



**Initiative pour la Promotion de la Santé Rurale et le  
Développement (IPROSARUDE) Asbl**

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**ANNUAL NARRATIVE REPORT 2017**

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## **List of acronyms**

AC HCV: Antibodies to Hepatitis C

Ag HBS: Antigen to Hepatitis B

CBC: Complete Blood Count

CBEU: Cytobacteriological Examination of the Urine

CRP: C-Reactive Protein

ECG : Electrocardiogram

FP : Family Planning

GBV: Gender-Based Violence

GO : Gyneco Obstetrical

GOT: Glutamyl Oxaloacetic Transaminase

GPT: Glutamyl Pyruvic- Transaminase

GS: Solidarity Group

HIV/AIDS : Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

IEC : Information- Education- Communication

IROSARUDE : Initiative pour la Promotion de la Santé Rurale et le Développement

PAL : Phosphatases alcalins

PEGI : Polyclinique Espoir de Gitega

SASA: Start Awareness Support Action

SFF : Segal Family Foundation

SRH : Sexual Reproductive Health

STI : Sexually Transmitted Infections

VIA-VIL : Visual Inspection with acetic Acid-Visual Inspection with Lugol

## **EXECUTIVE SUMMARY**

During the year 2017, IPROSARUDE has carried out so many projects in collaboration with its various partners. With a budget of **1362374076 BIF (778054.8 USD)** IPROSARUDE focused on clinical and community projects. The planned activities could be carried out. These include:

- The implementation of an electronic library within the Polyclinic Espoir de Gitega
- The implementation of the joint program and mass awareness
- The offer of services in various clinics with 173232 services offered
- The revision of the association's legal texts and the setting up of new bodies

We thank all partners who have contributed in any way to these activities, particularly the **Government of Burundi; Care International Burundi and Segal Family Foundation.**



## **REALIZATION OF ACTIVITES 2017**

### **CHAPTER I.POLYCLINIQUE ESPOIR DE GITEGA**

#### **1 Project Description**

It is a project to promote clinical services in the rural population, especially among vulnerable people. This project aims at the implementation of specialized services not available on site. This is how various services are functional and they deserve to be improved. These services include:

- 1. Ophthalmology**
- 2. Dentistry**
- 3. General Medicine**
- 4. Laboratory**
- 5. Emergencies**
- 6. ENT**
- 7. Obstetrical Gynecology**
- 8. Surgery**

#### **1.1 Objectives**

##### **1.1.1 Overall objective:**

To contribute to the improvement of the health status of the population, especially specialized care in rural areas, to enable the recovery of the economy and the reduction of poverty by maintaining human capital in good health.

### 1.1.2 Specific Objectives:

- Increase from 20% to 30% the number of people with access to information on sexual and reproductive, dental and eye care in intervention areas by December 2017
- increase the number of people with access to specialized health care from 15% to 20% by 2017
- Ensure the routine operation of the polyclinic

### 1.2 Planned activities

1. Organize awareness activities on sexual and reproductive health and dental and eye care by community health workers.
2. Facilitate health promotion education sessions
3. Ensure ophthalmological care :
  - Organize external consultations,
  - Set up an Optometry service,
  - Organize eye surgery services
4. Dentistry :
  - Promote scaling and filling,
  - Perform dental extractions
  - fillings
  - perform ROT canal treatments
5. General Medicine :
  - Conduct consultations,
  - Hospitalization,
  - Comprehensive management of HIV/AIDS
6. Laboratory :
  - Carry out routine examinations such as parasitology, serology, soluble antigens, hematology, liver test, kidney test, rheumatologic test, HIV/AIDS test
7. Emergencies:
 

Insure the medical emergencies and the small surgery
8. ENT Service
  - Ensure the medical consultations
  - Ensure ENT sphere operations
9. Surgical Services
10. Hospitalization Service
11. Gyneco-obstetrics service

- Ensure the obstetrical ultrasounds
- Ensure pelvic ultrasound examinations
- Ensure deliveries

### 1.3 Logical framework

<b>Specific objective 1 : Increase from 20% to 30%, the number of people with access to information on sexual and reproductive, dental and eye care in intervention areas by December 2017</b>					
<b>Result</b>	<b>Result Indicators</b>	<b>Basis reference</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap Justification</b>
-People in the intervention zone sensitized by community health workers  -Patients attending the centre are sensitized on health education in the health promotion education sessions.	- Number of people sensitized by community health workers  -Number of patients sensitized on health education	-6145 people sensitized  -7640 patients sensitized	9504 people sensitized in 2017  -9865 people sensitized in the health promotion education sessions	7465 people sensitized in 2017 by community health workers  -8625 people sensitized in the health promotion education sessions	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Organize awareness activities on sexual and reproductive health, dental	Number of people sensitized by community health workers	7640 patients sensitized	-9504 patients sensitized in 2017	-7465 people sensitized in 2017	

and eye care by community health workers					
2. Facilitate health promotion education sessions	Number of facilitated sessions Number of people sensitized	-320 sessions facilitated -66145 people sensitized	-396 sessions facilitated -49382 people sensitized in 2017	344 sessions facilitated 52623 people sensitized	
<b>Specific Objective 2 : Increase the number of people with access to specialized health care from 15% to 20% by 2017</b>					
<b>Results</b>	<b>Result Indicators</b>	<b>Reference Basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap Justification</b>
People in the intervention zone receive specialized care	Number of specialized services offered to the population	49263 services offered in 2016	44081 services offered	59772 services offered in 2017	
<b>Activities</b>	<b>Process Indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Ensure ophthalmological care	Number of ophthalmological services offered	-24 335 care provided in 2016	-27066 care provided in 2017	25275 care provided in 2017	
2. Ensure dental care	Number of dental services provided	-1331 dental care services offered in 2016	-1840 dental care offered	2501 services offered in 2017	

3. Ensure GO services	Number of GO services offered	-2368 services offered in 2016	2622 services offered in 2017	3186 services offered in 2017	
4. Ensure general and internal medicine services	Number of internal medicine services provided	-5993 services offered in internal medicine	7816 services offered in internal medicine	8378 services offered in internal medicine in 2017	
5. Ensure laboratory tests	Number of laboratory tests offered	-15033 tests done in 2016	-16022 carried out in 2017	16921 tests carried out in 2017	
6. Ensure emergencies and hospitalization	Number of emergency services provided	-1113 services offered in emergency	-1115 services offered in emergency	3511 services offered in emergency and hospitalization	
<p><b>Specific objective 3 : Ensure the routine operation of the polyclinic</b></p>					

<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
The operation of the services is 100% ensured	Number of services operated	All services are covered	Operation is 100% assured	The operation has been 100% assured	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Pay staff salaries	Number of persons paid	20 persons paid	25 persons paid in 2017	31 persons paid in 2017	
2. Buy office printouts; medicines and glasses needed	Number of printed matter, medicines and glasses purchased	All necessary printed matter, medicines and glasses have been purchased	All necessary printed matter, office medicines are purchased	Printed matter are purchased	
3. Ensure communication	Number of telephone lines maintained	2 phone lines assured	2 phone lines assured	2 phone lines assured	
4. Provide snacks for on-call staff	Number of people provided with snacks	6 people whose snacks were provided in 2016	6 people whose snacks are provided in 2017	6 people whose snacks are provided in 2017	

5. Maintain buildings and equipment	Proportion of buildings and equipment maintained	80% of maintenance was carried out	100 % of buildings and equipment maintenance is ensured	The buildings have been maintained	
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## 2 Project qualitative analysis

### 2.1 Main achievements.

#### 2.1.1 General medicine

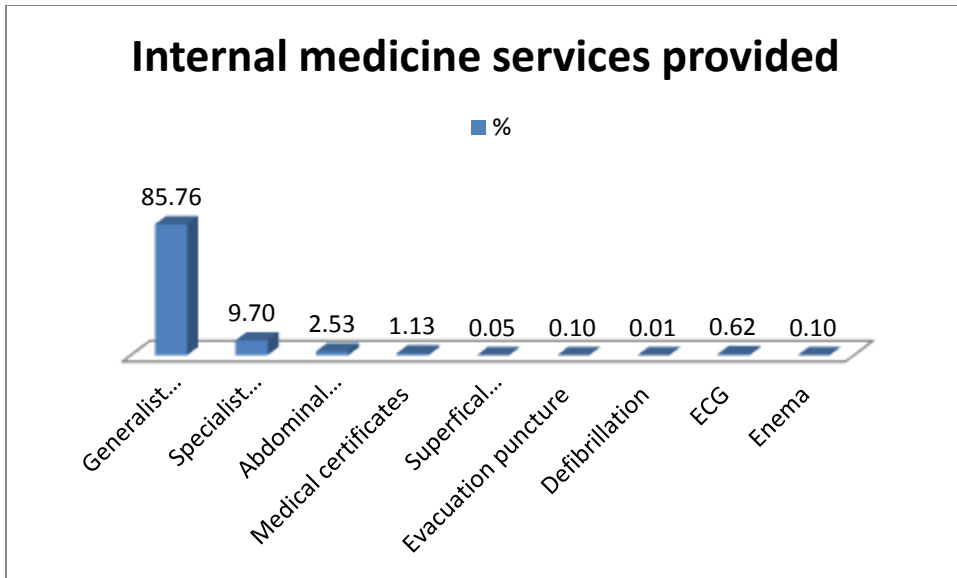
##### a. Commonly treated conditions

**Table 1: Commonly treated conditions in general medicine**

Pathologies	Number	%
Typhoid and paratyphoid fever	204	6.65%
Other bacterial diseases, not elsewhere classified	94	3.06%
Plasmodium falciparum malaria	919	29.98%
Other brain disorders	98	3.19%
Acute nasopharyngitis (common cold)	130	4.24%
Bacterial pneumopathies, not elsewhere classified	101	3.29%
Allergic and vasomotor rhinitis	223	7.27%
Gastritis and duodenitis	219	7.14%
Cystitis	174	5.67%
Vaginismus	82	2.67%
Others	821	26.78%
Total	3065	100.00%

The table above illustrates the diseases commonly treated in 2017. Plasmodium falciparum malaria dominates with 29.98%.

**b.Internal medicine services provided**

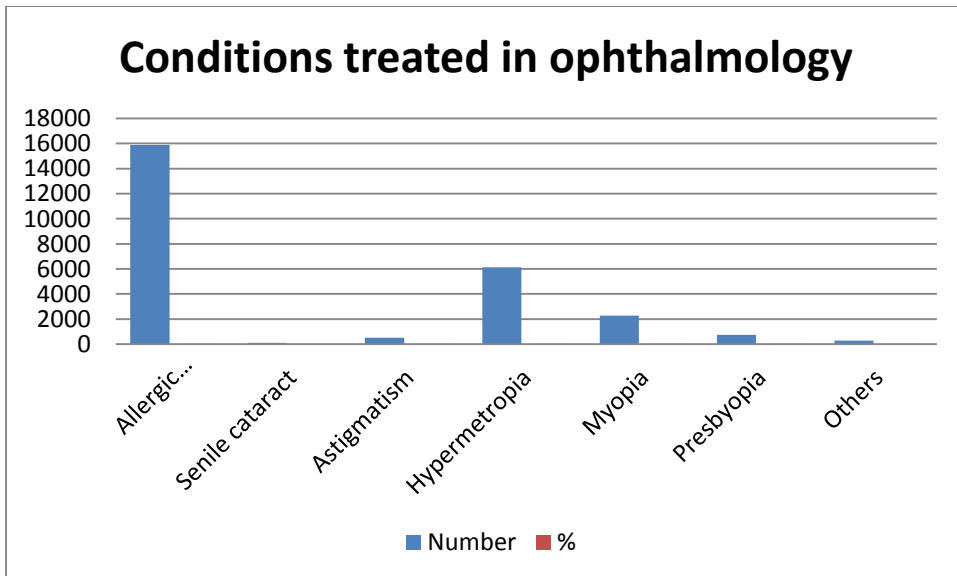


**Chart 1: Internal Medicine Services Provided**

A total of 8,378 services were provided in internal medicine. General consultation dominates with 85.76% of the total services offered as shown in the graph above.

**2.1.2 Ophthalmology**

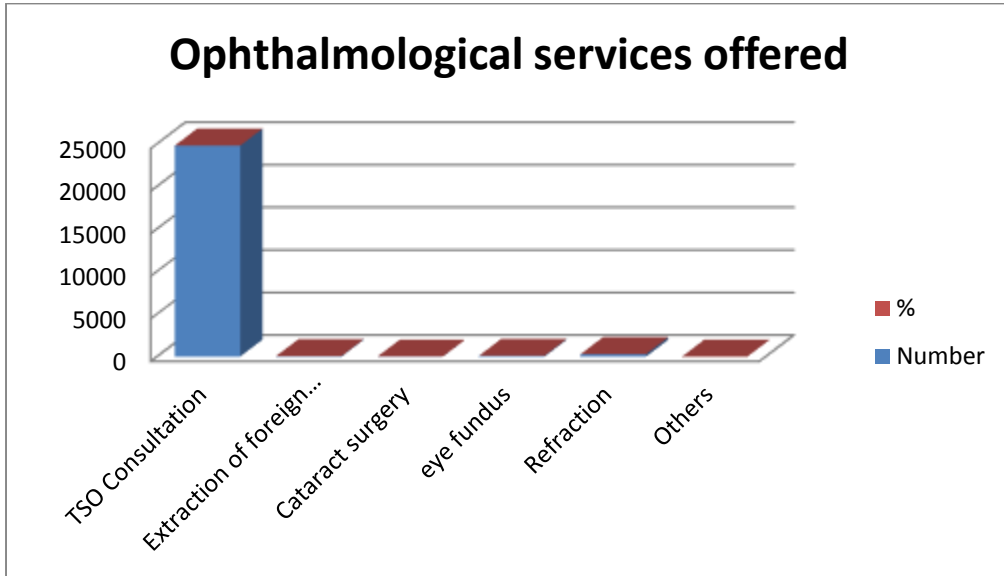
**a. Conditions treated**



**Chart 2: conditions treated in ophthalmology**

For conditions treated in ophthalmology, allergic conjunctivitis dominates with 61.18%.

**b. Ophthalmological services offered.**

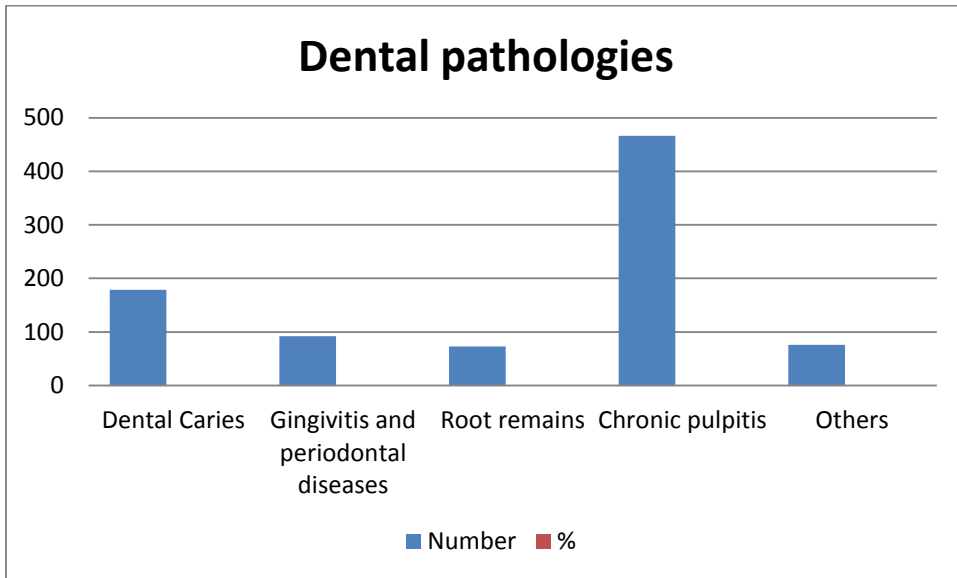


**Chart 3: Ophthalmological Services Offered**

TSO consultation occupies 98.11% of the total services offered in ophthalmology.

