



PROJECT AID



THE GAMBIA

ANNUAL

REPORT FOR

2012

REGISTERED NGO

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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 series of successful ventures since its inception in 1991. Hence Education, Health and Agriculture are paramount to any meaningful development; Project Aid therefore strives extensively hard to excel in these domains. Evidently Jahally Health Centre has been regarded as a model clinic in the country since its inauguration in 1990. In the education sector our Kindergarten has been exceptional in terms of its infrastructure and academic excellence. Project Aid is still sponsoring five women Agricultural gardens in the villages of Jahally 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 uplift 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

JAHALLY HEATH CENTRE

As it is an open secret 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 serve the under privileged communities no matter what. Propelled by this urge the project found its way through to Jahally with the guardian of the late M.S.Tambadou.

Jahally is in CRR West, a few kilometres from Brikamaba. The community of Jahally 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 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 and quality services. Jahally Health Centre is a non profit making health centre.

CHARGES FOR PATIENTS IN JAHALLY HEALTH CENTRE RANGES AS FOLLOW:

AGE	AMOUNT
Under 5 years old	D 0.00
5-14 years old	D 1.00
15 and above	D 5.00
Foreigners	D 10.00

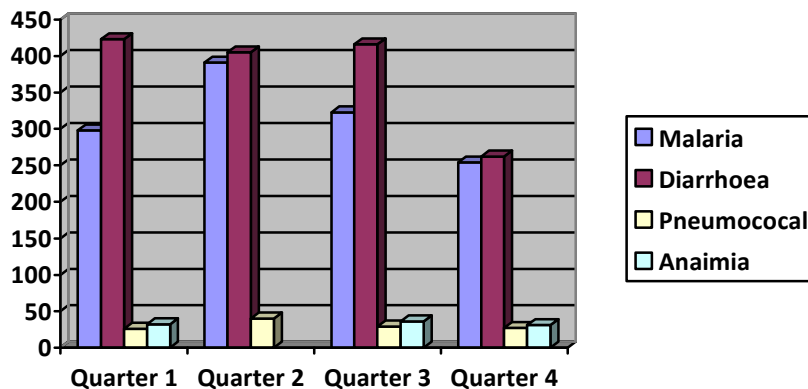
NB: All antenatal and deliveries are conducted free in the health centre. Admission fee is D20.00 including lab fees. Laboratory investigation is D5.00 for each test required, infants are exempted.

STATISTIC (Out Patient)

The following data shows the number of patients seen by the centre in the different months of 2012.

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1532	2158	1062	1415	1010	1115	1442	1974	1652	2509	2914	1609	20392

There are three consultation rooms in Jahally Health Centre which accommodate patients from the regions of CRR, LRR, URR and some part of Cassamance in Senegal. The most common diseases treated are presented in the graph below in four quarters in 2012.



The total number of patients seen in the four quarters was 13,178 patients. 37.3% of the patients are between 6-14 years and the remaining 31.5 are above 14 years.

There is one pharmacy where all prescribed drugs are dispensed by the pharmacy assistant. The out patient also have a laboratory where investigation 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(VDR) to investigate syphilis. There are two wards namely adult ward where all adult male and female patients are admitted and children's ward mainly for children only. There are three private wards attached to the adult ward, nurse's duty room with an office space within the consultation building for MRC staff that is currently conducting two years research on pneumonia sepsis and meningitis in children less than five years of age. 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. The electricity supply in the health centre comes from one big source of solar energy and a borehole that supply clean pipe born water to the entire facility 24/7.

