

<p>Title</p>	<p>PROJECT OF PURCHASING AN OFF-ROAD AMBULANCE FOR THE “RUGEGE HEALTH CENTER” OF GATARE, RWANDA</p> 
<p>Description in brief</p>	<p>The project involves the purchase of an off-road ambulance to transport patients that need to be moved to the “Rugege Health Center” or <i>from</i> the Center to be transferred to District Hospital</p>
<p>Proponent Organization</p>	 <p>“KOMERA RWANDA!” o.n.l.u.s. Voluntary non-profit Organization, Genoa, Italy</p>
<p>Partner Organization in Rwanda</p>	 <p>Daughters of Divine Zeal, (worldwide religious order of Catholic Sisters), Gatare, Rwanda</p>
<p>Recipient Country</p>	<p>Gatare Sector, Nyamagabe District, South Province, Rwanda, East-Central Africa</p>
<p>Amount of funding</p>	<p>70.000 USD</p>

Proponent Organization:

Komera Rwanda! o.n.l.u.s.

(website: www.komerarwanda.org)

Mura delle Chiappe 41A

16100 – Genova – Italy

Phone +390102726823

Komera Rwanda! (pron.: /kɔme:ɹɑ:ʔju:'ɑ:ndə/), later shortened to KR, is an Italian voluntary organization based in Genoa that aims to promote the improvement of living and health conditions of the poorest people in developing Countries with limited resources.

The term Komera! is a word of the language Kinyarwanda, spoken in Rwanda, and is a common form of greeting which means "Courage!", "Be strong!" .

KR is independent from governments and political parties and does not discriminate regard race, sex, religion and opinion.

President is Professor Enrico Mantero, MD, vice President is Doctor. Giorgio Lucigrai, MD.

Association's organs are the Governing Board, the shareholders' meeting and the President.

At present first takes care of population of Gatare, rural mountain center located on the edge of the equatorial forest of Nyungwe, and Butare, both in the south of Rwanda, in East-Central Africa.

Born from the experience and initiative of a group of genoese families that in July 2004 they shared the days and activities at the mission of the Sisters "Daughters of Divine Zeal" in Gatare, one of the poorest and remotest areas of Rwanda, KR was established in Non-Profit Social Organization (italian: o.n.l.u.s.) in May 2005. From February 2006 the organization is registered in the Regional Volunteer Organizations Register of the Liguria Region with number SS-GE-140-2006 pursuant to art. 3 of Law n° 15/92. According with Liguria Regional law n° 246 del 9/2/06.

Objectives of KR are in Gatare are:

- Effective collaboration with the mission of the Daughters of Divine Zeal in order to improve the living conditions of the population;
- Financial and scientific support to the "Rugege Health Center" of Gatare in order to improve the health care of the population;
- Witness and raising living conditions of poor population.

For this purpose KR promotes in Gatare:

- The development of technical, agricultural, social and medical local projects.
- Medical pediatric support of a kindergarten with about 200 children.
- The training of local health personnel and scientific support to "Rugege Health Centre" of Gatare.
- The organization of regular field missions coordinated by volunteer doctors, nurses and technicians. Volunteers offer their services free of charge and pay themselves the costs of the missions.

At present principal social and medical project of KR in Gatare are:

- payment of social health insurance ("Mutuelles de Sante") for about 5,000 poor people.
- Medical screening of pediatric population.
- Outpatient surgery without anesthesia

Partner Organization in Rwanda:

Daughters of Divine Zeal (worldwide religious order of Catholic Sisters), Gatare, Rwanda

(website: www.figliedivinozelo.it)

Congrégation des soeurs Filles du Divin Zele

B.P. 491 BUTARE, Rwanda

Phone: +250530614

Daughters of Divine Zeal (later shortened to FDZ) is a worldwide religious order of Catholic Sisters which manages missions in different parts of the world. In Rwanda they are based in Butare and in Gatare, in the south Province of Rwanda.

The congregation is recognized among the Rwandan non-profit associations and it has legal personality attributed by Ministerial Decree No. 118/05 of the Rwandese Government of May 28, 1991. At the congregation is entrusted the management of the "Rugege Health Center" and "Nutritional Center" of Gatare, founded March 30, 1992, with legal status attributed by the Ministerial decree N ° 296/05 of 1 October 1992. The property of "Rugege Health Center" is of the diocese of Gikongoro.