**2.1.3 Dentistry**

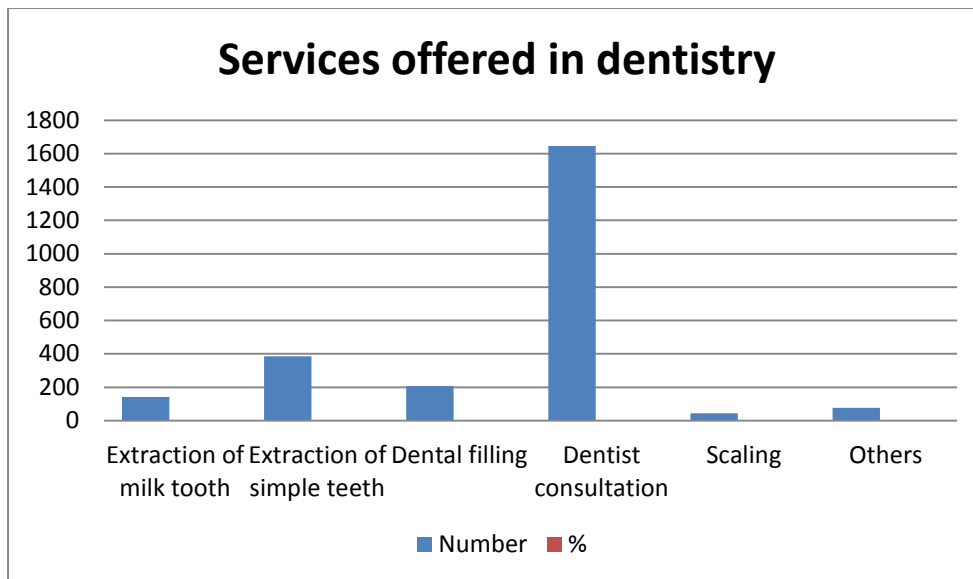
**a. Dental conditions**



**Chart 4: Dental pathologies**

Chronic pulpitis tops the list with 52.59% of all diseases treated in dentistry.

### b. Dental services offered



**Chart 5: Services offered in dentistry**

For dental services, the dentist consultation comes first with 65.81%.

### 2.1.4 Laboratory tests

**Table No. 2: Laboratory tests**

Laboratory tests	Number	%
AC HCV	480	2.83%
Uric acid	222	1.31%
Ag HBS	369	2.18%
Creatinine	775	4.58%
CRP	1858	10.98%
CBEU	1086	6.41%
Stool test	476	2.81%
Gamma GT	273	1.61%
Blood smear	3957	23.38%
Glycemia	1003	5.92%
GOT	256	1.51%
GPT	174	1.02%
CBC	1824	10.77%
PAL	200	1.18%
Sero retro	240	1.41%
Sero widal	1465	8.65%
Pregnancy test	218	1.28%
Urea	755	4.46%
Helicobacter pylori test	678	4.00%
Amylasemia	98	0.57%

VDRL	101	0.59%
Blood type and rhesus	169	0.99%
Others	244	1.44%
<b>TOTAL</b>	<b>16921</b>	<b>100.00%</b>

For laboratory tests, the blood smear leads with 23.38%.

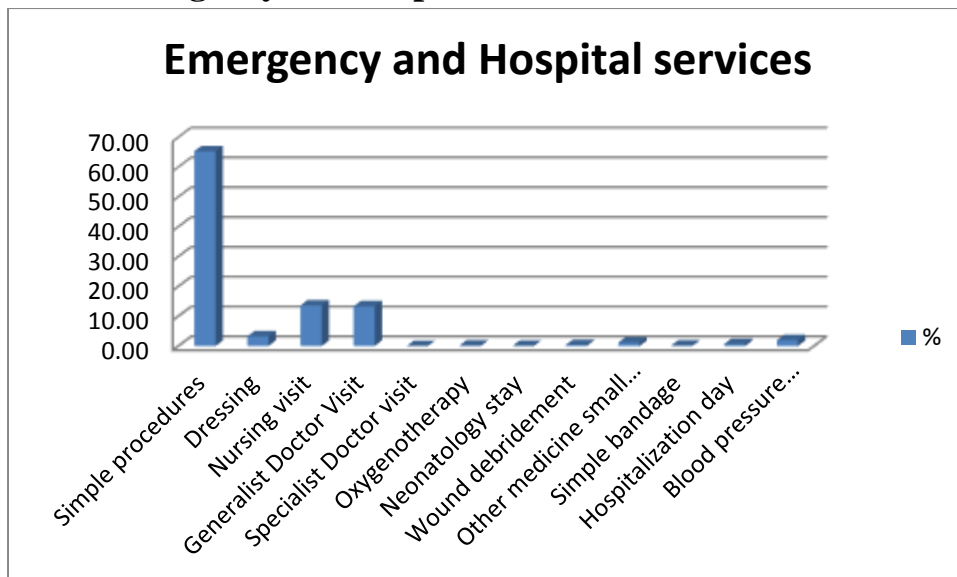
### 2.1.5 GO services offered

**Table 3: Services offered in gynecology obstetrics**

Services	Number	%
GO Consultation	116	3.64
Obstetrical ultrasound	1935	60.73
Pelvic ultrasound	258	8.10
VIA-VIL	24	0.75
Cesarean	6	0.19
Natural delivery	16	0.50
Suture wound episiotomy	3	0.09
Breast ultrasound	12	0.38
Testicular ultrasound	5	0.16
Obstructed labor	1	0.03
Post-abortion intrauterine aspiration (MVA) care	7	0.22
Misoprostol postabortion care	1	0.03
Post-abortion manual cure care	3	0.09
Myomectomy	1	0.03
Hysterectomy	1	0.03
Episiotomy	4	0.13
DMPA injectable	91	2.86
Condom distributed	642	20.15
IUD insertion	2	0.06
Subcutaneous implant insertion	21	0.66
IUD Removal	3	0.09
Subcutaneous implant removal	5	0.16
COC distribution	21	0.66
COP distribution	1	0.03
Morning-after pills	7	0.22
<b>TOTAL</b>	<b>3186</b>	<b>100</b>

Obstetrical ultrasound occupies the 1st place of the services offered in obstetrical gynecology with 60.73%.

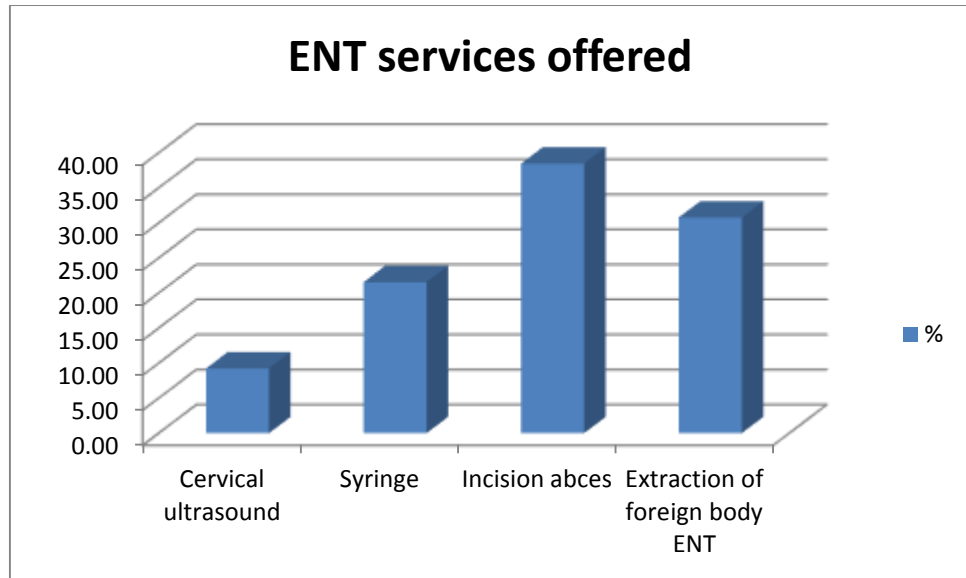
### 2.1.6 Emergency and hospital services



**Chart 6: Emergency and Hospital Services**

Simple procedures come first in emergency and hospitalization services with 65.28% as the graph above illustrates.

### 2.1.7 ENT services offered



**Chart No. 7: ENT services offered**

The graph above illustrates the ENT services offered. It can be seen that the abscess incision dominates with 38.46%.

### 2.1.8 Surgical services offered



**Chart N°8: Surgical services offered**

The graph above illustrates the surgical services offered. We can notice the dominance of the soft tissue suture with 44.12%.

## 2.2 Distribution of clinic visit

### 2.2.1 Monthly rate of change

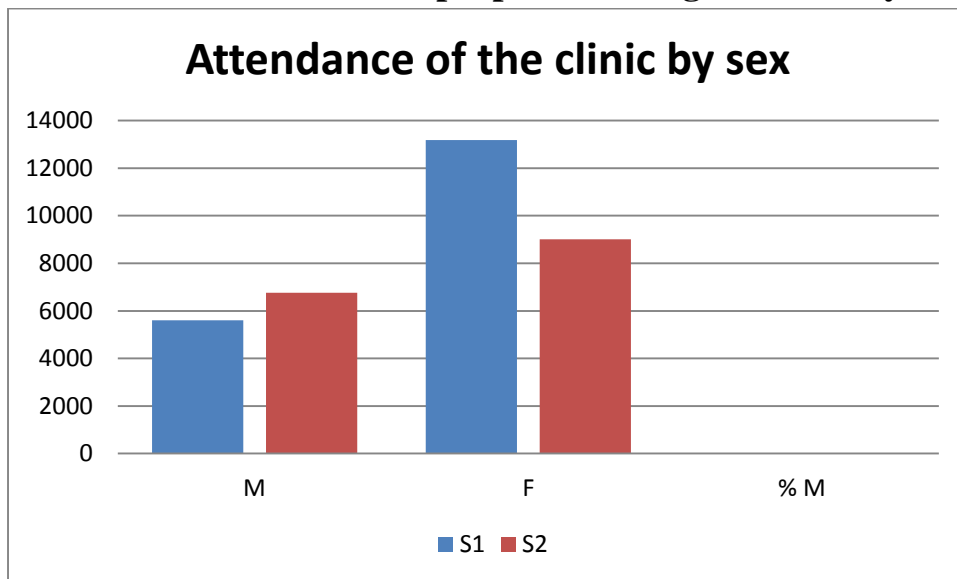
**Table 4 : Monthly variation rate**

Month	M	F	% variation M	% variation F
January	1063	2200		
February	929	1739	-13%	-21%
March	826	3042	-11%	75%
April	1029	2010	25%	-34%
May	844	2130	-18%	6%
June	910	2066	8%	-3%
July	1467	1152	61%	-44%
August	1268	1020	-14%	-11%
September	1497	1378	18%	35%
October	1044	1614	-30%	17%
November	783	1949	-25%	21%
December	706	1896	-10%	-3%

The table above shows the monthly rate of change. For example the variation rate of people attending the clinic between January and February is -13% for men and -21% for women. That is, attendance decreased by 13% for men and 21% for women.



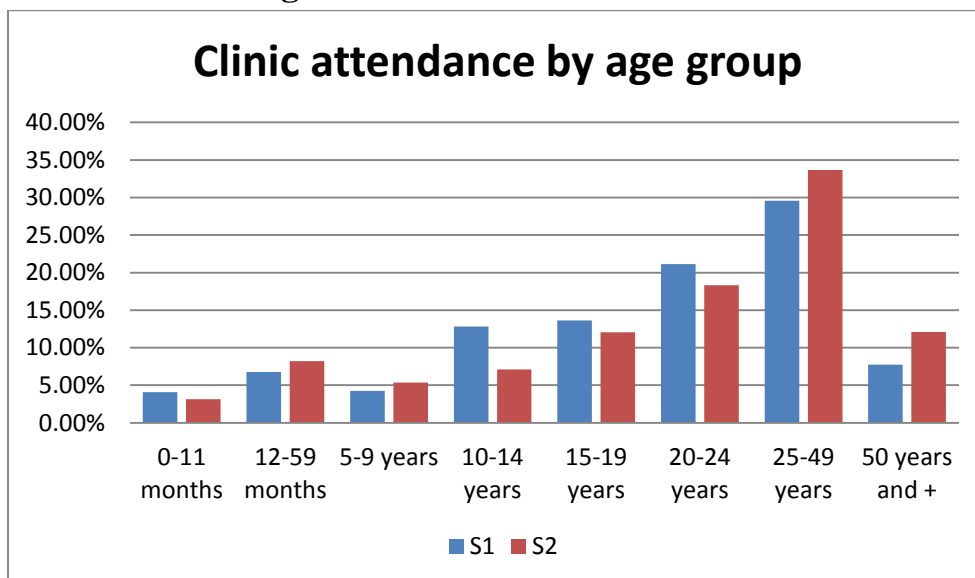
### 2.2.2 Number of people attending the clinic by sex



**Chart 9 : Attendance of the clinic by sex**

The graph above shows that the number of people who attended the clinic increased from the 1st semester to the 2nd semester for men but there was a fall among women. In both periods, there were many more women than men attending the clinic.

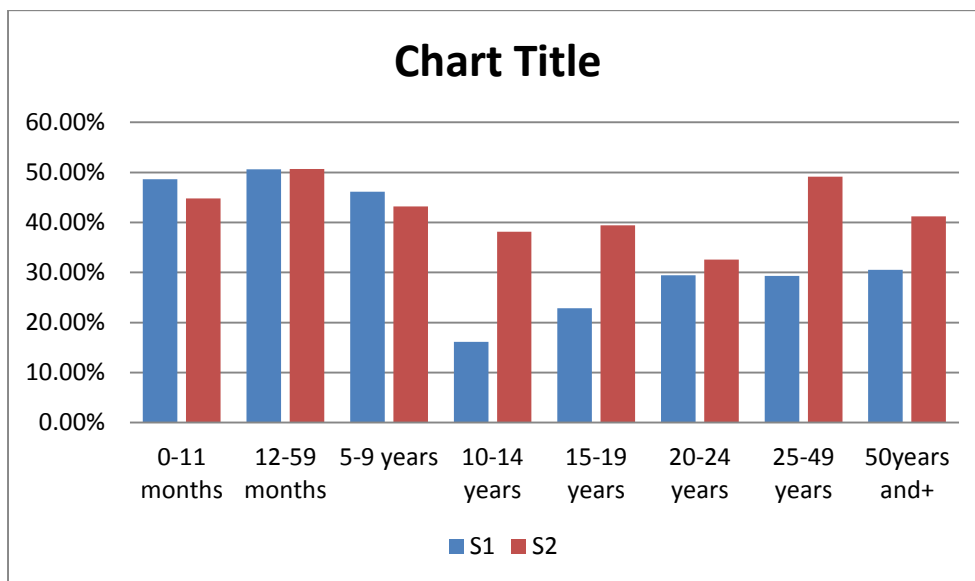
### 2.2.3 Age distribution of clinic attendance



**Chart 10: Clinic attendance by age group**

From the graph above we can see that people in the 25-49 age group are the most frequent. We can also see, for example, that the number of people aged 50 and over increased from the first to the second half of the year.

## 2.2.4 Distribution of persons by sex and age group



**Chart N°11: Attendance by sex and age group**

The graph above shows that the number of men in the 10-14 and 25-49 age groups has increased considerably.

## 2.3 Constraints encountered

- ✓ The buildings are more or less obsolete as well as the limited capacity in terms of infrastructure and the quality of hygiene services offered. This costs the organization a lot.
- ✓ Instability of specialized medical personnel.
- ✓ Planned and unimplemented activities (immunology) due to a supplier that has not met its commitments as set out in the supply contract.
- ✓ Power and water cut-off problems
- ✓ The lack of technicians on site for equipment maintenance
- ✓ Stock outs at the wholesale pharmacy level which cause some operational difficulties

## 2.4 Coping mechanisms

Faced with these constraints, we have resorted to temporary staff, the use of the generator, the strengthening of the internal supply system as well as the purchase of reserve equipment. There was also collaboration with similar structures.

## 2.5 Lessons learned

- ✓ Unity is strength and collaboration is the key to success.
- ✓ Security measures and full identification of credible suppliers remains a challenge

- ✓ The quality of the services offered must be emphasized for the success of the project
- ✓ Effective communication also contributes to the success of this project.

## **CHAPTER II. CENTRE MEDICAL ESPOIR DE KAYOGORO**

### **1. Project Description**

It is a project to promote clinical services in the rural population, especially among vulnerable people. This project aims at the implementation of specialized services not available on site. This is how various services are functional and they deserve to be improved. These services include:

- 1. Ophthalmology**
- 2. General Medicine**
- 3. Laboratory**
- 4. Emergencies**

#### **1.1 Objectives**

##### **1.1.1 Overall objective:**

To contribute to the improvement of the health status of the population, especially specialized care in rural areas, to enable the recovery of the economy and the reduction of poverty by maintaining human capital in good health.

