

# TANZANIA (UK) TRUST

Registered Charity No. 1133490



[www.tanzaniauk.org.uk](http://www.tanzaniauk.org.uk)

## HEALTH CENTRE PROJECT

Project name: **TAZAMA NA TUNZA (Look and Care)**

Location: Capital Christian Centre, PO Box 2446, Dodoma, Tanzania, East Africa

Official Partners:

- Tanzania (UK) Trust, 11 Roe Cross Green, Mottram, Hyde, Cheshire, SK14 6LP ([www.tanzania.org.uk](http://www.tanzania.org.uk)) (registered charity 1133490)
- Capital Christian Centre, PO Box 2446, Dodoma, Tanzania, East Africa
- Tanzania Assemblies of God, PO Box 8427, Dar es Salaam, Tanzania

## VISION STATEMENT

Tanzania (UK) Trust is a small charity whose objectives are to promote and protect physical and mental health, advance education and advance Christian faith, in partnership with the local church and community.

The vision of Tazama na Tunza is to care for those who have chronic conditions in the local community.

## INTRODUCTION & BACKGROUND

The partnership began in 1990 when Ruth Chorley and her family lived in Dodoma, Tanzania for 4 years, before moving onto Uganda. Ruth worked as a nurse with the Diocese of Central Tanganyika, setting up a community HIV care and education project. After her return to the UK, the partnership continued, through Mottram Evangelical Church and Hattersley Community Church and developed into a charity: the Tanzania (UK) Trust. The partnership is between the Dodoma Capital Christian Church (CCC) – a large, but very poor congregation, with their rural church plants, and the small local registered UK charity Tanzania (UK) Trust (the Trust). This has been built over the 24 years by personal friendships involving annual trips to Tanzania and trips from our Tanzanian partners to UK (UK Border Agency allowing!). Over recent years group trips to work with the church and community in Dodoma have developed.

In 1990 there was a reliable small mission medical service in Dodoma, running alongside the government hospital and public health service (which has now closed) and other private health services. All health services have to be paid for directly by the patients (whether government or private) with a few exceptions. 60% of the health services are government run, but have minimal resources. As the patient has to pay for nearly all treatments and Tanzania ranks down in the poorest 30 countries in the world, the natural conclusion is that people generally only seek health care in acute situations and there is very little consistent chronic condition management as very few can afford the treatment.

Three other factors are relevant here:

1. **Tanzania has the poorest Doctor-Patient ratio in the world at 1 Doctor per 52,000 population (UK is 1:420).** This is in a country which rates 167 in the mortality ratios (by the WHO in 2013) out of 193 countries, remembering that Tanzania is a country at peace, unlike most of the other countries below them in the mortality ratings. Life expectancy is 59 years of age. 55% of the population have access to clean drinking water and 33% to improved sanitation. The HIV rate is 5.6% of the adult population, with only 30% of those infected receiving ARV therapy.
2. **Sadly there are many fraudulent medications,** which are labelled and sold as a specific drug, but actually just consist of chalk or similar (including antibiotics and many prescription only medicines).
3. **There is practically no health education on chronic disease management at patient level** – so I have seen that the vast majority of patients I visit have no idea how to help themselves.

Over the last 3 years the Trust has arranged visits to those with health problems in the Dodoma community and been discussing a way forward with the local Doctor, the local church and the Archbishop. The TAG church has a vision to set up health centres in every major area – they have already started this work. The local Doctor sees the main need locally as health education and health promotion over chronic health conditions. So there is a partnership over this joint vision.

Over these 3 years, the Trust has been doing a pilot project of how to identify those who have health problems at home, how to visit them and how to care for them. The lack of diagnoses, the main conditions, specific lacks in health knowledge and the prevailing health and social issues have been recorded. The overriding factor is sheer poverty e.g. if you live in a mud brick house with no bed, few clothes and no food for tomorrow, accessing a diagnosis for any condition is nearly impossible, as both seeing a Doctor and then receiving treatment all has to be paid for.

So the vision has grown of training up a Chronic Health Care team of volunteers in the community, who are trained in chronic conditions and live locally. They would have support from the local Doctor in attaining correct diagnoses and initial treatment, sponsored initially by the Trust. Alongside this the vision for building a Health Centre has been agreed, which would provide affective medication at a reasonable price and long term would make the project self-sustainable. The Trust will provide the finance for the initial new build and a support for diagnoses if needed. The CCC church community will own the Tazama na Tunza project and own the Health Centre, when built, developing its own financial planning for sustainability. The Trust will continue its annual visits to update the Tazama na Tunza team in health knowledge, to encourage them and to oversee how the project is going overall, with the local Doctor and TAG church.

