

PD-ABQ-215



WORLD VISION RELIEF & DEVELOPMENT INC.

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February 24, 1998

Ms. Regina Davis-Tooley
USAID/OFDA
1300 Pennsylvania Ave.
Washington, DC 20523-0008

Dear Regina,

Enclosed is a copy of the final narrative report for World Vision Relief & Development's Rwanda WFP Support/Health Sector Crisis Response Project, grant# 696-G-00-97-00041-00. As you are aware this grant ended on July 31, 1997. With this final report all of WVRD's reporting requirements should be complete. I sincerely apologize for the long delay in submitting this report.

If you have any questions or need additional information, please contact me at (202) 608-1824.

Sincerely,

Jules L. Frost
Associate Program Officer
East Africa

cc: Debbie Hopper -WV Rwanda
Gayle Macias - WVRD/Federal Way
Eileen Morrison - OFDA
Warren Nyamugasira - WV Rwanda
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USAID/CDIE

World Vision Relief & Development, Inc.

**World Vision Rwanda
WFP Support/Health Sector
Crisis Response Project
Final Report**

GRANT # 696-G-00-97-00041-00

Submitted to:

Ms. Regina Davis-Tooley
USAID/OFDA
1300 Pennsylvania Ave.
Washington, DC 20523-0008

WVRD Headquarter's Contact:

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I. BACKGROUND

Over the last thirty years the Great Lakes region of Africa has experienced substantial political unrest, civil war, large population displacement, and continual military insurgency. The 1994 genocide in Rwanda and the fighting in Burundi have resulted in the displacement of over three million people within the region. The more than two years of unresolved political conflict and the failure of the international community to provide leadership in resolving the issues resulted in a situation that ignited the entire Great Lakes Region of Africa. In mid-October 1996, crisis erupted along the eastern border of former Zaire, now Democratic Republic of Congo, where approximately one million people lived in organized camps, dependent upon the assistance provided by the international aid community.

Over a short period of time over one million refugees of both Rwandese and Zairian origin crossed the border into Rwanda at the Gisenyi Prefecture crossing point. In anticipation of the crisis, World Vision Rwanda (WVR) developed a Crisis Response Strategy to provide immediate food and non-food relief assistance to those most in need. To implement the WFP food distribution and health components of this strategy, World Vision Relief & Development (WVRD) obtained a grant of \$858,704 from the OFDA/Rwanda Dart.

Specific objectives of this grant were:

WFP Food Distribution:

- to meet the immediate food needs of 90,000 returnees during the period from November 1996 to February 1997 through the distribution of 4,500 MT of WFP food.

Health Sector Crisis Response:

- to pre-position relief supplies and human resources to ensure relief response readiness
- to provide basic medical supplies
- to respond to the acute curative and essential preventive health needs of refugees on the move and affected populations being resettled in their respective home communes
- to develop and increase the capacity of the MOH

II. ACCOMPLISHMENTS PER OBJECTIVE

A. WFP Food Distribution

Distribute 4,500 MT of WFP food to meet the immediate food needs of 90,000 returnees during the period of November 1996 to February 1997.

In partnership with the World Food Program and OFDA, WVR was able to distribute 2,460 MT

of WFP food to 176,859 returnees during the period of November 26, 1996- January 15, 1997. Per the Government of Rwanda (GOR), all NGOs were mandated to discontinue food distributions on January 15, 1997. As stated in the memorandum from Dr. Kabija Ephraim, Advisor to the President of Rwanda, to the Country Director of WFP for Rwanda,

“4. a) All food distribution to returnees as well as food for work on community projects which comes through WFP be distributed by Local Authorities i.e. Burgomestre assisted by Councillors of sectors, under coordination of Prefets.”

“4. c) There should be no further distribution of food by NGO’s on behalf of WFP or other agencies. Where an NGO or other agency has food it has procured from outside or locally by its own means and resources and wished to distribute it, this should be done through local authorities or it can hand it to WFP.”

Therefore, WVR discontinued food distribution on January 15, 1997 and handed over to local authorities the remaining stocks of WFP food. Because of the pre-mature discontinuation of the project, WVR was not able to fully complete the above stated objective of distributing 4,500 MT of WFP food. However, within the limited time WVR was able to provide limited food assistance to 86,859 more returnees than initially targeted.

The following is a detailed breakdown of the distributions which WVR was able to complete within the limited time frame.

