

The International Response to Conflict and Genocide: Lessons from the Rwanda Experience

Study 3

Humanitarian Aid and Effects

by

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Joint Evaluation of Emergency Assistance to Rwanda

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Preface

Within a period of three months in 1994, an estimated five to eight hundred thousand people were killed as a result of civil war and genocide in Rwanda. Large numbers were physically and psychologically afflicted for life through maiming, rape and other trauma; over two million fled to neighbouring countries and maybe half as many became internally displaced within Rwanda. This human suffering was and is incomprehensible. The agony and legacy of the violence create continuing suffering, economic loss and tension both inside Rwanda and in the Great Lakes Region.

For several years preceding the massive violence of 1994, the international community contributed to efforts to find a peaceful solution to escalating conflict and provided substantial assistance to alleviate the human suffering. During the nine months of the emergency in 1994, April to December, international assistance for emergency relief to Rwandese refugees and displaced persons is estimated to have cost in the order of US\$1.4 billion, of which about one-third was spent in Rwanda and two-thirds in asylum countries. This accounted for over 20% of all official emergency assistance, which in turn has accounted for an increasing share, reaching over 10% in 1994, of overall international aid.

This growth reflects the worldwide proliferation in recent years of so-called complex emergencies. These tend to have multiple causes, but are essentially political in nature and entail violent conflict. They typically include a breakdown of legitimate institutions and governance, widespread suffering and massive population displacements, and they often involve and require a range of responses from the international community, including intense diplomacy and conflict resolution efforts, UN policing actions, and the provision of multilateral and bilateral humanitarian assistance by official and private agencies. A complex emergency tends to be very dynamic, characterized by rapid changes that are difficult to predict. Thus complex issues are raised regarding the timing, nature and scale of response. The Rwanda complex emergency shares all these characteristics and more.

Although some evaluations of international assistance for complex emergencies have been carried out, experience from the planning and execution of large-scale aid for relief, rehabilitation and reconstruction has not been extensively documented and assessed. Recognizing both the magnitude of the Rwanda emergency and the implications of complex disasters for constricted aid budgets, the Danish Ministry of Foreign Affairs, through its development cooperation wing, Danida, proposed a Joint Evaluation of Emergency Assistance to Rwanda.

This initiative resulted in the launching of an unprecedented multinational, multi-donor evaluation effort, with the formation of a Steering Committee at a consultative meeting of international agencies and NGOs held in Copenhagen in November 1994. This Committee¹ is composed of representatives from 19 OECD-member bilateral donor agencies, plus the European Union and the Development Assistance Committee (DAC) of the OECD; nine multilateral agencies and UN units; the two com-

¹ Australia, Austria, Belgium, Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, Luxembourg, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, United Kingdom, United States of America, Commission of the EU, OECD/DAC, IOM, UN/DHA, UNDP, UNHCHR, UNHCR, UNICEF, WFP, WHO, IBRD, ICRC, IFRC, ICVA, Doctors of the World, INTERACTION, Steering Committee for Humanitarian Response, VOICE. Several other countries supported the evaluation, but did not participate actively. France suspended its participation in the Steering Committee in December 1995. The cost of the evaluation has been met by voluntary contributions from members of the Steering Committee.

ponents of the International Red Cross and Red Crescent Movement (ICRC and IFRC); and five international NGO organizations

Objective of the Evaluation²

The main objective of the evaluation is to draw lessons from the Rwanda experience relevant for future complex emergencies as well as for current operations in Rwanda and the region, such as early warning and conflict management, preparation for and provision of emergency assistance, and the transition from relief to rehabilitation and development.

In view of the diversity of the issues to be evaluated, four separate evaluation studies were contracted to institutions and individuals with requisite qualifications in the fields of (i) emergency assistance planning and management; (ii) repatriation and rehabilitation of refugees; (iii) history and political economy of Rwanda and the surrounding region; (iv) institution and capacity building in development; (v) conflict and political analysis; and/or (vi) socio-cultural and gender aspects. Institutions and individuals were also selected for their proven ability to perform high-quality, analytical and objective evaluative research.

The institutions and principal individuals responsible for the four reports are listed below. Space precludes listing all team members for each study, which ranged from four persons for Study I to 21 for Study III; in all, 52 consultants and researchers participated. Complete identification of the study teams may be found in each study report. Several of the studies commissioned sub-studies that are also identified in the respective study report.

Study I: Historical Perspective: Some Explanatory Factors

The Nordic Africa Institute (Uppsala, Sweden)
Tor Sellström and Lennart Wohlgemuth.

Study II: Early Warning and Conflict Management

Chr. Michelsen Institute (Bergen, Norway)
York University (Toronto, Canada)
Howard Adelman and Astri Suhrke.

Study III: Humanitarian Aid and Effects

Overseas Development Institute (London, United Kingdom)
John Borton, Emery Brusset and Alistair Hallam.

Study IV: Rebuilding Post-Genocide Rwanda

Center for Development Information and Evaluation,
US Agency for International Development; Development Alternatives, Inc.;
Refugee Policy Group (Washington, DC, USA)
Krishna Kumar and David Tardif-Douglin.

² See Appendix I of the Synthesis Report for the full Terms of Reference.

Evaluation oversight was performed by the Steering Committee (which held four meetings between December 1994 and December 1995), and by a Management Group, comprised of one lead bilateral agency for each study: Study I: Claes Bennedich, Sida, Sweden; Study II: Jarle Hårstad, Ministry of Foreign Affairs, Norway; Study III: Johnny Morris, ODA, United Kingdom; and Study IV: Krishna Kumar, USAID/CDIE, USA; and Niels Dabelstein, Danida, Denmark, as chair. The evaluation teams were responsible to the Management Group and the Steering Committee for guidance regarding such issues as terms of reference and operational matters, including time frames and budget constraints, and they were obliged to give full and fair consideration to substantive comments from both groups. The responsibility for the content of final reports is solely that of the teams.

The approach taken to this evaluation has reflected two concerns:

- to try, through involving experienced outsiders, to examine as objectively and critically as possible an experience about which it is impossible for any person with humane values not to be deeply affected;
- to engage leading Africans in a critical review of the analysis, findings and recommendations while they were still in draft.

For this last reason, a panel of distinguished experts from Africa has provided a critique of the report through participation in two panel discussions with the authors of the reports and selected resource persons. The panel comprised: Reverend José Chipenda, General Secretary, All-Africa Conference of Churches, Kenya; Dr. Adama Djeng, President, International Commission of Jurists, Switzerland; Professor Joseph Ki-zerbo, Member of Parliament, Republic of Burkina Faso; and Dr. Salim A. Salim, Secretary General, Organization of African Unity, Ethiopia. Also, Mr. Gideon Kayinamura, Ambassador of Rwanda to the UK; Ms. Julie Ngiriye, Ambassador of Burundi to Denmark; and Ms. Victoria Mwakasege, Counsellor, Embassy of Tanzania, Stockholm, made significant contributions through their participation in the December 1995 Steering Committee Meeting.

While the Steering Committee is particularly grateful to these African participants for contributing their wisdom and keen insights at one stage of the evaluation process, it is also acutely aware of the fact that African researchers and institutions were not, with the exception of selected sub-studies, involved in its execution. However, the Steering Committee is committed to disseminate the evaluation widely among African leaders and organizations and anxious that they participate fully in discussions about the evaluation's recommendations.

The following resource persons have commented on drafts at various stages and/or participated in panels or workshops: Mary B. Anderson, Consultant, USA; Hanne Christensen, Independent Bureau for Humanitarian Issues, France; John Eriksson, Consultant, USA; Professor André Guichaoua, Université des Sciences at Technologies de Lille, France; Sven Hamrell, Dag Hammarskjöld Foundation, Sweden; Larry Minear, Humanitarianism and War Project, Brown University, USA; Professor Rodolfo Stavenhagen, Colegio de México, México; and Stein Villumstad, Norwegian Church Aid, Norway.

The Synthesis Report was prepared by John Eriksson, with contributions from the authors of the four study reports and assistance from Hanne Christensen and Stein Villumstad in the preparation of findings and recommendations.

This evaluation was initiated on the premise that in spite of the complexity and chaos that characterize Rwanda's experience, it would be possible to identify applicable lessons to be learned by the international community in attempting to respond to future complex emergencies and in its continuing attempt to help Rwanda rebuild its society. The international teams who have produced this evaluation believe they have identified such lessons. It will be up to the governmental and non-governmental leaders of the international community for whom this evaluation has been prepared to apply the lessons.

Niels Dabelstein

Chairman of the Steering Committee for
Joint Evaluation of Emergency Assistance to Rwanda

Acknowledgements

This study benefitted considerably from the support of numerous individuals and organizations. All those involved in the Team would like to place on record their grateful acknowledgement of that assistance. Special thanks are due to UNREO, WFP and UNHCR for their logistical support during the fieldwork; to Niels Dabelstein and members of the Management Group for their constructive support; to members of the other Study Teams for sharing information and offering helpful comments; to John Eriksson and other members of the Synthesis Team for support in refining the principal recommendations; to all those who commented on the draft report, helping to improve the text; and to David Millwood for improving the clarity of meaning in the final version.

The opportunity of participating in such a professionally stimulating and challenging study has been greatly appreciated by all members of the Team.

ODI
London
February 1996

Executive Summary

Scope and method

This study examines the provision of humanitarian aid and physical protection by the international community in response to the Rwanda crisis. It combines a detailed technical assessment of the principal sectors and phases of the response with an attempt to draw out the principal conclusions and policy lessons from the experience. The period covered was broadly that from April 1994 until late 1994 for operations inside Rwanda, but for refugee operations in Tanzania and eastern Zaire it extended to July 1995. Humanitarian operations prior to April 1994 were described but not evaluated and insecurity in Burundi and the limited time available resulted in refugee operations in Burundi not being evaluated. Time pressures also obliged the study to focus on the main refugee concentrations in Ngara, Goma and Bukavu. Consequently, refugee movements into Karagwe in Tanzania and Uvira in Zaire were not considered.

The study was undertaken by a team of 21 people, representing eight nationalities and a wide range of backgrounds and experiences. Initial consultations with key UN agencies, the International Red Cross and Red Crescent Movement and NGOs began in January 1995. A reconnaissance mission by five Team members to the Great Lakes region was undertaken in April and the principal block of fieldwork by more Team members was undertaken during June and July. Within the Great Lakes region a total of 235 donor, UN, NGO and government personnel were interviewed and approximately 140 beneficiaries of assistance. These were complemented by interviews with 245 personnel of donor organizations, UN agencies and departments, the International Red Cross and Red Crescent Movement and NGOs in Europe and North America and a document collection that eventually - exceeded 2,000 items. A database to enable analysis of financial flows during 1994 was created, and two sub-studies on the 1994 dysentery epidemic and UK TV coverage were commissioned.

Overview of humanitarian relief operations

The protection and humanitarian crisis of 1994 did not begin with the shooting down of the Presidential plane on 6 April, but was preceded by at least three and a half years of developing operations inside Rwanda and in neighbouring countries within the Great Lakes region. By mid-1992, for - instance, attacks by the RPF in the north of the country and ethnic violence and insecurity elsewhere had created 200–300,000 IDPs. Following the February 1993 advance by the RPF, this number - increased sharply to perhaps 900,000, though, by the end of the year, 60% of these had returned to their homes. Large-scale relief operations were mounted, particularly by the ICRC and the Rwandese Red Cross and WFP undertook a massive airlift of food that transported twice the tonnage carried by the 1994 airlift operations. In October 1993, the attempted coup and subsequent wave of ethnic violence in Burundi resulted in the death of 50,000 to 100,000 and an influx of almost 700,000 refugees to neighbouring countries, principally southern Rwanda and eastern Tanzania. Documentation - reviewed by the study indicated that the international community's response to the refugees in eastern Tanzania was poor and exceptionally high rates of mortality were experienced as a result of the combined effects of inadequate water and sanitation, food supplies and health care. For those who moved into Rwanda the response was better as relief agencies involved in the IDP Programmes were able to rapidly divert personnel and resources to the Burundian refugees.

The events that followed 6 April were an extraordinary human tragedy consisting of genocide and

civil war that caused the violent death of between 500,000 and 800,000 people, the movement of over two million Rwandese into neighbouring countries and the temporary displacement of well over one million people inside Rwanda. This study estimates that approximately 80,000 people died in the refugee and IDP camps in Zaire, Tanzania and inside Rwanda during 1994, principally from cholera and dysentery. This figure would probably exceed 100,000 among Rwandese refugees in Burundi and Rwandese outside the IDP camps if data were available for these populations.

It is highly significant that the number who died as a result of causes that could be considered avoidable (had the humanitarian response been more effective), was several times lower than those who died as a result of the genocide and conflict. The critical failings in the international community's overall response, therefore, lay within the political, diplomatic and military domains rather than the humanitarian domain. Had the international community responded more effectively in the months prior to, or in the days immediately following, the shooting down of the Presidential plane on 6 April, many, perhaps most, of those who died would probably have survived and much of the massive expenditures on the provision of humanitarian assistance been unnecessary.

Over the period April to December 1994, approximately US\$1.4 billion was allocated by the international community to the response. Of this amount, approximately 85% was from official sources with the remainder being provided from private sources. By a substantial margin, the European Union (principally ECHO) and the US Government (USAID, Department of Defense and the State Department's Refugee Bureau) were the largest official sources of funds, accounting for 50% of total allocations. Approximately 50% of the total allocations were expended by, or channelled through, UN agencies, with just two agencies, UNHCR and WFP, accounting for over 85% of these. A substantial proportion of the resources channelled through these two agencies were allocated onwards to NGO implementing partners. The Red Cross Movement accounted for 17% of all flows.

At least 200 NGOs were involved in the response, but estimation of their relative role (i.e. their direct contributions and as partners to UN agencies) proved difficult as a result of inadequate data and an incomplete response to a questionnaire survey undertaken by Study III. It was clear though that many NGOs played critical roles and that overall NGOs formed an important part of the response.

Main findings

The response contained many highly commendable efforts, notably: the initial response in Ngara; the impressive performance of UNHCR Emergency Response Teams in Ngara and Goma; the work of ICRC inside Rwanda, mainly between April and July 1994, particularly in the field of protection of survivors and with its hospitals in Kigali and Kabgayi; and the courage and commitment shown by UN, ICRC and NGO personnel in extremely difficult and often dangerous situations. Widespread starvation did not occur. For the refugees and many of the IDPs the food aid supply system, dominated by WFP and to a lesser extent the ICRC, was vital to their survival and performed well. Given the magnitude and scale of the population movements and the distance of the beneficiary populations from coastal ports, this was a substantial achievement. For the non-displaced population within Rwanda the combination of a good crop and the dramatic reduction in population meant that locally-available foods were comparatively plentiful.

Humanitarian operations in Kigali and in FAR-controlled areas after 6 April were severely constrained by the high levels of violence. Only ICRC (with MSF support) and the UN Advance

Humanitarian Team were able to operate in Kigali and, though valuable, the volume of humanitarian assistance and protection they were able to provide was limited. The critical need was for security and physical protection, which the much-reduced and ill-equipped UNAMIR force was unable to provide, though it did succeed in protecting perhaps 25,000 threatened civilians. Between April and the end of June, only ICRC, CRS/Caritas and to a lesser extent WFP were able to provide humanitarian assistance in the south and west of the country, though again, the volume was severely limited. In the RPF-controlled areas in the north and east, ICRC, UN agencies and NGOs had greater access and were able to deliver quite substantial volumes of assistance, though their freedom of operation was closely controlled by the RPF and many agencies were not allowed to remain inside Rwanda overnight.

The French-led Opération Turquoise that pushed into western Rwanda on 22 June and then concentrated on the creation of a so-called Safe Zone in the south-west remained in the country for two - months. The operation protected approximately 14,000 threatened civilians within Rwanda and the improvement in security in the south-west enabled a dramatic increase in humanitarian assistance activities by the three agencies that operated during the April-June period to at least 15 agencies by August. Such efforts served to spread out over a longer time period the number of displaced Rwandese crossing into Bukavu and to limit their eventual number. Had this not been done, it is - highly likely that the mortality rates experienced in Bukavu would have been much higher.

Despite this, judgements of the benefits of Opération Turquoise have to be highly qualified. By concentrating forces in the Safe Zone after the end of June the operation

- greatly increased the likelihood of an RPF advance in the north-west and thus of a massive refugee influx into Goma;
- did not provide the security necessary for humanitarian agencies to operate freely in the north-west and respond to the needs of the large and growing number of IDPs there;
- diverted attention of donor organizations, UN agencies and NGOs to the needs of IDPs in the south-west at a critical juncture for those in the north-west.

The positive contribution of Opération Turquoise in reducing and spreading out the movement of IDPs into Bukavu has to be balanced by the fact that the several hundred thousand Hutu who were encouraged to remain in IDP camps in the Gikongoro area presented the new government and the UN with an extremely difficult problem. Though the majority were eventually returned to their home communes, several thousand IDPs were killed at Kibeho camp in April 1995. The south-west has arguably remained the most insecure area of the country.

The response of humanitarian agencies to the needs of those concentrated in IDP camps in the Gikongoro area was initially slow as a result of: the reluctance by some NGOs to be closely identified with the French military; the time needed to establish operational capacity in the area; the focus of international attention during July and August upon the situation in Goma; and a lack of technical coordination capacity at field level. The initial lack of food and water and inadequate sanitation - resulted in very high rates of dysentery in many of the camps and the death of perhaps 20,000 IDPs.

Because of the insecurity inside Rwanda and the access problems facing not only humanitarian agen-

cies but also the international media, the large-scale movement of Rwandese into neighbouring countries enabled readier access, at the same time as creating substantial humanitarian needs. The international response to the first major influx, that of almost 200,000 into Ngara District at the end of April, which was led and closely coordinated by UNHCR, was highly impressive. Substantial loss of life was avoided.

However, despite the initial successes and the continued impressive performance of most agencies working in Ngara, the programme has remained fragile as a result of a number of factors. Unlike Goma and Bukavu, where the initial influx was not followed by new arrivals, refugees have continued crossing into Ngara. The refugee population in Ngara District in May 1995 was 500,000 – double that of May 1994. Consequently, the situation has never quite stabilized and agencies have been continually needing to increase the scale of their programmes. Another factor contributing to the post-emergency situation in Ngara was that from mid-July onwards the focus of international attention moved to Goma, resulting in the transfer of resources and personnel away from Tanzania. The water sector was one where the initially impressive emergency response was not maintained; on a per capita basis, the amount of water available to refugees by June 1995 was less than half that of July 1994.

Factors contributing to deterioration have been the constantly expanding refugee population, deterioration of emergency boreholes that were not designed or equipped for long-term service, and a lack of investment in more sustainable supply systems. Initial expectations that the refugees would repatriate, the high capital costs involved in developing sustainable supply systems and the government of Tanzania's reluctance to see investments that seemed to confirm that the refugees would be in the country for a long period, have all served to deter the necessary investments.

The number moving into Bukavu during July and August was approximately 300,000. The influx was not as intense as the initial influxes into Ngara and Goma and, because of the lack of camp sites for them to immediately move to, the town effectively served as a huge temporary transit camp until UNHCR, NGOs and the local authorities were able to identify and open new sites. A combination of the continued operation of the municipal water system, substantial levels of initial assistance from the people and local agencies in Bukavu, and the fact that many refugees arrived with disposable assets (much of it looted on leaving Rwanda), meant that disease outbreaks were limited and substantial loss of life did not occur. This result is somewhat paradoxical, because of poor overall coordination and because Bukavu received substantially less financial and human resources than were being deployed to Goma.

The Goma influx

The influx into Goma was of unprecedented scale and rapidity: in the space of just five days between the 14th and 18th of July, approximately 850,000 refugees crossed into Goma town and at points further north. The capacity of the agencies present in Goma was quickly overwhelmed despite an unprecedented and rapid response. Within the first month approximately 50,000 refugees died as a result of a combination of cholera, dysentery, dehydration and violence. Given the massive scale of the influx, many deaths were likely and the fact that there were not substantially more is a credit to the agencies involved in the response.

The study assessed the performance of the system both in terms of providing warning of the event and in preparing for a large influx. This assessment identified a fundamental weakness within the

humanitarian system in that it did not possess a mechanism for monitoring and analyzing information to provide warning of population movements that was either sufficiently integrated or capable of gathering information in areas that were poorly covered by relief agencies. UNREO and its daily Sitreps came closest to performing such a role, but UNREO's capacity directly to collect information was wholly inadequate and it had to rely heavily on relief agencies in different locations providing it with any monitoring that they were carrying out. The reduced UNAMIR force was not able to monitor the situation in the north-west and the system was therefore reliant upon the ICRC operating out of Goma, whose monitoring of the build-up of IDPs was confined to the area around Ruhengeri, - though within this area there were already 250,000 IDPs by early June. It was not until the first week of July, when an Oxfam Assessment Mission visited the area between Ruhengeri and Gitarama, that information became available on IDPs in this area. The Oxfam Team "discovered" another 200,000 and also estimated that another 300,000 were moving westward, following the RPF capture of Kigali.

UNHCR had deployed a substantial Emergency Response Team to Goma in April but, with the - influx into Ngara, part of the Team was redeployed in early May. At the end of June, just two weeks before the influx, the remainder of the team was withdrawn and the Sub-Office in Goma reduced to a staffing level that the Acting Head of the Sub-Office termed "skeletal". Following the Ngara influx the agency had begun contingency planning measures in early May that had included the build-up of stockpiles of non-food items in Amsterdam for 500,000 refugees. The team in Goma had begun preparing a Contingency Plan for North Kivu that used a planning figure of 50,000. Identification of a contingency site was hampered by the reluctance of the local authorities to consider the possibility of a large influx. The difficulties of making adequate preparations in Goma, coupled with the fact that the Goma airport was able to cope with heavy-lift aircraft, appears to have led UNHCR to rely more on its ability to respond rapidly by air rather than on the ground preparations, such as local stockpiling. This relative emphasis on rapid response rather than on-the-ground preparedness may also have reflected the agency's conception of the term "preparedness", which traditionally within UNHCR has, in effect, meant "contingency planning aimed at facilitating a rapid response once an influx occurs". This is more narrowly conceived than that used by other UN agencies.

The North Kivu Contingency Plan was finalized in the third week of June. Follow-up on the numerous action points by UNHCR Headquarters and the (much-reduced) Sub-Office in Goma to convert the plan into reality was slow. Staff were severely over-stretched and a rapid sequence of events in the three weeks following the finalization of the Plan, including the RPF capture of Kigali and the creation of the safe zone in the south-west, generated additional work. Consequently, the contingency plan was not "ready-and-waiting" for an influx of even 50,000 by mid-July.

During June sufficient evidence was available from two sources, the ICRC Sub-Delegation in Goma and the figures being used by an inter-agency contingency planning process led by UNREO, to warrant a substantial increase in the planning figure. Poor relations between the ICRC Sub-Delegation and the UNHCR team in Goma appear to have prevented the ICRC estimate of 250,000 IDPs - around Ruhengeri reaching the UNHCR Team. The UNREO-led process was initially taken seriously by UNHCR and the agency went to considerable lengths to ensure that a critical meeting in Nairobi was attended by key staff from Geneva and Goma. However, the meeting ended before it had considered the implications of the various scenarios and despite UNHCR requesting that the meeting - resume the following day (a Saturday) this was not supported by representatives of other UN agencies present. After this fiasco, key UNHCR personnel do not appear to have taken the UNREO-led

process seriously and the final document, which included a “worst case” scenario of large numbers of displaced moving into eastern Zaire and Burundi, was not copied to the UNHCR Team in Goma. The coincidence between the completion of the UNREO-led process and UNHCR’s North Kivu contingency plan with the start of Opération Turquoise was unfortunate as the French operation - quickly altered the situation and dynamic of the conflict. As noted earlier, the concentration of Turquoise upon the safe zone in the south-west had a critical impact on the outcome in the north-west.

In the event, the fall of Ruhengeri and the sudden increase of civilians and FAR military moving - towards Gisenyi coincided with a joint DHA, UNHCR, UNICEF, IOM and UK-ODA assessment mission into the north-west that resulted in the first steps in mobilizing a major relief effort. Thus UNHCR took the decision to deploy a new Emergency Response Team the day before the start of the influx and, with the exception of a Water and Sanitation Coordinator, the full team was deployed within the next few days.

The scale of the response to the crisis in Goma was extraordinary. Prompted by intense media coverage of the influx and the subsequent cholera outbreak, the international community poured assistance into the area. The response involved not just the usual UN agencies and NGOs, but also civil defence and disaster response agencies from within donor countries, several military contingents providing support to the humanitarian activities and a large number of comparatively inexperienced NGOs. Assessed overall, the results were impressive. The speed with which water was supplied to most camps, health care facilities established and general ration distributions initiated was commendable.

However, there were several aspects of the response where performance of the system was less impressive and the performance of some agencies was poor. Almost all the non-food assistance arrived by air and so management of the airlift and the limited capacity of the airport became a critical constraint. UNHCR played a central role in the management of the airlift operation using the Air Operations Cell in Geneva, which had been established two years previously to coordinate the Sarajevo airlift. It appears that the Air Operations Cell had difficulty adjusting to a multi-destination operation (Bukavu and Kigali were served as well as Goma), and several agencies complained that the airlift had been treated as a UNHCR airlift and not as a common resource for all agencies. Cargoes arriving did not always conform to the priorities established in the field, though this may have owed more to donors sending whatever was available rather than what had been requested. There is ample evidence also that the airlift, or at least substantial components of it, such as the US Air Force operation out of the Entebbe AirHead, continued for several weeks longer than was required.

Coordination of the arrival of critical inputs was not impressive. For instance, while the ability to pump water from Lake Kivu was quickly increased by a US private company supported by the US military, the arrival of water tankers to transport it, particularly to the spontaneously settled camp at Kibumba, which had no water sources, took much longer. Similarly, given the hard volcanic rock in the area, a critical need was for heavy equipment to construct access roads into the camps to enable the siting of health facilities and water storage and distribution systems. However, as a result of commitments by the US Army not being implemented and faulty information flows between Goma and the US Army base in Germany, it was not until the end of September that the heavy equipment capability was substantially increased.

The level of violence within the camps was extremely high, with one estimate based on a retrospec-

tive survey in one camp suggesting that 4,000 refugees died as a result of violence at the hands of the militia, undisciplined Zairian soldiers and other refugees. The high levels of insecurity in the camps - directly affected the effectiveness of the relief efforts as most foreign personnel were unable to - remain in the camps overnight and the ability of medical personnel to maintain continuous care of - patients was hampered. The performance of the Zairian authorities and the international community in addressing the violence was also unimpressive. The fact that Western military contingents were in Goma to assist with the relief efforts but were not mandated to address the problem of in-security in the camps appeared illogical. It was not until March 1995 that a satisfactory solution was implemented involving a contingent of the Zairian Presidential Guard, paid and equipped by UNHCR, and supervised by an international monitoring team.

Many of the military contingents, civil defence and disaster response organizations that worked in Goma did so in response to a UNHCR request to donor governments to provide eight "Service Packages". This was a relatively new concept devised as a means of rapidly increasing management and implementation capacity within the system, and the intention was that individual governments - should assume responsibility for entire packages. The results were very mixed, with several governments providing capacities that were broadly similar, leading to coordination problems. Within the critical water sector, for instance, there was confusion between the respective roles of the US military, the German agency Technisches Hilfswerk (THW) and Oxfam. At one point Oxfam was - informed by UNHCR Headquarters that the US military was responsible for the whole sector and that the very substantial outlays by Oxfam would not be met by UNHCR.

Principal policy conclusions

The close relationship between the level of security and the effectiveness of humanitarian assistance highlights the need for coherence in the strategies adopted by the political/military and humanitarian - domains. However, the Rwanda crisis has been characterized by the lack of a coordinated political strategy within the international community for "managing" the crisis. Differences between key members of the UN Security Council and governments of neighbouring countries in terms of their attitude towards the RPF and the former government, and an apparent inability to confront and overcome these differences, appear to have been responsible for the lack of a coordinated political approach. Despite this lack of an agreed framework, donor countries were prepared to allocate substantial - resources, particularly in the second half of 1994, to humanitarian assistance programmes. This readiness with which the international community appears prepared to fund humanitarian assistance programmes contrasts with the lack of concerted efforts to devise coordinated political solutions to the crisis.

In the absence of a coherent political approach, it seems that humanitarian agencies, encouraged by the new government and certain Western political leaders, developed and pursued strategies, such as encouraging the early repatriation of the refugees, that attempted (but failed) to substitute for political solutions to the crisis. In a society that had just experienced genocide, apparently carried out by a substantial proportion of the society, the approach adopted by key elements of the international community of reintegrating Hutu refugees into Rwanda was unrealistic and broadly unsuccessful. Reports or events that questioned the new government's commitment to respecting human rights and threatened to undermine these strategies were suppressed or played down in public, though some governments did press the human rights question in private. Despite the massive loss of life and the expenditure of enormous sums of money, an estimated 1.8 million Rwandese remain in camps outside their country and many observers expect the civil war to be resumed at some point. A solution -

remains distant.

The Rwanda case demonstrates the need for much closer linkages between humanitarian and political policies in the principal donor countries and the UN system and also with the neighbouring countries and regional bodies such as the OAU. The creation of task forces or contact groups composed of key interested parties may serve to encourage closer linkages.

The response was resourced through a variety of mechanisms but ultimately donor organizations and donor governments accounted for the bulk of the resources provided. The extent to which funding was reactive to events was striking. There was a marked contrast in resource availability between the “tap-on” period from mid-July to September, when funding appeared limitless, and other periods, when it was less readily available. The factors contributing to this reactive characteristic are many and their relationship complex. Media coverage and the concern of almost all organizations (donor organizations and the military as well as NGOs and UN agencies) involved in the response for “profile” and “visibility” were clearly significant. What was clear from the study is that the way the system was resourced was sub-optimal, limiting the effectiveness of the response and substantially increasing eventual costs. Preparedness and contingency planning were not encouraged, a position not helped by variations in conceptualization of preparedness between agencies and donors. Investments that would have yielded substantial savings, such as opening road routes and increasing the capacity of low-cost railway routes, were not made. While donor organizations did provide some “up-front” funding this was quite inadequate in the face of such a large and highly dynamic emergency and in some cases did not even reach the levels previously agreed by donor organizations.

Foreign military forces were heavily involved in the response, with some contingents concentrating solely on provision of security, others concentrating solely on provision of relief assistance or providing support to relief agencies and several other contingents mixing these two roles. For those contingents providing relief assistance and/or support to relief agencies, logistics support (airlifting, trucking, etc.) formed the bulk of the military contribution, though several were involved in intermediate services (water production, laboratory services) and in the actual delivery of assistance to the affected population. Generalizations about the performance of the military are difficult, particularly when they were involved in such a wide range of roles and information on their impact and cost was so limited. The performance of those contingents assessed was very mixed, with some performing critical roles well while others performed poorly in key sectors and thereby reduced the effectiveness of the overall response. Information on costs that could be compared to commercial or NGO activities was difficult to obtain except for air-lifting, where commercial companies proved considerably more cost-effective. The Rwanda experience suggests that though the military may be able to fulfil a useful role in extreme situations, their comparative advantage is often of short duration and restricted to very particular situations. Their use may be questioned from several stand points, including their predictability, effectiveness, cost and ability to participate collaboratively in operations involving several agencies and numerous NGOs.

The study reviewed available studies on the impact of the large refugee populations upon their host communities and complemented these with additional but still limited investigations. It found that - within the neighbouring countries there were gainers as well as losers, with the losers often being those communities in the immediate vicinity of the refugee camps, though farmers were able to take advantage of cheap labour and the gainers often being those involved in supplying goods and services to the camp populations. The international community’s mechanisms for compensating the

local populations for the detrimental effects on their assets, livelihoods and environment were found to have been inadequate, with losers having to wait long periods before being compensated. In several cases the level of services available to refugees after the initial emergency period exceeded those available to the local population. Actual and perceived differences contributed to resentment towards the refugees within the host community. In the case of Tanzania these may have contributed to the government's closure of the country's borders with Burundi and then Rwanda during 1995.

The response involved an unprecedented number of agencies and organizations and this must have - increased overall costs and the difficulties of ensuring a coordinated response. The unprecedented number of NGOs involved reflects not only a genuine and widespread desire to provide assistance but also the reality that participation in large-scale, high-profile relief operations has become an important factor in the formation and development of NGOs. The performance of many NGOs was - highly impressive and many cooperated closely with each other. However, there were numerous examples where this was not the case. Some NGOs sent inadequately-trained and -equipped personnel, some undertook to cover a particular sector or need and failed, and others were unwilling to be coordinated. The conclusion drawn by the study is that the current mechanisms for ensuring that NGOs adhere to certain professional standards are inadequate.

Approximately 50% of total resources allocated during 1994 were expended by or channelled through the UN system, with WFP and UNCHR accounting for 85% of these. With so many UN agencies, NGOs and other organizations involved in the relief operations, there was a critical need for a strong capacity at the centre to provide leadership and overall coordination. In regard to refugee operations, UNCHR came close to fulfilling such a role by virtue of its clear mandate, support from host governments (particularly in the case of Tanzania), highly-competent technical coordination personnel, and control over a significant proportion of the funds available for agencies and NGOs responding to the refugee problem – in large part due to a bold decision by ECHO to channel all its funds for refugees through UNHCR.

However, coordination arrangements in relation to other areas and levels of the system were less satisfactory. The fact that the roles of the SRSG, the UNAMIR Force Commander and the Humanitarian Coordinator/Head of UNREO were limited to operations within Rwanda hampered coordination between the policies and operations inside Rwanda and those relating to refugees in neighbouring countries. Within Rwanda UNREO performed several useful functions, though it suffered as a result of its ad hoc status and lack of clarity over its relationship to DHA and UNDP, its relationship with operational UN agencies and its relationship to the SRSG. In addition it did not have adequate resources and some of its personnel (many of whom were UNDP and seconded NGO personnel), lacked emergency coordination experience. Consequently its role was limited, principally to that of information sharing. At the préfecture level within Rwanda, UNREO's Field Offices provided a useful forum for information sharing among NGOs, but technical coordination was the responsibility of other UN agencies such as UNICEF, WHO and FAO. As a result of their initial concentration on developing the capacity of the new government in Kigali, the provision of technical coordination in the south-west with its 300,000 IDPs was slow.

As well as supervising UNREO, DHA undertook a wide range of coordinating actions spanning from the initiation and leadership of the UN Advanced Humanitarian Team to coordination of Consolidated Appeals and the chairing of the Inter-Agency Standing Committee. Whilst assessment of the effectiveness of such non-operational coordination is difficult, it was clear that DHA was

substantially more effective in providing coordination than it had been during the Somalia operations in 1992 when DHA was created. Nevertheless, it was apparent that DHA experienced substantial institutional and financial obstacles and faces continuing uncertainty over its future. By virtue of its lack of control over the funding of UN agencies and ambiguity over its representation in the field, it was unable, despite the best efforts of its personnel, to provide strong leadership and directive coordination. As a result of all the above difficulties in the area of coordination, and the dominance in resource terms of WFP and UNHCR, Study III concluded that the term “hollow core” was an apt characterization of the humanitarian relief system during the response.

The performance of WFP and UNHCR, the two largest agencies within the UN humanitarian system, was of critical importance to the overall response. Though the Team was impressed by many aspects of the performance of the two agencies, the relationship between them was subject to unproductive tensions stemming from the division between them of the general ration supply/distribution chain. Despite development of a detailed Memorandum of Understanding between them, these tensions persist and are likely to continue, given their different perspectives on the same problems and the inherent difficulty of splitting such a critical function between the two largest agencies. One aspect of this split is that accountability is diluted as each may shift the burden of responsibility for problems encountered onto the other. Such tensions resulted in unnecessary expenditures and reduced the effectiveness of their combined actions.

Another principal conclusion drawn from the Study is that the present accountability mechanisms - within the humanitarian aid system are quite inadequate. The Team found remarkable variation in the amount and quality of information on the situation in a given area depending on the agencies - involved. Thus for some areas, especially the refugee camps, detailed information on morbidity and mortality was readily available whereas inside Rwanda such information was extremely patchy. In part this reflected UNHCR's clear coordination role in relation to refugees and the presence of - highly-competent technical coordinators, in contrast to the unclear responsibilities inside Rwanda and the lack of technical personnel within UNREO. Thus large parts of the response could not be properly assessed, either because information on process and impact indicators was not available or it had been collected differently by different agencies. This is an unsatisfactory state of affairs. While accountability to donors is important, it should not be forgotten that relief agencies should also be accountable to the populations they are seeking to assist. The Team was struck by the very limited - attempts by agencies to obtain the views of beneficiaries on the assistance they were provided with. Finally, a potentially more disturbing problem is that in a context of increased concern for profile by, and competition between, humanitarian agencies, the objectivity of their reporting may suffer as a - result of their emphasis on the positive aspects of their programmes and playing down of the negative.

Chapter 1

Methods Employed by the Study

1. Design of the study and composition of team

The unprecedented scale and scope of this study meant that there was no readily available model from the field of emergency aid evaluation as to how it should be carried out. The principal approach and methods used were developed during the initial phase, a process that drew on experience gained during previous emergency aid evaluations and through a process of discussions with members of the Management Group, personnel in the Evaluation Department of the UK Overseas Development Administration (ODA) and personnel in key agencies involved in the response.

Essentially the method adopted by Study III may be seen as a hybrid – attempting to incorporate but extend the usual evaluative criteria with a mechanism for elucidating the principal policy questions for the international community from the experience of the response to the Rwanda emergency. Thus, standard evaluative criteria were extended and tailored to the specific requirements of a humanitarian aid evaluation.¹ The evaluative criteria used by Study III were:

- Appropriateness
- Cost-effectiveness
- Coverage
- Coherence
- Connectedness
- Impact

As well as including the “new” criteria of coverage, coherence and connectedness, the method of assessment attempts to take formal account of the security mandates and resource constraints under which agencies were obliged to operate by using the concept of “humanitarian space”.

The Terms of Reference for Study III posed three possible scenarios, namely:

- i) mass killings, mass movement and social collapse;
- i) stabilization of mass displacement situations, authority vacuum, military offensive and new mass movements; and
- i) consolidation, attempts at re-establishment of authority.

On consideration, this categorization was felt to be too restrictive. So as to take account of the - unusual dynamism and complexity of the events and the humanitarian programmes during 1994, the overall response was instead sub-divided into 11 episodes²:

1. Rwanda: from RPF invasion in 1990 to April 1994
2. Burundi: from October 1993 to late 1994
3. Uganda-Based Operations: April to August 1994
4. Burundi-Based Operations: April to September 1994
5. Protection and Relief Operations in Kigali: April to July 1994

6. Operations within the Humanitarian Protection Zone: end-June to mid-August 1994
7. Refugee Influx into Ngara and Karagwe Districts, Tanzania: end-April 1994 onwards
8. Refugee Influx into Goma area, Zaire: July 1994 onwards
9. Refugee Influx into Bukavu/Uvira area, Zaire: July 1994 onwards
10. Relief Operations inside Rwanda: mid-July 1994 onwards
11. Regional Aspects of the response³

Of these 11, the first two are described, using available documentary sources, but were not evaluated. It was recognized that both these two cases are of direct relevance to Study III: setting the context for subsequent relief operations and even perhaps having some influence upon events inside Rwanda. However, it was felt that for these two to be included within the evaluation proper would result in the capacity of the Study III Team being overextended – a view shared by the Management Group⁴. The evaluation proper therefore covered the response in episodes 3–11. The decision not to evaluate operations inside Burundi or the assistance provided to Burundian refugees from October 1993 onwards reduced the ability of the Team to examine, as fully as possible, what is often referred to as “the regional dimension”. For operations inside Rwanda after July 1994, difficulties were experienced in distinguishing between relief and rehabilitation activities and therefore between the respective responsibilities of Study III and Study IV. A feature of the operations inside Rwanda during the August–September period of 1994 was a rapid shift to rehabilitation activities, except for the continuous provision of relief assistance to internally displaced persons (IDPs), most of whom after August were concentrated in the south-west of the country. For the most part, therefore, Study III coverage of agency activities inside Rwanda after July is concentrated on IDP relief activities in the south-west. During the course of the field work, pressure of time and the volume of material and issues to be examined in relation to refugee relief operations in Goma, Bukavu and Ngara, resulted in a concentration upon these more important cases. Consequently, the operations in response to the smaller refugee movements into Karagwe in Tanzania and Uvira in Zaire were not considered.

Preliminary discussions with selected agencies revealed a remarkably high turnover of field staff. Personnel who had played a key role during the April–December period were no longer based in the region, many having transferred to emergency programmes elsewhere, taken recuperative leave, or dropped out of relief work altogether. It was clear that any fieldwork would need to be extensively complemented by interviews with key personnel involved in the response who had since left the region.

The Team assembled to undertake Study III represented a broad range of skills and perspectives, as well as a mix of nationalities. It was structured around a London-based Core Team of three researchers and administrative support staff and 15 so-called technical specialists with an unusually broad range of skills, including anthropologists and economists, a military specialist, a journalist and fuel-wood specialist, as well as the medical, nutritional, logistical and water and sanitation skills usually found within an emergency aid evaluation team. The time input of the Team members also varied considerably, ranging from the emergency health management specialist at 50 days to two members in an editorial/advisory role with 6 days input each. The total personnel input, including administrative support staff, was equivalent to just over four person-years.

2. Methods employed

Fieldwork in the Great Lakes Region was undertaken in two blocks. A 20-day reconnaissance mission to the sub-region was undertaken during April and May by five members of the Team (Team -

leader, Team economist, coordination specialist, anthropologist, military/medical specialist). The purpose of this first visit was to: interview those personnel involved in the emergency phase; collect documentation not readily available in Europe and North America; and initiate arrangements for subsequent visits by Team members. As well as Rwanda, the five-member mission visited Kenya, Uganda, Zaire and Tanzania. They were joined for one week in Kigali by a sixth member examining security and protection issues. Visits were made to Nairobi, Kampala, Kigali, Goma, Bukavu, Ngara and Dar-es-Salaam. Selected refugee camps were visited in Goma, Bukavu and Ngara. The planned visit to Bujumbura was cancelled, largely for security reasons. The Team's arrival in Kigali coincided with events at the Kibeho IDP camp that made it difficult to meet with key agency and government personnel and resulted in revisions to the travel schedule. During the second block of fieldwork, seven members of the Team visited the Great Lakes region during the June–July period (Team leader, transport economist, both anthropologists, water and sanitation specialist, health management specialist). Their travel schedules were tailored to their own needs and, for the most part, they travelled separately.

Apart from the two anthropologists, all other members of the Team used secondary data. For the most part this involved data collected by the agencies involved in the response, but data drawn from surveys and studies undertaken by other researchers was also used. During March and April, the anthropologists drew up a questionnaire of all the questions that could usefully be asked of beneficiaries, local officials and agency personnel during their fieldwork. Because of the tendency for interviews with beneficiaries in the refugee camps and in Rwanda to draw a wider audience and involve more than the selected interviewee, and the associated problems of confidentiality and thus accuracy of responses, the questionnaire was used more as a checklist of points to be covered in the discussion rather than as a formal survey. For the most part, interviews with beneficiaries were conducted without agency personnel or government officials present, but this was not possible in all cases.

Fieldwork in the region was complemented by extensive visits by different members of the Team to collect documentation and undertake interviews with key personnel involved in the response in France, Belgium, Italy, Germany, the Netherlands, Denmark, Switzerland, the UK, the USA and Canada. In some cases, the same individual was interviewed by different members of the Team on different occasions, with the content of the discussion reflecting the different interests of the Team member undertaking the interview. Team members were encouraged to write up their interview notes in order to share the information. In June, a pack of 130 pages of interview notes was disseminated amongst Team members. During the course of the visits to head offices and offices in the region, documents were copied and in all the documentation collection that was assembled numbered over 2,000 items, which were catalogued on a specially-modified database programme.

Numbers of Individuals Interviewed during the Study (January to September 1995)

In the Great Lakes region	235
In donor countries	245
No. of beneficiaries (individuals and groups)	140

As well as the interviews and assembling of documentation, special investigations were undertaken. One that absorbed a substantial proportion of the time of the Team economist was the compilation of a database of resource allocations during 1994. This involved modifying and complementing the DHA Financial Tracking System (FTS) dataset for 19945 through6

- i) corresponding with the principal official donors on their allocations and expenditures;
- ii) attempting to reconcile any substantial discrepancies between the information provided to the Team by donor organizations, UN agencies and NGOs and that contained within the DHA FTS;
- iii) adding information on onward allocations by the main intermediary agencies, such as UNHCR and Caritas;
- iv) wherever possible, linking resources to the geographical area of final use;
- v) attempting to capture as much of the private flows as possible through correspondence with the larger NGOs and organizations involved in administering public appeals for funding and also through the questionnaire sent to most of the NGOs that operated, or appear to have operated, inside Rwanda during 1994.

The resultant database enabled analysis that would not have been possible using the DHA FTS alone and gave the Team a greater level of confidence in the quality of the data and an understanding of those areas where coverage and accuracy were poor. Principally, these areas concerned private donations through NGOs⁷, the costs of the various military contingents⁸ and support activities and the costs to the neighbouring countries⁹. The combined scale of under-counted private flows and the costs of the military contingents and support operations can only be guessed at, but could well be in the region of \$400–500 million.

As a separate exercise, an attempt was made to contact all of the NGOs that appeared to have been involved in the response inside Rwanda itself and obtain information on their activities. Using the various lists prepared between July 1994 and April 1995 by UNREO and the Ministry of Rehabilitation, and one prepared by the US military in August 1994, it appeared that over 200 organizations¹⁰ had programmes in Rwanda during this period. Contact details for the head offices of these organizations could only be obtained for 177 of these organizations. A short questionnaire was faxed to this group. Responses were received from 61 by 15 September 1995.

Two research papers were commissioned. One, undertaken in support of the work of the media specialist, examined in detail the content of British TV news coverage over a six-day period in July 1994, which included the influx into Goma and the installation of the new government in Kigali. The other commissioned from the French epidemiological research group Epicentre involved the analysis of its datasets to establish the incidence and characteristics of dysentery epidemics in Rwanda and the refugee camps.

Following the second period of fieldwork and the completion of their reports by members of the Team, a workshop was held in the UK in August 1995 at which a draft outline of the main report was reviewed and discussions held to agree on the principal findings and recommendations of the Team. The final report was written by the Team leader with the support of the members of the Core Team and comments on those sections corresponding to their area of input by the technical specialists. Whilst the report relies heavily upon the material and opinions of all members of the Team, not all members necessarily agree with each conclusion and recommendation.

3. Difficulties encountered

Despite the very substantial personnel and financial resources deployed during the study, these were still limited in relation to the scale and complexity of the response. Time did not prove sufficient to pursue certain lines of enquiry and it was not possible to interview all the key personnel that Team

members would have liked.¹¹

Quantitative information on process and outcome indicators was markedly more available for the refugee operations than it was for operations inside Rwanda during the critical relief period. Whilst - detailed information was readily available on, for instance, mortality rates or the volume of water distributed in Goma, Bukavu and Ngara, such information was rarely available for IDP camps inside Rwanda, particularly for those that existed for a few weeks only in the May to August 1994 period in the north and east but also many of those in the south-west. Factors contributing to this situation - include: the disruption caused by the war and the genocide; the extremely difficult and often dangerous working conditions of the humanitarian agencies working inside Rwanda between April and July 1994; and the lack of clear agency responsibility for the coordination of humanitarian activities inside the country, which was in contrast to the clear role of UNHCR in relation to refugees. The fact that all IDP camps had been closed by the start of the fieldwork period further increased the “inside-outside” contrast in the availability of information. Site visits, often a valuable source of information, were no longer a valid option. Interviews with former IDPs who had been returned to their home communes did not prove possible for a combination of reasons, including the difficulty of arranging such interviews with officials and the probability that the former IDPs would feel reluctant to talk - openly about their experiences, given their new situation. Some interviews were carried out with former IDPs who had subsequently taken refuge in Tanzania and Zaire, but these did not fully compensate for the difficulties experienced in Rwanda.

Of the evaluative criteria employed, cost-effectiveness was the most problematic, due to difficulties in obtaining cost information on particular activities. Until now, cost-effectiveness has not been a principal concern of many humanitarian agencies, and agency accounting practices rarely allow for calculations to be made on, for example, the average cost of producing and delivering treated water. The substantial involvement of military contingents and the considerable uncertainties involved in estimating the costs and charging basis of their contribution further increased these difficulties. As a result, the assessment of cost-effectiveness issues is largely confined to the logistics sector, where information on overland and airlift transport costs was more readily available.

A frustrating aspect of the study was that, in order to establish a full and reliable perspective on a particular event or process, it was invariably necessary to obtain information, often involving different and sometimes contradictory perspectives, from personnel spread between several different agencies, some of whom had since moved to other countries. This difficulty reflected the large number of agencies involved in the response and the high turnover of their staff, though the sometimes contradictory nature of their perspectives might also be attributed to agency rivalry and competition. The Team were frequently struck by the readiness with which personnel from one agency, donor agencies included, criticised the activities of other agencies whilst being unwilling to turn a critical eye to the activities of their own agency.

Most agencies responded readily to enquiries by the Team and some devoted considerable staff time to preparing information in response to enquiries by the Team. Nevertheless, it should be said that some agencies were less helpful and were reluctant to provide complete access to internal documentation.

Endnotes

1. These additional criteria are borrowed from Minear, Larry, 1994, *The International Relief System: A Critical Review*. Paper presented to the Parallel National Intelligence Estimate on Global Humanitarian Emergencies, Meridian International Centre, Washington DC September 22 (mimeo).
2. Initially, these were referred to as case studies, but as a result of the enormous variation in the availability of information for different case studies and time pressures, which prevented Team members spending much time in particular locations, the term “case study” was replaced by “episode” in the latter stages of the study.
3. This case study was added to facilitate evaluation of the regional aspects of the response such as coordination and regional logistics operations involving Kampala/Entebbe, Mombasa, Dar-es-Salaam and Nairobi.
4. The difficulty of evaluating relief efforts inside Burundi has subsequently increased with the deterioration of the security situation there. Principally due to the insecurity, the April–May reconnaissance mission did not visit Bujumbura, as had originally been planned.
5. The DHA Financial Tracking System records emergency aid resource allocations by bilateral donors, multilateral agencies and some of the largest NGOs to those operations where the UN has launched a consolidated appeal. Though the DHA requests donors and agencies to provide information on allocations by geographical area and sector, this information is often not available. Though information on the final implementing agency is also requested, this is often not apparent to donors providing block grants to intermediary agencies, such as UNHCR, which allocate substantial funds to other agencies. Due to lack of personnel resources, the DHA Financial Tracking Unit is not able to fill many of the gaps in the information provided.
6. These activities were extremely time-consuming, accounting for at least 50 days of the Team economist’s input.
7. Funding appeals to private donors were mounted in many countries by NGOs or NGO consortia, particularly during the period immediately following the Goma influx. However, the combination of a lack of formal mechanisms for collating private flows and the minimal reporting by NGOs on the use of such funds makes information on private flows patchy and incomplete. Of the two largest NGO consortia capable of capturing official and private flows through NGOS (VOICE for the EU countries and InterAction for the USA), the former ran out of funds to continue a financial tracking/coordination system established in mid-1994 and the latter did not attempt to monitor such flows.
8. Considerable variation exists in the way that governments estimate and deal with the costs of military contingents and military support activities in humanitarian aid operations. In part, this reflects the range of roles in which the various military contingents operated (see Chapter 3), but it also reflects differences in attribution practices. For instance, in estimating the costs of an operation, some governments appear to have used gross costs as their basis, whilst others

appear to have used additional costs. Some covered all the costs from within their defence budgets, but did not report the costs to DHA; some covered the additional costs from within their defence budgets, but reported an estimated cost to DHA, in order that it be counted as part of their national contribution to the overall relief effort; others appear to have charged a portion of the costs to their aid budgets.

9. The DHA database does not record financial or in-kind contributions by countries hosting Rwandese refugees. As discussed in Chapter 7, these flows may be very substantial, though they are extremely difficult to quantify and, at an aggregate level, may be offset by beneficial flows resulting from the activities of the relief agencies in those countries.
10. Some of the organizations were listed only by their acronyms and it is possible that some were not NGOs.
11. For instance, limited time meant that the water and sanitation specialist on the Team was unable to cover the efforts by ICRC, UNICEF and other agencies to maintain and restore water supplies in urban areas.

Chapter 2

Overview of the Emergency and the Response

1. Introduction

The purpose of this chapter is to provide a descriptive account of the emergency and the response to it by the international community, before the report moves on to assess performance in subsequent chapters. It begins by indicating the principal elements of the crisis and the response, using resource flows to convey a picture of how the humanitarian system operated during 1994. It is important to understand that the humanitarian operations in April 1994 were preceded by what became very substantial relief operations inside Rwanda and in neighbouring countries. The development of these programmes from 1990 to early 1994 are described in Section 2.3. The main part of the chapter (Sections 2.4 to 2.10) summarises the humanitarian operations that began in April 1994. The organization of these summaries follows closely, though not entirely, the “episodes” indicated as part of the methodology in Chapter 1.

