



**THE „NEW“
ST. WALBURG'S HOSPITAL
IN TANZANIA**



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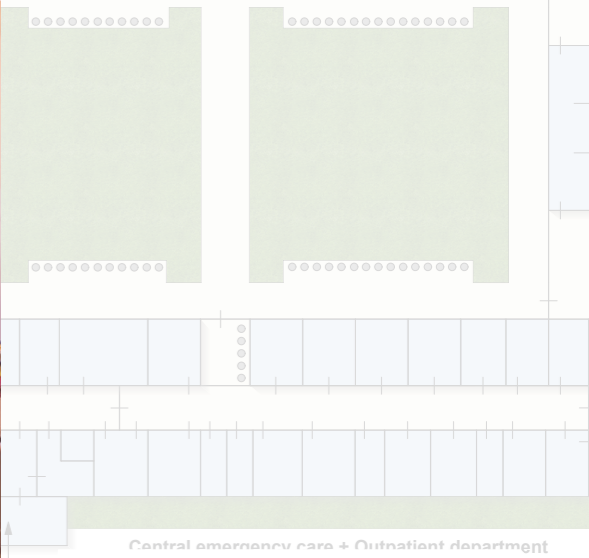
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TANZANIA



Central emergency care + Outpatient department

Tanzania's healthcare system has made some progress in recent years but continues to struggle with enormous challenges. The East African country has a network of healthcare facilities, including public hospitals, health centers, and clinics. However, access to qualified medical personnel and modern facilities remains an almost insurmountable problem, especially in remote rural areas.

Due to long distances, poor road conditions, and limited infrastructure, maternal and child mortality rates in Tanzania remain shockingly high by international standards. A major burden on the Tanzanian healthcare system is the high prevalence of diseases, including malaria, HIV/AIDS, tuberculosis, as well as non-communicable diseases such as heart disease and diabetes.

Far too few doctors and limited financial resources further exacerbate the situation. Our assistance is therefore essential and reaches the people who need it most urgently.

Project start: **2018**
Location: **Nyangao, Lindi Region**

Number of employees: **285**
Number of patients every year: **90,000**

THE ST. WALBURG'S HOSPITAL IN TANZANIA

HISTORY

The key figure in the founding of St. Walburg's Hospital in Nyangao, Tanzania, was Sister Dr. Thekla Stinnesbeck OSB, the first physician of her congregation and also the first in Ndanda. In 1947, she established a simple medical station in Nyangao with a small dispensary for distributing medicines—initially without any hospital beds. She was supported by a small group of Tutzing Benedictine Sisters, who took care of the sick.

By 1958, Sister Thekla, with the help of some British doctors in Ndanda, expanded the station into a hospital with 75 beds. The Missionary Bene-



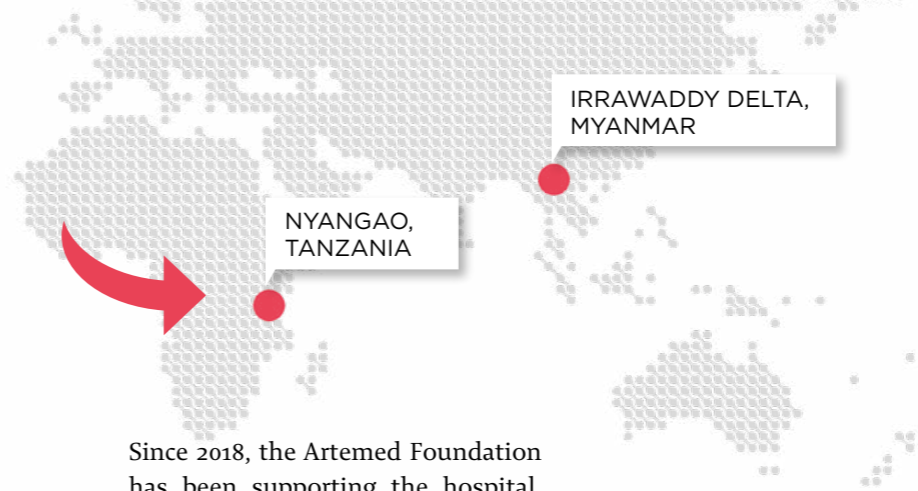
dictines of the Ndanda Abbey, who closely collaborated with the Missionary Benedictine Sisters of Tutzing, took on the construction of St. Walburga Hospital in Nyangao. Two other Missionary Benedictine Sisters, who were also trained doctors, provided invaluable support: Sister Dr. Regia Bürger worked alongside Sister Thekla in Nyangao, while Sister Dr. Miltraud Hermes was based in Ndanda.

