



AFRICAN MEDICAL AND RESEARCH FOUNDATION

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14 July 1997

RE : FINAL REPORT ON EMERGENCY ASSISTANCE FOR KIZIGURO DISTRICT.

GRANT CODE: USAID/OFDA NO. 696-G-00-97-00038-00

Attached is the final narrative and financial reports on Emergency Assistance for Kiziguro Health District. This covers the period of January to May 1997.

Please refer any questions to the undersigned.

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AMREF Kampala.
AMREF Kiziguro/Kigali.

**EMERGENCY ASSISTANCE TO
KIZIGURO HEALTH DISTRICT.**

ACTIVITY REPORT.

JANUARY - MAY 1997

GRANT CODE: USAID/OFDA NO. 696-G-00-97 00038-00

AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF).

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PROJECT SUMMARY.

ORGANISATION : AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF)

PROJECT NAME : EMERGENCY ASSISTANCE TO RWANDESE
RETURNING TO KIZIGURO DISTRICT
BYUMBA/MUTARA PREFECTURE - RWANDA.

TYPE OF PROJECT : HEALTH PROJECT.

LOCATION : KIZIGURO HEALTH DISTRICT
MUTARA/BYUMBA PREFECTURES.

POPULATION : ESTIMATE 200,000.

DURATION : JANUARY - MAY 1997.

BUDGET : US \$ 212,129.

EXPENDITURE : US\$212,219

BALANCE : NIL

REPORTER : ZACHARY BIGIRIMANA - PROJECT LEADER.

DEAN SHUEY - COUNTRY DIRECTOR.

1. INTRODUCTION.

This report covers the activities and achievements realised from the end of December 1996 to May 1997. It also outlines the objectives, activities, inputs and achievements of the emergency assistance project. The proposal was written with a focus to Rwandese returning to Byumba but the beneficiaries included the total estimated population of 200,000 for Kiziguro Health District. Attached to the report are the financial statements for the reporting period and the workplan for the three months of June - August 1997.

AMREF's work in Byumba Health District of Rwanda which started in May 1994, was scheduled to end in the area by November 1996. Phasing out was conducted towards the end of the year with complete structural rehabilitation and equipping of health facilities done. Final training activities, support supervision and official handover of the project activities to the district health staff was done.

However, due to the return of Rwandese from Zaire and Tanzania most of whom were returning to Byumba Prefecture, AMREF could not desert the area. AMREF was requested to assist the new Regional medical officer to co-ordinate the emergency medical assistance for the returnees. The main activities included chairing medical NGO meetings to exchange information on morbidity and mortality especially of the returnees and agree on daily field workplans. The field activities included treatment of the sick, monitoring the movement of the returnees so as to help the sick, supply of drugs and checking on the sanitation and malnutritional problems.

Because the funding for Byumba was running out, an emergency assistance proposal was submitted through the Government of Rwanda for funding. The funding of US \$ 212,129 was obtained from USAID Office of Foreign Disaster Assistance for Rwanda. At the request of the Ministry of Health, AMREF moved to Kiziguro on 23/12/1996 and started supporting Kiziguro District Hospital which was receiving returnees from Tanzania.

The common problems were diarrhoeal diseases, upper respiratory infections, inadequate food and inadequate sanitary and safe water provision. The existing staff was inadequate in number and inadequately trained to handle the problems. Drugs and other medical supplies and equipment were in short supply. The emergency proposal developed based on these problems, with the main focus on those passing through the transit centres, often too weak to continue directly to their communes.

2. PROJECT DESCRIPTION:

- 2.1 The aim of the project is to maintain and improve the health of the population of Rwanda particularly Mutara/Byumba Prefectures.
- 2.2 The purpose is to assist the Government of Rwanda in restoring basic health services for the Rwandese returning from Zaire and Tanzania and particularly those of Kiziguro Health District.
- 2.3 The strategy is to re-inforce the existing local staff so that appropriate health care is given to the returnees and the population residing in the project area. AMREF works through the government staff working at health facilities and through selected teachers and the community health workers where they exist.

2.4 OBJECTIVES/ACTIVITIES FOR JANUARY - MARCH 97.

Planned objectives and activities are as indicated in the emergency assistance proposal for the first three months.

Objective	Activity	Jan	Feb	March
Objective 1 Provide medical care during transit.	1.1 Screen and treat the sick in transit.	XXXX	XXXX	
	1.2 Transfer and transport the very sick.	XXXX	XXXX	
	1.3 Supply and monitor the use of drugs.	XXXX	XXXX	XXXX
	1.4 Supervise performance of emergency staff.	XXXX	XXXX	XXXX
Objective 2 Establish office and residence in the new district of Kiziguro.	2.1 Start work in Kiziguro health district.	XXXX	XXXX	XXXX
	2.2 Establish residence for staff.	XXX		
	2.3 Establish office for AMREF and district staff.	XX	XX	
	2.4 House district supervisor.	XX	XX	
	2.5 Assist medical personnel returning to work.	XXXX	XXXX	XXXX

