

OFDA PROJECT FINAL REPORT

I EXECUTIVE SUMMARY

Final Report

Organisation	SCF/UK	Date	26/5/99
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Programme Title Urgent Support for Basic Health Care Services

Cooperative Agreement / Grant No AOT-G-00-98-00125-00

Country(ies) /Region(s) Ruhengeri Prefecture , RWANDA

Disaster / Hazard Disruption of Health System due to Acute Insecurity

Time Period Covered by This Report July 1998 To February 1999

Summary of activities Ensure the continued functioning of 19 out of 30 Health Centres in the Ruhengeri health Region at service provision level 2 Assist the Regional MOH prepare (and implement) an emergency health plan Maintain regional capacity to supervise the two functioning health Districts, and the two developing districts

Objective#1 To ensure the continued functioning of 19 out of 30 health centres/units in the Ruhengeri Health Region at service provision level 2

Indicators and Current Measures

- supervision visits to health units,
- training of MOH staff ,
- supply & protection of essential drugs (and therapeutic feeding for the malnourished),
- support continued running of referral systems from rural health centres to the district hospitals of Ruhengeri and Nemba,
- payment of danger pay allowances to staff in front-line primary health care facilities

Resources

Budget for Objective 1 \$114, 189

Expended This Period \$110,450

Cumulative Expenditures to Date \$110,450

Balance \$3,739

Objective#2 Assist the Regional MOH to prepare an emergency preparedness plan

Indicator and Current Measure

- define the nature and scope of natural and/or man-made crises that could impact the health of the local population
- identify the capacity of the Regional MOH to respond to crises
- identify the resources required and a sensible level of pre-positioned stocks
- develop an emergency preparedness strategy and plan
- weekly analysis of health centre reports and supervisory reports
- training of manager on roles/responsibilities/procedures in the emergency preparedness plan

Resources

Budget for Objective 2	\$28,298	Expended This Period	\$26,485
Cumulative Expenditures to Date	\$26,485	Balance	\$1,813)

Objective#3 Maintain regional capacity to supervise the two functioning health districts and the two developing districts

Indicator and Current Measure

- payment of danger pay allowance,
- transport support for supervisory staff and movement of drugs/supplies
- advice and technical support from SCF health team
- financial support for the running costs of the Regional MOH Office

Resources

Budget for Objective 3	\$72,079	Expended This Period	\$67,109
Cumulative Expenditures to Date	\$67,109	Balance	\$4,970

II PROGRAM OVERVIEW

A

Goal and objectives of the program

To provide urgent support for Basic Health Care Services in Ruhengeri Prefecture

B

Profile of the targeted population

Ruhengeri, in the northwest of Rwanda, has until recently been the site of the renewed violence between Interahamwe militia members and the Rwandan government since early 1997. Interahamwe forces, responsible for carrying out the 1994 genocide had been using this part of Rwanda as a base. Continued fighting in 1997-1998 caused extensive displacement of families in Ruhengeri who abandoned their homes and fields in large numbers. In 8 out of 16 communes in Ruhengeri nearly the entire population moved to large camps near administrative centres. The largest movements occurred between July and September 1998. In October 1998 it was estimated that there were approximately 625,000 displaced people in Gisenyi and Ruhengeri, the majority of whom, approximately 400,000 are in Ruhengeri. Unusually high proportions of these internally displaced people (IDPs) were women and children.

The IDP camps were severely overcrowded and lacked health services and adequate water and sanitation. This led to several outbreaks of epidemic diseases: measles in November 1998 and meningitis in February 1999. The camps consisted of shelters built from wood and leaves.

The camps were not far from the home settlements of the IDPs. It was assumed that food aid would be needed only as a supplement to food gathered from cultivated land. However, due to the inability to cultivate (people were only able to return to their land under military escort) the only crop which survived untended was sweet potatoes. This constituted the bulk of people's diets for many months. By January 1999, it was estimated that in Ruhengeri approximately 6,600 children under five years old were severely malnourished. The next harvest is expected in late July and food aid is considered essential until at least that time.

