

CORK-SINGIDA PARTNERSHIP

We have, over the past year or so, authorised the Partnership's largest single expenditure of €120,000. (See below under (ii) New Hostel))

**(i) Surgeon Noonan Scheme**

Under the long-established Surgeon Noonan Scheme, UCC medical students (referred to, rather nicely, as 'Surgeon Noonaners') who are going into their final year, spend two months of their long vacation working in one of a number of selected African Hospitals. A recent graduate of the Scheme, who served in Makiungu Hospital, Singida, was good enough to write these accounts for us.

'Hi,  
Great to hear from you, I travelled to Makiungu in 2010, it was one of the most exciting things I have ever done. The nuns that work in the hospital there are wonderful women that are more than devoted to their hospital and their job.

Maria Borda is an Irish trained, Maltese, obs gynae/ general medical doctor. She is the head of Makiungu hospital and pretty much lives her life at 90mph. Every morning she arrives at her office, a queue of heavily pregnant women who have slept outside it greet her with respectful gazes. They will not attend the larger state hospital because in Makiungu their chances of surviving labour are remarkably improved. The chances that their baby will live and survive the ordeal of birth without brain injury or damage to their skull and shoulders is far higher. She has an ultrasound machine, a luxury in this part of the world, and even better, she has been trained to use it. With this she can estimate the age of the foetus so that the women can deliver their baby at the safest gestation. She gestures them in one by one with a gentle "Lala Mama" (lie down mama in Swahili, a language that she speaks with as much ease and fluency as English, Maltese and French). She has a team of midwives who learn from her and look to her for guidance when undernourished babies who won't breast feed because they are too weak are admitted under their care. They consult her when the same babies are seizing from infection after cow dung has been applied to their umbilical cord wound as is traditional in some communities.

This is just her routine work, in between she rushes out for emergency C-sections and pediatric emergencies. She runs the HR department, she sources funding for the hospital, she arranges the flying medical service to make monthly visits to lend their expertise. She is prayerful, plays songs she writes herself for the mass that these sisters hold weekly in their house and I'm sure she does a hundred jobs in the background each day to help her colleagues and her patients some of which will never be noticed.

Down the hall from Sr Maria's office is Sr. Sheila's operating room, she is in her 70s now and has 2 full theatre lists a week, more than most Irish surgeons, she has trained her theatre staff how to administer anaesthesia, how to suture, how to do minor operations and although she has little equipment she manages to make an incredible impact on the lives of the local people. There is a condition called pyomyositis, I had never heard of it in Ireland but it causes a huge collection of pus to form in a limb, 2.2 litres was drained by Sr. Sheila from a man's leg on our first week in the hospital, he walked out a few weeks later, cured.

There are many hundreds of anecdotes about the sisters that I could relate, there are much more interesting ones that they could tell you themselves. The hospital is hellish at times. The Sisters have grown accustomed to seeing children die, there is a meeting every morning about those who have died in the past 24 hours. It is impossible to save every person that walks in the door, particularly when they have few fully trained staff, when they are 8 hours off-road from the nearest big city and they find it difficult to bring in standard medications for pain relief, not to mind antibiotics. These women will not be treating cancer in this hospital, they have no access to chemo therapy, even trying to get a good quality x-ray is hard, trying to get good quality doctors to a village this rural is sometimes impossible. They used the funding that we brought out there to buy a jeep, any car gets destroyed in off-road conditions. The jeep allows them to set up clinics in rural villages to vaccinate children and administer prenatal care.

It is a place that is all consuming, Makiungu village has within it some of the most endearing people I have ever met and my memories of it are outrageously vivid.'

## **(ii) New Hostel**

Here are some extracts from the official Hospital Report

### **FINAL REPORT OF THE NEW HOSTEL AT MAKIUNGU**

#### **2.0 GENERAL OVERVIEW**

The Hostel Project is a two storey building with two wings. One wing consists of self-contained rooms (each room has a toilet, bathroom, and bedroom fitted with wardrobes) for visitors while the other wing consists of self-contained living apartments for Senior staff like Doctors, Lab Technologists, Senior Nurses, etc. (Each apartment on the Staff Wing consists of a toilet, bathroom, bedroom with wardrobe and a sitting room).

