

**INTERNATIONAL RESCUE COMMITTEE**  
**CONGO BRAZZAVILLE PROGRAM**

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**FINAL REPORT-Phase I**  
**USAID's Office of Foreign Disaster Assistance (OFDA)**

**I. EXECUTIVE SUMMARY**

Mailing Address:  
IRC-Brazzaville-Congo  
Avenue Foch No. 1, B.P. 1410  
Brazzaville, Republic of Congo

Contact Person: Mark VANDER VORT  
Sat/Tel: 00 871 761 660 955  
Sat/Fax: 00 871 761 660 957  
Internet: [ircbzv@congonet.cg](mailto:ircbzv@congonet.cg)

Program Title:	Emergency Health Care for Victims of War in Republic of Congo
Grant No.:	AOT-G-00-00-00088-00
Country/Region:	Republic of Congo (Dolisie Health District of the Niari Region)
Disaster/Hazard:	Inadequate Access to Health Care/Influx of IDPs
Reporting Period:	April 7, 2000 – March 31, 2001
Grant Period:	April 7, 2000 – March 31, 2001

**PROJECT GOAL: To improve the health status of 160,000 war-affected citizens, including internally displaced, returnees, and residents who remained at home during the conflict.**

**Summary Statement**

Since the end of the war in 1999, the general environment has greatly improved in Dolisie. Different sources (Government, NGO, and UN agencies) now agree that the majority of the population has returned and is now estimated at 50,000. The level of security remains stable despite rumors and sporadic internal conflict amongst the different army forces. The National Dialogue for the reconciliation between the opposition and government took place in late March 2001 and, for the time being, can only improve security in the region.

The Pointe Noire - Brazzaville railroad that stops in Dolisie has been repaired. In August 2000, the first "Peace Train" left Pointe Noire for Dolisie. Since then, there are two trains per week linking Pointe-Noire to Brazzaville. There are also daily direct flights to and from Brazzaville. The roads, however, remain in a poor state within the district and between Dolisie and Brazzaville.

In August 2000, the city of Dolisie was reconnected to the national power grid, but many individual homes and businesses have yet to benefit from this reconnection. In late September 2000, the public water system was repaired and is now operational. Also in late September, a Malaysian timber company reopened the road connecting Pointe Noire to Dolisie, after extensive rehabilitation. By the end of the grant period a private mobile telephone company was in the process of setting up a network in Dolisie which is now functioning.

In August 2000, IRC hosted a visit from the US Ambassador and Roy Williams from OFDA. They were able to visit one of the health centers recently rehabilitated by IRC where an official donation of equipment was carried out. During this visit, IRC discussed the progress of the health rehabilitation program and its changing needs. IRC also presented a modification proposal to expand the program and work in and around the town of Makabana (north of Dolisie), and clarified the decreasing need to stockpile emergency medicines and non-food items. This request was approved in September to extend work to an additional four health centers, with a subsequent no-cost extension approved in December to complete this work.

**OBJECTIVE 1: To decrease mortality and morbidity rates of up to 160,000 people living in the Dolisie Health District by implementing a twelve-month comprehensive health rehabilitation project.**

**Summary:**

During the past twelve months, IRC completed all activities and sub-projects whose ultimate target was to decrease the mortality and morbidity rates of the population living in the Dolisie health district.

- IRC started with a vaccination campaign against measles in southern Dolisie (Londelakaye area) vaccinating 7,432 children between nine months-12 years against measles and poliomyelitis, completed a pre-vaccination coverage survey followed by a vaccination campaign in the north, vaccinating 9,678 children against measles. A total of 11,277 children received vitamin A, 12,874 children received mebendazole against intestinal parasites and 1,248 pregnant women were vaccinated against tetanus. In addition IRC, participated in three separate phases of the Intensive National Vaccination Day against Polio, vaccinating 48,708 children under five. To achieve this activity IRC organized two “Booster Campaigns” for children under five not covered by the previous campaigns and vaccinating 681 children against measles. IRC closed this activity by the post vaccination coverage survey conducted in early March 2001, which assessed achievements of all partners in the vaccination campaign.
- The rehabilitation of nine integrated health centers (IHCs) is complete. IRC organized three separate trainings on health center management—one for district health staff, one for community health committees and one for clerks and medical-social agents. Epidemiological surveillance is established in all health centers and the records are based on monthly epidemiological data collected. IRC donated the necessary medicines and materials to allow the nine health centers to provide health services.
- IRC opened the central pharmacy under supervision and management of the “Management Committee” of the Dolisie health district. IRC organized public health awareness campaign through IEC (Information, Education and Communication) on prevention of diarrhea diseases and community participation in health center activities, sub-contracting a local NGO.

- The sexual and gender-based violence program organized training workshops for social workers, a citywide public education campaign, series of education sessions with the various public forces and provided medical and psychosocial care for SGBV victims.
- IRC trained district health staff on malnutrition surveillance and treatment and fully integrated the nutrition program into the health centers, where IRC continues to provide technical and material support.

Indicators	Current Measures
<p>1. Immunization coverage targets:            Measles (9 mos – 5 yrs, 1 dose) 100%            Polio (0 – 4 yrs, 3 doses) 80%            Tetanus (pregnant women dose) 90%</p>	<p>a) -Vaccination coverage survey conducted in the Dolisie health district in July 2000, showed the overall measles coverage was 21,8%, and 36% of BCG, 15,3% for DTCOQ3 and 15% for Polio.</p> <ul style="list-style-type: none"> <li>- 7,432 children aged 9 months-5 years in Londerakaye region were vaccinated against measles.</li> <li>-9,678 children aged 9 months-5 years in the north regions of the health district, were vaccinated against measles</li> <li>-11,277 children received vitamin A and 12,874 received mebendazole supplements (against intestinal parasites)</li> <li>- 1,488 pregnant women vaccinated against tetanus (See Annex 1)</li> </ul> <p>Participation in the National Polio Vaccination Day - 1st Phase, 0 to 5 years (See Annex 1)</p> <ul style="list-style-type: none"> <li>-7,156 children vaccinated Dolisie district</li> <li>-1,239 children vaccinated Makabana district</li> <li>-3,217 vaccinated Louvakou district</li> <li>-4,022 vaccinated Kimongo district</li> <li>- 1,576 children between 9 months –5 years against measles, 4,758 children 0-5 years against polio and 3,163 pregnant women were vaccinated in routine EPI activities in the health centers.</li> <li>- Phases 2 and 3 National Polio Vaccination Day vaccinating 33,074 children under five against polio.</li> <li>- Post–vaccination coverage survey conducted in February 2001 in Dolisie health district showed the overall measles coverage was 72,6% and tetanus vaccine was to 56%.</li> </ul>
<p>2) Number and percent of target population at or above cut-offs for nutritional status as determined by absence of edema and by weight-for-height measurements</p>	<p>b) -Based on IRC’s nutritional assessment in May, a global nutrition rate of 5% was identified.</p> <ul style="list-style-type: none"> <li>-Less than 50 cases at the supplemental feeding center determined at its closure in July.</li> <li>- 129 malnourished of which 43 severely malnourished and 86 moderately malnourished were enrolled in the feeding center in Dolisie between April and July 2000.</li> <li>-Data collected between July 15 2000 to March, 2001 at 10 IHCs and the hospital showed a total of 4,442 children were screened of which 114 cases of moderate malnutrition (2.5% of children under 5 years screened) and 65 cases of severe malnutrition (1.4% of children under 5 years screened).</li> <li>- 59 animators identified and trained for IEC campaign on breastfeeding practices.</li> <li>- 6,203 households visited during the IEC campaign on breastfeeding practices.</li> </ul>

3) Number and percent of target population using health care facilities	c) - On average, 81 consultations per day for all centers, out of an estimated population of 50,000 in Dolisie town, are seeking consultations at one of the five operational integrated health centers. This is an increase from the average per health at the beginning of the program. - Makabana HC saw an average of 45 consultations per day during September, the first full month they reopened.
4) Nine health centers rehabilitated	d) All health centers were rehabilitated.
5) Medicines and medical supplies procured and distributed	e) - Medicines and medical supplies donated to the nine health centers. - Materials and medicines donated to Makabana IHC which reopened August 22. - Medicines and supplies provided on a need-basis to nine health centers in Dolisie health district. - Medicines and medical supplies donated to the central pharmacy (See Annex 7) - Major supply of medicines received from IDA July 22 <sup>nd</sup> (See Annex 6)
6) Pre-test and post-test scores of health care staff, following training in prescription and management of essential drugs; use of WHO protocols; management of health care services	f) - Of 25 IHC staff who participated in the first training in August (5 late arrivals did not take the tests), 24% of participants scored 67% or higher on the pre-test and 64% of participants scored 67% or higher on the post-test -Of the 19 health committee members who participated in the second training in September, 10,5% of participants scored 100% on the pre-test and 47.3% of participants scored 100% on the post-test (the IHC staff did not take the pre- and post-tests as this was their second such training) - Third training on ' Role of social agent and clerk in the management of health centers activities' for 41 junior health centers staff from November 23-26, 2000 in Dolisie (See Annex 4)
7) Standardized health information system established—morbidity and mortality data reported to district health office on a weekly basis	g) - 5,000 copies of pre-natal consultation forms printed and distributed to 5 health centers - 5,000 copies of pre-school age children consultation forms printed and distributed to 5 health centers' - 5,000 copies of curative consultation forms printed and distributed to 5 health centers - 10 registration books printed and distributed to 5 health centers - weekly collection of the above forms by the district health office and analysis of the data weekly and monthly collection of epidemiological data (See Annex 8 for details)
8) Health committees established and trained in basics of health management and cost recovery system re-established	h) - Four-day training workshop on 'Role of Health Committees in the Management of IHC Activities' for 47 participants including the IHC directors and Health Committee members took place September 18-21. - Cost recovery system re-established at the nine IHCs consultation fees are currently 1000 FCFA; the health committees and health staff manage funds.

**OBJECTIVE 2: To create and maintain an emergency response capacity to respond to the health care needs of populations that are currently inaccessible.**

IRC maintains a team of personnel in country who are available to respond to the health care needs in the event of an emergency and has in stock the necessary medicines and medical equipment to respond to an eventual emergency in Dolisie health district.

<b>Indicators</b>	<b>Current Measures</b>
a) Emergency response plan developed, which includes staff and assets deployment plan	a) Medical and logistics staff and equipment available that can be redeployed.
a) Essential drugs and medical equipment procured and reserved for emergency response.	b) Essential drugs available in IRC's warehouse that can be available in an emergency.

## **II. PROGRAM OVERVIEW**

### **Project Purpose:**

To improve the health status of up to 160,000 war-affected citizens, including internally displaced, returnees, and residents who remained at home during the conflict.

### **Project Objectives:**

- 1.** To decrease mortality and morbidity rates of up to 160,000 people living in the Dolisie Health District by implementing twelve-month comprehensive health rehabilitation project.
- 2.** To create and maintain an emergency response capacity to respond to the health care needs of populations that are currently inaccessible.

### **Targeted Population:**

This project serves approximately 160,000 war-affected citizens, including the internally displaced, returnees, and residents. Before the war, the Dolisie Health District had an estimated population of 160,000, and the population of Dolisie town was estimated at 90,000. The population of Dolisie town is now estimated to be 50,000. The profile of this population includes residents, IDPs currently in the health district, and residents who have fled their home and returned since the security situation has improved.

The remaining population is not expected to return now for several reasons: mainly the timber companies (SOCOBOIS), who employed more than 1,000 workers, has not yet returned; some government staff decided to be based in Pointe Noire and some people decided to stay in the villages where they developed agriculture activities. These people benefited from the health, nutrition, and SGBV interventions.

### **Geographic Location:**

All of the program activities take place in the Dolisie Health District of the Niari Region, Republic of Congo (ROC). Niari is one of the four regions most affected by the war in ROC. It should be noted that the emergency health components are designed to allow IRC the flexibility to shift these activities to additional sites within the health district as required. For this reason, IRC decided to expand its health rehabilitation program of the sixth health center in Dolisie town (IHC No. 5), to Makabana and two health centers along the road to Makabana (Passi-Passi and Malolo). This expansion to include an additional four health centers was approved by OFDA in September 2000.

## **III. PROGRAM PERFORMANCE**

### **Objective One:**

**To decrease mortality and morbidity rates of up to 160,000 people living in the Dolisie Health District by implementing a twelve-month comprehensive health rehabilitation project.**

To achieve this objective, IRC conducted activities as outlined in the following description of sub-projects.

**Sub-Project 1: Conduct an emergency measles vaccination campaign, and immediately thereafter re-start the national Expanded Program of Immunizations (EPI).**

#### 1. Emergency vaccination campaign against measles in south Dolisie

IRC started this activity in the southern part of the Dolisie health district after an outbreak of measles that prompted IRC to organize an emergency vaccination campaign against measles and polio from April 3-10, 2000 in Londelakaye and Kimongo, two administrative districts within the Dolisie health district. Despite difficulties in accessing the area, 7,432 children from 6 months to 12 years in both districts were vaccinated against measles and polio, and received vitamin A and mebendazole against intestinal parasites. See Annex 1 for more details.

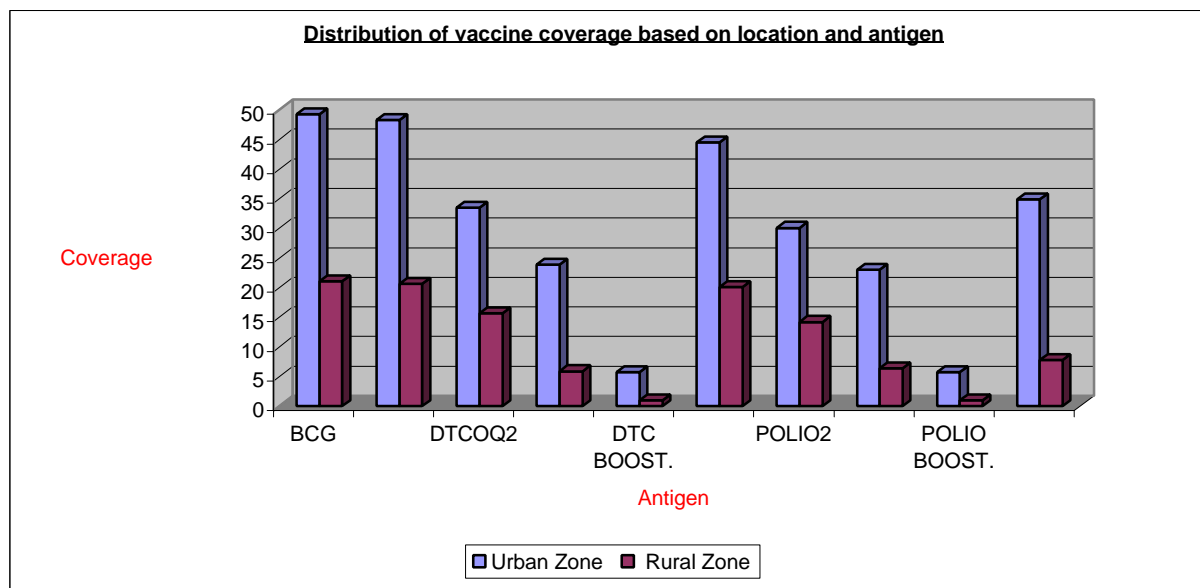
#### 2. Vaccination coverage survey

Once the measles outbreak subsided, IRC organized a vaccination coverage survey in the Dolisie health district in early July to determine the coverage rate for all antigens for children between 12 and 23 months old; the coverage rate for childbearing women against tetanus; the status of children who have had measles; and constraining factors for vaccinations. The main findings were: the overall measles coverage was 21.8% for children between 12 and 23 months old. The global coverage was 36% for BCG, only 3.4% for DTCOQ and 15% for polio, as presented in Table 1.

