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~~GILBERT~~  
~~AFR/HR/POP~~  
~~AID~~  
~~632-3224~~

PROGRESS REPORT

CONCERNING

POPULATION AND FAMILY HEALTH ACTIVITIES

IN BURUNDI

SEPTEMBER 23 - NOVEMBER 3, 1981

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AID Family Health Adviser.

AID/ Rujumbura, November 3, 1981.

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I INTRODUCTION

As a result of increasing interest in the field of population by AAO/Burundi as well as Burundian officials, the contractor, during his first month assignment, spent a great deal of time meeting with Government of Burundi officials and with representatives of multilateral/bilateral aid organizations in Burundi which are concerned with population matters. It is too early yet to have a clear picture of what can be achieved, however, taking into account the various areas of interest and their constraints in connection with population/family planning programming in Burundi, the reader will find here a preliminary analysis of the situation along with a strategy to start what could be viewed as apparent opportunities for aid initiatives in the population field in Burundi. A possible plan of action will be found at the end of this report. It should be remembered that what is written here should be considered keeping in mind the limited amount of time spent by the contractor in Burundi.

II BACKGROUND AND BASIC CONSIDERATIONS

It seems obvious that family health activities as delivered in developed countries cannot be accepted by African people in general, and by Burundi in particular, because here, socio-cultural values consider the birth of a child as the raison d'être of marriage and the pride and survival of the family clan.

On the other hand, there was a need in traditional African customs for child spacing expressed by breast feeding and

various taboos concerning sexual relations before the child can walk.

Burundi as well as many other African countries is in real mutation. Urbanization (Bujumbura) is booming at the rate of 8 to 12%, although most of the population (more than 96%) lives in rural areas. Education is improving slightly, but the social condition of women is still very poor and illiteracy is widespread. Communication is moving too fast in the cities (Bujumbura, Gitega) and too slowly in the remote lands. The number of medical and paramedical personnel is increasing. The first doctor "made in Burundi" is to be graduated from the School of Medicine in Bujumbura this year. At present the number of medical students is higher than the number of paramedical students. However, the Ministries of Health and Social Affairs are still low priority ministries and their logistics and programming are not quite adapted to the real situation.

Therefore, a paradoxical situation exists in Burundi because birth rate is not curbed by the government in order to respect local traditions and socio-cultural habits of the population; at the same time the need for child spacing is being pushed by conditions arising from problems caused by urbanization and people's socio-economic conditions. This need in Burundi is reinforced by working conditions, socio-cultural transplantation and the liberation of women's condition.

One can say that in this part of the world as in many where sexuality is in a sense, a way of communicating, Mother Nature takes her rights back !

This is why in most of the ministries and/or government organizations already visited the approach of child spacing is viewed as a meeting point concept. Except from the Ministry

of the Interior which sees the population problem in its global aspect (planning, socio-economics, demographic): the other ministries (Health, Social Affairs) think the child spacing approach demonstrates a more human way to resolve population problem, taking into account the inadequate health infrastructure. Here in Burundi, and for some time before the infant mortality drops, the birth of a child is seen as a prestige, a way to happiness and a socio-economic investment for the future.

If, in some countries, temporary or permanent action leads to curbing the fertility growth rate, Burundian officials view limitation of family size, although a must in the future, as something that will sooner or later be strongly influenced by the continuing increase in economic inflation and the choice of giving a better education to the children.

Integrated family planning activities within the public health area, sexual and modern education associated with a substantial decrease in infant mortality is the best bet which could have an influence on cultural concepts associated with family size. But this is seen in Burundi, much more as a progressive phenomenon than a radical change if one wants to preserve "the humanitarian value which predominates over cupidity and/or economical/ethnic domination".

III FAMILY HEALTH IN BURUNDI - What is happening ?

During the last month, the contractor met with various multilateral and bilateral aid institutions as well as governmental ministries interested in the population/family health problems in Burundi. A list of these meetings can be found in Annex no. 1.

*the officials "never  
don't always. sometimes  
never coincide with  
what the people need.*

A comprehensive report on multilateral and bilateral aid in the public health/population sector is also in preparation.

A - Multilateral Organizations

Nearly all the specialized UN agencies were visited, and some offered their cooperation with AID. Among them, UNFPA, the specialized UN agency for population activities has approved a US\$1,133,000 project signed by the Ministry of Health. This project focuses on integrated MCH and FP activities, health education, EPI and communicable diseases. The family planning service delivery is more theoretical than practical and one has to consider that it took two years for the project to be signed. At present, the project has not started despite the good intentions recorded by the UNFPA desk officer for Burundi during her October visit. Moreover, the administrative changes suggested in the project such as the establishment of a MCH/FP division (including school hygiene, health and nutrition education, MCH/FP services) will take a while, and without the administrative structure, one can consider all nation wide MCH/FP program as a failure to be. To consolidate our judgement, it should be added here that the project is looking for funds and that AID has already been approached by MOH for this purpose.

