50 YEARS OF NDALA HOSPITAL TANZANIA

Colophon

50 years of Ndala Hospital, Tanzania

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Lay-out: Françoise Nick, Atelier GrotesQue
Lithography: image degree zero
Printed by: Drukkerij De Raddraaier

Pictures were brought in by many, thank you all!

Amsterdam, February 2014

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The celebration of the Golden Jubilee of Ndala Hospital (1963 – 2013) which was marked on January 26, 2013, is crowned by this monograph, termed as the History of Ndala Hospital. It is a monograph since it spells out its beginning up to the present day with articles from different contributors. This record of Ndala Hospital is looked at from two points of view. Firstly, it is from the point of view of people who lived and worked at Ndala in various capacities; as medical personnel from The Netherlands as well as the members of the Society of the Sisters of St. Charles Borromeo from Europe, Indonesia and Tanzania.

Secondly, it is from the way people around the place understand Ndala as Health facility of the Sisters of St. Charles Borromeo in the Archdiocese of Tabora.

Yet there is a much less expressed aspect that should not be overlooked:

That the Hospital of Ndala being a Church Institution has an added value of being a witness to God's love through those who have offered their lives to serve God and His children – their neighbours being in dire need. The parable of the Good Samaritan is well illustrated (Lk 10: 21-37) as a driving force for the Sisters who took up this challenging apostolate.

I for one am grateful to all those who had served at Ndala Hospital and those who are still helping the institution in various ways. In this respect I would like to mention the Superior General of the Congregation of the Sisters of St. Charles Borromeo whose members travelled across Tanzania to serve us here in Ndala, Tabora, for the past 50 years together with all the former medical doctors and all the other medical personnel, past, present and future for their dedicated and selfless services for our wellbeing and for the greater Glory of God.

May God bless you all abundantly,

+Paul Ruzoka
Archbishop of Tabora
10/01/2014

NDALA 1963 2013

HISTORY OF NDALA

522.030

ARCHBISHOP'S HOUSE
Private Bag
T A B O R A
TANZANIA, East Africa

.....1. March.....19.62

‡ MARCUS MIHAYO
ARCHBISHOP OF TABORA

A G R E E M E N T.

between the Ecclesiastical Authority of the Archdiocese of Tabora, represented by the Archbishop of Tabora, The Most Reverend Marco Mihayo, hereafter called the Archbishop, and

The Society of the Sisters of Charity of St. Charles Borromeo, Maastricht, the Netherlands represented by the Mother General, the Reverend Mother Chrysaria (Th.M. Jongerius), hereafter called the Society.

Herewith the undersigned declare to have agreed upon the following:

art. 1 After asking the Sisters to come to perform medical work in the Archdiocese of Tabora , the Archbishop gratuitously offers the existing medical work of the White Sisters at Ndala, Archdiocese of Tabora, to the Society. This offer of the Archbishop to the Society implies not only the use of the existing buildings but at the same time the use of all the furniture, instruments a the stock present in the store on the day of transfer.

art. 2 The Society shall bestow her utmost care on qualified staff hospital so that the best care of the patients is guaranteed are met, set by the Authorities in this respect.

art. 3 The Society shall take care of the travelling expenses and m members. The Archbishop agrees to the building of a convent the Society.
The Archbishop together with the Society shall take care and plan the building of a doctor's house and the gradual extension of the hospital by new buildings.

art. 4 The Archbishop gratuitously offers the site needed for the convent and for all the hospital buildings.

art. 5 The Archbishop shall hand over to the Society all grants and gifts received for the work of the Society. Moreover His Grace promises to mediate and cooperate as much as possible to acquire gifts or capital for the extension of the work at Ndala.

art. 6 The Archbishop agrees that the house built as living quarters for the Sisters, will remain at their disposal as long as the Sisters remain working in the hospital.

His grace Marko Mihayo (in the middle) with president Julius Nyerere from Tanzania (left) and the bishop of Masaka. Tabora 1959.

appeal to the special Roman Congregation under whose judgement the subject the dispute is. Both parties shall unconditionally submit to the judgement the Roman Congregation.

Thus drawn up at TABORA / MAASTRICHT

M. Chrysaria Th.M. Jongerius
March 1st 1962

+Marko Mihayo

THE START

Archbishop Cornelius Bronsveld, bishop of Tabora from 1953 till 1959, wanted a Catholic Mission Hospital in the diocese. At that time there was no such hospital between Sumve and Southern Tanganyika. The diocese started to search for the right site and finally decided that the hospital had to be built in Ndala. The place was not far from Tabora and had enough water and food supply. At that time, the road was not too bad. The proposal was approved by the Tanzanian Episcopal Conference and government officials.
A mud–built bedded dispensary of the Missionary Sisters of Our Lady of Africa had been in Ndala since 1931. The old building had twelve beds and the maternity ward had fourteen beds. Also there was a small building with six beds for pregnant women waiting for delivery. From 1935 till 1947 Sr. Virginia (of the congregation of the White Sisters) worked in Ndala. She was assisted by a Christian Tanzanian widow. Step-by-step she trained two other midwives, who were of great help, and she trained other women for different mission stations as well. In the dispensary she was assisted by an African sister of the daughters of Mary. In the early sixties Sr. Clara was in charge of the dispensary, while the other White Sisters in Ndala were working at the Teachers Training Centre, the Catechist School and the postulate of the Mabinti wa Maria Sisters. Sr. Clara was very busy in Ndala and in fact it was too much for her. There was nobody to share the burden of heavy work with. Finally she returned to the Netherlands sick.
The White Sisters did not have enough manpower to change the dispensary into a hospital. They were busy working in the hospitals in Bukumbi and in Sumve. Bishop Marko Mihayo (21 June 1960 – 9th march 1985) had to look for another congregation to run the hospital. The diocese accepted the help of the sisters of Charity of Charles Borromeo. They came to an agreement on the first of March 1962.

The sisters of Charity of Charles Borromeo had already some experience building a hospital in Sengerema in the diocese of Mwanza, which was opened in 1959. The first three sisters who came to Ndala were Gervasio, Vincent and Mariosa. They arrived in Ndala on the 25th of January 1963. With brother Ansbertus, the vicar of the diocese of Tabora, Fr. Meeus, a White

Father, and a German architect from Misereor they started building in 1964.
The original plan was to build a hospital with 154 beds. However this was not realised, the hospital started with 115 beds. The hospital was built with 200,000 Tanzanian Shillings as a gift and 200,000 as a loan. The work was finished in October 1965. From that time till 1968 it functioned as a health centre.
With the help of Medicus Mundi in the Netherlands the sisters tried to find a physician to work in Ndala Hospital, and they approached an Indian physician from New York and a Spanish doctor from Ghana. In the end Dr. Herman Folmer from The Netherlands was contracted and became the first Medical Officer in Charge. He started on 1st January 1969 and finished almost three years later, 15th September 1971.
The work as Medical Officer in charge was continued by various expat doctors till 2007. Then finally, the work was taken over by the local doctors, starting with Dr. Nyaruga being in charge of the hospital.

DESCRIPTION OF THE HOSPITAL

Ndala Hospital is a so-called Voluntary Agency Hospital. Under the auspices of the Archdiocese of Tabora, the Sisters of Charity of St. Charles Borromeo are responsible for its management. The hospital has always been non-profit, receiving grants from the government from the beginning. As a Faith-Based Hospital -within the framework of a district- the hospital management wanted to work together with the government as closely as possible and it was expected that the on-going Health Sector Reforms would support this view in the near future as well.

Over the years one can see a change in hospital strategy. In the seventies the outpatient department was very important since the government services were poor and irregular. Nowadays the amount of outpatients has reduced; services outside the hospital have improved and compete with the hospital. Government health facilities have increased and improved. Private clinics give their consultations. In the village several drugstores have been built. Since patients with minor diseases can find medical attention in other places, the workload has shifted to more complicated cases. In response, the management has tried to upgrade medical staff and equipment.



THE SIXTIES

Hospital services were mainly curative, but the aim was to give more attention to prevention since Dr. Folmer felt that he was unable to treat everybody. In May 1969 the first Rural Medical Aid came to Ndala and an extensive health education program was started. Dr. Folmer organised a diorama with handmade statuettes made by Joseph Lucas from Igumo to enable the people to better understand his information. At that time people were not yet used to seeing and understanding pictures. Although most of the patients could not read, the following illustration was written on the wall: Afadhali kuzuia magonjwa kuliko kuponyesha! (better to prevent illnesses than to cure).

The intention to work on prevention was realised by:

- the start of a leprosy screening project around Ndala
- a dental hygiene clinic in surrounding schools in cooperation with the dentist in Tabora
- extension of health education in schools.

THE SEVENTIES

In 1972 flying medical services were introduced after the airstrip having been finished. The cooperation with the government improved with a program to cross visit all dispensaries in the Ndala area.

The following year the workload in the outpatient department increased enormously: for example in the maternity services it increased by more than 17%. Also more than 1000 deliveries were counted. At the end of 1974 the hospital started a new record system to improve the follow-up on patients. An alphabetical name system was started, besides the numbering of patients. Laboratory tests were expanded: blood chemistry for analysing glucose, bilirubin and urea was introduced. Also the hospital got a mobile X-ray Nanodor from Siemens, paid for by Simavi, but this machine could not be used until the following year. There was no knowledge, so this had to be taught first. Together with the newly introduced Heaf test, tuberculosis was much easier to diagnose; a big improvement.

In January 1976 a daily child welfare clinic started, later called the under-fives clinic. The intention was to vaccinate all children. In February the Archdiocesan Medical Board restarted to work properly. This was important to coordinate the work in the hospital and the other medical units in the diocese. Brother Ansbertus from Sengerema Hospital arrived with the aim of preventing malaria and reducing waste. He repaired water-storage tanks, built new toilets and a top screen in the children's ward to prevent mosquitoes. A new incinerator was built as well. May and June were very busy. The highest number of outpatients was counted in May: 9104 in one month! Due to measles 154 children were admitted of whom 40 died.

A rabies epidemic occurred. In September the first patients bitten by a rabid dog entered the hospital. Finally 120 patients with dog bites were attended, and could be vaccinated with the help of Memisa (formerly Medicus Mundi) from The Netherlands who made a large donation. Ten patients died.

In 1976 the management decided on a night duty schedule within the hospital. A nurse and nurse attendant had to circulate in the wards, which was possible because of the increasing number of qualified nurses. Before this an on-call system existed.

In 1977 the sickle cell clinic started once a month, but due to irregular attendances this was discontinued. The Royal Dutch Embassy sent new larger beds for the children's ward. In 1979 supply of medicines and building materials deteriorated. The Dutch embassy, SIMAVI an Misereor helped to order supplies from abroad. Again there was an epidemic of measles.

This year Theodore Kulinduka returned after finishing his upgrading to become medical assistant. Still working with a small medical staff - one Medical Officer (MO), one rural medical aid (RMA) and one medical assistant (MA) - steps were taken to get a second expat doctor to work in Ndala. This was realised in June 1979, and was a big improvement in the medical services, both inside and outside the hospital.

