



Final Report

Emergency Nutritional Support and Community Food Security

Bujumbura Rural, Burundi

June 2000 to October 2003

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Acronyms

CBO	Community Based Organization
Colline	Village (normally in the hills)
CHW	Community Health Worker
DPAE	Direction Provinciale de l'agriculture et de l'élevage
Fbu	Franc Burundais (\$1 is 1200Fbu)
FNL	Forces Nationales de Libération
GVC	Groupe de Volontariat Civil
HC	Health Center
LMTC	Lutte contre les Maladies Transmissibles et Carentielles
MD	Medical Doctor
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
MUCO	A CBO in Bujumbura rural
P&L	Pregnant and Lactating woman
SFC	Supplementary Feeding Centre
SFP	Supplementary Feeding Program
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TBA	Traditional Birth Attendants
TFC	Therapeutic Feeding Center
WFP	World Food Program
W/H	Weight for Height

I Executive Summary

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Program Title: Emergency Nutritional Support in Bujumbura Rural and
Community Food Security in Bururi

Grant No.: AOT-G-00-01-00161-00/Burundi

Country: Burundi (See Appendix 1)

Disaster:

Burundi has been torn apart by an ongoing civil conflict for over ten years that caused more than 300,000 victims, mostly civilians. As a result, the economy and most of local infrastructure are shattered. The vast majority of the poor rural population has very limited or no access to basic services and are often denied basic human rights. Malnutrition and HIV are rampant and farmers are struggling to survive in a degraded and often overpopulated environment. Living standards are extremely low and insecurity limits the possibilities of intervention from the humanitarian community. Concern Worldwide, responding to requests for humanitarian aid, commenced its OFDA funded nutrition program in May 2000 in 5 displacement sites of Bujumbura rural. Following international pressure, most notably from Nelson Mandela, these "regroupment" sites were disbanded at the end of July 2000. On reviewing its nutrition program after this event, Concern continued to run supplementary feeding centers at Muhuta and Karenzi, where the population remained high and vulnerable. Concern Worldwide also runs a mobile screening service in Mugendo, to improve access to the population living in the surrounding collines (hills).

Bururi was one of the provinces worst affected by insecurity during the past six years. Hostilities, both within the Province and over its borders, caused mass movements of the population. Displacement, infrastructure damage and restricted access to agricultural land, seeds, tools and essential services have resulted in a steady decline in the health and nutritional status and the food security of communities throughout the province. Improved security in some areas has enabled families to recommence agricultural activities in order to slowly regain self reliance.

Area of Activity:

Objective 1:

Nutrition and Food Security: Mutambu, Nyabiraba and Muhuta Communes, Bujumbura Rural Province.

Objective 2:

Food Security: Burambi and Buyengero Communes, Bururi Province (completed February 2003).

Time Period Covered:

The grant funds covered the period June 1, 2000 – October 31, 2003. This narrative report will focus on the final reporting period from May 1, 2002 to October 31, 2003 for Objective 1. The final narrative report for Objective 2 was included in the interim report submitted in March 2003.

Objective 1 Nutrition in Bujumbura Rural

The CONCERN Burundi nutrition program provided assistance to an average of 544 moderately malnourished under-five children per month, 53 severely malnourished children in 2003 and a monthly average of 174 malnourished P&L women. From May 2002 to October 2003, 16,418 beneficiaries were taken care of. In addition, the program has contributed to enhance the food security of 1500 vulnerable individuals through the implementation of a food security component. In October 2003 an emergency non-food items distribution provided 800 households with seeds and equipment to cope with the loss of their productive assets during the heavy fighting of July and August 2003. The overall situation in Bujumbura Rural remains volatile with continuous clashes between the government forces and the FNL forces. Thousands of people remain in harsh conditions and sometimes out of reach of humanitarian assistance. This situation has sometimes disrupted our operation and had negative effects on the attendance rate and the possibility to reach the target population for extensive screening. The overall nutritional situation remains difficult to assess due to the ongoing insecurity (impossibility to run accurate nutritional surveys, difficulties to perform outreach screening). It is an established fact that the insecurity exacerbates malnutrition by creating extremely harsh and precarious living and working conditions. However, the program has shown excellent performance indicators and produced encouraging results thanks to the exceptional dedication of our field based staff who managed to run the program with sometimes very limited support from Bujumbura Head Office (April, July and August). New perspectives in terms of screening coverage and community based nutritional education arise with the successful training of CHWs. We also believe their cooperation will certainly increasingly contribute to improve our results.

Performance vs. Performance Indicators:

Indicator: Recovery, exits and defaulters rates are compliant with MoH guidelines¹.

- Performance: All current measures are well above LMTC thresholds

Indicator: 50% of estimated malnourished children and 30% of pregnant and lactating women attend feeding centers

- Performance: 41% of total estimated malnourished children and 29% of the total screened P&L women attended feeding centers.

Indicator: 1,200 women participate in nutrition education sessions

- Performance: An average 2,239 women have benefited from nutrition awareness sessions during the period. The target is largely exceeded due to the work of CHWs in the collines.

Objective 2: Food Security in Bururi

Concern phased out its support using OFDA funds to 32 initial groups and 6 additional. Much focus was put on building the capacity of all groups to run their activities independently from OFDA/Concern's support and to enhance self-supported income generating activities. All groups enjoyed significant positive impacts on their production and consequently on their average food intake. All groups have proven capacities to generate cash and increase their production according to their goal, which remains, for the most part, to secure viable and incremental means of production. Local quality seeds availability has been increased by the set up of a seed multiplication center and partnership with local and national institutions have been strengthened in order to provide better quality services derived from improved extension facilities and applied research. As the emergency phase can be considered over in both communes, Concern wishes to reorient its approach towards livelihood security and rural development with the support of other donors.

Goals vs. Results:

Indicator: 16 groups are able to plan and manage their activities and receive incrementally decreased support from Concern.

- Performance: 24 groups were able to plan and manage their activities

Indicator: Extension services and group activities have a positive impact on the household food economy and food consumption

- Performance: Extension services are widely available and food consumption has increased very significantly in both communes throughout the year when data are compared to last year.

Indicator: Seed multiplication center's management system established and community using services

- Performance: Above indicator is fully met

¹ Recovery rate >80%, defaulters and discharged without expected gain weight <20%

Indicator: Animal reared by groups produce enough manure to fertilize their land plots

- Performance: The target of 1ton/year /household has been exceeded by 80%

Indicator: 25 DPAE/Pia Ru Bu Bu staff trained in PRA and group management support

- Performance: Above indicator is fully met.

Resources

Objective 1: Nutrition

Budget: \$628,426

Cumulative expenditure to date: \$ 607,095

Expended this Period: \$80,920

Balance: \$21,331

Objective 2: Food Security

Budget: \$459,750

Cumulative expenditure to date: \$459,748

Expended this Period: \$0

Balance: \$2

Total expenditure: \$1,066,843

II Program Overview

A. Goal and Objectives of the program

Goal: To contribute towards improved nutritional status and long-term food security of the target population.

Objective 1 (Bujumbura Rural): In each of the target sites, to contribute towards reducing the level of global malnutrition to 5% and to make a sustainable improvement in the food security of 1,500 people.

Objective 2 (Bururi): To increase the capacity of the target group in Burambi and Buyengero Communes to become food secure in appropriate and sustainable ways.

