

# Elective Grant Report



Shopping in Muheza town

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I undertook my elective in Muheza, Tanzania with two other medical students. It was a solid 24 hours of flying followed by a 7-hour bus ride to reach the rural community we would be working in for the next four and a half weeks.

I had been to Tanzania before so I felt like I had some sense of what to expect, but looking back after completing the elective, I now realise how wrong I was.

## Settling in to Muheza

For one, I had spent time in a different part of the country previously, where both the culture and the weather were quite different. Tanzania is such an expansive country that even a few hours' drive can take you to a very different area.

Muheza was hot and humid – and we went in the middle of summer (December and January). We were an hour from the coast, which is where the majority of the Muslim population of Tanzania resides. This meant we needed to wear culturally appropriate clothing (covering our knees and shoulders) all the time, even when not working in the hospital.

Muheza was also very dusty, I don't know if the orange dirt will ever come out of our clothes! In many ways, it reminded me of outback Australia.

Our accommodation was of a high standard compared to the local community, but basic compared to what we were accustomed to. It met all our needs, but it certainly had its challenges as well. Electricity was tenuous – our surge protectors got surged, and then our devices got surged. When the electricity went out, which was frequent, we often couldn't prepare any food and the fans stopped working leaving us in stifling heat. The water supply was non-potable and limited; our showers were "bucket showers." A Western toilet was present inside the house, but it didn't flush!

I don't mean to paint an ungrateful picture, but I think it is important for students to be prepared that sometimes the living conditions can be challenging, which when compounded with emotionally confronting experiences in the hospital can make it hard to mentally recuperate.

We did have some wonderful adventures in the town of Muheza itself, particularly shopping for food from the local markets. Meat was virtually non-existent (or if available its safety was questionable for our weak and unaccustomed stomachs) but the abundance of tropical fruit and vegetables was amazing – and so cheap! Mangoes for 15c each were enough to keep me going in the hardest of times.

We also met some wonderful women within the community who became our friends during our time there, including the hairdressers who spent hours talking with us as they braided our hair, and a seamstress who made us the most beautiful dresses from local fabrics.

*For me, one of the highlights here was the continuously jubilant and joyful nature of Tanzanians. Their culture is beautiful, from the way family support each other, to their acceptance of others' religion, to their warm welcoming approach to us as foreigners.*





Tea light candle used to create anaerobic agar plates



Waterbottle used as an asthma spacer



Exploratory laparotomies are required as there are no CT scans



Hiking in the mountains of Lushoto

### Muheza Designated District Hospital

A hospital of many names, also called St Augustine's Hospital and Tuele Hospital to the locals. Despite some of the practical challenges of living in Muheza, I would without hesitation recommend the hospital as a fantastic place to conduct a medical elective.

*The staff made our entire experience exceptional. From Dr Aubrey, the hospital administrator who went out of his way to make sure we were getting the most from our experience, to the medical students who helped us when we were lost and confused; we were supported the entire time.*

Between us, we spent time in obstetrics and gynaecology, surgery, internal medicine, paediatrics and palliative care. These experiences included assisting in theatre, attending outreach clinics and home visits, conducting patient examinations and procedures such as cervical cancer screening, and completing discharge summaries.

We received bedside teaching and provided our own case presentations to add to the knowledge base of staff there. The x-ray department had set aside a series of interesting x-rays for students to look at; these were an invaluable wealth of medical knowledge for cases we may never come across as medical students in Australia.

My understanding of diseases such as malaria, sickle cell disease, HIV, cryptococcus meningitis and postpartum cardiomyopathy grew exponentially. In addition, my exposure to common conditions such as heart failure, liver disease and diabetes continued to reinforce my medical learning for an Australian context.

It challenged me to think critically about how and why we treat various conditions. Rather than taking for granted that a certain medication is used to treat a certain condition, I had to consider the limitations of medicine availability, cost, storage and practicality. I conducted a pharmacy audit to identify what medications were available in the hospital. During this process, I came across medication I had never seen before in my life, such as drugs to treat leprosy, malaria or multi-drug resistant TB. I also identified limitations in treating disease due to lack of medicine availability.

One example was a patient in the general medical ward with ascites from liver cirrhosis. I queried if the patient would receive lactulose, commonly given in Australia to prevent hepatic encephalopathy. Despite its ubiquitousness and low cost in Australia, they did not have this medication in Muheza. We looked up possible alternatives, but no other available medicine had the same mechanism of action. The doctor lamented that only a few months ago she had seen a patient die from hepatic encephalopathy "when this happens, it is the end," she reflected aloud.

