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United States Agency for International Development
Bureau for Humanitarian Response
Office of U.S. Foreign Disaster Assistance

ZAIRE
ASSESSMENT REPORT

BEST AVAILABLE DOCUMENT

KINSHASA/ZAIRE
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EXECUTIVE SUMMARY

INTRODUCTION

The Agency for International Development's (USAID) Office of U.S. Foreign Disaster Assistance within the Bureau for Humanitarian Response (BHR/OFDA), in collaboration with the USAID Africa Bureau (AFR) sponsored an assessment mission to Zaire from 2-27 March 1994. The team surveyed the institutional and program capacities of local non-governmental organizations and church-affiliated groups, assessed current humanitarian requirements and responses and monitored on-going BHR/OFDA-funded programs. The identification of mechanisms for channeling US relief resources, taking into consideration the three scenarios outlined in the USAID December 1993 strategy paper, was another major team focus. The scenario analysis focused principally on Scenario I, which assumes the current political and economic environment will prevail for the foreseeable future, with its lack of social, administrative, and economic structures, hyper-inflation, unemployment and civil turbulence. Also discussed are appropriate mechanisms for channeling resources under Scenario II (surmounting the present political impasses with prospects for democratic and economic reforms that would permit a shift towards recovery activities) and Scenario III (a dramatically deteriorated situation). The assessment and surveys were conducted in Kinshasa with field visits to the Shaba, Kasai (East and West) and North Kivu provinces. This is the third BHR/OFDA assessment mission in Zaire since October 1991.

OPERATING ENVIRONMENT

Since President Mobutu's April 1990 announcement ending one-party rule and promising movement towards democratization, political uncertainty and instability have provoked social upheaval and greatly exacerbated the country's chronic economic degradation. Zaire's economic development, burdened by the contraction of the industrial base, severe shortages of investment capital, a debilitated infrastructure, and the complete breakdown of the public sector is sliding into total collapse. The paralysis of the official economy and the absence of strong central authority has given new impetus to Zaire's vibrant parallel economy which continues to prosper and expand. At the same time, the demonetization of the banking system and the spectacular inflation rate have given rise to unofficial banking mechanisms which rely on established commercial networks or hand-carrying cash throughout the country.

The church infrastructure continues to be the foundation of health and social services throughout Zaire. Church health and social services are growing more and more critical to the welfare of Zairians, especially since donor pull-out in 1991, and today play a leading role in the emergency response at the community level. Unfortunately, the local non-governmental organizations (NGOs) created and heavily supported by Western donor agencies have been unable to sustain project activities or institutional capacity and are no longer viable organizations through which to channel emergency funding. International NGOs, in responding to the emergency, have for the most part integrated program activities into existing church networks and work simultaneously with church groups to strengthen emergency interventions and ensure impact. (see Annex 1, Organization Summary for details.)

PROGRAM IMPLEMENTATION

Zaire is undergoing two very distinct emergency situations: an immediate "displaced persons" emergency as a result of ethnic violence in the provinces of Shaba and North Kivu; and a slower, more intractable "chronic" emergency which threatens an enormous portion of the general population and is rooted in the country's macro-economic decline. In some areas and among certain population groups, especially in Shaba, the two emergencies overlap. Faced with separate and distinct emergencies, which together negatively impact the entire population of Zaire, emergency assistance programs must be targeted at specific at-risk populations and designed to maximize impact among beneficiaries. The current operating environment dictates a decentralized approach to program implementation due to the difficulty and expense of adequately managing remote services from a central authority.

Response to the immediate "displaced persons" emergency falls squarely within BHR/OFDA's mandate. Therefore, continued BHR/OFDA assistance should be a priority for these groups. Funds should continue to be channelled through neutral international organizations which have a demonstrated capacity to respond quickly and effectively and tend to mitigate local tensions arising from ethnic conflict. The team advises that BHR/OFDA continue to support international organizations already in the country. There is no need for an expanded international NGO presence under present conditions.

Response to the "chronic" emergency situation is a less traditional BHR/OFDA role but should continue given the closure of the USAID mission and the absence of any long-term development activity in the country. Any assistance, however, must be carefully targeted to avoid creation of long-term social welfare programs. BHR/OFDA funding for emergency feeding programs must be more narrowly targeted and options such as Food-for-Work should be explored. The appropriate mechanism through which to respond to the chronic emergency is the church networks and church-affiliated community groups. Zairian church networks are committed for the long term and assure reasonable program cost. The initiation of a Title II PL-480 monetization program should also be undertaken. Local currency generated from monetization would be used to address "chronic" emergency requirements in the areas of targeted feeding programs, home gardens and local agriculture initiatives as well as community health care supports. Given hyper-inflation, monetized funds should be kept in a dollar account, either in Zaire or off-shore. Funds from this dollar account could be dispersed in installments or in small allotments as needed. Under a Scenario II "improved" situation, this same Title II mechanism would be key to a rapid expansion of assistance to church-groups and NGOs involved in recovery and rehabilitation efforts. Other funding mechanisms are explored more fully in Section IV, Program Implementation.

COORDINATION

The complexity of the emergencies to be addressed, the potential magnitude of the assistance needed in responding to problems of a declining economy and the geographic distances involved mean that no one entity has an overall understanding of the vast range of humanitarian requirements in Zaire. In the absence of an effective national and regional

coordination mechanism responsible for developing and ensuring the implementation of common strategies, there is no comprehensive problem response and costly mistakes are being made. This is especially true with regard to resettlement assistance for Kasaians from Shaba who have fled to East and West Kasai. To improve the present situation and fill the coordinating void, the USG should work with other donors to encourage the United Nations to staff 2-3 positions in Zaire to focus on emergency coordination.

REGIONAL ASSESSMENTS

GENERAL FINDINGS

- Zaire's economic decline and public sector collapse have severely disrupted user-fee and cost-recovery schemes which are crucial for financing health services and replenishing essential, life-saving medicine stocks.
- Feeding programs have been designed to provide a monthly supplement of maize meal to the families of malnourished children. This ration has the potential to be an ample income subsidy. In the absence of a general distribution, relief agencies report that some families purposely keep a child underweight to remain eligible.
- Church groups and church-affiliated NGOs maintain a decentralized, strong and extensive health and emergency response capacity and are in the best position to respond to critical needs resulting from the "chronic" emergency. However, the immediate "displaced persons" crisis has surpassed local response capacity, necessitating the intervention of international organizations. These organizations are able to secure sizable resources from donors which would not be available to many local groups due to accountability and monitoring requirements.

GENERAL RECOMMENDATIONS

- BHR/OFDA should consider favorably a grant request from the Belgian affiliate of the Catholic charity group CARITAS or a similar non-governmental organization to procure essential drugs and medical supplies for distribution through existing, viable relief and church-run health delivery networks (e.g., the Catholic and Protestant churches) which are known to serve urban and rural disadvantaged populations. Under an improved policy environment (Scenario II), the USG might consider reviving former donor-funded health program structures and step up monetization to generate local currency funds for larger sub-grants in the health sector.

BHR/OFDA should not fund family food supplements linked to special feeding programs and should press other donors to adopt similar positions. In areas where displaced persons are concentrated, BHR/OFDA should stress the importance of effective general-ration distribution programs, organized separately from supplementary feeding activities.

BHR/OFDA should continue its support of international NGOs, currently working in

tandem with local churches, to address emergency needs created by the displaced.

KINSHASA PROVINCE

FINDINGS

There is a growing nutritional crisis among the city's most vulnerable groups for whom food accessibility is extremely precarious.

The regular supply of essential medicine stocks to the city's church-run health centers has been disrupted, creating severe problems of accessibility to critical, life-saving medicines for the city's most vulnerable population.

RECOMMENDATIONS

- BHR/OFDA should expedite approval of a revised Médecins Sans Frontières/Belgium (MSF/B) nutritional program proposal so as to avoid ruptures in the food pipeline and program activity. Present program funding terminated on 31 March. The revised program should exclude the distribution of a 50 kg cornmeal sack to the family of a malnourished child.

MSF/B should continue implementing periodic nutritional surveillance surveys and Catholic Relief Services (CRS), with additional expatriate health staff, should initiate its own nutrition surveys to expand the amount of overall nutrition information available.

BHR/OFDA should consider funding an international NGO or private firm to do a feasibility study for Food-for-Work (FFW) programs in Kinshasa.

BHR/OFDA should consider providing funds to local church/NGO community gardening activities that would be integrated into established therapeutic and supplementary feeding programs. This activity could be funded initially through a dollar grant and then as a local currency sub-grant of a monetization program.

SHABA PROVINCE

FINDINGS

The decline of production at Gecamines (parastatal copper and cobalt extraction and production industrial complex), high inflation and ethnic violence have resulted in severe economic hardship for the population of Shaba, especially in urban areas. Rising malnutrition rates and epidemic outbreaks reflect a deepening "chronic" emergency distinct from the displaced persons emergency which initially put the spotlight on Shaba.

The missionary community maintains a patchwork safety net for the most vulnerable and is a primary reason that the "chronic" emergency is currently not more acute in Shaba.

The response by international organizations and their implementing partners to the violence directed at Kasaians in Shaba has been effective in preventing outbreaks of large-scale epidemics and reducing high morbidity and mortality rates among displaced groups. The most serious programmatic concerns at present relate to feeding strategies and transportation of the displaced to the Kasais.

RECOMMENDATIONS

- BHR/OFDA and other donors should encourage the United Nations Children's Fund (UNICEF) to conduct regular nutritional surveys in the Shaba region, starting with the urban areas where need is considered most acute.

It is not recommended that BHR/OFDA provide funding for feeding programs in Shaba as it will draw USAID into a long-term welfare program. Assistance should be focussed on agricultural and health programs using funds generated by a Title II PL-480 monetization program. In a Scenario II atmosphere, substantial support could be dedicated to the repair of transport infrastructure and agriculture rehabilitation.

BHR/OFDA should continue to support the international organizations assisting the displaced Kasaians in Shaba until reintegration in Kasai becomes more viable.

- The USG should not support the International Organization for Migration (IOM) initiative to move displaced Kasaians at this time.

KASAI PROVINCES (EAST AND WEST)

FINDINGS

Despite attempts to encourage the displaced to move beyond transit points and into rural areas, growing numbers are opting to remain in the urban transit centers, straining both the absorptive capacity of the local economy and church/NGO emergency resources.

Local church and church-affiliated NGO capacity in the Kasais, although extensive and community-based, has a limited ability to respond to the crisis without international NGO resources and technical assistance. To the extent possible, all future emergency assistance should be integrated into and build upon existing local church/NGO networks.

There is no comprehensive or coordinated resettlement strategy for the displaced Kasai population. Consequently, conditions that could further entrench the

international aid community in a cycle of emergency-feeding and increased relief dependency are being created.

RECOMMENDATIONS

Médecins Sans Frontières/France (MSF/F) should be immediately funded to install a water adduction system in "Bashala" camp and, in the interim, should receive funding to cover the rental costs of 3 additional cistern trucks.

BHR/OFDA should amend the present World Vision International grant to increase general food levels from a full ration for 10,000 to one for 18,000 people in Mbuji Mayi in the short-term (through December 1994).

BHR/OFDA should continue to provide bilateral grants to international organizations that are assisting displaced populations.

The USG should encourage other donors to adopt a coordinated approach, possibly under UN leadership, in addressing the full range of resettlement issues.

BHR/OFDA is strongly urged to request that its grantees review their present resettlement strategies and seek a more comprehensive and measurably sustainable approach.

NORTH KIVU

FINDINGS

The displaced persons emergency in North Kivu is well into a rehabilitation and recovery phase. Over half of the estimated 270,000 displaced have returned home; however, pockets of need will remain in the short term.

The root causes of the conflict have not been addressed and peace in the area is precarious. Successful attempts at actively maintaining dialogue between communities will be an important factor in curbing future violence.

The donors' exclusive focus on relief interventions and their hesitancy to support international NGO recovery operations in North Kivu may lead to the break-up of one of the few functional health systems in the country and would, correspondingly, increase the vulnerability of the region's poorer populations.

RECOMMENDATIONS

- No additional BHR/OFDA support for displaced persons is required in the near term.

However, BHR/OFDA should be prepared to respond to possible immediate emergencies, such as epidemic outbreaks, or address other short-term requirements aimed at permitting full recovery in the area.

- The USG should look at the possibility of supporting grassroots reconciliation efforts by such local non-governmental organizations as GRACE either directly or through an international NGO or organization. The activity could be funded under a rehabilitative sub-grant of a monetization project.

· The USG should consider asking an outside organization to conduct a land reform study in North Kivu. An organization like the U.S. Committee for Refugees might be well-suited to this task as it has considerable experience in studying the Banyarwanda diaspora.

BHR/OFDA should consider utilizing monetized funds to support Médecins Sans Frontières/Holland (MSF/H) recovery operations in the current context as an "emergency prevention" measure. In a Scenario II "improved" environment MSF/H's program would be an appropriate vehicle to promote rehabilitation of the region's health infrastructure.

I. INTRODUCTION

A. BACKGROUND, TEAM COMPOSITION AND SCHEDULE

The Agency for International Development's (USAID) Office of U.S. Foreign Disaster Assistance within the Bureau for Humanitarian Response (BHR/OFDA), in collaboration with the USAID Africa Bureau (AFR), sent an assessment team of emergency specialists to Zaire from March 2-27, 1994. Since the first manifestations of civil unrest in 1991, BHR/OFDA has conducted periodic assessments in an effort to monitor and identify areas of increased human suffering and growing humanitarian assistance requirements in Zaire.

This assessment team was fielded with a particular interest in examining viable options for channeling USG resources in Zaire through local non-governmental organizations (NGOs). In preparation, a roundtable discussion was held in Washington with individuals having extensive experience in Zaire, and an exhaustive data-base search of various sources was conducted to identify possible local implementing partners.

Members of the team included Rachel Kempf, USAID/BHR/OFDA Action Officer for Zaire; Dina Esposito, USAID Africa Bureau Country Development Officer for Zaire; Kate Crawford, Public Health Specialist and Consultant; Charles Petrie, Emergency Specialist with the United Nations Development Program, seconded from the UN Operation in Somalia and Kate Farnsworth, BHR/OFDA Regional Advisor for Africa and Team Leader. Joining the team in Zaire to provide technical and country-specific advice were Jay Nash, Country Director for Catholic Relief Services for Zaire; Dr. Nkuni Zinga, Director of SANRU, the former USAID Basic Rural Health project, and Professor Kashala Tumba, Director of the Zaire School of Public Health.

During the course of the three-week assessment, the team visited Kinshasa and the provinces of Shaba, East and West Kasai and North Kivu, where BHR/OFDA and other donors have primarily focussed emergency resources.

B. SCOPE AND METHOD OF WORK

The team's basic scope of work was two-fold: (1) a survey of local NGOs and church-affiliated groups providing humanitarian assistance in Zaire, with a focus on those with the financial and administrative capacities which enable them to receive and manage effectively USG resources; and, (2) a needs assessment focussing on Kinshasa and the provinces of Shaba, East and West Kasai and North Kivu, including the numbers affected, the general health of displaced persons and conditions in transit centers, the general situation of other affected populations, the status of reintegration of displaced persons, the quality of assistance being provided, the effectiveness of USG-funded programs and future humanitarian aid requirements.

Further, the team was requested to identify mechanisms for channeling USG resources, taking into consideration the three scenarios outlined in the USAID strategy paper of December 1993. The team was also requested to determine how different mechanisms

could be employed under different scenarios. The team focussed its analysis principally on Scenario I, the current situation, which is believed likely to prevail for the foreseeable future. However, appropriate mechanisms for channeling resources under Scenarios II (an improved environment) and III (dramatically worse environment) also are discussed. Finally, the team was requested to appraise the effectiveness of donor, UN and NGO coordination in the current Zaire context and to identify ways in which collaboration on emergency programs could be improved.

The team organized itself into two subgroups that assessed needs and local NGO/church capacities. The subgroups undertook joint field travel but conducted separate site visits and meetings with international and local groups. These arrangements permitted broad and comprehensive assessments of conditions and activities in each region. Through regular discussions and co-drafting of sections, both subgroups participated and contributed to one another's findings, resulting in an overall consensus on the findings and recommendations that are presented in this paper.

C. THE DOCUMENT

The final document consists of 6 parts. The "Executive Summary" contains a synthesis of the team's findings and recommendations. This "Introduction" provides the administrative and organizational framework for the team's undertaking. The following section, "Operating Environment," describes the conditions in Zaire today with special reference to the impact on humanitarian operations. The third section, "Program Implementation," discusses the various ways in which the USG can support humanitarian programs in Zaire under the different scenarios detailed in the current strategy. The fourth section, entitled "Coordination," addresses the team's concern over the lack of coordination among donors and, to varying degrees, among NGOs in the design and implementation of humanitarian assistance strategies. The fifth section, "Church & Non-Governmental Organizations in Zaire," provides a historical and current contextual framework for church and NGO discussions which are integrated into the regional assessments. The sixth section, entitled "Regional Assessments" contains both findings and recommendations on the current humanitarian situation, needs and possible implementing partners for Kinshasa, Shaba, Kasai (East and West), and North Kivu Provinces.

D. CREDITS

The team thanks the United Nation's Department of Humanitarian Affairs (UN/DHA) for seconding Mr. Charles Petrie of UNOSOM (UN Operation in Somalia) to participate on this team. His emergency experience and exceptional analytical skills have been invaluable to the team's work and final product. Special thanks also to Catholic Relief Services, for permitting its Country Director, Jay Nash, to participate on the team. The depth of his knowledge of Zaire, his local language abilities and his perspectives on the role of churches and local NGOs were a critical addition to the team's deliberations. The team also acknowledges the contributions of Professor Kashala of the School of Public Health and Dr. Nkuni of SANRU for their insights into the emergency response programs in Shaba, the Kasais, and North Kivu. In addition, the team wishes to extend a special thanks to the

U.S. Embassy whose staff not only shared their insights but also spent significant time reviewing and commenting on early drafts of the team's report. Special mention needs to be made of the exit review meeting held between team members and the Embassy staff where opinions were shared, issues discussed and clarifications given.

Most of all, the team expresses its thanks and appreciation to the Aid Affairs Officer, Wayne King, and the staff of USAID/Zaire for their untiring support of this mission both in administrative and logistical support as well as technical and programmatic advice. The team also acknowledges the logistical support provided by Tente wa Tente and the local staff of the U.S. Consulate in Lubumbashi, the International Committee of the Red Cross, MSF/Belgium and World Vision/Zaire in Shaba; MSF/Belgium, World Vision, MSF/France and the Catholic Church in Kasai and OXFAM/U.K. and MSF/Holland in North Kivu. Finally, the team thanks the scores of relief workers from both international and local organizations who so generously devoted their valuable time to assist the team in its work.

II. OPERATING ENVIRONMENT

A. POLITICAL

Since President Mobutu declared his intention to begin the democratization process through the introduction of a free, multi-party system in early 1990, political instability, economic upheaval and social unrest have intensified. The climate of uncertainty has been exacerbated by periodic pillages, instigated by poorly paid and dissatisfied soldiers. The suspension of international aid to Zaire since 1991 has dramatically accelerated an already chronic degradation of economic and social conditions.

Zaire's prolonged political crisis escalated with the August 1992 election of a Transition Government, headed by President Mobutu's opponent Etienne Tshisekedi. The on-going, seemingly intractable power struggle between President Mobutu and transitional authorities has provoked political tensions, social insecurity and has strangled economic development. Zaire was essentially ungoverned throughout 1993 while Mobutu removed Prime Minister Tshisekedi, who had been elected by the national conference, replacing him first with a group of senior civil servants and then, in April 1993, with a new government headed by Faustin Birindwa. Tshisekedi continues to insist that his removal was illegal and he alone is authorized to head the country's transitional government. Since his appointment, Birindwa's government policies have accelerated the country's economic collapse as the inflation rate reached approximately 9,000% by late 1993.

President Mobutu has consistently complicated the transition process by questioning the authority of Zaire's transition institutions. It is generally felt that a peaceful progression toward democratization in Zaire (which, among other factors, would be a minimum requirement for significantly expanded donor assistance) appears uncertain given the President's difficulties in accepting the process and his continued domination of the country's financial sector and military forces.

An unacceptable effect of the political crisis has been ethnic conflict along tribal lines instigated by local politicians. The consequent violence resulted in the deaths of thousands and the displacement of hundreds of thousands of people in the Shaba and North Kivu provinces. In addition to enormous human suffering and physical destruction, the instrument of "ethnic cleansing" has heightened intra-provincial tension. Although the tension appears to have lessened over the last few months [as long as the political situation remains unsettled] the threat of renewed ethnic conflicts remains an ever-present reality. This is especially true as regards forthcoming elections.

B. ECONOMIC

Zaire's economy is in an acute state of decline. Misguided government policies and uncontrolled deficit spending have incapacitated the country's industrial sector, permitted a severe deterioration of the infrastructure and crippled the public sector. The government's inability to adhere to a macro-economic stabilization and structural reform program has sent the economy, fueled by rampant inflation, into a downward spin. An already low per capita income has declined sharply as real GDP contracted by almost two-

thirds since 1990. Generalized uncertainty and insecurity were further exacerbated by successive military mutinies in 1991, 1992 and 1993, which resulted in widespread destruction to the country's industrial and commercial sectors, and led to the departure of Zaire's major bilateral donors, and a pull-out of other foreign investment.

The near-collapse of internal distribution systems and the unreliability of overland and river transportation have jeopardized the movement of goods and services throughout the country. Retail prices have been driven up as most commodities must now be transported by air. Moreover, the agricultural sector, which in the mid-1980s employed over 70 percent of the population, is suffering from lack of investment in infrastructure and inputs with consequent drops in production in some areas and increased dependency on imports.

The continuously accelerated devaluation of the zaire and massive unemployment have crushed purchasing power, pricing basic goods beyond the reach of most Zairians. The vast majority of Zairians have experienced an accelerated and sharp decline in living standards and the collapse of the public sector has severely limited the population's access to even minimal health, education and social services. Most people now live from day to day, supplementing their meager incomes with small-scale commerce, part-time farming and petty corruption when the opportunity presents itself.

Hyper-inflation and periodic liquidity shortages have pushed the country's commercial sector increasingly to replace local currency with hard currencies, particularly the US dollar, as the preferred medium of exchange. Further, fiscal mismanagement and the chronic shortage of local currency within traditional banking channels have left the country's banking system ineffective. The team noted that unofficial "banking" mechanisms range from hand-carrying large sums of hard currency across the country to utilizing commercial networks to make transactions between cities and regions.

C. SECURITY

The Zairian military is the number one threat to the security and well-being of Zairian citizens. Although the country lives under the constant threat of military mutiny (with its accompanying violence and destruction) by under-paid and disaffected troops, the more immediate problem is the on-going, un-checked and isolated abuse of power by either individual or small renegade groups of soldiers. The increasingly desperate socio-economic status of Zaire's urban population is manifest through rising rates of theft, street crime and vehicle hijacking.

An additional facet of Zairian society is the widespread and rampant practice of extortion as a means of earning income by almost everyone from soldiers to public servants. The business, commercial and expatriate communities are the primary targets of such activities at the national, regional and local levels. An oft-cited example is the military's practice of threatening regional business with systematic city-wide riots and looting unless properly paid off.

Finally, politically motivated ethnic division, such as the apparent sanctioning of "ethnic cleansing" in Shaba, has increased social tension throughout the country, setting the stage

for inter-ethnic and provincial disturbances. The threat of renewed ethnic unrest remains a very real possibility so long as the underlying political issues are unsettled.

D. HIV/AIDS INFECTION

Despite the fact that political and economic upheaval has captured the headlines since 1991, the HIV/AIDS epidemic remains one of Zaire's greatest and most sobering challenges. Zaire's political and economic crisis, with the resulting withdrawal of donor aid and acceleration of generalized poverty, is exacerbating endemic and epidemic disease rates throughout the country while creating an enormous burden for the impoverished health care system. The existence of a substantial population pool with serious immune suppression (from both HIV-infection and malnutrition) directly contributes to the rapid increase of disease and infection incidence (ample evidence is available in the country's soaring tuberculosis rates) and poses serious economic and social consequences beyond immediate health problems.

The Central Coordinating Office of the Zaire AIDS Committee reports that HIV/AIDS prevalence rates are climbing in the general population ("La Reference Plus" No. 192 15-07-93), and health workers confirm that HIV-infection is a growing problem with some hospitals reporting between 70-80% of their patients HIV-positive. One private Kinshasa business recently tested its workers only to discover that 35% of the work force is HIV-positive. Although these numbers are appalling, the manifestation and continuing spread of the disease is not surprising given the collapse of health and education structures that were once in the forefront of fighting HIV transmission through education/information, blood-screening, health care and sexually-transmitted disease (STD) control, social supports and a nationwide condom distribution. The success of such prevention strategies was demonstrated in one pre-1991 project in which the incidence of HIV-infection among women sex workers in Kinshasa was reduced dramatically from 18% to 2% per year (Projet SIDA/CDC). Clearly, Zaire's previous progress in raising awareness and promoting AIDS prevention cannot be resumed until the country's underlying political, economic and social paralysis is addressed.

