NUDF in Uganda
July 2014

Observations, Experiences, and Evaluations

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Documentation Report Overview

Introduction

This year, from July 3rd to August 1st, 2014, Chris Opio, Dave Nielsen, Ivan Orlowsky, and Lisa Spiering traveled on behalf of NUDF to Uganda. The following report will outline and discuss what was seen, learned, and accomplished in Kampala in preparation for the north, and in Kamdini (as well as surrounding villages), where Canada House is located.

Chris, a well recognized professor at the University of Northern British Columbia, lead the trip and generously enriched our experiences by being able to share his first account experiences in Uganda as a child and young adult. Dave, the Treasurer of NUDF joined Chris from BC to witness and evaluate the work that NUDF does in Uganda. Ivan, after spending some time in Zambia for a friend's wedding, also met the team in Kampala to join in on the witnessing and evaluating.

I met Chris in August of 2013 at the University of Waterloo. I was working in the Student Success Office, where I was a part of team running Student Life 101. This bridging program offered new UW students the opportunity to acquaint themselves with the campus, and begin adjusting to university life. Chris attended with his son, and through one conversation in particular, I was compelled by the work he was doing and why he felt so strongly about bringing clean water to northern Uganda. He spoke of the local schools challenges, the access to healthcare, and of course, the many wells he has and continues to build. Having had experiences in Haiti and the Philippines, I was quickly engaged with the idea of learning more about the foundation first hand. It was an honour to take part on this trip and I hope this report illustrates a sliver of what I have emotionally gained and learned. I continue to reflect and realize that I will continue to learn from this experience for many years, if not a lifetime.

Trip Outline

Desired Outcomes

Prior to arriving in Kampala, the single goal Chris shared with me for the trip was for "Canada to learn from Uganda, and Uganda to learn from Canada". I understood we would stay in Kampala a couple of days for Chris to meet with representatives from Parliament and from the Canadian Consulate before heading to Kamdini for the duration of the trip. Here, Chris would bring us to visit wells that have been built in the past, as well as build wells NUDF had received funding for but had not yet been built. I was told, as a result of my academic interests, that my time would also include learning at the nearby school and hospital.

Upon arrival to Kampala, we met as a team (first it was just Chris, Dave, and I) to discuss the timeline of our trip. Chris wished to take us to places in Uganda that a tourist would visit including the Nile Resort and Source of the Nile in Jinja, Ndera Cultural Dance, the National Theatre, and Murchison National Park to provide us with opportunities to observe the various cultures, landscapes, and attractions in Uganda. We also planned to see the Kamdini market and attend a Church service in Kamdini. Based on prior accommodation challenges at the hospital in Kamdini (on other NUDF trips), Chris felt it would be better to live at Canada House, if possible, for this trip. In order to do so however, he wanted a plumbing line installed prior to our arrival. As we quickly learned, sometimes things do not run on schedule in Uganda. Thus, in addition to seeing various sites and local attractions, the first days of our trip were spent determining which supplies we needed for the toilet, sink, and shower, as well as attaining other supplies such as a gas stove and mattresses.

In Kamdini, Chris aimed to visit 20 wells out of the 60 that have been built by NUDF since 2007 and audit their functioning and management. Chris also decided we would build one of the outstanding wells while we were there. We aimed to meet and spend time learning from his sisters, his brother Geoffrey, the Women's Group, and the people of Buga village (where Canada House is located). In addition, Chris and Dave had brought along notebooks and soccer balls, which we aimed to deliver to Kamdini Primary School.

I, as a nursing student in Toronto, had the desire to learn about the healthcare being provided to the people of the north of Uganda in Kamdini. I aimed to see how the local clinics were used by the community, what type of care was provided there, and how accessible they were. I also aimed to observe and volunteer at the hospital in Kamdini. Chris had received medical supplies from generous donors in British Columbia, which we hoped to give to the hospital for their use.

In summary, we had goals to see and do the following:

- Visit 20 wells
- Learn from the locals in Kamdini
- Visit with Chris's family
- Learn more about Women's Group – make crafts to sell in Canada

- Build one well
- Visit Kamdini primary school
- Visit the hospital, Lisa to volunteer
- Install one plumbing line at Canada House
- Visit Parliament and meet with representatives
- Visit Canadian Consulate
- Visit: the Nile Resort and the Source of the Nile in Jinja, Murchison National Park, Ndera Cultural Dance.
- Deliver medical supplies to hospital

Representatives

Chris Opio, Founder and President of NUDF.
Dave Nielsen, Treasurer of NUDF.
Ivan Orlowsky, University Student.
Lisa Spiering, Nursing Student.

Observations and Experiences

Schedule

While the following schedule was agreed upon by the group when we arrived to Kampala, as we quickly learned, plans in advance are more like soft clay that would be molded and reconstructed many times. We aim to accomplish tasks, and then we just "see how it goes". Plans change quickly and get shifted, but learning how life happens in Africa was a wonderful part of our journey this month.