2. Principal elements of the crisis and the response

The crisis in Rwanda during 1994 and the response to it by the international community was unique in many respects, involving as it did the following elements:

- genocide by substantial elements within the majority ethnic group (Hutu) against the minority (Tutsi), but with moderates within the majority group also being targeted, which resulted in the death of 500–800,000 people and continuing problems of retribution and justice;
- a conventional conflict between the Force Armée Rwandaise (FAR) and the Rwandese Patriotic Front (RPF), in which the front line traversed the whole country between April and July 1994, resulting in an RPF victory and a new RPF-led government;
- the rapid movement of at least 1.5 million refugees into four neighbouring countries and the mounting of substantial and high-profile relief efforts by the host governments, the UN, the Red Cross Movement and NGOs;
- the presence of remnants of the defeated army and militia within the refugee camps;
- the substantial involvement of third-party military contingents, either as part of UNAMIR I or - UNAMIR II, the unique French-led Opération Turquoise, or in a logistical support or humanitarian role in eastern Zaire and Kigali;
- humanitarian activities undertaken by an unprecedented number of agencies, including over 200 NGOs.

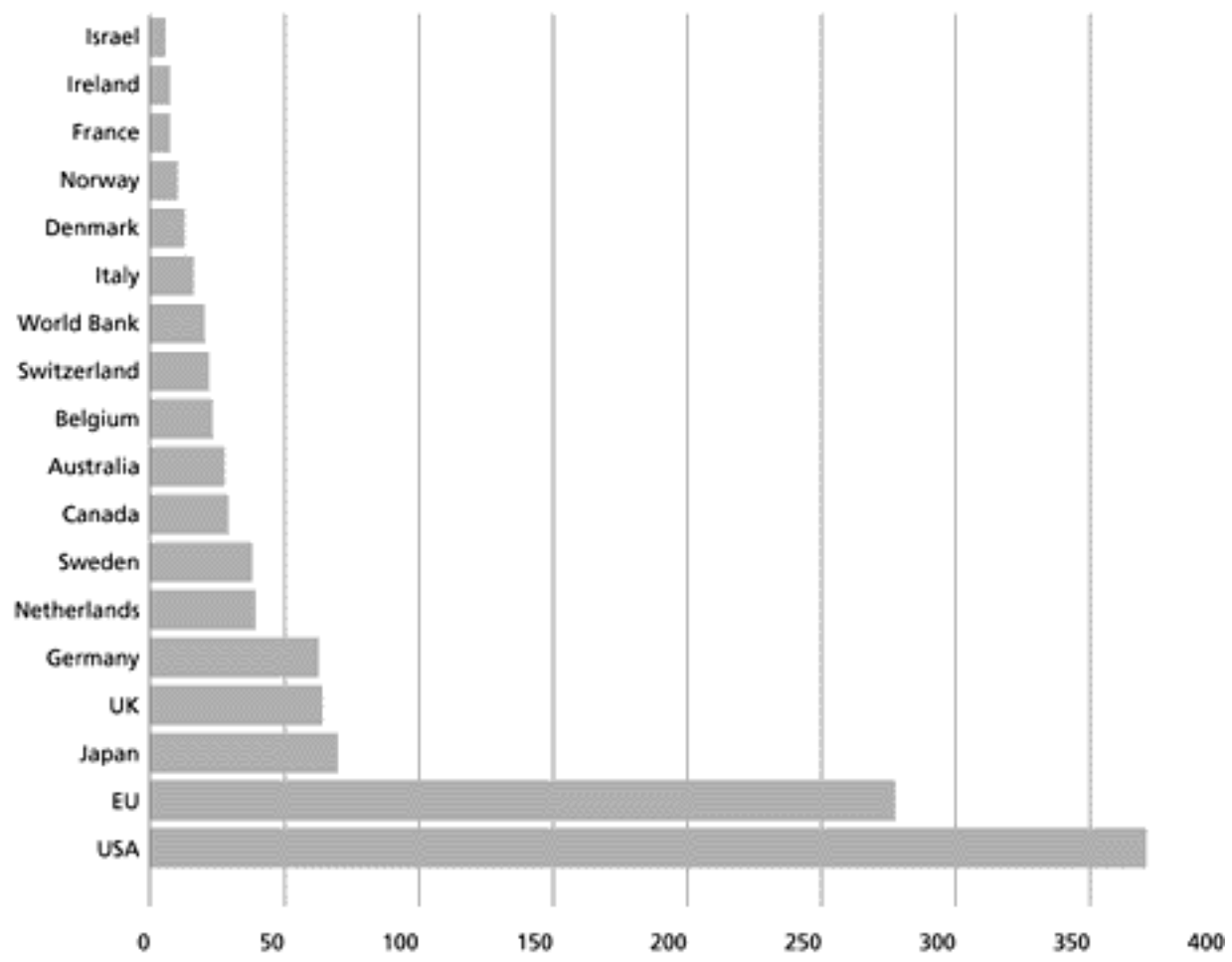
No other recent large-scale humanitarian operation has been so complex or dynamic.

In terms of the scale of the resources deployed, the available data indicates that, over the period April–December 1994, approximately \$1.29 billion was allocated by the international community to humanitarian agencies. It was not possible to determine accurately amounts actually expended, - though it is assumed that, over the year analyzed, expenditures closely matched allocations. If full - account is taken of the costs of the various military contingents and private flows not captured by the

available data sets (see Section 1.2), then it is likely that the total response during this nine-months - period alone was in the order of \$1.4 billion.

Of the \$1.29 billion of recorded allocations, approximately 86% was from official sources, with the remainder from private donors, the bulk of which was channelled through NGOs, national Red Cross Societies and UNICEF National Committees. By a substantial margin, the EU Commission and the US government were the largest official sources of funds, accounting for 50% of total allocations. Figure 1 shows the principal official donors.

Figure 1
Contributions from the main bilateral and multilateral donors (\$m.)



The cost of the humanitarian military activities of some countries is included within their contributions. For instance, the US figure includes the cost of Support Hope, which was US\$106 million. Information on the cost of *Opération Turquoise* was not available.

Approximately 50% of total resources were expended by or channelled through UN agencies, with just two agencies, UNHCR and WFP, accounting for over 85% of all resources expended by or channelled through the UN system. A substantial proportion of this amount was allocated onwards by these two agencies, either in cash or in kind, to NGO implementing partners. The Red Cross Movement (i.e. ICRC, IFRC and National Societies) accounted for 17% of all flows, with the ICRC playing a major role within Rwanda and the IFRC concentrating its efforts on the refugees in neighbouring countries.

The balance of allocations between Rwanda and the neighbouring countries for the whole of 1994 is shown in Figure 2.

In terms of the “balance” of resource flows between the refugees and Rwanda itself, these results are of particular interest, as the new government in Kigali has been claiming that international assistance has been biased towards the refugees. However, great care is needed in pursuing this analysis, as the figure of \$372 million allocated for use in Rwanda includes funds allocated between January and 6 April 1994 (roughly \$50m) and does not separate out the amounts spent in the (Hutu) IDP camps in the south-west between July and December, which the government regards in the same vein as international assistance to the refugees.

Figure 2
Allocation of aid by country during 1994 (in percentage)

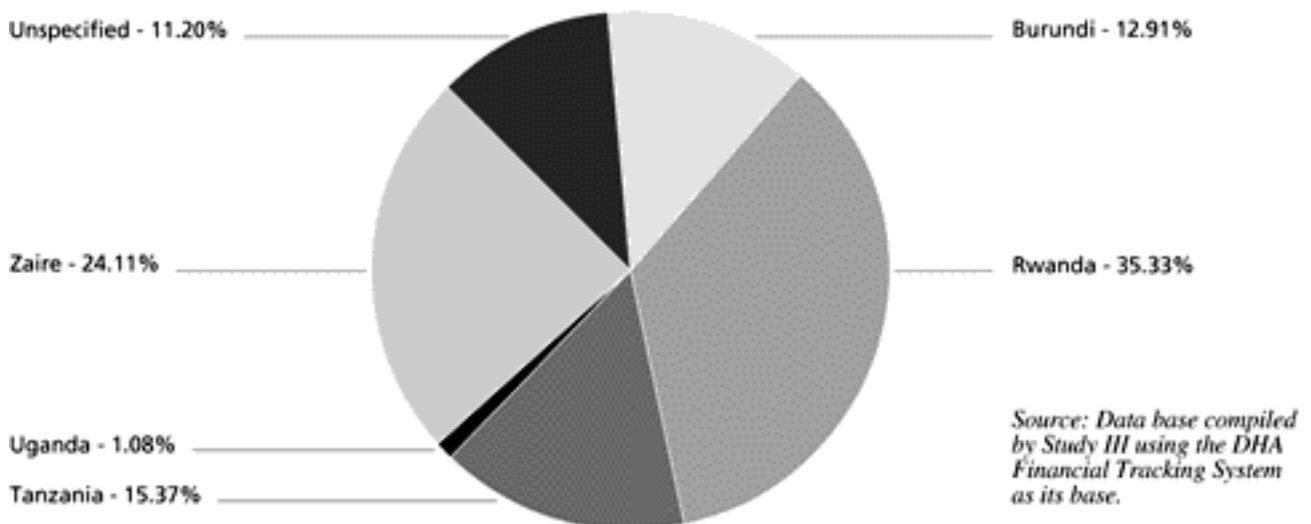
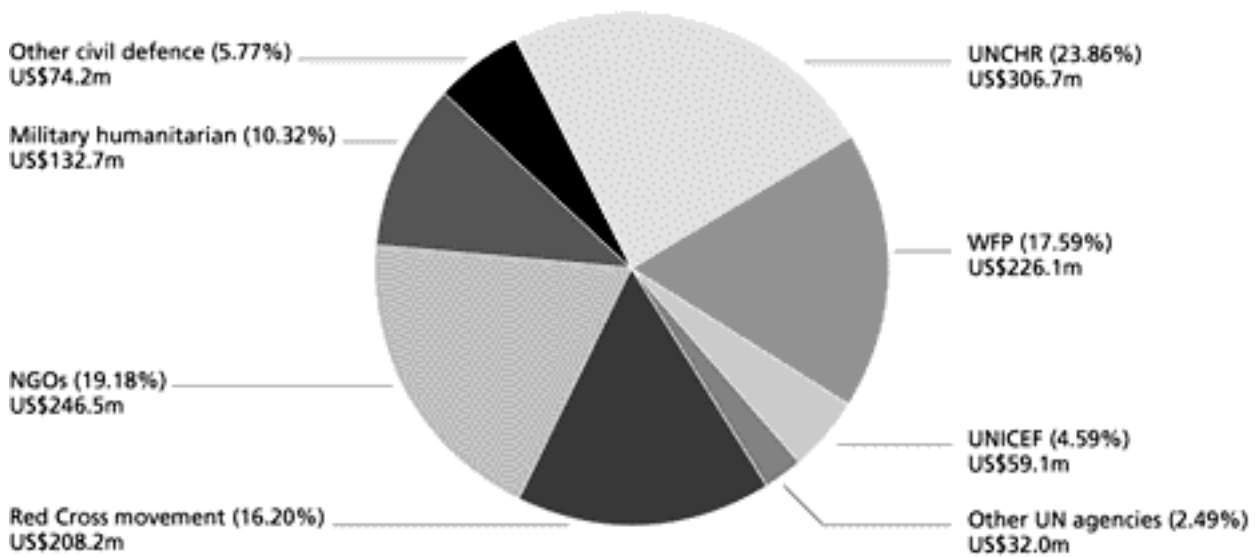


Figure 3
Breakdown of allocation by agency/type of agency during 1994



Source: Data base compiled by Study III using the DHA Financial Tracking System as its base.

3. Humanitarian activities before April 1994

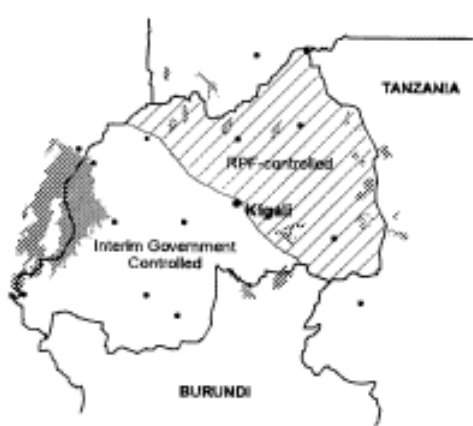
3.1. Rwanda

The October 1990 RPF invasion entered Rwanda at Kagitumba, in the extreme north-east of Rwanda, and advanced as far south as Gabiro before it was repulsed (see Figure 4a). It resulted in the displacement of approximately 30,000 people. The Rwandese and Belgian Red Cross Societies and Caritas were involved in responding to their needs, with support from the EU. The RPF attack on Ruhengeri in January 1991 displaced a further 10,000 and was followed by a spate of killings in the north-west by government officials and militia that claimed the lives of several hundred people of Tutsi origin. Further killings took place in the Bugesera area in March 1991, causing displacements in the south-west. By April there were more than 90,000 IDPs in the country, at which point the ICRC became directly involved in relief efforts.

Figure 4
Approximate location of RPF/FAR front line, September 1993 to July 1994



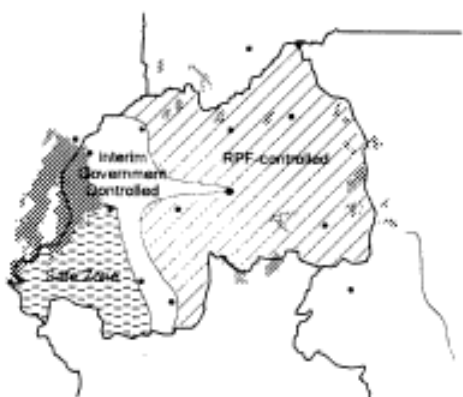
4a Location of the demilitarised zone as of September 1993



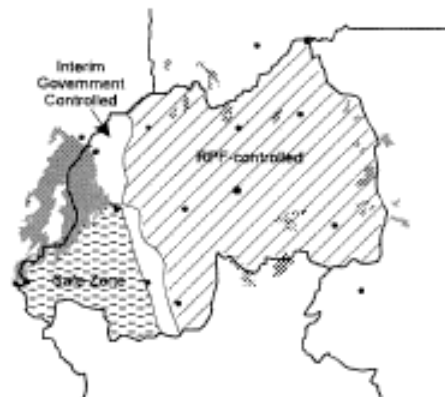
4b Front-line as of May 1994



4c Front-line on the eve of Operation Turquoise (21 June 1994)



4d Front-line as of 1 July 1994 and designated area of Operation Turquoise Safe Zone



4e Front-line as of 14 July 1994

During the first half of 1992, the RPF mounted a series of attacks that left it in control of approximately a 10 km-wide strip of northern Rwanda from Lake Bulera around to the town of Lubirizi and within just a few kilometres of the town of Byumba. This resulted in the displacement of approximately 50,000 people. The general lack of security elsewhere in the northern area prevented many farmers from cultivating their land. By July 1992, when another cease-fire was agreed between the RPF and the government, the numbers judged to be dependent upon external food assistance had increased to 350,000. The instability and violence were not confined to the north. As the number of political parties and the competition between them increased, there were terrorist bombings in Kigali and the north of the country. In May 1992, a demonstration in Kigali led to rioting that left 20 people dead. Killings of dozens of Tutsi also occurred again in the Bugesera area.

Disturbances intensified in January 1993, following the signing of the protocol on power-sharing of the Broad Based Transitional Government (BBTG) agreement by the negotiators in Arusha. The MRND and CDR parties organized violent demonstrations and these sparked anti-Tutsi violence that involved elements of the FAR. In six days, 300 people were killed in Gisenyi; contacts between the negotiators in Arusha were suspended, and on 8 February 1993 the RPF launched its all-out attack along the entire cease-fire line. Within a matter of days, it had advanced to within 25 kms of Kigali but, with military support being provided indirectly by French military advisers, the advance was halted. A cease-fire was agreed in the first week of March, on condition that the RPF withdraw to its former positions.

The February 1993 advance pushed ahead of it the 2–300,000 previously displaced, as well as displacing a similar number for the first time. By early March, the total number of displaced persons was put at 860,000 (though this figure was not accepted by all agencies) spread between scores of camps and population concentrations around public buildings in the northern half of the country. The scale of the relief operations was dramatically increased. Unable to supply Kigali and the IDP camps by overland routes from Uganda, WFP undertook a substantial airlift of 26,000 tonnes of food (- mainly maize grain, but also some beans) from Entebbe to Kigali between February 1993 and mid-July. Thereafter, an overland route was agreed with the RPF. WFP supplied the food to the ICRC and NGOs responsible for supervising distributions within the camps. The Belgian Red Cross undertook non-food distributions, UNICEF provided nutritionists and supplies, and CRS, Caritas, MSF-Belgium, MSF-Holland, Oxfam, CARE and several other NGOs were substantially involved in the response. DHA organised a Consolidated Inter-Agency Appeal covering the period April–September 1993 and in early 1994 provided support to the UNDP office in Kigali.

Conditions in the IDP camps were difficult. Accurate lists of beneficiaries were rarely available and the absence of the local authorities at the distribution sites contributed to a lack of security for relief-agency personnel². Government estimates of the number of IDPs were inflated and, by the middle of the year, it was being claimed that there were 1.2 million. However, it began to emerge that a substantial proportion of the food aid was being diverted (apparently with the involvement of senior government officials) and in addition, many beneficiaries were selling the maize grain because of its low acceptability³. WFP took steps to halt the diversions, including writing to the Prime Minister threatening to terminate food aid supplies, working more closely with the ICRC to improve methods for assessing the number of beneficiaries and improving monitoring⁴. In June 1993, the government and the RPF reached agreement for the safe return of most of the displaced to their homes in the north; about 600,000 had returned to their homes by September, but some 350,000, whose homes were in the RPF-held zone, remained in IDP camps until the events of April 1994.

A drought in late 1993 affected southern parts of the country. An FAO/WFP Assessment Mission, which visited the country in February 1994, estimated a 21% reduction on the previous year's harvest as a result of the drought and the massive population displacements in the north of the country. WFP began preparing to provide food assistance to approximately 250,000 people judged to be most affected by the drought. Distributions, apart from some EU food donated to Caritas, had not commenced by the first week of April and so were never implemented.

3.2. Burundi

The attempted coup of 21 October during which President Melchior Ndadaye⁵ was assassinated produced a wave of ethnic violence in which approximately 50,000 to 100,000 were killed and approximately one million Burundians displaced, 70% as refugees to neighbouring countries. Approximately 375,000 crossed into southern Rwanda and settled in 21 camps along the border, mostly in Butare préfecture, but camps were also established in Cyangugu, Gikongoro, Kigali and Kibungo préfectures. An estimated 245,000 crossed into Tanzania, the majority to Kigoma Region (Kasulu, Kibondo and Kigoma Districts) and the remainder into Ngara District in Kagera Region. Approximately 40,000 Burundians crossed into Uvira Province in Zaire just across the border from Bujumbura, the majority settling at 17 sites, mostly public buildings and churches, though many were accommodated by Zairian families.

UNHCR mobilized its Emergency Response Team (ERT) mechanism and a total of 25 staff were deployed to the region. Charter flights and overland transport were organized from Nairobi to move non-food items and equipment to the affected areas. In Rwanda, with their continuing IDP programmes, agencies were able to divert supplies and personnel to the south of the country comparatively quickly. However, the spontaneous sites were cramped, densely-populated and difficult to reach. Supplies of clean water and sanitation arrangements were poor and water sources - became polluted. High rates of dysentery and malaria were experienced. Though quick to respond, WFP was unable to provide a full ration, in part, it seems, because of lack of funds to carry out local purchases; high rates of malnutrition occurred from November through to January, when the situation was brought under control. Some camps experienced mortality rates 20 times the normal rate, which on average in developing countries is about 0.27/10,000/day.

In Tanzania, the situation was even worse. The refugees were stretched over a distance of 500 kms - initially in 50 sites, many of which had less than 2,000 refugees and were difficult to reach as it was the wet season. Once again, water and sanitation were particular problems. High rates of dysentery and malaria were experienced and a measles outbreak occurred at the end of the year. Few NGOs were working in the area - the principal ones involved were MSF-France, MSF-Belgium, Concern, the Tanzanian Red Cross (IFRC-supported), IRC, Tanganyika Christian Refugee Service and Caritas. Because of this limited number, both UNHCR and WFP had little choice over their implementing partners and some apparently performed very poorly. Whilst WFP had ready access to the Tanzanian Strategic Grain Reserve, its ability to procure and ensure regular supplies of vegetable oil, beans and corn-soya-blend (CSB) was limited and the nutritional value of the general ration was quite inadequate. The local population provided supplies initially, but these were soon exhausted. Malnutrition, morbidity and mortality rates increased substantially to very high levels in several camps. Surveys in some camps revealed mortality rates 40 times higher than expected. A survey of camps in Kibondo District estimated that 43% of the deaths were due to malnutrition⁶. A refugee population, which had arrived in reasonable health, experienced a famine. Accurate estimates of the numbers who died are not available, but it was certainly in the thousands.

The relative significance of the logistical difficulties, inadequate resources and management factors in contributing to the increased mortality are difficult to gauge. Certainly, resourcing was a particular problem for WFP: its specially-created Immediate Response Account had received only \$12.4 million of the \$30 million target set for 1993 by WFP's governing body⁷ and the response by donors to its \$17 million appeal for a regional emergency operation sent to donors in mid-November was slow and inadequate. This considerably hampered its ability to make local purchases and fund the additional logistical and personnel capacity required, particularly in Tanzania. Consequently, WFP was - obliged to draw \$5 million from DHA's Central Emergency Revolving Fund at the end of December. Whilst the response to UNHCR's appeals was also inadequate and slow, it appeared to have more readily-available resources, being able to release \$8 million from its own Emergency Fund in late October.

By early 1994, the situation in Burundi had improved and, with the poor conditions in the camps, many refugees began returning. By the first week of April, approximately 60,000 were still present in Tanzania, 50,000 in Rwanda and 40,000 in Zaire.

4. Operations in and around Kigali

Almost immediately after the Presidential plane was shot down on the evening of 6 April, roadblocks were set up around Kigali and killings began. The RPF contingent based at the Parliament building - fought its way around the city to avoid being pinned down and also to rescue some Tutsi. This action and clashes among some FAR units resulted in heavy fighting and contributed to the initial confusion over the systematic nature of the killings of civilians by the interahamwe, often with the support of some elements of the FAR and the gendarmerie.

In the first few days, the international community's efforts were focused on the evacuation of foreign nationals. US nationals were evacuated by vehicle convoy to the Burundi border whilst other nationalities were mostly evacuated by Operation Amaryllis, a combined French, Belgian and Italian operation, which took place in the Kigali area between 9-13 April and involved 1,100 troops. Many of those evacuated witnessed killings and were aware that their Tutsi colleagues and neighbours were being left to their fate.

Within 10 days of the shooting down of the Presidential plane, the only international agencies with an effective presence in Kigali were UNAMIR (joined on 22 April by UNAHT, the UN Advance Humanitarian Team) and the ICRC. Both UNAMIR and the ICRC provided protection to a substantial number of threatened civilians in and around Kigali⁸. Some 10,000 people had congregated at the Amohoro Stadium, where UNAMIR was able to guard the entrances. Other concentrations were the Saint Famille Catholic Church and the King Faysal Hospital. Most had made their own way to these locations, but many were transported there by UNAMIR and ICRC. Until mid-July, when the RPF finally took control of the city, movement was extremely hazardous. On one occasion, Red Cross ambulances were stopped and the patients inside killed, and the Stadium and the Central Hospital shelled with the loss of several lives, including ICRC local personnel.

In addition to its protection activities, the ICRC's efforts focused upon the provision of surgical and medical care to civilians and combatants at the Kigali Central Hospital and an emergency surgical hospital set up next to the ICRC compound in Kyovu. Nine MSF-France personnel remained in Kigali attached to the ICRC, which faced such high levels of violence and lack of respect for its neutrality that its ability to operate effectively was severely limited.

UNAMIR concentrated its rapidly-declining force in Kigali at its base near the Amohoro Stadium not far from the international airport. Except for periodic interruptions caused by fighting between the RPF and the FAR, the airport was kept open until 7 June when heavy fighting forced its closure for one month. Between April and June, twice-daily flights were operated by Canadian Air Force Hercules planes bringing in supplies for UNAMIR, limited relief items and media teams and taking out withdrawing UNAMIR contingents. On 20 April, UNAMIR's Humanitarian Assistance Cell was reinforced by a UN Advance Humanitarian Team, including personnel from WFP, UNICEF and DHA and, on occasions, UNHCR and WHO. With UNAMIR support, the UNAHT jointly assessed needs in those besieged population groups who were accessible and, where possible, attempted to provide them with relief supplies. As well as security, the priority needs were water (as the municipal system had stopped functioning) and ready-made food, in that order. However, these operations were severely hampered by the lack of security and the quantities of relief provided were limited to just a few tonnes. The realization that the opportunities for providing relief in Kigali contained high levels of risk led other relief agencies to concentrate their attention on cross-border operations from Uganda and Burundi.

Substantial food and relief stocks were located in warehouses around Kigali⁹, but either could not be reached or it was felt that attempts to undertake distributions would attract violence. In June, WFP personnel in UNAHT decided to abandon efforts to utilize existing stocks in Kigali and to bring in supplies from Nairobi, as UNICEF had begun doing a few days earlier, but the closure of the airport as the battle for Kigali intensified prevented this taking place. At the beginning of July, the RPF - advance enabled overland convoys to reach Kigali from Uganda. As the RPF took control of the city, severe looting took place, and even when the RPF was in control of the city, WFP was not allowed - access to all its warehouses.

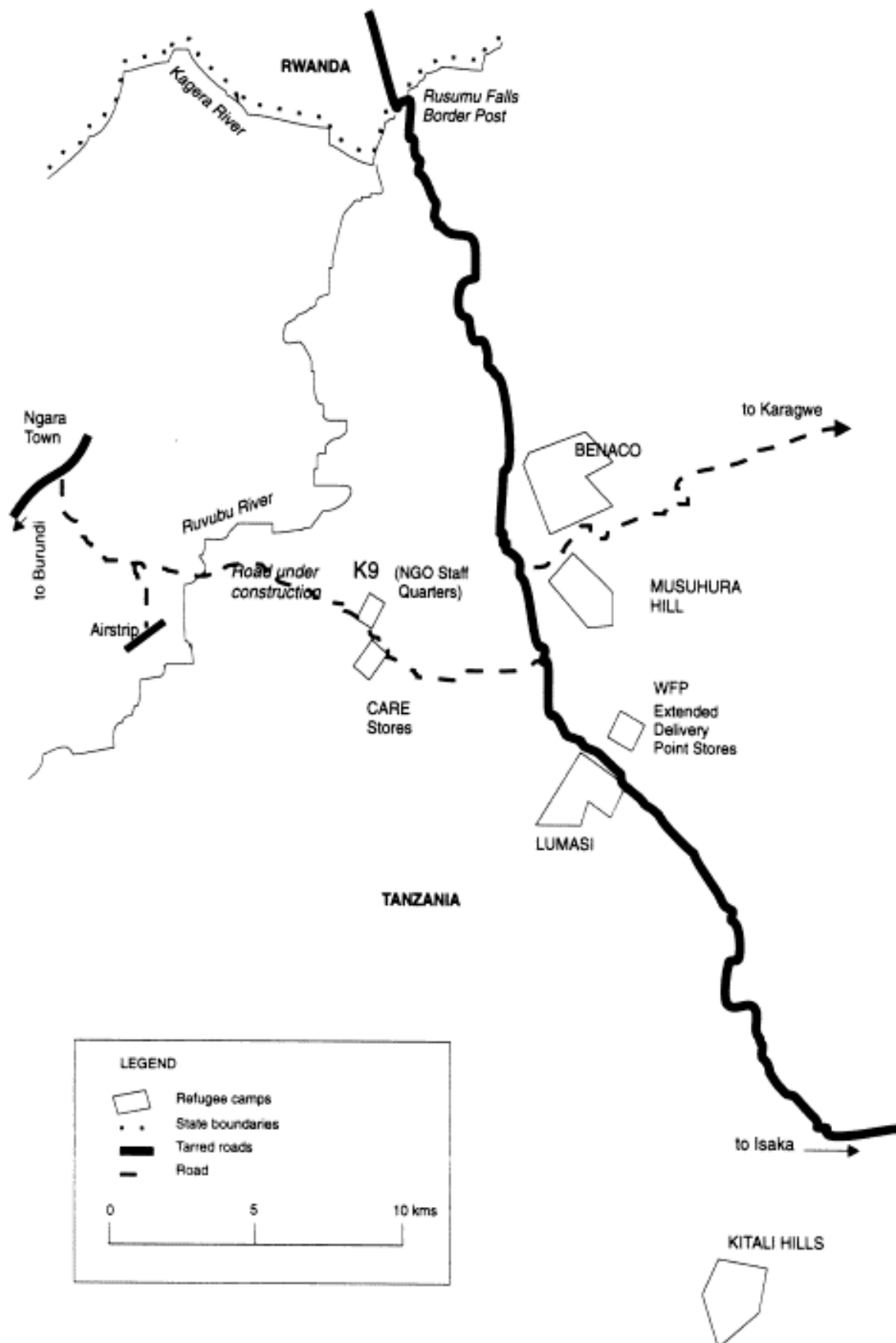
5. The Ngara/Karagwe influx

The start of the genocide resulted in the almost immediate arrival of Rwandese (predominantly Tutsi) in Uganda, in eastern Zaire and in Ngara district in Tanzania, though, compared to later flows, the numbers involved were limited¹⁰. During the second and third weeks of April, UNHCR deployed Emergency Response Teams to Tanzania, Zaire (Goma and Bukavu) and Burundi with the objective of assisting with the response to the Tutsi refugees and to prepare for subsequent outflows from Rwanda. In Ngara District, HCR already had a sub-office, opened in late 1993, as part of the - response to the Burundian refugee influx¹¹, and had established working relationships with several NGOs.

The Emergency Response Team began working in the area on 20 April and, by the morning of 29 April, had identified, together with District officials, a site for a "transit" camp next to the tarred road from Rusomo Falls to Isaka (see Figure 5). The site covered a low hill, named Benaco after an Italian road construction company that had previously worked in the area, and next to it was a small artificial lake.

Figure 5

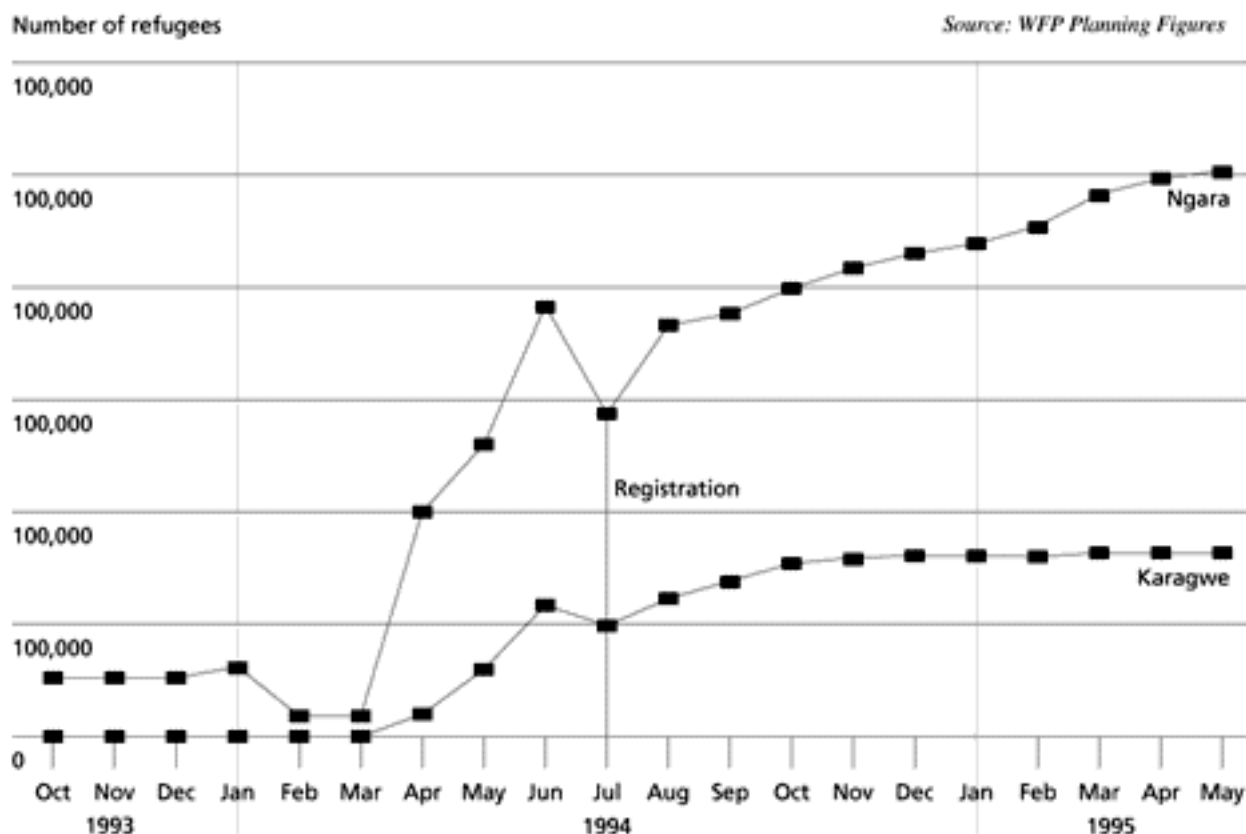
Location of refugee camps in Ngara district (Tanzania)



On the evening of 29 April, an influx of Hutu fearing a southward advance by the RPF began from the eastern préfectures of Rwanda. The population was largely farming households and the militia was not greatly evident. Unlike the later influxes into Goma and Bukavu, FAR troops were not present. But 25 hours after the start of the influx, an RPF platoon arrived at the border post and halted the flow. The initial estimate of the numbers that had crossed during this brief period was 300,000, but this was subsequently revised down to 170,000. The flow was directed to the Benaco site. Media coverage during the first few days was substantial, partly because of the scale and rapidity of the influx and partly because there were many journalists returning to Europe on their way back from covering the first multi-racial general elections in South Africa. However, the influx presented the first occasion for the news media to obtain a dramatic and visually powerful story of the Rwanda tragedy, which until then had been characterized by complex and confusing story lines and very limited access to Kigali.

Within a few days of the establishment of the Benaco camp, influxes occurred in Karagwe District further north and more refugees continued to arrive in Ngara, where new camps were opened, partly in order to accommodate the new arrivals and partly to reduce the congestion in Benaco (see Figure 6). By October, there were an estimated 400,000 refugees in Ngara and 155,000 in Karagwe. In Ngara, additional sites were established in July (Lumasi Camp), August (Musuhuru Camp) and in February 1995 (Kitali Hills Camp).

Figure 6
Graph showing growth in refugee population in Ngara and Karagwe districts
 October 1993 to May 1995



The response to the influx at Benaco was highly impressive. UNHCR ERT members from Zaire and Burundi were redeployed to assist those already in Ngara. The Tanzanian authorities formally requested UNHCR to coordinate the operations, giving the ERT considerable clout in allocating responsibilities to the NGOs that were present. Mwanza (200 kms away) was identified as the nearest suitable AirHead. The first food distributions were carried out within 2 days of the influx by the IFRC, using supplies it had been building up in anticipation of cross-border operations into Rwanda. Fortuitously, an Italian/Tanzanian road construction company had substantial capacity in the area and was contracted by UNHCR to cut a protective ditch around the lake and to establish roads into the Benaco site. MSF, subsequently assisted by Oxfam, quickly established a system to pump, store and distribute water from the lake and MSF-Holland, AICF and Concern established health services in Benaco. CARE took responsibility for food and non-food stores management, and CARE, Concern and the IFRC shared responsibility for the general ration distributions using WFP-supplied commodities. Responsibility for sanitation and hygiene education within the camps was shared between CARE, MSF-Holland, IRC and IFRC. UNICEF provided supplementary foodstuffs, medi-

cines, an emergency borehole drilling team from Uganda and education services.

The donor response was prompt and, compared to the Burundian influx six months earlier, comparatively generous. The UK ODA provided a logistics team and airfreighted a steel bridge to improve access between Ngara town and Benaco¹³. Under a pre-existing support arrangement with UNHCR, EMERCOM¹⁴ provided large transport aircraft and six-wheel-drive vehicles, which proved ideal for operations in the area when the rains started soon after the influx. By providing substantial funds to UNHCR, which then entered into funding agreements with those NGOs it wished to undertake particular management and implementation responsibilities, ECHO considerably strengthened UNHCR's coordinating role. Anxious to prevent an influx of NGOs and a dissipation of effort, the UNHCR Coordinator limited the numbers who could work in the camps to those already present and those, such as CARE, whose specialist skills were clearly required¹⁵. Roles were clearly allocated between the various agencies and a highly collaborative approach was established.

Initially, most agencies appear to have paid little attention to the genocide, the presence of the militia and the implications for the power structures in the camps. On 15 June, what came to be known as the Gatete incident¹⁶ resulted in the temporary withdrawal of agencies from Benaco for 2–3 days (15 days in the case of MSF-France) and forced an awareness of the presence within the camps of those suspected of involvement in the genocide and the potential for violence against agency personnel.

Despite the excellent response in the initial phase, the status of the operation has remained fragile. The food supply pipeline was not able to build up a satisfactory operating stock until 1995 and has remained, in effect, a “ship-to-mouth” operation (see Chapter 5). The lake next to Benaco has been unable to provide satisfactory supplies of water and attempts to complement it from other sources have not been very successful (see Chapter 4). In mid-July, Goma and to a lesser extent Bukavu became the focus of attention and resources and personnel were transferred to the massive operations in eastern Zaire¹⁷. The number of refugees increased steadily and this made planning difficult. The total refugee population in Ngara District in May 1995 was double that of May 1994.

6. Cross-border operations from Uganda

Several thousand Rwandese (predominantly Tutsi) fled to Uganda during the second week of April 1994 and were accommodated in camps in Mbarara District. On 12 April, the RPF forces moved across the demilitarized zone (DMZ) and began advancing southwards towards Kigali and down the eastern side of Rwanda, reaching Rusomo Falls by the end of the month. Subsequently the southern frontline between the FAR and RPF swung westwards (see Figure 4). Many, perhaps the majority of people in the préfectures of Byumba, Kibungo and parts of Kigali fled their homes ahead of this advance. In late April, tens of thousands began crossing to Karagwe and Ngara Districts in Tanzania. Others moved westwards, becoming IDPs in the FAR-controlled areas of the country.

Within the RPF-controlled areas, a substantial proportion of the population was temporarily displaced and gathered in and around public buildings and pre-April IDP camps. This displacement was not just the result of the fighting but also the RPF's action in screening the population, so as to identify the militia and those who participated in the genocide¹⁸. There was considerable flux in these populations though it appears that the number of locations with significant concentrations (i.e. above 500 people) numbered around 30. WFP and ICRC, which had been providing assistance to IDPs in northern Rwanda from Uganda prior to 6 April, gained agreement from the RPF to provide relief

assistance in the area it controlled. WFP undertook an assessment at the end of April and began transporting food across the border to IDP camps on 2 May¹⁹. Discussions involving WFP, the ICRC, UNREO, UNICEF and UNAMIR, and subsequently the RPF and the FAR, resulted in agreement on six Operating Principles for agencies working inside Rwanda. In addition, a geographical division of labour was agreed between WFP and ICRC: WFP took responsibility for the north-eastern areas down to Kayonza and the area around Byumba (an estimated 95,000 people); and ICRC took responsibility principally for the north-west area around Ruhengeri, but also for the former ICRC caseload of IDPs in the north and for people who had escaped to Byumba from Kigali, involving an estimated population of 100,000. During the May-July period, WFP distributed between 2–3,000 tonnes in its area of responsibility and ICRC distributed 10,000 tonnes. UNICEF undertook immunization activities, supported an assessment mission in conjunction with personnel from the US Centres for Disease Control and Prevention and later supported efforts to harvest the standing crops.

As awareness of the developing genocide increased, the RPF tended to be seen as the aggrieved party by many relief organizations. Following the reduction in the UNAMIR force, some saw the RPF as the group best placed to stop the killings by advancing and taking territory. Agencies whose staff had been evacuated from Rwanda, also other agencies with no previous experience in Rwanda, assembled in southern Uganda, mostly in the town of Kabale, during April and May 1994. Because of the insecurity and lack of access to the rest of the country, these agencies were anxious to establish (and be seen to establish) relief programmes inside Rwanda. By June, approximately 40 NGOs were involved in relief and rehabilitation activities in RPF areas. The RPF closely controlled the activities of all agencies. For instance, all UN and NGO vehicles had to be accompanied by a “guide” and only a select group of NGOs, including MdM, MSF, CARE, SCF, World Vision and Samaritans Purse, were allowed to remain inside Rwanda overnight²⁰. The majority of NGOs therefore had to cross the border every morning and return to Uganda every evening²¹. Soldiers were present in the camps and surveys of any sort were discouraged, particularly the monitoring of mortality and those involving close questioning of the IDPs.

Coordination amongst the agencies appears to have been poor, probably as a result of the intense competition between them and also the RPF’s close control of their activities. For instance, ICRC was critical of WFP for not supervising (or ensuring supervision by an NGO partner) the distribution of its assistance, and so, in effect, handing over distribution to RPF refugee affairs personnel or local leaders. Two NGOs involved in drug distributions (Memisa and PSF) would not cooperate with each other²². In addition, local personnel of some agencies appear to have developed an uncritical, sympathetic relationship with the RPF. One NGO supplied the RPF with 4,000 litres of diesel fuel, supposedly for running water pumps, though the UNAMIR Force Commander believed it was used for RPF vehicles²³. On one occasion WFP staff in Kampala offered to maintain trucks which had been “borrowed” from the WFP vehicle store in Kigali and were being used by the RPF in the north-east²⁴.

As the RPF pushed westwards in June and July, its screening programme in the north-east was ended and people returned to their communes. Rwandese refugees who had been living in Uganda for up to 30 years also began returning. Several agencies began distribution of seeds and tools in northern and eastern areas in July.

7. The Goma influx

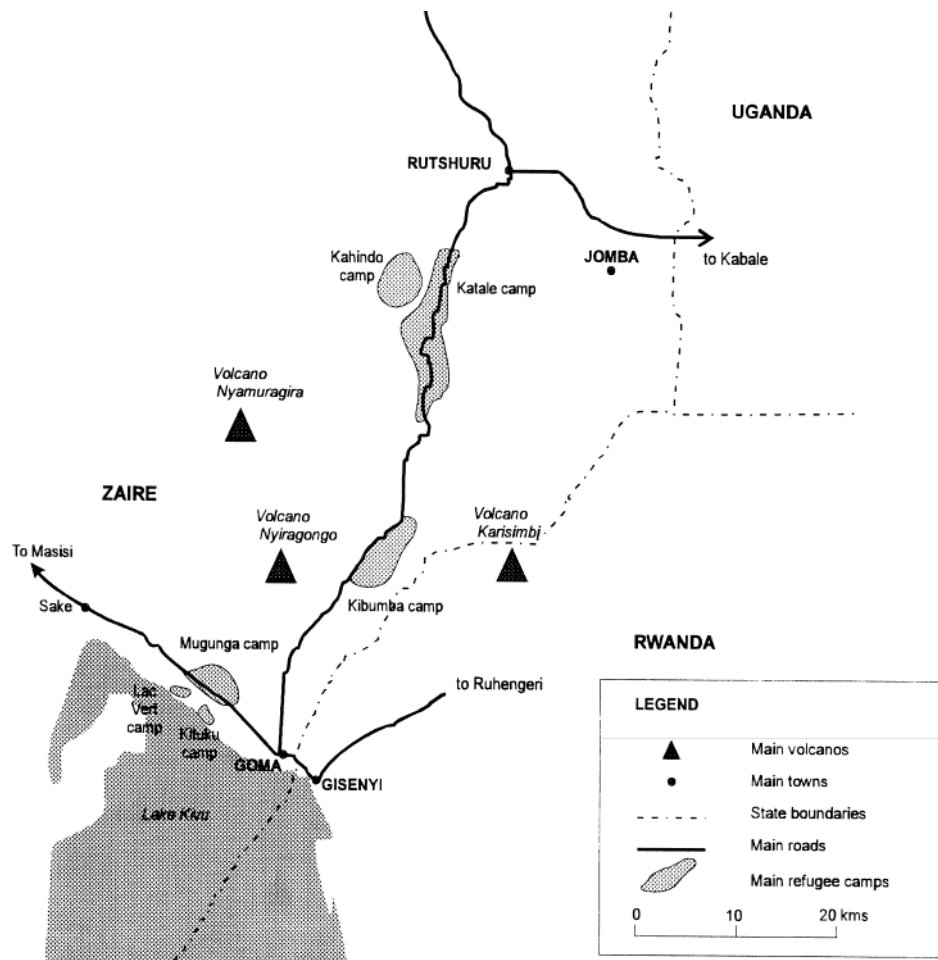
The influx of approximately 850,000 Rwandese refugees (almost entirely Hutu) into North Kivu

Province between 14–18 July 1994, in terms of its scale, rapidity and geographical concentration, was without precedent, certainly in Africa and possibly even globally. The extent to which there was warning of the influx and preparation for it is discussed in Section 6.2. The influx was caused by the military successes of the RPF which captured Kigali and Butare at the beginning of July and then Ruhengeri on 12 July. Displaced by the fighting and fearing for their safety if they remained in areas soon to be captured by the RPF, large numbers of civilians, accompanied by retreating elements of the FAR, moved westwards in the direction of Kibuye and Gisenyi. With the fall of Ruhengeri, the interim government, which had been based in Gisenyi since mid-June, called upon Hutu to vacate the country and within the next few days much of the civilian population in the north-west of Rwanda and the IDPs from other parts of the country moved across into North Kivu.

The mass influx began during the night of 14 July and continued until 18 July, when RPF forces - arrived at the border and sealed it. Initial estimates were that up to 1.2 million refugees had crossed, but in the light of subsequent revisions, the number appears to have been around 850,000. The majority crossed from Gisenyi town to Goma town, with many walking across the unfenced airport. However, perhaps 300,000 crossed the border well to the north of the town, notably at Kibumba 27 kms along the north axis road to Rutshuru (see Figure 7). Those entering Goma were encouraged to keep moving through the town, with most initially being directed on the north axis towards Kibumba and Katale by UNHCR and NGO personnel. Between Goma and Katale, much of the terrain is waterless lava fields, and the distance to the planned (but still unequipped) site at Katale was too great for many of the refugees: hundreds died of dehydration during the long walk up over the lava - fields towards Katale, whilst tens of thousands decided to settle at Kibumba, a wholly inappropriate location, 27 kms from the nearest water source, Lake Kivu.

Figure 7

Camps in the Goma area



Elements of the FAR were mixed in with the initial influx, but with the fall of Gisenyi on the 17 July, the rump of the FAR crossed the border and, apparently, as a result of a prior agreement with the provincial authorities, were allowed along the west axis road, where they established military camps near the shore of Lake Kivu beyond Mugunga. The FAR was immediately followed by refugees, who established a camp alongside the road at Mugunga.

The first case of cholera was diagnosed on 20 July and spread rapidly throughout the whole population²⁵. In the clinics that had been set up, the number of cases peaked on 26 July with the body collections peaking two days later. As many as 30,000 people died as a result of the cholera epidemic, which by the end of the first week in August, had effectively run its course. Thousands of deaths also resulted from other causes, principally: a dysentery epidemic that began after the start of the cholera epidemic but continued longer; straightforward dehydration (lack of fluid intake) in exhausted but otherwise healthy refugees; and by violent deaths resulting from the lack of security. In all, an estimated 50,000 refugees died in the first month following the start of the influx.

Despite some preparedness for the influx by the few agencies present (see Section 6.2) such capacity, and that of the local authorities, was quickly overwhelmed by the scale of the influx. For instance, when it started, only four water tankers were in operation (those hired and managed by MSF-Belgium) and UNICEF and it was over two weeks before more were added to the fleet. Attention - focused on the need to airlift in trained personnel and supplies of equipment and food and non-food items for distribution. The first planes arrived with supplies and personnel on 16 July and airlift operations grew rapidly.

An unusual feature of the operation was the nature of the terrain in the area, which was predominantly recent volcanic lava flows, which made it almost impossible for tired vehicles to leave the road and enter the concentrations of population. One consequence of this was that the roads were heavily congested by people moving between Goma and the camps, vehicles (some of them FAR military vehicles) were left where they had broken down or run out of fuel, the bodies of those who had died were left on the road for collection, and market stalls set up along the roadside. Relief traffic could only move slowly along the main axes. In addition, it made site planning and the location of services, such as clinics and food and water distribution centres, extremely difficult. Even the sinking of fence posts into the ground to ensure security of agency facilities and assist crowd control was - severely hampered. Though the French military provided some heavy equipment and some was - brought by the US military, the provision of substantial additional heavy equipment became a critical need. However, the response to requests by UNHCR and other agencies was severely delayed and it was not until the third week of September that the equipment arrived (see Section 4.3).

The influx and the subsequent cholera epidemic received extraordinary media attention. By the end of July, an estimated 50026 journalists and media technicians were in the Goma area, and scores of satellite transmission dishes established at the airport. The substantial coverage and the visual impact of the scale of the suffering contributed to a massive response by governments and the public around the world. Approximately \$200 million was spent on the relief efforts in Goma over the five-month - period from mid-July to the end of December²⁷.

On 20 July, the same day as the first cholera case was diagnosed, UNHCR issued an urgent request to donor governments to “commit themselves to providing services as defined in eight packages”²⁸. This request coincided with, and contributed to, the mobilization of several large-scale military/civil - responses that encompassed many of the areas identified by UNHCR²⁹.

Thus the US Operation Support Hope, which began fielding military units in Goma on 24 July - included: making available a substantial airlift capacity based in Germany and Entebbe; operation of water purification equipment and delivery and operation of water tankers; securing of the airport perimeter and management of aircraft and cargo; and provision and operation of road and site preparation equipment. On the day the US forces arrived in Goma, an airdrop of food commodities and clothing near Katale was organized amid considerable media coverage, using three C-130 transport aircraft from Entebbe³⁰. It is unclear how many US military personnel were based in Goma at any time, but it is thought to have been around 300. In addition to the water purification and distribution role of the US military, the US government also commissioned a private company (PWSS) to deliver and operate a large-capacity pump to pump water into water tankers from Lake Kivu, where chlorine was added before the water was taken to the camps, principally Kibumba.

The German government provided water purification and pumping equipment and a sizeable team of

engineering and logistics specialists from Technisches Hilfswerk (THW), also three military cargo aircraft based at Nairobi. The Israeli military provided and operated a military field hospital in Goma for a five-week period until the end of August. The Dutch military fielded a mixed logistics/water transport and medical contingent of 108 personnel from the end of July until the first week of September. Through its International Peace Co-operation Corps, the Japanese Self-Defence Forces - fielded a 423-person contingent in Goma and Nairobi from the second week of October until the third week of December. Their principal activities were a medical team attached to Goma City Hospital and a water team, which took over the role of the Swedish Relief Team when it left in October. In addition, other governments, such as those of Sweden and the UK, provided teams working in different sectors. Whether all these activities adhered to the original concept of self-contained packages envisaged by UNHCR is questionable.

The existence of the airport in Goma and the scale of the airlift operation was critical to the initial phase of the response. Between the end of July and the first two weeks of August, the airport - received an average of 40 flight arrivals each day³¹, peaking at 75. Initially the local airport management and cargo handling capacity was supported by the French military but was subsequently complemented by personnel provided by ODA and other donors. With the arrival of the American military on 24 July, the management of the airport was largely taken over by the US. Many of the aircraft involved in the airlift flew direct to Goma from North America, Europe and elsewhere, but many also operated a shuttle service from Entebbe (where the US military established its main support base and UNHCR operated an AirHead) and Nairobi. The airlift was coordinated from 20 July by an AirCell located in UNHCR offices in Geneva³² to which several governments seconded civilian and military personnel to assist.

From the three international NGOs present in Goma at the start of the influx, the number leapt to an estimated 100 by September. The scale of the needs but also the intense media coverage contributed to the unprecedented number of NGOs and resulted in prominent displays of agency logos³³. This unprecedented number included many new to humanitarian operations in Africa. Many focused their activities on the provision of health care (particularly cholera treatment) and the care of unaccompanied minors. In contrast, few were prepared to work in the sanitation sector or undertake body - burial³⁴. Many NGOs made a substantial and in some cases critical contribution to the overall effort. Nevertheless, many had problems in fielding appropriately skilled personnel who could speak French, and it is questionable whether the standard of assistance provided by some agencies was acceptable (see Section 4.4). The large number of NGOs arriving in the space of 2–3 weeks placed enormous - demands on UNHCR's ability to coordinate the operations. UNHCR was able to field a highly competent team³⁵ that was well-resourced, largely as a result of a very substantial donation by ECHO.

By September, the situation had been stabilized and the morbidity and mortality rates dramatically - reduced. The US military had withdrawn from Goma by 25 August and the UNHCR-coordinated airlift ended on 30 September. Work on improving the delivery of health and other services continued. Aggregate food supplies for the general ration distributions were more or less adequate, though considerable problems were being experienced with the distribution mechanisms used within most camps and the resultant inequity in the rations received. The level of insecurity remained high, much of it the result of actions by the militia and local Zairian troops. A group of 15 NGOs joined together to lobby for more effective action to address the security situation and in November called upon the Security Council to provide UN troops to police the camps. Protesting at the lack of security and the questionable morality of assisting those involved in the genocide, who were now regrouping to con-

tinue their struggle, MSF-France withdrew its personnel simultaneously from Goma, Bukavu and Ngara/Karagwe³⁶.

