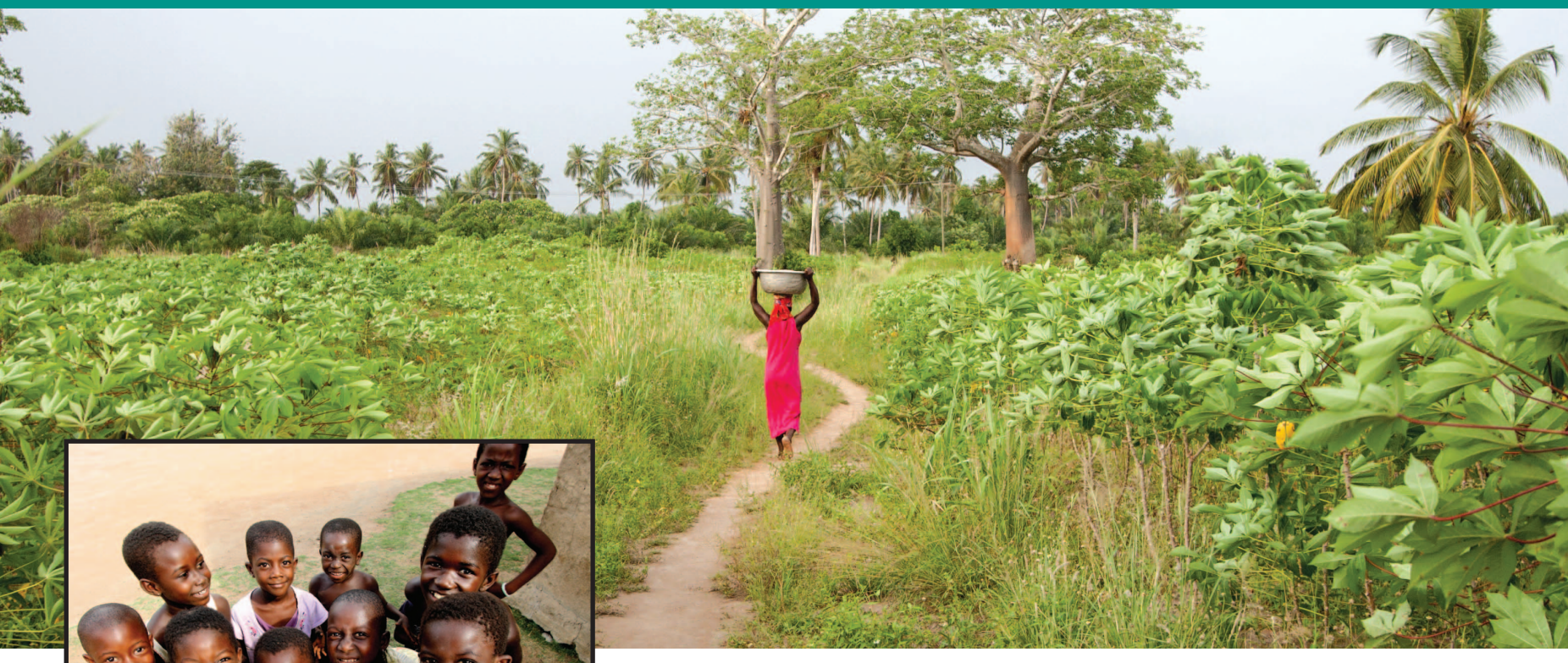

Modern health com

Returning to Australia following nine months abroad, registered nurse **Pete Harvey** tells of his experience of living and working in a rural village in Ghana.

In January this year I left Australia for what was to be a seven-month trip travelling and working in Africa. As part of this trip I had organised to spend two months volunteering in Ghana, assisting in a small rural community clinic.

The experience turned out to be one of the main highlights of my trip and gave me the opportunity to use my skills as a nurse, whilst at the same time, being immersed within the unique flavours of Ghanaian village life.

Prior to leaving Australia I had been working as a registered nurse for almost two years, having graduated from the University of Sydney's Masters of Nursing program in 2008. After graduating I was accepted into the new graduate program at Royal Prince Alfred Hospital where I later took a permanent position in the Emergency Department.

The decision to leave my job and spend seven months in Africa was not an easy one. After spending some time researching the various volunteer opportunities available, I eventually came across the Ghana rural clinics project listed on the website of the Kids Worldwide Volunteer Network. From here I was able to contact the local co-ordinator in Ghana via email and make arrangements to volunteer for nine weeks at the Mafi-Seva community clinic.

The Mafi-Seva clinic in Ghana is in a rural community in the East Volta region about three hours' drive from the capital Accra. The clinic, which officially opened in May 2003, was built with assistance from the non-government organisation, AMURT International. Amurt has been involved in this region for a number of years, with an original focus on targeting the guinea-worm epidemic through implementation of the Mafi-Zongo water project. Since 1987 the water project has been responsible for successfully providing clean drinking water to almost 30 villages and the subsequent eradication of guinea worm from the area.

