Section Two: Professional Aspects

Introduction
Fellowship aim: To lead a trip to Mwanza, Tanzania for people from Newham, including those involved in Newham Make Poverty History. To enable people who have never travelled to Africa to meet and work alongside Tanzanian health workers, teachers and community workers in order to increase understanding and build connections.

Background:
I have done many jobs during my working life, ranging from working for a group of MPs and Peers in the House of Commons to becoming Director of a mental health charity and working on implementing the Stephen Lawrence Inquiry recommendations. Currently I run community projects in a large secondary school in East London. My key skills are in community work: I have had many opportunities to work with groups of people to bring about change.

I was born in Sri Lanka, and came to the UK as a young child. As an adult I have travelled as often as I could to Sri Lanka, and in 2003 we met a group of extraordinary community workers doing challenging work in an unusually deprived area just outside the capital, with almost no support. We established a partnership with this team and created a small charity to raise money to support their work. In 2005 we had the opportunity to take a group of 27 of the charity's supporters to Sri Lanka to work alongside our partners, helping out with children's work and women's groups, teaching English and decorating community buildings. It was a very satisfying experience for me, and a number of the group said it was "life changing". Most of the group were from Forest Gate, in Newham, one of the most deprived boroughs in the country. They were a diverse group including a teacher, two child minders, a shop assistant, a carpenter, two nurses, a civil servant, a youth worker and several students. Most had never travelled outside Europe before and had little prior understanding of international development issues. We undertook several sessions of induction and training before setting off, and held briefing meetings every evening during the volunteering period, to help people to grapple with some of the complex issues surrounding global poverty and development interventions.

2005 was also the year of Make Poverty History. With a friend, I set up a local Make Poverty History group and we organised meetings, lobbying of local politicians, a Fun Run attracting nearly 200 people and a sell-out concert with an audience of over 300. Our aim was to increase local understanding about global poverty and the role we as UK citizens can play in reducing it. We have been able to create a strong group of activists and a broader group of sympathetic supporters and we continue to organise awareness raising events to keep the issues alive.

Make Poverty History had a strong Africa focus. Dr Ciaran Joyce, a friend from my church had worked in a hospital in Tanzania eight years ago, and during his time there, the community here in East London had raised money for that hospital, exchanged letters and begun to establish a partnership. Tragically, Ciaran's wife Annabel contracted leukaemia whilst in Tanzania, had to be rushed back to England and subsequently died. The understandable pain and anguish associated with her

untimely death meant that the link with Tanzania was almost severed: I think both parties were too upset to try to keep the link strong.

In discussions with friends and colleagues in church and in our Make Poverty History group, it became clear that people were keen to re-establish our friendships with the team in Tanzania. Ciaran was also keen to re-connect with the hospital and his Tanzania colleagues. Letters were exchanged. There was talk of a visit – would it be possible to take a group out to Tanzania, in a similar vein to the Sri Lanka trip? Unlike Sri Lanka, the hospital in Tanzania is located in a remote area, 1500 km from the capital Dar Es Salaam. Would there be opportunities for some volunteering out there? Is there accommodation locally? How would we travel? Would we be more of a burden to our Tanzanian friends than a help? Ciaran had left some seven years previously, and had little idea of the current situation.

It was clear that no such trip could be planned without a detailed reconnoitre visit. Someone had to go and find out whether any of this was possible. I was aware of the Winston Churchill Travelling Fellowship through meeting someone who had been awarded a Fellowship in 2004, and therefore applied. I was delighted to be successful.

The trip sought to establish strong partnerships with local workers, to identify meaningful activities that UK volunteers might be able to undertake out there and to sort out some of the practical issues like accommodation and transport.

1. Planning stage

Initially, Ciaran contacted his friends in Murgwanza and suggested we would be visiting. We decided to manage their expectations by keeping the tone light ("a friend visiting Tanzania would like to visit the hospital and see how the work Annabel established has developed").

