

UNAMIR

HUMANITARIAN ASSISTANCE -
OPERATIONS

20 MAR - 5 AUG 1995

PLEASE RETAIN
ORIGINAL ORDER

[1 CONFIDENTIAL]
RH/W6 MAY 2009

UNARCHIVES

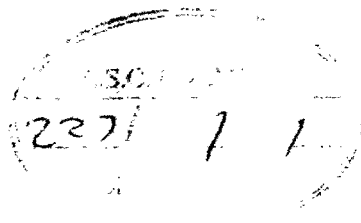
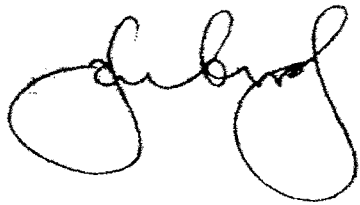
SERIES	<u>S-1002</u>
BOX	<u>37</u>
FILE	<u>1</u>
ACC.	<u>1998/0284</u>

From: DCOS (OPS)

To: NICOY

Info: COS
FMO

Date: 26 Jul 95



SUBJECT: AGREEMENT BETWEEN THE DIOCESE OF NYUNDO AND UNAMIR

1. You are instructed not to sign the proposed agreement for the provision of humanitarian health care by NICOY.

2. The Bishop of NYUNDO DIOCESE is not the legal authority in the management of Health activities. Furthermore, all health services provided by UN units and agencies have been free of charge in the past and will continue to be so in the future.

2. FMO is following the matter and will pursue clarification with Ministry of Health.

Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED
UNITED NATIONS ASSISTANCE MISSION FOR RWANDA	NATIONS UNIES MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going FaxNo. 808/95

Page 1 of 1

TO: NICOY (NYUNDO)	FROM: FMO MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN: COMMANDING OFFICER	DATE: 28 JUL 95
FAX NO:	PHONE: INT + 250 84270 Ext 11116
INFO: MAJ R. MAMZA RNO - RAP	FAX NO: INT + 250 86877
Internal dist: UHAAG, MILOB GP HQ	DRAFTED BY: MAJ R.P. WILTSHIRE G4MED
Subject: <u>NIBATT HUMANITARIAN MEDICAL SUPPORT</u>	
REFERENCE: DISCUSSION RNO NIBATT/G4 MED 28 JUL 95	

1. NICOY ARE REQUESTED TO ASSESS ALTERNATIVE OPPORTUNITIES TO UNDERTAKE HUMANITARIAN MEDICAL SUPPORT IN SECTOR 5. THIS IS NECESSARY DUE TO LOCAL AUTHORITIES REFUSING APPROVAL FOR NICOY TO UNDERTAKE MEDICAL CARE IN THE DISPENSARY IVURIRO UNLESS FEES ARE CHARGED.

2. ALTERNATIVE LOCALITIES WERE SUGGESTED BY THE LOCAL AUTHORITIES AS REQUIRING MEDICAL SUPPORT. IN PARTICULAR THE FOLLOWING LOCALITIES SHOULD BE EXAMINED BY NICOY IN CONJUNCTION WITH THE MILOB SECTOR 5 HUMANITARIAN OFFICER:

A. KAYOVE REFUGEE CAMP (GS 2892)

B. OPYRWA (VIC BUSASAMANA) (GS 2823)

3. REQUEST BRIEF REPORT ON HUMANITARIAN TASK AND NICOY CAPACITY TO PROVIDE HUMANITARIAN CLINIC IN ONE OR BOTH CAMPS WITH CONSIDERATION BEING GIVEN TO NICOY MEDICAL CAPABILITY, SECURITY, COMMUNICATIONS AND TRANSPORT.

4. REQUEST REPORT BE PROVIDED TO MED BR BY 5 AUG 95.

Cover Sheet Classification UNCLASSIFIED	Enclosure Classification UNCLASSIFIED
UNITED NATIONS ASSISTANCE MISSION FOR RWANDA	NATIONS UNIES MISSION POUR L'ASSISTANCE AU RWANDA

Out Going FaxNo. 812/95

UNAMIR - MINUAR

Page 1 of 1

File 693-6-1

TO: MALAWICOY (SHAGASHA) MILOB HQ SECTOR 4 (CYANGUGU)	FROM: FMO MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN: (1) COMMANDING OFFICER MALAWICOY (2) CAPT MANGINI, SECTOR 4 MILOB HUMANITARIAN OFFICER	DATE: 29 JUL 95
FAX NO:	PHONE: INT + 250 84270 Ext 11116
INFO: MALAWICOY (ATTN: LT CHINAMALE RMO)	FAX NO: INT + 250 86877
Internal dist UHAAG, MILOB GP HQ	DRAFTED BY: MAJ R.P. WILTSHIRE G4MED
Subject: <u>MALAWICOY HUMANITARIAN MEDICAL SUPPORT</u>	
REFERENCES: A. DISCUSSION G4MED/RMO MALAWICOY OF 26 JUL 95 B. DISCUSSION G4MED/SECTOR 4 HUMANITARIAN OFFR 26 JUL 95 C. MED BR FAX 779/95 OF 18 JUL 95	

1. MALAWICOY IS REQUESTED TO ASSESS OPPORTUNITIES TO UNDERTAKE HUMANITARIAN MEDICAL SUPPORT IN SECTOR 4 AS DISCUSSED AT REFS A AND B.

2. LOCALITIES SHOULD BE EXAMINED BY MALAWICOY IN CONJUNCTION WITH THE MILOB SECTOR 4 HUMANITARIAN OFFICER. MEDICAL SUPPORT SHOULD BE SUPERIMPOSED UPON PREVIOUSLY EXISTING FACILITY WHERE POSSIBLE AND TAKE INTO ACCOUNT PRIORITIES OF PREFECTURE HEALTH AUTHORITIES.

3. REQUEST BRIEF REPORT ON HUMANITARIAN MEDICAL OPPORTUNITIES AND MALAWICOY CAPACITY TO PROVIDE HUMANITARIAN CLINIC SUPPORT WITH CONSIDERATION BEING GIVEN TO MALAWICOY MEDICAL CAPABILITY, SECURITY, COMMUNICATIONS AND TRANSPORT

4. REQUEST REPORT BE PROVIDED TO MED BR BY 5 AUG 95.

5. THE REPORT ON NGO SURGICAL MEDICAL SUPPORT AVAILABLE TO UNAMIR IN SECTOR 4 THAT WAS REQUESTED AT REF C SHOULD ALSO BE SUBMITTED BY MALAWICOY BY 5 AUG 95

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To: FMO	Remarks/Action: <u>X 8/8.</u>
Med Ops	<u>8/8</u>
Med Log	<u>RO 9/8.</u>
* FHO	<u>for medical. in UHAAZ. 8/8.</u>
SO Med	<u>QAB 9/8</u>
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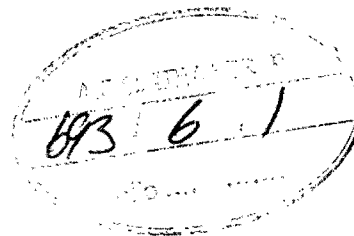
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TO : CHAO

FROM : TEAM 1 LDR

DATE : 5 AUGUST 1995

SUBJECT : RECCE ON BUTARE SCHOOL PROJECT



INTRODUCTION

1. On Friday, 4th August, 1995 a HAC Rep was among the eight-man UNAMIR team that visited Kadogo School in Butare. The team was led by the UNAMIR Chief Administrative Officer(CAO). The team arrived in Butare by air at 0930 hrs and was back to Kigali at 1230 hrs same day. About two hours was spent on the school site inspecting facilities and interviewing both the School's Director, Mr. Frank Musonera and the UNICEF Rep on the ground, Mr. Valere Nzeyimana.

AIM

2. The aim of this paper is to present a report as observed by the HAC Rep in the team.

GENERAL OVER-VIEW

3. The school which presently has a population of 43 teachers and 2400 pupils has a maximum capacity of 2700 pupils to utilize the 8 habitable buildings available. According to the Director, some students can spend as short a time as three months and a maximum of six years depending on point of entry. The school which is basically a rehabilitation centre for boy soldiers has a lot of problems as mentioned here-under.

a. Kitchen. The large circular cookers which use wood have many leakages. These leakages adversely affect the capacity of these cookers. Some aluminum sheets are required for welding them to improve on their effectiveness.

b. Dinning Hall. The dinning hall which can accommodate all students lack chairs, tables, electricity and most of the window glasses are broken.

c. Toilets. They are all in a bad shape. There is no water to flush them as UNICEF only supplies water for drinking and cooking. Besides, most of the sewage pipes are broken. Some toilet seaters and bath-tubs/showers are also broken.

d. Classrooms. Most of the classrooms lack doors and most window glasses are broken. Electricity is not also in existence.

e. Dormitories. Most septic tanks are filled and overflowing. They make the whole area stink. Though UNICEF is currently using manual labour to evacuate them but that system is more of a health hazard. As of 4th August 1995, two dormitories were already abandoned because of this problem.

RECOMMENDATIONS

4. In view of the prevailing situation in the school, it is hereby recommended that the problems be addressed in this order.

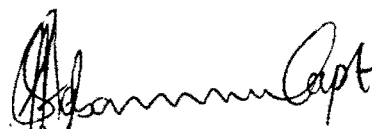
a. Sanitation. The sanitation issue if not tackled immediately may develop into an epidemic shortly. As an interim measure, pit toilets could be provided so that the usage of the water system is abandoned until the system is fully rectified.

b. Water. Since most of the pipes are leaking, it is recommended that big water tanks be provided to hold water at the main water entry point from ELECTROGAS to the compound to avoid wastage due to leakages. Students may go to this point to draw water. This may be in place until the pipes are either replaced or repaired.

c. Electricity. This is another area that needs on urgent attention. Most wiring and fittings have been looted and a comprehensive wiring job is required to normalize the situation electricity-wise. The importance of electricity in a school of this nature needs not be over-emphasised.

CONCLUSION

5. A general idea of the problems with regards to the school in question has been given from a lay man's point of view. It is my opinion that experts in these areas be used to make estimates as regards to general repairs/renovation as regards the school.


SC AGBANUSI
Capt
Tm 1 Ldr

Information:

Internal:

FC
CMO
DCMO

COS
DCOS (OPS)
DCOS (LOG)
FMO

External:

IOC

UNREO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To: FMO

Remarks/Action: _____

X 31/7.

Med Ops

X Med Log

FHO

SO Med

*→ 102. est beyond unarm'd
I will request details of exact
requirement*

Please initial and date when action complete then pass quickly

UNAMIR
SENBAAT
CELLULE MEDICALE

Butare, le 30 Juillet 1995



From : RMO - SENBATT
To : AUSMED - KIGALI
Subject : REQUEST FOR ONGOING HUMANITARIAN SUPPORT

1- From february 24th 1995 up to now, Senbatt medical staff has contributed supporting rwandan population by providing medical care and traitement for more than 12.000 patients.

2- The Senegalese Batallion is now about to leave Rwanda, but civilian people are still in need of medical support. It would be of great help if such humanitarian activity could be going on after the Senegalese Batallion departure.

3- Best Regards.

Capt. Masserigne SOUMARE
RMO - SENBATT

A handwritten signature in cursive script, appearing to read 'Masserigne'.



UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 693-7-1

MEDLOG 840/95

To: CILM

Info: CAO UHAAG
CISS AUSMED
HAC 95 CMSG

From: G4 Med

Date: 2 Aug 95

Subject: PROCUREMENT OF CLASS VIII MEDICAL SUPPLIES FOR
HUMANITARIAN MEDICAL SUPPORT BY UNAMIR

Reference:

A. HQ UNAMIR Med Br 820 95 dated 31 Jul 95

1. ~~As of 28 Jul 95 UNAMIR has been unable to obtain further Class VIII medical supplies for~~
humanitarian level One medical support in Rwanda following the closure of the Pharmaciens Sans
Frontieres (PSF) Rwanda Mission.

2. Reference A was a request for approval and appropriate funding for procurement of medical
supplies by UNAMIR for humanitarian treatment in accordance with the 4th Mandate.

3. On 31 Jul PSF provided approximately 30 days supplies from their remaining stocks to
UNAMIR. As such, delivery of medical stores to Kigali will be required by 28 Aug for distribution
to UNAMIR humanitarian medical clinics no later than 1 Sep 95.

4. PSF are willing to sell humanitarian Class VIII supplies to UNAMIR from their Nairobi
Purchasing Centre:

Pharmaciens Sans Frontieres
Off Mombassa Road
Behind Libra House
NAIROBI KENYA
Tel: 558787 - 531750
Fax: 544033

5. Urgent approval is requested to authorise expenditure of approximately US\$40,000.00 for
humanitarian medical supplies as detailed at the Enclosure (List 15). These Class VIII consumables
are required for UNAMIR level one medical support to Rwanda for the remainder of the 4th
Mandate. Propose that supplies be procured from the PSF Nairobi distribution centre.

Enclosure:

Request for Class VIII Humanitarian Medical Supplies for Period Sep - Dec 95 (List 15)

HAC
UNAMIR HQ
KIGALI
RWANDA

5000.1(HAC)/A/1

31 July, 1995

MINUTES OF UHAAG MEETING
HELD ON MONDAY 24 JULY 1995
AT 0930 HRS AT THE UNAMIR HQ
CONFERENCE ROOM

Present:	COL Osae-Addae	-	CHAO
	Maj R Albert	-	A/Chairman
	Lt Col Moussa	-	CLO
	Maj Mackay	-	SO MOV
	Maj Agrawal	-	G3 Engrs/FEO
	Capt Nerney	-	FMO Rep
	Mr. Lewis Rupert	-	SUMMO
	Mr. AB Sidique DAO	-	OSRSG
	Mr. Joe Lumbardo	-	CAO Rep
	Mr. Eric Ball	-	Office of CISS
	S/Sgt Okai IA	-	Minutes Clerk

INTRODUCTION

1. The Acting Chairman introduced the CHAO to members and said the CHAO was on leave hence he acted as the Chairman. The CHAO asked the Acting Chairman to preside over the day's meeting.

HUMANITARIAN ASSISTANCE REQUESTS TO UNAMIR

2. The A/Chairman informed members that in the past few weeks HAC has received many humanitarian assistance requests from both Government Organizations and NGOs. He explained that some of the requests are too cost expensive for UNAMIR to bear as UNAMIR has limited resources. He further explained that most of the requests have been sent to UNDP and UNREO for assistance.

3. Several requests for humanitarian assistance were tendered in by the Acting Chairman.

BRIEF BY MAJ ALBERT ON REQUEST FOR FUNDS MADE TO UNDP

4. The Acting Chairman briefed members on a letter signed by the FC to UNDP to have access to the Trust Fund to help achieve the new mandate. He said the FC will hold a meeting with Officials of UNDP with in the week to discuss the issue.

ELECTROGAZ REQUEST FOR CHEMICALS

5. A request made by Electrogaz for chemicals for a water plant was also tendered in. The Chairman said the organization needed the chemicals to treat water in Kigali.

6. On this request, Mr. Lewis Rupert suggested that Electrogaz be contacted to indicate the specific chemicals required so as to explore the possibility of getting other organizations to assist. He explained that when the type of chemicals required is known UNICEF could be contacted to supply the chemicals.

BUTARE SCHOOL PROJECT

7. The issue of the Butare School project once again came up during the meeting. The G3 Engrs asked the CAO's representative the plans his outfit has for the project. He explained that even though the estimates for the project had been submitted to the Office of the CAO, no response had so far been received.

8. The committee took a serious view of the issue as Mr. DAO explained that UNAMIR made a pledge to rehabilitate the buildings. Mr. DAO suggested that since a pledge had been made by UNAMIR, a commitment be shown towards the project.

HUMANITARIAN REQUESTS MADE TO OTHER DEPTS OTHER THAN UHAAG

9. Mr. Lewis Rupert observed that even though UHAAG has been tasked to deal with all humanitarian requests of UNAMIR, the CAO's office deals with some requests without passing through UHAAG. He suggested that the practice be stopped since its amount to duplication of efforts.

BROWN & ROOT

10. Mr. Joe Lombardo presented a document on Brown & Roots contract with UNAMIR. He said the document will serve as a guidelines on humanitarian assistance which Brown & Root could assist when funds are available.

11. Another document on disposal of UNAMIR logistics in the draw down period was also submitted to the committee.

OTHER MATTERS

12. The CHAO said with the limited resources of UNAMIR, it is not possible to meet the numerous request made of UNAMIR. He, however, said UHAAG will do its best to face the challenges of the time, he therefore called on members to coordinate their efforts to tackle the task ahead. He said we could do better when funds are available to us.

13. Mr. Rupert suggested that UHAAG arrange a meeting with UN Agencies and NGOs operating in Rwanda to find out areas where they could offer assistance. He explained that when this is done some of the numerous requests could be forwarded to these organizations for the necessary assistance.

14. On requests for food, Mr. Lewis said those requests could be forwarded to WFP for necessary action.

15. Mr. DAO also told the meeting that the Executive Director would like to know the humanitarian assistance UNAMIR had offered since the beginning of the new mandate.

16. Mr. DAO suggested an plan action by UHAAG so as to know where help could be obtained for the humanitarian needs of Rwandese.

17. The CLO suggested that since there are many requests than UNAMIR can satisfy, these request be prioritize in order to solve those within UNAMIR's capability.

CONCLUSION

17. The meeting ended at 1045 with the Acting Chairman calling on members not to relent in their efforts. He said even though the Committee is faced with a lot of constraints in terms of funds and resources, members should continue to work hard in order to achieve the objectives of the new mandate.

[Signature]
IA OKAI
S/SGT
MINUTES CLERK

Distribution:

External:

Information:

SRSG
FC
DFC
EXECUTIVE DIRECTOR
CAO
COS
DCOS OPS
DCOS SP
FMO

Internal:

Action:

CHAO
LTCOL MOUSSA
LTCOL CURREN
MAJ ALBERT
MAJ MACKAY
MAJ AGRAWAL
MR. LEWIS REPURT
MR. AB SIDIQUE DAO
MR. JOE LUMBARD
MR. ERIC BALL



UNAMIR - MED BR

HQ UNAMIR MED BR

FILE: 693-6-1

MEDLOG 803-95

To: UHAAG

Info: MOVCON
PSF

From: G4 Med

Date: 26 Jul 95

Subject: MOVEMENT ASSISTANCE FOR PSF EXPENSIVE EQUIPMENT

1. Medical Br has been requested by Pharmaciens Sans Frontieres (PSF) at the Enclosure for assistance in movement of their sensitive and expensive radios, computers electronic equipment and generators (optional) from Kigali to Nairobi. They are very concerned for their security if they are transported by road.
2. PSF has supplied to UNAMIR, free of charge, almost all the humanitarian Class VIII consumables consumed by UNAMIR in the course of providing humanitarian medical care since late 1994. Now that PSF is departing Rwanda (due to financial constraints from their donor base), they have decided to provide their remaining stocks of Class VIII to OPHAR, the Rwandan Health Ministry pharmaceutical supplier. OPHAR will distribute the remaining items. Before the stores are transferred to OPHAR, PSF will provide supplies from their remaining stocks to UNAMIR for our humanitarian support tasks to the end of the 4th Mandate.
3. The assistance requested is:
 - a. Advice on Customs Procedures (and contact personnel) to be followed for movement of the items so that PSF can arrange Customs clearance prior to movement to UNAMIR freight terminal, and
 - b. Actual transport of the items to Nairobi.
4. Details of the items are at the Enclosure. The approx dimension is 1m and weight will be provided shortly. The only DC would be the generators.
5. PSF would like to move the items by Mid Aug 95. It would be appreciated Customs advice could be provided by Tue 1 Aug if movement is likely to be approved.
6. Med Br POC is MAJ R.P. Wiltshire Ph 11116 Callsign M94 channel 4.

Enclosure:

PSF Letter of 26 Jul 95

DESTINATAIRE : ALLY GOLO ADMINISTRATION:
UNAMIR - KIGALI

ORIGINE : PHARMACIENS SANS FRONTIERES KIGALI
Sylvain DUVACHER, administrateur

OBJET : Utilisation du vol de la MINUAR

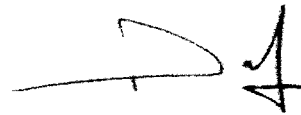
DATE : 26.07.1995 **PAGES :** 01

Monsieur,

Nous sollicitons votre assistance pour l'utilisation du vol de la MINUAR vers NAIROBI afin d'effectuer l'expédition du matériel dont la liste est jointe en annexe. Ce matériel mis à notre disposition par notre antenne régionale à Nairobi il y a maintenant un an est destiné à être réparer sinon révisé par notre équipe de techniciens sur place.

Aussi compte tenu des difficultés que présente l'expédition de ce matériel en notre nom, nous vous serions gré de bien vouloir agréer notre demande. Il est entendu que PHARMACIENS SANS FRONTIERES paiera les dépenses afférentes à cette expédition à la MINUAR une fois que le montant en aura été fixé.

PHARMACIENS SANS FRONTIERES
Sylvain DUVACHER, Administrateur



Signature

NBR	MARQUE	DESCRIPTION	IDENTIF.	AFFECTATION	COMMENTAIRES	FONCT.
			Gravure P.H.I			
		ORDINATEURS PERSONNELS PORTABLES ET ADAPTATEURS				
01.	IPC	P5-486 / B&W	PHI 113 BA	RETOUR	Probleme au niveau du track ball	
		adaptateur	PHI 113 BD	RETOUR		
02.	IPC	COMPAQ contour 3/25	NG:N°s 2820A	RETOUR	Origine Mogadiscio	
		trackball	NG:N°s 2820A	RETOUR	Origine Mogadiscio	
		adaptateur	NG:N°s M42100920	RETOUR	Achat Nairobi, mai 1994	
	BATTERIES					
01.	CANON		NG	RETOUR		
02.	CANON		NG	RETOUR		
	DIVERS					
01.	DATA BOX	Boitier de partage	NG	RETOUR		
		2 PC / 1 imprimante				
01.		Valise aluminium	NG	RETOUR		
02.		Valise aluminium	NG	RETOUR		
03.		Valise aluminium	NG	RETOUR		

[illegible]

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NBR	MARQUE	DESCRIPTION	IDENTIF. Gravure P.H.I	AFFECTATION	COMMENTAIRES	FONCT.
EMMETTEURS RECEPTEURS						
01.	YAESU	FTH-2008	PHI 85 RA	RETOUR		
02.	YAESU	FTH-2008	PHI 76 RA	RETOUR		
03.	YAESU	FTH-2008	PHI 79 RA	RETOUR		
04.	YAESU	FTH-2008	PHI 123 RA	RETOUR		
06.	YAESU	FTH-2008	PHI 80 RA	RETOUR		
CHARGEURS DOUBLES DE BATTERIES						
01.	YAESU	NC 50	PHI 76 RC	RETOUR	Défectueux	
ANTENNES DE TOIT V.H.F						
01	MAXRAD	Petite antenne base magnetique	NG	RETOUR		
BATTERIES POUR HAND-SET						
01.	YAESU	Batterie pour hand-set	PHI 80 RD	RETOUR		
02.	YAESU	Batterie pour hand-set	PHI 124 RB	RETOUR		
03.	YAESU	Batterie pour hand-set	PHI 125 RB	RETOUR		
04.	YAESU	Batterie pour hand-set	PHI 77 ??	RETOUR		
05.	YAESU	Batterie pour hand-set	PHI 79 RB	RETOUR		
06.	YAESU	Batterie pour hand-set	PHI 123 RB	RETOUR		
07.	YAESU	Batterie pour hand-set	PHI 123 RA	RETOUR		

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HAC
UNAMIR HQ
Kigali
Rwanda

26th July 1995

5000.1(HAC)/A/1

See Distribution

MINUTES OF UHAAG MEETING
HELD ON FRIDAY 21 JULY 1995
AT 1430 HRS AT THE UNAMIR
HEADQUARTERS CONFERENCE ROOM

Present:	Maj R Albert	-	A/Chairman
	LtCol Curren	-	MOO
	Maj Mackay	-	SO MOV
	Maj Agrawal	-	G3 Engrs/FEO
	MR. AB Sidique DAO-		Hum Rehab Offr(OSRSG)
	S/SGT Okai IA	-	Minutes Clerk
Absent:	LtCol Moussa	-	CLO
	MR. Lewis Rupert	-	SUMMO
	CAO Rep		
	PAFFO		

INTRODUCTION

1. The meeting started at 1430 hrs with Major Roger Albert as the Chairman. He asked for observations on the minutes of the previous meeting. The minutes was adopted as there were not observations.

WATER PROJECT IN KANOMBE

2. The Chairman said the plan for the Kanombe Water Project was being awaited from Electrogaz. He explained that an initial recce was done by HAC in conjunction with the Force Engineer with a specialist from IOC. He said as soon as the plan is received, a recce of the pipelines would be conducted to enable the Force Engineer start to repair of the pipelines.