**Table 1**

**Pre-vaccination Survey  
Estimate of vaccination prevalence globally and by location**

	Global		Urban		Rural	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
<i>BCG</i>	146	36	103	49.3	43	21.1
<i>DTCO1</i>	143	48.2	101	48.3	42	20.6
<i>DTCOQ2</i>	102	24.9	70	33.5	32	15.7
<i>DTCOQ3</i>	62	15.3	50	23.9	12	5.9
<i>DTCOQ Booster</i>	14	3.4	12	5.7	2	1.0
<i>POLIO1</i>	134	32.7	93	44.5	41	20.1
<i>POLIO2</i>	92	22.5	63	30.1	29	14.2
<i>POLIO3</i>	61	15.0	48	23.0	13	6.4
<i>POLIO Booster</i>	13	3.2	11	5.7	2	1.0
<i>MEASLES VACCINE</i>	89	21.8	73	34.9	16	7.8



This survey found that among children who received measles vaccine, four cases of measles were found.

Among the four measles cases, three occurred in vaccinated children in rural zones, with one case in the urban area.

The main reasons for non-vaccination of women and children is lack of information and more significantly, the unavailability of vaccines due to the war and its consequences, as presented in Table 2.

**Table 2**

	<b>Reasons for Non Vaccination</b>					
	<i>Global</i>		<i>Rural</i>		<i>Urban</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Lack of information	26	6.3	20	9.6	6	2.9
Lack of motivation	26	6.3	16	7.7	10	4.9
Obstacles (war)	270	65.4	101	48.3	169	82.8

The percent of women covered for all tetanus vaccinations and boosters is only 6.1%, as depicted in table 3.

**Table 3**

Vaccination documents	<b>Estimated global and location-based anti-tetanus vaccination coverage</b>					
	Prevalence of anti-tetanus vaccination					
	<i>Global</i>		<i>Rural</i>		<i>Urban</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
<i>VAT 1</i>	123	30.2	68	32.5	55	27.0
<i>VAT 2</i>	107	25.9	62	29.2	45	22.1
<i>BOOSTER</i>	60	14.5	31	14.8	29	14.2
<i>BOOSTER 2</i>	35	8.5	21	10.1	14	6.9
<i>BOOSTER 3</i>	25	6.1	15	7.2	10	4.9

For more details see Annex: 2



### 3. Vaccination campaign in the north of Dolisie health district

Following the vaccination coverage survey, IRC conducted a vaccination campaign against measles and tetanus from July 26 to August 4 in Dolisie and six rural districts in the northern zone of the Niari region. The population targeted during this campaign was children aged 9 months to 5 years as recommended by the EPI authorities for two main reasons: the unavailability of vaccines for all except high-risk populations and the fact that it is more cost-effective to integrate the vaccinations into the routine EPI offered at the IHCs rather than conduct specific vaccination campaigns. Therefore, IRC limited the vaccination campaign to tetanus vaccinations for pregnant women only, rather than all women aged 12-44 years, and measles for children aged 9 months to 5 years, not 6 months to 12 years. This campaign covered 9,520 children against measles; 11,277 children received vitamin A; 12,874 received mebendazole supplements (against intestinal parasites); and 1,248 pregnant women were vaccinated against tetanus (For more details see Annex 1).

### 4. Intensive National Polio Vaccination Days

From August 25<sup>th</sup> to 29<sup>th</sup> 2000, IRC also assisted the government, WHO and UNICEF with the first phase of the National Polio Vaccination Day in the Dolisie Health District. IRC provided logistical support (three cars and drivers), technical support (three IRC health staff as supervisors), as well as mobilization and communication support (140 tee-shirts printed and distributed, 18 banners, and two megaphones). The campaign targeted children 0-5 years old and covered 7,156 children in Dolisie district, 1,578 children in Makabana district, 3,217 in Louvakou district and 4,022 in Kimongo district. IRC also assisted the second and third phases of the National Polio Vaccination Days which took place respectively on September 29<sup>th</sup> and October 3<sup>rd</sup>, 2000 and on November 17<sup>th</sup> to 21<sup>st</sup>, 2000. The target population remained the same and covered 33,074 children under five years old; 14,294 children received vitamin A. (For more details see table Annex 1.)

After the campaigns mentioned above, IRC noted that there were areas not fully covered by the different phases of vaccination. Therefore from December 20<sup>th</sup> to 24<sup>th</sup>, 2000, IRC organized another campaign against measles, polio and tetanus to complete this activity. The target population was the children under five and pregnant women non-vaccinated during the last campaigns. A total of 689 children between 9 months and five years were vaccinated against measles, 908 children under five years were vaccinated against polio, and 240 pregnant women were vaccinated against tetanus. (See details in Annex 1).

The major difficulty for vaccination campaigns is the poor state of the roads, which renders many villages inaccessible. In fact, the vaccinators were often required to cover long distances by foot. In several villages, the population initially refused the vaccination campaign because these villages are supporters of the former president and they feared that the vaccination campaign was a plot by the current president to kill their children.

### 5. Routine National Expanded Program of Immunizations (EPI) activities.

IRC, in collaboration with UNICEF and the national EPI program, implemented the routine expanded program of immunization (EPI) activities in the nine health centers. The management system of vaccines is centralized by the EPI sector based in Dolisie town where UNICEF provides

the cold chain materials and vaccines. The health centers order the vaccines from the EPI sector twice a week and organize the vaccination the same day, while the EPI sector conducts vaccination activities daily. Since May 2000, the EPI sector and the health centers in Dolisie vaccinated 1,576 children between 9 months and 5 years against measles, 4,758 children 0-5 years against polio, 980 children against tuberculosis. (See Annex 1 for more details.)

#### 6. Post vaccination coverage survey

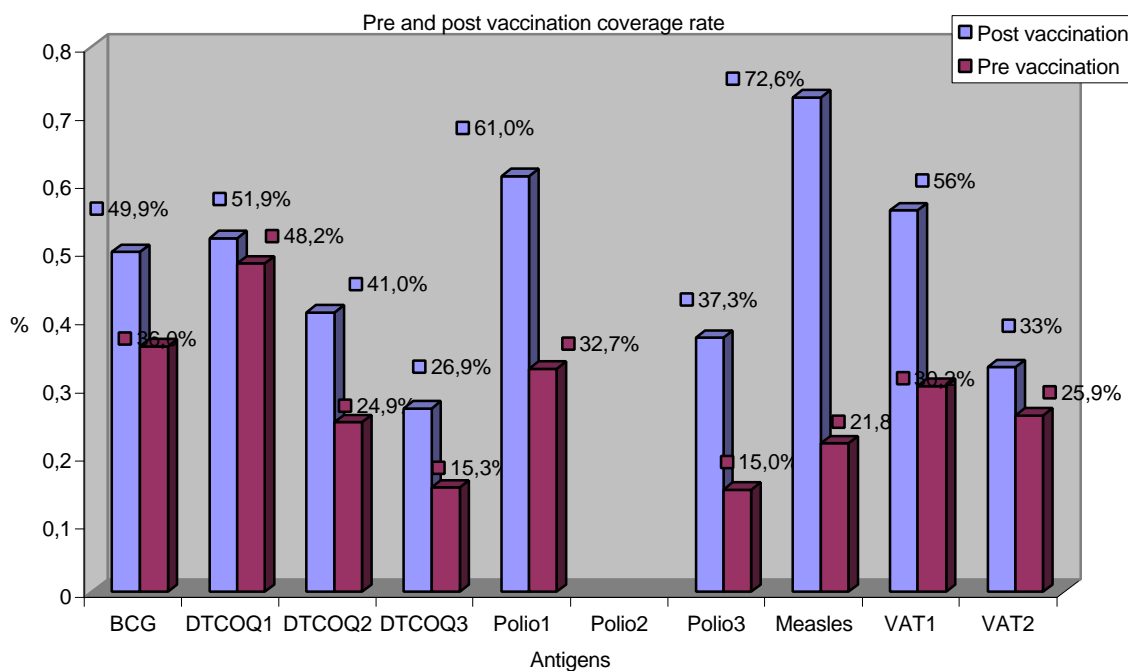
To evaluate the effectiveness of the vaccination activities, IRC conducted a post vaccination coverage survey in the Dolisie health district from February 28<sup>th</sup> to March 12<sup>th</sup>, 2001, to determine the current vaccination coverage rate for children under five and childbearing women, the status of children who have had measles; and constraining factors for vaccinations. According to this survey, IRC found that the overall measles coverage is 72,6% for children between 12 and 23 months old, compared to 21.8% prior to the vaccination campaigns. The pre and post coverage rates for BCG are 36% and 53.6% respectively. The coverage rate for DTCOQ3 was increased by roughly 25% (from 3,4% to 26.9%).

The table below presents details for each antigen and stratified by location:

**Table 4**

<b>Estimate of post vaccination coverage globally and by location</b>						
<b>Vaccination documents</b>	<b>Global</b>		<b>Urban</b>		<b>Rural</b>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
BCG	202	49,9	122	66,3	80	38,5
DTCOQ1	210	51,9	119	65,7	91	43,3
DTCOQ2	166	41,0	107	55,2	59	28,0
DTCOQ3	109	26,9	76	42,0	33	15,7
Polio1	247	61,0	132	72,9	115	54,8
Polio2						
Polio3	151	37,3	91	50,3	60	28,6
Booster						
Measles	268	72,6	135	84,4	133	63,6
VAT 1	226	56,0	123	63,0	103	49,0
VAT 2	135	33,0	87	45,0	48	23,0

The graph below shows the difference between the pre and post vaccination coverage rate.



Indicators	Current Measures
<p><u>Immunization coverage targets:</u></p> <ul style="list-style-type: none"> <li>▪ Measles (9 mos – 5 yrs, 1 dose) 100%</li> <li>▪ Polio (0 – 4 yrs, 3 doses) 80%</li> <li>▪ Tetanus (pregnant women dose) 90%</li> </ul>	<p>a) Vaccination coverage survey conducted in the Dolisie health district.</p> <ul style="list-style-type: none"> <li>-9,520 children aged 9 months-5 years in seven regions of the district, were vaccinated against measles</li> <li>-11,277 children received vitamin A and 12,874 received mebendazole supplements (against intestinal parasites)</li> <li>-1,212 pregnant women vaccinated against tetanus</li> </ul> <p>b) Participation in the National Polio Vaccination Day (1<sup>st</sup> Phase, 0 to 5 years)</p> <ul style="list-style-type: none"> <li>-7,156 children vaccinated in Dolisie district</li> <li>-1,578 children vaccinated in Makabana district</li> <li>-3,217 vaccinated in Louvakou district</li> <li>-4,022 vaccinated in Kimongo district</li> <li>-1,576 children between 9 months –5 years were vaccinated against measles, 4,758 children 0-5 years against polio were vaccinated in routine EPI activities in the health centers.</li> </ul> <p>c) Post –vaccination coverage survey conducted in February 2001 in Dolisie health district showed the overall measles coverage was 72,6% and tetanus vaccine was 56%.</p>

**Sub-Project 2: Build and operate a Supplemental Feeding Center in Dolisie; and re-establish nutrition surveillance in five health centers.** (Note: this sub-project is almost entirely funded by the Netaid Foundation. It is included here as it forms an integral component of IRC's overall response to the needs in the Niari Region.)

IRC implemented in Dolisie health district three main activities to operate a supplemental feeding center for severely and moderately malnourished children, to re-establish nutritional monitoring systems in the health centers and IEC campaign on breastfeeding and food practices:

#### 1. Supplemental feeding center

IRC opened one Supplemental Feeding Center in late April 2000 for moderately and severely malnourished individuals. In May 2000, IRC conducted a nutritional assessment and identified a global malnutrition rate of five percent, and in July 2000, due to the low level of malnutrition and the fact that the expected IDPs were not returning, IRC decided to close the Supplemental Feeding Center.

The admission criteria for the Supplemental Feeding Center was:

- Presence of nutritional oedema.
- For children under 12 years old: weight for height (W/H) = 70%-79 %
- For adults: BMI <17
- 

The discharge criteria was:

- W/H  $\geq$  85 %
- No oedema, and significant weight gain.
- BMI > 17

The program provided wet food rations to the beneficiaries. The following feeding protocols were used:

- Systematic treatment (iron – folic acid and vitamin A, and mebendazol)
- For all moderately malnourished (WFH between 70-80% and BMI 16-17): wet food program with CSB, Oil and sugar (from WFP) for 2500 kilocalories/ day.
- For all severely malnourished (WFH<70%, nutritional oedema or BMI<16): Therapeutic milk on phase one and therapeutic milk and wet ration with CSB, sugar and oil on phase two.

During this period, 129 children, including 43 severely malnourished, were admitted for treatment as detailed in the tables below.

#### a) Supplemental feeding program (moderately malnourished)

Eighty-six new cases of moderately malnourished were enrolled in IRC's supplemental feeding program, of which 50 cases recovered (58%) and 10 transferred to the health centers when the feeding center closed. Twenty-six individuals decided to stop coming for various reasons, primarily because of the distance between their homes and the health center.

Month	New cases	Discharged	Transfers	Stopped Treatment
April 2000	21	0	0	8
May 2000	34	4	1	7
June 2000	18	28	1	8
July 2000	13	18	8	3
<b>Total</b>	<b>86</b>	<b>50</b>	<b>10</b>	<b>26</b>
<b>Percentage</b>		<b>(58.14%)</b>	<b>(11.63%)</b>	<b>(30.23%)</b>

#### b) Therapeutic feeding centre

Forty-three severely malnourished children were treated in the therapeutic feeding center, of which 26 children recovered (60%). Six children were transferred to the referral hospital for others associated diseases. Five were referred to the hospital when the center was closed. Two children died with associated pathologies.

An average of 8.33 g per kg weight gain per day was noted. Average length of treatment was 29.8 days.

