



Annual report 2007



from Project Aid The Third World registered NGO A 57

Project Aid the Third World is a non profit making health institution which was commissioned in May 1991. It was built to complement government's effort to enhance quality health care services for the rural population of the Gambia. It has been registered as an international NGO operating in areas of health, education, and agriculture. The administrative building is situated in Manjai Kunda, KMC.

Jahali is situated in the Central River Division of the Gambia about 280 km from Banjul. It is predominantly inhabited by the Sarahulis. The village is close to a well known Jahali Pacharr Rice Development Project which runs two seasonal cultivations in a year. Stagnant water in the fields provides good breeding ground for mosquitoes, resulting in high a rate of malaria cases in the area.

Jahali Health Centre was established in 1991 with the objective of complementing government's effort in improving the health status of the people of the Gambia.

The Health Centre is wholly and solely sponsored by a group of people in the Federal Republic of Germany, of course the GOTG provides technical support directly or indirectly in the form of workshop/seminars for the nursing staff of the facility.

The facility offers the following services up to the time of preparing this report:
Project Aid the Third World runs a Health Center since 1991 and a Kindergarten since 2004.

A. Health Center

Jahali Health Center doesn't have a defined catchment area, nevertheless we received patients from lower River Division (L.R.D.) Central River Division (C.R.D.) and Upper River Division (U.R.D.) For the year 2007 we have registered 23,255 patients.

The sections are:

1. General outpatient services
2. Inpatients services
3. Maternal, child health and family planning
4. Laboratory services
5. Dental surgery I A.R. T
6. Tuberculosis and leprosy
7. Accident and emergency units
8. Clinical waste management
9. Building I utility
10. Ambulance service



11. Out reach Services

1. General outpatient Services

This unit is the first port of call for all patients coming to the facility. The OPD opens at 8am each day of the week and close at 4pm, except on public holidays and weekends. There are services after this time for emergencies. This is supported by an on call train nurse and an auxiliary nurse. We see patient of all ages and sex.

The catchments area is wide, they come from all of CRR, part of URR and part of LRR. We have registered patients from the Cassamance region of Senegal as well. The consultation fees used to be the following:

0-5 years	no charge
5-14 years	D1,-
15yrs up	D5,-

due to some foreign exchange problem experience by our sponsors, we had to raise our consultation fees to D50,- for all ages reporting at our facility. This of course had some negative impact on the number of patients we see at our centre, nonetheless we are still seen as the best facility in the area with the best of quality service.

From beginning of January 2008 we changed the fees, because the Euro became stronger again.

0-5 years	D5,-
5-14 years	D10,-
15yrs up	D20,-
Admission fee	D40,-
Lab fee D5,-	to D10,-
Pregnant woman	free of charge
Deliveries	free of
Foreigners	double fee

We see patients with different conditions notably

Malaria

Chest Infections

Skin Disorder

Minor Surgical conditions e.g. cuts/abrasions

The following table shows the number of patients seen on monthly bases:

2. Inpatients Services

This is where patients who are very sick or cannot be treated as outpatients are kept for close monitoring and check for positive response to treatment. Other patients are admitted because they are not responding to treatment for the second or third rime.

We have two wards, Main Ward (male/female) and Children Ward. These units are manned by Auxiliary Nurse assisted by one of the train Nurse who acts as the on call nurse.

Jahali health centre has a 27 bed capacity (16 for adult's ward 11 for children's ward.)

In the later part of 2007 we have change all our beds and lockers in the Main ward by the helps of our sponsors, to achieve a standard medical main ward. Thanks to the sponsors.



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Cases admitted are:

Severe malaria
Severe burns
Severe Diarrhoea with or without
blood Malaria in Pregnancy Anaemia
in Pregnancy Pneumonia

The number of patients depends on the season. More patients are admitted in the month of June through to September each year. Below are the monthly distribution of cases admitted between January to December 2007.

3. Reproductive and Child Health Clinic(RCH)

Reproductive and child health is an important element in the health care delivery of the Gambia. As such Jahally Health Centre do not lose site and have a modern labour ward equipped with two delivery beds, suction machine, stethoscope and BP machine, wash hand basin, drip stand and drugs. All these are provided to enable the midwife or care nurse to respond to any emergency that may arise during or after delivery. Mothers are admitted to monitor progress of labour ward before discharge. Usually the mother and infant are observed for at least six (6) hours before they are allowed to go home. This observation include checking the mother for excessive bleeding or other complications. The infant is weighed and exclusive breastfeeding explained to the mother.

Since we don't work in isolation, the TBAs sometimes escort mothers from the village to the facility for supervise care by a train nurse. This has helped us a lot in dealing with most of the cases.