##### **1.1.2 Specific Objectives:**

-Increase from 30% to 40% the number of people with access to information on sexual and reproductive, dental and eye care in intervention areas by December 2017

-increase the number of people with access to specialized health care from 15% to 30% by 2017

- Improve the functioning of the clinic

## **1.2 Planned activities**

1. **Organize awareness activities on sexual and reproductive health and dental and eye care by community health workers.**

2. **Ophthalmology:**

- Organize external consultations,
- Organize eye surgery services

3. **General Medicine :**

- Conduct consultations,
- Hospitalization,
- Comprehensive management of HIV/AIDS

4. **Laboratory :**

-Carry out routine examinations such as parasitology, serology, soluble antigens, rheumatologic test, and HIV/AIDS test

5. **Emergencies:**

Insure the medical emergencies and the small surgery

### 1.3 Logical framework

<b>Specific Objective 1 : Increase from 30% to 40 %, the number of people with access to information or sexual and reproductive, dental and eye care in intervention areas by December 2017</b>					
<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
<p>-People in the intervention areas sensitized by community health workers</p> <p>-People attending the center are sensitized on health education in the health promotion education sessions</p>	<p>-Number of people sensitized by community health workers</p> <p>-Number of patients sensitized on health education</p>	<p>-6652 people sensitized in 2016</p> <p>7199 people sensitized in 2016</p>	<p>-10454 people sensitized in 2017</p> <p>-7199 people sensitized in 2017</p>	<p>-8236 people sensitized in 2017</p> <p>-6029 people sensitized in 2017</p>	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Organize awareness activities on sexual and reproductive health, dental and eye care by community health workers	Number of people sensitized by community health workers	6652 people sensitized in 2016 by community health workers	10454 people sensitized in 2017	-8236 people sensitized in 2017	

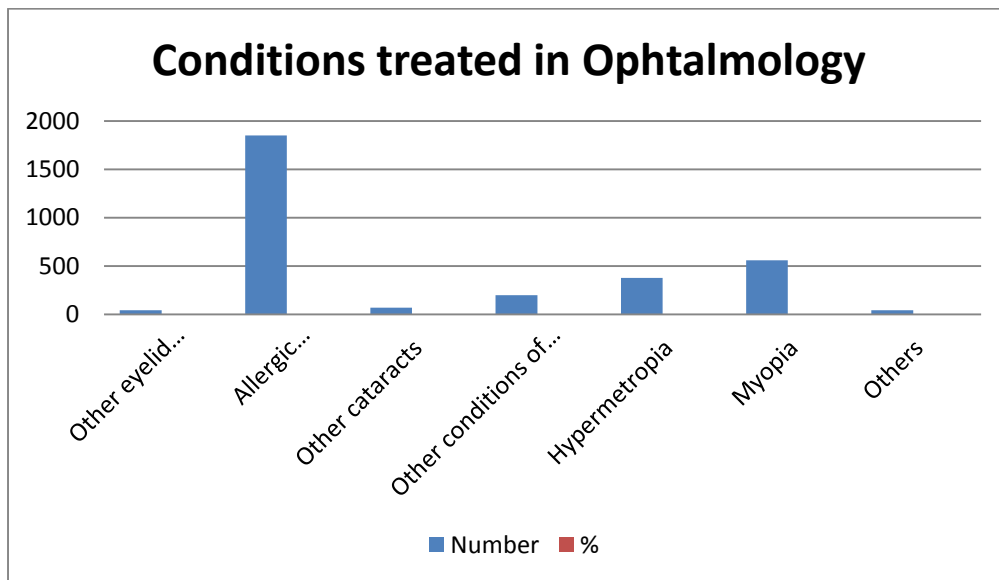
Facilitate health promotion education sessions	Number of sessions facilitated Number of people sensitized	254 sessions facilitated -4318 people sensitized on health education	286 sessions facilitated in 2017 -7199 people sensitized in 2017	260 sessions facilitated in 2017 -6029 people sensitized in 2017	
<b>Specific objective 2 : Increase the number of people with access to specialized health care from 15% to 30%, by December 2017</b>					
<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
People in intervention areas receive specialized care	Number of specialized services offered to the population	4318 specialized services in 2017	3363 services	3147 services offered in 2017	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Ensure ophthalmological care	Number of ophthalmological services offered	-2568 services offered in 2017	3363 ophthalmological services offered in 2017	3147 services offered in 2017	

<b>Specific objective 3 : Ensure the routine operation of the polyclinic</b>					
<b>Results</b>	<b>Result indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
The operation of the services is 100%ensured	Number of services operated	All services are covered	Services operation ensured	The operation has been 80% ensured	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Pay staff salaries	Number of persons paid	6 persons paid in 2016	5 persons paid in 2017	5 persons paid in 2017	
2. Buy office printouts, medicines, and glasses needed	Number of printed matter, medicines and glasses purchased	All necessary printed matter, medicines and glasses have been purchased	All necessary printed matter, office medicines are purchased	Printed matter supplied	
3. Maintain buildings and equipment	Proportion of buildings and equipment maintained	80% of maintenance was carried out	100 % buildings and equipment maintenance is ensured	80% of equipments maintained	

## 2 Project qualitative analysis

### 2.1 Main achievements

#### 2.1.1 Ophthalmic conditions treated



**Chart 11: Conditions treated in ophthalmology**

Allergic conjunctivitis occupies 1st place with 58.11% of all pathologies received in ophthalmology.

### 2.2 Distribution of clinic visits

#### 2.2.1 Monthly rate of change

**Table 5 : Monthly variation rate**

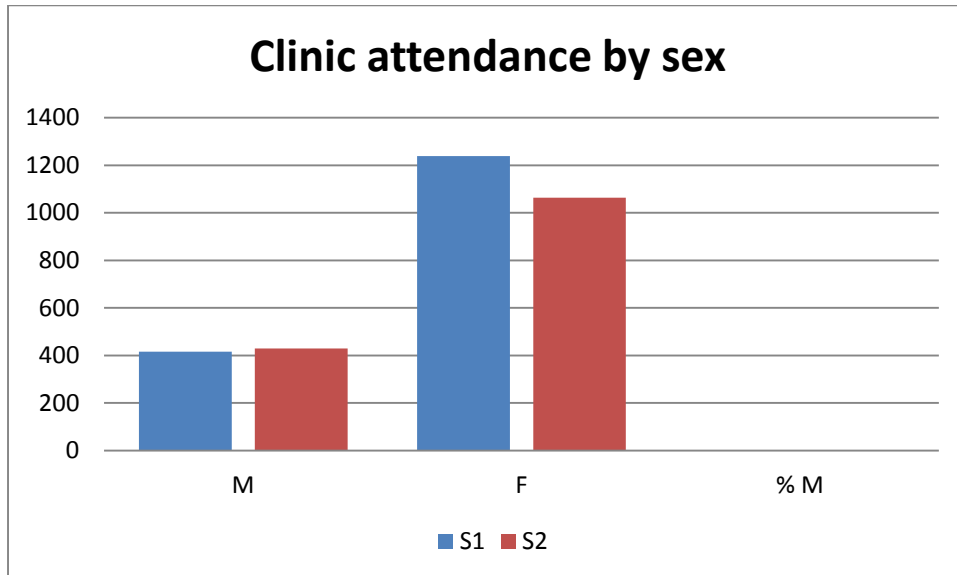
Months	M	F	% variation M	% variation F
January	36	115		
February	66	163	83%	42%
March	113	316	71%	94%
April	52	191	-54%	-40%
May	92	244	77%	28%
June	57	209	-38%	-14%
July	79	177	39%	-15%
August	100	249	27%	41%
September	120	218	20%	-12%
October	80	186	-33%	-15%



November	27	115	-66%	-38%
December	23	119	-15%	3%

With the table above we notice for example an increase of 83% for men between January and February.

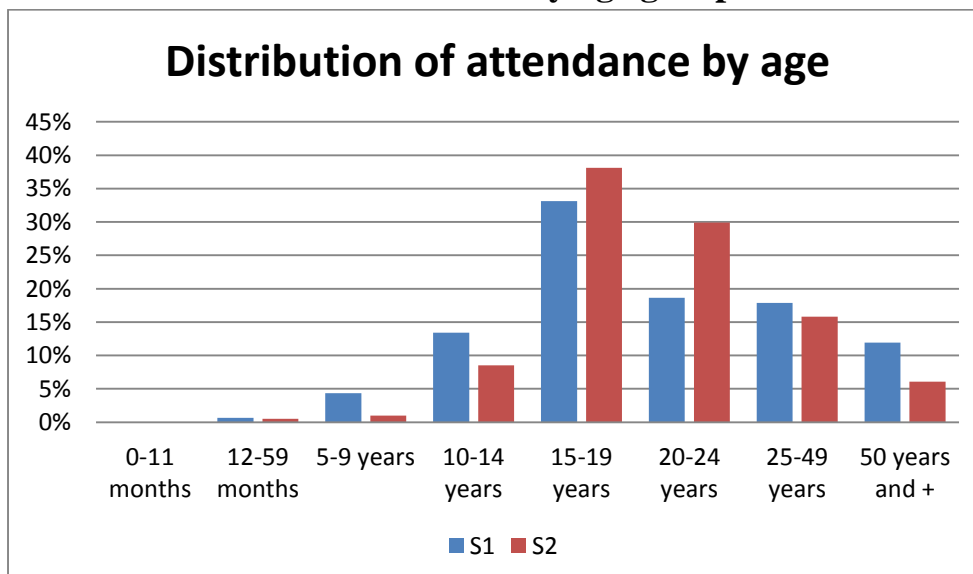
### 2.2.2 Number of people attending the clinic by sex



**Chart 12 : clinic attendance by sex**

From the 1st semester to the 2nd semester, there is a decrease in the number of people attending the clinic for women. In both periods there were many more women than men attending the clinic.

### 2.2.3 Distribution of attendance by age group



**Chart 13: Distribution of attendance by age**

From the graph above, we can see the increase in attendance from the 1st semester to the 2nd semester in the age group of 20-24 years.

**2.2.4 Constraints encountered**

- The impoverishment followed by the devaluation of the currency in the population in general and that of kayogoro in particular make access to health services inaccessible including those which are elementary.
- The illegal sale of health products that cause complications that are difficult to correct
- Irregular supply of electric current
- Repetitive failure of the generator set.
- Rumors in the locality of the clinic

**2.2.5 Coping mechanisms**

- Reduced full-time staff to replace them with part-time staff
- An active management of rumors circulating
- There was the adaptation of the tariffs to the situation of the moment

**2.2.6 Lessons learned**

Managing a rural clinic requires a special effort and a solid input investment.

## **CHAPTER III. Clinique Espoir de Mwaro (CEM)**

### ***PROJECT Clinique Espoir de Mwaro***

#### **1. Project Description**

##### **1.1 Introduction**

It is a project to promote clinical services in the rural population, especially among vulnerable people. This project aims at the implementation of specialized services not available on site. This is how various services are functional and they deserve to be improved. These services include:

- 1. Ophthalmology**
- 2. Dentistry**
- 3. General Medicine**
- 4. Laboratory**
- 5. Emergencies**

##### **1.2 Objectives**

###### **1.2.1 Overall objective:**

To contribute to the improvement of the health status of the population, especially specialized care in rural areas, to enable the recovery of the economy and the reduction of poverty by maintaining human capital in good health.

###### **1.2.2 Specific Objectives:**

-Increase from 30% to 40% the number of people with access to information on sexual and reproductive, dental and eye care in intervention areas by December 2017

-increase the number of people with access to specialized health care from 15% to 30% by December 2017

- Improve the functioning of the clinic

##### **1.3 Planned activities**

**1. Organize awareness activities on sexual and reproductive health and dental and eye care by community health workers.**

**2.Ophthalmology:**

- Organize external consultations,
- Organize eye surgery services

**3.Dentistry:**

- Promote scaling and filling,
- Perform dental extractions
- fillings
- perform ROT canal treatments

**4.General Medicine:**

- Conduct consultations,
- Hospitalization,
- Comprehensive management of HIV/AIDS

**5.Laboratory:**

- Carry out routine examinations such as parasitology, serology, soluble antigens, liver test, kidney test, rheumatologic test, HIV/AIDS test

**6. Emergencies:**

Insure the medical emergencies and the small surgery



<b>Specific objective 1 : Increase from 30% to 40 %,the number of people with access to information on sexual and reproductive, dental and eye care in intervention area by December</b>					
<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
<p>-People in the intervention zone sensitized by community health workers</p> <p>-Patients attending the center are sensitized on health education</p>	<p>-Number of people sensitized by community health workers</p> <p>-Number of patients sensitized on health education</p>	<p>-6652 people sensitized in 2016 by community health workers</p> <p>7199 people sensitized in the health promotion education</p>	<p>10454 people sensitized in 2017</p> <p>-286 sessions facilitated in 2017</p> <p>-7199 people sensitized in 2017</p>	<p>12654 people sensitized in 2017</p> <p>-8654 people sensitized 2017</p>	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Organize awareness activities on sexual and reproductive health, dental and eye care by community health workers	Number of people sensitized by community health workers	6652 people sensitized in 2016 by community health workers	10454 people sensitized in 2017	12654 people sensitized in 2017	

Facilitate health promotion education sessions	Number of sessions facilitated Number of people sensitized 286 sessions facilitated in 2017 -7199 people sensitized in 2017	254 sessions facilitated -4318 people sensitized on health education	286 sessions facilitated in 2017 -7199 people sensitized in 2017	240 sessions facilitated in 2017 -8654 people sensitized in 2017	
<b>Specific objective 2 : Increase the number of people with access to specialized health care from 15% to 30% by December 2017</b>					
<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
People in the intervention zone receive specialized care	4318 specialized services in 2017	3118 specialized services in 2016	7610 services offered in 2017	15313 services offered in 2017	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Ensure ophthalmic care	Number of ophthalmic services offered	-2568 services offered in 2016	-3363 ophthalmic services offered in 2017	11704 services offered in 2017	

2. Ensure general medicine services	Number of services in general medicine offered	-1491 services offered in 2016	-1610 services offered in 2017	1246 services offered in 2017	
3. Ensure laboratory tests	Number of laboratory tests carried out	-1759 services offered in 2016	-2185 laboratory tests offered in 2017	2275 tests carried out in 2017	
4. Provide dental care	Number of dental services offered	-42 services offered in 2016	-452 dental services offered in 2017	88 services offered in 2017	
<b>Specific objective 3 : Ensure routine operation of the clinic</b>					
<b>Results</b>	<b>Results indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	
The operation of services is 100% ensured	Number of services operated	All services are covered	100% of services covered	100% of services covered	
<b>Activities</b>	<b>Process indicators</b>	<b>Reference basis</b>	<b>Expected results</b>	<b>Real results</b>	
1. Pay staff salaries	Number of persons paid	6 persons paid in 2016	7 persons paid in 2017	7 persons paid in 2017	



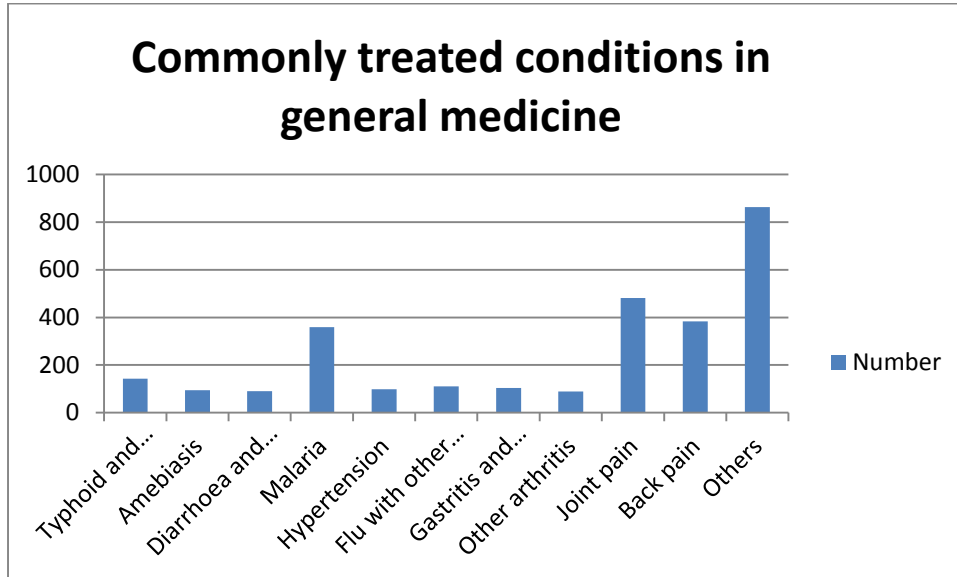
2. Buy office printouts, medicines and glasses needed	Number of printed matter, medicines and glasses purchased	All necessary printed matter, medicines and glasses have been purchased	All necessary printed matter, medicines are purchased	100% of printed matter provided
3. Maintain buildings and equipments	Proportion of buildings and equipment maintained	80% of maintenance was carried out	100 % of buildings and equipment maintenance is ensured	100 % of buildings and equipment maintenance is ensured

## 2 Project qualitative analysis

### 2.1 Main achievements

#### 2.1.1 General medicine

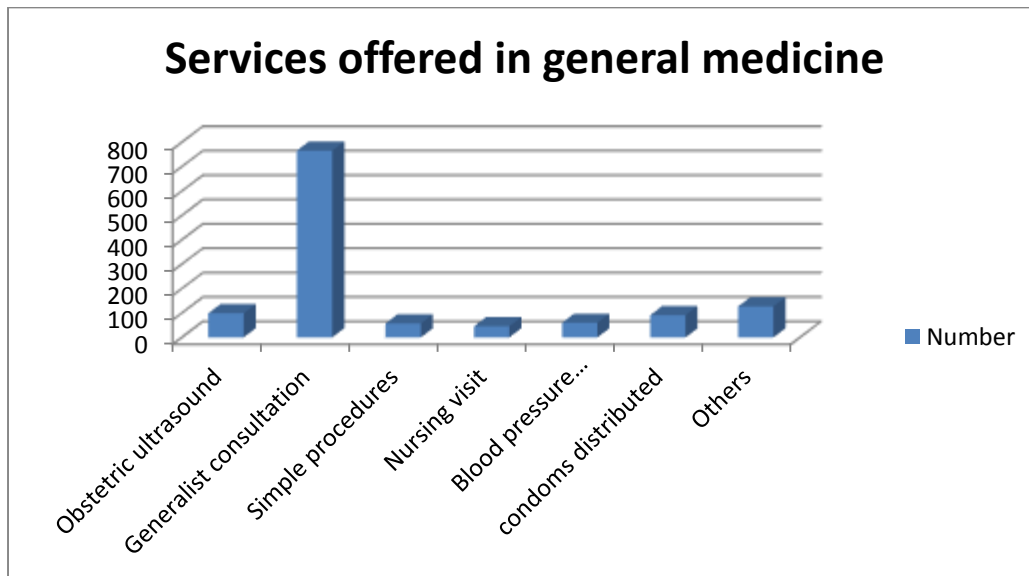
##### a. Commonly treated conditions in general medicine



**Chart 14: Commonly treated conditions in general medicine**

For pathologies treated in general medicine, joint pain dominated with 17.11%.