Month	New cases	Discharged	Transfers	Stopped Treatment
April 2000	16	1	0	0
May 2000	6	6	3	2
June 2000	16	7	2	2
July 2000	5	12	6	2
<b>Total</b>	<b>43</b>	<b>26</b>	<b>11</b>	<b>6</b>
<b>Percentage</b>		<b>(60.5%)</b>	<b>(25.5%)</b>	<b>(14%)</b>

#### 2. Nutritional monitoring program

Due to a low level of global malnutrition and the large number of IDPs who did not return as expected, IRC reassessed beneficiary needs and proposed new strategies to meet these needs. From this analysis, IRC decided that the level of malnutrition, both current and anticipated, did not merit the operation of a Supplemental Feeding Center and decided to close it by the end of July 2000. The nutritional surveillance program was then integrated into the eight health centers where IRC is providing support, the Maternal and Child Health (MCH) center, the referral hospital, and two rural health centers (Kimongo and Kinsindi).

IRC continued to provide food, materials, and technical support. In late July 2000, with the collaboration of UNICEF, IRC organized two two-day training workshops on screening and treatment of moderate and severe malnutrition. The participants were the heads of health centers and referral hospital staff. The first two days covered the detection and treatment of moderate

malnutrition and included 17 participants. The average pre-test score for this session was 40/100 and the average post-test score was 59.9/100.

There were 17 different participants (most from the hospital) in the second two-day session on detection and treatment of severe malnutrition. Their test scores were as follows: 49.6/100 average pre-test and 57.1/100 average post-test

The nutritional monitoring in the health centers involved checking the height/weight ratio for each child under five who arrived at the health center for a routine consultation or for nutritional screening.

The criteria of global (severe and moderate) malnutrition is:

- Presence of nutritional oedema (bilateral).
- For children under 12 years old: weight for height (W/H) = 70%-80 %
- For adults: BMI <17

Data collected on the nutritional vigilance at the different centers showed:

- 3,543 children were screened in the health centers in Dolisie town from July 2000 to March 2001.
- 899 children were screened in the rural health centers from December 2000 to March 2001.
- 89 cases of moderate malnourished and 45 cases of severe malnourished individuals were identified and treated in the health centres.
- 68 cases of moderately malnourished and 36 of severely malnourished were identified and treated from December 2000 to March 2001 in Makabana health center.

(For more details see Annex 3.)

In March 2001, IRC, with the collaboration of the MOH, organized a second workshop for 30 social agents on screening, treatment, and social aspect of malnutrition. The details of the workshop's schedule and topics are presented in Annex 4. The average pre-test score for this session was 28.8/100 and the average post-test score was 59.4/100

In collaboration with UNICEF, IRC made a donation of anthropometrics materials for detection of malnutrition to each of the operating IHCs, the MCHC, and the hospital of reference. (See Annex 7 for the different materials donated to each health center.)

### 3. IEC campaigns

To achieve this activity, IRC organized a series of awareness raising campaigns from March 26<sup>th</sup> to April 10<sup>th</sup>, 2001, in Dolisie town, Makabana and Kimongo. The goal of this campaign was to improve the breastfeeding and food practices in rural areas. Fifty-nine facilitators were identified and trained in nutritional awareness raising campaigns.

The households with children under five and or pregnant women were targeted during this campaign. A total of 6,203 households were visited as shown in the table below:

Locations	Period	Number of houses visited	Number of households
Dolisie			
▪ 1 <sup>st</sup> group	March 26- April 10 2001	1,120	2,352
▪ 2 <sup>nd</sup> group	April 02- 16, 2001	1,575	3,307
Makabana	March 26 – April 10, 2001	405	406
Kimongo	March 26 – April 10, 2001	130	138
<b>Total</b>		<b>3,230</b>	<b>6,203</b>

IRC encountered some difficulties establishing this program including a reluctance or lack of motivation on the part of some of the health district staff to add another service to their package of minimum health services offered.

Indicators	Current Measures
a) Pre- and post-test scores of trained health center staff in the screening and management of acute malnutrition	a) Results of the pre- and post-tests from the training workshops in July 2001 and March 2001: - Treatment of severe malnutrition average pre-test score is 49.6/100 and average post-test score is 57.1/100 - Treatment of moderate malnutrition average pre-test score is 40/100 and average post-test score is 59.9/100 - Training of social agents average pre-test score is 28.8% and post-test is 59.4%
b) All children under 5 years attending a health center for any reason are screened for acute malnutrition and the measurement recorded.	b) - 3492 children under five years of age screened for malnutrition and measurement recorded from July 2000 to March 2001 in the health centers in Dolisie town. - 899 children under five years of age screened for malnutrition and measurement recorded from December 2000 to March 2001 in the health centers in rural area. - 114 cases of moderate malnourished and 65 cases of severe malnourished were identified and treated in the health centers.
c) 80% of individuals enrolled in the program achieve the discharge criteria within 6 weeks of admission	c) - 50 cases of 86 cases enrolled in the supplemental feeding program (58%) were discharged. - 26 cases of 43 cases enrolled in the therapeutic feeding center achieved the discharge criteria within 29 days.
d) Criteria for closing the feeding center— less than 5% of acutely malnourished reported, <100 moderate malnourished registered in the center	d) The number of malnourished cases registered at the feeding center never reached 100 and the center closed at the end of July.
e) Number and % of target population at or above cut-offs for nutritional status as determined by absence of edema and by weight for height measurements	e) -Based on IRC's nutritional assessment in May, a global nutrition rate of 5% was identified. -Data collected between July 2000 to March 2001 at IHCs and the hospital shows a total of 4,391 children screened of which 114 moderates malnourished (2.51%) and 65 cases of severe malnutrition (1.3%) were identified and treated.
f) Awareness raising campaign on breastfeeding practices through information, education and communication.	f) - design, production and distribution of 6,910 Brochures - design and production and distribution of 80 Tee-shirts - 6,203 household visited. - 59 facilitators identified and trained

**Sub-Project 3: Rehabilitate and re-equip nine health centers with basic medical equipment, and re-supply the health centers with an initial six month stock of essential medicines.**

**1. Physical rehabilitation for health centers**

IRC rehabilitated nine health centers during this program in two phases: the first phase focused on five health centers in Dolisie town (Health Centers number 1, 2, 3, 4, and 6) while the second phase focused on four health centers (IHC number 5 in Dolisie town, Makabana, Passi-Passi and Malolo, following IRC's proposal modification approved in September 2000).

IRC performed the essential rehabilitation in all the nine health centers by replacing or repairing broken doors and windows, roofing, floors, wall and painting. IRC also built an incinerator in each health center. For the six health centers in Dolisie town, IRC provided the necessary materials for reconnecting the health centers to the electric and water systems, and for the rural health centers. IRC built a permanent rain water tank in each health center.

**2. Medicines and Medical supplies**

The major supply of medicines and medical materials ordered from IDA arrived in Brazzaville on July 22<sup>nd</sup>, 2000 (for the list of medicines ordered, see Annex 6). IRC continued to supply the nine integrated health centers (IHCs) operating in the Dolisie health district with essential medicines and disposable supplies, including antibiotics, anti-malaria medicine, diarrhea medicine, worm medicine, pain medicine, vitamin supplements, and medicines prescribed frequently due to local conditions, dressings, syringes, needles, antiseptics, and laboratory reagents.

IRC provided a basic set of medical equipment and furniture to each IHC. These items included stethoscopes, thermometers, examination tables, scales, sterilization equipment, and some laboratory equipment.

Since late February 2001, IRC, in collaboration with the Regional Medical Officer and the health district, reopened and restocked with essential medicines and medical equipments the central pharmacy, in order to distribute to the nine health centers according to the Bamako Initiative guidelines and pharmacy management. A stock of remaining medicines and medical supplies in remained at the central pharmacy at the end of this phase of the program. This stock for three months will be distributed to the health centers on a monthly basis, in co-management with the health committees.

The cost-recovery system based on the Bamako Initiative, including a combination of medical consultation fees and charge of medication, was re-instituted in all health centers in three stages. During the two first months of activities, the health centers provided medical services to the population free of charge and then the health committees, the health district authorities and IRC implemented the cost-recovery system by setting consultation fees at 500 FCFA (less than one dollar). Since February 2001, the medical fees increased to 1000 CFA, as before the war. This system allows the health centers to re-introduce self-financing health care, which is a priority of the national health policy.



At the end of the grant period, all IRC health centers held 7,859,700 CFA in the Dolisie health district bank account in Pointe Noire. This capital will serve to reorder medicines and medical supplies.

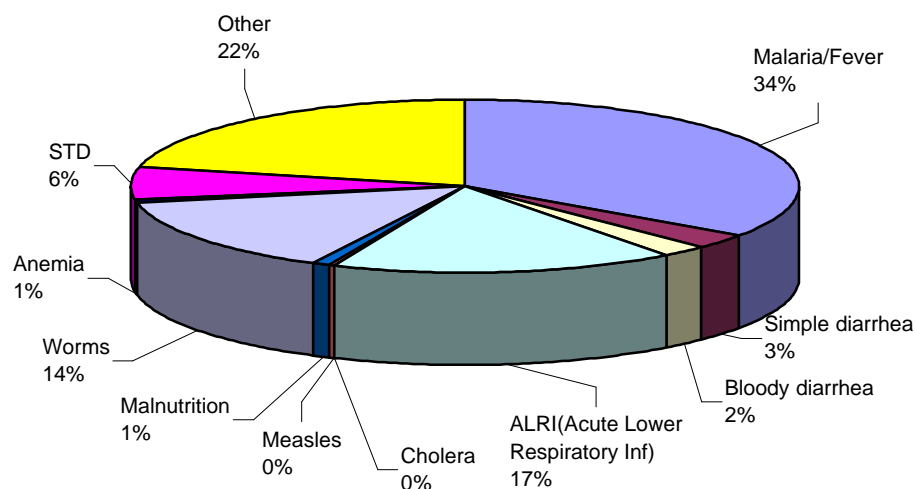
IRC finalized a comprehensive list of basic materials and equipment required by each health center and IRC organized donation to all health centers in late February 2001. (See list in Annex 7.)

Each health center has a health committee that is involved in the co-management of the health centers activities and who works with the health staff. See Annex 11 for the lists of the health committees.

### 3. Epidemiological data collection

There was a total of 29,091 medical consultations during the twelve months from April 2000 to March 2001 in the five IHCs that are operational in Dolisie town. Malaria and fever represent 34.7% of all consultations while “others”, including less frequent diseases, such as typhoid fever, tuberculosis, mycosis, represented 21.5% of consultations. There were no cases of cholera during this reporting period; STDs took 5.9% of global consultations. There were a total of 10,031 consultations in Makabana from August 2000 to March 2001. The health center Number 5 in Dolisie town, and the ones of Passi-Passi and Malolo only became operational in February 2001.

**Global epidemiological data recorded in the five health centres in Dolisie (April 2000-March 2001)**



See Annex 8 for details of global epidemiological data collected in the five health centers in Dolisie town from April 2000 to March 2001 and to Makabana from August 2000 to March 2001.

Indicators	Current Measures
a) Nine health centers repaired, opened, and functioning with a capacity to serve a population of up to 15,000 persons each.	a) All health centers were rehabilitated
b) Nine health centers are stocked with medicines and medical supplies	a) -Materials and medicines donated to Makabana IHC which reopened August 22, 2000. -Medicines and supplies provided on a need-basis to nine health centers in Dolisie. -Major supply of medicines received from IDA on July 22 <sup>nd</sup> , 2000. -Central pharmacy was restocked of medicines to distribute to the health centers .
c) Increase in number of persons using health services	c) -On average 81 new consultations per day for all centers, out of an estimated population of 50,000 in Dolisie town, are seeking consultations at 1 of the 5 operational integrated health centers. This is an increase from the beginning of the program. -Makabana HC saw a an average of 45 consultations per day during September, the first full month they reopened.

**Sub-Project 4: Increase the level of knowledge and quality of service delivery by training health staff. IRC will organize management workshops on primary health care and management aimed at the five health centers.**

In order to reinforce the motivation of health centers staff and health committee members, and to increase the quality of medical care and management of health centers activities, IRC organized three training sessions.

The first four-day training workshop took place from the 16<sup>th</sup> to the 21<sup>st</sup> of August 2000, in Dolisie. Twenty participants came from the five IHCs of Dolisie town and ten participants from the six IHCs in surrounding rural areas. The participants included the heads of IHC and some assistants. The general theme of the workshop was ‘Management of Integrated Health Center Activities. Specific topics of the workshop included the use of management tools; implementation of curative, preventative and promotional activities; collaboration and co-management on daily management of the IHCs; management of health personnel and health committees and management of resources for providing quality health services to the community. IRC administered pre- and post tests for 25 participants who showed significant improvement in their knowledge (five of the participants arrived late and did not take the pre-test). (For test scores see the Indicators and Current Measures table below.)

The second four day training workshop took place from September the 18<sup>th</sup> to the 21<sup>st</sup> 2000 in Dolisie. There were 47 participants including 27 from Dolisie town and 20 from the surrounding rural areas, involving the same IHCs as the previous training. Participants included the directors of the IHCs and three members from each health committee. The health committees are composed of five members and are each elected by the community. The general theme of the workshop was ‘The Role of Health Committees in the Management of IHC Activities’. Specific topics of the

workshop included the use of management tools; collaboration and co-management on daily management of the IHCs; finance mechanisms of the IHCs; and management of resources for providing quality health services to the community. IRC administered pre- and post tests for 19 members of the health committees, all of whom improved on their post-test scores (the IHC staff did not take the pre- and post-tests as it was the second training they attended).

The third four-day training workshop took place in Dolisie from November 22<sup>nd</sup> to 26<sup>th</sup>, 2000. Forty-two participants including 23 from Dolisie town and 19 from rural areas attended. The participants included junior staff in the health centers (the medico-social agents and clerks). The general theme of this seminar was “The Role of Clerks and Medico-social Agents in the Management of Health Centers Activities”. The specific topics included the daily activities of clerks and medico-social staff in the health centers, management of vaccination activities, and finance and drug management. The pre-test and post-test were given to the participants, the scores are presented in the table below:

	<b>Pre-test</b>	<b>Post-test</b>
<b>Note (%)</b>	<b>Participant</b>	<b>Participant</b>
< 50%	11	4
50 – 55%	8	2
60-75%	15	18
> 75%	5	17
<b>Total</b>	<b>39</b>	<b>41</b>

<b>Indicators</b>	<b>Current Measures</b>
a) Primary health care staff at 9 health centers in Dolisie receive refresher training on medical care, nutrition surveillance, and emergency reproductive health care	a) -First training on ‘Management of IHC Activities’ for 30 IHC staff took place 17-21 August 2000. -Second training on ‘Role of Health Committees in the Management of IHC Activities’ for 47 IHC directors and health committee members took place 18-21 September 2000 - Third training on ‘ Role of social agent and clerk in the management of health centers activities’ for 41 junior health centers staff from November 23-26, 2000 in Dolisie.
b) Pre- and post-test scores of trained health staff	a) -Of 25 IHC staff who participated in the first training in August, 24% of participants scored 67% or higher on the pre-test and 64% of participants scored 67% or higher on the post-test -Of the 19 health committee members who participated in the second training in September, 10,5% of participants scored 100% on the pre-test and 47.3% of participants scored 100% on the post-test
c) Supervisory visits by Health Program Manager; consistent utilization of case management protocols; rational prescribing of drugs	c) Visits by the health program coordinator once a month to each health center and weekly visits by the health program assistants to supervise and provide medicines on a need-basis

**Sub-Project 5: Implement a program to address the needs of survivors of sexual and gender-based violence (SGBV).** *(Note: the Netaid Foundation funds this sub-project. It is included here as it forms an important component in IRC's overall response to the needs in the Niari Region.)*

From April 2000 to March 2001, IRC carried out four main activities in the SGBV program: awareness raising campaigns; provision of medical and psychological care for the victims of sexual violence, socio-economic reinsertion of victims, and legal advocacy.