III. PROGRAM IMPLEMENTATION

A. BACKGROUND

The USAID development program in Zaire was one of the largest in sub-Saharan Africa. In 1991, USAID/Zaire's overall program goal was to support sustainable broad-based, market-oriented economic growth and development in Zaire. Its strategic objectives were to: improve the health status of Zairians, with a special emphasis on the increase in the rate of child survival and the reduction of population growth; increase of agricultural production, productivity and rural household income with an emphasis on the Bandundu and Shaba regions; improve the transportation infrastructure; and increase of production and productivity of private enterprises, with an emphasis on manufacture, transport and agribusiness. To achieve its objectives, USAID/Zaire worked with US private voluntary organizations (PVOs), and international and local NGOs as direct implementing agencies. By 1990, USAID estimated that 20% of its annual assistance for Zaire was related to NGO-implemented activities. The NGO community was considered key to USAID's efforts to assist Zaire in achieving sustainable and broad-based economic growth (See Annex 3, Private & Voluntary Organizations, for details on USAID's relationship with NGOs during this period).

At present, USAID activities are focused on emergency relief and assistance. The current portfolio of BHR/OFDA-funded programs addresses health, shelter, and water/sanitation needs of affected populations and includes the distribution of food and agricultural inputs as well as the provision of commodities for supplementary and therapeutic feeding. Nearly \$13 million has been committed in the past three years, including \$6.5 million in FY 93 and over \$5.7 million so far in FY 94 for emergency relief programs in Zaire. Like the USAID development program before it, the emergency program relies heavily on churches, church-affiliated and international NGOs as direct implementing partners.

B. CURRENT USAID STRATEGY

The USAID strategy paper prepared in December 1993 is reviewed briefly here as it forms the basis for the team's deliberations on program design and funding mechanisms for activities in Zaire. Three scenarios are described in the paper, each entailing varying levels of USG relief, rehabilitation, or development assistance. Under Scenario I, it is assumed that the status quo will prevail for some time in Zaire with a continued lack of administrative, social and economic structures and continued unemployment, hyperinflation and civil and ethnic turbulence. Scenario II assumes an improved situation defined as the breaking of the current political impasse with prospects for democratic and economic reforms that are prerequisites for the resumption of development assistance in Zaire. Scenario III assumes a deteriorating situation with an acceleration of the economic decline.

Since the purpose of adopting a scenario approach was to present differing assistance strategies based on variable political environments, USAID program mechanisms for funding activities under all three scenarios are discussed. Nevertheless, the team assumes

that a Scenario I atmosphere will prevail for some time. Mechanisms appropriate for this scenario represent the bulk of discussion in this paper.

C. DEFINING THE EMERGENCIES

The emergency in Zaire has different aspects, each having significant implications for the size and breadth of a USAID/BHR response. In devising recommendations for humanitarian responses, the team defined the Zaire emergencies broadly in two ways: (1) immediate displaced persons emergencies, as evident in the life-threatening situations such as civil conflict in Shaba and North Kivu; and (2) chronic emergencies triggered by the declining economy and evident throughout the country.

Displaced Persons Emergencies

Response to life-threatening situations such as the civil conflicts in Shaba and Kivu falls squarely within BHR/OFDA's mandate. In responding to these events, BHR/OFDA should continue to support the programs of neutral international organizations such as the International Committee of the Red Cross (ICRC) and non-governmental organizations already in-country, such as Médecins Sans Frontières or Catholic Relief Services. The interventions of these organizations are costly and rely heavily on expatriate expertise; however, such organizations are well-equipped and staff is the best trained to intervene in these situations. Moreover, the very presence of international, neutral organizations has been shown to have a mitigating effect on tension arising from ethnic conflicts, and so must be maintained. It should be noted that, in implementing direct assistance to displaced persons, international organizations and NGOs have channeled assistance through church-affiliated groups and local NGOs.

The Chronic Emergency: A Failed Economy

Responding fully to the emerging humanitarian requirements caused by Zaire's failed economy would absorb enormous emergency resources with little sustainable impact in the absence of fundamental political and economic change. As the Kinshasa section highlights, programs aimed at assisting those affected by the economic malaise could quickly encompass a significant part of the city's population. Indeed, it could be argued that virtually all of Zaire's population, are suffering from the economic crisis. In order to most effectively use resources under present circumstances, programs must be carefully targeted to address the needs of the most vulnerable.

The most effective and least costly way to reach these vulnerable groups at the community-level is through missionary groups which have decades of experience in the country. While these groups are often led by expatriates, they have considerable community-based linkages, support and participation. Church-run programs include both paid and volunteer Zairians experienced in health, agriculture and other areas where relief and rehabilitation activities are warranted.

D. MECHANISMS

Having identified the types of emergencies and the nature of organizations available to respond, the team considered the mechanisms by which funds could be provided. They are outlined here and are referred to throughout the discussion and recommendations in other sections of this document.

SCENARIO I

(1) Direct grants. In response to the displaced persons emergencies, BHR/OFDA should continue to provide direct dollar grants through existing international organizations and international NGOs which address the needs of at-risk populations.

(2) Umbrella grants. Immediate responses to a wide variety of problems generated by the chronic emergency could be funded through an "umbrella" grant to an international NGO, which, in turn, would provide subgrants to church groups and local NGOs for programs in selected areas.

If this mechanism is used, it should only be temporary until other funding mechanisms, such as a Title II PL480 monetization program (discussed below), is designed and authorized.

(3) Monetization. The team believes that monetization, or the sale of food commodities, is the most appropriate mechanism for responding to the chronic emergency. Zaire's economic decline is a long-term and deeply ingrained problem affecting millions of people. Rather than "import" numerous international organizations to respond to the humanitarian requirement proliferating under the current emergency, churches and church-affiliated NGOs are better positioned to respond to the basic needs of Zairians. Such organizations are usually small, and community-based and are therefore not able to receive and manage dollar grants directly from the international community as they cannot assure the programmatic and financial documentation dollar grants usually require. Consequently, a monetization program that would generate funds, is an essential mechanism through which local organizations can tap into local currency "sub-grants" that would be administered by either the UN or an international NGO, (see below). Sub-grants would be for relatively small amounts and would generate few additional administrative burdens for the already-lean local relief operations. The currency generated from monetization could be spread across many organizations simultaneously, thereby broadening impact.

So as to assure proper monetization program design, which is outside the team's scope, the team recommends that BHR/FFP study monetization in Zaire in greater depth. We offer below our initial thoughts on how a monetization program might be implemented.

a. Sale of a high-value commodity (i.e. vegetable oil) to the commercial sector in a third country. Some of the elements of such a program would include:

- Approval by BHR/FFP of the sale of a high-value Title II commodity, (i.e. vegetable oil) against an NGO or UN/World Food Program (WFP) proposal. (Note: WFP does not presently have the in-country capacity to manage a

monetization program, but in view of the organization's experience with such programs elsewhere, might be considered as a partner in the future).

- Tender of the commodity by the grantee, preferably in a large market to reduce the possibility of collusion among merchants. It might be wise to consider monetizing the food in a third country.
- Deposit of proceeds, generated through the sale of commodities, in a dollar account inside, or, possibly, outside, Zaire under the control of the grantee.
- Submission of local and international NGO sub-grant proposals to the grantee for approval. A review committee might be constituted consisting at a minimum of the Grantee and the OFDA emergency specialist based in Kinshasa. Other membership on a review committee (such as other international NGO representatives) would depend on the final design of the program. Sub-grant approval would be in accordance with criteria developed by the grantee and approved by USAID/BHR, and should include an assessment of sub-grantee financial and administrative capacities.
- Proposals should be accepted from different parts of the country and encompass a variety of relief and rehabilitation activities. The subgrants should support relief and rehabilitation activities in health and agriculture, including infrastructure repairs and road transport.

BHR/FFP already has plans for a FY 94 pilot monetization program for Zaire involving the sale of 2,000 MT of vegetable oil. The team recommends that BHR/FFP immediately explore how this food could be monetized to address relief and rehabilitation requirements in many regions of the country and in such a way that many local church-affiliated groups can access the currency generated from the sale of the commodities.

b. Provision of Title II wheat to MIDEMA in Kinshasa for monetization through sales to retailers, with proceeds to be kept in a dollar account. Previous assessments have identified the potential for generating funds for relief and rehabilitation activities with this mechanism. The team recognizes that demands on PL 480 Title II budgets over the next year make monetization of wheat a difficult option to effectuate but raises it nevertheless as an important mechanism that could be employed should resources become available.

Generating funds through the monetization of wheat is not a new strategy in Zaire. Bread has become a basic food for many people in Kinshasa and donors, ranging from the USG, Canada and Belgium, have used wheat imports to meet the growing demand for the commodity in-country in addition to generating counterpart funds. MIDEMA, the company which has handled past monetization operations is currently operating below capacity. It is shipping approximately 17,000 MT of wheat into Zaire through the Matadi port every month.

MIDEMA has just concluded an agreement with the Belgian government by which 2,000 MT of wheat will be sold to generate funds for the Integrated Development Committee (CDI), a development NGO of the Catholic church. Under this arrangement, a pre-

approved CDI budget will be funded in periodic tranches with the authorization of the Embassy of Belgium in Kinshasa.

Following are suggestions for elements of a USG monetization program using MIDEMA:

- BHR/FFP approval of Title II commodities for sale by MIDEMA;
- MIDEMA to take delivery of Title II commodities in Matadi with responsibility for sale of commodity and deposit of proceeds in account held by MIDEMA;
- Proceeds could either be held by MIDEMA and released against approvals from USAID to approved NGOs, or, an international NGO could manage the account in much the same fashion as program (a) above.
- Funds might be channeled into on-going BHR/OFDA grants with an international NGO for the internal purchase of maize (internal purchase and transport of maize for programs in Shaba and Kasai constitute fully half of most BHR/OFDA budgets for Zaire) or to NGO projects in agriculture, health, etc.

SCENARIOS II and III

In the event of an improved (Scenario II of USAID Strategy) environment, a joint AFR/BHR assessment would be a first step in crafting an expanded strategy. The new strategy might build on some of the mechanisms introduced in Scenario I, such as an umbrella grant or monetization activity in order to expand relief and rehabilitation activities in other regions of the country. It should also consider local NGO capacity-building activities. Other Scenario II assistance might include funding of democracy/governance initiatives or inclusion of Zaire in regional initiatives, such as regional environmental programs. There are already some local and international NGO programs in Zaire that the team believes should be supported under a Scenario II setting, (see Regional Assessments). As was the case in Somalia, it is also likely that many NGOs in-country will modify their emergency relief programs to address the need to rehabilitate the health and agriculture infrastructures which have been allowed to deteriorate. Most important, however, would be a rapid BHR/OFDA and AFR assessment of the health and agriculture sectors to determine how the USG might build on prior experience to support the recovery process. Among other considerations that would need to be addressed under Scenario II would be the lifting of Brooke Sanctions to resume US development assistance for Zaire.

Should Zaire deteriorate into a Scenario III-type environment, the international presence of the ICRC and NGOs would increase dramatically with the commensurate demands on the BHR/OFDA disaster response budget. Stepped-up emergency activities could be channeled through mechanisms put in place for Scenario I interventions as well as through a BHR/OFDA-fielded Disaster Assistance Response Team (DART).

E. CONSTRAINTS

Without repeating what already has been laid out in the Operating Environment section of this paper, it is worth noting some of the factors which impact on the size and depth of programs that can be designed, implemented and monitored effectively in Zaire today.

(1) Management. The mechanisms employed to fund BHR/OFDA humanitarian relief activities should not be allowed to proliferate so that the management burden imposed by program monitoring surpasses the capabilities of a single BHR/OFDA emergency specialist in Kinshasa, who will not have the same authorities as a direct US hire employee. OFDA must also remain cognizant of the added administrative burden on both the BHR/OFDA Kinshasa-based person and the Embassy, particularly related to the oversight of the Foreign Service National (FSN) staff who might be retained, as well as other financial obligations of the office.

(2) Resources and Mandate. The broad interpretation of BHR/OFDA's mandate to save lives and reduce suffering generated by man-made and natural disasters has enabled the Office to sustain interventions in protracted civil conflicts in Africa today. While a BHR/OFDA response to the ethnic conflicts in this country fall squarely within the current interpretation of its mandate, interventions to mitigate a failing economy do not and the team knows of no circumstances in which BHR/OFDA resources have been used in this manner. While we believe that BHR/OFDA should stay engaged in responding to this emergency, recommendations in this report include proposals to intervene in a very targeted, small-scale way that will keep BHR from being drawn into a massive social welfare program. In the long run, the true impact to alleviate suffering will come only with political and economic reform. On the economic side, the team believes that the former USAID interventions in the areas of agriculture, health, and the transportation infrastructure will be key in getting Zaire back on its feet.

(3) Operating Environment. The operating environment for humanitarian relief is outlined in more detail in the "Operating Environment" section. It should be noted here, however, that the level of theft, graft and corruption has escalated in the country as general economic decline has forced much of the population to consider these measures as survival tactics. The corruption factor will inflate the cost of goods and services for emergency programs and makes program monitoring all the more crucial. To ensure adequate program monitoring, the US must be prepared to fund larger program staffs (who may be, in many cases, expatriates). Alternatively, it must seek low-cost yet effective means of reaching the most needy (for example, the missionary groups networks which already have significant expatriate oversight).

(4) Institutional Deterioration. After careful review and consideration, the team concluded that the financial and administrative capacities of local NGOs, which were weak prior to the cessation of international development assistance, have grown considerably weaker in the absence of donor support. It is the team's opinion that this financial crisis has virtually paralyzed many of these NGOs and that significant funds would be required to recreate institutional capacity before funds could be directly deposited in their accounts to effectuate program implementation. Further, the team stresses the importance of channeling funds directly to the end-users to the extent possible, recognizing that local

partners have considerable problems in effectively handling funds destined for remote areas. Under a Scenario II environment, the advises revisiting the issue of local partnerships with a view towards rebuilding local capacity.

IV. COORDINATION

The absence of effective coordination mechanisms to address the emergencies in Zaire was a point of major concern of all donors and international organization representatives interviewed. The complexity of the emergencies to be confronted, displaced person and chronic, and the magnitude of the assistance needed to address the problem of a failed economy, and the geographic distances involved have meant that no entity has an overall understanding of the wide-ranging humanitarian requirements in Zaire. To acquire and maintain such an overall understanding would be both labor and time intensive in an environment where all donor countries have drawn down their representations to minimal levels. It would be unrealistic to expect the international NGOs and other regional field implementors to assume such a responsibility. Unfortunately, to date the UN has been unable to fulfill satisfactorily this coordination role. The existing coordination vacuum is further complicated by the absence of a forum in which policy and strategy issues are presented and discussed, options reviewed, implications understood and decisions taken.

This absence of an overall coordination mechanism is resulting in potentially costly mistakes, as highlighted in the regional assessments (pages 22 - 60):

- o Precedents are being established which may draw implementing partners and donors into assuming lengthy operational responsibility for the economic emergency in an ad hoc manner. (Why provide assistance to economically-impacted urban poor in Kinshasa and Shaba and not address the needs of those in Bas Zaire, Haut Zaire, Bandundu, Equateur, Maniema)
- o Relief activities for the displaced (existing "transit" camp food, health and shelter activities) are not designed in tandem with resettlement activities, thereby diffusing resettlement incentives and burdening transit relief efforts. This lays the groundwork for future emergencies and long-term relief programs.
- o Opportunities for recovery in emergency-affected areas may be forfeited. (The international community may miss opportunities to support promising social structure assets, such as those supported by MSF/H in North Kivu, due to its restrictive response to the Zairian imbroglio).
- o Poor donor-funding coordination has prevented the maximum effectiveness of the international community's relief assistance.

Aside from North Kivu, coordination structures among relief partners in the regions visited are limited or non-existent. As will become apparent in the regional assessments, this has also meant an inefficient utilization of resources, and confusion over the strategies to be used in addressing the emergencies.

Donors welcomed the team's conclusion that the United Nations should be assuming the responsibility for developing and maintaining an overall coordination structure. Though monthly coordination meetings are held, these are considered of limited value and generally are not attended regularly by policy/decision makers in the donor community. The donors also expressed concern over the UN's current inability to coordinate the humanitarian effort. Some donors argued that, as far as the coordination and management of the Zairian emergencies were concerned, the UN has not given itself the tools and human resources necessary to impact on the emergencies. When the question of funding was raised, donors responded that the December 1993 DHA Appeal did not take into account the new donor reality and, as a result, was little more than a repackaging of on-going development projects. This naturally has resulted in minimal support levels.

It generally was felt that the role of a coordination body would entail: 1) collecting and disseminating overall information, 2) assuming the role of secretariat for the monthly relief meetings, 3) coordinating UN agency surveys to augment their credibility, 4) preparing and elaborating discussion and policy papers on specific emergency issues, 5) facilitating the creation and functioning of regional coordination structures, and 6) supporting the efforts of the Secretary General's Special Envoy.

Though a number of donor countries expressed interest in supporting such a body, it was felt that concrete support would be more forthcoming were the UN to take financial responsibility for a portion of the structure's personnel costs, rather than just depending totally on donor finances.

RECOMMENDATION

The USG should encourage the United Nations to staff 2-3 positions in Zaire to focus on emergency coordination.

DONOR INTERVENTIONS & PLANS

The **European Union (EU)** has the potential to be by far the largest humanitarian assistance donor in Zaire. The EU development office known as DG-8 recently contracted the Belgian organization AEDES to conduct an assessment in Zaire and to outline a two year emergency health plan for the country. AEDES has recently finished its assessment and submitted a proposal to the EU that outlines how 24 million ECU (US\$ 27 million) could be spent on health interventions in Kinshasa, North and South Kivu, Maniema, and East and West Kasai. The package would include some technical assistance and funds for local NGOs and church-affiliated groups, as well as international NGOs. The EU is expected to make a decision on the health strategy in late April. This package would be over and above any emergency funds for Zaire provided by the EU emergency office, ECHO. ECHO spent approximately 8.3 million ECU (US\$ 9.4 million) in Zaire in 1993. Its grants are primarily to European-based NGOs for a duration of six months or less. ECHO is currently considering how it might solicit a single "package" of proposals from international NGOs rather than fund individual proposals as they are submitted. It has apparently already initiated this approach in response to emergencies in other countries. A number of European governments present in Zaire have channeled their humanitarian assistance through the EU.

As the former leading donor in Zaire, the **Government of Belgium (GOB)** has allocated approximately \$10 million for humanitarian assistance for Zaire. The latest tranche of \$5 million, approved in March, will be allocated as follows: \$1.3 million will be divided among UN agencies; (about \$554,000 for UNICEF's expanded program for immunizations; \$277,000 for an FAO seed and tool distribution in East and West Kasai; and the rest for a WFP staff person in Mbuji Mayi, and a UNDP statistician in either Kinshasa or Goma); \$2.3 million for aid in North Kivu, East and West Kasai, Shaba and Kinshasa through other organizations; and \$1.7 million for medical assistance in other provinces. The remainder of funds (about \$277,000) will be kept in reserve for future needs. The Belgian government supports a wide range of local and church-affiliated organizations. It remains involved in "vertical" health care programs to combat such diseases as tuberculosis, leprosy and trypanosomiasis.

The **French Government** supports a limited number of humanitarian assistance programs through a small Embassy fund and the Aid Branch of the Ministry of Foreign Affairs. The focus of this support is on the health sector for which MSF/B has received French funding.

On average, other donor humanitarian assistance levels (**British, Canadian, German and Dutch**) range from \$2-10 million. These funds are, for the most part, not managed in-country and are channelled through international NGOs. All assistance is exclusively to support emergency operations, though discussions are underway in some capitals of the possibility of funding essential recovery/rehabilitation interventions.

V. CHURCH & NON-GOVERNMENTAL ORGANIZATIONS

INTRODUCTION

Any humanitarian needs assessment would be incomplete without investigation and analysis of international and local NGO capabilities and constraints in responding to crises; the team, therefore, has chosen to integrate the NGO survey component of this paper directly into regional assessments. Information on the history and work of NGOs not critical to the humanitarian needs assessment has been included in Annex 1, Organization Summary. The purpose of this section, which provides both a historical and current context for churches and NGOs, is to provide a framework for the NGO discussions found in the regional sections and highlight general findings with regard to the viability of organizational relief implementation capacity and funding mechanisms.

I. OVERVIEW

For purposes of this paper, the team classifies the "non-governmental organizational community" in Zaire broadly, to include all religious-affiliated, secular, international and local non-governmental and voluntary organizations. Local Zairian NGOs and international NGOs are carefully distinguished in the text. To further clarify the make-up and capacity of **viable** local Zairian NGOs, it is important to note that these NGOs share two basic characteristics; 1) they are highly decentralized and community-based and therefore small in scale and, 2) they are **church-created** and exist through **direct church support**. North Kivu NGOs, the exception to this characterization, are discussed below. Although secular NGOs exist the team does not consider such structures to be viable channels of direct USG funding for purposes of emergency relief. Unless otherwise indicated, references to local "NGO communities or networks" refer solely to those organizations with direct affiliation to Catholic and Protestant churches and are flagged in text as church/NGO. It should also be noted that although national and regional umbrella NGOs do exist (CNONG, CRONG) in several regions, program implementation and coordination capacity are weak to non-existent.

By far the oldest, largest and furthest reaching church network is the Catholic, which is a conglomeration of some 45 dioceses, numerous parishes and independent religious Orders located in urban and rural areas throughout the country. Most of the dioceses and parishes support separate Diocesan Development Committees or community-based NGOs which act as community health and development implementing agents for the church. Some of these NGOs are officially registered with the government and have individual NGO status while others exist as NGOs in name but are without an official legal status. Financing and funding mechanisms for church-affiliated NGOs do not exist apart from the church community they represent. Church finances are decentralized and differ by group. However, most have established independent international funding from a variety of sources: European and US NGOs, individual fund-raising, charity donations, private and trust funds. Some local finances are generated in the beneficiary community through donations or self-financing schemes but inflation has severely hurt these efforts and the

contribution is minimal.

Although the Protestant church is organized under the umbrella body of the Church of Christ in Zaire (ECZ), Protestant missionaries are organized in much the same way as the Catholics --if on a more reduced scale-- having established decentralized, external funding mechanisms. Most Protestant church communities are affiliated with U.S. church-based NGOs. Like the Catholic community, Protestant missions support local church-affiliated NGOs within their communities. Other church-affiliated NGOs radiate from the Kimbanguist church in Kinshasa and Bas Zaire, and the Islamic faith, primarily in Kivu, but these groups are quite small and community reach is limited. In no region did the team remark animosity between the different religious communities. On the contrary these communities appeared willing to collaborate and coordinate where possible. All church-affiliated NGOs benefit from the churches' duty-free status and rely heavily on the church infrastructures to operate.

In terms of emergency disaster and relief response capacity, the local church-affiliated NGOs are the strongest and most viable local implementation partners. Direct donor funding to international church organizations, which have adequate financial and banking mechanisms to channel USG-funding, assures community reach and involvement as local NGOs are often the actual church implementing partner in the field. The churches' decentralized social networks existed before donor assistance began in Zaire and have remained in place since donor pull-out. Churches responded first to the displaced persons crisis and are in the best position to help Zairians deal with the country's general economic and political crisis. The inherent nature of the Zairian church community ensures long-term commitment, program sustainability and a high degree of program accountability. In addition, the bottom-up approach of church-supported social services promotes community involvement and targets those most in need.

Independent and secular non-governmental organizations exist primarily in the North and South Kivu regions, which have a strong community-based NGO tradition. Local Kivu NGOs have direct affiliations with selected international (mostly European) NGOs from whom they receive financial (through local and European bank accounts) and technical assistance, and on whom they are entirely dependent. These NGOs originated in and have remained closely tied to the communities they serve. Program activities tend to be specific, narrowly targeted, and localized and the local Kivu NGO community has extremely limited programming and administrative capacity. Although international NGOs and multilateral organizations rely heavily on the church and local NGO network as excellent implementation partners in the field, local NGOs are not a viable channel for the direct transfer of USG relief funds. International donors or NGOs should be aware that such small-scale operations would be quickly overwhelmed by substantial additional resources without expanded administrative and programming assistance.

Once highly successful donor-supported umbrella health programs implemented through local structures: the Belgian-supported Santé Pour Tous project in Kinshasa and the USAID-supported Basic Rural Health project, known locally as the SANRU project, collapsed upon donor withdrawal. Although these organizations exist in name and, given

proper development investment might be revitalized, it was clear to the team that project operational capacity was entirely dependent on external financing and technical assistance. Obvious weaknesses in project sustainability and local staff resourcefulness is plainly evident from the collapsed programmatic and institutional capacity of such structures. Both projects are now down to a skeleton staff, and there is no doubt that substantial investment would be necessary just to reconstitute institutional capacity, let alone ensure program response and implementation capability. Given the current crisis in Zaire and BHR/OFDA's emergency mandate, neither of these projects are viable BHR/OFDA implementing partners.

II. HISTORICAL CONTEXT

The Belgian colonial administration, through primarily Catholic missionaries, established a well-developed social service and health care system throughout the country. However, the upheavals of the post-independence period brought about the near collapse of the health and social sector as expatriate professionals left and the system's external funding sources were abruptly cut. Although the Government of Zaire (GOZ) initially attempted to expand upon the colonial system, it was severely handicapped by political instability and financial limitations.

During the decade of the 1970s, churches, missionary groups, international NGOs and some private companies began re-establishing basic health care and social services to their communities. The Catholic missions, in particular, expanded beyond the traditional role of social service provider and, in the absence of government support or involvement, began shouldering the burden of integrated rural development and infrastructure building. In the process, churches and missionaries became a "life-line" to isolated rural and disadvantaged urban populations. Religious communities not only maintained critical human services, but also initiated community organization and development through the creation of local NGOs. The inherent church/NGO philosophy of self-initiative, community participation and communal responsibility served to strengthen program flexibility and adaptability as Zaire's political environment grew more volatile and as economic conditions deteriorated.

