

Project Budget for Midwives' Equipment

Item	Unit Price	X 35 Midwives
Scissors for cutting the umbilical cord	5	175
Basin in which to catch the placenta	5	175
Cotton surgical drape	7	245
Surgical hemostat for stopping maternal bleeding	40	1400
Fetoscope to hear the fetal heartbeat	10	350
Misoprostol for preventing postpartum bleeding (25 doses)	15	525
50 Syringes	5	175
Lidocaine, a local anesthetic for suturing (36 doses)	36	1260
36 Silk suture threads	15	525
1 needle-holder	13	455
50 pairs of disposable sterile latex exam gloves	29	1015
5 tubes of Erythromycin eye ointment	25	875
16 ounces of Betadine disinfectant	20	700
Shipping all supplies to Kokolopori		1240
Total Project Budget	\$225	\$9,115

The Kokolopori Health Clinic: Bringing Medical Care to One of the Most Underserved Regions of the World

Kokolopori is a group of 35 villages in a remote rainforest region in north central Democratic Republic of Congo (DRC). Unified under a traditional government, Kokolopori's 8000 people live along a 40 mile dirt road adjoining the 1847 square mile Kokolopori Bonobo Reserve (larger than the state of Rhode Island).

Until about three years ago, the only access Kokolopori residents had to medical care was an ill-equipped clinic in the territorial capital of Djolu 50 miles away by foot or bicycle. While healthy people in the region think nothing of walking to Djolu, this is not an option for a mother with pregnancy complications or a raging case of malaria. Bicycles and motorcycles are extremely scarce in Kokolopori, and there are only two automobiles, which often have no fuel since this needs to be transported in barrels 900 miles upriver from Kinshasa at great expense.

In 2006, Kokolopori residents and local partner, Vie Sauvage, initiated construction of the "Bonobo Clinic" in Yalokole, one of the Kokolopori villages, with support from the Bonobo Conservation Initiative (BCI). Initial donations of medicines and medical supplies were obtained from MAP International and Crosslink International. The Indigo Foundation (Australia) provided critical support starting in 2007 to expand construction and hire three nurses. The nurses conducted a population census to assess malaria incidence, among other things, and launched a malaria prevention campaign, offering basic medical care, medicines and insecticide-treated bednets.

Also in 2007, the Kokolopori-Falls Church Sister City Partnership raised funds to pay the salary of the clinic's first doctor, Dr Pondolo Saidi, a highly qualified doctor with 30 years of experience in surgery, public health and general medicine. Dr Saidi began working at the clinic in January 2008. (See an interview with Dr. Saidi and a virtual tour of the clinic at www.kokolopori-partnership.org/projects.html). The Falls Church partnership has also raised funds for medicines, medical supplies and equipment for the clinic; provided a focometer for testing vision and 400 pairs of prescription eyeglasses; and funded a nutritional assessment of mothers and young children by the clinic nurses.

Since June 2008, Dr. Saidi has performed 64 surgeries, with the most common ones being hernia repair, Caesarean sections, and surgeries for appendicitis, ovarian cysts, and intra-abdominal abscesses. According to our Kokolopori-based partner organization, Vie Sauvage, the "*Kokolopori clinic with an experienced surgeon is a hub that attracts and receives sick persons from the entire region that is roughly the size of Virginia state (Djolu, Lingomo, Yahuma, Ikela and Befale territories.)*"

Birth rates in Kokolopori are high, as in much of sub-Saharan Africa, where pregnancy complication and maternal mortality rates are among the highest in the world. In this part of Africa, a woman's lifetime risk of dying in childbirth is 1 in 14, and 13% of babies die before the age of one.

With a mission of improving women's health in Kokolopori, the Falls Church partnership hired a nurse-assistant for Dr. Saidi in 2008, who is, among other things, teaching the community's first midwife training class. The ultimate goal is to have a trained and

equipped midwife in each of the 35 villages, and to be able to provide Kokolopori mothers with reproductive health services such as family planning, childbirth assistance and treatment for complications, as well as prenatal and neonatal care.

Ongoing projects by the Falls Church partnership include installing solar powered lighting at the clinic, planned for late summer/early fall 2009, and completing the clinic's rainwater collection system, so women don't have to carry water two kilometers for all the clinic's water needs.

Further funding needs for Kokolopori's health clinic include—among other things—infrastructure improvements such as metal roofing, glass windows, and furniture for the 36 bed patient recovery building currently under construction, some bicycle ambulances and a waste incinerator; funding for reproductive health services, laboratory and surgical equipment and supplies; a steady supply of vitamins, bednets and medicines; and continued funding for the doctor's and nurses' salaries.

For more information, see www.kokolopori-partnership.org and www.bonobo.org.

