

Strategic plan
for the establishment of the
Disaster Management Unit
in the
Ministry of Health - Rwanda

developed by the Ministry of Health
in collaboration with the

project "Emergency Response Unit - Ministry of Health"

by

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1 Background

Since the new National Government of Unity of Rwanda was installed in August 1994, the Ministry of Health has had to provide emergency assistance on numerous occasions. Reasons for this assistance were diverse, for instance disease outbreaks which required mass vaccination campaigns, epidemics in overcrowded sites, which required assistance in case management and provision of additional medical supplies, high number of acute malnourished children requiring emergency nutritional rehabilitation, insecurity leading to movement of population and closure of health facilities, which required the establishment of emergency mobile medical teams, vaccination campaigns, hospital care for the injured, provision of additional means of transport and of additional medical supplies.

The Ministry of Health has put in place a number of mechanisms to deal with crisis situations, such as the development of a manual for the management of outbreaks of epidemic diseases, and a mobile laboratory for use in field investigations in case of possible outbreaks of epidemic diseases (UMILC - Unite Mobile d'Intervention du Laboratoire du C H K - mobile field laboratory investigation unit). Although there has been improvement in the responses to outbreaks of epidemic diseases following the introduction of the manual and the field investigation unit, the responses to disasters with a wider range of negative consequences are still not covered. It is for this reason that the Ministry of Health has felt it necessary to improve its disaster response capacity and initiated the project 'Establishment of an Emergency Response Unit', financed by USAID/OFDA. This project started in July 1998 and is implemented by the Ministry of Health, with technical assistance of a Consultant for a duration of eight months. The objective of the project is

- To prioritise disasters for disaster planning for the Disaster Management Unit - DMU (previously called the Emergency Response Unit - ERU)
- To develop a hospital disaster preparedness plan
- To develop disaster preparedness and response plans for three priority disasters
- To develop a strategic plan to establish a Ministerial Disaster Management Unit (DMU) in the Ministry of Health

During the implementation of the project extensive discussions have taken place with Ministry of Health officials, officials from other ministries relevant to disaster management, the Rwandan Red Cross and partner organisations (international humanitarian agencies, UN agencies, bilateral agencies and NGOs). These discussions which took place during seminars and workshops, have resulted in a Disaster Profile for Rwanda, a draft proposal for Government Disaster Management structures, a plan of action for the development of a hospital disaster preparedness plan for Gisenyi and Ruhengeri, and almost finalised preparedness plans for three disasters (armed conflict / civil war, major accidents, cholera).

2 Introduction

The strategic plan which follows is, for a large part, based on recent experiences: the cholera outbreak in Cyangugu and the population movement and disruption of health services following insurgencies and insecurity in the Northwest. However, unfortunate the occurrence of these crises, the Ministry of Health has been able to derive lessons from the experience. Those lessons were an important contribution in the development of the strategic plan.

3 Strategic issues relevant to disaster management by the health sector in Rwanda

3.1 Strategic issues

a) Health and disaster are inextricably linked. Rarely does a disaster occur which does not negatively influence the health and nutritional status of the population. The majority of the Rwandan population lives below the poverty line. Under normal circumstances a significant number of Rwandan households do not achieve full subsistence. Families have a very limited capacity to cope with the consequences of disasters.

- b) The Government of Rwanda and its technical ministries has technical expertise and capacity, which can be deployed during times of crises. The Government of Rwanda has as yet no established disaster management structures. The affected population generally implements the first responses to disasters. The priority for development of capacity in disaster management is communal and prefectural level. This presupposes that disaster management capacity at central level is well developed.
- c) Disaster management is multisectoral and multi-disciplinary. Where it concerns the health sector, strengthening and improving disaster preparedness and responses to disasters requires the Ministry of Health to rationalise the use of existing resources. The Ministry of Health's own resources are gradually improving. However, its capacity, material and financial resources are already limited where it concerns the provision of health care under normal circumstances. In unusual circumstances the Ministry of Health does have the opportunity to appeal to partner agencies for additional financial, material and human resources.
- d) Response to a disaster is but one part of the disaster management cycle, albeit an important one. The National Development Plan, the National Health Plan and other sectoral plans offer possibilities and opportunities to integrate aspects of disaster management.

3.2 *Strategic objectives*

a) Strategic objective 1

To strengthen and / or improve disaster preparedness, in particular health sector preparedness, and reinforce and / or improve rapid and effective response capacity. The development of preparedness and response plans for those disasters, which have a high probability of occurrence, are a priority.

b) Strategic objective 2

To establish Government of Rwanda disaster management structures with the aim to improve identification of needs, mobilisation of necessary resources and capacity and co-ordination of responses.

b-1) Specific objective 2/1

To establish a Disaster Management Unit in the Ministry of Health with the aim to strengthen health sector disaster preparedness and to improve and accelerate the provision of health expertise and assistance to affected populations in case a disaster occurs.

c) Strategic objective 3

To strengthen and improve disaster management capacity of health personnel at central Ministry of Health level.

d) Strategic objective 4

To develop disaster management capacity of Regional and District Health teams and collaborating partners (Rwandan Red Cross volunteers, NGOs).

e) Strategic objective 5

To identify those aspects of disaster management, in particular disaster prevention and mitigation aspects, which can be incorporated in the National Development Plan and the National Health Plan.

