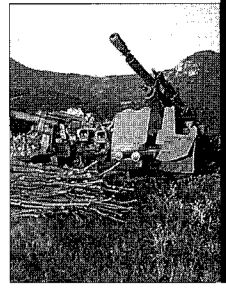


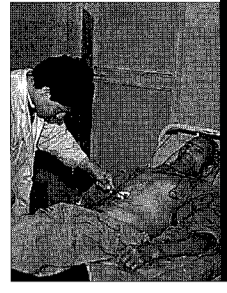
Response
to our
Rwanda
Appeal



Volunteers
stories
from
the field



Urgent
needs
in the
Caucasus



Merlin
team
assists
Afghans



MULLAHS bring peace to Kandahar

The people of Kandahar face critical shortages as they start to rebuild their city. Olivier Van Bunnem describes how MERLIN will help.

Just a few weeks or even days ago fighting was raging here leaving its dead, its wounded, its suffering. Today the road towards Kandahar in the south east of Afghanistan is quiet. We pass through a huge desert of sand and rocks to the city itself, once a busy crossroad for travellers to Pakistan, Iran and Turkmenistan. The buildings now stand in ruins, a legacy to fifteen years of Russian occupation and civil war which forced hundreds of thousands of people to flee to neighbouring Pakistan and Iran.

Those who remain in Kandahar face constant hunger threats and are deprived of shelter and basic medical care. But a huge change is taking place in the city. Gunfire has been replaced by the sounds of people; in the market place, at work, going about their everyday business. The city is slowly coming back to life. The seven warlords who once battled for control have been replaced by a shura of seven mullahs which is restoring order, and hope, to the region. Any weapons

seen on the streets are collected, a judiciary system and a police force are planned.

The people of Kandahar are starting to rebuild their city from its rubble. We see groups huddled inside the small, stone rooms they have made with scarce materials and no electricity or water. Few have jobs and while the market looks busy and full of goods, only the rich can afford them. The price of medicines puts them beyond the reach of most.

I am here with our doctor, Michael Schubert, to find out how MERLIN can help in the process of rebuilding. The severe shortage of basic medical supplies is the first and most obvious problem and is the easiest for MERLIN to address but medical facilities are also scarce. Before the fighting there were four hospitals in Kandahar. Most have suffered the fate of the main hospital, pock-marked, without windows, stripped of equipment. When we locate the only functional hospital, a small 35-bed unit built by German NGO, GTZ (Gesellschaft für Technische Zusammenarbeit), it is still open but the NGO had to leave last month. With the surviving 11 clinics, these are the only medical facilities available to the region's 700,000 people. Supplies, assistance and training from MERLIN will help to keep them open.

It is vital that more are established and that Kandahar's neglected health structure is restored. For years the doctors have learned about war and its diseases, not how to run a health system but they are keen to learn. MERLIN can provide training in administration as well as drugs and basic equipment.

The local doctors are eager to discuss the problems and to find solutions. We find a high incidence of communicable diseases amongst the population; inevitable given poor living conditions and water shortages, so a public health programme is discussed to teach the people about avoiding or reducing the risks of disease.

Our work here will also focus on women and children but when we start to research their needs, it proves impossible for two men in a strongly Muslim culture to discover the maternal mortality rate or the nature of complications faced by its mothers.

The region has few skilled female medical staff or diagnostic facilities for pregnant women. There is a clear need for a female nurse to go into homes to talk to the women, to discuss their needs and those of their children in a country which suffers one of the worst child mortality rates in the world.

Afghanistan is also now one of the poorest countries in the world but its urban population is skilled. The people in Kandahar want to revive their city but they will need support in the next few weeks and months. With our evaluation over, we leave, but in the knowledge that a MERLIN team will soon be in place to provide that assistance.

Olivier is currently back in Kandahar setting up the programme and has been joined by a MERLIN doctor, nurse and logistician



Women and children are vulnerable (David Stewart Smith)

Return visit to Nagorno Karabakh

Last year MERLIN vaccinated 10,000 children in Nagorno Karabakh, a disputed enclave in Azerbaijan which had already suffered five years of war. The population was malnourished and faced the daily threat of disease. None of the children had been vaccinated during the war so MERLIN undertook an extensive vaccination programme. At the end of 1994, we returned to Nagorno Karabakh, now at peace, to assess the effects of one of our earliest programmes. Angus Taverner reports.

