

CHCD/MEA

**Village Health Worker  
Network  
Tanzania**

**Annual Report 2008**



**Community Health Care Direct Trust**

Working with Medicine Education Africa

## **Community Healthcare Direct...**

At the end of 2008 CHCD celebrated its 15th year of operation. After 15 years we continue successfully to supply basic medicines to subsistence farming communities within Tanzania. No small achievement when one considers the fate of many other projects of this size attempting similar work.

Success has been achieved by holding true to the founding principle of supplying medicines to people in need by the most direct and expedient method possible. Our continued ability to achieve this relies on the loyalty of our sponsors and to the dedication of the small group of people in Tanzania who make it all happen.

Over the years our network of Village Health Workers (VHWs) has expanded from a handful to 280 by the end of 2007, serving 230 villages, in Muheza, Pangani and Amani districts of the Tanga region in North Eastern Tanzania. Our aim in 2008 was to consolidate on the considerable expansion undertaken in 2007, and to try to ensure that each village had sufficient VHW support.

## **Summary of Trust Activities in 2008**

2008 saw a successful continuation of the Trust's main activity, which is to support a programme of drug and medical supplies to the network of Village Health Workers, which we train, and supply in Northern Tanzania. This programme has been in continuous operation since 1993, and has steadily expanded.

In 2007 we supported 280 VHWs with medicines and supplies for use in their villages, on a six weekly cycle. At the conclusion of each cycle, VHWs come in to a variety of centres to collect the next cycle's drug supplies, and to have the treatments they have completed, checked and discussed with our medical staff. This gives further opportunity to discuss the pattern of treatments and provide one to one training on their activities and performance.

We also provided refresher training to existing VHWs and initiation training to new workers, in a series of training sessions lasting three days.

A total of 290,000 treatments were undertaken by our VHWs across the medical conditions they deal with. This is in a total of 230 villages with a combined population of around 200,000, to whom the VHWs provide basic health support.

A new extension of our activities in 2007 was to use our distribution network of VHWs to supply anti-malaria bednets. We were able to continue this in 2008 only on a limited basis, as lack of funds inhibited further purchases of bed nets. There are some extensive programmes aimed at providing bednets

across Africa, but, in the last resort, there are always problems with getting them to those who need to use them.

Our area of Northern Tanzania is one of the world's hotspots for malaria, and anti-malarials are part of our standard medicines kit. The proven effectiveness of bed nets in preventing malaria, especially in children under 5 where it can often prove fatal, is clearly a benefit in the villages. How to get the bed nets to these villagers is an additional problem, since the cost of transporting them is considerable, even if there were sufficient resources available. In 2007 we distributed several thousand nets, and the system worked well. Nevertheless, there are still many thousands without the benefit of nets, whom we could reach when more supplies become available, and we will actively seek further funds in 2009 to try to meet the demand.

The nets have become even more important thanks to major difficulties during 2008, and not resolved in early 2009 in supplying any anti malarial drugs to the villages. SP, the drug which we had been using has now been withdrawn from the market, as resistance to it is now pronounced, and its effectiveness has markedly reduced. However, ACT, the recommended replacement is now so expensive on the open market that it is impossible to supply within our budgets.

We were hopeful that free supplies, which have been made available to the government of Tanzania through the UN and the Bill Gates Foundation, would be able to be given to our VHWs who are the only means whereby this treatments can effectively reach the rural villages in our area. Negotiations with the local Health Authority have proved lengthy, and we have so far been unable to persuade them that using VHWs is both effective, and controllable. We do have substantial checking systems for how the drugs in our kits are used, and the widespread effect of malaria in the region means that the VHWs in our view, and with our training, are perfectly able to identify the condition and prescribe this drug.

More negotiations are underway, and we hope to resolve the issue.

## Summary of treatments in 2008

Out of the total of 290,000 treatments prescribed the breakdown is as follows:

	%
Malaria	34.5
First Aid	27.5
Worms	9.0
Anaemia	8.0
Dehydration	7.5
Pneumonia	6.0
Conjunctivitis	5.0
Scabies	2.5

The total treatments was virtually the same as 2007, but was impacted in the last quarter by a substantial reduction in malaria treatments, for the reasons described above. In fact malaria treatments were substantially up over 2007, in spite of this, demonstrating the serious issues raised by the non-availability of drugs.