UNICEF is already cooperating with AID in an EPI project which will enhance the decrease of infant mortality rate, contributing to population and family planning awareness in this country ("why should I procreate 10 children if 10 remain alive ? Do I have the budget to raise them properly ?"). In any case, the contractor has worked closely with the

Department of Epidemiology (Dr. SERUZINGO) and has facilitated and coordinated the transport of 50,000 doses of Polio vaccine from AID/Mauritania to Bujumbura Airport. This was appreciated because of the start of the rainy season and because of a serious lack of this vaccine here; it also helped strengthen the relationship between AID and MOH. Formal contacts were made with WHO and the World Food Program, both quering the possibility of collaboration in the public health/family health areas. The contractor found an interest in the community medicine clinic of Foreamis (see further) directed by a WHO contractor, Nguetté KIKHELA, Professor of Public Health and former Minister of Health in Zaire. The contractor had already met the Professor in the development of a World Bank project in Zaire 1974-1977. The World Bank is involved in environmental improvements related to health and sanitation. Recently, the Minister of Health requested a copy of the IBRD second population project in Kenya.

B - Bilateral Aid

In health services development per se, the principal countries that furnish bilateral assistance are Belgium and France with smaller but substantial impacts from Japan, Russia, Cuba, Italy and recently Algeria and Saudi Arabia, all mainly in clinical and public health areas. In development of water and sanitary facilities, West Germany is the major bilateral contributor, mainly in urban, but some rural, water supply systems, with Belgium and France third. Good relationships were built up with the Belgium public health physician and the attaché at the Hygiene Department at MOH.

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C - Governmental Institutions

Although the contractor has not met with all the ministries or governmental bodies involved or to be involved in population activities, most of these institutions were visited. Reactions towards family health activities varied from extremely supportive (Ministry of the Interior and Ministry of Social Affairs) to a much more conservative approach (Ministry of Public Health).

The Population Census Department being under the Ministry of Interior the latter welcomed AID action in this field. A meeting was held with the Minister of Social Affairs and plans made for a study on how to have a MCH/FP educational impact on the 62 "Foyers Sociaux" (see Annex no. 2).

The Ministry of Planning at the Presidency and the Ministry of Foreign Affairs still have to be visited. The contractor had a favorable exchange of views with the Burundi Women's Organization (Union des Femmes Burundaises), and a meeting with the UPRONA leaders (the unique political party) is scheduled in November.

A great deal of time has been spent with the MOH, either with governmental officials and/or on site visits. AID credibility with this ministry is viewed as a sine qua non condition for successful family health activities in Burundi. Some of the governmental institutions (Hôpital Prince Régent, Centre de Médecine Communautaire de Foreamis, ONAPHA-Office Pharmaceutique) were visited in Bujumbura.

The staff at the Foreamis center which mainly deals in community medicine and has already included FP in its check up slip for prenatal and under-five visits, will be interested in further developing MCH/FP activities with AID.

Also, the OB/GYN Department of the Prince Régent Hospital was contacted and the chairman could develop an interest in

a MCH/FP research project (together with some JHPIEGO training).

In the training area, contacts have been made with the Dean of the Medical School in Bujumbura and the Director of the School of Nursing ("techniciens médicaux") in Gitega. Both showed interest in the MCH/FP area and the contractor was invited to give lectures and/or conferences on the subject. Here again, time will be necessary to build up confidence and good relationships, but it is not impossible that AID could have an impact in this area. Time was spent on the follow up and coordination of JHPIEGO and INTRAH trainees. We see some interest in this area; however a better coordination between MOH and the AID funded agencies is needed, and the role of AID is extremely important here (see section 4).

#### D - Private Sector

Depending on the belief of religious missions, either catholic or protestant, family planning is viewed with or without restrictions, but in any case, all missionary institutions are well aware of the population problem and in general are willing to cooperate.

The mission hospitals in Burundi are like most anywhere in Africa, sometimes the only reliable health service delivery in a given rural area. Many have included community medicine to their health program.

The contractor gave a lecture as part of a refresher course on immunization at the Grand Séminaire (catholic mission), visited a methodist hospital in the interior where he introduced the concept of family health and will collaborate in an anti smoking program (smoking and the pregnant women) at the end of November.

AID can reasonably expect the cooperation of the private missions towards its population/family planning endeavours. At the Kibuyé Hospital (see Annex no. 5), there is a certain demand for family health and some potential activities have been identified.

Other private institutions such as the Catholic Relief Service, Caritas, etc., have or will be contacted. These institutions can be included directly or indirectly in our scope of work (nutrition, community medicine, family health education).

E - L'ASSOCIATION DU BURUNDI POUR LE BIEN-ETRE FAMILIAL (ABBFF)

Last but not least, is the Burundi Association for the Family Well Being. This FP organization is at beginning stage. The bylaws have been legally registered, but the association is not yet functional because of the lack of funds.

Dr. NINDORERA, former Minister of Health and Ambassador in France and OAU Representative in Addis Abbeba, is the founder and executive secretary of this organization.

The Board comprises representatives of various ministries, Burundi Women's Organization, Population Census Department, etc.

