

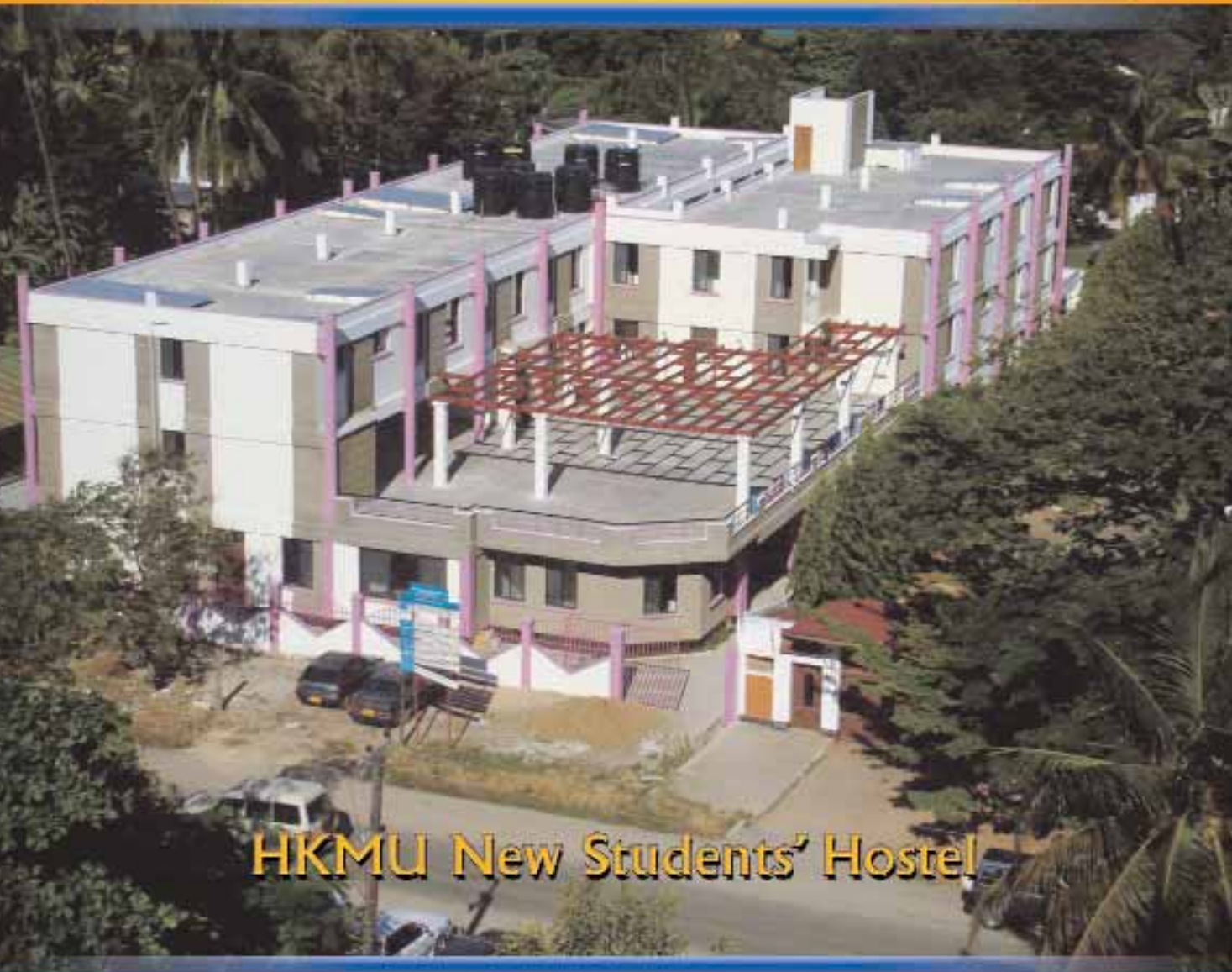


HKMU Newsletter

A Newsletter of the Hubert Kairuki Memorial University and the Mission Mikocheni Hospital

Volume 3

June 2007



HKMU New Students' Hostel



Some of the ICU equipment at the Mission Mikocheni Hospital



From the editor



Dear readers, welcome to the third issue of our Newsletter, a Newsletter of the Hubert Kairuki Memorial University (HKMU), and the Mission Mikochehi Hospital (MMH).

This Newsletter is intended, among other things, to inform its readers about the progress made by both, the University and the Hospital, and about the series of events that took place at our institutions during the year. It is also expected to serve as an avenue, through which the University and the Hospital can receive public views and recommendations for improvement.

We would like to receive from our esteemed readers, suggestions for improving our future issues. We also invite contributions in the form of articles, reports, condensed research results, and other categories of information, for inclusion in our Newsletters.

Welcome, once again. We look forward to your contributions.
We wish all of you pleasant reading.

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HKMU Fourth Graduation Ceremony



Chancellor Hon. Dr. Salim A. Salim Conferring a Doctor of Medicine Degree to one of the graduands during the Fourth Graduation Ceremony held at Karimjee Grounds.

On 4th November 2006, Hubert Kairuki Memorial University (HKMU) successfully hosted the 4th Graduation Ceremony and conferred degrees, and also awarded diplomas and certificates to a total of 65 graduands. Three graduands were conferred Master of Medicine Degrees, 8 graduands were conferred Doctor of Medicine Degree, 8 graduands were conferred Bachelor of Science in Nursing Degree, 30 graduands were awarded Diplomas in Nursing, and 16 graduands were awarded Certificates in Wholistic Therapeutic Counselling.

Among the 65 graduands, 51 were females and 14 males. Females comprised 78 % of all the graduands, while males comprised only 22%. The Vice Chancellor, Prof. Keto Mshigeni, conveyed a special message of congratulations to all graduands for their achievements. Apart from awards of certificates and diplomas, and conferment of degrees to the HKMU graduates, best students were also awarded prizes and certificates by the university Chancellor, Dr. Salim Ahmed Salim. The occasion attracted many dignitaries and academicians from various institutions. These, to mention a few, included retired President H.E. Ali Hassan Mwinyi, Ambassadors and High Commissioners, Vice Chancellors and Principals, representatives from various

universities, hundreds of friends, neighbours, well wishers and the public.

The Vice Chancellor highly commended the visionary Founding Father of the Hubert Kairuki Memorial University, the Late Prof. Hubert Kairuki, for his commitment and dedication towards building the institution. He also thanked his predecessor, Vice Chancellor Emeritus Prof. Esther Mwaikambo, who had contributed tremendously towards the success of the university to date. Speaking on the achievement of the university in terms of students enrolment, the Vice Chancellor pointed out that the number of students enrolled at our university, has significantly increased year after year. For instance, 112 students were enrolled for the academic year 2005/2006, compared with 150 students enrolled for the academic year 2006/2007, as follows:

Sn	Name of the Course	Number of new students enrolled per programme
1	Doctor of Medicine-MD 1	88
2	Bachelor of Science in Nursing-BSCN 1	19
3	Diploma in Nursing DIP 1	34
4	Certificate in Wholistic Therapeutic Counseling	9
	Total	150

Among the 150 enrolled students, females were 99 while males were 51. Females were 77% of the enrolled students, while males were just 23%. He also added that both staff and students at HKMU have, all along, adhered to high standards of competitiveness, responsiveness, and professionalism. These elements have generated a very positive image of the institution, and have attracted good students, not only from Tanzania, but also from other regions. Currently among the 405 students enrolled, 85% are Tanzanians, while 15% come from other countries, like Cameroon, Ghana, India, Kenya, USA, Namibia, Uganda, Democratic Republic of Congo and Zambia, to mention a few. Since its inception, HKMU has shown dynamic growth in terms of student population, course offering, staff complement, and research.

The Vice Chancellor also informed the general public that HKMU has set up a new Human Molecular Genetics Laboratory. The lab is equipped with modern equipment that will enable staff and all interested Tanzanians, to conduct genetic research activities at HKMU, including DNA testing and analysis.



Some of the graduands for the Bachelor of Science in Nursing Degree.

HKMU ranks high among few institutions in the country to have such a laboratory. Prof. Mshigeni thanked the Yale University school of Medicine, for their funding support that has enabled the establishment of the laboratory. He also thanked the Government of the United Republic of Tanzania for the following;

- Sponsoring students to study at HKMU by offering them grants or loans.
- He specifically, thanked the Tanzania Education Authority for granting HKMU a loan of Tshs. 1.0 billion, which enabled the completion of the Phase One construction of the students' hostel, which will accommodate 130 students. He urged other National and International Organizations to emulate TEA by supporting private education providers in Tanzania, especially private universities such as HKMU.
- Completion of the construction of the access road (at tarmac level) to the campus, and the University Teaching Hospital (the Mission Mikocheni Hospital).

Despite its relatively young age, HKMU has made and continues to make good progress in its pursuit of academic excellence and provision of service to the community, especially with regard to training human capital in the medical sciences, and engaging in various research activities. Some of the research activities currently being undertaken by HKMU include human genetics research. This is likely to contribute to enhanced

knowledge and know how, that could lead to breakthrough discoveries to meet public health challenges such as HIV/AIDS, Malaria, sickle cell, etc., he emphasized.

The Vice Chancellor also added that the university is planning to undertake collaborative research on the development of health-boosting nutraceuticals based on Africa's biodiversity. These include immunoresponse boosters that could reduce suffering amongst individuals afflicted by HIV/AIDS. We also plan to undertake collaborative research and development on biota with potential for use as preventive medicine against goitre and related iodine-deficiency-disorders. He thanked the WHO, COSTECH, the Yale University school of Medicine in the USA, and other donors, for funding HKMU's research activities.

The Vice Chancellor concluded his speech by urging the graduands as follows:..."Be yourself, Think towards generating positive change. Look for the good in people/situations. Be a good listener because "there is more wisdom in listening than in speaking" (African Saying). You have two ears and one mouth; use them in that proportion. Think gross and speak net, Understand insecurities in you and in others. Many people have failed in life, because they had wishbones when they needed backbones. Work smart and work hard! "

The Vice Chancellor finished his speech by thanking all the people, the staff, graduands, parents, families, friends and development partners for attending our 4th Graduation Ceremony.



Group photograph of some of the dignitaries and the best continuing students

OUR VISION:

The Vision of HKMU is to become a model private University in Tanzania, and in Africa: a University that provides highest quality education, conducts cutting edge research, and provides exemplary service to society.

OUR MISSION:

The Mission of HKMU is to educate liberally and broadly, to qualify men and women to advance frontiers of knowledge through research, and to provide consultancy and advisory services to the public.

OUR MOTTO:

The HKMU Motto is to maximise competitiveness, responsiveness, and professionalism.

HKMU New Students' Hostel.



*Hon. Prof. Peter Msolla, Minister
for Higher Education, Science
and Technology*

The Hubert Kairuki Memorial University successfully completed Phase One construction of the students' hostel. The construction, which took almost 15 months (from October 2005), provides accommodation to 130 students. The construction of the students hostel was facilitated by a loan of Tshs 1.0 Billion, from the Tanzania Education Authority (TEA). The foundation stone for the students hostel was laid down by the Honourable Minister for Higher Education, Science and Technology, Hon. Prof. Peter M. Msolla (MP), who, during the occasion, recognized and commended HKMU's, visionary Founding Father, the late Prof. Hubert Kairuki, for his commitment and dedication. He also applauded the founder, for implementing Government's call to the private sector, to establish private universities, "where

as a result, we now have five public universities, six public university colleges, ten private universities, and nine private university colleges. Thus, in Tanzania we have 30 universities and university colleges with a total student population of 36,870, out of which 33.5% are female students.

The 19 private universities and colleges have a student enrolment of 5,178, which is 14% of the total university students' population in Tanzania. This is a significant contribution of the private sector to higher education," said Prof. Msolla. He also congratulated the Hubert Kairuki Memorial University management on making remarkable progress in the pursuit for academic excellence and the promotion of service to the community, especially in the

training of human capital in medical sciences. The Minister also thanked the Tanzania Education Authority (TEA) for granting a loan of Tshs 1.0 billion, to the University for Phase One Construction of the students' hostel.

The Hon. Minister also expressed concern regarding cheating by students applying for the government study loans in various higher learning institutions in the country, which needed to be arrested." Unfortunately", he said, "there seems to be a misconception of the students' loan; and the loan is being taken as a grant. It is not serving the purpose it was meant. Parents and guardians, even those with financial ability to pay for their sons and daughters, have abdicated their responsibilities and have left the whole responsibility to the Loan Board. It should be recalled that prior to the Loan Board being operational in July 2005, students in private universities and the privately sponsored students in public universities, were already paying for their education. There are also people, who think that the government has unlimited funds for the students loans! This is not true, for the Loan Board operates through a budget which must be adhered to. Being a loan, the recipients have an obligation to pay back, starting with those loaned way back in 1994. The government has no capacity to give loans to every Tanzanian".

The students' hostel is located opposite the existing University building in Mikochei. Besides providing students' accommodation, the hostel is also



The HKMU Students' hostel

expected to offer various municipal services, like a mini supermarket; the business centre, which is to incorporate an internet café; a stationery and books store; cafeteria to sit 120 people; associated kitchen and stores; multifunction terrace to sit 280 people; and laundry with space for washing machines.

During this occasion, the Chairman of the University Council, Prof. Fredrick Kaijage, pointed out key constraints facing African Universities as being: under-financing, inadequate equipment and infrastructure, inadequate provisions for research, and staff attrition. HKMU has its share of these constraints", he said. "Fortunately, HKMU has a gratifying core of highly committed individuals with a strong drive towards overcoming the prevailing constraints, and towards developing HKMU into a private University characterised by excellence in all its offerings", he emphasized.

He also added that many of the leading Universities in the world possess significant amounts of endowment funds. In some, endowment funds in excess of US\$ 20 billion are not uncommon. "We plan to approach a wide range of funding agencies and development partners, appealing to them to help us establish an endowment fund for catalysing further development of HKMU. We know it is not easy. But we also know that it can be done", he remarked.

HKMU has already submitted an application for an additional TShs.1.5 billion loan to the Tanzania Education Authority (TEA), for Phase Two construction of the hostel. The construction of the student hostel marked a significant milestone in the history of the University, and this is a big step towards realising the University's Five-Year Rolling Strategic Plan (2002/2003 - 2006/2007). When phase 1 and 2 are fully completed, the hostel will accommodate a total of 300 students.



Students in a room at the new hostel



Kitchen in the new hostel



Cafeteria in the new hostel

Prof. Esther Mwaikambo honoured for her exemplary service.

The Hubert Kairuki Memorial University organized an appreciation party for Prof. Esther Daniel Mwaikambo, in honour of her exemplary service as the Second Vice Chancellor of HKMU. The appreciation ceremony was held on Friday 14th July 2006. The occasion was attended by the Chancellor of HKMU, Hon. Dr. Salim Ahmed Salim, the Council Chairperson, Prof. Fredrick Kaijage, Mission Mikochei Health and Education Network (MMHEN) Chairperson Mrs. Kokushubila Kairuki, Vice Chancellors and Principals from sister institutions, and other invited guests from inside and outside the institution.

The new Vice Chancellor of HKMU, Prof. Keto Elitabu Mshigeni, informed the invited guests the reason for the event. He said: "We are here to recall, to celebrate, and to express appreciation and gratitude for excellent work rendered by an exemplary academic, the Second Vice Chancellor of the Hubert Kairuki Memorial University, Professor Esther Mwaikambo, a senior leader whose name is associated with achievements of distinction". He went on to say: "There are 10 important virtues that characterise great achievers:

- i. they are dedicated, committed, and well disciplined;
- ii. they are patient, tolerant, and understanding;
- iii. they are humble, down to earth, and caring;
- iv. they are well organised, and hardworking;
- v. they are committed to detail, and to highest standards of accomplishment;
- vi. they pursue their goals relentlessly and persistently;
- vii. they are confident, optimistic, and pragmatic;



Prof. Esther Mwaikambo while in office as the Vice Chancellor

- viii. they have a good sense of purpose and direction;
- ix. they take interest in the success of others; and
- x. they inspire others, and are smart builders of teamwork spirit.

