

PROFILE

HELPING DEVELOP THE WHOLE COMMUNITY

(ifakaradiocese@gmail.com)

WHO AND WHERE ARE WE ?

We are a Roman Catholic faith community based in Ifakara, a market town in Morogoro Region southern Tanzania, East Africa. 8° South 37° East. You will find us situated in the Kilombero Valley flanked to the North West by the Udzungwa Mountains National Park and to the South East; Ulanga District and the Selous Game Reserve (the largest in Africa). The valley contains the Kibasila swamp and forms the largest seasonal wetland (a RAMSAR site) in East Africa. Its 38 permanent rivers join the Great Ruaha River to feed the Rufiji river delta. The valley is fertile and most of the population are subsistence farmers, cultivating mainly rice and maize as well as livestock and fishing. Despite this, lack of development means the majority of the population remains poor with access to limited facilities.

SOME HISTORY

The first Christian missionaries to settle this area were the Benedictines from St. Otilien in Germany during colonisation which started in the 1890's. Having settled in the Mahenge area, they saw the resident population was either Muslim or Pagan and sought to evangelize the area between the Great Ruaha River to the North and Kilombero River to the South. In those days missionaries used to walk on foot from Dar es Salaam to Mahenge and to the South. Often they would rest at Kiberege on the Ifakara road (400km from Dar es Salaam) where there was a Germany military base.



Pioneers

This small group of Capuchins were amongst the very first missionaries to arrive in then Tanganyika, which at the time was Muslim or Pagan. In a country this size with few roads, they faced a monumental challenge. Much of the country's early infrastructure was built by missionaries.

After the end of the Maji Maji uprising in 1907, the German Army (Shutztruppe) closed their camp at Kiberege and the Catholic Missionaries bought the land for just 88 rupees. Thereafter, on the 12th December 1909, Kiberege was officially opened as a Missionary station by Fr. Josef Damm and Brother Erhard.

Maybe the reason the land was so cheap was that it was low-lying, wet and unhealthy. Many of the surrounding settlements lay deserted after the Maji Maji War. As a result, on 19th March 1912, Bishop

Thomas Spreiter instructed the Kiberege Missionaries to close the station and shift all their books, (including Baptismal records) and took the name of the Patron Saint Andrew the Apostle and other belongings to Ifakara. This was concluded during the Holy Week of 1913.

The First World War ended in the defeat of Germany and her empire by the British and her allies in 1918. Tanganyika became a Protectorate of the British who expelled the German Benedictines and replaced them with the Swiss Priests of the Missionaries of Africa, who were commonly known as the White Fathers. The whole area of Mahenge and Ifakara was placed under the stewardship of the Swiss Franciscan Capuchin Fathers and this was confirmed by Vatican in 1921. It was these Franciscan Capuchin Fathers who really started the evangelization and development of the Mahenge and Ifakara region. They started administering sacraments; building schools; churches; convents, and centres for the disabled. They were prolific and industrious builders constructing parish houses and opening up several dispensaries, some of which developed into hospitals. No less a contribution and commitment to the early development of this community was made by nuns, particularly the **Swiss Baldegg Sisters (PICTURED BELOW)**.

(Many of these devoted people lie in the cemetery behind St. Andrews Church opposite St. Benignis Girls Secondary School).



Swiss Baldegg Sisters – Challenged with developing an area the size of their own country

Mr. Kasian Mhenga from Ifakara was the first Catholic Christian to be baptized on 3rd July, 1910

Ifakara was formally under the Catholic Diocese of Mahenge before Ifakara Diocese was officially inaugurated on 14th January 2012. This is the newest Catholic Diocese in the country and with its first Local Ordinary being Bishop Salutaris Melchior Libena.



