

Canada-Africa Community
Health Alliance

CACHA



l'Alliance de Santé Communautaire
Canada-Afrique

ASCCA



UKERewe FALL CARAVAN

2015

OCTOBER 14TH – 29TH

Each and every time we plan a medical caravan there is no way of knowing who will be on the team and how they will interact with each other. Every year the unique members open themselves up and the team comes together as a result of the compassion and caring of each individual. We arrive in Ukerewe as strangers, meet our Tanzanian partners, some friends from years gone by and others new to CACHA caravan, and we all move into a flow – where each team member gives and receives according to their own skills and desires. It is a dance that provides the participant with the distinct experience of being a part of something much larger than themselves.

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Mzungus getting ready for the Traditional Dancing Performance

MEDICAL MISSION OVERALL BACKGROUND SUMMARY

Country:	Tanzania
Area:	Ukerewe, Mwanza District
Mission Dates:	October 14 – 29 th
Mission Leads:	Cathy Cleary – Canada Laurent Nyanda - Tanzania
Field Coordinator:	Irene Abusheikh
Team Lead(s)	Pharmacy: Warren Meek Medical: Erick Odawa, Chris Nolan and Karin Euler Surgical: Mark Hardy
Statistical Calculation:	Christa Wilson et al.
Partners:	Ukerewe District Council and Nansio Hospital
Partner Contact:	Laurent Nyanda

Overall Budget

Total amount of funds raised from Medical Missions (flights not included)	\$46,940.27
Total amount transferred to the field	\$25,800.00
Total amount spent on Canadian expenses including medical and surgical supplies, logistical supplies and administration (flights not included)	\$16,457.21
Total amount spent in field Tanzania	\$25,664.00
Total sent to local Ukerewe project: Lake Victoria Children – emergency medical fund	\$4,680.83
✓ All amounts in Canadian dollars.	

Why do people join the medical caravan?

Answers vary from person to person and from year to year. Here are a few of the reasons this year's participants gave:

What were your goals in participating in the medical caravan?

- To get more experience on the clinical part of caravan
- To reconnect with Tanzanian friends
- To evaluate the caravan more in terms of 'difference made' to Tanzania.
- To *actually* make a difference to other human beings

Team Composition

Team Role	CACHA team	Ukerewe Team
Surgeons and Surgical Nurses	2	5
Doctors	3	1
Clinical Officers	1	0
Nurses & Nurse Practitioners	2	8
Pharmacists & Pharmacy technicians	4	2
Logistics & Triage Translators	7	4
Dentist	0	1
Drivers	0	5
Ophthalmologist	0	1
Total:	19	27

Overall Caravan Statistics

	2015	2014	2013
Patients	Total: 2733	Total: 2697	Total: 3207
Prescriptions	11635	13754	13052
Consultations	4930	3490	4074
Referrals	125	165	236
Average Rx / patient	4.26	5.1	4.07
Positive HIV Diagnosis	22/627 tested [4.0%] 20/393 female [5%] / 2/234 male [1%]	12/558 tested [2.0%]	15/744 [2.0%]
Malaria Test Positive	177/512 tested [35%]	219/505 tested [43%]	99/506 tested [20%]
Syphilis Test Positive	9/237 tested [4%]	3/131 tested [2%]	1/45 tested [2%]

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:

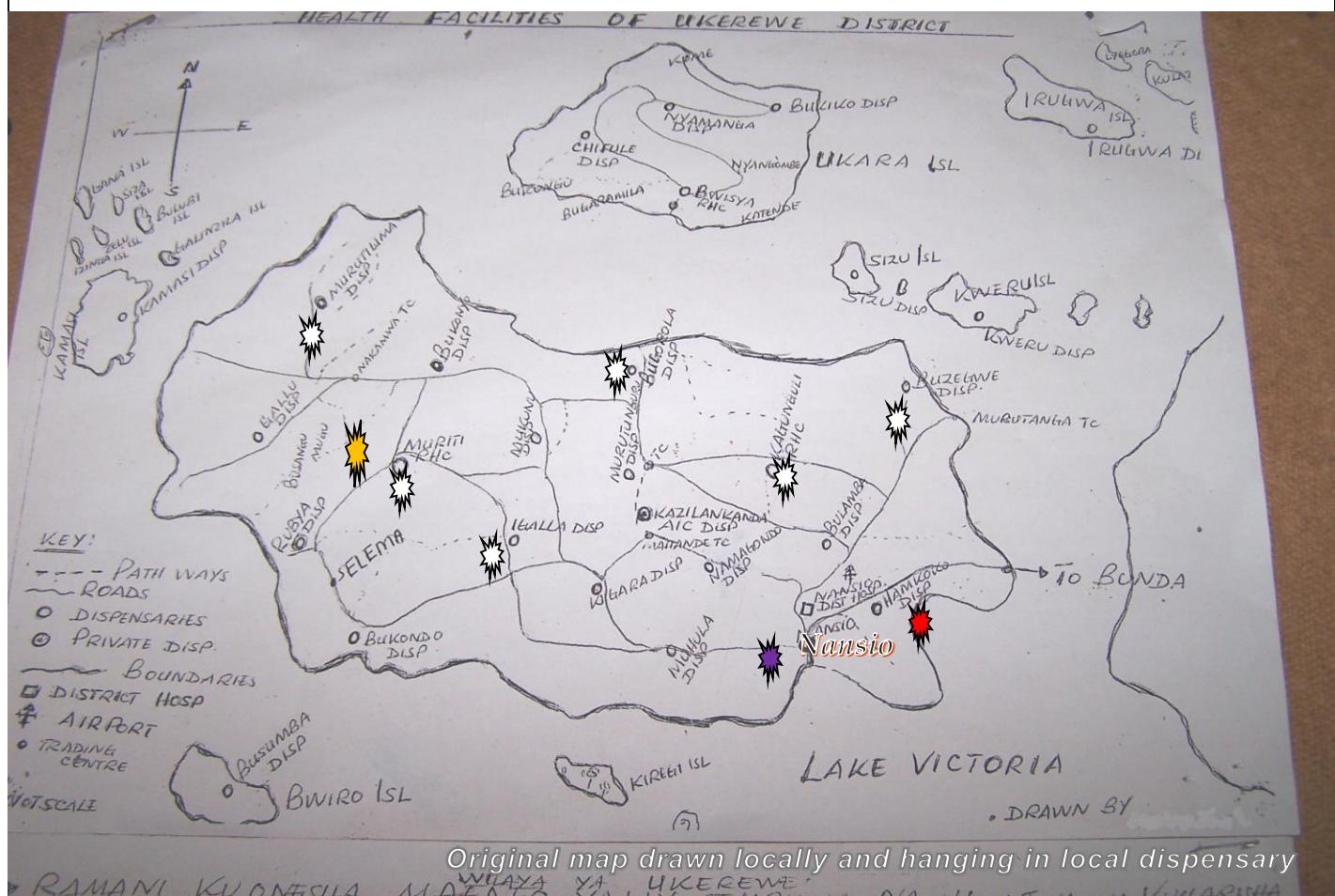
1. Provide access to high quality health care services and to support the local health care system including the sharing of information between Canadian and Tanzanian medical personnel.
2. Contribute to the prevention and treatment of HIV/AIDS, through free testing, referrals, counseling and access to condoms.
3. Offer the opportunity to mission participants to increase their knowledge in an area other than their designated mission role/profession (e.g. Pharmacist in Logistics; Clinician in Pharmacy)



MEDICAL MISSION SCHEDULE:

TAREHE Date	SITE	TIME	DAY
19/10/2015	Hamuyebe Disp	8:00 AM – 4:00 PM	Monday
20/10/2015	Kaseni Disp	8:00 AM – 4:00 PM	Tuesday
21/10/2015	Muriti H/C	8:00 AM – 4:00 PM	Wednesday
22/10/2015	Murutilima Disp	8:00 AM – 4:00 PM	Thursday
23/10/2015	Muruseni Disp	8:00 AM – 4:00 PM	Friday
26/10/2015	Igalla Dispensary	8:00 AM – 4:00 PM	Monday
27/10/2015	Bugorola disp	8:00 AM – 4:00 PM	Tuesday
28/10/2015	Buzegwe Disp	8:00 AM – 4:00 PM	Wednesday
29/10/2015	Kagunguli H/C	8:00 AM – 4:00 PM	Thursday
30/10/2015	Nansio Hospital	Surgery- Thursday& Friday <i>[Actual schedule - Surgical Clinic Thursday and Friday; Surgeries Nov. 2-6th]</i>	Friday

MAP OF VILLAGES CACHA CARAVAN VISITED IN UKEREWE:



Muluseni Kaseni Hamuyebe (Approximate locations of 3 villages not shown on original map)



People wait for medical attention come rain or shine...

MEDICAL TEAM (BY KARIN EULER)

The medical team was led by Erick Odawa, Chris Nolan and Karin Euler. There were 6 medical stations which included one station dedicated to gynecology. Each station consisted of 1 Canadian (physician, RN, NP) and 1 Tanzanian (physician, clinical officer, RN, translator). The clinical team worked in close proximity to each other and often in the same room. There were 2 examination stations set up each day to facilitate easy access for physical examinations of patients as needed.