Professor Esther Mwaikambo, very conspicuously, demonstrates them all, and more. In fact, the substance in her first name, Esther, summarises it all! As you will agree with my analysis: E, in Esther, stands for EXCELLENCE, which has characterised standards of her work performance, all along. S, stands for SUPERLATIVENESS in the attributes that characterise her; for SENSIBILITY in all her endeavours, and for SOCIABILITY in the way she relates to others. T, stands for her TRUSTWORTHINESS, for her TRUTHFULNESS, and for the TENACITY with which she holds the things she believes in. H, stands for the HIGH LEVEL OF INTEGRITY, and for the HIGH GOALS of accomplishment, which she sets for herself. The second E, stands for the ENERGY which she puts in doing her work, and for the EFFECTIVENESS displayed in her work output. R, stands for her ROBUST RESOURCEFULNESS, and more".

The new Vice Chancellor Prof. Keto Mshigeni, promised to follow the footsteps of Prof. Esther Mwaikambo. He was immensely consoled by the fact that Professor Mwaikambo will continue to be with the institution, to share her knowledge, wisdom, and experience,

as we continue to build upon the foundations of this institution.

When addressing the audience, Prof. Mwaikambo pointed out that, that was the day that she will never forget in her life because, it marked the end of her seven years in office as the Vice Chancellor of the Hubert Kairuki Memorial University. When referring to her term in the office as the Vice Chancellor, Prof. Mwaikambo said that, the beginning was very tough because it was just two years since the University was established, and the founder had passed away. She thanked the MMHEN Chairperson Madam Kairuki, for her strong and able leadership that enabled the existence of this university to date.

She also added that, the success of our University is mainly a result of a strong foundation that was laid down by the Founder, the late Prof. Hubert Kairuki, who was inspired by the vision that one day HKMU should become a centre of excellence. "Whatever success my administration has attained, is largely due to the job well done by my Management team, which include: Deputy Vice Chancellors, Deans of Faculties, Heads of various Departments/Sections, and all the support and academic staff. Their initiatives, resourcefulness and collaboration, made the job of running this university easier for me. We worked together as a team from the beginning till now. This is the secret of our success", she emphasized.



MMHEN Chairperson Mrs. Kokushubila Kairuki presenting a gift to Prof. Mwaikambo

She praised the University under her leadership for recruiting qualified and competent staff (both academic and administrative), which, she believes, is another great asset the university has. She also added that, during her travel in several parts of the country and elsewhere, she met several people who spoke well about our university. "Some people said to me that, you should know just how good your university is. You have such a distinct identity, and it's such a good one! We should know that we are the University with a very high reputation.

We are regarded as one of the well managed Universities in the country, and we should always maintain that status", she remarked.

Prof. Mwaikambo pointed out that the challenges ahead of the university include preparing for future advancement in science and technology, and future global competition, where only the fittest will survive. "I believe that my successor, Prof. Keto Elitabu Mshigeni, will help us to cross that bridge. I have great confidence in him, and I wish to thank the Board of

Trustees for their well considered decision. I believe they have found the right person. I have great faith in the future of HKMU. I believe we are prepared to go ahead, and to conquer the challenges. I would like to assure the Mission Mikocheni Community that I will provide support and advice to my successor whenever required. I warmly welcome the new Vice Chancellor".

She concluded her speech by saying that she is stepping down from the office with joy, pride and confidence. "Joy: because I will have more time to do things I like to do most e.g. teaching. Pride: because I am handing over to the new Vice Chancellor, a University that has a high reputation amongst internal and external stakeholders. Confidence: because I am confident that the policies and programs I initiated, will be continued by my successor. "I will continue teaching our students and performing other core functions of the university like doing research, consultancy and public service", added Prof. Mwaikambo.

In conclusion, the Chairperson of the University Council, Prof. Fredrick Kaijage, and the University Chancellor, Hon. Dr. Salim Ahmed Salim, congratulated Prof. Mwaikambo on her exemplary work, her commitment, and her caring human touch.



Group photograph of some of the invited guests

Hon. Dr. Asha Rose Migiro Visits HKMU.

The then Minister for Foreign Affairs and International Co-operation, Hon. Dr. Asha Rose Mtengefi Migiro (MP), paid a courtesy call to the Hubert Kairuki Memorial University on Tuesday 07th March 2006. The purpose of her visit was, among other things, to familiarize herself with our university and its activities, as she was at that time, a Member of the Parliament of the United Republic of Tanzania, representing higher learning institutions.

The Vice Chancellor, Prof. Kefo Mshigeni, thanked the Minister for the honour accorded to the institution through the visit, despite her very busy work schedule. He also congratulated her on being elected, a Member of Parliament, and also on being appointed by H.E. President Jakaya Mrisho Kikwete, as the

Minister for Foreign Affairs and International Co-operation of the United Republic of Tanzania. He also expressed that HKMU is very proud of the fact that Dr. Migiro had earlier served as one of the members the Hubert Kairuki Memorial University Council.

Prof. Mshigeni shared the following often quoted statement made by the Mwalimu Julius Nyerere, Father of our Nation, at the onset of Tanganyika's political independence, four-and-a half decades ago: "...We the people of Tanganyika would like to light a candle, and put it on top of Mount Kilimanjaro, which will shine beyond our borders: giving light where there was darkness; hope, where there was despair; love, where there was hate; and dignity, where there was only humiliation".



Hon. Dr. Asha Rose Migiro

"We see you, in your capacity as Minister for Foreign Affairs and International Co-operation, as bearer of that candle on top of Mount Kilimanjaro, shining beyond our borders. We know that you did not reach that altitude by accident, or by a sudden jump. Your capacity to deliver is well known. We are proud of you, and we wish you exemplary success in the important tasks ahead", the Vice Chancellor prophetically emphasized. Indeed, before long, Hon. Dr. Asha Rose Migiro was appointed Deputy Secretary General of the United Nations, in New York.

Hon. Dr. Migiro, expressed her profound appreciation of the vision of the Founder of HKMU, the late Prof. Hubert Kairuki, and stated that Prof. Hubert Kairuki was a visionary man, whose contributions are beneficial not only to Tanzania, but to the whole of Africa. She also commended the good work done by the University in human capital development. The Minister expressed her readiness to support the university's initiatives, and advised that the institution should use her on all matters where HKMU thinks she could assist.

In concluding the meeting, the MMHEN Chairperson, Mrs. Kokushubila Kairuki, thanked the Minister for visiting the institution, and for her encouraging remarks.



Hon. Dr. Migiro (right) talking to the HKMU Management

Vice Chancellor's Annual Address to all Students:

Ten Important Virtues to Characterise HKMU Students

This is the text of an address which Prof. Keto Mshigeni, the Vice Chancellor of the Hubert Kairuki Memorial University, gave when addressing HKMU students on 14th February 2007. He outlined ten important virtues (which can also be referred to as words of advice and direction), which, he urged, will be cultivated as special elements to characterize HKMU students, as follows:

1. Competitiveness: On the competitiveness element, the Vice Chancellor said: "We are in a world of competition: competition for jobs; competition for various management positions; competition for various scholarship opportunities advertised in the media; competition nationally, and globally. HKMU will continue with its motto of promoting competitiveness as one of the important virtues characterising her students. We urge you to cultivate a culture of excellence, and a culture of reading. This will help to broaden your knowledge base, and to sharpen your competitive edge. We urge you also to make special efforts to improve your English language communication skills: both in



speech and in writing. This will be a handy tool when you do your examinations, and when you enter the competitive world of work. We urge you also to be active in shouldering leadership positions in various student activities. This will enrich your profile, and also enhance your competitive strength".

2. Responsiveness: The Vice Chancellor challenged the students to act fast and positively, helping those in need: in the hostels, in the class rooms, in hospital wards, and in the society at large. In addition, he stated "One of the best accounts of responsiveness that I know of, is that of The Good Samaritan, as narrated in Luke 10: 30-36, in the Bible. A responsive man sees beyond where he looks; listens beyond what he hears; and obeys the dictates of his conscience. He encourages and inspires others. He has a caring attitude, and generates happiness to others. Even when he has no material things to give, he will enrich the needy with words of hope, and with his energizing smile. Our dear students, be responsive, always".



3. Professionalism: HKMU is also actively engaged in cultivating highest levels of professionalism in her students. On this, Prof. Mshigeni assured the students with the following words: "The university is determined to produce medical professionals who are truly conversant with the

meaning of their call as doctors, as nurses, etc. Knowledgeable medical Doctors who understand the commitment and dedication involved in the profession, as they take the Hippocratic Oath; and knowledgeable nursing professionals who are determined to advance the quality and the status of their chosen study discipline, even beyond the level attained through Florence Nightingale's lamp".



4. Accountability: On accountability the Vice Chancellor said: "God The Almighty, gave us special talents in varied degrees of magnitude. These are bills of credit to be used, and to be developed to full potential. Please take time to read the story of varied magnitudes of talents given to individuals, as narrated in Matthew 25: 14-28, in the Bible. If you do not use the talents you have been given, productively and responsibly, the same can be taken away from you. Some of you are here because your parents and guardians made financial sacrifices and paid your University fees. Those are bills of credit. Use them responsibly. Some of you are here because your respective Governments gave you



financial resources that enabled your study at HKMU. Those are bills of credit. Work hard, and use them wisely and productively. Be accountable, and show them your gratitude”.

5. Time Management: “We have 60 seconds every minute, 60 minutes every hour, 24 hours everyday, 7 days every week, 365 (or 366) days every year. These are bills of credit. Use every second, every minute, and every hour wisely. Time is money. The gift called time spent thoughtfully, wisely, and carefully, will lead you to prosperity. Therefore plan what you want to accomplish each day with care. Give an appropriate time slot for each day’s activity with care. At the end of the day, assess what goals you were able to accomplish to your full satisfaction, with pride. That is the road to success. Time wasted is opportunity lost, lost for ever”, cautioned Prof. Mshigeni.

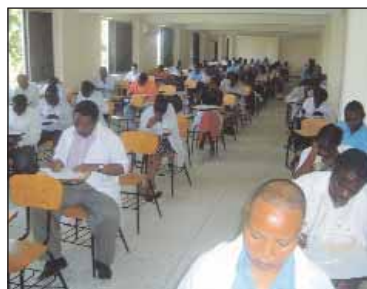


6. Socialisation: “You came here for studies. Yes study hard! But we want you to proudly emerge, as well balanced professionals. Thus besides studies, prayer, and doing various assignments take time to select good friends, with whom to share your experiences and your successes; with whom to socialise in events such as the Sports and Cultural Day, the Fresher’s Ball, and in various community activities. Socialisation and relaxation will prepare your mind better for learning. It is good preventive medicine for a disease

common to University students, which doctors refer to as neurosis. But as you socialise, please remember: we have a killer virus, HIV! There is no cure for HIV/ AIDS as yet. However we know that it is preventable. Take heed. Be wise. Save your life, and lives of others!”, he cautioned.



7. Honesty: This is one of the important virtues HKMU wants its students to nurture to perfection. The Vice Chancellor emphasized the importance of this virtue by saying: “An honest man is a person you can trust fully under all circumstances, because he obeys the dictates of his conscience. God planted in every one of us a barometer that shows us what is right, and what is wrong. If you obey the command dictated by your conscience barometer honestly, you will never be involved in breaking any of the rules governing society; you will never violate any examination regulation, such as cheating, because your conscience will have reminded you that cheating is wrong. With your willingness, co-operation, and commitment to honesty, we shall come to a day,



when our examination invigilators at HKMU will no longer have to watch over you, because your own conscience will prevent you from doing any cheating. Please read the account of Joseph, in the Bible (Genesis 39: 6-20), and in the Quran (S. 12: A. 22-29), which is an excellent example of adherence to high standards of honesty. The story of Joseph reveals also that sometimes, honesty can make you vulnerable. Be honest anyway.”

8. Humility: “Humility is a virtue that characterises great men and women. We want you to grow into great professionals who are richly endowed with this virtue. We urge you to cultivate your faculties of humility to the highest degree. Humble individuals are always in the forefront of doing good little things, and saying nice inspiring words to others in society, no matter how high they stand in the world of great achievers. Listen to this humble statement, made by one of the world’s greatest scientists, the man who discovered gravity, Sir Isaac Newton: “I do not know what I may appear to the world, but to myself, I seem to



have been only a boy, playing on the seashore...and finding a smoother pebble, or a prettier shell than ordinary, whilst the great ocean of truth lay all undiscovered before me.” A humble person never brags; a humble person listens to others, respects others, and respects opinions of others. Yes, be humble!” he urged.

9. Creativity: On being creative, the Vice Chancellor referred to the world's great innovations by saying that "the great inventions of the world (cars, aeroplanes, computers, various techniques in medicine, and various pieces of medical equipment we use today) came into being because of the existence of individuals who take us beyond what other people know. Individuals who think what nobody has seen before. People who are innovative and creative.

The scriptures tell us that we were created in God's own image, and that God is the Creator. Inherent in everyone of us, is the virtue of creativity. See what the Founder of HKMU, the late Professor Hubert Kairuki, managed to achieve, through his virtue of creativity. Train yourself to cultivate this important virtue. This begins with training your mind to think. You will be able to create many original things, and to emerge as the best professional in your chosen field, if you think and dream; and if you give yourself time to realise the great powers within you!"



10. Be responsible: "I would like to introduce this element with a story about four people named EVERYBODY, SOMEBODY, ANYBODY, and NOBODY: There was an important job to be done, and EVERYBODY was sure that SOMEBODY would do it. ANYBODY could have done it, but NOBODY did it. SOMEBODY got angry about that, because it was EVERYBODY's job. EVERYBODY thought ANYBODY could do it, but NOBODY realised that EVERYBODY would not do it. It ended up that EVERYBODY blamed SOMEBODY, when NOBODY did what ANYBODY could have done. The story illustrates what happens when people are not responsible. We want every one of you to be responsible", he emphasized.



Furthermore, Prof. Mshigeni referred to HKMU students as being the greatest asset in the institution! He quoted a statement made by a former British Prime Minister, Benjamin Disraeli (1804-1881), "... the youth of a nation are the trustees of posterity". He added that "the future of all institutions of higher learning in our

country, and in the world, lies in the students enrolled in those institutions. Indeed, the future of the entire developmental process in any country (the agricultural sector, the health sector, the business sector, etc) lies in the professionals that our institutions of higher learning generate year after year".

The Vice Chancellor also reminded the students on what success is all about. "Success is doing the best you can, to complete every task given to you, and every plan you have, to your full satisfaction. Success is about hard work; it is about knowing what you want to be successful at, and wanting it with all your heart; it is about sacrificing other things to achieve what you want; it is about doing what you have set out to do, with confidence, enthusiasm, and total commitment. Success is about being prepared to listen to your lecturers, to be humble, to be true to yourself, to cultivate the right attitudes, and to assimilate (with thoroughness) the knowledge and skills prescribed in your chosen subjects of study", he clarified.