Although the growth of church/NGO networks was an outcome of government default and disengagement, there was collaboration with GOZ agencies and public health structures. Prior to the current political imbroglio, the church/NGO community welcomed government participation and integrated public programs into activities at the community level. In turn, the GOZ has, for the most part, maintained a laissez-faire attitude, often benefitting from the existence of the NGO networks.

In 1980, Zaire signed the "Chartre du Developpement Sanitaire de l'Afrique," which established basic primary health care as a sector priority and adopted a 5-year (1982-86) primary health plan that elaborated the national strategy and divided the country into 306 health zones. Zones serve as the administrative framework for the health care delivery system. From the start, the GOZ endorsed and encouraged church, international NGO and

donor initiatives in curative and primary health care by placing more than half of the 306 zones under church/NGO responsibility and giving them considerable autonomy. Not surprisingly, it was during this period that church/NGO and donor efforts to expand and extend primary and preventive health care took hold with the emergence of several highly successful health projects, namely the Protestant church-affiliated SANRU Project (USAID-funded), and the Catholic church-affiliated Santé Pour Tous (Belgian Cooperation-funded), in addition to primary health programs implemented through the Catholic diocese network (BDOM), the Kimbanguist church and other Protestant missionaries.

At the central level, to complement the decentralized health zone structure, the government created the Division of Primary Health Care (Direction des Soins de Santé Primaire) within the Health Department and, later, the Fonds National d'Assistance Médico-Sanitaire (FONAMES), to serve as a coordinating body for primary health care services. Despite good intentions, weak government commitment was further eroded as public spending in the health sector fell from 5% of recurrent expenditures in 1978 to less than 2% by 1988. The government's dismal support for central and recurrent costs created critical deficiencies in health planning and management as well as crippling shortages of basic equipment and materials.

By 1988, external donor assistance for the health sector was approximately \$44 million (church/NGO support was estimated at half this amount), with an estimated 67% devoted to delivery of primary health care programs. More than 85% of health services were provided by religious groups, other non-governmental organizations, donor-supported health projects, and the private-sector. By the end of the decade 37% of the 306 health zones were considered functional --all of which received external assistance through bilateral and multilateral donors or church/NGOs already established in the area. For further discussion of church groups and NGOs see Annex 1, Organization Summary.

II. CURRENT CONTEXT

The sharp downturn in Zaire's political and economic fortunes since 1991 has dramatically accelerated the already chronic degradation of the health and social sectors. Due to the pull-out of Zaire's major donors (1991-92), and the consequent losses in external technical and financial support, the role of church groups and their affiliated NGOs is all the more pivotal for a population in critical need. Since 1991 Zairian church communities have been carrying the enormous weight of health care delivery and emergency assistance with no government and minimal international support. The outbreak of ethnic violence and the movement of displaced populations in the Shaba, North Kivu and Kasai regions in 1992-1993 created an acute emergency which surpassed local response capacity. Recognizing that churches and local NGOs were deluged, several international NGOs (MSF/B, MSF/F, MSF/H, World Vision, OXFAM, Catholic Relief Services, CARITAS/Belgium) began implementing emergency projects in late 1992 and 1993. Without exception, international NGO operations are designed around and integrated into existing community-based church structures to ensure beneficiary reach and program impact.

The church community has traditionally been the foundation of the health and social sector

in Zaire. As donor cooperation expanded through 1970-1990, bilateral, multilateral and international NGO programs were designed around and built upon existing church and local NGO systems. In the case of USAID, recognition of church/NGO importance and effectiveness grew from a history of continued and consistent disappointments in government health planning, operational capacity and institution-building initiatives. In order to ensure impact to intended beneficiaries and strengthen program accountability, USAID increasingly came to rely on church groups, church-affiliated NGOs and international NGOs as implementing agents. The reinforced and expanded church/NGO capacity was weakened when donors left Zaire in 1991-92, but was by no means undermined. It is this same church/NGO community that continues to serve the critical needs of the Zairian population in an increasingly difficult environment.

Time and experience have born-out the need and effectiveness of church/NGO involvement and commitment in Zaire. Given the uncertainty of the current situation, the widespread social insecurity and the erratic nature of the Zaire Government's political and economic actions, the church/NGO network is critical to emergency and relief efforts and the maintenance of a health care delivery system. Church communities and their affiliated NGOs will also play an instrumental role in recovery and rehabilitation efforts should the situation improve in Zaire.

VI. REGIONAL ASSESSMENTS

A. KINSHASA

KINSHASA PROVINCE

SUMMARY OF FINDINGS

1. **Universal economic breakdown, manifest in hyper-inflation, rampant unemployment and a failed public sector is forcing many residents of Kinshasa into sub-standard living conditions. There is a growing nutritional crisis among the city's most vulnerable groups for whom food accessibility is extremely precarious.**
2. **Universal economic decline and, in particular, hyper-inflation, has disrupted severely the capacity of health services to replenish basic medicine stocks. This capacity is critical to sustain functioning preventive and curative services which are accessible to the poorest segment of the population.**

BACKGROUND

The suspension of development assistance to Zaire in 1991 as well as periodic riots, looting and destruction, has accelerated dramatically the city's already chronic degradation of economic and social conditions. The sheer level of need in Kinshasa, with a population of some five million people, complicates the analysis for humanitarian assistance response. Since late 1991, donors have responded to the emergency situation by channeling resources to MSF/B and, in mid-1993, to CRS to support emergency therapeutic and supplementary feeding programs. In evaluating these programs, one must consider the extent to which the USG and other donors, given limited emergency resources, can stem complete disintegration of an entire health system and to what extent they are willing to assume by default the responsibility of a government and public sector. On a practical level, it would appear that limited humanitarian assistance might, at best, slow destitution for a small segment of the population. It will never, however, stanch the country's economic decline. For these reasons relief assistance must be carefully planned, precisely targeted, and have both time and resource ceilings built in from the outset.

REGIONAL CONTEXT

As a megalopolis, Kinshasa is itself a thriving market place, even in the midst of the country's economic decline. Despite official statistics, which suggest that jobs lost after the 1991 riots put millions of people at serious risk of starvation, the reality is less desperate. Kinshasa's thriving and resilient informal sector, for which official data is not readily available, is clearly evident in the daily life of the city's bustling commercial, service and trade sectors. Since Zaire's accelerated decline began in 1991, this informal sector has been instrumental in providing a social safety net for a large proportion of the city's population.

A second important factor to keep in mind when considering the emergency situation, is that Zairians historically have developed a variety of resourceful "alternative support systems" in response to the State's failure to provide even a minimum of social security.

Such systems are rooted in the family unit whose members are expected to care for one another when the need arises and have long served as the primary safety net. The country's widespread and rampant bribery and corruption are, in a sense, an extension of caring for one's own.

Despite strong familial and cultural systems, these "traditional supports" are disintegrating under the strain of economic decline, and an increasing proportion of the population is falling through the cracks.

FINDING 1: Universal economic breakdown, manifest in hyper-inflation, rampant unemployment and a failed public sector is forcing many residents of Kinshasa into sub-standard living conditions. There is a growing nutritional crisis among the city's most vulnerable groups for whom food accessibility is extremely precarious.

An estimation of direct or indirect negative impact of the crisis on the city's population, in actual percentage terms, is extremely problematic as no up-to-date data exists. The team was not able to confirm the previous BHR/OFDA assessment number of 2 million affected. However, there is no question that the city's sprawling population of between 4-5 million is affected negatively by the country's economic decline. Ample evidence of this is seen throughout the city in the proliferation of small garden plots and through health service delivery reporting which indicates large reductions in ambulatory and hospital case loads, due to a lack of income availability, and a growing need for religious and charity organizations to take on responsibility for the city's destitute.

Most of Kinshasa's population lives from day to day and, among the city's most vulnerable groups (children, orphans, single-parent families, the aged and infirm), the nutrition situation is precarious.

MSF/B's most recent semi-annual nutritional survey (March 1994) of children between the ages of 6 - 59 months revealed a global malnutrition rate of 10.7% and a severe malnutrition rate of 2.5%. Even when adjusted for seasonal variations in malnutrition rates related to the marketing of cassava and maize from nearby Bandundu and Bas Zaire, these rates are the highest recorded since 1991, and are thought to be indicative of the increasing downward trend of conditions in Kinshasa (see chart on following page).

Cassava, maize and rice are the staple foods for most of Kinshasa's inhabitants with cassava being the most consumed food commodity. In 1991, USAID/Zaire estimated Kinshasa's daily cassava cossettes (dried cassava) requirements at more than 1,000 MT. The neighboring Bandundu and Bas Zaire provinces are the major producers of food, particularly manioc and corn, for Kinshasa. Food availability and price in Kinshasa markets are influenced by the seasonal production cycle in these regions. During the marketing periods for dried manioc (January/February and August/September) and corn (January/February), market prices are lower as large commodity shipments flow into the capital. Conversely, limited food supplies in Kinshasa markets during Bandundu/Bas Zaire planting and growing periods drive prices up, which has a negative impact on the city's most vulnerable groups' access to food.

The following table from Médecins Sans Frontières/Belgium (MSF/B) gives an indication of the fluctuations in malnutrition levels related to the cycle of agricultural production around Kinshasa.

MSF/B KINSHASA NUTRITION SURVEY RESULTS				
DATE	SEASON	MALNUTRITION		
		GENERAL	SEVERE	
Sept. 91	Dry	5.2%		0.7%
April 92	Rain	7.9%		1.9%
Sept. 92	Dry	5.1%		0.9%
March 93	Rain	8.9%		1.7%
Sept. 93	Dry	4.6%		0.8%
March 94	Rain	10.7%		2.5%

MSF/B currently is managing 30 therapeutic feeding centers, serving some 6,000 children classified as less than 75% of normal weight-for-height (and/or edema), in the greater Kinshasa area (see box below for more details). Catholic Relief Services (CRS) currently supports 82 supplementary feeding centers serving well over 6,000 children classified as between 75-85% of normal weight-for-height (and/or edema). MSF/B estimates that approximately 80,000 children are at risk in Kinshasa (see box below for more details.) Both MSF/B and CRS emergency nutritional interventions are implemented at existing Catholic (Medical Services of the Kinshasa Archdiocese), Protestant and Aimbangist church-community facilities as well as private health care centers.

The **Centre du Developpement Integral (CDI)**, a Catholic church NGO, which sells locally-purchased maize flour to these feeding centers, also supports a church-run program which sells maize flour through designated kiosks in town at a 50% subsidy to approximately 70,000 families. The Belgian government currently is running a monetization program through MIDEMA to provide funds to CDI to purchase maize.

Médecins Sans Frontières/Belgium (MSF/B)
THERAPEUTIC FEEDING

MSF/B runs a therapeutic feeding program for 6,000 children and their families in 30 health centers throughout Kinshasa. The program was initiated in July 1992 for children under five and has two distinct interventions:

1. Children between 70 - 75% of the normal weight-for-height ratio: Receive a weekly dry ration (maize meal, beans, palm-oil, sugar) or 1900 calories (50 grams of protein/day) for a six-month period. In addition, the child's family receives a 50 kg sack of maize flour/month.
2. Children less than 70% of normal weight-for-height (and/or with edema): Receive medical assistance and a daily wet ration (milk, sugar, oil) in addition to the single weekly and monthly dry rations.

For a nominal fee, children are registered into the program for an initial three-month period and, once 85% of normal weight-for-height is obtained for a consecutive three-week period, the child is discharged. If the child fails to meet this criterion, a second three-month registration is initiated. However, if target weight is not reached within six months, the child is ineligible to re-register so as to discourage program abuse.

Together, the CDI, CRS and MSF/B programs begin to address the most critical needs of the at-risk populations. However, given the vast need and the attractiveness of free food in an economy in which purchasing power has fallen to a minimum, food assistance programs must be precisely targeted to improve equality and sustainability problems. In addition, feeding programs need to be integrated with alternative food activities that aim to reduce dependency.

It is the view of the team that the current feeding programs should meet higher targeting standards. NGOs are aware of program cheating, fraud and reports that some families are purposely keeping a child underweight to remain eligible for the dry food rations. Despite program abuses, many relief workers feel that extra cornmeal is important in ensuring the family adequate means to care for a malnourished child. Yet a 50 kg sack of grain (the MSF/B monthly family allotment) can garner \$30 in income for a family in Kinshasa. By contrast the average salary of a public health doctor in Kinshasa is between \$12-18 per month. It can be assumed, given the difficult economic climate of Kinshasa, that at least a portion of the dry ration component of the feeding program is being sold. The team believes that given the cost of maintaining such activities indefinitely, the number of people in need and the constant temptation for private re-sale of the ration, the supplementary income component of a feeding program is unsustainable.

In response to Kinshasa's current nutritional crisis, many families and communities have initiated small garden projects as a supplementary food source. The medical wing of the **Presbyterian church (CBK)**, the **Salvation Army** and **JEEP (Project "Jardins et Elevages de Parcelle")**, a local NGO, are integrating urban garden projects and small-animal raising activities into regular health center activities. Although land availability is limited, program

results appear to demonstrate that a well-managed garden can contribute significantly to a family's improved nutritional status and provide supplementary income. Some local NGOs are exploring the possibility of leasing land outside the city and providing regular transportation to interested families.

RECOMMENDATIONS

- 1.1. Relief assistance must be carefully targeted to address the needs of the most vulnerable segments of the Kinshasa population to avoid taking on a massive welfare program.
- 1.2. BHR/OFDA should expedite approval of a revised MSF/B nutritional program proposal so as to avoid ruptures in the food pipeline and program activities. The revised program should exclude the distribution of a 50 kg cornmeal sack to the family of a malnourished child as it lends itself to abuse and is not financially sustainable.
- 1.3. MSF/B should continue implementing periodic nutritional surveillance surveys. CRS, with additional expatriate health staff, should initiate its own nutrition surveys to expand the amount of overall nutrition information available. These surveys will be critical to assess actual need as well as to measure the program impact of revisions to nutrition interventions.
- 1.4. BHR/OFDA should request that CRS and MSF/B establish closer collaboration and coordination mechanisms including joint programming, to avoid areas of overlap and to extend targeted therapeutic/supplementary feeding programs through existing religious-NGO networks. Expanded programs should target vulnerable groups such as single-parent families, orphans, handicapped and other disadvantaged children.
- 1.5. BHR/FFP should consider funding a feasibility study for Food for Work (FFW) programs in Kinshasa. Ideally, this study would be done by an NGO already working in the field. (There are NGOs interested in this type of activity. For example, the Salvation Army would like to set up a pilot project involving the community in sanitation programs in exchange for food).
- 1.6. BHR/OFDA should consider providing funds for a collaborative JEEP-Presbyterian Church-Salvation Army home gardening and small-animal raising program that would be integrated into established therapeutic and supplementary feeding programs (MSF/B, CRS, BDOM, Salvation Army, etc). Basic criteria for community-based garden projects should include a degree of self-financing and have a monitoring and impact measurement design. A collaborative effort among the various organizations involved in small gardens should result in certain economies of scale.

**CATHOLIC RELIEF SERVICES (CRS)
SUPPLEMENTARY FEEDING**

CRS began supporting supplementary feeding programs in Kinshasa in June 1993. Maize flour is provided to 6,000 moderately malnourished children and their families (36,000 total) as well as malnourished tuberculosis out-patients, prison inmates and street children, who receive a daily wet ration.

Maize flour rations are complemented by a soya, dry milk and oil ration, contributed by CRS's implementing partner, the **Medical Services of the Archdiocese of Kinshasa (BDOM)**. BDOM also provides two nutritionists for supervision and monitoring purposes, warehouse facilities and support for staff at the feeding centers.

All maize flour is purchased locally and distributed as a 20 kg monthly dry ration. By March 1994, CRS's program was reaching over 6,600 children in 82 parish and health center feeding centers -- well over the 6,000 children originally intended.

A small fee is charged for the feeding program registration card and beneficiaries must buy the monthly dry ration at an average rate of 5 - 10% its market value. The funds are forwarded to a BDOM account in Belgium for future use and, as of November 1993, \$40,000 had been collected.

Program Qualification: Children between 75% - 85% of normal weight-for-height automatically are enrolled in the 3-month program. All children are discharged after completing the three-month program whether target weight was achieved or not, but are allowed to re-enter after a 3-month "out" period. Approximately, one-half of all children reach target weight while enrolled.

FINDING 2: Universal economic decline and, in particular, hyper-inflation, has disrupted severely the capacity of health services to replenish basic medicine stocks. This capacity is critical to sustaining functioning preventive and curative services which are accessible to the poorest segment of the population.

The reduced accessibility of basic drugs and supplies throughout the NGO and public medical sector will continue to exacerbate morbidity and mortality from endemic and epidemic diseases, particularly malaria and tuberculosis [cholera (cholera in country-wide analysis) and threaten the routine functioning of health care services, particularly those that serve the most economically disadvantaged. The "Bamako Initiative" approach of user-fee and community-financing is well-entrenched in the Zairian health system and its familiarity and strengths should be built upon. Nevertheless, essential drugs are urgently needed to provide a means of generating local income and establishing health revolving funds, as well as releasing other resources for salary payment. Inadequate or absent salary payment is one of the health sector's greatest problems and is very obviously hastening the collapse of the system.

The current problem is one of basic drug accessibility not availability. As the price of basic medicines is beyond the reach of most Zairians, professional medical care often is not sought, many people go directly to pharmacies, or is sought too late.

RECOMMENDATIONS

2.1. BHR/OFDA should provide an infusion of critical "life-saving" essential drugs and medical supplies into existing, viable relief and religious NGO health delivery networks that are known to serve displaced populations and the urban destitute in Kinshasa. The Catholic church, which could be served through a grant to **CARITAS/Belgium**, for example, would have the widest beneficiary reach, although the **Presbyterian Church** also would be an appropriate conduit. Church networks are able to channel drugs to rural areas with appropriate management of essential medicine stocks and can be used without creating additional supervision/management layers.

REGIONAL ASSESSMENTS

B. SHABA PROVINCE

SHABA PROVINCE

SUMMARY OF FINDINGS

1. The decline of production at Gecamines, a para-statal copper/cobalt extraction and production company, high inflation and ethnic violence have resulted in severe economic hardship for the population of Shaba, especially those in urban areas. Rising malnutrition rates and epidemic outbreaks reflect a slow onset emergency distinct from the displaced persons emergency that initially put the spotlight on Shaba.
2. The missionary community has created a patchwork safety net for the most vulnerable and are the primary reason that the chronic economic emergency currently is not more acute in Shaba.
3. The response by international organizations and their implementing partners to the violence directed at Kasaians in Shaba has been effective in preventing outbreaks of large-scale epidemics and high morbidity and mortality rates among displaced groups. In some areas where the number of displaced has decreased, MSF/B and ICRC are reducing and even closing out their expatriate presence. The most serious programmatic concerns today relate to feeding strategies and transportation of the displaced to Kasai.

BACKGROUND

The international community's focus on Shaba has been generated in large part due to the expulsion of an estimated 400,000 persons of Kasai origin beginning in August 1992. The ethnic violence, fueled by political elements, put the Shaban towns of Likasi, Kolwezi and Kamina on the international relief community map as tens of thousands of traumatized Kasaians gathered into crowded train stations there to seek transport back to their provinces of "origin," East and West Kasai.

In part, the inter-ethnic violence grew out of and served to exacerbate an already precarious economic situation in Shaba province. The team found a growing general emergency among the urban populations, quite distinct from that of the displaced population in the railroad towns. It can be described as a chronic economic emergency generated by a declining economy and which is evidenced by rising malnutrition rates and epidemic outbreaks.

The team's findings for Shaba therefore are divided into two parts: first, the growing needs of the urban poor and a discussion of the organizations responding to them and second, the current situation for the displaced Kasaians in Likasi, Kolwezi and Kamina and humanitarian responses thereto.

REGIONAL CONTEXT

The economic conditions in Shaba have been dependent on Gecamines' earnings which, in the past, was responsible for 70 - 75% of Zaire's foreign exchange earnings. The copper and cobalt producing/extracting company has been a significant, often described as paternalistic, provider of employment and services to the populations of Lubumbashi, Likasi and Kolwezi. Through its development branch, it provided its employees with medical and educational support as well as a wide variety of their consumption needs. In the towns of Likasi and Kolwezi, almost all economic activities were either Gecamines' or were involved in supporting the company's operations.

It is estimated that Gecamines currently operates at less than 20% of its capacity. In tonnage figures this represents a drop in production from about 480,000 MT/year in 1989 to less than 100,000 MT in 1993. The development component of the company, which included support to local agricultural production, has all but ceased, while employees, whose salaries are delayed up to six months, no longer receive the medical and educational allowances from the company's social service departments. Suppliers of goods and services to Gecamines have been forced to reduce their operations. The decline in Gecamines' production and the consequent reductions in staff naturally has led to a correspondingly dramatic decline in the purchasing power of many people in Shaba. (Note: An interesting result of this phenomenon has been the shift of trader/business interests away from the Shaba consumer to Kasai where diamond rich towns such as Mbuji Mayi have generated vibrant economies.)

Compounding the vulnerability of the population of Shaba is an increasingly inefficient agricultural sector. The Shaba region has excellent agricultural potential and benefitted heavily from donor inputs to this sector over the last decade. Successes in Shaba included increased maize yields with improved seeds and fertilizer. Continued progress toward food self-sufficiency has been hampered not only by the withdrawal of donor resources but also by the neglect of rural infrastructure, lack of improved seed varieties and the unavailability of essential inputs at reasonable prices. It is estimated that Shaba now imports two-thirds of its food needs.

Shaba's economic decline is in part a result of the systematic expulsion of Kasaians from the province. The vast majority of departing Kasaians are second/third generation inhabitants of Shaba who know little of their ancestral areas and have occupied managerial and technical positions in the copper and cobalt industries in the region. They are highly educated, entrepreneurial and constituted the driving force of the Shaban economy. Their departure has impacted directly on the productivity of the basic industries, services and social institutions. Reportedly, the ethnic conflicts which led to the exodus have eased over the past few months. However, most relief agencies and donors who met with the team are convinced that Katangese prefer to suffer without the Kasaiian skill base than reaccept them into the region.

That said, the team was given the impression that the overall political situation in the region no longer was as volatile as it had been, though concerns of renewed conflict remain high. There is speculation regarding the regional government's aspirations for autonomy and it was reported to the team that agreements on the province's status to this

end have been reached with the central government. The governor already has promised teachers as well as other government employees significant salary increases. It has to be assumed that these and other regional public expenditures will be covered through taxes on the region's economic actors, basically the traders (which will be transferred directly to the consumer), and a Governor's fund established to deposit taxes withheld from Kinshasa over the last six months. Once regional autonomy no longer is a diversion, social tensions may well re-emerge as the population's aspirations are frustrated by reality.

FINDING 1: The decline of production at Gecamines, high inflation and ethnic violence have resulted in severe economic hardship for the population of Shaba, especially those in urban areas. Rising malnutrition rates and epidemic outbreaks reflect a chronic economic emergency distinct from the displaced persons emergency that initially put the spotlight on Shaba.

The acute economic decline in Shaba has resulted in a measurable deterioration in the nutritional status of urban populations. A 1992 UNICEF nutritional survey of children under-five in Lubumbashi showed a level of 38% moderate malnutrition and 9.6% severe malnutrition among those surveyed. This compares to "normal" levels for Zaire of 15% global and 5% severe, as shown in USAID/Kinshasa's "Action Plan" dated June 1990. While no survey has been done since 1992, UNICEF and missionary groups conducting feeding programs report a rise in kwashiorkor and marasmus cases. They believe there has been a general overall decline in the nutritional status of children in Lubumbashi.

Similar conditions appear to be evident in Likasi and Kolwezi where MSF/B reports that 70 -75% of the children in their supplementary and therapeutic feeding programs are not displaced Kasaians but local Katangese. No formal survey among local populations has been done there either, largely due to the fact that international organizations feel that conducting a survey would raise expectations of a comprehensive response. It is thus possible that the problems in the urban areas in Likasi and Kolwezi could become more acute when the international response for displaced Kasaians is phased out.

The rising level of malnutrition in urban areas is largely due to the decline in purchasing power of the population. Church groups report that malnutrition is less severe in rural areas because people continue to grow their own food. Nonetheless, conditions in rural areas become more and more precarious with the deterioration of road systems which previously enabled access to markets to sell surplus production and obtain social services such as health care.

In addition to rising malnutrition, missionaries supporting the health infrastructure of the region report increasing incidence of communicable and infectious disease, (measles, diarrheal disease/dysentery and cholera) and an increase in endemic disease mortality (tuberculosis, malaria, onchocercoses and trypanosomiasis). Epidemic disease control is becoming more critical, especially in cholera-endemic, inter-lake areas, where rural communities are increasingly isolated. To respond rapidly to disease outbreaks, UNICEF has installed a regional vaccine cold chamber which decentralizes Extended Program of Immunization (EPI) activities and is reinforcing cold chain linkages among its implementing partners.

UNICEF reports that, in Shaba's rural areas, health centers run by missionary groups continue to function, albeit at a reduced level. Government-run health zones, on the other hand, have virtually ceased operations. Similarly, health zones supported by the **USAID Basic Rural Health project (SANRU)** have been unable to sustain services without the support of missionary groups. Out of 40 health zones in Shaba, UNICEF reports that only 12 - 14 still have a Chief Medical Doctor. Large numbers of Zairian doctors are reported to have migrated to Zambia and South Africa.