SUCCESSES

- OUR TEAM was fantastic. Everyone worked hard, tried their best, got along with each other and I think would come again. I feel everyone on the medical team had a good experience.
- It was my best caravan yet because the projects that were piloted were successful and I felt we did FAR MORE EDUCATION than we ever have... Pills last a few days but education lasts so much longer and is so much more useful.
- Chris and I spent a lot more time explaining the charts, the way pharmacy works and the main diseases that we see. We had a medical team that was engaged and interested in this process. I think having at least 3-4 hours getting the medical team ready for the process of caravan is really important.
- The addition of the prenatal charts (printed and brought from Canada) combined with the education offered were valuable, and I feel our Tanzanian partners felt the same.
- The new implementation of health promotion using I-pads brought from Canada was FANTASTIC and very well received. The cholera video in Swahili was especially pertinent, as the island had a cholera outbreak while we were there. We hit the lottery with the cholera video! (Many thanks to Cathy)
- I feel we need to expand this and personalize this to each client's medical concern plus general videos on what the village leaders need (family planning was asked for). Our Tanzanian partners asked for community education. I think we should DELIVER.
- Warren's facilitation and the orientation meeting with our partners was really great. Let's do a repeat but focus on what community education is most valuable.
- The stamps for STIs and prenatal patients were great.



OPPORTUNITIES FOR CHANGE

- I think we still need a better system of handling surgical patients. There are only certain patients Mark, our surgeon, should be seeing. There is a local belief that if they see Mark in his clinic even if they are not surgical they will get better care and attention. Chris and I need to educate the medical team to be more selective in referrals made to surgery. We need a system of ensuring sick non-surgical patients get seen at the hospital. I think we should be able to call the clinical officer on duty that day and do a medical hand over. I also think we need to arrange transport both at lunch with lunch trucks and at end of day for the sick pts. We need a system of follow up to see how the sick pts we send are managed so we can learn who we should be sending and who not.
- The chart needs a redesign...
- A compact one page pharmacy sheet of meds available for the med team would be good. This probably needs to be made up after meds arrive as changes each year.
- For the first time I feel like CACHA has a better direction from the Tanzanian people of what we should be doing ... and that is "more education".
- Surveys of Tanzanian partners and Canadian/Finnish done on morning of last day of caravan was great. It will help plan for next year.



PHARMACY TEAM (BY WARREN MEEK)

The Pharmacy Team was led by Warren Meek and included 1 pharmacist/wife duo with previous CACHA experience (first timers to Ukerewe), 1 pharmacist from Finland (cool!), and 1 pharmacy assistant. Two returning experienced nurses from Nansio Hospital offered consistent staffing each day and were compassionate and knowledgeable in dispensing and providing local information and interpretation to patients and to the team. So happy to have them with us!

The number of people on the team made it possible for at least 1 person per day to assist in logistics.

SUCCESSES

- Nansio Hospital provided two excellent and consistent pharmacy translators
- Three pharmacists and 2 assistants (some with previous experience) were optimal staffing and much appreciated.
- Pharmacy team appreciated the opportunity to spend some time in other areas, allowing the opportunity for human touch and better appreciation of the whole mission.
- The continued protocol of clinicians assessing and diagnosing patients and pharmacists prescribing and dispensing continues to work well and adds value to the caravan. Pharmacy is always open to discussion and possible revision of protocol for clinicians to prescribe if it is agreed that there is a greater benefit to overall caravan flow.
- Med and pharmacy team joint meetings after arrival to review protocols and promote consistent understanding of process of diagnosis, prescribing and dispensing worked very well.
- The degree to which pharmacy and meds interface is dependent upon both sets of team members. The ability to setup such that meds and pharmacy are within proximity is helpful in cases where there are questions about patient/chart for prescribing and dispensing.
- Focus of quality of care rather than quantity of patients assessed reduced some of the hectic daily burdens seen by pharmacy in the past.
- With the excess medicines, and dedicated work by the team early on the last evening post caravan, medicine care packages were created for later distribution to the villages on our itinerary.
- Barb Gauthier remained on Ukerewe Island for additional days and took on the responsibility of managing the delivery and receipt of medicine care packages to each of the remaining villages.
- The team prepared labelled bags for the first 2 days of the Spring 2016 mission.



OPPORTUNITIES FOR CHANGE

- From our partner side, local circumstances prevented this caravan from purchasing any medicines through the approved government wholesale MSD, causing last minute purchasing and regrettable over-budget issues. The late purchasing also caused late delivery to the island.
- The protocol for post-mission dispersal of excess medicines needs to be continually assessed and recorded for consistency both year to year and spring to fall caravans.



LOGISTICS TEAM

The logistics team, though few in number, met all requests and were able to set-up quickly and efficiently. The addition of the educational component of community health education offered to the waiting patients by our local Nansio staff, fit nicely into place as the medical caravan was being set-up each morning.

Our Tanzanian Coordinator, Irene, along with 4 local team members provided translation to the logistics team, as well as providing support in the medical team as needed. Our translators took on the responsibility of handing out charts to the waiting patients and of creating a logical flow to the line of people waiting.