FDZ in Gatare:

- Manage the mission of Gatare since 1990.
- Manage "Rugege Health Center" which serves a catchment area of about 22,000 people.
- Manages a kindergarten with about 200 children.
- Manages "Nutritional Center" of Gatare.

THE PROJECT

The project, requested by FDZ, concerns the purchase of an off-road ambulance to transport patients that need to be moved *to* the “Rugege Health Center” or *from* the Center to be transferred to District Hospital.

Context Analysis

Rwanda



Rwanda is a small landlocked country in Central-East Africa. It is bordered by the Democratic Republic of Congo (DRC) to the west, Tanzania to the east, Uganda to the north, and Burundi to the south. In 2012 the population of Rwanda was 10.5 million residents.

Major Geographic Features (source: https://en.wikipedia.org/wiki/Geography_of_Rwanda)

Mountains dominate central and western Rwanda. These mountains are part of the Albertine Rift Mountains that flank the Albertine branch of the East African Rift. This branch runs from north to south along Rwanda's western border. The highest peaks are found in the Virunga volcano chain in the northwest. This western section of Rwanda, which lies within the Albertine Rift montane forests ecoregion, has an elevation of 1,500 metres (4,921 ft) to 2,500 metres (8,202 ft). The centre of the country is predominantly rolling hills, while the eastern border region consists of savanna, plains and swamps. Rwanda has many lakes, the largest being Lake Kivu. There are two rainy seasons in the year. The first runs from February to June and the second from September to December. These are separated by two dry seasons: the major one from June to September, during which there is often no rain at all, and a shorter and less severe one from December to February. Rainfall varies geographically, with the west and northwest of the country receiving more precipitation annually than the east and southeast.

Country Overview (source: <http://www.worldbank.org/en/country/rwanda/overview>)

Political Context

Rwanda has maintained political stability since 1994. President Paul Kagame is serving his second term, and presidential elections are due in 2017.

Economic Overview

Rwanda is trying to recover from the ethnic strife that culminated in genocide in the mid-1990s. In the terrible genocide of April 1994, an estimated 800,000 Tutsis and moderate Hutus were killed by dominant Hutu forces in 100 days.

Today, Rwanda is striving to rebuild its economy, with coffee and tea production among its main exports. The World Bank has praised Rwanda's recent "remarkable development successes", which it says have helped reduce poverty and inequality.

With the support of the International Monetary Fund (IMF) and the World Bank, Rwanda has been able to make important economic and structural reforms and sustain its economic growth rates over the last decade.

Rwanda's long-term development goals are defined in a strategy entitled "Vision 2020". The strategy seeks to transform the country from a low-income agriculture-based economy to a knowledge-based, service-oriented economy with a middle-income country status by 2020.

Social Context

Strong economic growth was accompanied by substantial improvements in living standards, evidenced by a two-thirds drop in child mortality and the attainment of near-universal primary school enrolment. A strong focus on homegrown policies and initiatives contributed to a significant improvement in access to services and in human development indicators. The poverty rate dropped from 59% in 2001 to 45% in 2011.

Health care in Rwanda: overview (source: <http://www.gov.rw/services/health-system/>)

Health System

The 1994 genocide in Rwanda destroyed much of the socio-economic fabric of country as well as its health infrastructure. The healthcare system is still suffering in its aftermath. Although the health status of the Rwandan population has improved significantly in recent years, it remains insufficient. Training health workers to advanced levels has taken time and has not been rapid enough to meet the needs of the Rwandan population.

The health system in Rwanda is a decentralized, multi-tiered system. It is composed of the following tiers and associated packages of health services: 18 dispensaries (primary health care, outpatient, referral), 16 prison dispensaries, 34 health posts (outreach activities – immunizations, antenatal care, family planning), 430+ health centers (prevention, primary health care, inpatient, maternity), 39 district hospitals (inpatient and outpatient) and 4 national referral hospitals (specialized inpatient and outpatient). The 4 referral hospitals are: Centre Hospitalier Universitaire de Kigali (CHUK), Centre Hospitalier Universitaire de Butare (CHUB), King Faisal Hospital (KFH) and the Kanombe Military Hospital.

