

Act
NORD SUD

PD-ABI-577
13N 88377
LYON - NAIROBI - GARISSA

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FINAL ACTIVITY REPORT

USAID

GRANT NO. 623-2050-G-00-3106-00

JUNE 1993 - FEBRUARY 1994

GARISSA

KENYA



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MEDICAL NUTRITIONAL

AND

SANITATION PROJECT

(1)



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I) REMINDER OF THE PREVAILING SITUATION

Garissa, the main town in the North-Eastern Province of Kenya, has been severely affected with the influx of refugees from Somalia and nomadic and semi-nomadic populations of this geographical area who have lost their cattle during the drought of these three past years.

Garissa, that used to have a population of 30 000 people now counts probably more than 110 000, of which about 20 000 refugees, according to official estimates.

II) REMINDER OF ACTION NORD SUD PROGRAMME

ACTION NORD SUD, already present in the Horn of Africa (Somaliland, Djibouti) for two years launched a medico-nutritional emergency programme in Garissa in September 1992 in favour of the above-described populations.

A Therapeutic Feeding Center was established in October 1992 on the Provincial Hospital premises and worked in close collaboration with the Paediatric Ward of the hospital. A number of 784 children were taken care of between October 1992 and June 1993.

It is important to stress that basic hygiene education was provided to the mothers of the children while they were staying in the TFC.

It is also important to mention that that the children while in the TFC were taught by a primary school teacher and that those who had some sort of handicap, due mainly to severe malnutrition, were benefiting of the services of a physiotherapist (more than a hundred children were thus helped).

ACTION NORD SUD built the semi-permanent structure of the TFC in local materials, installed in the TFC compound a comprehensive water and sanitation system (10 000 l water-tank that the hospital will be able to benefit from after the TFC closing down), rehabilitated most of the sanitary structures of the hospital, that is the clean water and sewerage systems in the medical and paediatric wards of the hospital, as well as renovated most of the electrical and plumbing equipments in the same wards (showers, sinks, latrines, washing areas).

A Supplementary Food Distribution was set up, that distributed more than 35 000 rations over the same period of time.

An Expanded Programme on Immunization (EPI) campaign was conducted between November 1992 and February 1993 : 4 000 children benefited from it. Another 190 children were immunized between March and June 1993.

ACTION NORD SUD, aware of the specific problems raised by the huge amount of TB patients in this weakened population and by the length of time needed for a TB treatment (6 months, of which 4 must be under direct medical control), began to take a more specific care of the children under five affected with TB, and began to set up a specific TB Ward for both children and adults (three aisles : men, women and children).

A Mobile Dispensary began in April an outreach service that made medical care available to the Drought Affected Populations (all of Somali ethnical group) which kept gathering around Garissa, as well as the Somalian Refugees who mingled with them. Ten different communities were visited on a two weeks basis.

The need for a Primary Health Care programme having been assessed in six out of nine communities, ACTION NORD SUD identified members of the communities who expressed the wish to be trained as Community Health Workers and Traditional Birth Attendants who would afterwards participate in the Mother and Child Health care programme.

III) OBJECTIVES OF THE SIX MONTHS PERIOD

Reducing of the very high morbidity rate found in the communities of the area through ACTION NORD SUD Supplementary Food Distribution, Mobile Dispensary, Therapeutic Feeding Center, Primary Health Care and Mother and Child Health care programmes.

Rehabilitation of water distribution and sanitation systems in most of the wards of the hospital.

Construction of a TB Ward for 30 patients (three separate aisles for ten patients each).

Rehabilitation/construction of 15 houses of the TB village (manyattas) and their concurrent sanitation and water supply structures (Installing of a 10 000 l water-tank). The TB manyattas are the place where TB patients, after two months spent in the ward with injection TB treatment, go to stay another two months with oral TB treatment. An average of 350 patients are taken care of there (25% of them at least being refugees).

Rehabilitation of the Hospital's Orthopaedic Workshop and training of the four local Prothesis Technicians by an HANDICAP INTERNATIONAL technician.

Improving of the general hygiene of the hospital with the construction of an incinerator.

IV) ACHIEVEMENTS

1) The Therapeutic Feeding Center

The numbers of severely malnourished children kept decreasing steadily (65 in June, 29 in July, 40 in August, 35 in September), of which the incidence of TB patient was extremely high (from 13 in June to 29 in September).

In November we closed the TFC because of the increasing discrepancy between the cost of running the structure and the service provided (in October, there were 37 children in the TFC. 6 of them were severely malnourished, 2 of these 6 because of TB. The other 31 children who were then not malnourished anymore were remaining in the TFC for their TB treatment... 10 of these 31 children had been discharged and should have gone home with oral TB treatment, but the mothers preferred to stay).

ACTION NORD SUD nevertheless still continues to provide assistance to the severely malnourished and/or TB children in need, who are now hospitalized in both the Paediatric Ward and the TB village. An average of 30 children per month is being taken care of, with the same proportion of severely malnourished and TB children as indicated above.

2) The supplementary Food Distribution

This part of the programme went on steadily. Some distribution points outside of the town had to be closed due to insecurity.

28 656 supplementary rations were distributed during this six months period.

3) The Mobile Dispensary

Some destinations, like for the Food Distribution, had to be closed, due to insecurity. On the whole, there are 9 visiting points, all served twice a month, and alternating with the Food Distribution (so that the children under five can be followed up every week).

An average of 4 000 patients are screened and either treated or referred to the Provincial Hospital every month, around 20% of them being children under five.

4) Primary Health Care

Fourteen Community Health Workers have been trained in three Bullas (villages) and four Health Posts have been built by the communities.

These Health Posts are run by the CHWs, and replace gradually the Mobile Dispensary. A Mobile Clinical Officer goes once a week to the Health Posts so that the population still benefits from the same services.

The Traditional Birth Attendants' training, as part of the Mother and Child Health care is well on its way (87 in eight communities have been trained already), and MCH consultations go along with the Supplementary Food Distribution (same target group : children under five, pregnant and lactating women). Immunization is being conducted then (about 40 women per month).

As part of PHC programme, 80 latrines are being built in some bullas, at the request of the population, who provides the labour.



5) Rehabilitation, construction

The ex-TFC has been repaired and is being used for sheltering refugee patients (and their one relative) referred from the refugee camps for surgical emergencies. ACTION NORD SUD takes care of the refugees' transportation from the airstrip to the hospital and keep them after they have been discharged until their return to the camps can be arranged.