The beneficiaries will be

1. The team of local volunteers who have been trained in chronic health care and will gain the respect and trust of the community.
2. The community will benefit from correct diagnoses and health promotion on chronic conditions to promote health and to prolong healthy life (with or without chronic conditions).
3. A Health Centre will be built in the Dodoma CCC plot of land, which will become self-sustaining in the long term and provide safe, effective medication at minimal cost, along with diagnoses and treatments overseen by the local Doctor, to benefit the local community.

## OBJECTIVES

### LONG TERM OBJECTIVES

To provide effective, affordable, sustainable health care, run by the community, for the community in the CCC area of Dodoma.

### SHORT TERM OBJECTIVES

- To train and regularly update the training of a team of local volunteers in chronic health care condition identification and care: the Tazama na Tunza team.
- To provide an initial support structure to the Tazama na Tunza team of practical and financial support, encouragement and envisioning.
- To plan and build a local health centre in the community which is built with local skills and expertise to comply with the Tanzanian Government's directives on how to build a health centre.
- To agree with our partners in Tanzania on all the vision and the practicalities of the above and specifically on what each partner is responsible and accountable for. In essence that the trust provides the initial finance, support and medical teaching for the project and that the CCC church provides a room as a base for the volunteer team, a plot of land for the building of the Health Centre and oversees the building and management of the Health Centre.
- That the Trust and CCC church continue to build partnership through trust, understanding and shared lives and expertise.



### CORE VALUES

1. The core values of the project are that each of us is uniquely made in the image of God and that we should show love, respect and care for each other. We do not judge others. (There, but for the grace of God, go I.)
2. Honesty and transparency in all dealings with patients and professionals, building up a practice of mutual respect and trust.
3. Tazama na Tunza stays within its accountability structure: only giving out over-the-counter medicines and known evidence based advice. Prescription medicines and treatments are only to be given out under the Doctor's directives.
4. Tazama na Tunza team to abide by its principles of confidentiality, consent, listening, accepting and loving those who need their care in the community, and taking the initiative to care for them.

### DESCRIPTION FOR PROJECT AND RATIONALE FOR SUPPORT

Over the last 3 years, on behalf of the Trust, Ruth Chorley has visited the chronically sick at home when she has her annual visits to Dodoma. This has highlighted the issue that there is *extremely limited knowledge, management, self-care and chronic disease management*. A good example is that the people are encouraged to drink at least 8 mugs of clean drinking water a day: usually the patients only have 2, and this is in a tropically hot, dry climate. The reasons for this can be poverty, as water has to be collected and often paid for and then boiled to make safe – which means charcoal for fuel to boil the water as well. However adequate water consumption is essential for basic good health.

In visiting, it was found that there are few patients who understand and manage their health well. These become Health Champions; presently there are two: for Diabetes and HIV.

So in discussions over the 3 years with the local Doctor and Pastors, it was agreed to train-up some local volunteer health workers in chronic disease management. This year 2 nurses and a

prayer warrior volunteered to join Ruth for the trip to Tanzania and they successfully trained 35 volunteers, from all backgrounds of semi-literate to master's degree, teenage youth to tribal granny who is happier in her tribal tongue of Kigogo than in Swahili. A Tanzanian nurse who the Trust had previously helped to train, joined the team, and the local Doctor. In the mornings the teams were divided into 4. Each team (of about 8 people) visited 4 houses in the mornings, spending up to an hour at each house, holistically assessing the patients' needs, advising them how to manage their health and then training the volunteers in this work. If they did not have a diagnosis from a Doctor, the Trust paid for them to get a correct diagnosis, so that the Tazama na Tunza team could care for the patients in the correct way.

Lunch was shared after the visits and then in the afternoons classroom teaching took place to cover the chronic conditions: the local Doctor and nurse covering the tropical and cultural conditions (e.g. chronic malaria, worms, Typhoid, TB), the UK team covering the rationales for general health and also universal health conditions (e.g. skin conditions, diabetes, HIV, heart conditions, epilepsy). A lot of drama and interactive teaching was used to ensure that there were as few cultural and language barriers as possible. This was very interesting as well as enjoyable. For instance when teaching on mental health, they really struggled to grasp concepts like depression, anxiety and psychoses, but when they were asked to act it out, they obviously knew exactly what the teaching had been about! It seemed to be just unrecognised/undiagnosed.

The cultural acknowledgement of any project is a building, and in discussion with the Archbishop, he said that there must be a "Dispensary". This made sense, as there are so many fake drugs about, that any medication needs to be reliable e.g. Metformin, Phenytoin, Erythromycin that are bought. The actual meaning of Dispensary turned out to be "Health Centre" which should have 8 rooms as a minimum, including injection, dressing and diagnostic rooms! So the project now includes the need for a Health Centre, which will eventually be self-sustainable. The Trust agreed to fund the building of the project and is now seeking financial support for this. The CCC Church agreed to manage and oversee the project. A plot of land has already been allocated and the building drawings done, including a water tank above the dispensary, toilets and electricity.