STAFF STRUCTURE

There are twenty five staff in the health centre including Artificial Restorative Treatment (ART) staff plus gardeners. Below is a table showing the number of staff and their designation:

STAFF	NUMBER
State Registered Nurse- General	1
State Enrol Nurse -General	2
Nurse Attendants	9
Gardeners	6
Orderlies	3
Drivers	1
Watchman	1
Community Oral Health Worker	0
Assistant C O H W	2
Total	25

During the year under review, one SEN nurse resigned from the project but was soon after replaced by another nurse of his standing by the project. The entire infrastructure of the clinic namely the buildings, electricity and water supply networks have undergone some major upgrading during this period. A 40F container was shipped from Germany loaded with 48 new solar panels with 24 heavy duty solar batteries and their accessories which have all been installed since by experts from Germany and thus electricity issue is a thing of the past in the centre. Also in the container was a huge consignment of drugs, medical and office equipments and some useful building materials all of which was valued to 40,000E. The buildings have also been given a new face lift as the roofs, ceilings, beds, windows and doors have all been changed to a more standard fashion to march with current demands. The numbers of beds in the main ward were also increased to 19 as opposed to 11 in the previous years to meet the growing demands. This building maintenance has also cost the project a couple of millions of dalasis highlighting a major improvement in financial spending for the year under review.

CAPACITY BUILDING

Currently the project is sponsoring three nurses in SEN school in Bansang and one nurse as a midwife in SRN School who have just completed training and suppose to join fold soon. As the project is with the vision that human resource training is paramount to standard of quality delivery we will therefore leave no stone un-turned in pursuit of this philosophy. In the year 2011 series of trainings were conducted by the department of state for health and social welfare in which our staff were a part. Two of them were trained on IPT in malaria diagnosis and management. Two were trained as leprosy and tuberculosis inspectors (LTI). One person also was trained as a councillor in VCT voluntary counselling and testing in HIV/AIDS. One person trained on female genital mutilation and cutting (FGMC), and its immediate and long term complication and management.

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. Only normal deliveries are conducted in the health centre while abnormal labour cases are referred to Bansang Hospital to be attended by either midwife or obstetricians.

DELIVERY

Jahally Health Centre is not left behind in terms of conducting proper and quality delivery to women. We have delivered eighty clients from Jan-Dec 2012.

THE TABLE BELOW SHOWS THE TOTAL NUMBER OF DELIVERY CONDUCTED BY THE CENTRE FROM JAN-DEC 2012

MONTH	MALE	FEMALE	STATUS	TOTAL
January	1	1	both alive	2
February	3	5	all alive	8
March	3	5	all alive	8
April	2	2	all alive	4
May	3	0	all alive	3
June	3	4	all alive	7
July	4	3	all alive	7
August	4	1	all alive	5
September	2	5	all alive	7
October	7	8	all alive	15
November	6	4	all alive	10
December	2	2	all alive	4
GRA. TOTAL				80

As opposed to the year 2011 there was no fresh still birth delivered in the health centre in 2012 and no maternal death as well. Out of the total figure delivered half of them were teenagers and deliveries were conducted by senior nurse attendants who benefited from on job training and were locally certified to conduct safe and normal vaginal deliveries.

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. However the numbers of deaths in the health centre from Jan to Dec 2012 were as follows: Anaemia 1, severe pneumonia 2, serious possible bacterial infection 5, persistent diarrhoea with dehydration 1, severe burn 1, severe malaria 5, GBP 1, mastitis 1 and neonatal sepsis 2. The total death therefore for the year under review stands at 19.

REFERRALS

Jahally 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 to Bansang Hospital for further attention.

THE TABLE BELOW SHOWS THE NUMBER OF REFERALLS FROM JAN TO DEC 2012.

MONT	Ja	Fe	Ma	Ap	Ma	Ju	Ju	Au	Se	O	No	Dec
# REF.	10	20	11	18	9	17	7	9	15	9	17	13

The total number referred for the yr amounted to 155 Patients out of which 32 were male under 5 and 43 were above 5 and 17 were female under 5 and 63 were above 5.

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 one hundred and sixty-five clients. Some of the male clients declined registration. Out of the total registered, 75% of the clients are female and 25% are male. 100% of all the clients are in their active reproductive stage.

ACTIVITIES

General cleaning and environmental sanitation of the health centre is another 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. 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. Sector head meetings are held frequently where important matters pertaining to the up keeping of the health centre and staff welfare are discussed.

LABORATORY REPORT-JANUARY-DECEMBER 2012

The information below shows 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.

All tests are 5 Dalasi only each except HCG and AFB which are D35.00 and free respectively.