All complicated cases are referred to Bansang Hospital for expert care, at no cost to the patient by our ambulance service. This is available 24hrs a day and 7days a week. Below is the statistic of labour cases for the year under review.

Child Health Service is provided by a team from our sister clinic in Brikamaba which is 5kms away. They track twice a month to attend to antenatal mothers and conduct infant welfare clinic. Our support to this is the provision of rooms for screening and examination of mothers. Our relationship is such that we sometimes provide manpower support when the need arises. We collaborate in areas where we can help. Recently we were involved in the nation wide measles campaign at which our presence was noticed.

Our lab is used for the routine lab investigation of antenatal mothers, which relief mothers to travel to Bansang for that service. On the same token we liaise with the Regional Health Team (RHT) for any health issues.

4. Laboratory services

To make correct diagnosis and select the right drug to treat a patient/client, the lab plays a key role in that direction. Therefore the introduction of the services in Jahally. The lab is not equip to the standard of a hospital but has the standard of health centre. Jahally has the best of lab in the whole of CRR except for Bansang which is a hospital. The quality of staff at our



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lab is the best. The lab is equipped with basic laboratory equipments. At our lab we can do and produce reliable results for the following tests:

- Malaria parasitology
- Haemoglobin
- WBC
- Urinalysis
- Stool analysis
- AFB
- Rapid test for pregnancy VDRL
- Sickle all test

The lab is manned by two staff who has received training from Hamadiya Hospital in Talinding. Each 3-4 months training, that training has improved the standards at the lab.

5. Dental surgery / A.R.T.

The ART (Dental Unit) was in co-operated into the health facility in 1998 with the view of promoting oral health particularly in the rural areas and since then the unit has been known for it excellent dental care/oral health care.

For the fact that oral related diseases represent a major social problem but could endanger ones life when ignored. It is important to know that oral cancers can be life threatening.

Catchement areas

As far as dental/oral health care is concern Jahali Dental Unit has an undefined catchments area. Patients come from all over the country and as far from the cassamance region (Senegal)

Achievent

Despite the unit being under-staff, there had been tremendous achievement in the delivery of dental service/oral health care in 2007.

The unite registered a total number of 2243 patients of different ages and sex. These patients normally have numerous visits within the year for various treatments ranging from ART filling, surgical extraction, trauma-accident and emergency (A/E) cases, periodontal (Gum disease) management and oral health consultation.

In year 2007, a total number of 180 teeth have been restored from dental caries (filled sealed) and a total number of 2705 teeth have been extracted as a result of dental caries, periodontal

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	total
186	197	218	213	229	224	195	216	212	150	115	88	2.243

diseases and trauma cases.

The chart below, represent the statistic of patients attendance in 2007

The temporal denture program attracted many patients therefore raised the flag of the unit higher. Patients who benefited from the denture program expressed the dentures as a service of high quality in the Gambia.

In July-August 2007, following a request made the community of Gambisara, the ART team



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has rendered an outreach dental service to the people of Gambisara and the surrounding in the UR region. The community appreciated the gesture since many people find it difficult to reach Jahali because of transport cost and erratic transport system.

In November- December 2007, the ART team was involved in a community oral health sanitation program in the CR Region. Schools being the main target, the team was able to reach three schools, namely Brikama ba upper and lower school and Boiram basic school. The following categories benefited: students, teachers, parent-teachers association, mother clubs cooks and cleaners.

With all the achievements of the ART gained in the delivery of oral health care, there are still some challenges:

Clinic survey (Intra-Oral Examination) has revealed that the spreading of dental caries is so rapid that nearly every patient has about three or more teeth in his/her mouth affected by dental caries. In statistic approximately eighty percent of the patients visiting the clinic are between the ages 5-40yrs. This seem so tragic, hence a great concern as the groups at high risk represent the growing and the working population.

Although it has been a fact for the previous years since 2005 but become increasingly challenging that the number of restored teeth is always very low as compared to the number of teeth lost every year.

Some people like students and the poor still find it difficult to pay clinic charges at D50. This has reflected on the patient flow. From beginning of January 2008 we changed the fees, because the Euro became stronger again.

Dental fees:

0-14 years	D15,-
15yrs up	D25,-

End of 2007 the cooperation between the Project Aid The Third World and the University of Witten Herdecke was canceled.

From 2008 the MOU for Project Aid The Third World will not cover any activities from the University.

To keep the service of ART (Community Oral Health Workers in Jahali, Bwiam and Jammeh Foundation) in the Gambia, the activities of German Dentists from Project Aid The Third World will be covered by the MOU from the Ministry of Health.