B. Profile of targeted population

For Objective 1: Children and pregnant and lactating women defined as malnourished according to the national protocol (see Appendix 3). In addition, 1500 vulnerable individuals grouped in 15 food security groups benefited from the food security component. Please note that in October 800 households (current or former beneficiaries of the program) received Non Food Items as an emergency support to the loss of their essential productive assets consecutively to the heavy fighting that took place in July-August 2003 in Bujumbura Rural.

For Objective 2, the primary target is the most vulnerable population identified at colline level by the administration, Concern field staff and traditional community leaders using the following criteria:

- Live in a mud or stick house or under plastic sheeting,
- Have access to less than 0.7ha of land,
- Possess very few or no productive assets,
- Single headed household fulfilling the two first criteria,
- Child headed household,
- Households sheltering orphans or disabled person fulfilling the first two criteria.

B. Geographic location

Maps of Bujumbura Rural and Bururi will be found in Appendix 2

III Program Performances

III.1 Program performances related to output indicators (Objective 1)

III.1.1. Output 1

Two supplementary feeding centers are operational. 13,311 moderately malnourished children are nutritionally rehabilitated and prevented from becoming severely malnourished.

a. Karinzi Center

Note: Data presented below are data recorded over the period May 2002 to October 2003. Data since May 2000 are presented in Appendix 4.

Chart 1: Karinzi Number of beneficiaries, Admissions and Exits

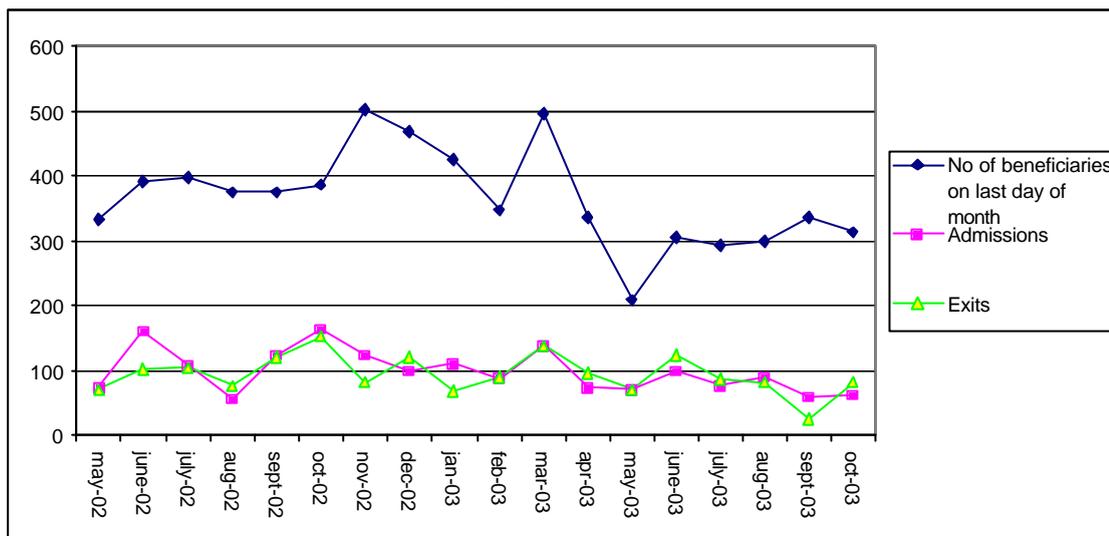
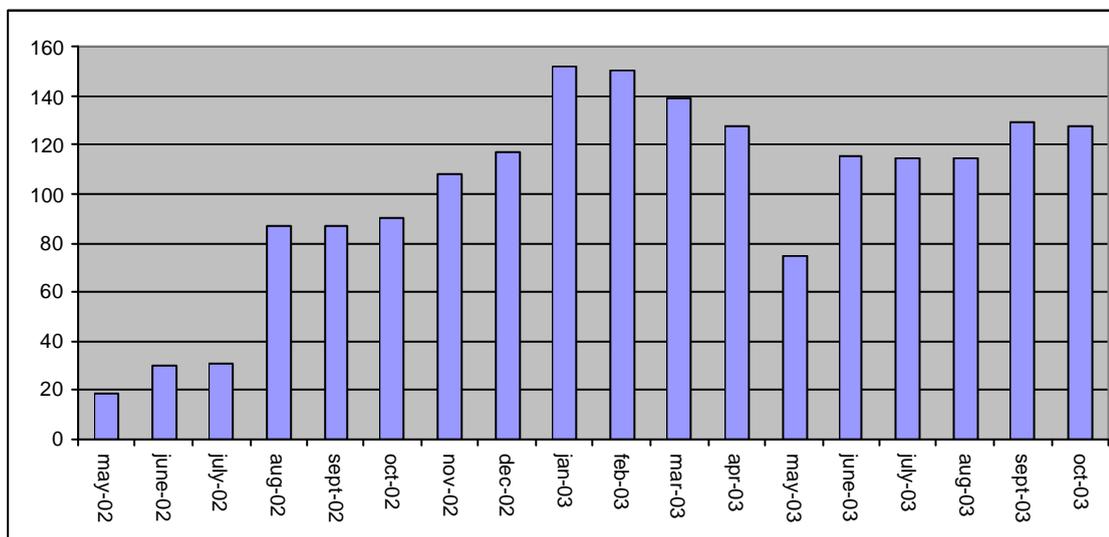


Chart 2: Number of malnourished pregnant and lactating attending feeding center in Karinzi



Remarks:

- Monthly average number of beneficiaries over the period is 366, average admission is 98 and exit is 100. Average P&L women is 100/month.
- A constant rise in the number of P&L women benefiting from the program started at the beginning of the period, peaking in January and stabilizing afterwards. P&L women account for an average of 27% of the total beneficiaries.
- Important fluctuations in the number of beneficiaries and abnormal low level of admissions at a period where they are usually much higher (June/July) due to the exhaustion of food reserves. The drop in the admissions starts to become significant starting from March.

- Admissions and Exits are tied together indicating very good performance of the supplementary activity. For almost each admission we have a concomitant exit.

It is important to keep in mind that the drop in the admissions starting from March should not be considered as an improvement in the nutritional status because the number of beneficiaries was highly affected by the insecurity during this period. The insecurity remains the major cause of perturbation in the program. An instable security situation dominated by regular rebel attacks and Burundian army counter attacks temporarily prevented numerous beneficiaries from travelling to the center and temporarily displaced thousands of households on repeated occasions. This situation became critical in April. The insecurity is a known factor of aggravation of the nutritional situation because it prevents people from reaching their farms, it aggravates the health status of the people by preventing them access to the HC to seek treatment, it negatively affects trade and the economy in general, and it also greatly affected people's movements in the communes. It limited our team's capacity to perform outreach screening. When comparing this period with similar periods in the previous years we notice that while admissions and exits were consistent, the number of beneficiaries fluctuated greatly this year, indicating that the perturbation is essentially caused by the access problem.