**1. Awareness raising campaigns**

In order to reduce the rate of sexual violence in Dolisie, during this grant period, IRC implemented a series of education and information workshops held with the local population from May 27<sup>th</sup> to September 2000 and public forces throughout September and in the beginning of October. This activity is especially important because according to testimonies, nine out of ten victims of sexual violence in Dolisie were attacked by armed men in uniform. IRC organized fifteen workshops involving 1,006 participants, including a training of the military and police trainers, and education sessions for the various military troops, militias and the national police departments.

To achieve these activities IRC used different means of communication including posters, brochures, tee shirt, banners, billboards, video productions, and radio broadcasts. Among the other IEC activities, IRC carried out a public awareness campaign in different locations around Dolisie from May 2000 to March 2001. IRC identified 30 facilitators who organized more than 30 events over a 13-day period, handing out 15,000 brochures and conducting a proximity campaign in the streets. (For more details see Annex 9.)

**2. Medical and psychosocial care**

From April 2000 to March 2001, IRC identified 525 victims of sexual violence in and around Dolisie town, and 27 victims in the Makabana area. Among the 552 victims, 344 victims sought medical treatment at one of the three selected health centers (the referral hospital, the maternal and child health care center, and health center no. 3) in Dolisie town, Makabana and Passi-Passi health. (See Annex 10 for data on victims of sexual violence).

To provide psychosocial assistance for victims, IRC facilitated a two-day training for 30 social agents in August 2000. Topics covered communication techniques with SGBV victims; post-traumatic stress; the role of the social agent in the provision of psychosocial assistance; and the national policy of social action.

<b>Indicators</b>	<b>Current Measures</b>
a) Awareness raising campaign through information, education, and communication campaigns	a) -design, production, distribution of 2000 posters -design, production, distribution of 39,000 brochures -design, production, distribution of 1000 tee-shirts -design, production, posting of 32 banners -design, production and installation of 10 billboards -production of 3 radio publicity messages, broadcast 90 times

	<ul style="list-style-type: none"> <li>-production of 1 radio sketch, broadcast 6 times</li> <li>-production of a video sketch, shown 24 times in Dolisie</li> <li>-publication of 2 articles in a national newspaper</li> <li>-production of a theatre sketch, presented 15 times in Dolisie</li> <li>-from September 1–23 2000: organization of neighborhood education campaign in 20 public locations around Dolisie.</li> </ul>
b) System established to provide medical and psychosocial care	<p>b)</p> <ul style="list-style-type: none"> <li>- Training workshop held June 28-30, 2000 for 30 medical staff from health centers and referral hospital for using medical care protocols according to UNFPA guidelines.</li> <li>-Training workshop held August 11-12 2000 for 30 social agents on the subject of psycho-social treatment</li> <li>-One IRC health worker continues to provide technical support to the 3 health centers designated as medical treatment centers for SGBV victims in Dolisie town and 2 rural health centers.</li> <li>- 525 SGBV victims identified (382 during and after the public education campaign)</li> <li>-344 SGBV victims received medical treatment at one of the 3 designated centers, or Makabana and Passi-Passi health centers.</li> <li>-126 SGBV victims received psycho-social consultations</li> <li>-Additional medicines and medical materials (MISP Kits) were donated to 5 treatment centers during the first week of October 2000.</li> </ul>
c) Education of community-based groups to promote support for social, legal, economic integration of survivors and their children	<p>b)</p> <ul style="list-style-type: none"> <li>-From May 2000 – March 2001: organization of 78 education and information workshops with 4,026 people from local associations, religious groups, schools, local administration agencies and village committees.</li> <li>-From September 12–October 6 2000: organization of 15 educational workshops with 1,006 members of public forces including police and military.</li> <li>-Identification of 1 local association and 1 cooperative where IRC can refer SGBV victims.</li> </ul>

## Objective Two:

**To create and maintain an emergency response capacity to respond to the health care needs of populations that are currently inaccessible.**

The majority of the population in Dolisie has returned and there are no expectations that a large number of Internally Displaced Persons will come back in poor health. The situation in Dolisie district does not therefore seem to require procurement of essential medicines and non-food items as an emergency response. The level of security in Dolisie has constantly improved during the life of the grant and IRC is continually assessing the situation while maintaining a preparedness to respond in an emergency response capacity. IRC still has medical and logistics staff, equipment, and medicines that can be redeployed in response to a potential emergency in Dolisie.

**INTERNATIONAL RESCUE COMMITTEE  
CONGO-BRAZZAVILLE PROGRAM**

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**Final Report, Phase I  
USAID's Office of Foreign Disaster Assistance**

**Annexes**

- Annex 1      Vaccination Activities**
- Annex 2      Vaccination Coverage Survey**
- Annex 3      Nutritional Monitoring Activities**
- Annex 4      Training of the Niari Social Agents**
- Annex 5      Nutritional Materials Donated to the Health Centers**
- Annex 6      List of Medicines Ordered from IDA**
- Annex 7      List of Material and Medical Supplies Donated**
- Annex 8      Epidemiological Data (Dolisie and Makabana)**
- Annex 9      SGBV IEC Activities**
- Annex 10     SGBV Medical Report**
- Annex 11     Annex Health Committee Members**
- Annex 12     Physical Rehabilitation Report**
- Annex 13     Certificate of Medicines Donated to the Central Pharmacy**
- Annex 14     Bank Account Details**

## Annex 1

**Vaccination activities**

Period : April 2000 - March 2001

	Measles			Vit A	Mebend	Polion- Children 0-5 years					Tetanus - pregnant women			BCG			DTCoq						
	9-11m	12-23m	>24m			VPO 0	VPO1	VPO 2	VPO3	Boost	Vit A	VAT1	VAT2	Boost1	Boost2	Boost3	0-11m	12-23m	24m+	DTC1	DTC2	DTC3	Boost
<b>South Dolisie Campaign from April 3-10, 2000</b>																							
Kimongo	887	106	2806	3356	3250																		
Londelakaye	229	0	3404	3519	3519																		
<b>Total</b>	<b>1116</b>	<b>106</b>	<b>6210</b>	<b>6875</b>	<b>6769</b>																		
<b>North Dolisie campaign from July 26 to August 4</b>																							
Dolisie	395	614	1815	4138	4108																		
Louvakou	47	275	1279	1739	3398																		
Kibangou	75	251	873	1332	1300																		
Makabana	53	114	386	632	632																		
Banda	86	114	813	1043	1043																		
Nyanga	85	365	813	1263	1263																		
Divenie	51	365	809	1130	1130																		
<b>Total</b>	<b>792</b>	<b>2098</b>	<b>6788</b>	<b>11277</b>	<b>12874</b>																		
<b>Intensive Polio 1</b>																							
Dolisie						7156																	
Louvakou						3217																	
Makabana						1239																	
Kimongo						4022																	
<b>Total</b>						<b>15634</b>																	
<b>Intensive Polio 2</b>																							
Dolisie						8356																	
Makabana						2548																	
Kimongo						4303																	
<b>Total</b>						<b>15207</b>																	
<b>Intensive Polio 3</b>																							
Dolisie								10018		8014													
Makabana								3052		2442													
Kimongo								4797		3838													
<b>Total</b>								<b>17867</b>		<b>14294</b>													
<b>Boosters campaign</b>																							
Kimongo	15	39	117	164	144	7	32	130		104	20	10	12										
Londelakaye	28	59	231	304	348	19	23	212		170	68	33	33										
Makabana	2	8	57	66	62	83	6	79		63	12	2	8										
Louvakou	7	16	83	103	95	9	4	10		10	15	1	1										
Kibangou	9	4	14	23	21	4	125	165		165	7	12	6										
<b>Total</b>	<b>61</b>	<b>126</b>	<b>502</b>	<b>660</b>	<b>670</b>	<b>122</b>	<b>190</b>	<b>596</b>		<b>512</b>	<b>122</b>	<b>58</b>	<b>60</b>										
<b>Routine EPI</b>																							
EPI sector	928	128	29			603	967	867	613	145	250	205	33	24	7	342	124	46	967	867	513	145	
Urban health centres	105	39	4			254	363	173	121	80	492	334	78	51	27	308	33	18	365	174	120	80	
Rural health centres	222	64	57			123	304	67	58	20	134	35	3	1	1	42	49	18	304	67	58	20	
<b>Total</b>	<b>1255</b>	<b>231</b>	<b>90</b>			<b>980</b>	<b>1634</b>	<b>1107</b>	<b>792</b>	<b>245</b>	<b>876</b>	<b>574</b>	<b>114</b>	<b>76</b>	<b>35</b>	<b>692</b>	<b>206</b>	<b>82</b>	<b>1636</b>	<b>1108</b>	<b>691</b>	<b>245</b>	
<b>TOTAL 1</b>	<b>3224</b>	<b>2561</b>	<b>13590</b>	<b>18812</b>	<b>20313</b>	<b>16736</b>	<b>17031</b>	<b>19570</b>	<b>792</b>	<b>245</b>	<b>14806</b>	<b>2246</b>	<b>632</b>	<b>174</b>	<b>76</b>	<b>35</b>	<b>692</b>	<b>206</b>	<b>82</b>	<b>1636</b>	<b>1108</b>	<b>691</b>	<b>245</b>
<b>TOTAL 2</b>		<b>19375</b>						<b>54374</b>					<b>3163</b>				<b>980</b>			<b>3680</b>			



## **INTERNATIONAL RESCUE COMMITTEE, INC**

### **Congo-Brazzaville Programs**

Satphone: +871 761 660955; Telcel 8803683 Cyrtel : 412268 412271

Satfax : +871 761 660 957

E mail : [IrcBrazza@compuserve.com](mailto:IrcBrazza@compuserve.com)

### **ANNEX 2**

# **VACCINATION COVERAGE SURVEY IN THE DOLISIE SOCIO-SANITARY DISTRICT**

## **July 2000**



## **1. BACKGROUND**

*Events in Brazzaville (June 1997 war) spread out in 1998 in the southern areas of the Congo Republic and lead to the closing of most fixed vaccination centers, paralyzing for over two years the Extended Program of Immunization ('EPI') activities in areas affected by the war. Consequently communicable diseases spread in various parts of this region – such as a measles epidemic in the Londelakaye and Kimongo districts south of the Dolisie health district in the Niari region.*

*In order to evaluate the current level of vaccination coverage in the Dolisie Health District following the war, a vaccination coverage survey was undertaken by IRC/Brazzaville in collaboration with the Ministry of Health from July 7 to 13, 2000.*

## **2. OBJECTIVES**

This survey aimed at specifying:

- The vaccination coverage rate for all antigens for children between 12 and 23 months of age;
- The vaccination coverage rate against tetanus for childbearing women;
- The vaccination status of children who have had measles;
- The vaccination constraining factors for children and women.

### **Survey methodology**

*A dual-level stratified survey was adopted:*

- *Stratum 1: Central Dolisie (urban area)*
- *Stratum 2: Rural zone*

*Each stratum was composed of 30 clusters. Each cluster was made up of 7 children from 12 to 23 months and 7 women who had given birth during the previous 11 months.*

*To more effectively perceive the differences between rural and urban areas, the survey was stratified as follows:*

*Stratum 1: Central Dolisie (town)*

*Stratum 2: Rural zones in the Dolisie health district*

*The number of subjects needed calculated for prevalence (p) estimated at 50% of the weakest vaccination rate, a precision degree (e) of 5% and an attack risk of 5%. To reach the desired precision and taking into consideration a participation rate of approximately 70%, the number of subjects needed was increased by 30%. Altogether,*

420 children between 12 and 23 months were randomly selected (survey rate 1/7) and the strata were set up in proportion to the potential size of each geographic area.

### **Determining sample size**

The survey sample size was determined according to a method proposed by WHO (Henderson). It was performed using a cluster sampling technique – two strata of 30 clusters of at least 7 children or 210 children of 12 to 23 months per stratum and of 210 women for a total of 420 children and 420 women.

The clusters were selected on the basis of the population of the section and localities recorded on the census list of the Dolisie Health District. Drawing clusters was performed according to probability proportional to size by habitual techniques. The population was estimated using General Population and Housing Census figures ('RGPH') for 1984.

Clusters were drawn based on "polling steps" from an accumulated populations list for each stratum according to the 1984 RGPH.

$$\text{Polling step calculation ('PS')} = \frac{\text{Cumulative stratum population}}{\text{Number of clusters}}$$

Based on a randomly determined number (lower than the PS), the first cluster may be identified on the list of accumulative totals for sections or localities. The second one is determined on the basis of the first - added to the PS.

On the map of the town of Dolisie, strata boundaries were drawn according to criteria of population and accessibility. Urban and rural clusters will be split up proportionally based on population figures.

Within wards, the choice of clusters will be established by drawing for sections according to **sections** list of the 1984 RGPH. The section constitutes the survey unit, but it may happen that over one cluster may be found within a section. Marking boundaries on a map allows one to distinguish units.

Sections or sub-sections made up of blocks can be then drawn randomly to identify the first household. Numbering blocks facilitates the random drawing of blocks. **Inside of the blocks**, houses are numbered to draw the first household randomly from which progress will be made contiguously up to 7 required children.

**The questionnaire** included not only questions relating to the vaccination status at 2 years (BCG, DTCOQ, POLIO, ROUVAX) or VAT, but also provided information describing the population under study and verifying whether the stratified sample was representative.

Variables considered were:

- *Criteria on validity of the Vaccination schedule and conditions;*
- *Prevalence of vaccination globally and by stratum;*
- *Measles and vaccination;*
- *Reason for no vaccination;*
- *Prevalence of Anti-tetanus vaccination for women of childbearing age;*
- *Motives for no vaccination*

Statistical analysis of test data was carried out using static inferences (Pearson’s or Fisher’s test, the confidence gap for comparing percentages). Statistical data analysis was carried out using EPI INFO software.