Objective	Activity	Jan	Feb	March
Objective 3 Support local staff provide medical care at hospital and health centres.	3.1 Re-inforce the existing local health staff.	XXXX	XXXX	XXXX
	3.2 Supply drugs to health facilities as needed.	XXXX	XXXX	XXXX
	3.3 Transfer the recovering patients to their communes.	XXXX	XX	
	3.4 Identify the immunization status of children.	XXXX	XXXX	XXXX
	3.5 Re-inforce local staff to immunise children.	XXXX	XXXX	XXXX
	3.6 Assess trainees and out line training needs.	XX		
	3.7 Conduct training workshop of 2 weeks for staff.		XXXX	
Objective 4. Assist returnees to participate in health initiatives.	4.1 Monitor nutritional status.	XXXX	XXXX	XXXX
	4.2 Encourage population to join the health committees.	XXXX	XXXX	XXXX
	4.3 Purchase tools for digging pit latrines at health units and homes.	XX		
	4.4 Distribute the tools after training.		XX	

2.5 REVIEWED WORKPLAN FOR APRIL AND MAY 1997.

The workplan for Jan - March was reviewed to develop the following for April - May 97.

Objective	Activity	Apri	May
Objective 5 Improve management of health services.	5.1 Assess existence of health committees.	xxx	
	5.2 Provide standard tools of management.	xx	
	5.3. Train staff on use of tools.	xx	
	5.4. Review workplan with district team.		xx
Objective 6 Support local staff to provide health care at hospital and five health centres.	6.1 Supervise staff at least twice weekly per health unit.	xxxx	xxxx
	6.2 Liaise with hospital staff for training junior staff.	xx	
	6.3 Support district supervisor to succeed.	xxxx	xxxx
	6.4 Provide learning materials to health units.	xx	xx
	6.5 Conduct on the job training sessions at health units.		xxxx
Objective 7 Establish and manage (drug/vaccine) storage, distribution and use.	7.1 Provide shelves and security measures at the drug store.	xxx	
	7.2 Re-inforce the system of drug management.	xxxx	xxxx
	7.3 Define 10 essential medicines.	xx	
	7.4 Supply drugs monthly to hospital and other health units.	xxxx	xxxx
	7.5 Establish a functional vaccine cold-chain store.	xxxx	xxxx
	7.6 Conduct immunizations.	xxxx	xxxx

Objective	Activity	Apri	May
Objective 8 Intensify community participation in health initiatives.	8.1 Train community leaders on their role in health promotion.	xx	
	8.2 Train community health workers.		xxx
	8.3 Establish outreaches to increase immunization coverage.	xxxxx	
	8.4 Organise to start Child-to- Child health.	xx	
	8.5 Support training in nutrition.		xx

3. PROJECT INPUTS SUMMARY.

Three months of time was originally one of the major resources estimated to perform the outlined activities at an estimated cost of US \$ 212,129. The period was extended for two other months but on the same grant. The technical human resource included one Team Leader who is a Public Health specialist, one doctor for the hospital, three nurses, two clinical and one public health supervisors. These were supported by one Administrator, two assistants, one for procurement and the other for stores, an administrative Secretary and five drivers. At the end of March, the technical staff was reduced by 50% and the drivers by 40% with an approach of focusing more on providing support to the government staff, rather than direct delivery of services by project staff.

Major material input include six vehicles, one computer and printer all of which were transferred from the old project. A financial report for the period is attached.

4. ACHIEVEMENTS BY OBJECTIVES.

Objective 1: Provide Medical Care during transit.

Transit camps for returnees were not established in Kiziguro. Movement of returnees were monitored along the road between Gahini and 5 kilometres north of Kiziguro hospital. The patients were treated, the very sick transported to the hospital for admission and additional care. The common diseases have continued to be malaria, respiratory tract infections, diarrhoeal diseases, anaemia, skin diseases and malnutrition.

Objective 2: Establish work in Kiziguro.

AMREF staff moved to Kiziguro on 23/12/1996 and because of the influx of returnees the staff scheduled to work during the holidays. The project doctor and two nurses worked during the X-mas holidays. Two other nurses were scheduled to work during New Year holidays. The Team Leader co-ordinated the activities and transfer of the whole team from Byumba to Kiziguro. The transfer was successful although conducted in an emergency style.

To establish residence, national staff was requested to hire their residence within 14 days. They were before then crowded in the three bed roomed house at the hospital compound. The senior staff and drivers on duty stayed in the same house for about 14 days. Currently the house is occupied by the doctor and a nurse. A second house was acquired at Gakenke 4km from Kiziguro hospital. It currently accommodates the Team Leader and the Public Health officer. The Administrator who used to spend part of her days working in Kigali on procuments and co-ordination with the country office used to stay in the second house.

Objective 3+6 Support local staff provide medical care at hospital, four health centres and one dispensary.

Training needs assessment.

On situation analysis, Kiziguro hospital has a capacity of 100 beds, distributed as follows:

Isolation 25, Maternity 20, Paediatrics 19, Female ward 15, Male ward 12 and Nutrition 9. Bed occupancy is often more than 100%. The hospital has 67 group employees, 16 health auxiliaries and 12 qualified staff.

