



HABARI

From the Country Director's Desk.

Our esteemed HABARI readers,

Since our last updates, we, Amref Health Africa Tanzania, have had amazing months of achievements in health interventions where as of June 2018 (since January 2018) we had reached over 1,815,757 beneficiaries (27% Males and 73% Females). We applaud our key partners in the health sector that include, but limited to, the Ministry of Health, Community Development Gender, Elderly and Children as well as the President's Office for Regional Administration and Local Government for providing all needed grounds for executing such interventions. None of these accomplishments would have been possible without the work of the talented and dedicated community local leaders and staff within Amref Health Africa Tanzania, nor would they be possible without the support of our donors and more is out of outstanding engagement of our partners and stakeholders. While these numbers would make most of us proud in reaching the needy communities; question remains on sustaining access to quality care and attaining better health amongst poorest segments of our communities.

That said, I would like to commend the commitment of the Government of Tanzania in driving the agenda of universal health coverage. Among the UHC principles is to ensure everyone is able to access basic health services without financial difficulties. Current statistics indicates only 32 per cent of Tanzanians have been covered under health insurance schemes. Achieving universal health coverage is one of the key milestones of improved health and wellbeing, whereby social protection under health insurance coverage is a major driver. In many countries of sub-Saharan Africa including Tanzania, a large numbers of families are experiencing challenges on accessing health services due to their social economic situation; therefore the universal health insurance will definitely benefit many. Amref Health Africa is in support of the Government towards this important initiative.

This newsletter provides some highlights on various interventions that Amref implements in Tanzania promoting access to health care. Please enjoy the reading and we will be glad to hear back from you on how we can work together in attaining lasting health change in Africa.



Dr Florence Temu, Country Director

I wish you all a happy reading

Congratulations Dr. Neema Rusibamayila!



It has been great working with you as a member of our Advisory Council for the past three years. Amref Health Africa Management appreciates your support and valuable contribution through out your services. Your newly appointment role at WHO is an evidence which mirrors your hardworkig. Keep it up doing the great job, Dr. Neema Rusibamayila!

In the photo, 3rd from right-Dr Neema holding a congratulation card, on her right side is Dr. Florence Temu, Amref Tanzania Country Director, second from left is Advisory council chair Dr Eric Van Praag together with other members of the Advisory Council after the meeting at Amref Tanzania office.

Amref Health Africa Family Wishing you Happiness and Success in Your New Role

TESTIMONIES FROM BENEFICIARIES

“Skills I acquired from Amref saved a life” Chausiku

Chausiku Nyerere (39) is a Community Health Worker (CHW) who resides at Kasubuya Village at Nyang’hwale District.

She shared with us her testimony on how she managed to save life of a pregnant mother. “One day during my regular visit to various households for sensitizing the community on the importance of seeking health services from the health centers, I met a pregnant mother who was not feeling well. She was bleeding and not sure of what was the reason. She was alone in the house and she never consulted any one since the bleeding started. I advised her to visit a nearby health center for checkup. While thinking of what to do next, I immediately made use of the knowledge I acquired from Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM) training and referred her to Nyijundu Dispensary and made sure she was assisted by a skilled health care worker. Few days later I made a follow up on her development and found that she safely delivered a new baby girl. I am proud to be a CHW and I am ready to support others especially women and children around my community”.

Since the start of CAIA-MNCM project, 282 CHWs from Nyang’hwale and Geita districts have been trained. The Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality, is a partnership among four Canadian organizations – Amref Health Africa, Christian Children’s Fund of Canada, the Centre for Global Child Health at The Hospital for Sick Children (SickKids) and WaterAid Canada – with \$24.9 million support from the Government of Canada over four years.



Proud to remain Un-mutilated rikunene, FGM survivors

“We are always humiliated, harassed and discriminated for not being circumcised. It has been easy for uncircumcised girls to be identified by the community members because we are discriminated against especially by the Kuryan boys who never propose a relationship until a girl is circumcised. They call us “rikunene” the Kuryan word meaning uncircumcised girls-two young girls of Nyamoko village explained.

According to Kuryan tradition any girl who by virtue of circumstances has survived circumcision are called rikunene and the Kuryan society never allow un-mutilated girls to fetch water from the community well, not allowed to participate in any marriage ceremony in the community in anyway not allowed to open gates for cattle, because we are regarded to be un-sanctified.

