



**BUTOKE ONGD**  
C/O CLINIQUE MUSUE BANTU  
KANANGA / Kasai Occidental  
République Démocratique du Congo  
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## REPORT FOR 1 JUNE 2014 TO 30 SEPTEMBER 2014 PROGRAM ACTIVITIES BUTOKE

### GENERAL SITUATION IN DRC

Although the next national election is still two years away, one of the major apprehensions both nationally and internationally has been the fact that certain politicians want to review the constitution to offer a third mandate to the current president KABILA. This has meant that, together with the fact that the government is only a caretaking government, there is a feeling of uncertainty about the future.

The second major preoccupation is the fact the Jira sector in Equateur is facing an Ebola epidemic. So far, the epidemic is geographically contained, but the West African epidemic of the same virus has everyone waking up to its worldwide potential.

The third major problem is that, beginning in September, schools opened hesitantly and have so far not attracted the full number of expected pupils, mostly because many civil servants have been unpaid for months and school fees seem to have been raised by the schools.

Until 13 September, the dry season reigned. The sky stayed heavily covered for three months. Nights were cool (21C) provoking hypothermia of children, and the pollution of the air had almost everybody sneezing and coughing and feeling miserable. Both adults and children were losing weight. Food, particularly in the rural areas became scarcer even though the need was greater as people worked to prepare their fields. There were two quite devastating epidemics of malaria and of diarrhea and vomiting among children, during July and August and the first two weeks of September.

The tendency of UN organizations and bilateral and international NGOs to concentrate on East Congo both for humanitarian and development activities has become even stronger. This has allowed them to do a reasonably good job in the East, but has handicapped all development activities in Central and Western Congo.

A very recent favorable evolution is that the WFP (World Food Programme) will combine with FAO to engage for the first time in agricultural development, while maintaining its humanitarian activities.

## BUTOKE PROGRAM ACTIVITIES

Our activities can be subdivided into ongoing programs and projects. The programs are carried out using general and undesignated funds and for project activities we have designated funds.

This report provides an overview of Butoke programs and will be complemented by a separate report covering the Community health and Economic Stability project supported by Canada's Department of Foreign Affairs, Trade and Development (CFATD – formerly CIDA) in partnership with World Hope. Our general program includes three components as follows:

### 1. Protection of human rights

Butoke's activities in the area of human rights include the following:

- the orphanage,
- support of education of vulnerable children,
- prevention of blasting (*foudroiment*),
- inheritance and other rights of widows and orphans

### 2. Health care

Our health care activities are organized around three centres:

- the health post in Tshikaji
- the nutritional rehabilitation center in Tshikaji
- the Musue Bantu clinic in Kananga.

### 3. Agriculture and Fish

Our interventions in the agricultural and fish farming sectors satisfy the double purpose of producing food for the orphanage and nutrition center and multiplying ameliorated seeds for use by village associations

## PROTECTION OF HUMAN RIGHTS.

### ORPHANS

All of our resident orphans passed the end of year exams; and for holidays, all the children regrouped in Tshikaji. This was very much enjoyed by the kids as it permitted them to play freely in the spacious center and the Butoke field and fish farm. Also it permitted them to participate in new activities such as the fish farm.

We received two new 10 year old girls, who referred themselves. Their mother died 5y ago, while their father is remarried. Meanwhile, their older sister, who had taken care of them so far, also married. This meant they found themselves on the street.

They have never been to school. We took them in, registering the agreement of their father with the court that we will be responsible with them until they reach the age of majority – this to prevent any intent of marrying them off prematurely. We have already arranged school for them.

At the end of August, all children older than 10 wanted to return to Kananga, while the smaller children expressed a desire to be in Tshikaji. We have democratically accepted their preference.

