

SAMARITAN'S PURSE FINAL PERFORMANCE REPORT RWANDAN ACTIVITIES

"AN INITIATIVE FOR THE DEVELOPMENT OF HEALTHCARE MANPOWER"

SUBJECT: Award No. 623-A-00-98-00011-00

INTRODUCTION

Samaritan's Purse, a USAID registered PVO, located in Boone, North Carolina ("SP"), has been involved in relief and development activity for over twenty years. Regarding the "Initiative for the Development of Healthcare Manpower" program in Rwanda, SP partnered with the Ministry of Health, Kigali Health Institute and Kicukiro Training Center in Rwanda to successfully plan and implement the programmatic activity described herein. The period of the agreement is from January 1, 1998 through March 31, 1999.

Pursuant to 22CFR, 226.71 and Section 1.52 of the Grant Agreement, we are respectfully submitting our Final Performance Report to the designated USAID offices in Washington, D.C.

This report will review the process used by SP to implement the proposal, feature both Kigali Health Institute (KHI) and Kicukiro Training Center (KTC), evaluating both programs in light of SP's interaction with Ministry of Health (MOH), Government of Rwanda (GOR), and the United States Agency for International Development (USAID).

Samaritan's Purse was privileged to have worked alongside the USAID-Rwanda Mission. The USAID Mission-Rwanda and Christine Lyons from USAID-REDSO-Nairobi partnered with SP to achieve sustainable measurable results in the Rwanda Healthcare Program. Many thanks to George Lewis, David Hess, Kate Crawford-Whaley, and Christine Hjelt. Likewise, SP thanks the REDSO offices, specifically Christine Lyons, who provided valuable and needed guidance throughout the activity period.

ACTIVITY OVERVIEW

The healthcare infrastructure of Rwanda was greatly compromised by the 1994 civil outbreak, which lasted but three months. It was the joint venture of Samaritan's Purse, USAID, and MOH which sought to address in a concrete and timely fashion both immediate and long range solutions to the healthcare delivery system and to the healthcare needs of the population at large.

Kicukiro Training Center came into existence as a direct result of this project's activity. It is now able to provide a professional and affordable environment for continuing education for the healthcare sector. This educational initiative impacts today and will continue to impact the education of tomorrow's healthcare personnel.

Kigali Health Institute, likewise, has benefited from this project activity. The three new academic disciplines introduced at Kigali Health Institute impacts the country today through the use of the quality medical equipment purchased with project funds presently in use in a clinical setting at Central Hospital of Kigali (CHK). The greater objective of this institution and this proposal is that it impacts the healthcare delivery system long into the future. Students following the quality academic programs established under the guidelines of this program will become the technicians and nurses necessary to enhance Rwanda's medically deprived rural communities.

Pre-programmatic activity

- Assessment
- Anticipation of Initial Involvement
- Coordination of Personnel

Program Activity KHI

- Set-up Stage
- Transitional Stage

Program Activity KTC

- Set-up Stage
- Seminar Stage
- Transitional Stage

PRE-PROGRAMATIC ACTIVITY

Assessment.

Samaritan's Purse began its activities in Rwanda in January of 1997, under the guidance of Dr. Paul Jones and his wife, Jan Jones, a registered nurse. The Joneses had been active in the medical arena of Rwanda for a period beginning shortly after the genocidal activity, which continued through September of 1997. They had a clear understanding of the country and its medical needs. Dr. and Mrs. Jones provided Samaritan's Purse the initial evaluation and provided technical assistance for the development of the proposal. They made necessary contacts of Rwandan personnel and medical supplies and suppliers.

Mr. James Kline was assigned to this project as its director. He arrived in Kigali on May 20, 1997. His wife, Nancy, arrived on June 8, 1997 and served as the Project Administrator. The Joneses transitioned their reports and this work to the Klines prior to being reassigned to a medical role in Thailand.

The completion of the project proposal and its submission to USAID-REDSO in Nairobi, Kenya met several hurdles. These hurdles, though problematic at the time, served in the long run to sharpen the focus of the project and improve its impact. Samaritan's Purse once again expresses its thanks to the many USAID personnel who assisted them throughout this process.

