

[ 1 PHOTOGRAPH ]

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*16/17/8.*  
*RCO*  
*Off 19/8*

FROM: CLAIRE COLLINS  
AUSTRALIAN RED CROSS FIELD OFFICER  
ASC2 MED SPT FORCE, RWANDA  
12.08.95

TO: COL WARFE  
COMASC, RWANDA.

DEAR SIR,

PLEASE FIND ENCLOSED MY END OF MISSION REPORT.

I HAVE CERTAINLY ENJOYED MY ASSOCIATION WITH ASC2 MED SPT FORCE. AND  
LOOK FORWARD TO MEETING UP WITH ADF MEMBERS OF THIS CONTINGENT  
SOMETIME IN THE FUTURE.

YOURS SINCERELY,



CLAIRE COLLINS

# **FINAL REPORT**

**CLAIRE COLLINS**

**RED CROSS FIELD OFFICER**

**ASC2 MED SPT FORCE RWANDA**

**MISSION PERIOD**

**09.02.95 - 23.08.95**

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## **PREPARATION FOR DEPLOYMENT**

THE INITIAL CONTACT WAS MADE BY THE MEDICAL DIRECTOR, AUSTRALIAN RED CROSS SOCIETY (ARCS) PRIOR TO CHRISTMAS 1994, ADVISING THAT THE AUSTRALIAN DEFENCE FORCE (ADF) WERE LOOKING TO THE ARCS TO NOMINATE A SUITABLE CANDIDATE TO REPLACE MISS MARY JAMES AS THE PHILANTHROPIC FIELD OFFICER.

COPIES OF MARY'S PREVIOUS REPORTS AND LETTERS WERE MADE FREELY AVAILABLE ALONG WITH MARY'S BRIEFING DOCUMENT FROM THE ADF. I FELT I HAD ADEQUATE INFORMATION ABOUT THE POSITION AND THE TASKING INVOLVED.

BECAUSE OF THE CHRISTMAS AND NEW YEAR HOLIDAYS IT WAS NOT UNTIL JANUARY 8 THAT I HAD MY INTERVIEW WITH MAJ. RON TATTERSALL, STAFF OFFICER - PERSONNEL SUPPORT in DIRECTORATE OF PERSONNEL SUPPORT AND CONDITIONS (DPSC) RUSSELL OFFICES, CANBERRA.

THIS INTERVIEW AND ACCREDITATION<sup>I</sup> TOOK PLACE OVER A PERIOD OF 2 DAYS. MAJ. TATTERSALL TAKING CARE THAT I SHOULD KNOW AND UNDERSTAND THE "ARMY CULTURE." A FULL MEDICAL AND DENTAL EXAMINATION WAS CARRIED OUT AND DOCUMENTATION COMPLETED REGARDING OFFICIAL PASSPORT APPLICATION, AN ARMY I.D. CARD AND INFORMATION REQUIRED BY THE ARMY FOR ITS PERSONNEL RECORDS. THE STAFF AT SIMPSON'S BARRACKS, WATSONIA WERE COURTEOUS AND HELPFUL AND I WAS SOON ISSUED WITH A TRUNK, ECHELON BAGS, SLEEPING BAG, MOSQUITO NET, WATER BOTTLES, KFS AND DIXIES AND I WAS READY TO JOIN THE ARMY!

THE AUSTRALIAN RED CROSS WERE RESPONSIBLE FOR MY SALARY AND PER DIEM. MY PER DIEM WAS TRANSFERRED THROUGH VICTORIA BARRACKS TO THE PAY OFFICE IN KIGALI WITHOUT ANY PROBLEMS.

PRE MISSION BRIEFING WITH ARCS OCCURRED IN THE NEXT WEEKS. AS THIS WAS TO BE MY 5th MISSION WITH ARCS I WAS FAMILIAR WITH MOST STAFF AND DOCUMENTATION REQUIRED.

## **DEPLOYMENT**

I WAS FORTUNATE TO BE ABLE TO BE IN TOWNSVILLE 10 DAYS PRIOR TO DEPLOYMENT TO KIGALI. THIS WAS PLANNED BY MAJ. TATTERSALL AND IT CERTAINLY HAD ITS ADVANTAGES IN SO FAR AS I WAS ABLE TO MEET SOME OF THE 300 PERSONS ON THIS CONTINGENT. I WAS ABLE TO ATTEND THE REMAINING BRIEFING LECTURES AND ALTHOUGH SOME HAD NO RELEVANCE TO MY TASKING IT GAVE ME THE OPPORTUNITY TO BOND WITH THE MEDICAL COMPANY (MED COY) TO WHICH I WAS TO BE ATTACHED.

WE WERE INITIALLY SCHEDULED TO DEPART TOWNSVILLE IN THE EVENING OF 18th FEBRUARY BUT WITH SOME NECESSARY REPAIRS TO THE AIRCRAFT WE DID NOT DEPART UNTIL AFTER MIDDAY OF THE 19th. WHICH MEANT OUR ARRIVAL IN KIGALI OCCURRED AROUND 0100 HRS. HARDLY IDEAL BUT EVERYONE REMAINED CHEERFUL AND ANXIOUSLY LOOKING FORWARD TO MEETING AND RELIEVING OUR COLLEAGUES OF THE 1st CONTINGENT.

ASCI HAD BEEN WELL ESTABLISHED IN THE PRIVATE WING OF THE CENTRE HOSPITALIER de KIGALI (CHK).

THE RED CROSS AREA WAS LOCATED ON THE 1st FLOOR OF THIS BUILDING AND COMPRISED OF A LARGE OPEN AT THE TOP OF THE STAIRS.

area

+

## **DUTIES AND TASKING**

AS OUTLINED IN THE ARMY OFFICE POLICY PAPER ON PHILANTHROPIC SERVICE , I WAS TO BE TASKED BY THE CO HQ MED SPT FORCE AND THESE WERE TO BE CONSISTENT WITH THE PROVISION OF WELFARE AND BETTERMENT SERVICES AND HUMANITARIAN TASKS ASSOCIATED WITH MEETING THE NEEDS OF SICK AND WOUNDED SERVICE PERSONS.

TO ACHIEVE THIS MY ACTIVITIES INVOLVED THE FOLLOWING:

- \* MAINTAIN THE LIBRARY THAT WAS SET UP BY MY PREDECESSOR IN THE RED CROSS AREA. THE LIBRARY OF BOOKS HAS GROWN CONSIDERABLY AS THE MONTHS HAVE GONE BY, OBVIOUSLY BY PEOPLE DONATING THEIR BOOKS WHEN THEY HAVE FINISHED READING THEM.

A MAGAZINE RACK HAS BEEN MADE AND THIS HAS HELPED TO KEEP THE NEW MAGAZINES IN A BETTER CONDITION. THE MAGAZINES AND NEWSPAPERS COME FROM THE AMENITIES UNIT AND ARE SHARED BETWEEN THE MESSSES AND THE HOSPITAL. THE OLD NEWSPAPERS AND MAGAZINES ARE GIVEN TO THE LOCAL RWANDESE EMPLOYEES AND/OR STAFF AND PATIENTS OF CHK. A SMALL QUANTITY OF FRENCH MAGAZINES AND BOOKS WERE FOUND AND NOW MAINTAINED FOR FRENCH SPEAKING PATIENTS eg TUNISIAN SOLDIERS.

- \* MAINTAIN A SUPPLY OF TEA, COFFEE, SUGAR, BISCUITS AND HOT WATER IN THE RED CROSS AREA. THE PEOPLE WHO ACCESS THIS AREA INCLUDE NURSING AND MEDICAL STAFF, THE INFANTRY WHO ARE CURRENTLY BASED AT THE HOSPITAL, AND THE RWANDESE WORKERS eg CLEANERS AND TRANSLATORS.

- \* A COMPREHENSIVE SUPPLY OF GAMES IS MAINTAINED FOR THE PATIENTS AND STAFF - ESPECIALLY THOSE WHO LIVE AT THE HOSPITAL.

A LARGE TRESTLE TABLE AND CHAIRS HAS BEEN INSTALLED IN THE RED CROSS AREA, INITIALLY TO GIVE MORE SEATING AT MEAL TIMES. THIS HAS BEEN ADVANTAGEOUS FOR MANY OTHER REASONS eg READING NEWSPAPERS, PLAYING CARDS AND GAMES, SMALL GROUP MEETINGS AND AN AREA WHERE NURSES CAN HAVE A QUIET SPOT TO COMPLETE ADMINISTRATIVE TASKS.

- \* REGULARLY VISIT PATIENTS. THIS CAN INVOLVE PLAYING GAMES WITH CHILDREN, PROVIDING COLOURED PENCILS AND PROVIDING MAGAZINES AND BOOKS TO "REST IN BED" PATIENTS.
  - \* INITIALLY PROVIDING COLOURED POSTERS FOR THE WARD AREA.
-

- \* DISTRIBUTION OF MUESLI BARS FROM THE UNICEF "MILLION MUESLI BAR APPEAL" (A GIFT FROM THE CHILDREN OF AUSTRALIA TO THE CHILDREN OF RWANDA) TO THE HEAD SOCIAL WORKER OF CHK TO GIVE TO THE NEEDY CHILDREN IN THAT HOSPITAL.
  - \* SOURCE AND MAINTAIN A SUPPLY OF SECONDHAND CLOTHES FOR NEEDY PATIENTS IN CHK AND THE AUSMED HOSPITAL.
  - \* PURCHASE COLOURING IN BOOKS FOR CHILDREN IN CHK. A DONATION OF COLOURED PENCILS FROM BINNEY & SMITH WAS GRATEFULLY RECEIVED.
  - \* TO FULFIL THE TEACHING ROLE (49C & E OF THE ARMY OFFICE POLICY PAPER FOR PHILANTHROPIC SERVICE) AND BECAUSE MY NURSING BACKGROUND IS IN OPERATING SUITE NURSING AND IN PARTICULAR ORTHOPAEDIC AND CLINICAL EDUCATION, I HAVE INVOLVED MYSELF WITH THE RWANDESE NURSES AND DOCTORS IN THE CHK OPERATING SUITE. I HAVE ASSISTED THEM IN THEIR DUTIES AND CONDUCTED AN INSERVICE EDUCATION PROGRAMME IN CLEANING, ASEPTIC TECHNIQUE AND STERILISATION. IN CONSULTATION WITH THE HEAD NURSE I HAVE PREPARED INSTRUMENT LISTS OF THEIR VARIOUS TRAYS IN EFFORT TO CREATE SOME UNIFORMITY.
  - \* I HAVE FROM TIME TO TIME ASSISTED THE AUSMED STAFF IN THE OPERATING ROOM WITH SOME ORTHOPAEDIC PROCEDURES eg AUSTIN MOORE HIP REPLACEMENTS AND INTRA-MEDULLARY KUNTSCHER NAILING. (THESE INSTRUMENTS AND PROSTHESIS'S ARE BORROWED FROM CHK.
  - \* 2 PATIENTS IN CHK HAVE UTILISED THE RED CROSS MESSAGE SERVICE TO CONTACT RELATIVES IN THEIR RESPECTIVE COUNTRIES.  
4 PATIENTS MEDICALLY EVACUATED FROM KIBEHO DISPLACED PEOPLES CAMP HAVE BEEN REGISTERED WITH THE ICRC TRACING AGENCY.
-

## CONCLUSION

I CERTAINLY FEEL THAT I HAVE MADE VALUABLE CONTRIBUTION TOWARDS THE MORALE AND COMFORT OF MEMBERS OF ASC2 AND IN PARTICULAR TO MEMBERS OF THE MEDICAL COMPANY. I HAVE ENJOYED LIAISING BETWEEN MEMBERS OF STAFF OF CHK AND AUSMED - SURGICAL INSTRUMENTS AND MEDICAL SUPPLIES HAVE GENEROUSLY BEEN SHARED BETWEEN THE TWO HOSPITALS.

HAVING A NURSING BACKGROUND AND PREVIOUS OVERSEAS EXPERIENCE HAS BEEN OF BENEFIT AND I'VE BEEN ABLE TO "HOP IN AND HELP" WHEN THE SITUATION DEMANDED.

THE PHILANTHROPIC ROLE IS UNIQUE ONE AND CAN SOMETIMES BE A LONELY ONE, BUT IT ALSO HAS ADVANTAGES OF CUTTING ACROSS MILITARY RANKS AND ALLOWS SOME PEOPLE TO GET "THINGS OFF THEIR CHESTS" - A NECESSARY PRESSURE RELEASE.

HOWEVER, IF ANY FUTURE ADF CONTINGENTS ARE DEPLOYED WITH ALL THE ACCOUTREMENTS OF ASC2, ie POST OFFICE WITH REGULAR INCOMING AND OUTGOING MAIL SERVICES, THE AVAILABILITY OF INTERFLORA, SATELLITE TELEPHONE LINK, FAX MACHINE, THE AVAILABILITY OF FREE TELEPHONE CALLS FOR COMPASSIONATE REASONS, A VARIETY OF VIDEOS PROVIDED BY THE AMENITIES UNIT, ACCESS TO CNN NEWS BROADCASTS AND THE PROVISION OF THE ADF PSYCHOLOGY UNIT, NOT TO MENTION THE SERVICE OF THE CHAPLAIN, I QUESTION THE NEED OF THE PHILANTHROPIC POSITION.

I ADMIT IT DOES COMPLIMENT THE SERVICES OFFERED BY THE ADF, BUT IF IT WASN'T FOR MY NURSING BACKGROUND, I WOULD HAVE HAD A LOT OF UNFILLED TIME. THIS IS NOT TO SAY THAT I HAVEN'T ENJOYED THIS MISSION AND THE EXPERIENCE GAINED BY MY ASSOCIATION WITH THE ADF. I END THIS MISSION WITH A GREATER UNDERSTANDING OF THE DYNAMICS INVOLVED IN MANAGING SUCH A LARGE DIVERSE GROUP OF VERY PROFESSIONAL PEOPLE. I FEEL PROUD TO HAVE HAD THIS ASSOCIATION.

I AM GRATEFUL TO THE AUSTRALIAN RED CROSS SOCIETY FOR GIVING ME THIS OPPORTUNITY TO PARTICIPATE IN THIS PARTICULAR UN MISSION AND TO MY EMPLOYER (THE ROYAL CHILDREN'S HOSPITAL, MELBOURNE) FOR GRANTING ME THIS LEAVE TO DO SO.

CLAIRE COLLINS



original to Col. Warfe  
cc: Lt Col. Roche  
Maj. Wheatley  
ARCS  
RCH  
Maj. Tattersall



**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. \_\_\_\_\_

To: FMO	Remarks/Action: <u>31/7</u>
Med Ops	<u>31/7</u>
Med Log	<u>31/7</u>
FHO	<u>31/7</u>
<del>SO Med</del>	

Please initial and date when action complete then pass quickly

.....

29 JUL 95


FILE NOTE:

ISSUE WAS D/W OCMED COM, OFSO &  
OC OF SPT COM.

LHA HAS BEEN GIVEN COM OF LIST AND  
HAVE ASSESSED PRICES (INCREASING IN SOME  
CIRCUMSTANCES). OFSO IS MAIN POL  
AND EXPECTS ANSWER FROM LHA/  
AUSTIN WERE 31 JUL - 4 AUG.

IF ITEMS ARE AS TAKEN WITH BS WITHDRAWN  
WHEN VOUCHER ACTION TAKES PLACE.

NEA AT THIS TIME REQ BY MED BL

 R.P. WICKENS

Facsimile Cover Sheet F. NA1131



Attention: CATHY WALKER, HUR

Date: 27 July 1995

Fax Number: 61 6 276-4587

Pages (including cover): 4

MESSAGE:

GREETINGS AFTER A FEW WEEKS SILENCE. WE HAVE BEEN TO KIGALI AND RETURNED WITH A PROGRAM FOR ALLOCATING THE AUD5 MILLION APPROVED FOR HEALTH. A CABLE ON OUR INVESTIGATIONS FOLLOWS. OF IMMEDIATE CONCERN IS THE DECISION ON THE ALLOCATION OF FUNDS FOR THE AUSTRALIAN MEDICAL CONTINGENT EQUIPMENT TO THE KIGALI CENTRAL HOSPITAL. THE FOLLOWING ~~ARGUES~~ FOR THE EARLY APPROVAL OF AN ALLOCATION OF UP TO AUD 200,000 FOR THIS EQUIPMENT. SEEKS

2. A COPY OF THE REVISED EQUIPMENT LIST IS ATTACHED. COST ESTIMATES ARE BASED ON 1994 REPLACEMENT PRICES AND WILL HAVE TO BE CHECKED BY THE RESPONSIBLE AREA OF THE DEPARTMENT OF DEFENCE IN CANBERRA. FOR THIS REASON THE AUD187,000 COST MAY INCREASE IN A MINOR WAY.

3. THE AUSAID HEALTH PROGRAMMING MISSION HAD NUMEROUS MEETINGS IN KIGALI TO DISCUSS THE ASSIGNMENT OF THE EQUIPMENT, INCLUDING WITH AUSMED (COLONEL WARFE AND MAJOR WHEATLEY), THE MINISTER OF HEALTH, WHO, UNICEF, THE BELGIAN DELEGATION AND STAFF AT THE HOSPITAL.

THE UNANIMOUS VIEW IS THAT THE EQUIPMENT IS ESSENTIAL AS IT REPLACES THAT STOLEN/LOOTED DURING THE WAR.

- THE HARDWORKING STAFF AT KCH WILL BE LOST IF THE EQUIPMENT IS TAKEN HOME BY AUSMED.

THE STAFF IN THE HOSPITAL ARE FAMILIAR WITH THE EQUIPMENT AND ARE ABLE TO USE IT EFFECTIVELY.

