PROJET BWANGA



République du Congo



Year report 2018

Introduction

For background information about Project Bwanga please refer to our website: www.bwanga.org. Please find included in this report our activities between November 2017 and November 2018 as well as the financial overview and health outcomes of Project Bwanga on 2018.

1. Summary of what has been done in 2018

Quarterly supervisions by our local coordinator Indépendant Ghislain

With the absence of a Dutch tropical doctor in Pokola for most of the year, Indépendant worked together with the local hospital staff and CIB to conduct quarterly supervisions of all the mobile clinics. Results of these supervisions were always sent to and discussed with either Marianne Reimert or Ingrid Lewis who then gave feedback on how to continue for the next supervision rounds.

Vaccinations

Four vaccination sessions have been organised in the departments of the Sangha and Likouala regions. Reports of these vaccination sessions were sent to the Departmental Directors of Health and the CIB Directors.

23th-24th of November 2017; 330 vaccines given in the villages of Indongo, Matoto, Ikelemba in the Sangha

12th-13th of February 2018; 79 vaccines given in Indongo, Matoto, Ikelemba in the Sangha

15th-18th of Mai 2018: 286 vaccines given in Terres Mizouvou (including Mbandza) in the Likouala

28th-31th of August 2018; 464 vaccines given in Terres Kabounga in the Likouala

Signing of terms of agreement with OLAM/CIB

A memorandum of understanding between Project Bwanga and OLAM was signed to formalise the already existing collaboration in a logistical sense. OLAM does not give direct financial contributions to the project but provides logistical support including personnel and transport.

November 2018: Fieldwork Marianne and Ingrid

The goal of this fieldwork was to conduct proper supervisions of all mobile clinics in the villages. The supervisions were done together with Indépendant and when possible including an overnight stay in the villages. Another goal was to discuss the project with hospital staff included in the project, namely Dr. Bachir, nurse Bertin, Dr. Remco van Egmond and his wife Merel Koopmans who arrived in October in Pokola to work for the hospital. A report of this fieldwork with specifications has been sent to CIB.

<u>2018: Interviews and lectures about Projet Bwanga to generate donations</u>
In order to promote the project and generate private donations, Marianne and Nicolas give lectures to private clubs and societies (the *Lions Club, het NUT, Vrouwen van Nu* etc.) every month.

2. Mobile Pharmacies

All the healers of the project have a blue 60L waterproof barrels in which they store their medicines and money. The barrel is locked so that the healer is the only one with access to it.

The standard content of a pharmacy is as follows:

Medicine	Against	Quantity	Unit
Coartem	Malaria	714	Pills
Co-trimoxazol (bactrim) 480 mg	Dysentery	500	Pills
Metronidazol cp 250 mg	Amoebic diarrhee	1.000	Pills
SRO	Simple diarrhea child	100	Bags
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	Big roll
Non sterile gloves	Wound	100	Gloves
Azitromycin	STI	30	Pills
Cefuxim/ zinnat	STI	15	Pills
Condoms	Prevention AIDS	20	Packs of 3 condoms

In total a pharmacy offers 468 adult treatments (worm treatments not included). Some treatments need more than one medicine (wound care, STD's, child diarrhoea). The total value of the content of a pharmacy is 150,000 FCFA (€225).

Besides medicines, the pharmacy also contains some basic supplies such as soap, towel, scissors etc.

Currently Project Bwanga has eleven active teams of healers. The healers are based in:

- Pokola, two teams: one couple in the Bayaka neighbourhood of Sembola; the
 other being our local coordinator Indépendant. Indépendant often takes his
 mobile clinic along when he goes to the forest for work missions, so that he can
 give treatments to the sick people he encounters while travelling.
- **Matoto**, one couple, this village is situated at a half an hours drive from Pokola at the shore of the Sangha River.
- Indongo, one healer, this village is situated at the shore of the Sangha River, downstream from Pokola, at about 2 hours travel by motorboat. The healer (Joseph) is part of the first group of healers that have been trained for the project. He is now a trainer himself.
- **Minganga**, two couples, this village is situated north of Pokola at a two-hour drive from Pokola.
- **Mobangui**, one older couple, the village is situated half an hour away from Minganga.
- Bounguinda/Mombélou, one couple, these villages are the hardest to reach, a three-hour drive followed by three hours motor boating on the Motaba River. For Bounguinda a three-hour walk has to be added.
- **Gbagbali**, presently only one female healer. The village is situated upstream of the Sangha River. It's a two-hour drive and half an hour motorboat trip to arrive. The male healer unfortunately left project Bwanga in 2018 because he married and moved to another region. The son of the female healers is already assisting her and we plan to train him in the 2019 training round.
- **Mbandza**, two couples of healers. The village is accessible by road since 2017 a three-hour drive from Pokola.