The association will offer family planning activities within the context of family health/MCH. Infertility check-up will also be offered at the clinic

AID contractor is confident enough that this association will answer to the family planning need in Bujumbura, and the idea has been endorsed not only by various ministries (Health, Interior), but also by the President himself. Since his arrival, the contractor spent a great deal of time with Dr. NINDORERA in working sessions. The latter will need much help in getting his association underway. When functional,

this association will need guidance in its goals and objectives, and probably a strong administrator. Possible ways of funding ABBEF are described in Section IV below.

IV STRATEGY AND OBJECTIVES FOR USAID ACTION IN THE POPULATION AND FAMILY HEALTH FIELD IN BURUNDI

While writing this report, the contractor feels that, despite the signing of the UNFPA program, the government and certain ministries are not ready, in fact, to undertake a nation wide family health program.

As we mentioned above, the lack of logistical support, the dispersed and uneducated rural areas, the lack of awareness in the population/FP field among certain officials as well as the general population, will limit AID action towards small easy to monitor projects, as opposed to a large bilateral program taking two years to plan. That will come in time, and it may be earlier than we think.

Also, more in depth working relationships have to be developed between governmental entities and AID, and the work we are doing may be critical for that purpose.

The government would like to see the results of the missions who have already visited this country, and the latest various health sector assessment survey may have to be rewritten. Strategically inserting family planning activities within the public health/primary health care activities is of paramount importance for future AID recognition in that field.

All of the above takes time and will not take place (and should not) overnight. The change in the population field should be compared to a nuclear reactor: it takes a lot of time to prepare, but the fusion reaction is much more rapid !

Following are some of the basic goals and objectives AID is advised to follow:

1. To develop AID credibility in the health and population

field and remember, this takes time.

2. To develop and grant small centrally funded projects rather than large bilateral programs.
3. To coordinate all AID funded activities (services, training, information, education) through the AAO office in Bujumbura.
4. To integrate family planning activities within the public health/MCH area.
5. To assist the private sector (ABBEF, private missions) as well as the public sector.
6. To place population/family health education as a priority in Burundi (urban as well as rural areas).
7. To develop projects in Bujumbura to respond to the family planning demand already existing.
8. To keep a low profile in all FP funded activities.
9. To evaluate periodically all population activities with AAO/Bujumbura.
10. To coordinate activities with the multilateral and/or bilateral sectors.
11. To consider time as an important factor in the realization of any achievement in the population field.

1. Aid Credibility

A permanent dialogue with the members of the government demonstrates that honest understanding fortifies good relations and strengthens the cooperation, promoting mutual understanding and respect. A permanent contact with the political realities as far as socio-economical ones are concerned is a must for monitoring projects and rectifying the goals if necessary.

The Burundi Health Sector Assessment and Strategy contains a lot of information, however this document should be

reedited since it contains many facts written improperly which makes the report unacceptable for its release to the government.

The funding of one or two Burundian officials' training program with the AID continuing education training program on primary health care in Africa<sup>x</sup> is an excellent opportunity to strengthen relationship, and it provides a GOB official with a possibility of getting acquainted with AID funded public health/family planning projects.

Later, an observation tour will be scheduled and organized to offer some leaders an opportunity of seeing AID funded family health programs. This tour should take place in Africa, francophone or anglophone.

## 2. Centrally Funded Projects Rather than Bilateral Ones

Quicker, faster, easier to monitor and having more impact at the present time. Some of the AID intermediaries have already been identified by POP/DR/AFR during their last visit to Burundi.

Further thought leads to the following comments:

- FPIA seen as the main organization to get ABBEF underway (see paragraph 5.)

- Pathfinder as a complement to FPIA; IPPF/Nairobi, vehicle to fund ABBEF; main source of depo provera.

- RAPID group half a day was spent by AAO and contractor with the Future's group in Washington. The latter has to remember that:

the slide show must be the core of the presentation since there is no TV in Burundi; the computer show to be presented at the end of the presentation; messages should be easy to understand; one message per slide. Slides to be used by politicians, demographers,

x to be held in Lomé, Nov. 15-20, 1981

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health professionals, etc.;

presenter to be well aware of African culture, with demographic experience and flexibility and fluency in French;

show to be presented to AAO/Burundi prior to release to GOB officials.

- INTRAH could have major impact in Burundi. It is unfortunate that they do not have their regional office settled in Nairobi yet. Areas have already been identified for their possible action (community medicine center at Foreamis, School of Nursing Gitega, private missions). Further talks with the above bodies are necessary.
- IFRP research projects are being identified in Bujumbura. There is hope for the OB/GYN Department at the Prince Régent Hospital and the maternity ward of the Louis Rwagasore Clinic. Further investigation necessary.
- Columbia University, possible opportunity with the MOH Burundi for a pilot project (community medicine/family health) either in a rural area and/or Foréamis community medicine center.
- JHPIEGO, continuing interest. Trainees should be cautiously nominated by MOH and coordinated through AAO/Burundi. Sensitivities have not been respected by a JHPIEGO visitor in the past and this could have jeopardized AID relationship with MOH. Sterilization should be low profile although it is practiced in some hospitals/private missions. AAO is ready to help in this endeavour and in the process of identifying candidates for the future. One or two Burundi officials per seminar should be maximum.
- IPAVS could help via small grants; areas have already been identified. Further investigation necessary. Educational audio visual material as well as tubal ligation equipment will be requested in the future.