RECOMMENDATION

USAID/BHR and other donors should encourage UNICEF to conduct regular nutritional surveys in the Shaba region, starting with the urban areas where need is considered most acute. This is an appropriate UN role which will provide a much-needed update on nutritional status without forcing one implementing agency to take on the problem single-handedly. UNICEF should make recommendations on a coordinated response that taps into the existing network of church-affiliated groups (as described in Finding 2) already responding to the crisis.

FINDING 2: The missionary community has created a patchwork safety net for the most vulnerable and is the primary reason that the chronic economic emergency currently is not more acute in Shaba.

In examining response mechanisms to the health/nutrition crisis in Shaba, the team found that the missionary network is by far the most well-equipped and effective non-governmental network in the region. They have been and will continue to be a lifeline for vulnerable populations in both urban and rural areas. Outside of church groups, **World Vision/Zaire (WV/Z)**, operating since 1988, is the primary local NGO engaged in relief and rehabilitation in the Lubumbashi area.

The Catholic missions have the largest and most far reaching assistance in the region. The Protestant missionaries are operating smaller but equally critical programs. The technical and human resource capacity of both are high and their communication networks throughout the region and country are remarkable. They operate the most extensive and reliable radio network system within Zaire.

Feeding programs for malnourished children in Lubumbashi have been initiated by a number of religious missionaries. The programs include ad hoc activities which vary in terms of numbers of children fed and meals provided per week. The largest program, run by the **Sisters of St. Ursula**, provides 2,500 children with one meal per day, six days per week. (It is estimated that Catholic orders feed a total of 6,000 children in the city.) The **Anglican church** runs a smaller program which feeds 600 children 2-3 times per week. All programs provide similar porridge comprised of corn, soya, sugar and salt. While children are weighed and measured to determine eligibility for the program, they are not categorized by level of malnutrition. Missionaries report that programs are constrained by the amount of resources available for food purchase and the number of parish volunteers able to commit time to run the activity. While the condition of children participating in the program often improves, there is a high return rate for "graduated" children.

Realizing that free food distributions are not a long-term solution, churches and WV/Z in Lubumbashi are promoting agricultural activities to allow Katangese to become food self-sufficient. The **Catholic church** and **WV/Z** each assist some 2,000 families (the programs combined assist some 20,000 people) with the provision of seeds and other supplies. Both report that theft from fields has been a major dis-incentive to planting and that farmers are banding together to provide 24-hour watch over community fields. There also are reports that some families have eaten or sold the seeds they were given in lieu of planting. It is too early to estimate the harvest levels but yields likely will be relatively low due to lack of fertilizer.

The agricultural program has also been used by the Catholic orders to promote reconciliation between Kasaians and Katangese. Since Kasaians have been threatened by the youth wing of the UFERI (Shaba-based political party) when found planting in the area, the church promotes joint Kasaian/Katangese farming. A positive community response to this initiative has been reported.

In Likasi and Kolwezi, malnourished Katangese children are benefitting from the more organized supplementary and therapeutic feeding programs established by **MSF/B**. They also benefit from **ICRC's** supplementary dry ration of maize, beans and oil, which is distributed to the families of children participating in feeding programs. Although they are operating at a reduced level, local children in Kolwezi and Kamina benefit from similar **MSF/B** and **ICRC** activities.

The Catholic missions throughout the region receive financial and material support through the **Salesian Fathers**, who are the implementing partner of the Belgian chapter of the charity group, **CARITAS**. The Salesians have begun distributing 700 MT of food and 7 MT of medicines through parishes in the region. This program is supported in part by a \$500,000 grant from the EU to Caritas/Belgium. The programs of WV/Z are supported by private donations and a USAID grant.

CHURCH-AFFILIATED ORGANIZATIONS IN SHABA

Missionary groups are implementing ad hoc humanitarian activities which constitute a "safety net" for impoverished Katangese. Those interviewed reported that their "regular" activities have been and will continue to be the backbone of social structures in the region. The team met with the **Franciscan Mission, Sisters of St. Ursula, Salesian Fathers, the Anglican Church, the Methodist Church, the Pentecostal Church, the Garaganze (Christian Brethren), the Adventist Development and Relief Agency (ADRA) and Mission Aviation Fellowship (MAF)**. These groups are involved in health and nutrition programs, education, vocational training, agricultural extension work and child sponsorship programs as well as the purchase and delivery by air of medical supplies throughout the region.

While missionary groups have reduced their overall expatriate presence in the country since 1990, the groups with which the team met in Shaba by and large have continued their programs. ADRA has expanded its child sponsorship program, thanks to private donations from Italy. MAF continues to maintain a fleet of 15 planes in-country (despite over \$1 million in losses during the last round of looting). The Christian Brethren continue to support 6 hospitals and 60 health dispensaries with the help of church donations from England. The Pentecostals continue to feed 200 street children in Lubumbashi and prisoners in the major urban centers. The Methodists continue to support three hospitals and 45 - 50 health centers around Shaba. The expatriate staff of the missionary groups vary from 30 (the Methodists) to 20 (the Pentecostals) to just a few families (MAF.)

Given the higher cost of doing business, all of the church groups report a financial crunch (depletion of reserves.) Their primary sources of funding are religious foundations in Europe and the U.S. as well as the European Union (via CARITAS/Belgium.) The Catholic missionaries retain all of their finances independently from the Archdiocese, (whose staff is notoriously corrupt.) All missionaries use the Catholic church's "exoneration" status to import goods duty-free.

No coordination mechanisms are employed by the church groups, international NGOs, local NGOs and the United Nations agencies in Shaba province. A degree of collaboration appears to take place among the church groups themselves. However, missionaries indicate that they cannot standardize their assistance programs without additional staff and resources to ensure a steady food flow as they depend, in large part, on the resources available from month to month. The absence of coordination and standardization enables vulnerable groups to benefit from multiple assistance programs. The team recommends that the UN play an information and strategy coordination role in Shaba, as elsewhere in the country. (see COORDINATION.)

RECOMMENDATIONS

1. In the absence of any fundamental economic change, the USG should not provide funding for feeding programs in Shaba. Such assistance could involve BHR/OFDA in a long-term welfare program.
2. However, USAID/BHR should not completely close the door to a response to the chronic economic emergency. The team recommends that:
 - A. USAID/BHR meet with other donors to discuss a coordinated response (see COORDINATION.)
 - B. BHR/OFDA should favorably consider a grant to CARITAS/Belgium or a similar organization to procure medicines for distribution through church-run health centers in the region.
 - C. BHR/OFDA consider continued support for churches and their affiliated local NGOs working in the agricultural sector and promoting self-initiative in the fight against hunger and malnutrition. A monetized Title II PL-480 program should be used (see PROGRAM IMPLEMENTATION) to generate funds for such activities.

FINDING 3: The response by international organizations and their implementing partners to the violence directed at Kasaians in Shaba has been effective in preventing outbreaks of large-scale epidemics and high morbidity and mortality rates among displaced groups. In some areas where the number of displaced has decreased, MSF/B and ICRC are reducing program activities and expatriate presence. The most serious programmatic concerns today relate to feeding strategies and transportation of the displaced to Kasai.

The number of displaced persons registered with NGOs and the ICRC in Shaba province currently totals approximately 29,000. The displaced include 20,000 in Likasi (15,000 alone in a school building called "the Athenee"), 6,000 in neighborhoods in Kolwezi and 3,000 at the train station in Karnina. Best estimates are that over 400,000 Kasaians actually have fled the region since 1992.

It is to the credit of all relief organizations operating in Shaba that timely assistance for displaced Kasaians is being managed effectively. The 15,000 displaced in the Athenee of Likasi, the point of single greatest concentration, are extremely well served by both MSF/B and ICRC. What could be a major humanitarian crisis is a well-managed and effective relief intervention.

LIKASI

The Athenee houses the largest concentration of displaced Kasaians. Though extremely crowded, overall conditions are good with the provision of 16 liters of water/person/day, 300 latrines (another 300 concrete-lined latrines are being built) and basic health care. A vibrant market with an array of goods is present.

HEALTH: MSF/B-paid displaced health workers provide on-site health care for those with an ICRC feeding card or a letter from the Zone Medical Director with referrals to the local hospital, which MSF/B supplies with medicines in exchange for services. A July 1993 nutritional survey revealed a global malnutrition rate of 10% and high rates of kwashiorkor. MSF/B's health services and sanitation efforts have improved conditions and curtailed a dysentery epidemic. MSF/B's next nutritional survey will be done in June 1994.

NUTRITION: MSF/B manages feeding programs for 2,500 children at 3 sites. The program offers hospital care (for 100 children with less 60% weight-for-height), day care (313 children with less 70%) and ambulatory care (2,087 children with less 70-85%). Until recently, ICRC provided a monthly supplementary ration of maize, beans and oil to the children's families. This ration has been cut in half and will be distributed weekly to decrease its economic attractiveness.

Missionary groups were the first to respond to the needs of the displaced Kasaians by setting up emergency kitchens and medical stations along the rail lines. As the exodus of the Kasaians increased, their limited resources quickly were overwhelmed and they turned over the assistance programs to international agencies. The ICRC and MSF/B are now the primary organizations providing assistance. They have, by all accounts, done a remarkable job of controlling outbreaks of epidemic diseases and satisfying emergency food, water and sanitation requirements with appropriate, well-managed and well-thought-out programs.

To ensure the displaced arrive in Kasai in good health, the focus of the programs has been to maintain the displaced's health and nutritional status. In Likasi, MSF/B is satisfying the on-going water and sanitation requirements of the Athenee population, managing supplementary and therapeutic feeding programs for the displaced and providing medical care at the Athenee site with referral arrangements at the local church-run hospital. ICRC supports the displaced by providing food for a monthly general ration distribution and a weekly supplementary ration for families of children in MSF/B supplementary feeding programs.

In Kolwezi, the remaining displaced population has dispersed into residential neighborhoods. ICRC continues to distribute a monthly ration of maize, beans and oil to the displaced but is preparing the local Red Cross to take it over. MSF/B-paid local staff run a dispensary and a feeding program for 300 children. One MSF/B expatriate remains to oversee these activities but will be withdrawn in the near future.

In Kamina, both ICRC and MSF/B have withdrawn expatriate staff and assistance is maintained through local staff and missionary groups. MSF/B continues to support the medical unit at the train station with deliveries of medicines and occasional supervisory visits of expatriates. ICRC continues to provide maize, beans and oil to Catholic missionaries for kitchen feeding operations for the displaced (see box for more detail).

KAMINA

In March 1994, there were about 3,000 displaced waiting for trains to Kasai. Many wait up to 6 months while they negotiate and pay for train space to Mwene Ditu. The local Catholic missionaries provide a daily hot meal for the displaced using their own resources and ICRC-supplied maize flour, beans and oil. Health and medical activities are supported by MSF/B-Lubumbashi which, until recently, had a full-time expatriate in Kamina. Now supervisory visits to the clinic are undertaken to deliver drugs and pay the local staff who are managing the daily operation. A daily wet supplementary ration is provided for all children along with free medical care. MSF/B contributes drugs to the local hospital in exchange for referral services for the displaced. Latrines and showers, located near the medical facility, have been constructed by MSF/B using BHR/OFDA plastic sheeting.

The most serious programmatic concerns related to the continued well-being of the displaced are related to rationalization of feeding programs and transportation of the Kasaians to Shaba.

As the team has explained in this report, the linkage between supplementary feeding programs and qualifying for a general ration (essentially a family subsidy) in Zaire has serious social consequences. As in other areas, the practice in Shaba of providing a supplemental family ration to children enrolled in MSF/B feeding programs, in addition to the general monthly ration allotted to the displaced, provides an economic incentive for families to maintain children at malnourished levels. Moreover, MSF/B reports that 75% of their caseload in the feeding centers are Katangese and not displaced Kasaians. ICRC is attempting to address this by decreasing the size of the ration and distributing it on a weekly basis.

Since the displacement drive began in 1992, transportation of the Kasaians to Kasai has been problematic. Most of the displaced who departed in the first wave had personal cash reserves to pay their train tickets or other modes of transportation. Increasingly, it is now the poor who are departing Shaba. Without ready cash they are forced to wait for longer periods at the train stations to obtain transportation to Kasai.

Various activities have been implemented to assist the Kasaians to travel to Kasai more quickly. The church, for example, has organized trains and paid for tickets, even though the international community has been wary of supporting what essentially has been an exercise in ethnic cleansing. Church efforts ceased when the cost of transportation by train to Kasai quadrupled in early 1994.

The **International Organization for Migration (IOM)** recently arrived in Zaire to organize and execute a voluntary transportation program for the remaining Kasaians in Shaba, as detailed in the December 1993 DHA Appeal. While acknowledging that crucial commitments by other UN agencies haven't been undertaken yet, IOM seems determined to commence its program. The team questions the wisdom of transferring populations currently in relatively stable conditions in Shaba to transit camps in the Kasai where food, water and sanitation and other social services are inadequate for their present populations (see Kasai Section.) In addition, the team feels that inaccurate assumptions are being made regarding the willingness of some Kasaiian villages to receive displaced populations. Early dialogue with these villages, which is essential for successful resettlement, has not been initiated.

RECOMMENDATIONS

1. BHR/OFDA should continue to support the international organizations assisting the displaced Kasaians in Shaba until re-integration in Kasai becomes viable.
2. BHR/OFDA should not approve funding for a general ration that is linked to families having malnourished children in supplementary feeding programs. The cessation of such support will encourage the targeting of assistance to the truly needy and reduce a family's incentive to keep a child malnourished. This is a general policy issue also addressed elsewhere in the paper (see Kinshasa).
3. The USG should not support the IOM initiative to move displaced Kasaians at this time.

REGIONAL ASSESSMENT

C. KASAI PROVINCES (EAST & WEST)

KASAI PROVINCES (EAST AND WEST)

SUMMARY OF FINDINGS

- 1. Despite attempts to encourage the displaced to move beyond the transit points and into rural areas, growing numbers are opting to remain in the urban transit centers, straining both the absorptive capacity of the local economy and church/NGO emergency resources.**
- 2. Local church/NGO capacity in the Kasais, although extensive and community-based, has a limited ability to respond to emergencies without international NGO resources and technical assistance. To the extent possible, all future emergency assistance should be integrated into and build upon existing local church/NGO networks.**
- 3. There is no comprehensive or coordinated resettlement strategy for the displaced Kasaian population. As a result, conditions that could further enmesh the international community in a cycle of emergency-feeding and increased relief dependency are being created.**

BACKGROUND

The Kasai Provinces became a focus for international attention in late 1992, when political elements in Shaba (Katanga) Province provoked native Katangese to attack violently resident Kasai populations. Hundreds of lives were lost and an estimated 400,000 people have fled into East and West Kasai since August 1992. Humanitarian efforts have focussed on assisting the displaced as they moved along the train lines through Shaba and into the Kasais. These two provinces are experiencing a long-term and more intractable emergency as there are few communities in which the displaced population can be assimilated easily or quickly. Particular problems relating to emergency relief service delivery at the transit points of Mwene Ditu, Mbuji Mayi, and Kabinda in East Kasai; and Kananga in West Kasai are examined herein.

REGIONAL CONTEXT

Since independence, the Kasai provinces have been systematically neglected and isolated by the central government in an effort to retard development. Paradoxically, the region also contains the richest diamond mines in Zaire. The major mining centers are very localized, and only a fraction of the population benefit from mining activities. Almost none of the revenue is re-invested into the region and profits are exported discretely. The diamond trade is extraordinarily profitable and is estimated to generate well over one million dollars per day in Mbuji Mayi alone. More than half of the activity is outside the control of MIBA, the para-statal diamond extracting company, and official diamond buyers.

Due to the region's physical isolation and the absence of a viable transportation infrastructure, most goods are flown into the region from Kinshasa, Lubumbashi and North Kivu. Thus the prices of basic commodities are exorbitantly high by any standard. In urban areas, where much of the population is concentrated, most people survive on the prolific commerce and trading that feeds the diamond industry, and are dependent on food inflows from the rural areas for their survival.

In the rural areas, there is little economic activity beyond subsistence farming. Consequently, the Kasai provinces traditionally are net importers of grain, bringing in an average of 140,000 MTs per year. Areas of western and southern Kasai produce some local surpluses of maize, soya and manioc, but a dilapidated transportation infrastructure limits market access and distribution of surpluses within the region. In areas directly surrounding the towns of Mbuji Mayi and Mwene Ditu, where most displaced are concentrated, soils are infertile and, without application of fertilizer or use of improved seed varieties, will yield only 300-500 kg per hectare.

In the political domain, the Kasaians as a regional block have grown increasingly intransigent towards the Mobutu government. The latest manifestation of regional opposition to the regime is the attempt to refuse to accept the new zaire banknote as currency. Consequently, the region's economic exchanges are now effected with old and new zaires, and US dollars (possibly up to 95% in Mbuji Mayi), in addition to using commodities as substitutes in place of cash in an attempt to temper the costs resulting from volatile exchange rates. This act of defiance has weakened further the region's economy, accelerated the decline in purchasing power of its people and has led to a dramatic increase in the cost of social services being provided.

FINDING 1: Despite attempts to encourage the displaced to move beyond the transit points and into rural areas, growing numbers are opting to remain in the urban transit centers, straining both the absorptive capacity of the local economy and church/NGO emergency resources.

DISCUSSION

Some 400,000 displaced Kasaians have fled into the Kasai region over the last eighteen months, most reaching the Kasai provinces by train, passing through Mwene Ditu on their way to Mbuji Mayi, or Kabinda, East Kasai or Kananga, West Kasai. Initially, it appeared the new arrivals were welcomed by resident communities, yet as the numbers of arrivals grew, so too did tensions between the two groups. It is estimated that of those displaced fleeing Shaba, more than 50% have opted to remain in urban centers for economic and social reasons. Consequently, the major towns in the region are experiencing rapid population growth that is increasing competition for limited locally produced agricultural commodities and is straining community social service capacities. Nutritional surveys show increasing rates of malnutrition amongst both the displaced and resident populations, yet emergency relief programs are only benefitting the displaced. Tensions are

exacerbated further by the fear among resident populations of contagion through diseases being carried by the displaced and jealousies arising from the relief assistance being provided to the new arrivals.

The growing numbers of displaced in the towns of East and West Kasai also are placing greater demands on the emergency-relief facilities set up by the international NGOs. Many of the needs are, in the short term, very urgent and warrant special attention. For ease of problem identification and analysis, the team evaluates and makes recommendations on the emergency relief programs by town.

Mwene Ditu

Mwene Ditu is a key transit point for displaced persons moving out of Shaba and into both East and West Kasai. With the arrival of some 70,000 displaced, the population of the town has grown by more than 50% from 130,000 to about 200,000. Surveys conducted in the town of Mwene Ditu in January 1994 showed rates of acute malnutrition among the displaced child population of 6-59 months to be 19.5%, as compared to 10% for the residents. The rates of severe malnutrition among children 6-29 months in both populations are in fact higher among the resident population (6.5%), than the displaced (5.7%).

In addition to the substantial population of displaced in the town, another 4,000 displaced live in an MSF/B-managed camp ("Anne Simons") several kilometers from the town center. MSF/B has determined that many of the new arrivals at the camp are displaced who have been in the town of Mwene Ditu for weeks, even months. The lack of economic opportunity and inability to purchase food led them to seek help at the camp. A March 1994 survey at the camp revealed moderate rates of malnutrition amongst children 6-59 months of 31.7% and of severe malnutrition amongst the same group of 3.8%.

In response to the increasing numbers of the displaced moving into the MSF/B camp from the town and the significant levels of malnutrition recorded in the camp, MSF/B will build additional communal shelters at the camp and expand its nutritional program beyond its centralized location in town to the camp. Moreover, MSF/B remains conscious of the potential additional demand on their structure as a result of the possible arrival of new displaced from Shaba on the trains once the rainy season ends (see Shaba).

Despite a growing problem in the town and the camp, no general food distribution has been initiated. There are attempts to target the needy through other programs. A small percentage of the displaced population (350 families or about 1,650 people) receive a monthly general ration as part of the World Vision resettlement program (see Finding 3). MSF/B is providing a one-off double family ration (20 kgs maize, 6 kgs beans, 2 kgs sugar, 2 liters oil) to families who register their children in the Phase 1 (less than 70% weight-for-height) therapeutic feeding program. The program also provides families of children in the Phase 3 (less than 80% weight-for-height) program with a weekly supplementary ration. NGOs fear that the urgent need for food is driving mothers deliberately to starve a child in

order to receive the family ration awarded in the nutritional centers. The need for a general food distribution under these conditions cannot be overstated. The team was disturbed to learn that the WFP program that was due to begin in mid-March 1994 had only sufficient food for half rations for 36,000 people for 6 months.

MWENE DITU: MSF/B provides comprehensive health and nutrition services to the displaced, including outpatient and inpatient services, an EPI program, water and sanitation services and a three-phase nutritional program from a location in the center of the town. Rates of malnutrition among displaced children are averaging about 40% and the nutrition center currently provides special feeding to 1,000 children out of which 30 are under an intensive 24-hour feeding therapy (under 60% weight-for-height). An additional 400 children are in Phase 2 daily therapeutic feeding (under 70-75% weight-for-height). The remainder are in a day care supplementary feeding program which includes a take-home ration (weighing between 75-85% weight-for-height). BHR/OFDA plastic sheeting has been used extensively to build communal shelters at the "Anne Simons" camp and it's worth noting that this particularly type of plastic has been found to be sturdier and cooler than any other received.

It appears clear from the available evidence that Mwene Ditu has reached its absorptive capacity. Unless there are additional emergency interventions to respond to the current situation, combined with a strategy to move people quickly out to other areas, Mwene Ditu is likely to remain a significant emergency for the foreseeable future.

Relief agencies, and this team, are concerned that Mwene Ditu is becoming a bottleneck in the movement of Kasaians from Shaba. The team concluded that the concentration of displaced in this transit point is attributable to the absence of a coordinated resettlement strategy by the international community, and to the displaced's hesitancy to proceed further into unfamiliar territory (see Finding 3 for discussion of this point.)

RECOMMENDATIONS

1.1. BHR/OFDA should be prepared to support requests for additional plastic sheeting and for funding of expanded feeding programs.

1.2. As part of the team's overall recommendation on feeding (see KINSHASA), BHR/OFDA should encourage a review of feeding strategies to discourage program abuse. This may entail the cessation of a one-off double ration as noted above, and changing the nature of the take home rations for children enrolled in MSF/B's day care supplementary feeding program. Moreover, with the commencement of the WFP maize distributions, it appears critical to the team that beneficiary lists be rationalized in consideration of those already benefiting from supplementary feeding programs.

1.3. BHR/OFDA should encourage grantees to revise their current resettlement strategies. Clearly Mwene Ditu has reached its absorptive capacity and no new resettlement activities should proceed in the area.

Mbuji Mayi

In Mbuji Mayi, a town of almost 1 million, the displaced population is estimated by CARITAS/Mbuji Mayi to be 112,000. Almost 11,000 are living in a MSF/F-managed camp ("Bashala" or camp 2). Another 6,000 are living a few hundred meters from "Bashala" on the site of the original displaced camp (camp 1) and on resettlement plots in the surrounding area. Some 96,000 are estimated to be living in the town of Mbuji Mayi, about 20 kilometers from the camp sites, with friends, relatives or on their own. NGOs informally are reporting that conditions for the displaced in town are deteriorating as evidenced by increasing morbidity rates and the gradual flow of displaced from town into the camps. Current efforts to assist the displaced focus exclusively on the "transit" camp populations.

MBUJI MAYI: Out of a total population of almost 1,000,000, CARITAS estimates that 96,000 displaced are living in town. Almost 11,000 are living in an MSF/F-managed camp ("Bashala"). Another 6,000 are living on a separate site near "Bashala" and on the World Vision-supported resettlement plots in the surrounding area. MSF/F provides a full range of child nutrition and health care services in "Bashala" camp. MIBA, the state-owned diamond mining company, operates an adult dispensary in "Bashala." Reports indicate that the dispensary has few resources and staff is often absent. The MIBA hospital in Mbuji Mayi has opened its pediatric ward to MSF/F as a referral center for severely malnourished or sick camp children.

Emergency services in the Mbuji Mayi camp are being taxed with an estimated 500-600 new arrivals per week. The most critical need is to increase water availability for camp residents, which is inadequate at a 2-4 liter ration per resident per day. MSF/F, with UNICEF collaboration, has been studying alternative solutions to resolve the water crisis

which, in the immediate future, will require additional funds for tanker truck rentals (MSF/F estimates \$12-15,000/month). MSF/F calculates that an additional 2-3 tanker trucks will be needed to bring daily rations up to 10 liters per resident per day. The ultimate solution is to construct a water adduction system from a nearby river, but this will take some time to assemble (3-5 months). This system is essential to ensure an adequate and regular supply of water for the displaced in the camp. The current system of trucking water into the camp cannot meet minimum requirements and sometime fails completely as the road to the camp is often impassable on rainy days.

The more difficult issue that needs to be addressed in Mbuji Mayi is the inadequate food delivery system which has resulted in the unavailability of sufficient food rations for the camp populations and possible inequitable distribution practices. A recent MSF/F survey of the "Bashala" camp revealed a global malnutrition rate of 30% and a 12.5% severe rate. The survey results strongly indicate an urgent need for a systematic general food distribution in the short term. The only food being provided in Mbuji Mayi, at the time of the team's visit, was through the World Vision resettlement program. The program was originally designed to assist and promote self-sufficiency among families which have moved out of the camp and resettled onto agricultural lands. However, in recognition of the abysmal nutritional conditions in the camp, World Vision expanded distribution to some 11,000 camp residents and instituted a general food ration distribution program by reducing the original food ration size to increase the number of recipients. Food stocks that originally were meant to assist 10,000 people are being distributed to 11,000 camp residents. An additional 5,000 await registration into the program.

