

# **Primary Care in Tanzania**



## **A Clendening Summer Fellowship Proposal**

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**SOM 2015**

**February 13, 2012**

## **Background:**

I'll never forget the first day I walked into the hospital, squeezing through the crowd of people waiting for a first-come, first-served appointment. I proceeded to the clinic which consisted of two rooms, each housing a non-functioning sink, a well-worn exam bed, and a scantily stocked medicine cabinet. The hospital had no running water and the admitted patients were sometimes two to one sheetless bed and fifteen to a room. The hospital's pharmacy stocked vitamins, acetaminophen, penicillin, and not much more. Yet the rotating physicians I met were eager to work with what they had.

Before I arrived in Honduras in 2008, my history was a string of international and national stints of various types of volunteer work. I spent the first three months there taking intensive Spanish classes and teaching preschoolers at rainy season school, comparable to our summer school. As rainy season ended I found a volunteer position at a small pediatric clinic, which needed an intern, so I went to a tropical island thirty miles off the coast of Honduras. There I spent my mornings with rotating American pediatricians in a public Honduran hospital. I was inspired by my second week, and I started volunteering at another clinic on the island. The experience led me to go back to school and so I moved back to the states the following semester to pursue medicine.

As I consider how I will use my medical education, my heart is split between Kansas, near my family, and my passion for serving those most in need. The compromise, I believe, will be serving half time domestic and half time international medicine in developing countries. What I would like to accomplish this summer is to gain a better understanding of the role of a primary care physician in a developing country. I hope that gaining a better understanding of the challenges facing a family medicine physician in a developing country now, will provide me with a different perspective as I continue my medical education. I hope that this new perspective will allow me to grow into a better and more prepared physician in international medicine.

## **Description:**

The average patient in Tanzania will initially present to a traditional healer, or if they can afford medication they will bypass any consultation and go straight to a pharmacy, where physical prescriptions are not necessary. If the illness persists, then the patient will seek out a provider. Primary care is usually provided by a clinical officer, a position comparable to a nurse. The clinical officer could then refer a patient on to a hospital to see a specialist, as there are not many primary care physicians.

The hierarchy of healthcare facilities in Tanzania are, from smallest to largest, dispensary, to a health center, district hospital, regional hospital, consultant hospital. Family medicine is a new specialty, which has only been offered as a residency option within the last few years. The consultant hospitals are the teaching hospitals in the large cities. I understand there are only four in the country. Each region in Tanzania has a regional hospital, and there are 26 regions. This means that each of these hospitals serves over a million people, some more than two million, and is mainly staffed by general doctors and surgeons who can refer to the consultant hospitals. A district hospital may have a couple of doctors a health center one doctor, and a dispensary is generally staffed by a medical assistant.

I will base my stay out of the hospital in Mwandege, where Dr. Joel Carpenter has offered to host me. I plan to visit a facility representative of each of these hospitals and centers to see all levels of the Tanzanian healthcare system. I plan to tour the facilities and interview physicians and some patients. I will also travel with Dr. Joel to rural villages where he travels monthly to do outreach clinics. I will go to the Centers for Disease Control and Prevention (CDC) with Deborah Carpenter to see and better understand the health issues of Tanzania. I am also still working on contacts to meet a traditional healer and a midwife as well.

My goal of this experience is to gather information by delving into a community in a developing country to see how primary healthcare is provided and received. This information will help guide my future experiences in my medical education, with the hope that I will be better prepared to practice in developing countries when I emerge as a physician.

### **Methods:**

I plan to conduct interviews with physicians at each level of facilities. My main topics of interest are the funding of the facility, the non-monetary resources (i.e. medicine, safe water, etc.), the major needs and challenges of the facility and the community, the services provided by the facility, and the prevalent diseases. My main topics of interest with the patients are their experiences with primary care and how they access healthcare.

Luckily, Swahili and English are the national languages of Tanzania. Therefore, I should be able to conduct most of the interviews with physicians without the aid of a translator. There will be patients that speak only their tribal language, or only Swahili. The questions will be translated into Swahili. I plan on learning basic Swahili, although I do not feel it will be at a level I am comfortable with translating. I am prepared to employ a translator if necessary for interviewing patients.

I have included interview questions that I have drafted. If my proposal is accepted I will work with the Institutional Review Board to compile a final draft of interview questions.

