

**REFERRAL HOPE HOSPITAL UNIVERSITY (HHU-PROJECT)**

**TITLE OF THE PROJECT:**

**THE REFERRAL HOPE HOSPITALY UNIVERSITY PROJECT IN  
EAST AFRICA COMMUNITY PROPOSAL**

**IMPLEMENTING AGENCIES: INTERNATIONAL MOVEMENT FOR  
CHRIST**

**1. Name of Agency:**

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**PROJECT'S DURATION: 10 years.**

**PROJECT'S BENEFICIARIES: East African's Population:**

- Burundi
- Rwanda and Uganda
- Eastern Congo (Kivu region)
- Western Tanzania

**PROJECT COST:**

**HOSPITAL AND HEALTH CENTRES: 70,791,580 US\$**

**MEDICAL SCHOOL AND NURSING SCHOOL: 8,174,500 US\$**

**TOTAL: 78,966,080 US\$**

## **I. PROJECT SUMMARY.**

The overall objective of the project is the provision of quality health care and increase in the proportion of the population of the Great Lakes region accessing to health services.

The IMC in the mission goals and objectives aims in Africa and in the world hopes to achieve this goal through various means in order to help the vulnerable persons in Health domains and in development.

Initially, this will involve construction of a modern well equipped referral hospital university of 400 beds in Bujumbura, the capital city of Burundi and also several satellite health centres of 20 beds each throughout the country, in east Congo and Rwanda. The population will access curative services at these health centres.

Later stages of the project will include involvement in all aspects of public health, for example health education.

A School of medicine will be set up adjacent the hospital to provide teaching and training to turn out skilled manpower. This School will also be a centre of research.

The project will work in close collaboration with the Ministry of Health and with other interested parties in the area of medical care provision e.g. the non-governmental organisations (NGO's) partners in East Africa region and the others International in health and development, Sciences Medical centre, high organization attached to combat HIV/AIDS in the world to work in partnership in order to attend our mission.

Beneficiaries of the project are the estimated 20 million inhabitants of Burundi, Rwanda, Uganda north-western Tanzania and Eastern Congo (Kivu region).

Particular interest for project will be the most marginalised and vulnerable groups for example refugees or internally displaced persons, AIDS client's patients and the poor sections of the society in order to build a modern society attached to combat HIV/AIDS, malaria.TB and other diseases illnesses.

The requested and partnership support means the necessary funding for the building the HHU project; the equipment and the running of structure which will help us fulfil all these objectives.

## **II. IMPLEMENTOR- INTERNATIONAL MOVEMENT FOR CHRIST (IMC-BURUNDI)**

The International Movement for Christ - Ministries is an International NGO based in Burundi-Rwanda-Uganda-Republic of Congo-Kenya-Tanzania-Cameroon-Ethiopia-South Africa and in USA Committee Representative International –Ministries Movement for Christ in American and operating in central and western Africa. The organisation is particularly active in the East Africa Region (Burundi, Rwanda, Uganda, Kenya, Tanzania and Congo).

In Africa it is existent in Ethiopia, Zambia Cameroon and we want to extend our vision in African around and also in the world.

The IMC was founded in Rwanda in 1992 by **Rev. Pastor Silas KANYABIGEGA.**, based in United State of America and this moment IMC move in Africa and hope to extend our vision entire the world that our Mission and Vision attached to combat the HIV/AIDS and Poverty alleviation to attend the Millennium Development Goals vision in 21<sup>st</sup> Century attached to make poverty history and stop the HVI/AID propagation in the world.

The motto of the organisation is: "united people and to demonstrate the love of God through practical means to achieve tangible results in the world". The organisation particularly targets the poor and most marginalised sections of the society with an aim of achieving lasting and sustainable development of the people by improving their basic living standards, through delivering health and education services as well as income opportunities.

In countries where the IMC exists, the organisation in those countries is run by a Legal Representative by countries. Generally speaking, the activities (or projects) in each country are conceived and managed by their respective national offices in that particular country.

Among all countries where the organisation exists, it is in Burundi where the IMC is most active. The IMC-Burundi was approved and registered by the Burundi government in 1996 though its activities began much earlier. IMC-Burundi is an active partner of the many Churches and poor organizations in Burundi with whom it co-operates widely in social welfare, medical issues and building programs and supports through humanitarian assistance and socio-economic development. It is particularly active in the provinces of Cibitoke, Bujumbura rural, Makama and other provinve.The IMC is active in other areas of social welfare its involvement based largely on Christian principles.

The IMC is also actively **in Rwanda** in southern Province (**Nyanza District**) involved in various rehabilitation and reconstruction programs in the country. Community development programs are also provided in some areas especially for the Persons living with the HIV/AIDS.

Our Organization motto, through its partnership with other churches and NGOs, provides specialized monitoring support in various rehabilitation and reconstruction programs such as:

- Constructions of Schools
- Construction of refugees' houses
- Building water points

Compassionate suffering and care is extended to the people living with HIV/AIDS, this being done by services extended through (its project devoted to AIDS Victims).

In addition the Organization provides care to orphans at its orphanage in Burundi. Our organization has been a Evangelical Campaign and mobilizing Christian's to attached to combat HIV/AIDS and speak the hope for living to the person victims the HIV/AIDS in order to deliverance by teaching the good news from bible and to love Jesus using drama by the choirs .

That our gospel and our approach in order to support psycho social and holistic development. The aim of the project is to provide comprehensive high quality health care accessible for all and to demonstrate the love of Christ through practical service of health care provision. The Referral Hope Hospital University (HHU) would be the ideal location to achieve this noble goal.

### III. CONTEXT OF THE PROJECT.

#### 3.1. THE PROJECT GENERAL CONTEXT.

The Great Lakes Region is the region around the great lakes in central and eastern Africa. The central African region (Congo, Rwanda, and Burundi) has had a persistent period of ethnic conflicts and political upheavals. This has led to far reaching negative consequences on the people of these countries. There have been massive displacements of whole populations, creating refugees and internally displaced people. This has led to a deterioration of living standards and wide spread poverty of the people of the Great Lakes Region.

Burundi is one of those countries that constitute the Great Lakes Region. It occupies a surface area of 27,834 square kilometres and has a population of 6,684,118 people according to census of the year 2000. It has a population density of 200 persons per sq km and an annual birth rate of 2,7% per annum.

Burundi is a land locked country in the heart of Africa and is surrounded on its border by Tanzania in the east and south, by the Democratic Republic of Congo in the west and by Rwanda in the north. It is one of the three poorest countries in the world with 60% of its population living below the poverty line.

