

NANGWA VILLAGE HEALTH PROGRAMME 2 YEAR REPORT 2007-2008



MOUNT HANANG IN THE BACKGROUND

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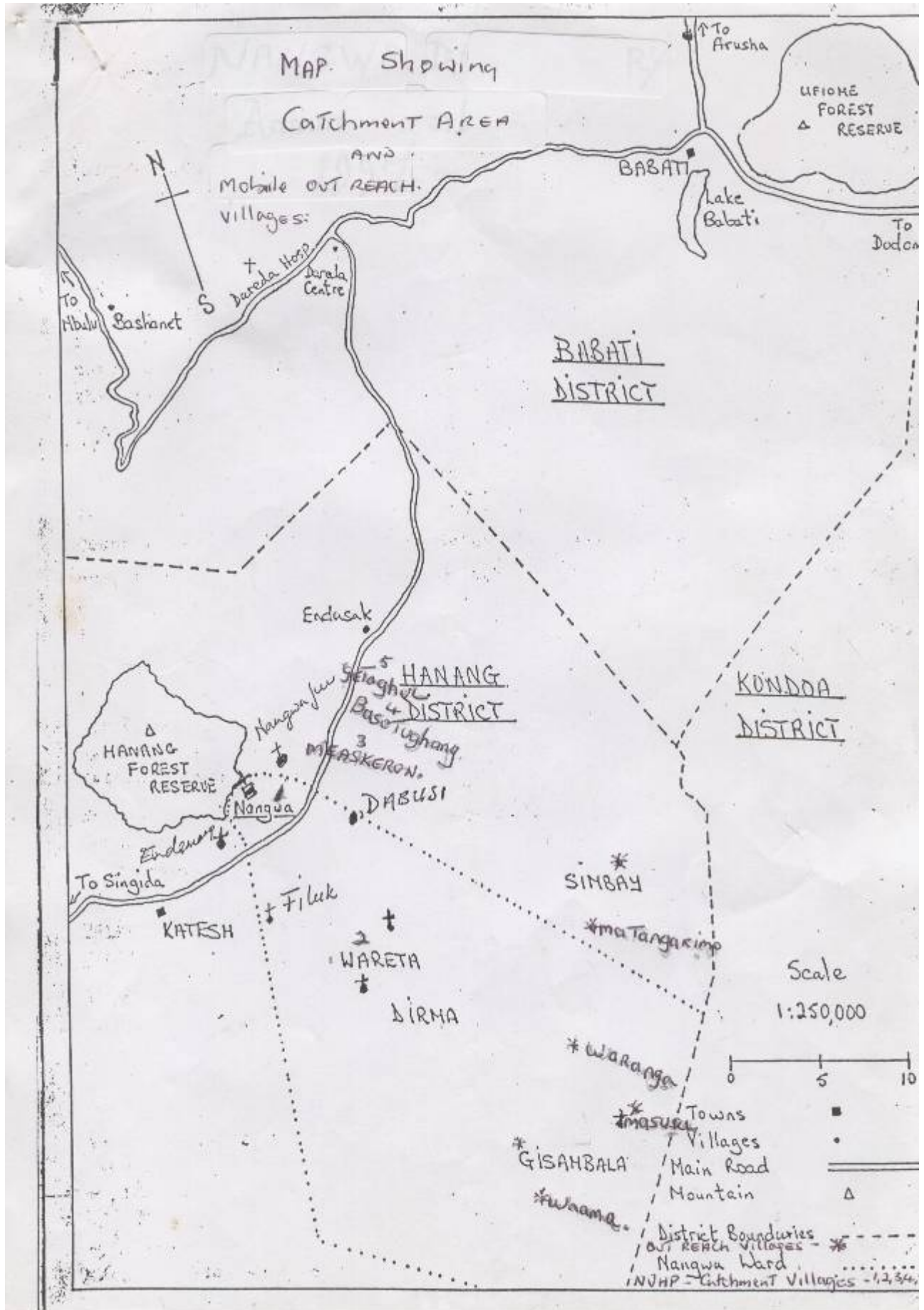


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1.1 HISTORICAL BACKGROUND

From 1977 to 1984 the Medical Missionaries had worked in an integrated health programme in Babati area. After this time the Government was ready to take over the running of this program – mainly training of village health workers. The Babati programme had been initiated from MMM sisters who administered Dareda Hospital. The Objective of the Babati project was extend the health care delivery system to village level and improve this system by initiating the political and social structure in the area at the time. The main emphasis was on preventive care at village level through the training of two village health workers (VHW's) in each village.