4 *Proposed mission of the Disaster Management Unit*

- a) To develop disaster management systems which strengthen / improve health sector preparedness for and responses to disasters with the aim to prevent and/or

- mitigate the negative impact of disasters on the health and nutritional status of the affected populations
- b) To develop capacity in vulnerability analysis which enables the Ministry of Health to take disaster prevention and mitigation measures, incorporated in the national health plan
- c) To reinforce and improve the Ministry of Health's response capacity to the occurrence of disasters
- d) To co-ordinate the response / relief operations in the health sector
- e) To actively participate as a task force member of the National Disaster Management Office during crises by providing technical expertise, once this office has been established

5 Proposed DMU responsibilities

5.1 DMU responsibilities during crises

NB The activities during crises take precedent over the DMU activities to be executed under normal circumstances

- Active participation of the head of the MOH Disaster Management Unit or his/her delegate in the task force, which should reinforce the operations of the National Disaster Management Office at times of crises (See annexe 1 for draft Rwanda Disaster Management structures),
- Provision of technical assistance in the collection of baseline assessment data of the affected populations, and if necessary participation in field visits,
- Ensuring continued accurate data collection and data analysis,
- Management of permanent staff and staff temporary assigned to the Disaster Management Unit,
- Ensuring re-deployment of adequately experienced staff to affected areas,
- Ensuring accurate emergency stock management at central, regional and peripheral (health centre, district hospital and district office) level,
- Ensuring the application of protocols and guidelines,
- Assistance in the identification of needs and mobilisation of resources,
- Co-ordination of disaster management activities to be undertaken in the health sector
- Preparation of technical (sectional) proposals for donors in case financial resources are required,

5.2 DU responsibilities under normal circumstances

- Development and regular review of the Health Disaster Management Policy
- Development and regular review of the Health Disaster Management Plan, incorporating all preparedness plans for disasters which feature in the Rwanda Disaster Profile and which could require Ministry of Health assistance to prevent and/or mitigate negative impact on the health status of the affected populations
- Development and regular review of guidelines/tools to assist communes and prefectures in conducting vulnerability analysis,
- In close collaboration with the relevant technical departments of the Ministry of Health, contribute to the
 - Development and regular review of protocols and guidelines for the management of specific disasters/health emergencies (in close collaboration with the Epidemiology Division, Nutrition Division, Public Hygiene Division, etc)
 - Development and regular review of data collection and analysis instruments (in collaboration with the Statistics Division and the Promotion of Quality of Care Division),
 - Review and/or development of resource management procedures procedures for the management of pre-positioned emergency supplies, including warehousing, transport facilities, stock management systems, etc ,
 - Review of current Ministry of Health administrative procedures for disbursement of funds, for accessing logistics means, for the temporary re-deployment of staff, and

- if necessary development of administrative procedures which enables an accelerated MOH response,
- Review and/or development of procedures which facilitate a rapid international response (in close collaboration with the Directorate of Planning and Administration and the MOH NGO Co-ordination Unit as well as the NGO Co-ordination Unit of the Ministry of Interior) e.g. rapid screening and approval procedures of CVs expatriate personnel, rapid visa application procedures, rapid project proposal approval procedures, rapid custom clearance procedures for required material resources to be imported,
- Updating of maps containing general health sector information (location of hospitals, health centres, nutritional centres, central, regional and district offices)
- Assistance in the development of hospital disaster preparedness plans (in close collaboration with the Directorate of Health Care / Division Promotion of Quality of Care)
- Assistance in the organisation of regular simulation exercises,
- Regularly review with international partners as to pre-positioned essential supplies,
- Following up to ensure that recommendations of evaluations of relief operations / responses to crises are included on in the development/revision of ministerial plans of action/policies

6 Proposed management structure

Disaster management is multi sectoral and multi-disciplinary. The disaster management approach requires that all Directorates of the Ministry of Health are involved when a disaster occurs. Therefore, it is proposed that the Disaster Management Unit will be a unit under the responsibility of the Secretariat General. The DMU should have a high level of autonomy (similar to 'Programmes') and should have its own emergency budget and permanent staff. The DMU should be able to work relatively independently, but in close collaboration with key divisions of the four Directorates of the Ministry of Health and relevant divisions of other key ministries.

The Secretary General will be the line manager of the DMU staff.

7 Minimum capacity

The DMU should be able to perform rather independently in times of crises. The DMU therefore requires to have permanent staff capable of running a relatively independent and semi-autonomous entity, and who should be able to represent the Ministry in co-ordination and appeal meetings with senior officials of other ministries and high level delegations from outside the country.

During times of crises the head of the unit or his/her delegate will actively participate in the National Disaster Management Office (NDMO) task force, once this disaster management structure has been established. He/she should provide accurate information to the NDMO as to sectoral needs, data collection needs, etc.

The implications for personnel are not insignificant. The responsibility to ensure that sufficient (temporary) staff is available at times of crisis lies with the Secretary General who collaborates with the other Directorates. (See annexe 2)

7.1 Human resources

7.1.1 Permanent staff

- One Head of DMU
- One senior staff member - planning
- One stock manager/data analyst
- One administrator/secretary
- One driver

(See Terms of Reference, job descriptions and profiles of the different permanent posts as well as for the temporary posts in annexes 3 1 – 3 9)

7 1 2 Temporary / pooled staff

The Disaster Management Unit should establish a pool of staff, to be identified and selected while taking into account specific requirements as to expertise and according to the developed profiles. This 'pool' could form a crisis group, which will participate in the development and the review of plans and protocols. They will be called upon to assist prefectures and communes in the implementation of those plans and protocols during times of crises. Especially during the initial phase, the re-deployment of a team comprising all disciplines (5 - 6) should be considered. This team should assist the affected area in the collection of necessary baseline data and in the introduction and establishment of systems and protocols.

