

## **REPORT UROLINK TRAVEL GRANT TO HARARE, ZIMBABWE FOR FIRST COSECA'S PEDIATRIC UROLOGY WORKSHOP AND FOR FCS EXAMINATION AS EXAMINER.**

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### **INTRODUCTION:**

I would like to appreciate my sponsors Urolink for giving me a travel grant of €1,400 which enabled me to attend the first COSECSA paediatric urology Workshop and examinations for FCS Urology as an examiner in Harare, Zimbabwe in December 2024.

This was another milestone in my professional development as a new paediatric urologist. Being among the few paediatric urologists in sub-Saharan Africa, and the first native paediatric urologist in my country (to the best of my knowledge), I feel I have a big burden in improving the welfare of children in Tanzania and the wider region.

The workshop was a very important step as it united paediatric urologist and paediatric surgeons who are doing paediatric urology. About 30 participants registered, and 28 attended including faculty members, the one-day workshop on 30<sup>th</sup> November. There were wonderful presentations on common paediatric urological topics, as well as difficult cases, which were very useful. The meeting also discussed the status of paediatric urology and future plans for training. Many participants felt the greatest need was for more urologists before establishing paediatric urological training. However, in some countries such as Tanzania, there are at least 70 urologists and the political will to establish sub-specialization so I would like to establish fellowship training, for one year in paediatric urology, in Tanzania.

Coming to Harare as an examiner was a great opportunity to reinforce my skills for examining residents, but also for setting examinations. It is my passion and dream to become one of the best urology teachers in Africa. By attending the COSECSA FCS exams, it helped me to figure out the gaps in our curriculum and methods of teaching in Tanzania and understand where to put the emphasis for residents during their training. Furthermore, discussions about the structure of examinations and the setting up of questions and answers, it is always an opportunity to share knowledge on the management of different diseases with experts from developed, and other sub-Saharan African, countries.

It was, therefore, a great opportunity to increase my network with different distinguished urologists and professors from Africa and developed countries that could be used for the advancement of services and training at KCMC. Through Urolink, we have already managed to establish percutaneous nephrolithotomy as a service at KCMC with provision of a C arm and other consumables for the procedure.

## CONCLUSION

In a special, personal, way I would like to thank Dr Suzie Venn and Urolink for their continued support for me in my professional development. Through these increasing links with COSECSA, I have been challenged to improve the urology services at KCMC, in Tanzania, as well as the academic activities for residents so as to produce competent candidates for the FCS, and for better patient care.



First COSECSA paediatric urology course organizers : From left: Dr Manatsa (Zimbabwe), Dr Orgeness (Tanzania), Prof Catherine (USA), Dr Jumbi (Kenya), Dr Suzie (Urolink,UK).



Urology examiners Harare Zimbabwe at Parirenyatwa Group of Hospital  
, 2<sup>nd</sup> of December 2024.