From Kambia to Cumbria

Hannah Kenyon joins us as a GP. She previously worked at the practice in 2011 as part of her GP registrar training. Hannah has just returned after 10 months working as a volunteer doctor in Kambia, Sierra Leone. It has one of the highest infant and maternal mortality rates in the world and is extremely short of trained health staff and resources. "There was one doctor for a population of 300,000. It's amazing to be back in a well-resourced health service, we are so lucky."

In her spare time Hannah's favourite activity is cardio tennis, the tennis equivalent of Zumba!

Hannah wrote a blog about her experiences in Kambia, here's a bit about what is was like to work and live there.

First days in Kambia March 2013

Excitement changed to apprehension as I said farewell to family at the airport. The man at security asked if I was having a good day…..my response prompted him to send me through priority security!

An upgrade to business class (thanks to Dr Buckle's connections!) made me grin excessively and as I was handed the champagne menu I knew I had to make the most of this last bit of luxury for the next few months!

The welcome back at the base in Kambia was fantastic. The base is known locally as the MSF (Medicins sans frontier) base, as they were working here until 2007. It is a collection of huts around a central 'toucal', surrounded by a fence. There are 4 other UK volunteers – 2 doctors, a nurse practitioner and a midwife. Its basic but feels like a real haven. Amenities include a long drop toilet, open air shower and electricity for 2 hours in the evening via a generator. Despite living on 'electricity road', the power station has not worked for years. A generator is a luxury. The 'freezer' contains our chocolate supply and with its evening electrical chilling is more of a cold store than even a fridge let alone freezer temperatures. We have a friendly team of young men who look after us including providing security and cooking our evening meal.

The Hospital April 2013

It's a 10 minute walk from the base through mango trees, past village houses, shops (shacks) and up a dusty road. One lady does a good line in pineapples and will save us one when she can get them. Children playing call out to us 'oporto oporto', roughly translated as white person. (or more literally means Portuguese as these were the first white visitors in the 17th century).

The hospital is in a compound with multiple buildings. There are 4 main wards – male, female, maternity and paediatrics. The cholera unit currently stands empty fortunately. There's a lab where patients go for their tests run by Bobson, an enthusiastic and helpful guy who will happily come to the ward to do the test if the patient is too sick to go to the lab. Then a pharmacy, outpatients and an under 5s clinic along with additional clinics for HIV, TB and malnutrition. There is generally no

electricity except on request or in the evenings when the generator comes on. The wards are basic and only maternity has running water.

There is one doctor for the whole district and then some community health officers (CHOs). These act like doctors and they are generally experienced and enthusiastic. There is also normally one qualified nurse per ward. The majority of staff beyond this are volunteer nursing aides who work voluntarily with no training and varying degrees of education; for many of those in their 20's and 30's their education was severely affected by the civil war.

Investigations are fairly limited and challenge my practice of medicine. With no X-ray facilities, no ECG machine, limited blood tests and no availability of culturing specimens it is certainly testing of my knowledge and clinical skills. I've spent evenings reading my tropical medicine textbook again, I think I've felt more splenomegaly (enlarged spleen) in a week here than in my entire medical career! For those more medically minded I can request Haemoglobin, (differential WCC is only done if really essential), Malaria film, HIV test, Hepatitis test, widal test for Typhoid and stool and urine microscopy. Not a lot more…..

I've spent a bit of time on each of the wards. The limited range of medical investigations is challenging but I find the payment issues more difficult. Patients have to pay for every test and individual item that they need – e.g. cannula, dressing, needle etc. This causes significant delay in patients getting treatment as the family have to find the money and often when the patients are really sick money has already been spent on a traditional healer and transport to the hospital. It's all very well doing a blood test but if the last of the money is spent on that then they may not be able to afford the treatment. Under 5s, pregnant and lactating mothers do get free healthcare but this doesn't cover everything. One of the guys in pharmacy is particularly helpful at bending the rules so sometimes we can get a male patient recorded as a female pregnant patient and hence get free drugs!!

It's not all hard work, but I find it exhausting processing all the things I'm seeing each day and trying to see a way through. My role here will include teaching, providing clinical support and looking at quality improvement activities but I need to spend more time observing the systems (or lack of!) before working out how I best fit into the bigger picture and how I can be of most use.

The trees at the base are heavily laden with green mangoes and will soon be ripening……delicious, and far preferable to bananas!

