

AMREF HEALTH AFRICA MEDICAL SERVICES

New Vision

ADVERTISER SUPPLEMENT

Amref brings health to communities

By Agnes Kyotalengerire

For several years the stench of urine followed Eugenia Faida wherever she went. Although she tried to pad herself to prevent urine from leaking, her efforts were futile.

Faida, 35, a resident of Kerelu central in Pakele sub-county, is one of the 50 women who benefited from a recently concluded fistula surgical camp at Adjumani Hospital in West Nile region.

According to Faida, she developed urine incontinence after delivering her fourth baby in 2004. Consequently, her husband abandoned her and she had to return to her parents' home.

For 13 years, Faida endured scorn and ridicule until July, when she received free fistula repair. This was during a gynaecological surgical camp organised by Amref Health Africa Medical Service Outreach Programme (MOSP).

Dr Emmanuel Odar, a fistula surgeon and senior consultant gynaecologist at Arua Hospital, who also conducted the surgeries, describes vesicovaginal fistula as a tear that occurs during childbirth between the vagina and the bladder, causing the urine to continuously leak.

Emmanuel Ebitu, the project officer MOSP, says medical outreaches (also referred to as medical camps) are run on quarterly basis in each of the identified hospitals for a period of five days based on the needs of the communities.

In Uganda, the programme started in 2005 after the Ministry of Health signed a memorandum of understanding with Amref Health Africa to take specialised medical services to remote and hard-to-reach areas of Uganda to reduce the disease burden.

The specialist services offered include: anaesthesia, dental surgery, dermatology, endocrinology, ear, nose and throat, general surgery, laboratory technology, medical engineering, obstetrics and gynaecology, ophthalmology, orthopaedics and paediatrics. Others are internal medicine, physiotherapy, psychiatry, reconstructive surgery, theatre nursing, urology and vesicovaginal fistula surgery.

"At the time the project commenced, we realised health facilities in rural areas had inadequate staffing, lacked medicines, had dilapidated infrastructure with non-functional equipment, for example X-rays and ultra-sound machines and specialist services were not offered. The same issues would hinder communities from accessing health services," Ebitu says.

In addition, the communities in the hard-to-reach areas are very poor and people cannot afford to pay for the specialised health services either at private health facilities or private



Dr Emmanuel Odar (In yellow clinical coat) operating a patient during the recently concluded surgical camp at Adjumani Hospital. Photo by Agnes Kyotalengerire

Background of Amref Health Africa

Amref Health Africa medical services outreach programme was established in 1957 to take essential medical and surgical services to rural, underserved hospitals across eastern Africa. Over time, more than 300 hospitals in eight countries have benefited. This need continues today with significant

gaps in access to specialist medical services between urban and remote areas.

Regular outreach visits are conducted in Kenya, Tanzania, Uganda, Ethiopia and South Sudan, with specialised medical and surgical missions in Senegal, Rwanda and the Democratic Republic of Congo.

not-for-profit health facilities, so they have to wait for free medical camps.

Juliano Orongo, 79, who recently had his sight restored during a surgical camp at Nebbi Hospital, can testify.

Orongo, a resident of Amogu village in Nvura parish, Kucywin sub-county, had battled partial blindness (in his left eye) as a result of a cataract for close to five years. Orongo could not go to hospital for treatment because he did not have money to pay for surgery.

"Fortunately, I heard a radio announcement where they were encouraging people to go for free eye surgical treatment and I decided to come," Orongo said, while he waited outside the theatre to be operated upon.

In the last 12 years, the programme has partnered with, and built capacity of hospitals by providing specialist medical services for example at Moroto Hospital, Amudat general hospital, Kaabong general hospital, Kalongo general hospital, Lira Hospital, Gulu Hospital, Kitgum hospital, Adjumani general hospital, Nebbi general hospital, Arua Hospital, Bundibugyo general hospital, Kitwe HC IV, Kisoro general hospital, Kagando general hospital, Bwere general hospital, Kumi general hospital, Kapchorwa general hospital and Matany general hospital.