Staff Structure

The facility is manned by a well co-operated staff body. The following is the staff distribution:

Three trained COHW
Three assistants One
Driver One Orderly

6. Tuberculosis and Leprosy

The TB/LEP services were introduced to the health centre in November 1998 through the Department of State for Health. Our lab assistant was trained to do sputum smear.



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With our good performance in screening, record keeping and efficient laboratory service, we have been mandated to register and provide treatment to all smear positive case and subsequent follow up.

7. Accidents and Emergency unit

This unit is part of the expansion program of 1998 and is equipped to take care of emergencies and accidents. Since the beginning of 1998 to date several serious traffic accidents took place in a distance of five kilometers. Among these accidents some were fatal.

The accidents and emergency units are equipped, to offer first aid care to victims as soon as possible

8. Clinical waste management

Following an invitation by National Environmental Agency (N.E.A) and World Health Organization (WHO), for a workshop on clinical waste management, a staff of the facility was among participants at Kairaba Beach Hotel for four days.

Recommendations from the workshop were implemented by the health centre to comply with the standards of clinical waste management.

Sharp boxes are located to all areas where sharps are generated. In consultation with the Main office in Manjai Kunda a waste disposal site has been constructed. Staff members have been sensitized on proper management of sharps. Improvements have been registered in the management of sharps and other wastes in the clinic.

9. Buildings and utility

Jahali Health Center has the following buildings:

- Waiting hall (for 120 people)
- Consultation area (3 consultation rooms, 1 laboratory, 1 pharmacy)
- Main wards (3 rooms for infected or elderly patients, 1 duty room for nurses, 2 showers, 2 toilets)
- Septic dressing room
- Consultation area with 3 rooms for additional consultations within the rainy season and regular visits from the w.h.o. (Reproductive Child Health Care)
- Maternity ward (for 2 deliveries, 1 shower, 1 toilet, 1 mother- child room) Children's ward (2 showers and 2 toilets)
- 1 Accident /emergency room
- 1 office with internet access
- Dental area with 2 consultation rooms
- Dental classroom with residence
- 1 Drugstore, 1 general store
- 1 Solar area (12 kw) with a battery store
- 1 Reproductive and child health services room
- 1 Watchman's house
- 1 Generator house
- 1 water tank
- 3 Public toilets.



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There had been some problems with the electricity supply due to the ageing batteries we had. This equally affects the water supply because we rely on the electricity to pump water.

Thanks to the efforts of the sponsors in Germany, by providing the facility with a new solar system, that problem is history now. We can now boast of 24/7 electricity and water supply. In that vein each staff can use his/her fan or radio without problem. All patients' areas are tiled and all consultation rooms have water supply and examination beds.

10. Ambulance

This service has been introduced since the establishment of the facility. This was necessitated by the fact that we refer some of our cases to Bansang Hospital for expert management or other investigations that are not done here (Jahally Health Centre). Since then we have changed ambulance twice and the recent one came late 2001. we still maintain it, although there is wear and tear of the ambulance.

There is a fix driver to the ambulance who takes care of the vehicle and is resident in the clinic premises to facilitate the transportation of patients at any given time without difficulties.

Thanks and praises to the Manjai Office for facilitating the timely servicing of ambulance to make it road worthy. Their effort in this area is immeasurable. For without a reliable ambulance service a health facility is seriously handicap.

11. Out reach service

The staff do visit patients at home as part of follow-up to certain cases like TB & terminal case who cannot be admitted for their health condition.

The Oral Health Workers also go on treks to primary schools and Kindergarten. They also visited schoolchildren in Jahali primary and Kindergarten and the Arabic School.

Staff Structure

The facility is manned by a well co-operated staff body. The following is the staff distribution:

One SRN/RNA
Two SRNs One
SEN Three
SNAs Six NAs
Two Lab Assistants
One Driver One
Watchman Three
Health labourers Four
Orderlies One field
coordinator

Out of these 25 staff members, 14 are housed in the health facility to get accesses to their work place without delay.



Conclusion

The health centre has achieved a lot in the recent past, nonetheless there has been some constraints. For the past one year we were unable to secure the service of a midwife, which is a requirement to keep the labour ward functional more professionally.

We have been looking forward to a possible increase in salaries in the year to come and we hope the top management will look into that.

The government has announced 20% increment on salaries this year 2008.

During the year that ended we had an uncompleted discussion with CRS to implement care programme on HIV/AIDS to complement government effort.