Based on the above staffing inadequacy the project deployed to the hospital a full time doctor, a registered nurse for theatre, another for out patients and a midwife for the maternity. The field supervisors were deployed to work on weekends, night calls and public holidays.

The two clinical supervisors were in addition deployed to support the four rural health centres and one dispensary. The outlined success in supporting the rural units depended on the two experienced supervisors who had been working on Byumba emergency phase.

Training needs were assessed during supervisory visits. It was noted that the staff needed improvement in performing the following vital tasks.

- Managing diarrhoea and dehydration.
- Managing malaria.
- Sterilizing medical instruments.
- Managing respiratory infections.
- Managing essential drugs.
- Conducting immunizations and keeping vaccines potent.
- Managing malnutrition and preventing it.
- Assisting mothers before, during and after labour.
- Encouraging communities to participate in health promotion initiatives.
- Managing the health facilities.
- Training of other health workers.

Training of trainers.

Team Leader who is also the training advisor to the team identified training needs especially for the government personnel incorporated into the project training team. The needs were mainly related to the quality of the objectives, lesson plans and overall teaching. In preparation for the main training seminar for clinical health workers a two days trainers workshop was organised. The following objectives were formulated and covered to bridge the trainer's performance gap.

Objectives :

1. Develop smart objectives for the clinical training seminar.
 - 1.1 Workshop objectives.
 - 1.2 Learning objectives for each topic.
2. Critique lesson plans developed by each trainer.
3. Discuss the evaluation mechanism.
4. Assess the micro teaching done by each trainer.

Approach :

The Team Leader introduced the purpose so as to improve the training skills for the trainers responsible for the training of clinical health workers in Kiziguro district. As a demonstration, the training of trainers objectives were displayed, discussed and agreed upon as the guide. Each trainer was then requested to develop learning objectives of ones' lessons. The trainers were assisted to develop smart objectives appropriate to the level of health workers. The objectives were presented and discussed in plenary. The individual trainers made necessary correction and then developed lesson plans laying emphasis on each subject content and teaching methods. The lesson plans were modified bearing in mind the academic background and language of the health workers. Observations on the trainers' mannerisms and presentation skills were discussed with the aim of improving their training skills which include capacity to evaluate teaching and learning. Finally specific comments on the general organisation, management and evaluation of workshops or seminars were discussed.

Training clinical health workers.

The first phase residential training for clinical health workers from the four health centres and one dispensary was held for 4 weeks from Feb - March 97. Staff in each unit was divided into two and then trained in turns for six days each. Of the Clinical Health workers trained Muhura had 6, Tanda 7, Muko 4, Bugarura 6 and Gatenke 6, making a total of 29.

The short and long term objectives of the seminar were:

1. To improve the knowledge, skills and attitude of health workers.
2. To improve performance of health workers in providing health care.
3. To promote the management of health units by involving non-health workers.
4. To promote community participation in health activities.

The seminar timetable and specific learning objectives of the topics covered are in Annex I.

Objective 4: Assist returnees to participate in health initiatives.

The Administrators of secteur (councillors) attended seminars organised by AMREF on the "Community based health care/role of the community". The number of councillors trained were 6 from Murambi and 11 from Muhura secteurs. They contributed actively and accepted the responsibilities of encouraging the population to participate in community based developmental activities especially those related to health promotion.

Tools for digging pit latrines at public institutions like health facilities, schools and at homes were purchased.

Objective 5.

Improve management of health service.

Management tools (receipt books, registers, ledger books and cash books) have been purchased and the follow ups are conducted to monitor use.

Management committees are active in some units. For example management meetings have been attended at Muko dispensary and Bugarura health centres. Tanda management committee meeting is scheduled for 10/6/97. Committee members need training to emphasise what their roles are, the need for their cooperation with health workers and how to set priorities in spending the little income derived from fees. A special study on the amount of cash collected and used in relation to drugs supplied and patients seen shall be conducted in the future.

Transfer of patients is based on the authorization of the doctors at Kiziguro hospital. Mainly patients are taken to Rwamagana for X-ray investigations. Other transfers are to Kigali Central Hospital or from the health centres to Kiziguro hospital. Kiziguro has no blood bank and regularly AMREF collects blood from Rwamagana. Transporting returnees to their communes was done only during December 96 and January 97 only. It appears unsustainable to transport people discharged from the hospital to their homes.

Transportion of patients to Rwamagana, Ndera and Kigali Central Hospital.

Month	Jan	Feb	March	April	May
No.	18	17	20	22	16

Objective 7. Establish and Manage drug/vaccine storage, distribution and use.

Drug management.

Permission to transfer some of the drugs AMREF left in Byumba was obtained in January. They were transferred and distributed on 10/1/97 to Kiziguro Hospital, Gakenke, Tanda, Bugarura health centres; while Muhura and Muko health units received their first issue of drugs on 30/1/97.