Later, in 2015, after Amref

Health Africa together with the health ministry conducted a needs assessment, the regional hospitals were removed from the programme because they had achieved their potential to provide adequate health services, reducing the number to 10.

However, in 2017, the hospitals were further reduced to five due to changes in donor priorities.

"We had to focus on only five hospitals that include Adjumani, Kitgum, Anaka, Kalongo and Nebbi," Dr Jackson Amone, commissioner curative service at the health ministry, explains.

How the programme operates

The programme is run by three key players that include Ministry of Health/Directorate of Clinical Services, Amref Health Africa, district health offices, outreach health facilities.

The health ministry does the overall co-ordination of the programme.

"The hospitals identify the specialties of need and Ministry of Health identifies the specialists to be sent to the hospitals," Dr Amone says.

Amone says the identified specialist doctors are selected from the nearest regional referral hospitals. In the event that they fail to get one, they get a health worker from Mulago Hospital.

Upon providing the specialists,

Amref Health Africa transports the health workers (surgeons and anaesthetists) to and from the outreach hospitals, pays professional fees, but also provides supplementary medicines and sundries for example gloves, syringes, needles and sutures.

Amref Health Africa programme staff supervise the outreach in collaboration with the health ministry.

Ebitu says the outreach hospitals have the responsibility of mobilising residents for the medical camp. This is usually done through radio announcements and during church services.

The hospitals provide health workers to work with the visiting team and provide patient care during and after the camp. It is also the responsibility of the outreach hospitals to provide the required medicines and supplies as well as accommodation and meals for the visiting team of doctors, Ebitu says.

Achievements

Dr Amone attests that the programme has built capacity in the regions and consequently improved the referral system.

During the medical camp specialists train and mentor health workers in health facilities located in hard-to-reach areas. In addition, they provide lectures to the health workers about certain health conditions.

Michael Ojja, the Adjumani Hospital administrator, says the medical camp greatly benefits the health workers through training, to boost their skills while they work with the visiting teams of surgeons.

Additionally, the programme provides health services in hard-to-reach areas promptly instead of patients moving long distances.

"We realised that patients do not like to be referred. They prefer to be treated in their community," he says.

Ebitu says since 2013, the programme has provided more than

20,000 specialists offering medical consultations to people in the community who cannot go to either the regional or national referral hospitals to access medical services.

Additionally, a total of 5,000 surgeries, including thyroid, urology, gynaecology, ear nose and throat and ophthalmology have been conducted.

Of these, the programme has also restored the sight of about 500 people with cataracts mainly in West Nile and Karamoja regions.

Since 2010, about 762 children have received corrective surgery for cleft lip and palate malfunctions.

Challenges

Dr Amone says identifying specialists to work in hard-to-reach areas during the medical camp is a nightmare.

"The majority of surgeons are reluctant to leave their stations for fear of being taken away from their private businesses," he explains.

Amone adds: "During some outreach camps, the specialist doctors get overwhelmed by the huge number of patients. Sometimes screening is not done properly and the specialists waste time examining patients, so as to get particular cases for surgery".

He says follow-up of patients is poor, especially once the medical camp has ended as the patients come from remote areas.

Lack of functional equipment, for example X-rays and ultra-sound machines, coupled with irregular power supply at the outreach health facilities, make the surgery procedures challenging, explains Ebitu. He adds that although Amref Health Africa provides critical medicines and sundries, the hospitals do not have enough medicines for all the patients who turn up for the camp.

Ebitu faults the health workers at hospitals hosting the medical camps who perceive the medical service outreaches as giving them extra work. Consequently, the health workers are reluctant to support the visiting team of specialists. He says in efforts to motivate them, Amref provides them with lunch and minimal allowances which makes the camps rather costly.

Plans

Ebitu says they plan to diversify from surgical care to include health promotion interventions for non-communicable and neglected tropical diseases, for example, screening for cancer, diabetes and high blood pressure, during the medical camps. They want to include interventions that target the neglected tropical diseases, for example bilharzia.

Additionally, they will include more long-term mentorship of the local health workers by specialists, through identifying areas of knowledge and skills gaps. They will also set up tangible objectives and a time frame to achieve improvement of knowledge and skills by the health workers.