Urogynae workshop – KCMC, Tanzania

Dates: Sunday 26th April – Thursday 30th May (extended stay for Yan until 6th May)

Team members: Ms Tamsin Greenwell, Mr Nikesh Thiruchelvam, Ms Lap Yan Leung, Ms Husay Janebdar, Ms Suzie Venn

Background

Tanzania, located in east Africa, is the 13th largest country on the African continent. It is renowned for its natural beauty, world-famous wildlife conservation areas and rich cultural diversity, with more than 120 ethnic groups represented across the country. Tanzania encompasses a wide range of ecosystems including the Serengeti plains, the Ngorongoro crater, the Zanzibar archipelago and most notably the highest mountain in Africa, Mount Kilimanjaro.

Tanzania is home to over 70 million people, with approximately 60% under the age of 25. Tanzania is classified as a lower-middle-income country (LMIC) and despite recent economic growth, poverty and malnutrition remain significant challenges[(A)].

The national language of Tanzania is Swahili, while English serves as the second official language and is widely used in medical education, professional communication and clinical record-keeping.

Kilimanjaro Christian Medical Centre (KCMC) is situated in the town of Moshi which lies at the foot of Mount Kilimanjaro and serves as the gateway for climbers attempting to summit Africa's highest mountain[(B).]

KCMC is one of Tanzania's largest tertiary referral hospitals and teaching institutions. It was established in 1971 by the Good Samaritan Foundation and serves a population of over 15 million people across northern Tanzania and neighbouring regions.

With approximately 630 inpatient beds and a further 90 canvas (temporary) beds, they manage a high volume of complex pathology, often presenting at advanced stages due to delayed access to specialist healthcare. Outpatient attendance exceeds 500 patients daily, reflecting the institution's central role within the regional healthcare system. The hospital employs 1300 staff members and supports close to 2000 students across a range of healthcare disciplines[(C)].

KCMC has a strong tradition of supporting international collaboration and regularly welcomes visiting clinicians, trainees, educators and researchers. The campus includes dedicated accommodation for international visitors and actively promotes capacity-building, skills exchange and educational partnership programmes across multiple specialties.

This culture of collaboration and shared learning makes KCMC an ideal environment for workshop-based initiatives such as the urogynaecology training programme undertaken during our visit.

Urolink have had collaborations with KCMC since the 1990s, with biennial workshops in honour of Lester Eshlemann who was instrumental in Urology care in East Africa and KCMC in particular[(D)]. The department now has 10 Consultants and 18 residents. Following the success of Urolink's Urogynae workshop in Malawi in 2025, a Urogynae workshop was organised for 2026 at KCMC.

There is an estimated incontinence burden of 42% in Tanzania, with 39%, 22% and 39% for stress, urge and mixed incontinence respectively. This is in comparison to sub-Saharan Africa with reported 52%, 21% and 27% incontinence respectively[(E)].

The focus of our workshop was on assessing and managing patients with female urinary incontinence, including setting up a urodynamics service. Despite its burden, surgical interventions are not routinely offered in Tanzania. KCMC has newly appointed Urology Consultants, several of whom have taken an interest in developing a Urogynae service.

Workshop preparation

The workshop was confirmed to take place approximately 3 months prior to visiting dates. Workshop patients were identified through KCMC clinic, discussed at the next virtual MDT meeting, and subsequent plan made. The plan may have included pre-visit investigations (e.g. cross-sectional imaging) and re-discussion or plans that would only commence on the visit (i.e. urodynamics). The agreed workshop patients would then be admitted onto the ward on Sunday 26th April in preparation for the workshop.

Most of the equipment required was already provided for at KCMC, with few additional elements which were kindly donated (e.g. lone star by June Medical limited) or expired equipment from local hospitals (London Registrars collated expired equipment to donate). The urodynamics machine had already been delivered to KCMC the previous year, though needed some troubleshooting and additional elements which Urolink bought over.

The UK trainees liaised with the host trainees before the visit, liaising about teaching needs, trainee numbers and expectations. This allowed for lecture preparation prior to the workshop.

Practically, flights to Tanzania (Kilimanjaro airport JRO) were via Addis Ababa Ethiopia, with only 2hour time difference between UK and Tanzania. Business visas had to be obtained costing $250 (via https://visa.immigration.go.tz/) with an official invitation letter from KCMC.

On arrival Ms Venn had organised a local taxi driver to take us to our accommodation, (JRO airport is around 1.5hour drive from Moshi where KCMC is located,) where we stayed throughout the workshop dates.