FOOD FOR WORK PROGRAMME

3. On Food for Work Programme, the Chairman said, is working throughout the country. By food for work, he explained that it is whereby NGOs and UN Agencies provide food for locals who participate or assist in NGOs ongoing project without cash payment.

CONSTRUCTION OF LATRINES AT APAPE

4. The Chairman said an approved plan for the construction of latrines for Apape College and Primary School had been received from the government. He said the plan had been forwarded to UNICEF for the construction of the latrines.

ASSISTANCE REQUEST TO BROWN & ROOTS

5. On assistance requests to Brown & Roots, the Chairman explained that requests made to Brown & Roots outside UNAMIR activities had to be accompanied by a Work Order which had to be paid for on completion of the job. He further said in view of this, HAC could not send any request to Brown & Roots since we do not have any funds.

UNDP FUND

6. The Chairman informed the meeting that a letter signed by the FC had been sent to UNDP on the Trust Fund. He explained that UNDP is being requested to assist in funding humanitarian request since UNAMIR has no resources to meet the numerous demands. He said he was awaiting UNDP's response.

REQUEST FOR REPAIR OF BRIDGES

7. The Chairman told the meeting that several requests for either repair or construction of bridges have been received from various communes in the country. He explained that a recce has already been conducted on some of the bridges, however, with UNAMIR's limited resources, these requests seem impossible to be met as materials for such projects are expensive. He also explained that some of these request have been forwarded to some UN Agencies and NGOs for the necessary assistance.

REQUEST FOR TRUCK BY PREFECT OF KIGALI

8. The Chairman tendered in a request made by the Prefect of Kigali for trucks to help in environmental cleanliness of Kigali.

BUTARE SCHOOL PROJECT

9. Mr. AB Sidique enquired about the progress of the Butare School Project. He suggested that since UNAMIR had already made a pledge on the project, UNAMIR should show commitment towards the project.

10. The G3 Engrs/FEO explained that the Butare School Project was a joint project between UNICEF and UNAMIR, however, UNICEF was undertaking its share of the project but UNAMIR has done nothing even though it pledged the rehabilitation of the school. He further explained that a list of materials required and its costing

had already been submitted to CAO and BMS but there had not been any response from these two offices. He said U\$20,000 was needed to purchase the materials.

11. The Butare School Project was a matter of concern to members of UHAAG, members were of the view that UNAMIR act promptly to fulfil the pledge made in order not to drag its reputation in the mud. The Chairm promised to write to CAO and BMS on the issue.

OTHER MATTERS


12. Mr. AB Sidique DAO formally introduced himself as the representative of the SRSG on the UHAAG and was welcomed by members.

13. Other important issues affecting UHAAG operations were discussed. The main obstacle to the smooth functioning of UHAAG is lack of resources and funding.

CONCLUSION

14. The Chairman in concluding the meeting urged members not to be discouraged by the constraints facing UHAAG, but should continue to pursue the objective of the committee.
He said there could be a breakthrough when resources and funds are available.

15. The meeting finally closed at 1530 hrs.


OKAI IA
S/Sgt
Minutes Clerk

Distribution:

External:

Information:

SRSG
FC
DFC
EXECUTIVE DIRECTOR
CAO
COS
DCOS OPS
DCOS SP
FMO

Internal:

Action:

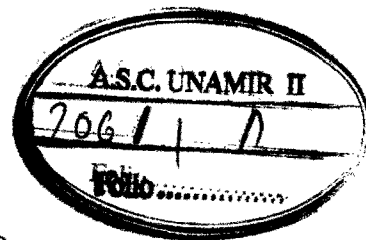
LT COL CURREN
LT COL MOUSSA
MAJ MACKAY
MAJ AGRAWAL
MR. AB SIDIQUE DAO
MR. LEWIS RUPPERT
MR JOE LUMBARD
PAFFO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To: FMO	Remarks/Action: _____
Med Ops	_____ <i>AB 27/7</i>
Med Log	_____ <i>W 29/7</i>
FHO	_____
SO Log	_____ <i>AN 29/7</i>
_____	_____

Please initial and date when action complete then pass quickly



HAC
UNAMIR HQ
Kigali
Rwand

5000.1(HAC)/A/1

22 July, 1995

See Distribution

MINUTES OF UHAAG MEETING HELD ON
MON 17 JULY 1995 AT 0945 HRS
AT THE UNAMIR HQ CONFERENCE ROOM

Present:	Maj R Albert	-	A/Chairman
	LtCol Curren	-	MOO
	Maj Mackay	-	SO Mov
	Mr. Lewis Rupert	-	SUMMO
	S/Sgt Okai IA	-	Minutes Clerk
Absent:	LtCol Moussa	-	CLO
	Maj Agrawal	-	G3 Engrs/FEO
	Political Adviser		
	CAO Rep		
	PAFFO		

OPENING

1. The meeting which was chaired by Maj Roger Albert was opened at 0945 hrs. Almost half of the members were absent from the meeting due to other commitments.
2. The Acting Chairman said it has become necessary for him to chair the meeting as the CHAO and the DCHAO were all not present.

MINUTES OF LAST MEETING

3. The Chairman asked member to bring out their observations in respect of the minutes of the last meeting if there were any. There was no observation so it was adopted.

TRANSPORT REQUEST FROM IOC

4. The A/Chairman informed the meeting of transport request by IOC. He explained that IOC requires a vehicle to collect questionnaire from 35 Communes in the country.

REQUEST BY PSF

5. The MOO presented a request from PSF for transport to cart drugs from PSF warehouse to the government warehouse in Kigali. The SO Mov suggested that Ops approach AUSMED with the request. An AUSMED 1st line vehicle could be used for this task.

*Task was passed to CMG who will provide veh &
Driver 81-5*

CONSTRUCTION OF LATRINES AT APAPE COLLEGE

6. The A/Chairman told the meeting that a request has been received for the construction of latrines for Apape College and Primary School.

7. He explained that Force Egnr Coy has agreed to assist in the construction provided the required materials are made available. He said it is therefore necessary to look for NGOs who could provide the necessary materials for the construction of the latrines.

OTHER MATTERS

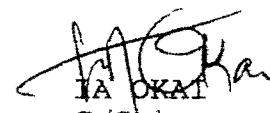
8. The meeting discussed other requests which have been received. During the discussion, it came out that lack of funds is the main obstacle to the humanitarian assistance.

9. Mr. Rupert Lewis hinted that Mr. Joe Lombardo has been nominated as CAO's representative to UHAAG.

10. Mr. Rupert also told the meeting that a request for barbed wire has been received. He asked for the stock of barbed wire available but as the G3 Engrs was not present this could not be ascertained.

CONCLUSION

9. The meeting came to a close at 1045 hrs.


IA OKAI
S/Sgt
Minutes Clerk

Distribution:

External:

Information:

SRSG
FC
DFC
EXECUTIVE DIRECTOR
CAO
COS
DCOS OPS
FMO

Internal:

Action:

LT COL MOUSSA

LT COL CURREN

MAJ ALBERT

MAJ MACKAY

MAJ AGRAWAL

MR. RUPERT LEWIS

MR. AB SIDIQUE DAO

PAFFO

12 Jan
2004

Cover Sheet Classification
UNCLASSIFIED

Enclosure Classification
UNCLASSIFIED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

NATIONS UNIES
MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

Out Going FaxNo. 812/95

Page 1 of 1

File 693-6-1

TO: MALAWICOY (SHAGASHA) MILOB HQ SECTOR 4 (CYANGUGU)	FROM: FMO MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN: (1) COMMANDING OFFICER MALAWICOY (2) CAPT MANGINI, SECTOR 4 MILOB HUMANITARIAN OFFICER	DATE: 29 JUL 95
FAX NO:	PHONE: INT + 250 84270 Ext 11116
INFO: MALAWICOY (ATTN: LT CHINAMALE RMO)	FAX NO: INT + 250 86877
Internal dist UHAAG, MILOB GP HQ	DRAFTED BY MAJ R.P. WILTSHIRE G4MED
Subject: MALAWICOY HUMANITARIAN MEDICAL SUPPORT	
REFERENCES: A. DISCUSSION G4MED/RMO MALAWICOY OF 26 JUL 95 B. DISCUSSION G4MED SECTOR 4 HUMANITARIAN OFFR 26 JUL 95 C. MED BR FAX 779/95 OF 18 JUL 95	

1. MALAWICOY IS REQUESTED TO ASSESS OPPORTUNITIES TO UNDERTAKE HUMANITARIAN MEDICAL SUPPORT IN SECTOR 4 AS DISCUSSED AT REFS A AND B.
2. LOCALITIES SHOULD BE EXAMINED BY MALAWICOY IN CONJUNCTION WITH THE MILOB SECTOR 4 HUMANITARIAN OFFICER. MEDICAL SUPPORT SHOULD BE SUPERIMPOSED UPON PREVIOUSLY EXISTING FACILITY WHERE POSSIBLE AND TAKE INTO ACCOUNT PRIORITIES OF PREFECTURE HEALTH AUTHORITIES
3. REQUEST BRIEF REPORT ON HUMANITARIAN MEDICAL OPPORTUNITIES AND MALAWICOY CAPACITY TO PROVIDE HUMANITARIAN CLINIC SUPPORT WITH CONSIDERATION BEING GIVEN TO MALAWICOY MEDICAL CAPABILITY SECURITY, COMMUNICATIONS AND TRANSPORT
4. REQUEST REPORT BE PROVIDED TO MED BR BY 5 AUG 95
5. THE REPORT ON NGO SURGICAL MEDICAL SUPPORT AVAILABLE TO UNAMIR IN SECTOR 4 THAT WAS REQUESTED AT REF C SHOULD ALSO BE SUBMITTED BY MALAWICOY BY 5 AUG 95



Out Going FaxNo. 786.95

Page 1 of 1

FILE 693-6-1

TO: NIBATT (NYUNDO)	FROM: FMO MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN: COMMANDING OFFICER	DATE: JUL 95
FAX NO	PHONE INT + 250 84270 Ext 11116
INFO: RNO - RAP	FAX NO INT + 250 86877
Internal dist	DRAFTED BY
Subject: <u>NIBATT HUMANITARIAN MEDICAL CLINIC - NYUNDO</u>	
REFERENCE: DISCUSSION RNO NIBATT G4 MED 18 JUL 95	

1. I HAVE NOTED WITH PLEASURE THE RAPID EFFORTS OF NIBATT IN REGARD TO THE DEVELOPMENT OF HUMANITARIAN SUPPORT IN YOUR NEW SECTOR.
2. FURTHER TO THE DISCUSSIONS AT THE REFERENCE, I FULLY SUPPORT THE EFFORTS OF NIBATT IN RE-ESTABLISHING THE DISPENSARY IVURIRO BY SUPERIMPOSING YOUR HUMANITARIAN CLINIC ON A PREVIOUSLY EXISTING FACILITY. NIBATT IS ASSISTING THE PERMANENT RECONSTRUCTION OF MEDICAL SUPPORT IN THE AREA. I NOTE THAT YOU HAVE ALREADY OBTAINED FORMAL LOCAL AUTHORITY FOR THE INITIATIVE AND OBVIOUSLY HAVE LOCAL POPULAR SUPPORT.
3. I WILL ATTEMPT TO SOURCE FROM UN AGENCIES THE EDUCATIONAL MATERIAL THAT YOU REQUESTED INCLUDING POSTERS.
 - A. DEMONSTRATING APPROPRIATE PREVENTIVE MEASURES AGAINST STD/ INCLUDING HIV, AND
 - B. FOR EDUCATING PEOPLE ABOUT APPROPRIATE HYGIENE PRACTICES.
4. I LOOK FORWARD TO VISITING BOTH THE HEALTH FACILITIES IN THE NEW NIBATT POSITION AND THE DISPENSARY IVURIRO.

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: 693-6-1

To: FMO

Remarks/Action:

Med Ops

Med Log

FHO

SO Log

Loop

THIS WAS DRAFTED AS A RESULT OF A MSG
BEING RECEIVED INSTANTLY AT THE HOSPITAL.
COULD YOU OULURS WITH PETER. WHAT LIST
DOES THE COM USE IN THE HOSPITAL FOS?

17/7

17/7

17/7

* plr photocopy to OC Med6

Please initial and date when action complete then pass quickly

DAVE
14/7



Save the Children® USA

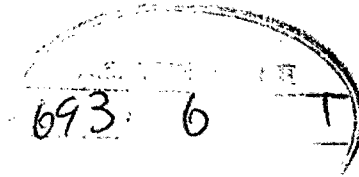
PO Box 2622

Kigali, Rwanda

Tel: 77451 Fax: 77612

Enregistrée auprès du Ministère de la Réhabilitation et de l'intégration Sociale le 8 février 1995.

Major Richard Wiltshire,
UNAMIR



LT/CW/251

8th July 1995

Dear Major Wiltshire,

would you please ensure that the Australian Medical Team have SCF-USA registered to receive urgent medical care, should the need arise.

Until the end of August, our expatriate staff are:

Jay Zimmerman

Dennis Gravel and Nepa Mayugui

Lisa Langhang

Nathalie Man

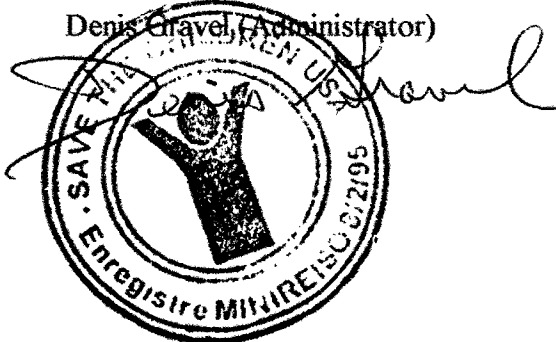
and David Archey

Please do not hesitate to contact me if there are any problems.

Thank you.

With best wishes,

Denis Gravel (Administrator)



Travaillant avec les communautés d'Afrique, d'Asie, d'Amérique Latine, du Moyen Orient, et des Etats-Unis d'Amérique pour transformer positivement et durablement la vie des enfants défavorisés.

77030

Veronique Colin

William Etienne

PSF

FRI May

KIBUYO (KTR 11-
POSSIBLE)

DESTINATAIRE : **ALLY GOLO ADMINISTRATION:**
UNAMIR - KIGALI

ORIGINE : **PHARMACIENS SANS FRONTIERES KIGALI**
: Sylvain DUVACHER, administrateur

OBJET : Utilisation du vol de la MINUAR

DATE : 26.07.1995 **PAGES** : 01

Monsieur,

Nous sollicitons votre assistance pour l'utilisation du vol de la MINUAR vers NAIROBI afin d'effectuer l'expédition du matériel dont la liste est jointe en annexe. Ce matériel mis à notre disposition par notre antenne régionale à Nairobi il à maintenant un an est destiné à être réparer sinon révisé par notre équipe de techniciens sur place.

Aussi compte tenu des difficultés que présente l'expédition de ce matériel en notre nom, nous vous serions gré de bien vouloir agréer notre demande. Il est entendu que PHARMACIENS SANS FRONTIERES paiera les dépenses afférentes à cette expédition à la MINUAR une fois que le montant en aura été fixé.

PHARMACIENS SANS FRONTIERES
Sylvain DUVACHER, Administrateur

Signature



Discuss ongoing ~~Committee~~
Support to prefecture
in absence of RSF
& UNAMIR (with
prefecture authorities)
break 10M.

file more cautions

25 JUL 98

OF MPOON ASSIGNMENT FROM PSF

③1 file requirements

10830. NR. MOD.

confirm tomorrow.

MAX pickup of WCOM / ZAMBA
caused ~~for not~~ SAT more
TR.

WO BOYD 11264.

31 JUL

visit 8AM / 80M

Briefed William 26 JUL 95



CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No:

693-6-1

To: FMO

Remarks/Action:

Med Ops

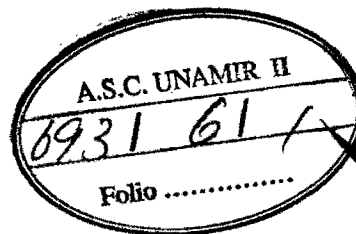
Med Log

FHO

SO Log

Δ 2/7
B 25/7
W 24/7
G 24/7

Please initial and date when action complete then pass quickly



~~NOOPS~~ +

1. Guidance pls; I will
pass a copy to BRW Buckley.
5 JUN 95
SO2 HANDOPS.

Lieutenant Colonel Shoebridge
Staff Officer 1
Land
DJOP
Room M-B-22
Russell Offices
CANBERRA ACT 2600

Dear Lt. Colonel Shoebridge

I believe you are aware that I am planning a visit to Rwanda in July 1995. The purpose of the visit is to program the "up to \$5 million" from the aid program approved by our Minister, Mr Bilney, for rehabilitation activities in the health sector in Rwanda in 1995/96. The draft Terms of Reference for the mission are attached.

I recently had a meeting with Colonel Ramsey in Sydney to discuss issues he has raised as possibilities for Australian Government assistance following on from the excellent work of the Australian Service Contingent in Rwanda. While much of what Colonel Ramsey has suggested is developmental in nature and is therefore not appropriate for rehabilitation assistance, there are elements of his suggestions that may be possible for support from the aid program. It will be necessary to liaise closely with the current contingent in Rwanda to update Colonel Ramsey's suggestions and to define assistance priorities.

I expect to be accompanied on the mission by a health consultant. I am yet to organise the contract for this person but will be doing so in the next few days.

The purpose of this letter is to seek your assistance in contacting Colonel Warfe in Kigali and seek his assistance with the mission. Colonel Ramsey advised that Colonel Warfe would be an excellent contact point for the mission. I have also spoken to Colonel Hurford and he was positive about what assistance could be provided.

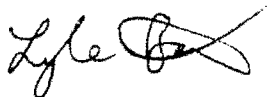
My intention is to remain as independent and self sufficient of the ASC as possible (ie not get in the way) but to gainfully employ their good offices and contacts in meeting the right people from the Rwandan Government (on health and water supply/sanitation in particular), and the international agencies and key NGOs working in the health sector. The consultant and I have been booked at the Hotel Milles Collines from 18 to 28 July. ASC assistance with transport will be particularly helpful, but I fully appreciate that packing up pressures may prohibit this facility.

Australian Agency for International Development

GPO Box 887 Canberra ACT 2601 • Telephone 06 276 4000 • Facsimile 06 276 4880

I would be most grateful for what assistance you can provide in facilitating the mission. Please do not hesitate to contact me on 276-4585 or fax 276-4587 should you wish to discuss the mission or require clarification of the above.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Lyle Bastin', with a stylized flourish at the end.

Lyle Bastin
Assistant Director
Humanitarian Relief Section

30 JUNE 1995

698-X-1

UNAMIR ARCHIVES

18 JUL 1995

RECEIVED

FROM: SO2 G3 OPS

TO: 95 FLSC

DATE: 17 JUL 95

SUBJECT: PSF REQUEST FOR HUMANITARIAN TRANSPORT ASSISTANCE

1. PSF has supplied to UNAMIR, free of charge, almost all the humanitarian class VIII consumables consumed by UNAMIR in the course of providing humanitarian medical care since late 1994. Now that PSF is departing Rwanda, they have decided to provide their remaining stocks of class VIII to OPHAR, the Rwandan Health Ministry pharmaceutical supplier.

2. PSF has been unable to source a vehicle from commercial providers to transfer the stocks from their warehouse in Gikondo to OPHAR in Kacyiru.

3. In view of the above, you are requested to provide a single medium truck (canopy) with a driver to uplift the stocks from Gikondo warehouse to OPHAR in Kacyiru.

4. The duration of the task will be from 31 Jul - 5 Aug 95.

5. Regards.

for info: ~~from~~
G4 Med RD 19/7

Good news Well done!

19/7

G3 OPS

18/7



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 693-6-1

MEDLOG 775/95

6Y
1. Thank you

To: MALICOY (Attn: MAJ Sall RMO)
ZAMBATT (Attn: CAPT Chilengwe RMO)

Info: HAC

From: FMO

Date: 18 Jul 95

[Signature]
G4 for FMO

19/2

Subject: HUMANITARIAN MEDICAL SUPPORT TO BE UNDERTAKEN BY
MALICOY IN GIKONGORO PREFECTURE (SECTOR 3 AS AT 3 AUG 95)

Reference:

A. Discussion G4 Med/RMO ZAMBATT 16 Jul 95

B. Discussion G4 Med/RMO MALICOY 17 Jul 95

1. ZAMBATT currently undertakes humanitarian medical support in a number of locations in Sector 4A. MALICOY will assume responsibility for the sector that will be redesignated Sector 3 on 3 Aug 95. MALICOY will not have the same health support resources as ZAMBATT but all attempts should be made to continue the good humanitarian work done by ZAMBATT.
2. It is requested that ZAMBATT provide short details to Med Br and MALICOY on each location and the support requirements for each. If MALICOY cannot take over all of the responsibilities, the outstanding tasks will be referred to HAC for transfer to either the Government, NGO's, or UN Agencies via the IOC.
3. Direct liaison is authorised to enable prioritisation of medical humanitarian tasks and to permit a smooth handover of humanitarian support responsibilities. Request that RMO MALICOY visit ZAMBATT and humanitarian medical support locations during week 25 - 29 Jul 95.
4. Med Br point of contact is MAJ R.P. Wiltshire G4 Med Ph. 11116.



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 693-6-1

MEDLOG 776/95

To: MALICOY (Attn: MAJ Sall RMO)

Info: HAC

From: FMO

Date: 18 Jul 95

Subject: HUMANITARIAN MEDICAL SUPPORT UNDERTAKEN BY MALICOY
SECTOR 3B

Reference:

Discussion G4 Med/RMO MALICOY 17 Jul 95

1. MALICOY currently undertakes humanitarian medical support in a number of locations in Sector 3B. MALICOY will assume responsibility for the Gikongoro Prefecture sector that will be redesignated Sector 3 on 3 Aug 95. It is unlikely that significant health support resources will be available in the new Sector 1 to continue the good humanitarian work done by MALICOY in the previous sector.
2. It is requested that MALICOY provide short details to Med Br and the local Region Sanitaire on each health support location and the medical personnel and equipment requirements for each. If the support cannot be arranged locally, the outstanding tasks will be referred to HAC for transfer to either NGO's, or UN Agencies via the IOC.
3. Request that RMO MALICOY provide the information to Med Br by 25 Jul 95.
4. Med Br point of contact is MAJ R.P. Wiltshire G4 Med Ph. 11116.



UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 693-6-1

MEDLOG 765/95

To: UHAAG

Info: G3 OPS

From: FMO

Date: 17 Jul 95

Subject: PSF REQUEST FOR HUMANITARIAN TRANSPORT ASSISTANCE

1. Enclosed is a request from Pharmaciens Sans Frontieres (PSF) for movement support.
2. PSF has supplied to UNAMIR, free of charge, almost all the humanitarian Class VIII consumables consumed by UNAMIR in the course of providing humanitarian medical care since late 1994. Now that PSF is departing Rwanda (due to financial constraints from their donor base), they have decided to provide their remaining stocks of Class VIII to OPHAR, the Rwandan Health Ministry pharmaceutical supplier. OPHAR will distribute the remaining items. Before the stores are transferred to OPHAR, PSF will provide supplies from their remaining stocks to UNAMIR for our humanitarian support tasks to the end of the 4th Mandate.
3. PSF have been unable to source a vehicle from commercial providers for the period.
4. I have confirmed that the enclosed request is for a single medium truck (canopy) with driver for the period 31 Jul - 5 Aug 95.
5. I strongly recommend that this request be supported. PSF and UNAMIR have worked as a very successful team and even now continue to provide support to the UNAMIR humanitarian effort.
6. PSF have requested that they be informed Wed 19 Jul if the truck is available. Med Br POC is G4 Med MAJ R.P. Wiltshire Ph 11116.

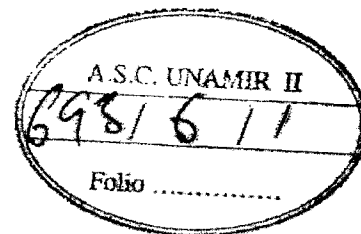
Enclosure:

PSF Letter of 17 Jul 95



PHARMACIENS SANS FRONTIÈRES RWANDA - ZI GIKONDO BP 584 KIGALI TEL: 7.70.30

SERVICE MISSIONS



FROM : Véronique COLIN, Medical Coordinator
Pharmaciens Sans Frontières - KIGALI

TO : Colonel PETER WARFE, Force Medical Officer
United Nations Mission in Rwanda

RE : LOGISTIC ASSISTANCE

Date : 17th July 1995

Sir,

I would like to inform you that Pharmaciens Sans Frontières is leaving off Rwanda the 15th August 1995.

Before leaving and according with the Health Ministry, we have to transfer our stock of medicines from our warehouse (Gikondo) to OPHAR (Kacyiru).