##### b. Services offered in general medicine

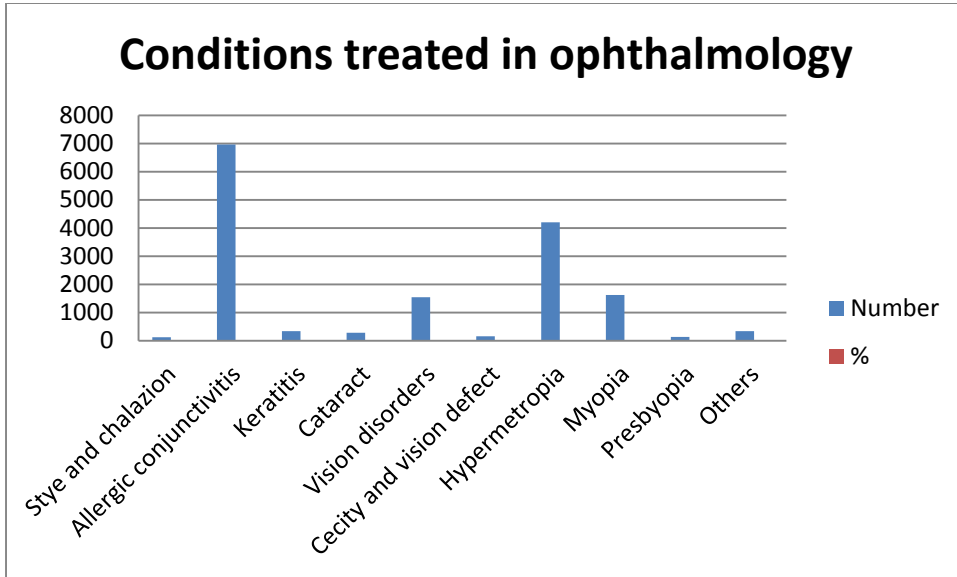


**Chart 15: Services offered in general medicine**

The graph above shows that the generalist consultation occupies the 1st place of the services offered in general medicine with 61.47%.

## 2.1.2 Ophthalmology

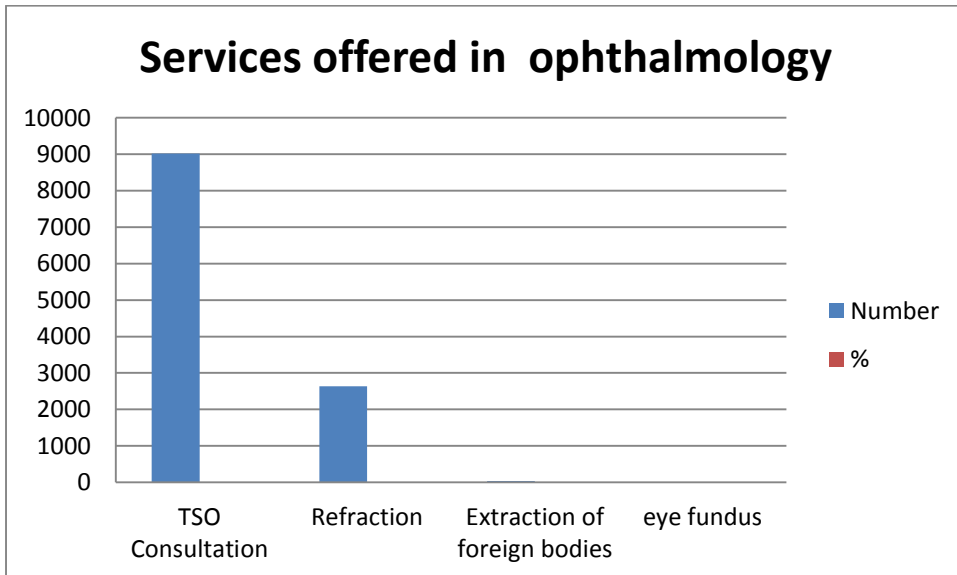
### a. Conditions treated in ophthalmology



**Chart 16: Conditions treated in ophthalmology**

With the graph above, we see that allergic conjunctivitis dominates with 44.48% of pathologies received in ophthalmology.

### b. Services offered in ophthalmology

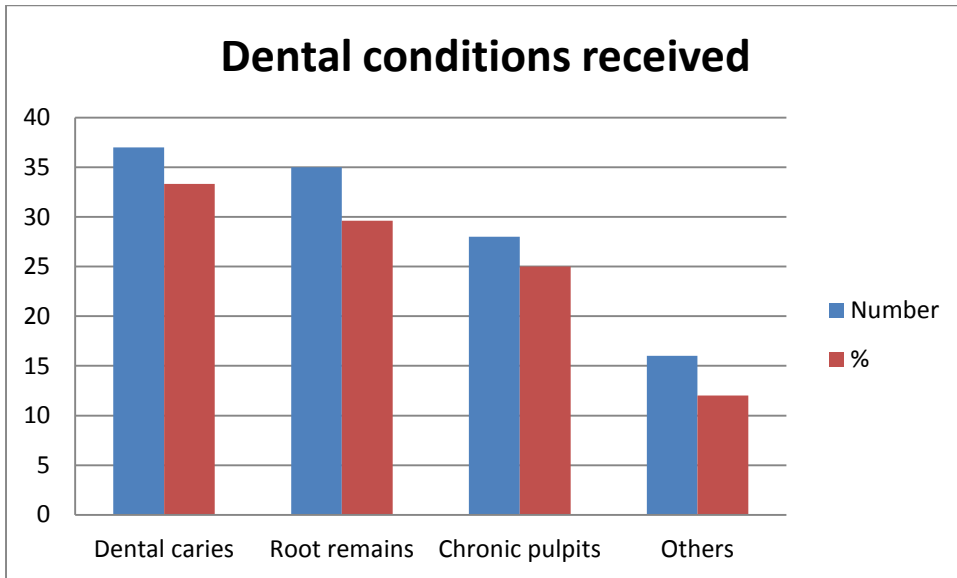


**Chart 17: Services offered in ophthalmology**

The graph above illustrates the services offered in ophthalmology. TSO consulting occupies 77.09% of the services offered

### 2.1.3 Dentistry

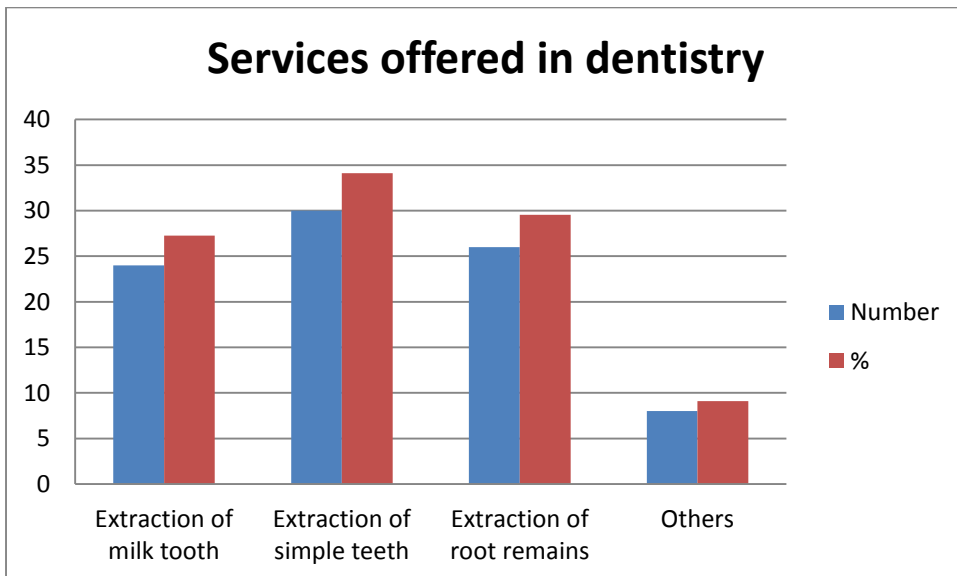
#### a. Dental conditions treated



**Chart 18 : Dental conditions received**

The graph above shows that in dentistry, dental caries dominated with 33.33% of pathologies received in dentistry.

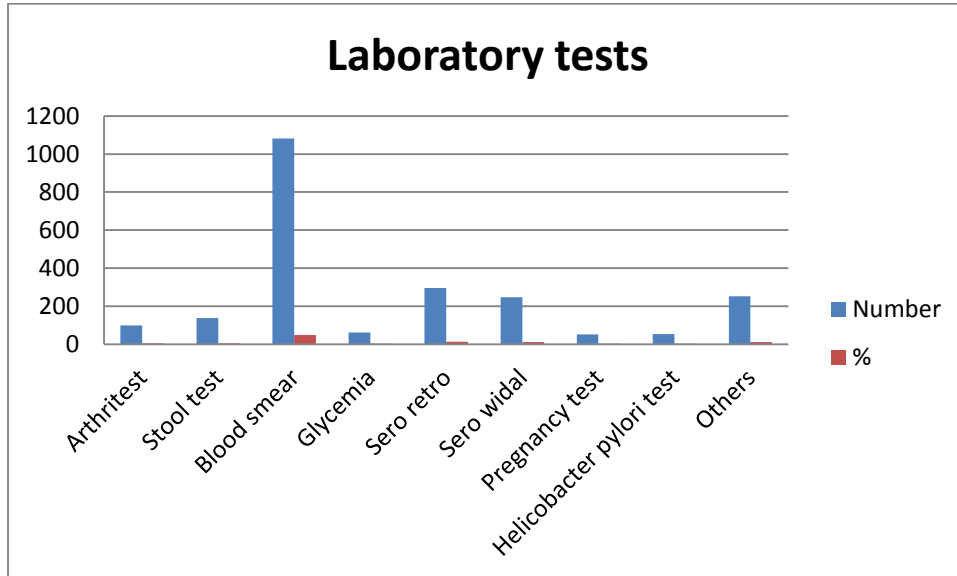
#### b. Services offered in dentistry



**Chart 19: Services offered in dentistry**

Simple extraction of teeth dominated with 34.09% of the procedures performed in dentistry followed by extraction of root remains with 29.54%.

### 2.1.4 Laboratory test



**Chart 20: Laboratory tests**

The graph above shows the examinations performed in the laboratory. The blood smear is at the top of the tests carried out.

## 2.2 Distribution of clinic visits

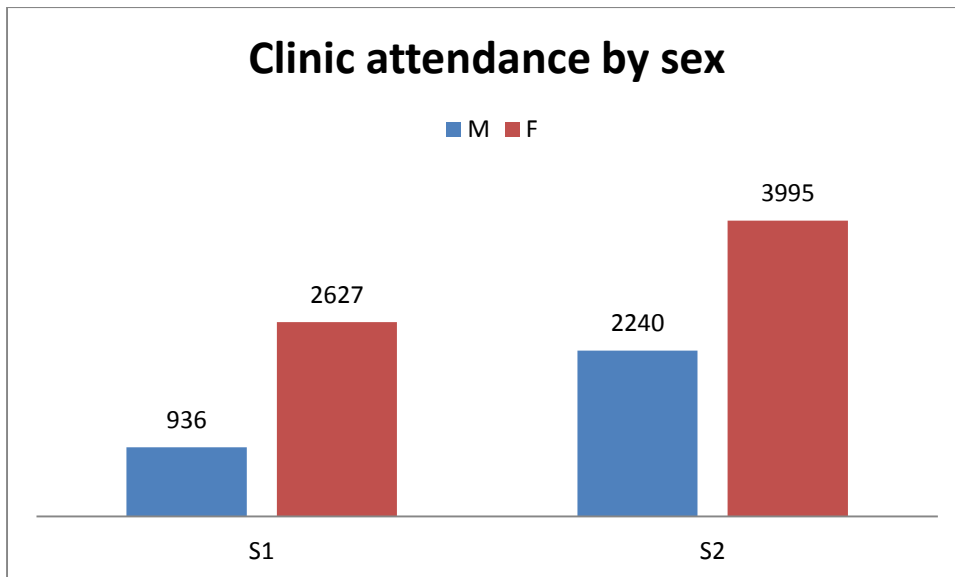
### 2.2.1 Monthly rate of change

**Table 6 : Monthly variation rate**

Months	M	F	% variation M	% variation F
January	110	315		
February	97	305	-12%	-3%
March	116	376	20%	23%
April	123	409	6%	9%
May	248	454	102%	11%
June	242	768	-2%	69%
July	302	865	25%	13%
August	284	725	-6%	-16%
September	414	578	46%	-20%
October	409	538	-1%	-7%
November	342	644	-16%	20%
December	489	645	43%	0%

The table above illustrates the monthly rate of change. For example, there was a 102% increase in male attendance between April and May.

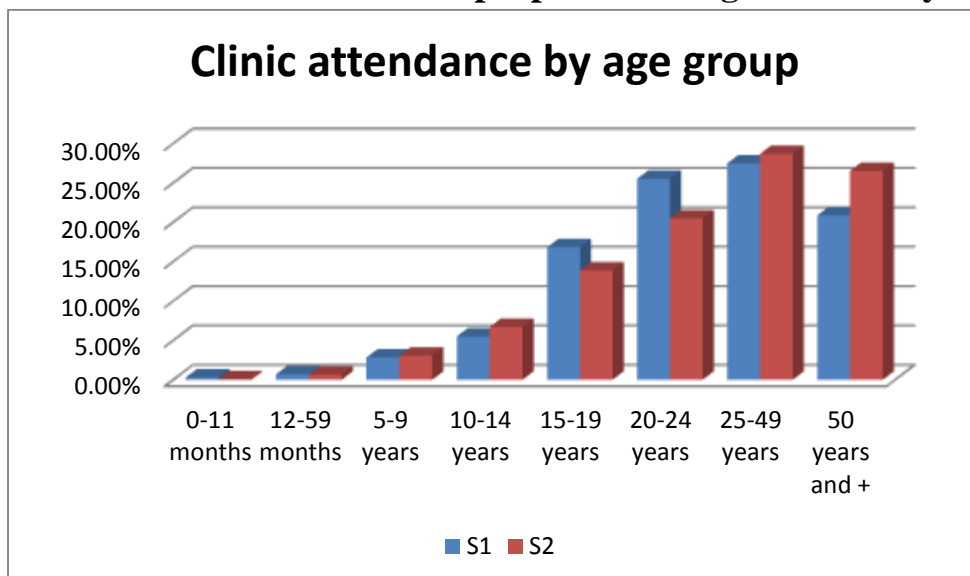
### 2.2.2 Number of people attending the clinic by sex



**Chart 21: Clinic attendance by sex**

Passing from the 1st semester to the 2nd semester, there is an increase for both men and women.

