

PROJET BWANGA

République du Congo



**Activities report
2017**

Projet Bwanga¹ has had an active year achieving four major milestones in 2017:

1. We exceeded our target of setting up 10 mobile clinics by the end of 2017 and now have 11 mobile clinics up and running.
2. We held the first ‘training of trainers’ forming four of Projet Bwanga’s healers to teach stage one of the core curriculum to new healers.
3. We trained one of our healers to be Projet Bwanga’s local coordinator. He now supervises and restocks all mobile clinics at regular intervals and reports back to us.
4. We were successful in organizing and coordinating vaccinations in all camps/villages between Indongou and Pokola along the Sangha river.



I. Summary of what has been done in 2017

December 2016: Launch of Dream or Donate site and Facebook page

Projet Bwanga received financial support in 2015 and in 2016 through grants made by two foundations, one based in Amsterdam and one in London. For 2017 we had to find new ways to finance the project. We set up a Dream or Donate crowd funding

¹ Projet Bwanga trains traditional Mbendjele hunter-gatherer healers to deliver primary health care through portable mobile clinics in remote forest areas. The project supplements the existing traditional system of healing with safe generic medicines. It enables the Mbendjele to continue living in the way they want to, helping to ensure their rich culture and forest-orientated way of life survives.

site to facilitate online donations. It offers the possibility to create links to social media and websites to promote the project. We have a website already and have now also added a Facebook page to further promote the project and update people about our activities.

February (13th - 27th) 2017: Fieldwork Marianne²

The goal of this mission was to carry out the supervision of all mobile clinics and to evaluate the possibility of expanding the project to *Enyele* a new concession of the local logging company CIB/Olam. Another important goal was to promote the project in the capital Brazzaville to the Congolese health authorities (FNUAP, ANM) and also to try to get access to the free medicines and vaccines of the national health program.



August (30th) 2017: Official Status for Projet Bwanga

In order to get support of organizations such as UNICEF as well as the Congolese government it was important for the project to get an official status as a registered charity/foundation. We have registered a founding act at a notary, wrote the articles, assigned a board, subscribed to the Dutch Chamber of Commerce and opened a Dutch bank account in addition to our British bank account allowing us to also receive funds in Euros.

² Marianne Reimert - Medical Doctor, Trainer & Supervisor

September 2017: Investigation OLAM reported crisis in Mbandza

In September and October 2016, the members of Projet Bwanga were confronted with a health crisis in the village of Mbandza. About 50 children died in a period of a few weeks caused by a combination of malnutrition, parasites and malaria. The project did what it could to face the crisis warning the authorities and the logging company to get support. A year later the news about the crisis was picked up by the OCDH, (Observatoire Congolais des Droits de l'Homme - the Congolese Human Rights Watch), who published a report, forcing OLAM, the mother company of CIB to act. Projet Bwanga was asked for input.



September (23rd, 24th) 2017: Meeting of the board members in the Netherlands

Ingrid³ and Jérôme⁴ went to the Netherlands to meet Marianne and Nicolas⁵. The board members officially signed the articles of the foundation; wrote the Terms of Agreements, which would officialise the contribution of CIB-OLAM to Projet Bwanga and prepared the next training session scheduled for November.

November (17th - 30th) 2017: Fieldwork Marianne and Ingrid

The aim of this fieldwork round was as follows: to give an update to the already trained healers of the project; train trainers; train new healers (2 couples, one from Minganga, one from Mbandza); organize a vaccination campaign; discuss the Terms of Reference with the directors of CIB-OLAM; have a meeting with the representative of IDA (Dutch supplier of medicines) in Brazzaville and have a meeting with health representatives of the Congolese government (FNUAP).

³ Ingrid Lewis – Public Health Professional, Program Developer, Trainer & Supervisor

⁴ Jerome Lewis - Anthropologist, Advisor & Contributor

⁵ Nicolas Nijhof - Treasurer, Trainer & Supervisor

2017 general: Launch of JustGiving crowdfunding campaign; interviews and lectures about Projet Bwanga to generate donations

In November 2017 we set up a crowdfunding appeal through JustGiving in the UK to raise further funds for the next fieldwork visit. In order to help promote the project and generate private donations in the Netherlands, Marianne and Nicolas have given interviews to local papers (*Ommelander Courant*, *Dagblad van het Noorden*) and also lectures to clubs and societies (the *Lions Club*, *het NUT*, *Vrouwen van Nu* etc.). The publishing of a book about Tropical Health Doctors (*Into the World*), in which Marianne was interviewed, was also an opportunity to promote the project and get in contact with interested people such as the former editor of the BMJ, Richard Smith.



