



Interim Report to: Jewish World Watch

Date Submitted: March 26, 2008

Program Title: **The Dillon Henry Health Clinic**

Program Location: Ouadda Djalle, Vakaga Province, Central African Republic (CAR)

Program Goal: To increase access to health care services for internally displaced and conflict-affected populations in northeastern CAR

Program Timeline: November 1, 2007 to April 30, 2008

Grant Amount: \$100,000

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I. EXECUTIVE SUMMARY



Since early 2006, the northern areas of the Central African Republic (CAR) have been affected by ongoing conflict as a result of neighboring Chadian and Darfurian opposition groups launching rebellions into their respective territories. This turmoil has led to the destruction of entire villages and the displacement of large populations. Thousands of refugees from South Darfur have fled the violent attacks on their villages to seek refuge in northeastern CAR. More such refugees from Darfur are expected to arrive in CAR in the near future due to the continuation of the conflict in Chad and Darfur.

Poverty and escalating violence in Vakaga Province, northeastern CAR have rendered health care services nearly non-existent in the region. Residents of Vakaga Province have lacked access to food, safe water, shelter and basic preventative health care services for many months. This dire situation has resulted in increased morbidity rates.

With generous support from Jewish World Watch, International Medical Corps (IMC) is rehabilitating a health facility in Ouadda Djalle, Vakaga Province, CAR. In so doing, IMC is increasing access to primary health care services for a target population of 18,416. This will result in immediate, as well as long-term, benefits.

II. BACKGROUND

With a population of 4,302,360¹ and a per capita income of approximately \$300 a year,² CAR is one of the poorest countries in the world and among the ten poorest in Africa. CAR's economy is dominated by the cultivation and sale of food crops, but those engaging in farming are hindered by the presence of the tsetse fly, which transmits sleeping sickness to both humans and livestock.³ Export trade is limited by CAR's poor economic development, as well as its landlocked location, which increases its dependency on neighboring countries for importation of goods. Outside CAR's capital of Bangui, basic services such as education and health care are all but non-existent.

In 2006, rebel forces occupied several towns in northern CAR, resulting in violent conflict that displaced 220,000 people. Of those displaced, 50,000 fled to Chad and 20,000 fled to Cameroon. The remaining 150,000 displaced individuals are now scattered around CAR, with more than 18,000 residing along the Birao-Ouadda Djalle corridor in Vakaga Province. Those residing along this corridor have been living without adequate access to safe water, food or health care services for many months. Rebel attacks, as well as counter attacks launched by the Government of CAR and the French Army, have led to widespread destruction in Ouadda Djalle and many other villages in Vakaga Province. The health clinic in Ouadda Djalle was among the structures damaged during these attacks.