SUCCESSES

- ✓ Dr. Nyanda has all bins stored in his dental office making it very easy to access and bring to team for sorting.
- ✓ Temperatures were taken using ear thermometers on both adults and children – the temperatures are used as an indicator of who might need to be moved to the front of the line for immediate medical attention.
 - We were fortunate to have two members of the pharmacy team, who were able to provide assistance with temperature taking. First patients with charts had their temperatures taken and then others waiting had temperatures taken as a way of triaging who the medical team could see given time constraints. It also provided an opportunity to get a look at any serious medical situations (open wounds, eye infections, etc.) and these people would be provided with charts and seen by the medical team.
- ✓ The triage tent was a huge success again and appreciated by the patients and triage team as it provided extra shade. Two additional tents were purchased in Canada but the team were unable to get them to Tanzania given baggage constraints.
- ✓ After discussion with those taking temperatures in the line it was decided that the decision made at the end of each day to turn patients away or to see them if sick should be made by our Nansio hospital staff. The staff know the patients, the local medical conditions, and the local dispensary staff, and are thus able to make this decision with a more thorough knowledge than the Canadian team lead.
- ✓ The use of the I-pads to show the educational video on cholera was well received and an excellent use of time as patients were waiting to see the medical team.
- ✓ Blue bic pens were sent from CACHA warehouse – thank you – these are much better quality!



OPPORTUNITIES FOR CHANGE

- ✓ Having a standardized guideline/protocol for blood pressure threshold over which the logistics team could send a patient directly to medicine would be helpful ongoing. The age over which to take blood pressure changes depending on clinicians.
- ✓ Triaging approximately 50 patients at a time helps to keep the lines to a minimum once patients are welcomed into the medical caravan. This was tried in the spring caravan and was very successful. It does mean that a close eye must be kept on the lines of people so that the medical team always has patients waiting and no time is wasted.
- ✓ As we move toward our Tanzanian partners taking on an increased leadership role on caravan, the CACHA team lead and the Nansio coordinator should decide together how many patients can be seen each day upon arriving at each village. It would be more appropriate and effective if Nansio coordinator made the decision towards the end of the day on any patients who are deemed critical to be seen.



SURGICAL TEAM

Dr. Mark Hardy has been leading the fall surgical team in Ukerewe for 7 years working with a team of local hospital staff. Dr. Hardy was joined by surgical nurse Christa Wilton, for the second year. While we missed Dr. Hardy, due to personal availability, he arrived on the final day of caravan. He proceeded to undertake two full clinic days to see the patients referred from the two weeks of medical caravan. Mark and Christa then remained behind and completed five full days of surgery, seeing the patients referred from the current caravan as well as others referred from the caravan in the spring. This is a critical component to our medical caravan and to offering the people of Ukerewe free surgical services.



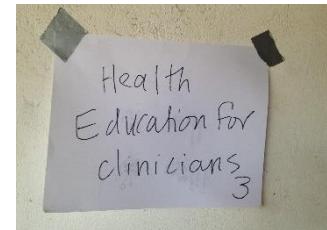
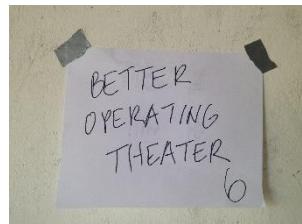
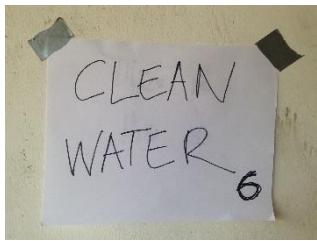
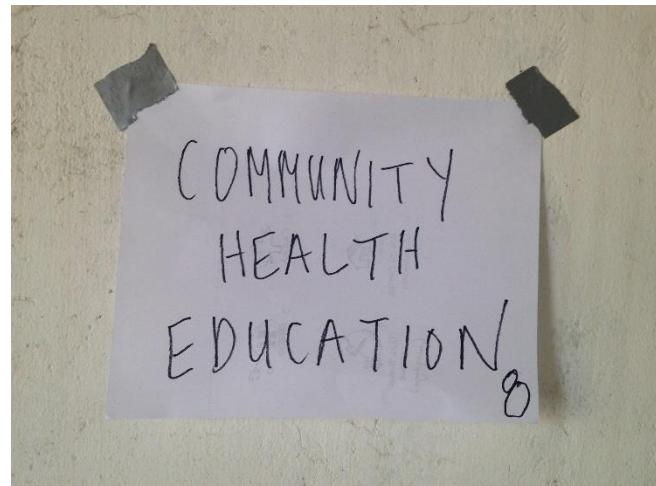
OVERALL LESSONS LEARNED, PRIORITIES AND NEXT STEPS

1. A full team meeting with Canadian and Tanzanian team members allowed for a fulsome discussion in many areas. We were fortunate to have local priorities highlighted and discussed.