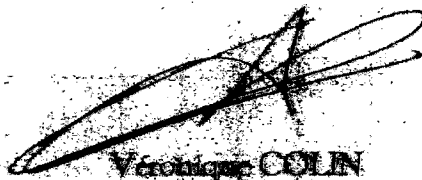
We have planned this operation the first week of August .

As we don't have any logistic support to realise this operation, I ask you the possibility to let at our disposal some trucks during this period.

Thanking you in advance for your help,

Don't hesitate to contact me if you need any information.

Yours, sincerely


Véronique COLIN

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No.

693-6-1

Correspondence No.

To: FMO

Remarks/Action:

8/30/6

Δ Med Ops

X Med Log

FHO

Comments
The total cost seems a little prohibitive at first glance, but taking into account the initial overheads such as vehicle, etc. the budget is reasonable. (\$100,000) Subsequent courses will be even more cost effective. The concept appears sound. I have not seen the curriculum.
It may be possible to include the function of x-ray procedure in this source. Will discuss with AKMSO.
We noted on proposal for info.

Please initial and date when action complete then pass quickly

016/25

Fax 573

AUSTRALIAN HIGH COMMISSION NAIROBI

A.S.C. UNAMIR II

FACSIMILE MESSAGE

Folio 82

Telephone: 254 2 44 5034,9

Facsimile: 254 2 44 4617

24 MAY 1995

TO: MAJOR MARY BRANDY, AUSMED CONTINGENT, UN HOSPITAL, KIGALI

cc: COL PETER WARFE, FORCE MEDICAL OFFICER, UNAMIR

FAX: 00125010000 (PLS DISTRIBUTE COPY TO MAJOR BRANDY AND COL WARFE)

CC: LYLE BASTIN, HUR/AUSAID, CANBERRA FAX: 61 6 276 4587 -

FM: PAT DUGGAN, FIRST SEC (DA) NAIROBI Pages incl. cover: 2

SUBJECT: RWANDA - ASSISTANCE TO THE MEDICAL SECTOR

Mary,

You will no doubt be aware of the good news, that Australia will be providing further funding for Rwanda from our 1995-96 Humanitarian relief allocation. The exact amount is unclear, but it will be "up to \$5 million", depending on pressures elsewhere in the program. In principle, we are therefore prepared to fund the nurses auxilliary training project which you are developing with the Ministry of Health. I understand that AusAID in Canberra is talking to Col Ramsey about how we might move the process forward. The issue is still how we fund. There are a couple of options:

We provide funding to ADF, and ADF is responsible for implementation. (There would be a Memorandum of understanding between AusAID and ADF). This might be difficult if you are leaving in August;

We provide funding to UNICEF Kigali who would channel funds to the Samaritan's purse or Ministry of Health as required. UNICEF would thus act as a "bank" and report on progress and expenditure to us directly. We have not discussed this project at all with UNICEF in Kigali, but would expect they would jump at the chance.

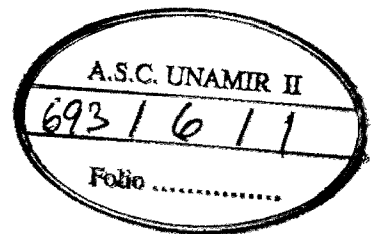
Funding through the Samaritan's Purse, directly, would be the least bureaucratic path, but it is difficult for us as it is not an Australian NGO. It may have an Australian link that we are not aware of. You may like to check with them.

2. We will also need a fully costed proposal from whoever it is that we provide the funds to - funding of courses, numbers to be trained, how many educators, who will run courses, budget for Australian funds, advice of any other donor contribution (eg. USAID providing Public

MEDICAL COMPANY



MINUTE



538-1-5
MED COY 27995

COMASC

ASAD funding..
** medical eqpt proposal*

PROJECT PROPOSAL FOR HEALTH AUXILLARY TRAINING - RWANDA

Reference:

- A. Australian High Commision, Nairobi facsimile dated 24 May 95
1. As requested at Reference A, a brief overview of the project proposal including budget is detailed at Enclosure 1.
 2. The estimated number of personnel to be trained is approximately 1500 as discussed at previous meetings with Public Health Ministry personnel.
 3. The proposed budget to trained 500 personnel is estimated at 420, 261 US dollars and is detailed at Enclosure 2.
 4. The suggested option for the management of this funding is the Senior Nursing Adviser to the Minister of Health - Asteria Karasira.

M. Brandy
M. BRANDY
MAJ
SNO/2IC

21 Jun 95

5/7 D/S Pat Duggan

- HR section of ASAD team x2 18/7*
18-29 July Pat & will accompany
• world bank hltt proj?
• AS mil med try team

Enclosures:

1. Overview of the Project Proposal for Health Auxillary Training - Rwanda
2. Proposed Budget

Lyle Baster

- ASAD \$ → Defence*
→ Enr hltt team
→ Nursing try team
• Buckley & Lyle Baster

Health nurses). Basically, some additions to the paper you provided me with when I met in a couple of weeks ago.

3. Grateful if you could explore options - happy if you discuss with UNICEF too (suggest either Dan Toole, Representative, or Tom Bergmann, Deputy Representative) - and let us know how others react, and your preference.

4. The funds will not be available until early July, as they are from next year's allocation. I intend visiting Kigali in early-mid July to begin programming the extra funds available. Will confirm exact dates in late June.

5. As we discussed when we met, I have been attempting to get some leads for you on training materials, and reference books that might be available for you in Nairobi. Not having luck quickly. UNICEF are checking and will get back to me. The African Medical Research Foundation (AMREF), would prefer to talk to you in more detail about what is required. The contact is Isabel Chege, Public Health Training Officer, Community Health Department, AMREF, Nairobi (Tel: 50 2158 or 501300 extn 742). I have another lead and will let you know once I have made contact.

6. Hope all is well at the UN hospital, and you are not too busy.

Ref.

P.S. I will be out of Nairobi on
mission to Ethiopia & Eritrea on
5-15 June.

OVERVIEW OF THE PROJECT PROPOSAL FOR HEALTH AUXILLARY TRAINING - RWANDA

1. The need to provide war torn Rwanda with Health care services has compelled the Health care system and non-governmental organizations, (NGO's) in some areas to utilise workers who have had minimal or no training at all. These untrained workers enter the service of hospitals, dispensaries, and health centres as subordinate staff. In time these workers acquire a few basic skills eg. dressing wounds, giving injections/oral medications, sterilising equipment, and in some cases providing basic patient care. The latter function has been more of an anomaly than the norm, although it has become a reality in the face of the very severe shortage of qualified personnel in Rwanda. This shortage was exacerbated by the war and genocide of 1994. It is a grim reality that in most health units a large percentage of health care providers at the primary level of this system are unqualified health workers.
2. In order to deliver quality care to the Rwandan community, there is a great need to provide the unqualified health workers with knowledge, skills and attitudes that will enable them to meet the health care needs of individuals, families and communities within their catchment areas (both within government and non-government organizations).
3. A curriculum for the training of Health Auxillaries in Rwanda has been developed and subsequently approved by the Ministry of Health. The overall aim of this curriculum is to produce qualified health auxillaries in the shortest time possible who are capable of providing essential health care.
4. The course has been designed to be completed within four (4) months and will include classroom, clinical, and practical field work. The training will be conducted at the following selected centres:
 - a. Butare;
 - b. Rwangamana;
 - c. Kabgayi;
 - d. Kilinda; and
 - e. Ruhengeri.

5. Two "Train the Trainer" courses have been completed in June 1995. The Health Auxillary training will commence on 17 July 1995. It is anticipated that 500 personnel will be trained by 10 May 1996.

? / 5000 ∴ by mid 1998 '

PROPOSED BUDGET FOR THE TRAINING OF 500 HEALTH AUXILIARIES - RWANDA

1.	PERSONNEL	FRw	US \$
20	Instructors @ 30,000 FRw/mo x 12	7,200,000	28,000
2	Instructors @ 30,000 FRw/mo x 6	360,000	1,440
5	Cooks @ 7,500 FRw/mo x 12	450,000	1,800
5	Drivers @ 11,250 FRw/mo x 12	675,000	2,700
<hr/> SUBTOTAL		8,085,000	33,940

2. STUDENTS

2.1 Selection:

Reproduction of pre-test forms @ \$1		600
Stationery @ \$5/pp		100
Per Diems: 20 examiners @ 2500 FRw/day x 2	100,000	400

2.2 Boarding Cost

500 students @ 600 FRw/day x 120 days	36,000,000	144,000
---------------------------------------	------------	---------

2.3 Final Examination

Reproduction of forms @ \$1		500
-----------------------------	--	-----

SUBTOTAL	145,600
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3.	TRAINING OF TRAINERS	FRw	US \$
4	Facilitators @ 7,500 FRw/d x 10d	300,000	1,200
22	Participants @ 5,000 FRw/d x 10d	1,100,000	4,400
	Stationery @ \$5/participants		130
SUBTOTAL			5,730

(Rwandan FRw Converted to US Dollars at the rate of 250 FRw = \$1)

4.	TRAINING		
4.1	TOT training materials @ \$25		650
4.2	Training modules x 30 @ \$25		750
4.3	Handouts for students @ \$10 / pp		5,000
4.4	Reproduction guides for hospital staff 10 x @ \$25 x 5		1,250
SUBTOTAL			7,650

5.	MEANS OF TRANSPORT		
5.1	5 Vehicles (4x4) @ \$30,000		150,000
5.2	Vehicle running cost:		
	Fuel: 1,000 km/mo x 12 x 5		
	200 ltr @ 180 FRw		
	(per ltr) / mo x 12 x 5	2,160,000	8,640
	Maintenance \$200 x 5 (forfaitaire)		1,000
SUBTOTAL			159,040

6.	EQUIPMENT @ TRAINING CENTRES	FRw	US \$
----	------------------------------	-----	-------

6.1	Classrooms @ \$500 x 5 (forfaitaire)		2,500
-----	--------------------------------------	--	-------

6.2	Dormitories		
-----	-------------	--	--

125 Beds @ 8000 FRw	1,000,000	4,000
125 Mattresses @ 5000 FRw	625,000	2,500
10 Paraffin Lamps @ 3000 FRw	30,000	120

6.3	Refectories		
-----	-------------	--	--

50 Cups & Plates x 5 @ \$1	250
50 Sets of Cutlery x 5 @ \$2	500
5 Serving Sets x 5 @ \$10	250
3 Large Tables x 5 @ \$100	1,500
6 Large Benches x 5 @ \$50	1,500

6.4	Kitchen		
-----	---------	--	--

3 Large Cooking Pots x 5 @ \$25	375
2 Sets of Cooking Utensils x 5 @ \$10	100

SUBTOTAL	13,595
----------	--------

7.	OPERATIONAL COST/DORMITORIES		
----	------------------------------	--	--

7.1	Cleaning Materials (kitchen, refectories, and dormitories)		
-----	--	--	--

1 Broom @ \$2 x 12 x 5	120
2 Raclettes @ \$3 x 5	30
Soap @ \$5/mo x 12 x 5	300
Disinfectant @ \$2 x 12 x 5	120

7.2	Paraffin for Lamps		
-----	--------------------	--	--

10 x 0.5 ltr/d @ 175 FRw x 365d	318,375	1,274
---------------------------------	---------	-------

7.3	Firewood		
-----	----------	--	--

30 tons x 5 @ 2,500 FRw	375,000	1,300
-------------------------	---------	-------

SUBTOTAL	3,444
----------	-------

8. OPERATIONAL/ADMINISTRATIVE COST

Floor Model/Institutional Sized Photocopiers (with service contracts) @ \$5000 x 2	10,000
Computers with appropriate software packages (ie. Word Perfect/Windows) @ \$3000 x 5	15,000
Laser printers for computer systems @ \$1000 x 5	5,000
A4 80/g paper for photocopier/computers @ \$10/500 sheets x \$100/mo x 12 mo	1,200
Floppy diskettes x 1 box (10 per box) x 5 boxes. 1 box = \$10	50

SUBTOTAL	31,250
----------	--------

BUDGET SUMMARY

1. PERSONNEL	33,940
2. PARTICIPANTS	145,600
3. TRAINING OF TRAINERS	5,730
4. TRAINING MATERIALS	7,650
5. MEANS OF TRANSPORT	159,040
6. EQUIPMENT/TRAINING CENTRES	13,595
7. OPERATIONAL COST/DORMITORIES	3,444
8. OPERATIONAL COST/ADMINISTRATIVE	31,250
CONTINGENCY 5%	20,012

TOTAL	420,261
-------	---------

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To: FMO

Remarks/Action: _____

☒ Med Ops

Med Log

FHO

SO Log

8/5/71

pl attend JB

* Please attend next meeting 10/1/71 0930, I will brief you on today's proceedings.

Please initial and date when action complete then pass quickly



UNAMIR - MINUAR

Inter-Office Memorandum



From: A/COS

To: ED
CAO
COS
CHAO
DCOS Ops
DCOS Sp
[Redacted]

Info: Lists A, B, D, E & F

Date: 4 July 95

Subject: UNAMIR HUMANITARIAN ASSISTANCE COORDINATION

Reference: SRSG Meeting with FC and Staff on 3 July 95.

1. As discussed at the referenced meeting, the recent increase in requests for humanitarian assistance from UNAMIR by outside agencies has highlighted the need for a coordinated provision of humanitarian assistance. This would require both a central focal point for that coordination as well as informed and active participation by all elements of UNAMIR.

2. Accordingly, it was decided that the UNAMIR Chief Humanitarian Assistance Officer (CHAO) with the Humanitarian Assistance Cell (HAC) would be the UNAMIR focal point for all outside assistance. Furthermore, the HAC would be advised and guided by the UNAMIR Humanitarian Assistance Advisory Group (UHAAG) which will meet under the chairmanship of the CHAO on Mondays, Wednesdays and Fridays in the UNAMIR Conference Room at 0930 hrs, commencing 7 July 95. The UHAAG will assess all requests for humanitarian assistance and determine which agencies would be most willing, able and capable to provide such support. The referenced meeting agreed in part that the UHAAG membership should be as follows:

- a. CHAO (Chairman);
- b. Political Advisor to be appointed by the SRSG;

1/2

TO FILE: Attended meeting. Chairman explained composition, role, and tasks of UHAAG. Gave background to how requests for humanitarian assistance are being received and the need for a UNAMIR coordination office. Reps to meeting were then asked to give a quick summary of UNAMIR's resources and capacity for humanitarian tasks. Next meeting Monday 10 July.

[Signature]

- c. Civilian Administrator to be appointed by the CAO;
- d. Medical Operations Officer to be appointed by the FMO;
- e. PAffO;
- f. Operations Officer to be designated by G3 Ops;
- g. Logistics Officer to be designated by DCOS Sp;
- h. G3 Engr/FEO: and
- i. Minutes Clerk from HAC (alternatively Ops).

3. Therefore, in accordance with the new procedure, henceforth the HAC should receive all requests for assistance from Government Agencies, Departments and Officials as well as UN Agencies and NGO's and would initially process and further evaluate, staff, implement, coordinate and monitor those requests. Consequently, no UNAMIR official, staff or agency should commit any UNAMIR resources until the request is properly staffed by HAC and the UHAAG.

4. It is kindly requested that all members be appointed or designated soonest the action addressees and made available to attend the inaugural meeting on 7 July.

Cover Sheet Classification
UNCLASSIFIED

UNITED NATIONS
ASSISTANCE MISSION FOR RWANDA

Enclosure Classification
UNCLASSIFIED

NATIONS UNIES
MISSION D'ASSISTANCE POUR LE RWANDA

UNAMIR MINUTAR

Out Going Fax No. 709/95

Page 1 of 2

File 693-6-1

TO TUNBATT NIBATT	FROM FMO MEDICAL BRANCH UNAMIR, KIGALI, RWANDA
ATTN	DATE 3 JUL 95
FAX NO	PHONE 11116
INFO TUNBATT: CAPT BUORGHIDA SAMI MEDICAL OFFICER NIBATT: MAJ OROKO SENIOR MEDICAL OFFICER	FAX NO
INTERNAL DIST: FMO	DRAFTED BY: MAJ R.P. WILTSHIRE G4 MED LOG
SUBJECT: CONTINUATION OF HUMANITARIAN SUPPORT IN SECTOR 5	
REFERENCE: TUNBATT 2817 DATED 29 JUN 95	

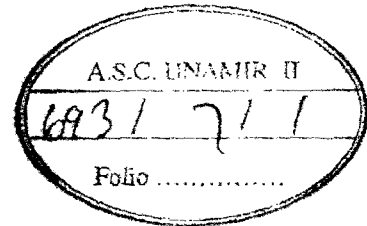
COMMENTS INSTRUCTIONS

1. TUNBATT HAS UNDERTAKEN A LARGE NUMBER OF VERY IMPORTANT MEDICAL HUMANITARIAN TASKS DURING THE DEPLOYMENT TO SECTOR 5. ENCLOSED IS A FAX FROM TUNBATT INDICATING CURRENT TASKS THAT HAVE HAD TO BE SUSPENDED AS A CONSEQUENCE OF THE DRAWDOWN IN ACTIVITIES PRIOR TO THE REPATRIATION OF TUNBATT TO TUNISIA.

2. I REQUEST THAT RMO NIBATT CONTACT RMO TUNBATT AS SOON AS POSSIBLE TO DISCUSS THE HANDOVER OF TASKS AND TO ALLOW FOR NIBATT MEDICAL STAFF TO BE INTRODUCED TO THE SENIOR STAFF AT THE FACILITIES.

3. REGARDS

Releasing Officer's Name	Signature	Rank/Appointment	Date
	WILTSHIRE	MAJ G4 MED	30 JUL 95
Cover Sheet Classification UNCLASSIFIED		Enclosure Classification UNCLASSIFIED	

MESSAGE

FROM : TUNBATT COMMANDER
TO : UNAMIR HQ. // F M O // MEDICAL BRANCH //

No 2817 //TUNBATT HQ//G4 MED ON THE 29th JUNE 1995.

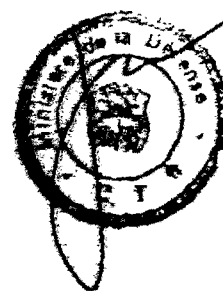
REFERENCE : YOUR FAX 669/95 DATED 26 JUNE 1995.

SUBJECT : HUMANNITARIAN SUPPORT AND PSF MEDICAL STORES.

1 - IN RESPONSE TO YOUR REFERENCED FAX, PLEASE BE INFORMED THAT THE FOLLOWS ESTABLISHMENT IN SECTOR 5 ARE AVILABLES TO UNDERTAKE MEDICAL TASK:

- GISENYI HOSPITAL.
- NEMBA HOSPITAL.
- ORPHANAGE OF NYUNDO.
- ORPHANAGE OF NEMBA.
- MATERNITY OF NYUNDO.

2 - PLEASE TREAT A GREAT IMPORTANCE FOR THIS MATTER AND ANSWER ASAP.
3 - BEST REGARDS.



CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No: _____

To: FMO Remarks/Action: _____

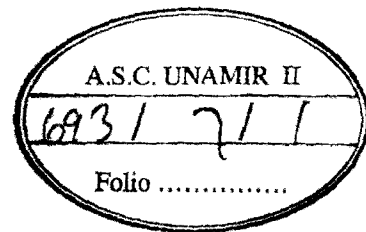
Med Ops _____

Med Log _____

FHO _____

Please initial and date when action complete then pass quickly

.....

MESSAGE

FROM : TUNBATT COMMANDER
TO : UNAMIR HQ. // F M O // MEDICAL BRANCH //

No 2817 //TUNBATT HQ//G4 MED ON THE 29 th JUNE 1995 .

REFERENCE : YOUR FAX 669/95 DATED 26 JUNE 1995 .

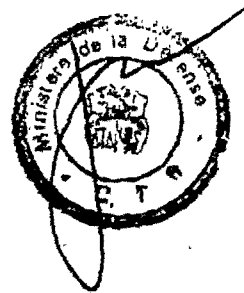
SUBJECT : HUMANNITARIAN SUPPORT AND PSF MEDICAL STORES .

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- GISENYI HOSPITAL .
- NEMBA HOSPITAL .
- ORPHANAGE OF NYUNDO .
- ORPHANAGE OF NEMBA .
- MATERNITY OF NYUNDO .

2 - PLEASE TREAT A GREAT IMPORTANCE FOR THIS MATTER AND ANSWER ASAP .

3 - BEST REGARDS .



CORRESPONDENCE DISTRIBUTION
COVER SHEET

75888

File No: _____

Copy to file 696-7-1

To: FMO

Remarks/Action: _____

28/1

Med Ops

Med Log

FHO

My arrange
Appears somewhat less than for 94.

Richard please follow up for me AM 30 Jun
Make contact if possible and suggest date for
meeting. J. H. Lee

Please initial and date when action complete then pass quickly

UNITED NATIONS

NATIONS UNIES

Field Administration and Logistics Division

UNAMIR - REGISTRY

Action to:

1
2
3
4

28 JUN 1995

☐ - Action completed☐ - Acknowledge

Initial

FC0127

Outgoing Fax #: MIR - 260	Date: 27 June 1995
To: C. OUZIEL CAO UNAMIR	From: H. MEDILI DIRECTOR FALD/DPKO - UNHQ/NEW YORK
CC: CMEDO - COL WARFE	
Fax#: (212) 963-3090//254-2-622668	Fax #: (212) 963-2116
Number of transmitted pages:	Ref.:
Subject: REPLACEMENT OF AUSMED FIELD HOSPITAL	

URGENT

F.A.C. UNAMIR II

6401211

Folio

1. NO REPLACEMENT FOUND YET. HOWEVER THERE ARE STILL THREE OPTIONS:

- MILITARY FIELD HOSPITAL
- FIELD HOSPITAL PROVIDED BY AN NGO
- FIELD HOSPITAL PROVIDED BY A CIVILIAN CONTRACTOR.

2. COINCIDENTALLY MS. GABRIELE WEBER WHO IS A MEMBER OF A GERMAN NGO (JOHANNITER HILFSDIENST) IS SCHEDULED TO VISIT JOHANNITER PERSONNEL IN RWANDA.

3. PLEASE MEET HER AND BRIEF HER BASED ON A TOTAL OF ABOUT 2,400 PERSONNEL REQUIRING A SMALLER FIELD HOSPITAL AS IT IS NOW. JOHANNITER HILFSDIENST COULD BE AN OPTION.

4. MS WEBER WILL ARRIVE ON 30 JUNE AT KIGALI AND DEPART 7 JULY 1995. I SUGGEST CMEDO CONTACTS JOHANNITER HILFSDIENST AND ARRANGES SUCH A MEETING.

5. PLS NOTE MS. WEBER DOES NOT PERFORM AN OFFICIAL RECCE. WE ARE JUST TESTING THE WATERS.

REGARDS.

Drafted/Cleared by: A. BECKNER	Authorized by:
--------------------------------	----------------

CAO

CMEDO

CORRESPONDENCE DISTRIBUTION
COVER SHEET

File No. _____

Correspondence No. _____

To: FMO

Remarks/Action: _____

Med Ops

→ Med Log

FHO

Please initial and date when action complete then pass quickly.



990-1
MED ADMIN 38/95

FMO
CO

1. Enclosed is a proposed list compiled by LT Miller, Chief Radiographer of Medical Company, on stores and equipment that would increase the clinical capabilities of the civilian X-Ray department at CHK.

2. The proposed equipment list would considerably improve the departments capability and result in greatly improved clinical management of the Rwandan population. It is within UNAMIR's charter to assist, where possible, in the humanitarian support of the Rwandan people and this increased medical capability would considerably satisfy this.

