**Registered Charity No. CHY 8586**

**CORK-SINGIDA PARTNERSHIP**

**Newsletter December 2024**

Dear Colleagues,

The purpose of this newsletter is to give you more background to the projects which the Partnership undertook to support at its May AGM. These are three projects in rural dispensaries and health centres and two projects provided by the Faraja Centre.

**RURAL DISPENSARIES AND HEALTH CENTRES**

**Iguguno Dispensary**

Before this Dispensary (30 km from Singida) was set up in 1994, home deliveries were common and the rate of postpartum haemorrhage, eclampsia, anaemia and sepsis was high. By now, the Dispensary has saved a large number of lives, but also by now, it is serving a population estimated at around 20,000 in 28 nearby villages. It is in urgent need of enlarged facilities.

The Dispensary has a staff of one Bachelor Degree holder in medicine, four registered nurses, eight medical attendants, two lab technicians, one clinical officer and two administrative sisters. There are three wards, namely a post-delivery ward with three beds, female and childrens’ wards with six beds, and a male ward with six beds. Yet the Dispensary has to serve 10-12 deliveries each week and it is sometimes necessary for two mothers to be in the same bed. Also, it is impossible to give all mothers beds for the resting, post-delivery period. Sometimes, a newly-born baby and their mother have to go to the general wards, raising the alarming possibility of diseases being transmitted from adults to neonates.

The Dispensary wishes to establish an additional building comprising a new labour ward with four delivery beds, a post-delivery ward with 16-24 beds, a Reproduction and Child Heath building and a mother and father clinic. To complete the building requires a total of 36,000,000 Tshs (Tanzanian shillings) (equivalent to 13,000 euros), of which 90% is still outstanding. This amount is being provided by the Partnership.

**Chemchem Dispensary**

This Dispensary was built in the 1950s, in an area 116 kms from Singida. By now it serves five villages with a total population of 26,500.

This is an area suffering grim poverty, afflicted by subsistence agriculture, inadequate health services and poor infrastructure. The particular problem with which we are asked to help is the lack of clean reliable water. The annual rainfall is as low as 100mm, all coming during the 60-120 day rainy season. (Apart from this rainfall, people depend on wells, which are drilled by hand using local devices like hoes.) Small wonder that in Tanzania they have the adage ‘*Water is life’*.

The proposed solution is a solar-powered system to bring water through a borehole. This is centred on 18 solar panels. With the necessary plumbing and accessories, the entire cost is 22,500,000 Tshs (8,300euros). We are delighted to report that this amount has been funded entirely by one member of the Partnership who wishes to remain anonymous. Any similar support for projects from members would of course always be most welcome.

**Heka Dispensary**

This Dispensary, opened in 1997, is 100 km from Singida and serves a population of 85,000. Much infrastructure, like all-weather roads and water, is absent. Many children in the area are not vaccinated so that in the last quarter of 2023 there was a total of 47 patients suffering from measles. Many pregnant women are not attending ante-natal clinics; strong adherence to traditional birth attendants or poverty are the key causes of this. The Dispensary has provided a list of 40 items necessary to provide treatment, especially for pregnant mothers and children below five. Among these are: a stainless steel examination bed, a nebuliser, a suction machine, a urine analyser; a baby warmer; a wheelchair; a stretcher; a collapsible trolley, a LED examination lamp. Total contribution from the Partnership: 34 million Tshs (€12,500)

**FARAJA CENTRE PROGRAMMES**

**Hospice and Palliative Care Programme**

This programme provides home-based hospice and palliative care. All services and care are provided without costs to the patients. The programme does not refuse treatment, especially to those needing morphine, to people outside the Municipality if a family member can come to collect medication.

The key actions are:

* To identify patients and to provide holistic home-based Hospice and Palliative Care services which embrace the physical, psychological, spiritual and social aspect of these services.
* To educate and support family members and caregivers of those receiving services.
* To educate the larger community, starting with local government and healthcare personnel, about chronic diseases, especially cancer.