II. Mobile Clinics

Each Projet Bwanga healer/team has a blue 60L waterproof barrel to store the medicines, treatment record books and money. The barrel is locked so that the healer/s is/are the only one with access to it.

The standard content of a clinic is as follows:

Medicine	Against	Quantity	Unit
Coartem	Malaria	714	Pills
Co-trimoxazol (bactrim) 480 mg	Dysentery	500	Pills
Metronidazol cp 250 mg	Amoebic diarrhea	1.000	Pills
SRO	Simple diarrhea child	100	Sachets
Albendazol (Zentel) 500 mg	Intestinal worms	1.000	Pills
Zinc	Simple diarrhea child	500	Pills
Paracetamol	Pain and fever	800	Pills
Amoxicillin 500 mg	Pneumonia adults	500	Pills
Amoxillin 500 mg	Skin and dental infections	500	Pills

Co-trimoxazol (bactrim) 120 mg	Pneumonia children	1.000	Pills
Tetracyclin eye cream	Eye infections	30	Tubes
Benzoylbenzoate	Scabies	1	1 L Bottle
Miconazol cream	Fungal skin infections	7	Tubes
Iron and folic acid	Anaemia prev pregnancy	30	Bags of 30 pills
Fansidar	Malaria prev pregnancy	90	Pills
Dakin	Wound	1	1.5L Bottle
Compresses	Wound	90	Compresses
Sparadrap	Wound	1	Roll
Non sterile gloves	Wound	100	Gloves
Azitromycin	STD	30	Pills
Cefuxim/ zinnat	STD	15	Pills
Condoms	Prevention STI/AIDS	20	Packs of 3 condoms each

Medical data about hunter-gatherers are rare. The selection criteria for medicines and quantities are based on prevalence data derived from medical research conducted by a project member in 1996 (PROECO Report), knowledge based on field experience of the members of the project as well as pure pragmatism (the number of pills in a pot delivered by the supplier).

In total each mobile clinic offers 468 adult treatments (deworm treatments excluded since they are free). Some treatments need more than one medicine (wound care, STD's, child diarrhea). The total value of the content of a clinic is 150.000 FCFA (€225.00)

Besides medicines, the clinic also includes basic supplies such as soap, towel, scissors, thermometer etc.

Currently Projet Bwanga has eleven active mobile clinics run by twenty Mbendjele healers. The healers are based in the following camps and villages:

- **Pokola1**, run by our local coordinator Indépendant⁶. He often takes his mobile clinic along when he goes to the forest for other work missions, so that he can give treatments to the sick people he encounters while travelling.
- **Pokola2**, one male, one female healer working together in the Bayaka camp of Sembola.
- **Matoto**, run by a husband & wife healer team, this village is half an hour drive* by road from Pokola situated at the bank of the Sangha River.
- **Indongo**, run by one male healer, this village is situated at the bank of the Sangha River, downstream from Pokola, at about 2 hours if traveling by motorboat or 5 hours by motorized canoe. The healer (Mongemba, Joseph) is part of the first

⁶ Indépendant, Ghislain – Healer, Local Coordinator, Trainer & Supervisor

group of healers that have been trained for the project in 2014. He is now a trainer himself.

