

A guide to volunteering at Muheza Designated District Hospital (MDDH), Tanzania



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Contents

- Introduction
- Key documents
- Travel and insurance
- Health
- The work
- Living arrangements
- Safety
- Support
- Contacts



Introduction

This guide is written aimed at Doctors looking to volunteer at MDDH, Tanzania. We spent 5 months there in 2014 after finishing F2 and gained a huge amount from the experience. We thoroughly enjoyed our experience and would highly recommend it to everyone. We have put together some advice based on our experience and what we wished we had known before we went. If you have questions that are not answered by this guide please feel free to contact us for further information. Please note we will attempt to keep this document up to date but specific prices may vary.

Key facts about the hospital and facilities:

- Muheza is a small district town in the North East of Tanzania 40km inland from the port of Tanga and about 100km south of the Kenyan border. It lies at the foot of the East Usambara Mountains on the edge of the coastal plain.
- Teule Hospital is a 330 bed capacity district hospital located in Muheza. It is an Anglican church hospital but designated by the government as the district hospital for Muheza district. The hospital supplies medical services to a population of about 280,000 covering an area of 50km by 100km.
- Wards include - female and male medical, female and male surgical, infectious disease ward, 4 bed intensive care ward, post natal and antenatal ward, labour ward, paediatric medical and paediatric surgical wards.
- Other facilities include:
 - Outpatient department
 - Laboratory
 - Diana centre for palliative care and HIV treatment

Key Documents

Visa

- You will require a residence visa in order to work in the hospital - you are not allowed to carry out any sort of work, paid or unpaid, on a tourist visa.
- The required class of visa is a 'Residence Permit Class C' - links to the immigration website and forms which need to be completed are here:
 - http://immigration.go.tz/module1.php?id=15#RESIDENCE_PERMIT_CLASS_C
 - <http://immigration.go.tz/downloads/TIF%20I%20RESIDENCE%20APPLICATION%20FORM.pdf>
- Note the additional documents that need to be sent with the above include CERTIFIED copies of academic certificates - this means you need to take your degree certificate to a notary who will stamp a copy of it to verify its authenticity (for which there will be a charge)
- **Cost \$250**

Medical Registration

- You need temporary medical registration to work as a doctor in Tanzania
- The required forms can be found here:
 - http://www.mat-tz.org/downloads/cat_view/37-forms.html (click 'temporary registration')
- Note again on the last page you will need to send accompanying documents including certified copy of degree, certified copy of passport, certified copy of GMC registration.
- They also require a certificate of good standing - this is sent automatically straight from the GMC to Tanzania and you can request for this to be done on the GMC website:
 - http://www.gmc-uk.org/cgs_online/
- As an F2 your GMC registration will have 'approved practice settings' tied to it - this means you can only practice in the UK - you can apply for these to be removed (may have automatically been removed at the end of F2 - ours had been)
 - http://www.gmc-uk.org/doctors/before_you_apply/approved_practice_settings.asp
- If you are unable to do it online, you can phone the GMC who are normally helpful!
- **Cost \$300**
- *Once you have completed the above two forms and got together all your supporting documents (including passport photos) you can send them via DHL to Chris Mselemu (hospital secretary) in Muheza.*
- *Due to the difficulties transferring money we paid the hospital back when we arrived*

Medical Indemnity Insurance

- Not a requirement from the Tanzanian side but we felt it was something we should have
- MPS rather than MDU cover doctors for overseas practice - they will want to know what you will be doing, where and for how long.
- MPS will class this type of voluntary work as 'humanitarian' and have specific tariffs for this
 - <http://www.medicalprotection.org/uk/membership-benefits/working-overseas>
- We found it easier to arrange this over the phone
- **Cost (for 6 months) £210**

Travel and Insurance

Flights

- Tanzania can be accessed by flights to either Dar es Salaam Airport or Kilimanjaro Airport (between Moshi and Arusha). If your end destination is Muheza we would recommend landing in Dar es Salaam.
- Flights are not direct and will usually go via Dubai or Nairobi.
- For our trip in 2014 we used Emirates to fly to Dar es Salam via Dubai.
- **Cost roughly £600 return**