The programme has 6 full time staff: one doctor, four PC nurses and one driver. They are assisted by 33 (soon to be 43) part-time Palliative Care Health workers (19 women and 24 men) who receive a small monthly stipend to cover travel. These PCHWs provide a direct link with the community (10 days of training have taken place for these PCHWs in May and July). This programme has about 230 current patients. Since its inception 11 years ago, 900 patients have been assisted.

Cork-Singida is providing a salary for some of the full-time staff and the stipend for the 10 new PCHWs.

**Human Trafficking Programme**

Singida is located in the centre of Tanzania. There are interconnecting roads to most regions within and outside the country. Thus Singida receives and sends onwards most of the trafficked victims in the country. Nevertheless, it is a significant point that most residents in Singida are completely unaware of the presence of human trafficking and may even participate innocently in this activity.

Various severe consequences follow from the trafficking. Social effects include the impact on the direct victims who develop negative coping mechanisms to help them survive their situation including alcohol and drug addiction or violence to each other or to members of the community. There may also be physical rejection by family or community. The economic effects are that the trauma, suffering and illness may render sections or entire generations unable to work or function on their own. Moreover, profits made from trafficking human beings are lost to the legitimate economy; instead, they are kept circulating within the criminal organisations and terrorist groups, financing illegal drugs, arms deals or corrupt, abusive regimes.

There are also health effects: women and children trafficked for sexual exploitation are at risk of HIV/AIDS and may spread the disease into the wider society, including in parts of the country beyond Singida. Looking at the available data 10 years after an initial assessment by the (central) Ministry of Health and Social Welfare, it is apparent that the situation is not improving in the country as a whole.

The overall goal which the Partnership is helping to finance is to raise awareness of human trafficking and to provide measures to mitigate its severe effects. The measure by which this is achieved is to provide training to community health workers, teachers, local government authorities, and religious leaders in schools, churches and mosques. Secondly, advocacy to counter trafficking is vital, amongst the leadership and decision makers at village and community level. Finally, awareness is being increased through social media including school clubs.

***A PLEA***

The Partnership was established in the late 1980s, since when we have built up a quiet

(possibly too quiet) record of achievement, in helping to provide medical facilities, in one of the poorest regions of one of the poorest countries of the world. Many of the details are available in the Newsletters sent to you, which are also readily available on our Website.

It may be taken as a much-valued sign of the confidence, for which we are humbly grateful, that none of our members has withdrawn and that the many who have retired, have safety transferred their deduction from salary to pension; though, alas, some have passed away.

During the hiatus, when we moved from supporting Makiungu Hospital to the institutions outlined above, we built up substantial reserves, detailed in the annual statements of account. However we are approaching the end of that reserve and will soon be left with a total, regular income (even taking into account the tax rebates) of around €20,000 each year.

The short and unwelcome point is that, as you can see from the figures for expenditure given earlier, *unless something is done*, we shall have to turn away some very deserving supplicants (although, we hasten to add that we have given the institutions, no commitments that we are not able to honour.)

The question then is: what to do? In the first place, while a relatively large proportion of the then UCC staff population joined us in 1980s, subsequently we have not recruited so many. So, if you are satisfied that the moneys, which you so generously donated, have been well and wisely spent, in preventing or reducing suffering, might you tell your friends and colleagues in College and point them in our direction.

Payment Authority forms from new members should now be submitted to the Payroll Office electronically. This entails clicking on and completing the Payment Authority form, available on the Cork Singida Website  <https://www.ucc.ie/en/singida/do>. The completed form should be saved and sent as an email attachment to [payrollqueries@ucc.ie](mailto:payrollqueries@ucc.ie).

A second possibility, which we respectfully suggest, would be to consider increasing your contribution, bearing in mind that prices, salaries and pensions have all gone up in the interim. Existing members who have already submitted a Payment Authority form and who wish to change their contribution need only send an email to this effect to [payrollqueries@ucc.ie](mailto:payrollqueries@ucc.ie).

Finally, if any of you can think of any other (legal!) means of improving our income, please let us know.