b. Muhuta Center

Chart 3: Muhuta number of beneficiaries, Admissions and Exits

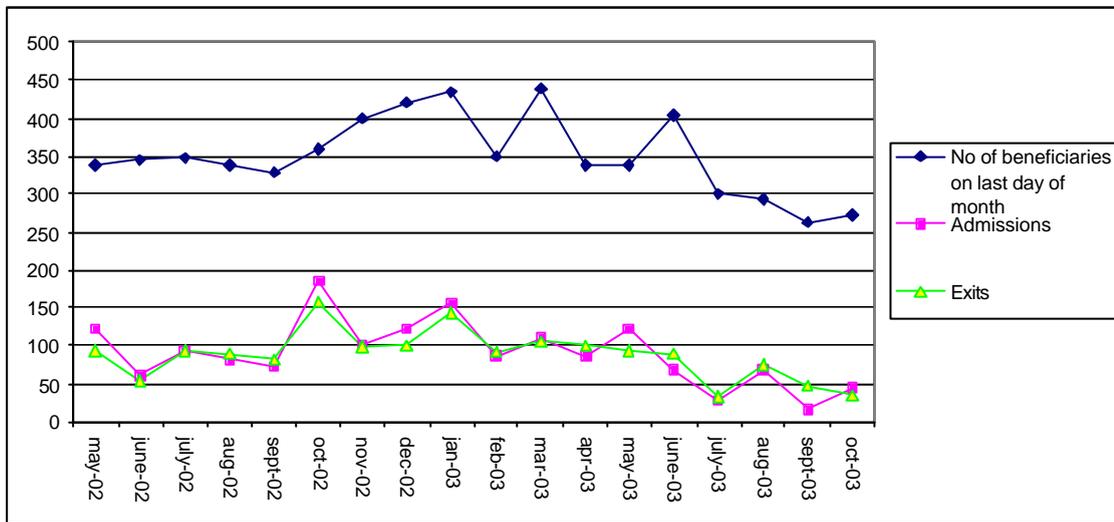
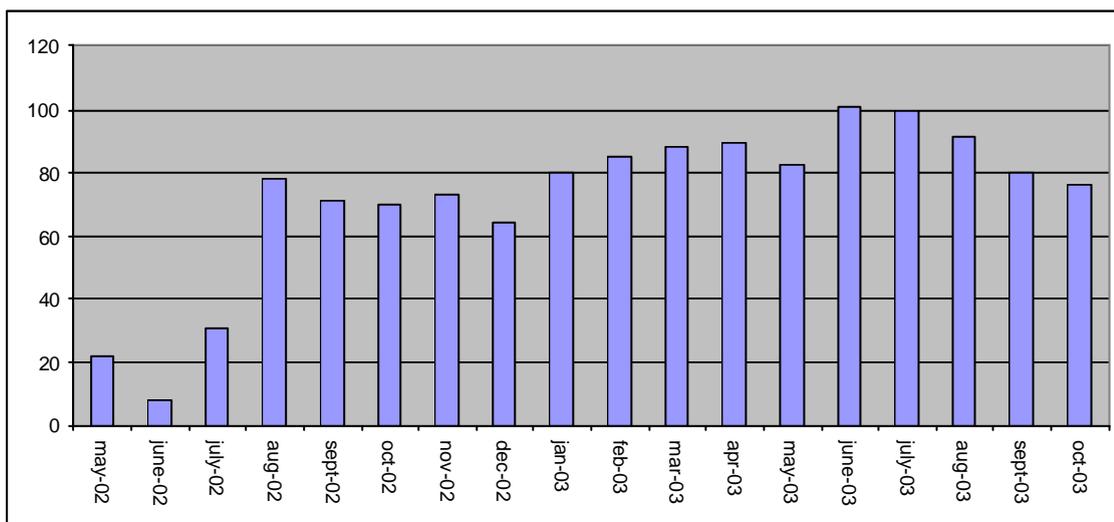


Chart 4: Number of malnourished pregnant and lactating attending feeding center in Muhuta.



Remarks:

- As for Karinzi, the security situation has strongly contributed, in Muhuta, to fluctuating levels of attendance (clear perturbation of number of beneficiaries' pattern). Starting from January we noticed a significant drop in the admissions that fell to worrisome levels in September. Admissions

and therefore number of beneficiaries remained lower than expected despite exacerbation of aggravating factors (war, summer hunger gap and beginning of malaria season).

- Over the reporting period, in Muhuta, the average number of beneficiaries per month was 351 and the average number of admissions and exits were respectively: 90 and 88.
- An average of 74.5 pregnant and lactating women per month attended the program in Muhuta. P&L women represent 21% of Muhuta SFC beneficiaries. The proportion of P&L beneficiaries is slightly less (by 6%) important than in Karinzi.

Like in Karinzi, this drop is to be put in relation with the security situation and does not mean the nutritional situation has improved. In July a significant drop in the number of beneficiaries, admissions and exits was due to the temporary suspension of screening and feeding following major military operations that led to the displacement of most of Muhuta commune inhabitants and extensive destructions of assets (including our shelter), for the same reasons. Starting from September, normal operation resumed but with heavy security constraints for the staff operating in Muhuta. Comparison with previous years (see Appendix 4) indicates that although admissions and exits were roughly consistent with the previous year, the fluctuations in the number of beneficiaries were more acute at the end this funding period, in relation with the constraints stated above.

The fact that in both locations, the P&L women account for more than 20% of the beneficiaries is also an indication that this particular target group does not respond well to the treatment. Women tend to stay longer. This is related to the fact that malnutrition in P&L women may be caused by pathologies, malaria, HIV/AIDS and TB and it may also be linked to the fact that rations are not sufficient in quantity and/or that rations are shared in the family or in some cases were sold on the market to access cash for medical treatment, to buy traditional food stuff or in this particularly troubled period of 2003 to buy essential household equipments that were looted.

Output 1: Performance vs. Performance indicators

Indicator: Rate of recovery above 80%

- Performance: Average recovery rate over the period: Karinzi (80.8%), Muhuta (80.1%)

Indicator: Rate of defaulters under and Rate of discharged without expected weight gain 20%

- Performance: Average defaulters rate over the period: Karinzi (10%), Muhuta (14%)
- Performance: Average discharged without expected weight gain rate over the period: Karinzi (9%), Muhuta (6%).