Following the initial introductions, I wrote to key individuals to make arrangements:

- Edwin Ngeze, Annabel's closest colleague and the person who took over her work in public health at Murgwanza Hospital
- Bishop Rt Rev Aaron Kijanjali. The hospital is a joint venture between the Anglican church and the Tanzanian government. The bishop is based in Murgwanza and the Anglican church in the village is called the Cathedral.
- Dr Ombati – the senior doctor at the hospital and the first African to hold the post. He was there during Annabel's time and is currently the only doctor at the hospital.

I also made contact with Kate Reaney, who with her husband had been the last expatriate doctors in Murgwanza, and had returned to the UK two years previously. They had been there with Ciaran and Annabel and were very happy to offer advice. In discussing travel arrangements with her, Kate said that the road from Ngara to Mwanza can take between 8-12 hours and is not considered safe; "we had an armed escort when we last did it". That raised a whole new set of concerns. I later learned that the problems stem from the close proximity to Burundi, and incursions by gangs of armed robbers as part of the overspill of the ongoing war there.

Through a friend in London, I had a meeting with Maura O'Reilly who has been travelling to Tanzania every year for the past 30 years and has links with a network of women's organisations. Maura put me in touch with Mary Risimbi, Director of the Tanzanian Gender Network, based in Dar es Salaam.

2. Arrival in Tanzania: Swahili lessons in Dar es Salaam

I travelled with my 15 year old daughter (paying for her costs through our own funds, of course). We flew into Dar es Salaam and spent 5 days there, doing a Swahili course run by KIU, a local language school. We stayed in the city centre, and walked to the Nyumba ya Sanaa Cultural Centre where our classes were held. Getting a glimpse of life in Dar was wonderful.

During our time in Dar we contacted Mary Risimbi of the Tanzanian Gender Network and had the opportunity to attend a seminar on women's health and spend an evening with Mary, who is a highly inspiring activist and campaigner. Mary is Director of this well established NGO and was very keen to link groups of young people in Dar es Salaam with similar groups in the UK.

3. Travel to Murgwanza

We flew to Mwanza, from where our friends in Murgwanza had arranged for us to have seats on the tiny UNHCR plane to Ngara, 5km from Murgwanza. When we arrived at the airstrip in Mwanza, we were sent to the shed which serves as the UNHCR office. When we got there we found that one of the other 4 passengers on our plane was Dr Ombati, who was returning after a visit to the Mwanza hospital. This chance encounter proved fortuitous. It was a cloudy day and the pilot spent much time surveying the clouds, waiting for the weather to clear before setting off over Lake Victoria. After a 4 hour delay, we strapped ourselves into this tiny plane, and the pilot turned around and passed around his boiled sweets just before take-off. After 20 minutes of flying, we found ourselves back in Mwanza airport – he had decided the weather was not clear enough and turned back. It was a little disappointing to find ourselves back in the shed, but we had Dr Ombati for company. The flight was re-scheduled for the next morning, and we returned to our hotel.

The next day we did indeed fly to Murgwanza, where we met Edwin, our host and were taken to a brick house in the village with electricity and running water. This was to be our home for the duration of our stay. We were amazed by the generous hospitality of our hosts, particularly since we had anticipated staying in Ngara, 5km away, in a guest house reported to be rather grim.

4. Establishing links in Murgwanza

Murgwanza Hospital

The kiosks, where most shopping is donet

The purpose of this trip was to establish strong partnerships with workers in Murgwanza and to plan a trip where UK volunteers undertake useful projects there.

We were able to establish good relationships with key individuals in Murgwanza. We were given a warm and generous welcome by staff at the hospital and by the Bishop's office. The hospital is owned by the Anglican Church and managed as a partnership between the church and the government. Many staff knew Ciaran and Annabel well, and there were pictures of them in the office. They were clearly very keen to hear how Ciaran and his young children were faring. People longed to tell their tales of Annabel and what an extraordinary person she was.