Interestingly, even though the majority of the camp residents live in the "Bashala" camp, "community pressures" have resulted in the food distributions being effected from "camp 1". Serious reservations were expressed to the team on the discreet involvement of the camp relief committee in food distributions. It was determined that members of this committee, based in "camp 1" and supported by its own militia, could be manipulating the food distributions for their own purposes.

For the majority of the displaced living in town, life is becoming increasingly difficult. With no access to the free food distributions, they attempt to survive on incomes earned in the informal sector. However, the high prices of basic commodities in Mbuji Mayi and the lack of available work make day-to-day life extremely precarious for displaced Kasaians from Shaba.

RECOMMENDATIONS

1.4. MSF/F should be funded to install a water-pumping system in "Bashala" camp and, in the interim, should receive funding to cover the rental costs for 3 additional tanker trucks.

1.5. BHR/OFDA should insist that funded-grantees have adequate expatriate support and presence within the camps to off-set any undue pressures on local staff during food

distribution and ensure program accountability.

1.6. BHR/OFDA should amend the present World Vision grant to increase general food levels from a full ration for 10,000 to one for 18,000 people in the short term (through December 1994). However, increased food distribution activities should be tied directly to coordinated and expanded resettlement efforts.

Kabinda

A third destination for the displaced leaving Mwene Ditu is Kabinda. Primarily a rural area, Kabinda attracts displaced who intend to move onto agricultural lands. To date, some 39,000 displaced have passed through the town's transit camp, with some 6-7,000 having elected to settle in the town itself. An August 1993 survey by MSF/F determined that displaced constituted up to 60% of the town's population and that 53% of the displaced surveyed shared land with the residents. Of concern is a January 1994 survey by MSF/F in Kabinda which revealed growing rates of moderate malnutrition among both displaced and resident populations between 6-29 months (5.9% and 5.3% respectively). These rates are even more worrisome among children between 29-59 months (28% for displaced compared to 6.7% for residents). Moreover, MSF/F has identified a trend among some displaced to "resettled" back into the towns of Kabinda, Mbuji Mayi and Mwene Ditu after failing to adjust to rural life. The team is also concerned that the current MSF/F program will be overwhelmed as it is forced to provide assistance for the increasing "stationary" displaced population.

KABINDA: Has population of 34,000, with 6-7,000 displaced living in the town. MSF/F, in collaboration with the local Catholic diocese, is assisting the displaced through the provision of basic health, nutrition and sanitation services as well as with transportation to their village of choice.

Kananga

The emergency response to the estimated 200,000 displaced people in Kananga, West Kasai, has been quite different to that of towns in East Kasai. The Catholic archdiocese and OXFAM/U.K., the leading NGO in the region, have collaborated successfully in ensuring emergency interventions for the arriving displaced people. They have established feeding services, food distributions (to end in April), health care and a resettlement program that quickly moves the mass of people out of the regional capital onto land they can cultivate. Some 160,000 have benefitted from this relief assistance on their way to resettlement areas.

The identification of resettlement areas is a subject of lengthy discussions between the regional relief coordinating body, the CCR (Comite de Coordination des Refcules, or Displaced Coordination Committee), and local leaders. Medical services are provided to the resettled through fifty church-run centers. In an attempt to accelerate the integration of the displaced and avoid creating glaring disparities with communities receiving the displaced, services are being provided in these centers to the displaced free of charge for the first three months after installation, then at a 50% discount from local tariffs for the following nine months. After a year, the displaced are placed on the same footing as the residents. Notwithstanding these well-structured efforts, some 70,000 displaced inhabit the town. The CCR, recognizing the increased vulnerability of the resident populations, is shifting its focus of activity from the displaced to all vulnerable groups. While resettlement activities on West Kasai appeared to be better coordinated and effective than those in East Kasai, problems due to poor agricultural potential and inadequate health and social services those displaced already resettled exist.

KANANGA, the capital of West Kasai, has an estimated population of 450,000 with some 70,000 displaced currently living in the town. The displaced coordinating body, the CCR, originated out of a local Catholic NGO, CERDES (Centre des Recherches en Developpement et Entreaide Sociale) which was the first organization to respond to the crisis with food and medical care. As the number of displaced arrivals began to increase, it became clear that various NGO groups trying to meet the emergency needs of this population could coordinate response efforts more effectively and solicit aid and program interventions under the aegis of a single body - CCR. The CCR has been responsible for the registration, feeding, medical assistance, housing and resettlement of arriving displaced persons.

RECOMMENDATIONS

- 1.7. A well-coordinated emergency relief effort for the displaced in Kananga and West Kasai appears to be under control, however, BHR/OFDA should continue to monitor the situation in West Kasai and be prepared to fund existing implementation partners (the Catholic and Protestant churches) should the situation deteriorate.

GENERAL FOOD RATION IN THE KASAIS (EAST & WEST)

At all transit points previously described, the principal problem is the lack of a balanced, complete general food ration. In mid-March, the World Food Program (WFP) began a 6-month 5,000 MT maize distribution program. WFP implementing partners are: MSF/B working with the Catholic parish in Mwene Ditu; the Catholic parish in Kabinda; the Catholic arch-diocese and CARITAS/Mbuji Mayi in Mbuji Mayi, and the Sovereign Order of Malta and OXFAM/U.K. in West Kasai (Kananga). The tonnage programmed is sufficient to cover the food needs of 70,000 people for six months, or only a small percentage of the total number of displaced.

Food delivery to the Kasais presents a significant challenge. WFP has contracted with a local trader in Kinshasa to purchase and ship 3,000 MT of maize by air and by boat/truck to Mbuji Mayi, Mwene Ditu, Kabinda and Kananga. The remaining 2,000 MT will be purchased in Zambia and shipped by train through Shaba to the Kasais. Many experienced Zaire relief workers are not sanguine that this latter shipment will arrive intact given the level of theft of cargo from trains en route to the Kasais. There are many pitfalls to the WFP program. Tension could be created when insufficient food is delivered and huge numbers of displaced and residents are ignored. At the same time it is critical to realize that food distribution, even to a targeted population, is only sustainable for a very short period. The problem is too vast and expensive for any one organization to undertake. All emergency relief organizations stress that feeding programs create dependency and risk encouraging long term residency in transit camps. To avoid such dependency a sound resettlement strategy should be developed and implemented (see Finding 3).

RECOMMENDATIONS

1.8. Current emergency food distribution interventions must be reinforced and expanded as the emergency situation, at least in the short term, worsens. Already high rates of malnutrition will increase as current food assistance rations are inadequate and camp populations continue to exceed food availability. A minimum of subsistence general food rations must be provided if the displaced are to maintain an acceptable health status through the up-coming dry season (June - September).

1.9. General rations must be provided to the displaced populations to avoid abuse of supplementary feeding programs so as to maintain a family ration. Simultaneously, BHR/OFDA should not support a family ration component of any supplementary feeding programs.

FINDING 2: Local church/NGO capacity in the Kasais, although extensive and community-based, has a limited emergency response capacity without international NGO resources and technical assistance. To the extent possible, all future emergency assistance should be integrated into and build upon existing local church/NGO networks.

DISCUSSION

The Catholic parish network is, without a doubt, the most able and furthest reaching social network in both East and West Kasai. Community-based church groups have the greatest emergency response capacity and were the first to respond to the crisis. Church-based networks also provide the most secure organizational structure and consistently integrate short term emergency interventions into integrated development activities. Local parishes have been working hand-in-hand with their immediate communities throughout most of this century, adapting and responding to the fluctuating social, economic and political situation as required. Churches in both East and West Kasai, have a history of shouldering the responsibilities of education, health care, agriculture development, communication and transportation as well as implementing a vast range of supportive social services in the community.

The Catholic Church structure of East Kasai, although the largest and most pervasive social network in the region, lacks the historical and organizational strength of the Catholic system in neighboring West Kasai. Nevertheless, the emergency situation has overstretched the churches' response capacity in both regions and several international NGOs have stepped in to provide emergency aid to the displaced arriving from Shaba. It is worth noting, however, that all international NGOs include the church system in their operations in some way and all rely on the churches' excellent community-based network and strength in local human resources for program implementation and impact.

EAST KASAI

The Catholic church in East Kasai is younger and less firmly rooted in the social organization of the region than the church in West Kasai. Although the Catholic diocese network is an anchoring social strength in East Kasai, organizational weaknesses exist and are, in large part, due to the nature of East Kasai communities in which diamond mining dominates and quick money is much more readily available to the inhabitants. Because of local church limitations, international NGO response has been particularly strong in East Kasai.

Among the first to respond to the emergency was MSF/B, which set up a reception and transit center in Mwene Ditu in March 1993. MSF/B, in turn, requested emergency assistance from MSF/F as it quickly became clear that the emergency situation was overwhelming the local response capacity in other major urban center in East Kasai. MSF/F began managing transit camps in Mbuji Mayi and Kabinda in September 1993. (see Finding 1 for discussion of camp activities). Both MSF/B and MSF/F interventions rely heavily on the local church structures for program implementation and accessibility to the population. Shortly thereafter, the US-based NGO, World Vision International, began implementing a resettlement program for the displaced in Mbuji Mayi and Mwene Ditu (see World Vision box).

More recently, a French-based NGO specializing in health and hospital care, **Medecins du Monde (MDM)**, has come onto the scene recognizing the obvious strain on church resources by the influx of displaced populations. MDM is focusing its efforts on reinforcing the churches' local health care capacity through the church system. Program activities are designed to reinforce (8 urban and 2 rural) existing and viable health delivery services. They intend to strengthen services through the provision of medicines and equipment, training and nutritional activities. In addition, the program will rehabilitate the preventive and curative health care services of the HUNANKOR hospital in Mbuji Mayi.

Knowing the community outreach coverage of the Catholic diocese's network, but recognizing the resource limitations, **CARITAS/Belgium** and WFP have linked into the East Kasai parish network to implement the feeding programs for the displaced population (see Finding 1). Individual parishes are responsible for identifying and registering displaced families in need and distributing food through a community-based parish committee (same day distribution across the city). The parishes also are implementing the **CARITAS/Belgium** essential medicine component which also is distributed through the existing parish health care system.

The Mbuji Mayi chapter of the **Red Cross Society** suffers from a lack of funding and other resources but would very much like to be more active, particularly in mobilizing the city's youth groups to do good works and get involved in relief efforts for the displaced. Although the Red Cross is a World Vision field partner in Mbuji Mayi, extensive collaboration has not yet been developed.

UNICEF/Mbuji Mayi is helping to reinforce local partners (churches, local NGOs, Displaced Person Committees and rural health zones) in both East and West Kasai. UNICEF is taking

a more long-term approach to the crisis by attempting to reinforce or re-establish institutional capacity in the health and education sector through material and training supports. The recent installation of a regional cold chamber for vaccines and the reinforcement of local logistics capacity is creating a decentralized EPI capacity.

WEST KASAI

The Catholic church in West Kasai might well be the strongest and most unified of church networks in Zaire. The Catholics have a rich history in the region, having established the first mission in the 1860's. The church has played a key role in the region's evolution from the pre- through post-colonial periods. The strength of the Catholic church is also due in part to the poverty and isolation of West Kasai, whose inhabitants have long relied on the church to provide education and health services, social and economic development as well as community leadership. The church was, in fact, singled-out by authorities in Kinshasa for its "subversive" activities and attacked and looted by military elements in November 1993. Although there are several very strong and dynamic Protestant communities, the Catholic church's influence is omnipresent and the churches' logistic capacity exceptional.

Among Protestant groups, the Presbyterian missionaries are instrumental in providing quality medical care and emergency aid to the displaced in transit camps, in addition to providing crucial health, education and development services throughout rural communities in West Kasai.

In West Kasai, the umbrella organization "Displaced Coordination Committee," which is closely affiliated with the Kananga archdiocese structure, coordinates emergency relief efforts and has been successful at obtaining support from international NGOs (in particular CRS, MEMISA and OXFAM/U.K.) in the form of food assistance, essential medicines and resettlement tool and seed kits. The Sovereign Order of Malta, CARITAS/Belgium, UNICEF and the Scheut Order are channeling assistance to the displaced in West Kasai through the CCR.

The history and organizational structure of local NGOs in West Kasai is quite strong thanks to the Catholic church and the long-time presence of OXFAM/U.K. Many of these local groups are actively involved in promoting social services at the community level and have taken on the burden of assisting the displaced population. In particular, associations such as LUFAM, BAMAMU TABULUKAYI and PROFER (Catholic women's organizations) are promoting home gardens, education and women's initiatives in semi-urban and rural areas.

RECOMMENDATIONS

2.1. BHR/OFDA should respond favorably to a proposal from CARITAS/Belgium to implement, through existing parish networks, add-on supplementary feeding and food

assistance activities currently underway in urban areas of East Kasai through October 1994. Food assistance programs among the displaced in town should provide alternative self-sufficiency and resettlement components (eg., small commerce, agriculture).

2.2. BHR/OFDA should consider a grant for essential medicines to church-affiliated international NGOs (CARITAS/Belgium, MEMISA/Holland) to improve the health status of displaced persons in urban and rural areas of East and West Kasai.

FINDING 3: There is no comprehensive or coordinated resettlement strategy for the displaced Kasai population. As a result, conditions have been created that could further enmesh the international community in a cycle of emergency-feeding and increased relief dependency are being created.

DISCUSSION

Misdirected relief and resettlement efforts in the Mwene Ditu area are setting the stage for a major humanitarian crisis. As previously explained, Mwene Ditu is the principal point of entry into the Kasais for the displaced, from which groups either continue on to Kananga by train or take road transport to the Kabinda and Mbuji Mayi areas. Mwene Ditu is thus a critical transit point. Unfortunately, well-intentioned efforts to assist the displaced by the international community are sending confusing signals to the people in this transit area. The provision of land and attractive resettlement assistance, including food distributions around the town, has made a resettlement point of the transit area.

MSF/B has noted a drop of over 60% in requests by displaced to move out of Mwene Ditu in the last few months. Although inflows from Shaba are decreasing, some 70,000 displaced presently are concentrated in Mwene Ditu whose previous population was 130,000. Consequently, the absorptive capacity of the area has been outstripped and worrying levels of malnutrition are being registered even among the town population (see Finding 1.)

The creation of a bottleneck in the Mwene Ditu area is all the more worrisome as the expected resumption of dry season migrations may bring in an additional 30,000 displaced (those remaining in Likasi and Kolwezi in addition to some leaving Lubumbashi for economic reasons). It is possible that these new arrivals will opt to remain in Mwene Ditu, rather than continue further, given the perceived level of assistance being provided and the difficult conditions existing elsewhere in the two Kasais. While in Mwene Ditu, the team was informed of arrivals of previously resettled displaced from the Kabinda area. Should new influxes into the Kasais occur, existing relief structures will be completely overwhelmed, with a resulting rapid deterioration in the health status of both displaced and town populations.

This undesirable situation is a direct result of the absence of a coordinated strategy for the resettlement of the displaced. An acceptable strategy would be to define geographic

zones within the Kasais as priority and non-priority areas for resettlement interventions. A phased-approach should be agreed upon from the outset with the northern outlying areas seen as priority resettlement sites and the entry points into Kasai seen as exclusive transit points. Types of interventions, relief or resettlement, would be defined and timed according to where the operation is to be undertaken. Though it could be argued that the displaced wish to return to their home areas, and that hence such a crude definition would penalize those wishing to settle in their "home areas" in southern Kasai, it should be remembered that the notion of home is relative, as the exodus of the vast majority of Kasaians occurred two or three generations ago.

Even given a rational and comprehensive strategy, it is not evident that resettlement efforts will succeed. It is estimated that over 60% of the displaced are concentrated in various urban centers and efforts at resettlement into agricultural areas are complicated by the aspirations and technical background of the displaced, their unfamiliarity with their traditional culture and the poor quality of land in Mwene Ditu, Mbuji Mayi, Kabinda and Kananga. Resettlement attempts are further frustrated by the absence of sufficient dialogue between recipient and returnee communities prior to the arrival of the displaced. The phenomenon of urban concentrations of people must be addressed urgently. Urban economic networks that might cushion some of the influx should be identified and if, as may be the case, the economies are unable to absorb the displaced, it should be expected that a percentage of the displaced will slowly return to Shaba or become economic migrants in Haut Zaire and Kinshasa.

WORLD VISION ACTIVITIES

World Vision International (WVI), in collaboration with USAID, first began implementing emergency activities in Zaire from 1984-88 in response to the drought in Shaba in 1984. Program activities included the distribution of food to affected local populations and Angolan refugees, as well as reinforcing agriculture, health, women's initiatives and vocational training in the region. In 1988, World Vision Zaire (WV/Z), a local NGO affiliated with WVI, was established to continue community-based development programs that focus on agriculture, health and education sector rehabilitation in northern and central Shaba.

World Vision International returned to Zaire in 1993 to implement a resettlement project in East Kasai for 4,000 families. Program strategies aim to settle 2,000 families in Mbuji Mayi and an equal number in Mwene Ditu. Initially, each family with access to a plot of land was to receive a monthly supplementary food package of maize flour, oil, sugar and salt as well as seeds and agricultural inputs for two planting seasons. However, given the deteriorating nutritional status of the displaced in Mwene Ditu and in the Mbuji Mayi camps, WVI has tried to expand its original beneficiary pool by reducing individual food rations and distributing them among a greater number of people, including those without land.

RECOMMENDATIONS

3.1. A comprehensive and coordinated resettlement strategy is critical. Emphasis should be placed on negotiating land accessibility with local chiefs and government officials (e.g., CARITAS/Mbuji Mayi activities in which a local priest is working with a chief near Mbuji Mayi who has offered land to 1,000 displaced families). The donor community should seek a UN leadership role and donor resources should address long-term agriculture and development issues.

3.2. BHR/OFDA should request that grantees review and revise current resettlement strategies and improve field implementation to ensure a measurably sustainable approach.

3.3. The USG should continue to provide bilateral grants to international organizations that are assisting displaced populations.

3.4. Monetization proceeds should be used to fund programs that foster the resettlement process (eg. agriculture, small credit schemes).

REGIONAL ASSESSMENT

D. NORTH KIVU PROVINCE

NORTH KIVU PROVINCE

SUMMARY OF FINDINGS

- 1. The displaced persons emergency in North Kivu, which resulted from ethnic clashes beginning in March 1993, is well into a recovery and rehabilitation phase. Over half of the estimated 270,000 displaced have returned home; however, pockets of need will remain in the short-term.**
- 2. The root causes of the conflict have not been addressed and peace in the area is precarious. Successful attempts at actively maintaining dialogue between communities will be an important factor in curbing future violence.**
- 3. The donors' exclusive focus on relief interventions and their hesitancy to support international NGO recovery operations in North Kivu may lead to the break-up of one of the few functioning health networks in the country which would, correspondingly, increase the vulnerability of the region's poorer populations.**

BACKGROUND

Humanitarian relief efforts in North Kivu province were initiated after an outbreak of ethnic violence rooted largely in political and social tensions between the Hutu subset of the majority Banyarwanda population and other ethnic groups, especially the Hunde. The violence, which was most acute in the March - August 1993 period, displaced an estimated 270,000 people and killed as many as 6,000 more. The causes of this war are complex and varied with tensions stemming in large part from uncertainty over Banyarwanda rights of citizenship. In addition, the acquisition of land by the Banyarwanda, who are seen as more successful businessmen and farmers, has been a factor. National political figures appear to be manipulating and exacerbating ethnic tensions.

REGIONAL CONTEXT

As in Shaba province, North Kivu province suffers from both inter-ethnic conflict and the general country-wide economic decline described earlier in this paper. The situation is unique, however, in that the backbone of the economy - agriculture - continues to function as highly fertile volcanic soils, combined with altitude variation, permit up to three cropping seasons per year. North Kivu continues to export vegetables and beans daily to Kisangani and Kinshasa, and more recently is benefitting from an enormous demand for beans resulting from other Zairian emergencies (Shaba, Kasais) and in the region generally (Burundi, Rwanda). In response, farmers are dedicating new lands to the production of beans and, in some cases, switching from coffee, a major cash crop. There is evidence of increased inter-cropping of beans with coffee to capitalize on demand.

While the general population suffers from high prices and an unstable currency (e.g., rents in Goma often are based on hard currency or must be made "in kind" using cement or tin), the level of economic activity does not appear to have fallen as dramatically as in Shaba.

The level of organized NGO activity appears to be unique to the North Kivu region and is, in large part, the by-product of formerly extensive development activities in agriculture, health and water/sanitation. The presence of an effective NGO coordination network has allowed some development programs to continue beyond donor pull-out and was key to humanitarian response initiatives to ethnic fighting in the region.

FINDING 1: The displaced persons emergency in North Kivu, which resulted from ethnic clashes beginning in March 1993, is well into a recovery and rehabilitation phase. Over half of the estimated 270,000 displaced have returned home; however, pockets of need will remain in the short term.

One year after the outbreak of ethnic violence in North Kivu province, the emergency program to assist an estimated 270,000 displaced persons is well into the rehabilitation and recovery stage. (Note: While reports of displaced vary from 250,000 - 400,000, the August 1993 OXFAM survey registered 270,000 displaced). Integration and the re-establishment of a stable environment has occurred mostly in the Rutshuru and Mweso areas (see map attached). The Masisi area remains the most problematic and the largest percentage of displaced are in this area. As recently as February 1994, clashes were reported between the Hutu and Hunde tribes in this region.

OVERALL COORDINATION: NORTH KIVU

Initial efforts by missionary groups and local organizations to assist the displaced began in March 1993. Formal coordination mechanisms were established by OXFAM after its first assessment in May 1993. This is the only region visited by the team which had an effective coordination structure in place. Committees include: Distribution Committee coordinated by **OXFAM**; Health Committee coordinated by **Medecins Sans Frontieres/Holland (MSF/H)**; Water/Sanitation committee coordinated by a local NGO **AMI-Kivu**; Committee for peace, education and rehabilitation coordinated by the local NGO, **GRACE**.

As of January 1994, an estimated 110,000-120,000 displaced had either returned home or integrated into a new community (usually of the same ethnic group.) While this leaves an estimated 140,000-150,000 displaced, this number is probably inflated. In Goma, for example, there are still some 17,000 displaced persons registered to receive aid but relief distributors believe that the number of displaced is probably much lower. As displaced families move back to rural areas, they pass their registration cards on to local families who assisted them, thus keeping the displaced count high.

Overall, it appears that many of those who are considered displaced are eking out a living on strips of land provided by the communities to which they fled. There are also a handful of remaining camps serving a small minority of the displaced. The team visited one camp just outside Goma and found some 500 of the originally 1,500 displaced person population

in good condition and benefiting from health, nutrition, shelter, water/sanitation and food/non-food distribution programs from a range of actors including UNICEF, MSF/H and the Catholic **Bureau Diocesan de Developpement (BDD)**. The team determined that extensive services to the camp population is slowing resettlement. The phase down of OXFAM and BDD services in the near future (see below) and NGO transportation assistance should promote a continued decline in the camp population. It is critical that the displaced move back to rural areas soon to take advantage of the on-going planting season.

The WFP food distribution program initiated for a 3-month period beginning January 1994 is also coordinated by OXFAM. The initial plan to provide a full-ration (maize, beans and salt) to 60,000 people was revised to provide quarter rations to some 240-50,000 people, both displaced and returnees. The food is distributed at 30 distribution sites across 4 axes - Rutshuru, Mweso, Masisi and Bobandana, (see map). As is the case for non-food distributions, church groups and local organizations, in cooperation with an inter-ethnic displaced person committee, handle at-site distribution. OXFAM reports difficulties in reaching many sites on a weekly basis due to slow WFP/Kampala food deliveries and poor access to distribution sites.

Despite the lack of regular food deliveries and the slim ration provided per individual, most relief organizations do not believe malnutrition is a serious problem among those affected by violence in North Kivu. While no formal survey has been undertaken since November 1993, spot checks by international and local organizations did not identify significantly higher levels of malnutrition among the displaced than the non-displaced. (Global malnutrition in North Kivu traditionally has been higher than in other regions of Zaire).

Most health workers and relief organizations interviewed by the team felt that it was appropriate to discontinue the free food distributions as planned at the end of March. The OXFAM non-food distribution will end in April/May 1994 and it does not anticipate a follow-on program. OXFAM has broadcast the end of its food distribution program through a newsletter to all the distribution centers. To help those ready to return home, OXFAM is spending \$60,000 provided by **Diakonisches Werk**, a German church group, to pay for transportation.

As in any post-emergency phase, some of the affected population will be more vulnerable than others when general food distributions end. This will be true especially between the closure of the WFP program in late March and the harvest in June. The team determined that the extensive relief network in North Kivu would be able to respond to pockets of acute need should they surface and does not believe an organized, large-scale food program should continue.

FOOD / NON-FOOD DISTRIBUTIONS

While churches and local organizations were the first to assist with food/non-food distributions, OXFAM has taken the lead role in both food and non-food distributions. OXFAM began food distributions among the displaced in July 1993, and distributions to returnees in January 1994 as ethnic tensions began to subside. While the non-food returnee program originally was designed to assist 25,000 families (about 125,000 people), OXFAM recently has added aid for an additional 10,000 families (about 50,000 people) who choose to settle in place. Non-food distributions include agricultural tools, cooking utensils, blankets, women and children's clothing and soap. Although seeds are being distributed by some organizations, relief workers determined that for the most part, the displaced and returnees are using portions of their WFP maize and bean rations as seed.