PASTORAL WORK AND ORGANISATION

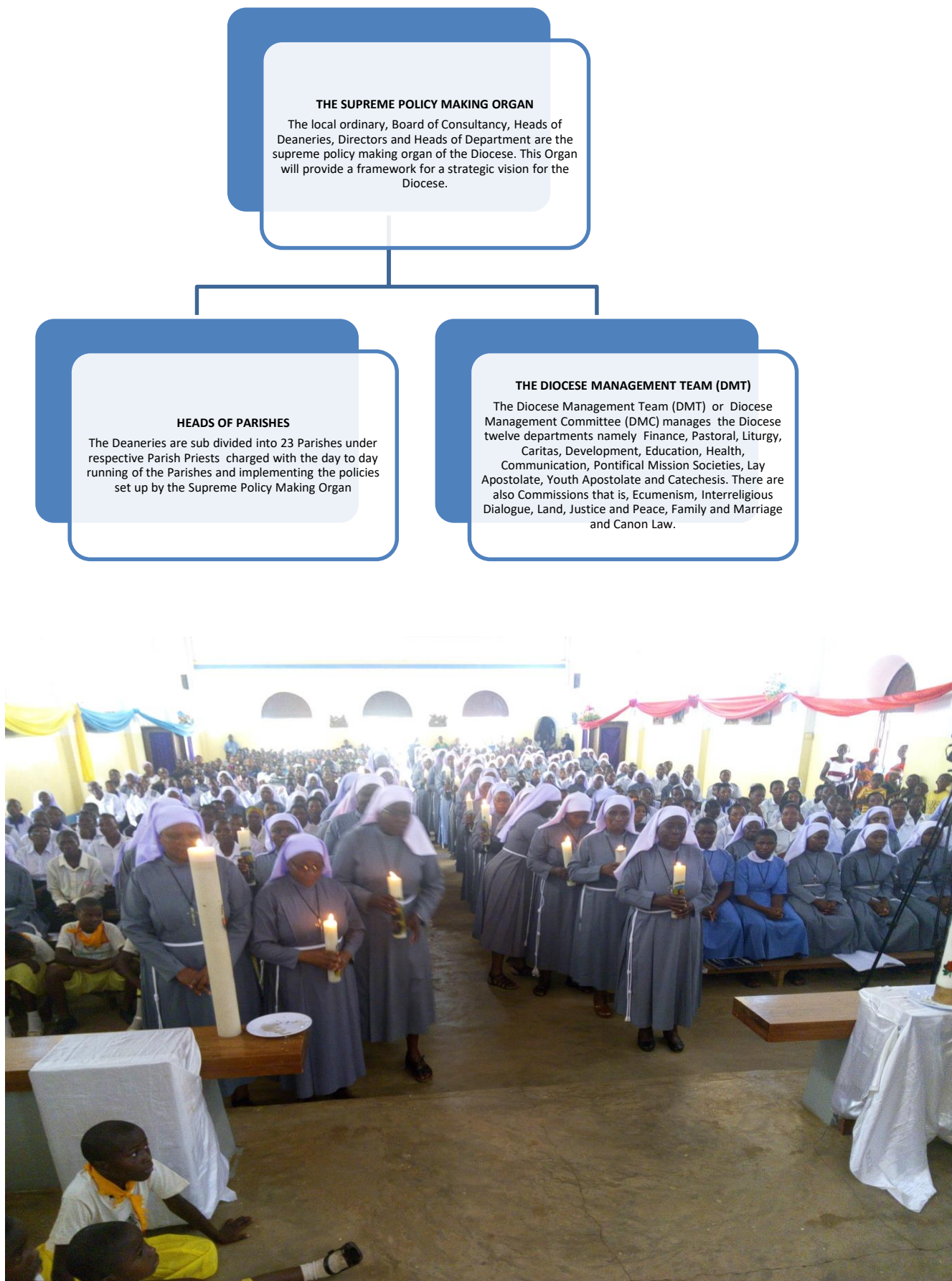


Clerics & Religious Personnel Working in the Diocese and Origins

(As per Diocese Directory February 2019)

Diocesan Priests	29	
Missionary Capuchin Priests	1	
Indigenous Capuchin Priests	4	
Priests Holy Spirit Fathers	2	
Missionaries of Heralds of Good News	4	India
Missionaries of Compassion	3	India
Precious Blood Fathers	2	
Franciscan Capuchin Brothers	8	
Franciscan Sisters of Charity	115	Mahenge
Franciscan Clarist Sisters	9	India
Good News Sisters	4	India
Suore Minime Dell'Addolorata (Sisters of St.Cleria)	4	Italy
Ursuline Sisters of Sacred Heart of Jesus Argonizing	7	Italy
Sisters of the The Holy Spirit	4	India
Seva Missionary of Mary	4	India
Sisters of Destitute	4	India
Catechists	138	





A Priest working in the community.

The Church plays a major role in rural village life throughout the country and encourages active participation by all community groups.

One of the many groups the Church organises. This one is called VIWAWA which translates to Christian youth workers.

Tanzanian Young Catholic Students group during Easter Conference



Not only does the Church play an active part in local communities, it also runs some large and important institutions as well as smaller centres across the Diocese. So many in fact, it has not been possible to feature every one of them in this profile. All are mentioned however and certain ones were chosen to participate in compiling a feature article. Historically the Church has concentrated on developing the essential services of Health and Education.

HEALTH

Centres and Institutions dedicated to the health and well-being of the community:

1. Kisawasawa Health Center; Kisawasawa.
2. Divine Mercy Home for the aged and orphans; Lungongole.
3. St. Alphonsa Dispensary; Lungongole.
4. St. Judas Thaddeus Health Center; Mbingu.
5. St. Elizabeth Orphanage; Mbingu.
6. Mchombe Parish Dispensary; Mchombe.
7. Parish Dispensary; Merera.
8. Katurukila Dispensary; Mkula.
9. St. Marys Dispensary; Mofu.
10. Parish Dispensary; Mpanga.
11. Good Samaritan Hospital; Msolwa.
12. Parish Dispensary; Taweta.



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www.stfrancisreferrallhospital.or.tz

Welcome to **St. Francis Referral Hospital**

St. Francis Hospital belongs to the Roman Catholic Diocese of Ifakara operates in collaboration with the government of Tanzania. It is a referral hospital at regional level but also has an agreement with Ifakara Town Council to operate as its main hospital. The hospital was upgraded to be one of the referral hospitals at regional level in 2010 by the Ministry of Health and Social Welfare serving mainly Kilombero, Malinyi and Ulanga and part of Kilosa Districts, which together have an approximate population of 800,000.



Hospital Background

The history of SFRH dates back to 1921 when the Baldegg Sisters from Switzerland opened the first dispensary in Ifakara. In 1931 a 30 bedded hospital was built and managed by nuns for twenty years until the first medical officer arrived in 1951. The main buildings of the present hospital were built in

the late fifties by Dr. Karl Schoepf, a surgeon from Austria who is still well remembered by many people in Ifakara and beyond. As the demand for services increased, facilities were gradually expanded to the present 371 bed capacity. In 1975 the district of Ulanga was divided and a new district of Kilombero was established. The District of Kilombero had no government hospital at that time so in 1976, by mutual agreement between the Diocese of Mahenge and the Government of Tanzania, the hospital was turned to be a Designated District Hospital of Kilombero. The Diocese retains the ownership of the hospital and is also responsible for its management. The Board of Governors (BOG) under the chair of the Bishop is overall responsible for the management of the hospital. In addition currently SFRH is a referral hospital for all other hospitals in the Kilombero, Malinyi and Ulanga Districts, as well as part of Kilosa District.



The memorial stone in the yard of the old hospital This is the place where admissions of SFDH patients started in 1930



The old dispensary

Planned to meet European standards

The new hospital was planned by Dr. Karl Schoepf himself. It was his goal to build a modern hospital with European standards. Its architecture is therefore – according to the tropical climate – bright, open and airy in all directions, with big windows, wide terraces in front of every ward and spacious areas of lawn between the buildings. On the other hand, the functional arrangement corresponds in its logic to the European example.

The whole hospital is a ground-levelled construction, except for two one-storey buildings on either end of the central longitudinal axis formed by a broad roofed corridor open to both sides. The main entrance is situated on the ground floor of the front building. The offices of Administration and Medical Director lie on the first floor. In the rear building there are a kitchen, the library, the pharmacy, the hospital chapel and the offices of the new University.

The foundations of the whole hospital are more than half a meter higher than the lawn, so as to safeguard the buildings against being flooded in the rainy season, even during heavy thunderstorms. Finally, all important connecting passages are roofed.



MISSION

We are Roman Catholic Faith Based Referral Hospital at Region level that promotes holistic health services through provision of quality, accessible, equitable and affordable health care services to the people in Ulanga and Kilombero districts.

VISION

To be a competent and cost effective Referral Hospital at Regional level, providing compassionate, safe, quality and reliable sustainable specialist care for improved quality of life of the people in the catchment area.

Departments

St. Francis Hospital has 371 beds and is divided into departments for Surgery; Internal Medicine; Gynaecology and Obstetrics, Paediatrics; Chronic Diseases and Intensive Care. Additionally, there are Outpatients' departments and Emergency; Dental Medicine; Physiotherapy; Occupational Therapy; Psychiatry; Reproductive Health; Radiology; a Laboratory; a Pharmacy and a Special Pharmacy Unit for the production of infusions. Outpatients are examined and treated in a special building situated in front of the hospital, with departments for eye diseases, skin diseases and HIV/AIDS.