After Sister Thekla's death in 1962, Sister Regia became the hospital's chief physician. In 1972, the abbey's abbot, who was also a bishop, transferred all pastoral responsibilities (except for the hospital in Ndanda) to the newly formed indigenous Diocese of Mtwara, including Nyangao. This marked the beginning of its era as a diocesan hospital.

Since 1986, Nyangao has been part of the newly established Diocese of Lindi. The hospital's operations remained unchanged, but it no longer received financial support from the abbey or the new diocese.

In 1969, Sister Dr. Raphaela Händler, a young doctor who had studied in Münster and joined the Missionary Benedictine Sisters of Tutzing, arrived in Nyangao. At that time, no one knew she would later become the director of St. Walburg's Hospital from 1981 to 1994. As the number of patients increased dramatically, the hospital faced a major decision: should it be shut down or rebuilt? Given that Ndanda was more accessible, it was a difficult choice. However, a Misereor evaluation in Aachen provided a clear answer: Nyangao Hospital should remain operational.

Thanks to Sister Raphaela's leadership, the hospital was completely restructured and expanded with new buildings, increasing its bed capacity to nearly 220. By the late 1990s, St. Walburg's Hospital was fully transferred to the Diocese of Lindi. The lack of new recruits meant that the remaining four sisters could only continue their work with external support.



Since 2018, the Artemed Foundation has been supporting the hospital, helping to maintain medical care for hundreds of thousands of people who would otherwise have no access to healthcare.

OVER TIME

Over time, St. Walburg's Hospital has built a strong reputation within the Lindi District, attracting patients from greater distances. People travel from across southern Tanzania and even from northern Mozambique to seek medical care at the hospital. The Lindi District alone has a population of over 900,000 inhabitants.

TODAY

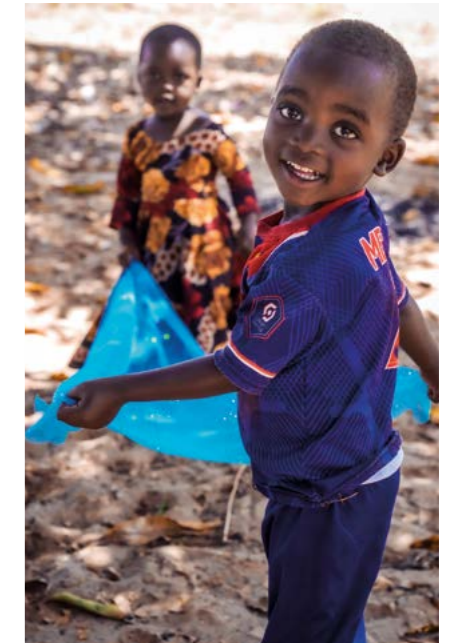
Today, St. Walburg's Hospital serves as the only medical facility for around 90,000 patients annually. The hospital now provides both basic medical care and specialized services, including gynecology, orthopedics, and cardiology.

Additionally, approximately 3,500 babies are born at the hospital each year. The Dr. Thekla Nursing School



on the hospital campus offers more than 50 training positions for aspiring healthcare professionals. Besides diploma students, 92 Community Health Workers are also active on-site. An official request to rename the institution to "College" is currently in progress.

