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HABARI YA MUFINDI



A quarterly Newsletter designed to inform donors about progress made in the implementation of the Mufindi Highlands Orphans Project in Mufindi District of Tanzania, East Africa.

Volume 2, Issue 3

30 September 2007

MAJOR PROJECT EXPANSION

3rd Quarter 2007 Highlights

Project management conducted a Mid-Project Review during the 3rd Quarter to reflect on progress made so far and to deal with the pressing need for better medical facilities in the Igoda community. For the most part, the Project has kept pace with original plans and Budget. However, the recently taken survey, to assess the status of housing for orphans and the incidence of HIV/AIDS in the community, indicated need to construct more, and better equipped, medical facilities for orphans and adults afflicted by HIV/AIDS.

The original Project Plan was based on a United Nations study, done in 2002, which showed a 17% incidence of HIV+ in the Mufindi area. Our new survey shows an incidence exceeding 20%. This figure verifies what had already been suspected by local people based on observation.

On-site project management inspected the medical facilities in the Igoda area and the results proved shocking. All hospitals within a 100 KM circle from Igoda proved non-functional. The only medical attention available in the local area were a few pill dispensaries. And these needed referrals from distant medical centers in order to dispense pills. No clinics in the local area could dispense antiretroviral drugs which are the only hope for keeping AIDS victims alive and functioning.

It was decided to build and refurbish medical facilities in the local area and work with the Tanzanian government to provide the emergency services required for the tens of thousands of local people already afflicted by HIV/AIDS in the community.

The Project Budget now reflects this work and has been increased from US\$ 350,000 to US\$ 1.8 million. Fortunately, Dr. Patrick Nye and government medical experts will be on hand to offer professional guidance for building and equipping the medical facilities and for developing systems to treat both patients in the medical facilities and to conduct out-patient services.

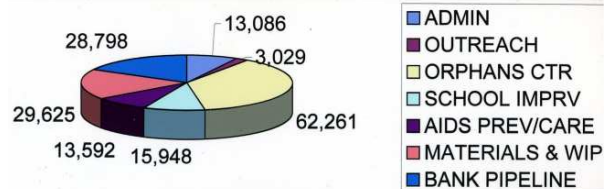
4th Quarter 2007 Strategies

Emphasis will continue on original planned activity and the Project will be immediately expanded to include a massive medical facilities construction program. The main items to be addressed are:

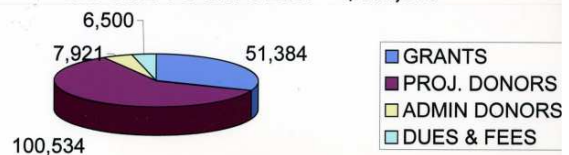
- Begin activity to provide electricity and water to dormitories and other buildings to be built.
- Initiate the HIV/AIDS prevention seminars using an NGO experienced in this activity and which employs Tanzanian medical students for putting on the seminars.
- Immediately start building & refurbishment work on 3 hospitals, 4 ward/clinics, and 8 pharmacy/dispensaries.

PROJECT FUNDS STATUS

SPENDING TO SEPT 2007 = \$ 166,339



INCOME TO SEPT 2007 = \$166,339



NOTES ON FUNDS ALLOCATION:

- Funds shown above include only money that has gone through the Project bank accounts. A small amount of other funds have been donated directly in the form of payments for materials and labor.
- Administrative costs have been totally covered by funds solicited expressly for that purpose. (Admin Donors & Dues shown above)



TOP: A wing of the Mbabulo Hospital showing the need for major repairs before putting it back in service for HIV/AIDS victims. This Hospital was originally built and operated by Croation Priests, but abandoned some years ago due to lack of funds for continuing operations and maintenance. July 2007

Chairman's Comments

Kate is responsible for our Orphans project which is in two parts - the Orphans Village and the Outreach Program. This is a major task as the rate of HIV infection in adults of breeding age seems to be in excess of 60%.

