

Elective Placement in Urambo

Dr Jo Minchin

First Impressions of life in Africa ...

After arriving in Dar Es Salam 2 days late thanks to a failed engine and hence a missed connection from Dubai; I had to abandon plans to spend 2-3 days on a train across the middle of the country to get to Tabora, and instead took a flight. I had little opportunity to become accustomed with Dar es Salaam so my first real images of Tanzania are from arriving at Tabora airport which comprised a run-way, which was no more than a large patch of green grass, and a small square room for 'arrivals', in a very small plane. I was pleasantly surprised by the lack of hassle at the airport and quickly got used to the title 'Mzungu' used to refer to any white person. This term coined in the days of early European explorers comes from the Kiswahili verb *kuzunguka*: 'to wander around aimlessly, like a mad person', obviously a term of endearment nowadays!

On my arrival in Tabora I was greeted by the assistant to the district commissioner of the Tabora region. He arranged for Mama Nsalamba the regional nursing officer to come to Tabora and escort me all the way to Urambo. This was a 2 hour trip along potholed roads mud tracks, worsened throughout the rains in a ridiculously packed full hospital vehicle with various officials working in Tabora and further packed by two women stranded at the side of the road after their bus to Urambo had broken down on the way to a funeral. There is no such thing as too many people when it comes to transport in Africa, there is always room for 20 more!



with Mama Nsalamba

In Urambo I stayed at the house of Mama Kizinga, a larger than life Swahili woman and principal of the FDC local college. Instantly, I was made part of the family and soon found myself giving daily English classes after work to her 12 year old grandson Paul. After these lessons I went to Kiswahili classes at the college, 2:1 tuition for 1.5 hours every day for £1, the teachers were worried they had overcharged me.

At home we often ate Ugali an African staple with 100's of different names throughout the continent, made from maize flour. It is a dough-like white thick porridge you eat rolled into small balls dunked in a vegetable or meat dish. I am definitely a rice girl but if you have not eaten Ugali you have never really been to

Africa. We also ate lots of bananas, rice, pumpkin leaves, ground nuts, grilled maize, mushrooms, spinach and beans. Limited fare for a vegetarian in Urambo but luckily Mama Kizinga had a few tricks up her sleeve.

Life at home was not all perfect; no running water, frequent power cuts, a rats nest in the roof above my bed, sleeping under a mosquito net, no fan and the traditional African drop toilet. This toilet was positioned in an unlit maize field, and served as a Mecca for every mean looking large red cockroach in the district. One of the only animals that I would willingly see go the same way as the Dodo! The heavy thunder storms also made for a few scary outside showers. Eventually the rain did stop and the house was still standing; unlike most of the trees en-route to the hospital which lay strewn across the dirt road throughout the rest of my stay.

A typical day began at 7am every morning; an outside cold water shower, using a plastic container to pour water over myself whilst dancing from foot to foot so as not to feel the cold. Then a hearty breakfast, not a fry-up, slice of toast or cornflake insight; I ate doughnuts, fried chapatti or omelette. No complaints from me though, that is until my clothes started to shrink! After breakfast I walked to the hospital, the team at the hospital could not understand why I wanted to walk and not get picked up by the hospital car but I really enjoyed that time alone to be outside before it was too suffocating and hot. The trip to work was always a joy; filled with sunflower fields, wildlife and cultural interactions. One morning after heavy rain the previous evening, slowly clawing its way across the path was a tiny tortoise on another occasion huge African land snails, various lizards including a beautiful dwarf Chameleon, a family of huge Storks populating only one tree, majestically spreading their vast wings and adjusting themselves with minimal effort throughout the morning sun. It was also a chance to meet people on their way to work, to practise my Kiswahili, over time I was no longer referred to as 'Mzungu' on this walk to work but as 'Mwanafunzi daktari' (student doctor) it was great to be recognised as part of the local scenery.

Urambo District Hospital

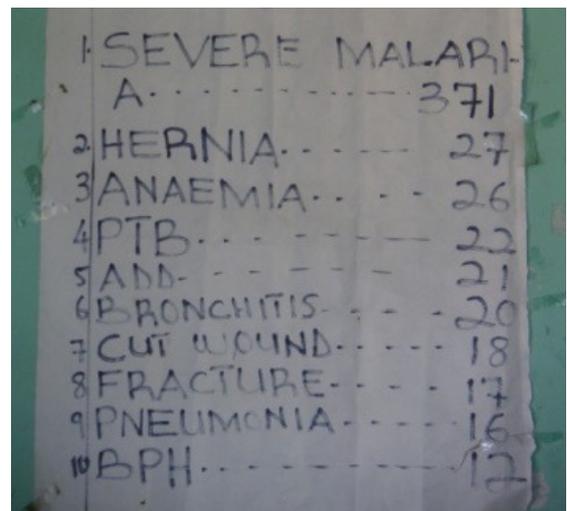


Ward in Urambo Hospital

Urambo hospital is a rural 120 bed small district hospital. Urambo is one of six districts in Tabora region situated in the central western area of the country. It has a population of 370796 and is among the poorest districts in the country. Urambo is among the districts with the highest rates of HIV infection; estimated to be 6.5% in Tanzania but in Urambo this was a staggering 12%, double the national average.