This development took place within a structural shell that dates back to the late 1980s. In the so-called pavilion-style construction, numerous individual buildings were created, connected by a central main corridor. Only the electrical and IT systems have been brought up to a contemporary, modern standard thanks



to the Artemed Foundation. Apart from that, the building fabric largely reflects its age, which in most cases exceeds 50 years.



BETWEEN TWO WORLDS

In recent years, great efforts have been made and many unconventional solutions have been implemented to maintain the hospital's buildings and technical infrastructure. Unfortunately, this is now hardly possible, as many parts of the hospital's structure are irreparably worn out – “beyond repair”!

Furthermore, many functional rooms are missing because modern medicine offers entirely different possibilities than it did more than half a century ago. While the number of beds was once the key factor due to long hospital stays, today the focus is much more on examination rooms, radiological and other imaging procedures, laboratory diagnostics, outpatient operating rooms, and sterilization facilities.

Additionally, medicine has become increasingly specialized, meaning that a significantly wider range of medical disciplines must be available today. Whereas before 1986, the hospital primarily focused on gynecology and obstetrics, it now handles all types of internal and surgical medical conditions. Numerous new departments have been established, and specialist doctors have been trained – many of them through scholarships provided by the Artemed Foundation.

Now, the infrastructure must be adapted not only to meet the increased demand but also to accommodate the higher level of specialized medical care. In other words: modern medicine requires a completely different use of space.



Ultimately, it is impossible to accommodate today's number of patients in a building that was originally designed for only a quarter of the current patient load.

On peak days, up to 350 outpatients are treated, many of whom arrive with multiple family members. This means that large crowds must be managed and provided with medical care every day.

To handle the growing patient num-

bers, significantly more space is needed, particularly for outpatient treatment areas. Unfortunately, no funds are available for the renovation and expansion of St. Walburg's Hospital.

While the Tanzanian Government

has taken over the salaries of medical staff to keep hospital operations running, most patients cannot afford any treatment costs and have no health insurance.

The hospital's nearly 300 staff members are doing everything in their power to keep the facility operational despite impossible conditions. Their dedication and commitment to helping the poor population in southern Tanzania deserves immense gratitude.

A NEW VISION FOR THE FUTURE

To ensure medical care for the population in southern Tanzania, a renewal of St. Walburg's Hospital is unavoidable. Instead of a patchwork of individual construction projects, a master plan has been developed to provide a clear structural vision for the hospital's future. This plan will be implemented over the next 10 years to give both staff and the local population a long-term perspective.

Each of the six construction phases will require significant donations. However, the Diocese of Lindi is also committed to gathering all available resources to contribute to the project. Additionally, it is crucial to ensure proper healthcare and living conditions for African communities in their own countries instead of forcing migration due to a lack of basic services.

The master plan is not just a construction blueprint but a comprehensive strategy for the future medical, operational, structural, and technical development of the hospital. It serves as a guideline for both large-scale and small-scale improvements.

This master plan was developed pro bono by Prof. Dr. Peter Schmieg, an expert who served as a professor for Planning and Construction in the So-



cial and Healthcare Sector at Dresden University of Technology. He has also led architectural projects and served as the construction director for four hospitals of the Vincentian Order in Freiburg. Furthermore, he has designed and implemented nursing school facilities in Uganda and hospital infrastructure in Rwanda.

As part of the new vision, the hospital will undergo a campus-wide reor-

ganization. One of the key improvements will be the centralization of all outpatient examination and treatment areas. This will also include the first major new construction project, scheduled to begin in 2025, which will significantly enhance outpatient diagnosis and treatment.