3. I fully concur with the proposed list of stores and equipment put forward by LT Miller.

P.E. NASVELD
MAJ
OC MED COY

17 Feb 95

AF may have put in an order for these items.

largest PSF check if 2. Depending on above info
an order has been placed. Likely sources? PSF
If not please consider supplying
These items for - CMC Humanitarian Support

MEDICAL COMPANY



MINUTE

990-1

X-R 11/95

OC MED COY

RADIOLOGY EQUIPMENT AND STORES - CHK

1. The radiology department at CHK has one modern radiographic apparatus which is capable of producing good quality general radiography. Unfortunately, the balance of the radiographic equipment is not capable of supporting this standard of work. Cassettes, when inspected, appeared to be old technology and in poor repair. Film processing is by manual technique and appears sub-optimal. Manual processing is a slow method and probably limits the capabilities of the radiology department of CHK.
2. Radiology equipment is expensive and replacement probably lies beyond the means of this community at present. The potential benefits to the Rwandese community from the provision of high quality radiology are so large that it is considered appropriate to suggest that a set of new equipment and stores be purchased for CHK by a UN aid or development agency.
3. It is suggested that an appropriate set of stores would be:
 - a. 2 of Agfa Curix 60 film processors,
 - b. 12 of 35 x 43cm Kodak X-Omatic cassettes with Lanex Regular intensifying screens,
 - c. 12 of 24 x 30cm Kodak X-Omatic cassettes with Lanex Regular intensifying screens,
 - d. 1 of Kodak X-Omatic identification camera,
 - e. 2 of 35 x 43cm 8:1 radiographic grids,
 - f. 2 of 24 x 30cm 8:1 radiographic grids,
 - g. 6 of Kodak GBX-3 safelight filters,
 - h. 100 boxes of 35 x 43cm Kodak TMAT-G radiographic film,
 - i. 100 boxes of 24 x 30cm Kodak TMAT-G radiographic film,

- j. 10 boxes of high speed occlusal film,
 - k. 400 sets of developer suitable for item a,
 - l. 400 sets of fixer suitable for item a,
 - m. 12 bottles of Agfa Algezid, and
 - n. 40 of 50ml vials of non-ionic contrast for intravascular use.
4. Detailed costing of this material is not available ex Kigali. As a guide, the processors cost approx. A\$9000 each, cassettes A\$1000 each and film A\$450 per box. UN agencies may be able to source this material considerably cheaper than these Australian prices.
5. The value of high quality radiography in patient management cannot be underestimated. The potential benefits from the provision of this material are that the clinical management of a large number of both inpatients and outpatients can be optimised with confidence and that radiographic examinations will be made faster and less operator dependant.
6. It is requested that this proposal be passed through normal staff channels to reach an appropriate UN agency. Which specific agency can probably be best judged at HQ UNAMIR 2 level.



P.G.MILLER
LT
C.RADIOG

06 FEB 95

~~*~~ FOR YOUR FILE

RESPONDENCE DISTRIBUTION
COVER SHEET

File No.

693/6/1 = FILE

Correspondence No. _____


To: FMO

Remarks/Action: _____

Med Ops

Med Log

FHO

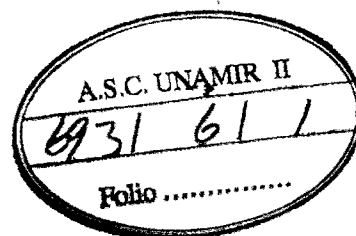
 22/6.
1 JUN 95.
12 June 95 -

Please initial and date when action complete then pass quickly.



BUREAU DU REPRESENTANT OMS POUR LE RWANDA

Tél.: (250) 76 682 - 74 239



Prière de rappeler la référence:

Col. Warfe
UNAMIR Force Medical Officer
Kigali, Rwanda

Friday, May 26, 1995

**RE: Request for humanitarian health team to provide disinfection of SOS Kinderdorf
Gikongoro and Ngarama orphanages**

Dear Col. Warfe,

On behalf of SOS Kinderdorf, WHO requests UNAMIR to provide pest disinfection of the SOS orphanages in Gikongoro and Ngarama, Ngarama sub-prefecture, Byumba Prefecture.

Following a solicitation for technical assistance from SOS Gikongoro, WHO observed that the orphanage's children were affected by scabies and lice. Discussions with SOS Country Director, Mr. Alfred, indicated that the Ngarama orphanage is plagued with the same situation.

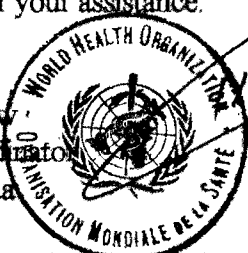
WHO has provided SOS with technical information on preventive measures, as well as requirements to control the pathology, and has secured from Pharmaciens sans Frontier-Butare the necessary curative medication for the skin lesions.

Capt. John Nerney has generously provided WHO with 5 liters of Permethrin for SOS, for the treatment of clothes and bedding in both orphanages.

The focal person for this operation will be Dr. George Ionita, tel.: 76682/ext. 21.

Thank you for your assistance.

Dr. Idrissa Sow
Special Coordinator
WHO Rwanda



cc: Ambassador Shyara Khan, S.R.S.G.
Mr. Alfred, Country Director, SOS Kinderdorf Rwanda (tel.: 83874)
PSF-Butare (tel.: 30702)



Government
of Canada

Gouvernement
du Canada

ACTION
REQUEST

FICHE DE
SERVICE

To - À

[Handwritten: (Lorne)]

Date

Time - Heure

From - De

[Handwritten: 205 SP]

Language - Langue utilisée

☐ English
Anglais

☐ French
Français

Telephone - Téléphone

Extension - Poste

☐ Please call
Veuillez appeler

☐ Returned your call
Vous a rappelé

☐ Will call again
Appellera à nouveau

☐ Write to me
Écrivez-moi

☒ Action
Demande suite

☐ Approval
Approbation

☐ Note and return
Note et retour

☐ Comments
Commentaires

☐ Lead reply
Projet de réponse

☐ Note sent forward
Note et note envoyée

☐ As requested
Comme demandé

☐ Signature
Signature

☐ Note sent file
Note et dossier

File No. - N° de dossier

Message taken by - Message enregistré

[Handwritten: CAN we be discuss]



MESSAGEDCOS SP through
COS

FROM : TUNBATT COMMANDER
TO : FORCE COMMANDER
INFO : DFC // COS

No 2339 // TUNBATT H.Q // G 4 ON THE 23rd MAY 1995.

SUBJECT : TUNBATT HUMANITARIAN ASSISTANCE IN RWANDA

PLEASE BE INFORMED THAT :

IN ADDITION TO ITS MILITARY DUTIES , TUNBATT HAD BEEN PROVIDING ASSISTANCE AND HUMANITARIAN ACTION TO LOCAL AND IT MAY IMPROVE THE IMPACT OF THIS ACTION AS FOLLOWS :

1 / MEDICAL ASSISTANCE :

TUNBATT HAS 02 MEDICAL ANTENNA FOR RWANDEESE PEOPLE :

- ONE AT BUSOGO ON A BUILDING .
- ONE AT KABALI (MUTURA) UNDER A TENT , WE HAVE TREATED MORE THAN 21.000 RWANDANS PATIENTS . WE CAN DO BETTER IF WE OBTAIN SOME TENTS FOR 16 PERSONS .
WE NEED TO RECRUIT 02 RWANDEESE DOCTORS AND 02 INTERPRETERS FEMALES .
- WE CAN FURNISH SANITARY EDUCATION TO RWANDEESE PEOPLE WITH MATERIAL ASSISTANCE OF THE UNAMIR SUCH AS : TOOTH BRUSH , TOOTHPASTE , SOAP , CONDOM
- WE CAN PARTICIPATE ON FORMING PARAMEDICAL PERSONS SUCH AS FIRST AID WORKERS , AUXILIARY NURSE , X RAY RADIOGRAPHER , HYGIENIST ...
- WE CAN MAKE VACCINATION TO RWANDEESE PEOPLE .
- WE CAN UNDERTAKE THE ORPHONAGE OF NYUNDO (HYGIENE AND VACCINATION , MEDICAL EXAMINATION) , IF UNAMIR PROVIDES TO US DRUGS , VACCINE AND MEDECINE .

2 / EVACUATION :

ASSISTANCE HAS BEEN PROVIDED ON NUMEROS OCCASIONS EVACUATION TO LOCAL RWANDANS , TO IMPROVE THIS ACTION , WE NEED TWO (02) AMBULANCES . ?

3 / TRANSPORTATION :

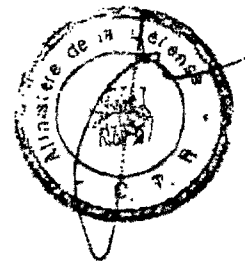
TUNBATT HAS PROVIDED TRANSPORT HUMANITARIAN ACTIVITIES SUCH AS TRANSPORT OF SEEDS TRANSPORT , OF AID AND TRANSPORT OF REFUGEES AND IDP'S AND PRISONERS . WITH UNAMIR ASSISTANCE , WE MAY PROVIDE TRANSPORT FOR LOCAL AUTHORITIES , WE CAN TRANSPORT CHILDREN , WE CAN TRANSPORT AIDS BUT WE NEED TO BE PROVIDED BY MORE TRUCKS .

4 / TRAINING AND EDUCATION :

- WE CAN EDUCATE FRENCH FOR THE PRIMARY SCHOOL
- WE CAN PARTICIPATE ON FORMING RWANDEESE CHILDREN IN SOME SPECIALITIES SUCH AS MECANIC

② Discuss with FMO
we can provide them
tents , Med aid and Drugs .
Others may be difficult now.

A
24/5



ACTION MEMO

File

Folio

To (Name or Appointment)

Attention/Location

Reference(s)

Subject

FOR	<input type="checkbox"/> Action	FOR	<input type="checkbox"/> Approval	Please	<input type="checkbox"/> Telephone/Discuss	<input type="checkbox"/> File on	Comment/Action is Requested by...../...../..... Nil Returns are <input type="checkbox"/> Required <input type="checkbox"/> Not Required
	<input checked="" type="checkbox"/> Information		<input type="checkbox"/> Signature		<input type="checkbox"/> Note and Return/Retain		
	<input type="checkbox"/> Comments		<input type="checkbox"/> Circulation		<input type="checkbox"/> Prepare Draft Reply		
					<input type="checkbox"/> Signature of		

Additional Comments

RE PARA 1. SPANISH EDUCATION - IF UNARMED APPROVE CONSUMPTION OF RESOURCES, BOTH BUSH / BOTH WOODS AND EXACT COORDS CAN BE PROVIDED TO THE AOS. SPAN IS FROM PSF.

VALUATION RESOURCES ARE AVAILABLE FROM UNICEF / RWANDA AND MURPHY OF MURPHY IF REQUIRED RESOURCES ARE PROVIDED. PLKS FOR MARIO AND MURPHY VIA PSF (AND ARE ALSO PROVIDED).

Originator

WILSONS MAB GYMED IIIIC 25 MAR

(Signature) (Printed Name) (Rank) (Appointment) (Phone) (Date)

SENT BY

25- 5-95 ; 11:52 ; AUSTRALIAN HICOM NBI-

001125010000;# 1/-2.

A.S.C. UNAMIR II

Folio

AUSTRALIAN HIGH COMMISSION NAIROBI

FACSIMILE MESSAGE

Telephone: 254 2 44 5034-9

Facsimile: 254 2 44 4617

24 MAY 1995

A.S.C. UNAMIR II

Folio

TO: MAJOR MARY BRANDY, AUSMED CONTINGENT, UN HOSPITAL, KIGALI

cc: [REDACTED] FORCE MEDICAL OFFICER, UNAMIR

FAX: 00125010000 (PLS DISTRIBUTE COPY TO MAJOR BRANDY AND COL WARFE)

CC: LYLE BASTIN, HUR/AUSAID, CANBERRA FAX: 61 6 276 4587 -

FM: PAT DUGGAN, FIRST SEC (DA) NAIROBI Pages incl. cover: 2

SUBJECT: RWANDA - ASSISTANCE TO THE MEDICAL SECTOR

Mary,

You will no doubt be aware of the good news, that Australia will be providing further funding for Rwanda from our 1995-96 Humanitarian relief allocation. The exact amount is unclear, but it will be "up to \$5 million", depending on pressures elsewhere in the program. In principle, we are therefore prepared to fund the nurses auxilliary training project which you are developing with the Ministry of Health. I understand that AusAID in Canberra is talking to Col Ramsey about how we might move the process forward. The issue is still how we fund. There are a couple of options:

We provide funding to ADF, and ADF is responsible for implementation. (There would be a Memorandum of understanding between AusAID and ADF). This might be difficult if you are leaving in August;

We provide funding to UNICEF Kigali who would channel funds to the Samaritan's purse or Ministry of Health as required. UNICEF would thus act as a "bank" and report on progress and expenditure to us directly. We have not discussed this project at all with UNICEF in Kigali, but would expect they would jump at the chance.

Funding through the Samaritan's Purse, directly, would be the least bureaucratic path, but it is difficult for us as it is not an Australian NGO. It may have an Australian link that we are not aware of. You may like to check with them.

2. We will also need a fully costed proposal from whoever it is that we provide the funds to - timing of courses, numbers to be trained, how many educators, who will run courses, budget for Australian funds, advice of any other donor contribution (eg. USAID providing Public

Health nurses). Basically, some additions to the paper you provided me with when I met in a couple of weeks ago.

3. Grateful if you could explore options - happy if you discuss with UNICEF too (suggest either Dan Toole, Representative, or Tom Bergmann, Deputy Representative) - and let us know how others react, and your preference.

4. The funds will not be available until early July, as they are from next year's allocation. I intend visiting Kigali in early-mid July to begin programming the extra funds available. Will confirm exact dates in late June.

5. As we discussed when we met, I have been attempting to get some leads for you on training materials, and reference books that might be available for you in Nairobi. Not having luck quickly. UNICEF are checking and will get back to me. The African Medical Research Foundation (AMREF), would prefer to talk to you in more detail about what is required. The contact is Isabel Chege, Public Health Training Officer, Community Health Department, AMREF, Nairobi (Tel: 50 2158 or 501300 extn 742). I have another lead and will let you know once I have made contact.

6. Hope all is well at the UN hospital, and you are not too busy.

Ret.

*P.S. I will be out of Nairobi on
mission to Ethiopia & Eritrea on
5-15 June.*



UNAMIR - MINUAR



From: DCOS Ops

To: Distribution Lists A, B, D and E

Date: 15 May 95

Subj: SYNOPSIS OF UNAMIR HUMANITARIAN ACTIVITIES

1. Please find attached for your information a compilation of UNAMIR's humanitarian achievements since the end of the Rwandan Civil War.
2. As indicated by the SRSG during the verbal presentation to him, all members of UNAMIR should be justifiably proud of the many and varied achievements and their profound impact on the country and citizens of Rwanda.

C

UNAMIR HUMANITARIAN SUPPORT ACTIVITIES IN RWANDA

INTRODUCTION

1. In addition to their military duties, participating contingents of UNAMIR have undertaken several humanitarian activities to assist the Rwandese people and Government in their normalisation effort.

ENGR TASKS UNDERTAKEN BY UNAMIR

2. Demining. Demining was carried out at the following places:

- a. Islamic Cultural Centre, Kigali.
- b. Communal Police Training School, Rwamagana.
- c. Overnight Way Station at Ndera.
- d. Residence of Dr Rusanganwa, Kigali.

3. EOD. A variety of places were rendered safe of mines/unexploded ordnance including approx 20 schools, 10 churches/orphanages and important buildings including residences of several ministers. A total of 255 EOD tasks were undertaken in Kigali itself besides those done by various contingents in their respective sectors.

4. Roads and Bridges.

a. Bridges. Bridges were constructed at Gatuna, Busoro, Nyamata, near Gako Camp, and repairs were done to bridges at Nyamata and Mata.

b. Roads. Repairs were carried out to roads from Butare to Kibeho, in Kigali, and Cyanguu. In addition, a road leading to commune which is being promoted by Mrs Kagame was repaired.

5. Miscellaneous.

a. Water and Electricity supply was restored in several schools and orphanages in Kigali. Similar tasks were also undertaken by contingents in Cyanguu, Byumba and Kibungu.

b. Dozer effort was provided at several locations including UNICEF Wksp, Belgium Village, Hotel Rebero at Mt Horizon for mass reburial ceremony, Centre De Jeune in Kigali, Rwamagana prison, and digging of pits at reception centre at Gisenyi.

c. Construction of RPA sentry post and earthen bund at Presidential Hanger.

6. Tasks To Be Undertaken in the Near Future.

- a. Track Construction at Rwinkwavu Rehabilitation Centre.
- b. Improvement of tracks for Belgian Red Cross.
- c. Improvement of tracks for ARAMET near Gashora.
- d. Reconnaissance of several prisons has been carried out with a view to improve situation in the prisons at Nyanza, Kibuye, Gitarama, Gitagana and Nsinda.

MEDICAL

7. General. UNAMIR Health Services have provided extensive health care and preventive medicine throughout Rwanda including primary health care clinics by contingent medical staff, evacuation and resuscitative care, emergency surgery and life saving intervention at the Military Wing of CHK. Preventive Medicine assistance included vector, rodent and pest control, water analysis and advice on waste disposal.

8. Treatment.

- a. Provision of primary health care and hospitalisation to Rwandan citizens.
- b. UNAMIR health services have treated 260,000 Rwandans as outpatients.
- c. More than 2000 Rwandans have been treated as inpatients with diagnostic, dental, surgical or intensive care services.
- d. Medical teams in the IDP camps and health clinics in major towns, particularly in the south west of Rwanda. Evacuation of 330 casualties from Kibeho.
- e. More than 2,500 Rwandans, including many orphans have received dental treatment.

9. Evacuation. Assistance has been provided on numerous occasions to evacuate local Rwandans by road ambulance and aero medical transport following motor vehicle accidents, mine incidents and serious illness. UNAMIR coordinated and assisted with the evacuation of 580 wounded and seriously ill IDPs.

10. Preventive Medicine Services. The Environmental Health Services of UNAMIR have provided preventive medicine support to district health clinics, orphanages and IDP camps throughout Rwanda.

- a. Included bacterial water analysis, advice on waste disposal and provision of incinerators; conducted clinics at Rilima, Muyumba, Kilibra and Kilgali.

b. Orphanages at Butare, Mutura, Nyundo, Kigungo, Kigali, Shyogwe, Byimana, Gitarama, Ruli and Cyeza have been assisted with vector control programs, water analysis and waste disposal advice.

c. IDP camps at Gisenyi and Kibeho have been assisted through the provision of advice on fly and larvae control, water analysis, waste disposal, supervision of mass burials and disinfection of grave sites.

d. Over 800 children were immunised against measles at the transit camp in Butare on 3 May 95.

e. Over 6000 children were immunised against meningitis in Nov 94.

11. Training.

a. UNAMIR health services staff are heavily involved in educating the medical and nursing staff of CHK in a variety of fields including, dressings, sterilisation procedures, nursing systems, resuscitation and surgical techniques. Assistance is also provided with instruction and technical advice on the operation of medical equipment.

b. A course is being developed in conjunction with CHK to train 500 Nurse Auxiliaries to work in district health centres.

12. Liaison. Liaison and coordination with NGO agencies is maintained on a regular basis to ensure that sponsorship and medical support of communes and orphanages continues.

TRANSPORTATION

13. The capability to use UNAMIR vehicles in support of the government or army of RWANDA or in support of humanitarian activities has done much to aid the nation in its return to normality. Transport has been used for:

a. The Ministry of Rehabilitation in the return of over 57,000 Internally Displaced Persons (IDPs) to their Home Communes.

b. The movement of many thousands of refugees from the border crossing points either to the Open Relief Centres (ORCs) or direct to their Home Communes.

c. The movement of thousands of Orphans into new centres or closer to their original homes.

d. The movement of over 1000 vehicle loads of foodstuffs and seeds to ensure the proper settlement of returnees into their Home Communes.

e. The Ministry of Education in the collection from the

airport, nationwide distribution and gathering of exam papers. The distribution of, and sometimes provision of essential school supplies.

f. Distribution of the new currency by the intensive use, over the exchange period, of UN helicopter and road transport.

g. The Ministry of Justice to move hundreds of prisoners from communal prisons into major prisons and then agreement to provide transport to re-allocate some 2,400 prisoners. The use of the sewage truck (honey wagon) to empty prison latrines.

h. Other UN agencies or Non Government Agencies (NGOs) through the use of specialist container handling equipment, the use of fuel or water tankers, the deployment of the sewage truck.

i. The use of many scores of vehicles for the transportation of building material for roads and essential structures, RPA stores throughout Rwanda. The transportation of wood for the communes and the prisons.

j. The movement of church stores and materiel to help sustain the increase in religious activity.

k. The provision of essential ambulances for the movement of serious casualties to hospitals.

l. Regular support to the Gendarmerie schools, support to team building sports competitions.

m. The delivery of coffins during the ceremonies to mark the anniversary of the genocide.

n. The gift of over 10 vehicles to the Government.

o. The loan of vehicles to the Prefects of Butare and Kibuye, and to the Prosecutor at Gitarama.

p. Helicopter support to senior ministers and officials each week on a frequent basis.

TRAINING

14. UNAMIR personnel have trained Rwandese citizens in a variety of areas:

a. Civpol has so far trained 402 gendarmes (102 in Kigali and 300 in Ruhengeri). The Training school was renovated at the cost of \$30,000.

b. Provided training of local staff in such fields as dressings, sterilisation procedures, and nursing systems. Also extends invitations to CHK doctors to attend RESUS,

theatre, and lectures to encourage a two way flow of information.

c. Med personnel trained staff of Gisenyi Hospital to use X-Ray equipment at the hospital.

d. Training of RPA NCOs in drill and military music.

SOCIAL AFFAIRS ACTIVITIES

15. UNAMIR has also assisted in other areas, such as:

a. Orphanages. Provided security at orphanages. Currently sponsoring 13 orphanages. Provided aid, food, transport, water, electricity, clothing, shoes, toys, playground equipment and monetary and donations. Conducted pest control and provided transport assistance to orphanages.

b. Prisoner Identification. Conducting an ID card project to register all prisoners.

COMMUNICATION SUPPORT

16. Assistance to Rwandese communications has been intensive:

a. RwandaTel Local Lines. Provided support in terms of manpower and transport to assist in repair, maintenance and re-establishing RwandaTel local telephone lines in Kigali.

b. VHF Radio Repeater. A VHF radio repeater has been provided to RwandaTel with complete ancillaries to meet mobile communication requirements of RwandaTel.

c. Assistance in Repair, Maintenance and Programming Radio Equipment. Assistance in terms of repair, maintenance and programming Radio Duplexers has been regularly sought and always provided to RwandaTel.

d. Provision of Field Cable. Requests for field cables for communications in communes have been received through Military Observers and provided.

e. Repair of Satellite Equipment. Repair of Satellite equipment at Nyanza was carried out in Nov 94.

f. Provision of Generators on Loan to Rwanda Government.

16. Generators have been installed on request and are providing power supply at locations such as Kigali Airport, FM Radio Station Kanombe, Earth Station Nyanza, Water Sub Station Kimihura, Rwanda TV Station Kigali. Besides, power supply has been provisioned to a number of civil locations from existing UN generators. Assistance in terms of repairs and maintenance to civilian generators has also been frequently provided.

MAINTENANCE AND RECOVERY

17. Assistance has been provided throughout Rwanda as follows:
- a. Repair, recovery facilities and specialist heavy recovery have been used extensively throughout Rwanda in the clearance of vehicles wrecked in the war or more recently in accidents.
 - b. Recovery of vehicles from the RPA, the Ministry of Internal Affairs, other UN agencies and various NGOs.
 - c. Maintenance of generators in key locations.
 - d. Repair of essential government and RPA vehicles.

AGRICULTURAL ACTIVITIES.

18. UN troops assisting farmers in sector 4C to cultivate their farms. 350 Ethiobatt troops involved in weeding and harvesting of coffee in their AOR.

PUBLIC RELATIONS

19. UNAMIR troops have tried to promote the normalization process through the following:
- a. Video Coverage. Provided video coverage at social and National functions in sectors such as;
 - (1) Welcome functions for returnees to their various communes. At Wedding ceremonies of Rwandese nationals including RPA Officials.
 - (2) At orphanages during promotional activities organized by the Ministry of Family and Women's Affairs
 - (3) Support for International Women's Day Ceremonies.
 - b. Band Entertainment. Provided Band entertainment at various functions including state visits, weddings and during celebrations such as Women's Day, etc.
 - c. Public Address System. Provided Public Address Systems to local authorities during mass activities like reburial ceremonies of the genocide victims.
 - d. Friendly Sports Competitions. UNAMIR troops have organized and participated in sports competitions such as Football, volleyball etc with the locals as well as RPA throughout the country. Also provided logistic support in terms of transport, food and medical during such events in sectors.

?FILE
support 693-G-1

OUTLINE OF PEACE BUILDING MEASURES UNAMIR HEALTH SERVICES

INTRODUCTION

UNAMIR Health Services have provided extensive level 1, 2 and 3 health care and preventive medicine support to Rwanda. This support ranges from primary health care at clinics established by contingent medical staff, through evacuation and resuscitative care to emergency surgery and life saving intervention at the Military Wing of CHK. Preventive Medicine assistance has focussed on the areas of vector, rodent and pest control, water analysis and advice on waste disposal. Health support in the "Peace Building Role" will be considered under the headings of Treatment, Evacuation, Preventive Medicine Programs, Training and Liaison with Non Government Organisations (NGOs).

TREATMENT

A major contribution has been made to the people of Rwanda in the provision of primary health care and hospitalisation.

- * UNAMIR health services have treated 260,000 Rwandans as outpatients since the beginning of Sep 94.
- * More than 2000 Rwandans have been treated as inpatients in the same time period. Inpatient treatment has included diagnostic, dental, surgical and intensive care services.
- * Medical teams have been established in the field to support IDP camps and health clinics in major towns, particularly in the south west of Rwanda. In the latter part of 1994 medical teams spent more than two months providing a health clinic in the town of Butare and more recently medical teams assisted with the treatment and evacuation of casualties from Kibeho where a total of 330 patients were treated.
- * Dental assistance to the local community has been extensive with a dental team dedicated full time to humanitarian tasking over the period Aug 94 - Mar 95. Since Mar 95 humanitarian dental support has focussed on local orphanages. More than 2,500 Rwandans have received dental treatment.