ACCORDING TO A BELGIAN TECHNICIAN RESPONSIBLE FOR MAINTENANCE AND TRAINING AT THE HOSPITAL, THE EQUIPMENT WHICH IS OF A MORE TECHNICAL NATURE IS MAINTAINABLE IN RWANDA.

ISSUES AND TIMING

4. SINCE AUSMED ARE DEPARTING RWANDA ON 23 AUGUST THE PRELIMINARY PACK-UP OF LESS ESSENTIAL EQUIPMENT HAS COMMENCED. IT IS IMPORTANT, THEREFORE, THAT A DECISION IS MADE BY EARLY IN THE WEEK COMMENCING 31 JULY ON WHETHER THE EQUIPMENT CAN BE LEFT BEHIND AS A GIFT OF AUSTRALIA. MAJOR WHEATLEY, THE OFFICER IN CHARGE OF THE MEDICAL CONTINGENT AT KIGALI CENTRAL HOSPITAL, WAS UNABLE TO SHED ANY LIGHT ON THE ABILITY OF THE ADF TO DONATE THE EQUIPMENT.

From: LYLE BASTIN

Phone:

Section: HUR, C/- AHC NAIROBI

Fax:

ALL HE COULD OFFER WAS THAT UNLESS AUSAID ALLOCATES FUNDS FOR THE EQUIPMENT HIS ORDERS ARE TO PACK IT UP AND BRING IT HOME.

6. AT A PRELIMINARY MEETING WITH THE AUSTRALIAN HIGH COMMISSIONER IN NAIROBI, HE MENTIONED THAT HE PLANNED TO VISIT KIGALI IN THE FINAL WEEK OF THE AUSTRALIAN SERVICE CONTINGENT DEPLOYMENT WITH UNAMIR II. HE SAID THAT IF THE GIFT WERE APPROVED A CEREMONIAL HANDOVER OF THE EQUIPMENT WOULD BE A GOOD WAY TO CONCLUDE WHAT HAS BEEN A VERY GOOD EXERCISE FOR AUSTRALIA. THE EARLY APPROVAL OF THE DONATION WILL FACILITATE ARRANGEMENTS FOR THIS HANDOVER CEREMONY.

#### RECOMMENDATION

7. ON THE BASIS OF MEETING A KEY NEED IN A MANNER WHICH FOLLOWS ON FROM THE CONTRIBUTION BY AUSMED TO HEALTH REHABILITATION IN RWANDA, IT IS RECOMMENDED THAT UP TO AUD200,000 BE ALLOCATED FOR THE PURCHASE OF THE SPECIFIED EQUIPMENT FROM THE AUSTRALIAN ARMY FOR DONATION TO THE GOVERNMENT OF RWANDA FOR KIGALI CENTRAL HOSPITAL.

REGARDS

PS PROBLEM WITH THE PRINTER : GRATEFUL YOU DISCUSS THE ABOVE  
WITH MAJOR HEATH AT DEFENCE CENTRAL.  
I HAVE COPIED THIS FAX TO COLONEL WARFE.

Thanks

Lyle P

## How we do it



ICRC / C. Fedele

To ensure that the suggestions it makes after its visits to detainees are both practical and realistic, the ICRC informs the authorities beforehand of its procedure, namely that it must be allowed:

- to see all detainees covered by its mandate and to have access to all places where they are being held;
- to speak with the detainees in private and without witnesses;
- to draw up, during the visit, a list of the detainees covered by its mandate. It must otherwise be given such a list by the authorities, which the delegates must then be able to check and, if necessary, complete;
- to repeat the visits as often as the ICRC considers necessary, and see whichever detainees the delegates choose.

The ICRC must also be allowed to restore contact between the detainees and their families.

## Since 1915...



ICRC / Arch

The International Committee of the Red Cross visited prisoners of war for the first time in 1915. Three years later, it made its first visits to political detainees.

Every year, ICRC delegates see tens of thousands of detainees in thousands of places of detention in over 50 countries. Since the Second World War, the ICRC has visited more than one million detainees throughout the world.

The International Committee of the Red Cross derives its mandate from the Geneva Conventions of 1949 and their Additional Protocols of 1977. The Statutes of the International Red Cross and Red Crescent Movement give it other tasks in situations not covered by the Geneva Conventions. The ICRC works for the faithful implementation of the provisions of international humanitarian law applicable in armed conflicts and carries out the tasks assigned to it under that law. The ICRC and the International Federation of Red Cross and Red Crescent Societies, together with the National Red Cross and Red Crescent Societies, form the International Red Cross and Red Crescent Movement. The ICRC, which gave rise to the Movement, is an independent humanitarian institution. As a neutral intermediary in the event of armed conflict or unrest it endeavours, on its own initiative or on the basis of the Geneva Conventions, to bring protection and assistance to the victims of international and non-international armed conflict and internal disturbances and tension.

0543/002 1/95 20000

## Protecting prisoners' lives and dignity



ICRC / J.-J. Kurz



INTERNATIONAL COMMITTEE OF THE RED CROSS

## Crises, violence



AFP / Keystone / Ph. Littelton

International wars, local conflicts, civil wars, countries in the grip of political, ethnic or religious violence, social stability threatened or disrupted, declarations of states of emergency — in all these situations there are particularly vulnerable people who need protection and assistance.

## Imprisonment: the risks



SYGMA

People are arrested and held for having opposed the powers that be, or because of their ethnic origin or religious beliefs; during international armed conflicts and other hostilities, prisoners are taken and civilians interned; others are deprived of their freedom simply because they have been caught up in the maelstrom of events. They all have in common the fact that they find themselves at the mercy of some authority and that they remain entitled to life and dignity, to respect as human beings.

Yet day by day these men and women held in countries racked by conflict or other crises face a multitude of risks: summary execution, forced disappearance, various forms of humiliation and harassment, beatings, torture and isolation. They suffer uncertainty about the future, loss of contact with their families, inhuman living conditions and degrading treatment.

## What we do



ICRC / T. Gassmann

ICRC delegates visit persons detained in connection with armed conflicts or unrest. By making regular visits to places of detention, it is possible to prevent detainees from “disappearing”, to discourage torture and inhuman treatment and to guarantee acceptable living conditions. Following each visit, the delegates discuss their findings with the people in charge and later send a written report. In this way the ICRC establishes a confidential and constructive dialogue with the authorities.



633-1-1-

COMITÉ INTERNATIONAL DE LA CROIX-ROUGE

## THE ICRC IN RWANDA

The ICRC (International Committee of the Red Cross) is a neutral, impartial and independent organisation with 130 years of experience in assisting and protecting the victims of conflict. The ICRC set up a delegation in Rwanda in October 1990 and was one of the very few humanitarian organisations that remained in Rwanda to aid the population during the genocide of last year.

The ICRC had to respond to the countless emergency needs following the outbreak of the conflict which claimed the lives of close to one million people and resulted in the massive population movement of more than two million people.

One year after this tragedy, the ICRC is still working to assist and protect the vulnerable groups within the population by protecting detainees, re-establishing family ties, restoring water supplies, distributing food and seeds to vulnerable families and the rebuilding of health centres.

A total of 150 ICRC delegates and about 1600 local staff are currently based in Rwanda with offices in Kigali, Butare, Gitarama, Gikongoro, Kamembe, Kibuye, Ruhengeri, Byumba and Kibungo.

At the end of June, the ICRC issued a new emergency appeal for its activities in Rwanda for 1995. Due mainly to the unexpected level of protection activities, the ICRC budget has been increased from US\$ 53 million to US\$ 82 million.

Nevertheless, humanitarian assistance is only able to respond to short term needs of the Rwandan people. "A political, economic and military solution will have to be found in order to restore stability in Rwanda and in the region," said Philippe Lazzarini, the ICRC Head of Delegation in Kigali. "The ICRC will continue its assistance in Rwanda and seek to improve conditions for the population, but a life in safety cannot be created for the Rwandese without genuine efforts made by the international community and by the governments and the various other parties in the region."

Kigali, July 1995

For more information please contact the press office in Nairobi or Kigali. Nairobi, tel: +25 42 716339. Kigali, tel: + 250 72781.





## ICRC'S MAJOR ACHIEVEMENTS IN RWANDA

### IN 1993, THE ICRC

- \* distributed food aid to close to 1 million displaced people in the North of Rwanda in cooperation with the Rwandan and Belgian Red Cross.
- \* distributed seeds and tools to more than 600,000 people who were able to return to their home communes.
- \* supplied 17 hospitals and health clinics with medical equipment.
- \* gave medical assistance to more than 80,000 people in cooperation with the Belgian Red Cross.

### IN 1994, THE ICRC

- \* set up an emergency hospital in the ICRC compound when the conflict broke out in April. The ICRC surgical teams worked around the clock and were able to save 9,000 lives.
- \* set up other emergency hospitals in Kabgayi, Nyanza and Rilima and provided health centres with medical supplies.
- \* distributed emergency relief to the vast number of Rwandan refugees pouring into Tanzania in April 1994 and Zaire in July 1994 and assisted more than 1,300 000 internally displaced people in the prefectures of Ruhengeri, Byumba, Gitarama, Kigali, Kibuye, Cyangugu and Gikongoro.
- \* distributed seeds and tools to more than 270,000 families.
- \* visited close to 20,000 detainees in various places of detention and provided prisons with food, water/sanitation and medical assistance.
- \* distributed emergency water supplies to orphanages and health centres in Kigali and to 250,000 displaced people in 13 camps.
- \* restored the water supply in all major cities by supplying water treatment plants with 700 MT of chemicals. These plants also received spare parts, generators and tools worth US\$ 250,000.
- \* made continuous representations to the civilian and military authorities on both sides to insist on respect for the principles of International Humanitarian Law.

## **ICRC DETENTION PROGRAMME - ALLEVIATING SUFFERING IN RWANDAN PRISONS**

At the beginning of July, more than 48,000 detainees were registered by the ICRC. With up to four inmates per square metre in some prisons and communal lock-ups, conditions have deteriorated into a real humanitarian crisis.

The ICRC, which has assisted the prison population since August of last year, has taken exceptional measures in an attempt to improve conditions.

The ICRC is providing emergency supplies of food and water to the detainees and wood for cooking. ICRC water/sanitation engineers carry out essential sanitation work in order to prevent outbreaks of epidemics. ICRC medical teams work in the prisons on a daily basis to provide medical assistance to detainees and has initiated the creation of isolation wards for illnesses such as dysentery and tuberculosis. All basic medicine is supplied by the ICRC and other assistance includes blankets and plastic sheeting as well as soap and other hygiene items.

In spite of these efforts, the dramatic overcrowding has become the main cause of death in places of detention and has already claimed hundreds of lives. Many more risk dying if the overcrowding is not reduced immediately.

Therefore, the ICRC welcomes the decision by the Rwandan government to open several new temporary detention sites in order to alleviate overcrowding.

The ICRC has decided to work with the authorities and the United Nations to set up a new temporary detention site at Nsinda (60 kilometres east of Kigali) which is designed to accommodate 5,000 detainees. The ICRC will erect tents to house both detainees and the medical and sanitary infrastructure of the camp and provide medical supplies, food and equipment for cooking.

The ICRC continues its usual detention activities which include the registration of detainees and follow up visits to 208 places of detention. ICRC delegates conduct private interviews with detainees to verify their situation. On a confidential basis, the ICRC also negotiates with the authorities for improvements of the psychological and physical conditions for the prison population.

As detainees can lose contact with their families, the ICRC has set up a Red Cross Message service enabling detainees to maintain contact with their relatives.

FACT SHEET 1/6

## ICRC TRACING PROGRAMME - HELPING CHILDREN FIND THEIR FAMILIES

Through the vast ICRC tracing programme, the contact between families separated during last year's conflict is restored and children are reunited with their parents.

To date, the ICRC, often working with other organizations, has reunited more than 4,000 children with their families. Each week, the ICRC is arranging new family reunions - children in refugee camps are brought back to their parents in Rwanda and some are reunited with family members in the camps.

70,000 unaccompanied children are now registered in the ICRC data base. Until their families are found, the children are cared for in orphanages and foster families.

More than 20,000 parents have approached the ICRC with a request to trace their children.

The ICRC visits schools, orphanages, churches and hospitals, both inside the country and in refugee camps to register unaccompanied children.

In cooperation with UNICEF and Save the Children UK, the ICRC has photographed 21,000 unaccompanied children in Goma, Zaire and inside Rwanda. The photo campaign continues in Bukavu, Zaire and in refugee camps in Tanzania. These photos will be posted in the children's home communes to help parents identify their offspring.

The Red Cross Message Service is another important means of restoring contact between members of families separated by conflict - and in particular children split up from parents. Over 1 million Red Cross Messages have been exchanged since August of last year. In June 1995 alone, 360,000 Red Cross Messages were exchanged via the ICRC network.

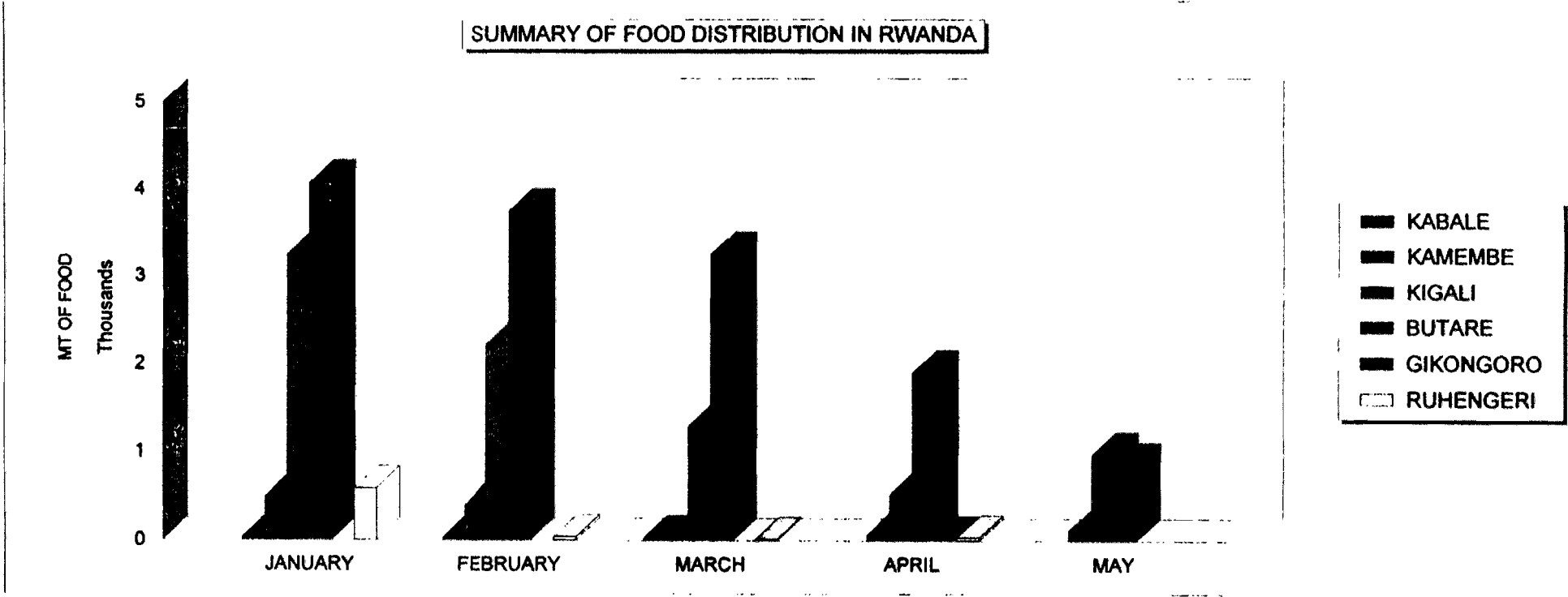
This vast tracing operation occupies 600 ICRC collaborators and local staff in Rwanda and throughout the region including Tanzania, Burundi, Zaire.

The ICRC estimates that this tracing programme will last for several years.

DISTRIBUTIONS RWANDA 1995

FOOD

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	TOTAL
KABALE	36	34	31			101
KAMEMBE	495	407	55	75	119	1151
KIGALI	3241	2214	1288	526	974	8243
BUTARE	4075	3748	3248	1902	859	13832
GIKONGORO				31		31
RUHENGARI	587	42	17	41		687
TOTAL	8434	6445	4639	2575	1952	24045



## ICRC MEDICAL PROGRAMME- IMPROVING PUBLIC HEALTH

Following the initial emergency phase last year, the ICRC is now focusing on the reconstruction of health centres and the medical needs in places of detention.

Under the auspices of the ICRC, the French and German Red Cross are rehabilitating 14 health centres which were damaged during the conflict last year. The ICRC is rehabilitating one health centre in Kibuye. These centres will cover the basic medical needs of up to 450,000 Rwandans.

The buildings are repaired, the water and electricity reestablished and new medical equipment and furniture purchased. The Red Cross also supply the centres with medicine and train the local personnel. By the end of this year, these health centres should also be able to provide services for pre- and post natal care, deliveries, vaccinations, family planning, health education and AIDS prevention.

Two ICRC doctors and 15 nurses are currently working in the Rwandan prisons to treat detainees in need of medical assistance. This remains a major task as inmates in some places are living under disastrous conditions due to overpopulation.

The most common diseases such as dysentery, tuberculosis and respiratory infections are treated in the prisons while seriously ill patients are evacuated by the ICRC staff to nearby hospitals.

The ICRC maintains its capacity to respond to medical emergencies. Following the closure of camps for internally displaced people in the South of Rwanda in April, the ICRC set up a surgical unit at the Butare University Hospital. This unit became operational in a matter of 48 hours, and the ICRC surgical teams treated more 200 wounded patients.

