FORCE MEDICAL UNIT 22 SEPT 1995 - 22 MAR 1996

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M.B. 23 Dec. 2011

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: _____

To		Remarks/Action:
	FMO	27/3 NFA
	Med Ops	Yale 27/5/96
	Med Log	27/5
	FHO	
	SO Med	

Please initial and date when action complete then pass quickly

UNAMIR - MONTAGE

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

TO: FMO
ATT: Mr. KAK
DATE: 22.3.96.
FAX: 11225
COPY: CAO
FROM: NORMED Administration. Annemarie Hauge
TEL: (00) 1212 963 9906 EXT. 11802
FAX: (00) 1212 963 3090

SUBJECT: NORMED CLOSEOUT PROCESS

Dear Sir,
Enclosed, please find Inter-Office Memo from CFSA to FSA Sector 1,5, forwarded to NORMED ON 20TH March. In the middle of a chaotic period for our hospital, where we try to coordinate preparation for packing of the facsility with being operational at all times until midnight on 25th, there are points in the above mentioned memo that we feel disturbing. I would appreciate if you responded to this, based on our conversation of today, and on the following comments:

Translators and cleaning staff

As the IPD is going to admit patients until the end of Monday 25th, the quality of hygiene also has to be kept, and an interpreter is needed to fascilitate communication with the patients.

Communication equipment

In order to keep full emergency preparedness until cease operation, the hand-held radios will also be needed until we close the hospital. If the intention is that the medical level of NORMED Hospital shall be decreased before the 25th, we feel this decision should be made by your office. As you will know, it is not possible to be partly prepared for emergency. Either we are prepared, or we are not.

Vehicles

The need for vehicles in NORMED I suppose was evaluated before granting us 4 cars. I have problems to se that our need for transportation equipment should decrease before cease operation.

Remaining consumables

Lists of remaining consumables will bedelivered when we cease operation and consumption stops. Today, we close OPD, and the counting of items has started. This is a very heavy job, as the hospital contains thousands of items.

General remark

I am sure it will be possible reach an agreement on these matters. As civilians, without experience in packing down a hospital, we have a technician from Norway to assist us. We try to do our best, and really wish that UN civil administration would try to fascilitate the process by granting all logistic support at their disposal.

cc: CAO office

UNITED NATIONS
ASSISTANCE MISSION TO RWANDA

UNAMIR-MINUAR

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

INTER-OFFICE MEMORANDUM

March 20, 1996

TO: J. Karlsson
FSA Sector 1, 5

FROM: L. Lombardo
CFSA

SUBJECT: NORMED CLOSEOUT PROCEDURE

As we have discussed, you will be overseeing the Normed closeout procedure which is currently taking place. The first batch of Normed personnel are due to leave on 25 March, 1996. The following are issues which I would like you to ensure are followed up.

- ✓ All translators and cleaning staff finish with the Hospital on 23 March, 1996. 25th !
- ✓ Submit a list of all Normed personnel to Marc Molatte in PCIU to determine whether they have anything on their charge. Retrieve any item that is signed out to individual personnel on or before 22 March, 1996.
- Obtain a list of Normed personnel who have hand-held radios and assist Communications in securing their return on 23 March, 1996. The Medical Director and whatever on duty staff can retain their radios until 26 March, 1996.
- Obtain a list of the vehicles issued to Normed and secure their return on 23 March, 1996, with the exception of one Forerunner that may be used by the remaining staff for any administrative duties they may have to carry out. The Forerunner should be returned by 29 March, 1996.

Discussed with Stew - No Funds in LOA. ✓

- Is UNAMIR responsible for feeding Normed staff after they cease to be operational? Please check with Procurement on the status of this issue in the LOA.
- A decision on Normed's remaining consumables is awaited. There is to be no disposal of the stores without written permission from the Office of the CAO. If Normed personnel choose to ignore this instruction, they may be liable for the cost of the consumables they dispose of.
- Please follow up the issue of the containers with Eric in Movcon and Procurement in Nairobi.

cc: CAO CISS

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No _____

To		Remarks/Action
	FMO	26/3 See remarks on the letter
	Med Ops	Yale 26/03/93
	Med Log	26/3
	FHO	
	SO Med	

Please initial and date when action complete then pass quickly

A.S.C. UNAMIR II

NORMED/FORCE MEDICAL UNIT
KIGALI RWANDA

- Spoke to CFSA/CTO
- Matter has been settled amicably
- NORMED can retain tpt & comm eqpt till 26/3/96.
- Ag NO Dir informed

RL 23/3

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ATT: Mr. KAK
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FAX: 11225
COPY: CAO (1) A/T.
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cc: CAO office

(2) Jan

Please proceed with carrying out my instructions of 20 march, 1996
If there are any obstacles in your way - note them for the final report.

Joe CFSA/STO 22/3/96

cc: CISS
FMC

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/FMO
MED: 096/96

To: **MEDICAL BRANCH DPKO**
UNHQ-NEW YORK

Attn: **DR ADLER/DR DECKNER**

From: **SUSAN MATTHEW**
CHIEF ADMINISTRATIVE OFFICER

Date: 19 Mar 96

Subject: **NORMED MONTHLY REPORT FEBRUARY 1996**

1. I am forwading a copy of NORMED monthly Report for the month of February 1996 for your information.

2. The following are the comments of FMO .

3. I agree with most of what has been brought out. However a few comments are forwarded in order to make the issues more clear.

a. Para 1.1.1. It is quite laudable that NORMED is making efforts to secure continuity in humanitarian work after their departure as it has been seen that most of humanitarian medical assistance ceased once the various contingents withdrew from their AOR.

b. Para 1.1.2. There has been a distinct improvement in the casevac and medivac procedure after completion of training of staff especially helicopter training.

c. Para 1.1.3. Agree. Non- availability of visa to NORMED staff has serious implication to the medical security of UNAMIR.

d. Para 1.1.4. It is recommended that in future missions the terms and conditions applicable to non-military medical personnel should be clearly defined to avoid ambiguity and controversy at a later stage.

e. Para 1.1.6. It is suggested that all administrative and operational directives be routed through Force Medical Branch to avoid confusion and conflicts.

f. Para 1.2.1. I agree that medical security for international staff in Rwanda after NORMED/UNAMIR pull out is a matter of concern. All out efforts will have to be made by UN and other agencies to have a minimum level 1-2 medical support and adequate medivac facilities to cater for emergencies.

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 19 MARCH 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212-962-2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **NORMED MONTHLY REPORT FEBRUARY 1996**	

1. Enclosed is the NORMED Monthly Report February 1996.

2. Following are the comments of FMO on the NORMED Monthly Report, February 1996.

3. I agree with most of what has been brought out. However a few comments are forwarded in order to make the issues more clear.

4. Para 1.1.1. It is quite laudable that NORMED is making efforts to secure continuity in humanitarian work after their departure as it has been seen that most of humanitarian medical assistance ceased once the various contingents withdrew from their AOR.

5. Para 1.1.2. There has been a distinct improvement in the casevac and medivac procedure after completion of training of staff especially helicopter training.

6. Para 1.1.3. Agree. Non-availability of visa to NORMED staff has serious implication to the medical security of UNAMIR.

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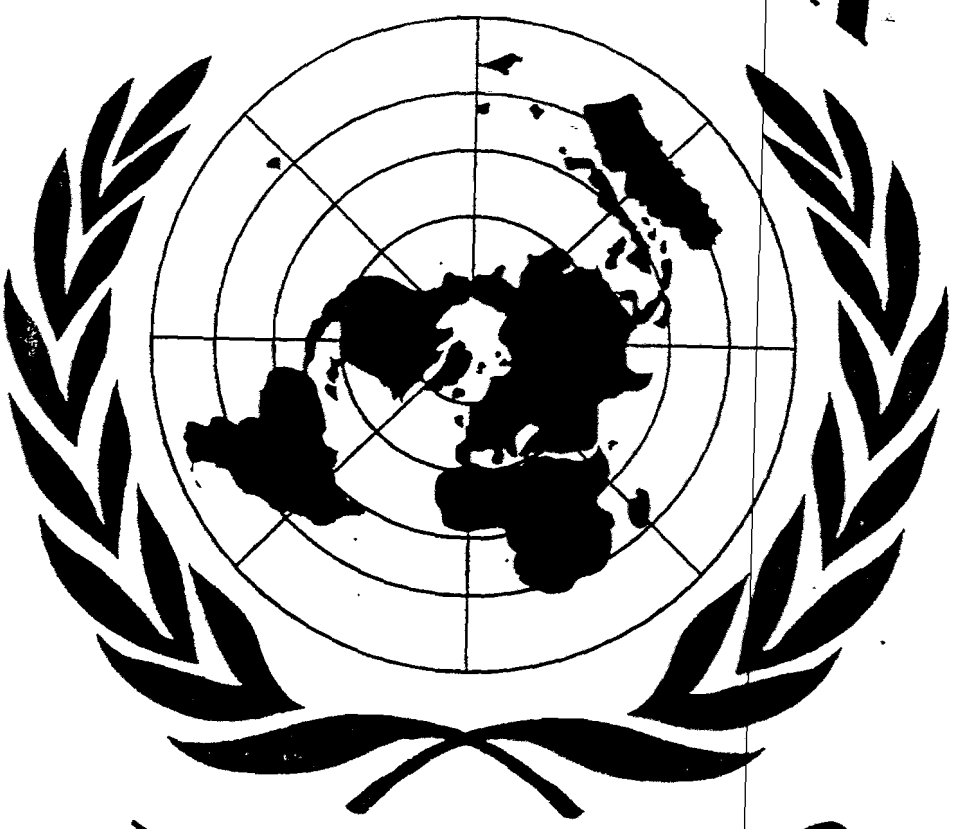
DRAFTED BY: MAJ R KAK (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 25	

NorMed

MONTHLY REPORT FEBRUARY 1996

UNAMIR



MINUAR

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NORMED / FORCE MEDICAL UNIT / UNAMIR

MONTHLY REPORT FEBRUARY 1996

1. INTRODUCTION

1.1. Main administrative issues

1.1.1. Humanitarian work

One main concern prior to close-down has been to secure continuity in our humanitarian involvement. Status-reports, with assessment of future needs, have been prepared. Human Affair Co-ordination Unit (HACU)'s Danish employee, Jette Isachsen, has been most helpful in our efforts to find NGO's with the will, competence and capacity to take over the further support some of the orphanages and centres need. She has supported us with advice, contacts, lists and addresses of all NGO's, and also with a list of organisations occupied exclusively with health activities.

1.1.2. Education, upgrading and development

All personnel have been participating in Medical- and Casualty evacuation training, directed by Pia Flobacker, our Swedish surgeon for 3 weeks. Canadian personnel at AIROPS offered helicopter-training, and our ambulance-drivers administered all personnel through this training, in 4 groups. Theoretical upgrading was given on the subjects Malaria and War-surgery.

1.1.3. Visas

This continues to be a problem. In spite of the agreement between UN and Rwanda our staff receives tourist visa with a very limited duration of validity and also have to pay for the visa. Presently it takes at least two weeks to get the visa. This has serious implications to the medical security of UNAMIR because it effects the possibility to perform MEDEVAC to Nairobi. Presently we have eight passports at the department of immigration, about one third of the staff, including key personnel involved in a possible evacuation. In order to facilitate this and speed up the procedure we suggested to the former COS, Col Fletcher, that we should obtain new visa in the Rwandese embassy in Nairobi, and got his acceptance. This arrangement was turned down by CAO. It is possible that we have to use the Flying Doctors from Nairobi at a cost of at least 5000 USD per evacuation, this to ensure sufficient medical competence during evacuation.

1.1.4. R&R and Compensatory time off

Previous arrangements was based on understanding with the former CAO and the UN rules, and regulations were not strictly implemented. This caused a lot of problems when the new CAO insisted on a strict policy concerning this matter. Also it is obvious that the rules and regulations are not adopted to hospital staff and the special considerations that has to be made when running a hospital.

1.1.5. Availability of UN medical facility to other than UNAMIR military and civilian personnel and B&R international staff

New regulations from FMO, implemented from Feb.1st restricted the availability for routine cases, not emergencies, to the above mentioned categories of personnel. Emergency cases are always treated, regardless of organisational status.
The limitations imposed by FMO created a lot of stir, especially among embassy personnel and UN agencies and was partly removed by a **directive from SRSG, valid until March 8th.**

1.1.6. UN chain of command

NORMED is under operational command of Force Commander, who is advised in medical matters by his medical branch, under the Force Medical Officer. CAO has the administrative responsibility. Evidently there is a lot of confusion about correct procedures when dealing with NORMED, operational instructions are given directly to the NORMED Director. This will be resisted and instructions/directives directed through FC/FMO.

1.2. Main medical issues

1.2.1. Medical security for international staff in RWANDA after NORMED/UNAMIR pull out

About 500 consultations each month are from UN civilian staff, embassy- and consular personnel and NGO's. The need for medical service will continue after NORMED has left and eventually increase if family members to those who are working in Rwanda are brought to the country in an increased degree.
A civilian UN mission under SRSG, and also the International Tribunal will continue to work in Rwanda after the mandate of UNAMIR has expired.
The Norwegian Refugee Council have had several informal and formal requests to continue some kind of medical facility in Rwanda, from the Tribunal, UNDP and other UN-agencies and NGO's, especially ICRC.
It is not within the mandate of the Norwegian Refugee Council to do that without combining the task with humanitarian work. In order to solve this problem the NORMED administration in close liaison with the Secretary General and the Director of Projects of the Norwegian Refugee Council made a plan of continued medical service in Rwanda ,combined with equal parts humanitarian work and an educational program at Kigali Central Hospital. The level could be OPD with laboratory facility or OPD and laboratory facility combined with a two bed holding capacity for 24 hours and limited surgical capacity. The last suggestion requires an agreement with a surgeon at Kigali Central Hospital, and that anaesthesia personnel are included in the set up.
Also agreements with Flying Doctors from Nairobi and Nairobi Hospital should be made, in order to facilitate evacuation.
The continued medical presence **could** be a joint venture between UN AGENCIES/ ICRC/ Norwegian Government, with the last two financing education/humanitarian work.
Until now, no decisive action is taken from any of the requesting organisations, and there are no formal request from any UN agency, except from the Tribunal..

1.2.2. Surgical coverage

This is now solved until the closing down of the hospital on March 25th. A Norwegian general surgeon is contracted until end of March.

2. RESUSCITATION/EMERGENCY ROOM

We have the same equipment in the emergency room as mentioned in January report. Whenever activity permits, this equipment can be used for different purposes. Emergency units for MEDEVAC and CASEVAC are ready for use alwaays.

3. SURGERY

3.1. Anaesthetist unit

4 patients were given anaesthesia

Local anaesthesia	2
Plexus anaesthesia	1
General anaesthesia	1

3.2. Operation theatre

5 patients were treated in the operating theatre
For further details, see attached report from the ward.

4. WARD/RECOVERY/ICU

23 patients, counting for 47 patient days, were admitted to the in-patient department.
The patients were from 12 different countries.
Traffic accidents, malaria and gastro-enteritis were the major diagnoses.
For further details, see enclosed report from the ward.

5. OUT PATIENT DEPARTMENT

The new regulations on "entitlement to medical care in UN medical facilities" had an obvious impact on the number of consultations in February. The number of patients received is decreased by 150 from January. Time spent to discuss with, explain to and reassure the upset patients we had to turn away put a workload on nurses and doctors. This liability we would rather have used to give medical service to the "non-entitled".

383 patients were seen

UN military	UN civilian	NGO	Civilians	Total
74	255	39	15	383

2 groups have been given de-briefing, to prevent Post Traumatic Stress Syndrome. Both groups had two sessions, one immediately after the incident, the other some time afterwards. NORMED,s psychiatric nurse, together with 1 MD or nurse, led the group-sessions.
For further details, see enclosed report from OPD.

6. LABORATORY

6.1. Statistics

Number of patients 144
Number of lab.tests 393
From these numbers, malaria smears were 67 (58 persons). Positive smears 13 (10 persons)

6.2. Blood bank

30 units of blood received from Netherlands Red Cross.
2 units cross-matched and given.
The rest of the units delivered in January were donated to Kigali Central Hospital and to Nyagatare Hospital, some days before expiry-date.

6.3. Tests

No new tests added

6.4. Supplies

The lab. received the following supplies in February:
60 six for SAT, Reflotron
60 six for Kreat. "
200 microcurettes for Beta-haemoglobin, Hemocue
200 ESR tubes, Venoject

7. DENTAL CLINIC

The high production continues in the dental clinic, with number of patients close to 200 last month.

Number of patients:		
	August	25
	September	162
	October	182
	November	247
	December	184
	January	211
	February	194
	Total	1205

For further details, see attached report from the dental clinic.

8. X-RAY DEPARTMENT

The number of patients admitted in the X-ray department is decreased by 30% since January, with a total of 60 patients, and 84 exposures in February.
For further details, see attached report from X-ray department.

9. PHARMACY

Due to special circumstances, the February report from the pharmacy is not enclosed, but will appear in the final report on 30th March.

10. PRE HOSPITAL and MEDEVAC SERVICES

As previously noted the NORMED HOSPITAL now have overall responsibility for CASEVAC/ MEDEVAC service in UNAMIR AOR. We keep a 24 hours alertness for this, with a team consisting of medic/ambulance driver and intensive care nurse always on duty. All involved personnel have been trained in the basics, especially security procedures, involved in the use of helicopters for medical evacuations.

1 ICU nurse went with INDBATT ambulance to Gitarama Hospital, to assist in bringing a wounded person from an NGO to NORMED Hospital.

11. HUMANITARIAN WORK

The staff has been involved in humanitarian work with 11 different organisations and institutions in January.

92 workdays were spent to cover 32 visits and activities. No new projects were included, but contact was taken with National Vaccination Programme, to collect information, and to offer them available vaccines.

The International Tribunal has also asked for, and been given assistance in identification work..

For further details, see the attached 5 weekly reports, and report from assistance to the Tribunal.

12. SUMMARY

In spite of a decrease in patients, both to the IPD and the OPD, level of activity has been high. Available time has been utilised to give medical, social and technical humanitarian aid. Time and attention to evaluation and assessment of future needs is increased, in order to secure continuity in support for orphanages and centres.

Time has also been available for training and upgrading in medical subjects and in evacuation procedures.

The visa problem has not been solved by UN, in spite of the very clear agreement between UN and the Rwandese Government. At the moment we have the passports of one third of the staff at the Department of Immigration, including passports belonging to key personnel involved in MEDEVAC.

The medical security of international staff, including UN, NGO's and embassy/consular personnel after the expire of the UNAMIR mandate and the closing down of NORMED on March 25th, will be a problem and the Norwegian Refugee Council had several informal requests to continue some sort of medical service to those involved. Two different suggestions are at hand from the NORMED administration with different level of service and capacity combined with continued humanitarian work and education of health care workers at Kigali Central Hospital (anaesthesia and maternity ward). Finance appears to be the problem at the moment with problems in fund raising to the OPD-part. This should be done by UNDP or any other UN agency interested in continued medical service. The surgical coverage until closing down will be good, with a general surgeon on contract until end of March.

Kigali, 11.3.1996

Per Malmstrom
Medical Director

Annemarie Hauge
Head Nurse

ANNEXES:

* Report dental office
* Laboratory monthly statistics
* Report from OPD including
    - new medical report sheet
    - check-list on medical emergency/urgent
* Report from ward/ICU
* 5 weekly reports humanitarian work
* Report from identification assistance with the Tribunal
* Report from X-ray-department

STATISTIC DENTAL OFFICE,OPD,NORMED HOSPITAL,UNAMIR.

PERIOD: FEBRUARY 96

All figures from JANU. in paranthesis.