“I am 18 years old, most of my age-mates and my tribe members are calling me rikunene. It is always embarrassing for a young girl like me to be called rikunene, it is a disgrace for me and my family. Since I have knowledge on the effect of genital cutting I don’t react to them rather than telling them I am not ready for the cut which would negatively affect my health” Testified Winifrida Martin, the FGM survivor.

Winifrida Martin survived FGM by running to a Safe House for safe custodianship, where she went through several vocational training programs, including entrepreneurship and technical skills on close making by sewing-machine from which she makes her living.

The same testimony was given out by Winifrida’s best friend called Happiness Kigure a 16 year old girl who also managed to escape the female genital cutting practice. She was a form three secondary student at Kigoma region; Very unfortunate, her father passed away and she had to attend the funeral ceremony, that’s when her family members and relatives secretly planned to get her cut ready to marry her off. Luck enough, Happiness noticed her guardians were preparing a circumcision ceremony, She successfully found a way to rescue. She escaped and run to a Safe House located at Serengeti in Mara region where she was accommodated for years.

“I argue to the community and especially to my fellow young girls, let us fight this harmful practice; I commit to stand against FGM despite the existing beliefs around my tribe that men should never marry un-mutilated girls. Thanks to Amref Health Africa and LHRC for sensitizing and providing education to the community, I join hand in fighting this practices, cutters should understand its effect and stop cutting my fellow innocent girls.” Concluded Happiness.

SUCCESS & INTERESTING STORIES

My Wife and I were equally depressed- Thanks to Amref's Medical Outreach Program.



It has been a long time since Elia Adon Msumuke, a Dumila resident was told by doctors that the only way to cure her wife's illness was to be operated by a gynecologist. Something that he claimed to have made many efforts but was unsuccessful.

"Since I did not have enough money to pay for service from nearby health facilities, my wife suffered continuously. Luckily, the situation changed when medical specialists visited Morogoro Regional Hospital - that's when

my wife was attended by a Gynecologist free of charge." Amref Health Africa and partners through Medical Outreach program organized and made possible for these Specialists to provide surgical services at Morogoro region. I am very happy that my wife has been attended and she is among the patients who will be undergoing surgery by the specialist.

"One can agree how painful it is when your wife is suffering and you have no any other way to assist, you will definitely lose hope. Thanks to Amref Health Africa for saving my wife's life. It wasn't easy for me especially when I thought of the expenses needed for transport and other necessities for her to undergo this surgery." Elia explained.

Amref health Africa in Tanzania with support from Amref Netherland conducts a medical outreach services whereby medical specialists from referral hospitals such as Muhimbili National Hospital, Bugando Medical Centre and KCMC Hospital are sent to the remote areas where access to medical specialists a challenge.

Community Health Workers CONNECT Communities and Health Facilities

Hadija Halifa Msuya (28), an assistant nurse at Endulen hospital from Nasiporio village in Ngorongoro District, is among nurses who are working hand in hand with Amref's Global Health Security Partnership Engagement; Expanding Efforts and strategies to protect and improve public Health Globally. The GHSA project aims at strengthening disease surveillance system at local and national levels by conducting active search of diseases and Public Health Events of International Concern (PHEICs) in the communities through household visits and facilitating referrals to individuals who detected with various disease conditions. Under the GHSA project, Hadija has been active and working hard to improve feedback mechanism at both health facility and community level. Her active participation has been very important in promoting knowledge sharing and motivates others who are involved in the disease detection, reporting and response chain.

"GHSA project plays a big role in creating good linkages between the community health workers (CHW) and health facilities. This project also sensitizes members of the society to understand the benefits of getting health services from the health facilities. Through various training GHSA project has equipped CHWs with enough knowledge and skills to conduct their activities. In addition with the provision of working tools, this project contributes to the increase Maasai attendance in the health facilities.

CHWs are commendable for their important contribution especially on sensitizing and educating the society on early health seeking behavior. Once a CHW detect any disease around the community, they normally advise and assist the affected person to go for medical checkup and treatment".



Through the support from Centers for Disease Control and prevention (CDC), Amref Health Africa in Tanzania is implementing a five-year (2015-2020) Global Health Security Partnership Engagement: Expanding Efforts and Strategies to Protect and Improve Public Health Globally. With the main activity of training CHWs in lay case definitions of epidemic-prone disease and events for improved accurate and timely notification and reporting, GHSA

Project implemented in Arusha, Kilimanjaro, Kagera, Kigoma, Katavi and Mbeya.