Accommodation

We stayed at Ameg Lodge in Moshi, which was a 5-10 minute drive to hospital. Dr Orgeness picked us up from the hotel in the morning, with either the residents dropping us back or a 40-minute walk back, after the days events. The hotel was clean, included mosquito nets, and good food. The internet was intermittent but with all purchasing personal e-sims it was manageable.

An additional luxury of the hotel was the additional communal space they had which allowed us to work (prepare for the next day's lectures) and socialise. It was a delight to organise an evening with some of the host Consultants and residents, where we ate together and (made and broke friendships over) games of monopoly deal.

Food at Ameg Lodge

Team building with host team

Food

Breakfast was served at the hotel with a variety of choices including fresh fruit (with the sweetest bananas), cereal, omelettes and hot drinks. In the hospital, the workshop included a mid-morning tea break including light snacks with chai, lunchtime included further hot food of rice, beans and meat. They host team were very thoughtful, often setting aside food to keep it warm and ensure there was some for those busy with procedures or operating at time of service. There is plenty of choice in main Moshi town (about 10-minute drive from accommodation and hospital), though commonest food we ate was curry – which was excellent.

Tap water is not drinkable, so either bring a bottle with an adequate filter or 1.5L bottles can be purchase for 1000 Tanzanian shilling (=28p)

Breakfast at hotel

Lunch at hospital

Glory's coffee – entrepreneurial coffee and food hut serving coffee and food catered to western palate

Teatime at hospital

Money

Tanzanian currency is the shilling, £1 = 3500 TZ, with the Urology resident stipend of 500,000 TZ a month (£140) pre-tax (of approximately 40%). Majority of shops will accept card payments, with street vendors and bajaji (local tuk tuks) often preferring cash over card. Bolt, the local taxi app, works with card but drivers tend to prefer cash payment due to Bolt taking 20% of their cut otherwise, with a slight uplift in payment due to recent oil prices. Cash machines are available at the airport and hospital, with a withdrawal fee of approximately £5. The US Dollar was also widely accepted.

Patients must pay for all treatment, with an outpatient clinic appointment costing 7000 TZ (£2), Foley catheter 2700 TZ (1 USD), rigid cystoscopy 400,000 TZ (£112 including spinal, with no flexible cystoscopy under LA available).

What we bought

We were grateful to be guided by Ms Venn who has visited KCMC multiple times before and was able to advise us on what to bring. For work, we bought several sets of scrubs, scrub cap and our own shoes. We also bought a few work clothes of breathable nature given we visited during rainy season so temperatures around 20degrees Celsius with humidity up to 80%.

We were able to bring a range of expired medical equipment, including donated equipment from industries to support surgical intervention. This was also discussed during the pre-workshop meetings so thankfully, no surgical equipment problems were encountered during the workshop. They had a few led gowns for the xray procedures which we could use.

As part of the visit, Yan also liaised with the London registrars and was able to collect over 30kg of expired equipment, which was sent out separately via Meditech trust, the majority was not used for the workshop but for future general use.

In addition to medical equipment, it is important to be prepared for the unexpected including candles/head torches for blackouts, mosquito repellents to name a few. A recommended checklist is at the bottom of this report (appendix 1)

