

CHCD/MEA

**Village Health Worker
Network
Tanzania**

Annual Report 2006



**Community Health Care Direct Trust
working with Medicine Education Africa**

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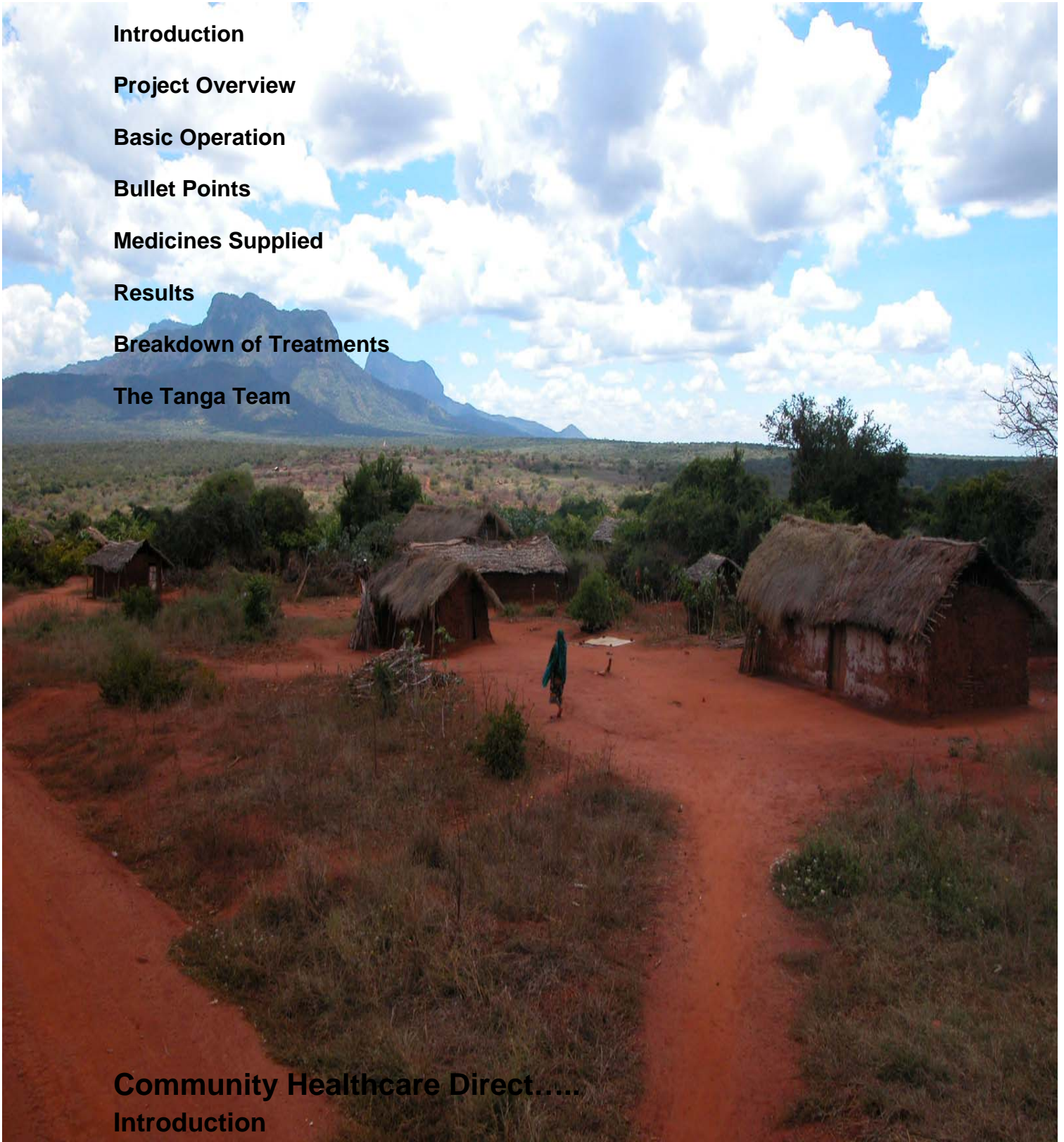
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Introduction



At the end of 2005 CHCD celebrated its 12th year of operation. After 12 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 (VHW's) has expanded from a handful to 210 by the end of 2005, serving 152 villages, in Muheza and Pangani districts of the Tanga region in North Eastern Tanzania. Our aim in 2006 was to expand further our coverage, and to try to ensure that each village had sufficient VHW support. As a result of this, the programme at the end of 2006 had been expanded to 265 VHW's serving 185 villages.