Ten years of civil war, the prolonged drought, a three year economic embargo against the country (1996-1999) and a host of other factors have all contributed to the emergence of a growing population of increasingly vulnerable people in Burundi. As a result of this, the majority of rural population do not have enough to eat and lack basic social services. The prevailing situation has had a severe negative impact with people having limited economic opportunities and lacking community support programs. This has increased susceptibility to disease, trauma and internal displacement. This grim picture is supported by the following available statistics. Between 1992 and 1997, life expectancy fell from 53.8 to 42 years, and the per capita income (Gross National Product:GNP/H) dropped from US\$ 240 in 1993 to US \$ 120 in 1999. The Human Development Indicator Report of 1998 classes Burundi as 170 out of 174.

Medical services in the Great Lakes Region are inadequate due to the many wars in this region which have contributed to the destruction of infrastructures including medical facilities. In addition, many qualified medical personnel have had to look for safer and greener pastures elsewhere.

In spite of significant progress achieved throughout the world in the production and commercialisation of pharmaceutical products, at least a third of the world population had not got access to essential drugs in 1997 according to the estimations of WHOM. The major reasons of this challenge more particularly for the Great Lakes region are their unavailability,

their very high cost, insufficiency of infrastructures and qualified health professional for their prescription.

### 3.2. SPECIFIC CONTEXT.

Type of data	Situation of		Year of reference
	Burundi	Rwanda	
<b>1, Démographic data</b>			
Population	6 684 118H	7 700 000 H	2000
Demographic growth	2,70%	2,9%	2000
Urban population	7%	10%	2003
Life expectancy	48 years	49 years	2000
<b>2, economic data</b>			
GNP/H	110\$		2000
Inflation	25%		2000
Gross Interior product/H	122US\$	220 US\$	2000
IDH	0,313		2001
Population under poverty line	67%		2002
Public expense on health	3 Million US\$ -2,80%		2000
Health expense capital	7US\$(0,7% du PIB)		2000
<b>3, sanitary data</b>			
Total death rate	16,80%		2000
Children death rates	129/1000	107/1000	2000
Maternal death rates	800/100,000N,V	1070/100,000NV	2000
Total birth rate	42,68/1000		2000
Vaccination rate	68%		2002
Contraception rate	3%		2003
5 main causes of morbidity rate In children < 5 years			
Malaria	45%		2000
Upper respiratory infection	13%		
Anaemia	10%		
Diarrhoea	7%		
Intestinal worms	5%		
The 5 main causes of death rates in children < 5 years			
Malaria	35%		2000
Anaemia	16%		
lower respiratory infection	15%		
Malnutrition	11%	30%	
Diarrhoea	6%		
The 5 main causes of morbidity rates in adult			
Malaria	34%	51%	2000
Pathologies associated with pregnancy	15%		
wound/trauma/burns	14%		

Respiratory infection	6%		
Worms	6%		
The 5 main causes of mortality Rate in adults			
Malaria	27%		2000
Respiratory infections	13%		
Pulmonary Tuberculosis	12%		
AIDS	7%	13%	
Wound/trauma/burns	6%		
HIV seropositivity rate	18,6% urban and 7,5% rural		2000
<b>4, Data on the health system</b>			
Number of doctors	343(1Doctor/ 34 744H)	115 (1 Doctor/100 000 H)	2002
Number of nurses	2301(1Nurse/3 534H)	1232(16Nurse/100 000 H)	2002
Number of health center	450		2003
Number of Hospital said of first reference	40		2003
Number of hospital of second reference	3		2003
Number of specialised hospital (tuberculosis & mental health)	2		2003
<b>5, pharmaceutical sector</b>			
Public expense on drugs	540 000 000Fbu(1,7%)		2000
External help with drugs	17% du budget national		
Number of pharmacists	68(1 pharmacien/110 000H)		
Number of superior technicians in pharmacy	2		
Number of pharmaceutical distribution centres	1		
Drug manufacturing companies	2 small scale		
<b>6, social data</b>			
Literacy	42,90%	48%	2000

#### IV. JUSTIFICATION OF THE PROJECT

1. The development challenges facing Burundi or the great Lakes Region, social, economic, and political, are immense, and the destabilising effects of the global security situation have increased pressures within the countries. The economy is hobbled with major debts and investment has slowed dramatically.
2. Concerning the existing health facilities in the Great Lakes Region, they are insufficient ( refer to section on specific context). Endemic poverty which characterises Burundi and the Great lakes Region has had far reaching consequences. As a result, the health sector receives an annual allocation of only 2,8% of the Burundi annual national budget. For almost 20 years, only one referral hospital has been built and due to the armed conflict over the last decade many medical infrastructures have been destroyed. Construction of new hospitals has not been on the list of priorities for the government of Burundi in this period that is why our project proposal in very important need and emergency.

In the program of country reconstruction, it is indispensable to insure good health to the population in order to make its contribution more effective. It is for that reason that our Organization intends to build a regional referral health university structure.

3. Health planning is not only concerned with the supply and demand of appropriate health services or health care infrastructure, but also with the organisational, financial, human resource requirements and appropriate equipment. Currently, the reality is that all hospitals in the country and health centres are under-equipped. The country has not been able to satisfy that need for lack of means and neither has it been possible to ensure maintenance nor repair or replace defective or lost equipment.

There is a gross shortage of diagnostic equipment in Burundi. Some of the available diagnostic equipment is out of date. Modern equipment is especially lacking for example the country lacks even a single CT scan. People have to go to Rwanda or Kenya for this facility and the cost is very high.

The establishment of a modern health facility with modern up to date equipment for complete investigation of patients and providing up to date treatment is a priority of the mission assigned our organization to attend the poor and the children of the poor to access to high education in health department in order to develop they property intellectual that the new strategy to build a new young future in medical care attached to combat HIV/AIDS, TB, malaria and other diseases.

Burundi has only one Public Medical School taking a few students per year and turning out a few doctors per year. Official statistics put the current doctor to patient ratio at 1:34,744. In other words there are only 400 doctors in Burundi (estimate) to treat the 6 664 118 inhabitants (estimate). However actual figures could be much higher as many of the doctors have migrated to other countries in search of a more satisfactory remuneration.

Burundi has only 2301 qualified nurses. This is obviously grossly insufficient. The training of qualified medical personnel will be a priority with this project.