Total consultations	194 (211)
UNAMIR military	15 (27)
UNAMIR civilian	72 (90)
NGO	20 (35)
UN	18 (21)
Local	69 (38)

The patients came from 32 (48) different nations,
The nations represented by more than 5 patient;

Rwanda	96(70)
Norway	12(
USA	10
Uganda	9(14)
Malavi	8
Filipine	6

The type of treatment given (in%)

Filling therapy	60(46)
Surgery	9(14)
Endodontics	10(14)
Periodontics	9(7)
Profylactics	12(19)

Statistics filling therapy and extractions;

AMALGAM FILLING	88(73)
COMPOSITE	17(15)
EXTRACTIONS	17(25)

HUMANITARIAN WORK:

Total consultations	29
Mother Theresa	6
GATENGA	23

DENTIST
FARAMARZ DADKHAH-JAZI

LABORATORY MONTHLY STATISTICS

HOSPITAL OF :

MONTH :

LABORATORY TESTS	POSITIVE TESTS	MONTH TOTAL	RUNNING TOTAL	AVERAGE PER MONTH
BLOOD (TOTAL) : - Hematocrit - Hemoglobin - WBC - Malaria smears: . PV . PF . Mixt	393 tests performed, Total 67 smears of 13 positive smears of		144 patients. 58 persons, 10 persons.	
URINE ANALYSIS (TOTAL) : - S.Haematobium				
STOOLS (TOTAL) : - Ankylostome - Ascaris - Amoeba - Giarda - S.Mansoni - S. Japonicum - S.Intercalatum - - - -				
OTHERS (TOTAL): - - - - -	144 patients total 30 units of blood received from Red Cross Helsingborg. 2 units x-matched once given to one patient. The rest of the units discarded as ~~they were given to~~ [illegible] central ~~hospital~~ once to ~~hospital~~ Some days before ~~expired~~ they expired			
T O T A L S				

Date : 4/3-96

Name : RUTH ANDREASSON

Signature : Ruth Andreasson

→

REPORT OPD, NORMED HOSPITAL FEBRUARY 96

Dr. Olav Martin Klepp and dr Ole Eigil Ommundsen

Since the first of February the whole of the OPD has been run by Normed Staff, with the exception of two interpreters and cleaning staff.
At the same time the patient criteria has been radically limited to only UNAMIR staff with dark blue cards and local workers at Trafipro and Brown and Root staff.
A lot of time has been spent on turning away patients who are not entitled to our services, putting added responsibility on the desk staff ,also to determine whether a patient should be considered an emergency case or not.
It should be said that the reception staff at the front desk have met this challenge in a praiseworthy manner !

The staff is now:

- 2 general practitioners
- 2 nurses
- 1 pharmacist
- 1 lab technician
- 2 interpreters
- 1 cleaning staff

The number of patients has decreased by 150 since last month, reflecting our change in policy as to which patients are admitted to the OPD.
All in all the interstaff relationship is functioning well.

STATISTICS FOR FEBRUARY 96 - OPD, NORMED HOSPITAL

PATIENTS SEEN :		PATIENTS SENT FOR X-RAY:	FOR LABWORK:
Total	383 (533)	Total: 57 (77)	Total: 123 (243)
UN Military	74 (83)		
UN civilian	255 (355)		
NGO	39 (61)		
Civilian	15 (34)		

CONSULTATIONS DONE BY GENERAL PRACTITIONERS :

Total	320 (433)
Dr. Klepp	126 (157)
Dr. Ommundsen	156 (245)
Other Doctors	38 (31)

NATIONALITY OF PATIENTS SEEN BY GENERAL PRACTITIONER:
The 320 (433) consultations were done on patients from 49 different nations.
99 (127) of the consultations on Rwandese patients.

NORMED FIELD HOSPITAL, UNAMIR, P.O.BOX 749, KIGALI, RWANDA Tel 84523 Ext. 11731

MEDICAL REPORT:

PATIENT INFORMATION:

DATE:_____ NAME/NOM:_____DOB/DDN:_____

SEX:___EMPLOYER:_____TEL:_____RANK/GRADE:_____

UNAMIR ID:_____ CARTE ID :_____NATIONALITY:_____ TEL:_____

CHIEF COMPLAINT/SYMPTOM PRINCIPALE: ALLERGY:

NURSES REPORT:

TEMP:_____ PULSE:_____BP:_____BODY WEIGHT:_____

Entitled to medical care according to UNAMIR regulations: yes no. (UNAMIR Emerg. Hum. Other)

_____SIGN:_____

DOCTORS REPORT:

Date: SIGN:_____

DIAGNOSIS OF THE 320 (433) CONSULTATIONS:

A. General disease, allergy, viral infections:	34 (47)
Medical chech / certificate:	2 (14)
Malaridisease:	27 (24)
Malariaprofylaxis:	6 (2)
B. Blood- and lymphatic diseases:	3 (3)
D. Disease of digestive tract:	41 (49)
Amoebiasis:	5 (13)
F. Eye diseases:	14 (24)
H. Ear diseases:	3 (3)
K. Heart-and vessels:	8 (16)
L. Muscle-skeleton:	37 (47)
N. Nervous system:	17 (12)
P. Psychiatry:	6 (6)
R. Respiratory organ:	43 (60)
S. Skin (include wounds):	38 (53)
T. Hormonal and nutritional:	4 (0)
U. Urinary tract:	4 (5)
X. Femal genitals:	2 (11)
Y. Male genitals:	0 (6)
STD:	19 (17)
W. Pregnancy:	8 (18)
Z. Victim of violence:	0 (3)
TOTAL	320 (433)

4.3.96
Olav Klepp
Ole Eigil Ommundsen

EKSEMPLER PÅ BEGREPENE EMERGENCY / URGENT.

Generelt: akutte nyoppståtte alvorlige tilstander, evt alvorlig forverring av kronisk sykdom.

Mulig multitraume, f eks trafikkulykke el annen alvorlig ulykke.

Akutte brystsmerter): mulige coronare smerter.

Akutte pustevansker. f eks astma, pneumothorax, lungeemboli. .

Alvorlig gastroenteritt MED tegn på 1)dehydrering el 2) blod i diare el 3) høyferbril. Spes. obs små barn.

Høyfebril (>38,5) OG 1) mistanke om malaria el. 2) fokale infeksjonssymptomer el 3)tydelig dårlig almentilstand. Spes obs små barn.

Mistanke om slangebitt, scorpionbitt el hundebitt/rabies.

Alvorlige allergiske reaksjoner (mer enn elveblest, men f eks resp-vansker el quinkes ødem)

Hematemese / Melena / Hemoptyse (ikke spor av blod i oppkast el expectorat).

tensmerter (urinveier el galleveier)

Epileptisk anfall.

Påvirket el endret mental funksjon.

Nyoppstått alvorlig hodepine

Nyoppståtte lammelser.

Mistanke om psykose.

Mistanke om suicidalitet.

Angitt el mistenkt intoxicasjon.

Blødninger el annen komplikasjon i svangerskap

Fødsel.

Voldtekt / voldsofre. .

Bruk skjønn. Ved tvil : spør vakthavende lege eller la tvilen komme pasienten tilgode.

Kigali 15 feb 96

Ole Eigil

REPORT FEBRUAR MONTH 1996
WARD

No. of patients : 23

Nationalities :

Norway	4
Rwanda	4
Italia	3
Uganda	2
USA	1
Peru	1
Uruguay	1
Austria	1
Ireland	1
England	1
India	1
Phillipines	1
Unknown	2

No. of days : 47

Diagnoses :

Traffic accidents	5
Malaria	3
GE	3
Fever (malaria?)	2
Vertigo	2
Unknown	2
Abcess	1
Nefrotic syndrome	1
Angina	1
Gout	1
Multitrauma	1
Sharp wound	1

Operations : No. 5
- Lipom right arm
- Reduct.cast bilat pes equinovarus
- Insicion of abcess left leg
- Bilat adductortenotomi
- Suture of hand injury

Anesthesia :

Local	2
Plexus	1
General	1

4.3.96 AA/al

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

ATT. : **MED. BRANCH, UNAMIR HQ**
FAX : **No. 11278**
FROM: **HEAD NURSE, NORMED**
DATE : 6th February 1996

WEEKLY REPORT HUMANITARIAN WORK 29.1. - 4.2.96
NORMED HOSPITAL

Gihunde Hospital, Cyangugu
1 nurse gave anaestetic assistance from 29.1.-1.2.96. Totally 18 cases.

Mother Theresa Orphanage, Kigali
1 MD and 2 nurses did 15 consultations 30.1. They also gave out medicines to the children.

Centre des Jeunes, Gatenga
1 MD and 2 nurses did 36 consultations and gave out medicines on the 30.1.
1 child was admitted into Kigali Central Hospital with payment for his stay and treatment.

Kigali Central Hospital
1 midwife observed the maternity ward on 31.1.

St. Exupèry, Kigali
1 MD and 1 nurse did 15 consultations of the children on 31.1.

Jesus Alive Orphanage, Gitarama
Admitted a treated street child from NorMed Hospital into the orphanage the 2.2.

Amidor Orphanage, Kigali
1 MD and 1 nurse did 10 consultations and gave them medicines on 2.2.

Orphanage of the Adventistes, Gekoni
1 MD and 1 nurse did 10 consultations and gave medicines on 2.2.

UNITED NATIONS NATIONS UNIES

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

ATT. : MED. BRANCH, UNAMIR HQ
FAX : No. 11278
FROM: HEAD NURSE, NORMED
DATE : 12th February 1996

WEEKLY REPORT HUMANITARIAN WORK 5.2. - 11.2.96
NORMED HOSPITAL

Centre des Jeunes, Gatenga
1 MD and 2 nurses did 36 consultations and gave out medicines on the 5.2.

Amidor Orphanage, Kigali
1 MD and 1 nurse did 10 consultations and gave medicines and milk powder on 6.2.

St. Exupèry, Kigali
1 MD and 2 nurses did 15 consultations of the children and gave medicines on 6.2.

Mother Theresa Orphanage, Kigali
1 MD and 1 nurse did 15 consultations on 7.2. They also gave medicines.
The pharmacist gave 8.2. drug treatment of tubercoluse patients.

Kigali Central Hospital
1 midwife assisted two deliveries in maternaty ward 7.2.
1 nurse went 6.2. and 7.2. to surgery trying to start a project with training of Kigali staff regarding post operative treatment. Now the patient goes straight to the ward after an operation and next day there is taken a BT. The nurse want to make a cheque list over things to watch for post operative patients.
The pharmacist went to KCH with a list of different vaccines available.

NORMED/FORCE MEDICAL UNIT
KIGALI RWANDA

ATT. : MED. BRANCH, UNAMIR HQ
FAX : No. 11278
FROM: HEAD NURSE, NORMED
DATE : 19th February 1996

WEEKLY REPORT HUMANITARIAN WORK 12.2. - 18.2.96
NORMED HOSPITAL

Centre des Jeunes, Gatenga
1 MD and 2 nurses did 46 consultations and gave out medicines.

Amidor Orphanage, Kigali
1 MD and 1 nurse assessed medical condition of the children and delivered toys to the children.

St. Exupèry, Kigali
1 MD and 2 nurses did consultations.

Mother Theresa Orphanage, Kigali
1 MD and 1 nurse did 15 consultations.

Kigali Central Hospital
1 midwife continued her trainingprogram at the maternity ward.
2 ICU nurses continued their trainingprogram at the surgical ward.

Jesus Alive Orphanage, Gitarama
5 nurses went to assess the medical condition of the children, and to visit a child who moved to the orphanage after treatment at NORMED hospital.

National Vaccination Program
1 MD and the pharmacist went two days to collect information about NVP, and to offer available vaccines.

Orphanage of the Adventistes
1 MD, 1 nurse and the pharmacist assessed medical condition of the children, and medical supplies at the orphanage.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT
KIGALI RWANDA

ATT. : MED. BRANCH, UNAMIR HQ
FAX : No. 11278
FROM: HEAD NURSE, NORMED
DATE : 26th February 1996

WEEKLY REPORT HUMANITARIAN WORK 19.2.-25.2.96
NORMED HOSPITAL

Centre des Jeunes, Gatenga
1 MD and 2 nurses did 45 consultations and handed out essential drugs
1 dentist and dentist's assistant gave dental treatment to 10 children.

Mother Theresa Orphanage, Kigali
1 MD and 3 nurse3 did 10 consultations and handed out essential drugs.

Kigali Central Hospital
1 midwife continued her trainingprogram at the maternity ward 1 day
2 ICU nurses continued their trainingprogram at the surgical ward 1 day
1 ICU nurse continued her training program 1 day.

Jesus Alive Orphanage, Gitarama
2 nurses went to assess the medical condition of the children, and to visit a child who moved to the orphanage after treatment at NORMED hospital.

Yatima Orphanage. Kigali
1 MD and 1 nurse visited to assess needs for medical and other support.

Other humanitarian work 16.2.-25.2.
2 nurses and 1 lan.technician assisted The International Tribunal with identification work in Kibuiye 2 days.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

ATT. : MED. BRANCH, UNAMIR HQ
FAX : No. 11278
FROM: HEAD NURSE, NORMED
DATE : 4th March 1996

WEEKLY REPORT HUMANITARIAN WORK 26.2. - 3.3.96
NORMED HOSPITAL

Centre des Jeunes, Gatenga
1 MD and 1 nurse did medical consultations.

Mother Theresa Orphanage, Kigali
1 MD and 2 nurses did medical consultations.

Yatima Orphanage, Kigali
1 MD, 2 nurses and one paramedic visited the orphanage. They measured for mosquitonet for windows, bought mothermilk replacement and mosquito repellant spray. In their spare time next day they put up mosquitonet on windows and doors.

Jesus Alive Orphanage, Gitarama
3 nurses went there to assess the condition of the children.

Kigali Central Hospital
1 surgeon assisted in OT two days.
2 nurses went two days to do wound dressings and participate in doctors visit.

Amidor Orphanage, Kigali
1 MD and 2 nurses did medical consultations of 5 children. The "Mama" also got some treatment. Refrigerator was fixed. milk powder bought and delivered.

St. Xypèry Orphanage, Kigali
1 MD and 2 nurses did medical consultations of 10 orphans.

HUMANITARIAN WORK

1 laboratory techician and 2 nurses were allocated to Kibuye to assist the Tribunal in DNA-analyses of rel. of the victims of the genocide in the church. The blood-testing took place on February 17. and 18., testing female relatives of victims identified by their clothing.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

X-RAY DEPT., NORMED.
MONTHLY REPORT, FEBRUARY 1996

Patients admitted for x-rav februarv 1996:

UN military	31 patients
UN civillian	15 patients
NGO	2 patients
Civilllian	12 patients
TOTAL	=60 patients

Total number of projections, see appendix number 1 and 2.

The X-ray dept. has had no difficulties in februarv.

Workload in X-ray dept. is moderate to low.

March 1. 1996
Radiographer
Wenche Iren Hanssen
Wenche Iren Hanssen

MONTHLY X - RAYS STATISTICS

HOSPITAL OF : NORMED UNAMIR

MONTH OF : February

YEAR : '96

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
R EMITIES		12										
R EMITIES		23										
AX		23										
L		-										
MEN / IS		5										
EBRAE : RVICAL RSAL BAR		7 5 5										
S												
'AL		84										

DATE : 1/3-96

SIGNATURE : Wenche I. Hanssen.

UN military : 31
UN civilian : 15
NGO : 2
Civilian : 12
60

NORMED HOSP., UNAMIR
MONTHLY X-RAY STATISTICS
MONTH: Februar -96

X-RAY

OBJECT	NUMBER OF PROJ. (FILMS)		TOTAL
SKULL AP/LAT			
ZYG. ARCH AP			
SINUS AP/LAT			
NASAL BONE LAT			
MANDIBLE AP/LAT			
RIBS AP			
STERNUM LAT			
CLAVICLE AP		1	1
SCAPULA AP/LAT			
CHEST AP/LAT	2 + 5 + 4 + 4 +	8	23
ABDOMEN AP	3 +	2	5
KIDNEY OVERVIEW			
BLADDER OVERVIEW AP			
CERVICAL VERTEBRAE	1 + 2 + 3 +	1	7
THORACIC VERTEBRAE	3 + 2		5
LUMBAR VERTEBRAE	2 + 3		5
SACRUM AP/LAT	2 + 1		3
PELVIS AP			
SHOULDER JOINT AP/LAT			
HUMERUS AP/LAT	1		1
ELBOW JOINT AP/LAT	1		1
FOREARM AP/LAT	1		1
WRIST AP/LAT	1 + 1 + 2		4
HAND AP/OBL	1 + 2 1		4
FINGERS AP/LAT	1 +		1
HIP JOINT AP/LAT	1		1
FEMUR AP/LAT	2		2
KNEE JOINT AP/LAT	2 +	1	3
PATELLA AP/LAT	1		1
LEG AP/LAT	1		1
ANKLE JOINT AP/OBL/LAT	4 + 1		5
CALCANEUM AP/AXIAL			
METATARSALS AP/OBL			
FOOT AP/OBL/LAT	2 + 2 + 3 + 2 +	1	10
FOREFOOT AP/OBL			
TOES AP/LAT			
OTHERS			
OTHERS			

= 84

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O. Box 749, Kigali, Rwanda
Tel 250-84265/6/8/9 Fax 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 28 FEBRUARY 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212-962-2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: **NORMED MONTHLY REPORT JANUARY 1996**	

1. Following are the comments of FMO on the NORMED Monthly Report January, 1996.

2. Enclosed is NORMED Monthly Report January, 1996 for your perusal. Overall the report is positive and I agree with most of what has been brought out. However a few issues deserve some comment due to minor differences in perception and opinion from military point of view.

3. Para 1.1 . It is my opinion that frequent changes of staff adversely affect the performance of the staff and smooth running of the NORMED hospital. As most of the staff is from civilian background with minimal experience of field medicine, it takes some time to get used to new working environment when tasked to perform duties in a military setup. Frequent change of staff only complicates the matters further.

4. Para 1.2.1. The security problems involving petty thefts from NORMED staff living quarter were never reported to the Force Medical Branch to enable us to take necessary steps. The Canadian contingent staying in the same location had no such problems. It would help if the NORMED staff itself is more vigilant to prevent such incidents especially relating to attractive items like radiosets, fire extinguishers etc. However steps are being taken to improve the overall security setup in liaison with INDBATT security personnel deployed in location.

5. Para 1.2.6. The loan agreement between the CAO UNAMIR and the Canadian contingent has ensured the availability of adequate equipment for performance of Casevac/Medivac duties in this

mission. It is however strongly recommended that in future deployments the field hospital providing level 3 medical support should also have adequate trained staff and necessary medical equipment incorporated in it to ensure Casevac/Medivac procedures without depleting the hospital of medical equipment or compromising the functional capability of the hospital.

6. Para 1.2.6 After 4 days of training in AME procedure and helicopter safety procedures imparted by Air Ops branch of UNAMIR to the NORMED staff, the CASEVAC/MEDIVAC procedure is carried out more smoothly and efficiently by NORMED. This may however have to be a continuous process with rotation of NORMED staff who are all new to AME procedures and helicopter safety etc.

7. Para 1.3. With the mission coming to an end and with closure of NORMED by 25 Mar 96, the NGOs have been advised to make alternative arrangements for their medical care.

8. Para 1.4. It is felt that number of staff available with NORMED is not sufficient to provide level 2 and level 3 support to a mission like UNAMIR. It does not help to have only one specialist in a given field as he/she may have to be absent because of illhealth, R&R or CTO. The absence of specialists like surgeon or intersivist can jeopardise the life of personnel serving in mission area. Availability of inadequate number of staff members puts lot of strain or the staff who have to put in long hours of work. It is recommended that in future deployments the staff should be adequate in number and the specialists should always be more than one in each field.

9. Para 11.1. Visa for the NORMED staff remains a problem. A new approach to this has been suggested and hopefully when implemented should solve the problem.

10. 11.2. Agree. The rules of CTO and R&R should be clearly defined and should be part of initial agreement when a civilian setup is to be incorporated in a military setup. This is in special reference to R&R & CTO of specialists (Para 8 above refers).

11. I am however pleased to inform you that inspite of all the hurdles NORMED has provided medical support of the highest standard to the UNAMIR. There has been excellent rapport between the UNAMIR and NORMED primarily because of flexibility, understanding and cooperation from both sides.