Who?  
Training?

- CHICAGO Community Center, we have started correspondence with Dr. BOGUE. Contractor will investigate how to use the Center's expertise in the communication area.

3. Coordinate all AID Funded Activities with AAC/Burundi

Coordination is mandatory for the acceptance of family health program in Burundi. Team of visitors must be scheduled, nominees for training concurred; visitors should allow plenty of time for planning.

4. Integration of Family Planning Activities within the Public Health/MCH Area

Mandatory. This sine qua non condition has been requested by MOH to ABBEF. Also, in a country that has a limited logistic capacity it makes sense not to duplicate another vertical system. Integration with community medicine and primary health care (nutrition, EPI) is the condition to success.

5. Private Sector (ABBEF, Missions), as well as the Public Sector

This strategy has been agreed upon by the government. There is room for everybody in Burundi. ABBEF will first take care of the demand in Bujumbura, and envisages to have satellite activities in Gitega later on. FPIA has been identified as the main source of funding. Since this organization may not have enough money scheduled for Burundi for FY82, a mechanism to inject more funds from AAO budget to FPIA New York is being considered. FPIA should consider Burundi as a priority country for its assistance. In recent telephone conversations with FPIA regional office in Nairobi, it was agreed that either a FPIA staff member will come to develop a "package program" for ABBEF or AID contractor with an ABBEF representative will visit FPIA in Nairobi, which

ever come first.

Since a FPIA grant will take 4 to 6 months to materialize, AAO/Burundi is looking at possible ways of funding ABBEF in the meantime.

The family planning activities in the public sector could gain momentum with time; one can expect a possible bilateral program with AID in the future.

6. Family Health Education as a Priority

This topic was discussed several times during our meetings with MOH officials. Family health education could benefit medics and paramedics; workshops, seminars as well as refresher courses for the public sector and the private sector can be organized and sponsored through centrally funded projects.

7. How to Respond to the Family Planning Demands in Bujumbura

Through - ABBEF (private sector)

- Public sector (training, I & E, Research, Services)  
at MOH, MOSA, Ministry of the Interior.

8. Keep a low profile in all family planning activities.

Family planning is still a very sensitive subject in Burundi, especially among MOH officials. Cultural awareness and cautiousness should be key words for the success of the program. Better be safe than sorry ! (this could be a FP commercial !!)

9. Evaluation of family planning activities with assessment of its goals and objectives.

Evaluation should consider the present family planning status in the country, constraints, socio-economic realities, political awareness, etc. Routine reassessments may be necessary.

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10. Coordination with the multilateral and bilateral sectors.
  - to have a better understanding of their projects;
  - to avoid duplication;
  - to complement their activities, i.e. with UNFPA to assist in the design conduct and/or evaluation of fertility/mortality/contraceptive prevalence surveys. Such information is of vital importance for planning; however, it is especially important in the health, population and other socio-economic policies and programs.

Discussions on the above are still underway with UNFPA.
11. To consider time as an important factor to realize any achievement in the population field in Burundi.

V SCHEDULE OF FUTURE ACTIVITIES (tentative)

November

1. **ABEEF - Priority**

A document for AID/W funding should be sent shortly. This should fill the gap between now and the FPIA grant.

A visit to Nairobi with Dr. NINDORERA or visitors from FPIA may be envisaged (one week).

2. **GOB Contacts**

- continue site visits with MOH
- schedule working sessions and visits with the Ministry of Social Affairs
- in depth discussions with Foréamis public health staff  
OB/GYN Department at Prince Régent Hospital
- visit to Ministry of Plan/Ministry of Foreign Affairs, UPRONA Party, etc.

3. **Contraceptive procurement**

- Evaluation of contraceptive needs  
Pills (2 dosages)

- IUDs (Lippes loop and Copper T)
- cream or jelly (neo-shampon)
- condoms
- depro provera (to be supplied through IPPF)
- sterilization equipment
- Send a cable to Washington.
- 4. Primary Health Conference in Lomé - November 15-20, 1981
- 5. Preparation of Carol DABB's visit.  
The first two weeks after Thanksgiving should be perfect.
- 6. Comments and recommendations on the Burundi health sector assessment and strategy.
- 7. Define a plan of action with various ministries.

#### December

- AID/W visit (C. DABBS)
- Possible team visits (INTRAH, FPIA, COLUMBIA ?).

#### January

- RAPID team to be scheduled.

## VI CONCLUSION

Again, it seems too early to know whichever seed is going to grow in the area of family health in Burundi.

Today AID offers such a variety of possibilities which speaks in favor of using a multidirectional approach rather than a bilateral one.

AID should use its flexibility to trigger the interest in the population field among the private and public sectors.

Moving into health education, community medicine and training are clearly indicated in Burundi to develop adequate programs.

A small change can sometimes produce a greater effect.

Dr. Claude J. AGUILLAUME  
 Family Health Advisor  
 USAID - Bujumbura

Contract No: AFR-0135-S-  
 00-1089-00  
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ACTIVITY REPORT

September 23 - October 26, 1981.