Financing

The hospital is co-financed by the Tanzanian Government and the Diocese of Ifakara. Running costs such as basic salaries of some employees and certain medicaments are covered by the government accounting for 42% of the annual hospital budget. The Diocese is responsible for the maintenance of buildings and equipment, for investments, and bonuses.

"Cost-Sharing" is another important source of income. It means, patients are charged a certain amount of money for hospital stays; treatment; investigations; operations and medicaments. Only very poor people; pregnant women and children are exempt from this charge. The income from this source amounts to 36% of the budget.

Theoretically, this financing model seems to be reasonable. Unfortunately, in practice it does not work as well as it should.

A Short Story about how Austrian "Doctors for Ifakara" get a new X-Ray machine to Tanzania

During our stay in Ifakara in May we noticed that the X-ray device was in bad shape. One month later, the nearly 40-year old machine broke down. Our association therefore decided to buy a brand-new one. The radiographer arranged a meeting with representatives of Siemens Innsbruck. This company offered an uncomplicated device, yet quite suitable for tropical regions, a Bucky wall unit included. A Siemens "MultixSwing/Vertix" unit met our specification; was within our price range and also superior to similar X-ray machines offered by other firms. The board of our association decided to start a donation appeal because we simply didn't have the required USD\$ 60.000. Believe it or not, supported by the Regional Government of Tyrol, a lot of Tyrolean doctors, the Medalp Clinics Tyrol and many private donors who had organized highly successful charity events, we accomplished the impossible. The necessary money could be raised within two months. We ordered the X-ray machine and determined the date of installation in Ifakara.

A small team was to oversee the assembly of the machine and the training of the personnel. They set off for Tanzania on October 31 2009. To put it simply, troubles continued. Instead of a promised flight transport the device was sent by ship, with three stopovers in Hamburg, Rotterdam and Salalah/Oman, which resulted in a delay of nearly 2 weeks. The ship didn't arrive until 23/11/2009. So we had to postpone our

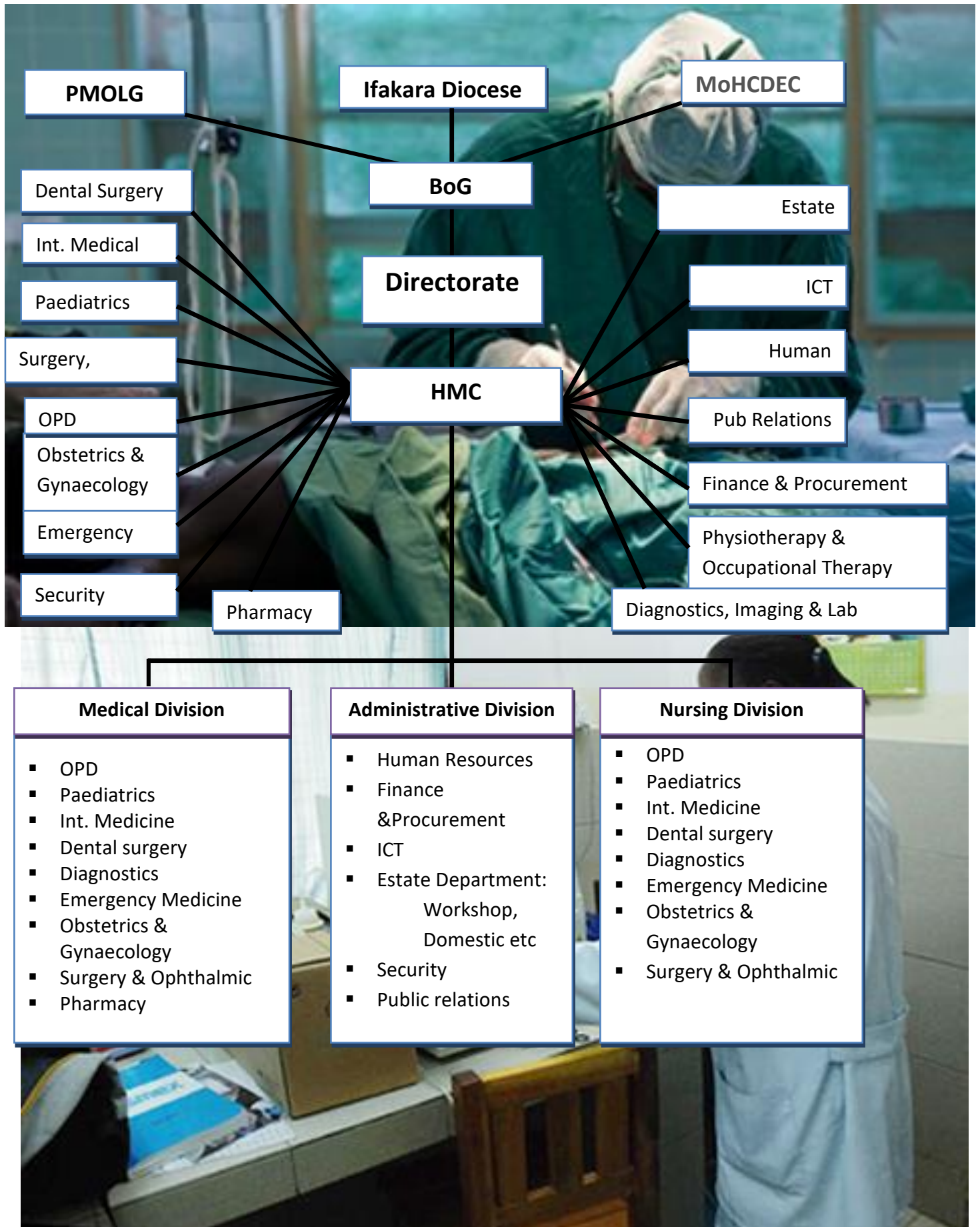
flight back to Europe. In the meantime, we restored the old X-ray room so as to make it go well with our visual and hygienic ideas. But it was much more important to adapt the room to radiation protection regulations, which are a must in Tanzania as well. It was quite a tough job to take all the necessary measures. For example, two thirds of the X-ray room windows had to be bricked up and the doors had to be provided with lead sheets. At the front of the lorry which delivered the X-ray machine one could read: "God is Great", and in fact, we were in dire need of help with Tanzanian Customs.

Finally, on December 4 the X-ray device arrived in Ifakara. A team from Vanguard Ltd started the installation on 06/12/09, and within two days the job was done. Tuesday 8/12 and Wednesday 9/12 were devoted to the training of the local X-ray staff. We had it announced over the radio that X-ray examinations in those days were free of charge. The result was that patients usually coming when it is nearly too late for medical help, thronged the waiting room. Our staff had more than enough opportunity for training.