12. Thank you sincerely for your excellent support and assistance provided as usual to this mission.

DRAFTED BY: MAJ R KAK (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 56	

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: _____

To: FMO Remarks/Action: 06/3

Med Ops Yale 06/03/96

Med Log 6/3

FHO

SO Med

CC Sir, area highlighted is meant for Morned monthly mtg Rpt desp to med Dir UMMH. Th 06/3.

Please initial and date when action complete then pass quickly

UNITED NATIONS
ASSISTANCE MISSION TO RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR-MINUAR

INTER-OFFICE MEMORANDUM

DATE: 1 March 1996

TO: **Mr. H. Medili, Director**
Field Administrative & Logistics Division
UNHQ, New York

FROM: **Susan Matthew, CAO**
UNAMIR, Kigali

SUBJECT: **Administrative Report No. 09/96 - 1 March 1996**

I. GENERAL

101. Your Administrative Report No. 8 dated 23 February 1996 has been received with all the enclosures.

Thank you.

102. Summary of enclosures:

II. PERSONNEL	3 Pages	9 Enclosures
III. FINANCE	1 Page	NIL
IV. PROCUREMENT	2 Pages	3 Envelopes

UNAMIR Kigali
Administrative Report No. 09/96

1 March 1995
To FALD New York

SUMMARY OF ENCLOSURES

Item	Description
204.	Submission of Performance Evaluation Report (1)
205.	Submission of Sick Leave Reports (2)
206.	Submission of Medical Clearance (1)
207.	Return of UNLP (1)
208.	Request for Payment of Dependency Benefits
209.	Submission of Application for Renewal of UNLP (2)
210.	Submission of P.45 and P.42 forms (2)

Non-Subject Item Enclosure

One envelope addressed to the attention of Dr. Adler/Deckner, Medical Adviser DPKO, UNHQ-New York.

One envelope addressed to Mr. Luiz Da Costa, Chief, PMSS, DPKO/FALD.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

24/2

To: ~~M~~ FMO Remarks/Action: Jale 03/02/96

Med Ops CC BU when FMO is back Jale 03/02/96

Med Log 5/2

FHO _____

SO Med Your prompt action Jale 03/02/96

3 Feb 96

Please initial and date when action complete then pass quickly

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

From: Col W J Fletcher
COS Extn 11112

To: Chief Protocol Officer

Info: MA/FC, CAO, SA/SRSG, FMO, Med Dir NORMED

Date: 3 Feb 96

Subject: VISA REQUIREMENTS - NORMED

1. The requirement for Rwandan VISAs for the NORMED staff has yet to be finalized. Current VISAs for NORMED personnel expire on 8 Mar 96; however, the Liquidation Plan has been developed to close out NORMED commensurate with the departure of formed troops and civilian personnel thereby ensuring adequate and essential medical coverage to UNAMIR during the close-out period. NORMED is scheduled to depart the Mission Area by 29 Mar 96. Accordingly multiple entry VISAs are required for NORMED personnel to cover this period and should be validated until 3 Apr 96 to cover any unforeseen circumstances.

2. The lack of valid VISAs post 8 Mar will result the in inability of NORMED to provide care under the terms of the Norwegian Refugee Council contract with the UN and, more specifically, will leave the Mission without the capability for medical evacuation of seriously ill or injured personnel after 24 Feb. This is, of course, unacceptable. We must be able to ensure complete medical coverage during Phase III of the Liquidation. In that regard, I am led to understand that the application for the VISA extensions should be processed now.

3. I would appreciate your assistance in representing this requirement to the Ministry of the Interior to validate VISAs for NORMED personnel until 3 Apr 96 to ensure essential medical and medical evacuation coverage is available to UNAMIR during this crucial period. Maj P Von Bulow, SO Med Admin, and the Director NORMED are available to coordinate the processing of VISA applications as appropriate.

4. Thank you for your support.

file

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

Address : NorMed, UNAMIR, CFPO 5052, P.B. 749, Kigali, Rwanda
From Rwanda : Tel. 84523 ext. 11731/11802 Fax : 33090
From abroad : Tel. 00 1212 963 9906 Fax : 00 1212 963 3090

DTG : 091039 February 1996

To : COS, Col. Fletcher

Info : FMEDO

From : Medical Director, Dr. Malmstroem ①

SUBJECT: New surgeon from Norway, the visa "saga" continues

1. A new surgeon, Dr. Pia Flobacker, Swedish general surgeon, will arrive Nairobi Monday 12th February at 08.15, and we are requesting UN - flight from Nairobi to Kigali Tuesday 13th.

2. In order to solve the problem with the visas that expires March 8th, I suggest that the 10 persons concerned are put on a duty flight to Nairobi in order to obtain new visas from the Rwandese Embassy. This procedure normally takes about two hours, so it should be possible to solve it during one day. We cannot have half of the personnel grounded because their passports are at the Immigration Authorities for weeks, due to the serious effect that has on the ability to perform MEDEVAC of UN - personnel to Nairobi.

MD
Your para 2 refered by COS. I concord with his suggestion.
For your nec action
10 Feb 96 Captain AFMO

② FMO
1. Thank you.
2 WRT para 2, this may be the preferred solution, although I would suggest two groups of 5 travel to Nairobi vice one group of 10. Your recommendation resolved with Med Dir NORMED as appropriate
COS
10 Feb 96

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

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MT.
Your para 2 refered by COS. I concord with his suggestion.
Fo your reco action.
to Febr 96

@ FMO
Thank you.
2 [illegible]
[illegible]
two groups of 5 each
to Nairobi one group
of 10. Your recommendation
Med Dir NORMED

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

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DTG 091039 February 1996

To COS, Col. Fletcher

Info FMEDO

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File

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

Address : NorMed. UNAMIR. CFPO 5052. P.B. 749. Kigali. Rwanda
From Rwanda : Tel. 84523 ext. 11731/11802 Fax : 83090
From abroad : Tel. 00 1212 963 9906 Fax : 00 1212 963 3090

C

DTG 091039 February 1996

To COS, Col Fletcher

Info FMEDO

From Medical Director, Dr. Malmstroem

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CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. _____

To		Remarks/Action	
	FMO	Retrieved	Jale 03/02/96
	Med Ops	Jale 03/02/96	
	Med Log	[signature] 8/2	
	FHO		
C	SO Med	[signature]	06/2/96

Please initial and date when action complete then pass quickly

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

A.S. /

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

DTG: 02021200.

MS. ALICE SCHACHT
PROTOCOL

To: Force Commander ✓

From: Medical Director, Normed Hospital (1)

Copy: SRSG, CAO, FMO

Subject: Visa for Normed Staff, medical concequences to UNAMIR.

Presently all visa for Normed Hospital staff expires 8:th of March.In order to renew the visa we have to leave them to protocol/SRSG at least two weeks before the expiry date. This means that medical evacuation of UNAMIR personel to Nairobi after the 24:th of February will be impossible, a grave concequence to the medical security of the mission.
In order to solve this :

a.Normed staff should be given mission visas with multiple reentry that expires 30:th of April.

b.The time needed to renew the visa must be minimized in order to sustain the alertess.

DCOS SP
Thank you
COS

Regards DCOS (SP).

(2) FMO ✓

1. Applicable passports should be taken to the Political Officer for UNAMIR with a request to expedite provision of VISA extensions. Expiry date should be so due with closure of mission, that is, 19 Apr.
2. Please have JO Med Admin consult

COS
2 Feb 96

1. Sir, the Ass. Protocol office Ms ALICE SCHACHT was approached in respect of this issue.
2. She was dissatisfied with the approach of NORMED and feels her office is not respected. Finally she concluded that she worked their visa upon 8 Mar 96 and will not be ready to approach the Interior Minister again. NORMED is directed to the Chief Prot. Officer who will liaise with the Int. Minister.

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. _____

To	Remarks/Action:
A/FMO	Jale 03/02/96
Med Ops	Jale 03/02/96
Med Log	5/2
FHO	
SO Med	3/2/96

Please initial and date when action complete then pass quickly

File as Mail.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

CTG: 02021200.

To: Force Commander

From: Medical Director, Normed Hospital

Copy: SRSG, CAO, FMO ✓

Subject: Visa for Normed Staff, medical concequences to UNAMIR.

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In order to solve this :

a. Normed staff should be given mission visas with multiple reentry that expires 30:th of April.

b. The time needed to renew the visa must be minimized in order to sustain the alertess.

COS has directed the protocol office to assist wi this regards. Also refer COS minutes of 2 Feb 96.

Regards

Jale 03/02/96

FMO

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749 Kigali, Rwanda
Tel: 250 84265/6/8/9 Fax: 250 86877 [Rwanda]
Fax: 212 963 3090 [USA]

TELEFAX COVER SHEET

UNAMIR
1996 JAN 25 P 3:41
P1/28
(1)

OUTGOING FAX NO: 367	DATE: 25 JANUARY 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212-962-2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: NORMED RETROSPECTIVE REPORT	

1. Following are the comments of FMO on NORMED Retrospective Report.

2. " Enclosed is NORMED retrospective report for your perusal. The report is overall quite positive and I agree with the bulk of what is said. However, minor differences in perception and opinion from the military point of view deserve some comment.

3. The cost effectiveness issue is not at all clear and requires detailed analysis.

4. My opinion remains that level 3 is the requirement for adequate medical support in this environment.

5. The comments on equipment are strongly supported.

6. Para 4.2 disagree. Although more complicated to initiate, the ultimate combined team was far more effective.

7. Para 4.3 disagee. NORMED pers were unfamiliar with radio procedures and did not have the staff or expertise required to manage utilization of air resources or exercise command and control if required.

8. On the issue of entitlement to care, overall policy was that spare capacity could be utilized. Although this flexible approach did create some uncertainty for staff it did allow for much good care to be delivered and qreatly enhanced the positive reputation of both NORMED and UNAMIR. It is conceded that this put the onus on NORMED to say no when necessary which at times was difficult for them.

CAO FMO

1996 JAN 25 P 4:02 UNAMIR

(2)

9. The report consistently underestimates or omits the contribution to outpatient care and pharmacy/resupply services by Canadian military medical staff. This was substantial and likely not appreciated by the authors as the management of OPD was entirely in the hands of 95 CMSG military medical personnel. The issue of employment of Nigerian pers in the clinic was discussed in detail with OPD Norwegian staff prior to this arrangement.

10. The report implies that 95 CMSG was easily able to absorb the additional support required for NORMED. This is absolutely incorrect. This additional workload created substantial demands on a small organization and was well handled only because 95 CMSG personnel willingly took on tasks outside of their usual duties, often during their off duty time. It would have been far easier to integrate military medical personnel, and probably with less cost.

11. Comments made concerning the initial hospital set up reflect a lack of understanding of space constraints at the time. Certainly lab and x-ray placement were not ideal, but occurred as a result of the fact that half the OPD space was still occupied by Indian troop sleeping quarters and kitchen facilities. Compromises were made to ensure operational primacy and achieve opening by the required deadline.

12. All of the above notwithstanding, the overall deployment of NORMED provided a first class standard of medical support to UNAMIR. Key elements required from all involved were flexibility, understanding and cooperative efforts. This hybrid unit has demonstrated that such an arrangement can be very effective and could serve as a "start-point" model for future properly selected missions.

13. On another matter, I am pleased to inform you that a lease arrangement has been signed for the required resuscitation equipment directly between Canada and CAO UNAMIR. Turnover arrangements are almost complete with no major problems anticipated.

14. Thank you sincerely for your excellent support and assistance to this mission.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 2	

NORMED
FORCE MEDICAL UNIT / UNAMIR

16 August - 31 December 1995

A RETROSPECTIVE LOOK AT ASSESSMENT, ESTABLISHMENT AND MANAGEMENT OF NORMED, A CIVILIAN FIELD HOSPITAL IN A UN PEACE KEEPING OPERATION / ASSISTANCE MISSION.

Tor Harald Kristiansen and Tor-Eilif Emaus

Kigali, Rwanda, 30 December 1995

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(b)

PROLOGUE

Another chapter in our lives is coming to an end. Twentyeight Norwegians, six Canadians and one Nigerian have been working and living together for four and a half months. Every single one has continously contributed to make NORMED a good and reliable hospital for UNAMIR and all cooperating staff in Rwanda.

Notwithstanding this short periode, we have made new friends, learnt more about Africa, been exposed to new challenges and enjoyed working within UNAMIR and the United Nation Family. We also got a glance into the tragedy of many Rwandese men, women and children.

On behalf of the Norwegian contingent, we like to show our appreciation to DPKO, especially Dr. Adler and Dr.Deckner, for giving us the confidence and opportunity to contribute to this historical event being the first civilian staffed hospital in a peace keeping mission.

We thank The Norwegian Ministry of Foreign Affairs and Norwegian Refugee Council for their contribution to make this pioneer project a reality. A special thank to Steinar Sundvoll and Kari Vik Knutsen in NRC, for their hard work and guidance through all these months.

Furthermore, our gratitude goes to General Toussignant and his staff who adopted us into their force, and for the continual positive feedback we received. Special thanks to our Force Medical Officer, Major Maureen Fensom, the Medical Branch at HQ for their active participation and tireless attention and care for NORMED during this time.

Lt Col Primeau and his personnel in 95 CMSC made it possible for us to get a comfortable and social life at Trafipro camp. We are really grateful for their warm hospitality, support and cooperation.Together we form a good team.

We thank our colleagues in NORMED for their efforts. We thank our Rwandese workers Providence, Selaphine, Gregoire, Hamissi, Olivier and Innocent for their good work and cooperation.

Last, but not least, the two of us are grateful to our wives and children who have given us full support in participating in this mission. All of them have been toghether with us in Africa before, and they love the continent. As one of them said: "Having you there, is like having one leg in Africa."

Tor Harald Kristiansen
Medical Director

Tór-Eilif Emaus
Headnurse

Kigali, Rwanda
30 December 1995

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SUMMARY

From August 94 to August 95, the medical service to UNAMIR was the responsibility of an Australian Medical contingent (AUSMED).
Coming close to the withdrawal date for AUSMED, no new unit had been assigned.
To shortcut the normal preparation time a new military contingent would need to deploy, a request for a civilian medical unit was presented the Norwegian government.
A NGO, Norwegian Refugee Council, working in very close cooperation with the Norwegian Ministry of Foreign Affairs, was engaged for implementing the task.

In a matter of 2 weeks, NORMED with a staff of 28 people and a prepacked field hospital were deployed in Kigali and operative as from 18 August 95.
The unit was integrated with the 95 CMSG (Canadian logistic group).

Despite expressed doubts about integration of a civilian unit into a peacekeeping force, the negative prophesies proved untrue.
After 4-5 months of services, the project seems to have been working well, giving a high standard of medical service and at the same time obviously being more cost effective than a military contingent.
The experience gained, give good reasons for copying the set up in a future peace keeping operation.

INTRODUCTION

UNAMIR (United Nations Assistance Mission in Rwanda) was established in Rwanda 5 October 1993 under resolution 872 as a result of the Arusha agreement of 4 August 1993. UNAMIR's tasks included provison and control of security in the capital Kigali, establishment of a demilitarized zone and procedures for deployment, and surveillance of the overall security situation in Rwanda, especially in the periode prior to the planned national elections in 1995.

Early 1994 was politically and militarily unstable. Extremist hutus within the president's party were working against the peaceprosess. The peaceplan was however implemented by deploying an infantry battalion to UNAMIR.
The 6th of April 1994, the President of Rwanda was killed as his plane was shot down, most probably by his own security force. This started systematical killing of tutsis and moderate hutus, lead by extreme hutus. Shortly a horror beyond imagination was a fact as hundred thousands of mainly tutsis were being slaughtered by hutus.
At the same time, the civil war between RPF and the government army broke out in full strength.

Without mandate to protect anyone but themselves, the UNAMIR force witnessed the most brutal and effectiv genocide ever seen. During the first day of violence, 8 Belgian soldiers were executed by the presidential guard. This resulted in Belgium pulling out their force, which was the best trained and equipped contingent at that time.
Force Commander asked repeatedly for resources and mandate to rescue civilians, but Security Council was hesitating and finally decided to change the mandate and to reduce UNAMIR. Shortly after reduction, Secretary General realized this was a faulty decision. He asked Security Council for mandate to stop the genocide. The Council once more went into a phase of not beeing able to react. 17 May came the new mandate of UNAMIR, allowing troops to defend civilians. The force should concist of 5000 soldiers, but now one faced the problem of finding contributors.
Only 500 soldiers were deployed in July and the killings continued. France intervened under an operation called Turcquoise and established a safe zone in southwest Rwanda from 22 July to end August. In the meantime, tutsis controled army, RPF, took control all over the country. A lot of hutus feared revenge, and a million of them took refuge in Zaire. In August and September most of UNAMIR was present, and a new Government was formed by RPF. Since then the situation can be described as stable.

From August 94 to August 95, Australia contributed with a military field hospital to UNAMIR. Their hospital was established within the premises of Kigali Central Hospital, but operating on its own. Their total force counted 150. By the end of their contract, UN had no country willing to replace the military field hospital.
UNDPKO, New York decided to contact The Norwegian Refugee Council as to ask for assistance to establish a force hospital run by civilians. With financial support from the Norwegian Ministry of Foreign Affairs, NRC accepted the invitation and deployed a civilian hospital within 3 weeks. NORMED/UNAMIR treated its first patient 17August 1995.

In this report, we shall describe the different phases and challenges we have met during the NORMED project. Being the first civilian hospital deployed to a peacekeeping operation, we find it important to share our experience with decision makers and staff of other future hospital of this kind.

TERMS OF REFERENCE

An abstract of the most important is listed below.

1. To deliver medical services to UNAMIR, UN agencies, affiliated contractors and NGO personnel.
2. NORMED should be counted as part of UNAMIR, not a new NGO in Rwanda.
3. The status of NORMED personnel should be subject to further clarifications by UN.
4. The level of medical service was decided to be 2 plus.The Australian having had a full level 3 hospital.(staff: 150, beds:50)
5. Number of staff: 28. Beds: 10.Holding capacity: 5 days.

PART 1. PREPARATION

1.1 RECONNAISSANCE

A reconnaissance group consisting of the project leader from Norwegian Refugee Council together with an experienced relief work administrator, visited Kigali less than 2 weeks ahead of deployment of NORMED. Due to lack of time, none of the potensial leaders of NORMED could participate, this causing reduced inputs to the planned set up from the surgical side.
After talks with UNAMIR representatives and the heads of the Canadian 95CMSG, especially the medical staff, a plan for deployment of NORMED was presented and accepted by Norwegian authorities and UN New York. The time limits involved, gave very little room for extensive and in depth considerations. Suitable buildings were found inside the UN compound at Trafipro, and detailed plans for disposals of rooms decided upon.

1.2 PREASSESSMENT

The necessary staff and equipment to be brought in by NORMED, was assessed on the conditions that 95CMSG was to provide livingquarters, catering and security.
Additionally, the medical unit of 95CMSG, was to be integrated in the NORMED set up.
The NORMED hospital site found, was close to where 95CMSG and much of the civilian offices of UNAMIR was located.
According to the requirements from UN New York, NORMED was supposed to deliver medical services on level 2-3, this being somewhat unspecified and giving room for interpretations in regard to outfits and equipments.Obviously, there was some different understandings between FMO UNAMIR, UN New York and Norwegian Refugee Council.
A pre packed Norwegian Field Hospital Unit was found to meet most requirements.
A staff of total 28 persons, including general and orthopedic surgeons and anesthesiologist, was eventually considered being the sufficient number.

