Kubuneh Health – supporting health centres in the Gambia

Kubuneh Health is a charity started by David Harding, neonatologist at St. Michael's Hospital, Bristol and Sue Harding, a former orthopaedic and trauma nurse specialist at the Bristol Royal Infirmary. The aims of Kubuneh Health are to help support a local health centre in the Gambia with medicines, develop the infrastructure such as solar power, fridges, building maintenance, and assist and train local staff.

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Keywords

Kubuneh Health; charity; Gambia; examination of the newborn; newborn resuscitation

Key points

Harding D. Kubuneh Health – supporting health centres in the Gambia. *Infant* 2010; 6(5): 170-72.

1. Good organisation and creative management with little resource can make a fundamental difference to health in the developing world.
2. Use of appropriate protocols such as the NLS algorithms, and the Integrated Management of Childhood Illness package (ICMI) are key to better care.
3. Addressing basic health needs in a localised primary care setting in Africa can be done with relatively little finance and a lot of energy.

Kubuneh Health Centre is a community-built health centre located in a semi-rural part of the Gambia about one hour's drive from the capital city Banjul, itself just six hours' flying time from Bristol. The health centre serves an estimated population of up to 25,000 people. It provides a nurse-led clinic for between 20-40 patients a day (although in the current rainy season 90 people were seen on one particularly busy day).

In July 2008 we assembled a group of nursing staff from the neonatal unit at St Michael's Hospital and doctors from Bristol Children's Hospital and general practice to visit the health centre (**TABLE 1**). We were supported in this project by the charity International Health Partners (IHP) through provision of a travel pack of assorted relevant treatments, and gifts from Chiesi Pharmaceutical, Intersurgical and Inspiration Healthcare.

We arrived as the rainy season had just really set in, bringing with it problems of malaria along with the difficulty of travel along flooded dirt tracks. This was accompanied by the apprehension and excitement that many of our team felt at not really knowing what to expect, many having never been to Africa before. Some of our experiences, many typical of African health care, are briefly outlined here.

Darshana Battarcharjee	Paediatric Specialist Trainee
David Harding	Consultant Neonatologist
Sue Harding	Former Orthopaedic and Trauma Nurse
Amy Johnson	Children's and Neonatal Nurse
Fiona Rumley	Advanced Neonatal Nurse Practitioner
Heather Styler	Children's and Neonatal Nurse
Catherine Upton	Children's and Neonatal Nurse
Helen Zaklama	General Practitioner

TABLE 1 The team.

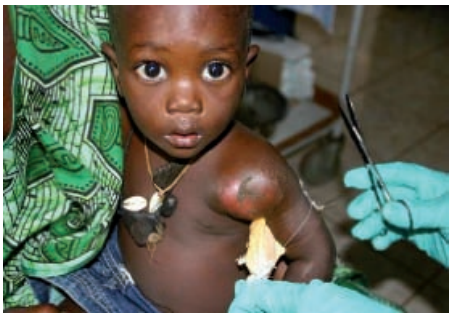
Kubuneh Health Centre and staff

The health centre is led by a Dutch former ICU nurse, now trained in tropical medicine, Gabrielle Sak. She is assisted by a former paramedic from the UK, and assistants from the local community as well as two traditional birth attendants.

The services the health centre provides

Delivering medicines – from IHP and Kubuneh Health.

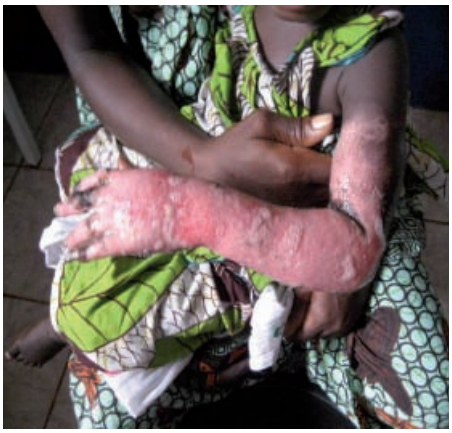


The health centre and patients

are limited to basic medical/nursing diagnosis and care (without any diagnostic services of any kind), prescription of treatments such as analgesics, antibiotics, anti-fungals, anti-malarials including the latest dual-therapy (Coartem) from the World Health Organisation, nutritional support and fluid rehydration. The remit covers whoever walks, or is carried, through the door and includes, on occasions, resuscitation of adults and infants and their transfer to hospital in Banjul (if any transport is available, about an hour and a half drive away). In addition, the clinic staff regularly see many patients with wounds (often caused by machetes when chopping wood), burns (as most people cook using an open fire) and abscess (caused by minor wounds and bites, poor hygiene, poor nutrition and malnutrition). Half of all the patients are children.

Many of the patients may walk, or are carried, for over an hour when unwell, in temperatures of 30°C or more, to access the clinic's services, sometimes bypassing the state sponsored hospital at nearby Brikama or the private clinic at nearby Mandinari. As a result of sponsorship of Gabrielle and Kubuneh Health by Dutch colleagues the costs of treating a patient are kept within reach of at least some of the local people – 50 pence for an adult's first visit including any relevant follow-up visits plus a course of medication, and 25 pence for a child. However the average wage of around one pound a day makes even this out of the reach of many families,




Before and after toothpaste, leaves and Polifax.

and some discretion is exercised for those most in need. The local hospital, by comparison, can charge over a week's typical wage for a clinic visit with similar pharmacy costs on top. Needless to say most patients only present, or are brought by their parents, when much sicker than they would be in the UK.