In 1985 the three MMM sisters including Sr. Dr. Margaret Garnett withdrew from the Babati project leadership. The Medical Missionaries of Mary had already completed an extensive evaluation of the health needs in Hanang area while working in Babati on the health project. It was found that the Barbaig tribe had no health service. Sr. Dr. Margaret Garnett was undecided as to where to begin the service Giting or Nangwa Village.

In July 1985 the area was divided into two Districts – Babati and Hanang with the head quarters of the new Hanang District situated in Katesh 5 miles from Nangwa. Katesh Dispensary had started a delivery unit for pregnant mothers. At the time the Pallotine Parish Priest of Nangwa offered the Church land to build an MMM house and invited MMM to administer the already existing mission Dispensary.

In 1985 money was obtained from the Irish Government to build the MMM house and in December 1985 MMM house opened in Nangwa with the following MMM sisters – Sr. Dr. Margaret Garnett (RIP), Sr. Catherine Nakintu, Sr. Helen Mc Kenna. Sr. Sheila Devane joined them in April 1986.

In January 1986 MMM officially took over the already existing dispensary and started the mother and child health clinic, both mobile and outreach.

In February 1996 a diocesan feasibility study was done in the health facilities of the Diocese of Mbulu which included Nangwa. The result was that NVHP was to continue its primary objective – the care of mother and child, promoting of family life as well as the giving of daily curative services and the supervision of the Church dispensaries and mobile and static clinics in the Diocese .

In 1990 Sr. Dr. Margaret Garnett died in Ireland after a short illness.

In January 1991 the family life clinic started one day a week and by March was conducted daily.

In March 2005 a survey was carried out by a team of two members of the Mbulu Diocesan Health Office and their comment was “the NVHP has a good reputation for the wide range of services it gives”.

1.2 GEOGRAPHICAL BACKGROUND

Manyara region is one of the 26 regions in Tanzania, situated in the North – Central zone of Tanzania. Nangwa village is on the main road from Arusha to Mwanza and is 240 Kms from Arusha town. The total population of the region according to the census report of 2002 was 1,040,461. The main tribes in this area are Wairaq, Mang'ati (Barbaig), Warangi and Wanyaturu.

Arable land is about 62% of which 80% is cultivated. The area has frequent droughts.

During the cool dry season the temperature ranges from 66F and moves to the 80' during the hot dry seasons. There are two rainy seasons, one short season from mid November to December and one long season in the months of January to March. Total rainfall ranges form 546mm to 837mm per annum with a high geographical and seasonal variation.

2.1 VISION AND MISSION

The Nangwa Village Health Programme is a Non – Government Faith Based organization. It is a non – profit making facility with the aim of improving the health and socio – economic livelihood of women, men, children and youth.

– The NVHP MISSION is to continue in a realistic mindset, to continually seek feasible ways and means to improve the Health status of the whole population under their own local geographical area, giving particular emphasis to women in the child bearing years, by ensuring a high quality Ante Natal care service, that will enable the women to deliver healthy babies in a safe environment.

The NVHP endeavours to follow the mandate of the Medical Missionaries of Mary (MMM constitution 9:12) which says “In a world of Health and Medicine we are committed to the care of the sick and to promote the health and wholeness of persons and communities, to proclaim the sacredness of life, the dignity of each person and the meaning of human life and death”

2:2 PROJECT AIM

The project aim is to provide an efficient, effective and caring Holistic Health Care Service that enables us to uphold the Primary objective of the NVHP which is to promote the value and dignity of family life through the Health Care Services we provide. The NVHP ensures that the Primary Objective is maintained and treatment whether preventative or curative is given to all who come to us for these services.

2.3 PRIMARY OBJECTIVE

Is to promote the value and dignity of family life through the health care services we provide.

