

## „30 years UEM“

### Tanzania and Germany – Germany and Tanzania: planning and developing together

#### Historical background

The Lutindi Mental Hospital (LMH) in the North-Eastern Diocese (NED) of Evangelical Lutheran Church in Tanzania was founded in 1896 as a shelter for freed slave children. After the end of the slave trade it was transformed into the first Mental Hospital in the former German colony „Deutsch-Ostafrika“. Missionaries from the Bethel Mission in Bielefeld were for generations the leaders of the institution and designed it after the model of residential nursing homes in the Bethel Institution in Germany. The combination of medical and occupational therapy for the mentally ill male and female patients was quite successful in Bethel/Bielefeld and therefore copied to the East-African Institution.

Historically the leader of the institution was a Deacon from the Nazareth Community in Bethel, trained as nurse, sometimes as psychiatric nurse. He was in charge of the overall Management of LMH. Administration, head of personnel, medical therapy and the structuring of the daily living of the patients was under his leadership. His wife was usually responsible for all household matters concerning the Hospital. It was taken for granted that she worked fully without pay, besides the care for her own family. The Deacon was the counterpart for all matters concerning LMH in connection with the Diocese or the government bodies like Tanzania Ministry of Health, District Medical Officer etc.

When the Bethel Mission merged with Rhenish Mission to United Evangelical Mission (UEM) the close connection and Partnership with LMH was brought to the new organisation. And since then the Bethel/Lutindi partnership worked as a kind of role model for international institutional Diaconia work within the international UEM.

My first personal encounter with LMH was in 1983, when I served as a UEM Volunteer in the Karagwe Diocese in Tanzania. During my Christmas holiday I visited the Mission colleagues in the Usambara Mountains (NED) and spent some days in Lutindi. I found a hospital, beautifully placed on the rim of one of the Usambara Mountains, not far away from the district capital town Korogwe. But beside it´s beauty in terms of landscape, it was and still is a place at the end of the road, not easy to reach, not easy to supply with the necessary goods. And not easy to find qualified personnel for such a remote place.

In 1983 the working concept was still unquestioned: the leader of the institution was a Bethel Deacon, all other members of staff were Tanzanians. The German Deacon was not only the guarantee for a good and highly qualified professional work in Lutindi with the limited training qualifications of the members of staff. He was as well the communication person between Bethel and Lutindi. Without the financial support from Bethel and especially the Nazareth Community LMH would not have been able – and still would not nowadays –to provide it´s good quality of therapeutic work. A regular and binding communication about the development and needs from LMH with Bethel/Nazareth keeps the interest on the German side awake and grants a sufficient collection of funds.

In 1983 and until the internationalization of UEM in 1996 nobody questioned the well introduced and settled concept of leadership work in Lutindi. For the German leader of LMH it was the status quo. For the Diocese (NED) it was a comfortable arrangement guaranteeing the future of the institution. And in the Mission Society (UEM) there was no need to think about other concepts as the existing one worked quite well.

### **Modern development**

In the early 2000er years a catchphrase was heard more and more often: „Africanization“ of institutions and projects in Tanzania. The local churches became more and more confident (one reason: the very good scholarship program of UEM), the local authorities formulated more conditions for professional personnel in hospitals in order to keep the status as hospital. For Lutindi a medical Doctor Psychiatry was required. Until then the qualification as Nurse of the Bethel Deacon was regarded as sufficient. Only when those new conditions were met, the refunding of a significant number of salaries by the Ministry of Health and Social Welfare (MHSW) was granted. By then the German Leader of LMH was Deacon Horst Kellner. He very much welcomed the idea of Africanization but could not find a solution for the qualification challenge. At that time in Tanzania there were only less than thirty Medical Doctors Psychiatry practicing. All of them having their consultancy in the big cities like Daressalaam or Arusha. And none would have been willing to move to the remote Lutindi.

At that time in Bethel I was responsible for the department of Mission and Ecumanism and a frequent visitor to Tanzania and Lutindi. In the year 2009 I met with two people who then became key persons for the new development.