Rwanda's health system is financed both by state funds and by individuals' contributions through health insurance and direct fees for services. Health insurance is provided through a variety of programs.

The largest is the Community-Based Health Insurance Scheme which is primarily comprised of a social health insurance program called "Mutuelles de Sante". Members pay annual premiums of approximately USD \$6 per family member (increased in 2011 from USD \$2 per person) with a 10% service fee paid for each visit to a health centre or hospital.

Membership is voluntary and payment of premiums is based on economic status. The program was first introduced in 2004. By 2010, 91% of the Rwanda population was insured through Mutuelles de Sante. Rwandans can access health care at all public and non-profit health centers in Rwanda, but the Mutuelles de Sante member's package does not include coverage at private health centers.

The specific context: Gatare and the "Rugege Health center" (RHC)



The region where is located the project is that of Gatare, south province (blue), Nyamagabe district (former Gikongoro), close to border of Nyungwe rain-forest. From Kigali, capital of Rwanda, takes about 4 hours and a half drive. Last two hours of very bumpy dirt road whose condition worsens during the rains.

Territory is hilly, located about 2° south of Equator and 2,700 meters above sea level. Most of the territory is covered by forests. The rains are abundant from February to April and from September to November. Summer (June-August) is the most critical time of the year due to lack of rains and the drought.

The hills are mostly terraced with cultivated terraces, and small and modest rural settlements consist of scattered houses on the hills. About 22,000 peoples live inside a almost perfect circle of 10 km of diameter. Gatare, in addition to be a very poor agricultural based region, suffers from a situation of separation and isolation, being separated from the main road from a distance of about 40 km (2 hours drive) of dirt road.

Very limited is the presence of infrastructure: the only usable road is the one that links the region with the town of Gikongoro, in extremely precarious conditions of practicability (mandatory the use of an off-road vehicle).

Most of the local population lives from agriculture and livestock managed in a very primitive way. The most suitable crops are potatoes, peas, cabbage, corn and tea. Households consist on average by 6 people.

RHC serves Gatare territory by primary health care without medicine doctors but only by nurses. The presence of doctors is episodic (only once a week and not to visit patients but to carry out paperwork).

In the social-health field, government policy is aimed at empowering each operating center in a logic of “self-financing” and “self-management”. To understand the particular conditions provided for by law in Rwanda under the exercise profile of the healthcare profession, it should be noted that, due to the limited number of doctors present in the hospital, many medical functions performed in "health centers", how RHC is, were held by nurses (first visit, preliminary diagnostic classification, prescribing and administering medications, hospitalization and management of low-complexity patients). The various centers also have to obtain what they need to reach different targets for access to a budget which allows them a minimum basis for maintaining the structure with completion of the services. (Strategic plan / business plan, agreed with the Ministry of Health).

The budget obtained is however largely insufficient to reach acceptable quality results.

Compared to this overall context it is clear the significant role that can be played by the solidarity and support policies and in many situations the solidarity takes the form of an indispensable tool.

Discussion of the project

The Articles of KR identifies as the association aims to promote the populations of Countries with limited resources, with particular reference to the population assisted by the mission of FDZ in Gatare.

In the territory of Gatare health facilities managed by the mission operate in a state of serious difficulties because of territorial and extremely difficult logistical conditions.

The statutory purposes expressly provide for health education interventions, infrastructure support, technology and methodology in the field of health care as well as a series of integrated and related to health purposes.

RHC plays an important role, even if technically it is able to carry out only low-complexity functions. The closest medium complexity interventions hospitals located in Kaduha (45 km from

Gatare), Kigeme (53 km) and Butare (83 km) can all be reached with considerable difficulty to remember to traffic problems. This situation is very serious, especially for urgent/emergency transfer at reference hospitals. Recently, then, the road to Kaduha is much worsened making impossible the transit of off-road vehicles and therefore making the hospital unreachable.

As previously reported, KR has recently promoted in Gatare two integrated project interventions:

- payment of social health insurance (“Mutuelles de Sante”) for about 5,000 poor peoples to facilitate their access to RHC cares.
- Medical screening of pediatric population.