Leaving the hazy snowcap of Mount Ararat behind us, the weather-streaked Armenian Airways helicopter bucked slightly in the upcurrents from the mountains of Karabakh. The first view of Nagorno Karabakh is of harsh peaks with tree-clad flanks and occasional patches of agriculture.

A year after MERLIN's first medical intervention finished, another MERLIN team was coming back. We were returning primarily to find out how the Karabakh medical authorities had managed since we left. We also wanted to find out what lessons we could usefully draw for future interventions in similar situations and we wanted to see whether there were any other emergency needs with which we might be able to help.

Outwardly, the capital Stepanakert had changed little. Plastic still flapped in every window where the glass had once been. Driving was still precarious as vehicles lurched alarmingly to dodge the shell craters. Two major offensives were mounted earlier this year and the military cemetery has grown to fill another empty field on the edge of town. But the tanks are off the streets. The market bustled without fear of an air raid, the ceasefire seems to be holding. However during the week Dr Liz Tayler and I were there, the military hospital treated 17 victims of mine blast.

All the old faces were still there: Rigole, the vaccination coordinator; Dr Arabyan, the Minister of Health; Irene, the Director of the Epidemiology Centre and Nora, who had looked after the team before. All were wreathed in smiles that we had come back. The continued support from Britain seemed to count for a lot.

We found that MERLIN's vehicles were still running, the refrigerators in the vaccine store were still operating and were, moreover, full of vaccines, a complete round of vaccinations had been completed in early summer and another was planned for the coming month. Perhaps most significantly, Dr Valery Maroussian, the grizzled head of the Military Hospital and a veteran of 5 years of war surgery and death, sitting in his blood stained uniform as he took a break from his third amputation of the day, confirmed, "The most important thing that MERLIN could have done last year was to vaccinate the

children of Nagorno Karabakh."

Two days after we arrived, we were followed by the Deputy Minister of Health in Armenia and his Head of Public Health. After five days our continued interest in the region meant agreements on training and drug exchanges were reached. In the grand scheme of affairs, perhaps this will be the most useful practical outcome of our return visit and there were a number of professional lessons to be noted by our previous work. However what was most apparent to me was the contribution that a small team of medics could make to a future generation.



Photography: Angus Taverner



NEWS

spring 1995

Merlin
Medical Emergency Relief International
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London W2 4TU
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Quarterly
Newsletter

Future Programmes

Events around the world last year made extraordinary demands on our volunteers but their efforts saved thousands of lives. As we move into 1995, that work continues. These are just some of the regions where our volunteers will be in the next few weeks.

Peace talks in Azerbaijan are bringing a six-year war over Nagorno Karabakh to an end. As we leave the region, we hope that 1995 will deliver a permanent settlement to Azerbaijan, allowing up to a million refugees to return to their homes.

However the northern Caucasus becomes increasingly unstable. The dispute between Moscow and the breakaway republic of Chechnya threatens to spread to other states of Ingushetia and Dagestan. The region already suffers acute shortages caused by the collapse of Communism and economic disintegration. Chechnya has the added burden of a three-year blockade imposed by Russia, and now war. There are medical shortages throughout the health system and severe destruction caused by the fighting. Neighbouring Georgia is also experiencing shortages of fuel and medicines. MERLIN is sending an evaluation team to Chechnya to find out where medical intervention will be most effective in the region.

Our anti-tuberculosis programme in Tomsk, Siberia, has already proved to be highly successful and evaluations have taken place in other regions. These will establish whether tuberculosis is a severe problem in these areas and whether our intervention can make a significant difference.

In Rwanda, the work of humanitarian organisations saved thousands of lives this year but politicians have failed to find solutions or to encourage people to return home. Rwanda's health system has collapsed, its hospitals and clinics have been destroyed and there are shortages of equipment and medicines. We are currently rehabilitating clinics in the south west of Rwanda and this programme may be extended to regions where an operational clinic and NGO presence will encourage people to return home. An evaluation to the north west has shown the need for a clinic at Gisenye, for people crossing from Zaire back into Rwanda.