Health centres will be established to treat common diseases in various areas of Burundi and to refer difficult cases to the referral Hope Hospital Hospital University. These centres will be built in the following places:

- In the Eastern Congo ( Uvira and Minembwe)
- In central and eastern Rwanda (Kigali and Nyamata )
- In the south of Burundi (Makamba)
- In the north of Burundi (Ngozi)
- In the eastern of Burundi (Ruyigi)
- In the central part of Burundi (Gitega)

In this way, people throughout Burundi and from the western parts of Tanzania, the eastern Congo and the central and eastern Rwanda will benefit from the project.

It is to be noted that the rural population is generally the neediest, the most vulnerable to diseases and the one with the least access to health care and drugs. These rural health centres will there be a great benefit to these people.

The mobile clinics will cater for people living far from those rural health centres, more particularly those living in camps for displaced people or refugees.

1. The AIDS pandemic has become a major public health problem for Africa in general and of the sub Saharan Africa Region in particular. In Burundi, the incidence of HIV/AIDS infection has risen from 11% in urban areas, and from 0, 7% in rural areas in 1989, to 18,6% for urban and 7,5% for rural areas in the year 2002.

HIV is having a devastating impact far beyond the victims themselves, because it is disabling and killing off so many of the most productive members of communities: the young, the educated, farmers, professionals, entrepreneurs, experienced civil servants, teachers and hundreds of thousands of parents.

There is general recognition that an effective response to HIV/AIDS has three core objectives, which are interrelated:

- a) Prevention of HIV transmission
- b) Care and treatment for those infected with HIV
- c) Mitigation of social, economic, political and institutional impacts of AIDS.

The our Organization , having already initiated interventions in favour of people suffering from HIV/AIDS through its project Hope for Suffering project ( Christian Volunteer Action towards persons living with AIDS), will intensify its activities in order to stop the spread of this disease and to support the already affected people.

That will be achieved through a more sustained sensitisation, improved care for the sick and through encouragement of income generating activities. The project will also include taking care of orphans, supporting households and households headed by children and elderly persons.

5. The lack of health education and inadequate health facilities as well as the AIDS disease, have all contributed to the poor maternal and child health services.

The statistics show an alarming situation for Burundi for the maternal and child health indicators. Our NGO therefore wants to get involved in this area so as to improve the situation for the mothers and the children.

The Referral Hope Hospital University is therefore a project that has been conceived after careful analysis of the current prevailing health situation in this region. The statistics show a continuous deterioration of the already bad situation and there is an urgent need to make more interventional measures. Furthermore, the population continues to look to the IMC not only to continue providing the services available but also to go into new areas and to provide comprehensive modern up to date health care. The available services are therefore no longer adequate. There is therefore an urgent need to look for partners to create this project.



## V. PRESENTATION OF THE PROJECT

### VI.

#### 5.1. GENERAL OBJECTIVE

The main mission of this project is to provide quality and universally accessible health care to the population of the East Africa Community.

In order to fulfil this mission, it will be very important, not only to set up modern infrastructures, but also to turn out skilled medical staff through sustained training and research in fundamental and applied medical science and through supplying appropriate organisational, financial and human resources and equipments. Exchange programs will also be initiated to exchange experiences between us and our partners.

#### 5.2. SPECIFIC OBJECTIVES

- To build a regional referral hospital of 500 beds at Bujumbura.
- To set up health centres to serve the rural population.
- To set up four mobile clinics to Liase between the hospital and the satellite health centres and to provide health care to the people living in camps for the internally displaced.
- To equip the referral hospital and the health centres with modern and efficient equipment for an accurate diagnosis and adequate management of patients.
- To set up a medical School next to the hospital at a university level, for training and research.
- To reinforce human capacities through on job training of the staff for a better care for the sick.
- To organise health education sessions in order to sensitise the populations about the problems of maternal and child health and to educate them on matters of personal hygiene and nutrition.
- To sensitise the population about HIV/AIDS problems and to care for the already affected people.

#### 5.3. IMPLEMENTATION OF THE PROJECT.

##### 5.3.1. ACTIVITIES IN DETAIL

##### 5.3.1.1 Construction of a referral Hope hospital University.

In order to provide quality and accessible health care, medical infrastructures are necessary. The regional referral hospital of Bujumbura with a capacity of 500 beds is devised to include all departments, that is:

- General medicine
- Internal medicine: tropical medicine, pneumology, Gastro-enterology, cardiology, neurology, haematology...
- General surgery: visceral and orthopaedic
- paediatrics
- Gynaecology and obstetrics
- Dentistry : specialised services
- ENT : specialised services
- Ophthalmology: specialised services
- Casualty department
- Intensive care unit
- Dermatology
- Laboratory: biochemistry, bacteriology, haematology, serology
- Pharmacy department
- Radiology/Imagery department...
- Kinesitherapy department.
- Isolation unit
- General services: management/administration, sanitation, maintenance, kitchen, laundry, logistics, mortuary.

***Implementation details of the Hospital building plan.***

- a. Steps of implementation
- Laying of the foundation
  - Construction up wall plate
  - Roofing
  - Finishing :- painting, electricity etc

- b. planning the implementation  
 Implementation period: 12 months  
 Linear planning (see the chart)

**5.3.1.2 Construction of eight satellites health centres.**

These centres will provide medical care in the rural areas. Complicated cases will be transferred to the referral Hope Hospital University.

The mobile clinics will also complement the health centres to provide treatment.

The rural health centres will have the following services:

- Medical consultations and treatment
- maternity
- minor surgery
- laboratory
- community pharmacy
- Preventive medicine: health education, immunisation, prenatal and post natal care...

- general services: management/administration, sanitation, maintenance, kitchen, laundry, logistics, mortuary
- The health centres will have a capacity of 20 beds for admissions.

***Implementation details of the health centres building plan.***

- a. Steps of implementation:
  - Laying the foundation
  - Construction up to wall plate
  - Roofing
  - Finishing: electricity installation, plumbing, telephones...
- b. planning the implementation:
  - period: 3 months
  - linear planning

**5.3.1.3 Mobile clinics attached to help the poor and in Counselling , testing HIV/AIDS**

These will provide health care to the population living far away from health centres. A mobile clinic is composed of a team of doctors and nurses who move in vehicle with medical equipment to provide services to the people living far from health centres

The patients with conditions difficult to treat at the mobile clinic outreaches will be transferred to the health centres or the hospital.