## **Results**

### *Validity criteria*

- *BCG, which is valid whatever its injection date; if it was noted on individual documents or if the scar could be discerned;*
- *DTCOQ and Polio: the first dose must be given before two months and twelve days after birth; the second and third must be administered 28 days after the preceding dose; in return, there is no maximum interval limiting injection validity – boosters for DTCOQ and Polio need to be given at least one year following the third dose;*
- *Measles vaccine is valid if injected at most eight and a half months after birth;*
- *VAT 1 is valid whatever its injection date; if it is listed on an infant’s records;*
- *VAT 2 – the second dose – must be administered starting at 2 months, with VAT1 boosters coming at least six months after the second vaccination, one year after the first booster and one year after the second booster;*

*The schedule and its conditions of validity are those prescribed by the Extended Program of Immunisation (‘EPI)’*

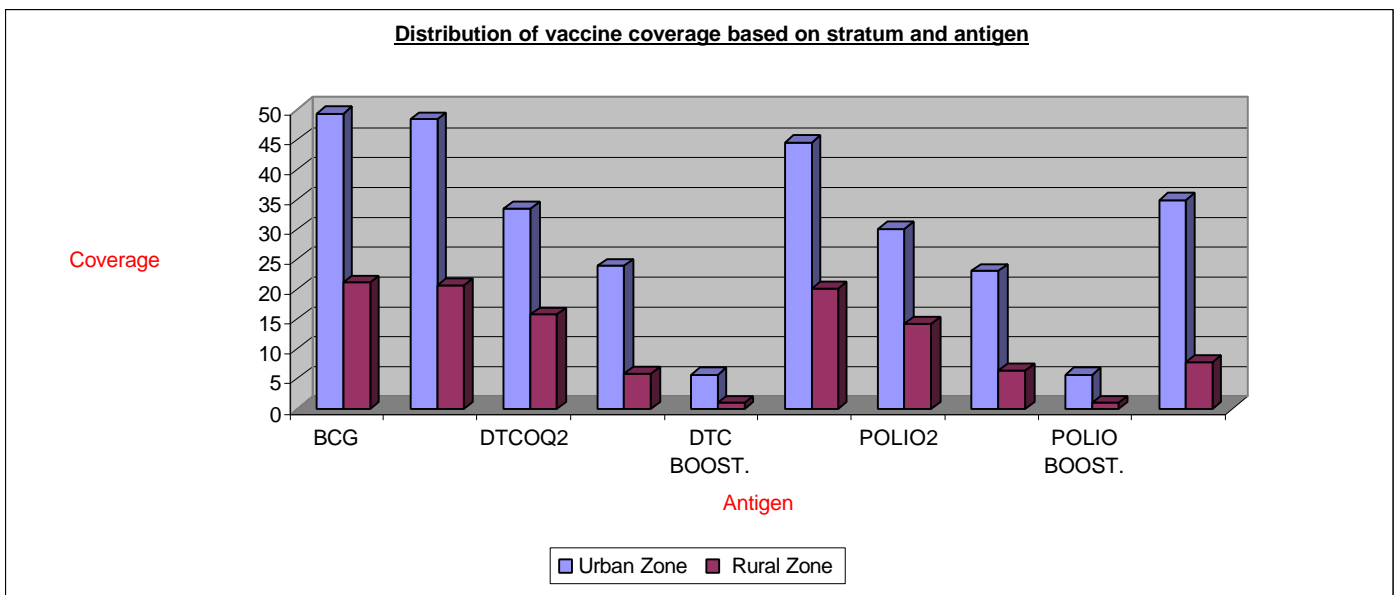
### **4.1 Estimate of vaccination prevalence globally and by stratum**

*40.7% of the infants presented a vaccination document, and 18.6% of them had vaccination booklets.*

**Table 1**

<b>Estimate of vaccination prevalence globally and by stratum</b>							
	<i>Vaccination documents</i>				<i>Vaccination coverage</i>		
	<i>Global</i>		<i>Urban Stratum</i>		<i>Rural Stratum</i>		
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	
<i>BCG</i>	<i>147</i>	<i>36</i>	<i>103</i>	<i>49.3</i>	<i>43</i>	<i>21.1</i>	

<i>DTCO1</i>	199	48.2	101	48.3	42	20.6
<i>DTCOQ2</i>	103	24.9	70	33.5	32	15.7
<i>DTCOQ3</i>	63	15.3	50	23.9	12	5.9
<i>DTCOQ Booster</i>	14	3.4	12	5.7	2	1.0
<i>POLIO1</i>	135	32.7	93	44.5	41	20.1
<i>POLIO2</i>	93	22.5	63	30.1	29	14.2
<i>POLIO3</i>	62	15.0	48	23.0	13	6.4
<i>POLIO Booster</i>	13	3.2	11	5.7	2	1.0
<i>MEASLES VACCINE</i>	90	21.8	73	34.9	16	7.8



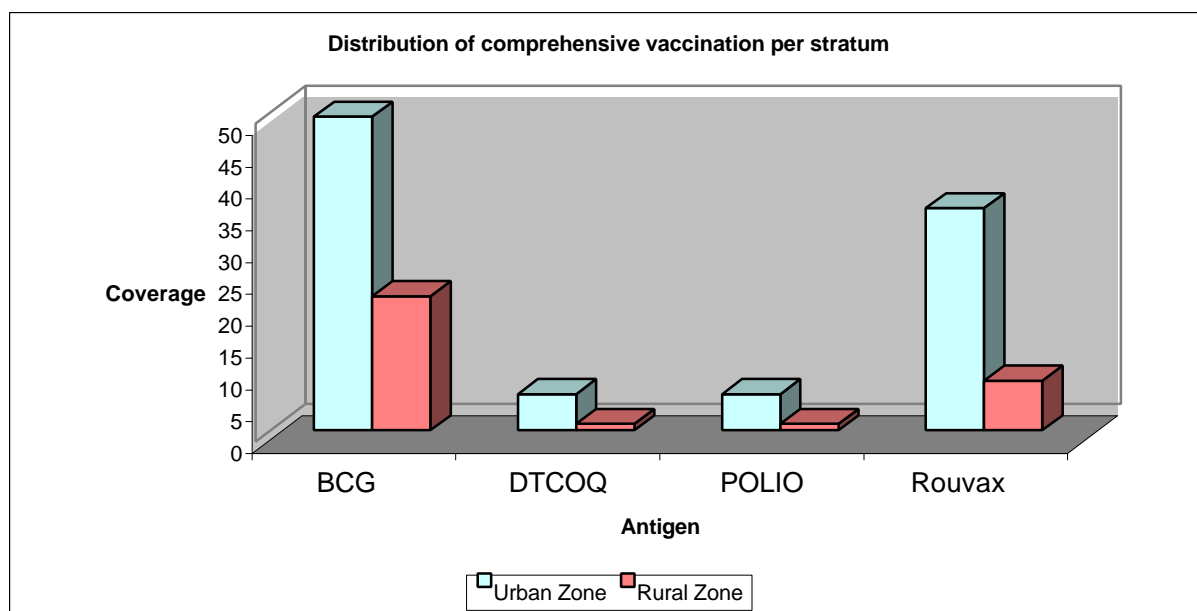
Vaccination coverage for antigens (BCG, DTCOQ, POLIO and Rouvax) are weak overall and in each stratum (Table 1 and Fig. 4.1). The following can be observed:

- A decrease in number of children vaccinated for each successive dose
- A drop between DTCOQ1 and POLIO 1, 32.1% compared to 48.2%
- A drop between DTCOQ2 and POLIO 2, 22.5% compared to 24.9%
- A significant decrease between the second and third dose
- A regularity index for the three doses of DTCOQ stands at 3.7% children vaccinated over the whole sample; 49% children for stratum 1 and 28.6% children in stratum 2. Indication of different regularity.
- The vaccination coverage of measles vaccine is 21.8% for children between 12 and 23 month of age, 34.9% for the urban stratum compared with 7.8% in the rural stratum.

## 4.2 Complete vaccination prevalence for the overall sample and per stratum

Table 2

	<b>Comprehensive vaccination</b>					
	Global		Stratum 1		Stratum 2	
	Number	%	Number	%	Number	%
BCG	147	36.0	103	49.3	43	21.1
3 doses DTCOQ + 1 Booster	14	3.4	12	5.7	2	1.0
POLIO 3 doses + 1 Booster	62	15.0	11	5.7	2	1.0
Rouvax	90	21.8	73	34.9	16	7.8



*Comprehensive vaccination prevalence is significantly weak in each stratum.*

## 4.3 Measles and vaccination (ROUVAX)

*Among children who received measles vaccine (21.8%), 4 cases of measles were found, amounting to 4.4%.*

*Among the four measles cases, three occurred in vaccinated children in stratum 2 (rural zones), at 18.8% with one case in the urban area.*

#### **4.4 Reasons for no vaccination**

**Table 3**

	<b>Reasons for no vaccination</b>					
	<i>Global</i>		<i>Stratum 1</i>		<i>Stratum 2</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Lack of information	26	6.3	20	9.6	6	2.9
Lacking motivation	26	6.3	16	7.7	10	4.9
Obstacles (war)	270	65.4	101	48.3	169	82.8

*Among the reasons for no vaccination:*

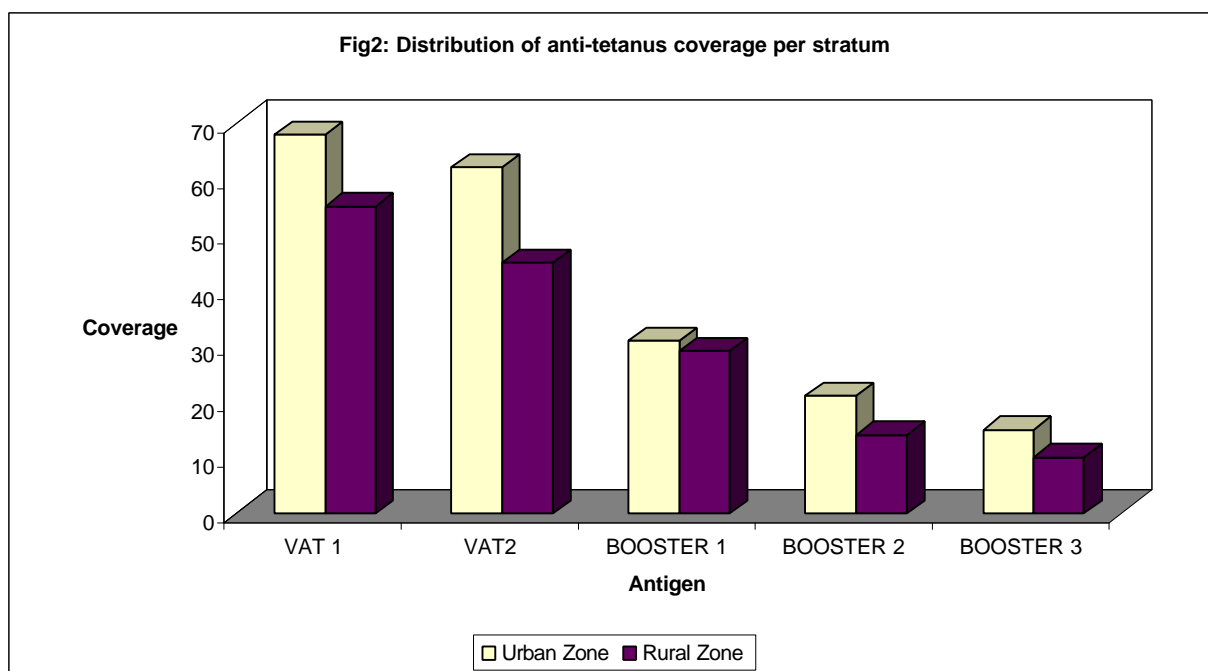
- *6.3% of the mothers are unaware and lack motivation;*
- *65.4% of mothers confirmed lack of vaccine – for numerous reasons of which the most important is the war and its consequences.*

#### **Estimated vaccination coverage for women**

**Table 4**

##### ***Estimated global and stratum-based anti-tetanus vaccination coverage***

Vaccination documents	Prevalence of anti-tetanus vaccination					
	<i>Global</i>		<i>Stratum 1</i>		<i>Stratum 2</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
VAT 1	124	30.2	68	32.5	55	27.0
VAT2	107	25.9	62	29.2	45	22.1
BOOSTER 1	60	14.5	31	14.8	29	14.2
BOOSTER 2	35	8.5	21	10.1	14	6.9
BOOSTER 3	25	6.1	15	7.2	10	4.9



*A very significant decline in vaccination coverage may be observed between the first VAT1 (30.2%) dose and the VAT2 (25.9%), representing a difference of 4.3%.*

## **Reasons for non vaccination**

**Table 5**

	<b>Reasons for non vaccination</b>					
	Overall		Stratum 1		Stratum 2	
	Number	%	Number	%	Number	%
Lack of information	27	6.5	2	1.0	25	6.0
Lack of motivation	26	6.3	1	0.5	25	6.0
Obstacle ( war )	197	47.7	1	0.5	196	47.5

*Among the reasons for no vaccination against tetanus of women in child-bearing age:*

- 6.5% of the mothers are unaware
- 47.7% of mothers confirmed lacking vaccine – for numerous reasons: the war and its consequences being the most important.

