

## **INTERPLAST UK TO UGANDA** **14-28 OCTOBER 2009**

Uganda was another first for Interplast UK when a team of 15 including two journalists flew to Kampala under the leadership of Mr Charles Viva, Consultant Plastic Surgeon. Our ultimate destination was Kumi Hospital some five hours drive north of Kampala. This turned out to be an eventful journey with a diversion through banana and sugar cane plantations adding two hours to our otherwise pothole dodging, obstacle course of a journey. We arrived safely at Greentop Hotel at 11 pm and despite the heat and non-existent air con, sleeping was no problem!

Our short drive to the hospital each morning was via red dusty dirt tracks passing many cyclists carrying unusual loads (bedframes, stacks of clay pots, enormous bunches of bananas, sacks of garden produce etc). This was truly rural Africa. Entering the gates of Kumi Hospital presented us with a picture of almost insurmountable need but a place where help was being offered. Under the shade of the mango trees mums cradled and breast fed their malnourished children. Many older children walked with great difficulty suffering from the effects of wrongly sited Quinine injections for malaria protection administered in the outlying villages. Open wood burning fires filled the air with smoke as the women prepared meals for their families, often consisting of maize, green leaf vegetable and a little fish. We were to later discover that whenever it rained all the blackened cooking pots and utensils were brought into the wards and pushed under the beds along with plastic bags containing the families possessions. No Risk Management or Health and Safety exists in Kumi!

We were welcomed by Dr John Opolot, Chief Executive, followed by a traditional fun welcome of hand gestures representing showers of blessings by the hospital staff. The

student nurses also sang unaccompanied treating us to the rich sounds and rhythms of Africa.

Kumi Hospital is a Christian Hospital having been started by a church missionary society in 1929 as a leprosy colony but following scientific advances resulting in a cure being found for leprosy, and after the devastating effects of the Idi Amin regime on its services, it was developed into a general hospital. More recent problems have obviously been HIV/AIDS and the ongoing battle against Malaria. The policy of the hospital is that “none are turned away”.

We were soon made aware of the limitations as we viewed overcrowded wards with rusting bedframes and bare mattresses with an occasional sheet and makeshift pillows using bundles of clothes. However, it was good to see mosquito nets above each bed. Resources appeared to be in short supply and the demands on the overstretched staff appeared overwhelming. In theatre we discovered that the equipment was very basic and antiquated, especially the anaesthetic machine. Laboratory services were also restrictive with no histology or culture facilities available to us.

After the rude awakening to the reality of Ugandan life our medical team had the opportunity of examining 50 out patients presenting with problems ranging from cleft lips/palates, burn contractures, hypospadias and keloid scars following ear piercings. A number of in patients were also examined with horrific ulcers and extensive tissue loss as a result of infections to which malnutrition left them vulnerable. Only 11 of the patients seen were unsuitable for surgery or did not require surgical intervention. During the following week as the operating sessions progressed the field workers brought another 29 patients from the outlying villages and these patients were examined as and when gaps in surgery permitted. Overall 85

patients were examined of which 68 patients received surgical treatment. Finding the patients on the morning of operation sometimes resembled a game of hide and seek as patients would wander off around the hospital grounds and occasionally we had to resort to the tannoy system to track them down! For children on the ward we endeavoured to bring a little bit of light relief in the form of arts and crafts and some, including parents, were even keen to tackle simple English and maths from the lesson books we provided. The oldest patient was a lady aged 70 years with a cleft lip. Following repair and removal of dressings (in our 'outdoor clinic') we cheered and clapped as her new face was uncovered. She was very happy.

Transport was problematic for most families, many of whom had walked miles from their villages in unrelenting temperatures. The main form of transport was hiring a motor bike and driver. One such arrival at the hospital was an elderly man who was obviously in great pain but he was sandwiched between two young men plus the driver – no such luxuries as an ambulance and paramedics here.

It was a privilege to visit some of the outlying villages with the field workers and Elspeth our English friend who spends three months every year at the hospital and through whom we had initially been made aware of the needs in Kumi. The first village raised our hopes and expectations as they were making great efforts to be a supporting community operating a kind of 'credit union' whose members could borrow from the funds and repay with a little interest. Their actions had arisen out of concerns for the handicapped children within their village where there was now a good support network. Citrus trees were being grown, poultry raised in state of the art hen houses and homes (traditional round structure with mud walls and thatched roof) were well cared for giving a very positive feel to the whole village. Help was offered in the form of training for one of the

field workers who in turn would teach the villagers thereby increasing their agricultural skills. The other villages we visited were not so encouraging but highlighted how poverty, ignorance and isolation can imprison whole communities. We found a number of children with cerebral palsy for whom life was a dark, solitary existence as sight and hearing were often affected. Elspeth was able to offer some basic physiotherapy on her visits but life remains pitifully hard with lots of suffering.

Surprisingly, despite the hardships, the Ugandan people express a lot of joy and they welcomed us with big smiles. The bare footed children were very happy and melted all our hearts. We obviously took a few treats for them including sweets, knickers, toiletries etc. Their expressions were thanks enough. It was a privilege to touch their lives and they certainly touched ours.

Uganda is a beautiful country with beautiful people who are making every effort to support themselves albeit very simply. The many tiny shops gave us a glimpse of their business ventures in dressmaking, hairdressing, bicycle repairs and general dealers. Motor cyclists were also available for business offering transport for a small charge. Markets sold local produce of bananas, pineapples, jack fruits and freshly slaughtered pork and beef. Goats and cows grazed around the villages and the women were always busy working the land, feeding the family and carrying firewood. A woman's work is never done!

There was clear evidence of foreign aid in Uganda. Kumi Hospital is supported by the Leprosy Mission of Australia and Christian Blind Mission. A bakery was being installed in the hospital to ensure that a more nutritious bread was available. We also met aid workers from Engineers for Overseas Development. Our paths also crossed with an American team from a business school in Michigan. They were interviewing hospital staff and assessing the needs of the hospital with the

intention of drawing up suggested plans to enable the hospital to make positive steps in resources and staffing. Although help is available the depth of poverty and need is so extensive that every helping hand is gratefully received.

Again, it was a very humbling experience to share from our comparative wealth of resources and skills with a people who have no choice but to live in the grip of poverty, minimal health care and limited educational opportunities. Dr Opolot in his introduction told us that the Kumi people who have disfigurements accept them because they have no pain so they just learn to live with them. Thankfully, our team were able to change that for the patients who attended the camp. Dr Opolot also invited Mr Viva to bring an Interplast team to Kumi Hospital every year and this is being seriously considered. So this visit could be the first of many.

We look forward to seeing the documentary filmed and recorded by our BBC Journalist team in due course