Lisa Lyon, a staff nurse in the emergency department in the Trust, has just returned from a two-week placement with Nurture Africa, a charity that works with children affected by HIV in Uganda. She explains her incredible experience:

"I saw an advert in the Royal College of Nursing magazine, advertising for volunteers for a HIV mission organised by Nurture Africa. I raised the £1,250 needed to fund the trip and at the end of October I found myself as part of a team of 40 volunteers on a plane to Nansana, in Uganda. The team was a mix of nurses, accountants and general volunteers. This is to meet the specific needs of the communities – to help them set up and manage their own businesses, test children and adults for HIV, and to work within their local communities.

The mornings would be spent in clinics, where we would see and treat children ranging from about 3 months to 17 years. In the afternoons we'd go out into the villages surrounding Nansana, doing capillary blood tests on men, women and children. The results take 15 minutes, and we have counsellors on hand before and after the tests. We also provide positive education and awareness about HIV, to work towards removing the stigma of the condition.
During the two weeks we also spend a lot of time with the community workers, working with families who have been living with HIV for years. We go into the homes and advise on things like sanitation. One of the things that struck me was how many people lived in small, very basic accommodation. These houses are like Aladdin's caves – there could be eight or nine children and a mother popping out of a tiny room to say hello!

Sadly, HIV is rife in these communities. It is usually passed from infected males to their wives and girlfriends. As most women give birth at home, they often pass HIV onto their children in labour. We find that women come in secret to be treated, and when put on a course of medication they often eke out the course over a number of months (taking a tablet once a week rather than once a day as prescribed), or share their medicine with other women – even though this medicine is free. Men are more reluctant to be tested. We are trying to change these habits so that everyone is treated safely and effectively.

The charity is great as you can actually see first-hand where the money goes. For example, the families are assessed for a business loan (this is where the accountants come in), which helps the mothers provide a sustainable future for their children. Bee-keeping, weaving and running fruit and vegetable stalls are just some of the skills families use as a source of income. The money not only provides economic stability, but it also empowers the community – the charity aims to provide the basis for sustainable futures rather than just giving aid.

It was great to take some examples of good practise from CUH and educate clinicians in Uganda. Take, for example, hand hygiene. In the clinics we visited, they had sinks but there was a feeling that it was impolite to wash your hands after patient contact – it would imply the patient is dirty. So we taught the clinicians (and patients) how to hand-wash effectively. If we only left this message with them, then we did a good job. The doctor in one clinic said to me, "I will adopt this as best practice" – and it was a privilege to pass this knowledge on.

It was a learning opportunity for me, too, as I was able to assess and treat children, which I have not done in the UK so far. Most of all, it reminded me of the basics of nursing that we cannot lose sight of. Compassion makes a huge difference in nursing; it is the difference between basic and outstanding care.

I will never forget the smiles of the women and the hugs from the children we met, every time they saw us. In Uganda there really was a sense of unity amongst the people there. We need to maintain that here in the UK, too. Make time for people, It makes them feel special - and that's as true for the patient across the street as those across a continent.