A CLOSER LOOK INSIDE

Management by the Sisters of Charity of St. Charles Borromeo

As written before, Sr. Gervasio was the first matron and one of the founders of Ndala Hospital. In August 1980 she resigned and went to Sengerema. She had been working as matron and midwife at the same time, for which she was awarded a decoration of Knight of the order of Oranje Nassau by the Dutch government. Sr. Gervasio was succeeded by Sr. Kitty. Also in October 1980 Sr. Trinita, in charge of the theatre, handed her function over to Anna Maimu. In February 1981 Sr. Olga left Ndala Hospital to join the poor Clair sisters in Mwanza. In 1982 Sr. Marini, in charge of the maternity and labour room resigned. Sr. Lijdewijde, who had been in charge of the OPD for 17 years left in 1984. These Dutch sisters were the first generation of sisters attached to Ndala Hospital. Since then sisters from other countries and other congregations got involved. In 1996 Sr. Birgit became matron until December 2001. Sr. Xaverie took over and she was succeeded by Sr. Theresina. The congregation of the Sisters of Charity of St. Charles Borromeo is working on involving more Tanzanian members of the congregation in the management.

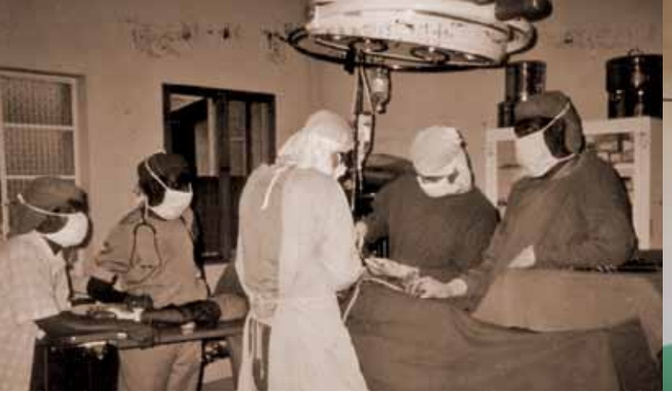
Sisters of Charles Borromeo, time of jubilee.

Sisters of Charles Borromeo, 1978.

Mother Theresa visiting Ndala

THE EIGHTIES

With the help of CEBEMO the hospital started to build extra staff houses and a pharmacy store and started to renovate the out patient department (OPD) building. The old child welfare clinic was rebuilt and reorganised, to start an integrated children's clinic for all under-fives.
The new X-Ray apparatus, Honda generator, ether vaporiser and 2 delivery beds from SIMA-VI and the Dutch government arrived. Troublesome was the lack of kerosene for a period of four months, and even calor gas was not available. In 1983 the workload went up by 10%, but there was still a shortage of basic resources and more importantly: there was a shortage of staff as well. Some hospital beds had to be closed and the hospital was forced to stop non-emergency operations for several months. In that year the decision was made that the OPD would be closed on Saturday afternoon.
The partograph was introduced in the labour ward in 1984. This method aimed for a reduction of complications due to non- or slow progression of labour. The medical staff increased; two MAs were contracted, which made a total of four assistants. A Dutch hospital technician stayed for three years. A new autoclave arrived, as well as a solar powered 100 litre refrigerator and a Kerosene refrigerator of 100 litres. In 1987 a solar light system was installed. From 1986 the essential medical supplies were difficult to get in sufficient amount, which remained a constant worry for the Daily Board. This, together with a constant devaluation of the Tanzanian shilling made financial management very difficult. A national salary raise of 30% resulted in a raise of patient fees of 25%. Bed grants were raised by 16% although 66% had already been requested in 1981.
In 1986 a new food store for the supplement food for the MCH clinic and two houses for medical assistants were built. The extension of the sister's convent was finished the next year. A total of 14 new fibre glass water tanks were installed. Gifts made it possible to purchase a IV distillation unit, which arrived in 1989 and could start to work at the end of 1990. This unit could produce 20 litres a day, which met the demands of the hospital at that time.




THE NINETIES

With the construction of a main gate and the closure of all other entrances in 1991 the amount of bicycles on the compound decreased drastically. The function of night watchman changed to duty at the gate. Visiting patients became restricted to three times a day.

The professional relationship with the neighbouring Voluntary Agency Hospitals in Nkinga, Sikonge and Kabanga was re-established with the agreement that the management teams would meet each other at least three times a year. In 1993 a decrease in patient attendances was caused by the steep rise in prices, the low income of the people and the fact that prior to admission a lump sum had to be paid. The deficit of the hospital budget almost doubled that of the previous year.

In 1993 the five days working week came into effect. Due to this decision the shortage of trained nursing staff felt harder. In order to continue to provide a fair level of nursing care, replenishment was sought in the employment of more Nursing Assistants. The total number of hospital employees increased from 109 to 121. Since then a permanent watch is available in each ward at night.

1994 was a difficult year for Ndala Hospital. For the third year in a row the shortage of water was a major problem. Because of the borehole built in 1993 the hospital could at least continue to give service, but during the most difficult months elective procedures had to be postponed and admissions were limited to the very urgent cases. This resulted in a decrease in admissions and attendances at the OPD. Water was rationed to hospital workers in order to lessen the daily time consuming burden of getting enough water and food for their families. Considerable finances had to be allocated to buy enough diesel to pump water. The announcement of the government that the salaries had to be increased by 100% starting July 1994, forced the hospital to double most of the patient fees. In spite of all these problems there was still time and space to renovate the dressing room and the dentistry, with the aim to separate these two services from each other.

The patient contributions increased considerably in 1995. This happened together with the introduction of differentiated “flat rates” for the inpatient-treatment of children and antenatal and maternity care. This was an experiment to prevent exorbitant charges and to spread the financial burden of these services. For 4,500 tanzanian (TSH) shillings all medical care during pregnancy was covered -whatever the outcome- and for the admission of a child 3,000 TSH was calculated. The introduction of a higher registration fee as an advance payment of the flat rate for a hospital delivery had a serious negative effect on antenatal attendances, although it did not influence the number of hospital deliveries.

The hospital started with two mobile health clinics in villages far away. The expected decline of the number of “under-fives” seen at the child welfare clinic in the hospital did not take place.

Since the supply of essential medicines and equipment through the privatised Medical Store Department improved, it was decided to reduce the dependence from abroad to half yearly supplies. This had the considerable advantage of reducing the amounts of medicines in stock.

It was clear that the total running costs of the hospital still exceeded the financial capacity of the community as a whole. Heavy reliance on funds from abroad would continue for a long time.

In 1996 the hospital admissions and deliveries were again on the level of 1991, possibly because the people had a reasonably good harvest. The MTUHA was introduced, which was a new National Health Information System to register all diagnoses. The national labour organisation OTTU was replaced by a new organisation TUGHE. In 1997 many renovations were needed: both the premature ward and the theatre needed adjustments. In the same year the St. Charles Borromeo Multipurpose Hall was built. Malaria was still at the top of the causes of morbidity and mortality, and resistance to chloroquine was an increasing problem. There were 87 cases of meningitis. Aids and tuberculosis were spreading rapidly.

Dr. Sr. Kembe, an Assistant Medical Officer (AMO) of the Daughters of Mary, arrived the same year. This allowed Dr. Nyaruga to go to a 6 month surgical course which gave the hospital the possibility to give a.o. quality urological care and other specialized surgery.
The number of admissions to the maternity department decreased in 1998 and the number of deliveries was only 834. Also admissions to the male ward and the number of outpatients reduced, possible caused by competition with the private sector.
The end of the century El Niño weather phenomenon brought excessive rains which caused damage to crops and infrastructure. This caused an increase in malaria together with anaemia in children.

THE TWENTY-FIRST CENTURY

The beginning of the year 2000 was marked by the sudden threat of a considerable reduction of the financial support from abroad. The number of workers with a long contract had to be reduced from 122 to 109 to compensate for this financial loss. As a result, the morale of the remaining staff changed because of the feeling of uncertainty about the near future.
New financial resources had to be sought and more money had to come from the government and the district. In 2001 the Daily Management Board struggled to maintain the services and the quality of a Mission Hospital on an acceptable level. They were facing never ending financial challenges, the need to attract sufficient staff and the need to preserve a good working spirit and attitude towards the patients. Much was done to prevent unexpected disasters on a financial level or in the personal lives of the workers. Sadly enough in the same year in the night of the 13th February the hospital was raided and lost 7.2 Million Tanzanian Shillings.

A CLOSER LOOK INSIDE

Ndala Hospital and other diocesan health facilities

Because of the irregular service at the government dispensaries, the diocese also wanted to provide medical service for the people outside the catchment area of the hospital and built dispensaries and health centres. Supervision of the diocesan dispensaries was the responsibility of the Medical Officer in Charge (MOiC) of Ndala Hospital, who was the secretary of the Diocesan Medical Board as well. Because of the travel distances this supervision was difficult. In 1996 the diocese started a Health office. The MOiC still supports the diocese with supervision of the dispensaries and two health centres, Ipuli and Kaliua.



Staffing remained a problem. The hospital could not afford to pay acceptable salaries, and the rural living circumstances and shortages of water did not contribute to its attractiveness...
In 2002 the hospital started to give healthcare to members of the National Insurance Fund. As a result the number of admissions as well as the number of deliveries increased. The theatre broke a record: for the first time in the existence of the hospital more than 600 major operations were performed. More staff houses were built to attract new workers. In 2003 patient care improved with the introduction of a resuscitation box in every department and the development of a protocol how to deal with malnourished children. The main project of that year was the extension of the Laboratory Unit, but the most obvious development was the introduction of mobile telecommunications. This changed living and working attitudes as well as circumstances. The communication within the hospital became much easier and faster.
After 2003 Cordaid/Memisa decided not to support Tabora archdiocese anymore, which had a severe impact on both the finances and the staff in the hospital. As part of a phasing out strategy, the second Medical Officer (MO) was not replaced. An exit program was offered, and Cordaid promised to continue technical assistance until 2006, as well as support to find local qualified staff. Several workers tried to get a Form 4 qualification and six employees were sent for training.
In 2004 the quantitative performance of the hospital was higher than that of 2003. The general trends over longer periods showed an overall growth of hospital services, both for in- and outpatients. The diagnostic facilities improved with the arrival of a new modern X-ray machine and quality-control on lab examinations. Big infrastructure projects were carried out, including the building of the malnutrition ward and the replacement of asbestos roofing. Important was the revival of the Board of Governors after twenty years. The statutes were revised. It became clear that the hospital had to become independent of foreign support.

In 2005 Cordaid/Memisa had sent yet a new MO. An attempt to get a Tanzanian MO was not successful. It was a year of continuous struggle against the same financial and personnel problems that had plagued the hospital since its founding. The turnover of nurses was high and there was no increase of staff. However, the satellite dish for broadband internet arrived which made communication as well as training a lot easier. Since 2006 PIUS XII decided to support not only Sengerema Hospital, but Ndala Hospital as well. Together with the Nolet foundation they supported the purchase of medicine, sent staff for upgrading and provided the equipment for a large solar energy plant.
The year 2006 was one of the most difficult years in the history of Ndala Hospital. Due to unforeseen increases in expenditure, financial troubles were so big that at some point the management had to fear for the existence of the hospital. A very strict financial management by the administrator Sr. Reni Ngadi averted the threatening financial collapse. She had to take unpopular decisions that met opposition from many sides. In that year the contributions of the government increased significantly, which compensated for the decrease of the contributions from the donors. Sr. Reni managed to continue this strategy until the jubilee in January 2013.
The year 2007 was even more difficult and was characterized by major changes. The last expatriate doctor sponsored by Cordaid/Memisa left in March and six months later the second expatriate doctor who was working on a local contract finished as well. The new Matron of the Charles Borromeo Sisters, Theresina, had to leave her new post for reasons of health...
Furthermore seven nursing officers left for various reasons and not all could be replaced by qualified staff. Moreover Dr. Sr. Kembe, one of the three Assistant Medical Officers (AMO), moved to another station. The patient care, administration and supervision of the junior medical staff were done by only two AMOs at that time. Archbishop Mario Mgulunde died, and was succeeded by Archbishop Paul Ruzoka

as chairman of the Board of Governors of the hospital.
In 2008 the situation improved. With help from The Netherlands new expat medical doctors came until the time the local doctors would return from their upgrading. To stimulate the financial situation extra income-generating projects were started:

- two "BAJAJ" taxicabs came into service in 2009
- a petrol station near Puge on the main road Nzega-Tabora was developed
- a piece of land was bought to plant trees for firewood, to be sure of supplies in the future. Firewood is still used for sterilisation of material for the theatre.

