

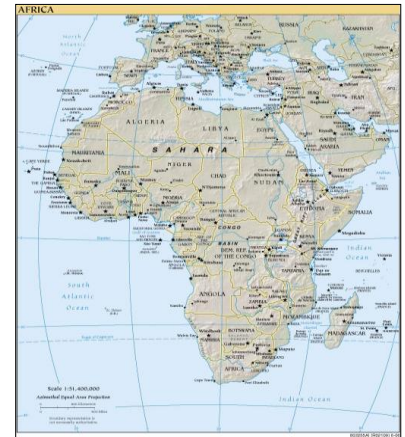


FONDAZIONE
IVO DE CARNERI ONLUS

For the promotion of control strategies against
parasitic diseases in developing countries
and to encourage research in parasitology



PUBLIC HEALTH LABORATORY
IVO DE CARNERI
Pemba Island - Zanzibar



Management of Programmes for Communicable Diseases Control in Sub-Saharan Africa

MPCDC 2010

**PUBLIC HEALTH LABORATORY IVO DE CARNERI, PEMBA, ZANZIBAR
26th JULY – 6th AUGUST 2010**

Seventh Edition

In the process of obtaining the patronages from “*Università degli Studi di Brescia - Who Collaborating Center on the implementation of TB/HIV collaborative activities and “Cooperazione Italiana allo Sviluppo”.*

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Welcome Message

Dear Colleagues, dear Participants to the “Management of Programmes for Communicable Diseases Control in Sub-Saharan Africa – MPCDC 2010”:

On behalf of the Scientific Committee and of the Local Organising Committee, it is with great pleasure that I welcome you at the 7th edition of the MPCDC Course.

Developing human resources for the control of parasitic and communicable diseases is one of the missions of the Ivo de Carneri Foundation - IdCF. Prof. de Carneri was an excellent lecturer and was able to transmit science, as well as his experience and his passion for medicine and parasitology. And this is what this training event should be about.

Let me share with you the motivation that inspired me and the colleagues from the IdCF and from the University of Brescia, to embark in the organization of this challenging training.


First of all, I would have loved to receive such a pertaining course before working in the tropics, and this full immersion in a Sub-Saharan African setting would have been very beneficial. There is not such a way of learning and understanding health problems and their solution that witnessing how these challenges are managed in a developing country.

Secondly, there is something important related to equity and fairness. Having this course in an East- African island allows African colleagues to take this training opportunity at lower cost and, at the same time, participants from other countries to experience the reality of a poor-resource setting.

The MPCDC is more than a “classical” course, and will be quite interactive and very practical, focussing on mutual exchange of experience in order to find appropriate solutions to health challenges. We aim at expanding your knowledge for your own profession and career, and moreover to bring this know-how back to the communities where you live and work for a better access to health care. I strongly believe that as health professional we have the mandate to fulfil this goal, wherever we operate, but especially those of us who work in settings where access to care is neither equal nor guaranteed to everybody.

But it is up to all of you to make this MPCDC 2010 a memorable experience. Seize this opportunity to interact with colleagues from other countries, to share field experience, to witness the reality of a health system which is struggling with scarce resources to respond the health needs of its people, and to enjoy the beauty and the peacefulness of Pemba Island.

I believe through this brief though intense training you will gain something also beyond science, and that this MPCDC will be an opportunity to enjoy a professional and human invaluable experience.