### 2.2.3 Number of people attending the clinic by age group



**Chart 22: Clinic attendance by age group**

The graph above illustrates attendance by age group. It can be seen that the attendance of people in the 25-49 age group dominates in both periods. There is a remarkable fall in the

number of people in the 15-19 and 20-24 age groups, and an increase in the number of people in the 50+ age group from the first to the second semester.

### 2.2.4 Clinic attendance by age and sex

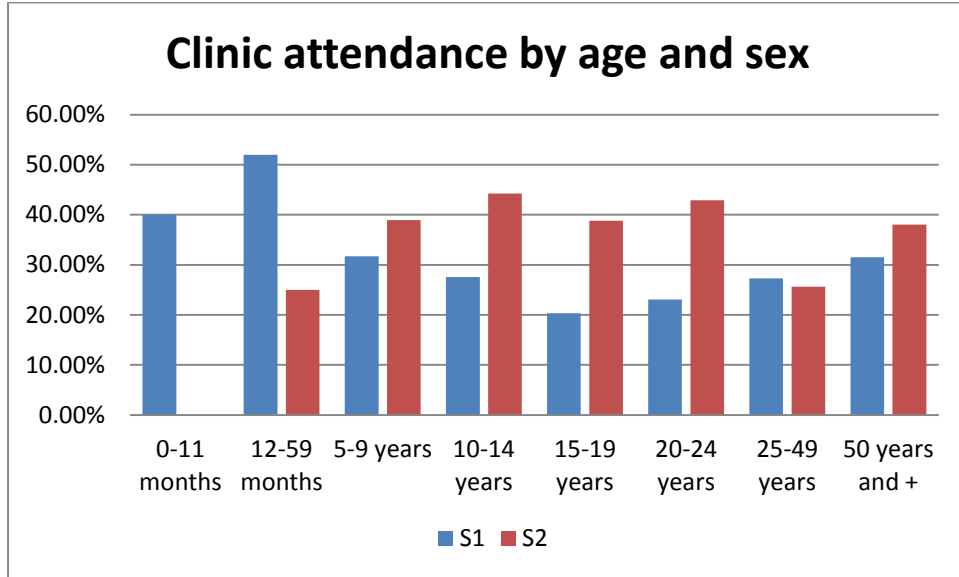


Chart 23: Clinic attendance by age and sex

### **2.3 Constraints encountered**

The notion of repetitive power failure was mentioned, which caused operating difficulties. Finally, I would like to point out the instability of staff, especially doctors, which has occurred in recent days. Cultural attachment is reported, which decreases attendance for some services.

### **2.4 Coping Mechanisms**

We have purchased a generator and awareness sessions are held regularly.

### **2.5 Lessons Learned**

Good communication is a key to the success of the project.



## **CHAPTER IV. JOINT PROGRAM**

### **1 Project Description**

#### **1.1 Introduction**

This project will contribute to the promotion of SRH/youth through capacity building of youth in SRH/HIV and capacity building of providers of the 10 health centers as well as networking of stakeholders in the field.

Thus, training of providers at the level of health centers will be provided to enable the provision of quality services to young people in and out of school. The project will also set up counselors in the schools targeted by the project who will help young people with SRH problems in the first place before referring them to youth-friendly health centers if necessary.

In addition, a network of all stakeholders in the field of adolescent and youth sexual and reproductive health around the youth-friendly health centers will be established. Awareness-raising among parents and partnerships with other youth associations are also identified as channels to strengthen the provision of youth-friendly services.

IECC tools on SRH will also be reinforced, in particular SRH films, which will be shown to give educational messages to young people attending the centre coupled with topics led by an experienced SRH provider.

Each time, a service provider will be next to them for guidance and each young person who has a sexual and reproductive health problem will be welcomed. The project will specifically target FP, emergency contraception, sexual violence, HIV testing and management, cycle disorders, STI testing and treatment, post-abortion care, etc.

#### **1.2 Objectives**

##### **1.2.1 Overall objective:**

Improve the sexual and reproductive health of adolescents and youth in Gitega, Bubanza and Cibitoke provinces.

##### **1.2.2 Specific objectives**

SO1: Adolescents and youth have access to quality youth-friendly reproductive health services (including family planning).

From January - December 2017, a training of 150 providers on SRH of adolescents and youth at the provincial level took place. This training enabled care providers to offer quality services tailored to youth and adolescents. In IPROSARUDE's 3 provinces of intervention, health care providers were able to provide services to 97674 adolescents and youth.

SO2: Improve project networking and coordination

10 community social networks are set up in the 3 provinces where IPROSARUDE works, experience exchange visits; dialogue sessions between parents and children, as well as mass sensitization of adolescents and young people on GBV prevention, unwanted pregnancies, early and clandestine marriage, and promotion of parent-child dialogue are held.

### **1.3 Planned Activities**

- Training of 150 providers on SRH for adolescents and young people at the provincial level
- Training of 40 counselors on SRH for young people in schools
- Establishment of 10 socio-community networks
- Organization of exchange of experience visits
- Organization of dialogue sessions between parents and children
- Mass sensitization

## 1.4 Logical framework

<b>Results indicators</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
<b>Number of people trained on adolescents and youth SRH in the project's provinces of intervention</b>		150 people trained on youth SRH		
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap Justification</b>
1. Identification of youth-friendly health centers	Number of youth friendly health centers identified	10 youth-friendly health centers identified	10 youth-friendly health centers identified	-
2. Train 40 counselors on SRH for young people in schools	Number of counselors trained on SRH for young people in schools	40 counselors trained on SRH for young people in schools	0	Module not available
3. Organise training for 150 providers on SRH for adolescents and youth, on SASA at provincial level	Number of health center providers trained on SRH and SASA of young people	150 providers trained on SRH and SASA of young people	150 providers trained	-
4. Prepare youth-friendly spaces in 10 health centers	Number of Spaces Furnished	10 spaces furnished	10 spaces furnished	-

5. Ensure collaboration and support for a well functioning reference system between health centers and the schools	Number of reference channels set up	40 reference channels set up	40 reference channels set up	-
6. Organize mass awareness activities in 18 communes	Number of communes visited Number of people sensitized	18communes visited	18 communes visited 23966 people sensitized	

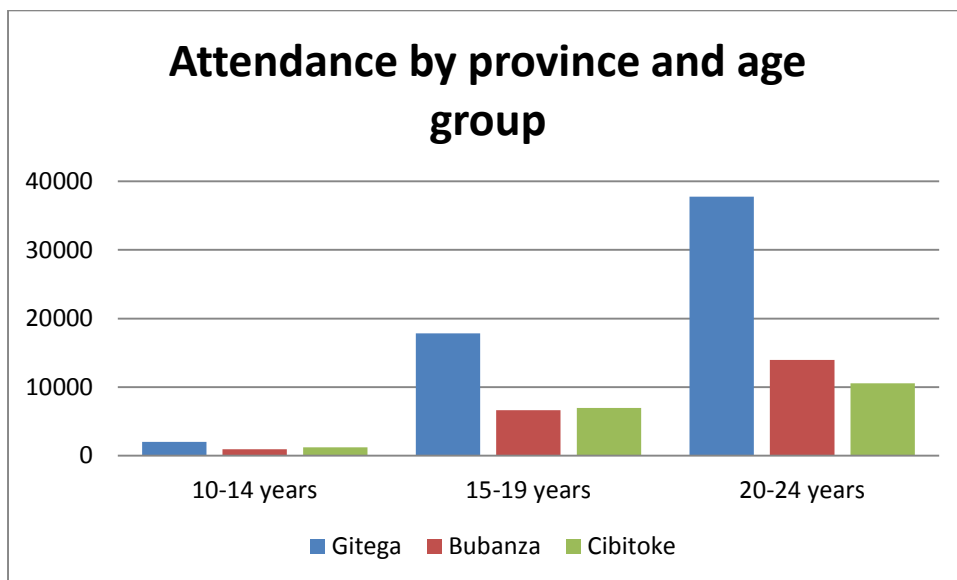
## 2 Project qualitative analysis

### 2.1 Main achievements

Planned activities	Target	Realized	% of completion	Gap justification
Identification of youth-friendly health centers	10	10	100%	-
Raise awareness on SRH among provincial and local health structures, schools, health centers and religious leaders	80	80	100%	-
Organize training for providers and GSs on SRH for adolescents and youth and on SASA at the provincial level	150 providers	150 providers	100%	
Organize quarterly supervision visits to each youth-friendly health center	10 visits	10 visits	100%	
Mentoring of youth-friendly health centers set up in 2016	8 health centers	8 health centers	100%	
Implementation of social networks for the promotion of youth health	10 networks	10 networks	100%	
Organization of dialogue sessions between parents and children	240	240	100%	
Organize a coordination meeting	2	2	100%	

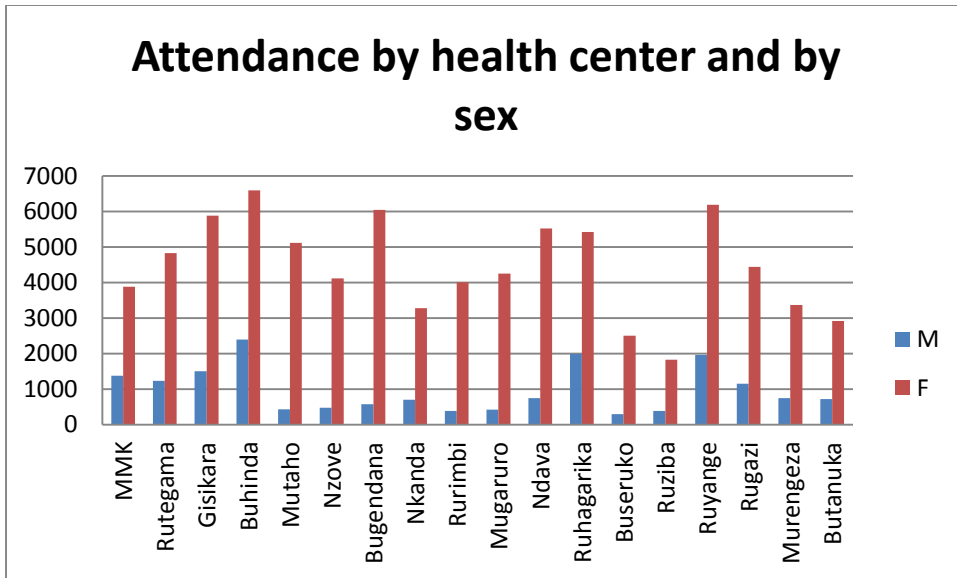
Prepare youth-friendly spaces	10	10	100%	
Mass sensitization on GBV prevention, early marriage, unwanted pregnancies, parent-child dialogue	18 communes	18 communes  23966 people sensitized	100%	
Training of 64 counselors on youth SRH in schools	64 counselors	64 counselors	0%	Lack of module for training school counselors

In the provinces of Gitega, Bubanza and Cibitoke, the project helped set up youth-friendly health centers. Capacity building of health centre providers in the provinces mentioned above was carried out for 150 providers. In those youth-friendly health centers, a networking system between the various stakeholders in the field of adolescents and youth SRH has been set up. 10 social networks for the promotion of youth health have been set up. In addition, awareness-raising sessions for young people in the field of SRH/HIV have been carried out. Parent-child communication sessions were organized as well as visits to exchange experiences between the different networks set up.



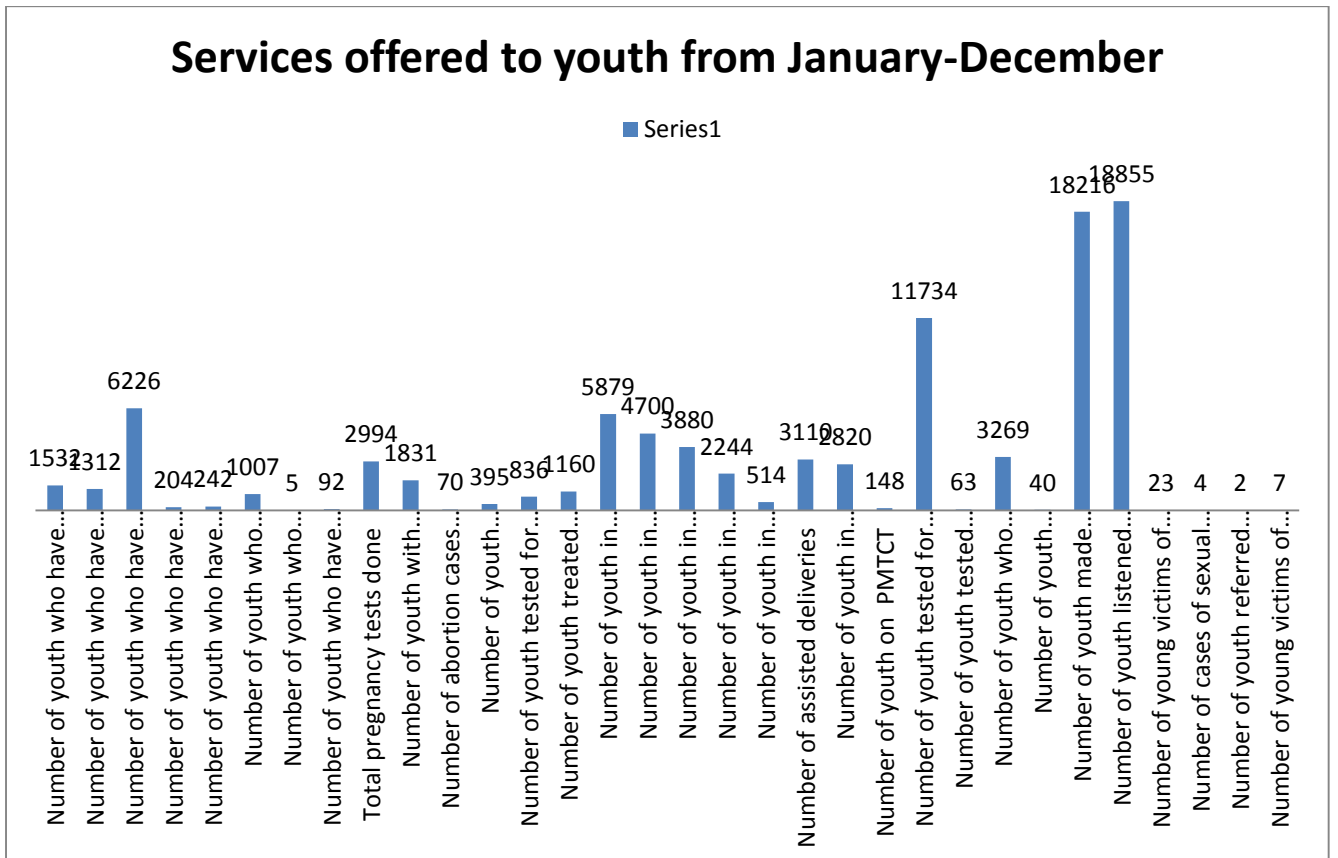
**Chart 1: Attendance by Province and Age Group**

The graph above shows visitation by province and age group. There is high attendance in Gitega province, low attendance by persons in the 10-14 age group, and high attendance by persons in the 20-24 age group.



**Chart 2: Attendance by health center and by sex**

The graph above illustrates attendance by youth-friendly health centers and by sex. There is a strong attendance for the health center of Buhinda and for all youth-friendly health centers the women dominate.



Here, data by age group, gender, services and province were identified. However, the project has developed a comprehensive database that allows data to be extracted for any specific items related to youth-friendly health centers attendance or services offered to youth and adolescents.

Overall, both in terms of services offered to youth and attendance at youth-friendly health centers, the rate for girls is still higher than for boys. This is explained by the fact that there are services offered exclusively to girls or, to a lesser extent, almost entirely to the female sex, including young people who have benefited from contraceptive methods, pregnancy tests carried out, positive pregnancy tests, recorded abortions, young people consulted for menstrual cycle disorders, etc. We note that these youths between the ages of 15-19 and 19-24 represent the age groups that attend large numbers of youth-friendly SRH services at youth-friendly health centers.

## **2.2 Constraints encountered**

Lack of SRH training module for school counselors.

## **2.3 Lessons learned**

- ✓ A joint effort is needed among all stakeholders in the joint program for the operation of the social networks for the promotion of youth health
- ✓ Collaboration is the key to success.
- ✓ Behaviour change is a process.