Components:

1. Staff
  - Doctor: 2 ( a specialist and a general practitioner)
  - Nurse: 2
  - Driver: 1
2. Drugs and medical supplies.
3. 1 Ambulance + caravan

**5.3.1.4. Hospital equipment.**

See a complete list of hospital equipment adjacent this document.

**5.3.1.5 Humanitarian aspect of the project.**

- Considering that a proportion of the population is destitute, this project plans to give such people free medical treatment. This will be done in the referral hospital as well as in the rural health centres.

- The identification of such beneficiaries for free treatment will do in collaboration with the local administration officials of the areas where these people reside.
- In order to reach as many people as possible, the mobile clinics will visit remote areas for medical consultations and treatments.

### 5.3.1.6 The School of Medicine: Teaching and Research

This school is expected to start at beginning of the 3<sup>rd</sup> year of the project. It will undertake programs to train General Practitioners and specialists. It will also be a centre for undertaking research in areas of medicine and public health.

#### a. Training of General Practitioners

The School will run a 7 year training program for general practitioners based on the French system; but discussions with the donor are needed to establish both the curriculum and the training period.

To be eligible, one should have to have completed the secondary school at the advanced level, from anywhere in Africa, and should have attained excellent grades. It will also require a reasonably good knowledge of the English language.

We plan to start the School with 20 students for the first year, and gradually increase the uptake to a maximum of 60 students enrolled annually.

The teaching staff will be composed of specialists and teachers of medicine within various areas of specialisation those specialists will come from various partners and will use a program which will allow exchange of doctors between this region and partners. The degree of that training will be discussed with the partner.

The training curriculum will be discussed with our partners, but the curriculum used in Burundi is proposed in this document.

The technical training will be conducted in English

Tuition fees of 200US\$ per year will be required for any candidate but some cases of indigence will be taken in charge. Fees and charges for the training of specialised teaching staff will be under the charge of the donor.

The courses which lead to award of the degree of Medicine in general practice are these:

#### 1st year

	Theory courses.	Practice session
- Anatomy	75 h	15 h
- General chemistry	30 h	0
- Human Biology	30 h	0

- Mathematics	15 h	0
- Physics	45 h	15 h
- Biophysics	30 h	0
- Entomology	30 h	0
- Physiology	60 h	30 h
- Demography	15 h	0
- English	60 h	0
- General Psychology	30 h	0
- Civisme	15 h	0
- Organic Chemistry	30 h	0
- Cytogenetic	15 h	0
- Cytology	45 h	0
- Histology	45 h	15 h
- Statistics	15 h	0
- Embryology	15 h	0

**2<sup>nd</sup> year**

- Anatomy and organogenesis	75 h	15 h
- Bacteriology	45 h	15 h
- Parasitology	45 h	30 h
- Medical semiology	60 h	30 h
- Surgical semiology	60 h	30 h
- Physiology	90 h	30 h
- Nursing	15 h	30 h
- Virology	45 h	0
- Haematology	30 h	0
- Histology	30 h	15 h
- Metabolic biochemistry	60 h	30 h

**3<sup>rd</sup> year**

- Hepathology	30 h	0
- Pathologic Anatomy	45 h	15 h
- Surgical pathology	90 h	0
- Infectious and parasitologic pathology	90 h	0
- Introduction to public health	15 h	0
- Physio-pathology	15 h	0
- Radiology	30 h	0
- Pharmacology	45 h	0
- Pathologic Biochemistry	30 h	0
- Epidemiology	45 h	0
- Gastro enterology	30 h	0
- Endocrinology	30 h	0
- Pneumology	45 h	0
- Clinic haematology	30 h	0
- Immunology-immunopathology	45 h	0
- Practical training		375 h

**4<sup>th</sup> year**

- Cardiology	45 h	0
- Surgical pathology	90 h	0
- Pathologic anatomy	45 h	15 h
- Nutrition	30 h	0
- Pharmacology	75 h	0
- Gynaecology	45 h	0
- Rhumatology	30 h	0
- Néphrology	15 h	0
- Hygiene and medical legislation	45 h	0
- Obstetrics	45 h	0
- Neurology	30 h	0
- Practical training		975 h

### 5<sup>th</sup> year

- Methodology for research		
Experimental medicine	15 h	0
- Paediatrics	90 h	0
- Deontology-civism	15 h	0
- E.N.T. Stomatology	30 h	15 h
- Ophthalmology	45 h	0
- Neuropsychiatry's and medical psychology	30 h	0
- Forensic Medicine and Medical Ethics	30 h	0
- Therapeutics	45 h	0
- Dermatology venerology	30 h	0
- Hospital management	30 h	0
- Administration of public health	30 h	0
- Anesthesia-ressuscitation	45 h	0
- Maternal and infantile health	30 h	0
- Practical training for internship		975 h

The total number of hours for the training of General practitioners is about 5370 hours.

The teaching staff:

1<sup>st</sup> year: an equivalent of 3 full time teachers for 240 hours each.

2<sup>nd</sup> year: an equivalent of 6 full time teacher for 240 hours each.

3<sup>rd</sup> year: an equivalent of 10 teachers.

4<sup>th</sup> and 5<sup>th</sup> year: an equivalent of 16 teachers

6<sup>th</sup> and 7<sup>th</sup> year: an equivalent of 23 teachers.

### b. Specialisation and Research.

Training of specialist doctors will take place both in Burundi and in other countries to be decided upon.

For the first year of the program, 5 doctors will be admitted for training and the number will be gradually increased over the coming years. Funding for this program will be provided by the donors.

-Training at PHD level will also be conducted both in Burundi and in outside countries. Three candidates will be enrolled per year for this training.

-In a way parallel to that, short terms training will be organised for hospital staff for their improvement.

### **Proposed programs for specialisation.**

#### 1. Specialisation in clinical Biology : period 5 years.

a. Teaching: 200 hours/ year.

The curriculum is as follow:

- Bacteriology-virology
- Biochemistry
- Parasitology-mycology
- Immunology
- Administration and management of a biology laboratory.

b. Practical training:

Organised in 10 semestrial practical sessions in university the following hospital departments:

- bacteriology-virology
- parasitology-mycology
- biochemistry
- hematology-hemostasis
- immunology

#### 2. Specialisation in general surgery : period of 5 years.

a. Teaching: 200 hours/year

The curriculum is as follow:

- General and digestive surgery
- Orthopaedic and traumatologic surgery
- Thoracic and cardiovascular surgery
- Urology surgery
- Gynaecologic surgery
- Infant surgery

b. Practical training will be done in the above mentioned.