Kambia; Come and Be Patient - May 2013

So I have now been here a month, and feel quite settled with daily life. I wake up early with the dawn, it is cool and there is often a gentle breeze and it is the only time I can contemplate exercise. I go for a run with one of the other volunteers, Lorraine. She is faster and fitter than me! But it is lovely at this peaceful time of day, running along the dust road watching people collect their water from the newly installed taps which have brought clean drinking water to Kambia at last, thanks to support from a Japanese aid agency. Others are collecting or chopping wood for their stoves, water or wood carried on the head most elegantly by even the youngest children.
Most people hardly notice us, but some children call out, 'oporto' - white girl and wave enthusiastically. They won't stop shouting until we wave back! Some stare in disbelief and occasionally someone shouts encouragement, 'go, go, good exercise!' I return drenched in sweat and legs covered in Kambia 'powder' and ready for the cold shower, often to be shared with a frog. Kambia 'powder' is the thick brown dust,

which covers everything. It can be difficult to distinguish between my developing suntan and Kambia powder….

Then porridge for breakfast – Quaker oats + milk powder, pour on a bit of hot water, stir and add some sugar and soon I am enjoying it!!
Lunch is a boiled egg (+mayo and occasionally cucumber) and a roll and evening meal is rice, couscous or pasta with some beans or onion stew, occasional chicken or fish and plantain or potato chips. Garlic spaghetti with tomato sauce is a comforting favourite of mine!

In contrast to life on the base which is happy and relaxed, the hospital work can be really quite tough. We split ourselves between maternity, paediatric and adult wards. It's hard to explain in words quite how difficult things can be and all the frustrations and challenges. This week there were two maternal deaths in 2 days, and combined with immense frustration with lack of care on one of the wards, I really felt quite low. But there have been some high points too, and the arrival of a team of 5 from the UK who are here to teach an emergency obstetric course for the week has lightened the mood. The chocolate, cheese, beverage treats, letters and parcels from home have helped too! (Letters by snail mail always welcome!!)

The title of this blog is 'Come and Be Patient' – I learnt this week that this is what the name Kambia means literally. So I will focus on that and continue to absorb and process what I see and find small ways to make a difference.

It is striking how the use of traditional healers and native herbs is so common here and the belief in witchcraft. I have seen cases where use of traditional healers has delayed the presentation to hospital or where native herbs have been applied to wounds with disastrous consequences.

Mohammed, one of the enthusiastic and inspiring community health officers who has been working here this week has been telling us about the essay he is writing on traditional health beliefs. He is interviewing people from 5 different tribes.
Some of the beliefs he has gathered so far:

- If a pregnant woman stands in a doorway for too long she will have an obstructed labour
- If a woman has an affair and doesn't confess it before she is in labour, she will have an obstructed labour
- If a pregnant woman crosses the rope of a goat that is tied up she will have an antepartum haemorrhage
- If children eat too many eggs they will be talkative (or maybe just well nourished!!)

On a happier note, the mangoes are turning yellow and falling from great heights and I am yet to suffer a mango injury or be woken by the crash of one landing directly on the tin roof of my hut. They are delicious but it is tricky to eat them elegantly!
And on a fashion note, we pass the tailor, another Mohammed, each day and we are providing him with plenty of business. Fridays are a day to dress in your best and I think we are gaining respect from hospital staff by embracing this!!

Wet Season, Hungry Season June 2013
The rains have arrived, starting dramatically with some impressive tropical storms, the whole sky lit with lightening and rain hammering down deafeningly on the tin roof of my hut. It was not a peaceful night as the strong wind also brought down

mangoes crashing from a great height onto my tin roof. My wellies are going to prove invaluable as the dust roads rapidly change to a muddy quagmire. We have rain every few days at the moment and in between the humidity and heat can feel very oppressive.
With the arrival of the rains, everyone is preparing the ground and planting seeds. At the base I helped to plant maize and there are also aubergines and cucumbers, we will be grateful for some variation in fresh vegetables.

The rains have brought a surge in mosquitos, day and night biting species, lots of flies and all manner of larger insects. The 'champion' has proved itself a nasty insect, if you brush it from your skin it releases a irritant fluid from its tail causing an unusual blistering rash which looks rather like shingles. Always worth asking a local when puzzled by a clinical diagnosis, they are invaluable!
I reckon the cockroaches are here whatever the weather, impressive in size and sound like mice at night! Trevor lives behind the tap, he is tolerable.

And it is the hungry season too, with cases of severe malnutrition gradually rising. The reducing supply of food until the next harvest combined with traditional village beliefs about what foods to avoid giving young children can have a disastrous effect. (Feed your young child eggs and they will become a thief, feed them meat and they may become a witch). I have spent more time on the paediatric ward ('pickin' ward) over the past few weeks and am gradually becoming more confident with the management of malaria which almost every child seems to have or if not, will contract during their admission. We are lucky that the intravenous drug Artesunate is now available (and free of charge) which is superior to quinine both in terms of survival and also safety. However, my nerve is more than a little tested when presented with a fitting child for which I must write a prescription for diazepam and wait whilst the relatives find the money, walk the 200 yards to the pharmacy, possibly wait in a queue and then return with the drug that can then be administered to stop the fitting! Oh the glorious NHS, we are SO lucky!

