

Hands Across the Equator

The Hereford-Muheza Link - Evaluation After 30 Years.

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ABSTRACT

After thirty years of a Link between health services in Herefordshire, England and Muheza District, Tanzania, those who had made short visits during the first 22 years were asked to reflect upon their experiences. Nearly all responses were positive. This long-term review is unique, and shows considerable benefits.

INTRODUCTION

Medical Linking usually seeks to encourage transfer of skills or technology through North-South partnerships[1] with relatively prompt assessment of effects. For over 30 years and with a different emphasis the medical services in Herefordshire, England and Muheza District, Tanzania have been linked through short visits each way intended to provide learning experiences for all visitors. Over 200 health workers have spread ideas and created friendships[2,3,4] while observing different patterns of illness and often other ways of providing treatment. Most travellers experienced a degree of culture shock.

This survey of the effects of visits which took place between 8 and 30 years earlier particularly explored the long-term effects of experiences, with impacts on careers and development as well as less tangible effects. There appear to be no comparable long-term health-related studies.

The Hospitals

St. Augustine's Hospital (formerly Teule Hospital) is the Designated District Hospital serving Muheza District in north-eastern Tanzania. This is a large rural district with a multi-faith population of about 280,000. The hospital is managed by the local Anglican Church, although it is mostly funded by the Tanzanian Ministry of Health, and has about 260 beds with an annual budget of around £1.5 million.

The County Hospital in Hereford also serves a large rural area. Although this area is slightly smaller than that served by St. Augustine's Hospital the population served is broadly similar at about 220,000. The County Hospital has about 290 beds, and in 2013 the income was over £173 million.

The Link

All health workers from both hospitals and health districts were eligible to take part in visits. As well as nurses and doctors, visitors have included technical, laboratory and X ray workers, office and financial staff, chaplains and managers. Selection of individuals to take part in the visits differed between the two hospitals. In Hereford, the applicants submitted a written proposal and were interviewed by the Link committee. In Muheza the selection process required applicants to make their case to other applicants and to identify the benefits which they expected to bring back, after which a vote took place.

Visitors from Tanzania received air tickets, free accommodation, a modest subsistence allowance, and reimbursement of essential costs of visas and passports. In the early years of the Link visitors from Hereford received the same help.

As well as organising short visits which is the core function of the Hereford-Muheza Link, the Society also sends useful goods to Muheza in shipping containers, funds an education programme in Tanzania for health professionals, and supports the development of Palliative Care. The Link is funded by membership fees, donations, events, and help from one charitable trust. It receives no government financial assistance. The average cost to the Link of visits to Muheza is about £600 and to Hereford around £1000.

STUDY AIMS.

The aims of the study are to consider the long-term impacts of short visits. Consequently the review was limited to those who had completed visits in the first 22 years of the Link. This meant that all respondents had returned from their visits at least 8 years previously and that short-term impacts were largely excluded. A brief questionnaire was developed and distributed to all traceable visitors from the first 22 years designed to encourage respondents to describe the impact of their visits in their own words. It included four open questions about the effects on their career, and five open questions about effects on life beyond work, including attitudes and friendships. The questionnaire also included three simple questions about the visit. (5)

OVERALL FINDINGS

From the 149 Link travellers who were identified as having undertaken visits at least 8 years earlier there were 49 responses – providing a reply rate of 33% with 26 responses from visitors to Muheza and 23 who had visited Hereford. Replies from the two groups to the simple questions were so similar that the responses have been combined:-

Are you pleased that you went?	44 of 49 replied “Absolutely”	(90%)
Would you recommend a visit to others?	46 of 49 - “Yes”	(94%)
Would you go again?	27 of 49 - “Yes”	(55%)

The response to “Would you go again?” was influenced by retirements and changed circumstances.

Personal impacts of visits from Muheza to Hereford.

