



PROJECT AID THE GAMBIA



ANNUAL REPORT FOR 2015

**REGISTERED NGO
A 57**

INTRODUCTION

Project Aid The Gambia, is a German / Gambian registered International Non Governmental Organisation (NGO), whose objective is to supplement Governments efforts in providing humanity services to the targeted rural communities.

The project has been involved in a series of successful ventures since its inception in 1991. Since Education, Health and Agriculture are the corner stone of any meaningful development; Project Aid therefore strives extensively hard to excel in these areas. Ultimately Jahaly Health Centre has been regarded as a **model clinic** in the country soon after its inauguration in 1991.

In the education sector our Kindergarten has been exceptional in terms of both infrastructure and academic excellence.

Project Aid is also engaged in supporting five women Horticultural gardens in the villages of Jahaly and Madina, Central River Region.

As part of its crusade Project Aid in collaboration with German Government built a Standard Health Centre in **Njaba Kunda** in 2011 which witnesses a massive improvement of medical services not only for the people of Njaba Kunda but for the whole of NBR.

The Administrative Head Office of Project Aid is situated in Manjai Kunda, Kanifing Municipal Council (KMC).

CURRENT PROJECTS

JAHALY HEALTH CENTRE 2015

As it is known by all Gambian that in the early 1990s Health Delivery services was very limited in the countryside but the desire of the project management led by the current Goodwill Ambassador of Gambia to Germany Mr. Matthias Ketteler was to support the under privileged communities who are in dire need of help. Propelled by this desire the project found its way through to Jahaly with the guardianship of the late M.S.Tambadou, may his soul rest in peace.

Jahaly is in CRR West, a few kilometres from Brikamaba. The community of Jahaly are predominantly Sarahulis with some hand full of Fullas and Mandinkas in their midst. The Health Centre was therefore established in **1991** to compliment government's effort in realising MDG 4, 5 and 6.

Until today, the Health Centre is one of the **most famous** health facilities in the rural area in terms of infrastructure, cleanliness and quality of services. Jahaly Health Centre is a non profit making health centre and therefore provides reasonable tariff that is affordable by all patients in and outside of The Gambia. This **new tariff** came into being in March of 2015 and has been viewed by many as the lowest in town when one puts into accounts the service and medication put to the disposal of every patient that visit the centre.

CHARGES FOR PATIENTS IN JAHALY HEALTH CENTRE STARTING 1st MARCH 2015 TO DATE READS AS FOLLOWS:

REGISTRATION FEE

<u>Ages</u>	<u>Gambians</u>	<u>Foreigners</u>
Under 5 yrs	D15.00	D30.00
5 yrs - 14 yrs	D25.00	D50.00
15 yrs upwards	D30.00	D60.00

ADMISSION FEE

<u>Admission</u>	<u>Gambians</u>	<u>Foreigners</u>
Discharge fee	D50.00	D100.00

LAB FEE

<u>Tests</u>	<u>Gambians</u>	<u>Foreigners</u>
BF	D25.00	D50.00
HB	D25.00	D50.00
WBC	D25.00	D50.00
URINALYSIS	25.00	D50.00
VDRL	D25.00	D50.00
HCG	D50.00	D100.00
AFB/TB	Free	Free
HIV	Free	Free
DELIVERY	Free	Free



For weekends charges are double for both Gambians and Foreigners except for emergency cases

Children from our kindergarten are also treated free of charge at the clinic.

Entrance area of Jahaly Health Centre

STATISTIC (Out Patient)

The following data shows the **number of patients** seen by the centre in the different months of 2015.

		<u>total</u>	<u>male</u>	<u>female</u>
2015	January	2378	824	1554
2015	February	2792	974	1818
2015	March	4567	1514	3053
2015	April	2696	942	1754
2015	May	3391	1303	2088
2015	June	4425	1700	2725
2015	July	3721	1505	2216
2015	August	5008	2046	2962
2015	September	4098	1660	2438
2015	October	5472	2132	3340
2015	November	4296	1676	2620
2015	December	3344	1287	2057
	Total	46,188	17,563	28,625

The statistic below shows the **registered patients** in 2015 according to age groups

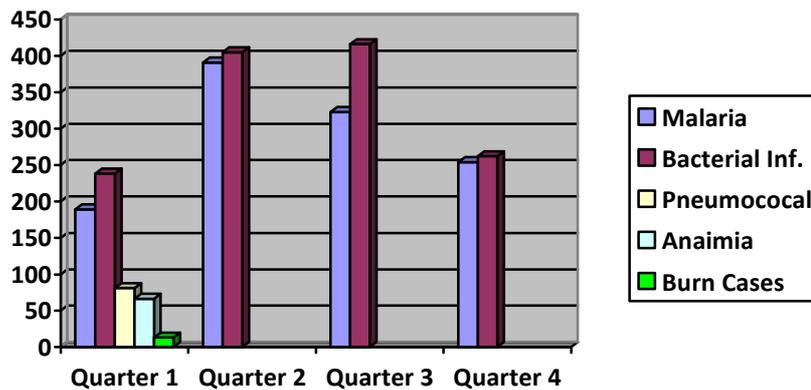
<u>ages</u>	<u>total</u>	<u>male</u>	<u>female</u>
under 1	5888	2887	3001
1 - 2	7889	3982	3907
3 - 5	5198	2460	2738
6 - 10	4233	1949	2284
11 - 14	1623	751	872
15 - 19	2626	753	1873
20 - 29	5996	1168	4828
30 - 39	4338	976	3362
40 - 49	2857	716	2141
50 - 59	2344	658	1686
60 - 69	1841	660	1181
70 - 79	985	445	540
80 - 89	317	136	181
90 - 100	51	20	31
over 100	2	2	0

2015 has seen **46,188** Patients while in 2014 the figure stand at **26,580** giving a difference of **19,608** patients in favour of 2014.