2.4. SPECIFIC OBJECTIVE

We of the NVHP team will continually work towards ensuring that the primary objective is maintained, and treatment whether curative or preventative is given to all persons who come to us for health care. We also commit ourselves to work towards achieving the 8 millennium goals in our service area.

3.1 PERSONNEL AS OF 31 DECEMBER 2008

MR. HAMISI MBAJI	- SENIOR CLINICAL OFFICER, (S.C.O) (SECONDED FROM GOVERNMENT).
SISTER CATHERINE FALLON MMM	- NURSE MIDWIFE – DIRECTOR PROGRAMME
SISTER PROTAGIA PETER MMM	- NURSE MIDWIFE – HIV/AIDS COUNSELLOR
MR. APOLEI WILBROD	- BUSINESS MANAGER
LUCY SANKA	- MOTHER CHILD HEALTH AID (MCHA)
JULIANA SYLVESTER	- MOTHER CHILD HEALTH AID (MCHA)
THERESIA LAGWEN	- NURSE ASSISTANT
MARTHA MASSONG	- NURSE ASSISTANT
MARGARET JOHN	- SECRETARY / CASHIER
MARTIN EMANUEL	- LABORATORY AUXILLARY
JOHN EMANUEL	- DRIVER
MELKIORI PETRO	- NIGHT WATCH
MARCELLI PETRO	- GARDNER/ SWEEPER

3.1 REMARKS: PERSONNEL

We said goodbye to 3 staff members this year of 2008. MS. Cesilia Paulo Nurse Midwife, Nurse Assistant Martha Massong, and Mr Dismas Basil Pharmacy attendant.

We wish them every success and best wishes for the future.

In August 2008 our best wishes went with our assistant clinical officer, Mr. Andrea Umbu who left us for a two year period to further upgrade his professional status to that of clinical officer status. We continue to wish him every success in his studies.

3.2 (A) GENERAL OVERVIEW YEARS 2007 – 2008

In this report we cover the above mentioned years. As we recall 2007 in its entirety the main highlights for us were the following events.

1. The following through of the main recommendations of our EVALUATION PROCESS OF 2006 WHICH WAS TO HAVE A BASELINE SURVEY OF OUR WHOLE PROJECT MINISTRY WORK OF THE NVHP.

We are most grateful to Sr. Mariana Mushi MMM who agreed to undertake to do this survey. With the assistance of Sr. Jacinta Akonaay MMM, Mr. Apolei Wilbrod, and John Emanuel driver, they visited each village where we serve within our catchments area and in our 4 outreach areas. All leaders and villagers were very cooperative. The survey was comprehensive in its content and Sr. Mariana's own Pre planning Timetable ensured that the survey was carried out in the highest professional manner. All who we serve expressed unanimously their sincere appreciation for the service the NVHP gives. The Recommendations from the Base Line survey have been, and are being given serious consideration by the management committee of the NVHP. We of course cannot address all the issues mentioned for recommendation as we see a number of them come under the jurisdiction of the local Government Authorities.

Sincere and grateful thanks to Sr. Mariana and her team for their very valuable contribution to the betterment of our NVHP programme.

2. The acknowledgment of the local village authorities, that the MMM sisters of Nangwa Dispensary had a sizable area of land surrounding the dispensary, we were given the necessary permissions and thanks to Mr. Apolei Wilbrod our business Manager who brought to completion the fencing all around our property. We have through Mr. Wilbrod's initiative planted trees, and have begun to prepare a large area of the land within the dispensary for cultivation with various easy to manage vegetables and various species of beans + medicinal plants.
3. Last but not least we congratulated Mr. Martin Emanuel who very deservedly received the BEST of worker of the year for 2007. On workers Day or MEI MOSI as it is known in KISWAHILI.



MARTINE EMANUEL BEST WORKER 2007.

3.2B GENERAL OVERVIEW 2008

AS WE MOVE TO 2008 we have to admit that it was in many respects a very difficult year for various reasons, however we do Thank God sincerely for bringing us safely through to the end of it.

Despite the difficulties the year was also full of big blessings and these came from the following visitors.

In March we were delighted to welcome Mr. & Mrs. Mabel and Liam Lyons and family Mr. Lyons being the founder member of a partnership scheme with a number of villages in Co. MAYO. Our partnership village is with the people of Carnacon village. He and his family represented our friends and very generous donors and partners on mission, they encouraged us in our efforts here by their lively enthusiasms for our Ministry here among the people of Hanang District.