EVACUATION

Assistance has been provided on numerous occasions to evacuate local Rwandans by road ambulance and aero medical transport following motor vehicle accidents, mine incidents and serious illness. This has been a critical function in the absence of an ambulance service in the country. During the Kibeho camp closure, UNAMIR health services coordinated and assisted with the evacuation of 580 wounded and seriously ill IDPs.

PREVENTIVE MEDICINE PROGRAMS

The Environmental Health Services of UNAMIR have provided preventive medicine support to district health clinics, orphanages and IDP camps throughout Rwanda. This has also been a vital function in the absence of a district hygiene capability.

- * Support to health clinics has included bacterial water analysis, advice on waste disposal and provision of incinerators. Clinics at Rilima, Muyumba, Kilibra and Kilgali have been assisted in this regard.
- * Orphanages at Butare, Mutura, Nyundo, Kigungo, Kigali, Shygowwe, Byimana, Gitarama, Ruli and Cyeza have been assisted with vector control programs, water analysis and waste disposal advice.
- * IDP camps at Gisenyi and Kibeho have been assisted through the provision of advice on fly and larvae control, water analysis, waste disposal, supervision of mass burials and disinfection of grave sites.
- * Over 800 children were immunised against measles at the transit camp in Butare on 3 May 95.

TRAINING

A significant contribution is being made to the people of Rwanda in the provision of technical training assistance. A train the trainer approach has been adopted so that the expertise will be retained in the country when UNAMIR finally departs.

- * UNAMIR health services staff are heavily involved in educating the medical and nursing staff of CHK in a variety of fields including, dressings, sterilisation procedures, nursing systems, resuscitation and surgical techniques. Assistance is also provided with instruction and technical advice on the operation of medical equipment.
- * A course is being developed in conjunction with CHK to train 500 Nurse Auxiliaries to work in district health centres.

LIAISON

Liaison and coordination with NGO agencies is maintained on a regular basis to ensure that sponsorship and medical support of camps, communes and orphanages continues. In this regard, a representative from Medical Branch HQ UNAMIR attends the weekly coordination meeting at the IOC.

CONCLUSION

UNAMIR health services have undoubtedly saved very many lives and improved the quality of life to a substantial part of the population of Rwanda. Health services support could have been greater but has been restrained at government direction over concerns of sustainability post UNAMIR and the government's desire to be seen to be in control of the delivery of health services in Rwanda.



UNAMIR - MINUAR

TO : ALL BATTALION/COMPANY COMMANDERS

1000.7(DFC)/G/4

FROM: BRIG GEN HK ANYIDOHG
DFC/CMO

INFO : SRSG, COS, DCOS OPS & DCOS SP

DATE: 11th MAY 95

SUBJECT: BN COMD'S CONFERENCE WITH SRSG

1. SRSG Ambassador Khan will hold a briefing session with all Battalion/Company commanders on Saturday 13 May 95.
2. Purpose of meeting will be for every unit commander to brief the SRSG on what specific tasks he has been undertaking in his area of responsibility. This is because apart from the assigned tasks from UNAMIR headquarters, some units have been assisting their prefectures/communes in other diverse ways.
3. For example ETHIOBATT reported recently of its troops engaging in farming activities in a particular area. GHANBATT is known to have constructed a Medical centre at its headquarters and also presented some school furniture to the prefect of Kibungu.
4. In all, the SRSG would like to know if the Units can play what he terms "PEACE BUILDING ROLE" such as:
 - a. Repair of roads, buildings, bridges etc.
 - b. Telecommunication - installations or repairs no matter how minor a scale.
 - c. Community developments - local water system, schools etc.
 - d. Transportation to local authorities.
 - e. Looking after orphanage and any other social institution in any form of assistance.
 - f. Medical care - vaccinations/immunization.
 - g. Any other confidence building measures.

5. SRSG would like to be briefed first on all the various tasks units have so far been performing as assigned from Headquarters then to those possible areas mentioned in para 4 (a-g). You are advised to think of whatever your unit could do in terms of assistance that will lead to stability, reconciliation, economic activity, etc.

6. The briefing starts at 1100 hrs. A heli-lift will be arranged to pick all the Commanding Officers outside Kigali. Those commanders who wish to make their journey by road should indicate so to DCOS OPS in good time.

building
Outline of peace-keeping measures historically and currently undertaken by AS MSF

The most significant peace building measure has been the establishment of the hospital first operational hospital in Rwanda.
Other measures are:
Medical Support

There are two types of medical support we provide: direct and indirect.

Direct Medical Support

• This has been provided in three forms:

- That conducted in the AUSMED wing of CHK.
- That conducted in the NGO wing of CHK.
- Support conducted in the field. This includes:
 - * CCP's established at IDP camps,
 - * health clinics at orphanages,
 - * dental services,
 - * health clinics in major towns such as Butare

• Treatment conducted in the AUSMED wing of CHK, since the establishment of the facility in September 1994, can be summarised as follows:

- Out-patients: 3,582 Of these 1,058 were for medical treatment
2,524 were for dental treatment
- In-patients: 333 (civilian patients admitted for treatment)
- Operations: 529 (including operations conducted at NGO Wing)
- Para-clinical services: 6,011
 - *Para-clinical treatment includes(X-Rays: 1,438 Pathology: 2,834 and
Physiotherapy: 1,739)

• Treatment conducted in the civilian wing of CHK can be summarised as follows:

- Medical: 3,612 (Dressings, stitches, burn treatment etc)
- ~~Surgical:~~ 1,476
- Physio: 1,255

Support conducted in the field is hard to capture statistically. This is particularly true if a patient treated in a health clinic, for example, is not moved back to the AUSMED facility in Kigali. Some confirmable and recent statistics, however, indicate the magnitude of some of these activities:

- During the establishment of the CCP in Kibeho (19 Apr - 09 May 95) a total of 330 patients were treated. This figure does not include those moved back to Kigali for treatment at CHK.
- Over 800 children were immunised against measles on 3 May in the CARE Australia Orphanage and the Feed the Children Transit Camp in Butare.
- *In addition, tens of thousands were provided medical treatment during Op Retour*
- Dental assistance to the local community, particularly between August 1994 and March 1995, was extensive. A dental section (Dentist, hygienist, dental assist) was dedicated full time to humanitarian tasking. Deployments included Op Retour, local hospital support, and numerous IDP camps. Since March 1995, humanitarian dental support has focussed on local orphanages, in particular, Mother Teresa's Orphanage, Kigali.

Indirect Medical Support

The provision of indirect support is one of our main targets areas. Our aim is to leave a tangible legacy to the community as a whole resulting from our presence here. Achieving this aim has been approached in the following ways:

- 7 Staff (1x NO, 6 x Med Assist) work full time in NGO wards. They are involved in education and training of local staff in such things as dressings, sterilisation procedures, nursing systems (e.g. charge nurse routine, nursing protocols) and so on.
- Administratively they coordinate patient transfers from AUSMED to NGO wing and the coordination of patient follow-up at clinics.
- Invitations are extended to CHK doctors to attend RESUS, theatre, and lectures to encourage a two way flow of information
- Specialists are involved in teaching CHK doctors various surgical techniques.
- Technical advice and instruction in the operation of equipment, both medical and engineering, is provided on a regular basis

Environmental Health Services (EHS) Support

- EHS support has generally focussed on Orphanages and IDP camps. Since Aug 1994 the EHS section has conducted vector, rodent, and pest control, water analysis, and advice on waste disposal and health intelligence matters. Since Feb 1995 they have provided these services to:
 - IDP Camps at Gisenyi and Kibeho
 - Orphanages at Mutura, Butare, Nyundo, Kigungo, Kigali.
- EHS support to the orphanages is an on-going task.. Most require follow up activity, normally, on a six-weekly basis.
- In the case of the IDP camp at Kibeho, EHS support has also encompassed the supervision and conduct of mass burials of corpses and the disinfection of grave sites. The "clean-up" operation will probably employ our EHS element in the near future.

Aid Support to Orphanages

Soldiers from AUSMED have, since march this year, donated the following:

- US \$280 to the Muhongo Orphanage, Gysengi. + \$ 550 from Queen Elizabeth
- US \$130 to the CARE Orphanage, Butare.
- Clothing and toys sent by soldiers' families from Australia, to the CARE Orphanage in Kigali

Much more inbound from West Ham. and association linked with family members.

Public Relations Support

Separate Brief

Religious Support

Separate Brief

Each of my three companies sponsors an orphanage - CARE Aust Butare, Mother Theresa Kigali and Madame Camille at Muhongo.

Engineering Support

- Engineering support can be broken into two parts:
 - Explosive Ordinance Disposal (EOD)
 - Maintenance/Upgrading Tasks
- EOD activity, conducted with full support of the RPA and normally with an RPA LO in attendance, has achieved the following:
 - Clearance of all Schools in the Kigali area of UXO's
 - In the last 4 months a total of 278 UXO's have been destroyed. Predominantly these have been mortar rounds, grenades (including rifle grenades) and blasting explosives.
 - Clearance of a number of churches and private residences
- Maintenance/Upgrading Tasks encompass such things as building repair, plumbing and electrical maintenance and upgrading. These activities have been carried out, in the main, in various orphanages and in the Central Hospital Kigali (both wings). Examples of such support include:
 - The installation and on-going servicing of a CPC 7.5 water purification plant (A gift from the Government of Australia to UNICEF) in the vic of Tabagwe. This plant provides the only source of treated water for the area.
 - Extensive support to Madame Carr's Orphanage at Muhongo. Some of the tasks completed include:
 - * Construction of a Tank Stand and rain water catchment area.
 - * Roofing repairs
 - * Construction of a covered play area for children
 - * Repaint of orphans dormitories
 - * Construction of food storage shelves and tables and chairs.
 - The following tasks were completed at the CARE orphanages in Kigali and Butare:
 - * Repair of electrical reticulation
 - * Repair of plumbing reticulation
 - Support to CHK has included:
 - * Construction of crutches for amputee's
 - * Construction of cots
 - * Carpentry, plumbing and electrical work.

children under the age of 14 years. To date there have been no significant investigations into those accused of genocide.

8. This situation will become even more critical with the number of expected DPs to be denounced after returning to their communes. The lack of security and the failure of the rule of law at the commune and higher levels is one of the main reasons why so many DPs have not and will continue not to voluntarily move home.

8A. UNAMIR has a very difficult role in the repatriation of DPs as UNAMIR's mandate includes to assist in the security of these people. Currently there is no guarantee to security of those people. Their security (and UNAMIR's obligation) can only be guaranteed by the application of the rule of law.

Legal Office

Current Tasks


9. Currently I am involved in the following major tasks:-

a. An ID card project primarily designed to assist the Rwandan Prosecutors to commence the genocide investigations of those people already in prison. Secondary purpose is to create a data base for those returning DPs accused of genocide.

b. The construction of a rule of law strategy to be implemented at the commune level that will ensure that any DP accused of genocide will be dealt with according to law rather than the arbitrary dispensing of justice by the RPA.

- c. A stop gap strategy for the immediate crisis in the DP camps using Milobs to monitor returning DPs accused of genocide, in conjunction with human rights monitor.

Future Tasks

10. Providing a link between the International Tribunal for Rwanda and the Rwandan Prosecutors for the two way flow of information on the genocide investigations.
 11. Facilitating the training of genocide investigators.
- 

SRSB BRIEF - PR ASSISTANCE TO LOCAL COMMUNITY

1. The PR Section AUSMED has assisted the local community by providing video coverage, using Betacam SP, on four occasions as follows:
 - a. 3 Mar: Ntarama Church and Bugasera orphanage for Minister of the Family and Women's Promotion;
 - b. 4 Mar: Kibungo orphanages for Minister of the Family and Women's Promotion;
 - c. 8 Mar: International Women's Day ceremony at Ntarama Church for Minister of the Family and Women's Promotion; and
 - d. 7 Apr: Anniversary of the genocide burial service for Rwanda Television.
2. Each task took an entire day, and was carried out specifically for the Rwandan organisations involved. None of the footage was suitable to be used to promote AUSMED.
3. Each task was carried on request from Rwandan representatives of those organisations, through UNAMIR HQ. Because the Rwandan Government had no broadcast-quality television camera equipment, it was decided to provide the assistance as a community service and to foster co-operative relationships between the Government and AUSMED.
4. AUSMED is able to provide limited video support on a case-by-case basis, given that each request is processed through UNAMIR HQ and approved by LHQ. General assistance of a PR or journalistic nature can also be provided, under those conditions. No support, other than what has been already provided, has been requested to date.

Future Tasks:

Continuation of current support programme.
Sector deployments commencing 22 May. This will entail a self supporting, multi skilled team, deployed to a sector per week on a rotational basis. Besides providing multi skilled support to the sector unit, such as Ethio Batt for the first deployment, the team will undertake humanitarian tasks such as - medical clinics, EHS tasks (malaria spray, water testing etc), support to local orphanages, minor engineering tasks, minor mechanical, plumbing and electrical tasks.

ASC 2 UNAMIR 11 (RWANDA)



MINUTE

EHS 140/95

OPSO

HUMANITARIAN TASK SUPPORT TO THE PEOPLE OF RWANDA BY
ENVIRONMENTAL HEALTH SECTION(EHS) ASC 2

1. The following is a summary of humanitarian support tasks conducted by EHS ASC 2 during the period 20 Feb - 10 May 95:
 - a. UNICEF, RILIMA. Insepection of water source and water treatment plant. Water analysis and advice on water treatment provided.
 - b. Health Aid UK, MUYUMBA. Bacterial water analysis conducted and advice on water treatment provided.
 - c. Medical Clinic, KILIBRA. Health intelligence and water analysis conducted.
 - d. Kigali Hospital.(NGO). Advice on waste disposal and provision of incinerator.
 - e. Internally Displaced Persons (IDP) Camp, GISENYI. Health inspection conducted and advice on fly control and waste disposal initiated.
 - (1) conducted fly and larvae control at the main IDP Camp (6,500 IDPs) and Overflow Camp (6,000 IDPs),
 - (2) conducted bacterial water analysis of local water supplies, and
 - (3) provided advice on waste disposal.
 - f. Munongo Plantation Orphanage, MUTURA (40 Children). Conducted preliminary health inspection and conducted bacterial water analysis.
 - g. Care Orphanage, BUTARE (148 Children). Conducted vector control program, including;
 - (1) bed bug control,
 - (2) residual insecticide spraying of all buildings and grain store,
 - (3) repair of water pump and bacterial water analysis, and
 - (4) advice on waste disposal.

h. Orphanage Munongo Plantation, MUTURA.

- (1) vector control of all buildings including childrens wards,
- (2) bacterial water analysis and advice on water treatment,
- (3) cleaning and repairs to guttering leading to water tank, and
- (4) advice on waste disposal.

i. Orphanage, NYUNDO (805 Children).

- (1) vector control of accomodation and kitchen areas,
- (2) collected health intelligence on communicable diseases,
- (3) conducted bacterial water analysis and advice on water treatment, and
- (4) advised on waste disposal.

j. Orphanage, KIGUNGO (70 Children).

- (1) conducted vector control,
- (2) conducted water analysis, and
- (3) advised on waste disposal.

k. Care Australia Orphanages, KIGALI (203 Children).

- (1) conducted vector and rodent control,
- (2) conducted water analysis, and
- (3) organised morale building functions (Easter BBQ).

l. Orphanages in the Malicoy Area of Operations.

- (1) Shygowe, 294 Children;
- (2) Byimana, 320 Children;
- (3) Gitarama, 154 Children;
- (4) Ruli, 130 Chidren; and
- (5) Cyeza, 93 Children.
 - (a) vector control of accomodation areas,
 - (b) provided advice on communicable diseases,
 - (c) conducted bacterial water analysis and advice on water treatment, and
 - (d) provided advise on waste disposal.

m. GOAL (NGO).

- (1) conducted vector and rodent control,

- (2) conducted bacterial water analysis, and
- (3) advised on water treatment.
- n. **UN Human Rights Field Officers.** Conducted health education on the preventive measures required in Rwanda.
- o. **IDP Camp, KIBEHO.**
 - (1) assisted with the removal of injured IDPs,
 - (2) supervised and conducted mass burials of corpses,
 - (3) conducted disinfection of graves sites, and
 - (4) conducted adult fly and larval control.
- p. **Care Australia Orphanage (750 Children).**
 - (1) Assist with measles immunisation program.

2. The assistance to NGO and orphanages has been extensive. The points noted above are the main tasks conducted at each area. These tasks have provided invaluable aid to Rwandian people and a high level of experience to preventive medicine personnel.



G.R. ATTARD
WO2
OIC EHS

// May 95

ASC 2 UNAMIR II (RWANDA)



MINUTE

ATTENTION: FHO

EHS 140/95

OPSO

HUMANITARIAN TASK SUPPORT TO THE PEOPLE OF RWANDA BY
ENVIRONMENTAL HEALTH SECTION(EHS) ASC 2

1. The following is a summary of humanitarian support tasks conducted by EHS ASC 2 during the period 20 Feb - 10 May 95:

- a. UNICEF, RILIMA. Inspection of water source and water treatment plant. Water analysis and advice on water treatment provided.
- b. Health Aid UK, MUYUMBA. Bacterial water analysis conducted and advice on water treatment provided.
- c. Medical Clinic, KILIBRA. Health intelligence and water analysis conducted.
- d. Kigali Hospital.(NGO). Advice on waste disposal and provision of incinerator.
- e. Internally Displaced Persons (IDP) Camp, GISENYI. Health inspection conducted and advice on fly control and waste disposal initiated.
 - (1) conducted fly and larvae control at the main IDP Camp (6,500 IDPs) and Overflow Camp (6,000 IDPs),
 - (2) conducted bacterial water analysis of local water supplies, and
 - (3) provided advice on waste disposal.
- f. Munongo Plantation Orphanage, MUTURA (40 Children). Conducted preliminary health inspection and conducted bacterial water analysis.
- g. Care Orphanage, BUTARE (148 Children). Conducted vector control program, including;
 - (1) bed bug control,
 - (2) residual insecticide spraying of all buildings and grain store,
 - (3) repair of water pump and bacterial water analysis, and
 - (4) advice on waste disposal..

h. Orphanage Munongo Plantation, MUTURA.

- (1) vector control of all buildings including childrens wards,
- (2) bacterial water analysis and advice on water treatment,
- (3) cleaning and repairs to guttering leading to water tank, and
- (4) advice on waste disposal.

i. Orphanage, NYUNDO (805 Children).

- (1) vector control of accomodation and kitchen areas,
- (2) collected health intelligence on communicable diseases,
- (3) conducted bacterial water analysis and advice on water treatment, and
- (4) advised on waste disposal.

j. Orphanage, KIGUNGO (70 Children).

- (1) conducted vector control,
- (2) conducted water analysis, and
- (3) advised on waste disposal.

k. Care Australia Orphanages, KIGALI (203).

- (1) conducted vector and rodent control,
- (2) conducted water analysis, and
- (3) organised morale building functions (Easter BBQ).

l. Orphanages in the Malcoy Area of Operations.

- (1) Shygowe, 294 Children;
- (2) Byimana, 320 Children;
- (3) Gitarama, 154 Children;
- (4) Ruli, 130 Chidren; and
- (5) Cyeza, 93 Children.
 - (a) vector control of accomodation areas,
 - (b) provided advice on communicable diseases,
 - (c) conducted bacterial water analysis and advice on water treatment, and
 - (d) provided advise on waste disposal.

m. GOAL (NGO).

- (1) conducted vector and rodent control,

(2) conducted bacterial water analysis, and

(3) advised on water treatment.

n. UN Human Rights Field Officers. Conducted health education on the preventive measures required in Rwanda.

o. IDP Camp, KIBEHO.

(1) assisted with the removal of injured IDPs,

(2) supervised and conducted mass burials of corpses,


(3) conducted disinfection of graves sites, and

(4) conducted adult fly and larval control.

p. Care Australia Orphanage (750 Children).

(1) Assist with measles immunisation program.

2. The assistance to NGO and orphanages has been extensive. The points noted above are the main tasks conducted at each area. These tasks have provided invaluable aid to Rwandian people and a high level of experience to preventive medicine personnel.



G.R. ATTARD

WO2

OIC EHS

// May 95

MEDICAL BRANCH HQ UNAMIR

Clinical Situation

1. AUSMED is unable to provide a clear estimate of casualty figures. A UNAMIR figure is 2 000 deaths and wounded as more than 600. AUSMED and ZAMBATT undertook triage. A few thousand (presumably not wounded) remain inside a compound within the camp.
2. Not possible to make clear assessment as CCP teams were not allowed access to all areas, some casualties have hidden, and some moved by RPA, however overall it is still a mass casualty situation. Sporadic firing continued all afternoon.
3. Casualty types remaining were primarily gunshot and machete wounds. Gunshots were often short range. All seen are surgical cases. The survivors have progressed as follows:
 - a. Torso/head injuries now assessed as priority one.
 - b. Extremity injuries priority two.
 - c. Few priority three seen - assumed they have walked out.
4. Few young males and few children wounded have been seen.
5. It appears that some that hid are now coming in for care and a steady state situation exists. Casualties are not flooding the facility.
6. The key shortfall remains surgical capacity.

Plan for Tomorrow

7. Following a fresh assessment of the situation at first light, Med Br will request that UNAMIR will continue with the provision of veh and RW Acft for movement of casualties from KIBEHO. Note that one RW acft aircraft is expected and no FW air from BUTARE.
8. IOC can request UNAMIR veh for movement of cas BUTARE - KIGALI
9. Support in KIGALI will be as discussed.
10. CCP will return tomorrow but as NGO take over UNAMIR commitment will become less significant.

23 Apr 95

ACTION MEMO

File

Follow

To (Name or Appointment)

Attention/Location

Reference(s)

Subject

FOR

☐

Action

FOR

☒

Approval

Please

☐

Telephone/Discuss

☐

File on

☐

Information

☒

Signature

☐

Note and Return/Retain

☐

Comments

☒

Circulation

☐

Prepare Draft Reply
Signature of

Comment/Action is Requested

by...../...../.....

