



# **Kumi Hospital**

**We treat and God heals**

## **MEDICAL ELECTIVES PLACEMENT MANUAL**

**“ WHAT YOU HAVE DONE TO THE LEAST OF MINE”**

**REVISED (NOVEMBER 2022)**



## Table of Contents

Preface from the Medical Director .....	4
OPPORTUNITIES IN AND AROUND THE HOSPITAL .....	8
Introduction .....	9
St. Martins Chapel .....	12
Weekend trips .....	12
BOOKING, ARRIVAL AND INSTITUTIONAL ELECTIVE POLICIES .....	14
DOCUMENTATION .....	14
CANCELLATION POLICY .....	14
CODE OF CONDUCT .....	14
ELECTIVES PLACEMENT CHARGES AND FINANCIAL INFORMATION ..	15
ACCOMODATION AND MEALS .....	16
LIFESTYLE & BEHAVIOUR .....	16
TRAVEL AND COMMUNICATION .....	19
STRATEGY FOR CLINICAL EXPOSURE .....	21
SEXUAL HARRASEMENT POLICY .....	23
EVALUATION .....	23
SOME CULTURAL NOTES .....	26

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### Websites and Links

[www.kumihospital.org](http://www.kumihospital.org)

Facebook: <http://facebook.com/kumi.hospitaluganda>

## Preface from the Medical Director

*On behalf of Kumi Hospital, I am thankful to the Lord Almighty for having guided you to Kumi Hospital and hope the experience you get here will presumably be much richer and one of a lifetime.*

*We do recognize that you are in a transition Period of your career and we are here to support you in your journey to internship or residency.*

*The Offers of medicine are plenty but how do we manage to offer clinical interventions in our setting with limited resources.*

*Despite being in a resource-limited setting we are able to offer medical and surgical interventions using methods acceptable to WHO, while here your Clinical Skills will be vastly challenged as many advanced technological investigations and not available here*

*You will also witness the intellectual, clinical, Health policy challenges that we live with in the 21st Century.*



*Welcome to Kumi  
Dr. Raymond Joseph Malinga*

### INTRODUCTION TO THE HOSPITAL

*You're going to have an amazing time here! This is just a little introduction so that when you arrive and start at the hospital you have some sort of grasp of what you'll be dealing with.*

*Kumi Hospital is a 300 beds NGO/PNFP, Faith based, Rural Based hospital under the a Church of Uganda, located 7 km from Kumi Town in Eastern Uganda.*

*Kumi Hospital is involved in holistic development.*

*Founded in 1929, as a Leprosy treatment Centre by CMS for people who where affected by the Leprosy Disease, Later turned into a General Hospital in 1996 providing both Rehabilitative and reconstructive surgery.*

*Kumi Hospital itself is growing seemingly day-by-day, whether you count the number of patients or the outreach services or the surgical camp that happens regularly...the list is endless. It has a great reputation – people come from miles around and even as far as the South Sudan to come and be treated here.*

*We endeavor to keep it as up-to-date as possible, however there may be things at the hospital that are not quite as described in the handbook – please let us know so that we can continue to update it.*

*This manual is available to all Electives applying directly and including those who are introduced to Kumi Hospital by other partner organizations.*

*Please take the time to read through this whole handbook and bear what it says in mind as you start your exposure/work here.*

*Some more information on common conditions seen in Kumi Hospital and how to treat them will be given to you once you arrive.*

*We hope that this handbook will be useful!*

## Expectations

*It's vital that expectations (yours and that of Kumi Hospital) are realistic and managed well. Previous Medical Electives have come with unrealistic or inappropriate expectations and have not had the experience we would have wished, so we are just trying to make sure you are able to make the most out of your time here.*

### WHAT WE EXPECT FROM YOU

#### Learners Attitude

*Come with a humble, open-minded approach to everything and remain sensitive towards the local culture.*

*Come with a humble, "learner's attitude" and "can do it attitude", please, maintain the attitude of a learner and avoid not "I know it all attitude "*

*Equally, don't come thinking that Kumi Hospital is just here to further your medical education (although it undoubtedly will!) because it has so much more to offer than just that.*

This will help you improve not only your medical education but also impact many other aspects of your life.

#### Conduct in a resource limited setting

This is a resource limited setting and the majority of patients are poor and have to meet their bills as this is a private hospital and there is no national insurance policy. Remember that the Doctor: Patient Ratio is high (The situation by estimate is one Doctor 1:20.000 patients The WHO recommended Doctor to patient ratio in Africa is 1:10.000) and the National Health Budget and Hospital Facilities are not as those in your Home Countries.

Please adhere to the following:

- \* Avoid wastage of medical sundries or resources e.g. gloves, cannulars and syringes
- \* Get along with the Nurses and respect their routine.  
They will also act as your translators during your interaction with patients.
- \* Situation pace not fast track, however there is still a sense of urgency.
- \* *Investigations may be proposed but not done owing to the financial implications.*
- \* *Make clear written record entries.*
- \* *The doctors on the wards are your immediate supervisors; don't initiate and manage treatment of patients without clearance or discussion.*
- \* *Supervised procedures. Do not do anything beyond technical competence.*
- \* *Do not start ward rounds on your own, await clearance from in charge doctor.*
- \* *Observe Surgical Theatre Safety, it is your responsibility.*
- \* *Decisions about Low care Vs High care need discussion with your supervisor or immediate senior.*
- \* *Make cost effective investigations, There are limited investigations here and limited drugs. It is not uncommon to see "o/s" (meaning out of stock) on a drug chart – try to come up with a different plan.*
- \* *Don't always expect to come up with the definitive diagnosis.*
- \* *Weekly or fortnightly Mentorship feedback with your mentor is necessary*
- \* *Be prepared to improvise.*

## Compliance with our institutional Elective policies

*To ensure a more fruitful stay please adhere to the guidelines put in place to help both you and Kumi achieve our organizational goals.*

### Personal Health and Safety

*Due to high HIV prevalence please adhere to personal safety guidelines when doing procedures Malaria prophylaxis is highly recommended and other vaccinations against Hepatitis B et cetera*

**HIV/PEP requirement:** *The hospital has ARV medication and testing for HIV, so if you get a needle stick injury or are exposed to the virus, there is medication there and doctors to help you if you get into that situation.*

**Medications:** *Other medications are also mostly available at the hospital pharmacy if you get ill. There is ciprofloxacin, diclofenac, erythromycin and amoxicillin available to name a few. It may be advisable to bring with you rehydration sachets, antimalarials and mosquito repellent.*