Onward travel to Muheza

- On arrival in Dar it is advisable to have a taxi waiting for you to avoid getting into an unknown car - we used a taxi driver called Juma who is well known and loved by all visitors to Muheza and is a great point of contact in Dar. (see contacts page)
- If arriving in Arusha onward transport/taxis could be arranged via hotels.
- We would not advise travelling by road in the hours of darkness due to road safety/lack of lights on vehicles. Anticipate that your flight will be delayed and unless arriving early in the day we would advise (and personally always choose) to stay in Dar/Arusha overnight and get an early bus the next day.
- We recommend checking tripadvisor.com for up to date reviews on hotels in Dar/Arusha as things change fairly rapidly.
- Muheza is roughly six hours by road from Dar or Arusha. There are various bus companies travelling these routes which vary in reliability. Travelling from Dar we found 'Ratco' to be the most comfortable and reliable. Juma can help with booking of bus tickets before arrival if you communicate with him prior to leaving the UK.
- On arrival in Muheza, there will be multiple taxis offering you rides to the hospital - it should take 3-5 mins in a taxi from the Muheza bus stand and shouldn't cost any more than 5000TSH (as of 2014)
- If you report to the hospital on arrival (office on the left side of the turning circle) someone will take you to your accommodation.

Travel Insurance

- Definitely advised as with any trip. We found STA travel helpful but shopping around for a good deal is the best advice we have on this one!

Health

Vaccinations

Ensure you consult a travel clinic/travel nurse at GP practice about recommended vaccinations.

We required:

- Hep A/Typhoid
- DTP booster
- Yellow fever - (need to carry yellow fever card when travelling around)
- BCG
- Hep B (you will probably be up to date with this for work)
- Rabies - (not absolutely necessary)

More information on vaccinations can be found here:

- <http://wwwnc.cdc.gov/travel/destinations/traveler/none/tanzania>

Antimalarials

- Malaria prophylaxis is advised and there is a significant amount of Falciparum Malaria in Tanzania.
- Talk to your GP about recommended antimalarials - we used Malarone (now off patent so less expensive), but other people used Doxycycline or Lariam. N.B. people on Doxycycline invariably got badly sun burnt so if you have fair skin please consider this carefully.
- The nomad online pharmacy did the best rates for antimalarials - you can post them your prescription and they will deliver the medication to you.
 - <http://www.nomadtravel.co.uk/pharmacy>
- Don't leave this until the last minute as high street pharmacies are unlikely to have stocks for lengthy supplies of antimalarials and will usually have to order them in

HIV PEP

- Taken in case of a high risk exposure to bodily fluids from an HIV positive patient.
- Usually provided as a pack which would last for a short duration, taken immediately after the exposure
- It can be purchased on a private prescription in the UK as a 'PEP kit' and costs about **£150**.
- Talk to your hospital pharmacy about this - we found them more useful than going via the GP.

Personal medications

- Don't forget to take your own supply of any personal medications required and check their interactions with any malaria prophylaxis before you go.
- Painkillers and antibiotics can be purchased from pharmacies in Tanzania, but some people like to take a small personal supply in case of illness especially for when travelling around.

Note the GMC guidance which states you should not be writing prescriptions for yourself - please see another doctor to prescribe any of the above should you need them (including HIV PEP)

The Work

Clinical work

- The majority of your clinical work will be ward rounds on the wards of your choosing depending on your field of interest.
- Initially we would advise working alongside the Tanzanian doctors for at least a week or two to get an idea of how things work and get a feel for how various conditions are managed. You will also need time to get to grips with some basic Swahili and get to know the ward staff.
- Once you have established a routine and when you feel confident you will be asked to carry out ward rounds, accompanied by the nurse in charge of the ward.
- The most important point to stress is that you should always work within the limits of your own competence and not feel pressured to make decisions or carry out procedures that you are not comfortable doing.
- You will not be expected to be on the medical on call rota unless you are comfortable independently doing caesarian sections and other general surgery such as ruptured ectopic pregnancies/appendicectomies. We were not on the on call rota and therefore did not work formal weekends or nights. Due to the proximity of our house we would frequently attend the hospital out of hours especially for acutely unwell medical patients out of choice however this was not expected of us.
- There is always another doctor around in the hospital during the day time, particularly in the morning when other ward rounds are happening, so do not be afraid to ask people for help or advice.
- Outpatient clinics occur throughout the week, but are generally more difficult to do independently without a good grasp of kiSwahili. On the wards there will be nurses and students happy to translate for you and teach you useful phrases.
- Some specialities such as palliative care also conduct home visits.
- There is a medical meeting at 07:45 every morning which is a good opportunity to meet members of staff from all teams around the hospital.