The ICRC also supports the Ndera Psychiatric Hospital (15 km east of Kigali.) It is the only of its kind in Rwanda and accommodates approximately 100 patients - many of whom suffer from post-war trauma. The ICRC supplies the hospital with food, hygiene supplies and carries out immediate building repairs.

The ICRC is also engaged in a vast national vaccination campaign aimed at protecting children from getting polio. More than 33,000 children will be vaccinated with the assistance from the ICRC.

## ICRC WATER AND SANITATION - CLEAN WATER FOR THE RWANDAN POPULATION

The urban population in Rwanda has access to potable water thanks to essential chemicals supplied. More than 250,000 people in Kigali alone benefit from this assistance. The main water treatment plants in the country have received a total of 500 tonnes of aluminium sulphate and chlorine which will cover the basic needs for the coming four months.

The ICRC also assists the Rwandese water and electricity supplier, Electrogaz, with US\$ 80,000 worth of material for repairs of the network.

More than 300,000 people in rural areas have access to potable water because of work carried out by the American, Australian and Swedish Red Cross working under the auspices of the ICRC. The Red Cross also trains local water personnel and promotes hygiene education for the rural population.

ICRC water/sanitation engineers are working in all 14 Rwandan prisons to ensure that detainees have access to clean water and that sanitation facilities are functioning.

Prisons, orphanages and health centres are supplied with clean water by 6 ICRC trucks. Rilima prison alone receives 150,000 litres of water per week.

## ICRC MEDICAL PROGRAMME- IMPROVING PUBLIC HEALTH

Following the initial emergency phase last year, the ICRC is now focusing on the reconstruction of health centres and the medical needs in places of detention.

Under the auspices of the ICRC, the French and German Red Cross are rehabilitating 14 health centres which were damaged during the conflict last year. The ICRC is rehabilitating one health centre in Kibuye. These centres will cover the basic medical needs of up to 450,000 Rwandans.

The buildings are repaired, the water and electricity reestablished and new medical equipment and furniture purchased. The Red Cross also supply the centres with medicine and train the local personnel. By the end of this year, these health centres should also be able to provide services for pre- and post natal care, deliveries, vaccinations, family planning, health education and AIDS prevention.

Two ICRC doctors and 15 nurses are currently working in the Rwandan prisons to treat detainees in need of medical assistance. This remains a major task as inmates in some places are living under disastrous conditions due to overpopulation. The most common diseases such as dysentery, tuberculosis and respiratory infections are treated in the prisons while seriously ill patients are evacuated by the ICRC staff to nearby hospitals.

The ICRC maintains its capacity to respond to medical emergencies. Following the closure of camps for internally displaced people in the South of Rwanda in April, the ICRC set up a surgical unit at the Butare University Hospital. This unit became operational in a matter of 48 hours, and the ICRC surgical teams treated more 200 wounded patients.

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DISSEMINATION -  
TO PROMOTE INTERNATIONAL HUMANITARIAN LAW &  
TO EXPLAIN THE WORK OF ICRC

International Humanitarian Law (IHL) defines rules in armed conflict in order to limit the suffering of victims. Disseminating International Humanitarian Law is the foremost obligation of those States party to the Geneva Conventions to which Rwanda is a signatory. Nevertheless, the ICRC is also mandated to promote and develop IHL and is engaged in disseminating IHL world wide.

The "Law of armed conflicts" is the main topic that should be transmitted to military and paramilitary personnel, as well as to every individual carrying arms.

The ICRC conducts regular dissemination sessions for central and local authorities explaining the connection between IHL and ICRC activities in the Rwandan context. Sessions are held for ministerial staff, military training officers, judicial police officers, prison directors, prefects, bourgmasters and education leaders.

Dissemination sessions are also held at distribution sites and in health centres for the medical staff where the local population often participates as well.

In order to extend the understanding of ICRC activities for the general public, the ICRC has produced radio spots which are aired on Radio Rwanda, Radio UNAMIR and Radio Agatashya, a local radio station based in Zaire.

One such spot explains how families who have been separated from their children can request the ICRC to search for the children, and if successful, reunite the family.

**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No: 633-1-1

To: FMO      Remarks/Action: X 17/7

BY COMMENT: A  
CONFUSION THAT THIS  
FOLLOWS AN AME OF  
MIF NO LAST WEEK?

Med Ops

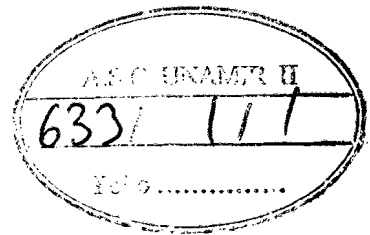
Med Log

FHO

SO Log

17/7  
to follow up along with Save the Children (GMA)  
AS 17/7  
also 17/7  
with passed to or MED con  
W.

Please initial and date when action complete then pass quickly



Kigali, le 12/07/1995

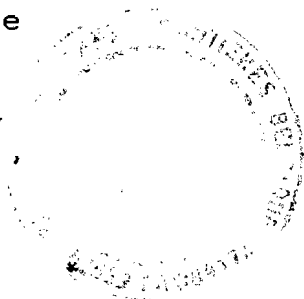
MINUAR  
à Kigali

Messieurs,

Veuillez trouver ci-joint la liste des expatriés oeuvrant au Rwanda au sein de notre organisation.

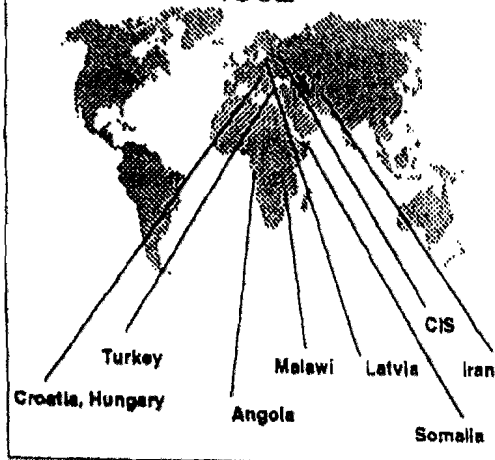
En vous souhaitant bonne réception de la présente, nous vous prions d'agréer, Messieurs, nos salutations les plus distinguées.

Valérie Callier  
Administratrice



MEDECINS SANS FRONTIERES IS A PRIVATE, INTERNATIONAL, HUMANITARIAN ORGANISATION  
MEDICOS SIN FRONTERAS ES UNA ORGANIZATION HUMANITARIA, PRIVADA E INTERNATIONAL  
MEDECINS SANS FRONTIERES EST UNE ORGANISATION HUMANITAIRE, PRIVEE ET INTERNATIONALE

## Personnel assignments 1992



- elderly persons alarm and communications service (6.457 calls)
- home care service

## National disaster preparedness

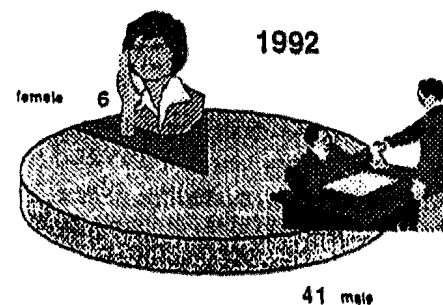
5.951 registered staff (mainly volunteers)  
757 vehicles

## International operations 1992

- aid to the CIS  
medical assistance in Minsk/Belorussia and Moscow/Russia
- aid to the Baltic States

- aid to victims of the civil war in former Yugoslavia
- aid to victims of the earthquake in Erzincan/Turkey
- orthopedic assistance to Iran
- aid to victims of the civil war in Somalia
- aid to mozambican refugees in Malawi
- medical and orthopedic assistance to victims of the civil war in Angola

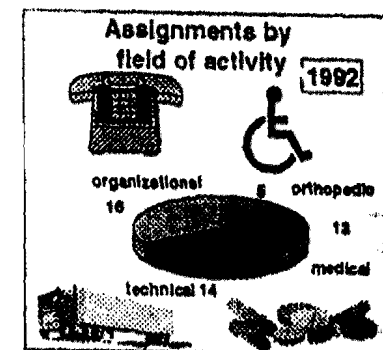
## Assignments selected by sex



Impressum: Johanniter-Unfall-Hilfe e.V.  
Bundesgeschäftsstelle  
Sträßchensweg 14  
D-53113 Bonn  
Tel. 0228/9170-0

BT 6/93

**DIE JOHANNITER**



JOHANNITER

633-1-1

## History of JUH

Johanniter-Unfall-Hilfe (JUJH) was established in 1952 as a non-governmental charity organization. Legally, JUJH is acknowledged as registered charitable association.

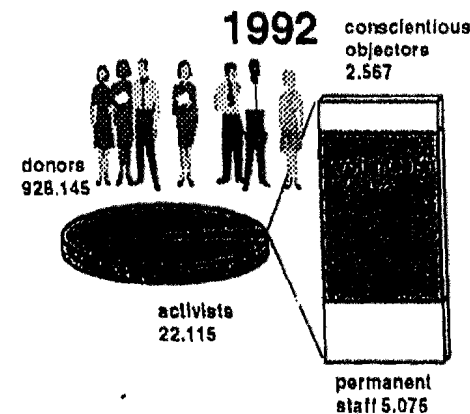
Historically, the foundation of JUJH must be linked to the era of the first crusaders in the 11th century. It is estimated that the Order of St. John was founded in 1099 in Jerusalem during the first crusade. By then chevaliers and knights were providing welfare work in a hospice in Jerusalem.

## Affiliate of the Order of St. John

This historical remark is worth mentioning, because, according to our constitution, JUJH is still an affiliate of the Order of St. John. You will find a similar construction in the United Kingdom with St. John ambulance.

Further it is important to note that JUJH is closely linked to the evangelical church in Germany, whereas our colleagues from Malteser Hilfsdienst, with almost the same tradition, are linked to the catholic church. However, and speaking in practical terms, we do not stress our historical or religious background in any

## Structure of members



way which would lessen our activities in the charitable field.

## Structure of JUH

Johanniter, as we quite often call ourselves, is divided into divisions and sub-divisions. The Johanniter-Unfall-Hilfe at national level have a central office in Bonn and on provincial level, our organizational set up presently comprises 11 divisions (so-called "Landesverbände") and approx. 330 local subdivisions (so-called Kreis/Ortsverbände). By the end of 1992 we could count on more than 950.000 members. The members can be divided into following categories:

928.145 registered donors, 5.076 registered permanent staff, 14.472 registered volunteers and 2.567 conscientious objectors were working with JUJH instead doing their National Military Service.

## Our services

Having concluded the introduction into our formal and organizational setup the following overview touches our main fields of activities. They can be described as:

### Training

- of first aid
- of emergency procedures to save human lives
- of auxiliary nurses

(people trained in 1992: 171.018)

## Ambulance and rescue service

(people transported in 1992: 478.765)

## Social services

- mobile transport of handicapped people (1.967.182 people in 1992)
- meals on wheels (2.148.672 meals in 1992)

**DIE JOHANNITER**



# CORRESPONDENCE DISTRIBUTION

## COVER SHEET

File No. 633-1-7

Correspondence No. \_\_\_\_\_

→ To: FMO

Remarks/Action: Δ 3/5.

Med Ops

Med Log

FHO

\* ph s/gk re contact.

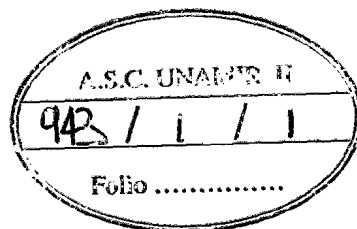
MAJ WINTSHIRE has established contact with RICHARD CONNAUGHTON and invited him to visit the HA infirmaries. The PXR from the 1st Contingent is also being supplied from Australia through diplomatic channels. Do you wish to pursue this further? Brian

No, thank you Δ 3/5.

Please initial and date when action complete then pass quickly.



## Overseas Development Institute



Regent's College, Inner Circle, Regent's Park, London NW1 4NS  
Telephone: +44 (0)171 487 7413 Fax: +44 (0)171 487 7590 Internet: [odi@gn.apc.org](mailto:odi@gn.apc.org)  
The Institute is limited by guarantee Registration No. 661818 England Registered Office as above Charity No. 228248

To: NGO Directors/Country Representatives  
Date: 23:4:95

### RE: JOINT EVALUATION OF EMERGENCY ASSISTANCE TO RWANDA

Many of you will already have heard of this unprecedented evaluation which involves four separate studies and is being funded by 20 donor organisations and UN agencies. A briefing on the evaluation was given at an UNREO monthly coordination meeting in February by Nils Dablestein of the Danish Foreign Ministry who chairs the Management Group for the evaluation. The attached Information Note provides summary information on the overall evaluation and on Study III which is focussing on the emergency aid provided within Rwanda and to refugees in neighbouring countries in the period April to approximately December 1994.

Six members of the Study III Team are currently in Kigali and will be visiting many NGOs over the next two weeks. They are:

John Borton	Team Leader
Emery Brusset	Coordination issues
Alistair Hallam	Cost issues/economic impact on affected countries
Johan Pottier	Socio-economist
Richard Connaughton	Military/protection issues
Torben Ishoy	Healthcare/protection and military issues

The purpose of this initial visit to Rwanda and neighbouring countries is to interview key individuals involved in the provision of emergency assistance last year within the UN system, Government and NGOs and to gather relevant documentation. Members of the Team will be visiting Goma (25-28th April), Bukavu (30th April to 2nd May) and Ngara (3rd to 5th May). Other members of the Team will remain in Kigali to interview personnel based in Kigali and the principal towns. These interviews complement those already begun with Head Office personnel of agencies based in Europe and North America and regional offices in Nairobi and Dar es Salaam. Subsequent visits will be made to Rwanda and neighbouring countries by these and other members of the Study III Team in the May-June period.

The Team is staying at the Hotel Des Mille Collines and would welcome direct contact from any NGO.

Members of Study IV, focussing on rehabilitation issues, will be arriving in Kigali on 28th April.

## NOTE D'INTRODUCTION SUR L'EVALUATION COMMUNE DE L'AIDE D'URGENCE POUR LE RWANDA

### L'Evaluation

L' Evaluation Commune de l'Aide d'Urgence pour le Rwanda représente une entreprise sans précédents, visant à tirer des leçons des efforts de la communauté internationale pour apporter une aide au Rwanda et aux réfugiés du Rwanda, et s'appuyant sur un examen de l'ensemble des acteurs concernés. Elle doit soutenir l'amélioration de la réponse à de futures urgences complexes, tout autant qu'informer les opérations en cours dans la région des Grands Lacs.

L'évaluation est financée par 20 bailleurs et agences de l'ONU, et se déroule sous la supervision du Comité de Direction comprenant 37 agences et organisations membres de l'OCDE, des organisations internationales, ainsi que des consortiums d'ONG. Le Ministère des Affaires Etrangères du Danemark est responsable de la coordination des évaluations pendant que la Suède, la Norvège, le Royaume Uni, et les Etats Unis sont chargés de la gestion des différents volets de l'évaluation. Les responsables des Unités d'évaluation des organismes de Coopération de ces cinq pays composent le Groupe de Gestion de l'évaluation.

L'évaluation est composée de quatre volets entrepris par des instituts sous contrat avec le Groupe de Gestion. L'étude I est un récapitulatif historique du conflit dans la société rwandaise; l'étude II se concentre sur la prévention du conflit; l'étude III sur l'efficacité de l'aide humanitaire; l'étude IV sur l'efficacité des efforts de rapatriement, réhabilitation et reconstruction. L'évaluation a commencé en janvier 1995, lors d'une réunion de lancement de l'initiative à Genève. Les rapports provisoires des quatre études seront soumis le 15 septembre 1995 au Groupe de gestion et au Comité de direction, puis seront finalisés au début décembre 1995. Un rapport de synthèse des quatre études sera préparé simultanément et se joindra aux quatre autres en janvier 1995. Il est prévu que le rapport sera largement distribué.

#### Etude III: Efficacité de l'aide humanitaire et ses effets:

A la suite d'un appel d'offre qui a eu lieu en fin 1994, le Groupe de Gestion a remis un contrat pour l'étude III à l'Overseas Development Institute (ODI), qui est un organisme privé de recherche en politiques de développement et d'aide humanitaire, situé à Londres. ODI a rencontré des représentants des agences impliquées dans la mise en place des programmes humanitaires dès le début janvier, avant la réunion de lancement. C'est sur la base de ces discussions et de l'expérience d'évaluations antérieures que l'équipe a conçu le cadre analytique de l'approche qui sera utilisée (des copies peuvent être obtenues auprès d'ODI). Les activités des différentes agences impliquées dans la fourniture de l'aide et la protection seront évaluées sur la base des critères d'adéquation, du rapport prix/efficacité, de couverture effective, de cohérence, de rapport à l'ensemble de la



situation, et d'impact. On tiendra par ailleurs compte des variables externes qui influent sur l'espace humanitaire, c'est à dire la marge de manoeuvre des opérateurs (tel que les mandats, les ressources internationales et locales, la sécurité, par exemple). Les méthodes qui seront utilisées sont la préparation d'études de cas en partant des différentes opérations; des études socio-économiques dans les camps et les populations hôtes; la révision et l'analyse de documents produits jusqu'ici par différentes institutions (en particulier en épidémiologie); des entrevues avec le personnel clé impliqué dans les décisions; d'une étude statistique de la couverture médiatique de la crise.