I - MEETINGS / BRIEFING

The following individuals and/or organizations have been met:

a) Multilateral Organizations

- UNDP - Mr. Jules RAZAFIMBAHINI  
 Resident Representative
- UNICEF - Mrs. Brigitte SOCQUET  
 Resident Representative  
 - Mr. Claude MASSART  
 Water Project
- WORLD FOOD PROGRAM - Mr. LAMBRINIDES  
 Resident Representative
- WHO - Dr. Damien AGBOTON  
 Coordinator of WHO Program  
 - Prof. NGuetté KIKEHLA  
 Professor Public Health, WHO Contractor
- UNFPA - Dr. Alphonse NZOKIRISHA  
 Liaison Officer
- IHRD - Ms. Louise GARIEPY  
 Assistant Resident, Mission in Burundi

b) Bilateral Aid

- AMERICAN EMBASSY - Mr. Michael SOUTHWICK  
 Chargé d'Affaires
- AID - Ms. Abbe FESSENDEN  
 AAO, A.I.  
 - Mr. William EGAN
- FRENCH EMBASSY - Mr. Jean FEVRE  
 Ambassador  
 - Mr. Jacques BONNAMOUR  
 Chief of the French AID Mission  
 - Dr. CARTERON  
 Chief French Medical Mission
- BELGIAN EMBASSY - Mr. CEYSSENS  
 Ambassador  
 - Mr. SLEDSSENS  
 Chargé d'Affaire (Public Health)  
 - Dr. STORME  
 Public Health Physician and Attaché at  
 the Ministry of Health (Hygiene Department)

c) Governmental Institutions

- MINISTRY OF HEALTH - Dr. Fidele BIZIMANA  
Minister (2 visits)  
- Dr. Paul MPITABAKANA  
Director General Public Health (4 working sessions)  
- Dr. SEMZINGOD  
Immunization  
- Dr. Pamphile KATANZABE  
Health Education
- SCHOOL OF MEDICINE - Dr. H. NZEYIMANA  
Dean
- OFFICE NATIONAL PHARMACEUTIQUE/ONAPHA - Dr. Emmanuel BATURURINI  
Director  
- Dr. Raymond YENGAYENGE  
Deputy Director
- MINISTRY OF THE INTERIOR - Mr. Stanislas MONDI  
Minister
- UNION DES FEMMES BURUNDAISES/UF B - Mrs. E.S. KANDEKE  
Executive Secretary of UFB

d) Private Institutions

- CATHOLIC RELIEF SERVICE - Mr. Robert BURKE  
Director  
- Mr. James O'CONNOR  
Assistant Director
- ASSOCIATION DU BURUNDI POUR LE BIEN-ETRE FAMILIAL/ ABBEF - Dr. Joseph NINDOKERA  
(4 working sessions)

II - VISITORS

- Mr. Larry HEILMAN  
Deputy Director of Technical Services AID/AFR/WASH
- Mrs. SWINDELS  
Burundi Desk Officer, UNFPA, New York
- Dr. David CRANDALL  
American Mission, Hôpital de Kibuye
- Prof. NGUETTE  
Public Health Department, School of Medicine

- Dr. Artemon NZEYIRANA  
JHPIEGO Trainee for Tunisia
- Ms. NKARASI and NIYONBASA  
INTRAH Trainees for Workshop in the Mauritius

III - SITE VISITS

- 1) ONAPHA Plant  
with Dr. MPITABAKANA, Director General Ministry of Health
- 2) GITEGA Hospital  
with Dr. J. NINDORERA  
and meetings with Dr. Laurent MUGYAMCINAI, Director  
Medical Region Gitega (training)  
and with Dr. Roger NIBIGIRA, Director Medical Institute Gitega
- 3) KABEZI Water Project (UNICEF)  
visit to Mr. Claude MASSART
- 4) IMMUNIZATION PROGRAM-Muramvya  
visit with Dr. SEMZINGOD, in charge of the program
- 5) HEALTH CENTER-Kiganda Mission  
visit of center with Dr. NINDORERA

IV - SEMINARS / CONFERENCES

- Lecturer at the Immunization Seminar, Grand Séminaire de  
Bujumbura  
(Public Health Refresher Course)

V - OTHER ACTIVITIES

Readings

- Background papers/projects on demography
- Family Health
- Various Reports on Burundi
- Burundi Health Sector - Assessment and Strategy

UNICEF/AID

- Logistics (arrangement for 50,000 doses of Polio vaccine)

Correspondance

- With Central Funded Organizations such as INTRAH, FPIA, JHPIEGO,  
IPAVS, Columbia University, etc.

VI - UNDERWAY/FUTURE ACTIVITIES, MEETINGS

- 1) Meeting with Ministry of Social Affairs
- 2) Meeting with Ministry of Rural Development
- 3) Meeting with Soeur Chanel CARITAS

- 4) Working sessions with Prof. NGUETTE and Dr. BOUCHARAT, Public Health Specialist and former Minister of Health
- 5) Visit to Foreami (Community Medicine Center)
- 6) Evaluation - procurement of contraceptives
- 7) Site visits to Kibuye and other hospitals, primary health care distribution in country
- 8) RAPID group site visit to Burundi (1st week of November)
- 9) Follow up on Dr. NINDORERA's paperwork for the establishment of ABBEF
- 10) Meetings with Ministry of the Interior, Department of Population, demographers, etc.
- 11) Plan for future FPIA's visit and workplan for the strategy.