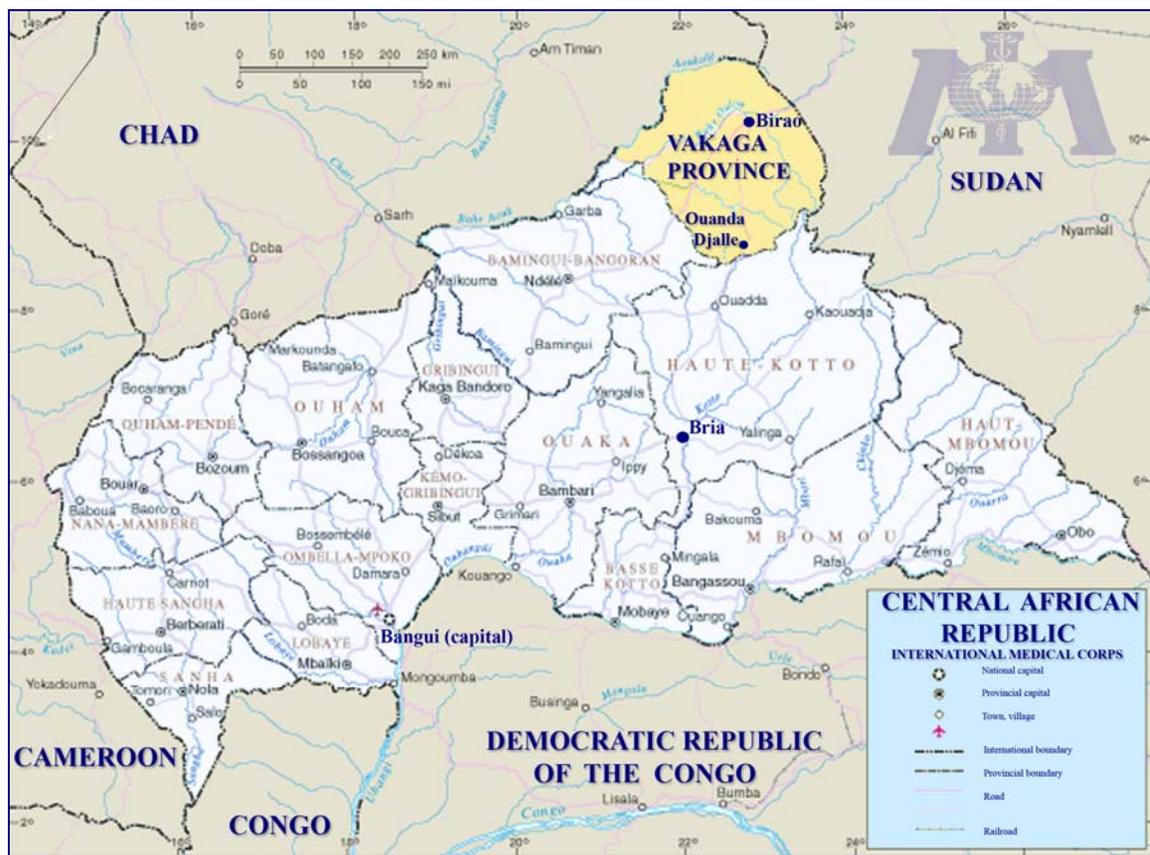
¹ Woodfork, Jacqueline. *Culture and Customs of the Central African Republic*, Greenwood Press: 2006.

² The World Bank. CAR has a Human Development Index ranking of 172 out of the 176 ranked countries.

³ Sleeping sickness, when contracted by animals, is also known as *nagana*.

The recent violence in neighboring Sudan and Chad has further destabilized CAR. Adding to this instability is that fact that CAR's current government has little power outside of Bangui. Consequently, rebels in the countryside frequently raid villages for food and livestock.

From November 2006 to May 2007 most villages in Vakaga Province were abandoned due to displacement of the conflict-affected populations, but since June 2007, the displaced have slowly been returning to their villages of origin. In the Voukouma Commune, International Medical Corps identified 22 sites (primarily farms) where people have been sleeping in rudimentary shelters. These sites are located six to ten kilometers from Ouadda-Djalle.



Birao Hospital, the only referral hospital in Vakaga Province, has been closed since the area's last rebel attack in March 2007. The next nearest referral hospital is in the town of Bria in Haute-Kotto Province, which is more than 215 miles away (a five-day trip).

Ouadda Djalle

International Medical Corps is the first and only international non-governmental organization to have a full-time operational presence in Ouadda Djalle. Last June, IMC began providing mobile clinic health and nutrition services for conflict-affected host popula-

tions and Darfurian refugees in the Birao-Ouadda Djalle corridor. Although this activity provided an immediate benefit for the target population, IMC identified a need to rehabilitate the health facility at Ouadda Djalle in order to make this intervention sustainable over the longer term.

The Ouadda Djalle Health Facility

The Ouadda Djalle health facility, renamed the Dillon Henry Health Clinic, is the only health facility located along the Birao-Ouadda Djalle corridor where patients from outlying areas in need of clinical care can be referred. Its functionality is therefore critical to the well being of the people who live in the surrounding area. Prior to the start of this program, the Ouadda Djalle health facility had been looted during the aforementioned rebel attacks and had no medicines or medical supplies. The facility's physical structures had been damaged during the episodes of looting and violence, in addition to being in a state of disrepair due to inadequate maintenance. The facility also lacked sufficient numbers of well-trained health staff. For all of these reasons, the facility did not have the capacity to meet even a fraction of the community's needs.