For the thousands of Rwandan refugees still gathered on the border in Zaire at Goma, no solution is in sight. Refugees are being reorganised into new camps as their period in exile continues. Some 40,000 refugees are being moved to a new area, Lac Vert, where MERLIN is responsible for the medical structure of the camp. This will include health posts and a health centre and we are in the process of appointing the team for the programme.

It is feared that the instability in Rwanda may spread to neighbouring countries, to Burundi, Zaire and Tanzania. The current situation in northern Burundi, where thousands of Rwandan refugees have fled, is extremely tense with many violent incidents taking place, particularly against Rwandan refugees. We continue to monitor the situation from our position in south west Rwanda where we are well placed to undertake future programmes.

MERLIN is helping to rehabilitate clinics in south west Rwanda to encourage thousands of displaced still in camps to return to their homes

The sprawling camps in south west Rwanda are a safe haven to thousands of displaced Hutu despite the daily threat of disease, food shortages and intimidation. There are more than 350,000 displaced in the region, too fearful of reprisals to return to their homes in Kigali or Butare. As well as providing medical care to these people, MERLIN and the other NGOs offer the security of an international presence.

Our teams are based in Gikongoro, providing curative care and a teaching programme to three camps in the south: Busanze; Shororo; and Kaman. However the new Rwandan government is keen to see all the camps scattered across the region closed in the next few weeks. Since people are too afraid to return home, it is feared that this will precipitate a further movement of the people across the borders into neighbouring Burundi and Zaire. Some have already fled as their camps have been closed.

If people are to be encouraged to stay in Rwanda and to return to their villages, they need something to return to, a working community. MERLIN is helping to rehabilitate some of the health structures in the region, with support from the ODA and UNICEF. Our programme includes the rehabilitation of buildings, provision of medical material and pharmaceuticals as well as the recruitment and training of staff who will be integrated into the new Ministry of Health when possible.

Extensive vaccination programmes have reduced one threat, that of epidemics. When our measles campaign ended in November, we had successfully vaccinated 65,000 children against a disease which can devastate



MERLIN team celebrates end of vaccination programme

refugee populations. MERLIN doctor Jo Porter also worked hard to prevent a meningitis epidemic at Ndago camp. She explains: "Within two days of starting I had seen more cases of meningitis than expected for that area at that time, and active surveillance for the disease was started. More and more cases were diagnosed and confirmed as meningococcal A by MSF who had access to latex testing. The criteria for an epidemic were difficult but eventually MERLIN's warnings were heard and MSF, with much help from other NGOs and the British army, enlisted an entire team to immunise 160,000 people against the disease."

During the vaccination campaigns we provided vitamin A supplements to 79,000 children to offset some of the worst effects of malnutrition. Future vaccination campaigns will be managed by the "Region Sanitaire" in Gikongoro, which has been given a refresher course in cold chain management of vaccines by MERLIN.

Events

London nurses help Rwanda

A dance in aid of The Children Of Rwanda was organised by employees of the Cromwell Hospital, Marie Reilly, Jane Hangar and Suzanne Kingston. After hearing about the work of MERLIN they persuaded the Kensington Close Hotel and local band Dream Circle to assist with an event. An auction on the night included a cricket bat signed by the entire English team and the evening raised over £4,000, all of which was donated to MERLIN for our Rwandan programmes.

Return visit to SW1

Four hundred people danced the night away to old fifties hits which "From the Hip" reproduced to great effect at the SW1 club in Victoria. A dance couple also appeared to show the troops the way jive should be done. After the demonstration it was felt that the jive would be better left to the experts. The last guests were seen leaving at 3.30 in the morning, no names mentioned. Thanks to everyone for coming; the night raised nearly £1,500.