## **2.4 Coping mechanism**

In the 3 provinces of IPROSARUDE's intervention for the year 2017, we have 10 socio-community networks, while for 2016 we had 8 socio-community networks that we continue to support. The establishment of these community social networks was aimed at promoting the sexual and reproductive health of adolescents and youth. The Committee of each network is made up of 12 members.

## **3 Other Outcomes: Mass Awareness**

### **3.1 Introduction**

IPROSARUDE contributed to the implementation of the joint program.

In 1290 collines, parents, guardians, family members, administrative and religious leaders are sensitized to facilitate adolescents and young people to access SRH information, education and



services. A mass awareness activity was carried out in the 18 communes in the Care International intervention zone.

### 3.2 Description of the activity

With funding from CARE International through the joint program project "MENYUMENYESHE" ;in the concern to contribute to the prevention of GBV ,unwanted pregnancies ,early marriages and the promotion of parent-child communication and as part of the response to the four main challenges of adolescents and young people in SRH : limited access to reliable and comprehensive information about SRH limited access to appropriate services for young people ,limited support from parents ,teachers, religious leaders to access SRH information and services ,norms related to youth sexuality ,gender norms that are one of the causes of gender justice and contribute to poor communication in the family, unequal decision-making, division of labor and responsibilities and gender-based violence

IROSARUDE has organized awareness programs on various adolescent and youth reproductive health issues. To this end, IROSARUDE has used musical caravans, mobile cinema and competitions. The theme of the activity was **"Young people and parents, all together; avoid early marriages, GBV, unwanted pregnancies and misfortune to adolescents and young people and promote dialogue between parents and children to help adolescents and young people by informing them about the existence of SRH services adapted to the needs of young people"**.

#### List of communes concerned by awareness-raising

Province	Commune
Bubanza	Mpanda
Gitega	Mutaho
	Bugendana
	Gishubi
Cibitoke	Mugina
Bujumbura	Mubimbi
	Mutimbuzi
	Kanyosha

	Musaga
	Bwiza
Bujumbura Mairie	Kinama
	Kayanza
	Muruta
Kayanza	Gatara
	Mwakiro
Muyinga	Buhinyuza
	Vumbi
Kirundo	Busoni

### 3.3 Project objectives

#### 3.3.1 Overall objective

Contribute to the reduction of gender-based violence, unwanted pregnancy, early marriage and the promotion of parent-child communication.

#### 3.3.2 Specific objectives

Specifically,

- ✓ Mobilize the political-administrative authorities at the national, provincial, communal and colline level in favor of the prevention and fight against unwanted pregnancies, early marriages and the promotion of parent-child communication.
- ✓ Raise community awareness through messages, posters, banners, interactive games and radio and television spots for behavior change and parent-child dialogue;
- ✓ Develop themes on GBV prevention, unwanted pregnancies, early marriages ;
- ✓ involve social networks for promotion of youth health of the youth-friendly health centers in mass awareness raising

### 3.4 Planned Activities

- Contact with PNSR, IEC, health provincial, district and local government officials to explain the objectives of this project;
- Trained an IPROSARUDE team in animation technique and mass communication;
- Establishment of a multidisciplinary team with communication expertise consisting of PNSR, IPROSARUDE, and IPROSARUDE trained facilitators, educators, etc.
- The choice of the target persons of the project in each commune jointly with the provincial and communal leaders;
- A communal commission of 9 persons, which will be chaired by the Governor of the province in each commune where CARE operates, will be set up;
- Literature review on the situation of GBV, unwanted pregnancies, early marriages and interpersonal communication;
- Identify the techniques and tools needed for mass awareness:
  - ✓ Elaboration of key messages and recording them on CD;
  - ✓ Vehicle identification, pre-equipped motorcycles for musical caravan;
  - ✓ Prepare games contests, competitions for young people who will have participated in awareness workshops at the end of each awareness session;
  - ✓ Draw up a daily timetable which must always be respected in each commune and the tasks distributed among the members of each team.
- Provide key IPROSARUDE team for awareness raising.

### 3.5 Main achievements

This activity is organized as a campaign and reached about 23966 people in the 18 communes. In each commune, we spent a day of awareness in the different places of the commune. During awareness raising, key messages on GBV prevention, unwanted pregnancies, early marriage, promoting communication between parents and children were disseminated.

The facilitators of these themes were communication experts (musician, IPROSARUDE facilitation and communication team, IEC persons, PNSR persons, etc).

This communication campaign on sexual and reproductive health adapted to young people and adolescents has also enabled us to:

- Assess the level of knowledge about sexual and reproductive health relevant to young people and adolescents in the community in general and among young people in particular;
- Evaluate the impact of the sensitizations made within the framework of the education pair in the target provinces of the project;
- Motivate the public through the different prizes given during the competition sessions;

- Communicate publicly on national realities in the field of adolescents and youth SRH

Overall, the campaign was sufficiently animated and the public took the opportunity to express the wish to resume activities in that way. Awareness-raising has much more concerned fundamental and post-fundamental pupils. The follow-up is done by the staff of the joint program to see the functioning of these networks and the dissemination of messages against GBV, unwanted pregnancies, early marriage and the promotion of dialogues between parents and children.

The activity was conducted by 6 teams:

- IPROSARUDE team (initiative for the promotion of rural health and development).
- Team of young animators
- IEC team (Information-Education-Communication).
- Team of the Ministries of Youth, Sport and Culture and PNSR
- Team of comedians including the DJ
- Team of supervisors at the central level (health and education Ministries)

Each team had roles to accomplish:

- IPROSARUDE team: its role was to coordinate and supervise activities, develop a timeline of activities, organize and hold an evaluation meeting of activities at the end of each day.
- The IEC team: Their workbook was to retrain facilitators before going to the field and transmit key messages on preventing gender-based violence, unwanted pregnancies, early marriage and promoting parent-child communication in collaboration with young facilitators.
- The young animators: animation-communication to the public and they were in close collaboration with the IEC and in general with all the teams.
- The comedian Kigingi and his team were responsible for motivating the audience through comedies and songs about adolescents and youth SRH.



### 3.6 Lessons learned

The administration greatly admires this activity and hopes that it will be carried out in all the communes because it contributes greatly to the reduction of gender-based violence, unwanted pregnancies, and early marriages and at the promotion of parent-child communication.

### 3.7 Constraints encountered

- Population mass low price
- Weather condition (rain)

### 3.8 Highlights

- Involvement of the administration
- Good collaboration between teams
- Dynamic and very interested population
- Good collaboration with partners MENYUMENYESHE

### **3.9 Recommendations**

- Expand the activity in all communes
- Provide umbrellas
- Increase prizes
- Increase the number of T-shirts for visibility

## CHAPTER V. ACTIVITIES FOR SETTING UP AND FRAMING VSLAs IN THE PROVINCE OF MWARO



### 1 Project Description

As part of the implementation of the SR-AMAGARA MEZA project, implemented in MWARO province in the area of sexual and reproductive health promotion among adolescents and girls and women of reproductive age, IPROSARUDE signed a memorandum of understanding with GLID. The objective of the agreement is to support IPROSARUDE in the creation and supervision of savings and credit solidarity groups in the communes of Kayokwe, Bisoro and Gisozi in Mwaro province.

The synergy of the actions of these two partners has been beneficial for the beneficiary community according to the declarations of the local administration.

With this framework agreement, it was planned to achieve the following results

- 80 solidarity groups have been created and are operational as of December 22, 2017;
- 36 supervisors are trained on the VSLA methodology
- 180 wooden boxes and 540(180\*3) padlocks are supplied to VSLAs
- An exchange of experience and learning visit is organized between the solidarity groups of the communes of Kayokwe, Gisozi and Bisoro and the solidarity groups of the commune of Mugongomanga.

## **2 Activities carried out**

- Organization of a visit to prospect the environment and to present the Nawe Nuze approach to the administrative authorities (provincial, communal and colline);
- Organization of preliminary meetings to explain the Nawe Nuze approach at colline level;
- Facilitation of 205 pillars (Support staff);
- Validation of 205 GS ;
- Distribution of 100 metal boxes to 100 GS ;

### **2.1 Organisation of a visit to organize a community prospection visit and to present the Nawe Nuze approach to the administrative authorities.**

Before the actual start of field activities, GLID had to organize a visit to prospect the environment and present its intervention approaches to the administrative authorities. It was also the opportunity to make contact with the IPROSARUDE field team in Mwaro.

On the first day of the descent, the Governor was unavailable due to service-related impediments. His advisors recommended that we return by appointment to speak directly with the Governor. For reasons of effectiveness and efficiency, the NN approach was explained to IPROSARUDE staff so that they could become familiar with it and start raising awareness in the community. It was after the Governor had given permission that GLID began the preliminary group-building sessions.

### **2.2 Organization of preliminary meetings to explain the Nawe Nuze approach at colline level**

This activity consists of explaining in detail what the Nawe Nuze approach consists of and how it works in practice. This step is essential because if it is not well done, the rest may be ruined. In addition, because of the dark history of savings and credit in our country, people need to join groups that have understood the whole process of the Nawe Nuze approach.

Twenty-four preliminary meetings were organized on four collines of the Kayokwe commune in the presence of two staffs from IPROSARUDE.

### **2.3 GS Validation**

Each GS went to the validation stage in the presence of the administrative staff and all the members of the groups.

The observation is that participation in VSLAs depends on the involvement of the administration. If the administration gets involved, participation is massive but when it is reticent, failure is on the horizon.





The table below summarizes the VSLA by hill and the pillars by colline

Colline	Number of VSLAs	Total pillars	Women's pillars	Men's pillars
Kibogoye	30	6	4	2
Ngara	6	1	1	0
Muyebe	16	3	2	1
Mago	7	1	1	0
Ruvumu	17	3	2	1
Rusivya	16	3	2	1
saswe	25	5	3	2
Ruramba	9	1	1	0
Rwuya	10	2	2	0
Maramvya	8	2	2	0
Bwakira	5	1	1	0
Bisoro	5	1	1	0
Gitunga	10	2	2	0
Musama	5	1	1	0
Kibega murehe	15	3	2	1
Nyakibari	5	1	1	0

## 2.4 Facilitating the choice of GS Supervisors/Pillars

The choice of supervisors was made on the same collines taking into account the number of SG. For the purpose of better local supervision, one supervising agent was chosen per solidarity group. As a result, 205 supervisors were selected from across the project area.

To be elected, the following conditions had to be met:

- To be able to read and write correctly.
- To be a reference person in the community.
- Have sufficient time for any solicitation either in the community or by the organization during training.
- Be an honest and confident person in the community.
- Know how to organize, coordinate and advocate for VSLA.

The pictures below show the pillars being elected on the different collines.



*The strategy is for each member to rank behind the candidate he prefers to choose.*

Here is the table of the VSLAs and the pillars by colline

colline	Name of the vsla	wome n	Girl s	Me n	Boy s	Name of the pillar
Kibogoye	Dushirehamwe	25				NiyonizeyeEuphemie
	Dufashanye	16				71990538
	Twitezimbere	15				
	Tureribikura	19				

	komezishaka	25				
Kibogoye	Turimaso	21				NijimbereBéatrice
	Twitezimbere	18				79676862
	Turwanyubukene	19				
	Dushirehamwe	16				
	dufatanemunda	18				
Kibogoye	Dufashanye			21		KabwaGordien
	Dukorerehamwe			16		
	Twitezimbere			20		
	Dushirehamwe			28		
	Dufatanemunda			27		
kibogoye	Dukerebuke		20			Ndayishimiyecharles
	Kebukawibaze		18			
	Twitezimbere		15			
	Tuzokira		23			
	Dufashanye		16			
kibogoye	Twitezimbere	15				NizigiyimanaAline
	Twitezimberell	25				71082244
	Twizerane	16				
	Twiyungunganye	17				
	Twiyungunganye II	18				
kibogoye	Inamukozi	18				Niyonzimafélicité
	Twitezimbere	30				71990538

	Turwanyubukene	23				
	Duterimbere	18				
	Hagurukamukenyezi	20				
Ngara	Turwanyubujuju	17				NiragiraEuphemie
	Rwanyubukene	16				
	Gororoka	15				
	Akadasohoka	17				
	Tuzobaho	15				
	kerebuka	21				
Muyebe	Mukenyezijijuka	24				ManirambonaMalguelite
	JimbereMukenyezi	20				
	Twizerane	20				
	Dufatanemunda	22				
	terimbere	16				
Mago	Twitezimbere	18				Hakizimana Florence
	Twiyubake	17				
	Dukoraneumwete	19				
	Twitezimbere	18				
	Twitezimberell	16				
	Tuduzikivi	22				
	Tuzamurane	18				
Ruvumu	Girumugisha	17				Harerimanaconstance
	Turwizumwimbu	21				
	Dufashanye	19				

	Twiyungunganye	17				
	Twitezimbere	20				
Ruvumu	Twitezimbere	20			21	Ndihokubwayospès caritas
	Kazoza					
	Dufashanye	16				
	Dutezanyimbere	23				
	Rukundo	20				
	Tugirumugisha	17				
	twitezimbere	30				
Ruvumu	Twitezimbere	20		20		Nkurunziza LOUIS
	Dufatanemunda	19		19		
	Twungurane				22	
	Dushigikirane				28	
	Twiyungunganye	15		15		
Rusivya	Twaranyuzwe	17				Nizigiyimana Nadine
	Dufatanemunda	23				
	Twungurane	30				
	Dushigikirane	22				
	twiyungunganye	23				
SASWE	Twitezimbere		15			BigirimanaDorotheé
	Twiyungunganye		16			
	Dukore		17			
	Dufashanye		15			
	Twikangure		18			

Saswe	Wajehageze			19		Nizigiyimana
	Twizerane			17		Oswalde
	Komezishaka				18	71245714
	Komezibikorwa				17	69105911
	Kerebuka				20	
sASWE	Twizerane	15				BaranderetsePélagie
	Turwanyubukene	16				76601588
	Tujehamwe	15				
	Tugenderubuntu	19				
	Rirakaza	17				
SASWE	Dutabarane	18				Habarugira
	Dushirehamwe	18				Jaqueline
	Tubungabungane	17				71588231
	Dufashanyell	16				68079936
	Tujijurane	16				
	Dutabaranekivoga	17				
	Twungubumwe	19				
	Twunguraneubwenge	17				
SASWE	Twungurunani			22		IrakozeDieudonne
	Twitezimbere			18		79002256
	Rwanyubunebwe			22		69166456
	Duhaninguvu			16		
	Terimbere			18		
	Twizerane			17		

	Ikangure			18		
Ruramba	Kundane	30				NiyokwizeraElysée
	Dufashanye	16				
	Twiyunganye	20				
	Ntusigareinyuma	18				
	twitezimbere	28				
Ruramba	Twiyunge		17			
	Twitezimbere		20			
	Duterimbere	20				
	duhuzimigambi	22				
Rwuya	Duterimbere					Harerimana SPES
	Duhuzimigambi					
	Twiyungunganye					
Rwuya	Kerebuka	18				Manirafasha charlotte
	Twiyunge	15				72451697
	Dufatanemunda	27				68326932
	Tujijuke	28				
	Twitezimbere	21				
	Twiyungunganye	20				
Maramvya	Dufashanye	25				Gahimbare Nadine
	Dufatanemunda	20				
	Twiyungunganye	17				
	Twungurane ubumenyi	16				
	Turwanye Ubukene					

	Duterimbere	18				
	Duterimbere	18				
		19				
Bwakira	Dushigikirane		15			Nyankindi Jeannine
	Twitezimbere	30				
	Twitezimbere			17		
	Twiyungunganye	15				
	Kerebuka	17				
Muyebe	Twitezimbere			20		Ndihokubwayo
	Ntusigarinyuma			19		Martin
	Twitezimbere			20		79193541
	Kerebuka			15		
	Twungubumwe			17		
	Kundane	16				Niyongere Elisabethe
	Twungubumwe	21				
	Twikenure	18				
	Ubugirigiribugirababi	27				
	ri	30				
	Tuzigamane					
Rusivya	Terimbere	25				Ndihokubwayo
	Tuzamurane	27				Nadine
	Twiyungunganye	29				
	Twamane umwete	28				
	Twiyungunganye	30				
	Dukorane umwete			22		Ntakarutimana
	Kazozakacu			25		Domitien



	Dukoretwivuyinyum a Dufashanye Dutezanyimbere tuzamurane			17 24 27 25		
Bisoro	Dutezimbere impfuyi Turemeshanye Twiyounganyane Dukoribirama Dufatanemunda	15 16 17 18 17				Nizigiyimana Spès
Gitunga	Gwanyubunewe Twitezimbere Turwanyubukene Dufatanemunda turwanyubunewe	18 30 23 22 19				Nizigiyimana Floride
	Twitezimbere Twizerane Twitezimbere Dushigikirane twunguraneubwenge	21 17 17 18 19				Haberisoni Odette 71076268
Musama	Twungubumwe Twitezimbere Dukundane twiyunganyane	20 17 24 30				Nshimirimana joselyne 79082976

Kibenga Murehe	Tuzamurane			20		Nzorubara Jean  79949398
	Twitezimbere			27		
	Twiyungunganye			19		
	Twitezimbere			17		
	Giringuvu			20		
	Twizerane	20				Barumbanze Jeanne
	Dushigikirane	15				
	Twitezimbere	17				
	Dufashanye	20				
	Twiyungunganye	17				
	Twitezimbere	17				Niyonizeye Odete  71076268
	Twitezimberell	20				
	Turwanyubukene	15				
	Dushigikirane	17				
	Twiyungunganye	15				
Nyagitonga ti	Duhanamaboko	15				Furaha Florence  79385195
	Twubakane	17				
	Twiyungunganye	18				
	twitezimbere	17				

## 2.5 General comments

- The average VSLA is 8VSLA/ colline.
- Instead of 180 VSLAs expected to be installed, GLID identified 205 SG in the only commune of Kayokwe ,
- There are VSLAs for girls and boys but the groups are not mixed.
- The youth groups had a problem choosing the pillars because it is school period.