1.3 STAFF

The proposed staff consisted of following:

1 Medical Director
1 Head Nurse
1 General Surgeon
1 Orthopedic Surgeon
1 Anesthesiologist
2 General practitioners

1 Dentist
1 Pharmacist
1 Laboratory technician
1 X-ray technician
1 Anesthesist nurse
3 Operation theatre nurses
3 Intensive care nurses
2 Ward nurses
8 Nurse auxilliaries
1 Ambulance driver, paramedic

Due to different functions of the surgeons in Norway and Canada/USA, an orthopedic surgeon was included in the primary set up. The orthopedic surgery in question, could however be well covered by a general surgeon trained in Norway.
A Norwegian trained anesthetist nurse is normally working more independently than what is normally seen in Canada or USA.
The staff number as a whole, was deemed necessary in order to cover an 24 h on call system, running a hospital with surgical facilities.

In retrospect, now knowing that the surgical activities at the hospital would be very low, and the demand for nursing care in the ward would rarely hit the set limit of 10 beds, a revision of the set up seems necessary.
As the Canadian medics have covered the need for auxilliary nursing staff at OPD, except for one dental assistant, the demand for this staff was less than anticipated.

By the end of the first contract period of the NORMED staff, a revised staff list has been presented.
The humanitarian work being expected to continue at the same level as at present and the support to Kigali Central Hospital if possible even increased, this being on the recovery and anesthetist side where the need has been stressed by the hospital director.
In order to enhance the quality of nursing care given and to be able to assist KCH in developing their recovery, the auxilliary staff was suggested replaced by reg. nurses.
This change also done in order to meet the challenge from expected increased refugee influx.
The staff support by 95 CMSG expected to be unchanged, still including an anesthesiologist.

The revised list looks as follows, with a total staff number of 26.

1 Medical director (general surgeon)
1 Head nurse
1 Secretary
1 General surgeon
2 General practitioners
1 Dentist

1 Dental assistant
1 Pharmacist
1 X-ray technician
1 Laboratory technician
2 Anesthetist nurses
4 Operation theatre nurses
4 Intensive care unit nurses
4 Ward nurses
0 Auxilliary nurses
1 Maintenance officer

1.4 EQUIPMENT

As mentioned, modules of Norwegian Mobile Hospital and Disaster Unit and Norwegian Mobile Medical Aid System were expected to cover the need for equipment.
After a period of functioning, some defiencies were deeply felt.
First of all, more tests had to be included in the laboratory service. For that purpose, a Reflotron was added, which extended our diagnostic means considerably.
The field hospital had furthermore very modest set up to establish a satisfactory resuscitation/emergency room. This gap was filled by adding some of the Canadian equipment.
Having planned for surgery of injuries etc, a better armament for treatment of fractures should be added. External fixation and set for osteosynthesis would have increased our range of surgery by far. Most patients sent to Nairobi were fractures in the need of osteosynthesis.
In the same field, a small C-arm would have been extremely helpful.

1.5 HOSPITAL FACILITIES

Two adjacent buildings at Trafipro were selected for OPD and inpatient dptm. respectively. The location of different functions was done in cooperation with the Canadian medical staff. No people having experience from operation theatre, were consulted.
This resulted in a lesser ideal placement and functioning of the different departments. Having the x-ray and laboratory inside operation theatre area, is by far not acceptable. The initial plan laid, was however not to be changed by arrival of the NORMED staff, the Canadian medical personnel obstructing any amendments.
To avoid conflict, no changes were tried implemented.

It would be of clear advantage, however, to see the laboratory moved to the OPD building, where most of the lab.test are required.
The x-ray unit could easily be moved to another room inside the ward building.The result would give more area and improved hygiene in the operation theatre area.

1.6 RECRUITMENT PERSONNEL

Due to short time limits. the time for recruitment of personnel was less than 2 weeks.
It was a great accomplishment to establish a staff of experienced and competent people at such short notice. Everybody had to apply for absence of leave to the different employers and replacements sought for in a hurry.
People with previous experience from the tropics were preferred.
Some problems were encountered engaging surgeons and anesthesiologist.
The latter had to provided by the Canadian Army.
The Norwegian Hospitals are not readily releasing doctors for service abroad.This is an ever returning problem.

1.7 PREPARATIONS IN NORWAY

Again, because of reduced time at hand. not everybody could join a one day preparation course. The contents of the briefings given on Rwanda and UNAMIR by the Norwegian Refugee Council, was well received by the participating staff.

PART 2. DEPLOYMENT

2.1 ARRIVAL

A forward party, consisting of the head nurse, lab.technician, x-ray technician, ambulance driver, one ICU nurse, the general surgeon(medical director)and the project leader from Norwegian Refugee Council assisted by 2 men from the Norwegian Company delivering the hospital unit, arrived on 12 of August 95, together with the cargo plane from Norway bringing in the field hospital.
The main group arrived on the 19 ofAugust, the day after NORMED had finally taken over the responsibility for the medical services in UNAMIR, after having had a transition period of 3 days. 15-18 Aug. with the Australians(AUSMED).
The carpenters, plummers and electricians were still working to prepare the rooms. while the equipment were moved in place and NORMED was supposed to function as a hospital.
However, nothing failed. much due to generous support by 95CMSG and AUSMED.

2.2 ACCOMODATION

According to the plan, 95CMSG provided logistics and accomodation for the staff at Trafipro, together with the Canadians. Part of the NORMED staff were staying for some days in sleeping containers, while the weatherhavens were prepared.

One of the staff was appointed quartermaster.

2.3 ID CARDS

UNAMIR ID-cards were issued at the security section, HQ. All staff got a military ID card, all though not actually being a military contingent, reflecting some of the problems concerning given status in the UN system.

2.4 VISA

All NORMED personnel entered Rwanda on tourist visa, not indicating anything about being engaged for service within UNAMIR.
This can not be the right procedure, and has, not unexpectedly, caused lots of problems later on.

According to the Status of Mission Agreement between UN and Rwanda, it is said in

§ 26 "Military observers, civilian police personnel and civilian personnel other than United Nations officials whose names are for the purpose notified to the Government by the Special Representative, shall be considered as experts on mission within the article VI of the Convention."
The Normed staff is regarded as "experts on mission", a civilian component of UNAMIR, mentioned under "definitions",(ii) in the agreement.

§ 30 "Special facilities will be granted by the Government for the speedy processing of entry and exit formalities for all members of UNAMIR."
The NORMED staff have been treated exactly like any other visitors to Rwanda and have not enjoyed any special facilities or speedy processing.

§ 33 "For that purpose, the Special Representative and members of UNAMIR shall be exempt from passports and visa regulations and immigration inspection and restriction entering into or departing from Rwanda.".
This agreement seems to be ignored both by UNAMIR and Rwandese immigration authorities.
This is a matter of great concern, causing unnecessary frustrations and problems.

2.5 DRIVING LICENCE

A driving licence for UNAMIR cars, was issued after a brief test. An international driving licence could possibly be accepted, but none of the staff brought such licence along, not knowing the procedures and requirements.
The field service officer in charge, was not very serviceminded, and caused repeatedly

delays, looking upon every applicants as an nuisance, being more interested in playing cards on his computer.

2.6 SECURITY REGULATIONS

The security regulations of UNAMIR and 95CMSG were adopted and has been followed in general, making some practical amendments in regard to escorts ect.

The UNAMIR curfew and off limits rules for UNAMIR cars, have been stressed.
The alcohol regulations of the 95CMSG has been followed in general. NORMED staff having slightly more liberal rules concerning alcohol consume at the living quarters.
A reporting system, indicated on a board at the hospital, has been showing the whereabouts of all personnel and vehicles being out of camp at any given time.

2.7 HEALTH

The necessary vaccines were given prior to deployment, before departure from Norway.
As malaria prophylaxis, a combination of Chloroquin and Paludrin has been recommended. No incidences of malaria have been seen.
No serious cases of any diseases have been seen among our staff.

2.8 LOGISTICS

2.8.1 TRANSPORTATION

Two Toyota Fourrunners were allocated NORMED for it's disposals.
The knowlegde gained after 4 months, is indicating the need for a 3rd car, this mainly due to increased humanitarian activities.
The shuttle service, bringing people to and from the airport, has for scheduled UN flights been organized by 95CMSG. In most other cases, this have been taken care of by the NORMED staff.

2.8.2 COMMUNICATIONS

NORMED was provided a base radio located at the hospital. Additionally, a number of radio handsets were distributes to key personnel on call.
Telephones for internal UNAMIR calls were established from the early beginning. Later, a fax machine and a telephone was added with access to satelitte link for international calls, this being extremely useful for communication with the project leaders in Norway and family back home.

2.8.3 OFFICE INVENTORY

Two lap top computers were brought in from Norway initially, without which, the administrative work would have been extremely difficult.
Some filing cabinets and some simpel office furniture were included in the hospital unit.
A much needed copy machine was provided by UNAMIR
Stationaries have continously been supplied by the same.

PART 3. ORGANIZATION

3.1 ADMINISTRATION

NORMED has been led by a medical director, also working as a general surgeon, and a head nurse being full time in administrative position.
The adminstration has been supported by one auxilliary nurse, used as office secretary
At each different department, one of the nurses has been appointed leader.
As the OPD administrator, a Canadian medical warrant officer was chosen.
The prehospital services, including CASEVACs, MEDEVACs, has been the responsibility of Medical Branch, UNAMIR and our AME officers Canadians in NORMED.

The Force Medical Officer, UNAMIR,has been supervising the medical services and NORMEDhas had close cooperation with Medical Branch at UN headquarter.

The Canadian medical staff integrated in NORMED, has been administratively under the medical officer of 95CMSG, the lines of order not quite clear when coming to the pure medical sides.This have sometimes created problems and should be avoided in a future set up.
All medical staff in a unit like NORMED, should have a common leadership, not devided as we have seen it in our situation.

The need for having more clearly defined lines of authority and responsibility berween the UAMIR administration/FMO/Medical Branch on one side and the NORMED administration/Norvegian Refugee Council on the other, would be of an advantage.
The way of compromise has often been necessary to facilitate a smooth functioning of the hospital.

3.1.1 MATERIAL CONTROL

The main responsibility for inventory, equipment etc., has been assigned the head nurse.Each department leader is in return answerable to him.
The drug control, especially the narcotics, has been the concern of the pharmacist.
Requests for resupplies has been channeled through the same person.

The head nurse has prepared the orders to logistic units in UNAMIR.

3.1.2 REPORTING SYSTEM

Each department leader has reported on a monthly bases to the head nurse and director. who in return has prepared a monthly report to the Norwegian Refugee Council and the Force Medical Officer. UNAMIR.

3.1.3 TRANSPORT

Two 4WD stationwagons were allocated and prepared for NORMED prior to our arrival. On our second day here. we were guided to the transport pool. where our paramedic/amb.driver signed for the cars. The personnel who were to drive the cars. had to be testet for a UN driving licence.
During the first two month. two cars were enough to cover our transport needs. During the last two months. our involvement in humanitarian work has increased. causing conciderable problems coordinating disposals of the two vehicles.
Our second ambulance has been used for important swift trips. This is not recommendable.
A request for a third vehicle was submitted to Chief Transport UN two months ago. We have not yet got a positiv respons to our application.
In order to carry out our tasks outside hospital toghether with personal transport needs. we suggest NORMED be allocated two more 4WD vehicles. a total of four vehicles for personnel and equipment transport. An application was submitted FC/CAO in December.

3.1.4 DUTY ROOSTERS

Nurses and nurse auxillaries have been divided in 3 teams. each consisting of 1 OR nurse, 1 ICU nurse, 1 Ward nurse and 2 nurse auxillaries.
We have operated with 3 shifts. A. B and C.
The team on A-shift has been the staff present in the hospital. responsible for covering the services 24 hrs. from 7 to 7 o'clock.
Team on B-shift is resting on call. but gives support to A-shift whenever needed.
C-shift has undertaken humanitarian support in different places like orphanages or at local hospitals. The team on C-shift has the weekend off duty.

3.2 LIQUIDATION AND CLOSURE PLAN.

According to the last valid plan concerning close down of UNAMIR. the withdrawal will

start 8 March 96, with a following phasing out of 6 weeks.
Normed is expected to function fully until end of mandate. The gradual reduction and packing up is expected to last until end of March.
A more detailed liquidation plan will be produced in cooperation with medical branch and the logistic units.

3.3 WELFARE, TIME OFF DUTY

Being part of the UNAMIR system, NORMED has enjoyed the right of free travelling on the regular UN flights between Kigali and Nairobi.
The bookings of flights and hotel in Nairobi has been taken care of by 95CMSG travel officer here at Trafipro.
The Canadian welfare officer in Nairobi has all the time been most helpful organizing and booking safaries etc out of Nairobi. The same person has also acted as our contact person for any of our staff passing through Nairobi, helping people to and from the airport.
The secretary at NORMED has facilitated everything concerning CTO(Compensatory Time Off) out of Kigali.
A popular weekend resort, has been Meridien Hotel in Gisenyi.
Many has enjoyed the gorilla tours out of Ruhengeri.
Living at Trafipro has been alleviated being close to 95 CMSG mess/bar, kitshop and the UNAMIR dutyfree shop(PX).
An increasingly number of good restaurants have reopened in Kigali, most of them being safe to visit.
The swimming pool at Mille Collines, has been a good substitute for the one we once had at Trafipro.
Being included by the Canadians, NORMED staff have had access to all spare time activities of theirs, like physical training rooms, video, social arrangements etc.

PART 4. INTEGRATION AND COOPERATION

4.1 OPERATIONAL COMMAND

All aspects concerning operational policy as to which patient group would be eligible to treatment at NORMED Hospital, has been the concern of the Force Medical Officer(FMO).
The exemptions from the general regulations as whom to treat or not, have not been following a common line of policy, but more given at random, this causing confusion at the receiving end (NORMED Hospital).
We have often experienced a case not eligible for admission at NORMED being refused in the first place, but despite this, referred us at a later stage for treament.

Whenever any humanitarian activity was initiated, FMC was consulted for approval.

Medically, FMC has been the supervisor.

Administratively, the NORMED director has been answerable to the project leader in Norwegian Refugee Council in Norway. In our relation to the UN administration as such, the lines of authority and responsibility are less clear. This matter has to be looked into if a project like NORMED should be repeated in another peace keeping mission.

In any extraordinary situations, NORMED would be under the operational command of UNAMIR

4.2 INTEGRATION WITH A MILITARY UNIT

To integrate a civilian medical team with a peace keeping force, was by many looked upon as a problematic task. To include a military medical unit into the civilian again, was considered an even more risky undertaking.
If the Norwegian staff had been assigned to the UN hospital without having to include any military medical personnel, the whole process would have been greatly simplified.
To combine the two different cultures, civilian and military, in a small unit like NORMED, was a great challenge. All though both medically trained, the professional experience and background is very different.
Additionally, NORMED was allocated 3 Nigerian medical staff, without being consulted.
Initially, the Norwegian group had the feeling of being integrated into the Canadian medical unit of 7 persons, rather than the other way around.
After some weeks of adjustments and reorganisations, the operations were running smoothly, and eventually everybody felt belonging to the same team
Learning to know each other, was an important part of the process.
It was of some advantage that both the medical director and the head nurse had some background in the Norwegian Army, the former having served in both UNIKOM and UNPROFOR.
A future deployment should avoid the mentioned problems by having ONE medical team only, being responsible for the medical services. A mixed group is not recommendable, this having nothing to do with different nationalities, but the constellation civilian-military.

4.3 COOPERATION WITH UNAMIR HQ AND UN DEPARTMENTS

After some initial confusion searching for the right channels within the UN system. NORMED developed a good relation to all departments. learning the proper procedures. The relation between NORMED and Medical Branch/FMO has been good. cooperation improving along with established routines.
The lines of communications in UNAMIR. has proved somewhat problematic in the event of accidents.
All accidents should be channelled through Medical Branch. who is supposed to organize CASEVACs and MEDEVACS. This has however. often not been the case. People are used to report directly to hospitals back home. and the same procedure is frequently followed here. causing confusion.
It may be discussed wether the present set up really is the best. To us. coming from "outside", it looks unnecessarily bureaucratic.

PART 5. REVIEW ON ACTIVITIES AND STATISTICS

5.1 MANDATE

As a priority number one, Normed was given the responsibility for the medical services of UNAMIR, UN personnel of other branches, foreign NGOs and UN affiliated employeees. Locally employed staff could be terated as OPD patients.
In line with the general mandate of UNAMIR. Normed was given the opportunity to engage itself in humanitarian work. all the time in agreement with FMO.
The work schedule at Normed Hospital allowed for one team at the time to be assigned work outside the camp.

5.2 NORMED HOSPITAL IN PATIENT DEPARTMENT

The inpatient dptm. has been running with 10 beds ward. an emergency room. operation theatre. X-ray unit and laboratory.
Additionally washing and laundery facilities were established adjacent.
The hospital has had toilets, but no showers or bath.

The main causes for admission. have been for injuries/trauma and infectious diseases. We have been treating many serious cases of malaria having the need for quinine infusions.
The activity at the x-ray deptm. has been some inhibited due to lack of films, and routine x-rays for health examinations often refused as a result. All though equipped with a very basic x-ray machine. the examinations done have been of very good quality.

The time needed for resupplies in the UN system is too long.

Our laboratory have been functioning on a high level of activity, mainly serving the high numbers of patients referred from the OPD. The laboratory has been a key stone in diagnosing the variety of diseases, always reliable.

Statistics	inpatients		160
	patients, days		420
	surgical operations		76
	minor		43
	major, in spinal or gen anesthesia		33
	general anesthesia		26
	spinal		7
	local anesthesia		43
	x-ray,	patients	368
		exposures	569
	laboratory,	patients	991
		tests	2327

5.3 NORMED OUT PATIENT DEPARTMENT

The general practitioners, dentist, hygiene officer and the pharmacist have been located to the OPD building.
A Canadian medical warrant officer was appointed OPD administrator, being assisted by a Nigerian male nurse(major) in the military paperwork.
The patients seen, have come from a great number of countries, reflecting the international community in UN and NGOs.
Both general practitioners have spoken French and English fluently. The use of interpreters have mainly been limited to kinyarwanda speaking patients.
The Canadian medics have served as auxilliary staff for the doctors.
The dentist have been working with a Norwegian nurse as assistant, part of the time also assisted by a Nigerian dental nurse.
Both the dentist and the general practitioners have been very busy throughout the period.
The pharmacy have been run by Norwegian pharmacist, assisted by a Canadian medic. They have managed to bring into order the different medical stocks. The supplies have been quite good most of the time.

5.3.1 FIGURES - OPD

Period	UN-mil	UN-civ	UN-loc	Mil obs	Civ pol	Locals	Total
14.8-26.11	546	900	506	153	131	264	2500
27.11-24.12	155	240	149	45	40	126	755
Total	701	1140	655	198	171	390	3255

* Dental patients included.

The figures from the OPD shows a high level of activity, with UAMIR personnel being only about 1/3 of the total patient number.
The variety in nationalities and diseases, have been immense. Our two general practitioners have been fluent in both English and French, which have been extremely helpful.
The Canadian staff have taken their share of the workload together with a Nigerian medical officer, making the OPD functioning very well.

5.3.2 FIGURES - DENTAL CONSULTATIONS

Month	Consultations
August	25
September	162
October	182
November	247
December	184
Total	800

The dental service, has enjoyed high popularity throughout the whole period. The number of patients seen, is very high. The figures speak for itself. It would have been unthinkable to establish a field hospital without including a dentist.

5.4 HUMANITARIAN ACTIVITIES

The humanitarian activities have been assigned the team off duty at the Normed Hospital. Mainly three kind of institutions have been visited.

5.4.1 KIGALI CENTRAL HOSPITAL

The main efforts have been concentrated on assisting the deptm. for anesthesia and recovery.This has been done lately on a daily basis. Tuesday-Thursday.
The surgical ward has been assisted by our auxilliary nurses twice weekly.
The support given to KCH has been highly appreciated and will hopefully continue until end of mandate. Gradually, an increased interest and enthusiasm for learning has been observed.

5.4.2 GIHUNDWE HOSPITAL, CYANGUGU

Depending on helicopter transport, the hospital has been given support by a surgical team in average every second week. Monday-Thursday(Friday).
The surgical deptm.of this hospital has been run by a Norwegian NGO.
Much of the surgery needed, has been because of trauma.