### Personal growth and Discipleship

*Opportunity is offered to you to witness the Love of God and grow spiritually and impact people's lives.*

*We encourage and hope you grow in your relationship with God through daily time with Him during morning chapel time, weekly Sunday services and fellowships and through your own personal devotion and prayer time.*

*An attitude of discipleship should pervade everything you do, regardless of what your ministry tasks may be.*

*We believe that the primary focus of all we do needs to be building Christ-centred relationships with those around us.*

### Relationships

*Build relationships with the Health workers, Administrative staff and Community of Kumi Hospital, and probably return in the future as professionals on short-term visits, as specialists, or Supporters or Friends of Kumi.*

## WHAT YOU CAN EXPECT FROM US

### Support & Guidance

*You can expect that we will be supportive clinically, socially and spiritually during your placement here.*

## Learning Resources

*We don't have and know everything, but we can be a good resource for you as you encounter new situations. Listed below are vital resources to your experience:*

- \* The Doctors practicing in the tropics (Specialist Obs & Gyn, General Surgeon, Fistula Surgeon, visiting Ophthalmologist Surgeon, Resident and visiting Dutch Orthopaedic surgeons, Physician and Interns doctors)*
- \* The Plentiful patients. There will be many conditions you have not encountered before.*
- \* The Nurses*
- \* The Spiritual Leaders*

When in doubt and when you are clueless or even scared to death, if ever how to handle a difficult situation, feel free to let us know – we'll help you out as much as we can or do what we can to find answers for you.

Infrastructure and Clinical Environment

The wards, the theatre/ operation rooms, accommodation facilities, etc.

## Controlled Responsibility Challenge

We are aware that you are eager to have the freedom to make decisions, prescribe, interact but it is important to recognize that you are not an independent practitioner and as such your decisions or prescriptions will be watched and controlled.

Do not do things way beyond your level or technical competence.

## FINALLY...

*This is a beautiful place and a great community to be a part of. To get the best out of your time here, its true to say the more you put in, the more you will get out of it. Enjoy Kumi Hospital– remember to smile when you get up and all through the day, whatever happens...*

*If you find anything that is incorrect or think of anything else that might be useful, let the office of the electives coordinator know.*

*The Medical Director or any other person will be assigned to take you around for orientation*

## Medical Director:

Dr. Raymond Joseph Malinga  
Consultant General Surgeon.  
kumihospital@gmail.com

## 1.0 OPPORTUNITIES IN AND AROUND THE HOSPITAL

### Overview

The hospital has the following 8 wards:	
* Medical Ward (Busimo ward)	* Nutrition Ward
* Surgical Ward (Ojikan ward)	* Private Ward (Ndahura ward)
* Paediatrics Ward (Stone ward)	* Eye Ward
* Maternity Ward (Laing ward)	* TB Ward

Other departments are:	
* Radiology	* Laboratory
* Theatres	* ART Anti Retroviral Therapy
* Outp Patients Dep	* MCH Maternal Child Health
* Community Health	* Pharmacy
* Physiotherapy	* Orthopaedic workshop
* Trainingschool	* Security
* ICT	* Hospital Farm
* Administration	* Accountancy

Work begins at approximately 8.30a.m straight after morning devotion (in Hall of Hope next to Children's Village). You're expected to fully participate in the ward rounds on the ward you're allocated to, as well as the relevant clinics for that specialty. Depending on staffing levels, you may be the only clinician working on the ward full-time, but there will always be a more senior clinician working in the hospital who will supervise you. You'll have opportunities to learn several procedures under supervision, depending on your level of study. Whilst here, medical students have learnt how to do pleural taps, ascetic taps, lumbar punctures and surgical chest drains to name but a few. Don't be afraid to either express an interest in a specific area or to say that you've had no prior experience in a particular area.

**CME (Continuing Medical Education)** – at 8:30am every Wednesday morning the CME takes place at Hall of Hope. Someone will do a short presentation on an interesting patient they've seen recently and then there's a bit of discussion. You can also use it to discuss a difficult patient whether or not you're doing the presentation. It's usually really good and very interesting.

#### The process of admission and care of patients.

Usually the patients are brought in by relatives, often from very great distances (including the South Sudan – be prepared to use Arabic if you can) and are first seen by the Clinical Officers (CO) in the Outpatient Department (OPD). COs are first contact health workers with a diploma in clinical medicine, so they take the history, examine and initiate appropriate treatment. The patient will then be sent to the ward.

The patients more often than not present fairly late and needless to say very acutely unwell. The key is not to panic and to give the prescribed medication time to work.

Call your supervisor in emergency situations.

## INTRODUCTION TO THE HOSPITAL

All day-to-day care (e.g. washing, feeding and taking to the toilet) while in the hospital is administered by the patients' attendants who are usually relatives or friends from their village. When doing the ward round, ensure there is one attendant there when you see the patient as they provide all the very useful information about the patient's well-being. Don't be afraid to ask everyone except the patient and one attendant to leave the ward before the ward round.

### Wards:

#### Medical Wards

These are Medical wards, Leprosy Ward (LW), Surgical Ward for both Male and Female, Paediatric ward, TB ward, Private ward and Maternity ward. Depending on the perspective of your elective, you will be assigned to rotate in one of these.

You will be expected to engage in clinical discussion of patients with someone more senior during or at the end of the ward round.

#### Recommended Clinical Discussion Topics on Medical Ward

If you have time before you arrive at Kumi it is useful to read up on the following conditions. Once you arrive at Kumi, each ward has a copy of Uganda Clinical Guidelines, which gives helpful information on recommended treatment guidelines for tropical diseases.

<b>Tropical diseases</b>	
* Diabetes and its complications	* Typhoid
* Malaria	* Malnutrition
* Meningitis	* Pneumonia
* TB/Leprosy	* Leprosy
* Opportunistic infections in HIV	* HIV/AIDS
* Sickle Cell Disease	* Schistosomiasis
* Dysentery	

#### Isolation Rooms

This is used to house the patients with suspected infectious diseases like cholera, sometimes TB.

If you're working on the medical wards, it might be worth double-checking if there are any patients on here – you might not be told.

#### Paediatrics and Neonatal Wards

The paediatrics ward is split into "Intensive Care", "High Care" and "Low Care" areas. The neonatal unit is at the back of the paediatrics unit and is the newest of the wards at Kumi Hospital. If you find yourself on here there are lots of guidelines taped to the walls so that you have an idea of common conditions and management plans.

