

Quarterly Update

1st Quarter 2009

Mark Treserden reports from Tanga

System Overhaul

The first three months of the year have seen a number of changes to how we run the project. Having lost Judith at the back end of 2008 I decided to see exactly what the remaining 5 knew about what they were doing. I also thought that if we do get ACT we are going to have to be certain that none of this valuable drug is being miss-used. Therefore the audit system has undergone a complete overhaul in preparation for the imminent arrival of ACT.

Changes

Halima and Dora are now handling and audit side of the cycle while Hilda Mwanakombo and Angela do all the packing.

We have been allocating one day a month for the girls to come in and repack the kits we collected from Amani and Pangani. We are now repacking these kits during the slack parts of each day which gives them an extra day off and stops us having wake Angela up in time to go home.

News on the Malaria Treatment Front

As mentioned in our annual report, we are having difficulty accessing the new recommended treatment for malaria – ACT.

As yet, mid April we still do not have a working agreement with any of the districts to supply ACT to our health workers. Dr B (an English doctor who works with a local hospital as part of a charity funded support scheme) has been trying his best to add weight to our case in Mkinga and Muheza but to no avail. I had hoped to bring good news this week but alas there still seems to be no desire to put this drug into the hands of VHWs.

Our only remaining hope lies with Pangani upholding their promise to do some training and thereafter supply ACT to VHWs.

What's been going on up to now?

Pangani said they would supply VHWs ACT from their stocks at the hospital. Unfortunately the Regional Health Officer has now stopped this. The grounds are that VHWs are not qualified to dispense ACT.

We have argued that if VHWs have been using the Government approved first line malaria treatments in the past (previously Sulphadoxine Pyrimethamine and before that Chloroquine phosphate) why would they now be prevented from prescribing ACT?

The DMO agrees with us but has now been overruled.

Is CHCD/MEA allowed to procure ACT from MSD (Medical Stores Department)?

I used the same argument, if we have been buying malaria drugs MSD before what's so special about ACT. On this point it comes down to money. This ACT in a pharmacy retails at between 9,000/- and 13,000/- shillings so it seems clear the suspicion is that we would be getting the drugs for free or a massively subsidised price and then flogging it on at a massive profit. This is the way bureaucrats think.

We have never done this in the past so why would we start now? The question seems to be can they trust MEA, which we know our record over 15 years means they can.

We are now working further on the Regional Medical Officer, to explain the case, especially that in the rural villages that we support, most have no real chance of access to a pharmacy, which can be 30-50 kms away, especially when they are suffering from malaria.

Everyday problems in Tanga

Mark was held up in his house by a bunch of thieves with knives and a gun, which he persuaded to leave with the available cash. He pursued them as they got away - on foot – and they left in the road everything from the house they had packed into a box. The house girl had been left tied up, so it was a nasty experience for her, and not all that healthy for Mark. He reports that police action was of the Keystone Cops variety, and you just have to shrug your shoulders and get on with things.

Just another reminder that running an operation in Tanzania is not all that straightforward,

Not that much good news this quarter, but as can be seen below, the treatment figures are holding up, where they are not impacted by the malaria problem.

Q1- Treatment Results

		Prescriptions									
	Kits	Malaria	1 st Aid	Worms	Anaemia	Dehydration	Pneumonia	Conjunct	Scabies	Pain Fever	Total
2008 Q1	419	31,427	17,600	5,822	6,638	6,021	4,614	3,930	2,041	NA	80,264
2009 Q1	389	0	7,810	5,397	4,597	3,962	3,140	2,892	1,612	22,412	50,842

Sure enough now that the kits do not contain any medicine for malaria we have seen a slight decrease in the numbers of kits in circulation and a corresponding drop in overall treatments. However, you'll notice that we have a new category, Pain/Fever. We introduced this last year to iron out the problem of health workers not recording instances where they give aspirin or paracetamol when someone has for example a tooth ache. Before we used to lump all that together as 1st aid but now with the two categories we seem to be getting more accurate records in the patient register. I also think that since we stopped with the SP for malaria the health workers are giving more people aspirin or paracetamol and referring them when they suspect a case of malaria. Hence there is an increase in the overall treatments per kit, after allowing for 30 fewer kits and 31,000 malaria treatments missing.