

# Student Elective Grant

## REPORT

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Destination: **Tarime, Tanzania**

Tanzania is a place of incredible contrasts. The mammoth, imposing Mount Kilimanjaro and the vast, flat plains of the Serengeti. Buses that travel faster than the broken speedometers can measure, and people who walk as slowly as possible. It's a place where saying hello is a ten minute conversation in itself, and almost more important than anything else you could say.

Tanzania is home to so many of the things that spring to mind when Australians think of countries in Africa – the Serengeti, Zanzibar, the Ngorogoro crater, Maasai tribesmen and women. I recently found out for myself that Tanzania is also home to children who have perforated bowels due to typhoid, elderly people suffering cerebral malaria, and women who, despite the best efforts of the health workers, present to hospital in labour having never been seen antenatally.

I have just returned from a one month placement in Tarime, a small town near the Kenyan border in Tanzania. Tarime is the central town for a number of very small rural villages in the area. There is a large gold mine outside the town, and some traffic passes through to and from Kenya. Many people in the area are farmers, own small shops or work in the large mine. The surrounding villages are very poor, and many do not have access to clean water.



Tarime Goodwill Foundation Hospital

My time on placement was spent with Dr Winani, a generous and passionate man from Tarime who trained in Slovenia and returned to his home town to provide health care to his community. I worked in the Tarime Goodwill Foundation Hospital, which he started over thirty years ago.

Links have been formed between the Tarime Goodwill Foundation and members of the Tasmanian medical and education communities after Dr Winani's daughter, who lives in Tasmania, began to make people aware of the difficult circumstances that people in Tanzania face. These links have been strengthened through the formation of the Care for Africa Foundation in Tasmania, and this was who I organised my elective through.



Alex with Dr Winani

The Tarime Goodwill Foundation Hospital has around 34 beds, with a three bed labour ward, a theatre, procedure room, a mother and child health clinic room, a pharmacy, a small lab and two consulting rooms.

While I was in Tarime I was lucky to be involved both in Dr Winani's work in the hospital, and in some ongoing work for the Care for Africa Foundation. In the hospital, health care of all sorts was provided, and though it is a private hospital, people who did not have the money to pay were treated for free. Some days the wards were quiet and we'd mainly see people with chronic problems in outpatients clinics. These clinics were the extremes of

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general practice – we saw everything from pelvic inflammatory disease to knife wounds, diabetes to syphilis, and osteoarthritis to stroke. Many presentations were much more advanced than we would ever see in Australia, and people had frequently suffered for many years before presenting with very treatable problems.



Alex with the nursing staff at the Tarime Goodwill Foundation Hospital

One of the main things that I became experienced in was seeing patients with malaria. Almost every patient admitted to the hospital had malaria and was treated for it, even if that was not their presenting complaint. The most serious cases were in children and the elderly. We saw a number of older people coming in with altered mental states which improved with antimalarial treatment. The most alarming case that I saw during my time in Tarime was an 18 day old baby boy who presented with fever, an abscess in his arm, jaundice and looking generally very unwell. The baby had malaria and a number of other problems, including sepsis, but the baby's parents were very reluctant to engage with the conventional medicine provided by the hospital. They had already tried some medicine for malaria and didn't want any more. They were also using traditional medicine, and this restricted the antibiotics that could be given to the child, as Dr Winani said some of the enteral traditional medicines interact with penicillins.



One of the local villages in Tarime

The wariness of conventional medicine was unfortunately too much for the child's parents, who left with the baby in the night. The child was very sick and most probably died of its multiple illnesses. For me this case raised so many issues, one being that education is so important for engaging people in health care. Perhaps if the child's parents had been a little less afraid of conventional medicine, they may have stayed long enough for the baby to improve, or the baby may have been protected from malaria by mosquito nets in the first place, and not been as sick. I don't believe in forcing conventional medicine on to people by any means, but in this case I think that the child would not have recovered without further intervention.

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I was also exposed to some of the social problems that certain minority groups face in Tanzania. The Care for Africa Foundation arrange sponsorship for a young albino girl, Saraphina, to go to boarding school. The bushy area that she and her family live in is not safe for her – she has to walk over a kilometre to go to primary school each day through thick scrub, and sometimes people steal albino children for traditional medicine. Another albino child had been taken from the area, though thankfully found before anything bad had happened to her. During my time in Tarime I visited Saraphina and her younger sister Eliza, who is also an albino person. We arranged for Eliza to enter the first year of boarding school this year, so that she can get her education safely too.



Saraphina and Eliza in their home

Another interesting intersection between social and medical issues that I came across was circumcision. I haven't been personally involved in any cases in Australia of parents asking for circumcision for their child for social reasons. The month that I was in Tarime was the traditional time for circumcision, and this was a completely new experience for me.

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The hospital offered circumcision for boys, and at first I was a bit reluctant about the whole process. However, the alternative for young boys is to be circumcised in the village with no medical presence, with the same knife as the other young men. It's not yet culturally acceptable to be uncircumcised, so the hospital was providing a safer alternative for the boys. Unfortunately in some outlying villages in the area, women are still circumcised. I was told that the Tanzanian government is working on educating people about the risks involved with female circumcision.



Dr Winani, Tatu and Alex in theatre

I felt very privileged to be a part of a small hospital where I could get to know the staff. The hospital certainly wasn't all about serious cases, and I had a lot of fun during my placement too! Sometimes the head nurse would demonstrate how to choose a good chicken from the selection someone had brought in to the hospital corridor.



The scrub sinks and theatre through the window



The Serengeti

One day I had a visit from the local policeman, and offered him a cup of tea, though I had no sugar. He assumed that must be because I had diabetes (being the only reason people don't have 4 sugars in their tea in Tanzania), and the visit ended in an education session about the causes of diabetes and about what healthy eating is. He assures me he no longer takes sugar in his tea!



The local transport scene!

Although it wasn't very wise to walk around at night alone in Tarime I always felt safe and the novelty of being accompanied at night by a security guard with a bow and arrow never wore off!

Although I learned a lot about infectious disease, surgery, medicine and obstetrics in resource restricted areas, I think the most important thing that I learned was that even though so much of our knowledge about health issues in developing countries is statistical, no-one experiences these problems as a statistic. Numbers give us an important focus for areas of health improvement, but we cannot forget that each part of a statistic is a person with a family and a story with beliefs and hopes.

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This is the main lesson I took from my elective – not to forget our common humanity. Although I learned a lot medically, I hope that this is the part of my elective that I remember as I continue my education.

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The generous Grant from MIGA will be received with many thanks from the Tarime Goodwill Foundation. Not only will this Grant contribute to the hospital in a material sense, but the ongoing support from the Australian community serves to strengthen long term ties between Tarime and Australia. The importance of ongoing support cannot be underestimated, and I know from personal experience that the persistence of Australian presence in Tarime has not gone unnoticed. Thank you so much to MIGA for making a contribution towards this ongoing relationship. Thanks also to the Care for Africa Foundation for their assistance and for the good work that their ongoing presence in Tarime is achieving.

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