Simiyu Regional Hospital now will benefit from an Ambulance Provided Through Amref's Uzazi Uzima Project.



On May 11, 2018, Amref Health Africa in Tanzania's Uzazi Uzima project handed over an ambulance to Simiyu Regional Hospital at Bariadi Training Centre. The guest of honor for this event was the Regional Commissioner of Simiyu, Mr Antony Mtaka, who thanked Amref Health Africa for their efforts in supporting the provision of quality health services in the region through its various projects. He also applauded Amref for its tangible health interventions in Tanzania.

"Simiyu regional hospital has been operating for so long without an ambulance and sometimes they had to call an ambulance from the nearby district like Itilima to support referral process. Whenever infrastructural challenges occur patients end up dying" Mr. Mtaka explained.

The ambulance was supported through the four-year Uzazi Uzima project. This project is a partnership be-

tween Amref Health Africa, Marie Stopes and Deloitte as a service partner, with funding of ~ \$10.2 million from the Government of Canada through Global Affairs Canada (GAC).

The partners are working together with communities in Simiyu region to improve the knowledge and skills of health workers in provision of sexual and reproductive health and rights education, maternal care and family planning for women and adolescent girls and boys; refurbish health facilities and dispensaries, including infrastructure for clean water and sanitation; strengthen gender responsive health management systems; increase the use of health services through community outreach and advocacy; and, strengthen community and government engagement.

SUCCESS & INTERESTING STORIES

I Finally Meet the Hero who Saved my Life at Amref Health Africa: Serendipity, Elia Msegu



Elia Msegu

Elia Msegu, is a Project Manager at Amref Health Africa working for Uzazi Uzima Project. He explains "At first when I heard you being introduced, at the mention of your name I felt like I had met you before. Your name kept on coming into my mind very strongly to the point that I pondered why? Until when my mind took me 14 years back when I was a young researcher working on Malaria clinical trial. Back then I used to drive a Yamaha DT, a very strong motorbike that helped me reach out to the hard to reach areas of Handeni district.

It was on 12th Feb 2004, when I had managed over 15 cases of complicated malaria in a village called Lukole near Turiani. On my way back to Handeni district at around 4:45 PM at a place called Bumba, I met 2 armed men who blocked my way and shot me on the right side of my chest with a short gun. I fell down, they stole my Yamaha DT with all study documents and blood samples I had collected for microscopy. I sustained severe injuries on my chest and developed what we call in the medical field 'haemo-pneumal-thorax'. My right lung was punctured; blood and air started filling my right lung cavity. As time went by, I started experiencing breathlessness and enormous pain. God was good, a bus (Hajeez) from Turiani found me on the road and picked me up, passengers got so scared of me as I was full of blood around my chest, my face was swollen due to pellets that injured me. I was then rushed to Handeni District Hospital for emergency surgery.

At Handeni District Hospital, a German Surgeon, Dr. Christian and other medical staff tried all they could but my condition showed poor prognosis. Before this operation I had requested to see my wife, who was a mother to our first baby boy (at that time the baby was two months old). Seeing my wife, I cried as I thought this was going to be my last time to see her, I felt so sorry for her and my son Noel, looking at each other, I couldn't speak a word, it was hard and aching moment.

The next day, I was rushed to KCMC hospital. My sister in law introduced me to a medical student named Patrick Mwidunda whom she requested for his support.

Immediately Patrick, a caring and humble young Doctor came to see me and ensured that I was attended by the best medical specialist (Dr. Chugulu). The operation went well, It was a very painful procedure, an opening was made on my chest and an underwater sealed drainage was put in my chest to help me survive. Dr. Patrick was closely following up my situation and ensure that I get all medical attention required. Today I am alive and testify the kindness of DR. PATRICK MWIDUNDA, a colleague who has just joined Amref Health Africa Tanzania. Thank you very much for being part of doctors who saved my life 14 years ago at KCMC hospital. I am happy that we are now working together"



