

Notes From The Field

January 2009 # Rwanda



January 2009 Entry

The first stage of our “field work” in Rwanda is ending, but the work is just beginning.

My husband, Bob, and I have spent the last five months living and working in Rwanda as part of the Center for Global Health’s USAID funded Rwanda Medical Training Initiative with our partners the National University of Rwanda and Centura Health. We are now heading back to the States for a few months, then we will return to Rwanda for the final phase of this project.

During the last two months my work has focused on assisting Professor Barongo in developing and implementing the details required for the family and community medicine (FAMCO) postgraduate (residency) program to include district hospital experiences – the community hospitals of Rwanda. FAMCO postgraduates will begin working and learning at the Kabgayi and Ruhengeri district hospitals April 1, 2009. The medical directors of these hospitals are enthusiastic about and supportive of the FAMCO program. The postgraduates (residents) are committed and engaged but a bit apprehensive about this new method of educating postgraduates which is very different than the other postgraduate programs.

In the current anesthesiology, internal medicine, obstetrics-gynecology, pediatrics and surgery programs residents are on the same specialty service through out the four years of the program. Family medicine education employs rotations in all the specialties. However, the duration of each rotation is typically one to two months. Over the four year program postgraduates rotate through internal medicine, obstetrics-gynecology, pediatrics and surgery several times at the two university hospitals and the district hospitals. Thus, the postgraduates, the faculty and the Ministry of Health are trying to understand how the postgraduates will learn “everything” they need to know in one month and at the districts where there are not always specialists in all the specialties. So Prof. Barongo and I have been working to educate everyone about family medicine and its process for education and training.

Bob and I have had the pleasure of getting to know the two FAMCO postgraduates currently in Kigali. Dr. Alfred, his wife and two young children and Dr. Gabriel and his fiancée joined us for dinner one evening. Dr. Alfred’s and Dr. Gabriel’s assignment to Ruhengeri hospital will take them 2 and 4 hours away from their loved ones. Some of the FAMCO postgraduates will be closer to their loved ones when at the district hospitals, but most will be further away. These seven pioneers in the FAMCO program are making a sacrifice which is common in East Africa so that the future for them, their families and their country will be better than the past. Many of the medical school faculty in Rwanda are working away from their families who live in Tanzania, Kenya and Uganda. Imagine only seeing your spouse and children every few months!



Building a dormitory at the National University of Rwanda, Butare, Rwanda

Bob's activities continue to expand. The business of Bob's mentee Gilbert with Gilbert's business partners and friends, Dominic and Kathryn, is progressing. The team has a business plan, a logo and business cards. The eco-resort plans for Lake Kivu are being reviewed by a lawyer and Engineering Ministries International (eMi) is coming to assist with building plans. Bob is the consultant to Charles, a young Rwandan who is building a house as a real estate investment. Bob is also mentoring Phil, a US business grad from MIT whose girlfriend in working in Rwanda prior to entering medical school this fall.

There are several aspects of life which are different in Rwanda even though the focus of our work is similar to what we do in the States. Most processes take much longer: registering a motorcycle with the Rwanda Revenue Authority takes 7 days of trips to the RRA office and the garage which verifies the VIN; paying for internet service requires a trip to a bank to deposit the money in the account of the internet service provider which means waiting in line for at least 20 minutes, then taking or emailing the receipt to the internet provider – no credit card charging. Rwandans do not like this process either and agree that it needs to change if there is to be continued business progress in Rwanda. Meetings last at least 1 hour and usually 2, because people and relationship building are very important. This is positive in many ways – people get to really know each other and trust is developed over several meetings.



House Dr. Bardella is calling home in Rwanda

The options for physicians after medical school are different than in the US. Following medical school which includes a year of internship, all physicians must serve at least two years in a district hospital as a general doctor, before applying for postgraduate, residency, training. There are only enough postgraduate training openings for about half of the medical school graduates, so most of the current physicians in Rwanda are general doctors. The specialty choices are limited to anesthesia, internal medicine, obstetrics-gynecology, pediatrics, surgery and family and community medicine. There are some opportunities for other specialty and subspecialty training outside of Rwanda through agreements with South Africa, Germany and Belgium. Rwanda has recognized the need for educated and trained primary care physicians who can positively impact the health of the people of Rwanda. So, we are hopeful that the new family and community medicine postgraduate program will result in more physicians who are prepared to provide the care needed and desired by the people of Rwanda.

The differences, the challenges and the young people we are mentoring actually give us not just reason but desire to return to Rwanda. So in four short months we will be back in the Land of A Thousand Hills.

Inis Bardella, MD, FAAFP
Associate Director
Center for Global Health
Colorado School of Public Health



Dr. Bardella and husband Bob at Nyungwe National Park