#### 3. Specialisation in Gynaecology and Obstetrics : period of 5 years.

a. Teaching: 200 hours/year

The curriculum is as follow:

##### **OBSTETRICS.**

- Normal pregnancy
- Pathologic pregnancy

- Fœtal medicine and prenatal diagnostic
- Normal delivery
- Presentations, pathologic deliveries, obstetrical interventions
- Pathologic delivery
- Obstetrical interventions

#### GYNECOLOGY

- General Gynaecology and oncology
  - Endocrineal gynaecology
  - Gynaecologic and breast surgery
  - Sexuality, infertility and birth control
  - Breast and its pathology
- b. Practical training will be organised in ten semestriel practical sessions training in gynaecology and obstetrics.

#### 4. Specialisation in Internal Medicine: period of 5 years

a. Teaching: 200 hours/year

The curriculum is as follow:

- Internal medicine
- Pneumology
- Neurology
- Infectious and parasitologic pathology
- Gastro-enterology
- Dermatology
- Haematology-cancerology
- Clinical resuscitation
- Cardiology
- Rhumatology
- Nephrology

b. Practical training:

Practical training will be organised in seven semestriel practical sessions in these departments:

- General internal medicine
- pneumology
- infections and parasitologic pathology
- Gastro-enterology and hepatology
- Hematology-cancerology
- Clinical resuscitation

#### 5. Specialisation in paediatrics : period of 5 years.

a. Teaching: 200 hours/year.



- Social and preventive paediatrics
  - Nutrition, growth and metabolism, endocrinology
  - Neonatology
  - Paediatric emergencies and resuscitation
  - Infectious and parasitologic pathology
  - Paediatric gastro-enterology
  - Paediatric pneumology
  - Paediatric cardiology
  - Paediatric nephrology and urology
  - Paediatric hématology-cancerology
  - Dermatology and sexually transmitted diseases
  - Genetics
  - Paediatric ENT
  - Paediatric therapeutics
- b. Practical training: 8 semester sessions in the following fields:
- General paediatrics
  - Resuscitation.
  - Neonatology
  - Gastro-Enterology

#### 6. Specialisation in Anaesthesia/Resuscitation

- General and specialised pharmacy
- Gaseous Anaesthetics
- Morphine and anti-morphine's
- Sedatives and anti-psychotics.
- Medico-legal aspect in Anaesthesia/Resuscitation
- Neuro-endocrine reactions to pain
- Anaesthesia and respiratory function
- Anaesthesia and cerebral function
- Internal milieu
- Nutrition
- Endocrinology
- Haemostats and transfusion
- Anaesthesia according to the type of surgery
- Neonatology
- Resuscitation / management of Emergencies.

#### 7. Specialisation in ENT

Organised according to the anatomo-pathologic aspects.

1°

- Anatomy, physiology, investigation of the nose, Nasal airway and the sinuses.
- Malformations and deformities
- Pathologies of the nose and the sinus.

2°

- Anatomy of the Eustachian canal, nasopharynx, oropharynx and hypopharynx
- Physiology and radiological investigations.
- Infectious, tumoral and dermatological pathologies.

3°

- Anatomy, physiology and investigation of the larynx
- Infectious, tumorale, traumatic, malformative pathologies and the laryngo trachea bronchial tree.

4°

- About the area and a recall of the embryology, anatomy, the physiology, its functional and surgical investigations.
- Malformative, infectious, tumorale, traumatic pathologies and their consequences on the hearing and equilibrium.

5°

- Anatomy
- Malformative, infectious, accidental, tumoral pathology
- Functional, surgical and radiological investigations.

6°

- ENT pathologies associated with neighbouring pathologies or general pathologies with influence on ENT.
- Specialised procedures in ENT.

#### **5.3.1.7 The Nursing and counselling HIV/AIDS and Testing Centre.**

Next to the Hospital Medical University, we plan to start a four year course nursing School. The candidates for the School will have completed the ordinary level of the secondary School. The training will be given in English language.

The purpose for this training is to provide the country and the Great Lakes Region with qualified nurses in sufficient numbers.

The nursing School will start in the same period as the Medical University. Students who don't know enough English will have to begin with a six months' period of English Language course. This course will be organised by our institution partners in East Africa Community.

The curriculum to be applied in the nursing School and counselling HIV/AIDS testing Centre will need to be agreed with the donors.

#### **5.3.1.8 Building staff capacity through on job training.**

This training consists of a continuous training held by the hospital medical staff and through exchange of experience with the donor and other partners.

- Continuous training: in the day to day work, heads of departments will put a focus on the supervision and training of their staff in the various areas of medicine.
- Exchange of experience with the donor and other partners will be conducted through seminars and workshops for the various medical cadres: doctors, nurses, Lab technicians and x-ray etc. and staff of support.

- These exchanges will take place at intervals at frequencies agreed on with the partners. Through that exchange process, there will be interaction with other medical workers from other hospitals and universities of the sub-region.

### **5.3.1.9 Maternal and Child play and health centre.**

#### **a. Maternal health**

Within the hospital and the 8 health centres, there will be created a department of maternal health, endowed with experienced and skilled staff.

- The main mission of that department will be to organise education and sensitisation sessions on normal pregnancy.
- The department will also deal with pre and post-natal consultations and provide vaccination for pregnant women (enfant welfare clinics and post –natal consultation).
- The department will provide, in addition, a nutritional training for a healthy pregnancy.
- Lastly, the department will train and supervise traditional midwives in rural areas. (over 80% of pregnant wives deliver at home)

#### **b. Child play and health centre**

Vaccination for new born babies will be done on a daily basis; and vaccination campaigns for older children together with education sessions for sanitation and nutrition of children positive and negative HIV/AIDS will be organised on a weekly basis within all the 8 health centres.

### **5.3.1.10. Sensitisation on HIV/AIDS and caring for people living with HIV/AIDS**

#### **a. Sensitisation**

- Alongside the mobile clinic outreaches, sensitisation sessions on HIV/AIDS will take place at the same time.
- During the education sessions about health within health centres, sensitisation on HIV/AIDS will also be organised.
- Sessions on pre and post-test counselling will be provided at the health centres and the hospital for any person willing to be tested.
- Tests will take place at the hospital and within the 8 health centres.

#### **b. Caring for people living with HIV/AIDS**

##### Psycho-social care.

- A psychological caring will be guaranteed for people living with HIV/AIDS and those already suffering from HIV/AIDS.
- Income generating activities will be organised for the affected families.