Anticipation of Initial Involvement:

During the time that the project's proposal was being restructured, Samaritan's Purse applied itself diligently to identifying, pricing, and finding sources for the medical supplies and supporting equipment. This proved to be a very efficient use of time, as we visited suppliers for the purpose of selection and purchase of project equipment. This travel was not paid by USAID. We estimate that this pre-award equipment and supply assessment saved the project approximately \$75,000 dollars and, equally as important, it assured a quality purchase.

Sensing that the proposal's approval was imminent, we also worked to arrange for the interactive study tour of Kenya Medical Training College. Given the tedious procedures between the two governments and institutions, it proved to be important to the project to have this preparation accomplished before the actual start of project activity.

The Ministry of Health (MOH) was our partner in this activity. SP met regularly with this ministry in order to communicate clearly the roles which each had to play to assure efficient project implementation. While recognizing the burden of responsibility that the MOH carried, it seemed to SP that they hindered progress. Often, a simple request was ignored despite continued pressure. The identification of a Mentor Management Team took three months. The approval for the list of project supplies took four months. The acceptance of the Sub-Agreement took four months. The identification of seminar topics

and dates was delayed, forcing the initial seminar to be re-scheduled. Working alongside the MOH proved challenging. In light of this, it was critical to the project's success that the concept of transition from SP control to MOH control be kept in the fore.

Coordination of Personnel:

To assure a prompt response to project activity, Samaritan's Purse considered the selection of personnel on two fronts -- Expatriate Professionals and Rwandan Professional Staff. Samaritan's Purse used its International Medical Consultant, Dr Michael VanRooyen, to identify and orient medical professionals for the purpose of seminar activity, curriculum development, and medical equipment installations. Samaritan's Purse International Office followed up with travel, visa, and logistical support for all such personnel. We will later consider the contributions of these professionals to the project activity.

The principal contributor from a Rwandan perspective was Mme Janet Nkubana. The Ministry of Health identified her and she participated throughout the process. She provided an initial list of conference center supplies and helped to structure and train the staff at Kicukiro Training Center (KTC). After a two month training program, everyone was positioned and poised for the beginning of conference center activities.

As the balance of SP staff was chosen, they were oriented to their specific tasks by James Kline. These positions included the Chief Logistics Officer, an Assistant Logistics Officer, a Driver, and a Plant Management Employee.

The pre-award and pre-programmatic phase proved critical when USAID decided to retroactively begin the award activity period dated January 1, 1998. Even though the proposal was officially approved and signed in March, the award activity period began January 1, 1998. This meant that twelve months of activity was essentially compressed into nine months. A three-month, no cost extension was applied for and granted, allowing SP to utilize a complete twelve-month activity period.

SUMMARY OF KHI ACTIVITY

Initial Phase:

Samaritan's Purse sought to empower the KHI department heads by giving them firsthand exposure to an existing and comparable healthcare training system. The Kenya Medical Training College in Nairobi, Kenya (KMTC) offered the perfect equivalent for the KHI department heads. We acknowledge the KMTC director, Mr. Boite, and the KMTC department leaders for their excellent introduction of their programs. The Rwandan counterparts expressed their gratitude to both KMTC and USAID for the week-long interactive study tour. Following the Interactive Study Tour, the department heads met with KHI's Director, Mme. Theresa Bishagara, and prepared a report of their KMTC experience. This report was received and reviewed by Dr. Michael VanRooven, Samaritan's Purse International Medical Consultant. Notations were made and incorporated into the KHI Program as deemed appropriate.

The Department Head of each of the three new academic disciplines were key to the development and implementation of the program. Significant time was spent with each Department Head to communicate clearly the program objectives.

The Laboratory Program was fortunate to have the leadership of Mr. John Gatabazi. Mr. Gatabazi attended the KMTC Interactive Study Tour and reported to and transitioned his work in a timely manner to Mr. Cyprian Butare upon his return from a six-month study program in England. The Laboratory Department, in our assessment, is the strongest of the three new disciplines.

