

In this newsletter

Hon Secretary's message	1
Importance of fundraising	4
Individuals making a difference	5
Benefits of sponsorship	6
Urambo District Hospital report	7
Maternal and child health	11
Message from the Nzega DC	12
Visa problems	12
The South Downs Walk	13
Running to Mwanhala	14
The South West Walk for FUM	15
Accounts	16
Contacts	18

The Friends of Urambo & Mwanhala



Friends of Urambo & Mwanhala

Linking the Tabora Region of Tanzania with the UK



A Message from the Honorary Secretary

Dear Friends and Supporters of FUM

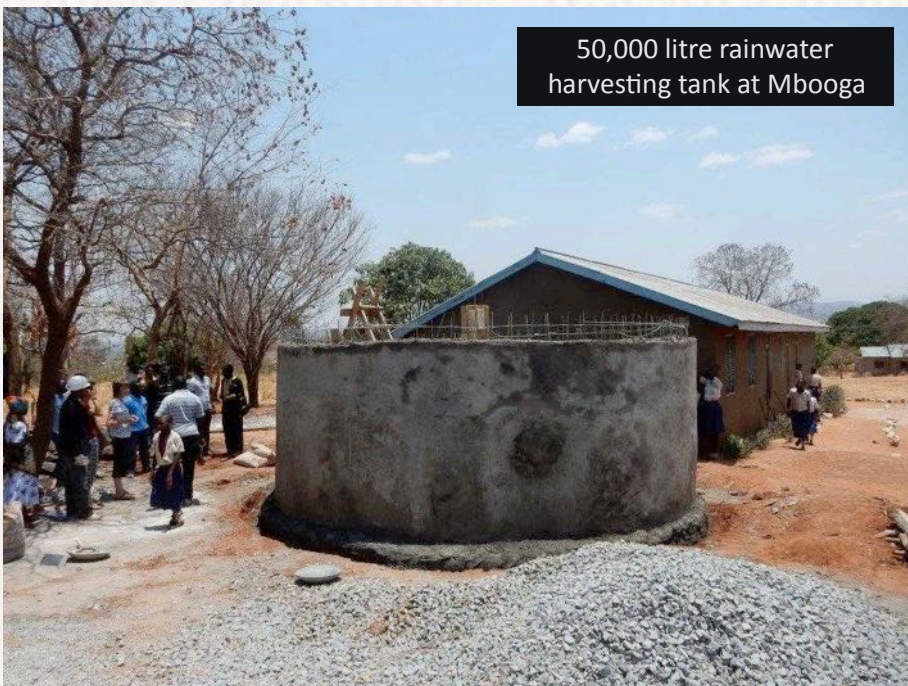
It is a delight to introduce you to a newsletter full of good news and in particular, good news about our fundraising efforts; I have just learned that the £50,000 target of our Jubilee Appeal has been met and indeed, it has been surpassed. This is down to your

support and in particular the huge effort of a few intrepid individuals. We have now closed the appeal but will continue with our fundraising efforts. Of course all fundraising is for a purpose and ours at present is to ensure that our supported clinics and

colleges all have access to an adequate, safe water supply.

We are very grateful that our Treasurer Nick Vinall and his wife Mary have recently returned from a fact-finding tour of the Tabora Region. Nick and Mary spent several years working in Kenya and visited old friends there, so they decided to travel south to Tabora and have a look around our projects in the Region. His findings will influence the decisions we take in the next few months and in the spring newsletter we will publish Nick's full account of his journey around the Tabora Region.

Urambo has been in focus this year. Early in the year, as the water supply was restored to the FDC, we responded to a request to refurbish the sanitary arrangements in



50,000 litre rainwater harvesting tank at Mbooga



Adam, Dele and Jane with Mary Nsalamba, Chief Nursing Officer, Urambo and Ms Bruno, Matron UDH

Devon House (the FDC guest house) and funded this with the help of a welcome grant from the Minchinhampton/Nkokoto link. The upgrade was completed just in time to welcome three medical students, Jane, Adam and Dele from UCL who spent six weeks at Urambo District Hospital completing their medical elective period. Shortly after their stay, Joanna Vinall arrived for a period teaching in Urambo Secondary School. Joanna had been awarded a sabbatical term from her school and

decided to spend it volunteering in the Tabora Region. Joanna is continuing her volunteer work until Christmas and so her account is something else to look forward to in the spring newsletter.

An immediate result of Nick's visit is that he, working with the Nzege District Medical Officer,

hopes at last to have found a way in which we can sponsor student nurses in the Nzege Hospital Nursing School. This apparently simple initiative has been faced with obstacles, mainly to do with the centralisation of student nurse selection and subsequent appointments, but a way has been devised to circumvent these. Some members I know have been keen to sponsor a student nurse so now is the time to get in touch with Jo Taylor (contact details at the back of the newsletter) and declare your willingness to do this.

Why Not Sponsor a Student Nurse?

Contact Jo Taylor for more information. See details on last page, or if you are reading on screen, click on the link below to email her.

[Email Jo](#)

Nzege Hospital Nursing School

By the time you are in touch, Jo should know just what is involved and let you know so that you can make a decision.

So much fundraising has happened, so here are the words of Isabel, our fundraising coordinator.

