

HIPZ Zanzibar/Tanzania Visit - September 2006

Ruaraidh MacDonagh and Simon MacDonagh

Saturday 23/Sunday 24 September

We departed from Terminal 4, Heathrow, at 08.35 and flew overnight to Nairobi and then onto Zanzibar at 11.20 in the morning. We checked in at the Beit-al-Amaan and then met Mr Nassor and Mohammed Jiddawi at the Africa House Hotel. We had a long discussion regarding progress so far and future plans. The Non-Governmental Organisation (NGO) has now been registered in Zanzibar under the name of the Kizimkazi Development Society (KISIDESO). The Registration Number is 431.



We had, in particular, a long discussion regarding the constitution of the NGO and it was agreed that some fine tuning was required and that Nassor would translate the document from Swahili into English and email it to us in England as soon as possible. Simon will then review the document and make the necessary changes to ensure that the structure of the NGO and, consequently its powers, are appropriate. Mr Nassor explained to us that people of Kizimkazi are all very keen to get started on the development and that we would visit the proposed site and meet the village elders on Thursday.

After a light lunch, we then visited the Orphanage in Stone Town. It was a rather depressing place, but we were at least pleased to see that the freezer and television, previously donated by the Grant Bradley Charitable Trust, were being used and were still in good order. The cooker, donated by the same group, was not working and was being sent for repair. That afternoon, we planned the rest of the visit and had dinner out with Mohammed.

Monday 25 September

Up early for breakfast. Simon and I then met the Minister of Health and Social Welfare, the Honourable Sultan Mugheiry, (email sultanissa@hotmail.com). At the meeting also was Mohammed Jiddawi and Mr Said Natepe, who is the Director of Administration and Planning.



We informed the Minister of our planned development in Kizimkazi and he pledged his full support and agreed that a small hospital in this area would be appropriate and welcome.

Later in the afternoon, we travelled to the Ministry of Education and met the Minister, Mr Haroon Suleiman, who is the Member of Parliament for Kizimkazi. He is also a friend of Mohammed Jiddawi (MJ).



We had a very productive meeting and once again, the hospital project received the Minister's full support. He agreed that a hospital in this area was certainly needed and that the people, particularly in the Southern part of Zanzibar, were both very poor and lacked effective medical facilities. We also discussed the training of more medical staff in Zanzibar, who could then be contracted to work in Zanzibar, once qualified, for a period of time. MJ, in his new capacity as Principle Secretary for the Minister of Health, explained that one of his priorities in this post was to increase the number of trained medical students in Zanzibar to at least 20 per year. This was agreed in principle by the Minister of Education. The Minister also expressed a desire to come with us to Kizimkazi on Thursday to meet the elders. Although this clearly is a good political initiative for the Minister, and would certainly help with his re-election in 2010, he did seem genuine in his support of the project. That evening, we had dinner at the Serena with MJ, who once again, ensured that we were well looked after and had the best table in the house.

Tuesday 26 September

I was up at 6 in the morning to meet Mohammed and took the ferry from Zanzibar Port to Dar es Salaam. We had breakfast in Dar and then

went to the Apollo Medical Centre to meet Dr Nazir Arab, who is a Consultant Surgeon (email drarab@hotmail.com), Dr Jackie Lalalamani (lalmalani@hotmail.com) had specifically come to the Medical Centre to meet me and gave us a brief tour. He visits the Medical Centre 3 days every 3 months and brings with him his own equipment. He operates on patients who have been collected over the preceding 3 months and carries out, in particular, endoscopic procedures particularly with more complex stones. He only uses a rigid ureteroscope and showed us some of his cases. He clearly is a very technically able individual who gives his time for only a very small fee although he works in the private facility. He makes little capital himself and works extremely hard operating on large numbers of patients.

We left his clinic at midday and went to the Muhumbili Hospital to meet Rupen Chande, who is Manager of the Professional Development Centre for East Africa for the Aga Khan University. He, in fact, works for the Institute of Educational Development for East Africa (email rupen.chande@akest.org). Rupen is the brother of Maniche Chande, who is a friend of Simon's. Rupen was a delightful person and although he cannot specifically help in his role in education within the Aga Khan Foundation, he was clearly very interested in the project. He is due to take three months' sabbatical, awaiting a new job at the Institute, and he has asked us to contact him at home in London, (0207 935 3779 and 0207 935 2827) saying he would be more than happy to help us draft a Concept Document detailing very precisely our reasons for requesting funding, and a breakdown of where the money will be spent and why. It also turns out that he is a very good friend of the Minister of Education, Haroon Suleiman: a very lucky coincidence.