Medical, pharmacy and logistics leads discussed the agenda before the meeting and determined that a facilitated discussion on local priorities would be helpful. Dr. Nyanda was consulted and agreed. After introductions, Warren facilitated a discussion on what our partners saw the priorities of the people living on Ukerewe Island being. After some encouragement, our local partners provided clear direction on local priorities and as a group we did some brainstorming on how CACHA medical caravan could assist.

The top five priorities are listed here in order of main concern:

- ✓ Community health education
- ✓ Clean water
- ✓ Better operating theatre
- ✓ Most vulnerable children
- ✓ Health education for clinicians



2. Team leads met on the middle weekend and developed a survey to be completed by all medical caravan participants. This is the first time we have completed an evaluation with our Tanzanian partners.

Pharmacy, medical and logistics leads developed a survey that could be completed by all CACHA caravan members. The questions were thought through and offered everyone an opportunity to provide us with an opinion of the efficiency and efficacy of the medical mission. Responses were provided in both in English and in Swahili. Results were as follows:

	Very Good	Good	Average	Poor	Very Poor	N/A
Meeting on Saturday before caravan	18	10	~	~	~	6
Working with Canadian/ Tanzanian Team	25	6	1	~	~	~
Lunch and Breakfast Food	11	16	5	~	~	~
Hours of work on caravan days	5	20	3	1	~	1
Stipend paid to you	~	1	14	~	3	~

Most common responses to the following questions are indicated below:

- How does the CACHA caravan help the people of Ukerewe?
 1. Free medical services including surgery and medical tests. People who would not be able to afford surgery, tests and medication are able to get them.
 2. Community health education to the people of the villages
 3. Clinician education and idea exchange between Canadians and Tanzanians.
- What should CACHA caravan stop doing?
 1. Nothing was the most popular answer
 2. Testing those already on ARV care
 3. Using current charts – they need to be revised
- What could the CACHA caravan do better that would help the people of Ukerewe?
 1. Increase community health education
 2. Have caravan more often and/or have longer placements to bridge between caravans
 3. Have CACHA clinicians work Outpatients to better understand the local system
 4. Work with other NGOs on issues e.g. water supply, poverty alleviation, infrastructure
 5. Work with Government on prevention and causes of illnesses
 6. Transition leadership to Ukerewe local team
 7. Better treatment plan for schisto, STIs, and HIV testing

3. In line with our mandate and following up on the full team meeting, our Tanzanian partners took on the responsibility of providing health education to the people waiting in line for medical attention.

As a result of the meeting's facilitated discussion it was decided that each day a local clinician would provide education to the people waiting in line for medical care. The clinician decided in the topic based on their knowledge of each particular village and the needs of the people living there. Topics included cholera; HIV prevention; and family planning. Many of the local clinicians took the opportunity to teach the people waiting in line. The education was well received by the waiting people.

We were also able to show a short video on cholera to individuals, as Karin Euler brought 2 I-pads that we provided to people waiting in the meds and gyne line. This was especially helpful as it was in Swahili, used simple diagrams to present the information and was short enough that many people were able to view it each day.

Rosie Omwega and Karin Euler developed a short video during our middle weekend, which offered information and answered many questions on STI prevention and treatment. This video was shown to women waiting in gyne line. Rosie was there to answer the many questions the women had after watching the video.

4. The CACHA medical charts need to be revised. Both medical and pharmacy teams indicate that revisions are needed and will information more easily accessible and will increase pertinence.

Currently on Ukerewe Island we are using a number of preprinted stamps which are added to the chart each day. This allows information on items such as pregnancy, breastfeeding, and number of sexual partners to be recorded.

We recommend that CACHA assign a small team of well experienced caravan participants to review and revise the chart. Karin Euler and Warren Meek have suggestions that should be sought after.

5. Transportation of Supplies: The transportation of bins from Canada through to Ukerewe Island offers challenges and this year was no exception.

- Pre-mission – A copy of the bin manifest was sent to Precision Air in Tanzania. This was in the hope that we would pass easily through Kilimanjaro Airport on our way to Mwanza.
- Upon arrival we were unable to clear customs with the bins, as due to unforeseen circumstances, the approval letter had not been received by the customs people.
- Early next morning we worked with the local staff to get the bins cleared through customs. Staying at the KIA Lodge provided close access to airport and facilitated the process of getting bins cleared in the morning.
- All bins were accepted on the in-country flight Kili to Mwanza. Some carry-on luggage needed to be checked as the weight and size restrictions differ between KLM and Precision Air. We were fortunate to not be charged extra for the additional weight but this will not always be the case. Care must be taken to know the weight of all luggage / bins being transported from Kili to Mwanza. Extra cost could apply.