Vera Grant and Phyllis Rooney our two wonderful AMMs from Ireland graced us with their lovely company for a brief period in August and made such a wonderful contribution to our community life and ministry, we particularly thank Vera who returned to us in September for a short period and who was a tremendous help in getting us set up with a more proficient store keeping system for our drugs.

In October we were delighted to welcome for a brief visit Sr. Aideen O'Sullivan MMM, and the Reverend Mhorag MC Donald AMM from Scotland they gave us renewed hope and enthusiasm for our Ministry by their active and grateful appreciation for the work of Ministry we do here in Nangwa. We specifically add our most grateful thanks for the very generous donations from both of them which they received from their friends to give to us.

We do not forget other visitors who passed briefly through and were most generous their kindness allowed us to assist needy people in various ways above all we thank you for taking the time to come and visit us.

This year for workers day – I MAY the DMC decided that all staff members would receive the accolade BEST WORKERS OF THE YEAR and the reward would be a visit to TWO National Parks within traveling distance from Nangwa that is TARANGIRE and MANYARA, with a stopover in a village in between the two parks for lunch and then the giving of the certificates on the way home near Lake Manyara.

The day began at 6am and was a wonderful day of experiencing the Natural beauty of God's creation in these two National Parks. We were lucky enough to see a varied number of the animals as we were visiting at the Migratory time, the highlight of the trip was to be up close, but safely enough to watch 3 LIONESSES stalking an unsuspecting wild pig! We did not wait to see who the victor was. The staff was grateful as most of them had never been to the parks.



STAFF OF NANGWA VILLAGE HEALTH PROGRAMME - BEST WORKER OF 2008.

We again make note here we were happy that one staff member was able to get the opportunity to go on for further professional training and that we were able to welcome Mr. Hamisi Mbaji a senior Clinical Officer of vast experience who was seconded to us from the Local District Hospital.

We mention briefly a number of sub services which were begun which increased our workload in the RCHC sector; this will be reported on more fully in the relevant section. Also noted was an increase in the number of people needing free medical care and home care services for terminally ill patients not specially AIDS related.

We welcomed the Charitable Eye Care Mission Team from Arusha they asked to use our premises to give Eye Care through OPD Services. They Examined many people with Eye Problems gave them treatment – Medically, and giving spectacles at reasonable cost.

They will return some time in 2009 for follow up Care and to see any new patients with Eye Problems. We thank them for their caring and pleasant service to us and to all the patient they saw at this clinic in November 2008.

In conclusion we want specifically to thank MRS Moira Brehony AMM who through contacts with 6th form pupils of Edmund Rice Secondary School in Ireland; their very generous donation enables us to assist a young BARABAIG girl to continue her primary school studies, while receiving treatment for Chronic Osteomyelitis at a school for the physically handicapped. This young girl lost 3 years of schooling and now at the end of her first term, she is placed 8th in a class of 28 pupils in primary 3 she is thriving and happy and told us “it’s wonderful here in this school as we all help each other.”

A fitting conclusion to our general overview as we again place ourselves in God’s hands and trust we too “can help each other”



ESTER AFTER 6 MONTHS TREATMENT AT DAREDA MISSION HOSPITAL.

4.SERVICES GIVEN.

1. Basic OPD Services - Monday – Friday.
Laboratory Services
2. RHCH Services
Child Welfare Clinics
Ante natal clinics
2-5yrs Old Clinics
Post Natal Check Clinics
PMCT Testing
Home Based Care Service.
3. Family Life Clinic
 - (i) Couple Counseling for STI.
With AIDS Education/awareness.
 - (ii) Natural Family Spacing.
 - (iii) Infertility – Primary/ Secondary.