First consignment of drugs for Kiziguro district has been received and is being distributed in accordance with the established system where drug requisition is approved and recorded in the health unit record book, signed for at the store before removal and at the receiving unit by the incharge or his/her representative. Supply is based on satisfied requests which are also according to monitoring results of the drug need, utilization, number and type of patients seen. Each unit gets drugs at least once a month.

Number of patients seen as outpatients

UNIT	AGE	JAN	FEB	MAR	APR	MAY	TOTAL
GAKENKE H/C	<5Yrs	213	159	134	147	183	836
	>5yrs	1037	444	365	414	668	2928
BUGARURA H/C	<5yrs		276	332	152	196	956
	>5yrs		956	672	328	347	2303
TANDA H/C	<5yrs	164	112	111	66	95	548
	>5yrs	521	373	350	241	288	1773
MUHURA H/C	<5yrs	283	229	243	156	18	929
	>5yrs	765	717	808	591	103	2984
MUKO DISPENSARY	<5yrs	118	32	24	44	60	278
	>5yrs	218	181	65	112	133	709
TOTAL		3,319	3,479	3104	2251	2091	14,244

Number of patients admitted for treatment.

UNIT	JAN	FEB	MARCH	APRIL	MAY	TOTAL
GAKENKE	37	36	53	45	104	275
BUGARURA	3	37	25	24	16	105
TANDA	43	19	23	30	15	130
MUHURA	69	81	82	68	99	399
MUKO	-	-	-	-	-	

Mothers who delivered normal at the health units.

UNIT	JAN	FEB	MARCH	APRIL	MAY	TOTAL
GAKENKE	11	5	7	17	6	46
BUGARURA	0	3	4	2	4	13
TANDA	0	6	2	1	3	12
MUHURA	33	51	40	37	51	212
MUKO	1	0	0	0	0	1

Mother who attended antenatal clinics.

UNIT	JAN	FEB	MAR	APR	MAY	TOTAL
GAKENKE	84	138	147	162	127	658
BUGARURA	38	45	42	50	47	222
TANDA	27	19	27	24	11	108
MUHURA	586	539	537	587	555	2804
MUKO	3	3	3	4	5	18

Immunisations.

A cold chain system was established at Kiziguro residence on the 28/2/97. Stock taking, temperature reading and recording are a daily routine. Refrigerators use both gas and electricity. On 28/5/97 the cold chain system was transferred to the district office since electricity was installed.

Paraffin is provided to the health centres for cold chain and sterilization of medical instruments.

Support supervision on immunisation covers the practical training which strengthens the training content on immunization sites, vaccines doses, cold chain maintainance, weighing of babies and recording weights and communication skills for teaching mothers.

Weekly immunization program at each health unit.

Mon	Tues	Wed	Thur	Fri	Sat
Kiziguro		Tanda Bugarura	Gakenke	Kiziguro Muko	Muhura
Kiziguro	Rwankuba	Tanda Bugarura	Gakenke	Kiziguro Muko	Muhura
Kiziguro		Tanda Bugarura	Gakenke	Kiziguro Muko	Muhura
Kiziguro	Remera	Tanda Bugarura	Gakenke	Kiziguro Muko	Muhura

Immunization results at each health unit.

KIZIGURO HOSPITAL.

ANTIGEN	JAN	FEB	MAR	APR	MAY	TOTAL
POLIO	56	28	35	26	45	190
B.C.G.	118	91	70	72	116	467
POLIO & D.P.T.1	226	194	140	122	187	869
POLIO & D.P.T.2	173	160	196	137	156	822
POLIO & D.P.T.3	140	144	116	167	155	722
BOOSTER	66	36	62	58	80	302
MEASLES	56	43	60	66	86	311
T.T.1	38	19	64	45	60	226
T.T.2	28	1	9	3	12	53
T.T.3	11	5	15	16	27	74
T.T.4	15	5	2	7	7	36
T.T.5	7	1	7	4	6	25

BUGARURA.

ANTIGEN	JAN	FEB	MAR	APR	MAY	TOTAL
POLIO	19	39	17	10	11	96
B.C.G.	57	107	477	72	85	798
POLIO & D.P.T.1	148	96	94	80	64	482
POLIO & D.P.T.2	126	36	48	87	56	353
POLIO & D.P.T.3	139	22	23	42	61	287
BOOSTER	85	28	36	12	30	191
MEASLES	15	8	14	34	26	97
T.T.1	18	18	-	30	18	84
T.T.2	7	12	-	4	12	35
T.T.3	4	0	-	2	6	12
T.T.4	4	4	-	4	4	16
T.T.5	0	0	-	-	-	-

MUHURA HEALTH CENTRE.

