

Uganda report on First Aid Workshop Experience in Uganda 2013.

by Tom Wardale 15/10/2013.

My trip to Uganda was without a doubt the best experience of my life so far.

A large part of this is down to the people, who despite having very little in terms of material wealth, were some of the happiest and most welcoming people I have met.

The month I spent in Uganda was split in two main parts; a two week study program learning about the local society and economy, and a further two weeks where I taught first aid to mixed groups in Mbale and neighbouring districts.

I knew that teaching first aid to people from a completely different culture to my own would be challenging but I was not ready for how difficult certain things would be. Things that in England we take for granted. Things like phoning for an ambulance...

In England we take it for granted that if someone falls ill or becomes injured that one phone call will have free and professional medical help on the way within minutes.

I learnt from a nurse in Uganda that she had witnessed patients die because they couldn't find an ambulance or because when one was found the patient had no 'petrol money' to offer. The theme of payment and bribery to get proper care is apparently common practice, both in hospitals and out. In short, people suffering unnecessarily because of 'petty' corruption all the way along the line of care. This alone raised some interesting points, with one of the group I was teaching asking if they should expect payment if they performed first aid.

One of the biggest shocks was the different perceptions of illness; for example, some of the people I taught believed that a seizure was the result of a person being possessed and as such were afraid to go anywhere near them, let alone touch them, in case they also became possessed. While this was a barrier to teaching, I was aware that by informing people of the real causes of seizures would allow them to offer help without fear.

During my time in Uganda one of the group fell very ill whilst I was visiting a local school. It was during this time that I truly appreciated how difficult it can be to give proper care when there are no resources and when it's needed most. There is no question that if someone had the same symptoms in England that an ambulance would be called straight away. But what was I meant to do in rural Uganda with someone who was having difficulty breathing and who kept lapsing in and out of consciousness? I know what I'd have done in England, but it was a scary moment for me when I realised there were no ambulances we could call and no more equipment than would fit in my small first aid kit. The second shock to the system came when we eventually arrived (after our hour and a half drive on the worst roads imaginable) at a hospital. I was stuck by how basic it was inside. A bed, a curtain and a chair were all there was for each patient. The regular power cuts that occur across Mbale were most noticeable when all the power in the hospital went out for nearly an hour. It was around 40 minutes before a backup generator was up and running. I could understand why they didn't rely on electronic machinery, how could you when the electricity could (and indeed, would) cut out at any point!

After a visit to Oxford High, a local secondary school, and seeing their limited first aid supplies available, I decided to see what first aid materials could be bought from the local pharmacies. Gloves, cotton wool, crepe bandages and disinfectant were all widely available but two items that are so common in England were impossible to find in Mbale, triangular

bandages and ambulance dressings. To me these are some of the most useful and versatile first aid items available and was shocked to discover how unobtainable they actually were.

The lack of an ambulance service and the difficulty in getting fully stocked first aid kits doesn't mean that there was an unwillingness to learn first aid. In fact, quite the opposite. When teaching I thought it important to have frequent stops to take questions, I was impressed with how many questions each person had and how willing they were to learn more. This is quite different to the blank looks I normally get when asking for questions in England. Some students would ask for thinking time to come up with more questions! This, for me, was both surprising and inspirational. I found that some of the poorest people I taught were the keenest to learn.

I have maintained contact with a few of the people I met in Uganda via email and am always struck by the warmth of their emails. One of the teachers at the BRDC that was at my first aid sessions has since bought a book on first aid to do more reading on the topic.

Overall, I am left with the feeling that the less people have in terms of material wealth the more they crave knowledge.

The poverty of Uganda is tragic and emotional to see; but the eagerness to learn, the optimism and the good nature of the people I met there shows that there is much more to life than money and what you can buy, especially when you are keen to learn and determined to succeed.

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