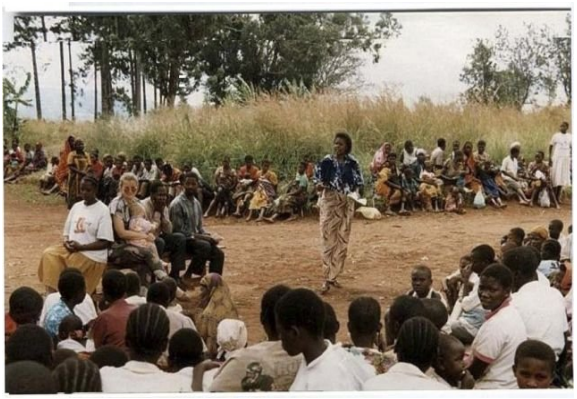
We were welcomed during the church service at the Cathedral and were able to convey warm greetings from Ciaran and other friends in East London.

Edwin Ngeze, a close colleague of Annabel, generously devoted himself to ensuring we were able to meet key people and visit key institutions. Dr Ombati is the highly respected chief medical officer for the hospital, and the only doctor. We were fortunate in having travelled to Murgwanza with him, and the 24 hour delay in our flight gave us an unexpected opportunity to spend time with him.

The waiting room for the Primary Care Unit at Murgwanza Hospital

Young mother having her baby weighed

The Annabel Joyce Memorial Health Centre



Annabel (centre) leading a community health activity, 1997

The key outcome of this trip was the development of the The Annabel Joyce Memorial Health Centre. When we first discussed our plans to re-forge our links with Murgwanza Hospital, and take a group of volunteers there, we had no idea that the hospital and the diocese out there had been planning to establish a health centre in honour of Annabel. .

For several years Edwin Ngeze, Annabel's closest colleague, had been seeking to establish a health centre in Mugoma, an area some 35 miles from Murgwanza in memory of Annabel. About a year before our arrival (long before I had even considered making this trip), Edwin had taken his idea to the village council of Mugoma, who had responded enthusiastically and had donated a large piece of land to the project. The idea had also been presented to the Bishop and the management of Murgwanza Hospital. Some six months before our arrival, a formal decision had been made at a local level to seek to establish the Dr Annabel Joyce Memorial Health Centre in Mugoma and the first steps towards this ambitious goal had been taken.

The first we heard of this project had been in the correspondence between Ciaran and Edwin in preparation for our trip. Ciaran asked us to seek to establish whether this was a viable, well-supported project or just a pipe dream.

From our first discussions shortly after arriving, Edwin was keen to share their ideas for this health centre, and its potential for transforming access to health care for that community When Edwin first shared these ideas with us, I made it as clear as possible that our small community in East London would not be able to raise the kinds of funds needed for such a large project. We did however want to find out as much as we could, and whilst working hard to manage the expectations of our Tanzanian friends, we were looking for ways we might be able to support this initiative.

The need for the health centre

The need for improved health facilities in this area was highly visible. As we walked around the village and surrounding areas with our Tanzanian hosts, we often encountered funerals, and bodies being transported in small trucks. In the words of a local priest: "one of the saddest things about living in Murgwanza is that we live with death. Many people die on their way to this hospital." This hospital serves 300,000 people in a vast sparsely populated region. There is very little transport – in most villages there are no vehicles at all. So when a woman has a difficult labour, or a sick child or elderly person seems to be getting worse, they begin the long walk to the hospital. Unsurprisingly, many die on the way. The Health Centre would act as a satellite facility, with some 60 beds with a labour ward, a children's ward and general wards plus a pharmacy.

This area has also hosted huge numbers of refugees in recent years. In 1994 up to 800,000 Rwandan refugees fled across the nearby border to find safety in this area. Murgwanza hospital found itself as the key health facility for this sudden influx. Murgwanza also lies very close to the border with Burundi. This is the poorest country in Africa and has had little political stability in recent years. Each time the war flares up again, this community plays host to a new wave of refugees. (The border is far from secure and Tanzanians speak of Burundian bandits coming across to steal and commit crime. During our visit we experienced the impact this several times: one day there was great excitement in the village because someone said a Burundian group had fired a gun during a robbery; when we visited the church a fellow-visitor was welcomed – she was a Burundian woman who had been to this church several times over the years, had now decided to settle in Ngara and was warmly welcomed by the congregation.) This swelling of the local population causes huge stress on the hospital and associated health facilities.

Why Mugoma?