Responses were highly varied and reflected a wide range of experiences. A number of key themes emerged. The predominant one was experiencing cultural differences between the two districts and hospitals. Many visitors to Hereford commented that they had been impressed by timekeeping, team

work, and hard work. Also repeatedly mentioned were better documentation, the importance of communications with patients, and the relief of symptoms. These impacts were most commonly expressed as a change of vision or viewpoint rather than acquisition of particular skills or knowledge. Thus one respondent stated:

“Overall the impact of my visit especially on my career is that it has changed my vision because now I have broad knowledge (of) care of premature babies. Documentation after every procedure ... will keep reminding the nurses continuously.”

A second respondent noted that this change in vision presented additional challenges:

“The visit changed my view about the care and early diagnosis of disabled children, but the challenge is how to make follow-up of these children in the community.”

These two brief extracts were examples where differences in care and treatment of children were identified in the responses.

Another theme was expressed by visitors from Tanzania involved with Palliative Care. Most visited Hereford at a time when morphine was virtually unobtainable in Tanzania and the impact of effective pain relief made a major impression:

“Pain relief is a human right. No need of patient to die in severe pain. I gain(ed) confidence in dealing with patients with incurable disease. Patients need love and be told truth.”

As well as differences in medical culture, a further theme emerged concerning an improved understanding of cultural norms. One respondent identified learning about the social and medical norms around childbirth:

“Ante-natal mothers having their choice at the mode of delivery - e.g. how they would like their labour to be, and who to stay with during labour. Husbands escorting their wives to Ante-Natal Clinic.”

The cultural impact was not limited to medical observations, and respondents reported seeing a different way of life:

“Things I learned outside relevant to my life - most of the families of Hereford are doing gardening of fruits and vegetables. Equity in gender issues - the women have power as men in UK. ...”

Many Tanzanians had not previously flown or travelled abroad, and one respondent noted that this was:

“Historical visit of my life - expanding my geography.”

Finally respondents identified impacts on their personal values such as:

“Being patient and courageous to my life plan, and trust in God.”

While another visitor wrote that her children and grandchildren would be proud of her because of her visit to Hereford.

In addition to the responses to the questionnaire, opinions were sought from a senior nurse who worked in Muheza throughout the 30 years of the Link, two successive Medical Superintendents, and from the missionary doctors who provided the main Muheza contacts from the start of the Link. They emphasised that the opportunity to visit Hereford was a stimulus which helped to attract staff to Muheza hospital. They also identified changes and improved services in Muheza which followed visits to Hereford, included opening an Eye Service in Muheza; the pioneering of local bacterial cultures; improved surgery; setting up an Intensive Treatment Unit; repairing obstetric fistulas; the start of a Central Sterilising Services Department; and improved electronic services at Muheza including internet usage. There were also personal stories, including one visitor who returned to the University of Worcester after visiting Hereford and obtained her BSc. (Hons) in Applied Professional Studies while writing two nursing books. She now directs the School of Nursing at Muheza.

Visitors from Hereford to Muheza.

The responses from visitors to Muheza were also highly varied and powerful testaments to the impacts of their visits. Notably of the 26 who replied, seven had made their way back to Muheza at their own expense, most to visit more than once. Seven had also arranged visits for spouses or children to experience Muheza, and six have subsequently worked abroad elsewhere.

Prominent themes included personal change in values and attitudes, admiration at what can be achieved with very few resources and little money, appreciation of very warm welcomes at Muheza, a determination to reduce waste in the UK, and a strengthened regard for the NHS. The heartfelt quality of responses and the depth and complexity of the long-term impacts are best presented in extracts of replies:-

Some respondents experienced personal growth and development:

“This visit had an enormous impact on my lifestyle. I went through a period of euphoria as I recalled the scents, the scenes, the friendships made, and the sheer beauty of the region but this was followed by intense sadness and guilt at the difference between our lifestyle and theirs. In many ways they had more than we have - just not in a material sense. I am enormously grateful for this opportunity and it (for good or bad) reinforced in me the “wanderer”. ... I enjoyed the challenge and it made me grow as an independent strong willed person.”