With the help of Sonnevanck Foundation, a new ward for treatment of tuberculosis patients was built. The Christian Social Services Commission started building a new operating theatre. The construction of the new office building was completed in 2009.

Because of the presence of two Medical Officers again, the University of Groningen restarted to send student doctors as part of their training. The attendance in almost all sections of the hospital increased and the financial situation was stable.
In 2010 Dr. Nyaruga retired, but he continued to help teaching surgery and carrying out operations. Several workers took up new responsibilities after training and upgrading. Dr. Joseph Lugumila became the second Tanzanian Medical Officer in Charge. Thomas Madimilo became hospital secretary and assistant administrator. Peter Katinda came in charge of the X-Ray department after qualifying as Radiology Technician. Merius Ordass reported back as AMO. Agnes Elikana became Assistant Chief Nursing Officer.
The number of admissions and attendances in the different sectors of the hospital stayed the same in 2010 although the number of admissions at the children's ward decreased dramatically. The financial situation had stabilized and an important development was the payment by

A CLOSER LOOK INSIDE

Flying doctors

To improve the curative services, the flying doctor service AMREF was requested to send specialists for complicated operations and teaching purposes. In 1971 the construction of the airstrip was finished with the help of the inhabitants of Ndala and the talents of a German medical student, who stimulated the local people to help. The Catholic Relief Services offered food for the workers on this project. The flying doctor service started one year later to visit Ndala Hospital regularly from Nairobi and Moshi. When the East African market collapsed and the border with Kenya was closed in 1977, the visits from Nairobi were cancelled temporarily, but they could already be resumed in 1978.
The flying doctors have always been very important for the hospital; they had much experience with complicated operations or treatments. The first service focused on eye diseases. Later other services followed like surgery, internal medicine, dental care, paediatrics and laboratory support. After 50 years they are still very much needed, for treatment of the patients as well as for guidance of the doctors, who still have few possibilities to get trained.

A CLOSER LOOK INSIDE

HIV/AIDS

The first AIDS cases in the United States occurred in 1980. According to studies at the end of the eighties, there were patients with "Slim Disease" identified already in the early eighties in Uganda and Tanzania. In 1983 the virus was identified in the United States and France and the first serological test (ELISA) was developed in 1985. After Gregory Mundeba attended a 10 day course in 1989 to learn to check HIV antibodies, HIV tests were done screening all blood donors in Ndala Hospital. Because of the increasing number of HIV patients, a hospital based AIDS committee was formed. They started on World AIDS Day in 1989 with a role play for outpatients and all other people who were interested. The committee organised a seminar for primary school teachers and in 1991 for the catechists coming from 22 villages within the archdiocese. The committee existed until 1992, when it delegated a part of its task to the AIDS –committee of Ndala Parish.

AIDS became increasingly common and in 1997 appeared in the top 10 causes of hospital admissions. Although a voluntary counselling and testing program had existed since the nineties, a treatment clinic could not start until 2006, together with the Prevention of Mother to Child Transmission (PMTC) program. Patients received anti-retroviral treatment for free, thanks to the support of the Elizabeth Glaser Paediatric Aids foundation (EGPAF). Clinics were started in temporary buildings and in 2010 a new large clinic building was completed by the American Centre for Disease Control.

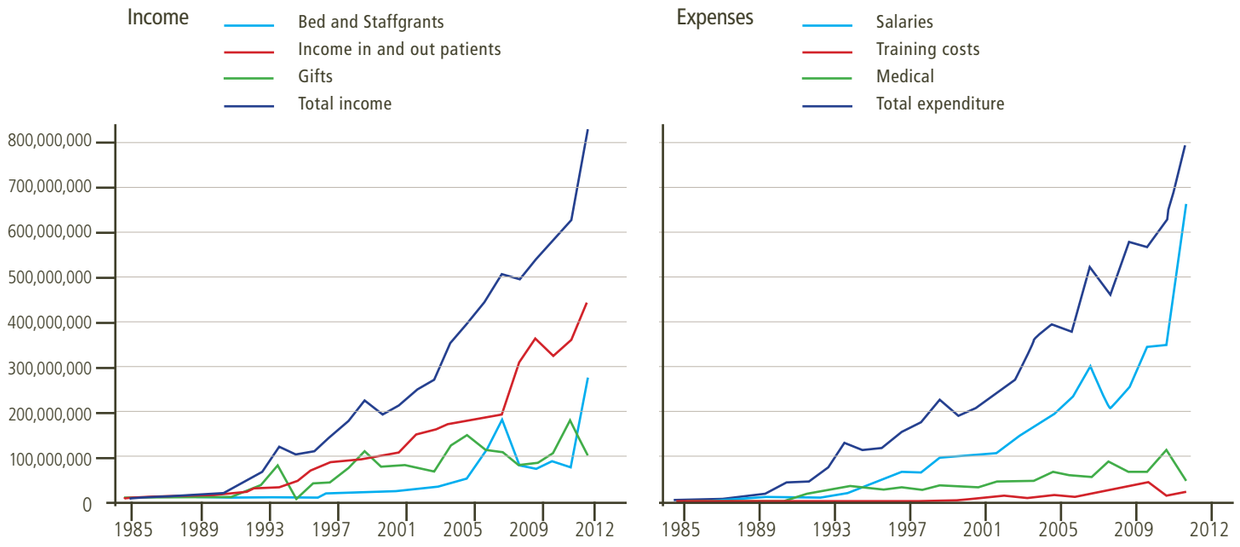
the government of 38 qualified staff. The OPD and the Pharmacy store were renovated and extended. Unfortunately, due to a virus, half the computers broke down.
In 2012 the laboratory received a new haematology machine, which increased the diagnostic possibilities. It was more expensive to use though. Due to the increase of motorcycle accidents, the number of minor procedures increased as well. The number of vaccinations dropped by 40%, due to a failure of vaccine supply on the national level. At the end of May a conflict arose between the workers organisation TUGHE and the Daily Board of Management. The complaints were partly due to lack of communication and partly due to administrative problems. The main base of the conflict was the strict financial management which caused a lot of stress. To be able to pay the salaries, there was a shortage of medical supplies. The biggest complaint was that everybody worked on short contracts, which made salary increases and promotions impossible. The salaries stayed on the same level. The bishop as owner of the hospital became involved and asked support of the Regional Medical Officer (RMO). The Archdiocese and the office of the RMO investigated the complaints and on 20th August asked to continue to work. Contracts will be adjusted, so that workers can more easily become upgraded and get salary increases. At the same time the management is preparing to adjust to the demands of the near future, to become independent of foreign support. The hospital management team was expanded with two new members, Sr. Georgetha as assistant administrator and Sr. Esther who has joined to fortify the team with respect to matters of law and legal matters as she has qualifications in law. In 2012 the mother and child clinic (now called Reproductive and Child health clinic) was renovated and extended and the Female ward was renovated as well. The new operating theatre is almost ready to use.
In January 2013, just before the golden jubilee, the hospital was connected to the national electricity grid (TANESCO), which had been applied for already in 1993. A further change is the building of a new water distribution system with multiple taps in the village to replace the one shallow well which is currently used by the whole village. This will be done by the local government.

In conclusion, the development of the hospital has been a struggle to survive. The main features of the history of the hospital were the fight to survive financially, the continuous lack of qualified staff and the returning periods of shortness of rain and lack of piped water, hampering the service of the hospital. But the hospital survived and has proven to be in the right place! Ndala town is growing and is becoming an important business centre. The number of people that need hospital service is rapidly increasing. The medical staff is getting ready for this task. In April 2013 George Mgalega finished his training to become a Medical Officer and started as the first Tanzanian doctor in Ndala Hospital. He worked as a Clinical Officer before. Later in 2013 he was joined by two other Tanzanian Medical Officers as well.

The next stage of the development is starting now, both the management of Ndala Hospital and the medical staff are fully Tanzanian. The future goal is to get more qualified nurses, a technician for the X-ray department and laboratory technicians. Hopefully the financial basis will get better so in the future the hospital will be independent of money from abroad.

INCOME AND EXPENSES OF NDALA HOSPITAL SINCE 1985

When you read the figures of income and expenses in Tanzanian shillings, it shows an increase to almost a thousand fold. However the value of the Tanzanian shilling has decreased strongly. Furthermore the budget of the hospital is fluctuating heavily per year, mostly due to irregular donations for one-time projects. As a result it is not possible to draw any conclusions from these figures. When you recalculate the figures in US dollars, the picture is quite different, since in 1985 the USD was worth 5, and in 2012 already 1610 Tanzania shillings. We have decided to show the figures in Tanzanian shillings.



A CLOSER LOOK INSIDE

working hours

In 1971 Ndala Hospital was a busy place, with six Dutch Sisters from the Congregation of Charles Borromeo and three Tanzanian nurses running their wards. They were supported by 20 other workers. It was a one-doctor-hospital assisted by one Rural Medical Aid.
The first doctor, Herman Folmer, had organized the hospital well and provided training and Health Education. Daily lectures for patients were given about health subjects by the RMA, Theodore Kulinduka. At the antenatal and under-five clinics, instruction sessions were organized about good food and the medical workers were taught by the Medical Officer. It was a smoothly running community with very dedicated workers all working for the benefit of the people. Because the staff lived in the compound they were always available and on call. The workload was immense.

So what was missing? Normal working hours!

At that time there was a lot of discussion among the Sisters how to change the hospital to more Tanzanian standards, the so-called Africanisation. The Congregation promoted this development, but when I asked them to reduce the work by one or two days a week they were shocked. What would you do with a day off? This attitude prolonged the process of Africanisation with a few years. Slowly a system of normal working hours was implemented, but more nurses were needed. When we left Ndala after three years there were only eight.
Now, 40 years later, I can see that the spark of Africanisation has been completed. Ndala Hospital is totally run by Tanzanians. The last mzungu doctor has gone. The working hours are well arranged, with more than 120 workers. Luckily the last 5 years I have been able to go back to Ndala to give a helping hand. It has been a privilege and a pleasure to work in Ndala Hospital.

Congratulations
Herman Drewes, Medical Officer 1971-1974

WHAT I WANT TO SAY

INTERVIEWING THE STAFF

DR. RUEBEN NYARUGA

Assistant Medical Officer, first Tanzanian Medical Officer In Charge of Ndala (retired)

I came to Ndala in December 1987. There was a request of Ndala Hospital to the government, they were strongly in need of somebody to help. First they asked me straight if I would like to come to Ndala. When I agreed, they went to the District Medical Officer. He said that he could not decide so he sent the message to the Regional Medical Officer Dr. Gambish. The RMO agreed that I could go for three months. I had no problem to come to a mission hospital, I liked to work there. That I stayed till I retired, is a long story and was a long process.

