Junior Doctor for a Year in Rwanda YPP of the German Development Service



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The Young Professionals Programme (YPP) offered by the German Development Service (Deutscher Entwicklungsdienst, DED) is a scholarship programme that gives up-and-coming young professionals the chance to gain their first experiences of development cooperation work. Requirements for medics are one year of professional experience, a good knowledge of one foreign, European language and a maximum age of 28. Successful applicants receive €750 a month and insurance protection. The first stage of the programme is a three-week preparation period at the DED, where all scholarship holders get the opportunity to meet and get to know each other. This is followed by 12 months of work abroad under the guidance of a mentor.

The Workplace

First of all, I completed a six-week placement in the gynaecology clinic of the University of Butare. I then worked at the district hospital of Byumba under the direction of the experienced district doctor and hospital director. The Gynaecology / Obstetrics department of the district hospital in Byumba has 34 beds. Around 1,100 births are assisted here each year. Around 750 patients also present in the gynaecological outpatient clinic each year. The equipment in the hospital is abysmal; there is frequently a lack of drugs and laboratory reagents and improvisations often have to be made in the operating theatre. Running water is scarce during the day. The local medical team consists of two experienced doctors and two alternating junior doctors and serves the entire hospital (172 beds).

The district hospital is controlled by provincial and university hospitals and acts as the first medical institution in a catchment area of around 600,000 inhabitants. Basic medical care is provided by the rural health centres; unfortunately, however, the lack of communication infrastructure often leads to delays in transfers from the health centres to the district hospital. Patients have to cover the entire cost of their hospital treatment themselves (see inset). I was the person mainly responsible for the Gynaecology / Obstetrics department that year. I visited the ward, supervised the delivery room and was responsible for all ultrasound examinations in the hospital. Nightshifts are each covered by one, single doctor for the entire hospital. The DED excluded me from nightshift duty so that I would not have to deal with overchallenging cases alone.

	approx.
Net monthly income of the district doctor	US-\$ 200
Average monthly income of a salaried employee	US-\$ 25–30
Monthly surplus of a rural family with a subsistence farm	US-\$4.50

US-\$20

Fee paid by patients (approx.)
for caesarean section

for spontaneous birth	US-\$ 5
for ultrasound examination	US-\$ 1

Drugs must be bought by patients themselves



Difficulties

Working

abroad

Contrary to expectations, it was not specific sad cases that upset me, but the sheer number of these. It was only when I was back in Germany that I realised just how much I still had to process in my mind. Another difficulty I had was dealing with the poor level of education of the native junior doctors, for whom working according to the principle of "trial and error" was the norm.

In rare cases, I found myself having to perform the duties of a medical consultant alone, without instruction (e.g. caesarean sections). Many of my young colleagues in Germany boast about how they want to work in developing countries, because you're "allowed" to do so much there so soon – but I think you have to be careful not to fall into line with the education standards there that are the result of insufficiencies.

Achievements

My greatest sense of achievement was that I really was fully integrated in the hospital team by the end. The nurses told me how much they had enjoyed working with me. They learned to appreciate/value my self-critical and yet – when it came to work – competent role. It was also rewarding that patients accepted me completely.

Summary

The YPP made it possible for me to gain my first experiences of development cooperation in a way appropriate for my level of education. The most important contribution I made this year was the intercultural exchange at eye level, which perhaps came easier to me than to a longstanding specialist gynaecological development worker (senior physician, consultant). I found it easier to settle for the standards as they were, since I, with my lack of expertise, couldn't yet have such high expectations of myself and my surroundings. With respect to long-term changes, one year was too short; a development worker contract only makes sense from a period of at least two years. This year I got a firmer grasp of my motivation for working in development cooperation. In particular, I have a better understanding of the pride of African women given the difficult circumstances.

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