Canada-Africa Community Health Alliance
CACHA

l'Alliance de Santé Communautaire Canada-Afrique
ASCCA

[SOME MEMBERS OF OUR 2013 MEDICAL TEAM]

UKEREWE FALL CARAVAN 2013

OCTOBER 30TH – NOVEMBER 14TH

Canadians join CACHA medical caravans for many reasons. The 2013 fall caravan was fortunate to have 15 returning Canadian participants and 5 Canadian initiates who worked passionately and tirelessly with our Ukerewe District partners to affect and support the health and quality of life for people living on Ukerewe Island. While, as Canadians we bring many resources with us, without the dedication and genuine caring of our Ukerewe partners it would mean much less. We are fortunate indeed.

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UKEREWE FALL CARAVAN

OCTOBER 30TH – NOVEMBER 14TH

MEDICAL MISSION OVERALL BACKGROUND SUMMARY

Country:	Tanzania
Area:	Ukerewe, Mwanza District
Mission Dates:	October 30th – November 14th
Mission Lead:	Cathy Cleary
Field Coordinator:	Irene Abusheikh
Team Lead(s)	Pharmacy: Warren Meek Medical: Sharon Cirone and Karin Euler Surgical: Mark Hardy
Data Input and Statistical Analysis:	Pablo Tiscornia, Krista Humick, Elizabeth Good and Cathy Cleary Queen's University student Kelly Speagle
Partners:	Ukerewe District Council and Nansio Hospital
Partner Contact:	Dr. Lawrence Nyanda

Overall Budget

Total amount of funds raised from Medical Missions	$76,583.00
Total amount transferred to the field	$25,246.00
Total amount spent on Canadian expenses	$25,163.00
Total amount left for local programs (include 10% + remainder of revenue after all caravan expenses)	$5,076.00 + 7,499.00 $12,575.00
Overall balance in CACHA Account	N/A

Participant comments about one of the best aspects of caravan:

The feeling that we are going to have a medical clinic in a very remote part of Africa where people do not have facilitated access to health. It does not matter the amount of rain, or heat, sun, road situation, car breakdowns, number of patients or other barriers - the clinic will take place and people will be seen.

Team Structure

Team Role	CACHA team	Ukerewe Team
Surgeons including students	2	6
Doctors	3	2
Clinical Officers	0	5
Nurses & Nurse Practitioners	3	4
Pharmacists including students	5	1
Logistics	8	2
Dentist	0	1
Ophthamologist	0	1
Physiotherapist	0	1
Total:	21	23

Overall Caravan Statistics

Patients	Total: 3207	
Adults	Male: 1307	Female: 1900
Prescriptions	13052	
Consultations	4074	
Referrals	236 (see page 19)	
Average Rx / patient	4.07	
New HIV Diagnosis	15/744 [2.0%]	
Malaria Test Positive	99/506 tested [19.6%]	
Syphilis Test Positive	1/45 tested	

MEDICAL MISSION OBJECTIVES AND GOALS:

The Canada Africa Community Health Alliance (CACHA) is a non-governmental organization that seeks to improve population health and provide HIV care, orphan vocational centers for children affected by the HIV calamity and education to remote African communities.

In following the objectives of CACHA we worked with our Ukerewe partners to:

1. Provide access to high quality health care services and to support the local health care system including the sharing of information between Canadian and Tanzanian medical personnel.
2. Contribute to the prevention and treatment of HIV/AIDS, through free testing, referrals, counseling and access to condoms.
3. Offer the opportunity to students to do internships in Africa including 1 surgical student and 3 pharmacy students

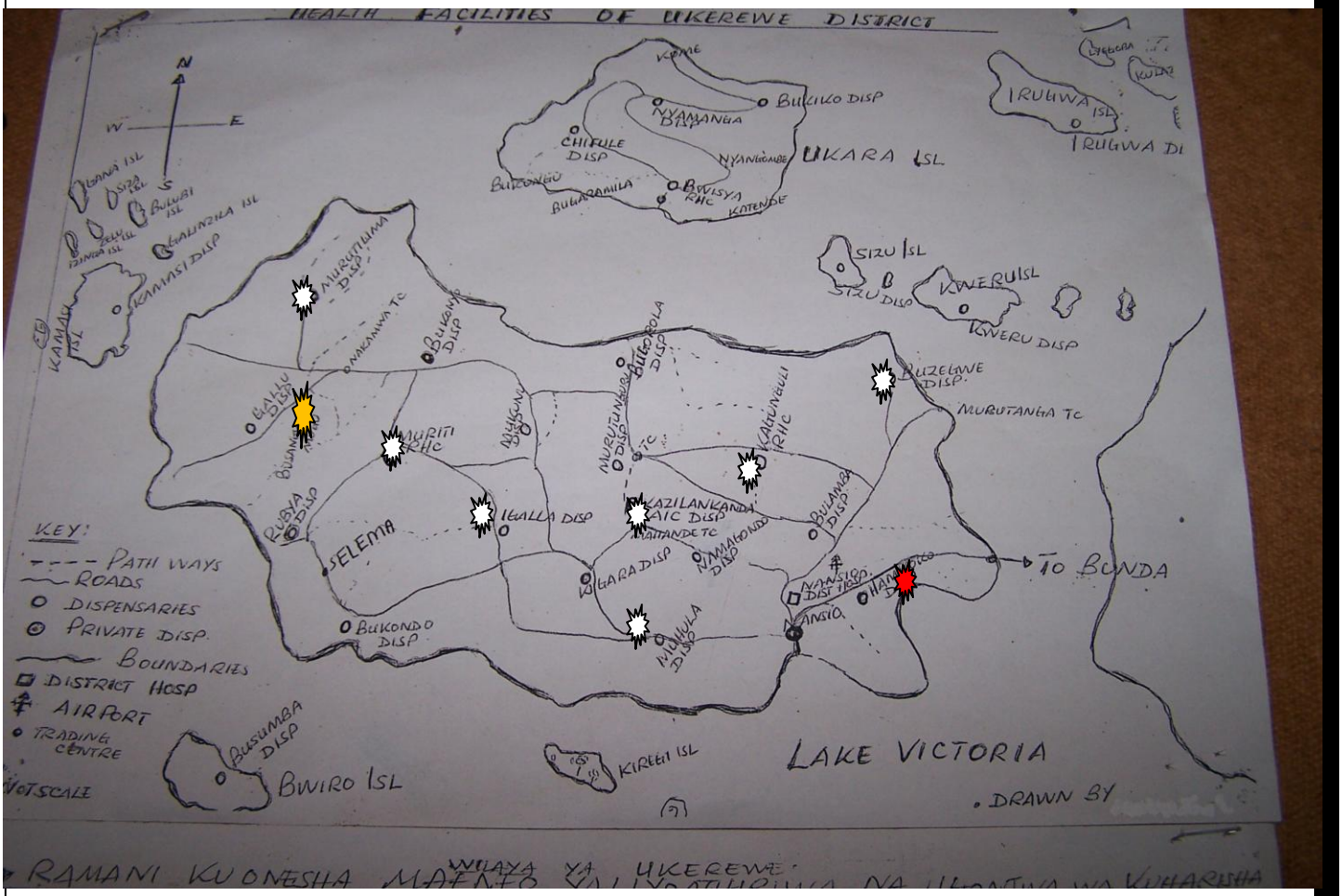
MEDICAL MISSION SCHEDULE:

CACHA – UKEREWE CARAVAN

RATIBA YA KAZI / TIME TABLE – NOVEMBER 2013

TAREHE / DATE	KITUO /SITE	MUDA/ TIME	SIKU / DAY
04/11 / 2013	**KASENI DISP**	2:00 ASB – 10:00 JIONI	JUMATATU
05/11 / 2013	**MURUTILIMA**	2:00 ASB – 10:00 JIONI	JUMANNE
06/11 / 2013	**MURITI H/C**	2:00 ASB – 10:00 JIONI	JUMATANO
07/11 / 2013	**IGALLA DISP**	2:00 ASB – 10:00 JIONI	ALHAMISI
08/11 / 2013	**MUHULA DISP**	2:00 ASB – 10:00 JIONI	IJUMAA
11/11 / 2013	**MUKUNU DISP**	2:00 ASB – 10:00 JIONI	JUMATATU
12/11 / 2013	**BUZEGWE**	2:00 ASB – 10:00 JIONI	JUMANNE
13/11 / 2013	**KAGUNGULI**	2:00 ASB – 10:00 JIONI	JUMATANO
14/11/ 2013	**MULUSENI DISP**	2:00 ASB – 10:00 JIONI	ALHAMISI

MAP OF VILLAGES CACHA CARAVAN VISITED IN UKEREWE:



Muluseni Kaseni ***Original map drawn locally and hanging in local dispensary***

MEDICAL TEAM

The medical team was lead by Sharon Cirone and Karin Euler. They set up 5-6 clinical stations each day consisting of 1 Canadian clinician (physician, RN, NP) and 1 Tanzanian clinician (physician, clinical officer, RN, community health worker). Most days the clinical team worked in close proximity to each other and often in the same room. This makes for ease of consultation among clinicians and provides support to clinicians new to medical caravan.

At the beginning of most days the medical team would meet to determine the processes of the day. At the end of most days they would meet to debrief on the day and work through any challenges that had presented themselves clinically and/or logistically.

SUCCESSES

- ✓ Medical Team felt having 6 clinical stations was ideal which Included 1 gynecological station separated to facilitate physical examination. There was also an examination area set up specifically for the other 5 clinical stations.
- ✓ The collaboration with Tanzanian partners was amazing. The clinicians were available for discussion and consultation often taking the lead in organizing treatment and referrals. Dr. Odero was seen to have taken a distinctive lead and provided a great deal of support.
- ✓ The decision was made within the entire team to focus on quality of care and spending a little more time with each patient. The clinical team felt less rushed and more able to take a thorough history of their patient.
- ✓ Referral budget line was utilized to assist patients in transportation to hospital when referred. Clinicians felt this better enabled their patients to follow their recommendations for referral and follow-up.
- ✓ Opportunity to visit Nansio Hospital and follow-up with patients seen on caravan days and to discuss with our surgeon, Mark.
- ✓ Very helpful having patient temperatures taken at Triage.

OPPORTUNITIES FOR CHANGE

- ➢ Sometimes we see patients who are not sick and require only worm and pain medication. The question to be asked is: is there a different way of doing things such that healthy people are triaged differently? There is also some concern that we may see less patients and miss really sick people. This warrants discussion within the team and some brain storming.
- ➢ Clinicians would like more opportunity for teaching and case presentations. The Saturday meeting did allow for some sharing and teaching however spaces of time for more of this engagement would be welcomed.
- ➢ Suggestion that partners of women being seen by Gynecology Station are brought into appointments to ensure appropriate treatment of all partners.
- ➢ Suggest CACHA caravan provides some nutritional supplements (high protein baby food) for distribution possibly as part of pharmacy dispensing.
- ➢ The CACHA armbands did not work well however the blue CACHA smock were well received and easily identified caravan team members.
- ➢ In terms of processes, we need to spend more time sorting out how best to handle referrals to hospital. Patients are sent to hospital for a variety of reasons (surgery, testing, etc.) and we

want to ensure they are seen and treated without putting additional pressure on hospital capacity.

"I believe that we should treat every single person equally, in terms of our time and expertise. And sometimes one of these people who seem to have no real complaint will prove to be truly very needy of health care. I will never forget the shock I received when a father told me his son of about 10 years of age had a rash on his leg that he would like me to look at after he had spent at least 10 min. going through a myriad of the usual complaints about his own health. When the boy pulled up his pant leg, I saw a very bleached and dry bone sticking out of his lower leg. He had no limp and did not look to be in pain. The injury, it turned out, had occurred 3 years earlier and the bones had knitted themselves back in a way that allowed him to walk without an obvious injury. But he did have osteomyelitis and certainly required treatment way beyond what he would have received if we had only listened to his father's perception of their health care needs." Pat Caldwell R.N.

PHARMACY TEAM

The Pharmacy Team was led by Warren Meek, an experienced and thoughtful pharmacist and leader. Pharmacy team set up in a variety of location throughout the 2 weeks including an outdoor porch, an actual pharmacy and rooms of all shapes and sizes. They were flexible and talented in creating tables out of gurneys, elevating tables to heights that allowed them to work more efficiently, and in working with local staff who had varying knowledge of pharmacy related topics. The pharmacist from Nansio Hospital provided local information and interpretation to the team.

The mornings were spent getting set up, as the traffic through pharmacy station usually picks up a few hours after clinicians begin to see patients. Sometimes the pharmacy staff could be seen helping out in logistics for the first part of the day.