Thanks to some energetic fundraising by so many people I am happy to announce that The Jubilee Appeal has reached its target, in fact it exceeded it. What a wonderful effort and testament to the commitment of FUM supporters. This year's fundraising was started off in May when Tom Davies ran the London Marathon for us. Then Cranbrook School's Tanzania Project group members held a fundraising dinner; in the summer there were two sponsored walks; Joanna Crocker scaled the O2 and we had two participants, Nicola and Ben, taking part in the Serpentine charity swim. Perhaps most imaginatively, the children and staff of Horsell Junior (C of E) school ran to Tabora to raise the money to buy a pump for the new well at Mwanhala Primary School.

We should thank Tom Davies, Nicola Vinall and Ben Havers-Strong for their hard work running and swimming to raise funds for FUM. Thanks too to all the committee members who joined in the sponsored walks and to Julie for organising the Devon walk.

Altogether these events raised over £19,000.

We have been spending too. We have continued our support of the FDCs in Mwanhala, Urambo and Sikonge, our sponsorship of 110 Imeli secondary school children in Nzega and our support for the twelve MCH clinics around the Region. We have agreed to adopt three more clinics in Urambo District and will have information about these in the spring 2018 newsletter. After several failed attempts to sink a borehole at Mbooga village, we decided to take the advice of the District and install large scale water harvesting instead. We have completed the refurbishment of a second shallow well in the village of Isegenhe and have funded the reconnection of both Urambo and Sikonge FDCs to their municipal water supplies. A major success is the borehole at Mwanhala which had not ever worked properly and finally failed last year. After investigation it became apparent that the borehole pump had been installed incorrectly, a problem which was quickly corrected, and the borehole is now running as it should.

Sadly there is some bad news to report as well. Nick reports that the water situation in the Tabora Region this year has become critical, with wells,

never having known to fail, now running dry all around the Region. It seems that our fears of the effect of climate change on the availability of water resources were well founded. It leaves us even more determined to complete our task of improving water availability at our clinics. The other worry is a fire which occurred at Sikonge FDC destroying the administrative block there. Fortunately nobody was hurt but a lot of equipment was lost.

Many of you responded generously to our appeal to increase your giving and I thank you on behalf of our friends in Tabora. I hope you are able to continue your support and maybe increase it even more, but what I'd really like you to do is to find ways of raising funds for us; as an example read the short piece about Joanna Crocker's exploit. Perhaps run a coffee morning, join one of our sponsored walks next summer or join in a fundraising initiative in your locality. If we all can manage to generate a small amount the combined effect on our projects will be electric.

I know that you will enjoy reading this newsletter and will, I hope, be inspired by what is here. Thank you for your continued support and interest.

Rod Smith

The Friends of Urambo and Mwanhala Notice of the 54th Annual General Meeting

This will be held at 2.30pm on Saturday 14th April 2018

at The Kalendar Hall, South Street, Exeter



Does Our Fundraising Have Any Effect?

I am often asked this question, albeit in a roundabout way and I always answer YES, but sometimes it is hard to highlight just how important our projects are.

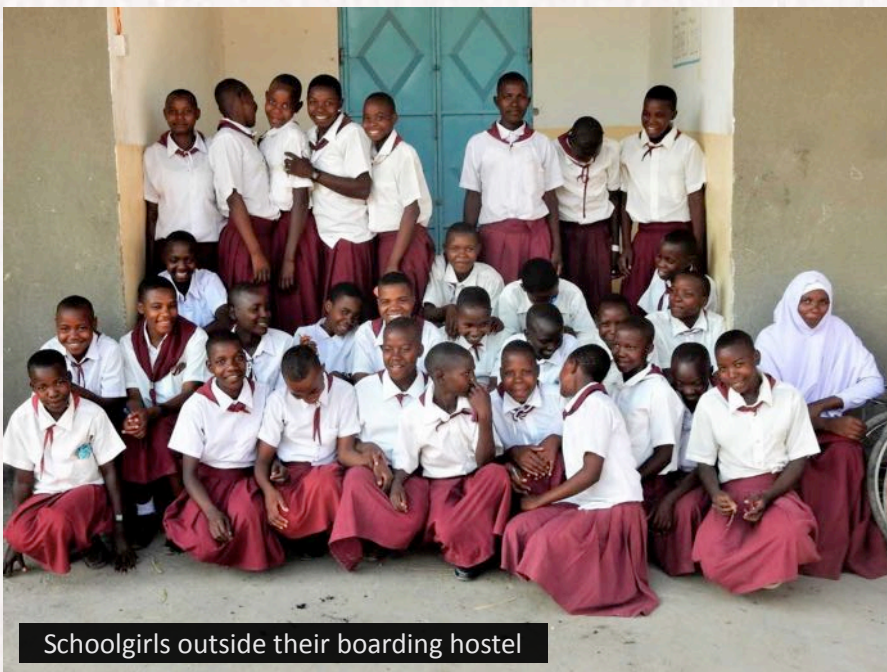
Now here are two photos taken by Nick Vinall during his recent visit to Semembele in Nzega District, which together show that what we set in motion has far reaching consequences and changes lives.

Here two Semembele ladies are collecting water from the deep borehole installed in the village earlier this year using funds generated by our Jubilee Appeal. For the first time this village has a reliable supply of safe, clean water even in this driest of years; you can imagine just what a dramatic effect this is having on village health. It is still a huge chore collecting water and one which mostly seems to fall on the women, but you can be sure that they, above all others, value the presence of the borehole.



