**Newsletter 2010**

Welcome to our Newsletter for 2010.

The main part of this Newsletter is a vivid, on the ground, description of his time in Singida from a Medical student who visited there last summer.

But first, we should like to mention that we have recently made a transfer of €70,000 to the hospital at Makiungu.  This is to assist in building a number of staff houses, which are so important in enabling the hospital to keep the quality of staff, which are essential to run the excellent service which they give to the people of Singida. A few days ago, we received an acknowledgement of this from Sr Breeda Ryan, the Bursar of the Medical Missionaries of Mary who writes:  “On behalf of the Congregation and on my own behalf, a sincere thanks to you who work so hard and have been so generous towards the Partnership down through the years, which has made a real difference to the lives of many.”

This large payment would have left us with nothing in the account, if it were not for the fact that a few weeks ago we received a substantial return of tax paid, in respect of donations (in excess of €21 monthly) to the Partnership, from the Revenue Commissioners.

In the next few days, we shall be announcing, for the third great year, the Easter Egg Competition. The competition is also open to non-members;  who are, however, expected to pay an entrance fee. The due date for submitting entries will be Friday, March 26th; with the prize-giving in the Common Room on Wednesday, March 31st.

This Newsletter is now available on our website and you may wish to bring this to the attention of any colleagues in your Department who may be interested: [www.ucc.ie/en/singida/](http://www.ucc.ie/en/singida/)

We very much indebted to Chew Sin Hong, a Malaysian-UCC Final Year Medical student who spent one month in Makiungu Hospital last summer under the auspices of the Surgeon Noonan Society. Each year, the Society sends about 10 Final Year Medical students to various rural hospitals in Africa for their elective placement, bringing with them donations raised throughout the year. The society has been sending students to the Makiungu Hospital since 1980s.  He writes:

Makiungu is a remote town located 45 minutes away from Singida. We took a flight from Cork and arrived in Nairobi, Kenya . It took us about 8 hours to cross the border and reach Arusha, where we rested a night there in the guesthouse run by the sisters. The next day we had another 8 hour drive to Singida. The road was a proper paved road until we diverted from Babati, where the bumpy ride started. Along the way, we saw small villages and markets. The contrast between the towns and the almost empty rural areas was very striking.

Upon arrival we were greeted by Sister Maria Borda, who is the doctor in charge of the hospital. We were then introduced to Sister Justina Odunukwe, Sister Mary Swaby and Sister Ali. After having dinner with the sisters, we were brought to our accommodation. We were surprised to find a sign on the wall of our guesthouse that reads “funded by Ireland ”. In fact, we discovered more and more of such signs on most of the buildings, including the Toyota pickup that brought us here [ which readers may recall was purchased from funds which Cork-Singida provided in 2003 ].

Makiungu is a small hospital of 150 bed capacity; though in the case of some crowded wards, two patients sometimes have to share the same bed.  It caters for a population of about 400,000 from Makiungu and other villages around. It has four specialties namely medicine, surgery, obstetrics and paediatrics. There are currently five doctors and three clinical officers. A clinical officer is akin to a clinical assistant in the USA , where they receive a very basic medical training for three years that enables them to practice medicine at a rudimentary level. They are put in charge of the outpatient clinic, which functions as the casualty department in the hospital.

Ever since its setup in 1954, the hospital has expanded considerably with the funding and donations from outside. When we arrived in June, the new Outpatients/ Casualty/ Administration block has just recently been put into use. There was also ongoing construction work at the hospital ground to complete the new operating theatre and the Biogas project.

Our daily routine starts off with the morning mass in the main hall. All staff gather and sing and pray, before beginning their clinical work. There was a clinical meeting next where the doctors and clinical officers discuss about admissions last night and any events that happened. Sister Borda will usually delegate work for the day. We will then go to ward rounds with the doctors or go to the theatre. In the afternoon, we will spend our time in the outpatient clinics. It was the place to meet most of the patients and practice our clinical skills. The clinical officers helped us by translating the patients’ complaint from Swahili while we tried to figure out what the problems were.

Malaria continues to be the biggest health threat to both children and adults. There is a chart of the top seven causes of hospital admission produced by the hospital and malaria continue to be ranked first in the past five years. In fact, anyone presenting with fever would be considered as having malaria until proven otherwise. The laboratory will do a blood smear to look for the malaria parasites under the microscope. However, since malaria is so common, the propensity was to start treatment with intravenous quinine (an antimalarial drug) and fluid, regardless of the blood film report.

Despite the prevalence of malaria, there weren’t much preventive measures in the villages that we can observe. Many families do not have mosquito nets or nets treated with insecticide. Sleeping in the nets seems like a foreign thing only done by the Mzungu (white people). The problem was compounded by the flood during the rainy season, which creates swampy grounds around the hospital. On the other hand, the prolonged drought this year has left many farmers in a poorer state and unable to travel to the hospital or pay for their bills. All these reminded me how vulnerable the population health is to environmental factors, and I can't help but agree with the slogan in the Trócaire advertisement “ Climate Change Affects Everybody . . . But Not Equally .”