This has highlighted a massive surge in the amount of patients visiting Jahaly Health Centre in the year under review and has ultimately put a huge stress on the financial budget of the project for the year in question. However from inception to date efficiency and reliability re-

mains the key motor of our clinic and we hope to improve on that philosophy in the coming years.

There are three consultation rooms in Jahaly Health Centre which accommodate patients from the regions of CRR, LRR, URR and some part of Casamance in Senegal. The **most common diseases treated** are presented in the graph below in four quarters in 2015.



There is one **pharmacy** where all prescribed drugs are dispensed by the pharmacy assistant.

The outpatient also have a laboratory where investigations are carried out on patients such as blood film for malaria test (BF), haemoglobin estimation(HB), white blood cell count(WBC), HCG, Acid fast bacilli (AFB) for sputum spearing for tuberculosis, sickle cell and venereal disease research laboratory(VDRL) to investigate syphilis.



Second waiting area for patients at JHC - in front of the three consultation rooms, the lab and the pharmacy



Main ward for patients at JHC

There are two wards namely adult ward where all adult male and female patients are admitted and children's ward mainly for children. There are three private wards attached to the adult ward with a duty room for the nurse on duty. The two wards have a capacity of nineteen and eleven beds respectively. There are two flush toilets and two showers in the former and two flush toilets and one shower in the later.

There are also two office space within the OPD building one of which has again been **allocated to MRC** since March 1st 2015 to conduct a new study of Rotavirus Vaccine Impact & Effectiveness after a successful completion of their two year research work on pneumonia sepsis and meningitis in children less than five years of age and as well as PRINOGAM Research in 2013.

The other room has been reassigned to a team of nurses from Brikama-Ba on Infant Welfare Clinic conducts at the centre once or twice a month since the Ebola threat seems to dwindle down since no case has ever been found in the country.

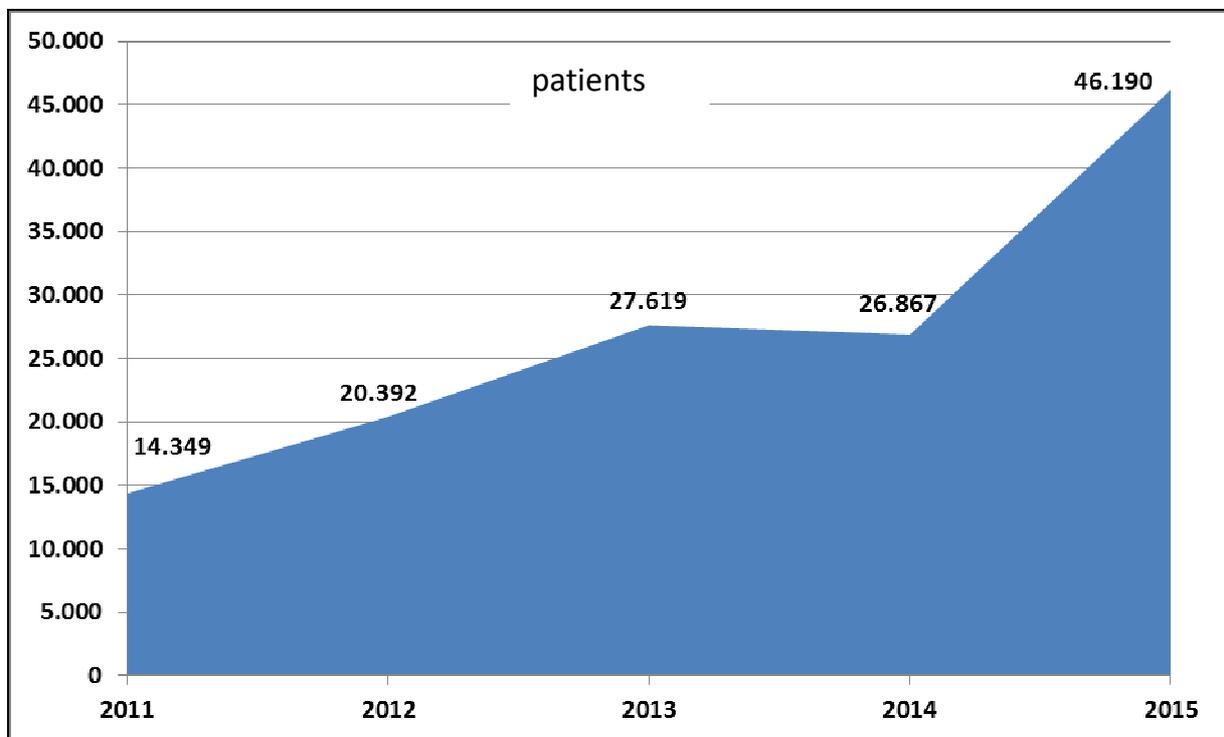


Installation of new solar panels

The electricity supply in the health centre comes from one main source of solar energy which has been re-energized in the year under review with the importation of **24 new solar panels**, extra inverter and their accessories from Germany to strengthen the capacity based due to ever increasing demand of the facility.

These solar energy source is also responsible of pumping water from the two boreholes that supplies clean pipe born water to the entire facility and as well as to the attached moringa plantation 24hrs each day.

The statistic below shows the number of treated patients at JHC for the last 5 years:



STAFF STRUCTURE UNDER THE CLINIC

There are thirty-two staff in the health centre including cleaners and gardeners. Below is a table showing the number of staff and their designation:

<u>STAFF</u>	<u>NUMBER</u>
CHN Midwife	1
State Enrol Nurse -General	4
Nurse Attendants	11
Nurse Attendance on Training- SEN	1
Assistance lab technicians	2
Drivers	1
Watchmen (day & night)	2
Gardeners (clinic & moringa)	7
Cleaners	3
<u>Total</u>	32

2015 was a successful year for the clinic as all our sponsored trained nurses contributed in no small measure in containing the huge in flock of patient that the clinic received this year. As can be seen on the statistic above the number of nurse attendance at the clinic has also increased to cope with the rising demand of service owing to the increase number of patients seen at the facility each day.