Collecting water from the borehole in Semembele

This second picture shows a group of secondary schoolgirls. Nothing very remarkable about that you may think, but ...



Schoolgirls outside their boarding hostel

They are sitting outside their boarding hostel which was funded and built with the help of Durham University students, Cranbrook School students, The Tanzania Development Trust and FUM. It was quite a project but now completed is home during term time for 32 young girls whose families live in outlying villages far from their secondary school in Semembele. Were the hostel not there, they would be unable to continue their education. All these girls will be important to the future of Tanzania and maybe one or two will play crucial roles, something made possible by their education. The sponsors of the hostel should all feel pleased that it is having such a significant effect.

Rod

A Brilliant Fundraising Boost for FUM

Read how three individuals have made a real difference.

London Marathon

In the spring newsletter Tom Davies announced his intention to run the London Marathon on behalf of FUM and targeted £5000 as a fundraising target.

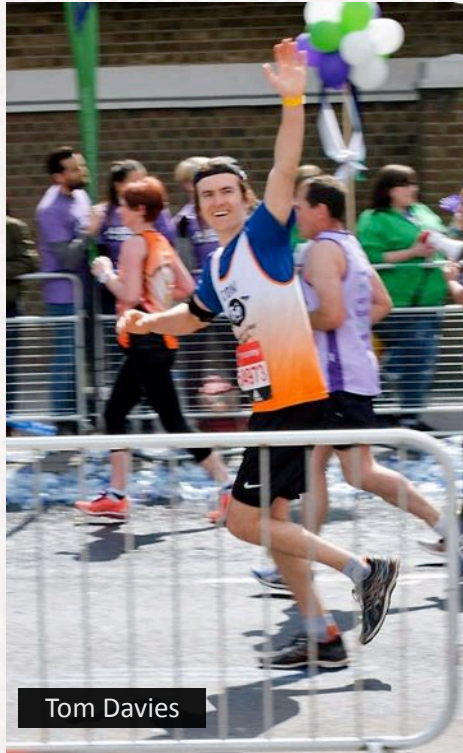
He wrote:

Running the marathon is going to be one of the hardest things I have ever done. I am not a seasoned runner and have generally avoided running... Whilst the main objective is to raise as much money as I can for Urambo and Mwanhala, there is also my own personal challenge of running 26.219 miles. I am looking forward to the test! Hopefully the experience can be rewarding for myself and the people of Urambo and Mwanhala.

Well he made it and, as you can see, was still smiling half way round and I'm sure felt wonderful at the finish, what is more he nearly achieved his target raising £4600+.

The Serpentine Swim

I think you have to be pretty brave to tackle an open water swim for the first time, particularly on a competitive occasion. It is heartwarming that our two swimmers, Nicola Vinall and Ben Havers Strong both enjoyed the event and have both declared that they wish to do it again. Between them they raised over £1000 for FUM.



Tom Davies

Nicola says:

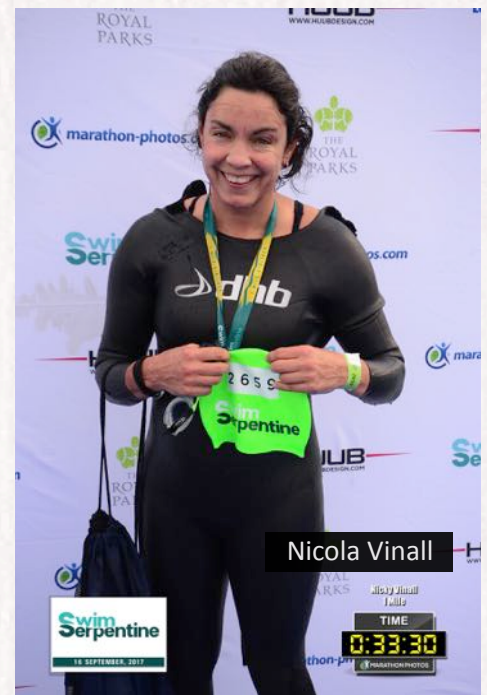
This was my first open water swim and I really had no idea what to expect. The pre swim support was excellent, especially advice about how to train and what to expect. They shot a Youtube video the day before, showing the course and surrounding area.

On the day, I was outstandingly nervous. I knew that I could swim a mile in a pool but this seemed quite different and pretty scary. As it was – support staff were helpful and friendly, other swimmers chatted happily about anxieties and it turned out to be a fabulous and very enjoyable experience. So much so, that I am hoping to do it again next year and rope in friends

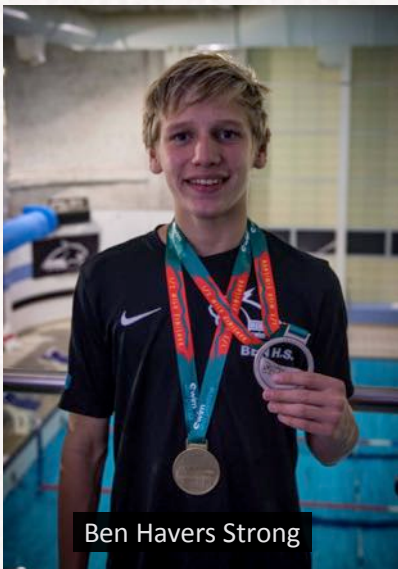
to join me. Thank-you FUM – I would not have experienced this without you.