On Friday 11/12 the Right Rev. Bishop Agapit Ndorobo celebrated Holy Mass and christened the new X-ray department in a solemn ceremony in the presence of the Austrian Honorary Consul Mr. Helmut Suitner. Afterwards, the employees of the hospital and the population of Ifakara threw a legendary party. I would like to remark that our association organized this feast to also inform the people of the region about the activities of our association. We want to say "thank you" to all our donors, the Vanguard Company with Mr. Prashant Gocarn, the members of our association, the representatives and the staff of the hospital and Mr. Hannes Steinkellner from Siemens Innsbruck, who all gave us helping hands. Renate Schwamberger



Hospital Management



Challenges We Face

Shortage of doctors, of specialists in particular: At the moment not more than 6 specialists are working in the hospital. If you compare this number to the large amount of patients, lack of medicaments. The turnover rate of doctors is very high. The cause may be that Ifakara lies in a remote region. It is very difficult to persuade doctors to move to the bush, far away from the capital. Low salaries are another problem.

Drug supply by the government is not reliable: Under normal circumstances, the hospital is provided by the government-run "Medical Department Store" in Dar es Salaam. However if medicaments are not available due to shortage of money, the hospital has to buy the necessary drugs in local and private pharmacies.

Budget: There is hardly any budget to buy new hospital equipment. Most devices are therefore out dated. As soon as they stop working they cannot be replaced by new ones.

Uncertain water and electricity supply: The hospital has four water-drill-holes with old groundwater pumps. In addition, the hospital is connected to the public electricity grid, so there are very often powers cuts sometimes for several hours or even days.

Insufficient laboratory equipment: Many devices in the laboratory are very simple and out dated. Naturally, this leads to great problems in the diagnosis of many diseases.

To address these problems, the Hospital is supported by the Austrian charity "Doctors for Ifakara" which is:

- Financing the training of doctors and specialists and upgrading of other personnel.
- Providing the hospital with medicaments and necessary equipment.
- Regularly visiting the hospital by members of our association to support doctors and nurses and check equipment.



Department of premature infants

Also, in collaboration with the Swiss Development Co-operation agency, the hospital is being renovated; expanded and equipped.

What we delivered in 2018

6 Specialists; 11 Medical Officers; 11 Assistant Medical Officers; 23 Interns and 125 Nurses treated around:

100, 000 Outpatients.

17, 000 Inpatients.

And Delivered over 5, 000 babies.



NAZARETH CENTRE

LEPROSY – a disease regarded by the vast majority in the developed world as one of the Middle Ages. It is up there with The Black Death (Plague) as the scourge of medieval society. Perhaps then, it is no surprise that the Diocese has a centre for the disease so often mentioned in the Bible.



History

Leprosy is stigmatized even here in Africa, where Leprosy and its close cousin Tuberculosis (TB) live closely with their new companion HIV. Treatment of the disease in Ifakara was pioneered by Sister Arnoda, who set up a small treatment centre made of mud and thatch until she died in 1962. The mantle was then passed to another Baldegg Sister Maria Paulo, whose name is still much revered in these parts. She started the project constructing the modern centre in 1964. Construction was completed at the end of 1965 and the new St. Vincent de Paul Centre (as it was then known) was opened by the Diocese of Innsbruck on 5th August 1967.

The Team and a calling

The 8 members of the team here at Nazareth today have to be dedicated to treating the afflicted of what is stigmatized by ignorance even here, where the disease is present in the community, rather than a distant memory of the Dark Ages. Head of the Centre Sister Agatha is one of two trained nurses and has served here since 1992. Enock Kahisi, the clinician has been diagnosing patients for over 34 years. It might surprise you to hear that neither of them has ever contracted the disease infamous for being contagious by touch alone. This small hard working group care for 64 in-patients and another 72 in the community (as January 2019). They provide:

1. Initial diagnosis and treatment.
2. Out-patient supervision of drug treatment and counselling. Drugs are provided by the local government District TB and Leprosy Co-ordinator.
3. In-patient treatment for illness and complications in collaboration with St. Francis Referral Hospital.
4. Residential care for deformed; disabled and those with no close family.
5. Basic prosthetic aid for the deformed and disabled.



You might be wondering how only eight staff care for in-patients alone, eight times their own number. Not only are the patients' family and the community expected to join in, but also the patients themselves. Leprosy is debilitating only in the later stages. Otherwise patients too can help with cleaning, food preparation, washing clothes etc.



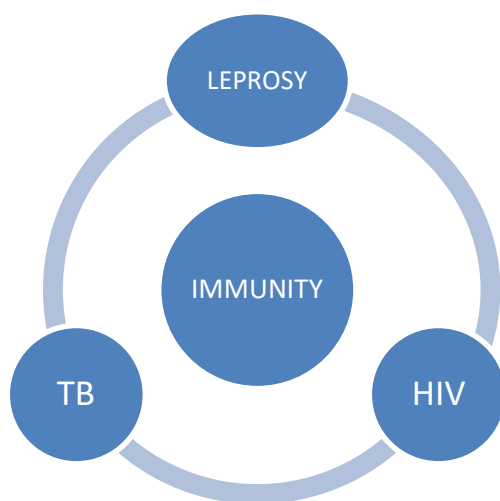
The Hare & The Tortoise – What do you know about Leprosy?

Here is a mix of comfortable and uncomfortable facts:

- Leprosy attacks the nerves and is caused by *Mycobacterium Leprae*, which has four strains varying in virulence. It is of the same family of bacilli as Tuberculosis.
- It is an airborne pathogen contracted by contaminated droplets spread through coughing, sneezing, even talking and rarely, kissing. It is not congenital but can be passed to children via infected parents through long standing close contact.
- The bacterium is internal and though found in the subcutaneous layer, is not present on the surface of the skin. Therefore **YOU CANNOT CATCH IT BY TOUCHING** - even the de-sensory skin patches caused.
- If left un-treated, it can lead to severe deformity, especially affecting the eyes; limbs; fingers and toes. However you cannot contract the bacilli even by touching deformed limbs and fingers.
- Leprosy has two categories; multi-bacillary (MD) meaning many bacterial infection and paucibacillary (PB) meaning few. Which type you contract depends on your level of exposure and IMMUNITY. If you have Leprosy PB it can worsen to MB through lack of treatment and degradation of immunity. If you have Leprosy MB it cannot lessen to PB (as with HIV). The solution to both is TREATMENT.
- **LEPROSY IS COMPLETELY CURABLE** – the sooner the better. Leprosy PB takes a DAILY course of tablets lasting 6 months; MB takes 12 months. Then you are completely cured. If you do not complete the course however, the bacillus can become drug resistant – then you are in big trouble. This is why supervision is important.