MSF/H arrived in North Kivu after the September 1991 riots with a mandate to provide emergency assistance and to support existing health structures in all 19 health zones and provide affordable health care to the local population. With the out-break of ethnic violence in March 1993, MSF/H expanded its on-going program to reinforce 9 health zones affected by the conflict. MSF/H's assistance includes rehabilitation of health structures destroyed during the fighting and assistance in building new centers in areas with significant displaced populations; provision of emergency drug supplies; epidemic interventions affecting the displaced including measles, dysentery, cholera, meningitis and malaria and establishment of a morbidity and mortality surveillance system to follow disease trends. MSF/H assistance is contingent on a community's willingness to repair or build the health facilities and provide qualified health personnel. The five sites visited by the team revealed effective collaboration between the community and MSF/H. Health facilities that were destroyed completely have been reconstituted by the community and participating health structures are drawing up lists for priority needs of equipment and supplies. All of the sites visited had adequate drug stocks with some even noting that their present supplies were superior to those in the past.

Unlike the regular health program, in which MSF/H sells drugs to the health centers at heavily subsidized prices that are passed on to the consumer, the MSF/H's nine "emergency" health zones provide free treatment and medicines for displaced persons. Beginning in May, MSF/H will switch to a subsidized drug sales program in the emergency zones.

MSF/H, in collaboration with OXFAM and local groups, also has implemented an extensive water and sanitation program. The MSF/H program includes capping of 65 springs in North Kivu, a rain catchment system for the Ngangi Camp outside Goma, water filters for health centers and establishment of two temporary water treatment plants in areas heavily affected by displaced. In 10 sites throughout North Kivu Province, individual chlorination campaigns have also been undertaken to control high rates of dysentery and cholera. This program, with its strong education component, is clearly linked to the medium term rehabilitation objectives of the MSF/H program.

OXFAM plans to continue its water/sanitation programs which will include protection for 40 additional springs, construction of pit latrines and waste pits in affected villages, and

intensive hygiene education, especially in high-risk epidemic areas. OXFAM's emergency relief programs, assistance to the displaced in North Kivu and to Burundese refugees in South Kivu, now dwarfs its regular development activities (\$1,200,000 vs. \$100,000.)

RECOMMENDATION

1.1. The team did not identify a need for additional BHR/OFDA support for displaced persons in the near term. However, BHR/OFDA should be prepared to respond to possible immediate emergencies, such as epidemic outbreaks, or address short-term requirements aimed at permitting a full recovery in the area.

FINDING 2: The root causes of the conflict have not been addressed and peace in the area is precarious. Successful attempts at actively maintaining dialogue between communities will be an important factor in curbing future violence.

The approximate tribal make-up of the estimated 4 million people in North Kivu is Banyarwanda (80%), Hunde and Nande (15%) and the Nyanga (5%). Many consider the Banyarwandan population, comprised of majority Hutu and minority Tutsi ethnic groups, to be "imported" due to the forced movement of Rwandan people by the Belgians in the 1900s and the following waves of Rwandan refugees in 1959/60. In actual fact, some Banyarwanda are deeply rooted to the North Kivu region, their Rwandan ancestors having settled there in the 10th century.

The Banyarwanda have long been the agricultural force in North Kivu acquiring land from the minority Hunde chiefs of the region. This process of acquisition seems to have been regulated by two jurisdictions: tribal customary "law" and the Zairian civil code. It was explained to the team that problems frequently occurred as a result of tribal chiefs' mistaken belief that they ceded land on a rental customary law basis. Tensions would ensue when chiefs, in attempting to recover their lands, were confronted with government endorsed/registered ownership papers by the proprietors, or when new owners, in an attempt to work their new acquisition, evicted members of the chief's tribe. Many who recount the conflict in the region noted the growing tendency by the Banyarwanda to question their need to pay taxes to the Hunde chiefs.

Another factor increasing tension is the question of Banyarwandan nationality. While earlier laws accorded rights of citizenship to people of Rwandan origin, a 1981 law abrogated all of these. The citizenship issue obviously has critical implications for regional governance should elections become a reality. Minority ethnic groups stand to lose considerable power if Banyarwanda are granted citizenship. There is a strong feeling in the region that national politicians manipulated traditional ethnic rivalry and highlighted the potential fall-out of the electoral process for all parties to further their own political interests.

While there is no clear "winner" from 1993 conflict, some observers believe that the Banyarwandan have come out ahead. Because the Hutu are in the majority, they have been able to return to their land without much difficulty.

Hunde chiefs, on the other hand, are seen as responsible for provoking the ethnic conflict and some have been warned not to return to their home areas. While other Hunde probably could reintegrate without fear of reprisals, chiefs are urging their Hunde followers to remain with them rather than return to their areas of origin and these Hunde populations are likely to settle permanently into the areas to which they fled. It remains to be seen how Hunde chiefs who have lost their traditional authority will handle their predicament. Other smaller ethnic groups implicated in the fighting, such as the Nyanga, for example, have been able to reintegrate.

With an air of normalcy returning to the region, local organizations like GRACE and **Conseil Regionale des ONG (CRONG)**, with the support of OXFAM, have initiated regional "Days of Reflection" aimed at bringing ethnic groups together. Interestingly, the Catholic church, which is promoting grassroots reconciliation in the Shaba region, appears to play less of a role in North Kivu. With most Catholic priests in the region being of Banyarwandan origin, the church is seen as clearly partisan. Reconciliation sessions focus on re-establishing working relationships between ethnic groups and encouraging citizens not to be provoked by "outsiders" who fuel ethnic tensions to their own ends. In an effort to appease Hunde and Banyarwanda alike, for example, there is discussion of allowing Hunde chiefs who were not affiliated with violence in a certain region to take up the position of the old Hunde chiefs who have been rejected by the community. Reports are that these peace and reconciliation efforts are helping to diffuse tensions at the grassroots level. To date a number of sessions have been held with communities from the Masisi, Rusizi and Walikale areas. The team was informed by a number of different sources that following these meetings ethnic groups were reported to be mixing more freely in the markets, and that a significant number of displaced returned to their home areas.

RECOMMENDATIONS

2.1. The USG should provide funds to support grassroots reconciliation efforts either directly or through an international NGO. The activity could be funded under a rehabilitative sub-grant of a monetization project. While this effort cannot address the key Banyarwanda nationality issue, it can, at a minimum, help to reduce day-to-day conflicts among ethnic groups.

2.2. The USG should consider asking an outside organization to conduct a land reform study in North Kivu. An organization like the U.S. Committee for Refugees might be well-suited to this task as it has considerable experience in studying the Banyarwanda diaspora.

FINDING 3: The donors' exclusive focus on relief interventions and their hesitancy to support international NGO recovery operations in North Kivu may lead to the break-up of one of the few functioning health networks in the country which would, correspondingly, increase the vulnerability of the region's poorer populations.

Much of the health region's network has been maintained since the cessation of donor development activities, thanks to long term recovery commitments on the part of MSF/H, **CEMUBAC** (affiliated with the University of Brussels) and church groups. In fact, MSF/H

reports that the number of health centers has actually grown over the last two years. With equipment, medical supplies and training contributed by MSF/H and CEMUBAC and the continuation of a fee-for-service system in many areas, health centers remain for the most part well-staffed and well-stocked. Unlike Shaba, where only 12-14 Zone Medical Directors are still working, almost all North Kivu health zones have retained their chief medical doctor. Donors need to be aware that without continued support for these activities, which fall outside of the traditional emergency program, North Kivu's health system is likely to slide to the substandard conditions seen elsewhere in the country.

The MSF/H drug supply distribution program (known by its French acronym, PAMAKI) is an ideal case of an activity that falls in the gray area between relief and development and, as a result, is in danger of not being funded by either emergency or development donor offices. Active in 15 of the 19 health zones in North Kivu, the program provides drugs at a subsidized rate to all zone health centers. MSF/H sells medicines to health centers at a subsidized price and the center, in turn, is required to pass the subsidized medicine price along to the community. This has been a windfall for residents hit hard by the economic crisis in Zaire. MSF/H program follow-up shows that by and large the prescription drugs are being handled properly in the health zones. Gross mismanagement occurred in four zones, which have since been dropped from the program.

In 1995, MSF/H aims to turn the whole drug distribution operation over to a local NGO known as Association for the Provision of Drugs in North Kivu, (known by the French acronym, ASRAMES). ASRAMES is a creation of MSF/H in cooperation with other local and international organizations. It is anticipated that ASRAMES will assume program operation, with a two-expatriate oversight team, next January.

MSF/H seeks BHR/OFDA support to maintain the regular program on the grounds of emergency prevention: that the health structures in North Kivu will collapse if the work is not continued. In addition, MSF/H argues that the highly effective local NGO structures in the region make the project more sustainable in the long run.

It is worth noting that the MSF/H program, in many respects, replicates the USAID-funded SANRU project at the health zone level and serves as a substitute Ministry of Health for the North Kivu region. While church groups are replicating this kind of work at individual health sites around the country, MSF/H's coverage is more comprehensive, serving the majority of North Kivu's 4 million residents of North Kivu.

RECOMMENDATIONS

3.1. USAID/BHR should consider support of MSF/H's recovery operations in the current context as an "emergency prevention" measure, or in a scenario II "improved" situation to promote rehabilitation of the region's health infrastructure.

VII. ANNEX

- A. ORGANIZATION SUMMARY**
- B. CONTACT LIST**
- C. PRIVATE AND VOLUNTARY ORGANIZATIONS**
- D. ACRONYMS**
- E. MAPS**

ORGANIZATION SUMMARY

INTERNATIONAL ORGANIZATIONS

International Committee of the Red Cross (ICRC)

The ICRC was the first international organization to establish humanitarian relief assistance to the displaced Kasaians in Shaba province in late 1992. ICRC maintains its presence in the Shaba region, providing food and medical assistance for Kasaians displaced by ethnic violence. ICRC arrived in North Kivu in August 1993, shortly after the conflict. Its involvement in the relief effort has been relatively small - primarily a needs survey early on in the crisis and a distribution of blankets and hoes through the existing relief networks. In addition, ICRC is conducting sanitation seminars for the Local Red Cross society who assist OXFAM and MSF/H with their water/sanitation activities. ICRC's principle activity, however, is prison visits. They have responded to a dysentery epidemic at Goma prison recently and will conduct an initial visit of the prisons in Bukavu and Uvira soon. While ICRC considers this to be the main focus of their operation, it will continue to monitor the situation of the displaced and is prepared to provide additional non-food assistance if necessary.

The ICRC recently completed an assessment visit to the East Kasai region which focused on humanitarian assistance needs among the displaced population. Mission results and recommendations have not yet been released.

International Organization for Migration (IOM)

IOM is a Geneva-based international organization specializing in organizing and implementing transportation of refugees and displaced people. With a \$1 million loan from the UN revolving fund IOM fielded a 2-person team in Zaire which is developing a plan to 1) move displaced Kasaians in transit camps in the Kasai to resettlement areas, and 2) transport displaced Kasaians from shelters in Shaba to the Kasais. Funding for IOM activities was requested in the December 1993 DHA Appeal. However, no funding has been forthcoming to date.

The Sovereign Order of Malta (SOM)

Represented by a Belgian-affiliate of the international organization of Catholic laymen with recognized diplomatic status in Zaire. The SOM is one of the most critical elements of the church/NGO network in Kinshasa and throughout Zaire as it provides invaluable assistance in the importation of duty-free medicines, food and project materials, including vehicles. Most donated medicines arriving in Zaire pass are received and forwarded in-country by SOM. In addition, the SOM is playing an role in the implementation of the World Food Program's Kasai relief effort, in which 3000 MT of corn flour will be shipped to the interior for distribution among displaced Shabans of Kasaien ethnicity. The SOM receives funding through a variety of sources: BHR/OFDA, other donor countries, churches, and private individuals.

INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS

CARITAS/Belgium

The Belgian affiliate of the Catholic charity NGO. CARITAS/Belgium is very active in Zaire, Rwanda and Burundi (the ex-Belgian colonies) and has a long tradition of supporting health activities through the existing Catholic church health and social welfare infrastructure. CARITAS/Belgium is currently supporting a church implemented emergency program, including emergency feeding and provision of essential drugs, in the Shaba, Kasai (East and West), North Kivu and Kinshasa provinces. Funding has been provided by the EU and the Belgian Government.

CARITAS/Holland

A Dutch Catholic NGO, Caritas/Holland has given financial support to a number of small church-affiliated local NGOs in Zaire, including CERDES and LUFAC in Kananga, West Kasai.

Memisa/HOLLAND

A Dutch Catholic church NGO, which has consistently provided much of the medicine, medical supply and essential medicine stocks for the Catholic health delivery system in Zaire. Memisa has had a great deal of experience working in collaboration with the Catholic church network in Zaire and the greatest source of drug and medical supplies for this network.

Médecins Sans Frontières/Belgium (MSF/B)

MSF/B, an international NGO, is implementing programs in Kinshasa and in Shaba, Equateur and East Kasai provinces. In Kinshasa, MSF/B runs an extensive therapeutic feeding program for 6000 children suffering from severe malnutrition, which is implemented through local church-health networks. MSF/B conducts regular nutritional surveys in collaboration with CEPLANUT (a Zairian government nutrition program) to assess nutritional status of under-5 children in Kinshasa. In addition MSF/B also collaborates with the JEEP, a local-NGO, implementing small garden initiatives. In Shaba and East Kasai, the organization has been providing extensive health services to displaced Kasaians in the transit camps of Likasi, Kolwezi, Kamina, and Mwene Ditu, and to Angolan refugees in western areas of Shaba. These services include not only medical care, but water/sanitation facilities and nutrition/feeding programs. In addition, MSF/B is reinforcing several health zones in Equateur. MSF/B has an expatriate staff of approximately 25 and is currently receiving funding from the Belgian government, the EU, the U.S. government, the French government, and the World Food Program.

Médecins Sans Frontières/France (MSF/F)

MSF/France, an international NGO, is the major health-care provider for the Kasaiian displaced concentrations in the East Kasai cities of Mbuji Mayi and Kabinda. MSF/F began implementing relief operations in 1993 at the request of MSF/B. As with MSF/B in Shaba and Mwene Ditu, the organization's services are extensive, including water/sanitation facilities and nutrition programs. MSF/F has an expatriate staff of 20 and is currently receiving funding from BHR/OFDA and other sources.

Médecins Sans Frontières/Holland (MSF/H)

In 1991, prior to the ethnic violence, in North Kivu, MSF/Holland began taking on the role of maintaining the region's health structures with supplies of drugs and administrative and logistical support. The organization, an international NGO, is currently the main provider of health-care services to displaced populations in urban and semi-urban centers. MSF/H is also active in South Kivu, where it provides emergency health services to refugees fleeing the ethnic violence in neighboring Burundi. MSF/H has an expatriate staff of 7 and is back-stopped from MSF/H offices in Rwanda. MSF/H is also working in Haut Zaire (Bunia) fighting an outbreak of bubonic plague.

Catholic Relief Services

CRS, a U.S. NGO, began implementing supplemental feeding programs in Kinshasa on June 1993 after a 10 year absence from Zaire. CRS programs are implemented in collaboration with Catholic diocese local NGOs and Catholic parishes in Kinshasa, providing food aid to over 6000 families with children manifesting moderate malnutrition, 1225 families with tuberculosis members, and several hundred prisoners and street children. CRS has also on four occasions sent planeloads of food/medicines to West Kasai to support the relief and resettlement efforts of the Displaced Coordination Committee. CRS currently has one expatriate in country and receives funding from BHR/OFDA.

World Vision International

The U.S. Division of World Vision International began implementing programs in Shaba province in 1984. World Vision/Zaire, an affiliated local NGO, was formed to carry on WVI community-based development activities with private donations. However, WVZ has also distributed OFDA-funded agricultural inputs for needy families in Shaba. In September 1993, WVI returned to implement a resettlement project in East Kasai for 4,000 Kasaiian families displaced by ethnic violence in Shaba and implement program activities with the local Red Cross, the Sisters of Charity and other community groups. WVI currently fields 3 expatriate staff and WVZ has between 70-80 local staff. WVI is funded by BHR/OFDA, through World Vision Relief and Development, and private funds.

Adventist Development Relief Agency (ADRA)

ADRA, a U.S. NGO, has been active in Shaba since 1985 and in North Kivu since 1993. In Shaba, the organization supports community development projects, health/nutrition and agriculture activities, as well as runs a child sponsorship for some 3,000 children. ADRA's program has actually expanded since 1991 and is currently supporting 7 expatriate missionary families in Shaba. In North Kivu, a sole Zairian ADRA agent has supplied food and soap to displaced persons, and is supporting schools for displaced children and centers for war orphans. Although North Kivu operations are back-stopped by ADRA/Rwanda, funding has come from ADRA/USA.

OXFAM/UK

OXFAM/UK, a British NGO, has been implementing community development projects (agriculture, health, women's initiatives, human rights promotion) in Bas Zaire, Kinshasa, Bandundu and West Kasai since the early 1970s. When the displaced crisis first developed in the Kasais and North Kivu, OXFAM was already in a position to respond to and reinforce its Kananga and Goma regional offices with emergency resources and personnel and in doing so assumed the lead in coordinating the NGO response. OXFAM

has a long and successful history of working collaboratively with local NGOs and gives grants to grassroots community groups of up to US\$10,000. A major donor in both North Kivu and West Kasai, OXFAM provided seeds and tools to many displaced and organized large-scale WFP food distributions. OXFAM/Kivu is also actively supporting grass-roots conflict resolution and recovery initiatives. In addition, to Zairian staff, OXFAM has 4 expatriates and is funded primarily through private sources and the British government.

Médecins du Monde (MDM)

A French-based NGO specializing in preventive and curative health care. MDM has recently begun project activities in East Kasai (Mbuji Mayi) where they will be supporting 10 dispensaries and a referral hospital. MDM activities are closely integrated with and designed to reinforce the Catholic diocese network in Mbuji Mayi. MDM currently has two expatriate staff in Mbuji Mayi and funding to date has come from the EU and private sources.

CHURCHES & CHURCH-AFFILIATED NGOs

Zaire Salvation Army

The Zaire Salvation Army (ZSA), a local church, is affiliated with the Salvation Army Headquarters in the U.K. The ZSA is one of the key community-based health and social service providers in Kinshasa and Bas-Zaire, where the organization runs a number of health and nutrition centers (19 health centers, 2 maternities, 5 feeding centers). ZSA also runs a number of social services for the disadvantaged and destitute as well as serving as a major provider of tuberculosis and diabetes medicines. ZAS currently has a staff of 50 including 6 expatriate members. Financial support comes from church communities, the Salvation Army headquarters U.K., European NGOs and private donations. USAID/Zaire supported ZSA in the mid-1980s.

Santé Rurale (SANRU)

SANRU I, created in 1982, was the core of the USAID/Zaire "Basic Rural Health" project or the backbone of its primary health care and child survival activities. It was designed to establish a system of sustainable community-supported primary health care systems in 50 rural health zones. Project assistance was provided in the form of basic equipment and medicines, technical assistance, educational materials and training for health care personnel as well as institution-building (office equipment, vehicles, salary perks). SANRU II, an extension of the Basic Rural Health project, SANRU II, expanded activities into 45 new health zones in 1985. SANRU II emphasized the on development of regional and national coordinating mechanisms including supervision, health information systems, and establishment of a regional drug supply system. SANRU II also included an expanded water/sanitation component.

The SANRU project has been implemented by the Church of Christ of Zaire (ECZ), an local church-affiliated NGO which serves as an umbrella organization of 40 Protestant affiliates. By 1990 SANRU was working in 80 health zones benefiting some 4.8 million rural poor. SANRU was almost 100% funded by USAID, and upon implementation of the Brooke amendment and USAID withdrawal in 1991, project activities collapsed. Since 1991 SANRU has received occasional funding from Protestant church groups, but is

considered non-functional with a skeleton staff.

Santé Pour Tous

Santé Pour Tous was an ambitious GOZ/Belgian-funded urban community health program designed to reinforce the health care delivery system in Kinshasa by dividing the population into health zones and building and supporting church-run, private and state health centers. Sante pour Tous played a key role in coordinating and standardizing curative and preventative care through a "technical committee" composed of representatives of all major care providers in Kinshasa. However, the project has been most closely linked to and dependent on the Catholic health system. Sante pour Tous has essentially collapsed since donor withdrawal in 1991. A skeleton staff of 3 remains and the organization has submitted several funding proposals to the Europe NGOs and donors.

Jardins et Elevages de Parcelle (JEEP)

JEEP is a local-NGO initiating home garden and small animal raising projects in the Kinshasa area. JEEP originated from a University of Kinshasa Agriculture school organization but is now independent of the University and is run by a Catholic priest and a two agricultural extension agents as well as numerous support staff. There is a sister project to JEEP being implemented in the Bandundu region. Project activities are being implemented in 84 parishes throughout Kinshasa where local women serve as community extension workers who train mothers in the neighborhood. To date JEEP has implemented 3 different programs in the greater Kinshasa-area: JEEP I for 10,000 families; JEEP II (UNICEF-funded) for 5,000 families, and JEEP III (Catholic-funded) which is just now underway and is an integrated activity in MSF/B and CRS feeding programs. JEEP has been supported mainly through UNICEF and Catholic church, but is desperately seeking funding from other donors.

Communauté Presbyterien à Kinshasa (CPK)

The Presbyterian Church is a major health-care provider in Kinshasa, running 5 health centers and one maternity ward and implementing community development activities as an extension of health center activities. The church is also fighting malnutrition in the city through a garden project which promotes the use of high-protein-yield home gardens and supplies nutrition education. The church works in cooperation with JEEP. CPK is funded primarily through church funds and self-financing schemes.

Bureau des Oeuvres Médicales (BOM)

BOM is the overall Catholic structure responsible for coordinating the distribution of materials and supplies among the 47 BDOMs or Diocese-level Catholic health/medical offices. Medicines come largely from the Dutch Catholic medical NGO MEMISA, and pass through CARITAS/Zaire. Realizing that BOM has limited means, donor organizations now sometimes ship directly to local BDOMs, largely by-passing the BOM central office.

Bureau Diocésain des Oeuvres Médicales/Kinshasa (BDOM)

The BDOM of Kinshasa, a Catholic church organization, is very active in medical care in Kinshasa, with sponsorship of 35 health centers, 5 health "reference" centers and one hospital and 10 maternity wards. It also runs a mental health center with 3 "satellite" stations, and a center for the handicapped with 12 satellites. BDOM-Kinshasa is the

implementing partner for Catholic Relief Services in a large supplementary feeding program which targets over 6000 children manifesting moderate malnutrition. The BDOM is also very active in cities in the interior, serving as the implementation and distribution wing of the Catholic health network.

Mennonite Church

The Mennonite church is a partner in the Presbyterian Church's small-garden Kinshasa agricultural initiative, but is primarily active in health and development activities in Bandundu province. Unfortunately, the Mennonite presence is much reduced since the late 1980s.

Zaire Urgent Action Committee (ZUAC)

ZUAC is a relatively new local umbrella-NGO structure in Kinshasa made up of chiefly Protestant organizations involved in health care activities. ZUAC was formed to help coordinate the health activities of the member groups and to serve as a conduit for soliciting and channelling outside funding.

Mission Aviation Fellowship (MAF)

MAF, affiliated with American Protestant churches, has a long history of serving rural health zones and rural missionaries throughout Zaire. MAF air services provide critical support to remote areas and has been key to responding to recent epidemic outbreaks in Shaba. MAF maintains a rapid response capacity which includes 15 airplanes operating throughout the country. MAF is church-funded and also raises funds through air transport.

Anglican Diocese of Shaba

The Anglican Church is active in the Public Health and Education sectors in Shaba with support for a number of hospitals, dispensaries, health centers and schools. In addition to providing medical and educational supplies, the church pays the salaries of many nurses and teachers. In Lubumbashi, the Anglicans also run a supplementary feeding program for approximately 600 malnourished children.

United Methodist Church

The Methodist Church is one of the key players in public health and education in Shaba, where it runs and supplies three large hospitals, 45-50 dispensaries, two teachers colleges and various seminaries and secondary schools. With 30 expatriate missionaries, it is the largest Protestant mission in the region. Its various activities are supported with an excellent radio communications network and a 2-plane, 2-pilot aviation service.

Franciscan Order (Roman Catholic Order)

The Franciscans maintain a number of missions with schools and dispensaries in northern Shaba (and extending into East Kasai and South Kivu provinces). In Bukavu they run the only hospital in a relatively large geographical area.

Sisters of Saint Ursula (Roman Catholic Order)

In addition to running a girls high school, the Sisters of St. Ursula have responded to the economic crisis in Lubumbashi through a supplementary feeding program for malnourished children and an agricultural project in 3 parishes. The feeding program benefits over 2,500 children and includes an educational component for mothers. The agricultural project, which serves about 2,000 people, encourages communal farming on the outskirts of town, and tries to contribute to ethnic reconciliation by mixing Kasaians and "Katangans." The Order receives funding from CARITAS/Belgium, the Salesian Fathers and other private charity contributions.

Salesian Fathers (Roman Catholic Order)

By far the strongest Catholic structure in Shaba, the Salesians have long been involved in vocational training for the youth of Lubumbashi, where they have an extensive youth center. At present the Fathers support the only adequately functioning hospital in town, and will be the coordinators of a large EU-CARITAS/Belgium urban food/medicine distribution program in the near future. The program includes distribution and implemented through parishes and religious groups throughout the region. The Fathers also receive funding from European churches, orders, and private sources.