Marco Albonico
Scientific Director MPCDC 2010

Ivo de Carneri Foundation

Secretariats and Lecturers

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Lecturers

Asha	Abdallah	Executive Director, Zanzibar AIDS Commission
Marco	Albonico	Scientific Director, Ivo de Carneri Foundation
Yahya	Al Sawafy	Resident Representative, Ivo de Carneri Foundation Zanzibar Branch
Abdullah S.	Ali	Manager Zanzibar Malaria Control Programme, MoHSW, Zanzibar
Said M.	Ali	Director, Public Health Laboratory Ivo de Carneri
Shaali M.	Ame	Head of Laboratory Services, Public Health Laboratory Ivo de Carneri
Mshindo O.	Bakar	Environmental Engineer, Zanzibar Water Authority, Pemba
Mohammed	Dahoma	Manager Zanzibar Aids Control Programme, MOHSW
Stefano	Iozzi	Expatriate Surgeon – Ivo de Carneri Foundation
Mohammed	Jiddawi	Principal Secretary, MoHSW Zanzibar
Saleh	Juma	Health Officer, Public Health Laboratory Ivo de Carneri
Mohammed	Khalfan	Manager for NTD Control, MoHSW, Zanzibar
Omar	Khamis Fundi	Traditional Practitioner, Pemba
Attiye J.	Shame	HMIS focal person, MoHSW, Zanzibar
Alberto	Matteelli	Institute of Infectious and Tropical Diseases, University of Brescia, Italy
Fabrizio	Molteni	USAID/RTI, Tanzania
Juma	Mushin	Manager TB/LP Control Programme, Zanzibar
Giada	Raimondo	Project Manager, Ivo de Carneri Foundation
Grace	Saguti	National Professional Officer - Disease Prevention & Control, WHO Office in Tanzania
Abdul A.	Saleh	Coordinator EPI, MoHSW, Zanzibar
Lorenzo	Savioli	Director, Department of Control of Neglected Tropical Diseases, WHO, Geneva
Seif	Suleiman	In charge of Micheweni cottage hospital, Pemba
Hanuni	Waziri	Programme Manager Safe Motherhood, MoHSW Zanzibar

The Organizers

The Ivo de Carneri Foundation was founded in 1994 by the family, colleagues and students of Professor Ivo de Carneri in memory of his life and work. **Professor de Carneri** was well known for his knowledge and generosity and contributed significantly to the **fight against parasitic and infectious diseases** through scientific research, field interventions and training young researchers in this area.

The Ivo de Carneri Foundation Mission is **“to promote control strategies against parasitic diseases in developing countries and to encourage research in parasitology”**.

The main Objectives are to use continuous health improvement as a vital tool against poverty by:

- strengthening public health systems in developing countries and training local health care workers;
- encouraging young researchers to conduct operational scientific research in the fields of parasitic and infectious diseases.

The Ivo de Carneri Foundation was established in October 1994, after Professor Ivo de Carneri suddenly passed away. One of the Foundation's first priorities was to create a public health laboratory on Pemba Island (Zanzibar) in order to provide better support for control programmes in the area, an idea Professor Ivo de Carneri had expressed in 1988 while on a mission to **Pemba** for the Italian Ministry of Foreign Affairs to assess the national schistosomiasis control program. In the same year an **Ivo de Carneri Prize** was established in collaboration with the Italian Parasitology Society, to reward young researchers from sub-Saharan Africa.

The Public Health Laboratory was named after Professor Ivo de Carneri in response to the local Ministry of Health's wishes: **Public Health Laboratory – Ivo de Carneri (PHL-IdC)**, and was officially opened on 12 June 2000. The main activities are: operational research, monitoring interventions for public health priorities, and promoting training courses for local and international staff.

The Public Health Laboratory Ivo de Carneri (PHL-IdC) is an integral part of the local health care system in Zanzibar. In 2005 the PHL-IdC became "*WHO Collaborating Centre for control of schistosomiasis and intestinal parasitic infections*".

The PHL-IdC works closely with national institutions and organizations such as the Zanzibar Health Research Council, the College of Health Sciences, the Research Centre in Ifakara, the National Institute of Medical Research (NIMR) and the Muhimbili University on Tanzania mainland. The PHL-IdC also collaborates with international organizations such as the World Health Organization, the Johns Hopkins Bloomberg School of Public Health (USA), Imperial College (UK), the London School of Hygiene and Tropical Medicine (UK) and the universities of Milan, Ancona, and Brescia.

The heart of the Ivo de Carneri Foundation lies in Africa, specifically on Pemba Island, in the Zanzibar archipelago.

Pemba Island was chosen for the following reasons:

- Pemba Island is in one of the areas of the world most hit by parasitic and infectious diseases, the “neglected diseases” that the Foundation deals with;
- local and international institutions carrying out health interventions and aid projects have often neglected Pemba Island. However, it was in Pemba that the Italian Cooperation collaborated with the World Health Organization on international projects to control schistosomiasis in the 1980's. At that time several courses were organized to train local health workers and important international scientific networks were established which are still operative today;
- the results of any strategies to control infectious diseases are easily measurable on an island with its natural borders. In the future these strategies may be extended to other countries;

Further information can be found at the Ivo de Carneri Foundation website: www.fondazioneucarneri.it

Course introduction

This course is unique in the panorama of tropical diseases and international public health training. It is designed as a practical tool to provide health staff scientific knowledge and skills to tackle the great challenges which are affecting billion of people, especially in developing countries.