Jan-12			
Labtests	total	positive	negative
BF	291	31	260
WBC	285	5	280
HB	147	12	135
AFB x 3	16	2	14
HCG	16	11	5

Feb-12			
Labtests	total	positive	negative
BF	369	19	350
WBC	328	10	318
HB	257	15	242
HCG	18	14	4

Mar-12			
Labtests	total	positive	negative
BF	440	13	427
WBC	448	5	443
HB	266	10	256
AFB x 3	4	3	1
HCG	21	12	9

Apr-12			
Labtests	total	positive	negative
BF	350	12	338
WBC	375	6	369
HB	168	10	158
HCG	28	21	7
VDRL	4	2	2

May-12			
Labtests	total	positive	negative
BF	281	11	270
WBC	341	10	331
HB	116	5	111
HCG	20	18	2
VDRL	5	3	2

Jun-12			
Labtests	total	positive	negative
BF	290	9	281
WBC	319	11	308
HB	68	5	63
HCG	25	13	12
VDRL	10	2	8

Jul-12			
Labtests	total	positive	negative
BF	344	12	332
WBC	414	13	401
HB	101	2	99
HCG	27	21	6
VDRL	20	1	19

Aug-12			
Labtests	total	positive	negative
BF	388	35	353
WBC	414	10	404
HB	81	6	75
HCG	13	13	
VDRL	17	6	11

Sep-12			
Labtests	total	positive	negative
BF	449	53	396
WBC	434	15	419
HB	101	6	95
HCG	16	16	0
VDRL	18	15	3

Oct-12			
Labtests	total	positive	negative
BF	751	94	657
WBC	769	20	749
HB	93	3	90
HCG	23	18	5
VDRL	11	7	4

Nov-12			
Labtests	total	positive	negative
BF	982	149	833
WBC	944	22	922
HB	124	5	119
AFB x 3	1	0	1
HCG	22	15	7
VDRL	18	11	7

Dec-12			
Labtests	total	positive	negative
BF	578	87	491
WBC	475	16	459
HB	103	3	100
HCG	24	13	11
VDRL	3	3	0

DENTAL CLINIC 2012

The dental clinic was in co-operated into the health centre in 1998 with the view of promoting oral health in the area and was fully operational in 2003 after the 12 weeks intensive course which was conducted in Jahally health centre where 5 project staff were trained. 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 efforts are on the way by the project management to get the unit operating again.

MEDICAL RESEARCH COUNCIL (MRC) INCOLABORATION WITH PROJECT AID THE GAMBIA PNEUMOCOAL SURVEILLANCE PROJECT-FULADU WEST, CRR THE GAMBIA

The relationship between Jahally 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 study. After enrollment, 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 Jahally 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

Pneumococcal Surveillance Project-Fuladu west,CRR, The Gambia

Subject	Total		
	<1 yr	>1yr	Total
Total U5 Admissions	29	95	124
Total Enrolments	35	54	89
Total Meeting PSP Criteria*	30	38	68
Total Blood Cultures	21	46	67
Total Declining BC	8	7	18
Total Unable to Bleed	4	0	4
Total Positive Blood Cultures	1	2	3 (2 S. aureus & 1 S. Pneu)
Total Positive RDT	18	33	51
Outcome-Total Recovered	32	55	87
Outcome-Total Deaths	1	0	1

PSP Criteria*: age 0-59 months and living within study geo area

ANNUAL REPORT OF JAHALLY-MADINA KINDERGARTEN **FOR THE YEAR 2012**

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 its inception in Sept 2004. A lot of achievements have been registered during this year prominent among which are the increase in enrollment, human resource development, continues supply of food, uniform and medical services to name but a few.

Unlike other provincial kindergartens, The enrollment figures in Jahally-Madina Kindergarten still continues on an upward surge despite the stiff competition with the two existing 'Madarassas' (Quranic Schools) of Jahally and Madina. This year alone 96 new students were enrolled out of which 52 were girls giving a hand to the presidential crusade of supporting the girl child in acquiring education. Not only has our robust campaign enhances a significant achievement in maintaining the 240 student capacity in the kindergarten but also compelled the said Quranic schools to shift their operational times to the afternoon instead of morning to avoid collision. Audio-visual classes are still an integral component of our educational strategy as 'seeing is believing' and also children learn faster through seeing. Therefore the kindergarten continues to tighten its belt in this regards year after year in order to get the best out of the children.