Chart 5: Program performance at Karinzi

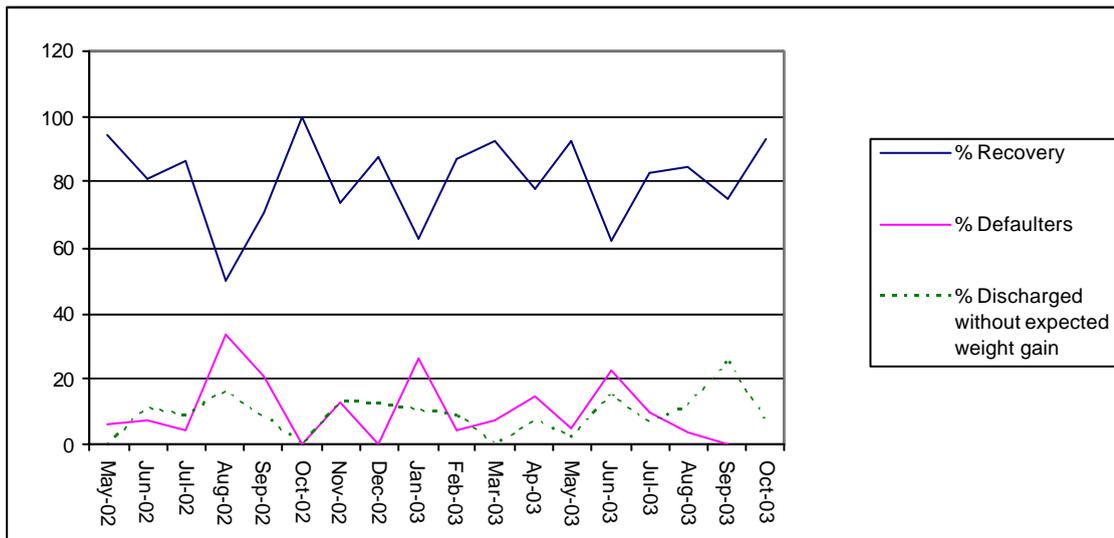
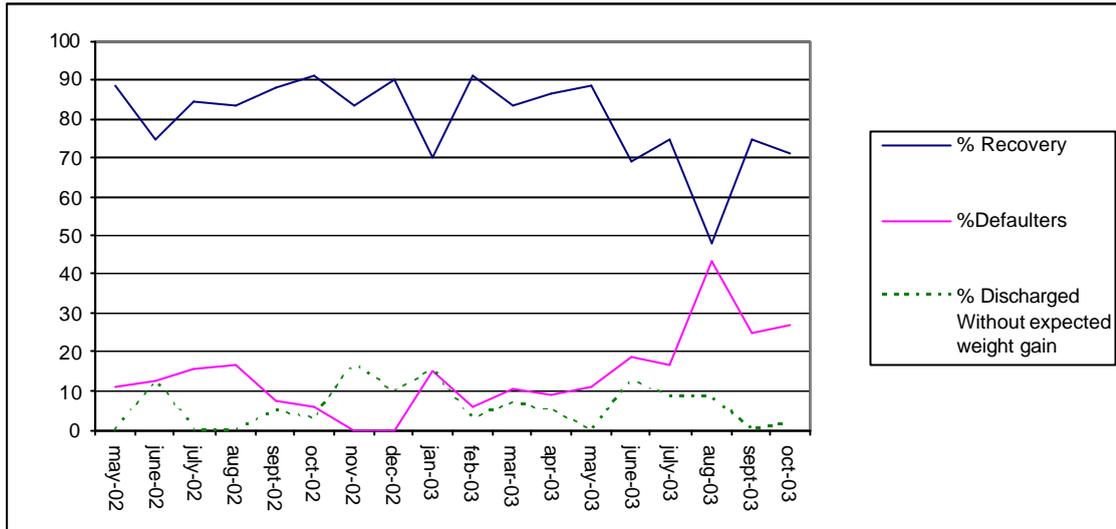


Chart 6: Program performance at Muhuta



Remarks:

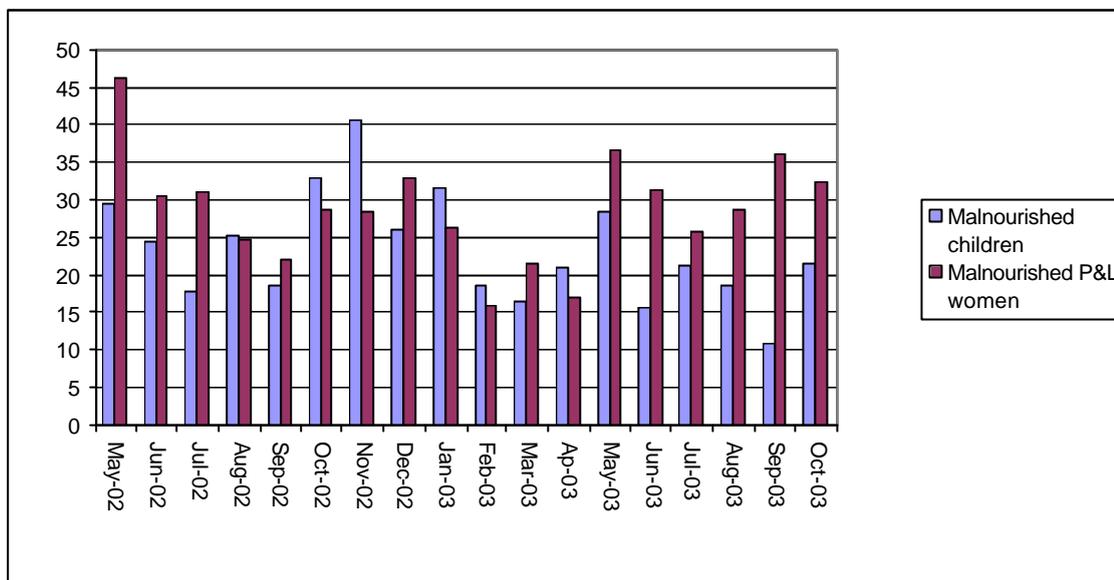
The current measure of the performance indicators remained globally excellent. However they were seriously affected by the insecurity at the end of the period and acutely in Muhuta (radical increase in defaulters and consecutively drop in recovery rate in July-September). At that period there was a combination of negative factors such as unavailability of family rations, acute insecurity, and exhaustion of food reserves, chronic population displacement and beginning of malaria season in July-August. The most affected factor tends to be the rate of defaulters (no access to SFCs and or impossibility for our outreach teams to trace defaulters' in the collines). Logically every increase in this latter rate translates in a drop in the recovery rate. Significant disruptions were recorded in August 02, January 03 and June 03 in Karinzi and January 03 June 03 and August 03 in Muhuta, all linked to acute insecurity episodes. Outside these episodes, all agencies working on nutrition in Bujumbura Rural noticed a positive correlation between a low defaulter's rate and the distribution of family rations by WFP (perceived by the mothers as an incentive to come to the centres). In Muhuta for example we believe it is the distribution of family rations that contributed to keep the defaulters' rate low over a long period of time (May 02–May 03). We also believe that the defaulters rate was kept low by the cooperation of the CHWs. When comparing these performances with previous years (see Appendix 4), we observe that this funding period results (except for the last 4 months) are globally consistent with the previous periods despite increased security constraints which indicate that the program managed to keep an excellent performance level.

III.1.2 Output 2

Outreach screening and extension services for each area.

CONCERN nutrition agents referred suspected moderately malnourished children and women identified with MUAC for anthropometrics screening to the nearest SFC to determine whether they required admission according to the standard protocol (Appendix 3).