6 STEPS TOWARD TO THE “NEW” ST. WALBURG’S HOSPITAL

STEP 1

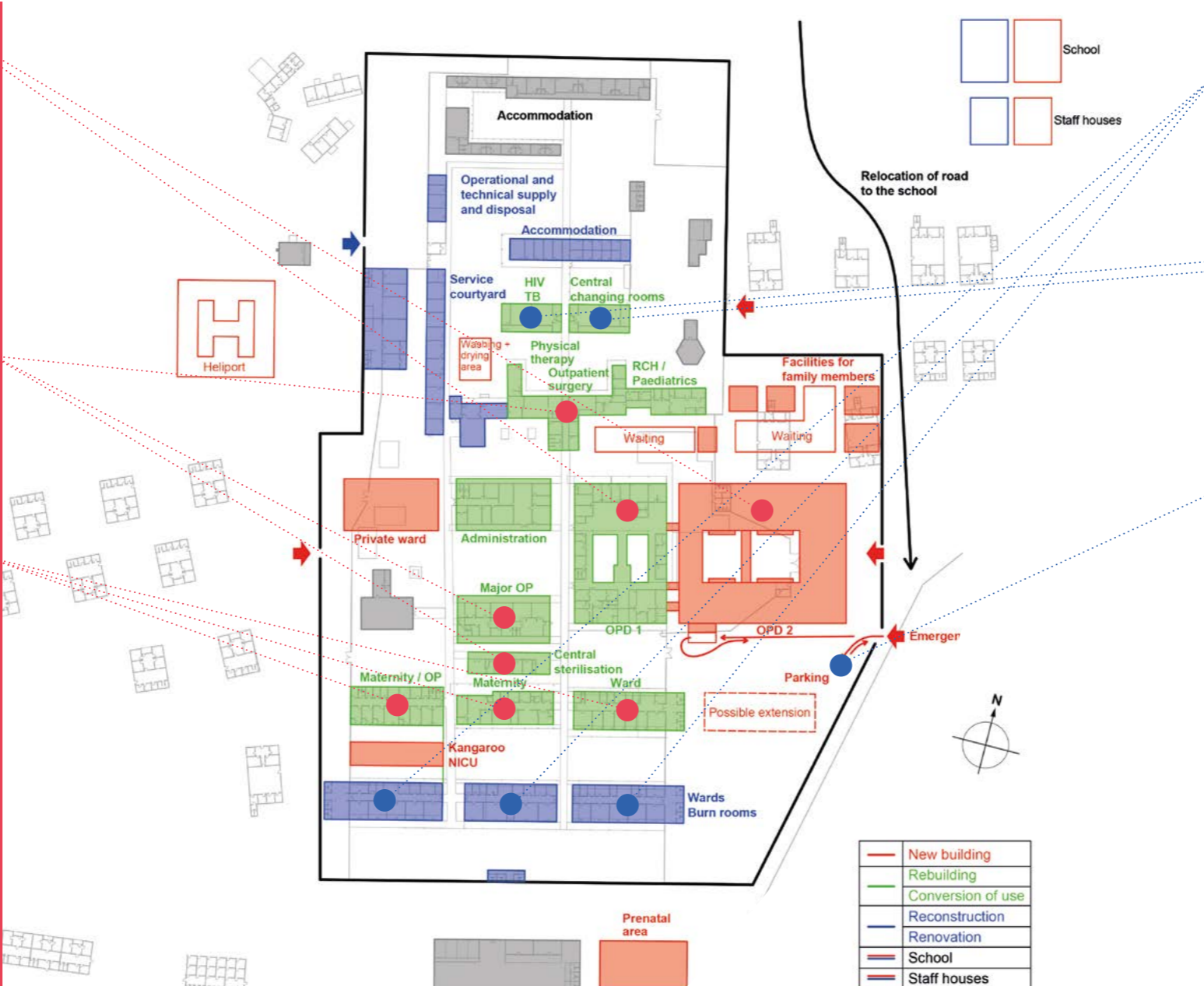
New OPD 2 department and facilities for relatives, new sterilization unit, general renovation of OPD 1

STEP 2

Reconstruction for outpatient surgery, Reconstruction Major OP

STEP 3

Reconstruction maternity, new department for the neonatal intensive care unit (NICU)



STEP 4

General renovation of care areas for women, men and children (ward?)