Malaria is still number one killer among parasitic diseases: despite the world-wide efforts of prevention and control through combination therapy, 90% of the almost 1 million malaria deaths occur in Africa, especially in children from Sub-Saharan Africa. Intestinal parasitic infections, filariasis, schistosomiasis and other neglected tropical diseases (NTDs) carry a major burden on children and adolescents, affecting their health at a crucial step of development. Innovative strategies have been designed for seven NTDs integrated control.

The AIDS epidemic, with its devastating consequence on economy and on the fate of million of orphanage, is knocking down the African continent and other affected countries. Epidemiology of Sexually Transmitted Diseases (STD) is closely linked with HIV infection and drug resistance is rising. Tuberculosis is a global threat, associated with HIV, especially for MDR-TB and XDR-TB, and it is re-emerging in developed countries. New and old outbreaks continue to occur in pockets with the risk of spreading rapidly around the world. Cholera still hits hundreds of thousand people and the surveillance and control of epidemics too often relies on external intervention. Health planners and health managers should be prepared to tackle endemic and epidemic diseases with appropriate and effective strategies, strengthening the activities of the national health system, with special focus on sub-Saharan Africa and low-income countries.

The initiative of planning training courses for health workers coming both from developed and developing countries is based on the strategy of exchanging resources between North and South. Training of international level carried out in an African Institution reduces costs and maximizes training opportunities for health personnel from Sub-Saharan Africa. Moreover, the opportunity for health cadres from all other countries of having an experience "in the field", i.e. in countries where tropical diseases are endemic, is extremely important for better understanding the reality, the epidemiological scenario and the health challenges of a developing country.

Presentations of control programmes for diseases of public health importance - as they are implemented in endemic countries, visits to transmission sites of vector borne diseases, schools, hospitals and dispensaries will offer to participants a unique insight of the health challenges and their possible solutions in an endemic country. Participants will be also guided through group-work to design a control programme for a public health priority of their choice.



Course Announcement: MPCDC at a Glance

Organizing Institution	Ivo de Carneri Foundation, Milan (Italy) www.fondazioneidcarneri.it	
Local Counterpart	Public Health Laboratory Ivo de Carneri, PHL-IdC Ministry of Health and Social Welfare of Zanzibar, MoHSW	
Where	Pemba Island – Zanzibar (United Republic of Tanzania)	
When	July 26 th – August 6 th , 2010	

Course goal

The overall goal is to develop the necessary skills to plan, implement and evaluate the programmes for control of communicable diseases in Sub-Saharan Africa.

Content

- Malaria
- Helminths and NTDs
- EPI
- Project Proposals (group work)
- HIV/AIDS
- Mother & Child Health
- Control of Epidemics
- District Hospital Management
- Tuberculosis
- Safe Water
- Project Management
- Field visits

Participants

Twenty (20) participants are allowed to the course, 10 from Developing Countries and 10 from Developed Countries.

Qualifications

- required for admission
- Bachelor Degree in Medicine, Biology, Pharmacy, Nursing
 - Good command of written and spoken English, with excellent level of listening comprehension

How to apply

Application request should be sent between **22nd February and 31st March 2010**.

Note that only the first 50 applications of candidates from Developing Countries and the first 50 applications of candidates from Developed Countries¹ will be considered.

Candidates should fill in the **Application Form** (to be downloaded from our website) and send it, together with their **CV** (maximum 5 pages) and a **motivation letter** (maximum 1500 characters), to the following email address: g.raimondo@fondazioneidcarneri.it specifying "Application form" in the subject line.

Candidates will be informed of the selection outcome by the **30th April 2010**.

Due to the high number of applications, only selected candidates will be contacted. Those who will not hear from IdCF by the 15th May 2010 should consider their application as unsuccessful.

Cost: Euro 1.700

Cost of course includes: Tuition Fee, Full Board Accommodation, Transfer by charter flight from Zanzibar to Pemba, one day trip to Vumawimbi Beach through Ngezi Forest.

Cost of course not includes: international flight from the participant's country of origin, Visa, passport and airport taxes, insurance, personal expenses.