After three months the DMO wrote a letter, that the permit was ended. Marie Jose, the only doctor at that time, asked the ministry of health for a longer contract. I had to write a letter to the ministry as well and was granted for two years. Then the board asked me again to stay and Marie Jose went to the ministry. At that time there was a very big shortage of doctors at the mission hospitals, so the government agreed that all the doctors, who were seconded to mission hospitals, could stay. I stayed here till I retired.

You never had the feeling to go back to Nzega?
No. At that time the government hospitals did not have comparable working circumstances. I liked to work and to have the things I needed to do my work well.

You did not have the financial problems after retirement, like the other workers in mission hospitals?
I had some administrative problems. I was totally under the government and when I got retirement, some documents were missing in the files. One was a letter of the ministry that certified that I could stay in Ndala till my retirement. There was the letter that I could stay for three months and the letter that I could stay for two years, as well as the correspondence from the hospital that showed my stay and promotion. But the letter saying that I could stay in Ndala till I would retire was not there. Finally the principal secretary wrote a letter to the director of the pension fund about the agreement. After a month it was accepted that I would receive the retirement money.

Did the appearance of the European sisters and doctors change the hospital? How is the situation now the white doctors and sisters are gone?
I think the period that they were here was better. It was nice and good. What they brought to our institution were new ideas, new characters. And of course it was the best basis of learning for me.

And the cooperation with one another?
Was good. In general it was good.

Now that all the white doctors and sisters are gone, do you see a difference?
You see, there are two sides, namely the management and those who are managed. But the management is nowadays just looking to one side of the coin. New ideas are not welcomed, only the ideas of the management. There is no flexibility, no two-way system or exchange of ideas. There is a very big difference nowadays. This started at the time that the white sisters were gone. More or less the last two years.
Previously people regarded Ndala as their hospital. But now, they are rather escaping. The overall attitude towards the patients is rather down and this is because of the relationship between the management and the workers. The attention for the patients is less. People have lost interest to work well, the patients feel this and are just passing Ndala to go to Nkinga.

What is your best memory?
Ndala Hospital brought me up in surgery. In Ndala I got the chance to learn to operate better.

What is your worst memory?
The first one is that we thought the construction of the new theatre would finish in time. It did not, so I could not work there...
Also a young Dutch doctor did not treat me with enough respect although I was the Medical Officer in Charge. This happened especially in front of the patients. In our culture it is not normal to act like that to older and more experienced people. Fortunately we could improve our relationship. He apologised and I was free, we shook hands and could cooperate again.

GEORGE MGALEGA
first Tanzanian Medical Officer of Ndala

I came to Ndala in August 1999. I was brought here by the late bishop Mario Mgulunde, who appointed me here after he had sponsored me for a Clinical Officer course. He came to my parish when I finished secondary school. I requested for assistance in paying the school fees... It took some time before he responded. I started with the help of my own family during the first and second year and the third year was paid by him. After that I told him that he could appoint me where he wanted me to go. He told me that if I could come to Ndala, it would be great for him, so I came to Ndala.

I heard about Ndala, when I grew up in Sikonge. Some patients, even from there, travelled through Tabora to Ndala to get medical services. Ndala had a better name than Sikonge Hospital. In Ndala they were only doing what they could do, but they were doing it very well.

You came here as a Clinical Officer in 1999. Did you ever think of leaving Ndala Hospital?
No, it was the first place to be employed. It was the place I was so much interested in, I had a lot of dreams about Ndala to be honest. I had a chance to go anywhere else, but up to this time my plans were not to leave. Since I started working with my seniors, I was interested. What was done by the white doctors and sisters was great. They have tried to introduce us, the black ones, to work from the heart. What they were doing is what we also have to do. The expats were supporting us, sent us to school, so that we could do our level best. They have stayed here for quite some years. We are going to face some troubles, because we are used to be assisted by them. Actually I still need their attention and their support on what we have to do, when we are not on the right track... Sometimes I still ask them for help.
We have to try our level best to keep the name of Ndala Hospital high.

We had some difficulties from January, we had no Medical Officer for some months until I arrived in April. We have AMOs, who are doing very well in some surgery and obstetrics, but we face some difficulties.

What is your best memory?
My best memory of Ndala Hospital is the time I was informed by Dr. Max, that he thought I deserved to start a Medical Officer course. I had dreams of becoming a Medical Officer, but he was the first one to tell me, that I had the capacity to do that. That made me very happy. I got the chance to go to school!

What is your worst memory?
That was during the time, there was a problem with the workers and the management. That time I was in school. It was a hard time for me, last year, when there was a misunderstanding between the workers and the management, although I was not around. Ndala is my home, my brain is connected to the hospital. When the hospital goes through so much troubles, this also troubles my mind. Nobody was trusting the management and the management trusted nobody. When I got the information it was the worst time, I got different kinds of information about the place I dreamed to go. I expected to come to a happier place and to work there, but found some misunderstanding there. The problem was big, a problem of communication. It was not easy for both sides to accept that. It has not yet settled down, we still suffer from the consequences...

GREGORY MUNDEBA
laboratory assistant

I came to Ndala 1968 from Puge, where I was born. I completed the 8th grade in 1966. In 1970 I applied, and I started to work in the beginning of that year as a casual worker. I started to give injections and medications to patients and to give dressing for six months. The matron, the late Sr. Gervasio, selected me to go to the laboratory school in Kilimatinde, Dodoma Region from 1980 till 1981. Since 1992 I am preparing infusions.
Actually I work three days to make infusions and two days in the lab. I never had problems with the management and never thought of leaving.

I got sponsoring from the hospital, they paid my fees and I got a quarter of my salary. I was already married and had five children. My wife had to work on the shamba. It was difficult, there was a shida kidogo (English: small problem).

What do you think of the European sisters and doctors being here, did this change the hospital?
I enjoyed my work a lot in the seventies, when you were here and Dr. Drewes and Dr. Tax, and with the sisters Gervasio, Guido and Kitty.

How do you see Ndala and the hospital now all the expatriates have left?
Ndala is a good hospital, but I never went somewhere else to see, so I have nothing to compare. There were changes like the CTC (Care and Treatment HIV/AIDS Clinic), the new buildings, but I did not see much changes in the laboratory.

Can you remember a special thing.
At that time there was health education, doctors from other places came here to discuss. There were no walinzi (watchmen), there was no special call, no telephone. We worked six days a week, till Saturday 4 o'clock in the afternoon.

What is your worst memory?
There was one thing, when I retired. The payment was not good. Because I remember it was all the time a bit low although I worked for a long time. I got a salary according to my qualification, which was a problem.

SYMPHOROSE CRISPIN

Assistant Nursing Officer, first Tanzanian Assistant Matron (retired)

I was trained in Sumve and I worked in Kagondo hospital. In 1972 I came to Ndala after an announcement that there was a vacancy. The announcement was published in magazines and I got information through friends, who were working in Ndala Hospital. They said that it was a good place to work.

You stayed for the period of 39 nine years! Have you ever thought of leaving?
When Dr. Max was working here (1999-2002). During that time there was a big change in the management. The relation between the management and workers was different.

I was interested to join the diocese, but I got bad information as well so I choose not to join. I got an invitation to work in Kitete Hospital or in Urambo Hospital as well. Because of the bondage contract I could not leave Ndala (I studied hospital management for the period of one year in Uganda). I thought it was not nice to leave without paying back the training. When I would have done that I would have made it worse for other workers. I was assistant matron during 16 years.
We did not know that the hospital was almost bankrupt. The management did not explain this to the workers, so we were not aware. In earlier times workers and management came together. Even the late Sr. Constantina used to ask for advice from us.

Did the appearance of the European sisters and doctors change the hospital? How is the situation now the white doctors and sisters are gone?
Many times there is a lack of medicines but the problem is not at MSD, it's the hospital budget. Sometimes patients have to go to the private shops to get the medication they need.

We are in need of the white doctors. The African doctors were not prepared in time. The fact that they are Tanzanian is good, but the preparation for the Tanzanian doctors was late, was not enough. We are lucky Dr. Nyaruga is still around. The sisters the same, but they have not enough training. Local staff had to learn about management before the Europeans left. The plan to make the hospital independent from foreign help was good, but the implementation was too quick. Perhaps there were also not enough suitable candidates. (indeed, an adequate plan for tranining of staff was not designed earlier than 2005).

How do you see Ndala and the Hospital, now all expatriates have left?
It is different than when the Europeans were here. For example: my cousin was admitted and operated. But the doctors didn't do a round at the end of the day, so the new patients and very severe ill patients were not seen at that time. After the morning round, the condition can be changed, so an afternoon round should be done.
The workers should work like the Europeans do, the service for the patients should not go down.

What is your best memory?
I stayed for 39 years. The relationship between management and the workers was better before, we had meetings with all the workers. Many things could be discussed from both sides.

What is your worst memory?
The respect to the workers has changed, is not there anymore. This is very painful, it is another kind of attitude. The workers are not motivated anymore to work in Ndala Hospital.

THEODORE KULINDUKA

Medical Assistant, first Tanzanian Clinical Officer of Ndala (retired)

I might have applied for it in 1970, Dr. Folmer was already two years here. He came to look for me, while I was working in government district dispensary. For me I would like a place, where I could settle down.

You were not scared or doubting. You were the first one here.
There was no problem. Dr. Folmer had to pass the DMO to go to Nzega, to explain what was happening. The DMO was not in favour that I would to leave the district. But he said: "when Kulinduka works among the people in the district, than it stays the same". They came to an agreement and I got an OKAY... I had the job.

Have you ever thought of leaving the hospital? In fact you did already. Till when did you stay?
That was in 1983. When I left the hospital. I went to Kipalapala first and stayed there till 1984. I left, because I had the feeling, that I stayed for a long time in one place. I liked to change and even Sr. Gervasio agreed to me and said: "you to have to see other places too for your experience". I intended to go to Kigoma diocese, I knew the bishop... But things in that place failed. There were national movements from people from Ruanda and Burundi. The bishops was advised by the government: "do not make a nice place, where people can enter the country easily. They can imitate an illness and it can become a big mess. Keep the service low at that place". It was a political kind of approach. So the bishop told me to go home and look for another place.

I went to Kipalapala for some years. Then one of the White Sisters, who was working in Ussongo, had built a new dispensary in Mwanga near Haydom Hospital. I worked in Ussongo for six years. Then I came back to Ndala because there was a change in Ussongo; the white sisters were leaving and the Mabinti Sisters would take over. I applied in Ndala and Sr. Kitty said: "for you the door is open". I started working in January 1993.

What do you think of the European sisters and doctors being here, how did this change the hospital?
During the time that I was working here we as the workers were accepting almost everything, what was said and what was arranged. There was not much rumour or discussion under the table about the management. Most people were accepting the situation, it was much more quiet. There were no political problems, there was no problem with the labour union, the NUTA.
Before they left, the people were happy and smiling. They could put themselves in the work completely. The workers were sacrificing themselves for the patients and we did not think much about the money. There were not many complains. There were no grades, such a thing was not in practice that time. The increments would come automatically. There was at that time not yet much discussion about the labour conditions. But in the end, there were all kind of problems. People are watching the management more closely these days. When it came to time that workers claimed for their rights, the management could not accept this. There was less space for new ideas. That has been the situation the last years.