The reality of being under resourced was harshly apparent as we saw a lot more death than we would back home – particularly children. Travelling with fellow medical students provided an opportunity for us to debrief our experiences together. I also wrote a blog of my daily experiences in the hospital which was both cathartic at the time, as well as a great reference of the many patients and experiences I encountered during my time in Muheza – all of which are far too numerous to detail here. My blog is available online at [cassintanzania.home.blog](http://cassintanzania.home.blog)

However, despite the limitations faced, the hospital staff were incredibly resourceful with the little resources they had to work with. For example, tea light candles were used in metal canisters to create an anaerobic environment for agar plates to culture anaerobic bacterial – a cheap and simple solution, and water bottles were used as spacers to administer medication for asthmatic patients. I particularly loved seeing how they weighed children during the outreach clinics!

*Additionally, the community were an instrumental part of the day to day operation of the hospital. Family members would arrive early every morning to bring food, water, clean clothes and sheets to the patients as the hospital did not have the budget to provide any of these resources. I even witnessed a woman in labour at the hospital who had to bring her own cloths to clean the blood, vomit and faeces that resulted from birthing her baby.*

### Weekends to explore

Tanzania is a truly beautiful country and I think the weekends away provided an opportunity to recharge, allowing us to put in our best efforts during our time at the hospital.

*During our weekends, we camped on the beach in a place called Peponi (the Swahili translation is 'paradise') where we took a dhow out to an island and went snorkelling, we caught the local bus (a dalla-dalla) alongside chickens and ducks to visit the nearby City of Tanga where we swam in the pool of a resort, and we went up into the cooler mountains of Lushoto where we hiked to glorious lookout spots and waterfalls.*

We also spent 4 days over the new year flying to the nearby island of Zanzibar. Here we got some down time on the beach, as well as some time of reflection in Stonetown which was once the global hub of slave trading.

At the end of our time in the hospital we travelled to Arusha (7 hours away) for a 3-day safari where we saw the amazing animals of Africa.

There is just so much to see and do in the country in addition to the life changing experiences had within the hospital.





Providing school uniforms and meals at the HIV Kids' Club



Weighing children at paediatric outreach clinics



Home visits in the hospital car



Paracentesis at a patient's home

### Supporting the community

The hospital was fortunate to be the only hospital in Tanzania with a palliative care service, due to external funding received from the UK. As part of this service they provide extensive programs to support people living with HIV.

Monthly Mothers' Clubs and Kids' Clubs are held for mothers and children living with HIV. Antiretroviral treatment is provided free of charge, as well as any medical care that may be required. Without this service, medication compliance is poor and complications from HIV are high. As an additional incentive for attendance, a nutritious lunch is provided at the respective Clubs.

*Many of the children who attend the Kids' Club come from the poorest of the poor. As my visit coincided with the start of the school year in January, it was decided that the MIGA Elective Grant funds would assist with helping children who could not afford the basic necessities to attend school that year. In Tanzania, uniforms are compulsory, and many of these children could not attend school without a uniform.*

Through the generous funding provided by MIGA we provided shorts, skirts, shirts and shoes to 50 of the poorest children attending the HIV Kids' Club. We were also able to provide food for 300 children attending the clinics. I watched as 5 year olds sat around devouring their rice, beans and vegetables, wondering if this was perhaps the only meal they would receive that day. It was a stark contrast to my own fussy five year old at home and a reminder of how fortunate we are and how wonderfully resilient Tanzanian children are.

I am currently conducting research through my medical studies in early childhood development and know only too well how crucial education is early in life to address poverty and improve health outcomes. It was incredible to see young children being provided the opportunity to learn and flourish.

However, what impacted me the most on the day was witnessing the adolescent girls who were provided uniforms. Educating women is a fundamental step in addressing inequality and poverty, and often in developing countries young women are not valued enough to be provided an education, or home responsibilities are prioritised over women's education.

The Kids' Club took place on one of our last weekends in Muheza, after we had seen young pregnant women with limited antenatal care or knowledge, children die unnecessarily due to delays seeking medical treatment as a result of parental ignorance, and young women confined at home to care for chronically ill family members. It was truly remarkable to see these young women given a chance to become educated and understand their full potential, and work towards greater equality in their communities.

**Each year MIGA's Elective Grants Program offers 10 Grants of \$3,000 to medical students undertaking electives in developing communities. Each Grant includes \$1,500 to cover the student's personal elective costs and \$1,500 to provide medicine or other aid to the local community. To be inspired by other past recipients and find out more about applying, visit our website.**

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