- Leprosy is a tortoise compared to its cousin hare - TB. It is not highly infectious and has an incubation period of between 5 and twenty years. Therefore you won't see symptoms in the under 5's. Conversely you could contract it today and not know for another two decades.
- TB is another airborne bacillus many have confined to the past. A family member of Leprosy it, TB on the other hand, is highly infectious and symptomatic within months not years. Together joined by HIV, the three are linked due to types of treatment and supervision required and their common link with the IMMUNE SYSTEM. Over half of people diagnosed with TB will be HIV+.



Three friends you don't want to meet on a dark night

A Rough Guide to Etiquette

Those who have been to Africa will know that shaking hands (with varying levels of complexity) is the customary way people greet each other. Due to the stigma attached, few people with deformities caused by Leprosy will offer to shake your hand due to embarrassment. Of course there is no reason why you shouldn't and sufferers are being encouraged to offer to shake hands. If this happens to you, you may be surprised by your own reaction. Here are three suggested reactions:

- For the not so brave – tap the deformed hand (like the footballers do).
- For intermediate level – grasp the wrist and shake firmly.
- For the truly enlightened – fully grasp the stump and shake heartily.



Patients with Leprosy COMPLETELY CURED by NAZARETH CENTRE

2017 = 72

2018 = 86

EDUCATION

Centres and schools dedicated to education and youth development:

St. Augustine Kindergarten & Primary School; Chita.

St. Benedict Montessori Nursery School; Idete.

St. Joseph Vocational Training Centre; Ifakara.

St. Mary's Catholic Nursery School; Kibaoni.

Malecela Secondary School; Kilombero.

St. Francis Xavier Nursery School; Kisawasawa.

Queen Mary Secondary School; Kikwawila.

St. Martin Girls Secondary School; Mbingu.

St. Theresa Nursery School; Mbingu.

Mchombe Parish Kindergarten; Mchombe.

Kindergarten of St. Teresa of Child Jesus; Merera.

Sole Secondary School; Sole.

St. Joseph's Nursery School; Mpanga.

Assumption Pre-Primary & Primary School; Msolwa.

Compassion Secondary School; Msolwa.

Namwawala Kindergarten; Namwawala.

St. Mathias Mulumba Nursery School; Nyandeo.

Tandele Mlimani Kindergarten; Tandele Mlimani.

"New Kids On The Block" – At the Dioceses newest school St. Raphael



BENIGNIS GIRLS SECONDARY SCHOOL

HISTORY

Benignis Girls Secondary School started life as Benignis Centre back in the **1970's**. It was founded by Sr. Benignis Boxler, a missionary Swiss Baldegg Sister. In the beginning, the centre was a nursery school which also taught vocational skills such as sewing and tailoring to local women. In **2012** Benignis Girls Secondary School was opened to provide secondary education for girls and keeping with tradition, vocational skills like tailoring and basic computer skills. Benignis is a "girls only" boarding secondary school targeting bright, motivated and economically disadvantaged girls. Levels Form one to form four (O-Level) are taught. In **2013** the Centre added a primary school, so now offers nursery and primary co-educational day-schooling for both girls and boys.

MISSION

The mission of Benignis Girls Secondary School is to promote improved access to high-quality secondary education for marginalized and vulnerable Tanzanian girls emphasizing on science subjects.

While the government struggles to keep up with the rising population of children who need to be educated, including an ever-increasing number of orphans and vulnerable children, the resources and the budget allocated to this program is very little. Girls and the women at large represent an enormous untapped resource in Tanzania if the proper solution to this problem cannot be identified and solved. The ripple effects of educating girls are powerful, yielding benefits on a much wider scale than merely to the individual girls who are reached. Girls with secondary education become knowledgeable, skilled women who enjoy greater decision-making power in their own households and make valuable contributions in their workplaces. With Secondary education level many girls will become strong, dynamic leaders, guiding social change processes in their communities and nation.

It is our great hope that Benignis girls secondary school will keep on being blessed and shining in academic performance.



NUMBERS

Benignis Nursery & Primary School : Nursery = 82 Students:

Primary = 354 Students (Total 27 Staff).

Benignis Girls Secondary School : 341 Students (44 Staff).



FUTURE PLANS

Benignis Nursery & Primary School plans to introduce boarding facilities for both boys and girls.

Benignis Girls Secondary School plans to extend the level of education offered to A-Level.



Wanabe Commando's ?? – PT with Sister Lucy

RESULTS

The Benignis Girls Secondary School :

In 2014 Form 2: Score Distinction = 34, Merit = 6, Credit = 0, Pass = 0 and Fail = 0

In 2016 Form 4: Score DIV - I = 5, DIV - II = 23, DIV - III = 6, DIV - IV = 0 and DIV - 0 = 0

In 2017 Form 2: Score DIV - I = 47, DIV - II = 5, DIV - III = 0, DIV - IV = 0 and DIV - 0 = 0

In 2017 Form 4: Score DIV - I = 6, DIV - II = 21, DIV - III = 0, DIV - IV = 0 and DIV - 0 = 0

In 2018 Form 2: Score DIV - I = 74, DIV - II = 4, DIV - III = 0, DIV - IV = 0 and DIV - 0 = 0

In 2018 Form 4: Score DIV - I = 15, DIV - II = 17, DIV - III = 2, DIV - IV = 1 and DIV - 0 = 0

For More Information Visit us
on

www.benignis.sc.tz

you can see more about
Benignis

or

www.maktaba.tetea.org



BETHLEHEM CENTRE

FOR MENTALLY DISABLED CHILDREN

(BETHLEHEMCENTRE1@HOTMAIL.COM)

Life for mentally retarded children can be particularly tough in Tanzania. They are often stigmatised and even abused. Bethlehem Centre offers them a chance to learn and integrate into the community and also guides other children to integrate with them.

HISTORY

The Centre was founded in 1979 by the Tanzanian Episcopal Conference under the patronage of the then Bishop Iteka of Mahenge. Brother Edwin Moos was tasked with building and developing the centre on twelve acres of land. It opened on 19th March 1986 with just ten children. The objectives of the centre then, as now are to provide:

- Residential care and quality education services for mentally retarded and normal children.
- Mentally retarded children and youth with practical craft skills.
- Sensitization of the community of the rights of mentally retarded children.
- Integrated education and practical training.

THIRTY YEARS LATER

Today (2019) the Centre operates a Kindergarten for 84 normal local children and 96 students with special needs from all over the country. Capacity of the Centre is 120 with enrolment age of 8 – 14 years. The Centre is co-educational with the Special Needs part being boarding. We try to self-sustain as much as possible and the Centre has a further 90 acres of agricultural land at Idete 21 Kms away. We have 6 qualified special needs teaching staff with 12 assistants. Eighteen “house parents” do a two year in-job training course completing a total staff strength of 52.