In fact the management was different when Sr. Kitty was in charge. Things were not like that. It has become worse, when Sr. Reni came. What she thought had to be done. People are now working for their rights. They get information on different ways by newspapers and radio. When you don't listen than, you get a restless situation, even up to a riot.

What has been your best memory?
In fact I would say, the time I was here for the first time and during the time that I was with sisters Kitty, Xaverie and Melanie. That was the time that things were quiet. Though there could be something but not as much as last year.

Do you have a special thing to remember?
In fact the whole performance of the hospital was good.

SR. GEORGETHA
first Tanzanian hospital administrator

How did you come to Ndala Hospital?
Last year, the congregation sent me to Ndala to work here.

You are the first Tanzanian administrator of Ndala Hospital. How does that feel?
It is true, since Ndala Hospital started I am the first African administrator. From the beginning there used to be our missionary sisters from outside Tanzania. I feel fine, but a bit difficult because of the problem, which started already many years ago. It will not be easy to solve the problems, which are there for some years. What I am expecting is, that the hospital will have a calm situation in the future, that there will be peace again. The workers will work with peace, the management will work with peace. But how then? It is still a challenge.
We want that Ndala Hospital will be a hospital, where the people get good health service. A good hospital for the patients as well as for the workers. And also that we hear from the people, who come from the district or the region: "Ndala is a nice hospital".
It is a challenge, because Nkinga is nearby... It is also a referral hospital. It is too close, but we can cooperate. They have certain specialists, and we can have some specialists. Everyone can specialise himself.
The population is still growing, is very big now. The road will be better, so it becomes easier to come here. The people will come.

The last year before the jubilee, Ndala Hospital got a big crisis. Do you think, that you are able to give the workers the feeling again, that they can trust you?
Yes for us management we are trying our best. Although it is not easy to make everyone to believe, that what we are doing is good. To build that trust needs time. I think they want to increase call allowances, to increase overtime and they want other things concerning money. But to cope and to give them what they want will not be easy. I think after two years everything will be fine. If the cases in the court are finished, we can restart and we can give permanent contracts. If we work hand in hand, it will be nice in Ndala again.

How do you see the future of Ndala Hospital?
Ndala is still growing. I think the future will be good and we will have many patients. If there are more people, we will get more patients as well, which will give more income. Patients will come from far. Instead of going to Nkinga, they will come to Ndala. We are expecting to have three medical doctors. Dr. George is already here, the doctors Sharifa and Christina will come. We have the plan to bring one of the AMOs to study urology for six month. At the moment Dr. Nyaruga is still coming to help these patients.

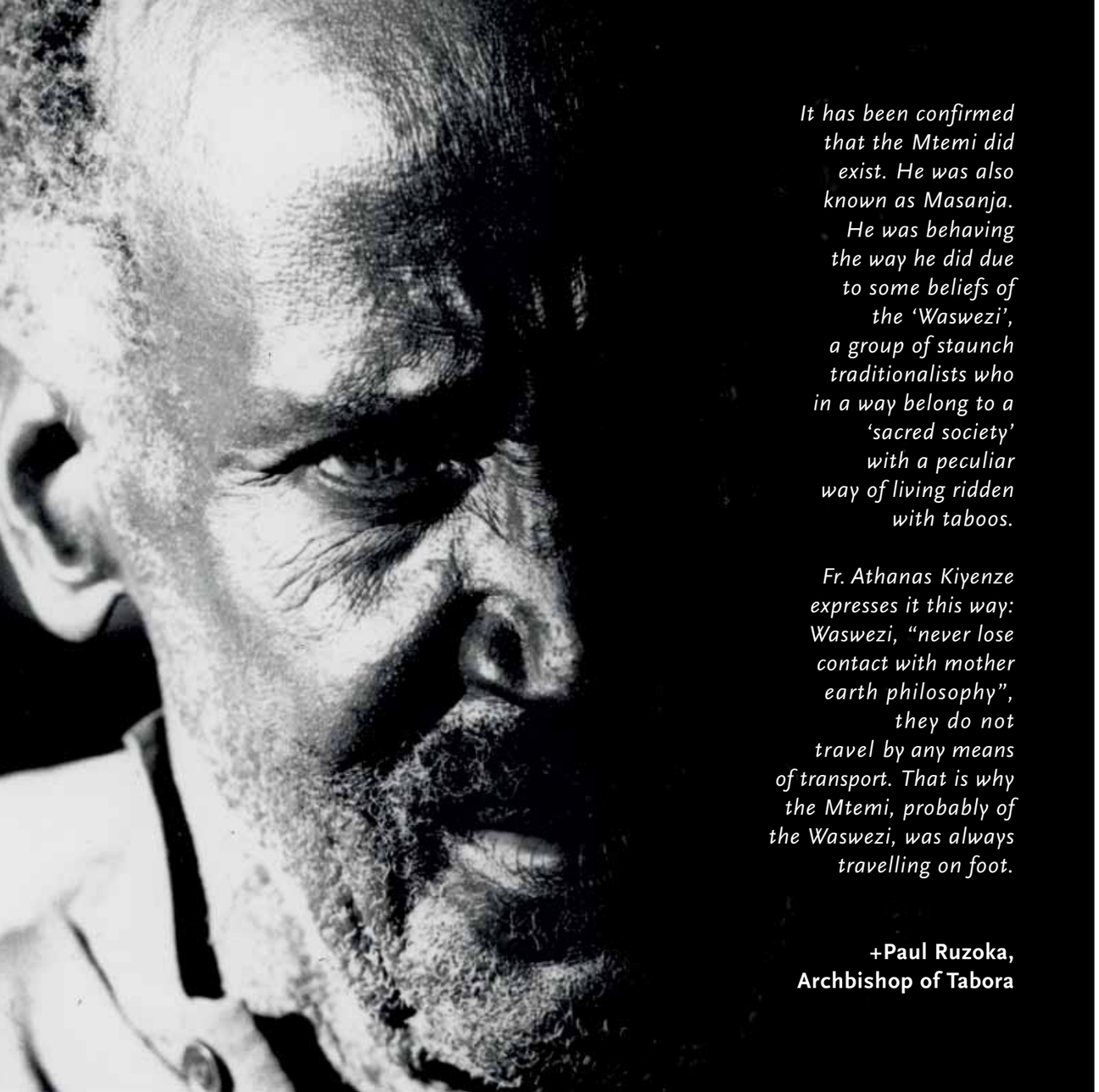
Is there still place for a mission hospital like Ndala?
Yes. We are in Nzega district. There is already a district hospital. I think we will continue to be a mission hospital. The dream of becoming a Designated District Hospital is not there.

Ndala is still a Roman catholic hospital. Does it mean something?
Being a mission hospital we have some exceptions from the government. As a hospital we are supposed to pay tax. Other private hospitals pay income tax, but we pay only taxes from the workers. The mission only has to provide service for the people. We have not the aim to get profit.

What is the difference?
I can say that in Ndala the crisis caused some destruction of the dignity as catholic hospital. The workers don't feel like before in the mission hospital. We have to rebuild this. At the moment we have a mass every month, to pray for the whole hospital, the workers and the patients. People who are attending are very few nowadays. You can find perhaps only five workers and sisters and a few patients. The spirit is not there. I think because of what happened.

THINKING BACK...

STORIES FROM THE PAST



It has been confirmed that the Mtemi did exist. He was also known as Masanja. He was behaving the way he did due to some beliefs of the 'Waswezi', a group of staunch traditionalists who in a way belong to a 'sacred society' with a peculiar way of living ridden with taboos.

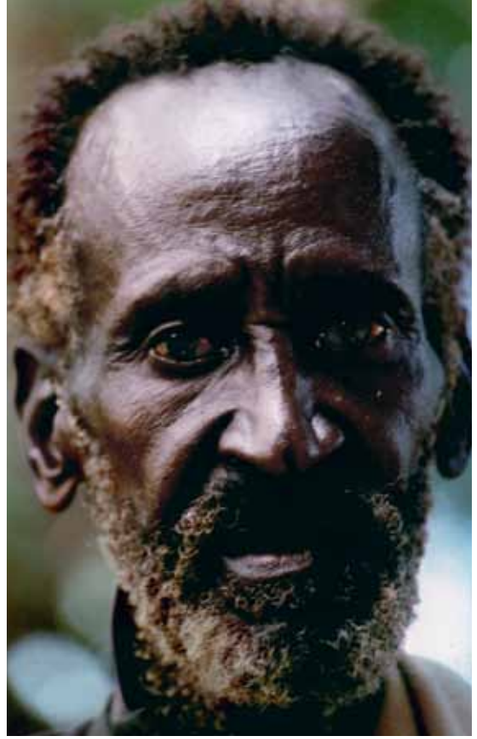
Fr. Athanas Kiyenze expresses it this way: Waswezi, "never lose contact with mother earth philosophy", they do not travel by any means of transport. That is why the Mtemi, probably of the Waswezi, was always travelling on foot.

+Paul Ruzoka, Archbishop of Tabora

Sr. KITTY
MATRON 1979-1996

THE MTEMI*

The 'Mtemi' was always on the move, walking for miles, back and forth to Tabora (70 km), Kipalapala (82 km) or in the direction of Nzega (70 km). When we would meet him on the road we would honk. He never asked for a ride, but waved friendly and continued his journey.
On his route he had his places where he stayed a bit longer. Everybody knew him. From one he got some food, from someone else he got money to drink tea. He usually slept outside or under a shelter. The clothes and blanket he was wearing were all the garments that he possessed.
The Mtemi carried a stick with a knapsack with all his belongings; some were just papers with numbers. He said they were cheques and indeed he used them to pay. He lived in his own world.
Whenever he was in Ndala the Mtemi always came to us for tea and bread. He sat on the bench before our house and enjoyed himself. When finished, he knocked on the door ("hodi"), thanked, and paid with one of his 'cheques'. All this was done in a very serious manner. Anyway, he had a certain dignity and he was a completely free person.



Once he was ill and I advised him to go to hospital. The answer I got: "No, we Watutsi don't do that. I am ill and I will go and lie under a tree over there". "Who is supposed to take care of you?", I asked him. "You can do that", he replied. And so it happened: in the morning before I went to the ward I brought him porridge and medicines. In between I came to check on him and gave him some water. Fortunately he got well quickly and after a few days he came to thank me and to tell that he was on his way again. He took his destiny in his own hands.
He touched me. He who had nothing was the freest man I have ever met.

* Mtemi = local king in Kinyamwezi

HERMAN DREWES
MEDICAL OFFICER 1971-1974

UNHAPPY ENDING

An old lady of around 70 lived in the maternity ward. It was her task to help the women who had been admitted day and night. When delivery was near, the old lady had to call the sister in charge.
She advised the patients on the basis of her life experience and was well-respected. In return for her work the lady got a room, food and clothes; and, occasionally even some pocket money. However, some relatives discovered this situation and sent officials from the Workers Organisation. Due to this visit, the hospital had to pay back a salary over the last two or three years and had to give the old lady an official contract. As a result she got dismissed... a very unhappy ending!

PHYSIOTHERAPY

My wife José started physiotherapy in Ndala and she became famous when she revalidated a chief coming from the south of Tabora. He had fallen from a palm tree and was nearly totally paralysed in both legs. During his stay he did exercises all day long following the instructions. He made all the other patients in the male ward do the same exercises. After 4 or 5 weeks he was totally cured.