##### Medical care

- 50 selected HIV/AIDS sick people among the most vulnerable will be treated with Anti-viral drugs free of charge within each health centre each year and 100 at the referral hospital. .
- To organise home visits for patients who don't need hospitalisation.
- (For this section about HIV/AIDS, a complete and more detailed proposal is given in a different proposal)

### **5.3.2. Contribution of third parties.**

#### **5.3.2.1 Our Contribution contribution**

- Lands for the construction of the hospital, medical school and the health centres.

#### **5.3.2.2. Donor's contribution.**

- Financial and material resources for the construction and equipment of the referral Hope Hospital University and the health centres;
- Running costs of the hospital and the health centres
- Specialised staff (expatriates) and salaries of workers
- Training and Research funds.

### **5.3.3 Human and material resources needed.**

#### **a. Personnel.**

##### **5.3.3.1. Hospital**

###### **• Medical staff**

General Practice Doctors:	10
Internal Medicine Doctors :	4 (2 E)
Neurologist :	1(E)
Gynaecologists :	3 (1 E)
Paediatricians :	2 ( 1 E)
Surgeons :	4 (2 E)
Resuscitation :	2 ( 1E)
ENT :	2 (1 E)
Ophthalmologists :	2 (1 E)
Dentists :	1
Micro-biologist :	1 (E)
Pathologist :	1 (E)
Kinesitherapist :	2
Dermatologist :	1
Nutritionist :	1
Medical technicians nurses	100
Auxiliary nurses :	50
Laboratory technicians :	2
Transfusion nurses	2
Anaesthesist technician:	10

x-ray technicians	:	6
Pharmacists	:	1
Radiologist	:	1
Imaging (Scanner)	:	1 (E)
(E: Expart)		

- **Support staff**

- Administration and finance :

Personnel Manager	:	1
Secretaries	:	4
Accountants	:	3
Cashiers	:	27
Debt recovery department	:	4

- Logistics :

Vehicle maintenance	:	2
Customs clearance	:	2
Warehouse	:	3
Purchases	:	2
Maintenance - Repairs	:	3
Drivers	:	6

- Sanitation and security :

Cleaners	:	50
Gardners	:	5
Guards	:	8
Orderlies	:	4
Patient attendants	:	40

### 5.3.3.2. Satellites health centres.

- **Medical staff. (for each health centre)**

Superior nurse	:	1
Medical technicians nurses	:	4
Auxiliary nurses	:	5
Laboratory technicians	:	2
x-ray technicians	:	2 ( for Rwanda and Congo only)

For Rwanda and Congo, we shall need a General Practice doctor as well for each country.

**Support staff**

Secretary	:	1
Accountant	:	1
Cashier	:	1
Driver	:	1

Cleaner	:2
Guard	:2
Gardener	:1

### 5.3.3.3. Mobile clinic

General Practice Doctor	:1
Specialist Doctor	:1
Medical technicians nurses	:2
Driver	:1

### 5.3.3.4 Medical school.

- Teachers :	23
- Dean :	1
- Deputy Dean :	1
- Administrator :	1
- Assistant administrator:	1
- Secretaries :	2
- Accountant :	1
- Computer specialist:	1
- Logistician :	1
- Receptionist :	1
- Driver :	1
- Guards :	2
- Cleaners :	4

### b. Material Resources for the entire project

- Building materials and equipments
- Furniture
- Medical supplies and equipment
- Medicine (drugs)
- Laboratory reagents
- Ambulances : 10
- Vehicles : 15
- Bus (staff transport) : 3
- Computers equipment : 55 units
- Office supplies
- Scholastic materials

## **VI. MANAGMENT AND RUNNING OF THE PROJECT.**

### **6.1. RUNING OF THE PROJECT.**

The project consists of three different programs:

- Hospital and Satellites Health centres
- Training and research
- HIV/AIDS,

This will function autonomously but in close collaboration.

The hospital is a private establishment which will function in the same way as the private hospitals, according to the norms of the Ministry of Health.

At the beginning of the project, the hospital will be conjointly managed by IMC and the donor. The donor will help the project for a period of 10 years. Financial dependency on the donor will be reduced progressively with the IMC bearing more and more financial obligations. This is to be discussed further with the donor.

We propose that an evaluation of the project be done every 6 months, and a more thorough evaluation to take place every 12 months. This will be carried out jointly by IMC and the Donor.

Evaluation fees are within the budget of this project.

### **6.2. MANAGEMENT**

The overall management of the project will be under the Director of IMC-Burundi assisted by the co-ordinator and the finance manager nominated by the donor.

The Hospital will be managed by a Burundian Doctor and the medical services will be put under the responsibility of a expatriate doctor.

All the other services will be managed by nationals.

The staff will be composed of nationals and expatriates. Given that Burundian specialist doctors are few, the donor will be asked to endow our specialised services with skilled senior staff.

### **6.3. DURATION OF THE PROJECT.**

The hospital project will last 10 years, assuming that, at the end of that period, the hospital will be entirely capable of supporting itself. To continue to support the destitute and to make

the mobile clinics function, some grant will be necessary so that the two activities may not stop at the end of the funding.

Even if the project reaches the point of self sustainability, the hospital and the School will always undertake a technical cooperation with the donor.

### Activities' calender

Activities	1 <sup>er</sup> e an	2	3	4	5	6	7	8	9	10	End of project
<b>Hospital</b>											
construction	■										
Equipment	■										
Personnel		■									
Running		■	■	■	■	■	■	■	■	■	■
<b>Satelites Health centres</b>											
Construction	■										
Equipment	■										
Personnel		■									
Running		■	■	■	■	■	■	■	■	■	■
<b>Mobile clinics</b>											
Equipment		■									
Running		■	■	■	■	■	■	■	■	■	■
<b>Humanitarian interventions</b>											
		■	■	■	■	■	■	■	■	■	■
<b>Medical &amp; nursing school</b>											
Construction	■										
Equipement	■										
Running			■	■	■	■	■	■	■	■	■
<b>Research</b>											
		■	■	■	■	■	■	■	■	■	■
<b>On job training</b>											
		■	■	■	■	■	■	■	■	■	■

■ Full time activities



Time to time activities

## CONCLUSION.

The present project will have great positive impact on the East Africa Community population health and economy by:

1. Improving the health care quality.
2. Improving the accessibility to quality health care
3. Facilitating the medical research
4. Creating new jobs
5. Reducing poverty in increasing productivity by having a healthy active population
6. Showing a practical Christian testimony.
7. The project is viable as it is shown by the table bellow.

