

PRESS CLIPPING SHEET

PUBLICATION:	Daily News
DATE:	20-September-2015
COUNTRY:	Egypt
CIRCULATION:	60,000
TITLE :	3-Day medical convoy provides much needed medical respite in Siwa
PAGE:	Back Page
ARTICLE TYPE:	Government News
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ENT specialist Dr Radwa Helmy noted the high incidence of treatable illnesses



Top-of-the-range incubators for babies lie unused under lock and key



A young patient attends the dentistry clinic

3-DAY MEDICAL CONVOY PROVIDES MUCH NEEDED MEDICAL RESPITE IN SIWA

CHARITABLE DRIVE PROVIDED MUCH-NEEDED MEDICAL CARE AND HEALTH AWARENESS FOR NEGLECTED OASIS COMMUNITY

By Nadia Ismail

A three-day medical convoy was held in Siwa Oasis between 10-12 September at the Siwa Central Hospital, providing a range of specialised medical care for the oasis' under-served community.

The Cairo-based convoy was organised by a group of independent medical and non-medical volunteers, with input from the Ministry of Health. It brought together a team of 50 volunteers, including specialist doctors from Cairo and Alexandria, to provide much-needed, free-of-charge healthcare currently not available in the oasis.

Doctors held walk-in clinics covering internal medicine, paediatrics, urology, ears-nose-throat (ENT), dermatology and dentistry. For its duration, the convoy also installed a pop-up pharmacy that dispensed free medication provided by NGOs, with pharmacies in Siwa providing other medication if needed. The convoy's agenda also focused on community work, providing a health awareness campaign targeting Siwi women, particularly focusing on women's health and hygiene. Also involved in the community work were a range of non-medical volunteers, who set up a children's play area for drawing, calligraphy, and games.

The Siwa medical convoy was started in November 2014, after an acquaintance of the convoy's organisers, who had travelled to the oasis earlier that year, reported cases of children with measles in Siwa. Despite there being a hospital of reasonable size already present in Siwa, the lack, and weak quality, of services available meant locals, even those requiring relatively minor care, had to travel 300 km to Marsa Matruh, the nearest centre with the available provisions, or even Alexandria.

In initial explorations of the hospital conducted by the convoy's organisers, it was also found that not only was the hospital severely under-equipped, but what equipment there was could not be used due to lack of staff training. Only basic clinics, including provision for paediatrics, women's health and some other clinics, were available, with many locals distrustful of the quality of care. Access to operating theatres, which should normally be off limits to the public, is frighteningly easy, and several incubators in the neonatal care unit currently lie behind locked doors, gathering dust.

"We provide these medical convoys on a monthly basis. We focus on Siwa, in particular, to focus on successfully providing good quality healthcare in one specific place," said Dalia Samy, one of the convoy's organisers. "The plan is to hold regular medical convoys over the period of a



Due to lack of healthcare, many illnesses in Siwa are neglected

year, so that residents can both take their rights, in terms of good-quality medical care, and know what their rights are."

After the initial year-long period of monthly convoys comes to an end in December 2015, Samy outlined that a meeting involving doctors and locals will be held. In this, the convoy's success in highlighting locals' rights to accessing quality healthcare will be discussed, as well as whether the monthly convoys are still required for a further 12 months, or whether a charitable hospital needs to be built in addition to the government hospital already present.

"We target reaching out to 60 patients per clinic, per day, although if we reach the target before the end of the clinic, we allow more patients into the clinics, because we want to ensure that patients have their full rights," Samy added. "This is to ensure that we can reach out to as many people as possible, whilst also ensuring that the quality of care given to them remains high."

It is hoped that in the next two months, surgical procedures will also be available as part of the convoy's services, building upon previous work carried out by ophthalmologists for cataracts and other eye operations. This will ensure locals can avoid the expense and effort of travelling away from the oasis for procedures that can be carried out closer to home.

Although doctors who took part in the convoy reported many of the same illnesses and diseases in Siwa as found in their day-to-day practices, several noticeable trends were found amongst the Siwi community. This included higher levels of uric acid in the blood system leading to stones, as locals consume higher

levels of sodium through local water supplies, as well as higher levels of blood disorders, including sickle cell anaemia, due to consanguinity.

According to ENT specialist Dr Radwa Helmy, higher incidences of some infections are found in Siwa due to the lack of healthcare and long-term neglect.