B. Agriculture support/Tractor Services

Following the Government's declaration of year 2002 farming season as a total crop failure and the subsequent appeal from the women society in Jahali for the provision of a vegetable garden, our project welcomed the idea and henceforth provided them with twenty concrete wells as well as fencing costs.

For the year 2004, we made the similar provision for the women 'Kafo' in Medina. In 2007 we provided fencing material and labour cost to Medina women garden while in 2008 we are planning to support two other vegetable gardens, one in Medina and the other in Jahali. In addition to this support, since 2005, the project also allows the villagers of Jahali & Medina the usage of its tractor to till their farms. The tractor and a driver is provided by the project and fuel is provided by the community.

C. Kindergarten

Jahali - Medina Kindergarten is a Kindergarten wholly and surely run by The Project Aid the Third World. It was officially commissioned on Monday 19th September 2004.

The school continues to provide regular breakfast and lunch free of charge for all the children despite the phasing out of the school from the W.F.P. Feeding programme since the beginning of this new academic year. It also continues to supply the children with free uniforms, free medical services and any other incidental expenses that the child may incur in school.

There was a discussion between the Project Aid The Third World, WFP and the Regional Director of Education in CRR for the continuation of the feeding programme.

In addition to the procurement of the Audio-Visual Aids (Tv, Video & Satellite in the past, the project has this year provided a container of materials for the school to make learning easier, accessible and more enjoyable to these little children. These items include Mosquito Nets for all the children, 120 bicycles for children, staff and the community, football jerseys, second hand clothings, assortments of teaching aids including teddy-bears, baby carriers, scooters, tricycles, a plastic slide and a good number of furniture to name but a few.

The school vegetable garden continued to be an integral component of the school curriculum as its produce is used to supplement the school canteen to provide adequate balanced diet for the children. The school bananas and pawpaws are also used in the same fashion.

In the external front too, there has been some rapid growing confidence in the institution which undoubtedly gave rise to the achievements enumerated above.

Jahally- Madina Kindergarten has now become a household name not only in its immediate



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community but in the country as a whole. Thanks to the project Chairman and his German friends for their support and consistency without which we would not have been where we are today.

While this constrain seeks to highlight the fact that there is still no room for complacency in our drive for excellence, I however wish to thank the project and all other parties concerned on behalf of the staff and children for making the year under review a remarkable one by all standards and at the same time looking forward with great optimism to the managements positive response in addressing this hitch.

Buildings/Classrooms (Kindergarten)

The school has modern structures with six classrooms, three offices, ten toilets, ten wash-hand basins, a stage, a kitchen, a store and a garden.

Also has a playing ground in which gaming facilities such as a Mary-go-round, two see-saws and a slide etc..

Recently a satellite TV has been added for the recreation of resident staff.

There are thirty (40) students in each of the six classes in two classes of each level.

Namely level one Giraffe and Hippopotamus, level two Lion and Crocodile, level three Zebra and Elephant.

Also in each of these classes are two teachers- one qualified and one unqualified, seven tables including the one used by the teachers, forty-two chairs also including the two used by the teachers, some cupboards and a host of learning resources..

Like queen kindergartens, this Kindergarten has also got an authorized syllabus out of which the lesson plans are drawn for use in the various levels.

Following is a comprehensive tabulation of the classroom situation in terms of human and material resources

Generals:

Office:

The office is situated in Manjai Kunda. It is computerized (3 computers in a network system) and equipped with modern communication systems (Phone: 4461187 / Fax: 4461162 / Email projectaid@gamtel.gm).

Office hours:

Mondays till Thursdays 08:30 - 16:30, Fridays 08:30 - 13:30.

The office is always staffed on office hours.

Staff Structure

Two Project managers One Driver One Orderly One Carpenter

Staff quarters in Jahali 1
house with 6 bedrooms 1
house with 6 bedrooms 1
house with 4 bedrooms 1
house with 4 bedrooms 1
house with 4 bedrooms



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1 house with 4 bedrooms 1
house with three bedrooms
1 guesthouse with 4 bedrooms
2 kitchens
1 staff garden 1
Bantaba

Most of the houses have toilets and showers.
There are also two outside showers and toilet areas.

Further statistics

Health Centre	
Number of patients in 2007:	23.255
since opening:	332.522
Number of deliveries in 2007:	24
since opening:	1.459
Dental Unit	
Number of patients in 2007:	2.243
Since opening:	10.380
Kindergarten:	
Number of pupils (permanent):	224

Lamin Diba - Project Manager

Yama Lowe /ProjectManager

Attachments to this manual report:

Financial report of 2007 (bookings to categories)

For NGOAO all single bookkeeping issues from any project accounts or cashboxes of 2007