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FINAL REPORT – FY2001

I. EXECUTIVE SUMMARY

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Program Title: Goma War Wounded
Grant Number: AOT-G-00-01-00020-00/DROC
Country/Region: Eastern Democratic Republic of Congo/Great Lakes Region/Africa
Disaster/Hazard: Complex Emergency Resulting from Civil War
Time Period Covered by this Report: February 1, 2001 to March 15, 2001

Background:
The on-going war in the Democratic Republic of Congo (DROC), has resulted in an almost complete breakdown of Government medical services in the rebel-held East of the country. Because of the conflict, the number of serious injuries continues to rise and severe illnesses unrelated to the conflict go untreated. Continued threats and insecurity often prevent NGOs from facilitating appropriate medical support in eastern DROC.

World Vision (WV) has been working around the Goma region for the past 3 years, providing primary health care and nutritional programs to Internally Displaced People (IDPs) and host families. While the humanitarian crisis in DROC is the largest in the world, due to lack of funds, access and insecurity, the aid being given is minimal. As a result of a media visit to Goma, DROC in November 2000, the idea of a joint WV and Northwest Medical Teams International (NWMTI) project was born. OFDA was able to provide the funds for WV and NWMTI to carry out a 10-day program in the two main hospitals in Goma (Goma General Hospital and Goma Baptist Hospital), February16-25, 2001.

In addition to working with the hospitals, NWMTI was able to engage the services of Doctors On Call for Service (DOCS), a local NGO based in Goma, which has a high reputation as a orthopedic clinic.

Accomplishments:
- 18 patients with conflict-related ailments were treated.
- 5 patients with life-threatening non-conflict related ailments were treated.
- 9 surgeries were conducted in a teaching setting with Congolese counterparts.
- 17 patients were provided consultation along with antibiotics and analgesics in 13 of the 17 cases.
- One Breast cancer awareness training was carried out.
- Both Goma General and Baptist Hospitals provided with a thorough cleaning and repairs to present equipment.

- Both Goma General and Baptist Hospitals provided with beds, drugs and consumables.

II. Program Performance

Objective One:
To rehabilitate war-wounded patients (non-combatants) requiring surgical interventions at the General and the Baptist hospitals in Goma.

Achievements:
The target population was the civilian population around Goma who had been injured during attacks by rebels and militia. They were of mixed ethnic groups and are largely made up of children and women. World Vision made it clear that no wounded soldiers, rebels or militiamen would be included in the beneficiaries.

A total nine cases (seven for the General Hospital, two for the Baptist hospital) received surgical intervention (See Annex I) directly from the NWMTI. Additionally, seven cases received intervention in the private clinic of the NGO DOCS in Goma, because of the grant provided by OFDA.

After these interventions, six cases out of the original nine patients had left hospital within 3 months with no permanent disability. The remaining three cases treated by NWMTI were still in the hospital after 3 months.

The seven cases operated on by DOCS were all transferred to the general hospital after their operations. Of these, 2 cases still remain in the hospital after 3 months and, unfortunately, still stand the risk of amputation as they had remained too long without appropriate care before the operations.

One of the greatest achievements of this project was the fostering of good collaboration between the General hospital and the private clinic (DOCS), without which far fewer patients would have received support now and in the future. Before the visit of NWMTI, it was impossible to get patients transferred form the general hospital to DOCS. While the general hospital has little equipment, drugs or consumables, the private clinic is still able to offer a high level of care. There is currently no orthopedic surgeon in the general hospital, and after the NWMTI visit, the general hospital will allow the DOCS surgeon to make consultant visits and transfer patients.

Objective Two: *To improve surgical and medical capacity of Goma General and the Baptist hospitals through training of staff and provision of supplies and equipment.*

Achievements:
A protocol of collaboration was signed between the health authorities and WV, which specified the responsibilities of each party. Before the arrival of the NWMTI team, World Vision arranged for the cleaning of the wards, the operation room, the theater, and the supply room. In addition, major repairs were carried out on the operation table, hospital generator, operation theater lights, laboratory equipment, water-heating system, and dry cleaning

equipment. This allowed the surgeons to operate in a safe and hygienic environment. This also meant that by repairing in situ, funds were saved, and inappropriate equipment need not be imported for which spare parts are not readily available.

Surgical and medical capacity of Goma General and the Baptist hospitals were greatly enhanced through the repair and provision of equipment and supplies. Beds were also procured for the phase one recovery stage. Since the team's departure, the WV nurse has made regular visits to both hospitals to ensure that the donated goods are being appropriately used. There has been no incidence of missing equipment or inappropriate usage.