The Radiology Department Head was problematic. When SP met with Dr. Charles Rurangwa to discuss the equipment list needed for the initial set-up of a classroom, it became obvious that he was hoping to use available funding for personal gain. His list was scrutinized most closely to assure that only necessary medical equipment would be purchased. This doctor, likewise, insisted that he be paid a prime (per diem) for his trip to KMTC, which was denied. Dr. Charles decided to leave the project after accepting a position at King Faisal Hospital. The KHI Director has submitted another radiologist to MOH for approval to become the Radiology Department Head. Confirmation has not yet been received.

The Dental Department Head, Mme. Immaculee Bishgare, has solid dental skills, but lacked initiative and organization skills. Dr. VanRooyen made an assessment that the dental program was in need of substantial support. He requested that SP select a dentist with international experience who could assist KHI in the creation of their curriculum and selection of complementary dental equipment. Dr. Eugene Willis was selected and assisted the Dental Department in initiating program activity. He met with the country's

dentists for five consecutive days to develop the details of a balanced dental program. He lectured twice on advanced dental techniques and made recommendations to KHI's director to sharpen the impact of this program.

The Development of Curricula was led by **Dr Michael VanRooyen**. In October of 1987, prior to the program activity, Dr VanRooyen of Johns Hopkins and **Dr Tim Erickson** of University of Illinois met with the Director of KHI and two of the three Department Heads. The primary intent of this meeting was to initiate a dialog and outline procedures capable of developing the program. Dr VanRooyen, on two other occasions, had meetings to follow up on the procedure. Additionally, doctors, whose primary task in Rwanda was to lead seminar activity at the parallel project at Kicukiro Training Center (KTC), typically gave a portion of their time to touch base on the process at the request of Dr VanRooyen. The following doctors contributed to the development of the KHI curricula: **Drs Chayan Day, George Skarbek-Borowski, Michael Londner** of Johns Hopkins University, **Dr Philip Smith** of Baylor University, **Dr Tamara Thomas** of Loma Linda University, **Drs Timothy Erickson and Jamie Elhades** of University of Illinois, and **Dr Eugene Willis** of Emory University. Each of the aforementioned doctors made significant contributions to the development of the many facets of Kigali Health Institute's new academic program.

The Medical Equipment that was purchased for KHI and installed by qualified bio-laboratory technicians. **Mr Richard Wood of World Medical Mission**, the medical division of Samaritan's Purse, gave three weeks to the proper installation of medical equipment. His knowledge of the bio-laboratory arena revealed that several pieces of equipment were not complete. His counsel permitted the additional purchase of needed and complementary equipment. The Dental Panoramic X-ray Unit was commissioned according to contractual terms by the Nairobi based **Nairobi X-Ray Supply Company**. This company also provided an instructional session for four of the department's technicians to assure proper use by the CHK personnel. Much of the dental equipment was installed at CHK in order to serve the general population and will, in later years, provide a clinical setting for KHI students.

To properly secure the KHI facility and assure the investment of medical equipment, audio-visual aids, office equipment, and supplies, Samaritan's Purse arranged for the installation of security bars (anti-vol) to every room. Set up of classrooms for a medical environment involves much more than desks, chairs, and chalkboard. Each classroom has an adequate number of desks, chairs, storage closets, and shelving. In addition to the improvements mentioned above, we realized the need for water to each of the departments.

The Laboratory classroom had to have lab tables and sinks installed. In addition, proper and secure storage space was created for the microscopes, glassware, and chemicals. Proper spacing of the classroom furniture was given priority in order to

ensure the safety of the students from accidental interaction with harmful bio-lab materials

The Radiology classroom has large, wall-mounted view-boxes in addition to individual tabletop view boxes for reading x-ray film. A dark room was made for the radiology department from an existing bathroom. The dark room was properly secured, plumbed, and lighted. This dark room will allow plenty of space for the use of three manual x-ray film developers.

The Dental classroom was made functional with the installation of a dental sink and two dental chairs. Earlier attempts by KHI to supply water to the KHI facility were the purchase of several water tanks and accompanying pumps. Investigation revealed a water supply system capable of supplying the entire center with adequate water pressure. A complete overhaul was provided for the pre-existing system that, after careful control, provides important service to the KI complex.

The Audio-Visual Room concept was dismissed after meeting with KHI staff. They expressed concerns that the costly equipment could not be adequately supervised. It was decided that the audio-visual equipment would be placed in a monitored office and signed out as needed. This system obviously permits the equipment's use by every academic discipline represented at KHI.