C

Geographic locations of all major program activities

Ruhengeri Prefecture, NW Rwanda

III PROGRAM PERFORMANCE

A

1 Actual accomplishments compared to stated objectives, indicators and targets

Issues addressed by Project

The principle issue addressed by this project was to ensure that the Regional Health Authorities were able to maintain a minimum package of primary health care in spite of the prevailing insecurity throughout Ruhengeri Prefecture

Objective 1 To ensure the continued functioning of health centres and health posts in the Ruhengeri Health region at service level provision 2

a The population has had continuous access to basic curative care, due to the provision and delivery of drugs, vaccines and other supplies to 30 health centres / health posts, as well as salary payments to staff, enabling health posts to be created throughout the Communes affected by periodic insecurity

b Standards of care in the health units have been maintained, due to the provision of fuel to enable supervisory visits by the Regional and District Supervisors when security allowed and lately by clinical supervision and training by SCF staff Standards of hygiene have improved

c The nutritional status of the displaced population was determined by a nutritional survey, which allowed for the general ration to be increased (by the addition of oil) by WFP and for feeding programmes for vulnerable groups (the under-fives and pregnant/lactating women) to be established by various NGOs, including SCF

The establishment of therapeutic and supplementary feeding programmes and nutrition training for staff, responded to the acute nutrition problem in Gatonde District Additional staff were also deployed to ensure adequate nutrition services By the end of March 1999, 247 severely malnourished under-fives had been recuperated in SCF run therapeutic feeding centres A further 181 severely malnourished older children and adults were also recuperated and discharged onto supplementary feeding programmes 643 children and adults were recuperated on the supplementary feeding programme

Other agencies are also running feeding programmes in other affected Districts, (CONCERN, MSF Belge and World Vision) in response to the Nutrition Survey results

d Preventive health care services in the District of Gatonde have been restored by the provision of equipment and the training of auxiliary health staff

e A project proposal for the restoration of services in Gatonde District to level 2 (emergency repairs and re-equipping, training of personnel) has been prepared A needs assessment in all Districts has been carried out (30 health centres)

f Community participation has been assured by the training of health committees and community health educators

Objective II Assist the Regional MOH to prepare an emergency preparedness plan

Due to the need to respond to epidemics of measles and meningitis, and the nutritional emergency, formal training and the production of a document has not been possible

The preparation of District Action Plans at the beginning of 1999, as well as other vital work, limited the availability of supervisors for meetings and planning activities

Objective III Maintain Regional capacity to supervise the two functioning health districts and the two developing districts

All Health centres have received regular supervisory visits, when security allowed, with the emphasis on clinical supervision of activities, most personnel being untrained volunteers especially in the District of Gatonde Health centres with particular problems/needs have received thrice weekly visits

Staff salary payments were made encouraging more nurses to come forward to work in outlying centres

The transport of drugs from Kigali to the Regional pharmacy and out to the health centres has been assured and thus there have been no ruptures in stock at health centre level Metal, padlocked trunks have been provided to ensure the safe transport of drugs to health centres and health posts

(III A Cont)

2 Reasons why established targets were not met

The only target which has not been met in full has been the preparation of a formal emergency preparedness plan This is largely due to the fact that health staff operating in Ruhengeri Prefecture over the project period have been preoccupied in addressing the health and nutritional emergency which arose as a result of insecurity However, SCF is still committed to running a follow-up emergency preparedness workshop, and documenting the systems and practices which are best suited to dealing with similar emergencies in the future

The changing circumstances of the target population during the project period necessitated some modifications to the manner in which the project was implemented

Due to insecurity the project was managed from Kigali for most of the period May to December 1998 Thus support was limited to the supply of resources - office stationary, fuel to allow supervision/supply of accessible health centres, drugs to allow basic curative care, the payment of salary "primes" to allow the opening of health posts amongst the displaced and in isolated/ insecure areas and finances to support the running costs of the referral hospital, necessary due to the increased number of trauma cases, caused by the conflict situation