GEORGE JOOSTEN
MEDICAL OFFICER 1994-2000

THE FIRE-SPITTING BIRD

"Ngoma" is an annual event in Ndala area. On a field that has been fenced off for the occasion teams from neighbouring villages compete while performing acts or acrobatic stunts. The public is the jury: the team that attracts most spectators wins and gets part of the entrance fees.
Just after dark I was called to see a young man who was brought in by his mates. I found him in one of the side rooms of the male ward. By the light of a paraffin lamp I tried to examine him. He was conscious and didn't complain of pain. His skin didn't look very abnormal, but it felt like old leather. Only his buttocks felt like normal skin.
And now his mates slowly came up with the story. His act had been to dress up as 'the terrible bird-man', covered all over with chicken feathers. To impress his public even more he had taken petrol in his mouth so as to produce a flame when lighting it while he was spitting it out... Something had gone terribly wrong! The Ngoma is held in the dry season and nobody had been able to put out the flames quickly.
The result was third degree burns all over his body. All I could do was to give him a large injection of pethidine in the buttock.
While he slowly stopped breathing the leader of his team sitting at the head of his bed was counting the revenues of the act in the dark.

VINCENT JONGEN
MEDICAL OFFICER 1992-1996

EVACUATION TO MOSHI

In 1993 a 20-year old student from the Teachers Training College was admitted to Ndala Hospital for muscle weakness.. Starting from the legs, she was unable to walk anymore. In the days following, the paralysis extended slowly to the whole body: Guillain-Barré Syndrome. This is often fatal, since the breathing muscles get affected as well. The patient may die from breathing problems before spontaneous recovery has started. Without facilities for artificial breathing in Ndala, I desperately went to the radio room and searched contact with AMREF Flying Doctors, requesting an air evacuation with artificial breathing facilities for this young patient without financial funding.
By miracle, radio traffic with AMREF was disturbed by Marian Zuure from Flying Medical Service, who heard our conversation with AMREF.

Coincidentally her plane was in the air returning to Moshi, only 10 minutes away from Ndala Hospital. Marian landed on the airstrip and the patient was transported to the KCMC in Moshi. Matthew, one of our anaesthetic nurses, went along in the small plane. Unfortunately, the young patient died all the same at KCMC, due to breathing difficulties.
What made me happy was that for once we organised the air evacuation of a poor patient from our Wilaya (English: district), and not of a white father or sister, or the child of the white daktari (doctor). I realised that things were much easier for us; if we fell severely ill, air evacuation would always be possible. For the poor population of Tabora region life-saving air evacuation had never been possible. Now, although the poor girl died in the end, a joint effort was made to do everything possible to help the girl. I saw this as a sign of hope.

DRILLING FOR WATER

In 1993 the dry season was again very dry. I suppose that is why they call it dry season. Harvest of mahindi had failed, again. Water supplies in the cement ferro tanks were poor, and major surgery could hardly be performed. Sterilisation water for intravenous fluids became a real problem. A new well for the hospital was badly needed.
A Canadian nephew of one of the Dutch white fathers called Ted van der Zalm, was building windmills all over Tanzania, but was also a professional water driller. However, drilling for water was very expensive. With financial help of SIMAVI, Ted proposed to come to Ndala with his equipment, in order to help us to find water. It was agreed that he would undertake three attempts to drill for water, without any charge. Unfortunately the first two attempts failed. In the third attempt he drilled deeper than ever before. When water came up, it was as if we had found something more precious than gold or oil. Our problem was over.
Was it coincidence that the daily bible reading of the sisters read: “Then Moses raised his arm and struck the rock three times with his staff. Water gushed out, and the community and their livestock drank”. To us under the circumstances it seemed a miracle had occurred.

water development

The hospital has always faced serious problems with the water supply and up till now, it has depended on the amount of rainwater collected. In years of little rain, the hospital did not have enough water to continue rendering services. The hospital attendance reduced and the patients who did come, were often not able to pay the fees. In the beginning the hospital had several big tanks to store rain water. After the drought in 1975 the first borehole was built at Lutende near Kampala, but it was not big enough to supply the Teachers Training College, as well as the hospital, the Mission and the village. During the 1980s the pump broke down frequently, forcing the hospital to reduce services, postpone elective surgery and even close completely for two weeks in October 1984. The problems continued until a new borehole was drilled in 1987 and new water tanks were constructed in 1988. The water supply has improved over the years, but remains a problem.
In 2009, with the help of the Tabora Foundation of Dr. George Joosten, a large half underground rainwater harvesting cistern with a capacity of 450,000 litres was added to the many small tanks which were used for years. In 2013 a new water project of the local government, which will bring piped water from a bore hole near Wita, might finally bring an end to this long lasting problem.

Sr. BIRGIT
MATRON 1996-2001

STEVEN

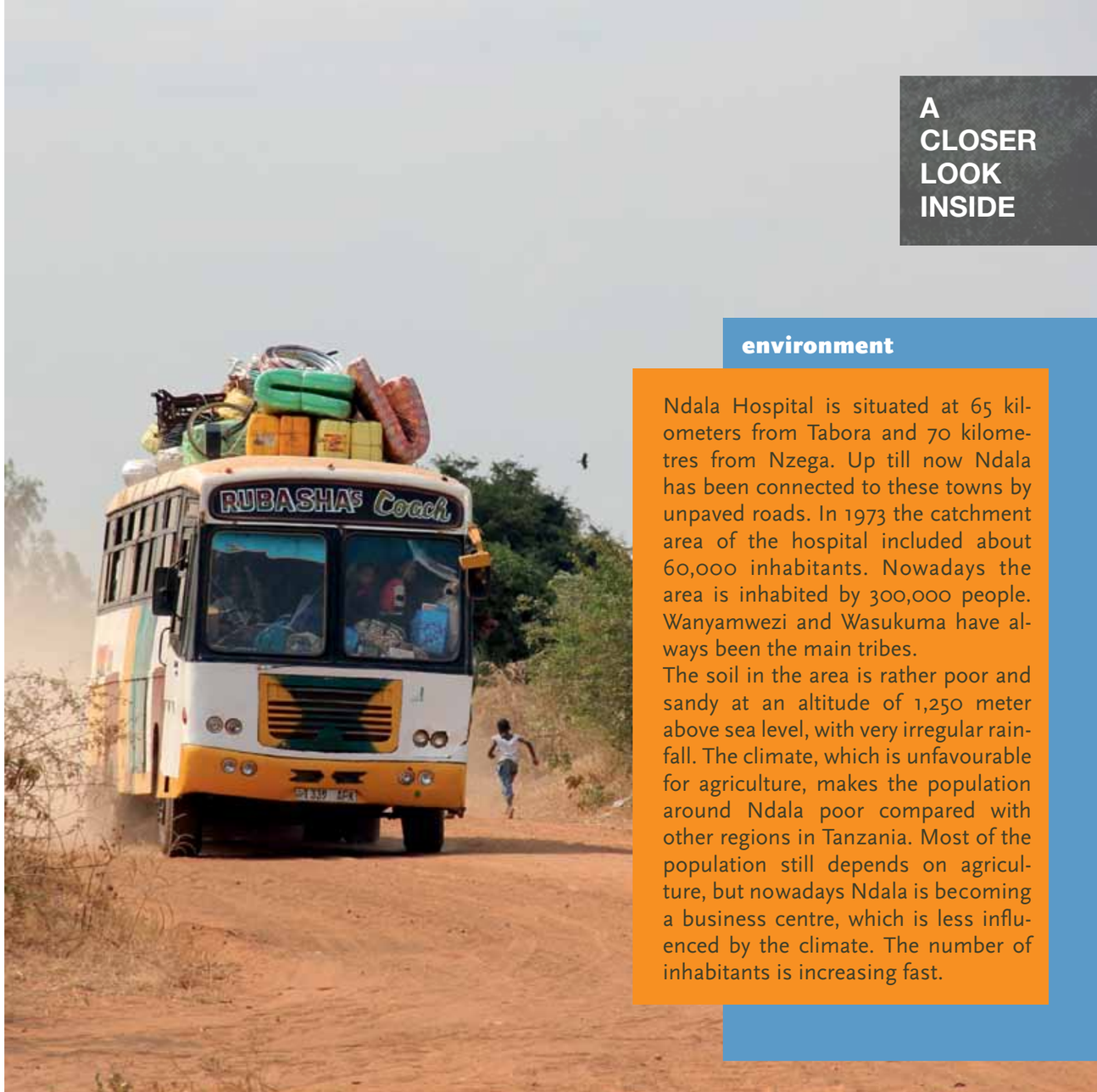
During the years between 1990 and 2000 I worked at Ndala Hospital. I loved the place, the sisters, the doctors and the people. We were 'one family'.
One day, Steven was just suddenly there. He was more or less 'a child'. Sr. Sabina gave him food as he looked so hungry... she was a gentle woman, a sister who cared for others and less for herself. He, Steven, had a big smile on his face as was my first impression. And of course, you could see that he was hungry. From that time, I gave him some money for food as well for clothes and shoes regularly. Also at our doctors' houses Steven was welcome, so he knew what places to go to! According to me, it was all as it should be. Sometimes I gave Steven money for clothes. He could buy the clothes himself and afterwards he had to show them.
The White Fathers allowed Steven to use part of their plot as his shamba, so we bought him tools to start cultivating it. When the rainy season had come, Steven worked at his shamba for his own support. During that period he could sell his crops and did not need us. Steven was proud of himself. He could care for us as he sometimes brought some of his own harvest to Sr. Sabina.
I took care that during the dry season Steven got two pails of water so Steven could wash himself. We had only little water during the dry season. So Steven could also wash his clothes, dry these and use them again.
During the night he had no shelter. If the rain was heavy, I worried about Steven, asking myself where he was. Had he found a place to sleep outside the rain? Perhaps under the baraza? Somehow he always turned up the next morning with a happy face. Yes, Steven said: "the rain was heavy but for the field it was very good".
When there was a celebration or any workers' party, you could feel how much we were united. Our Dr. Nyaruga was a tall man. He could always see beyond the heads that Steven was standing outside somewhere. Then Dr. Nyaruga asked me gently to allow Steven in order to share our celebration. Quickly someone went to bring Steven inside. He shared the food and the evening. In general I opened the first dance with Steven. Then we smiled together...
Why? Steven belonged to us and one could see that he was happy. Jesus would have done the same as his examples were like Steven's story.

ADRIAAN GROEN
MEDICAL OFFICER 1990-1994 and 2001-2003
MYRRITH HULSBERGEN
STUDENT DOCTOR 1998,
MEDICAL OFFICER 2002-2003

INFLUENCE FROM ABOVE

Every doctor working in the tropics knows that when a baby has died in the womb and an arm prolapses during birth, the best intervention is to separate the baby's head from the rump so that it can be born. This is called decapitation. The alternative, a caesarean section, often bears too much risk of infection for the mother.
A decapitation is a ghastly thing to carry out, but undisputedly the best way to save the life of the mother. Although I had performed the procedure quite a few times in the past, after January 2003 I never did it again.
A woman was brought to Ndala Hospital on an ox cart. Both a baby's arm and the umbilical cord hung from between her legs. Living far away she had been in this condition for over ten hours. It was her third pregnancy, she had two healthy children.
At the time we were with two Dutch doctors. Both of us palpated the cord but felt no pulsations. We both listened with the foetoscope and detected no heart sounds. We asked the nurse of the delivery room to listen too. She heard nothing. The DopTone had no battery, a new one was nowhere to be found. The ultrasound machine had been out of order for months.