## **5. DISCUSSION**

### **Level of vaccination coverage**

*The overall measles coverage in the Health District of Dolisie stands at 21.8%. This coverage breaks down to 34.9% in the town of Dolisie and 7.8% in the rural zones. This disparity of coverage is clear between the rural and urban settings, which can be explained by the following factors:*

- *Re-establishment of EPI activities since March 2000 in the town of Dolisie, while a number of rural areas has remained without organized vaccination activity for over two years;*
- *The lack of vaccines in several fixed vaccination centers since the end of the war in rural areas;*
- *A lack of cold chain facilities in numerous rural integrated health centers.*

*The measles in the Dolisie Health District occurs in peaks in certain areas (Kinsindi, Londelakaye, Ngoua 2...) during the dry season (June – July). As concerns the current vaccination coverage, the risk of outbreaks is a constant threat in a number of rural areas.*

*Overall vaccine coverage for the BCG (36%), antipolio 1 (32.7%) and DTC1 (48.2%) antigens are weak in this region.*

*The reasons for no vaccination include the lack of information (6.3%) and obstacles (65.4%) - particularly wars and their consequences.*

### **Comparisons with national data**

*Vaccination coverage for BCG ranges from 49.3% in urban areas to 21.1% in rural zones. These rates are significantly low compared to data from a 1996 national vaccine coverage survey, which came to roughly 94.26% in towns and 75.12% in rural areas. Differences in vaccination calculated in the EPI survey and this one are 45% between urban settings and 55% among rural zones.*

*The vaccination coverage in DTC1 is 48.3% in urban areas and 20.6% in rural areas. However, according to the national vaccination survey done in December 1996, a remarkable difference is noted from 45.5% in communal areas to 49% in rural areas.*

*As regards vaccination coverage with VAR (34.9% in urban settings and 7.8% in rural zones), it was also weak compared to results from the national vaccine coverage survey of December 1996 (65.07% urban and 46.89% rural). The disparity between the two surveys is significant – around 30.17% for urban and 39.09% for rural areas.*



*We may finally note that the VAT1 antigen vaccine coverage for women is equally weak (32.5% in urban areas and 27.0% in rural areas) compared to WHO recommendations – requiring a rate of 95% or more.*

*It should be pointed out that in this Health District the national objective was not reached for BCG, DTCOQ, POLIO and ROUVAX in both strata and for the whole region. In addition, vaccination coverage remains quite weak compared to the goals set up by the WHO.*

## **6. CONCLUSION**

*Vaccination coverage for children from 12 to 23 months in the Dolisie Health District is weak in comparison to WHO recommendations, that require a vaccination coverage rate higher than 95% up to 23 months, according to the type of vaccination.*

*Anti-tetanus coverage for women who have given birth over the last 11 months remains weak at approximately 30.2%.*

*In general, there was a considerable decline observed in vaccination coverage between 1996 and 2000, in the range of 50% for most PEV target antigens.*

## **7. RECOMMENDATIONS**

- Carry out a vaccination campaign in the Dolisie Health District aimed at a measles vaccination coverage rate of 90% by the end of December 2000;*
- Strengthen IEC activities within the activities for all rural integrated health centers;*
- Ensure vaccinations with an advanced strategy in geographical areas more difficult to access as opposed to fixed vaccination centers;*
- Maintain daily vaccination activity in fixed vaccination centers;*
- Reinforce cold chain facilities and set up additional fixed vaccination centers;*
- Improve epidemiological surveillance for measles in all health centers;*
- Renew routine PEV activities over the entire area.*

## Annex 3

### Nutritional Monitoring activities from July 2000-March 2001

2000

Health Centers	July				August				September			
	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.
AOS-HRD	0	0	0	0	0	0	0	0	15	0	4	4 (26,7%)
CSI1	0	0	0	0	27	2	2	4 (14,8%)	63	4	1	5 (7,9%)
CSI2	12	1	0	1	14	1	0	1 (7,1%)	21	0	1	1 (4,8%)
CSI3	6	0	0	0	0	0	0	0	0	0	0	0
CSI4	0	0	0	0	0	0	0	0	32	1	0	1 (3,1%)
CSI6	0	0	0	0	0	0	0	0	22	5	3	8 (36,4%)
SMI	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>18</b>	<b>1 (5,6%)</b>	<b>0.0%</b>	<b>1 (5,6%)</b>	<b>41</b>	<b>3 (7,3%)</b>	<b>2 (4,9%)</b>	<b>5 (12,2%)</b>	<b>153</b>	<b>10 (6,5%)</b>	<b>9 (5,9%)</b>	<b>19 (12,4%)</b>

Health Centers	October				November				December			
	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.
AOS-HRD	98	7	11	18(18,4%)	107	2	4	6 (5,6%)	109	4	5	9 (8,3%)
CSI1	106	6	0	6 (5,7%)	171	4	0	4 (2,3%)	136	2	1	3 (2,2%)
CSI2	30	1	0	1 (3,3%)	103	2	0	2 (1,9%)	83	0	0	0
CSI3	26	0	0	0	79	2	0	2 (2,5%)	95	0	2	2 (2,1%)
CSI4	63	3	0	3 (4,8%)	56	4	0	4 (7,1%)	173	0	0	0
CSI6	31	3	0	3 (9,7%)	35	4	1	5(14,3%)	81	4	1	5 (6,2%)
SMI	18	0	0	0	14	1	0	1 (7,1%)	34	0	0	0
<b>Total</b>	<b>372</b>	<b>20(5,4%)</b>	<b>11(3,0%)</b>	<b>31(8,3%)</b>	<b>565</b>	<b>19 (3,4%)</b>	<b>5 (0,9%)</b>	<b>24 (4,3%)</b>	<b>808</b>	<b>10 (1,2%)</b>	<b>9 (1,1)</b>	<b>19 (2,4%)</b>

2001

Health Centers	Janvier				Fevrier				Mars			
	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	# Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.
AOS-HRD	144	4	2	6 (4,2%)	63	2	3	5 (7,9%)	130	2	1	3 (2,3%)
CSI1	91	1	1	2 (2,2%)	65	2	0	2 (3,1%)	82	1	0	1 (1,2%)
CSI2	78	1	1	2 (2,6%)	39	0	0	0	71	1	0	1 (1,4%)
CSI3	61	1	0	1 (1,6%)	48	0	0	0	69	0	0	0
CSI4	148	3	0	3 (2,0%)	108	0	0	0	115	0	1	1 (0,9%)
CSI6	64	5	0	5 (7,8%)	29	2	0	2 (6,9%)	48	1	0	1 (2,1%)
SMI	28	0	0	0	17	0	0	0	37	0	0	0
<b>Total</b>	<b>614</b>	<b>15(2,4%)</b>	<b>4 (0,6%)</b>	<b>19 (3,1%)</b>	<b>369</b>	<b>6 (1,6%)</b>	<b>3 (0,8%)</b>	<b>9 (2,4%)</b>	<b>552</b>	<b>5 (0,9%)</b>	<b>2 (0,4%)</b>	<b>7 (1,3%)</b>

a) Nutritional vigilance cumulated results in rural health centers  
(January- March 2001)

Health Centers	Number Screened	Moderate Malnut.	Severe Malnut.	Global Malnut.	%
Kimongo	98	2	0	2	2.0%
Malolo	99	8	0	8	9.3%
Kitsindi	145	10	5	15	10.3%
Passi-Passi	68	5	0	5	7.3%
Makabana	489	43	31	74	15.1%
<b>Total</b>	<b>899</b>	<b>68</b>	<b>36</b>	<b>104</b>	<b>11.6%</b>



## **Annex 4**

### **REPORT ON THE TRAINING OF THE NIARI SOCIAL AGENTS ON NUTRITIONAL SURVEILLANCE AND CARE**

#### **Introduction**

A training seminar on nutritional surveillance and care for the Niari social agents was organized in Dolisie from the 19th to the 21st of March 2001. In most health centers, nutritional activities are the responsibility of social agents, who unfortunately never received training in nutrition. This seminar was organized under the tutelage of the Préfet who was represented by his political counsellor.

#### **General Objective**

This seminar's general goal was to bring to the social agents the knowledge necessary for the good functioning of the nutritional activities integrated in the PMA.

#### **Specific Objectives**

This seminar would allow the participants to be able to:

- Define and distinguish different types of malnutrition.
- Master anthropometric tools.
- Take charge of nutritional care based on existing protocols.
- Have a good knowledge of food products in order to be more effective in nutritional education.

#### **Participants**

A total of 30 agents of Social Action in Niari (Dolisie, Kimongo and Londela Kayes) participated in the seminar, which was facilitated by six trainers. Among these facilitators, two came from Brazzaville, respectively representing the following structures: Pediatrics service of the Brazzaville hospital (CHU) and the Direction of Health and Family from the MOH. The qualification of the six facilitators who animated the seminar are as follows :

- o Head of the Big Children Pediatrics service in the Brazzaville hospital (CHU), Pr S. Nzingoula.
- o Head of the planning and training department at the Direction of Health and Family (Brazzaville).
- o Regional Director of Social Action in Niari.
- o Hygiene and sanitation head of service for Dolisie town.
- o Head Doctor of the pediatrics service in the Dolisie reference hospital.
- o IRC Nutrition program manager.

**Program of the seminar**

See page 3, for detailed program.

### **Content of the training**

The content of the presentations was the main focus for the facilitators, considering the very poor level of most of the participants. To insure a good understanding, the facilitators adapted the content of their presentations to the level of the social agents.

### **Tests**

A test before and after the training session was set up for all participants. The questions were the same in both. The results of the pre-test confirmed the very low level of knowledge in nutrition of the agents. However, the results of the test held after the training session showed real improvements in the participants understanding of nutrition issues. The table below shows the detailed results of the pre- and post-tests:

<b>Pre-test</b>			<b>Post-test</b>		
<i>Grades</i>	<i># of participants</i>	<i>%</i>	<i>Points</i>	<i># of participants</i>	<i>%</i>
0 – 4,9	10	33.3	0 – 4,9	1	3,3
5 – 9,9	20	66.7	5 – 9,9	10	33,3
10 – 14,9	0	0,0	10 – 14,9	14	46,7
>= 15	0	0,0	>= 15	5	16,7
<b>Total</b>	30	100,0	<b>Total</b>	30	100,0

This table effectively shows an improvement in the nutritional knowledge of the Social Action agents. After the pre-test, 100% of the participants was below the average (10), while, after the training session, 63,4% of the participants achieved a grade equal or superior to the average.

### **Conclusion**

This training seminar showed the Niari social agents that they were an essential part in nutritional activities. The knowledge gained during this training session will allow them to fulfil the basic nutritional needs of the population. Though far from perfect, the results of the test conducted after the training session justify its organization.

**PROGRAM OF THE NUTRITION  
TRAINING COURSE  
FOR SOCIAL AGENTS OF THE NIARI**

<b>Dates</b>	<b>Thèmes</b>	<b>Facilitateurs</b>	<b>Modérateurs</b>
19/03/01	<ul style="list-style-type: none"> <li>- Mot de la Responsable IRC</li> <li>- Mot du Directeur Régional de l'Action Sociale</li> <li>- Mot du Préfet de la Région du Niari</li> <li>- Pré –test</li> <li>- Notions essentielles de Nutrition</li> <li>- Connaissance des aliments</li> <li style="padding-left: 40px;">Pause café</li> <li>- Rôle de l'agent social dans un centre de santé</li> <li>- Vigilance nutritionnelle</li> </ul>	<p>R. IKAMA Mme KILONDO</p> <p>M. NGOUAKA A. MOUKOLO</p>	Dr IKITY-BOU
20/03/01	<ul style="list-style-type: none"> <li>- La malnutrition : causes, définition et physiopathologie</li> <li>- Mesures et indices anthropométriques</li> <li style="padding-left: 40px;">Pause café</li> <li>- La malnutrition : Aspects cliniques</li> <li>- La prise en charge nutritionnelle (des sévères et modérés)</li> </ul>	<p>Pr NZINGOULA A. MOUKOLO</p> <p>Pr NZINGOULA A. MOUKOLO</p>	<p>Mme KILONDO</p> <p>Dr IKITY-BOU</p>
21/03/01	<ul style="list-style-type: none"> <li>- Prise en charge médicale des malnutris sévères</li> <li>- Cas de la Pédiatrie de l'HRD</li> <li>- Rôle de l'agent social dans la prise en charge nutritionnelle</li> <li>- Post-test</li> <li>- Pause</li> <li>- Synthèse des travaux</li> <li>- Mot de la responsable IRC</li> <li>- Mot du DRAS</li> <li>- Mot de Clôture par le Préfet</li> <li>- Collation</li> </ul>	<p>Dr IKITY-BOU</p> <p>M. NGOUAKA</p>	<p>A. MOUKOLO</p> <p>Mme KILONDO</p>

**Annex 5****Nutritional materials donated to health centers**

<b>Items</b>	<b>CSI1</b>	<b>CSI2</b>	<b>CSI3</b>	<b>CSI4</b>	<b>CSI5</b>	<b>CSI6</b>	<b>SMI</b>	<b>Pediatric</b>	<b>Malolo</b>	<b>Passi-Passi</b>	<b>Makabana</b>	<b>Kimongo</b>	<b>Kitsindi</b>	<b>Total</b>
Salter scale	1	1	1	1	1	1	1	0	1	1	1	1	0	11
Scale for adults	1	1	1	1	1	1	0	0	1	1	1	0	1	10
Toise enfant	1	1	1	1	1	1	1	1	1	1	1	1	1	13
Muac	1	1	1	1	1	1	1	1	1	1	1	1	1	13
Cup	10	10	10	10	10	10	0	20	0	0	10	0	15	105
Plate	20	20	20	20	20	20	0	20	0	0	20	0	0	160
Spoon	30	30	30	30	30	30	0	40	0	0	30	0	15	265
Measuring Glass	1	1	1	1	1	1	0	1	0	0	1	0	0	8
Pot (UNICEF kitchen set)	1	1	1	1	1	1	0	1	0	0	1	0	1	9
Jerrycan (25 l)	1	1	1	1	1	1	0	1	0	0	2	0	1	10
Measuring Bucket	1	1	1	1	1	1	0	2	0	0	1	0	1	10
Bassine	1	1	1	1	1	1	0	1	0	0	1	0	1	9
Whip	0	0	0	0	0	0	0	1	0	0	1	0	0	2
Spatula	1	1	1	1	1	1	0	0	0	0	1	0	0	7
Petrol Stove	0	0	0	0	0	0	1	1	0	0	1	1	0	4
Thermos (1,8 l)	0	0	0	0	0	0	0	6	0	0	2	0	0	8
Register	1	1	1	1	1	1	1	1	1	1	1	1	0	11
Notebook	1	1	1	1	1	1	1	0	1	1	0	1	1	10
Electrical Stove	1	0	1	1	1	1	0	1	0	0	0	0	0	6
Cabinet	1	1	1	1	1	0	1	0	1	1	1	1	0	10
Bench	1	2	1	1	0	0	1	0	1	1	1	5	1	15