ANTIGEN	JAN	FEB	MAR	APR	MAY	TOTAL
POLIO	49	45	54	47	48	243
B.C.G.	116	120	158	128	153	675
POLIO & D.P.T.1	94	82	106	150	138	570
POLIO & D.P.T.2	110	115	105	116	96	542
POLIO & D.P.T.3	99	126	101	96	112	534
BOOSTER	59	52	90	99	153	453
MEASLES	90	113	125	101	123	552
T.T.1	236	236	175	331	240	1218
T.T.2	182	182	175	152	244	935
T.T.3	1	1	2	2	5	11
T.T.4	-	-	1	0	-	1
T.T.5	-	-	1	0	-	1

GAKENKE HEALTH CENTRE.

ANTIGEN	JAN	FEB	MAR	APR	MAY	TOTAL
POLIO	20	19	6	22	19	86
B.C.G	51	36	21	73	83	264
POLIO & D.P.T.1	60	71	54	67	74	325
POLIO & D.P.T.2	61	76	74	70	80	361
POLIO & D.P.T.3	80	64	54	85	67	350
BOOSTER	44	11	27	47	45	174
MEASLES	12	52	33	70	66	233
T.T.1	19	9	18	14	29	89
T.T.2	13	5	5	9	9	41
T.T.3	9	8	2	12	13	44
T.T.4	4	8	4	4	9	29
T.T.5	7	7	5	7	1	27

TANDA HEALTH CENTRE.

ANTIGEN	JAN	FEB	MAR	APR	MAY	TOTAL
POLIO	16	21	14	20	14	85
B.C.G	66	50	42	66	65	289
POLIO & D.P.T 1	55	59	48	64	57	283
POLIO & D.P.T 2	71	51	49	57	58	286
POLIO & D.P.T 3	59	79	51	49	42	280
BOOSTER	26	34	34	52	36	182
MEASLES	51	74	44	59	37	265
T.T.1	6	2	7	8	7	30
T.T.2	4	4	1	1	1	11
T.T.3	3	2	3	6	3	17
T.T.4	2	4	3	1	3	13
T.T.5	2	1	2	6	2	13

MUKO DISPENSARY

ANTIGEN	JAN	FEB	MARCH	APRIL	MAY	TOTAL
POLIO		8	14	14	17	53
B.C.G		29	26	21	9	85
POLIO & D.P.T.1		31	19	34	26	110
POLIO & D.P.T.2		27	17	31	40	115
POLIO & D.P.T.3		17	9	25	26	77
BOOSTER		14	2	17	16	49
MEASLES		9	18	21	13	61
T.T. 1				2	1	3
T.T.2				1		1
T.T.3						
T.T.4						
T.T.5						

Objective 8. Intensify community participation in health initiatives.

An outbreak of diarrhoeal disease was reported in Rutare commune during the month of April while sporadic cases also reported for treatment in other health facilities of the district. Joint health education campaigns were conducted with the district health staff and local chiefs. Home visits were conducted to the affected homes and one day seminars organised for the communes of Rutare, Giti, Muhura and Murambi. These seminars were attended by the community health workers and cellule responsables. Topics included prevention and control of diarrhoeal diseases, factors which favour the spread of diarrhoeal diseases with emphasis on personnel hygiene, food and water safety.

Tools for digging pit latrines to improve on the disposal of excreta were purchased. 1200 spades and 400 pick-axes are being distributed in Murambi commune at a ratio of 5 pick-axes and 15 spades per cellule. The tools will be under the control of the community health workers who will lend the tools to the family for the purpose of digging pit latrines.

Preparations to start Child-to-Child school health programs have been completed. School directors have been sensitized and the first trainers workshop has been scheduled for June 97.

9. OTHER ACHIEVEMENTS.

Co-ordination.

Formal and informal meetings aimed at improving the working relations within Kiziguro health district were held with the senior staff. The main formal one was chaired by the MEDIRESA Byumba/Mutara Prefecture on 13 - 14/March 1997 where the workplan for the 1997 Kiziguro Health District was developed.

MEDIRESA co-ordinated the workshop which was sponsored by AMREF. Thereafter a three months operational workplan was reviewed and joint implementation with the district supervisor is on going.

Material support to the district.

In addition to technical support, material support was facilitated to the district as follows:

A residential house has been hired for the district supervisors. Rent has been paid for four months starting March, 1997

A vehicle and a driver have been made available for the district supervisor for official use for Kiziguro district health services. A second vehicle is on standby for transporting patients as reported before. Fuel and allowances are paid appropriately.

Management tools like registers, drugs, forms and receipt books for Kiziguro health units have been provided. An estimated quantity to last for 6 months per health facility was purchased.

District Office.

Tenders to install electricity at the office were invited. The quotations were received and payment done, and the installation at the district office completed.

CONSTRAINTS

SOLUTIONS/SUGGESTIONS

<p>5.1 Community based health care approach delayed to start because the selection of Cellule based community health workers whose role shall extend beyond health activities delayed.</p>	<p>5.1 They have been selected and have completed first training by government.</p>
<p>5.2 Kiziguro is new health district whose geographical boundaries cover the prefectures of Byumba, and Mutara, hence some communes and secteur may become administratively difficult to mobilise.</p>	<p>5.2 Increased communication with administrators.</p>
<p>5.3 The office infrastructure was not available.</p>	<p>5.3 It took time to acquire suitable office space to hire and renovate.</p>
<p>5.4 Constraints specific to Kiziguro hospital include inadequate wards, water supply and X-ray for investigations.</p>	<p>5.4 Minister promised support and AMREF will where possible.</p>
<p>5.5 Inadequate health staff who are also inadequately trained.</p>	<p>5.5 Intensive training and support supervision.</p>

ANNEX I.