La composition de l'équipe et les rôles respectifs sont les suivants:

Membre de l'équipe	Nationalité	Role
John BORTON	Britannique	Responsable de l'équipe
Emery BRUSSET	Française	gestion équipe et coordination de l'aide
Alistair HALLAM	Britannique	Cout et impact économique
Nathalie VEGEZZI	Française	Administration
Laura JACKSON	Britannique	Administration
Serge Manoncourt	Française	Gestion des programmes médicaux
Johan Pottier	Belge	Etude socio-économique
Danielle de Lame	Belge	Etude socio-économique
Andrew Chalinder	Britannique	Eau et assainissement
Jeremy Shoham	Britannique	Nutrition
Lisa Lee	Américaine	Epidémiologie
Richard Connaughton	Britannique	Protection et questions militaires
Torben Ishoy	Danoise	Santé et questions militaires
John Telford	Irlandaise	Logistique de terrain, transport aérien
Franz Goetz	Allemande	Logistique des gros tonnages
Gill Shepherd	Britannique	Ecologie et besoins en énergie
Lindsey Hilsum	Britannique	Examen dur role des media
Bruce Jones	Canadienne	Media et assistant de recherche
Mark Duffield	Britannique	Conseiller
David Turton	Britannique	Conseiller

Les coordonnées de l'équipe sont:

Equipe d'évaluation du Rwanda  
Overseas Development Institute  
Regent's College  
Inner Circle  
Regent's Park  
London NW1 4NS  
Royaume Uni

Tel: 44 71 487 7413

Télécopie: 44 71 487 7590

Adresse électronique: ODI @ gn.apc.org (marquer Rwanda Evaluation pour le sujet)

## **INFORMATION NOTE ON THE JOINT EVALUATION OF EMERGENCY ASSISTANCE TO RWANDA AND THE STUDY III TEAM**

### **The Overall Activity**

The Joint Evaluation of Emergency Assistance to Rwanda represents an unprecedented attempt by the international community to draw lessons from the recent experience of humanitarian assistance efforts in and around Rwanda, based on an examination of the roles of all the groups and agencies involved in the response. Such lessons will assist efforts to improve the response to future complex emergencies as well as for ongoing and future operations in the Great Lakes region.

The evaluation is being funded by 20 donor organisations and UN agencies and is being supervised by a Steering Committee comprising 37 agencies and organisations from: OECD countries; the European Union; UN agencies; international organisations; and NGO umbrella organisations. The Danish Ministry of Foreign Affairs is responsible for coordinating the evaluation while Sweden, Norway, the UK and the USA are responsible for managing particular studies. The heads of the Evaluation Departments of these five bilateral donors make up the Management Group for the evaluation.

The overall activity is composed of four studies being undertaken by separate institutions. Study I is covering the historic background to the conflict in Rwandan society; Study II is focusing upon conflict prevention; Study III on the effectiveness of the emergency assistance provided in Rwanda and in support of Rwandan refugees in neighbouring countries; and Study IV on the effectiveness of repatriation, rehabilitation and reconstruction efforts. The evaluation commenced in January 1995 when the Management Group and representatives of the four study teams attended a Launch Workshop near Geneva. The draft reports of the four studies will be submitted during September 1995 and following review by the Management Group and the Steering Committee will be finalised by the beginning of December 1995. A synthesis report of the four studies will also be prepared with a final report being completed in January 1996. The five reports will be widely distributed.

### **Study III: Emergency Aid and Its Effects**

After a bidding process in late 1994 the Management Group awarded the contract for Study III to the Overseas Development Institute (ODI) an independent, London-based centre for research and policy discussion on development and relief issues. Prior to the Launch Workshop preliminary meetings were held with some of the key Europe-based agencies involved in the implementation of the humanitarian aid programmes. On the basis of these discussions and their experience of previous emergency aid evaluations the Team devised an analytical framework for the study and the approach and methods to be employed. [Copies of the Analytical Framework paper may be obtained from ODI.] The activities of various agencies involved in the provision of emergency aid and protection assistance will be assessed using the criteria of appropriateness, cost-effectiveness, coverage, coherence, connectedness and impact. A key concept to be used by the team is that of 'humanitarian space', available to relief agencies. Humanitarian space is the product not only of physical

security, but also external factors such as mandates and resource levels. It is roughly equivalent to that of 'room for manoeuvre' in the social sciences field. The methods to be used include: the preparation of case studies on particular operations; socio-economic studies in selected areas and camps; the collation and review of available documentation and surveys; interviews with key agency personnel and government officials; and a preliminary review of media coverage of the crisis.

The composition of the Study III Team and their respective roles are shown below:

Team Member	Nationality	Role
John Borton	British	Team Leader
Emery Brusset	French	Core Team and Coordination
Alistair Hallam	British	Cost issues/economic impact
Nathalie Vegezzi	French	Administrative
Laura Jackson	British	Administrative
Serge Manoncourt	French	Emergency health management
Johan Pottier	Belgian	Beneficiary interviews
Danielle de Lame	Belgian	Beneficiary interviews
Andrew Chalinder	British	Water and sanitation
Jeremy Shoham	British	Nutrition issues
Lisa Lee	American	Review of epidemiological studies
Richard Connaughton	British	Military/protection issues
Torben Ishøy	Danish	Health/military issues
John Telford	Irish	Field/airlift logistics
Franz Goetz	German	Large tonnage logistics
Gill Shepherd	British	Environment/fuelwood
Lindsey Hilsum	British	Media coverage
Bruce Jones	Canadian	Research Assistant/media
Mark Duffield	British	Advisory/editorial assistance
David Turton	British	Advisory/editorial assistance

The contact details for the team are:

Rwanda Evaluation Team  
Overseas Development Institute  
Regent's College  
Inner Circle  
Regent's Park  
London NW1 4NS  
UK

Tel: (+44 71) 487 7413

Fax: (+44 71) 487 7590

Email: [odi@gn.apc.org](mailto:odi@gn.apc.org) (Mark Rwanda Evaluation in subject line)

0337/jb  
15.03.95

**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. 633-1-1

Correspondence No. \_\_\_\_\_

To: FMO ✓  
Med Ops ✓  
Med Log ✓  
FHO ✓  
C/CLK

Remarks/Action: 27/4  
27/4  
27/4  
28/4

Please initial and date when action complete then pass quickly.



## **INTERNATIONAL RESCUE COMMITTEE, INC.**

### **HORN OF AFRICA PROGRAM**

Kunde Road • P.O. Box 62727 • Nairobi, Kenya  
Tel: 569013, 567511 • Fax: 566722

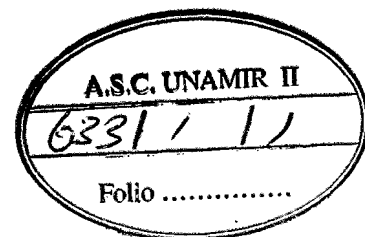
## **NOTICE**

As of the 24 Th. of April 1995, IRC RWANDA may be contacted at the following telephone numbers in Kigali :

Telephone/Fax ( 250 ) 86036

Telephone ( 250 ) 83816

Regards.



### **INTERNATIONAL HEADQUARTERS**

122 East 42nd Street • New York • New York 10168 - 1289

Tel: 212 - 551 - 300 • Fax: 212 - 551 - 3185

Contributions to the International Rescue Committee are tax deductible

Assumed

MOA's

GBL's

MINES

MAIN UN HOLD

ACADEMY

ZOO STAFF

WANDS

OP

INPT

ICU

LAP, XR, PHYSIO

DENTIST

PREV MOD

GEN SURG

ORTHOP

ANEST

INTENS

TRAUMATO

NATURAL

EVAL

CONCL

ENGL AMBS HELS

PVN, R FACS EVAR

FULLY ENG (TLED)

BR

<u>INTRO</u>	SELF ENTITLEMENTS	10 MIN
	THREAT FACTS	Q1.
<u>MAIN</u>	THREAT	
	<ul style="list-style-type: none"> <li>PAVN</li> <li>INF-DOS / MVAs</li> <li>VACEs ADT, SABINE, MENISC</li> <li>ANIMAZAMM</li> </ul>	
<u>FACT</u>	9 RABs	3200s BN HQ
	FMO office	

**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. 633-1-1  
693-6-1 Correspondence No. 2813

To: FMO

Remarks/Action:

Med Ops

Med Log

FHO

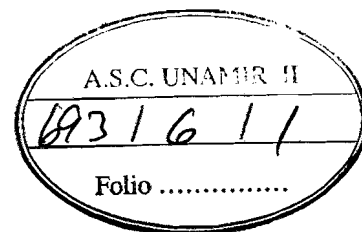
Please initial and date when action complete then pass quickly.

*Spoke to Liz HUGHES*  
*5 APR 95*  
*JH*

Basic med info required on med/disease threat and resources available for treatment. Volunteers range through all admin categories, class, mech, return etc. Initial hatch will be in Kigali but must travel throughout RWANDA.



UNAMIR  
UNV Programme



To: Chief Military Personnel Officer  
UNAMIR

Thru: Mr. Kimso Nilsvang  
Chief  
Personnel

From: Liz Hughes *Liz Hughes*  
UNV Programme Manager

As you may already be aware, the administration of UNAMIR will be augmented by 76 United Nations Volunteers. These volunteers will be completely integrated into the mission.

In order to facilitate their joining the mission, I would like to hold an orientation seminar for each group. The first of these will be on 8 April in the briefing room for the first 15 UNVs. I would appreciate if you would designate one of your staff to provide a military brief and also one of the medical officers to provide a medical brief. A tentative programme is attached.

I look forward to your response, which may be through Mr. Nilsvang on ext. 11089 or directly to me on ext.15125.

Thank you in advance for your attention to this matter.

UNAMIR

UNV Programme

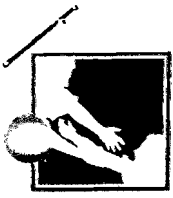
Orientation Seminar

Date: 8 April

Location: Briefing room, UNAMIR HQ.

Participants: Newly arrived UNVs

- 9.00-9.30     Introductory session  
              Mr. A.H. Golo  
              Chief Administrative Officer  
              UNAMIR
- 9.30-10.00    Military Briefing  
              Force Commander or his  
              designate
- 10.00-10.30   Political brief  
              Senior Political Advisor
- ~~10.30-11.00~~ Coffee
- 11.30-12.00   Medical Brief  
              Chief Medical Officer
- 12.00-13.00   Security  
              Chief of Security
- 13.00 -14.00 Lunch
- 14.00-14.30   Role of Military Police  
              Chief of Military Police or his designate
- 14.30-15.00   Role of Civilian Police  
              Chief of Civpol or his designate
- 15.00 -15.30   Role of other UN agencies  
              Mr. S. Hasagawa  
              UNDP Resident Representative
- 15.30 -16.00   Rwandese economy and structural development  
              Mr. Francois Kanimba  
              Director, Ministry of Planning
- 16.00 - 16.30   Welfare and Recreation  
              Mrs. McNeill, UNAMIR Welfare Officer



**Samaritan's Purse**  
INTERNATIONAL + RELIEF

633-1-1 *for pl* 8363

FRANKLIN GRAHAM • PRESIDENT  
*International Headquarters*

P.O. Box 3000 • Boone, NC 28607 U.S.A. • (704) 262-1980

## Central Hospital Kigali Proposal

August 4, 1994

Private Mail Bag  
Ya Ya Centre  
Nairobi, Kenya  
Phone: 254-2-43075/98  
Fax: 254-2-43077

### I. Project Summary

The following outlines a proposal and request for funding by Samaritan's Purse International Relief to provide expertise, services, equipment and personnel to reactivate Central Hospital Kigali (CHK), Rwanda. This is a ninety day emergency intervention aimed at meeting the immediate inpatient medical needs of Kigali.

Samaritan's Purse has already established a base of operations in Kigali and has begun limited medical treatments at CHK. We have reached a working agreement with Rwandan Health officials and other area NGO's regarding CHK. The national and international medical community acknowledges the need to have CHK as a fully functioning medical facility as soon as possible. We have ascertained that there are presently ~~no inpatient~~ <sup>in adequate</sup> medical beds available for use in this city which will soon have an estimated population of 300,000 people. With the return of refugees to Kigali there is an impending cholera and dysentery epidemic requiring emergency preparation of all available facilities. In addition to this, CHK is abandoned, looted, war damaged and in general disrepair. Restoration of medical services at CHK will encourage people to return to their homes and help those requiring medical treatment. The Rwandan people require a fully functioning inpatient treatment center in their capital city as soon as possible.

The total amount requested from OFDA in this proposal is \$457,900. Samaritan's Purse is funded by private donations and in kind contributions. We already have mobilized some personnel, supplies and supporting services to Kigali and will continue to do so as our resources permit.

### Background / Justification

On April 6, 1994 the airplane transporting President Habyarimana of Rwanda, President Ntaryamira of Burundi, and a number of government ministers was shot down, rupturing a peace accord signed last year. Political violence has since resulted in an estimated 250,000 to 500,000 dead, mostly in the massacre of the civilian opposition political parties and the Tutsi minority by the former Government army and militia forces. Hundreds of thousands of persons have become displaced within Rwanda, or have fled to the refugee camps on its borders.

The new R.P.F. Government has brought some sense of stability to the country and has begun the process of rebuilding. The entire population of the

*"All we have comes from God and we give it out of His hand"*  
1 Chronicles 29:14b, Dutch paraphrase

country is experiencing the effects of civil war. Those most severely affected are currently in refugee camps (or en route back to their homes) with endemic chronic disease. The new Government is looking to the international community for assistance in the rebuilding process. The United Nations and numerous donor countries have begun to respond with large scale relief efforts.

Samaritan's Purse International Relief has been active since 1978 providing emergency relief in during and following war, famine and natural disasters. In the past year projects have been conducted in Somalia, Sudan, Russia, Croatia, Bosnia and now in Rwanda. The medical arm of Samaritan's Purse, World Medical Mission has been instrumental in each of these efforts. In 1993, Samaritan's Purse placed 143 physicians on short term assignments in over forty different sites around the world. The organization also provides equipment supply and refurbishing to mission hospitals. Samaritan's Purse has it's headquarters in Boone, NC in addition to this we operate offices in Canada, England, Netherlands, Nairobi and Russia.

In June of 1994 Samaritan's Purse began work in the refugee camp in Rutare, Rwanda with a medical center and orphanage. Initially we provided medical services for 100,000 refugees and continue to supply an orphanage of 500 children. We carried out preventative medical programs for this population and offered medical services for the northern region of the country. This project is partially funded by USAID (Grant # 623-4005-G-00-4064-00).

### III. Project Description

Samaritan's Purse goal in this situation is to provide emergency start up services at CHK, with the goal of returning the facility to independent operation under the direction of national staff. With this goal in mind we also have identified the immediate need to prepare to handle the expected influx of cholera and dysentery patients as predicted by UN health officials.

Samaritan's Purse intends to facilitate the progressive reopening of CHK. Our direct involvement will be in cholera / dysentery, pediatric and <sup>medical</sup> ~~orthopedic~~ wards totaling 100 beds in the first month of operation. We anticipate that this will increase to 200 beds in the second month and 300 beds in the third month of this proposal. We have considered our options for the process of reopening CHK and see this staged approach as the only feasible way to restore services amidst such destruction and chaos. A progressive reopening will also permit us to identify and mobilize the necessary national staff to ensure the long term viability of the facility.

The entire infrastructure supporting the hospital has been destroyed. We intend to work with the new hospital administration, Governmental and Non

Governmental organizations to rebuild this infrastructure. The following services will be provided outside of proposed grant funding:

- medicines provided by Pharmaciens Sans Frontiers
- food for the hospital provided by World Food Programme
- outpatient medical treatment by Medicine Du Monde
- surgical services from Emergency (Italy)
- cargo transport from Nairobi by UNAMIR
- support services and logistics by Samaritan's Purse

Samaritan's Purse will undertake the following project activities:

1. Administer cholera / dysentery, <sup>Medical</sup> ~~orthopedic~~ and pediatric wards (already in progress).
2. Cleaning the facility ( already in progress).
3. Restoring utilities to hospital facilities.
4. Recruiting and organizing clinical and administrative staff, both national and expatriate to expand functioning of facility.
5. Provide basic equipment and supplies (i.e., beds and bedpans etc.).
6. Effect structural repairs to facilities as required.
7. Assist in the operating facility.

Samaritan's Purse will supply the needs of this operation from Nairobi and from International Offices in the United States, Canada, England and the Netherlands. UNAMIR is operating cargo transport operations from Nairobi. Necessary supplies will be procured locally (in Kenya) or delivered to Nairobi for transport onward to Kigali.

#### IV. Project Organization and Management

Samaritan's Purse will be drawing on our pool of medical and support personnel to assist in the management of this proposal. In addition to the 14 staff mentioned in this proposal, Samaritan's Purse will continue to supply other medical specialists and technicians necessary to achieve our stated objectives and augment medical services at CHK. Samaritan's Purse staff in the Nairobi office will play a pivotal role in providing regular logistical and administrative support.

Our goal is to facilitate the reopening of CHK and returning it to independent operation under the direction of national staff. Since this is an emergency situation involving a devastated hospital in a country with a newly emerging Government, this proposal can only foresee the next ninety days. At the end of sixty days we will reevaluate our involvement at CHK. There is little

question that CHK will require some form of ongoing support past the ninety day time frame, however the nature of this support cannot be ascertained at this time.

#### **V. Monitoring and Evaluation**

This proposal to reopen CHK will be evaluated on the basis of the following criteria:

1. Number of inpatient beds put back into service in relation to proposed figures of 100 in month one, 200 in month two and 300 in month three.
2. Number of patients receiving inpatient care per month.
3. National staff recruitment.
4. Level of independent functioning and administration.
5. Structural repairs and improvements completed on facilities.