He also added that the mission and vision of HKMU is not limited to assisting HKMU students to acquire the knowledge, skills and attitudes that will enable them to earn academic degrees and other professional qualifications. He elaborated that the university also has an obligation to assist the students, to acquire some cardinal virtues and human qualities that will bring them success in life. "This is where HKMU stands out conspicuously as one of the unique institutions of higher learning", he concluded.

Words of Wisdom

"Self-reliance is like flashlight; no matter how dark it gets, it will help you find your way".

"Some see things as they are and say 'why?' I dream of things which never were and say, 'why? not?'"

HKMU Marks the Sports and Cultural Day.

The Hubert Kairuki Memorial University marked for the 3rd occasion, the Sports and Cultural Day on 25th March 2006. Sports activities were held at the sports ground of the Mikocheni B Primary School, while the cultural event was held at the Police Officers Mess in Oysterbay. The occasion was attended by staff and their spouses, and also by HKMU students.

During the day, a good number of sports activities were involved, like football (students v/s students and students' v/s staff), volleyball, pool table, athletics, walking race, sack race, egg race, table tennis, tug of war, and others. In the evening, various cultural activities were demonstrated by the students: for example, cultural dances and cultural exhibitions, where students demonstrated various things about their cultural backgrounds. Finally we had a cultural dress show.



Cultural dresses



Marathon

Addressing the staff and students present, the HKMU Vice Chancellor, Prof. Keto Mshigeni, commended the organizers of the event (the HKMU Sports and Cultural Committee, in collaboration with the Students Union), for having successfully organised such a memorable evening. The Vice Chancellor also expressed appreciation to the students and the staff members for their active participation in cultural and sports activities. Prof. Mshigeni pointed out that organizing activities on the Sports and Cultural Day, will help HKMU students to perpetuate their original traditions and cultures, for their unique identifications. "The activities will also help you to discover your talents and strengths; and above all, they will inspire you to share your passions and aspirations with one another", he emphasized.

The Vice Chancellor urged HKMU students to understand that universities encompass students from various parts of the world, who have different customs and lifestyles. Every student therefore, ought to learn from his/her fellow student, on their ideals, values, cultures and beliefs. He also asked them to practise tolerance, humility, and grace to one another. "We are all interrelated and thus capable of influencing one another. Let us respect and enrich our cultural heritages, and adopt a culture of give and take in our life experiences", he advised.

Finally, he urged students not to despise good traditional practices, including traditional foods, and traditional ways of child and parental care; and he challenged them to research on their cultural philosophy of life, and to interpret their findings towards making vital and meaningful contributions to the world body of knowledge.

The Vice Chancellor concluded his speech by urging all students to take an active interest in co-curricular activities, by participating in sports, cultural and recreational activities.

Mission Mikocheni Hospital Marks its 20th Anniversary.

Mission Mikocheni Hospital (MMH) has recently marked its 20th Anniversary since it officially opened its doors to the public in March 1987. Although the day was marked without much fanfare, the hospital has recorded substantial development and improvements in a number of areas in recent years. The development and improvements worth of note relate to healthcare provision, hospital management, infrastructural development and staff welfare.

In the domain of health care provision, MMH has installed a brand new Intensive Care Unit (ICU). This unit has improved the clinical management of critically ill patients at the hospital. The new ICU at MMH is fitted with a variety of modern machinery and equipment featuring the latest technology for improved efficiency. These include, amongst others, monitors, mechanical ventilators (which assist breathing through an endotracheal tube), oxygen concentrators, suction pumps, adjustable beds, etc.

Another improvement in the domain of improved health care, has been the acquisition of the fluoroscopic X-ray machine. This machine features more advanced technology, over the regular X-ray machines, in that, it gives far more information of the disease to the clinician (i.e. the radiologist performing the study).

In the domain of infrastructure development, substantial improvements have been made in the out-patient department (OPD), the reception area, the executive wards, and the access road to the hospital and the University. In that regard MMH is now far more easily accessible by road: thanks to the



ICU room

Government, which up-graded Chwaku road, from murrum to bitumen status.

In the area of the hospital management, MMH has installed new Hospital management software, which aims at improving record keeping, billing, patient records, reporting, and the management of the pharmaceuticals.

With regard to staff welfare, MMH has made arrangements for the training of its staff at various levels, including post-graduate, first degree, diploma and certificate training. Some of its staff have attended seminars, refresher courses and workshops. Almost every worker has attended Continuing Medical Education (CME) training within and outside the

hospital. Moreover, MMH has continued to encourage its staff to join a new institutional Saving and Credit Cooperative Society (SACCOS), while keeping its members' contributions to NSSF up-to-date. MMH has also acquired a new van for staff transportation as it continues to recruit new staff.

The improvements recorded above have contributed to improved healthcare at MMH. They have also contributed to the enhancement of MMH in its role as a teaching hospital for its sister institutions i.e. The Hubert Kairuki Memorial University and the Mikocheni School of Nursing, all under one parent organization -The Mission Mikocheni Health and Education Network (MMHEN).



A section of tarmac road to HKMU/MMH

HKMU at the Higher Learning Exhibitions



Visitors getting free consultancy service from Dr. Julius Kibbassa at the HKMU booth

HKMU has been participating actively in various higher learning exhibitions every year, for the purpose of advertising and marketing her academic programmes. The University, indeed, participated in the Second Higher Learning Institutions Exhibition, organized by the Tanzania Commission for Universities, held at the Diamond Jubilee

Hall, from 31st August to 02nd September 2006. All higher education institutions, both public and private, as well as institutions and agencies under the Ministry of Higher Education, Science and Technology, were invited to participate.

Among other things, the objectives of the exhibition were as follows:

- Creating and enhancing awareness of the general public about the Tanzania Commission for Universities; higher education institutions; and other institutions under the Ministry of Higher Education, Science and Technology.
- Providing an opportunity for institutions to advertise and publicize information relating to their core functions and activities in the areas of teaching, research and consultancy; as well as their current performance, potentials and future prospects.
- Facilitating institutional exchange of ideas and experiences related to the core functions of teaching, research and expert public service.
- Foster linkages between higher learning institutions and the productive sector.

HKMU also participated, jointly with her teaching hospital, the Mission Mikochei Hospital, in the Dar es Salaam International Trade Fair (commonly known as Saba Saba), which was held at the Mwalimu Nyerere Grounds, from 29th June 2006 to 10th July 2006. The experience in these activities was rewarding.

HUMOUR

HEBREW:

A man and his wife were having an argument about who should brew the coffee each morning. The wife said, "You should do it, because you get up first, and then we don't have to wait as long to get our coffee". The husband said, "You are in charge of the cooking around here, and you should do it, because that is your job; and I can just wait for my coffee." Wife replies, "No you should do it, and besides it is in the Bible that the man should do the coffee." Husband replies, "I can't believe that: show me." So she fetched the Bible, and opened the New Testament and showed him at the top of several pages, that it is indeed written:..."HEBREWS."

Collaborations, Publications and Research activities at HKMU.

HKMU has continued to establish and strengthen linkages and collaborative activities with various institutions within and outside Tanzania since its establishment in 1997. The university acknowledges the importance of such linkages as a way of fostering the exchange of experts and the sharing of experience among staff and students. HKMU collaborates with all Universities which are members of the Inter- University Council of East Africa (IUCEA).

It continues to be a member of the Tanzania Association of Private Universities (TAPU), and the Forum of Universities and Colleges of Health Sciences in Tanzania (FUCHS-T), for which it was the founding member and first chair. HKMU is also a member of the International Association of Universities (IAU). The university also realizes the importance of research, as it is expected to contribute to national socio-economic development, through its tripartite mission of teaching, research, and public service. HKMU has been receiving short term elective students from various Universities in the Netherlands, Germany, England, and USA, to mention a few.

The university has also entered into several collaborative research programmes with foreign institutions, as follows:

- a). Yale University School of Medicine, Connecticut (USA) and HKMU on:
 - Linkage disequilibrium and human genetic studies.
 - A study of genetic variation at the ADH and ALDH loci in multiple populations and in alcoholics.
- b). Connecticut University and HKMU on Nutritional Status of Pregnant Tanzanian Women.
- c). Duke University, USA and HKMU on Nitric Oxide and Severe Malaria.
- d). HKMU and University of Zimbabwe on:
 - Proposal to Develop the Capacity of Tanzanian Institutions to Provide HIV/AIDS Education for the Vision-Impaired (HACVIT) in Tanzania.
 - Infant Development – Validity of Kent Inventory of Developmental Skills (KIDS) in Zimbabwe and Tanzania.
- e). Sokoine University of Agriculture and HKMU on Possible Association Between Pesticide Exposure, Parkinson's disease, and Polymorphisms in the Glutathione Transferase (GST) Genes in Tanzanian Patients.
- f). University of Utah School of Medicine, Salt Lake City, International Health Programme; Menzies School of Health Research and Northern Territory Clinical School, Darwin, Australia, Division of Haematology-Oncology; and Duke University Medical Centres, Durham, NC, USA/Department of Paediatrics, Amana Hospital Ilala DSM, and HKMU on Nitric Oxide in severe Malaria.
- g). University of Witwatersrand, South Africa and McGill University, Canada, in collaboration with Prof. H. Soodyal and Prof. Trefor Jenkins of the National Health Laboratory Service (NHLS) at the University of Witwatersrand, South Africa; and Prof. Gwyn Campbell at the McGill University, Canada and HKMU on



Dr. Sylvester Kajuna, Director of Postgraduate Studies and Research Institute

- Genetic Links Between East Africa, Maldives and Madagascar;
- h) COSTECH, Yale University School of Medicine and HKMU on Single-dose Nevirapine Regimen for Prevention of Vertical Mother-to-Child Transmission of HIV-1: Genotypic Selection and Risk of Propagation of Drug Resistance Mutations in Breastfeeding Populations.
- i) WHO-AFRO (Brazzaville) and HKMU on A Comparison of the Efficacy and Safety of NK2 against Standard Combination ARV Therapy in patients with Symptomatic Primary Human Immunodeficiency Virus Type 1 (HIV-1) Infection: a Randomised Controlled Trial: This study attempts to assess the potential merit of a simple, inexpensive and readily available herbal drug extracted from seaweed against conventional antiretroviral drugs (ARVs) in the treatment of HIV infection and AIDS in Tanzania.

Important Research Facilities

HKMU, in an attempt to enhance and develop its research capacity, is about to commission a small but well equipped Human Molecular Genetics Laboratory under the Department of Biochemistry and Molecular Biology, which has recently acquired the following equipment:

- i. Beckman CEQ 2000 DNA Analysis System, which comprises DNA



Part of the DNA analyzing equipment in the HKMU Human Molecular Genetics Lab.

analyzing unit, an IBM PC (tower), a monitor and keyboard; and it is good both for sequence and fragment analysis. It can detect single nucleotide polymorphisms (SNPs); and its CEQ software includes an algorithm that tags home individual sequences and computes a quality value for each base call. The system is fully automated. Once the 96-well sample plate is loaded on the instrument, no human intervention is necessary. The eight samples in a row (a sample set) are electrophoresed and analysed simultaneously on the eight capillary array. Analysis of one sample set is completed in approximately 2 hours, while sequential analysis of the 12 rows in a 96-well plate is completed in approximately 24 hours.

- ii. Applied Biosystems GeneAmp 9700 PCR system with a single 96-well block.
- iii. Beckman UV-VS Spectrophotometer and a complete electrophoresis kit for southern blotting.
- iv. Persective Biosystems GEN 600042 Nucleic Acid (DNN/RNA) Synthesis System
- v. Beckman/Coulter Access Immunoassay Analysing System.
- vi. Coulter MD II Hematology Analyzer
- vii. Alfawasserman VetACE Biochemistry Analyser with computer.

- viii. Shimadzu LC-10AD HPLC System with SLC -10A System Controller, LC-10AD, Pump, SIL-10 Autosampler with Injection Syringe Pump, and CR501 Integrator

Involvement in Research and Publication
Increasingly more members of staff at HKMU are actively involved in research through the partnerships outlined in the preceding pages, through HKMU assistance, and through support received from the Tanzania Commission for Science and Technology (COSTECH).

The on-going research activities include:

- 1. Single-dose Nevirapine Regimen for Prevention of Vertical Mother-to-Child Transmission of HIV-1: Genotypic Selection and Risk of Propagation of Drug Resistance Mutations in Breastfeeding Populations.
- 2. Genetic Links Between East Africa, Maldives and Madagascar.

- 3. A Comparison of the Efficacy and Safety of NK2 against Standard Combination Treatment of AZT + ddI + Zidovudine in Patients with Symptomatic Primary Human Immunodeficiency Virus Type 1 (HIV-1) Infection: a Randomised Controlled Trial.
- 4. Factors Contributing to Poor Quality of Nursing Care in Patients with Cancer.
- 5. KIDS Scale Research on Infants aging from 0-19 months.
- 6. Linkage disequilibrium and human variation; the ADH and ALDH2 gene clusters in relation to alcoholism.
- 7. Nitric Oxide in Cerebral Malaria
- 8. Nutritional Status of Pregnant Tanzanian Women: An Assessment of Fatty Acids Critical to Infant Growth and Neurological Development and Impact of HIV/AIDS

Research activities which have been completed recently:

- 1. Challenges and opportunities in addressing female access, retention, progression and performance at HKMU.
- 2. Evidence-Based Obstetrics Services at Amana Maternity and Labour Ward in Dar es Salaam, Tanzania: An Observational Study to Explore Clinical Practice, Women's Preferences, and the Health Service Provider's View

The staff of HKMU are also continuing to be active in participating in national, regional, and international conferences and symposia as follows:

Name	Place	Theme/Workshops/Seminars/Conferences
Ms. Elizabeth Mika	DSM	AGOTA Annual Conference
	Nairobi	ARCAN
	Japan	Paper Presentation
Prof. Keto Mshigeni	UK	Royal Society Meeting
	Brazil	TWAS Conference
	Japan	Tokushukai Medical Convention
Mr. Albert Mwaheleja	Arusha	Administrators conference
	Malaysia	Paper presentation (Ass of Commonwealth Universities)
Mr. Fratrn Kilawe	Nairobi	Paper presentation- Philosophy of Development
Dr. Elias Muganyizi	Nairobi	Scientific Writing and Editing skills
	Nairobi	ARCAN-TOT Course for Physicians in HIV/AIDS

Name	Place	Theme/Workshops/Seminars/Conferences
Dr. Sylvester Boniphace	Nairobi	Scientific Writing and Editing skills
Ms. Rehesina Senkoro	Nairobi	Scientific Writing and Editing skills
Dr. Julius Kibbassa	Nairobi	HIV/AIDS
Dr. Alphage Liwa	HKMU	Severe Malaria
Mr. Bernard John	HKMU	Severe Malaria
Mr. Abraham Mwalugeni	DSM	Protocol and Public Relations
Prof. Pauline Mella	Nairobi	ARCAN
	RSA	ESCACON
	Nairobi	ESCACON
	Morogoro	Workers Council
Mr. Bernald John	Morogoro	Workers Council
Mr. Kaizilege Karoma	Nairobi	IUCEA-ICT
Ms. Elizabeth Kijugu	Nairobi	ARCAN
	DSM	TB in the era of HIV and AIDS
Mr. Amir Mmaka	Nairobi	ARCAN
Dr. Paschalis Rugarabamu	WITS, RSA	Dept of Surgery: Presentation on Snake Bites and Cheloid

The staff are additionally, continuing to be active in publishing their research results. **Recent publications generated by HKMU staff** include the following:

1. Strong Linkage Disequilibrium and a Small Number of Haplotypes at the ALDH2 Locus Around the World; published in the Annals of Human Genetics.
2. Population-specific Differences in the Frequencies of a COMT Haplotype Associated with Schizophrenia; published in the Molecular Psychiatry Journal.
3. Developing a SNP Panel for Forensic Identification of Individuals: Forensic Science International Journal.
4. Considerable Haplotype Diversity within the 23kb encompassing the ADH7 gene: Alcoholism: Clinical & Experimental Research Journal 29.
5. Operational Guidelines on Ethics for Health Research handbook currently in use by the HKMU Ethical Review Committee.
6. Scientific expert group report on climate change and sustainable development titled "Confronting climate change: avoiding the unmanageable and managing the unavoidable", February 2007.
7. There were also original papers published in the Discovery and Innovation Journal, June 2006, Vol 18, No.2. This is a journal of the African Academy of Sciences (AAS) and the Academy of Sciences for the Developing World (TWAS).