Dr. Patrick Mwidunda

Photo Gallery



This quarter the Canada-Africa Initiative to Address Maternal, Newborn and Child Mortality (CAIA-MNCM) project distributed a total of 412 bicycle to 412 community health workers (CHWs) in Geita and Nyang'hwale Districts. As an affordable means of transport, the bicycles will assist in bridging the gap between health facilities and communities by allowing CHW to easily reach the families and communities whenever need arises. In Geita District CHWs received a total of 288 bicycles while at Nyang'hwale 124 bicycles distributed to 124 CHWs. The handing over ceremony was conducted in collaboration with the Local Government authority from both two districts

The CAIA - MNCM project is a partnership among four Canadian organizations - Amref Health Africa, Christian Children's Fund of Canada, Centre for Global Child Health at The Hospital for Sick Children (SickKids) and WaterAid Canada. With support of \$24.9 million from the Government of Canada, this four-year project (2016 to 2020) aims to directly reach 1.7 million women, children and men across 20 districts in Ethiopia, Kenya, Malawi and Tanzania.



Stakeholders developing Information Education and Communication (IEC) messages which aims to emphasize the importance of taking Weekly Iron and Folic Acid Supplements for adolescence girls aged 10 to 19 years in Meatu District, Simiyu Region. This activities was conducted through WIFA's Right start initiative program with support from Nutrition International (NI).



Health System Advocacy (H.S.A), a project funded by the government of Netherlands conducts a consultative meeting with Regional and Districts Health Management Teams to develop a strategy on identification, absorption and financing of the formally trained cadre of Community Health Workers. Momentarily there are about 8000 CHWs across the country who underwent a one year training programme in 2015 but are yet to be absorbed.



FROM THE MEDIA

Wanafunzi waomba jicho la huruma huduma ya maji

Rajabu Athumani, Mwananchi
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Handeni. Wasichana wa shule za sekondari wilayani hapa mkoani Tanga, wameimba Serikali na wadau kuwasaidia kupata maji ya kutosha kwa kuwa wao ndiyo kundi la kwanza kudhalilika kwa kukosa huduma hiyo.

Wakizunguma wakati wa kuchimba mifereji ya kupeleka maji shuleni katika mradi uliofadhiliwa na Shirika la Amref juzi, wanafunzi hao walisema kukosekana kwa maji ya uhakika ni changamoto kubwa kwa.

Sauda Teko, mwanafunzi wa Sekondari ya Kwamatuku alisema wanatembea zaidi ya kilomita saba kwenda na kurudi kutafuta maji kwa ajili ya matumizi. Alisema maji wanayochota siyo safi na salama, hivyo yanaweza kuwasababisha magonjwa ya mlipuko.

Mwanafunzi mwingine, Abdulrazak Mkwau alidai

kuwa yeye hutumia muda mwingi kutafuta maji badala ya kujisomea.

Mkuu wa sekondari hiyo, Yasin Mkonu alisema Amref imeonyesha njia baada ya kuliona tatizo na kulitatuwa, hivyo ni vizuri Serikali na taasisi nyingine kuwasaidia wanafunzi hasa wasichana.

Naye ofisa elimu taaluma wa Halmashauri ya Handeni, Basil Mrutu alisema zaidi ya wanafunzi 683 wa sekondari za Kwamatuku na Kwalgululu watanufaika na mradi huo na kupunguza kero ya kwenda kuchota maji badala ya kujisomea.

Meneja mradi wa Amref wilayani Handeni, Dk Aisha Byanaku alisema waliliona tatizo la maji hasa katika shule ndiyo sababu ya kuanza kufadhili mradi huo ambao utakuwa endelevu.

Miradi hiyo ya maji inayojengwa katika shule hizo inagharimu zaidi ya Sh42 milioni, huku wananchi wakichangia Sh2.5 milioni.



Wasichana 3,000 Kilindi wanusurika kukeketwa

Mwanzi 26 Feb 2018 Na AMINA OMARI

Zaidi ya wasichana 3,070 wa jamii ya kimasai katika wilaya za Kilindi na Handeni, wamenusurika kufika takwimu hizo baada ya kuenza elimu juu ya madhara ya ukeketaji katika kipindi cha kuanzia mwaka 2014 hadi 2017.

Takwimu hizo zimetolewa jana na Mkurugenzi Mkuu wa Shirika la Amref Tanzania, Florence Temu, wakati wa sherehe za kupinga vitendo vya ukeketaji zilizoifanyika katika Kata ya Kibirashi wilayani

Kilindi.