3. Treatments given

In total the eleven healer teams of Project Bwanga have given 3,767 treatments last year. These are the curative treatments people should pay for.

These numbers do not count in the free anti-worm treatments, the free hand out of vitamin A during health educations sessions and the approximately 20 wound treatments (hard to account).

Most treatments in 2018 have been given for malaria (co-arthem, 21.4%), pain and fevers (paracetamol, 13.8%) and diarrhoea with dehydration (SRO, 13.5%).

Most treatments were given in Mbandza (two couples together account for 26%), followed by Minganga (two couples together 21%) and Moumbelou/Bonguinda (13.9%).

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

4. Accounting of medicines and money in the pharmacies

The treatments that the healers give to their patients are not for free since the pilot project was set up as a revolving drug fund with the aim to make mobile clinics as self-sufficient as they can be. All treatments have a fixed price of 500 FCFA (\leq 0.76). This amount of money is affordable for everybody and should in theory cover the medicine costs as well as the fee of 200 FCFA (\leq 0.30) per treatment for the healer. Some treatments are more expensive others are cheap thus balancing against loss.

The healers only give medicines to patients after they have seen the sufferer and conducted an exam. Healers are prohibited from selling medicines. With this policy we avoid trade in medicines. Every healer has to record the number of treatments given and keep the earned money in a moneybox until a member of the project passes for supervision. If the healer has a shortage of medicines before a supervision takes place, he can go to the pharmacy in Pokola to do ask for a refill. During supervision the medicine pots are weighed to calculate the number of used pills. This is compared with the money in the moneybox and the number of recorded treatments. Ideally these three should logically correspond with each other. All the data is fed into an Excel registration system by the supervisor. The spreadsheets immediately show if the recorded data correspond ie. are logical.

Of course the practise especially in new mobile clinics is different. In 2018 some 3,767 treatments have been handed out, about 36% of these were actually recorded in the registration book (1,382) and from these about 56% were actually paid for (778). These differences can be explained by errors in accounting of pills for the new healers trained in 2017, registration errors, especially in villages where debts are more common and still during epidemics of malaria and diarrhoeas during which the healers are encouraged to give urgent treatments for free. The healers are instructed by us to always treat people who are life-threatening sick and ask for the money later. Unfortunately epidemics do result in the mobile clinics being less self-sustaining as wished for. Nevertheless, in the grande scheme lives are being saved and nominal amounts lost during epidemics.

The coverage of the medicine price is in reality a little under 50%. The most expensive medicine, Co-arthem, which costs 1,018 CFA a treatment, is the medicine that is used the most. The prevalence of malaria is much higher than foreseen. The absence of mosquito nets is a big contributor to this as well as the absence of the lawfully required free treatment of children under the age of 15.

5. Health educations

Besides treatments for infectious diseases we started in 2018 (introduced in the training of November 2017) with Mossambo's also health education for the villages is now being provided by the healers. During these health education sessions the healers teach basic hygiene techniques and explain the different infectious diseases and how

to prevent and treat them. The healer can explain the transmission of malaria with his/her health education posters and promote the use of mosquito nets. Transmission of HIV and use of condoms, transmission of tuberculosis and not coughing in front of another are only two examples of what they can teach. During 2018 about 20 health education sessions were completed by the different healers in the different villages. After each health education session all the people present received Albendazol for deworming (1,500 treatments). Also, all children between 6 months and 6 years of age received vitamin A (100 microgram for children above 12 months, 50 microgram for children 6-12 months), the registration of number vitamin A distributed has failed somewhat this year.

6. Results of the project

In the communities where Project Bwanga is running:

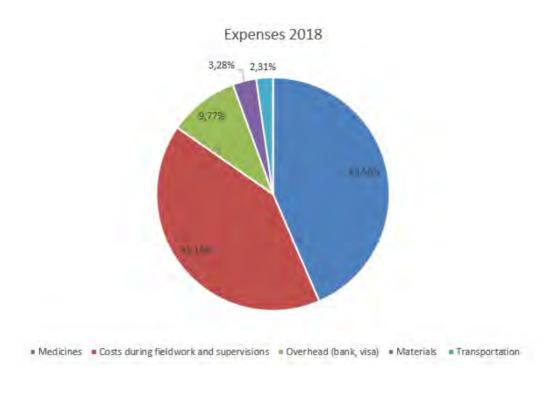
- Mortality and morbidity due to treatments of diseases that can be treated by the project diminished as reported by the chiefs of the villages.
- There is a noticeable improvement of the social situation of the Bayaka since they are acknowledged as good healers who are able to treat without mistakes both Bayaka and Bantu.
- Both Bayaka and Bantu have let us know how much they appreciate having a
 mobile clinic within easy reach to treat diseases early on thus preventing
 evacuations to larger towns. This includes the hospital staff in Pokola.

