

Karagwe Kapers IV: A little trip with the mobile clinic

One of my last activities when I was in Karagwe was to go out to a dispensary right up by the Ugandan border. A little place called Nyakatera where the local tribe is polygamous. The distance from the hospital is 120 km, which doesn't sound far until you see the state of the roads – of course it's still not that far, it just takes a mighty long time to get there! Ostensibly I was on board the jeep to see how we could improve the data collection systems, actually I was really there to see more of the country and to see how the services really worked as I don't get to sit in on clinics at the hospital.

The original departure time is set for 7 am, but suddenly overnight this changes to 6 am as one of the members of the party realises quite how far it is. Being a diligent, but slightly neurotic person, I of course work up at 4 am despite having a very reliable alarm on my phone which is set for just after 5 am. However to make the most of the time I do a bit of multi-tasking and watch BBC World News (it appeared from nowhere on the TV) whilst doing my arm exercises. I have been lent some resistance bands which seem to be doing wonders for my rather diminished biceps and triceps. Finally at 7 am I ring Eunice just to see if they have forgotten me altogether or whether things are running 'just a little behind schedule'. Of course it is the latter but I am assured that the jeep is very nearly packed and we'll be ready to go shortly. When I meet Eunice, she explains that we are setting off later because it is very dark at 6 am and so we can't leave at this time. I wanted to say 'surely it was ever thus' – the sun rises and sets at the same time every day as we are on the equator but I thought better of it.

We then need to decide how we were going to arrange the ultrasound machine, the generator, the 5 or so boxes with the rather motley collection of supplies, and ten staff (some quite large) into the Toyota Land Cruiser. As the only mzungu, I am given pride of place in the front with the most senior doctor on board. Now this particular doctor is a chap who is very fond of his food so he is now almost as wide as he is tall. Unfortunately this seat is meant for one so we end up wedged together in a rather unseemly fashion. Although we have been advised by VSO that we should NEVER travel without a seatbelt if one is available (quite rare), trying to get the two of us strapped into a single belt really would have made me blush the whole way. I move as far as I can to the right without making it look as though I am afraid of bodily contact (which of course I am!) and the result is that half of my rear end is over the hand brake and my right leg is on top of the gear stick. This of course makes it really easy for the driver to use the controls to negotiate the many potholes and steep inclines that are the main feature of this 2 ½ hour journey. We manage quite a quick 10 km on a tarmac road and the next 110 km on a road that turns the jeep into a bucking bronco. We stop once to repair a puncture and finally arrive at the Nyakatera Dispensary just after 10.30 am. I feel so exhausted you'd think I'd walked the whole way.

There then follows quite a lengthy greetings parade, and an equally long breakfast which consists of many chapattis and a huge tray of boiled potato (you can see how one can get somewhat spherical here). Although the potato didn't look at all appetising, it did actually taste OK. This is all washed down with the usual chai (mostly milk and sugar) flavoured with the merest hint of instant tea.

At about 11.30 we finally start to set up the clinics in some rather makeshift rooms. We have the doctor running outpatients, a nurse with a mental health qualification running psychiatry, a radiologist with his ultrasound machine, and finally Eunice and JK in ophthalmology. We dispense the medication outside on the veranda, of course. It means that all the patients can take part in the counting of the pills. Interestingly we seem to need my calculator for this task!?



Patients waiting patiently for us to open clinics.....



Dr JK getting out the eye clinic supplies



Hieronimo is just the kind of man you would want to see if you had depression, epilepsy or schizophrenia



The eye test – this girl needs glasses but doesn't have any money to pay for them

