TROPICAL MEDICINE

Parizad Avari

# Medical Elective 9th – 25th April 2011: Mission Direct Medical Trip to Uganda

**Objectives:**

1. *To observe and understand the patterns of disease/illnesses in Uganda, and to appreciate the differences compared to the UK.*
2. *To gain an understanding into how the medical services are provided, organised and delivered in Uganda.*
3. *To gain an insight into diagnosing tropical diseases, and to provide primary healthcare teaching to the local community on key conditions.*
4. *To develop a cultural awareness (nutrition, customs and health beliefs) of the patient population.*

I spent an amazing 2 weeks in Uganda with a charity named Mission Direct. As part of a group of five, (three nurses, a speech and language therapist and myself) we departed from London Heathrow together with an aim to bring practical help and skills to the local community in Rukingiri, a district in South-West Uganda.

**Medical Placement**

Our main clinical base for the placement was at Karoli Lwanga Hospital (also known as Nyakibale), a mission hospital. With 169 beds in four major wards, including paediatrics, maternity, medical – male/female and surgical, the hospital has six Ugandan medical-officers, as well as four 'clinical-officers' (junior doctors not trained in surgery). Periodic visiting doctors from the United States were also present to support the Emergency Department services. Nurses on the wards were ably supported by students from the nursing school, whilst patients' 'attendants' (a friend or relative) would do most of the personal care role taken by nurses and health care assistants in the UK.

I spent majority of time on the general medical wards and in outpatients. The caseload was varied, but most commonly included HIV cases and malaria, which is very different from the UK. Other conditions included tuberculosis, typhoid, respiratory tract conditions, dermatological conditions, as well as diabetes, heart failure and hypertension. Clinical signs were impressive, including splenomegaly (the best I have ever seen!), numerous chest signs and pathological chest X-rays. One of the most valuable things I learnt was distinguishing the characteristic appearance of immunosuppressed patients by simple clinical observation, without doing any investigations.

When observing the medical officers on ward-rounds/outpatients, I was greatly impressed by the clinical diagnostic abilities, despite the very limited resources present. Although we were able to do a number of basic investigations, as patients had to pay for each test, we were unable to just order them with the frequency we would in the UK. X-rays and ultrasound were available, but CT, echocardiography etc required referral and would often be too expensive.

Clerking patients proved to be challenging, as few spoke Engilsh. Although the official language in Uganda is English, local languages are the mother-tongue. After obtaining a history and performing an examination, I was able to form a list of potential diagnosis and suggest basic management plans. Within a couple of days, I was able to confidently write up prescriptions for anti-malarials and de-worming tablets.

On the surgical side, I observed several procedures including a circumcision, hernia repairs, a typhoid perforation, and debridement of many wounds, due to a regular supply of trauma from road traffic accidents and assault. There were vast differences between the theatre decorum and nursing standards in the UK compared to Uganda. Given the relaxed mannerisms of African culture, there was occasional frustration at their slowness. Besides that, other differences included the use of ketamine (the primary anaesthetic agent), which is still widely used in the developing world. Having very limited resources meant that a single pulse oximeter was shared between two patients being operated on in the same room. During our time there we tried to introduce the Early Warning Score System for nurses to use when recording observations.

Nyakibale also has a strong community programme, with a separate public health block, where I spent several afternoons. This is all donor-funded, either by NGOs or the government. Several projects centring around HIV/AIDS, included clinics for patient education and delivering anti-retrovirals. Additionally, nutritional feed kits were handed out to HIV-positive mothers and for those with malnourishment.

***Other projects:***

1. **Rukungiri Modern Primary School**

Besides being in the hospital, much time was spent at Rukungiri Modern Primary School. This school was set up by Alice and John Tumusiime in the early 1990s. It was an honour and a great privilege to listen to their story. Whilst a reasonable fee is charged, children are welcomed from all family backgrounds, including orphans who cannot afford to pay. Some students may also board in its dormitories. Today, there are 950 children and the school achieved the third highest exam results in all of Uganda.