Lone star generously donated by June Medical Limited

Locally available Xray gowns

Donations made via Meditech trust

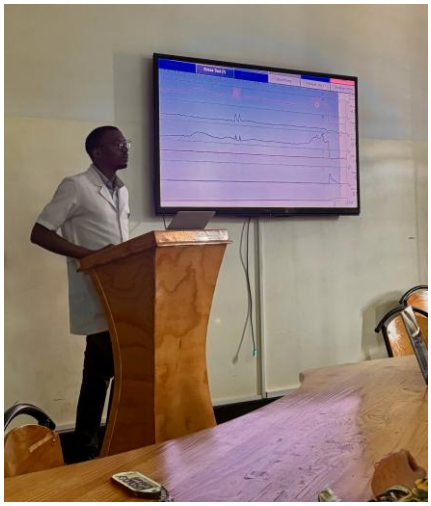
The workshop

Day 1 - Sunday 26th April

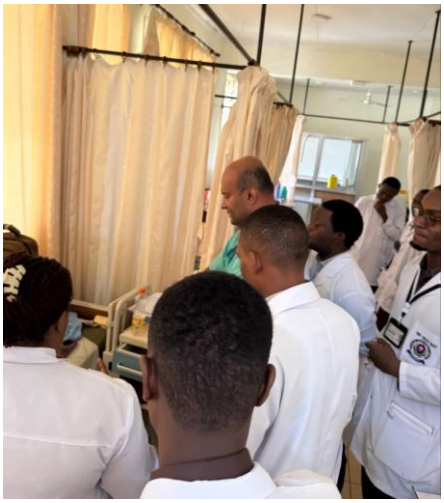
We arrived in Tanzania in the afternoon, and after going through immigration (helpful to have hard copies of visa and invitation letter) and security (temporarily held through customs for bringing in medical equipment), we travelled to the hotel. After a brief time checking into the hotel, we made our way to the hospital. We met Dr Orgeness, Consultant, along with other Urology Consultants and residents. The MDT involved going through cases, making plans and reviewing patients who may undergo surgery on Day 2. We also witnessed the medical students on their Sunday wardround, clerking patients prior to Monday presentations.

Days 2-5 – Monday 27th April – Thursday 30th April

The day generally started at 8am, followed by case discussion of the patients we expected to operate and review the same day, as well as a debrief of the previous days procedures. This was subsequently followed by lectures. Once the patient was anaesthetised, the UK team would split up – usually with Consultants operating and Registrars performing and teaching urodynamics. Ms Venn was also instrumental in ensuring the urodynamics machine worked and liaising with engineers on virtual meetings when troubleshooting was needed. The host team have a chief resident who allocate roles across the workshop.



Host doctors presenting cases



Ward round

On certain days, the Urology department were able to run 2 simultaneous lists to enable more operating. For example, on Tuesday there was a clam cystoplasty in one theatre, with a colposuspension in the other. It was humbling experience to see how skilled the host doctors are at open surgery: from observing a clam cystoplasty on Tuesday, to performing one on Thursday (with UK Consultants on standby).

Operating theatres – 2 operating rooms within the department, with additional minor procedure room and investigation room. Note irrigation tank on left.

Urodynamics room – needed trouble shooting with the pump and exporting reports. From teaching to supporting independent procedure.

Several patients would have initial review, urodynamics and surgery within the same week. It was rewarding to be able to offer this to women who have struggled for years, with symptoms often left ignored despite significant impact on quality of life and effect on social status. One patient, who has consented to being shared, works as a nurse in the hospital. She underwent the first ever urodynamics in Tanzania, and had colposuspension the same day, and discharged following day with no intra-operative or early complications.

Surgeries performed included; Colposuspension, rectofascial sling, clam cystoplasties, urethral prolapse, rectal approach colo-vesical fistula repair, abdominal approach vesico-vaginal repair and ureteric reimplant.

Lectures delivered included: Stress urinary incontinence, Overactive bladder and urge incontinence, vesico-vaginal fistulas, Urodynamics, Urodynamic traces and interpretation, presentation skills.

There was also small group informal medical student teaching by Yan and Husay, which often occurred in the afternoons between urodynamic cases. Additionally, in between surgical cases, there were surgical video case discussions.

As part of the workshop, we also conducted pre- and post-workshop questionnaire about their confidence in managing core Urogynae presentations, and their presentation skills. Although the workshop was mainly focused towards Consultants and resident doctors, there was improvement across all areas including medical students. As seen in appendix 2, there is increased confidence across all areas. This was reassuring to see, as I was slightly sceptical to see how much could be achieved in just 5 days.

An average daily timetable:

8am – Arrive and presentation of patients for surgery/UDS and discussions of previous days cases

8:30am – Lecture on topics as above

AM + PM – Commence days procedural/operative elements

- Operating
- Urodynamics
- Teatime often served around 10am (chai and snacks)
- Lunchtime around 1pm (rice, beans, chicken)

End of day (approx. 5pm)

- Case studies
- Plan and confirm for next day

Evening:

- Prepare for talks the next day
- Socialise with local and visiting teams

Workshop timetable:

