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HABARI YA MUFINDI



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

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30 June 2006

THE END OF THE BEGINNING

For the most part, Project Startup activity ended in the 2nd Quarter. By June 30th, the following Startup tasks were completed:

- all building sites excavated
- the first dormitory near completion
- administrative functions set up and in use
- fund-raising exceeded the target for the Startup period
- IRS tax exemption status received

2nd Quarter Highlights

The last building site was carved into a steep Mufindi hillside in April.

Work continued on the first orphanage dormitory by Julius Mdegela, construction workers, and Igoda Village volunteers. By the end of the Quarter, the building shaped up with walls completed and roof rafters installed.

Administrative functions have been set up, and put to use, in order to support field activities, office administration, and fund-raising efforts.

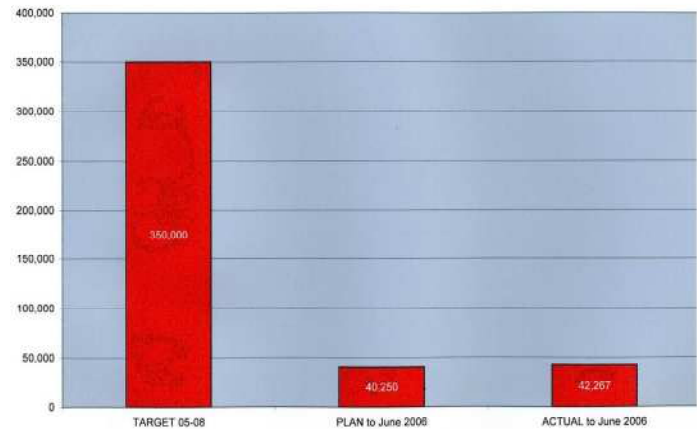
Generous people have donated 105% of the funds targeted for spending during the startup period. The excess funds will be used to get a jump on increased activities planned for the 3rd Quarter.

On 25 May 2006, the IRS approved Mufindi Orphans as a 501-C-3 corporation. This means that all donations to the Mufindi Highlands Orphanage Project, made after 9 March 2005 (the date the corporation was formed), may be legally deducted from federal income taxes.



FUND-RAISING STATUS

MUFINDI HIGHLANDS ORPHANAGE PROJECT - FUND RAISING STATISTICS - 30 June 2006



Mufindi Orphans fund-raising activities started in July 2005. At the end of June 2006, donations exceeded the Startup Plan by 105% at \$ 42,267. This amounts to 12% of the total targeted funds for the Project.

3rd Quarter Strategies

Strategies for stepping up Project activity in the 3rd Quarter include:

- Shift fund-raising emphasis from private individuals to grants from public & private foundations.
- Increase the building construction teams in order to utilize the funds now in the Project bank account in Mufindi to accelerate construction activity.
- Complete 3 orphans' dormitories by end 2006
- Engage an orphanage Matron and 3 dormitory House-mothers
- Identify and short-list the most needy orphans and move them into dormitories as they are completed
- Become involved in extension projects now in the works and assist to the extent that our Budget allows. Examples are: Igoda Primary School improvement, Upgrade Ward Dispensaries to Mini-Hospitals, continue work on the village Water Supply, and Tree Planting for environmental, educational, wood supply, and future employment reasons.

Left: Big rocks hinder the excavation of building sites. The villagers do the work with hoes. No heavy equipment is available for pushing rocks out of the sites. However, the rocks may be moved by cracking them with alternating fire and water. The material left is used as aggregate for cement work. Mufindi folk are good at changing problems to opportunities.

The Chairman's Corner

Up to now we have focused solely upon the Mufindi Highlands Orphanage Project. This certainly takes priority, but we must also become involved in other community support projects. All are connected to the orphanage in some way and are essential for the health and welfare of the orphans as well as the local population. The most urgent projects now underway are:

Igoda Primary School—With 520 enthusiastic Igoda primary school children, we are doubling the number of classrooms to 12. In addition, we hope to build a School Assembly Hall which will also serve as the Village Hall. After painting and fully equipping all classrooms, we hope that the school will serve as a demonstration model that other schools in the Region will emulate.