The staff included 4 doctors; 1 of whom no longer worked on the wards but with the administration and coordination of healthcare in the region. There was a regional nursing officer, a nursing patron, 2-3 nurses on shift on every ward with a number of healthcare assistants and cleaners. Surgery was performed by the 3 doctors; and clinical officers undertook many of the duties of a junior doctor in the western world including ward rounds, clinical examinations, ordering investigations and prescribing medications. The clinical officers also ran the once weekly anti-retroviral (ARV) clinic for the treatment of HIV, subsidised by foreign aid.

The hospital was divided into a paediatric ward, maternity ward, male ward and female ward. It also had 2 operating theatres, a biochemistry laboratory and various rooms for consultations and a health clinic for child immunizations. The wards were a far cry from those we are privileged enough to have at home. They get so hot during the day that most patients can be found outside the ward in the shade of the concrete paths outside. The beds are little more than steel frame with a foam mattress,



A handwritten list on a piece of paper showing the count of various ailments for males. The ailments are listed on the left and the counts are on the right, separated by a dashed line. The ailments are: 1 SEVERE MALARIA, 2 HERNIA, 3 ANAEMIA, 4 PTB, 5 ADD, 6 BRONCHITIS, 7 CUT WOUND, 8 FRACTURE, 9 PNEUMONIA, 10 BPH.

1 SEVERE MALARIA	371
2 HERNIA	27
3 ANAEMIA	26
4 PTB	22
5 ADD	21
6 BRONCHITIS	20
7 CUT WOUND	18
8 FRACTURE	17
9 PNEUMONIA	16
10 BPH	12

Male ailment count

Even the sheets are provided by the patients or their families. The floors were clean and wards were kept tidy but any kind of patient privacy or infection control was unthinkable. Histories and examinations of all kinds performed in front of the entire ward and any isolation from those clearly infected with TB was a luxury afforded to no-one.

The majority of my time spent at Urambo Hospital was spent with Dr. Masimba; she was a warm hearted woman who gladly took me under her wing and helped me gain the most from my experience. She like most of the other doctors was not from Urambo; like many government employees she has to live far away from her husband and family.

The most common conditions on the wards were malaria, pulmonary tuberculosis, AIDS related conditions, anaemia, pneumonia and bronchitis. The paediatric admissions were primarily due to severe malaria, HIV, meningitis and fractures due to falls from their mothers back.

Almost all patients in Urambo consulted local doctors or 'witch doctors' before eventually going to hospital. The late stage of presentation of almost all conditions was shocking this is due to factors such as transport difficulties and lack of money. Huge obstructed hernias, patients with end-stage AIDS, even patients with a complicated picture of HIV, Tuberculosis and Malaria together. Babies were often delivered in villages and brought in with severe congenital abnormalities as the people

in Urambo are not lucky enough to be offered the pre-natal scans and treatment we are afforded in the West. When I left the hospital 4 patients were in a critical condition with Meningitis, a condition made more likely with individuals immunosuppressed by infection with HIV.

Watching my first operation in Urambo was perhaps when I had the most striking realization of the dichotomous split in health care provision in the 'developed' and 'developing world'. What we see as basic, necessary precautions or monitoring in order to operate are widely superfluous in the developing countries. During theatre there was absolutely no monitoring of blood pressure, respiratory rate, temperature, heart rate and oxygen saturation. The patients were anaesthetised with Ketamine with no secure airway; all limbs were ligated to the operating table to stop flailing arms and legs mid-procedure.

HIV is a threat to everyone; no-less to health care professionals in Africa who are exposed on a daily basis. It was shocking to realize there was no 'suction' in theatre, doctors were reluctant to have to perform bloody procedures such as caesarean sections due to the inherent risk of infection.

The photograph of surgery was taken when the 'flying doctors' came to Urambo hospital. There was a general surgeon and an anaesthetist and, for 2 days only, the hospital was equipped with airways, diathermy and suction! They held a clinic the evening they arrived with 60 patients in 3 hours, they operated on over 30 patients in 2 days and we all worked from 8am until past mid-night both days. The surgeons were not afforded the time to carry out any post-operative ward round; they had to fly back to Kilimanjaro hoping that their patients would be managed appropriately.



Flying surgeons

I will never forget my time spent in Urambo. The opportunity to live within an African family and work alongside dedicated professionals within this rural hospital was invaluable. The warmth and generosity of the people I met in Urambo made this a really enjoyable experience despite the poverty and extreme ill health I faced every day in hospital. It was an amazing few weeks and I am very grateful for all those who made it possible, thank you all.

**Jo Minchin
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