Schedule for our month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		JULY 1	2	3 Chris, Dave, and Lisa arrive in Entebbe at almost midnight. Meet Geoffrey and David (driver) at the airport and travel safely to Scroll Inn for a night's rest.	4 Check in with Canadian Consulate. Inquire at building supply store for plumbing supplies.	5 Met with plumber, went to local mall to buy propane stove and propane, and bought mattresses at local stand.
6 Chris and Geoffrey were trying to find a rental truck to take supplies to the village. Visited supply store again and loaded supplies into the rental truck. Attended Ndera Troupe dance and music show	7 Market for souvenirs and items for silent auction held in Prince George Ivan Arrives- pick up in the evening in Kampala	8 Visited Parliament- Specifically met with Betty Amongi (representative for Kamdini District), Jacinto Ogwal (member of Parliament), and Cecilia Atim-Ogwal (Chip opposition whip)	9 ~~Leave for Kamdini~~ (postponed) Visited Lake Victoria and the source of the Nile	10 Visited market again (with Ivan this time). Waiting for plumbing work to be completed in the village.	11 Leave for Kamdini, 10am, Arrive 5pm to a very warm cultural welcome from the village.	12 Settle in the village. Meeting to make a plan to meet our goals while we are here. Go to city centre for supplies.
13 Attend Catholic Church service in town. Attend local community celebration	14 St. John's Aber Hospital Tour, deliver medical supplies to medical superintendent	15 Drill well in Obapo (5 miles from Kamdini).	16 Chris, Dave, Ivan: visit wells. Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital Visit Kamdini Weekly Market	17 ~~Chris, Dave, Ivan: Visit wells.~~ - dealt with challenges at Canada House Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital	18 Chris, Dave, Ivan: visit wells. Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital	19 Rest. Visit women's group and help plant seedlings. Started palm tree leaf crafts.

20 Goat roast.	21 Chris, Dave, Ivan: vist wells, visit schools. Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital. ~~4pm: meet with Women's group~~	22 Chris, Dave, Ivan: rest. Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital.	23 Chris, Dave, Ivan: rest. Lisa: Volunteer on Maternity Unit at St. John's Aber Hospital.	24 Spending time with the village kids and in the kitchen with the ladies. ~~Meeting with Women's group.~~ Interviewed Anna (Women's group)	25 Leave 4am for Murchison National Park, arrived back at 11pm. Women's group meeting.	26 Packing up.
27 Drive back to Kampala	28 Chris: meet with several representatives and friends. Rest, reflect, share pictures, thoughts, opinions, challenges, and plans for the coming months as we go home.	29 Chris: meet with several representatives and friends. Rest, reflect, share pictures, thoughts, opinions, challenges, and plans for the coming months as we go home.	30 Chris: meet with several representatives and friends. Rest, reflect, share pictures, thoughts, opinions, challenges, and plans for the coming months as we go home.	August 1 Take in the last of Kampala, leave for airport. Chris→ Oxford Dave→ Calgary, AB Ivan→Prince George, BC Lisa→ Toronto, ON		

Upon arrival in Kampala, Chris had planned to meet his brother Geoffrey and be driven to the hotel we would stay at until Canada House was ready for us. We slept at Scroll Inn and planned to have a meeting the following morning over breakfast to decide the schedule for the upcoming month together. Tentative plans were set to stay in Kampala to buy plumbing, cooking and kitchen supplies, and anything else that was easier found in the city. Quickly, plans changed when the plumbing supplies quote was higher than originally anticipated by Chris. Geoffrey inquired with a local plumber about what the price should be, and returned the following day with a figure close to the quote from the store. Renting a truck took some time as well, as did choosing a gas stove to purchase and other bigger supplies to send ahead of us because we had little extra room in our vehicle with all our passengers. Mattresses, bedding, mosquito nets, dishes, cleaning supplies, and gum boots were some of the items added to the plumbing supplies in the back of the truck. When the truck was finally on its way to Kampala, it only left a day or two later than the original plan. The back of the truck was full, the driver had more passengers up front than you'd think could fit, and at least 2 men sat on the back with the supplies to ensure it all made it the entire trip.

We expected to leave on the 7th for Kamdini, which was when the toilet and shower would be in working order for our arrival. We were informed shortly after their departure that this date would not be realistic. While waiting for Canada House to be ready, Chris, Ivan, Dave, and Lisa (and our driver David) were toured around to Chris's recommended sites. We were brought to some great tourist attractions in Uganda and, even though we saw a lot, if we learned anything it was that Uganda is a place you learn more about with each city you experience.

In the Village

We received the warmest, although a little overwhelming at the start, welcome from the people living in Kamdini. At the end of the dirt road leading from the main road to Canada House, women dressed in beautiful traditional dresses came to the car to greet us in song. We were welcomed with hugs and many different songs, and led to Canada House. There, the celebration continued. Children were there for Fanta soda and dancing, and many adults were there to celebrate and to eat with us too. Upon unpacking our things from the car, we sat around visiting, spending time with the children (who were very interested in our cameras) until bedtime.

In one word, the village was peaceful. During the day, children were seen everywhere. Most of the time they were making their way to or from the water well, but they also came by Canada House often to kick a soccer ball around with Ivan and/or Dave, play on the huge ant hill in our yard, or style my hair. At night we had a generator that provided us with some light, however the surrounding area had little to no electricity once the sun went down. This made for breathtaking stars at night. We would also gather by the fire nearly every evening to take in the day, reflect, warm up, and keep the bugs away.

From left to right: Geoffrey, Ivan, Dave, Lisa, Chris at the fire.