NB: See Tables

4.1 CURATIVE SERVICES - TABLE 1 OF THE OUTPUTS/ ACTIVITIES/ INDICATORS

GENERAL OPD

OUTPUTS	ACTIVITIES	INDICATORS
1. We aim to give a high quality, curative health care service	1. Doctor – patient care is (a) reliable (b) easily accessible (c) emergency care response is immediate and referral to main units viable as transport is readily available	The number of people attending our OPD services We have had a number of obstetric emergencies all of the cases delivered safely. Due to our prompt aid.
	2. A reliable and efficient laboratory services is given	Our results are reliable and many people are helped
	3. Appropriate medicines available and at a reasonable cost	People are sure to get correct dosage of medication
2. Small but safe and very clean and reliable minor theatre and dental area	4. Minor surgery procedures are carried out, such as suturing, wound cleaning e.t.c dental extraction available	The return visits of patient show us we have no secondary infections due to the sterile conditions we use
	5. Follow up care at Dispensary for various health reasons	The number of patients who actually return for follow up care in good health.
	6. Visiting home bound bed - ridden patients.	We had five patients, three of whom were terminally ill – Now R.I.P. but we were able to give them general nursing care and make them comfortable the other two patients are well and do not need frequent visits from us at present
	7. Diagnosing treating dispensing – monitoring patients with variant strains of TUBERCULOSIS	This service helps the TB patients as they do not have to travel long distances for their treatment

4.2 CURATIVE SERVICES STATISTICS 2007 – 2008 OPD ATTENDANCES

Emergency Oral Care from October 2008

Dental caries	44
Periodontal disease	8
Others	9

Total cases 61

OPD ATTENDANCES 2007 -2008

↑5 YEARS	07 1,321	08 977
↓5 YEARS	3,050	2700
RE ATTENDANCES	410	955
TOTAL	4,781	4,632
REFERRALS	45	26

TOP TEN DISEASES 07

08

SNO.	↓ 5 YEARS	AMOUNT	↑ 5 YEARS	AMOUNT	↓ 5 YEARS	AMOUNT	↑ 5 YEARS	AMOUNT
1	Malaria	618	Pneumonia	489	ARI	597	Pneumonia	515
2	ARI	322	Malaria	255	Malaria	574	ARI	326
3	Other Diagnosis	308	ARI	115	UTI	224	Malaria	324
4	Ill defined diseases	269	Skin Infection	104	Ill defined Diseases	215	Diarrhea Diseases	134
5	Pneumonia	169	Diarrhea Diseases	95	Other Diagnosis	199	Intestinal worm	80
6	UTI	166	Other Diagnosis	85	Pneumonia	176	Ill defined Diseases	68
7	Intestinal worms	100	Ill defined Diseases	73	Minor surgery conditions	125	Skin Infections	66
8	Minor surgery conditions	97	Intestinal worm	51	Intestinal worm	106	Other Diagnosis	51
9	Skin Infections	68	Non skin Fungal infection	34	Skin Infections	90	Non skin Fungal infection	51
10	Eye Infection	65	Eye Infection	32	PID	70	EAR Infection	44

4.3. LABORATORY STATISTICS

7

08

B.S - Malaria, Borrelia, Duttoni	2,640 + V = 200 +v = 4	B.S - Malaria, Borrelia, Duttoni	2,830 +v = 221
HB. ↓ 70g/L 10	570	HB. ↓ 70g/L 17	472
Stool	450	Stool	717
urine	755	urine	1,170
Blood sugar	02	Blood sugar	102
Sputum AFB.	41 Pos + AFB 5	Sputum AFB.	Total = 60 Pos + AFB = 1
Other	= 469	Other	- 618
1. E.S.R	94	1. E.S.R	225
2. H.V.S	350	1. H.V.S	374
3. Gram stain	25	2. Gram stain	19
Total	4,927	Total	5,969

5. PREVENTATIVE SERVICES OVERVIEW – REPORTING YEAR 2007-2008.

Our preventative services this reporting period, is being presented in a different format, But for the Statistics we continue to use the MTUHA system of recording data.

We continued as usual with all our routine RCHC services at Base in Nangwa and at our Outreach Villages. We participated in the twice yearly National Vaccination/Vitamin A/ Worm Treatment Campaign Programme.

In the late part of 2007 two of the villages in the outreach programme opened their own government run dispensaries, but they asked us to continue to give our monthly outreach service until they have all the requirements they need to do their own RCHC Programme. We will assist the two centers until they no longer need our Services.

Two new services were added to the workload of our two MCHAS.