STEP 5

Installation of central changing rooms, renovation of HIV/TB ambulatory clinic, technical facilities and economic operations

STEP 6

New building nursing ward

In Parallel:

Staff housing
School

PHASE 1 OF CONSTRUCTION

NEW BUILDING OPD 2, RENOVATION OPD 1

In addition to the existing Outpatient Department (OPD 1), another building (OPD 2) will be newly constructed. Both buildings will then be connected by corridors to form a single unit.

The planning for this area has already moved beyond the master planning stage and is currently being prepared for implementation.

This solution offers the great advantage that the new building can be constructed in the open area in front of the hospital. Only a temporary main entrance needs to be created, allowing the construction work to proceed without disrupting ongoing operations.

New spaces will be created for an efficient patient reception area, the cen-

tral pharmacy, and the central laboratory. The main focus will be on the general examination and treatment areas, as well as the central emergency department, which will have a separate entrance for bedridden patients.

Once this new building is completed, the functional units from the existing OPD 1 building will be tem-

porarily relocated into the new structure. The vacated areas will then be completely renovated and prepared for future use as the diagnostic imaging center, the intensive care unit (ICU), and the new endoscopy/urology department. There will also be dedicated rooms for ophthalmology and dentistry.

Outdoor waiting areas and facilities

for accompanying family members, such as restrooms and a canteen, will complement the construction project. This will create an efficient, centralized examination and treatment area, which is an essential requirement for a fully functional hospital.

The cost framework for this project has been developed based on expe-

rience from completed hospital projects and standard cost guidelines for hospital construction in Tanzania.

The Diocese of Lindi will contribute to the construction costs accordingly. Additionally, there is a possibility of obtaining a government tax exemption for church-run hospitals, which could further reduce costs.



Visualization entrance area

PHASE 2 OF CONSTRUCTION

RECONSTRUCTION FOR OUTPATIENT SURGERY, RECONSTRUCTION MAJOR OP

For the best possible medical care of patients, steps 1 to 3 of the master plan – in terms of structural improvements as well as the renewal and expansion of operational medical equipment – should ideally be prioritized equally. However, since the necessary investment volume cannot be utilized simultaneously, efforts must be made to expand the currently makeshift sterilization unit, which is housed in two small rooms, into a fully functional central sterilization unit with the necessary hygienic workflows for

the entire hospital, preferably as part of step 1.

The master plan envisions locating the central sterilization unit in the current outpatient surgery rooms, directly opposite the central operating room (OR). If the new central sterilization unit can be implemented as part of step 1, a temporary solution must be found for outpatient surgeries until the renovation and expansion planned in step 2 can be carried out for this functional area.



As part of this expansion, two procedure rooms will be created in close proximity to OPD 1 and OPD 2, ensuring that this area is also integrated into the outpatient treatment center, contributing to the consolidation of outpatient services.

The existing central OR, which consists of three operating rooms, will be modernized within its current structure. Once the sterilization unit is relocated, additional space will be available to establish dedicated access



areas for patients, staff, and supply logistics, ensuring that hygienic workflows are maintained throughout the hospital.

Furthermore, additional spaces will be created for pre- and post-operative patient care, along with small administrative offices for the operating room management team.



PHASE 3 OF CONSTRUCTION

RECONSTRUCTION MATERNITY, NEW BUILDING NEONATAL INTENSIVE CARE UNIT (Nicu)

The existing maternity and neonatal care facilities have long been insufficient to handle the current annual birth rate of approximately 3,500 deliveries, including a high proportion of high-risk births.

The master plan envisions the creation of a fully functional maternal and child health center by utilizing the existing building structure and adding a new extension. Here too, the architectural planning follows the operational planning: a welcoming and well-

designed prenatal area will be directly connected to the new delivery rooms, with separate birthing rooms to ensure greater privacy. Until now, delivery beds have only been separated by curtains in a large shared space.