International Medical Corps is currently providing mobile health clinic services along the Birao-Ouadda Djalle corridor, which is more than 100 miles long. IMC's mobile clinics serve four villages along the corridor and two villages in the Voukouma Commune. Once the rehabilitation of the Dillon Henry Health Clinic is completed, IMC will be able to refer patients in need of critical care from anywhere along the Birao-Ouadda Djalle corridor to the health facility. Rehabilitating the health clinic to meet high quality construction standards will ensure the structure's longevity and ability to continue serving the health care needs of the surrounding communities well into the future.

Upon completion of the rehabilitation activities, the Dillon Henry Health Clinic will offer a broad range of services, including the following:

- Outpatient consultations and inpatient care;
- Pre- and post-natal health care services;
- Family planning counseling;
- Expanded Program on Immunization (EPI);
- Malaria testing;
- Early Warning and Reporting System (EWARS) disease surveillance;
- Oral Re-hydration Therapy (ORT);
- Surgical procedures, such as C-sections and hernia repairs;
- Growth monitoring and nutritional screening; and
- Health education and hygiene promotion.

International Medical Corps' Current Activities in CAR

Because many of CAR's residents have been forced to flee their homes and live without shelter, clean water, medical assistance or sufficient food, International Medical Corps is reaching out to those in need of emergency assistance via mobile medical units that ad-

dress the needs of the region’s most underserved villages and internally displaced population camps. During the rainy season, IMC’s staff travels two to three days on motorcycle or bike to access isolated populations in need of basic care and services. As the ongoing instability in CAR continues to prolong the displacement of many of its inhabitants, IMC is working to reduce the strain on the resource-poor region through providing the following services: primary health care; maternal and child care; expanded program on immunization; nutritional screenings; and therapeutic and supplemental feeding.

III. PROFILE OF PROGRAM PARTICIPANTS

The target participants of this program are the conflict-affected individuals residing along the Birao-Ouadda Djalle corridor. Many of the people now residing in the Ouadda Djalle area have been displaced from their villages of origin for more than two years.

Ouadda Djalle Population Profile:

| Group | Ouandja Commune | Voukouma Commune |
|----------------------------------|-----------------|------------------|
| Total population | 12,000 | 6,416 |
| 0 – 11 months | 420 | 240 |
| 0 – 59 months | 2,100 | 1,110 |
| Women of reproductive age | 2,892 | 1,546 |
| Pregnant women | 720 | 385 |

Health Status of the Participant Population

Last year, International Medical Corps completed a strategic assessment of the humanitarian needs in the Bamingui-Bangoran and Vakaga Provinces of northeastern CAR. IMC documented high rates of malnutrition and unhealthy living conditions. IMC’s nutritional screenings revealed the rate of severe malnutrition among children six to 59 months of age to be as high as 37 percent. Approximately 11 percent of the population ages 15 to 49 is HIV positive (for comparison, this rate is 0.33 percent in the United States).⁴

The most prevalent causes of morbidity among the target population are: malaria (25 percent); diarrhea (15 percent); skin diseases (12 percent); and acute respiratory infection (ten percent).

IV. GOALS AND OBJECTIVES

Program Goal: To reduce morbidity and mortality rates among the internally displaced and conflict-affected populations in northeastern CAR through increasing their access to health care services.

Program Objective: To rehabilitate the Dillon Henry Health Clinic at Ouadda Djalle.

⁴ The United Nations.

Activities

- Finalize the construction design and prepare a bill of quantities;
- Advertise for bids from eligible contractors;
- Select and hire a contractor;
- Perform construction to rehabilitate and augment the health clinic;
- Equip and furnish the entire health facility;
- Train the health facility's staff; and
- Launch the health facility's provision of a basic package of health care services.

Outputs

- The health facility is rehabilitated and augmented;
- The health facility is staffed and equipped with necessary equipment; and
- A basic package of primary health care services is provided at the health facility.

Indicators

- A reduction in the crude mortality rate to less than two per 10,000 per day;
- A reduction in the under five mortality rate to less than two per 10,000 per day; and
- A reduction in the rates of mortality resulting from cholera, shigella, and typhoid diseases to less than one percent.