"In Cairo, some [ENT] infections will not be seen in patients under the age of 15 years, even with types of infections that tend to run in families, but in Siwa, where the conditions are harsher, these infections are being seen in patients as young as five," Helmy said. "In Siwa, there are many inflammatory diseases

are many inflammatory diseases due to the dust and humidity, and because there is not much in the way of treatment or care, there is a high level of neglect, to the extent that there is heavy fungal growth in the ENT tract."

One of the new additions to the list of specialisations on offer at the health convoy was neuropsychiatry. Covering care for patients presenting with depression, anxiety, panic attacks, numbness in the limbs due to psychological issues, and addiction, psychiatrist Dr Sally Toma, who volunteered her neuropsychiatry skills at the convoy, noted that she had also seen some cases of paediatric epilepsy.

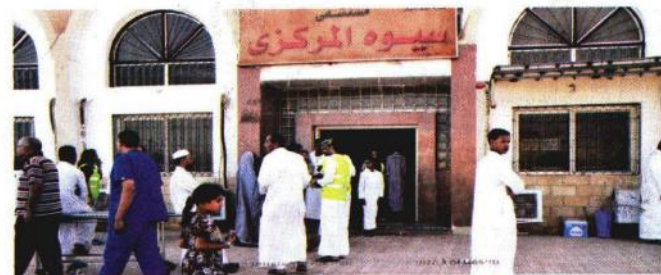
"We didn't expect this specialisation to be so popular or that people would be willing to come forward to talk about psychiatric problems, but it's been really busy and we've been seeing as many as 70 patients a day," said Toma.

She noted that it has been predominantly women who have been coming in. Toma added that they have been open to talking about their problems, notably related to family issues, including the pressures placed on their shoulders, especially for those who are one of several wives to the same man.

Like other doctors at the convoy, Toma noted that many patients' health issues are, under normal circumstances where medical care is available and more easily accessible, treatable. However, with the lack of reliable psychiatric health services, these symptoms are frequently left untreated.

"I really hope to return to do some follow up with the cases I saw," Toma added. "I gave my phone number to several patients so I could follow up with them by telephone, and I really hope to attend the next convoy to follow up that way."

The dire circumstances of healthcare available to Siwis has caused outrage and frustration amongst locals, with several locals attending the convoy's clinics noting that what staff there are employed at the hospital were only able and willing to perform the most minor of procedures.



Locals complained of the neglect they have suffered at the hands of the Ministry of Health



Siwa residents flocked to the three-day medical convoy, which provided a range of much needed specialisations

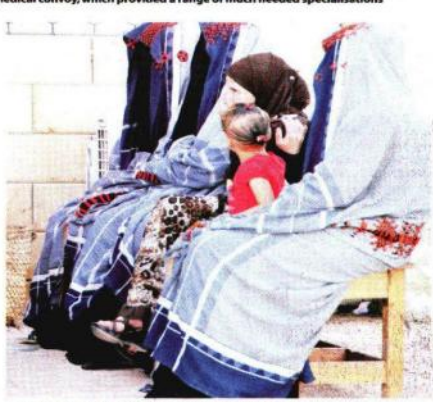
Several Siwis added that they do not trust the doctors or nurses who are normally under the hospital's employ, with Ministry of Health officials unwilling to either listen or resolve issues and improve services. Put together, this has effectively meant that the hospital has been as good as closed.

Muna, a young mother who came into the paediatrics clinic with her young daughter, said: "There are some services available, but they are very weak, and if we need further treatment, we have to go to Marsa Matruh or Alexandria."

Kharega, another Siwi lady at the paediatrics clinic, added: "There are no doctors, no nurses, no specialised doctors to help us, and no one from the Ministry of Health ever comes to see for themselves what we face here."

In the case of women experiencing difficult labours, remaining in the oasis is out of the question, with births frequently occurring in ambulances if women are transferred out of Siwa for further care. Kharega noted one example of a local lady who experienced a traumatic delivery at the Siwa Central Hospital, who gave birth to a healthy baby but had to immediately be transferred to Marsa Matruh for surgery when the afterbirth did not expel. This is, unfortunately, a typical outcome for those living in Siwa.

Many of the doctors in the convoy



Local Siwi women waiting for entrance to the clinics

added that the poor health services in Siwa can also be attributed to hospital staff being obliged to work at the oasis' hospital.

"Physicians are being sent to where they are not willing to work, because young physicians need to be trained, they need to be educated, but they are being sent to isolated places like Siwa," said Dr Eman Fekry,

a paediatrician on the convoy who was also holding health awareness talks. "If the physician went there, he will be spending two to three years of his life gaining nothing. There is no money, no education, no training, so what kind of hell will he be in? This is why the more isolated areas of Egypt are not receiving the kinds of medical services they should."

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