The TB Ward is built and the handing over to the local medical authorities has been done on January 25th 1994

8 TB houses are completed, another 7 are under construction.

The two Medical and the Paediatric wards as well as the Maternity Ward have had their water distribution and sanitation systems rehabilitated : water-tanks installed, new pipes in, showers, toilets inside, pit latrines outside, sewage cleaned and rehabilitated, waste water pits, a waste pit for the placentas in the Maternity Ward, redecorating of the interiors, new plumbing in most of the wards, new electrical systems and appliances (these two latter in the Paediatric Ward and the TFC).

The incinerator has been built by the hospital, and ACTION NORD SUD did not have to do it.

V) RESSOURCES

1) Expatriates :

In Garissa :

1 medical field coordinator, 2 nurses,
1 nutritionist, 1 midwife, 1 logistic
officer.

In Nairobi : 1 administrator

2) Local staff :

In Garissa :

TFC : 36 employees until November 30th, then
only 10, due to the closing down of the
TFC's structure

Supplementary Food Distribution :
13 employees

MCH : 5 employees

Referral System for Refugees : 1 supervisor

Others (drivers, secretary, watchmen) :
15 employees

In Nairobi :

Office staff : 3 employees (1 logistic
officer, 1 secretary, 1 accountant)



VI; FIELD VISITS AND PUBLIC RELATIONS

An evaluation mission has been conducted in November by the Programme Director based in France.

All the activities are performed in close collaboration with the local authorities and communities' representatives.

Close collaboration also with MSF/Spain, UNICEF, the International Federation of the Red Cross, CARE, local NGOs.

All the donors who have supported ACTION NORD SUD all along were present at the TB Ward handing over and inauguration on January 25th 1994.

VII) GENERAL SITUATION AND DIFFICULTIES ENCOUNTERED

The main problem remains the very precarious and volatile level of security : the decision to close the TFC was taken after a two weeks' suspension of activities for security reasons in mid-October.

The local authorities do probably all they can to stabilize the situation, but banditry outside of Garissa still prevents us from extending our help to other towns that we know to be in great need of assistance such as Mbalambala, Madogashe, and, closer to Garissa, the villages ACTION NORD SUD used to go to at the beginning of its programme.

Overall the medico-nutritional situation of the population in Garissa itself and its immediate surroundings keeps improving (a nutritional survey in December showed 12% global malnutrition rate in the under five population, and less than 2% severe malnutrition rate), but remains very precarious and dependant on the general food distribution. The rains having been once more too little to boost very much the production of future crops, it is to be feared that the situation will rapidly fall back to where it was one year ago if and when the general food distribution slows down and eventually stops.



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MOBILE

DISPENSARY

1. GENERAL POINTS

1.1 ACTION NORD SUD PROJECT IN GARISSA - KENYA

Action Nord Sud is a French Non Governmental Organisation, which started a project in Garissa, North Eastern Province in August 1992. This town of about 90,000 to 120,000 inhabitants is 200 Kilometres away from the Somalia border and historically it is an exchange place between Kenya and Somalia.

Most of the inhabitants (around 80%) are nomadics or semi nomadics people from Somali ethnic groups. Since 1984 the continous drought affected the traditional area where the somalis lived. They lost more than half of their herds and this forced them to flee to a better hospitable place. According to CARE estimation, 120,000 of them came to Garissa District, among them 30,000 came to Garissa town. This population move increased in 1991 when conflicts started in Somalia.

At the beginning of the project, Action Nord Sud started a Therapeutic Feeding Center in Garissa Provincial General Hospital, followed by a Supplementary Food Distribution (porridge) for the children under five years, pregnant and breastfeeding mothers. The distribution carried on by CARE and International Federation of the Red Cross (IFRC). Later on Action Nord Sud worked on sanitation rehabilitation in the hospital, a TB ward and TB manyattas for sustaining the MOH in the National Leprosy and Tuberculosis Programme (NLTP). In Garissa District 0,28% of the inhabitants have TB that is to say it is four times more than the rest of the country.

In June 1993, Action Nord Sud decided to run a Mobile clinic project for the drought affected people in Garissa town and around Garissa. In September 1993, ANS begun MCH and PHC programmes.

In Garissa town MSF Spain is running a similar programme, Action Nord Sud is in-charge of the northern part while MSF Spain is in-charge of the southern part.

According to our latest assessment carried out in November 1993, the area covered by ANS has a population of 15,000 drought affected people, and in total we can say that 30,000 people benefit of our programme.

1.2 OBJECTIVES OF THE MOBILE DISPENSARY

When Action Nord Sud arrived, the general hospital was overcrowded by the big mass of new arrivals.

The high malnutrition rate rose from 21% to more than 40% in some locations around Garissa and the poverty of this population caused a high rate of morbidity.

The hospital was not able to take care of the new situation and patients were disheartened facing lack of medicine or appropriate answer to their needs.

Moreover, after nine months activities of the Therapeutic Feeding Center we felt the need to maintain a medical follow up of the malnourished children discharged.

Running a Mobile Dispensary appears like an appropriate answer for those needs. The general intention of the Mobile Dispensary was to give the population new awareness, the significance of their taking care of and initially answering to their immediate curative need.

1.3 REVIEW OF THE MOBILE DISPENSARY

The Mobile Dispensary started in June 1993 and visited several locations of the displaced people. At the beginning the Mobile Dispensary and the Supplementary Food Distribution visited the same locations together. We quickly noticed that people confused the Mobile Dispensary and the Supplementary Food Distribution. What occurred was some hypochondriac people too consulted the clinical officer. After the separation of the two activities, we decided to start a consultation fee of five Kenya shillings except for children under five years and pregnant women.

In June 1993, the Mobile Dispensary went to some locations 15 Km from Garissa town. We were definitely obliged to reduce our activities within a radius of 5 Km around Garissa town due to insecurity.

For the last two weeks of October 1993, Action Nord Sud suspended all their activities in Garissa District due to insecurity.

Since then, the situation has been stable in Garissa town but it is still risky to go 5 Km further away.

The Mobile Dispensary visits each location at least twice a month and we decided to go weekly to locations where we encountered an acute health problem especially in the southern part. MSF Spain requested us to be visiting three of their locations (Iftin, Dekabur and Algi). In October 1993, we stopped going to Algi because MSF Spain started a permanent dispensary in the area.

The people in the southern part of Garissa were the last arrivals (1991/1992) and their health status was severely affected. We decided for three months to visit those bullas (somali word for villages) weekly. After four months we used to visit the areas twice a month.