Mugoma is an area some 35 km from the hospital. It is very close to the border with Burundi, and every few years hosts a large number of refugees fleeing the war.
Annabel had done outreach work in this area
According to a report produced by Tanzania-Netherlands Development Cooperation in April 2004, 78% of the population in Ngara district reported of facing problems in satisfying their basic food needs. The average income for a rural household with an average of 5.3 people is approximately US$110 per year – around 15cents per day.
The literacy rate in this area is 49%, as compared to the national rate of 67%.
This is one of the poorest regions in one of the poorest countries in the world.

We were taken to visit the site of the proposed Health Centre. Using a hospital vehicle, a small party drove towards the border with Burundi, to meet members of the local community and view the site. We were accompanied by the Bishop's Director of Mission and the Hospital Administrator, the senior manager who in our terms might be called the Chief Executive. That this man was willing to take a day out his busy schedule indicated the commitment of the hospital to the Health Centre. On our way we picked up several local vicars, who had been instrumental in communicating the concept to local villagers. We were able to visit the site, meet local villagers and gain an understanding of the dire need in this remote rural community. There were many stories of premature deaths due to the distance to the hospital in Murgwanza.

The team visiting the site at Mugoma

The proposed site

Practical Support for the Health Centre Project

We made it clear from the outset that fundraising for the costs of building a mini-hospital was beyond the capacity of our community in East London. We did however want to help.
The first thing we were able to do was to look at their proposal. Edwin had started to write a proposal for this project, and several colleagues had contributed sections. Since fundraising and proposal writing is a key element of my day job, I was able to look at this proposal and work with the team to develop it further. As an outsider, the help I could offer was in asking key questions, the sorts of questions I think funders would want to know. We spent several sessions with Edwin and Fareth (the Director of Development) poring over the document.

The other support we might be able to offer is to help identify potential overseas funders for this project. It is my understanding that developing health care in Africa is a key target for many foundations and trusts in the UK, Europe and US. There are many international organisations who may be interested in supporting this local initiative with real potential to transform health and well-being in this part of Tanzania. Information is power, and our colleagues in Tanzania have very limited access to the internet. From my home in the UK I know that I could produce a list of potential funders with relative ease. So I agreed that I would do some initial research and come up with a shortlist of funders. (I have been able to do this since my return.)

We can also raise small amounts of money from our community in the UK. We realised that in order to put together a strong proposal for a major US foundation like the Bill & Melinda Gates Foundation, the Charles Hayward Foundation or the Hilden Foundation, the project would need a clear budget. At this stage, Edwin and the team in Tanzania have no clear budget. In order to produce such a document, they would need to employ local architects and planners to undertake a survey and draw up costed plans. This in itself would cost around £2000, we understand. We agreed that we would discuss the idea of perhaps helping to raise this start-up funding with Ciaran and our church in Forest Gate.

Other meetings

As well as the hospital staff and the bishop's team, we also had the opportunity to visit the local primary school.

The school is situated on the outskirts of Murgwanza and serves some 200 pupils in 4 classrooms. The Head Teacher showed us around the school. Children aged between 5-14 attend this school, crammed eagerly into bare classrooms where the only teaching resource appeared to be the blackboard. For most young Tanzanians, primary school is the only education they receive. Pupils walk for hours to reach the school, and are clearly very enthusiastic learners. I work in an inner-city secondary school in East London and I was particularly struck by how determined young Tanzanians are to learn.

The Head Teacher

The long walk to school

We had a fascinating discussion with the Head Teacher about his aspirations for his students. He spoke of his strong desire to provide the pupils with access to computers and their need for good English teaching. As we had this conversation, we were standing in the school grounds, surrounded by fields as far as the eye could see. Dotted about in the distance were a few farmers, hacking at this hard ground with a scythe. This is an economy entirely based on subsistence farming, and I suggested rather hesitantly that perhaps learning agriculture would be more useful. The Head Teacher was adamant: neither he nor the parents of this community want the next generation to be subsistence farmers. Their aspirations are for the world beyond this little community. They, like parents all over the world, want their more for their children than they have had. He told us that Tanzania had invested heavily in learning Swahili which his generation had believed would place them well to compete in East

