

COBES

During her time as a medical student at Makerere Medical School, Brenda Anena received AIM support for her community internship under COBES.

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— BRENDA ANENA



Before being assigned to work as a public-health volunteer in the Kumi district, Brenda Anena didn't know where it was. A student at Makerere Medical School, she was up for adventure and willing to travel. "I wanted to go away from Kampala to see what it was like," she says. But she had her doubts about Kumi, which is in eastern Uganda, 280 kilometers and a world away from Kampala.

Anena had grown up in Kampala and never lived for an extended period in rural Uganda. She does not speak the language of Ateso. In July of 2004, however, Anena and seven other Makerere students departed from the medical school's leafy campus in Kampala. They reported for duty at Kumi Hospital, which lies a few kilometers outside a modest town of the same name.

The students were participating in the COBES (Community-Based Education and Service) program, which Makerere instituted in 2003 to deepen its medical students' understanding of the healthcare needs of Uganda's predominantly rural population and expose them to the reality of community and public health systems in a rural setting. Dispatched to one of 24 districts, first-year students work and live in a community for four to eight weeks, returning for another such stint in each of three later years. Anena was back in Kumi during May 2005.

At that time, as it happened, AIM began collaborating with COBES to expand the HIV/AIDS-related services that 60 Makerere students (including Anena) were providing in Kumi and two other districts (Bushenyi and Apac). AIM funds covered the training of students and other healthcare personnel,

transportation for the students, house calls to HIV/AIDS patients, the purchase of home-based care kits, and some COBES-related administrative costs.

The 22-year-old Anena envisions a career for herself as a pediatrician or a family-practice physician. During her first period in Kumi, she visited schools and health centers, helping with immunizations and becoming acquainted with the community. “In Kumi we lived the village life,” she says. “We lived with the people, talked with them, ate what they ate. It was different.”

When she returned last year, Anena helped out in the hospital’s maternity and malaria wards, and she had a specific assignment: attending to six HIV/AIDS-affected families in a village near Kumi. She surveyed their health condition and requirements, and taught them about nutrition and sanitation. She advised them on testing and condom protection. She handed out mosquito nets to the most vulnerable people for protection against malaria. Their needs, Anena discovered, were extremely basic.

“In one case, a husband and wife put their medicines in a pool. The medicine was kept together, and you couldn’t know who was supposed to take what,” she recounts. Others were taking their drugs inconsistently because no one in their family had taken charge of their care. Anena explained that the villagers should sort out their drugs and heed the schedules for taking them, and she enlisted family members to help.

“The good thing about the COBES experience,” Anena says, “is you get to know people and what their real needs are.” A few physicians who are well-trained in rural healthcare and immersed in a community can have a ‘big impact,’ she adds. The COBES service has caused her to reassess her post-Makerere aspirations and consider a career in public health. ■



Brenda Anena outside Makerere Medical School.

AIM'S ROLE	Provided logistical support
TOTAL GRANT	Ush 10 Million
CONTRACT PERIOD	May 2005 and August 2005
ACTIVITIES SUPPORTED BY AIM	Site tutor transportation Student lunch allowances Home-based care kits
OTHER DONOR	Rockefeller Foundation