Pentecostal Church

The Pentecostal church run supplementary feeding programs for approximately 200 malnourished children in Lubumbashi, as well as a home gardening education project and a street-children education and care project, in addition to the distribution of food and medicines in urban prisons in Shaba. The church also supported large-scale agriculture initiatives in Kamina which have suffered from region insecurity which forced staff withdrawal and decreased availability of agriculture inputs. The church currently has 20 expatriate missionaries in-country and resources come from British charities, church groups and private funds.

Christian Brethren (Gareganze)

The Gareganzes work primarily in 4 Shaba rural health zones, where they run and supply 6 hospitals and 40 affiliated health centers. The Gareganze have 36 expatriate missionaries in Shaba province who are funded through international churches and local self-financing schemes.

Communauté des Eglises Baptistes au Zaire Est (CEBZE)

During this emergency period, the Baptists have been working together with CCLK to provide support primarily to the 500 or so displaced pygmies in camps in the Sake area of North Kivu.

CARITAS/Mbuji Mayi

A local church-affiliated NGO, with a long history of supporting Catholic health initiatives in East Kasai, CARITAS/MM will be the implementing partner of WFP and the Sovereign Order of Malta in the distribution of 3000 MT of relief maize to displaced Kasaians in and around Mbuji Mayi, Kabinda and Mwene Ditu.

Centre Chrétien de Lac Kivu (CCLK)

Primarily an inter-denominational Protestant Evangelists training camp, CCLK has participated in Baptist and OXFAM relief distributions in the Sake area or North Kivu.

Comite de Coordination pour Refoulés (CCR)

A Kananga-based coordinating committee composed of local church and international NGO's responding to the displaced Kasaien crisis. Together with representatives of local governmental agencies. CCR has been instrumental in managing the relief and resettlement efforts in West Kasai and served as the main conduit of aid for many international donors. The CCR has set up a network of 50 "satellite" CCR committees in the region, some as far as 200 km away from Kananga, which are responsible for aiding the displaced when they arrive at their final destinations.

Centre de Recherche en Développement et en Entraide Sociale (CERDES)

Originally a group of 15 or so young people inspired to provide food and other social services to the most disadvantaged elements of Kananga society, CERDES was the organization that provided medical and food services to the initial group of displaced Kasaians to arrive in Kananga. It was later assigned overall responsibility for feeding and medical care for incoming displaced by the CCR. At the peak of the crisis, CERDES was doing medical care/screening and preparing daily meals for as many as 3750 displaced persons in the city of Kananga. Other West Kasai church-affiliated NGOs working in humanitarian assistance and development include several Catholic women's organizations: Lutte Contre la Faim au Kasai (LUFAK), PROFER, Bamamu Tabulukayi.

Bureau Diocésain de Développement/North Kivu (BDD)

The development structure of the Catholic Church in Goma, North Kivu, the BDD has long been involved in areas such as health (through its subsidiary, the Goma "Bureau Diocésain des Oeuvres Medicales"), water/sanitation, animal husbandry, agriculture and road repair. During the emergency relief efforts, the BDD network was the main means of communication and supply for OXFAM in much of the affected area. At the present time, the BDD is actively organizing transportation for those displaced who want to return to rural areas.

Communité des Baptistes a Kivu (CBK)

The North Kivu wing of the Zaire Baptist church, responded initially to the crisis with food and non-food provisions, in addition to medical care to support certain pockets of displaced populations, particularly within existing Baptist communities.

LOCAL NON-GOVERNMENTAL ORGANIZATIONS

AMI-KIVU

A North Kivu NGO best known for its work in the training of pharmacists in the management of prescription drugs. During the emergency it began implementing training programs with funds from MSF/H. In addition, it works with OXFAM/Kivu serving as the Coordinator of the Water and Sanitation Committee and of the Emergency Coordination Committee.

GRACE

GRACE is a North Kivu local inter-ethnic group established to increase awareness of democracy and human rights. Besides serving as a resource center for other NGOs in Kivu, it has been very active in promoting peace and reconciliation among the ethnic groups of the region.

Action Communautaire pour le Developpement Rural Integre (ACODRI)

(North Kivu) Perceived as primarily a Tutsi-associated local NGO, ACODRI has been one of the local NGO's assisting OXFAM/UK in food/seed/tools distribution in the area.

Groupe d'Etudes et d'Action pour un Developpement Bien Defini (GEAD)

(North Kivu) Perceived as primarily a Hunde-associated local NGO, GEAD has been one of the local NGO's assisting OXFAM/UK in food/seed/tools distribution in the area. Prior to the emergency, GEAD was involved in agricultural projects as well as small credit initiatives.

Union des Femmes Peasants du Kivu (UWAKI)

In existence since 1985, UWAKI/North Kivu aims to improve the quality of life and the working conditions for rural women, by providing a forum in which women can receive additional education, information about appropriate technologies, and support for their rights. The 41 member groups all have different activities, some of which include small project credit and joint marketing and/or animal husbandry efforts as well as general information exchange and counselling.

Conseil National des Organisations non-gouvernemental (CNONG)

The CNONG is the umbrella coordinating body for Zairian regional NGO councils, known as CRONG, Conseil Regional des ONG. In practice the CNONG and CRONG structures are loosely linked as the CRONGs tend to have a good deal of autonomy and separate funding sources. CNONG and the CRONGs have received funded from European NGOs. However, since the country's political and economic downturn projected CNONG activities have not been realized.

North Kivu / Conseil Régional des ONG (CRONG)

CRONG represents 36 different NGOs operating in North Kivu, and offers training in project management/administration and serves as a reference center. During the emergency, CRONG worked with OXFAM to coordinate the activities of its member institutions and helped in the organization of conflict resolution meetings.

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PRIVATE AND VOLUNTARY ORGANIZATIONS

I. OVERVIEW

In 1989, it was estimated that private and voluntary organizations (PVOs) were responsible for the administration of 80 percent of primary education, 66 percent of secondary education, and approximately 50 percent of primary health care in Zaire. Importantly, these services are generally provided on a fee-for-service basis; over half of the recurrent costs are covered by such fees, greatly reducing the public sector burden. The PVOs themselves make up much of the difference, and contribute towards capital investment in facilities and equipment as well. They are thus a valued resource for development in Zaire.

The PVO community that accomplishes this and much else is a vast mixture of religious, secular, international, and indigenous organizations, and it works in virtually all sectors of the Zairian economy. Along with the government and the private sector, it has become a strong "third force" in directing and supporting development in Zaire.

USAID/Zaire works with PVOs as direct implementing agencies in pursuit of all four of its Strategic Objectives. It additionally provides training, technical, and financial support to strengthen individual organizations and the community as a whole. The Mission has found that working with established PVOs is both cost and program effective; the established organizations provide an in-place, institutional infrastructure, complete with motivated, field-tested personnel and a proven track record. It is estimated that more than 20 percent of A.I.D.'s annual resources in Zaire benefit or in some way particularly affect PVO operations. Indeed, given both the long and generally successful history of PVO involvement in Zaire and the erratic nature of GOZ development policies and actions, the Mission views the PVO community as key to many of its efforts to achieve its Goal of sustainable and broad based economic growth.

Section II of this annex summarizes the historical and current role of PVOs in Zaire, provides a brief description of the types of PVOs currently active, discusses the community's relationship with the GOZ, and presents some key constraints to their continued activity. Section III provides detail on USAID/Zaire's current and planned PVO support. Section IV summarizes USAID/Zaire's collaboration with a voluntary organization that is not private, the U.S. Peace Corps.

II. PVO ROLES AND RELATIONSHIPS IN ZAIRE

A. Past and Current Roles of PVOs

PVOs have been a key element in Zaire's development strategy since the colonial era. Catholic and, later, Protestant missionaries played an essential role in the health and education sectors, running virtually all health facilities and schools in the Belgian Congo. Smallholder agriculture, on the other hand, was organized by private traders, companies and plantations, or, to a limited extent, the State. There were strict controls on rural-urban migration, production quotas, fixed prices, and monopoly buying zones. Religious missions had their own fields and herds and were often self-sufficient. They trained rural workers in skills such as carpentry, masonry, and general construction.

During the two decades after independence, the rural areas of Bandundu and Shaba -- and other areas of the country -- suffered repeated shocks. In 1964, the Mulelist Rebellion destroyed much of the colonial infrastructure and decimated the young male population. In 1972-73, nationalization measures produced a second collapse of the rural economy as expatriate-owned plantations and commercial enterprises were handed over to inexperienced nationals. Demonetization in 1980 wiped out many rural people's savings. In Shaba, the Angolan civil war and invasions of 1977-78 devastated the Lualaba sub-region. The after-effects are still felt throughout the region, notably in the cutoff of railway access to the coast through Angola.

This twenty year period saw the exodus of many missionary groups, several of which have since returned to Zaire and are attempting to rebuild their activities. As stated in the Overview above, these religious PVOs have become essential to the continued operation of the education and health sectors in Zaire.

In addition to this key role in the social services, many of these PVOs have begun to concentrate on rural development in general and on agriculture in particular. These ventures must be seen in part as a response to the void created by the dissolution of the old system of agricultural production and marketing, a system dominated by plantations and monopsonies which provided services, road maintenance, and access to manufactured goods in return for guaranteed sale of crops to their enterprises. This system is in transition now as a result of liberalization measures aimed at opening agricultural trade to competition.

Thus, the PVOs' activities act as a buffer in this time of transition. They both address critical needs and help rural

communities to organize themselves in the face of changing economic circumstances which make new demands but bring new possibilities as well. Many PVOs are aware of the transitional nature of their activities and are actively working toward creating and aiding self-sustaining community groups for the production and marketing of crops, public health, water sources, or road maintenance. Traditional and governmental authorities are integrated, to every extent possible, into these efforts.

This pragmatic melding of PVOs and government creates problems in assessing the amount of the PVOs' contributions to Zaire's development. In terms of education, while the PVOs appoint their own administrators and teachers, send out their own inspectors, and frequently build their own schools, it is the GOZ that establishes educational policy and standards and pays the salaries of the administrators, teachers and support staff. Similarly in health, the GOZ pays base salaries for some zone, sub-regional, and regional personnel, and provides limited supervision and rehabilitation subsidies. The zones themselves, through user fees and PVO or other donor support, pay all operating and maintenance costs, often including substantial salary supplements to personnel paid by the GOZ. National trends in PVO contributions to agriculture and rural infrastructure are less well documented, but significant in specific areas.

B. Number and Types of PVOs

1. Zairian PVOs

It is difficult to ascertain the number of PVOs in Zaire. The Department of Plan, which encourages PVO activities, currently has three different PVO censuses, which vary by several hundred entries. The Department notes that in some regions alone, several hundred localized organizations have de facto recognition by regional authorities, although only a few may be formally registered at the national level. Some of these are also part of national consortia, and additionally may have separate affiliations with selected international PVOs. The prospect of compiling a definitive list and typology is daunting.

The Protestant Church, for example, has organized at the national level as the Church of Christ in Zaire (ECZ). ECZ is represented by 62 member communities, 26 of which have independent affiliations with U.S. PVOs. The Catholic Church is important at the national level, but in addition is represented by some 45 dioceses, most of which are located in rural areas. Each diocese has a separate Diocesan Development Committee, which has individual PVO status. Numerous active Catholic parishes

have similarly registered independently and have established Zairian and/or international sources of financing. The Islamic faith is represented by the Islamic Movement in Zaire (MOIZA), based in Kinshasa, with affiliates in several eastern cities. An indigenous church, the Kimbanguists, has several separately recognized PVOs and receives in-country assistance from numerous international PVOs, among which is the well-known Jewish group, Hadassah.

As these groups have moved from purely social services and into agriculture, infrastructure, and other productive ventures, it has become more difficult to categorize them as "religious" or "secular" PVOs. The Adventist Development and Relief Agency (ADRA), for example, is well known for its work in primary health care, with strong emphasis on self-financing facilities. The Western Zaire Baptist Community (CBZO) is involved in rural infrastructure, small-scale enterprise and agriculture. The Mennonite Central Committee promotes agriculture throughout the country.

There are additionally numerous wholly secular PVOs operating in Zaire. The vast majority of these are community-based organizations, often established for a specific function such as managing a health center, water system, or small agricultural enterprise. Under USAID's Small Project Support Project (660-0125), for example, a traditional chief has organized twelve villages to propose a reforestation effort which will stabilize soil and, importantly, provide an ecologically appropriate habitat for the area's chief source of protein, the Saturnidae caterpillar. And under USAID's Basic Rural Health II Project (660-0107), managed by ECZ and its local affiliates, several hundred communities have organized Health Committees and Water Committees to handle investments provided through the project, which benefits 5 million people.

Additional community-based groups are formed through the impetus of the Mouvement Populaire de la Revolution (MPR, Zaire's political party). Others are organized under the tutelage of a "favorite son" from the community who has risen to prominence regionally and/or nationally, and who can provide initial contacts for financial and technical assistance. For example, under the Small Project Support Project, USAID/Zaire recently approved funding for a community health committee to complete construction of a rural health center in Shaba. The group was organized and a sound project was brought to USAID's attention through the efforts of a former Regional Governor, who is from the village involved.

2. International PVOs

Zaire also has its own international PVO, the Association Internationale de Developpement Rural au Zaire (AIDRZ), which is essentially a reincarnation of the Belgian colonial "Fonds de Bien-Etre Indigene". AIDRZ is active in rural infrastructure and general rural welfare. USAID has worked with AIDRZ primarily as an implementing agency, notably in the rehabilitation or construction of over 600 improved potable water sources serving a population of 180,000 in the Lualaba sub-region of Shaba (660-0116).

Additionally, a number of American PVOs have become established, initially through A.I.D. financing, and then stayed on. Among these are Technoserve, which completed its A.I.D. grant in 1989 (660-0113) and is now locally established and providing training and consultant services to other PVOs and A.I.D. projects throughout the country. The American ORT Federation has undertaken a number of A.I.D.-financed activities, among which is the establishment of a training center for road rehabilitation and repair in Lubumbashi (660-0028). As mentioned earlier, Hadassah has used its own and A.I.D. grant resources to assist the Kimbanguists in establishing and operating a 180-bed hospital serving 250,000 people in one of the poorest sections of Kinshasa (660-0122). The Experiment in International Living (EIL) entered Zaire in 1989 under a Cooperative Agreement with USAID to direct the umbrella management unit of the Small Project Support Project. With financing from the Family Planning Services Project (660-0094) and Combatting Childhood Communicable Diseases (698-0421). Population Services International (PSI) is implementing USAID's extremely successful Contraceptive Social Marketing and AIDS information programs.

Other international PVOs in Zaire include World Vision (U.S.), World University Services Association (Canada), OXFAM (U.K.), Ecumene (Spain), the Red Cross, the Salvation Army, and a number of small Belgian PVOs. Each of these has its own constituency and client group, but each contributes to the overall strength of the Zairian PVO community.

C. Relationship of the GOZ and PVOs

With the exception of the period of Zairianization in the mid-seventies, until recently the GOZ pursued a general laissez-faire policy towards the Zairian PVO community. In 1987, however, as part of the World Bank supported Structural Adjustment Program (SAP), and in order to reduce customs fraud, it eliminated the Zairian PVOs' duty-free status and began a push

towards regularizing PVO registration, rights, and responsibilities.

This change in policy, particularly the loss of duty-free status, was not well received by the PVOs. In order to implement its new policy, the GOZ then introduced legislation that was intended to impose registration and reporting requirements for the community. This threat to long-standing PVO autonomy was a second, in some ways greater, blow to the community. Recognizing the potential loss to the nation if the PVOs began to leave Zaire, as had happened in the mid-seventies, the UNDP was asked to help facilitate discussions between the GOZ and the PVOs. With the encouragement of the UNDP and USAID, the PVOs formed a Technical Monitoring Committee (the Comite Technique de Suivi). This committee currently consists of 10 members, representing the four major religious groupings (Catholic, Protestant, Islamic, Kimbanguist), indigenous secular PVOs, international PVOs, the UNDP, and the GOZ Department of Plan. It has met several times in the last two years and is working with the GOZ to develop a texte juridique, or legal statutes, that will govern PVO status and GOZ-PVO relationships in the coming years.

As part of its work with the Technical Monitoring Committee, in 1988 the GOZ Department of Plan initiated a series of PVO Roundtables in each region of the country. The purpose of the Roundtables is to establish regional PVO Coordinating Committees whose representatives will represent the regions at a national level Roundtable in late 1990 to finalize the legal statutes. Most have been well attended by religious and secular Zairian and international PVOs in the regions. At the end of the year, the results of these discussions will be incorporated into the new texte juridique. During 1990 the UNDP will also embark on a major census effort to document the number and types of PVOs operating in the country. These three actions -- the Roundtables, the new legal statutes, and a more comprehensive accounting of PVO activities and contributions to Zaire's development -- should provide a firm basis for renewed and productive collaboration in the coming years.

The Department of Plan has recently received notification from the GOZ Cabinet that a small amount of funding for PVO development activities will be made available this fiscal year. The Department is beginning to work on developing criteria and procedures for distributing such funding. This GOZ support, however small, will also facilitate stronger GOZ/PVO relationships in the coming years.

D. Constraints to PVO Activities

The change in GOZ policy towards PVOs in the last three years has posed the most immediate constraint to PVO activities. The loss of duty-free status in particular has resulted in a doubling of costs for many items, which has exacerbated already strained budgets. It is likely that the new texte juridique will include provision for case-by-case exceptions for specific imports for developmental purposes, which should ease the transition. It is likely, however, that as the GOZ continues its newest SAP, the PVOs will have to both pay duty and report more often on their contributions to national development. This change in status, affecting both budgets and autonomy, is likely to create stress on PVO activities in the near term.

In the longer term, the PVO community in Zaire operates within two basic sets of constraints. The first set is simply the problems of doing business of any sort in Zaire, and the second is more related to the organizational nature of PVOs. The effects of these constraints on PVOs' abilities to undertake development coinciding with USAID's strategic interests are summarized below.

The problems of doing business in Zaire are well documented. Zaire is vast (one-third the size of the U.S.) and has the fifth largest population in Africa. It was subject to one of the most repressive colonial regimes, coming to independence 30 years ago with approximately 12 college graduates. It has an estimated 200 ethnic groups with distinct languages, cultural, and historical characteristics. Zaire has about 150,000 kilometers of road which are mostly unpaved and in general disrepair. The cost of renting a small truck to transport goods is frequently estimated to be as high as \$1.50 per kilometer. Zaire's 15,000 kilometers of rivers are generally uncharted and/or unbridged, and boats are subject to piracy. Its rail line suffers frequent delays and breakdowns. Communication facilities are weak. Moving goods from the port of Matadi to a PVO station can occupy one or two people for the best part of a year, and may end up costing more than double their purchase price. Although the GOZ and various national organizations try to effect coordination and to facilitate activities, the fact that PVOs are spread throughout the country means that communications are tenuous at best. Announcement of a training course may arrive two weeks after it is over. Availability of new varieties of seeds or cultivars from a research station may not become known for two to three years.

In sum, the sheer size and complexity of the Zairian socio-political and agro-climatic environment is a major constraint for any PVO working in Zaire. This has led to the establishment of

hundreds of small PVOs -- church parishes, community groups, special interest groups -- who focus their efforts at the local and regional levels. This plethora of small, autonomous PVOs operating at the local and regional levels means that each must be dealt with separately as an actor on the development scene. As described in Section II.B. above, there are numerous types of PVOs operating in Zaire. Their own organizational characteristics form the second set of constraints.

Each PVO has a particular mandate, which is derived from specific needs of a client group, generally the rural population in which it is situated. The mandate is also, however, derived from constituents who do not receive services from the PVO but rather believe in and support its mandate. Constituents include funding sources, such as sending churches, bilateral and international donors, other PVOs, wealthy individual patrons, and regional/national GOZ authorities. While client and constituent needs frequently overlap, problems arise when the needs of the clients are different from, or at odds with, the desires of the constituents.

In small community-based PVOs, the clients and constituents are generally the same, and fewer problems arise. With the exception of these groups, however, most PVOs in Zaire must rely on constituents different from their client group to provide funding. When they seek external funds, either from long-term constituents or from the GOZ or from A.I.D., the following problems arise:

- PVOs view themselves as autonomous organizations with their own mandates and approaches to development which may not coincide with prospective donor interests. If the PVO is well established in a specific area, it may even have enough clout to hamper donor efforts if it disagrees with them.

- Conversely, some PVOs are more opportunistic and respond to external funding availability with little regard for capabilities. Thus, the PVO may suffer a loss in credibility with both clients and constituents if it undertakes an activity for which it is ill-prepared, and fails.

- PVOs would frequently prefer to adopt the least amount of administrative change necessary in meeting donor requirements. A locked strongbox and a trusted treasurer with a good memory may meet all its needs for accounting. Many constituents and donors, including A.I.D., however, require more formal management systems. This means that the PVO must change its basic administrative system, often at a cost, in order to access additional funds.

In summary, while PVOs have demonstrated over time their capacity to undertake development in Zaire, they do so within policy, environmental and organizational constraints. The efforts at improving the GOZ policy framework are discussed in Section II.C. above, and the PVO response to the environmental problems is noted in this section above. The following section discusses some of A.I.D.'s efforts to support PVOs as implementing agencies while helping them build organizational capacity to continue and expand their development work.

III. USAID/ZAIRE COLLABORATION WITH PVOs

USAID is currently working with over 50 different PVOs. In many cases, the PVOs are viewed strictly as the most appropriate implementing agencies, but they frequently also benefit in terms of institutional development. The Mission estimates that more than 20 percent of A.I.D. assistance to Zaire is channeled through or benefits the work of the PVO community.

Given both the success of PVO work in Zaire and USAID's emphasis on promoting sustainable development, the Mission intends to continue to increase this collaboration in future years. Support to PVOs both as direct implementing agencies and for PVO institutional development will continue to grow throughout the Action Plan period. In addition, USAID will place a greater emphasis on utilizing PVOs in promotion of improved natural resource management. Given the strong capabilities of U.S. PVOs in this field, it is likely that the Mission will call upon both U.S. and Zairian PVO capabilities.

Some current examples of USAID's collaboration with PVOs in support of USAID's Strategic Objectives are provided below. A more detailed listing is provided in Attachment K-1.

A. Improve Health Status

Under USAID's Basic Rural Health II Project (BRH, 660-0107, FY 85-92), the primary implementing agency is the Protestant PVO consortium, ECZ. The project has extended full primary health care services to five million people through over 90 of Zaire's 306 rural health zones. Of the 90, 75 percent are operated by PVOs in collaboration with community-based Health Committees. It has additionally improved potable water sources serving an estimated population of 1.2 million. The project has emphasized the development of a fee-for-service system that will increase the financial viability of health care in Zaire. A recent study

of the ten most progressive health centers documented that the BRH centers recover an average of 79 percent of their annual recurrent costs through user fees.

The Shaba Refugee Water Project (660-0116, FY 85-90) is implemented by the Zaire-based international PVO, AIDRZ. In the past five years, AIDRZ has completed capping 454 springs, rehabilitated and provided pumps for 163 existing wells, and constructed two piped water systems, for cumulative coverage of an estimated 160,000 persons.

Under the Shaba Refugee Health Project (660-0114, FY 85-91), the United Methodist Church of Shaba, under a USAID grant, is constructing and equipping a total of 45 rural health centers and two reference health centers as well as rehabilitating and equipping three rural general hospitals, all of which are administered by the PVO. It is estimated that this project has provided benefits to 340,000 rural Zairians.

The American PVO, Population Services International (PSI), is the chief implementing agent for two USAID efforts. Under the Family Planning Services Project (660-0094, FY 82-91), PSI is working in 15 cities and three regions throughout Zaire to increase the distribution of contraceptives by using innovative, private sector techniques within established commercial networks. This project component is having phenomenal results, with condom sales rising to 4,140,453 in 1989, a 443 percent increase over sales of the previous year. The commercial sales component is being extended to promote the use of condoms among targeted high-risk populations.

Through a Mission buy-in to the centrally-funded AIDS Prevention and Control Project (474-0474.60, FY 88-91), PSI is working in collaboration with the Zairian Central AIDS Coordinating Bureau to develop and implement a mass media information, education and communication program in Kinshasa and four interior regions of Zaire. The AIDS Mass Media project uses high impact, frequently aired radio and television spots, feature-length radio and television programs, popular music, and innovative print materials to disseminate AIDS educational messages intended to motivate behavioral changes necessary to reduce the transmission of HIV.

B. Increase Agricultural Production, Productivity and Rural Income

USAID is working through established PVOs with experience in agriculture in the major area-specific projects in Central Shaba and the Kwilu sub-region of Bandundu. It additionally collaborates with PVOs as part of its agricultural research outreach efforts.

USAID's Area Food and Market Development Project (660-0102, FY 85-95), known by the French acronym PROCAR, works with established PVOs in the Bandundu Region to catalyze their ongoing agriculture activities. The project currently works with two religious-based PVOs (Lusekele, which is supported by the American Baptists, and a Catholic Diocesan Development Committee in the area), two agricultural cooperatives and a rural credit and savings federation. The number of PVOs involved in PROCAR is expected to grow to 10-15 during the next four years. These PVOs serve as primary implementing agencies for PROCAR activities in agriculture. They additionally benefit from USAID assistance in institutional development through commodity procurement, technical training, management/financial training, and infrastructure improvements. It is estimated that nearly one million rural inhabitants, particularly women, will benefit from these activities.