- There is a strong demand for membership because the ground was virgin in savings and credit organized like Nawe Nuze. Satellite SGs are beginning to organize themselves around the SGs set up by this initiative.

## **2.6 Constraints encountered**

- The lack of control of the environment has meant that the identification of VSLAs has taken many means, both material and financial, in relation to the budget forecasts. The missions of presentations of the approach to the administrative managers as well as the identification of the hills were supposed to be made by IPROSARUDE without any budgetary charge on GLID. Once on the ground, this work had to be done by GLID with its means (vehicle rental, motorcycle, fuel, living expenses...etc). The forecast in terms of budget has been disrupted and thus prompting us to postpone certain activities.
- VSLA members preferred the metal boxes over the wooden boxes planned in the budget for reasons of security of their money. Thus, 100 metal boxes were distributed compared to 180 metal boxes planned.
- Sometimes, the awareness, validation and selection activities of the supervisors were disrupted by the heavy rains;
- The existence in the commune of savings and credit associations which imitate the Nawe Nuze approach in the total absence of technicality and which end up dislocating themselves. This disinterests and causes fear in some unadvised people. Explanations with clear examples are needed during pre-meetings.

## **2.7 Budget consumption**

At the current stage, the expenses already incurred relate to the creation of VSLAs. This activity cost more than expected due to the different elements of the process that were not taken into account when the initiative was budgeted. Other lines had to be used to carry out this activity successfully.

The other expense relates to the purchase of the metal boxes to be able to preserve the security of the money saved according to the will of the members. However, not all VSLAs have received boxes as only 100 boxes have already been distributed to 100 VSLAs.

Since the number of pillars has increased from 36 to 205, the budget for training on NN and the exchange of experience must be increased. In annex, a revised budget proposal according to the current context.

## **2.8 Conclusion and recommendations**

This project has come at the right time in this province where the presence of NGOs is limited. The Nawe Nuze approach has been highly appreciated by the administration and the community due to the strong demand for membership in solidarity groups. Local administrations are asking GLID/IPROSARUDE to extend the approach to all collines.

The 180 VSLAs were planned to be identified in three communes, but 205 VSLAs were identified on 24 collines in the only commune of Kayokwe. As the Nawe Nuze approach is an entry point for all development and education projects on various themes, it is already clear that information on sexual and reproductive health, HIV/AIDS and other themes promoting life skills will easily reach the rural world.

In order to improve our interventions in this province, GLID makes the following recommendations:

- The service provider must not be involved in logistics (purchase of boxes, catering, room, etc.) and in contacting the administrative authorities. These tasks should be the responsibility of IPROSARUDE, the sponsor of the event, and GLID should be charged for its expertise in this Nawe Nuze approach;
- This strategy has produced good results with other partners for whom GLID has already performed the same task during 2017;
- Since the approach is completely new in this province, IPROSARUDE /GLID should organize an awareness session for all administrators in order to appropriate it as is the case in the other provinces.
- Given that IPROSARUDE works for the promotion of health in rural areas, it will be necessary to form nuclei in order to raise awareness of power relations between men and women and their involvement in health;
- While the Nawe Nuze approach contributes to the overall empowerment of the disadvantaged, it remains limited to a certain level. The introduction of additional modules (financial education, entrepreneurship) is necessary so that they can set up large-scale projects;
- Not being familiar with the environment during the contract negotiation process, the costs allocated to travel for training participants are so underestimated in view of the distance to be covered from the colline to the commune. It would be better if IPROSARUDE field agents offered reasonable ticket prices;
- Taking into account that there are associations which imitate the approach wrongly, it will be necessary to foresee a sufficient time for the follow-up framework of these groups of solidarity already set up. The team would be in the process of absorbing all the VSLA steps and monitoring and evaluation tools with one stone.
- Organize and facilitate training workshops for 205 community workers on the Nawe Nuze (VSLA) approach;
- Organize and facilitate training sessions for 205 peer educators in the solidarity groups set up on the life skills module
- Train 205 VSLA members on financial inclusion (banking products and cash withdrawal and remittance operations through new communication technology)
- Raise awareness among 205 VSLA members on access to formal financial services for business development

## **CHAPTER VI: INCREASING THE VISIBILITY OF IPROSARUDE**

### **1 Project Description**

The "Increasing IPROSARUDE's visibility" project will focus on sharing achievements and good practices with its partners. In addition, IPROSARUDE will participate in commemorative activities and international health days. Community mobilization activities through the public and private media will be carried out to enable the poor and underserved to exercise their rights and make informed choices regarding their health, especially in rural areas.

#### **1.1 Objectives**

##### **1.1.1 Overall objective:**

Enhancing IPROSARUDE's visibility

##### **1.1.2 Specific objectives**

1. Enhance IPROSARUDE's image by operating an IPROSARUDE website.
2. Increase IPROSARUDE visibility through participation in national and international activities
3. Prioritize clients' rights to information through media activities and social/community

#### **1.2 Planned Activities**

-Update and feed the website

-Celebrate national and international days

-To animate the radio broadcasts and prepare press releases during the scientific days

-Produce a documentary on IPROSARUDE's activities



### 1.3 Logical framework

<b>Results indicators</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Number of documents posted on the IPROSARUDE website		15 documents posted in 2017	January –december 2017	Monthly and annual report
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Post documents on the IPROSARUDE website	Number of documents posted on the IPROSARUDE website	15 Documents posted on the website	3 documents posted	Lack of a communication officer
2. Monthly list the number of followers to the Website	Number of the website followers	At least 100 people listed on the website	0 people listed	The website version did not have this indicator
<b>Indicator results</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Number of times IPROSARUDE has participated		IPROSARUDE visibility enhanced	IPROSARUDE visibility enhanced	-
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Participate in International Labor day	Proportion of staff participating in the labor day	90% of the staff participate in the labor day	100% of the staff participate in the labor day	-

2. Participate in independence day	Proportion of staff attending Independence day	90% of staff attend independence day	80% of staff attend independence day	-
3. Participate in the mother-child week celebration	Number of offices participating in Mother-Child week	100 % of offices participate in Mother-Child week	50% of offices participated in the Mother-Child week celebration	In many offices we have not received invitations from health authorities
4. Participate in World Health Day 2017	Number of offices participating in WHD 2017	100 % of offices participate in WHD 2017	100% of offices participated in WHD 2017	-
<b>Results indicators</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Number of information sources used to provide quality information to clients		At least 3 information sources used to disseminate quality information to IPROSARUDE clients	3 information sources used to disseminate quality information	-
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Host weekly radio sessions	Number of radio broadcasts made	108 radio broadcasts made	96 radio broadcasts made	-
2. Create a whatsapp health group	Number of subscribers on the whatsapp group	400 people subscribed on whatsapp IPROSARUDE group	24 people subscribed	The group was created late



3. Feed IPROSARUDE Facebook page	Number of new messages posted	100 messages on facebook page	36 messages disseminated	The lack of a communication officer
4. Produce a documentary on IPROSARUDE's activities	Number of documentaries produced	1 documentary produced	1 documentary produced in French and English	-

## 2 Project qualitative analysis

### 2.1 The main achievements

Thanks to this project, IPROSARUDE was able to participate in the various national holidays and international and national days that the country celebrates. An example is International AIDS Day, International Labor Day and the celebration of the country's independence.

In addition, IPROSARUDE was able to provide various health informations via radio broadcasts once a week. In most cases, this information concerned ocular pathologies, dentistry, cervical cancer, sexual and reproductive health, etc.

A documentary of IPROSARUDE activities was also produced and shared with the various IPROSARUDE partners.

### 2.2 Lessons learned

The best way to tackle health problems is to put in place effective communication because many people are unaware of illnesses outside of illness episodes.

### 2.3 Constraints encountered

Some meetings were cancelled due to the unavailability of a host.

## 2.4 Coping mechanisms

Radio is asked to broadcast the old program if a host is absent.

## CHAPTER VII. CAPACITY BUILDING

### 1 Project Description

Within the framework of this project, the capacities of service providers and other staff will be strengthened in different thematic areas to offer quality services. These training courses will be provided with funding from the various donors in areas of intervention that have been identified jointly with the donors concerned.

### 2 Objectives

#### 2.1 Overall Objective: Improve staff skills

#### 2.2 Specific objectives

- ✓ Improve staff skills to provide quality services on IPROSARUDE's quality services"
- ✓ Strengthen staff and volunteer skills

### 3 Planned Activities

-Train staff on health themes

-Train the personnel on the management of the organization

### 4 Logical framework

Results indicators		Expected results	Real results
Number of people reinforced on the different themes		20 staff members reinforced in 2017	15 people trained
Activities	Process indicators	Expected results	Real results
1. train 5 people on financial management	Number of people trained on financial management	5 people trained on financial management	4 people trained on financial, logistics and administration management
2. train 4 people on monitoring and evaluation	Number of people trained on monitoring and evaluation	5 people trained on monitoring-evaluation	3 people trained on monitoring-evaluation locally and 1 unit trained abroad

3. train 11 people on medical themes	Number of people trained on medical themes	11 people trained on medical themes	8 people trained on medical topics with the support of LNI
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## **5 The main achievements**

This project has enabled us to build the capacity of our staff, especially in the areas identified as priorities in our capacity building plan, particularly in the area of monitoring and evaluation, financial management and themes related to the health system.

## **6 Lessons learned**

Capacity building is a priority area for the effective implementation of programs and projects.

## **7 Constraints encountered**

We could not find the means to train all the personnel who were in need.

## **8 Coping mechanisms**

Those who have been trained are able to return the material learned to others.

## **CHAPITRE VIII. Good Governance**

### **1 Project Description**

Through this project, the members of the governance bodies will guide the executive management in the implementation of the association's policies and regulations. They will periodically monitor management performance in execution.

### **2 Objectives**

#### **2.1 Overall objective:**

Ensure good governance of the Association

## **2.2 Specific objectives**

1. Ensure effective governance in all IPROSARUDE branches from January to December 2017
2. Ensure partners' participation in regional activities from January to December 2017

## **3 Planned Activities**

- Elaborate an implementation plan for the activities of the governance bodies 2017
- Hold statutory meetings at national and branch level
- Participate in IPROSARUDE activities locally and internationally

#### 4 Logical framework

Result indicators		Expected results	Real results	Gap justification
Governance standards are met		Governance bodies function properly	Governance standards have been met	-
Activities	Process indicators	Expected results	Real results	Gap justification
1. Develop an implementation plan for the activities of the governance bodies 2017	Number of governance implementation plans developed	An implementation plan for governance activities set up	0 action plan	Members of governance bodies do not have sufficient time to develop this plan
2. Set ED performance targets	Number of ED performance targets set	The ED performance targets set	0 performance target set	Idem
3. Hold regular statutory meetings	Number of statutory meetings set	-4 executive committee meetings held; -12 meetings of the Governing Board held	6 Executive Committee meetings set 8 meetings of the Governing Board held	Idem
Results indicators		Expected results	Real results	Gap justification

IPROSARUDE adheres to the partners' decisions		Partners' decisions are interned	The partners' decisions were committed	-
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
1. Attend SFF Annual Meeting in New Jersey	Number of annual meetings held	Participation in the SFF annual meeting is effective	Participation was effective	-
2. Participate in the monthly meetings of the SFF network	Number of participation effective	Participation in monthly meetings effective	6 participations in SFF partners annual meetings	There are postponements of meetings for reasons of unavailability
3. participate in other international meetings and conferences	Number of international meetings and conferences held	Participation in international conferences effective.	The participation was effective	-



## **5 Project Qualitative analysis**

### **5.1 The main achievements**

This project was dominated by the visit to the USA which took place in September 2018.

#### **5.1.1 Visit to the USA**

##### **✓ Visit to UTAH University**

The visit to UTAH University was effective on 13/9/2017 as recorded in the Memorandum of Understanding between the University and Dr Jean Pierre de l'IPROSARUDE.

This visit was marked mainly by the audience at the UTAH University Secretariat with the Director of Global Health, Mr Carlos who is also associated with the University of Utah, accompanied by the General Secretary of the University. The audience was requested and facilitated by Dr. Tom.

The discussions focused on the presentation of IPROSARUDE and its activities that interested that team. This is how we focused our interventions on 3 key themes which IPROSARUDE undertook to highlight given that there were no priorities in those fields. These are mainly dentistry, ophthalmology and oncology.

He wanted to know what our priorities are right now. That is how we presented these three themes. On the issue of having other maternal and child health services like FP; we told him that this was part of our routine activities.

He also asked our usual donors if by chance we are not working with the United Nations system such as UNICEF, UNFPA, WHO, etc, the bilateral or multilateral cooperation system such as the European Union, USAID, etc. He advised us not to focus only on external donors but to build relationships with these traditional donors and local donors. He said; even if today you are not given money if your program is good and an audit for work shows good management of funds and projects. They will make introspection and the results in a few years (1-2 years) will be good; you will be called to file a funding application consisting one day.

The last question he asked was whether we have written projects and how much money we want for each project. We answered that we have but that each time; there are adaptations to be made according to the needs of the moment and according to the requirements of the donor.

We finally concluded to send him the IPROSARUDE documents and sent him the 3 projects (dentistry, ophthalmology and cervical cancer) and promised to support in the search for potential donors and in the correction of these projects. He concluded; it is not the money that is lacking but the managerial capacities of these projects that he asked us to kindly lean

towards it and demonstrates it without forgetting to show how these 3 priorities do not have partners on the spot in Burundi.

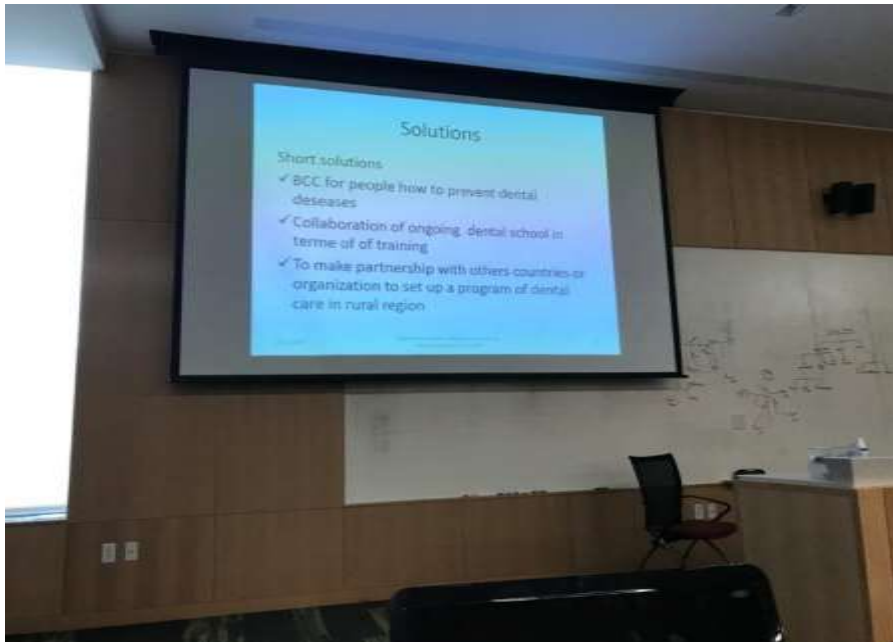
After this visit, we were welcomed by the dean of the dentistry department in his office, who asked us to explain our mission and what type of support can prepare us for our presentation.

