



Will you help build a Dispensary* in my Matongo valley?

Fourteen year Ghati says *“I remember one day when I was 8 years old, I was sick and, my mother carried me on her back to Kiagata Health Centre 15 km away. It’s a very steep climb over the hills and way my mother was sweating a lot. When we got to the Centre, she was laughed at and was told to more away from the nurses because she had a bad smell. That was unkind but they didn’t understand she had carried me 15km. I have a dream that one day we will get treatment from our own Matongo Dispensary. Surely country people should have health care not just the people who at the trading centres where there are roads and businesses.”*

* In Tanzania, a ‘Dispensary’ is the first tier of local Health care. It is like a small hospital with a maternity ward and a room for minor operations and for mother and baby clinics. ‘Dispensary’ is the technical name for our project but elsewhere we have used ‘Clinic’ which is more familiar to friends in Europe and USA.

1. **Our area:** Matongo Village lies between 2 ranges of hills. It is about 80 kilometers east of Musoma, the capital town for Mara Region and is in Butiama District, the home of the late Founder of our Nation Mwl. Julius K. Nyerere. The area looks like a hidden valley, yet there are about 10,000 people who live in its surrounding hamlets. The nearest tarred road is around 40 kilometers away- the only road into Matongo is a cart track. The major productive work done in the area is subsistence farming, our people farm to get food for consumption and very little is saved for market. Up to 95% of the people earn less than 1 US dollar per day. Matongo valley has no Dispensary- the nearest health care facility is 15 kilometers away. The proposed health care facility will serve 10,000 peoples directly and more than 25,000 people indirectly.
2. **Our population analysis:** The approximate age analysis by % of the people in the area range as follows:
 - i. Under 5 years old 15%
 - ii. 5-15 years old 20%
 - iii. 15-40 years old 40%
 - iv. Over 40 years old 20%
 - v. Over 60 years old 5%

3. **The reasons for and effects of poverty**: More than 95% of the people in the area live on under \$1 per day. Only 5% of people are skilled and most of the trained workers are teachers. Low levels of education, poor methods of production, combined with lack of reliable transport and markets create a great deal of poverty. The high rate of poverty has contributed to malnutrition and the prevalence of malaria. The incidence of HIV is another issue: no organisation has shown interest in the area as being surrounded by the hills in all directions, access is difficult. There is no clinic for women to attend, and the lack of a health facility means there is little knowledge of the dangers of HIV and the prevention of mother to child infections. The use of condoms is very rare and there is little family planning,
4. **Our Health Problems**: In our area there is no routine immunization for babies and children. It is only done on special issues involving school children during the outbreak of a certain disease. Very recently, after the construction of a staff house sponsored by the Tanzania Development Trust, nurses from the other dispensary come just once a month to supervise a mothers' clinic.

The biggest health problems of the local people are malaria, pre-natal mortality, deaths of young mothers, lack of immunisation, and the prevalence of HIV/AIDS. We lack facilities for the hygienic circumcision of boy and youths although this gives 60% protection against HIV/AIDS and genital and cervical cancers. Other chronic diseases occur such as TB and sometimes kwashiorkor, cholera, diarrhea, trachoma and scabies. Treatment of all of these is made more difficult by the distance from the nearest health facility. The nearest dispensary is 15 km away from Matongo makes it to be 30 km round trip. Since the area is surrounded by hills all sides pregnant mothers have to climb the high foot paths that go over the hills and may take five hours to reach the dispensary. As a result, many get no maternity care.

Then there is the persistence of FGM. Although the government fights against FGM, it is practiced in a great percentage [90%] in the area. Many local Kurya tribes people still believe that FGM is a stage in the transition of a young girl into maturity. However, nowadays FGM has taken a new look. Very little girls aged four to eight years are forced to undergo FGM. As a result, they suffer a lot. Our community needs education to get change.

5. **Our farming**: People live over scattered areas and their major work is small scale subsistence farming. There are no facilities to help them to grow reliable crops. The main crops planted in the area are maize, sorghum, finger millet and cassava. These are meant for home consumption as well as commercial crops; the people of Matongo get some money by selling crops. Maize is used for both consumption as well as sale. Because of the small harvests that are produced by the subsistence farmers most of the people suffer hunger soon after harvesting due to the sale of the products through need for money.