7 1 2 a Temporary staff to be re-deployed at central level

During a crisis it is imperative that supplies available in the capital can be moved rapidly to the affected areas. This requires that the DMU receive assistance from at least

- Two (2) Logisticians
- Two (2) Emergency stock Managers

7 1 2 b Temporary staff to be re-deployed to affected areas

Affected areas will require, in particular in the immediate aftermath of a disaster, technical expertise in specific disciplines. This assistance should be provided only after the prefectural or communal authorities have indicated such needs. However, the central Ministry of Health should be prepared to provide the required technical expertise at short notice. Personnel with the following expertise should therefore be identified at central, regional and district level

- Nurses with programming and planning experience (3 of 10)
- Doctors - Epidemiologists (3 of 5)
- Nutritionists (3 of 7)
- Health inspectors (3 of 8)
- Pharmacy manager with experience in emergency stock management (3 of 3)

7 2 Material resources

The DMU will be responsible for the implementation of activities as outlined above. In order to do so, and in particular to implement the activities during a crisis, the DMU needs to have access to ordinary offices and office equipment as well as direct access to means of transport for field investigation and logistics purposes. Immediate and continuous access to means of communication, allowing the DMU to be kept informed by the authorities of the affected areas is equally important. At the moment the DMU has access to one (1) desk top three (3) lap tops and two (2) printers (donation of USAID - Rwanda)

The DMU should also have at least

- Access to photocopying services
- Access to telephone and fax services
- A 12 hour operational HF radio (emergency frequency and ordinary frequency)
- One vehicle plus recurrent costs budget
- Access to additional means of transport (four wheel drive vehicle and small (6 – 10 ton) lorry)

7 3 Financial resources

In order for the DMU to assign staff with the required technical expertise to the affected areas on short notice, the DMU needs to have its own budget which can be accessed immediately. The accounting procedures for use of emergency funds will have to be defined by the

Directorate of Planning and Administration, to guarantee immediate access in case of a disaster and accountability and transparency of utilised funds. The line management department of the DMU will include the normal budget for the day-to-day running of the DMU (budget lines covering salaries and other running costs of the DMU) as well as the Ministry of Health emergency budget to be managed by the DMU. The emergency budget should be prepared keeping in mind the possible need to

- Purchase vaccines (measles, others)
- Purchase drugs and medical supplies
- Access additional means of transport
- Re-deploy a team of experienced health workers to the affected areas for at least one week
- Purchase and / or access fuel required to travel to the affected areas
- Purchase unskilled labour (logistics)

8 Key and resource persons within MOH structures and in other ministries

8.1 Key persons in the Ministry of Health

As proposed above, staff with expertise often required during disasters will be prepared for immediate re-assignment to the affected areas. Those staff members will need to be identified by the Ministry of Health and its Directorates in order to ensure that individual training needs are met. This will be of importance because the development of disaster management capacity at prefectural and communal level will require significant time, energy and funds. The individual training should, in addition to its focus on identified lacunas in disaster management capacity, address the ability of each of the selected Ministry of Health staff members to train people in the disaster affected areas.

8.2 Resource persons within the Ministry of Health and in other ministries

All senior Ministry of Health personnel, such as the Directors, the Regional Medical Officers and Hospital Directors can be considered as resource persons. They all have extensive experience in management and co-ordination. More importantly, they all know the prefectures and the risks of occurrence of disasters in the area.

Resource persons in other key ministries have not yet been identified as such. However during recent crises most ministries appointed focal points to deal with the consequences of those crises and to assist in the co-ordination of relief efforts. Moreover, a number of key ministries have participated in the workshops organised by the project. The DMU should (re-)establish contacts with the appointed focal points and participants of earlier workshops to ensure that invaluable resource persons remain interested in disaster management and can be called upon when a disaster occurs.

9 Material resources to be pre-positioned and proposed management system

9.1 Pre-positioning of material resources

In the Ministry of Health three divisions / programmes have pre-positioned emergency stocks or can access such stocks immediately with emergency budget funds.

- The Epidemiology Division pre-positioned Cholera kits, vaccines (meningitis, rabies and yellow fever), drugs for case management of meningitis and Shigella dysentery,
- The EPI programme has stocks of the 6 vaccines used in the ordinary EPI programme,
- The National Malaria Control Programme has stocks of anti-malarials in case of a malaria outbreak.

Each of those divisions / programmes has established management systems which should be kept in place. It is, however, important that the DMU is kept abreast about changes in the management system of those stocks and stays informed about the quantity of available stocks in case they are required during a disaster.

The Ministry of Health does not have any other emergency stocks in place at the moment. Because disasters can strike without warning, it is important that the Ministry of Health pre-positions certain supplies. It is proposed that the DMU manages those supplies. The following are considered minimum stocks:

a) Drugs/medical supplies

Two (2) complete emergency kits (type WHO). Each kit provides drugs, medical supplies and small medical equipment, sufficient for the provision of basic health services to an estimated 10,000 inhabitants during 3 months.

The emergency budget should further allow to purchase emergency medical supplies from suppliers in-country (such as CAMERWA, the Rwandan Drugs/Medical supplies Purchasing Centre and large pharmacies in town) in case the need exists.

b) First aid kits

The Ministry of Health should consider the pre-positioning of first aid kits. The composition of first aid kits has been determined by the Rwandan Red Cross, in collaboration with the International Federation of the Red Cross and Red Crescent Societies. It is recommended that the Ministry of Health pre-positions the first aid kits at prefectural level or that the DMU ensures that the Rwandan Red Cross has done so. The management of those stocks could be the responsibility of the Regional Medical Offices in close collaboration with the prefectural Rwandan Red Cross branches.

c) Medical equipment

During the Hospital Disaster Preparedness planning workshop in Gisenyi, the availability of medical equipment was not considered a major constraint. This workshop only considered the five (5) hospitals in Ruhengeri and Gisenyi prefectures. The available medical equipment was measured against the number of available surgical teams and the number of existing operating tables. It is not known whether hospitals in other prefectures also have sufficient medical equipment. The DMU should be given the responsibility, in collaboration with the Promotion of Quality of Care Division, to inventorise the available medical equipment in all hospitals to ensure that the need to pre-position medical equipment does not exist. In case a need to pre-position specific medical equipment is identified, the DMU should take measures to establish such stock and develop a stock management system.

d) Other supplies

It is not clear whether stocks of plastic sheeting, tents, jerrycans, bladder tanks and its accessories, etc. are currently pre-positioned or kept in storage by other ministries. The Ministry of Health does not have such stocks. The DMU should take on the responsibility to assess with other ministries their pre-positioned stocks and make arrangements as to the possibility to access those stocks in case of a disaster.