Because of the afore-mentioned high risk of infection we decided to carry out a decapitation and had the woman prepared. Just before starting the procedure we checked once more to make sure there was enough room.
We will never understand why at that moment we hesitated and decided to do a caesarean section after all. We iodised arm and cord well, and draped the woman. When the child came out, it gasped. Just once. Then it started to cry at the top of its lungs.
While the theatre staff wiped the face and mouth of the newborn and wrapped it in a clean towel, the operating room filled with merry laughter, cries of wonder and abundant praise to the Lord. But realising what fate the child had just escaped, we stood in horror. The shaking of our hands never stopped, not until after the final stitch.



A CLOSER LOOK INSIDE

environment

Ndala Hospital is situated at 65 kilometers from Tabora and 70 kilometres from Nzega. Up till now Ndala has been connected to these towns by unpaved roads. In 1973 the catchment area of the hospital included about 60,000 inhabitants. Nowadays the area is inhabited by 300,000 people. Wanyamwezi and Wasukuma have always been the main tribes.
The soil in the area is rather poor and sandy at an altitude of 1,250 meter above sea level, with very irregular rainfall. The climate, which is unfavourable for agriculture, makes the population around Ndala poor compared with other regions in Tanzania. Most of the population still depends on agriculture, but nowadays Ndala is becoming a business centre, which is less influenced by the climate. The number of inhabitants is increasing fast.

ADRIAAN GROEN
MEDICAL OFFICER 1990-1994 and 2001-2003

NDALA ON TV

On the 9th of April 1995 a twenty ton passenger truck with trailer thunders into the small village of Uhemeli. On board, a camera crew of the KRO - Catholic Radio Corporation. They are producing a TV-series of thirteen episodes for Dutch television. Their intention is to show the other side of Africa i.e. not the disastrous continent full of human suffering as reported so often by the media, but an enormous stretch of land where the majority of people lead a completely normal life, leaving their homes in the morning for work and where children go to school. To that purpose a group of over twenty persons travels from Cairo to Cape Town. Costs of the five months lasting operation: two million dollars.

It is a not by coincidence that the truck passes Ndala. I, former Medical Officer accompanies the group as a crew doctor.
Sisters and staff heartily welcome the team and provide - with help of the Mabinti wa Maria - a camp-site and facilities. The following days there is much film shooting: the hospital itself and community-work at a water reservoir in Chabutwa - a project supported by the hospital through Mr. Mnema Mganda. Well known TV-hostesses

Manuela Kemp and Dieuwertje Blok interview Symphrose Crispine, who is at the time acting matron of the hospital and John, a nearby living traditional healer. They visit a project of Mensen in Nood in Tabora Diocese. About the sisters of St. Charles Boromeo Dieuwertje Blok writes in her diary: “Fantastic women, these ‘girls of eighty’! To learn how they are and what they do makes one realize that something real good can come forth from believing. At the same time they are so down to earth. It almost makes me want to become a nun myself...”
After three days the truck plods onward, via Dodoma and Dar es Salaam to Malawi. Only then the villagers realize how much beer the Dutch - especially those working with television – are able to consume. In the whole settlement of Uhemeli there was not one single bottle left.

JOOST WIERSINGA
STUDENT DOCTOR 2002

INSPIRED BY NDALA

Ten years ago I worked as a student doctor in Ndala Mission Hospital. As a last year med student I finally felt I could face making my first small contribution to the care of the numerous patients with malaria, meningitis, malnutrition and so many other debilitating diseases. The impact that Ndala would have on my own personal development as a doctor, however, would prove to be much bigger. Working under challenging conditions in a team of dedicated nurses and Medical Officers, in which every effort was made to provide the best possible care, provided me with a learning experience that still has its effect in the way I practice medicine today.
Together with our mentor Dr. Adriaan Groen and with the help of the entire medical staff, we –three Dutch students: Quirine van Dellen, Danny Gans and myself– made long hours in the various wards, the outpatient clinic and the surgical theatre. We lived in the hospital compound in a beautiful house and enjoyed life after work on the veranda impressed by the most beautiful sunsets. Now, ten years later, I am a specialist with a special interest in severe bacterial infections in the tropics. When making

my rounds in Amsterdam, I often remember the privilege I had when I made ward rounds with the head nurse in Ndala twice a day and envy the strict discipline and efficiency of those days. Although my time in Ndala was only very brief, it has made an everlasting impression on me and continues to inspire me today both in everyday clinical practice and research alike.

Wazungu born in Ndala

Expat doctors lived with their family in Ndala for several years. Many aspects of their family life had an African touch. Children were attending schools and learned to speak Swahili (and Kisukuma) while their parents were working in the hospital. Children were born in Tanzania as well. Although these children lived in Ndala for only a few years, their passport or even their local names will always remind them of their African roots.

Dr. Erica was the last expat doctor who gave birth in Ndala. Her husband, dr. Wander was just in time after ward round to deliver his son.

“I arrived at our house and went to Erica. I did not understand why she had been so relaxed earlier on the telephone. Just after one hour she gave birth to our son, Joris Mrisho. Our other children came back from school, they were so happy and proud to be the big sister and brother”.

“In his third week Mrisho got sick. We did everything we could and just before we started to prepare to take him to Mwanza, he recovered. We want to say thanks to all the people at Ndala who prayed for him. We are very grateful for his recovery.

Back in Holland, every morning when Joris Mrisho wakes up I remember the people of Ndala”.

NDALA HOSPITAL INDEPENDENCY IN 2013




After 50 years Ndala Hospital is an essential part of health care in Tabora Region, an area twice as big as The Netherlands, with 2 million inhabitants. Annually more than 6,000 patients are admitted and well over 2,000 patients are giving birth in the Labour Room. Patients come from all over the region for treatment at the Out Patient Department with special clinics for Reproductive and Child Health, Tuberculosis, HIV, psychiatry, etc. More than 18,000 major procedures have been performed since the building of the hospital, sometimes with the help of visiting local or foreign specialists. Ndala Hospital is well known for surgical treatment even in Mpanda, Kigoma and Shinyanga regions, since the government district hospitals and even regional hospitals usually are often unable to perform surgery other than caesarean sections.

Ndala Hospital currently has 149 workers. With the last expat doctor and administrator leaving in early 2013, the hospital now is entirely run by local people. Half of the income is brought in by patient fees, which is the same as 30 years ago. Unfortunately the financial situation of the farmers in the area is not sufficient to pay higher fees for treatment. The financial support of the Tanzanian government has risen steadily in the last years and accounts for a third of the hospital income. The hospital still relies on external donors for the rest.

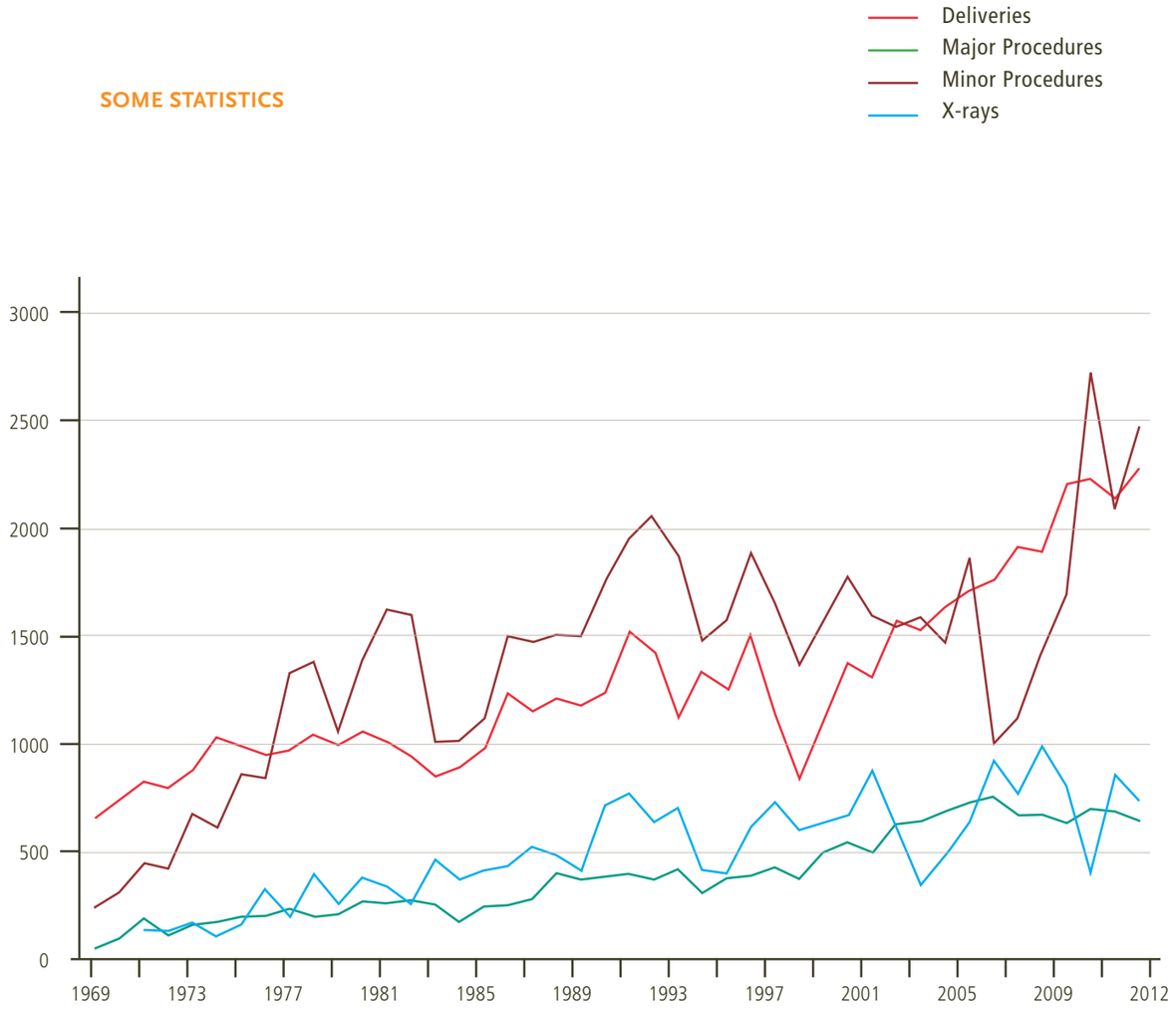
A lot has changed the last few years and the future of Ndala Hospital and the people living in the area looks brighter than ever.

- Completion of the new tarmac Nzega-Tabora road is getting near; this will allow patients to travel to Ndala more easily, but also makes it easier for the hospital to get supplies. Transport will take less time.
- A few years ago almost all seriously-ill patients arrived at Ndala by oxcart. Nowadays even in small remote villages someone owns a cheap Chinese motorcycle which can take patients to the hospital faster.
- The mobile network has been expanding fast since 2003, covering even the more remote areas. This network also allows mobile internet connection. Many people use M-pesa or similar services to remit money with their mobile phones, without the need of a bank account. Patient communication with relatives living far away has been made easy.
- In 2013 Ndala will be connected to the national power grid of TANESCO as well as a water system. Instead of 1 water well and a few generators for the whole town of 16,000 people, electricity and clean water will shortly be within reach for everybody.