Thus, HKM is continuing to be actively involved in meeting the challenge of promoting excellence in university education.

HUMOUR

HOW OLD ARE YOU?

Nurse: How old are you?

Patient: None of your business.

Nurse: But the doctor must know your age for his records.

Patient: Well, first, multiply twenty by two, then add ten. Got that?

Nurse: Yes. Fifty.

Patient: All right, now subtract fifty, and tell me, what do you get?

Nurse: Zero.

Patient: Right. And that's exactly the chance of me telling you my age.

DOCTORS CONTRIBUTION TO THE CONSTRUCTION OF THE HOSPITAL WING.

Doctors were told to contribute to the construction of a new wing at the hospital. What did they do?

The allergists voted to scratch it.

The dermatologists preferred no rash moves.

The gastroenterologists had a gut feeling about it.

The neurologists thought the administration had a lot of nerve.

The obstetricians stated they were laboring under a misconception.

The ophthalmologists considered the idea short-sighted.

The orthopedists issued a joint resolution.

The pathologists yelled, "over my dead body!"

The pediatricians said, "grow up."

The proctologists said, "we are in arrears."

The psychiatrists thought it was madness.

The surgeons decided to wash their hands of the whole thing.

The radiologists could see right through it.

The internists thought it was a hard pill to swallow.

The plastic surgeons said, "this puts a whole new face on the matter."

The pediatricists thought it was a big step forward.

The urologists felt the scheme wouldn't hold water.

The cardiologists didn't have the heart to say no.

Vice Chancellor's welcome address to new students.



Vice Chancellor, Prof. Keto Mshigeni, addressing HKMU students.

These are extracts from a speech delivered by the Vice Chancellor, Prof. Keto Mshigeni, when welcoming new students to the Hubert Kairuki Memorial University, on 22 September 2006:

First, I wish to warmly welcome you to this unique university, and to our unique new academic year. We need God's blessings, guidance, and grace, as we walk into the 2006/2007 academic year. Secondly, I have five things to communicate to you:

One: Congratulations on having secured admission for study in our university. That is a great achievement. I know how you feel. I know how your parents and guardians feel, about this achievement. I recall the great excitement I also had, when I secured admission to the then University of East Africa, some 40 years ago! I felt good. Yes, please enjoy the feeling!

Two: You need to know the difference between school education, and university education: At high school level, the teachers teach. At university level, we

lecture. We introduce you to the concepts; and we inspire you, individually and collectively, to expand on those concepts, by directing you to read more yourselves: as has been expressed already by various speakers during the orientation week. At university level, we also expose you to the know-how on how to create new knowledge, and how to extend boundaries of current knowledge, through research. At university level we train you to know that knowledge is always changing. It is almost limitless! Even your Professors know very little about what is yet to be discovered in the subjects they teach. Even the most experienced of senior-most Professors, are continuing to learn new things, everyday, through research. St. Paul, Apostle Paul, in 1Cor.13:8, 9, may have had this in mind when he said: "whether there be knowledge, it shall vanish away, for we know in part."

Realising that fact, someone defined a professor as a person who knows more and more, about less and less, until he/she knows almost everything about nothing! You will come to understand

this element when you become a professor yourself, some day! If you are determined, you will make it. Why not? Our Founding Vice Chancellor of this University, Prof. Hubert Kairuki, and the second Vice Chancellor Professor Esther Mwaikambo, made it! I also made it! You too can! Why not?

Three: You need to know also that universities are oases of knowledge and interaction with society. You know what an oasis in a desert is, and does. Universities are fountains out of which spring experts who advance the development of society: Medical professionals who will treat us when we fall sick; teachers who will develop the inquisitive minds of our youth; innovative engineers, who will generate new products that make life more comfortable. Universities are places of learning, of light, and of liberty. Here we find the highest concentration of trained brains in society. Yes, learn to respect your lecturers and professors. Strive to interact with them, and to discuss issues with them. See them as your academic parents, and as role models, who can help shape your future the way you choose it to be! But most importantly, learn how you will share the knowledge, the new light, and the new values you will assimilate during your study at HKMU, with the less fortunate in society.

Four: Realise that there is a lot of freedom in our universities, here in Tanzania and anywhere else in the world. Oh yes, no roll calls, no parades, no forced class attendance. We know that God had also given Adam and Eve a lot of freedom, in the Garden of Eden. But God also gave them some rules. Within the broad spectrum of the freedom you will enjoy at the university, there are also some rules: rules on participation in lectures, rules on submitting your course assignments in time, and rules when it comes to doing examinations. Strive to understand and to respect all the rules of the university. Yes, remember Lot's wife in the scriptures. By not following instructions to the letter, she was petrified, into a pillar of salt. Yes, you

also can become petrified, and you also can be discarded from your walk towards earning a degree qualification, and be left behind, while other students move ahead, if you misuse your freedom, and ignore the university's rules.

Five: Cultivate a culture of working hard, of studying hard, and of reading. Yes, read many good books. Spend a good share of your time in the university library; and cultivate a culture of buying your own books, and of building your own library. Your course grades will, for sure, be of dignity, and of pride to yourselves, to your parents and guardians, if you commit yourself to studying hard, and to reading all the required books, and more. Please allow me to elaborate on this point, through a short story: About 300 B.C, a King (actually it was Ptolemy 1) asked Euclid, the famous Greek Mathematician: "How can I learn your famous theorems of geometry in a more compendious manner?" Please note: this was a question from a Great King! The answer received by the king was: "There is no royal road to geometry"! And I am re-emphasizing: There is no royal road to passing university examinations! Work hard, study hard; and read many good books! You will make it, and with dignity! What is passing an examination with dignity? I mean passing with marks of distinction. If excellent is possible, very good is not good enough. Aim high! If an A grade is possible, a B or a C, is not good enough. Aim high!

Uniqueness of HKMU

I said, at the beginning, that our university is unique. In what way? Please allow me to qualify my statement:

One: HKMU is a small private university, and as you know, it is not by size that we win, or fail: we are committed to being the best small private university, in the region, which everyone will be proud of! Indeed, we have exceptionally committed, responsive, and highly competitive lecturers and professors, who will actualise that vision.

Two: HKMU has a caring attitude to what we see as our greatest asset: you, our

students; and also a caring attitude for our staff. Yes we care! We work together as members of a family. Therefore, whenever you experience a difficult situation which you feel you, alone, cannot handle, discuss the matter, in confidence, with your lecturers, with the head of a specific department, with the dean of students, and with other relevant members of the HKMU family. And please remember, united we stand!

Three: We are committed to developing you, our students, wholistically, and to help you attain balanced education. Indeed, we offer courses in wholistic and therapeutic counselling. We see great merits in cultivating, not only your mental faculties and thinking skills, but also faculties of speech, critical discourse, and of effectively articulating your views and ideas in class, and in public gatherings. We shall help also to develop your spiritual faculties, regardless of your specific religious beliefs. We view the nurturing of the spiritual essence to be almost as important as the training of the mind, and of the hands.

Four: HKMU is growing dynamically, following footprints of its founder, the Late Professor Hubert Kairuki, an outstanding medical professional, who had farsighted vision, and who selflessly dedicated his life and resources towards making HKMU an institution of hope for the committed, and of inspiration for the despondent in society, especially with respect to

providing new opportunities for expanding the delivery of excellent medical and health education service to society.

Five: We accord special individual attention to our entire student community (I believe more so than what prevails in most parallel sister institutions, in the country, and in the region). This did not come about by accident: the founder chose to adhere to an internal policy of according greater attention to a manageable population of students, and to give them the best quality university education possible. We believe that high quality speaks louder than large quantity! The five plus five elements having been stated, let me now share with you important useful tips on university survival strategies. We are giving you these hints, because we are interested in your success. Every one of you must earn the university qualifications for which you have been admitted to study:

Study Survival Tips:

One: Never miss a lecture. There are costs to it. Never miss a practical class. Don't rely on lecture notes taken by other students.

Two: English is our medium of teaching. Strive to master the English language exceptionally well. Strong skills in English language communication will enhance your examination performance, for sure! I said earlier, that HKMU cares for her



Part of the HKMU students in a meeting

students. We shall provide a course on English language communication skills. Please take it seriously!

Three: If you did not understand a concept during the lectures, be courageous: raise up your hand, and ask questions. Take note of what you did not understand, and read more about the concept, from a variety of other reading materials. This is very important!

Four: Cultivate your faculties of self confidence and optimism. On this, please remember the words of the founding father of our nation, the late Mwalimu Julius Nyerere, which he shared with us during the earlier years of Tanganyika's independence: "It can be done. Play your part"! It was through confidence and optimism, that the founder of this university (the late Professor Hubert Kairuki), developed these facilities, and this university. Thus if, due to special circumstances, you do not perform well in a test, or in an examination, develop a sense of confidence, and optimism, and believe that if you try harder, next time you will make it. Never give up.

Five: Choose good friends, and work closely with those friends. True friends are like diamonds: precious, but rare. Strive to become a precious rare friend yourself, with readiness to extend a kind helping hand, when others are in need.

Strive to make your friends happy. When you generate happiness in others, there will always be a spill-over effect that will also generate happiness in you. Remember, happiness is a perfume, which you cannot pour on others, without getting a few drops onto yourself! Win those with bad character to follow your good example. Please take this seriously.

Six: Respect other students; respect your lecturers and professors; and respect yourself, everyday. Show that in the way you speak to others. Cultivate your interpersonal skills to full capacity; and let others see your presence (in any situation) as a blessing. That is what it means when you are told: you are the light of the world; or you are the salt of the world!

Seven: Remember that at some point when you leave the gates of the university, you will be appointed to serve as a leader in society. Therefore, while you are with us, cultivate leadership skills. Leadership calls for proactiveness, innovativeness, giving without counting the cost, and walking that extra mile, voluntarily! Therefore strive to be an active participant in the many leadership training opportunities that we offer: in student games, in various religious activities, and in various group assignments.

Eight: Take note of the fact that beyond your first degree there is also a master's

degree. And beyond the master's degree, there is also a PhD degree. Therefore set for yourself ambitious plans. Very high goals. Recognise the power that is within you, towards achieving what you want to achieve in life. Trust that you can develop yourself to become the best medical doctor ever, and the best nursing expert ever!. Nothing is impossible to a willing mind! By aiming high, you will score high grades, and you will survive to the end of your academic journey.

Nine: Say no, when you are enticed into doing the undesirable. Yes, we have a pandemic in society: the killer virus, HIV, which is devastating Africa, by millions. Take heed! We have intoxicating drinks and drugs in society. Take heed. Avoid them! "A word to the wise, is enough", said the wise King Solomon, in the book of Proverbs (in Bible).

Ten: Please remember also that time is money. Every hour, is money. Every minute, is money. Every second, is money. Please train yourself to become an exemplary student when it comes to effective time management. Please observe punctuality in every event that concerns you, always!

The Vice Chancellor concluded with a word of thanks to the students, for having been so attentive.

Facts and figures about the university teaching hospital

The Mission Mikocheni Hospital (MMH) serves as the teaching hospital for HKMU. MMH has direct access to state-of-the art diagnostic and treatment equipment including among others: a modern CT scanner, Ultrasound and X-Ray machines (Fluoroscopy), Operating Theatres, and in and out patient facilities.

Practical training is also carried out at Amana Hospital, Muhimbili National Hospital, Muhimbili Orthopaedic Institute (MOI), Mwananyamala Hospital, Ocean Road Cancer Institute, Mirembe Hospital: and also through field studies, to give students further exposure to a wide range of patients and illnesses.

Facts and Figures about HKMU

The University Management

Sn	Name	Position
1.	H.E. Ambassador Dr. Salim A. Salim	Chancellor
2.	Mrs. Kokushubila Kairuki	Chairperson, Board of Trustees
3.	Prof. Fredrick Kaijage	Chairman of the University Council

Senior Officers of the University

1.	Prof. Keto E. Mshigeni	Vice Chancellor
2.	Dr. Paschalis G.N. Rugarabamu	Deputy Vice Chancellor Academic Affairs
3.	Vacant	Deputy Vice Chancellor Finance, Planning and Administration
4.	Dr. Felician Rutachunzibwa	Dean Faculty of Medicine
5.	Prof. Pauline P. Mella	Dean Faculty of Nursing
6.	Dr. Sylvester L.B. Kajuna	Director of Postgraduate Studies & Research Institute
7.	Mr. Safari S. Sillo	Bursar
8.	Ms. Siima K. Mujemula	Corporate Counsel
9.	Mr. Albert R. Mwaheleja	Human Resource and Administration Manager
10.	Prof. Sebastian E.K. Lutahoire	Dean of Students
11.	Mr. Fratern K. Kilawe	Acting Programme Manager
12.	Mr. Raphael B. Zakayo	Senior Administrative Officer
13.	Mr. Abraham R. Mwalugeni	Marketing & Public Relations Officer

List of Members of Council and their affiliations

Member	Affiliation
1. Prof. Fredrick Kaijage	Prof of History, University of Dar es Salaam(Chairperson)
2. Prof. Brig. Gen. Yadon Kohi	Director General Tanzania Commission for Science and Technology(COSTECH)
3. Dr. Naomi Katunzi	Ministry of Higher Education, Science and Technology
4. To be appointed	Ministry of Health and Social Welfare Representative
5. Prof. Keto E. Mshigeni	Vice Chancellor
6. Mrs. Magdalena Rwebangira	Advocate, Rwebangira and Didace Company Advocates
7. Dr. Asser Mchomvu	Acting Director General Mission Mikocheni Hospital
8. Dr. Paschalis Rugarabamu	Deputy Vice Chancellor Academic Affairs
9. Ms. Siima K. Mujemula	Corporate Counsel (Secretary to Council)
10. Mr. Benjamin Kazaula	Financial Consultant, Retired Govt. Accountant General
11. Prof. Anselm Lwoga	Former Vice Chancellor, Sokoine University of Agriculture
12. Ms. Joyce Mapunjo	Deputy Permanent Secretary Ministry of Finance

Student enrolment:

a) 2005/2006 academic year:

A total of 171 new students were enrolled in all short and long term courses as follows:

SN	Name of the Course	Number of students enrolled per programme
1	Doctor of Medicine-MD 1	77
2	Bachelor of Science in Nursing-BSCN 1	2
3	Diploma in Nursing DIP 1	28
4	Postgraduate Programme	4
5	Certificate in Wholistic Therapeutic Counselling	16
6	Pre-University Entry Programme	44
	Total	171

b) 2006/2007 academic year:

A total of 203 new students were enrolled in short and long term courses as follows:

SN	Name of the Course	Number of students enrolled per programme 2006/07	Programmes offered 2006/07	Total number of students
1	Doctor of Medicine-MD 1	88	MD1-5	310
2	Bachelor of Science in Nursing-BSCN 1	19	BSCN 1-2	22
3	Postgraduate Programme	2	POGR 1-4	5
3	Diploma in Nursing DIP 1	34	DIP 1-2	63
4	Certificate in Wholistic Therapeutic Counselling (Batch 1-3)	15 (Batch 1&2)	WTC (Batch 1&2)	15 15
5	Pre-University Entry Programme	45	PRE-UNIV	44
	Total	203		459

The University attracts students from a growing number of African countries, including Cameroon, DRC-Congo, Kenya, Namibia, Nigeria and Zambia.