6. **Education:** In the area there two primary schools, Matongo primary school and Kyamoko primary school. Each school is about 10 kilometers apart from the other. Because the area is huge, and people live in a scattered hamlets, the distance pupils walk to and from school can be as much as about eight kilometers. The area has got no secondary school, though the Government has tried to mobilize people to have a secondary in every ward, but still Buhemba ward is vast and has only one secondary School which is about 20 kilometers away from Matongo area.
7. **Electricity:** According to Government policy, which aims to enable all villages to get electrification by 2020, the Ministry of Mineral and energy budget has included the Matongo area to get electrification by 2017, the most priority areas being Dispensaries, Schools and other public Institutions.
8. **Mobile Phone Signal:** Matongo is a very remote area, it has no cell phone signal and because the Dispensary has not been completed other services are not in place. However, when the Dispensary is completed, the District Government can press at least one of the mobile phone companies to install a mast.
9. **Attracting and retaining staff for the Dispensary:**
Because of the remoteness of the area, and lack of modern communication, to provide incentives for staff, the staff house has to be equipped with the electrification and solar Power in case when electrical power fail to work, water harvesting tanks for safe water and transport, which could be a comparatively inexpensive motorcycle. This will attract medical officers and Nurses to live there when the dispensary and staff house are completed.
10. **Services to be offered to the community;**
 - (a) Babies will be delivered in a sterile room with equipment. it is estimated that over 400 babies a year will be born at the dispensary.
 - (b) Babies and children will be cared for and immunized
 - (c) Anti- Malaria services and the issue of insecticide treated bed nets will be offered
 - (d) Hygienic circumcision for boys and youths will be done, giving 60% protection against HIV
 - (e) Prevention of and treatment for intestinal worms will be practiced
 - (f) Campaign against FGM will be launched with education and training of village volunteers to combat the practice
 - (g) Laboratory services including testing for HIV and Malaria will be available
 - (h) Young Mothers' deaths and child mortality will be reduced
 - (i) Counselling and treatments will be offered
 - (j) Mother will attend clinic at and get training on hygienic issues
 - (k) Parents will be offered family planning services
 - (l) Aged people will be able to attend dispensary easily because they will be released from walking long distance.

11. What we have achieved so far



The Clinic in May 2016



Villagers preparing flooring in January 2017

We have now got as far as we can without help from kind donors. The groundplan of the Clinic is exactly to the pattern required by Tanzania's Ministry of Health.

Our project has the support of the District Executive Director and the District Medical Officer as you can see in the next pages. Because Tanzania is not a rich country, our local Government does not have the funds to complete the building, but the promise of staffing is most important.

15 year old Chacha's story: *There is a day when Matongo will be a good place to live*

"I was born in Matongo. When I was about 6 years, I was taken to a very distance place to join school. I stayed in that area for about 5 years more. I enjoyed schooling, medication and other welfare services as well. When I returned to Matongo the situation was so different, I missed welfare services, such as medication, transport, cell phone communication, safe water and many other things



Unfortunately, after a week I fell sick with Malaria and diarrhea; I lost weight and could not stand up by myself. I needed a support from my family. The only means of transport was a bicycle, so they took me and put me on the carrying rack of a bicycle with three people pushing the bicycle, one holding me on the back of the bicycle, one holding steering hand labor and pushing the bicycle while the other pushing the bicycle from back. It took us about six hours to reach a health facility. At this point I was semiconscious; I recovered from semiconscious while I was in the ward.

This event of suffering to the point of losing consciousness made me to hate to live in Matongo area. When I was discharged from Health facility I did not want to go Matongo, though it was my birth-place and where my parents still live. But now as I am talking to you, this time things seems to be promising that there is a day to come when the people of Matongo will get rid of this problem. The completion of staff house building has changed the value of Matongo area, the house looks very modern to the area, and there is no other house of the same structure in the whole area. It is from this building which makes me draw my mind that there is a day when Matongo will be a good place to live."

12. SUPPORT OF DISTRICT MEDICAL OFFICER

BUTIAMA DISTRICT COUNCIL.



