, he quickly told me not to put anything on the floor in the back of the car. Obviously, the car did not have a complete bottom. Silly me..."



5th September "...The scenery is stunning, but unmistakably African, like you see on the TV, with mud-covered houses, the size of my bedroom that fits in a whole family as well as a shop. It's so green! I know that makes me sound like a proper townie, but it's true. ...

The power goes off at about 9, but returns throughout the night whenever the surgery is needed in the hospital as it is all linked up to the same system. So it's like a little celebration every time a woman has a caesarean. Well, it was the first time, after that it just gets annoying. The rain here falls like millions of tiny buckets of water, and hits the tin roof of the house, so you can imagine that noise. The thunder moves quickly from over the mountains to right over your head. I forgot to unplug my laptop, but was very lucky that it did not melt,

like so many other people had experienced.

Dinner apparently always consists of 3 types of carbs and then some veg. Potatoes are called 'Irish' here, which I went for seconds of, to the horror of the Americans. But hey, there's Irish in me. "

9th September "...After that ordeal the nurse had decided to leave the wounds in 'an open dressing' i.e. with nothing on. Now I strongly disagreed with this decision, but I hate correcting qualified nurses as a student nurse in case I offend,

however, I did speak to him about this and he eventually agreed to bandage some particular areas. He started, and then I realised he was putting dry bandages on too. I suggested that wet ones with a silver non-adhesive dressing underneath would be better, and he responded as if he had never heard of this method but thought it was wonderful, so he did it..."

29th September "...So now, all the women from the waiting mother's hostel (heavily pregnant) had come out to see as well as all patients able to walk from maternity and adult in-patient. Oh, and an angry mob from their village. Women were arguing amongst themselves, with security, with police, and anyone really, and believe me, angry Ugandan women are quite scary, with all their arm flapping and shouting. I say women because there are never that many men around the hospital, as women generally come on their own, regardless what it's for. But there were a good few, trying to get into the room. Eventually a fleet of about 14 soldiers arrive and send the angry mob away (to just outside the hospital gates) and try to get the women to go back inside. They all now have to come up with a strategy to get Man2 out alive to get him to prison (for the nail-in-head thing, not the cursing). 3 hours later, they somehow manage it, but I didn't see, as, funnily enough, I had to work..."



15th October "...Met a lady today who had had a caesarean section. When we were reviewing her, I asked what the mark on the side of her face was. Turns out, the mother of the woman had bitten her daughter in an attempt to make her try harder in labour. Apparently having a caesarean is regarded by some as a sign of weakness, so she thought biting her would help! Excellent. The doctors had to pull her off and explain that the labour was obstructed and it is no weakness. I can tell you now, they are not her biggest fans! "

19th October "You don't need to 'try' to be able to help. Helping is easy here. I thought that if I was to help people I would need to set up a charity or something (which I'm not discouraging by the way), but actually, one person can help another on a daily basis. It cost 50p to buy ingredients for porridge a few days ago, which fed a mother, and, no exaggeration, could save her baby's life. The lady I took to visit her family when she was homesick asked me to be godmother to her baby yesterday, she was that appreciative of having someone to talk to! Small acts of kindness go a long way."

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