It seems that I was due to give a lecture at the Muhumbili at 11.30 but sadly the email, requesting me to do this, was sent after we departed to Zanzibar. It seems that the Professor of Surgery and his Team, including other Consultants in other disciplines were waiting in the Boardroom for me to arrive and give my lecture. On returning to the Apollo Medical Centre, we met the Professor (Prof Aboud) and explained the situation. He was very gracious and even drove us to the Port to drop Mohammed. I then took a taxi to Dar es Salaam Airport to pick up my ticket and against all odds met Simon in the Departure Lounge. We had had some difficulties getting Simon's tickets in Zanzibar and were somewhat

surprised that our plans had come to fruition. We then flew to Kilimanjaro International Airport (KIA) and were picked up by Valle Padre, who works for MEM Tours (Telephone 00355272754234/2750669, email reservation@memtours.com, website www.memtours.com).

We then drove to the Protea Aisha Hotel, which is a beautiful hotel on the slopes of Kilimanjaro.

Wednesday 27 September

Up early for breakfast and to meet Frankie from MEM Tours, who will be our driver to Shigatini today. We pick up Dr Mark Mvungi, Consultant Surgeon and Urologist, and Peter Msuya, who is a Technical Education Officer and a trained Civil Engineer and who is the Construction Manager for the Hospital at Shigatini. It is a two-hour drive to Shigatini up through the Pare Mountains to Same and then up into the hills.

Shigatini is a small village where both Mark and Peter have homes and were born. They are expanding the existing Dispensary into a Health Centre. A dispensary provides medication, as well as clinics and antenatal care. Deliveries can also be carried out but there are no inpatient beds. Health Centre status is obtained when inpatient beds are included, and this gives rights to additional Government funding, provided the initial initiative is linked with the Church. Sadly, our project will not fall into this category. Mark has almost completed the building of the two wards, a nurses' station, laundry and staff accommodation: Simon and I learned much from the problems he has encountered. He gives us the plans for the hospital, and we spend a long time looking at the layout, both of the original Dispensary and the new build. We also visit the Rotary funded water source, which is being piped in from a natural spring into the School, Hospital and Church (this clearly indicates the African priorities!). We then travelled back to Mark's house to meet his wife and then later in the afternoon on to KIA.

Simon and I discussed at length progress so far, and Simon had the inspirational suggestion that, as part of Phase 1 of our project, which would include building of a fully equipped Dispensary, we could

simultaneously train Clinical Officers and nurses. The training of these would be from Zanzibar and preferably Kizimkazi. These Clinical Officers have a three-year training and, although they are not qualified doctors, they are able of carrying out all the tasks necessary within the Dispensary as well as potentially learning to do Caesarean sections. A further two years training would make them an Assistant Medical Officer, when they can call themselves doctors and carry out a full range of medical tasks. If we trained, for example, four or five Clinical Officers, by the end of the three-year period, the bulk of the hospital should be completed and these Officers would then be contracted to work within the hospital/Zanzibar for a period of time.

We fly from KIA to Zanzibar and onto the lovely Breezes Hotel in the evening.

Thursday 28 September

Our first morning off since arriving in Zanzibar, but sadly it rains! Nevertheless, we have a pleasant morning and then at lunchtime head off to the Kizidi Restaurant in Kizimkazi. Kizimkazi is essentially two villages, one in the north (Kizimkazi Mkunguni) and one approximately a mile south (Kizimkazi Dimbani). The Restaurant is at Mkunguni opposite the Mosque, which is the oldest Mosque in East Africa. Simon and I drink a coke each and then a very posh car arrives containing the Health Minister, his entourage and MJ. We pile into the car and head to the proposed hospital site, which lies in the strip of land between the two villages, just on the East side of the road. The land is very rocky and is 100 metres x 100 metres.

All the village elders from both villages are present and a heated discussion ensues.



Mohammed clearly gets very agitated at the ramblings of one of the younger women, and we are asked to leave with Mohammed while the situation is sorted. Apparently, the woman is concerned that the hospital will not belong to the village and that there is some profit to be made by the individuals involved, including presumably MJ, Nassor and ourselves. MJ is clearly not impressed and we, instead, visit Kizimkazi Dimbani Dispensary and Mohammed's small plot of land that he has recently purchased.