Then there are the cases of respiratory disease with severe respiratory distress; it's tough when the available drugs are limited. Faced with a 2 month old and an 8 month old both fighting to breathe was a sobering experience last week as only one oxygen concentrator was working. When I thought it couldn't get tougher, the fuel ran out in the generator, the power went off and that was the end of the oxygen. To stop the tears, I laughed with a colleague about arranging an urgent air ambulance transfer of the 2 children to the paediatric intensive care unit in Newcastle! Personally, I would prioritise power to the pickin ward for oxygen over fans in the offices but it's not that simple!! But, can you imagine how ecstatic I was to find that both children survived!

Severe malnutrition is complex to manage and the 'stabilisation phase' of cases when admitted to hospital has strict guidance to follow as complications are common, as the children's hearts are weak and they can easily become sick if fed too much too soon. There used to be a separate ward for malnutrition but during the cholera outbreak last year this was changed to a cholera ward. As the cases of cholera have reduced there is hope that the malnutrition ward will soon reopen which will be so helpful to improve the management of cases, rather than having a child with severe malnutrition sharing a bed with a child with likely Tuberculosis as happened this week!

At times when I feel utterly depressed by mortality and seeing people so sick I have to remind myself of being in one of the poorest countries in the world with a tough history. And there's a lot to learn from locals. After a recent death of a 22-year-old

man on the adult ward, I sat with Memuna, a 28-year-old dedicated and delightful nurse and spoke to her about it. I expressed that I was finding it hard to accept the deaths that I see here so frequently and the contrast with the UK. She replied, "Hannah, during the civil war we saw bodies stacked high in the streets, we have had to learn to accept death." She later tells me that rebels slaughtered her father, a pharmacist, during the civil war. We are the same generation and yet our life experience is a world apart.

People rarely mention the civil war (1992-2002) and yet the evidence of the civil war is not hard to find. As we walk around Kambia, there are numerous ruined houses, deserted, with the marks of the fire, which destroyed them. Children play happily in the ruins, the first generation luckily unaware of the horrors that occurred so recently.

And today, Sierra Leone feels peaceful and the safe. There are many tribes and languages and Muslims and Christians live peacefully together, with intermarriage not uncommon. I have now met several men with the name Mohammed who are in fact Christian!

150 egg mayonnaise sandwiches August 2013

The approximate number I have eaten in the last 5 months…….Yes, the food can seem monotonous but we are lucky to be able to afford eggs whilst many see them as a luxury. The combination of the fasting month of Ramadan and the hungry season has contributed to the lack of variety in the food but whilst we might complain, this is nothing in comparison to the rising cases of severe malnutrition.

Since I last wrote there has been a lot more rain. At the beginning of August we had a full 7 days of almost 24 hour rain, but thankfully it is now easing and we have several days without rain. However, everything is becoming progressively more mouldy and is really hard to dry clothes after washing them. My daily walk to the hospital wearing green wellies and a skirt results in many people complimenting me on my rain boots and asking for a pair! When the rain is heavy people don't turn up for work so sometimes I arrive on the children's ward to find no-one but the patients and their families.

I struggle with the current drug shortages on the pickin ward, I find it hard when mothers have brought their children from distant villages to the hospital instead of using native medicines only to find that we are unable to treat them as we have run out of the appropriate antibiotic or we have no Diazepam for the child that is fitting. I previously found it difficult when we had no diazepam on the ward but now, when a child fits the relatives have to go 10 minutes by motorbike to the market where one of the drug stalls may sell it to them and then return. I'm intrigued to know where these stalls get their supply, probably better not to ask.

There is a shortage in TB drug supply too. It's immensely frustrating to see patients sick with TB and not be able to start the treatment. And yet it is all free and funded by international donors, the problem is the system, logistics, infrastructure.

Breaks away from Kambia have been critical to maintaining energy and enthusiasm for work and gaining perspective and Sierra Leone is a beautiful country to explore. The rich, fertile countryside is even more luscious since the rains arrived. The main roads are good, having recently been tarmacked with money from the EU and there is not much traffic as the cost of fuel is prohibitive for most Sierra Leoneans. The vehicles however are less beautiful and always overly laden! Seat belts are a luxury.

Three of the volunteers left in July, leaving Noemi the lovely midwife and myself. We've missed the others, particularly as we all got on so well and I've found it hard to be the only doctor around in the hospital when the local doctor is away too. Happily a retired GP is joining us this week…..

The teaching programme is going well. The volunteer nursing aides sat their exam in mid July and told us how much they enjoyed it! The prospect of certificates is a big motivator and it was great to see most of them pass the exam. What is important is to see the teaching put into practice, some of the volunteers are very capable and have clearly learnt a lot. We hope they will be able to progress to do their nurse training.

One of the lasting legacies I hope to achieve is the funding of nursing training for some of these volunteers. It costs around £800 per year for 3 years and I think this is an achievable goal. If you are interested in supporting this please let me know.