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. Being cognisant of this fact the kindergarten continues to avail training opportunities to its staff as they have just concluded a ten day training programme with Future In Our Hands (FIOH) in material production and other valuable learning and teaching techniques to name but a few. Mr. Landing Jassej and Mr. Muhammed Ceesay also continue to conclude their three year course on Early Childhood Development (ECD) at The Gambia College which was fully sponsored by the Project. Plans are still in place to send some more eligible candidates in the subsequent years.

In the area of Health and Feeding, the kindergarten still continues to provide free medical services and feeding to the 240 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 due to the sky rocketing commodity prizes and unfortunately all our efforts to lure WFP back has so far fallen on deaf ears.

Not only do the kindergarten provided free medical services and feeding to the young stars but also supplied all the 96 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 Jahally 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 class lesson 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 enrollment, capacity building, free medical service, free feeding, free supply of uniforms and the admirable academic excellence. In fact in my candid opinion, the year under review has been one of success that will be remembered for years to come.

AGRICULTURE

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, Jahally and Madina to be precise for many years now. However there was no much activity from the project side in respect of these gardens due to the fact that much of its job has been done over the pass years. Therefore the year 2012 was a cooling period for the project allowing the women to get the best out of the gardens as planned. Not only does the project confines it agricultures support to the people of the community to 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. It must however be said that the year under review has not seen much of the tractor's activities due to some mechanical problems but efforts are on the way to put it back in operation or even to secure a new one.

The school community garden on the other hand has not been very productive for the year under review as the women of the community failed once again to leave up to their promise and thus the garden lies as a wide elephant for much of 2012.

MODEL HEALTH CENTRE IN NJABA KUNDA

It could be recalled that in 2008 a team of high ranking Gov't officials with representatives from International relief organisations eg WO, WFT etc. visited rural health facilities and certified Jahally Health Centre as the best and a model Health facility in the entire country. As a consequently of this clean bill of health, the Gambia government therefore requested for Project Aid The Gambia to assist with the construction or renovation of rural clinics and health centres in the Gambia. Project Aid in respond took the bull by the horn and mounted a wholesome inspection of all the Rural Health Centres in the country. These inspections of the centres and the conversations we had with the employees have been very informative. However we were cognisant of the fact that to create a replica of Jahally could be very difficult to achieve because Jahally is strictly organised and reacts quickly to their requirements. Employees are trained in their different fields hence the success and the status of a model facility within the area.

In 2009 after conducting the independent inspection of all 35 upcountry Rural Health Centres it's became obvious to Project Aid, that the biggest challenge is the maintenance and effective cleaning of the facilities. The highest priority is to provide all Health Centres with water and electricity-preferably operated by solar power system.

The experience in Jahally has taught Project Aid the advantage of tiling all wards and rooms which is a crucial factor to enable staff to clean properly. Project Aid's whole concept is based on the idea of low - maintenance. All rooms have to be tiled, especially the walls up to at least two meter high. Furniture such as beds should be made out of concrete which will allow easy cleaning and ensure high hygienic standards.

During the inspection the Njaba Kunda Health Centre - the very place, where the Project Aid's founders, Matthias Ketteler and Frank Heuer in 1986 first came in touch with the rural Gambian health system-was found to be in the worst condition among the entire health centre inspected. Project Aid therefore hence forth re-constructed the building and its health facilities in accordance to the principles which have been proven so valuable in Jahally such as the tiling and cross-ventilation in all rooms.

Project Aid has therefore reconstructed Njaba Kunda Health centre into a Model Health Centre and will continue to supervise the centre and its cleaning for three years and then hand it back to the Government Health Care system. The work was entirely finished in 2012 and the people of The Gambia particularly those in NBR are now fully utilizing the centre as statistic have already indicated a remarkable improvement in the use of the facility much to the delight of The Government of the Gambia. Attached is the drawing plan of the health centre with all its facilities.

Manjai, 12/05/2013

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