Full payment is due after the participant's selection, and not later then **8th May 2010**

In case of withdrawal from the course, the fee is refunded as follow:

- Cancellation within 20th May: 80% refunded
- Cancellation within 20th June: 50% refunded
- Cancellation after 20th June: fee will not be refunded

Payment of your Tuition Fee can be made by bank transfer to the Ivo de Carneri Foundation Bank Account:

Account Name: Fondazione Ivo de Carneri Onlus

Account Number: 1220512

Bank Name: Banca Monte dei Paschi di Siena

IBAN: IT66 Z010 3001 6560 0000 1220 512

Please, remember to quote your name and surname to ensure accurate payment records.

¹ Developing and Developed Countries are classified according to the World Bank's main criterion "Gross National Income (GNI)".

Scholarships

Based on availability of sponsors, 5 scholarships will be offered to applicants from developing countries for full coverage of the course's expenses, except from the international flight from the participant's country of origin to Zanzibar.

To apply for a scholarship, see the next session "MPCDC Scholarship"

The MPCDC Scholarship

In order to facilitate applicants coming from developing countries, the Ivo de Carneri Foundation (IdCF) will submit request for scholarships' support to identified sponsors.

Scholarships Coverage

Scholarship will cover full board accommodation, inscription fee, training material, Pemba – Zanzibar return flight. Scholarships do not cover travel expenses from country of origin to Zanzibar and return.

Note:

1. The scholarships will not be assigned in money kind.
2. The scholarship will not include: Visa, passport and airport taxes, insurance, personal expenses, nor any other cost not included in the above list.

Caution Deposit

In order to avoid late cancellation, a caution deposit of \$300 must be anticipated by candidates selected for scholarships soon after 30th April 2010. Payment can be made by bank transfer at the Ivo de Carneri Foundation Bank Account (please check details at previous page). The caution will be refunded at the arrival in Pemba.

Qualifications

Essential:

- Bachelor Degree in Medicine, Biology, Pharmacy, Nursing
- Good command of written and spoken English, with excellent level of listening comprehension

Desirable:

- Current employment in public or governmental institutes/hospitals/universities
- Young and motivated candidates

How to apply for scholarships

Application request should be sent within **22nd February and 31st March 2010**.

Note that only the first 50 applications of candidates from developing countries will be considered.

Candidates should fill in the **Application Form** (to be downloaded from our website), together with their **CV** (maximum 5 pages) and a **motivation letter** (maximum 1500 characters), and send them to the following email address: g.raimondo@fondazionecarneri.it specifying "Scholarships" in the subject line.

The selection of candidates will be decided by an IdCF internal Commission based on CV, age and candidates' motivation.

Candidates will be informed of the selection outcome by the **30th April 2010**, and must confirm acceptance of the scholarship before **8th May 2010** by email.

In case of withdrawal from scholarship after 15 May 2010, the caution deposit will be retained.

The MPCDC Venue



The course venue is the **Public Health Laboratory Ivo de Carneri** in Pemba Island (Zanzibar, Tanzania), an advanced Scientific Institution equipped with modern equipment and training facilities. PHL-IdC is located in Wawi, Chake-Chake, Pemba Island. The main building, of 800 m², is divided into several sections: Laboratory (Parasitology, Bacteriology, Virology), Finance and Administration, Training. A large conference room can accommodate up to 50 people and is equipped with training facilities (slides and overhead projector, computer link, library). Wireless internet service is available and 24 hours electricity is guaranteed by solar panels and a supply generator. A canteen will take care of the participants with local and international food. Guests will be accommodated in a hotel in the near by town of Chake –Chake, and the local staff will be in charge of daily transportation to the venue. In the week-end, a leisure one day trip, included in the training package, will be organised to the beach in the north of the island through a tropical rain forest (for more information about where to go and what to visit, please see paragraphs at pages 17 and 18).



Accommodation in Pemba

Participants will be accommodated at Pemba Paradise Resort in Vitongoji area, on the east coast of the Island. The Hotel is about 15 minutes drive from the PHL-IdC. It comprises of spacious and nicely furnished bungalows, set in a pleasant garden right by the sea on the coral coast. In case of need, a large conference room is available to hold meetings or seminars. The place is quite and relaxing, with a comfortable dining veranda and a swimming pool where to chill out after working hours. Breakfast and dinner will be served at the resort.