Then; around noon; local, we went to the multipurpose room to present our theme entitled: “long term solution to dental and care in Burundi”. We had received students, professors and other staff who came to follow this presentation. After the presentation, participants wanted to know how we find the human and financial means to carry out our activities, and whether we have a water or salt fluoridation program.

After the presentation; it was an opportunity to lead a guided tour of the department with visits to the demonstration rooms and dental laboratories.

### **Some pictures**













✓ **Segal Family Foundation meeting proper**

We arrived late at the Hyatt Regency Jersey City Hotel and made contact with the various officials at the Segal Family Foundation.

The following day, we followed the various presentations as marked in the program annexed to this mission report, and we also made contacts with various partners, the most important of which are recorded in this report.

✓ **John Gould of Gould Foundation**

He is the executive director of this foundation and I had made an appointment before the meeting. Our interview was facilitated by a Segal Family Foundation staff. Our interview focused on the data transmitted (pre-assessment for PEGI,CEM,and PEKA) for the granting of medical equipment... During the exchanges he also suggested me to do this exercise for KAYOGORO (pre-assessment in appendix).It has been agreed that he will come towards the end of October or beginning of November to visit the clinics, exchange with the staff and members of the organs in order to determine the priority needs and at this level he will send an American biomedical engineer who will analyze the facilities (water and electricity) and will be able to propose facilities to ensure the safety of medical facilities.Once the list of needs is concluded he must start the operations of routing the equipment which may take 9

months and thinks that the equipment can be received early July 2018. At this level his foundation will contribute 1/3 of the budget; 1/3 by Segal Family Foundation and 1/3 by us. So they will pay 2/3 of the overall budget of the equipment. Another condition must also be met; it is to agree with the 2 other organizations that also benefit from the medical equipment: Service Yezu Mwiza and FVS on the recruitment of a biomedical engineer who can be trained by this American engineer on the maintenance of the equipment and that the management is common. It should also be noted that he will probably come with a member of the Segal Family Foundation.

✓ **BUTOTO of UGEAFI**

He is the CEO based in DRC in Uvira we exchanged on the activities carried out by his organization on agriculture. He showed us the model of integration of the beneficiaries in the model fields and how he looks for the selected seeds and that the beneficiaries reimburse during the harvests. He explained me a project in Rwanda which transforms the waste into natural fertilizer. That project requires a budget of 200 000 USD but once implemented you produce and sell these fertilizers and it is great because it allows the soil to reconstitute its fertility. He recommended us to carry out a strategic study with an external consultant to see the real needs of the population. What was useful to him to adapt his program to the Congo because at the beginning he also did trial and error. He promised to come visit our organization in the coming days.

✓ **Alta Alonzi of Funds for NGOs**

She explained how her organisation works and told me that as a partner member of SFF we have the right to access their database on Funds for NGOs and if necessary we can always ask for technical support. I asked her if there was not an opportunity to find us an experienced American friend in project development and fundraising in case she didn't have time to work together in mobilization. She pretended to accept. We need a follow-up.

✓ **HAFEEZA RASHED of king Baudouin United States**

The discussions focused on the AFF (American Friends Fund) how that account works and what the conditions for opening the account are. There are notably the account opening funds of 1500 USD and there makes a withdrawal of 2% of the mobilized amount that passes to their account and 3% if the donation took place via a bank card. In addition; funds are requested monthly to finance a project x or y and the Executive Director authorizes the release of those funds. However, the mobilization of funds is the responsibility of the organization and the entire amount accrues to the organization except of course the 2% or 3%. Their role is to facilitate the transaction of funds between the United States and the country of destination of the funds, to guarantee confidence to the donors that their funds will be used properly; to give you the available funds monthly; In addition; the private donors if they deposit their money on that account; they will benefit from the Federal Government's advantages on tax reductions.

Useful links :

<http://kbfus.org/our-services/services-for-nonprofits/american-friends-funds/>

<http://kbfus.org/wp-content/uploads/2017/01/AFF-one-pager.pdf>

[http://kbfus.org/wp-content/uploads/2016/10/AFF\\_american-friends-funds.pdf](http://kbfus.org/wp-content/uploads/2016/10/AFF_american-friends-funds.pdf)

<https://kbfus.networkforgood.com/>

✓ **Jessica Feingold of KIVA**

We discussed how feedback on the project to become the field partners. She told me that she is not in charge of the project but she sent an email to her colleague in Nairobi Elizabeth who directly answered the next day asking me if we are interested in the project that we should report them. They give funds to the partner who distributes them to the people who need them but in the form of credits. She feared that we may have problems repaying as there is economic crisis especially with currencies but I think we can negotiate with the BRB if we bring currencies to the country for beneficiaries who will receive funds in BIF and the BRB agrees to give us the currencies in case of need of repayment of funds. Us; we can earn on interest as it is like microfinance.

**Ms. Stéphanie from LifeNet International**

Our discussions focused on our partnership. After discussions, we agreed to develop a project not exceeding 50,000 usd on cervical cancer, which should focus on:

-Awareness raising

-Screening

-Cryotherapy management

-Operational research (cervical cancer seroprevalence; the link between HIV and cervical cancer)

This project should involve PEGI and the two centres working jointly with Life Net at Gitega for awareness and PEGI for care and research.

There was also an idea to make a documentary together on the activities made by IPROSARUDE and Life Net.

Ms Stephanie also informed me that Life Net has applied for the PPFAR project (project to eliminate mother-to-child transmission of HIV funded by the US Government) currently managed by FHI 360 and that in case Life Net is chosen by USAID IPROSARUDE will benefit from it. Finally; she promised to support us in the search for medical equipment. However, she raised the question of the compatibility of electrical current systems and transportation that I reassured her on those points.



✓ **Ms. Ash Roges of LuaLa community**

She is the executive director of LuaLa Community, a Kenyan NGO that also has an office in the USA. It should also be noted that Ms. Ash was Director of Operations at Segal Family Foundation and visited IPROSARUDE in Gitega with Mr. Dedo prior to our partnership with Segal Family Foundation.

From our discussion; we agreed to send him a page from IPRODARUDE and do a checking of LuaLa LuaLa community partners and see those who can fund IPROSARUDE and ask him to make recommendations to us.

**Mr Lars de Grantmakerin Health education conservation send any examples to enable protiling**

It is a British foundation that is in the process of developing. After IPROSARUDE's presentation, I gave him a leaflet and a documentary video on IPROSARUDE's activities. We have agreed to give him our documents and they will judge whether or not to work together. What is good is that he told me that the British foundations are willing to come and work in Burundi because they understand the situation in Burundi. He also promised if our organization is considered more serious; he can advocate with other organizations if they do not have sufficient budget to support us.

✓ **Nordella James of Scoll Foundation**

It is a large American foundation; among the largest and one of SFF's donors Mr James showed us how to achieve success in an organization. He was also Executive Director of LuaLa LuaLa before Ash arrived. He showed us a list of partners, most of whom are also donors but for some more serious organizations; that the foundation can fund projects. He concluded by saying that if our organizations are strong, there is opportunity to work with this foundation. We would like to point out that it was SFF's ED who recommended that we contact that foundation.

**Other organizations we met with**

We were also able to meet some organizations or individuals whose discussions were inconclusive but that we remain in contact with:

-John Mead Hatchers

-The Godley Family Foundation

-Mr Scott

-Mrs Deepa of catchfire

-Mrs Suzane of Mac DELLA COOPER foundation

-Naomi sugar

-Laura of We care solar

-Jaya Tiwari of BOMA project

-Sarmat-Hoffman Family

-Ren Dietel of Dietel parters

-Wendy Leonard of IHANGANE project

-Mr Jérôme Florissant of AMANDE Mondiale

-Robert Bosch stiftung GmbH (a large German donor who was looking for organizations that are in countries colonized by Germans); we contacted them by email with the SFF network team)

### Some pictures of the SFF annual meeting



### 1.1.2 Training workshop report on monitoring and evaluation in Rwanda

In 2017, the twelfth day of October, I Dr Joseph BIGIRIMANA, the legal representative of IPROSARUDE participated in a meeting organized by SFF in Rwanda. That workshop was held at Highland Suites Hotel in Kigali. 13 SFF partner organizations attended the meeting. A total of 14 members of SFF's partner organizations were on site; each organization sent only one person except SACODE, which sent two people, one of whom is responsible for monitoring-evaluation.

### **1. Objective of the training**

At the end of the training, each of us should know:

- Choose the appropriate monitoring and evaluation instrument in the context of your work;
- To be able to implement a monitoring & evaluation model that is carried out in a systematic and integrated way in its daily tasks;
- Defining the link between planning, implementation and monitoring-evaluation in the framework of a project

### **2. Workshop process**

The welcome and opening speech was made by SFF Staff who is the focal point of SFF in French-speaking countries. She also welcomed all participants and wished us a pleasant stay in Kigali.

The themes were followed in the following order:

D1 :

- Introduction
- Design of a project model;
- Elaboration of a logical framework based on the designed project;
- Diagram of a problem tree;
- Presentation on project planning, monitoring and evaluation;
- Coaching on the monitoring-evaluation of indicators of planned activities

D2 :

- Development of an indicator monitoring sheet by each organization
- Individual coaching from the consultant to each organization on M&E and the theory of change;

## **I.INTRODUCTION**

After a brief presentation of the participants, expectations were formulated, in particular:

- ✓ The Difference between the project and the program,
  - ✓ The project life cycle and the project;
  - ✓ How to monitor indicators ;
  - ✓ How to formulate my impact indicators
  - ✓ What is a logical framework for an intervention, how to develop it
- Etc...

## **II. Conception of a Project model**

Participants were divided into three groups. Each group was reminded to guess a project at random. Thus, three projects were imitated, namely:

- The fight against malnutrition through household nutrition education and sufficient agricultural production;
- Livestock breeding, milk production for the population ;
- The promotion of the demand for care and fight against the Charlatans ;

Each group explained to the others the objectives of the project and the expected results

## **III. Elaboration of a logical framework (intervention logic)**

The intervention logic includes the following elements and is bottom-up.

### ♠ Overall Objective (Goal, Development Objective, Long Term Objective)

- positive effect at a broader level, often at country level
- Importance of the project to society

### ♠ Specific Objective (Short Term Objective)

- Tangible benefit that the intervention must achieve and that demonstrates how the beneficiaries use the results of the project.

### ♠ Results (Outputs, products, Immediate Objectives).

- Products or services resulting from day-to-day project activities
- Activities (Actions)
- What is executed by stakeholders during the intervention in order to achieve the result

### ♠ Means / Costs

- The human, physical and financial resources required to carry out the project activities.

### **Diagram of a problem tree**

Problem analysis is of paramount importance for project planning as it has a strong influence on the conception of possible interventions. It is important to make an inventory of all the problems (picture of reality) that led you to choose the subject of the project.

Project planning, monitoring and evaluation

- A presentation has been made by the consultant and the following questions should be asked prior to any planning
- What services do you offer (outputs)?
- What changes (for beneficiaries) are you looking for (outcome)?
- What are the long-term, large-scale changes that you ultimately want to achieve and contribute to (Impact)?
- Describe all three in a measurable way
- Definitions of "MONITORING & EVALUATION" were recalled
- Monitoring is the collection, analysis, communication and use of information on the progress of a project and its implementation.
- EVALUATION is: A systematic and objective assessment of an ongoing or completed project, program or policy and its sustainability/viability.
- The consultant also told us about the differences between:
  - a project and a program,
  - a project and project cycle;
  - The 6 phases of project cycle development (policy framework, identification, formulation, financing, implementation and monitoring-evaluation)

The second day was devoted to the development of an indicator monitoring sheet by each organization, individual coaching from the consultant to each organization. I worked with the consultant on the IPROSARUDE "IMEP" monitoring and evaluation sheet and the consultant recommended that we validate the monitoring sheet at the meeting of the theories of change.

In general, the workshop went well, participants appreciated the activities that marked this workshop and suggested that there be a platform that would bring together SFF partners.

## **CHAPTER IX: SUPPORT FOR THE INTEGRATION OF YOUNG VOLUNTEERS INTO SOCIO-PROFESSIONAL LIFE**

### **1 Project Description**

The youth volunteer program is an indispensable instrument for youth mobilization and engagement in development and peace initiatives. Young people will be mobilized and engaged in national priorities through IPROSARUDE programs.

The Volunteers Program is a joint program that aims to promote the voluntary participation of Burundian youth in development and social cohesion activities at the community level coordinated by the Government.

This project aims to integrate young people into the world of employment: IPROSARUDE will take advantage of the opportunity to gain experience in the world of employment.

The young volunteers will work with the more experienced employees and with this experience; they will have facilities for integration into the world of job search. A part will be integrated into the IPROSARUDE structures themselves or into the partner structures. IPROSARUDE will work mainly with the UNDP National Youth Volunteer Program, the Ministry of Youth, Culture and Sports, youth associations such as REJA etc.

In addition, through this project, IPROSARUDE will set up the VSLAs (Village Saving Loan Associations), which will enable these young people to take charge of their own lives via the entrepreneurship micro-projects.

## **2 Objectives**

### **2.1 Overall objective:**

Support the integration of young volunteers into socio-economic life by accelerating the acquisition of essential skills.

### **2.2 Specific objectives**

From January to December 2017 to mentor 15 young volunteers

From January to December 2017 ensure the integration of at least 30% of young volunteers

## **3 Planned Activities**

- Ensure the recruitment of volunteers
- Provide on-the-job training
- Seek partnerships with other institutions
- Advocate for the inclusion of the youth dimension in planning activities.
- Involve youth in youth forums in a constructive way
- Form SGs (Solidarity groups)

#### 4 Logical framework

<b>Results indicators</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Number of young volunteers mentored		15 young volunteers mentored	15 youth volunteers recruited	
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real result</b>	<b>Gap justification</b>
1. Recruit young volunteers	Number of young volunteers recruited	8 volunteers recruited in 2017	15 young volunteers recruited	
2. Mentor young volunteers	Number of young volunteers mentored	15 young volunteers mentored	15 youth mentored	
3. Organize a training of 15 young volunteers	Number of young volunteers trained	15 young volunteers trained in 2017	15 young volunteers	
<b>Results indicators</b>		<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>
Number of young volunteers mentored		30% of young volunteers are inserted	35% of young people inserted	
<b>Activities</b>	<b>Process indicators</b>	<b>Expected results</b>	<b>Real results</b>	<b>Gap justification</b>



1. Identify other organizations that are interested in youth employment issues	Number of institutions identified	At least 2 identified in 2017	The organization identified	
2. Sign partnership agreements	Number of partnership agreements identified	2 agreements signed	1 agreement signed (UN young volunteers)	
3. Ensure the integration of young volunteers into socio-professional life	Number of young volunteers integrated	30% of young volunteers are integrated in 2017	35% of youth integrated	
4. Participate in advocacy workshops on youth employment	Number of participation in advocacy workshops	4 participations in advocacy workshops	2 participations	
5. Set up 24 VSLAs	Number of VSLAs set up	24 VSLAs set up	0 VSLA set up	The project has started in Mwaro and we are waiting for next year

## **CHAPTERX: OPERATIONAL RESEARCH**

### **1 Project Description**

Through this project, IPROSARUDE will advocate with the Government and partners using evidence-based information, including information from programs and research, to demonstrate the importance of their impact and to encourage them to take appropriate action. These include the development of an accessible and usable database, the implementation of certain research activities, particularly in health, and the search for safe and effective partnerships.

### **2 Objectives**

#### **2.1 Overall objective:**

Contribute to sound data management to inform advocacy and decision-making.

#### **2.2 Specific objectives**

Increase research activities to increase the quality of services offered by the Association and decision-making from January to December 2017.

### **3 Planned Activities**

- Conduct studies
- Organize a workshop to disseminate the results
- Disseminate the results of the studies on the website and in the major conferences

#### 4 Logical framework

Results indicators		Expected results	Real results	Gap justification
Number of research activities conducted		3 results of the study carried out	2 studies conducted	
Activities	Process indicators	Expected results	Real results	Gap justification
1. Conduct a study on community diagnosis in Gitega province	Number of community diagnostic studies conducted	1 community diagnostic study conducted	1 study conducted but results not disseminated	
2. Conduct a feasibility and cost-effectiveness study of a clinic	Number of feasibility and cost-effectiveness studies conducted	feasibility and cost-effectiveness study conducted	0 study conducted	The project has not yet started
3. Conduct an evaluation study of the electronic library	Number of community diagnostic assessment studies conducted	1 library evaluation study conducted	1 study made of the electronic library	
4. Organize a workshop to disseminate the results of studies already conducted	A workshop to disseminate the results of the studies disseminated	1 workshop to disseminate the results of the studies carried out	1 results dissemination workshop	

