

CHCD/MEA

**Village Health Worker
Network
Tanzania**

Annual Report 2009



Community Health Care Direct Trust

Working with Medicine Education Africa

Community Healthcare Direct

At the end of 2009 CHCD celebrated its 16th year of operation. After 16 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 280 by the end of 2007, serving 230 villages, in Muheza, Pangani and Amani districts of the Tanga region in North Eastern Tanzania. While we were able to hold on to these numbers during 2008, 2009 has proved much more difficult in all areas, because of the problems in obtaining malaria treatment, a subject which we covered in last year's report. More about this below.

Summary of Trust Activities in 2009

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 2009 we commenced the year with around 250 VHW's, supporting them with medicines and supplies for use in their villages, on a six weekly cycle. At the conclusion of each cycle, VHW's 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 VHW's and initiation training to new workers, in a series of training sessions, each lasting three days.

A total of 180,000 treatments were undertaken by our VHW's 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 VHW's provide basic health support. This level of treatment is a substantial drop on the previous year's figures, thanks to the loss of anti-malaria drugs, which accounted for

100,000 treatments in 2008. 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 now recommended replacement is so expensive on the open market that it is impossible to supply within our budgets.

We were hopeful that we would have access to the free supplies, which have been made available to the government of Tanzania through the UN and the Bill Gates Foundation. VHW's are the only means whereby this treatment 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 VHW's 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 VHW's, in our view, and with our training, are perfectly able to identify the condition and prescribe this drug. There seems no immediate chance of changing this attitude, but at the same time there is little availability of ACT, the recommended drug, in the area from any other source. There is apparently no objection to our supplying the drug to VHW's, so our only current option is to try to raise some funds specifically to buy the drug on the open market. However, we are talking prices some 20 times higher than the previous product we used, which is substantially in excess of our total budget.

The impact of this on our VHW's has been unfortunate, since some have been discouraged from regular participation in the programme without one of the key remedies for regular conditions in their villages being available. The number of kits we have distributed has shown a steady decline across the year. In 2010 we are making another serious push on raising the number of VHW's and the regularity of their participation, since we can still make a difference to the villagers with the other products in the kit.

A new extension of our activities in 2007 was to use our distribution network of VHW's 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.

In 2009 we have been able to start bednet distribution again, thanks to a significant donation, and have pursued a different distribution route. The maximum effectiveness of bednets is achieved if the entire village is using

them, since their proven effectiveness, especially of the treated net we use, works across the whole area of the village. This programme started at the end of 2009 and has been completed in early 2010 in eight selected villages with the distribution of 800 nets covering all huts and all who live in them. Our team has visited, and helped install these nets, and we shall be monitoring the outcome, which expect to be considerable in reducing malaria. More funds have been obtained to continue this process in 2010.

The nets have become even more important thanks to the lack of malarial drugs. However, we have the promise of some funds to help purchase the more expensive drugs during 2010, although until prices reduce, we will not be able to cover the whole area as we have in the past.

Summary of treatments in 2009

Out of the total of 179,000 treatments prescribed the breakdown is as follows:

	%
Malaria	0
First Aid	13.0
Worms	9.5
Anaemia	8.0
Dehydration	5.5
Pneumonia	5.4
Conjunctivitis	5.4
Scabies	2.9
Pain and Fever*	49.5

*New category

The new category of pain and fever has taken the place of most of what was the former proportion of anti-malarial treatment, around 35%, although on an overall reduced number of treatments.

Our new Landcruiser, financed last year, has proved its worth in taking supplies and staff to the more distant areas we cover, and in particular in transporting the bednets to the special villages participating in the new programme. Some 800 bednets have been transported to areas served only by very rough dirt roads.

VHW maintenance

In the survey of our VHW's in 2008, we were encouraged 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 ride, so we have added a free meal on these kit collection days as a recognition of this for the far distant VHW's. 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.

The situation in 2009 with the loss of malaria remedies has resulted in some loss of enthusiasm, perhaps hardly surprising in view of the conditions mentioned above. We intend to make large efforts to bring our numbers of regular VHW's back up, with the expectation that we will finally be able to overcome the malaria drug problem, and want them all on hand when we do.

Training

Refresher training and basic training for some new VHW's 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 VHW's 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.

Successful building of new Health Centre.

One project, which was successful in 2009, was to utilize two gap year students, who volunteered to help the project by building a VHW post in a village where the VHW's have to work from their own huts. The survey had shown that this was not satisfactory. The two students raised all the money themselves for this project, and found it a very worthwhile exercise.

As a result we have developed a highly cost effective programme for new VHW centres, which provides the village with basic building materials, and encourages them to construct the new centre themselves. This is now being

taken up in some numbers, partly with the funds raised in 2009, and we are also expecting another two volunteers this year who are raising further funds.

The CHCD Website

This report is in the much shorter form introduced last year, since much of the background material is on our website 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. You can also look there 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 sponsors, and from new ones. If you are interested please contact us at info@chcd.org.uk or ring our Chairman Maggie Martin on 01547 540763 or 07970 199861.

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