



**Lake Tanganyika Floating Health Clinic
Bringing Long-lasting Contraception to Lake Tanganyika
May and June, 2015**

Introduction

The LTFHC has completed the first phase of project activities in Rukwa, Tanzania during May and June, 2015. This document summarizes those activities.

Community Engagement

On May 23rd, the LTFHC kicked off the contraceptive outreach services and health care worker training with a community festival in Kirando, which is located in Rukwa and has a large health center that serves as a referral base for the surrounding smaller villages. Substantial planning went into the festival and everything was coordinated closely with our partner, Femina Hip, which has expertise in community engagement in Tanzania. Bernard Ngwallo, a Femina Hip staff member, traveled to Kirando to meet with us in advance of the outreach. We again went over the theme of the festival, which focused on dispelling common myths surrounding contraception use and spreading medically accurate reproductive health information. The LTFHC organized a local theater troupe comprised of recognizable members of the community. Bernard spent two days (May 21st and May 22nd) thoroughly training this theater group to perform skits concentrating on our theme. Our impression of Bernard was that he was an extremely dynamic teacher and highly professional in his approach. His knowledge of contraception and general reproductive health topics was excellent. During this training period, LTFHC field staff confirmed use of the village soccer field for the festival, supervised construction of a tented stage, hired sound system engineers, and ensured that generator power was available and functional. We also hired a piki-piki (motorcycle) to travel to all nearby villages advertising, over loud-speaker, the festival and the reproductive health services that would be available afterwards. The festival itself took place between 2pm and 7pm on Saturday, May 23rd.

There are no distinct entry or exit points on the field where the festival was held, so it was not possible to get an exact attendance head-count, but we estimate that over **1,100 rural men and women** participated, including local leaders and Ministry of Health (MOH) officials. Those in attendance enjoyed skits by the local theater troupe outlining medically accurate information about contraception, as well as a question-and-answer session with MOH Reproductive Health Coordinators and LTFHC medical staff including 3 OB/GYN physicians from the US and 1 Tanzanian OB/GYN from Mwanza. Please see the following photos for documentation of these activities:





Health Care Worker Family Planning Training

The LTFHC arranged all training with the guidance of the MOH District Reproductive Health Coordinator, Josepha Joseph. This training occurred from May 23rd through June 5th, meeting the District's requirement for two weeks of didactics, and was supervised by Ms. Joseph as well as two additional MOH family planning trainers and LTFHC OB/GYN staff. The MOH will follow-up this initial training with quarterly refreshers on-site with trainees at their local health centers. Twelve health care workers were trained from the following villages:

Kirando (population 21,463, however the catchment area is larger)
Wampembe (population 6,199)
Msamba (population 5,284)
Kipili (population 4,830)
Mandakerenge (population 3,972)
Kazovu (population 11,726)
Kabwe (population 25,912)
Korongwe (population 12,034)

TOTAL POPULATION IMPACT: 91,420

Training consisted of one week of classroom lectures, including practical modules using pelvic and arm models, followed by one week of clinical practice. The MOH provided the curriculum, which was supplemented by LTFHC staff. The LTFHC found that, unfortunately, these health care workers had been given very little clinical education of any kind, so it was necessary to train them in everything from drawing up injectable medications into syringes to putting on sterile gloves without contaminating themselves. While they faced a steep learning curve, the health care workers were universally enthusiastic and committed to improving their skill sets. They all expressed eagerness to be able to provide family planning services in their villages. Specifically, the training also included:

- Correct pelvic examination technique
- How to interview and counsel reproductive health patients
- General information about all available contraceptive methods
- General information regarding safe post-abortive care
- How to insert Implanon and Jadelle
- How to insert IUDs

All 12 health care workers were trained in all subjects outlined, which far exceeds the estimate in our original grant contract (which was to train 10 health care workers in family planning and only 3-5 health care workers in IUD/implant insertion). At the end of training, each health care worker was given a box of supplies including:

- 10 Implanon
- 5 Jadelle
- 10 Copper IUDs
- 1 speculum
- 1 single tooth tenaculum
- 1 uterine sound
- 1 hemostat
- 5 scalpel blades
- 15 pairs sterile gloves
- 2 x 30cc bottles 2% lidocaine
- 1 x 250cc bottle betadine
- 25 urine pregnancy tests
- 80 condoms
- 50 scopettes
- 1 x 100cc bottle betadine
- 15 x 10cc syringes with needles
- 20 x gauze packets

Please refer to the following photos for documentation of training activities:

Health care workers learn to perform pelvic examinations.





Service Provision

Reproductive counseling, contraceptive service provision, and information regarding avoidance of unsafe abortion were provided to all patients who presented during the outreach. The LTFHC provided these services from May 25th through June 5th, with the health care workers joining us from June 1st onwards. Electronic records were kept for each patient and are currently securely stored by LTFHC. Description of services provided is as follows:

TOTAL IUD insertions	4
TOTAL IMPLANON insertions	103
TOTAL JADELLE insertions	27
IMPLANT REMOVALS	8
COUNSELING-ONLY sessions	35
PATCH PATIENTS	3
TOTAL COUNSELING	180

Counting the 1,000 condoms that were dispensed, this **brings the total CYP to 493 thus far**. The LTFHC will be following up monthly with each of the twelve health care workers trained, who will be counting all patients they are able to provide counseling and/or services for after their training. We will report all these numbers to Hivos. Overall, we feel that we are making excellent progress toward the goals outlined in our original grant contract. Please refer to the following photos for documentation of service provision:







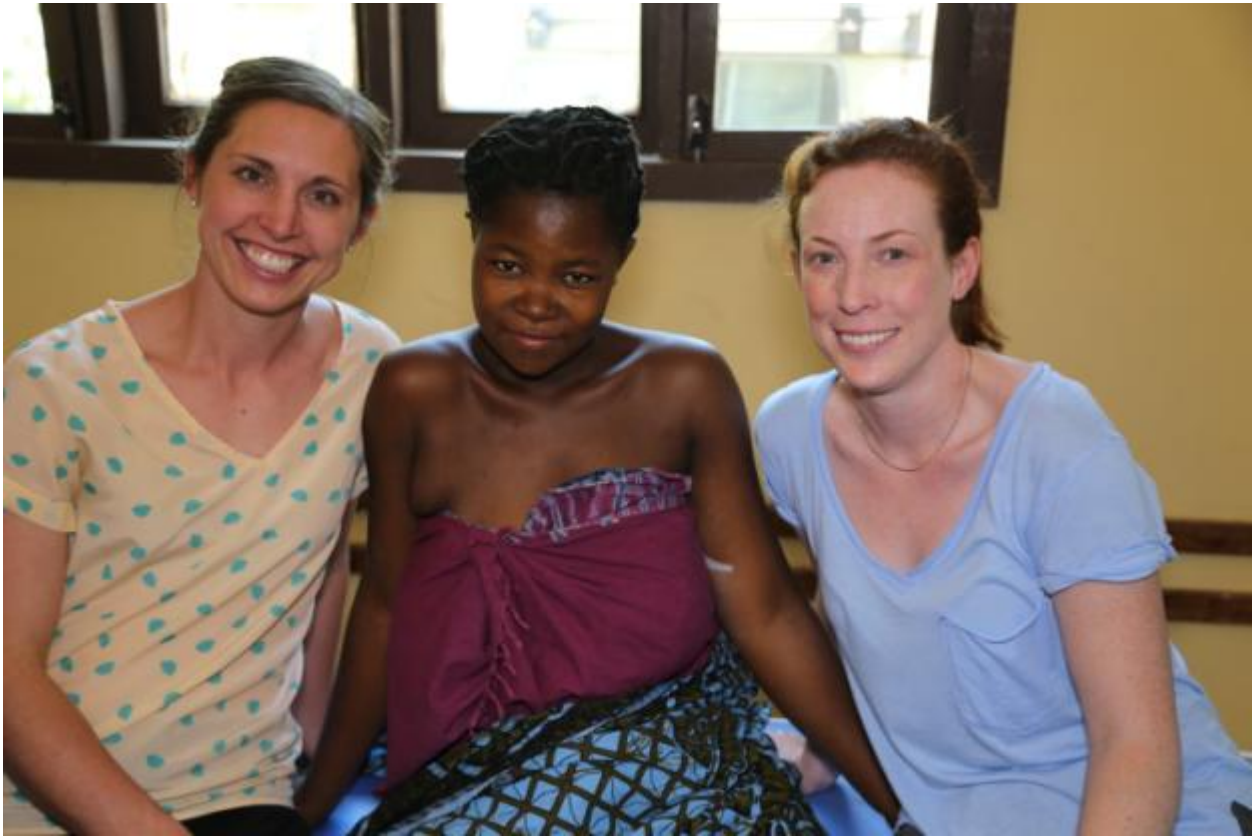
Additional Services Provided

There were also some unanticipated services provided during the outreach. On May 25th, the health care staff at Kirando Health Center requested LTFHC's assistance with a complex obstetrical case. A young woman had become quite ill with eclampsia during her first pregnancy and her condition was extremely serious and rapidly deteriorating. We determined that performing an emergency cesarean section was the only hope of saving her life. The LTFHC staff acted quickly and went on to deliver her twins safely. The patient and her babies are doing well. She gave us permission to share photos:





C-section patient with Dr. Jacques and Dr. McLean, who performed her surgery:



Media Coverage

The LTFHC worked with ReadDillon Corporate Communications to organize coverage of the contraceptive outreach in The Guardian, which was published on April 28th:

<http://www.ippmedia.com/frontend/index.php?l=79804>

As well as the following article in The Guardian print edition the same day:

Rukwa floating clinic awarded 320m/- for reproductive health

- Up to 25pc of children around Lake Tanganyika die before age five

By Giza Mdoe

OVER 320m/- has been secured to support reproductive health services in and around the Lake Tanganyika region.

The relief comes amidst disconcerting reports that up to a quarter of children born there die before they even reach five years of age.

The initiative is the brainchild of the NGO, the Lake Tanganyika Floating Health Clinic (LTFHC) that is operating in Rukwa Region to address the region's high birthrate and reduce the number of preventable deaths occurring among women and infants.

Funded by Hivos International, a development organisation focused on women

empowerment, the project will provide medically accurate information about sexual and reproductive health to over 100,000 local residents.

It will also afford free access to contraceptives and one-on-one counseling for hundreds of women, as well as couples.

"At the moment, contraceptive and prenatal care is non-existent in many areas in Rukwa Region," observed LTFHC's Chief Programme Officer Dr Kate McLean.

She went on to point out that since childbearing often begins in teenage years, the lack of related reproductive health information and resources leads to "...an

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Rukwa floating clinic awarded

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exceptionally high birthrate and disturbing number of deaths among women and children."

"In some areas around Lake Tanganyika, up to 25 per cent of children are dying before their fifth birthday," she said. Notably that is a quarter of the children born in the lake zone die before they are five years old.

"Many women are suffering from obstetrical fistula and subsequent social isolation and all as a result of going through obstructed

labour without medical assistance," she said.

"Many births take place in ultra-rural areas along the lakeshore with only traditional birth attendants present but in many cases with no professional help at all," Dr Kate McLean detailed.

"This programme will not only empower local women to take control of their reproductive health and plan for pregnancy and birth, it will save lives," she said.

She decried the region's inaccessibility and lack of infrastructure which she said is a major obstacle to

provision of adequate healthcare citing impassable roads particularly in the rainy season such as this.

"The LTFHC will therefore work to establish a reliable supply chain for consumable contraceptives and bolster lakeside health services by training local medical workers on the provision of contraceptives and facilitating delivery of appropriate medical supplies, including intrauterine devices (IUDs) insertion," Dr McLean explained.

