INTERNATIONAL MEDICAL CORPS

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Program Title:	Emergency Health Intervention in Muyinga, Rutana, Kirundo, Muramvya Provinces
Country:	Burundi
Disaster/Hazard:	Complex Emergency
Period of Activity:	September 21, 2000 – December 31, 2002
Dollar Amount Received from OFDA	$ 3,986,153

I. Executive Summary

International Medical Corps (IMC) has been a partner of the Burundian Ministry of Health (MoH) in the implementation of health, nutritional, repatriation, preventative and health education projects since 1995. IMC's donors in Burundi have included OFDA/USAID, ECHO, UNHCR, UNICEF and WFP.

The reporting period of 27 months can be divided into 4 main periods:

- September 2000 through December 2000: start up of Kirundo feeding activities
- December 2000 to March/April 2001: food insecurity and malaria epidemic
- May 2001 through original grant end date: objective 4 and 5 added
- No-cost extension from October 31, 2002 till December 2002

During this reporting period, IMC received 7,691 severely malnourished in the TFCs, of whom 82 percent recovered. IMC supervised the operations of 39 SFCs (14 in Muyinga, 12 in Rutana and 13 in Kirundo), at which 59,501 moderate malnourished were admitted, and 62 percent of them recovered. At the end of this reporting period IMC established 22 community demonstration gardens and 15 goat associations among at-risk populations in Muyinga and Rutana.

IMC has been providing training and refresh training to the health center staff in Muyinga and Rutana on a regular basis since 1997. IMC initiated this activity in the fall of 2001 in Kirundo. Twenty-three training sessions were held on topics such as clinical, preventative and managerial curricula. 599 health center supervisors, nurses, hygienists, nutrition technicians and vaccinators participated. Please see annex objective 2 for details.

IMC carried out community based health services in Muyinga, Kirundo and Rutana. At the end of this grant, IMC trained 58 new TBAs and 74 CBHWs. A total of 1,912 TBAs and 1,148 SBHWs were trained in the refresher courses. In addition to this, IMC held five training sessions for 687 communal administrators, and 25 sessions for community grassroots were conducted with a total of 2,227 participants.

In Muramvya province, IMC provided emergency medical services to 12,073 people and made 12,892 consultations through mobile clinics in six IDP sites in Bukeye commune since July 2002. IMC diagnosed and treated 6,551 malaria cases in November and December 2002 in Rutegama commune. IMC aimed to increase the rate of fully vaccinated children to at least 80 percent. By the end of the reporting period, 1,177 children were vaccinated. The vaccination coverage of children under five years old was more than 80 percent for BCG, Polio and DTP. Eight health facilities and thirteen HCs were rehabilitated, and 328 TBAs and 124 CBHWs were trained by the end of December 2002. In addition, refresher courses were held for 300 TBAs and 130 CBHWs in Muramvya.

During the third reporting period, IMC encountered the food shortage, malaria and meningitis epidemic outbreak and insecurity. Fighting had led to temporary population displacement, and caused access difficulty for both IMC and beneficiaries.

Further interventions are needed in the areas of malnutrition management and prevention and community based health care. Access to primary health care has to be increased because the capacity of the medical authorities is insufficient to guarantee access to primary health care.

II. Program Overview

Civil society in Burundi has been torn by a series of severe ethnic conflicts between majority Hutu and minority Tutsi since the first major clash in 1965, resulting in loss of many innocent lives. In June 1993, the first democratic presidential election since independence was held, with Melchior Ndadaye emerging as the winner. It gave rise to hope for long-term stability and peace, but this hope was abruptly shattered when President Ndadaye was assassinated on October 21, 1993, only four months after taking office. The assassination unleashed massacres carried out in retribution and reprisals resulting in tens of thousands of killings while thousands of others fled their homes. Continued ethnic conflict escalated to a military coup in July of 1996. This was followed by a brief respite of relative calm. However, incidents of attacks and counterattacks soon resumed resulting in thousands of both military and civilian causalities and tens of thousands of Burundians fleeing to the safety of internally displaced camps. In the five years that have followed, an estimated 250,000 people have lost their lives in the ethnic conflict in Burundi.

In September 1999, rebel attacks on the capital city of Bujumbura and outlying suburbs ostensibly provided government troops with sufficient justification to forcibly resettle approximately 320,000 persons in Bujumbura Rural Province into 58 squalid "regroupment" camps. Because of continued violence and deteriorating conditions in these camps, IMC received funding from OFDA to implement immediate activities designed to ameliorate the suffering of vulnerable displaced populations in Bujumbura Rural Province (for activities carried out and results received, see separate reports submitted to OFDA).

When Honorary Mr. Nelson Mandela was appointed the negotiator in 1998, the international pressure on Burundian Government mounted. One of the issues of international disapproval was the displaced camps in Bujumbura Rural Province. The Burundian Government reacted in a positive way and a gradual dismantling of the camps began in the end of May 2000. By mid-August, most of these camps were dismantled; nevertheless there are still several pockets of displaced populations around Bujumbura Rural, and in the rest of Burundi.

Drought, malaria epidemics, war and displacement are the major problems that affect Burundi's population resulting in a large number of people unable to produce their own food or earn income. The civil conflict continues to destroy homes, rob people of their livelihoods and ravage communities. The nutritional situation is precarious. The traditional agricultural system is fragile and unable to withstand adverse social and climatic conditions. Crop yields have decreased due to drought in the Northern and Eastern section of the country and the unstable security situation in the East and Central parts of the country. 30,000 people per month are registered in supplementary feeding programs and 2,200 in therapeutic feeding programs. Even though the malnutrition crisis has subsided since April 2001, the admission rates to the therapeutic and

supplementary programs remain higher than in the same period during previous years. At the same time the Burundian health care system is still not able to cope with the malnutrition due to limited financing, lack of logistical support and organizational capability.

The most visible and long-lasting consequence of the civil war has been the displacement of Burundi's population. In September of 2001, approximately 630,000 (ref. UNHCR) people lived in displaced settlements, semi-permanent villages or IDP camps. Moreover, there are more than 350,000 people in refugee camps in Tanzania and about 20,000 in Congo. In 2001, UNHCR Burundi predicted that the refugee population would return to Burundi within the next twelve months, an estimated of 126,000 returnees expected to resettle in Muyinga, Kirundo and Rutana in the end of 2001 and 2002. In March 2002, facilitated repatriation of Burundian refugees from Tanzanian camps started on Dec 31 2002, and only 52,600 were resettled in the three provinces mentioned above.

Table II .1 Official Repatriation figures (UNHCR) (from 1/1/02 –12/31/02):

Geographical area	Facilitated	Spontaneous	Total cumulative
Muyinga	19,126	1,026	20,152
Kirundo	578	852	6,633
Rutana	290	1,775	2,065
Muramvya	40	90	130
Total	31,421	21,432	52,853

Burundi's health infrastructure has also been significantly compromised: inadequate food stores have led to an increase in the incidence of malnutrition while insecurity and violence continues to decimate the number of local health personnel. Morbidity and mortality rates for children and women in Burundi are among the highest in the world, and government vaccination programs and supplementary feeding centers are rendered bankrupt without continued international support.

What remains of the Burundian health system relies heavily on the operational support of international medical NGOs who are providing technical, logistical and material assistance to the health centers in most provinces. Without that assistance, even the limited health services that remain in rural areas fail. Attempts to have the Ministry of Health take more responsibility for staffing and drug procurement have made little progress due to the lack of public funds available for social services. IMC is the sole health care partner of the Ministry of Health in the provinces of Muyinga and Rutana. In the province of Kirundo GVC, an Italian NGO, provides health services, however these services are not inclusive of nutritional support and are limited to three communes of the Province out of seven.