An Office Complex was designed in collaboration with the department heads. The office area will allow for a reception area and adequate private spacing for each department. Each office is furnished with a desk, file cabinets, and book shelves and is equipped with a computer system, printer, and telephone. Samaritan's Purse purchased telephones for each department, not realizing the limitations of existing telephone service to KHI. In order to maximize the efficiency of the offices, we decided that a further investment was in order. An integrated telephone system was purchased and installed, allowing for switchboard service and telephone lines to the three new departments and to all of the pre-existing departments. This will prove more significant when Internet service is introduced to KHI. Internet will connect KHI to a world of medical information and personnel.

The process of selecting students for the three academic disciplines was held over a five-day time frame during the second week of December. Fifty-five students were selected in anticipation of a 1999 academic year. The distribution of students is as follows: Twenty students in the Dental and Laboratory programs, with 15 students assigned to the radiology department. The Laboratory students began their studies on January 18, while the remaining departments began on or about February 8.

Projections anticipate that an equal number of students will be enrolled annually into each department. The impact of this program on the healthcare delivery system will begin to show during the third year of clinical studies. The program, provided a low attrition rate, will yield 48-50 trained professionals to the healthcare delivery community.

The obvious assumption is that the same number of students will graduate following each subsequent year. The concentric and exponential impact of this program to the rural population of Rwanda will greatly affect the healthcare delivery system.

Kigali Health Institute and these programs will need to identify and support qualified faculty. The parameters of this initiative could not permit SP or USAID to consider funding to address this concern. This is to be shouldered by the Ministry of Health and KHI. The director is diligently making an effort to identify these professors.

SUMMARY OF KTC ACTIVITY

Initial Phase:

The Kicukiro Training Center facility was so significantly damaged and subsequently neglected that even after the effort by the Italian Cooperation, an NGO contracted to refurbish the entire facility, there remained additional work which SP was forced to complete. The initial concern for the KTC facility was to clear and clean the facility. SP hired a crew to clear the five-acre property of chest high grass, and used its 12-ton DAF lorry to haul many loads of trash away. This proved but a fraction of the work necessary to ready this facility. The electric service to the center had been improperly connected to the Electrogaz main, the water service to the Kicukiro neighborhood was inadequate to service KTC, some of the electrical hardware had been stolen and needed to be replaced, and electrical, plumbing, and sewage systems had to be serviced.

Samaritan's Purse coordinated the development of a **mentor-management team** to address organizational issues related to KTC. The mentor-management concept proved important to this project, but was not as effective as desired. It had no power to insist that Electrogaz provide water and electric, or that Rwandatel provide a telephone line. It could not insist that the MOH register KTC as a business entity and offer contracts to the KTC employees. When the MOH was asked to agree to the sub-award agreement, it could not force this action in any way. Addressing these issues consequently created unnecessary delays.

The selection of the manager, accountant, and secretary was the most crucial decision to be made on behalf of KTC. The process took months to identify potential candidates and complete the interviewing process. We felt it necessary that these persons be qualified and experienced persons, with a working knowledge of English, French, and local languages. After very careful consideration, a manager was identified. In spite of job training, it became evident after a month's employment that he was not competent. Quickly and fortunately, we found that the person selected as the accountant, Mr. Josue Muyenzi, had managerial skills. For a short time, he served as the interim manager -- until it became obvious that he would serve well as the manager. The open accounting position had to be filled later. Josue adequately did the accountant's work in addition to his new duties.

The selection process for the balance of KTC staff, house keeping, cooks, gardeners, security, and the like, proved a challenge. Janet Nkubana, KTC Consultant, assisted with the interviewing of over 400 persons, which yielded 50 potential workers. After a thirty-day trial and training period, this number was reduced to 32. To date, the MOH has not offered employee contracts to these workers. There seems to be a legal rationale that prevents the MOH from doing so, and, since KTC does not exist as a business entity, it

can not offer contracts either. This has created a spirit of uncertainty among the workers and has the potential for future conflicts in the opinion of SP.