1.4 SETTING UP OF THE STAFF WORKING IN THE MOBILE DISPENSARY

* 1 expatriate : Stephane Roset (nurse) from June 1993 to 15th September 1993.
Dominique Marchand from 15th September to February 1994.

* 1 Clinical Officer: Hassan Abdirahman

He worked with the MOH for three years in Wajir District Hospital (North Eastern Province) and used to deal with the drought affected people. He was born in that Province so he knows the population beliefs, and their current problems well. He is also involved in the Primary Health Care project.

* 5 Nurses

They were seconded by the nursing officer from Garissa Provincial Hospital. Each nurse has a specific role in the Mobile Dispensary organisation (see below the part concerning the general organisation of the Mobile Dispensary).

- 1 nurse in-charge of screening patients and also in-charge of the medical records.

- 1 nurse to assist the clinical officer in diagnosis.

- 1 nurse (midwife qualified) incharge of the injections, dressing, immunization and antenatal care.

- 2 nurses in-charge of dispensing medicines.

For the whole duration of the Mobile Dispensary the MOH seconded 22 nurses in total.

* 2 Health Educators

Two young men were trained to treat the common diseases according to UNICEF protocol of Bamako initiatives. They are also in-charge of health education and health information session.

* 1 Clerk

* 3 Translators

Because not all nurses seconded by the MOH are Somali speakers. They are responsible for ensuring a smooth running of the consultation.

* 1 Driver

We have a Land Cruiser 4 wheel drive pickup to carry the Mobile Dispensary equipments (tents, tables, stools, medicine) and the team.

2. ACTIVITIES SUMMARY

2.1 HEALTH INFORMATION SESSION / LECTURE

Before starting any consultations, the Health Educator carried out lectures on the main subject concerning the health of the community. He was assisted by a nurse and the clinical officer when it was necessary.

The main subjects taught were:-

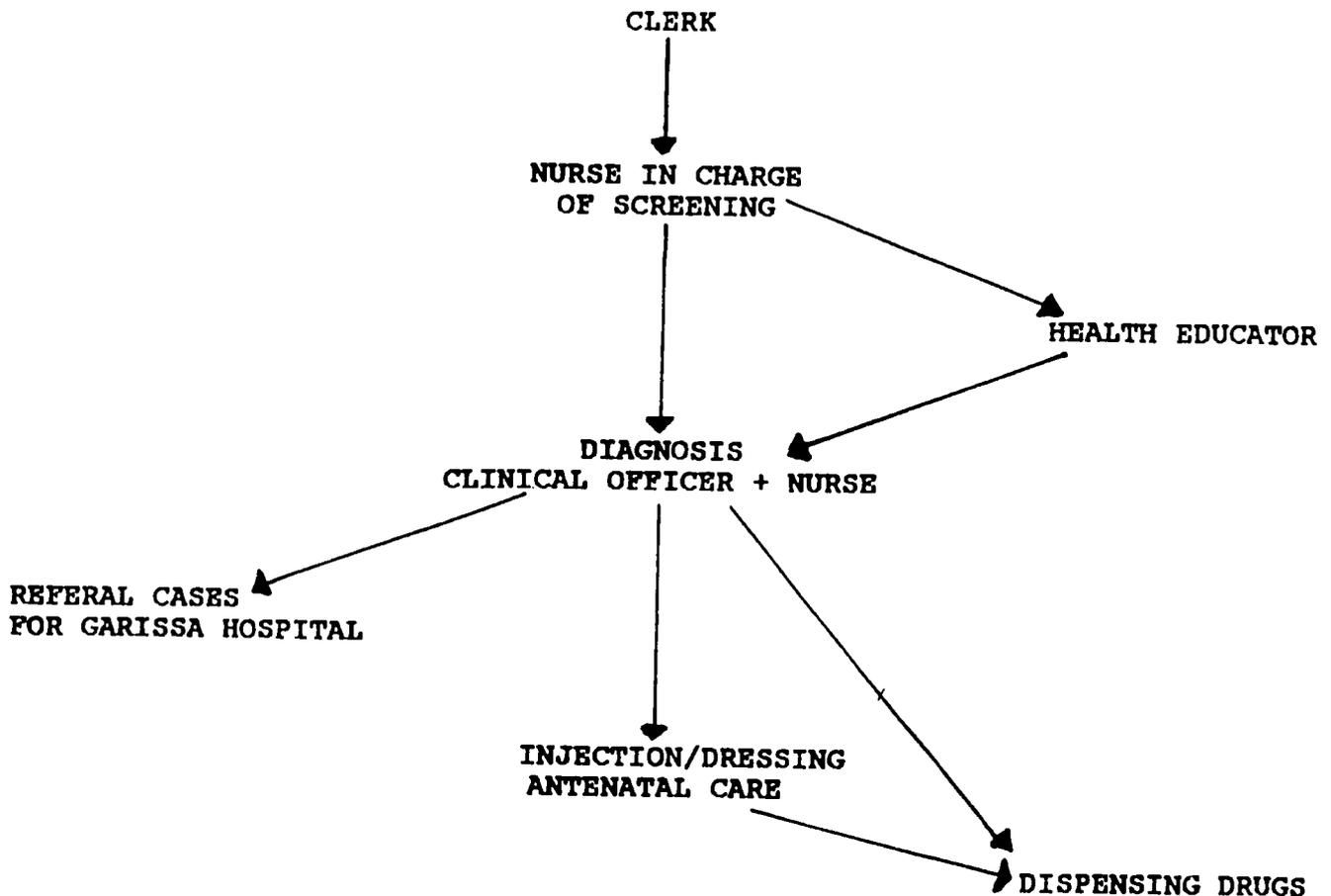
- What causes diarrhoea and the basic preventive measures to prevent diarrhoea (general hygiene).
- How a mother can manage her child's diarrhoea.
- Explain the causes of scabies and ways to prevent it (general hygiene). Explain the treatment with Benzyl Benzoate.
- What causes malaria and ways to prevent it.
- The significance of breastfeeding and the weaning period.
- Diet for a mother who is breastfeeding.
- How to cook in a hygienic way (how to purify water).
- The importance of taking the drugs as prescribed.
- Diagnose Tuberculosis and the importance of screening the immediate contacts (family).
- Hygienic measures to clean a fresh wound and advise given to go for antitetanus vaccine.
- Lectures on immunization.

For the last month we informed the population about the Primary Health Care and the aim of the health post.