9.2 Management system and storage of pre-positioned material resources

The DMU will be given the responsibility to develop, in close collaboration with the relevant Ministry of Health Directorates, a management system for emergency stocks. Equally, the DMU should, in collaboration with the relevant Directorates, apply the norms concerning appropriate storage requirements for the different stocks and find adequate storage facilities.

10 Permanent partners of the DMU

The Ministry of Health works with a large number of national and international agencies. All partners/agencies can in principle be called upon when a crisis situation exists. However, certain agencies are more likely to respond to a disaster, are more committed and are better prepared to provide assistance during crisis, if such is required. The DMU should maintain close contact with those agencies to ensure that their state of preparedness is taken into account in the development of disaster management capacity and in the management of disasters. The following agencies are of particular importance:

10 1 The Rwandan Red Cross / International Federation of the Red Cross and Red Crescent Societies (IFRCRCS)

The Rwandan Red Cross is a subsidiary of and reports to the Ministry of Health. However, the organisation is completely autonomous and has its own management structure and systems. The Rwandan Red Cross receives assistance from the International Federation of Red Cross and Red Crescent Societies, in particular in the re-establishment of its country wide network, which was severely affected by the 1994 events. The Rwandan Red Cross is currently developing disaster management capacity at communal level, with assistance of the IFRCRCS's Disaster Preparedness Planning programme. In particular the training of new Red Cross volunteers as first aid workers is being extended throughout the country. The Rwandan Red Cross also works very closely with the Ministry of Health in the re-establishment and running of three bloodbanks, where quality of blood is checked for presence of viruses (HIV, Hepatitis) and Treponema, and where blood is kept in appropriate storage facilities.

The Red Cross generally has pre-positioned stocks of drugs, medical supplies, food and non-food items. The DMU should keep abreast of the Red Cross stocks and incorporate those in its disaster preparedness plans.

10 2 The International Committee of the Red Cross (ICRC)

The specific mandate of the ICRC to provide assistance to populations affected by disasters is well known and is one of the basic Red Cross Movement principles. ICRC Rwanda provides assistance to one of the district hospitals (surgical team, supplies, etc.). They have assisted the Ministry of Health with supplies for the case management of cholera and typhus patients. The ICRC has emergency stocks of drugs, medical supplies, food and non food items in Rwanda. The DMU should maintain in close contact with the ICRC to be informed about the available emergency stocks.

10 3 UN agencies

WHO, UNICEF and WFP work in close collaboration with the Ministry of Health. Each of the three UN agencies has its specific target groups and target programmes within the health sector. All three are generally involved when a disaster occurs, albeit that each of the agencies will focus on specific aspects of health and nutrition (WHO for disease control, general health, UNICEF for water and sanitation, EPI, nutrition, WFP for general food distribution and nutrition rehabilitation). The UN agencies will have stocks of drugs, medical supplies, food and non food items in country, which will allow a rapid response to the occurrence of a disaster. The DMU should therefore maintain in close contact with the agencies and keep abreast of relevant pre-positioned stocks.

UNDP and OCHA both play important roles in disaster management. UNDP assumes the role of co-ordinator of all UN involvement in Rwanda, including humanitarian assistance in case of crises. More importantly, the UNDP Rwanda office started the Disaster Management Training Programme (DMTP) in April 1998. However, this programme has not implemented any activities since the departure of the DMTP Programme Officer in October 1998. The DMU should establish contact with UNDP to discuss possible resumption of DMTP activities and ways to continue the earlier established collaboration in the development of disaster management capacity. The DMU should also establish a close working relationship with the UN Information Management Unit (IMU), which provides an excellent service in mapping of disaster affected areas as well as humanitarian and general information updates.

OCHA, the Office for the Co-ordination of Humanitarian Affairs, is represented in Rwanda and assists UNDP in information gathering and co-ordination of humanitarian affairs. Although its role is mainly co-ordination of agencies involved in humanitarian affairs, the DMU should establish and/or maintain contacts with OCHA to share information and jointly plan for contingencies.

10 4 Bilateral agencies

The Ministry of Health works in close collaboration with bilateral agencies from a range of countries. A number of bilateral agencies implement health programmes themselves, whereas others mainly finance the implementation of programmes through the Ministry of Health and / or NGO partners. It is not clear whether bilateral agencies have pre-positioned emergency supplies in Rwanda. However, most bilateral agencies have clear procedures as to the release of funds for emergency assistance. It is important that the DMU is informed about these procedures and maintains close contact with bilateral agencies to keep abreast of changes in those procedures and their continued commitment to assist populations affected by crises.