### Paediatrics recommended Clinical discussion topics

- \* Diarrheal diseases
- \* Lower Respiratory Tract Infections Sickle Cell Disease
- \* Management of the sick neonate
- \* Management of the sick newborn
- \* Investigating failure to thrive
- \* Management of dehydration
- \* Meningitis
- \* Malnutrition
- \* PUO
- \* HIV

### Maternity and Gynaecology

The ward houses antenatal/postnatal/gynaecology cases so being on here is a good opportunity to see a wide range of conditions. It is also a good idea to spend time with the midwives – you will almost certainly be able to do several deliveries yourself!

### Obs & Gyn recommended clinical discussion topics

- \* Prevention of maternal to child transfer of HIV
- \* Illness in pregnancy – anaemia, malaria, pre-eclampsia, eclampsia, diabetes, asthma, Graves' disease
- \* Abortion and Post abortal care
- \* Management of Normal labour
- \* Management of complicated labour – obstructed labour
- \* Complications of puerperium – haemorrhage, sepsis
- \* Management of gynaecological malignancy Cervical Cancer Screening
- \* Obstructed Labour (complications)
- \* Abortion and post abortion care
- \* Prevention of maternal to child transfer of HIV
- \* Chronic Pelvic Pain

### Surgical Department

Ward round is done on a daily basis and generally the surgeons will then go straight to theatre and spend the day there.

There are also various camps e.g. the VVF, plastic surgery and urology camps that occur around the year, that are also excellent to be involved with.

### Surgical recommended Clinical Discussion Topics

- \* Assessment of the surgical patient
- \* Surgical Theatre Safety
- \* Assisting in theatre - aseptic technique
- \* Infectious surgical conditions - Osteomyelitis, Abscesses, arthritis, Enteric fever and its complications, Appendicitis
- \* Principles of trauma
- \* Principles of surgical toilet and suture
- \* Principles of wound care

- \* Urological conditions BPE, Ca Prostate, vesico-vaginal fistula
- \* Abdominal Conditions Abdominal mass, Acute Abdomen, Intestinal obstruction
- \* Typhoid perforation
- \* Leg ulcerations
- \* Fractures
- \* Osteomyelitis / Septic Arthritis

### Outpatients Department (OPD)

This functions as both an A+E/ED/ER and as a true outpatients department. You may choose to spend a block of time here, or alternatively to spend only one day a week – however you decide to do it, it will be very rewarding!

There are medical/diabetic, pediatric, surgical, gynecology, HIV, TB, eye, dentist and cervical screening clinics in OPD each week as well as palliative care outreach into the community and Cervical Cancer Screening Clinic.

### Calls and Weekends

You are expected to take part in any calls that your clinical supervisor has. They're an excellent chance to learn how to manage acutely unwell patients and will give you a small flavor of what it will be like once you've qualified.

All clinicians at Kumi Hospital (both those that are paid and those that are volunteers) get at least 6 days off a month. Which days they have off are decided by the clinician themselves. This may mean that the clinician you're working with works most weekends in a month so that they can have an almost full week off. Speak to them about whether or not you're expected to work the same days they do.

Some students come not wanting to work on-calls or weekends, but you're here for such a short time so it makes sense to make the most of it. Not working calls or weekends won't mean that the people who work here think less of you, but you will potentially be missing out on some excellent learning opportunities.

**Other interesting things to see:** HIV clinic and outreaches, Laboratory slides, Specialist clinics – by visiting doctors, Nyero Rock Painting, Lake Bisina and Water Pump House.

### Recommended practical Medical and Surgical procedures

- \* Clinical examination of cardiovascular, respiratory, abdominal and neurological systems
- \* IV cannulation
- \* Insertion of chest drain
- \* Ascitic Tap
- \* Lumbar puncture
- \* Urethral Catheterisation
- \* Insertion of Nasogastric Tube
- \* Clinical examination of neonate, and young child
- \* Excision of small masses
- \* Incision and drainage of an abscess
- \* Debridement

- \* IV cut down
- \* Suprapubic cystostomy
- \* Circumcision
- \* Plaster Cast application
- \* Opening and closing the abdomen,
- \* Closure of perforation,
- \* Appendicectomy
- \* Skin suturing/ surgical knots
- \* Surgical dressing techniques
- \* Local anaesthetic techniques
- \* ETT Intubation
- \* Assisting in theatre
- \* Gynaecological examination
- \* Antenatal examination
- \* Assistance at delivery
- \* Assistance with Caesarean section

### St. MARTINS CHAPEL

The hospital day starts at 8 with devotion at Hall of Hope.

The chapel is very active and has many different ministries that you might like to get involved in, please contact the Chaplain when you arrive.

### Weekend trips

This is a beautiful country – make the most of being there!

**Getting out of Kumi Hospital** – if you feel the need to get out, there're a number of options. If you need more than a Bodaboda to get somewhere, you can ask the administration at the hospital to organize you a driver, the driver will cost approx. Ush 1500 per kilometer driven – but it's expensive, usually a cheaper option is to just take public transport.

Places within reach for a weekend trip include:

1. **Lake Bisina** – it's not quite along way to travel but worth it for a weekend. Very relaxing and very beautiful, it's where Kumi Hospital pumps it water from.
2. **Nyero Rock Paintings**
3. **Sipi Falls** - it's located on the Slopes of Ssebi Mountains

Other places to visit are more local and ask people at the hospital for details on how to get there **Ongino Market** – happens every Friday starting at around 8:00am. Great for food, clothes and fabric for taking to the tailors. Worth going after 5pm because of the oppressive heat! You'll be able to see the path going to Ongino from the number of people walking up and down it from the main road in Kumi.

**Kumi Town**– easy to get to, get a boda boda from outside the hospital gates to Kumi Town for one person the fee is Ush 3000 , for Shared Bodaboda the fee is Ush 2000 per individual, and likely getting back to Kumi Hospital you can still use a Bodaboda either Shared or not the choice is yours.