VISION

Full and quality inclusion of people with mental disability in Tanzania giving them independence as far as is possible.

KINDERGARTEN - Although the Kindergarten teaches normal children separately, all children mix happily together at play and at meal times.



MISSION

Empowering our children and youth through better care; quality education; training and providing them the opportunity and environment to access their rehabilitation and resettlement

TEACHING CHILDREN WITH SPECIAL NEEDS

ADMISSION - All children are welcome here and they come from all over Tanzania. First they and their parents are assessed by our Special Needs staff to ensure they meet the Centre's entry criteria.

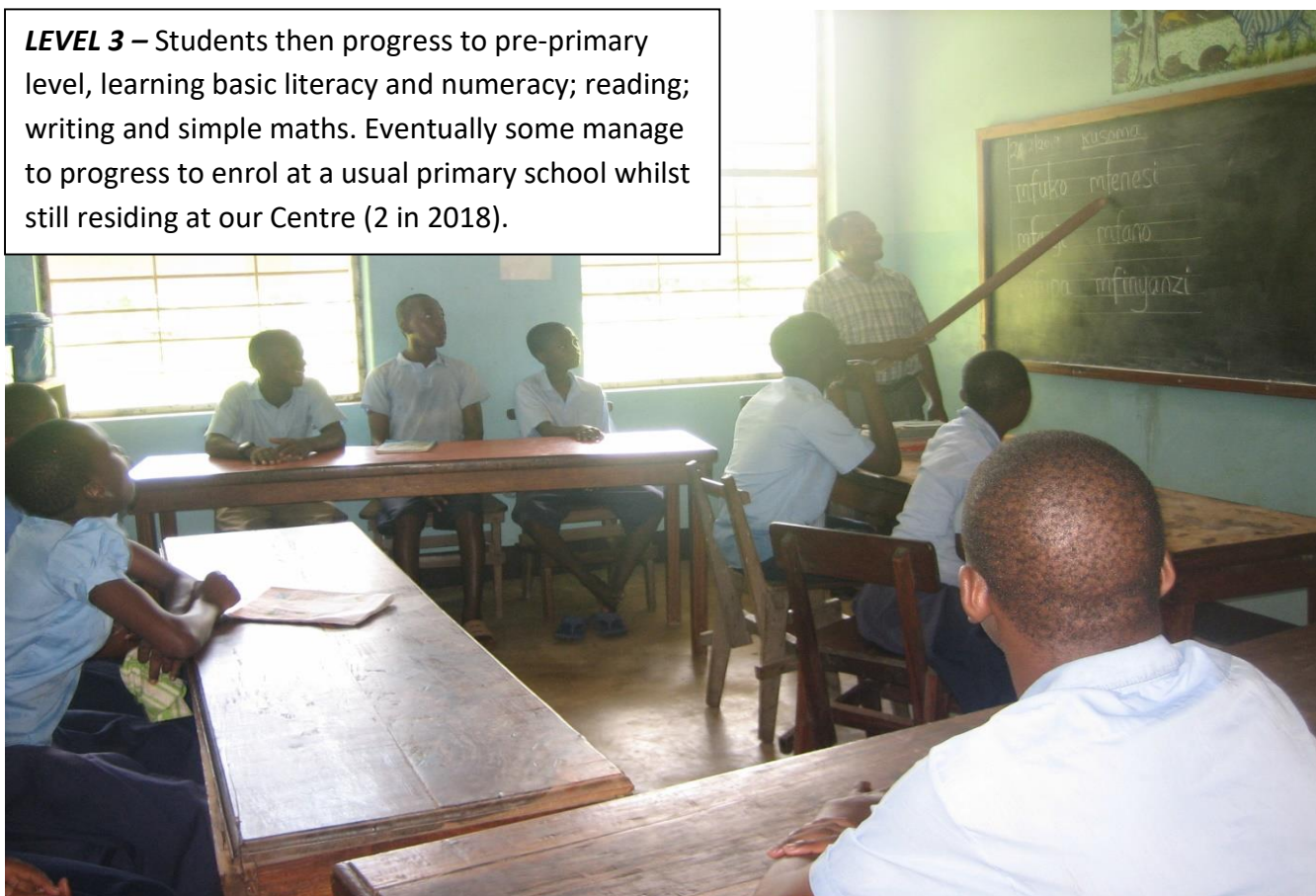


LEVEL 1 – Of course children are admitted of various levels of mental ability. Some cannot wash, go to the toilet or even eat without their parents when they first arrive. The first stage teaches kids basic therapeutic and self-help skills. They are also taught basic words and shapes. Basic speech; language skills and physiotherapy also start at this level.



LEVEL 2 – Learning numbers and letters of the alphabet comes next. Children are taught to count and form words. Throughout their time here they generally need no encouragement on doing what kids do best – playing with other kids.

LEVEL 3 – Students then progress to pre-primary level, learning basic literacy and numeracy; reading; writing and simple maths. Eventually some manage to progress to enrol at a usual primary school whilst still residing at our Centre (2 in 2018).





VOCATIONAL SKILLS – Most of our students do not manage to graduate to standard school. In order to fulfil our mission for our children and youths to fully integrate into society and be independent, it is best if they can support themselves. We teach a wide variety of vocational skills tailored to fit each student's ability.

We teach tailoring; sewing; weaving; carpentry; gardening; animal husbandry; sculpturing; environmental skills and home economics.

ACTIVITIES – We organise a wide range of activities to keep the children and youths in our care engaged and occupied.

We have a well maintained playground; sports areas and a swimming pool.

There are toys for the little ones to play with and bicycles for the older ones.

We have two video/TV rooms for evening's entertainment.

The staff organise group activities like days out and picnics. Here the kids are off on a cycling trip.

Our students also participate in both the National and International Special Olympics.

ONGOING ASSESSMENT AND GRADUATION

Of course there is no standard school cycle for children with special needs. They leave when they are ready to do so, upon the agreement of teachers and parents. Throughout the child's time with us, his or her progress is continually monitored and assessed by our specialist staff:

- We teach the Ministry of Education Curriculum for Mentally Disabled Children.
- We hold a seminar on mental disability and parental responsibility for parents and staff at the beginning of each school term.
- After initial assessment the child is assessed every three months.
- At the end of each year, if the child is ready to move on, after discussion with and agreement of the parents, the child graduates.
- Children who get to a certain point and progress no further are given an Individual Education Programme.



In 2018 two of our children graduated to standard one Primary School. We have two who went on to secondary school in 2017.