Staff Appointments:

The Hubert Kairuki Memorial University managed to recruit new staff members to fill various vacant posts, as follows:

1.	Prof. Keto Elitabu Mshigeni: Vice Chancellor
2.	Mr. Safari Sillo: Bursar
3.	Dr. Jerome Mkiramweni: Senior Lecturer, Department of Surgery
4.	Dr. Elias Muganyizi: Tutorial Assistant, Department of Community Medicine
5.	Mr. Salvatory Macha: Examination Officer
6.	Ms. Florence Mkinga: Supplies Officer
7.	Mr. Seleman Kungulilo: Laboratory Scientific Officer
8.	Ms. Minael Omari: Tutorial Assistant, Department of Community Health Nursing
9.	Ms. Rose Nakyanzi: Faculty Administrator
10.	Mr. Amos Madala: Lecturer, Information Resource Unit
11.	Mr. Alex Gabriel: Hostel Manager
12.	Ms. Pulkeria Shirima: Assistant Accountant
13.	Ms. Joyce Nestory: Attendant
14.	Ms. Aneth Mpokotsa: Attendant

Integration of HIV/AIDS in the Curriculum of the Diploma in Nursing in Tanzania,

By Elizabeth Kijugu.



HIV and AIDS epidemic requires well prepared medical and paramedical staff. During the care of patients with HIV/AIDS, nurses experience several problems, such as risk of contracting occupational HIV/AIDS, psychological problems like stigma, and discrimination from colleagues and community members. Staff also face problems such as lack of material and supplies for application of universal precautions. They additionally lack training and up to date information on care of HIV/AIDS patients.

Generally, transmission of HIV and AIDS to health care workers is due to improper infection control practices. Studies have shown that, occupational exposure contributes to transmission of HIV/AIDS to health care workers when exposed to needle injuries. One study estimated that unsafe injection accounts for 100,000 or 2% of the new cases globally (Esser et al. 2002). Another study done in Mwanza region in Tanzania, reports that the incidence of HIV/AIDS infection through occupational exposure is 0.27% per year (Lark et al 2001). According to a descriptive study carried out in Dar es Salaam, it was shown that, nurses lack skills in practising universal precautions and that they practise risk behavior such as recapping of needles. In this study, 100 nurses were sampled from two hospitals, and it was revealed that 68% have been pricked by contaminated needles (Kijugu, 2000 unpublished). The main reasons were lack of knowledge, carelessness and fatigue.

HIV/AIDS related stigma is one of the key challenges in the prevention and control of the epidemic. In Tanzania stigma

against HIV/AIDS remains very strong, and plays a major role in fuelling the HIV/AIDS, by creating a culture of secrecy, silence, ignorance, blame, shame and victimization. Stigma and discrimination is common in health care settings. Some studies suggested that 40 -60% of nurses and physicians, would refuse to care for people living with HIV/AIDS, if they had an opportunity to do so (ICN, 2003). Nurses have an internal feeling that because of their roles of caring for patients with HIV/AIDS, they may be stigmatized and discriminated by community members, due to fear to contract the infection, and also fear of death, as the disease is incurable.

Lack of knowledge on prevention from contracting occupational HIV/AIDS, may be one of the factors that contribute to stigma. Though the concept of HIV/AIDS is stipulated in the Diploma in Nursing Training Curriculum in Tanzania, the time allocated to the topic is not enough, and the content is not adequately elaborated. My main motivation in writing this article is to propose a change on integrating fully HIV/ AIDS training in the curriculum for the diploma in nursing, in the faculty where I work, and in other nursing schools in Tanzania at large. I believe that the health workforce has to be prepared towards coping with the challenges that HIV/AIDS present every day. Student nurses must acquire proper knowledge, attitudes and skills that will allow them to be competent. The preparation of nurses and the quality of nursing care will have an impact in the management of the disease and reduce the burden due to HIV/AIDS in this country.

The increasing prevalence of HIV/AIDS cases leads to an increased number of patients in hospitals. In Tanzania, 50% of beds in hospitals are occupied by HIV/AIDS patients. The nurses are the ones who take care of HIV/AIDS patients in Tanzania at the hospital level, apart from the involvement of the community volunteers and family members. Studies undertaken by others, and my own experience, show that nurses have a negative attitude towards HIV/AIDS patients. Reasons for this negative attitude are that, the disease is associated with sexual behavior; HIV/AIDS is incurable; and nurses fear to contract HIV infection that subjects them to death.

Lack of adequate knowledge, skills and appropriate attitude to provide good quality care for HIV/AIDS patients, exacerbates stigmatization, and influences inadequate universal precaution practice. In a qualitative study done in South Africa to determine the perception among 35 nurses of HIV/AIDS at the work place, it was revealed that nurses display a negative attitude to HIV/AIDS patients, because they lack specific nursing education on HIV and AIDS (Smith, 2005). Nurses provide direct care to the patients, identify day-to-day needs of the patients, and provide health education and counseling. The nurse is the manager and the administrator for the health facility. She plans, implements, and evaluates the issues in relation to care of HIV /AIDS patients. Other duties are supervision of



Diploma in Nursing graduands during the graduation ceremony at HKMU

the staff in the ward or unit, and caring for patients with HIV/AIDS. They are involved in informing patients on the pandemic and referring them for voluntary counseling and testing (VCT). They also provide knowledge on Prevention of Mother to Child Transmission (PMCT), on the use of Antiretroviral (ARV) drugs, and on positive living. Nurses act as change agents on giving relevant advice pertaining to HIV and AIDS.

During the nursing care of HIV/AIDS patients, nurses encounter several problems. The care of the HIV/AIDS patients involves physical contacts, which expose them to blood fluids. They face psychosocial problems, like stigmatization and discrimination from colleagues and community members, because of their role in caring for patients with HIV/AIDS. Nurses' experience fatigue, and even burn out, because of heavy care demands. They are frequently subjected to caring for clients who are dying, most of them at a young age. They also experience stigmatization and discrimination, from patients to whom they have to provide care. It is also noted that the training provided for pre-service nursing is inadequate, both for the time allocated and content. Moreover, clinical supervision in the curriculum content is not stipulated (MoH, 2003).

Lack of appropriate clinical supervision and mentorship is one of the factors that contributes to poor quality care for the patient with HIV/AIDS. Senior nursing staff are often too busy with clinical settings. There are also problems of inadequate staffing levels, and heavy workloads. Tutors and qualified nurses who teach and supervise the students, often also lack up to date medical information about

HIV/AIDS. In addition, inadequate logistics cause lack of essential supplies. Guidelines for universal precautions and post exposure prophylaxis are, furthermore, insufficient and inaccessible.

Several factors have been identified that influence the care of patients with HIV/AIDS. These include: knowledge about transmission; caring for the patients and universal precautions; lack of materials; conflicting values; problems in addressing sexuality; and inadequate supervision. Nurses have fear about their own status; they hesitate to care for people, and fail to give health education. The community also evaluates nurses behavior concerning HIV/AIDS. Nurses feel that they are stigmatized because of their role for caring HIV/AIDS patients. To reduce stigma, multifaceted interventions are suggested. These include: accurate information, especially about transmission; and positive face to-face interaction with people living with HIV/AIDS (PLWHA). When people living with HIV/AIDS facilitate their testimonials to nurses, this fact reduces fear. If this experience is combined with accurate knowledge on the disease, it improves the attitude and behaviors of nurses towards people living with HIV/AIDS.

Nurses need to be confident, and to be able to discuss sex, death, and the attitude of living positively with HIV/AIDS. In addition, nurses need to examine their own values, assumptions and attitudes towards HIV/AIDS. Provision of adequate supplies and protective equipment was another important aspect of intervention needed in delivering nursing care to patient with HIV/AIDS. For application of universal precautions, nurses need to get adequate supplies of materials such as gloves, protective gowns, eye shields, disinfectants, up to date guidelines, policies and protocols. Improving supervision is one of the interventions for improving nursing care of patients with HIV/AIDS. Proper supervision will address the nurse's problems. Nurses will be provided with continued training when on duty. This will motivate them and

enhances the quality of the care they provide.

It is recommended that nurses should be trained explicitly on the concept of HIV/AIDS. This should include training for student nurses, and also special courses to train all health care staff and tutors. For the best practice, HIV/AIDS should be integrated in the curriculum.

Ms. Elizabeth Kijugu (MPH (KIT Amsterdam) BScN (HKMU), RNM (KCMC), is Assistant Lecturer at the Faculty of Nursing, Hubert Kairuki Memorial University.

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Reduce the risks of getting stroke,

By Dr. Elias Muganyizi.



Stroke is a neurological disabling illness of sudden onset, which causes the patient to have either unilateral or bilateral body weakness/paralysis called hemiparesis/hemiplegia or quadriplegia respectively. When it gets to an individual, he fails to sustain normal physical activities. Stroke incidences are associated directly with technological developments¹. This is why, there is relatively higher occurrence of the disease in the developed countries than developing ones. The prevention of stroke occurrence can be possible if there is enough health education at medical specialist clinics, and also community sensitization, to reduce the risk factors.

The stroke clinical presentations depend on the extent of brain damage. Normally every area of the brain represents particular and specific function on the human body. There are two events that can either occur when an individual gets stroke. In about 85% of patients with stroke, part of the brain gets insufficient blood supply, due to clot blockade in the blood vessel supplying the brain tissue (thrombotic/embolic type of stroke). Consequently, hypoxic brain cells die, and this may lead to lost brain function, which manifests on the body as the clinical symptoms, and as the patient's complaints. 15% of patients with strokes are hemorrhagic, due to spontaneous rupture of intracranial blood vessel influenced by high blood pressure.

Clinical feature; Stroke presents with paralysis (unable to use the affected limbs), numbness, language disturbances, visual disturbances, ataxia

(unintentional limb tremors), dizziness, dysphagia (difficult in swallowing feeds), facial palsy (unsymmetrical face look, due to unilateral muscle pull) etc. These symptoms rarely occur altogether in one patient. Usually there may be one or few other symptoms presenting in one patient depending on what part of brain has been involved.

Risk factors: People with the following condition, should be surveillant on their medical chronic illness, and follow or seek medical advices, for their health benefits:- hypertension, diabetic mellitus, sickle cell disease, thrombocytopenia, polycythemia vera, both congenital (inborn) and acquired heart disease, arrhythmias such as atrial fibrillation (irregular pulse rates) and behavioural related risk factors like cigarette smoking, immobility (lack of regular excise), as it occurs in people who drive, and do not make any excise, overweight, excessive alcohol intake and including non modifiable risk factors such as old age, male sex, and etc.

Management: Patients who present the above clinical features are to be taken to the hospital for expert management, as soon as possible, before complicating to serious fatal illness.

Prevention: Tanzanian community should take serious action towards reducing the risks of getting stroke conditions, which actually have crippled many politicians, business men and women, elites and other people with good domestic income. However this diseases also affects few poor individuals in our communities. Let preventive measures, be taken critically to the community. This will be a step towards promoting our national economy by reducing the costs incurred by the government to treat the affected individuals and to continue having national manpower for production, and hence poverty alleviation. People should stop cigarette smoking. "Cigarette smoking is dangerous." This is a message that always appears on Cigarette Business Adverts, and on their packing packets. But people do not take it very seriously. It is a public health important message that has to be practised.

Control your hypertension (high blood pressure) to the normal range, by taking regular antihypertensive medication. This prevents both hemorrhagic and ischaemic stroke with the relative risk reduction of 35 to 45%². Most individuals, when diagnosed to have



hypertension, and put on treatment, believe that after finishing their prescribed medications, they won't continue with the treatment. This is may be because they have not either been told by busy doctors who attended them, or because they feel they no longer have previous symptoms and decide on themselves to stop the medications. The treatment of hypertension does not only depend on medications but also on health education. Doctors have a role of educating their patients on avoiding some related risk factors, and compliance with medication for life. So hypertensive patients are advised to have regular visits and consultations to their physicians.

Control your diabetic mellitus: Through my observations I have seen some Tanzanians who have been deceived by traditional healers that they treat diabetes, and that a patient can get total remission of this disease. This is totally not true because in the hospital set up, we receive many patients who come with complications of diabetes, after they have been treated by these traditional healers. So take serious note that never

to avoid your physician's advice on how you would handle your blood sugar. Alternatively, take both treatments together, without leaving the advice.

Regular exercise is very important for prevention of hypertension and diabetes mellitus type II. Other incidence of stroke can be prevented by drugs like Aspirin or clopidogrel (clopact) for the patients whom a doctor may deem that they are having high risk of getting the stroke are prescribed. Observational studies suggest that higher cholesterol levels are associated with an increased risk of ischaemic stroke and treatment with statins may reduce the risk of fatal and nonfatal stroke by 25%.

A physician identifies and treats early the risk factors of developing stroke like arrhythmias e.g. "atrial fibrillation" by different modalities of approach, depending on its severity. Serious congenital or acquired heart diseases are to be repaired by surgery which reduces the turbulent blood flow within the heart chambers that increases the risk of forming thrombi and hence occurrence of

the stroke. For tertiary prevention, the application physiotherapy will minimize the incidence of contractures (limb deformity). Last but not least, reduction of salt intake particularly in patient with hypertension and diabetes mellitus and restriction of alcohol consumption are paramount in the prevention of stroke.

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TWAS Medal Award

The Governing Council of the Academy of Sciences for the Developing World (TWAS), which met on 2nd September 2006, in Angra Dos Reis, Brazil, during the TWAS 10th General Conference and TWAS General meeting, decided to award Prof. Keto Elitabu Mshigeni, Vice Chancellor of the Hubert Kairuki Memorial University (HKMU) a TWAS Medal.

Accordingly, he will deliver a TWAS Medal Lecture in 2007. These medals

are presented each year to TWAS members who have demonstrated truly outstanding contributions to science and technology.

Prof. Mshigeni will deliver his medal lecture at a special ceremony, during the TWAS 18th General meeting, to be held in Islamabad, Pakistan, from 13-15 November 2007. Also at the TWAS meeting in Brazil, Prof. Mshigeni was elected to serve on the TWAS Governing Council during the next three years.



Botanical surprises at HKMU: Prof. Keto E. Mshigeni, Vice Chancellor of HKMU, perceives the branched coconut palm tree at the HKMU Mikocheni Campus as a botanical wonder. Ever seen a similarly branched coconut plant elsewhere?

Confronting Climate Change: Avoiding the Unmanageable and Managing the Unavoidable.

On February 27, 2007 in New York USA, the United Nations Foundation (UN Foundation) and Sigma Xi, the Scientific Research Society, released a report of the Scientific Expert Group on Climate Change and Sustainable Development: "Confronting Climate Change: Avoiding the Unmanageable and Managing the Unavoidable." The report, prepared as an input for the upcoming meeting of the UN's Commission on Sustainable Development (CSD), outlines a roadmap for preventing unmanageable climate changes and adapting to the degree of change that can no longer be avoided.