Technical support and operational activities only properly started with the arrival of a Health Co-ordinator in December 1998 A dramatic improvement in security from December 1998 also allowed the project to assess the need for SCF to become more operational, in view of the obvious deterioration in the health status of part of the population (the displaced) due to a lack of access to basic preventive health care and food insecurity, caused by the prolonged conflict situation

The improvement in security coincided with the development of an acute nutritional problem, particularly in the eastern Communes of Nyarutovu and Nyamugali (CONCERN assisted feeding programmes) and the Southern Communes of Gatonde Health District (6 health units) SCF was able to assist the Regional Health authorities to respond in the latter District Technical support was increased temporarily with the arrival of an emergency nurse and a nutritionist (contracts of 6 and 3 months respectively) , in order to assist the District supervisor and the Provincial Nutritionist, with the setting up of therapeutic and supplementary feeding programmes and the restoration of preventive health activities

Thus the project became more focussed on one particular Health District (Gatonde), which was suffering acutely in terms of lack of services, as well as food insecurity

B

Qualitative assessment

a The under-fives, pregnant and lactating women in the Communes of Ndusu, Gatonde, Nyamutera and Giciye, are particularly benefiting from the therapeutic and supplementary feeding programmes They are also benefiting from the restoration of preventive health services (vaccination and ante-natal care)

Both adult men and women, as well as children are benefiting from having access to basic curative care

Health centre personnel have received skills upgrading Motivation has improved due to the improvement in working conditions, being able to respond to patients' needs in terms of drug treatment and the payment of salary supplements

District supervisors have been motivated to carry out supervisory visits and support staff in outlying health posts and health centres, by having access to transport They have been able to develop both supervisory and training skills

b The under-fives suffering from malnutrition in the District of Gatonde, have been recuperated The results of the nutrition survey also saw the instigation of feeding programmes in other Districts by various NGOs (MSF Belge, CONCERN, World Vision)

103,548 under-fives benefited from a mass measles campaign in November/December 1998, financed through, and supported logistically by SCF, rapidly bringing a large outbreak of the disease under control thus preventing further associated morbidity and mortality

Training of teachers and youth leaders about HIV/AIDS has enabled them to provide information to school age children

The general displaced population, throughout the Health Region benefited from an increase in the general ration from WFP, who were also influenced by the results of the nutrition survey

Women and children have been the main beneficiaries, although men also have benefited from the increase in the general ration, while malnourished adult males have also been admitted to the feeding centres

Health personnel have been assisted, through the payment of salary supplements and training allowances

C

Unforeseen circumstances

The level of insecurity and its consequences in terms of internal displacement in the latter part of 1998 was not foreseen when this proposal was first submitted Nor was the rapid and very efficient resettlement of the former IDPs from camps to protected "villages" (Imidugudu) during early 1999, predicted This process appears to have been conducted largely without incident, and most of the resettled community appear to have access to land Ruhengeri has traditionally been an area of comparative wealth in Rwanda, based on its

capacity as a net exporter of food. Given the continuation of the current period of relative security, and with sufficient investment in agricultural production, it is possible that the Prefecture could return to relative prosperity by the January harvest in the year 2000.

In summary, the duration of the camps established in 1998 could not be predicted at the time of the proposal, nor the numbers who would eventually be sheltered there, nor the extent to which the population would be able to gain access to their agricultural land after resettlement.

IV. RESOURCE USE / EXPENDITURES

A

Summary of committed resources

- Objective 1 = USD 114,189

- Objective 2 = USD 28,298

- Objective 3 = USD 72,079

Total = USD 214,566

B

Budget v Expenditure

Budget	USD	Expenditure
International staff	33,390	33,141
National staff	21,295	19,124
Support Services	7,268	7,170
Transport	17,452	12,036
Training	23,300	22,064
Payments to partners	1,400	848
Non-SCF salary (danger/hardship pay)	91,000	91,145
Evaluation	1,980	1,980
Terminal grants	1,605	1,439
Indirect costs	15,876	15,097
TOTAL	214,566	204,044