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RURAL MEDICAL BUILDINGS IN EAST AFRICA

A paper read at the V International Public Health Seminar.

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A paper delivered at the V International Public Health Seiminar in Nairobi November 18th 1974.

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I would like to follow Dr. Jorgensen's remarks by describing the general situation regarding rural medical buildings in East Africa from a more directly architectural point of view. I shall describe some of the more common building problems faced by people working and building in isolated situations with some examples of successful and less successful architectural solutions. Some suggestions will be made as to the direction in which we believe improvements may lie.

My observations are based upon a study made over the past year by Dr. Jorgensen and myself of some 15 hospitals in different parts of Kenya and Tanzania. At each hospital a detailed physical and functional survey has been made and discussions with administrators, doctors and nurses have been recorded. We have also drawn on the existing documentation on the subject as well as the collective experience of the African Medical Research & Foundation in medical matters and the Housing Research & Development Unit in building.

The much publicised and chronic shortages of money and material resoruces are by no means a phenomena affecting solely the developing world. It is however, often the case that the newly independent, though less wealthy, countries are better fitted and more strongly inclined to face the challenges that these difficult circumstances present. This is evidenced in East Africa by two striking factors.

The first is that every hospital we have visited over the past year has been involved in some kind of building activity. Often new buildings have just been finished or are under construction, but even more commonly our advice has been sought on a new project about to be started. And one should bear in mind that most of the places we have visited are situated many miles from the nearest railway or tarmac road where tremendous difficulties have to be overcome in the erection of even the most simple building.

The second factor is that a considerable percentage of these projects are being financed either partially or totally, and in some cases being built, on a Harambee or self-help basis.

This then is the starting pint; first that the conditions for building are extremely difficult, but secondly that there is a tremendous sense of purpose and vitality in the rural areas which is more than equal to the difficulties.

As an architect the task seems clear. One must search for ways of removing as many of the obstacles to good building as possible and try to ensure that the latent enthusiasm that exists is not dissipated on unnecessary or unsatisfactory building projects.

It is tragedy that precious resources and manpower are being wasted everyday through lack of architectural direction whether in siteplanning, building design or construction.
At the moment because of the pressing need for buildings, medical people are having to push ahead and the architects are lagging far behind. Often it is the case that new buildings are being designed by young doctors who are new to the conditions they are working in and who therefore, have to rely on the only past experience of medical buildings they have which is from European or at least big city conditions.