Two years in the making, the report was written by a panel of eminent scientists from around the world. The panel was co-chaired by **Dr. Peter Raven**, Director of the Missouri Botanical Garden, and Dr. Rosina Bierbaum, Dean of the University of Michigan's School of Natural Resources and the Environment. The coordinating lead authors of the report were Rosina Bierbaum, Professor and Dean, School of Natural Resources and Environment, University of Michigan, United States; John P. Holdren, Director, The Woods Hole Research Center, and Teresa and John Heinz Professor of Environmental Policy, Harvard University, United States; Michael MacCracken, Chief Scientist for Climate Change Programs, Climate Institute, United States; Richard H. Moss, Senior Director, Climate and Energy, United Nations Foundation and University of Maryland, United States; and Peter H. Raven, President, Missouri Botanical Garden, United States.



Other lead authors on the report were: Ulisses Confalonieri, Professor, National School of Public Health and Federal University of Rio de Janeiro, Brazil; Jacques "Jack" Dubois, Member of the Executive Board, Swiss Re, United States; Alexander Ginzburg, Deputy Director, Institute of Atmospheric Physics, Russian Academy of Sciences, Russian Federation; Peter H. Gleick, President, Pacific Institute for Studies in Development, Environment, and Security, United States; Zara Khatib, Technology Marketing Manager, Shell International, United Arab Emirates; Janice Lough, Principal Research Scientist, Australian Institute of Marine Science, Australia; Ajay Mathur, President, Senergy Global Private Limited, India; Mario Molina, Professor, University of California, San Diego, United States, and President, Mario Molina Center, Mexico; **Keto Mshigeni**, Vice Chancellor, **The Hubert Kairuki Memorial University, Tanzania**.

Others are Nebojsa "Naki" Nakicenovic, Professor, Vienna University of Technology, and Program Leader, International Institute for Applied Systems Analysis, Austria; Taikan Oki, Professor, Institute of Industrial Science, The University of Tokyo, Japan; Hans Joachim "John" Schellnhuber, Professor and Director, Potsdam Institute for Climate Impact Research, Germany; and Diana Úrge-Vorsatz, Professor, Central European University, Hungary.

The expert team was invited by the UN's Department of Economic and Social Affairs, Secretariat to the CSD, to make recommendations on key mitigation and adaptation needs. This year's 15th Session of the CSD is reviewing national and international efforts on energy and climate change.

"Two starkly different futures diverge from this time forward," the report cautions. "Society's current path leads to increasingly serious climate-change impacts... The other path ... will reduce dangerous emissions, create economic opportunity, help to reduce global poverty, reduce degradation and carbon emissions from ecosystems, and contribute to sustainability. Humanity must act collectively and urgently to change course through leadership at all levels of society. There is no more time for delay."

"This report defines the seriousness and urgency that must characterize global efforts to respond to the unfolding and far-reaching challenge of climate change. Confronting Climate Change makes clear that we must start immediately to stabilize and then substantially reverse the trajectory of greenhouse gas emissions," said Timothy E. Wirth, President of the United Nations Foundation. "The international community should be grateful that this remarkable panel of scientific all-stars



from around the world has provided a roadmap for mitigating and adapting to climate change. And they have told us that there is tremendous economic opportunity in doing so."

"Our report makes clear that the challenge before us is to reduce the risk of climate change resulting in intolerable global impacts," said Peter H. Raven, Past President of Sigma Xi, Presidential Medal of Science recipient and preeminent biodiversity expert. "Our recommendations are designed to help the international community get on a path to stabilizing atmospheric concentrations of greenhouse gases and managing the impacts of climate change. Unlike many reports from scientists, this report gives very clear recommendations for what the international community and nations themselves must do to mitigate and adapt to climate change. These steps will contribute to achievement of the UN's Millennium Development Goals; failing to do so will make those goals much harder, if not impossible to reach."

"It is still possible to avoid an unmanageable degree of climate change, but the time for action is now," said John Holdren, the Teresa and John

Heinz Professor of Environmental Policy, Harvard University, Director of the Woods Hole Research Center, and Chairman of the Board of the American Association for the Advancement of Science. "The global-average surface temperature has already risen about 0.8°C above pre-industrial levels and is projected to rise another 2-4°C by 2100 if CO₂ emissions and concentrations grow according to mid-range projections. Prudence dictates limiting the average temperature increase to no more than 2-2.5°C above the pre-industrial level, and our report offers clear recommendations for achieving that goal."

"The world is experiencing climate disruption now and the increases in droughts, floods, and sea level rise that will occur in the coming decades will cause enormous human suffering and economic losses. The poorest are likely the most vulnerable. We imperil our children's and grandchildren's future if we fail to improve society's capacity to adapt to a changing climate," said Rosina Bierbaum, former Acting Director of the White House Office of Science and Technology Policy. "We can manage water better, bolster disaster preparedness, increase surveillance for

emerging diseases, make cities more resilient, move vulnerable populations and prepare for environmental refugees, design more drought-tolerant crops, use natural resources more sustainably, and enhance local capacity to cope with a suite of expected changes."

The report covers an overview of the science of climate change; the importance of avoiding the risk of major impacts of climate change; options for mitigation; and steps that can be taken to prepare to adapt to anticipated climate change. Among the report's key findings are:

- Exceeding global average temperature increases above 2-2.5°C above the 1750 pre-industrial level would entail "sharply increasing risk of intolerable impacts."

To avoid exceeding the 2-2.5° C limit will require stabilizing atmospheric concentrations at the equivalent of no more than 450-500 ppm of CO₂ (compared to about 380 ppm CO₂-equivalent today). That in turn requires that global CO₂ emissions peak no later than 2015 to 2020 at not much above their current level and decline by 2100 to about a third of that value.

A two-pronged strategy is needed: avoid the unmanageable (mitigation) and manage the unavoidable (adaptation).

The technology exists to seize significant opportunities around the globe to reduce emissions and provide other economic, environmental and social benefits, including meeting the United Nations' Millennium Development Goals. To do so, policy makers must immediately act by:

Improving efficiency in the transportation sector through measures such as vehicle efficiency standards, fuel taxes, and registration fees/rebates that favor purchase of efficient and alternative fuel vehicles.

Improving design and efficiency of commercial and residential buildings through building codes, standards for equipment and appliances, incentives for property developers and landlords to build and manage properties efficiently, and financing for energy- efficiency investments.

Expanding the use of biofuels through energy portfolio standards and incentives to growers and consumers.

Beginning immediately, designing and deploying only coal power-plant types that can be affordably retrofitted to capture and sequester CO₂.

Climate change and impacts from it are already being experienced, and there will be more even if mitigation efforts are successful. Societies must do more to adapt to ongoing and unavoidable changes in the Earth's climate system by:

Improving preparedness/response strategies and management of natural

resources to cope with future climatic conditions that will be fundamentally different than those experienced for the last 100 years.

Addressing the adaptation needs of the poorest and most vulnerable nations, which will bear the brunt of climate change impacts.

Planning and building climate resilient cities.

Strengthening international, national, and regional institutions to cope with weather-related disasters and an increasing number of climate change refugees.

The international community, through the UN and related multilateral institutions, can play a crucial role in advancing action to manage the unavoidable and avoid the unmanageable by:

Helping developing countries and countries with economies in transition to finance and deploy energy efficient and new energy technologies.

Accelerating negotiations to develop a new international framework for addressing climate change and sustainable development.

Educating all about the opportunities to adopt mitigation and adaptation measures.

Sigma Xi, The Scientific Research Society is an international honor society for research scientists and engineers, with more than 500 chapters and 60,000 members in North America and around the world. The society sponsors a number of programs that promote science and engineering and also publishes American Scientist magazine.

The UN Foundation builds and implements public-private partnerships to address the world's most pressing problems and also works to broaden support for the UN through advocacy and public outreach. The UN Foundation is a public charity. A full copy of the report can be downloaded at www.confrontingclimatechange.org.

Facts and figures about HKMU

Location:

The HKMU campus is located at plot No 322 Regent Estate in Mikocheni area Kinondoni district, some 7-km from Dar es Salaam City centre.

Academic Year and Semester System:

The HKMU academic year starts in the 4th week of September ending 2nd week of August. It is divided into two semesters of 23 weeks each. There are end of semester / end of rotation examinations, which in most cases do away with comprehensive annual examinations.

Facilities:

The HKMU has a wide range of teaching, learning and research facilities including several Well-equipped teaching laboratories, a research laboratory and a library with a computerized catalogue, fulltime Internet access, E-mail and CD-ROM facilities for users.

HKMU Graduation Ceremonies:

SN	Year	Number of Graduates	Percentage(%)	
			Males	Females
1	2003/2004	65	05 (08%)	60 (92%)
2	2004/2005	26	06 (23%)	20 (77%)
3	2005/2006	72	17 (24%)	55 (76%)
4	2006/2007	65	14 (22%)	51 (78%)
	Total	228	42	186

Management of Gall Bladder Stones

By Dr. Jerome Mkiramweni.



Introduction:

Gallstones are the most common biliary stones. In acute cholecystitis, gallstones are present in about 95% of cases (calculous cholecystitis). The exact incidence of acute cholecystitis among patients who harbor gallstones is not known, but about 20% of patients who enter a hospital for biliary tract disease, have acute cholecystitis. Biliary stones are classified into three categories. First is cholesterol stones, comprising 6%. They consist almost entirely of cholesterol (cholesterol solitaire). Second is mixed stones, whereby cholesterol is the major component. Other components include calcium bilirubinate, calcium palmitate, calcium carbonate, calcium phosphate, and proteins. They are usually multiple, and often they are faceted. Third is pigment stones, composed almost entirely of calcium bilirubinate. They are mostly small, black, and multiple. Some are hard and coral like; others are soft and largely concretions of sludge, rather than stones.

A fat, fertile, flatulent female of fifty is the classical sufferer from symptomatic gallstones. Incidence is higher in females, with a female-to-male ratio of 3:1, up to about the age of 50; and a ratio of approximately 1.5:1 thereafter. In Europe, 30 percent of women over 60 years of age have gallstones. However, two thirds are symptomatic. Stones are rarer in Africa and in South India, but not in North India. It is presumed that the multifactorial factors implicated are:

1. Metabolic, infective, bile stasis factors.

2. Hemolysis: causing increases bilirubin production, thus forming pigment stones, seen in hereditary spherocytosis, sickle cell anaemia, thalassaemia, malaria, and mechanical destruction of red cells by prosthetic heart valves. Other factors include: presence of ducts with benign or malignant strictures; cirrhosis, infestation of the biliary tree with clonorchis sinensis; *Ascaris lumbricoides*; and also other disorders, such as saints triad: gallstone disorder, diverticulosis of the colon, and hiatus hernia.

Therefore it is important to find out which lesion is the cause of the patient's dyspeptic symptoms.

Acute calculous cholecystitis: The gall bladder, often already affected by chronic cholecystitis, is acutely inflamed. In 95% of the cases, a gallstone is found impacted in Hartmann's pouch, or obstructing the cystic duct.

Sequalae: When a certain degree of distension of the gall bladder has been reached, the mucous membrane tends to be lifted away from the sides of the stone, and, as a consequence, the stone may slip back into the body of the gall bladder. Then, any mucoid or mucopurulent contents of the gall bladder will escape by way of the cystic duct. Less frequently, the impaction persists, and an empyema (pyocoele) of the gall bladder results. Occasionally perforation occurs. Because the wall is thickened, chronic cholecystitis may occur.

Local abscess: Present and or/past attacks of Cholecystitis, may lead to

adhesions of the gall bladder to the greater omentum and parietal peritoneum. As a consequence, when an infected gall bladder perforates, the usual outcome is a local abscess. **Peritonitis:** (Perforation into the peritoneal cavity) occurs in only 0.5% of cases undergoing conservative treatment for acute cholecystitis, and the patient is usually a man. If the bile is infected, diffuse peritonitis supervenes readily and rapidly.

Clinical findings: Sudden onset of pain located mainly in the right hypochondrium. Severe nausea and vomiting. Pyrexia temperature of 38C or higher. On examination, tenderness and rigidity are found in the right hypochondrium. If the patient can be persuaded to relax, a mass consisting of the inflamed gall bladder with adherent greater omentum attached, may be felt. Boas's sign if positive will differentiate acute cholecystitis from other conditions (i.e there is an area of hyperaesthesia between the 9th and 11th ribs posteriorly, on the right side).

Chronic calculous cholecystitis: a) 20-40% of cases are symptomatic. Symptoms are due to: Inflammation of the gall bladder; obstruction of the outlet of the gall bladder; right hypochondrial pain varying severity, ranging from a mere discomfort, to excruciating gall stone colic. Frequently pain radiates from the shoulder blade and last, for several hours. When pain is more than 12 hours, it is acute cholecystitis. b) Nausea and vomiting: Fat meals often precipitate it. Occurs in 60 to 70% of cases and appears to be a reflex phenomenon

associated with a rapid rise in gall bladder pressure. Frequently patients attempt to induce vomiting having a sensation that they will feel better afterward. c) Fatulent dyspepsia: a feeling of fullness after food, associated with belching and heartburn.

Physical findings: Elevated temperature, due to inflammation, occurs in about 80% of patients. Tenderness in the right upper quadrant, the epigastrium, or both. 50% of all patients have muscle rigidity; and about 25% of the patients have rebound tenderness. Murphy's sign, when present, is pathognomonic.

Investigations: Laboratory tests: Full blood picture: Elevated white blood cell count in 85% of cases. Not elevated in the elderly, and also for those who take anti-inflammatory drugs. Liver function test: One half of cases have elevation of serum bilirubin. Serum amylase increased in one third of cases.

Imaging studies: Ultrasonography, and cholecystigraphy: Utilise a derivative of technetium- iminodiacetic acid (technetium- IDA scan) and CTScanning.

Differential diagnosis; Appendicitis, PERFORATED peptic ulcer, Acute pancreatitis.

Treatment:

- 1) Preoperative antibiotics, according to culture and sensitivity studies of the bile. Common isolated organisms includes; E.coli, Klebsiella sps, Streptococcus fecalis, and Clostridia welchi. Choice: Ampicillin-salbactam + Gentamycin; Cephalosporins.
- 2). Surgical modalities: open cholecystectomy percutaneous; cholecystostomy; open cholecystostomy; and laparoscopic cholecystectomy.
- 3) Nonsurgical modalities: chemical dissolution, e.g by ursodioxycholic acid, extracorporeal shockwave lithotripsy.

Case Study:

A 45 years old woman was admitted to Mission Mikocheni Hospital, a Teaching Hospital for the Hubert Kairuki Memorial University, on 07.10. 2006, with severe agonizing right upper guardant pain, associated with fever for one month. Despite use of antibiotics for the past three weeks, there was no improvement. No history of jaundice.

Baseline blood tests performed included: full blood picture, which revealed elevation of white blood cell count to 16.5 thousand per cubic mm initially, which resolved to 4.5 thousand per cubic mm after three weeks of antibiotics. Ultrasound reported features of Cholecystitis. CT Scan reported features of calculous cholecystitis, with one stone in the gall bladder. Renal function and liver function tests were normal. Hpylori serology was negative. Widal test was negative for typhoid; ECG was normal, and the blood group was A rhesus positive.

The patient was prepared for a straightforward cholecystectomy on 08th October, 2006. Intra operatively, the gall bladder was converted to a solid mass and was adhered to the liver, the stomach, and the biliary tract. A big stone was found in the Common Bile Duct (CBD). Fundus cholecystecomy was the only choice. The neck was completely

united with CBD. There was no cystic duct or Hartman's pouch. On opening the Gall bladder and the CBD, there was no bile in the lumen. There was another big stone in the GB body lumen. It was not clear where the bile was passing to reach the duodenum. Absence of intraoperative cholangiogram in our set ups hindered proper definition of the biliary tracts. Common hepatic duct was traced until where it was excreting bile. Presence of fistula could not be ruled out.