- **Minganga-Mbili**, run by a husband and wife healer team; this village is situated north of Pokola two hours* drive from Pokola. The healer (Milambo, Rifen) was part of the first group of healers trained in 2014 and is now a trainer himself. His wife was trained two years later.
- **Minganga-Mossombo**, run by a husband and wife healer team; this village is situated north of Pokola two hours drive* from Pokola.
- **Mobangui**, run by a husband and wife healer team, the village is situated half an hour drive away from Minganga thus two and a half hours drive* from Pokola.
- **Bonguinda/Mombélou**, run by a husband and wife healer team, these villages are the hardest to reach; a three hour drive* followed by a five hour journey by motorboat on the Motaba River is needed to reach Mombélou. To reach Bonguinda a three-hour walk through marshes has to be added.
- **Gbagbali**, a sister and brother healer team run this mobile clinic, the village is situated upstream from Pokola on the Sangha River. It's a two-hour drive* and a forty minute motorboat trip to reach it.
- **Mbandza1**, run by a husband and wife healer team; the health situation in this village is critical. The village is accessible by road only since 2017 (a four to five hour drive from Pokola depending on weather conditions*).
- **Mbandza2**, another husband and wife team was trained in December 2017 since the population is large (around 900 Bantu | 700 Mbendjele) and the health situation critical. The village is accessible by road since 2017 (a four to five hour drive from Pokola depending on weather conditions*).



III. Treatments given

In total the eleven healer teams of Projet Bwanga have given 3,399 treatments last year. This means that in 2017 more treatments have been given than in the two previous years combined that accounted together for about 3,000 treatments.

These numbers do not include the 1,857 (free) deworming treatments, the approximately 150 wound treatments (hard to account) and the 121 STD treatments (only

experienced healers treat STD's) given in 2017. In total 5,527 people were treated in 2017.

Most treatments were given for pain and fevers (26%), malaria (23%) as well as pneumonia and other infections (11%).

Projet Bwanga's local Mendjele coordinator, Indépendant, who runs one of the mobile clinics, travels extensively in the forest for his work taking his mobile clinic with him wherever he goes. He has given the greatest number of treatments (17%). The healers of the villages of Matoto and Mbandza1 have both a share of 13% of the total amount of treatments given, followed closely by the healers of Bonguinda/Mombélou (11%).

A table with all the data can be found in the appendix.



IV. Accounting of medicines and money in the mobile clinics

The mobile clinics were initially set up as a revolving drug fund (RDF) meaning after the initial capital investment to purchase the first set of generic medicines for each mobile clinic, supplies are replenished with the money collected through payment of treatments. All treatments have a fixed price of 500 FCFA (€ 0.76) since this amount is affordable for everybody. 300 FCFA is charged for the drugs which is equal to the average price of the drugs used in each treatment balancing more expensive medicines with cheaper ones. Another 200 FCFA (€ 0.30) per treatment goes to the healers. Ideally the price for each treatment should cover the medicine costs as well as the small salary for the healer.

The sale of Projet Bwanga medicines is prohibited in order to avoid trade in medicines. The healer only gives medicines to treat the patient after he/she has seen and consulted the patient. Every healer has to record the type and number of treatments given and keep the money in a 'moneybox' until a member of the project passes for supervision. If the healer has a shortage of medicines before supervision takes place, he/she can go to the pharmacy in Pokola to ask for a refill.

During supervision the medicine pots are weighed in order to calculate the number of pills used. The money in the moneybox is counted and checked against number of pills used and number of treatments recorded. Ideally these three should logically correspond with each other. The data is collated in an Excel registration system by the supervisor. The spreadsheets immediately show if the recorded data is correct.

In practice, the mobile clinics are not yet self-sustaining, meaning they still need money input for a number of reasons:

- 1) We now give the cheap deworm treatments for free twice annually to achieve better coverage and to encourage health seeking behavior.
- 2) The most expensive medicine (Coartem – to treat malaria) was used far more than cheaper medicines on which we balance the most expensive ones to compensate.
- 3) Also in practice pills tend to be lost, treatments (yet) unpaid and errors in the accounting of the healer occur. During 2017 on average about €34.00 have been lost per healer/team due to unpaid or unrecorded treatments. These issues tend to diminish, as healers get more experienced.
- 4) We need to also emphasize that team members gave treatments for free during the crisis in Mbandza. Doctors Simone⁷ and Marianne examined and treated hundreds of very ill children, women and men for free using medicines from the mobile clinics.

On average the cost per treatment should be €0.16. Presently, the coverage of the medicine price is 58%. Overall, the costs of running eleven mobile clinics in 2017 were €1,500. In other words, €136 per clinic and €0.44 per given treatment.