I plan to video and photograph as much as I can and I hope to compile a 30 minute video upon completion which exemplifies primary care in Tanzania. A Kenyan friend, and native Swahili speaker, has agreed to help me translate and subtitle the video, where necessary.

### **Logistics:**

I met Dr. Joel when he gave a presentation August 2011 at KCUMB (Kansas City University of Medicine and Biosciences). Doctors Joel and Deborah Carpenter have offered to host me at their mission base in Mwandege, Tanzania, which is approximately one hour south of Dar es Salaam.

I plan to arrive in Dar es Salaam on May 23<sup>rd</sup> where Dr. Joel will pick me up and I will travel to Mwandege. I will be staying at the established mission base at a cost of \$15 per day for room and board. I will primarily be traveling with Dr. Joel and his wife, Deborah who works for the Center for Disease Control. From there I will take daytrips to towns and cities to visit other hospitals where they have agreed to arrange visits for me. I plan on leaving Tanzania July 16<sup>th</sup>, then I will spend two week in

my hometown, Hays, Kansas, where I will compile the images and edit the video into my goal of having a half hour video of the experience.

This is a total of 10 weeks. I plan on taking two weeks off project in Tanzania to see some of the national parks, at my personal expense. I will be working on my Clendening project 8 weeks total.

**Budget:**

Plane ticket (Kansas City – Dar es Salaam)	1613
Room and board (\$15/day)	945
Additional in country travel expenses/translator	200
Photo and video	0
<b>Total</b>	<b>\$2758</b>
Out of pocket	\$258

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**\$1613**  Multiple Airlines

MCI 5:15p → DAR 8:30a 31h 15m 3 stops (IAH...)  
DAR 6:15p → MCI 11:02p 36h 47m 2 stops (DOH...)



[Select](#) [Airfare.com \\$1613](#) [Vayama \\$1693](#) Check: [Travelocity](#) [Expedia](#)

Expressjet Airlines Inc DBA CO Express operates flight 4465, 4156.

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I understand that expenses above and beyond the \$2500 Clendening scholarship will be paid for out of my pocket, and I have the necessary funds to compensate for the difference. The photo and video will be done using my own personal equipment. My brother has video editing resources (computers and software) and has agreed to assist and allow me to use his resources at no charge.

**Contacts:**

Drs Joel & Deborah Carpenter  
Address: YWAM-TZ  
PO Box 11401 Dar es Salaam, Tanzania  
Phone #: 011-255-784-622703  
E-mail: [jcarp@pobox.com](mailto:jcarp@pobox.com) or [jcarptz@gmail.com](mailto:jcarptz@gmail.com)

[www.drjoel.org](http://www.drjoel.org)

### **Interview questions for physicians/healthcare providers**

What is the first point of care for the patients in this community?

*Nini hitaji muhimu kwa mgonjwa wa jamii hili?*

What preventative services does your facility offer?

*Nini kingo linalotolewa na yenu?*

What curative services does your facility offer?

*Ni tiba gani mnalotoa katika ufasaha yenu?*

What are the most common diseases you treat at this facility?

*Ni magonjwa kani ambayo ya tibiwa katika ufasaha yen?*

Why did you choose to go into healthcare?

*Kwani uliamua kufanya somo la afia?*

What is your educational background?

*Nataka kujua uliosoma kwa shule?*

What is your experience background?

*Umarifa wa kazi yako?*

What do you think could make healthcare better in your community?

*Nini unafikiria litafanya afia uwewa hali ya juu*

### **Interview questions for patients**

What is the first place you go to address a health concern?

*Ni wapi utaenda kueleza watu humuimu ya afia?*

Have you ever been to a traditional healer? If so, what do you like most and least about traditional healers?

*Umewai kwenda kwa daktari ya kienyeji? Ikiwa ume enda ni nini uliopenda sana na haukupenda sana kuhuzu daktari huyo?*

Have you ever been to a hospital? If so, what did you like most and least about physicians?

*Umewai kuwa katika hospitali? Ikiwa umewai, ni nini uliopenda sana na haukupenda sana kuhuzu daktari?*

Where do you get most of your information regarding your health?

*Unapata wapi habari kuhuzu afia yako?*

What do you think are the biggest health problems in your community?

*Unafikiri ni shida kani kubwa ya afia katika jamii yako*

Why do you think we have these problems?

*Kwani unafikiri huko na shida hili?*

What do you think should be done to make your community healthier?

*Unafikiri nini litafanywa hili jamii yako liwe na afia?*