Nil Returns
are

☐ Required

☐ Not Required

Additional Comments

Info on IOC - I plan to attend the
Monday lunch cell meeting with your approval

Originator

(Signature)

(Printed Name)

(Rank)

(Appointment)

(Phone)

(Date)

ORGANIZATIONS WORKING IN RWANDA

Produced by UNREO NGO Liaison Unit

22-Apr-95

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
ACTION INTL CONTRE LA FAIME (FRANCE)	AICFFR	Philippe Paillet	84076	84076	Kimuhurura, Parcle 504	
ACTION NORD-SUD/HANDICAP INTL	ANS/HI	Alain Furlan	83689	83689	Kimihurura	
ADEPR/PMU INTERLIFE	ADEPR	Alfred Tobler, Jean Sibomana	72155		Rue de Recolte, Nyarugenge	76
ADRA	ADRA	Carl Wilkens, Ranjan Kulaserere	72570	72571	BP2	
AEF INTL	AEF	Dr Wesongah	76390		Justice Street, Nyarugenge	ECHO
AFRICA JAPAN FORUM	AJF	Yukika Shiawel				
AFRICAN HUMANITARIAN ACTION (AHA)	AHA	Askale Binaga	72239		Rue dep Kayuku #37	KG ALPHA 1
AFRICAN MEDICAL & RESEARCH FUND (KE	AMREF	Vicki White, Zachary Ibugirimana	64172		Byumba	
AFRICAN MUSLIM AGENCY	AMA	Bishar Ismail Ibrahim	72849	77690	Nyamirambo	
AFRICAN REVIVAL MINISTRIES	ARM	Stany Biziyaremya				
AFRICARE	AFRCARE	Cary Alan Johnson	83731	83731	Former Restaurant Hellenique, Kimihura	
AICF (USA)	AICF	Louise Greip			BP 2349, Kigali (Office in Butare)	
AIDE ET ACTION	AIDACT	Philippe Langillotte	73129	72384	2 Rue de L'Akagera	ALPHA
AIR SERV INTL	ASI	Kristine Bresser			Kimuhurura	
AMERICAN JEWISH JOINT DIST. COMM.	AJJDC	Manilo Dell Agiccia, Charles M Ga			c/- IRC	
AMERICAN REFUGEE COMMITTEE	ARC	John Keys	72262	72262	Ave de la justice (SEFA Bldg)	
AMERICANS FOR AFRICAN ADOPTIONS IN	AFAAI	Cheryl A. Carter-Schotts Charlie			Hotel des Mille Collines	
AMERICARES (USA)	ACARES	Doug Sandok			8 Km frm Nemba twds Ruheng Kgli Ruhen Rd	
AMNESTY INTERNATIONAL	AI	Matthew Ganda	82592		Plot No. 56, Kimuhurura, near Pentecost	
AMURT (SWITZERLAND)	AMURT	Ravinder K Prabhakar	72271		BP 2866 Kigali, WFP Parking lot, Gikondo	
ARMEE DU SALUT	ADS	Samuel and Liselotte Holland	83276		Kicukiro	SALVO- KILO
ARTC	ARTC					
ASB (GERMANY)	ASB	Walter Schmidt			Cntre Nutritionel Kinyinya	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
ASSN FINISTERIENNE DE SOLIDARITE AVE	AFSR				Remera	
ASSN FRANCAISE DES VOLONTAIRES DU	AFVP	Manasse Rwibogora			Rue de L'amitie	
ASSN OF MEDICAL DOCTORS OF ASIA (AM	AMDA	Navin Takur	72992	72992	10 Rue de Depuly Kajangwe	
ASSN POUR L'ACTION HUMANITAIRE	AAH	Sophie Romana	75186	75186	5 Rue du la Mpanga, Nyarengenge	
ASSOCIATION COOPERATION RECHERCH	ACORD		74619	73614	Rue du Mont Huye	
ASSOCIATION VOLONTARI PERIL SERVIZI	AVSI	Albino Dacco	72326		Rue du Mont Juru	
ATLAS LOGISTIQUE	ATLAS	Francoise Gillet	75333	75333	Terres des Hommes deleg MSF cmpd,Kikondo	
AUSTRIAN RELIEF PROGRAM	ARP	Jean Mutanba	76141	76141	Boulevard de la Revolution 16	
AVIATION SANS FRONTIES	ASF	P. De Hennin	82023	82023		
BAMBINI DEL RUANDA	BAMBINI	Gianpiero Baldassarri			Canini Hospital	
BORNEFONDEN	BORNE	Hans H. Krarup	84413	84413		
BRITISH DIRECT AID	BDA	John Attlee	82062 85691			
BUFMAR/MEMISA	BUFMAR	Hennie Zonderland	86176		Rue de Ministeres opp Chambre Commerce	
CANADIAN FIELD AMBULANCE	CFA					
CANADIAN PHYSICIANS FOR AID AND RELI	CPAR	Gizaw Shibru	268064			
CARE AUSTRALIA	CARE	Jean Jaques Mersan	75536		8 Rue de Masaka	
CARE INTL	CARE	Christy Gavitt	72402			
CARITUS ITALY	CARIITL	Gugliemo Colombo	73432		2 Rue du commerce BP.124 Kigali	
CARITUS SWITZERLAND	CARISUI	Ewald Zimmer	256486 23420		P O B 956, KABALE	
CATHOLIC RELIEF SERVICES	CRS	Chris Hennemeyer	82109, 82112	82127	Kyciru nr Meridian Hotel	
CENTRE CANADIAN D' ETUDE COOPERATI	CECI	Valmore Cote	82171	82171	Kicukiro, Kigali	
CESAL SPAIN	CESAL	Christopher Hakiza	72326		1 Rue Mont du Juru	
CHILDREN'S RELIEF (GERMANY)	CRA	Christa Lehrer, Thomas Franke				
CHRISTIAN AID	CAID	Allison Burden	84302, 77102	77102		
CHRISTIAN REFORMED WORLD RELEIF CO	CRWRC	Patsy Orkar, Keith Disselkoen	73654, 85711		CV- FFTH, 30 Ave Depute Kamazinzi	
CHURCH WORLD ACTION/ACTIST	CWA/A	Sten Bjurstrom	77102		33 Rue Depute Kayuku	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
CHURCH WORLD ACTION/LUTHERAN WOR	CWA/LW	Jaap Aanjes	74182,74547	77102	33 Rue Depute Kayuku BP 966	
CHURCH WORLD SERVICE	CWS	Ruth Brown			c/- AFRICARE	ROMEO BRA
CITIZENS' NETWORK	CITIZEN	Caroline Petioux	84664	84664	Kacyiru	
COMMUNAUTE EMMAUS	EMMAUS	Abbe Marinu, M Van der veen	73955		Gatsata BP 2058	
COMPASSION INTL	COMPASS	Vivian	73256		Ave de la justice (1st floor INdR building)	
CONCERN WORLDWIDE	CONCERN	Dominic MacSorley	72208		Avenue de la justice	KILO NOVEM
COOPERAZIONE INTERNAZIONALE	COOPI	Raffaello Muraro			Magasin de l'imprimerie Scolaire, Gisenyi	
COOPIBO	COOPIBO	Marie GorettiNyiraruknio	75680		Ave de la justice BP 454	
CROIX ROUGE BELGIQUE	CRB	Willem Dewint	72954,72951	72955	Ave de L'Akagera	
CUAMM	CUAMM	Dal Lago Tito	75722		41 Rue Depute Kayunu	
DEUTSCHE WECHTHUNGERHILFE GERMAN	DWGA	Stierand Andreas	00250-76834	76834		
DEVELOPMENT PAIX	DPAIX	Andre Bourque	72899	72899		
DIAN FOSSEY GORILLA FUND	DFDF	Peter Crowley, Jim Cogswell	84761		BP 106 Ruhengeri, Plot 593 Kimuhrura	
DISASTER RELIEF AGENCY	DRA	Sjaak de Boer	75619,72386	74671	5 Rue Depute Kajangwe	
ECOTERRA INTL	ECOTERRA	Louis Isabagara			c/- OXFAM Quebec	
EMERGENCY (ITALY)	EMER	Dr Gino Strad, Astrid Lund Eikk	72616		Rue du progres	EMERGENCY
ENFANTS DE MONDE	EDM	Laurent Tafford, Jean Pierre Daif	77768,76960		Rue Masaka, Kiyovu	
EQUILIBRE	EQUIL	M'bomo Yvao	72989		36 Rue Kamuzenzi	
FEED THE CHILDREN (EUROPE)	FTCEUR	Ulfur Bjornsson, Ovid Jacota	73359		Blv. de la paix	KIGALI FTC
FEED THE CHILDREN CANADA	FTCCAN	Brian Smith	75977		18 Rue Bigogwe	
FOOD FOR THE HUNGRY INTL	FHI	J. Kila Reimer, S Michelle Leffler	73654		30 Ave Depute Kamazinzi	
FOUDATION TERRE DES HOMMES- RWAN	TDH	Nathelie Lauriac	77768		7 Rue du Bugarama, Kiyuv	
FOUNDATION AIDE DENTAIRE AFRIQUE	FADA	Dr Arnold Daems	76541		Hotel Mille Collines	
FRATERNITE NOTRE DAME INC	FRAT	Aere Marie Joseph, Marie Jeanne				
FRIENDS OF THE WEST INTL (USA)	FWI	Kathryn Snyder, Tara Rice			Past IVECO towards Aiport	
GERMAN AGRO ACTION	GAA	Jurgen Feldman	76348		P. O BOX 186, 11Ave.Kiyovu	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
GERMAN EMERGENCY DOCTORS	GED	Micheal Smeek, Serge Gasana			Kabuga 20 km east of Kigali	
GESELLSCHAFT FUR TECHNISCHE ZUSA	GTZ	M Strahler			11 Ave Kiyovu	
GLOBAL OPERATION AND DEVELOPMENT	GOD	Jacqueline Hodgkins	72570		c/- ADRA PB2 Kigali	
GOAL (IRELAND)	GOAL	John Ging			Kacyiru 880	KILO OSCAR
HEALTH AID UK	HEALTH	Carrie O'Mahony, Robert Powles	72572			
HEALTH UNLIMITED	H/UNLTD	Jane Thomas, Colin Alfred	75108		Kiyovu Hotel	
HEIN NEBELING ISENSEE, ALLEMAGNE	HNI	Daniel Meier	75222	77267	P O BOX 1211 Kigali or c/- Germany Embassy	
HELP (GERMANY)	HELP	Ulrike Kirchaesser	75388		c/-GTZ	HOTEL KILO
HELPAE INTERNATIONAL	HAI	Helen Atkinson	83383	73684	Kimuhurura	
HOPITAL SANS FRONTIERE	HSF	Carol Tricoche			Hopital Saint Francois, Cyangugu	
HUMAN RIGHTS WATCH	HRW	Lynn Welchman	75112	72472	Hotel Des Diplomats, Room 211	
IMC	IMC	Lisa Lind	76158	76158	36 Ave Rugunga, Kiyovu, BP 3118	
INTER SOS	INTERSOS	Sandra Pocaterra	777329		Kiyovu 7	
INTERMON	INTLMON	Ignacio Carreras				
INITIATIVE HUMANITAIRE AFRICAINE	IHA	William Comlan			Ruhango, Gitarama	
INTL COOP FOR DEVEL. & SOLIDARITY	CIDSE	Peter Schlang			c/- Kacyiru Nord	
INTL HILFSFONDS	INTLHILF	Petra Campbell			Kagenze School, GITARAMA	
INTL RESCUE COMMITTEE	IRC	Greg Beck	86036	86036	Kacyiru	
ITALIAN COOPERATION	ITLCOOP	Marco Barone	83835		41 Rue de la Dovane	
JA OLPHANAGE	JAOLP	Marc Vaiter			Ecole Francaise St Expeny, Rugunga	
JAPAN INTL VOLUNTEER CENTRE	JVC	Kazahito Suga			c/- OXFAM Quebec	
JOHANNITER UNFALL-HILFE	JOHAN	c/- HELP				
JOINT RELIEF & REHAB SERVICES KENYA	JRRS	Dr Sirat Warfa, John Bideri			Rue Depute Kanjagwe, Kiyovu	
LAY VOLUNTEES INETRATIONAL ASSOCI	LVIA					
LES ENFANTS AVANT TOUT	LEAT	Chrisotpher Vuillomet			BP 158 Gisenyi, Orphelant Noel, Nyundo	
MALTESER HILFE DIENST	MALTESER				Butare	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
MEDECINS DU MONDE	MDM	Rubin Serge	75143	75143	Rue de Progres	
MEDECINS SANS FRONTIERES/BELGIUM	MSF/B	Yoan Hildebrand, Sophie Maes	82569, 84172		BP 1361 Kimuhurura	
MEDECINS SANS FRONTIERS	MSF	Ton Berg	82331	84174	Kimuhurura	MIKE SIERRA
MEDICINE POUR LE TIERS MONDE	MDM	Dreelinck Ann				
MEDICOS EN CATASTROFE	MEC	Javier Calisaya			Hospital Mbuye, GITARAMA	
MEDICUS MUNDI (SPAIN)	MMSPAIN	Ignaki Drados			Parroise de Gihara BP858, Remera	
MEMISA MEDICUS MUNDI	MMM	Marcel Berkel	84556	83008	BP 716 Kigali, Kimihurura (BUFMAR)	
MERLIN	MERLIN					
MERLIN	MERLIN	Rebecca Traford-Roberts	72182	72182	4 Rue de la Culture	
MINES ADVISORY GROUP	MAG	Fabienne Bully			Gisenyi, Ruhengeri	
NETHERLANDS DEVELOPMENT ORGANISA	SNV	M. Prouilly	75619, 72386	74671	BP 1049, 5 Rue Depute Kajangwe	
NORWEGIAN PEOPLES AID	NPA	Jens Erik Sundby	72616	72616	BP 2966, Rue du Progress, Kiyovu	KILO PAPA 1-
NUTRIPA	NUTRIP	Nadine Donnet	76511	76511	Ecole Franciase de Butare, Butare	
ORA INTL	ORA (ABARO	Heinrich Floreck	77207			
ORPHELINS DU RWANDA	ORPHEL	Vienot Jacques-Henry			C/-ACTION Nord/sud	
OXFAM QUEBEC	OXFAM	Michel LeFevre	86957	86957	Kimihurura	
OXFAM UK	OXFAM/UK	Jane Mathieson	82912	82912	BP 2966, Rue de Progress, Kiyovu	OSCAR KILO
PARTNERSHIP RHINELAND PFALZ/RWAND	JRPRG	Rudolph Fischer	73618	72475	39 Blv de la Revolution	
PEMIERE URGENGE	PREMIERE	Pierre Verdoja			French Cultural Centre	FROG 1-10
PHARMACIENS SANS FRONTIERS	PSF	Richard Houot	75186, 7703		5 du Lac Mpanga	
PROG. DU SECURITR ALIMENTAIRE DUE R	PSAEU	Alain Houyoux	75586, 75583	74313	Rue Depute Kamusinyi	
PSALM 23-EV	PSALM	Stefan Schepers				
RADIO AGATASHYA (RSF-SUISSE)	RADIOAG	Philippe Dahinden	76901	74723	Village Suisse, 32 Ave Depute Kayuko	
RED BARNET (STC DENMARK)	RBARNET	Lars HeqI	77451		c/- SCF (US) Rue de Masaka	
REFUGEE TRUST IRELAND	RTI	Anne Malone	84002	84002	Kicukiro	T.N.
SAFE HARBOUR (USA)	SAFE	Ron J. Neely			Airport Warehouse-ODA	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
SALEMM RWANDA	SALEM	Fritz Roithinger	76141	76141	BP 2057 Kigali, c/o ARP, Bvd de la Rev.	
SAMARITAN'S PURSE INTL RELIEF	SAMAR	Jack Norman	84780	82943	CHK Hospital, Remera	SPK
SAVE THE CHILDREN FUND (UK)	SCFUK	Steve Rifkin	73381	77451	Avenue de la justice Manumental Compound	
SAVE THE CHILDREN FUND (US)	SCFUS	Richard Jacquer	77451		Rue d' Akonyaru	
SECOURS POPULAIRE FRANCAISE	SPF	Vigroux Phillipe			Hotel Mille Collines	
SENTINELLES	SENT	Dominic Vuichard	75738	72461	Swiss Embassy	
SERVICE ALLEMAND DE DEVELOPPEMENT	SAD	Ancilla Mukangira	76348		Face a L'ecole Belge	
SOLIDARITES, FRANCE	SOLID	Sylvie Robert	76619	76619	BP 1297, Kigali 20 Ave de L'armee	SOLIDARITE
SOS CHILDRENS VILLAGES	SOS	Klaus Kelier	83870		Kakiru	
TEAR FUND	TEAR	Marius Joosten	76741		Muhima, Kigali BP 1552	
TERRE DES HOMMES NETHERLANDS	TDHN	Marguerite Miedema	75619		Rue depute Kayangwa 5	
TERRE DES HOMMES/DIASTER RELIEF AG	TDH	Laurent Tatford			7 Rue Du Bugarama, Kiyovu	6957.0 USB
TERRE SANS FRONTIERS	TSF	G Larocque	74766	72899	Next to Ste-Famille church	
TRIANGLE GENERATION HUMANITAIRE	TRIANGLE	Lionel Tivert, Fredric Poupard	82959		BP 372, Kimuhurura across from parlimen	
TROCAIRE	TROCCAIRE	Olga Mc Donogh	72937	72190	41 Rue Depute Kayuku	
UNREPRESENTED NATIONS AND PEOPLE	UNPO	Pauline Overeem, Erica Zwaan			"Procure" St Famille	
US COMM FOR REFUGEES	USCOMREF	David Hawk			Hotel des Diplomates	
VISA SANTE + ASSOC FRATERNIERE	VISA	Jean Marc Queymes			Hopital de Rwamagana , 54 km frm Kigali	
VOLCANO VET CTR/MORRIS ANIMAL FOUN	VOLCANO	John E. Cooper	75601	76541	c/o US Embassy or Millie Collin, Kigali	
WORLD CONCERN INTL	W CONCERN	Al york	82608	84170	Kacyiru Nord	
WORLD RELIEF INTL	WRELIEF	Jean Gakwandi, David van Vuure	77868/72673		11 Rue Kalisimbi	
WORLD SOC. FOR THE PROTECTION OF A	WSPA	Mike Pugh			Muhima Road	
WORLD VISION INTL	WVISION	Norbert Clement	75762	76229	3 Rue Depute Kamuzinzi	VISION 1-13
ZOA/MEDAIR/AEE	ZOA	Gerrit Noordam			BP 3026 Nyamata	
ACTION TECHNIQUE DIUN DEVELOPMENT	ATEDEC	Jonathan Gasuzuguro			BP 2642, Remera	
ADEHAMU	ADEHMU					

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF_CALL
ADRI	ADRI	Innocent Beninez	82455	72217	BP 1087 Kigali	
APIDERMUB	APIDERBU	Athanase Gakwaya	86625			
ARAMET	ARAMET	Kayigema Anicet	72746		Rue Du Mont Huye, BP. 1888	
ARDI	ARDI	Habyarimana Myanda, C. Karema	73961	73961	BP 1295	
ARTC FEMMES	ARTCF				3 Ave du Mont Juru	
ASBL DIALOGUE	ASBL	Charles Karemano	74178		BP 572 Kigali	
ASSN POUR LE DEFENSE DES DROITES D	HAGARUKA	Zaina Nyiramatama Karemera	73961			
ASSN VOLONTAIRES POUR DEVELOP INTE	AVODI	Michel R. Makebo			Rutungo	
ASSOCIATION RWANDAISE BIEN ETRE FA	ARBEF	Dr Mungwakuzwe Canisius	76127		BP 1580, Kigali	
BARAKABAHO FOUNDATION	BARAK	A. Lexis Birindahagabo	84102		Kayiru	
CARITAS RWANDA	CARIRWA	Michel Andre	76331		Next to La Rwandaise, Rue du Lac, Rivero	
CCOAIB	CCOAIB	Kayigema Anicet	72217			
CFRC	CFRC					
COMPGNONS FONTAINIERS RWANDAIS	COFORWA	Sylvain Bourgueet- Kanyamigezi			BP 53 Gitarama BP 3152 Kigali	
CONSEIL NATIONAL DE CONCERTATION D	COSYLI	Mugwankuze Canissius, Habyare			Ave Nyabugogo, Muhioia	
DUTERIMBERE	DUTER	Judith Kanakuze	73598		Boulevard de l'Oua, BP 738	
ESPOIR SANS FRONTIERES	ESF	Emmanuel Ngomirardnha	75224, 82943		BP 2805, Paroisse St. Michel	
INADES	INADES	Vincent Kayiruka, Alphouse Marie	84713		BP866 Remera	
KORA ASBL	KORA	Francois Lefitinema				
LA DOLCE VITA MILOT	DOLCE	Jean de dieu Hakizimana	741 4077031		Remera, Kigali, BP 830	
PREFED	PREFED	Mulami Mutombo	77726	74292	B 1897 Kigali	
PROMOTIONS INTIATIVES LOCALES DEVL	PILD	Tommy Tanibwe Nzeyimana	75145		BP 171, Kacyiru, across from Meridian	
RESEAU DE FEMMES POUR LE DEVELOPP	RFD	Immaculee Mukankubito	72660		Nyamirambo	
RWANDA RURAL REHABILITATION INTIATI	RRRI	John Bonds Bideri			BP 133, Kacyiru	
RWANDAN FAIR CHILD FOUNDATION	RWAFAIR	Elijah Nduwayesu	73186 77031		BP 942 Kigali	
SOC DE ST VINCENT DE PAUL	SSVP	Mathias Byusa	74495		BP 287	

ORG_NAME	SHORT	CONTACT	PHONE	FAX	ADDRESS	VHF CALL
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AIDAB AUSTRALIA	AIDAB	Andy Oliver				
BELGIAN DEVELOPMENT COOPERATION	BADC	Marc Benys			Belgium Embassy	
CANADIAN EMBASSY	CAN	Claude Latulippe	73210	72719	BP 1177, Rue De L' Akagera	
EUROPEAN COMMUNITY COMMISSION	ECC	Achim Kratz	72536 , 75586	74313		
IFRC	IFRC	Adrian van Drongelen	76530	76541	Mille Collines Rm 324	
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INTL COMM OF THE RED CROSS	ICRC	Jean Francois Sangsue				
INTL ORG FOR MIGRATION	IOM	Paul Howard				KILO INDIA
PROG DU SECURITE ALIMAENTAIRE AU R	PSA	Alain Houyoux, Jacqueline Uwumv	75586 75589	74313	Rue Depute Kamuzinzi (Deleg du la CEE)	
RWANDAN GOVERNMENT	GOVT					
SWISS DISASTER RELIEF	SDR	Swiss Embassy	75738	72461	Swiss Embassy	
WORLD BANK	WB	Julio Gamba	72204 , 74835	76385		
HIGH COMISSION FOR REFUGEES	UNHCR					Not Provided
HIGH COMMISSION FOR REFUGEES	HCR	Roman Urasa, Wilbert Van Hovell	77987 , 76635	14177265018		
MILITARY OBSERVERS	MILOBS					
UNESCO	UNSECO	Mark Richmond	73008			
UNITED NATIONS ASSISTANCE MISSION IN	UNAMIR	Shaharya Khan	84269 , 84270	86877		
UNITED NATIONS CHILDREN EDUCATION F	UNICEF	Daniel Toole				
UNITED NATIONS DEVELOPMENT PROGRA	UNDP	Sukehiro Hasegawa, Babacar Cis	72765	76263		
UNITED NATIONS HIGH COMMISSION FOR	UNHCR	Williams Clarence	72892 , 72939	1-212-963-9908		
UNITED NATIONS RWANDA EMERGENCY	UNREO	Randolf Kent, Patricia Banks	72951	72951		
WORLD FOOD PROGRAMME	WFP					
WORLD FOOD PROGRAMME (PAM)	WFP	T. Zergaber	74732 , 73541	876 154 6326		
WORLD HEALTH ORGANISATION	WHO	Dr. Idrissa Sow	76682	74532		

UNITED NATIONS

ASSISTANCE MISSION FOR RWANDA



NATIONS UNIES

MISSION POUR L'ASSISTANCE AU RWANDA

UNAMIR - MINUAR

HQ UNAMIR MED BR

FILE: 693-6-1

MEDLOG 430/95

To: DCOS (Ops)

From: FMO *[Signature]*

Date: 23 Apr 95

Subject: REQUIREMENT FOR US MILITARY FIELD MEDICAL FACILITY

Reference:

A Mr P. Whaley 1st Secretary US Embassy Rwanda IOC Medical Briefing 23 Apr 95

SITUATION

1. It is assessed by UNAMIR and IOC that there are at least 650 casualties requiring medical care (primarily surgical to deal with battle type casualties) in the vic of KIBEHO. These casualties are to be moved by road and air to BUTARE. UNAMIR, NGO and Rwandese Government facilities are assessed as being unable to treat these casualties on an immediate basis or be able to provide adequate shorter term surgical treatment

TASK

2. Triage, initial surgical treatment of casualties and short term hospitalisation of casualties from KIBEHO.

REQUIREMENT

3. A deployable military medical facility is required to be deployed to RWANDA (preferably BUTARE) to provide triage, initial surgical treatment of casualties and short term hospitalisation. Definitive surgical treatment of large numbers of casualties or patients who have received basic treatment will also be required in the medium term.

4. Early deployment of a light scale facility capable of dealing with priority one and two casualties is urgently required.

PROPOSAL

5. UNAMIR propose to Rwandese Government that they request USA provide an appropriate facility be deployed to RWANDA and open no later than 241800B APR 95. A primary point of contact is COL Odom and it is requested that he be requested to liaise in this regard.

COORDINATION INTERPAYS DE LA SURVEILLANCE ÉPIDÉMIOLOGIQUE

Bulletin Épidémiologique Bimensuel

N° 7

15 Mars 1995

Publié par

L'ORGANISATION MONDIALE DE LA SANTÉ

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Bulletin Épidémiologique Bimensuel

1. Introduction

Ce document présente les données de surveillance épidémiologique dans les camps de réfugiés pour la période du 1er au 15 Mars 1994. La dernière estimation de UNHCR sur le nombre de réfugiés rwandais et burundais dans les pays voisins se présente comme suit :

	Population	Refugiés	Total
Burundi	-	284 000	284 000
Rwanda	6 000	-	6 000
Tanzanie	62 000	582 000	644 000
Ouganda	-	4 000	4 000
Zaire : Bukavu	-	347 000	347 000
Uvira	134 000	46 000	180 000
Goma	-	743 000	734 000
TOTAL	202 000	2 006 000	2 208 000

Suite à la détérioration de la situation politique et sociale au Burundi, à la fin du mois de Février, 3000 à 5000 réfugiés rwandais sont rentrés en Tanzanie et près de 15 000 réfugiés burundais se sont installés à la frontière entre les deux pays. Les mouvements de retour vers le Rwanda se sont beaucoup ralentis depuis le début du mois de Mars à cause des incidents dans le pays et dans les camps. Les convois officiels totalisant plus de 1000 rapatriés par semaines ont chuté à 200. Les campagnes de sensibilisation menées par les Agences et Autorités rwandaises pourraient faire remonter le reflux.

