**BREAD Newsletters** 

Text of Newsletter no 1.

Issue 1 – Spring 2003

Welcome to our first newsletter. About 18 months ago Noj and Mary Northway (UK trained doctors, working in Tanzania) approached five of their UK contacts to become trustees and form an official charity to raise awareness and giver further support to the work they are involved in Berega, TANZANIA.

We are now officially registered with Charity No 1091256 and you can find us on the Charity Commission's website <a href="https://www.charity-commission.gov.uk">www.charity-commission.gov.uk</a>

The trustees are:

Keith Malcouronne: Chairman Catriona Sanderson: Secretary

James Gilbert: Medical
Dick Broughton: Treasurer
Colin Angus: Communications

# What is BREAD?

We have three charity aims:

- The relief of sickness and disease, particularly by supporting Berega Hospital through the
  provision of medical equipment and facilities as well as funding new buildings,
  maintenance and renovation of existing structures and training courses to ensure ongoing
  staff education and development.
- 2. The relief of poverty through support of the local orphanage and through the provision of grants and funds for homeless and needy people and those unable to afford basic health care or education.
- 3. The advancement of the Christian religion through provision of courses and facilities for the training of church leaders and teachers in the Christian ministry.

The geographical area we cover is the Anglican Diocese of Morogoro, Tanzania, East Africa, mainly but not exclusively in the village of Berega, Magole Ward, Kilosa District, Morogoro Region.

## Why Berega?

Noj and Mary moved to live and work in Berega soon after Noj qualified in the UK as a surgeon with specialist expertise in tropical medicine and health care. Mary's role as a GP in England gave her particular skills in primary healthcare and education. They have lived in Berega since 1997 with their son Joe who is now eight.

Their living expenses are covered by support from an established mission organisation called Crosslinks. They are fully immersed in village life – Noj works with one other Doctor in the hospital

and spends much of his time dealing with the management, administration, and general running of the hospital with the management team.

Mary does a TB ward run once a week and goes out once or twice a week on community health visits in outlying areas (more on this in our next newsletter). They are also members of the local church and work closely with Ute from Germany who manages the orphanage.

There are so many needs within the community that Mary and Noj wanted to establish a charity that could support the area even if they were no longer based there in the future. We want to ensure that any projects we fund will not have ongoing cost implications. The villagers have very little money as it is – so our work in the hospital, orphanage and lay training centre should be for projects that are complete within themselves and provide long-term benefits.

#### Where is Berega?

Berega is in Tanzania, the largest of the East African countries. Savannah grassland and semi desert cover more than half the country and it is reckoned to be the 7<sup>th</sup> poorest country in the world. Half of its population is below the poverty line and life expectancy is 48years compared to 78 years in the UK.

Berega is about a six hour drive inland west from Dar-Es-Salaam. It is a small rural village about 120km from Morogoro, the nearest town. Morogoro has a large daily food market, shops, Post Office and even a small hotel where we have it on good authority that you can get the best brownies and ice cream this side of Dar!

Berega is altogether more basic (most villagers will never have been to Morogoro). It is home to the hospital, orphanage and lay-training centre. There is also a church, primary school for 920 pupils and every Monday is market day. This is a big event each week and you can buy anything from dried beans to second- hand trainers, mangoes in season and a variety of kanga (brightly coloured material worn by the local women). Apart from this there is little else in the village. The main way people socialise is to visit their friends and neighbours. Visiting time is usually mid to late afternoon and as there are no phones to announce you are coming, you just turn up and call out "Hodi" – the verbal equivalent of a doorbell! The usual reply is Karibu – welcome.

In this newsletter we are concentrating on the hospital, but in future issues we will let you know more about the orphanage and lay training centre.

**Berega Hospital** is a mission hospital run by the Anglican Diocese of Morogoro on a non-profit making basis. The hospital has 140 beds and a busy outpatient department. The catchment population of about 200,000 is essentially poor subsistence farmers. The aim of the hospital is to provide good quality health care at an affordable level for the local population. Whilst covering its basic running costs through patient fees and government grants, the hospital relies on donations for improvements and renovations.