Together, we will need to find our way towards to a greater sense of mutual responsibility. Together, we will need to build a new ethic of global stewardship. Together, we can and must write a new and more hopeful chapter in natural-and human-history. Thank you very much.

<b>HHU PROJECT FINANCIAL SELFSUFFICIENCY ( x1000US\$)</b>										
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
<b>Income</b>	-	3140	3454	3799	4178	4595	5054	5559	614	6725
<b>Depreciation of assets</b>	54	3973	3973	3973	3973	4037	2640	2640	2640	2640
<b>Expenses</b>		4321	4321	4321	4321	4321	4321	4321	4321	4321
<b>Sub total expenses</b>	<b>54</b>	<b>8294</b>	<b>8294</b>	<b>8294</b>	<b>8294</b>	<b>8358</b>	<b>6961</b>	<b>6961</b>	<b>6961</b>	<b>6961</b>
<b>Net profit</b>	-54	-5154	-4840	-4495	-4116	-3081,5	-1907	-1402	-847	-236
<b>Financial selfsufficiency</b>	54	-1181	-867	-867	-867	955,5	733	1238	1793	2404
<b>Cumulated financial selfsufficiency</b>	-54	-1127	-1994	-2861	-3728	-2772,5	-2040	-802	991,5	3396,5





45,1	medical supplies				240 000	240 000	240 000	240 000	240 000	240 000	240 000	240 000	240 000
45,11	Drugs				250 000	250 000	250 000	250 000	250 000	250 000	250 000	250 000	250 000
45,12	Labo Reagents				80 000	80 000	80 000	80 000	80 000	80 000	80 000	80 000	80 000
45,13	x-ray/ CT scan supplies				70 000	70 000	70 000	70 000	70 000	70 000	70 000	70 000	70 000
45,14	Generator 200 KVA	2	50 000		100 000								
45,,15	Generator 150 KVA	1	30 000		30 000								
45,16	Generator 50 KVA	2	15 000		30 000								
45,17	Mobole clinics	3	50 000		150 000								
<b>50</b>	<b>Running cost</b>												
50,11	Maintenance(equipment & assets)				50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000
50,12	Car repairs & maintenance			15 000	63 000	63 000	63 000	63 000	63 000	63 000	63 000	63 000	63 000
50,13	Fuel			30 000	90 000	90 000	90 000	90 000	90 000	90 000	90 000	90 000	90 000
50,14	Vehicule Insurance			500	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000	2 000
50,15	Water & electricity				150 000	150 000	150 000	150 000	150 000	150 000	150 000	150 000	150 000
50,16	Telephone&Postage				50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000
50,17	Mobile clinic cost				50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000
	<b>55 Total Runing cost</b>				<b>29 783 000</b>	<b>2 385 800</b>	<b>1 155 000</b>	<b>1 155 000</b>	<b>1 155 000</b>	<b>1 155 000</b>	<b>1 155 000</b>	<b>1 155 000</b>	<b>1 155 000</b>
	<b>Total Direct cost of the project</b>				<b>29 934 000</b>	<b>5 160 600</b>	<b>3 929 800</b>	<b>3 929 800</b>	<b>3 929 800</b>	<b>3 929 800</b>	<b>3 929 800</b>	<b>3 929 800</b>	<b>3 929 800</b>
<b>90</b>	<b>General fees &amp; administration</b>												
94,01	Office management cost (10%)			598 680	516 060	392 980	392 980	392 980	392 980	392 980	392 980	392 980	392 980
	<b>TOTAL PROJECT COST</b>				<b>30 532 680</b>	<b>5 676 660</b>	<b>4 322 780</b>	<b>4 322 780</b>	<b>4 322 780</b>	<b>4 322 780</b>	<b>4 322 780</b>	<b>4 322 780</b>	<b>4 322 780</b>

(For the first year, the office running cost is estimated at 2%)



21,02	Divers consultances (construction)			50 000	10 000	10 000	10 000	10 000	10 000	10 000	10 000	10 000	10 000
<b>40</b>	<b>Equipment</b>												
45,01	Set of furniture				50 000								
45,02	Computering equipment	20	2 800		56 000								
45,04	Communication equipment				5 000								
45,05	Office supplies				10 000								
45,05	Vehicles	4	38 500		154 000								
<b>49</b>	<b>Total equipment</b>												
<b>50</b>	<b>Running cost</b>												
50,11	Car repair& maintenance				15 000	15 000	15 000	15 000	15 000	15 000	15 000	15 000	15 000
50,12	Fuel				10 000	10 000	10 000	10 000	10 000	10 000	10 000	10 000	10 000
50,13	Vehicule Insurance				1 000	1 000	1 000	1 000	1 000	1 000	1 000	1 000	1 000
<b>50,3</b>	<b>Activities</b>												
	Training material				50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000
	<b>Total direct cost of the project</b>				<b>822 000</b>	<b>370 000</b>	<b>360 200</b>	<b>450 200</b>	<b>657 800</b>	<b>690 200</b>	<b>1 020 200</b>	<b>1 020 200</b>	<b>1 020 200</b>
90	General fees & administration												
94,01	Office management cost (10%)				82 200	37 000	36 020	45 020	65 780	69 020	102 020	102 020	102 200
	<b>TOTAL OF THE BUDGET PROJECT</b>				<b>904 200</b>	<b>407 000</b>	<b>396 220</b>	<b>495 220</b>	<b>723 580</b>	<b>759 220</b>	<b>1 122 220</b>	<b>1 122 220</b>	<b>1 122 400</b>