The first one was Prof. Dr. Joseph Mbatia, by then Head of the Department of non-communicable diseases in the Ministry of Health and Social Welfare in Daressalaam. He was close to his retirement and since a long time had the idea to develop a qualified training in Mental Health for Assistant Medical Officers. A first concept for a curriculum was already in his mind.

The second person was Prof. Dr. Albert Diefenbacher, by then Head of the Psychiatric Clinic in the Bethel Hospital Königin Elisabeth Herzberge in Berlin. Prof. Diefenbacher had written his thesis about Lutindi Mental Hospital without ever having been there.

With a lot of support from the Diaconia Program of UEM and UEM Regional office in Daressalaam I organised a couple of workshops, bringing all players needed for a new academic program around one table. From the very beginning it was with no doubt, that this training would be designed in cooperation with professionals from Germany and Tanzania on eye level. Tanzania Commission for Universities, the Tanzania Board for accreditation of new academic curricula (NACTE), Psychiatry Professionals from Tanzania and Germany, North-Eastern Diocese, UEM and Bethel held a couple of meetings under the leadership of Prof. Dr. Mbatia. Very fast we agreed on a in-service training for medical professionals. It would be the first of its kind in Tanzania. The title would be: Bachelor degree in Mental Health and Rehabilitation. It was aiming for Assistant Medical Officers and Medical Officers as an additional qualification in Psychiatry especially for the Medical Staff in the many Dispensaries in the Country but as well for the Mental Clinics.

The quite newly founded Sebastian Kolowa University (SEKOMU) in Magamba/Lushoto under the Leadership of NED was the hosting University for the new training. UEM helped with a full-timer from Germany for the administration and paid parts of the salary of the head of training Prof. Dr. Mbatia. All other salaries were to be raised by training fees of the students. Bethel assisted in sending some part-time teachers, Medical Doctors Psychiatry from its clinics.

Practical training was offered at Lutindi and the government Mental Hospital in Dodoma. We hoped, that with the placements we could attract some absolvents for the work in the institutions after having finished their Bachelor degree.

SEKOMU hosted five groups of students before the University had to be closed by the Government authorities. But at least around 150 new Psychiatrists were qualified for the work in Tanzania. Prof. Dr. Mbatia transferred the training to the University of Mwanza where up to now it is working with a slightly modified structure and curriculum.

One of the first absolvents of the training was Katyetye Marwa. He was an excellent student and from the very beginning had a big interest in the work of Lutindi Mental Hospital. Since around 2015 he is the overall leader of LMH, responsible for administration and therapeutic work. Well qualified especially for the medical aspect of the job. He still works in close communication contact with one of the former Lutindi leaders Bethel Deacon Werner Blauth. The latter frequently travels to Lutindi for visits and advise. They guarantee the good communication to the Nazareth Community, who still is quite a donor for special financial needs at Lutindi for example like a new car.

### **Challenges and conclusion**

I am very certain that a couple of factors were fundamental for the successful Africanization of Lutindi Mental Hospital:

- a good qualified professional training, accredited and accepted by the local Government.
- the willingness of all stakeholders to bring a fundamental change to the existing situation.
- the fruitful co-operation between all stakeholders, who acted on eye level with one another.
- a „outside the institution“ view of people like Prof. Dr. Mbatia and Prof. Dr. Diefenbacher.
- financial support (like from UEM and Bethel/Nazareth) to bring people from the different parts of the world together and finance the pilot project until in can run self sustainable.
- good and reliable communication with all partners.

All the above mentioned preconditions will not always have to be met fully. But they are part and parcel of a good working together between partners of different countries, cultures and traditions. Tolerance for one another, the willingness to listen to the expertise of the partner and to accept it are fundamental for a good and successful intercultural development.

The international UEM has shown in the thirty years of its existence, that working together is possible despite all cultural, traditional , financial and historical differences. The successful handing over of Lutindi Mental Hospital leadership to Tanzanian people is a wonderful role model for the idea and concept behind „International UEM“!

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