#### **VI. Itemized Budget**

Narrative on line items:

1. The fourteen expat staff will be recruited by Samaritan's Purse. Most of these staff will volunteer their time and be paid a token stipend for their efforts.
2. National salaries are based on pre conflict salary levels and guidelines by ICRC and MSF with an average base of \$143 per person monthly. The amount will vary according to skill levels and R.P.F. Government guidelines. An estimated 100 personnel will be required to operate 24 hours a day for the first month providing medical services for 100 patients. We project that this will be increased to 200 personnel in the second month and 300 in the third month. These figures are based on a 1 : 1 employee to patient ratio.
3. Consumables includes various medical supplies, IV needles, catheters, bandages antiseptics.
4. Nondiagnostic patient care supplies includes sheets, blankets, mattresses and related supplies
5. Diagnostic supplies include test tapes, otoscopes, stethoscopes, flash lights, blood pressure cuffs, lab equipment and supplies.
6. Samaritan's Purse is operating a 10,000 L water truck that is delivering water to the CHK water towers. We will require funds for the ongoing operation and maintenance of this vehicle. CHK also has large electrical generation plants that

appear to be functional. Samaritan's Purse proposes to restart electrical generation and requires funds for fuel and any necessary repairs and maintenance of these power plants.

7. CHK has been damaged by shelling and looting. This will necessitate structural repairs to numerous buildings and extensive maintenance in many others. The kitchen has been looted and is currently requiring extensive refitting, supplies and equipment. There is presently no ability to wash or clean linen at CHK. Samaritan's Purse proposes to acquire industrial washing machines for CHK.

8. The fourteen expat personnel will be recruited for positions at CHK and will require international air transport. In order to move personnel on a regular and timely basis we will require weekly air charters to Kigali from Nairobi. To effectively travel in Kigali and accomplish program objectives, Samaritan's Purse will require two additional Landcruiser type vehicles.

**Proposed Budget**

DESCRIPTION	QUANTITY	AMOUNT	TOTAL
MONTHLY EXPENSES:			
1. EXPAT STAFF STIPENDS (\$500 per month)			
4 DOCTORS	3	2,000	6,000
4 NURSES	3	2,000	6,000
4 TECHNICIANS	3	2,000	6,000
2 ADMINISTRATORS	3	1,000	3,000
2. NATIONAL SALARIES (AVERAGE)			
MONTH ONE	100	143	14,300
MONTH TWO	200	143	28,600
MONTH THREE	300	143	42,900
3. CONSUMABLES	3	25,000	75,000
4. NONDIAGNOSTIC PATIENT CARE SUPPLY	3	12,000	36,000
5. DIAGNOSTIC PATIENT CARE SUPPLY	3	8,000	24,000
6. HOSPITAL UTILITIES			
WATER TRUCK OPERATIONS	3	2,500	7,500
ELECTRICAL GENERATORS OPERATIONS	3	10,000	30,000

**ONE TIME EXPENSES:**

**7. STRUCTURAL REPAIRS / IMPROVEMENTS**

KITCHEN REFURBISHING	10,000
STRUCTURAL REPAIRS / MAINTENANCE	45,000
LAUNDRY AND MECHANICAL	20,000

**8. TRAVEL**

INTERNATIONAL TRAVEL	14	2,000	28,000
LOCAL CHARTERS (WEEKLY)	13	1,200	15,600
TOYOTA LANDCRUISER	2	30,000	60,000

TOTAL	\$457,900
-------	-----------

**Eugene G. Rudd M.D.**  
**Director Rwanda Projects**

**Ken Isaacs**  
**Director Projects - Samaritan's Purse**

**Don Mullen M.D.**  
**Executive Director - World Medical Mission**



**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. 633-1-1

Correspondence No. \_\_\_\_\_

To: FMO

Remarks/Action: WR

Med Ops

Med Log

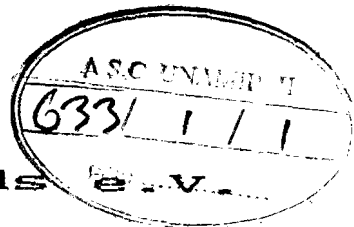
FHO

SMOKEY

A good looking chick cantalk her way  
into anything!!  
The chosen one! lick it!!

COPY TO OPSO DONE 7/2

Please initial and date when action complete then pass quickly.



# Internationaler Hilfsfonds e.V.

International-Liaison-Office Prof. Dr. Karl H. Koch  
Rue Falder 67 1050 Brussels (Belgium) Phone: 32-2-5394037 Telefax: 32-2-5388948 Telex: 63495

CORONEL RAMSEY  
FORCE MEDICAL OFFICE  
UNAMIR

Dec 6 1994.

Dear Mr Ramsey,


Internationaler Hilfsfonds, a German NGO, is currently sponsoring the Kagenza Primary School in the Gikoma District. It is a seven year project, part of which includes an annual medical checkup of all the children attending the school, as well as the teachers.

The school is situated between Ruhango & Gatagana, 10 kilometers on a dirt road off the main highway. There are 1055 children, many of which are orphans.

Following our conversation today where I sought your assistance for our first medical check at the school, I wish to express our deepest gratitude for your generous acceptance to conduct this checkup in January of 1995.

I will inform you by fax from Paris when exactly I will return to Kigali so that we can fix a date for this. Have a great Christmas. New Year!

Sincerely, Paris.

  
PETER CAMPBELL, FIELD DIRECTOR.

Donation Acc.: Postgiroamt Frankfurt 13464-602 BLZ 500 100 60 Dresdner Bank Friedberg 26492405 BLZ 518 801 00

Directors: Prof. Dr. Karl H. Koch (Chairman) Peter H. Birch Bruno J. von Felten

Se. CR

→ Copy to Ops Asst

(I have discussed with  
or Helmut)

**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. \_\_\_\_\_

Correspondence No. \_\_\_\_\_

To: FMO

Remarks/Action: \_\_\_\_\_ WP

Med Ops

\_\_\_\_\_ Seen

Med Log

12/10 \_\_\_\_\_

FHO

\_\_\_\_\_ P

\_\_\_\_\_ Steve

\_\_\_\_\_ Copy ple P.  
Copy please m/w.

Please initial and date when action complete then pass quickly.

.....

NGO UNIT (ICVA)

UNREO - HUMANITARIAN NON-GOVERNMENTAL ORGANIZATIONS WORKING OR PLANNING TO WORK IN RWANDA (BY LOCATION)

\* DENOTES PLANNED ACTIVITY

# DENOTES SECTOR BUT NOT REGION PROVIDED.

\*\* DENOTES MORE INFO AVAILABLE FROM NGO UNIT

! NATIONAL (RWANDAN) NGO

112 INTERNATIONAL, 19 LOCAL

Seen - Steve, pls distr around  
Med Br  
L

Nov. 8, 1994  
Updated Tuesdays

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
ACORD				MUTARA, BUGESERA, RUHengeri, KIBUNGO			MUTARA, BUGESERA, RUHengeri, KIBUNGO
ACTION NORD-SUD/ HANDICAP INTL	RUTONGO, KIGALI(KIG)	TARE,RUTANGO(KIG), RUSHASHI, MUSASA	RUTANGO(KIG)	RUTANGO(KIG)		RUTANGO(KIG)	NATIONWIDE
ADEHAMU !				KIBUYE			
ADEPR/PMU INTERLIFE	MAHESHA (CYAN)	KAYOVE (GIS) KINIGI(RUHEN)		KAYOVE(GIS) KINIGI(RUHEN)	TRACING,ED. GASAVE (KIG)		
ADRA	MUDENDE (GIS), RWANKERI (RUH), GITWE (GIT)	GITWE (GIT)	# *	GITWE (GIT), GOSHITA, GISOVA (KIBUYE)		# *	KIBYUYE
ADRI !				GISENYI, KIBUNGO, KIGALI, BUTARE, CYANGUGU			
AEF INTL	KIBUNGO						
AFAAI						KIGALI*	
AFRICA JAPAN FORUM							
AFRICAN REVIVAL MINISTRIES	KIGALI (education)					NGOZI, MUGANO I,II	
AFRICARE	TARE,RUSHASHI		TARE, RUSHASHI, KIGALI	TARE		KIGALI	
AFSR FRANCE							
AFVP (FRANCE)			KIBUYE				
AHA	TARE, KABARONDO, KAGITUMBA						TARE (KIG), KABARONDO (KIBUN)
AICF (FRANCE)	KIGALI, NKULI (RUH) GIKONGORO	RUHengeri, NKULI, CYANIKA (GIK), GIKONGORO, BUKAVU	NKULI, GIKONGORO, BUKAVU				
AICF (US)	BUTARE *		BUTARE *			BUTARE	
AIDE ET ACTION						ED KIGALI	
AIR SERV INTL					ENTEBBE, KIGALI, BUKAVU (FLIGHTS)		
AMDA (JAPAN)	NGARAMA (BYU), KIGALI (CHK), GOMA		NGARAMA (BYU)		NGARAMA (BYU)		
AMERICAN REFUGEE COMMITTEE	#		#				
AMERICARES	NEMBA (RUH)	NEMBA (RUH)					
AMREF (KENYA)	BYUMBA						
AMURT						ED#	
ARAMET !							
ARBEF !	NATIONWIDE						

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACT. MINORS	COMMUNITY DEVELOPMENT
ARDI !				KIGALI, BUTARE, GIKONGORO, KIBUYE, CYANGUGU			
ARMEE DU SALUT	NYAKABANDA,(GIT)	KAYENZI,(GIT)	KAYENZI, (GIT)	KAYENZI, (GIT)		KAYENZI,(GIT)	
ARTC !						EDUCATION #	
ARTCF !						#	
ASB (GERMANY)	KIYINYA (KIGALI)						
ASBL DIALOGUE!						KIGALI	
ASSOC. POUR LA DEFENSE DES DROITS DE LA FEMME ET DE L'ENFANT!						#	
ATLAS LOGISTIQUE					KIGALI, KABALE		
AUSTRIAN RELIEF PROGRAM	MUTARA, RUHENGE	MUTARA	MUTARA, KIBUNGO	MUTARA, RUHENGERR			MUTARA RUHENGERR
AVSI						NYANZA, GATAGARA	
BAMBINI DEL RUANDA	GAHINI*					GAHINI*	GAHINI*
BAPTIST RELIEF SERVICES		KIGALI				KIGALI	KIGALI
BORNEFONDEN		#		MUHAZI KIBUNGO GATONDE RUHENGERR RUSHASHI KIGALI		MUHAZI, (KIBUNGO) GATONDE RUHENGERR RUSHASHI KIGALI	MUHAZI, (KIBUNGO)GATONDE RUHENGERR RUSHASHI KIGALI
BRITISH DIRECT AID		WITH UNHCR & IOM			WITH UNHCR & IOM		
BUFMAR / MEMISA	KIGALI, BYUMBA, KIBUYE, GITARAMA**						
CAN. FIELD AMB.	MUTARA (GIS)						
CARE AUSTRALIA	BUTARE, KIGALI				BUTARE	BUTARE, KIGALI, SAVE	
CARE INTL	GISENYI---> RUHENGERR RT	GISENYI--> RUHENGERR RT, GIKONGORO		KIGALI, KIBUNGO			
CARITAS RWANDA!		KIGALI, CYANGUGU, BUKAVU, GIKONGORO, GISENYI, BUGUSERA, GITARAMA, KIBUYE, KIBUNGO*, BYUMBA*, RUHENGERR*		KIGALI, GITERAMA			
CCOAIB!							
CESAL	GATAGARA					NYANZA GATAGARA	
CFRC !							
CHILDREN'S RELIEF (GERMANY)	BUTARE*						
CITIZENS' NETWORK							HUMAN RIGHTS
COMPASSION INTL	ST PAULS CLINIC (KIG)	NYAMATA (KIG)			NYAMATA	7 LOCATIONS IN KIG, BYU, KIB	

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
CONCERN WORLDWIDE	BUTARE, KORA (GIS), MUSAMBIRA (GIT), CYANGUGU	KIGALI, GITARAMA*, CYANGUGU, BUTARE	RUHANGO, GITARAMA, MUSAMBIRA	GITARAMA *		RUHANGO (GIT), MUSAMBIRA (GIT)	
COOPI						TRACING,ED, GISENYI	
CPAR	BYUMBA		BYUMBA	BYUMBA			
CROIX ROUGE- BELGIQUE	KIGALI, NGARAMA, RWAMAGANA, BUTARE(CTS)					KACYIRU (KIG)	
CRS		RUTARE (BYU), BUTARE, GIKONGORO					
CRWRC (CANADA)		#KIBUYE		KIBUYE			
CUAMM	NYAMATA, RILIMA					NYAMATA	
CWA/LWF	KIBUNGO*, KIBUYE*, GITARAMA*	KIGALI*, KIBUYE*, GITARAMA*	KIBUNGO*, KIBUYE*, GITARAMA*		KIGALI, KIBUNGO, RUGENGARI, GITARAMA	KIBUNGO*, KIBUYE*, GITARAMA*	KIBUNGO*, KIBUYE*, GITARAMA*
CWA-R/WCC							KIGALI*
DUTERIMBERE !							
ECO²TERRA INTL	VETERINARY # *			RUHENGARI, AKAGERA NATIONAL PARK			
EMERGENCY	CHK (KIG)						
EQUILIBRE					GIKONGORO, BUJUMBURA		
EURONAIID					BASED IN BUJUMBURA, WORKING IN RWANDA		
FEED THE CHILDREN(EUROPE)		GIKONGORO					
FEED THE CHILDREN CANADA	#	RUHANGO				RUHANGO	
FOOD FOR THE HUNGRY INTL	GITERAMA	KIGALI*, GITERAMA				KIGALI*, GITERAMA	GITERAMA
FRATERNITE NOTRE DAME INC		#				NYARVTOVU (RUHENGARI)	#
FRIENDS OF THE WEST INT'L						# *	
GERMAN EMERG. DOCT.	GISENYI, NDERA (KIG) NYAMASHEKE (CYAN)					NDERA (KIG)	
GOAL	GIKONGORO, RURAMBA, NDAGO						
GTZ			KIGALI (and electricity)	MBOGO, NUGAMBARI (KIGALI)			
HEALTH AID UK	KIBUYE#						
HELP(GERMANY)	BUSHENGE (CYANGUGU) MUSASARULI (KIGALI)#*	KIGALI BUTARE GIKONGORO# *					
HOPITAL SANS FRONTIERE	CYANGUGU						
IFRC	COUNTRYWIDE (Reconstr. Rwandan Red Cross)						

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRAINING, EDUCATION, FINANCE, MINORS	COMMUNITY DEVELOPMENT
IMC	KIBUNGO TOWN, PREF KIBUNGO. (12 SITES), NYANZA (BUT)*, SAVE (BUT)*						
INADES !							
INT'L HILFSFONDS						GITARAMA	
IRC	CYANGUGU, KIBUNGO, GOMA		CYANGUGU, KIBUNGO, GOMA	CYANGUGU*, KIBUNGO*	KIGALI	RWAMAGANA, GOMA*	CYANGUGU, KIBUNGO*
ITALIAN COOPERATION					KIGALI		
JA OLPHENAGE						KIGALI, GITARAMA	
JOHANNITER- UNFALL-HILFE	MUSASA*						
J.R.R.S. - JOINT RELIEF & REHABILITATION SERVICES (KENYA)	BYUMBA (veterinary)		BYUMBA	KIBUNGO			
JRPR (GERMANY)						(KIGALI, RUHENGARI, BYUMBA KIBUNGO- ED.) KIGALI, BUTARE, BYUMBA	
JVC							BYUMBA
KORA ASBL!							KIGALI
LA DOLCEVITA M/LOT!							
L.V.I.A.	#	#		#	#		#
MALTESER HILFE DIENST	MURAMBI, MUKURA, BYUMBA, GITARAMA, BUKAVU, KIZIGURU		BUKAVU				
MDM	KIBUYE, KIGALI, GIKONGORO, CYANGUGU, GAHINI, SHYORONGI						
MEDICINE POUR LE TIERS MONDE	MUSHA						
MEMISA MEDICUS MUNDI	KIGALI, KIBUYE, RUHENGARI , GITERAMA						
MERLIN	GIKONGORO, GOMA					GOMA	
MSF	KIGALI, RUHENGARI, GISENYI, GITARAMA, BUTARE, CYANGUGU, KIBUYE, GIKONGORO**		KIGALI, BUTARE, RUHENGARI, GITARAMA, GIKONGORO**				
NORWEGIAN PEOPLES AID	# *						
ORA INTL.						GIKONDO	
ORPHELINS DU RWANDA						#	

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
OXFAM			RUTARE, BYUMBA, KISARO, MUKONO, KAYONZA, MURAMBI, RUHengeri, GISENYI, KIGALI, GIKONGORO				
OXFAM-QUEBEC	MUGANO I, II						
PHARMACIENS SANS FRONTIERS	KIGALI, GITARAMA, BYUMBA, KIBUNGO, KIBUYE, GISENYI, RUHengeri*						
PEMIERE URGENCE		GOMA			GOMA, KIGALI		
PRODEVA / AVIONS SANS FRONTIERS	GOMA		MUGANO (BURUNDI)				
PSALM 23-EV							
REFUGEE TRUST (IRELAND)	MUGAMBAZI*, BUGESERA			BUGESERA*			
RFD!							
RWANDAN FAIR CHILD FOUND.!							
SAD/DED GERMANY	#			#		#	
SAMARITAN'S PURSE	KIGALI RUTARE (BYU)					RUTARE (BYU)	RUTARE (BYU)
SASO-AUSTRALIA/ UGANDA						GASETSA-REMERA, (KIBUNGO)	GASETSA-REMERA, (KIBUNGO)
SCF UK	BYUMBA, RUHengeri, GIKONGORO	BUKAVU, GIKONGORO				TRACING NATIONWIDE	
SCF-US						KIGALI	
SECOURS POPULAIRE						KIGALI, BUTARE	
SENTINELLES						KIGALI & NATIONWIDE	
SOC. de St. VINCENT de PAUL!							
SOLIDARITES		GIKONGORO				BUTARE	
SOS CHILDREN'S VILLAGES						NGARAMA, KIGALI, GIKONGORO	
SYNESER!							HUMAN RIGHTS
TERRE DES HOMMES- NETHERLANDS/DRA							
TRIANGLE	# REMERA (RUHENGARI)*	KIGALI				KIGALI*	
TROCAIRE	GIKONGORO, CYANIKA, KIBEHO, NYAMAGABO	GIKONGORO, CYANIKA, KIBEHO					
UNPO							HUMAN RIGHTS
US COMM FOR REFUGEES							



NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACT. MINORS	COMMUNITY DEVELOPMENT
VISA SANTE + ASSOCIATION FRATERNIERE D'SOLIDARITE	#				#	#	
VOLCANO VET.CTRS MORRIS ANIMAL FOUNDATION							
WORLD VISION	KIGALI			BYUMBA *	BYUMBA*, GIKONGORO*, KIGALI, KANAZI*, BUKAVU	BYUMBA, KIGALI KANAZI, GOMA GIKONGORO	
WORLD RELIEF	GOMA, BUKAVU	GIKONGORO, KANAZI, RUHENGERI	BUKAVU	GIKONGORO, KANAZI, RUHENGERI		GOMA	
WORLD SOC. FOR THE PROTECTION OF ANIMALES							
WORLD CONCERN INTL.	KIGALI*	KIBUNGO*				ED., KIBUNGO*	
ZOA/MEDAIR/AEE	BUGESERA	NYAMATA	BUGESERA				

Bilaterals and Others

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACT. MINORS	COMMUNITY DEVELOPMENT
BELGIAN DEVEL. COOPERATION				COUNTRYWIDE			
ICRC							
IFRC	COUNTRYWIDE (Reconstr, Rwandan Red Cross)						
SWISS DISASTER RELIEF	MUHIMA (KIG)			KIBUYE			

## FIELD REPORT

BY: ARCS Field Officer.....Mary JAMES... Period....Aug..1994 to... Oct. 1994

### Part 1 - Employment

#### DESCRIPTION OF DUTIES AND TASKS PERFORMED:

Tasking and duties have revolved around development and support services for personnel as required with particular reference to those identified in policy and operation document DGPS 1424/1994. Monthly activity reports have been submitted to medical director of Australian Red Cross in accordance with usual procedure when delegates are on mission. Copies have been provided to CO. of ASC UNAMIR 11. Duties have involved the following:-

##### Aug - Sept

- \* Supply of beverages to hospital patients.
- \* Provision of activities for patients' ie. cards, books, magazines.
- \* Visiting of hospital patients.
- \* Assistance with washing of small items for service personnel who are in patients.
- \* Liaison between NGO patients and persons requested, eg. ICRC, own organisation and relatives.
- \* Utilisation of Red Cross message service.
- \* Development of book loan service.
- \* Assistance to staff of ADF with :-
  - a) Documentation of suggestions relating to guidelines for humanitarian activities.
  - b) Requesting of information and publications from WHO in response to inquiry from OC. Med Coy.
- \* Liaison with NGO doctor and ICRC in response to request and inquiry from Int. section of ADF relating to missing persons and also treatment of ? prisoners in local hospital.
- \* Participation in activities such as P.T. to enhance own understanding of service personnel routine and conditions.

##### Sept - Oct

- \* Attendance and ideas' contribution at meeting with CO. Med. Spt. Coy. and senior nursing staff, related to acquisition and use of additional supplies, for humanitarian aid hospital medical care.
- \* Assistance to ADF staff with development of proposal to seek sponsorship for material and financial support related to post-surgical and obstetric care training programme.
- \* Participation in discussions between senior nursing staff (ADF) and NGO representatives related to training programme proposal.
- \* Establishment of magazine loan service.
- \* Establishment of games availability service for UNAMIR hospital patients. Where appropriate this has extended to other in-patients accommodated in ASC. Med. Spt. area.
- \* Regular visits to local bakery for fresh bread and cakes.
- \* Acquisition of medical/nursing publications available from AMREF and the Text Book Centre at request from ADF nursing staff.
- \* Liaison activities with ICRC, UNICEF and IFRC. The latter being attended at request of Nairobi IFRC operations delegate who was having difficulty in despatching fax information to their representative in Kigali.

#### MOVEMENT:

Accreditation and assessment of suitability occurred in Perth on August 10 & 11. This was under direction of Major R. Tattersall from Russell offices (D.P.S.C.- Army). Process lasted two full days, included medical assessment, documentation of all necessary information and data required for Defence Force records related to personal and professional background, completion of all forms required for issue of I.D. and official passport.

Pre - mission briefing, relative to own organisation and interface with role as representative attached to Australian Defence Force (ADF), was attended in Melbourne at Australian Red Cross Society (ARCS) National headquarters on 17 August.

Stand-by for deployment commenced 19 August. Actual deployment was initiated 22 August, link up with contingency group occurred at Perth airport. There was actually some delay in meeting with the group as a result of being processed separately by American personnel. Mode of transport to Kigali was by American Air Force Galaxy aircraft, journey being interrupted at Diego Garcia. Arrival in Kigali was approx. 0200. Travel to ASC. barracks was effected by road in daylight hours, travel at night not being permitted.

Movement related to tasking and duties whilst in Kigali have been effected by road or on foot, always in the company of armed escort. In accordance with point 54 "Escorts During In Country Travel" of DPGS-A LETTER 1424/1994 ARCS Field Officer does not travel with armed escort in vehicles bearing Red Cross emblem. Observance of this protocol has not created any problems. On some occasions it has been necessary to explain to military personnel that as a National Society Red Cross employee it is not possible to compromise the respect afforded the emblem. All military personnel have respected the ARCS Field Officer's position.

Movement for ARCS Field Officer with regard to tasking, outside of Kigali city has at time of report neither been required nor executed. If such movements are requested or necessary, full compliance with tasking will be afforded.

#### PAY & SUPPLEMENTATION:

Arrangements for ARCS Field Officers per diem to be made available through defence force account has been quite satisfactory. Staff of the pay office ASC UNAMIR 11 have been extremely helpful, the only query being raised by them was whether or not the amount was in US dollars.

Supplementary facilities to assist with tasking have been adequate. Catering dept. have provided beverages, sugar and biscuits for the Red Cross tea room whenever required. There has been no shortfall with necessary equipment for field trips and other activities.

Supplementary benefits for leave as afforded to defence members have been applied. So far the only issue arising was request for service tax, on departure from Kigali, by airport authorities as ARCS Field Officer not wearing military uniform. Some discussion ensued and fee was waived following scrutinisation of I.D. card.

### ACCOMMODATION:

Office: Office area provided on first floor of hospital east wing has been adequate, facility being primarily used for making of beverages, storage of various supplies and some library books, etc. The area provides a useful retreat for personnel when appropriate, also a quiet area for discussion should the need arise.

Quartering: ARCS Field Officer has been accommodated in the low density block within the lines of HQ. This has been quite satisfactory. Accommodation can be described as basic. Single rooms are provided each having a hand basin and shower recess. A separate area for reading is available to all personnel and this was perhaps utilised more regularly in the initial stages of deployment when electricity supply was not available. There is no regular supply of running water. Electricity is now available. Glass from door and overhead louvre section is missing. General conditions continue to improve as time progresses and supplies and equipment for repair arrive. Overall accommodation and living conditions can be described as quite good especially if one is understanding of events before deployment, local conditions and availability of supplies.

### OTHER MATTERS:

Support for activities has been provided from National Headquarters of Australian Red Cross. The provision of magazines, books and a guitar have been very much appreciated. It is understood that Geraldton branch of Australian Red Cross are active in the acquisition of videos for loan by the ADF attached to ASC UNAMIR 11.

Not wearing a uniform has been very advantageous, defence force personnel having the option to liaise with a support person who is clearly non military. Where appropriate liaison with the ADF's welfare representative has been initiated. When necessary the CO HQ Med Spt Force has been advised if personnel have demonstrated coping difficulties. OIC'S of various departments have been advised where personnel have expressed problems associated with local cultural issues.

Attendance at O group meeting have been very valuable, all staff being helpful and encouraging with regard to understanding of military terminology also Sop's. The opportunity to contribute comments and information has been both encouraged and well received.

The majority of personnel had very limited understanding in some cases none at all, of the role of the ARCS Field Officer. Many referred to the role as being "like, or the same as, the Sally Man." Initially this was not an easy comparison to accept however as the philanthropic rep. has ben drawn from that source in recent years it was not difficult to understand the analogy drawn. There was some disappointment resulting from the fact that Red Cross do not provide stationary, a service obviously provided by the Salvation Army. Such items are readily available and easily accessible from the service personnel's own families and colleagues. Over time there has been an improved understanding of the Field Officer's role.

The security of the ARCS Field Officer has not been compromised in any way. All ADF personnel have been very attentive in this area.

## CONCLUSION & RECOMMENDATIONS:

Processing and accreditation by Army office (DPS&C-A) was intensive. Every possible consideration was given to assist the ARCS Field Officer in developing an understanding of military ethics and education. Given that no previous exposure to work with the military at such close quarters had been experienced this was greatly appreciated and certainly very useful. It would have been helpful to meet members of the contingency prior to deployment.

The actual role of the ARCS Field Officer has clearly centred around the tasks identified in the policy and operation document DPGS 1424/1994. Tasks such as those identified at C and E of that document have not been applied, the need for Field Officer involvement not being required. Where appropriate support has been given to ASC Med Coy in their co-operative efforts of humanitarian activities with NGO's.

The precise role of the ARCS Field Officer has been a difficult one to define however activities have developed from clearly identified needs. Response to activities has been positive and well received. Most activities have been associated with the medical facility. This is partly due to the contingent being one of medical support and also relates to location of ARCS Field Officer being in the medical facility. Activities outside Kigali have not occurred at time of writing report although a visit to Butari section is planned within next few days. General feedback from ADF personnel has indicated that support services are more of a need in Kigali than areas outside. Certainly if personnel are ill they are returned to Kigali - most UNAMIR patients have been from contingencies other than Australian.

## RECOMMENDATIONS

1. If possible more time to be afforded for preparation pre-deployment.
2. ARCS Field Officer to join contingency group prior to deployment for appropriate preparations and briefing.
3. ARCS Field Officer definitely to attend family support briefing with other members of contingency.
4. Contingency to receive more information re. ARCS Field Officer role pre-deployment, particularly with regard to how role interfaces with ADF. *we conducted briefing on Mary's role on this last Jan*
5. ARCS Field Officer to be advised more fully on Amenities service with regard to how it actually operates and exactly what it provides. *also*
6. Where relevant, departments to receive minute detailing mounting authorities agreed responsibilities with regard to supply etc. appropriate to ARCS Field Officer's role/deployment.

*Mary James*

M. JAMES  
ARCS Field Officer  
22.10.94.

## NGO UNIT (ICVA)

## UNRWO - HUMANITARIAN NON-GOVERNMENTAL ORGANIZATIONS WORKING OR PLANNING TO WORK IN RWANDA (BY LOCATION)

Oct. 11, 1994

Updated Tuesdays

\* DENOTES PLANNED ACTIVITY

# DENOTES SECTOR BUT NOT REGION PROVIDED.

\*\* DENOTES MORE INFO AVAILABLE FROM NGO UNIT

! NATIONAL (RWANDAN) NGO

NAME OF ORG	HEALTH/HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRAINING/EDUCATION/INFORMATION	
ACORD				MUTARA, BUGESERA, RUHENGERI, KIBUNGO			MUTARA, BUGESERA, RUHENGERI, KIBUNGO
ACTION NORD-SUD/HANDICAP INTL	RUTONGO(KIG)	RUTANGO(KIG)	RUTANGO(KIG)	RUTANGO(KIG)		RUTANGO(KIG)	NATIONWIDE
ADEHAMU I				KIBUYE			
ADEPR/PMU INTERLIFE		KIGALI, GIKONGORO, KIBUYE		KIGALI, CYANGUGU, RWAMADAMA, GISOUV-GISHYITA			
ADRA	NDABA(KIG)	# *	# *			# *	
ADRI I				GISENYI, KIBUNGO, KIGALI, BUTARE, CYANGUGU			
AEF INTL	KIBUNGO						
AFAAI						KIGALI*	
AFRICA JAPAN FORUM							
AFRICAN REVIVAL MINISTRIES	KIGALI (education)					NGOZI, MUGANO I,II	
AFRICARE	TARE, RUSHASHI		TARE, RUSHASHI	TARE		KIGALI	
AFSR FRANCE							
AFVP (FRANCE)			KIBUYE				
AHA	TARE, KABARONDO, KAGITUMBA						
AICF (FRANCE)	KIGALI, NKULI (RUH) GIKONGORO	RUHENGERI, NKULI, CYANIKA (GIK), GIKONGORO, BUKAVU	NKULI, GIKONGORO, BUKAVU				
AICF (US)	BUTARE *		BUTARE *			BUTARE	
AIDE ET ACTION						ED KIGALI	
AIR SERV INTL					ENTEBBE, KIGALI, BUKAVU (FLIGHTS)		
AMDA (JAPAN)	NGARAMA (BYU), KIGALI (CHK), GOMA		NGARAMA (BYU)		NGARAMA (BYU)		
AMERICARES	NEMBA (RUH)	NEMBA (RUH)					
AMREF (KENYA)	BYUMBA						
AMURT						ED #	
ARAMET I							
ARBEF I	NATIONWIDE						
ARDI I				KIGALI, BUTARE, GIKONGORO, KIBUYE, CYANGUGU			
ARMEE DU SALUT							
ARP	MUTARA	MUTARA	RUHENGERI, MUTARA				

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRAINING/ EDUCATION/ UNEMPLOYMENT	OTHER
ARTC I						EDUCATION #	
ARTCF I						#	
ASB (GERMANY)	KIGALI-KIYINYA						
ASBL DIALOGUE!						KIGALI	
ASSOC. POUR LA DEFENSE DES DROITS DE LA FEMME ET DE L'ENFANT!						#	
ATLAS LOGISTIQUE					KIGALI, KABALE		
AVSI						NYANZA, GATAGARA	
BAMBINI DEL RUANDA	GAHINI*					GAHINI*	GAHINI*
BAPTIST RELIEF SERVICES		KIGALI				KIGALI	KIGALI
BORNEFONDEN		#					
BRITISH DIRECT AID		WITH UNHCR & IOM			WITH UNHCR & IOM		
BUFMAR / MEMISA	KIGALI, BYUMBA, KIBUYE, GITARAMA**						
CAN. FIELD AMB.	MUTURA (GIS)						
CARE AUSTRALIA	BUTARE, KIGALI				BUTARE	BUTARE, KIGALI, SAVE	
CARE INTL	GISENYI---> RUHENGERI RT	GISENYI--> RUHENGERI RT, GIKONGORO		KIGALI, KIBUNGO			
CARITAS RWANDA		KIGALI, CYANGUGU, BUKAVU, GIKONGORO, GISENYI, BUGUSERA, GITERAMA, KIBUYE, KIBUNGO*, BYUMBA*, RUHENGERI*		KIGALI, GITERAMA			
CCOAIB							
CFRC I							
CHILDREN'S RELIEF (GERMANY)	BUTARE*						
COLLECTIF ONG DROITS de l'HOMME							HUMAN RIGHTS
COMPASSION INTL	ST PAULS CLINIC (KIG)	NYAMATA (KIG)			NYAMATA	7 LOCATIONS IN KIG, BYU, KIB	
CONCERN WORLDWIDE	BUTARE, KORA (GIS), MUSAMBIRA (GIT), CYANGUGU	KIGALI, GITARAMA*, CYANGUGU, BUTARE	RUHANGO, GITARAMA, MUSAMBIRA	GITARAMA *		RUHANGO (GIT), MUSAMBIRA (GIT)	
COOPI							
CPAR	BYUMBA		BYUMBA	BYUMBA			
CROIX ROUGE- BELGIQUE	KIGALI, NGARAMA, RWAMAGANA, BUTARE(CTS)					KACYIRU (KIG)	
CRS		RUTARE (BYU), BUTARE, GIKONGORO					

