

Interface Uganda trip 1st November – 14th November 2014

Report by Charlotte McGrath (Dietitian at Torbay Hopsital).

Travelling to Uganda:

Dominic Hazell (Physiotherapist at RD&E hospital)

Jamie Currie (Occupational Therapist at RD&E Hopsital)

Myself, Charlotte McGrath (Dietitian at Torbay Hopsital).

Wow, what a trip!! We arrived at Kagando Hospital in the Kasese District of Uganda after an epic journey that took us from Exeter bus station, London Heathrow Airport, Entebbe Airport, a one night stay in Entebbe B&B followed by a 7hour taxi drive to Kagando! Fortunately for me, I can sleep anywhere. Dom and Jamie however, seemed a little worse for wear!!

Filled with excitement, we dumped our bags and went to explore the hospital surroundings. We were greeted by many welcoming and smiling nurses and medics. We were shocked at how bare and basic the wards were. They are dark, damp and overcrowded. Families stay on site to help feed and clean their loved ones who are admitted as inpatients. They are incredible! It is so very different to what we are used to back at home. I immediately noticed 2 patients on the surgical ward with nasogastric feeding tubes insitu. There are no feeding pumps available, instead, family members are using a syringe and giving set to gravity feed home-made porridge to the patient. When I spoke with the nurses, I quickly realised that there is no record of how much feed or fluid the patient is receiving. There is no assessment of refeeding risk and there is no estimation of patient's nutritional requirements. Without a dietitian at the hospital, it seemed that no staff member was taking responsibility for what a patient was being fed.

We met Ochom Kenneth (aka Ken) – a physio in Kagando. He had kindly planned our week at Kagando and was extremely welcoming. I was astounded by his passion and dedication to helping the patients at Kagando Hopsital and his incredible motivation to improve his services. Despite limited resources, he sees all kinds of patients, with all sorts of complex conditions – both on the wards and as outpatients. He never turns anyone away, as they may have paid a lot just in transport to see him even if this means he works late into the evening or on weekends.

The next day we were thrown straight into the deep end. Dom and Jamie were working in the Physiotherapy department whilst I spent the morning with the nutrition nurse looking at the feeding protocols for neonates and paediatrics as well as understanding how their services work and who funds them. All premature babies are currently kept nil by mouth for a mininum of 3 days to prevent necrotising eneterocolitis (NEC). The babies will only receive IV dextrose and saline. This is very different to the current NICE guidelines based evidence showing that small amounts of breast milk can in fact minimise the risks of NEC. I assisted with the weekly HIV clinic, carrying out dietary assessments on mothers and their children, weighing the babies and prescribing nutritional supplements. Each child and mother were entitled to a prescription of therapeutic food, a 29g sachet of porridge mix which contained 500kcal! I felt overwhelmed with mixed feelings of fear, sadness and joy with all that I saw. In the afternoon we held a food and nutrition workshop. The nutrition nurses and I gave a talk on what constitutes a healthy balanced diet and the mothers were given a cooking lesson and a free lunch. Some of the advice that I heard being given was not accurate, nor evidence based, and I sat with the nutrition nurse in the afternoon to go through more up-to-date advice regarding food fortification, healthy fats and cooking methods.

The next day was a long one! We had a whole day of working in the wheelchair workshop with a queue of mothers and their children (mainly born with cerebral palsy) waiting to have their wheelchair fitted. The wheelchairs had to be made from scratch first thing in the morning whilst patients had already arrived. We wondered whether this could be made more efficient by having them already put together ready for the day ahead. We worked in pairs, measuring each child and adjusting the chairs accordingly. It felt like we were never going to finish but at last we did and what a rewarding feeling it was when we saw all our patients in their new fitted chairs!! Ken has done an incredible job getting funding for this and the workshop has developed from what was once a small marquee to an impressive wooden workshop. Well done Ken!

During our week at Kagando we were fortunate enough to visit a rehabilitation school for children with physical disabilities where we assessed children with cerebral palsy, rickets, malnutrition, club foot and muscular dystrophy. Many of the children with disabilities suffer with Vit D deficiency. As well as their darker skin being less efficient at absorbing Vit D from sunlight, they are also often kept indoors where they become prone to rickets, infection and cardiovascular diseases later in life. Some of the babies had swallowing difficulties and required puree or soft diet. Some babies were having thickened fluids - thickened using corn flour or oatmeal. I even met a young girl with a percutaneous gastrostomy tube.... the mother had never received any follow-up since the tube was inserted. I taught the mother how to rotate the tube weekly to prevent buried bumper syndrome. I have had to learn so much about the diet out here, the foods available and the cost of living in order to make sure my advice was feasible and realistic.

In the afternoon I gave a talk on Enteral Feeding and the Risk of refeeding, in the hospital chapel. The nurses and medics seemed really interested in my presentation, asking lots of questions on how they could improve their protocols and techniques. We were really sad to say goodbye to Kagando hospital, I struggle to find the right words to describe the place and the people. They have so little and yet they smile so much!

So that was how the first week panned out – plenty of work for us, and plenty of teaching too. We enjoyed a wonderful break on the weekend– seeing so many animals such as lions, hippos, crocodiles, monkeys, at Murchison National Park; hiking up Murchison Waterfall and enjoying wonderful meals at the safari lodge. Somehow it felt bittersweet staying in such luxury when we had just left what I would consider, the poorest place I have ever been to. We all felt compelled to remember just how lucky we are and how grateful we are for what we have.

On the Sunday night we arrived at the Hodges' house in Kampala. Straight away we were stripped down to our swimsuits and were taken into the sauna for some much deserved relaxation. The Hodges were great fun and made us feel truly welcome. They are fantastic hosts.

On Monday we began our work at Corsu Hospital. I was working alongside Dr Anna, paediatrician at Corsu Hospital and her nutrition team. We spent time on the wards with the inpatients who were awaiting cleft palate surgery. Most of these babies were extremely malnourished which delayed their surgery whilst we optimised their nutrition. Some children were bottle fed, some needed tube feeding. We worked together to create a fortified homemade enteral feed using basic ingredients such as fish oils, porridge, sugar and sunflower oil. Dr Anna was struggling to carry out accurate assessments due to poor record keeping on the wards. I helped Anna prepare an audit that she could use to assess record keeping and I prepared a talk for all the nurses on the surgical ward on the importance of nutrition prior to surgery and the risks of refeeding syndrome. Dr Anna and I also spent time seeing children in the outpatient department. We saw one young girl with such severe Vit D deficiency that her legs were bowed and her X-ray showed signs of osteomalacia. I also looked after a lady who needed enteral feeding post-op for a resected tumour for head and neck cancer. I

showed Dr Anna how to estimate a patient's nutritional requirements and then we sat down and calculated a feeding regime that would suit her.

Dr Anna has worked incredibly hard at Corsu hospital raising awareness on the importance of nutrition and creating feeding regimes, fortified with extra calories and protein. I was so very impressed with all her hard work! She is extremely passionate about her work and is trying very hard to motivate others. We discussed the possibility of setting up a weekly clinical supervision session, allowing the nutrition team time to present case studies back to Dr Anna and reflecting on what worked well with their treatment and what could be done differently in future. Dr Anna tells me that the first session since I have returned to the UK had gone really well. I hope that this is something they can continue doing, to continually question their standards and methods and to encourage shared learning amongst staff.

My 2 weeks in Uganda have been amazing!! The most emotionally challenging experience I have ever encountered, exhausting at times, fascinating and heart-warming. I made a promise to Uganda that I would definitely come back!!!