Anastomosis of the common hepatic duct with CBD, when performed, and with Nasogastric Tube (NGT) inserted in the stomach, could drain bile. A T tube was left in-situ and brought to the right lumbar. The patient started to leak bile through the tube after 48 hours. Eventually bile drainage reduced to 350 mls per day until it stopped. The drain could be taken out on 02.11.2006, and the patient developed no signs of intra abdominal leakage or obstructive jaundice. A follow up on ultrasound revealed no fluid collection. Histology results No PB 71/ 06 confirmed calculous cholecystitis, and showed no malignancy. In order to be sure of the success of the operation the patient was sent to India for further advanced radio imaging or endoscopic investigation. She was reviewed in Joy Hospital Mumbai, whereby all blood tests were normal; repeat ultrasound was normal; and cholangiopancreatography was also



Photograph of one of the removed stone.

normal. No further study was found necessary. When the patient recovered she was presented to the Mission Mikocheni staff by the MD 5 and Postgraduate students. This presentation was conducted very professionally, and we encourage students to continue with such spirit.

Discussion: This patient certainly required open surgical treatment as laparoscopic surgery is not indicated in such a case. Absence of an intraoperative cholangiogram poses surgical dilemma in the assessment of the success of the operation in terms of ensuring that no stones remained in the CBD, or escaped from the gallbladder to

the CBD, as well as ensuring the patency of the biliary tree. Such omission in this case was justified by the nature of the emergency and the misled clinical feature of absence of obstructive jaundice, as well as by the imaging radiology, which failed to demonstrate a CBD stone. Such omission should never be allowed for elective cases, and therefore team work between surgeons and the radiologists is necessary. Preoperative endoscopic retrograde cholangiopancreatography is equally necessary to be developed in our hospitals, if such patients have to be managed. Future MRI cholangiopancreatography when available, will be even more superior.

Dr. Jerome Mkiramweni (surgeon) is a senior lecturer at the Hubert Kairuki Memorial University.

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Rift Valley Fever: A Zoonosis Currently Striking Tanzania

by Dr. Boniphace Sylvester.

Rift valley fever (RVF) is viral zoonosis which occurs mainly in Sub-Saharan Africa and infrequently in some countries like Egypt (1977-1978) and Saudi Arabia and Yemen with an underlying association with high rainfall and dense populations of vector mosquitoes. The virus can lie dormant for years in mosquito eggs which survive long periods of drought before hatching in the rainy seasons (Elfadil et al. 2006).

Currently, the first two deaths from Rift valley fever in Tanzania were reported in northern Tanzania in January 2007, after spreading from neighboring Kenya, where it has so far killed 139 people. It has since spread to other areas in central (like Dodoma) and northwestern Tanzania (Favier et al 2006). The etiological agent is Rift valley fever virus, a member of the genus Phlebovirus and family Bunyaviridae. The genome of the virus is (-) ss RNA. The Virus was isolated in Kenya in 1931 in the area of Rift valley. The virus can be inactivated at 56°C for 120 minutes.

It is resistant to alkaline pH but inactivated by pH below 6.8, ether and chloroform. The virus survives in dried discharges and multiplies in some arthropod vectors. The virus has a range of hosts. Besides humans, other hosts are cattle, sheep, goats, dromedaries, several rodents, buffaloes, antelopes, and wildebeest. African monkeys and domestic carnivores present a transitory viraemia. Rabbits are not susceptible to RVF virus. In humans RVF is one of the major zoonoses.

The mode of transmission includes haematophagous mosquitoes of many genera (Aedes, Anopheles, Culex, Eretmapodites, Mansonia). Sources of virus in man include nasal discharges, blood, vaginal secretions, after abortion in animals, mosquitoes, and infected meat. Possibly also by aerosols and consumption of raw milk. The virus may infect humans through inoculation (e.g., if the skin is broken, or through a wound from a contaminated knife), or through inhalation as an aerosol. The incubation period varies from 2 to 6 days. Clinical diagnosis in humans include influenza-like syndrome: fever (37.8-40°C), headache, muscular pain, weakness, and nausea and epigastric discomfort, photophobia. Complications of this disease include retinopathy, blindness, and meningo-encephalitis, hemorrhagic syndrome with jaundice, petechial haemorrhages and death.

Prevention of the disease revolves around avoiding mosquito bites, preventing people from eating animal products from infected animals (This can be ensured



through proper meat inspection both ante-mortem and soon after slaughter). So far there is no vaccine for Rift valley fever for humans (still under development). However there is a vaccine for animals. In that case, the treatment offered in man is basically supportive.

Dr. Boniphace Sylvester is an Assistant lecturer, Department of Biochemistry & Molecular Biology at the Hubert Kairuki Memorial University. He is also a member of Tanzania Public Health Association (TPHA).

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The Role of Medical Institutions and Retired Specialists in Producing Quality Workforce for Primary Health Care, in particular for the HIV/AIDS Pandemic in African Rural Areas,

By Ahmed Ali Shabhay.



Mr. Ahmed Shabhay

The Goal "Health for All by Year 2000" was adopted in May 1978 by WHO member-states, with the object of making health services accessible to all who need it. If this goal (was) is to be achieved, the people who do not currently have access to appropriate health care, those still missing from the "all" in "health for all"-must be identified, and services must be developed to meet their needs. The most practical unit area for doing this is the district, where, given coordination by means of good planning and management-health professionals, auxiliaries, workers from other sectors, and community members, can assume collective responsibility for the health of the community, including confronting with HIV/AIDS disease.

Unfortunately, this team potential is seldom realized. District plans are often poorly formulated or non-existent, and targets are vague. Efficiency, effectiveness, and quality of services are seldom considered (Tarimo -WHO, Geneva), a contributing factor being unqualified people at grassroots level just singing: protect yourself against HIV infection.

In 1984, Dr Eric Norberg (AMREF) wrote "...out of an estimated need for 175 inguinal hernia operations per 100,000 population per year, 25 are carried out and 150 are left out; out of 225 caesarean sections needed per

100,000 population per year, only 25 are carried out whereas 200 are not, implying that numerous obstetric disasters occur in remote rural villages. These are examples that one can take audit of, in terms of the numbers of unattended or ill-advised people in issues of HIV/AIDS. Thin spread of wealth results in the provision of too few doctors and inadequate supplies. Of course doctors are drifting into private practice, or go out of the country. An appropriately smooth working district hospital needs at least 3 qualified Medical Doctors.

Miller (1986) wrote... "Medicine is a vast subject. There is administrative work, operative duties, care of out & inpatients responsibility and supervisory community care in outlying dispensaries, particularly counseling on non-specific issues of HIV to affected people at the village level. There is little hope that any doctor is big enough to do all this reasonably well. Where there are too few doctors, each one is called upon to do more than he can do!" Dr James Makumbi (1995) then Minister of Health of Uganda, said, "Individuals should have the capacity to reproduce safely. Uganda's mortality rate of 500-700 per 100,000 live births remains among the highest in the Sub Saharan region". Our environments are unhealthy, and diseases are rampant. In the presence of HIV infection, safe reproduction is least guaranteed.

One time, the WHO Director General, Dr. Hiroshi Nakajima (1992) said, "...the death of a woman in childbirth is the symptom of a more profound malaise". With AIDS, death is to the mother, child, and father! Qualified health professionals in the rural areas are scarce. Retiring active specialists should be attracted to return back to the District Hospitals, because handling people's health by eradicating disease must be handled carefully, by quality experts, and correctly addressed by professionals of the healing profession.

These qualified knowledgeable professionals are not available to most of our rural parents. The posts to rural District Hospitals are in reality hardships assignments; yet, with appropriate emoluments, they will be accepted. Like old missionaries, who enjoyed the glory of rural remoteness, retiring professionals, who no longer worry of children's education and luxuries of city-life should enjoy rural remoteness. The rural population deserve correct and quality health services, just as much as city dwellers do. There is need for better services to a city woman in obstruct-labor, just as there is for an old man in acute urinary retention, at a remote District Hospital, without an urologist.

A beautiful song practised by an amateur sounds rough. We medical professionals are not "greedy or possessive" to 'own' AIDS, as it is a disease which should fall

squarely, to the hands of medics. But even if we say let all have a try, the all should use truthful and correct practices. In the words of late Chief Medical Superintendent and Consultant Surgeon, University Teaching Hospital of University of Zambia, Mr. Richard Hughes Carruthers, words well summarized by Prof. Gerishom M. Sande of Nairobi University, and I quote: "...it is absolutely vital that ultimate overall control remains firmly in the hands of the profession. If we do not fill this niche, it will fall to others who may not have our sense of ethics or our own sense of priority". I therefore would like to urge graduating doctors to take firm control of medical issues.

At the Hubert Kairuki Memorial University, the AIDS control Unit is being well enforced with committed qualified personnel, who can address the disease in all its perspectives.

The process of training a doctor for a specialty is expensive and erodes the workforce, if he has to travel out of the Hospital. Specialization should be visionary, gainful to the country and help to build a Professional Workforce gainfully. No doubt good specialization goes with interests of an individual. Sometimes, however, attractive fields, whether in terms of monetary gains or less demand to the professionally, determine choices that doctors wants to pursue. Quoting Prof. Sande again, he said: "...Training in public health has often been equated with training in Management and Administration. Indeed, a postgraduate qualification in public health is still a passport to high administrative positions in our Ministries of Health".

Primary health care should be approached simultaneously from all fronts, using collective force in disseminating preventive education against contacting HIV/AIDS infection, to be handled by specialists of all departments who treat opportunistic infections and other conditions, if health for all is to be accessible and effective. Brain-drain-push should be curbed,

and university medical schools should produce many more of quality doctors, or else we shall stumble into what the Nigerian novelist, Chinua Achebe, prescribed as "Things Fall Apart." As much as we face the challenges of HIV/AIDS, our combined efforts should stand on strong foundation, to move "Towards a Healthier District and its people".

Since the original proclamation of HIV/AIDS in Tanzania in 1983, numbers of persons contracting the disease, has been on the rise at each reporting congress. No doubt, awareness of this deadly disease among our people is at a high level of understanding. But what is amazing is that, the rate of infection is, each time, reported to be escalating. Surely, something must be going wrong with the methods we propagate for sure prevention. We should ask ourselves "what is going on the wrong way? Are we using wrong methods? Since non-contact is the safe rule, I advocate temporary abstention in sexual practice till the marriage day, and there-on to stick on one-to-one partner sexual relationship.

Young Doctors should not go for desk work, though still medical in nature. Yet, surgery, medicine and epidemiology, and community medicine are all important.

Unfortunately, these rare cadres are sometimes not available even at the Regional (Provincial) Hospitals. Here is where the District Councils should not be allowed to have a free hand on employment of Health Professionals. The Ministry of Health should see to it that needed specialists are posted to District Hospitals. The Retired, active Specialists from Universities, and Regional Hospitals, should be persuaded to take posts at District Hospitals, to fill the niche. To have young doctor who has never been to District or Regional hospitals specialize in public health management, is equal to sequestration of young vigorous blood of energy from performing healing duties.

HIV/AIDS is a devastating pathological medical condition. We should fear it, and fight it gallantly. Trying to live with it, is down-watering its grievous ill-effects in our society. Avoid contacting it, no matter how well "dressed" one may be for an action, avoidance I repeat, is the safest survival method. Graduating young doctors, encourage yourselves to go for hand-on disciplines to reach the people. You will, in that way, touch their lives. Lastly, I ask our Governments to appropriately and proportionately staff our District Hospitals with qualified health professionals to ensure that the accessible and affordable health services



Some of the Conference participants at Kenyatta University

at District Hospitals, should be of high quality and effective.

To conclude, I feel indebted to three organizations and personalities. First I want to thank my father, a longtime practising Surgeon in rural areas of Tanzania, who has always encouraged me to read articles on his Surgical Association Proceedings. Secondly, my University Administration for permission and support; and thirdly, the Tanzania Medical Students Association HKMU branch, for generously facilitating my travel to Nairobi.

The Hubert Kairuki Memorial University (HKMU), in collaboration with the Tanzania Medical Students Association (TAMSA) HKMU branch, sponsored Mr. Ali Ahmed Shabhay (MD 3 student),

to attend an international meeting in Nairobi, organized by Kenyatta School of Medicine students' organization, with the theme addressing challenges of AIDS where he also presented this paper.

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Dr. Laili Irani, HKMU Graduate to emulate.

"Served by rigorously screened, highly qualified, and caring faculty and staff, the Hubert Kairuki Memorial University is determined to generate highly competitive graduates with a solid grounding in health sciences and skills; distinct sharpness in thinking and analytical capacity; prompt and positive responsiveness to medical and other problems confronting society; appropriate exposure and hands-on experience in scientific research; the right orientation towards innovativeness, and also towards keeping pace with rapidly advancing scientific and technological changes".

HKMU graduates have got all the characteristics that our founder, the Late Professor Hubert Kairuki, dreamt about. His vision, which is followed by the HKMU, was that, the HKMU products/graduates should have four distinctive characteristics:

1. They should be professionally well trained,
2. They should be of the highest ethical standards,
3. They should be entrepreneurs,
4. They should be ICT literate.

Our graduates are, already enjoying high esteem. Feedback received from

institutions that are served by these graduates, have been very inspiring. A good example is Dr. Laili Irani (picture below), one of the first HKMU graduates, who completed her Masters Degree in Public Health (MPH), at Johns Hopkins University (USA), in May 2007. Dr. Irani graduated as a Medical Doctor (MD) at the Hubert Kairuki Memorial University, in November 2005.

On behalf of the HKMU community, the Vice Chancellor, Prof. Keto Mshigeni, congratulates Dr. Irani, first of all, on her success, and second, on being a good ambassador of HKMU abroad. The Vice Chancellor urges other graduates to emulate Dr. Iran, because learning continues throughout the working years,



and everyday, there are new innovations and discoveries. He also urges all HKMU graduates to keep in touch with the University by all communication means available at their disposal.

Dr. Iran has requested the HKMU community to pray for her so that she returns home safely, to help the people of Tanzania.



Dr. Laili Irani (first from left) and some of her fellow graduands at the Johns Hopkins University (USA).

A Visit to Joy Hospital in Mumbai,

By Dr. Jerome Mkiramweni.



Dr. Jerome Peter Mkiramweni, a Surgeon and a Senior Lecturer at the Hubert Kairuki Memorial University, had an opportunity to visit the Joy Hospital in Mumbai, India, from November 15th to 24th, 2006. The purpose of his visit was, among other things, to get familiarized with the Joy Hospital, and also, as a Surgical specialist, to get an exposure which, in turn, would help him to reflect upon our hospitals, our medical universities in Dar es Salaam, as well as Tanzania at large, in terms of facilities, personnel, and planning for the future. Following the visit, Dr. Mkiramweni narrates:

As an individual, I remembered Jesus, when after coming from River Jordan, was taken by the Holy Spirit to the desert, where he had to fast for 40 days, a period which empowered him to continue with his responsibilities, and with the tasks entrusted to him (Luke 4:1-13). The excitement of the commitment and devotion to work towards generating high quality care with human touch, that I was exposed to, is what prompted me to share my thoughts with readers of this



Joy Hospital Mumbai India.

newsletter, hoping that I will stimulate them to focus, and to address their challenges in the day to day activities towards better performances, for enhanced development of Hubert Kairuki Memorial University, and our country at large.

The first thing which excited me in Joy Hospital, was its leadership. From the team of their leaders you can easily obtain information about their plans, definition of their tasks, purposes and goals. One could see their workable plan for the whole year, and for the coming five to ten years. The hospital was started by two brothers and their wives, all of whom were doctors. When I asked them what the secret of their success was, they told me that they were keen in initiating defined aims and plans; they allocated tasks to the group, with clearly set standards they required. They could control the group, influence their motivation, and keep open and transparent discussions for taking action, and decision making.