**Odelo Market** – happens usually on Saturday starting at 09:00am, it's known for fresh foods There are plenty of other things to do, this is just a taster

## Miscellaneous

- *There are Netball courts, Basket Ball courts, Volley ball courts and a Football pitch at Kumi Hospital, so feel free to bring the necessary equipment. We do have equipment but are always glad to have donations!*
- *For those of you who are Christian, it is often nice to have extra bibles to give to people. However you can purchase them for about £5 in Uganda, so it is cheaper and lighter to purchase them out here. Also, any bible study notes or worship CDs etc would be very much appreciated within the compound!*
- *Mosquito nets – they do have them in the accommodation but it may be advisable to bring your own, as the current ones may have holes in them*
- *Photos of your home and family to share with Ugandan friends.*



## 2.0 BOOKING, ARRIVAL AND INSTITUTIONAL ELECTIVE POLICIES

*In case you are seeking for Elective placement, write an application to the Electives Coordinator to initiate the inquiry*

*Please provide and or confirm this personal info-Check list in this format.*

1. Names
2. Country of Origin
3. Academic Institution
4. Level Year of study
5. Introductory Letter from Academic institution and Personal CV
6. Area of Interest
7. Proposed Arrival and Departure Dates
8. Duration of Stay

*Your information will then be captured as inquirer after analysis of this information and after you have read through our elective placement information and policies, your comment and confirmation of interest will be required to guide us in decision making. Documentation is a requirement before your status changes from inquirer to confirmed. You will await a Confirmation of your status before booking your flights to Uganda.*

### DOCUMENTATION

*On arrival check with the Booking list for your details, this can be accessed at the Office of Administrator or Medical Director's office.*

*Medical Electives are required to sign in at the orientation with the Electives Coordinator or Administrator and provide the Documentation above as Hard copy to the medical Electives coordinator or Project Administrator for filing.*

*(CV's, Introductory letters from home academic institutions, Photocopy of passports)*

### CANCELLATION POLICY

*Any cancellation must be sent in writing by email [abalalex7@gmail.com](mailto:abalalex7@gmail.com). Students are subject to the following charges and refunds upon withdrawal or cancellation.*

- *10% cancellation fee will be charged and 90% refund fee on Placement fees will be paid back to the students incase of changes.*

### CODE OF CONDUCT

*All participants should follow the principles we have set up for non-judgmental collaboration. This applies to the way that you communicate and collaborate together.*

*Listen with intention.*

*Speak with compassion.*

*Embrace "Yes, And..." thinking.*

*Be kind and respectful.*

*Be aware that learners of nationalities, cultures or religions that differ from your own have different life experiences that inform their opinions.*

*Be aware that other learners have varying levels of experience with or expertise in the subject material.*

Treat people the way you would want to be treated; or, more importantly, the way they want to be treated.  
Keep it fun

### ELECTIVES PLACEMENT CHARGES AND FINANCIAL INFORMATION

By Institutional Policy medical electives are required to pay Registration/ Placement fee amounting to € 320 Euros for clinical exposure within this facility. The placement fee is non- refundable & payable once for each medical elective student applying.

- € 320,- (Euros ) for Elective Registration/placement Contributes towards
- Clinical Exposure time in various departments € 100,-
- Technological Contribution € 20,-
- Administrative/Logistical Contribution € 50 Euros
- Compassionate fund € 150 Euros

Paying of Placement fees & Accommodation and Meals fees can be done at the Cashiers or Financial Controllers office on arrival, invoices / Receipts are available at the Cash office.

In order to serve you better you are advised to prepay through Bank transfer or make the payment on arrival at the Accounts department and submit the receipts, Curriculum Vitae, Signed acceptance form, Registration Certificate, Copy of Passport and Vaccination Certificate to Medical Director's office.

This receipt will also help you receive a ward clearance form from the Electives Coordinator that allows you to start your clinical exposure.

### FINANCIAL BANK ACCOUNT INFORMATION Euros correspondent details Kumi Hospital

EURO CORRESPONDENT DETAILS KUMI HOSPITAL	
NAME AND ADDRESS OF BANK	: SPARKASSE Aachen, Germany
	SPARKASSE Aachen EURO
CURRENCY	: EUR (EURO)
ACCOUNT NUMBER	: 047291539
SWIFT ADDRESS	: AACSD33
IBAN/ROUTING NUMBER	: DE2939050000047291539
TITLE OF ACCOUNT	: CENTENARY RURAL DEVELOPMENT BANK LTD
OUR SWIFT ADDRESS	: CERBUGKA
FOR FINAL BENEFICIARY IN CENTENARY BANK UGANDA	: BENEFICIARY NAME : Kumi Hospital Euro Account : BENEFICIARY A/C NUMBER : 4718400001 : BRANCH NAME : KUMI


  
**ACCOUNTANT**
  
 09 JAN 2019
   
**KUMI HOSPITAL**

## ACCOMODATION AND MEALS

You are required to pay €15,- Euros per day to cover accommodation and meals in the Guesthouse, Payable in Ugsh, € or \$ while away on trips you will be required to pay € 7.50 as booking fee for the room. You are therefore required to pay both the meals and accommodation fees in two and three installments for 8- and 12-week period respectively. First Installment should be made prior to departure and funds transfer slip/form emailed to us for verification.

Subsequent installments shall be paid on monthly basis while here in Kumi as per the booking list.

### House help/workers in Guesthouse.

The helps here will endeavor to keep the communal areas i.e. toilets, bathrooms and lounge area clean and also prepare meals of your choice according to availability. You will be required to do your own laundry and room cleaning. Remember there are no washing machines or dishwashers available. Treat the accommodation staff with respect and call on them to help you in case of any problems settling in.

## LIFESTYLE & BEHAVIOUR

**Greetings.** This is very important in the African culture. Greetings are normally long handshakes that are followed by many questions about the family, work and health. This is because the African culture is very relational and we always want to acknowledge people. Although the Itesot understand that a muzungu (“white person”) generally just keeps walking if they’re on the way somewhere and they pass someone they know, it’s nice to get to know lots of people here so it’s helpful if you stop and chat too – it might mean that you end up taking 20 minutes to do a walk that should take 30 seconds!

### Decency.

You need to wear fairly smart clothes in the hospital. White coats are recommended and scrubs.

Our culture does not allow female clothing that exposes breasts and thighs to the public. This is perceived as indecent.

**If you are female** Young white women draw a lot of attention from young African men. At the beginning of your time here, it can seem flattering but after a while it often leads to lots of frustration. It is not rude to avoid eye-contact with or to ignore young men who are trying to get your attention. The best way to avoid unwanted attention is to dress modestly and behave in a culturally appropriate manner.

**If you are male** White men can often be treated as objects by African girls, who are often after the prestige or perceived financial benefits of dating a white man.

Men need to be aware of this potential “attractiveness” factor as you may receive increased attention or “pick-up” attempts, whether overt or subtle.

