

**OFDA PROJECT FINAL REPORT****URGENT SUPPORT FOR INTERNALLY DISPLACED PERSONS****I EXECUTIVE SUMMARY****Final Report**

<b>Organisation</b> SCF/UK	<b>Date</b> 14/4/99
<b>Mailing address</b> SCF RWANDA OFFICE MACAULAY	<b>Contact Person</b> Sandy
P O Box 2953 Kigali	<b>Telephone</b> ++250 7 2921
Avenue de la Justice	<b>Fax</b> ++ 250 7 3381
Kigali - Rwanda	<b>Internet Address</b> 15337 1642
(Compuserve)	

**Programm Title** URGENT SUPPORT FOR INTERNALLY DISPLACED PERSONS**Cooperative Agreement / Grant No** AOT-9-00-98-00106-00**Country(ies) /Region(s)** KINIGI, RUHENGERI PREFECTURE, RWANDA**Disaster / Hazard** INTERNAL DISPLACEMENT OF POPULATION DUE TO INSECURITY**Time Period Covered by This Report** 15/05/98 To 15/11/98**Summary of activities** Ensure the provision of emergency water supply and sanitation

facilities, blankets to internally displaced population of Kinigi camp to improve basic health conditions

**Objective#1** Improve water supply and availability to IDPs in Kinigi camp

**Indicator and Current Measure** Installation of 2 water bladders (supplied by UNHCR) each of 20,000 litres capacity Provision of 5,000 Jerry cans (4,000 supplied by UNHCR) and Water Disinfectant (supplied by SCF (Uk))

**Resources**

Budget for Objective 1	\$15,820	Expended This Period	\$9,164
Cumulative Expenditures to Date	\$9,164	Balance	\$6,656

**Objective#2** Improve sanitation for IDPs in Kinigi camp by providing materials for latrines

**Indicator and Current Measure** Establishment of 40 multiple pit latrines

**Resources**

Budget for Objective 1	\$9,000	Expended This Period	\$17,766
Cumulative Expenditures to Date	\$17,766	Balance	(\$8,766)

**Objective#3** To assist Regional MOH to address hygiene related disease epidemics in Kinigi camp and poor living conditions which result in deterioration in health

**Indicator and Current Measure** Support for emergency, supply of blankets, support of emergency health care provision (with measles vaccination programme financed by SCF (Uk), and UNICEF, and conducted by the Regional Health Authorities)

**Resources**

Budget for Objective 1	\$13,400	Expended This Period	\$11,389
Cumulative Expenditures to Date	\$11,389	Balance	\$2,011

2

## II PROGRAM OVERVIEW

A

**Goal and objectives of the program** To assist the regional authorities address the priority needs to the IDPs gathered around Kinyi commune offices

B

### **Profile of the targeted population**

Ruhengeri prefecture is situated in the north western part of Rwanda, where Rwanda joins with Uganda and DRC. Kinyi commune is situated in the extreme north of the prefecture just south of Birunga park. The commune has around 55,000 inhabitants (1998) who are mostly agriculturalists. The soil is rich and this area is considered amongst the biggest producers of food in the country.

Since January 1997 Kinyi commune has been facing some serious insecurity problems, which have resulted in most of the people being displaced from their homes. The local authorities' official estimate of the displaced population in the commune was over 19,000 persons (June 1998). During the project period, approximately 10,000 people were camped around the communal offices. In response to this internal displacement the local authorities organised a temporary "camp" using their own limited resources. The camp was reasonably well organised but lacking in some basic materials for health, water and sanitation management.

Save the Children UK has been involved in the health sector in Ruhengeri prefecture since 1994, beginning with rehabilitation of health services during the emergency phase transitioning to health service development after the emergency. SCF/UK has been working in close collaboration with the Ministry of Health for several years and maintains a full-time office in the Ministry of Health compound in Ruhengeri. The Ministry of Health requested SCF/UK to assist them in ensuring safe water supply, sanitation and cholera control amongst the displaced population in Kinyi.

C

### III PROGRAM PERFORMANCE

#### A

#### 1 Actual accomplishments compared to stated objectives, indicators and targets

##### Issues addressed by Project

The main concern of the regional health authorities was to prevent the further spread of cholera amongst the displaced population

**Water** Supply was being organised by the army. The existing water storage capacity was insufficient, thereby necessitating daily or twice-daily delivery. On the occasion the tanker has been out-of-service causing serious constraints for the camp. During such incidents, the SCF team was informed, the population resorts to collecting water from puddles. The water storage capacity needed to be increased.