They were supportive to the group: encouraging individuals, maintaining discipline, relieving tension with humor, creating team spirit, and reconciling any disagreements with no emotions or temper. The leaders were always ready to inform or receive useful information from their group, and summarize suggestions and ideas coherently. Finally, they have a defined method of individual and group evaluation of their performance, as well as the targets and goals. They coined a slogan for the hospital: providing care with "human touch". This is included in the emblem of the hospital, and the workers are living to abide to this commitment. They developed a high performance team.

About the hospital facilities, it is impressive. The architectural plan respected the environment and the needs of their people with a capacity to maintain the building. They used appropriate technology. The equipment purchased reflected the market demand. They developed an institute for special surgery and the equipment reflected this objective. They are always striving to high performance and good outcome of surgery and therefore they are linked to academic institutions and research work. How the equipment is taken care is so impressive. Even the most junior personnel is well skilled in the care of the equipment. In so doing there is no damage to the equipment resulting from negligence or ignorance.

I need also to mention about marketing. I noted that the impact of high quality care and good leadership, has attracted distinguished specialists to this hospital, working so harmoniously, and with full devotion. Secondly, the market is overwhelming. While other hospitals in the same city are being closed, Joy hospital is continuing to grow dynamically. The management department is very skilled in attracting the market by showing evidence of good quality care, as well as setting realistic cost of the care provided. Apart from broad commitment for all specialized surgeries, Joy Hospital deserves its recognition from Diagnostic Endoscopy, Laparoscopic surgery, and newer technique of radio intervention. This development originated from Dr. Roy Pantakar, a distinguished laparoscopic surgeon across Mumbai, who obtained his PhD in laparoscopic surgery from India.

What is more interesting to the Hubert Kairuki Memorial University and the Mission Mikocheni Hospital is the fact that, this distinguished specialist and owner of Joy Hospital is willing to support us in training in this field.

Coming back home, I reflect on the ideas of the founder of our institutions (the Hubert Kairuki Memorial University and the Mission Mikocheni Hospital), Prof. Hubert Kairuki. His ideas were put into action, and I do believe it was through good leadership, that people who worked with him, and the successors, were also committed to the mission, and determined to make the vision a reality.

I believe that there is a need to be stimulated to the good objectives of the institution, to strive to high quality care, to cherish team spirit, and to adhere to high standards of performance. The work continues by strengthening



See how a student in laparoscopic surgery begins operating models in the laboratory

what we have so far achieved, while meditating and paving the way to new visions and missions. The market is available. Modern Tanzanian, regardless of the level of education, is

already conscious of the importance of good leadership and quality care. Each one of us should play an active role in ensuring highest care delivery, in all our services. .

Words of Wisdom

“People with understanding prefer silence”.

“Praise in public. Criticise in private”.

“Experience is not what happens to you; it is what you do with what happens to you”.

“When you tell the truth, you never have to worry about your lousy memory”.

Challenges facing University libraries,

By Stanslaus J. Ngadaya



Mr. Stanslaus Ngadaya

A library is a centre for enhancing the teaching and learning process for any academic institution. It is a place where lecturers consolidate their teaching notes, students enrich their study programmes, researchers organize and accomplish their research findings, whereas administrators obtain vital information for decision making, and the general public get informed. It is where librarians get employed. In an academic set up, it is an academic centre where you cannot afford to miss.

In the olden days before the electronic age, literature was principally in the form of print material, such as books, journals, and grey material. All reading material had to go through a printing press before they reached the library. Library patrons had to physically handle the documents and manually go through their pages. Developments in information and communication technologies have brought about profound changes in the way information is acquired, organized, stored, accessed, retrieved and transferred. As a consequence of these developments new demands have emerged in terms of infrastructure, equipment, and acquisition of new skills.

This phenomenon has not only enhanced the quality of learning and teaching process, but has also revolutionized the way research is being conducted. Proper utilization of a PC connected to the internet will save a patron's time and

effort in search of literature. Similarly, library staff as well as the entire academic community must be willing and get prepared to acquire new skills in the operation of electronic equipment, in line with these new developments. In order to be able to use a computer effectively as a research or learning tool one has to be computer literate as well as information literate. The latter means that one should be able locate and identify useful and relevant information from the internet without wasting much time. It is this notion that librarians can assist patrons to become information literate.

In developing countries like Tanzania, the importance of computerization is indisputable. The issue at stake is not whether to go electronic or not, but rather how to rapidly modernize library systems. An institution has to deal with

issues of readiness and financial commitments. Like any other new phenomenon, there are a host of problems associated with such a change. These problems should not be seen as hindrances in my view, but rather as opportunities to face challenges for human development. There are problems such as high cost of infrastructure, low bandwidth, information illiteracy, cost of equipment and maintenance, training costs, to mention a few. All these bottlenecks should not bar an institution towards modernization, but they should be programmed as running costs. As a developing country we have no choice but to go with the rest of the world.

The Hubert Kairuki Memorial University is no exception. The university is playing its role quite satisfactorily. It is running a



Part of the HKMU library



HKMU Computer laboratory

fully computerized library and has a computer laboratory whose student/computer ration is one to twelve. The computer laboratory is backed up by skilled and experienced in-house staff. There is a programme at HKMU which is designed to enable all students to become computer literate by the second semester or earlier, through compulsory computer classes.

It is with this background that a genuine call is being logged to all resident and prospective students that information technology is rapidly becoming a household name. No one can afford to shy away from this development package. Every one of us has to swim with the current. In Tanzania, during the nineties one had the option either to read a book, or a journal in print, or read it in electronic format. The trend is changing very fast. To day there are some journals and books which can only be accessed in electronic format.

Following this argument therefore, libraries can now appropriately be renamed as information and resource centers, to reflect the true role of its activities. Due to the versatile nature of electronic literature, I can visualise supervisors requesting their research students to handover their dissertations in electronic format. If this is not being done now it will be in the near future. Academic communities should psychologically be prepared to

accept such changes as a result of new developments in science and technology. The future of libraries lies much on the ability of an institution to acquire and utilize electronic wares. A modern academic community must necessarily be computer and information literate, if it strives to play its role effectively. This trend is spreading like bush fire among academic communities across the academic world.

Words of Wisdom

“Every disease has a natural cause, and no event occurs without a natural cause” (Hippocratic Corpus)

“It is easier to smile than to frown. It takes 64 muscles for the face to frown, only 13 to smile”!

“May your food be your medicine and may your medicine be your food”

Hubert Kairuki Memorial University in Tanzania: Achievement through Vision, Responsiveness, and Commitment.

By Prof. Keto Mshigeni.



Founded in 1997 by a visionary, responsive, committed and selfless medical doctor and scholar (the late Professor Hubert C. M. Kairuki), Hubert Kairuki Memorial University (HKMU) is unique in many respects. It demonstrates, with unmistakable lucidity, what pragmatic leaders with vision, enthusiasm, passion, and commitment, can achieve in the domain of higher education, within less than a decade. During 2006/07, student enrolment had grown to 450. HKMU was the first Private University in Tanzania, to achieve full accreditation status. It is unique in its vision, mission, and programmes, which are all directed towards excellence, competitiveness, responsiveness, professionalism, and adherence to the highest ethical standards.

A not-for-profit medical University, HKMU enjoys a symbiotic partnership with a complementary Teaching Hospital,

the Mission Mikocheni Hospital, which is also characterised by excellence in service delivery. Served by rigorously screened, highly qualified, and caring faculty and staff, the University is determined to generate highly competitive graduates with a solid grounding in medical science and skills; distinct sharpness in thinking and analytical capacity; prompt and positive responsiveness to medical and other problems confronting society; appropriate exposure and hands-on experience in scientific research; the right orientation towards innovativeness, and also towards keeping pace with rapidly advancing scientific and technological changes.

In recognition of the University's seriousness of purpose; the gratifying commitment and caring attitude of her entire workforce; and the conducive atmosphere to learning prevailing in the institution, the public, in the region, have

shown a high regard for HKMU. With that, the University is increasingly experiencing dynamic growth in infrastructural development and student enrolment. HKMU's graduates are, already enjoying high esteem. Feedback received from institutions that are served by these graduates, has been very inspiring. With her good name, the University has attracted many international students: from Tanzania, Kenya, Uganda, Namibia, Nigeria, Cameroon, Zambia, Democratic Republic of Congo, Burundi, India, USA, U.K., Germany, Japan, Sweden, and Russia. Currently, despite her tender age, HKMU's student population encompasses representatives from over 15 nationalities.

Impressed by the University's dynamic growth, and also by her high quality delivery standards, the Government of the United Republic of Tanzania, through the Tanzania Education Authority (TEA), recently granted HKMU a soft loan for constructing a new Students' Hostel, to cater for the expanding student enrolment. The government also provides scholarships and study loans to good students enrolled in the University's degree programmes.

In an effort to strategise her growth and development activities in a systematic manner, HKMU, in 2002, with her own resources, and also with complementary support from the Ford Foundation, developed its first Five Year Rolling Strategic Plan (2002/03 – 2006/07). This has been highly applauded. The University's important strategic objectives





in the Plan include: fine-tuning her legal framework; further enhancing quality assurance in her teaching and learning; upgrading her research and publication capacity; expanding her information and communication technology capacity; and enhancing the institution's library capacity and services.

HKMU strives to become a model private University in Africa, which provides highest quality education, conducts cutting edge research, and provides highest quality service to the public. During the current phase of her development, the thrust has been directed towards establishing research partnerships with sister Universities, and working together towards seeking solutions to the key health challenges afflicting society: malaria, HIV/AIDS, goitre, and related micronutrient deficiency disorders. Often we are given clues by traditional medicinal practitioners. Many claims by indigenous health providers call for scientific validation.

Already HKMU has productive collaborative research activities with institutions in North America (e.g. Harvard University School of Medicine, Yale University, etc). Discussions are in progress on the formulation of research

partnerships with sister institutions in Africa (e.g. University of Namibia; University of Dar es Salaam; Tanzania Food and Nutrition Centre; etc), Asia (e.g., Chinese University of Hong Kong), and other continents. HKMU is a small private University; but, it is not by size that we win or fail: we are committed to be the best small private University.

HKMU is committed to sustaining her caring spirit in dealing with clients. Indeed, among other important curricula, we offer very popular training programmes in wholistic and therapeutic counselling. We cherish our partnerships with sister institutions of higher learning, and we take special care to ensure their sustainability. HKMU upholds the various institutional partnerships as being equivalent sustainable marriages, whereby: the independence is equal, the dependence is mutual, and the obligation is reciprocal.

The development of HKMU as a pioneering dynamic private University, in a relatively poor developing country, in the absence of an endowment fund, required courage, faith, and fervour. Thanks to the late Professor Hubert Kairuki, the visionary Founder, and to his energetic dear wife, Mrs. Kokushubila

Kairuki, the co-founder, through whose paired commitment, HKMU has achieved its current glorious standing. Thanks also to the committed faculty and staff, actively sustaining the vision of the founder. But the promising young University is not without problems.

One of the problems confronting students from disadvantaged poor families in society is lack of financial resources to pay the required fees. HKMU, with her caring attitude, through her student counselling office, always guides the needy students on the way forward. We appeal to Africa's development partners to provide support to HKMU, thus enabling her to fully realise her vision and mission. We see HKMU increasingly becoming an institution of hope for the committed, and of inspiration for the despondent: a stunning example to be emulated.



Events in



Chancellor Hon. Dr. Salim A. Salim and the Retired President, H.E. Ali H. Mwinyi, sharing views during the 4th Graduation.



Academic procession of the 4th Graduation Ceremony.



Music was part of



Mrs. Kokushubila Kairuki and Prof. Mwesiga Baregu exchanging views at the Vice Chancellor's cocktail party



HKMU staff on in-situ resources Exploitation of Garrett from



Part of the invited guests during the graduation ceremony of HKMU



Introduction of guests at the Vice Chancellor's cocktail party by the Acting Vice Chancellor Dr. Paschalis Rugarabamu.



Physiotherapy services at Hospital, a teaching

Pictures



Part of the entertainment.



Part of the Mission Mikocheni Pharmacy



MMH Acting Director General Dr. Asser Mchomvu (first left) talking to a delegate from Touch Foundation (USA).



Service training on e-... facilitated by Dr. Martha... from Sweden



Fluoroscopic Machine at MMH



Lab Technician at the Mission Mikocheni Hospital (MMH).



... at the Mission Mikocheni Hospital for HKMU.



Seminar on the use of Arginine on treatment of severe malaria conducted by Dr. Nick Anstey from Darwin (Australia).

Events in



Mr. Abraham Mwalugeni being interviewed during the 2nd Higher learning exhibition held at Diamond Jubilee September 2006.



Vice Chancellor Prof. K... views with M... Director G...



Group photograph of HKMU management and new students of the 2006/07 academic year.



HKMU Management and a delegation from Touch Foundation(USA).



HKMU staff during meeting



Students doing exam



Vice Chancellor's meeting with students government (HKMUSA).

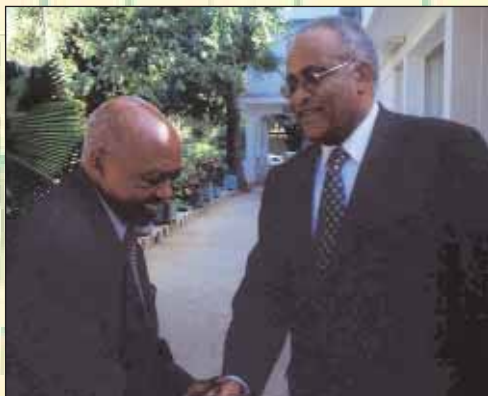


Deputy Vice Chancellor Dr. Paschalis Rugaraba presenting to Prof. Fisher, a visiting professor.

Pictures



Prof. Keto Mshigeni exchanging
words with Mrs. Mercy Silla
during the General TEA



Vice Chancellor Prof. Mshigeni shaking hands
with the Chancellor Hon. Dr. Salim A. Salim.



The Vice Chancellor
meeting with staff



Mr. David Mbelwa at the HKMU booth during
the 2nd Higher learning exhibition held at
Diamond Jubilee 02 September 2006



Dignitaries and Bachelor of Science in Nursing
Graduates during the 4th graduation ceremony



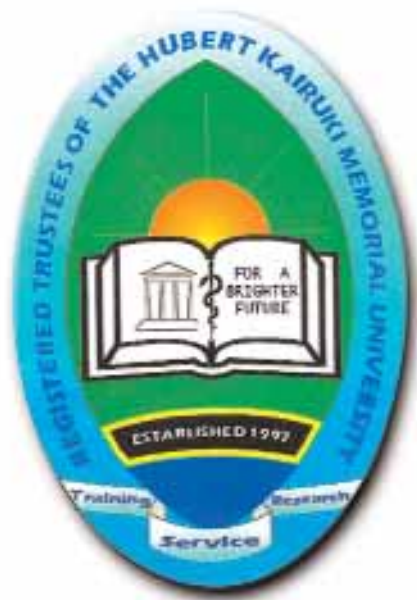
Handing over between Prof. Esther Mwaikambo
(retired VC) and Prof. Keto Mshigeni (new VC),
1 February 2006.



The Director of Academic Affairs,
Mr. M. M. M. M., presenting a gift to
a professor from the USA.



MMH Reproductive Child Health (RCH)
Mobile Clinic



HKMU

for a Brighter future

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