Be careful how you touch a girl. Hugging, rubbing a girl’s back, touching her arm, etc. may not only send the wrong signals to the girl but also to any onlookers.

This is especially important in a rural area such as Kumi Hospital, where such action could lead others to believing that you are in some sort of relationship with a girl.

**Speech.** You will notice that the some African people are reserved in speech. This however does not mean that they cannot open up, feel free to talk and ask questions and be open with them. There is a lot we can learn by being intentional in building relationships. When out in the community, you should ensure that we speak in low tones.

**Eating.** Generally speaking people sit down to eat or Drink. There are divisions in gender and age; mostly the men and visitors will eat first and then later the women and children. Food is considered communal and when you eat and don't share it can come across as being rude. The Itesot have several interesting dishes you are encourage you to try – Millet flour has been a particular favorite in the past!

**Money** African culture is very relationship-focused and asking for money is much more acceptable in Africa than in the West.

Remember that many white people who have been here before you have been seen to give people money usually for functions or School Fees  
Whilst you are in Kumi almost certainly you will be asked for money as you work and enjoy leisure activities; do not feel pressured to give handouts or Money.

**Entertainment** We do have Satellite TV however most of your entertainment will be self-generated please bring along any entertainment materials of your choice.

**Safety/Security/Night-life.** Most of you come from places where hopping into your cars and heading out at 8pm isn't an issue. There is very little/no night-life in Kumi Hospital.

Travelling by any mode of transport after dark is unwise and unsafe. Eyebrows will certainly be raised if you are a white girl out in the village after dark. In order not to cause offence and for personal safety reasons, and to ensure that your reputation is not affected, it is best not to go into any of the local towns after dark. We advise our visitors to avoid unnecessary movements at night especially in trading centers and remote places.

Night entry in our premises should only surface when it cannot be avoided especially for any reason of attending to an emergency. However if such a situation occurs visitors should liaise with the office of the Hospital Administrator who is in charge of welfare at Kumi Hospital who can provide some means of security. For any trip to the community we advise that no visitor should go alone without company of a staff or any person in the community assigned by the administration. People here are friendly and a visitor may be tempted to pay visits to the villages without notice of the administration.

We do not discourage visitors from interacting with community members but it is important that administrators should know under whose hands our visitor has been released. In a related way our visitors should not hire any public vehicles for private trips without closely working with accommodation staff or administration in identifying the drivers.

**Alcohol and Drugs Policy** Kumi Hospital being a Christian institution therefore Drinking of alcohol and Smoking of Tobacco or other recreational drugs is strongly prohibited on the premises.

**Relationships** Boy/girl relationships in this part of Africa are very different from what you are used to – what you may regard as innocent friendship back home may be viewed very differently by locals. Be mindful of your conduct with the opposite sex whether white or African. Avoid public displays of affection.

#### **Sexual immorality/adventure**

This is unacceptable within and off the premises, since temptation of looking for alternative places may put your lives at a risk.

#### **Other Cultural Differences**

Some of these may seem rude to you but are quite the norm here.

\* Raising eyebrows – here, this means “Yes”.

\* “Please” – the Itesot have no word meaning “please” so don’t be offended if they say something along the lines of “Pass me that” or “Do this”.

\* Holding hands – in the Itesot culture, it is very normal for men to hold hands with each other as they’re walking along. The same applies for girls holding hands. If you find yourself holding hands with someone of the same sex it’s because they consider you a friend!

\* Talking with your back to someone – is not regarded as rude by the vast majority of the Itesot, so don’t get frustrated if the nurses keep doing it – they’re not doing it to be annoying.

\* “Muzungu!!!” is what you’ll have said or shouted at you most of the time. It means “White Person”.



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### 3.0 TRAVEL & COMMUNICATION

Location of Kumi Hospital: Kumi District, Eastern Uganda.

#### Communication

**Phone** – You need to have your own phone in case you need help whilst on the wards or you end up going on-call (which you will!). It's wise to bring a sim card unlocked phone, preferably with a torch on it. SIM cards can be picked up virtually anywhere for all Networks. (download the app. VPN for social media)

**Email** – very slow. If you're coming out for a while e.g. 6 months or so it's good if you can get orange modem of 42Mbps or 4 G Lite for network connection in Mbale or Kampala before you come but they're expensive. If not, there are internet cafés in Kumi town at very good rates. The hospital does have Internet connection, but it's also very slow. If you have your own laptop you can set it up to use the Internet.

**Post** – fairly unreliable. Some post will take less than a week, however it's not unheard of for it to take over 2 months!

The address to use is:

Kumi Hospital, P.O.BOX 9, Kumi, Uganda

If you urgently need to send or receive something ask the administration for advice on courier services.

#### Travel

During your correspondence with us please be sure to ask about inland travel to the station. On arrival at Entebbe airport you will have to make your way to Kampala and onwards to Kumi Town. The journey is long and hot, carry refreshments.

**Kampala to Kumi:** passing via Jinja, Iganga and Mbale or shortcut on the new road passing Pallisa.

Board a bus bound for Soroti costing 40.000 Ush. The buses (Kakise, Teso Coach, GateWay, YY Coaches,) leave from the bus-terminal station Namayiba which is situated next to the new taxi park. It is better to get there early at around 6.00am.

Tell the conductor that you want to go to Kumi.

\* Get off at Kumi Town next to Shell the journey takes about 5-6 hours from Kampala.

\* When you get off the bus, take a motorbike (boda boda), tell the Bodaboda man that you want to go to Kumi Hospital Ongino. It will cost 3.000 Ush.

If you have any problems, you can ring your contact with the Hospital and they should be able to arrange for someone to pick you up. If you would rather not travel by public, you can hire a private Taxi to take you from Kampala to Kumi for about 600,000 Ush – but make sure that this price includes everything as sometimes they will give you a price and expect you to pay petrol on top of it. Alternatively we can arrange for you a private car from Kumi Hospital and it picks you from the airport.

#### PRIVATE TRANSPORT

Kumi Hospital does provide for picks from the Airport to Kumi Hospital but it will be charged on the Ush 1500 per Kilometer, you will approximately pay Ush.900,000.