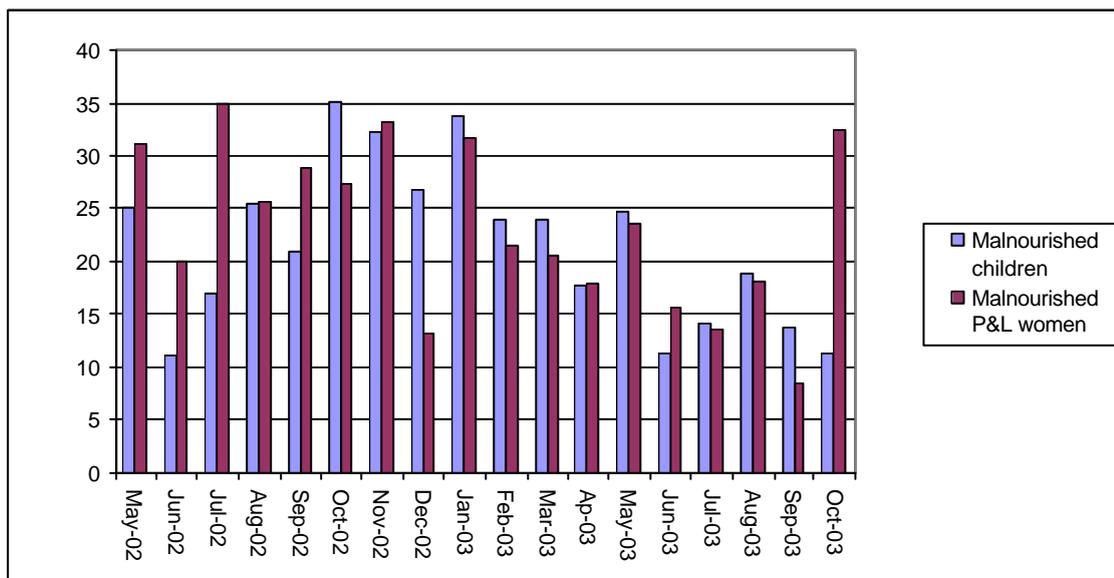
Chart 7: Percentage of malnourished children and pregnant and lactating women identified and referred to centres within screened population in Karinzi



Remark:

- The percentage of the P&L women being referred to the centers is markedly higher than the one of children (discrepancy) starting from May this year. One can notice that it was the same between May and July 2002 that suggests that it may be seasonal.
- The above indicators are consistent throughout the period.

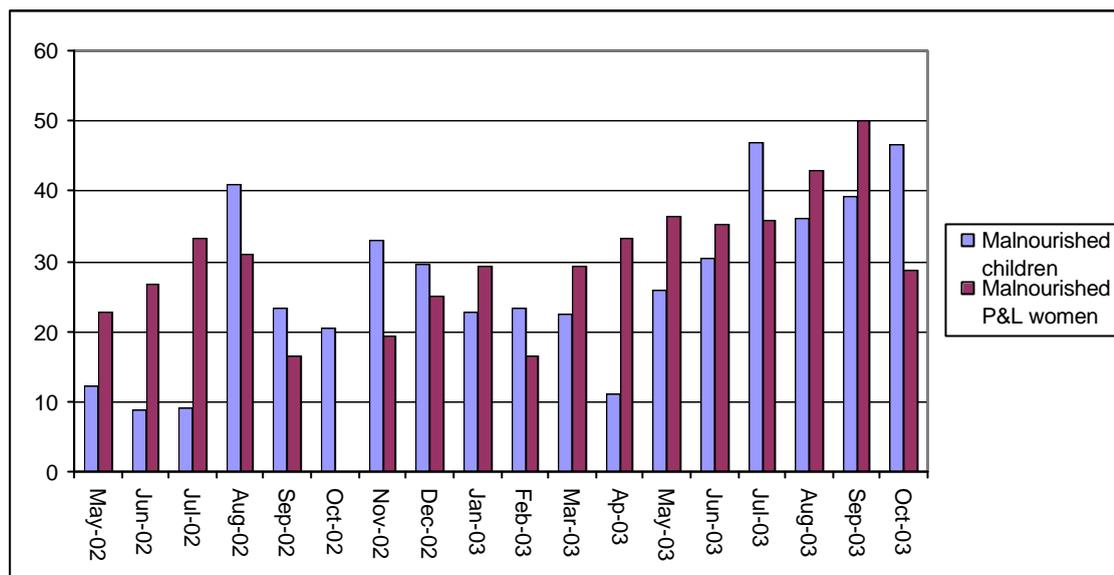
Chart 8: Percentage of malnourished children and pregnant and lactating women identified and referred within screened population in Muhuta



Remark:

- The drop in the above indicators at the end of the period is directly caused by the insecurity and does not mean the malnutrition improved.

Chart 9: Percentage of malnourished children and pregnant and lactating women identified and referred within screened population in Mugendo



Remark:

- In Mugendo while the proportion of malnourished children in the screened population is consistent with the two other screening sites, the proportion of P&L women identified as malnourished is slightly more (by 10%) but this is not very significant considering the small amount of women screened (288) compared to the 2 other sites (see table 1 below). The small amount of women screened is due to insecurity.
- We notice a significant rise in both indicators starting from May03.

Table 1: Number of Persons Screened and Referrals (May 2002-October 2003)

	Total P&L screened	Total children screened	Total screened	% P&L referred to SFC	% children referred to SFC	% children referred to TFC
Karinzi	1105	2978	4083	26%	26.5%	0.87%
Muhuta	1479	4676	6155	30.8%	27.1%	0.47%
Mugendo	288	2664	2952	40%	29%	0.96%
Totals	2872	10318	13190	32.3%	27.5%	0.77%

Remark:

The prevalence of malnutrition in the population we screened is high (in the 30% range), severe malnutrition is significant but below 1%, all severe cases were referred to GCV TFC.

Table 2: Estimate Target Group¹ and % of People Screened

	Target group (P&L)	Target group (under 5 children)	Total P&L women screened (% of target group)	Total children screened (% of target group)
Karinzi, Muhuta and Mugendo	3,705	16,469	2,872 (77.5%)	10,318 (62.5%)

Remark:

The proportion of people who were screened is significant when compared to the target group. However there is a bias when the same people are being screened several times.

¹ At the time of the proposal (2001 data)

Table 3: Estimate Malnourished in the Target Groups and % of People Referred

	Target group (All P&L)	Target group (under 5 children <u>malnourished</u>)	Total P&L women malnourished referred (% of target group)	Total children malnourished referred (% of target group)
Karinzi, Muhuta and Mugendo	3705	1172 moderate 294 severe total: 1466	175 (4.6%)	544 moderate 53 severe 597 (40.7%)

Remark:

We identified and referred a fair proportion of the malnourished children as identified at the time of the proposal. Unfortunately we have no data to compare the proportion of the P&L women referral with the unknown estimate number malnourished P&L women. A specific survey to have the prevalence of malnutrition in this latter group should be envisaged in a future survey.

General trends:

The high rate of malnutrition prevalence within the screened population indicates that the screening is a well targeted screening. It means that people who go to screening tend to be more aware of being potentially malnourished and that people we screen are the most vulnerable (providing the access is possible). It appears that the importance of being screened and the recognition of early malnutrition signs for both target groups are improving. This is certainly a cumulative effect of the community awareness about malnutrition, the work of the TBAs and CHWs and the redirection of P&L suspected of malnutrition during antenatal consultation in the health centers towards our screening sites. However, although we don't have proof supported by a survey, the possibility of a deterioration of the malnutrition situation cannot be ruled out considering these high rates. It is difficult and not correct to extrapolate these results to the entire population however they may be an indication of higher than expected rates of malnutrition within the target population as the population we managed to screen in both target groups is significant. The need for a wide and accurate nutritional survey in Bujumbura Rural is crucial to have a better vision of the extent of the problem.

Output 2: Performance vs. Performance indicators

Indicators:

Indicator: 50% of the estimated malnourished children attend the feeding program:

- Performance: During the period, the average number of children under five attending the program monthly was 544 moderately malnourished children, and we referred 53¹ additional severe cases to GVC's TFC so that is 40.7% of the total estimated malnourished children that have been taken care of. We screened a total of 10,318 children that is 62.5% of the total estimated population of children under five at the time of the proposal.