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRAINING, EDUCATION, UNAFCC MINORS	COMMUNITY DEVELOPMENT
CRWRC, (CANADA)		#KIBUYE		KIBUYE			
CUAMM	NYAMATA, RILIMA					NYAMATA	
CWA/LWF	KIBUNGO*, KIBUYE*, GITARAMA*	KIGALI*, KIBUYE*, GITARAMA*	KIBUNGO*, KIBUYE*, GITARAMA*		KIGALI	KIBUNGO*, KIBUYE*, GITARAMA*	KIBUNGO*, KIBUYE*, GITARAMA*
CWA-R/WCC							KIGALI*
DUTERIMBERE !							
ECO²TERRA INTL	VETERINARY # *			RUHENGIERI, AKAGERA NATIONAL PARK			
EQUILIBRE					GIKONGORO, BUJUMBURA		
EURONAIID					BASED IN BUJUMBURA, WORKING IN RWANDA		
FEED THE CHILDREN CANADA	#	RUHANGO				RUHANGO	
FEED THE CHILDREN(EUROPE)		GIKONGORO					
FOOD FOR THE HUNGRY INTL	GITERAMA	KIGALI*, GITERAMA				KIGALI*, GITERAMA	GITERAMA
FRIENDS OF THE WEST INT'L						# *	
GERMAN AGRO- ACTION		# *		# *		# *	
GERMAN EMERG. DOCT.	GISENYI, NDERA (KIG) NYAMASHEKE (CYAN)					NDERA (KIG)	
GOAL	GIKONGORO, RURAMBA, NDAGO						
GTZ			KIGALI (and electricity)				
HEALTH AID UK	#						
HELP(GERMANY)	#*	# *					
HOPITAL SANS FRONTIERE	CYANGUGU						
IFRC	COUNTRYWIDE (Reconstr. Rwandan Red Cross)						
IMC	KIBUNGO TOWN, PREF KIBUNGO. (12 SITES), NYANZA (BUT)*, SAVE (BUT)*						
INADES !							
INT'L HILFSFONDS						GITARAMA	
IRC	CYANGUGU, KIBUNGO, GOMA		CYANGUGU, KIBUNGO, GOMA	CYANGUGU*, KIBUNGO*	KIGALI KIGALI	KWAMARANA, GOMA* KIGALI	
ITALIAN COOPERATION						KIGALI, GITARAMA	
JA OLPHENAGE							
JOHANNITER- UNFALL-HILFE	MUSASA*						



NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
JRPR (GERMANY)						(KIGALI, RUHENGARI, BYUMBA KIBUNGO- ED.) KIGALI, BUTARE, BYUMBA	
JVC							BYUMBA
MALTESER HILFE DIENST	4 CAMPS						
MDM	KIBUYE, KIGALI, GIKONGORO, CYANGUGU, GAHINI, SHYORONGI						
MERLIN	GIKONGORO, GOMA					GOMA	
MSF	KIGALI, RUHENGARI, GISENYI, GITARAMA, BUTARE, CYANGUGU, KIBUYE, GIKONGORO**		KIGALI, BUTARE, RUHENGARI, GITARAMA, GIKONGORO**				
NORWEGIAN PEOPLES AID	# *						
OPERATION USA	KIGALI		KIGALI				
ORA INTL.						GIKONDO	
ORPHELINS DU RWANDA						#	
OXFAM			RUTARE, BYUMBA, KISARO, MUKONO, KAYONZA, MURAMBI, RUHENGARI, GISENYI, KIGALI, GIKONGORO				
OXFAM-QUEBEC	MUGANO I, II						
PHARMACIENS SANS FRONTIERES	KIGALI, GITARAMA *						
PREMIERE URGENCE		GOMA			GOMA, KIGALI		
PRODEVA / AVIONS SANS FRONTIERES	GOMA		MUGANO (BURUNDI)				
PSALM 23-EV							
REFUGEE TRUST(IRELAND)	MUGAMBAZI *, BUGESERA			BUGESERA *			
RFD !							
RWANDAN FAIR CHILD FOUND.							
SAD/DED GERMANY				#*			
SAFE HARBOR						# *	
SAMARITAN'S PURSE	KIGALI RUTARE (BYU)					RUTARE (BYU)	RUTARE (BYU)
SCF UK	BYUMBA, RUHENGARI, GIKONGORO	BUKAVU, GIKONGORO				TRACING NATIONWIDE	
SCF-US						KIGALI	
SECOURS POPULAIRE							

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
SOC.de St.VINCENT de PAUL							
SOLIDARITES		GIKONGORO				BUTARE	
SOS CHILDREN'S VILLAGES						NGARAMA, KIGALI, GIKONGORO	
SYNESER!							HUMAN RIGHTS
TRIANGLE	# *					KIGALI*	
TROCAIRE	GIKONGORO, CYANIKA, KIBEHO, NYAMAGABO	GIKONGORO, CYANIKA, KIBEHO					
UNPO							HUMAN RIGHTS
US COMM FOR REFUGEES							
VOLCANO VET.CTRS MORRIS ANIMAL FOUNDATION							
WLD SOC. FOR THE PROTECTION OF ANIMALES							
WORLD RELIEF	GOMA, BUKAVU	GIKONGORO, KANAZI, RUHENGARI	BUKAVU	GIKONGORO, KANAZI, RUHENGARI		GOMA	
WORLD VISION	KIGALI			BYUMBA *	BYUMBA*, GIKONGORO*, KIGALI, KANAZI*, BUKAVU	BYUMBA, KIGALI KANAZI, GOMA GIKONGORO	
ZOA/MEDAIR/AEE	BUGESERA	NYAMATA	BUGESERA				

Materials and Others

NAME OF ORG	HEALTH/ HEALTH FACILITY REHAB	FOOD	WATER/SANITATION	AGRICULTURE	LOGISTICS	TRACING, EDUCATION, UNACC. MINORS	COMMUNITY DEVELOPMENT
BELGIAN DEVEL. COOPERATION				COUNTRYWIDE			
ICRC							
IFRC	COUNTRYWIDE (Reconstr. Rwandan Red Cross)						
SWISS DISASTER RELIEF	MUHIMA (KIG)						



to Fati.  
have  
Report  
Advers  
DEC 1995

*Collect data*

**CORRESPONDENCE DISTRIBUTION**  
**COVER SHEET**

File No. 633-1-1

Correspondence No. \_\_\_\_\_

To: FMO  
Med Ops 10/10  
Med log  
CLK →

Remarks/Action:

*OR*  
→ we require a copy of the epdms  
data they are ~~not~~ *not* correct.  
Pl assign a task to me  
Steve, pls return to me once this has  
gone around.  
/ thanks

Please initial and date when action complete then pass quickly.

.....

**UNICEF/Health Programme**  
**HEALTH SITUATION REPORT - PREFECTURES, RWANDA**  
**9 October, 1994**

**INTRODUCTION**

*In order to organize the national health information system and to gain a brief overview of the health sector in the prefectures outside of Kigali, a joint UNICEF/Ministry of Health team conducted an assessment trip from 22/9/94 until 1/10/94. During this trip, a health information contact person was chosen for each prefecture to be responsible for collecting the morbidity/mortality and trauma forms for central processing. UNICEF will collect these forms from the contact person in each prefecture during the first and third week of each month in order to produce ongoing national morbidity/mortality reports. When possible, this contact person is the regional Ministry of Health representative, or the Médecin Directeur de la Région Sanitaire. In prefectures where a ministry representative was not available, a temporary contact person has been chosen and is listed at the start of each prefecture summary as the "Health Information Contact".*

*The contents of this report reflect the findings of this trip. The information is not intended to be exhaustive, but rather to highlight unmet needs in each prefecture in order to assist government ministries, UN agencies and NGOs in program planning. With this aim in mind, the summary of each prefecture includes details regarding activities and constraints in the sectors of health, water/sanitation, education, nutrition, and unaccompanied children. The assessment team would like to thank the Regional Health Directors and NGO representatives for their valuable contributions. Further information and comments would be appreciated.*

*Alisa J. Land/UNICEF-Health*

**NATIONAL SUMMARY**

**Ministry of Health Representation in Prefectures:** In six out of a total of ten prefectures, a Médecin Directeur de la Région Sanitaire (henceforth, Regional Health Director, or RHD) has been appointed and has begun coordinating health activities in the region. NGOs have often played a critical role in assisting and supporting this process of re-establishing government control of health services on the local level. In some prefectures, however, government representation is either weak or altogether lacking. It is hoped that as the Ministry of Health is provided with better staffing and logistical support in the future, these regions will be better organized by appropriate RHD representatives.

**Health Activities/Constraints:** Basic curative health care is available at approximately 125 sites in the prefectures outside of Kigali, offering such services as immunization campaigns, maternal/child health care, surgery/internal medicine, re-hydration units, supplementary/therapeutic feeding, emergency dental care, on-site training for local staff. UNICEF has assisted the rehabilitation of health services by distributing emergency health kits (essential drugs/equipment), cold chain equipment, and vaccines. Some NGOs are planning long-term rehabilitation programs of health centers both in terms of physical repairs/re-equipping and local staff training via refresher courses. Major constraints in the health sector include: lack of medical supplies/drugs/equipment including lack of laboratory capacity to support diagnostic processes, lack of electricity/or reliable energy source, lack of trained personnel/salaries, poor water/sanitation both at health centers and in community, lack of governmental and UN agency representation at prefecture level health meetings, and lack of ambulatory services.

**Epidemiological Overview:**

The major causes of morbidity and mortality include the following---

- malaria
- diarrhoeal diseases/dysentery
- upper/lower respiratory infections
- infections of skin/eyes

More serious diseases reported during this period include the following-- (note: vaccination campaigns have occurred and continue to do so when incidence of disease reaches epidemic levels)--

- measles
- meningitis
- tetanus
- tuberculosis

**Water/Sanitation:** While efforts have been made to restore adequate services particularly in Kigali, great needs remain in the other prefectures. Health workers report continued shortages of water supply at health posts and in the community, particularly in the regions outside of the prefecture center. Urgent requests have been made for hygiene education materials and soap, particularly in the displaced camps. As such a significant proportion of reported morbidity is water/sanitation-related (either inadequate supply or improper usage), this remains a high priority for the future.

**Health Education Needs:** As previously mentioned, the distribution of health education materials and corresponding training seminars could play a major role in reducing water/sanitation-related diseases. Despite adequate water and latrine facilities in many places, incorrect usage of resources exacerbates the morbidity cycle. Specific topics suggested by health workers include: hygiene/sanitation, water usage, prevention/treatment of diarrhoeal diseases/malaria, mine-awareness, use of latrines, EPI, nutrition, family planning, AIDS, first aid. UNICEF health/education sections are currently producing educational materials on the following subjects: control/treatment of bacillary dysentery (available now), mine-awareness (available now), cholera/water-related illnesses (available 15/10/94), "clean hands" [basic hygiene] (available 20/10/94), EPI--expanded programme of immunization-- (available 20/10/94). Materials are also being prepared on nutrition.

**Nutrition:** In certain prefectures-- Byumba, Gikongoro, Gitarama, Kibungo, Kibuye, Ruhengeri-- malnutrition was cited as a concern of health workers. Some UN agencies and NGOs are actively involved in supplementary/therapeutic feeding programs and growth monitoring. Precise data was not available on the nutritional status of the country as a whole. The establishment of a country-wide nutritional surveillance program would be a useful tool in prioritizing needs in this sector.

**Unaccompanied Children:** Three sites were visited in three prefectures. Malnutrition is a large concern at at least two of these sites. Needs of these centers include: nutritional programs/food, medical supplies, non-food items (bedding, clothing, games/educational materials), staff/salaries.



## **REPORT OF PREFECTURES**

### **BUTARE**

**Health Information Contact:** Dr. Narcisse (Médecin Directeur de la Région Sanitaire or Regional Health Director or RHD, Butare Prefecture)

**Health Sector NGOs:** MSF, IMC, CARITAS, ICRC, CARE-Australia, ZOA, Inter-SOS, Diocese, CONCERN

**Functioning Health Facilities** (CS=centre de santé, HOP=hospital, Inf=infirmiry, Disp=dispensary): CS Busoro, HOP Kabutare, CS Cusp, CS Gisagara, CS Karama, CS Kibilizi PMI-PF, CS Maraba, Disp Matyazo, HOP Nyanza, CS Rango, Disp Rubona, CS Rusatira, CS Save, HOP Unr Butare, Inf Prison Karuban, Inf Prison Nyanza, CS Nuyira, CS Kizi.

**Health Activities:** basic curative/preventative health care, on-site training of local health staff with focus on sanitation/hygiene.

**Constraints:** lack of health supplies, equipment, electricity, regular water supply.

**Epidemiological Overview:** major causes of morbidity --- (not presented in order of prevalence, for more specific morbidity/mortality data, refer to *UNICEF/MOH/OMS Morbidity/Mortality Report 1 & 2* - available at UNICEF/Health)

- malaria
- upper/lower respiratory infections
- diarrhoeal diseases
- infections of skin/eyes
- traumatism

**EPI (Expanded Programme of Immunization):** NGOs and RHD are planning EPI program; requested a small petrol refrigerator to store emergency vaccines in time to service the mobile population if voluntary repatriation encourages a large influx of refugees.

**Health Education Needs:** hygiene/sanitation, malaria/diarrhoeal disease prevention/treatment, mine-awareness.

**Water/Sanitation:** still a big problem in prefect, a major factor in disease patterns, expediting system repairs could be especially critical in case of major refugee influx.

### **BYUMBA**

**Health Information Contact:** Dr. Mark Zabagangia (Regional Health Director-- RHD, Byumba Prefecture)

**Health Sector NGOs:** GOAL, Malteser, AMREF, World Vision, Inter SOS, MSF, Norweigen Aid, CICR

**Functioning Health Facilities:** CS Bungwey, Disp Miyove, Disp Muhura, Disp Mulindi, CS Rushaki, CS Manyagiro, Disp Kivuye, Disp Yaramba, Disp Nyange, CS Mukono

**Health Activities:** basic preventative/curative health care, maternal/child health care centers (pre, post-natal), nutritional centers (therapeutic feeding for malnourished children), educational training of community health workers.

**Constraints:**

- many NGOs working in this prefect are still based in Kabale (Uganda), partly due to practical constraints (lack of water/power) and due to lack of NGO coordination from Byumba (RHD has had minimal presence and has just begun coordinating health activities in the prefect).

- Strong military presence in the prefect including control of the central hospital. NGOs state that no expatriate health worker has been allowed into this facility to date.
- Lack of materials, drugs, equipment, staff (inability to pay salaries), and structural damages to facilities have seriously hampered activities.

**Epidemiological Overview:**

- malaria
- diarrhoeal disease
- upper/lower respiratory disease (pneumonia)
- eyes/ears/skin diseases (especially conjunctivitis, ringworm, scabies, abscesses)
- tetanus (1 confirmed case)
- tuberculosis (2 cases)
- meningitis (3 cases)
- measles (1 case)
- cholera (3 cases)

**EPI:** GOAL mentioned need to commence measles campaign. UNAMIR troops in area said that measles campaign had already been completed in prefect by MSF. Need to clarify what immunization campaigns have occurred before re-starting EPI in prefect.

**Health Education Needs:** hygiene-sanitation, diarrhoea, use of latrines, EPI, family planning, AIDS, nutrition.

**Water:** Major problem in prefect. GOAL reports no running water at two of their health centers. British military is repairing some systems in Mukono; CICR has repaired other central systems.

**Nutrition:** (GOAL, Malteser, AMREF) - preliminary assessment revealed that malnutrition is above average in prefect. Currently NGOs are only recording weight/height at nutritional center (programs include therapeutic feeding of under 5 yr olds, vitamin supplements), planning more comprehensive nutritional assessment of region. Need UN standardized protocols/educational materials on ration sizes and general nutrition information for local staff training purposes.

**CYANGUGU**

**Health Contact:** Dr. Cyridion (acting regional medical contact, at Cyangugu Hospital) / UNREO (Cyangugu)

**Health Sector NGOs:** MSF, MDM, HSF, IRC, AICF, CICR, German Emergency Doctors, World Relief

**Functioning Health Facilities:** CS Bugarama, Hop Bushenge, CS Bweyeye, CS Gatara, CS Gihundwe, CS Gisakura, Hop Mibilizi, CS Mushaka, Disp Mwezi, Disp Nkombo, CS Nyamasheke, CS Mukoma, HOP Kibogora, CS Rusizi, Disp Cimerwa, Inf Gisakura, CS Mashasha, CS Nyabitimbo, CS Hamika, CS Yove, Camp Nyarushishi, CS Muyange.

**Health Activities:** basic preventative/curative health care, on-site training of local staff, mobile health units for repatriating refugees, water purification/supplying.

**Constraints:**

- lack of medicine, equipment, materials, staff/salaries;
- sanitation problem is urgent, lack of NGOs working in this sector;
- water problem;
- rapid population movement makes program planning difficult (especially for immunization/EPI programs);
- lack of UNICEF representation at regional meetings;
- lack of a Regional Health Director to coordinate NGO activities.

**Epidemiological Overview:**

- malaria
- diarrhoeal disease
- meningitis (few cases)

**EPI:** MSF, MDM, IRC expressed interest in designing and implementing EPI program, are developing a plan with acting medical coordinator, Dr. Cyridion. MSF planning further vaccination campaigns.

**Health Education Needs:** water/sanitation, hygiene, EPI.

**Water/Sanitation:** Very poor situation in this prefecture. NGOs requested greater coordination and assistance from UNICEF in this sector.

**GIKONGORO**

**Health Contact:** Edward Beigbeder, UNICEF officer (UNICEF Office, Gikongoro)

**Health Sector NGOs:** British Army, MSF, CARE, Caritas, MERLIN, Trocaire, Terre des Hommes, AICF, SCF, IRC, GOAL, CICR, OXFAM, World Vision

**Functioning Health Facilities:** CS Cyanika, CS Musebeya, CS Mushubi, CS Ngara, Disp Mbazi, various temporary health centers servicing camps

**Health Activities:** emergency curative treatment focused on displaced camps, special units operating to control dysentery/meningitis epidemics, vaccination campaigns (see below), mobile health clinics, supplementary feeding programs, water purification (via chlorination)/water supplying, covering mass graves, emergency dental care. Some agencies expressed interest in rehabilitating health facilities in region as part of long-term rehab effort.

**Constraints:**

- lack of drugs, anesthesia, laboratory, supplies, staff/salaries, facilities;
- serious water shortages (both in camps and in health centers) -- recently improved in Kibeho camp by installation of PWSS water system by UNICEF on 6/10/94;
- serious sanitation problem, lack of structures/NGO participation in this sector;
- rapid population movement makes program planning difficult;
- no Regional Health Director has been appointed, no MOH organization of NGO activities.

