Reflections on a trip to Rukungiri, Uganda

FOCUS

BY Liz Crathern and Denise Evans

Before and after: the new and old (inset) nurseries at Nyakibale Hospital.

Easter 2012, Denise and I travelled to Rukungiri in southwest Uganda with a medical mission organised by the charity Mission Direct. This was our fifth year working together and eighth trip to Nyakibale Hospital and Karoli Lwanga School of Nursing in Rukungiri district. During our previous trips there we have:

- Embarked upon field trips in rural areas to gather a better understanding of local healthcare[1,2]
- Delivered a neonatal and child health module to pupil nurses[2]
- Designed and furnished a neonatal nursery in the midwifery unit at Nyakibale Hospital
- Trained staff in newborn life support (NLS) and fundamental neonatal nursing care to support the care of neonates admitted into the nursery[3].

Lack of skills in resuscitation is a major factor in the number of neonatal deaths in developing countries[4]. There have been improvements in survival of preterm and sick newborn babies at Nyakibale Hospital as a result of the NLS training and education, however, because of reliance on pupil nurses to deliver the majority of healthcare within the hospital, ongoing training and sustaining change is still an issue.

The Mission Direct medical team were an amazing bunch of practitioners. We reconnected with a GP with specialist skills in cardiac care who had accompanied us on a previous trip and also his wife, who brought valuable administration skills. Their son and his friend – both recently qualified doctors – were undertaking elective placements at Nyakibale Hospital. There was also a female GP with particular interest in sexual health and gynaecological problems. Another practitioner with specialist skills, a senior child physiotherapist for children with disabilities, joined the medical mission on this trip.

Our aims for the trip were to:

- Continue with NLS training in both the school and midwifery unit
- Connect with the nurse training school to gather a clearer understanding of how we could support their future education and training needs
- Deliver workshops on leadership and management
- Discern our long-term plans for the region.

Strengths of the trip

As the two-week trip unfolded, it became clear that Denise and I felt as though we were there to act as a catalyst for others to do their great work. Both GPs and the two new doctors were an incredible resource, running sexual health classes for the pupils at Rukungiri Modern Primary School and the Women's Institute training school for young women. They also conducted a health clinic at the school; the matron will keep the health records so that eventually, with every future medical team that goes to Rukungiri, a doctor will have checked all children at the school. It is a credit to the school governors, John and Alice, and all the people who support the school, that the children appeared well nourished. This is, in part, due to the success of their farming project which means that vegetables are grown for the children to eat alongside their main staple, a maize porridge called posha. Some children needed dental care, while others, including the matron, needed spectacles. Quite a few boys needed ringworm treatment and the matron was given advice on managing the boys with enuresis. One of the recently qualified doctors was interested in paediatrics so I discussed with him the need for daily health checks on neonates in the nursery and the importance of frequent medical rounds on the neonatal unit – he continued to be a good role model to the local doctors by caring for the sick and preterm neonates in the neonatal nursery during the rest of his elective.

The child physiotherapist and two 'in-country' team leaders organised a parent conference on managing a child with disability, while Denise talked with staff from rural clinics on how to manage an obstetric emergency. The physiotherapist spent most days quite literally out in the bush, supporting the work of the Chilli Children Trust. This project helps families with disabled children to grow chillies to raise funds for necessities such as school materials, wheelchairs, medication and transport to and from clinics. The physiotherapist brought hope to families with limited resources – those living in remote areas in mud huts – with advice and guidance on how to care for their disabled children. They felt blessed by her presence and her expertise. She identified a few children with cerebral palsy in need of equipment, such as specialist chairs, that could be made locally.