Africa. Neither Kenyans nor Ugandans were as proficient in Swahili as Tanzanians and they had believed this would give them the edge in that region. But now they were beginning to realise that the language needed to compete in a globalised world was English, not Swahili. And Tanzanians had to compete with Kenyans and Ugandans for jobs and opportunities – and those countries had much better English teaching than Tanzania. And he wanted young people to be able to work with modern technology. This in a community where the most common form of technology is the scythe. Even animals to pull a plough are rare. He spoke of the need for computers. I was struck by the fact that there is no electricity at the school – but it would have been rude to focus on the difficulties when this man was clearly so eager to prepare his students for the modern globalised world.

The playground

A classroom

We left knowing that our volunteers could certainly help with the English. We could train people in the UK in ESOL (English for Speakers of Other Languages) prior to departure, and run English classes for pupils and teachers during our time here. The computers present a greater problem primarily due to the lack of electricity. Yet technology may provide the solution: Nicholas Negroponte, founder of the prestigious MIT Media Lab in the US has launched the One Laptop per Child project, which is seeking to provide children in developing countries with $100 laptops which use very little power and are charged by cranking a handle. Perhaps one day children in Murgwanza Primary School will have a set laptops, like this school in Nigeria.

The $100 laptops at School Galadima, Abuja City, Nigeria

<u>Rwanda</u>

Murgwanza is very close to the border with Rwanda, and we took the opportunity to visit. My attempts at contacting Rwandan development organisations had been

entirely unsuccessful. Despite writing to and emailing several organisations, I had not been able to establish any firm contacts. But we decided to spend a few days there anyway, primarily to establish whether Kigali would be a suitable port of arrival for the group. (Most travellers to this part of Tanzania travel via Nairobi or Arusha. From my reading and talking to other travellers, Nairobi airport struck me as a particularly hostile introduction to Africa for a group who are unlikely to have any prior experience of the continent. Arusha would involve a further 10 hours on a bumpy road. Kigali appeared much closer on the map, but perhaps the border crossing would be difficult, perhaps the road to the border might be considered dangerous. So we decided we would make the journey ourselves. Our friends in Murgwanza arranged for a vehicle to take us to the border, a journey of less than an hour, and generously accompanied us. On the way they were full of stories of the genocide: that is the memorial to the 942 bodies that floated across on the river; that is the hill where the man with the axe in his back clambered, and made it all the way to the hospital; those hillsides were covered in tents where the 800,000 refugees lived; those are the young forests that have been replanted after they had been completely destroyed for firewood.

The border was straightforward. We were met by Peter, a friendly Rwandan taxi-driver known to our friends in Murgwanza, who drove us along a very good road and three hours later we arrived in Kigali. Peter tried to fill us in on the genocide and its aftermath. He spoke warmly of the President, and the development and investment his country was currently enjoying.

Kigali certainly felt like a boom town. A massive building programme was underway; every European NGO seemed to have offices and vehicles whizzing around the city; young men from across the continent were coming here to find work. In our few days of strolling around this attractive city we met Ugandans, Congolese, Tanzanians – all here to work.

Having established that Kigali is an attractive and easy-going city, requiring only 3-4 hours on a good road to reach Murgwanza, we returned there.

Final meetings in Murgwanza

We had the opportunity to spend time with Dr Ombati, the Chief Medical Officer and the only doctor at the hospital. He endorsed the need for the Health Centre in Mugoma. He did however raise a concern about staffing: attracting staff to this remote rural area had been a challenge throughout his 35 years in Murgwanza. Years ago, “Muzungu” (White) doctors had travelled from Europe, the US and Australia to spend a couple of years here as part of the early experience. Foreign doctors were no longer coming, and Tanzanian doctors were few, and a rural position seemed much less attractive than an urban one. The diocese is exploring establishing a nursing school in the area, as a way of addressing this strategic challenge.

We also visited the only internet café in the area with Edwin, and helped him to create an email account.

