



The Compassionate Leader: Delivered Free Save a Child's Life Workshops to 5500 people in Ghana, West Africa



The Initiative

A Buddhist philosopher Daisaku Ikeda once said “The key to leading a fulfilled life, free of regrets, is to dedicate ourselves to a cause, a goal that is larger than us and use it to shape reality, at each moment, in the most value-creating ways”. In trying to decide my leadership development project for Laidlaw, I spent many waking hours thinking of the kind of work that would have the greatest impact. I was sure that I wanted to carry out a self-defined project that involved educating people but was still quite uncertain of the nature of the project.

I sent out several emails to potential charities specializing in building disability and assistive technology, repairing and maintaining medical equipment, stem cell registries and mental health counselling. The responses I received from these charities either touched on the infeasibility of my proposal, or how it was limited by time and resources. I recall feeling quite disappointed reading those emails because even though I wanted to help, it was as if no one would let me. I remember a voice in the back of my head saying, “*maybe you need to*

get comfortable with the idea that your leadership project might not make any meaningful difference”.

It was around this time that I chose to ignore this voice and instead reflect on why my project proposals were flagged as infeasible. As I started to assess the practicality of my proposals, it occurred to me that a colossal shortcoming in my approach to making a self-defined project work, was that my proposals were often trying to teach what I didn't know. I was no expert in engineering or stem cells or mental health, so how could I create value by trying to teach something that I'm not truly passionate about? The recognition that I should only teach what I know, led me to revise my proposals and the list of charities that I would go on to partner with. What appears to be a minor reflective step, was also the first sign of my leadership development in this Laidlaw journey.

The Need

As a 3rd year medical student interested in Paediatrics, I had received ample training in first aid and basic life support but was yet to use it outside our medical school's simulated seminars. This got me thinking that if my paediatric first aid training could teach students, teachers, parents, and child-minders in a developing country how to preserve life, prevent deterioration and promote recovery of their child, then I would have succeeded on two counts: teaching what I know, and creating value where it would otherwise not exist. This set off my search for a developing country that would most benefit from my free 'Save a Child's Life' paediatric first aid training workshops.

My research suggested that 92% of caregivers in Ghana have very limited primary school education, and even though 47% of caregivers often supervised three or more children, only 6% of them were exposed to any formal first aid training through their school, church, mosque, or community health events. Poverty is increasingly concentrated in the rural regions of Ghana and the main causes include lack of education, access to jobs, basic healthcare, clean water, and nutritious food. Amidst all these challenges, the question one asks at break of day is not *“how can I live?”*, rather *“how can I survive?”*. When in survival mode, there is little to no room to dream about luxuries like getting access to paediatric first aid training. Consequently, despite a high incidence of paediatric injuries in Ghana, the need for first aid equipped child carers can often be dismissed. Moreover, Ghanaian health care systems lack the funds to invest in first aid training, and the places that do offer training charge a disproportionate amount of money. For instance, a 2-hour paediatric first aid course in Accra, Ghana costs about £10, when the average monthly living wage is well under £60. It is unrealistic to expect families to pay nearly 20% of their monthly wages towards a first aid course. This coupled with limited access to education means that students, teachers, parents, and child minders in Ghana suffer from not knowing how to respond to emergency situations.

Prior to my visit to Ghana, I virtually networked with several people in Ghana to confirm the first-aid dereliction within this community. A Ghanaian local shared *“I met with an accident*

when I was younger, and my mother saw me bleeding but she just stood there in shock and panic and didn't know what to do". At this juncture, I recall saying to myself "all I can do right now is to listen, understand and empathize". While I had identified a dire need in the Ghanaian community, the thought that immediately followed was that I could not do this alone.

The Support Systems

Despite having a better understanding of the nature of my self-defined project, I was yet to find a charity that was keen to support me on this journey. This started my search for paediatric first aid charities and led me to contact Millie's Trust. It was set up by Dan and Joanne Thompson after the loss of their daughter Millie in a choking incident at nursery in October 2012. As parents of a child who was lost due to an unattended medical emergency, their philosophy is that everyone should have access to first aid training no matter what their background is and aim to make it readily available in as many locations as possible.

I share a similar philosophy in that I too believe that when a child is choking, bleeding or has a heart-stopping condition, every second counts and it's a basic right for every child carer to be a hero and buy their child more time until healthcare professionals can take over. This overlap in our philosophies and eagerness to work together, made Millie's Trust an excellent partner to work with. My leadership development continued as I thought to myself "Have I inspired shared vision?"

Millie's Trust generously offered me free paediatric first-aid training, equipment, and unparalleled support in developing the contents of my 'Save a Child's Life' workshops. However, because they are headquartered in England, I was still lacking direct assistance from a charity or local in Ghana. This was a big challenge to solve for as it raised several logistical and safety concerns. For instance, "how would I feel safe while providing my training in Ghana?" Or "how would I bring together people from different communities and convince them of the value my workshops would add to their lives?".

