

# Tandia – Health and Education Tanzania

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## Mission Report 10.-22.11.2015

### Health of the population<sup>1</sup>:

#### General information

Monduli District is one of the seven districts of the Arusha Region of Tanzania. It is located in the northeastern section of the country. It is bordered to the north by Kenya, to the east by the Kilimanjaro Region and Arumeru District, to the south by the Manyara Region and to the west by Ngorongoro District and Karatu District. The town of Monduli is the administrative seat of the district. According to the 2002 Tanzania National Census, the population of the Monduli District was 185,237.

Makuyuni is a small community of Monduli district on the highway between Arusha and Moskitotown in North Tanzania. It is only 27 km from Tarangire National Park on the way to Manyara National Park. According to the 2002 census, the ward has a total population of 12,267.



The dominant reported causes of mortality in Arusha region for the in – patients are Malaria, Pneumonia, Tuberculosis Anemia and Diarrhoea. Out of the 1,148 reported in – patient deaths, 90.5 percent were caused by the first five causes in 2000 namely Malaria, Pneumonia, Tuberculosis Anemia and Diarrhoea. They are also responsible for 85.3 per cent of the 1,567 deaths in 2004 and 84 percent of the 1,552 deaths in 2007. Of the ten most commonly reported causes of deaths (in patients) in Arusha region, malaria was the most dominant.



#### HIV/AIDS Infections:

HIV/AIDS is the single most important threat to the survival of the human race. In Arusha region, AIDS has now caught up with Malaria as the greatest cause of death among in-patients. The big problem of Malaria is virtually static while that of HIV/AIDS is on the upsurge. Hence, the assessment of HIV/AIDS prevalence along with its control is the greatest challenge

<sup>1</sup> <http://www.arusha.go.tz/index.php/economic-activities/health>

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to the health delivery system in the region. The first AIDS case in Arusha was reported in 1986. Since then, the number of new AIDS cases being reported each year has been on the increase with no sign of stagnating or reversal. The numbers of reported new AIDS cases were 237 in 1992, 454 in 1997, 489 in 1998, and 715 in 1999. AIDS control measures have yet to contain the pandemic.

More females than males are consistently being diagnosed for AIDS each year in most districts. In 2004 52.3 percent were females and 47.7 percent were males and out of a total of 4,807 reported with HIV/AIDS in 2007, 55.5 percent were females, 44.2 percent were males.

Though there are a number of ways that can be used to measure the extent and trend of the HIV prevalence among the people, the ones used in the country are testing family blood donors, prevalence among VCT volunteers and expected mothers participating in the PMTCT service.

### Investment Opportunities for the Health Sub-Sector:

This sub-sector faces many problems including prevalence of diseases such as Pneumonia, Malaria, Diarrhoea, Clinical AIDS, etc and shortage of workers and drugs. Investment is needed in the construction of more health facilities, availability of instruments/drugs and training of health/medical personnel. Moduli district has one district hospital, two health centers and 29 dispensaries.

## Visits

### 12.11.2015 – Makuyuni village

Health services are provided to 4500 people by a public dispensary situated in Makuyuni village. The dispensary offers reproductive health care services, such as antenatal care (incl. deliveries), family planning and newborn/child care. Furthermore vaccinations, outpatient care, and HIV counselling and testing service are offered.

The dispensary is a center for ARV drugs supply and PMTCT (Prevent Mother to Child Transmission). Circa 40 patients, most of them women and children are treated in the OPD on a daily basis. Transferals go by ambulance to Moduli district hospital (65 km) or Mount Meru regional hospital in Arusha (next to ACC conference center) (80 km). No other health facilities than the public dispensary in Makuyuni offer health services.