	AM	PM
Sunday 26th April		Arrive in Tanzania Attend to KCMC with local team - MDT discussion of cases previously discussed - Ward round - Confirm patient plans for investigations and procedures Continue preparing for teaching that will be delivered in the week
Monday 27th April	Meet the rest of the local team Case presentations for patients due for surgery and UDS Lectures - Vesico-vaginal fistulas - Urodynamics Ward round Urodynamics – first ever study performed in Tanzania - Confirmed SUI and consented for colposuspension in the pm	Further urodynamics cases Surgeries: - Cystoscopy, EUA and attempted Right ureteric stent (for RVF + VVF + Right ureteric injury) - Colposuspension Post-op ward round and reviews MDT to confirm plans for next day
Tuesday 28th April	AM - Case presentations for the days cases AM – Lecture on Stress urinary incontinence Theatres (2 theatres running): - Paediatric urethral prolapse - Rectofascial slings x2 - Clam cystoplasty Urodynamics throughout the day PM – Post-op reviews and MDT to discuss next day plans	
Wednesday 29th April	Case presentations Lecture on overactive bladder and urge incontinence Troubleshooting UDS machine Consenting patients for surgery and confirming plans following UDS	Surgery: Vaginal approach rectovaginal fistula repair, intra-abdominal repair of vesico-vaginal fistula and right ureteric reimplant. Post-op reviews + MDT to confirm plans
Thursday 30th April	AM - Case presentations for todays cases AM - Lectures on presentation skills with subsequent group work AM - Lectures on urodynamic traces and practice Post-workshop questionnaire Ward round Clam augmentation by local team (with visiting team on standby for support) Post-operative reviews + Case discussions and finale	

Day 6 – Friday 1st May

This was intended to be another workshop date, though on arrival we were informed there was a bank holiday and therefore no workshop. This was of course disappointing but was a tangible reflection of the need to improve organisation and communication between host and visiting teams.

The team were therefore able to explore locally and went on a day safari to Aruhsa national park. As Yan stayed on until the following week, she also visited safaris at Ngorongoro Crater and Tarangire national park (highly recommended) at the weekend.

Monday 4th – Wednesday 6th May - Additional days for Yan

I had organised to stay on longer to maximise this opportunity and exposure. I was able to attend clinic, observe outpatient procedures such as finger guided transrectal prostate biopsies, observe ward rounds led by local Consultants, attend non uro-gynae cases and observe other operations including TURP, circumcisions, urethroplasties to name a few.

During this time, I moved into the doctor's accommodation, which is a 10–15-minute walk from the hospital. It is clean and safe (with guards at the gates), costing $15 USD/night. It is worth noting that internet and mosquito nets are not included. Many other visiting international staff also stayed on the same site, meaning it would be easy to find company if one decided to stay on longer (though host team very hospitable).

Summary

Overall, we felt that it was a successful visit and inaugural Urogynae workshop at KCMC. Host and visiting teams were able to work together to deliver care to those not routinely offered treatment, upskill local Consultants surgically and introduce urodynamics (including the first ever urodynamics in Tanzania) to a level that allows independent practice.

With a larger team of Consultants and Registrars (5 in total), we could focus on different aspects of the workshop to deliver necessary teaching and direct guidance throughout. Urodynamics was achievable due to Ms Venn knowing KCMC well, ensuring the urodynamics machine was working, and having personal relationships with the local team; emphasising the importance of sustainable partnerships which Urolink prioritises.

Additionally, we were able to demonstrate that even in a short period of time, the local team felt more confident in managing Urogynae conditions via workshop questionnaires. None the less, more work is to be done to ensure long term skill retention and further development of a Urogynae service. There are already talks of the next KCMC Urogynae workshop for 2027.

Challenges and considerations for future

Despite the many successes of the workshop, there were of course challenges and considerations, particularly in view of plans for another Urogynae workshop.

Tanzania does not have the healthcare infrastructure of the UK, with workshop patients being identified by those who ad hoc attend KCMC clinic (no referring system, patients simply turn up on the day to KCMC, a tertiary centre), meaning identifying patients for the workshop can be limited. Although having fewer cases during this inaugural week meant more time was allowed to teach, it was felt a higher case load would have allowed for greater repetition and skill reinforcement (for both surgical and urodynamics). Considerations would be to advertise further in advance to other hospitals (and by confirming the workshop dates with greater notice) and consider charitable funding for these patients.

In addition, naming a lead host Consultant would allow for more direct planning, organisation and ownership throughout the process and time there. With ongoing routine work, residents and consultants were sometimes often away from the workshop to deliver routine care meaning missed opportunities. Similarly, following the morning formal teaching, teams disperse so was difficult to regather for teaching in the afternoon. Having a formalised timetable for the workshop would allow more dedicated and structured time for teaching, which many report they would have preferred.