The MPCDC Programme

Monday July 26 th	Day 1: Introduction	
9.00	Opening of the Course MOHAMED JIDDAWI	
9.30	WHO role in the control of NTDs LORENZO SAVIOLI	
10.00	Introduction to the Course Introduction of Participants	
10.30	<i>Coffee Break</i>	
11.00	<i>First session</i> Pre-Test	
12.00	Health system and public health priorities in Zanzibar SAID M. ALI	Case study
13.00	<i>Lunch Break</i>	
14.15	<i>Second Session</i> Research, training and control activities of the Public Health Laboratory Ivo de Carneri (PHL-IdC) on communicable diseases MARCO ALBONICO	Case study
16.15	<i>Break</i> Project cycle management: how to write a project proposal GIADA RAIMONDO	Front lecture with plenary discussion

Tuesday July 27 th	Day 2: Malaria	
9.00	<i>First session</i> The successful story of Malaria Control in Zanzibar: combination therapy, IPT, ITN, IRS, Vector control ABDULLAH S. ALI	Case study
10.45	<i>Coffee Break</i>	
11.15	Challenges of sustaining effective malaria control: from hyper to hypo endemicity FABRIZIO MOLTENI	Case study
13.00	<i>Lunch Break</i>	
14.15	<i>Second session</i> Challenges of sustaining effective malaria control: from hyper to hypo endemicity (continued) FABRIZIO MOLTENI	Case study
16.15	<i>Break</i> Laboratory diagnosis of malaria and quality assurance at district level SHAALI AME and LAB STAFF	Laboratory Session

Wednesday
July 28th

Day 3: Helminthic infections		
9.00	<i>First session</i> Elimination of Lymphatic Filariasis in Zanzibar: a success story MOHAMMED KHALFAN	Case study
10.00	Challenges for NTD Control in Zanzibar MOHAMMED KHALFAN	Case study
10.45	<i>Coffee Break</i>	
11.15	Prevention of Onchocercosis and Trachoma GRACE SAGUTI	Case study
13.00	<i>Lunch Break</i>	
14.15	<i>Second Session</i> Successes and constraints of Schistosomiasis and Intestinal Helminthiasis Control Programmes in Zanzibar MARCO ALBONICO	Case study
	<i>Break</i>	
16.15	Field techniques for the diagnosis of urinary schistosomiasis, intestinal helminthiasis and lymphatic filariasis at community level SHAALI AME and LAB STAFF	Laboratory Session

Thursday
July 29th

Day 4: Field visits – EPI		
9.00	<i>First session</i> Visit to a Primary School SALEH JUMA	Field Visit
10.00	Schisto and intestinal helminths transmission sites SALEH JUMA	Field Visit
10.45	<i>Coffee Break</i>	
11.15	The challenge of sustaining EPI in Zanzibar ABDUL A. SALEH	Case Study
13.00	<i>Lunch Break</i>	
14.15	<i>Second Session</i> Traditional Medicine OMAR KHAMIS FUNDI	Case Study
	<i>Break</i>	
16.15	Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work

Friday
July 30th

Day 5: Epidemics and Safe Water supply

9.00	<i>First session</i> Cholera: the global picture MARCO ALBONICO	Front lecture with plenary discussion
10.00	Surveillance of epidemics in Zanzibar SHAALI AME	Case study
10.45	<i>Coffee Break</i>	
11.15	Routine monitoring of water supply in Pemba island MSHINDO OMAR BAKAR	Case study
12.00	Access to safe water in Chake Chake district MSHINDO OMAR BAKAR	Field Visit
13.00	<i>Lunch Break</i>	
14.15	<i>Second session</i> Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work
	<i>Break</i>	
16.15	Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work

Monday
August 2nd

Day 6: Managing a District Hospital – Surveillance System

9.00	<i>First session</i> Challenges of managing a district hospital in Sub-Saharan Africa Dr in Charge / STEFANO IOZZI	Case Study
10.45	<i>Coffee Break</i>	
11.15	Visit to Chake-Chake Hospital and discussion of clinical cases Dr in Charge	Field Visit
13.00	<i>Lunch Break</i>	
14.15	<i>Second session</i> Surveillance system and health Information management system (HMIS) ATTIYE JUMA SHAME	Case Study
	<i>Break</i>	
16.15	Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work