Christmas Carol Service

An evening of carols and music was attended by 200 people at Old Church in Chelsea. Simon Bates from London News radio programme, who interviewed our staff in Goma, gave a moving account of the people he had met in Rwanda and Jim Needell, recently returned from Siberia, described his work on the programme. Rebecca Stockland, a mezzo soprano opera singer, and singers Ian Wicks, Clare Dawson and Nicholas Fowler with Andy Mantle on trumpet provided the music from Handel's Messiah and Bach's Magnificat. £2,000 was raised by the evening and we would like to thank all those who gave their time and in particular the Reverend Peter Elvy and all those at the Old Church. The event was organised by Will Stockland.

Future Events

During the early part of 1995 we look forward to a number of events taking place. These will include: Passion for Pink, a musical comedy composed and organised for MERLIN by Theatre in Trust at the Royal College of Music; a trans Atlantic follow-on to last year's successful MERLIN Exchange game; a photographic exhibition; and a further event at the SW1 Club.

A year of success

As we enter 1995, we are aware of the generosity our supporters have shown MERLIN throughout this year. Every pound you have given has enabled us to widen the scope of our work in the many places you have read about on these pages. In striving to keep our administrative overheads to a minimum, as much of your money as possible is spent in the field. That said, every charity costs money to run. Like everyone else, we have to pay the rent and the gas bill. Therefore, we remain particularly grateful to donors who recognise this and are prepared to give money towards these overheads. It is not a very 'glamorous' way to give but essential if we are to survive and progress.

Financial support for MERLIN has continued over the past quarter with a generous donation from Minorco Services (UK) plc and a further significant donation from ED&F Man. We also greatly appreciated the gesture of Dr and Mrs Michael Horder, who asked the guests at their wedding to send donations to MERLIN instead of giving them presents. Finally, a note of special thanks to Mr and Mrs Peter Smalley who went to a great deal of trouble to organise a very successful 'Bring and Buy' coffee morning for MERLIN.

MERLIN's Rwanda Appeal has continued to raise funding for our work in Rwanda and amongst the refugees in Zaire. The Appeal total now stands at over £50,000. During the last two months we have sought specific donations to buy lighting for Ndosho. Our target was £10,000, to buy solar-powered equipment for most of the huts, each one housing 100 children. Your swift generosity was astonishing and I am pleased to report that we raised £12,500 for this and for wooden huts for the children. I would like to note particularly the support of Femmes d'Europe, Kent College and Mrs Caroline Anderson.

We have been amazed by your generosity in 1994. It has enabled us to do so much. I hope that all of you will continue to support our work in 1995.

Angus Taverner



Solar Lighting kits installed

Emergency Fund

As you can see, MERLIN's workload is quickly expanding. We need to establish an Emergency Fund, an independent source of funding which will enable us to react immediately to disasters where the medical needs are urgent. Please support us in this aim by filling in the coupon and returning it to us. Thank you.

If you would like to help MERLIN, please make a contribution (cash or cheque) to:

MERLIN

PO Box 100
Tunbridge Wells
Kent TN2 5XN

Or use this telephone number to make a credit card donation:
0892 540 040

Name.....

Address.....

Telephone.....

Training encourages vital changes

Dr Caroline Mawer, a MERLIN volunteer in Siberia, describes how essential changes in practice are helping to prevent a tuberculosis epidemic in Tomsk.

Every Thursday Valerie Powell starts out on her weekly two-day trip to Kozhevnikov District, 200km south west of Tomsk. Valerie, a MERLIN volunteer, is a nurse practitioner with extensive experience in the Arctic North of Canada. She is training local feldshers about the importance of early diagnosis of symptomatic tuberculosis and in the correct use of World Health Organisation protocols in the treatment of tuberculosis.

The feldsher stations to which she travels have very limited equipment. Many will not even have the most basic dressings and have to sterilise and re-use disposable syringes. However they do now have anti-tuberculosis drugs from the MERLIN consignments.

Our programme includes talking to small groups of feldshers about the problems they experience, for example in persuading alcoholic patients to take their medication and suggesting possible solutions to them. Training staff is an important way of really changing practice and Feldsher Training Protocols have been produced in Russian by the MERLIN team, as a reference resource for the local staff.