Both in Tshikaji and Kananga we have 12 kids in residence (24 children in total). To this can be added vulnerable children that we are supporting for their studies and food when necessary. Most are self referred and their vulnerability is well known to us Two striking examples are Mwamba and Tshitoko, who came originally as severe acute malnutrition cases and, now rehabilitated, continue to depend on us for food and for the first time will join school. In total, 42 children are dependent on us for their studies and livelihood.

#### SUPPORT OF VULNERABLE CHILDREN AND YOUNGSTERS FOR EDUCATION ONLY

Education is not only the major weapon for furthering the social status of the individual and his family, but also for the development of the community. In RDC, the education sector is recognized as failing to give practical competence in reading, writing, arithmetic and in providing education for citizenship and life style. Hopefully we can continue to identify the least bad schools in our region or maybe we can open our own school next year. In the meantime, we continue to do what we can to fill gaps in existing schools.

As a special project we support six graders (100 females and 50 boys) on a scholarship program of FOB UK for taking the TENAFEP exam which qualifies them for secondary school,

Butoke supports 98 vulnerable children in primary school, 47 students in secondary school, 6 for medical studies, and 26 at the university level (for which classes begin in October.)

#### PROTECTION FROM BLASTING (FOUDROIEMENT)

For the first time, two cases of threatened blasting were brought to our attention by the potential targets. We attach a detailed description of the phenomenon. In both cases our intervention was to organize a palaver seeking to protect life while satisfying the complainant by restoring lost property. We hope that the state and churches will take cognizance of this ancient justice system based on revenge (an eye for an eye) but in the meantime we will continue to struggle both against the blasting and the ills it pretends to destroy by killing, which include theft, non-payment of debts, fraud, and adultery involving a married woman. In each case, we insist on the truth, reconciliation, protection of life, and timely compensation.

#### PROTECTION OF WIDOWS

Since many neighbors and associates have died over this reporting period, we spend a great deal of energy protecting widows at the time of mourning, against humiliation as witches and potential loss of their inheritance. There seems a cumulative effect as over time people become more aware of the legal rights. But even though we feel that we are making progress, a special case came to our attention: a relative of the deceased sold the home where the widow has lived for 27 years with her husband. We have taken the case to court accusing both the seller and the buyer, hoping to restore her rights and dissuade possible copycats.

#### HEALTH CARE

Butoke has two full time and two part time physicians as well as 9 nurses, who operate three centers, two in Tshikaji and one in Kananga. They also go into communities for community health education through the DFATD-supported project.

## TSHIKAJI HEALTH POST

The Tshikaji health post has one permanent nurse backed up by Dr Cecile. In special cases, we can request assistance from other Butoke health personnel or, if need be, refer them to the Musue Bantu clinic or IMCK hospital.

In the three months under consideration we saw more than 138 cases of which we diagnosed as follows:

- 105 cases of malaria, of which 18 had also developed severe anemia, needing transfusion and 12 were referred to IMCK, 6 to Musue Bantu. Four died after being referred to IMCK during or after transfusion as the cases were already in heart failure,
- 20 diarrhea (3 referred for IV rehydration),
- 1 meningitis (referred but died),
- 1 Hepatitis B,
- 3 fever of unknown origin.
- 2 hypertension.
- 2 cancers (both referred),
- 1 victim of attempted murder with a spade, with extensive head wounds, referred and recovered,
- 1 TB peritonitis referred died after 4 months of ambulatory care while in residence with us.

All care by or through the Butoke health post in Tshikaji is paid for by Butoke, because more than 90 % of the rural population cannot afford services in the hospital and even in the IMCK health center of Tshikaji.

## CENTER FOR NUTRITIONAL REHABILITATION

From July 1 through the end September, we dealt with 46 malnourished children and 4 adults. Among the children were cases of acute malnutrition, in particular 9 cases of kwashiorkor and 3 cases of marasmus and 5 cases of dwarfism. There have been 29 cases of chronic malnutrition with variable degrees of lack of growth of the height and small value of a circumference of 11 cm or less, without signs of recent weight loss and without edema or discoloration of the hair. Acute and chronic malnutrition decrease resistance against infectious and parasitic diseases. The care of chronic malnutrition cases is also necessary, although the impact of rehabilitation is less dramatic than the care of acute malnutrition, the urgency of which is more easily recognized by all.