Example Timetable:

	07:45 - 08:00	08:00 - 13:00	13:00 - 13:30	13:30 - 14:30	14:30 - 15:30
Tom	Medical Meeting	ICU and Mwenge Ward Round	Lunch	Clinical Officer Teaching	Return to ward
Victoria	Medical Meeting	Imani Ward Round	Lunch	Clinical Officer Teaching	Return to ward

- This is an example of a typical day. Victoria would typically do a ward round on Imani (female medical ward) of usually 25-35 patients. Tom would do a ward round on ICU, 4 beds, followed by Mwenge (infectious diseases ward) or Yohanna (male medical ward) each usually 15 patients. The hospital will be happy for you to work in the team relating to your specialist interest.
- If you let us know in advance in what field you would ideally work we can help devise a provisional timetable for you in conjunction with Dr. Mallahiyo.

Teaching

Ward based:

- Medical students from all over the world will be at the hospital whilst you are there and will likely want to come on your ward rounds - we tried to teach them as much as possible
- Nursing students and clinical officer students - there is a nursing school and clinical officer school based at MDDH, so expect to see lots of local students on the wards too - we always tried to involve them as much as the international medical students (bearing in mind the different learning needs).
- Sometimes the sheer number of students on the ward at once can be slightly overwhelming and slow things down considerably - in this situation it can be helpful to ask them to take turns in coming to the ward, mainly for the sake of the patients being peered at.

Formal teaching at the clinical officer school:

- There is a national curriculum set for the clinical officer students, delivered in a lecture style format daily by various tutors. It is organised by Dr Damien Mpundu.
- We volunteered to teach the Clinical Skills module on history and examination skills, which was very rewarding and involved teaching for 1 hour after the ward round every day. You may also have the opportunity to set an exam and mark it which is a great learning experience.

Clinical teaching for hospital staff:

- There is scope for teaching the nursing and medical staff at the hospital, as there is very little in the way of ongoing post-graduate education for any of the staff. We set up a course over several weeks in management of the acutely unwell patient which was well received.
- If you have an idea for teaching of this sort it can be discussed with Dr Mallahiyo who will let you know his thoughts and then propose a time slot



Research/Audit

- It is possible to carry out audit, and much needed, whilst at the hospital although bear in mind that if choosing to do this it should be with the aim of improving things for the patients and local staff and not just for the sake of doing an audit.
- Involve the Tanzanian doctors and other local staff and get permission from the department and Dr Mallahiyo before starting anything. Be mindful not to wade in and criticise practice without having a useful and practicable solution to the problem.
- Furthermore, we would advise keeping it simple. A complex audit that is not reproducible when you leave will not have a lasting effect.
- Research may be possible but all the usual considerations apply with regards to ethical approval and it would definitely need to be discussed with the hospital and planned prior to arrival.

Procedures

Procedures that are possible and you may have a clinical need to do at the hospital include:

- Ascitic tap/drain
 - Pleural tap
 - Lumbar puncture
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- Note that there are no Seldinger chest drain sets available so all chest drains are done by the surgeons in theatre
 - Local anaesthetic is not always easily available
 - Ultrasound is not used to mark site for ascetic or pleural drains. This is not used by local Doctors and they are not trained to mark sites. However there is an ultrasound machine and thus if you are trained this would be possible.
 - Ophthalmoscopy is the only way of checking for raised intracranial pressure before carrying out a lumbar puncture. The nearest CT scanner is 6 hours by bus.
 - If in doubt about carrying out a procedure, consider:
 1. Will it change my management?
 2. Do I feel confident that I can do this procedure safely?
 3. Have I considered the risk of possible complications and planned adequately for them?
 4. Have I asked for supervision/support from one of the Tanzanian doctors?