CHALLENGES AND THE FUTURE

Despite the great work done especially by our dedicated staff, running the centre and providing for all to the standard we want is an on-going challenge. We lack transport for the children and finding adequate trained staff is always difficult. Staff housing; tools; machines and training equipment are always in short supply. Using our imagination and initiative we will persevere to meet our future planning objectives:

- Meeting the Millennia Development Goals of improving the welfare of vulnerable children.
- Maintaining adequate levels of trained staff.
- Maintaining adequate structures and facilities.
- Improving our financial base.

The vast majority of our special needs children come from impoverished families. School fees and our own self-help economic activities cannot fund the whole school budget. We rely a great deal on donations in one form or another.



EDGAR MARANTA

SCHOOL OF NURSING

www.ifakaranursing.ac.tz Email- ifakaranursing@yahoo.com

HISTORY

In the 1990's Tanzania was faced with a national shortage of nurses, especially Grade A Nursing Officers. Just five schools produced around a mere 100 nurses annually. In 1993 here in Ifakara, the ex-pat director of St. Francis Hospital Dr. Ryszard Jankiewicz took the initiative to use hospital resources to create the General Nursing Diploma Upgrading Course (GNDUC). In September 1994, thirty five Grade B nurses with a minimum of 3 years work experience were enrolled in a two year Diploma course to upgrade to Grade A.

In 2004 the Edgar Maranta School was opened for secondary school leavers with D passes in Physics and C grades in Chemistry & Biology to pursue a Diploma in Nursing. Those with D passes in these subjects could enrol for Certificate level. In January 2013 these two schools were merged into the Edgar Maranta School of Nursing, named after the late Capuchin Brother Edgar Maranta, former Bishop of Mahenge.



Vision –

A sustainable training institution for delivery of health care and quality services characterized by Equity, affordability and accessibility resulting in healthy and peaceful communities.

ENROLLMENT NUMBERS	Academic Year	
	2017 / 2018	2018 / 2019
Community Health	38	17
First Year Nursing	34	18
Second Year Nursing	46	34
Third Year Nursing	41	38
Second Year April Intake	21	22
E-Learning	38	31
In-Service Upgrading	-	66
Total Students	218	226



Ummu Ally Mwalimu (MB)

Minister of Health opening new facilities at the school in 2016.

Mission –

To prepare professional nurses whose practice reflects humanistic ethics and is scientifically based, technically competent and highly compassionate

Objectives –

1. Strengthen the financial position of the school.
2. Improve the motivation performance of the staff.
3. Improve the admissions criteria and standardization of the programs. Promote holistic care in clinical training.
4. Improve the quality of student supervision in the clinical area.
5. Expand the capacity of the institutional infrastructure.
6. Strengthen the capacity of performance in the clinical areas/ field.
7. Strengthen linkages with the community



Core Values –

1. Quality.
2. Efficiency.
3. Competence.
4. Equity & Equality.
5. Transparency.
6. Integrity.
7. Teamwork

EMSN offers the following courses:

- 3 years training for diploma nurse
- 2 years upgrading training for diploma (eLearning) for nurses with certificate
- 1 year upgrading training for diploma for nurses with certificate
- 1 year training for Community Health Trainers

Performance for Final Examinations – Academic Year 2017 / 2018			
ACADEMIC PROGRAMME	TOTAL CANDIDATES	PASS	FAIL
Community Health (NTA Level 4)	38	Results Pending	
Nursing Year 1 (NTA Level 4)	34	34	-
Nursing Year 2 (NTA Level 5)	46	45	1
Nursing Year 3 (NTA Level 6)	41	39	2
E-Learning (NTA Level 6)	7	6	1
Total Students	166	124	4



Procedure Manual

In collaboration with the Lugala School of Nursing, Edgar Maranta School of Nursing has written a 'Procedure Manual' for students (164 pages). This manual provides nurses with a solid and reliable tool for understanding and application of nursing procedures which stresses the concept of caring. The manual, which is unique to Tanzania, was written by tutors and clinical instructors.

Clinical Instruction at the Edgar Maranta School is unique in Tanzania

The students get their practical experience in the nearby St. Francis Referral Hospital. Clinical instructors who undertook one years training in Zambia have a key role in supporting the students in the skills lab and in the hospital wards. They conduct practical nursing training to students by integrating theory into practice and provide support and advice to students and nurses in the wards.

Skills Lab, Library and Website

A new skills lab with all the necessary equipment was opened in November 2016. The school has its own library with 1238 books with a trained librarian. The school has its own website www.ifakaranursing.ac.tz. Registration forms can be downloaded and returned by E-Mail.



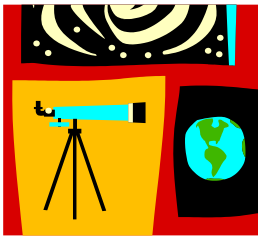
Health Workers serving in the community.



The Future –

Here at EMSN we have a strategy aimed at achieving financial sustainability and improving the quality of our courses to attract and retain the best people:

1. Strengthening the financial position of the school.
2. Improving the motivation performance of the staff.
3. Improving the admissions criteria and standardization of the programmes.
4. Promoting holistic care in clinical training.
5. Improving the quality of student supervision in the clinical area.
6. Strengthening the capacity of the clinical areas/ field.
7. Expanding the capacity of the institutional infrastructure.
8. Strengthening community links.



ST. RAPHAEL SECONDARY SCHOOL

MD990: Discipline & Academic Excellence



This is Yasintha Frank Lossi with her mum reporting for her first day at school. She is our very first student at St.Raphael Secondary School and we are the newest school in the Diocese of Ifakara. We opened on 16th January 2018 at Kapolo about 7 kms from Ifakara. This is our story so far:

Mission

We are a co-educational secondary boarding school teaching levels Form One to Form 4. This is what we aim to provide:

- An excellent standard of secondary education for local children.
- Affordable education for children from poor and low income families.
- Foster students' independent personal and moral development.
- Maintain a level of acceptable behaviour through discipline.
- Prepare the student for further studies and higher education.

CHALLENGES WE FACE

Being a brand new school brings it's own challenges. We must use our own imagination and self-reliance to build our school.

Currently we sleep in our class rooms so we need to build dormitories. - We hope to fund that with our school fees.

The staff need houses to live in. – We will seek the help of donors to do this.

We need laboratory equipment and library books. – We hope the Diocese will help us with books and equipment.

The school area is prone to flooding during the rainy season. – We will dig the drainage ditches ourselves.

Perhaps the biggest challenge is to do all this without increasing school fees to an un-affordable level. Private schools have a reputation for being exclusive and too expensive, so we have to manage our resources carefully to keep our fees low.