Canada House was a great place for us to stay. Water was fetched from the well at least once a day using a truck to haul it back and skilled climbers (not me!) carried it up and filled our tank. Laundry was done in a basin, and hung to dry outside for the day. We had a little problem with our rooms being damp and thus, making mold, but nothing Dave couldn't fix. I cannot express how thankful I am for the hospitality provided by Chris' family, for how warmly welcomed I felt the entire time we were there, the help and support of the group we traveled with, and the memories we made in the village.

In the mornings, we'd always have tea and instant coffee. Milk, and other dairy products are not readily available, although you can buy powdered or regular milk in small quantities in Kamdini. Sugar was available, and I learned from locals at the hospital how sweet the people of Kamdini like their tea; super sweet! We'd always cut up mango and pineapple, sometimes we'd have oranges, bread, tomatoes, a tortilla-type of bread, or Chris's specialty; scrambled eggs with green peppers. Susan (Chris's sister Roselyn's daughter), and Sophia (Chris's sister) did an absolutely amazing job feeding us while we were there. All of us loved Susan's "soup" that she served with all the meat dishes. This soup was made by chopping up tomatoes, green peppers, and onions, and mixing them with the broth from cooking the meat. The amount of tomato skins that we peeled off with a knife per day was, well too many to count. The chickens we ate were bought locally, however some were gifted to us as well. They lived comfortably in Canada House, waking us up nice and early until Susan prepared them. Eventually it was decided that they should be kept in one of the huts instead of the room next to our bedrooms because they were getting a little bit too comfortable, having naps on Ivan's laundry. We also ate beef and fish regularly as well as some goat.

I got the chance to prepare many of the vegetables with Susan and Sophia for dinners, and learned a lot about the amount of work that it takes to put together a meal on a coal stove. Thankfully, we also had the gas stove to cook more dishes at the same time, but still, these ladies spent much of their day preparing food. A staple was kasava, which is a starchy potato-like food grown a lot there. It is quite sweet, and tasty to have with meat. We also had pumpkin leaves, and my favourite, homemade peanut sauce. This was always such a treat. In order to make it, the ladies had to pick the peanuts from the surrounding crop, open them and let them dry in the sun. Then, they needed to be roasted and all the red skins needed to be taken off. Finally, they had to be ground down to a powder and mixed to make a sauce.

Susan preparing a meal for us.

Sophia peeling peanuts for sauce.

Children came by almost every morning. Some stopped by or waved on their way to school, and others seemed to linger. Chris explained that many of the children did not go to school on a regular basis. While school was free and all children could go, sometimes there is little encouragement from parents towards their children attending. Wednesdays is the local market, and on these days the parents can usually use their children's help. Other days as well though, children are sent to the main road to sell food to buses and trucks that pass through Kamdini. (The road has fairly high traffic for trucks on their way to Southern Sudan).

In the village, there is also the Women's group. This group was started by Geoffrey's wife, and includes many women in the village. On Saturdays you can find them at their land near the road planting and preparing the land. See below for an interview with Anna, a chairperson for the women's group.

Nightly, although during the day as well, Chris socialized with visitors from the village and surrounding areas. These guests would come by Canada House often, asking for Chris if they didn't see him. Often times Chris would meet and speak with them (mostly in Luao) independently, however he would brief us at mealtimes about their concerns. Upon finding out that Chris was in town, many people stopped by to discuss with him their hardships, asking for any contribution to their financial needs. While Chris was very generous with his time and money, it was evident that this trend would have continued and only gotten more frequent had we stayed longer, which makes it difficult to give to every person. Nightly, people would gather, hanging back from the fire we were sitting at, to be fed. Not only were Susan and Sophia cooking for us, but they always had to feed at least 5-10 other visitors.

Chris also shared with Dave, Ivan, and I about his life in Kamdini, his family, the needs of the community, and general wisdom over numerous meals we shared together. Having him there to guide us, to provide us with explanation for some cultural norms that sometimes either go unnoticed, which were interesting once pointed out, or clearly noticed and interesting to hear a background story about their roots. Meal times were nice to be spent together. We often times ate inside Canada House for breakfast, lunch, and sometimes dinner (if we weren't around the fire), to avoid the hot sun and to allow Chris to take a rest from visitors.

Canada House was situated back from the main road in Kamdini, surrounded by crops and other homes. Most of the homes in the village were mud huts, however some were remarkably well maintained. To me, many of the "pods" of homes resembled each other, so it was hard to keep my sense of direction when walking in the village. Dave, on the other hand, became very familiar with certain landmarks and always kept us going in the right direction. It was explained to us that when a son reaches a certain age, he is to build a mud home within the family pod to gain independence. It was also explained to me at the hospital however, that men with multiple wives have pods where each wife has a hut. Regardless, I understand each pod contains a family unit.

The sites and sounds of the village are quite distinct. Goats roam freely around the village, as well as chickens. Children play, and women walk slowly, carrying loads of water or baskets of other supplies. Some people have bicycles, most of which don't have pedals and are entirely too big for the children riding them, but they provide a means to carry more water at a time. Using a bike, kids latch water onto the back. Others lift 50 pounds of water over their heads and carry it up to 2km, 3 times per day. Although it visibly strained their neck, they walked with ease and without complaint in the scorching sun. It is

embarrassing to say that most of these children were half the size of me (if not smaller) and could carry easily twice as much as I could.