The existing Dispensary in Kizimkazi is very small, although well constructed but has only very minimal facilities. We learn that the Nurse who runs the Dispensary has not been there for a week. Mohammed then receives a mobile phone call to say that everything has been sorted out and everyone is of one mind that the hospital must be built. We arrive back at the scene, where everyone is smiling and happy. Nassor introduces us formally and I make a speech, which is translated into Swahili. I emphasise in particular that the hospital, although funded by us, will belong to the people of Kizimkazi through the NGO. We had long discussions with various individuals regarding the hospital itself and the training of Clinical Officers. The Minister of Health agrees that he will try and push the training programme through, on our behalf, with MJ. He is also keen to get the Dispensary built as soon as possible and agrees that he will sort out any problems with

water, which at present does not exist in this area, and sewage. There are no telephone lines, but he seemed to feel this would not be a problem. We take photographs of the assembled people and head back through Kizimkazi Mkunguni. We stopped to take some photographs to put on the website.



Simon and I go into a typical Kizimkazi home, which is full of smoke and very dark. Clearly the people in this village are extremely poor and one only wonders how they manage to exist from day to day. It also brings home that this hospital build must surely make a significant difference to the lives of the people of Kizimkazi and its surrounding area.

We head back to Breezes, which seems to be a different world.

Overall, today has been an enormous success, where first of all, we have confirmed that there is not only a need for this hospital but a desire from the people to make it work. We clearly have the support of the Government and the idea of training our own doctors, probably funded through HIPZ is something of a master stroke. On the way home, we realise that my rucksack had been left in the Minister's car, which we eventually manage to track down. We return to Breezes Hotel, which is full of honeymoon couples, other than me and Simon, who looked like a

pair of gay twins. Nevertheless, Breezes is a delightful Hotel with good food and a comfortable atmosphere.

Friday 29 September

A reasonably leisurely breakfast and then James picks us up to drive us the one hour into Stone Town for our meeting at the Ministry of Health and Social Welfare. Following Simon's initial meeting with Dr Lund Stine, who is the Danida Health Sector Programme Support Officer (email stine@danzan.or.tz). We have arranged a meeting with her co-worker, Dr Bou Peters and his wife Nanette Hulshoff Pol, who is an Architect (email nanette.hulshoffpol@gmail.com, mobile 002550777454822). Nanette has worked for Danida for a year and with Danida funding, has renovated approximately 40 Dispensaries on the Zanzibar Island of Pemba and also built 11 new Dispensaries. She is an extremely competent lady who has experience in precisely the right area for this project and is a real find for us on this trip.

We discussed the situation relating to Kizimkazi with her and MJ for approximately 1½ hours, and she is particularly keen on our idea of internal training of Clinical Officers, Assistant Medical Officers and Nurse Midwives/Nurse Specialists, who would then be bonded to work in Zanzibar for a period of time. She felt that one of the problems was that, although she has renovated a lot of these Dispensaries/Health Centres, there are few adequately trained medical staff to work within them. She listened to our case relating to Kizimkazi and discussed with us the existing facility in Makundchi, which is approximately 20 km to the East of Kizimkazi. This is a "Cottage" Hospital, which is a reasonable building but poorly supplied and very poorly staffed. Building a hospital of similar size or even larger in Kizimkazi, even if the Makundchi Hospital was properly staffed, would still be appropriate. She and her husband are going to send us a copy of their report on CD, which details their activities over the period of time that they have been in Zanzibar and also a template of the basic Dispensary build.

We discussed the cost of a hospital build, which she felt that depending on the precise details, it would cost approximately \$250 - \$300 per square metre. For a standard Dispensary, which would include a large waiting area, clinic spaces for antenatal and under-5s clinic, a laboratory

and a small postnatal Ward would come to approximately 33,000,000tzsh. Translated to the current exchange rate, this would amount to approximately £15,000 sterling. This is certainly less than we had anticipated. She seemed to be happy to act as an Architect alongside Martin Hall and would also, as she done in her previous builds, co-ordinate the construction aspect of the project. This meeting was certainly the highlight of the trip, as both Simon and I now feel that not only is there a need for this project, but that there is now also an appropriate way of achieving it.