Our translators and so much more...



MISSION IMPACTS/HIGHLIGHTS

- The pre-mission full team meeting was our most effective meeting to date. Having built relationships of trust and caring with our partners over the past seven years, it seemed everyone felt able to share perspectives. Being able to hear about the community priorities for Ukerewe Island from our hospital partners was a highlight, particularly to those of us returning each year.
- Our Nansio Hospital staff increasingly provide a leadership role and this year was exceptional. From taking the lead on daily community education, to inviting visiting clinicians to attend hospital clinics and patients, to working side by side to determine at end of day which patients were critical to be seen – our Ukerewe partners are taking the lead and we are invited to follow bringing our skills, resources and enthusiasm with us.
- With the CACHA Board directive that medications should not be stored between caravans, the distribution of left over medications is often a challenge. As always, Warren created a package for each village we had visited as well as for the hospital. His team itemized the contents of each package and a list was left for the person picking up the package to sign to indicate receipt of the items. We were fortunate this year that Barb Gauthier stayed on Ukerewe Island for few days post mission and took on the responsibility of ensuring that the packages made it to their rightful locations. The dispensaries appreciate the gifts as they are often very low on inventory for any kind of medication.
- After much soul searching it was decided this year to no longer offer non-medical participants opportunity to sit with medical clinicians and/or visit surgery. While it was never our intention to be disrespectful, the practice does not support our desire to hold highly the privacy and dignity of our Ukerewe patients. The opportunity will continue to be offered to clinicians and to pharmacist to assist in increasing their knowledge of local illnesses and conditions.
- The inclusion of the various methods of community health education into our daily caravan routine was outstanding and all participants were delighted with the results.
- Warren organized the team for a musical flash-mob which was met with enthusiasm from our caravan team and curiosity from our local patients waiting care. It is a lovely opportunity to share in some fun including song and perhaps a little dance.
- Due to the national election, local people suggested that we not visit the city during our middle weekend. Our regularly planned safari did take place and was successful. It has been decided moving forward that there really is not enough time for safari on the middle weekend and any opportunities for safari should be offered after caravan has come to its conclusion. A local bicycle tour, fishing expedition and entertainment by local dance troupe were well attended and everyone has a lovely day.

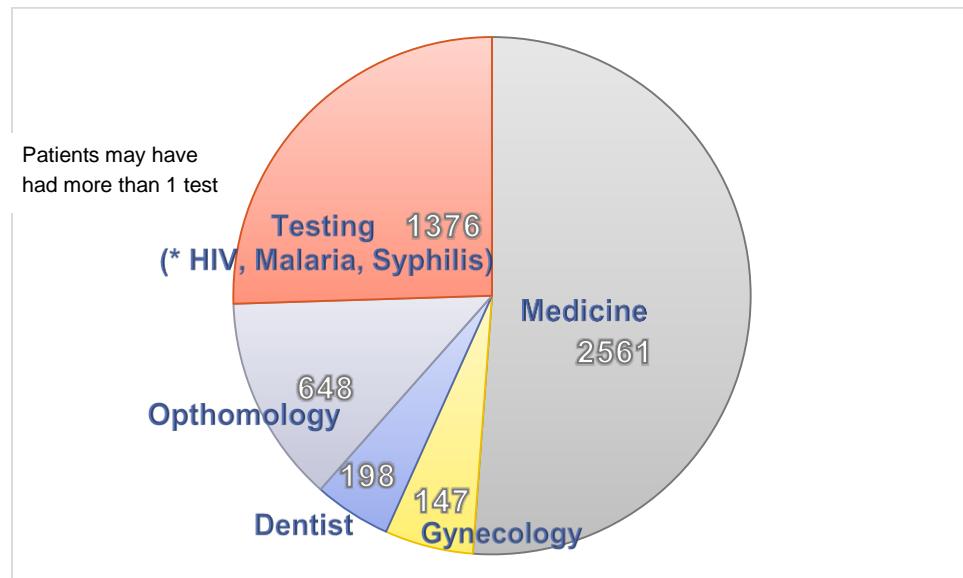


Island Activities



MEDICAL MISSION STATISTICS

of Patients seen at each Station



Comparative Figures:

	2015	2014	2013
Patients	Total: 2733	Total: 2697	Total: 3207
Prescriptions	11635	13754	13052
Consultations	4930	3490	4074
Referrals	125	165	236
Average Rx / patient	4.26	5.1	4.07
Positive HIV Diagnosis	22/627 tested [4.0%] 20/393 female [5%] / 2/234 male [1%]	12/558 tested [2.0%]	15/744 [2.0%]
Malaria Test Positive	177/512 tested [35%]	219/505 tested [43%]	99/506 tested [20%]
Syphilis Test Positive	9/237 tested [4%]	3/131 tested [2%]	1/45 tested [2%]