(The breakdown is as follows Return journey of approximately 300 Kms times two times 1500 = 900.000)

## Banking and Currency

Currency is Uganda shillings (Ush), which are not available outside Uganda Bring with you:

1. Cash: Euros, dollars or pounds, high value notes give better exchange rate. Exchange rate is variable.
  2. Cards: There is an ATM at the bank in Kumi, Mbale and in Kampala. It takes visa cards (debit cards do not work).
  3. (Travelers cheques – It is a hassle getting these changed and they charge a high commission for changing them, so probably not the best idea).
- For any trips/visits anywhere, most tourist places take US dollars, Euros, or Uganda shillings.

## Extra stuff to bring:

If you wanted to bring stuff for the hospital, the following would be useful. For the hospital:

- \* Tourniquets
- \* Stethoscopes
- \* Manual blood pressure machines
- \* Thermometers
- \* Up to date BNF
- \* Rechargeable Batteries
- \* Pen torches
- \* Peak Flow Meters
- \* Ophthalmoscope/Otoscope (with ear pieces)
- \* Tendon hammer
- \* Hand Sanitizer
- \* Gloves
- \* Masks
- \* Caps
- \* Goggles for eye protection

## For yourself:

You may carry scrubs, crocs, Eye protection and clinical coats with you Electives and volunteers who have respected these norms at this institution have enjoyed their stay with us.

Hand-sanitizers may also be handy.

- \* Alcohol hand gel, sanitizer
- \* Head torch
- \* Malaria quick test kit – although whilst at the hospital you won't need it as you can test for malaria in the lab
- \* Oxford handbooks are also very useful for day to day practice. If you're only bringing one book – the oxford handbook of tropical medicine is useful. It covers all the tropical stuff (malaria, typhoid, etc.) but also has chapters on more normal stuff (diabetes etc).

## 4.0 STRATEGY FOR CLINICAL EXPOSURE

### MEDICAL ELECTIVES PROGRAMME

#### Aims

To support and mentor medical students to transform them into excellent and passionate practitioners.

#### Learning objectives

Practice-based professional development

Mentorship-cantered apprenticeship

Project-development with relevance to student and community Inter-professional and interdisciplinary education.

#### Approach

An induction/ orientation schedule Clinical Exposure

Project development

Tutorials

CME

Extra-curricular activities

Teaching and assessment methods

Self-directed learning is the mainstay of the Problem-Based Learning mode of the medical curriculum followed by many medical schools currently. This will be expressed through;

The mentorship programme

The presentations

Ward work-bedside clerking and mentoring

Project development

Assessment or evaluation forms

Learning resources

Staff - specialists, Interns, medical officers, clinical officers, nursing staff, serve a supervisory and mentorship role

Literature – libraries; online, on site

Equipment/Technology – internet, sundries for hands-on experience

Clinical placement activities – the student's clinical rotations on the ward

- \* Recruitment selection procedures – the Facebook club Kumi Hospital Uganda (<http://facebook.com/kumi.hospitaluganda>), correspondence via the internet/website
- \* Student support and guidance mechanisms- the mentorship programme, the ward environment

## PLACEMENT STRATEGIES

*Practice-based professional development.*

*Self-directed learning is the mainstay of the Problem-Based Learning*

*Mentorship-cantered apprenticeship- To support and mentor medical students to transform them into excellent and passionate practitioners.*

*Project-development with relevance to student and community.*

*Inter-professional and interdisciplinary education.*

## LEARNING RESOURCES

*Staff - Interactions colleagues, students, interns, specialists.*

*Medical officers, clinical officers, nursing staff, serve a supervisory and mentorship role.*

- \* *Manual guidelines*
- \* *Laboratory*
- \* *Theatre*
- \* *Clinics OPD*
- \* *Community*
- \* *Surgical library*
- \* *Literature – libraries; online, on site*
- \* *Equipment/Technology – internet, sundries for hands-on experience*
- \* *Clinical placement activities – the student’s clinical rotations on the ward*
- \* *Electives forum*
- \* *Recruitment selection procedures – the Facebook club Kumi Hospital Uganda (<http://facebook.com/kumi.hospitaluganda>), correspondence via the internet/website*
- \* *Student support and guidance mechanisms- the mentorship programme, the ward environment.*

## PLACEMENT ACTIVITIES

- \* *An induction/ orientation schedule*
- \* *Self-directed learning is the mainstay of the Problem-Based Learning*
- \* *The mentorship programme and Feedback*
- \* *Clinical Presentations*
- \* *Ward work: bedside clerking bedside patient discussion, clinical notes, clinical activities*
- \* *Written record entries and controlled prescription*
- \* *Discussion groups, Case discussions*
- \* *Outpatient Clinics*
- \* *Tutorials*
- \* *Surgical operations; witness and assist*
- \* *CME on Wednesday’s at 8:30am*
- \* *Project development*

## SEXUAL HARRASEMENT POLICY

*Sexual harassment, which may be manifested through unwelcome sexual advances, requests for sexual favors, inappropriate comments and other verbal or physical conduct of a sexual nature. In accordance with Kumi Hospital Code of Conduct, the behavior is considered unacceptable, may result in disciplinary action, up to and including termination of employment:*

*Sexual exploitation and sexual abuse by any Kumi Hospital employee or Kumi Hospital visitor constitute acts of gross misconduct and are, therefore, grounds for termination of employment and legal action;*

*Where a Kumi Hospital employee or visitor develops concerns or suspicions regarding sexual abuse or exploitation by a fellow Kumi Hospital employee, s/he must report such concerns via Kumi Hospital 's established reporting mechanisms.*

## EVALUATION

*The Format in the Form below will be used as a tool to evaluate your core competences. There will be an assessment and end of placement to reveal if you met, exceeded or did not meet the expectations.*

### Professional Behavior

*Participation in clinical activities: interest, engagement, patient discussions.*

### Interaction with Colleagues & Health care team

- \* *Cooperative Vs. uncooperative, obstructive,*
- \* *Acknowledging skills of others*
- \* *Appropriate communication*
- \* *Listens to advice & criticism from peers, hospital staff*
- \* *Appropriately incorporates advice and criticism*
- \* *Initiative, leadership skills*

### Interactions/interpersonal relations with patients & families

- \* *Compassion, empathy and rapport trust*
- \* *Communication skills*
- \* *Respectful to patients and relatives*
- \* *Keeps patient informed & involved in patient care*

### Organizational and Time management skills

- \* *Establishing priorities*
- \* *Organized Vs Disorganized*
- \* *Reliability, dependability, completes tasks*

### Professional & Personal Attributes

- \* *Upholds professional and Ethical standards. integrity*
- \* *Assumes and carries out responsibility*
- \* *Takes active interest in the solution of patients problems*
- \* *Punctual, Available, Reliable*
- \* *Appropriate Professional Appearance*

## Data Collection & Interviewing Techniques

Written record entries: completion, accuracy, legibility

Physical exam skills and Procedural Skills (List of recommended Procedures).