The regular supply of medicines that these VHWs receive has turned the original concept of the role of Village Health Workers ("barefoot doctors"), which was sadly moribund, into a reality that delivered in the last year over 377,000 treatments to subsistence farming communities across an area of over 15,000 square kilometres.

Throughout 2006 CHCD used the networks to distribute 2300 kits of basic medicines, regularly meeting with each health worker to discuss their village's health problems. In addition, in some villages wet blanket treat communities for Bilharzia helping over 700 people (mostly children) suffering from this disease to receive treatment.

We also continued with a much expanded worming programme, which had been enhanced in 2005 with extra training for the VHW's to give them confidence in the wider usage of this treatment. The numbers more than doubled in 2005 to over 89,000 treatments, and 2006 saw this increase further to 99,000.

Further details of our programme are shown below.

Project overview.

CHCD solely funds a project, run by an NGO Medicines Education Africa, that supplies medicines directly to members of subsistence communities in the Tanga region, North Eastern Tanzania, East Africa. The project operates a network of 265 Village Health Workers (VHWs) across an area of approximately 15,000 Square Kilometres. The network provides an annual total in excess of 377,000 treatments on a medical supplies budget of around 22,000 GBP and a total budget of around £43,000, including training, administration, and equipment.

The idea of VHWs had been tried across Africa and in the past has attracted a lot of donor funding. However, these efforts generally failed to produce any active health workers.

VHW projects were originally a joint initiative in the 1980's between large overseas organisations and The Ministry of Health. The idea was to extend the chain of health care down to the village level. The Village Health Post was



envisioned to deal with a limited range of problems using basic medicines supplied by the bottom level of the health service, the dispensary. This service would not only provide some treatments more conveniently to patients but also relieve some of the burden on the facility above.

However, the problem with this plan was that there was no way an already poorly supplied dispensary would ever find the resources to provide anything further down an already thin line.

This provided an opportunity for CHCD/MEA to help meet the demand for medicine in rural villages. March 1994, CHCD began contacting dormant VHWs, reviewing their skills and getting them operating by supplying medicines directly. As the network grew, new villagers were trained from scratch and an effective system to supply and supervise VHW's was developed.

Basic Operation.

The medicines are supplied as a kit, allocated to individual VHW's for use by them under our supervision. Re-supply is conditional upon the VHW operating to our satisfaction and providing records of all patients treated, an account of all medicines dispensed and the return of all unused items.

Before a VHW can operate as part of the network, training is provided to ensure they know the correct use of the medicines and are able to comply with our accounting procedures. Additional refresher training takes place subsequently generally on an annual basis.

A kit stays in the field for six weeks, or one cycle, during which an average VHW will prescribe around 200 treatments. At the end of every cycle, each health worker undergoes a one-on-one interview during which compliance with standards of clinical and administrative practices are assessed.

Key Points About the CHCD system:

All resources purchased in Tanzania.

Many other aid projects source key materials from the donor country resulting in part of the budget being repatriated, denying the local markets of revenue. Local sourcing of drugs and equipment by our project injects finance into the local economy.

Locally operated

MEA is a Non Government Organization registered in Tanzania, employing 6 Tanzanians who operated the network of village health workers

Re-supply conditional.

The kits are not handed over and forgotten about. The conditions we impose ensure that the kit has a 'value'. The threat not to re-supply is an incentive to VHWs to play straight.

One-on-One interviews every six weeks with our nurses allow us to review the VHW's work, spot problems, and work with them to improve performance.

Not a parallel system.

We are not in competition with any part of the local health care system; we add to it.

Local Income generation.

Kits are given free to the communities. However, we encourage the community to consider setting an optional contribution from the village for the treatments. This funds the cost of minor stuff (soap, pens etc), provides a place to work from, and some income



for the VHW. This key factor makes patients value the service and provides some sustainability their end of the project. This system is universally adopted and generates about £4/\$7 per kit in six weeks, a real incentive.

Training

Annual training programmes are provided for new VHW's and refresher courses for existing ones.

Medicines VHWs receive and treatments provided.