TRAINING OF CLINICAL STAFF

KIZIGURO HEALTH DISTRICT.

Introduction

This report is on training of clinical health workers of Gakenke, Bugarura, Tanda, Muhura and Muko.

It outlines the objectives for the training, opening of the workshop, and learning objectives for each session. The subject content has been omitted for the main report. The teaching time table is attached.

AMREF is grateful to the active participation of the facilitators and health workers, the support by MEDIRESA of Byumba/Mutara and the Bourgmestres of the district who allowed the councillors to attend. Last but not least the Head of Health Education division, Ministry of Health Kigali who facilitated a session. Thanks to the Secretary who typed the report during her first week of joining AMREF.

After the first few supervisory visits to health units of Kiziguro district, AMREF realised that the immediate need for health units was training of clinical staff. The observation is that all the staff is being trained on job and have limited experiences. They therefore needed a residential training so that they share experience in a more formal atmosphere.

The workshop was organized in such way that every health unit staff was divided into 2 groups and each group trained for 6 days. The arrangement was such that the workshop doesn't interfere with the routine duties of health centres. The topics taught were according to the performance deficiencies identified during the supervisory visits.

Opening of the seminar.

The seminar was opened by the bourgmestre of Murambi commune, Mr. Nyangezi Innocent. The bourgmestre started by thanking AMREF organisers and other facilitators for having thought of such an important assignment as far as people's health is concerned.

He appealed to the participants in particular to render their whole attention to the facilitators because, learning should be continuous.

He observed that, according to the time-table, most common diseases were covered and if the participants could acquire the proper methods of treating and preventing the diseases, people's morbidity and mortality rates in Kiziguro district would reduce considerably.

He then requested AMREF Team Leader to register all the 13 councillors of Murambi for the session on "Community Based Health Care and the role of Community in health promotion". He observed that community leaders and politicians should work hand in hand with health workers for the betterment of the common man's health.

Mr. Nyangezi ended his opening speech by wishing peaceful stay to all facilitators and participants. He promised them assistance any time he would be called upon.

Earlier the Team Leader Mr. Zachary Bigirimana had welcomed the bourgmestre to the seminar, introduced the participants facilitators and outlined the workshop objectives which focused on the acquisition of knowledge, skills and change of attitude of health workers with the intention of improving performance, management of their health units and promoting community participation.

Workshop Objectives by Zachary.

After the official opening Zachary requested the participants to list their expectations. The individual expectations were discussed in plenary and then compared with the workshop objectives. The aim was to allow participants contribute to the objectives of the seminar and allow both facilitators and participants agree on the short and long term objectives.

1. To improve the knowledge, skills and attitude of health workers.
2. To improve performance of health workers in providing health care.
3. To promote the management of health units by involving non-health workers.
4. To promote community participation in health activities.

Approach:

The approach varied, with sessions in order to maintain the participants stimulus and the appropriateness of the learning experiences. However the first step was to display the learning objectives of the session, followed by introductory remarks, lecture and questions where necessary and eventually group discussions and presentation in plenary. Demonstrations followed by repeat demonstrations well conducted for a few topics due to limitation in time. For the diseases and other health problems, the description included signs and symptoms, cause and spread of the diseases, treatment and strategies for control.

The following are learning objectives for each session.

Understanding the problem. by Zachary.

The aim of this session was to demonstrate the understanding of problems affecting health care delivery with reference to the participants' work situation.

Learning objectives.

1. Outline the common problems experienced at their health units.
2. Explain the causes of the problems.
3. Indicate the role of health workers in solving or suffering the existing problems.
4. Explain the role of continuing education in solving health problems, hence the relevancy of the seminar.

Intestinal worms by Francis

The session covered worms of medical importance and aimed at reducing their existence.

Objectives.

1. List the common worms in the area.
2. List the common ways by which the worms damage the host.
3. Describe the life cycle of the common worms.
4. Describe the management of patients affected by each worm.
5. Describe the control measures of the common worms.

Breastfeeding and weaning by Alex.

The aim is to reduce the malnutrition resulting from poor weaning practices and promote breastfeeding.

Objectives.

1. State the advantages of breastfeeding.
2. Explain the most taboos and habits on breast feeding including artificial feeding.
3. Explain advices for breast feeding mothers and baby seaters.

Management of essential drugs by Francis.

The aim was to have a clear understanding of the essential drugs which cure the common diseases.

Learning objectives.

1. Explain the concept of essential drugs.
2. Explain different methods of administering drugs.
3. Describe the process of ordering, receiving, storing and issuing drugs.
4. Describe the common causes of drug wastage in health units.
5. Explain the advice to give to patients regarding use of drugs.