8. The Bukavu influx

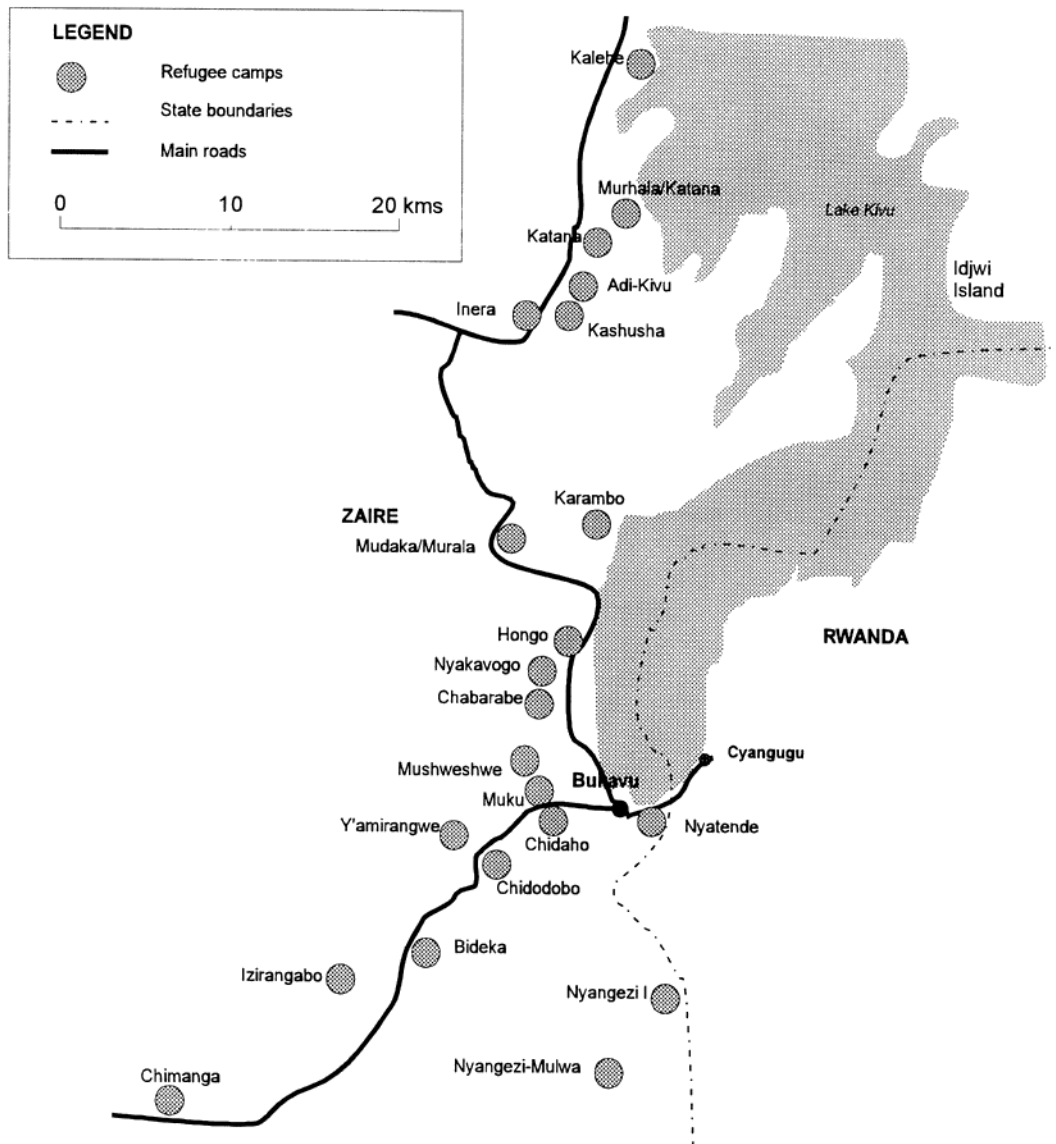
The majority of the Burundian refugees who crossed into South Kivu in October 1993 were concentrated in the Uvira area and only a limited number settled in Bukavu. Following the start of the genocide inside Rwanda, approximately 10,000 Rwandese (principally of Tutsi origin) crossed into the Bukavu area, settling in temporary camps on Ijwi Island, on the Birava shore and in the town itself. Subsequently, these were moved to planned camps at Nyakavogo, Nyangezi and Nyatende. In July, when refugees of Hutu origin began arriving in Bukavu in massive numbers, the Tutsi discretely - returned to Rwanda and within a few days the population of the three camps changed completely.

As with Ngara and Goma, some preparations were made by relief agencies to cope with a large - influx of refugees. The ICRC opened an office in the town and at the end of April UNHCR dispatched ERT members and consultants to Bukavu to assist the sub-office with the Tutsi caseload and to plan for a larger influx should the need arise. In June CARE-UK opened an office in Bukavu. However, by July when the large influx began it appears that these personnel had left the area and UNHCR's level of preparedness was limited. From 19 June until the end of August, Bukavu was used as a rear base by the French-led force involved in Opération Turquoise.

The major influx occurred in two waves. The first wave occurred around mid-July and, as with the simultaneous influx into Goma, contained a substantial proportion of military personnel from the FAR, while the Bukavu influx also included a large number of civil servants and wealthy merchants. The second wave took place during the week from 14–20 August in anticipation of the departure of the French forces from the Safe Zone. A feature of both waves was the amount of removable assets (much of it looted) that were carried over the border, including zinc sheeting, furniture, doors and even toilets. Some refugees made several return trips to collect more items.

Figure 8

Location of the camps in the Bukavu area



The total number who crossed during this period was approximately 250,000. Both waves crossed the Ruzizi River at two bridges. Though some were moved out to the existing camps, the majority were forced to settle on available open ground in the town, which quickly became choked. To prevent more entering the town, the Zairian authorities officially closed the border on 19 August, - though refugees were still permitted to enter at the Ruzizi II crossing south of the town, on condition that they were transported directly to camps.

Within the town, by far the largest concentration was at the Alfajiri Seminary/College in the centre that by 23 August had an estimated 20,000 people in the grounds. Other locations where large num-

bers were temporarily camped included Panzi (5,000), Mukukwe (9,600), Nguba (5,000), Anglican Cathedral (3,500), Athénée de Bagira (6,000). Thousands more were settled on any available open sites such as roundabouts, school grounds and roadsides. The local authorities, local NGOs/churches and other agencies present responded as best they could. For instance, the seminarists at Alfajiri organized food and water distributions to those settled in the college grounds with the assistance of Caritas, while CEPZa/CELZa (Communauté d'Eglise Pentecôte du Zaire/Communauté d'Eglise Libre du Zaire, which was supported by Norwegian Church Aid), organized food distributions and medical care for over 20,000 refugees located at five sites around the town. Other local NGOs involved were AUCUN/AntiBwaki and Parosiss.

In addition to the relief provided by these agencies, three factors appear to have been crucial in assisting the refugees to cope during this period, namely:

- townspeople provided considerable assistance, hosting some families and providing food and water to others;
- the refugees were by no means helpless or all destitute. Some were wealthy and had brought considerable amounts of cash; others had assets (either their own or looted) they were able to sell or barter for food and water. Some groups organized themselves effectively, constructing their own temporary pit latrines;
- the municipal water system was able to sustain supplies of chlorinated water across the town.

General ration distributions were deliberately not undertaken in the town, partly to discourage permanent settlement; instead, efforts by WFP and the other agencies were concentrated on the existing and newly-opened camps. However, fearing a deterioration of nutritional status of groups of refugees in the town, the local authorities and agencies working there decided to undertake large-scale wet-feeding (i.e. cooked) distributions at the main sites; these commenced in the third week of August.

From late July onwards, the number of international agencies working in the Bukavu area increased and began to complement the efforts of the local NGOs, churches and municipal authorities. An MSF-France medical team and a WFP Rapid Response Team designed to reinforce the WFP-Bukavu sub-office arrived on 18 July. Coordination meetings were held every morning attended by WFP, UNHCR, ICRC, UNICEF and NGOs. Because of his seniority and emergency experience, the meetings were chaired by the WFP RRT Leader. Subsequently, other agencies arrived and worked in - either the town and/or the camps. These included CARE-Canada, Oxfam, the Swedish Rescue Board, World Vision, UNICEF, IFRC, GTZ, THW, Order of Malta, CARE-Deutschland, AICF and AMDA.

Assisted by NGOs such as CARE, Oxfam and MSF, UNHCR attempted rapidly to identify potential sites for new camps and to make arrangements for them to be opened and for refugees to be moved out of the town to them. However, this process took considerable time as a result of inadequate preparedness, limited personnel capacity, lack of suitable sites and problems encountered with the owners and local authorities over permission to use the land.

The sequence of the opening of the new camps was as follows:

April, May, June	Kama (Ijwi Island) Birava, Nyakavogo, Nyangezi I and Nyatende
Second half of July	Kalehe, Katana, Mudaka-Murhla, Muku and Mushweshwe
August	Kashusha, Adi-Kivu, Inera, Hongo I and Hongo II, Bideka, Izirangablo, Nyamirangwe
September	Kabira and Shabarabe
October	Nyangezi-Mulwa

On 15 December, the town was declared to be free of refugees and the transfer process halted³⁷. Refugees were taken to the new sites by bus and lorry, with the Anglican Cathedral and Alfajiri being the collecting points. Some refugees organized their own transport. Once they were in the camps, the provision of services and registration was the responsibility of the lead NGOs or those NGOs - involved in the provision of particular services. CARE, IFRC, Order of Malta, Caritas and CEPZa/CELZa were the lead agencies in setting up and managing the camps. In most cases, the lead agency also took responsibility for organizing food and non-food distributions. A larger number of NGOs were involved in providing health care within the camps.

Formal counting of the refugee population took place between 28 February and 7 March. This - resulted in a reduction of the estimate from 350,000 to just under 300,000. By March 1995, the estimated population was 307,951 spread between 25 camps and four unaccompanied children's centres (UCCs). The camps range from the largest, Inera (52,294), to the smallest, Bideka (939). The approximate distance between Chimanga camp in the far south-west and Kabira camp in the far north of the Bukavu group of camps is 120 kilometres. Kashusha camp is referred to variously as the government-in-exile camp or the intellectuals camp. Two military camps fell outside HCR obligations: one at Panzi (near Ruzizi I bridge) and the other at Bulongwi (west of Bukavu). Lack of food in these camps resulted in thefts and violence in neighbouring camps. In early 1995, Caritas began supplying food to them to reduce the level of insecurity.

9. Humanitarian activities in the south and west of Rwanda (April–December)

9.1. April to the start of Opération Turquoise

The genocide was extended to the south of the country in the third week of April, following the arrival of elements of the Presidential Guard in Butare. The sudden worsening of the security situation - forced the withdrawal of the MSF team, which had remained in the area. Between then and the start of Opération Turquoise in the third week of June the insecurity was so great that relief efforts were very limited and only three agencies were able to deliver assistance – ICRC, CRS/Caritas and WFP (with a small Trocaire medical team setting up in Gikongoro just prior to the start of Opération Turquoise).

Of these agencies, the ICRC had the greatest freedom of movement, and personnel operating out of Bujumbura and Bukavu undertook regular, albeit slow and often extremely hazardous missions in the area. Beginning in April, the ICRC office in Bukavu began providing medical and food supplies to some 8,000 displaced Tutsi at Nyarushishi near Cyangugu and some 2,500 at other locations near the town. In May, at the request of the transitional government then located in Gitarama, the ICRC - opened a sub-delegation office at Kabgayi to provide food (much of it supplied by WFP) and medical care to displaced persons in the area. A five-person surgical team worked in the mission hospital in Kabgayi until June, when the RPF offensive forced a move initially to Nyanza and then to Rilima in the Bugesera area in July. Throughout May, June and July a water and sanitation specialist based in Bukavu toured the FAR areas extensively, enabling the ICRC to make a significant contribution to

the restoration and maintenance of water supplies in several of the large towns and a number of orphanages, hospitals, IDP camps and ICRC medical facilities. In the towns, the officials of Electrogaz³⁸, who remained, were contacted and supported with supplies of equipment and water purification chemicals³⁹ purchased in neighbouring countries and delivered by ICRC. In all, the ICRC distributed approximately 800 tonnes of food, relief supplies and water purification chemicals in the FAR area during May and June.

In May, discussions between WFP and ICRC about how to rationalize their activities resulted in agreement that, in the south of the country, WFP would take responsibility for supplying Burundian refugees located in camps along the border and for Rwandese IDPs and conflict-affected persons - between the border up to and including Butare. ICRC took responsibility for supplying Rwandese IDPs and conflict-affected persons to the north of the line, including the area from Rusumo to Rwamagana and to the north of Butare up to and including Gitarama. Initially, distributions were undertaken using supplies from WFP stocks in Butare by MSF (for the first two weeks after the Presidential plane was shot down until deteriorating security forced the withdrawal) and the Rwandese Red Cross, which continued to operate in the Butare area until the end of May. Thereafter, the insecurity and WFP's lack of implementing partners severely limited its ability to distribute relief food in the agreed area. Support was given to the Father Vjeko/CRS cross-border effort (see below) and food was supplied to ICRC's efforts further north. However, the amounts of food aid involved during the period were very limited. Approximately 400 tonnes of food were distributed in the Butare, Gitarama and Nyamata areas during April, May and the beginning of June, about 80% of which was drawn from the Butare stores and the remainder provided from Burundi.

Because of the insecurity, WFP was able to carry out only three assessment missions into Rwanda during this period. As a result, information provided by distributing partners could not be properly checked. The requirement that UN personnel receive permission before crossing into Rwanda and communication problems between WFP-Bujumbura and UNREO in Nairobi delayed one assessment mission for several days.

At the end of April, CRS-Rwanda personnel who had earlier evacuated to Bujumbura made contact with a Catholic priest, Father Vjeko, from the mission in Kabgayi, who had crossed into Burundi to procure supplies for IDPs who had gathered at the Kabgayi Mission. CRS supported his efforts to provide food to concentrations of threatened Tutsi and Hutu at various locations in the south and west of the country. The first two truck convoys carrying food at the beginning of May quickly developed into regular convoys operating two or three times a week and delivering anywhere - between 100 to 400 tonnes of food commodities, blankets and medicines each week. Other agencies contributing to the CRS/Caritas-Rwanda cross-border operation included Caritas-Neerlandica, Caritas-Germany, Caritas-Spain, CAFOD, OFDA, WFP, UNICEF and World Vision International (WVI). Towards the end of June, the number of NGOs based in Burundi and supporting the operation had grown and this enabled the rationalization of the trucks available and the provision of complementary assistance. Solidarité française provided trucks and drivers to the CRS-led operation and this enabled the redeployment of smaller trucks to the dioceses in Butare and Gikongoro. Trocaire, in conjunction with Medical Missionaries of Mary, placed a four-person medical team at the IDP camp growing up at Cyanika. AICF, Merlin and CARE joined the overall efforts around this time.

9.2. Opération Turquoise and its aftermath

The mandate for Opération Turquoise provided by Security Council resolution 929 on 22 June -

invoked Chapter VII (enforcement) rather than Chapter VI (peacekeeping) wording and set the objectives as ending the massacres in Rwanda, protecting the surviving groups, facilitating humanitarian operations and handing over to UNAMIR after the two-month period judged necessary to bring UNAMIR up to the force level agreed under Security Council resolution 918 of 17 May.

The force was composed of 2,555 French troops and 350 other troops, principally from Senegal but also including contributions from six other Francophone countries. It contained a substantial “punch” including 12 Jaguar and F-1 jet aircraft, artillery, light armour and helicopters. Though the force structure may have contributed to the initial international questioning of the mission’s precise - motives, it carried a clear but unspoken message that neither the RPF nor FAR forces should interfere with the mission. Contact established in Brussels with the RPF was maintained indirectly - through the RPF Liaison office within UNAMIR and directly through a specially-established satellite telephone link. By these means the RPF was briefed on the mission so as to reduce the chances of confrontation between the Opération Turquoise forces and the RPF. Apart from two incidents, one near Kibuye and the other in Butare⁴⁰, there were no violent confrontations with the RPF. Within the safe zone there were apparently a number of unrecorded confrontations with elements of the FAR and the civilian militia as the Turquoise troops sought to disarm the militia.

Movement of the troops to the rear bases of Goma and Bukavu began on 19 June but the first reconnaissance mission into Rwanda was delayed until authorization had been obtained from the UN Security Council three days later. On the first day, accompanied by film crews, troops began protecting the large, predominantly Tutsi camp at Nyarushishi near Cyangugu to which the ICRC had been providing food and medical assistance for several weeks previously. From Goma and Bukavu infantry and armoured columns pushed eastwards to a north-south line running just west of Gitarama. By the end of the month, the force was concentrated on a so-called safe zone covering the south-west quadrant of the country and its presence in the north-west withdrawn. The decision process that led to the concentration on the south-west is unclear. A civilian adviser to the French military has - claimed that it was influenced by the absence of Tutsi requiring protection in the north-west of the country⁴¹.

With seven weeks remaining before the withdrawal date stipulated in the Security Council resolution, French efforts were concentrated on policing the safe zone and encouraging relief organizations to establish programmes for the IDPs in the area. First estimates by the Turquoise forces of the number of IDPs in the Gikongoro area at the beginning of July were 250,000, with another 100,000 in the Cyangugu and Kibuye areas. With the rapid advances being made by the RPF in the north and central areas, the collapse and withdrawal of the FAR forces in the north-west, the numbers of IDPs in the safe zone grew rapidly, particularly from the beginning of July. By 12 August these estimates had - increased dramatically to 600,000 in Gikongoro and with a further 800,000 in Cyangugu and 300,000 in Kibuye⁴². Several assessments of the situation were carried out during June and July by inter-agency teams, with personnel from the French Humanitarian Cell, UNREO, and the OFDA Disaster Assistance Relief Team (DART) playing a central role. The policy that evolved was to commence relief distributions to the IDPs as quickly as possible so as to discourage their westward movement and thereby prevent a repeat of the Goma exodus. In early July, WFP and ICRC reviewed their earlier division-of-labour agreement and it was agreed that they would jointly share responsibility for supplying food to the IDPs concentrated around Gikongoro, with WFP taking responsibility for providing food to the IDP camps to the north of the Butare-Cyangugu road and ICRC the area to the south.

Many NGOs were initially reluctant to commence operations in the area, being suspicious of the motives underlying Opération Turquoise and reluctant to work with Hutu officials and IDPs who had been involved in the genocide. The initial lack of implementing partners made it difficult for WFP, UNICEF and other UN agencies to establish programmes rapidly to meet the needs of the IDPs. WFP's own transport capability was limited pending the arrival in Bujumbura of additional trucks from the WFP Transport Operation in Ethiopia (WTOE) fleet; both UNAMIR and Opération Turquoise maintained that they could not spare vehicles for WFP use in the south.

French officials became frustrated at the slow response, seeing the situation in the south-west as a forgotten humanitarian catastrophe at a time when attention was focused on Goma and to a lesser extent Kigali and the north-west. WFP in particular was criticized for its delay in commencing distributions to the IDPs north of Gikongoro – distributions that included French-donated food aid⁴³. In July, ECHO practically obliged NGOs it was funding in Burundi to establish operations in the safe zone, using funds remaining from its allocations to the Burundian refugee and IDP emergency of late 1993.

The main camps north of Gikongoro for which WFP had taken responsibility were:

Camp	Approximate Population
Cyanika	85,000
Rukondo	48,000
Kaduha	25,000
Musenge	5,000

Agreements were reached with AICF to manage food distributions in Cyanika and with CARE for the other three camps. WFP supplied food to stores in Gikongoro⁴⁴ and AICF and CARE, with assistance from the French logistics NGO Equilibre⁴⁵, moved the food to the camps for distribution. WFP began deliveries to Gikongoro in July, but was unable to build up sufficient stocks to enable full general ration distributions in the camps until August. However, CARE was able to borrow over 400 tonnes of food from CRS-Burundi and commence distributions in the Rukondo, Kaduha and Musenge camps in July.

There were eight IDP camps south of Gikongoro for which ICRC took responsibility for supplying food:

Camp	Approximate Population
Kibeho (of which 60,000 actually in camp)	100,000
Ndago	60,000
Nuyamigina	25,000
Kamana	20,000
Munini	12,000
Buhoro	<5,000
Ruramba	<5,000

Rwamik

<5,000

The ICRC transported the food from Uganda initially across RPF/Opération Turquoise lines. Approximately 600 tonnes were distributed to the IDPs in July, increasing dramatically to over 4,000 tonnes during August and slightly 3,700 tonnes in September. However, the agency experienced considerable difficulties in estimating the camp populations, as it had not been able to conduct a census and its chosen method of distribution within the camps was inequitable (see Section 5.5).

Despite the initial reluctance of NGOs to work in the south-west, there was a rapid increase in the number of agencies in August. Some worked camps supplied by both ICRC and WFP, whilst others established programmes for the host population. The earlier CRS-Caritas operations were expanded and in July, MSF, CARE, AICF and Equilibre opened offices in or near Gikongoro. Trocaire, Merlin, Feed the Children, UNICEF, SCF-UK and several other agencies set up programmes involving non-food distributions, health care and supplementary feeding during August. On 20 August, the British Army field medical team that had initially been based in Ruhengeri in the north-west was redeployed to the south-west and ran treatment facilities in Kitabi and Kibeho camps and provided - mobile services to several other IDP camps. Oxfam and UNICEF⁴⁶ began water supply and distribution operations for IDPs during September.

In accordance with Security Council resolution 929, Opération Turquoise forces withdrew from Rwanda on 22 August. The withdrawal created considerable fears amongst the IDPs for their security and thousands moved across the border to Bukavu, though efforts were made by UNREO to encourage them to remain. By agreement with UNAMIR and the SRSG, the RPF did not immediately assume control of the area. Préfets were placed in Cyangugu, Kibuye and Gikongoro on 12 September, each accompanied by a platoon of RPF troops, and civilian customs officers were stationed in Cyangugu.

Conditions in the camps were poor. Congestion, lack of water, inadequate sanitation arrangements and problems with either the supply of food and/or its inequitable distribution within the camps resulted in those camps where surveys were carried out experiencing high rates of malnutrition, morbidity and mortality. A dysentery outbreak appears to have begun in early August and affected many camps, reaching its peak in at the end of August. These problems appear to have been worst in Kibeho camp, where mortality rates reached 20 times normal in September. Lack of experienced ICRC medical personnel and delays in the provision of clean water appear to have been critical factors there. A lack of technical coordination amongst agencies working in the south-west also appears to have been a contributory factor (see Section 6.3), at least until late September.

10. Humanitarian activities in the rest of Rwanda after July 1994

With the exodus to Goma in mid-July and the installation of the new government in Kigali, the July–September period saw substantial efforts being focused on the immediate repair and rehabilitation of infrastructure through individual agency initiatives and under the UN Special Representative's Rwanda Emergency Normalization Plan (RENP). In addition, there were efforts to encourage and facilitate the early return of the refugees in Goma.

These efforts were truly multi-agency, involving not only UN agencies, ICRC and NGOs but also several military contingents operating within the UNAMIR framework, two that operated outside the UNAMIR framework (the US Army and the Canadian bilateral contingent) and, subsequently, com-

mercial contractors. The ending of the conflict and the May 17 agreement by the Security Council to build up UNAMIR to a force of 5,500 troops resulted in the arrival of several new military contingents in August, including those from Britain, Canada and Australia. Many of these contingents deliberately included medical, logistics, mechanical repair and communications units to assist in the relief and immediate rehabilitation efforts.

Thus, the British contingent (Operation Gabriel) of 550 personnel included a field ambulance and engineering and vehicle repair units. The field ambulance unit rehabilitated the hospital in Ruhengeri and on 20 August was redeployed to Gikongoro, where it operated treatment facilities in IDP camps. The vehicle repair unit established workshops that serviced UNAMIR and other agency vehicles. The engineering unit's principal activity was the repair of the main road from the Ugandan border to Kigali. The Canadian contingent included a field ambulance that took over the operation of Ruhengeri hospital after the redeployment of the British field ambulance⁴⁷. A Canadian signals unit played a key role in the restoration of Kigali's telephone system and reopening its international links. The Australian army medical contingent operated the Central Hospital in Kigali, together with NGOs, including Samaritans Purse and Italian Emergency, and medical teams worked in conjunction with CARE-Australia in the Butare area. The US military contingent based at Kigali Airport helped increase security and handling capacity at the airport and enabled the resumption of limited scheduled civilian flights in September.

Other immediate rehabilitation activities in Kigali included the restoration of power supplies through a collaborative effort involving UNAMIR engineers, the commercial contractor Brown and Root⁴⁸ and GTZ, which involved the repair and/or replacement of damaged equipment and rebuilding the capacity of Electrogaz. ICRC, UNAMIR and UNICEF assisted with the resumption of water supplies across the city by providing generators to district pumping stations. MSF-France operated the King Faysal Hospital and WHO and UNICEF supported the rehabilitation and restocking of the central medical stores. UNICEF provided lines of credit to 12 ministries and other support, including vehicles.

The cholera in Goma and the ending of the conflict led to a spontaneous repatriation of approximately 100,000 refugees at the end of July. To respond to the needs of those making their way back towards Kigali and to encourage others to follow them, several agencies, including UNHCR, CARE, AICF, Concern, German Emergency Doctors and the Canadian Field Ambulance, MSF and SCF set up waystations and medical posts along the Gisenyi–Ruhengeri–Kigali route. The waystations provided space for overnight halts, cooked food and “start-up kits” comprising dry rations and household items. The IOM organized trucks (many of them WFP trucks returning from food deliveries to Goma) for those unable to walk. A crisis committee was set up in Ruhengeri to assist coordination of these efforts. The number of returnees was much less than originally hoped and gradually the 1994 refugees were replaced by returning Tutsi who had left the country up to 30 years earlier. Agencies operating the waystations had considerable difficulty differentiating returnees from the local population, who tried to benefit from the assistance. During September 1994, UNHCR commissioned an investigation into conditions within Rwanda to assess the appropriateness of any repatriation efforts. The report of the investigation – referred to as “the Gersony Report” after its principal author – claimed to have found evidence of “an unmistakable pattern of killings and persecution” by the RPF. The report was suppressed and few people have seen the document. However, sections were leaked to the international press in the third week of September and in effect thwarted any hopes of an early major repatriation⁴⁹.

Endnotes

1. As noted in Section 1.2., private resource flows are probably substantially under-counted by the available datasets.
2. For instance, in August road blocks forced the temporary suspension of the ICRC programme. In another incident, 26 Rwandese Red Cross volunteers were taken hostage and in November, a Belgian Red Cross truck was blown up in the demilitarized zone, killing an employee of the Rwandese Red Cross.
3. A WFP assessment in September concluded that as much as 30–50% of the maize and vegetable oil was being sold.
4. This episode led to tensions between the two agencies. WFP was critical of ICRC for not having alerted it to the extent of the diversions and sales and ICRC resisted closer monitoring by WFP, whose initial monitoring had not been expanded in line with the scale of operations, apparently because of inadequate funding by donors.
5. Burundi's first Hutu President, who had been elected only in June.
6. UNHCR/London School of Hygiene and Tropical Medicine cited in RNIS, January 1994.
7. The Committee on Food Aid Policies and Procedures, which is composed of donor and recipient nations.
8. The RPF contingent in Kigali also rescued and provided protection to threatened civilians.
9. For instance, when the President's plane was shot down, WFP had 9,000 tonnes of food and ICRC 6,000 tonnes.
10. In Ngara, some 2,000 were accommodated in Burigi camp.
11. 17,000 Burundian refugees were still in Lukole camp in Ngara District by April 1994.
12. The Kobero Joint Venture company was engaged in constructing a tarred road from Kobero on the Tanzania–Burundi border to join the Ruomo Falls–Isaka road just south of the Benaco site. The company had its base camp in Ngara town, which was where many of the agencies involved in the response were initially based.
13. A small pontoon ferry operated across the Ruhuhu River and quickly became a bottleneck for agency vehicles. The Ruhuhu is a tributary of the Kagera River, which, in Ngara District, forms the border between Tanzania and Rwanda.
14. The Russian emergency response organization.
15. Though the approach was highly effective, several agencies were frustrated at not being

allowed to work in Benaco. Some found other activities for involvement.

16. An attempt was made by Tanzanian police, with UNHCR collaboration, to arrest the former bourgemestre (mayor) of Murambi, who was strongly suspected of having been involved in the organization and carrying out of the genocide in his area. An angry mob formed and attacked UNHCR and NGO personnel, forcing them to barricade themselves into the UNHCR compound in Benaco. It was several hours before additional police arrived and the situation defused.
17. Many of those interviewed in Ngara commented on the downgrading of the Tanzanian operations and the difficulty of obtaining adequate resources after mid-July.
18. The limited size of the RPF force apparently meant that there were insufficient soldiers to ensure security in the areas coming under their control and that such screening had to be carried out before the troops could advance.
19. This began ahead of permission being given by either UNREO or the UNAMIR Force Commander who, despite being restricted to parts of Kigali city, felt his permission should have been sought in order that a balance be maintained between humanitarian aid delivered to RPF and FAR-controlled areas.
20. This group was frequently referred to as the sleepover agencies.
21. Because of personal links between UNICEF personnel and the RPF, some NGOs appear to have used the UNICEF office in Kabale as their liaison point with the RPF refugee affairs branch, which was based at RPF headquarters in Mulindi 10 kms inside Rwanda for much of the period.
22. Les Roberts, CDC, Atlanta interview, 4 May 1995.
23. Major-General Dallaire. Interview 22 March 1995.
24. Interviews with WFP-Kampala personnel, April 1994. This offer was made without the knowledge of WFP Headquarters in Rome and was motivated by a desire to ensure that the vehicles were in serviceable condition when they were eventually returned to WFP.
25. Between 20 July and the end of the first week of August the whole population was infected with the cholera vibrio. Of these, 10–15% developed clinical cholera symptoms, the epidemic being characterized by a high attack rate. Of those who developed the symptoms, the case fatality rate was high, probably ranging between 25–50%, as a result of lack of access to effective rehydration therapy.
26. Estimate by Ray Wilkinson, UNHCR Public Information Officer, Goma.
27. Because of the way the value of the assistance provided and the transport costs of delivering it were not recorded specifically with regard to Goma, it is not possible to ascertain the precise amount. This figure is therefore no more than a guesstimate.

28. The packages were: airport services; logistics base services; road servicing and road security; site preparation; provision of domestic fuel; sanitation facilities; water management; management of AirHead.
29. The precise role of the UNHCR request is unclear, as the intense media coverage of events was exerting considerable pressure on many governments to be taking exceptional measures in responding to the situation.
30. This was heavily criticized at the time as being a PR stunt by relief workers and media reporters. The aircraft were delayed, the pallets missed the drop zone by half a kilometre and retrieving them took some time and tied up part of the scarce vehicle capacity. The contribution to the overall efforts was very limited. According to a British photo-journalist present at the scene, the parcels contained perishable foods and ski-mittens apparently originating from US stores in Germany destined for use in the former Yugoslavia.
31. Between 16 July and 30 September, when the airlift officially ended, approximately 11,500 tonnes of commodities were airlifted to Goma (see Section 5.7).
32. The Air Cell was essentially an expansion and extension of the Sarajevo Air Operations Cell, which had been operational for two years in Geneva.
 33. One journalist called this “the battle of logos and T-shirts”. Richard Dowden, *The Independent* on Sunday, 4 September 1994, London.
34. The burial of the tens of thousands of bodies was initially undertaken by the French military, but this support was withdrawn without warning and the Irish NGO GOAL took over this role in collaboration with teams of Zairian Boy Scouts.
35. Though it should be said that some critical members did not arrive until several days after the influx. In the case of the Water and Sanitation Coordinator, this was 10 days.
36. This withdrawal meant that other agencies, in some cases less experienced than MSF-France, had to take-over the services provided by the agency. The Team were unable to assess the extent to which this had a negative impact on the quality of services provided to the refugees in those camps where MSF-France had worked.
37. Several hundred remained in the town, but were relatively well integrated.
38. The Rwandese power and water supply parastatal.
39. Principally, aluminium sulphate, calcium hydroxide and calcium hypochloride.
40. The incident near Butare occurred on 3 July, with a French reconnaissance mission, engaged to “rescue” orphans, Western journalists and nuns from the city, exchanged fire with the RPF. Following this incident, so-called “hawks” within the French force who were reputedly spoiling for a fight with the RPF and whose views were felt not to be compatible with the safe zone policy, were removed from the force and moved to other duties.

41. Gérard Prunier, 1995, *The Rwanda Crisis 1959–1994: History of a Genocide*, Hurst, London.
42. It is possible that the start of relief distributions in the camps may have attracted IDPs to them and thus contributed unintentionally to the rapid growth in numbers during the July to early August period. The study was not able to clarify whether this was the case.
43. Prior to April 1994, France had approved a donation of 2,200 tonnes of maize-flour for use in the earlier IDP programmes in the north of the country. It was then agreed that WFP could allocate the shipment wherever it was most needed, but with the commencement of Opération Turquoise, WFP was specifically requested to distribute it within the safe zone before the withdrawal of the Turquoise forces. The shipment arrived at Dar-es-Salaam in the second week of July and was transported to Gikongoro by rail, barge and road via Kigoma and Bujumbura. Approximately half the shipment was distributed by AICF and CARE before withdrawal of the Turquoise forces.
44. During July and August the supplies were trucked from Burundi. From September they were trucked from Uganda via Kigali.
45. The agency previously had worked only in Bosnia, but was encouraged to work in Rwanda by the French government, which provided it with trucks. Because of its links with the French government and its use of expatriate drivers, the agency had difficult relations with the RPF and, in December, its trucks were impounded and its operations halted by the new government in Kigali.
46. UNICEF's input in the water sector included contracting PWSS, the private US company involved in pumping operations in Goma during July and August, to transfer its large-capacity pump and support vehicles to Kibeho. In addition, the Gikongoro town supply was repaired, trucks and trailers provided to NGOs and two of the Finnish milk tankers were detailed to supply Cyanika and other IDP camps.
47. When the Canadian platoon left in September, MSF-Holland, which had been providing health services in Ruhengeri alongside the military contingents, took over responsibility for supporting the hospital.
48. A US contractor company that provided civilian support to UNAMIR and a US follow-up to Operation Support Hope.
49. The official reason for its suppression was that its factual basis was weak. Had it been officially released at that time it would have reduced the legitimacy of the new government and severely jeopardized efforts by UN agencies and many of the donor organizations to assist the new government to establish an effective administration.

Chapter 3

Assessment of Performance: Security, Physical Protection and Military Support

1. The critical failure: not preventing the genocide

At the outset it needs to be clearly stated that the failure of the international community to either prevent the genocide or do more to limit its spread was by far the most significant failing of the whole - response. Whilst the genocide and subsequent violence resulted in the loss of 500–800,000 lives,¹ this study indicates that the numbers who died from non-violent causes was of a much lower order of magnitude: in the region of 100,000 deaths may be attributed to disease outbreaks and conditions such as severe dehydration that may be considered to have been either preventable or at least more controllable (see Section 4.1). Moreover, had the genocide and the FAR/RPF conflict been prevented or at least mitigated, much of the subsequent population displacements and relief efforts, which cost at least \$1.2 billion during 1994, would not have been required.

Study II has examined the lead-up to the start of the genocide in considerable detail. At risk of oversimplifying the conclusions from Study II, it appears that the genocide could have been prevented or at least mitigated had key members of the UN (above all the Permanent five) and the Secretariat - engaged themselves more effectively in preventing the start and spread of the genocide. The actions that could have been taken were:

- to have reinforced UNAMIR before April to bring it up to a military capacity commensurate with the level of threat and interpreted UNAMIR's mandate in a proactive manner in response to escalating violence and intelligence information indicating plans to exterminate large numbers of Tutsi in the Kigali area;
- to have ensured that UNAMIR's force level was not reduced following the shooting down of the President's plane and that where contingents were withdrawn they were rapidly replaced.

2. Insecurity and its effect upon the provision of humanitarian assistance

The start of the genocide and the renewal of the FAR/RPF conflict saw the withdrawal of most humanitarian agencies from Kigali and the FAR-controlled areas where the genocide gained momentum. The ability of those agencies that remained to distribute humanitarian assistance was severely constrained. The overriding need of the threatened populations who had gathered together in - churches and other public buildings or were in hiding alone or in isolated groups was for protection, though there were undoubtedly also needs for food and water and, for those who had been wounded, medical treatment.

The ability of the much-reduced and ill-equipped force of 472 UNAMIR troops who remained in Kigali to provide such protection was extremely limited. Their role after 6 April was defined as:

- acting as an intermediary between the parties in an attempt to secure a ceasefire;
- assisting in the resumption of humanitarian relief operations to the extent feasible;
- monitoring and reporting on developments in Rwanda, including the safety of civilians under -

UNAMIR protection in a few sites.

The reduction of the UNAMIR force and the interpretation of the mandate and rules of engagement enabled the genocide to continue almost unhindered. Through extraordinary efforts the small - UNAMIR force was able to protect and rescue perhaps 25,000 civilians in Kigali, an effort that was bolstered by the stronger mandate adopted by the Security Council in mid-May. Principally this was achieved through guarding those who had gathered in the Amohoro Stadium and preventing access to the stadium by the interahamwe. However, other techniques employed were:

- interposing UNAMIR soldiers (with light arms only) between the interahamwe and buildings where Tutsi were known to be sheltering (as occurred on one occasion at the Hôtel des Mille Collines);
- UNAMIR soldiers (armed only with automatic rifles) touring the streets in vehicles and rescuing threatened civilians;
- UNAMIR organizing operations to force its way into areas where threatened civilians were gathered and transport them to the better security of the stadium.²

Had UNAMIR been able to mount more such operations outside Kigali, tens of thousands of additional lives could have been saved. This would have required more troops. Whether it would also have required an armoured force, as the Security Council appeared to believe, is not so clear. The ability of UNAMIR troops armed only with automatic rifles to save threatened people in Kigali suggests that much could have been achieved even without armoured vehicles. In considering the - options facing UNAMIR, the Security Council appear to have been preoccupied with the FAR/RPF confrontation and given inadequate attention to the potential contribution UNAMIR could make to limiting the genocide.

Following the Somalia experience, where key UN agencies were heavily criticized for not being - present in Mogadishu during the fighting and the initial stages of the ensuing food crisis, the UN Advanced Humanitarian Team (UNAHT), which arrived in Kigali on 22 April, represented a determined effort by the UN humanitarian agencies and a courageous effort on the part of the personnel - involved to ensure that they were present and active in the midst of such a protection crisis. The reality of the situation, however, was that their ability to distribute relief assistance was extremely limited. WFP food stocks in Kigali could not be reached and, even if that had been possible, large-scale distributions could have provoked additional violence. Threatened populations who were visited and provided with modest assistance were subsequently targeted by the militia. The UNAHT personnel - worked very closely with the UNAMIR troops. At one stage, in an attempt to extend UNAHT activities into FAR areas outside Kigali but also to enable UNAMIR units to be stationed in FAR areas with the permission of the interim government, UNAHT personnel devised a plan to establish relief - stores in locations in FAR areas. However, the plan failed due to lack of agreement from the interim government and the limited capacity of UNAMIR at that time.³

Operating from bases in Kigali, Goma, Bukavu and Bujumbura, the ICRC undertook not only relief and surgical activities in FAR areas but also protection activities. These were undertaken at considerable risk to ICRC personnel and those of the Rwandese Red Cross who continued to work with them. There were several instances of local personnel being killed in the course of their humanitarian work and expatriate personnel being injured. The ICRC surgical facility in Kigali was attacked by mortar and there were cases of patients in transit being pulled from ICRC vehicles and killed.

The protection activities consisted of regularly visiting, or in some cases actually stationing personnel for extended periods with known concentrations of threatened civilians and attempting to prevent or mitigate their killing at the hands of the Hutu militia. Such efforts did not prevent the militia attacking the civilians, particularly during the hours of darkness when the ability of ICRC personnel to witness the militia's activities was very limited. However, it did appear to have the effect of limiting the focus of the militia upon those groups being monitored. The clearest evidence of success was at the Nyarushishi camp near Cyangugu, where some 10,000 civilians survived with material and protection assistance from the ICRC from late May until the arrival of the Opération Turquoise forces in the third week of June (see also Study II of the evaluation). Despite such admirable achievements, the ICRC's experience during the April–July period was shocking for the agency as it had regarded Rwanda as the country in Africa where Red Cross Principles had been most thoroughly disseminated.⁴

Other agencies, such as WFP and CRS/Caritas, did succeed in providing relief assistance in FAR areas during the April–July period though, as noted in Section 2.9.1., the amounts were limited.

The extent to which the level of insecurity in the FAR areas limited humanitarian assistance activities can be seen by the much higher levels of assistance provided in RPF areas, when Rwandese crossed into the relative security of Tanzania, Burundi and Zaire and when security was provided by Opération Turquoise in the south-west of the country after the third week of June.

Significant levels of insecurity were also experienced in the refugee camps during the initial weeks after the influx. Goma appears to have been the worst-affected by such violence. The scale of the influx made it extremely difficult to improve levels of security in the absence of a substantial presence of a disciplined security force. The influx also contained substantial numbers of FAR forces and militia members. Though there was some disarmament by Zairian and French soldiers, this was not comprehensive and there were many instances of refugees and relief workers being threatened with violence, in some cases by individuals or groups armed with hand grenades as well as guns and machetes. Many observers felt that much of the violence was attributable to efforts by the Hutu militia to establish its authority and control over the refugee population. The level of discipline amongst the local Zairian troops appears to have been very poor prior to the deployment of the Zairian contingent in March 1995, and there was considerable evidence to link a substantial part of the insecurity to actions by the Zairian troops. The number of rapes appears on the basis of anecdotal evidence to have been very high and probably resulted in a substantial number of deaths.

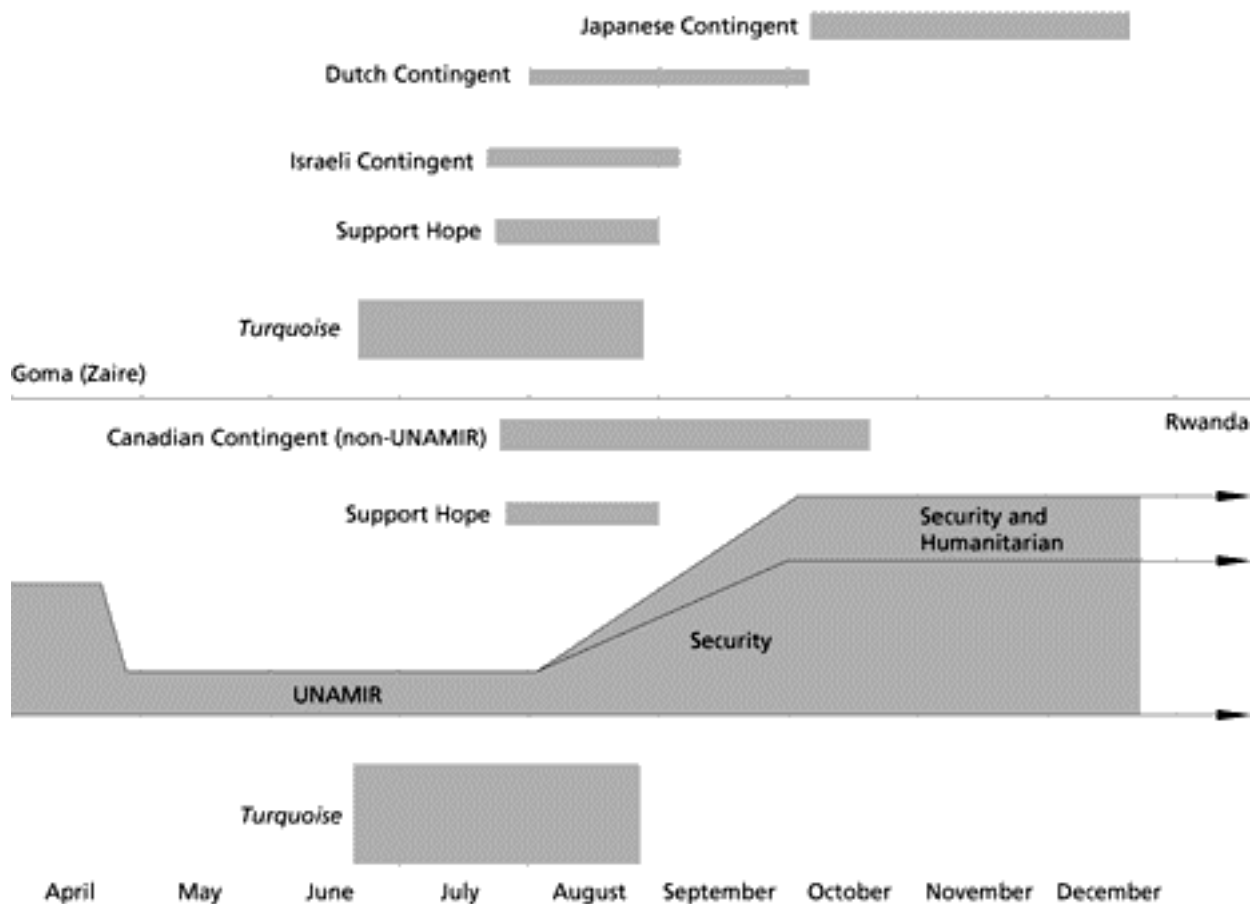
Estimates of the numbers who died as a result of the violence are inevitably very approximate as those bodies collected and buried during the cholera outbreak were invariably shrouded and were not examined. However, a retrospective survey conducted in one camp (Mugunga) in September found that 8% of the deaths that occurred during the first month of the influx were attributable to “traumatic injury”⁵ If it were assumed that 8% of all deaths could be attributed in this way, this suggests that 4,200 refugees died as a result of “traumatic injury” during the month immediately following the influx.

Such levels of violence and insecurity had important ramifications for the provision of relief assistance in Goma, the principal one being that most expatriate relief workers did not remain in the camps during the hours of darkness. Only in those treatment centres or unaccompanied children's centres that had electricity and lighting⁶ did expatriates remain after nightfall to supervise the contin-

uation of treatments. Where the experience of local personnel remaining in the centres overnight was not considered sufficient, many agencies disconnected intravenous rehydration drips. Anecdotal evidence indicates that a disproportionate number of deaths occurred during the night. Though the levels of violence appear to have been reduced after the first month, they remained unacceptably high and stimulated collaborative action by 18 agencies that in November jointly requested the UN Secretary-General to deploy a UN security force in the camps and led to the withdrawal of at least two important international NGOs (MSF-France and CARE) from the camps in the same month. Efforts to address the camp security issue by UNHCR and the Security Council (see Study II for an analysis of these efforts) did not result in concrete steps until March 1995, when the Zairian contingent was deployed (see Section 3.4.).

In Tanzania, insecurity appears to have been much more limited as a result of the lower numbers of militia among the refugees, the absence of FAR units and the discipline of Tanzania soldiers and, in particular, the police units stationed in the Ngara and Karagwe Districts. Nevertheless, the Rwandese political authorities did exercise substantial control over the refugee population as, for instance, shown in the “Gatete incident” in June 1994 (see section 2.5.).

Figure 9
On-the-ground presence of third party military contingents in Rwanda and Goma, 1994



Note: Thickness of the band is proportional to the number of troops on the ground.
 Source: Compiled by the Study III Team, from various sources.

3. The role of foreign military contingents: an overview

Foreign military forces were heavily involved in the international community's response during 1994. Whilst some contingents concentrated solely on the provision of security, others concentrated solely on the provision of relief assistance or providing support to relief agencies. In between these two - extremes were several contingents that mixed the two roles, providing both security and support to the relief efforts. Additional complexity stems from differences in the legal basis and command frameworks in which the various contingents operated. Thus, within Rwanda most contingents were part of UNAMIR, operating under a Chapter VI mandate. However, the French-led Opération Turquoise was a UN-sanctioned operation with a Chapter VII mandate⁷ and the US forces based at Kigali Airport as part of Operation Support Hope operated outside the UN structure altogether.

UNAMIR's mandate and force deployment did not extend beyond Rwanda's border, consequently all military contingents that operated in Goma were outside UNAMIR's command and operated on the basis of permission from the Zairian authorities, which was sought and gained bilaterally. As a result of its rear bases being located in Goma and Bukavu, the Opération Turquoise forces were able to provide some security and support to the humanitarian relief activities, though in terms of its activities, such as disarming militia members among the refugees in Zaire, this appears to have been beyond the terms of any agreement with the Zairian authorities.

Figure 9 attempts to show the timing and approximate scale of the deployment of the various contingents in Goma and within Rwanda. The scale of the deployment is measured by the number of personnel actually based in Goma or Rwanda and is reflected in the thickness of the bands. The diagram does not show the timing of the air transport support provided to the relief efforts by more than ten foreign air forces (see Section 3.5. and 5.7.).

The fact that UNAMIR I and Opération Turquoise were the only foreign contingents deployed before mid-July is highly significant. Mid-July saw the simultaneous occurrence of two events that led to a sudden increase in the number of foreign military contingents deployed in Goma and within Rwanda. The two events were:

- a. the end of open conflict between the RPF and FAR and the swearing-in of the Broad Based Transitional Government in Kigali;
- b. the refugee influx into Goma, which required additional capacity to address the immediate humanitarian needs.

The ensuing cholera outbreak in Goma, UNHCR's request to donor governments to provide "Service Packages" and the intense international media coverage, which in turn resulted in public pressure upon governments to respond decisively, all contributed to the decisions by several governments to deploy military capacity to the region. The objectives of these deployments were wholly or at least substantially humanitarian, the risks to the safety of the personnel was low and there was little risk of the contingents being drawn into a deeper involvement – or what is referred to in military circles as "mission creep".

Both Study II and Study III have examined the role of foreign military contingents, though from different perspectives. Study II approached the issues from a conflict management perspective and focused upon: the deployment and subsequent reduction of UNAMIR I; the establishment of UNAMIR II; the deployment and role of Opération Turquoise; and the search for a means of improving security in the refugee camps in Goma and Bukavu, which eventually led to the innovative deployment of the Zairian Contingent. Study III focused upon:

1. the extent to which all military contingents in Rwanda and eastern Zaire were able to increase the security of threatened populations and create "humanitarian space" for effective relief assistance to be provided;
2. the performance of a selection of the military contingents in the provision of relief assistance and the support provided to relief agencies;
3. the lessons from the various experiences in terms of the future involvement of the military in humanitarian operations

4. The provision of security and physical protection by military contingents

As indicated above, the ability of the (reduced) UNAMIR force to provide security during the April–July period, even within the geographically confined context of Kigali, was severely restricted. Prior to the deployment of several UNAMIR II contingents in August with the explicit objective of maintaining or improving security in different sectors within Rwanda, the principal contingents with an important security and physical protection role, except for UNAMIR I, were Opération Turquoise and the Zairian Contingent in the camps in Eastern Zaire.⁸

4.1. Opération Turquoise

Opération Turquoise represented the first additional foreign military intervention that explicitly - included the protection of threatened civilians among its objectives and provides an interesting contrast to the UNAMIR experience during the genocide. The principle elements of Opération Turquoise were summarized in Section 2.9. Study II of the evaluation examines the origins of the intervention and the questions surrounding the initial motivations of the operation, so these will not be repeated here. Despite the uncertainties over these motivations, from the perspective of providing security and physical protection and enabling humanitarian agencies fuller access to the south-west of Rwanda, the operation can be considered to have been a partial success.

On the plus side, Opération Turquoise significantly improved security in the safe zone, removing the numerous militia checkpoints on the roads and enabling freer movement. However, it is difficult to be precise about the extent of the improvement and the degree of physical protection provided to threatened civilians. There is evidence that the killing of Tutsi continued in the safe zone during the intervention in areas away from the Turquoise forces. There are also wide differences in the estimates of the numbers of Tutsi judged to have been saved. Whilst the French military claim that the intervention saved 80–100,000,⁹ a well-informed source puts the figure at 13–14,000.¹⁰ The improvement in security enabled a dramatic increase in humanitarian assistance activities in the south-west. Whereas only ICRC, CRS/Caritas and WFP had been able to provide any form of relief assistance prior to the intervention, by August the number of UN agencies and NGOs running or in process of establishing programmes had risen to at least 15. Such efforts served to spread out over a longer time period the number of Rwandese crossing into Bukavu and to limit their eventual number. Though difficult to predict what would have happened if an equivalent number to those entering Goma had crossed into Bukavu at the same time, it is highly likely that the mortality rates experienced in Bukavu would have been much higher.

However, against this substantial achievement the following factors need to be considered. The operation was much too late. The majority of Tutsi in Rwanda at the start of the genocide had been killed by the time Opération Turquoise was mounted. Had the international community, including France, - mounted a similar intervention, through or in support of UNAMIR, in April hundreds of thousands of threatened civilians could have been saved.

It could be argued that the decision to create the safe zone in the south-west and to leave the north-west uncovered was mistaken as it led directly to the collapse of the FAR forces and the disaster in Goma. The factors leading to the decision to concentrate Turquoise forces in the south-west are not fully known. The knowledge that the remaining concentrations of Tutsi were in the south-west has been cited as a factor¹¹ but it is unlikely to have been the only factor. For the French to have been seen protecting the bulk of the FAR in the north-west, a traditional stronghold of Hutu extremism, would have raised further doubts about the motives underlying the operation and would have - increased the risks of military confrontation with the RPF. Analysis of the lead-up to the massive refugee influx into the Goma area and the reasons why on-the-ground preparedness by agencies was so

limited concludes that Opération Turquoise had the effect of diverting the attention of agencies, key analysts and the media away from the developing crisis in the north-west and reduced the sources of information on the build-up of IDPs there (see Section 6.2).