V. PROGRAM PROGRESS

Rehabilitation of the Dillon Henry Health Clinic is nearly complete. International Medical Corps has finished the facility's foundation and flooring, walls and roof. The installation of windows and doors, and the painting of woodwork and trim around the windows and doors, will complete the project.



Members of the local community have participated in the clinic's rehabilitation

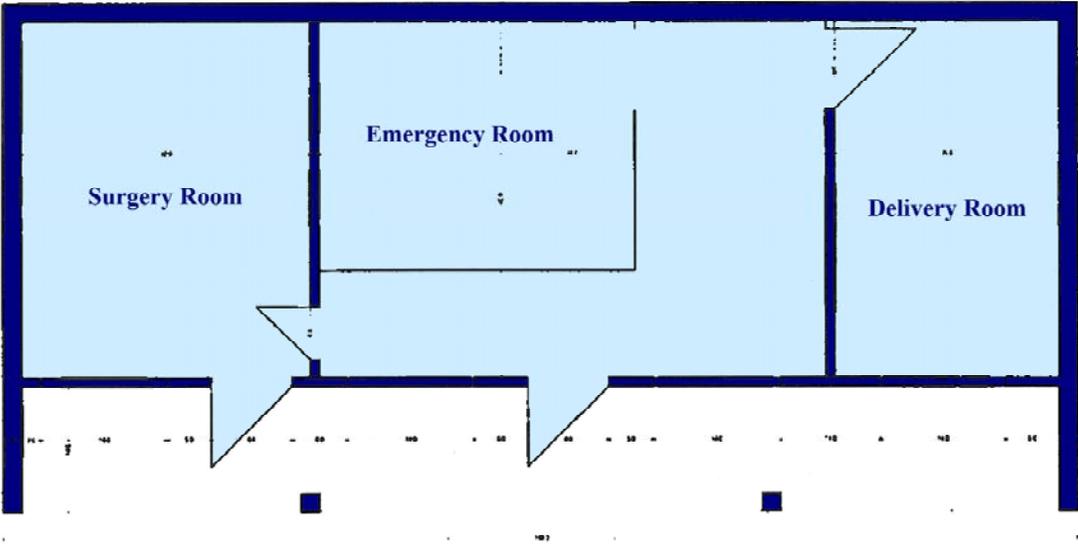
Facility Construction Specifics

- The floors are constructed of cement, and covered with a finishing coat of paint;
- The walls are constructed of cement mortar and cement columns. They will have wood trim around the windows and doors that are painted and varnished;
- The ceilings are constructed of wood (plywood of 6mm thickness); and
- Each room has a ceiling fan to promote ventilation.

