

WHAT WILL YOU BE DOING THIS YEAR?

ASHIA

ASHIA dedicates this newsletter to its first ASHIA student, Mary (right) with Dr. Vivian Khumbah (left).



ASHIA newsletter March 2008 - June 2008

Lead story

ASHIA is happy to inform you of its progress and lessons learned in the past years.

In 2006, ASHIA focused primarily on finding suitable voluntary placements in Cameroon for volunteers. Our efforts led to creating a collaborative effort with 5 hospitals, 1 primary and secondary school and 1 non-governmental organization. However, ASHIA has now focused on voluntary work in the medical and public health sector. Collaborations with another Dutch voluntary organization provides placement in schools and other public institutes.

Our secondary focus was to make voluntary placements accessible to all of those that applied. Cameroon is a bilingual country where both English and/or French are widely spoken. So we set out to find placements in as many regions of Cameroon so as to accommodate for language preferences.

Taking part in a voluntary placement is a life changing experience. Particularly when it involves working in a resource poor country. Our aim is to provide such opportunities for those who are aware of the differences and the impact working there can have on lives. During the past year, we have learned a great deal. Primarily, it is nearly impossible to prepare volunteers completely for our voluntary programs. Hence our criteria's have changed. ASHIA will place volunteers who are older than 20 years of age. In order to start the preparation procedure, ASHIA will spend more efforts in creating interactive sessions and workshops for potential volunteers. Cameroon offers a diversity in climates, cultures, food, religions and more. We want to pay attention to such diversity so that volunteers can not only learn from their clinical experience but gain cultural knowledge.

Since 2007, ASHIA now has voluntary placements in both French and English speak-

ing regions of Cameroon. Cities and rural areas include Beua, Bamenda, Bafoussam and Foumban. The last two regions are located in a native French speaking region of Cameroon. Keep in mind that ASHIA has carefully chosen all placements with supervisors that are fluent in English.

Our first medical student arrived in Cameroon in 2007. Mary, an American national spent 2 weeks in Beua.

Index

Lead story	1
Who is where?	2
Testimonial: Jeanine	2
ASHIA Projects	4

ASHIA and Partners



2008

The International Federation of Medical Students Association (IFMSA) in the Netherlands have now included ASHIA in their clinical placement.

Medical students all over the Netherlands can now directly be linked to our placements in Cameroon. All students who apply through the IFMSA receive a discount with ASHIA.

This year you will be part of a growing network of medical student volunteers in Cameroon. Experience Africa in miniature!

Who is where?

Find out which students are going between March 2008 and July 2008.

Once you apply with ASHIA you will get a list of names and email addresses of fellow volunteers that will be in nearby hospitals or cities.

Feb-April

3 volunteers

CHC, Bafoussam

Sacha
Linda

Akum, Bamenda

Jeltsje

May-July

9 volunteers

CHC, Bafoussam

Maarten
Morad

Akum, Bamenda

Andrea
Karien
Thijs

Palais du Rois, Foumban

Marisa
Gerben
Sjoerd

La Bienveillance, Bafoussam

Sybrich
Sabine

Aug-Sept

3 volunteers

Njisse, Foumban

Yvette

Sapienta, Foumbot

Lisette

CES, Baigom

Hans

Testimonial: Jeanine

Clinical Internship (20-08-2007 -17-09-2007): Polyclinique la Bienveillance, Bafoussam

Introduction

La Bienveillance is a private clinic situated in Bafoussam, the third largest city in Cameroon. The hospital consists of five separate buildings. The main building contains the reception, the pharmacy, the doctors offices, the maternity ward and the laboratory. Then there is the surgical block, also containing the echography room, and opposite of that the male and female 'Wards. In the center is the kitchen and the dieticians office. The last building holds the private wards, with private bathrooms and television.

The hospital provides care in different specialties, like:

- ∴ General medicine
- ∴ Surgery

- ∴ Gynecology and obstetrics
- ∴ Anesthesia and resuscitation
- ∴ Physical therapy
- ∴ Nutritional medicine
- ∴ Echography
- ∴ Laboratory for medical analysis
- ∴ In-house pharmacy
- ∴ Vaccinations

When a patient comes in to the hospital, he or she is received by a nurse at the reception. After buying a health booklet or paying for the consultation, the nurse takes the temperature, blood pressure and weight of the patient and then they are registered. Then they go for consultation by either dr. Ntumba (general medicine) or Major Nzenkoh (chief nurse), or if necessary by dr. Mepouyi (Surgeon).

After consultation and physical examination usually several lab tests follow and depending on the condition of the patient and the lab results the decision is made to do or do not hospitalize. Most patients visiting the

hospital suffer from an infectious disease like malaria or typhoid fever. Another common disease is diabetes.



Would you like to write your testimonial?
ASHIA offers all volunteers the opportunity to place their experience, ideas and comments in our newsletter.