Most mornings, but especially on Saturdays, you can see women and their children out in the crops planting or picking. In this, and many other circumstances, it was notable that the men were not taking part. The kitchen was strictly for women, and Chris, Dave, and Ivan's help with dishes was something that Susan was happy for, but was also taken aback at the offer. Often, Dave and/or Chris would wake before Susan and Sophia were in the kitchen to do the dishes from the previous night's dinner to ensure the ladies would not have to do it.

Transportation in the city of Kampala was much different than in Kamdini. In the city, cars, trucks, and lots of motorcycles filled the streets and clogged up the main intersections and roundabout. In the village, there were large trucks traveling to Southern Sudan, buses carrying people through the village from Kampala, and other small trucks that came through on the main road. Other than that however, most people were on foot or used oversized bicycles. On lunch break or after school, children in school uniforms filled the sides of the street. If you sat at Canada House for a little while, you would see numerous groups of children and mothers on foot or on a bike, making several trips each day to the water well.

I was able to take part in visiting a local village, learning where they currently get their water supply, and watching the crew Chris and Geoffrey brought as well as the people of the village, dig a new clean water well.

A hole that is now dry, and the current hole being used for water.

Drilling a well for a clean water supply for the village.

Interviews:

Primary School Teacher

Primary school teacher, Mr. Okullo Alex, who lives in Kamdini was interviewed:

1. **Where do you teach?**

Mr Okulllo explained that first, he taught at Kamdini Primary School for 10 years, then he transferred 10 miles in the Lira direction to a school there called Father Oryang Memorial Primary School. He suggested that the district leaders do not want teachers staying in the same place for too long.

2. **What do you teach? How old are the children and how many are in your class?**

Mr Okullo is a teacher of Primary 7 (12-14 year olds) Mathematics. In the Kamdini school, there are 22 teachers and 1723 students in total, with about 90 students in each class. In the school he is at now, there are 21 teachers and 1300 students in total, with about 105 students in each class. The ratio of boys to girls in the classroom is 4:1, and there are 16 male teachers compared to 5 female teachers.

3. How many grades are there in Primary School?

When you are 6 years old, you start Primary School, which lasts 7 grades. Then, highschool is 4 grades, plus "grade 13" is another 2 years of advanced education. University is then 2 years if you are able to attend.

4. How far to do children come to attend school?

This varies, although most walk about 2km to get to school. There is also a girls dormitory at his current school. This is for girls to engage in intensive studies and be close to school where teachers can moderate their study habits. At home, parents tend to keep the girls to help out with cooking and farming, and easily lose interest in sending their girls to school. Thus, to encourage their attendance, this dorm was created for 50 girls to attend school and live there for free.

5. What are some of your biggest challenges as a teacher?

Mr Okullo explained how children tend not to come to class on a regular basis. UPE (Universal Primary Education) is free for all children, however uniforms come at a cost to the family for 150, 000 Ugandan Shillings. Sometimes as teachers, they are not paid regularly, so the teachers fail to show up to school as well. Therefore, as a result of the education being free, the children not attending regularly, and teachers refusing to teach without pay, the education is not of very good quality.

6. Why did you choose to become a teacher?

This was the only job he could find. As a result of the shortage of people to teach, he was guaranteed to be hired as soon as he got his certificate. Although, as I have previously mentioned, they are not paid regularly, and additionally they receive no medical coverage or social insurance as teachers. As a standard, teachers earn 205,000 Ugandan Shillings (+6% tax) per month (Currently the exchange rate to the American Dollar is 0.00036, making this about $90 per month). Mr Okullo said that he loved the opportunity he has as a teacher to promote and mentor others to be future leaders.

From left to right: Chris, Lisa, Okullo Alex

Women's Group

Anna, Chris' sister Geoffrey's wife, was interviewed as a chairperson for the Women's group:

1. Who started this group and why was it started?

There were 15 ladies in the community who started the group 5 years ago. Now, there are 4 chairs, including herself, the secretary, treasurer, and security, and in total there are 25 members.

2. What are the demonstration plots and what do you use them for?

According to Anna, the plots were used to grow different vegetables to sell, and they were used because the group needed land and to develop skills to farm them. Now however, they have found that raising eucalyptus trees from seedlings uses less land, requires less skill, and can be more profitable than vegetables, thus the demonstration plots are no longer being used by the women's group.

3. Why did you want to start this group? What are your goals that you have as a group and how do you aim to accomplish them?

Anna suggests the women of the village wanted to come together to find a way to produce extra income for their families. This group was started with the intent of raising money together to be able to afford supplies to start a catering business. In order to do so, the executive committee has estimated that they require 15 million Ugandan Shillings before they are able to buy supplies and cooking equipment. Every 2 weeks they meet as a group to discuss progress and future plans. Each week, the banking is done and recorded to stay organized. To date (June 2014) they have raised 7.7 million, therefore in 5 years they are just over halfway to their goal.

Some of the women's group, planting eucalyptus seeds.

