Volunteering in Uganda

As some of you know, I have been away in Uganda working as a volunteer doctor in a Medical Centre in Kimaka, a village near Jinja, Uganda. I kept a daily diary during my visit, and this is a summary of my visit. This is a new project, set up by the Order of St Camillus, which are a Catholic order dedicated to helping the sick. Uganda is part of the Anglo-Irish Province, and the current provincial Fr Stephen Forster is a friend of mine, who I first met when we both worked at Homerton Hospital in Hackney, 27 yrs ago.

The clinic opened in April 2014, with a clinical medical officer and two nurses. Although Uganda has a national government health system, this is overstretched and, in reality, patients often have to pay for treatment, which should be free, or it is not available. There is also no ambulance service, so most people travel on foot, bicycle or bodaboda, the local motorbike taxis to get to the clinic. The clinic is based in Kimaka, a village just outside Jinja with the aim of supporting the local community.

Before I arrived, the clinic had spread the word that a paediatrician from the UK would be visiting for a month. The result was that we were inundated with over 60 patients a day. The majority I saw were children with malaria. I was pleasantly surprised at how well many patients with malaria looked so the majority we
with oral medication. Occasionally a sick child with anaemia would come in who we transferred to Jinja Hospital.

The busy waiting room

I expected to see a lot of HIV. However, Uganda has had an effective HIV campaign, which means that most of the population is tested at least once a year, and treatment is provided free in the HIV centre in Jinja. I was surprised that the same attention did not seem to apply to the management of Sickle Cell Disease which is common in this area. Unlike the UK, there is no national screening programme although the incidence is much higher.

Of the infectious illnesses, I saw a lot of children with Scabies as well as Helminths infections. Interestingly the Child Immunization Programme includes regular deworming in the schedule. There are also a lot of infected eyes, mainly trachoma and onchocerciasis. Also Typhoid occurs frequently. Again, many patients appeared surprisingly well.

Typhoid patient receiving daily outpatient treatment

Although busy, I found this visit a very rewarding experience. Whilst my expertise was not best suited to the older adult patients (there seemed to be a lot of ladies with back pain, who said they spent the day “digging”). This clinic is in the early stages and I have made some suggestions to help develop it.
Uganda is still a poor country. Whether you are buying a car or clothes, everything is secondhand. All the cars are used Japanese imports (so the satnav was useless as the instructions were in Japanese). Many of the children came to the clinic beautifully dressed in party dresses, which highlighted how extravagant we are in the developed world with such things.

At the same time, Uganda’s natural resources are still being exploited by large companies eg although coffee is grown in Uganda, a jar of Nescafe which costs £2 here was 30,000UGx (£6.50). This is beyond the means of most of the people; a basic labourer on the building site was well paid at 10,000UGx a day. Much of the sugar cane grown locally is sold at low prices to a sugar factory in Kikera run by Madwani, a highly successfully Asian businessman.

In addition, Uganda is a beautiful country. Not as developed as Kenya but some areas have been preserved as National Parks. The Gorillas are in the west of the country, which was a long way from Jinja so I didn’t see any.

A lorry piled high with sugar cane

Fr Richard and Fr Biju at Murchison Falls

However, we spent 2 days in Murchison Falls National Park where the Nile plunges down a rift only 8 feet wide as well as wild animals. A particular highlight was seeing two lionesses working together to try and catch a wart hog (they failed).
Also, I spent a day white water rafting on the Nile near Jinja. This was great fun once you accepted that falling in the water (which was beautifully warm) was inevitable. Jinja claims to be at the source of the Nile. Certainly the Victoria Nile leaves Lake Victoria at Jinja. I was told that there was a spring at this point but I have my doubts about the “source” which looked like an eddy to me.

Rafting in Jinja – yes those are my legs having fallen out of the boat

I intend to continue to visit Kimaka regularly, (next visit will probably be July this year) and I hope the clinic and community will continue to flourish.

Lilias Lamont March 2015