## Annex 6

## LIST OF MEDICINES ORDERED FROM IDA

DESCRIPTION	UNIT	Expiration	QUANTITY
Acetylsalicylic acid 300 mg	box/1000	Feb-02	100
Adhesive tape 2.50 cm x 5 m	8 rolls	Mar-02	13
Aluminium hydroxide 500 mg	box/1000	May-02	60
Aminophylline 100 mg	box/1000	Jan-03	50
Aminophylline 25mg/ml,10ml inj	box/100 amp	Apr-03	20
Amoxicilline 250 mg	box/1000	Nov-03	60
Amoxicilline 500 mg	box/1000	Feb-04	10
Ampicilline 500 mg	50 vls	Jan-03	30
Atropine sulphate 1mg/ml,1ml	box/100 amp	Jan-03	9
Benzoic acid 6% + salicylic acid 3% ointment 40 gr	box/50 tubes	Apr-03	20
Benzyl benzoate 25% application	1 litre	May-03	120
Blood lancets, disposable	box/ 200 pces	Dec-02	120
Butylscopolamine bromide 20 mg/ml, 1ml	box/100 amp	Apr-03	6
Butylscopolamine Bromide 10 mg coated	box/1000	Mar-03	10
Calcium gluconate 100 mg/ml, 10ml ( 2.23mmol/10ml)	box/ 100 amp	Dec-02	5
Chloramphenicol 250 mg	box/1000	Dec-02	50
Chloroquine phosphate 100 mg base (uncoated)	box/1000	May-05	120
Chloroquine phosphate 150 mg base ( uncoated)	box/1000	May-04	120
Chlorpromazine hcl 25 mg/ml, 2ml	box/100 amp	Mar-01	6
Cimetidine 200 mg	box/500 cp	Jun-03	12
Clinical thermometer oral/rectal c+f flat type	10 pces	none	10
Cloxacilline 500 mg	box/1000 caps	Feb-02	30
Cloxacilline 500 mg	box/50 vls	09/2003	60
Co-trimoxazole 400 mg + 80 mg scored	box/1000	Mar-05	120
Cotton wool absorbent BP/EurP. 500g	roll	none	120
Delivery bed, foldable leg supports, wash basin	pce	none	6
Dexamethasone sodium phospahte 5mg/ml, 1ml	box/100 amp	Jun-03	30
Doxycycline 100mg ( as hyclate )	box/1000	Mar-03	120
Epinephrine 1mg/ml, 1ml ( = adrenaline )	box/100 amp	Feb-02	6
Erythromycine stearate 250 mg base	box/1000	Feb-03	30
Examination gloves latexmedium disposable	box/100 pces	May-05	80
Folic acid 5 mg	box/1000	Jan-05	120
Furosemide 40 mg	box/1000	Mar-03	60
Furosemide 10mg/ml, 2ml	box/100 amp	Oct-02	6
Gauze compresses 10x10cm 12ply sterile	45 pces	Nov-02	267
Gentamicin 40mg/ml, 2ml	box/100 amp	May-03	60
Hydrochlorothiazide 50 mg	box/1000	Apr-03	50
Hydrocortisone 100 mg ( as sodium succinate )	100 vls	May-05	20
Ibuprofen 200 mg film coated	box/1000	Nov-02	30
Lidocaine hcl 2% + epinephrine 1: 100.000, 50 ml	box/25 vls	Sep-02	10
Lidocaine hcl 1%, 50 ml	box/25 bottles	Jan-02	10
Mebendazole 500 mg	box/500 cp	May-02	400
Mebendazole 100 mg chewable	box/1000	Apr-03	400
Methyldopa 250 mg film coated	box/1000	Jan-05	6
Metronidazole 250 mg	box/1000	Mar-03	120

Needle luer 21g x 1-1/2 (0.8x38mm), disp.	box/100 pces	Oct-04	5
Needle luer 22g x 1-1/4 (0.7x32mm), disp	box/100 pces	Jan-05	5
Needle luer 24g x 1(0,55 x 25 mm) disposable	box/100 pces	May-04	5
Paracetamol 500 mg	box/1000	Mar-03	200
Phenoxymthylpenicilline 250 mg ( pen v)	box/1000	Feb-05	120
Promethazine hcl 25mg coated	box/1000	Mar-03	8
Pvp iodine 10% solution	bottle 500ml	Sep-03	200
Quinine di-hcl 300mg/ml, 2ml	box/100	Mar-03	200
Quinine sulphate 300 mg film coated	box/1000	Mar-03	200
Salbutamol 4 mg	box/1000	Feb-03	300
Scalp vein infusion set 19 g	100 pces	Aug-04	3
Scalp vein infusion set 21 g	100 pces	Apr-04	3
Scapl vein infusion set 25 g	100 pces	06/2004	3
Stethoscope foetal mental	pce	none	24
Sulphadoxine 500mg/pyrimethamine 25 mg	box/1000	Jun-02	60
Surgical gloves size 7 sterile	50 pairs	Apr-05	40
Surgical gloves size 7,5 sterile	50 pairs	Apr-05	40
Syringe luer 10 ml disp.	100 pces	Jan-05	12
Syringe luer 2 ml disp.	100 pces	Nov-04	60
Syringe luer 5 ml disp.	100 pces	none	60
Vitamine c 250 mg ( ascorbic acid )	box/1000	Apr-03	105
Water for injection 5 ml	box/100	Mar-02	500
Weight for height walichart, 100x 140 cm,	pce	none	9
Zinc oxide ointment 10%	box/800gr	Feb-05	10

## MEDICAL MATERIALS

Description	UNIT	AMOUNT
Blade for surgical jnivessive 22	100 pces	10
Blood counting chamber neubauer ( improved)	pce	10
BMS haemoglobinometer	pce	5
Clinical thermometer oral/rectal, C+F flat type	10 pces	10
Dressing forces cotton applicator 22 cm, gros maier	pce	10
Filter paper round 11 cms/s 595	100 pces	5
Forceps dissecting 14 cm ( dressing spring type )	pce	10
Forceps artery kocher 14 cm straight	pce	10
Forceps artery kocher 18 cm straight	pce	10
Forceps artery pean 14.5 cm straight ( kocher w/o)	pce	10
Forceps artery pean 18 cm straight	pce	10
Forceps dissecting 11 cm de licate ( spring type )	pce	10
Forceps dressing foerster straight 25 cm serrated	pce	10
Forceps for applying /removing michel clips	pce	10
Forceps splinter 9cm feichenfeld ( spring type )	pce	10
Forceps tissue 14.5cm 1/2 teeth ( spring type )	pce	10
Forceps towel 10 cm backhaus	pce	10
Guedel airway PVC 5 sizes ( 000,0,2,4,6) non disp	set	5
Immersion oil for micros. Trop.RI	100 ML	5
Instrument tray 30x20x2 cm	pce	10
Instrument box with lids 30x20x5 cm	pce	10
Instrusment box with lids 20x10x5 cm	pce	10
Microscope binocular Guangshau type L-1100B	pce	5



Microscope coverslips 18x18mm glass	200 pces	10
Microscope monocular Guangzhou Type L-1000 A	pce	5
Microscope slides 76x26mm tropical packing	5000 pces	5
Nail scrubing brush,wood ( sterilisable)	pce	10
Oto/ophthalmoscope mini with batteryhandle, small	pce	5
Otoscope mini with battery handle, small heine	pce	5
Pipette rbc tubingand mouthpiece	pce	5
Pipette pasteur 150 mm glass	250 pces	5
Road to health cahrtplastic cover french	pce	10
Scissors bandage listercurved 16 cm	pce	10
Scissors microscope sh/sh11cm	pce	10
Scissors nail bent 10 cm	pce	10
Scissors surgical sh/bl straight 14cm	pce	1
Scissors surgical bl/bl straight 14 cm	pce	10
Scissors surgical Deavesr sh/sh straight 14 cm	pce	10
Scissors surgical sh/shs traigght 10.5 cm	pce	10
Scissors surgical sh/shs traight 14 cm	pce	10
Scissors surgical sh/shs traigt 16 cm	pce	10
Speculum vaginal Graveslarge 115 x35mm adj	pce	10
Speculum vaginal Cuscovirginis 75x17mm	pce	10
Speculum vaginal Gravesmedium 100x30mm adj	pce	10
Sphygmomameter, anaeroid , s.k	pce	10
Sphygmomanometer , anaeroid , simple	pce	10
Stethoscope foetalmetal	pce	10
Stethoscope littman type double light weigt + spares	pce	10
Wash basin round, 6.6L polypropylene	pce	25
Water filter ( berkefel ld) ss3 with 3 candles 10 litre	pce	5
Weight for heigt wallchart 100x140 cm, uni 0145570	pce	5
Paediatric mask size 0	pce	5
Paediatric mask size 1	pce	5
Paediatric mask size 2	pce	5
Resuscitator flynn + childr.mask +4 guedelairw	pce	5
Scissors plaster Esmarch18 cm	pce	10
Speculum vaginal gravessmall 75x20mm adj	pce	10





## Details of epidemiological data Dolisie Health centres

From April 2000- March 2001

2000	April					May					June					July					August					total
	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	
Fever/ Malaria	28	18	12	42	17	78	89	91	137	89	89	104	83	105	84	86	37	59	172	38	118	50	99	135	53	1913
Simple Diarrhea	2	1	0	2	0	1	6	3	19	3	10	12	5	19	20	16	11	6	50	10	6	8	10	16	18	254
Bloody diarrhea	0	0	0	3	2	1	0	1	11	0	1	1	12	13	0	2	3	10	19	0	7	3	7	15	3	114
Respiratory infection	24	0	4	35	1	56	31	34	78	21	48	45	76	108	36	59	38	30	166	29	70	39	48	74	49	1199
Cholera suspicion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Malnutrition	1	0	0	13	0	1	0	0	0	0	0	0	2	19	0	1	0	1	31	0	4	0	1	4	0	78
Worms	0	0	0	0	0	0	0	8	16	0	33	40	44	24	0	49	20	39	21	0	40	21	33	21	1	410
Anemia	0	0	0	8	0	0	2	0	2	0	0	2	1	4	0	0	0	0	13	0	0	0	0	4	0	36
STD	9	2	2	19	4	7	24	7	11	11	27	39	22	26	17	25	37	24	37	8	21	28	19	27	24	477
HTA	4	0	0	2	1	2	2	4	2	1	6	2	7	0	0	1	0	0	2	0	4	0	1	1	2	44
Other	39	11	3	45	11	58	35	21	81	12	27	17	55	41	57	37	9	46	133	42	40	0	65	61	78	1024
<b>TOTAL</b>	<b>107</b>	<b>32</b>	<b>21</b>	<b>169</b>	<b>36</b>	<b>204</b>	<b>189</b>	<b>169</b>	<b>357</b>	<b>137</b>	<b>241</b>	<b>262</b>	<b>308</b>	<b>359</b>	<b>214</b>	<b>276</b>	<b>155</b>	<b>215</b>	<b>644</b>	<b>127</b>	<b>310</b>	<b>149</b>	<b>283</b>	<b>358</b>	<b>228</b>	<b>5550</b>

2000-2001	September					October					November					December					January					total
	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	csi 1	csi 2	csi 3	csi 4	csi 6	
Fever/ Malaria	149	120	100	188	75	149	147	188	213	114	163	185	234	293	169	239	242	232	433	176	221	235	315	435	155	5170
Simple Diarrhea	2	17	7	17	22	3	15	15	22	20	5	18	22	23	23	10	8	19	25	17	8	9	14	22	25	388
Bloody diarrhea	9	3	4	17	8	14	6	3	27	1	5	17	8	22	1	9	3	13	16	5	5	0	11	12	4	223
Respiratory infection	47	47	27	66	73	34	47	83	59	62	33	60	66	95	54	93	106	112	169	108	111	127	120	263	198	2260
Cholera suspicion	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	4
Malnutrition	2	2	0	0	0	5	19	0	52	2	4	47	0	36	0	2	0	1	44	0	3	0	0	3	0	222
Worms	27	71	16	43	34	57	74	91	25	40	200	56	103	34	50	139	118	102	45	57	175	143	117	116	79	2012
Anemia	0	0	0	2	0	0	14	9	23	7	0	1	10	45	5	0	0	7	33	3	0	1	0	0	1	161
STD	22	55	44	51	33	36	42	62	25	15	26	16	17	27	14	27	4	28	32	24	32	2	33	67	37	771
HTA	2	2	2	8	7	2	3	4	55	32	3	2	5	65	25	0	3	6	112	13	4	5	10	4	0	374
Other	67	19	38	84	61	62	102	137	349	162	44	51	168	447	194	39	132	157	66	170	51	182	190	148	83	3203
<b>TOTAL</b>	<b>327</b>	<b>336</b>	<b>239</b>	<b>476</b>	<b>313</b>	<b>363</b>	<b>469</b>	<b>592</b>	<b>850</b>	<b>455</b>	<b>483</b>	<b>454</b>	<b>633</b>	<b>1087</b>	<b>535</b>	<b>558</b>	<b>616</b>	<b>677</b>	<b>975</b>	<b>573</b>	<b>610</b>	<b>704</b>	<b>811</b>	<b>1070</b>	<b>582</b>	<b>14788</b>

Rapport epi avril 2000 mars 01

2001	February					March					total
	csi 1	csi 2	csi3	csi 4	csi 6	csi 1	csi 2	csi3	csi 4	csi 6	
<b>Causes</b>											
<b>Fever/ Malaria</b>	168	222	244	330	199	143	172	163	198	103	1942
<b>Simple Diarrhea</b>	3	8	4	13	10	3	7	12	6	10	76
<b>Bloody diarrhea</b>	6	0	7	2	0	7	5	4	3	2	36
<b>Respiratory infection</b>	55	76	73	181	99	56	68	51	107	103	869
<b>Cholera suspicion</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Measles</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Malnutrition</b>	2	0	0	0	0	0	0	1	2	0	5
<b>Worms</b>	86	147	76	135	99	56	87	51	57	55	849
<b>Anemia</b>	0	2	0	1	0	0	0	2	2	1	8
<b>STD</b>	31	1	13	96	34	24	1	15	42	22	279
<b>HTA</b>	2	2	14	5	0	1	2	3	0	0	29
<b>Other</b>	56	132	145	172	287	38	99	60	517	61	1567
<b>TOTAL</b>	409	590	576	935	728	328	441	361	934	357	5659

**Global epidemiological data in 5 health centers of Dolisie**  
**April 2000-March 2001**

	Apr-00	May-00	Jun-00	Jul-00	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	TOTAL	%
<b>Causes</b>														
<b>Malaria</b>	117	484	465	392	455	632	811	1044	1322	1361	1768	1243	10094	<b>34.16%</b>
<b>Simple Diarrhea</b>	5	32	66	93	58	65	75	91	79	78	59	154	855	<b>2.89%</b>
<b>Bloody Diarrhea</b>	5	13	27	34	35	41	51	53	46	32	50	192	579	<b>1.96%</b>
<b>Respiratory infection</b>	64	220	313	322	280	260	285	308	588	819	829	626	4914	<b>16.63%</b>
<b>Cholera Suspicion</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0.00%</b>
<b>Measles</b>	0	0	1	0	0	1	1	1	0	1	0	0	5	<b>0.02%</b>
<b>Malnutrition</b>	14	1	21	33	9	4	78	87	47	7	8	5	314	<b>1.06%</b>
<b>Worms</b>	0	24	141	129	116	191	287	443	461	629	1066	661	4148	<b>14.04%</b>
<b>Anemia</b>	8	4	7	13	4	2	53	61	43	2	6	7	210	<b>0.71%</b>
<b>STD</b>	36	60	131	131	119	205	180	100	115	171	306	161	1715	<b>5.80%</b>
<b>HTA</b>	7	11	15	3	8	21	96	100	134	23	28	11	457	<b>1.55%</b>
<b>Other</b>	109	207	197	267	244	269	812	904	564	654	1061	969	6257	<b>21.18%</b>
<b>Total consultations</b>	365	1056	1384	1417	1328	1691	2729	3192	3399	3777	5181	4029	29548	<b>100.00%</b>