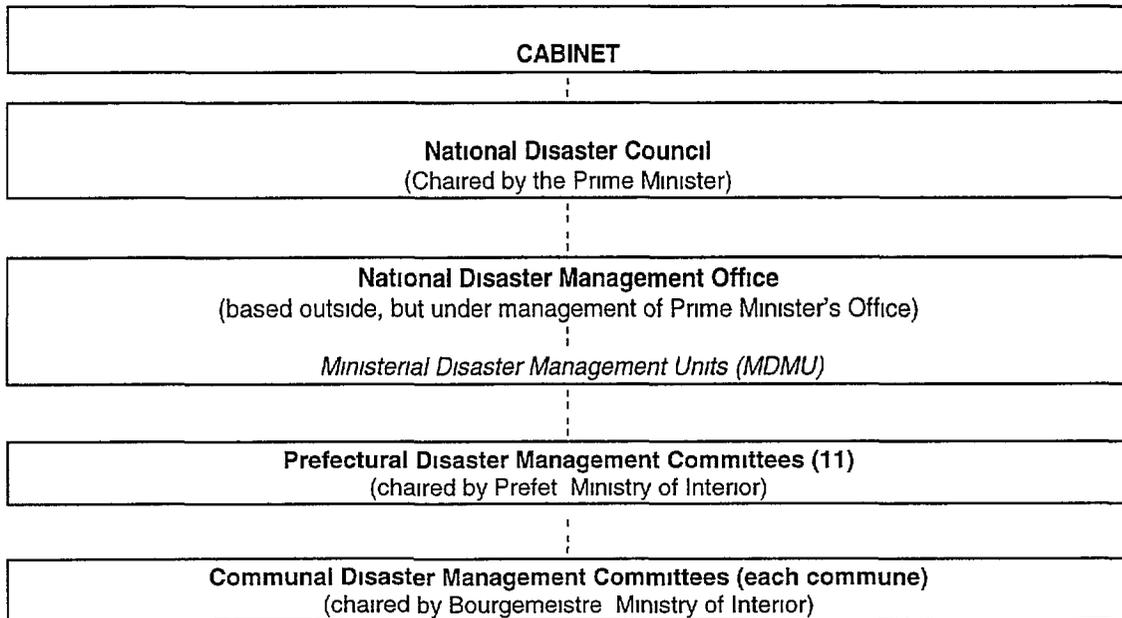
10 5 Non-Governmental Organisations (NGOs)

At present an estimated 30 international and national NGOs provide assistance in the health sector. NGO activities range from technical assistance to districts, district hospitals, regional medical offices, training of specialised nurses, to technical assistance to control programmes (malaria, HIV - AIDS, Leprosy and Tuberculosis, etc) at central, regional or district level. Focus of NGO activities is development of capacity. A number of NGOs working in the health sector have assisted the Ministry of Health during crisis situations, most recently in the Northwest. NGOs already working in the affected regions and others willing to provide the required expertise are assisting the health authorities in the Northwest.

The information as to specific expertise of NGOs in disaster management is available at the NGO Co-ordination Unit of the Ministry of Health. This Unit also has information as to procedures for approval of NGO projects, recruitment of expatriate health staff, and for other relevant issues related to NGO assistance. The DMU should be informed about these procedures, review the procedures to ensure that they are also appropriate and applicable during emergency situations and collaborate closely with the Co-ordination Unit if revision of the procedures is necessary. Moreover, the DMU should stay informed about the disaster management ability and expertise of those NGOs who work in the health sector in Rwanda, to guarantee rapid identification of NGO partners if and when required.

Annexe 1 Draft Rwanda Disaster Management Structures

The following organigram of disaster management structures was recommended during the first workshop the project organised. The workshop participants represented eight (8) ministries.



In summary, the role of each of the proposed structures is as follows:

The National Disaster Council (NDC)

- Development of the National Disaster Management Policy (to include policy statement concerning co-ordination structures for disaster management)
- Elaboration of Disaster legislation
- Development of the National Disaster Management Plan
- Co-ordination and direction of all disaster-related matters such as planning, organisation, prevention, mitigation, preparedness, response, recovery, training, public awareness

The National Disaster Management Office (NDMO)

The Office is responsible to the NDC for day-to-day disaster management responsibilities (preparation, analysis of early warning system data, exchange of information, etc.) and for co-ordination of and directing response operations.

Ministerial Disaster Management Unit (DMU)

Provision of technical information to allow effective and appropriate responses to disaster threats and to disasters. Collection and analysis of technical data will remain a responsibility of the technical ministries. Moreover, technical ministries are well placed to prepare for and respond to disasters at a technical level.

Prefectural Disaster Management Committee (PDMC)/Communal Disaster Management Committee (CDMC)

- Collection of data
- Co-ordination of and directing response operations at prefectural/communal level including the mobilisation and tasking of resource organisations,
- Management of regional/communal response activities/operations
 - Guarantee regular meetings between all partners
 - Identification of needs and mobilisation of required resources, including possible identification of external resources (NGOs, UN agencies)
 - Information update and sharing

- Guarantee security and communications
- Planning of responses according to priorities

Annexe 2 Responsibilities different Ministry of Health Departments during crises

The Secretariat General will assume responsibility for the dissemination of information to the Rwandan public concerning the occurrence of a disaster, its consequences and the measures taken by the Ministry of Health to assist the affected populations

The four (4) Directorates should assist the DMU during crises, and should provide the following services

Directorate of Planning and Administration

- Speedy release of petrol acquisition forms
- Speedy release of per diems for resource persons and drivers,
- Provides a Logistician to organise reception and despatch of emergency supplies
- Provides up-dated human resource information (availability, re-deployment)
- Provides update on different partners working in the affected area, their development programme and planned activities (NGO Co-ordination Unit/Suivi des Projets),
- Provides update on expertise of possible partners

Directorate of Pharmacy

- Provides update on existing stock management system requirements (protocol on essential drugs, warehousing requirements, appropriate warehouse space, etc)
- Makes personnel available to assist in stock taking and logistics at central level to set up emergency stock management system at peripheral level and if required to assist the peripheral units in establishing an adequate stock management system and a system to rapidly identify needs
- Provides update on stocks available at CAMERWA and in other pharmacies