The initial standard ration established by WFP was a weekly ration of :

WEEKLY RATION

2800 gm of maize per person

840 gm of pulses

140 gm of oil

35 gm of salt

WVR conducted weekly distributions in Ruhengeri, Kigali Rurale and Byumba from *November 26-30, 1997*.

SITES	BENEFICIARIES	MT DISTRIBUTED
Ruhengeri	28,339 returnees	108.10 MT
Kigali Rurale	1,677 returnees	9.138 MT
Bwisige (Byumba)	1,415 returnees	5.4 MT
TOTAL	31, 431 returnees	122.638 MT

In December, WFP established a one month ration which the returnees received in their home communes. During the same month, WFP decreased the monthly ration and included other commodities as indicated below.

MONTHLY RATION

12.5 kgs maize per person to 7.5 kgs
 3.6 kgs pulses per person to 3.0 kgs
 0.6 kgs oil per person to 0.5 kgs.

1.5 kgs CSB per person
 2.25 kgs UNIMIX per child (this was distributed for a limited time to children under 5 years)

December 1996

SITE	BENEFICIARIES	MT DISTRIBUTED
Murambi	20,583 returnees	346.8 MT
Kigali Rurale	17,433 returnees	302 MT
Ruhengeri	45,258 returnees	762.6 MT
TOTAL	83,274 returnees	1,411.4 MT

January 1997

SITE	BENEFICIARIES	MT DISTRIBUTED
Murambi	20,540 returnees	306 MT
Kigali Rurale	13,406 returnees	200 MT
Ruhengeri	28,208 returnees	420.3 MT
TOTAL	62,154 returnees	926.3 MT

Summary: November 26, 1996-January 15, 1997

BENEFICIARIES	MT DISTRIBUTED
176,859 Returnees	2,460.338 MT

B. Health Sector Crisis Response

1. Pre-position relief supplies and human resources to ensure relief response readiness.

With OFDA support, WV Rwanda was able to achieve this objective by pre-positioning relief supplies and staff at points within the various communes to receive and assist the refugees who returned during the mass repatriation from Zaire during November, and from Tanzania during December, 1996. Qualified individuals, including two expatriate doctors, were hired on a short-term basis to staff mobile medical teams which provided emergency health care. In addition, WV Rwanda staff from ongoing projects were redeployed to strengthen WV's capacity to respond quickly in distributing non-food relief items to the most vulnerable during the acute phase of the repatriation.

From December through March, 1997, WVR was assigned by the GOR to work along a specific portion of the repatriation route taken by the refugees as they continued to return from Tanzania, and subsequently was assigned to work with another NGO in Rwinkwavu Health District of Kibungo.

2. Provide basic medical supplies.

Following a delay in receiving the required USAID/OFDA authorization/waiver, most of the necessary pharmaceuticals were purchased through the UNICEF Reimbursable Procurement System. Upon procurement, WV Rwanda distributed the drugs to the Regional Sanitaire for distribution to the appropriate centers.

Prior to the influx of refugees the Rwandan MOH had introduced a system of cost recovery which they suspended during the mass repatriation to enable the returnees to access the necessary medical care. The pharmaceuticals provided by WVR gave the MOH the capacity to respond quickly to the population's needs.

In January there was a delay in distributing some of the basic medical equipment due to the insecurities in Ruhengeri and the need to renovate some of the health centers to provide an appropriate and secure environment for the provision of health care and the protection of supplies. With OFDA's approval of a no-cost extension, WV Rwanda was able to successfully complete the renovations and the distribution of the equipment.

3. Respond to acute curative and essential preventative health needs of refugees on the move and affected populations being resettled in their respective home communes.

WV Rwanda played a leading role at the regional hospital in Ruhengeri during the emergency phase. WV staff screened patients as they were brought to the hospital and organized the services on the wards, including the feeding of patients who were admitted. Particular attention was given to ensure that at least one family member remained with the patient to prevent separation from the

family. In addition, consultations were held at way stations where WVR was assigned to work. As refugees trekked back to their home communes, especially those who resettled in Byumba Prefecture, the mobile team continued to move along with them as approved by the local authorities and in coordination with the UNHCR and other NGOs. For details regarding the medical consultations, please see the tables attached at the end of this document.