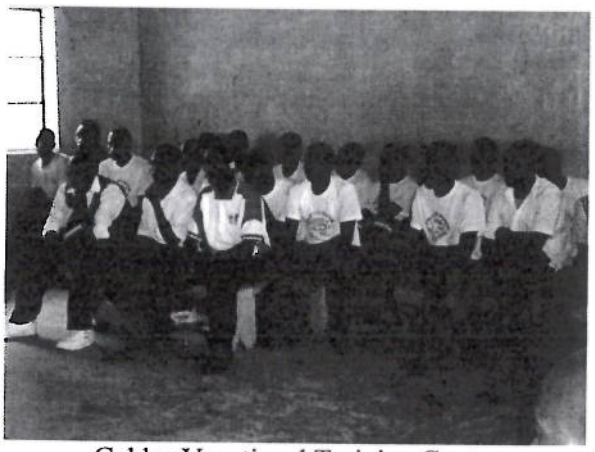
At the school, I taught basic handwashing techniques, male/female hygiene and sexual health, particularly HIV/AIDS. In the struggle against HIV, poverty and illiteracy, I believe education is perhaps one of the most important and sustainable things we could give the community. We were made to feel extremely welcomed and it was a pleasure to see the joy in each of their faces on our arrival. Their joy in little things was heart-warming, despite such little material goods they had.

Traditional teaching in African countries is usually less interactive than in Western countries. Despite the warm welcome, this posed a challenge in engaging students in questions and answers. A friendly smile, warm mannerisms, but most imperatively, persistence, was the only way forward!

## 2. Gables and Mothers' Union Vocational Training Centres

Primary healthcare teaching was also done at vocational training centres in the local area. These centres were set up for students who dropped out after primary school (P7). The Mothers' Union was particularly inspirational. Being run by lady named Panina, she worked hard to provide vocational courses such as sewing and typing, to empower women who "traditionally were seen as underdogs". It was impressive how the girls practised their sewing techniques on cement bags, and produced a wide range of fashionable styles. All the money raised from selling the clothes, went towards funding their education, and we each ordered several traditional African outfits!

The teaching I did at the Mothers' Union was a unique experience as it had to be done via an interpreter. This proved to be challenging, as the delivering the talk had to be much slower. It was also more difficult to ascertain prior knowledge and their level of understanding. Using suggestive hand movements and facial expression, helped in conveying the message.



Gables Vocational Training Centre

## 3. Chilli Children's Disabled Children's Project and Surgical Camp at Kiisizi Hospital

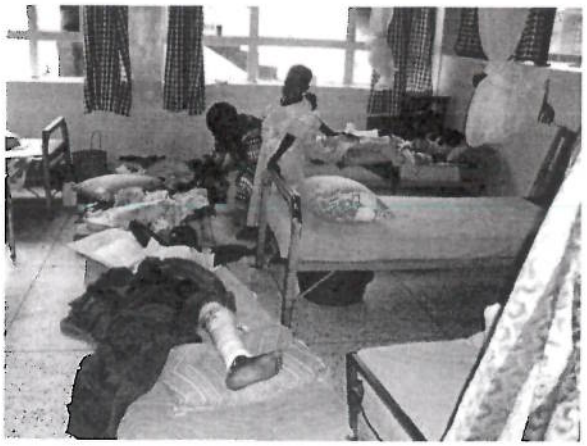
Till not too long ago, disabled children in Africa used to be kept tied up in homes. Ancestral beliefs include the reason for the child being disabled was because the mother did not respect the parents-in-law. As a result, mother and child were kicked out of the house.

The Children's Project is used to provide assistance for children with mental/physical disabilities, and their families. Surgical procedures are funded and clinics are subsequently carried out in the community for rehabilitation and to teach the children life-skills. This included how to feed and wash, enabling them to become more independent. For the 58 children with hearing impairment, support was provided for their education at a physically handicapped school in Kampala.

One of the most thought-provoking parts of this project for me was that for each child, their families were given a chilli-tree to look after. Collecting the chillies provided a small source of income towards the project, enabling each to feel resourceful. And those children physically incapable, i.e. with artificial limbs, were given smaller trees to look after.

At the clinic, I observed children with spina bifida, hydrocephalus, exaggerated kyphosis, club foot, cleft palate and congenital heart problems. The desperation of the families was so great, that simply by being there and holding their hand, visibly meant a lot to them.