Throughout our clinical attachment in the hospital we were constantly reminded of the difference in their healthcare system. For people like us who have spent all our time in modern healthcare system, what we saw there was indeed an eye opening experience. Many patients presented very late with the severe stage of the diseases. This problem was particularly prominent in orthopaedic as the surgeon only visits once or twice a year. During our stay we were fortunate enough to witness the visit of the orthopaedic flying doctors from Kenya . We saw so many patients with chronic fracture and osteomyelitis (bone infection) in the first day of the clinic that some of them had to be turned away. Some of these children, their legs were so deformed that they were in wheelchairs. All these complications could have been prevented but regrettably they did not receive timely and appropriate treatment. Quite a number of the patients were actually referred from the regional hospital for non-healing fractures following improper treatment by the doctors in the regional. [Here, we should emphasize that the regional hospital is in Makiungu, which is about 15 miles from Singida, where the hospital with which we are partnered is located.]

All these unfortunate cases highlight the problem of limited access to healthcare facilities. Currently there were no proper transport facilities for the patients and their families. Many have to come on foot from very far away. When someone is admitted to the hospital, his family will have to travel to the hospital every day to bring food to him; and sometimes families camp outside the hospital wards, in order to feed their loved ones. There was a very limited catering service for the in-patients. A good stretch of road is urgently needed to facilitate transportation and possibly the development of ambulance service.

However the biggest concern for Makiungu is the shortness of staffs. The hospital faces a constant problem in recruiting and retaining staffs due to its remote locations. When we arrived in the hospital in June, Sr Sheila, who is the surgeon there, was going for a leave; while the other doctor still had not come back from her leave. There were effectively only three doctors running the whole hospital. Working late was not unusual, especially for Sr Borda, who also had to be available for all the emergency caesarean sections in the middle of the night. We were called to assist in a caesarean section in our first night of arrival, so we can testify that Sr Borda works round the clock. Frankly we were very impressed by her hard work and relentless effort in making sure that the mothers are getting the highest standard of care.

In the past years our donations had been spent on salaries for staffs and doctors, which accounts for roughly 60% of the hospital expenditure. Following a sudden increase in salaries in government hospitals in 2006, there was a challenge to meet the standard in the other hospitals. Since then there had been a steady exodus of trained staffs. After Makiungu became the Council Designated Hospital for Singida District in 2008, there was a hope that the government would provide the top-up amount for our hospital staff salaries. However that money has not been forthcoming, which means the hospital has to continue to secure external funding.

During our one month stay in the hospital we received warm welcome from the sisters, nurses and laboratory staffs. Although the hospital had had many visitors in the past, they were still fascinated by any guests who came from far away. It had been a wonderful pleasure to work with these friendly people. We made friends with Frank, one of the radiology staff who was still studying in secondary school. We hung out a lot after work with other local kids, playing football together and relaxing at the Rock. Frank showed us around the region, introducing us to his friends and taught us Swahili. In return I gave him tuition in physics and biology for his upcoming final exams. We learnt amazing things from each others about the cultural difference and diversity in Tanzania and Malaysia , stuff that I will never learn from a book.

As one month slipped by it was time to bid farewell. After coming back to Ireland , I found myself still missing Makiungu. For me it was a very different hospital, where everyone knows everyone, and everyone is striving to do one’s best despite the inadequacy of resources. I guess that’s what makes Makiungu a hospital like no other.

Chew Sin Hong

Final Year Medical Student

Dec 2009

May we take this opportunity to sincerely thank those of you who, in difficult times, have stuck by the Cork Singida Partnership.  This enables funds to be sent out to assist the vital, devoted, work which the hospital undertakes for the community.

With our sincere good wishes to you all for 2010.

Meanwhile, we attach a copy of the payroll authorisation for anyone who may be interested in joining.  We are always open to new ideas for developing the Partnership – one example being our Easter egg competition last March.  If you can think of any other ideas – whether in terms of the flow of information from Singida to Cork or contributions in the opposite direction – do please contact a member of the Committee:

**Joe Coghlan**   Chaplaincy

**Kay Doyle**  Hispanic Studies

**Ray Foley**Project Accountant

**Michael Mansfield** Physics

**Ruth McDonnell** Office of Media & Communications

**David Gwynn Morgan** Law

**Ivan Perry** Epidemiology & Public Health

**PAYROLL  AUTHORISATION  FORM**

I hereby authorise UCC to deduct from my wages/salary each week/month, the sum of €\_\_\_\_\_\_\_ with immediate effect.  I further authorise UCC to pay over the amount deducted to the Treasurers of the Cork-Singida Partnership.  If the amount deducted exceeds the specified limit (as of January 2006, €21 per month) the Partnership will reclaim income tax paid on the amount deducted.  I understand that this authority may be revoked by me, in writing, at any time.

Name (in block capitals):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Unit           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff ID:                        \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed                            \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date                              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that I am already a member, this authorisation prevails over any previous authorisation.

*Please return this form to:*

Tony O’Riordan,

Payroll Office, UCC