We left Murgwanza having made good friends and clutching a USB drive with the draft proposal for the Annabel Joyce Memorial Health Centre

Developments since returning to the UK

On returning to the UK we shared the plans for the Health Centre with Ciaran. He had asked us to find out whether this was a pipe dream or a project with real potential. Our judgement was that this project has the support of the key local institutions and the community, and that the team there have the capacity to take it forward. Edwin, the instigator, had secured the active support of key players (Dr Ombati, the Hospital Administrator and the Bishop), all senior managers with significant project development experience. The project and the partners seemed credible.

- We shared the idea with our church on a Sunday morning in September. There was clear support. We agreed that we would try to raise the money needed to draw up the plans and produce a budget.

- We established the Mugoma Health Centre Project and opened a bank account.

- Our Make Poverty History Group (which I help to lead) had organised a 5K Fun Run the previous year. We decided to do it again, and encourage people to raise sponsorship for the Health Centre. (Flyer attached) We raised nearly £400 for Mugoma.

- In 2005 we had also organised a concert in the local arts centre as part of Make Poverty History. We decided to hold another one, to help raise money for three projects, one of them Mugoma. (Flyer attached) We raised £300 for Mugoma.

- Ciaran had been invited to a medical college reunion in 2007. These were his and Annabel's colleagues from 20 years ago and he was able to share the Mugoma Project with them.

- In November Godfrey Mbwela, the Bishop's General Secretary from Murgwanza, was visiting the UK. We were able to invite him and Ciaran to dinner and further discuss the project.

We discussed the Expedition to Murgwanza, and Ciaran expressed a strong desire to join us, but was unable to travel in 2007. After some consideration, we agreed to defer until 2008. This is clearly a disappointment, since we had very much wanted to travel in 2007. Yet the core group felt strongly that Ciaran's involvement would greatly enhance the trip, and that we would use the year to raise funds for the Health Centre.

Lessons learned

1. The value of learning a little of the local language. I found learning Swahili difficult, and used much less of what I had learned than I would have liked, but the little I did use was greatly appreciated. I hope to devote more time to learning Swahili before we return.

2. Not to underestimate the difficulty of travel on poor roads. We had a couple of long and arduous journeys with unexpected delays and failure to arrive at our destination at the planned time. Since we were on holiday, and were always with someone we had got to know and trust, these experiences were very much part of the adventure.

3. The value of the universal language of football. My husband and 9 year old son came to Murgwanza after we had been there for a few days. Within a few hours of arriving he was out on the field, playing enthusiastically with a large group of local children. They played each day, usually when we returned after meetings and visits in the afternoon. Sometimes we came back to a small group of boys perched on our wall, waiting for the boy with the ball. When we left, my son gifted them the ball (and a pump). During our travels my son joined in with games within minutes. It was a great bridge between cultures.

Appendix

Itinerary

29-Jul	Fly	
30	Arrive	
31	Lang Course in Dar	
01-Aug	Lang Course day 2	
2	Lang Course day 3	
3	Lang Course day 4	Visit Mary Risimbi, Tanzanian Gender Network Partnership
4	Travel to Mwanza	aborted flight to Ngara
5	Murgwanza	Stayed an extra night in Mwanza
6	Murgwanza	Arrive in Murgwanza
7	Murgwanza	Meet Edwin and Fareth
8	Murgwanza	Visit hospital
9	Travel to Kigali	
10	Kigali	
11	Kigali	
12	Travel to Murgwanza	Visit refugee camp en route
13	Murgwanza	Visit Anglican church in Murgwanza
14	Murgwanza	Visit Mugoma
15	Murgwanza	Visit Primary School
16	Murgwanza	Meet Dr Ombati
17	Murgwanza	Last meeting with Bishop Kijanjali
18	Travel to Mwanza	Mwanza ferry broken down, extra night in Mwanza
19	Head for Serengeti	Serengeti trip reduced by a day
20	Serengeti	
21	Serengeti	
22	Travel to Ngorongoro	
23	Ngorongoro	
24	Travel to Arusha	
26	Arrive in Arusha	
27	Arusha	
28	Travel to Dar es Salaam	
29	Dar es Salaam	Mary Risimbi, Tanzanian Gender Network Partnership
30	Fly	

Attachments

Fun Run Flyer
One Step at a Time leaflet
Press Cutting