Whilst the effect of delaying and mitigating the influx into Bukavu can be considered as a positive achievement in the short term, from a longer-term perspective it was less positive. The concentration of Hutu IDPs into numerous camps in the Gikongoro area and the initially inadequate response by relief agencies resulted in high mortality rates in the camps during the July–September period and an extremely difficult problem for the government and the UN as to how the IDPs should be dealt with. Eventually the situation resulted in the death of thousands of IDPs, many as a result of actions by RPF soldiers at Kibeho camp in April 1995 (see Study II).

Though the French government strove to encourage humanitarian agencies to establish programmes in the south-west, it would appear that more could have been done to facilitate their work. Many NGOs were suspicious of, or felt uncomfortable about, the French military involvement. Indeed, several of the main French NGOs had publicly criticized the operation when it was originally announced and refused to work with the French military. Despite the attachment of a civilian diplomatic and humanitarian cell to Opération Turquoise, it does not appear to have functioned as effectively as the civil-military operations centres established by the US forces. NGOs looked to the UN (UNREO) to coordinate humanitarian efforts in the safe zone. The policy of Opération Turquoise forces towards providing support to the work of humanitarian agencies appears to have varied considerably by location and over time. Prior to the refugee influx into Goma, no support and very little information was provided to the few agencies then in Goma, whereas after the influx substantial French logistical capacity was provided to the relief effort, including earth-moving equipment, fork-lift trucks, lorries and use of helicopters. In the south-west, however, the support was much more limited. In August WFP's request to use Turquoise trucks was turned down, even though this was to assist in the transport of a French food aid consignment from Bujumbura. Whilst media representatives were regularly carried on French helicopters, this facility was not offered to NGO personnel.

Whilst Turquoise substantially improved security in the safe zone during the period of the intervention, since then the south-west has remained arguably the most insecure area of Rwanda. The presence of the IDP camps, the introduction of RPF administration into the area in September 1994, the use of armoured personnel carriers for patrolling by UNAMIR troops rather than the more relaxed methods of the Turquoise forces, and the incidents of rape apparently attributable to UNAMIR - troops, have all contributed to the insecurity in the south-west since August 1994. Nevertheless, with the benefit of hindsight, the rejection of requests from UN agencies for Turquoise to be extended for several months, and the strict adherence to the two-month time limit set in resolution 929, appear questionable from a strictly humanitarian perspective.

Though a partial rather than a complete success, Opération Turquoise contains several important lessons for future interventions designed to increase security and protect civilians, especially in an African context where the likely opposing forces are not well-armed.

Most significantly, the mandate and force composition of Opération Turquoise contrasted sharply with that of UNAMIR. Whereas UNAMIR I's mandate was that of a Chapter VI peacekeeping operation, SC 929 employed Chapter VII wording that enabled the French to use force as they deemed necessary. Moreover, their 12 Jaguar and F-1 jet aircraft, artillery, light armour and helicopters -

together carried a clear but unspoken message that neither the RPF nor FAR forces should interfere with the mission. In a telling phrase, General Dallaire stated: “Turquoise was everything I wanted it to be”.¹²

Whilst many observers initially thought that France’s history of support to the Hutu would compromise the operation, the fact that France was seen as an ally by the Hutu was an important factor contributing to its success. Throughout the operation, but particularly initially, the Hutu population - warmly welcomed the intervention, though this might have stemmed from a misguided belief that the objective of the mission was to protect them from the RPF. Whatever the reason, the fact that the force was able to operate in a population that was not hostile made the operation much easier. Whilst the use of perceived allies as intervention forces carries with it a number of potential problems, the Turquoise experience suggests that in some circumstances it can be beneficial. The deterrent effect and the acceptance of the force by the majority of the local population enabled it to present itself on the ground more as a police force, with the soldiers deliberately trying to relax the situation by dispensing with their body armour and helmets and carrying out foot patrols. The ability of the soldiers to communicate directly in French with local officials, many of whom could speak French, was of benefit. Such lessons are illustrated by the handover to the Ghanaian contingent of UNAMIR II, which replaced the Turquoise troops in the Gikongoro sector. When the French discovered that the Ghanaians would be using armoured personnel carriers¹³ and intended to concentrate their soldiers and equipment in guarded compounds, they tried to persuade them to adopt the more relaxed tactics the French had found to be so effective, but without success.¹⁴

4.2. The Zairian contingent

After a prolonged search for acceptable ways of increasing security and physical protection in the camps in eastern Zaire, especially in Goma (see Study II), the UN devised an arrangement composed of the following principal elements:

- units of the Zairian Presidential Guard would be responsible for providing security in the camps;
- they would be equipped and paid by UNHCR;
- they would be supervised and monitored by an International Liaison Group, composed of a mix of seconded foreign police officers, lawyers and human rights monitors.

The Zairian contingent was deployed in March 1995 with small units stationed at agency compounds and storage and distribution points within the camps. It is generally believed that there was an immediate improvement in security, which appears to have been sustained. Interestingly, the factors contributing to the initial success of the Zairian contingent are similar to those listed above for Opération Turquoise, namely enforcement capacity (in this case the status of the Zairian Presidential Guard and thus the President of Zaire), familiarity with the area, and physical presence on the ground among the population.

5. The provision of relief assistance and support to relief agencies by military contingents

Probably all military contingents, whether deployed in Rwanda or eastern Zaire, have provided some relief assistance or a measure of support to relief agencies. For instance, Opération Turquoise troops based in Goma became drawn into relief operations there following the influx – playing a valuable role in managing the airport for the first few days and undertaking the vital body collection and burial

in the initial stages. The military-medical group BioForce attached to Turquoise provided medical assistance to large numbers of civilians within the safe zone as well as in Goma and their laboratory facility proved crucial in the early identification of the cholera and dysentery strains responsible for the outbreaks. Among the UNAMIR II contingents, the Canadian, British and Australian contingents stood out in terms of their direct involvement in the provision of relief assistance and support to relief agencies by virtue of their substantial logistical, medical and engineering units. Nevertheless, other UNAMIR II contingents such as the Ghanaian and Ethiopian, whilst concentrating on security provision activities such as mounting patrols, setting up checkpoints and carrying out arms searches, also supported relief activities. For instance, trucks belonging to various UNAMIR contingents were widely used to transport IDPs during Opération Retour and vital relief equipment.

Of those contingents that emphasized the delivery of relief assistance or support to relief agencies, Study III focused upon the US Operation Support Hope that involved up to 3,000 personnel in Entebbe, Goma and Kigali, though with the bulk deployed at the rear base at Stuttgart/Mannheim in Germany, and operated between the third week of July and the last week of August. In addition, documentary information was obtained and interviews were held with personnel involved in two other operations: the British Operation Gabriel that involved 600 personnel and operated in Rwanda under UNAMIR command between the first week of August and the end of November; and the Dutch contingent of 108 personnel who worked in Goma from the end of July until the first week of September. Documentation was obtained on the Japanese Self Defence Force contingent (called the International Peace Cooperation Corps), which operated in Goma and Nairobi between early October and late December and involved a total of 423 personnel. Unsuccessful attempts were made to visit the Israeli military to obtain information on the field hospital that operated in Goma from late July until early September.¹⁵

The activities of all these contingents were briefly summarized in Sections 2.7, 2.9 and 2.10. In view of its scale and its significance, the performance of Operation Support Hope is assessed separately.

5.1. Operation Support Hope

Operation Support Hope stemmed from an assessment visit to Goma shortly after the influx by the USAID Administrator during which water supply, sanitation, logistical support, the expansion of the capacity of Goma airport, medicines, food, plastic sheeting and communications systems were identified as the major needs. On returning to Washington, the Administrator on 21 July briefed President Clinton, who immediately ordered the Commander-in-Chief US European Command (EUCOM) to assist with humanitarian relief operations in Rwanda and eastern Zaire. A joint task force (JTF) was established with the designation Operation Support Hope.

Support Hope represented an abrupt about-turn from the earlier US position in the early stages of the genocide and RPF/FAR conflict that there was insufficient US national interest in Rwanda to justify a US military intervention. That policy had been guided by the lessons drawn from the wounding US experience in Somalia and Presidential Decision Directive 25 (PDD 25) of May 1994, which set out the US policy on remodelling multilateral peace operations. The scale of the influx into Goma, the subsequent cholera epidemic and the intense TV coverage, combined with the ending of the open conflict between the RPF and FAR, resulted in a policy flip such that it now became in the US national interest to deploy its military. However, to overcome reluctance to the foreign deployment of US forces among the US public and politicians, Operation Support Hope was presented as a strictly humanitarian operation with no peacekeeping role and, in line with the new PDD 25, main-

taining a clear separation of its command structure from third parties, including UNAMIR.¹⁶ In giving its approval to the operation, the US Senate introduced a time limitation: requiring all US forces to leave the area by 1 October 1994 unless this was overruled by Congress.

The objectives set for the JTF were to assist efforts to establish water purification and distribution systems in Goma; establish an airhead and cargo distribution capability at Entebbe; provide round-the-clock airfield services at Goma, Kigali and Bukavu; provide logistics management support to UN and other agencies; and protect the force. JTF headquarters were established at Entebbe with sub-offices in Goma and Kigali, each with its own Civil/Military Operations Centre to ensure liaison with UN agencies and NGOs. It continued until after mid-August when it began winding down and withdrew from Goma and Kigali in the last week of August – one month ahead of the Senate-imposed time limit.

The scale of the logistical support provided by Operation Support Hope was highly impressive. The US Air Force flew a total of 380 long-distance sorties (mostly USA to the Great Lakes region) and 996 regional sorties (within the East Africa and Great Lakes region) and delivered 15,331 tonnes of supplies. Within these figures are contained the substantial logistical support given to the UK, Ethiopian and Australian military contingents provided to UNAMIR,¹⁷ intra-theatre (i.e. intra-regional) movements for UN and NGO agencies (principally Entebbe to Goma but also Entebbe to Kigali and Dar-es-Salaam to Kigali), as well as the equipment required by the US military themselves. The logistical support provided by such an intensive and well-organized capacity facilitated the work of implementing agencies in numerous ways other than just transporting equipment and personnel. For instance, an epidemiological reporting form for daily reporting by agencies operating clinics, cholera treatment and unaccompanied children's centres, designed in Goma by CDC and UNHCR medical personnel, was flown back to the rear base and 48 hours later several thousand copies had been printed and delivered to Goma. Similarly, the early identification of the particular strains of dysentery in Goma was facilitated by the capacity to deliver samples rapidly to specialist laboratories in Germany and the USA.

Within Goma, the principal activities of the US forces were: the operation of water purification equipment; operation of water tankers supplying water to distribution points in the camps; road-works and camp construction work, particularly around Kibumba; and management of cargo handling at the airport. On the first day of deployment, three C-130s airdropped supplies near Katale amid considerable media coverage. As noted in Section 2.7., this was a highly questionable operation. The water purification equipment used (Reverse Osmosis Water Purification Units – ROWPUs) was not appropriate to the scale of the needs, being tailored to the needs of providing limited quantities of high-quality water to army units rather than large quantities of pathogen-free water to a refugee population equivalent to a small city. Fortunately, the ROWPUs were quickly complemented by a civilian-operated large-scale pump (see Section 4.3.). The tankering operation made an important contribution to efforts to supply water from Lake Kivu to Kibumba and some useful construction work was undertaken but, apparently as a result of poor communication and priority setting within the military, the much-needed heavy equipment for use in site layout and access work was not provided by the US military; subsequently the US Office of Foreign Disaster Assistance provided a substantial grant to a British NGO to supply and operate the equipment (see Section 4.3.). Despite the creation of Civil/Military Operations Centres (CMOC), the ability of the US forces to dovetail their activities with those of UN agencies and NGOs working in the same sector or geographical area was limited.¹⁸

In Kigali, the contribution of Operation Support Hope appears to have been less impressive, principally as a result of the limitations on its operations stemming from its separation from the UNAMIR command structure and the strict interpretation of American guidance on the security of US personnel. At the airport, there appears to have been significant overlap between the activities of the Support Hope contingent and those of the Canadian UNAMIR contingent, which had been operating daily Canadian Air Force C-130 flights into Kigali for most of the period since April. The US forces “secured” the airport and increased its capacity to handle incoming supplies. Water tankers and purification equipment were flown to Kigali to assist in efforts to improve the water supply but remained stored at the airport, even though water supply was a critical need during August, apparently - because of strict interpretations of the guidance on the security of US personnel and the use of US military assets by the UN.¹⁹ Commitments were apparently made by the US JTF to repair the water system in the city and to provide a radio station, but neither of these commitments was followed - through.

Concern for the security of US personnel appears to have been of considerable importance to the commanders of the operation. In Goma, US soldiers moved about in convoys of vehicles with the capacity to defend themselves with heavy machine-guns should the need arise and wore their helmets and flak jackets at all times. This practice contrasted sharply with the deliberately relaxed policy of the Opération Turquoise forces operating in the Goma area, which saw pairs of French soldiers walking around Goma wearing berets and no body armour and occasionally disarming militia members who overtly carried weapons. In addition, all US military personnel were required to return to the secure US military compound by nightfall, with the result that US soldiers attending the late afternoon coordination meetings with NGOs and UN agencies had to leave those meetings that went on beyond dusk. Whilst the protection of civilians was admittedly not an objective of the US mission, many of the relief agency personnel interviewed found it remarkable that well-armed soldiers should be so cautious about their own security in a context where hundreds of refugees were being killed each week, rapes were common and most expatriate aid workers were being withdrawn from the camps during the hours of darkness as a result of the high level of insecurity there.

The operation was wound down earlier than many outside the US military thought appropriate. The extent to which this reflected a lack of awareness among UN agencies and NGOs as to the limitations and constraints that the US commander was operating under, or whether the departure was - indeed premature, is unclear. UNHCR had formally requested the US military to retain a presence for a further six months and many NGO personnel had assumed that, given the high profile and bold claims made at the start of the operation, it would remain in Rwanda and Goma longer than the five weeks that it did.

5.2. Military airlift operations

Several air forces transported relief supplies on their aircraft. According to information provided by the UNHCR Air Operations Cell, the US Air Force accounted for 411 flights,²⁰ the German Air Force (Luftwaffe) for 162 flights, the Royal New Zealand Air Force for 145 flights and the Canadian Air Force for 60 flights. The UK Royal Air Force, the Royal Netherlands Air Force, the Spanish Air Force, the Israeli Air Force and the Tunisian Air Force also carried relief supplies though the number of flights involved were very limited. Of the total number of flights recorded by the Air Operations Cell, 48% were military aircraft carrying relief supplies and personnel, 20% were military aircraft carrying military supplies and personnel (principally UNAMIR-related flights into Kigali) and 32% were commercial or private flights carrying relief supplies (see Figure 10).

Figure 10: Airlift flights to Goma, Bukavu and Kigali by category of carrier and cargo²¹

Location	Total Cargo Flights	Military Humanitarian	Military	Commercial/Private
Goma	467	157	43	267
Bukavu	243	159	0	84
Kigali	917	469	283	165
Total	1627	785 (48%)	326 (20%)	516 (32%)

Period covered by data:	Goma	19 July to 25 September
	Bukavu	5 August to 2 October
	Kigali	3 August to 2 October

Source: UNHCR Air Operations Cell, Geneva.

Precise information on the cost of carrying cargo on military aircraft is hard to come by due to the difficulty of obtaining precise costings from the military and uncertainty over whether the use of military assets should be made on a total cost or a marginal cost basis, or something between the two. On a total cost basis it would appear that military aircraft are 4–8 times more expensive than commercial aircraft for comparable routes.²²

6. General points on the role of the military in the provision of relief assistance and support to relief operations

Generalizations about the performance of the various contingents providing humanitarian assistance or providing support to humanitarian activities are difficult. The contingents were extremely varied in their capacity, objectives and the command and coordination frameworks within which they operated. However, it does seem possible to make some general points based on the experience of those contingents examined.

Except for Opération Turquoise, which has been considered separately, none of the contingents was familiar with Rwanda and Zaire prior to their deployment. This will have increased the difficulties faced by those involved in planning the operations in attempting to tailor objectives and composition of the contingents to the particular context. Apart from the Japanese Self Defence Force contingent (International Peace Cooperation Corps), which was only deployed after a careful reconnaissance in Goma by a 23-person team during the last week of September and the first week of October, the US, British and Dutch contingents were deployed on the basis of rushed and inadequate reconnaissance assessments that served to limit the effectiveness of the subsequent deployments.

For instance, the decision to send a contingent of British troops to Rwanda appears to have been taken on 25 July and not to have involved the government department responsible for administering UK humanitarian aid to Rwanda.²³ The reconnaissance team was briefed in London on 26 July and flew the next day to Kigali, where they spent only 36 hours on the ground before returning to London on 30 July. The first flight carrying the main contingent left the UK on 1 August. The pressure to get the first units to Kigali as quickly as possible led to them arriving with inadequate vehicle support. Lack of clarity over the role of the substantial medical team within the contingent resulted in

them not taking medicines suitable for treating the local population and they consequently had to use supplies provided by a French NGO.²⁴ Similarly, the Dutch contingent was preceded by a six-person reconnaissance team sent to the area on 24 July but it had not completed its assessment by the time, four days later, when the main contingent was despatched. Operation Support Hope experienced similar problems with the US military survey team arriving in Goma on the same day that announcements in Washington were being made as to the objectives and size of the operation. Had the survey team been despatched earlier or allowed more time, it is likely that the initial actions in the water sector would have been more effective and that greater use would have been made of overland rather than air transport from Entebbe (see Section 5.7.).

That the military forces involved were not more prepared for an involvement in Rwanda/Zaire and had to plan and assemble their contributions so rapidly would seem to reflect a general lack of coherence in humanitarian and security policies within the international community and, more specifically, within the administrations of the respective countries. For the three months prior to these deployments, the same governments had been having to justify why they were not offering any military contingents to bolster UNAMIR during the genocide. When the security risks had been considerably reduced (i.e. the FAR/RPF conflict had ended) and there was intense media coverage of the humanitarian disaster in Goma, senior political figures quickly turned to the military.

The use of military capacity as an emergency standby to complement capacity within the humanitarian system occasionally is nothing new – the use of military aircraft to carry relief supplies has taken place almost since air forces began forming 80 years ago. However, the use of soldiers to undertake activities such as meningitis vaccinations, the treatment of dysentery cases, water purification and the rehabilitation of urban electricity supply systems is a rarer occurrence and appears to have increased since the end of the Cold War period as the military look for alternative ways in which to utilize their capacity. This raises a number of policy issues, with three in particular standing out from the Rwanda experience, namely: cost considerations; stand-by capacity; and civil/military cooperation.

6.1. Cost considerations

If estimated on the basis of total costs, there is no doubt that the same activities cost considerably more if undertaken by the military than by civilian contractors or NGOs. Several attempts were made during the study to explore this issue but were thwarted by the difficulty of identifying activities that were directly comparable and then obtaining precise cost figures for them. In the instance of airlifting relief supplies, it would appear that the use of military aircraft costs 4–8 times that of commercial alternatives.

However, the picture is considerably complicated by the fact that military capacity used in support of humanitarian operations would either have remained idle or been engaged in training exercises and also by the way in which governments attribute the costs. For instance, some government defence departments absorb all the costs of such support within their departmental budgets whilst others - charge the client department (e.g. foreign ministry humanitarian aid section) part of the additional costs arising from the operation. Unfortunately, despite approaches to several of those governments providing military assets to Rwanda and eastern Zaire, Study III was unable to obtain information in a form that could be used on the additional costs arising from the operations and how these were - charged by the relevant defence departments. In a post-Cold War context in which defence spending and force levels have been considerably reduced, assumptions underlying the traditional costing basis are becoming increasingly questionable. Essentially, what is being provided by the military is a stand-

by capacity with highly-developed systems and expertise in the field of logistics. If a humanitarian aid stand-by capacity were to be developed in the commercial or non-governmental sector, it is likely that such a capacity would be considerably cheaper to a central finance ministry than funding the maintenance of such capacity within the military.

6.2. Stand-by capacity

During the July–August period, there is ample evidence that the capacity of the humanitarian aid - system was overstretched. Senior officials in UNHCR felt so overwhelmed that the concept of service packages was hurriedly developed (see section 3.7.). Many relief agencies had problems in locating and sending suitably qualified and experienced personnel to work in Goma, Bukavu and in the south-west of Rwanda (see Chapters 4 and 8). The military therefore provided additional capacity that was not readily available within the relief system or from commercial service providers. The airlift sector may be somewhat different as there is no clear evidence to suggest that the full capacity of the commercial charter sector was approached in late July. If this is so, then it is possible that part of the additional airlift capacity provided by the military could have been undertaken much more cost-effectively by commercial carriers, which in at least one instance appear to have been more flexible than some of the air forces.²⁵ Despite these questions about potential capacity within the air transport sector, it remains the case that useful work was undertaken by the military during the July–August period, undertaking certain tasks such as water tankering, compound construction, road repair, infrastructure rehabilitation and logistics support.

This study has not been able to explore the costs of developing civilian stand-by capacity, perhaps based on those large international NGOs with a proven track record in rapid response. Building up and retaining such capacity for sudden deployment would involve substantial costs. How these costs would compare with (occasional) use of high-cost military contingents is not clear. It is probably the case that civilian stand-by capacity would be cheaper than reliance upon the military as a form of stand-by capacity for humanitarian operations. In the absence of any substantial investment in civilian stand-by capacity it is likely that there will be occasions, such as the July–August period in 1994, when the only additional capacity that can be quickly deployed is that of the military. If this is to be the case, then it will be necessary to ensure that such support is predictable and not subject to the sudden changes in attitude displayed by several governments during late July.

6.3. Civil/military cooperation

During the course of the study, Team members heard evidence of the awkwardness that exists - between some personnel of the humanitarian agencies and the military. For instance, some agencies in Goma refused to admit foreign military personnel into their compounds or into their vehicles. In some cases the same agencies were among those calling, in November 1994, for the Security Council to urgently address the high levels of insecurity in the camps. Such suspicion and lack of trust displayed by some NGO personnel towards the military appears to have been greater in Goma than - inside Rwanda, possibly due to the lack of a single command structure for the various military contingents operating there and the role of the Zairian soldiers in exacerbating the insecurity. Inside Rwanda, all military contingents except for Opération Turquoise, Operation Support Hope and the bilaterally-provided Canadian contingent, operated with the UNAMIR command structure and the mechanisms for liaison between the humanitarian agencies and UNAMIR was well developed in the form of UNREO in Kigali, which for a time contained the UNAMIR Humanitarian Cell and the US Civil/Military Operation Centre.

Increases in the number of peacekeeping operations around the world mean that humanitarian agencies and military contingents are increasingly having to work together, either alongside each other or collaboratively. Whilst there remain important questions as to whether it is desirable for third-party military forces to participate in relief operations (see below), it is likely that governments will continue to order the deployment of such assets in situations of extreme, highly-visible suffering that provoke public and political pressure for the government to respond in a high-profile manner. If this is the case, then it is important that the two communities – the humanitarian and the military – should seek to improve their mechanisms for coordination and collaboration. This would imply the mounting of joint training courses and exercises.

6.4. Should the military participate in humanitarian relief operations?

The above discussion indicates that the use of military assets in the provision of relief assistance and in support of relief agencies may be questioned from several standpoints such as their predictability, effectiveness, cost-effectiveness and ability to participate collaboratively in operations generally involving several UN agencies and numerous NGOs. Within the limited sample of contingents studied, there were wide variations in performance and for this reason generalizations are difficult. In addition, the inability of the team to obtain data that would have enabled a fuller exploration of cost-effectiveness issues and the relative merits of reliance upon military and civilian stand-by capacity, meant that, on this critical issue, the study could not draw clear findings. For these reasons, a categorical response to the question as to whether military should or should not participate is not possible on the basis of this study. Given the importance of this question, and indications that the military in several countries are planning and recruiting on the basis that they will continue to be - involved in relief operations, a fuller study, covering more than just the response in Rwanda and eastern Zaire, will be required to provide a clearer basis for policy formulation.

7. Service packages: a beneficial innovation?

As noted in Section 3.3., the decision process leading to the deployment of military contingents to Goma was influenced by UNHCR's 20 July request to donor governments to provide "self-contained service packages". Though the response by governments to the request included the deployment of civil defence and civilian disaster response teams as well as military contingents and airforce transport capacity, discussion of this initiative is located here rather than in one of the following chapters, which have a sectoral focus.

Though the concept of self-contained service packages as outlined in the request of 20 July had been quickly assembled within UNHCR as a way of rapidly addressing the need for additional management and implementation capacity in Goma, it represented an evolution of the stand-by agreement model, the first of which had been agreed with the Swedish Rescue Board in 1991.²⁶ Experience with this arrangement during the response to the Kurdish crisis had been positive and further agreements were developed to address the capacity problems experienced by UNHCR during the Kurdish crisis.²⁷ The expansion of UNHCR's operations in the former Yugoslavia during 1992, and in particular the start of the Sarajevo airlift, increased the agency's contact and collaboration with military contingents within UNPROFOR and saw the secondment of military personnel to UNHCR Headquarters to help manage the Sarajevo Air Cell. On the ground in Sarajevo a dozen trucks provided and operated by the Swedish Rescue Board played a crucial role in the success of the airlift operation.

The response to the Ngara influx at the end of April 1994 may be seen as a "transitional case" in the

development of the service package concept. EMERCOM deployed a fleet of six-wheel-drive trucks to Ngara under a recently-developed stand-by agreement; the UK ODA provided a self-contained team of logistics specialists to manage cargo handling at the Mwanza air-head; and the US government provided US Air Force and civilian airlift capacity. Recognizing the need to develop the concept if UNHCR were to be required to cope with additional large-scale refugee influxes, the Head of Operations visited several donor organizations during May and June to discuss the idea of donors taking responsibility for the management and implementation of specific activities. The initial response by donor organizations was not enthusiastic. Faced with the enormous demands of the Goma influx, the concept was activated and articulated in the form of eight packages.

As indicated in the request of 20 July, the self-contained packages were as follows:

1. Airport Services: repair and expansion of runway; fencing and security; off-loading and handling of cargoes; establishment and management of temporary storage facilities.
2. Logistics base services: establishment of service/workshop base for approximately 300 trucks, 50 water tankers and 100 light vehicles; provision of fuel depot and resupply of fuel for entire operation.
3. Road servicing and road security: repair/maintain roads from airport to four sites; maintain open passage from Goma to sites and provide security for trucks operating from airport to sites.
4. Site preparation: site preparation and layout of all sites; access and internal road system, construction of storage facilities, administrative buildings and staff accommodation.
5. Provision of domestic fuel: manage all aspects of controlled wood-cutting or supply alternative fuel.
6. Sanitation facilities: construct approximately 60,000 latrines in the four sites.
7. Water management: organise and manage water tanker operation from water sources to sites; - ensure water purification; set up water storage and distribution systems in sites; investigate - ground source potential or other sources of supply to replace tanker operation.
8. Management of AirHead: ground handling teams with equipment; temporary storage facilities; communications equipment.

Whilst most of these needs were eventually met, the way in which they were met rarely corresponded to the intentions of the request. For instance, most of the packages involved not just one government providing a team to undertake all the requirements within that package, but generally involved combinations of teams or military contingents from more than one government working in conjunction with several NGOs. For instance, GTZ, the Swedish Rescue Board, MSF-France, IRC, Oxfam and Concern all worked in the sanitation sector and, strictly speaking, participated in meeting the needs of Service Package 6. Similarly, the water management package was effectively undertaken by at least a dozen agencies with the US military/PWSS, Oxfam and THW playing a key role and several others such as UNICEF, MSF-Belgium, the US military and the UK ODA participating in the tankering operation and still more making contributions at the camp level. Clearly, as acknowledged in the concept paper prepared by UNHCR for an informal consultation with donors in April 1995,²⁸ the packages were simply too large for individual governments to undertake alone. In addition, it is apparent that, in responding governments did not feel bound to any particular package or sector. Governments provided direct, in-kind assistance to those sectors and activities that they deemed as requiring support and which they felt they had a particular capacity to offer. Some teams fielded by governments were very flexible and undertook particular activities as the need arose. In effect, there-

fore, the concept was too new, the scale of the needs too great and the situation too dynamic for governments to be able to respond in the way envisaged by UNHCR in making the request.

A sense of the spread of activities undertaken by governments during the first two months of the response in North Kivu can be gained from the following list of direct (staff and/or material) in-kind contributions by different governments.²⁹

- France (French Army): Air traffic control, site planning, water distribution, health – field hospital (bulldozer, forklift, watertankers, trucks)³⁰.
- USA (US Army, OFDA): Air transport, water pumping and distribution, site planning, logistics (bulldozers, graders, watertankers, trucks, water purification units).
- Sweden (Swedish Rescue Board): Site planning, road work, latrine building and drilling, food distribution (bulldozers, trucks, drilling rigs).
- The Netherlands (Dutch Army): Movement control, logistics, health (water tankers, trucks).
- United Kingdom (ODA): Logistics, food distribution, water distribution (airport handling equipment, water tankers, trucks).
- Germany (German Cooperation, GTZ, THW): Firewood, reforestation, water distribution, sanitation (trucks, watertankers, water purification units).
- Israel (Israeli Army): Health (field hospital).
- Ireland (Irish Army): Human resources seconded to UNHCR.
- European Union (ECHO): Human resources seconded to UNHCR.
- Algeria: Human resources, health sector.

As well as the point that the packages were unrealistically large, the concept paper prepared by UNHCR identified other problems, including:

- the request did not sufficiently specify the technical and professional requirements
- deployment was slow and staggered.
- failure to define needs, implementation procedures and coordination mechanisms allowed the “push” of material to override the “pull” of what was actually required in the field.
- vertical coordination between UNHCR and the governments was never sufficiently established at the Geneva level.
- coordinating different governments involved in different activities “presented daunting challenges”.

Two important problems not referred to directly by the concept paper were that the notion of “service packages” underplays or even ignores the role of NGOs, and that it falsely gave the impression to some governments or their “package managers” that they were in charge of that package. In the case of the critical water sector, these misconceptions led to Oxfam being informed by UNHCR-Geneva on 27 July that the US military had been tasked with Service Package 8 and that Oxfam could not expect reimbursement funding from UNHCR. This came as a surprise to Oxfam, which, by virtue of its pre-existing operations in Goma and its assigned role within UNHCR’s Contingency Plan for North Kivu, believed that it was central to responding to the needs in the water sector. At that point the agency was working on a budget of \$4.2 million, a substantial proportion of which had already been committed in the equipment and personnel already deployed. Had the agency not been reimbursed a substantial proportion of this amount it could have had serious repercussions on the agency’s overall financial position. In the event the situation was clarified and reimbursement funding

provided but it served to delay some actions by the agency and also contributed to delay the provision of a US Air Force C5A Galaxy to lift additional Oxfam equipment to Goma.

This incident reveals what is potentially a major structural problem with the service package concept. The provision of direct, in-kind assistance by governments transfers responsibility for the funding of the activity to the government providing the service. Thus UNHCR's role is changed from being the receiver of funds and the contractor of services to the manager of services which are, to UNHCR, in fact costless. NGOs that normally rely substantially upon UNHCR for funding the services provided are placed at a disadvantage unless they can ensure that they are part of the service package provided by their governments. If the larger NGOs, for whatever reason, are not able to enter into such understandings with their respective governments, and UNHCR is not provided with adequate funding to contract the services of NGOs, there is the distinct risk that their capacity will not be available to UNHCR.³¹

So was the service package concept a useful innovation? In several important respects it did not work as planned. Whilst it did provide substantial additional management and implementation capacity, the fact that several different agencies worked "within" the same package substantially increased the coordination burden upon UNHCR and created some confusion that may have reduced the effectiveness of the response. How effective were the services provided by the different governments? This has not been assessed, other than in general terms, by UNHCR. Care should be taken in further developing the concept in the absence of a proper assessment of the effectiveness of the various package providers and of the issues raised by the service package concept. This study was able to examine the overall performance of Operation Support Hope, which covered parts of four packages, including the water management package, and also obtained information on THW's contribution to this package. The results of these assessments are presented in Chapter 4. However, lack of time and the non-response to some requests for information from other package providers limited the number of packages that were assessed. One point that can be made here is that, as with military contingents, cost-effectiveness issues are probably significant considerations in relation to self-contained teams that brought with them all their own equipment, living, sleeping and cooking facilities and food. As this was all brought by air, it must not only have been very costly, it will also have occupied a significant number of the scarce "slots" at the airport.³²

Endnotes

1. The numbers killed during the April–July genocide cannot be known with any accuracy and estimates vary widely. On the basis of calculations and assumptions that appear realistic, Prunier (1995) estimates that 800,000 were killed during the genocide. In conjunction with the other studies in the Joint Evaluation, the range of 0.5–0.8 million is used in this report. The numbers were clearly so large that arguments over whether it was nearer the lower estimates or the higher estimates are of questionable utility and perhaps also morality.
2. Significantly, the last two methods of saving lives were undertaken without the authorization of New York as, strictly speaking, they were beyond even the mandate eventually agreed upon by the Security Council.
3. Lance Clark, DHA, and former member of UNAHT. Personal communication, September 1995.
4. Geoff Loane, Deputy Head of Delegation, ICRC, Nairobi. Interview, April 1995.
5. CDC: Population, Nutrition and Mortality Survey, Mugunga, 31/8/94. Such a classification could include crush injuries sustained during the shelling incident at the airport during the influx and at badly-managed relief distributions. Nevertheless, on the basis of anecdotal evidence, it would appear that the principal cause of traumatic injury was violent attacks.
6. Ndosho orphanage was connected to the Goma town electrical supply, though this was unreliable. Some agencies possessed generators that were used either in the treatment centres or in the compounds near the camps or in Goma town. One positive aspect of the Dutch military contingent, which worked closely with MSF-Holland in Katale, was the generators they brought with them.
7. The operation of a Chapter VII intervention in the same country as a continuing Chapter VI operation appears to have been unique to Rwanda.
8. During the course of the study, several interviewees expressed the view that the presence of a group of military personnel had a positive impact on security in areas experiencing high levels of violence and instability even if they were medical personnel or logistical units rather than armed infantry. However, there was little evidence either to support or contradict this view. This section of the report therefore considers only Opération Turquoise and the Zairian contingent.
9. Interview Connaughton/Lafourcade, Toulouse, 28 March 1995.
10. Gérard Prunier, 1995. Background paper prepared for Study II.
11. Gérard Prunier, 1995.
12. Interview with General Dallaire, The Hague, Netherlands, 22 March 1995.

13. The US M113 APCs, which it was proposed to lease to UNAMIR in April, but which did not become operational for several months.
14. In his discussions with his Ghanaian counterpart, General Lfourcade “impressed upon him the necessity of scattering units so as to cover the ground, and to conduct night patrols, but I believe that as soon as we left, they crept back inside their shells”. Interview Connaughton/Lfourcade, Toulouse.
15. By the time the visit by a team member was approved by the relevant authorities, there was insufficient time left to carry out the visit and integrate the material into the draft report.
16. Indeed, the After Action Review for Operation Support Hope states that “the JTF on a humanitarian assistance mission could not appear to be taking sides, or cooperating with the United Nations Assistance Mission in Rwanda (UNAMIR), a UN military command with a peacekeeping mission”.
17. Totalling 56 C5 Galaxy (or Galaxy equivalent) sorties and 15 C-141 Starlifter sorties.
18. For instance, Oxfam played a key role in the water sector yet experienced difficulty in working collaboratively with the US military. At one point the US officer in charge of the water activities stated: “I take my orders from Mannheim”. Nick Stockton, Head of Emergency Unit, Oxfam, personal communication.
19. Interview with Major-General Dallaire, The Hague, 22 March 1995 and information contained in comments by UNICEF personnel on the Study III draft report.
20. Because of the USAF use of the larger capacity C-141 and C5A in addition to the ubiquitous C-130 used by the USAF and other air forces, the average tonnage carried on USAF flights will have been greater than that carried by other air forces.
21. Unfortunately, information is not readily available for flights to Mwanza in support of the refugee relief operations in Ngara and Karagwe. These operations were not coordinated by the UNHCR Air Operations Cell, which was requested to become involved in the Rwanda operations only four days after the start of the Goma influx.
22. A real-case comparison during the Goma airlift of military versus commercial quotations for a specific cargo to a specific location showed a ratio of six to one. For flying, the same cargo from the UK to Kigali, SCF-UK were quoted £7.00/kilogram by the UK RAF and £1.6/kilogram by Sabena. Steven Rifkind, SCF-UK Country Representative, Kigali, interviewed April 1994.
23. On 25 July, the Head of the Emergency Aid Department in the ODA informed his counterpart at the OFDA in Washington that the UK was not planning to send a military contingent to Rwanda.

24. Originally, the 150 personnel from the 23 Parachute Field Ambulance were intended to provide medical support only to UNAMIR soldiers, using drugs and supplies that were available in UNAMIR, but on arrival in Rwanda it was decided to deploy the personnel to Ruhengeri Hospital, and then, after 12 days, they were redeployed to Gikongoro to operate clinics and treatment centres in IDP camps and surrounding areas. The medicines were supplied by Pharmaciens sans frontières (PSF).
25. For instance, WFP were using commercial C-130 charters to transport food to the airstrip in Bukavu for several weeks before the USAF investigated the use of the airstrip and decided that it was not possible for their C-130s to use the airstrip. Subsequently, both the German and Royal New Zealand Air Forces operated C-130s into Bukavu. Trevor Page, WFP Rapid Response Team, Bukavu – personal communication.
26. This account of the origins of the service package concept draws upon a concept paper prepared for an Informal Consultation on Service Packages held in Geneva on 3 April 1995 and on discussions with Eric Morris, formerly Head of Operations, UNHCR.
27. Approaches were made to three international NGOs with considerable experience in the provision of emergency relief to refugees and with a strong capacity in particular sectors. These were MSF for health, Oxfam for water and IRC for sanitation. Their response to entering formal agreements was apparently either cautious or negative. (Eric Morris, formerly Head of Operations, UNHCR. Interview December 1995.) Subsequently, UNHCR concluded an agreement with Rädda Barnen (Swedish Save the Children) for creation of a stand-by team of experienced personnel who can be called on at short notice to make needs assessments in emergency situations.
28. This is the same paper referred to above. Some of the findings of an internal review of the service package experience were included in the concept paper.
29. This list is drawn from “Summary of Services and Equipment provided by Governments related directly or indirectly to previously named Service Packages”, UNHCR, 13 September 1994.
30. The French government made available the resources of the French military forces within Opération Turquoise, which were already present in Goma prior to the influx.
31. It is interesting to note that as UNHCR develops its stand-by agreements with governments that whilst some are basing such agreements upon NGO capacity, others are basing them upon civil defence and military capacity. Janet Lim, EPRS UNHCR, Geneva interview, December 1995.
32. According to a member of THW, the team’s deployment involved a total of 400 tonnes of equipment, which in terms of C-130 flights would have involved approximately 30 separate flights.

Chapter 4

Assessment of Performance: Health, Water and Sanitation

1. Morbidity and mortality

After deaths during the genocide and the RPF/FAR conflict, the principal causes of mortality during the emergency were cholera and dysentery. As both these diseases are spread as a result of inadequate water and sanitation arrangements, performance in the health and water/sanitation sectors is therefore considered together.

Morbidity and mortality statistics relating to the emergency are extremely patchy in terms of their geographical coverage and are of very variable quality. Commendable efforts were made by WHO to standardize and collate epidemiological data and its bi-monthly epidemiological bulletins went some way to providing a regional perspective. However, there was great variation in the emphasis placed upon collection of epidemiological data. In Goma, highly-qualified and skilled teams of epidemiologists from the US Centers for Disease Control and Prevention¹ (CDC) and Epicentre, supported by WHO, generated large quantities of epidemiological data that enabled health programmes, drug protocols and vaccination schedules quickly to be tailored to local circumstance. By contrast, between July and September 1994, data collection in the IDP camps in Rwanda only took place in those camps where MSF and Epicentre happened to be working.²

Whilst other indicators also have an important role to play, epidemiological information is a crucial tool in efforts to assess the impact and effectiveness of emergency aid and the Team's ability to comment authoritatively on impact and effectiveness was severely constrained by the lack of comprehensive datasets. In view of the substantial resources expended on the response, the patchiness of the epidemiological information is highly unsatisfactory; this report therefore recommends steps to - ensure that the performance of future large-scale relief operations can be more effectively assessed (see Chapter 9).

Bearing in mind the difficulties with the available datasets, Figure 11 shows the estimated numbers of people who died and the cause of death. The figure for cholera has been determined by taking the estimate of almost 50,000 deaths estimated by the CDC as being the total number of deaths within the first month and attributing the proportion to cholera as implied by the retrospective survey carried out in Mugunga camp.³ The figure for dysentery was determined using available information on global attack rates and case fatality rates that had been collated and analyzed by Epicentre⁴ and making realistic assumptions where data was not available for all camps⁵. Had information been available for dysentery deaths in camps in Burundi and for the non-camp populations inside Rwanda, this - result would probably have been significantly higher.

Figure 11: Principal causes of death

Violent death (war and genocide)	0.5 – 1 million
Cholera (Goma)	30,000

2. Cholera outbreaks during the emergency

Cholera is endemic in the Kivu region of Zaire. Though the outbreak that occurred in Goma in July–August 1994 is the focus of this section, it should not be forgotten that cholera cases also - occurred elsewhere. For instance, Ngara experienced an outbreak in December 1994, with a second - smaller peak in February 1995. The source was new arrivals from Rwanda and transmission was person-to-person rather than use of an infected water source, as was the case in Goma. The outbreak was confined to Benaco and Mushura Hill camps, which, at that stage, had a combined population of around 290,000. In all 1,800 people were infected, of whom 90 died. Crucial to the successful - response to the outbreak was the protection of water sources from contamination, though other factors included:

- good contingency plans for dealing with an outbreak, with each camp having its own purpose-built cholera centre;
- well-developed programmes to mobilize the community, with many community health workers and community awareness groups who promoted early case finding and referral to the centres;
- a well-motivated population conscious of what had happened five months earlier in Goma; and
- good co-ordination between curative and public health services and between UNHCR, - UNICEF and the NGOs involved.

These measures prevented the explosive epidemic profile that occurred in Goma and enabled the well-developed curative and community services to operate without becoming overrun. Whereas in Goma 100% of the refugees were infected with cholera within 2–3 weeks, in Benaco and Mushura Hill camps approximately 6% of the population was infected with cholera in the space of four - months.

There were also sporadic cases of cholera in Bukavu town during the influx and when large numbers of refugees were temporarily settled in the town. Transmission was person-to-person as a result of inadequate hygiene practices, due to the very limited amounts of water available to the refugees. Crucially, however, the municipal supply remained uncontaminated and the numbers infected were very limited. For those who had moved out to the newly-opened camps, the small size of the camps compared to the massive camps in Goma may also have contributed to the limited incidence of cholera in the area.

Though much studied, the available data on the Goma outbreak cannot be regarded as accurate. Mortality statistics rely on tallies from the body-collecting trucks. Given the considerable confusion in the burial sites and camps during the first weeks after the influx and the fact that many deaths - occurred outside the camps, these estimates can be regarded as only approximate. In addition, estimates of the refugee population at the time of the outbreak varied substantially and so there is wide variation in the calculation of attack rates, etc. Despite the limitations of the available data, it is clear that the cholera outbreak was extremely severe and explosive. Almost 50,000 people (between 6–10% of the total refugee population) died during the first month after the influx, principally from cholera and dysentery, which began a few days later.

The outbreak began within six days of the start of the influx and peaked very rapidly, apparently -

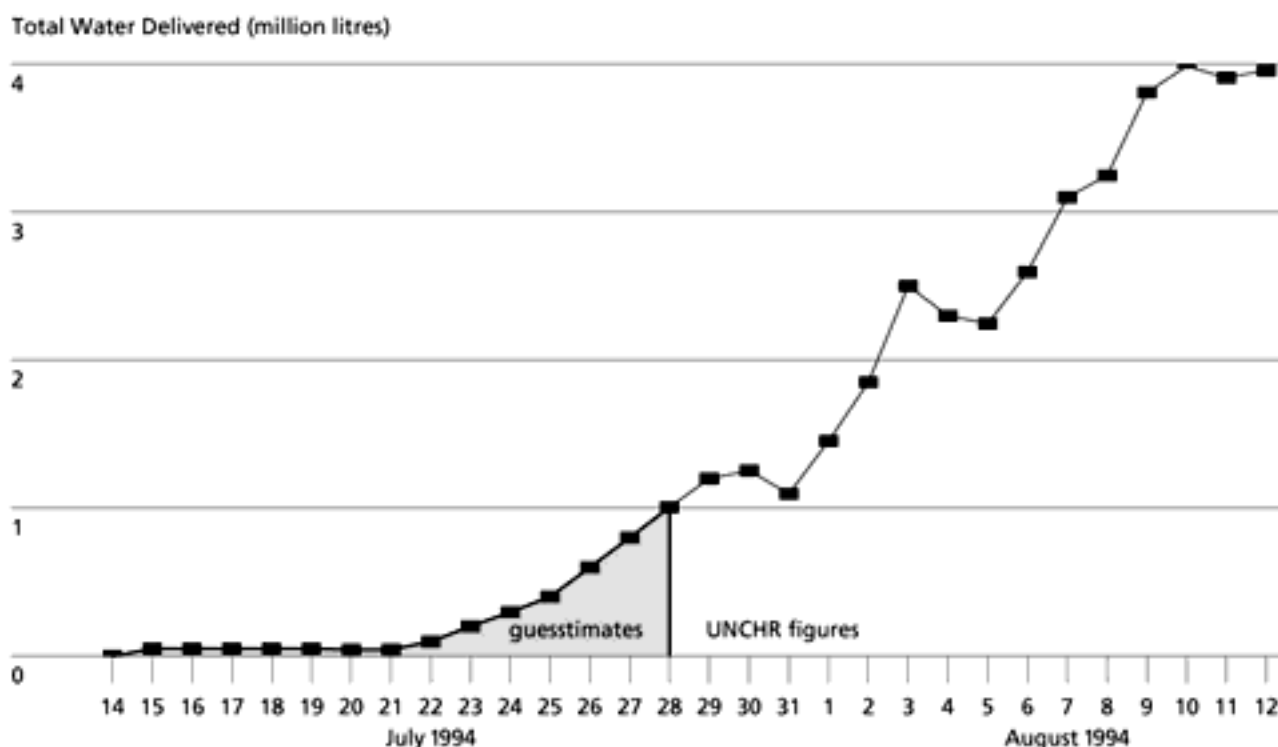
within a week of the first case being diagnosed. Attack rates were high, with approximately 10–15% of the population developing moderate or severe cholera. It is likely that the entire refugee population was exposed to cholera in the space of 2–3 weeks. Given that immunity is acquired after exposure to cholera, the extent of the epidemic was almost certainly limited by population immunity. Case fatality rates in the various cholera centres were initially extremely high (50% plus in some centres) but fell rapidly and, within two weeks after the start of the epidemic, were below 10%. There is no data available as to case fatality rates outside the treatment centres and, consequently, estimates of the numbers of lives saved by the international intervention are not possible to make.

3. Provision of water and sanitation in Goma

Prior to the influx, Oxfam had pre-positioned sufficient stocks of water pumps, storage materials and pipes for a population of 50,000 refugees, at a cost of approximately £400,000 using the agency's own funds⁶ (see Section 6.2.). Though quite inadequate in the face of such a massive influx, the equipment bought time and allowed the agency to start operations as soon as an emergency team - arrived from the UK on 19 July 1994.

Though 15–20 litres/day/person is the internationally recognized standard, 5 litres/day/person (6 - litres/day/person inside Rwanda for UNHCR) was taken as the immediate target by UNHCR technical personnel⁷. Assuming a total population of 800,000, the initial distribution target was therefore four million litres/day. Figure 12 shows the growth in water delivered in the camps from the influx until 12 August. The 4 million litres target was achieved on 10 August, 27 days after the start of the influx and 15 days after the peak of the cholera epidemic. Though late in terms of mitigating the cholera epidemic, the provision of potable water to such a large population in such a short space of time nevertheless represents a very substantial achievement.

Figure 12
Total treated water delivered to refugees in North Kivu (14 July–12 August 1994)



Source: Figures for the period up to 29 July are guesstimates as no data are available. From 30 July figures are taken from UNCHR Water and Sanitation Coordinator's SitRep of 12 August 1994.

Water was produced from a variety of sources. The site at Katale was located near a stream and Oxfam began water production here within a few days of the influx. Approximately 40% of the refugees settled spontaneously at Kibumba camp, which was located no less than 27 kms from the lake, its nearest source of water. From the outset Kibumba was wholly dependent upon tankered water drawn for the first few weeks on water pumped from Lake Kivu. Kibumba has since continued to rely on tankered water. In addition to the water produced by agencies either from local sources or from the lake, a substantial but unknown volume of water was extracted directly from the lake by refugees using buckets and jerrycans. Whilst media attention focused on the efforts to pump and purify water from the lake, it appears that in the days immediately following the influx it was bucket-drawn water that was the principal source for refugees in the town and those in Mugunga camp and perhaps even for some of those at Kibumba. Whilst this source will have served to limit the numbers who died from dehydration, it is almost certain that it was also responsible for the rapid spread of cholera through the camps. Within the town the municipal water supply was also intensively used, - though its capacity was limited as a result of inadequate maintenance and supplies of chlorine were

poor. UNICEF supported the municipal water authority REGIDESO to chlorinate the supply and also increase its pumping capacity to serve the local population and the refugees in the town.

By 26 July, the apparent peak of the cholera epidemic, Oxfam was producing and distributing a total of 600,000 litres of water in Mugunga and Katale camps and the five-litre immediate target was - reached in these camps during the first week of August, when queuing at the stand-pipes ended.⁸ Initially, Oxfam refused to develop water systems in Kibumba, given its inappropriate location in relation to the nearest water sources, and instead proposed that systems be developed at the Kahindo site, which had been identified on 26 July and was nearer to water sources in the Katale area. This was not accepted by other agencies at the time and water systems developed at Kibumba were supplied by the tankering operation. The Kahindo site was subsequently developed and opened in September 1994.

Amid considerable media coverage, the first units of US Operation Support Hope began to arrive in Goma on 24 July. The following day two Reverse Osmosis Water Purification Units (ROWPUs) - arrived and began production of high-quality water on the morning of 26 July. Their capacity was 14,400 US gallons/day or approximately 57,600 litres/day.⁹ In what proved to be a critical intervention, particularly for supplies to Kibumba camp, PWSS¹⁰ arrived on 26 July with a large-capacity hydro sub-pump capable of pumping approximately 3.5 million litres/day. The equipment was - located next to the US Army ROWPUs and initially used to increase the supply to them. After three days however, at the recommendation of UNHCR's Water and Sanitation Coordinator, the pump was used directly to fill water tankers, which were injected with chlorine before setting off to delivery points in the camps - principally in Kibumba.¹¹ In addition, the pumps and purification units were used to supply temporary distribution points in Goma town.

As part of the German government's service package, the Technisches Hilfswerk (THW) agency - arrived in Goma at the beginning of August and began producing treated water on 5 August (22 days after the start of the influx), using mobile filtration units. THW's production was approximately 750,000 litres/day throughout its first month of operation which was equivalent to just under 20% of the total demand. THW worked closely with the UNICEF tankering operation, covering sites in Goma town, the unaccompanied children's centres and camps along the western axis.¹²

With the arrival of PWSS, the critical bottleneck shifted from being one of production to one of transporting the water from the wharf at Goma to those camps where production was insufficient or where, as in the case of Kibumba, the camp was entirely dependent upon tankered water. Kibumba alone required a tanker fleet capacity of about 600 cubic metres, which was equivalent to 30 tankers of the common 20-cubic-metres capacity operating throughout daylight hours. Tankering operations were begun initially by MSF-Belgium and subsequently in conjunction with UNICEF and the French military, using four locally-hired tankers and one provided by the French military. The total capacity of this fleet was just 80 cubic metres.¹³ Despite tankers being requested by UNHCR from 15 July, 10 days later none had arrived to complement the joint MSF-Belgium/UNICEF/French military operation. Thereafter, tankers began to arrive steadily and by 13 August, one full month after the start of the influx, the total fleet had built up to 60 tankers operated by the US military, the Dutch military, MSF-Belgium/Holland, UNHCR, THW, UNICEF and ODA.¹⁴ The immediate target of 5 litres/person/day was reached in Kibumba on 9 August.¹⁵ The slow build-up of this crucial capacity illustrates the need to have more effective stand-by arrangements for the provision and operation of critical equipment needs.

The management of the tankering operation experienced problems and the volumes transported were apparently less than the optimum possible as a result of lack of communication and coordination. At the end of July, MSF-Holland and Belgium took over the coordination and management of the operation and efficiency increased. The experience highlights the fact that having tankers available is of itself not sufficient – they need to have effective arrangements for their management. A result of the rapid procurement process undertaken by a number of donor organizations was a non-standardized - tanker fleet, which has led to maintenance problems and subsequent difficulties in keeping the fleet operational, and thus keeping Kibumba adequately supplied.¹⁶

As well as the (probable) contamination of the principal water source, a significant factor contributing to the rapid dissemination of cholera throughout the population was the lack of adequate sanitation arrangements. Sanitation programmes were slow to get under way. By 12 August, there was only one latrine for each 1,029 inhabitants in Mugunga, one per 500 in Kibumba, and one per 184 in Katale.¹⁷ Whilst the extremely difficult terrain and the scale of the influx were important factors in explaining the slow improvement in sanitation provision, critical factors appear to have been:

- a) the lack of heavy equipment to dig communal latrines and open up roads into the camps to aid decongestion and improve camp layouts;
- b) the lack of expertise and experience in dealing with large-scale excreta disposal in emergencies; and
- c) the apparent reluctance of agencies to work in, and donors to fund, this unattractive but nevertheless vital sector.