Malnutrition, malaria, tuberculosis, AIDS and diarrhea diseases are the most common causes of infant and premature mortality. The increasing incidence of malaria has been observed year-by-year. The high resistance to treatment with Chloroquin (as evidenced among others by the IMC led research " Chloroquin Resistance Study in Burundi") caused the Burundian Ministry of Health to announce Chloroquin as a drug of "no use" in simple malaria. As of July 2001,

Fansidar is the drug of choice in treatment of simple malaria. In July 2002, it was agreed upon by MOH and the international community that coartem combinations should be the near future first line malaria medicine for Burundi. The date of implementation is set for July 2003.

Due to the deterioration in the health infrastructure, there is an acute shortage of essential drugs and other medical supplies. In 1992 the National Health Service provided 64 percent of the drugs needed in comparison to 18 percent in 1998. In 2001, the supplies of essential drugs to the rural health center have been improved, and together with donations from UNICEF and ICRC as well as other NGOs, and covered the basic needs of the population in certain regions but not all over the Country. During the year of 2002, it became clear that the population does not have the access to basic drugs for economical reasons and for physical access problems; certain HC's are not functioning and others are not accessible due to insecurity (Muramvya).

Communicable diseases remain a major health problem among the population due to the decreased accessibility of health services, crowded conditions, inadequate clean water, inadequate sanitation and poor nutritional status. Community- based health workers provide adequate solutions to community health problems such as hygiene, balanced diet, prevention against malaria and other diseases. The need for their further training and supervision of those already trained is apparent.

III. Program Performance

The ten objectives at the beginning of this grant were partly objectives and partly activities. In the course of the grant period, two more objectives were added; the framework contains five objectives under which all activities and activities mentioned as objectives in different cost extension proposals are included.

Goal of the Program

To reduce in incidence of morbidity and mortality in Muyinga, Rutana, Kirundo and Muramvya provinces, including the internally displaced and malnourished people

Objective 1: Reduce the prevalence of severe and moderate malnutrition in Muyinga, Rutana and Kirundo provinces.
Implementation period for activities under this objective: 27 Months

Objective 2: Increase the access to quality primary health care in Muyinga, Rutana and Kirundo provinces
Implementation period for activities under this objective: 27 Months

Objective 3: Improve community-based health services through the training of Traditional Birth Attendants (TBA) and Community Based Health Workers (CBHW) and increase Expanded Program of Immunization (EPI) activities.
Implementation period for activities under this objective: 27 Months

Objective 4: Reduce morbidity and mortality through preventive, curative and educational health interventions in Muramvya province.
Implementation period for activities under this objective: 6 months

Objective 5: Increase the capacity of health structures in Muyinga, Rutana and Kirundo through health post rehabilitation and additional training.
Implementation period for activities under this objective: 6 months

Assumptions Made in the Proposal:

IMC assumes that adequate quantity and quality of supplies such as food and vaccines will be available through UNICEF and WFP. Adequate security conditions will prevail, allowing IMC to conduct normal program activities. Cooperation with the Burundian government will remain positive. In December 2002, the WFP stocks were not large enough to deal with the food security deterioration and the increased feeding services admission rates. In Rutana, there were access problems for the area bordering with Ruyigi Province in the second half of 2002. In Muramvya, the activity plan had to be adapted continuously, and mobile clinics had to be cancelled from time to time. Cooperation with the Burundian government is good.

Target Population for Objective 1

Severely and moderately malnourished people who meet the admission criteria to therapeutic and supplementary feeding programs as set forth in the National Burundian Protocol on Management of Malnutrition. The priority groups are:

- Severely and moderately malnourished children under five years of age
- Severely and moderately malnourished women in the third trimester of pregnancy
- Severely and moderately malnourished women in childbearing age
- Severely and moderately malnourished lactating women
- Severely and moderately malnourished adults

Through the therapeutic and supplementary feeding centers in Muyinga, Rutana and Kirundo Provinces, IMC aimed to target 3,850 severely malnourished and 26,200 moderately malnourished children under five years of age as well as severely and moderately malnourished adults.

Target Population for Objectives 2, 3 and 5

Through education for the primary health care staff, community health workers and TBA, IMC aimed to reach the entire population of the three provinces of 1,131,089.

Target Population for Objective 4

The estimated total population in Muramvya of 263,288.

Table III.1. Profile of the target population, per objective

	Objective 1	*Objective 2*	*Objective 3*	*Objective 4*	*Objective 5*
Severely Malnourished	3,850				
Moderately Malnourished	26,200				
Children under 5	85%*	18%	18%	48,182	18%
Women in childbearing age	9%*	30%	30%	56,080	30%
Children over 5 and other adults	6%*	52%	52%		52%
Displaced Persons		15,800	15,800	27,799	15,800
Fixed Population		1,116,289	1,116,289	235,489	1,116,289
Total	30,050	1,131,089	1,131,089	263,288	1,131,089

* 85%, 9% and 6 % are the average age divisions in feeding services.

Objective 1: Reduce the prevalence of severe and moderate malnutrition in Muyinga, Rutana and Kirundo

Activities

- Provide TFC Package and SFC Package in Muyinga, Kirundo and Rutana
- Provide logistical support for supply and food
- Provide supervision and management for increased admission in TFC
- Provide weekly supervisions in all functioning SFCs
- Provide regular training sessions (two teaching hours per week) to all TFC and SFC staff
- Continue to liaise with the Public Health Authorities (PHA) in order to find solutions for logistic independence and possible hand-over
- Provide seed distribution to increase food security at the time of discharge from the SFC, pending availability of seeds from FAO.
- Provide training in goat and rabbit cultivation to mothers and caregivers in collaboration with local agricultural authorities (DPAE).
- Continue the supervision of the existing demonstration gardens adjacent to the SFC (beginning with 6 gardens)

Therapeutic Feeding Centers (TFC)

The activities of the TFC Package as per the national protocols include: daily therapeutic feeding utilizing UNICEF and WFP products; clinical therapy of underlying pathologies limited to the essential and basic therapy of communicable and life-threatening conditions, and beneficiaries are encouraged to seek medical services within the health centers or hospitals for all other conditions; health education training for the accompanying adults; demonstration garden

adjacent to the TFC; discharge to the supplementary feeding for continued observation; and monthly reporting and sharing of the reports with partners

Indicators of TFC

- Number of admissions: 7,691
- Percentage of recovery: 82.2%
- Percentage of abandonment: 7.2%
- Percentage of mortality: 8.6%
- Percentage of transfers to the hospital: 2.0%
- Topics taught during the TFC seminars

Malnutrition Crisis in Burundi, November 2000 – April 2001

IMC, in collaboration with local and international partners, attempted to analyze the factors leading to a malnutrition crisis in Northern Burundi between November 2000 and April 2001. In this period, the incidence of severe as well as moderate malnutrition tripled. IMC was faced with unprecedented numbers of patients in agony, severely anemic, dehydrated, and in sepsis. The fatality rates jumped to over 15 percent in the first three months of 2001. This was partially due to unavailability of blood products for transfusions and to a complication in the form of malaria epidemic that struck in the first month of 2001.

It is believed that the factors leading to the crisis in the North were drought and failure of three consequent harvests, which resulted poor food security and poor hygienic conditions, and an outbreak of malaria combined with diarrheal diseases. The unstable political situation in the country contributed too.

In the past, the identified causative factors resulting in malnutrition have been poor nutritional education, inadequate crop production and the inaccessibility of farmlands due to displaced populations. IMC has successfully reduced provincial malnutrition through community based education programs for nutrition and cultivation techniques and through an effective system within the outlying supplementary feeding centers for early detection and referral.

Through the training of local staff in pathologies and national protocols and the establishment of a provincial referral system, the IMC has treated an overall case fatality rate of 8.6 percent and a recovery rate of 82 percent in TFC.

The recovery rate was above 80 percent during the whole period of 27 months except for Kirundo where the recovery rate was 74 percent during the period of February to December 2001. The overall case fatality was 8.6 percent during the period of September to December 2001. Mortality was high with 12.4 percent in Muyinga, 7 percent in Rutana, and 7.75 percent in Kirundo (for the period February to December 2001). In 2002 the overall mortality rates improved in all three TFCs with the mortality rate 5.9 percent in Muyinga, 4.8 percent in Rutana, and 5.7 percent in Kirundo. (UNICEF reference for evaluation of TFC performance: to achieve a fatality rate of under 5 percent, abandon rate of under 10 percent, recovery rate of over 80 percent).