Ben, 14yrs old, was entered for the half mile swim being only just old enough to take part. And although a seasoned, competitive swimmer, like Nicola this was his first ever open water swim. His father writes:

Just a nice reminder that you can still sponsor Ben for his Serpentine swim and give support to Friends of Urambo and Mwanhala who have worked in the Tabora region of Tanzania for more than 50 years! As part of their Jubilee Appeal they will be helping the people there to access clean water.



Nicola Vinall



Ben Havers Strong

Access to clean water is something most of us take for granted - my boys swim for fun in the stuff. We would be very grateful if you could make even a small donation to this charity to help others get access to a safe and reliable water supply.

Today Ben's medal came in the post from London Marathon. He finished 4th out of all the swimmers who did the half mile swim and finished second in his

age category. It was his first ever open water swim.

To those of you who have sponsored Ben already - thank you. It is very much appreciated. To the rest of you...don't be so tight!

These three individuals have given FUM a real boost. I am sure you join in with our thanks and congratulations

The Benefits of Sponsorship

When Sue Britt, a long-time sponsor of Nzega secondary pupils, died last September, Joanna Crocker, her daughter, picked up the sponsorship banner and has taken over where her mother left off.



Mohamed Sirilo

Before my mother died we were sorting through bits and bobs and we came across her FUM paperwork and the children she sponsored. She was quite sad that she wouldn't be continuing with this, so I promised I would do it for her. She always sent her sponsorship money to FUM on her birthday on the 16th September (easy for her to remember) so I've carried on the tradition, and when friends and colleagues from Carers Trust were offered the chance to scale the O2 as a fundraiser on her birthday this year, I decided that I would do it for FUM.

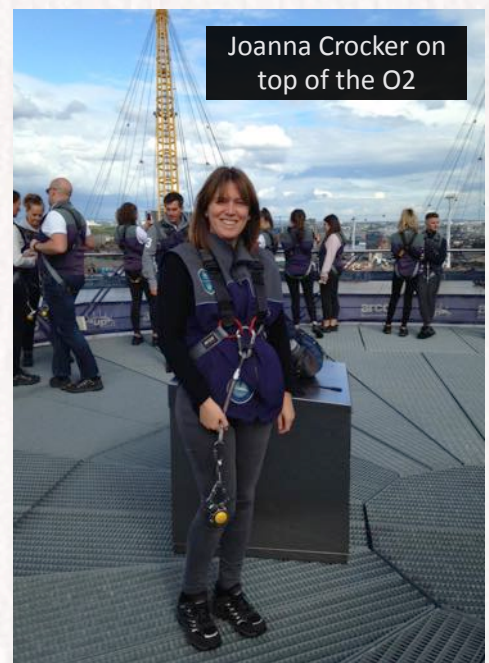
She now sponsors Hadija S Habasi and Mohamed H Sirilo through their secondary school years.

She decided to go a step further and on her mother's birthday she joined in a challenge through her work to climb to the top of The O2 in London. She writes:

It was a fabulous day and the sun came out just as we reached the top of the O2 which made it really special! It was a great achievement for all of us involved.

Climbing the O2 must have been a lot of fun and Joanna raised £210 of sponsorship doing it. This was a marvellous effort.

Here she is, not quite on top of the world, but being on top of the O2 must have felt a bit like it.



Joanna Crocker on top of the O2

Urambo District Hospital, April-June 2017

A report by Dr Adam Tollitt

Foundation Doctor, Salford Royal NHS Foundation Trust

Thanks to the help of FUM, Dele, Jane and I arranged to undertake our medical elective at Urambo District Hospital (UDH), Tabora, Tanzania. I chose to spend my medical elective in Tanzania primarily because I wanted my elective experience to feel unfamiliar compared to my experiences in UK hospitals.

Tanzania is a low-income, resource-poor country with a rapidly growing rural population. Both the absolute and relative number of health professionals and trained health workers in Tanzania is decreasing. This shortage is particularly apparent in the primary care dispensaries and the district hospitals, where in 2006 there was a shortage of approximately 20,000 and 15,000 health workers respectively (United Republic of Tanzania Ministry of Health and Social Welfare, 2008). Absolute numbers of healthcare workers decreased by one-third during the 1990s when the Tanzanian government both cut the healthcare workforce and halted further employment (Maestad, 2006). The impacts of these shortages on professional healthcare coverage in Tanzania have been crippling. 2007 World Health Organisation (WHO) figures found that on average there was fewer than one doctor to cover every 10,000

population – putting this into perspective in the UK in 1997 there were 23 doctors to cover every 10,000 population (World Health Organisation, 2016). Staff shortages, coupled with an increasing population size, have left the Tanzanian

a population of 192,781 people (Tanzania National Bureau of Statistics, 2012), UDH serves a population of just over half a million people. This is because UDH still provides secondary care services to the newly formed district of Kaliua, which will be without its own district hospital until 2018. This immense pressure on UDH was compounded by staff shortages; there were only four medical officers (doctors) instead of a recommended 23 at UDH for most of our placement. Thankfully towards the end of our placement three newly qualified doctors from Uganda began working at UDH. These 'new doctors' were of a very high standard and were also very keen to provide us with teaching during our placement. I believe that they will be a great asset



healthcare workforce vastly inadequate for the overall population.