The volcanic rock, on which the camps were established, dictated that normal responses such as digging communal pit latrines were not possible in the absence of heavy earth-moving machinery and - planned camp layouts. Despite being identified as a priority as early as 26 July, adequate quantities of heavy machinery did not arrive in Goma for two months.¹⁸ Early promises from the US military in Goma to supply heavy equipment did not materialize, apparently as a result of the priority ranking of the equipment not being correctly relayed to the US military in Europe, which, it appears, was quite able to supply the equipment required.¹⁹ After unsuccessful attempts by UNHCR to procure the services of construction companies in the region,²⁰ UNHCR and OFDA then proposed that ActionAid/Assist (a UK NGO and its partner organization already providing logistical support in Goma) be asked to provide and operate the heavy equipment with the US Air Force providing the transport to the region. This process was delayed and eventually reconditioned equipment (bulldozers and graders), airlifted from Scotland by a Ukrainian commercial charter company, arrived in the third week of September. The total cost of the grant (from OFDA) was over US\$2 million. The delay in providing this equipment was a significant shortcoming in the response to the Goma influx, delaying not only the digging of pit latrines, but also vehicle access to service points within the camps (clinics, food distribution centres, water points, etc.) and efforts to reduce the very high population densities in the camps through decongestion and improved layout.

Given the terrain and the scale of the influx, latrine construction was never going to be a realistic sole option for excreta control in the short term. Alternative solutions were required in the form of efforts to manage and control the defecation habits of the refugees. Serious attempts to do this did not gain momentum until MSF-France introduced an effective managed defecation scheme in Kibumba camp in mid-August, one month after the initial influx.²¹ Whilst this was limited in its application, the - scheme did serve as a model for other agencies to emulate. However, efforts by UNHCR technical

personnel to encourage more agencies to undertake managed defecation schemes did not meet with an adequate response. Only a limited number of agencies were prepared to work in the sanitation sector (MSF-France, UNICEF,²² IRC, Oxfam, Concern, Swedish Rescue Board and GTZ), a situation that contrasted starkly with the number of agencies working in the higher-profile activities, such as establishing cholera treatment centres and centres for unaccompanied children.

This pattern was remarked upon not just by UNHCR coordinators, but also by agency personnel looking back at the lessons of Goma, and appears to reflect an over-emphasis upon high-profile, curative services within the international relief system, and a distinct lack of capacity in (or unwillingness of agencies to work in) lower-profile, but nevertheless crucial, preventive activities. This situation must reflect, at least in part, the influence of the media and the competition among agencies to be seen to be working in the most “media-attracting” sectors. Body collection and burial was a vital role that was particularly difficult and unattractive. Local Caritas personnel were involved in these efforts throughout. Using its bulldozer and trucks, the French military greatly increased the capacity but this support was withdrawn abruptly. After a few days GOAL took over the role of the French military in conjunction with Caritas and Zairian Boy Scouts. Despite the best efforts of these agencies, the reality was that for a long period there were piles of decomposing bodies around Goma and the camps. For instance, in Mugunga camp a pile of bodies remained near the cholera treatment centre until almost the end of July.

4. Treatment of cholera cases in Goma

The caseload in the rudimentary cholera centres that had been set up was initially extremely high. Between 21 July and 9 August, 60,848 patients were treated for dehydration in the health facilities in Goma and around the camps.²³ The conditions in the cholera centres were extremely difficult, being overcrowded and with scores of sick people lying on the ground. Most centres were newly-established and were rough-and-ready, namely, they suffered from lack of routine, experience and basic infrastructure, including adequate perimeter fencing.²⁴ The vast majority of those treated at the centres were those able to present themselves there. A substantial proportion of those who died were not able to reach the centres,²⁵ either because of a lack of means for transporting patients to the centres, or a lack of awareness as to where they were located. Case-finding through outreach programmes, though recommended practice in cholera epidemics, was rarely undertaken. However, given the inadequate number of treatment centres during July 1994, the pressure to focus on setting up new centres and treating the cases presented, the primitive conditions (including lack of water in the camps), such programmes were probably not feasible during the height of the epidemic.

In most cholera outbreaks, oral rehydration can be an effective form of treatment in the vast majority of cases and, ideally, few patients should require intravenous rehydration. However, in Goma, adequate oral rehydration was problematic for a number of reasons. Water was extremely scarce in the camps and this placed pressures on staff in the centres to distribute both water and oral rehydration solution (ORS) outside the centres, and the lack of secure perimeters contributed to this problem. Even treatment centres ran out of water periodically as a result of a combination of problems of supply, limited on-site storage capacity and inadequate control of usage. Because of the lack of security in the camps at night, most expatriates left the treatment centres at dusk and returned at daybreak. Not only did this severely restrict the supervision of treatment by the local staff who remained, but it occasionally resulted in the removal of patients and their replacement by others who were members of the FAR and militia or were their relatives and friends. Morale among the local staff was low as a result of the accumulation of decomposing bodies near the centres, high levels of sickness amongst

the local staff, and their recent flight and experiences. This, too, served to reduce the effectiveness of oral rehydration therapy. As a result of all these problems, there was an excessive reliance upon intravenous rehydration. Supplies of the recommended IV fluids (Ringers lactate) were frequently exhausted, and some agencies reverted to using inappropriate fluids such as dextrose.

The response to the cholera epidemic involved many agencies undertaking different roles. For instance, a critical role was played by BioForce and the US military in identifying the particular strain involved; the WHO Cholera Task Force provided guidance on control and treatment protocols; and UNICEF and other agencies provided ORS and IV supplies. On the ground, approximately 30 agencies and NGOs established cholera treatment centres. Though it is difficult to criticise agency personnel who were working in such difficult conditions, there does appear to have been wide variations in the effectiveness of the agencies working on the ground. Despite impressive and highly-competent work by agencies such as MSF-France and MSF-Holland, some agencies took considerably longer than others to bring the case fatality rates down in their treatment centres from the extraordinarily high rates of 50%.²⁶ Local factors such as insecurity, lack of perimeter fences, problems of water supply, and so on, may have been as much to blame for the delay as poor centre management and lack of experience in cholera treatment, so even if the data were reliable it would be inappropriate to calculate agency performance on the basis of reduced case fatality rates. Nevertheless, the Team heard many anecdotal examples of poor performance.

One agency (Operation Blessing) sent six medical teams of 15 people each after an appeal for doctors on a TV programme produced by its parent organization, Christian Broadcasting Corporation. Staff were rotated every two weeks and most had no previous experience in Africa.²⁷ The teams undertook inappropriate activities, such as setting up IV infusions in patients' shelters and leaving them unsupervised, and, because of Operation Blessing's reliance on donated drugs, it had only one antibiotic available for all prescriptions.²⁸ Americares, another US-based NGO, airlifted 10,000 cases of Gatorade, a popular sports drink, which cannot be considered a beneficial treatment for cholera.²⁹ Following a campaign in Germany requesting volunteers to work in Goma, CARE-Deutschland was swamped by applicants and devised a scheme whereby every two weeks a charter flight would take 200 new volunteers to Goma and would return with the previous batch. Lack of personnel with previous emergency experience and ability to speak French, and a decision taken by the CARE-Deutschland board to operate independently from other agencies,³⁰ resulted in a poorly-integrated, inappropriate operation with overstaffed facilities and dispensaries sometimes being set up next to existing Zairian facilities.³¹ Other studies have concluded there was a need for more training of NGO personnel.³² The need for additional training to improve competence among certain NGOs is discussed further in Chapter 8.

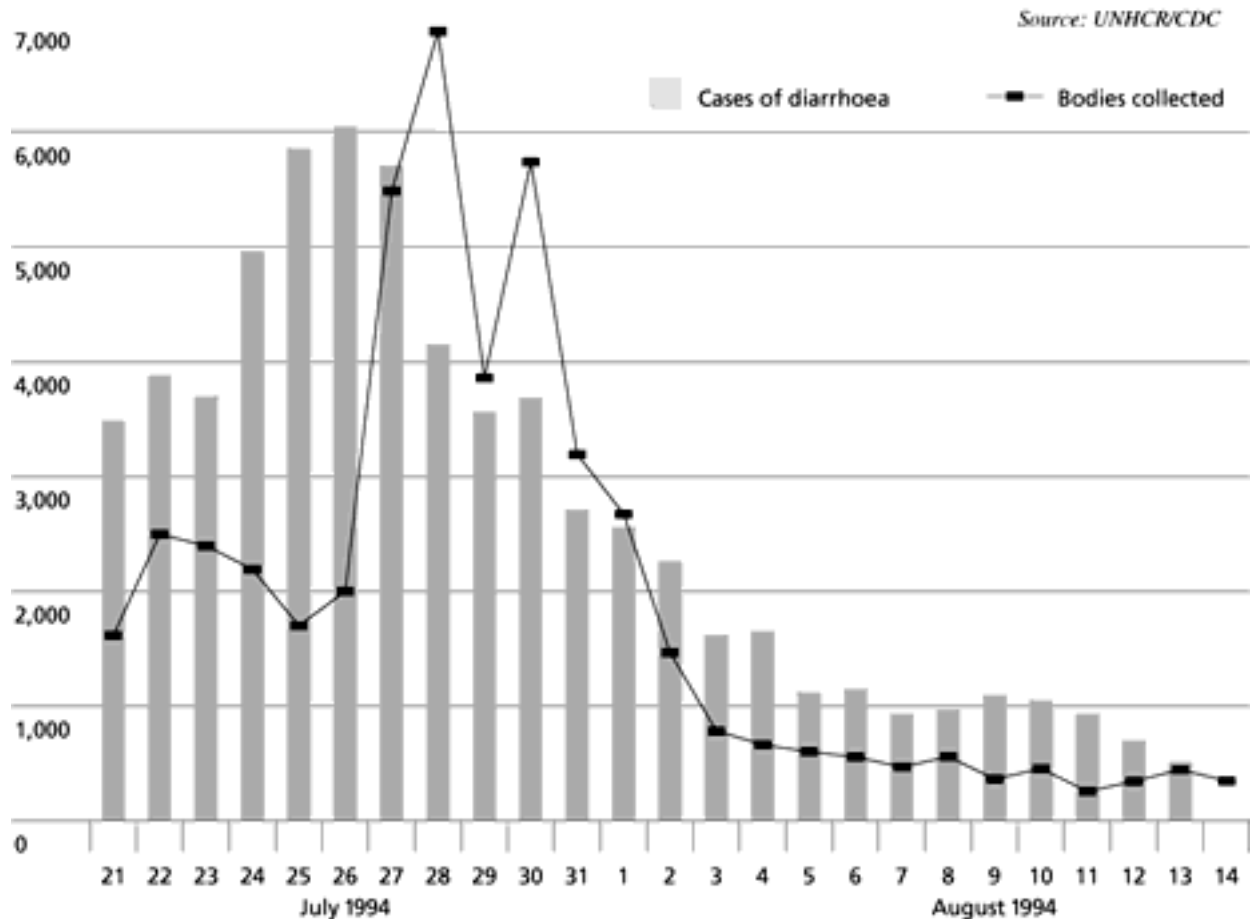
5. Could cholera have been prevented or the fatality rate reduced?

Given the endemic nature of cholera in the Kivu Region, it was virtually inevitable that a large population concentration with inadequate sanitation arrangements utilizing open water sources would experience a cholera epidemic. Most probably, the source of the epidemic was the water from Lake Kivu.³³ Whether the lake was polluted before the influx or whether the particular cholera vibrio responsible for the epidemic was introduced to the water by refugees wading in to fill their buckets and jerrycans cannot be known. If the lake water was the source of the outbreak, then adequate control measures might, theoretically, have prevented the outbreak among those refugees who obtained their water from the lake.³⁴ The idea of setting up bucket chlorination teams at those points along the lake where the refugees were drawing water appears not to have occurred to agencies in Goma

until 23 July, which was three days after the first cases were diagnosed and it was too late to prevent the outbreak. After some delay UNHCR, UNICEF and CDC organized a team of about 20 people to inject chlorine into jerrycans at 12 sites along the shoreline around Goma.

The epidemic was remarkable for the rapidity of its spread through the population, the peak being reached just one week after the first case was diagnosed. Consequently, relief agencies had very little time to establish themselves so as to be able to treat more effectively cases at the cholera centres (i.e. reducing the case fatality rate) and engage in recommended practices, such as early case-finding. If the spread had been slowed, the peak would have been delayed and been less acute than actually occurred (see Figure 13). More time could have effectively been bought for more infrastructure and resources (material and personnel) to have been put in place and agencies to have had a greater impact upon the case fatality rates.

Figure 13
**Number of bodies collected and diarrhoea cases reported,
 North Lake region, 21 July–13 August.**



Even if the start of the outbreak could not have been delayed, it is still the case that greater pre-paration for the influx could have slowed the spread of the outbreak and allowed more time for the establishment of treatment centres and their more effective operation. Among the measures that would have probably contributed to a slowing of the spread of the outbreak were:

- earlier introduction of bucket chlorination teams at the lakeside
- pre-positioning of more pumping and storage equipment in Goma
- pre-positioning of water tankers or the identification of tankers in the area that could be mobilized quickly and pre-agreements made with their owners
- the identification of more potential sites, preferably near to the lake
- the demarcation of defecation areas for those sites and potential locations for service points

- pre-positioning of heavy equipment or the identification of bulldozers in the area that could be mobilized quickly and pre-agreements made with their owners
- improvements to the operation and capacity of the Goma municipal water supply prior to the influx

The opportunities for such preparedness measures to have been undertaken, and the reason they were not, are explored in Section 6.2.

6. Dysentery

Dysentery was the cause of more deaths, probably substantially more, than cholera during 1994. However, its effects were spread across the whole area, affecting refugee camps in Tanzania, Burundi and Zaire, IDP camps inside Rwanda and Rwandese outside the IDP camps. Both geographically and temporally, it was therefore less concentrated than the cholera epidemic in Goma and, in stark contrast to that epidemic, attracted little if any media coverage. Epidemiological information on the dysentery epidemics inside Rwanda during 1994 is very patchy.³⁵

Over the last decade or so, dysentery epidemics caused by *Shigella dysenteriae* type 1 have increasingly affected countries of central Africa during the rainy season (October to March).³⁶ During late 1993 and early 1994, dysentery was the major health problem and principal cause of mortality among the Burundian refugees who moved into Tanzania, Rwanda and Zaire and resulted in the death of several thousands. Agencies involved in the problematic response to that situation were therefore aware that during the response to the Rwanda crisis, dysentery was likely to be the principal factor contributing to excess mortality.

Sure enough, though beginning some four months earlier than normal, a major dysentery epidemic affected the Great Lakes region between June and November 1994. Cases of bloody diarrhoea were reported from an early stage in virtually all camps for which there is data, though there were differences in the dynamic of the outbreak between camps. In Benaco, for instance, the outbreak began in May when the incidence was 5 cases/thousand/week, grew steadily to a peak of 10 cases/thousand/week in July. The outbreak did not end until mid-September. As the neighbouring camp at Lumasi was opened to relieve congestion in Benaco so the outbreak spread to Lumasi. In Goma, dysentery outbreaks were more severe, reaching levels of between 26–34/thousand/week. Precisely when the outbreaks began is unclear because watery diarrhoea (associated with cholera) and bloody diarrhoea (associated with dysentery) were not differentiated in surveillance data until mid-August, when the outbreaks were well under way. Most likely, the dysentery outbreaks began shortly after the cholera outbreak, i.e. in late July. However, unlike cholera, the dysentery outbreak persisted in all camps until November, with peaks occurring in August and October in Kibumba, and the beginning of September in both Mugunga and Katala. Of all the camps in the region, it appears that the IDP camps in south-west Rwanda experienced the most severe outbreaks, with incidence rates reaching 30 cases/thousand/week in Rukondo during August. In Kibeho, which is generally regarded as having experienced the greatest problems, the incidence rate in the second week of October was no less than 40 cases/thousand/week.³⁷

It is not possible to estimate with any accuracy the number of people who died of dysentery as a result of the lack of comprehensive surveillance data. On the basis of rough approximations, and the assumption that where data is available it can be taken as being representative of camps in the same area,³⁸ it appears that the dysentery epidemic resulted in the deaths of between 46,000–63,000 peo-

ple.

The 1994 epidemic was earlier and more severe than in previous years, as a result of the massive population displacements, the lack of water and sanitation whilst the refugees were on the move, high population densities in the refugee and IDP camps and, at least in the initial stages in the camps, poor sanitation and inadequate supplies of potable water³⁹ and soap.

Guidelines on the control and treatment of dysentery recommend three “equally essential” elements⁴⁰, namely:

- public and personal hygiene through the provision of potable water, soap, latrines and health education;
- supportive care in the form of nutritional support for those infected and those recovering from the illness, with active rehydration of dehydrated patients presenting themselves at clinics; and
- antibiotic treatment for those most likely to die from the disease.

Maintaining a balance between these three elements is important to the overall effectiveness of the response to dysentery outbreaks. Whether or not such a balance was maintained during the response is a difficult generalization to make, given the different contexts in which the outbreaks occurred, and the specialization of some agencies in particular approaches. However, it does appear that the response was characterized by a general over-emphasis on curative approaches and an under-emphasis on preventive approaches.

6.1. Public and personal hygiene

The provision of water and sanitation in the Goma case has already been examined in relation to the cholera outbreak, and many of the points made in Section 4.3. relate also to dysentery. Delays in the provision of latrines and/or managed defecation areas will have contributed to the high rates of dysentery, as will the high population densities in the camps and the delays experienced in improving camp layout. Though water production and delivery increased dramatically in the last week of July and the first week of August, when total deliveries reached four million litres per day and the immediate target of 5 litres/person/day was broadly achieved, thereafter the increase in water deliveries was much slower. It was only in December that total deliveries to camps in the Goma area reached six million litres.⁴¹ The long-term target of above 15 litres/person/day has still not been achieved; in April 1995, consumption reached 10.5 litres/day.

In Ngara, water provision was, initially at least, a success story. The artificial lake next to Benaco camp served as the main source and Oxfam and MSF quickly established a pumping, storage and distribution system that provided satisfactory levels of water in the camp. It was recognized from the outset that the capacity of the lake to provide a guaranteed year-round supply was questionable and that it would need to be complemented from other sources, especially as the number of refugees continued to increase. UNICEF quickly mobilized two drilling rigs from Uganda and succeeded in drilling a total of 28 boreholes that fed water to new sites – created in an attempt to reduce congestion in Benaco. By July 1994, average water consumption in Benaco and Lumasi camps was 12.3 litres/person/day.

Since then, however, the situation has deteriorated rather than been improved further. In June 1995, water consumption in Benaco and Lumasi had fallen to just 5.7 litres/person/day, and the average

daily water consumption in the five camps now supplied by the Ngara programme during June was 6.8 litres. In part, this reflects the failure of production to keep pace with the steady growth in the number of refugees; whilst the refugee population in Ngara has risen by 194% between July 1994 and June 1995, total water production has risen only by 109% over the same period.⁴² Though the UNICEF borehole programme represented a very effective emergency input, the performance of the boreholes subsequently deteriorated. Several factors appear to have contributed to this deterioration. The boreholes had to be drilled near to the camps that the government of Tanzania wanted to be kept near to each other and so the boreholes drew on the same aquifer. Second, there was insufficient casing available fully to case all the boreholes.⁴³ Consequently, where the pumps were placed below the level of the casing the boreholes later collapsed. Both these problems were exacerbated by the pressure on these water sources caused by the continual increase in the refugee population and over-pumping, which increased the rate of collapse of some boreholes and the drying-out of others. These problems should have been foreseen and greater attention paid by the agencies involved to ensuring that more sustainable sources were developed.

The main options in achieving a more sustainable water supply were either to develop systems based on the perennial surface-water sources or to reduce the size of the camps and spread them over a larger area and develop new borehole sources. The only large-volume perennial surface-water source in the area is the Ruvubu River, which runs between Benaco camp and Ngara town (see Figure 5). The river is 10 kilometres from Benaco and the two are separated by a ridge of hills 400 metres above river level. A study commissioned by UNHCR in September 1994 estimated that the construction of a piped supply system from the Ruvubu River would take several months to complete, and would cost \$5.1 million. Such an investment raises difficult questions about the expected time that the refugees will remain in Tanzania and the government of Tanzania's reluctance to see the camps become long-term features. For similar reasons, the government of Tanzania was against the idea of spreading the camps over a larger area, thereby making boreholes a more viable long-term solution. UNHCR's position throughout 1994 was to plan on the basis of early repatriation. The killings in Kibeho camp in April 1995 have necessitated adoption of a longer planning period, though it is not clear whether the piped scheme will attract the necessary donor funding and be implemented.⁴⁴

Other factors that appear to have contributed to the failure of water production to keep pace with requirements include the high turnover of UNHCR water coordinators in Ngara, and the consequent difficulties of sustaining momentum on the production issue.⁴⁵ Another was Oxfam's early handover of the water programme, and questions over the technical and managerial suitability of the successor NGO – the Tanzanian Christian Refugee Service (TCRS).⁴⁶ A commitment to hand over management of the water programme to TCRS was made in June at a time when Oxfam felt its capacity in the region was being over-stretched (due to unwillingness to become involved in the development of alternative sources), and TCRS was keen to become more involved in the Ngara operations. Despite no date being indicated, Oxfam went ahead with the handover and was unwilling to press for the development of alternative, more secure sources.

Responsibility for sanitation in the camps in Ngara was given to CARE, MSF-Holland, IFRC and IRC. IFRC used its own design whilst the remaining agencies developed a standard communal latrine design based on timber and plastic sheeting, with cement being used later on. The digging of latrines was considerably assisted by the nature of the soil type. As of May 1995, the ratio was one latrine/10.3 people. The sanitation programme in Ngara has been a substantial achievement. It was also well backed up by community outreach health workers and efforts to open new sites so as to -

reduce congestion in Benaco. Though the new sites are of much lower density than Benaco, the population of Benaco has not been reduced as planned due to the steady influx of new refugees.

Water and sanitation programmes in the IDP camps in the Gikongoro area were late starting, and this fact alone was largely responsible for the high rates of dysentery experienced in these camps. The principal agencies involved in water and sanitation activities in the Gikongoro area were ICRC, MSF-France, AICF, UNICEF and Oxfam. However, factual information on their activities during the crucial July–September period is scanty, presumably in part because these agencies were having to establish offices from scratch in Gikongoro during this period. However, other factors contributing to the lack of factual information appear to be lack of a UN technical coordination capacity in the area⁴⁷ and the quality and experience of the initial agency personnel in the area.⁴⁸ Attempts to reconstruct the sequence of events and agency activities have proven difficult, in part because of the strength of feeling about agency personnel involved in the response. It appears that promises of actions were made that were either slow to materialize or were never actually fulfilled. That this situation existed and such feelings still persist reflects the failure of coordination in the sector and also that agency personnel allowed disagreements about responsibilities to overshadow their objectives. In September, both Oxfam and UNICEF significantly scaled up their water programmes in the area. At the end of the month UNICEF contracted PWSS to transfer its operations from Goma to Kibeho. Within a few weeks, Oxfam was providing 75% of water consumed by the IDPs.⁴⁹

Information on soap distributions during the response is patchy. Many agencies undertook soap distributions though it is often unclear precisely when they took place, the coverage of the population achieved and the degree of coordination between agencies. Several interviewees indicated that soap distributions had often been late and the quantities inadequate.

6.2. Supportive care

Early establishment of community outreach services to ensure earlier case-finding and to undertake rehydration within the community can have a significant effect on the fatality rate. Similarly, provision of therapeutic feeding and extra supplementary rations for children recovering from dysentery can significantly benefit their chances of recovery.

In Goma, the difficulties of establishing community outreach services in the weeks immediately following the influx were described above. Nevertheless, it does appear that more effort could have been put into the development of such services at an earlier stage, as one NGO (MSF-Holland in Katale Camp) organized community rehydration teams before the end of July. Interviews suggest that many NGOs involved in the operation of treatment centres were reluctant to complement these efforts with community outreach services, and UNHCR coordinators admit that they could have pushed such NGOs harder. In Ngara community, outreach was seen as an early priority and proceeded very quickly. Within two weeks of the influx 70 HIT (health information technicians)⁵⁰ had been identified by MSF-Holland from previous health training programmes in Rwanda, and by the end of the first week of June there were 370 such technicians preparing ORS activities and disseminating public health information. In Bukavu the refugee population was well-educated and contained a substantial part of the Rwandese health services, including the ex-Minister of Health, 30 doctors and over 300 nurses. However, it appears that the choice of many of the better-educated refugees to settle in Adi Kivu Camp and the initial lack of a UNHCR health coordinator contributed to the unequal deployment of these considerable personnel resources.

The establishment of therapeutic feeding programmes for children was hampered throughout the response in all locations by problems in the supply of commodities for use in such programmes, particularly blended foods, which for malnourished young children would have been a vital substitute for the unsuitable form of cereals provided in the general ration. These problems are discussed in Chapter 5.

6.3. Antibiotic treatment

Shigella dysenteriae type 1 (Sd1) displays degrees of resistance to traditional antibiotic treatments. Decisions on the appropriate treatment procedures therefore required resistance surveys to be undertaken to determine whether the traditional antibiotics would be sufficiently effective to justify their use or whether newer antibiotics would be more effective.

In Benaco ampicillin, cotrimoxazole and nalidixic acid were initially used to treat dysentery. The first resistance surveys in Tanzania were not conducted until July when the outbreak in Benaco was well under way. These were conducted by MSF-Holland and the local Mgwanza hospital and showed complete resistance to ampicillin, high resistance to cotrimoxazole and moderate resistance to nalidixic acid. As a result, protocols were changed several times, the use of ampicillin and cotrimoxazole was discontinued and stricter controls instituted over the use of nalidixic acid. Ciprofloxacin was not used generally, primarily out of concern by the local authorities at its high cost.⁵¹

In contrast in Goma, the Bioforce laboratory supporting the French military involved in Opération Turquoise conducted the first resistance study in late July at the very beginning of the outbreak. The majority of the strains isolated were found to be resistant to both cotrimoxazole and nalidixic acid, and alternative treatments were sought. This decision and the identification of a supply source for the costly ciprofloxacin was assisted by the presence in Goma at that time of international experts in the field of diarrhoeal disease. The US Army offered to donate substantial quantities of ciprofloxacin that was nearing its expiry date, which was airlifted to Goma and used with considerable effect in the treatment of severe cases.

In Rwanda, resistance surveys were not undertaken until October. During the course of the outbreak in the IDP camps, nalidixic acid was the recommended treatment. In October, it became clear from the resistance surveys that the majority of strains were resistant not only to cotrimoxazole but also to nalidixic acid.

The variations in experience between the three contexts are revealing. In Tanzania and in Rwanda, the curative efforts to tackle the outbreak were severely hampered by the late undertaking of resistance surveys and concern at the cost of the alternative treatments. In Goma, with the fortuitous presence of a first-rate medical laboratory and a much higher profile, stemming from the cholera outbreak and the presence of the world's media, expensive but highly effective antibiotics were provided. In short, there were substantial inequities in the efficacy of the treatment and the amount effectively spent per dysentery patient between Goma and elsewhere in the region, and this was reflected in the higher fatality rates experienced by in-patients in Tanzania and Rwanda than in Goma.

7. Other diseases

Measles outbreaks are common amongst displaced populations and can be responsible for high mortality rates in the absence of effective vaccination programmes. The Rwandese population was fortu-

nate in that high measles vaccination coverage had been achieved in the years preceding 1994 and this facilitated the subsequent efforts by agencies working to combat outbreaks in the refugee and IDP camps. Nevertheless, outbreaks did occur, particularly among IDPs. In Ngara there was a well-coordinated, collaborative initial vaccination campaign but during July there was a breakdown in the vaccination of new arrivals for a period of 2–3 weeks and this resulted in an outbreak that peaked in late August and early September and resulted in several hundred deaths. In Goma there was a prompt and effective vaccination campaign that was well coordinated by UNHCR and which benefited from good support and technical backup from UNICEF, BioForce and MSF. The success of the initial campaign and the fact that there were no new population influxes meant that there were no major measles outbreaks in the Goma camps, though towards the end of the year limited outbreaks did occur.

The situation in the IDP camps in south-west Rwanda was much less satisfactory. UNICEF was unable adequately to fulfil its technical coordination mandate or supply vaccines to the agencies in a position to carry out vaccinations until mid-September. Several NGOs did carry out vaccinations but the initial coverage was poor, partly due to the constant movement of the IDPs in and out of the camps and partly due to lack of experienced personnel. Outbreaks occurred, though information on their effects is limited. Subsequent campaigns organized by MSF-France and Merlin were more successful.

Malaria appears to have been a major cause of morbidity in most of the refugee and IDP camps. POU/malaria⁵² accounted for between 22% and 52% of all cases of illness in Rwanda and the camps. Its effect on mortality is more difficult to ascertain due to the difficulty of actual diagnosis.

Meningitis outbreaks can occur amongst displaced populations and have been known to result in substantially increased mortality. Though major outbreaks were not experienced during 1994, the organization of meningitis campaigns again reflects considerably better coordination and effectiveness in the refugee camps, Goma in particular, than inside Rwanda. In south-west Rwanda MSF-France assumed responsibility for meningitis surveillance in mid-August, but there were disagreements with the British military medical contingent as to the appropriate vaccination procedures and so two different procedures were used.

Tuberculosis (TB) was neither a major cause of morbidity nor mortality yet the approach to its treatment by agencies reveals fundamental problems stemming from the length of time needed to treat it effectively and the difficult questions this generates for emergency programmes. There was considerable confusion over the guidelines for the treatment of TB following the revision of the WHO Guidelines in 1994, and inadequate technical backup provided by WHO to other agencies. This led to substantial technical disagreements between them. Coordination was poor, with agencies starting TB programmes at different times and using different treatment protocols.

Sexually-transmitted diseases (STDs) were important causes of morbidity, particularly in the refugee and IDP camps given the high levels of HIV, rape and sexual promiscuity. As well as condom distribution, antibiotic treatment and health education and sensitization of the population are required. Despite efforts by WHO and other agencies to increase the awareness of the importance of STDs, the response appears to have been slow. For instance, condoms were not made available in camps in the Bukavu area until June 1995, almost one year after the influx.

8. Programmes for unaccompanied children

The killing of parents during the genocide and subsequent violence, the death of parents during the cholera and dysentery epidemics and the separation of children from their parents during the forced displacements resulted in thousands of unaccompanied children requiring special programmes for their care. The numbers involved were unprecedented. In August, UNICEF estimated there were 100,000, of whom 50–70,000 were in Rwanda,⁵³ 10,000 each in Ngara/Karagwe, Goma and Bukavu and 3,000 in Uganda.

Within the refugee populations UNHCR had overall responsibility for unaccompanied children whilst UNICEF had such responsibility inside Rwanda. This division of responsibility was in accordance with their respective mandates and was agreed between the two agencies at a meeting in Nairobi held in July just before the start of the Goma influx. Despite this agreement, there were tensions between the two agencies, particularly in Goma where UNICEF appears to have perceived itself in the lead role and drew considerable media attention to its activities during the response to the influx.⁵⁴

There were significant differences between Goma and Ngara in the way the unaccompanied children (UAC) problem was approached. In Ngara, the UAC programme commenced soon after the initial influx and placed a strong emphasis on non-institutionalization: 350 mobilizers set up volunteer groups to identify families willing to look after children, and most children were rapidly placed in the care of such families. The fact that the community structures of the refugees were more or less intact greatly assisted this approach, as did the high degree of coordination and collaboration between the agencies involved in the initial response. Though broadly successful, the aversion to the creation of UAC centres appears to have created problems at the feeding centres, where as many as 10% of the selective feeding beneficiaries were UACs who could not be discharged from the programmes because they had nowhere to be discharged to. Towards the end of the year, the policy was modified and several UAC centres were established.

In Goma, the scale of the influx, the almost immediate cholera outbreak, the resultant confusion, the apparent disruption to community structures and the sudden influx of NGOs led to a very different approach, and within three weeks from the start of the influx there were 21 UAC centres established. The extent to which these were planned is unclear. From an early stage, children either presented themselves, or were presented by adults who had been caring for them during their displacement in Rwanda, to the two existing Zairian orphanages and to agency offices. UNICEF and some NGOs appear to have added to the numbers being presented by touring the camps collecting unaccompanied children – an action quite counter to guidance materials on how to address the UAC problem. Subsequently it became apparent that a substantial proportion of the children did in fact have parents or relatives in the camps but had been placed in the centres in the belief that they would stand a greater chance of survival there.⁵⁵

The policy adopted by UNHCR and UNICEF in running the centres was to assign particular NGOs responsibility for particular centres. At least 12 NGOs participated in the programme. In assessing the performance of the centres in caring for the children it should be borne in mind that the children presented were often in a very poor physical state and that much of the mortality witnessed in the centres was effectively beyond the control of those responsible for running them. Whilst crude mortality rates among under-fives in the UACs appear to have been above the levels in the camps for the first month or so after the influx, these probably reflected the condition in which the children were presented. Thereafter the crude mortality rates were similar for both the UACs and the camps. There

does appear to have been considerable variation between the centres in the standard of care provided. Caring for large numbers of UACs was a new experience for many of the NGOs, and guidelines for setting up such centres and monitoring their performance were not immediately available.⁵⁶ Some of the NGOs responsible for the UACs performed poorly. Inadequate oral and intravenous rehydration practices, inappropriate fluids, use of breastmilk substitutes of questionable appropriateness and inadequate levels of supervision and ratios of children to carers were among the problems. Once certain basics (such as keeping infants in nappies, providing intensive training for staff and having a paediatrician responsible for overall medical supervision) were put in place, mortality rates - dropped dramatically. By late October the quality of care had improved dramatically.

Subsequent to the relief efforts on behalf of UACs, reunification programmes were established by UNHCR, UNICEF, ICRC and SCF(UK). These were examined as part of Study IV.

Endnotes

1. The CDC personnel were seconded to work with UNHCR, UNICEF and WHO.
2. Subsequently, epidemiological surveillance systems were established within Rwanda through a WHO-coordinated project with the Ministry of Health. The WHO project began in October after project funds had been received from the World Bank and by November 41% of health centres were providing data, a figure that had increased to 90% by May 1995. Fabrizio Bassani, WHO. Comments on Study III draft report, 8 November 1995.
3. Differentiating cause of death between cholera and dysentery can be extremely difficult but it would seem that approximately 25,000–30,000 deaths resulted from the cholera. The retrospective survey in Mugunga Camp indicated 50% of all deaths during the first month were due to watery diarrhoea (associated with cholera), 38% to dysentery (bloody diarrhoea), 8% to trauma and 4% to other causes.
4. Paquet, Christophe: The 1994 Epidemic of Dysentery in the Displaced Populations of Central Africa. Paper prepared for Study III, August 1995. Epicentre, Paris/ODI, London.
5. On the basis of the available data and realistic assumptions, it appears that the approximate number of dysentery deaths by geographical area were: Goma (25,000), Ngara–Karagwe (4,500), Bukavu (4,000) and Rwanda IDPs (19,500).
6. Nick Stockton, Oxfam interview, 27/07/95. It is understood that UNICEF also had modest stocks of collapsible water tanks, jerrycans and chlorine in Goma.
7. The experience of agencies providing water supply in the IDP camps in Rwanda prior to 1994 suggested that, in the absence of showers and washing points, 7–8 litres per person per day would satisfy water consumption demands. Joe Comerford, personal communication, 22/7/95.
8. Oxfam interview, 27/07/95.
9. Assuming a total population of 800,000, these units were only capable of producing one-tenth of a litre/person/day. By 26 July, Oxfam was producing and distributing 600,000 litres, which works out at three-quarters of a litre/person/day.
 10. Portable Water Supply System Co. Ltd is a commercial US-based company with links to the San Francisco Fire Department. The owner of the company had contacted the Governor of California, impressing her with his assessment that a large-capacity pump of the sort possessed by the company was needed to boost production from the lake. The Governor in turn contacted President Clinton, who instructed that the company be flown non-stop from California to Goma (requiring two inflight refuellings). The company's costs were met by the US Office of Foreign Disaster Assistance (OFDA).
11. Joe Comerford, formerly UNHCR WatSan Coordinator, Goma. Interview April 1995.
12. Subsequently, THW's operations were taken over by the Swedish Rescue Board and then from

October through to December by the Japanese Self Defence Force Contingent.

13. The capacity of these tankers was as follows: MSF-Belgium 2x20 cubic metre; UNICEF 1x40 cubic metre and 1x20 cubic metre; French military 1x15 cubic metre. (Information provided by Brendan Doyle, Senior Project Officer, Water, Environment and Sanitation Cluster, UNICEF New York, 10 November 1994). According to MSF-Holland personnel who were working jointly with MSF-Belgium, the rates of the locally-hired tankers were inflated by the competition between UNICEF and MSF-Belgium and the desire by the owners to exploit the intense demand for their equipment.
14. Apart from a few cases it is not clear how many were provided and operated by each. The US military provided 15, the Dutch military four, and through UNICEF the government of Finland donated nine milk tankers suitable for water trucking. Four of these were flown direct to Goma by the US Air Force on 2 August and went into service on 6 August after being fitted with appropriate fittings. The remaining five tankers were delivered to Kigali and arrived in Goma on 5 August and were made ready for service on 9 August. By mid-August UNICEF was responsible for trucking approximately 50% of all the tankered water (Information provided by Brendan Doyle, UNICEF, November 1995.)
15. UNHCR-Goma. Evaluation of First Six Weeks of Goma Operation: Water and Sanitation, 25/09/95.
 16. In July 1995, of the 15 tractor units donated by the US military as it left Goma, only 2 were in a serviceable condition. Non-availability of spare parts was cited as the main reason by the Crown Agents who now manage the fleet.
17. CDC report 14/8/94 and Les Roberts, personal communication. The very poor ratio in Mugunga may reflect the reluctance of some of the larger, more experienced NGOs to work in this camp on the grounds that it contained substantial elements of the FAR.
18. USAID interview, Washington DC, 19/07/95.
19. This was an observation made by a number of interviewees from different agencies.
20. These attempts do not appear to have been as energetic as they ought to have been. COGEFAR was not approached for fear that it would divert capacity from Ngara and Sterling Astaldi, a civil engineering firm, was not approached as it was already being used by UNHCR in the layout of a refugee camp in Burundi.
21. The MSF scheme involved marking off designated areas reserved for defecation. UNICEF also encouraged the use of buckets for sanitation "night soil system" as an interim solution to the problem but few agencies took up the practice, which remained restricted to the unaccompanied children's centres (UACs).
22. UNICEF-Somalia constructed latrines at UACs. A useful contribution also appears to have been made by UNICEF in developing and disseminating health education materials to refugees, though the Team had no means of assessing the impact of these measures in the limited time available.

23. CDC report, 14/8/94.
24. The hard volcanic rock made the digging of post-holes difficult. In Mugunga, for instance, the cholera centre was built on bare rock and until 28 August, i.e. after the peak of the cholera, the perimeter fencing was quite inadequate. In Katale, logistic/construction support to the agencies running cholera centres (apparently from military contingents) speeded up the process there. Many agencies hired guards to establish and protect cordons around the centres but their ability to prevent people who were not patients pushing through could not always be relied upon, particularly in the case of the militia and FAR personnel. Pilfering of water and IV fluids was common.
25. In the case of Mugunga camp, the proportion was 47%. CDC Mugunga Survey, 31/8/94.
26. One notable intervention was that by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR), which operated a treatment centre at Katindo in Goma town from 26 July to 7 August and also provided technical advice on appropriate case management of cholera and dysentery to NGOs and local government health workers. The team was supported by USAID and UNICEF. The team achieved a dramatic reduction in the case fatality rate at Katindo (*The Lancet* Vol 345, 11 February 1995), leading one UNICEF staff member to claim that this treatment technique “may have been the turning point in combating the high death rate from cholera and dysentery”. (Brendan Doyle, Comments on Study III draft report 10 November 1995.) Whilst the team’s technical advice may well have had a positive impact, it should be borne in mind that at the Katindo centre the team was fortunate in working in a pre-existing structure rather than in the more difficult conditions within the refugee camps. Also, it was closely supported by the Israeli Field Hospital and did not arrive until after the peak of the outbreak.
27. Hanan Kassir, Head, International Centres, Operation Blessing. (Telephone interview, July 1995.)
28. Claire Bourgeois, UNHCR Medical Coordinator, Goma. (Interview July 1995). Interestingly, perceptions of Operation Blessing’s performance when it operated on its own differ from those of MSF-Holland personnel who worked with the agency in Katale camp for its first two weeks in Goma; they felt it performed a useful role despite requiring close supervision and its work being constantly filmed by a TV crew from its parent organization, Christian Broadcasting Corporation, in the USA.
29. Raymond Bonner: Compassion Wasn’t Enough in Rwanda. *New York Times*, August 1994. Gatorade is not a beneficial rehydration fluid as it does not contain the right balance of salts.
30. Manuela Rosper, Programme Officer, CARE-Deutschland. (Interview, July 1995.)
31. In the words of Joël Boutrou, Head of the UNHCR Sub-Delegation in Goma, the agency “came late... a lot of students giving the wrong drugs, creating resistance to diseases and giving inadequate treatment. They were working in total isolation and created a lot of havoc”. Interview, July 1994. UNHCR formally requested that the NGO withdraw from the camps, a

move that received substantial media coverage in Germany. Eventually, after discussions between UNHCR-Geneva and the German Government, and mediation by the German Ambassador in Kinshasa (who deployed to Goma for August), it was eventually agreed that CARE-Deutschland could continue its work in Bukavu, which it did until the end of the year.

32. Goma Epidemiology Group: Public health import of Rwandese refugee crisis: What happened in Goma, Zaire, in July 1994? *The Lancet*, Vol 345, February 11 1995.
33. The possibility that the municipal water system itself was the source in limited parts of the town with functioning water collection points cannot be ruled out. In need of rehabilitation long before the influx, systems for cleaning and chlorinating the municipal water supply were unreliable. In light of the positive role of the municipal water system in Bukavu in coping with the additional demands made of it during the July–September period by refugees in the town, it is interesting to speculate whether prior investment in the Goma system in the years before the influx would have enabled it to cope better during the influx. This is highly speculative. The scale and speed of the influx in Goma was much greater than that in Bukavu and it is unlikely that even a rehabilitated system would have had a significant impact on the course of events.
34. It should not be forgotten that approximately 40% of the refugees had settled spontaneously at Kibumba 27 kms from the lake. Control measures at the lake would therefore have been unlikely to have directly prevented the development of cholera in this population.
35. As part of this study, a paper on dysentery epidemics in the displaced populations during 1994 was commissioned from Epicentre in Paris. This study drew on surveillance data collected by MSF agencies in the region, as well as CDC and UNHCR data.
36. *Shigella dysenteriae* type 1 is extremely easy to transmit, the most common modes of transmission being from hands contaminated by faeces to other hands, food, water, mouths, etc. The organism produces a bloody diarrhoea that is frequently accompanied by severe life-threatening systemic complications. Recovery from the disease is associated with variable and short-term immunity to the same strain of *Shigella*.
37. Data on the incidence of dysentery in Kibeho starts only on 9 October. Judging by the data on the crude mortality in the camp (which starts in early September) and the timing of the peak outbreak in other camps, it is probable that the incidence rates for dysentery in Kibeho would have been even higher, perhaps in excess of 50 cases/1,000/week in late August and early September.
38. From the account given of the differences in the course and severity of the outbreaks between neighbouring camps, this assumption is clearly not satisfactory. However, in view of the lack of data and the need to make an approximate estimate for the purposes of this study, we regard the assumption as being acceptable.
39. Analysis of the relationship between water and sanitation indicators and diarrhoea (bloody and non-bloody) in Goma in November 1994 found the strongest relationship between bloody diarrhoea to be with litres of treated water delivered per day. Joe Comerford, November 1994.

40. E.g. UNHCR guidelines for the control of dysentery, Goma, August 1994.
41. By that time, the total refugee population had fallen to around 650,000 as a result of repatriation during August and the high mortality rates during the cholera and dysentery outbreaks.
42. In July 1994, the estimated refugee population was 264,000 and water production was 3.2 million litres/day. In June 1995 the estimated population was 514,000 and water production was 3.5 million litres/day. It should be noted that the refugee population figure turned out to be quite inflated as a registration carried out later in the year, after the visit by the Team, reduced the estimated figure by 17%.
43. According to UNICEF, TCRS had undertaken to supply the casing materials but was unable to provide sufficient quantities in time for the start of the pumping operations.
44. The issue of the planning horizon has affected other aspects of water production problems. When asked by UNHCR in June 1994 in a draft letter of understanding to undertake hydrological and hydrogeological surveys and perform additional pump tests, UNICEF refused to accept clauses in the draft Letter of Understanding aimed at developing information on the viability of the groundwater resources, on the grounds that the refugees would soon repatriate and that the existing boreholes would be sufficient for (reduced) future needs.
45. There appear to have been four individuals in this post between May and December 1994.
46. An example was the five-month delay in equipping boreholes drilled in early 1995, which apparently stemmed from the use of standard rather than emergency procurement procedures.
47. Whilst UNREO had overall responsibility for coordination within Rwanda, UNICEF had responsibility for coordination in the water and sanitation sector. UNICEF initially concentrated its efforts in Kigali on strengthening the new government's ability to provide coordination within the different sectors and was therefore slow in providing technical coordination at the préfecture level. The UK military medical unit that was redeployed to Gikongoro from Ruhengeri in August claims to have taken on an informal coordination responsibility. (Interview with Major Hawley, 23 Field Parachute Regiment, June 1995).
48. Most of the agencies concerned were preoccupied with their response in Goma during late July and early August and their most capable staff were deployed there. During the course of interviews, several agencies admitted that they had difficulty locating and placing adequately-trained personnel in the south-west before September. CARE had no less than five coordinators for its operations in the south-west between July and the end of the year.
49. Nicholas Stockton, Emergencies Director, Oxfam. Comments on Study III draft report, November 1995.
50. Refugees trained to provide health information and very basic diagnostic, curative and referral services.

51. Whilst treatment with traditional antibiotics such as cotrimoxazole costs an average of \$1 per patient, the cost increases to \$35 if ciprofloxacin is used.
52. The term Pyrexia, of unknown origin, is used here as it is closely related to, but difficult to distinguish from, malaria. WHO, UNHCR and MSF carried out a number of surveys and tests to clarify the relative importance of malaria within the number of PUO/malaria cases who presented themselves for treatment. The conclusion from these studies was that only a proportion of the total cases was due to malaria.
53. Information on the initial programmes set up for UACs inside Rwanda is extremely patchy. The response to the needs of UACs in Rwanda from August onwards is being addressed by Study IV and so will not be covered here.
54. Subsequently, and largely as a result of the Goma experience, the two agencies have reached clearer understandings of their respective roles in relation to unaccompanied children, which were set out and confirmed by the report by UNHCR to the Secretary-General at the time of the 1995 General Assembly (A/50/555 16 October 1995).
55. In other words, that the separation was voluntary. By April 1995 UNHCR and UNICEF were estimating that 60% or more of the children then living in UAC centres in Goma had parents or other relatives living in the camps. "Refugee Children: Rwanda–Burundi Emergency" UNHCR Regional Support Unit for Refugee Children. Information Notes 1/95, Kigali, April 1995.
56. Guidelines were developed on a continuous basis and were finalized by mid-August. A task force was formally established in mid-August to ensure consistency in practice and standards.

Chapter 5

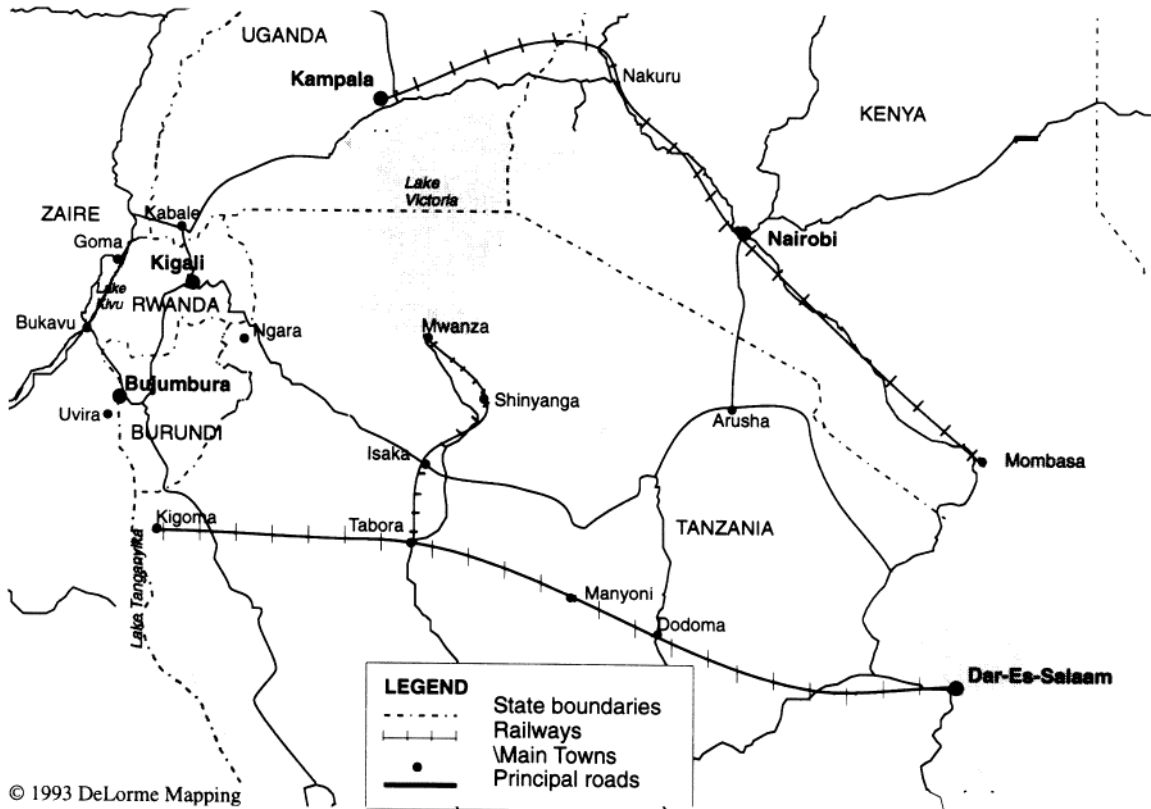
Assessment of Performance: Logistics, Food Supply and Feeding Programmes

1. Introduction

The fluidity of the Rwanda emergency, the long distances to the programme area from the nearest ports (700–1,000 miles), the lack of direct railway links to the ports as well as the difficult topography of Rwanda and eastern Zaire, all served to place enormous demands upon the logistical capacities and capabilities of the international community in ensuring an adequate and timely supply of food and non-food items (see Figure 14). The Team included two logisticians, one focusing on airlift operations and the other on overland transport of food items. The results of their assessments have been combined in this chapter with that prepared by the nutritionist, as the nutritional status of the beneficiary population represents a valuable measure of the performance of the logistics systems in terms of the provision of food commodities.

Figure 14

Map of East Africa showing principal overland transport routes used during the response



NB: Course of railways is approximate only.

Source: © 1993 DeLorme Mapping

2. Food logistics: the regional perspective

Between April and the end of 1994, a total of approximately 270,000 tonnes of food aid were dispatched to beneficiaries in Rwanda, Tanzania, eastern Zaire and Burundi by all agencies. This figure is approximate because information is not available on the importation and local purchases of the numerous NGOs involved in the response. However, these amounts were limited and probably did not account for more than 3,000 tonnes in total. Figures 15–19 show the total monthly deliveries to principal locations and their relative significance within the overall operation.

Of total food aid deliveries, 75% was provided by or channelled through WFP and 22% by ICRC. The ICRC distributions were principally within Rwanda itself, where WFP accounted for only 32% of total despatches during the April–December period. Both agencies had a substantial involvement in the area prior to April 1994 (see Section 2.2) and so had a logistical and management capacity that enabled them to respond more rapidly and effectively to the subsequent demands than if they had not had any prior involvement.

Most of the food aid distributed was imported into the region through either Mombasa or Dar-es-

Salaam. WFP-Kampala purchased 23,000 tonnes of maize and beans locally and, from information available, ICRC appears to have purchased over 42,000 tonnes, some locally but mostly in the - region. For WFP's imports, Dar-es-Salaam was by far the most significant port of entry. Of the 233,000 tonnes of imported food despatched to distribution points during the April–December - period, Dar-es-Salaam accounted for 70% and Mombasa 30%. In 1994, Mombasa was used for - imports destined for Rwanda and eastern Zaire only between the months of June and October. The port was used during 1995 for supplies to Kigali and Goma, which are routed almost entirely - through Kampala.