IMC provided in-depth health education to care providers regarding nutrition, hygiene and cultivation techniques to maximize crop yield. Pre and post admission surveys are conducted to ensure a transfer of knowledge to those providing care to the children. Local staff are independent in the provision of the TFC services, which includes therapeutic feeding, the treatment of secondary infection, and education.

Supplementary Feeding Services (SFC)

As per the national protocols, the activities of the SFC Package include: supplementary feeding in 36 SFCs throughout the three provinces; distribution of wet rations on the spot and distribution of dry rations for home utilizing WFP products; health education training for accompanying adults; and providing goats to women's associations to increase food security to three identified SFCs in each province.

Indicators of SFC

- Number of admissions: 59,501
- Percentage of recovery: 62%
- Percentage of abandonment: 25%
- Percentage of non-respondent: 4%
- Percentage of transfers to TFC: 8%
- Topics taught at the SFC seminars

Indicators of the Goat Project

- Number of women identified for the goat project
- Number of women successfully completed training
- Number of goats contributed for initial project
- Number of offspring
- Number of additional women groups established with off-springs
- Number of women benefiting from goat husbandry

Demonstration Gardens

IMC established 22 community demonstration gardens at the TFCs, SFCs, health centers and rural communities in Muyinga and Rutana provinces. IMC provided ongoing technical supervision and support of the gardens in collaboration with the local agronomists. In addition to this, IMC organized nutrition classes, weaning food demonstrations and ongoing garden education at all garden sites. Community garden committees were established at each site to promote project autonomy. IMC provided the necessary seeds, tools and equipment for all gardens. Caregivers of children received seed packets upon discharging from TFC or SFC.

Indicators of Demonstration Gardens:

- Number of new gardens planted at SFCs

- Number of training sessions provided to the health center staff
- Number of education sessions conducted by HC staff regarding nutrition and cultivation.

Program Achievements

IMC established a TFC in Kirundo in September 2000, which was later moved to the compound of the Kirundo hospital. The TFC in Kirundo became functional in February 2001. Gasorwe in Muyinga Province TFC functioned from April to August in 2001.

IMC provided refresh training to HC nutritional staff, assisted the provincial health authorities in transporting vaccination supplies and severely malnourished children to TFC, as well as children recovered from TFC for follow up in SFCs. IMC supervised SFC activities jointly with provincial medical authorities. Please see annex objective 2 for details.

The average number of beneficiaries in all three provinces is 2,203 per month with Muyinga having the highest average of over 891 beneficiaries per month. All together, IMC supervised operations of all 39 SFCs. The average abandonment rate is 25 percent and recovery rate 62 percent.

The nutritional personnel are well trained in caring and monitoring of moderately malnourished children. Their abilities to provide comprehensive care to the beneficiaries were enhanced with training for the provision of community education in nutrition, demonstration gardens, weaning food preparation and hygiene.

Table III.2 Goat Association by the end December 2002

Province	Address or Colline / Commune	Member	Female Goats Distributed	Male Goats Distributed	Delivery/ Offspring
Muyinga	Gashoho Site / Gashoho	6	6	1	11
	Gitaramuka / Buhinyuza	6	6	1	9
	Jarama / Buhinyuza	9	6 (1 died)	1	14
Kirundo	Kiraro / Vumbi	10	6	1	3
	Gikomero 1	6	6	1	4
	Gikomero 2	7	6	1	2
Rutana	Bugunga/Rutana	10	4	1	5
	Nemba/Rutana	10	6	1	8
	Kayero/Mpinga-Kayove	10	4	1	12
	Mpinga/Mpinga-Kayove	10	6	1	7
	Rubara/Musongati	10	4	1	3
	Gitaramuka/Musongati	10	4	1	4
	Shanga/Musongati	10	6	1	4
	Kinzanza/Gitanga	10	6 (stolen)	1 (stolen)	0
Total	**15 associations**	**124**	**76**	**14**	**86**

Justification for Continued Intervention

IMC believes that strong justification exists for continued support of the feeding program in Muyinga, Kirundo and Rutana. IMC attempted to establish a foundation that would be able to create a self-sustaining structure for the TFC. This attempt, however, was not successful partially due to the continuing economical situation in Burundi as well as the fact that the nutritional crisis shifted priorities to immediate relief rather than to search for sustainable solutions.

Presently, almost all Burundian Provinces are supported by one international NGO in nutrition. The two Provinces (Ngozi and Ruyigi) that have tried to transit from NGO supported feeding programs to self-supported ones failed to deliver adequate services to the population.

UNICEF, together with its implementing partners is searching for solutions that would enable transition of nutritional programs to local health authorities. This transition will probably not be feasible before stable political conditions in the country are guaranteed and food security in the Provinces is improved for the long term.

IMC has signed a tri-party agreement with UNICEF and WFP for a provision of food and therapeutic products for the therapeutic and supplementary feeding programs. IMC is a part of the coordination group on national nutritional protocols as evidenced by co-authoring the latest national guidelines for management of severe malnutrition

Objective 2: Increase the access to quality primary health care in Muyinga, Rutana and Kirundo

Activities

- Organize training seminars for medical staff from Muyingan, Kirundo and Rutana on rational drug use, correct diagnosing, and promotion of preventative services.
- Provide logistical support for the participants during the seminars. IMC made a car available for the transportation of the participants to and from the seminar, organized training space and supplied notebooks and pens during the seminars
- Conduct HC staff follow up visits at least once every two months.
- Provide essential drugs and medical materials to Health Centers

Indicators

- Number of participants in seminars, pre- and post test results
- Results of follow up visits

Program Achievements

IMC provided refresh trainings for HC supervisors, nurses and nurse assistants on clinical, preventative and managerial curricula in Rutana and Muyinga, and initiated this activity in fall of 2001 in Kirundo (See annex objective 2).

Objective 3: Improve community-based health services through the Training of TBA and CBHW and increase EPI activities in Muyinga, Kirundo and Rutana province.

Activities

- Provide follow up and refresher courses to all already trained CBHWs and TBAs in Muyinga and Rutana
- Train 20 new CBHWs in Mwakiro (Muyinga)
- Train 14 women in Rutana on HIV/AIDS
- Train and follow up 20 new CBHWs and 20 new TBAs in Kirundo
- Provide all TBAs with new UNICEF kits
- Provide logistic and supervisory support to EPI in the three provinces

Indicators

- Number of TBA and CBHW followed up in Muyinga and Rutana:
- Pre- and post-test during the refresher courses
- Number of new TBA and CBHW trained and graduated in Kirundo
- Number of CBHW trained and graduated in Muyinga
- Vaccination statistics (number of children vaccinated, vaccines applied, cold chain performance etc.)

Program Achievements for Muyinga, Kirundo and Rutana

New TBA and CBHW training: During this grant period, IMC trained 22 TBAs and 24 CBHWs in Kirundo who were selected from communes which were not covered by an Italian NGO; 7 TBAs and 20 CBHWs in Muyinga; and 29 TBAs and 30 CBHWs in Rutana province (please see Table III.3and 4).

IMC provided refresher trainings and follow up to 322 TBAs and 182 CBHWs in Muyinga and Rutana province.

IMC has assisted the local health authorities in Muyinga and Rutana with the execution of the EPI since 1997 by providing logistical and organizational support. IMC maintained and revised the cold-chain, provided safe vaccine transport, supported and helped organize regular and campaign vaccination sessions.