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2.2

PRACTICAL COURSE OF THE MOBILE DISPENSARY CONSULTATION



After the lecture patients go for consultation. The first see the clerk with or without the patient's card. The clerk writes the date and asks if the patient has a follow up card which mostly occurs in the malnutrition cases, anemia and septic wounds patients. If the patient has a follow up card, he/she will not make any payment for the subsequent clinic visit. Children under five years and pregnant mothers never pay the consultation fee. The clerk is in-charge of collecting the consultation fee with an elder from the community who exempts the poorest members of the community from paying the consultation fee. Each bulla has their own cash box to carry out any project of their priority according to the Primary Health Care programme.

After consulting the clerk, the patient goes to the nurse in-charge of screening. The nurse interviews quickly the patient to determine if he can be seen by the Health Educator and if not he sends the patient to the Clinical Officer or straight to the midwife for pregnant women. The nurse is in-charge of collecting all the record tally sheet at the end of the Mobile Dispensary and summarises all the figures in one tally sheet.

The Health Educator is able to treat diarrhoea, malaria, scabies, anemia, itching, stomach pains, conjunctivitis, pains and worms. He is in-charge of his own medicine to treat the diseases mentioned above. His main role is to give health education to the patients suffering from those diseases. The Clinical Officer also refers patients to the Health Educator for health education when he could not do it since he was very busy.

All the children below five years are only seen by the Clinical Officer. The Clinical Officer assisted by a nurse interview patients and prescribe the appropriate treatment. After that they send the patients to the drug dispensing table or to the nurse (midwife qualified) in-charge of injections, dressing or tetanus toxoid vaccine who is also in-charge of antenatal care.

At the dispensing table two nurses give the drugs and to explain with the translator's help the way to take the medicines.

2.3 GENERAL FIGURES

From June 1993 to the end of February 1994, 35407 people benefited from the services rendered by the Mobile Dispensary. That is to say that an average of 3934 patients were examined in a month.

For all the figures given below we have to specify that we began to differentiate the consultation for the children under five years in mid June 1993 only. The figures in October were lower because we had suspended our activities for two weeks due to insecurity reasons.

It is also important to specify that we do not have the same total number of working days in a month. We opened new locations progressively until August 1993 and from December 1993 we have began to close some of our locations due to the opening of the health posts in those locations within the scope of the Primary Health Care programme.

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SUMMARY TABLE OF THE FIGURES FOR THE WHOLE ACTIVITY
FROM JUNE 1993 TO FEBRUARY 1994

Months	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Total
Children										
<5 years	163	888	993	1091	492	1406	1092	1363	598	8086
% children										
<5 years	3,1%	13,6%	22,3%	26,8%	23,8%	30,1%	27,2%	35,9%	26,1%	22,8%
Others	5143	3872	3457	2977	1571	3262	2921	2426	1692	27321
Total	5306	4760	4450	4063	2063	4668	4013	3789	2290	35407
Average Consulta tion/day	312	222	178	164	148	222	211	237	153	

We note that the most important activities of the Mobile Dispensary were at the beginning when we started (June and July 1993) and during the rainy season (November, December and January). The percentage of children under five years (22,8%) who came for consultation was below the percentage of children under five years among the population (we found 30% of children below five years with the assessment carried out in November 1993). We can assume that those children went to consult the health educator during the supplementary food distribution carried out in the same location at a week's interval.

For the same duration (June 1993 until February 1994) the health educator of the food distribution examined 15639 patients in total and that is to say 1959 patients per month. From the total we can assume that most of them are children under five years. For more details about the figures of the supplementary food distribution see annex n°11.

2.3.1 Malaria:

The two main diseases encountered were: 25% of the patients came for malaria and 30% for Upper Respiratory Tract Infection (URTI). For patients who consulted us with clinical signs of malaria, we treated them without laboratory examination to confirm the diagnosis. In this geographical area malaria is due to Plasmodium Falciparum. At first we treat the patients with Chloroquine and advise him to consult us three days later if there was no improvement in the general condition because of possible Chloroquino resistance.

Due to poverty the displaced people can not afford to buy mosquito nets which is the best way to prevent malaria. A few of them cook in the house so as to smoke the house which is also a good way to prevent malaria.

2.3.2 Malnutrition:

The nutritional status improved thanks to the general and supplementary food distribution. But according to the monthly records of the supplementary food distribution the global malnutrition rate (ratio weight/height) is still around 13%.

With the compilation of the Mobile Dispensary's records we note that we had a lot of malnourished children at the beginning, that the malnutrition cases between June and October decreased, but that in November, December and January we encountered more new cases of malnutrition (ratio weight/height below 75%) due to acute diarrhoea during the rainy season.

Months	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Malnutrition cases	33	12	12	1	0	4	5	7	4

2.3.3 Tuberculosis:

In our figures we do not see any patient suffering from Tuberculosis because we can not assert the diagnosis without the laboratory examination. During the whole Mobile Dispensary activity, we examined 498 patients for Pneumonia and disease of Respiratory system. We referred half of them to the hospital laboratory to check the sputum and for the chest X-ray.

One of the reasons we encountered a high rate of Tuberculosis cases in Garissa District (which is 4 times higher than the Kenyan average) is their living conditions. A family of ten people sleeps in a round hut of 3 metres diameter, where there are no opening apart from a small door of 1,5 metres height and 50 cm width.

2.3.4 Immunization:

We decided to begin immunization with tetanus toxoid vaccine in October 1993. This vaccine is aimed at pregnant women (2 doses, one month intervals) and patients over five years who are suffering from fresh wounds (in that case we gave one booster dose according to the Kenyan protocol of immunization).

Results of TT Immunization

	October	November	December	January	February	Total
1st dose	2	25	12	12	1	52
2nd dose	8	1	1	1	2	13
Boosters	22	35	27	31	11	126

We chose to provide the full immunization for children below five years in the scope of the supplementary food distribution with the Mobile MCH. We ensured the best immunization cover because almost the totality of children below five years came to the distribution with their mothers.

About the MCH programme we can say that the TBAs training which begun in November has been very successful. Since that date we noted a doubling of the consultations for antenatal follow up.

Antenatal care consultations (June 93 untill February 94)

Month	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Consult.	23	21	43	72	56	113	115	110	104

3. FUTURE OF OUR HEALTH PROJECT IN GARISSA

After 9 months activities we can assume that we had answered to the emergency needs with the Mobile Dispensary. We want the community to become more responsible of their own health problems. That is why we started the Primary Health Care programme in September 1993.