5.4.3 ORPHANAGES

Mainly Mother Theresa Orphanage in Kigali, Jesus Alive Orphanage in Gitarama,Gekoni Orphanage, Gitanga Youth Center have been assisted on a regular basis by our staff.
The sick children have been checked by doctor, general treatment of parasitic diseases like scabies given by a big team of nurses and auxilliares.
The dentist has given treatment to many patients at Mother Theresa Orphanage, where also elderly sick people are taken care of.

5.4.4 HEALTH CENTERS, REFUGEE CAMPS

One of the general practitioners accompanied by nurses, have been assisting Kibuye Givizi Camp, Rwesevo Health Center, Kyanza Health Center, Mugambazi Health Center, Giti Health Center.
Patients have been treated, advices given and the centers have been supplied with medicines, bandages etc.

PART 6. COMPARATIVE RESULTS AND COSTS

To make a comparison with the AUSMED set up. would not be right. the situation very different to the present.
We lack the necessary data in regard to costs. It would. however. have been very interesting to make a proper study on the economy involved.
A new military medical contingent would deploy with a full support group of security, logistic and administration.
By deployment of NORMED inside an existing camp. letting the 95CMSG take care of the necessary support. parts of the expencies could be avoided. especially taking in consideration that no additional Canadian staff was needed.
There should be no doubt about the cost effectiveness.
NORMED has been able to render the necessary medical service with a staff number not exceeding a similar military set up. but probably having less people.
When regarding the time aspects. a military unit traditionally needs more time for preparation and deployment. NORMED was operational within 3 weeks from assignment. which is undoubtly a record time in UN peacekeeping forces.

PART 7. DISCUSSION

When discussing advantages and disadvantages deploying of civilian medical unit. compared with a military. some points are of importance.

It has already been mentioned the advantage of assigning a civilian medical unit. this being more costeffective and speedy in regard to deployment.
The "cross cultural" problems seen by mixing military and civilian units. are of cause avoided by having a pure military set up. In the case of Normed. those difficulties were manageable.
Deployment together with a military unit. gives the possibility to draw some service from that administration. cutting down on the same on the medical side. Which part of the administration should be "mixed", has to be decided in each case. the feasability studied.

PART 8. CONCLUSIONS

The pilot project of NORMED in UNAMIR must be regarded successful. The obstacles integrating civilian unit with a peace keeping military system. has proved less problematic than anticipated. It has indicated a new way of solving the medical services. which should be taken in consideration when planning new missions.
Deployment of a civilian unit seems more cost effective in time and money.

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STATISTICS REPORT FROM OPD, NORMED FIELD HOSPITAL, UNAMIR, DECEMBER 95.
Dr Ole Eigil Ommundsen

(Dental office not included)

PERSONNEL: Unchanged.
2 general practitioners
1 physician assistant
1 male nurse
3 medical assistants
2 interpreters

All numbers for November in parenthesis.

PATIENTS SEEN:		**PATIENTS SENT FOR X-RAY:**		**FOR LABWORK:**	
Total:	482 (542)	Total:	80 (57)	Total:	244 (244)
UN military	133 (149)				
UN civilian	271 (333)				
NGO	47 (31)				
Civilian	31 (29)				

CONSULTATIONS DONE BY GENERAL PRACTITIONER:

Total:	443 (423)
Dr Klepp	199 (169)
Dr Ommundsen	242 (232)
Others doctors	2 (22)

NATIONALITY OF PATIENTS SEEN BY GENERAL PRACTITIONER:
The 443 (423) consultations was done on patients from 59 (56) different nations.
Countries represented with more than 10 consultations:

Rwanda:	161 (129)
Ghana	31 (34)
Canada:	24 (19)
Britain	18 (11)
USA:	12 (20)
Nigeria:	12 (18)
Phillipines	16 (15)
Zambia	11 (29)
Norway	10
France	10 (15)
Italy	10
Malawi	10

DIAGNOSIS OF THE 443 (423) CONSULTATIONS:

A. General disease, allergy, viral infections:	41 (48)
Medical check/certificate:	56 (25)
Malaria (Disease)	38 (33)
Malariaprofylaxis:	3 (7)
B. Blood-and lymphatic diseases:	4 (0)
D. Disease in digestive tract:	52 (60)
Amoebiasis:	14 (14)
F. Eye:	23 (17)
H. Ear:	3 (17)
K. Heart- and vessels:	13 (21)
L. Muscle-skeleton:	59 (52)
N. Nervous system:	6 (9)
P: Psychiatry:	9 (13)
R. Respiratory organ:	33 (40)
S. Skin(incl wounds):	38 (29)
T. Hormonal and nutritional:	1 (4)
U. Urinary tract:	10 (6)
X. Female genitals:	2 (6)
Y. Male genitals:	1 (3)
STD:	22 (13)
W Pregnancy:	15 (5)
Z. Victim of violence:	0 (6)
TOTAL:	443 (423)

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REPORT FROM DENTAL OFFICE, NORMED FIELD HOSPITAL, UNAMIR.
Dentist Faramarz Dadkhah-Jazi.

DECEMBER 95.

In the dental report on October 95 it was explained the situation of the dental care in Rwanda and the high need for more people trained in dental care.
There are 2 local dentists in the whole country.

Normed has responded to this need by employing a local to train her as a dental assistant with emphases on prophylactic work. The training started in the end of December and will continue until the end of the mission.

The group of patients that have the highest DMFT (=Decayed=Caries,Missing teeth, filled teeth score) are the soldiers from Mali. We have tried to make contact with the medical personnel in Malicoy ,but they have not responded yet.

(17)

STATISTIC DENTAL OFFICE, OPD, NORMED HOSPITAL, UNAMIR

PERIOD : DECEMBER 95.
All figures forn Nov. in paranthesis.

Total consultations	174	(247)
UNAMIR military	55	(79)
UNAMIR civilian	48	(79)
NGO	31	(17)
UN	12	(17)
Lokal	28	(46)

The patient came from 42 (42) different nations:
The nations represented by more than 5 patients

Rwanda	54	(73)
Mali	22	(14)
Tunis	9	(14)
Canada	7	(12)
Russia	7	(15)
England	6	(9)

The type of treatment given (in%)

Filling therapy	58%	(51%)
Surgery	13%	(16%)
Endodontics	11%	(12%)
Periodontics	9%	(7%)
Prosthodontics	1%	(2%)
Profylactics	8%	(12%)

STATISTICS FILLING THERAPI AND EXTRACTIONS SEPT-DEC:

	SEPT	OCT	NOV	DEC
AMALGAM FILLING	25	73	125	90
COMPOSITE	35	7	13	17
EXTRACTION	19	21	23	19

REPORT FROM OPERATION THEATRE, DECEMBER 1995

OR NURSE SYNNØVE MADSEN

18 patients were treated in OR. 9 in general anaestesia. 4 in local-, 3 spinal- and 2 with no anaestesia.
Most of the operations were minor causes. We had 1 major surgical operation- a patient from a traffic-accident.

REPORT FROM WARD\RECOVERY\ICU, DECEMBER 1995

WARD NURSE SYNNØVE MADSEN

There was a slight increase in number of patients admitted to ward\ICU, compared to November. 40 inpatients, accounting for 89 patients\days were admitted.
2 patients from a car-accident were transferred to Nairobi Hospital.
1 child from Mother Theresa Orphanage was transferred to Kigali Central Hospital.

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR
P.O Box 749, Kigali, Rwanda
Tel 250-84265/6/8/9 Fax 250-86877 [Rwanda]
Fax 212-963 3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 25 JANUARY 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: SUSAN MATTHEW CAO, UNAMIR KIGALI, RWANDA
FAX : 212-962-2614	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: NORMED RETROSPECTIVE REPORT	

1. Following are the comments of FMO on NORMED Retrospective Report.

2. Enclosed is NORMED retrospective report for your perusal. The report is overall quite positive and I agree with the bulk of what is said. However, minor differences in perception and opinion from the military point of view deserve some comment.

3. The cost effectiveness issue is not at all clear and requires detailed analysis.

4. My opinion remains that level 3 is the requirement for adequate medical support in this environment.

5. The comments on equipment are strongly supported.

6. Para 4.2 disagree. Although more complicated to initiate, the ultimate combined team was far more effective.

7. Para 4.3 disagee. NORMED pers were unfamiliar with radio procedures and did not have the staff or expertise required to manage utilization of air resources or exercise command and control if required.

8. On the issue of entitlement to care, overall policy was that spare capacity could be utilized. Although this flexible approach did create some uncertainty for staff it did allow for much good care to be delivered and qreatly enhanced the positive reputation of both NORMED and UNAMIR. It is conceded that this put the onus on NORMED to say no when necessary which at times was difficult for them.

9. The report consistently underestimates or omits the contribution to outpatient care and pharmacy/resupply services by Canadian military medical staff. This was substantial and likely not appreciated by the authors as the management of OPD was entirely in the hands of 95 CMSG military medical personnel. The issue of employment of Nigerian pers in the clinic was discussed in detail with OPD Norwegian staff prior to this arrangement.

10. The report implies that 95 CMSG was easily able to absorb the additional support required for NORMED. This is absolutely incorrect. This additional workload created substantial demands on a small organization and was well handled only because 95 CMSG personnel willingly took on tasks outside of their usual duties, often during their off duty time. It would have been far easier to integrate military medical personnel, and probably with less cost.

11. Comments made concerning the initial hospital set up reflect a lack of understanding of space constraints at the time. Certainly lab and x-ray placement were not ideal, but occurred as a result of the fact that half the OPD space was still occupied by Indian troop sleeping quarters and kitchen facilities. Compromises were made to ensure operational primacy and achieve opening by the required deadline.

12. All of the above notwithstanding, the overall deployment of NORMED provided a first class standard of medical support to UNAMIR. Key elements required from all involved were flexibility, understanding and cooperative efforts. This hybrid unit has demonstrated that such an arrangement can be very effective and could serve as a "start-point" model for future properly selected missions.

13. On another matter, I am pleased to inform you that a lease arrangement has been signed for the required resuscitation equipment directly between Canada and CAO UNAMIR. Turnover arrangements are almost complete with no major problems anticipated.

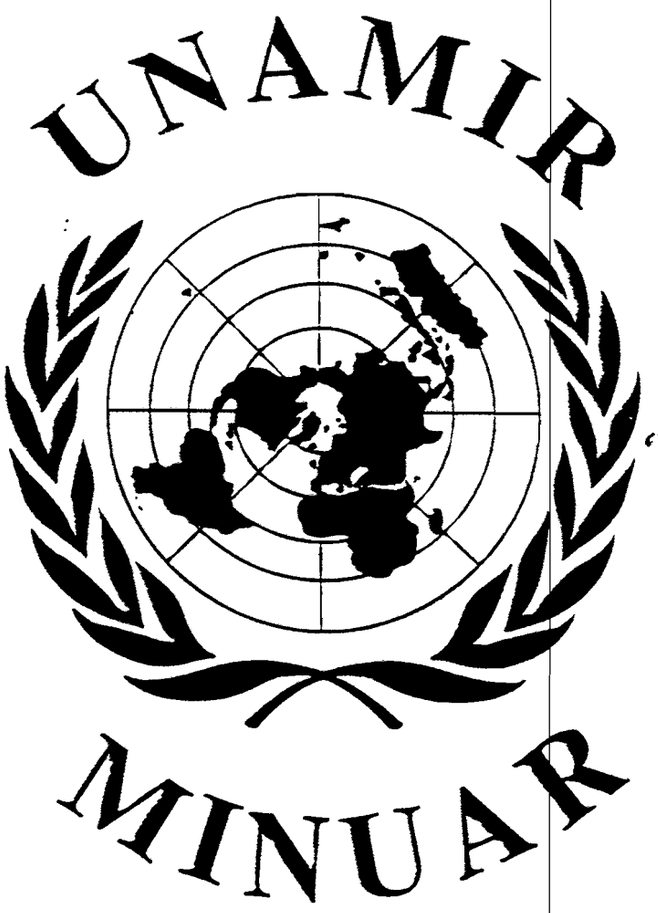
14. Thank you sincerely for your excellent support and assistance to this mission.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 2	

NORMED

FORCE MEDICAL UNIT / UNAMIR

16 August - 31 December 1995



A RETROSPECTIVE LOOK AT ASSESSMENT, ESTABLISHMENT AND MANAGEMENT OF NORMED, A CIVILIAN FIELD HOSPITAL IN A UN PEACE KEEPING OPERATION / ASSISTANCE MISSION.

Tor Harald Kristiansen and Tor-Eilif Emaus

Kigali, Rwanda, 30 December 1995

CONTENTS

PROLOGUE

Another chapter in our lives is coming to an end. Twentyeight Norwegians, six Canadians and one Nigerian have been working and living together for four and a half months. Every single one has continously contributed to make NORMED a good and reliable hospital for UNAMIR and all cooperating staff in Rwanda.

Notwithstanding this short periode, we have made new friends, learnt more about Africa, been exposed to new challenges and enjoyed working within UNAMIR and the United Nation Family. We also got a glance into the tragedy of many Rwandese men, women and children.

On behalf of the Norwegian contingent, we like to show our appreciation to DPKO, especially Dr. Adler and Dr.Deckner, for giving us the confidence and opportunity to contribute to this historical event being the first civilian staffed hospital in a peace keeping mission.

We thank The Norwegian Ministry of Foreign Affairs and Norwegian Refugee Council for their contribution to make this pioneer project a reality. A special thank to Steinar Sundvoll and Kari Vik Knutsen in NRC, for their hard work and guidance through all these months.

Furthermore, our gratitude goes to General Toussignant and his staff who adopted us into their force, and for the continual positive feedback we received. Special thanks to our Force Medical Officer, Major Maureen Fensom, the Medical Branch at HQ for their active participation and tireless attention and care for NORMED during this time.

Lt Col Primeau and his personnel in 95 CMSC made it possible for us to get a comfortable and social life at Trafipro camp. We are really grateful for their warm hospitality, support and cooperation.Together we form a good team.

We thank our colleagues in NORMED for their efforts. We thank our Rwandese workers Providence, Selaphine, Gregoire, Hamissi, Olivier and Innocent for their good work and cooperation.

Last, but not least, the two of us are grateful to our wives and children who have given us full support in participating in this mission. All of them have been toghether with us in Africa before, and they love the continent. As one of them said: "Having you there, is like having one leg in Africa."

Tor Harald Kristiansen
Medical Director

Tór-Eilif Emaus
Headnurse

Kigali, Rwanda
30 December 1995

SUMMARY

From August 94 to August 95, the medical service to UNAMIR was the responsibility of an Australian Medical contingent (AUSMED).
Coming close to the withdrawal date for AUSMED, no new unit had been assigned.
To shortcut the normal preparation time a new military contingent would need to deploy, a request for a civilian medical unit was presented the Norwegian government.
A NGO, Norwegian Refugee Council, working in very close cooperation with the Norwegian Ministry of Foreign Affairs, was engaged for implementing the task.

In a matter of 2 weeks, NORMED with a staff of 28 people and a prepacked field hospital were deployed in Kigali and operative as from 18 August 95.
The unit was integrated with the 95 CMSG (Canadian logistic group).

Despite expressed doubts about integration of a civilian unit into a peacekeeping force, the negative prophesies proved untrue.
After 4-5 months of services, the project seems to have been working well, giving a high standard of medical service and at the same time obviously being more cost effective than a military contingent.
The experience gained, give good reasons for copying the set up in a future peace keeping operation.

INTRODUCTION

UNAMIR (United Nations Assistance Mission in Rwanda) was established in Rwanda 5 October 1993 under resolution 872 as a result of the Arusha agreement of 4 August 1993. UNAMIR's tasks included provison and control of security in the capital Kigali, establishment of a demilitarized zone and procedures for deployment, and surveillance of the overall security situation in Rwanda, especially in the periode prior to the planned national elections in 1995.

Early 1994 was politically and militarily unstable. Extremist hutus within the president's party were working against the peaceprosess. The peaceplan was however implemented by deploying an infantry battalion to UNAMIR.
The 6th of April 1994, the President of Rwanda was killed as his plane was shot down, most probably by his own security force. This started systematical killing of tutsis and moderate hutus, lead by extreme hutus. Shortly a horror beyond imagination was a fact as hundred thousands of mainly tutsis were being slaughtered by hutus.
At the same time, the civil war between RPF and the government army broke out in full strength.

Without mandate to protect anyone but themselves, the UNAMIR force witnessed the most brutal and effectiv genocide ever seen. During the first day of violence, 8 Belgian soldiers were executed by the presidential guard. This resulted in Belgium pulling out their force, which was the best trained and equipped contingent at that time.
Force Commander asked repeatedly for resources and mandate to rescue civilians, but Security Council was hesitating and finally decided to change the mandate and to reduce UNAMIR. Shortly after reduction, Secretary General realized this was a faulty decision. He asked Security Council for mandate to stop the genocide. The Council once more went into a phase of not beeing able to react. 17 May came the new mandate of UNAMIR, allowing troops to defend civilians. The force should concist of 5000 soldiers, but now one faced the problem of finding contributors.
Only 500 soldiers were deployed in July and the killings continued. France intervened under an operation called Turcquoise and established a safe zone in southwest Rwanda from 22 July to end August. In the meantime, tutsis controled army, RPF, took control all over the country. A lot of hutus feared revenge, and a million of them took refuge in Zaire. In August and September most of UNAMIR was present, and a new Government was formed by RPF. Since then the situation can be described as stable.

From August 94 to August 95, Australia contributed with a military field hospital to UNAMIR. Their hospital was established within the premises of Kigali Central Hospital, but operating on its own. Their total force counted 150. By the end of their contract, UN had no country willing to replace the military field hospital.
UNDPKO, New York decided to contact The Norwegian Refugee Council as to ask for assistance to establish a force hospital run by civilians. With financial support from the Norwegian Ministry of Foreign Affairs, NRC accepted the invitation and deployed a civilian hospital within 3 weeks. NORMED/UNAMIR treated its first patient 17August 1995.

In this report, we shall describe the different phases and challenges we have met during the NORMED project. Being the first civilian hospital deployed to a peacekeeping operation, we find it important to share our experience with decision makers and staff of other future hospital of this kind.

TERMS OF REFERENCE

An abstract of the most important is listed below.

1. To deliver medical services to UNAMIR, UN agencies, affiliated contractors and NGO personnel.
2. NORMED should be counted as part of UNAMIR, not a new NGO in Rwanda.
3. The status of NORMED personnel should be subject to further clarifications by UN.
4. The level of medical service was decided to be 2 plus.The Australian having had a full level 3 hospital.(staff: 150, beds:50)
5. Number of staff: 28. Beds: 10.Holding capacity: 5 days.

PART 1. PREPARATION

1.1 RECONNAISSANCE

A reconnaissance group consisting of the project leader from Norwegian Refugee Council together with an experienced relief work administrator, visited Kigali less than 2 weeks ahead of deployment of NORMED. Due to lack of time, none of the potensial leaders of NORMED could participate, this causing reduced inputs to the planned set up from the surgical side.
After talks with UNAMIR representatives and the heads of the Canadian 95CMSG, especially the medical staff, a plan for deployment of NORMED was presented and accepted by Norwegian authorities and UN New York. The time limits involved, gave very little room for extensive and in depth considerations. Suitable buildings were found inside the UN compound at Trafipro, and detailed plans for disposals of rooms decided upon.

1.2 PREASSESSMENT

The necessary staff and equipment to be brought in by NORMED, was assessed on the conditions that 95CMSG was to provide livingquarters, catering and security. Additionally, the medical unit of 95CMSG, was to be integrated in the NORMED set up. The NORMED hospital site found, was close to where 95CMSG and much of the civilian offices of UNAMIR was located.
According to the requirements from UN New York, NORMED was supposed to deliver medical services on level 2-3, this being somewhat unspecified and giving room for interpretations in regard to outfits and equipments.Obviously, there was some different understandings between FMO UNAMIR, UN New York and Norwegian Refugee Council.
A pre packed Norwegian Field Hospital Unit was found to meet most requirements. A staff of total 28 persons, including general and orthopedic surgeons and anesthesiologist, was eventually considered being the sufficient number.