Table III.3: Number of CBHWs trained by IMC in Muyinga, Kirundo and Rutana provinces

Province	Trained by IMC during previous grants	Trained by IMC during this grant period	Total number trained by IMC
Rutana	80	30	110
Kirundo	0	24	24
Muyinga	102	20	122
Total	182	74	256

Table III.4: Number of TBAs trained by IMC in Muyinga, Kirundo and Rutana provinces

Province	Trained by IMC during previous grants	Trained by IMC during this grant period	Total number trained by IMC
Rutana	136	29	165
Kirundo	0	22	22
Muyinga	186	7	193
Total	322	58	380

Objective 4: Reduce morbidity and mortality through preventive, curative and educational health interventions in Muramvya

Activities:

Provide emergency medical services in IDP commune of Bukeye

Since July 2002, IMC has provided emergency medical services through mobile clinics in six IDP sites in Bukeye commune. The aim of IMC was to operate four mobile clinics each week and to serve a population of 12,073.

Table III. 5:Sites reached by mobile clinics

Sites reached by mobile clinics	Number of IDPs
Gashishima	3,045
Nyambo	3,750
Bukeye	1,430
Kavumu	1,895
Kibogoye	1,038
Rusha	915
Total population	12,073

Morbidity figures were collected since August 2002. From August to December 2002, IMC diagnosed total of 12, 892 people, of whom 12,003 were new cases. The number of people treated increased each month, except for the month of November, as IMC had to cancel the mobile clinics during the first 2 weeks due to insecurity. The number one (new case) disease was intestinal parasites, followed by malaria. Please see annex objective 4 and sheet C2 for complete morbidity.

Malaria mobile clinics

In case of epidemics (malaria), mobile clinics are a good strategy for early detection and treatment. The provincial medical director informed IMC about a possible malaria epidemic in

Rutegama commune on October 25, 2002. IMC analyzed the available HC statistics and took 50 blood samples of people with malaria signs and symptoms in the commune. Based on the results of the samples taken (> 95% positive for malaria) IMC decided to start three mobile clinics in Rutegama commune. The start was delayed till week 46 due to insecurity in the first half of the month and the mobile clinics had to be canceled again during week 48 for the same reason. Two more mobile clinics were added in Mbuye commune in mid December. The five mobile clinics ran twice per week.

IMC started the mobile clinic in Rutegama in November. During the first 3 weeks of November, IMC made 1,862 consultations, of which 1,577 were diagnosed and treated for malaria (84%); and 6,824 consultations made in December, of which 4,974 diagnosed and treated as malaria (73%). 2,330 consultations were made in Mbuye, of which 1,837 were diagnosed and treated for malaria (79%). Please see annex Objective 4 for malaria mobile clinic figures and trend

Increase vaccination coverage for children (> 80%) and women of childbearing age (>25%) in Muramvya through (MOH) EPI activities

Indicators

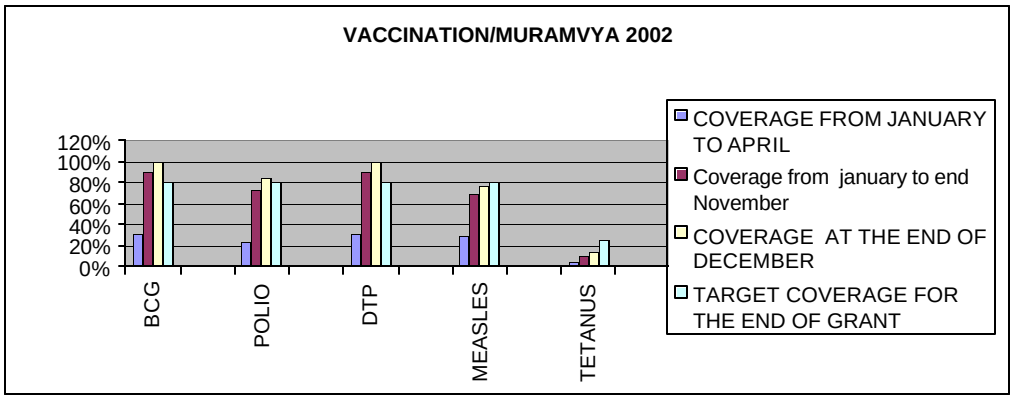
- Total of women in Muramvya Province: 137,124
- Total of women in fertile age: 56,080 (21.3% of total population)
- Total of pregnant women: 12,638 (4.8% of total population)
- Total of children between 0 –11 months: 10,374 (3.94%)
- Total of children between 12-23 months: 10,374 (3.94%)
- Total of children between 1-4 years old: 37,808 (14.36%)
- Number of pregnant and non-pregnant women who received TT (between January and November 2002): 8,139 (see Tables in annex)
- Number of children vaccinated (between January and December 2002): see Tables in annex

Table III. 6: Vaccination coverage in Muramvya 2002 (Data source: Health Centers in Muramvya)

Vaccines	Coverage from Jan. –Apr.	Coverage from Jan.-Nov.	Coverage of Nov.	Coverage of Dec.	Target coverage by the end of grant
BCG	30.90%	90.84%	11.50%	>100%	80%
POLIO	24.49%	73.57%	10.63%	84.20%	80%
DTP	30.33%	89.26%	11.40%	>100%	80%
MEASLES	28.88%	68.35%	8.59%	76.94%	80%
TETANUS (for pregnant women)	3.45%	10.99%	3.87%	13.86%	25%

* In May-June 2002, there was a nation wide measles campaign. Children vaccinated during this campaign are not included in the figures above

Graph III. 1: Vaccination coverage in Muramvya



An initiative was taken by the Provincial office to catch up campaigns organized in the collines, which are far from HCs. This activity started on November 25 and continued through December 2002. The whole EPI schedule was implemented for all children under age of five years old.

Table III. 7: No. of children vaccinated

Vaccines	Number of children vaccinated
BCG	168
Polio 0	97
Polio 1	127
Polio 2	119
Polio 3	133
DTP1	116
DTP 2	105
DTP3	136
Measles	176
Total	***1,177***

IMC aimed to increase the rate of fully vaccinated children to at least 80 percent accepted by WHO through providing sufficient herd immunity, which prevents outbreaks of immune-preventable diseases in the community. The overall vaccination coverage for children under five years old was good. For measles, some efforts are needed to increase the coverage. Discussions were held with the provincial office, and the plan was to have a nation wide vaccination coverage done in 2003 for six pediatric diseases.

TBA and CBHW's training and follow up in Muramvya Province

In a previously conducted survey, IMC and UNICEF concluded that the risk of infant as well as maternal mortality when TBA assist a delivery is reduced approximately five times (the overall infant mortality in Burundi is about 120/1,000 when delivered without TBA and about 24/1,000 when assisted by TBA).

For the period of July to December 2002, TBAs assisted 1,648 home deliveries in Muramvya Province, of which 99 percent was successful, and identified 400 high-risk pregnant women and referred to the HCs. There were 15 stillbirths and 2 maternal deaths. TBAs made consultations on pre-and post- natal, family planning and vaccination. 692 consultations were made in October, 651 in November and 593 in December.

For the period of October to December 2002, CBHWs conducted 1,537 communal session and 4,112 home visits in the whole province, of which 624 and 1, 695 in IDP sites respectively. IMC received 339 reports from community health workers in Muramvya province.

Table III 8: TBA assisted deliveries in Muramvya

Item	July	Aug	Sept	Oct	Nov	Dec	Total
Number of TBA attended home deliveries	252	282	313	279	271	251	1,648
▪ Number of successful deliveries	252	280	311	276	267	248	1,634
▪ Number of neonatal deaths	0	2	2	3	5	3	15
▪ Number of maternal deaths	0	0	0	1	1	0	2
Risk pregnancies referred to health centers	NA	35	61	83	82	139	400
Pregnant women referred during labor or after delivery	NA	78	80	81	35	69	343
Number of TBA reports received	NA	197	191	233	105	213	939

As per national recommendations, three TBA needed per hill, there are 100 hills in Muramvya, and therefore 300 TBA are needed. TBA conducts on average one to two deliveries each month. IMC conducted refresher training of all 300 previously trained TBAs at the end December 2002. Twenty-eight new TBA were trained in October 2002.

IMC trained 30 CBHW from IDP population of Bukeye commune from August to September 2002 with the purpose of reducing the incidence of communicable diseases. In addition, IMC organized two-day refresher training for 130 existing CBHW in September and October 2002. Twenty-four CBHWs from Collines were trained in November and December 2002.