Nearly all of **the equipment for the center** was purchased in Dubai, United Arab Emirates. Samaritan's Purse purchased commercial grade items in Dubai that could not be found locally. It saved the project a significant amount and guaranteed quality. The delivery and set up of the purchases constituted a major part of the project activity. In particular, the generator had to be incorporated into an existing electrical panel. A small outdoor structure had to be built to protect and secure it. The kitchen had to be completely remodeled. New kitchen cabinets and counters were fabricated and installed. The installation of separated circuitry for the freezer, refrigerators, electric stove/oven, and deep fryer were made to provide back up for all electrical units. Consideration was given that made the kitchen's cooking capacity very versatile. It has the option of using charcoal on outdoor grills, cooking in "water-jacketed" wood burning stoves, or using gas or electricity in modern conventional stoves/ovens. A supply room was made secure to hold a large stock of food, kitchen supplies, and dinnerware. This area is monitored by a clerk who inventories the stock daily.

A laundry facility was designed, allowing for washing of sheets, towels, and table linens in modern commercial washer and dryers. A three-phase circuit was run to this facility for the commercial grade laundry machines. Additional water supply lines, a back-up water tank, and a pressurized water delivery system were installed. Five large sinks were built and plumbed in order to anticipate the need for the more traditional and dependable washing of clothes by hand. Clothes can be dried out of doors using nearby clotheslines. Two light-grade commercial ironing units round out the supplies purchased for the laundry facility.

Additional "mini-projects" were addressed as the project was in various stages of implementation. Several of these projects became obvious as the center developed, but were not easily identifiable at the time of proposal's writing. The following projects were possible without requesting additional funds due to savings in other areas:

- To properly use the audio-visual aids and to secure the offices, Samaritan's Purse requested of USAID a variance from policies regarding use of funds for the purchase of curtains. We are thankful that this was granted because it served additional purposes of sound control and added an aesthetic touch to the rooms.
- The seminar rooms, library, and cafeteria will be more comfortable because of the installation of vari-speed ceiling fans. The circulation of air during late afternoon sessions, or when temperatures elevate, will serve the comfort of participants and make the sessions more productive.
- To better secure the five-acre facility, perimeter lighting was added and the security fence was raised by fifty centimeters with the addition of three strands of barbed wire.
- In anticipation of the dry season and the uncertain supply of community water, two water collection systems were incorporated at opposing ends of KTC.
- A massive landscaping project was undertaken to sculpt the five-acre terrain. This project will permit the use of lawn equipment, encourage proper drainage of rainwater, and thus control the breeding ground of mosquitoes.

Transitional Phase:

The Kicukiro Training Center was driven conceptually by healthcare seminar activity Samaritan's Purse insisted that the Ministry of Health bring forth its list of seminar topics Samaritan's Purse, likewise, insisted upon a transitional mindset In both cases, it was determined long before project activity began that the success of this center would be directly linked to the ability of the MOH to take ownership of and responsibility of KTC A transitional mindset was established when SP organized seminar activity in the order of phased assumption Samaritan's Purse agreed to provide 100% of the responsibility for the first two seminars, with MOH as observers of the process Samaritan's Purse next would share equally the responsibility for the middle two seminars, after which it would be the observer of the MOH in its implementation of the final two seminars

The Ministry of Health proposed the following list of seminars

- 1 Training of Trainers
- 2 Family Planning-Community Based Strategies
- 3 Decentralization of Healthcare Services
- 4 Nutrition
- 5 Financial Management and the Health Sector
- 6 Financial Management and the Health Sector

The Training of Trainers Seminar was held from August 10-14, with 18 students in attendance The students selected were divided equally between local and regional locations They were selected because the MOH envisioned that these 18 participants would or could, if adequately trained, be able lead a number of future seminars using the KTC facility Samaritan's Purse provided two trainers, all materials, and funding for the implementation of this seminar Dr Michael Londner of John's Hopkins University provided quality training, giving attention to culturally appropriate methodologies Assisting Dr Londner was Dr Philip Smith of Baylor University Dr Smith was especially helpful since he spoke French

The seminar was critically evaluated throughout the week The participants were permitted to contribute to the evaluation process at the end of the seminar We noted no significant concerns with the course content or delivery The problems all centered upon easily resolvable logistical issues, most of which needed a MOH response The primary objective of this seminar was to model training techniques On the last day, the students were given a teaching exercise and encouraged to complete the exercise incorporating information learned from the seminar We identified for MOH several potential trainers who, on the last day of the seminar, demonstrated exceptional teaching instincts