### 13.11.2015 – Dispensary

Health services are provided to 4500 people by a public dispensary situated in Makuyuni village. The dispensary is situa-

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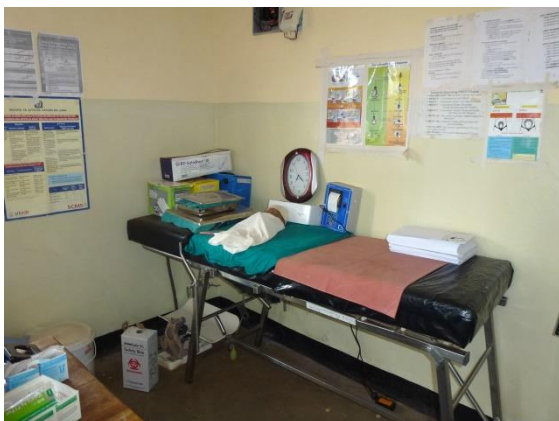
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ted in the village center, surrounded by few houses and free area.

The dispensary offers reproductive health care services, such as antenatal care (incl. deliveries), family planning and newborn/child care. Furthermore vaccinations, outpatient care, and HIV counselling and testing service are offered.

The dispensary is a center for ARV drugs supply and PMTCT (Prevent Mother to Child Transmission). Circa 40 patients, most of them women and children are treated in the OPD on a daily basis. Transferals go by ambulance to Moduli district hospital (65 km) or Mount Meru regional hospital in Arusha (next to ACC conference center) (80 km). No other health facilities than the public dispensary in Makuyuni offer health services. At present the facility has 6 service rooms (labour, ANC, FP), vaccination, dispensing, OPD, Lab, storeroom (total around 120m<sup>2</sup>).



The small patient waiting area is in the centre of these rooms.





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There is electricity but no fluent water available in the facility. Therefore, water supply irregularly twice a week.



Water tank in the back.

Health staff:

- 1 Clinical officer (in charge) – Joyce Shangai

- 2 Enrolled nurses – Happyness Deus Chacha and Idda Sironga Lairume
- 1 Health officer
- 2 Nurse attendant

### 18.11.2015 – Visit district medical office

In Monduli we met Dr. Mlay Kenneth from district hospital deputing DMO Dr. Benela<sup>2</sup> who was in another meeting. We informed Dr. Mlay about our ideas of supporting Makuyuni dispensary. He provided info on existing health facilities in the district (1 district hospital, 2 health centers, 35 dispensaries; three more dispensaries are not functioning yet because of missing equipment). Because of the great catchment area the district plans to upgrade Makuyuni dispensary to health center in the future. Especially the missing surgical treatment and theatre are challenging to quality health services. We agreed to sending an official letter to DMO regarding planned cooperation in Makuyuni. Dr. Mlay will send Comprehensive Council Health Plan (CCHP) via E-Mail.

### 19.11.2015 – Meeting with Joyce Shangai, Clinical Officer in charge

We exchanged on how to best support the dispensary in the long-run. Firstly we agreed that it is important to follow official/formal procedures with our activities. We want to involve the community from the beginning through executive village officer, village chairman and dispensary health committee. Members of the board are: 3 community members, 1 NGO, 1

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pharmacy representative, the dispensary in charge is secretary of dispensary committee board.

### 20.11.2015 – Visit dispensary

Present: CO Joyce Shangai and EN Happiness Deus Chacha

The dispensary has various needs and challenges with priority areas as:

#### 1. Reproductive Health Care

Presently there is only one room for the three RHC services: antenatal, family planning and delivery. E.g. the room is blocked for other activities during a delivery. Two more rooms are required to ensure RHC services at any time. Also rooms for staff, patient rest and store/pharmacy are needed = the dispensary requires four more rooms as extension to the existing building.

#### 2. Water supply

The village council shall be consulted in the issue of fluent water.

#### 3. Staff housing

There are no staff houses. There have been attempts to construct a twin staff house couple years ago. The building foundation is still there with distance from the dispensary of around 200m. It is difficult to rent a place in the village. Presently one nurse is accommodated in a rotten building next to the dispensary.



Previous dispensary presently used as staff housing.

#### 4. Laboratory:

There is a laboratory room but no equipment. All samples have to be sent to Monduli hospital or Mtombo health center. Since Makuyuni dispensary is a PMTCT and HIV treatment center, CD4 counting should be possible here.

#### WAY FORWARD:

- Letter to DMO Dr Benela regarding cooperation and support to the dispensary
- Next visit end of January 2016 for further discussions