District Executive Director's Office,
Health Department,
P.O. BOX 1207
MUSOMA.
28.10.2016.

Ref. No. BUT/DMO/B/04/25.

The Director,
Tanzania Development Fund.

REF. ALLOCATION OF STAFF AND EQUIPMENT AT MATONGO DISPENSARY.

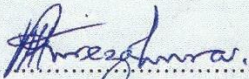
The heading above refers,

I am happy to inform you that in order to achieve the Policy of the Government of Tanzania of constructing a dispensary in each village, Citizens of Matongo village through various support (probably your support) are building a dispensary known as Matongo Dispensary which is now at lental level.

At this stage of construction, the health department has already planned to provide equipments (one delivery bed with mattresses, two patient beds with mattresses, drip stand, one wheel chair, gas refrigerator and four gas cylinders), vaccines and some medicines. Also, it is in our plan of 2016/2017 to employ 196 health staff of which three health providers will be allocated at Matongo Dispensary upon completion of the construction so that health services are made available as soon as possible.

Therefore, kindly accept our sincere heartfelt word of thanks for the great support you have provided to Matongo Dispensary construction and for the further support that you will assist.

With regards,


.....

Dr. Archard F. Rwezahura
District Medical Officer
BUTIAMA.

**DISTRICT MEDICAL OFFICER
P. O. BOX 1207
BUTIAMA**

Copy to:
District Executive Director
Butiama District Council
P.O. BOX 1207
MUSOMA

13. SUPPORT OF DISTRICT EXECUTIVE DIRECTOR (OPD = OUTPATIENTS DEPT AS CLINICS are SOMETIMES CALLED ALTHOUGH MATERNITY CASES STAY OVERNIGHT).

BUTIAMA DISTRICT COUNCIL



District Executive Director,
P.O. Box 1207,
BUTIAMA.

Telephone NO:
0282622640
0282622648
0282622650

Ref. NO.

02nd/11/2016

To Project Officer,
Tanzania Development Fund.

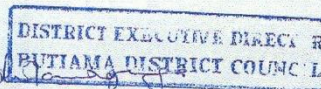
**RE: COMMITMENT OF DED'S OFFICE IN SUPPORTING CONSTRUCTION OF
OPD BUILDING AT BUHEMBA WARD**

May I kindly refer you to the mentioned heading above.

The DED's Office is ready and willing to support the construction of OPD building at Buhemba Ward as follows:-

- (i) In the budget of financial year 2016/2017, the office has allocated Tshs10,000,000/= for construction work.
- (ii) To provide technical advice as for as construction concerned by using our construction engineers.
- (iii) To provide the required skilled staffs to work at Buhemba's OPD - when the work of construction is over.
- (iv) To manage and facilitate the availability of other services needed by OPD like water, solar power etc.

I wish to thank you in advance for your genuine cooperation.