Indicator: 30% of the estimated pregnant and lactating women attend the feeding program

- Performance: An average of 175 P&L women attended the program monthly. Unfortunately as we have no indication of the malnutrition prevalence in this group validated by a survey, we can only state that among the population of P&L women we reached by screening, an average of 32.3% (average between the 3 sites) were identified as malnourished and attended the program. The total number of P&L women we managed to screen (2,872) represents 77.5% of the total estimated number of P&L women at the time of the proposal.

III.1.3 Output 3

Health and nutrition education training program.

a. SFP Beneficiaries

From May 2002 until October 2003, all beneficiaries received education on health and nutrition either through the use of "images boxes" materials or role-play. Education sessions systematically took place on the distribution days; 4 sessions a month were therefore covering the following topics:

- Preparation of pre-mix, its contents and role in the diet
- Causes of malnutrition and preventive measures
- Symptoms of malnutrition
- Food groups

¹ 26 cases from Karinzi, 22 cases from Muhuta and 5 cases from Mayuyu

- Cooking demonstrations on a balanced diet using local produce
- Promotion of breast feeding
- Hygiene (environmental, water, body and food).

In parallel, demonstration gardens established in the vicinity of the SFCs contributed to increase people's knowledge of a good-balanced diet.

b. CHWs of Muhuta, Mutambu and Nyabiraba

Several training sessions took place throughout the program:

- Basic Training for 60 CHWs in Bujumbura, in February 2003 (20 per commune)
 - Notions in physical, food and environmental hygiene
 - Basic notions in major pathologies (malaria, diarrhoea, TB, STDs, HIV/AIDS)
 - Sanitarian education
 - Malnutrition

The training was performed by the BPS team (Provincial MD, Chefs de Secteurs)

- Training in malnutrition identification and referral for 60 CHWs in Bujumbura, in May 2003 (20 per commune)
 - Definitions of malnutrition and distinction between different forms of malnutrition
 - Anthropometric measurements (W/H, MUAC)
 - Screening and referral of malnourished patients
 - Nutritional education

The training was performed by two LMTC staff and facilitated by the BPS

- Training in the new protocol on malaria treatment for 60 CHWs in Gitaza, in September 2003 (20 per commune)
 - Induction on the new malaria protocol facilitated by the BPS, GVC staff and 2 experts from the MoH.

Output 3: Performance vs. Performance Indicators

Indicator: 1,200 women participate in nutrition education sessions

- Performance: An average of 2,239 women (mothers) have participated in education sessions held every week at the SFCs. Starting from September, an average of 90 additional women per week per commune received nutrition education provided by the CHWs.

Please note that as the training of CHWs was not included in the original proposal we don't have specific performance indicators for this "sub output". Performance indicators will be designed and integrated in the next program (2004). However, once a month, sessions took place to evaluate the level of knowledge of CHWs, discuss the difficulties met and make any necessary amendments. These sessions started in August 2003 and a significant increase in knowledge was noticed; the CHWs now being able to precisely measure the weight, height and MUAC of patients and refer accordingly. Nevertheless there is still a need to complement the gap of knowledge in interpreting these measures. In matters of identification of malnutrition cases and search of defaulters we do believe the impact of the CHWs has been quite important and particularly in Karinzi when we considered the low rate of defaulters we managed to achieved despite the negative effect of the insecurity.

III.1.4 Output 4

Food security program established

As stated in the 4th and 5th Interim reports, given the security situation starting from end of April it became very difficult to follow up and monitor the food security component. Indicators chosen at the time of the proposal became impossible to measure (i.e monitor the household food consumption). However despite harsh climate and frequent armed clashes the group managed to run agricultural activities.

Due to perceived OFDA funding limitations with the Iraq crisis once OFDA funds were expended for agricultural support activities the funding for our Food Security program was taken over by an alternate donor. The program achievements mentioned below are the cumulative achievements realized with OFDA funding.

Program Achievements (Cumulative):

1. 15 groups were set up and group committees were trained in appropriate management of farming assets, planning of farming activities and book and record keeping.
2. All the groups were trained in the field on improved cropping practices such as crop rotation, anti erosive farming techniques, fertilization and harvest management.
3. All groups managed to secure land plots for group activities. Concern has continued to advocate to the local administrator to increase land access to these vulnerable groups and progress is ongoing. All groups harvested crops with economic and nutritious value such as: beans, Irish potato, maize, sweet potato, onions, cabbage, tomatoes and eggplants.
4. All groups received goat herds and materials to build animal shelters as well as training on manure collection, use and management. Vet drugs were provided to treat sick animals whenever a case arose under the supervision of a vet technician. Groups were also trained in animal care and possess basic veterinary skills that allow them to identify diseases and to treat them accordingly.
5. Inputs distribution were sometimes disrupted but managed to happen in time.

Output 4: Performance vs. Performance indicators

Indicators: 15 groups settled, 50% of groups have an increase of 10% in their household food consumption and 50 people trained in CBHC, organizational development and community planning.

- Performance: 15 groups are fully settled although progress remains slow due to overall constraints. The follow up is difficult and it was impossible for our team to monitor the household food consumption as it requires a permanent presence and sustained households' visits.
- Performance: A total of 48 people had been trained in organizational management and community planning.

III.1.5 Output 5

Capacity building of MUCO to support 4 food security groups

MUCO continued to be assisted to support food security related activities. This assistance consists of supplying agricultural inputs and performing daily technical training by our field agronomist based in Bujumbura Rural. Improved agricultural practices are being implemented. Groups are now using techniques such as row planting, improved fertilizing practices and crop protection. Concern provides most of the agricultural inputs while MUCO manages to rent land from its own resources. MUCO continues to support 4 groups composed of women sheltering orphans. 104 of these women are currently involved, 26 in each of the 4 MUCO groups. In addition MUCO supported the set up of a new group formed by Child headed households by providing them with 17 goats (15 females and 2 males). They also provide technical support.

Cumulative Achievements:

1. Currently the main crops are vegetables, which have a high value on the market (onion, eggplant, cabbage and tomatoes). The land cultivated by MUCO has increased from 1 to 4ha.
2. Proper management of their goat herd has led to an increase in number (from 147 to 188) and all are sheltered in the 47 shelters which the program assisted in building. The manure is effectively collected to fertilize the plots and all livestock are in good health condition thanks to proper management and care.
3. Globally all members are very active and participate in field activities. A system of cash compensation has been set up by MUCO for the members who cannot participate.
4. MUCO provided assistance to a newly established group of orphans by giving 17 goats. All management issues are handled satisfactorily within the groups and conflicts are resolved without Concern's intervention.

5. The total cash in hand for all MUCO groups could not recently be recorded due to access problems that still persist at time of reporting. However MUCO continues to provide loans to their members to assist them when they are in need of cash, particularly for the families who shelter orphans. The money was used to pay school fees and health related services.

Details of inputs distributed using OFDA funds and groups' assets as per end of April when OFDA funded support for this component ceased are available in Appendix 5

Output 5: Performance vs. Performance indicators:

Indicators: MUCO able to manage 4 food security groups.

- Performance: MUCO is able to supervise and support 4 (out of the 15 mentioned above) food security groups. All groups are functional and able to run activities that increase their source of income. All groups have access to land and improved their technical skills. All food security groups continue to receive support through our food security program funded by an alternate donor.