Noteworthy:

- Positive HIV tests increased from 2% in 2013 and 2014 to 4% in 2015.
- Of those who tested positive for HIV 20/393 or 5% were female and 2/234 or 1% were male. It would be valuable, if possible, to review the charts from the previous 2 years to see if these numbers are similar. It is concerning that 5 % of females tested positive, while only 1% of males did.
- Syphilis positives also increased from 2% in 2013 and 2014 to 4% in 2015.
- Looking at the past three years the number of positive malaria tests seems to vary, although significantly higher in the last two years. Although we are uncertain as to why this was it is speculated that it may be a result of the timing of the rains, taking of every patients temperature in triage and testing more people who presented with fever, or perhaps pre-selection for testing was more accurate.

FINAL FIELD INVENTORY LIST – UKEREWE NOVEMBER 2015

Description	SIN	Unit of Measure	Estimated Unit Cost	Field Inventory	Comments
MEDICAL SUPPLIES					
Alcohol swabs and pads	3280	200/box	\$1.85	1500	individual
BP cuff regular (to be retained)	3890		\$49.75	2	
BP cuff manual pediatric (to be retained)	3900	indiv	\$41.70	3	
Ear specula adult (4mm)	1040	800/pack	\$25.50	3	packs
Ear specula pediatric (2.5mm)	1050	800/pack	\$25.50	5	packs
Gloves non-sterile small	1340	box/100	\$0.00		
Otoscopes (to be retained)	1090	indv	\$239.96	6	
Stethoscopes (to be retained)	1115	indiv	\$7.92	11	
Thermometer sleeves	1160	box/100	\$7.00	2200	individual
Thermometers	1170	indv	\$4.12	18	
Dressing trays	1300	indiv	\$0.00		
Underpads	6735	indiv	\$0.00	24	
Diapers	6735	indiv	\$0.00		
Tongue depressors non sterile	1190	box/500	\$7.75	1000	
Ear thermometer				2	
Ear thermometer covers (for Braun adult)	6745	box/200	\$0.00	920	individual
SURGICAL SUPPLIES					
Gauze large wrap combine (roll)	2640		\$0.00	5	rolls
Medical tape	2610	indiv roll	\$0.00	40	individual
Tensor bandage medium (4 inch)	3237	indiv	\$1.60	7	rolls
Non-sterile gauze 4x4	2580	200/pack	\$0.00	100	individual
Sterile gauze 4x4	2670	indiv	\$0.00	30	individual
Wound cleanser spray bottle	3600	spraybottle	\$13.50	3	
Gloves: Sterile OMS latex sterile (size: 7.5)	1445	50/box	\$37.50		
Tensor bandage large	3240	indiv	\$1.66	2	rolls
Primary IV tubing	1610	1 bag of 10	\$0.00	3	

Dressing tray (sterile)	1300			13	
Tegaderm 6 x 7	3190		\$0.00	200	
Suture, Vicryl 0 braided 40 mm 8x18"		boxes of 12	\$60.00		
Vicryl 4.0	1580	box of 36	\$241.68	11	
Sterile saline (sodium chloride 0.9% irrigation)	3480	bottle/118 mL	\$0.00	7	

Syringes without needles

3ml syringe without needle	2020		\$0.00	60	
5 cc syringe with needle	2030		\$0.00	225	
10 cc syringe without needle	2050		\$0.00	300	

Needles

18 needle 1.0"	2190	indiv	\$0.00	150	
20G x 1 1/2		indiv	\$0.00	50	
22G x 1 1/2	2330	indiv	\$0.00		
22G x 1	2320	indiv	\$0.00	50	
Needle 25G x 7/8"	2390	box/100	\$0.00	100	individual

GYNECOLOGY SUPPLIES

Condoms, lubricated	6620	box/1000	\$0.00		
Condoms, lubricated	6620	loose	\$0.00	60	individual
Head lamp	4060	indiv	\$2.00	7	
Masks (surgical and other)	3670	box/50	\$0.00	400	
Hand sanitizer - large	4170	725 ml	\$2.50	5	
Hand sanitizer - large	4170	725 ml	\$2.50		
Hand sanitizer - small	4190	60 ml	\$0.63	4	
Hand sanitizer - small	4190	60 ml	\$0.63		
Lubricant gel (tubes)	1080	10/box	\$1.72	10	tubes
Vaginal specula - Medium	1260	case of 100	\$35.95	180	
Vaginal specula - Small	1270	case of 100	\$35.95	100	
Vaginal specula - Stainless steel	1250	indiv	\$0.00		

Additional Items (May Be Charged to Mission if Not Donated)

Kidney bowl	3685	indiv	\$0.00	1	
Small drapes	3745	indiv	\$0.00	4	
Table cloths	4350		\$0.00	7	