**This was done by installing two 20,000 ltr capacity water bladders, each with 5 fosset outlets. In addition 5,000 jerry cans were provided to the displaced population to take water to their shelters.**

**Sanitation** Only six latrines had been built with banana-frond privacy screens. There were no roofs to shelter the latrines from the rain. The limiting factor was a lack of plastic sheeting. The number of latrines needed to be increased to at least forty. The local authorities requested plastic sheeting and disinfectant for building the latrines.

**40 multiple pit latrines were built with tarpaulin covers.**

**Health** The regional health authorities were concerned about hygiene and sanitation-related diseases. The KINIGI health centre was closed. Basic health services are provided from a building nearby the commune offices. The increased number of persons accessing this health post exceeded the supplies available from the Ruhengeri Ministry of Health authorities.

**An emergency measles vaccination campaign was conducted which covered the entire displaced population of the Kinnigi camp In addition approximately 2500 blankets were distributed through the Commune Authorities to those in greatest need**

The approach taken with all the above interventions was to work sensitively through local structures so as not to detract from the efforts being made by the local authorities/military

In particular SCF worked very closely with the Regional Ministry of Health

## **2 Reasons why established targets were not met**

The primary difficulties in implementing this project related to acute insecurity in the area throughout the project time frame, making access to Ruhengeri in general, and Kinnigi in particular camp problematic

### **ORIGINAL ASSESSMENT OF THE PROBLEM**

#### **People**

- According to the number of shelters erected at Kinnigi, it was originally estimated that around 6,000 people had sought refuge there It later transpired that the number was closer to 10,000 There were a further (unknown) number who were expected to make their way to the site
- There was no indication of how long people would remain in the camp
- The temporary camp sheltering these people had grown out of necessity (due to the security situation) rather than by design and the communal authorities who were responsible for it's organisation required assistance
- All the people in the camp were from Kinnigi commune

#### **Environment**

- The camp was adjacent to the main road which passes through Kinnigi - approximately 10 km from Ruhengeri However, the prevailing security situation often made access difficult
- Access to the camp was additionally difficult during the rainy season
- Only six latrines had been built in the camp prior to the project submission

- Water was being supplied with a tanker by the army. Within the camp there was storage capacity for about 8,000 litres of water which was not sufficient for the camp population.
- A reduced food ration was being provided from WFP stocks overseen by the Ruhengeri Prefecture Authorities.
- There were still some crops in the farms around the camp harvested by the population under the supervision of the army to supplement that supplied by WFP. However, it was uncertain whether planting crops for the next season was going to be feasible.
- The camp was designed to be temporary, and short term.

B

#### **Qualitative assessment**

This project was implemented at a time when there were very few NGOs operating in Ruhengeri, and access was particularly difficult. The resources provided by it allowed SCF to respond immediately to the need for a measles vaccination campaign (identified by the Regional Ministry of Health), which could have killed a large number of children already in a vulnerable state of health.

The project also enabled immediate water and sanitation needs to be addressed.

C

#### **Unforeseen circumstances**

The duration of the camp could not be predicted at the time of the proposal, nor the numbers who would eventually be sheltered there, nor the extent to which the population would be able to gain access to their agricultural land.

### **IV RESOURCE USE / EXPENDITURES**

A

#### **Summary of committed resources**

- Objective 1 = USD15, 820

- Objective 2 = USD 9,000
- Objective 3 = USD13,400

B

<b>Budget v Expenditure</b>		
<b>Budget</b>	<b>USD</b>	<b>Expenditure</b>
Water bladders	9,900	0
Installation costs (including pipes and taps)		3,737
Plastic jerry cans	4,500	4,402
Plastic sheeting rolls	8,000	16,766
Ringer lactate and perfusion sets	2,400	310
Disinfectant (incl in above)	420	0
Blankets	8,000	7,923
Transport	3,000	3025
SCF/UK logistical support	2,000	2,156
Indirect cost	3,054	2,955
<b>TOTAL</b>	<b>41,274</b>	<b>41,274</b>