The situation at UDH is no exception to the inadequacies of healthcare in Tanzania. Despite Urambo District having

to UDH.

UDH is a small government owned hospital. Inpatient facilities at the hospital include a male ward, a female ward, a paediatric ward, a labour and delivery ward, a new postnatal

care facility and two operating theatres. Outpatient facilities include a bustling outpatient department, a maternal and child health centre and a sexual health clinic. The hospital also has a laboratory that can carry out basic blood analysis, HIV monitoring, TB diagnostics and point of care testing of HIV and malaria. The imaging department at the hospital is basic, although both x-ray and ultrasound services are available. There is currently a construction project underway at the hospital to build two, much needed, operating theatres. Whilst we were at UDH, the walls of the building had been constructed, but the project had come to a standstill due to the project's sponsor having stopped the funding stream.

During my time at UDH, I was surprised most by the lack of basic medical equipment at the hospital: equipment that is taken for granted in our own NHS. For example, before we arrived there were only two working pulse oximeters in the whole hospital. Pulse oximeters are a key piece of equipment that are used to measure levels of oxygen in the blood. Even the anaesthetist did not have access to a pulse oximeter to measure the blood oxygen levels of his patients once they had been anaesthetised for surgery. Thankfully, before travelling to Tanzania, Dr Iain Chorlton had provided us with three new pulse oximeters to take with us to UDH. During our placement, these were invaluable in the monitoring of sick patients. Unfortunately, there were not

enough pulse oximeters to distribute to every ward. This became a problem when some patients became sick and staff had to run around the hospital

“ During my time at UDH, I was surprised most by the lack of basic medical equipment at the hospital: equipment that is taken for granted in our own NHS. ”

trying to find this basic equipment that should be available on every ward. Furthermore, the hospital was short of other basic monitoring equipment including sphygmomanometers (for blood pressure monitoring) and thermometers.

“ There were many times when very unwell patients requiring supplementary oxygen had to go without because the oxygen concentrator was required for someone else who was acutely unwell. ”

Another issue encountered during our placement was the lack of supplementary oxygen that could be provided to sick patients. In UK hospitals, if a patient requires oxygen then a face mask or nasal cannula is

plugged into the oxygen tap found behind every patient bed and the oxygen is simply turned on. At UDH there is no central oxygen supply so oxygen concentrators are used to deliver filtered oxygen from room air to patients. Unfortunately, UDH only had access to three oxygen concentrator machines. With one permanently kept in theatre for surgical patients and one permanently kept on the labour ward for neonates, this left only one machine for the rest of the hospital. There were many times when very unwell patients requiring supplementary oxygen had to go without because the oxygen concentrator was required for someone else who was acutely unwell. I remember one occasion when a semiconscious patient with cerebral malaria who had oxygen saturations of 78% (normally should be greater than 94%) had his oxygen supply removed because the oxygen concentrator was needed for a patient who was having a severe asthma attack. Furthermore, only the oxygen concentrator in theatre had an accompanying face mask. The other oxygen concentrators had only accompanying nasal cannulae. The problem with nasal cannulae is that they can only effectively deliver lower levels of oxygen, for example 1-4 litres/minute. Due to the shortage of face masks, acutely unwell patients were being given higher levels of oxygen through nasal cannulae. Not only does this not deliver the higher levels of oxygen effectively, but also it can cause harm to tissue inside the



International Nurses Day/ Florence Nightingale Day celebrations



patient's nose. I found it frustrating knowing that oxygen face masks cost only a few pounds in the UK and patients at UDH were not being treated with appropriate equipment due to a resource shortage.

Despite the challenges at UDH of providing healthcare with limited resources, I was amazed at the dedication and enthusiasm that the staff at UDH had for their work. I remember Dr Ongati carrying out the Monday ward rounds for all the inpatient wards in the hospital after spending the weekend being the only doctor covering the whole hospital. I also remember Peter, a recently qualified midwife, just about to leave the hospital to go home then run back to the delivery ward to deliver three newborns. I could tell that all the staff in the hospital were very proud of their work. This was demonstrated during the celebrations to commemorate International Nurses Day and the anniversary of Florence Nightingale, the founder of modern nursing. Knowing that



this date is not significantly commemorated by healthcare workforces in the UK, I was surprised to find out that there would be a 'celebration' at UDH to mark this occasion. I was completely amazed on the day when I was taken on a procession around Urambo with most of the hospital staff, that culminated in the handing out of drinks and soap to all the patients in the hospital. This was followed by a celebration that included dancing, singing and a huge feast of Tanzanian food. It was incredible to be a part of this celebration and to see all the staff thanking each other for their hard work throughout the previous year.