Directorate of Epidemiology and Public Hygiene

- Provides personnel and specific resources to carry out field investigations in case of suspected outbreaks of epidemic diseases,
- Provides protocols as to organisation of emergency response in case of outbreaks,
- Provides personnel to ensure accurate data collection (HIS, notifiable diseases, other data collection systems), to assist in analysis of collected data and to prepare retro-information,
- Provides health inspectors to assist in the collection of water supply and sanitation data, and who assist in the planning of appropriate measures to improve the water and sanitation situation

Directorate of Health Care

- Provides personnel and material resources to assist in data collection, analysis, and specific responses (nutritional rehabilitation, IEC and awareness raising activities),
- Provides expertise as to the assessment of infra-structural needs,
- Provides expertise and protocols as to minimum standards (personnel, infrastructures and equipment) of health facilities under special circumstances

The Regional Medical Offices (11) maintain their role as the offices responsible for the planning, management, implementation and co-ordination of health activities. They could be requested to provide experienced staff working in the district and regional medical offices to be re-deployed in affected areas, if such a need exists

Annexe 3 Terms of Reference permanent and temporary DMU staff

Annexe 3 1 Terms of Reference Head of DMU

3 1 1 Introduction

The Disaster Management Unit (DMU) of the Ministry of Health has recently been established. The DMU is managed by the Secretary General, to whom the DMU reports. The DMU has relative autonomy where it concerns mobilisation of personnel to be re-deployed to disaster affected areas and of material and financial resources to guarantee that affected populations have access to basic health care. The DMU works in close collaboration with technical departments (divisions and programmes) of other Directorates of the Ministry of Health where it concerns technical expertise in specific disciplines and the development of protocols and guidelines within the remit of this specific expertise.

The DMU activities amongst others concern the development of a health disaster management policy and a health disaster preparedness plan, to be implemented under normal circumstances. However, the DMU also has to implement activities which concern responses to disasters when a disaster has struck; those activities take precedent at any time over the activities to be implemented under normal circumstances.

The main mission of the DMU of the Ministry of Health is to develop disaster management systems which strengthen / improve health sector preparedness for and responses to disasters with the aim to prevent and/or mitigate the negative impact of disasters on the health and nutritional status of the affected populations and to co-ordinate response / relief operations in the health sector.

The head of the DMU will be responsible for achieving the above described mission, and will work in close collaboration with other Ministry of Health Directorates, with other ministries key in disaster management and with partner organisations and agencies.

3 1 2 Job-description

The Head of the DMU will assume full responsibility for the implementation of all activities derived from the DMU responsibilities.

DMU responsibilities during crises

- Active participation of the head of the MOH Disaster Management Unit or his/her delegate in the task force, which should reinforce the operations of the National Disaster Management Office at times of crises,
- Provision of technical assistance in the collection of baseline assessment data of the affected populations, and if necessary participation in field visits,
- Ensuring continued accurate data collection and data analysis,
- Management of permanent staff and staff temporary assigned to the Disaster Management Unit,
- Ensuring re-deployment of adequately experienced staff to affected areas,
- Ensuring accurate emergency stock management at central, regional and communal level,
- Ensuring the application of protocols and guidelines,
- Assistance in the identification of needs and mobilisation of resources,
- Co-ordination of disaster management activities to be undertaken in the health sector
- Preparation of technical (sectoral) proposals for donors in case financial resources are required,
- Preparation of reports to the line management Directorate of the Ministry of Health,
- Preparation of relief operation reports to donors

DMU responsibilities under normal circumstances

- Preparation of a plan of action detailing the different activities to be undertaken with priority to achieve the objectives during the time available

- Development and regular review of the Health Disaster Management Policy
- Development and regular review of the Health Disaster Management Plan, incorporating all preparedness plans for disasters which feature in the Rwanda Disaster Profile and which could require Ministry of Health assistance to prevent and/or mitigate negative impact on the health status of the affected populations
- Development and regular review of guidelines/tools to assist communes and prefectures in conducting vulnerability analysis,
- In close collaboration with the relevant technical departments of the Ministry of Health, contribute to the
 - Development and regular review of protocols and guidelines for the management of specific disasters/health emergencies (in close collaboration with the Epidemiology Division, Nutrition Division, Public Hygiene Division, etc)
 - Development and regular review of data collection and analysis instruments (in collaboration with the Statistics Division and the Promotion of Quality of Care Division),
 - Review and/or development of resource management procedures procedures for the management of pre-positioned emergency supplies, including warehousing, transport facilities, stock management systems, etc ,
 - Review of current Ministry of Health administrative procedures for disbursement of funds, for accessing logistics means, for the temporary re-deployment of staff, and if necessary development of administrative procedures which enables an accelerated MOH response,
 - Review and/or development of procedures which facilitate a rapid international response (in close collaboration with the Directorate of Planning and Administration and the MOH NGO Co-ordination Unit as well as the NGO Co-ordination Unit of the Ministry of Interior) e.g rapid screening and approval procedures of CVs expatriate personnel, rapid visa application procedures, rapid project proposal approval procedures, rapid custom clearance procedures for required material resources to be imported,
 - Updating of maps containing general health sector information (location of hospitals, health centres, nutritional centres, central, regional and district offices)
- Assistance in the development of hospital disaster preparedness plans (in close collaboration with the Directorate of Health Care / Division Promotion of Quality of Care)
- Assistance in the organisation of regular simulation exercises,
- Regularly review with international partners as to pre-positioned essential supplies,
- Follow up to ensure that recommendations resulting from evaluations of relief operations / responses to crises are considered in the development/revision of ministerial plans of action/policies
- Preparation of plan of action detailing activities to be implemented during a fixed time (annual, bi-annual planning schedule as per Ministry of Health),
- Preparation of regular reports to keep the line management Directorate informed about the DMU activities,
- Preparation of annual budget and preparation of regular expense reports as per Ministry of Health procedural requirements