Solomon K. Ngiliule

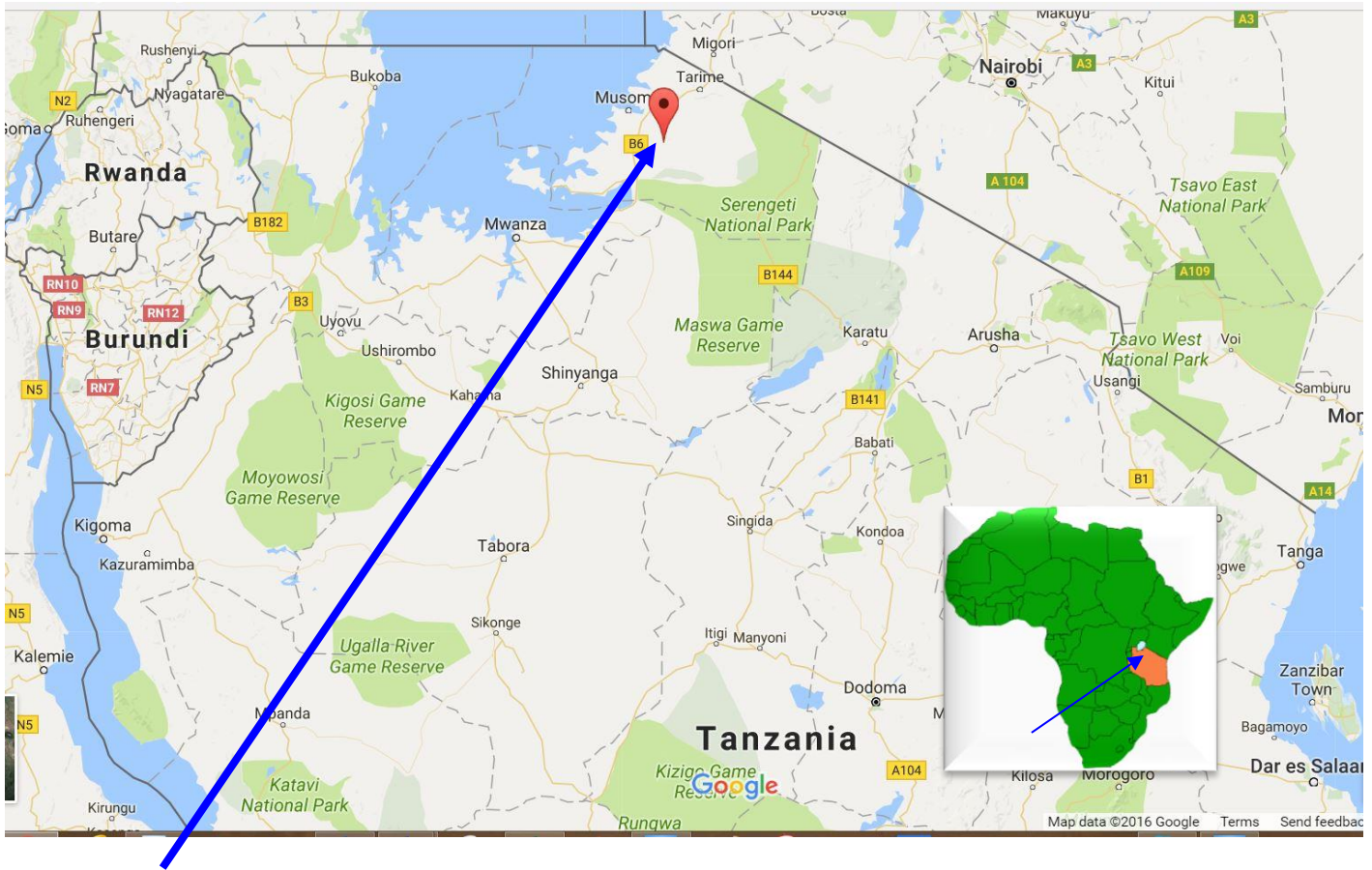
**DISTRICT EXECUTIVE DIRECTOR
BUTIAMA**

14. SUMMARIES OF ESTIMATES FOR COMPLETION

| ITEM | CONTRACTOR/SUPPLIER | TSHS |
|---|--|----------------------------|
| Completing Building including doors and windows | NYAWENA ENTERPRENEUR WORKS P.O BOX 61, MUSOMA MOB: 0767 - 848492 | 32,254,750 |
| Plumbing and Sewage | | 11,853,650 |
| Transportation | | 3,000,000 |
| Labour charge | | 8,000,000 |
| Total | | 55,108,400 |
| | | (\$25,340; £19,941) |

| ITEM | CONTRACTOR/SUPPLIER | TSHS |
|---------------------|---|----------------------------|
| Completing Building | FAURATUS PHILEMON P.O BOX 491, MUSOMA MOB: 0754 - 503525 | 33,478,400 |
| Doors and windows | | 8,300,000 |
| Plumbing and Sewage | | 8,000,000 |
| Transportation | | 3,000,000 |
| Labour charge | | 8,000,000 |
| Total | | 60,778,400 |
| | | (\$27,945; £21,992) |

15. LOCATION MAP



Matongo Valley, in Buhemba Ward, Butiama District, Mara Region, TANZANIA



Dr Bernard N., the Assistant District Medical Officer, with two elderly residents. Jan 2017.



A distant view of the valley showing steep hills pregnant Mums now have to climb to reach a clinic. Very tough!