A protocol was determined to assess and treat specific patients for Schistosomiasis, in particular, but not limited to school age children. There appears to be ongoing annual treatment for schistosomiasis in Ukerewe school-age children

In general, clients were shown a sample pack that contained PZQ and they were asked if they had received this medication in the past 3 years.

- If YES, we did not offer to re-treat for Schisto unless there were clinical signs.
- If NO, they were treated with the recommended dose of Praziquantel of 40mg/kg.

One of these display paks was with each clinician station and was prepared by coloring a piece of card-stock black with a sharpie, inserting into a med bag, inserting the tablet and sealing.

SUCCESSES

- ✓ As the team works together daily, their capacity for learning and sharing allowed for steady improvement, increasing efficiency, continued streamlining, and positive attitude.
- ✓ The team took the time to have good clinical discussion on issues which resulted in increased learning, as well as the sharing of points and opinions.

- ✓ Arriving one day early was beneficial for the pharmacy team, to be able to plan and discuss and review practices, validate order and prepare for the caravan.
- ✓ The mix within the team of mature experienced individuals and those more novice offered a broad dimension to the team.
- ✓ Although it was disappointing to have no product from MSD, Irene did one of the best jobs in purchasing from private pharmacy that Warren had seen in quite some time. The small number of medication shortages did not significantly impact on care.
- ✓ Nansio Hospital provided an excellent and consistent pharmacy translator.
- ✓ Appreciated having pharmacy and medical stations situated in close proximity to allow for information sharing, questions, and problem solving.
- ✓ The continued protocol of clinicians assessing and diagnosing patients and pharmacists prescribing and dispensing appears to work well, and hopefully adds value to the caravan.

OPPORTUNITIES FOR CHANGE

- ➢ The decision to not store left over medications from caravan to caravan will prove challenging in terms of preparation for next caravan. Each caravan will begin from scratch with pill counting and labelling. This means a heavy workload at the onset of caravan. If caravan arrives a day early for meetings with local partners this will provide additional time for pharmacy to get set up for first day of dispensing.
- ➢ The emphasis on spending more time with patients and taking detailed histories vs. trying to see as many patients as possible was evident for the pharmacy team by the reduced number of prescriptions and patients cared for. Note: The number of patients presenting to pharmacy did not appear to be more complicated than earlier missions.
- ➢ The daily grind of the pharmacy team can be challenging. Opportunities for team members to work in other areas either for an entire day or a few hours here and there offers a welcome respite from the heavy, repetitive workload.
- ➢ There is a lack of consistency in standards dosing and medicines from mission to mission. Some written information shared between caravans would be helpful in creating consistency.
- ➢ Recommend the purchase another tent for the pharmacy section to provide consistent protection for patients are waiting for their medications.
- ➢ The availability of cloud storage for clinical resources before, during and after caravans would make the sharing of information easier between and among teams.
- ➢ Strong recommendation that pharmacists do homework before arriving in the field including reading on tropical diseases, possible treatments, medications available in country, etc .

"Anecdotally, without having access to the mission statistics at time of writing, the disease burden was the least I have seen, possibly since arriving in Ukerewe. It appears to me that we saw much fewer cases of malaria (seasonal impact (?)), fewer cases of hypertension and diabetes, and fewer cases of STI. We understand many factors may have contributed to this, not the least of which is perhaps our care is making an impact on the islanders."

Warren Meek, Pharmacy Lead

LOGISTICS TEAM

The logistics team consisted of a number of very experienced participants along with a few keenly interested new participants. Each day the logistics team would set up all areas of the medical caravan often finding tables and chairs where none had been previously seen. Tarps were put up with precision in order to protect patients and team members from the weather elements of sun and rain.

Our Tanzanian Coordinator, Irene, along with 3 local team members provided translation to the team. They also provided the triage expertise and every day were able to triage 300-400 patients.

SUCCESSES

- ✓ Rather than handing out numbers and then charts, we handed out charts to those in line and used the numbers to call the patients in order. This helped keep the lines organized and help to avoid confusion over numbers pr having people step out of line.
- ✓ Along with our Tanzanian partners we ensured that the team leader and some logistics people left on the first truck. This allowed for the immediate set-up and organization of caravan stations.
- ✓ The triage tent was a huge success and appreciated by the patients and triage team as it provided extra shade. Recommend: a long rectangular tent could be purchased for the waiting line - before the patients get to the triage tent.
- ✓ The use of ear thermometers in triage help identify children with fevers who were then brought immediately to medical station.
- ✓ Counting stats at the end of the day, while still at dispensary waiting for caravan to finish up was useful in being able to report back to the group in evening meeting and debrief on how the day unfolded.

OPPORTUNITIES FOR CHANGE

- ➢ Small spaces with large crowds: too much noise, lines inside the facility instead of being outside in the shade. Solution: to have one or two people on triage so that the lines flow more easily. Regardless of where people are standing, they are going to wait anyways so they might as well wait in the shade and passed through triage once the line is shorter.
- ➢ Numbering the charts: pushing and stepping out of line. Solution: Calling the numbers of the charts as it keeps people in order, even if they choose not to stay in line.
- ➢ Language Barrier. Solution: Hire Bebe to tutor - teach main greetings and phrases to the team so that they can communicate main sentences / directions etc - all are specific to participants roles.
- ➢ Supplies. Solution: White garbage bags are needed and thus the more the merrier.
- ➢ Lost Automatic Blood Pressure Cuff and the two that are left are filthy Solution: time to renew as they were bought in 2011. Would be ideal to have 3 or 4 for an extra roamer.

i.e. taking the children's temperatures in the line - to be quicker to respond to kids with fevers.

- Consciousness of cutting the rope for tarping: Solution: need to be sure to have a lot of rope for tarping, and need to buy thick rope from MEC instead of yellow fishermen rope.

SURGICAL TEAM

Dr. Mark Hardy has been leading the fall surgical team in Ukerewe for 5 years working with a team of local hospital staff. This caravan Sarah Ward joined Dr. Hardy as a surgical intern which allowed excellent opportunities for teaching and mentoring. Mark is very gracious in offering opportunities for students and others to learn and participate in the surgical processes. The surgical team performed 69 operations and saw many more patients.

Surgical referrals are made from the caravan medical team and are seen by the surgical team at Nansio Hospital each day. Generally anywhere from 6-8 surgeries are performed daily dependent upon the complexity of the surgery. Patients who were unable to be operated on due to limited time and/or coming to Nansio Hospital at end of caravan, were referred to the next caravan as appropriate.