The visit stimulated an enhanced sense of mission:

“The need for Palliative Care made me leave general practice and train and go back to Tanzania. The visits had huge impact on my career and were life changing, and also took me back to basic principles - we rely on high technology too much. And after spending five years in Tanzania, I have devoted the rest of retirement so far to Palliative Care in Africa. The past 20 years have been a huge privilege and joy. I really like living somewhere that is warm all the time.”

and

“Going to Muheza many times has made me feel that I have helped to enhance many lives, especially mentioning the labour wards where they had no running water for the delivery of babies. (This visitor fixed the water supply to the wards.) I have made many friends in

Muheza and there is always a buzz when they know I will be visiting because they usually have a list of tasks to do.

Others reported clear impacts of the visit on subsequent career choices and direction:

“I changed career partly as a result of my visit. It deepened my interest and commitment to working and campaigning for social justice, poverty alleviation, fair trade, human rights etc. and made me even prouder of the NHS. It was an amazing opportunity to immerse myself in a completely different culture and I am sure that I received more than I gave. The people I met were amongst the most generous and hospitable anywhere. ... there is much for Europe to learn from Africa and an exchange like this enables learning on both sides.”

It also became clear that the visits had specific impacts on the professional attitudes of visitors, leaving a lasting appreciation of how fortunate they were to work with more facilities, a respect for those who do not, and a sense of responsibility not to waste any resources.

Thus one respondent stated:

“I was challenged by the very basic facilities that the department had and somehow they still managed to provide X rays to facilitate diagnosis and treatment. They had very little and wasted even less. I leant to be much more frugal with X ray film as this was one area within our home department where I could make changes”

And another,

“More focus on clinical skills. An appreciation that good things can still be done despite the lack of facilities. The astonishing fortitude of African patients and the dedication of some of their doctors. ... I admired the Africans' ability to get things done with so little and the pride they had in (President) Nyerere and what he had done the for the country. I count my blessings and am more tolerant of inefficiencies.”

Such impact were not always straightforward and one respondent clearly articulated the frustrations accompanying a better understanding of cultural difference between the two hospitals:

“Has the NHS benefited from my work abroad? Difficult to say. I came back and worked as a midwife as I had before. I swore I would never complain about the NHS after working in a culture where there was a nascent Health Care System, huge poverty and great ignorance, but in truth it didn't take long. We are so spoilt. I found it difficult to reconcile what I observed with more demanding, ruder patients and relatives and the oft-articulated concept of their "rights". Since then I've watched the NHS drown in paperwork, become ever more litigious, and fine tune a blame culture. And yet I'm still proud to be a part of it and feel furious about the increasing threat it faces. As I said before it's complicated.”

Finally there was a recurrent theme about the respect developed for patients and staff in Muheza:

My time spent in Muheza and wider Tanzania has had a profound effect on my life and the way I view Africa and other developing countries. On a personal level I experienced some very tragic events and in particular the death from malaria of a child who appeared strong and well nourished. The stoicism of his mother and the cultural mores of the Tanzanian staff towards his death had a very profound impact on me. This tragedy still affects me today

after all this time. Alongside this was the amazing ability of many parents to remain cheerful and smiling through such adversity. These are experiences I will never forget.”

The responses thus provide strong evidence of long-term impacts on careers and personal values of the Hereford-based health professionals who undertook visits to St. Augustine’s Hospital in Muheza, Tanzania.

DISCUSSION AND CONCLUDING THOUGHTS

Short visits are the core function of the Hereford-Muheza Link. Their value is sometimes questioned because impacts are hard to quantify. In this survey 44 of 49 respondents were absolutely pleased they had made their visits, and the same number would recommend a visit to others. The individual accounts indicate that most visits were beneficial and on occasion life-changing, and some were followed by development of services in Muheza. Visitors who have moved on to other places take their memories and experiences which can serve patients elsewhere. Travel and living costs of up to £1000 per trip seem modest when compared with the long-term impacts.