The **renovation** on the entire infrastructure of the clinic has this year being maintained to standard by repairing any form of defect or damaged meted to the structures by either staff or natural courses. The repainting of all the building is also on the way to keep a beautiful and serene atmosphere that the facility is known for.

The two **Flat Screen TVs** - one in the main ward and the other in the registration hall which are connected to satellite disks for national and international news have also been maintained during the year under review.



Renovation and maintenance – every two years

CAPACITY BUILDING

Currently the project is sponsoring one student at the **SEN Course** in Bansang School of Nursing from 2014- 2016 as stated in the statistics above. 2 other nurses have been earmarked for the same training in 2016. The project is with the view that human resource development is paramount if standard and quality service is to be assured. Therefore the project left no stone un-turned in pursuit of this philosophy in the year under review.

In the same year series of **trainings and workshops** were conducted by the department of state for health and social welfare in which our staff were a part and were equipped with different skills to better their capacity to handle their patients in a more efficient and professional manner. So the project has in no way lost sight of the capacity building component in her drive for quality and better services for her people.

MATERNITY UNIT



*Georg Gottlob House - with children's ward
and maternity unit*

The labour ward consists of two delivery beds, two baby cots and one post natal bed for observation of post delivery mothers for six hours and it's equipped with a sterilizer. However only normal deliveries are conducted in this health centre despite having a well trained and experience midwife.

All abnormal labour cases are referred to Bansang Hospital to be attended by obstetricians as the case maybe.

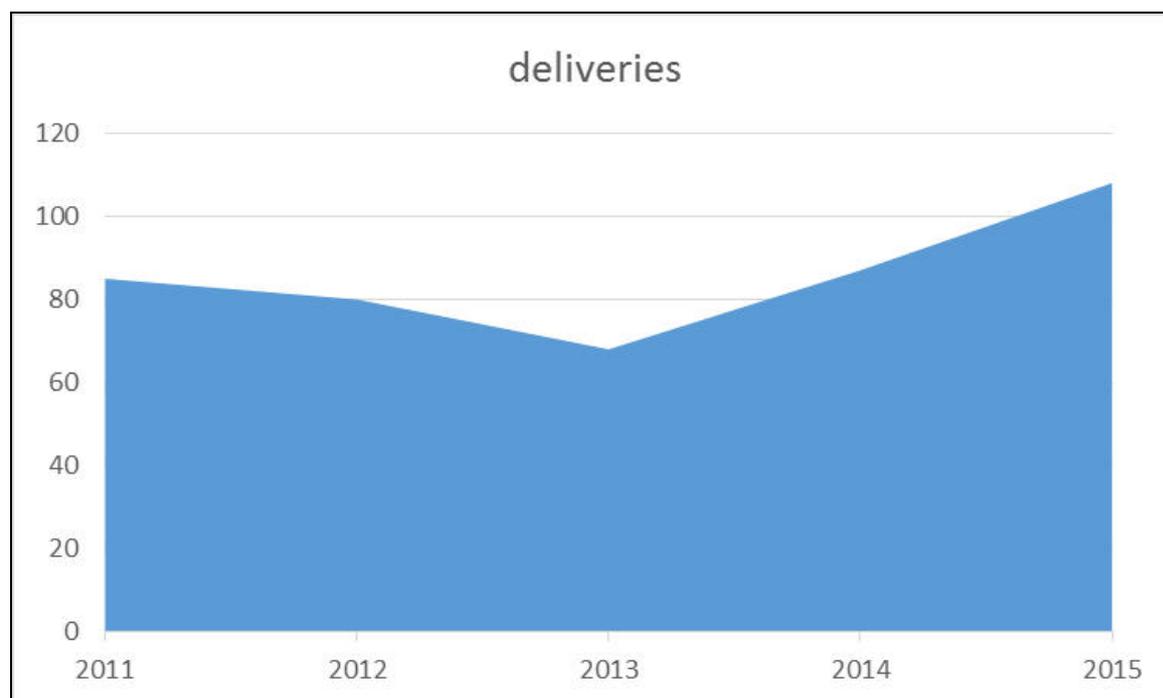
DELIVERY

Jahaly Health Centre is not left behind in terms of conducting proper and **quality delivery** to women. We have delivered **one-hundred and eight** clients from Jan-Dec 2015.

Total amount of deliveries in 2015:

<u>2015</u>	<u>MALE</u>	<u>FEMALE</u>	<u>STATUS</u>	<u>TOTAL</u>
January	16	2	all alive	18
February	8	4	all alive	12
March	5	2	all alive	7
April	2	2	all alive	4
May	5	6	all alive	11
June	6	3	one dead	9
July	1	1	all alive	2
August	3	3	all alive	6
September	6	4	all alive	10
October	5	5	all alive	10
November	7	6	one dead	13
December	3	3	all alive	6
GRA. TOTAL				108

Unlike in the year 2014 there was two fresh still birth delivered in the health centre in 2015 and **no maternal death** was recorded as well. Out of the total figure delivered half of them were teenagers and deliveries were conducted either by our trained midwife in the centre or by the senior nurse attendants who benefited from on-job training and were locally certified to conduct safe and normal vaginal deliveries.



Statistic: deliveries at JHC for the last 5 years

ADMISSION

Only conditions that cannot be managed at the out patient are admitted in the ward. These include malnutrition, burns, severe malaria, severe diarrhoea, pneumonia, sepsis, dysentery, etc.

In 2015 there were **897** patients admitted in the wards with various illnesses as stated earlier. Out of these figure 39 patients were non-Gambians and there was no death case recorded throughout the year.

REFERRALS



Jahaly Health Centre is a minor health centre according to the World Health Organization's (WHO) definition.