Surgical Records at Nansio Hospital

Krista Humick, CACHA Project Officer and caravan participant shares her thoughts:

This experience has been one of personal enrichment, development, and self-reflection in more ways than one could have imagined - and it's only been 7 days since I set foot on the red sands of Ukerewe. This land and its people have a way of illustrating the good in the small things that we westerners find reasons to complain about. It also has a way of making you see the dire side of things which suddenly puts ourselves in check and we quickly come to realize that those minute things we thought were so significant to be quite irrelevant. Sure, it is day 6 and we haven't had running water since we arrived on the island, but at least we have water from the well that we can use and bucket bathe. Sure, that the first hit of cold water makes your heart skip a beat, but at least we have the privacy of our own bathroom and are not bathing in the water accumulated in the nearby ditch. Every time I attempt to turn on the tap and am abruptly reminded that there still isn't running water and I realize how lucky I am to have such a habit come so naturally to me.

And every day we are given with at least two bottles of purified, bacteria free water, and are provided with 3 hot meals times each day. Although the food lacks nutritional value, flavour and variety, at least we do not need to worry about whether or not our bellies will be full before our head hits the pillow. Sure I have a canker the size of a dime on my tongue, and as painful as it is, who can complain about having ripe and fresh pineapple every morning, noon and night. Although my bed is borrowed from the Nansio Hospital, it has a decent mattress. One can only be so lucky not to have to worry about sleeping on banana leaves on the floor and worry about getting tics or lice. There are many things that become extremely evident, while others quickly turn insignificant.

Although yes, matters are relative to each context and circumstance, one thing I have come to appreciate is how little our society knows about suffering. We complain about back pain, and yet we don't have to walk 10 - 15 kms to the nearest dirty water hole to fetch a bucket of water, to only then carry 50 lbs or 25 kgs on their head. I have come to notice that their posture is much more erect than ours which is what allows them to carry this much and their centre of gravity is also very different. Whether they are cooking, doing laundry, putting their young ones on their backs, or collect firewood the women only bend from their hips. Most complaints that we have come across throughout the days have been severe aches and pains in the lower back. It is rather evident that neck muscles are developed very early on in life as many children are seen to be carrying more weight than they should be. The other day I noticed a little girl, no older than 8 carrying at least 40 lbs of rice on her head. When she set it down to come see the Muzungus in town, she took it off her head and as it hit the ground it made a huge thump. The dust that settled around the bag of rice was the only proof I needed, to know that I, being 29 years old, most likely could not lift that bag over my head. Life sure is interesting....

That is all for now...my head is exploding with too many wonders.

Until next time...xoxo

OVERALL LESSONS LEARNED, PRIORITIES AND NEXT STEPS

1. ***Irene and Cathy, TOGETHER WITH Dr. Nyanda, planned a full team meeting the day after we arrived. The Canadian Team arrived 1 day earlier than is usual and so we were able to meet on Saturday, leaving Sunday for caravan preparation. The goal of the meeting was team building, information sharing, and education.***

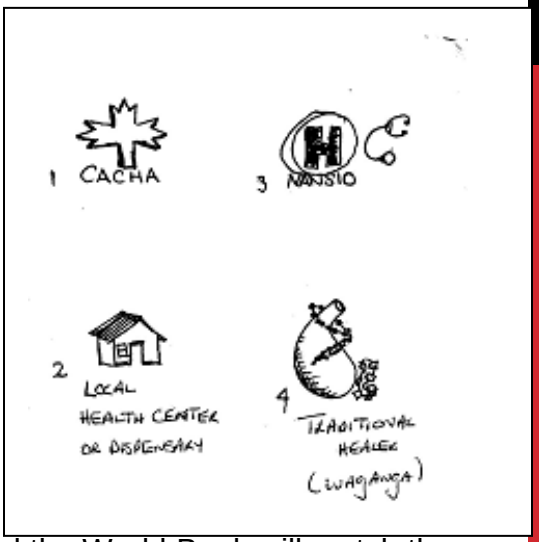
AGENDA

- Goal of the day
- Explanation of how Tanzanian health system works - Dr. Mattaka, Ukerewe District Medical Officer
- Discussion of caravan days
- Clinical case presentation and discussion Dr. Karin Euler
- Review of CACHA medical charts

MEETING HIGHLIGHTS

✓ DISEASE INFORMATION
- High prevalence of schistosomiasis and malaria
- 5.2% HIV positive in community
- Tanzania provides free healthcare for HIV, TB, Polio, pregnancy, malaria, children under 5 and elderly over 65

✓ LOCAL HEALTH CARE
- Ukerewe has a shortage of health care workers and so dispensaries are staffed as best can be provided.
- Discussion on traditional healers.
- Decision made to ask question to random patients: *"Where have you received health care over this past year?"* This graphic was shown to people and they were asked to point to what services they had accessed. The question was asked during the medical conversation to ensure privacy and respect for patient.



✓ COMMUNITY HEALTH FUND
- Local type of health insurance in Tanzania that costs 10,000 TSH per family/year.
- Once a certain threshold of registrations has occurred the World Bank will match the funding and provide to the local community. Ukerewe district has not yet met this

threshold. Some discussion around how CACHA caravan might be helpful with this. No decision made.

- Pharmacy students did some excellent research and presented to the Canadian Team on last day of caravan. Many participants were interested in determining how we might support the CHF and how we might work with the Tanzanian system and our local partners to do so. More information needed to determine how CACHA might be helpful.

✓ CARAVAN DAYS

- Discussion around triage and attempting to identify those who are not sick but would still like to be seen. No decision made.
- Review of charts for everyone. Note: important to determine if women are breastfeeding and/or pregnant. If the woman has lost a child ask at what age: under 1 year or between 1-5 yrs. old?
- Discussion on how best to indicate the results of HIV test to ensure privacy for patients. Try putting + or – on the tear off portion of the chart so that it is not on chart once patient has completed caravan.

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2. In line with CACHA's objective to provide health promotion activities, we arranged for a trained SODIS worker to teach people in caravan line daily about methods for water sanitation and the importance of drinking/ using safe water.