Tuesday
August 3rd

Day 7: HIV/AIDS		
9.00	<i>First Session</i> AIDS: global epidemiology ALBERTO MATTEELLI	Front lecture with plenary discussion
10.45	<i>Coffee Break</i>	
11.15	The challenge of coordinating partners of HIV/AIDS Control Programme in Zanzibar ASHA ABDALLAH	Case study
13.00	<i>Lunch Break</i>	
14.15	<i>Second Session</i> HIV/AIDS Control Programme in Zanzibar: Epidemiology, access to ARV therapy, Prevention of Mother to Child Transmission, counselling and surveillance MOHAMMED DAHOMA	Case Study
	<i>Break</i>	
16.15	STI and HIV interactions ALBERTO MATTEELLI	Front lecture with plenary discussion

Wednesday
August 4th

Day 8: Tuberculosis		
9.00	<i>First session</i> Tuberculosis: epidemiology and disease burden in Sub-Saharan Africa ALBERTO MATTEELLI	Front lecture with plenary discussion
10.45	<i>Coffee Break</i>	
11.15	Tuberculosis and leprosy control strategies in Zanzibar JUMA MUSHIN	Case study
13.00	<i>Lunch Break</i>	
14.15	<i>Second Session</i> Tuberculosis Control Programme: DOTS strategy, drug access and standard regimens, multidrug-resistant strains ALBERTO MATTEELLI	Front lecture with plenary discussion
	<i>Break</i>	
16.15	HIV/TB interactions ALBERTO MATTEELLI	Front lecture with plenary discussion

Thursday
August 5th

Day 9: Mother & Child Health - IMCI

9.00	<i>First session</i> Visit to the MCH clinic at Gombani Health Care Unit YAHYA AL SAWAFY	Field Visit
10.00	Visit to Micheweni Cottage Hospital (North Pemba) SEIF SULEIMAN	Field Visit
10.45	<i>Coffee Break</i>	
13.00	<i>Lunch Break</i>	
14.15	Mother and Child Health priorities HANUNI WAZIRI	Case Study
	<i>Break</i>	
16.15	Writing project proposals on Public Health Priorities MARCO ALBONICO	Group Work

Friday
August 6th

Day 10: Project Proposals Presentations

9.00	Post-test	Seminar
9.30	Presentations of project proposals from the trainees ALL PARTICIPANTS	
10.45	<i>Coffee Break</i>	
11.00	Presentations of project proposals from the trainees ALL PARTICIPANTS	Seminar
13.00	<i>Lunch break</i>	
14.15	Final Course Evaluation ALL PARTICIPANTS	
15.00	Closing Ceremony Representative of the ITALIAN EMBASSY	

About Pemba

Pemba Island lies approximately 80 km northeast of Zanzibar Island (Unguja) and is about the same distance from the Tanzanian mainland, situated directly east of the port of Tanga.

Unlike Unguja, which is flat and sandy, Pemba's terrain is hilly, fertile and heavily vegetated. The early Arab sailors called it 'Al Huthera', meaning 'The Green Island'.

Today more cloves are grown on Pemba than on Unguja, in fact 75% - 80% of all Zanzibar's clove production comes from Pemba. During the rule of the Sultans, it was Pemba, with its extensive clove plantations and agricultural base, that provided the economic foundation for the archipelago's dominance.

Today, earnings from the clove crop are supported by other agricultural products, cattle raising, and by fishing, which is an important source of livelihood. Pemba is also renowned for its voodoo and traditional healers. Even today, people come from throughout East Africa seeking cures or to learn the skills of the art from practitioners on Pemba.



In addition to its rich history and traditions, Pemba is of interest for its wealth of natural resources ranging from beaches to mangrove ecosystems to natural forests. The coral reefs surrounding the island protect a multitude of marine species and offer some of the best diving in the world. While much of the coast is lined with mangroves, there are a few amazing stretches of shoreline and enough attractive offshore islands with pure, clean beaches and interesting bird-life to keep you busy for quite a while.

The tourism industry in Pemba is still in its infancy and infrastructure is therefore quite basic, although this is slowly beginning to change with a few exclusive resorts springing up on the island.