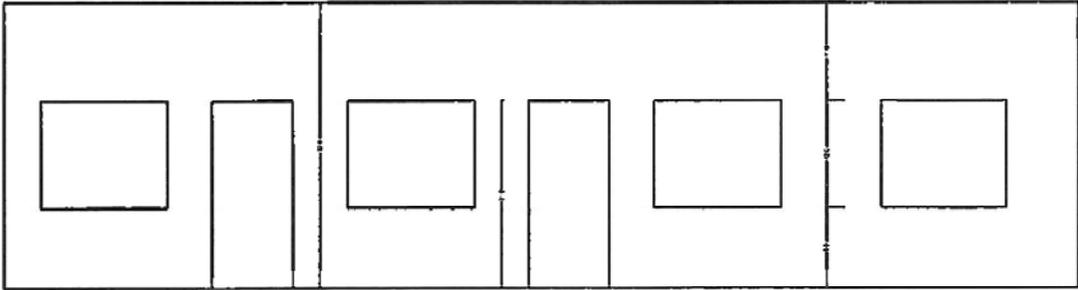
Construction Progress Photographs



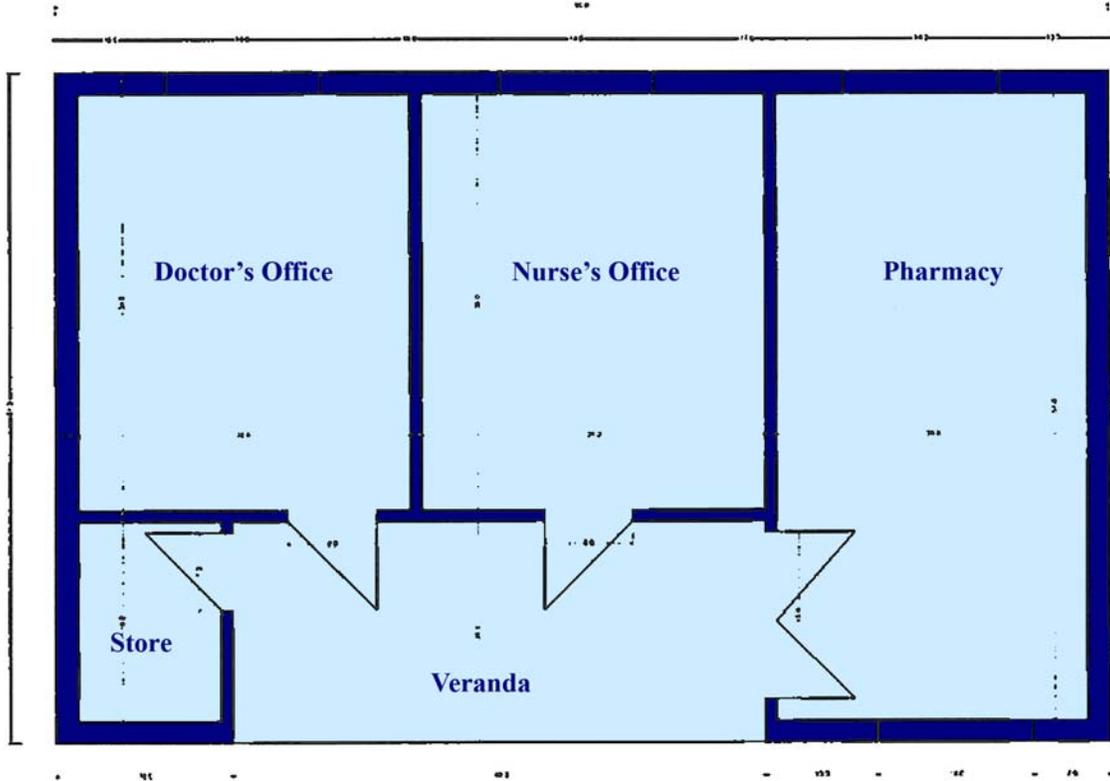
Floor Plan: The Main Clinic Building with Surgery Room, Emergency Room and Delivery Room