Not all methods for preventing diarrhoeal diseases are equally effective. A systematic study of various strategies revealed the following picture:

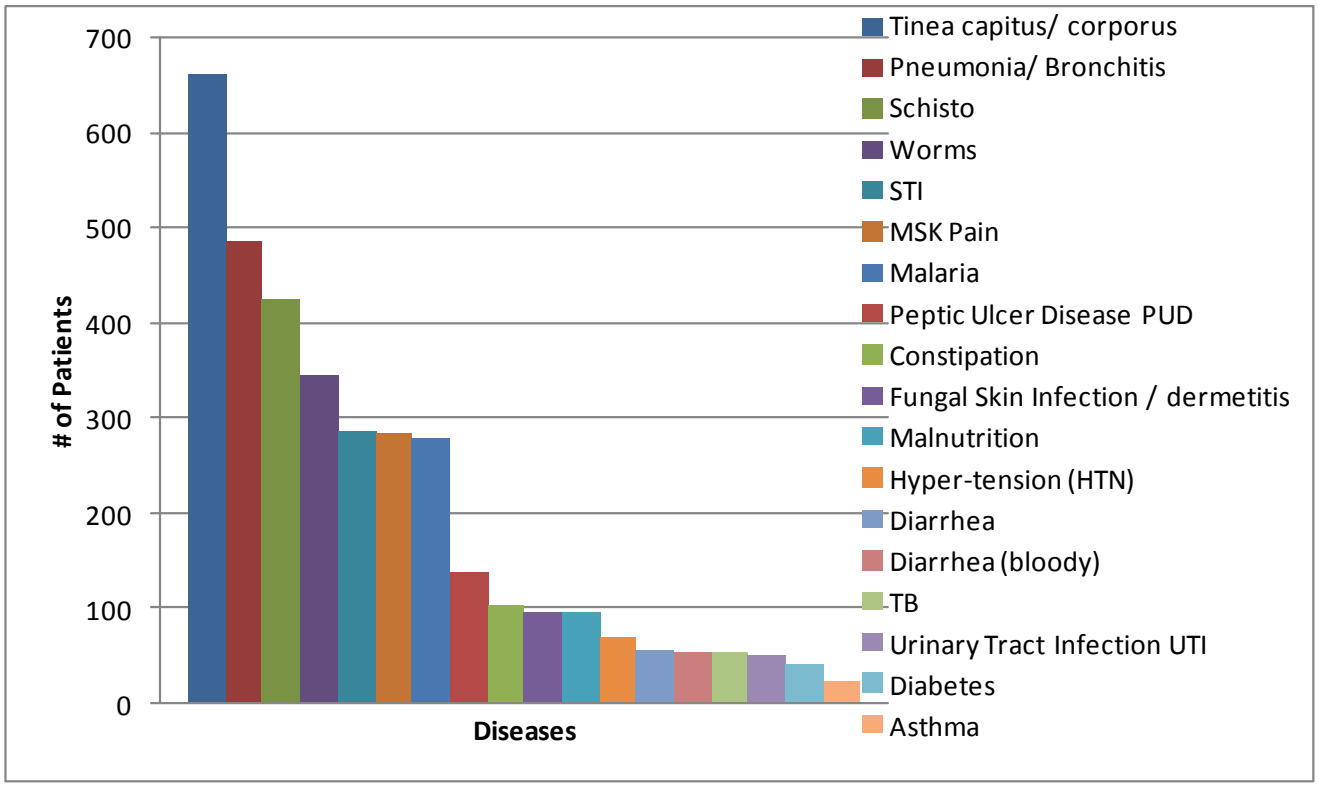
- Better water at the source prevents 11% of diarrhoea cases
- Better sanitation facilities prevent 32% of diarrhoea cases
- Treatment of drinking water in the home (e.g. SODIS method) prevents 39% of diarrhoea cases
- Washing hands prevents 45% of diarrhoea cases

These results show that, besides methods for treating water in the home, washing hands is the most effective strategy for preventing diarrhoea. We therefore recommend that when introducing a water treatment method, to always discuss hygiene in the home as well.
[http://www.sodis.ch/methode/forschung/gesundheit/index_EN]