## Transport

We reported in 2007 the loss of our Landcruiser, which caused a temporary drop in supplies in the mid year period. We did manage to finance a new vehicle, through a loan, and we have been functioning normally during the majority of the year.

## Bednets

We were unable to finance further purchases of bednets during the year, despite every sign of the effectiveness of the 2007 distribution indicating this was a useful use of the VHW network. This has been frustrating, and we are looking to revive this in 2009.

## VHW maintenance

At the beginning to the year we undertook a full-scale analysis of how the network of VHWs was working, as there had been some signs of a drop off in kit utilization and numbers of treatments towards the end of 2007. A programme of contacting the VHWs who had missed one cycle or more, and, in some cases, contacting the village chairman about this, proved effective in raising the efficiency of the network. We also conducted a survey amongst VHWs to see what factors influenced their activity, their enthusiasm and what might encourage them to keep their activity up.

It was encouraging to see that they were largely enthusiastic and proud to be a VHW, serving their community. While there was a wish list for bicycles and

more money, more training was also high on this list and more medicines. We are conscious of the need to keep up involvement, when the journey to pick up medicines may be a whole day walking and on a slow rural bus, so we have added a free meal on these days as a recognition of this for the far distant VHWs. The difficulties show up in the main reasons for missing a collection – sickness, transport, and rather soberingly funerals. Rural life is hard, and where in the West these might be thought of as a good excuse, here in Tanzania this is everyday life.

Relationships with the villagers and the local Chairman were in the vast number of cases very good, and confirm that the VHW system is prized and recognized.

## **Training**

Refresher training and basic training for some new VHWs coming in as replacements, was carried out for around half the network. The remainder will be trained in early 2009. Training has been somewhat inhibited with the retirement of our leading trainer and to date we have not been able to find a suitable replacement.

## **Improving the network efficiency**

A successful innovation this year, as it became clear that the better VHWs were using their kits more rapidly (hence the call for more medicines) was to put a selection of these on to four weekly cycles. This could be done with hardly any increase in overhead, and this has shown up immediately in higher kit use, and more treatments. We shall continue to expand this to those who can operate this faster cycle effectively during 2009.

## **2009 Programme**

A key concern is to resolve the malaria drug supply, since this is a major part of the treatments. Side by side with this, is to push for more bednet distribution, which we know works, and where we can provide a highly effective distribution system.

Expanding the number of VHWs on the new four weekly cycle will help increase our kit usage and treatment levels, with no increase in overheads. We will also seek to meet demand for new VHWs as the budget allows.

A new trainer is critical to this, and we are hopeful of finding a suitable individual in the near future.

One exercise we are undertaking is to utilize two gap year students, who have volunteered to help the project to help build VHW posts in villages where the VHWs have to work from their own huts. The survey showed that this was not satisfactory, and we are currently seeking villages where they are prepared to provide the materials and other resources to help achieve this. CHCD looks

to help rather than provide, and we will do this only where villages are willing to participate. It should be an excellent introduction to Africa and life for these two students.

## **The CHCD Website**

This report is in a much shorter form than before, since much of the background material is on our website [www.chcd.org.uk](http://www.chcd.org.uk) where fuller details of how we operate, the medical kits, and the background to Tanga region can be found. Also details on our Team in Tanga who keep the whole operation going.

We are also seeking to keep up to date news on at least a quarterly basis for anyone interested. Look there also for the ways in which funds can be donated.

To conclude, we thank all of our sponsors who have made this project the long-lived and effective one it is.

The VHW programme is an ongoing one, and demand for more coverage of villages in the Tanga area is constant. We can expand further but only with help from our existing and new sponsors. If you are interested please contact us at [info@chcd.org.uk](mailto:info@chcd.org.uk) or ring our Chairman Maggie Martin on 01547 540763 or 07970 199861

CHCD Trust ( regd with Charity Commission no **1062931** )  
286 Drake House  
St George Wharf  
London SW8 2LR