To finish my report of UDH, I wanted to reflect on one of my first experiences at UDH. On

our first day at UDH, Dr Kanani, the chief medical officer at UDH, took us on a tour of the hospital. Whilst showing us around the paediatric ward, he pointed to a side door which was the entrance to the paediatric intensive care unit. Inside, the room was about half the size of a normal ward side room in a UK hospital. The room contained nothing more than two small beds with a mosquito net covering each. There were no LCD screens displaying advanced physiological parameters that are common place in UK hospital intensive care units. Moreover, the intensive care unit did not have a dedicated nurse for monitoring any deterioration in the sickest patients that are occupying the intensive care room. The



Teaching the students of Urambo FDC how to correctly use a mosquito net

differences between this intensive care unit and an intensive care unit in the UK were stark. I was so surprised by these differences that I had barely noticed that there were two young girls laying in the beds in the room. Furthermore, I had missed that one of the girls was unresponsive and had stopped breathing. Dr Kanani began performing CPR on the young girl, but it quickly became apparent that the girl could not be saved. Dr Kanani then covered the girl with a blanket and said, 'Let's go to see the male ward now.' We were all silent and completely shocked as we walked over to the male ward. This was supposed to be a quick tour of the hospital and none of us had expected for a patient to pass away in front of us.

The young girl who died had sadly suffered from cerebral malaria. This was my first experience of malaria both in Tanzania and in my medical training. It quickly highlighted to me how lethal this infection

can be. Malaria is the top cause of inpatient admissions at UDH. During our placement, we saw hundreds of patients who had contracted it. Malaria was particularly prevalent during our placement because we visited Urambo towards the end of the wet season when mosquito numbers are high. Urambo FDC became a bit of a hotbed for malaria during our stay. I remember one weekend when between us we took five FDC students to the hospital for malarial treatment.

During my placement, I learnt a lot about malaria which is an infection that is uncommon in UK hospitals so it was very beneficial for me to see such a high turnover of patients with malaria and related complications. Seeing that malaria was such a big health problem, we decided to take the opportunity to provide some teaching to the students at Urambo FDC about prevention of malaria and the symptoms to look out for if someone contracts the

infection. The students were already very knowledgeable about malaria, but hopefully the training will help reduce some of the malaria burden at Urambo FDC.

Again, I would like to thank FUM for their support before and during our placement at UDH. I would especially like to thank Rod Smith, Nick Vinall, Jo Taylor and Iain Chorlton for all the help that they provided us. My thanks also go to Mr Nestory (Urambo FDC Principal) and all his staff at Urambo FDC for being the most generous of hosts during our stay in Devon House. Finally, I would like to thank Dr Kagya (Urambo District Medical Officer) and all the staff at UDH for allowing us to work alongside them in their hospital and for making us feel so welcome at the hospital.

References

Maestad, O. (2006). Human resources for health in Tanzania: Challenges, policy options and knowledge gaps,, CHR. Michelsen Institute.

Tanzania National Bureau of Statistics (2012). Population and Housing Census. Tanzania.

United Republic of Tanzania Ministry of Health and Social Welfare (2008). Human resource for health strategic plan 2008–2013,.

World Health Organisation. (2016). "Global Health Observatory (GHO) data." Retrieved 15/02/2016, 2016, from <http://www.who.int/gho/en/>.

Maternal and Child Health

Jane Lim reports from Urambo District Hospital

Urambo District Hospital has a maternity and delivery block with three delivery beds, midwives, nurses and doctors on call round-the-clock. With such a vast area to serve, the hospital itself sees patients from the population who live around the hospital referred to them due to complications.

Most maternal healthcare, deliveries and post-natal care in Urambo, however, actually take place in the community in Dispensaries.

Dispensaries and Mother and Child Health Clinics are nurse-led clinics that vary in capacity. Each has one delivery bed and a set of delivery instruments, a room for vaccinations as part of post-natal care, and a consultation room for antenatal care.

During my visit, I did not see a great deal of antenatal care (mostly because my attention was more focused on in-patient management and deliveries), but was told that antenatal care consists of testing for infections (such as HIV) and monitoring growth and foetal heart rate. Expectant mothers arrive at the MCH clinics when contractions start or when their waters break – they are examined by the nurse on arrival and the progress of their labour is monitored.

Most deliveries are straightforward – nurses are



trained to deliver babies and stitch mothers afterwards – but those who may present with a complication (such as mothers whose labours do not progress or who may require caesarean sections) are sent to the hospital. I say 'sent to the hospital', but it is by no means a blue-light ambulance that brings them there – most mothers are expected to find their way to the hospital on their own. This presents a few issues – most dispensaries are far from the hospital (most are easily an hour away); cabs (either car or bajaji) are usually well over what a family can

afford for such a long journey; the dirt roads are bumpy and not lit at night. The mothers who do make it to the hospital tend to have arrived on the back of a motorcycle, usually after much delay. It is usually at this point that doctors are called to see the patient and any emergency treatment is given.

Urambo is well-served by doctors and nurses who make such a big difference in the

healthcare of the community with their tireless work. It was in this environment that I found myself thinking about a lot of things that I take for granted practising medicine in a developed country – transport, paved roads to connect services, having more than one bed, oxygen that comes out of a wall (the hospital only had two machines to deliver higher concentrations of oxygen), and even having the equipment to sterilise tools. A little (to us!) goes a long way in Urambo!

A Message from The District Commissioner of Nzega

We are very lucky to have a sound friend in Nzega, The District Commissioner, The Honorable Godfrey Ngupula. He has been active ensuring that our projects in Nzega District proceed smoothly and it is invaluable having a friendly counsellor to help when things don't quite go to plan.