Under the Central Shaba Agricultural Development Project (660-0105, FY 86-93), USAID is working with forty agricultural pre-cooperatives in field trials and production programs for improved maize, legumes, rice, and peanuts. It additionally works with a regional PVO Maman Kipendamo, which works with women's groups in all crops. Several Catholic Missions in Central Shaba, at Kayeye, Budi and Kabalo are also involved in project production and marketing activities. Approximately 10,000 farmers have already participated in these activities (30 percent of the participants were women), which will eventually bring benefits to the sub-region's population of 450,000.

And, as stated above, under USAID's Applied Agricultural Research and Outreach Project (RAV, 660-0091, FY 83-90), RAV Outreach Teams collaborate with numerous PVOs in Bas Zaire, Shaba and Bandundu Regions. The PVOs assist in both undertaking diagnostic studies and in facilitating farmer-managed field trials of new varieties. The follow-on to RAV now under design will place even greater emphasis on improving collaborative outreach with PVOs.

C. Improve Transport Infrastructure

The Agricultural Marketing Development III Project (660-0098, FY 84-94) seeks to improve road and river transport infrastructure in the Kwilu sub-region of Bandundu. In the past two years, it has worked with two local PVOs (the Catholic Mission at Sia and the Society of Jesus) in the construction of 24 improved water crossings, thus providing improved access to goods and services for an estimated 50,000 persons.

The Shaba Refugee Roads Project (660-0115, FY 84-90) is implemented by the American ORT Federation, which has to date completed 1158 kilometers of road rehabilitation in the Lualaba Region of Shaba.

D. Increase Production and Productivity of the Private Sector

In FY 90, the new Private Sector Support Program (PSSP, 660-0120, FY 89-94) anticipates providing support through cooperating Zairian commercial banks to several agricultural cooperatives and possibly other enterprises through its focused credit for small and medium scale enterprises.

E. Cross-Cutting Support

1. Small Project Support Project (660-0125, FY 88-94)

The Small Project Support Project (referred to by the French acronym GASPP) represents USAID/Zaire's latest effort to provide continuing support to PVOs for implementation and institutional development while reducing its own management burden. The umbrella project is currently funded at a level of \$ 6 million, with an anticipated additional \$ 6 million equivalent in counterpart funds available over the life of project. The primary implementing agency is the U.S. PVO, The Experiment in International Living (EIL), in joint venture with a small, women-owned firm, Management Systems International (MSI).

EIL/MSI has established a project management unit which provides administration of direct implementation grants to a variety of PVOs. It additionally provides training to PVOs in financial management, project design and limited strategic planning. Finally, it collaborates with the Department of Plan and other coordinating bodies in furthering PVO efforts in Zaire.

In this regard, it has provided partial funding for and participated in PVO Roundtables in both Bandundu and Shaba Regions.

The project purpose is to increase support for community-based small-scale development activities in rural areas which respond to USAID priorities in Zaire and can be sustained by the local population. Priority is given to activities in Shaba and Bandundu Regions. In its first six months of operation, GASPP reviewed 84 PVO proposals, of which one (a health center in Shaba) was approved. Following a training and consultancy process in early 1990, five more proposals are ready for funding, and an additional five are in the final stages of development. These activities range from caterpillar raising and animal traction to construction of rural bridges to small-scale palm oil processing. Based on the number of proposals regarding reforestation, conservation, and energy-saving technologies received to date, USAID is planning additional dollar funding beginning in FY 1990 to GASPP as part of its Global Warming initiative.

2. Counterpart Fund Support to Department of Plan

Prior to the inception of the GASPP project, USAID through the Department of Plan provided funding for support of PVO activities from the A.I.D. dollar-generated counterpart funds (CPF). With the establishment of the GASPP management unit, this funding has become less necessary. USAID will carefully monitor the proposed funding by the GOZ Cabinet (ref. Section II.C. above) to determine if continuation of CPF funding for such activities is merited.

IV. USAID/ZAIRE COLLABORATION WITH THE U.S. PEACE CORPS

Zaire is a model country for A.I.D.-Peace Corps collaboration. As of FY 90, about three-quarters of the 150 Peace Corps volunteers in Zaire were involved in collaborative projects with USAID in fish culture, agricultural extension, health and water. New initiatives are being considered in the environmental area.

USAID, Peace Corps and the GOZ have collaborated for more than 10 years in promoting on-farm fish culture in five regions of Zaire. Fish culture in small ponds had been known in Zaire for decades, but declined after independence. Its revival was first explored by the Peace Corps in Bandundu beginning in 1973, then became a joint USAID/Peace Corps project with the GOZ in

1978. The National Project for Family Fish Farms (PNPF) is now co-financed by the GOZ, Peace Corps, and USAID through the Small Project Support Project.

Through PNPF, some 8,000 farmers have been trained to raise tilapia for family consumption and sale in five regions of Zaire, with a target of 2,000 additional farmers and one additional region (Shaba) under the current funding. Production in 1989 exceeded 120 metric tons, thus providing an excellent protein source in rural areas. Over 450 volunteers have worked in fish farming over the last decade, with the current level at 62. This is an excellent project in terms of food production, nutrition, employment, and revenue generation.

Peace Corps Volunteers are also helping rural inhabitants integrate fish farming with other agricultural activities. With additional funding through the Small Project Support Project, between 1990 and 1994 each of 45 new volunteers will assist 25 to 30 families each year, for a total of 2,700 farmers in integrated agriculture during the Action Plan period.

Volunteers are also active in USAID agricultural extension efforts in Shaba and Bandundu. Under the Central Shaba Development Project, 13 volunteers are working with local PVOs and farmers in testing new varieties and teaching new cultural techniques. Under PROCAR, 10 volunteers work with PVO extension agents in adaptive testing and training.

Finally, Volunteers conduct education activities at health centers and help cap and protect water sources in collaboration with the PVO ECZ and the GOZ under the Basic Rural Health II Project. Peace Corps volunteers with accounting backgrounds are being placed in health zones where there is an interest in improving financial management systems.

These and other collaborative A.I.D.-Peace Corps activities will be continued and enhanced during the Action Plan period.

ATTACHMENT K-1

USAID COLLABORATION WITH PVOs IN ZAIRE

USAID/Zaire has collaborated with PVOs in Zaire for over a decade. The following list presents, by USAID funding source, the organizations involved during the 1980s only.

1. Improve Health Status

The USAID projects Basic Rural Health I (660-0086, FY 81-88) & II (660-0107, FY 85-92). BRH I & II have supported the work of numerous indigenous PVOs over the years. The following lists these groups both by national affiliation (ECZ, Catholic, Kimbanguist) and international affiliation, when known.

<u>Eglise du Christ au Zaire (Protestant)</u>	<u>International</u>
Communauté Baptiste du Fleuve Zaire (CBFZ)	Baptist Missionary Society
Communauté Baptiste au Kivu (CBK)	-
Communaute Baptiste du Zaire Ouest (CBZO)	American Baptist Churches
Communauté Evangélique des Adventistes du Septième Jour (CEASJ)	-
Communauté Evangélique de l'Alliance au Zaire (CEAZ)	Christian & Missionary Alliance Overseas
Communauté des Eglises Baptistes au Kivu (CEBK)	Conservative Baptist Foreign Missionary Society
Communauté Evangélique au Centre de l'Afrique (CECA)	African Inland Mission
Communauté Evangélique du Christ en Ubangi (CECU)	-
Communauté des Eglises des Frères Mennonites au Zaire (CEFMZ)	-
Communauté des Eglises Libres du Zaire (CELZA)	Pinsevennens Ytre Misjon
Communauté des Eglises Pentecôte (CEP)	-
Communauté Evangélique en Ubangi-Mongala (CEUM)	-
Communauté Libre Méthodiste au Zaire (CLMZ)	Free Methodist Church
Communauté Médicale Evangélique (CME)	-
Communauté Méthodiste au Sud-Zaire (CMSZ)	United Methodist African
Church Communauté Mennonite au Zaire (CMZ)	Inter-Mennonite Mission
Communauté Méthodiste au Zaire Central (CMZC)	Methodist
Communauté Presbytérienne au Zaire (CPZA)	U.S. Presbyterian Church
Communauté Région de Sankuru (CRS)	-

Eglise du Christ au Zaïre (Continued)

Institut Médical Chrétien Kasai (IMCK)
Institut Médical Evangélique (IME)
Paul Carlson Medical Foundation (PCMF)

Communauté Baptiste de Bandundu (CBB)

Communauté des Frères en Christ Garenganze (CFCG)-
Salvation Army

International

--
Ecumenical
Paul Carlson Medical
Foundation
Svenska
Baptistsamfundet
Salvation Army

Catholic Church

Diocèse de Bokoro
Diocèse de Butembo-Beni
Oeuvres Sociales Diocésaines de Bunia
Diocèse de Drodro
Diocèse de Dungu
Diocèse d'Idjifa
Diocèse d'Ikela
Diocèse de Kabinda
Diocèse de Kikwit
Diocèse de Kisantu
Diocèse de Kole
Diocèse de Musienene
Diocèse de Popokabaka
Diocèse de Tshumbe

Other PVOs with which USAID has worked or is working in support of its Strategic Objective in health include the following:

Indigenous PVO

Eglise Kimbanguiste

Communaute Methodiste au Sud-
Zaïre (CMSZ)

USAID Project & Affiliate

Kimbanguist Hospital Assistance (660-0122, FY 86-89) with Hadassah
Shaba Refugee Health (660-0114, FY 85-91) with U.S. United Methodist Church

U.S. or International PVO

Adventist Development and
Relief Agency (ADRA)

Small Project Support Project (660-0125, FY 88-94) for health center construction by indigenous PVO

Association Internationale de
Développement Rural au Zaïre
(AIDRZ)

Shaba Refugee Water (660-0114, FY 85 - 90)

American ORT Federation

Area Nutrition Improvement (660-0079, FY 82-90)

Hadassah

Kimbanguist Hospital Assistance (660-0122, FY 86-89)

Population Services
International

Family Planning Services Project (660-0094, FY 82-91) for Social Marketing

AIDS Prevention and Control Project (474-0474.60, FY 88-91), mass media

2. Increase Agriculture Production, Productivity and Rural Income

Communaute Baptiste du Zaire Ouest (CBZO)	Area Food and Market Development (660-0102, FY 85-95)
Centre Agricole Lusekele	" " " " "
Diocese d'Idiofa	" " " " "
Technoserve	" " " " "
Maman Kipendamo	Central Shaba Agricultural Development (660-0105, FY 86-93)
Catholic Mission - Kayeye	" " " " "
Catholic Mission - Budi	" " " " "
Catholic Mission - Kabalo	" " " " "
Inter Aid Relief International Zaire (IRIZ)	" " " " "
Salvation Army	Applied Agricultural Research and Outreach (660-0091, FY 83-90)
Eglise du Christ au Zaire (ECZ)	" " " " "
Technoserve	" " " " "
Diocese d'Idiofa	" " " " "

3. Improve Transport Infrastructure

Diocese d'Idiofa	Agricultural Marketing Development III (660-0098, FY 84-94)
Diocese de Kikwit	" " " "
Society of Jesus (Jesuits)	" " " "
American ORT Federation	Agricultural Marketing Development II (660-0028, FY 81-88) Roads Training Center in Lubumbashi Shaba Refugee Roads (660-0114, FY 84- 90)

4. Increase Production and Productivity of the Private Sector

Communaute Evangelique de Centre de l'Afrique (CECA)	PVO Economic Support (660-0097, FY 83-89) for mini-hydroelectric
Diocese d'Idiofa	" " for bridges
Eglise du Christ au Zaire (ECZ)	" " for basic rural health
African Institute for Social and Economic Development (INADES)	Appropriate Rural Technology Development (660-0104, FY 85-87)
Technoserve	Private Management Support (660-0113, FY 84-88)
Experiment in International Living	Small Project Support Project (660- 0125, FY 88-94)

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Communauté Evangélique du Christ en Ubangi (CECU)	-
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Diocèse de Kabinda
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Diocèse de Kisantu
Diocèse de Kole
Diocèse de Musienene
Diocèse de Popokabaka
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Technoserve	" " " " "
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Technoserve	Private Management Support (660-0113, FY 84-88)
Experiment in International Living	Small Project Support Project (660- 0125, FY 88-94)

LIST OF ACRONYMS

AAO/Zaire	AID Affairs Officer/Zaire
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
ASRAMES	Association for the Provision of Drugs
BDD	Bureau Diocesain de Developpement (Diocesan Development Office)
BDOM	Bureau Diocesain des Oeuvres Medicales Catholiques (Diocesan Medical Office)
BHR	Bureau for Humanitarian Response
BOM	Bureau des Oeuvres Medicales Catholiques (Catholic Medical Office)
CBK	Communité des Baptistes a Kivu (Presbyterian Church)
CCLK	Centre Chretien de Lac Kivu
CDI	Centre du Developpement Integral
CEBZE	Communité des Eglises Baptiste au Zaire (Zaire Baptist Community)
CEPLANUT	Centre National d'étude et Planification en Nutrition
CRONG	Conseil Regionale des Organisations non- governmental (Regional Council of Non- Governmental Organizations)
CRS	Catholic Relief Services
EPI	Expanded Program of Immunization
FAO	United Nations Food and Agriculture Organization
FFP	Office of Food for Peace
FFW	Food for Work
GOB	Government of Belgium
HIV	Human Immunodeficiency Virus
ICRC	International Committee of the Red Cross
IO	International Organization
JEEP	Jardins et Elevages de Parcelle Projet
KG	Kilogram
MSF/B	Medecins Sans Frontieres/Belgium
MSF/F	Medecins Sans Frontieres/France
MSF/H	Medecins Sans Frontieres/Holland
MT	Metric Ton
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
ORS	Oral Rehydration Salts
ORT	Oral Rehydration Therapy
PEV	Programme Elargi de Vaccinations (Expanded Program of Immunization)
PL	Public Law
PVO	Private Voluntary Organization

SANRU	Sante Rurale (former USAID Basic Rural Health Project)
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WFH	Weight-for-Height
WFP	United Nations World Food Programme
WVI	World Vision International
WVRD	World Vision Relief and Development
ZUAC	Zaire Urgent Assistance Committee



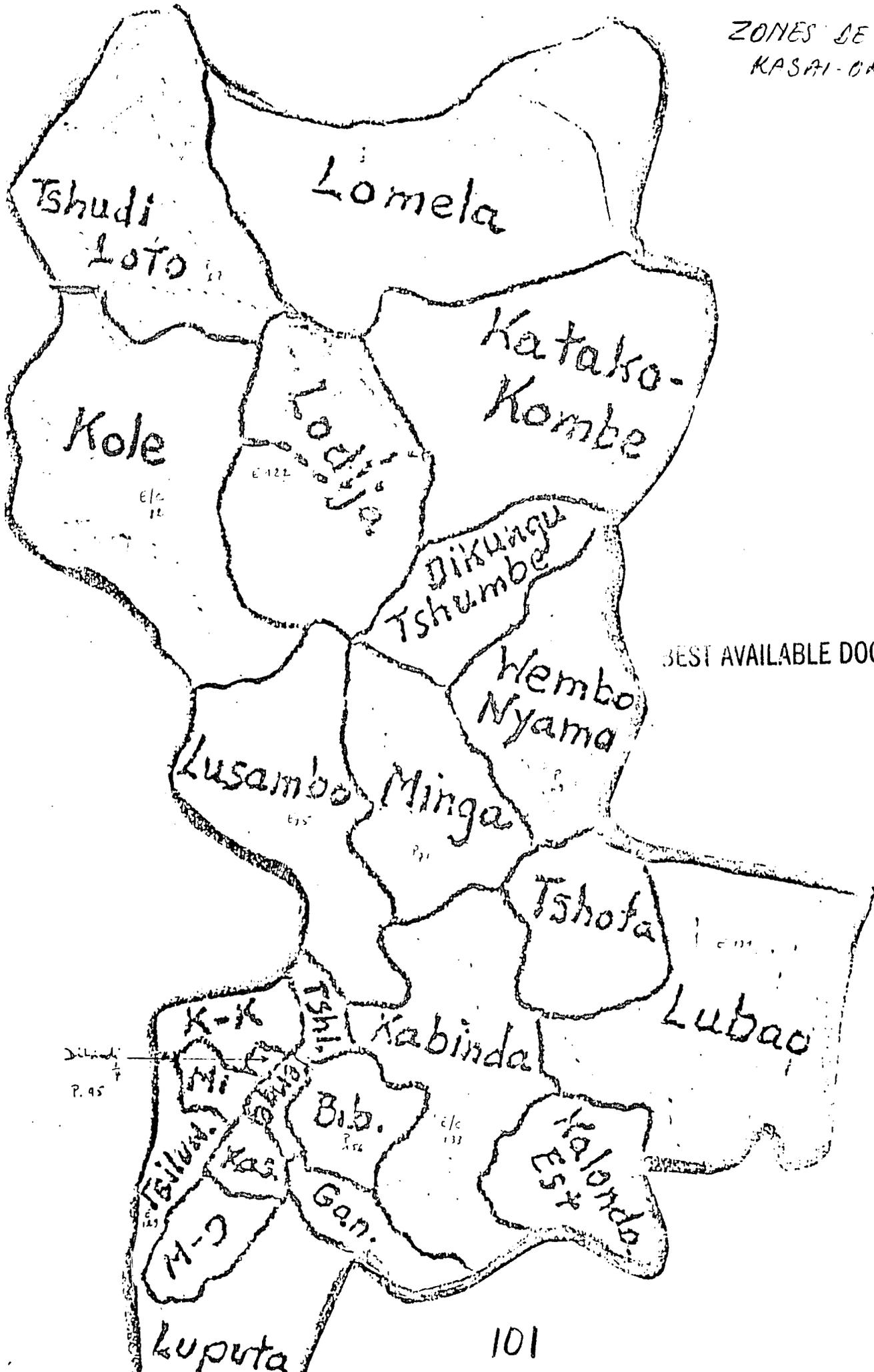
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ZONES DE SANTE
SHABA.



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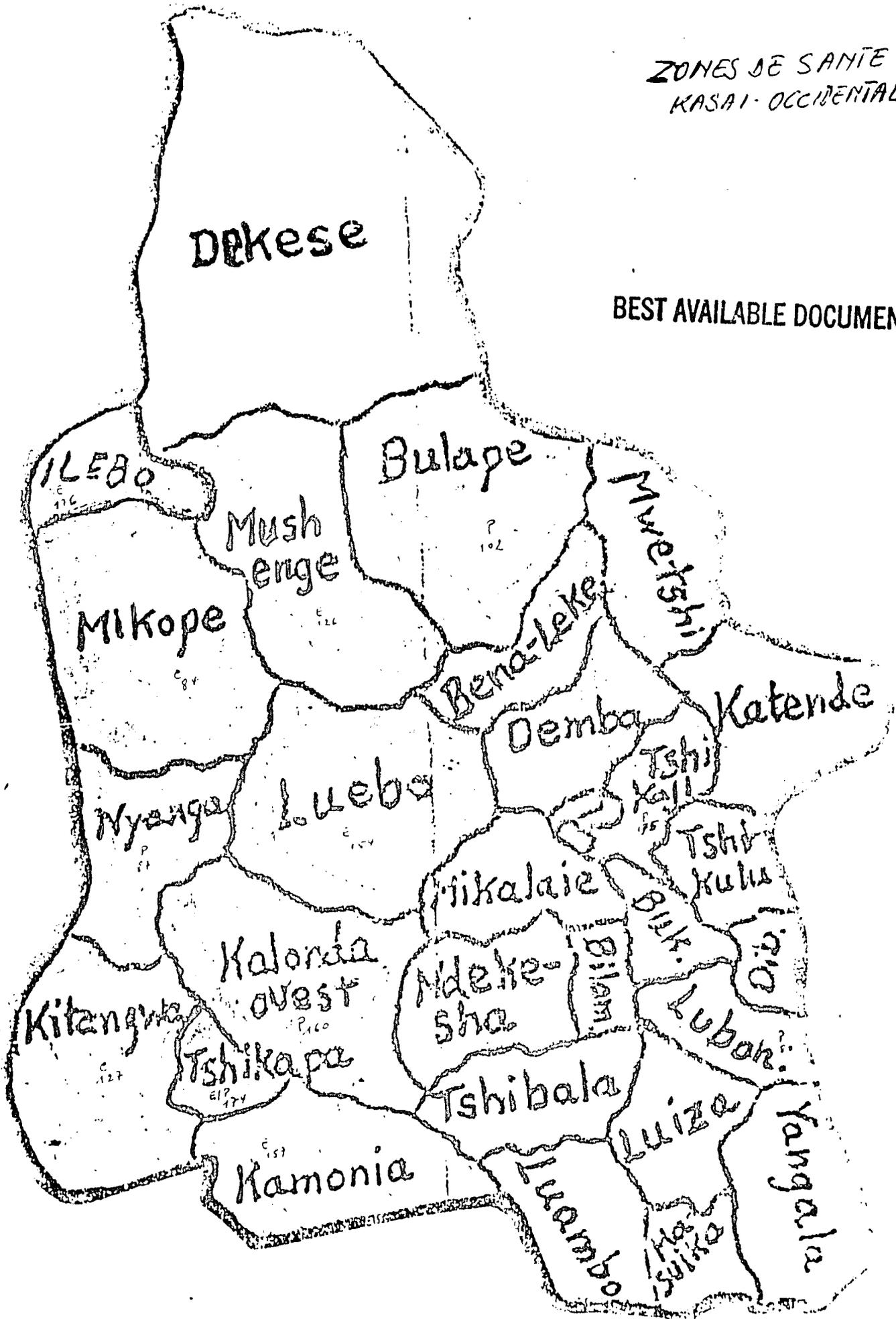
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KASAI-ORIENTAL



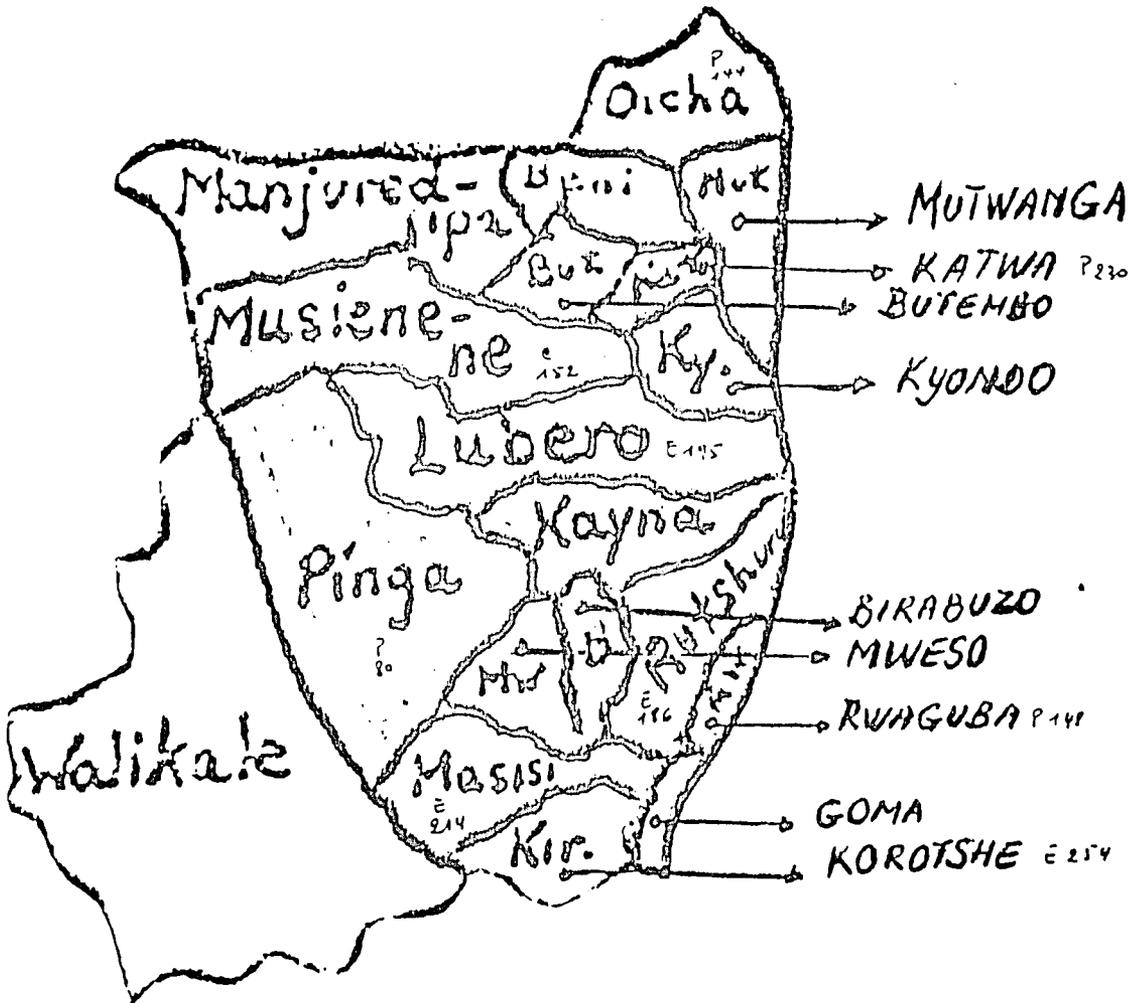
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ZONES DE SANTE
KASAI- OCCIDENTAL

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ZONES DE SANTE NORD Kivu



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