The next two months will include site visits, TDY from Central Funded Organizations, schedule for conferences, courses and lectures on Family Health.

A cable will be sent to POP/DR/AFR (with Trayfors and Carol DABBS) at the end of each month summarizing activities, strategies and future plans.

Bujumbura  
October 26, 1981.

Dr. Claude J. AGUILLAUME, MPH.

MEMO FOR FILE

25 October 1981.

Dr. Claude J. AGUILLAUME

FAMILY HEALTH - Meeting with Dr. Fidèle BIZIMANA, Minister of Health

This meeting was held between the Minister and myself at the Ministry.

- 1) The Minister requested this meeting so that he could get acquainted with the goals and objectives of my assignment in Burundi.
- 2) Concepts of family health were discussed in depth. The Minister agreed with me that family health and family planning activities in this country could be integrated to the public health system and to the private sector also. However, there is a lot of time wasted in the delivery of health services from cities like Bujumbura to the mountain regions. A lengthy period of health education, specific training, motivation and information, properly adapted to the country's needs will be necessary before launching such a program.
- 3) We also discussed the various possibilities of using centrally funded projects such as curriculum development in family health for the Schools of Medicine and Nursing, some research projects within the main OBS/TN Department at the Prince Régent Hospital, seminars for leaders and medical technicians and a pilot project integrating primary health care, health education, nutrition and family health activities.
- 4) The Minister showed interest in other countries' family health programs and asked me to expand on my various African experiences. He asked for a copy of the World Bank's Second Population Project in Kenya. He also asked for sponsorship for specialization in the US for burundian physicians, including the public health sector which is badly needed in this country.
- 5) On the subject of community health, the Minister advised me to read the latest 'Marcenier Report' (Belgian Mission); he said I could get a copy from Dr. MPTABAKANA.
- 6) The Minister queried if AID could sponsor the construction of dispensaries and other health facilities. My answer was the following:

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- a) renovation of certain buildings and staff lodgings could be sponsored by a centrally funded project, for instance a primary health care/family health program with Columbia University;
  - b) renovation of an operating room and/or other related facilities for laparoscopic work and other programs including sterilization and infertility.
- 7) The Minister mentioned that AID should show a financial interest in the UNQPA Project in Burundi and provide larger assistance with his Ministry's programs in the near future.

Comments

This meeting should be viewed as a step forward to strengthen relationship between the Ministry of Health and AID, as AID assistance in the health sector is only beginning.

The Ministry of Health is very disorganized, and management is completely inefficient.

I would suggest that AID proceed slowly with the Ministry of Health, starting with the development of small projects, and above all that AID should build up its credibility with this difficult Ministry.

lp

Dr. Claude J. AGUILLAUME, MPH.

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MEMO FOR FILE

29 October 1981.

Dr. Claude J. AGUILLAUME

Meeting with Mr. Buzanqu Aloïs, Minister of Social Affairs

This meeting was called by AAO/A.I. through Protocole, to introduce Dr. Claude J. AGUILLAUME. Abbe FESSENDEN and William EGAN attended the meeting also.

- 1) After general introduction, Dr. AGUILLAUME presented the goals and objectives of his assignment in Burundi, and the possible impact on the Ministry of Social Affairs and the 02 Foyers Sociaux.
- 2) The Minister offered his sincere collaboration and suggested that working sessions could be scheduled with himself and/or his staff, starting next Thursday, November 5, 1981. In-country site visits of Foyers Sociaux will also be organized by the Ministry so that Dr. AGUILLAUME has a better understanding of the Foyers' organization and activities. Other site visits in Bujumbura will also be arranged.
- 3) The Minister thanked USAID for its possible cooperation and asked in what area and in which project could AID give its support and/or help. He also asked for construction of buildings and/or renovation of some of the Foyers Sociaux, and for funds for equipment such as sewing machines, etc. It was reiterated that to stay within the various possibilities of AID assistance, the closest way could be through centrally funded projects for information indication in the family health field, materials, audio-visual projects, seminars and training programs. This should be finalized only after Dr. AGUILLAUME's site visits and agreement from the Ministry. Mention of the establishment of larger projects on a bilateral basis was made, after agreements between the Burundi and US Governments, naturally. This latter solution is a much longer one in terms of planning, scheduling, budgeting and other necessary agreements to be drawn between the two countries (12 to 18 months).
- 4) The meeting ended with the promise that the Ministry of Social Affairs would call Dr. AGUILLAUME's office to let him know about the next working session and the site visit schedule.

Mr. George ELISS  
AAO

26 October 1981.

Dr. Claude J. AGUILLAUME  
AID Contractor

Meeting with Dr. Joseph NINDORERA, Executive Secretary,  
Association du Burundi pour le Bien-Etre Familial (ABEEF)

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1) I had a two-hour conversation today with Dr. Joseph NINDORERA, ABEEF Executive Secretary, concerning the background, the progress and the difficulties encountered by this association.