If you would like to share your story, please write to us at: info@ashia.org

From what I have seen and heard I know that healthcare in Cameroon needs improving. But every problem there is, is based on the fact that there is no or not enough money. Seeking medical attention is too expensive for a lot of people, leading to many unnecessary sick persons staying at home. Of which some even die there. And the government does not do enough to support healthcare financially or make improvements.

Knowing there is not a lot of money to keep this hospital going, makes me look at things with a different eye, I can see that everybody tries to work with whatever material is provided. We in the Netherlands always try to get the newest of the newest and the best of the best, but I see here that it is not impossible to perform medicine with more basic materials.

Observations and activities per department

General medicine:

Observations:

I observed several consultations and physical examinations. I noticed here on several occasions, inside and outside the hospital, that time is less important here. So doctors take all the time they need to consult and examine the patients. Something that's very different from what I am used to in the Netherlands, where everything needs to be done as fast as possible. Sometimes I would like to see we would take some more time. On the other side I think that the physical examination done here is very limited. I've learned to be more thorough. Now I sometimes stand there thinking how the doctor can know what is wrong by only moving the head up and down, listen to the heart and touch the abdomen. Especially when that and the lab results are all they have to make a diagnosis. Since here it is not as common as in Europe to do an x-ray or CT-scan to get extra information.

Activities: I performed physical examination.

Surgery:

Observations: I saw several surgical consultations.

I witnessed two surgeries. One hernia inguinal on a small baby and on the same day a hernia scrotal on an older boy. And there were two minor interventions with local anesthesia, removal of a cyst in the neck and removal of the little toe because of gangrene. In the Netherlands I have not been in an operating room before this. But still I can tell there are many differences in the way the operating room looks. With us patients are hooked up to all kinds of machines monitoring their vital functions. But here there's only the anesthetist keeping an eye on that. And in our hospitals the O.R. has a more sterile appearance. While here nurses are inside the operating room without being sterile and wearing the same clothes they wear outside. Nevertheless I am confident

that the doctors know what they are doing and that everything that touches the patient is sterile.

Gynecology:

Every wednesday at 15.30h and every saturday at 10.00h dr. Ngonu (gynecologist) comes to the hospital for consultations and echographies.

Observations:

I observed several consultations and physical examinations of gynecological and obstetric patients. I also observed exterior and endovaginal echographies of gynecological and obstetric patients. I saw 2 aspirations on women with incomplete abortions. From watching the echographies I learnt more about reading the images of an echo. After two weeks I began to recognize some anatomical structures. It also helped me to get acquainted with common gynecological diseases women suffer from, like myomas and ovarian cysts.

Activities:

I performed a vaginal toucher.

Physical therapy:

There are two physical therapist -working with the hospital. They come on call or when patients have an appointment.

Observations:

I observed different kinds of therapies: massaging and exercises for strengthening muscles.

Chief nurse:

Observations:

I observed several consultations and physical examinations. I also witnessed removal of sutures, removal of excess synovial fluid from the knee, redressing of wounds, curettage and pre delivery care. What I noticed here is that most patients are very tough and that is what is expected of them. It surprised me a bit when on my first day I witnessed the removal of sutures after a hysterectomy, and the woman was screaming and crying of pain. I would have wanted to give her something for the pain. But the major only said: 'Don't cry! Support it!' I am not saying it is wrong or cruel, but it is just very different from what we do. We try to prevent or take away pain as much as possible, maybe a little bit too much.

Activities:

I performed a consultation and physical examination. Which was a bit difficult because I cannot do it in my own language and I am used to doing it differently. Nevertheless I think I did all-right, I got an idea of the possible sickness and I prescribed the right tests to find out. I assisted in prenatal consultation and examination.

Nurses/nursing station:

Observations:

I observed the activities at the nursing station, where new patients are registered. And I observed the administering of the drugs. While observing the nurses there were a lot of things that concerned me. First of all none of them use gloves while working with needles. Besides that there are many occasions where they are at risk of cutting or pricking themselves. One of them is the breaking of the glass ampuls, in which most of the drugs are hold, sometimes leaving sharp edges. And another is the fact that syringes are reused many times, requiring recapping.

Activities:

I registered new patients and took their parameters: blood pressure, temperature and weight. I assisted in administering the drugs. Meaning I injected into the perfusion liquid. I did not perform any injections.

laboratory:

Observations:

I observed performance of several biological analysis and staining of microscopic slides. Here again I noticed the work needs to be done with only the basic necessities. And that there is not enough money for new material, leading to a lot of recycling. Besides that I saw that use of gloves is very minimal here too.

Conclusion

The first thing I noticed when I arrived here is the exterior of the hospital. The fact that it consists of several unattached buildings and surrounded by lots of green, does not make it look like a traditional hospital I think that can be a positive thing, but it also causes several problems. For starters it makes it more difficult to keep it clean and insect-free. Another thing is that is not possible to get from one building to another without getting wet when it rains. It is difficult to find an easy solution to this, but it just makes me think why the choice has been made to build the hospital like this.