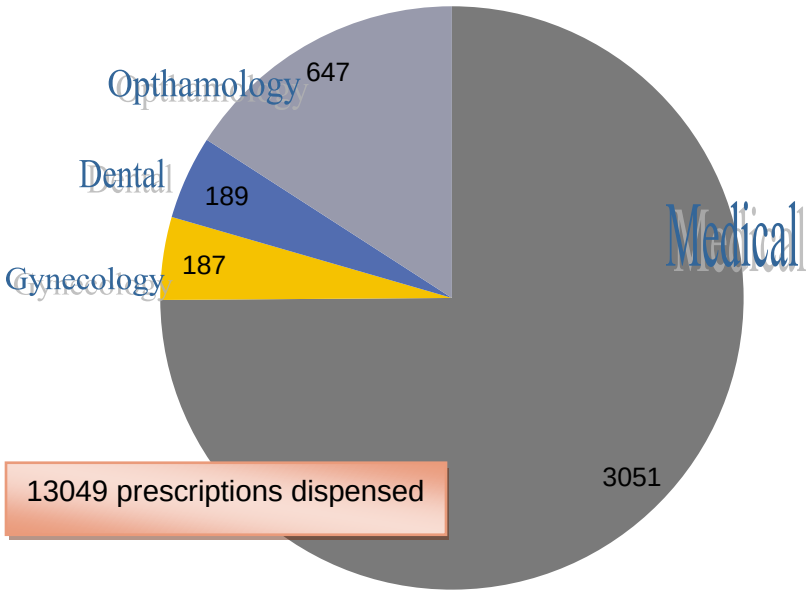
MISSION IMPACTS/HIGHLIGHTS

- The Learning/Sharing Day was a success and the entire team agreed it was well worthwhile to travel one day early to provide this opportunity to bring Tanzanians and Canadians together to build the team and share information.
- The decision to inquire about caravan patients' health-care seeking behavior over the past year was a joint discussion and decision by the entire team. Our Tanzanian partners felt this would assist them in better understanding.
- Our first attempt at group health promotion was inspiring. Bebe, our SODIS Worker, was engaging, knowledgeable and able to maintain the interest of the people waiting in line for medical care. NOTE: Two CACHA participants have hired Bebe on a 3 month pilot project to bring SODIS training to three villages including Kabuhinze, Kazilankanda and Igalla
- The balance between quality of care and quantity of patients is an ongoing challenge. This was the first fall Ukerewe caravan where we specifically determined to spend additional time with individual patients, as needed to gather a more complete medical history. The medical team did an excellent job of seeing all patients identified as very sick, and were willing to continue to see patients well after caravan had stopped triaging for the day. The balance between quality and quantity needs to be managed on a daily basis. It also needs to be debriefed each evening so that everyone on the team feels an opportunity to contribute to the dialogue. We are here because of the patients and they are our number one priority. Our Tanzanian partners also bring a wealth of experience and information to the discussion.
- The decision by the CACHA Board of Directors to no longer store medications after caravan impacted both this caravan and the upcoming spring caravan.
    - The medication remaining after caravan were divided into 10 groups with 1 box designated for Nansio Hospital and the other 9 boxes for the 9 dispensaries we had visited. All medication and supplies were inventoried and a list was provided to the District Medical Officer's office (DMO). The DMO office agreed to distribute the medications and supplies on behalf of CACHA. Records were kept and the fall team lead will follow-up to inquire as to how the distribution went.
    - Because all medications were distributed within the island of Ukerewe, there are no medications left for the spring caravan to utilize. Spring 2014 mission will be starting with no inventory. This may not be an issue at all, but will call for some attention to detail in next year's purchasing. Having previous on hand inventory always gave the team a jump on first day preparation and a better variety of inventory. The fluctuation in medicine availability in the Mwanza region may be an issue for Spring 2014.
    - The November 2013 team took it upon themselves to prepare enough labeled medicine bags for the first 2 days of Spring 2014 caravan. This will allow the team leads for that mission to focus on counting the required product.

MEDICAL MISSION STATISTICS



# of Patients Visiting each Station:



The question was asked *"Where have you received healthcare over this past year?"*

Of the total number of visits reported

- 265 reported attending CACHA caravan
- 512 reported attending local Dispensaries
- 264 reported attending Hospital
- 394 reported attending a Traditional Healer

NOTE: These are not singular patients as 1 patient may have reported attending more than one of the options.

REFERRALS

- 72 surgical referrals to Mark Hardy
- 3 referrals to Physiotherapy
- 8 referrals for OB/GYN consult
- 146 referrals for further testing (some of these are also included in the surgery numbers)
- 7 referrals to Bugando Hospital in Mwanza

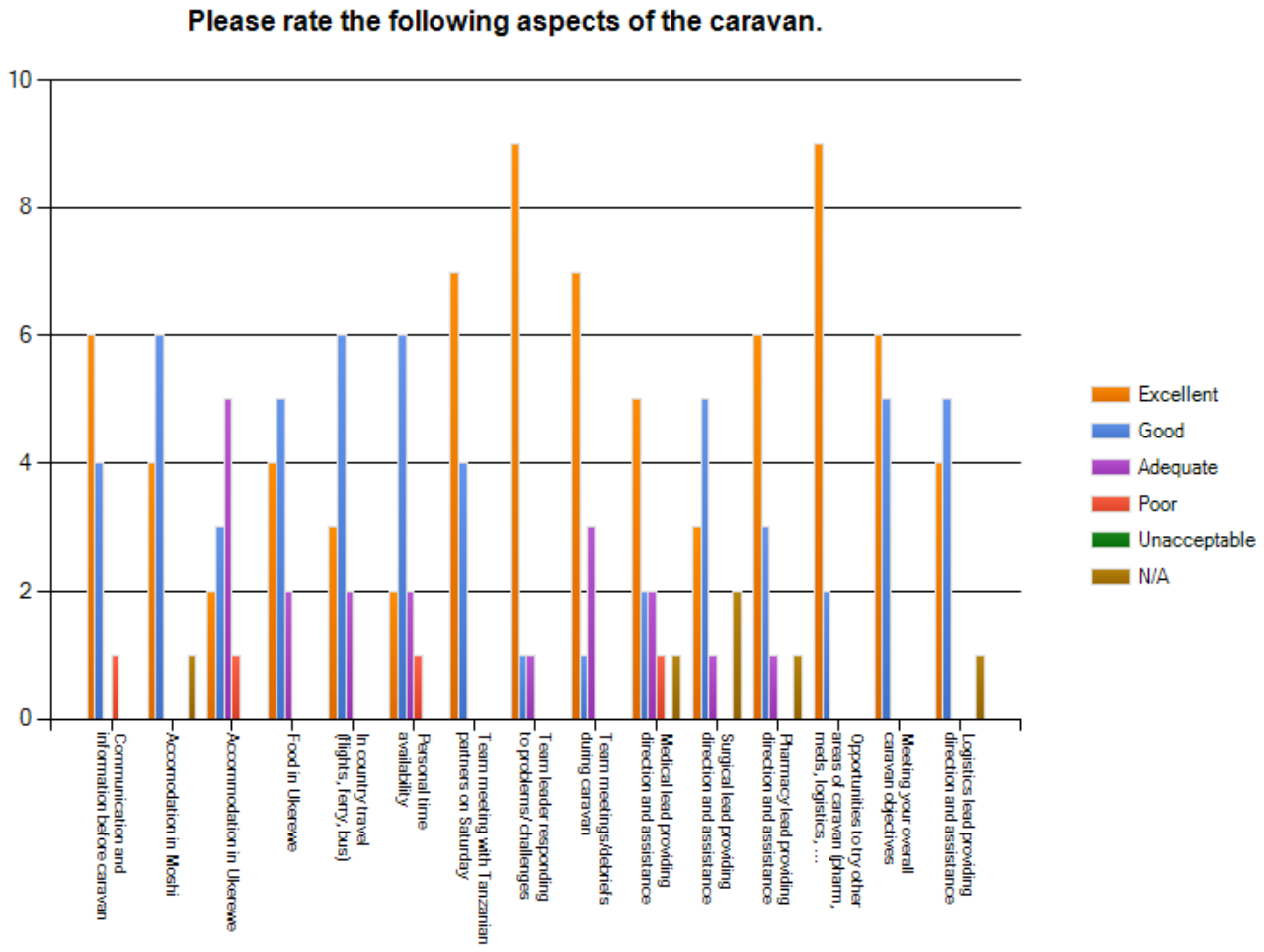
All patient charts were entered into an excel spreadsheet upon our return to Canada. While tedious and time consuming, we now have the information to be used to compare to other years moving forward. Some discussion on how to ensure this happens during caravan or afterwards in Tanzania without having to carry 4000+ charts back to Canada would be helpful.