The visit in April showed that the community is aware of their needs – at their request there were visits to many homes of different backgrounds and faiths. A whole range of conditions were observed, and none of them were minor or time wasters. Everyone wanted to know about their health and how to help themselves.

Considerable time had been spent on writing a booklet in Swahili on the chronic conditions, and 300 were printed. These were very useful and were used as a constant teaching tool.



## EXPECTED OUTCOMES FROM SUCCESS OF PROJECT

SUCCESS	OUTCOME
<p>1. Enthusiasm for Tazama na Tunza project</p>	<p>They have already selected a management committee from among the volunteers.</p> <p>They hope to consistently visit those with chronic conditions at home, enabling them to make healthy changes and encourage them in a healthy lifestyle.</p> <p>The team will also visit new patients and when the diagnosis is uncertain, the Trust will pay for that patient to see the Doctor and have a correct diagnosis and initial treatment.</p> <p>The Local Government have already heard about the Team and Government Public Health have also come to give them a seminar and work with the team.</p> <p>The Trust will sponsor up to two more serious treatments a year, at the discretion of the Doctor. To date these have been operations for a uterine fibroid, a massive fatty cyst and a thyroid operation on 3 patients.</p>
<p>2. The need for a base for the team where they can keep their records and any medication, meet patients etc.</p>	<p>The Trust paid for a room in Mavuno House (the CCC Church and community office) to be prepared. (This has been done.)</p>
<p>3. Enthusiasm of UK nurses/doctors for supporting and updating the project.</p>	<p>The Trust is ensuring that a medical team visit annually to update and encourage the Team, work with the local Doctor and nurse and show accountability as a charity.</p>
<p>4. The CCC Church have already allocated a plot of land and drawings have been done to build the Health Centre.</p>	<p>The Trust needs to raise the visibility of this project and raise the money, with the long term prospect of a self-sustaining health centre with good clinical knowledge and expertise, with sound drugs and treatments, in a caring community.</p>

## ANALYSIS

### (STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS)

<p style="text-align: center;"><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>*Long term partnership already in place.</li> <li>*Local partners already very keen on project.</li> <li style="padding-left: 40px;">*Trust agreed on health vision.</li> <li>*Ability to work with other like-minded organisations e.g. Interhealth in London (a worldwide health support charity) would like to work with us, Government Public Health in Dodoma has also started working with us.</li> <li style="padding-left: 40px;">*The need is obvious and large.</li> </ul>	<p style="text-align: center;"><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>*Relationships working from a distance (UK – Tanzania) with only annual visits.</li> <li style="padding-left: 40px;">*More medical networking and support locally in Dodoma would improve the care available.</li> <li>*Everyone involved in the Trust and in the Team are volunteers, and enthusiasm for the work needs to be maintained.</li> <li style="padding-left: 40px;">*Success has its own drawbacks and the team may be swamped by the volume and seriousness of needs they encounter.</li> </ul>
<p style="text-align: center;"><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>*The Team could have a really positive effect on the health of the local community.</li> <li style="padding-left: 40px;">*Empowerment of the local community to meet their own health needs.</li> <li>*Health Champion encouragement to spread their ways of success.</li> <li style="padding-left: 40px;">*Provide good local health care where presently there is none, through the proposed Health Centre.</li> <li style="padding-left: 40px;">*Be part of the bigger vision of the TAG church in Tanzania in having a Health Centre linked to every large city church.</li> </ul>	<p style="text-align: center;"><b>THREATS</b></p> <ul style="list-style-type: none"> <li style="padding-left: 40px;">*Changes in Government policies</li> <li>*Failure to access enough support to build the Health Centre</li> <li style="padding-left: 40px;">*Being diverted from the vision.</li> <li>*Being daunted by the size of the Health Centre project.</li> <li style="padding-left: 40px;">*Having enough good medical staff to manage the Health Centre, when it is completed.</li> <li>* The need for the project to rest on more than the one local Doctor i.e. to recruit another Doctor in to do the work.</li> </ul>

## MONITORING & EVALUATION

Annual trips to the project can ensure that the targets are being met, along with regular feedbacks from the Tazama na Tunza team to the Trust throughout the year. The targets include:

- Correct diagnoses
- Correct health advice given
- Correct medication use
- Correct use of money and resources
- Correct record keeping

This can be assessed visually, by the feedbacks and by the records kept (as we already do, as an overseas charity). A Tazama na Tunza bank account has already been set up by the CCC Church.

## CORPORATE RESPONSIBILITY

As can be seen, this project is based on a partnership between the Church, community and Trust. The project will be owned by the CCC Church, with practical support from the Trust, to benefit the community. The Trust is under a Memorandum Of Understanding with the TAG Church, Tanzania.



*Ruth Chorley*

*Tanzania (UK) Trust*

*20.06.14*