Since this date the target of the Mobile Dispensary was to work on the scope of the Primary Health Care programme:

*Seven bullas have already built their health post (Tenrikio, Noor, Adan, Gadud, Punda, Dekabur and Medina).

*Bulla Ziwani (non somali location) did not see the need of a health post, they preferred keeping the money for hiring a tractor to clear the bush and carry out a community farm project.

*Bulla Tetu wants to buy two pieces of land from Wathajir Farm to cultivate fruits and vegetables so as to have their own market for the community.

*Bulla Algi which is in the Southern part of Garissa, 6 km from town felt the need to have a donkey cart available to carry referred patients to the MSF Spain dispensary. We can note that the Community Health Workers have already been trained by MSF Spain in that location.

*We also gave some donkey cart which could carry 200 litres of water to the farthest community from the Tana River.

*We began to ask the non-squatters displaced people (those who have been attributed some land by the gouvernement) to built latrines. They dig the pits themselves and ANS provides them with the building materials.

3.1 ARGUT THE HEALTH POST AND COMMUNITY HEALTH WORKERS

Seven bullas chose to have a health post. They chose few people from the community (5 on average) to be trained by Action Nord Sud as Community Health Workers. After one month's under training, they are able to identify and to treat most common diseases (malaria, scabies, skin diseases, worms, diarrhoea, anemia, itching, conjunctivitis, stomach pains and general pains). Those complaints represent 46% of the total consultations in the Mobile Dispensary. But the main role of the Community Health Workers is to teach people about basic hygiene and to give advice to the community.

During their training, the community health workers came for practice in the Mobile Dispensary. At the end of the training they opened their health post. The clinical officer of the Mobile Dispensary visits the health post weekly to examine the patients referred by the Community Health Workers. This weekly visits allows the Clinical Officer follow up of the CHW's knowledge on practical cases. Moreover, the Clinical Officer will be in charge of the refresher courses.

The CHWs are soon meant to attend a specific training about nutrition with the Nutritionist who supervises the Supplementary Food Distribution.

Action Nord Sud at first provides them with the essential drugs described in the Bamako initiative. They will in the future buy their own essential drugs.

The main problem we have to face in the Primary Health Care programme is the community itself. Somali people are not used to involving themselves in the management of any project, and they are not community minded. We have to make them understand the benefits they will get by becoming more



independent. The Primary Health Care will improve their standards of living only if they prove themselves more cooperative and active.

4. CONCLUSION

After 9 months activities we can say that the Mobile Dispensary was a success. For the three first months, we had to face an emergency situation.

In Garissa town, the only health facilities were the Provincial General Hospital which was overcrowded and the African Muslim Association dispensary. Since we started the Mobile Dispensary and when MSF Spain opened a fixed dispensary close to town-center, we noted a significant decrease of outpatients consultations in the Garissa Provincial Hospital: there used to be around 4 000 to almost 7000 patients in a month, but now there are around 3 000 patients per month.

Nowadays the nutritional balance is still precarious. The drought affected people are still dependant on the General and Supplementary Food Distribution.

As the first immediate nutritional and health needs are now basically answered, we can notice that the biggest priority in Garissa township and the surrounding bullas is the drinking water.

The Ministry of Water supplies water which is not enough to the town, but in the bullas they have to collect water straight from Tana River with their own means (eg. donkey carts or jerricans if they can not afford donkey carts).

The Ministry of Water and Action Nord Sud are studying a water project which could start before the end of this year.

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ANNEXE

1. GENERAL FIGURES OF ALL ACTIVITIES IN JUNE 1993 - FEBRUARY 1994
2. GENERAL FIGURES IN JUNE 1993
3. GENERAL FIGURES IN JULY 1993
4. GENERAL FIGURES IN AUGUST 1993
5. GENERAL FIGURES IN SEPTEMBER 1993
6. GENERAL FIGURES IN OCTOBER 1993
7. GENERAL FIGURES IN NOVEMBER 1993
8. GENERAL FIGURES IN DECEMBER 1993
9. GENERAL FIGURES IN JANUARY 1994
10. GENERAL FIGURES IN FEBRUARY 1994
11. HEALTH EDUCATORS CONSULTATION IN THE SUPPLEMENTARY FOOD DISTRIBUTION

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ANNEXE 1			
GENERAL FIGURES OF ALL ACTIVITIES			
DISEASES	CHILDREN<5	JUNE 93-ADULTS	FEB. 94-TOTAL
Diarrhoea	967	1065	2032
Intestinal Worms	608	1907	2515
Hernia			0
Stomach Pain	13	126	139
Hydrocel			0
Urinary Tract Infection	3	481	484
Bilharzia	2	40	42
Gonorrhoea		18	18
Malnutrition	44	34	78
Anemia	27	257	284
Whooping Cough	9	9	18
U.R.T.Infections	2946	7869	10815
Dis.Respiratory System	17	259	276
Pneumonia	43	179	222
Tuberculosis	1	2	3
Mumps			0
Chicken Pox Measles	19	26	45
Menengitis			0
Poliomyelitis	4	8	12
Tetanus		1	1
Malaria	1787	7242	9029
Dis.Circulatory System		33	33
Rhumatism,Join pain		301	301
Pain	40	554	594
Goitre			0
Eyes Infection	286	1155	1441
Cataract	1	15	16
Ear Infection	540	1079	1619
Dental Disorder	8	125	133
Skin Diseases	290	1864	2154
Scabies	124	150	274
Poisoning		1	1
Mental Disorder		6	6
Accidents(fract.,burns..)	14	148	162
Antenatal		520	520
Dysmenorrhoea		42	42
Abortion		22	22
Child Birth			0
Congenital Anomalies	6		6
Pregnancy		2	2
Dis. Puerperium		15	15
Others	225	1379	1604
RE ATTENDANCE			
Wound patient,dressing	41	263	304
Malnutrition cases	13		13
Antenatal		133	133
TOTAL	8073	27330	35408
REFERAL HOSPITAL	14	88	