Pemba is definitely one of the jewels of the Indian Ocean and is patiently waiting to be explored.²



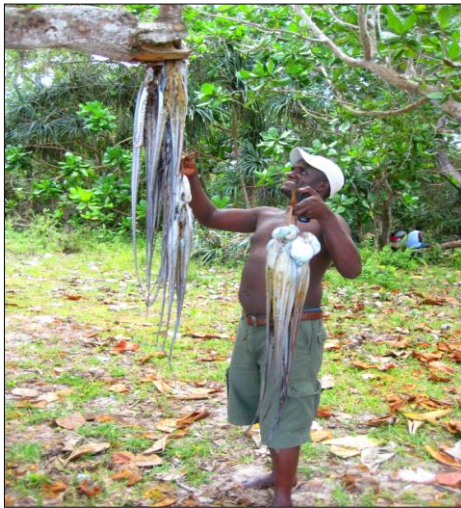
² Please see: "About Pemba", http://www.pemba.net/about_pemba

Where to go

One day trip will be arranged by the course organizers to Vumawimbi Beach: a white sandy picturesque beach fringed by a green forest (included in the training package). In case of interest, there are a few others beautiful areas surrounding Pemba deserving to be visited:

MISALI ISLAND

Candidates which are interested, at a small additional cost, will be guided to Misali Island, a marine park outside Chake Chake fjord to enjoy the beauty of uncontaminated coral reef. The notorious pirate Captain Kidd is supposed to have had One of his hideouts here in the 17th century. Some believe he actually buried treasure here too. These days, local fishermen use the island as a temporary base and set up simple camps. It has some pristine beaches and excellent swimming and snorkelling and diving as, unlike most places in Pemba, the tides make no difference to these activities. Local fishermen use to cook delicious seafood on the spot.



Misali is mostly covered by forest, notably large baobabs and there are a number of bird species to spotted including mangrove kingfisher, paradise flycatcher and red-eyed dove. An increasing number of green turtles are also successfully nesting on beaches on the western side of the island.

Due to the rich variety of marine life around the island it has received official recognition and is now called Misali Island Marine Conservation Area. Among the locals, Misali has religious status as they believe the prophet Hadhara used the island as his prayer mat. The strong Islamic environmental maintenance ethic is used to support management and environment education, and the island is a 'sacred gift' to the earth from the Islamic faith as part of an ecumenical Millennium celebration arranged by the World Wildlife Fund.

SHAMIANI ISLAND

Also known as Kiweni Island, Shamiani is a beautiful and isolated island east of Mkoani. It is the perfect place for relaxing. The island hosts a wide variety of bird species and also provides a nesting ground for some sea turtle colonies. Being protected by the reef, Shamiani also offers good snorkeling and diving,

Private transport needs to be arranged from Chake Chake to the village of Kengeja. From Kengeja there is a small beach from which you can sail across to Shamiani.³



³ "Surrounding Islands", http://www.pemba.net/surrounding_islands

What to visit

Participants can envisage alternative one day trip, or extend their journey after the course completion, enjoying visiting other places of interest in Pemba or in Unguja, the main island.

MTAMBWE MKUU

Situated on a small island slightly south of Wete, Mtambwe is joined to Pemba only at low tide. Mtambwe is one of the few places that examples of pre-colonial silver minted coins have been found. Mtambwe is reached by dhow or canoe from Wete harbour.

PUJINI RUINS

About 10Km southeast of Chake Chake town lay the ruins of a fortified palace dating back to the 15th century. This was the seat of the infamous Mohammed bin Abdul Rahman who ruled Pemba around this time, before the arrival of the Portuguese. Locally, Rahman is known as 'Mkame Ndume', or 'Milk of Men'. For residents of Pemba his name is synonymous with cruelty due to the hard labour and harsh punishments he meted out. The palace ruins cover a large area and both the defensive ramparts and surrounding ditches can still be seen. Inside, a team of archaeologists have found remnants of 3 large buildings, and an underground shrine with plaster bas reliefs on the walls. Another legend about Pujini tells of a ruler with two wives who lived in separate parts of the palace and never knew each other. A wall was built across the well so that they could not meet, even if they came to get water at the same time.

NGEZI FOREST

The Ngezi Peninsula is the northernmost point on Pemba. Much of the area is taken up by the Ngezi Forest, which is the last remains of a huge tract of indigenous forest which used to cover most of Pemba. Ngezi is home to the Pemba Flying Fox, a bat endemic to the island. The forest itself is a protected area and there is an information centre, a nature trail and a small entrance fee. On the east side of the Ngezi peninsula is Vumawimbi Beach, an immaculate beach with miles of white sand flanked by a pristine forest. On the western side is Verani Beach with the 'Pango ya Watoro' or 'the cave of the fugitives' at the northern end.