All of the chronic cases of malnutrition were admitted because the parents had noticed a loss of energy or even a loss of appetite, all the children in rehabilitation regain their forces within one or two weeks of treatment. Some parents have a tendency to withdraw the child as a result of this first improvement well before the child has a suitable weight for his height (as indicated, for those of 1-5 years, an upper-arm circumference of 12.5 cm or more). During the whole of the rehabilitation process, we include explanations to the family members of the significance of each sign and the duration envisaged, which is at least 45 days.

We also take care of all the diseases which can appear, particularly with the cases of acute malnutrition, in which infections are common even though the signs of infection are absent, emerging only after the body has some force to react to the infection. We follow the rule of

WHO to treat any child admitted to the nutritional rehabilitation against malaria and respiratory infection at the beginning of the rehabilitation process.

#### ADMISSIONS TO NUTRITION CENTER TSHIKAJI

	< 11cm		Marasm		Kwashorkor		Nanism		
Age	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
0-3 yrs	4	4	2	1	5	4	5		25
3-8 yrs	2	1	1			1			5
8+ yrs					1				1
	8	9	5	2	10	7	5		46

#### MUSUE BANTU CLINIC IN KANANGA

All vulnerable patients are served free, others pay expenses which cover the cost of the rendered services, including the transfusion and the general surgery. The service is heavily utilized, especially for the pediatrics and the internal medicine, secondarily for maternity.

As a reference health center, the Musue Bantu clinic organizes pre-natal and postnatal consultations as well as preschool consultations which include a strong element of health education.

At the health post and the center of nutrition of Tshikaji, most health education is provided face to face in the context of the health problem being treated.

The systematic health education of the community through village associations is done in the context of the project supported by DFATD (formerly CIDA).

#### STATISTICS, MUSUE BANTU - 1 JUNE TO 30 SEPTEMBER, 2014

1. Pédiatries	HOSPITALISATIONS		AMBULATORY		TOTAL	
	M	F	M	F	M	F
0-15 years						
Malaria	80	74	95	113	175	187
Typhoïde	42	39	79	56	112	95
Transfusion	39	41	16	15	55...	58
Gastro enteritis	38	48	47	40	85	88
Bronchitis	19	32	43	38	62	70
TOTAL	218	234	280	262	498	496

#### INTERNAL MEDECINE - WOMEN AND MEN

2. Internal Medecine	HOSPITALISATIONS		AMBULATORY		TOTAL	
	M	F	M	F	M	F
Malaria	76	76	106	93	182	149
Typhoïde	44	55	103	116	147	171

Transfusion	6	2	0	0	6	2
Gastro entérite	21	15	21	14	42	29
HTA	4	8	5	3	9	11
HYPOTENSION	2	1	0	0	2	1
SIDA	6	7	0	0	6	7
<b>TOTAL</b>	<b>159</b>	<b>167</b>	<b>241</b>	<b>226</b>	<b>400</b>	<b>393</b>

### **SURGERY**

3.SURGERY	HOSPITALISATION		AMBULATORY		TOTAL	
	M	F	M	F	M	F
Appendicite	9	13	0	0	9	13
Scrotal Hernia	9	0	0	0	9	0
Ovarian Cyste	0	13	0	0	0	13
Dermoid Cyste	3	1	5	2	8	3
Lipoméctomy	1	2	0	8	1	10
Inguinal Hernia	12	0	0	0	12	0
<b>TOTAL</b>	<b>34</b>	<b>29</b>	<b>5</b>	<b>10</b>	<b>39</b>	<b>39</b>

### **MATERNITY**

MATERNITE	HOSPITALISATION		Tota
	M	F	
Eutocic Delivery	16	17	33
Dystocic Delivery	7	7	14
Cesarean	2	2	4
Women prenatal	0	67	67
Children preschool consultations	99	127	226
Threatened Abortion		15*	15
<b>TOTAL</b>	<b>124</b>	<b>168</b>	<b>292</b>

\* 9 of the threats of abortions seemed to us provoked elsewhere.