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ANNEXE 2
GENERAL FIGURES JUNE 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhea	53	294	347
Intestinal Worms	2	733	735
Hernia			0
Stomach Pain			0
Hydrocel			0
Urinary Tract Infection		97	97
Bilharzia		7	7
Gonorrhoea		1	1
Malnutrition	7	26	33
Anemia	6	98	104
Whooping Cough			0
U.R.T.Infections	56	1932	1988
Dis.Respiratory System		26	26
Pneumonia		20	20
Tuberculosis			0
Mumps			0
Chicken Pox Measles		2	2
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	30	1426	1456
Dis.Circulatory System		3	3
Rhumatism,Join pain		23	23
Pain			0
Goitre			0
Eyes Infection		166	166
Cataract		6	6
Ear Infection	8	115	123
Dental Disorder		11	11
Skin Diseases		25	25
Scabies			0
Poisoning			0
Mental Disorder		1	1
Accidents(fract.,burns..)		6	6
Antenatal		23	23
Dysmenorrhoea			0
Abortion		8	8
Child Birth			0
Congenital Anomalies		1	1
Pregnancy			0
Dis. Puerperium		3	3
Others		85	85
RE ATTENDANCE			
Wound patient,dressing			0
Malnutrition cases	1		1
Antenatal			0
TOTAL	163	5143	5306
REFERAL HOSPITAL		13	

ANNEXE 3
GENERAL FIGURES JULY 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhoea	235	201	436
Intestinal Worms	77	264	341
Hernia			0
Stomach Pain			0
Hydrocel			0
Urinary Tract Infection		45	45
Bilharzia		4	4
Gonorrhoea		2	2
Malnutrition	10	2	12
Anemia	2	34	36
Whooping Cough	2		2
U.R.T.Infections	227	1058	1285
Dis.Respiratory System		10	10
Pneumonia		19	19
Tuberculosis			0
Mumps			0
Chicken Pox Measles			0
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	177	987	1164
Dis.Circulatory System		2	2
Rhumatism,Join pain		19	19
Pain			0
Goitre			0
Eyes Infection	47	239	286
Cataract		1	1
Ear Infection	66	99	165
Dental Disorder		13	13
Skin Diseases	39	590	629
Scabies			0
Poisoning			0
Mental Disorder		2	2
Accidents(fract.,burns..)	2	18	20
Antenatal		16	16
Dysmenorrhoea			0
Abortion		1	1
Child Birth			0
Congenital Anomalies			0
Pregnancy			0
Dis. Puerperium		1	1
Others	3	240	243
RE ATTENDANCE			
Wound patient,dressing			0
Malnutrition cases	1		1
Antenatal		5	5
TOTAL	888	3872	4760
REFERAL HOSPITAL		18	

ANNEXE 4
GENERAL FIGURES AUGUST 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhea	114	103	217
Intestinal Worms	75	203	278
Hernia			0
Stomach Pain			0
Hydrocel			0
Urinary Tract Infection		54	54
Bilharzia		6	6
Gonorrhoea			0
Malnutrition	10	2	12
Anemia	1	30	31
Whooping Cough			0
U.R.T.Infections	329	922	1251
Dis.Respiratory System		22	22
Pneumonia		7	7
Tuberculosis			0
Mumps			0
Chicken Pox Measles	6		6
Menengitis			0
Poliomyelitis			0
Tetanus		1	1
Malaria	252	802	1054
Dis.Circulatory System		3	3
Rhumatism,Join pain		30	30
Pain			0
Goitre			0
Eyes Infection	56	253	309
Cataract		1	1
Ear Infection	41	124	165
Dental Disorder		14	14
Skin Diseases	87	451	538
Scabies			0
Poisoning		1	1
Mental Disorder		2	2
Accidents(fract.,burns..)	2	14	16
Antenatal		6	6
Dysmenorrhoea			0
Abortion		1	1
Child Birth			0
Congenital Anomalies			0
Pregnancy			0
Dis. Puerperium			0
Others	13	368	381
RE ATTENDANCE			
Wound patient,dressing			0
Malnutrition cases	7		7
Antenatal		37	37
TOTAL	993	3457	4450

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ANNEXE 5
GENERAL FIGURES SEPT.93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhoea	121	109	230
Intestinal Worms	67	144	211
Hernia			0
Stomach Pain			0
Hydrocel			0
Urinary Tract Infection	1	69	70
Bilharzia		1	1
Gonorrhoea			0
Malnutrition	1		1
Anemia	8	42	50
Whooping Cough			0
U.R.T.Infections	422	909	1331
Dis.Respiratory System		39	39
Pneumonia	1	22	23
Tuberculosis			0
Mumps			0
Chicken Pox Measles			0
Menengitis			0
Poliomyelitis	4	8	12
Tetanus			0
Malaria	261	697	958
Dis.Circulatory System		12	12
Rhumatism,Join pain		52	52
Pain			0
Goitre			0
Eyes Infection	39	162	201
Cataract	1	4	5
Ear Infection	40	100	140
Dental Disorder		11	11
Skin Diseases	59	274	333
Scabies			0
Poisoning			0
Mental Disorder		1	1
Accidents(fract.,burns..)	2	32	34
Antenatal		62	62
Dysmenorrhoea			0
Abortion		1	1
Child Birth			0
Congenital Anomalies	1		1
Pregnancy			0
Dis. Puerperium			0
Others	63	220	283
RE ATTENDANCE			
Wound patient,dressing			0
Malnutrition cases			0
Antenatal		6	6
TOTAL	1091	2977	4068
REFERAL HOSPITAL	6	24	

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ANNEXE 6
GENERAL FIGURES OCTOBER 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhea	47	22	69
Intestinal Worms	29	76	105
Hernia			0
Stomach Pain			0
Hydrocel			0
Urinary Tract Infection		39	39
Bilharzia			0
Gonorrhoea		2	2
Malnutrition			0
Anemia		19	19
Whooping Cough			0
U.R.T.Infections	238	391	629
Dis.Respiratory System		96	96
Pneumonia	1	13	14
Tuberculosis			0
Mumps			0
Chicken Pox Measles	3		3
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	88	391	479
Dis.Circulatory System		4	4
Rhumatism,Join pain		50	50
Pain			0
Goitre			0
Eyes Infection	12	60	72
Cataract			0
Ear Infection	32	48	80
Dental Disorder		15	15
Skin Diseases	24	136	160
Scabies			0
Poisoning			0
Mental Disorder			0
Accidents(fract.,burns..)	2	22	24
Antenatal		47	47
Dysmenorrhoea			0
Abortion		3	3
Child Birth			0
Congenital Anomalies			0
Pregnancy			0
Dis. Puerperium			0
Others	16	128	144
RE ATTENDANCE			
Wound patient,dressing			0
Malnutrition cases			0
Antenatal		9	9
TOTAL	492	1571	2063
REFERAL HOSPITAL		4	