CANADIAN PARTICIPANT SURVEY RESULTS (11 responses)

- Most people expected to receive relevant and thorough information before leaving Canada for Tanzania. There is an opportunity to tighten up the information sent to people and ensure we provide all of the information they require in a timely manner.
- Consistently participants identified their goals as being ones of learning and helping. Learning in terms of other cultures and people, tropical diseases and treatments, personal growth, and sharing knowledge with Canadian and Tanzanian participants. Helping in terms of assisting patients, working with people in need, increasing the efficiency and effectiveness of caravan, and supporting the growth and capacity building of the local health system.
- Repeatedly participants indicated that being part of a great team and relationship building was the best aspect of caravan. Closely following were personal growth, feeling useful and making a positive impact, well organized caravan, and arriving one day early along with the Tanzanian/Canadian team meeting.
- There were few repeated responses for what people might want to change about their caravan experience. Some comments about lack of running shower and travel logistics (long layovers, need more time in Mwanza or have someone who has already exchanged money for everyone, short time between ferry and flight home). Each person who responded did so from a personal place and responses varied between repeat caravan participants and new participants. The team had a number of regularly returning participants which provides opportunity for in-depth discussion and debate. In this case it is important to ensure that someone facilitates the discussion in order to provide context and debriefing for newer participants.
- Arriving one day early and meeting with our Tanzanian partners before caravan was enthusiastically embraced by all respondents. A suggestion for a 2nd meeting toward the end of caravan to debrief and provide insight should be considered.
- Some concern was voiced about the goal of caravan. The discussion/debate between spending more time with patients versus the number of patients we are able to see in a day continues.

"Let's continue to find paths to building capacity for health care delivery on the island, please let us not fall into the trap of being a glorified twice yearly, mzungu, walk-in clinic, but instead help our Tanzanian partners find a way to build a sustainable system for health care delivery to rural and poor patients on the island. I believe this may start with more support of the dispensary system, i.e. supply of resources- equipment, medications, perhaps support of the Community Health Insurance program, and enhancing the training of staff."

[Please see page 28 for larger graphic]



When asked “Will you consider going with CACHA on a medical mission in the future”

- 8 responded yes
- 3 responded maybe
- Nobody responded no

The results of the participant survey are from Canadian team members only. It would be very interesting to have our Tanzanian team members complete a survey as well (some questions would differ). The logistics of this may be difficult but definitely worth checking into.

FINAL INVENTORY LIST (BY SIN #) – UKEREWE NOVEMBER 2013

Description	CACHA Sin #	Inventory after Fall 2013	Unit of Measure / Description
Chemstrips	1010	4	cans of 100
Cidex	1020		
Ear Specula Adult (4mm)	1040	8	850
Ear Specula Pediatric (2.5mm)	1050		
Glucometers	1060		7
Intrisite Gel	1070	7	
Lubricant Gel	1080	6	tubes
Otoscopes	1090	7	
Oxymeters	1095	1	
Pregnancy Tests	1100	14	boxes
Skin Prep	1110		
Stethoscopes	1115	4	
Glucometer Strips	1130	4	100
Lancets	1140	1	box 200
Thermometer Sleeves	1160	500	singles
Thermometers	1170	10	individual
Thermometer for ear		3	individual
cone covers for ear thermometer		60	individual
Thermometers (glass)	1180		
Tongue Depressors Non Sterile	1190	1	large bag
Large Specula	1250	26	individual
Medium Specula	1260	1	bag (open)
1% Xylocaine without epinephrine	1290	1	bottle
Large gloves non-sterile	1320	140	
Medium gloves non-sterile	1330	290	
Small gloves non-sterile	1340	100	
Scalpel Blades #11	1395		
Scalpel Blades #15	1400	7	
Scalpel Handles	1410		
Large Sterile Surgical Gloves	1430		
Medium Sterile Gloves	1440	18	
Prolene 3-0	1520	2	individual
Vicryl 3-0	1570	7	individual
Vicryl 4-0	1580		
Vicor 4-0	1585		
Biosyn 3-0	1590	3	individual
Sutures Other	1595	5	individual
18G Angiocath needle	1660	3	individual
20G Angiocath needle	1670	3	individual
22G Angiocath needle	1680	3	individual
21G- 3cc Syringe 1.5" Syringes with needles	1890	120	individual

25G-3ml-1.0" Syringes with needles	1940	50	individual
18G -1.0'' Needles	2190	35	individual
25G - 1" Needles	2400	50	individual
23G Butterfly needles	2460	10	individual
Medical Tape	2610	30	rolls
Gauze Rolls - Non Sterile	2620	several	4"/3"
Gauze Square Sterile 2x2	2650	20	pads
Bandaids	2760	500	individual
Telfa Bandaids Small	3230		
2" Tensor Bandage	3235	5	individual
6" Tensor Bandage	3240	5	individual
Alcohol Swabs and Pads	3280	360	individual
Sterile Water	3540	10	20cc
Sterile Water	3540	20	10cc
Wound Care Kits	3580	11	kits
Masks Ordinary	3630	1	box
Masks N-95-Duck Bill	3660	100	individual
Kidney bowl	3685	1	bowl
Surgical gear (misc)	3705	2	packages
Nurse Uniforms Tops	3710		
Procedure Pack	3720		
Blue Pads	3730	2	rolls
AA Batteries	3780	33	individual
D Batteries	3785	4	individual
AAA Batteries	3790	11	individual
Baby Wipes	3820	2	boxes
BP Machines New (autom) Regular	3860	3	auto
BP Machines New (autom) Pediatric	3870		
BP Large Adult Cuff	3880	4	
BP Regular Adult Cuff	3890	3	
BP Pediatric Cuff	3900	2	
Bungee cords	3920	12	
Calculator	3930	3	
Cable Ties	3940		
Clipboards	3950	19	
Disinfecting Wipes	3980	1/2	container
Duct Tape	3990	2	6 partial rolls
Elastics	4020	1	bags
Fanny packs	4030		
Flashlight	4040	3	
Hand Sanitizers other	4050		
Head lamp	4060	1	
Kitchen catchers	4070	1	roll (100 approx)
Large black garbage bags	4080	1	roll (50 approx)
Log Book	4100	3	notebooks
Magic Markers	4110	4	
Packs of charts (15 x 400 = 6000)	4120		