Arriving in Accra, the first thing that struck me was the heat – approaching 35 degrees and extremely humid. I was met at the airport by the director of the Mafi-Seva clinic project, Samuel Tsanemyi, a local to the Volta region who has been active in community development work for many years. Aged 58, Tsanemyi is very well-known amongst the local community and has worked with volunteers over the years to ensure they have a safe and rewarding experience during their visit to Ghana. Volunteers come from many different nationalities and backgrounds – mainly qualified medical, nursing and midwifery professionals from North America and Europe who have come to help train local healthcare staff and assist in improving standards of care in the clinic.

Situated amongst a landscape of cassava fields, palm trees and a village of mud and thatch dwellings, the Mafi-Seva clinic consists of an outpatient department, one small inpatient ward and a maternity ward. There are also staff quarters, a kitchen and a newly completed building providing accommodation for volunteers and other visitors. On average, the clinic receives about 150 patients and assists with about four births per month. The clinic staff consists of four nurse apprentices and two traditional birth attendants. Also staying at the clinic during March was another volunteer, Stephanie, a nutritionist and midwifery student from Canada.

Pete Harvey with staff at the Mafi-Seva community clinic, Ghana.

Together we worked on an outreach program focusing on nutrition, especially amongst pregnant women during our visits to the surrounding villages. Anaemia is a significant issue and is exacerbated by the fact that the local people eat very little fresh food despite the abundance of fresh fruit. Although it is not my area of expertise, maternal health was addressed by attending to perinatal check-ups during our visits to the local villages

The daily routine was a fairly informal one, consistent with the slow and relaxed pace of African life. After breakfast at around 7am, the day would often be divided between seeing patients in the clinic, driving

Canadian volunteer Stephanie Hodges carries out a blood pressure check at the local marketplace

A community outreach session on nutrition

petes with ju-ju

to nearby villages to implement the outreach programs, and sometimes simply resting in the shade during the somewhat stifling midday heat. As it was the end of the dry season, the number of malaria cases was relatively low and hence the clinic was quieter than usual; on average we would see about five patients a day.

Infants and children made up a large proportion of the presentations. In addition to malaria, other common presentations included diarrhoea or vomiting, wounds and infections. The clinic also offered pre- and postnatal check-ups and a 24-hour maternity service for pregnant women. Occasionally, for more complicated cases, we would be required to refer or arrange transfer of patients to the hospital at Adidome, about a 30-minute drive away.

Although lacking in formal qualifications, the local staff proved to be competent in dealing with the majority of common presentations. Providing a diagnosis often proved to be challenging due to the difficulty in obtaining a clear medical history and the lack of laboratory and diagnostic tests available. The book *Where there is no Doctor*, published by Hesperian Health Guides and available for download from their website, is highly recommended as a resource for anyone considering volunteering in a healthcare setting in a third-world country such as Ghana.

Ideas about health and sickness in Ghana are still heavily influenced by superstition and magic. A very common belief here is that an illness or affliction is the result of the wrongdoing of a relative or ancestor. Grandparents especially seem to cop a large portion of the blame in relation to such matters. A young woman in the adjacent village came to the clinic expressing a belief that her inability to fall pregnant was due to her grandmother practising witchcraft. In Ghana, women who do not marry and produce children are viewed with great suspicion and generally seen as outcasts. Despite the widespread acceptance of Christianity here, in many villages "Fetish" priests continue to practice the art of "ju-ju" and claim to communicate with ancestral spirits.

The experience of working in rural Africa is certainly far removed from the high-tech environment we are familiar with in the West. Besides the lack of diagnostic tests and basic resources, other difficulties included the language barrier and obtaining a clear patient history. Literacy and basic education are lacking, particularly amongst many of the women in the villages.

Often people have previously been prescribed medication in a hospital or clinic without having been informed why or what the medication actually is that they are taking. Due to these and other factors, performing a basic but thorough physical examination was a key factor in patient assessment. Most treatment was provided in the form of oral medication; however, occasionally injections and IV therapy were also used when appropriate. This included ADT prophylaxis, analgesia, diazepam in the case of seizures, and IV therapy for severe dehydration.

Overall, I would recommend the experience to anyone thinking of travelling overseas in a third-world country. Working in such a setting is certainly an eye-opener in terms of the many things we take for granted in our health system here in developed countries like Australia. As well as hands-on clinical work, there are also endless opportunities within the sphere of public health promotion and education on health-related issues. Despite the many difficulties faced in daily life, Ghanaians have a rich culture and sense of community. The people are amongst the friendliest and most welcoming in Africa – after two months I found it difficult to leave, though I certainly hope to return to Ghana again at some stage in the future.

For more information visit: www.kidsworldwide.org or www.amurt.org ■

Ideas about health and sickness in Ghana are still heavily influenced by superstition and magic. A very common belief here is that an illness or affliction is the result of the wrongdoing of a relative or ancestor

Pete Harvey is a registered nurse in Sydney. He returned to Australia in October after nine months in Africa and is currently working in the Emergency Department of Royal Prince Alfred Hospital.