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ANNEXE 7
GENERAL FIGURES NOVEMBER 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhoea	202	108	310
Intestinal Worms	134	179	313
Hernia			0
Stomach Pain	6	7	13
Hydrocel			0
Urinary Tract Infection	1	48	49
Bilharzia		9	9
Gonorrhoea		6	6
Malnutrition	4		4
Anemia	3	9	12
Whooping Cough		1	1
U.R.T.Infections	464	772	1236
Dis.Respiratory System	1	15	16
Pneumonia		12	12
Tuberculosis			0
Mumps			0
Chicken Pox Measles	2	14	16
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	226	1020	1246
Dis.Circulatory System		7	7
Rhumatism,Join pain		43	43
Pain	34	166	200
Goitre			0
Eyes Infection	42	64	106
Cataract			0
Ear Infection	105	212	317
Dental Disorder		19	19
Skin Diseases	29	134	163
Scabies	109	70	179
Poisoning			0
Mental Disorder			0
Accidents(fract.,burns..)	2	40	42
Antenatal		37	37
Dysmenorrhoea		17	17
Abortion		1	1
Child Birth			0
Congenital Anomalies	1		1
Pregnancy			0
Dis. Puerperium		1	1
Others	31	98	129
RE ATTENDANCE			
Wound patient,dressing	8	77	85
Malnutrition cases	2		2
Antenatal		76	76
TOTAL	1406	3262	4668
REFERAL HOSPITAL		14	

ANNEXE 8
GENERAL FIGURES DECEMBER 93

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhoea	87	97	184
Intestinal Worms	85	108	193
Hernia			0
Stomach Pain	1	43	44
Hydrocel			0
Urinary Tract Infection	1	52	53
Bilharzia		6	6
Gonorrhoea			0
Malnutrition	4	1	5
Anemia	5	4	9
Whooping Cough	4	1	5
U.R.T.Infections	420	688	1108
Dis.Respiratory System	6	10	16
Pneumonia	21	33	54
Tuberculosis			0
Mumps			0
Chicken Pox Measles	10	5	15
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	231	843	1074
Dis.Circulatory System			0
Rhumatism,Join pain		12	12
Pain	6	274	280
Goitre			0
Eyes Infection	54	87	141
Cataract			0
Ear Infection	107	203	310
Dental Disorder	5	19	24
Skin Diseases	20	142	162
Scabies	9	50	59
Poisoning			0
Mental Disorder			0
Accidents(fract.,burns..)	1	10	11
Antenatal		115	115
Dysmenorrhoea		11	11
Abortion			0
Child Birth			0
Congenital Anomalies	3		3
Pregnancy			0
Dis. Puerperium		4	4
Others	9	28	37
RE ATTENDANCE			
Wound patient,dressing	3	75	78
Malnutrition cases			0
Antenatal			0
TOTAL	1092	2921	4013
REFERAL HOSPITAL		2	

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ANNEXE 9
GENERAL FIGURES JANUARY 94

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrheoa	77	93	170
Intestinal Worms	114	145	259
Hernia			0
Stomach Pain	2	49	51
Hydrocel			0
Urinary Tract Infection		37	37
Bilharzia	2	6	8
Gonorrhoea		6	6
Malnutrition	6	1	7
Anemia	2	7	9
Whooping Cough	1		1
U.R.T.Infections	523	655	1178
Dis.Respiratory System	5	25	30
Pneumonia	12	21	33
Tuberculosis	1	2	3
Mumps			0
Chicken Pox Measles	1	2	3
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	381	651	1032
Dis.Circulatory System			0
Rhumatism;Join pain		14	14
Pain		50	50
Goitre			0
Eyes Infection	21	62	83
Cataract		3	3
Ear Infection	81	141	222
Dental Disorder		10	10
Skin Diseases	25	84	109
Scabies	5	19	24
Poisoning			0
Mental Disorder			0
Accidents(fract.,burns..)	2	4	6
Antenatal		110	110
Dysmenorrhoea		7	7
Abortion			0
Child Birth			0
Congenital Anomalies			0
Pregnancy		2	2
Dis. Puerperium		1	1
Others	80	152	232
RE ATTENDANCE			
Wound patient,dressing	22	67	89
Malnutrition cases			0
Antenatal			0
TOTAL	1363	2426	3789
REFERAL HOSPITAL	7	12	

ANNEXE 10
GENERAL FIGURES FEBRUARY 94

DISEASES	CHILDREN<5	ADULTS	TOTAL
Diarrhoea	33	38	71
Intestinal Worms	24	55	79
Hernia			0
Stomach Pain	4	27	31
Hydrocel			0
Urinary Tract Infection		40	40
Bilharzia		1	1
Gonorrhoea		1	1
Malnutrition	2	2	4
Anemia		14	14
Whooping Cough	2	7	9
U.R.T.Infections	267	542	809
Dis.Respiratory System	5	16	21
Pneumonia	8	32	40
Tuberculosis			0
Mumps			0
Chicken Pox Measles			0
Menengitis			0
Poliomyelitis			0
Tetanus			0
Malaria	141	425	566
Dis.Circulatory System		2	2
Rhumatism,Join pain		53	53
Pain		64	64
Goitre			0
Eyes Infection	15	62	77
Cataract			0
Ear Infection	60	37	97
Dental Disorder	3	13	16
Skin Diseases	7	28	35
Scabies	1	11	12
Poisoning			0
Mental Disorder			0
Accidents(fract.,burns..)	1	2	3
Antenatal		104	104
Dysmenorrhoea		7	7
Abortion			0
Child Birth			0
Congenital Anomalies			0
Pregnancy			0
Dis. Puerperium		5	5
Others	15	60	75
RE ATTENDANCE			
Wound patient,dressing	3	44	52
Malnutrition cases	2		2
Antenatal			0
TOTAL	598	1692	2290
REFERAL HOSPITAL	1	1	

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ANNEXE 11

HEALTH-EDUCATOR'S CONSULTATIONS
SUPPLEMENTARY FOOD DISTRIBUTION

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	TOTAL
DIARRHEOA	417	353	357	246	366	358	212	159	2468
MALARIA	463	392	458	250	446	507	426	320	3262
OTITIS	68	75	119	67	125	154	109	85	802
ANEMIA	44	71	35	14	15	25	9	11	224
SCABIES	180	233	238	135	287	215	169	109	1566
ITCHING	223	247	228	174	203	254	180	144	1653
CONJUNCTIVITIS	62	133	189	78	145	152	139	90	988
PAINS	66	113	152	59	165	221	182	128	1086
WORMS	227	285	231	134	295	292	218	128	1810
SKIN DISEASES	43	25	/	4	/	60	59	37	228
STOMACH PAINS	52	165	188	86	231	260	203	139	1344
WOUNDS	/	15	30	/	/	6	56	41	148
TOTAL									15639