### **AGRICULTURE, FISH FARMING AND LIVESTOCKAGRICULTURE**

Over the last two years, Butoke has developed its own 15 ha field with the twin objectives of multiplying improved seeds and cuttings (cassava and pineapple) and producing food for the orphanage and nutrition center. Durant the period under review, a pineapple field was developed, as well as a corn field of corn with improved protein content and beans

Our agriculture and pisciculture initiatives offer a number of additional benefits by employing local labour, who benefit from daily wages and meals. They also learn scientific techniques and gain experience of working in teams. The relatively high work effort that is required serves as a challenge to others.

## FISH FARMING

We have maintained our 12 fish ponds and fed the fish. A number of storms at the end of August showed the need to reinforce our drainage ditches and dams. With the beginning of the regular rains since September 13, the system seems to be functioning well. The harvest from the first ponds going back to April 2014 is projected for mid-November. The other ponds will follow as soon as possible. Small fish will be distributed in large numbers to our associations to help balance their diets.

## LIVESTOCK REARING

Our major concern in raising livestock is to better pair plant proteins and animal proteins and achieve a better balanced diet, while teaching our members how to attain food security at lower cost, using the local farm, livestock and fish farming products.

*Chickens* hens of improved breed and 42 local hens for eggs and a little meat, especially for the malnourished children to whom free meals are made available.

### *Pigs*

We have eight pigs of improved breed, including three males and five females in our pigsty and hope for a significant multiplication before next year. The females can produce several piglets as much as three times a year if they are well nourished.

Over time, these pigs will help to raise the availability of animal protein as a complement to existing sources of calories which are now largely sufficient through the cultivation of cassava in all the villages where we work and which is fetching a very good price compared to previous years.

## FUNDS RECEIVED

### PROGRAM FUNDING

#### TRANSFERS FROM FRIENDS OF BUTOKE (FOB) USA

<i>18/Sept/2014:</i>	<i>\$US 1500</i>
<i>07/August/2014:</i>	<i>\$US 662</i>
<i>29/Jul/2014:</i>	<i>\$US 1500</i>
<i>09/Jul/2014:</i>	<i>\$US 662</i>
<i>09/Jul/2014:</i>	<i>\$US 1500</i>
<b><i>Sub Total:</i></b>	<b><i>\$US 5486</i></b>

#### TRANSFERS FROM FOB UK UNDESIGNATED FUNDS

<i>04/Sept/2014:</i>	<i>\$US 1250</i>
<i>15/August/2014:</i>	<i>\$US 1250</i>
<i>07/Jul/2014:</i>	<i>\$US 1250</i>
<i>09/Jun/2014</i>	<i>\$US 1250</i>
<b><i>Sous Total:</i></b>	<b><i>\$US 5000</i></b>

#### INDIVIDUAL TRANSFERS

<i>01/Sep/2014:</i>	<i>\$US 100</i>
<i>Monthly:\$US3700=</i>	<i>\$US 11.100</i>
<b><i>Sub Total:</i></b>	<b><i>\$US 11.200</i></b>
<b><i>Grand Total program contributions:</i></b>	<b><i>\$US 22,586</i></b>

### PROJECT FUNDING

#### FOB UK DESIGNATED FUNDS FOR 6TH PRIMARY

<i>04/Oct/2014:</i>	<i>\$US 1,200</i>
<i>15/Oct/2014:</i>	<i>\$US 300</i>
<b><i>Sous Total:</i></b>	<b><i>\$US 1500</i></b>

(Total FOB UK           \$US 6,500)