The follow up contacts with previously trained TBAs and CBHWs were organized on a regular basis on-site. The process of visiting the health posts between refresher courses is not only to review the result of the previous course, but also to choose the topics most needed by the participants for the two-day seminar. All TBAs received a new kit containing UNICEF recommended items.

Assistance to ten selected HCs

IMC selected ten Health Centers in Muramvya, and provided essential drugs and supplies through the central provincial pharmacy. In August 2002, training was conducted for 15 microscopists on malaria slide examination. During the period of August to December, 11

seminars were conducted for health staff. In addition, IMC rehabilitated eight health centers. Please see annex objective 2 and 4 for details.

Table III. 9: Details of the works for eight HC facilities in Muramvya:

	KIGANDA	BUGARAMA	BUSANGANA	GASURA	KIVOGA	NYARUCAMO	SHUMBA	TEZA
Roofing	Complete	Repair	Part			Complete	Complete	
Carpentry	Complete		Reinforce			Reinforce		
Ceilings	Complete	Repair	Part			Part	Part	Paint
Painting inside	Complete	Complete	Complete	Part	Part		Part	
Painting outside		Complete	Complete	Part				
Labo. Table	1 built	2 built	Built			Built	Built	Built
Sink	Covered					Built	Built	Built
Doors		4 new	6 new	10 New	Repair	5 new	To install	2 new
Windows			Repair	Replace		Repair		
Grills doors & windows	Complete	Complete	Complete	Complete	Complete	Complete	Complete	Complete
Kitchen			Repair					
Toilets		Repair				Built		
Incinerator		Repair	Repair			Built		Built
Water & sanitation	Repair	Repair	Repair	Repair		Repair	Repair	Repair
Shelter / laundry area		Built						
Side gutters & sidewalks							Repair	

Objective 5: Increase the capacity of health structures in Muyinga, Rutana and Kirundo through health post rehabilitation and additional training.

Activities:

Provide basic rehabilitation and equipment to fifteen selected health facilities

IMC rehabilitated five HCs in Muyinga through repairing of leaking roof, broken windows, doors and masonry, and painting of the walls of the interior. The education room in Kirundo hospital was finished in November 2002. The latrine construction in Muyinga TFC compound was finished in November 2002. IMC identified eight HCs and Rutana TFC for rehabilitation. All rehabilitation work was completed in November. Furniture and equipment were delivered before the end of December 2002.

Table III. 10: Details of 8 HCs and 1 TFC in Rutana

	Butare	Rurana	Shanga	Giharo	Gitanga	Gakungu	Rutana TFC	Bukemba	Muhafu
Painting Inside	YES	YES	YES	YES	YES	YES	PART	YES	YES
Painting outside	YES	YES	YES	YES	YES	YES		YES	YES
outside pavement	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED
Side gutters	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED
Roof	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED
Doors	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED
Window	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED
Ceilings	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED	REPAIRED			REPAIRED
Stove	BUILT		BUILT	BUILT	BUILT	BUILT		BUILT	
Waiting area	BUILT					BUILT			BUILT
Draining hole	BUILT				BUILT		BUILT		
Floor	1 ROOM								
Shower, sink, pipes					REPAIRED		REPAIRED		
Incinerator					REPAIRED	BUILT		REPAIRED	
Kitchen						BUILT	BUILT		
Cooking area for non-benef							BUILT		BUILT
Laboratory room							BUILT		
Nursing room							REPAIRED		

Table III. 11: Details in Muyinga and Kirundo:

POSITION	MIRWA	GASHOHO	GITERANYI	CUMBA	MWAKIRO	KIRUNDO TFC	MUYINGA TFC
Latrine							BUILT
Incinerator	BUILT	BUILT	BUILT	BUILT	BUILT		
Paint inside	COMPLETE	COMPLETE	3 ROOMS	Complete	1 ROOM		
Paint outside	1 BUILDING	COMPLETE		Complete			
Oven		BUILT					
Joinery	SHUTTERS + FURNITURE		SHELVES			FURNITURES	
Bench	WAITING ROOM						
Side gutters							
Building	KITCHEN					TRAINING ROOM	

Support the organization of additional training seminars in the three Provinces and two additional seminars per province

From August to December 2002, six extra training sessions were organized in three provinces.

Date	Seminar Theme	Province	No. Participants
Sep. 2002	Obstetrical and Gynecological Care	Kirundo	22
Oct. 2002	Nutrition	Kirundo	13
Oct. 2002	EPI	Kirundo	21
Oct. 2002	Prevention of HIV	Muyinga	43
October	Vitamin A, and lipiodol	Rutana	30
December	Hygiene and organization in HCs	Rutana	21

Local Community Interaction and Capacity Building

IMC has introduced community-based activities designed to involve the beneficiaries and local authorities to the extent possible in their own solutions. An underlying principle of all of IMC's programs is training and skill transfer, which is designed to leave a long lasting effect. A community approach involving education and training has been included in all components of the Burundi programs since their inception. IMC has focused on local capacity building, and passed on many administrative, financial and programmatic responsibilities to national staff and counterparts as appropriate and possible.

IV. Conclusion

IMC has successfully implemented its activities and achieved its overall objectives. IMC attempts to establish a foundation that would be able to create a self- sustaining structure for the TFC and SFC. However, this attempt was not successful so far partially due to the continuing economical situation in Burundi as well due to the fact that nutritional crisis shifted priorities to immediate relief rather than to search for sustainable solutions. UNICEF, together with its implementing partners is searching for solutions that would enable transition of nutritional programs to local health authorities. The transition will probably not be feasible before stable political conditions in the country are guaranteed and before food security in the provinces is improved for a long term.

IMC recommends that international agencies, like UNICEF, WFP, FAO, WHO and IMC continue to treat the malnourished, inform beneficiaries on the prevention of malnutrition and prepare the community and authorities on responsibility and management.

In Burundi the access to primary health care is limited due to insecurity, and lack of knowledge of medical professionals on cost effective and efficient medical care. TBA and CBHW are an important link between the population and the health facilities and play a major role in having the community based health services more accessible and of better quality.

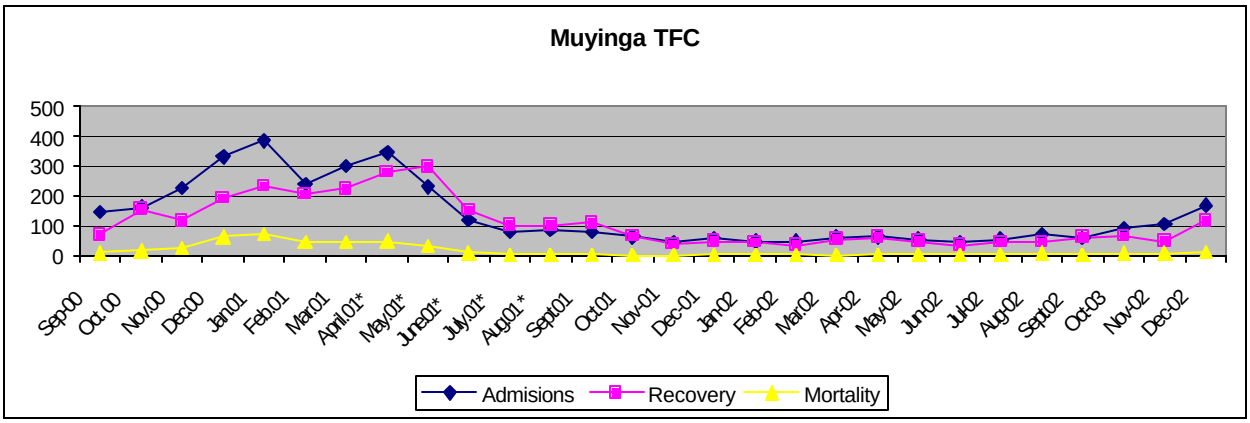
ANNEX OBJECTIVE 1

Indicators of TFC activities (September 2000 – December 2002)