RAS MKUMBUU RUINS

Ras Mkumbuu is the cape jutting out into the sea to the northwest of Chake Chake town. The ruins are at the tip of the peninsula and are the site of a Swahili settlement dating back to the 11th century, which at the time seemed to be one of the most powerful on the East African coast. Today, the remains of a large mosque can still be seen and a number of 'pillar tombs' can also be seen. The easiest and most enjoyable way to reach the ruins is by hired boat, or an organized tour.

RAS KIUYU FOREST RESERVE

Situated on the northern tip of the Kiuyu peninsula, this forest is smaller than Ngezi but is still rich in wildlife and vegetation and makes for an interesting day trip from Wete.⁴

⁴ "Where to go", http://www.pemba.net/where_to_go

Zanzibar general information

Zanzibar, correctly known as Unguja, is the common name given to the largest and most populated island of the three islands just off the coast of mainland Tanzania on the Indian Ocean. The other two islands that form the Zanzibar archipelago are Pemba to the North and Mafia to the South. The main island has a population of 640,000 and is situated just below the equator.

Time Zone - GMT + 3

Official languages - Swahili (known locally as Kiswahili) and English.

Currency - USD \$1 = 1350 Tanzanian Shillings (Tsh) - €1 = 1850 Tsh. The local currency is the Tanzanian Shilling, it fluctuates considerably against the US \$. It is not available internationally, so visitors are advised to bring a sensible mix of hard currency, traveler's cheques and cash. These are easily changed into local currency in Bureaux de Change or Banks. US \$ and Euro are recommended for the best rates of exchange.

Religion - Islam is the dominant religion of Zanzibar although there are also followers of Christianity and Hinduism. Although the Zanzibar people are not very rigid in their beliefs, as a matter of respect for local customs, we recommend that women cover their shoulders and avoid over provocative dress as this is frowned upon.

Climate - The climate of Zanzibar is determined by the Monsoon winds which blow from the North East from November to February and from the South West from April to September. The beginning of each new season brings rains. The heavy rains run from late April to early June. The hottest season is January and February, but there is usually a refreshing sea breeze and Zanzibar is rarely overpoweringly hot. Daytime temperatures usually vary between 26 and 28 degrees centigrade.

Health precautions - Given that Zanzibar is blessed almost all year around with a cool breeze, one can forget that one is in the tropics. Be careful with the sun and use a strong protection in the first days of your stay. Zanzibar is a malaria area, as are most tropical destinations in the world, and you should take advice from your doctor at home regarding what malaria tablets to take. It is also a good idea to bring a mosquito repellent for use in the evenings. All hotels should provide mosquito nets. If you follow the above precautions you reduce the possibility of catching malaria to a minimum. The symptoms of flu are very similar to those of malaria and, in the weeks after returning to your country of origin, should you have flu symptoms, inform your Doctor that you have been in the tropics.

Vaccinations - There are no legally required vaccinations for Zanzibar or Tanzania and as from April 2001 visitors heading off to Tanzania are no longer required to provide mandatory certification for yellow fever before entry into the country. If you have a previous stay in a country where yellow fever is required, you may be required to show your certificate. Some vaccinations are instead optional or recommended: all travelers should visit their personal doctor for details before departure.

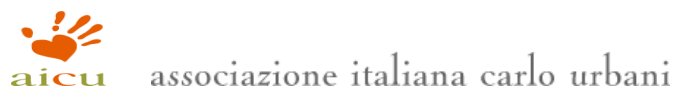
Visas and Entry Requirements – All visitors require a passport, valid for a period of at least six months from the date of their departure. Visitors can obtain visas arriving at Zanzibar International Airport. You can choose a simple tourist Visa.

Electricity 220 - 240 V AC, 50 Hz. Traditionally British wiring has been used in Zanzibar and three pin UK style plugs are the norm. Some of the more recent hotels have been wired for continental plugs.

Telephones and Internet – Mobile phones do work and telephone lines are easy to get in Zanzibar. The international dialing code for Tanzania and Zanzibar is + 255.⁵ In Zanzibar there are several internet café; at PHL-IdC, the course venue, internet wireless is available.

⁵ Please see: "Zanzibar general information", http://www.zanzibar-holiday.com/zanzibar_general_information.html

Sponsors:



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