The Family Planning Seminar-Community Based Strategies was held from September 28 through October 2 The second seminar was led by Dr and Mrs Paul

Chiles Both have an education background and third world experience The lessons learned from the first seminar permitted this seminar to run more smoothly The seminar, by design and in cooperation with The Office Nationale de la Population (ONAPO), invited district personnel who, after training, were required to replicate the training session throughout their district There were 24 energetic participants, four each from six districts Samaritan's Purse was pleased that two of the participants from the first seminar were used as trainers and made a significant contribution to the second seminar The participants received workbooks and teaching tools for use in their presentations

One of the goals of the MOH, in keeping with the Bamako Initiative, is to decentralize the healthcare services For this reason, it selected **Decentralization** as its third seminar topic This seminar was to be shared equally between SP and MOH Samaritan's Purse felt that its most significant contribution to this seminar would be a theoretical perspective Dr Tamara Thomas of Loma Linda University and Dr Michael VanRooyen compiled a workbook and a suggested outline The Seminar was to take place from October 19 through 23 Dr Thomas was to meet with her MOH counterpart for a planning session on Monday, and the students were to join on Tuesday and stay for the balance of the week

In spite of repeated attempts from Samaritan's Purse, the MOH seemed non-committed to its part SP became aware of the ministry's intention to postpone this seminar late on Friday afternoon October 16, too late to notify Dr Thomas Dr Thomas was 'en route' and SP had no recourse except to insist that MOH cooperate to a lesser degree James Kline and Dr Charles Rudakubana, Secretary General of MOH, agreed that Dr Tomas would meet with her counterpart for several sessions and prepare them for the eventual teaching of this seminar Samaritan's Purse would not commit to sending another trainer and believed that this adequately represented 50% participation In spite of repeated efforts by SP, the Ministry of Health never scheduled this seminar

The forth seminar addressed the topic of **Nutrition** It was held from November 2-6 Dr Jamie Eliades of the University of Illinois arrived in Rwanda two weeks early to assure time to meet and plan the seminar sessions Thirty-two participants enjoyed this seminar As with each of the SP sponsored seminars, a resource package was given to each participant They voiced uniformly an appreciation for the seminar and they requested permission to hold several additional seminars using their new materials and the KTC facility It was unfortunate that time did not allow this

It was quite obvious that the goal stated at the Training of Trainers Seminar was realized We had empowered trainers and provided a center capable of hosting seminars for the Ministry of Health The seminars, it follows, are having a significant positive impact on the healthcare delivery system

The Ministry of Health committed to holding the final two seminars without the input of SP Samaritan's Purse was to act only as an observer The two seminars were based on one topic, **Financial Management and the Health Sector** They were consistent with the prior direction that MOH had set It was determined that a healthy Decentralized

Healthcare Delivery System must integrate managerial skills in order to have uniform accounting and reporting procedures. The Ministry's Director of Planning and Administration, Mr. Emmanuel Kabanda, led 40 participants in a successful seminar from November 23-27. The second such seminar was never scheduled by the MOH.

The average attendance at a seminar was 85 participants, and the average duration of a seminar was five days. The proposal, however, anticipated as many as 42 participants per seminar and having a duration of 10 days. It is unfortunate that MOH did not take fullest advantage of their opportunity to have fully-funded seminars for the maximum number of students. All the same, these seminars were well organized and attended.

The Kicukiro Training Center hosted many seminars in addition to the four seminars described above. From its opening in August and through the end of the calendar year, KTC hosted 39 seminars involving more than 1,500 persons. Groups using KTC come from various ministries, NGOs, and churches. The center has proven to be capable of hosting several groups at the same time. It creatively uses its facilities to accommodate groups of various sizes. On one occasion, every conference room, the library, the two dining areas, and outdoor areas were in use hosting four seminars of more than 200 persons. The center has a healthy financial base and a well-trained staff to assure continued service. An attractive brochure and business cards are now available to further promote the center. The response to the facility has surpassed even the most optimistic expectations.