In September 2008 Ms. Juliana Sylvester attended a two week Intensive training Seminar on PMCT Testing to all antenatal women and for their husband/partners, within this service pre and post test counseling is given. Ms. Juliana Sylvester is proficient to initiate and dispense the first ARV treatment to any positive tested antenatal women, to refer them for CD4 count and ongoing care at a recognized CT Centre. Supervision from local and national level is done at frequent intervals. Our senior C.O. is also qualified to give this service, and especially to those patients beginning TB treatment for the first time. (See table of Statistics).

In November 2008 Ms Lucy Sanka MCHA attended a 6 weeks course on COMMUNITY BASED HOME CARE for PLWA'S. At the close of this course she is the supervisor to Community Carers who have been trained to care for PLWA'S in their own villages and within our catchments area.

At present we have 4 PLWA'S in 3 villages of our catchments area. She visits the carers every week in a supervisory capacity and is available for them at other times also.

In this service we are supervised from the local District Hospital by the Coordinator of the Community Based Home Care Service (CCBH).

Both of my staff diligently and conscientiously carries out their respective duties and responsibilities in an efficient and caring way.

5.1 TABLE 2: ON ACTIVITIES/OUTPUTS/INDICATORS.

OUTPUTS	ACTIVITIES	INDICATORS
<p>Giving a high quality, efficient, and caring RCHC service</p>	<p>(I) Weekly CWC for under 5's Weighing, Screening, Vaccinating Monitoring at risk children. Early referral to a Specialist Unit when necessary.</p> <p>(ii) Weekly Ante- Natal Clinic, Includes: Registration, general examination/palpation PMCTC TESTING EVERY Monday & 1st and 3rd Friday each month.</p> <p>(iii) Monthly Outreach RCHC Clinics to 4 villages.</p> <p>(iv) 2-5yrs old well baby clinic.</p> <p>(v) Post natal check 7/7 1/12,6/52.</p> <p>(vi) Health Education at each clinic.</p> <p>(vii) Cooperating in the MOH programme, Re the use of treated Mosquito nets at low cost.</p> <p>(viii) Complimentary Feeding programme. By using a Nutritional Mixture of Maize, Beans, Ground nuts, fried in Sunflower oil dried and grounded into powder form.</p>	<p>Up to two yrs of age our women from the catchments area villages plus others from without, never miss the monthly clinic.</p> <p>Due to this attendance we can detect early any specific abnormalities eg Cleft Lip, palate, Spina Bifida and refer promptly for specialist care and advice.</p> <p>Again, with regular attending, early detection of at risk factors and prompt transport to main units when necessary, the women in our area and beyond appreciate the care they received and follow advice.</p> <p>We have noted a marked decrease in Malaria/Anemia in pregnancy.</p> <p>At the Outreach villages we See an increase in Attendance and in the last two years we noted a marked decrease in Nutritional problems. Also we have not had epidemics of measles etc within the last 10yrs, or Dysentery within the last 6yrs.</p> <p>Re. no. 6 mothers have an increased awareness of the Road to Health Chart and they can themselves detect easily how their child is, or is not developing as he/she should.</p>
<p>3.3 FAMILY LIFE CLINIC - We give a Confidential caring Counseling service to clients with Sexually transmitted infections.</p>	<ul style="list-style-type: none"> - Laboratory examination, to couples, - Follow up care & intensive counseling with education in AID/HIV awareness Working towards Behavioral change. - Nature family Planning for Primary/secondary infertility. - Family spacing. 	<p>A number of clients come to us for this service from outside our catchments area, they have heard of the service we give, and many couples have come because of Infertility problems due to uncared for / or STI infections not properly treated.</p> <p>We have seen the results, as very happy parents bring their newborn to the clinic for the first time.</p>

NOTE: RE- FAMILY LIFE CLINIC .

We continued to see a distinct drop in client numbers/ We think the reasons for this drop in numbers is that now, with the Ante Natal PMCT, RPR testing and counseling services available; Couples do not see the need to present themselves for further counseling in STI problem.