Valerie's work is just one part of the overall MERLIN programme in western Siberia. The original Tomsk team set up a clinical trial - a comparison of WHO chemotherapy and conventional Russian treatments - in the Tomsk Regional TB dispensary and TB hospital. This work is continuing, so more and more patients are receiving the recommended treatments. The MERLIN doctors currently in Tomsk, Caroline Mawer and Tanya Lyagoshina, are working to produce high quality results to prove the efficacy of WHO recommendations. Tanya Lyagoshina is a local doctor and she will continue to work on the clinical trial after the volunteer staff leave.

An associated trial is also being carried out in the prison service. Prisoners are an important part of the tuberculosis problem in Siberia; TB patients are better treated than ordinary prisoners, so there is no incentive to take their medication. This can lead to the emergence of drug resistance, when the infection cannot be treated with conventional drugs. Multi-drug resistance can be a serious threat to patients and their contacts as well as to health care and custodial workers. So the correct use of chemotherapy regimes is even more important in these patients, many of whom will be in and out of prison regularly to avoid the perils of homelessness in the severe Siberian winters. In the TB Hospital, Dispensary and Prison, nearly 500 patients are involved in the trials and they are all receiving MERLIN drugs.

The local TB service staff have all taken a full part in the MERLIN programme. In December, they issued a 'Prikaz', a local order, with radical changes in their approach to Mantoux skin testing, BCG re-vaccination and Fluorography screening (like the old mass X-ray screening we used to have in Britain). Children in Tomsk were having Mantoux tests every year and four or five BCG vaccinations. Many of them had 'positive' skin tests and would then be admitted to a sanatorium for months of chemotherapy which is considered unnecessary



Fluorography screening



Paediatric ward, Tomsk
Photography: Gary Calton

in the West. This is extremely expensive as well as being unproven. It also means children are separated from their parents, many of whom could not afford to travel hundreds of kilometres to see them even if visiting was encouraged. The Prikaz reduces BCG to one re-vaccination and cuts down Mantoux and fluorography screening to high risk groups only. This is a huge shift in policy and the practical results are eagerly awaited.

The changes in diagnostic policies place an increased reliance on laboratory diagnosis, so MERLIN has provided a luminescent microscope and light microscopes to allow for quick and accurate assessment of sputum specimens. Getting these through Russian customs is part of the work for the team and the logistician, Derrick Tate, is well acquainted with Russian bureaucracy in all its convoluted intricacies. The unexpected is part of everyday life in Russia; like the time the MERLIN Niva had some poor quality petrol with water (which quickly froze in the minus 20 degree temperatures and required an 150 km tow) and the light bulbs in our flat which occasionally, inexplicably, burst into flames, blow fuses and make work on computers impossible.

Children learn how to stay healthy

'Hug monsters' and dysentery songs; Ailsa Denney's diary helps to explain why MERLIN is at Ndosho.

Today when we arrive at the camp there is a buzz of excitement among the children. In the past week each tent has been practising for the 'Ndosho Dysentery Singing Contest'. Each group has been given words describing what to do to avoid getting dysentery and cholera, ie how to use the latrines and not just a convenient spot on the ground, the importance of washing your grubby little hands and not playing in puddles of dirty water (which the smallest ones love to do, as any child would, but here this apparently harmless childhood joy holds life-threatening implications). The children then had to set this important public health message to music and perhaps dance and the winners would receive a prize.

The scene is difficult to describe, 1,500 children gathered in a huge circle on the waste ground next to the camp which is used as a football pitch most of the time. Each small group comes into the middle of the circle and children sing and dance for all they are worth. The morale boost for the staff and children alike is immediately evident and none of the children are disappointed as, although it almost causes a full scale riot, there is a lollipop for every child in the camp as well as a box of goodies for the winning tent. During the past week, while the children have been practising their songs, we have been rewarded with a dramatic decrease in admissions to the dysentery tent at the hospital.