At the Hospital

Upon reflecting on my experiences at the hospital, I am finding it a bit overwhelming to first, recount all I was able to see and do, and second, to be able to accurately share and describe parts of what seem now to be such a short experience in a place that is so vastly different than anything else I have ever seen. I am so passionately drawn towards the care of maternal-child health, and I have had the incredible opportunity to witness and take part in midwifery care for low-income families in Davao City, Philippines for a short-term internship in the past. Additionally, as a nursing student currently, I have had the chance to see more of what nursing care involves in Ontario, Canada. This experience in Kamdini however, was nothing short of happiness bursting, but also soul moving, eye opening, and heart longing and hurting. I had to remind my self hourly not to

compare the care I saw before my eyes to any other care system I had seen before, and take in all that I could learn from midwives, nurses, physicians, and students that so graciously allowed me to listen, learn, and take part in their everyday work.

I have chosen to break up this section into parts, and while they may overlap, I hope in reading them, the reader is able to get an overview of the heaviness and burden, the light, the joy, the sadness, and the sacrifice on behalf of the staff and patients that I witnessed. I also hope that my immense gratitude for NUDF providing me this opportunity and St John's Aber Hospital for welcoming me comes through clearly in each observation I am sharing and now hold so close to my heart.

From left to right: Chris, Sister Agrapina, Lisa, Obstetrician.

Sites, Sounds, and Smells

My first view of the hospital was the day Chris, Dave, Ivan, and I visited to meet with Dr. Onapa, the Medical Superintendent to discuss me spending volunteer hours there. Sister Agrapina , the Nursing Director, gave us a comprehensive tour of the hospital, showing us the different inpatient units, the outpatient facility, where the staff lives, and where the lab is located. I noted the plaques on most unit entrances, acknowledging several donors for different wings of the hospital. Below, in my interview with Dr. Onapa, I will discuss funding for the hospital and its services. Before leaving, we presented Dr. Onapa with several supplies donated from BC. Gratefully, he accepted on behalf of the hospital.

My prior experience and nursing area of preference is in maternal-child health, thus I spent my time at the hospital on the maternity ward. I have spent time in the Philippines in a laying-in maternity clinic as a midwifery intern in the past. Therefore, it was difficult to refrain from evaluating in comparison to that experience. However, it became clear early on this trip that this was a new place in its absolute entirety. It is difficult to explain my experiences at St. John Aber's Hospital; the environment the staff works in and the equipment they have to work with, the nature of the midwife-client relationship, the midwife-midwife relationship, or the client needs that presented while I was there with enough detail to illustrate what my eyes saw and heart felt. I do believe that through journaling on my lunch break, talking with Dave and Chris after my long days on the unit, and even now when sharing with friends, family, and fellow nursing students I continue to process, and therefore learn more about my time on the unit. I will note: My aim is not to exaggerate the facilities, nor to focus on the challenges. I will highlight the good, the challenging, and also share a couple stories I will never forget. I do think it is important however, to be honest and candid about the situation those in Kamdini face at the hospital, which is what I will aim to be.

When you approached the maternity ward, the high observation bed was to the right, and the nursing office and immediate post partum ward was down the hall to the left. Continuing straight from the entrance was a hallway leading to the delivery room, one on the left which held 3 beds for women in active labour, and one on the right with another 5 beds for those who were expected to progress to active labour in the near future. The beds in the delivery room were separated by semi-transparent bathroom curtains, which were cleaned with rags and watered down detergent everyday.

Standing at the entrance to the inpatient facilities. Straight ahead is the Maternity unit.

Immediate postpartum room.

High acuity room for premature or low birth weight babies.

One of three beds in the delivery room, separated by thin shower curtains.

The windows to the right are the immediate postpartum room. This area is for preparing food and washing after birth and during recovery.

Midwife - Patient Relationship and Patient Care Observations

In learning about labour and delivery care in school, we are taught a lot about how much this process in the hospital has changed dramatically over time. In some ways, the care I was able to witness in Uganda helped me acknowledge in which ways Ontario has changed their approach to caring for mothers over time. What I mean to say is, situations such as women laying flat on a raised table with their legs in stirrups, women being yelled at and threatened for "encouragement", episiotomies being done on almost all patients during natural delivery, and no fathers in the delivery room were standard at the hospital here.

The story that stands out clearly in my memory when reflecting on my observations of the delivery room involved a midwife who spoke a different dialect than the patient who was pushing (most of the midwives did not speak a language that their patients could understand). The woman had expressed the urge to push, and the midwife waved her hand at her as to dismiss her need or desire, stating, again in a language the patient did not understand, that there was no way she was completely dilated yet. The woman, not understanding and giving in to her urge, continued to push and moan in pain. Without turning to face her patient and continuing with her cleaning duties on the bench, her midwife kept telling her to "hush" or her husband would hear her outside the delivery room. When the midwife turned to see her patient, she realized the

patient was quite swollen. Immediately she cut an episiotomy and threatened that if the patient did not push this baby out right now she was going to kill her own baby. Moments later, a second episiotomy was cut, and finally, her baby was born. The baby was quite blue and was not crying, and the only resource the midwives had was a small suction device, but no oxygen or deep suction machine. Fortunately, this baby was healthy and strong, and by 10 minutes after birth, was crying and breastfeeding. This story specifically stays in my memory because of the fear on the mother's face that pierced me as I watched her, handed the midwife the dull episiotomy scissors, and struggled to understand either language that was being spoken between the midwife and patient. There was a lot of yelling; on the part of the patient in pain, and the midwife to express the urgency of the safe delivery of the baby and consequently, the safety of the mother.