Figure 15
Food aid to Rwanda by supply source, April–December 1994

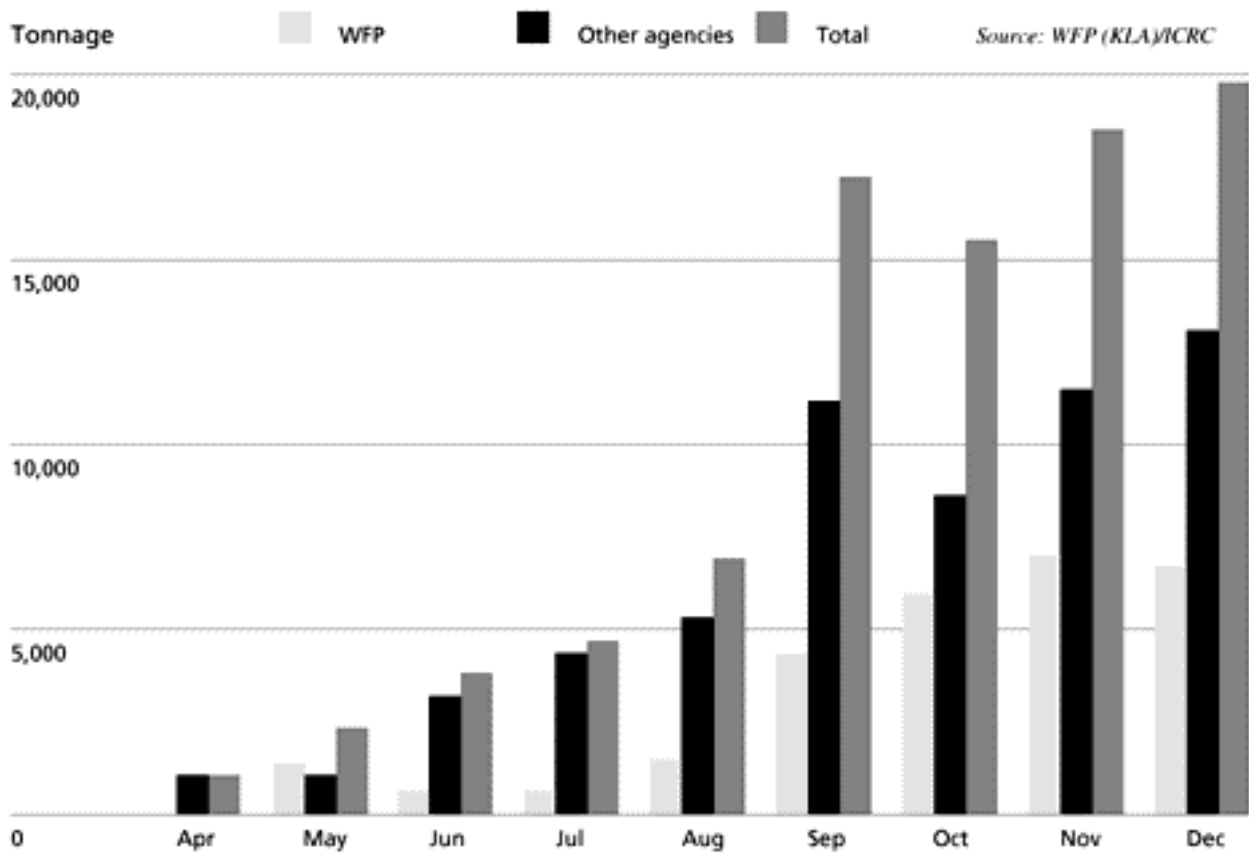
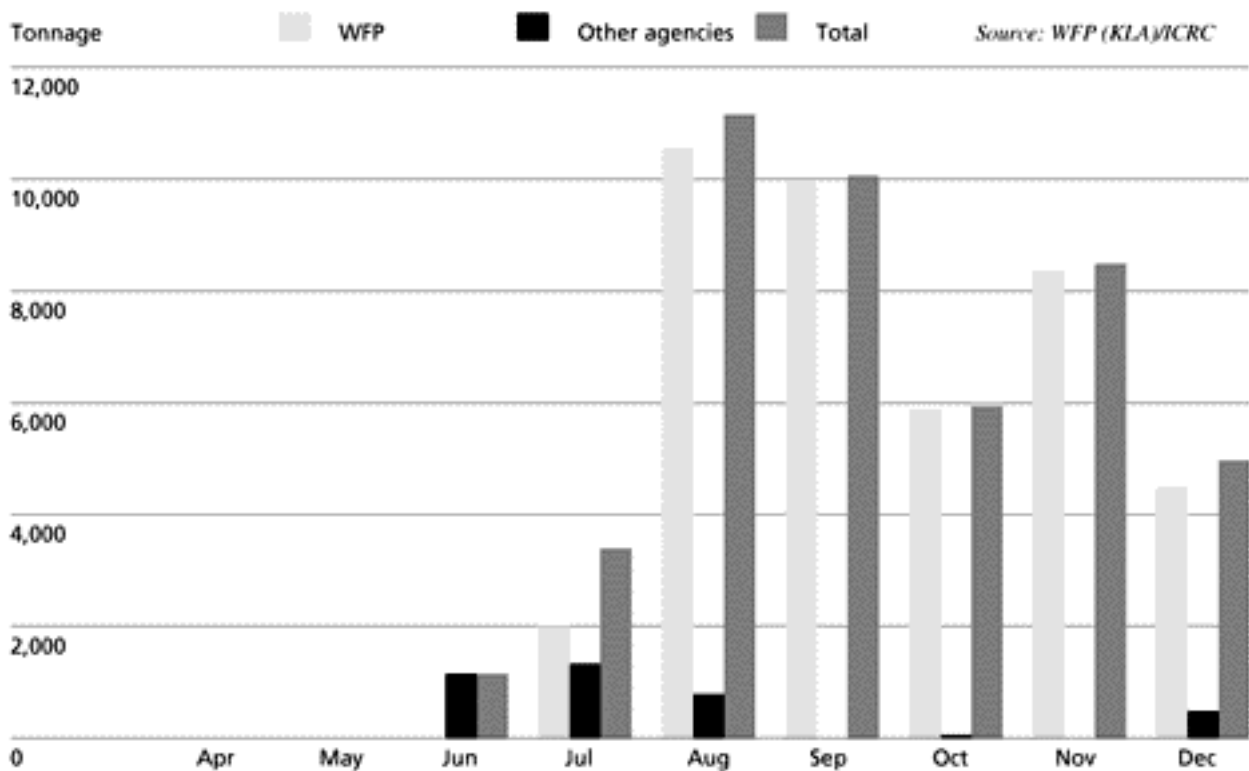
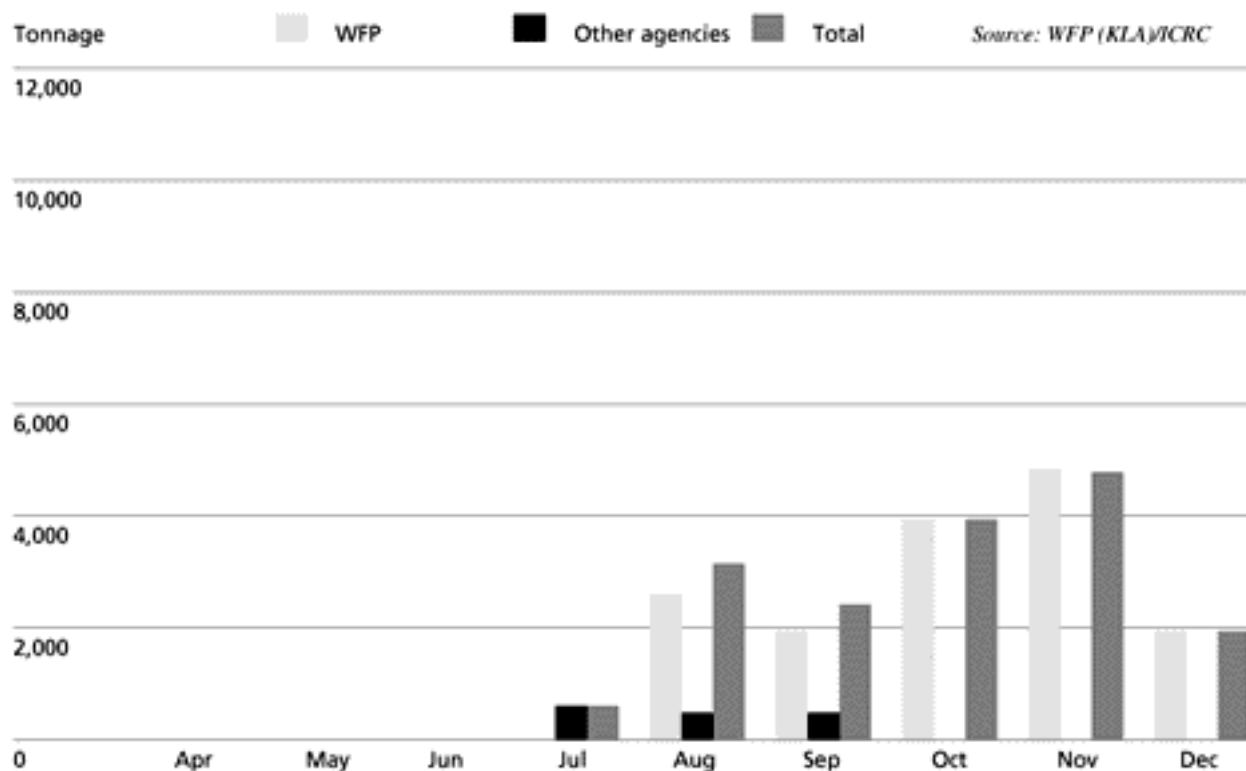


Figure 16
Food aid to Goma (Zaire) by supply source, July–December 1994



Including airlifted supplies (WFP/KLA and WFP-Nairobi) and July pre-positioned stocks (ICRC).

Figure 17
Food aid to Bukavu (Zaire) by supply source, August–December 1994



Including airlifted supplies from ICRC, WFP and EU (Nairobi), excluding local purchases.

Figure 18
Food aid to Ngara (Tanzania) by supply source, April–December 1994

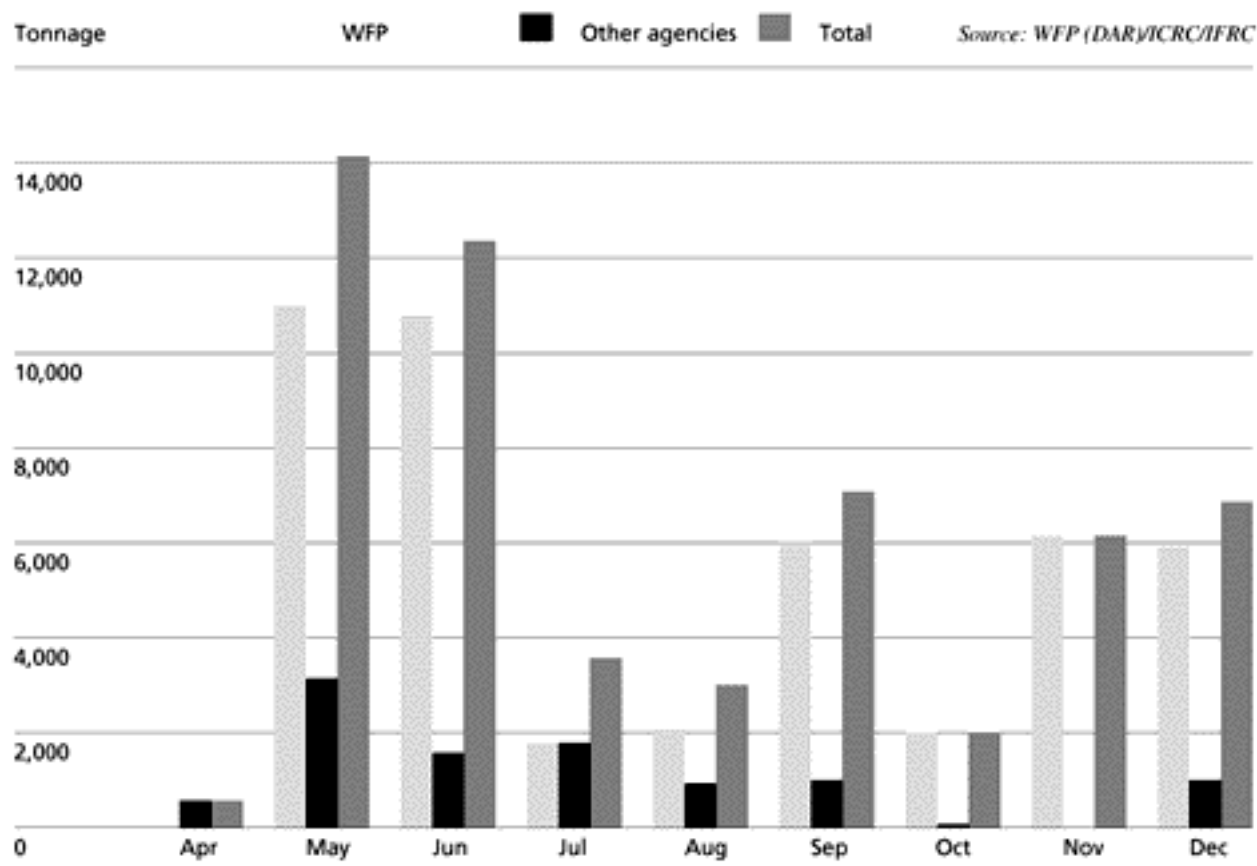
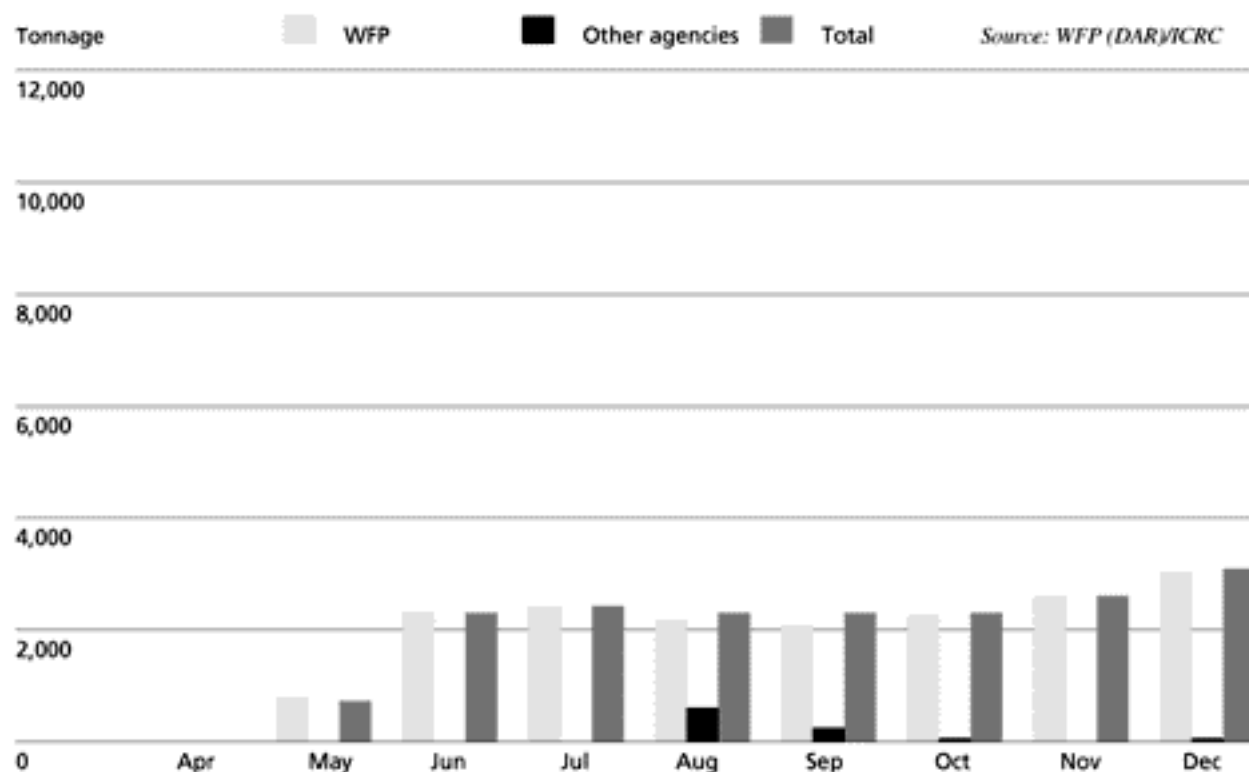


Figure 19
Food aid to Karagwe (Tanzania) by supply source, April–December 1994



WFP's heavy utilization of Dar-es-Salaam reflected a number of factors. Prior to April 1994 all food aid for WFP programmes in Burundi and Tanzania and much of the food used in the IDP and refugee programmes in Rwanda entered via Dar-es-Salaam. Prior to the introduction of the new port-rail arrangements in July 1994, imports destined for Burundi and the Burundian refugees in Tanzania and Uvira in eastern Zaire were transported by road, using commercial truckers across Tanzania and entering Burundi at Kobero. With the increased requirements in Burundi (principally, as a result of the Rwandese refugees entering Burundi), this slow and not always reliable route was complemented in June by an airlift of 1,600 tonnes of commodities from Dar-es-Salaam to Bujumbura, using US Air Force planes. With the first outpouring of refugees from Rwanda heading into Tanzania, it was logical to expand the Tanzanian or southern corridor.

In May 1994, following the dramatic expansion of the refugee caseload in Ngara, Karagwe and northern Burundi, WFP initiated discussions with the Tanzanian Harbour Authorities and Tanzanian Railway Corporation to encourage a more integrated and effective approach to the management of

the port-rail operations. The authorities were encouraged to regard WFP's business as an opportunity for invigorating the route. Not only did this dramatically increase WFP's capacity to supply its rapidly-expanding programmes in western Tanzania, Burundi and South Kivu, but it also enabled WFP to obtain cheaper rates than available on the Mombasa–Kampala route (see Section 5.8.). With the switch to rail in July, imports destined for Burundi and eastern Zaire (the Bukavu influx adding substantially to the Uvira caseload) were routed either to Isaka, where they were transferred to commercial trucks for transporting to northern Burundi and Bujumbura by road, or by rail the entire distance from Dar-es-Salaam to Kigoma on Lake Tanganyika, transferred by barge to Bujumbura and then by road to programmes in Burundi, southern Rwanda and eastern Zaire. During the 6 months from July to the end of the year, over 105,585 tonnes was moved by rail along the southern corridor to Isaka (for Ngara/Karagwe) and Kigoma.

WFP's cross-border operations into northern Rwanda were supplied and managed by WFP-Kampala, using a sub-office at Kabale. With the Goma influx in mid-July, WFP-Kampala's role in the Rwanda operation increased dramatically. Initially using borrowings from other programmes in Uganda and south Sudan, WFP operated an airlift from Entebbe to Goma for six days and, in a spectacular effort by personnel from the Uganda office and from WFP HQ in Rome, sent two convoys to Goma by pioneering the difficult route from Kabale to Rutshuru, thereby freeing up the very constrained capacity at Goma Airport for other incoming cargoes. By the end of July the Kabale–Kigali–Gisenyi route to Goma had been re-established and this served as the principal overland supply route from August 1994 until March 1995, when the new government closed the border to food aid destined for the refugees in eastern Zaire. Since then all of Goma's food supplies have been routed along the Kabale–Rutshuru route, the condition of which prevents the passage of truck-trailer combinations.

WFP's heavy utilization of the southern corridor contrasted with ICRC's pattern of food imports, which relied heavily on Mombasa throughout the response. Of the 52,740 tonnes of food commodities imported to the region by ICRC, 95% entered at Mombasa and only 5% through Dar-es-Salaam. This pattern reflected the traditional import routes used by the ICRC, the location of the regional delegation office in Nairobi and the agency's regional airlift operations, which were focused on Nairobi International Airport. The agency considered the option of using the southern corridor in August 1994. In the light of WFP's heavy utilization of the available capacity in Tanzania, the fact that, at the time of the assessment, WFP was experiencing difficulties at Bujumbura port for food being transferred by barge from Kigoma, and the high costs that would have been involved in moving part of its operations to Tanzania, the ICRC decided to continue to rely upon the Kenya–Uganda route.

3. Food logistics: performance in relation to needs

General ration distribution systems were established very quickly after the initial influxes to the refugee camps in Ngara/Karagwe, Goma and Bukavu. Given the rapidity and scale of the influxes and the difficult logistics involved, this represents a considerable achievement. However, maintaining regularity of supply has proved difficult in all areas.

In Ngara, initial distributions were made using commodities from ICRC food stocks held near Benaco. These stocks were being built up by the ICRC in anticipation of mounting cross-border operations from Tanzania into Rwanda. In the first week of May, WFP began drawing from the government's strategic grain reserve at Shinyanga, and over the next six months drew a total of

10,350 tonnes of maize, subsequently replenished by WFP. Beans were provided by borrowing from a WFP programme in Tanga. Though such arrangements enabled rations to almost reach the minimum calorific requirements by the third week,² WFP's food supply operation remained fragile in that it was unable to build up adequate working stocks at the extended delivery points (EDPs). As a result, it was not until the end of May (i.e. five weeks after the influx) that sufficient stocks existed in Ngara to enable a shift from a three-day to a weekly distribution cycle. During the first few weeks, the factors contributing to WFP's difficulties included: a lack of commercial trucking capacity in the area; a steady growth in the caseload after the initial influx, which meant that there was little opportunity for consolidation;³ and heavy rains during the first few weeks that delayed trucks carrying maize from the SGR depot in Shinyanga, which for part of the way involved untarred roads. Initially, WFP's system for tracking trucks which had been despatched was inadequate and this, combined with the low stock levels and general uncertainty about the pipeline, meant that its Ngara sub-office was unable to provide UNHCR and the NGOs undertaking general ration distributions in the camps (CARE, IFRC and Concern) with adequate information on when supplies would arrive, and when they should plan to introduce a weekly distribution cycle. This was perceived as a lack of transparency and led to tension between WFP and UNHCR, and in August to UNHCR supporting NGOs in commencing a general supplementary feeding programme (see Section 5.6.).

Such problems may have changed over time, but they did not go away, and the operation has continued to be what is effectively a ship-to-mouth operation. Nevertheless, apart from October and November, when rations were significantly reduced, food supplies to the camps remained generally adequate throughout 1994. The continual growth of the caseload in Ngara and Karagwe has been a particular source of difficulty. The variable performance of the Tanzanian Railways Corporation was also a problem, as was the need for WFP to respond to the pressing needs in South Kivu, which resulted in diversions or borrowings from the Tanzanian programme. Frustration at these continuing problems led the UNHCR sub-office in Engara to make an ill-judged attempt in October to by-pass WFP and obtain food donations directly from the US government. Though the precise details of this episode are unclear, it was revealing of the inherent tensions involved in splitting responsibility for general ration supply/distribution between two large agencies.

In Bukavu, general rations were not distributed to the refugees in the town, partly out of fear of encouraging permanent settlement, though in August an on-site feeding programme was set up at several sites with WFP support. The high levels of malnutrition found in Bukavu town in August probably reflected a combination of the absence of a general ration, delays in establishing new camp sites for this population and dysentery among the refugees in the town. Instead, efforts were concentrated on setting up new camps, and ensuring the supply of general ration commodities to them. A ration of CSB was provided for all children under five. The two routes through Tanzania and Burundi were initially used, being complemented by the airlift of 1,480 tonnes of food by the New Zealand and German Air Forces and commercial charter flights operating principally out of Kampala. From late August, trucks also operating out of Kampala were able to take the Kigali–Cyangugu route to Bukavu and this became the principal route until the border closure of April 1995.

In Goma, initial distributions after the influx were made using ICRC food stockpiled in preparation for planned cross-border operations into FAR-controlled areas (see Section 6.3.). Thereafter, the initial plan of WFP and UNHCR was to provide 200 grammes of high-energy biscuits and 200 grammes of CSB as a temporary ration until a proper general ration could be established – this was achieved after 15 days, using the pioneered overland route from Kabale via Rutshuru, and from

August the tarred route via Kigali and Gisenyi. In the confusion of the first few weeks, the high level of insecurity and poor camp layout resulting from the lack of heavy equipment saw considerable variations in mean energy intakes between camps and over time, with apparent fluctuations between 900 and 1,700 kcals. During September however, the general ration stabilized considerably at around the 1,600 – 1,800 kcal level, with adequate supplies of cereal and oil, though beans were generally in short supply. (Shortages intensified in November, resulting in disturbances during distributions in some camps). Rations were theoretically sufficient for the first seven weeks of 1995, but thereafter fell sharply as WFP experienced pipeline shortfalls, and convoys passing through Rwanda were subjected to considerable delays at the border crossing. During March and April mean intakes were only around 1,000 kcal, though some improvement occurred during May.

For the refugee camps, therefore, the overall picture is generally impressive in terms of responding to the initial influxes, and supplies were maintained during 1994 at satisfactory levels, though with problems in the supply of particular commodities and some fluctuation occurring in the size of the general ration. As will be seen in Section 5.5, one of the principle causes of malnutrition in many camps was not the overall levels of supply to the camps by WFP, but rather the inequitable systems of distribution within the camps.

Within Rwanda, the picture is inevitably more complicated than in the refugee camps as a result of the insecurity, sporadic access, involvement of ICRC as well as WFP in the supply of general ration commodities, the short duration of the population displacements in the north and south-east, lack of reliable data capable of demonstrating deliveries in relation to need, and the greater role of ICRC compared with that of WFP during the emergency phase.

Both WFP and the ICRC provided food for distribution among the displaced and war-affected populations in the RPF-held areas. In WFP's case this amounted to approximately 3,000 tonnes of commodities delivered from Uganda to NGOs working in the IDP camps between May and July 1994, - whilst in the ICRC's case the tonnage distributed directly to the camps and rural populations was 1,700 tonnes. Initially, ICRC rations were set at a fixed level for all areas and types of beneficiary group (1,300 kcal), but after an assessment in June by ICRC (nutritionist and agronomist), differential rations were introduced, the size depending on the estimate of food sources available locally and the level of need as estimated by ICRC personnel.

The RPF discouraged quantitative surveys being undertaken in the areas it controlled, and consequently no nutrition surveys were undertaken in the area between April and July. Even in the absence of such surveys, most accounts suggest that there were no serious nutritional problems in the RPF-controlled zone, with the possible exception of the area around Butare, which traditionally has higher levels of malnutrition. Whilst this situation may be attributed in part to the food distributions by the ICRC and WFP/NGOs in the area, probably of greater significance were the locally available food - sources, notably the standing crops that were ready to be harvested around the June–August period and were apparently substantially more abundant than in previous years. Also, the much-reduced population in the northern and eastern areas of the country will have substantially increased the per capita availability of local food sources. After installation of the new government, food distributions by WFP and the ICRC continued in many areas. However, efforts were concentrated on agricultural rehabilitation activities and, in the absence of unusually high rates of malnutrition, widespread general ration distributions were soon phased out.

The picture in relation to the IDP camps in the south-west, however, was less satisfactory. Both WFP and ICRC were comparatively late in starting general ration distributions in the camps for which they had taken responsibility. Most of these camps had begun forming in June and grown substantially during July, but it was not until August that WFP was able to provide sufficient food in Gikongoro for its implementing partner agencies to commence distributions in the camps to the north of Gikongoro. Delays in transferring WFP trucks (by sea and land) from Ethiopia to Bujumbura and in identifying suitable NGOs to organize distributions within the camps appear to have been responsible for the delays. Using supplies trucked from Uganda, ICRC was able to commence distributions to its camps south of Gikongoro in July, but the tonnages involved were limited (695 tonnes) and it was not until the following month, when 4,100 tonnes were distributed, that it was able to provide an adequate general ration. High rates of malnutrition were recorded in the two camps where surveys were undertaken in August; both of these were WFP's responsibility.

Early in 1995, the performance of the food "pipeline" to the region worsened.⁴ Trucks in transit to Goma and Bukavu through Rwanda were subjected to severe delays as the Rwandese authorities carried out rigorous searches for arms that might reach the refugee camps, and specific crossing - points were closed for several days at a time following insecurity in the area. In early April, matters escalated and the Rwandese authorities closed the border with Zaire to all food aid traffic. Equally significant, however, were the shortfalls and delays in food aid donations to WFP by the donor community, so that supplies to Ngara and Karagwe (which were unaffected by the position of the Rwandese authorities regarding transit traffic) were also substantially reduced. The combined effect of these two factors forced severe reductions (in some cases of up to 50%) for periods of several weeks in the general ration in the refugee camps.

Yet, in spite of this ration reduction, the nutritional status of the refugees remained excellent, largely, it appears, as a result of the refugees having developed alternative means of food procurement, such as working on farms in the area⁵ or cutting and selling wood. In many cases, such coping strategies - involve considerable exertion and potential risk to the refugees. For instance, many women were having to leave the camps well before dawn in order to walk tens of kilometres to farms providing employment and were not returning until after nightfall. Without wishing to belittle the additional - stresses placed on the refugees during this period of unplanned ration reductions, the experience does suggest that if full rations had been delivered, part of the ration might have been surplus to requirements for many households. This in turn indicates a need to assess whether existing mechanisms for estimating ration needs are sufficiently sensitive and flexible to respond to the requirements of refugee populations as and when these change.

4. Appropriateness of the rations

The traditional diet of Rwandese, though with considerable regional variation, consists of sweet - potato, beans, taro (plantain), cassava, groundnuts, sorghum (for young children), with fish and meats occasionally eaten as condiments. Such diets are potentially deficient in fats and certain micro-nutrients and conditions such as goitre (due to iodine deficiency and consumption of goitrogenic foods), vitamin A deficiency (related to low fat intakes), and high rates of anaemia are endemic in Rwanda.

The WFP general ration for refugees in Zaire, Tanzania, Burundi consisted of: 420 gms of maize grain or 350 gms of maize meal, 120 gms of pulses, 25 gms of vegetable oil, 50 gms of CSB and 5 gms of salt. This provided 2,045 kcals. The same ration, but excluding CSB, was planned for IDPs in

Rwanda. The ICRC ration for IDPs in Rwanda consisted of varying amounts of maize flour and maize grain, pulses and oil depending on assessments of vulnerability carried out on at least three occasions during 1994.

Throughout the emergency, reports indicated that beneficiaries had certain difficulties with the preparation, and in some cases acceptability, of these commodities. Maize grain in particular was singled out as a problematic commodity. During the response to IDPs in Rwanda in the 1992–1994 period, both WFP and ICRC found that maize grain had very low acceptability among the beneficiaries; they were unfamiliar with it, though found maize flour acceptable because of its similarity to cassava flour. WFP tried to take this into account in designing its response to the Burundian refugees in late 1993 and again also in setting the ration for use in its response during 1994. Cereals were to be provided as sorghum, maize flour or rice. However, the agency was unable to provide these commodities all the time and often had to resort to maize grain, particularly in the case of the refugee camps in Tanzania (see Figure 20). The problem was particularly acute in Tanzania, where the Tanzanian Strategic Grain Reserve at Shingyanga and local purchases accounted for the bulk of maize distributions in 1994.

Figure 20: Cereal distributions to refugees in Zaire and Tanzania from date of influx to end-1994

	Maize grain	Maize flour	Sorghum	Rice
Goma	6,531 (21%)	24,141 (79%)	0	0
Bukavu	2,449 (19%)	10,039 (79%)	0	191 (2%)
Ngara	24,480 (83%)	4,999 (17%)	0	0
Karagwe	7,987 (71%)	3,333 (29%)	0	0

Source: WFP distribution records.

Faced with a commodity that they found unacceptable, many recipients made the maize grain palatable by cooking it for extended periods, or they traded it for preferred commodities – often for fresh staple foods like cassava. The additional cooking time for maize grain has had significant environmental implications as it led to the utilization of substantially more fuelwood than if it had been provided as flour.⁶ Anecdotal reports from Ngara describe substantial trading of maize rations in markets in the camps, and some even suggest that trucks delivering rations to the camps left carrying maize grain sold by the refugees, which would be sold in local Tanzanian markets where whole-grain white maize was a traditional staple. However, the terms of trade between commodities in markets in Ngara meant that refugees selling maize grain in order to purchase, say, cassava would lose a lot of food energy as a result of terms of trade ranging from 4.3:1 to 8.8:1. Even if it is argued that inflated beneficiary numbers in the camps compensated for the loss in energy, the provision of a commodity unacceptable to many recipients represents a substantial inefficiency on the part of WFP and its donors.

Efforts were made by both WFP and ICRC to obtain maize flour by encouraging their donors to provide the preferred commodity or through regional purchasing operations in Uganda and South Africa. The ICRC, with greater flexibility in the use of its resources, appears from interviews with personnel⁷ to have been more successful in these efforts than WFP, which was obliged to accept maize in whole-grain form from donors who were apparently unwilling to provide funds to cover milling costs. The fact that there was no multi-donor/WFP/UNHCR Food Aid Needs Assessment in

the region during 1994 may have been significant, as the findings and high profile of such a technical assessment may have given greater encouragement to donors to provide food in a more appropriate form. With the support of the UK ODA, WFP attempted to address the maize grain problem in Tanzania by purchasing and airfreighting four mills to the region in August 1994. For reasons that are unclear, the mills have remained unused in a warehouse in Isaka.

Beans form a traditional part of the diet of Rwandese and the unusually large quantity of beans provided in the general ration (120 gms per capita) reflected WFP's attempts to cater for local consumption patterns and preferences. Agency reports on items appearing in markets in the camps indicate that beans were rarely sold by beneficiaries. However, the varieties distributed took longer to cook than traditional Rwandese varieties and therefore required lengthy soaking. However, the soaking of beans is not a traditional practice in Rwanda, and refugees claimed that it diminished the taste. Thus, cooking time was lengthy⁸ and in areas where fuelwood was scarce this seriously added to environmental problems. Though it was UNHCR's responsibility to advise beneficiaries on optimal preparation and cooking practices for different bean varieties under the Memorandum of Understanding (MOU) between WFP and UNHCR, it appears that the efforts made to advise beneficiaries were very limited.

5. Appropriateness and effectiveness of food distribution systems within the camps

Whilst information on mean intake indicates a more-or-less satisfactory picture during 1994, food basket monitoring, i.e. measuring what refugees actually received from the regular distributions, indicates that distributions within the camps were often highly inequitable, with some groups receiving general rations that were quite inadequate. For example, a mid-October survey in Kibumba found that 40% of households received less than 2,000 kcals/capita, whilst 13% received more than 10,000 kcals/capita. A review of surveys undertaken in the four main camps found that the percentage of families receiving less than 1,000 kcals/capita was 32% in Kahindo, 29% in Kibumba, 9% in Katale and 19% in Mugunga. Such inequities were often reflected in high rates of malnutrition in certain camps and for certain groups.⁹

In Benaco camp in Ngara and in all the camps in Goma, food distributions were initially organized on a commune basis, with commune heads preparing lists and assisting in the distribution itself. This was the same type of distribution system as that in the IDP camps in Rwanda between 1990–93, but one found to be open to abuse by commune leaders and inequitable. The great advantage of this system was that distributions could start almost immediately and required fewer agency personnel than a system distributing on the basis of a sector, cellule or head of household. The principal disadvantages were that, in large camps, distributions were often lengthy and chaotic and, above all, were more open to abuse by the commune leaders, who were able to influence the size of ration received by particular groups and potentially also to divert a proportion of the food for their own use. Given the context that produced the refugee exodus (at least in the case of Goma and Bukavu), i.e. the call for Hutu to “leave the country and continue the struggle from across the border”; the role of the militia in instigating and spreading the genocide; and the involvement in the militia of many commune and préfecture leaders, the use of commune leaders to distribute food was politically charged and potentially beneficial to the militia and those who had been involved in the genocide.

Figure 21: Levels and ranges of malnutrition* recorded in nutritional surveys conducted during 1994 and early 1995 in refugee and IDP camps

	ZoneTurquoise	Ngara	Karagwe**	Goma	Bukavu***	Uvira
May		7.1%	2.6%			
June			4.5%			
July						
August	15–17%	8.8–12.7%	10.9%	17–23%	1.8%	0–7%
September						
October				6.3–17%	11.8%	
November		2%	2%		0.4%	
December	11.9%	4%	4%	2.4–8.3%	4.3%	
January				2.5–5%		

* Levels of malnutrition are based upon the percentage of children under five years of age who are less than 2 standard deviations below the median weight-for-height.

** These results do not include Chyabalisa camp, which showed very high levels of wasting throughout 1994, ranging from 11.4% in June to 22.5% in September.

*** These results do not include a survey in Bukavu town in August, which found 15% levels of malnutrition, and a survey in Kabira camp that found 20.8% of children under five to be malnourished.

Source: a variety of NGO nutrition surveys.

The initial experience in Ngara and Goma contrasts with that in Bukavu and the WFP-supplied IDP camps in Zone Turquoise where, from the outset, food distributions in the majority of camps were organized either at a cellule or head-of-household level. According to the head of the WFP RRT, this was a deliberate policy to limit the ability of the commune leaders to abuse the distributions.¹⁰ Because of the scale and rapidity of the influxes in both Ngara and Goma, it is unreasonable to have expected agencies to have utilized distribution systems at a lower level of social organization than the commune level. The Bukavu experience, in which the town effectively served as a holding camp - whilst the agencies prepared for the movement of the refugees out to newly-established, smaller-sized camps, was qualitatively different from that in Benaco and Goma. Nevertheless, it is valid to ask how quickly agencies were able to move to distribution systems that were more equitable and less open to abuse by those whose positions ought, if anything, to have been weakened.

In Ngara, the transition to lower-level systems was initially hampered by the persistence of the three-day distribution cycle (involving the distribution of rations sufficient for only three days at a time), which meant that agency personnel had little time for planning or leeway for implementing the introduction of new systems. However, once the registration exercise had been carried out in July some 10 weeks after the initial influx, agencies were able to move quickly to household systems based on ration cards. Nevertheless, commune leaders remained involved in the distributions and were often employed in that capacity by agencies.

In Goma, the process of introducing lower-level distribution systems took place at different times, depending on the agency and the camp. For instance, in Kahindo camp where IFRC managed the food distributions, a cellule-level system was introduced as early as September/October, whilst in Katale as late as April 1995 some of the distributions in Katale camp were still made on a commune level.¹¹ The poor security situation, lack of vehicle access to the camps¹² and limited personnel capacity and experience within some agencies certainly hampered the introduction of lower-level -

systems. For instance, in late August, once the cholera epidemic was under control, the UNHCR coordinator proposed a self-policing distribution system that had been implemented in eastern Ethiopia and elsewhere.¹³ However, the system was not introduced, principally because it was realised that inadequate vehicle access to the camps made it difficult to establish the required number of distribution points. The registration exercise planned for October, which would have greatly facilitated introduction of household-level distribution systems, was cancelled for security reasons.¹⁴ Some agencies have argued that UNHCR could have done more to organize another registration, perhaps even using the October meningitis vaccination campaign as the opportunity, as it involved the inoculation of all people from 0–35 years.

The general ration programmes in the IDP camps in the south-west of Rwanda were also negatively affected by problems with types of distribution system used. The ICRC was distributing food to eight camps south of Gikongoro with an estimated population of 260,000. The agency encountered considerable difficulties in ascertaining the population of each camp, and its distribution system relied upon distribution to commune heads, rather than the heads-of-household system used by the NGOs distributing WFP-supplied food in the four camps to the north of Gikongoro. Why the hard-learned lessons of the Rwandese Red Cross and ICRC delegates managing food distributions in the IDP camps in Rwanda during 1990–94 were not transferred to those involved in managing food distributions appears to have been due to staff turnover and lack of experience. The high level of wastage (17.5%) found by MSF in a survey in the largest ICRC camp in August was thought to be in large part a reflection of the inequitable distribution system. Various early attempts to improve the distribution system in Kibeho failed, and it was October before the situation was brought under control.

6. Selective feeding programmes

Selective feeding programmes consist of supplementary feeding programmes (SFPs) and therapeutic feeding programmes.¹⁵ Such programmes were established in most refugee and IDP camps during the response. In the refugee camps they were undertaken by NGOs and the IFRC, using commodities supplied by UNHCR and UNICEF. In the IDP camps the ICRC ran its own selective feeding programmes, whilst those implemented by NGOs used commodities provided by UNICEF and their own procurement systems. The decision to implement such programmes is generally taken by the implementing agency, though in the refugee camps the agreement of UNHCR coordinators is required, particularly if UNHCR is being requested to contribute funding and commodities to the programmes. However, in two cases UNHCR itself encouraged the introduction of unusual supplementary feeding programmes. Because of the lack of centralized control, monitoring, and resourcing of such programmes, accurate information was not readily available on the scale of resources allocated to such interventions.

A review of experience with these programmes inside Rwanda and in the refugee camps in Zaire and Tanzania reveals a number of issues.

Inside Rwanda, no single agency had responsibility for coordinating the SFP activities of NGOs and the ICRC, and consequently it appears that some camps were not properly covered.¹⁶ In addition, there was no standardization of programme monitoring, which made it difficult to compare programme performance between different camps. Furthermore, as nutritional and food basket monitoring surveys were poorly coordinated, their implementation was largely ad hoc. In some camps this led to late implementation, with consequent delays in identifying the need for selective feeding programmes.

In Ngara, following an initial suggestion by MSF, UNHCR encouraged establishment of a supplementary feeding programme for all children under five. UNHCR's enthusiasm for such a programme appears to have been influenced by the fragility of WFP's general ration supply system and also WFP's apparent unwillingness to share "pipeline" information with local UNHCR officials. A supplementary feeding programme commenced in August 17 and was due to run for three months. However, it was ended in October for a variety of reasons, including the cost in terms of personnel time and resources, and its inability to cover new arrivals whose nutritional status was often worse than that of established refugees. During its implementation there were no major breaks in the general ration distributions. As an intervention it was of questionable necessity. It would have been preferable, in view of the high cost per beneficiary of such programmes,¹⁸ to have used the resources - instead to strengthen the pipeline. For its part, WFP ought to have provided more information to the agencies working in the camps.

In Goma, UNHCR, again following an initial suggestion by MSF, proposed establishment of a supplementary feeding programme in August. However, it was never implemented due to lack of agreement among NGOs that would be responsible for much of its implementation. Many of these NGOs felt that attention should be focused on addressing the problems of inequitable distribution of the general ration programme, and that UNHCR should concentrate on carrying out the vital registration exercise. In Bukavu, a SFP was established early on in the response, even though the general ration supplies were adequate, and nutritional status information indicated that there was no need for a curative SFP. However, in a short time, unnecessary curative supplementary feeding programmes were established by a variety of NGOs, reflecting limited control of NGO activities by UNHCR.

The effectiveness of selective feeding programmes in the region was variable and at times unimpressive. In Ngara for instance, many such programmes experienced unusually high mortality rates, which were apparently attributable to marked overcrowding, poorly trained staff, a shigellosis outbreak and food shortages. In the same camps, coverage of curative supplementary feeding programmes was extremely poor.

7. Assessment of the airlift operations

Air transport was used extensively throughout the period after April 1994 and particularly during the period from mid-July to the end of September, when a massive airlift was operated into Goma, Kigali and to a lesser extent Bukavu.

Assessment of the airlift operation was hampered by the variable quality and availability of information. Information on the air transport operations between April and mid-July is particularly patchy as no single agency was responsible for coordinating the operations, or even for recording the number of flights or the loads carried.

This period includes the airlift operations to Mwanza in response to the refugee influx into Ngara and Karagwe districts as well as operation of the Canadian Air Force Hercules aircraft into Kigali and a one-off operation by the US Air Force transporting WFP food commodities from Dar-es-Salaam to Bujumbura. From 20 July until 30 September the UNHCR Air Operations Cell was responsible for coordination of the airlift and for this period there is substantially more information available, though even this appears to have important gaps.¹⁹ Because of the data problems encountered, only the period covered by the UNHCR Air Operations Cell was examined in detail.

UNHCR records indicate that some 14,500 tonnes of supplies and equipment and hundreds of passengers²⁰ were transported on a total of 3,007 flights during the 10-week period covered by the Air Operations Cell in its coordination role. Goma accounted for 79% of the tonnage of supplies and equipment carried. This total figure for the number of flights is substantially greater than the 1,627 cargo flights to Goma, Kigali and Bukavu indicated in Figure 10 in Chapter 3 – the difference being accounted for by the long-distance flights into regional hubs such as Entebbe for transshipment onto smaller aircraft and by the use of light passenger aircraft to fly agency personnel and media teams to the various locations.

At least 17 countries contributed air transport capacity of either a military or commercial nature and, in addition, the EU utilized the Nairobi-based ECHO fleet. Sixteen NGOs chartered their own flights and the Lutheran World Federation provided 157 Hercules flights free of charge to the ICRC and NGOs, using aircraft based in Nairobi that had been supplying food to southern Sudan and Somalia. UNHCR, WFP and UNICEF undertook their own air transport operations, using commercial charters and/or military aircraft.

Because of the difficulties encountered by the UNHCR ERT in Goma in preparing the North Kivu Contingency Plan (see Section 6.2.), the agency relied heavily on the airport at Goma as a means of facilitating a rapid response in the event of a major influx. However, apart from obtaining authorization of a waiver of landing-fees, nothing was done in advance of the influx to increase the capacity of Goma airport to handle a sudden increase in cargoes²¹ and consequently the first weeks of the airlift were chaotic and inefficient. Security, lack of ground handling equipment, coordination and lack of information on incoming flights were particular problems in the Goma case.

Due to lack of maintenance, the airport perimeter fence was ineffective and streams of refugees - crossed the airport, moving from the centre of Gisenyi into Goma town centre. Many settled temporarily on the land beside the runway. The lack of storage capacity at the airport and transport to move cargoes to stores in the town or to agency stores nearer the refugee camps resulted in supplies being stacked in the open on the airport apron during the initial weeks of the operation. It appears that 2–3 weeks elapsed before a secure perimeter was established using razor wire, and during that time supplies were pilfered. Because of inadequate manifests of flights arriving in the first days of the operation, it was not possible to establish the volume or significance of the supplies involved, though anecdotal evidence indicates that vaccines were lost.

The small size of the apron at Goma Airport limited the number of aircraft that could be on the ground at any one time to two or three. Because of their size, the C5A Galaxy and AN 124 heavy-lift aircraft could not use the apron and were diverted onto an area of the taxi-way for off-loading. The turn-round time for aircraft was therefore a critical bottleneck to the number of flights that could be handled. Apart from US Air Force aircraft, which usually brought their own unloading equipment (fork lift trucks, etc.), many incoming flights, particularly those without ramp access, were dependent on the equipment at the airport that during the initial stages was quite inadequate.²²

Because of the number of aircraft trying to deliver cargoes to Goma and the intense pressure on the airport handling capacity, lack of advance information on incoming cargoes was a particular problem there. However, lack of advance information was a common complaint in relation to Bukavu, Entebbe and Kigali as well. In Bukavu, for instance, the airport is 20 kilometres from the town and those responsible for managing incoming cargoes had difficulty in arranging for adequate truck and

personnel to be present when the aircraft arrived as they were uncertain of the time of arrival, details of the cargo and the intended recipient agency.

When combined with the inadequate handling equipment at Bukavu, the lack of advance information resulted in turnaround times for C-130 aircraft that should have taken only 15–20 minutes of up to two hours. In Goma, there were reportedly several cases of unexpected flights that could not be fitted into landing and unloading schedules and which, after hours of circling the airport, had to fly back either to where they came from or to another airport in the region. Whilst some of these flights may have been the result of lack of advance information, it is also possible that some resulted from “rogue” behaviour by agencies with non-priority cargoes that were not prepared to wait several days until the Air Operations Cell could allocate them a landing slot.

To a certain extent, lack of advance information on incoming flights stemmed from communications problems between the various locations involved in managing the operation. For instance, many of the flights to Goma, Bukavu and Kigali originated from the AirHead in Entebbe. For reasons that are not entirely clear, it was not until the end of August that the UNHCR office in Entebbe received the Pactor equipment necessary to communicate reliably with Goma, Bukavu and Kigali.²³ The inadequate communications in Entebbe hampered the operation of the AirHead in receiving advance information on flights arriving from North America and Europe.

An important factor contributing to the lack of advance information on incoming flights was the lack of standardization in the terminology used by despatching agencies to describe cargoes and vague or incomplete manifests. This severely hampered the efficient unloading of the cargoes and their onward despatch to agencies working in the vicinity. In addition, it appears that some agencies may have deliberately misrepresented the cargoes being despatched in order to ensure that their flights were - accorded priority by the Air Operations Cell.²⁴

The problems of lack of standardization and inadequate information provided by despatching agencies have been a persistent feature of most large-scale humanitarian airlift operations.²⁵ Whilst the rapid establishment of operations involving numerous agencies from around the world is bound to be problematic, the fact that such problems persist after so many years is a reflection of the lack of investment in the necessary capacities and systems required to undertake such operations at short - notice. Significant improvement could be obtained by measures such as preparation of standard manuals for use by agencies participating in large humanitarian airlifts, of the necessary forms in relevant languages, of kits of equipment (computers, software, printers, forms, communications equipment) and mechanisms to ensure adherence to the agreed procedures.

UNHCR played a central role in the management of the airlift operation, though this was more the - result of the existing capacity within the agency rather than a mandated responsibility. On 19 July 1994 UNHCR offered to provide coordination using the Air Operations Cell, which had been established in UNHCR in 1992 to coordinate the Sarajevo airlift. This resulted in the agency being - charged with coordinating airlift operations in and around Rwanda from midnight on 20 July. As part of the strategy adopted, a forward AirHead was established by UNHCR at Entebbe a few days later. UNHCR-Entebbe began scheduling and controlling flights from Entebbe on 30 July, using aircraft - resources put at its disposal by the US Air Force, the Royal New Zealand Air Force and the UK ODA charters. In Nairobi, UNHCR staff became involved in the airlift operations by virtue of the decision by the German Air Force and later the Japanese Self Defence Forces to base their aircraft in

Nairobi rather than Entebbe or Kigali, and the availability of commodities in Nairobi that were not available in Kampala/Entebbe.

The central management role of UNHCR in the airlift operations was commented on negatively by several interviewees during the course of the study, with some complaining that UNHCR had given priority to UNHCR cargoes and that UNHCR had treated the airlift as a UNHCR one rather than as a common resource coordinated on behalf of all agencies. Whilst such complaints may reflect an unwillingness to accept the rigour required by the prioritization process (theoretically) being followed by Geneva, Entebbe and Nairobi, there does appear to be some truth in the complaints. UNHCR personnel interviewed in Nairobi, for instance, readily admitted that they had regarded operations out of Nairobi as a UNHCR airlift, carrying goods requested by UNHCR-Goma and only allowed NGO cargoes when space was available.²⁶ UNICEF had particular cause to complain due to the delays experienced in transporting the nine milk tankers suitable for water trucking provided by the Government of Finland to Goma, even though these were clearly priority cargo.²⁷ Though WFP seconded an airlift specialist to the Air Operations Cell, UNICEF was not requested to make such a secondment.

One way of assessing the effectiveness of the management of the airlift is to assess the extent to which cargos conformed to the priority lists from the field. The problem of vague and incomplete manifests limited the ability of the Study III Team to undertake such an assessment. Records for the critical early flights into Goma that were checked in the field were quite inadequate. Records maintained centrally in Geneva included unspecific terms such as “relief goods” and “humanitarian supplies”. Where items were specified in the centrally-maintained database, the cargoes arriving in the first weeks in Goma included food aid, kitchen sets, vehicles, soap, tents, medical kits, Rubb Hall warehousing, angle pipes, Unimix, electrical equipment, dried biscuits and water trailers – all items for which there was a critical need. However, as with all rapidly-established airlifts, there were cases of quite inappropriate cargoes, for instance Evian bottled water arrived in Goma from Europe on 24 July 1994. A consignment of orange juice was noted on another occasion.

According to key staff involved in the operation, cargo did not always conform to the priorities established in the field, certainly during the initial stages of the operation. Given the data problems and the lack of precise information on decision-taking by the Air Operations Cell, the Entebbe AirHead and UNHCR Nairobi, it was not possible in the limited time available to identify factors that contributed to the apparent lack of conformity between the cargoes and priorities established by the field.

One factor contributing to why cargos did not always conform to field priorities may have been that inadequate inventory management and lack of control of donor supplies resulted in consignment of whatever was readily available, rather than whatever was requested. Another factor may well have been that there was not always agreement between agencies at field level as to what the priorities actually were. In addition, there may have been lack of awareness of, or even lack of regard for, the priorities as seen from the field in Geneva, Entebbe and Nairobi. For instance, some of those interviewed claimed that the priority lists issued to donors did not correspond to those emanating from the field. The dispersion of responsibility within UNHCR for determining and communicating priorities among the Special Unit for Rwanda and Burundi, the Logistics Unit in the Supplies and Transport Section, the Emergency Section and the Air Operations Cell may have contributed to this problem.²⁸ Staff based in Bukavu complained bitterly that Goma was over-serviced whilst they were

under-serviced, implying that the Air Operations Cell, which had previously been managing a single-destination airlift, had difficulty in balancing priorities between locations in what was a much more complex multi-destination operation.

Finally, there is ample evidence that the airlift, or at least substantial parts of it, continued for several weeks, longer than was required. In addition, it appears that the use of the Entebbe AirHead to supply Goma and Kigali may not have been necessary. On 19 July 1994, two WFP food convoys totaling 27 trucks arrived in Goma having travelled on the northern Kabale–Rutshuru–Goma route.²⁹ This impressive achievement was just five days after the start of the influx, one day before the Air Operations Cell began coordinating the airlift, four days before the US Air Force began operations out of Entebbe and 10 days before UNHCR began coordinating movements from the Entebbe AirHead. Before the end of July, the overland route from Kabale–Kigali–Gisenyi–Goma was - reopened to WFP convoys operating out of Kampala. It is perfectly conceivable that much of the cargo airlifted from Entebbe to Goma and Kigali could have been trucked instead,³⁰ potentially saving several million dollars (see Section 5.8).

There can be no doubt that key aspects of the airlift were critical and could not be replaced in the time available by cheaper forms of transport. For instance, the water equipment, Rubb Hall warehousing and medical kits were not readily available in Kampala or Nairobi and had to be flown from Europe and North America. The CSB purchased in South Africa was required immediately after the influx and there was no choice but to use an airlift to transport it to Goma and Bukavu. However, the need for the airlift operations based in Entebbe and Nairobi is highly questionable and there is powerful anecdotal evidence that a substantial portion of the commodities, vehicles and equipment airlifted from Europe, North America and elsewhere could have been procured in the region and delivered by road transport.