All donated drugs and consumables have been passed on free-of-charge to the patients. While some drugs and consumables remain, unfortunately, the antibiotics will be gone by July, resulting in the remaining patients, likely being unable to secure the drugs they require.

The training component of the intervention was carried out as on-the-job training of the theater staff and their immediate colleagues during the two weeks stay of the NWMTI team. One Friday afternoon was devoted to a training session on how to detect breast cancer. This was carried out in close collaboration with the NGO DOCS. This session was a great success, especially as this subject is taboo amongst the local cultures.

III. Resource Use/Expenditures

There were several changes made during the implementation phase that reflected as funds not spent that had been budgeted for. Upon consultation with the field, it was decided that it would be more appropriate to utilize existing surgical equipment than to have NWMTI purchase these items and carry them to DROC. It was recognized that these machines would be beyond the technological understanding of the staff and require extensive training. Additionally, it was recognized that the necessary maintenance capacity, whether human or physical parts, would more than likely not be available. The items that were bought within the region were less expensive than originally budgeted for. However, certain expenses related to supplies and travel and accommodation proved to be more expensive than previously budgeted. Thus, although the line items are a bit different than originally proposed the funds granted are accounted for in the attached budget description.

IV. Conclusions and Recommendations

Given the numbers treated, this project can been seen as a high cost intervention. However, given the good-will generated, and the now close collaboration of DOCS and the hospitals, as well as the training and the equipment repair and donation, it is expected that the benefits will continue to increase over time.

NWMTI also developed a good relationship with the RCD (ruling rebel group) who's President is a doctor. This has improved WV's relationships with the RCD as well and made for a more secure working environment.

It is recommended that NWMTI continue to build relationships with DOCS and channel any additional interventions through this local NGO, which will improve sustainability and cost effectiveness. Any future interventions should have heavy emphasis of training of local

doctors and capacity building in the hospitals. Given the nature of most of the trauma seen at the hospitals, it is important that orthopedic surgeons are sent with any future teams. It is vital that once treatment has been carried out that there are sufficient drugs and funds to complete the follow up until discharge.

ANNEX I

I) OPERATIONS CARRIED OUT BY NWMT

a) Goma General Hospital

No	Name of Patient	Age	Sex	Diagnosis	Intervention	Result
1.	Agathe	16	F	Appendicitis	Appendectomy	Cured and discharged
2.	Baledeza	32	M	Large open wound on scalp.	General surgery to bullet wound.	Cured and discharged
3.	Bageragеza	30	M	Infection in of femur	Setting of the bone	Failed to heal and still in hospital.
4.	Gasore	22	M	Bullet wound casing fracture of right upper Femur	Setting of the bone	Not cured and remains in hospital
5.	OMAR	16	M	Bullet wound to the left eye socket.	Removal	Cured and discharged
6.	Stéphanie	46	F	Dislocation of knee cap	Traction and replacement of dislocated kneecap.	Failed to heal and still in hospital.
7.	Bébé	18 months	M	Liver abscess	Draining of abscess	Cured and discharged

b) Baptist Hospital

No	Name	Age	Sex	Diagnosis	Intervention	Result
1	Ngombedja	53	M	Hernia and complications	Hernia repair and general surgery	Cured and discharged
2	Charlotte	23	F	Retained Placenta	Caesarian	Cured and discharged

II) OPERATIONS CARRIED OUT BY DOCS

No	Name of Patient	Age	Sex	Arrival	Discharge	Diagnosis	Intervention
1.	Vumilia Sarah	10	F	08/ 03/ 01	18/ 03/ 01	Infection and shortening of lower left limb	Sequesthectomie
2.	Masumbuko congolais	39	M	08/ 03/ 01	18/ 03/ 01	Double fracture of femur with infected bone	Cloning of bone of right femur.
3.	Kanikandi Ndabongeye	37	M	08/ 03/ 01	18/ 03/01	Bullet wound causing fracture of femur	Bone reconstruction using plate in the left femur
4.	Hengeri Rugenzi	37	M	08/ 03/ 01	21/ 04/ 01	Fracture of tibia.	Cleaning of area and bone traction (transferred to the center for the disabled)
5.	Kamwana Kuratusemke	12	F	1e/ 04/ 01	16/ 04/ 01	Fracture of humerus.	Alignment of humerus
6.	Bakolemba	46	M	1/ 04/ 01	16/ 04/ 01	Fracture of left leg by bullet.	Removal of bullet
7.	Zabimana bazilageza	37	M	8/ 03/ 01	21/ 03/ 01	Fracture of leg by bullet.	Removal of bullet