Subsequent to the mass repatriation, WVR was assigned to work in the newly created Gitare Health District composed of Kidaho, Butaro and Nkumba communes in Ruhengeri Prefecture. In addition, support continued to be given to Ruhengeri Region Sanitaire to enable it respond to the refugees that were later repatriated from the Democratic Republic of Congo (formerly Zaire). WVR will continue to support the newly created Gitare Health District beyond the grant period to further build the capacity of the district to respond to the continuing health care needs of the population.

4) Develop and increase the capacity of the MOH.

Progress towards fulfilling this objective was constrained by the policy of the MOH. Throughout the grant period, the policy of the MOH was that NGOs were not authorized to hire qualified national health staff but were encouraged to bring in expatriates to supplement government employees. However, NGOs were encouraged by the MEDIRESA to pay *primes* (regular monthly bonuses) to the MOH staff. As per USAID regulations, WVR did not pay any primes with monies from the grant.

Progress was further inhibited by the bureaucratic process and the apparent disagreement between some officials of the Ministry of Labor over the MOH policy of hiring expatriates vs. qualified national staff expatriates. As requested by the MOH, WVR recruited highly qualified expatriate staff at the beginning of the grant. However, there were significant delays by the MOL in providing the necessary work permits. Authorization was finally received during the later part of the grant and a limited amount of training occurred.

As described under objective 2, insecurity in Ruhengeri also contributed to the delays of increasing the physical capacity of the health centers through renovations and the delivery of medical equipment. All of this was completed by the end of the grant.

III. LESSONS LEARNED

- A. Adequate pre-positioning of backup supplies was vital to ensuring the successful mass repatriation that occurred during November-December, 1996. Although many NGOs were in a position to assist with the health aspects of the repatriation, many agencies ran out of supplies which could not be restocked by the local supply system.
- B. The quality care which WVR was able to provide at the onset of the repatriation was vital

to WVR's invitation by the regional medical director to continue providing health care support throughout Ruhengeri.

- C. Highly effective plans can be rendered ineffective by frequent changes and/or multiple interpretations of policy by host governments. Therefore, humanitarian agencies must make robust plans yet remain flexible enough to respond appropriately within a rapidly changing environment.

IV. CONCLUSION

In partnership with OFDA, World Vision was able to respond quickly and appropriately during the massive repatriation of nearly one million refugees back to Rwanda in November and December, 1996. Through the provision of immediate food assistance and emergency health care, WVR contributed significantly to the successful and sustainable reintegration of over 90,000 returnees. This short-term assistance made possible by OFDA during the onset of the repatriation enabled WVR to establish the foundation necessary to implement a comprehensive strategy aimed toward achieving increased food security throughout Rwanda. OFDA's further support of complementary agricultural relief and recovery activities under WVR's REAP III initiative, grant #AOT-G-97-00226-00, contributed to the successful achievement of this project's goal through the provision of vital seeds, tools and appropriate technical assistance.

**NUMBER OF PATIENTS SEEN DURING THE HEALTH SECTOR CRISES RESPONSE
FROM NOVEMBER 1996 TO JANUARY 1997**

Activity	Number
Consultation	11647
Malaria	2076
Resp.infect.	2690
Diarrhoea	1992
Worm infestation	1783
U5 clinic	3967
EPI CLINIC	1674
Ante Natal	335

**WV RWANDA PROGRAM MEDICAL CONSULTATIONS IN GITARE HEALTH DISTRICT FROM
JANUARY TO JULY 1997**

Activity	Kinyababa	Gitare	Rusasa	Butaro	Ntaruka	Kinoni	Total
Consultation	10247	6975	9242	15386	2649	6622	51121
Malaria	844	826	1247	1492	548	654	5611
Resp.infect.	1108	551	2233	3209	675	1547	9323
Diarrhoea	268	185	376	716	92	342	1979
Worm infest.	288		161	428	227	274	1378
Skin infection	52		77	323	36	89	577
Antenatal att.	433		312	890	76	595	2306
Deliveries	24			71	6	52	153
Eye infect.	69		14	99	33	39	254
Under five	2939			3251			6190
Dental infect	27		84	257	15	25	408
EPI	1435		900	2689	834	1445	7303
Psychosis				9		6	15
Traumatisme	86		74	143	52	124	479
AIDS		4	97			1	102
STDs	38	30	32	105	1	30	236
GYN disease	59		51	194	44	53	401
Malnutrition	5		2	575	4	8	594
Others	91	2	342	991	214	280	1920
Referral	1			26		2	29
Admission	87	128		731		238	1184
Deaths		6		10		4	20