Les anciens réfugiés rwandais des années 1959 reviennent de façon spontanée et sont reçus dans des camps de réception, ou s'installent de manière incontrôlée dans les communes.

Un programme de couverture sanitaire des réfugiés anciens et nouveaux rapatriés est en cours de mise en oeuvre par les Agences des NU et les ONGs sur les sites de passage. Différents niveaux d'assistance médicale ont été prévus au Rwanda en fonction des 5 types de structures d'accueil des réfugiés le long des couloirs de rapatriement, à savoir les postes de screening, les stations d'arrêt, les centres de transit, les centres de réception et les centres de récupération. Un "data base" sur les données concernant les rapatriés dans les domaines de la nutrition, le développement communautaire, l'éducation, la santé, l'eau et l'assainissement a été développé par les Agences des NU.

Les données statistiques présentées sur le Rwanda se rapportent au mois de Janvier 1995. La Direction de l'Epidémiologie déplore le retard enregistré dans la transmission des formulaires de collecte et la baisse du taux de complétude des informations sanitaires.

Le taux de rapportage des données dans les régions sanitaires est de 74 % à Butare, 70 % à Byumba, 17 % à Cyangugu, 68 % à Gikongoro, 50 % à Gisenyi, 72 % à Gitarama, 60 % à Kibungo, 48 % à Kibuye, 64 % à Ruhengeri et 55 % à Kigali. Cette situation pourrait très vite s'améliorer à travers la dynamisation de la coordination des ONGs et un engagement plus marqué des directions régionales de la santé.

RX
PS
NGO
Info
T.M
K.S

2. Conditions de santé

Dans les camps la couverture sanitaire est estimée à 100 %. Au Rwanda les programmes prioritaires de lutte contre la maladie comme les MST/SIDA, la tuberculose/lèpre, les maladies diarrhéiques/IRA et le paludisme ont été relancés sur l'ensemble du territoire. Les ONGs en collaboration avec les directions régionales de la santé participent au fonctionnement de plus de 130 structures de santé.

La couverture en eau potable est toujours insuffisante dans certains camps comme à Mugunga au Zaïre où des travaux sont en cours pour l'augmentation de la capacité de pompage et de distribution.

A Bukavu dans le camp de Hongo, l'interruption de l'approvisionnement en eau est totale faisant craindre la recrudescence des maladies diarrhéiques. Si en même temps l'entretien des latrines n'est pas améliorée, la promiscuité prédominante dans les camps pourrait favoriser l'apparition de nouvelles épidémies.

A Goma une formation des opérateurs des camps en lutte anti-vectorielle est prévue. Cette initiative constitue un bon exemple de tentative de diminution des conditions de transmission des maladies par les vecteurs, surtout face à une tendance de dégradation des conditions d'assainissement.

Les rations alimentaires distribuées par le PAM dans les camps seront diminuées de 25 % à partir du mois d'Avril 95 à cause des difficultés d'acquisition de nouveaux stocks. L'approvisionnement en nourriture serait de l'ordre de 1500 Kcal/Réfugié/jour à partir de ce moment.

Les réfugiés de 1959 retournent au Rwanda avec des milliers de troupeaux de bétail (750 000 têtes environ) entraînant un surpâturage dans les réserves de l'Akagera et du Mutara. A la longue l'influence sur l'environnement pourrait se traduire par une désertification de ces zones si des mesures drastiques de réduction de la population du bétail ne sont pas prises et si un programme de commercialisation du cheptel n'est pas envisagé pour aider les éleveurs.

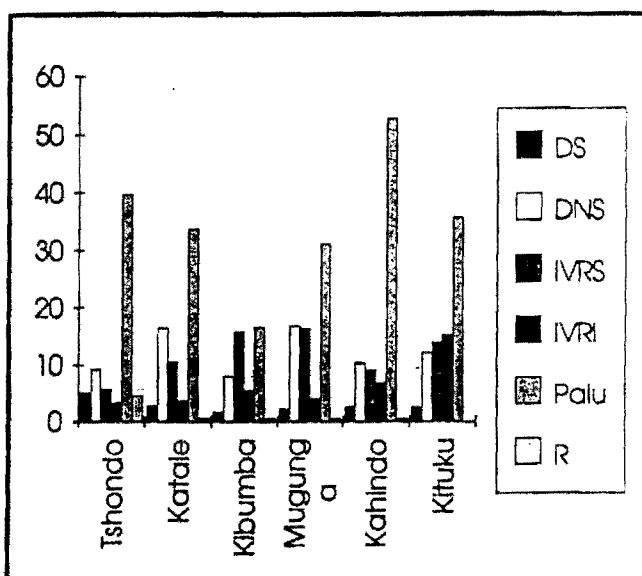
3. Surveillance épidémiologique

La mortalité globale dans les camps reste inférieure à 1/10000/jour.

Au Rwanda comme dans les camps la première cause de morbidité est le paludisme suivi par les infections respiratoires aiguës, la diarrhée non sanglante et la dysenterie bacillaire.

Morbidité dans les camps de réfugiés de Goma Incidence par 10000/jour Tous âges.

Diarrhée sangl.	5	2,8	1,7	2,09	2,6	2,5
Diarrhée n.sangl.	9,2	16,4	8,0	16,7	10,3	12,0
Inf.V.Resp.hautes	5,7	10,6	15,7	16,3	9,1	13,8
Inf.V.Resp.basses	3,3	3,7	5,5	4,0	6,8	15,2
Paludisme	39,6	33,7	16,6	31,1	52,7	35,6
Rougeole	4,5	0,55	0,52	0,52	0,5	0,0



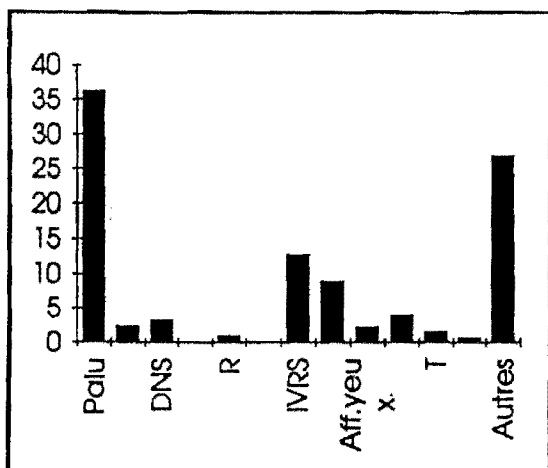
Rage:

A Ruhigi au Burundi 20 cas suspectés de rage et 6 décès ont été notifiés. Ils ont tous été mordus par des chiens. Dans le numéro 6 du bulletin, une mention avait été faite sur les cas de rage au Rwanda. Depuis la fin du mois de Novembre 1994 jusqu'au début du mois de Février 1995, au total 57 cas de rage humaine ont été signalés dans les préfectures de Kibuye, Gitarama, Kigali, Kibungo, Byumba et Butare.

Aucun réservoir sauvage n'a été trouvé. Les mesures de contrôle impliquant l'administration de vaccin anti-rabique à tous les cas présumés et aux personnes de contact, l'élimination des chiens enragés, la vaccination des carnivores domestiques et la sensibilisation des communautés méritent d'être renforcées dans les 2 pays. Une stratégie régionale de prévention de la rage pourrait être envisagée en consultation avec la division spécialisée de l'OMS/AFRO si on tient compte de la grande mobilité des populations à travers les frontières, et les risques de propagation en dehors de ces 2 pays.

Morbidity proportionnelle dans les Régions sanitaires du Rwanda : Nombre de cas et pourcentage.

	10922	23844	14031	10237	5825	23816	7840	3748	8247	2362	36,21
Paludisme	749	1550	646	1299	549	788	336	169	955	859	2,36
Diarrhée ssn.	554	3096	668	1039	606	1194	750	150	1293	1206	3,16
Diarrhée n.ssn.	11	2	2	0	2	21	1	0	0	0	0,01
Choléra	419	581	473	265	627	520	296	37	88	285	1,07
Rougeole	2	11	10	79	14	9	9	4	11	9	0,04
Méningite	0	0	2	0	1	0	0	0	1	1	0,0
Tétanos	3138	10059	3951	5240	1843	4629	1601	828	6517	4905	12,79
IRA sup.	2545	5522	2247	3592	3698	3934	1018	1289	3689	2349	8,95
IRA inf.	541	1144	1156	744	438	961	607	126	832	678	2,16
Affec. yeux	761	2475	1310	885	863	729	869	113	2609	2388	3,89
Affec. peau	374	1074	569	790	302	438	227	125	725	568	1,55
Traumatisme	146	606	228	227	336	358	109	112	274	396	0,83
MST	7939	19346	8642	15097	7392	884	5119	24116	13018	9946	26,90
Autres											



Morbidity

Rougeole

Le nombre de cas de rougeole jusqu'en fin Janvier 95 continuait à augmenter au Rwanda. Cette tendance pourrait être favorisée par l'afflux de la population en provenance des pays limitrophes dont le statut vaccinal est mal connu. Les régions les plus touchées sont celles de Gisenyi, Kibungu, Butare et Cyangugu. Les adultes sont également atteints. La tendance vers la baisse s'est amorcée au cours de la seconde

moitié du mois de février 95. Mais dans les camps le nombre total de cas et l'incidence dans les camps diminuent. Néanmoins la recommandation a été faite de vacciner les groupes d'âge entre 6 et moins de 15 ans pour diminuer les complications et les décès liés à la maladie. Cette mesure de prévention doit être particulièrement prise en considération pendant le rapatriement. Au cas où le taux de mortalité chez les adultes est important, il faut envisager de vacciner ces derniers.

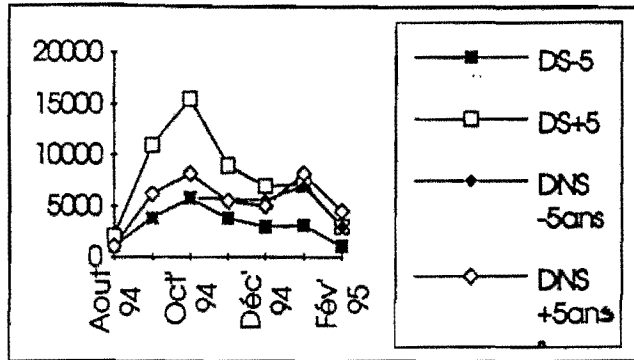
Diarrhées

Le nombre de cas de diarrhée non dysenteriforme reste élevé dans le camp de Ruvumu au Burundi. Le taux de morbidité proportionnelle de la diarrhée sanglante est passé de 9 % du mois d'Octobre 1994 à 2% pour le mois de Janvier 1995 au Rwanda.

Des foyers d'épidémie persistent encore dans les régions de Byumba, Kibungu et dans les prisons. Une enquête sur la chimiosensibilité des *Shigella* aux antibiotiques est en cours dans toutes les préfectures du Rwanda.

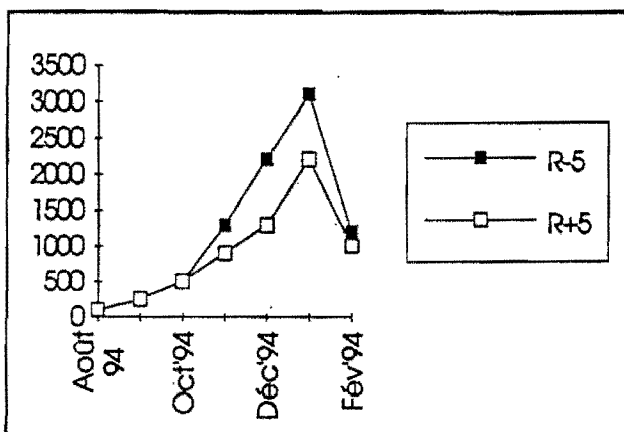
Des cas de choléra ont été déclarés par les régions sanitaires de Gitarama (21 cas), de Butare (11 cas) et de Kibungu (5 cas) mais l'évolution vers une situation épidémique n'a pas été suspectée.

Evolution de la diarrhée au Rwanda d'Août 94 à Février 95



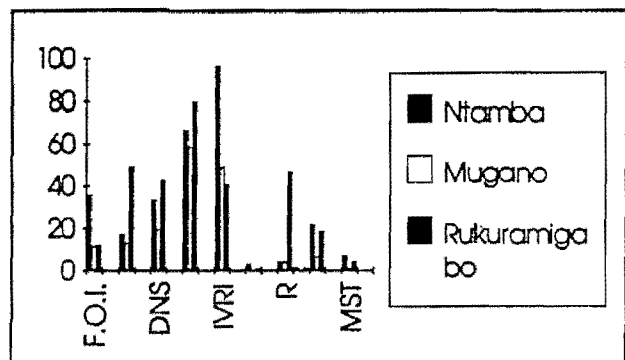
DS: Diarrhée sanglante DNS: Diarrhée non sanglante

Evolution de la rougeole au Rwanda



Morbidity and mortality in the camps of Burundi during the 8th week of 1995 (Incidence/10000/week).

	35,4	11,4	11,8	0,4	0	0
F.O.I.						
Diarrhée sangl.	17,1	13,1	48,8	0,42	0	0,36
Diarrhée n.sangl.	33,0	19,4	42,3	0	0	0
Choléra	0	0	0	0	0	0
Inf.V.Resp.hautes	66,5	58,6	79,3	0	0	0
Inf.V.Resp.basses	96,2	48,9	40,5	0,4	0	0,36
Méningite	2,9	0	0,7	0,41	0	0,36
Rougeole	4,1	4,2	46,3	1,22	0	1,08
Affec.Dermato.	21,6	6,7	18,6	0	0	0
Affec.yeux	37,1	6,3	1,8	0	0	0
MST	6,9	0,8	4,3	0	0,42	0
Tuberculose	0	0	0	0	0	0



A Ngara tous les spécimens de selles mis en culture à la fin de l'épidémie de choléra seront envoyés au laboratoire de référence de l'Institut Pasteur à Paris pour le suivi de la sensibilité aux antibiotiques.

Méningite

En fin Février 1995 le taux d'attaque avait atteint 29/100000 dans plusieurs camps du Burundi, ce qui indique qu'il faudrait vacciner les populations concernées. Les dispositions ont été mises en place par la coordination médicale des ONGs pour lancer une campagne.

Des cas de conjonctivite résistant à la tétracycline ont été observés au Rwanda et dans les camps de réfugiés. Des prélèvements pourraient être réalisés pour déterminer l'étiologie et la sensibilité aux antibiotiques de ces conjonctivites.

La fréquence des affections cutanées est également importante attestant de l'état des conditions d'hygiène individuelle préoccupantes.

La fièvre d'origine indéterminée versus paludisme constitue la première cause de morbidité et de mortalité. Des initiatives d'investigations des cas de F.O.I. sont en cours de mise en oeuvre à Goma et à Ngara. Le prélèvement d'échantillons pour réaliser la sérologie des salmonelloses a été préconisé.

4. Commentaires

Depuis le mois de Janvier 1995, on observe une diminution du taux de transmission des rapports de relevés statistiques au Rwanda. La sensibilisation de la coordination médicale des ONGs pourrait dynamiser les mécanismes de transmission des formulaires pour la compilation des données.

Les conditions écologiques dans les régions de l'Akagera et du Mutara pourraient se détériorer rapidement si un programme d'assistance d'urgence et de développement communautaire n'est pas adopté en faveur des réfugiés rapatriés volontaires des années 1959.

Les secteurs prioritaires d'assistance sont ceux de la santé, de l'agriculture, du commerce, de l'eau et de l'assainissement. Une solution urgente devra être trouvée pour résoudre le déficit des stocks du PAM afin d'assurer une alimentation adéquate aux réfugiés. En prévision de la disette, la coordination médicale dans les camps devra élaborer une stratégie de nutrition supplémentaire pour les groupes à risque des enfants de <5 ans, des femmes enceintes, des enfants non accompagnés, des enfants malnourris et des adultes souffrant de déficience immunitaire vivant dans la communauté.

Actuellement la fréquence de la diarrhée est relativement faible au Rwanda et dans les camps. L'amorce de la grande saison de pluies dans la région des grands lacs pourrait entraîner une recrudescence des cas de diarrhée et une réapparition de nouvelles épidémies de diarrhée non sanglante et de dysenterie bacillaire au cours des prochains mois.

5. Conclusions

La stabilisation de la situation sanitaire dans les camps de réfugiés offre une opportunité à la coordination médicale

d'engager la réflexion sur les différentes étiologies des causes primordiales de morbidité et de mortalité. Les initiatives comme celles de la recherche des salmonelloses comme cause probable de la F.O.I. devraient être multipliées et les outils d'investigation de laboratoire améliorés en conséquence.

La participation des laboratoires de référence de l'OMS dans cette démarche serait souhaitable. L'effort conjugué des équipes de terrain, des laboratoires de références, de la coordination de la surveillance épidémiologique et des divisions techniques de l'OMS comme CDD, CDR et Malaria devra aboutir à une amélioration des stratégies de contrôle des protocoles de prise en charge avant la reprise de nouveaux cycles épidémiques dans les camps de réfugiés et au Rwanda. L'intensification de la collaboration avec des ONGs ayant des capacités d'entreprendre des études opérationnelles et des formations dans les centres de santé et les hôpitaux des camps doit être discutée. Il est bien entendu que le but visé par tous les partenaires est de diminuer la mortalité et la charge globale de morbidité liées à l'évolution des problèmes prioritaires de santé.

Le comité de rédaction remercie toutes les ONGs qui ont participé au recueil des données publiées dans ce document.

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INTEGRATED OPERATIONS CENTRE
(IOC)

SCHEDULE OF MEETING ACTIVITIES AS AT MARCH 29, 1995

Health cell meeting	Monday at WHO	3 PM
Heads of cells meeting	Tuesday at IOC	11 AM
Tracking meeting	Tuesday at IOC	9 AM
UNREO general meeting	Tuesday at UNREO/UNDP	5 PM
Information cell meeting	Friday at IOC	11 AM
Transport cell meeting	Friday at IOM	2 PM
Water sanitation cell meeting	? at UNDP/UNREO	5 PM
Shelter cell meeting	Friday at IOC (once every two weeks)	10 AM
Food	Tuesday at WFP	8:30 AM
Unaccompanied children cell	Friday at UNICEF	11 AM
Seeds + tools	Friday at MINAGRI	2 PM
Task Force	Monday	4 PM
IOC weekly report published	Monday	5 PM
Heads of agencies with SRSG	Tuesday	11:30 AM
Documents distributed in advance of Monday Task Force meeting	Friday	
Weekly report on work of all cells to IOC coordinator	Friday	10:00 AM
Coord Group once-weekly discussion of all operational matters	Friday	12:30 PM

Director general's briefing
followed by TF Plan meeting

Saturday

9:00 AM

Coordination group meeting

Thursday

12:30 PM

Transport cell meeting

Friday

2:00 PM

WHO ASSISTANCE TO RWANDA

Since the end of the war in Rwanda in July 94, WHO has decided to support the Government to relaunch all priority health programs in the country. The aim of this cooperation is to strengthen the management capacity of the Ministry of Health (MOH) to plan health activities for the control of major causes of morbidity and mortality. A particular attention was paid to be training of health worker the management of occuring epidemics.

1. STRENGTHENING THE COORDINATION ROLE OF MINISTRY OF HEALTH

- Technical assistance : WHO Health Advisor
- Elaboration Health Policy and national health plan. It is expected that the Health Policy document will be adopted (Ministry Cabinet and parlement) by the end of May.
- Provision of equipment : computers and vehicules
- Survey conducted in September needs of assessment of the health sector and a follow up is on going now. The results of the survey have been used as a basis for the National Rehabilitation Plan of MOH.

2. EPIDEMIOLOGICAL SURVEILLANCE FOR THE PREVENTION AND CONTROL OF COMMUNICABLE DISEASES.

A new surveillance system was developped in August. WHO provided the technical assistance and the equipment to start weekly reporting on priority health problems and to set up an early warning system ...

An appropriate software tools to enter, process and disseminate data have been created. The system is being now reviwed to introduce new parameters such as information about follow up of rapatrition (IDP's and refugees) and other information needed for a health information systeme. With the support of World Bank a wide surveillance project is being implemented since January 1995 including monitoring system for epidemic prevention and disease control. The other important component is training of National and Regional health officers in management of epidemiological surveillance and the supply of laboratory equipment for the public health reference.

- Permanent technical assistance is provided and short term when needed
- Computer/Equipment for central level and each regions
- running cost provided for one year
- Programs over : Tuberculosis, Diarrheal Disease, ARI, Malaria EPI, STD/AIDS benefit from technical and financial support.

3 STRENGTHENING LABORATORY CAPABILITIES AT THE KIGALI CENTRAL HOSPITAL

- To build a Public Health Laboratory for the diagnosis of meningitis, cholera and bloody diarrhoea
- Reagent/equipment.
- Study on resistance of shigella is on going in order to improve the national protocols for bloody diarrhoea continue.

4. MATERNAL AND CHILD HEALTH

The Ministry of Health agreed that the WHO mother baby package is the framework adopted for the Rehabilitation of the minimum health services to be provided to mothers and newborns both in health facilities. Safe Motherhood project is being implemented in five prefectures involving 10 district hospitals and 100 health centres.

Component : training, equipment and logistic support, information, education and communication.

In collaboration with UNFPA (financing nearly same activities) a joint mission is now helping the Ministry of Health in the development of a national curriculum for health workers.

5. STD/AIDS PREVENTION CONTROL

- Blood transfusion safety including HIV testing
- Restarting of HIV laboratory network in the country
- training
- IEC youth, women, high risk groups (militaries)
- Strengthening management of the AIDS programme
- AID's policy development
- Community based care
- Decentralization
- Salaries focal point at the Regional level and 10 drivers
- Equipment/logistics 12 vehicles
- Running cost central and regional level
- Long term technical assistance and short term if needed.

6. DRUG MANAGEMENT AND POLICIES

The central pharmaceutical office (OPHAR) restarted in September with help of WHO UNICEF and «Pharmaciens sans frontières».

- Procurement of essential drugs
- Technical assistance to the reorganization and reactivation of drug distribution system in the country, revision of pharmaceutical procedures and development of national policy.

7. MENTAL HEALTH

- Rehabilitation of NDERA, neuropsychiatric hospital
- Salary for national psychiatrics
- Running cost
- Technical assistance
- Training Health Personnel

8. WATER, SUPPLY AND QUALITY CONTROL AT THE NATIONAL AND REGIONAL LEVEL

- Equipment of kits quality control for Electrogaz, Ministry of Health and each region
- Reagent
- Training

9. ENVIRONMENTAL HEALTH

- Disposal of corps
- Assistance to Ministry of Social Affairs
- Equipment and logistic
- Running cost

10. HUMAN RESSOURCES BUILDING

- Assistance to the School of Medicine
 - * running cost
 - * visiting teachers
- Assistance to the Nursing School
 - * running cost
 - * technical assistance
- Fellowships
 - * Specialization of medical doctors abroad
 - * Nurse specialization abroad

□ □

INTEGRATED OPERATIONS CENTRE (IOC)
-----SUMMARY MINUTES OF INTEGRATED TASK FORCE MEETING MARCH 27, 95

PARTICIPANTS : THE FOLLOWING WERE PRESENT

Murara Justin	MINIREISO	73549
Antoine Sendama	MINIREISO	
Davide Terri	IOM	72053
Roland Amousouga	HCDH	73045
André Ndejuru	MINADEF	72951
Daniel Donati	FAO	73513
Jean-Luc Stalon	UNICEF	
Barney Mayhew	IOC/UNREO	73744-7
✓ Masti Notz	UNHCR	
Darrell Sexstone	ECHO	72077
Alain Houyoux	CEE, Food Aid program	75746
Buddy Shanki	ISAID	
Paul Howard	IOC	
Eugène Twagirumukiza	MINADEF	
Sibomana Jean Baptiste	PARQUET DE KIGALI	
Joseph Mugenga	IOC/73744	

OPERATIONAL UPDATE

Last week, almost no IDP moved from camp to home commune.

"Opération TOPAZ" : Approximately, 4,500 IDPS were moved from groupe scolaire of Butare to the abandoned camp site at Murambi.

People are still leaving Butare communes to camps;
The atmosphere in the camps is quite
There was a joint visit (MININTER, MINIFORR, GENDARMERIE, to Kibeho camps last week.

The Prefet of Gikongoro can no longer stand the presence of camps in Gikongoro.

There was a meeting between the préfet of Gikongoro, some bourgmestres, Barney Mayhew, Ndazaro Lazare and Mark on the strategy to close camps.

According to the préfet of Gikongoro, Kamana camp should be closed first and the camps in the north would follow .

Members of the Human rights cell held their first meeting last week.

Kimberly Smith from USA, together with Augustin Bigirimana is heading the information cell.

The IOC would like to have security reports from RPA more frequently.

About 1000 people left Gitarama for Ruhegeri and Gisengi. Some security incidents were reported from Sake and Bugesera. It was suggested by the Director general of MINIREISO that before giving an information, one needs to know all the details in order to counter the rumors.