2) Background

Last February, during several discussions between the former AAO and Dr. NINDORERA, the latter showed interest in the population problems in Burundi and in family planning in particular. In fact, Dr. NINDORERA spoke about his intentions of opening a private practice providing family planning services only.

AID/AAO then suggested to Dr. NINDORERA to create a local family planning association, and it was said that AID/Burundi and/or AID Central Funded Family Planning Projects could give this association a grant in order for it to start family planning services in Burundi.

During a conversation on population and family planning projects between the former AAO and the Minister of the Interior, the AAO reiterated that a possible sum of up to \$25,000 maximum could be given to ABEEF by AID/Burundi to help it get organized and start its services as soon as possible. However, he added that the association would have to wait for the period necessary to process such a grant application through a central funded project (such as FPIA, PATHFINDER, etc.). Nothing happened until late August when Dr. NINDORERA, during his training visit at JHU/IEGO, Baltimore, began to contact POP/DR/AFR and other centrally funded family planning associations.

3) Progress

Seven months after Dr. NINDORERA's initial contact with AID, ABEEF is legally registered. We are confident enough that the above association will respond to the family planning need in Bujumbura, and this idea has been accepted not only by the Minister of Health, but also by the Minister of the Interior, as well as the President himself.

After my arrival in Bujumbura, and after three working sessions with ABBEF/NINDORERA, it was necessary to call on FPIA/Nairobi and send them a telegram (sent Oct. 21st) requesting technical assistance to help NINDORERA in his grant application. In the meantime, I helped him develop an ABBEF program in order to be eligible for AID funds for a total sum of \$250000. Despite all our efforts to communicate with FPIA, we have not been successful in obtaining any answer from Nairobi.

4) Comments

The strategy of calling on Central Funded PP Project (at FPIA) to help in acquiring an ABBEF grant on site has been chosen because we know from past experience that in doing so, we can gain from two to three months, as it usually takes six to seven months to process a proposal. AID/Contractor could coordinate project development with ABBEF and the sponsor, and final discussion, if necessary, could be held in Nairobi to finalize the project.

AID should be well aware that the timing of this project is critical for all future family planning activities in Burundi, and one can understand that after seven months, Dr. NINDORERA is getting impatient.

5) Decisions / Actions

- a) Meeting with AAO/Burundi, Mr. EGAN, Dr. AGUILLAUME to discuss with Dr. NINDORERA possible ways of funding prior the obtention of a centrally funded grant. This sum has to be superior to the \$2,500 being processed at this time.

This meeting should be held as soon as possible.

- b) Contact FPIA/Nairobi by telephone and work out a site visit schedule. If the timing is bad for them to travel, I suggest that we should visit Nairobi in order to discuss in details Dr. NINDORERA's program.
- c) If we have not received an answer from FPIA/Nairobi by COB Wednesday, I suggest to send a strong cable to FPIA/Nairobi with copy to POP/DR/AFR and FPIA/New York.

Dr. Claude J. AGUILLAUME, MPH  
Health and Family Planning Advisor

Contract No: AFR-0135-3-00-1089-00

T R I P   R E P O R T

Visit to Kibuyé Hospital  
Friday, 30 October to Sunday 1 November 1981  
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A field visit of the Protestant Mission Hospital at Kibuyé was made and discussion time was spent with Dr. David CRANDALL and his staff.

The following summarizes the visits, main points discussed with Dr. CRANDALL and his staff, future activities in the community medicine/family health area and a possible plan of action.

I    Kibuyé Hospital Organization and Facilities

The health facilities at the Mission comprise several buildings divided into specific departments for internal medicine, pediatrics, maternity and OB/GYN, dispensaries, community medicine, surgery, a pharmaceutical depot and other teaching facilities for the trainees.

This 50-bed hospital is of the highest standards, according to Burundian standards.

The surgery department has two operating rooms and a septic room for D&C and other small surgical functions. The main operating room is well equipped with a modern OR table and OR lights; there is an anesthetic monitoring device. However, there is a lack of oxygen, CO<sup>2</sup>, and sterilization of surgical instruments is done in a small autoclave using burning wood as a source of energy (the whole thing is rather primitive).

The maternity/OB/GYN department was visited; it comprises two delivery rooms, a labour room and a post partum room with seven beds that have to be shared with gynecological cases.

The surgical, pediatrics and internal medicine departments are gathered into the same building which is rather decrepit. A new building is in the process of being completed and community medicine activities will <sup>be</sup> performed there also. It comprises a large waiting room for the mother patients and their children where they will be taught primary health care, nutrition, emunization and other family health related activities. Five cubicles are also used for out-patients visits. Another two rooms have been reserved for lab facilities and filing.

This community medicine center which is not yet functional, represents a tremendous potential for family health care activities at the Kibuyé Hospital. Dr. CRANDALL wants it to be a model which could be duplicated elsewhere in Burundi and also a place that could welcome medical and para medical students from the Ministry of Health.

## II Staff

The Kibuyé Hospital is staffed with the following expatriates: a surgeon (Dr. CRANDALL); two missionary nurses, one administrator/accountant. The rest of the staff includes para medics (techniciens médicaux), anesthetists, secretaries, etc. The Center gives the feeling of intense activities.