The visitor's wing consists of 15 rooms while the Staff wing consists of 10 rooms. This brings the total rooms to 25. Other supporting functions include laundry, common kitchen, dining, lounge, TV rooms, seminar rooms and outdoor washing area.

The rooms are equipped with beds, mattresses, pillows, electric fans, electric water heaters, tables, chairs and curtains. The common TV room on the visitors wing is equipped with a television set and cushion chairs. The kitchen is equipped with a cooker, fridge and cooking utensils and the refectory with dining room tables and chairs.

The building has a total built up area of 1459.85m<sup>2</sup>

The form of the building is rather simple but functional and aesthetically appealing and blends in well with existing environment. Consideration has been given among other things to simplicity, functionality, beauty, orientation for physical comfort, durability and optimum utilization of space for cost saving.

#### **3.0 BRIEF HISTORY OF THE HOSTEL PROJECT:**

The Hostel Project was initiated due to an acute shortage of accommodation for our Senior Staff and for our numerous Volunteers who come every year to give us a helping hand.

The construction work started on the 15<sup>th</sup> of March 2010 after the Contract was signed with the building Contractor, Chasa Investments Ltd on the 20<sup>th</sup> of February, 2010.

The quality of workmanship exhibited is good and JT Architects, in collaboration with other sub consultants (ACE Civil/Structural Consultant Engineers and ML Service Engineering Consultancy) made regular site inspections whenever necessary in conjunction with monthly site meetings to monitor work progress. The Consultants and the Contractor worked hard to make sure that statutory requirements were met.

#### **4.0 DONATIONS RECEIVED FOR THIS PROJECT**

Funds for the construction of the Hostel came from different sources as follows:

<b>SOURCE OF FUND</b>	<b>AMOUNT IN TANZANIAN SHILLINGS</b>
CORK/SINGIDA PARTNERSHIP	198,000,000.00 (= €120,000)
MALTESEMISSIONFUND	165,000,000.00
DONATED MATERIALS RECEIVED IN TWO CONTAINERS	175,000,000.00
NIGERIAN HIGH COMMISSION TOTANZANIA	5,000,000.00
LOCAL CONTRIBUTION	25,819,000.00
<b>TOTAL</b>	<b>568,819,000.00</b>
<b>(€1 = TSh 1,660)</b>	

### **(iii) Local News**

Meanwhile, in other news, we should say that the Cork-Singida Partnership now has 107 Members, contributing about €2000 per month.

In addition, the Partnership is registered as a charity. The major advantage of this is that, where a member makes a contribution which is above the threshold of €21/month, then (with the member's permission) we can recover from the Revenue Commissioners, for the Cork-Singida Partnership, the income tax paid in respect of the contribution. If the amount paid is €21/month, the equivalent of €250 pa, this means that there is, in effect, an additional donation of €105 or €50, depending on whether the member is paying tax at 41% or 20%.

We are delighted to welcome two new members to the Committee, Anne Gannon of Human Resources and John Doran of Accounting & Finance.

We hope that these new brooms will aid our membership campaign. In the past, we may have been open to the Biblical charge of hiding one's light under a bushel. We have a good story to tell, so let us please tell it. A large number of staff have joined UCC since the Partnership started in 1986. Yet most of the members are still founder-members. Would each of you please mention the Partnership to people in your Department who may be interested? As a background to your efforts, this Newsletter will, in the next few weeks, be on the net to all Exchange Users. The appropriate Authorisation Form will be found at the bottom of the Newsletter.

We are assembling an email circulation list of members. While we can obtain the addresses of current staff from the UCC directory, we ask retired staff to send their addresses to [singida@ucc.ie](mailto:singida@ucc.ie).

Don't hesitate to contact us (at [singida@ucc.ie](mailto:singida@ucc.ie)) with questions or comments.

With many thanks for your continuing support,

**The Cork-Singida Partnership Committee**