

Amos Update: Sep 2009

We have had a bizarre month on maternity on the 6th I was managing 6 eclamptics all at once (in different stages but still), then we had 10 very quiet days without a single section followed by 8 days with 24 of them and 6 ectopics (we average 1 section a day and 2 ectopics a month). Thankfully I don't do all the operating but I do quite a large bit of it and most of the decisions and all the after care Still its what I'm here for and its fun on the whole. In addition my current colleague Rehema had an HIV eye splash and really struggled with the drugs while Mmbare is off being DMO so I've been rather single handed across the unit.

Meanwhile its that time of year when nurses start disappearing to upgrading courses – which is great for them and hopefully will benefit the hospital in due course although leaves as a tad bereft right now. This is especially severe this year as we've finally got the upgrading course started here in Teule. This is excellent and means that many of our nurses can upgrade and still live at home etc and will at times mean more nurses on the ward but not necessarily when needed. About 6 months ago matron had a mix up of all the nurses getting many to change wards which is great in many ways but meant that many of those on the ward didn't really know what they were doing. I sent out an SOS and its lovely to see old faces reappear and feel that good decisions are being made once more. The upgrading course officially began on October 5th but its been a rather African start – about a quarter of the students had turned up by the 5th and now a week later about 2/3rds are in No doubt it will in time turn out excellent nurses.



Askof Yohana Jumaa Ward

The progress of the PMTCT to being more nurse led and starting drugs out of ante-natal clinic (rather than an insistence on all getting to the HIV centre) is working well and more pregnant women are getting going than before. In time they do get to the HIV centre so its a useful half way stage. However we've lost one of our nurses to upgrading so there's more pressure than ever. Meanwhile Hawa has started a support centre in town for mum's and tots which is being well attended as well.

After considerable effort the refurbished Yohana Jumaa (exNightingale) ward has reopened. This is a new phase in upgrading wards with the usual new roof, electrics and water being done but also a tiled floor and new windows going in. The former looks lovely and is probably worth it – very expensive at the time but lasts much better than the concrete. However the windows, though looking nice, halve the ventilation, which is a bit of a concern. The Bishop was on hand to open it with USPG representatives luckily present as well. The pink and white balloons looked very pretty but to us looked a tad odd for a male medical ward.

The roll-out of Morphine usage and palliative care across the region is also going well. Last month I reported Andrew's success in Handeni and this month its Heather in Lushoto and Charles and Sue in Korogwe. Just Pangani and S to go Charles has got an advantage for me in that he is an “official” NHS appraiser so I may be able to do something “proper” towards revalidation which may be helpful with re-entry in a few years. We also have had Anna with us (a physio doing a stint here on her way around the world) and Tina and John (a USPG connection who are interested in physio and mental

health and looking at a longer term stint so are here to dip in their toes ...). Muheza is never quiet – indeed Tina is a tad sleep deprived what with the dogs, the bats and the call to prayer

The lab has quietened on the machine front this month (touch wood). It has been very-very quiet also work-wise (unlike maternity). There is almost no malaria around at the moment – less than 10% of paediatric outpatients have malaria - it averaged 40% last year – and more like 80% when we arrived in 2002. Part of the reason for this is that we have had two very dry years. Muheza is running very low on water- we have been getting water from the bore-hole for several weeks now.

Power rationing is just about to start (most of the electricity comes from hydro-power – no water – no electricity – a “double whammy”!) However this year we are having an “El Ni o” event which means that we should get good rains this year – a lot of rain for a longer period of time.

This is absolutely needed as many areas are very short of food - food aid is being handed out in Handeni – a neighbouring district. The last such was in 2006 – when we had heaps of malaria. It is going to be interesting to see whether it will come back or whether the other measures that have affected it – bednets and new drugs - have made all the difference.

School seems to be going reasonably steadily – not everyone is happy but both my boys are doing well with their teachers and we're certainly more stable than we were. I've been busy doing the accounts which don't make very happy reading – another (much larger) deficit budget, but if we can bring just a few more kids in (4 would make all the difference) then next year we may be in the black again. Its a much calmer place with a general sense of learning and enthusiasm and I'm feeling optimistic about the future. Pip is just beginning to use words – he has about 5 now – 3 english and 2 swahili

God bless

Love

Sally, Ben, Zack, Max and Piran



Prayer and Praise

For rain – but no malaria

For the maternity unit

For the Nurse Training School and new course

For a few more kids at school