III.1.6 Additional activity:

Unplanned activity at the time of the proposal took place with the full agreement of OFDA.

a. Emergency distribution of non-food items

It was agreed with OFDA, that some funds will be reoriented towards the distribution of non-food items to the beneficiaries of the program following the events of July 2003. Large amounts of the population were displaced following acute insecurity in Bujumbura Rural and lost considerable amounts of assets, among which seeds and household materials concerned most of our beneficiaries. Therefore Concern felt the need to provide people with items that will help them to cope with the situation. The following were distributed in October to 800 households.

- Agricultural kits: a total of 12.8 tons of beans seeds, 10kg of eggplants seeds, 10kg of cabbage seeds, 10kg of onions seeds and 1600 hoes were distributed (16kg of seeds of beans, approximately 10gr of seeds of red onions, cabbage and eggplant each and two hoes for each household)
- 1600 blankets distributed (two per household)
- 942 loincloths (a bit more than one per household, extra ones were given to large families)
- 1600 twenty litters jerry cans (two per household)

b. Temporary assistance to Mayuyu Health Center

The health center's staff of Mayuyu in Mukike commune of Bujumbura Rural has requested our temporary assistance at the beginning of August 2003 in order to help them manage approximately 124 cases of moderately malnourished children identified within their catchment area. Our team transferred all severe cases to the TFC of GVC and provided technical assistance, channeled WFP food for the rehabilitation of these children and performed regular visits to monitor progress to Mayuyu Health center where the children were taken care of. The distance from our SFC did not allow us to directly include them in our SFC and the number of cases was too low to open a separate SFC in Mayuyu.

Additional Output: Performance

Emergency NFI distribution:

- All targeted 800 households beneficiaries received their NFI according to plans

Mayuyu Health center temporary technical assistance:

- This activity was performed in a sense of mitigation. The performances recorded at Mayuyu are very poor (recovery rate of 55% average and defaulters rate of 45% average) and a longer term solution has to be envisaged. The relocation of our Muhuta SFC in 2004 will allow to admit the Mayuyu cases within our SFC.

III.2 Positive Effect of the Programs

NUTRITION COMPONENT

- The program has contributed in reducing the devastating effect of malnutrition among the target groups in all selected sites by preventing malnourished children and P&L women to become severely malnourished. All severe cases were referred to the TFC run by GVC. Furthermore Outreach Screening activities allowed us to track malnutrition and refer patients to feeding structures despite difficult access and security constraints.
- Community awareness about factors and signs related to malnutrition is improving and this continues to have significant impact on the accuracy of the screening (mothers who suspect their child to be malnourished come more spontaneously). The high prevalence of malnutrition for both groups (in the 30% range) suggests that people who go for screening are more aware of being potentially malnourished.
- Increased community awareness about balanced diet thanks to culinary demonstration using local food items in the commune of Mugendo, Mutambu and Muhuta. Areas of research to strengthen this aspect have been studied and our program manager has been trained in Positive Deviance methodology. In the future we might look at the feasibility of implementing a pilot project using this methodology.
- Good performance of the feeding program provide effective cure from malnutrition for more than 80% of the children involved. Defaulters and those discharged without expected weight gain rates remained compliant with national protocol.
- The program has initiated training to increase the capacity of the CHWs to detect malnutrition and to increase screening coverage in highly affected areas. A first step in building local capacity to manage malnutrition and also a step towards more integration of malnutrition management by local health facilities and staff.

FOOD SECURITY

- Creation of viable farming activities for extremely vulnerable groups both through MUCO and direct Concern support.
- Formed groups are able to run small farming projects that increase their economic activity providing them with additional sources of food.
- MUCO is able to support group activities and effectively extend its support to new groups. Savings allow the CBO to rent additional land and to give loans to its members.
- Groups are confident enough to propose new activities revolving around food processing and diverse farming projects.
- Training has contributed to an increase in the target group's knowledge about factors affecting food security and group activities has helped recreate bonds of solidarity that once existed within the community and were shattered by the ongoing crisis.
- Group activities tended to have emulating factors and spontaneous groups emerged.
- The transfer of this component to our food security program funded by the Irish government strengthened the outputs as these activities will be implemented and monitored by more specialized staff and benefit from a more global perspective an approach of the problem.

UNPLANNED ACTIVITY:

- The distribution of NFI to 800 households has helped this population to cope with the loss of their essential assets during the heavy battles that took place in their communes in summer 2003.
- The field team has managed to provide temporary assistance to Mayuyu health center's staff in order to provide assistance to a hundred of cases they have identified and that **could** not be referred to existing SFCs. Our program staff has provided technical assistance, trained the health center's staff, channeled WFP food for the rehabilitation of these children and performed regular visits to monitor progress. Our staff is willing to continue to support Mayuyu Health Center staff in this activity and to monitor progress.

III.3 Unforeseen circumstances

The insecurity can no longer be considered an unforeseen circumstance but remains the only major constraint to constant free access to sites and follow up activities.

- The main effects of the insecurity on the program are: limited, temporary or no access to the service and limited possibility to perform outreach nutritional screening and referrals. It also biases the interpretation of the nutritional data.
- The lack of opportunity to conduct a follow up nutritional survey requires the use of old data that may not reflect the actual/current malnutrition prevalence.
- The tragic events of July 2003 in Bujumbura Rural provoked an acute but limited emergency situation that led us to implement a Non Food Items distribution to 800 households targeted by the program as agreed by OFDA.

IV Resources Use/Expenditures

IV. A. Summary of resources committed

Over the life of the grant Concern spent \$1,066,843 or 98% of the total funds allocated for this program. Please see the attached spreadsheet detailing the budget expenditure.