However it is also noteworthy that external influences have made some experiences less positive. In early years Link visitors could become involved in patient care, but sterner regulations in both countries now restrict visitors to observing events and techniques, and some very positive experiences would not be possible today. A serious problem in recent years has been the refusal of UK visas for some of the health workers invited to Hereford.

The Link has widened personal experiences and knowledge both in Hereford and Muheza. These extracts from individual reports indicate that very positive effects were still recognised many years after visitors had travelled between Tanzania and England. A number of new developments occurred in Muheza following visits to Hereford. This survey strongly concludes that such visits were appreciated by individuals, and that long-term benefits extended to their patients and the health services for which they worked.

ACKNOWLEDGEMENTS

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Questionnaires for visitors to Muheza (those to Hereford are below).

LONG-TERM EXPERIENCES OF HEREFORD-MUHEZA VISITS.

This is a study of the long-term impacts of the Hereford-Muheza hospitals visits on the personal and professional development of the staff that have been involved.

This research is intended for publication. All responses will be treated as confidential and all identities will be anonymised unless specific permission is gained. Participation in the study is entirely voluntary, if you wish to withdraw at any time then you may and your data will be deleted. If you have any concerns about this research please contact John Wood at john.batt.wood@gmail.com

Once completed please return this questionnaire to John Wood by email at: john.batt.wood@gmail.com or post to Dormington house, Dormington, Hereford HR1 4ES.

Thank you.

1.Details of your visit:

Your Name:

Year of Visit:

Length of Visit:

Interest / Department(s) Visited:

<u>Journey</u>	<u>Health During Visit</u>
<u>Accommodation</u>	<u>Personal Cost of Visit</u>

2. Looking Back – impacts on your career

- a) What things that you learned from the visit have been most relevant to your CAREER?

- b) What impact has the visit had on your own professional practice?

- c) What organisational changes have been due to or affected by your visit?

d) Overall, what impact has the visit had on your career?

3. Looking back – impacts on your self

a) What things that you learned from the visit have been most relevant to your life OUTSIDE of your career?

b) How did the visit change your views and attitudes?

c) What life changes have been due to or affected by your visit?

d) Have you kept in touch with friends made on the visit?

e) Overall, what impact has the visit had on your life?

4. Evaluation

a) Are you pleased that you went? Absolutely / Quite / Slightly / Not at all

b) Would you go again? Yes / No / Maybe

c) Would you recommend it to others? Yes / No / Maybe

5. Continuing Membership of Link

Subscribing Member in 2012 or 2013	Yes / No
Active Member in 2012 or 2013	Yes / No
Active member at any time since returning home.	Yes / No

Involvement with other Links since returning home	Yes / No
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Please feel free to include additional pages with any thoughts, ideas, and advice to the Link

Questionnaires for visitors to Hereford.

LONG-TERM EXPERIENCES OF MUHEZA-HEREFORD VISITS.

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Length of Visit:

Interest / Department(s) Visited:

<u>Journey</u>	<u>Health During Visit</u>
<u>Accommodation</u>	<u>Personal Cost of Visit</u>

2. Looking Back – impacts on your career

- e) What things that you learned from the visit have been most relevant to your CAREER?

- f) What impact has the visit had on your own professional practice?

- g) What organisational changes have been due to or affected by your visit?

h) Overall, what impact has the visit had on your career?

3. Looking back – impacts on your self

f) What things that you learned from the visit have been most relevant to your life OUTSIDE of your career?

g) How did the visit change your views and attitudes?

h) What life changes have been due to or affected by your visit?

i) Have you kept in touch with friends made on the visit?

j) Overall, what impact has the visit had on your life?

4. Evaluation

d) Are you pleased that you went? Absolutely / Quite / Slightly / Not at all

e) Would you go again? Yes / No / Maybe

f) Would you recommend it to others? Yes / No / Maybe

Please feel free to include additional pages with any thoughts, ideas, and advice to the Link