Personal reflections

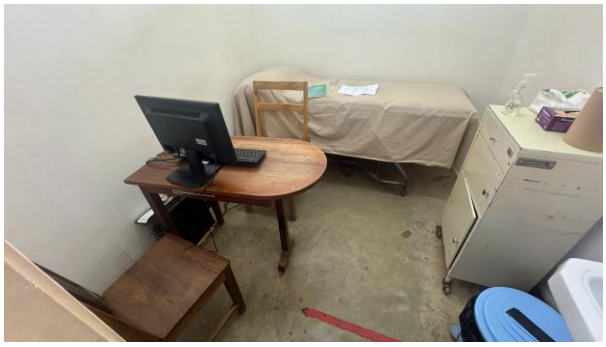
I am immensely grateful to The Urology Foundation for this opportunity to be involved in Urolink and KCMC Urogynae workshop. Despite not knowing what to expect, I left feeling deeply humbled, motivated and grateful. Despite the constraints KCMC team face daily, their desire to learn and deliver care to their patients was humbling. Although I have not seriously considered Urogynae as my specialist interest before, I was left feeling quite moved, and as one resident put it 'thank you for coming. Without your team these women would have been forgotten and ignored.'

Although it is cliché, I am reminded of how truly blessed I and patients are to be part of the NHS. Seeing 8 KCMC Residents share 1 TURP, whilst only receiving a living stipend (which is subsequently taxed), often not choosing their specialty (dictated by their sponsoring body and needs of that hospital), with NHS patients having access (and relative equity) to free at the point of access healthcare. Despite a deep desire to learn, the carefree culture of Hakuna Matata (no worries) and Polo polo (slowly slowly) was a shock to my type A surgical personality and desired efficiency in the NHS. Interestingly, on return I have found myself finding more joy in my work and a refocus on what is important, when NHS chaos and red tape often frustrate.

My desire to be involved in global health work has been brewing for years and until Urolink I wasn't sure how that would translate into Urology, a technology heavy specialty. Visiting with Urolink was a joyous affirmation that this feels right for me; as I observe how building relationships and partnerships allows for sustained development. For example, the UDS machine was bought over last visit, in anticipation for this visit allowing for time to ensure safe arrival and that it works. Similarly, whilst I was there, I checked the TRUS probe and that prostate biopsy guides fit, in anticipation for a prostate workshop. To feel part of something wider is a real pull towards continued involved in Urolink in the longer term.

As a junior registrar, I felt my lack of surgical experience would hinder me from being involved, and helpful. The aim of the fellow is to be more observer/educational over operative. Still, I was pleasantly surprised by what we could offer – teaching urodynamics, preparing and delivering lectures on core urology and discussing both urogynae and other cases with residents. It was a bi-directional upskilling in both clinical and non-clinical ways; developing my knowledge, my role as a medical educator, thinking outside the box, challenging my own practice and pushing myself out of my comfort zone.

I am pleased my imposter syndrome did not stop me from applying, and to anyone interested – I say, why wait? Stop hesitating and go for it. You really won't regret it.



From left to right:

-Checking the TRUS and prostate biopsy guides
-Doctors accommodation: No mosquito net. Fan didn't work
-OP Minor procedures room: Finger guided prostate biopsies, LA subcapsular orchidectomies etc
-OP Clinic room.

Appendix.

Appendix 1: Checklist (non-exhaustive)

To consider pre-visit

- Invitation letter from KCMC
- Business visa ($250 USD) – helpful to print to move through immigration
- Flights
- Accommodation – doctors' accommodation or nearby hotel
- Medications – vaccines (consider rabies and yellow fever to name a few), antimalarials
- Letters for customs if bringing equipment

Checklist of items to bring

For work:

- Several sets of scrubs
- Scrub hat and shoes
- Specific equipment for workshop
- Own sterile and non-sterile gloves (to not deplete their supplies)
- Work clothes – advise breathable and does not need to be too formal (i.e. ties not required), comfortable shoes

For General:

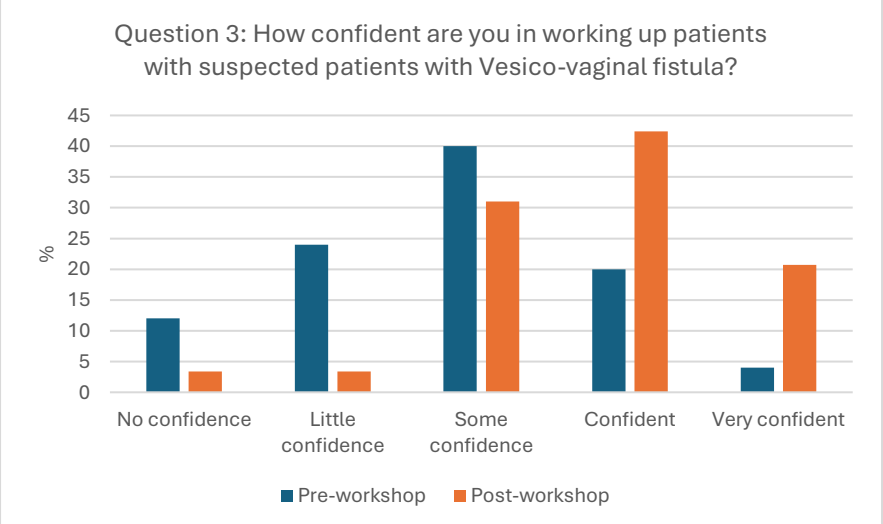
- E-sim
- Money - Mastercard debit card that works internationally with no additional costs (e.g monzo, revolut)
- Cash – can be withdrawn at airport or hospital. Tanzanian shillings for day-to-day use. If doing tourist activities, consider additional US dollars.
- Water bottle with filter (tap water not drinkable)
- Portable power bank
- Waterproof/umbrellas/suncream
- Medications