#### TRANSFERS DESIGNATED FOR DFATD/WORLD HOPE PROJECT

<i>26/Sept/2014:</i>	<i>\$US 10,000</i>
<i>20/Aug/2014:</i>	<i>\$US 10,000</i>
<i>05/Aug/2014:</i>	<i>\$US 10,000</i>
<i>25/Jul/2014:</i>	<i>\$US 20,000</i>
<i>07/Jul/20</i>	<i>\$US 15,000</i>
<b><i>Sub Total:</i></b>	<b><i>\$US 65,000</i></b>

## PROGRAM EXPENSES

### HUMAN RIGHTS

#### ORPHANAGE

1. Food: US\$ 45 x 43 x 3=

US\$ 5,805

2. Hygiene : 4 Cartons of soap:

US\$ 76

3. School bags, uniforms, shoes

US\$ 1,720

Number of orphans	School bags	Uniforms	Shoes
43	US\$ 430 USD	US\$ 645	US\$ 645
<b>TOTAL</b>			<b>US\$ 1,720</b>

4. School fees and supplies

US\$ 884

Number pf orphans	Fees first trimestre	Notebooks	Ballpoints
S	US\$ 430	US\$ 434.70	US\$ 20
<b>TOTAL</b>			<b>US\$ 884.7</b>

**Sub - total : 5805\$+76 \$+1720\$+884.7\$ =**

**US\$ 8,485.70\$.**

### EDUCATION OF VULNERABLE CHILDREN

#### Secondary School

\$US 1,625

Number of vulnerable	School Fees	Notebooks	Ballpoints
47	US\$ 940	US\$ 650	US\$ 35
<b>TOTAL</b>			<b>US\$ 1625</b>

#### Primary school

\$US 2,130

Number of vulnerable	Fees first trimester	Notebooks	Ball points
98	US\$ 980	US\$ 1100	US\$ 50
			<b>US\$ 2130</b>

#### Medical School

\$US 1,014

Number of students	Fees 1st trimester	Uniforms	Registres, notebooks
6	US\$ 450	US\$ 360	US\$ 205
<b>Total</b>			<b>US\$ 1015</b>

**Subtotal: 1625 + 2130 +1015 = US\$ 4,770**

HUMAN RIGHTS OF WIDOWS:

*Judiciary cost:* US\$ 298

*Prevention of blasting ( foudroiement):* US\$ 190

**Subtotal :** US\$ 488\$

HEALTH

NUTRITION CENTER

*Food: 46 x 70\$ = US\$ 3220*

*Salaries: 150x 3 = US\$ 450*

**SUB TOTAL: \$3670**

HEALTH CENTRE

*Nurse: \$ 50 x 3 = US\$ 150*

*Drugs: \$ 100 x 3= US\$ 300*

**SUBTOTAL:** \$US 450

REFERRALS TO IMCK :

*11 Patients July: FC 470.477*

*5 Patients August: FC 321.450*

*6 Patients September: FC 610.500*

**Sub Total referrals: FC 1402.427 = US\$ 1,524.40**

(Total: Health Post: 1524.50 + 450.00 = \$US 1,074.40)

AGRICULTURE, FISH FARMING AND LIVESTOCK

AGRICULTURE

*Tools:* US\$ 300

*Seeds and cuttings:* US\$ 1,050

*Salaries:* US\$ 300

*Meals for workers:* US\$ 302

**Sub total:** US\$ 1,952

FISH FARMING

*Purchase Fry:* US\$ 200

*Food for Fry and Fish:* US\$ 250

*SalaryofSentinel:* US\$ 90

**Sub total:** US\$ 540

LIVESTOCK RAISING

*5 Swine:* US\$ 150

*10 Chickens* US\$ 60

*Salary:* US\$ 45

(For feed, we use waste from the milling pf cereals and cassava.)

**Sub total:** US\$ 255

**GRAND TOTAL BUTOKE PROGRAMS US\$ 22,584**

(positive balance of \$2 on 30 September 2014)