This is very basic stuff, in African terms. No needles. The range of treatments is limited to 8:

- Malaria
- Pneumonia
- Anaemia
- Worms
- Conjunctivitis
- Dehydration
- Scabies
- First Aid



Every six week a

VHW

receives:

Condition	Medicine	Amount and Type
1. Malaria	Sulphadoxine Pyrimethamine	150 Tablets
	Aspirin	550 Tablets
	Paracetamol	650 Tablets
2. Pneumonia	Co-trimoxazole	45 Tablets
3. Anaemia	Ferrous Sulphate	300 Tablets
4. Worms	Mabendazole	100 Tablets
5. Conjunctivitis	Tetracycline	5 tubes Ointment
6. Dehydration	Oral Rehydration Sachets	15 sachets
7. Scabies	Benzole Benzoate	400ml Lotion
8. First Aid	Bandages	10 rolls
	Plaster	1 5m roll
	Gauze	4 m
	Cotton Wool	100g
	Antiseptic	100 ml Solution

Results

Standard VHW Kits

During 2006 the VHW networks in Muheza and Pangani were supplied with 1,661 standard kits of medicines, plus 656 worming kits. In addition, Bilharzia treatments were arranged for relevant villages. These kits and supplies were used by the VHWs to provide 377,000 treatments ranged across our Big Eight conditions covered by the kits and the VHW's training, which now includes worming.

This was an increase over 2005 of 16% in treatments. The number of VHW's increased by 26% but these were mostly trained in the latter half of the year, so the full effect of these numbers has not yet worked through.

We have made a number of visits to communities to treat people for Bilharzia, a parasitic worm which can result in 'river blindness'. The medicine we use is relatively expensive, so to ensure it is not wasted our mobile unit travels to specific locations and checks that treatment is necessary before supervising a blanket treatment day. These treatment days normally centre on the village school. Seven of these days were held in 2006 and around 700 people treated.



Bilharzia Day with VHW Daniel Cosmo at Upare, an old sisal estate

Income Generation

An important part of the project is the income generated by the communities to help pay for the operation of their health post. This normally comes in the form of patient contribution at the time of treatment. The average charge is 50 – 100/-TZ shillings (3-5 pence, 5-10 cents) This contribution is not compulsory and many receive treatment free of charge. Nonetheless, as a whole the networks generated over 11m shillings (£5000) during the year a significant amount in a rural economy.

Breakdown of Treatments

(increase over last year in brackets)

Diagnosis	
Malaria	109,468 (+19.5%)
Anemia	22510 (+28%)
Pneumonia	16035 (+24.5%)
Dehydration	18810 (+22.5%)
Scabies	6167 (+31%)
Conjunctivitis	14184 (+39%)
1 st Aid	90,966 (+10.5%)
Intestinal Worms	98,933 (11%)
Bilharzia	710 (-34%)
Grand total	377,786 (+16%)

2007 Programme

Our intention during 2007 is to consolidate our team of VHW's after the substantial increase last year, and increase our coverage of villages in the area, where this is possible. At the moment we cover rather more than half the villages in the area, so there is still considerable scope of for expansion of our established distribution system.

We have experimented in 2006 with the distribution of treated bed nets, proven to help in controlling malaria. This has proved successful, and we aim during this coming year to expand our coverage by providing the VHW's with nets for their villages, and to assess demand. In this we are fortunate to be able to link with Rotary International who have funded the supply of bed nets, while we can provide an efficient distribution system to the widely scattered rural villages. Malaria is a major killer in Tanzania, and this preventative product will cut the incidence of attacks.

We have now switched our worming treatment to Albendazole which has a wider range of worming effectiveness, with adults and children.



The Tanga Team

Nothing would happen without our team of organizers and nurses who make the whole operation happen, with an efficiency of which we are proud.



Mark Treserdern – Project Adviser



Clockwise –Hilda, Mwanakombo,, Halima, Judith, Angela, Dora

Medical Supervision

Judith Mkondo (nurse) organizes recruitment and training of new VHW's and oversees supervision of all operational health workers.

Hilda Yohana (nurse) interviews health workers checks details in their patient register books and assists with training.

Mwanakombo Hamadi promotes awareness of HIV/AIDS and organizes our voluntary counseling and testing programme. She is HIV positive.

Administration

Halima Msuri issues new kits and audits those returned by health workers.

Dora Boniface and Angela Boscoe pack our kits and keep an audit trail of all medicines.

Mark Treserdern is CHCD adviser to the project and covers project development and fund raising plus anything else that needs doing, like making cupboards, un-jamming laminating machines, and the other few hundred issues that crop up on a daily basis.

Our Donors

Finally many thanks to our donors, individuals, companies, and branches of Rotary International, who have supported this work.

A donation of £15.00 pays for one kit for six weeks, and treats 200+ patients, £120 provides medicines for a village for a year, £500 will treat 10 villages for bilharzia for a year, while £2000 pays to train 50 new health workers, to meet the expanding demand for village health care. We are looking to expand further in 2007 and contributions at all levels towards this work will go directly to supplying medicines and healthcare support to villages.

CHCD Trust
286 Drake House
St George Wharf
London SW8 2LS

For more information: Contact Maggie Martin: 020 7582 0829 or 01547540763
email: maggiemartin52@gmail.com