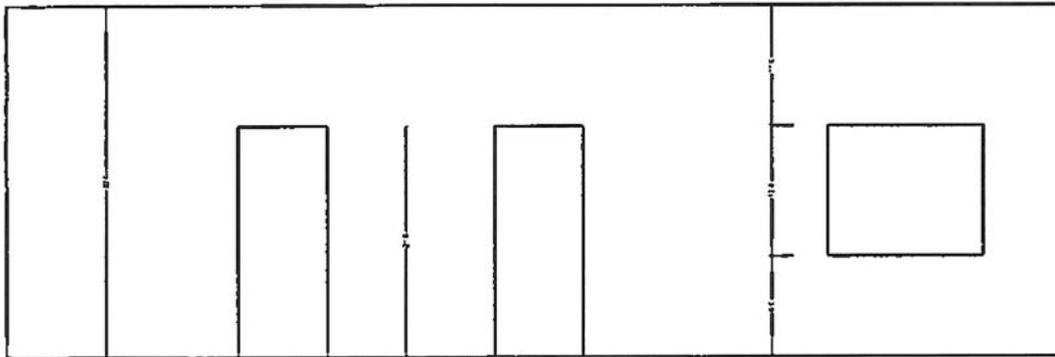
Side View



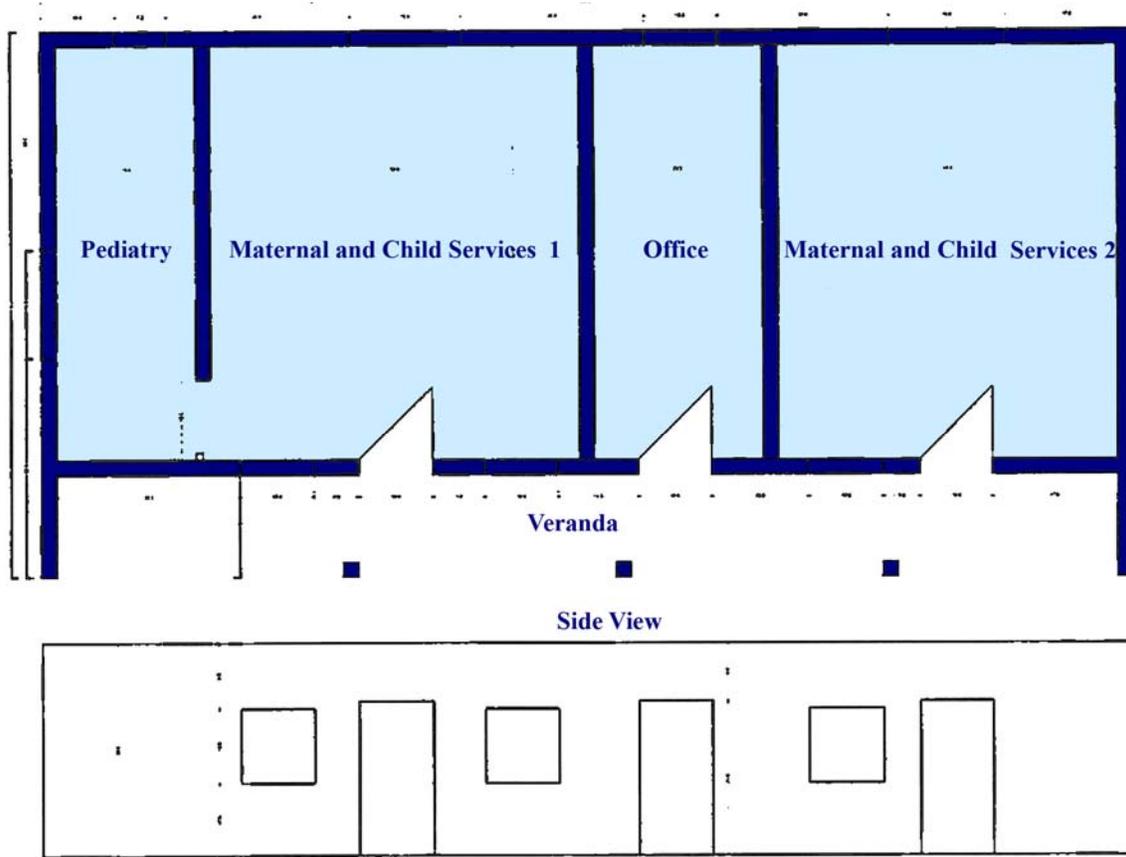
Floor Plan: The Doctor's Office, Nurse's Office and Pharmacy



Side View



Floor Plan: The Maternal and Child Health Care Building



Training of Health Facility Staff

As part of its activities to increase and strengthen the capacity of health care staff for the Dillon Henry Health Clinic, International Medical Corps has trained four vaccinators and six health promoters.



Training of health promoters

VI. CHALLENGES

International Medical Corps has experienced challenges during first half of this program, primarily relating to delays in obtaining some of the necessary construction materials and securing a commitment from a construction contractor. This is due to the following:

- A shortage of available construction materials and supplies (particularly cement) in the country;
- A reluctance on the part of construction contractors to work in the area due to its current operating environment, which is characterized by insecurity;
- Logistical constraints caused by limited road access; and
- Frequent attacks of banditry on humanitarian convoys.

Due to its extensive experience working in difficult operating environments such as that of CAR, International Medical Corps has worked around these challenges and maintained a steady rate of progress on the project.

VII. CONCLUSION

With support from Jewish World Watch, International Medical Corps is increasing access to health care services for the internally displaced and conflict affected populations in northeastern CAR. IMC's rehabilitation and construction activities will enable the Dillon Henry Health Clinic to provide critically needed health care services for more than 18,416 people. On behalf of our program participants, volunteers and staff, International Medical Corps thanks Jewish World Watch for your continued support. We look forward to providing Jewish World Watch with a final report upon the completion of the project.