Indicators	September 2000 - December 2001			January - December 2002			Total
	Muyinga	Rutana	Kirundo	Muyinga	Rutana	Kirundo	
No. of Admissions	2,886	1,069	823	860	953	1,100	7,691
Recovery in % and No.	81.2% (2,386)	80.2% (863)	74 % (566)	82.4% (652)	90.4% (833)	85.7% (832)	82.2% (6,132)
Abandon in % and No.	5.9% (172)	9.2% (99)	15.4% (118)	7.0% (55)	3.1% (29)	6.3% (61)	7.2% (534)
Mortality in % and No.	12.4% (365)	7% (75)	7.7% (59)	5.9% (47)	4.8% (44)	5.7% (55)	8.6% (645)
Transfers to hospitals in % and No.	0.5% (15)	3.6% (39)	2.9% (22)	4.7% (37)	1.6% (15)	2.4% (23)	2.0% (151)

Indicators of SFC activities (September 2000 – December 2002)

Indicators	September 2000-December2001			January 2002 –December2002s			Total
	Muyinga	Rutana	Kirundo	Muyinga	Rutana	Kirundo	
No. of admissions	1,9546	12,786	9,721	4,510	7,229	5,709	59,501
Percentage of recovery	52.0%	81.3%	47.0%	63.0%	83.8%	52.0%	62%
Percentage of abandonment and mortality	38.0%	7.7%	37.0%	17.0%	9.2%	26.0%	25%
Percentage of transfers to the TFC or hospital	8.3%	3.9%	6.0%	17.0%	3.6%	20.0%	8%
Percentage of Non-Respondents	2.7%	7.1%	10.0%	4.0%	3.4%	2.0%	4%

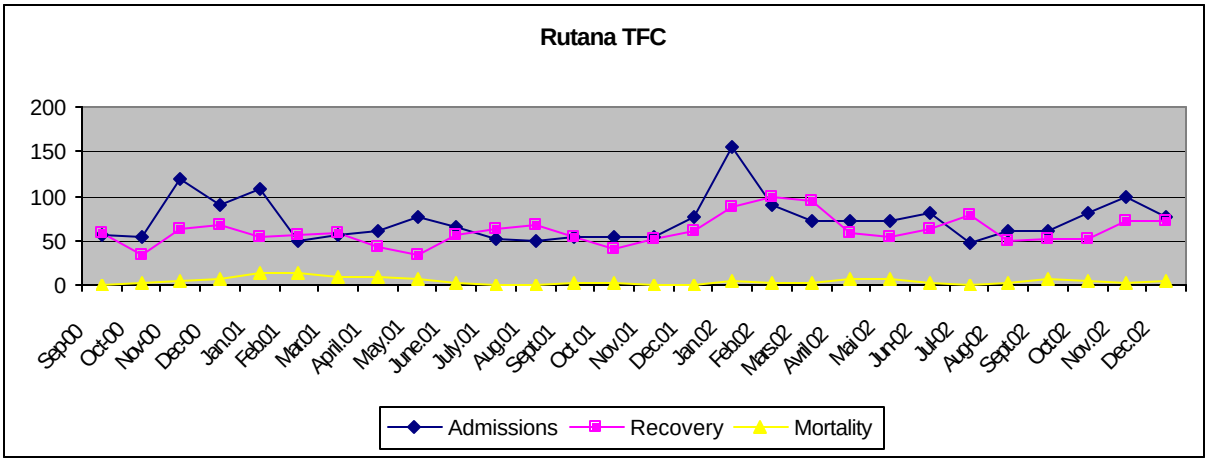


* Figures Including Gasorwe TFC (Muyinga province) April – August 01

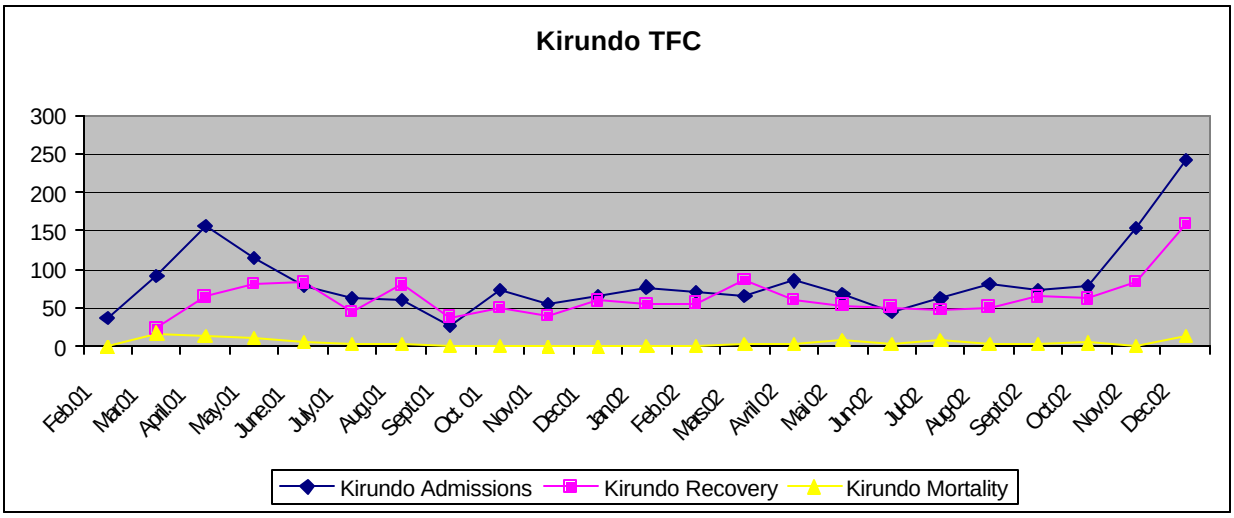
The highest admission and mortality rates were observed in January 2001. Progressive increase in addimisions was also observed during the last quarter of 2002.

The graph shows that number of recoveries is almost equal to the number of admissions except for the periods of September 2000, and the period from October 2000 to April 2001 where admissions increased as well as mortality. The same trend was observed in October 2002.

Mortality remains low after its peak in January 2001.



Sudden rise in number of admissions was observed in January 2002, which later declined progressively. High rate of recovery and low rate of mortality was observed in Rutana compared to other TFC.



Like the TFC of Muyinga, progressive increase in admissions was observed during the last quarter of 2002.

ANNEXE OBJECTIVE 2
TRAINING ACTIVITIES IN RUTANA
TRAINING ACTIVITIES IN MUYINGA AND KIRUNDO
TRAINING ACTIVITIES IN MURAMVYA

RUTANA : IMC TRAINING PROGRAM FOR HEALTH WORKERS

No	Period	Course Participants	Training Topic(s)	Number of Participants	Course Duration
1	November-00	Communal administrators	Malaria	85	2 days (3 groups)
2	February-01	MoH Nurses	Nutrition	34	2 days (2 groups)
3	March &May -01	Communal administrators	Nutrition protocol/screening	85	1 day (6 groups)
4	July-01	MoH Nurses	Acute respiratory infection (ARI)	31	1 day (3 groups)
5	August-01	MOH Nurses	Diarrheal Diseases	61	1 day (4 groups)
6	October-01	MoH Nurses	HIV/AIDS and STI	23	2days (1 group)
7	April-02	MoH Nurses and Community Agents	Sexual and Gender Based Violence	30	1 day
8	May-02	MoH Nurses	Acute respiratory infection (ARI)	28	3 days (1 group)
9	May, June July -02	MoH Nurses	Obstetric emergencies	62	3 days (3 groups)
10	August, Sept & November-02	TFC nurses (IMC)*	Laboratory training	3	21 days (3 sessions)
11	October-02	MoH Nurses	vitamin A, lipiodol, avitamonosis, iodine	30	0.5 day
12	December-02	Hygienists of the province	Hygiene in Health facilities	21	2 days (1 group)
13	September-December 2002	IMC national staff	English courses	15	25 Hours in total
14	December-02	IMC Assistant program coordinator	Computer trainings	1	14 days

* training was organized for the 3 TFC nurses. Each nurse went to Bujumbura for a 3- week training.