As these questions started racking up, I was saved by a friend Kwamena Asabir whose father Dr. Kwesi Asabir was an eminent official at the Ministry of Health in Ghana. Dr. Asabir had set up the Asabir Foundation, a non-profit focussed on bridging gaps in health and education in deprived areas of Ghana. Through my conversations with Dr. Asabir, an opportunity for a symbiotic relationship transpired. We agreed that I would benefit from the local support offered by Dr. Asabir in reaching both urban and rural communities, and Asabir Foundation would benefit from increased visibility and appreciation of the life-changing work their organization engages in. I experienced a wave of relief as I had decoded this quandary.

As I reflected on my leadership development, I couldn't help but think of Theodore Rubin's words *"The problem is not that there are problems. The problem is expecting otherwise and thinking having problems is a problem"*.

The People

After establishing two reliable support systems, I was ready to set foot in Ghana. As I prepared for my journey to Ghana, *"small steps in the right direction"*, I thought to myself. When I first arrived in Accra, my goal was to train at least a hundred people in paediatric first aid. I took the first week to settle in and interact with the locals. I explored the fresh fruit and vegetable markets, tasted delicious fried plantains seasoned with chili pepper and ginger, and danced with Ghanaians wrapped in colourful West African fabrics. I learned about how time is always made for greeting in Ghana's culture, and it is not seen as interference or waste of time. The strong sense of community and great respect for others comes through in how they address one another, and value each other's company by having chats in the courtyard, watching TV in the evenings, singing and dancing at church, supporting one another at funerals, or sharing each other's happiness at weddings during the weekends.

The conversations I had with locals helped me understand existing first aid myths in Ghana. For instance, it is considered acceptable to apply tomato, egg yolk and cassava to heal cuts and burns, place a coin on the forehead to stop a nosebleed and drink palm oil to induce vomiting of a poison. These conversations later helped me tailor my first aid training to the Ghanaian community and resolve their misconceptions about first aid emergencies. These local interactions made me wonder whether one can truly lead well without understanding the people and their needs.

The Saving of Children

Later that week, I had my first set of free Save a Child's Life workshops at the Ministry of Health/MOH Basic School. Each workshop lasted about an hour and involved a presentation, videos, live demonstration, and student-led volunteer demonstrations. The practical nature of these workshops made it far more engaging and enjoyable than any regular first-aid workshop I had ever had the opportunity to attend. However, this also meant that I was easily fatigued time after time. I was entrusted with the task of training over a thousand students and teachers within a 6-hour window. I recall telling myself *"It's vital that I don't fail in this responsibility, but I am also to practice kindness to myself"*. The only way I would accomplish this without burning myself out would be by being honest about when I needed to stop, rest, and breathe. My leadership reflections made me wonder if I was becoming a better leader through self-empathy. I'd like to think I was.

Later that week, we started to receive training requests from other schools and churches in both urban and rural villages. Soon, we were oversubscribed and were running 12-16

workshops a week. As I recount my experience delivering workshops in rural areas, I am reminded of a mother who came running to me with her child on her hip. Said child had suffered an injury to his leg that was left unattended for months and had now progressed into a severely infected wound. The lack of paediatric first aid knowledge had put her child at risk for what could have been a life-threatening septic infection. I worked with a qualified nurse and physician assistant to help the child, but I found it very emotionally challenging to learn that care givers were denied of a basic right to know how to care for their child. This experience has helped me look to what lies ahead and consider working in rural communities as a future doctor.

The Aftermath

By the end of my time in Ghana, we had managed to train 5500 students, teachers, parents, and child carers. This was an inconceivable outcome, given my initial goal to train merely a hundred people. To my knowledge, this was the largest free and hands-on paediatric first aid training that has ever been delivered in West Africa or, for that matter, the rest of the world. Our work was aired on National news channels including *GHOne TV* and *UTV* and featured in *Bangalore Mirror* in India (published by The Times Group), *The National* in Scotland and continues to be shared on various social media platforms. I derive great satisfaction from the locals' reactions "*Thank you for teaching us how to protect our children*", "*We needed this training, god bless you* ", and "*Someday this will help us save a child's life and that will make all the difference*".

I have always been curious about the kind of leader I would be. As my Laidlaw leadership journey comes to an end, I learned that my strength lies in focusing on relationships by listening, understanding, empathising, and supporting people in feeling valued, respected, and cared for. I can't help but think that my leadership style must be the *compassionate* kind, both to myself and others.

The Indispensable

I'm immensely grateful to Lord Laidlaw and the foundation for giving me this opportunity of a lifetime. Thanks to everyone from Millie's Trust and Asabir Foundation for their unparalleled efforts in delivering the workshops. My visit to Ghana would not have been possible without the unwavering support of my family and close friends Madhu, Rajul, Augustè, Faris, Ash, Meena and Ato. All of them either carried out a significant amount of research in ensuring my safety and comfort, or in keeping me focused on what's important on the days it would escape me. We all need these people in our lives! Finally, huge thanks to Dr. Frank Sullivan and Dr. Peter Williamson in the School of Medicine for inspiring and encouraging me throughout this adventure.

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