For accommodation:

- Torch, candles for blackouts.
- Mosquito net +/- plug ins
- Chargers, adaptors etc (Tanzania = UK plugs)
- Own towel, toiletries etc

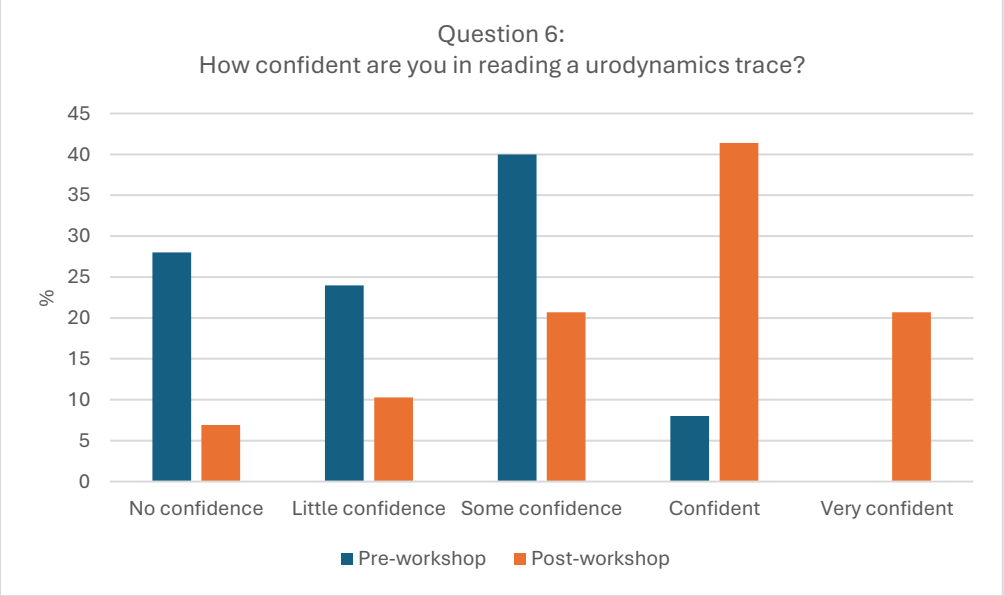
Appendix 2: Survey results

Survey was sent out pre-workshop about confidence levels and same questions asked at the end of the 5-day workshop.