1.3 STAFF

The proposed staff consisted of following:

1 Medical Director
1 Head Nurse
1 General Surgeon
1 Orthopedic Surgeon
1 Anesthesiologist
2 General practitioners

1 Dentist
1 Pharmacist
1 Laboratory technician
1 X-ray technician
1 Anesthesist nurse
3 Operation theatre nurses
3 Intensive care nurses
2 Ward nurses
8 Nurse auxilliaries
1 Ambulance driver, paramedic

Due to different functions of the surgeons in Norway and Canada/USA, an orthopedic surgeon was included in the primary set up. The orthopedic surgery in question, could however be well covered by a general surgeon trained in Norway.
A Norwegian trained anesthetist nurse is normally working more independently, than what is normally seen in Canada or USA.
The staff number as a whole, was deemed necessary in order to cover an 24 h on call system, running a hospital with surgical facilities.

In retrospect, now knowing that the surgical activities at the hospital would be very low, and the demand for nursing care in the ward would rarely hit the set limit of 10 beds, a revision of the set up seems necessary.
As the Canadian medics have covered the need for auxilliary nursing staff at OPD, except for one dental assistant, the demand for this staff was less than anticipated.

By the end of the first contract period of the NORMED staff, a revised staff list has been presented.
The humanitarian work being expected to continue at the same level as at present and the support to Kigali Central Hospital if possible even increased, this being on the recovery and anesthetist side where the need has been stressed by the hospital director.
In order to enhance the quality of nursing care given and to be able to assist KCH in developing their recovery, the auxilliary staff was suggested replaced by reg. nurses.
This change also done in order to meet the challenge from expected increased refugee influx.
The staff support by 95 CMSG expected to be unchanged, still including an anesthesiologist.

The revised list looks as follows, with a total staff number of 26:

1 Medical director (general surgeon)
1 Head nurse
1 Secretary
1 General surgeon
2 General practitioners
1 Dentist

1 Dental assistant
1 Pharmacist
1 X-ray technician
1 Laboratory technician
2 Anesthetist nurses
4 Operation theatre nurses
4 Intensive care unit nurses
4 Ward nurses
0 Auxilliary nurses
1 Maintenance officer

1.4 EQUIPMENT

As mentioned, modules of Norwegian Mobile Hospital and Disaster Unit and Norwegian Mobile Medical Aid System were expected to cover the need for equipment.
After a period of functioning, some defiencies were deeply felt.
First of all, more tests had to be included in the laboratory service. For that purpose, a Reflotron was added, which extended our diagnostic means considerably.
The field hospital had furthermore very modest set up to establish a satisfactory resuscitation/emergency room. This gap was filled by adding some of the Canadian equipment.
Having planned for surgery of injuries etc, a better armament for treatment of fractures should be added. External fixation and set for osteosynthesis would have increased our range of surgery by far. Most patients sent to Nairobi were fractures in the need of osteosynthesis.
In the same field, a small C-arm would have been extremely helpful.

1.5 HOSPITAL FACILITIES

Two adjacent buildings at Trafipro were selected for OPD and inpatient dptm. respectively. The location of different functions was done in cooperation with the Canadian medical staff. No people having experience from operation theatre, were consulted.
This resulted in a lesser ideal placement and functioning of the different departments. Having the x-ray and laboratory inside operation theatre area, is by far not acceptable. The initial plan laid, was however not to be changed by arrival of the NORMED staff. the Canadian medical personnel obstructing any amendments.
To avoid conflict, no changes were tried implemented.

It would be of clear advantage, however, to see the laboratory moved to the OPD building, where most of the lab.test are required.
The x-ray unit could easily be moved to another room inside the ward building.The result would give more area and improved hygiene in the operation theatre area.

1.6 RECRUITMENT PERSONNEL

Due to short time limits. the time for recruitment of personnel was less than 2 weeks.
It was a great accomplishment to establish a staff of experienced and competent people at such short notice. Everybody had to apply for absence of leave to the different employers and replacements sought for in a hurry.
People with previous experience from the tropics were preferred.
Some problems were encountered engaging surgeons and anesthesiologist.
The latter had to provided by the Canadian Army.
The Norwegian Hospitals are not readily releasing doctors for service abroad. This is an ever returning problem.

1.7 PREPARATIONS IN NORWAY

Again, because of reduced time at hand, not everybody could join a one day preparation course. The contents of the briefings given on Rwanda and UNAMIR by the Norwegian Refugee Council, was well received by the participating staff.

PART 2. DEPLOYMENT

2.1 ARRIVAL

A forward party, consisting of the head nurse, lab.technician, x-ray technician, ambulance driver, one ICU nurse, the general surgeon(medical director)and the project leader from Norwegian Refugee Council assisted by 2 men from the Norwegian Company delivering the hospital unit, arrived on 12 of August 95, together with the cargo plane from Norway bringing in the field hospital.
The main group arrived on the 19 ofAugust, the day after NORMED had finally taken over the responsibility for the medical services in UNAMIR, after having had a transition period of 3 days, 15-18 Aug. with the Australians(AUSMED).
The carpenters, plummers and electricians were still working to prepare the rooms, while the equipment were moved in place and NORMED was supposed to function as a hospital.
However, nothing failed, much due to generous support by 95CMSG and AUSMED.

2.2 ACCOMODATION

According to the plan, 95CMSG provided logistics and accomodation for the staff at Trafipro, together with the Canadians. Part of the NORMED staff were staying for some days in sleeping containers, while the weatherhavens were prepared.

One of the staff was appointed quartermaster.

2.3 ID CARDS

UNAMIR ID-cards were issued at the security section, HQ. All staff got a military ID card, all though not actually being a military contingent, reflecting some of the problems concerning given status in the UN system.

2.4 VISA

All NORMED personnel entered Rwanda on tourist visa, not indicating anything about being engaged for service within UNAMIR.
This can not be the right procedure, and has, not unexpectedly, caused lots of problems later on.

According to the Status of Mission Agreement between UN and Rwanda, it is said in

§ 26 "Military observers, civilian police personnel and civilian personnel other than United Nations officials whose names are for the purpose notified to the Government by the Special Representative, shall be considered as experts on mission within the article VI of the Convention."
The Normed staff is regarded as "experts on mission", a civilian component of UNAMIR, mentioned under "definitions",(ii) in the agreement.

§ 30 "Special facilities will be granted by the Government for the speedy processing of entry and exit formalities for all members of UNAMIR."
The NORMED staff have been treated exactly like any other visitors to Rwanda and have not enjoyed any special facilities or speedy processing.

§ 33 "For that purpose, the Special Representative and members of UNAMIR shall be exempt from passports and visa regulations and immigration inspection and restriction entering into or departing from Rwanda.".
This agreement seems to be ignored both by UNAMIR and Rwandese immigration authorities.
This is a matter of great concern, causing unnecessary frustrations and problems.

2.5 DRIVING LICENCE

A driving licence for UNAMIR cars, was issued after a brief test. An international driving licence could possibly be accepted, but none of the staff brought such licence along, not knowing the procedures and requirements.
The field service officer in charge, was not very serviceminded, and caused repeatedly

delays, looking upon every applicants as an nuisance, being more interested in playing cards on his computer.

2.6 SECURITY REGULATIONS

The security regulations of UNAMIR and 95CMSG were adopted and has been followed in general, making some practical amendments in regard to escorts ect.

The UNAMIR curfew and off limits rules for UNAMIR cars, have been stressed.
The alcohol regulations of the 95CMSG has been followed in general. NORMED staff having slightly more liberal rules concerning alcohol consume at the living quarters.
A reporting system, indicated on a board at the hospital, has been showing the whereabouts of all personnel and vehicles being out of camp at any given time.

2.7 HEALTH

The necessary vaccines were given prior to deployment, before departure from Norway.
As malaria prophylaxis, a combination of Chloroquin and Paludrin has been recommended. No incidences of malaria have been seen.
No serious cases of any diseases have been seen among our staff.

2.8 LOGISTICS

2.8.1 TRANSPORTATION

Two Toyota Fourrunners were allocated NORMED for it's disposals.
The knowlegde gained after 4 months, is indicating the need for a 3rd car, this mainly due to increased humanitarian activities.
The shuttle service, bringing people to and from the airport, has for scheduled UN flights been organized by 95CMSG. In most other cases, this have been taken care of by the NORMED staff.

2.8.2 COMMUNICATIONS

NORMED was provided a base radio located at the hospital. Additionally, a number of radio handsets were distributes to key personnel on call.
Telephones for internal UNAMIR calls were established from the early beginning. Later, a fax machine and a telephone was added with access to satelitte link for international calls, this being extremely useful for communication with the project leaders in Norway and family back home.

2.3.3 OFFICE INVENTORY

Two lap top computers were brought in from Norway initially, without which, the administrative work would have been extremely difficult.
Some filing cabinets and some simpel office furniture were included in the hospital unit.
A much needed copy machine was provided by UNAMIR
Stationaries have continously been supplied by the same.

PART 3. ORGANIZATION

3.1 ADMINISTRATION

NORMED has been led by a medical director, also working as a general surgeon, and a head nurse being full time in administrative position.
The adminstration has been supported by one auxilliary nurse, used as office secretary.
At each different department, one of the nurses has been appointed leader.
As the OPD administrator, a Canadian medical warrant officer was chosen.
The prehospital services, including CASEVACs, MEDEVACs, has been the responsibility of Medical Branch, UNAMIR and our AME officer(Canadian) in NORMED.

The Force Medical Officer, UNAMIR,has been supervising the medical services and NORMEDhas had close cooperation with Medical Branch at UN headquarter.

The Canadian medical staff integrated in NORMED, has been administratively under the medical officer of 95CMSG, the lines of order not quite clear when coming to the pure medical sides.This have sometimes created problems and should be avoided in a future set up.
All medical staff in a unit like NORMED, should have a common leadership, not devided as we have seen it in our situation.

The need for having more clearly defined lines of authority and responsibility between the UAMIR administration/FMO/Medical Branch on one side and the NORMED administration/Norwegian Refugee Council on the other, would be of an advantage.
The way of compromise has often been necessary to facilitate a smooth functioning of the hospital.

3.1.1 MATERIAL CONTROL

The main responsibility for inventory, equipment etc., has been assigned the head nurse.Each department leader is in return answerable to him.
The drug control, especially the narcotics, has been the concern of the pharmacist.
Requests for resupplies has been channeled through the same person.

The head nurse has prepared the orders to logistic units in UNAMIR.

3.1.2 REPORTING SYSTEM

Each department leader has reported on a monthly bases to the head nurse and director. who in return has prepared a monthly report to the Norwegian Refugee Council and the Force Medical Officer. UNAMIR.

3.1.3 TRANSPORT

Two 4WD stationwagons were allocated and prepared for NORMED prior to our arrival. On our second day here, we were guided to the transport pool. where our paramedic/amb.driver signed for the cars. The personnel who were to drive the cars, had to be testet for a UN driving licence.
During the first two month, two cars were enough to cover our transport needs. During the last two months, our involvement in humanitarian work has increased. causing conciderable problems coordinating disposals of the two vehicles.
Our second ambulance has been used for important swift trips. This is not recommendable.
A request for a third vehicle was submitted to Chief Transport UN two months ago. We have not yet got a positiv respons to our application.
In order to carry out our tasks outside hospital toghether with personal transport needs. we suggest NORMED be allocated two more 4WD vehicles, a total of four vehicles for personnel and equipment transport. An application was submitted FC/CAO in December.

3.1.4 DUTY ROOSTERS

Nurses and nurse auxillaries have been divided in 3 teams. each consisting of 1 OR nurse, 1 ICU nurse, 1 Ward nurse and 2 nurse auxillaries.
We have operated with 3 shifts. A, B and C.
The team on A-shift has been the staff present in the hospital. responsible for covering the services 24 hrs, from 7 to 7 o'clock.
Team on B-shift is resting on call, but gives support to A-shift whenever needed.
C-shift has undertaken humanitarian support in different places like orphanages or at local hospitals. The team on C-shift has the weekend off duty.

3.2 LIQUIDATION AND CLOSURE PLAN.

According to the last valid plan concerning close down of UNAMIR, the withdrawal will

start 8 March 96, with a following phasing out of 6 weeks.
Normed is expected to function fully until end of mandate. The gradual reduction and packing up is expected to last until end of March.
A more detailed liquidation plan will be produced in cooperation with medical branch and the logistic units.

3.3 WELFARE, TIME OFF DUTY

Being part of the UNAMIR system, NORMED has enjoyed the right of free travelling on the regular UN flights between Kigali and Nairobi.
The bookings of flights and hotel in Nairobi has been taken care of by 95CMSG travel officer here at Trafipro.
The Canadian welfare officer in Nairobi has all the time been most helpful organizing and booking safaries etc out of Nairobi. The same person has also acted as our contact person for any of our staff passing through Nairobi, helping people to and from the airport.
The secretary at NORMED has facilitated everything concerning CTO(Compensatory Time Off) out of Kigali.
A popular weekend resort, has been Meridien Hotel in Gisenyi.
Many has enjoyed the gorilla tours out of Ruhengeri.
Living at Trafipro has been alleviated being close to 95 CMSG mess/bar, kitshop and the UNAMIR dutyfree shop(PX).
An increasingly number of good restaurants have reopened in Kigali, most of them being safe to visit.
The swimming pool at Mille Collines, has been a good substitute for the one we once had at Trafipro.
Being included by the Canadians, NORMED staff have had access to all spare time activities of theirs, like physical training rooms, video, social arrangements etc.

PART 4. INTEGRATION AND COOPERATION

4.1 OPERATIONAL COMMAND

All aspects concerning operational policy as to which patient group would be eligible to treatment at NORMED Hospital, has been the concern of the Force Medical Officer(FMO).
The exemptions from the general regulations as whom to treat or not, have not been following a common line of policy, but more given at random, this causing confusion at the receiving end (NORMED Hospital).
We have often experienced a case not eligible for admission at NORMED being refused in the first place, but despite this, referred us at a later stage for treament.

Whenever any humanitarian activity was initiated, FMO was consulted for approval.

Medically, FMO has been the supervisor.

Administratively, the NORMED director has been answerable to the project leader in Norwegian Refugee Council in Norway. In our relation to the UN administration as such, the lines of authority and responsibility are less clear. This matter has to be looked into if a project like NORMED should be repeated in another peace keeping mission.

In any extraordinary situations, NORMED would be under the operational command of UNAMIR

4.2 INTEGRATION WITH A MILITARY UNIT

To integrate a civilian medical team with a peace keeping force, was by many looked upon as a problematic task.To include a military medical unit into the civilian again, was considered an even more risky undertaking.
If the Norwegian staff had been assigned to the UN hospital without having to include any military medical personnel, the whole process would have been greatly simplified.
To combine the two different cultures, civilian and military, in a small unit like NORMED, was a great challenge. All though both medically trained, the professional experience and background is very different.
Additionally, NORMED was allocated 3 Nigerian medical staff, without being consulted.
Initially, the Norwegian group had the feeling of being integrated into the Canadian medical unit of 7 persons, rather than the other way around.
After some weeks of adjustments and reorganisations, the operations were running smoothly, and eventually everybody felt belonging to the same team
Learning to know each other, was an important part of the process.
It was of some advantage that both the medical director and the head nurse had some background in the Norwegian Army, the former having served in both UNIKOM and UNPROFOR.
A future deployment should avoid the mentioned problems by having ONE medical team only, being responsible for the medical services.A mixed group is not recommendable, this having nothing to do with different nationalities, but the constellation civilian-military.

4.3 COOPERATION WITH UNAMIR HQ AND UN DEPARTMENTS

After some initial confusion searching for the right channels within the UN system. NORMED developed a good relation to all departments. learning the proper procedures. The relation between NORMED and Medical Branch FMO has been good. cooperation improving along with established routines.
The lines of communications in UNAMIR. has proved somewhat problematic in the event of accidents.
All accidents should be channelled through Medical Branch. who is supposed to organize CASEVACs and MEDEVACS. This has however. often not been the case. People are used to report directly to hospitals back home. and the same procedure is frequently followed here. causing confusion.
It may be discussed wether the present set up really is the best. To us. coming from "outside", it looks unnecessarily bureaucratic.

PART 5. REVIEW ON ACTIVITIES AND STATISTICS

5.1 MANDATE

As a priority number one, Normed was given the responsibility for the medical services of UNAMIR, UN personnel of other branches, foreign NGOs and UN affiliated employeees. Locally employed staff could be terated as OPD patients.
In line with the general mandate of UNAMIR, Normed was given the opportunity to engage itself in humanitarian work. all the time in agreement with FMO.
The work schedule at Normed Hospital allowed for one team at the time to be assigned work outside the camp.

5.2 NORMED HOSPITAL IN PATIENT DEPARTMENT

The inpatient dptm. has been running with 10 beds ward. an emergency room. operation theatre, X-ray unit and laboratory.
Additionally washing and laundery facilities were established adjacent.
The hospital has had toilets, but no showers or bath.

The main causes for admission, have been for injuries/trauma and infectious diseases. We have been treating many serious cases of malaria having the need for quinine infusions.
The activity at the x-ray deptm. has been some inhibited due to lack of films, and routine x-rays for health examinations often refused as a result. All though equipped with a very basic x-ray machine, the examinations done have been of very good quality.

The time needed for resupplies in the UN system is too long.

Our laboratory have been functioning on a high level of activity, mainly serving the high numbers of patients referred from the OPD. The laboratory has been a key stone in diagnosing the variety of diseases, always reliable.

Statistics	inpatients		166
	patients/days		420
	surgical operations		76
	minor		43
	major, in spinal or gen anesthesia		33
	general anesthesia		26
	spinal		7
	local anesthesia		43
	x-ray,	patients	368
		exposures	569
	laboratory,	patients	991
		tests	2327

5.3 NORMED OUT PATIENT DEPARTMENT

The general practitioners, dentist, hygiene officer and the pharmacist have been located to the OPD building.
A Canadian medical warrant officer was appointed OPD administrator, being assisted by a Nigerian male nurse(major) in the military paperwork.
The patients seen, have come from a great number of countries, reflecting the international community in UN and NGOs.
Both general practitioners have spoken French and English fluently. The use of interpreters have mainly been limited to kinyarwanda speaking patients.
The Canadian medics have served as auxilliary staff for the doctors.
The dentist have been working with a Norwegian nurse as assistant, part of the time also assisted by a Nigerian dental nurse.
Both the dentist and the general practitioners have been very busy throughout the period.
The pharmacy have been run by Norwegian pharmacist, assisted by a Canadian medic. They have managed to bring into order the different medical stocks. The supplies have been quite good most of the time.

5.3.1 FIGURES - OPD

Period	UN-mil	UN-civ	UN-loc	Mil obs	Civ pol	Locals	Total
14.8-26.11	546	900	506	153	131	264	2500
27.11-24.12	155	240	149	45	40	126	755
Total	701	1140	655	198	171	390	3255

* Dental patients included.

The figures from the OPD shows a high level of activity, with UAMIR personnel being only about 1/3 of the total patient number.
The variety in nationalities and diseases, have been immense. Our two general practitioners have been fluent in both English and French, which have been extremely helpful.
The Canadian staff have taken their share of the workload together with a Nigerian medical officer, making the OPD functioning very well.

5.3.2 FIGURES - DENTAL CONSULTATIONS

Month	Consultations
August	25
September	162
October	182
November	247
December	184
Total	800

The dental service, has enjoyed high popularity throughout the whole period. The number of patients seen, is very high. The figures speak for itself. It would have been unthinkable to establish a field hospital without including a dentist.

5.4 HUMANITARIAN ACTIVITIES

The humanitarian activities have been assigned the team off duty at the Normed Hospital. Mainly three kind of institutions have been visited.