Alisema wameweza kufanikiwa kufika takwimu hizo baada ya kuenza elimu juu ya madhara ya ukeketaji kwa jamii hiyo ya kimasai ili kuhakikisha wanamlinda mtoto wa kike na vitendo vya kikatili ikitweme ukeketaji.

"Malengo ya maendeleo endelevu yanatoleleza kutokomeza kabisa vitendo vya ukeketaji ifikapo mwaka

2030, hivyo kupitia miradi wanayoitoleleza katika wilaya hizo naamini wataweza kufika lengo hilo," alisema Temu.

Kufuatia mafanikio hayo, Naibu Waziri wa Aya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto, Faustine Nduguile, alisema Serikali imekuwa ikidunga vitendo hivyo kuweka sheria mbalimbali ili kumlinda mtoto wa kike aweze kutimiza malengo yake.

Mipango madhubuti itamaliza ukeketaji kwa wanawake

Na Adrian Mpya

NI kitu cha kushangaza kuona baadhi ya jamii zinazoteleza mila za ukeketaji kwa wanawake licha ya mabaki yote mwa madhubuti yanayo yaliyopita katika katiba kutika mwaka jua wa habari za kuanzishwa mila hi.

Takwimu za hivi karibuni zinazotolewa na Mwananchi, Daktari, Arusha, Mkoa wa Morogoro zinazotolewa kwa kuziwa na vito vya ukeketaji kwa wanawake ndiyo.

Katika rokosi inayotolewa kwa ukeketaji ni hizi: mwanachizi yote kati ya wanawake kuanzia kutokana na hukumu zinayotolewa kwa ukeketaji (ya kawaida kwa mwanachizi kutoka madharu) ni Mwanachizi (10), Daktari (47), Waziri (11) Mkoa (32) na Singida (31).

Anasema Naibu Waziri wa Wazira ya Aya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto Dkt. Faustine Nduguile akiwa katika Kata ya Kibirashi Wilaya ya Kilindi, katika sherehe za maadhimisho ya kupinga ukeketaji Duniani.

Kimisingi ukeketaji kwa wanawake hasa faida yoyote kiasi zaidi ya madhara, Takwimu za mwaka 2015 zililotolewa na Shirika la Aya duniani kuhusiana na ukeketaji zinaonesha wanawake 200 katika mataifa 30 duniani wamefanywa ukeketaji.

Ma Shirika mabaliwa ni yaliyojithiti kukabiliana na mila zinazochochua ukeketaji kwa wanawake yanaweka kwa mkabi wa ukeketaji kuwa ni kinyume na haki za binadamu na huanababisha matalazo ya kiasi kwa wanawake ikisemo uwezekano wa kupata ugonjwa wa fitula na maambukizi ya virusi vya ukimwi Shirika la Amref health Africa

Mkurugenzi mkuu wa Shirika la Amref health Africa Dr Florence Temu, anasema kuanzia 'mpaka sasa tunahusika mabinti 3070 dhidi ya ukeketaji'

"Antipato kati yao kwa mwaka 2018 hivi sasa mabinti 880 ni katika Wilaya ya Handeni, na katika Wilaya ya Kilindi kuanzia mwaka 2014 mpaka sasa mabinti 2180 wamekuwa wanaoonekana.

Mafanikio haya yanafuata na Amref health Africa kutokana na mradi wa ukeketaji na uwasilishaji unaoitanywa na taasisi hizi katika mwanachizi.

Lakini kuna wanaoonekana kwanza mbali na wanaohara woteji kuokotwa katika shirika hataji la ukeketaji, kutoa kura wanaoonekana mila hizi hatambi kwa sababu wanazogiza wao.

Kukona shughuli zinazogezwa kuingiza kipato ni moja ya madao yanayowafanya wanawake hufadhiliwa na shughuli za kukotwa 'Ngariba' kutoka kwa urahisi kazi hiyo.

Udidi uliofanika kwa 'Ngariba' huna wagumu kuacha kazi hiyo kutokana na ukweli kwamba kwa kiasi fulani huwanzia kipato.

Hivyo shirika hilo huwapa elimu juu ya hatari za ukeketaji mbali na elimu hiyo huongeza uwezo katika ujuzi mtaji pamoja na kupewa mitaji ya kuanzishwa biashara kazi ya 'ungariba' wanathibitisha kuwa kazi hiyo ni hatari na kuwataka wanawakeleza kuacha mara moja. Christiana Mwanachizi alisema hizi.