In Tanzania hospitals are either run by the government of the diocese. So what difference does it make that it is a Christian hospital? The biggest difference is in the way the hospital is managed. No bribes are taken from anyone and this means that patients can be confident that all money transactions are fair and that they will be treated equally. Patients do have to pay for treatment (this is the case in all Tanzanian hospitals) but no one is ever turned away. If they don't have the money to pay they either build up charges on a payment card or they may sell a chicken or homemade mat to raise some funds.

Over the last five years Noj and Steve Bradford (Australian doctor) have made many efficiency and health improvements. They have been helped by a number of short term workers and in particular, Giles Ripley, a UK accountant who helped to install a new hospital accounting system, which has improved things no end. What with improved management, administration and good

health care – the hospital has a good reputation. Yet if you saw it you would be shocked at the facilities compared to what we just take for granted.

The hospital pastor visits patients every evening and they welcome his presence. The hospital has a holistic approach aiming to heal people and meet their spiritual needs by preaching the gospel. In a year about 4000 in-patients will pass through the hospital and 12,0000 outpatients, coming from a wide area, it is not unusual for people to walk for up to five hours to get there.

As things continually improve at the hospital, the aim is to attract more qualified Tanzanian doctors to provide long-term stability.

### What is BREAD currently doing?

With money that has already been generously donated we are funding the following projects and equipment.

- 1. Two solar fridges one for the laboratory for blood transfusion and storage of reagents, the other for the hospital stores department for storage of reagents and some drugs. They will replace old kerosene fridges which are expensive to run and very unreliable.
- 2. Two safes for the storage of cash. Since the hospital has moved to its new accounting system, this has obviated the need to bank all the takings before using them. This reduces the number of journeys (costs again) and the not inconsiderable risk of moving relatively large sums of cash to and from Morogoro. The current safe is too small and a second one will be used as a night safe in the cashier's office.
- 3. The instalment of two windows in the hospital stores department. The increased light will make life much easier for the hospital storekeeper.
- 4. A whole range of medical supplies and equipment: for example; anaesthetic facemasks, theatre gowns. Heavy duty aprons, theatre boots and disinfectant powder. All of these will make operating procedures safer and more efficient.
- 5. Habile, one of the nurses has gone on a one-year training course to study anaesthetics. His new knowledge will relieve pressure as the only other current anaesthetic nurse is now 70 years old.
- 6. Purchase of new theatre lights, one fixed and one mobile spotlight that will be installed during theatre renovations. The Tanzanian Government is providing money for much of the renovations but we would like to help replace theatre equipment (see below).
- 7. Drainage system for ward four this has been completed.

#### Our next projects for funding are listed below

- 1. A new electric autoclave: An autoclave is essential for sterilizing equipment for the operating theatre, labour ward, dressings and intravenous fluids made at the hospital. The current autoclave is run on a kerosene pressure stove. It is old, unreliable and dangerous. The hospital has recently acquired a large diesel generator. This is used for lighting in the evenings. With only a slight increase in fuel consumption an electric autoclave could be run from this. This increase would be more than compensated for by no longer needing to use kerosene (i.e. a cost saving in the longer term!) A model had been located at the Infusion Unit Project in Moshi, Tanzania. It is the standard model for hospitals which produce their own intravenous fluids and has been approves as suitable for sterilising such fluids. The project in Moshi would install and service it and would have any necessary spares. The cost of purchasing and installing the electric autoclave is £8000.
- 2. A new theatre table: Cost approx £2,800

- **3.** A theatre extension that would house the autoclave and other new equipment cost approx £5000.
- 4. Contributions towards the extension of ward 2: There is currently the men's ward and this has 16 beds which are rarely all filled at once. However the female ward is always overcrowded and patients often have to share beds. Because of its location the female ward cannot be extended. So the plan is to extend the male ward and then swap the two wards around providing six more beds in the new ward and two private rooms containing two beds each for women who may have suffered a miscarriage and would therefore like a little privacy. St Matthew's church in Oxford has already kindly donated £4000 to this project but it is estimated that another £4000 is still required.

To continue the work in Berega you can support us in the following ways:

- Through financial gifts
- Through Prayer
- Through your time
- By telling your friends about the work.