5.4.1 KIGALI CENTRAL HOSPITAL

The main efforts have been concentrated on assisting the deptm. for anesthesia and recovery.This has been done lately on a daily basis, Tuesday-Thursday.
The surgical ward has been assisted by our auxilliary nurses twice weekly.
The support given to KCH has been highly appreciated and will hopefully continue until end of mandate. Gradually, an increased interest and enthusiasm for learning has been observed.

5.4.2 GIHUNDWE HOSPITAL, CYANGUGU

Depending on helicopter transport, the hospital has been given support by a surgical team in average every second week, Monday-Thursday(Friday).
The surgical deptm.of this hospital has been run by a Norwegian NGO.
Much of the surgery needed, has been because of trauma.

5.4.3 ORPHANAGES

Mainly Mother Theresa Orphanage in Kigali, Jesus Alive Orphanage in Gitarama,Gekoni Orphanage, Gitanga Youth Center have been assisted on a regular basis by our staff.
The sick children have been checked by doctor, general treatment of parasitic diseases like scabies given by a big team of nurses and auxilliares.
The dentist has given treatment to many patients at Mother Theresa Orphanage, where also elderly sick people are taken care of.

5.4.4 HEALTH CENTERS, REFUGEE CAMPS

One of the general practitioners accompanied by nurses, have been assisting Kibuye Givizi Camp, Rwesevo Health Center, Kyanza Health Center, Mugambazi Health Center, Giti Health Center.
Patients have been treated, advices given and the centers have been supplied with medicines, bandages etc.

PART 6. COMPARATIVE RESULTS AND COSTS

To make a comparison with the AUSMED set up. would not be right. the situation very different to the present.
We lack the necessary data in regard to costs. It would. however. have been very interesting to make a proper study on the economy involved.
A new military medical contingent would deploy with a full support group of security, logistic and administration.
By deployment of NORMED inside an existing camp. letting the 95CMSG take care of the necessary support, parts of the expencies could be avoided. especially taking in consideration that no additional Canadian staff was needed.
There should be no doubt about the cost effectiveness.
NORMED has been able to render the necessary medical service with a staff number not exceeding a similar military set up. but probably having less people.
When regarding the time aspects, a military unit traditionally needs more time for preparation and deployment. NORMED was operational within 3 weeks from assigmment. which is undoubtly a record time in UN peacekeeping forces.

PART 7. DISCUSSION

When discussing advantages and disadvantages deploying of civilian medical unit. compared with a military. some points are of importance.

It has already been mentioned the advantage of assigning a civilian medical unit, this being more costeffective and speedy in regard to deployment.
The "cross cultural" problems seen by mixing military and civilian units. are of cause avoided by having a pure military set up. In the case of Normed. those difficulties were manageable.
Deployment together with a military unit, gives the possibility to draw some service from that administration, cutting down on the same on the medical side. Which part of the administration should be "mixed", has to be decided in each case. the feasability studied.

PART 8. CONCLUSIONS

The pilot project of NORMED in UNAMIR must be regarded successful. The obstacles integrating civilian unit with a peace keeping military system. has proved less problematic than anticipated. It has indicated a new way of solving the medical services, which should be taken in consideration when planning new missions.
Deployment of a civilian unit seems more cost effective in time and money.

STATISTICS REPORT FROM OPD, NORMED FIELD HOSPITAL, UNAMIR, DECEMBER 95.
Dr Ole Eigil Ommundsen

(Dental office not included)

PERSONNEL: Unchanged.
2 general practitioners
1 physician assistant
1 male nurse
3 medical assistants
2 interpreters

All numbers for November in parenthesis.

PATIENTS SEEN:		**PATIENTS SENT FOR X-RAY:**		**FOR LABWORK:**	
Total:	482 (542)	Total:	80 (57)	Total:	244 (244)
UN military	133 (149)				
UN civilian	271 (333)				
NGO	47 (31)				
Civilian	31 (29)				

CONSULTATIONS DONE BY GENERAL PRACTITIONER:

Total:	443 (423)
Dr Klepp	199 (169)
Dr Ommundsen	242 (232)
Others doctors	2 (22)

NATIONALITY OF PATIENTS SEEN BY GENERAL PRACTITIONER:
The 443 (423) consultations was done on patients from 59 (56) different nations.
Countries represented with more than 10 consultations:

Rwanda:	161 (129)
Ghana	31 (34)
Canada:	24 (19)
Britain	18 (11)
USA:	12 (20)
Nigeria:	12 (18)
Phillipines	16 (15)
Zambia	11 (29)
Norway	10
France	10 (15)
Italy	10
Malawi	10

DIAGNOSIS OF THE 443 (423) CONSULTATIONS:

A. General disease, allergy, viral infections:	41 (48)
Medical check/certificate:	56 (25)
Malaria (Disease)	38 (33)
Malariaprofylaxis:	3 (7)
B. Blood-and lymphatic diseases:	4 (0)
D. Disease in digestive tract:	52 (60)
Amoebiasis:	14 (14)
F. Eye:	23 (17)
H. Ear:	3 (17)
K. Heart- and vessels:	13 (21)
L. Muscle-skeleton:	59 (52)
N. Nervous system:	6 (9)
P: Psychiatry:	9 (13)
R. Respiratory organ:	33 (40)
S. Skin(incl wounds):	38 (29)
T. Hormonal and nutritional:	1 (4)
U. Urinary tract:	10 (6)
X. Female genitals:	2 (6)
Y. Male genitals:	1 (3)
STD:	22 (13)
W Pregnancy:	15 (5)
Z. Victim of violence:	0 (6)
TOTAL:	443 (423)

REPORT FROM DENTAL OFFICE, NORMED FIELD HOSPITAL, UNAMIR.
Dentist Faramarz Dadkhah-Jazi.

DECEMBER 95.

In the dental report on October 95 it was explained the situation of the dental care in Rwanda and the high need for more people trained in dental care.
There are 2 local dentists in the whole country.

Normed has responded to this need by employing a local to train her as a dental assistant with emphases on prophylactic work. The training started in the end of December and will continue until the end of the mission.

The group of patients that have the highest DMFT (=Decayed=Caries,Missing teeth, filled teeth score) are the soldiers from Mali. We have tried to make contact with the medical personnel in Malicoy ,but they have not responded yet.

STATISTIC DENTAL OFFICE, OPD, NORMED HOSPITAL, UNAMIR

PERIOD : DECEMBER 95.
All figures forn Nov. in paranthesis.

Total consultations	174	(247)
UNAMIR military	55	(79)
UNAMIR civilian	48	(79)
NGO	31	(17)
UN	12	(17)
Lokal	28	(46)

The patient came from 42 (42) different nations:
The nations represented by more than 5 patients

Rwanda	54	(73)
Mali	22	(14)
Tunis	9	(14)
Canada	7	(12)
Russia	7	(15)
England	6	(9)

The type of treatment given (in%)

Filling therapy	58%	(51%)
Surgery	13%	(16%)
Endodontics	11%	(12%)
Periodontics	9%	(7%)
Prosthodontics	1%	(2%)
Profylactics	8%	(12%)

STATISTICS FILLING THERAPI AND EXTRACTIONS SEPT-DEC:

	SEPT	OCT	NOV	DEC
AMALGAM FILLING	25	73	125	90
COMPOSITE	35	7	13	17
EXTRACTION	19	21	23	19

REPORT FROM OPERATION THEATRE, DECEMBER 1995

OR NURSE SYNNØVE MADSEN

18 patients were treated in OR. 9 in general anaestesia. 4 in local-, 3 spinal- and 2 with no anaestesia.
Most of the operations were minor causes. We had 1 major surgical operation- a patient from a traffic-accident.

REPORT FROM WARD\RECOVERY\ICU, DECEMBER 1995

WARD NURSE SYNNØVE MADSEN

There was a slight increase in number of patients admitted to ward\ICU, compared to November. 40 inpatients, accounting for 89 patients\days were admitted.
2 patients from a car-accident were transferred to Nairobi Hospital.
1 child from Mother Theresa Orphanage was transferred to Kigali Central Hospital.

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATION UNIES

MISSION POUR L'ASSISTANCE AU R

UNAMIR-MINUAR

To: **CFH HALIFAX**

Attn: **COMMANDING OFFICER**

Date: 20 Jan 96

Subject: **PERFORMANCE ASSESSMENT**
LCOL LOGAN, VH V75 834 766

1. LCol Logan has been employed as a clinical anesthesiologist for Op Lance in UNAMIR from 14 Nov 95 to 2 Feb 96. His overall performance is assessed as outstanding.

2. Arriving mid-way into the mission, he effected an apparently effortless integration immediately, both with NORMED and 95 CMSG staff. This enabled smooth continuity of function and no loss of momentum in ongoing activities with the local Rwandan hospitals. His mature presence and cooperative spirit allowed him to progress significantly from the foundations laid by his predecessor.

3. LCol Logan applied exceptional skill and dedication to assisting the staff at Kigali Central Hospital in the development of an anaesthesia training programme and was a key player in turning tentative plans into reality. This programme, due to commence mid February 1996 will leave a lasting legacy to the devastated health care system in Rwanda.

4. LCol Logan's clinical work was consistently impressive. He made himself constantly available and patient follow-up was always tenacious and complete. Very highly regarded by the other physicians, his advice was frequently sought and his able assistance gratefully received in difficult cases. His devoted concern for the patient was an example to all.

5. LCol Logan routinely puts the interests of the group ahead of his own and repeatedly volunteered participation in varous unit activities both for NORMED and 95 CMSG. These efforts impacted very positively on group morale. His caring assistance and advice to various individuals averted several problems and highlighted his leadership ability.

6, LCol Logan is not only an excellent clinician but a fine officer. His performance in Rwanda reflects a great deal of credit on the CFMS and contributed markedly to the overall success of this historic first combined military/civilian medical support to a UN peacekeeping mission.

7. He should be commended for his efforts.

W.J. FLETCHER
Colonel
Chief of Staff

1/5

UNITED NATIONS ASSISTANCE MISSION FOR RWANDA
UNAMIR

P.O. Box 749, Kigali, Rwanda
Tel: 250-84265/6/8/9 Fax: 250-86877 [Rwanda]
Fax: 212-963-3090 [USA]

TELEFAX COVER SHEET

OUTGOING FAX NO:	DATE: 13 JANUARY 1996
TO: MEDICAL ADVISER DPKO UNHQ-NEW YORK ATTN: DR ADLER/DR DECKNER	FROM: WILLIAM CLIVE A/CAO, UNAMIR KIGALI, RWANDA
FAX : 212-963-2116	REPLY FAX: 212-963-3090
INFO:	
SUBJECT: MEDICAL SUPPORT TO UNAMIR/CANADIAN PULL OUT	

1. Attached is plan for turnover of medical functions as at 9 Jan 96.

2. Final list of Cdn resuscitation equipment is being sent to UNNY this date for inclusion in LOA. (Copy attached).

3. NORMED replacement surgeon has cancelled and as at 1900 hrs this date UNAMIR has no surgical capability. We are attempting to make arrangements with the two competent surgeons at Kigali Central Hospital to cover for emergency requirements as an interim solution.

4. FAX received from Refugee Council this a.m. that a new surgeon will be arriving 17 Jan 96.

5. I would appreciate contact by telephone at UNAMIR Local 11105 15 Jan 96 around 0900 hrs New York time (1500 hrs Rwanda time). Your telecon with NORMED director 12 Jan 96 indicated no approval for 2 additional nurses. This will not cause critical shortfall in NORMED ability to support UNAMIR but will mean that humanitarian and possibily support to other UN agencies will have to be curtailed.

6. It should further be noted that NORMED staffing does not account for a variety of self-support functions which will have to be assumed with departure of 95 CMSG.

7. I look forward to our discussion.

DRAFTED BY:MAJ ME FENSOM (FMO)	CLEARED BY:
NUMBER OF TRANSMITTED PAGES INCLUDING COVER SHEET: 5	

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UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4.34
MED 12/95

To: **A/FC**
CAO
COS/COMD CCIR
DCOS OPS
DCOS SP
CO INDBATT
NORMED

From: **FMO**

Date: 09 January 1996

Subject: **MEDICAL RESPONSIBILITIES - UNAMIR / 95 CMSG / NORMED**

1. With the expected departure of 95 CMSG from the mission on 02 Feb 96 planning is necessary to ensure a smooth and timely turnover of essential responsibilities. Maintaining the aim of providing the best medical care possible to UNAMIR personnel the following are key dates and a brief synopsis for transferring responsibilities. It is stressed that these dates are firm for planning purposes but individual flexibility and initiative will likely be necessary to ensure a timely and unless transition.

a. **FMO** - the FMO responsibilities will be transferred to Indbatt; turnover period 22 - 25 Jan 96.

b. **FHO** - the FHO responsibilities will be transferred to Indbatt; turnover period 22 - 25 Jan 96.

c. **SO MED ADM** - will remain until mid-Feb; will finalize Med Fin /other Med Adm issues and assist new FMO.

d. **SO MED OPS** - to remain until the end of the mission.

e. **SO MED LOG** - to remain until the end of the mission.

4/5

f. **OPD** - the Outpatient Department responsibilities will be transferred to NORMED 23 Jan 96. The period 23 - 30 Jan 96 will be a transition period where 95 CMSG pers will be available to assist and advise as required.

g. **MED / SUP** - 95 CMSG medical supply responsibilities will be transferred to the NORMED pharmacist on 23 Jan 96.

h. **CDN ANAESTHESIOLOGIST** - will remain until mid-Feb; will assist in the NORMED transition and commence the local anaesthesiology training program.

i. **CASEVAC** - UNAMIR casevac turnover to NORMED will occur 23 Jan 96. Cdn Casevac Coordinator to be avail for assistance and advice during the period 23 - 30 Jan 96 as required.

j. **ROAD EVAC** - road evacuation responsibillities will be shared by NORMED and Indbatt. Combined on-call responsibilities will be determined by liaison between the two Contingents. Indbatt will provide amb response for multi-casualty scenarios.

k. **NORMED** - NORMED will assume the daily adminstrative responsibilities currently shared with 95 CMSG effective 30 Jan 96. NORMED to be administratively self-supportive, will arrange for hiring of 2 x cooks for feeding and will contract laundry and cleaning requirements. Humanitarian activities / care of non-entitled personnel is to decrease and eventually cease as determined by NORMED and the FMO.

l. **RESUSCITATION EQUIPMENT** - a UN lease of necessary Cdn resuscitation equipment to be arranged prior to 23 Jan 96.

2. All 95 CMSG medical personnel will cease operations on 30 Jan 96. To facilitate an orderly and effective turnover it will be necessary to work together during a period which will likely be hectic and at times confusing. The overriding principle will be to provide continuity of medical service to UNAMIR. Necessary adjustments to facilitate this aim will be actioned as required.

M Fensom

M.E. FENSOM
MAJ
FMO

A:\FENSOM.SAM

01/09/96

5/5

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ASSISTANCE MISSION FOR RWANDA | MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED 16/96

To: **COS**

From: **MAJ M.E. FENSOM**
FMO MMFensom

Date: 13 Jan 96

Subject: **LEASE OF CDN MED EQPT TO NORMED RWANDA**

Reference:

A. Telecon FMO/JIMed 12 Jan 96.

1. Below is list and pricing of medical equipment required by NORMED.

a.	6515-CF-001-1078 Suction Surgical Laerdal cost - -	$ 600.00
b.	6515-21-907-7435 Electrocardiograph - - -	$ 9,000.00
c.	6515-CF-001-0598 Ventilator - - - -	$ 9,100.00
d.	6515-21-885-4256 Lifepak 5 W Charger/Discharger - -	$ 9,800.00
e.	6515-CF-0014972 Monitor Vital Signs Model Propaq 104 ELSC	$19,700.00
f.	8120-21-112-9227 Oxygen Cylinder D cost $64.25x4= approx	$ 260.00
g.	8120-21-116-3910 Oxygen Cylinder K cost $64.25x3= approx	$ 190.00
h.	6680-21-116-4504 Regulator Pressure K cost $118.40x3=approx	$ 360.00
i.	6515-CF-001-3326 External Fixator set cost - - -	$10,000.00
j.	6630-CF-001-1271 Glucometer cost - - - -	$ 40.00
k.	6515-21-886-4424 Resuscitator Flynn cost - - -	$ 600.00
l.	6540-01-263-7740 Opthal moscope Head Qty 2 - -	$ 129.92
m.	6515-21-897-5564 Otoscope Set Qty 2 - - -	$ 181.04
n.	6515-01-394-2320 Tymponic Thermometer Qty 1 - -	$ 386.00
o.	Lens Immersion Qty 1 - -	$ 165.00

2. This should be included in list of 95 CMSG equipment submitted for LOA.

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ASSISTANCE MISSION FOR RWANDA | MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED 16/96

To: **COS**

From: **MAJ M.E. FENSOM**
FMO MFensom

Date: 13 Jan 96

Subject: **LEASE OF CDN MED EQPT TO NORMED RWANDA**

Reference:

A. Telecon FMO/JIMed 12 Jan 96.

1. Below is list and pricing of medical equipment required by NORMED.

a.	6515-CF-001-1078 Suction Surgical Laerdal cost - -	$ 600.00
b.	6515-21-907-7435 Electrocardiograph - - -	$ 9,000.00
c.	6515-CF-001-0598 Ventilator - - - -	$ 9,100.00
d.	6515-21-885-4256 Lifepak 5 W Charger/Discharger - -	$ 9,800.00
e.	6515-CF-0014972 Monitor Vital Signs Model Propaq 104 ELSC	$19,700.00
f.	8120-21-112-9227 Oxygen Cylinder D cost $64.25x4= approx	$ 260.00
g.	8120-21-116-3910 Oxygen Cylinder K cost $64.25x3= approx	$ 190.00
h.	6680-21-116-4504 Regulator Pressure K cost $118.40x3=approx	$ 360.00
i.	6515-CF-001-3326 External Fixator set cost - - -	$10,000.00
j.	6630-CF-001-1271 Glucometer cost - - - -	$ 40.00
k.	6515-21-886-4424 Resuscitator Flynn cost - - -	$ 600.00
l.	6540-01-263-7740 Opthal moscope Head Qty 2 - -	$ 129.92
m.	6515-21-897-5564 Otoscope Set Qty 2 - - -	$ 181.04
n.	6515-01-394-2320 Tymponic Thermometer Qty 1 - -	$ 386.00
o.	Lens Immersion Qty 1 - -	$ 165.00

2. This should be included in list of 95 CMSG equipment submitted for LOA.

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ASSISTANCE MISSION FOR RWANDA

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED: 12/96

To: **A/CAO (THRU STO)**

From: **MAJ M.E. FENSOM**
FMO MFensom

Info : **DCOS Sp**

Date: **09 Jan 96**

Subject: **NORMED VEHICLE REQUIREMENT**

Reference:

A. 4000.4/.5/1/FMO dated 21 Dec 95. (Copy attached).

1. As per discussion FMO/STO 9 Jan 96, it is again requested that NORMED be allocated two additional vehicles.

2. The impending departure of 95 CMSG will result in an increased requirement for administrative transport within the NORMED contingent.

3. At present NORMED pers rely heavily on 95 CMSG transport for routine requirements.

4. NORMED presently has two vehicles. I recommend an additional two to support the duty and administrative transport requirements for 28 pers.

5. Thank you for your anticipated cooperation.

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ASSISTANCE MISSION FOR RWANDA

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MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED: 2053/95

To: **A/DCOS SP**

From: **MAJ ME FENSOM**
FMO

Date: 21 Dec 95

Subject: **VEHICLE REQUIREMENT - NORMED**

References:

A. Conv FMO/DCOS Sp 20 Dec 95.

B. Memo CISS/FMO (attached).

C. Telecon CISS/FMO 19 Dec 95.

1. As per Ref A, allocation of vehicles to NORMED as a contingent should be the responsibility of DCOS Sp.

2. As per Ref B, CISS is willing to consider allocating vehicles available through the civilian pool.

3 DCOS Sp has indicated he supports the requirement as stated in Ref B

4. Your assistance in obtaining these vehicles for NORMED through whichever channel is appropriate would be appreciated.

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1
MED 2050/95

To: **CISS**

Thru: **FMO**

From: **NORMED**

Date: 19 Dec 95

Subject: **VEHICLE REQUIREMENT - NORMED**

Reference:
A Telecon CISS / FMO on 19 Dec 95.