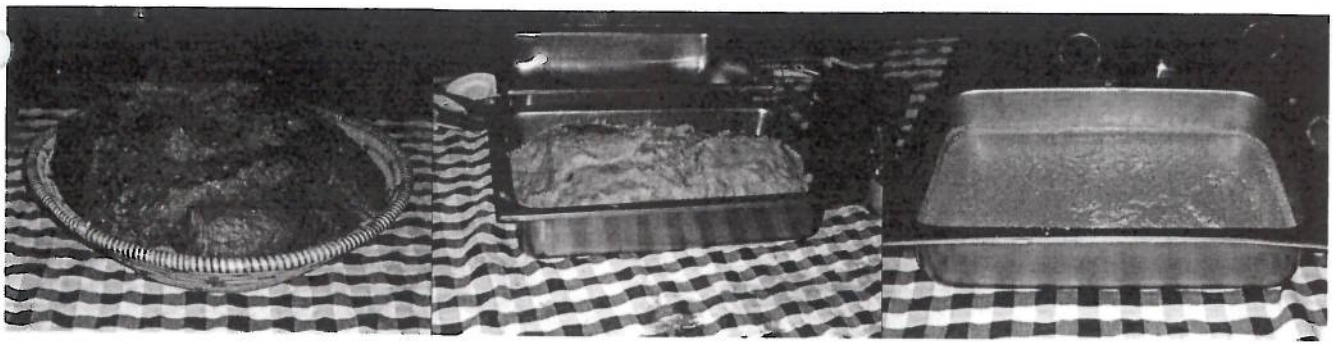
There was also the opportunity to visit one of the Childrens' Orthopaedic Surgical camps at Kiisizi Hospital, where foreign doctors completed the surgery free of cost. (Note: it is often the other costs involved in travel, accommodation, pre-/post-operative scans/tests that became very expensive). Being on the ward-round instantly drew my attention to the magnitude of patients present, but also the greater number of facilities available. That afternoon, we spent playing and talking to the children who had undergone surgery.



**Life in Uganda**

Besides medicine, with lush green hills, varieties of different birds and plants, Uganda was a beautiful place to spend time. Throughout our journeys, I was fascinated by the vast expanses of matoke (green banana) trees, and the tea and coffee plantations.

In Rukingiri, we stayed in a lovely guesthouse, where scrumptious dinners included rice, chapatti, beans and a curry (vegetable, lamb or goat) and fresh passion-fruit and pineapple. We additionally had the opportunity to eat the traditional Ugandan food, including millet porridge, matoke with peanut sauce (pictures below from left to right).



On the weekends, we visited the Equator line and made a trip to Lake Bunyoni ('Bunyoni' = place of little birds). During our game-drive at Queen Elizabeth National Park, we saw lots of animals. Additionally we were able to immerse ourselves in the local culture, joining the dancing troops for some traditional African dancing!

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**In summary**

Overall, I had an excellent elective in Uganda with Mission Direct. Not only did I have a fantastic experience medically, was able to contribute to the community, but also enjoyed the life and culture of the local area, leading to a thoroughly rewarding time.

Finally, I would like to thank the End Linder Foundation and the Haymarket Trust for awarding me an elective bursary to support my medical elective.

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**After note:**

**As part of a mission trip, collectively we took medical aid out to Uganda to distribute to the schools and hospitals. This included:**

- Toothbrushes
- Sanitary towels for Mothers Union and Modern School
- BM machines / calibration fluid and test strips
- Books and Journals for the Clinic, Hospital and Nursing students

**As the aim is to be sustainable, the key is building on foundations that have already been laid. Some of the things we identified may allow subsequent teams going to Uganda to follow-up on:**

- Teaching in Modern School on other basic health topics (a rolling programme for Nursery / Lower Primary / Upper primary)
- Teaching on further Health and First Aid topics to Vocational Training Centres
- Input into school for students with enuresis
- Continued input into maternity / neonatal nursery
- Continued input into the nursing school and hospital
- Moving & Handling training

**Mission Direct also additionally been requested to do:**

- Regional seminars for Doctors, Nurses and Administrators
- Ward based / case study training
- Update training for Midwife
- Introduce EWS to Nyakibale Hospital

**Aid that has been requested include:**

- Sanitary towels for boarders at Modern school / Mothers Union
- AA batteries
- Digital thermometers
- Cot warmers
- Kettle leads!
- Helmets for Epileptic children
- Nappies for newborn / pre-term babies
- BM testing strips
- BP cuffs
- Pulse Oximeters
- ETT Tubes