3 1 3 Profile

- A Rwandan, with a University degree (preferably a Medical Doctor with a Public Health degree), with extensive experience in management and planning and a keen interest in Disaster Management,
- The candidate will have the required skills to represent the Ministry of Health in fora with other ministries, partner and donor organisations,
- The candidate will preferably have computer skills or the willingness to learn and keep those skills updated,
- The candidate should be willing to travel to disaster affected areas,
- The candidate will have experience in proposal writing and reporting,
- The candidate will be fluent in French and/or English

Annexe 3 2 Terms of Reference DMU senior staff member - planning

3 2 1 Introduction

See TOR Head of DMU

3 2 2 Job-description

The senior DMU staff member - planning assists the Head of the DMU in the implementation of DMU activities. In particular the senior staff member - planning replaces the Head of the DMU in case he/she is absent and will be responsible for and / or assists in

- a) The implementation of DMU activities during crisis,
- b) DMU planning and management activities under normal circumstances (See point 5 2 and TOR Head of DMU)

3 2 3 Profile

- Medical assistant/Nurse or Bachelor in Public Health with experience in disaster management and in planning,
- Preferably, computer literate or willing to learn and keep skills updated,
- Person willing to travel to affected areas in case of need,
- Person with experience in reporting,
- Person fluent in French and/or English

Annexe 3 3 Terms of Reference Emergency Stock Manager/Data Analyst

3 3 1 Introduction

During times of crises, the Ministry of Health requires the assistance of an Emergency Stock Manager to ensure that resources made available, either by the different Ministry directorates or by international agencies are managed in a transparent way and reach the most affected population with priority. The person responsible for emergency stock management and analysis of epidemiological data will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

3 3 2 Job-description

- Organisation of data entry of relief goods (drugs, vaccines, medical supplies, equipment, food items) received at central level,
- Organisation of data entry of relief goods dispatched to affected areas,
- Guaranteeing that relief goods directly delivered to affected areas are included in emergency stock management system
- Assistance to the affected areas in setting up an appropriate stock management system, if so required,
- Guaranteeing feedback from affected areas as to utilisation of relief goods,
- Guaranteeing entry of data on utilisation of received relief goods,
- Analysis of epidemiological data in relation to management of stocks and utilisation of resources made available to the affected areas,
- Assistance in the identification of further needs for relief goods,
- Preparation of regular reports for the Disaster Management Unit on utilisation of relief goods and identified needs

3 3 3 Profile

- Medical assistant/Nurse or Pharmacy manager/dispenser with extensive experience in data collection, data entry and data analysis and in emergency stock management,

- Preferably, experience in computerised emergency stock management system or willingness to learn and keep skills updated,
- Person willing to travel to affected areas in case of need,
- Person with experience in reporting,
- Person fluent in French and/or English

Annexe 3 4 Terms of Reference DMU administrator/secretary

3 4 1 Introduction

See TOR Head of DMU

3 4 2 Job-description

The administrator / secretary will be responsible for

- All administrative activities related to the DMU, such as record keeping, filing, preparation of typed documents, reception and despatch of correspondence and intra-ministerial documents,
- Accounting / bookkeeping of expenses on daily basis and according to Ministry of Health financial management procedures,
- Practical organisation of meetings, workshops and seminars,
- Assisting the emergency stock manager in data entry,

3 4 3 Profile

- The candidate will be a qualified administrator / secretary with a minimum of 3 years experience,
- The candidate is experienced in the use of word processing, spreadsheets and data base software,
- The candidate has experience in accounting bookkeeping and is willing to learn and apply the Ministry of Health financial management procedures,
- The candidate will be able to work in French and / or English

Annexe 3 5 Terms of Reference Logistician

3 5 1 Introduction

During times of crises, the Ministry of Health requires the assistance of a logistician to ensure that resources made available, either by the different Ministry directorates or by international agencies, reach the affected areas. The person responsible for logistics will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

5 2 Job-description

- Organisation of warehousing and appropriate storage conditions of the different relief goods (temperature, ventilation, etc),
- Despatching of material resources designated for affected areas,
- Organisation of means of transport for despatch of received resources,
- Organisation of loading and unloading of received goods in correct way,
- Organisation of customs clearance of imported relief goods and transport of cleared goods to designated warehouse,
- Preparation of way bills for goods to be despatched,
- Guaranteeing that signed delivery bills are returned to the central warehouse (for stock management purposes),
- Development of a schedule for use of the vehicle of the Disaster Management Unit,
- Regular reporting to the Head of the DMU

5 3 Profile

- The candidate will have extensive experience in logistics of relief operations,
- The candidate will have experience in customs clearance procedures,
- The candidate will have excellent administrative skills and is preferably computer literate,
- The candidate will have good interpersonal skills and will be between 25 - 45 years,
- The candidate will be fluent in either French and/or English

Annexe 3 6 Terms of Reference Nurse with programming and planning experience

3 6 1 Introduction

During times of crises, the Ministry of Health requires the assistance of an Nurse with programming and planning experience to assist the affected area in the development of a detailed relief operation plan. This plan should allow careful programming of priority activities, in the mobilisation of resources and in the co-ordination of relief efforts. The nurse will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

3 6 2 Job-description

The nurse will in most cases be re-deployed to the affected area and assists the District and/or Regional Medical Officer in