During his Nzega visit Nick Vinall was pleased to be able to spend time with the DC and discuss FUM projects. Shortly after his visit I received this message which I thought I would share with you. Sadly I was obliged to explain that the FUM constitution requires us to restrict our work to the Tabora Region but it is nevertheless flattering for FUM to know that Godfrey would like us to spread our wings to his home area.

Hi Rod and Nick,

I am glad that this time I managed to meet Dr Nick and his family. On behalf of all the people of Nzega please accept my sincere

thanks for all that FUM is helping in our district. We are very grateful for the help. I was quite happy too when I heard that Nick and his family happened to visit the southern highlands region. That is where I was born. And of course to be frank, I have the wish in my heart that FUM, if possible, should extend its help to that region too, especially in the Mufindi District where is my home place. I have this feeling because I am the eye witness

of how, whenever you extend your arm to help, you indeed touch people, especially the poor and needy. Many thanks and God bless you exceedingly.

Godfrey Ngupula, DC Nzega.



Unexplained Visa Problems are Causing Anger and Disappointment

Mama Malyeli was refused a visa to visit the UK as a guest of FUM and others.

Mama Malyeli was for many years the indefatigable Principal at Mwanhala FDC. She was an outstanding principal, and together with Mama Kanoni and Mama Kasinga, was one of a triumvirate of three terrific ladies running our three FDCs. All are now enjoying a well deserved retirement.

Those of you who attended the AGM at the start of April will know of our disappointment and indeed our anger that the UK Border Agency had refused to grant Mama Malyeli a visa to visit us and speak at the AGM. This decision seems to us to have been an arbitrary one as there seemed to be no reason for this decision. Mama Malyeli

has visited us several times before and so could not be suspected of attempting to gain illegal entry. She had been invited to speak at two events and had been invited to join in the celebrations of my son's wedding. Not being able to welcome her was a cruel blow and saddened us all. I know that FUM is not the only

organisation to fall foul of the UK Border Agency in recent years. Too many times it seems cherished and valued visitors, some of great academic excellence, are being refused entry visas and one fears that this is deliberate policy rather than straightforward incompetence. Whichever is the reason it makes it very difficult to invite any of our Tanzanian friends to visit.

Mama Malyeli was to be guest of honour at a fundraising dinner of the Cranbrook Tanzania Project support group. This met for the first time at the London Beach Hotel in Tenterden to exchange memories of their times in Tanzania and to discuss ways in which they can continue with their support. I am pleased to say that Ralph Burgess has taken up the challenge of coordinating ideas so, any ex Cranbrook Project member

wanting to join the group should contact Ralph. I should also mention that the Old Cranbrookians generously contributed to the project by match funding the cost of the dinner. Our great thanks must go to them for this splendid contribution. The event was a lot of fun with participants from all four decades for which the Cranbrook Tanzania project ran. All agreed that it as an event which must be repeated.

South Downs Walk for FUM

On September 2nd, eleven intrepid walkers set off from Birling Gap to take part in the third South Downs walk.



The weather was clear and bright, with no signs of the mysterious cloud of apparently toxic gas that had blown across Birling Gap a few days before.

The route began, as usual, with the Seven Sisters – a set of seven hills along the Sussex coast between Beachy Head and Seaford. While the climbing and descending was a bit tiring, the views of the white cliffs, set off against the deep blue and calm sea were invigorating.

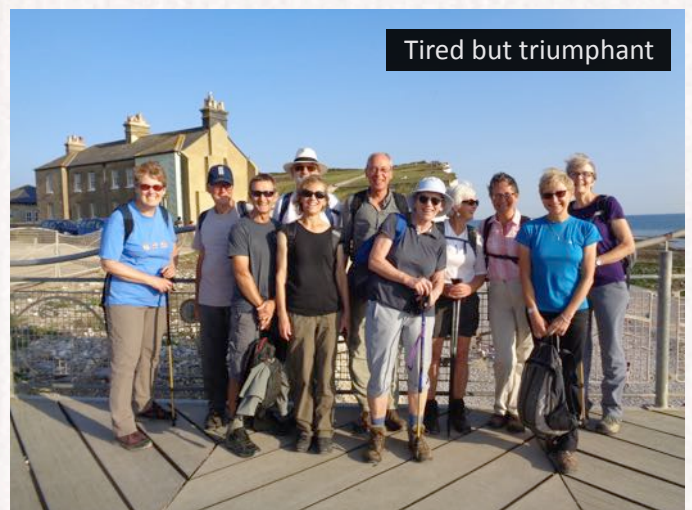
Moving inland towards Alfriston, the group indulged themselves with a coffee and cake reviver at Exceat Bridge.

We then walked on towards and then up Windover Hill. On this part of the walk, we passed a large group walking to support cancer research, while, like us, enjoying the summer sunshine. By this time, spirits continued to be willing but flesh was beginning to weaken. So we stopped for lunch watched suspiciously by the sheep grazing in the next field.

The penultimate leg, returning south towards the coast, down to East Dean was enriched by the views of the sea beginning to reappear in the distance. This strengthened our resolve to complete the walk, even though

the topology demanded a final uphill pull before walking down to Birling Gap again.

The group was tired but triumphant. A great many issues had been extensively discussed, if not resolved, in a variety of different forums established by the walkers during the journey and a total of nearly £5,000 was raised for the FUM appeal.