The reasons why large parts of the airlift operation were established and maintained after overland - routes had been opened are complex; it is possible only to surmise some of the factors here. The selection of Entebbe as an AirHead reflected sound military logic of having a secure AirHead in the - region, the uncertain security situation in Goma and Kigali and the excellent runway and airport facilities at Entebbe. The reason why cargoes were despatched by UNHCR-Entebbe to Goma on aircraft rather than by road are difficult to explain as WFP maintains that it kept UNHCR informed of the substantial use that WFP was making of the overland routes. However, the most important factor is - likely to have been the very substantial aircraft resources that were made available to UNHCR, particularly by the US Air Force³¹ following decisions taken in Washington in the days immediately following the start of the influx. Particularly in the case of an operation as large as Operation Support Hope, it would appear that, once they have been taken, decisions about the type of deployment are very difficult to modify during the life of what was a comparatively short, but nevertheless extremely costly, operation.

So what conclusions can be drawn from the experience with the airlift operations? The utilization of the Air Operations Cell within UNHCR was unsatisfactory for two reasons. First, it located responsibility for managing what was essentially a common service to all agencies in the control of one of them. It would have been preferable for it to have been located within DHA, which is more “neutral” by virtue of its non-operational, coordinating role. Second, the use of the single-destination Sarajevo Airlift model in the multi-destination context of the Great Lakes was unsatisfactory.³²

Whereas in Bosnia the airlift operated into UN-controlled airspace and into a UN-controlled airport, this was not the case in the Great Lakes region, where aircraft operated in sovereign airspace, into sovereign airports controlled, at least in theory, by national civil aviation authorities. Moreover, in Bosnia the forward air operations cell in Ancona could maintain direct contact with the aircraft and monitor the actual movement of aircraft, as well as those cargoes handled at Ancona. None of this was possible in the case of the Air Operations Cell in Geneva which was simply too distant to provide the close management necessary for an airport of limited capacity having to handle scores of aircraft each day. The need to locate the management of the airlift within the region is a clear lesson from the Rwanda experience.

There is a critical need for agencies to prepare standard manuals, forms and kits of equipment for use in managing large humanitarian airlifts and to ensure that they are used when the time comes. That this should be so is a poor reflection of the ability of the system to learn from previous airlift operations. Finally, greater efforts should be made to ensure that alternatives to air transport are developed and utilized at the earliest opportunity.

8. Cost-effectiveness and logistics

As noted in Chapter 1, cost-effectiveness was one of the key evaluative criteria employed by Study III, yet the lack of readily-available data severely limited the ability of the team to assess cost-effectiveness in the water and health sectors. However, in the logistics sector it was possible to obtain representative data that enabled a comparison between overland and air transport over comparable routes, different modes of overland (road and rail) for the movement of large tonnages of food aid, and different corridor usage by ICRC and WFP.

8.1. Airlifts

As a result of the differences in terms of loads carried, aircraft types, routes taken and uncertainty over the charging basis used by military operators, it is difficult to establish the average cost per tonne carried by aircraft. Large-capacity commercial charters using jet aircraft (e.g. a 100-tonne cargo carried on an Antonov 124) operating from Europe to the region cost approximately \$3,800/tonne (equivalent to \$475/flying hour or \$0.6/tonne/kilometre). A smaller-capacity commercial turboprop aircraft (most probably a Hercules) carrying a 16-tonne load between Kampala and Goma cost approximately \$450/tonne for the hour-long flight (equivalent to approximately \$1.0/tonne/kilometre). This compares with a commercial trucking charge of approximately \$120/tonne between the same locations (on the less direct tarred road via Kigali) giving a rate of just over \$0.20/tonne/kilometre. Thus commercial air transport within the region was approximately four to five times more expensive than road transport.³³ As noted in Section 3.5., military aircraft - accounted for almost half of the flights carrying humanitarian cargo to the key locations of Goma, Bukavu and Kigali and were significantly more expensive than commercial flights over equivalent routes. On the basis of the limited evidence available, it appears that military air transport is four to eight times more expensive than commercial air transport. Thus in those instances where military aircraft operated over the same routes as functioning road transport routes, such as between Entebbe and Goma, the use of military aircraft to carry cargoes that could have travelled by road was between 20 and 40 times more expensive.³⁴

8.2. Use of road and rail

As would be expected, rail transport of food aid was significantly cheaper than road transport over the same routes. Analysis by the transport economist on the Study III team revealed a cost of

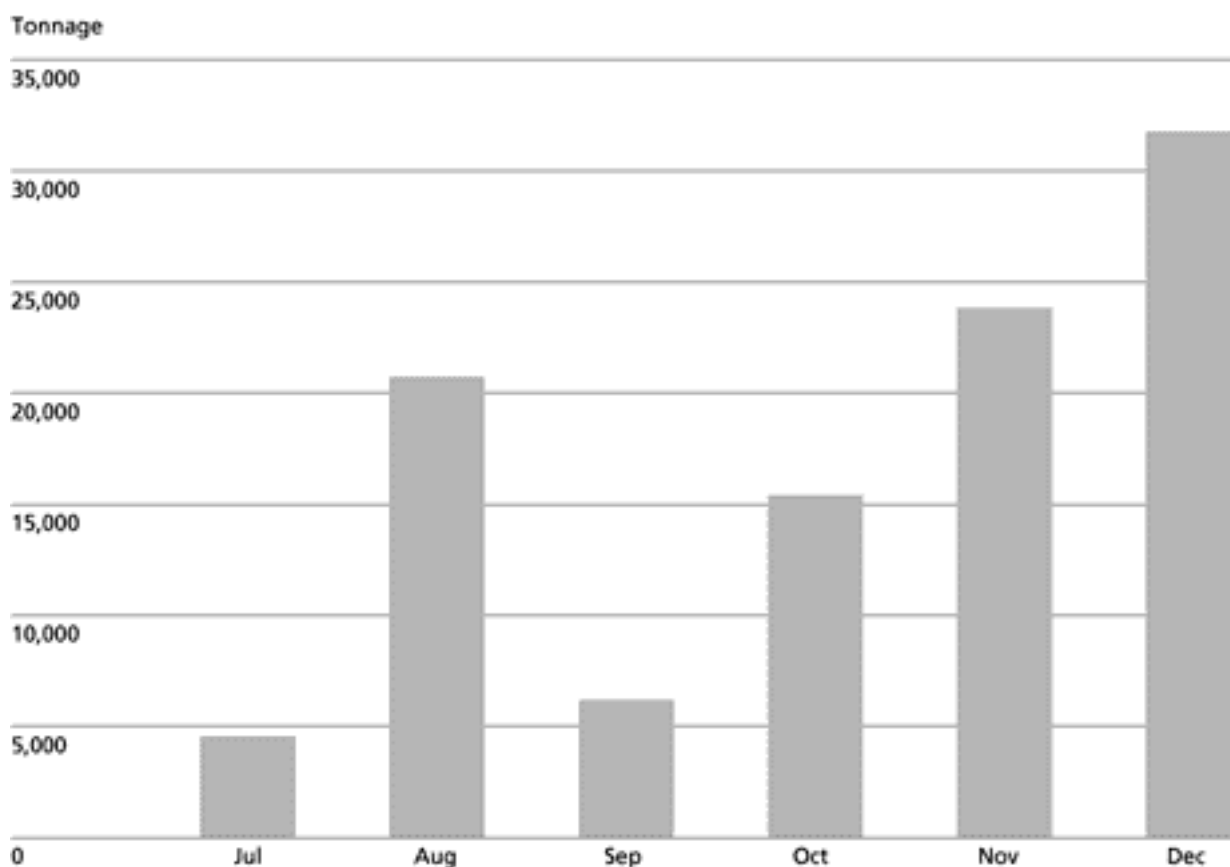
\$70.8/tonne by rail from Mombasa to Kampala (total distance 1,333 kilometres, giving a rate of \$0.053/tonne/kilometre) as against \$115/tonne by road (\$0.086/tonne/kilometre). For Dar-es-Salaam to Ngara via the railhead at Isaka (total distance 1,363 kilometres, giving a rate of \$0.052/tonne/kilometre) the mixed rail/road rate was \$85/tonne compared to a road-only rate of \$134/tonne (\$0.098/tonne/kilometre).

Where rail transport was available, WFP made more intensive use of it than did the ICRC. For instance, between Mombasa and Nairobi the ICRC relied entirely on road transport for the 8,800 tonnes moved during 1994,³⁵ whereas 90% of WFP's 55,000 tonnes moved from Mombasa to Kampala during the year went by rail. Similarly, between Dar-es-Salaam and various distribution points in eastern Tanzania and Rwanda, only 35% of ICRC's 15,000 tonnes was moved by road/rail as against 92% for the 82,000 tonnes moved by WFP. It appears that the smaller tonnages moved by the ICRC limited its ability to make effective use of the block train operations utilised by WFP.

8.3. Use of corridors

Port and rail charges on the southern corridor were significantly below those for the northern corridor.³⁶ Largely as a result of the lower cost, WFP used the southern corridor intensively, transporting 70% of its imports along the southern corridor as against 30% along the northern corridor. In part, the costs of the southern corridor were lower because WFP made use of its power as a major customer of the Tanzanian Railway Corporation and the Tanzanian Harbours Authority to negotiate preferential tariffs for its cargoes entering Dar-es-Salaam destined for Isaka and Kigoma. These preferential tariffs resulted in net savings during the second half of 1994 of \$0.9 million.³⁷ Drawing from the positive experience of "Corridor Groups" during the response to the southern African drought of 1991-92, WFP encouraged the holding of regular coordination meetings of the organizations involved in operating the southern corridor. Weekly meetings involving WFP, the Tanzanian Harbour Authority, the Tanzania Railway Corporation, Customs authorities and principal forwarding companies were held from July 1994 onwards. No such "Corridor Group" emerged for the northern corridor.

Figure 22.
Total WFP rail cargoes ex-Dar-es-Salaam, July–December 1994



Source: WFP Dar-es-Salaam

Despite WFP's intensive use of the southern corridor, it appears that, with additional investment in and support to the Tanzanian Railway Corporation (TRC), the agency could have made even greater use of the southern corridor and thereby made substantial savings. For instance, since the July influx Goma has been supplied entirely by the northern corridor route at a cost of approximately \$228/tonne. From the end of August until the closure of Rwanda's borders, to transport food aid in early April 1995 the southern corridor could potentially have been used, at a cost of approximately \$150/tonne, implying a potential saving of around \$0.7 million each month, or almost \$5 million over the period when the cross-Rwanda route from the railhead at Isaka was feasible.

The performance of the TRC from the start of the arrangement with WFP in mid-July to the end of the year can be seen in Figure 22. Except for the poor performance in September, which was due to an accident that stranded 300 of the TRC's 1,200 wagons at Tabora, there was an improving trend during the period. However, the principal limitation on better performance was inadequate availabil-

ity of locomotives and wagons. WFP requested donor organizations to contribute to establishment of a Transport Infrastructure Contingency Fund designed to address such key bottlenecks, but the fund did not materialize due to lack of donor support until the last quarter of 1995.³⁸

9. Estimating the number of refugees and IDPs

Estimating the numbers requiring assistance and the accuracy of those estimates is critical to the management and effectiveness of humanitarian assistance programmes. If the numbers are underestimated, the amount of assistance is bound to be inadequate and the objectives of reducing suffering and loss of life will not be met. If the numbers are over-estimated, more assistance may be provided than is required, resulting in unnecessary expenditures and increasing the likelihood of assistance being misused. Estimation of the numbers of refugees and IDPs was a very problematic aspect of the response.

The degree of over-estimation involved in the initial influxes of refugees into Ngara at the end of April and into Bukavu and Goma during July was notable. In Ngara, over a quarter of a million was widely used to describe the initial influx on 29–30 April, though the figure of 170,000 has since been adopted as more accurate. In Goma the figure of 1.2 million was used as the initial planning figure by UNHCR and WFP, though subsequently the number in the third week of July (it is widely agreed) was around 850,000. In both cases the degree of initial over-estimation was at least 40%.

Two factors appear to have contributed to such over-estimates: inadequate resources allocated to the task of obtaining more accurate initial estimates; and possibly also as a result of so-called inflationary pressure from within agencies and the media.

In all three cases, efforts to count or make sample counts of the numbers crossing appear to have been inadequate. Whilst in Goma the scale of the influx and the number of crossing points made initial estimation extremely difficult,³⁹ the initial influx in Ngara and the two waves into Bukavu were channelled through one or two crossing points; it should have been possible for UNHCR to have made more accurate initial estimates. In the Bukavu case, it was WFP rather than UNHCR that positioned monitors at the Ruzizi I crossing point to make sample counts, only being replaced by UNHCR monitors two weeks later. In the Goma case, the use of aerial photography by MSF and the US military contributed to a more accurate estimation of the total number of refugees and also made an invaluable contribution to site planning activities, though this was not done until early August 1994.⁴⁰ In view of the importance of more accurate initial estimates, it would appear preferable for the capacity to undertake aerial photography to be developed within UNHCR rather than for UNHCR to rely on other agencies.⁴¹

The phenomenon of “fact inflation” by the media during emergency operations is well-known – the highest possible estimate, even if supported only weakly by the evidence available, will invariably be the figure used in headlines. Such a phenomenon may also be affecting relief agencies themselves as a result of an increased concern for “visibility” and possibly as a way for agencies to jolt donor organizations so as to encourage a rapid mobilization of adequate resources in response to a sudden influx. Where, as in the Goma case, the media have a substantial presence and are providing live on-the-spot reports using satellites, the division between estimates by agencies and by journalists may become blurred, with relief agency personnel influenced by media exaggeration. Such a phenomenon is extremely difficult to study and thus to prove. However, three examples during the evaluation lend support to the idea that fact inflation is also practised by agency personnel.

On the basis of information received from UNHCR, that there were 200,000 refugees in Bukavu, while reports circulating in Geneva and Paris referred to up to 400,000, on 16 July MSF-France sent a team to Bukavu, followed two days later by an air charter carrying additional medical personnel and drug kits. The decision to deploy the agency's resources in Bukavu rather than Goma, where the influx was receiving considerable coverage, was made on the basis of the figures and the sense that the situation in Bukavu was almost as serious as that in Goma. On arrival, the team were surprised to find the situation was not as severe as they had been led to believe; it estimated there were only about 80,000 refugees, most of them in the town. Whilst the MSF-France team made a valuable contribution to relief efforts in Bukavu, a second charter flight was diverted to Goma; in retrospect, the agency feels that it should have gone initially to Goma rather than Bukavu. Had it done so, its considerable resources would have been available for the efforts in Goma 3–5 days earlier. MSF-France personnel feel that the inflated figure originated from the UNHCR Field Office in Bukavu in an attempt to draw attention to the situation in Bukavu at a time when the focus was almost exclusively on Goma.⁴²

The origins of the 1.2 million figure for Goma are unclear. On the basis of aerial photographs taken by the US and French military and surveys during August, this figure was revised down to 850,000. At the end of September there was a further downward revision to 740,000 in the estimate of the numbers requiring food rations. This figure proved to be very close to the result of the registration exercise in Goma at the end of January 1995.

Finally, in the south-west of the country in August there was an instance of a journalist and a relief worker witnessing the same movements of displaced people along the roads leading to Bukavu. The journalist filed a report of seeing "several thousand" on the road whilst the relief worker gave an interview to another journalist and estimated one million displaced were moving to Bukavu. The first journalist's newspaper saw, and used, the relief worker's estimate rather than that made by its own correspondent.⁴³ Fewer than 100,000 displaced persons subsequently crossed into Bukavu.

Whilst techniques such as aerial photography, sample surveys and numbers vaccinated during certain vaccination campaigns may generate reasonably accurate information on the number of refugees, the most accurate technique is that of a registration of all refugees, which, by issuing registration cards that serve as ID cards also confers legal status on the recipients.⁴⁴ A registration card facilitates the issuance of ration cards and potentially can have a very positive impact on ensuring an equitable distribution of food rations and other services. If combined with questionnaires, registrations can yield valuable information for planning purposes on gender, age profiles and range of skills available - within the refugee population. Such information can be valuable in efforts to involve the refugee community in the planning and management of attempts to improve their well-being.

In Ngara, a registration was held in July, 10 weeks after the initial influx. Such a short time-lag - between a large influx and registration was unusual and the effort therefore commendable. By that stage the planning figure being used by UNHCR and WFP, based on the numbers indicated by commune leaders, stood at 350,000. The registration resulted in a figure of 230,000. Thus the pre-registration figure was 52% higher than the actual population. The registration in Goma was undertaken on 27 January 1995 while that in Bukavu took place several weeks later⁴⁵ The delay resulted from the high levels of insecurity, particularly in the Goma camps. These registrations resulted in reductions of the planning figures from 850,000 to 722,000 in Goma and from 350,000 to just under 300,000 in Bukavu.

The resource savings that could have been made if registrations had been carried out earlier in Goma and Bukavu were very substantial. During the initial stages of a refugee operation it is generally estimated that total resource inputs (food, non-food items, water, health, agency infrastructure, security, etc) are equivalent to \$1/day/refugee.⁴⁶ If it is assumed that registrations had been undertaken in mid-October, i.e. 13 weeks after the initial influx and 19 weeks earlier than the actual registration, and that the registrations had resulted in the same reductions in the numbers, then potentially approximately \$20 million could have been saved. It is of course debatable whether registrations could have been carried out in mid-October. A registration had been planned for Goma in October 1994, but was cancelled for security reasons. Some agency personnel interviewed felt that in view of the importance of the registration in the effort to control the inequitable food distribution system and - because of potential resource savings, the October registration should have gone ahead (see Section 5.5.). Had the camp security issue been addressed much earlier by the international community, it would have facilitated an earlier registration and resulted in considerable resource savings, in addition to reducing the considerable loss of life and suffering (see Section 3.2.).

Because of the steady increase in new arrivals in camps in Ngara, a re-registration was planned for February 1995 but was postponed until June 1995. On the eve of the exercise in June⁴⁷, it was postponed once again following the realization that the registration equipment sent from Geneva was sub-standard and unusable.⁴⁸ It was anticipated that the re-registration would result in a reduction in numbers of around 100,000. If it is assumed that the re-registration was delayed by 90 days and that the cost of total assistance per refugee by mid-1995 was around \$0.8/day, then the postponement effectively resulted in unnecessary expenditure by UNHCR, WFP and other agencies of \$7.2 million. For an agency involved in repeated registration exercises over many years, the failure of UNHCR-Geneva to ensure that the field office was provided with the equipment it had requested was remarkable.

Though physical count registrations are very demanding in terms of personnel resources and difficult to undertake in the initial, immediate relief stages of a refugee emergency, the importance of the process in terms of ensuring equitable distributions of food and other forms of assistance and potential resource savings suggests that they should be carried out within the first few weeks following an influx. This may require the development of a specialist capacity to undertake registrations without interfering with immediate relief activities.

Endnotes

1. During 1993, Rwanda had also been supplied from Kampala by air and overland convoys because of the substantial local purchase operations that had been possible in Uganda, as a result of the good harvests there.
2. Estimates of mean intake are made by dividing the calorific value of the food distributed by the estimated number of beneficiaries and then comparing the result to minimum calorie requirements, which are in the order of 2,000 kcals/person/day.
3. In the words of the UNHCR Coordinator in Ngara: “It has been a continuous emergency not a sudden influx followed by stability” (M. Connelly, interview, June 1995).
4. Because of the limited time available and the very substantial amount of data to be analyzed, the transport economists efforts were focused upon 1994. Consequently, the pipeline problems of early 1995 were not studied in detail.
5. Such employment is likely to be reduced outside of the rainy season.
6. Average fuelwood consumption by refugees was 2.64 kg/person/day, whilst that by local residents was 1.75. Much of the difference can probably be attributed to the additional fuelwood required to cook the maize and beans supplied to the refugees. It was estimated by various African women that whole dry yellow maize takes at least 6 times longer to cook than maize meal.
7. Unfortunately, data showing the balance between the maize grain/flour distributions by the ICRC were not readily available, so it is not possible to provide quantitative support for this impression.
8. One report by AICF (1995) for Cyanika and Kibeho camps in Zone Turquoise indicated that un-soaked red beans took from 4–10 hours to cook while white beans took far longer.
9. For instance, surveys in Katale and Mugunga camps in Goma during August found malnutrition rates were significantly higher among female-headed households compared to the rest of the camp population. Food basket monitoring surveys showed that this may have been due largely to inequities in the food distribution system. A subsequent second round of nutritional surveys in October in the same two camps found that malnutrition rates remained at very high levels – again partly attributable to the inequitable food distribution system.
10. “It was obvious that with all the soldiers and militia about that a commune level system would quickly become abused”. (Trevor Page, WFP Rapid Response Team Leader, interview May 1995.)
11. For instance, a UNHCR report on Katale camp in April 1995 indicated that when Kigali distributions were organized on a cellule level, refugees received 80% of their planned ration, whereas in Butare, where distribution was organized at the higher sector level, they received

only 58% of their planned ration.

12. The volcanic rock necessitated heavy equipment to cut and lay roads into the camps. Delays in the provision of adequate heavy equipment created substantial problems.
13. Under such a system, refugees are divided into groups of 20 ration-card holders of the same family size and food is handed over to these groups, who are in charge of redistributing it.
14. The high levels of insecurity in the camps were discussed in Chapter 3. The reasons for the delay in the implementation of solutions to address the insecurity are discussed in Study II.
15. Supplementary feeding programmes are intended to provide nutritionally vulnerable groups, such as young children and pregnant/nursing mothers, with a ration to supplement the general ration. Therapeutic feeding programmes are designed to restore severely malnourished children through an intensive regime of regular feeds.
16. For instance, Kiraro and Ndago camps near Gikongoro were surveyed only in October and December 1994, and so selective feeding programmes in these two camps began much later than in other camps in the south-west.
17. The programme used commodities provided by MSF and UNICEF and was operated from 22 distribution sites, each covering up to 3,000 children, who received a weekly ration of 1,025 kcals/day. The programme required over 200 staff to run it.
 18. One study estimated that the weekly cost for each beneficiary was as high as US\$18, which compares very unfavourably with the general ration that provided more food but at a cost of \$2.8/beneficiary (WFP estimate made in October 1994).
19. It appears that a substantial, but indeterminate, number of flights were not recorded by the Air Operations Cell. For instance, many ICRC flights do not appear to have been recorded in the records; the WFP coordinator in Bukavu claims that many of the WFP food aid flights to Bukavu do not appear in the records (T. Page interview) and in addition a proportion of the unsolicited, unannounced flights to Goma and Kigali during the peak of the response do not appear to have been recorded.
20. Recording of the number of passengers carried was patchy. In Goma, such records were not begun until 5 August 1994.
21. Handling equipment, high-lift loaders and storage space and shelters were critical shortages in the first weeks of the airlift operation.
22. Initially Air Zaire equipment was used until equipment in use at Mwanza could be transferred to Goma. Conventional airliners converted to a cargo role require high-lift handling equipment. If two Boeing 707 aircraft arrived simultaneously, they had to be unloaded one at a time, because there was only one set of high-lift equipment.
23. A satphone was received on 2 August but was unable to cope with the volume of voice and fax traffic and the only reliable form of communication with Goma, Bukavu and Kigali was Pactor

equipment (a radio-based electronic-mail system) used throughout the region by UNHCR (Eva Demant, Entebbe AirHead Mission Report, 24 July–30 September 1994).

24. Two interviewees noted instances where agencies had declared all of their cargoes to be a priority (e.g. cholera kits), whereas the bulk of the cargo was made up of many other, lower priority, items.
25. For example, during the response to the Armenia earthquake the lack of information on manifests caused major problems in the management of incoming drug consignments.
26. Interview with Linda Telles and Robert Coberly, UNHCR-Nairobi, March 1994. With the LWF airlift also operating out of Nairobi, UNHCR-Nairobi felt that NGOs were comparatively well served in terms of flights to Goma and Kigali. There was no attempt at coordination at the Nairobi level between LWF and UNHCR.
27. Five were delivered instead to Kigali and had to be driven to Goma, arriving on 5 August and entering service on 9 August.
28. That relevant information from the field did not always reach those sections from which a response was required is indicated in the Mission Report prepared by the UNHCR Coordinator in Goma from 15 July–17 September. Apparently, the weekly commodity tracking system reports recording, among other things, the contents of incoming flights to Goma, were not received by the Air Operations Cell. "It appears as if nobody is really responsible for circulating information". (Filippo Grandi, Senior Emergency Officer, UNHCR.)
29. The route was not regularly used by trucks, due to steep inclines and the poor state of the road between the Ugandan border and the Zairian road system at Rutshuru. Using a grader hired from a Ugandan contractor, the first convoy pushed through the route. During the course of this operation, a senior officer from the Logistics Division in Rome sustained mild injuries.
30. The route to Bukavu via Kigali was not reopened to WFP convoys from Kampala until the end of August, so the issue of duplication of road and air modes is less stark.
31. The Royal New Zealand Air Force operated almost exclusively between Entebbe and Bukavu. The ODA charter flights also operated between Entebbe and Goma but subsequently transferred their operations to Kigali.
32. Information on the Sarajevo Airlift model and the problems it encountered in the Great Lakes region was drawn from very useful comments on the Study III draft report provided by Neil Wright, UNHCR Headquarters.
33. There were cases during 1994 of air transport being used over the same mixed rail-road routes that were used by WFP, which, as a result of the lower cost of rail transport, would give even greater differences in cost between overland and air transport. For instance, 1,600 tonnes of WFP food was transported from Dar-es-Salaam to Bujumbura by the US Air Force in June. Such airlifts were used to accelerate movement and complement the capacity of the road-rail

routes.

34. This assumes that military aircraft cost \$4–8/ tonne/kilometre compared to commercial trucking at \$0.20/tonne/kilometre.
35. During 1995 the ICRC made greater use of rail transport to Kampala.
36. Port charges at Mombasa were \$29/tonne compared to \$24/tonne for Dar-es-Salaam and rail charges were \$0.53/tonne/kilometre for goods from Mombasa to Kampala as against \$0.28/tonne/kilometre from Dar-es-Salaam to Isaka.
37. On the railways net savings were \$7.20 for the Kigoma route and \$4.10 for the Isaka line. Savings in the port were \$2.50 for wharfage of maize, beans and blended foods, \$1.00 for the shore handling of non-containerized cargo and \$3.00 for stevedoring and bagging of bulk cargo.
38. In mid-1995, WFP was exploring leasing arrangements for two locomotives from South African Railways.
39. In Goma, the situation was more complex: large numbers crossed into the town at two points but large numbers also crossed the border well north of the town, near Kibumba.
40. Apparently, it was several weeks before the US Air Force unit in Entebbe actually provided UNHCR-Goma with the aerial photos of the main camps that were used for site planning. (Craig Sanders, Technical Coordinator, UNHCR-Goma. Interview, April 1995.)
41. This need involve only the procurement of equipment that can be attached to the wing of the light aircraft the agency operates for the movement of personnel.
42. Marc Gastellu-Etchigory, MSF-France, Paris. Interviewed 6 June 1995.
43. Lindsey Hilsum: Reporting Rwanda: The Media and the Aid Agencies. Background paper prepared for Study III, August 1995.
44. Bela Hovy, UNHCR Headquarters. Comment on draft report of Study III.
45. These were very much just physical counting exercises and the information collected on the refugees was minimal. Even information on the gender composition of the refugee population was not gathered.
46. Of this amount, the general ration (i.e. resources provided by WFP) accounts for at least \$0.40.
47. To enable all agencies to focus on the registration and ensure that sufficient staff were available to assist, all agencies working in the camps had cancelled staff leave and a 14-day (rather than the usual 7-day) ration had been distributed.

48. Several thousand metres of high-quality woven nylon cord for use in the pre-registration “braceleting” stage had been requested by UNHCR-Ngara and the selected samples sent back to Geneva. Instead, the supplier contracted by UNHCR-Geneva had sent simple nylon twine, which could be easily melted and re-formed. Substantial abuse of the braceleting-and-registration process was anticipated as a result and the process was postponed for at least two to three months until it could be rearranged.

Chapter 6

Assessment of Performance: Resourcing, Preparedness Measures and Coordination

1. Resourcing the operations

As indicated in Section 2.2., the humanitarian response by the international community involved the allocation of approximately \$1.29 billion worth of resources between April and December 1994, - though were full account to be taken of NGO contributions and the costs of the military contingents this figure would be substantially increased. In addition, substantial financial and in-kind contributions were made by the governments of those countries that hosted Rwandese refugees and by the populations in the areas of those countries where the refugee camps were established. The volume of resources involved in these contributions is extremely difficult to quantify (see Chapter 7). The following discussion therefore relates only to recorded international flows.

Whilst it is appropriate to visualize recorded international flows as ultimately emanating from the public and private funding sources in donor countries, it is apparent that a large and complex humanitarian response such as that to the 1994 crisis in Rwanda is actually resourced through a wide range of mechanisms. During the course of the study, the Team identified at least eight types of resourcing mechanism that were used during 1994:

- Emergency funds and standby arrangements maintained by most UN agencies,¹ the Red Cross Movement and the larger international NGOs;
- Specific requests by UN agencies and NGOs to donor organizations to provide support to particular activities;
- Reallocations of resources approved for other purposes, notably funds approved as part of the response to the Burundi refugee and IDP crisis of late 1993;
- General funding appeals to donor organizations by individual UN agencies and the Red Cross Movement;²
- Allocations from the Central Emergency Revolving Fund (CERF) administered by DHA;
- UN Inter-Agency Consolidated Appeals;
- Public appeals by NGOs, either individually or in consortia;
- Direct responses by donor organization emergency teams, civil defence teams or by military contingents in a humanitarian delivery or support role.

Unfortunately, it was not possible to break down the overall known allocations of \$1.29 billion into the various mechanisms so as to establish their relative significance. The principal data source, the DHA FTS, does not record the actual mechanism by which an action is provided or the particular budget line it is resourced from. Such detail would anyway have been extremely difficult for DHA to have recorded as it appears to have been common practice during the response for:

- funds allocated for one activity to be used for another activity;
- funds allocated ahead of an appeal to be subsequently counted against the appeal;

- agencies to make arrangements for borrowings and reimbursements at a local level.³

A particular problem with tracking resource flows during 1994 is that the largest appeal during 1994, the July UN Inter-Agency Consolidated Appeal, which (including late inserts by DHA and UNHCR) requested a total of \$434 million, was presented to donor organizations just after the start of the Goma influx – an event that substantially altered many of the assumptions upon which the various UN agencies had estimated their resource requirements and rendering it extremely difficult to relate the resources actually provided against the needs indicated in the Appeal.

Despite these problems, some comments can be made about the way the different mechanisms were utilized.

The response to the Rwanda crisis, at least in its initial stages, benefitted from unspent funds allocated in response to the events in Burundi in late 1993 but which were remaining unused as a result of the repatriation of many of the refugees during late 1993 and early 1994. For instance, in late April 1994 UNHCR wrote to all donors supporting its Burundian refugee response activities requesting permission to reallocate the unused funds for use in its response to the Rwandese refugees then entering neighbouring countries. Food aid donated to WFP for the Burundi refugees arrived in time for use in the response to the Ngara/Karagwe influx. NGOs that had been allocated ECHO funds during 1993 and early 1994 for their programmes for IDPs in northern Rwanda and for Burundian refugees inside Rwanda and which had funds remaining because of the interruption to their programmes in April 1994, were able to reallocate unused funds for their subsequent programmes within the region. Such funds proved beneficial in the early phases of their response in Ngara/Karagwe after April and in south-west Rwanda in July/August 1994. That such funds were available for reallocation was fortuitous.

Over the last few years, there have been two important initiatives within the UN system for resourcing the provision of humanitarian aid by UN agencies. One has been the creation of the Central Emergency Revolving Fund (CERF) with the objective of facilitating a “timely response in the initial phase of an emergency” and the other is the mechanism of Inter-Agency Consolidated Appeals.

A total of \$18.2 million was drawn from the CERF during 1994 to respond to the Rwanda crisis: UNREO was provided with \$200,000 in April 1994 to cover its start-up costs; UNHCR drew \$10 million at the beginning of May to help fund its response to the Ngara/Karagwe influx; in the week following the start of the Goma influx, WFP drew \$5 million and UNICEF \$3 million. All drawings were subsequently reimbursed by the agencies, using funds from other sources. Whilst the total amount drawn represented only 3.2% of the total funding channelled through or utilised by UN agencies during 1994, the CERF does appear to have performed a useful role in enabling agencies to recruit and deploy staff and resources ahead of funding from other sources. It is likely that the pressure upon the CERF was reduced by the availability of funds originally destined for Burundian refugees.⁴

The mechanism of Consolidated Appeals was developed within the UN system during the late 1980s as a way of minimizing overlap and improving coordination amongst UN agencies requesting resources from the donor community for use in humanitarian aid operations. Consolidated Appeals are now central to the work of the Department of Humanitarian Affairs, created by General Assembly Resolution 46/182 in 1991, the same resolution that was responsible for the creation of the CERF.

Considerable effort is put into the preparation of Inter-Agency Appeals, not just by DHA personnel but by personnel in the field and head offices of six or seven UN agencies. It is therefore valid to examine how well the Consolidated Appeal process worked during 1994. Two points stand out. First, the process was cumbersome in the face of what was a highly dynamic emergency. Second, WFP and UNHCR (which between them accounted for 85% of resources channelled through or utilized by the UN system) in effect operated resourcing mechanisms tailored to their needs and relationships with donor organizations, and therefore paralleled the Consolidated Appeals process.

During 1994, there were two Inter-Agency Appeals: the first on 23 April was a DHA/UNREO Flash Appeal (prepared immediately after the decision to create UNREO), which requested \$11.7 million for the immediate needs of UN agencies (except UNHCR) and \$5.4 million for the immediate needs of several NGOs. The second was the July Inter-Agency Consolidated Appeal, which was prepared over a period of several weeks, finalized in the third week of July and launched at a meeting in Geneva at the beginning of August. As originally prepared, the Consolidated Appeal requested \$274 million but the late revisions to take account of the influxes into Goma and Bukavu increased the global total to \$434 million, making it the fourth largest Consolidated Appeal ever. The July Consolidated Appeal also included the amounts indicated by several UN agencies in the UNREO Contingency Plan document presented to donor organization representatives in Nairobi on 22 June (see Section 6.2).

UNHCR resourced its response through a combination of appeals, specific requests to donors, allocations from its Emergency Response Fund and the CERF; it did not join other agencies in the DHA/UNREO Flash Appeal in April, relying instead on reallocations from the Burundi refugee programme and drawings on its Emergency Response Fund to finance its mobilization of the Emergency Response Teams to the region and the initial response to the limited numbers of Tutsi seeking refuge in neighbouring countries. Following the initial influx into Ngara and Karagwe at the end of April, UNHCR launched an Urgent Appeal requesting \$50 million to cover the needs of Rwandese refugees and also the remaining Burundian refugees for a three-month period until mid-July, when the Consolidated Appeal was planned. In mid-July it had prepared a budget covering the needs for the whole year, estimated at \$143 million, which subsumed the amounts contained in the Urgent Appeal. Of this amount, UNHCR had already received \$87 million so the needs for the rest of the year were estimated at \$55 million. Immediately following the Goma influx, it hurriedly prepared a Flash Appeal for \$115 million to cover anticipated needs in Goma and Bukavu for a 3-month period (using a planning figure of 1.2 million refugees in Goma and 0.5 million in Bukavu), which resulted in a combined requirement of \$174 million in the revised Consolidated Appeal.

WFP resourced its food and cash requirements after April 1994 through a series of general appeals and specific requests to donors as well as borrowings of food commodities from other programmes, allocations from its Immediate Response Account and the CERF.⁵ The total value of WFP's requirements for the region during 1994 (including Burundian IDPs and refugees in neighbouring countries) was \$281 million, of which it received food and cash valued at \$213 million. The highly dynamic - nature of the emergency and the sudden increases in refugee caseloads meant that the agency could not rely on the shipment of in-kind contributions that, from some of its key donors, could take four to six months to arrive. It therefore had an unusually heavy requirement for cash contributions to - enable it to purchase commodities in the region to ensure shorter delivery times. Of the food delivered during 1994, 70% was purchased by WFP and 30% provided in-kind. Yet the agency experienced considerable shortfalls in its cash contributions. Thus the Immediate Response Account -

created in 1992 was supposed to contain “at least \$30 million”⁶ yet in 1993 it had received only \$12 million from donors. By October 1993 much of this amount had been utilized and the consequent lack of cash resources had hampered WFP response to the Burundian refugee crisis. The shortfall in funding of the Immediate Response Account, was even greater in 1994 – by June only \$8 million had been received from five donors. In June the agency appealed for \$2.5 million to establish a transport contingency fund to enable investments designed to increase the capacity of key routes. This appeal did not result in any funding from donor organizations.

The lack of cash resources hampered the agency’s response in two ways. First, it reduced its ability to purchase food in the region to increase supplies to the refugee and IDP programmes. Had the Immediate Response Account been fully funded, the agency would have been able to purchase and distribute up to 40,000 tonnes of commodities. Second, the lack of support for the proposed Transport Contingency Fund meant that WFP’s ability to build up the capacity of the Dar-es-Salaam corridor was limited, as was its ability to open or repair access roads to Goma from Uganda. In a recent paper presented to a working group of its governing body, the agency has argued that had it been able to invest \$2.5 million in upgrading the Dar-es-Salaam corridor, shipments could have been diverted from the more expensive Mombasa-Kampala corridor, resulting in a cost saving of \$2.5 million every three weeks.⁷

A lack of “up-front” cash resources would appear to be a common problem within the relief system. The fact that an Inter-Agency Appeal was necessary in April and that the UNREO-led Contingency Plan had to include a request for additional resources for UN agencies to prepare themselves for the westward population movements, indicates a level of resourcing within the UN system, and arguably within the system as a whole, that was sub-optimal.⁸ An important result of this lack of “up-front” cash resources is that it hampers adequate and cost-effective preparedness and contingency planning measures. As discussed in the next section, the level of preparedness in the case of Goma was inadequate despite a commendable contingency planning process led by UNREO and the availability of information that would have warranted a greater level of on-the-ground preparedness for a substantial influx. Whilst the lack of an integrated early warning system, the lack of support from the local authorities, inadequate flows of information, unfortunate coincidences and poor judgement by UN personnel were all significant factors contributing to the inadequate level of preparedness in Goma, a generally unsupportive attitude by donors towards preparedness and contingency planning also contributed.

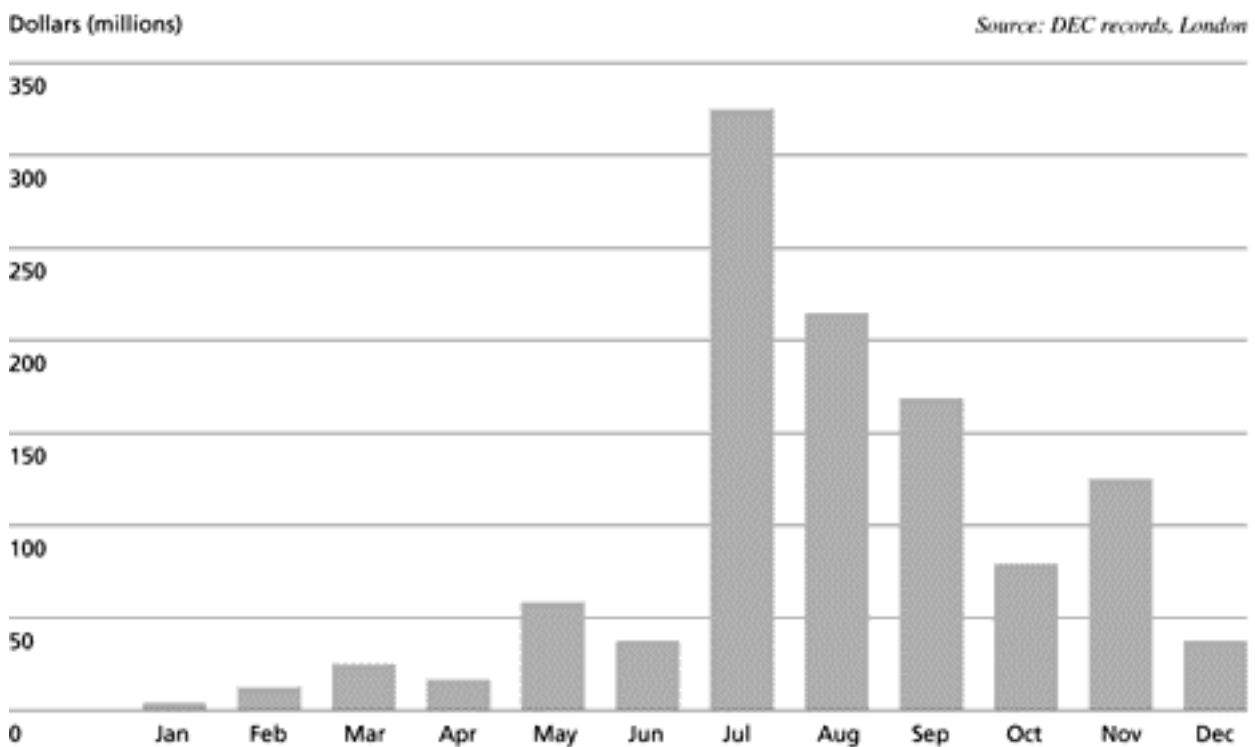
For instance, in considering the level of preparedness for the Goma influx, the Study III Team put it to UNHCR personnel that in late June a revision of the North Kivu Contingency Plan planning figure from 50,000 to perhaps 200,000 might have been warranted, the response was that even if the larger figure had been used it would have been unlikely to have attracted sufficient donor support to have been converted into on-the-ground preparedness. It is significant that the \$600,000 of water equipment pre-positioned in Goma by Oxfam had been funded by the agency using its own privately-raised funds. Had UNHCR and WFP sufficient funds available, the upgrading of the road between Kabale in Uganda and Rutshuru in North Kivu identified by UNHCR’s North Kivu Contingency Plan might well have been implemented before the influx. This would have enabled a much greater proportion of the supplies to Goma to have been transported overland from Uganda rather than through the extensive and costly use of airtransport from the Entebbe AirHead (see Section 5.7.).

The attitude of donor organizations towards funding preparedness and contingency planning activ-

ities may partly be explained by the difficulty of assessing what an appropriate level of preparedness actually is, particularly in situations that are extremely fluid. For a donor official to approve funds for an UN agency or an NGO to airlift food or water equipment to the site of a possible refugee flow is - highly improbable.⁹ If the anticipated event does not happen and the resources have to be moved elsewhere or (if perishable) to be disposed of locally, the official may be censured. Consequently, civil service organizations are inherently “resource cautious” and find it easier to be reactive rather than proactive. The increasing role of the media in mobilizing public and political pressures on civil servants in certain high-profile, media-attracting emergencies may be increasing the reactive tendency within the system (see below).

Another way of assessing the adequacy of resource availability is to examine the timing of resource provision. The study examined this at the aggregate level. It did not attempt to assess the relative performance of the principal donor organizations as indicated by the timing of their allocations - because of the lack of readily-available information on the precise timing of allocations and the methodological problems involved in comparing procedures and practices that may differ significantly between donor organizations.

Figure 23
DHA Financial Tracking System (FTS) record of expenditure by month in 1994



NB: July appears as the peak month because the date of many expenditures was attributed to the date of the launching of the Consolidated Appeal

Figure 24
UK ODA funding approvals by month, 1994

£ sterling (millions)

Source: *Emergency Aid*

Dept., ODA, London

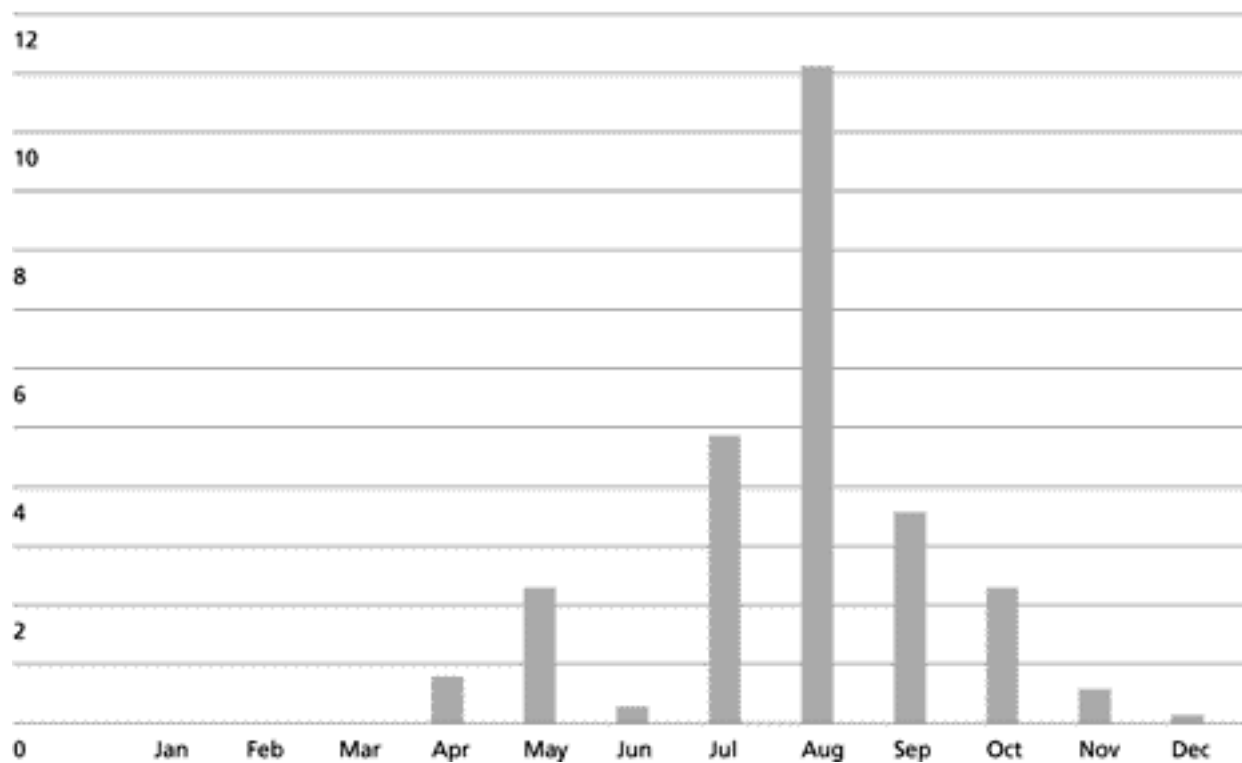


Figure 25
UK Disaster Emergency Committee (DEC) income by month, 1994

£ sterling (millions)

Source: DEC records, London

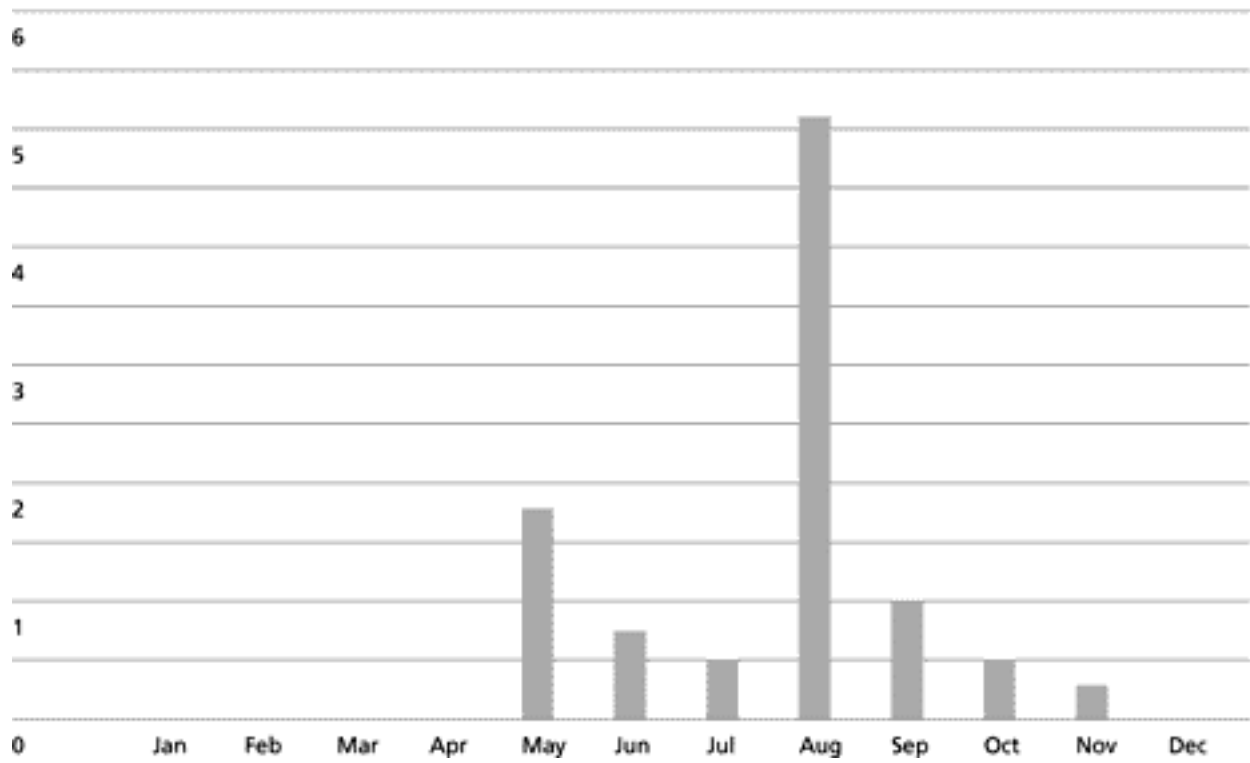
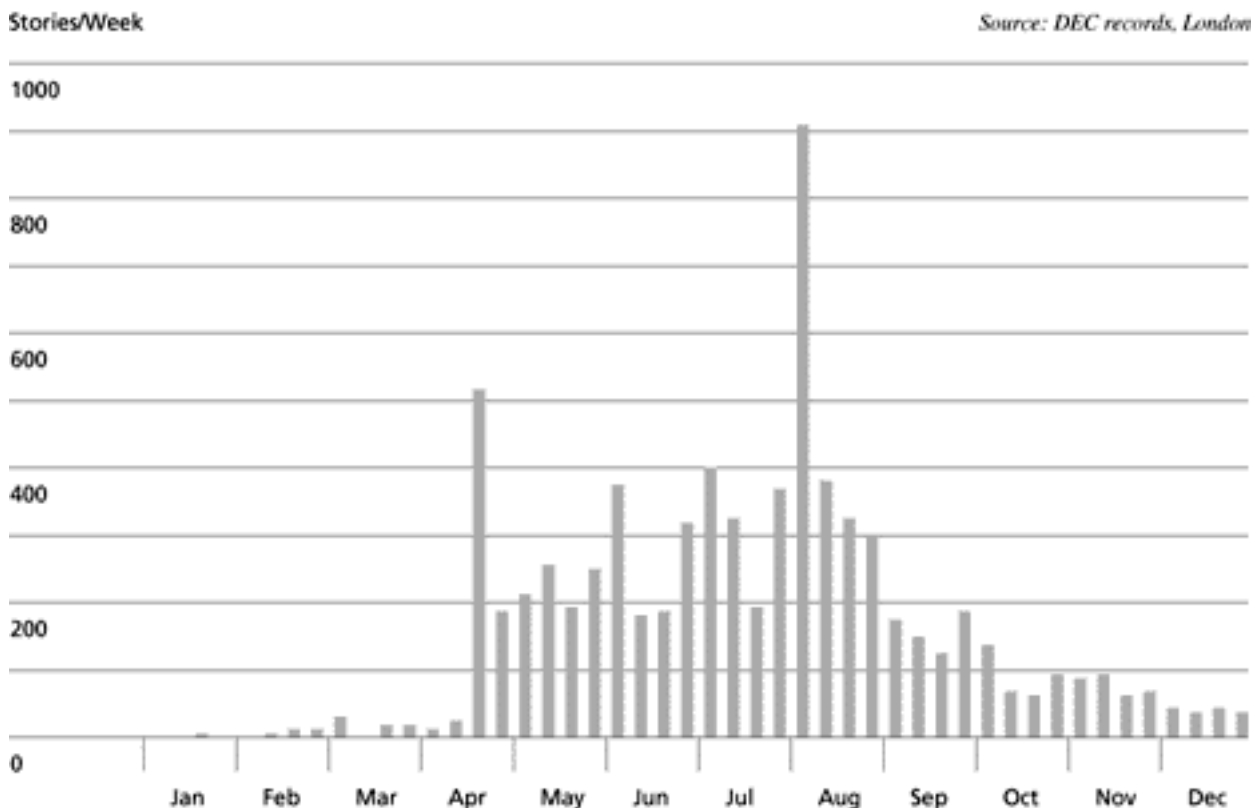


Figure 26
International print media coverage of Rwanda in 1994



At the aggregate level, the timing of resource provision by donor organizations was strongly reactive, being provided in response to events rather than being made available in advance. Figures 23–26 show resource provisions at three different levels within the system – the aggregate level (using DHA FTS data); the donor organization level (using the UK ODA as an example) and the private donor level (using the monthly response to the UK Disaster Emergency Committee Appeal for Rwanda as an example).¹⁰ For comparison, the extent of international print media coverage of Rwanda is shown in Figure 26. Together, these figures show a similar pattern of the initial response, principally to the Ngara/Karagwe influx beginning at the end of April being substantial but quickly flattening out and, measured on a monthly basis, beginning to decline. The virtually simultaneous events of late July and early August (i.e. the Goma influx; the cholera outbreak; the ending of the conflict and the installation of the new government in Kigali; and the launching of the UN Inter-Agency Consolidated Appeal) saw a dramatic increase in resource allocations both by donors and the general public. Following the extraordinary peak of August, from September onwards the level of resource allocations declined almost as steeply as they had risen. These graphs clearly show the extent to which resource availability from the international community during the response was reac-

tive to events. Because of the virtually simultaneous occurrence of several key events in the three weeks following the Goma influx, it cannot be assumed that the influx and the ensuing cholera outbreak explain the dramatic increase in resource availability after mid-July. With the ending of the conflict and the installation of the new government in Kigali and the launching of the UN Inter-Agency Consolidated Appeal, there would almost certainly have been a significant increase in the level of resources allocated to Rwanda in late July and August. Nevertheless, it is readily apparent that the Goma influx, the cholera outbreak and the intense media coverage of events in Goma had an extraordinary impact in releasing resources from the governments and general public in dozens of countries.