Non Battery Flashlight	4140		
Pens	4150	2	bags
Purell - small	4190		
Rain Ponchos	4200	2	
Lengths of rope	4210		
Lengths of rope - long	4220	1	10 m
Rope other	4230	various	
Scales	4250	2	
Scissors	4260	4	
Shaving Cream	4270		
Staplers	4280	0	
Sun Screen	4290	0	
T Shirts CACHA Small	4300	0	
T Shirts CACHA Medium	4310	0	
T Shirts CACHA Large	4320	0	
T Shirts CACHA Extra Large	4330	0	
CACHA arm bands (identifier)		13	individual
CACHA blue med smocks		24	individual
T Shirts U of O	4340	0	
Virox	4345	half can	
Tablecloth	4350	2	individual
Large Tarp	4370	2	1 green 1 silver
Small Tarp	4375	3	green
Medium Tarp	4380	5	silver
Cavi Wipes	4385	0	
Toilet Paper	4390	1	roll
Paper Towel	4395	1	rolls
Toothbrushes	4400		
Utility Knives	4410	2	small
Large Water Bottle	4420		
Small Plastic Bags	4470		
Medium Plastic Bags	4475		
Ziploc Freezer Bags 27x27 cms	4480	150	large ziplock
Ziplock Specimen bags 4 x 5 16x15 cms	4490	750	sandwich bags
Ziplock Specimen bags 4 x 6	4495		
Pre-printed and blank med labels	4500		
Pill counters	4510	13	
Pill cutting tools	4520	9	
Spatulas	4530		
Bowls (and spoons 38) for counting		5	
Rx files 2008		1	
Table leg extendees with pegs and velcro		9	bring tables to working height
Eye Chart	4600	2	charts
Eyeglasses - 1.0	4610	250	individual
Eyeglasses - 1.25	4640		
Eyeglasses - 1.5	4670	243	individual

Eyeglasses - 2.0	4700	150	individual
Eyeglasses - 2.25	4730		
Eyeglasses - 2.5	4780	48	individual
Eyeglasses - 3.0	4790		
Diapers	6415	7	adult
Condoms	6620	1	box of 100
Dixie cups		600	individual
anoscopes		6	individual
metal ear syringe kit		1	individual
petroleum sterile packing strips		1	individual
antiseptic wash		1	bottle
sea cleanse		1	bottle
chlorhexadine		1	bottle
IV start kit expires aug 2013			expired
Q tips non sterile		40	individual

Fourteen (14) CACHA bins being stored at Nansio District Hospital include:

- ✓ 4 medical bins
- ✓ 1 tent
- ✓ 1 ophthalmology bin
- ✓ 3 pharmacy bins and 2 boxes
- ✓ 2 logistics bin
- ✓ 1 bin with surgical machine being stored for repair

BUDGET (FORECAST VS. ACTUAL)

Code	Description	# of units	Unit cost CDN $	Full Mission (20) Estimated CDN $	Actual Mission CDN $	COMMENTS
	REVENUE REQUIRED FOR THE MISSION					
410	Personal Donations (Field Costs)	18	2,820.00	56,400.00	50,760.00	Includes 15% increase
410	Personal Donations (Travel Cost)	18	2,250.00	45,000.00	25,162.89	Based on actual (Domestic Flights = 8 one-way = $125 USD, 11 return = $191 USD)
	Memberships FY 13/14	18	25 or 40	675.00	660.00	3 students and 15 regular members (75+600)
490	SUB-TOTAL REVENUE:		5,070	102,075	76,583	
	Memberships FY 13/14 (contribution to CACHA Overheads)			675	660.00	
495	Contribution to CACHA Overheads (10% of Field and Travel Cost)			10,140.00	7,592.29	Based on actual # of participants
495	Contribution to Salaries & Benefits / Direct Cost (5% of field Cost)			2,820.00	2,820.00	Fixed amount based on full mission (20 participants)
497	Contribution to the Project (10% of field cost)			5,640.00	5,076.00	Based on actual i.e. # of participants
497	Contribution to Mission Supply 5%of field cost			2,820.00	2,538.00	Based on actual i.e. # of participants
499	TOTAL CONTRIBUTION			22,095	18,686	
	REVENUE NET for the Mission			**79,980.00**	**57,896.60**	

Code	Description	# of units	Unit cost CDN $	Full Mission (20) Estimated CDN $	Actual Mission CDN $	COMMENTS
500	Expenditures for Field Activities	# of units	Unit cost TZS	Total TZS	Total CDN $	
502	Local Stipends and Allowances	26	3,300,000	3,300,000	2,129	4 Driver/4 translator/5 nurses/5 surgery 10,000 + 1 @ 15,000; 4 Clinical officers 15,000; 3 Doctors 20,000 (locally engaged staff)
506	Accommodations in Moshi	20	38,750	775,000	500	1 night Moshi
507	Foods and Drinks (CDN & Local)	46	20,000	7,960,800	5,136	CDN & local Cost per person/mission: 18000/Canadian/day = 18,000*21 Canadian * 13.6 days for 3 meals) + 2000*25 Tanzania staff*9days
512	Local Transport (vehicle rent, gaz, taxis, Ferry etc)	42	200,000	5,000,000	3,226	$ rent of vehicle + gas + # of days (based on 2012)
521	Logistical Supplies (misc)	1	155,000	155,000	100	lump sum for 10 days
523	Medicines (purchased in Tz)	20	12,500,000	12,500,000	8,065	List of all medicines purchased in TZ to be added in a sheet in this excel file
533	Communication costs	20	5,000	100,000	65	lump sum for 14 days
542	Customs ($300 US)	20	17,000	465,000	300	Costs of customs for the bins
543	CTA Work permits	20	315,000	6,300,000	4,065	approx. $202.48 per participant (20*202.48=4049.60)
557	Hospitalization, Surgeries and referrals	20	1,000,000	1,000,000	645.16	lump sum for 10 days

Code	Description	# of units	Unit cost CDN $	Full Mission (20) Estimated CDN $	Actual Mission CDN $	COMMENTS
561	Pre-Mission Field Coordination	1	800,000	800,000	516	Irene pre-mission trip
	Irene Travel to Ukerewe Mission	1	775,000	775,000	500	Irene's travel expenses to Mwanza to buy drugs, etc.
599	Subtotal in-country expenses			38,355,800	25,245.68	
	First RFA				23,000	First RFA done in Sept. 2013
	Second RFA				2,246	Second RFA to be done
600	Expenditure for Activities in Canada		CDN $	CDN $	CDN $	
613	Travel costs (Tickets for Participants + Mission Lead)	19	2,250	42,750	25,162.89	CDN participants + CACHA Mission Lead (based on actual)
699	Subtotal expenses in Canada				25,163 $	
	TOTAL BUDGET FOR THE MISSION				50,409 $	
	BALANCE				7,488 $	

Please rate the following aspects of the caravan.