Living Arrangements

- Accommodation is in Hillview House, a bungalow next to the hospital gates
- This costs £10 (25000TSH) per week
- There is a housekeeper (Juliette) who will do laundry and some cleaning and if asked very nicely will cook lunch
- There is also a night watchman (Hatibu) who arrives around 6.30pm and also does some garden maintenance. He usually has 1 or 2 nights off a week which you can arrange with him
- Juliette and Hatibu's wages are paid by the hospital but we would usually give them a small tip from time to time or share our food with them if we had spare!
- The house also gets lots of visitors, some of whom will come for a chat in English, a cup of coffee, and occasionally to ask for help with problems/money. If you aren't sure who people are, Juliette will fill you in!
- Medical students may also be living in Hillview from time to time

Safety and cultural issues

- We felt very safe in Muheza and very well looked after by the Tanzanians, however some basic points are worth bearing in mind when living and travelling in Africa:

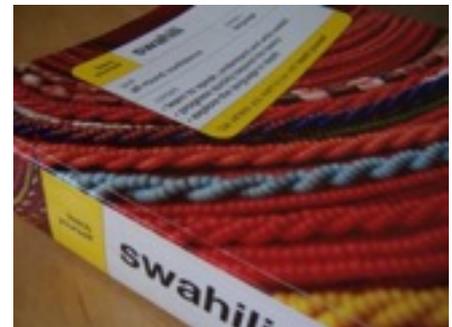
Travel

- As mentioned before, try to avoid travelling by road after dark due to the poor maintenance of both roads and vehicles
- If possible avoid arriving in a new place after dark, particularly at bus stations. In the past there have been incidences of caucasian travellers being targeted for scams/robberies by people posing as taxi drivers in this situation
- The ubiquitous 'piki piki' or 'boda boda' (motorbike taxi) may seem like an attractive option for getting from a to b but they are usually driven by young men without licenses, or helmets, and are frequently involved in accidents. Best avoided if possible!



Language

- The language spoken in Tanzania is predominantly Swahili. There are many other tribal languages spoken in some of the rural areas however these are significantly less common.
- Medicine (e.g. at the clinical officer school) is taught in English. Therefore medical professionals invariably speak reasonably good English making nursing staff and students valuable translators.
- The patients will not however speak English and although you will learn medical Swahili relatively quickly at work we would recommend purchasing a teach yourself Swahili book prior to your trip.
- This is a link to Teach Yourself Swahili – a book we found useful in improving our Swahili.
- http://www.goodreads.com/book/show/804007.Teach_Yourself_Swahili_CompCom_Course_Package_Book_2_CDs_



Dress

- Tanzania has a religious population, both Christian and Muslim, and so dress is normally fairly conservative. For women, long skirts or loose trousers with covered shoulders is the general dress code
- For men, dress code is very similar to the UK but you will be expected to look presentable in hospital!
- For women, hair does not need to be covered but may be advised around times of Muslim religious festivals particularly in places such as Stonetown in Zanzibar
- On the beach, swimwear is fine for swimming but cover up to walk up and down the beach, and unless somewhere very touristy, it wouldn't be acceptable to walk into a bar in a bikini

Personal items

- Common sense is advised when advertising valuable personal items such as laptops, mobile phones, wallets etc - Juliette will tell you to draw curtains when leaving the house to avoid curious children peering in and being tempted by your shiny equipment!
- Also wise to avoid getting out ipods/phones etc on public transport
- A flat travel bag which goes under the clothing is a good idea for long journeys for keeping important items on your person

Money

- The national currency is Tanzanian Shillings (TSH)
- American dollars can be used in hotels, beach resorts etc... however are not of use in Muheza as the cost of most things is too small for dollars to be useful.

Exploring further afield

- You may wish to travel further afield whilst in Tanzania - a few points worth bearing in mind:
 - Check foreign office website for up to date information before setting off anywhere
 - Be vigilant if travelling to Kenya, particularly Mombassa, which has had several terrorist incidents recently
 - Travelling to Zanzibar by small speedboat from the Tanzanian coast straight to the Northern beaches may seem an attractive option but technically all arrivals to Zanzibar need to enter either by the airport or the official port

Support

- Support, both clinical and general, is available to you whilst you are away.
- Points of support include locally
 - Dr Mallahiyo
 - Chris Mselemu
 - Departmental doctors
- Back in the UK
 - Muheza link society
 - Richard Collins
 - Victoria North and Tom Cairns

- Do not hesitate to ask for help if you require it!

Contacts

	email address	phone number
<u>Muheza</u>		
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