There were always 4-5 midwives on duty to cover all of immediate postpartum and the birth room. Oftentimes, one midwife was either on call in an ambulance to attend to an emergency at a local clinic, or at the lab or pharmacy in a different part of the hospital. Therefore, most of the time it was one midwife in the labour room and 2-3 in the postpartum area. Throughout the whole day, there was always a line of patients at the nursing station (a small room where all patient folders were kept and where medication was dispensed from). Many patients were on antibiotics as prophylaxis for infection and most were on pain medication. In the short time that I was there, there were two different cases of severe infection at cesarean section incision sites. In one case, the obstetrician ordered the midwife to remove the stitches and he opened up the wound that was closing to allow pus to drain. It was excruciating to watch, and almost unbearable to witness the patient to experience such pain.

I share this to illustrate the type of work that the midwives are responsible for, and for how little time they have to attend to so many patients at once. Culturally the way that the midwives talk to each other and to their patients is different than I am used to treating colleagues. These trained women also have a lot of stress related to difficulty communicating with their patients, patients ignoring the doctor's suggestion to stay at the hospital to monitor their small, weak, baby or to stay to attempt to keep their wound clean. Patients are always leaving their beds in postpartum to wash or to prepare food outside, and sometimes miss their medication administration when midwives do their rounds and then are waiting in line for hours to receive it from the nursing station. While the midwives were always calm, respectful, helpful, and so generous in trying to explain to me their standards, expectations, and routines, it was clear to me how short staffed and poorly resourced they were.

I was able to be in the operating room several times with two Italian doctors working for CUAMM and learned about their work at St John's Aber Hospital. The two of them, in addition to another general medicine doctor and her family from Italy, were there long term to assist with the running of the hospital. They were so very helpful and welcoming, and worked so quickly alongside the slower pace of the native staff! They also helped run the bi-weekly morning meeting with all hospital

staff (yes, all staff but one on each unit leave to attend a 2 hour education/information session). During my time there, the session was on malaria care.

Midwife Kathy and I, and a healthy new baby.

Equipment and Supplies

While the reader can probably assume the equipment and supplies available in rural northern Uganda are different than Toronto, Ontario, I will share what stood out to me most.

First, there was no gel for the fetal Doppler therefore it was not used. Pinard horns were used to detect fetal heart tones. Unlike the Doppler, which can detect the heart rate from a location farther away from its origin, the Pinard horn needs to be pressed very close to the location of the fetal heart in order to detect its rate. This device then, is useful for not only detecting fetal heart rate, but also fetal position. At times however, it is difficult to detect a heart tone using this device, depending on the position of the fetus. Kidney basins with soapy water were used to clean IV insertion sites and a perineum prior to examination. These kidney basins were metal, cleaned with powdered detergent after use, and reused for another patient, regardless if it had time to dry completely or not. Running water in the delivery room was not always available. Sometimes water would run, other times the midwives had to go to the sink in the nursing station up the hall to retrieve water for cleaning. There was one roll of "glue" (cloth tape) for the whole postpartum/premature/high acuity/labour units. This tape is used for securing IV lines, making bandages with cotton, labeling IV bags, and so on. Thus, because there is only one roll and it is needed for many things, whenever you need it, you could not find it. Women were to bring their own plastic

mats/sheets (provided in the prenatal bag if the woman attended appointments at the hospital during her pregnancy) to deliver on. While they may be clean, compared to the sanitation standards in Canada, these sheets were not.

There was an ultrasound machine in a locked room near the maternity unit; although I only saw it used a couple of times. A patient who was laboring and for whom the midwives expressed concern for not being able to detect fetal heart tones intermittently puzzled the obstetrician. In another case, a woman claimed to be pregnant for having missed several periods, however the midwives could not detect fetal heart tones and the midwives were having trouble palpating a growing uterus. In these situations, he then requested access to the ultrasound machine to help determine what was happening with these women.

As I said above, I was told oxygen was not available. Until that is, we had an infant who stopped breathing and the head midwife remembered there was a machine stored somewhere in the side room where baby basinets to bring babies back from the operating room back were stored. While it worked, there were no masks to fit the tiny infant. Thus, we switched back and forth between two masks that were both too large and did our best to secure it to his face to help him breathe.

More women than I expected were sent for a "scissor". That is, in the short time I was there, I saw many more cesarean sections than I did natural deliveries. In the operating room, many things caught my attention regarding sanitation, equipment, and supplies. Babies were received from the table in a wicker basket lined with a towel that was washed with detergent in the next room. The surgeon, anesthesiologist, assistant, and midwife wore re-usable cloth masks and hairnets, wore flip-flops. The power went off in the middle of an operation being done on the obstetrician's own daughter and the sun coming through the windows was the only source of light while the anesthesiologist worked on getting the generator to work.

One day, I went along for an emergency visit to a woman who was laboring in a nearby village at a local clinic. These clinics are located in many different villages to serve the primary health care needs of the people living in close proximity. Sometimes, a woman may deliver her baby at one of these clinics. Should something occur out of the ordinary however, such as this particular patient being in labour for 72 hours and not progressing passed 6cm dilated, the staff contacts the hospital to assist in the delivery. In this case, it was only about a 20 minute drive from the hospital on the main road and the woman was transported back to the hospital for a scissor.

Overall, it was evident that equipment and supplies were outdated and available in limited quantities. The midwives and physician worked very well with the resources they did have, however access to oxygen, and even something as simple as easy access to tape to secure intravenous lines was difficult to accept.