Diarrhoeal Diseases and Vomiting by Arivella.

The aim was to enable health workers assist the communities reduce the occurrence of diarrhoeal diseases.

Objectives.

1. Define diarrhoea, and the three states of dehydration.
2. Describe the dangers of diarrhoeal diseases.
3. Explain the treatment of diarrhoea and dehydration.
4. Describe the process of establishing an oral rehydration unit.

Control of diarrhoeal diseases by Deo.

Objectives.

1. Explain the various cases of diarrhoeal diseases.
2. Review the dangers of diarrhoeal diseases.
3. Explain ways and means of preventing diarrhoeal diseases.

Community based health care by Zachary and Joyce.

The aim of this session is to increase community participation in health promotion. The participation of an official from the central office emphasises the importance of making sure that individuals, administrators and other government employees assist health workers in health promotion.

Objectives.

1. Identify the key players in Community based health care.
2. Outline the role of at least 3 players in Community based health care.

Health unit management by Zachary.

The session aims at promoting management committees for the health units.

Objectives:

1. Describe the role of each person /person supposed to participate in health unit management.
2. Identify the assistance required to promote management of specific health unit.

Skin diseases. by Faustin.

The aim was to emphasize the spread of the common skin diseases so that the health workers encourage the community to take active part in the control.

Objectives.

1. Describe the common diseases of the skin.
2. Describe the signs and symptoms of the diseases.
3. Explain the spread of the disease.
4. Describe the treatment of the diseases.

Sterilization by Mary Josee.

Participants were afforded an opportunity to sterilize medical equipment using the resources commonly available at health centres.

Objectives.

1. Define sterilization and state its importance.
2. Explain the common methods of sterilization.
3. Explain the important steps in sterilization.
4. Demonstrate atleast one method of sterilization commonly used at health centres.

Nutrition by Alex.

Malnutrition is a problem and the participants have to take a common approach to advice the community.

Objectives.

1. Define nutrition, malnutrion and balanced diet.
2. Describe common malnutritional problems.
3. Explain the cause and root causes of malnutrition.
4. Explain preventive measures of malnutrition.
5. Role play the stages of care a malnourished child should go through at a nutritional centre.

Sexually transmitted diseases by Faustin.

The aim of the session is to enable the health workers understand, manage and control the spread of sexually transmitted disease including AIDS.

Objectives.

1. Describe sexually transmitted diseases.
2. State the causative agents of each.
3. Describe the signs and symptoms of each disease.
4. Describe the treatment of each.
5. Explain the control strategies.

Antenatal Care.

About 80% of mothers deliverer at home and even those who come, report late. The session aims at improving the antenatal care so that more mothers can be attracted to deliver at health units.

Objectives.

1. Define when to start antenatal.
2. Roleplay the process of conducting antenatal care.
3. Demonstrate the filling of antenatal card.
4. Outline the importance of conducting follow-up of pregnant mothers.

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Malaria by James.

Malaria is the commonest cause of morbidity in Kiziguro. In addition to treatment, the focus was on its control.

Objectives.

1. Describe mode of transmission and incubation period of malaria.
2. Explain the clinical features and complications of malaria.
3. Describe treatment of patients with malaria or its complications.
4. Describe the methods of controlling malaria.

Labour and post natal care by Dr. Hawa.

The topic was included because it had been noted that mothers in labour are often not assisted properly and that babies may die if not properly handled soon after birth.

Objectives.

1. Describe the process of screening and transferring mothers at risk labour.
2. Describe the process of monitoring labour.
3. Role play preparation for delivery.
4. Describe the process of resuscitating new baby.
5. Describe the process of conducting labour safely.
6. Role play the care for mother and baby after delivery.

Immunizable diseases and Immunization by Arivella.

Immunisable diseases topic is a prerequisite to the teaching of immunization. The diseases, emphasised were measles, tuberculosis and polio.

Objective.

1. Describe the disease based on its signs and symptoms.
2. Explain the mode of transmission and causative organisms.
3. Describe their treatment.
4. Differentiate different types of vaccine.
5. Identify different sites for immunisation.
6. Identify different equipment for immunization programme.
7. Administer correctly the correct doses of vaccines.
8. Provide health education to mothers and community at large.
9. Demonstrate ability to maintain vaccine cold chain.

Recommendations.

Evaluation of the seminar by the participants was conducted every two days and the final one recommended as follows:

1. Visit health units during seminars.
2. Increase the days for seminars.
3. Give hand-outs to participants.
4. Say prayers daily.
5. Provide special diet for some participants.
6. Participants to keep time.