RUTANA : IMC TRAINING PROGRAM FOR COMMUNITY GROUPS

No	Period	Course Participants	Training Topic(s)	Number of Participants	Course Duration
1	August & September - 01	CBHW	Nutrition	47	2days (4 groups)
2	October-01	Members of various local associations	HIV/AIDS and STI	19	2 days (2 groups)
3	November-01	Members of women AIDS associations	HIV/AIDS and STI	14	3days (1 group)
4	July-02	Agricultural technics assosciation managers	assosiation managments & compost making	20	1 day (2 groups)
5	July-02	Training of new CBHWs	**	30	20 days (1 group)
6	July-02	Training of new TBAs	**	29	20 days (1 group)
7	October-02	TBAs in 3 HCs	pregnancy & nutrition, high risk pregnancy	24	1 day(3 groups)

* * Topics for TBAs and CBHWs trainings were : basic anatomy, reproductive organs, physiological cycle, health/nutrition during pregnancy,physiological cycle, pregnancy, risk facotrs, hygiene during pregnancy.

MUYINGA/KIRUNDO : IMC TRAINING PROGRAM FOR HEALTH WORKERS

No	Period	Course Participents	Course Topics	No of Participants	Pre test results	Post test results
1	Sep-00	Communal administrators (Muyinga)	Malnutrition	168	lowest score 0%and 35%	highest score 87.5% and 100%
2	Sep-00	Health center nurses (Muyinga)	food security	20	average score 45%	average score 80.1%
3	Oct & Nov- 00	Communal administrators (Muyinga)	Malarai prevention, family planning	176	average score 66.6%.	average score 80%
4	Nov-00	Nutition technicians (Muyinga)	nutrition	13	average score 48%	average score 74%
5	Jan-01	Health center nurses (Muyinga)	HIV/AIDS	18	average score 56%	average score 92%
6	Apr-01	Health center nurses (Muyinga)	Health center management	34	average score 54%	average score 77%
7	Apr & May- 01	Communal administrators (Muyinga)	Prevention of HIV , STD infection and diarrhea	173	average score 64%.	average score 85%.
8	Jul-01	Nutition technicians (Kirundo)	Prevention of malnutrition	13	average score 65%	average score 77%
9	Feb-02	Health center nurses (Kirundo)	Epidemiological surveillance	20	average score 50-75%	average score >75%
10	Mar-02	Health center& hospital nurses (Muyinga)	Obstetrical and Gynecological Care	23	average score 48%	average score 85%
11	Jul-02	Nutition technicians (Muyinga)	nutrition	13	-	-
12	Jul-02	Nurses (Muyinga/Kirundo)	Role Back Malaria Part 1	13	average score 45%	average score 95%
13	Sep-02	Nurses & Nutition technicians (Muyinga)	nutrition	13	average score 53%	average score 63%
14	Sep-02	Nurses (Kirundo)	Obstetrical and Gynecological Care	22	average score 45%	average score 85%
15	Oct-02	Nutition technicians SFCs (Muyinga)	nutrition	13	average score 46%	average score 66.6%
16	Oct-02	Nurses (Kirundo)	EPI	21	average score 36%	average score 94.4%
17	Oct-02	Nurses (Muyinga)	Prevention of HIV	43	average score 58%	average score 80%

MUYINGA/KIRUNDO : IMC TRAINING PROGRAM FOR COMMUNITY GROUPS

No	Period	Course Participants	Course Topics	No of Participants	Course duration/ pre & post test results
1	Sep & Dec -00	CBHWs (Muyinga)	Essentioal public health topics	110	pretest 62%, posttest 80%
2	Sep & Dec -00	TBAs (Muyinga)	Hygiene & care of the TBA kits	179	1 day (8 sessions)
3	Jan & Mar -01	CBHWs (Muyinga)	Control and management of diarrheal dieases	47	pretest 60%, posttest 77%
4	Jan & Mar -01	TBAS (Muyinga)	Immunization & good nutrition	180	1 day (8 sessions)
5	Apr & Jun- 01	CBHWs (Muyinga)	Malaria & malnutition	67	pretest 65%, posttest 81%
6	Apr & Jun- 01	TBAS (Muyinga)	HIV/STI	189	1 day (8 sesions)
7	Jul & Sep-01	CBHWs (Muyinga)	Good communication	95	pretest 59%, posttest 78%
8	Oct & Dec -01	CBHWs (Muyinga)	Community health linkage	105	1 day (6 sessions)
9	Oct & Dec -01	TBAs (Muyinga)	Care of new born	193	1 day (8 sessions)
10	Apr & Jun- 01	CBHWs (Muyinga)	EPI	98	pretest 59%, posttest 72%
11	Apr & Jun- 01	TBAS (Muyinga)	Immunization forMeaseles vaccination campaign	167	1 day (7 sessions)
12	Jul & Sep-01	CBHWs (Muyinga)	personal hygiene	39	pretest 63%, post test 83%
13	Oct & Dec -01	CBHWs (Muyinga)	personal hygiene	74	pretest 60%, posttest 83%
14	Oct & Dec -01	CBHWs (Muyinga)	EPI	110	1 day (6 sessions)
15	Jan & Mar -02	CBHWs (Muyinga)	Malaria control and prevention	65	pretet 65%, post test 80%
16	Jan & Mar- 02	TBAs (Muyinga)	Perinatal care and family planning	193	1 day (8 sessions)
17	Jul-02	TBAs (Kirundo)	Importance of home visit	22	1 day
18	Jul-02	CBHWs (Kirundo)	Growth monitoring	24	1 day
19	Jul & Sep-01	TBAS (Muyinga)	Prenatal care	188	1 day (8 sessions)
20	Aug-02	TBAs (Kirundo)	nutrition	22	1 day
21	Aug-02	CBHWs (Kirundo)	STI	24	4 days
23	Aug& Sep -02	Pregnant women	Malalia prevention	2101	2 hours (17 sessions)
22	Sep-02	CBHWs (Kirundo)	Good communication	24	4 days
23	Sep-02	TBAs (Kirundo)	Importance of ANC	193	1 day (8 sessions)
24	Oct-02	Youth Representants	Prevention of HIV	43	1 day
25	Oct-02	CBHWs	Personal & Household Hygiene	74	1 day
26	Oct-02	CBHWs	Care of the TBA Kit	43	1 day
27	Oct-02	TBAs	The Importance of Monthly Reports	24	1 day
28	Oct & Dec -01	TBAS (Muyinga)	Importence of perinatal care	182	1 day (8 sessions)
29	Nov-02	CBHWs	Expanded Programme of Immunization	24	1 day
30	Nov-02	TBAs	Family Planning	22	1 day
31	Nov-02	CBHWs	Bacillary Dysentry	24	1 day
32	Nov-02	TBAs	Nutrition & Family Planning	193	1 day (8 sessions)
33	Nov-02	CBHWs	Analysis of Reports	24	1 day
34	Dec-02	CBHWs	Hepatitis B & Haemophillus	64	1 day
35	Dec-02	TBAs	The Importance of Hygiene	22	1 day

MURAMVYA : IMC TRAINING PROGRAM FOR HEALTH WORKERS

No	Period	Course Participants	Training Topic(s)	No of Participants	Course Duration
1	August-02	HC Microscopist	Malaria slide examination	15	15 days
2	September-02	Titular and deputy Titular of 15 HCs	Endemo-Epidemic diseases	33	3 days
3	September-02	Nurses of Kiganda hospital	Endemo-Epidemic diseases	21	3 days
4	September-02	Hygienist of Kiganda hospital	Hospital hygiene	35	3 days
5	September-02	Titular and vaccinator of 15 HCs	National vaccination program	15	3 days
6	August & October - 02	Nurses of Kiganda Hospital	Obstetrical Emergency	21	5 days (2 groups)
7	October-02	Hygienists of H.C & Muramvya hosp.	Hospital hygiene	49	2 days (3 groups)
8	November-02	Vaccinators of 15 HC	National vaccination program	19	5days
9	November-02	Nurses of Kiganda hospital	Diagnosis & treatment of prevalent diseases	21	3 days (2 groups)
10	December-02	Assistant birth attendants	Obstetric emergencies	19	5 days
11	December-02	Titular and deputy Titular of 15 HC	Obstetrica emergencies	15	5 days