She remained optimistic that over time, reliable access to contraceptives and

enhanced prenatal care should not only have a sustained and positive impact on the health of the local population, but also the region's socio-economic standing. Dr McLean also took the opportunity to express profound gratitude to Hivos International for its support to the LTFHC's ongoing work to improve health outcomes for people living in Rukwa.

Reached for comments, the Ministry of Health and Social Welfare Spokesman Nsachris Mwamwaja said the ministry welcomes the initiative and its contribution

320m/- for reproductive health

to the health sector citing that the government encourages private sector participation in socio-economic development issues. "The contribution of the private sector is very positive and is much needed as well...we welcome their participation," he said.

The Lake Tanganyika Floating Health Clinic is an international NGO delivering vital healthcare, medical supplies and important communication hubs to neglected and inaccessible communities living around the Lake Tanganyika Basin.

Hivos International is an international development

organisation with special interest in strengthening the social position of women in developing countries and has to date helped some 19.4 million people worldwide through its partnership programmes.

The vicinities of Lake Tanganyika are home to millions of indigenous and displaced poor across four countries, Democratic Republic of the Congo, Tanzania, Burundi and Zambia.

These populations are most easily reached by water based health care delivery, due to poor transport

infrastructures.

Consequently, experts report that many die of preventable or curable conditions like malaria, typhoid, measles, cholera, or obstructed labour. Maternal mortality in the region remains extremely high and large numbers of women suffer from a range of reproductive health related conditions such as fistula.

Concerns are also raised over the region's cultural and traditional beliefs that more children give the family prestige and are a symbol of wealth. These outdated beliefs remain a hurdle to

acceptance of family planning beliefs in the region.

"LTFHC staff is conversant with these issues and work directly with local communities to address them," LTFHC's Alisa Macleod explained.

"Obstetric fistula is a big problem around the basin due to early-age pregnancy and so it is worth noting that while contraceptives can help with family planning and reduce unwanted pregnancies, they can also significantly improve mother and infant survival rates and wellbeing," she summed up.

The LTFHC has also been working with Henry Eliot, who was contracted by Newsweek to write a piece on the outreach. He traveled with our team and experienced project activities in person. On June 19th, the following article was published:

<http://europe.newsweek.com/american-surgeon-planning-27m-floating-hospital-lake-tanganyika-328917>

Summary

- Far more than 100,000 people (estimate is over 500,000), including over 5,000 PLWHA, reached with medically accurate family planning information through 1 local radio program and 2 national newspaper articles
- Over 1,100 rural men and women, including over 500 male partners, received in-person medically accurate family planning information through the community festival in Kirando on May 23rd
- 12 rural health care workers trained in family planning topics, safe post-abortion care, and insertion of implants and IUDs; total population served by these health care workers is over 90,000
- Direct provision of free implantable contraceptives given to 134 rural women and girls thus far
- One-on-one family planning counseling provided to 180 rural men and women thus far

Challenges

- We had attempted to order thousands of female condoms to distribute during this outreach, but the order fell through at the last minute.
 - We will make sure we have these in hand for the next phase of the outreach.
- We had the supplies to provide far more than 134 implantable contraceptives, but our ability to see large numbers of patients was impeded by training health care workers – it easily took each health care worker over 90 minutes to see a patient including counseling, equipment set-up, and insertion.
 - The next phase of our outreach services will need to either focus more on service provision alone, or expand our team and the length of the project to overcome this barrier.

- We learned that in the previous year, during an outreach by another NGO, that several women's IUD insertions were complicated by uterine perforation. This news had traveled fast, and made it nearly impossible to convince patients that IUDs were safe. We expected to have far more patients interested in that method of contraception.
 - We spent a great deal of time counseling women regarding the safety of IUDs when inserted by well trained providers and will continue this counseling hoping to overcome this trend.