

File Health Requisitions
Zam/042/0099/31

FROM: REGIONAL TREASURY
TO: TREASURER GENERAL
RE: MEDICAL SUPPLIES

18 March 1981

By decision of the Regional Treasury Meeting held on March 16, 1981, an inspection in loco of medical supplies was held at Morogoro and Mazimbu.

The inspection was carried out by Comrades Makgothi, Dennis, Gaboo, Mabaruti and Rica.

The findings were as follows:

At Bigwa Stores - A large carton containing 4000 tablets of Sulfaguaniden, which is an intestinal antiseptic; a similar sized carton of Polyglucin; a similar sized carton of Sulfadiemidene. These three did not have an expiry date on the boxes, but Cde Motsumi informed us that some of these were there when he arrived 2½ - 3 years ago and had never been opened.

There were also cases of Sulfdimezine (10,000 tablets) and cases of Phythalsulfathiazole, the latter for gastro-enteritis. There were large stocks of bottles to be taken together with tablets (from India) of Digeplex which is an effective digestive. These were due to expire in May 1981.

Three cases of Sulfaquanidine - Expired October 1979.
A number of cases of Sulfa T. - Expired October 1979.

Thousands of Vitamin tablets. Although no expiry date, tablets were already discoloured and probably no longer effective.

Thousands of sleeping tablets, tablets for flu and headaches, and anti-acid tablets. Hundred of tubes of ointment for heat rash.

Over a hundred simple First Aid kits for use in homes, offices, cars, etc. These contain some bandages, sterile dressings, antiseptics, plasters, a sling bandage.

Huge crates of cottonwool pads for dressings - the type probably used in wars or other disasters. Literally thousands of bandages and dressings of all kinds.

Numerous boxes of Natrium Bromatum vials for injections.

Hundred of surgical scissors.

Several complete equipments for drip saline, which specifically state that they should not be stored in temperatures exceeding 25 degrees!!

Three complete blood transfusion sets.

21 medical doctors' kits - containing stethoscopes, blood pressure testing apparatus, syringe and needles, vials for drugs, surgical scissors, spatulas, sterile dressings, bandages, etc.

It was clear that at Bigwa, attempts had been made to keep these supplies as orderly as possible, but due to chronic lack of space, a building neither weather nor rat proofed, the task was an impossible one. Numerous crates (approximately ten) could not fit into the store and were standing outside, subject to sun, rain, insects and rodents. These were full of bandages and dressings and deteriorating rapidly. Ten cases of epsom salts were also rotting outside.

The next place visited is a small room at the back of Tashkent, one of the residences at Mazimbu. This was unlocked, dirty, with goods just lying on the ground. We counted six large sacks of dressings, bandages and elastoplast rolls, eaten away by rats.

Finally we took a look at the air-conditioned medical store within the main distribution store at Mazimbu. Conditions for medicines and drugs in this room are ideal and everything was in apple-pie order. However, it was again noted that several items were out of date and there were surplus amounts of others.

e.g. About 150 boxes of Ampicilin expired January 1979

500 phials of Streptomycin Sulphate for injections, expired June 1980

3600 pills of Dihydro Streptomycin, expired September 1980

48 packs of Amicline due to expire April 1981

100 packs Betnesol (oral drops) due to expire May 1981

There were also 12 complete saline drips.

Seven medical doctors' kits even more comprehensive than those at Bigwa.

Literally thousands of bandages, crepe bandages, sterile dressings, gauze packs and gauze for making bandages. These too had overflowed into the main store, again in imperfect conditions and liable to rot and deterioration.

RECOMMENDATIONS

1. That on arrival of new drugs and medical supplies, the medical team should assess our requirements and donate the balance to the Morogoro and other local hospitals.
2. Surplus existing stocks of bandages, dressings, etc., should immediately be contributed to hospitals, as well as medications not yet outdated.
3. All out-of-date and spoiled materials should be burned.
4. First Aid Kits should be distributed to every residence, dormitory, nursery school and office with a few additions to the kits such as anti-heat rash ointment, antiseptic. As most accidents occur in the home or at the place of work, such kits would be helpful in treating simple cuts, burns, abrasions, etc. This would probably prevent infections and unnecessary pain, thus reducing the burden on the clinic.
5. Everyone should have the opportunity to get instruction in First Aid.

CONCLUSION

We believe that any disaster which may befall us could well mean mass medical attention required in local hospitals. With our help, they could be better equipped with blood transfusion and drip saline apparatus, bandages, sterile dressings, antiseptics, etc., which could well save our lives.

This apart, the simple act of solidarity to our host country rather than wanton waste seems obvious.