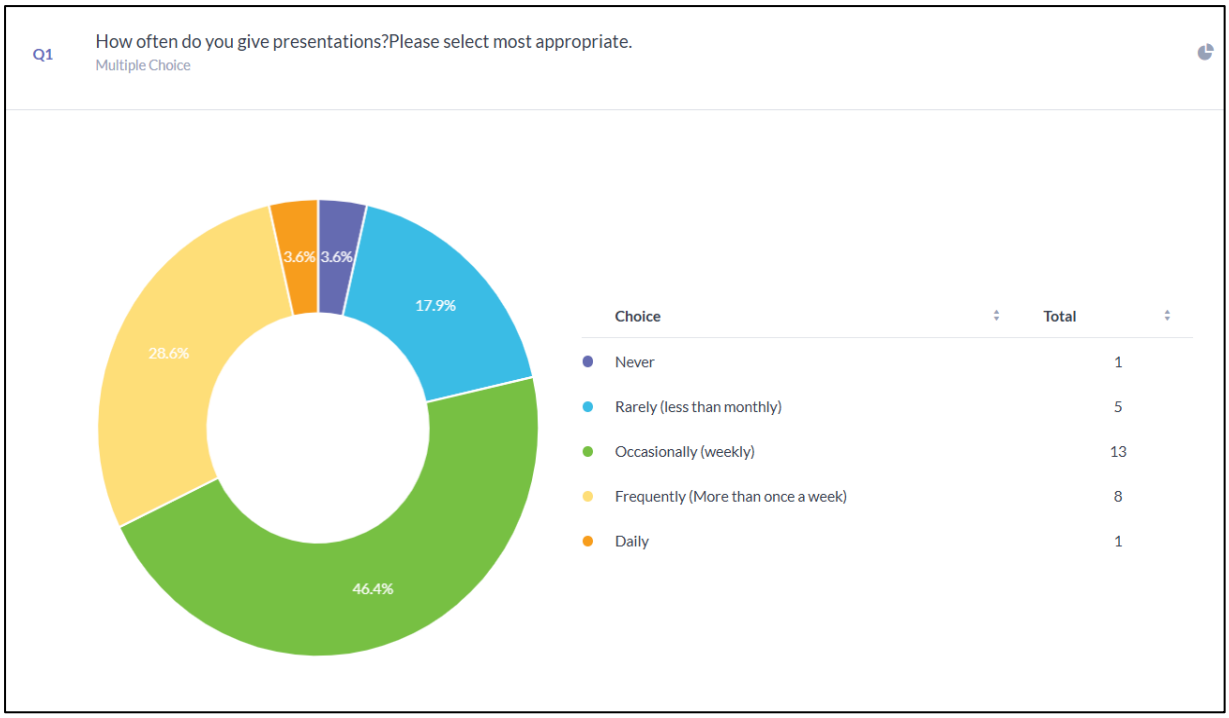
Question 4: How confident are you in your understanding of types of urinary diversion and neuropathic bladder?
60
50
40
30
20
10
0
%
No confidence
Little confidence
Some confidence
Confident
Very confident
Pre-workshop
Post-workshop

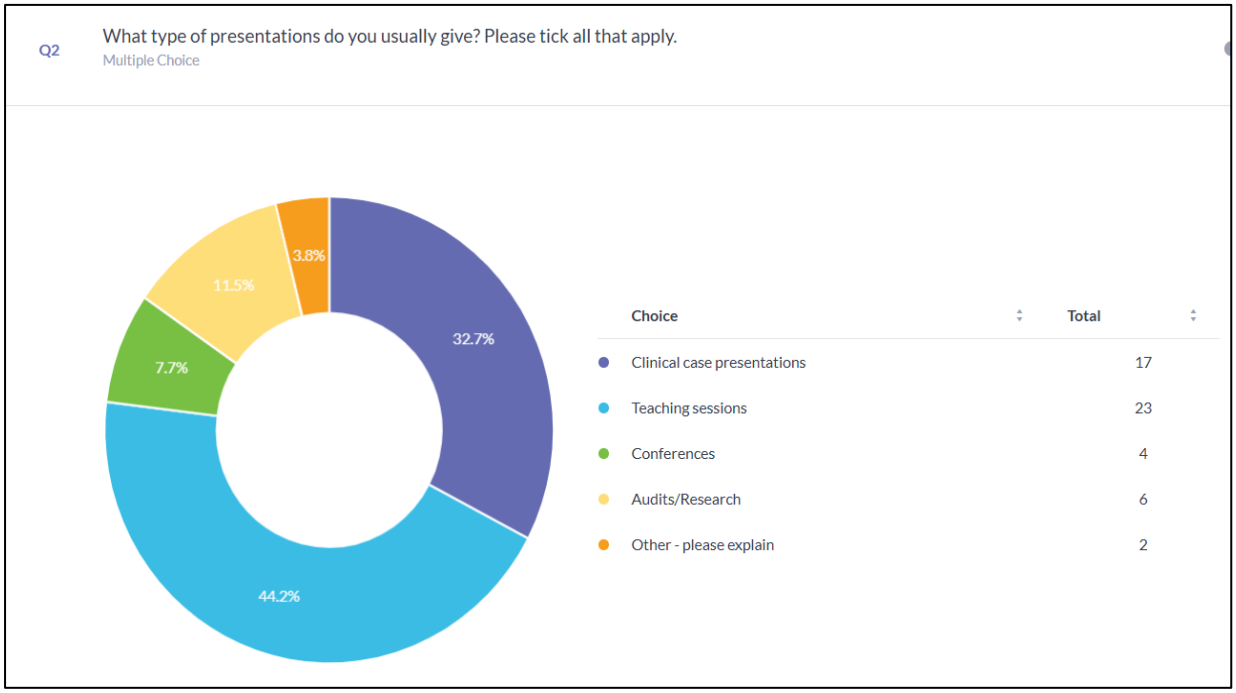
Question 5:
How confident are you in performing a urodynamics trace?
35
30
25
20
15
10
5
0
%
No confidence
Little confidence
Some confidence
Confident
Very confident
Pre-workshop
Post-workshop