### LOGICAL FRAMEWORK OF HHUTHE PROJECT

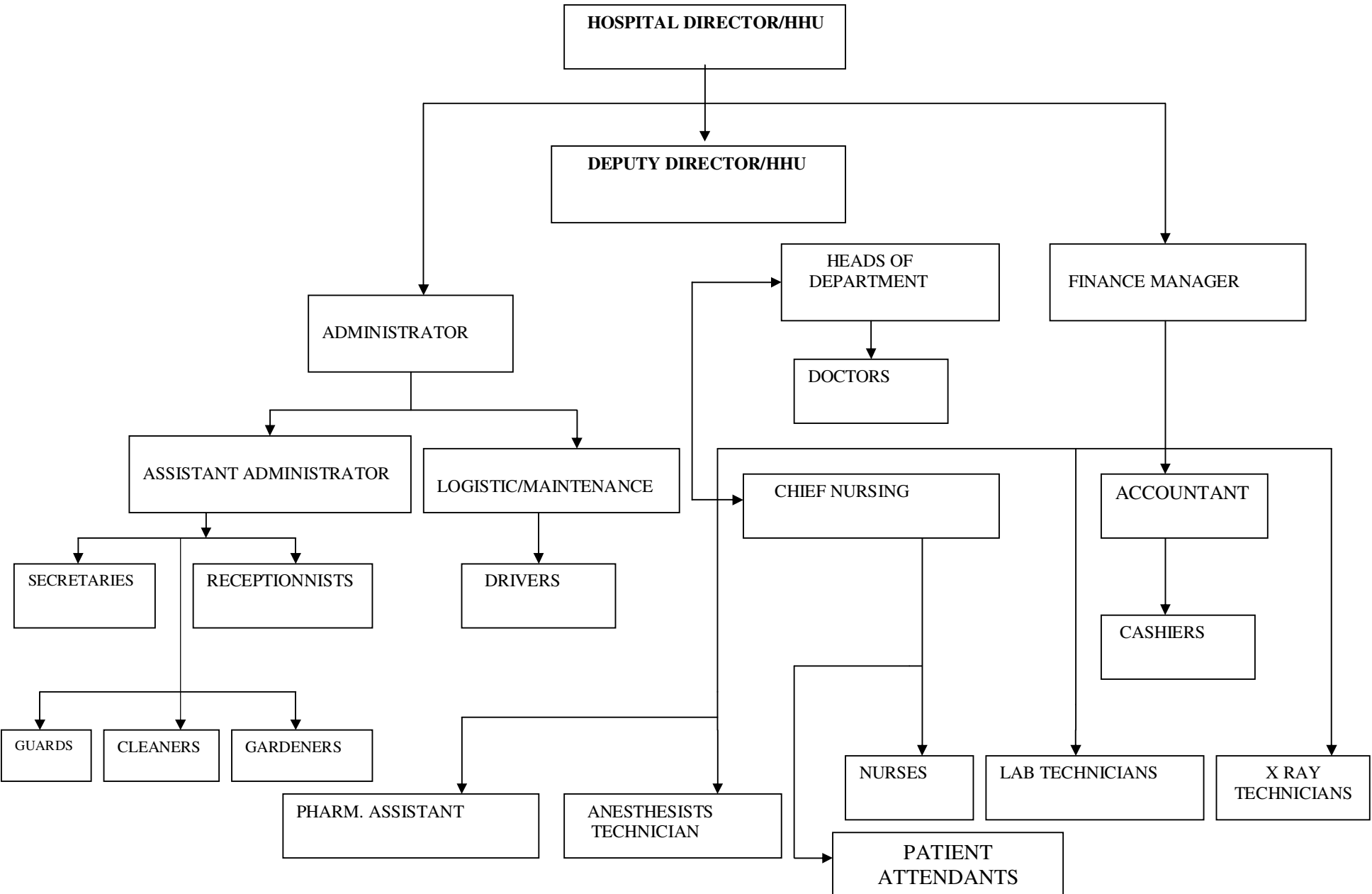
Global objectives	Specific objectives	Expected results	Indicators	Means for verification	Risks/limiting factors
1. to improve the quality and accessibility of health care	1. to build a regional referral hospital, well equipped and with a specialised medical staff.	<ul style="list-style-type: none"> <li>-Increase in medical coverage rate</li> <li>-Increase in quality health care levels.</li> <li>-complicated medical and surgical cases will be handled in sub-region at accessible costs.</li> <li>-Quick and highly accurate diagnosis will be possible in the sub-region</li> </ul>	<ul style="list-style-type: none"> <li>-A well functioning Regional Referral hospital</li> <li>-Decrease in mortality rate</li> <li>-Increased movement of people from Rwanda, Burundi, Congo, Tanzania toward the project location.</li> </ul>	<ul style="list-style-type: none"> <li>-Yearly report written by the Director of the hospital to the ministry of health.</li> <li>-6 months evaluation done by the hospital donor reports.</li> <li>- Registers for consultations and inpatients.</li> </ul>	<ul style="list-style-type: none"> <li>-Regional stability</li> <li>-Availability of funds</li> <li>-Close co-operation with the funding agency.</li> </ul>

	<p>2. Mobile clinics to bring quick help to the populations living in very remote areas.</p>	<ul style="list-style-type: none"> <li>• To reach the destitute populations:</li> <li>-Health care is provided.</li> <li>-Difficult cases are quickly taken to the Referral Hospital</li> </ul>	<p>-4 mobile clinics</p> <p>-Each clinic is specific:</p> <ul style="list-style-type: none"> <li>. Gaenycology</li> <li>. Dentistry</li> <li>. Ophthalmology</li> <li>. ENT</li> </ul> <p>- Frequency of outreach visits:</p> <p>1 visit/mobile clinic/trimester</p> <p>16 outreach visits of 1 week period/year for the 4 mobile clinics</p>	<p>-Registers for consultation and treatment</p> <p>-Charts for the mobile clinics outreach visits.</p>	<p>Local security situation.</p>
	<p>3. Satellite Rural clinics to increase health care coverage rate in non-served areas</p>	<ul style="list-style-type: none"> <li>-8 satellite clinics to be built in the project zone.</li> <li>-Primary health care is provided.</li> <li>-Health education increased.</li> <li>-Easy and quick transfer of complicated cases from satellite clinics to the Referral Hospital.</li> </ul>	<p>-Decrease of mortality rate in the rural populations.</p>	<p>-Health statistics at sectorial level</p> <p>-Registers for consultations</p>	<p>Security situation.</p>



	4. Humanitarian interventions to help the most destitute populations.	-Orphans, refugees and war displaced populations will be treated free of charge.	Hospital statistics	Registers.	Lack of funds
2. Increase in number and quality of human resources in health sector.	1.Establishment of a medical School for the general practising and specialists.	-Hospitals and health centres of the sub-region are well supplied with qualified medical staff of high level.	-20 general practitioners trained each year. -5 specialists doctors trained each year.	-Reports on degrees given at the end of the training with copy to the Ministry of health	
	2. Establishment of a paramedical School to increase the number of paramedical technicians	-Increased number of paramedical technicians in health structures of the sub-regions.	-30 paramedical technicians/year.	- Diplomas delivered recognised by the Minister of health.	

### FUNCTIONAL ORGANISATION CHART OF THE HHU.



**THE HOPE HOSPITAL MEDICAL UNIVERSITY**