The two projects, tend to allow access to cares for the poor population and to improve the health status of the child population in the first years of life, which is the most fragile and defenseless.

However, the best quality of performance achieved with these interventions can not ignore the possibility (or necessity) of transferring to hospital patients with serious diseases, not adequately treatable at RHC.

Within this integrated planning it fits therefore the need/desire to equip the RHC also with a new ambulance to transport sick patients since the current one is now a very old vehicle (11 years), worn by countless travel on the impassable mountain roads of Rwanda, subject to repeated breakdowns and no longer reliable.

Moreover poor annual budget made available by the Ministry of Health of Rwanda is absolutely insufficient for the purchase of a new off-road ambulance.

Whereas the health care that can be provided in Gatare are very limited, particularly quick and safe transportation is vital to save lives. Suffice it to say that in Gatare there is the possibility of performing any surgery under general anesthesia nor in election scheme, much less in emergency scheme.

The urgency of the ambulance replacement is indisputable, but the Mission does not currently have the necessary economic resources.

The cost of the means of transport indicated by the Head of Mission and the Centre for Health Rugege Gatare, Sister Marie Therese Uwamwiza, (a Toyota Land Cruiser off-road equipped to transport stretchers, with features suited to the weather conditions and roads) is estimated at 70,000 USD.

Stakeholders and Recipients

- Stakeholders: the community, the RHC staff, the district hospital staff, volunteers who occasionally go to RHC, the Ministry of Health.
- Recipients: all population of Gatare Sector

SWOT analysis

This assessment tool correlates dynamically the positive aspects and the limitations of the project with the specific context in which it is dropped, highlighting the potential of the specific developments. It allows to evaluate the success of the actions and to seek remedial where there are risk factors.

<p>Strengths</p> <ol style="list-style-type: none"> 1. Capacity of KR management: human resources, previous experience. 2. strong partnership (FDZ): authority recognized by the community. 3. External support network: RHC, other health centers, district hospitals, the Rwandan Ministry of Health and its peripheral organs 	<p>Weaknesses</p> <ol style="list-style-type: none"> 1. Operating and maintenance costs.
<p>Opportunities</p> <ol style="list-style-type: none"> 1. integration of transportation services for patients with other health centers so that it is unlikely the complete interruption of service for unforeseen reasons 	<p>Threats</p> <ol style="list-style-type: none"> 1. Interruption of patient transport service for mechanical or incidental road failures that limit the functionality of the vehicle

The logical framework of the project

This matrix is used to read the project highlighting the general and specific objectives, and to measure the effects through the indicators and sources of verification. It also allows to define the action, the necessary means and resources to achieve the related objectives.

	<i>Intervention aims</i>	<i>Verifiable indicators</i>
General targets	Contribute to the improvement of the welfare of the community by ensuring fair access, free and efficient health services (Health Centers and hospitals)	Indicators of the health status of the population.
Specific targets	<ul style="list-style-type: none"> • Provide patients with adequate transportation "from" and "to" the RHC. • Allow patients to benefit from adequate care and more specific facilitating transportation in better equipped medical facilities. • Allow to carry out successfully a greater number of complicated deliveries or perform caesarean sections in elective or emergency regime 	Number of hospitalizations in the neighboring district hospitals.
Expected results	<ul style="list-style-type: none"> • Decrease in the number of diseases not effectively treatable • increased deliveries brought to a successful conclusion. 	<ul style="list-style-type: none"> • Highest healing rate for any single disease • decrease in the rates of perinatal mortality.

General and specific targets and expected results

The overall objective of the project is to help improve the welfare of the community by ensuring equal access, free of charge (or at least sustainable of all), and efficient to higher level health services (district hospitals).

Specifically, this project aims to provide a safe and reliable means for the transportation of patients who need to reach the RHC from the territory or patients who need to be transferred, in elective way or in urgent way, from the RHC to the district hospital.

Expected results are the decrease in the number of diseases not effectively treatable and the deliveries brought to a successful conclusion.

Verifiable indicators of success of the project will be the improved general health status of the population, the increased number of hospitalizations in the neighboring district hospitals, the highest healing rate for any single disease and the decrease in the rates of perinatal mortality.