Running to Mwanhala

To complement our "walking for water" initiative the pupils at Horsell Junior (C of E) School have been running to Mwanhala. The pupils were inspired to take action when they learned that pupils at Mwanhala Primary School in Nzega district had to take a 5km round trip to get water.

Although the parents had funded a well, there was no pump. Pulling water up in a bucket was too difficult and dangerous for most children at the school. So the pupils of Horsell Junior decided to help them by paying for a hand pump to be installed.

The "Run to Mwanhala" was achieved by each



pupil in the school running or walking a few miles a week, so that between them, over the summer term, they had covered the distance between Horsell and Mwanhala.

As a result of their fund raising, a hand pump was installed on the Mwanhala Primary School well (the well itself having been refurbished by FUM) and is now in operation.



The well at Mwanhala Primary School...



...now with a brand new pump

Find out just how much money has been contributed to FUM through fundraising events and see how the money is spent. The FUM accounts can be found on pages 16 and 17 of this newsletter.

The South West Walk for FUM 2017

After the hot sunny weather we have had recently, it seems unbelievable that our annual sponsored walk on Saturday 10th June 2017 could have been so wet and ironic that we were walking to raise money for clean water when so much was around us!

The start of the walk at the summit of Kit Hill



A group of eighteen keen, intrepid walkers set out from the top of Kitt Hill (where we couldn't even see the Summit Stack as it was so misty!) and headed through Luccott to Horsebridge then back to Luccott following the Discovery Trail to our destination at Calstock. Following the river

Tamar down stream, it was a total of just over 15 very wet and muddy miles.

Julie and Isobel arranged this walk and were joined by family, local friends and some from as far as Kent, the youngest member being Ruby, aged 10 years who walked an

impressive 11.5 miles without complaining.

The walk, although in very wet conditions, was very enjoyable and we had many laughs and giggles as we went along imagining the fantastic views! We believe the Devon walk has raised well in excess of £4800 and we would like to thank all those who have kindly sponsored us. Now, where shall we walk to in 2018?



The younger walkers crossing the Tamar



Through the woods

The end of the journey at Calstock



FUM accounts Jan - Oct 2017

Balance b/f	1st January 2017 (inc £4506 c/f for Jubilee Appeal)	20,245
Income (exc Jubilee Appeal)		
	Standing orders	7,136
	Imeli cheque donations	600
	General cheque donations	1,914
	Cranbrook School	1,650
	Gift Aid tax refund from 2016	2,027
	Interest	1
	Miscellaneous (<i>Neema, Gomegwa, Devon H'se</i>)	1,564
	PayPal	110
		<u>15,002</u>
Income (Jubilee Appeal)	details below	<u>19,111</u>
Transfers (FUM)		
	Mwanhala FDC (<i>bursaries + vehicle</i>)	2,529
	Sikonge FDC (<i>bursaries</i>)	1,300
	Urambo FDC (<i>bursaries, equip't, Devon House</i>)	4,454
	Imeli bursaries	3,300
	Urambo+Kaliua clinics + hospital	1,900
	Urambo hospital delivery beds	1,911
	Local expenses (<i>Doctors, Neema, Gomegwa</i>)	545
	Mwanhala Primary School Well	2,676
		<u>18,615</u>
Transfers (Jubilee Appeal)		
	Mwanhala FDC borehole	4,692
	Urambo FDC water connection	1,439
	Sikonge FDC water connection	2,353
		<u>8,485</u>
Expenses		
	Bank transfer charges	195
	Newsletter printing + postage	22
		<u>217</u>
Balance	1st Oct 2017 (includes £15,133 for Jubilee Appeal)	27,042

Jubilee Appeal summary

Income

2015 + 2016	29,073	
2017 to date (details below)	19,111	<u>48,184</u>

Expenditure

2016 Semembela borehole	11,280	
Mbooga rainwater harvesting	12,111	
Mwasala top-up	1,100	
Sikonge Water Co. (<i>initial test payment</i>)	76	
2017 Mwanhala FDC borehole	4,692	
Urambo FDC water connection	1,439	
Sikonge FDC water connection	2,353	<u>33,051</u>

Balance at 1 Oct 2017 **15,133**

There is still some Walk money to come, as well as Gift Aid on cash donations. I expect us to make our £50,000 Appeal target by the end of 2017.

This would give a balance of around £17,000 for future Jubilee Appeal projects.

Future projects

Provided that technical details and BOQs can be agreed I suggest that we use the balance for:

- a. Mabooha water distribution scheme £7,000 (plus same from Kaliua DED agreed)
- b. Nyasa borehole £10,000

2017 fundraising events (approximate figures to date)

Donations	2,700
Marathon	4,200
Cranbrook Dinner	2,300
Walks	8,800
Swims	1,100
	<u>19,100</u>

FUM Officers

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Do you want to find out more about FUM?

Our website is crammed with news, photographs and information about every area of our work. Just go to www.fum.org.uk on your PC or tablet, or point your mobile device at the QR code to take you straight there.



The Final Word

In this issue, you have read about all the wonderful voluntary work done through and on behalf of FUM, as well as all the amazing and essential fundraising carried out by our friends of all ages. We cannot thank all those people enough and we hope that it might inspire you to join in.

Best wishes
Rod Smith