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DAY	TIME	PARTICULARS	FACILITATOR
1st Day	7.00-8.00 AM	BREAKFAST	Francis Bourgmestre
	8.00-8.30 AM	REGISTRATION	
	8.30-9.30 AM	PRE-TEST	
	9.30-10.30 AM	OPENING	
	10.30 -11.30	BREAK COURSE OBJECTIVES	Zachary
	11.30 - 1.00	DIARRHOEAL DISEASES & VOMITING.	Arivella Deo
	1.00 - 2.00	LUNCH	
2.00 - 3.00	DEHYDRATION AND TREATMENT (theo/prat)		
3.00 - 4.30	CONTROL OF DIARREHEAL DISEASES.		
4.30 - 5.00	FACILITATOR'S MEETING		
2nd Day	7.00 - 8.00	BREAKFAST	Francis
	8.00 - 8.30	EVALUATION	
	8.30 - 10-00	MALARIA	Josee
	10.00 - 10.30	BREAK	
	10.30 - 1.00	STERILISATION (Theory/Practical	Faustin.
	1.00 - 2.00	LUNCH	
	2.00 - 4.30	COMMON RESPIRATORY INFECTIONS.	
4.30 -5.00	FACILITATORS'S MEETING		
3rd Day	7.00 - 8.00	BREAKFAST.	Alex
	8.00 - 10.00	BREASTFEEDING AND RELATED DISEASES.	
	10.00 - 10-30	BREAK	Francis Faustin
	10.30 - 1.00	ESSENTIAL DRUGS/ADMINISTRATION/ MANAGEMENT	
	1.00 - 8.00	LUNCH	
2.00 - 3-30	STD'S & AIDS		
4th Day	7.00-8.00	BREAKFAST	Arivella
	8.00-10.00	IMMUNIZATION/IMMUNIZA	
	10.00-10.30	BLE DISEASES	Arivella
	10.30-1.00	BREAK	
	1.00-2.00	COLD CHAIN	Francis Faustin
	2.00-3.30	LUNCH	
	3.30-4.30	WORMS SKIN DISEASE	

DAY	TIME	PARTICULARS	FACILITATOR
5th Day	7.00-8.00	BREAKFAST	Josephine
	8.00-10.00	ANTENATAL CARE	
	10.00-10.30	BREAK	Dr. Hawa
	10.00-1.00	LABOUR AND POST NATAL CARE	
	1.00-2.00	LUNCH	
	2.00-4.30	COMMUNITY BASED HEALTH CARE AND ROLE OF COMMUNITY.	
4.30-5.00	FACILITATOR'S	Zach/Joyce	
6th Day	7.00-8.00	BREAKFAST	Francis
	8.00 - 10-00	MEASLES/CHICKEN STD's	Zach
	10.00 - 10.30	BREAK	
	10.30 - 1.00	HEALTH UNIT MANAGEMENT	
	1.00 - 2.00	LUNCH	Faustin/ Francis
	2.00 - 3.30	STD/AIDS	

**AMREF**

AFRICAN MEDICAL AND RESEARCH FOUNDATION

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PROJECT FINANCIAL STATEMENT

AFRICAN MEDICAL RESEARCH FOUNDATION
 FINANCIAL STATUS REPORT
 GRANT CODE NO. 696 - G - 00 - 97 - 00038 - 00

APRIL - JUNE 1997

USA 23 AFRICA COSTS	DEC.96-MAR.97	APR-JUN.97	EXPENDED	OBLIGATED	AVAILABLE
	A	B	C= A+B	D	E= D-C
PERSONNEL	57,229	29,299	86,528	68,205	(18,323)
OPERATIONAL COSTS	36,625	23,627	60,252	38,850	(21,402)
COMMODITIES AND TOOLS	34,333	(2,854)	31,479	71,205	39,726
INDIRECT COSTS	24,356	9,514	33,870	33,869	(1)
TOTAL COSTS	152,543	59,586	212,129	212,129	0

Date.....

15/7/97

Dean A Shuey
 Country Director

Workplan for June - August 1997.

SCHEDULE OF SHORT TERM ACTIVITIES.

OUTPUT 1. MANAGEMENT OF HEALTH SERVICES IMPROVED.

ACTIVITY.	JUNE	JULY	AUGUST
1.1 Establish health centre committees.	XXXX	XX	
1.2 Train members of the committees.		XXXX	XX
1.3 Develop and use tools of management with team.		X	
1.4 Organise a seminar for reviewing planned activities.			X
1.5 Co-ordinate management committees with health workers.			XX
1.6 Provide vehicle for official work to District Supervisor.	XXXX	XXXX	XXXX

OUTPUT 2. CAPACITY OF HEALTH WORKERS TO MANAGE SERVICES IMPROVED.

2.1 Identify training needs of the staff to be trained.		XX		XXXX
2.2 Elaborate a calender for training.			XX	XXXX
2.3 Conduct clinical training of the staff.			XX	XX
2.4 Motivate the staff according to their performance.			XX	XXXX

OUTPUT 3. ESSENTIAL DRUGS/SUPPLIES PROVIDED.

4.1	Monitor use, accountability and storage of drugs.	xx	xx	xx
4.2	Make arrangements for treating the very poor returnees.	xxxx	xxxx	xxxx
4.3	Supply drug management tools and supervise their use.		xx	xx
4.4	Define 10 essential medicine to be made available all the time at health units.		x	
4.5	Keep regular supply of drugs to the health units and hospital	xx	xx	xx