Ward Dispensaries—Mbabula, Luhunga and Ibwanzi villages (all near Igoda Village) have dispensaries which are supposed to provide medical treatment for 10 villages and about 25,000 people. However, with no beds for in-patients, they actually serve only as pill dispensaries. We intend to upgrade these two dispensaries to Mini Hospitals. This will entail some remodeling work and the purchase of toilets and showers that will utilize the existing water supply and improve overall sanitation for patients. The Tanzanian government will supply trained staff such as a Clinician, Lab Technicians, and nurses. We will also need to provide medicines and equipment. From these two hospitals it will be possible to provide antiretroviral AIDS treatment which is not possible now due to lack of medical staff and equipment. The USA, I believe, is donating this drug, but Tanzania does not have the facilities to widely test for AIDS and to keep accurate records of AIDS patients for the life of the recipients. This type of facility will be crucial to the needs of HIV/AIDS sufferers in Igoda, as well as for infected children in the new orphanage.

Water Supply & Tree Plantations—These projects are mainly for the benefit of village women. We have started with 2 bore holes at Igoda and have planted a *Eucalyptus* plantation which Igoda women may manage and harvest on a 7 year rotation. It is fair to say that the woman of the house does all the work in rural Africa. She has to grow and harvest all the food, cook for and feed her family, keep house, collect firewood, and carry water which always seems to be at the bottom of a valley. It is usual in Mufindi to find women who care for the children of close relatives who have died from AIDS, in addition to taking care of their own children. Having a nearby water supply and firewood plantation will ease the average woman's burden considerably.

The projects described above all fall under the umbrella of Extension Services which are designed to provide assistance to families burdened with orphaned children and who do not have the resources to properly do so. The costs to provide these extension services have been included in the Mufindi Highlands Orphanage Project Budget.

In closing I want to reiterate that our main focus in this Project is to provide sustenance and care to the orphans of Igoda. The orphanage dormitories will accommodate 60 to 100 children depending upon the number of children found who urgently need shelter. Our extension services may be able to help an additional few hundred children. But even with this effort, we will probably be able to help only a fraction of the children that will need assistance. For instance, a recent survey of children in the Igoda village school identified 210 orphans out of the 520 students attending. We have no records to show the number of orphans in the village that do not attend school. It must be enormous.

And this is just one village. There are 15 other villages close to Igoda that certainly have similar problems. Hopefully, we will ultimately be able to help the people of those villages once our Igoda residents have been attended to.

Respectfully submitted, Geoff Fox, Chairman



The Wonder Boy

On my last visit to Mufindi I met Hezeroni, an 8 year old Igoda Village boy who had been found three weeks earlier lying on a mat in a dark corner of his grandmother's hut upon her death. His head was encrusted with a fungal infection and his legs and feet were covered with weeping sores from jiggers (a type of sand flea that penetrates the skin and lays eggs).

Hezeroni's mother had previously died not long ago of TB and AIDS complications. It seems he was the product of a difficult labor and had been expected to die so was left alone to do so. He survived, but apparently was never given much stimulation or encouragement, and had never walked. When we arrived, he was wearing only a shirt and was sitting on a mat outside. He quickly scooted away on his bottom, using his hands to propel himself into the hut. Shortly after, he returned wearing trousers and a big smile.

Some expatriate volunteers had worked with Hezeroni for about 3 weeks, twice a day, having him do exercises to strengthen his underdeveloped body, with the aim of teaching him to walk. The volunteers had come in contact with a visiting European doctor who had examined the boy and concluded that his condition was the result of simple neglect—he was intact mentally and neurologically. He was given a systemic antifungal medicine and antibiotics which cleared the skin problems. His neck muscles are still weak, but he was able to sit unsupported, follow exercise instructions in Swahili, and was obviously delighted at the attention.

The volunteers had improvised a set of bars to support Hezeroni while walking. They used an upside down table with two bamboo poles fastened to the legs. He eventually improved to the point where he could walk 8 to 10 steps without leaning on the bars. Meanwhile, quite a crowd of school-aged observers had accumulated. They took an interest in the whole event, helping to get things we needed, and cheering for Hezeroni each time he was able to do something new.

I had the unexpected opportunity to show the volunteers some energy-based healing techniques they could use to enhance the work they were already doing with the boy. It was heart-warming to see these young volunteers, who were there as teachers with no particular medical training, take on the task of helping this child whose needs were so challenging, and succeed to such a remarkable extent.

Hezeroni will surely become one of the children who will benefit from the Mufindi Highlands Orphanage Project.

Mary Ellis



ABOVE: Mary Ellis and Hezeroni resting after walking exercises - Igoda Village — Mufindi - February 2006

LEFT: Mbabula Village Dispensary. Good building, but no furnishings, equipment, medicines, or medical staff. - February 2006.