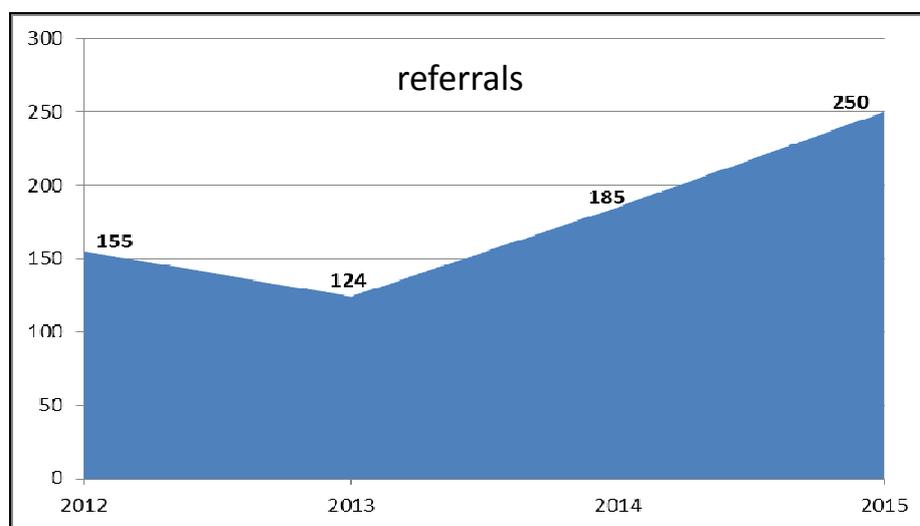
The health centre does not treat surgical cases, orthopaedic cases and urological conditions as these are conditions beyond the limits of the staff and such cases are naturally referred by our ambulance car to Bansang Hospital for further attention.

Ambulance car of Jahaly Health Centre

THE TABLE BELOW SHOWS THE NUMBER OF REFERRALS FROM JAN TO DEC 2015:

MONTH	Jan	Feb	Ma	Apr	May	Jun	Jul	Au	Se	Oct	Nov	Dec
# REF.	28	24	25	13	15	21	23	21	25	30	12	13

The total number referred for the year amounted to **250** Patients out of which 94 were male and the balance accounts for female patients (156). Most of these patients were severe anaemia cases followed by malnutrition.



Statistic: referrals (mostly to Bansang Hospital) for the last 4 years

REPRODUCTIVE AND CHILD HEALTH/BIRTH CONTROL

Healthy children together with a healthy mother make a smiling family. A mother can take good care of her children only when, food, shelter, clothing as minimal basic human needs are achieved followed by physical and mental well being, economic burden is minimised, poverty reduced, better educated.

Currently we have enrolled two hundred and forty five clients (245) out of which 45 are men and all the clients are in their active reproductive stages.

ACTIVITIES

General cleaning and environmental sanitation of the health centre still remains a priority to the health staff. The staff together with cleaners engaged in general cleaning periodically to make the health centre a good place to live in hence cleanliness is next to Godliness.



Training of staff in hygiene



Social activities

The staff formed a joint football team with the teachers in the kindergarten in order to create a sense of unity and corporation amongst themselves. Sport particularly football and **general physical exercise** are part of the daily activities for the staff as football matches are often organised with others teams in the neighbourhood to maintain harmony and fitness for good health.

In October of 2015 a number of football gears were shared among teams in Jahaly and Madina by the project chairman to support the sport cooperation between his staff and the youth of the community and by extension to advocate good health through sport.

LABORATORY REPORT JANUARY- DECEMBER 2015

The information below shows the number of children above 5 years and adults tasted at the lab for malaria microscopy, white blood cells count, Haemoglobin HCG for pregnancy, AFB for TB and Urinalysis.

The charges for each of these tests are tabulated above on the clinic's tariff:

Jan-15			
Labtests	total	positive	negative
BF	834	147	687
WBC	611	-	-
HB	230	-	-
HCG	45	27	18
URINAL.	140	-	-
RPR/VDRL	17	5	12
RDT	0	0	0
AFB/TB	14	2	12
HIV	0	0	0

Feb-15			
Labtests	total	positive	negative
BF	915	105	810
WBC	483	-	-
HB	418	51	29
HCG	80	-	-
URINAL.	140	-	-
RPR/VDRL	6	0	6
RDT	0	0	0
AFB/TB	9	3	6
HIV	4	2	2

Mar-15			
Labtests	total	positive	negative
BF	1037	127	910
WBC	440	-	-
HB	240	-	-
HCG	76	52	24
URINAL.	195	-	-
RPR/VDRL	20	0	20
RDT	32	1	31
AFB/TB	21	1	20
HIV	1	0	0

Apr-15			
Labtests	total	positive	negative
BF	571	23	548
WBC	288	-	-
HB	215	-	-
HCG	76	20	56
URINAL.	146	-	-
RPR/VDRL	19	1	18
RDT	37	1	36
AFB/TB	16	0	16
HIV	1	0	1

May-15			
Labtests	total	positive	negative
BF	472	1	471
WBC	376	-	-
HB	156	-	-
HCG	91	59	32
URINAL.	126	-	-
RPR/VDRL	8	0	8
RDT	27	2	25
AFB/TB	8	0	8
HIV	0	0	0

Jun-15			
Labtests	total	positive	negative
BF	739	11	728
WBC	522	-	-
HB	270	-	-
HCG	100	77	23
URINAL.	201	-	-
RPR/VDRL	7	2	5
RDT	18	0	18
AFB/TB	5	0	5
HIV	2	0	2

Jul-15			
Labtests	total	positive	negative
BF	557	39	518
WBC	337	-	-
HB	312	-	-
HCG	62	44	18
URINAL.	137	-	-
RPR/VDRL	9	3	6
RDT	123	6	117
AFB/TB	9	3	6
HIV	2	0	2