We had so many interesting, eventful, moving moments we have outlined a few of them below.

Donations of medicines

We were able to bring with us thousands of pounds worth of medicines, antibiotics, analgesics, a glucometer, treatments for burns, vitamins and oral rehydration therapy, and monoclonal-antibody malaria diagnosis kits for use on the pregnant women. Some supplied by IHP and others by Kubuneh Health and donations from our sponsors. In addition we were able to donate hundreds of IV cannulas for both children and adults. The staff were overwhelmed by the donations, saving vital funds for use elsewhere, and in our time there we were to see how useful and appropriate the choices had been.

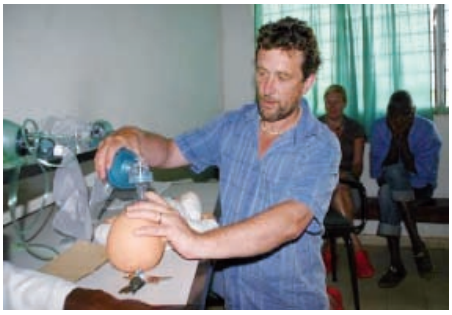
Burns, toothpaste, leaves and Polifax

One little girl we saw was suffering from burns after pulling a boiling pan over her arm. Her mother had covered the burn in toothpaste and brought her screaming in pain to the clinic. Despite (or because of – who knows!) at one point having leaves applied to her burns by her family, attendance to cleanliness, analgesia and regular dressing with Polifax effected a dramatic improvement in her hand and arm over time, amazingly with no infection, and with complete healing clearly on the way. The staff at the health centre (and her parents) were amazed at the results – they just wished they could have more decent analgesia and so much more Polifax.

Training and chronic disabling childhood illness

We spent some time with the local health-centre team teaching them basic examination of the newborn and recognition of the sick child as well as how to review some of the cases we saw. A couple of children with complex needs were brought in to discuss possible improvements we could make to their care.

One child we saw, with hydrocephalus, was being cared for by family despite the parents having been told, when he was a baby, to take him to a local healer (Maribu) and let him bury the baby in the ground.



Newborn resuscitation training, Banjulinding.

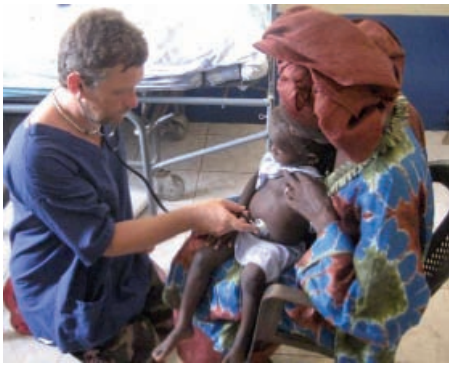
We supplied and reviewed the WHO Integrated Management of Childhood Illness package (ICMI) – a set of generic case management guidelines, charts, and related training materials developed by WHO and UNICEF to be appropriate in the majority of developing countries with high infant mortality and where there is transmission of *P. falciparum* malaria. These generic materials concentrate on the five conditions that together cause more than 70% of mortality in children under the age of five years: acute respiratory infections – mostly pneumonia; diarrhoea; malaria; measles; and malnutrition. These five conditions are the reason for a high proportion of visits to all health facilities.

We also taught basic newborn resuscitation at nearby Banjulinding hospital, which is a state-financed hospital, with basic maternity, outpatients, inpatient and laboratory facilities and a number of qualified Gambian nurses and one doctor. The definite stars of this visit were the resuscitation doll, constructed by Dr Stephen Jones of Royal United Hospital Bath on his kitchen table from one of his children's dolls (and containing a set of lungs that moved the chest in response to bag and mask ventilation) and the various neonatal, paediatric and adult bag and masks we were able to donate to the hospital, courtesy of Intersurgical.

Sadly we were re-acquainted with the reality of resuscitation soon after this visit when a mother brought in her two-month-old baby into the health centre with severe respiratory distress and probable septic shock. While we were able to make a putative diagnosis we had no IV antibiotics, no oxygen, no access to ambulance, bush taxi or car – due to the rains and the flooded roads – to try to get the baby to the Royal Victoria Teaching Hospital in Banjul. The health centre has no ambulance and the nearest two hospitals have no working ambulance either and no fuel to run their ambulance (even if it was not in disrepair). The mother tried to get into the hospital in Banjul, but the baby died several hours later, before ever reaching a hospital.

Conclusion

Overall our visit felt like a success having been able to help deliver protocols, medicines, training and participate in healthcare delivery. The feedback from the staff, patients and local people was extremely positive. In addition many of us were afforded an opportunity we had never thought we could realise. The visit enabled us to familiarise ourselves with the Gambian team and learn more about the needs of the health centre and its patients and future work for the charity. We remain indebted to the people and organisations that helped support us: Chiesi Pharmaceuticals, International Health Partners, Inspiration Healthcare, Intersurgical, the pharmacy staff at UHBristol NHS Foundation Trust, Mandina River Lodges and The Gambia Experience.



Hard at work

For more information go to: http://kubunehhealthcentre.gambia.googlepages.com/

or contact: david.harding@bristol.ac.uk

To donate go to: www.justgiving.com/kubunehhealth/donate/

Electives: please contact us as above