Appendix and attached documents

Appendix 1: Map of Burundi

Appendix 2: Situation map of Bururi and Bujumbura Rural provinces

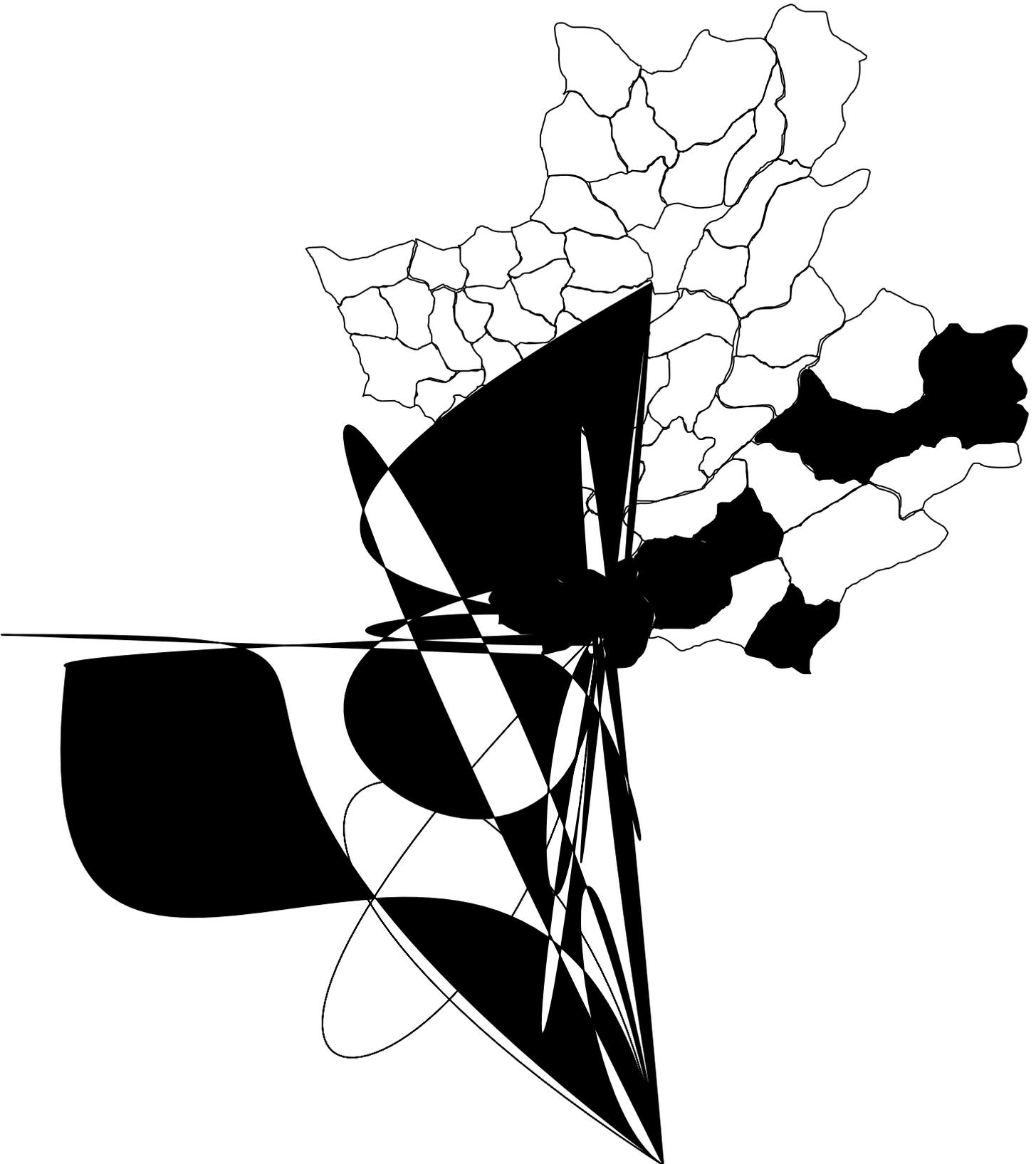
Appendix 3: Nutrition protocol in use

Appendix 4: Nutritional data since May 2000

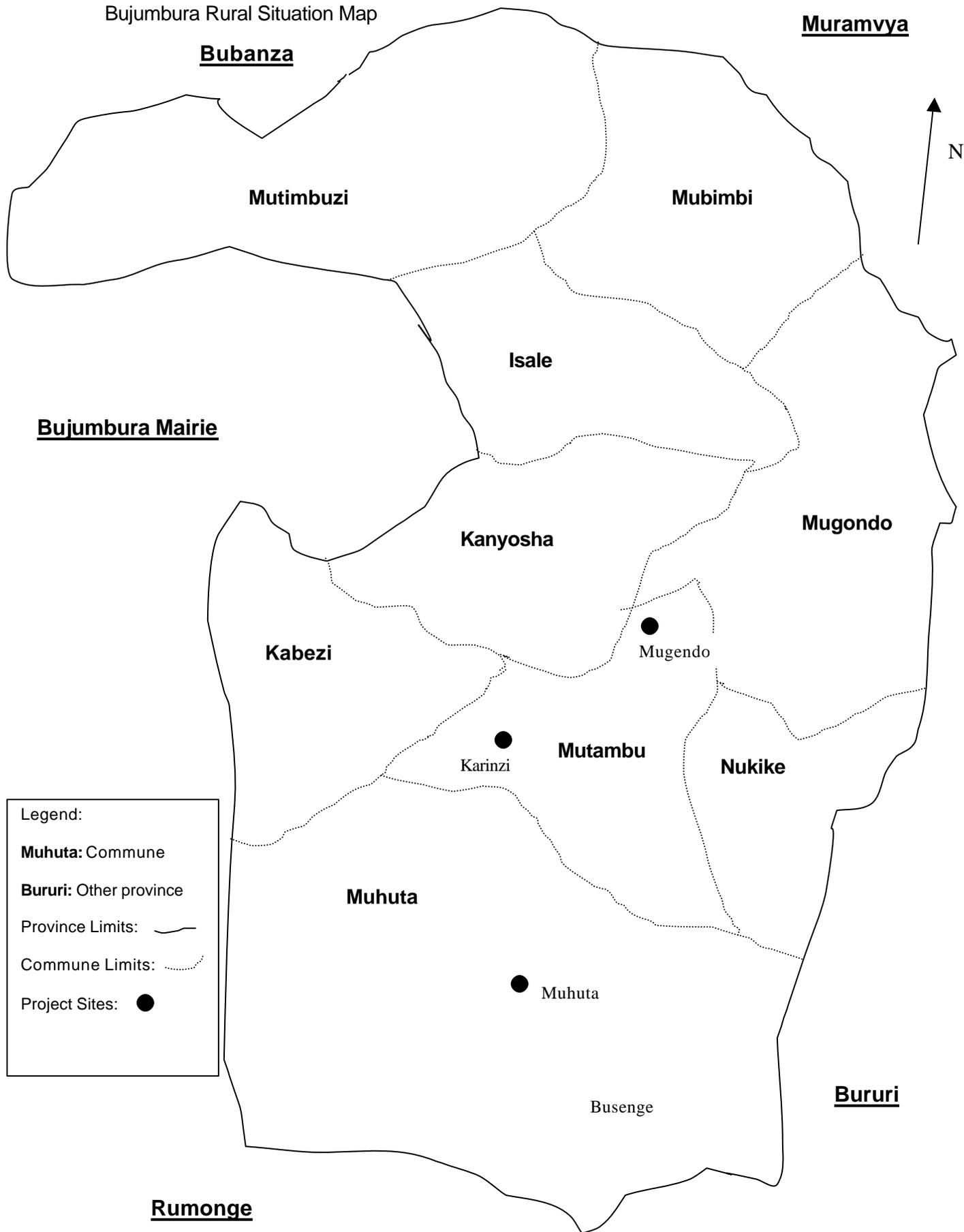
Appendix 5: Agricultural inputs distributed as per April 2003

Attached Documents: Budget Expenditure

Appendix 1



Bujumbura Rural Situation Map



Legend:

- Muhuta:** Commune
- Bururi:** Other province
- Province Limits: ———
- Commune Limits: ·····
- Project Sites: ●

Appendix 3

STANDARD PROTOCOL IN USE

1. Criteria for Malnourished children (W/H Index)

Admission criteria:

Weight for height = 70% and <80%

Any child discharged from a TFCAny child found to be <70% or to have nutritional oedema transferred to a therapeutic feeding facility

Discharge criteria:

=85% for 2 consecutive weeks or after 4 months of treatment received

All children transferred from a TFP monitored in the SFP for 3 months independent of % W/H index.

1. Pregnant and Lactating malnourished women (MUAC Index)

Admission criteria :

- a. Pregnant women : 3rd trimester of pregnancy and with a MUAC <21cm
- b. Lactating women : baby less than 6 months and with a MUAC <21cm

Discharge criteria :

Pregnant women : 8 weeks after birth of baby and with a MUAC =21cm

Lactating women : baby is more than 6 months old or with a MUAC = 23cm