The operating room.

A new mother and her two boys. Twins who live, because they are not often both survivors, are considered good luck in Uganda.

A mother and her baby.

Cleanliness and Sanitation

Semitransparent shower curtains separated the three labour beds. Soap and cloths, the same ones used for the job each day, are used to wash the blood and body fluid off the curtains. I convinced the girls to wear gloves with me for this job, however they started without them and burst out laughing when I gasped and urged them to put them on. I had to learn to contain my shock and fear several times throughout my first days there.

One of the first things we did in nursing school was learn how to wash our hands. We are expected to wash our hands with sanitizer (or soap and water if our hands get physically dirty) at the four moments of hand hygiene, with every patient. That is, before entering a room, before touching a patient, after touching a patient, and after leaving the room. Detergent is available at the sink in the delivery room, but not in the postpartum areas. Even in the delivery room, patients neglect to use gloves for touching patients when bodily fluid is in near proximity. After hearing about the scenes at the hospital, Dave gave me hand sanitizer to give to the midwives early on during my time at the hospital after hearing about the lack of it on the unit. The midwives were in awe, and put it in their pocket to "save". It seemed as though midwives were only concerned with using gloves to start IV lines with patients who were identified as HIV positive.

I would like to point out that in addition to Chris's connections to the hospital, I would not have been able to volunteer there without a ride from Geoffrey, David and/or Bosco driving me to and from the hospital. Chris also pointed out the

distance from Canada House to the hospital was as far as he walked to school as a child twice a day. Even though I could see it with my eyes, it still seemed to be too far to walk daily in the beating sun.

Interview with Dr. Onapa, Medical Superintendent

1. How many units make up the hospital, and how many staff does the medical team consist of?

Dr Onapa shared that they have 15 different departments. In total, there are 6 doctors (paid 2,000,000 shillings/month), 4 clinical officers (who have a diploma in Medicine; paid 600,000 shillings/month), 14 midwives (paid 600,000 shillings/month with a degree, or 400,000 shillings a month with a 3 year certificate), 24 nurses (paid 600,000 shillings/month), and 24 nursing assistants (who are trained on the job). If these staff worked for a government hospital, they would be paid more.

2. Where does the hospital get its funding?

The hospital collects user fees, that is 30,000 shillings per patient. They also get a government subsidy, and CUAMM (*Collegio Universitario Aspiranti Medici Missionari/Doctors with Africa;* an NGO from Italy*).* Dr Onapa suggests CUAMM accounts for more than 50% of the hospital's earnings.

3. Can you tell me about your HIV clinic onsite?

Dr Onapa explained that the clinic serves over 200,000 people regularly. They offer diagnostic testing and ongoing care for those who have already been diagnosed from Monday to Thursday. On Fridays, the staff goes on home visits, although this has been stopped since February due to limited funding.

4. Where does the clinic get its funding?

The hospital gets funding from the Centre for Disease Control, however the medications and services at the HIV clinic is funded by donors. The West Minister Medical Mission funded a renovation recently, and provided the opportunity to build a Nutrition clinic to teach patients with HIV how to cook.

5. Is there a cost for patients?

The cost per patient to receive care and medication is 150,000 shillings, however it is almost free for patients. If the patient is under 18 years or is a mother, the services is free. If they are neither of those, then there is a charge of 1000 shillings for the patient.

6. Is this the only place patients with HIV can receive their medication?

No. The nearest other major hospital is in Gulu, however between here and there, there are 12 other smaller health clinics where patients can collect their medications.

7. What is prenatal care like here in Kamdini?

The prenatal clinic is open at the hospital 8am-5pm Monday-Friday. The clinic sees approximately 800 women per month. Ultrasounds are not routine, in fact, it is located on the labour and delivery unit and is rarely used. The routine prenatal assessments are free, and lab work is offered at a reduced rate of 1000 shillings. Each prenatal patient is given a white bag including a mosquito net, umbilical cord strings, and other supplies for their birth and recovery. UK Aid - Northern Uganda Health initiative, donates this to the hospital. While prenatal visits are mostly free, there is a flat rate of 30,000 shillings for labour and delivery. This however, is not charged if the woman has to have a "scissor" (cesarean section). This is considered an emergency procedure, and thus does not have a cost associated with it.

Review and Evaluation

Reflections on Life in the Village

It was challenging to navigate the cultural norms that Chris did his best to explain to us. For example, I was encouraged to take part in the kitchen whenever I could. Dave, Ivan, or Chris however stayed away from it for the first part of our time there. Dave would always help with dishes before the ladies even showed up in the morning, but they were not used to men wanting to help in the kitchen.

We realized too, that many of the people in the village were somehow related to Chris. We enjoyed meeting them all, even though it was hard to keep track! Chris did a great job of completing the goals he had set out to accomplish on behalf of NUDF. He speaks very passionately about the work that must be done to provide clean water to these people and the detrimental effects the water does and will have if they do not get access to clean water.

Realizing the amount of water a family (and in reality the woman and children) needs to carry, at least 3 times a day, is difficult to comprehend. I find my backpack that I carry less than 2km to school each day heavy! It is not surprising that they would choose to go to a closer well, even if it is not as clean. However, we must work towards educating them on the effects these decisions can have on their health and family and working as hard to provide access to clean water in closer proximity to as many people as possible.