My other concern regarding hygiene is the lack of sufficient trash cans for syringes, needles, glass (from the ampuls), used perfusions and worn bandages. Everything is thrown in (or next to) one of the two available trash-cans. And then one of the cleaners has to get rid of it. I can imagine it is expensive to buy different trash-cans for hazardous materials, but just to insert a plastic bag inside The trash-cans already makes it easier to remove everything without touching. And maybe to think of a construction where it is possible to open the lid without having to touch it.

Something completely different is the fact that I saw that patients carry their own medical file. Consisting of their health booklet and some loose papers. This looks a bit unorganized to me. There is a high risk of things getting lost. Besides that it makes it

difficult to get to know a patient's complete medical history. Doctors have to ask for it at every consultation and from my experience I know patients forget a lot of possibly important information. During my time I hardly saw doctors read through the booklets, thereby missing possibly relevant data described by other doctors. I can imagine it is difficult to introduce a central registry system for patient information, like we have. But I think an improvement can be made if patients would carry a card in their file with relevant medical data, like blood type, known allergies (specifically to certain drugs), known chronic diseases (diabetes for example), previous surgeries, and so on.

Even though I think I now have a better idea about how it is to work as a doctor in a developing country like Cameroon. I would have liked to have seen more patients. Maybe then I would have learned more and learned more faster, so that I would have been able to be of more assistance. Now most of the time I only observed. I know that there weren't a lot of patients because of this period, where people need the money to send their children to school and when many people are busy working on the farms. So I cannot blame anyone for that. But I will advise any friends if they want to come, to come in a different period and I will discuss it with ASHIA, the organization that sent me here.

At last I would like to thank everyone for their hospitality and their friendliness towards me. Everybody did their best to help me feel welcome and at home. I want to say thanks for helping me to learn about your hospital and the work you do. And for understanding the fact that my French is not very good. After these weeks I will go back home having had a good experience and I will be appreciating my life in Holland more. If in the future I can find the time and money again, I might return.

Merci beaucoup et au revoir,
Jeanine van Driel.

ASHIA PROJECTS

Donate a mattress!

In July 2007, ASHIA visited the provincial hospital in Fombot. The hospital is in desperate need of medical equipment but also of basic attire to provide quality of care to patients. It came to the attention of one of our visitors that mattresses on the hospital beds were basically non-existing. Patients lie on old rusting beds, with a thin cardboard to support their backs.



One mattress was donated to this hospital so as to start an initiative to provide mattresses to all the hospitals' wards.

ASHIA would like to thank Dr. Josephine Lairap (left) for her donation. Dr. Ninkam is the chief medical hospital in Fombot and stated that 'any such efforts will make a big difference in the quality of care of patients'.

So when you are asked what did you do this year? you can say, 'I donated a mattress to a hospital in Cameroon'.

Examining a patient in Cameroon:

- Always look carefully at a patient before starting your examination....
- Note the color of the skin, the color of the eyes, look for signs of weight loss...
- A physical examination should be done in a quiet room; feel the pulse, listen to the heartbeats, listen for bowel movements....

TIP! If you hear no bowel movements (GURGLES) for more than 2 minutes....call for a doctor!

ASHIA

non-clinical projects

- take part in HIV/AIDS educational counselling and voluntary testing in Bamenda and Fomban
- Visit a primary school in Bafoussam

ASHIA team members

dr. Sabine Fonderson
Contact person, NL

dr. Ngoupayou Inoussa
Supervisor, Rois

dr. Sado Chretien
Supervisor, Njisse

dr. Bakia
Supervisor, Akum

Constant Foka
Contact person, Cam

dr. Nemboe Dominique
Supervisor, CHC

dr. Richard Kue,
Supervisor, Bienveillance



Take time off and travel

Kribi is a beautiful beach lying in the southwest coast of Cameroon. The golden sands and crystal blue waters make it perfect vacation place.

Public transport is available from nearly all major cities directly to Kribi. This english speaking part of Cameroon is quite and apart from swimming and sunbathing there are other attractive places to visit.

The lobe falls, is about 10 KM from the main beach area. Once there, you can order a personal canoe and visit the other side of the waterfalls.

Hotel du Phare is a good hotel. Rooms start at about 15,000 CFA per night

(€22,50). The rooms are equipped with air-conditioning, shower and toilet. The hotel has a good restaurant where breakfast, lunch and dinner are served. A tip for all those wishing to spend a few days by the beach.

The best time to visit Kribi is probably between November and April. During the rainy season, the sea is rougher.

Do not forget to visit the fish market. At your request you can pick your sea-food (fish, prawns, crab etc), it is prepared in front of you. Eat it with fried plantains, bobolo or even potato chips (Enjoy!)

info@ashia.org

www.ashia.org