7. Finances 2018

Income through private donations	€ 7,618
Expenses for the project	€ 6,837

In 2018 there has been less income through donations than the year before. The donations were composed by many small private donations rather than more substantial corporate donations. Expenses have been higher than the year before due to a big purchase order of medicines. This order of medicines will provide the project with a stock for the upcoming year.

Distribution of the expenses in 2018



8. Actions for next year

- 1) Annual meeting of the Project Bwanga board in February 2019.
- 2) New training session in April 2019 for old and new healers.
- 3) Supervision session in November 2019 for all the villages.
- 4) Expanding the Project Bwanga methodology to other regions.
- 5) Vaccination campaigns to be handed over to Dr. Bachir in collaboration with the hospital staff and Indépendant Ghislain.
- 6) A three-year plan for 2020-2023.
- 7) Continue the good work.

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Appendix

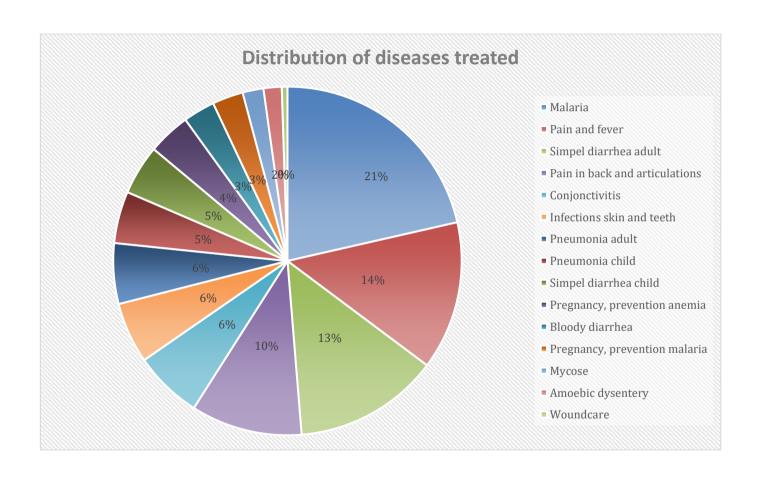
Treatments given in 2018

Medicine	Cure for	Pokola 1	Pokola 2	Matoto	Indongo	Minganga 1	Mobangui	Bonguinda/Mo mbélou	Gbagbali	Mbandza 1	Mbandza 2	Minganga 2	Total
Coartem	Malaria	29	56	145	103	89	40	83	3	76	88	96	808
Co-tri moxazol	(Bloody diarrhea	6	4	14	15	4	2	36	2	23	5	0	111
Metronidazol	Amoebic dysentery	0	0	4	21	3	0	0	2	27	3	1	63
SRO	Simpel diarrhea adult	0	78	11	30	60	22	70	40	60	62	75	508
Zinc	Simpel diarrhea child	1	9	8	2	13	14	42	0	59	8	18	174
Paracetamol	Pain and fever	44	18	47	51	68	8	44	19	84	89	49	519
Amoxicillin	Pneumonia adult	1	8	20	26	24	20	28	2	29	33	22	212
Amoxillin	Infections skin and teeth	5	0	55	34	13	24	29	1	24	11	18	213
Co-trimoxazol	(Pneumonia child	8	9	29	20	2	22	37	3	34	5	12	181
Tetracyclin	Conjonctivitis	18	22	22	10	12	27	10	25	23	30	40	239
Miconazol	Mycose	1	11	1	17	6	2	8	0	13	7	7	73
Iron and and fo	Pregnancy, prevention anemia	5	8	7	4	6	5	39	2	13	30	30	149
Fansidar	Pregnancy, prevention malaria	0	2	0	0	1	0	34	2	9	30	30	108
Brufen	Pain in back and articulations	18	28	12	34	32	30	63	13	47	56	56	389
Dakin/comp./S	Woundcare	1	1	5	3	2	1	1	1	1	3	3	20
Total		137	255	379	370	334	217	524	116	521	457	456	3767

Treatments given in combination with health education sessions (mossambo) in 2018

Medicine	Cure for												
Albendazol (Zer	Intestinal worms	0	77	11	111	81	168	420	42	243	30	323	1506
Vitamin A	Improve immune system	-	-	-	-	-	-	-	-	-	-	-	-
Azitromycin or	STD	6	2	6	1	5	1	3	7	4	8	8	50
Preservatives	Prevention HIV	0	1	25	13	36	1	0	0	12	0	0	88

Appendix



Appendix