FAMILY LIFE STATISTICS

2007 = 122 COUPLES

2008 = 76 COUPLES

5.3 RCHC STATISTICS: ATTENDANCES <5 (1ST & RETURNS).

2007	2008
NANGWA (5 VILLAGES) - 9,054	NANGWA (5 VILLAGES) 9,511
MOBILES (4 VILLAGES) = 9,507	MOBILES (4 VILLAGES) = 10,801
TOTAL CHILDREN ATTENDED = 18,561	TOTAL CHILDREN ATTENDED = 20,312
<u>VACCINATIONS CHILDREN NANGWA & MOBILE.</u>	
BCG - 661	BCG - 580
<u>POLIO</u>	<u>POLIO</u>
0 – 105	0 - 72
1 - 757	1 – 689
2 - 738	2 - 680
3 – 774	3 - 670
DPT-HB 1st - 746	DPT-HB 1st - 638
2 nd – 720	2 nd -695
3 rd - 637	3 rd - 775
MEASLES – 9/12 671	MEASLES – 656
Vitamin A 9/12 = 316	Vitamin A. 9/12 - 656
Vitamin A 15/12 = 321	15/12 - 326
Vitamin 21/12 = 246	21/12 - 239
Post Natal -Vit.A - 266	Post Natal - Vit.A - 368
Anti natal 1 st Return - 3,716	Anti natal 1 st Return -3.435
Referrals to min Unit 863	Referrals to min Unit -29
Post Natal checks 34	Post Natal checks -79
Mobile 1 st /returns - 2,412	Mobile 1 st /returns - 2,523
<u>Tetanus Toxoid Vaccination- Ante - Natal</u>	<u>Tetanus Toxoid Vaccination- Ante - Natal</u>
1 st - 156	1 st - 156
2 nd - 175	2 nd - 125
3 rd - 129	3 rd - 74
4 th - 112	4 th - 84
5 th - 73	5 th - 51
TETANUS TOXOID: WOUND INFECTIONS	TETANUS TOXOID: WOUND INFECTIONS
1 st - 163	1 st - 180
2 nd - 92	2 nd - 124
3 rd - 0	3 rd - 07
4 th - 0	4 th - 2
5 th - 0	5 th - 0

5.4 PMCT - STATISTICS.

OCTOBER - DECEMBER 2008

Number of new clients Total	69
Previously known to be HIV +	0
Number of pregnant women who received HIV test at ANC	121
Tested HIV - positive	0
Post – Test counseled for positive and negative HIV	121
Partner Testing	10
Tested HIV – positive	0



Clinic team – going to an Outreach Village – Masusu 67 kilometer a way assisting a mama with her newborn baby, having delivered safely at the local Government Hospital to return home to Masusu.



Car going to Masusu Village (Outreach) Programme.

6: CAPACITY BUILDING.

OUTPUT	ACTIVITY	INDICATOR
<p>We of the Dispensary Management Committee of the NVHP are wholly committed to ensure Staff empowerment at all levels of work status.</p>	<p>1. ACO attended Seminar in 2007/08 on Child Care Treatment. Mental Health Care at Dispensary Level Updated Malaria Treatment.</p> <p>2. MCHA'S Seminars on Up to date Ante Natal Care PMCTC testing. PRE/POST test counseling Stating ARV Treatment.</p> <p>Community home based care for PLWA'S</p> <p>3. Pharmacy Attendant. Seminar on record Data Store Keeping.</p> <p>4. Laboratory Attendant Diocesan Level Seminar on improving Basic Laboratory skills and Updating knowledge on various laboratory tests. Government Seminar on Borellia,Duttoni.</p> <p>5. ASSISTANT NURSE. Attended a seminar on Sexually Transmitted Infections, specifically Gonorrhoea/ Syphilis and testing for Syphilis with RPR especially at Ante Natal Clinic.</p> <p>6. GARDNER/SWEEPER. Attended a seminar on Herbs as food and medicine, use of Compost Heap. Planting trees as a way of caring for the environment.</p>	<p>More informed and correct usage of medication dosage in children's treatment.</p> <p>Ability to recognize various psychological illnesses and treat or refer accordingly.</p> <p>At present this ACO is updating to CO status.</p> <p>- Ability to recognize quickly women at risk and treat or refer as necessary. Skills in counseling. Proficiency in starting ARV Treatment to Ante natal women Who are positive for HIV.</p> <p>Skills in counseling and supervising local village health carers.</p> <p>- Knowing how to keep efficient store records by use of BIN Cards.</p> <p>Increasing his basic knowledge and consolidating his skills by updating under supervision his ability to recognize and report correct findings in all his tests. Recognizing and reporting findings correctly. Giving a better service, many people come to our small unit because of our clean and efficient laboratory service.</p> <p>Recognizes signs/symptoms of stated infections. Can do the RPR testing.</p> <p>Through recent supervision improved his gardening skills by using the knowledge he gained producing vegetables for selling. Tending, harvesting Moringa trees for use in dispensary. Has planted more trees in an effort to care for environment.</p>