**Epidemiological data Makabana health centre**  
**August 2000 - March 2001**

	Aug-00	Sep-00	Oct-00	Nov-00	Dec-00	Jan-01	Feb-01	Mar-01	TOTAL	%
<b>Causes</b>										
<b>Malaria</b>	255	251	550	356	329	597	416	373	<b>3127</b>	<b>31%</b>
<b>Simple Diarrhea</b>	24	12	24	13	10	13	11	6	<b>113</b>	<b>1%</b>
<b>Bloody Diarrhea</b>	20	14	23	39	38	48	34	44	<b>260</b>	<b>3%</b>
<b>Respiratory infection</b>	164	120	349	266	226	420	253	89	<b>1887</b>	<b>19%</b>
<b>Cholera Suspicion</b>	0	0	0	0	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Measles</b>	0	0	0	0	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Malnutrition</b>	8	4	5	2	35	2	3	1	<b>60</b>	<b>1%</b>
<b>Worms</b>	164	161	381	336	300	524	372	270	<b>2508</b>	<b>25%</b>
<b>Anemia</b>	1	0	8	5	2	2	0	2	<b>20</b>	<b>0%</b>
<b>STD</b>	41	52	120	72	58	163	113	63	<b>682</b>	<b>7%</b>
<b>HTA</b>	12	0	8	8	3	1	3	6	<b>41</b>	<b>0%</b>
<b>Other</b>	100	171	257	183	152	162	125	183	<b>1333</b>	<b>13%</b>
<b>Total consultations</b>	<b>789</b>	<b>785</b>	<b>1725</b>	<b>1280</b>	<b>1153</b>	<b>1932</b>	<b>1330</b>	<b>1037</b>	<b>10031</b>	<b>100%</b>

**Annex 9****SGBV PROGRAM  
INFORMATION, EDUCATION, COMMUNICATION  
ACTIVITIES**

Table 1: COMMUNITY EDUCATION AND COMMUNICATION ACTIVITIES  
FROM MAY 27 10 TO JUNE 2000

<b>#</b>	<b>Dates</b>	<b>Groups Educated</b>	<b>Type of Education Activity</b>	<b>Number of Participants</b>
<b>1</b>	27/05/00	Enseignants CEG	Education Session	21
<b>2</b>	07/06/00	Collec. travailleurs de la Mairie centrale	Education Session	72
<b>3</b>	08/06/00	Enseignants Lycée	Education Session	13
<b>4</b>	08/06/00	C.J.S.C.L.	Education Session	24
<b>5</b>	09/06/00	A.M.A.S.	Education Session	19
<b>6</b>	13/06/00	A.M.J.A.S.	Education Session	20
<b>7</b>	15/06/00	Elèves S1 du Lycée	Education Session	47
<b>8</b>	15/06/00	Asso. Mougouele	Education Session	42
<b>9</b>	17/06/00	Enseignants Iaire Dolisie I	Education Session	16
<b>10</b>	19/06/00	Enseignants du CETM	Education Session	29
<b>11</b>	20/06/00	Elèves CEG Unité	Education Session	141
<b>12</b>	21/06/00	Elèves CEG Central	Education Session	205
<b>13</b>	22/06/00	Elèves CEG Hammar	Education Session	60
<b>14</b>	23/06/00	Elèves S3 du Lycée	Education Session	47
<b>15</b>	23/06/00	Personnel de santé		25
<b>16</b>	24/06/00	Elèves CEG Dimebeko	Education Session	48
<b>17</b>		Elèves CETM	Education Session	94
<b>18</b>	27/06/00	Elèves CEG Central		96
<b>19</b>	28/06/00	IRFF	Education Session	21
<b>20</b>	29/06/00	Elèves CEG de l'Unité	Education Session	167
<b>21</b>	30/06/00	Personnel de la DREN	Education Session	50
<b>TOTAL</b>				<b>1257</b>



**TABLE 2: COMMUNITY EDUCATION AND COMMUNICATION  
ACTIVITIES FROM JULY 3 TO AUGUST 30 2000**

<b>#</b>	<b>Dates</b>	<b>Groups Educated</b>	<b>Type of Education Activity</b>	<b>Number of Participants</b>
4	10/07/00	Groupe Bana Mboka	Education Session	11
5	11/07/00	Associat. Kilombo Satan	Education Session	34
6	12/07/00	Associat. Sexe Fantome	Education Session	35
7	12/07/00	Associat. Femmes Kibanguistes	Education Session	30
8	14/07/00	Eglise Neo- Apostolique	Education Session	48
9	17/07/00	Femmes UDD	Education Session	23
10	19/07/00	CBE de l'EEC	Education Session	56
11	20/07/00	Fondation Serment Merveil	Education Session	32
12	21/07/00	Eglise Capeç	Education Session	57
13	24/07/00	Eglise Primitive	Education Session	29
14	25/07/00	Groupe Salutiste I	Education Session	13
15	27/07/00	Eglise Catholique	Education Session	67
17	28/07/00	CIFEMCI	Education Session	30
18	03/08/00	Association Entraide Tahiti	Education Session	64
19	03/08/00	Kizinga Corps du Christ	Education Session	68
20	04/08/00	Kizinga Louvoukoulou	Education Session	91
21	07/08/00	Kinzinga Siloé	Education Session	72
22	09/08/00	Eglise du Saint Esprit	Education Session	48
23	10/08/00	Eglise du Saint Esprit de Lissanga	Education Session	39
24	11/08/00	Social Agents	Training/Education Workshop	32
25	17/08/00	Eglise du Christ par le Saint Esprit	Education Session	36
28	21/08/00	Ministère Vie Évangélique	Education Session	63
29	29/08/00	Assemblée du Dieu Vivant	Education Session	58
30	30/08/00	Eglise Lassyste	Education Session	52

**Table 3: CALENDAR OF THE PUBLIC AWARENESS CAMPAIGN from September 1- 23,2000**

<b>DATES</b>	<b>Target groups</b>	<b>Hours</b>	<b>Meeting sites</b>	<b>OBSERVATIONS</b>
September 1 2000	Tahiti	8h – 15h	CQ TAHITI	
September 2 2000	Dimebeko + Manganzi	8h - 15h	CSI DIMEBEKO	

<b>DATES</b>	<b>Target groups</b>	<b>Hours</b>	<b>Meeting sites</b>	<b>OBSERVATIONS</b>
Lundi, 04 septembre 2000	Rivière Pinaré, Av. Felix Eboué, Av. du Poteau Rouge, Bar la Frontière	8h-15h	Poteau rouge	
Mercredi, 06 septembre 2000	Av. de Mombo, Frontière de Tahiti, Av. Bouenza Louessé et Av de Loubomo.	8h-15h	Kimbanguiste G1 Boulangeri Mombo G2	

***PERIODE DU 13 AU 23 SEPTEMBRE 2000***

<b>DATES</b>	<b>Target groups</b>	<b>Hours</b>	<b>Meeting sites</b>	<b>OBSERVATIONS</b>
Mercredi, 13 septembre 2000	Av. de Mombo, Frontière de Tahiti, Av. Bouenza Louessé et Av de Loubomo.	8h-15h	Kimbanguiste G1 Boulangeri Mombo G2	
Jeudi, 14 septembre 2000	Av. de l'Indépendance, Av. de Loubomo, Av. de Brazza, Rue Fort Lamy	8h - 15h	MUCODEC G1 X Av. de BZZA, Av. de l'Independ.ce	
Vendredi, 15 septembre 2000	Baloumbou, Av. Bouganda, Av. de la République, Av. de Loubomo, Rue Bacongo	8h – 15h	Rond point du Marché	
Samedi,	Av. J.J. Mouaya, Av. F. Eboué, SNE, Camp	8h - 15h	Mairie 1	

16septembre 2000	fonctionnaire, Av. de l'Indépendance, Cercle culturel, quartier Bakougni CSI 6, Petit Feignant.			
Lundi, 18 septembre 2000	Foralac, Fad, Petit Zanaga, Tsatou-Meya, Capable	8h-15h	ENI G1 COFRIGO G2	
Mardi, 19 septembre 2000	Tsila, Mont Fleuri, HCM (derrière, Gaps, Marché Pont, Hop. De Refce)	8h-15h	TsilaG2 HCM G1	
Mercredi, 20 septembre 2000	Romano, Hammar, de Khune à Kioungou Laurent	8h - 15h	Khune Alain G1 et G2	
Jeudi, 21septembre 2000	Bassoundi, Zone cimetièrre, Egilse Plateau.	8h – 15h	Stade Pont G2 Eglise plat. G1	

**Table 4 : EDUCATION AND COMMUNICATION ACTIVITIES WITH THE PUBLIC FORCES FROM JULY 28 TO OCTOBER 6, 2000**

#	Dates	Groups Educated	# of Participants
01	28/07/00	Training of Trainers	31
02	12/09/00	CPR	35
03	13/09/00	Logistics	85
04	14/09/00	Artillery Troop	77
05	15/09/00	First Military Region	105
06	18/09/00	CIA First Military Region	184
07	22/09/00	CAT1 Mbounda G1	120
08	25/09/00	CAT1 Mbounda G2	111
09	27/09/00	GIPN	30
10	28/09/00	DRPN Niari	27
11	02/10/00	CCPN-Commissariats	25
12	03/10/00	Rwandan Contingent	57
13	04/10/00	Angolan Contingent	63
14	05/10/00	Gendarmerie Nationale G1	24
15	06/10/00	Gendarmerie Nationale G2	32
TOTAL Agents educated			1,006

**Table 5: CALENDAR OF VIDEO PROJECTIONS ON SEXUAL VIOLENCE  
form October 5-20, 2000**

<i>DATE</i>	<i>Target groups</i>	<u>Hours</u>
Jeudi, 05 octobre 2000	Siège ASAJ 30 Rue Jean Joseph . Loukabou. GAÏA	9H-12H
	CQ Dimebeko	14H-16H30
Vendredi, 06 octobre 2000	C.S.I.2 Bacongo	
	C.Q.2 (siège C.J.C.S.L) vers Bureau-munier	14H-16H30
Lundi, 09 octobre 2000	C.S.I.3 Bacongo	9H-12H
	PHARMACIE, Avenue de Loubomo	14H-16H30
Mardi, 10 octobre 2000	C.Q. ROMANO	9H-12H
	P.S.P. Mboukou	14H-16H30
Mercredi, 11 octobre 2000	Serrano au centre ville	9H-12H
	Camp C.F.C.O.	14H-16H30
Jeudi, 12 octobre 2000	Mairie Annexe 1	9H-12H
	Quartier Capable	14H-16H30
Vendredi, 13 octobre 2000	Ecole Ngot-Nzoungou	9H-12H
	Vers Alain Khune en face du consistoire E.E.C	14H-16H30
Lundi, 16 octobre 2000	Derriere CEG de l' unite	9H-12H
	C.Q. Taïti	14H-16H30
Mardi, 17 octobre 2000	Eglise Kimbanguiste	9H-12H
	Marche Tsila	14H-16H30
Mercredi, 18 octobre 2000	Poteau-rouge au rond-point Cercle	9H-12H
	Makouala bar	14H-16H30
Jeudi, 19 octobre 2000	Mala bar	9H-12H
	Foralac au Quartier lissanga	14H-16H30
Vendredi, 20 octobre 2000	Bar Washington	9H-12H
	Bar la Defference	14H-16H30

**Table 6: Summary of awareness campaigns activities from January –March 2001**

#	Month	TARGET STRUCTURES	DATES	#	SITES
1	January	Eglise Catholique de Lesbandas	07/01/01	60	Lesbandas
2		Eglise Evangélique du Congo Lesbandas	28/01/01	44	Lesbandas
3		Association des Jeunes de Lesbandas Gare	31/01/01	50	Lesbandas
4		Eglise Evangélique Makabana	18/01/01	62	Makabana
5		Collectif du Personnel Enseignants	20/01/01	29	Makabana
6		Bureaux des comités de quartiers et villages	21/01/01	25	Makabana
4	February	Groupe des Jeunes de Lesbandas village	01/02/01	28	Lesbandas
5		Eglise du Christia. Prophétique en Afrique	04/02/01	39	Lesbandas
6		Eglise Evangélique de Moukondo	22/02/01	48	Moukondo
7		Diboundou Saint de Moukondo	25/02/01	30	Moukondo
8		Collège des Chefs de 09 village	18/02/01	64	Mpassi Mpassi
9		Elèves de 4eme et 3eme	12/02/01	80	Makabana
10		Elèves de 6eme 1 et 6eme 2	14/02/01	109	Makabana
11		Elèves de 6eme 3 et 5eme	16/02/01	104	Makabana
12		Groupe des Jeunes du quartier Ex. Sitra	24/02/01	57	Makabana
13	Bureau du groupe des jeunes quartier Mingouengouélé	25/02/01	23	Makabana	
14	March	Eglise Néoapostolique de Moukondo	01/03/01	32	Moukondo
15		Population de Missiengué village	04/03/01	33	Lesbandas
16		Eglise Pentécôte de Lesbandas	04/03/01	29	Lesbandas
17		Eglise Evangélique de Mpassi Mpassi	04/03/01	82	Mpassi Mpassi
18		Comités des villages(3 manguiers, Mikizou et Karlos1 et 2)	04/03/01	29	Mpassi Mpassi
19		Population du village 3 Manguiers	18/03/01	53	Mpassi Mpassi
20		Population du village Lewanda	11/03/01	49	Makabana
21		Ecole du Camp Foralac	11/03/01	36	Makabana
22		GPVT Mingouengouélé 1	24/03/01	101	Makabana
23		Jeunes de Mingouengouélé 2	30/03/01	58	Makabana
24		Eglise Catholique de Makabana	31/03/01	64	Makabana
<b>Total</b>				<b>1418</b>	

**Annex 10****SGBV MEDICAL REPORT****Table 1** : Distribution of cases by health center

<b>Health Center</b>	July	Aug.	Sep	Oct	Nov	Dec	Jan	Fev	Mar	<b>Total</b>
REFERENCE HOSPITAL	15	5	48	25	16	3	7	5	2	126
SMI	2	0	63	5	5	2	2	3	2	84
CSI3	10	0	58	20	3	2	3	2	2	100
CSI de Makabana							22	2	4	28
CSI de Mpassi Mpassi							2		4	6
<b>Total</b>	27	5	169	50	24	7	36	12	14	<b>344</b>

**Table 2:** Distribution of medical consequences of rape

<b>DIAGNOSIS</b>	<b>NUMBER OF CASES</b>	<b>%</b>
Gonococcie	37	9.4
Sharp salpingite	31	7.9
Trichomonas	81	20.6
Vaginal candidos	23	5.8
Vaginal lesions/ tears	9	2.3
Pelvien algies	89	22.6
Gravidic amenorrhoea	68	17.3
Without infection signs	55	14

**Table 3** : Age of medically assisted victims

<b>AGE</b>	<b>Number of cases</b>	<b>%</b>
Less than 14 years old	38	10
From 14 to 45 years old	294	85,5
46 years old and more	12	3,6
<b>Total</b>	344	100