My afternoon is spent taking Nomi, who arrived at the hospital last night in a very poor condition with severe anaemia and kwashiorkor, to the French Army Hospital in the desperate hope that they may have some blood for transfusion. Andrew and I take him there in the landrover and he is very quiet and good on the journey. Unfortunately we are disappointed again, there is no blood available. Little Nomi is about four years old and will undoubtedly die without a transfusion very soon. He is already weak and failing, his little body swollen beyond all recognition by advanced kwashiorkor and some degree of

Since July, MERLIN has been responsible for the medical needs of the children, whose ages range from six months to 17 years. At Ndosho staff training and general health programmes now absorb the time previously devoted to saving lives. The staff and children have been educated in general public health, vaccinations undertaken and vaccine fridges and cool boxes acquired for future vaccination campaigns. A pharmacy has also been established. Our priority now is to ensure a smooth handover to local Zairian and Rwandan staff.

heart failure. Driving back to Ndosho with him, there is this all too familiar feeling of impending death. Tomorrow I will send him to the Goma Hospital with a doctor and just hope that they are compatible.

Back at the hospital, Nomi is crying in his bed, he is inconsolable and nothing I can do will comfort him. I ask the interpreter what he is crying for and he tells me with a wry smile that he wants to go back in the Musungu's car! Instead he gets potatoes to eat which pleases him almost as much. Nomi has obviously been used to more home comforts than he is enjoying at Ndosho. He is a real Little Lord Fontleroy, cries and cries for potatoes, eventually gets them, eats half of one then starts crying for gateaux! What a charmer he is, he has me wrapped around his little finger already.

At the end of the day I indulge myself by taking a walk up to the Maison D'Enfants. This really is pure self-indulgence. The children here have been nicknamed by Toby, our logistician, as the "hug monsters". Just imagine 20 or 30 toddlers clambering all over you looking for cuddles. They are just adorable and will easily knock you to the ground with sheer enthusiasm when you crouch down to talk to them. I love coming here but wish I could hold every one of them and for longer than just a few minutes. They are so desperate for someone to care, for some attention. They all need a mother figure but there are not enough to go round at Ndosho.

I play with my little friends here for 20 minutes or so, they love my radio which plays tunes when they press the button and they all giggle with delight when someone talks to me through it. Sadly I have to leave them and this is the bit I hate, they cling onto my legs and some cry, I gently deposit as many as I can back in the porch of their building but as always leave Maison D'Enfants with a broken radio and a broken heart.



The Dysentery Songs and MERLIN's work at Ndosho were featured on the BBC1 programme, 'Good Morning with Nick and Anne'. Ailsa Denney will return to nursing at the Royal Edinburgh Hospital for Sick Children when the programme ends.

From the field

The flight from London to Kigali found myself and Paul in the front row of Sabena's economy class. In front of us, the UN officials on their way to Rwanda indulged themselves with the best Sabena had to offer. Behind us, some 25 Rwandans sat having been escorted onto the plane in Brussels by the Red Cross. They were all amputees. So there we were, sandwiched between the representatives of the international community and those whose lives had been so affected by their indecision and delay.

I had no idea what to expect once we got out of the plane and into Rwanda itself. I knew that my perception of the Rwandese situation would be superficial, moulded as it was by the Western media and little else. I thought instead about what the next few weeks would hold for me in a spirit of limitless possibilities, when Paul, the MERLIN nurse flying with me, mentioned his speciality was midwifery. I said that in the next few months, I hoped to see him deliver a baby.

I had never witnessed the birth of a child when, two weeks after arriving in Gikongoro, just as the extraordinary scope of my position here was dawning on me, I found myself in a dark, cramped room supporting a mother through her four-hour labour. Frustrated fists flew, Kinyarwanda curses were no doubt hurled and all the while Paul maintained an academic, if amused, air "Eight centimetres dilated, Nick." Really? I was so caught up in the frenetic energy, the anticipation, that the midwife's tutelage seemed untenable. Four hours of shifting and shouting finally gathered to their inevitable but wonderful conclusion. "There's the head," said Paul. Seconds later, a tiny girl lay spluttering on the UNHCR plastic sheeting and I stood gawping above her.

I have never found medics overly sympathetic to others' amazement at human 'functions' and I was duly mocked as 'the proud father' by the MERLIN team, when I returned, ecstatic, to the house. But for me, it was an incredible experience. Not only did it confirm the fact that here, working for MERLIN, there's never a dull day, that anything can happen, and that even a logistician can end up assisting in a delivery. But more significantly, it inspired an enduring sense of hope.