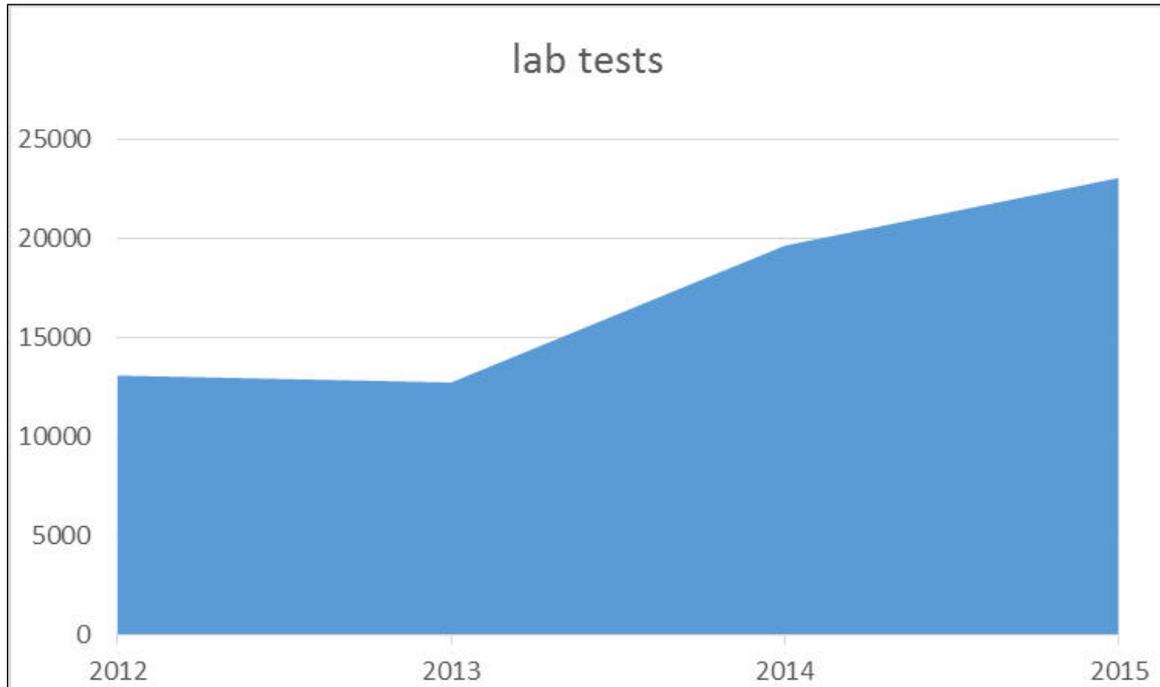
Aug-15			
Labtests	total	positive	negative
BF	845	102	743
WBC	446	-	-
HB	466	-	-
HCG	86	55	31
URINAL.	190	-	-
RPR/VDRL	7	1	6
RDT	199	3	196
AFB/TB	6	0	6
HIV	4	1	3

Sep-15			
Labtests	total	positive	negative
BF	1120	187	933
WBC	264	-	-
HB	383	-	-
HCG	74	49	25
URINAL.	235	-	-
RPR/VDRL	8	0	8
RDT	24	2	22
AFB/TB	12	4	8
HIV	0	0	0

Oct-15			
Labtests	total	positive	negative
BF	1600	467	1133
WBC	455	-	-
HB	299	-	-
HCG	94	62	32
URINAL.	148	-	-
RPR/VDRL	5	0	5
RDT	166	32	134
AFB/TB	5	0	5
HIV	0	0	0

Nov-15			
Labtests	total	positive	negative
BF	1699	572	1127
WBC	173	-	-
HB	435	-	-
HCG	77	44	33
URINAL.	146	-	-
RPR/VDRL	13	0	13
RDT	0	0	0
AFB/TB	14	1	13
HIV	0	0	0

Dec-15			
Labtests	total	positive	negative
BF	803	160	643
WBC	136	-	-
HB	182	-	-
HCG	65	35	30
URINAL.	127		-
RPR/VDRL	6	2	4
RDT	0	0	0
AFB/TB	2	2	0
HIV	2	0	2



Statistic: lab tests at JHC for the last 5 years

DENTAL CLINIC 2015

The dental clinic was co-operated into the health centre in 1998 with the view of promoting oral health care in the area and was fully operational in 2003 after an intensive 12 weeks course which was conducted in Jahaly health centre through the project in conjunction with University of Witten/Herdecke of Germany in collaboration with WHO (Prof. J. Frencken).

During this period 5 of our project staff were trained who eventually took charge of our dental unit. Since this period the dental unit has been operating smoothly until the beginning of 2012 when the unit was temporarily closed owing to lack of trained staff since the trained ones have either left the country or quitted for one reason or the other.

However in 2014 frantic efforts were made to secure the services of one highly trained oral health worker to effectively kick start the clinic from a brief closure in 2013 owing to lack of qualified personnel.

However this reopening was also short lived as the man in charge of the dental unit (Trained Oral Health Worker) left 10 months of service. Since then all our efforts to lure another dentist either from Germany or Gambia to run the clinic never materialised.

This means that there was **no dental service** provided by Jahaly Health Centre in the year under review; however efforts are continuing to search for one with the required training to reopen the unit once more again.

MEDICAL RESEARCH COUNCIL (MRC) IN COLLABORATION WITH PROJECT AID THE GAMBIA

From Pneumococcal surveillance project in 2011 - 2013 to PRINOGAM project in 2013-2014 and now to **Rotavirus vaccine impact and effectiveness study** expected to kickoff in March, 2015.

The relationship between Jahaly Health Centre and **MRC** in respect of the above has been growing from strength to strength since the collaboration in September, 2011. As per project set criteria the children aged 0 to 59 months of age from study geo area who were admitted over night at health centre were enrolled in the initial study. After enrolment, the children are consented for blood samples. After the sample has been taken, they are then transported by project staff to Basse lab as soon as possible (within 2 hours) for blood culture. The detail is attached as below.