## Medical Knowledge

Clinical problem solving

- \* Appropriate investigations & Accurate interpretation of results
- \* Assimilates all available data to arrive at a conclusion
- \* Use of Reference in decision making

## Student as a learner

- \* Asks appropriate questions
- \* Aware of own limitations
- \* Seeks assistance when appropriate
- \* Takes initiative in own learning
- \* Willing to admit to errors and learn from others



PHOTO JANPATH

A visit to Teso offers you a fascinating and varied range of activities and experiences that give you a unique insight into the ingenuity, challenges and way of life of the Iteso people living in the heart of Africa.

Your presence and interest in them is appreciated, especially if you show respect for their culture and are sensitive to differences between your culture and theirs. Showing interest in them and being willing to learn from them will encourage them to realize that there are many aspects of their culture, skills and knowledge that are important and therefore important to keep comprehensive as they work to develop their when manners in an appropriate and sustainable manner. They will also benefit from learning about your way of life and culture - it is a reciprocal interaction.

### 01 / Home life and cultural experiences:

- \* Stay overnight with a family in your own grass-thatched house (hut / banda).
- \* Participate in agricultural activities (cultivation of different crops and harvesting).
- \* Ploughing with oxen (in the wet season).
- \* Participate in processing, preparing and cooking local food.
- \* Process groundnuts to make your own peanuts butter.
- \* Take animals out to graze.
- \* Fetch water from a borehole or spring.
- \* Story-telling.
- \* Traditional dancing.
- \* Singing and music played on traditional instruments
- \* Visit a herbal medicine practitioner to learn about the plants they use to treat various sicknesses.
- \* Walks, hikes and cycling (anything from 1 hour to two days long).
- \* See ancient rock paintings at Kafir or Nyero.
- \* Walk up Kafir Hill or Soroti Rock for stunning views of Teso and beyond.
- \* Rock scrambling (Kafir, Soroti or Ngora).
- \* Agricultural tour to learn about crops including cultivation, harvesting and processing.
- \* Tour of villages around Lake Semere.

### 02 / Water activities:

- \* Fishing with local fishermen, using a variety of methods (half or whole day)
- \* Boat trips on one of the lakes and through grassy swamps (half/whole day or overnight)
- \* Boat trip to look for the rare Shoebill, the endemic Fox's Weaver and -many other birds
- \* Canoeing in local canoes

### 03 / Community activities:

- \* Visit a primary school
- \* Play football with young people
- \* Attend a church service (Sundays)
- \* Go and visit a weekly village market or a daily town market

## SOME NOTES ABOUT WHAT TO EXPECT AND CULTURAL DIFFERENCES

We hope this information will help you and your hosts in Teso to understand each other better and to feel more comfortable with each other when you first meet. If ever you are in doubt, or have questions, please don't hesitate to ask your driver/guide.

\* Ugandans are always very welcoming and friendly, but also quite formal. They will always shake hands, on meeting and departure, first thing in the morning etc. At the same time, ask how they are.

\* Asking how someone is before going on to talk about anything else is important, even if it is a stranger or you have stopped someone to ask the way or gone into a shop to buy something.

\* Women and girls usually kneel to greet you, or perhaps curtsy if you are standing.

\* If visiting a family, you will be welcomed with handshakes by everyone, including small children. You will then be asked to sit down and the whole extended family will come again and be formally introduced and shake hands again. On a first visit, there may be formal speeches of welcome, introductions and thanks.

\* Being more formal, Ugandans use names and titles differently. Children and young people never use adults first names. "Old Man" or "Mzee" is a term of great respect and not abuse! If you are a woman over about 60, you are likely to be called Mama or Mum (Amojong or Toto) by many people. This is out of respect and is normal, although some people find it hard to accept!

\* At birth, children are given a vernacular name. Christians are also given a Christian name at baptism, which is put after their vernacular name. They don't have surnames. The equivalent to our surnames is actually the clan name, which they know but don't use. Children are more often called by their vernacular names and adults by their Christian names.

### Relationships

\* Please be careful not to break down or flaunt Ugandan ways of relating.

Problems have been inadvertently caused by volunteers and visitors not understanding the differences.

\* Children have a very respectful, 'distant relationship with adults and often appear very shy, especially girls. They are always well-behaved. Adults don't play with children as they do in Europe. Children give a lot of help in the home, even from the age of 4 or 5. Boys and girls may have different roles and responsibilities although both will look after babies and toddlers.

They are very rarely disobedient or rude, naughty or quarrelsome.

Children (especially very young ones and the last born) have a special place in the home and the society.

\* It is best not to give gifts or money to people without first consulting.

Please don't give children sweets as they are having no access to dental treatment.

\* Husbands and wives (boy-friends /girl-friends) never display affection or physical contact, even in the home. If you are in Teso with your spouse partner or boyfriend a girlfriend, be very sensitive about this.

Please do not hold hands or kiss or cuddle in public. It is important you respect their culture and don't set what could be seen as a bad example to young people by relating inappropriately. If you are young and single, please be very careful how you relate to young people of the opposite gender whom you meet in Teso. They do not normally relate in the very open and physically intimate way that we often do in Europe, but are reserved and distant. Be careful not to "lead them on" or encourage unrealistic expectations of your friendship. Be aware that you might not think you are leading them on! It is not acceptable to flirt or get too familiar, as many younger people do when on Holiday in Europe. If a boy takes a girl home to meet his family, it means that they are intending to get married, so do not accept such an invitation if you are a young woman. Although it is not acceptable for husbands and wives, or boys and girls, to hold hands or display affection when walking or sitting or talking, it is actually common for two men to hold hands and even show 'brotherly' affection.

- \* Homosexuality is not only totally unacceptable anywhere in Uganda, it is actually illegal. People may ask you what you think and what happens in Europe. If you are gay or lesbian, keep this to yourself, for your own sake as well as out of tactfulness for their culture and laws. If you do not feel able to hide the fact, then perhaps you will want to reconsider visiting Uganda until things have changed.