**Epidemiological Overview:** NGOs trying to keep accurate records of population changes in order to establish epidemic levels and commence vaccination campaigns appropriately. (For example, in Kibeho camp as population size shifted during 2 weeks from 50,000 to 40,000 to 42,000, the crude mortality rate changed from 19 to 20 to 28 per 10,000)

**1. diarrhoeal diseases/dysentery**

(in Kibeho Camp 6.9 deaths / per 10,000 people / per day -- 23/10/94)  
(in Cyanika Camp 3.2 deaths / per 10,000 people / per day -- 23/10/94)  
(average in prefect is 5.6 deaths / per 10,000 people / per day which is very high given that the normal rate for epidemic level in Rwanda would be 0.5 deaths / per 10,000 / per day)

**2. malaria**

**3. respiratory infections**

**4. meningitis** (19 cases reported in two locations, campaign underway by British Army/MSF -- 6/10/94)(UNICEF provided cold chain, syringes, for vaccination in Cyanika, Rwaniko, Kaduha, Kibeho camps)

**5. measles** (MERLIN campaign completed in camps Cyanika, Munini, Kibeho)

**Water/Sanitation:** AICF, MSF, CICR have been supplying water in camps and conducting water surveys. MSF and CICR have provided tractors and trailers to transport water to camps. With UNICEF support, a large-scale PWSS water system has been transferred from Goma and installed in Kibeho Camp which should improve situation at that site. This remains a major problem in the prefect, however, especially in camps. Urgent request for SOAP by UNICEF and agencies operating in the area.

**EPI:** still dealing with emergency vaccination programs; not enough health facilities functioning to re-start EPI general program.

**Health Education Needs:** URGENT need for water/sanitation/hygiene materials such as the "cholera/water-related illnesses" posters, leaflets in light of dysentery epidemic and similar increases in sanitation-related diseases. Health NGOs and UNICEF-Gikongoro requested 1,000 of the "cholera" kits (will be available 15/10/94).

**Nutrition:** Caritas and Trocaire reported that they have been conducting routine height-weight evaluations and have supplied certain supplementary food (milk, beans, soup). AICF is dealing with more severely malnourished children. MSF has begun a nutritional surveillance system in their camps, and will provide report. CARE mentioned a proposal to develop a nation-wide nutritional surveillance system, but is waiting for funding approval. Steve (UNICEF) reported that Jane McKaskil (UNICEF/nutritionist) was very alarmed at the situation during her survey of country, conducted one month earlier. UNICEF is distributing 400 tonnes of UNAMIX which has arrived in Gikongoro (via MSF and other agencies with feeding capacity).

## **GISENYI**

**Health Contact:** Alistair, UNHCR officer (temporary coordinator of regional health activities)

**Health Sector NGOs:** MSF, German Emergency Doctors, CICR, ADRA, Canadian Army (leaving 15/10/94)

**Functioning Health Facilities:** HOP Gisenyi, HOP Kabaya, CS Kayove, CS Kivumu, CS Kuli, Disp Rubavu, Disp Kareba

**Health Activities:** basic preventative/curative health care, on-site training of local staff, mobile health units for repatriating refugees, water purification/supplying.

### **Constraints:**

- no Regional Health Director in prefect to coordinate NGO activities
- lack of blood bank
- need for drugs, equipment, lab testing capacity
- need units of anti-tetanus antigen (4-5 cases in two months)
- lack of staff/ salaries

### **Epidemiological Overview:**

- diarrhoeal diseases/ dysentery (has been epidemic level, now decreasing)
- upper/lower respiratory infections
- malaria
- diseases of eyes/skin (especially scabies)
- trauma / mine-related injuries
- meningitis (10 cases in September)
- tetanus (1 case)
- measles (1 case)
- cholera (1 case)
- suspected sexually transmitted diseases/AIDS (multiple cases, unable to diagnose definitively)

**Health Education Needs:** hygiene/sanitation, diarrhoeal disease prevention, water usage.

**Water:** many systems inoperable-- fairly regular supply to main hospital, need to repair water sources/pumps at

other health facility sites.

**Nutrition:** some cases of malnutrition reported, relatively low incidence, estimated at 5% malnutrition rate by NGOs.

## **GITARAMA**

**Health Contact:** Dr. Camille Kalinwabo, Regional Health Director (at medical office of Gitarama prefecture)

**Health Sector NGOs:** MSF, CONCERN, CICR, MEMISA, PSF, CARITAS, CRN (Christian Relief Network).

**Functioning Health Facilities:** CS Gitega, CS Gihara, HOP Kabgayi, CS Kamonyi, CS Kayenzi, CS Kigese, CS Kinazi, CS Mugina, CS Musambira, CS Nyabikenke, HOP Remera-Rukoma, CS Rutobwe, Disp Mugina (future proposed site-MSF).

**Health Activities:** basic preventative/curative health services, on-the-job training in preventative health, pre/post natal care, out-patient care, emergency vaccination campaign (measles).

### **Constraints:**

- lack staff/salaries, local staff members need training/refresher courses
- lack drugs, medical supplies, ambulatory services
- water supply is poor, systems broken
- lack of electricity in clinics

### **Epidemiological Overview:**

- diarrhoeal diseases/dysentery
- malaria
- intestinal diseases (especially worms)
- malnutrition
- infections of eyes/skin

**EPI:** measles campaign has been completed (MSF). NGOs in region want to develop EPI program for prefecture, need to establish cold chain.

**Health Education Needs:** sanitation/hygiene, dysentery, malaria, nutrition, basic first aid, AIDS.

**Water:** systems which exist are largely inoperable, repairs are needed to energy source (electro-gas).

**Nutrition:** In this prefect a 'Superviseur Nutrition' has been appointed--Mr. Eugene Twahirwa. It would be an ideal prefecture for expanded nutritional/feeding programs by UN agencies and NGOs. He offered the following information:

- malnutrition is a very serious problem in prefect, so far no NGO has agreed to do nutritional surveillance.
- region produces manyok, potatoes, tubercules (in south, north part of prefect is poor agriculturally)
- before war, had a trucking system for food distribution, this has been changed to a commercial system which is inadequate
- nutritional problems include lack of protein, low caloric intake, imbalanced diet-- part due to availability, need for education on nutrition.

**Unacc Children Center:** Visited **Orphelinat Ruli** (Nyambuye commune) (CONCERN working at this site): population=160 children (6 month- 7 years old); major causes of morbidity-- malaria, anemia, dysentery/diarrhoeal disease, worms, malnutrition (20 mild to severe cases), meningitis (2 cases- 1 died, 1 survived); water system-functioning; electricity- non-functioning; at least 10 severely traumatized children; food-insufficient; latrines- need repairs; urgent needs: mattresses, medicines, personnel, food.

## **KIBUNGO**

**Health Contact:** Dr. Guido Rugumire, Regional Health Director (his office at IMC compound, Kibungo).

**Health Sector NGOs:** IMC, IRC, CICR, AEF, LWF (Lutheran World Federation), SCF, Compassion International.

**Functioning Health Facilities:** HOP Gahini, CS Kabarondo, HOP Kibungo, Disp Kirehe, CS Mukarange, CS Rukoma Sake, Disp Rukumbeli, CS Rusumo, HOP Rwamagana, CS Zaza, CS Rukumberi, CS Ruhunda, Disp Rusumo-Chute.

**Health Activities:** basic preventative/curative health services, on-the-job training in preventative health, pre/post natal care, out-patient care.

### **Constraints:**

- lack of staff/salaries;
- facilities need repairs, lack of water/electricity;
- shortage of equipment;
- lack of functioning laboratory services, lack of x-ray services;
- lack of ambulatory services (numerous preventable deaths in Sake and Mzugu communes)

### **Epidemiological Overview:**

1. malaria
2. diarrhoeal diseases / dysentery
3. re-occurring fever (borelliose)-- [symptoms: irritable, high temp, extended spleen, looks like malaria but doesn't respond to malarial drugs]
3. measles (10 cases in Sake)
4. suspected meningitis (3 cases in Sake commune)
5. tuberculosis (4 cases) --- [many cases coming from neighboring countries where patient has begun vaccination process and discontinued the process after coming to Rwanda]
6. tetanus

**EPI:** RHD and IRC are planning EPI in region.

**Health Education Needs:** basic hygiene, EPI, diarrhoeal diseases.

**Water:** Major problem in prefecture; systems are damaged; need fuel for the pump; water transport system inoperable. IRC is planning to do some rehabilitation of water services in prefecture.

**Nutrition:** Problem-- NGOs estimated that 5-10% of <5 year-old children are malnourished (figure not substantiated). Crop failure/lack of harvesting has created a food shortage in rural areas. ICRC has distributed some food/seeds/tools, but between January-March there may be a food shortage. No NGO has conducted a survey, this would be very useful in order to get a more accurate picture of the needs.

**Unacc Children Center:** visited St. Joseph's Children Center-- Managers: Antoinette Uwinmana (SCF, Compassion Int'l, IMC providing assistance); population= 266 children (0-5 years); at least 10 children severely traumatized; facility has a nurse working in small dispensary; lack materials/medicines; major illnesses: malaria, angina, worms, measles-- did a vaccination campaign already for measles-MSF.

## **KIBUYE**

**Health Contact:** Dr. Camille Munyengabe (Regional Health Director) / Dr. Isaac Ntahobaklira (acting medical coordinator, ADRA, at Kibuye Hospital).

**Health Sector NGOs:** ADRA, MSF, L'Enfants du Monde, Caritas (minimal NGO presence in prefecture).

**Functioning Health Facilities:** HOP Kilinda, HOP Mugonero, CS Mukungu, CS Mushubati, CS Nyange, CS Rubengera, Disp Rugabano.

**Health Activities:** basic curative health care, minor surgeries, maternal care.

### **Constraints:**

- lack of staff and staff salaries
- military has taken over about one third of all the functioning facilities in the prefecture;
- Regional Health Director was unavailable, has not fully assumed role of coordinating medical activities and processing requests from staff of functioning facilities. Prefect building itself is abandoned and needs repairs. Met the prefect who is operating with very little support, both in terms of logistics & staff;
- severe shortages of medicines, supplies, equipment, trained staff, salaries;
- food shortages, lack of NGO support;
- very small NGO presence to assist in rehabilitation process;
- lack of ambulatory service.

### **Epidemiological Overview:**

1. diarrhoeal diseases/dysentery
2. malaria
3. cholera
4. meningitis (5 cases in Bwakira & Kirinda communes)
5. traumatism

**EPI:** The one functioning hospital accessible to the public seemed to be working well despite severe shortages. The director, Dr. Isaac, expressed strong interest in re-starting EPI in region. The prefect suggested that Dr. Isaac assume the role of coordinator of medical activities until the RHD (who has been appointed) arrives.

**Water:** Hospital seemed to have a functioning water system, some other more remote health facilities are short of water.

**Nutrition:** above average malnutrition observed, especially among children at the orphanage visited (Centre Amizero, next to Kibuye Hospital): of 210 children in center: 23 cases of severe malnutrition, 27 cases of moderate malnutrition-- this means that approximately 23% of the children in the center are malnourished.

**Unacc Children Center:** Visited Orphanage-- Centre Amizero Orphelinat (supervisor, Mr Bernard Ndutite), located immediately adjacent to the Hospital de Kibuye (ADRA). Location houses 210 children. Severe shortages in medicines, medical materials, food, bedding, clothing. UNICEF has given some food and medical supplies. L'Enfants du Monde (NGO) is working there. Prevalent diseases in center include-- malnutrition (23%), diarrhoeal diseases, dysentery, malaria, tuberculosis (2 children have died), traumatism.

## **RUHENGARI**

**Health Contact:** Dr. Theophile Nizeyimana, Regional Health Director (medical office of Ruhengeri prefecture)

**Health Sector NGOs:** SCF, MSF, MEMISA, AICF, CICR, CARE

**Functioning Health Facilities:** CS Butaro, CS Cyabingo, CS Gatonde, CS Gitare, CS Janja, CS Kabere, CS Kinigi, CS Kinoni, CS Mucaca, HOP Nemba, CS Nyakigezi, CS Nyamugali, HOP Ruhengeri, Disp Ruhengeri, CS Rusoro, CS Rwaza, CS Busengo, CS Karambo, CS Mataba, Kidaho Poste de Sante, Disp Publique Kinyababa, Disp Ruhondo.

**Health Activities:** basic preventative/curative health services, on-the-job training in preventative health, pre/post natal care, out-patient care, want to start training of traditional birth attendants program, rehabilitation of health centers (physical repairs/staff training).

**Constraints:**

- lack of drugs, equipment, materials
- lack of staff/salaries (staff need refresher training in EPI, and program administration)
- lack of ambulatory service
- sanitation/latrines in poor state of repair

**Epidemiological Overview:**

- diarrhoeal diseases/dysentary
- malaria
- upper/lower respiratory diseases
- infections of skin/eyes
- trauma injuries
- meningitis (1 case)

**EPI:** Question was asked by NGOs whether government would be appointing EPI supervisors in each prefect to control the process of immunization, and whether vaccination campaigns had to wait until his appointment before commencement. (Answer: A national EPI Director has been appointed in Kigali who will be coordinating vaccination efforts nationally. MOH in Kigali has requested that before any NGO commence a vaccination campaign it should discuss this proposal with MOH representative in prefecture, or with MOH in Kigali). Measles campaign is high priority. RHD has received 4 UNICEF-provided refrigerator units for setting up the cold chain. RHD, SCF, and MSF are making vaccination program for prefecture, want to start EPI in October.

**Health Education Needs:** EPI (both for mothers of children and for vaccinators), mine-awareness, hygiene, nutrition.

**Water/Sanitation:** Problem in certain areas of prefecture, especially the north where water supply is limited and transport mechanisms inoperable. CICR has done some repairs to systems in dispensaries.

**Nutrition:** AICF is doing supplementary feeding programs (milk, UNAMIX, beans...), planning to do an evaluation of nutritional status in prefect, having difficulty determining population of prefect due to rapid movement of returnees.





Ref: CL00C/jj

5th October 1994

Colonel Ramsay  
Commander  
Australian Services Contingent  
UNAMIR II  
RWANDA

AFRICAN MEDICAL & RESEARCH FOUNDATION

Community-Based Health Care • Primary Health Care • Training • Health Behaviour  
and Education • Flying Doctor Services • AIDS and Malaria Prevention • Women's  
Health and Development • Nomadic Health Services • Production of Health Learning  
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Health Planning and Management • Emergency Response

Original  
A.S.C. UNAMIR II  
Accessed to Annex  
14 Oct.

CO AS USF,  
I support the request in principle.  
You call on to the particularities  
they should find.

Dear Colonel Ramsay

I am writing to introduce you to the African Medical and Research Foundation (AMREF), which operates the Flying Doctor Services of East Africa. AMREF was founded more than 35 years ago to support health care delivery to the remote areas of the eastern African Region, and the Emergency Service remains an important and vital component, providing a 24 hour medical advice and evacuation service, and utilising AMREF's 8 aircraft with a team of pilots, doctors and nurses on standby.

AMREF has recently recognised the need to improve and update the Emergency Services, and to this end an independent Medical Technical evaluation was carried out in May 1994. The recommendations include the need for a medical professional with experience in medical emergencies and with management qualities to assist in the improvement of all aspects of the Emergency Services over a short-term period. It is to this end that I am writing to request your assistance to our organization.

We first met Flight Lieutenant Dr Trevor Gardner when he accompanied an AMREF evacuation from Kigali to Nairobi on 4th September, 1994. His helpful and constructive suggestions on our evacuation performance were well received. More recently we attempted to make contact with Dr Gardner and were fortunate in having an opportunity to discuss possible areas of assistance with him.

By means of this letter, we formally request the assistance of your expert staff in reviewing our existing equipment, making recommendations for the purchase of appropriate new equipment, and the refresher training of our medical and paramedical staff in all aspects of air medical evacuations.

Any assistance that could be provided during your stay in Rwanda would be most welcome and would make a major contribution towards improving health care delivery to both visitors and nationals throughout the Region.

We thank you in advance and look forward to your reply.

Yours sincerely

Dr Anne Spoerry  
HEAD, CLINICAL DEPARTMENT

c.c. Dr Jane Carter

Capt. Jim Heather Hayes, Head, Aviation Department

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**CORRESPONDENCE DISTRIBUTION**  
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Med Cpc Exmo II  
Med key When is the party?

Please initial and date when action complete then pass quickly.

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*UNITED NATIONS RWANDA EMERGENCY OFFICE  
BUREAU D'URGENCE DES NATIONS UNIES POUR LE RWANDA*

## **NOUVEAU BUREAU-TERRAIN UNREO**

Nous avons le plaisir de vous informer qu'à compter du vendredi 7 octobre, un nouveau bureau-terrain UNREO sera à votre disposition à Kibungo.

Ce bureau est situé à quelques mètres de la préfecture de Kibungo, de biais à l'établissement Primus qui sert présentement de base à une unité canadienne UNAMIR.

Les officiers-terrain, Douglas Higgins et Chentale de Montigny, anticipent le plaisir de travailler conjointement avec la communauté des ONG et les agences des Nations-Unies. Ils se feront une joie de vous y accueillir.

## **UNREO's KIBUNGO OFFICE TO OPEN**

We are pleased to announce that UNREO is to open a new Field Office in Kibungo on 7 October.

Located approximately 100m past Kibungo's Prefecture, the UNREO Office and residence is more or less across the road from the Canadian UNAMIR camp on the Primus compound.

UNREO's Field Officers Douglas Higgins and Chentale de Montigny look forward to working with UN agencies and the NGO community in the Kibungo region and welcoming you to our new premises.