Likewise, if a cesarean section (C-section) is necessary, a dedicated surgical area will be easily accessible. From there, the newborn can be immediately transferred to the new neonatal intensive care unit (NICU), which will be equipped with 10 incubators.

Mothers will be accommodated in close proximity, allowing for mother-child bonding, including the important practice of skin-to-skin contact. Healthy newborns will return with their mothers to the regular postnatal ward.

In addition to the qualifications of medical personnel, the structural improvements of the facility will play a crucial role in reducing maternal and infant mortality rates.

Prof. Dr.-Ing. Heinzpeter Schmieg



PROF. DR. PETER SCHMIEG

The architect has decades of experience in practice, teaching, and research as a professor at the Faculty of Architecture at the Technical University of Dresden, specializing in social and health-care construction.

In addition to his ongoing projects in Germany, he has been volunteering for over 20 years in various countries, primarily in Africa, working on projects related to social and healthcare infrastructure.

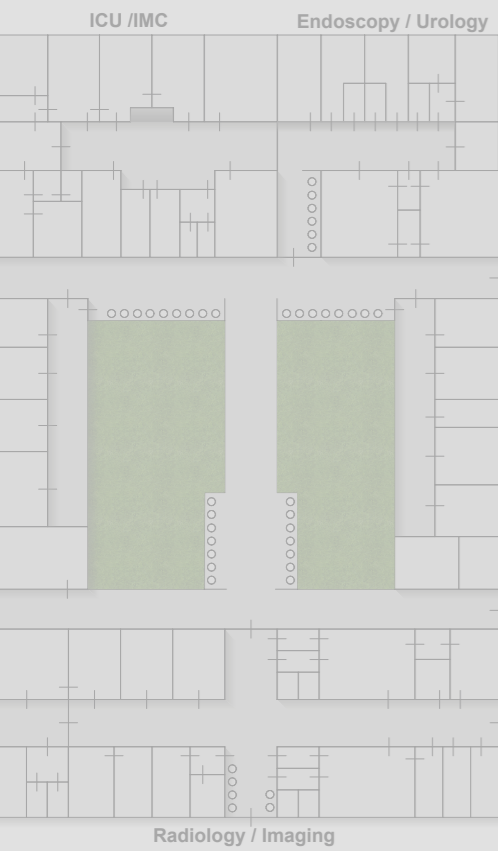
CHRISTINA SCHMIEG

The librarian has over 30 years of experience in a leadership position in public libraries in Germany.