Between the hours of 12.00 and 17.00 everyone works very hard but there are some significant problems: the main issue is that we have come at completely the wrong time of year. The last harvest was in June / July and we have come in November. Dr JK explains that there is no concept of saving. So they have quite a bit of money after the harvest but then spend it immediately, apparently on motorbikes and more wives. There certainly do seem to be a lot of motorbikes in the area, but as for the many wives it's difficult to tell. The long and the short of it is though, there's no money for healthcare. In the eye clinic, we test a lot of children and a number of adults too – all of them need glasses or medication – but I think there are just two with any wherewithal to pay. It's much the same for the other services, although because the cost is less and the immediate needs are greater, somehow some money changes hands. The other key problem is the medication. We seem to have a lot of amoxicillin, but no other antibiotics and we only have one drug suitable for those with any type of mental health problem. No-one quite knows whether they need an ultrasound or not so that remains largely unused and in fact one patient thinks it is a photocopier. So quite a lot of lessons to learn here, and I do think they will change the way they deliver this service... eventually! We drive back in the dark (it doesn't seem to be an issue on the way home!) and arrive back at the hospital exhausted at 9.00 pm – no-one complains however and the driving is impeccable despite the ravaged road and the lunatic motorcyclists coming out of nowhere.

The next chapter.....

Last time I mentioned that I had been back to Karagwe to repair a few things and to develop a few new systems. Here are some of the people I am working with...



Buberwa looking pleased with the latest version of the inpatient report (it's looking rather red unfortunately!) but it's not getting him down



The ever-smiling Christer working on the medication recording system...wait until you see her next instalment, transformed



Eunice, the lovely eye clinic nurse, who loves using her new Excel system. She hits the screen excitedly with her hand when the pivot table works first time!



Martha, the matron, looking very glamorous at the Nyakahanga Day celebrations – we have been working on systems for reporting ward bed states

I now have quite a few different jobs in Dar, which makes working life much more fun.....

VSO: I have been working hard to 'capacity build' – this is our mantra - at the VSO office in the last few weeks. Things like improving the structure of the electronic filing system, and coming up with some best practice guidelines for document and email management. Exciting stuff you may think (not)! However, I can see that some activities are already taking less time than they did before which is very encouraging. The staff here have to do so many different tasks that they have precious little time for working on improving current processes and volunteers, I have discovered, can be very demanding.

UNICEF: I'm pleased to say that I am also now working for UNICEF on birth registration. There is an appallingly low level of birth registration in Tz which is proving to be quite embarrassing to the government as the only countries with lower rates in Africa have all had civil wars. As many of you will know, Tz is a very peaceful country with no history of civil unrest whatsoever. Current data indicates that just 16% of the total population have a birth certificate and this falls as low as 5 % in rural areas. Having a birth certificate is considered to be a basic human right and in effect means that the country is failing to abide by the UN Convention on the Rights of the Child. So far I have been busy preparing briefings but in the next week, I am expecting that I will be working in the Registration Authority trying to get the project going again, in the face of another programme which is taking the limelight by making a concerted effort to dish out ID cards to everyone aged over 18. I think politics may be involved!

Rehabilitation: I am also about to start working at a fantastic place called CCBRT which stands for Comprehensive Community Based Rehabilitation in Tanzania which has a fantastic hospital just right near my house. It is also has many services out in the community all across the country, not just in Dar. They do a lot of work in ophthalmology, and orthopaedics, and fistula repair for women. I think I am going to be working on referral pathways for a new maternity hospital they are building which will involve working with 16 hospitals across Dar. Again it should be fascinating stuff.

I may also be doing some work to assess the need for a volunteer at a local orphanage (using a special capacity management tool devised by some vols a few years ago) a project being sponsored by the Irish Embassy. I have also been invited to Southern Tz (Mtwara) to a large hospital to do some coaching on information analysis, and to an education institute in Central Tz (near Dodoma), to work with some education colleagues. There's plenty to keep me from getting bored!

I leave you with a few photos of my house in Dar, which is slightly grander than my humble abode in Karagwe (now vacated). As you can see, some of the site is very much work in progress and with the new volunteers needing homes in a fortnight's time, I feel slightly anxious that it won't be ready. There's no concern on the part of the landlady, so I should perhaps take a leaf out of her book and just calm down.



The entrance – just newly swept by Mustafa



Quite posh eh! A dining room indeed



I am hoping this bijou residence will be my new house.
Apparently 2 ½ days work!



Mustafa, my guard, with his morning tea