COMMUNE REHABILITATION FOR OPERATION RETOUR

This operation should be carried out at 2 levels : sectorial and institutional.

The sectors to focus on are : Agriculture, water and sanitation, shelter.

The ICRC agreed on shifting Food distribution from camps to communes.

Regarding the Commune Rehabilitation plan, technical discussions will take place in the cells.

For better results, we have to get in contact with Bourgmestres in order to ask them about their communes receiving capacities.

There is a joint project (UNICEF-UNHCR) to bring water in the pilot communes.

It is crucial to be able to help the local Administrative personnel with transport means.

There will be some detention centers for guilty people in the near future.

Different agencies and NGOs were asked to give concrete pledges to help the commune rehabilitation plan (deadline : Wednesday March 29, 95)

MISCELLANEOUS

Next Task Force meeting will be in the field (BUTARE-GIKONGORO). Barney Mayhew will make arrangements for transportation. Each cell needs to work out details for implementation purpose

JOSEPH MUGENGA

IDP BULLETIN

Update

INTEGRATED OPERATIONS CENTRE (IOC) OPERATION RETOUR WEEKLY REPORT 20 - 26 MARCH 1995

Kigali, 27 March 1995

SUMMARY

The government reiterated its desire to see IDPs return home as soon as possible, through a revitalised Operation Retour.

The Integrated Task Force focused on immediate action to rehabilitate basic commune infrastructure, alongside the plan to empty the camps.

Numbers of IDPs transported under Operation Retour remained low.

SECURITY

Restricted access

Restriction of movement was reported in Mugesera commune. The Prefet of Kibungo is tackling the problem.

Possible insurgency

A routine check by RPA soldiers resulted in two people being arrested on 17 Mar in Ngarama. According to military observers, those arrested were found to be carrying grenades, and are believed to be members of the former government forces.

Rwamiko security incident

UNAMIR reported a man in Rwamiko commune, which houses Rwamiko IDP camp, robbed on 21 Mar and killed on 22 Mar, apparently by bandits.

NUMBERS

Low numbers continue

Very few people chose to leave the camps and go home. 490 people were transported from the camps, mainly Kibeho, during the reporting period. A number of these take no belongings, and

IOC Kigali - Tel: 250 73744/5/6/7

are therefore not thought to be returning home but taking advantage of the transport for other reasons. Daily numbers transported were as follows:

20 Mar - 190	23 Mar - 86
21 Mar - 64	24 Mar - 85
22 Mar - 65	

This brings the total number transported by vehicle since Operation Retour began on 29 Dec 94 to 41,050.

CAMPS

New arrivals in camps

Buhoro camp was reported to have received new arrivals from Nyabisindu, Maraba, Ngoma, Muyira and Ngenda communes. Gisunzu camp was reported to have recently received 48 new arrivals, mainly from Huye, Maraba and Runyinya communes.

Calm in camps

All camps were reported to be calm during the reporting period.

New Kibeho camp figure

Kibeho camp is now reported to have a population of around 84,000, considerably lower than previously thought. Previous figures were largely drawn from food registration lists, which are routinely inflated.

Government visit to Kibeho

The Minister of the Interior, the Minister of Information and the Chief of Staff of the Gendarmerie visited Kibeho camp on 24 Mar. They held discussions with the inhabitants of the camp on the prospects of returning home, and current moves towards peace and national reconciliation.

Government urgency for camp closure

The Prefet of Gikongoro, a senior local government official, insisted on 23 Mar that a revitalised operation to close the camps be operational within two weeks. He wished Kamana camp - the southernmost - to be emptied first, and then for the operation to work north. He announced new curfew arrangements, and the forcible closure of markets - two measures which he intends to impose in Ndago and Rwamiko camps.

Liaison between Kigali and local government

Meetings in the field between central and local government are planned to ensure good consultation and coordination over Operation Retour.

Operation "Topaz"

A further 315 people were transferred from Groupe Scolaire (Butare educational establishment) to newly built facilities in Runyinya under "Operation Topaz". The operation has been arranged by local officials with the help of international agencies, in order to enable Groupe Scolaire to reopen. Those moving are people originating from Gikongoro communes but who are unable or unwilling to return home until the IDP camps there diminish. Groupe Scolaire has until recently been occupied by about 10,000 IDPs. A lack of water in Runyinya is being tackled by Unicef, who will provide water pending a longer-term solution.

COMMUNES

Communes in south-west Butare

The communes of Runyinya, Gishamvu and Nyakizu in the south-west of Butare prefecture are reported to be ready to absorb large numbers of returning IDPs, with few security problems. As many as 90,000 people currently in the Gikongoro camps are thought to come from these three camps, which are within 20 km of Kibeho camp. At the moment almost none of these IDPs take the opportunity to go home.

Commune rehabilitation

A detailed plan for commune rehabilitation is nearing finalisation. The aim is to mobilise funds for institutional support at commune level. Basic infrastructure assistance (office equipment, transport for officials, etc) is needed very quickly in communes due to receive most returning IDPs.

INFORMATION CAMPAIGN

Target communes

It will be for the information campaign to target communes that will receive most people from the camps and are most ready to receive new arrivals. As other communes are judged by the Task Force/IOC to be ready for large inflows, the information campaign can also include those communes.

Sake

The bourgmestre of Sake has been addressing the sectors of his commune in an attempt to calm those who because of rumours may be thinking of leaving Rwanda for Burundi.

DATABASE

CARE International and WHO are contributing to the integrated humanitarian database. The British Overseas Development Agency also expressed interest in participating alongside the other organisations already involved.

VISITS

Ambassador Khan, the SRSG, visited the IOC on 24 Mar.

COORDINATION

The Integrated Task Force was attended by a Ministry of Justice official for the first time for many weeks - a very welcome addition. The Commune Rehabilitation Committee was tasked to produce a detailed written plan by the next Task Force meeting.

THE INTEGRATED OPERATIONS CENTRE (IOC)

HOW THE IOC BEGAN

The idea - a centre for Operation Retour

The idea for the Integrated Operations Centre (IOC) sprang from the need to enable Rwanda's internally displaced people (IDPs) to return home. A centre was needed for a full-time planning team. The team was formed in November 1994, and initially consisted of members of UN agencies and NGOs. In due course government officials took part. Temporary offices were found on 30 November 1994 which could be a focal point for Operation Retour, as the IDP return operation came to be known.

Plans gathered pace, received tacit government endorsement, and the operation was launched on 29 December 1994. The IOC's role now included coordination of operations on the ground.

Location within a government Ministry

By this time a large number of agencies were involved. So were several government Ministries, but as visitors to the IOC. The decision had already been taken that the IOC should be located in the Ministry of Rehabilitation and Social Reintegration. An NGO rapidly built an operations room, offices and a conference room in the Ministry, enabling the IOC to move in on 11 January 1995.

Coordination

Coordination during the creation and development of the IOC has been provided by UNREO, the DHA office in Rwanda, in conjunction with the government. Since UNREO is due to phase out, it is envisaged that another international organisation may soon take over the international side of the IOC's coordination from UNREO. Discussions are in progress.

THE IOC TODAY

Operation Retour - progress to date

Since its launch on 29 December Operation Retour has transported over 40,000 IDPs from camps to their homes. About the same number are thought to have walked home. During late February and March, however, numbers of willing returnees have dropped drastically. The factors causing this change are being urgently addressed by the combined team that now staffs the IOC.

IOC Kigali - Tel 250 73744/5/6/7

The IOC team

The IOC team is now over 60 strong. It includes 7 full-time Ministry staff, and 14 full-time international staff (seconded by UNHCR, UNDP, WFP, FAO, IOM, UNAMIR, UNREO). Part-time government staff number over 20 - the majority in the lead of one of the IOC cells. Part-time international staff also number around 20, choosing to coordinate the IDP aspect of their work through the IOC.

A system of counterparts

Fundamental to the IOC is that every international member works as counterpart to a government official. Counterparts work alongside each other, and over time responsibilities pass more and more fully into the hands of the official. Thus the capacity of the government, to coordinate each aspect of the IOC's work, is built up. Informal instruction is given where appropriate along the way. But formal training will also play a part, for example in computer skills training. The learning process is two ways, as international staff discover how best to operate in the context of government leadership.

STRUCTURE

Sectoral Cells

The IOC houses a number of cells or working groups, covering the main humanitarian sectors:

- Food, seeds and tools cell.
- Health cell.
- Unaccompanied children cell.
- Water and sanitation cell.
- Shelter cell.
- Open relief centres cell.

The Commune Rehabilitation Committee

Each of the sectoral cells is led by a Ministry official, with members drawn from relevant UN agencies and NGOs. Drawing the sectoral cells together is the Commune Rehabilitation Committee, which aims to point agencies, NGOs and donors to the most urgent priorities of commune rehabilitation.

Operations Room to coordinate day-to-day operations

Current day-to-day operations are coordinated from the Operations Room, which provides guidance to the organisations working in the field on Operation Retour, publishes a daily summary of operations, and reacts to events on the ground. A number of field officers, from the government and from UN agencies, are linked to the Operations Room and assist with coordination in the field.

Information Campaign

An IOC team, again with government leadership, runs an information campaign in the

camps. The aim is to counter false rumour by providing factual information on the situation in home communes, and on the practicalities of going home. This enables IDPs to make better-informed decisions on whether to return home.

Human Rights Cell

A Human Rights Cell, chaired by a government official with participation from Human Rights and UNHCR protection officers, keeps human rights issues in Operation Retour under review and recommends appropriate action.

Database and digital mapping

An American NGO, ResponseNet, has assisted the creation of an integrated humanitarian database. This uses digital mapping to display humanitarian data, enabling government and participating organisations to identify gaps in assistance, and any areas of overlap. Soon to be fully operational, this is a powerful management tool which will enhance humanitarian decision-making.

THE INTEGRATED TASK FORCE

The "Think Tank"

Planning and policy are developed by the Integrated Task Force. This senior group is chaired by the Director-General of the Ministry of Rehabilitation, meets weekly, and gives operational guidance to the IOC and to Operation Retour. It also provides policy advice to Ministers and Heads of Agencies. This is the "think tank" where differing points of view are hammered out into joint strategies, enabling the international humanitarian community to work with the government on agreed operational plans. Membership includes the Ministries of Interior, Justice, Defence (RPA and Gendarmerie) and Rehabilitation; UNHCR, ICRC, Unicef, WFP, FAO, UNAMIR, IOM and UNREO. NGO and donor representation is also planned.

THE IOC'S ACHIEVEMENTS SO FAR

A forum for consensus

The IOC has provided the forum for the Integrated Task Force to build substantial consensus between government and international partners on a strategy for IDPs.

Coordinated operations

This consensus has translated into coordinated action. As a result around 80,000 IDPs have so far returned home.

An information centre

The IOC is used by the UN agencies and NGOs as the information centre for IDPs, for the rehabilitation of communes, and increasingly for other humanitarian issues.

Government leadership

The government is at the head of both IOC and Task Force, and is increasingly taking the reins in practice. Cooperation is close, direct, and increasingly efficient. Through Operation Retour, the Task Force and the IOC, Ministry officials are learning to coordinate international organisations, in consensus-building and in practical action.

FUTURE CHALLENGES

Management of Operation Retour

As Operation Retour progresses, the Task Force and IOC can tackle obstacles as a team. The major challenge in this operation is how to handle the "hard core" of IDPs who cannot go home because of their involvement in the genocide of 1994. Issues of national security, justice and humanitarian principle must be held together as strategies are devised and implemented. The Integrated Task Force has been working on an agreed strategy for this for some weeks.

The IOC's usefulness - not just IDPs

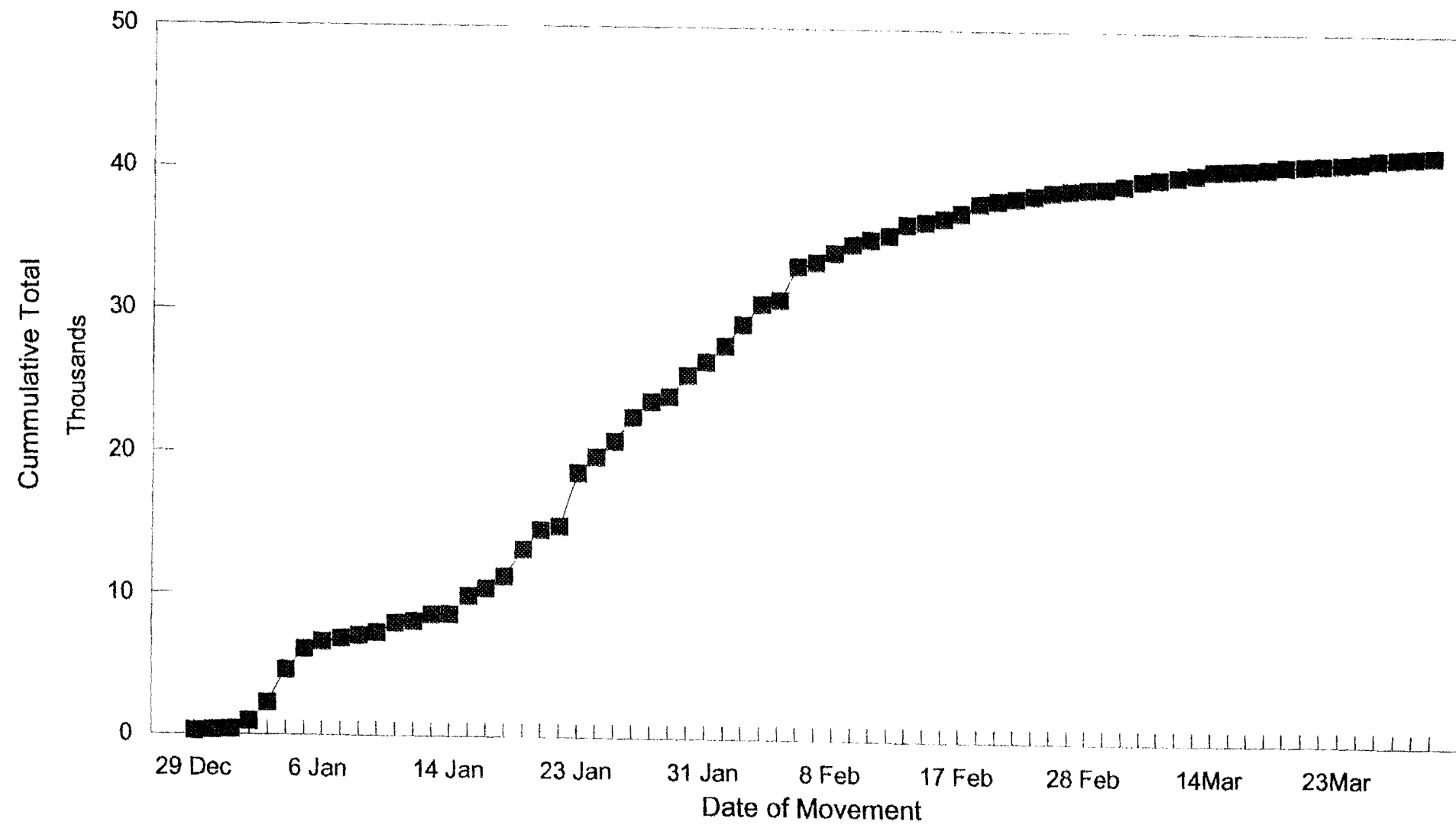
Now fully operational, the IOC is the obvious centre for the integrated coordination of several other humanitarian operations. These may include the massive refugee repatriation programme, with UNHCR as the lead UN agency. They may also include national or local rehabilitation programmes. If a volcano erupts, or regional political events cause a mass inflow of refugees, the IOC's capacity for crisis management could greatly assist the humanitarian effort.

Sustainability - the government's capacity to coordinate

As international staff phase out, it is vital that the government capacity created in the IOC be sustainable. The challenge here is to use appropriate training and technology that enables the government to carry out its own programmes. The danger to avoid is to allow the short-term priorities of the international community to dominate the IOC, paying only lip service to government leadership and capacity-building for the future.

Kigali, 26 March 1995

CUMULATIVE TOTAL



■ Cumulative Total

1 Mar	Kibeho	60		
	Ndago	2	62	39013
3 Mar	Kibeho	151		
	Nyamigina	35	186	39199
6 Mar	Kibeho	249		
	Ndago	85		
	Nyamigina	5		
	Karambi	9		
	Gikongoro Vill	5	353	39552
7 Mar	Kibeho	125		
	Ndago	6		
	Nyamigina	5		
	Gikongoro Vill	8	144	39696
9 Mar	Kibeho	134		
	Ndago	8		
	Kamana	44	186	39882
10 Mar	Kibeho	92		
	Ndago	27		
	Kamana	24		
	Nyamigina	5		
	Gikongoro Vill	9	157	40039
14 Mar	Kibeho	238		
	Ndago	14		
	Kamana	34		
	Gisunzu	24		
	Munini	7	317	40356
15 Mar	Kibeho	46		
	Ndago	2	48	40404
16 Mar	Kibeho	65		
	Ndago	4	69	40473
17 Mar	Kibeho	71		
	Ndago	6	77	40550
20 Mar	Kibeho	177		
	Gisunzu	4		
	Nyamigina	2		
	Gikongoro Vill	7	190	40740
21 Mar	Kibeho	49		
	Ndago	15	64	40804
22 Mar	Kibeho	57		
	Ndago	8	65	40869

23 Mar	Kibeho	63		
	Ndago	23	86	40955
24 Mar	Kibeho	85	85	41040
27 Mar	Kibeho	88		
	Ndago	13		
	Gikongoro Vill	129	230	41270
28 Mar	Kibeho	87		
	Ndago	11	98	41368

**INTEGRATED OPERATIONS CENTRE
(IOC)**

CURRENT STRUCTURE

(As at 15 Mar 95)

* denotes cell focal point.

@ denotes seconded full time.

Food, Seeds and Tools Cell

* Mohororo Rwakojo	Ministry of Rehabilitation
@ Leon Haguma	WFP
Min of Agric rep	
Francesco Del Re	WFP
Claire Gahizi	FAO
Joseph Mukamana	FAO
Philippe Baillot	AICF
Chris Hurd	CRS
Kristian Stokholm	LWF
Ulfur Bjornsson	Feed the Children
Geoff Seed	CARE
Igide	CARE
Serge Rwamasirabo	UNICEF

Health Cell

* Dr Kamoso Pie	Ministry of Health
Dr Antoine Serufilira	WHO
Dr Ngabonziza Laurent	Ministry of Health
Vincent Cressard	MSF
Elisabeth Nyfferegec	Swiss Relief
Dr Augustin Kabano	UNICEF
Dr Karoline Fonk	UNHCR

Unaccompanied Children Cell

* Alice Nyaruhirira	Ministry of Rehabilitation
Ray Torres	UNICEF
Domitila Mukandaganzgwa	UNICEF
Jill Zarchin	UNHCR

Water and Sanitation Cell

* Emmanuel Ruzibiza	Ministry of Rehabilitation
---------------------	----------------------------

Mr Sylvestre
Nibahe Marianne
Steve Lawrence
Hillary Musonera
Greg Beck or representative
Brenda Hickey
Isabelle Robin

Ministry of Public Works and Energy
Ministry of Public Works and Energy
UNICEF
UNICEF
IRC
Oxfam UK
AICF

Shelter Cell (also covering land issues)

* Jean-Marie Gaga
@ Adam Amberg
Helene Moeneback
Sjaak de Boer
Jean Mutamba
Simon Gorman
James Alemi
J Damascene
Gerard van Dongen
Cecile Mukarubuga

Ministry of Rehabilitation
UNDP
Oxfam Quebec
Disaster Relief Agency/SNV (NE)
Austrian Relief Program
IRC
UNHCR
Armee du Salut
Disaster Relief Agency
Acord

Open Relief Centre Cell

* Gaspard Gaparayi
Marie-Jose Torres
@ Adam Amberg
Angelline Ludakubana
Greg Beck
Christina Blunt

Ministry of Rehabilitation
UNHCR
UNDP
LWF/CWA
IRC
IRC

Transport and Waystations Cell

* Landry Rusanganwa
Paul Howard
Davide Terzi
@ Major Mark Mackay
Ray Omphrey
Rowland Roome

Ministry of Rehabilitation
IOM
IOM
UNAMIR
UNHCR
CARE International

Commune Rehabilitation Committee

* Louise Mujijima
@ Jean-Marie Gaga
?
?

Ministry of Rehabilitation
Ministry of Rehabilitation (Sectoral Cells coordinator)
Ministry of Interior
Ministry of Planning

@ Jean-Luc Stalon
@ Margaux van de Fliert

Unicef (also Unicef liaison)
UNREO

Information Cell

* Augustin Bigirimana
Benoit Ndilikiya
Marc Nyirinkwaya
Lt (N) Kent Page
@ Maj Alex Ryshkowski
@ Bob Turner
@ Charles Main
@ Tim Meisburger
UN Agency contact points:

Ministry of Rehabilitation
Ministry of Information
Ministry of Rehabilitation (Database/systems)
UNAMIR
UNAMIR (Information campaign)
UNREO (Database/systems)
UNREO (field info coordinator)
UNREO
Chris Bowers UNHCR
Damien Personaz UNICEF
Jane Pearce WFP

Security/Military Liaison Cell

Lt Andre Ndejuru
?
* SO1 G3 Ops

Ministry of Defence
Gendarmerie
UNAMIR

Human Rights Cell (in process of formation)

* Genade Rutagoramba
Capt John
?
?
?
Marie-Jose Torres
Maj Mark Cuthbert-Brown
?
Jean-Francois Sangsue
Patrique Bernerd

Ministry of Rehabilitation
Gendarmerie
Ministry of Justice
Ministry of Interior
UNHRFOR (Independent Observer Status)
UNHCR
UNAMIR/Provost Marshal
UNAMIR Legal Adviser
ICRC (Independent Observer Status)
ICRC (Independent Observer Status)

Communications Cell

Ragge Jagero
@ Gerald Twamugize

UNREO (Communications Supervisor)
Ministry of Rehabilitation

Operations Room and Field Liaison

Felix Mutagoma

Ministry of Rehabilitation (Liaison with Ministry field reps)

@ Leonard Semukanya Ministry of Rehabilitation
*@ Capt ~~Amuraag Kaul~~ UNAMIR
@ Capt Mohammed Adamu UNAMIR

HAC/Milobs liaison, reconnaissance

@ Major Don MacNeil HAC Milobs
@ Capt Andre Demers HAC Milobs

IDP Task Force Coordination

* Mr Justin Murara Director-General, Ministry of Rehabilitation
Antoine Sendama Ministry of Rehabilitation
@ Mark Frohardt UNREO
Masti Notz UNHCR

IOC Coordination

* Antoine Sendama Ministry of Rehabilitation
@ Ndazaro Lazare Ministry of Rehabilitation
@ Barney Mayhew UNREO (IOC coordination)
Anita Menghetti UNREO (NGO liaison)
@ Major Mark Mackay UNAMIR (Information system and Training)

IOC Administration

*@ Innocent Ngango Office manager/supply manager (Ministry of Rehabilitation)
@ Beatrice Mukantwari Secretary (Ministry of Rehabilitation)

Currently without portfolio

Mr Manuel Ministry of Rehabilitation

Barney Mayhew
Deputy IOC Coordinator

693-6-1

7
FILE

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Son Excellence Monsieur Shunsuke HORIUCHI
Ambassade de Japon

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Son Excellence Monsieur l'ambassadeur de Suède
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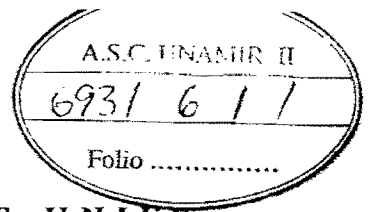
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UNITED NATIONS



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ASSISTANCE MISSION FOR RWANDA

MISSION POUR L'ASSISTANCE AU RWANDA

From: Col K M Tutt
DCOS (Sp)
HQ UNAMIR

Extn 11109

To: DCOS(Ops), IOC, ~~FMG~~ (As Contingent Commander)

Info: COS, Log Plans

File Reference: 4000.1/LOG-53

Date: 31 Mar 95

Subject: EMPLOYMENT OF MAJOR BARRY

1. I have been a staunch supporter of the IOC and with the agreement of the Australian Contingent Commander have detached two officers to the IOC.
2. I was disappointed to see an additional major offered to the IOC turned away to keep the military/civil balance right without any possible consideration that he might replace one of those officers currently deployed.
3. In moving towards the integrated system in transport and maintenance it is starkly apparent that the one key and continual area of difficulty within Support branch is the failure to have a suitable system through which to acquire spares. My one SO Maint departs on leave in early April. I therefore, initially, wish to suspend the detachment of Major Barry to the IOC for one month from 5 April to 5 May 95. To be reviewed by me on 1 May 95 to decide on his long term future employment.