LOGISTICS SUPPLIES

AA batteries	3780	indv	\$0.90	6	
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AAA batteries	3790	indv	\$1.37	33	
Baby wipes	3820	pack/75	\$2.00	3	x 100
Bungee cords	3920	indiv	\$4.00	17	
Calculator	3930	indiv	\$2.00	1	
Clipboards	3950	indiv	\$0.85	14	
Clipboards	3950	indiv	\$0.00	9	
Elastics	4020	bag	\$1.00	200	individual
Kitchen catchers (white garbage bags)	4070	pack/10	\$1.00	33	
Large black garbage bags	4080	indiv	\$0.07	35	
BP large cuff	3880	indiv	\$60.80	3	
Magic Markers	4110	indiv	\$1.00	7	
Packs of charts	4120	/pack of 250	\$5.00	11	
Pens	4150	box/12	\$0.08	50	
Rolls of duct tape	3990	rolls	\$3.45	10	
Rope	4210	indiv/50 ft	\$1.25	15	
Scales	4250	indiv	\$28.87	2	
Scissors	4260	indiv	\$2.00	1	
Utility knives	4410	indiv	\$1.00	12	
Tarp large (10" x 12")	4370	indiv	\$0.00	8	good condition

Paper towels	4395	indiv roll	\$0.00	13	
Tarp medium (8' x 10')	4380	indiv	\$0.00	5	3 new
Tarp small	4375		\$7.98		
Disinfecting wipes	3980	80/canister	\$6.00		

PHARMACY SUPPLIES

Preprinted and blank med labels	4500	sheet/15	\$0.01		
Ziploc bags small	4490	box/300	\$4.09		
Ziploc freezer bags (large)	4480	box/120	\$4.00		
Ziploc freezer bags (large)	4480	indiv	\$0.03	29	
Pill counters	4510	indiv	\$0.00	8	plus bowls and spoons

DENTAL SUPPLIES

Gauze pads 2x2	2560	packs of 200	\$1.05		
3cc syringe 25G X 5/8"	1940	indiv	\$0.00	60	
3cc syringe	2020		\$0.00		
3mL syringe	2020	bag, loose	\$0.00		
25 G X 1" needle	2400		\$0.00	75	
30\G X 1" needle	6750	box/100	\$0.00		
Sterile filter		5/pkg	\$0.00		

OPHTHALMOLOGY SUPPLIES

Eye chart	4600	indiv	\$10.50	2	
Eye stream (eyewash bottles)	4890	bottles	\$7.43	2	

Additional Items (May Be Charged to Mission if Not Donated)

+1 reading glasses	4610	box/12	\$8.00	157	Individual pairs.
+1.5 reading glasses	4670	box/12	\$8.00	179	
+2 reading glasses	4700	box/12	\$8.00	42	
+2.25 reading glasses	4750	box/12	\$8.00	54	
+2.5 reading glasses	4730	box/12	\$8.00	18	
+3 reading glasses	4790	box/12	\$8.00		

LAB SUPPLIES

Band-aids	2760	box/100	\$0.00	7.5	boxes
Chemstrips	1010	bottle/100	\$15.00	400	individual
Clocks (timers)	3960	indiv	\$2.00		
Lancets	1140	box/50	\$0.00	75	
Pregnancy tests	1100	box/50	\$37.50	150	
Sharps container (small)	1785	indiv	\$0.00		
Sharps container (med)	1785	indiv	\$0.00		
Sharps container (large)	1785	indiv	\$0.00	3	
Urine sample paper cups (select bottles OR cups)	1225	box/100	\$0.00	200	

Glucometer strips (One Touch)	1130	box/100	\$60.00	550	individual strips
Glucometers One Touch	1060	indiv	\$0.00	7	need batteries

EXTRA

Shampoo (misc toiletries)	6755	indiv	\$0.00	40	rolls toilet paper
Oxygen saturation monitor		indiv	\$0.00	1	

Wish List:

Fetal doppler	Pregnancy wheels x 25	Antenatal charts x 75
Irrigation tray x 2	Tape measures x 5	Antenatal brochures x 75
Ear syringe	MSF malnutrition bands x 6	HIV testing cards x 150
Ebola kit	21g 1.5 x 150	STI stamps x 5
Absorbent pad rolls x 2	Medication cups x 50	Procedure kit
Emergency kit (needs EPI)	Rubbing alcohol	Canada bags x 8
Chlorine swabs x 40	Isolation gowns X 8	Scissors x 2
Bulb irrigation x 2	Tweezers	Cardboard sharps container
Pharmacy formulary	Timers x 2	
Ophthalmology requests	Eye glasses +3, +3.5, +4 for older people	
	Eye glasses +.25, +.5, +.75 and -.25, -.5, -.75 for younger people	