Important thing here to note is the two blood cultures positive for staphylococcus aureus cases where the children presented with serious illness and first line treatment which is in common practice here does not include antibiotics directed at this organism but after the result was conveyed in time and so the treatment was changed accordingly. Initially the reporting mechanism was not that optimal but now it has been improved and the results are conveyed to the health facility in real time for better management.

Interaction with staff and in-charge at Jahaly is still very cordial. One project nurse is placed permanently at the centre specifically for the inpatients in the ward and OPD when and where required. That has helped a lot in building strong working relationship.

Senior project staff including epidemiologist, clinician and nursing coordinators make regular visits at the centre for QC/QA, refresher for all involved about the project set SOPs, explain activities and discuss issues and the way forward to more cordial relationship and fruitful discussions in future. It is important to highlight that the hosting of the MRC in our clinic has been for free of charge since the collaboration started in 2011. As a consequent of this cordial relationship between these two institutions MRC in **March of 2015** has starting another research project called **Rotavirus vaccine impact and effectiveness** study which is due to last for **39 months**.

JAHALY-MADINA KINDERGARTEN 2015

Once again we have successfully gone through another year of success in the history of our beloved institution under the banner of Project Aid The Gambia. As always the Kindergarten



has made tremendous strides to claim its rightful position in the cadre of Nursery Education in The Gambia since inception in Sept 2004. During the year under review lot of achievements have been registered prominent among which is the increase in enrolment, human resource development, continues supply of food, uniform and medical services etc all of which are more or less traditional of the institutional since the beginning.

Entrance of the Kindergarten campus

Unlike other provincial kindergartens, the enrolment figures in Jahaly-Madina Kindergarten still continues to overwhelm the project despite the supposed competition with the two existing 'Madarassas' (Quranic Schools) of Jahaly and Madina.

This year alone **164 new students** were enrolled out of which 80 were girls and 74 were boys. This huge number further compelled the project management to maintain the double shift which we started in the year 2013 in order to cope with the ever increasing demand for placement.



Enrolment of new students to the Kindergarten

This has therefore highlighted the fact that not only has our robust campaign enhances significant increase in enrolment but also compelled the said Quranic schools to shift their operational times to the afternoon instead of morning to avoid collision which may affect their enrolment.

As of now the kindergarten population stands at **450** students out of which 234 are girls and 216 are boys. Audio-visual classes are still an integral component of our educational strategy as the saying goes ‘seeing is believing’ and as the children learn faster through seeing.

The satellite disks and the DVD player are still in good use as the students and staff continues to make use of the facility as and when necessary.

In the area of infrastructural development **100 new metal chairs** were built for the kindergarten kids to replaced the broken chairs and while some defect chairs and tables were maintenance to standard before the start of the new academic year and as well as new supply of teaching and learning materials.



New metal chairs for the Kindergarten

Human resource development has also continues to be place on a higher pedestal during the year under review as the school and the project management recognises the fact that a well trained and motivated staff are bound to be more productive. Plans are still in place to send more eligible candidates to **The Gambia College** to pursue the Early Child Hood Development Course as done in the case of Mr Landing Jassey and Mr Muhammed Ceesay in previous years.



German intern at Jahaly / Madina Kindergarten

due to the sky rocketing commodity prizes and unfortunately all our efforts to lure WFP back has so far fallen on deaf ears.

In the area of Health and Feeding, the kindergarten still continues to provide **free medical services and feeding** to the 450 registered children despite the fact of being phased out of the WFP'S school feeding programme under the Department of State for Education. It is however worth mentioning at this juncture that feeding such a huge number of children on a daily bases has not being plain selling for the project

Not only do the kindergarten provided free medical services and feeding to the young stars but also supplied all the 164 new intakes with one **new school uniform** free as traditional of the institution. As the uniform materials are not available locally, the project therefore buys and saw them from Banjul and transports them to Jahaly every year for easy access.

The kindergarten has not also lose sight of their agricultural obligation as their **vegetable garden** has been very much part of their activities during the year under review as it served not only as an elementary agricultural lessons for the pupils but also its produces were used to supplement the school canteen in order to provide adequate balance diet for the children. The

bananas and pawpaw also continue to play a pivotal role in boosting the nutritional status of these children for adequate growth.

It is indeed an understatement to assert that the year under review has been truly eventful especially when one takes stock of the high enrolment, capacity building, free medical service, free feeding, free supply of uniforms and the **admirable academic standard**. In fact in my candid opinion, the year under review has been one of success that will be remembered for years to come.

TRAINING OF EMPLOYEES 2015

In the year 2013 the project management deemed it fitting to hire the services of a senior doctor who will be guiding the medical activities of the project and by extension be travelling to Jahaly to have a regular in-service **staff training** courses for her nurses and as well as to have a check on the facility and her medical equipment in general. In line with this view the project cooperates with the Iranian **Dr. Hassan Azadeh** since 2013 for this purpose who has since



Dr. Azadeh trains medical staff, how to deal with Ebola cases

been involved in all the ethical issues of the project to ensure that all our medical operations are in tendon with the laws and the medical ethics. Dr. Azadeh is travelling to Jahaly every two weeks, holding week-end workshops with the medical staff. This said Dr. Azadeh has the following feathers on his cap: Associate Professor and Senior Lecturer / Medical School at the University of The Gambia / Senior Consultant in Obstetrics & Gynaecology / Clinical Director Afrimed.

In the area of Education too where the Project have made tremendous contribution towards bringing nursery education to the door step of the common people of the countryside, Jahaly and Madina to be precise. In this area too the project management thought it is necessary to involve the services of an expert educationist to further cement on the gains already made. In support of this idea the services of one **Mrs. Patricia Ceesay** agreed to support the NGO as a **Project's Education Advisor** with the mandate to guide and support the project through her pursued to give these underprivileged children the best they can get in their lives which is in fact a God given right.