1 As discussed at reference , initial allocation of 2 vehicles to NORMED envisioned humanitarian work largely confined to a single hospital location.

2 In fact, humanitarian medical work is now spread out amongst several orphanage locations as well as 3 hospitals. Present lack of vehicle availability is a continuing problem.

3 Staff have been managing by borrowing vehicles on a regular basis but this is less than satisfactory , particularly considering difficulties in scheduling time available for medical staff.

4 I recommend the addition of two vehicles to the NORMED allocation.

5 Thank you for your anticipated co-operation in this matter.

M E FENSOM
Major
Force Medical Officer

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No

To	EMO	Remarks/Action
	Med Ops	
	Med Log	
	HHO	
	SO Med	

29/12/95.
29/12/95
29/12

FMO

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MISSION POUR L'ASSISTANCE AU RWANDA

25/12

UNAMIR - MINUAR

MCC/WD-838/JM
28 DECEMBER 1995

ext 11100

See distribution list

ROTATION OF NORWEGIAN MEDICAL CONTINGENT

1. Please note that a number of the personnel of the Norwegian Medical contingent are to rotate during December as follows:

a. 30 December 1995 — 15 Outgoing personnel
10 Incoming personnel

2. The personnel will arrive and depart on the scheduled Sabena flight, due to arrive Kigali International Airport at approximately 1900hrs.

3. Please note that some personnel will also rotate between 12-14 January 1996 however, details will be advised when known.

4. For your information.

Shahryar J. Khan

AMBASSADOR S. KHAN
SPECIAL REPRESENTATIVE
OF THE SECRETARY GENERAL
HQ UNAMIR
KIGALI RWANDA

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GOVERNMENTAL OFFICES KIGALI RWANDA

MINISTRY OF DEFENCE
MINISTRY OF INTERIOR
MINISTRY OF FOREIGN AFFAIRS
CONTROLLER OF CUSTOMS, KIGALI INTERNATIONAL AIRPORT
DEPARTMENT OF IMMIGRATION
CHIEF OF SECURITY, KIGALI INTERNATIONAL AIRPORT

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED: 2053/95

To: **A/DCOS SP**

From: **MAJ ME FENSOM**
FMO

Date: 21 Dec 95

Subject: **VEHICLE REQUIREMENT - NORMED**

References:

A. Conv FMO/DCOS Sp 20 Dec 95.

B. Memo CISS/FMO (attached).

C. Telecon CISS/FMO 19 Dec 95.

1. As per Ref A, allocation of vehicles to NORMED as a contingent should be the responsibility of DCOS Sp.

2. As per Ref B, CISS is willing to consider allocating vehicles available through the civilian pool.

3. DCOS Sp has indicated he supports the requirement as stated in Ref B.

4. Your assistance in obtaining these vehicles for NORMED through whichever channel is appropriate would be appreciated.

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1
MED 2050/95

To: **CISS**

Thru: **FMO**

From: **NORMED**

Date: 19 Dec 95

Subject: **VEHICLE REQUIREMENT - NORMED**

Reference:
A Telecon CISS / FMO on 19 Dec 95.

1 As discussed at reference , initial allocation of 2 vehicles to NORMED envisioned humanitarian work largely confined to a single hospital location.

2 In fact, humanitarian medical work is now spread out amongst several orphanage locations as well as 3 hospitals. Present lack of vehicle availability is a continuing problem.

3 Staff have been managing by borrowing vehicles on a regular basis but this is less than satisfactory , particularly considering difficulties in scheduling time available for medical staff.

4 I recommend the addition of two vehicles to the NORMED allocation.

5 Thank you for your anticipated co-operation in this matter.

M E FENSOM
Major
Force Medical Officer

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UNAMIR-MINUAR

HQ UNAMIR MED BR
File: 4000.4/5/1/FMO
Med: 2033/95

To: CO NICOY

Date: 5 Dec 95

Subject: PERFORMANCE ASSESSMENT
SGT LWASSON MANJI,M9207

1. Sgt Manji was promoted to her present rank on 01 December 1995. She has been employed as a health assistant at 95 CMSG from September 1995 to December 1995. Her overall performance during this reporting period has been very good.

2. Her duties at 95 CMSG included the inspection of swimming pools, food establishment inspections, collection and testing water to determine if it was suitable for human consumption, and monitoring the heat index when required. She was also involved with the insect and rodent control program at Trafipro.

3. Sgt Manji has easily adapted to learning and utilizing Canadian health standards when carring out her preventive medicine duties. She continually tries to upgrade her practical trade skills and this was very evident by the enthusiasm she showed when learning how to test potable and non-potable water for bacteria using the millipore field test kit.

4. Sgt Manji is not a person to stay idle. When it was quiet with preventive medicine she volunteered to help out in the pharmacy and helped the dentist when the dental assistants were away.

5. Sgt Manji gets along well with both peers and superiors and has proven to be a very valuable addition not only to the FHO MWO Rankin but also to the outpatient department at Trafipro.

M.E. FENSOM
Major
Force Medical Officer
UNAMIR

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UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/FMO
MED: 2031/95

To: MA FC

From: **FMO**

Date: 4 Dec 95

Subject: **CMSG/NORMED PRESENTATION**

1. NORMED medical personnel have professionally delivered a consistently high quality of medical care to UNAMIR personnel.

2. Thank NORMED organisation for their flexibility and co-operation in adapting to the military milieu. You have become part of the team & part of the family.

3. Their extensive humanitarian medical work has done much to enhance both the profile and reputation of UNAMIR in a positive way.

4. The end result of all of the above is that what was initially regarded with some skepticism as an experiment has turned out to be a success story . This is a historic first and you should all be proud of the accomplishment.

5. Thank CMSG for all their efforts in supporting NORMED in its establishment and maintenance and acknowledge the efforts of Cdn medical personnel in providing the backbone of the outpatient facility and specialist participation to the hospital.

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UNAMIR - MINUAR

INTER-OFFICE MEMORANDUM

HQ UNAMIR MED BR
FILE: 4000.4/5/1/FMO
MED: 2008/95

To: **CAO**

From: **MAJ M.E. FENSOM**
FMO

Date: 22 Nov 95

Subject: **NORMED MONTHLY REPORT**

1. Enclosed is NORMED Monthly Report for October 95.

2. For your information.

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ASSISTANCE MISSION FOR RWANDA

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MISSION POUR L'ASSISTANCE AU RWANDA

PL to FHQ on air
PL 15/11
Fax 15/11/95

1000-1 (Comd)

Canadian Contingent in Rwanda
CFPO 5052
Belleville, Ontario
K0K 3R0

13 November 1995

Distribution List

ANNUAL PERFORMANCE EVALUATION REPORT (PER)

1. You may be aware that a number of changes are taking place in the context of the PER form and reporting procedures. Effective forthwith only one PER will be submitted to NDHQ annually for each member of the CF except for Cpls/Ptes. The reporting period for all ranks has been changed to cover the period 1 Apr to 31 Mar annually. Submission dates are staggered by rank to avoid an unnecessarily undue workload on units. This procedure will be adopted for PERs covering the 1995/1996 reporting period.

2. The major impact of this change is highlighted below:

a. One PER will be submitted annually to NDHQ. This will be the responsibility of the unit to which the member is posted on 31 Mar of the reporting year;

b. The requirement for a minimum period of observation by a supervisor has been deleted; and

c. For personnel on attached posting, either a "Unit PER" or a letter of performance shall be prepared by the deployed unit (i.e. 95 CMSG). This report will be forwarded to the member's parent unit for retention on the member's pers file and for use in completing an Annual PER.

3. This has a major impact on the PER preparation for members of 95 CMSG and staff officers/UNMOs who will be posted out of the Mission prior to 31 Mar 96. The situation is compounded by the possible closure of the Mission at the end of the current Mandate. To that end, PERs on Canadians employed in UNAMIR will be promulgated in accordance with the following guidelines:

Sec R 15/11/95

a. 95 CMSG. Unit PERs will be prepared on all members in accordance with instructions received from NDHQ. Unit PERs for the FMO and G2 will be prepared by the DCOS SP/Comd CCIR and reviewed by the Force Commander. Input from CO 95 CMSG on these two persons is to be provided to DCOS SP/Comd CCIR by 1 Dec to permit finalization of the PER prior to MGen Tousignant's departure from the Mission Area. DCOS SP/Comd CCIR will initiate the process for CO 95 CMSG.

b. Staff Officers. Staff Officers are to have their respective supervisor draft a UN Confidential Report of which a copy is to be forwarded to DCOS SP/Comd CCIR. A CF PER will then be written based on the information provided. If the Mandate is not renewed, the CF PER will take the form of a Unit PER and will be forwarded to the respective officer's new unit. If the Mandate is extended the PER will be classified an Annual PER and will be forwarded to NDHQ in accordance with the revised procedures now in effect. In this regard, staff officers need not initiate proceedings until the future of the Mandate is confirmed.

c. UNMOs. LCol Blanchette is designated the reporting officer for all UNMOs. The procedures indicated at 3 b apply. DCOS SP/Comd CCIR will be responsible for submission of a PER on LCol Blanchette.

d. FC Staff. The ADC/FC is responsible for the production of Unit PERs for MCpl Beauparlant and MCpl Knowles and letters of performance on the CPT personnel assigned to the FC.

4. The issue of PERs for Canadian personnel serving in UNAMIR has been the subject of various correspondence. The decision to introduce new procedures at this time has not been taken lightly and is designed to be equitable to all personnel regardless of geographic location. The key factor is the actual designation of the member's parent unit on 31 Mar. In addition, a software program for the drafting and production of PERs is being forwarded by NDHQ and will be distributed upon receipt. In the interim, 95 CMSG is to provide photocopy PER forms for use by all addressees as necessary and appropriate.

W.J. Fletcher
Colonel
Commander

DISTRIBUTION LIST

Action

CO 95 CMSG
Comd Sect 1B
ADC/FC

INFORMATION

FC
FMO
G2
ALL CANADIAN STAFF OFFICERS (5)
ALL CANADIAN MILITARY OBSERVERS (9)

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: _____

To:	Remarks/Action:
FMO	Pl to FMO m am 15/11
Med Ops	Gale 15/11/95
Med Log	
FHO	
SO Med	15 NOV 95

Please initial and date when action complete then pass quickly

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ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

Chief Adm. Officer Susan Matthew
UNAMIR

Re.: NORMED PERSONNEL. STATUS AS EXPERTS ON MISSION.

Due to short time for preparation and deployment, the NORMED staff arrived in Rwanda August 95 on a 3 months tourist visa.
The NORMED unit was a new creation in the UN peacekeeping forces, causing some problems in regard to what status the personnel should be given. After some considerations, the staff ended up being experts on mission.
Being the first time a civilian unit was deployed together with military contingents, no previous experience could be referred to.

At present time, by applying for renewal of our visa, we have encountered serious problems. The process itself takes anything from 1-4 weeks and the extension given, varies from 1-3 months.
Until the applications are handled, the immigration department keeps the passports, this causing the greatest problems, hindering our personnel doing escort service for patients evacuated abroad.

Our key staff should have a valid passport for travelling abroad at any time when needed.
Being without valid passport for an uncertain period of time, is also frustrating in regard to planning for R&R outside Rwanda.

The present arrangement, working within UNAMIR as experts on mission being here on tourist visa, should be reviewed.
We kindly ask the CAO to consider any alternatives in regard to our status which could solve the above mentioned problems.

Kigali 14.11.95.

Tor H. Kristiansen
Medical Director

copy: FMO, UNAMIR
Norwegian Refugee Council

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: 4/5/1

To:	Remarks/Action:
FMO	MB 17/11/95
Med Ops	Yale 17/11/95
Med Log	
FHO	
SO Med	

Please initial and date when action complete then pass quickly

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ASSISTANCE MISSION TO RWANDA

UNAMIR-MINUAR

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

OFFICE OF THE CHIEF ADMINISTRATIVE OFFICER

DATE: 16 November 1995

TO: Dr. Tor Kristiansen
Medical Director, NORMED

FROM: Susan Matthew, CAO

SUBJECT: **NORMED Personnel Status as Experts on Mission**

Reference is made to your memorandum of 14 November 1995 on the above Subject.

It is not clear to me why tourist visas would have been applied for/issued when it was known the reason for being in Rwanda was to work for UNAMIR. However, it is unlikely that the difficulties experienced with regard to the issue of visas to NORMED personnel by the Rwanda authorities flows from the fact that NORMED personnel have the status of "Experts on Mission". There have been delays in issuing visas for all UNAMIR staff and most, if not all, personnel currently hold visas which expire in January 1996.

I would suggest that in future you contact the UNAMIR Travel Officer and request his assistance for visa renewals for NORMED staff.

CC: FMO
Norwegian Refugee Council

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MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR
FILE: 4000.4/5/1
MED 1024/95

To: **MEDICAL BRANCH STAFF**
NORMED

From: **FMO**

Date: 12 October 1995

Subject: **USE OF CHANNEL 4 FOR PERSONAL TRAFFIC**

Reference:

1. There is currently too much traffic originating with the Medical Branch or NORMED on Channel 4 of a personal nature. Channel 4 is the Command\Operations Net and is to be used by Med Br pers for medical matters of an emergency nature only. It is not to be used for personal transportation\location arrangements. Alternate means or the land line should be used for this purpose.

2. I expect all Med Br/NORMED pers to abide by this directive.

M. FENSOM
MAJ
FMO

A:\MEDTRAF.SAM

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No: 4000-4/8

To:	Remarks/Action:
FMO	MB 10/10/95.
Med Ops	Yale 11/10/95
Med Log	
FHO	RR 11/10/95
SO Med	Oh good! 11/10/95

Please initial and date when action complete then pass quickly

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ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA
UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

To : LOCAL PERS OFFICER

From : MAJ. RN MAMZA
WARDMASTER/COORDINATOR
NORMED HOSPITAL

Info : FMO

Date : 06 Oct 95

Subj : NORMED HOSP / OPD LOCAL INTERPRETERS

REFERENCE: Our discussion on Tuesday 3 Oct 95.

1. In the above reference, we discussed the possibility of getting the present two local interpreters
to work on week-ends for additional incentives so as to cover Saturday / Sunday.

2. I have in turn discussed it with the interpreters L374 RENZAHO, AMISSI and L375 NSENGIYUMUA, GREGOIRE, and they have agreed to work both Saturday / Sunday for extra incentivesas per your suggestion.

3. Kindly, place them on the appropriate grade level and step.

4. Thanks, your cooperation is highly appreciated.

R.N. MAMZA
MAJ
WARDMASTER / COORDINATOR NORMED

CORRESPONDENCE DISTRIBUTION COVER SHEET

File No. 640-1-6

To:		Remarks/Action:
	FMO	MJ 22/9/95
	Med Ops	Jub 22/09/95
	Med Log	
	FHO	RR 25/9
	SO Med	Action as discussed. - with [illegible] 22/9
	CC	Sin copied for OPS appropriate action. JMT 22/9

Please initial and date when action complete then pass quickly

640-1-6 II
22/9

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ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

TO: MEDICAL BRANCH DATE: 21/9-95

ATTN: LtComm GUNAT

TEL: ~~11731~~ 11116
FAX: 11278

FROM: NORMED / EMAUS

TEL: 095 1212 963 9906 EXT. 11731.
FAX: ~~095 1212 963 9906 11775.~~ 095 871 383 620 866
TOTAL PAGES INCLUDING THIS PAGE: 3.

SUBJECT:

HUMANITARIAN WORK REPORT.

UNITED NATIONS NATIONS UNIES

ASSISTANCE MISSION FOR RWANDA MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

NORMED/FORCE MEDICAL UNIT KIGALI RWANDA

Your ref.: MED 973/95/YDG Kigali, 21.09.95
Our ref.: NM 21/9/95/TEE

SUMMARY OF HUMANITARIAN ASSISTANCE TASKS COMPLETED

NORMED has involved their personnell into different tasks in addition to the daily work for UN- and NGO- employees within the the hospital and out-patient department.
Our involvement on humanitarian side limits itself by the fact that our mandate in Rwanda so far ends by 31 December 1995. Therefore, our contribution should be directed by goals which could be achieved within the end of the mandate, or by defined primar contribution in development programs under government or NGOs.

So far we have given assistance in two ways:

1. Gap-filling with direct patient work.

1.1 Intensive care nursing in recovery unit in Kigali Central Hospital
In the hospital they have a well equipped recovery room, but they miss trained personell. Patients are brought directly from operation theatre to the ward, which is very unsatisfactory from a professional point of view. We have asked the KCH Director to allocate nurses as counterparts, and our objective is to enable them to run the recovery by themselves. Rwanda is however seriously affected by lack of qualified health personnell after the genocide. Many nurses have also gone into other jobs as i.e. employed by private practitionary doctors. One IC-nurse and one nurse-aid from NORMED are now visiting KCH two days pr week. The hospital has not yet found counterparts for the recovery room.

1.2 Outreach services to orphanages by doctor, nurses and nurse-aids. This is done in close cooperation with technical people from 95 CMSG. We give medical services and advice within preventive health. We are for the time beeing involved in two ophanages in Kigali; "Jesus Alive" and "Mother Theresa". We visit them one and two times each week and so far the children seem to benefit from the joint Norwegian and Canadian effort.

1.3 We have done two life-saving operations outside our mandate; one civilian gunshot wounded and today one RPA-soldier with gunshot wound.

1.4 We have done a reconnaissance to Cyangugu Hospital. This week we sent one IC-nurse and one OR-nurse for two days work. This will be continued with three days work every second week.

2. Transfer of knowledge / teaching and on the job training of counterparts.

2.1 NORMED has done a reconnaissance on request by NGO Irish Refugee Trust to Giti and Kyanza Commune. IRT is supporting a rehabilitation programme for 1700 orphans in Kyanza and 2600 in Giti. These children are adopted by extended families, one to three per family in addition to their own five - six children. The programme includes support and rehabilitation of the two commune health centers. Our reccy will initiate following activity :

a. One NORMED doctor shall undertake an assessment of the med. services in the two health centres and submit a report to IRT for fundraising purposes.

b. One NORMED nurse/midwife shall participate in prenatal and maternity care toghether with their own personnell. Objective: Exchange of skills and knowledge.

c. NORMED lab tech. shall assess their need for laboratory equipment and when they have received equipment, she shall run a crash course in basic laboratory skills and undertake some "on the job training".

2.2 NORMED anesthesiologist and anesthesiology nurse do teaching and counterpart training at both KCH and King Fassal Hospital, altoghether four days each week.

2.3 NORMED OR-nurse goes to KCH two days a week to assist in the operation theatre and exchange knowledge and skills with the Rwandese staff.

The emergency phase of assistance seems to turn into need for short and long term development needs. However, repatriation of refugees and the fact that many families have adopted orphan children, will in our opinion still put these groups into a state of special needs. The last season's food production was probably seriously affected by effects of the genocide. Before the crops can be harvested in the coming season, we can expect deficiency of food and children suffering from malnutrition. Lack of seeds and labour can be a threat to the capability of sufficient foodproduction the coming season. This is probably closely monitored by FAO.

In long term perspective it seems that Rwanda will face a serious problem due to loss of educated people. Many have been killed and many have run to excile. Within the health sector we see lack of doctors and nurses. Rwanda will probably need assistance with

1. Rebuilding of the education system within the health sector.
2. Increasing student capasity within these education programs.

There is probably a need for expatriate teachers within health education. Development and education programme within this sector will probably be neede for 20-30 years.

Result of development efforts will depend on peace and stability for the years to come. Without hope for individual and family security, all development will be based on a very weak foundation.

However, NORMED shall do whatever we can with our limited recourses, as to contribute to some relief for some of the many who are suffering.

Tor-Eilif Emaus
Senior nurse

Tor Harald Kristiansen
Medical Director