Immediately after leaving, I thought about the life of those in Uganda and how it continues as we observed it. They are joyful, they are thankful, and they are without many resources. They work very hard day in and day out to have enough to eat. They live amongst communities that are observed to be like big families, and have dreams to "come to Canada, just like Chris" (A song the children sang to us).

Challenges

Chris dealt with more challenges than any of us. He is very well respected and was wanted to be seen by almost everyone in the village and surrounding areas. All of these people want a meal and/or money. He kept us under a sturdy roof, kept us warm at night, safe from mosquitos, and provided various different experiences for us to learn about the people of Uganda, its landscape, where children go to school, and where they receive healthcare.

My biggest challenge was to daily accept that we are not in control of how much we check off the to do list that we set out for that day. We are accustomed to the business of our society and the felt need to accomplish a set amount of things today, and even more tomorrow. There are so many people that contribute to making anything happen and the African attitude is not "go go go" at all. In fact, I often had to repeat "No hurry in Africa" to myself, which is something David, our driver, told us on one of our trips. If it doesn't get done today, then maybe it will get done tomorrow, and if it doesn't get done tomorrow, maybe it will get done next week.

One particular challenge for me was connecting with the woman's group. Prior to arriving at the village, Chris and I spoke about how best to give money donated from my Grandparent's church. Chris was able to share a little bit about what the woman's group did, whom it was comprised of, and how they raised money for their group. Our understanding was that they sold items planted or made by the group and the profit was added to the woman's group fund and then distributed evenly. I thought it would be a nice idea to bring supplies to make crafts that they could sell locally but also that I could take back and sell here in Canada (with the assumption I could sell them for more here). We bought palm tree leaves in Kampala (because David was sure it would be easier to buy them in the city) to make placemats, bowls, and other crafts with the ladies.

Unfortunately, a funeral was taking place the day we planned to meet together and craft, however about 5 ladies were still able to come together to learn how to weave the leaves. This time was not enough to create any bags or completed crafts to sell, so the women told me they would work during the week in the evenings to pool together to make enough finished products for me to be able to take back and sell. They would then use the rest of the supplies to make and sell products there once we had left. The following week they had made a large matt which is used for sleeping on, however it was too big for me to be able to transport it back on the plane. They were going to send along smaller finished products with Geoffrey when he came to Kampala the following week before we left, but unfortunately they did not send anything. My hope is that they have been able to use the supplies to contribute to women's group, although it is disappointing that I could not take anything back with me. Ultimately, I got the impression they would have preferred me to hand over the money rather than have them make something to sell. I can understand that they may already see their seeds as being more profitable and wanting, more than anything else to produce and sell, money towards reaching their goal. While these supplies may not have been the best investment after all, we bought and donated them with good intention. It does not sit well with me to think the supplies are still in the room we left them, however over that, I have no control. I do know that Sophia's daughter was using the one completed matt as a bed for the time she was staying at Canada House, so if nothing else, I like that it was used for something! I do hope in time they come together to use the rest of the supplies for something, even if they can be placemats for their catering company in the future!

Assessment

Learning outcomes

It is suffice to say that we learned more than we could have anticipated. Dave, Chris, Geoffrey, and Ivan visited many wells and evaluated their location and use (see Dave's Executive Summary for more details on this). We also got to know Chris's family and got to experience what it is like to live in northern Uganda (although with a generator at night, women helping us cook, a private toilet and shower, and so on). Beyond some different cities and villages, access to water and healthcare, customs, and lifestyles of Uganda and the community in Kamdini, I learned about compassionate, generous, and patient men who are at the forefront of NUDF. It was an absolute privilege to get to know them and be a part of this trip.

Feedback

Chris, you were a great host and lead a wonderful example of dealing with the, what can be frustrating, cultural differences. You showed us parts of where you lived your childhood and shared your family with us. I am indebted to you for how rich you have made me through this experience. This was an experience of a lifetime for all of us. Dave, thank you for listening when home started to feel a little far away. Thank you also, for capturing so much of our trip on camera. Those are souvenirs I will be forever grateful for. You both are so kind; to me, to our team, and to everyone we met. I believe as executives of NUDF, you represent values such as tenacity, passion, love, and generosity. Ivan, although your energy was low at times from being sick, you were always willing to take part to the extent you were able to. It was a pleasure getting to know you.

Recommendations for NUDF and trips to follow

I do not have the previous hospital arrangements to compare to, however Canada House was a fantastic place to stay while we were in the village. Scroll Inn was also a great accommodation with good food and very hospitable staff. I believe that just over 2 weeks was a good amount of time to spend in the village to get a sense of what day to day life is like, however I do think that time went by very quickly. If Chris' plan to host visitors at Canada House is to happen in the future, I am in favour of applying a cost to stay at Canada House. I understood that it is quite difficult for Geoffrey to stay on top of NUDF work, given that his remuneration from NUDF is minimal. For NUDF to expand its efforts to bring clean water to more people in northern Uganda, I believe some of NUDF's fundraising efforts should be to contribute to a fair salary for the hard work Geoffrey does on behalf of NUDF. I would love to see some of Sophia's beautiful place mats and table cloths that she embroiders with the type of embroidery floss I was using to make bracelets for the children, sold at the silent auction held in Prince George to help support Sophia and NUDF!