Like Dr. Azadeh for the clinic, Mrs.Ceesay was also charged with the responsibility of guiding and steering the educational activities of the kindergarten. She also conducts regular in-

service **teacher training** every two months for all the teachers of the kindergarten and lately the **Gov't Lower Basic School staff** who were incorporated into the training. This over time has armed our teachers with the requisite knowledge to better teach these young stars and consequently the academic standing of the children was elevated to an envious height as they could not be of any match to peers in others schools around the country.

Mrs. Patricia Ceesay is a veteran educationist with 30 years of experience in this domain and also has the following attributes:

1. Founding member of The Gambia National Early Childhood Association
2. Past president of the Women's Service Organisation
3. Soroptimist International of Banjul affiliated to Great Britain & Ireland
4. Proprietor and director of Trankil Academy.

AGRICULTURE 2015

As the project operates in three intervention areas namely Health, Education and Agriculture it is therefore just apt for us to shed some light on the developments that took place in this sector over the year under review. It's already established that the project is supporting the operation of four vegetables gardens in the two communities, Jahaly and Madina to be precise for many years now.

However there was no much activity from the side of the project in respect of these gardens due to the fact that much of its job has been done over the passed years. Therefore the year 2015 was another **cooling year** for the project allowing the women to get the best out of the gardens as much as they could.



One of the gardens projects



The new second-hand tractor

Not only does the project give support to the people of the community in horticulture alone but also provided them with a Tractor with all its accessories to support them in all their agricultural ventures at a very minimal cost if any at all. The problem experienced in 2014 has been finally resolved the last quarter of 2015 with the procurement of a very good **second hand tractor** from Germany at a cost of 20,000 Euros courtesy of Peace Village International. Since arrival in Jahaly, this tractor has been put to the disposal of the people of the community whose worries of a tractor is now over.



The school community garden

The school **community garden** on the other hand has undergone some form of revamping as the project now hires some women folks from the proceed of D100.00 per term payment for each child to water and care for the plants. This started in November of 2015 after several years of failures from the community women who initially pledge to take care of the garden in appreciation for the contribution of the project in their community.

MORINGA PLANTATION 2015



The Moringa tree plantation

It is common knowledge that all the activities of the Project are being financed by our overseas donors mainly from Germany spearheaded by Matthias Ketteler as the chair of the Project and also The Gambia's Goodwill Ambassador at Large.

It is however worth noting that these donors **may not stay with us forever** and as such the project needs to put plans in place to finance its activities in the events of donors withdraw for whatever reason. As a consequence of this fear the project man-

agement conceived the idea of developing a Moringa tree plantation whose products can be sold to further finance the project activities e.g. procurement of drugs etc.

This idea was implemented in 2012 in Jahaly next to the Health Centre and at present we have around **10,000** trees ready to be process and sold. There are **6 gardeners** employed to work exclusively on the plantation since its inception watering, weeding and applying natural manure to the plants which was mainly animal dung & groundnut shells. As these plants were found to possess **huge medicinal values** of incredible effect on human being and animals we therefore wish to process the leaves into leaf powder and pods into oil and other valuables.

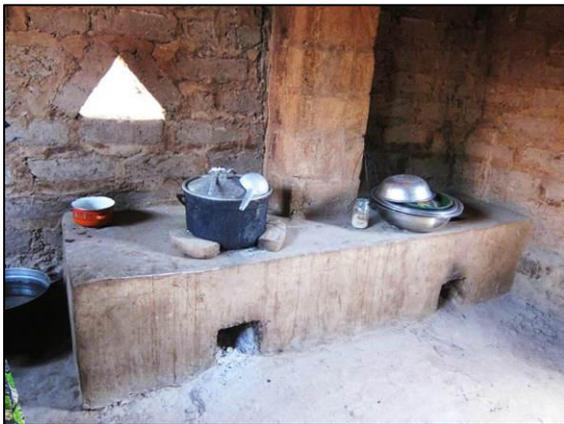


Leafs of the Moringa tree



Drying process of Moringa products

SMOKE-FREE OVENS 2015



Smoke-free oven with 2 fire places

The smoke free oven project have not been very active in 2015 since the last construction of **150 ovens** in Jahaly and Madina which were jointly funded by Project Aid and Sheck Farage Foundation in 2013-2014. However plans are in place to **improve** on these ovens in 2016 as this initiative is quite meaningful for the Project as it has **surely reduced** the accident of innocent children falling into the fire as the case frequently was.

- The consumption of firewood is also greatly reduced saving the forest from deforestation.
- Smoke related illness affecting the cooks (women) will also be a thing of the past.

With the danger of all the above odds eliminated the ultimate outcome will be economic sustainability for the beneficiaries which are the aims and the objectives of the project management.

OVERSEAS MEDICAL TREATMENT FOR SICK GAMBIAN CHILDREN 2015

In 2011 Project Aid went into a co-operation with a German NGO called **Peace Village / Friedensdorf International** to airlift sick Gambian children who cannot be treated locally to Germany for a better medical attention. In June of 2011 the first badge of three sick Gambian children left for Germany where they attended first class medical attention for their different illnesses. Eleven months later they all returned home safely completely cured from their life threatening sickness which became a ground breaking moment for the parents and the Government of the Republic of The Gambia on one hand and as well as for Peace Village and Project Aid on the other hand.



Kids after medical treatment in Germany

on the waiting list. It is important to highlight at this juncture that this treatment program is absolutely free of charge for the children and their parents as Project Aid and Peace Village foots the entire bill from start to finish.

In August of 2013 a second badge of five sick Gambian children also left our shores for Germany. Two months later another three sick Gambian children joined the crew in Germany with some critical medical conditions constituting of the third badge to benefit from our co-operation. In the year 2014, 12 children left for Germany in two badges of 6 children, the first badge left in March 2014 while the second badge left in December of the same year. In the year under review **five children** were safely return to their parents while **seven more** left for treatments. In total **thirty (30)** Gambian Children have so far benefited from our overseas treatment program which is progressing steadily with an impressive number



Ceremony with MOH

Not only do Peace Village helps The Gambia in the treatment of sick children but also support the medical facilities with **hospital materials and equipments** through Project Aid. This was amply demonstrated in November 2015 when a **40F container** was sent in loaded with the mentioned materials and equipment through the project for onward transmission to the Gov't.