Naibu Waziri wa Wazira ya Aya, Maendeleo ya Jamii, Jinsia, Wazee na Watoto Dr. Faustine Nduguile (katikati) akimkabidhi akiluhubi kuacha na mila ya ukeketaji Katika Kata ya Kibirashi Wilaya ya Kilindi, siku ya maadhimisho ya kupinga ukeketaji

2008 lakini mwaka 2015 alichana na kazi hiyo mara baada ya kuolimishwa na Amref madhara ya kazi hiyo.

Anasema "mila tu niache kwa sababu waituelimisha madhara yanayoweza kutokoa kwa anafanywa kitembo hicho"

"Familia nayo ilinichukia, hata hivyo mimi watoto wangu watatu sijawakeketa kwa kujua madhara" anaoongeza Christina.

Dkt. Aisha Byanaku ambaye ni meneja mradi ulopewa jina la Elimu kuwa fedha za mitaji wanazowapa ngariba zitawasaidia kuacha kabisa kazi hiyo na kutanya shughuli nyingine zitakazowapaswa kipato.

uliofanywa na Amref health Africa uliopewa jina 'kijana wa leo' ambapo asilima B1 ya washiriki waliripoti vitendo vya ukeketaji.

Katika Wilaya ya Kilindi mkoani Tanga aliyefika mti wa kuoa, kukataa kuo mwanachizi asiyefanywa ukeketaji.

Lakini mara baada ya kupata elimu juu ya madhara ya ukeketaji kutoka Amref health Africa "wamebadili mtazamo.

Kiongozi wa mila katika jamii ya wamasai Kilindi Laigwanani William Tangano anasema kuwa sasa hivi wanaelewa madhara ya ukeketaji na wamekutabi kuacha.

Anaozeka kuwa hata vijana waliokua umri wa kuoa katika jamii hivi wamekutabi kuwa wanawake ambao hawajakotwa.

Hata hivyo, Tanzania imejithiti kukabiliana na vitendo vya ukeketaji kwa

wa Maendeleo ya Jinsia (2005). Sera ya Maendeleo ya Mtoto (2008). Sheria ya Makosa ya Kujamiana -SCSFA (1998) na Sheria ya Mtoto (2009) yote haya yakawa na lengo la kuzuia ukatili dhidi ya wanawake na watoto.

Lakini mbali na hayo adhabu zinazotolewa kwa watu wanajuhusika kwa mtu aliyekutwa na hada kuwa ni fairsi isiyopungua shilingi laki 5 au kifungo cha mezi 6 au vyote kwa pamoja.

wataandaa Nayo M chika Ereka lazama jani kuachana. "wabaki zote... nani malalamika nasomba... ni nguvu. Viti dhidi kuongeza elimu juu mwingine ni ngariba ku hivo pamo kisheria ku hivo, ush ndoto. Adrian h

Kama adhabu itaongezwa huenda suala la ukeketaji rchini Tanzania likawa historia.

Laigwanani William Tangano ambaye alisema wanaluhubi shirika hilo kwa msaada huo kwani hapo sswali wa shirika wa wakaziwa gari hilo katika wilaya zinagiza za mkoa.

Hospitali ya koa yapewa gari la wagonjwa

Na Shushu Joel, Bariadi
SHIRIKA lililo la kisirikali la AMREF, limetoa msaada wa

Gari hilo litatumika kuharakisha rufaa za wagonjwa, hususani wajaawazito kwa lengo la kupunguza vifo vito karavyo na uzazi

gramu ya Aya ya Mama na Mtoto Tanzania, Dk Sarafina Mkuuwa alisema shirika hilo kupitia Mradi wa Ujazzi Uzima limetambeza amachumu wa kutatua

Simiyu. Mtaka alishukuru AMREF kwa kutosa gari hilo na kubainisha kuwa msaada huo. Alisema zari hilo lita-

kutoka katika hospitali na vituo vingine vya aya, pale huduma za haraka zinapohitajika kwa ajili ya kurwasaidia wagonjwa kwenda Hospitali za Rufaa

alisema wanaluhubi shirika hilo kwa msaada huo kwani hapo sswali wa shirika wa wakaziwa gari hilo katika wilaya zinagiza za mkoa.