Dr. Patrick is responsible for the Hospital project. At present he is focusing upon rebuilding and extending a pretty derelict Mbabulo mission hospital to convert it into a 'referral' hospital equipped & staffed with all the facilities for surgical operations, medical & dental treatment, nursing care, etc. He plans to establish this as a centre for AIDS testing and ARV treatment. At the same time we plan to extend some (hopefully 4) government dispensaries into what I call 'Mini-hospitals'. These will provide ward space for 12 beds men, 12 beds women, a children's ward, treatment and nurses rooms, stores, showers and toilets. We will need to build large rainfall catchment storage tanks, but a borehole pump would also be necessary during our 6 months dry season. These Mini-hospitals would then be able to refer patients to the Mbabulo referral hospital. With 19 villages in the area around, it is estimated that a population of over 40,000 people would benefit from this project. At this stage I have to say we actually don't have the infrastructure construction funds for this medical project, but a start is being made and we are hoping for help from our overseas friends to keep things going.

The third major project covers Igoda village Primary School. Initially, when we started, there were only 6 classrooms for the 506 children attending school. We are now nearly completing the last 2 classrooms to give a total of 12. Next we are about to start on a large Assembly Hall that will also serve as the Igoda village Hall as well as a Community Hall. The idea is to have a splendid 'demonstration' primary school that will serve as a model for some of the other 450 primary schools in Iringa Region to be able to copy. We will renovate the old classrooms and convert one into a 'teaching library'. Then an adequate water supply is planned.

Yesterday I took some tourists to our local primary school of 506 children. The Head teacher showed us his figures of 54 children who had no parents and another 166 who had lost one parent. He had even two 12 year olds who were 'head of their households', looking after younger siblings who had to grow their own food. The children were all quite cheerful and appreciative of the efforts made to expand the classrooms. The one thing about Tanzanians is that no-one complains and blames others for their misfortunes.

We shall employ a Community Coordinator to arrange for 'activities' in the new Hall - seminars on hygiene & AIDS awareness, handicraft lessons, choir singing, traditional dancing, etc. There will be a special grandmothers facility that will give them support in their growing role of looking after their orphaned grandchildren.

Finally we are trying to alleviate the hardship of the Igoda village women by providing them a 20 acre plantation of Eucalyptus as an ongoing supply of firewood and house building material. This tree doesn't die, but re-coppices after felling. We have also provided many thousands of potted Eucalyptus for villagers to plant nearer their houses. Three deep well hand pumps have been purchased and are under installation, but many more are needed. To give you an idea of the role of women here, a research study a few years ago found that the average woman on an average day worked 16 hours, whilst the average man worked only 6 hours!

Geoff Fox—17 August 2007

Kate's Corner

Mama Ivan cooks for us. She is also my friend. She went to get tested for HIV last week, along with her daughter and Willi the orphan. The children came back negative and we were all thrilled. Mama Ivan came back positive and she was devastated. There are so many people here affected by HIV that I tend to think that people get a positive result and just say, "Oh well!" But this was certainly not the case with Mama Ivan.

All I could do was sit beside her as my pathetic Swahili isn't up to the task of offering comfort to someone who has just been told they have an incurable disease that will eventually kill them. She asked me to come to her house, to be there when she told her husband. I agreed. It went better than I thought it would and we spoke about standing together with your spouse in difficult times and how God can use difficult things in our lives to make us stronger. We prayed, and although healing would be wonderful we also talked about how God doesn't always heal us. I gave them money to get to the hospital, to start on the long road of monthly trips to Lugoda Hospital, getting blood work done, and coming home with a packet of pills that hopefully will help them live long enough that their four children don't grow up as orphans.

Kate Nye — September 2007



ABOVE

Orphans, and more fortunate children, mix in a new classroom just constructed and furnished by the Project. The Project has also started to provide school uniforms for orphans. By law, school uniforms are a requirement for attendance. Uniforms also make orphans feel more like "normal" kids. August 2007



An Igoda Village woman and her children at the nearest Dispensary waiting to receive pills for malaria, tuberculosis, or other diseases. The advent of HIV/AIDS makes these endemic diseases, once curable with available medicine, deadly. Unfortunately, local Dispensaries have not been approved to dispense antiretroviral medicines and local people must travel up to 100 KM to get these medicines. August 2007