31 hospital beds

Below are the criteria for selection in to this program and as well as information about Friedensdorf.

In Friedensdorf [English - Peace Village] program we can admit children for medical treatment under the following conditions:

- Social indication: parents are financially not in the position to arrange overseas treatment
- Necessity: the child suffers an illness or injury that is life-threatening or means a serious limitation of function; treatment is not available/affordable in Gambia/Senegal as it is now taking a child from its family and natural surroundings is always the very last resort!!!
- Parents/guardians must guarantee they will accept the child back into the family without any discussion and make no effort for the child to remain in Germany
- Treatment is possible in Europe and has a good perspective for success

Experience has shown that the following causes are likely to be accepted if the needed operation is not available at home:

- Osteomyelitis (infection of the bone or bone marrow)
- Conditions after burns, for example with fire, gas or any explosion. Usually with scar contracture that limits function of hands/leg or closing of eyes/nose/mouth
- congenital disorder/malformation such as analatresia (malformation of rectum), urogenital malformation (e.g. hypospadias or bladder extrophy) but also of orthopedic kind such as club foot)
- Cleft palates or ankylosis [stiffness] of jaw

Unfortunately not admitted are:

- any neurological or cardiology problems or any form of cancer, as treatment cannot be arranged for free in Germany and the success rate is not always high Children that suffer a problem due to cerebral palsy or Spina bifida cannot be accepted. The problem might look like an orthopedic one at first, but usually no easy improvement can be achieved by simple surgery

Further framework:

- Children must be 11 years or younger. They must not be breast feeding by the time of admission;
- Parents must agree that child travels without parents/guardian and the guardianship will be transferred to Friedensdorf during the entire time in Germany. Guardianship automatically ends upon the child's return to the home country
- Parents must guarantee that the family will not undertake any initiative for the child to stay in Germany or have any private contacts, for example to family/friends living in Europe.

Since every child in the program will be treated equally, unfortunately no such contacts can be allowed

- Peace village is never "obliged" to admit a child. Even if all formal requirements are met, last decision is on us who is selected

- The Gambia guarantees to admit every child back home in the country. Under no circumstances any child remains in Germany

Upon return every child is given a small financial aid for reintegration and a bag with clothing and personal belongings.

While in Germany the child will either be admitted in hospital or live with the other children in peace village. The children will not stay in any private family.

Around 240 children, going and coming from hospitals all over Germany, here they stay together with all other small patients, attend rehabilitation programs such as physiotherapy, water gyms etc. We pay attention that the cultural values of all children are respected (e.g. there is no pork at our meals etc)

Children are luckily very fast to pick up a new language if needed. After few weeks many children can speak basic German. If needed to explain treatment etc we usually manage to find interpreters. If several children come from the same country, they are often able to translate for one another due to different durations of stay. Funnily enough after some month children do not only learn to speak Germany but also other languages spoken at Peace village. (We have quite some Afghan kids who can speak Portuguese, because their new friend is from Angola and vice versa!)

Before we decide to admit a child, it is best to have as much medical material available as possible. Best is always a recent x-ray, ideally along with a medical report.

FUTURE PLANS

As Project Aid The Gambia is seen to be one of the most successful and transparent NGOs in the country, request for support have been pouring in from different angles of the country. There are some institutions that have earmarked to receive some support from us in 2016 and already the grounds have been prepared to cooperate and support them. Already activities are in high gears to lend these institutions support to improve on their capacities and they are as follows:

Tanka-Tanka (psychiatric clinic), **Save the Children Foundation** and **Safe Hands for Girls**, the campaign against FGM (female genital mutilation) just to name a few.

Tanka-Tanka Psychiatric Unit is an institution of the Government where mentally challenged persons are confined to receive their treatments for their various illnesses. It is a Government sub-vented institution but as it is a common knowledge that no government can do it

all alone and therefore want to cap their request to provide them the required medication for all patients under their care in the year 2016.

In addition we are started (end of January 2016) to build a big soak away for the unit as a matter of urgency since their present one left much to be desired. The plan is to connect this new sock away to the existing one to prevent the over flooding that we witness during our visit to the centre.

Further plans are to repair and extend the already existing electric and also to support the clinic with needed drugs for the patients. Talks with the Gambian Ministry of Health and other supporters must be held to organize the help efficiently.

In the area of **Save The Children Foundation** led by the First Lady of The Republic of The Gambia, we have a plan in 2016 to support the training of their medical staff on the usage of the biomedical equipment secured by the foundation for saving lives of innocent children in the various health facilities around the country.

We have already requested for a detailed description of the various equipment for training arrangement in Germany where the chairman and board members are based. Getting more and detailed information contacts in Germany will be used to ask for training courses in German hospitals.

Plans are also on the way to cooperate and support the Organisation **Safe Hands for Girls** (founded by Jaha Dukureh) against Female Genital Mutilation (FGM) in The Gambia for 2016. Both chairpersons are in contact and still discussing issues about the next steps. If all goes well Project Aid will support to build a centre for the organisation where they will coordinate their activities to sensitize and fight against the menace of FGM which has been rightly banned by the President of The Republic of The Gambia. Jahaly Health Centre will always be ready to assist this important work on the ground, closed to the affected women and girls.

With the incorporation of **Tanka-Tanka, Save The Children Foundation** and **FGM Organisation** in our project, 2016 is viewed to be a crowded and eventful year for Project Aid which might stretch our mega recourses to its limit. However when one takes a looks at its importance to society one will realize that the venture is a worth wile one which is the foundation on which Project Aid is built (giving life to the underprivileged and disadvantage persons and society).

Manjai, 01/02/2016

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