MURAMVYA : IMC TRAINING PROGRAM FOR COMMUNITY GROUPS

No	Period	Course Participants	Training Topic(s)	No of Participants	Course Duration
1	18 Nov-13 Dec.	Community leaders & CBHWs	Training of new CBHWs	30	20 days (1 group)
2	October-02	Community Leaders	AIDS/HIV	27	5days
3	September-October	Community based health Workers	refresher course	130	2 days (each group)
4	August-December	TBA's	refresher course	300	2 days each
5	August-December	training of new TBA's	training of new TBA's	28	20 days (1 group)

ANNEXE OBJECTIVE 4
IDP MOBILE CLINICS MORBIDITY STATISTICS
HEALTH CENTER MORBIDITY STATISTICS (BPS)
LABORATORY STATISTICS - BPS
VACCINATION STATISTICS
MALARIA MOBILE CLINICS

Bukeye Commune IDP MOBILE CLINICS , target population 12,073 people
Morbidity statistics for period August-December 2002

PATHOLOGIES	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER *	DECEMBEI	TOTAL
Dermatoses	9	66	63	2	17	**157**
thyphoid fever						**-**
Bacil- Dysenteria	16	37	81	20	31	**185**
(amoebe,giardia, trichomonas.)	80	103	108	57	98	**446**
Diarrhoea	49	39	73	40	16	**217**
Tuberculosis (suspect)	0					**-**
Whooping cough	0					**-**
Angina	83	103	115	75	100	**476**
AIDS suspect	4	2				**6**
Tetanus suspect						**-**
chicken pox						**-**
Measles						**-**
gynecological problems	16					**16**
Hepatitis						**-**
Malaria	219	391	510	730	1429	**3,279**
S.T. I.	5					**5**
Urological problems						**-**
Moderate Malnutrition	4	3	7	4	5	**23**
severe Malnutrition	1					**1**
Anemia		2	2			**4**
Conjunctivitis	31	118	182	82	182	**595**
Intestinal Parasites	269	1189	898	460	656	**3,472**
Otitis	29	63	164	25	38	**319**
Upper Respiratory Tract Infections (U	40	182	189	145	271	**827**
Lower resperatory tract Infections (LI	70	161	172	138	271	**812**
Gastritis, stomach pain	84	113	131	40	213	**581**
wounds, burns	19	14	49	8	10	**100**
(unspecified) pain	35	30	50	86	38	**239**
Lumbago, Arthrose, headache	129	85	64	61	23	**362**
Others	63	47	81	31	0	**222**
NEW CASES	1,225	2,646	2,733	2,004	3,395	**12,003**
OLD CASES	245	129	208	132	175	**889**
Total consultation	**1,470**	**2,775**	**2,941**	**2,136**	**3,570**	**12,892**

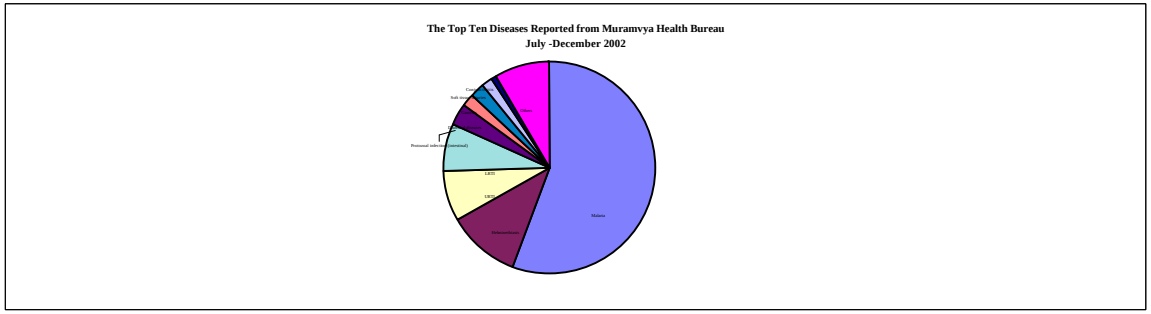
* In November, there was insecurity during the first week, and mobile clinics were cancelled.
Number of new case visits to the mobile clinic for period July-December was 0.99 visit/per person.

HEALTH CENTER MORBIDITY STATISTICS (BPS)
PERIOD :July-December 2002

Pathologies/diagnosis	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Total	%
Malaria	6,132	4,705	6,758	11,215	10,235	16,888	**55,933**	**56**
Helminths	1,167	1,233	2,310	1,218	1,851	3,287	**11,066**	**12**
URTI	960	773	1,083	1,685	1,370	2,199	**8,070**	**8**
LRTI	875	767	1,269	1,616	1,314	1,338	**7,179**	**7**
Protozoal infection	357	478	551	574	528	683	**3,171**	**3**
Gastritis	228	349	341	376	351	518	**2,163**	**2**
Soft tissue injuries	302	290	210	258	198	304	**1,562**	**2**
Diarrhea	269	278	328	459	377	464	**2,175**	**2**
Conjunctivitis	49	88	204	278	174	248	**1,041**	**1**
Malnutrition	81	62	72	112	87	170	**584**	**1**
OBSTETRIC problems	92	124	169	99	64	109	**657**	**1**
Dysentery	-	-	-	-	-	-	-	-
Measles	1	1	7	6	1	1	**17**	**0**
Anemia	38	16	38	40	31	6	**169**	**0**
S.T. I	34	52	60	104	112	148	**510**	**1**
AIDS suspect	10	12	1	5	6	12	**46**	**0**
Chicken pox	27	26	40	37	23	17	**170**	**0**
Other	1,159	1,097	1,233	760		1,954	**6,203**	**6**
Subtotal	**11,781**	**10,351**	**14,674**	**18,842**	**16,722**	**28,346**	**100,716**	**100**

Total # New Cases	10,481	9,734	12,597	16,487	17,130	27,122	**93,551**
Total # Old Cases	2,500	1,932	2,832	3,671	3,257	2,745	**16,937**
Total # Consultations	**12,981**	**11,666**	**15,429**	**20,158**	**20,387**	**29,867**	**110,488**

Total population is 263, 288. New health center clients is 0.35/per person during the 6 months (project duraiton).



LABORATORY STATISTICS - BPS

PERIOD:July - December 2002

PERIOD	TOTAL SAMPLES COLLECTED						TOTAL NUMBER OF POSITIVE RESULTS					
	Stool	Blood film	Sputum	Urine	Vaginal swab	other samples	Intestinal parasites	Malaria	Tuberculous baccili	Gonococcus	Tricomonas vaginalis	Other Pathogens
July	360	1,434	4	-	-	17	337	961	1	-	4	1
August	351	677	2	-	1	31	370	446	1	-	1	1
September	537	1,807	13	1	-	42	543	1,394	2	-	-	3
October	607	2,578	5	2	1	39	470	1,784	1	-	4	5
November	534	1,940	8	4	-	21	499	1,260	2	-	-	5
December	511	1,600	3	-	3	26	405	703	-	-	4	2
Total	**2,900**	**10,036**	**35**	**7**	**5**	**176**	**2,624**	**6,548**	**7**	**-**	**13**	**17**

MALARIA MOBILE CLINICS, only malaria consultations

Period	Week	Date	Number
November	Week 46	from 11-15	1,101
	Week 47	18-22	349
	Week 48*	25-29	127
December	Week 49	from 2-6	1,134
	Week 50	from 9-13	764
	Week 51*	16-20	1,698
	Week 52	23-27	2,496

*: Insecurity happened during these weeks, and mobile clinics were cancelled.