Question 6:
How confident are you in reading a urodynamics trace?
45
40
35
30
25
20
15
10
5
0
%
No confidence
Little confidence
Some confidence
Confident
Very confident
Pre-workshop
Post-workshop

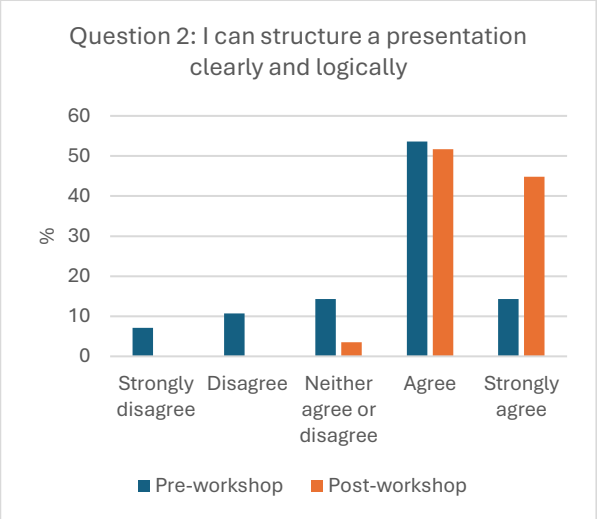
Presentation skills

After observing case presentations during the workshop, we thought it would be helpful to deliver a presentation about such skills. They subsequently split into smaller groups, created presentations and then delivered them to one another. A questionnaire was used pre-and post-intervention as below.

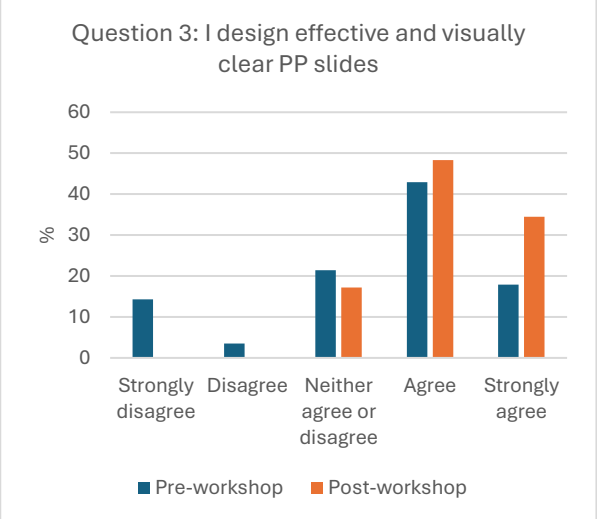




Question 1: I feel confident delivering an oral presentation
60
50
40
30
20
10
0
%
Strongly disagree
Disagree
Neither agree or disagree
Agree
Strongly agree
Pre-workshop
Post-workshop


Question 2: I can structure a presentation clearly and logically
60
50
40
30
20
10
0
%
Strongly disagree
Disagree
Neither agree or disagree
Agree
Strongly agree
Pre-workshop
Post-workshop

Question 4: I know how to engage my audience
60
50
40
30
20
10
0
%
Strongly disagree
Disagree
Neither agree or disagree
Agree
Strongly agree
Pre-workshop
Post-workshop


Question 3: I design effective and visually clear PP slides
60
50
40
30
20
10
0
%
Strongly disagree
Disagree
Neither agree or disagree
Agree
Strongly agree
Pre-workshop
Post-workshop

Question 5: I feel confident speaking without reading from slides
70
60
50
40
30
20
10
0
%
Strongly disagree
Disagree
Neither agree or disagree
Agree
Strongly agree
Pre-workshop
Post-workshop

Open comments on the questionnaire:

“This workshop adds a lot in my career!”

“Some of the things that were taught were very new to us especially the urodynamics, which was kind of interesting to learn, good for reminding us about how a good presentation should be since its among our daily routine. We are grateful.

“It was great lesson! However, confidence is a slow day to day practice. The more practice the better!”

“Good lectures with full involvement of audience and urodynamics practice that was great.”

“We'll be even unstoppable in Uro-gynae workshops become more frequent and regular. Nevertheless, we are really, really grateful!!”

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All photos taken with consent.

Report written by Ms Lap Yan Leung