

Interface Uganda Annual Report 2010

2010 has been a quiet year compared to others for Interface.

The last container arrived in March 2010 and contained a number of useful and essential items but unfortunately due to delays in transport, clearing etc.. a number of items had to be incinerated as they were past their expiry date. The cost to the hospital was small relative to the value of the items in the container but it caused some discord with the hospital management. As a result we have put shipping further containers on hold. The hospital personnel working in Uganda have really appreciated the efforts put into filling and shipping all of the containers. The equipment is used on a regular basis and definitely makes lives a lot easier.

In June 2010, Helen, Maggie and Kevin – nurses from the Royal Devon and Exeter Foundation Trust – went to Uganda to visit and help. Their input was much appreciated by the ward and especially by the theatre nurses. Kevin worked with the ward nurses on their dressing technique and how to improve their systems. Maggie worked in theatre and Helen helped upgrade our emergency trolleys in recovery and on the ward and did some basic life support training for the nurses. For people working in a small department it was so refreshing to receive external input from professionals who looked at work from a different angle and offered helpful advice. Working in Uganda can feel quite isolated at times and staff have said that they can fall into the trap of accepting situations that are not ideal and sometimes need outside contributors to find the solutions.

Much of the emphasis this year has been on helping adult patients pay for their operations. CoRSU is a charitable hospital but it still needs the patients to pay some money to be able run. Children do not have to pay for their operations but adults do. Uganda's inflation rate is hovering between 11.5% and 14% and people are finding daily life extremely hard so there is even less money allocated for healthcare by families. Patients with cancer often wait until the tumour has spread and then fail to go for follow-up chemotherapy or radiotherapy after surgery due to lack of money. This year Interface has helped to pay the hospital fees for over 20 patients at both CoRSU and Kagando hospital. Money from Interface has also been used to mobilise patients, especially children, to come to Kagando hospital to be seen by Andrew Hodges and hopefully operated on either at Kagando or CoRSU. Interface money has also been used to pay for the transport of some patients who need to come to CoRSU from Kagando. It is about a 6 hour drive between Kagando and Kampala.

Every year Interface has helped with the Anaesthesia in Developing Countries course. The University of Oxford pays the money into the Interface account and we can then access that in Uganda.

Interface has also enabled us to buy some essential anaesthetic and surgical equipment from suppliers in the UK. Interface pays for it in the UK and then the hospital refunds Interface in Uganda which gives us a steady cash flow for paying hospital fees.

It has not been the easiest year for those on the ground in Uganda but the chief driving force that keeps them going is the patients. It has been a huge relief to be able to pay hospital fees for patients especially the adult cancer patients and those who have to travel long distances to access care. In 2011 we hope to have more outreach clinics in the West of Uganda to find more patients who need our help. Interface will fund transport costs and /or the cost of procedures and aftercare.

An essential part of Interface Uganda's mission statement is to train local specialists and Andrew Hodges has been trying to develop a university recognised training programme for plastic surgery. No such training exists in East Africa except in Ethiopia. After prolonged debates and numerous rewrites of the curriculum it looks like it will be able to happen this September. One of the possibilities for Interface in the future could be to sponsor a trainee. In Uganda when you embark on postgraduate medical training you are responsible for finding the tuition fees unless you are fortunate enough to obtain a government sponsored post. Trainees also have to find money to live, and are not automatically junior doctors even though they are doing the day to day work.

Similarly for 4 years now the AAGBI (Association of Anaesthetists of Great Britain and Ireland) and GPAS (Global Partners in Anaesthesia and Surgery) have been paying tuition fees and stipends to trainee anaesthetists and Interface has been the conduit for the disbursement of this money. This has enabled us to increase the number of trainees from 3 in 2005 in the whole country to 18 in 2010. Interface might wish to consider the possibility of having a named trainee for whom they pay the tuition fees and maybe also the junior doctor salary. At the moment the exact costs have not been calculated, but for Anaesthesia postgraduates at Mulago the cost is about £2400/ year for tuition fees and £3000 per year for living expenses, which comes to £5400 per year in total. This will be discussed at the charity's AGM in 2011.

We hope to welcome 2 nurses (Florence and Christine) from Uganda in 2012 to the RD and E for observational work experience sometime in April /May for 1 month. Nurses from the RD and E have been going to Uganda regularly (3 went in 2010) and links have been established, so we are particularly excited about this exchange. Interface will fund their flights, accommodation and provide some subsistence money while they are in the UK.

Uganda is developing fast and has experienced a short period of unrest as people attempted to express their discontent. For the vast majority, life is still exceedingly tough and sadly non-emergency medical care is not the priority.

As ever we are truly grateful for all our regular supporters who give their time and commitment to our charity. We have received donations from schools, churches, community groups and many individuals.

We would like to say a particular thank you to Andy Wilson, a Plastic and Reconstructive surgeon based at the Royal Devon and Exeter Hospital, who undertook the 30 mile Dartmoor Challenge in May 2010 and raised over £600 for Interface. Also our thanks to Hannah (nee Smye) and Colin Wells who asked friends and family to donate to Interface instead of wedding presents and as a result raised over £400.