Rwanda is a confusing place to work at the moment. Everyone is all too aware of the horrific calamities that constitute this country's past and it is equally impossible to deny the ominous sense of insecurity and uncertainty that hangs over its future. We work in an atmosphere that reminds us of these things each day: the shocking swarms of blue plastic blinds that are home to 350,000 people in this region; the deforestation that steadily strips the countryside; the overwhelming international presence here; and the daily security meetings hinting that that presence is fragile.

Despite these things, nothing seems to do justice to the scale or severity of Rwanda's predicament and nothing is sufficiently concrete to measure it by. It is as if, in order to understand, we need the streets to be lined with bodies, we need to see a nation with its heart ripped out, we need its people to be in permanent mourning. But the reality isn't like that. What really stands out here, to an extent that no western media report could ever convey, is human resilience. Despite the most appalling destitution and suffering, despite all the fear, people are 'getting on'. And that is why the birth of a baby, however obvious and basic, can take on so much significance.

by Nick Weatherill in south west Rwanda

Profiles

MERLIN requires volunteers with medical, administrative and logistics skills. These are some of our volunteers currently in the field:

Dr Caroline Mawer is coordinating the anti-tuberculosis programme in Siberia. Her medical experience has included community paediatrics and general practice training. She has travelled extensively in Russia and Eastern Europe

Derek Tate, the logistician for the Siberia programme, has taught and travelled in the former Soviet Union where he worked with the organisation Teaching Abroad in Kiev, Ukraine

Paul Keen has completed the Tropical Nursing Course in London and nursed at the Hospital for Tropical Diseases. He worked for nearly three years in Guinea Bissau, West Africa, setting up ante-natal clinics and supervising the health institutions. He is currently assisting with training and rehabilitation of clinics in south west Rwanda

Caroline Grindey was a senior house officer in the Accident and Emergency Department of the West Middlesex University Hospital before leaving to join MERLIN in south west Rwanda, where she is teaching staff at the clinics in the region

Rebecca Trafford-Roberts, currently based in Kigali, is the administrator for the programme in south west Rwanda. Before this, she worked for ActionAid and the World Memorial Fund and also as a volunteer in India with Mother Teresa

Andrew Featherstone has gained experience in Africa working with the Africa Inland Mission in Kenya and Habitat for Humanity in Malawi. He is working as a logistician in south west Rwanda

Sarah Hall has experience nursing in India and Romania, where she lead a project for HIV positive children, setting up an Out Patients facility for children in the community. She is working with MERLIN in Goma

Returning to work in the NHS

Working abroad should be seen by the NHS as a positive career move says Seonaid McConnochie

Volunteers who expect an easy return to Britain after working overseas are sometimes disappointed; British hospitals can be slow to recognise the benefits of overseas experience and the skills it develops.

A campaign is underway, supported by the Royal College of Nursing and the International Health Exchange, to persuade the NHS to recognise the positive aspects of working abroad. Leaflets have been distributed to NHS managers, drawing attention to the skills staff develop and a second publication, aimed at nurses, will suggest the best ways of presenting those new skills.

A new course, 'Preparing to work in developing countries', will help to establish overseas work in its own right. The RCN Institute of Advanced Nursing Education (IANE) will be offering the course to nurses and midwives from April, either as a module on its own or as part of a degree at the IANE.

Julia Mountain of the International Office at the Royal College of Nursing is in regular contact with nurses who return to Britain. She feels that many of the problems they experience with the NHS have stemmed from a lack of communication between all parties involved. This is confirmed in a detailed survey published by the RCN; while NHS hospitals can be guilty of not recognising the value of the experience, nurses must do more to present their new-found skills of adaptability, flexibility and resourcefulness.

Next year MERLIN will approach a number of hospital trusts emphasising the need to attract skilled staff back to British hospitals. We will encourage them to allow nurses to work overseas without hindering their career pattern. We will also ask trusts to consider releasing doctors for short periods. In the meantime if you have any information on this subject, please let us know.