## Food and meals

- \* The day starts very early for Ugandans, before dawn. However, guests are usually given breakfast between about 8.00 and 9.00. It may consist of one or more of: 'porridge (posho made of maize flour, or millet flour); hard boiled eggs; bread (with or without Blue Band margarine); roasted groundnuts; fruit; fried matooke or katogo (green savory bananas) or cassava or sweet potatoes; tea and coffee.
- \* Lunch and supper (dinner) are usually about 1.00-2.00 and 8.00-9.00 respectively. The food is similar at both meals and will include staple carbohydrates such as rice, sweet potatoes, 'Irish potatoes, matooke (peeled green bananas, boiled and mashed), thick posho (maize flour), atap (a solid mixture of millet flour and cassava flour) plus some protein egg: meat (= beef), chicken, fish, pork or goat, groundnut (peanut) sauce, various beans, peas or lentils. There is not a wide variety of green vegetables. They don't have sweets or puddings, but you may be given fresh fruit (usually bananas) afterwards.
- \* You may be offered 'sodas (fizzy drinks) or tea at any other time. This is often accompanied by roast groundnuts or possibly one of the following: hard boiled eggs, small bananas, bread, mandazis (little fried 'cakes a bit like doughnuts) or plain biscuits. Milk is always boiled, and served hot with tea. Tea is traditionally made by boiling water and milk (50/50) with tea leaves and sugar, but is now often served with milk and tea separately in thermos flasks. You should always drink bottled water.
- \* Because there is no running water, a bowl, piece of soap and a jug of water will be brought round by someone in the family to each person immediately before and after each meal or cup of tea so that you can wash your hands.

The water will be poured for you in small amounts. It is customary to cup your right hand in your left hand, holding as much water as possible with which to wash your hands. As the water is very soft, don't rub on too much soap as you won't be able to wash it all off! If your mouth is greasy, it is acceptable to wash it with your right hand whilst washing your hands. If you are with a Christian family, they will usually give thanks and pray for the meal to be blessed before you help yourself to food.

\* It is normal to be invited to serve yourself to food. If you are not sure about the food, it is advisable to take only a little at first, so that you don't end up leaving anything. Meat can be tough. You will be expected to help yourself to second helpings if you want to. Most Ugandans eat 'on their laps, not at the table, and don't normally use cutlery although guests will be given cutlery.

If you want to eat with your hand, as they do, you need to eat with your right hand (the left hand is traditionally used for the toilet) and hold your plate with your left hand. It is quite a skill to eat sauces or gravy and rice with one hand!

Watch how they do it. It is normal for the women and children of the family to eat outside, separately.

\* Alcohol is such a problem in Uganda that no protestant Christian will drink alcohol. However, some families may offer you traditional 'beer' which is usually made by fermenting germinated millet or sorghum. It is usually served in a very large earthenware pot which everyone sits around in a circle and drinks from. As it has a lot of sediment, each person is given a very long 'straw' which has an intricately made little filter on the end. Beware that there is no way of measuring or assessing the alcohol content which can be much stronger than you think!

## Washing, bathrooms and toilets

\* There is no running water in rural homes, so try not to be wasteful of water, remember that every drop has to be carried (usually by the children and women, unless the family has a bicycle, in which case teenage boys and men may fetch water on their bicycle).

\* The water is very soft, so use very little soap / shampoo / washing powder, otherwise you will never rinse it out! If you are staying, you will be invited to "bathe" before breakfast and in the evening. You will be given a large round plastic bowl, a jerrycan of water and a pair of 'flipflops ("slippers").

If you would like to bathe in warm water, you can ask for some hot water as well. Stand outside the bowl and scoop water over yourself.

Rinse outside the bowl so that the water in the bowl remains clean and soap-free. This is especially important if washing your hair. You may find it helpful to have a plastic cup. If you want to wash any clothes, it can be done in the water left over from bathing. Please be very discreet about underwear. These are considered such personal items that they are never seen laying about or hung on a line outside, nor will anyone wash someone else's underwear. So wash your own, even if someone washes your other clothes for you, and hang them discreetly in your bedroom.

\* When visiting people in the villages, you will find toilets are pit latrines set a little way from the house and compound. There is normally a small rectangular or oval hole in the ground which you squat over (not easy if you suffer from arthritis or back problems). Using these toilets without leaving drops etc. is quite a skill! Beware of dropping things like mobile phones or wallets down the hole out of your pockets (it happens!).

You may sometimes experience flies during the day and perhaps cockroaches at night. But they won't do you any harm! There will be water and soap for washing your hands afterwards. The Ugandan way of asking to go to the toilet is "Can I help myself" or "Where can I ease myself". The word "toilet" is not usually used.

## Language

\* It is very much appreciated if you try to master a few basic words of greetings ("yoga") and thanks ("eyalama").

\* English is the common language throughout Uganda. It is taught from the beginning of primary school. Those who have been to secondary school speak very good English although they may struggle more with writing English.

However, the Ugandan English accent is very different from British English accent. They find US accents even harder to understand. This means that Ugandans can find it very hard to understand visitors. So please speak slowly and carefully, avoiding slang and idioms which they won't understand. If someone hasn't understood, say it again in a different way. Likewise, you may find it very hard at first to understand their accent!

\* There is no word for "please" in Ugandan languages. It is important to remember this as it means that Ugandans do not automatically use "please" in English and so can often appear brusque or even rude when asking for something. Don't be surprised if they just say what feels like a blunt "yes" or "no" instead of "yes please" or "no thank you".

\* Where's UK English has changed a lot in the last one hundred years, Ugandan English is still quite 'old-fashioned' and they often use words and phrases differently. If you look them up in the dictionary, you will find that their use or meaning of a word is often one of the older definitions. This can lead to misunderstandings. For instance, an 'orphan' to a Ugandan means a child who has lost either one or both parents (which is technically quite correct), where's Europeans assume an orphan has lost both parents. Being called a "total orphan" means they have lost both parents.

## What to wear

\* It can get chilly in the evenings, especially during the rainy season, so take something warm, as well as a waterproof jacket. An umbrella is very useful not only when it is raining, but also if you are walking in the hot sun. Sandals are fine although trainers or sports shoes are better if you are walking around the villages and fields.

\* It is not appropriate to wear anything too 'revealing' such as narrow straps and low necklines, very short skirts or shorts or long slits in skirts. Women in rural communities don't wear trousers.

# Kumi Hospital





## HOSPITAL CONTACT INFORMATION

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### Websites and Links

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www.kumihospital.nl  
www.kumicommunityfoundation.co.uk  
www.friendsofkumihospital.org.  
www.kyoga.nl

Facebook Link: <http://facebook.com/kumi.hospitaluganda>