## III Funding

The Hospital operational activities are entirely financed by the Mission; however, they receive donations, pharmaceutical gifts and other grants from the American Embassy, MOH, private organizations, etc.

## IV Meeting with Dr. CRANDALL and his staff

Two meetings were held with the hospital personnel to discuss my assignment in Burundi and ways AID could help the Kibuyé Hospital.

The following movies (without sound) were shown to the staff: "Mini Laparotomy Procedures" and "That Children May Not Die" a film on primary health care produced in Nigeria by the Ford Foundation. This latter movie was shown to the staff as well as local officials from the Kibuyé area who found it most interesting.

### Family Planning Activities

This topic was discussed at length. Dr. CRANDALL appreciated the supplies that I brought (4 boxes of copper T IUDs, 1 box of condoms, various pamphlets and teaching material). He reiterated that family planning activities should be taught first to his personnel, and the following methods of contraception expanded upon:

- a) pills: this could be a method used by educated individuals in the Kibuyé area: civil servants, teachers, hospital staff; Dr. CRANDALL requested the two dosage kind of pills;
- b) IUDs: could be successful in rural areas, provided a great deal of education is given to future users. The copper T IUD has to be removed every two years and this presents the advantage of possible follow up of acceptors. Lippe's loop IUDs (3 sizes) were also requested;
- c) depo provera: the injectable contraceptive was also requested because of its easiness and effectiveness among African mothers. I explained to Dr. CRANDALL that at present it cannot be supplied by AID but that they could obtain it from IPPF, African Regional Office in Nairobi;

- d) condoms: the male methods will require a great deal of education and understanding in the Kibuyé area. However, Dr. CRANDALL and his staff think this method may gain momentum among the educated individuals especially to prevent venereal diseases.
- e) tubal ligation: Dr. GRANDALL is performing about 15 to 20 tubal ligations per year, most of them for medical reasons (patients who have had at least three cesarean sections, etc.). He showed a great deal of interest in the mini laparotomy procedure and requested mini laparotomy books, OB/GYN books, movies on laparoscopic and mini laparotomy procedures, Yoon rings and other supplies i.e. operating gloves. He also badly needs an autoclave (portable) to sterilize all his medical instruments. Dr. CRANDALL thinks that female sterilization could gain momentum with the proper education and if he has the necessary equipment.

#### Other Topics Discussed

- a) INTRAH: Dr. CRANDALL and his staff looked at the INTRAH educational booklets with interest and would like to order some copies on other specific topics; a catalog was left with him for this purpose. Also, he would be interested in meeting the INTRAH team during one of their visits in Burundi in order to prepare a document on community medicine for his para medical trainees.
- b) American Foundation for the Prevention of Venereal Disease, Inc: Dr. CRANDALL requested copies of the booklet entitled "The New Venereal Disease Prevention for Everyone" in French. He said that venereal diseases are increasing in Kibuyé and it is one of the factors responsible for men/women infertility.
- c) JHPIEGO: Dr. CRANDALL would be interested in being trained in laparotomy at JHPIEGO, Tunis Center. However, since he is a US national, special authorization should be obtained from JHPIEGO and the Burundian Ministry of Health first. This question will be asked in our next correspondence with JHPIEGO.
- d) Population Reports: Dr. CRANDALL needs three population reports binders; this request will be forwarded to Population Reports.
- e) Africare: I told Dr. CRANDALL about Africare and I promised to send him the address.
- f) IPAVS: Dr. CRANDALL does not think that a sterilization program is politically and medically advisable in the Kibuyé area. However, since he is performing tubal ligations, it might be possible, through an IPAVS small grant, to obtain the necessary equipment he needs. I said that I would investigate the possibility of getting a laparoscope for the missionary hospital. We will ask for a copy of his cv which is required by AID, in our next correspondence with him.
- g) Energy problem: one of the biggest concern is the problem of energy. Dr. CRANDALL asked me if AID could help in providing a more powerful generator working with solar energy. This question will be submitted to AAO/AID. In my views, this kind of power is indispensable for such medical facilities especially to give enough energy for the operating room and the sterilization of equipment.

V     Action

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|------------------------------------------------------------------------------------------------------------------|------------|
| 1) Follow up letter to Dr. CRANDALL with various answers as mentioned above                                      | ) CA       |
| 2) Letter to JHPIEGO concerning training program and also requesting slides and movies on laparotomy procedures. | ) CA       |
| 3) Power - solar energy generator                                                                                | ) CA/GB/WE |
| 4) Polio vaccines - Dr. SERUZINGO                                                                                | ) CA       |
| 5) Write letter to the AFPVD asking for pamphlets on venereal diseases in French                                 | ) CA       |
| 6) Write to IPAVS regarding sterilization equipment                                                              | ) CA       |
| 7) Next correspondence with INTRAH ask for pamphlets on development, etc.                                        | ) CA       |
| 8) Procurement of contraceptive supply: pills, Lippe's loops, condoms, etc.                                      | ) CA       |
| 9) In next letter to Phillis PIOTROW ask for Population Reports binders                                          | ) CA       |
| 10) Flag IPPF Nairobi regarding depo provera                                                                     | ) CA       |

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