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NAIROBI OFFICE: GALANA ROAD, KILIMANI
P.O. BOX 76375, TEL/FAX: 02-569545 NAIROBI - KENYA

GARISSA OFFICE: P.O. BOX 558
TEL/FAX: 0131 - 3009 GARISSA - KENYA

FINAL
FINANCIAL REPORT

USAID

GRANT NBR

623-2050-G-00-3106-00

ANS/26/05/1994

FINANCIAL REPORT

USAID
GRAND NBR : 623-2050-G00-3106-00

PROJECT A
MEDICO-NUTRITIONAL AND SANITATION PROGRAMME IN GARISSA

PROJECT B
MOBILE DISPENSARY IN THE BULLAS AROUND GARISSA

	TOTAL BUDGET IN US \$	EXPENSES IN US \$	BALANCE IN US \$
PROJECT A	113,360.00	113,717.30	(357.30)
PROJECT B	139,381.00	(*) 133,578.58	(**) 5,802.42
TOTAL	252,741.00	(*) 247,295.88	(**) 5,445.12

(*) the Audit fee of 3,000 US\$ is here not yet included

(**) the Audit fee of 3,000 US \$ is here not yet deducted

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ANS/23/05/94

FOLLOW UP OF CASH ADVANCES in US \$ - USAID

	PROJECT A	PROJECT B
ADVANCES		
EXPENSES June, Reimbursed	13,622.32	
ADVANCE 03/11/93 69018.00	28,683.00	40,335.00
ADVANCE 08/11/93		64,529.00
ADVANCE 26/10/93	66,767.00	
ADVANCE 22/12/93 38804.68	4,287.68	34,517.00
SUB TOTAL	113,360.00	139,381.00
LIQUIDATIONS		
EXPENSES June, Reimbursed	13,622.32	
MISTAKE OF 479.00 KSH	(5.74)	
Liquidation July Nbr 1	8,306.88	1,977.50
Liquidation July Nbr 2	2,428.08	
Liquidation Aug. Nbr 1	1,053.39	334.21
Liquidation Aug. Nbr 2	6,272.25	8,180.47
Liquidation Sept.	13,947.25	5,854.79
Liquidation Oct.	23,835.71	10,013.27
Liquidation Nov.	11,393.80	21,046.42
Liquidation Dec.	27,160.39	36,207.51
MISTAKE OF 20.474,80 KSH	(300.66)	
Liquidation Jan. 1994	4,296.48	19,076.68
Liquidation Feb. 1994	1,707.07	29,858.17
Liquidation Feb.1994 (2)		1,029.43
SUB TOTAL	113,717.22	133,578.45
BALANCE	(357.22)	5,802.55

ANS/23/05/1994

LIQUIDATION GRAND TOTAL IN KSH AND US \$

LIQUIDATIONS	PROJECT A IN US \$	PROJECT A IN KSH	PROJECT B IN US \$	PROJECT B IN KSH
EXPENSES June, Reimbursed	13,622.32	1,137,466.85		
MISTAKE OF 479,- KSH	(5.74)	(479.00)		
Liquidation July Nbr 1	8,306.88	685,317.60	1,977.50	163,145.00
Liquidation July Nbr 2	2,428.08	200,317.00		
Liquidation Aug. Nbr 1	1,053.39	75,529.55	334.21	23,964.00
Liquidation Aug. Nbr 2	6,272.25	439,312.70	8,180.47	572,968.50
Liquidation Sept.	13,947.25	976,877.75	5,854.79	410,075.64
Liquidation Oct.	23,835.71	1,669,473.05	10,013.27	701,340.20
Liquidation Nov.	11,393.80	782,184.25	21,046.42	1,444,837.05
Liquidation Dec.	27,160.39	1,849,622.39	36,207.51	2,465,731.75
MISTAKE OF 20,474,80 KSH	(300.66)	(20,474.80)		
Liquidation Jan. 1994	4,296.48	292,590.50	19,076.68	1,299,122.10
Liquidation Feb. 1994	1,707.07	114,203.00	29,858.17	1,997,511.45
Liquidation Feb.1994 (2)			1,029.43	68,869.40
GRAND TOTAL	113,717.23	8,201,940.84	133,578.45	9,147,565.09

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USAID
GRAND NBR : 623-2050-G00-3106-00

FINANCIAL REPORT
MEDICAL-NUTRITIONAL AND SANITATION PROJECT

	BUDGET US \$	EXPENSES IN US \$	BALANCE IN US \$
MEDICAL MATERIAL	1,500.00	1,221.93	278.07
TFC/TB CARE	57,244.00	55,791.53	1,452.47
TRANSPORT	29,259.00	31,537.57	(2,278.57)
SALARIES	4,332.00	4,755.42	(423.42)
RUNNING COST	21,025.00	20,410.85	614.15
TOTAL	113,360.00	113,717.30	(357.30)

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USAID
 GRAND NBR : 623-2050-G00-3106-00

**FINANCIAL REPORT
 MOBILE DISPENSARY**

	BUDGET US \$	EXPENSES IN US \$	BALANCE IN US \$
DRUGS	45,490.00	44,239.05	1,250.95
EQUIPMENT	6,013.00	2,904.97	3,108.03
TRANSPORT	29,459.00	28,304.02	1,154.98
1 EXPAT	21,000.00	23,260.00	(2,260.00)
LOCAL STAFF	14,867.00	15,554.72	(687.72)
RUNNING COST	22,552.00	19,315.82	3,236.18
TOTAL	139,381.00	133,578.58	5,802.42

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ANS/26/05/1994

USAID
 GRAND NBR : 623-2050-G00-3106-00

FINANCIAL REPORT
 MOBILE DISPENSARY

EXPATRIATE PRESENCE
 SYLVIE MARTY

	IN US \$	IN KSH
*SEPTEMBER 2/9/-30/9/93	4,060.00	284,365.64
*OCTOBER 1/10-31/10/93	4,200.00	294,171.36
*NOVEMBER 1/11-30/11/93	4,200.00	288,330.00
*DECEMBER 1/12-31/12/93	4,200.00	286,020.00
*JANUARY 1/1-31/1/94	4,200.00	286,020.00
*FEBRUARY 1/2-16/2/94	2,400.00	160,560.00
TOTAL	23,260.00	1,599,467.00