- The development of a short term plan of action for the activities to be undertaken,
- The training of health personnel at regional and / or district level in the follow up of the planned activities,
- The supervision of health personnel implementing the planned activities,
- The identification of further needs,
- The development of proposals for mobilisation of further resources

3 6 3 Profile

- Medical assistant/Nurse with experience in planning and programming of relief operations,
- Preferably computer literate or willing to learn and keep skills updated,
- Person willing to travel to affected areas in case of need,
- Person with experience in reporting,
- Person fluent in French and/or English

Annexe 3 7 Terms of Reference Doctor - Epidemiologist

During times of crises, the Ministry of Health requires the assistance of an Epidemiologist to advise on measures to be taken in the aftermath of a disaster to prevent outbreaks of epidemic and communicable diseases. The Epidemiologists provides technical assistance in the required data collection system which should allow early detection of possible outbreaks. The Epidemiologist will assist in the planning process to ensure that preventative measures are included in the relief operation plan of the affected area. The Epidemiologist will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

3 7 2 Job-description

The Epidemiologist will in most cases be re-deployed in the affected area and will assist the health authorities of the affected area in

- The identification of potentially hazardous circumstances which could lead to outbreaks of epidemic and communicable diseases,
- Determining the measures to be taken to prevent disease outbreaks

- The identification of specific training needs of health workers in the identification of suspect cases of communicable and epidemic diseases
- Conducting field investigations and ensuring that laboratory confirmation will take place
- The introduction of case management protocols in case of an outbreak of an epidemic
- The introduction of specific data collection instruments in case of an outbreak
- The analysis of collected data
- Guaranteeing regular information flow to regional and/or central level

3 7 3 Profile

- Epidemiologist with experience in field investigations, baseline assessments in areas affected by disaster, case management of epidemic and communicable diseases
- The candidate has full knowledge of the Ministry of Health's protocols of epidemic disease control
- The candidate is able to train health workers in the prevention, case management and control of epidemic diseases
- The candidate is willing to travel to affected areas in case of need,
- The candidate has experience in reporting,
- The candidate is fluent in French and/or English and is fully computer literate

Annexe 3 8 Terms of Reference Nutritionist

3 8 1 Introduction

During times of crises, the Ministry of Health requires the assistance of a Nutritionist to ensure that the nutritional status of the population affected by disasters is not comprised or is improved by all means possible in case access to food by the affected population has deteriorated in the aftermath of the disaster. The Nutritionist will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

3 8 2 Job-description

The nutritionist will in most cases be re-deployed in the affected area and will assist the health authorities of the affected area in

- Conducting a baseline nutritional assessment
- Conducting nutritional screening of targeted age groups to identify the individuals requiring nutritional rehabilitation
- The identification of appropriate sites for nutritional rehabilitation centres
- The identification of training needs of health workers to be involved in nutritional rehabilitation and nutritional surveillance
- The training of health workers in the protocol for nutritional emergencies
- The establishment of a nutritional surveillance and analysis system
- Guaranteeing regular information flow between the affected area and regional and/or central level

3 8 3 Profile

- A nutritionist with extensive experience in managing nutritional emergencies
- The candidate will have experience in collection and analysis of nutritional surveillance data
- The candidate is able to train health workers
- The candidate is willing to travel to affected areas in case of need,
- The candidate has experience in reporting,
- The candidate is fluent in French and/or English and is preferably computer literate

Annexe 3 9 Terms of Reference Health inspector

3 9 1 Introduction

During times of crises, the Ministry of Health requires the assistance of a Health Inspector to ensure that water supply and sanitation are adequate in view of the living conditions of disaster affected populations or to assist in taking measures which prevent the negative impact of lack of adequate water supply and sanitation facilities. The Health Inspector will be made available full time to the DMU (Disaster Management Unit) until such a time that his/her assistance is no longer required.

3 9 2 Job-description

The Health Inspector will advise and assist the health authorities of the affected areas in

- Conducting a baseline assessment of the water and sanitation situation,
- Setting up temporary water supply and sanitation systems if required,
- The preparation of training of health workers in conducting public hygiene awareness campaigns,
- The identification of burial sites, if such is required and assistance in exhumation and appropriate re-burial of victims of disasters
- Assistance in the introduction of measures to ensure prevention of contamination of water sources (installation of latrines, cemeteries, etc),
- The identification of sites for solid and liquid waste disposal

3 9 3 Profile

- A Health Inspector with experience in the provision of adequate water supply and sanitation facilities during emergencies
- The candidate will have experience in collection and analysis of surveillance data
- The candidate is able to train health workers
- The candidate is willing to travel to affected areas in case of need,
- The candidate has experience in reporting,
- The candidate is fluent in French and/or English and is, preferably, fully computer literate

Annexe 4 List of acronyms

CAMERWA	Centrale d'Achat des Medicaments du Rwanda
CDMC	Communal Disaster Management Committee
CDM Int Inc	Camp, Dresser and McKee International Incorporated
CHK	Central Hospital of Kigali
DMTP	Disaster Management Training Programme
DMU	Disaster Management Unit
EPI	Expanded Programme of Immunisation
ERU	Emergency Response Unit
HF	High Frequency
HIV	Human Immuno-deficiency Virus
ICRC	International Committee of the Red cross
IFRCRCS	International Federation of Red Cross and Red Crescent Societies
MOH	Ministry of Health
NDC	National Disaster Council
NDMO	National Disaster Management Office
NGO	Non-Governmental Organisation
OCHA	Office for the Co-ordinator of Humanitarian Affairs
OFDA	Office for Disaster Assistance
PDMC	Prefectural Disaster Management Committee
RRC	Rwandan Red Cross
UMILC	Unite Mobile d'Intervention du Laboratoire du C H K
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organisation