Sadly many of the children in the project suffered from brain damage due to complications at birth. Some of these

children were born at Nyakibale Hospital; a very sobering reminder of the need to educate and train midwifery staff on how to reduce the risks associated with neonatal asphyxia[4,5]. Denise and I witnessed the risks mothers put themselves and their fetus in, labouring at home as long as they can to avoid transport and hospital costs. This presents a very challenging situation for the midwives, who are always short of staff, as the women end up being admitted in a high risk situation[6,7]. The constant fear of maternal and/or neonatal death takes its toll on the midwifery staff and pupil nurses who can appear, through a 'western lens', to lack empathy with parents in this situation. In fact, in a resource-limited environment, they are overwhelmed with the enormity of their tasks, as we were at times.

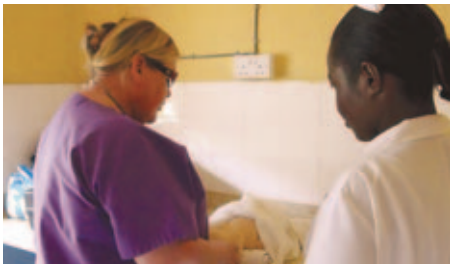
What about Denise and I?

We achieved a lot in a short space of time. In two weeks, Denise and I taught 70 pupil midwives and staff midwives neonatal resuscitation, prevention of neonatal asphyxia and care of the newborn. Denise trained most of the pupils, and many of the trained staff, in the practical skills of NLS. I worked alongside the pupil nurses in the nursery, reinforcing the need for accurate recording of neonatal observations, thermoregulation and infection control (hand washing and environment). There is a newly built school of nursing with better teaching space and sporadic electricity that also has much better accommodation for the female students. We reconnected with the nursing school principal and made inroads into supporting tutors to engage more with learners and supervise clinical practice.

Aid – a team effort

Denise and I brought over 80kg of aid with us, including Teaching Aids at Low Cost (TALC) books for the hospital and nursing library. The team decided that, as the neonatal nursery was relatively self-sufficient, it would donate surplus funds, approximately £850, to the wider health needs of the local environment, as identified by the medical team:

- Transport and petrol for the paediatric physiotherapist to carry out home visits to disabled children
- Two locally-made special chairs for children with cerebral palsy
- Medical care and provision for one family and a child with disability to stay at the hospital
- Ringworm medication for the school children
- Medication for menstrual complications for the young women at Mother's Union
- A cerebral palsy parent education conference – including transport, food and learning materials
- Optical care and dental care for orphans at the school
- Teaching notes on NLS and preventing neonatal asphyxia for 70 midwifery pupil nurses.



NLS training with a midwife.

Future plans

We both feel that we have brought the neonatal nursery up to a standard that means it is fully functional and reasonably equipped. However, we would like to purchase two saturation monitors that can stay in the neonatal nursery. There are still problems with staff engaging fully with families; although that is a largely cultural issue, we can have some impact such as encouraging 'kangaroo care' (skin-to-skin contact).

We have been asked to do similar work in the north of the country, which presents a dilemma of what to do next. However, we feel we would like to return to this part of Uganda for one more year to consolidate 'training the trainers', particularly in NLS. Our aim is for a two-week elective in August 2013. Meetings with the hospital medical director have identified that management training needs to be a bigger part of our next visit – a taster training session went well. The school of nursing wants us to help by delivering the neonatal and child health module with assessment by exam. Ugandans love exams – a certificate of attendance and a good exam result will help students boost their curriculum vitae. We will continue with NLS training and I hope to acquire another resuscitation doll so that we can double-up and reduce the work for Denise; perhaps we might get a volunteer to come and help us.

On a practical level, we aim to work with Mission Direct to help raise funds to provide new mattresses with a protective mackintosh for the boys with enuresis. Each mattress should cost around £15-20. To have a mattress that is not sodden with urine will have a positive effect on the child's health and well-being.

Checking stock in the new nursery.

We would love to take other neonatal staff on our next medical trip – if anyone out there feels a yearning in this direction please do get in touch with us.

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We are planning our next trip for August 2013. If you are able to donate please visit: https://mydonate.bt.com/fundraisers/lizcrathern1.

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