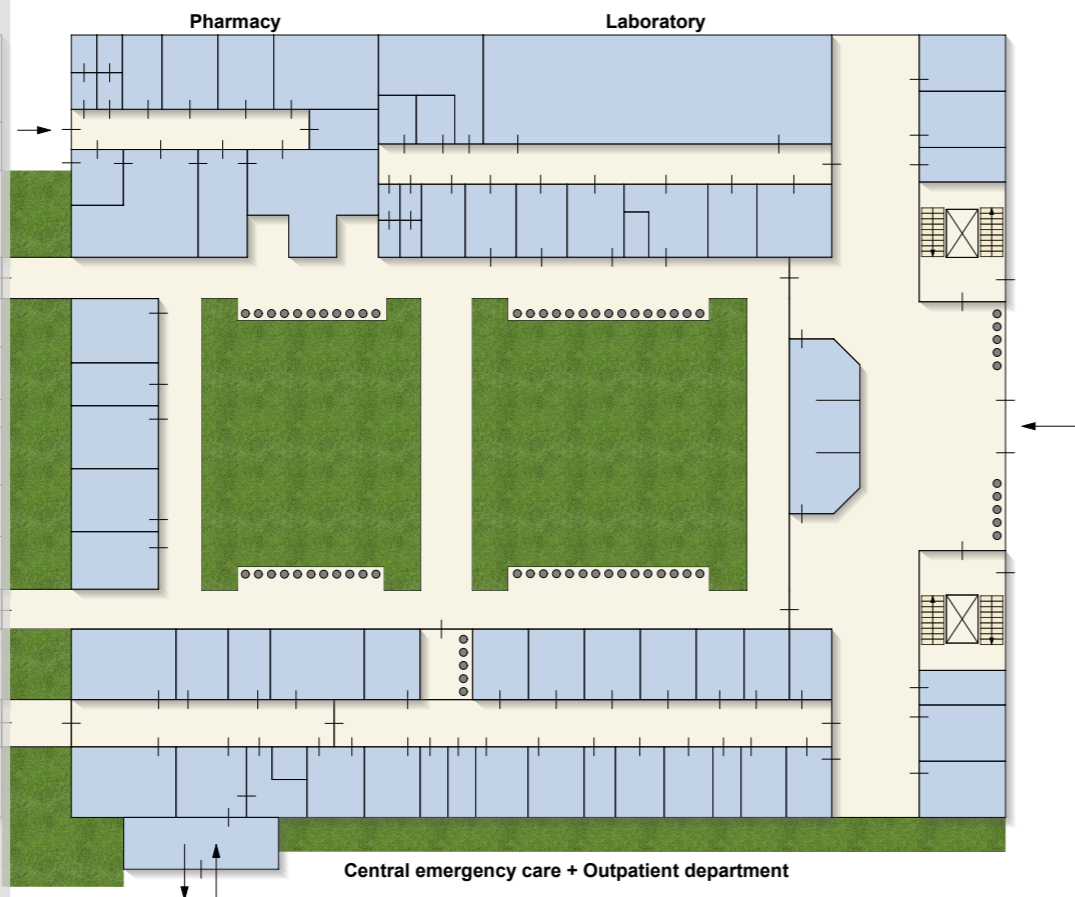
Additionally, for over 20 years, she has been engaged in voluntary work, primarily in Africa, together with her husband. Among other projects, she helped establish a specialist library for a nursing school in Uganda.



EXISTING
STRUCTURE



NEW CONSTRUCTION PLAN



EXISTING
STRUCTURE



NEW
CONSTRUCTION
2025

COST ESTIMATED

A

New building
OPD 2

€

Temporary entrance	25.000
New building	1.150.000
Technical infrastructure	270.000
Room setup	120.000
Infrastructure for relatives	100.000
OPD 2	1.650.000

B

General refurbishment and renovation
OPD 1 (Existing building)

€

Building	505.000
Technical infrastructure	80.000
Equipment	60.000
OPD 1 ca	645.000

TOTAL COST OPD 1/ OPD 2 OPD 1 / OPD 2	2.295.000
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BECOME A FOUNDER

For the first construction phase of the “new” St. Walburg’s Hospital, we aim to establish a circle of committed individuals who recognize their moral responsibility to help those less fortunate and who are willing to embark on this journey with us.

Let us work together to develop St. Walburg’s Hospital in Nyangao into a high-quality healthcare provider in southern Tanzania and stand behind global healthcare accessibility with your name. Instead of remaining anonymous donors, the members of this founders’ circle should take shared responsibility in realizing the first step of the master plan for the hospital’s expansion. The initial goal is to construct the new outpatient center to ensure that the overwhelming number of patients can continue to be treated effectively in the future.

Have you ever witnessed human suffering firsthand — when hundreds of severely ill patients must wait for



hours under the scorching sun just to receive medical attention? This is where help is urgently needed! A strong healthcare infrastructure in Africa will also lead to rapid local societal development and economic growth, offering people the opportunity to build a future in their homeland, rather than having to seek a better life elsewhere.

be completed within 12 months. Progress updates will be regularly shared, and the hospital staff would be thrilled if members of the founders’ circle actively engage and witness the impact of their contributions firsthand.

Open your heart and shape the future of Nyangao with us!

Join us in raising the total sum of €2.2 million to make Phase 1 of the new hospital a reality! Construction is set to begin this summer and will





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