7. CONSTRAINTS: NANGWA VILLAGE HEALTH PROGRAMME 2007 - 2008

In these reporting years we regret to note there is no appreciable change from previous years, and they are much the same as the previous years 2001-2006 Report.

1. Lack of qualified staff at medical professional level. We have no Nurse Midwife in our employ; therefore we have no local professional person to pass on Administration skills to.
2. We regret to note once again these reporting years, a lack of Cooperation from the DMO'S Office; in the area of receiving assistance from the Governments Basket Fund that helps Faith Based NGO'S to lessen financial constraints.
3. Socio-economic factors in our Catchments/outreach areas. Again we noted a rise in the number of people needing assistance in free medical care they have no way financially of paying debts, we will not add to their stressful life situation by insisting on payment at a later date.
4. Since 2007 we have had one doctor in residence but if he was away we cannot offer medical assistance so again we note here our income from payments is greatly reduced continuing to add to our shaky financial sustainability.
5. Inflation continued to rise uninhibited and so the rising costs of commodities such as drug supplies, general supplies, spare car parts, here the rise in cost was daunting. Transport costs alone, for us in the last two years have been very heavy on our limited financial resources; the terrain to the outreach villages is rough and heavy on any vehicle no matter how sturdy it is, our clinic car has needed more frequent repairs and services especially in 2007.

We have not put this in table form as we continue to focus on looking for feasible practical ways to deal with each of the above mentioned issues, and we do not see at present or in this coming year that we will resolve one or any of the above, in 2009, But we of the DMC are committed entirely to continuing to look for means to resolve our issues and to work towards a feasible 'measure' of **SELF- RELIANCE**.

7:1 LESSONS LEARNT.

Given the constraints we have stated and the lack of practical realistic feasible solutions to The issues, we have learned

- To continue to make our needs known to the relevant Departments in the Ministry of Health, and at Local District Level.
- To look towards "SMALL" rather than "BIG" undertakings.
- We need to improve on our communication skills with the relevant Health Sector departments especially at local level.

7.2 PLANS FOR THE FUTURE.

Our plans cover a two year span.

1. Emphasizing Capacity Building for all our staff members, by ongoing Education via frequent In-service training on various relevant topics.
2. Ensuring (a) Attendance at Seminars when available at National and Diocesan level.
(b) Upgrading studies for those members eligible to do so.
(c) Staff members without O level basic education to continue to study for this level and to complete this level by 2010.
3. Extension to Laboratory, we need another room for receiving specimens.
4. New store room for cleaning/gardening equipment, the present one is too small.
5. Our present gutters need replacing. New Gutters to collect and preserve rain water for use also to protect the building from excess water absorption.
6. To reactivate Solar Lighting in Dispensary and two staff houses.
7. To replace our 14 year old clinic car. This will be our first priority for 2009.

9. GLOSSARY

ARI	Upper Respiratory Tract Infection
MSC	Minor Surgical Cases
GDS	Genital Discharge Syndrome
PID	Pelvic Inflammatory Syndrome
STI's	Sexual Transmitted Infections
UTI	Urinary Tract Infection
GUDS	Genital Urethral Discharge Syndrome
RPR	Rapid Plasma Reagent.
AFB	Acid Fast Bacillus Test for Tuberculosis Infection
MTUHA	System of recording statistics data for OPD attendance Clinic – Vaccination ante natal and under 5's attendances.
PLWA'S	People living with Aids.
CHBCC	Community Home Base Care Coordinator.
PMTCT	Prevention – Mother to Child Transmission/HIV
HIV	Human Immune Virus.
ACO	Assistant Clinical Officer.
DMC	Dispensary Management Committee.