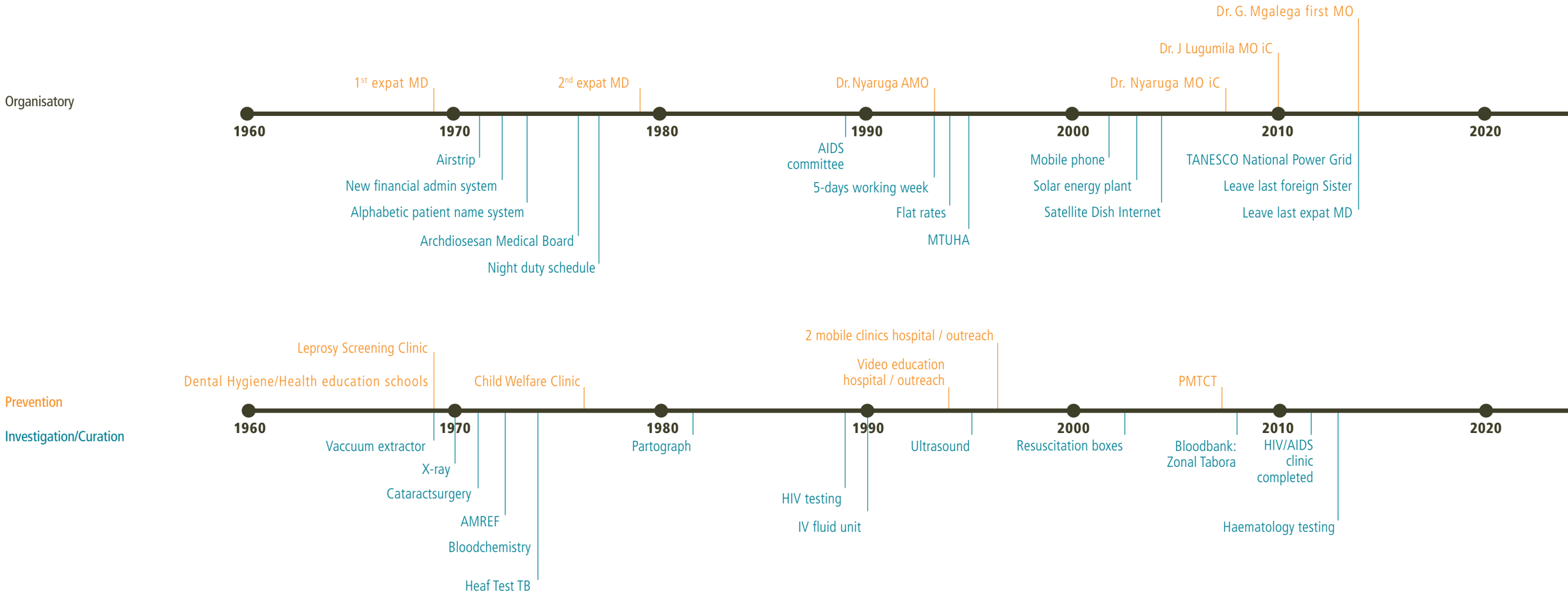
These advances will raise the living standards of citizens. It will help them to get access to health services if they need them. The hospital can work more efficiently and attract staff. The last year the hospital has invested in the future with the renovation of buildings and the training of workers. In 2013 the medical staff will be reinforced by three local workers returning from upgrading to degree level Medical Officer. Also many sisters are being trained for key management positions in the hospital.

All in all, for the past 50 years Ndala Hospital has remained a vital part of the health care system in the region and has become increasingly self-reliant.

SOME STATISTICS



DEVELOPMENT IN NDALA HOSPITAL



CONNECTED WITH NDALA

EPILOGUE

FOREVER

Health care started on a small scale in Ndala. Now after 50 years, we can conclude that this 'seed' has grown into a respectable district hospital.

This could only have happened because of the involvement, idealism and direct effort of many. Ndala touched these people so strongly, which resulted in the feeling of being connected with Ndala forever.

From the beginning the goal has been to build health care in Tanzania with local people. Training and support is of course a long process. With skilled help of many involved, by education and the warm friendship of donors this process of independence could take place. This joint effort resulted in the best health care as possible for Ndala.

Looking back at these 50 years of Ndala, gratitude dominates. We are grateful towards all who were or still are involved with Ndala. We are especially grateful to the Great Healer for everything that could have happened through all us servants in this part of Africa.
Being the representative of the religious congregation from the beginning, I would like to use this opportunity to say THANKS for the respectful and effective collaboration by so many people in these years.

I wish Ndala Hospital a blessed and hopeful future.

Sr. Paulie Douven,
Sisters of Charity of St. Charles Borromeo, Maastricht

General

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Private donors

Dr. Haverkamp, Dr. G. van der Ley, Dr. J.A. van Raalte, Dr. L. Bos, Dr. M. Slenter, Dr. R. Spiele, Dr. Toon Toolenaar, Dr. Ubachs, family Bekkers, family de Wit, family Joosten, family van Delft, family Wieland/ van de Kar, Dr. Drewes, mr. H. and mrs. C. Lips, mr. P. Lips and friends, mr. R. Polderman-Kortekaas, mrs. Bouwman, mrs. M. Hordijk, mrs. R. Kerkhof & mr. H. Rotteveel, Prof. dr. Oosterhuis, Dr. M. Hulsbergen, J. Santegoeds, H. Plantegie, friends and family of late Sr. Ignace van Heyningen, friends and family of Dr. Adriaan Groen, friends of Father Gabriel, Family van Balkom, Mr. and Mrs. Van Hemert, Canadian Doctor via Dr. Raoul Comptois, R. Spitz, Mr. Kareem Sumar, Mr. and Mrs. Berendsen-Pietermaat, Fr. Helmut Enemoser, Mrs T. Andrée and R. Beemer, Cocky and Jan Wiersma and still many others.

Foundations

Arnhemse Stichting Bijzondere Noden, Brubaker Foundation, Caritas Tabora, Deurman, Gered Gereedschap, Hoeve –Zadok, Liliane Fund, SINTAN, Stichting Tabora, Geon, JFT, Porticus, Soil, Sonnenvanck, Nolet, Stichting St. Laurensinstituut, Pius XII, NOVIB, MIVA, SIMAVI Oegstgeest, CEBEMO, Medics without vacations, Misereor, Platform Ontwikkelings samenwerking Helden, NCDO, HEMUBO Almere.

Religious

Church Council of Ommen, Clemens Parish Köln, Evangelical Church Koekange, White Fathers Dar es Salaam, Sisters of Charity of Charles Borromeo, Maastricht, Parish of H.H. Martyrs of Gorkum Kaatsheuvel, Parish of St. Antonius Waalwijk, Sr. Jeanne d'Arc, Sr. E Listiani and Sr. Guido de Kooter from Charles Borromeo congregation, Fr. J. Stam, Fr. J. de Rooy, Br. John Hutchinson, Nederlands Gereformeerde kerk Drachten, Nederlands Hervormde Kerk, RK Caritas Sint Brigitta Ommen, Tanzania Episcopal Conference, Weeshuis der Hervormden Schiedam, Youthgroup of Fabianus and Sebastianus Parish Apeldoorn.

Hospitals

St. Franciscus Gasthuis Rotterdam, St. Joannes de Deo Hospital Haarlem, Nye Smellinghe Hospital Drachten, Overvecht Hospital Utrecht, Joint Mission Hospital Equipment Board London, Carolus Hospital 's Hertogenbosch, Havenziekenhuis Rotterdam, Eye Hospital Roterdam, Munincipal Hospital Arnhem, Verpleeghuis "Dommelhoef" Eindhoven, Juliana Hospital Ede, Hospital Eudokia Rotterdam (presently IJsselland Hospital), Academic Medical Center Amsterdam, Vlietland Hospital Schiedam.

NGO/charity/company/others

Cordaid/Memisa Rotterdam (formerly Medicus Mundi), Catholic Medical Mission Board USA, Catholic relief services USA, Warehouse of Hope Canada, HAMLO The Netherlands, Van Naem & partners BV, Zeneca Resins Waalwijk, Municipality of Maasbree, Municipality of Sittard, Norm beheer Ommen, Ministery of Defence The Netherlands, Ministery of Foreign Affairs of The Netherlands, PTT The Netherlands, Bouens van der Boijen college, Christelijke Scholen-gemeenschap Vlissingen, SEGECA Germany, Royal Netherlands Embassy Dar es Salaam, Sight by Wings Moshi, Marien Apotheke Vilsbiburg, Christian Medical Board Tanzania, Christian Social Services Commision Dar es Salaam, CDC USA, Elisabeth Glaser Pediatric AIDS foundation, Jhpiego, Femmes d'Europe Brussels, Japan Overseas Christian Services, Ichenhausen City, Christoffel Blindenmission, Fundación Españiola de Cooperación Sanitaria, Collaboration Santé International Canada, Primary School Wateringen, Diplomatic Spouses Group Dar es Salaam, District MCH services, Flying Medical Services Tanzania, Global links USA, Maastrichter Staar Choir, KWF Germany, AMREF Nairobi, Rotary club Mwanza, Rotary club Vlissingen, Rotary Doctor Bank The Netherlands, Rotary Goedereede, Rotary Madrid, Hospital and Lions Club Goes, Lions Club Bunnik, 40 MM West-Friesland, Actie Wilde Ganzen, AGEH Germany, Aktie Ndala, BACIBO Amsterdam, RIVM, Bilthoven, Werkgroep ontwikkelingssamenwerking Veere, Time Service BOM, MAP Kenya.

SWAHILI WORDS

hodi on entering a house/room
habari news
tutaonana we'll see each other
kwaheri goodbye

hospitali hospital
wodi ward
chiwi children's ward
mapokezi reception
maabara laboratory
dawa drugs
daktari doctor
mganga doctor
mwuguzi nurse
upasuaji operation
kulazwa to be admitted
ruhusa discharge
kidonda wound

wali cooked rice
maharagwe beans
yai egg
ugali corn porridge
mkate bread
mahindi corn
kitimoto pork

baba father
mama mother
babu grandfather
bibi grandmother
mtoto child
kaka brother
dada sister
rafiki friend

kanisa church
misa mass
askofu bishop
padre priest
jimbo diocese

tiketi ticket
taa light
pasaka easter
krismasi christmas
mafuta oil
gari car
geti gate
nyumba house

jua sun
mwezi moon
usiku night
asubuhi morning
mchana afternoon

nyoka snake
mbwa dog
fisi hyena
mdudu insect
mende cockroach
ng'ombe cow
mbu mosquito
tembo elephant
paka cat
chatu python
kobe turtoise
kenge monitor lizard
nyoka snake
panzi grasshopper
samaki fish
kipepeo butterfly
ndege bird
ngiri wild pig
nguruwe pig
punda milia zebra
simba lion

leo today
kesho tomorrow
kesho kutwa the day after tomorrow
jana yesterday

Days of the week

jumatatu
jumanne
jumatano
alhamisi
ijumaa
jumamosi
jumapili

personal pronouns

mimi
wewe
yeye
sisi
ninyi
wao

Counting

moja 1
mbili 2
tatu 3
nne 4
tano 5
sita 6
saba 7
nane 8
tisa 9
kumi 10
kumi na moja 11
ishirini 20
thelathini 30
arobaini 40
hamsini 50
sitini 60
sabini 70
themanini 80
tisini 90
mia 100