One year on and our school has grown to 53 students and 10 staff (January 2019). Our plan is to increase that number to 320 students by the year 2022. We have a lot of work to do to get the school ready to accommodate this many students.

PARTNERSHIPS

We work with other individuals and groups engaged in developing the whole community. Most established is the collection of organisations in and around St. Francis Hospital who share common goals. This is known locally as the “Ifakara Cluster”:

1. St. Francis Referral Hospital (SFRH).
2. St. Francis University College of Health and Allied Sciences (SFUCHAS – Trains medical doctors and other health professions).
3. Tanzania Training Centre for International Health (TTCIH – Trains Assistant Medical Officers).
4. Edgar Maranta School of Nursing (EMSN).
5. Ifakara Health Institute (IHI – Research).

Missionaries

The Diocese also employs lay missionaries; Sisters; Brothers and Priests from abroad who work for our various institutions in various capacities for varying lengths of time. We currently have three full time lay missionaries who hail from Great Britain, Holland and Ethiopia.



The first Medical Doctors to graduate in Ifakara



ST. FRANCIS UNIVERSITY COLLEGE OF HEALTH AND ALLIED SCIENCES (SFUCHAS)



Email: principal@sfuchas.ac.tz

Website: www.sfuchas.ac.tz

A Constituent College of St. Augustine University of Tanzania

ESTABLISHMENT:

Saint Francis University College of Health and Allied Sciences (SFUCHAS) was established by the Tanzania Episcopal Conference (TEC) with provisional registration from TCU on 2nd November 2010. Being the first medical University College to be established in a rural setting in Tanzania, SFUCHAS was fully registered in September 2013.

VISION:

- To be an outstanding Catholic University by setting standard of excellence in health training, research and health care for the Rural Community.

MISSION:

- To transfer knowledge from one generation to another through teaching, advance and frontier of knowledge through research in Rural Tanzania.
- To create a competent human resource force with moral, spiritual and ethical values in Rural Tanzania.
- Delivery of quality services to the Rural Community in Tanzania.

PROGRAMS OFFERED:

Doctor of Medicine degree, Diploma of Medical Laboratory Sciences, Diploma of Pharmaceutical Sciences, Technician Certificate in Medical Laboratory Sciences, Technician Certificate in Pharmaceutical Science, Basic Technician Certificate in Pharmaceutical Science.

FUTURE PROGRAMS:

Diploma in Clinical Dentistry, Diploma in Environmental Health, Diploma in Health Records Management, Bachelor of Medical Laboratory Sciences, BSc. Nursing, MSc. Parasitology/Entomology, Master of Human Resource for Health, Master of Public Health, Master of Medicine (Obstetrics and Gynecology/Pediatrics/Surgery).

ACHIEVEMENT:

SFUCHAS has already trained 450 Doctors and 430 other health professionals in Laboratory and Pharmaceutical Sciences who are now working in different parts of the Country. The College has been offering a continued free public health education and services to the rural communities of Ifakara, Mahenge, Kilosa, Mvomero and Mbingu. Besides, SFUCHAS has been an active role player in Government development initiatives at District and National level.



Missionaries of Compassion

Missionaries of Compassion (MC) is a clerical Society of Apostolic life founded in India on 24th May 2003 – the feast of Mary Help of Christians by Rev. Dr. Jose Kaimlett.

The specific scope of the institute is the work of compassion and charity – bringing solace and comfort to the destitute orphans, to the abandoned elderly and persons who are affected with terminal diseases and the houseless.

In 2017 MC came to Tanzania at the invitation of Most Rev. Agapiti Ndorobo the bishop of the Catholic Diocese of Mahenge.

MSOLWA MISSION

Msolwa Mission started in 2007; Assumption Catholic Church was built in 2010. The Parish community consists of 35 Basic Christian Communities (BCC) with nearly 750 families.



Assumption Catholic Church
MSOLWA UJAMAA



Compassion Secondary School, MSOLWA
UJAMAA, was opened in 2010.



Assumption Pre – Primary School,
MSOLWA UJAMAA, was opened in 2012



Good Samaritan Health Center, MSOLWA UJAMAA, was established in 2015



Our Lady of Kiberege Shrine and Pilgrimage Center, KIBEREGE, was started in 2014 responding to the need of the place and inspired by the Almighty, the late Rev. Dr. Jose Kaimlett, the Founder of **Missionaries of Compassion** shared the plan of starting a Cancer Hospital in Tanzania with Most. Rev. Dr. Salutaris Libena, the Bishop of the Catholic Diocese of Ifakara who was very happy to invite MC to Ifakara and donated sufficient land very near to St. Francis Referral Hospital and Medical College, Ifakara. The foundation stone of **Good Samaritan Cancer Hospital (GSCH)** was laid on 13th December 2015.

The Hospital is located at Mashimoni area, Ifakara in Morogoro region and aims to offer a comprehensive range of services to cancer patients including out-patient and in-patient services. The hospital is well equipped with modern diagnostic tools such as CT scan, X-ray, Ultra Sound, Mammography, etc. The hospital also provides complete treatment for varied type of Cancers including Radiotherapy and Brach therapy.

Our Vision is to witness to the Compassionate love of JESUS, offering holistic and qualitative care affordable to all.

Our Mission is to provide effective diagnosis and treatment with Compassionate love of JESUS to make a healthier and happier society.



Good Samaritan Cancer Hospital (GSCH), Ifakara

FURTHER READING AND SUPPORT

Hopefully you the reader can see the considerable impact the Diocese has in contributing to this community and its future development. ***The Diocese is a faith based non-profit making organisation. Every single institution listed or featured here, large or small, has to varying degrees depended on donations in some form or other.*** If you would like to join our donor community, please contact the Treasurer General.

**THE DIOCESE HAS A POLICY ON MONETARY DONATIONS WHICH SHOULD ALL BE GIVEN TO THE DIOCESE TREASURER
GENERALS OFFICE AND NOT TO INDIVIDUALS.**

We are a Christian Catholic organisation but serve the entire community whatever people's religious denomination. If you are interested in learning more details, the following documents are available upon request from the Secretary General's office:

- Constitution of the Diocese of Ifakara.
- Diocese Directory (names and contact details of all personnel and institutions).
- Strategic Plan 2019 – 2023.
- Administrative Policy Document.
- Financial Audit Report 2016 – 2018.

For more information or to support any of our activities, contact the Secretary General on +255 784 482 018 or by Email kayeraw@yahoo.com. Alternatively you can also E-mail ifakaradiocese@gmail.com

**Initiated by Fr. Wenceslaus Kayera
Compiled and Edited by Steve Phillips
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