During supervision as well as further training visits we try to provide all, the healers running the mobile clinics and the communities using them alike, with practical solutions to problems encountered that year. We take time to explain why the projects works the way it does and sometimes we have to act if debts start to add-up. With time and continuous effort this will help the mobile clinics get more self-sustainable.

v. Results of the project

In the communities where Projet Bwanga is operating:

- No deaths due to diseases that can be cured with treatments by the mobile clinic have been reported, except for the village of Mbandza. As mentioned before there is an enormous problem of malnutrition and lack of medicines in this previously isolated village. The new healers could not carry this responsibility alone

⁷ Simone Koopman - Medical Doctor, Trainer & Supervisor

so Simone and Indépendent had to go back to treat people themselves in order to support the newly trained healers and to evaluate if we can continue with the healers of that village.

- There is a noticeable improvement of the social situation of the Bayaka. The sedentary agriculturist Bantu frequently discriminate against the semi-nomadic hunter-gatherer Bayaka. Bantu in all regions where Projet Bwanga operates acknowledge Bayaka as good healers able to treat without mistakes and treat them well.
- Both Bayaka and Bantu have let us know how much they appreciate the project. This includes the Congolese hospital staff in Pokola.



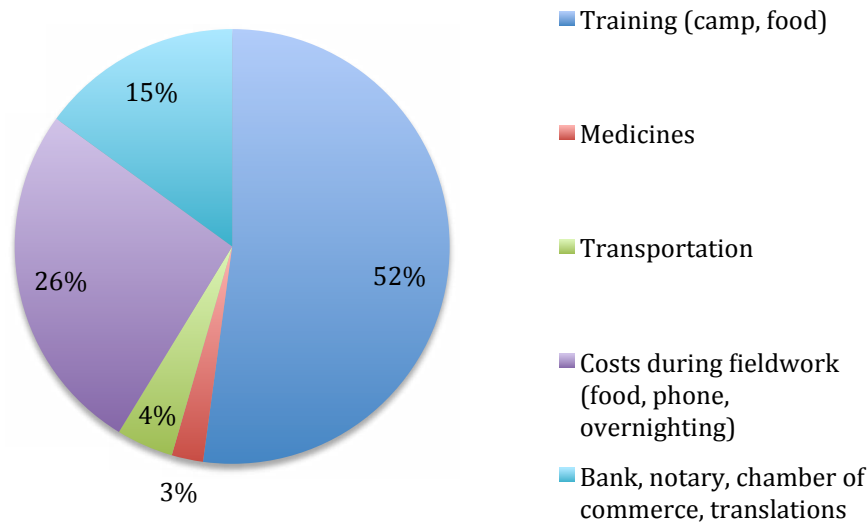
VI. Finances

Income through private donations	€ 14,558
Expenses for the project	€ 5,847

Very little new medicines have been bought as we still had a stock. In 2018 it will be necessary to make a new order.

As there is no expatriate tropical doctor anymore in Pokola willing to work voluntarily for the project, we now have a local coordinator with a salary.

Distribution of the expenses in 2017



VII. Actions for 2018

- 1) To seek renewed funding enabling us to order new medicine this year.
- 2) We have eleven teams of healers, the aim is to keep supporting them with supervisions and training once a year to consolidate existing and to add new knowledge.
- 3) As there is no longer a European doctor in Pokola, the focus will be to run the project more and more with the local team under the guidance of Indépendant in cooperation with the local doctor of the hospital. Assistance from Europe will be maintained through phone and Internet contact plus fieldwork twice a year.
- 4) The collaboration between Projet Bwanga and CIB-OLAM should be formalised through a memorandum of understanding, which provides the project with minimum local support.
- 5) We continue in our efforts to seek support for the project with the Brazzaville offices from international organizations such as UNICEF, UNFPA and WHO as well as with the government.
- 6) We continue to help organize and coordinate vaccination campaigns. We do this by collecting state vaccines from where they are stored in the Sangha and Likouala regions and taking vaccinators from the hospital in Pokola to the

camps/villages we visit regularly for supervisions. This methodology assures greater coverage in at least the areas Project Bwanga operates in.

7) Give Project Bwanga a juridical status in the Congo.



We thank you for the generous support received for the first two years and sincerely hope that you will be able to support Project Bwanga in 2018.

Sincerely,
the Project Bwanga Team

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