Many of the agency personnel interviewed during the study referred to the dramatically greater availability of funds during the July to September 1994 period, some referring to it as the period when the “tap was turned on” and it was possible “to do anything”, including actions that would have been inconceivable before mid-July, such as airlifting water and bulldozers from Europe to Goma and treating dysentery cases with expensive drugs that would not normally be available in an African context. Certainly the needs were greater after mid-July than before and the early development of cholera added considerably to the pressures upon donors and agencies to respond as quickly and effectively as possible. However, visibility and access were clearly critical in determining the sudden unleashing of resources for Goma. The people who became refugees on 14 July had been IDPs a few kilometres away on the 13th, yet the resources provided to them by the international community - whilst they were inside Rwanda were minimal. The insecurity and the advancing front line were - clearly important factors in deterring a substantial relief effort in the north-west at that time, particularly when compared to the south-west, where the improved security and access resulting from Opération Turquoise was resulting in agencies and the media focusing their attention on relief needs in the French safe zone.

That there is a close correlation between the volume and intensity of media coverage and the level of resources provided is readily apparent from the graphs. Many of those interviewed referred to the pressures placed upon their agencies by the intense media coverage of the cholera epidemic and the pressure from the general public and their supporters to respond. One NGO interviewee used the phrase “be there or die” to describe the pressure on relief NGOs. The head of the emergency aid section of a bilateral donor organization said: “There was day in, day out pressure from the media. What can you do? You throw some money at the problem. I’m sure we gave more money because of that”.

However, the way in which media pressures influence resource allocation decisions by donor officials is probably not straightforward. It would probably be wrong, for instance, to see the dramatic increase in expenditures in the July–August period as reflecting conscious decisions by donor officials that the situation in the last week of July 1994 required 10 times the level of resources provided in the first week of July. In several cases, donors¹¹ have subsequently included all or part of the costs of their military contingents as part of their declared contributions to the Rwanda emergency, as recorded by the DHA FTS. Decisions to deploy the military were often not taken by officials but by politicians, who authorized the substantial additional expenditures involved.

A final point on resourcing is that the ability of NGOs to raise funds from private sources appears to be even more related to media coverage than the resource allocation behaviour of the donors. In the UK, the initial response to the DEC Appeal that used film footage from Ngara was substantial rather

than dramatic. The reminder to viewers of national TV news in the UK at the time of the Goma - influx that the Appeal remained open resulted in a dramatic response. In the USA several NGOs, including CARE-US and CRS, launched fundraising appeals in the April-June period but the - response was unexpectedly poor and it was only with the Goma influx that they received a dramatic - response. Several agency personnel working in Tanzania referred to the lack of private funding during May as a significant factor in explaining UNHCR'S ability to coordinate closely NGOs working in the camps. Most were heavily dependent on direct funding from UNHCR, which itself was receiving substantial ECHO funding.

As shown in Section 2.2., the US government and the Commission of the European Union were by a substantial margin the two largest donor organizations during 1994. Section 6.3 below on coordination describes the activities of the US Disaster Assistance Response Teams (DARTs) and the attachment of ECHO personnel to UNHCR and the work of ECHO personnel inside Rwanda. The DART concept, coupled with the ability to approve grants to NGOs (including several non-US NGOs), - appears to have been very flexible and a generally positive experience. ECHO's decision in July to give allocative responsibility for all its refugee funding to UNHCR was also very positive and substantially strengthened UNHCR's ability to coordinate operations in Goma and Bukavu. Whilst many NGOs had access to privately-raised funds, it is likely that UNHCR's ability to coordinate NGOs would have been further enhanced had all donor organizations followed the same strategy as ECHO.

2. Preparedness, contingency planning and the build-up to the Goma influx

Over the last decade or so, many of the larger agencies involved in the provision of humanitarian assistance have developed mechanisms to facilitate a rapid response to emergencies. For many agencies these mechanisms involve some combination of arrangements for the rapid deployment of additional personnel, contingency funds held in reserve and the stockpiling of items frequently required in the initial stages of a response such as medical supplies, shelter materials and cooking equipment. During the response many agencies made use of such mechanisms. For instance, on several occasions during 1994 UNHCR deployed Emergency Response Teams to different locations in the region and drew on its emergency stockpile of non-food items in Amsterdam. Similarly Oxfam, MSF and other NGOs deployed personnel from their emergency rosters and drew on their stockpiles of emergency supplies.

In such a fluid and rapidly changing emergency it was often difficult to draw a distinction between preparedness measures and response measures. For instance, in deploying its Emergency Response Teams to Ngara, Goma, Bukavu and Burundi during the second and third weeks of April 1994, UNHCR was responding to the initial influxes of comparatively small numbers of Rwandese refugees (predominantly Tutsi) at these locations. However, in the case of Ngara the deployment also served to anticipate and facilitate the response to the influx of 29 April. Though UNHCR already had a programme in Ngara as a result of the Burundian refugee crisis of late 1993, the presence of the ERT immediately prior to the April influx was critical to the effectiveness of the initial response. Good relations had been established with the local authorities, which were to prove highly supportive of UNHCR throughout the operation. The presence of the ERT resulted in key decisions that were to have a positive impact during the response, such as that to limit the number of NGO implementing partners and to invite CARE to establish a programme. The excellent contacts of the ERT personnel probably contributed significantly to the mobilization of assistance by donor organizations and NGOs.

Though they were less common than mechanisms to facilitate a rapid response, there were several instances of what might be termed on-the-ground preparedness involving pre-positioning of equipment or supplies and contingency plans for certain eventualities. For instance, UNHCR prepared contingency plans for refugee influxes into Goma, Bukavu and locations in northern Burundi and some NGOs pre-positioned supplies in some of these locations. UNHCR's Contingency Plan for North Kivu and the pre-positioning of supplies in Goma by Oxfam and MSF-Holland are discussed below. In at least two cases, namely Ngara and Goma, the ICRC had pre-positioned supplies in preparation for cross-border operations inside Rwanda and these stocks enabled the first distributions of food and non-food items to commence within hours of the start of the influxes in these locations.

The influx of approximately 850,000 refugees into North Kivu in mid-July and the subsequent loss of approximately 50,000 lives was a profound event necessitating a careful examination of the performance of contingency planning, preparedness and early warning arrangements. Analysis of the period preceding the influx revealed several apparent paradoxes, the starkest of which were that:

- In April 1994 UNHCR deployed an Emergency Response Team (ERT) to Goma that was significantly larger than those deployed elsewhere in the region. Yet by the end of June, just two weeks ahead of the influx, the remaining members of the ERT were withdrawn and the sub-office in Goma reduced to a staffing level that its acting head termed "skeletal".
- During May and June the UNHCR ERT in Goma prepared a contingency plan for an influx of Rwandese refugees based on a planning figure of 50,000. During June the UNREO office in Nairobi led a contingency planning process among UN agencies that anticipated massive flows of refugees into Zaire and Burundi, although UNHCR's planning figure remained unchanged at 50,000.

Explanation of these apparent paradoxes involved a complicated and detailed description of events, information flows and decisions that can only be summarized here.¹²

The influx had been preceded by a build-up of IDPs in the north-west over a period of at least five weeks. These numbers probably stood at around 500,000 at the end of June just before the fall of Kigali, though agencies in Goma were aware of only 250,000–300,000 of these. With the capture of Kigali by RPF forces in the first week of July, the numbers of IDPs in the north-west grew rapidly as perhaps an additional 200,000 moved westwards from Kigali préfecture. With the RPF attack on Ruhengeri on 11 July, the numbers swelled even more as town population and the IDPs around Ruhengeri took to the road and moved towards Gisenyi and Goma.

The mechanisms for the gathering and sharing of information on the situation were patchy and disconnected. Prior to assessments in the north-west by Oxfam between 4–8 July, the ICRC was the only agency capable of providing independent, on-the-ground information on the situation as a result of its regular visits into the north-west and its preparations for the provision of relief assistance to 250,000 IDPs around Ruhengeri. Whilst good for the Ruhengeri area, the ICRC's information on IDP concentrations between Ruhengeri and Gitarama was poor. Consequently, when the Oxfam assessment team visited the north-west they "discovered" an additional 200,000 IDPs as well as some 300,000 on the move.

The UNHCR ERT that arrived in Goma on 18 April consisted of no fewer than 12 ERT personnel, accompanied initially by two public information officers. Of possible significance was the lack of

water and sanitation and health specialist capacity within the Team (see below). With the realization that fewer refugees than expected were in North Kivu¹³ and with the major influx into Ngara at the end of April, five members of the ERT were redeployed in early May. The remaining seven ERT personnel began preparation of a contingency plan for North Kivu in May, the plan being finalized on 21 June.¹⁴ The process was based on an initial influx of 50,000 refugees and involved the identification of a suitable site. The process was considerably hampered by the local authorities in North Kivu, who were reluctant to contemplate a large refugee influx for fear that such an event would reignite the 1993 tribal conflict in North Kivu (between Banyarwanda and indigenous Hunde), which had - caused substantial population displacements and thousands of deaths. At the start of the process the use of the 50,000 planning figure was realistic. However, as the process went on information became available from both the ICRC and the UNREO-led Contingency Planning exercise that should have led to a questioning of appropriateness of the figure. The ICRC estimate of 250,000 IDPs around Ruhengeri was made available orally to agencies in Goma in early June and more widely to UN - agency head offices on 14 June in an UNREO Sitrep. UNHCR personnel in Goma claim that they were unaware of the ICRC estimate presented to agencies in Goma as a result of poor relations - between the Goma-based personnel of the two agencies.¹⁵ UNHCR sub-offices in the region were not included in the (remarkably limited) circulation list for UNREO Sitreps and the information contained in the Sitrep of 14 June was not passed on to the UNHCR ERT in Goma by UNHCR headquarters.¹⁶

The UNREO-led Contingency Plan process offered a valuable opportunity for UNHCR and other UN agencies to consider likely scenarios, one of which envisaged very substantial movements into Zaire and was uncannily prescient. The UNREO-led contingency planning process was initially taken seriously by UNHCR and the agency went to considerable lengths to ensure that a critical meeting in Nairobi on 10 June was attended by key staff from Geneva and Goma. However, the meeting ended before it had considered the implications of the various scenarios and despite UNHCR requesting that the meeting resume the following day (a Saturday) this was not supported by representatives of other UN agencies present. After this fiasco, the process was not taken seriously by the Head of UNHCR's Special Unit for Rwanda and Burundi and consequently the final Contingency Plan produced by UNREO on 22 June (the day after UNHCR's Contingency Plan for North Kivu had been completed) was not copied to Goma.¹⁷ Such poor judgement was compounded by UNREO's own failure to copy the document to the newly-posted UNREO liaison officer in Goma. Consequently none of the agency personnel in Goma was aware of the final document of the UNREO-led contingency planning process. Such errors allowed the North Kivu Plan for 50,000 to stand unquestioned until it was too late. Nor do donor organizations appear to have attached much importance to the UNREO-led Contingency Plan. It is not even clear that all those attending the presentation of the Plan in Nairobi on 24 June passed the document back to their head offices.¹⁸

Had UNHCR wished to use a substantially higher planning figure than 50,000, it is doubtful that the North Kivu authorities would have approved. In addition, as discussed in the previous section, there is also some doubt as to whether donor support would have been forthcoming for a larger figure. Poor security in the area and the presence of an unruly military made UNHCR view substantial stockpiling as a risky proposition, though the ICRC, Oxfam and MSF-Holland had taken this risk and built up supplies and equipment in Goma without event.¹⁹ UNHCR's previous experience with stockpiling within the region had not been positive.²⁰ The existence of the airport in Goma and the ability of the runway to cope with heavy-lift transport aircraft appears to have led to UNHCR relying more on its ability to respond rapidly by means of an airlift rather than develop its "on-the-ground"

preparedness. However, if this was the agency's strategy it ought to have addressed the lack of cargo handling equipment at the airport prior to the influx – a fact that was to serve as a severe bottleneck during the early days of the airlift operation.

The progressive withdrawal of the ERT from Goma during late June 1994 and the contraction in the number and experience of UNHCR staff at such a critical juncture was remarkable. However, the decision to do so becomes comprehensible when it is considered that those responsible for the withdrawal within the ERT and the EPRS in UNHCR headquarters were unaware of both the ICRC information on IDPs near Ruhengeri and the UNREO-led Contingency Plan. In addition, by that stage UNHCR's capacity was severely overstretched and its options, particularly with regard to placing experienced personnel, were limited. The withdrawal and the "skeletal" staffing level in the Goma sub-office during the first two weeks of July appear to have slowed the process of dealing with the sub-office's action points contained in the Contingency Plan for North Kivu. Consequently, the Contingency Plan was not "ready and waiting" for an influx of even 50,000 by mid-July.

Opération Turquoise contributed quite substantially to the disaster in Goma. First, by opting to - create a safe zone in the south-west it ignored the humanitarian needs of the substantial numbers of IDPs in the north-west. Second, it left the north-west vulnerable to RPF attack and enabled the RPF to concentrate its forces there. Third, the creation of the safe zone and the strong encouragement given to UN agencies and NGOs to establish operations there diverted attention away from the substantial and rapidly-growing needs in the north-west and thus of the likelihood of an influx into Goma.²¹ The aerial reconnaissance capability within the force could have been used to provide humanitarian agencies with information on the population movements but this information was not - offered to agencies in Goma and, given the initial misgivings about the motives of the operation, neither was it sought.²² The start of Opération Turquoise coincided with the completion of both UNHCR's Contingency Plan for North Kivu and the UNREO-led Contingency Plan. Consequently, neither process was given the opportunity properly to consider the implications of this important new development.²³

Underlying this complex sequence of information not reaching those who needed it, of poor judgement and unfortunate coincidences, lies the reality that during the Rwanda emergency the humanitarian aid system did not possess an integrated monitoring and early warning capacity. UNREO came closest to fulfilling this role but it lacked field monitors or observers who could feed information into it on a systematic basis and was therefore reliant upon information provided to it, often unsystematically, by other agencies. Its Sitreps did carry the ICRC figure of 250,000 IDPs around Ruhengeri but no other information on the north-west was carried until one week before the influx. As a result of the lack of integration within the system, information was not brought together. Different agencies had different bits of information and therefore different perspectives. The Sitreps produced by UNREO were not distributed widely to agencies working at different locations within the region and this contributed to their not having access to all the information that was available and relevant to them. The lack of a complete picture of what was a rapidly-changing situation severely limited the ability of the humanitarian aid system to act effectively.

In addition to highlighting the lack of an integrated humanitarian early warning system, examination of the sequence of events revealed differences between agencies in the way that contingency planning and preparedness were conceived. This was most clearly illustrated by the case of CARE-Canada and its request for funding to undertake pre-positioning of various food and non-food items in Goma

in preparation for an influx. The request stemmed from UNHCR's encouragement to the agency in May 1994 to develop a presence in Goma as part of the evolving North Kivu Contingency Plan.²⁴ The agency submitted a funding proposal to enable it to proceed with its pre-positioning but UNHCR took no further action on it, leaving CARE-Canada with the impression that it had not been approved.²⁵ In reality, what had happened was that UNHCR had regarded the proposal as part of the contingency planning process with the funding to be released in the event of an influx rather than in advance of an influx.

It would be too simplistic to characterize UNHCR's approach to preparedness as consisting of just contingency-plan-plus-preparation-for-rapid-response-in-the-event-of-an-influx, as the North Kivu Contingency Plan was clear in identifying the action points necessary to convert "the plan" into reality. Nevertheless, the agency's approach to preparedness does appear to be rather narrowly defined with too great an emphasis on rapid response. "On-the-ground" preparedness is perhaps too readily seen as being synonymous with identifying contingency sites and pre-positioning of supplies and equipment. Many more things can be done "on-the-ground" to improve the management of a large - influx that would require neither substantial pre-positioning or the agreement of the local authorities. The placement of technical personnel, such as water and sanitation and health specialists, to think - through influx scenarios and the practical management questions they raise, is potentially very valuable. Ensuring good maps are available for use during the initial phase of the response is another.²⁶ Had more technical and management personnel been present in the days immediately before the - influx, it is possible that the first groups of refugees to have set down at the Kibumba site could have been redirected towards Katale, where surface water sources were available. Moreover, it is conceivable that the presence of emergency water and health specialists in Goma just 3-4 days before the - influx might have led to the idea of access to the lake shore being restricted to several points where - bucket chlorination teams could have been organized relatively easily. As it was, the idea of bucket chlorination did not appear until nine days after the influx and two days after the start of the cholera outbreak.

Would better warning and more effective contingency planning and preparedness measures necessarily have improved the effectiveness of the response and reduced the eventual total of lives lost? The Team believes that it probably would have, particularly if it had resulted in additional technical and management personnel being deployed prior to the influx. However, this cannot be known for sure as several variables remain unknown. For instance, would donor organizations have been willing to support the investments required to attain a substantially greater level of preparedness in Goma during June and the first week of July? The two most critical equipment needs during the first 2-3 weeks of the response were a fleet of water tankers, principally to supply the spontaneously settled site at Kibumba, and heavy equipment for access roads and site preparation. As the ERT leader who arrived on the second day of the influx said: "If it took three weeks for an adequate number of water tankers to be provided after the influx and with such intense media coverage and pressure of public opinion, what makes you think that such resources could have been mobilized within a week or two - before the influx?"²⁷

3. Coordination

The overall response involved an unprecedented number of agencies operating in Rwanda and the four neighbouring countries. During 1994 at least eight UN agencies, one intergovernmental - agency,²⁸ approximately 250 NGOs, including those involved in Tanzania and Zaire that did not have programmes inside Rwanda, at least eight third-party military contingents, the ICRC, the IFRC

and various National Societies of the Red Cross Movement were involved in either a delivery or support role. The system was resourced by over 20 donor organizations and private donations from the general public in as many countries, with at least eight different, clearly identifiable, resourcing mechanisms being employed. Inevitably, this placed prodigious demands on the various coordination mechanisms that operated at different levels of the system.

Coordination can be defined in many different ways²⁹ and it can operate in many different ways, ranging from facilitation at one extreme to management/direction at the other. In the former, coordination may simply consist of efforts to encourage agencies to exchange information about their - actual and planned programmes in the hope that this will reduce duplication and increase beneficiary and sectoral coverage. The latter may involve agencies being requested to undertake particular activities by an agency that has responsibility for coordination and perhaps also controls the funding of implementing agencies. In between these two extremes lies many other forms of coordination. For - instance, donor agencies may meet to agree strategy towards the resourcing of a particular sector or key agency. Groups of implementing agencies, perhaps only representing a sub-set of the total number of agencies present, may meet to agree on a common strategy and division of labour among themselves. The Team found it helpful to consider four broad categories of coordination: information coordination; coordination through common representation (e.g. for negotiating access, briefing the media, negotiating funding); framework coordination (requiring a shared sense of priorities); and management/directive coordination.

Given the complexity of the response system and the numerous ways in which coordination took place, it is extremely difficult to assess objectively the effectiveness of “coordination”. Objective assessment is more feasible at the operational level as a result of the availability of indicators on process and outcome that can be used to measure not only agency performance but also the effectiveness of operational coordination. Assessment of coordination at the resourcing and strategy-setting levels of the system is necessarily more subjective.

It is not proposed to describe and assess exhaustively all the coordination arrangements during 1994 as this would be very broad and space does not allow it. Instead, the principal coordination arrangements and coordination-related points that emerged from the study are considered under the following headings:

- coordination of activities inside Rwanda
- coordination of activities in relation to refugees
- coordination at the regional and extra-regional³⁰ level
- coordination between the humanitarian system and the political and diplomatic domains

3.1. Coordination of activities inside Rwanda

As a result of the February 1993 RPF advance and the dramatic increase in the numbers of IDPs requiring assistance, humanitarian coordination structures developed inside Rwanda that were to have a bearing on the structures that developed after April 1994. The UN Consolidated Inter-Agency Appeal of March 1993 proposed the creation of a humanitarian coordination unit in Kigali and UNDP and DHA decided to establish an Emergency Unit within the UNDP office. This arrangement was in accordance with the 1991 General Assembly Resolution (46/182) that had led to the creation of DHA, and which provided for DHA being represented in-country by the UN Resident Representative, except in those instances where the position of Humanitarian Coordinator was estab-

lished. The establishment of the Emergency Unit took several months and it was not until January 1994 that the first staff, under UNDP contracts, took up their posts in Kigali. In the meantime, ECHO had decided to support the creation of a cellule de crise in collaboration with the government of Rwanda. For much of 1993 and the beginning of 1994, the cellule de crise meetings, which were chaired by an ECHO official, were the principal forum for coordination among the agencies responding to the needs of Rwandese IDPs. With the influx of Burundian refugees at the end of October 1993, the cellule de crise provided a ready forum for UNHCR to chair coordination meetings of those agencies involved in the response.

The events after 6 April saw the termination of the cellule de crise structure and the relocation of the UNDP office, including the two expatriate staff from the UNDP Emergency Unit, to the UN complex in Nairobi. In line with the existing arrangements, these staff effectively became the “field coordination office” for activities inside Rwanda under the authority of the Department of Humanitarian Affairs. These arrangements were affirmed by the Inter-Agency Standing Committee meeting held on 14 April. One week later the term “UN Rwanda Emergency Office (UNREO)” was introduced and the title Humanitarian Coordinator added to the position of UN Resident Representative who, on programme and policy matters, reported to the UN Emergency Relief Coordinator/Under-Secretary-General of DHA. DHA provided start-up funds for UNREO by making available \$200,000 on interest accrued within the CERF.³¹ An information document produced by the UNREO office in Nairobi shortly after its formation described UNREO in the following terms:

“Created under the authority of the DHA and with the assistance of UNDP, UNREO is a light structure supporting the UN Humanitarian Coordinator in coordinating relief and recovery efforts of the UN Agencies, in close collaboration with the international relief partners. Based in Nairobi but also present in the field, the UNREO will be involved in:

- preparing and elaborating discussion and policy papers on specific humanitarian issues;
- overall information collection, analysis and dissemination;
- supporting UN Agency operations; and
- assuming the role of secretariat for the Disaster Management Team (DMT), NGO and donor meetings.”³²

The period from the evacuation until mid-May saw a remarkable turnover of key personnel as UNREO and the UN Disaster Management Team previously in Kigali were established in Nairobi. The SRSG, Ambassador Jacques Boo-Boo, was transferred at the end of April and not replaced by Ambassador Khan until 4 July, when the RPF finally took Kigali. During May and June the Force Commander served as a de facto SRSG by virtue of the Secretary-General’s request that he attempt to broker a ceasefire between the Interim Government and the RPF. The UNDP Resident Representative was replaced by a more-experienced UNDP official who now also had the role of Humanitarian Coordinator and Head of UNREO. The Humanitarian Coordinator visited Nairobi for the last week of April and formally took up his post on 11 May. The extraordinary efforts of the UNDP Deputy Resident Representative³³ during the evacuation process resulted in his exhaustion and an extended recuperation period. From 10 May, the post, which now doubled as Deputy Head of UNREO, was filled by a UNDP official with considerable emergency aid experience. The UNHCR Country Representative in Kigali before the evacuation left to take up another posting under a prior arrangement. The UNICEF Country Representative began an extended period of leave.

Whilst UNREO and the DMT did manage to start functioning within just a few days of the evacuation of UN personnel from Kigali, such personnel changes and temporary gaps in key positions hampered efforts rapidly to establish the UN's humanitarian coordination structure. Staff involved in the initial DMT meetings talk of a sense of "floating", unsure about their role or who was in charge, - though this may have owed more to uncertainty over the role of humanitarian agencies in the midst of what was evidently a protection crisis, rather than uncertainty resulting from the personnel - changes. Despite the uncertainties, actions that formed a central part of the UN's initial humanitarian coordination efforts went ahead. Thus the UNAHT was deployed to Kigali; UNREO opened a sub-office in Kabale, enabling liaison with the RPF Social Wing in Mulindi and the holding of coordination meetings for UN agencies and NGOs beginning to start cross-border programmes in RPF-controlled areas;³⁴ Operating Principles prepared for agencies working inside Rwanda were cleared, with some difficulty, through the interim government and the RPF; the UNREO office in Nairobi began producing daily SitReps, assembled from information from a variety of UN and other sources, which were much valued within the donor and NGO communities; and in May UNREO opened an office in Bujumbura.³⁵ That such things went ahead despite the personnel changes and uncertainties reflects well on the personnel involved and on the timely provision of a senior emergency officer from DHA to help UNREO establish itself.

DHA also provided leadership to the UN Advance Humanitarian Team and it was the USG for Humanitarian Affairs himself who accompanied the initial AHT personnel into Kigali in April. Comprised for the most part of personnel from WFP and UNICEF as well as DHA but with periodic participation by UNHCR and WHO, the UNAHT represented a determined³⁶ and courageous effort by the UN humanitarian agencies to maintain a presence and, to the extent that the security situation allowed, to undertake coordinated relief distributions in and around Kigali. In the event, the security situation was so poor that the amount of assistance distributed was small. Nevertheless, such inter-agency operational collaboration is rare within the UN system and those agency personnel who were seconded to the UNAHT were extremely positive about the model and its potential usefulness in future operations. However, it should be pointed out that, in terms of coordination, the demands - placed upon the UNAHT personnel were not great as, except for the ICRC, the UNAHT was the only humanitarian agency with an effective presence in Kigali at that time.³⁷ In that sense, the utility of the UNAHT model may be limited in other contexts where more agencies are likely to be present.

With the installation of the new BBTG in Kigali, UN agencies relocated from Nairobi to Kigali. The combined UNDP/UNREO office in Nairobi did not move until the third week of August some 3-4 weeks after most other agencies; the delay stemming from the Humanitarian Coordinator's highly-questionable view that the move should not take place until the legitimacy of the new government had been recognized by key UN member states.³⁸ With the move to Kigali there was an increasing separation between the UNREO office and the UNDP office, though UNREO remained located in buildings within the UNDP compound and the UN Resident Representative remained the Humanitarian Coordinator for several more weeks. Simultaneously, the relationship between UNREO and DHA became more direct, reflecting the fact that UNREO, though initially staffed by UNDP personnel and consultants on UNDP contracts, was under the authority of DHA. Consultants formerly contracted through UNDP changed to DHA contracts; DHA-Geneva arranged for a self-contained team of 12 Swedish Rescue Board personnel to provide telecommunications, administrative and logistics support to UNREO; arrangements were made with the Danish and Norwegian Refugee Councils and SCF-US for additional personnel secondments which enabled UNREO to open regional offices in Gikongoro, Butare and Cyangugu.³⁹ In late August, the International

Council of Voluntary Agencies (ICVA) proposed the establishment of an autonomous NGO Coordination Unit. Such a unit would have paralleled UNREO'S own activities, which included the dissemination of matrixes showing which agencies were working in which sector in which préfecture. The ICVA proposal was opposed by several large international NGOs and the outcome was the establishment of a NGO Coordination Cell within UNREO operated by personnel seconded from SCF-US.

Widely-varying opinions about UNREO's performance were expressed during the course of the study. Bilateral donor organization personnel were generally positive; they valued SitReps as well as UNREO's central role in the coordination of efforts to discourage IDPs in the south-west from moving into Bukavu at the time of the withdrawal of Opération Turquoise. Donor organizations with representation in the field (i.e. DART and ECHO) differed in their opinions. DART personnel - worked closely with UNREO personnel in the south-west and appreciated the "agency neutral" forum provided by the UNREO meetings in Kigali and in the regions. In contrast, ECHO personnel were critical of UNREO's approach to coordination, which rarely moved beyond that of information-sharing, of the poor management of UNREO and the poor calibre of some of the UNREO personnel. As a result, the principal beneficiary of ECHO funding within Rwanda was the ICRC. Many NGOs, particularly those that had not previously worked in Rwanda, valued the information and briefings provided by the UNREO NGO Coordination Cell from late August onwards. However, other NGOs, particularly the larger international NGOs with considerable emergency experience, were critical of UNREO's lack of technical personnel to provide an informed basis for operational coordination and of the calibre of some of the personnel. Whilst UNICEF was particularly supportive of UNREO, the general attitude of personnel in other UN agencies was that UNREO was peripheral to their activities.

Such an extraordinary range of opinion reflects a number of factors. First, there do appear to have been genuine variations in performance within UNREO; some of its activities were undertaken more effectively than others. Second, as suggested above, the opinions tended to reflect the standpoint of those giving the opinions and that part of UNREO's activities with which they had been most concerned. For donor organizations without a field presence, the UNREO SitReps were a highly valued source of information, whilst for those with a strong field presence the SitReps were less valuable and their opinions were influenced by their judgement of UNREO's other activities. Third, the range of opinions reflects the continuing diversity of views within the international humanitarian aid system over what coordination means and whether "light" coordination, which allows donor organizations, UN agencies and NGOs to more or less decide their own actions, is preferable to more "directive" coordination, with consequent reductions of agency autonomy. Finally, the range of opinions appears to reflect quite a widespread lack of understanding of UNREO's precise role.

It was almost inevitable that UNREO would experience difficulty in establishing a clear identity and also in ensuring that all staff were of high calibre, as it was a quickly-assembled, ad hoc entity with all but two of the staff being newly-appointed and many of the new staff being provided on secondment from other agencies. A review of the UNREO experience undertaken by DHA in late 1994 found that several members of the UNREO staff had limited prior knowledge of the UN and no previous experience of working in emergency operations and "were unaware that UNREO was part of DHA".⁴⁰ The UNREO experience certainly revealed the difficulties faced by DHA in staffing a field coordination office at short notice. As a comparatively small organization (compared with, say, UNHCR or WFP) DHA did not have a large pool of its own staff to draw upon and, with hiring -

initially being managed by UNDP, had little control over the calibre of those taken on short-term contracts.

The complex and to many outside observers difficult to understand arrangements between UNDP and DHA resulting from the 1991 General Assembly Resolution also appear to have contributed to UNREO's identity problems. DHA has summarized the respective roles in the following terms: "DHA provided the critical policy and programme guidance and supervision, and key headquarters level support and backstopping, to an emergency unit that depended heavily on the concrete support of UNDP staff, funding and other logistics support".⁴¹

Whilst this may appear straightforward, strains in the relationship were apparent between DHA and UNDP. For instance, the Humanitarian Coordinator did not initially agree with the need for the substantial Support Team provided by the Swedish Rescue Board and it appears that he was deliberately not informed of the advanced arrangements between DHA-Geneva and the Swedish Rescue Board until it was too late to prevent their arrival. Similarly, the move to Kigali in August and the separation of the UNREO office from the UNDP office were marked by tensions over matters such as - office space, access to telecommunications equipment and administrative support services. These tensions were still in evidence during the periods of fieldwork undertaken by the Study III team.

Another source of ambiguity for UNREO was the lack of clarity as to the roles of the Humanitarian Coordinator and the Special Representative of the Secretary-General. As noted earlier, the UNAMIR Force Commander effectively served as the SRSG until the beginning of July, when Ambassador Khan took over the role. Until July the roles of the Force Commander and the Humanitarian Coordinator were clear. However, the end of the conflict (which virtually coincided with the first effective decisions by the newly-appointed SRSG) and the reality of a victorious army meant that the role of the SRSG as a negotiator between the sides was significantly reduced. With the focus upon immediate relief and rehabilitation needs and the move of the UNREO office to Kigali the roles of the Humanitarian Coordinator and the SRSG became blurred. In October the arrival of a new Humanitarian Coordinator coincided with the separation between that post and the UNDP Representative's post.

Lack of clear authority, lack of control over financial or in-kind resources to allocate to implementing agencies, and the need to preserve good relationships with agencies, restricted UNREO's coordination efforts principally to the role of information-sharing. This it did effectively through its facilitation of meetings, preparation of Sitreps and collation of information designed to highlight gaps in sectoral and geographical coverage.⁴² Where the calibre of its personnel in the field was high, UNREO was able to participate fully in setting the strategy and then encouraging other UN agencies and NGOs to collaborate in implementing it. Perhaps the best example of this was UNREO's active role in bringing together UNAMIR, the Commanders of Opération Turquoise and other agencies to - devise the strategy for assisting the rapidly-growing number of IDPs in the safe zone.

The picture with regard to technical coordination within Rwanda is unclear; responsibility for it - inside the country lay outside UNREO's mandate and was theoretically the responsibility of other agencies such as UNICEF, WHO, and FAO. UNICEF maintains that "coordination mandates" were not resolved among the various agencies until late August and early September,⁴³ though why UN agencies should have to wait until their sectoral roles are formally confirmed before initiating actions in their traditional sectors is unclear. Certainly, in UNICEF's case initial efforts were concentrated on

supporting the new government to re-establish functioning ministries so that they, rather than UN agencies, could undertake their respective coordination roles. In addition, UNICEF co-chaired the health coordination meetings in Kigali with WHO. Whilst concentration on the re-establishment of government capacity was sound, it resulted in delays in the provision of technical coordination to the relief operations for IDPs and neighbouring populations in the préfectures. Thus, whilst UNREO was able to facilitate information-sharing among the agencies providing assistance in the Gikongoro area, for much of July, August and part of September these operations did not have the benefit of technical coordination in the critical water and health sectors. Consequently, there was no attempt to standardize drug treatment protocols or collate data on morbidity and mortality rates in the IDP camps until September.

That technical coordination functions in relation to IDP relief programmes are divided among several UN agencies contrasts with the situation for refugees where UNHCR has its own technical coordinators who provide management/directive coordination to the NGOs working in the response. The Study III team regards the fact that technical coordination is outside the mandate of the UN field coordination capacity as an important shortcoming in the UN coordination structure. Without technical specialists on its staff, the ability of UNREO to provide authoritative leadership and effective management coordination was bound to be limited.

The two largest donors within the international community (the US government and the European Union) established teams in the region and inside Rwanda and, through their allocation of resources to agencies, had a potential coordinating role. The US Disaster Assistance Response Team (DART) was established in the region in mid-May⁴⁴ and performed assessments of requirements, liaising with other agencies to establish a coordinated strategy and in allocating grants directly to UN agencies and NGOs (not all of which were US-based) in the field.⁴⁵ Because of co-location of several UNREO offices and DART Field Offices, DART helped strengthen the UNREO role and worked closely with UNREO personnel in developing the strategy for encouraging IDPs to remain in Rwanda after the departure of the Opération Turquoise forces in August. Because of the security situation, DART personnel were not allowed to enter Rwanda until early July.

As noted below, ECHO greatly strengthened UNHCR's coordinating role in relation to refugee operations by channelling all its funds for refugees through UNHCR and attaching ECHO personnel to the UNHCR offices in Ngara and Goma. Within Rwanda, ECHO personnel performed a broadly similar role to that of DART, though with less autonomy and ability to allocate funds.⁴⁶ However, ECHO perceived ICRC rather than UNREO as playing the critical role in relation to IDPs and provided generous support to the ICRC.⁴⁷ It received a total of 60 funding requests from NGOs but limited its funding to 20 so as to reduce the coordination problems. Considering the importance of DART and ECHO resources to the operations inside Rwanda, there was a remarkable lack of contact between the two sets of personnel. It was not until November that regular meetings were established between the two and these were soon discontinued when ECHO personnel perceived that their provision of information to DART was not being reciprocated.⁴⁸ That the two largest donor organizations were unable to share information freely with each other was, at the least, regrettable.

3.2. Coordination in relation to refugees

UNHCR had mandated responsibility for the care and protection of refugees crossing into Uganda, Tanzania, Burundi and Zaire, a role it performed in conjunction with the relevant local and national authorities. Within the UNHCR hierarchy, the offices in Ngara, Goma and Bukavu were sub-offices -

whilst that in Karagwe was a field office.⁴⁹ In all sub-offices technical coordinators were appointed (the key ones arriving with the Emergency Response Teams) in the sectors of health, water, food, site planning, logistics, security, communications and community services. In most cases the calibre of the technical coordinators was impressive. The technical orientation of the structure, the monitoring of indicators of the status of the refugees from soon after the influxes, the existence of internationally-recognized per capita targets (e.g. litres of water per person) and good practice in managing large camp populations resulted in rational and generally well-organized approaches to coordination.

As a non-executing agency, UNHCR was dependent on the collaboration of NGOs in actually distributing the material assistance and providing other services in the camps. Thus the work of the various technical coordinators largely consisted of agreeing particular tasks with particular NGOs, monitoring their performance and providing advice and occasional support to overcome problems. Thus the calibre of the NGOs working in the camps and the quality of UNHCR's relationship with them was central to the outcome of UNHCR's coordination and the effectiveness of the overall response. UNHCR's experience in Ngara and Goma provides interesting insights into the factors that make for effective coordination and the difficulties the agency faces in ensuring that all NGOs working in camps conform to certain standards.

In Ngara it was decided at an early stage to limit the number of agencies working in Benaco to those already working in Tanzania. In addition, CARE, which did not have a prior presence in Tanzania but whose logistical expertise was highly valued, was invited to establish a programme.⁵⁰ Letters of Intent were then signed with these agencies – numbering 12 in all. Other agencies that subsequently visited Ngara and expressed a desire to participate in the relief efforts were, with a few exceptions, not allowed to work in the camps.⁵¹ This approach was supported by the local authorities and also by ECHO which, when approached by NGOs requesting funding, simply directed them to UNHCR-Ngara to which ECHO was providing substantial funding. In this way, the number of NGOs involved in the camps was kept to a manageable number and most of the agencies there had participated in the earlier response to the Burundian refugee influx. The limited number of agencies and personnel involved in the operation engendered an unusually collaborative approach between UNHCR and the NGOs and there is almost universal agreement that this was one of the key factors contributing to the highly-effective initial response in Ngara. The competition between NGOs and “flag-planting” that was characteristic of the response in Goma, Bukavu and inside Rwanda was almost absent.

UNHCR's approach was resented by those NGOs that wanted to participate in the response in Ngara but were effectively prevented from doing so. Some of these agencies proceeded to establish programmes to assist the local Tanzanian population and, in one case, refugees outside the camps.⁵² No foreign military contingents assisted the operations in the camps. EMERCOM provided substantial logistical support and the UK ODA provided a logistics team to forward supplies from Mwanza and work with CARE to receive and allocate them to agencies working in the camps. ECHO seconded a member of staff to work with the UNHCR team who was given the position of a field officer.⁵³

In Goma the situation was quite different. There was no attempt by UNHCR to limit the number of NGOs and even if there had been it would almost certainly not have succeeded as the intense media coverage exerted considerable pressure upon agencies to participate in the response. Also, it is unlikely that the Zairian authorities would have been as supportive of such an approach as their counterparts had been in Tanzania. The number of NGOs peaked at between 90–100,⁵⁴ all of which

had ready access to the camps. In addition there were several military contingents and civil defence units nominally operating under the framework of the UNHCR Service Packages request of 20 July. Several donor organizations provided teams and individual consultants to assist in particular sectors. As in Ngara ECHO seconded a member of staff who worked alongside the UNHCR technical coordinator.

ECHO's decision, taken shortly after the influx, to channel all its refugee funding to UNHCR rather than respond bilaterally to funding requests from individual NGOs, was both bold and positive. Even if the resources allocated by UNHCR still accounted for only a small proportion of the total - resources being deployed in Goma, they considerably strengthened UNHCR's ability to ensure - greater coordination among NGOs. However, despite such "power of the purse", UNHCR'S ability to encourage NGOs into the poorly-covered, low-profile areas of body collection and sanitation - remained limited (see Section 4.3). When working in a high-profile response, it would appear that, - whilst NGOs may be encouraged to work in "unattractive" sectors, they cannot be forced to do so. If UNHCR is to ensure that it is able to implement programmes in such critical preventive activities, it may be necessary to enter special stand-by and funding arrangements with particular NGOs or to encourage private-sector companies to develop the capacity to undertake such activities.

The number of NGOs directly funded by UNHCR-Goma during 1994 was 21. These included many of the large international NGOs with good emergency experience. Some of these NGOs may have in turn funded other NGOs in a type of sub-contracting role. However, there remained some 70-80 NGOs working in the camps with which UNHCR had no funding relationship and thus little or no "clout". In most cases NGOs not receiving funding from UNHCR cooperated willingly with UNHCR coordinators and actively participated in coordination meetings. However, there were a few cases where UNHCR coordinators felt that the competence and actions of certain NGOs was inappropriate and they would have preferred that the agencies withdrew from the camps. In such cases, UNHCR's ability to effect a withdrawal was initially at least quite limited, particularly if the Zairian authorities were not supportive of UNHCR's position. For instance, there were examples of NGOs asked to leave the camps who simply moved their facility to just beyond the boundary of the camp. With the deployment of the Zairian contingent in March 1995 and more careful preparation of the case against particular NGOs and liaison with the Zairian authorities, UNHCR was better able to achieve the closure of the most inappropriate NGO programmes. In April 1995, for instance, UNHCR suspected that an NGO that was running an orphanage in Mugunga camp was doing so under false pretences. Efforts by UNHCR personnel to gain access to the orphanage compound were prevented and, eventually, with the support of a unit from the Zairian contingent, entry was gained and the identities of the children checked against UNHCR records. Approximately 90% of the children had parents in the camp and the alleged orphanage appeared to have been established as a way for the NGO to raise funds on false pretences and receive in-kind resources.⁵⁵

In the case of CARE-Deutschland, UNHCR was able to achieve a success of sorts (see Section 4.4). Following UNHCR-Goma's request that this NGO not work in the camps, it eventually left Goma and worked in Bukavu from September until December, principally providing assistance to the spontaneous refugee settlements on Ijwi island. However, this outcome was only achieved in the face of stiff resistance, apparently including requests from German government officials that UNHCR-Geneva overrule the Goma sub-office and a reluctance by the Zairian authorities to support UNHCR in the face of the German position.⁵⁶ To ensure full coordination between the German agencies working in Goma and UNHCR, the German Ambassador from Kinshasa established an office in

Goma in August. The office also reported back to Bonn on the progress of the overall efforts.

The ability of UNHCR to coordinate the various military contingents in Goma was briefly covered in Section 3.5. Some were more amenable to responding to requests than others depending on their command structures and orders. Initially Opération Turquoise forces worked with Caritas-Goma to collect and bury bodies but stopped doing so without warning and it was several days before GOAL and the Zairian Boy Scouts were able to join the Caritas personnel, so there was an accumulation of bodies.

A notable aspect of the overall response was the central role of UNHCR and WFP.⁵⁷ Since 1992, as a result of problems previously encountered by UNHCR in the mobilization, procurement and transport of general ration food commodities for distribution to refugees,⁵⁸ WFP has gradually taken over these responsibilities under a Memorandum of Understanding (MOU) between the two agencies.⁵⁹ The way in which the MOU arrangements worked and the relationship between the two agencies is central to the effectiveness of the overall system.

As discussed in Chapter 5, the supply of general ration commodities to the refugee operations was more or less satisfactory, though there were occasional gaps in the provision of some commodities, notably beans and CSB, and periods of inadequate overall supplies leading to reduced rations as a result of logistical and resourcing problems. In addition, there was a particular problem in Tanzania of WFP supplying maize grain rather than maize flour. Compared to previous refugee emergencies, where high rates of malnutrition-related mortality had been experienced, the provision of general ration commodities in 1994 was broadly successful.

Despite these positive achievements there were several indications that all was not well with the operation of the MOU or the relationship between the two agencies. For instance, UNHCR and its implementing partner NGOs established selective feeding programmes as a precaution against breaks in the WFP general ration in Ngara and Bukavu, and attempted to do so in Goma. Such programmes were of questionable necessity and therefore represented an inefficient use of scarce financial and staff resources that (assuming such resources were fungible) would have been better deployed in support of WFP's efforts to ensure the regular supply of general ration commodities. WFP was reportedly poor at sharing pipeline information with UNHCR at the field level in Ngara and Bukavu.⁶⁰ In Ngara in October 1994 UNHCR personnel attempted to persuade visiting USAID and State Department officials to consign general ration commodities directly to UNHCR, by-passing WFP in clear contravention of the MOU. This incident resulted in letters of complaint being sent by the WFP office in Ngara to UNHCR-Ngara and by WFP-Dar-es-Salaam to the WFP head office and was reportedly resented by the US officials.⁶¹

A recurring source of differences between the two agencies was that of the number of refugees actually requiring assistance and the delay by UNHCR in undertaking the enumeration/registration exercises, which invariably resulted in substantial reductions in the planning figures (see Section 5.9). Over-estimation of refugee numbers placed unnecessary performance demands on WFP as well as resulting in potential oversupply of commodities. Paradoxically, the costs of undertaking a registration (equipment costs and staff time) are largely borne by UNHCR, whilst a substantial proportion of the costs of delaying a reduction in the planning figures are borne by WFP.⁶²

During the course of the study, Team members noted the tendency for staff of one agency to attrib-

ute blame for a problem to the other agency. Thus, UNHCR staff might attribute the malnutrition rates in the camps to WFP's failure to supply sufficient general ration commodities whilst WFP staff would criticise UNHCR for not carrying out the enumeration/registration or for the delay in changing from commune level to cellule- or household-level distribution systems in the camps. The worst example encountered of such blaming-the-other concerned the very high rates of mortality experienced by Burundian refugees in Tanzania in late 1993, when hundreds and perhaps thousands of people died. Whilst WFP personnel saw the principal cause of mortality being dysentery resulting from UNHCR's tardiness in the provision of adequate water and sanitation, UNHCR personnel saw inadequate supplies of food by WFP as the principal cause.⁶³

The conclusion drawn from the above is that the splitting of responsibility for critically linked emergency functions⁶⁴ between the two dominant UN humanitarian agencies is highly problematic. Whilst the Team accepts the point made by both agencies that the MOU has been further refined since 1994, it does not share the confidence of the agencies that such refinements will resolve all the difficulties. The fundamental problem is that responsibility for a key function is divided between two agencies that are quite differently structured, resourced and located.

3.3. Coordination at the regional and extra-regional level

Study I of the evaluation has demonstrated that for decades before 1994 Rwanda was part of a wider regional problem.⁶⁵ From a humanitarian perspective, the sudden movement of populations over Rwanda's border into Tanzania, Burundi, Zaire and also into Uganda gave the emergency a particularly regional dimension. Despite this, the coordination mechanisms that developed concentrated upon Rwanda itself and, at least until mid-1995, appear to have shied away from seeing the crisis in regional terms. Significantly, the jurisdiction of both the SRSG and the Force Commander was limited to Rwanda. Theoretically, the mandate of the Humanitarian Coordinator/Head of UNREO - included Rwandese refugees as the wording used to describe his role referred to humanitarian assistance "for Rwandese", but in practice UNHCR's mandated role limited that of the Humanitarian Coordinator in relation to the refugees. UNHCR had created the post of the Special Envoy of the High Commissioner prior to the emergency and this allowed for a certain integration of UNHCR's activities in the region. However, the Special Envoy's role appears to have been more concerned with the general protection principles rather than operational matters of aid delivery.

The clear separation of coordination jurisdictions between "inside" and "outside" Rwanda was perhaps the greatest weakness of the coordination arrangements during the response. Its effects were several. First, it served to increase the number of senior officials or offices with coordination responsibility in relation to the response, thereby further confusing a picture that was already lacking in clarity.⁶⁶ Second, it appears to have hampered efforts to adopt an effective regional approach to the crisis. Finally, it may also have been a factor contributing to the lack of coherence between the humanitarian and political/military domains discussed later in this section.

Above the level of coordination mechanisms based in the region there were several organizations, committees and working groups that either had responsibility for coordination or contributed to the coordination efforts. Assessing the effectiveness of these mechanisms is much more difficult in the absence of a detailed study of the minutes of the various meetings, interviews with the participants in the meetings and an attempt to detect the effect of decisions upon operational efforts in the field. In terms of coordination within the UN system, the Inter-Agency Standing Committee (IASC), composed of the heads of the principal agencies and chaired by DHA, was the most important. It met four times during 1994 and considered Rwanda on each occasion. The Humanitarian Liaison

Working Group composed of representatives of diplomatic missions to the UN agencies in Geneva, UN agencies and some NGOs met in Geneva three times during 1994 and considered Rwanda on each occasion. Members brief the group on their humanitarian activities and discuss policy in relation to the main operations around the world. Responsibility for chairing the meetings rotates among members.

Created in March 1992 with the express objective of improving coordination amongst humanitarian agencies, the UN Department of Humanitarian Affairs (DHA) occupied a central coordinating position in relation to UN agencies and international efforts as a whole. As part of its role, DHA and the USG for Humanitarian Affairs undertook the following activities:

- led the UNAHT;
- supervised UNREO and provided it with critical policy and programme guidance;
- chaired the IASC meetings and the Under-Secretary-General's Task Force on UN operations;
- administered the CERF;
- coordinated the preparation of the April Flash Appeal and the July Consolidated Appeal and - tracked contributions against these appeals;
- sent UNREO weekly situation reports on e-mail to donor organizations, NGOs and other organizations with access to the UNIENET system;
- provided briefings for the Humanitarian Liaison Working Group, the weekly UNHCR coordination meetings in Geneva, the Rwanda Operations Support Group, and occasionally the Security Council;
- increased the profile of the situation by, for instance, the USG's visits to Kigali in April and July 1994.

Given such a wide range of activities and contributions to the overall effort, assessment of DHA's effectiveness is very difficult. Such difficulties are further increased by:

- i) the lack of clarity in the relationships between the various coordination bodies and offices indicated above, and
- ii) uncertainty over the criteria or coordination model against which DHA performance should be assessed.

In terms of the four categories of coordination identified at the start of this section, most of DHA's activities fit within the first two i.e. information coordination and coordination through common representation. Instances of framework coordination were limited. The clearest example of framework coordination occurred at the IASC meeting at the beginning of August 1994, when DHA presented a matrix intended to clarify the division of labour between UN agencies. The matrix appears to have reproduced accepted generalities about mandated and planned roles of the principal UN agencies but did not relate these to the actual situation on the ground, which was strongly influenced by the funding position and personnel capacity of the agencies concerned. It is not clear how much influence the DHA matrix had upon subsequent decisions by those agencies or whether these were monitored in relation to the matrix by DHA. Where field personnel of the principal UN agencies were aware of the DHA matrix, they appear not to have regarded it as a significant step.

So far as we are aware, there were no instances of DHA undertaking management/directive coordination to achieve an outcome desired by the Department. This form of coordination would have -

required either DHA control over resources, or the USG for Humanitarian Affairs using his seniority to encourage a UN agency to undertake a particular activity. Apart from the CERF, DHA has no control over the funds received by operational UN agencies from the donor community. The very limited role of CERF resources in relation to overall flows within the system and the rules for the use of the CERF did not provide DHA with much in the way of directive control over the principal UN humanitarian agencies.

DHA came into being in early 1992 at what was the peak of the crisis in Somalia, indeed for much of that year it was officially referred to as DHA-UNDRO marking its transition from the erstwhile and much-criticised UN Disaster Relief Office. Hampered by its infancy, lack of funds and lack of appropriately experienced personnel, DHA's performance during 1992–93 had been faltering and the subject of some ridicule.⁶⁷ Nobody would dispute that DHA has made considerable advances since the Somalia operations. The Department ensured that the UN humanitarian agencies had a presence in Kigali (in the shape of the UNAHT) within just a few days of the overall UN withdrawal and, in conjunction with the existing arrangements with UNDP, helped ensure that the UN system had a functioning field coordination office just days after the evacuation. Compared to the performance of DHA and the wider UN system in Somalia, these alone were substantial achievements and indicate that to a significant degree the objectives of Resolution 46/182 of 1991 are being met. However, it is apparent that DHA is still on quite a steep learning curve and continues to face substantial institutional and financial obstacles in its work and continuing uncertainty over its future. To a significant degree these problems are interrelated and the Department is in the unenviable position of being judged before it has been given adequate resources and institutional support to enable it to function properly.

DHA continues to experience inadequate and uncertain funding. During the response in Rwanda the maintenance of even core functions such as financial tracking were in jeopardy.⁶⁸ For many of its activities DHA is dependent upon voluntary contributions and as a result of the continuing debate about the Department's future and UN reform generally, this funding is uncertain. This must have a negative effect on staff morale and it appears that a substantial amount of staff time is devoted to securing funding for future activities. Office accommodation arrangements are also unsatisfactory. Not only does the Department have the difficulty of dividing its functions between New York and Geneva, but even within Geneva the personnel are split between two sites.

Within the UN system the Department continues to experience inadequate support and questioning of its role and activities from the larger agencies. For instance, the idea of a field coordination office such as UNREO opening field offices to facilitate operational coordination outside the Rwandese capital was one that had originally been opposed by UN agencies.⁶⁹ Another example was the attitude of UNHCR officials towards the UNREO-led contingency plan following the unfortunate meeting of 10 June. The impression of poor organizational competence was transmitted into a dismissive attitude towards what was a worthwhile and remarkably prescient exercise.

Whilst DHA staff defend the arrangements for in-country representation through the UN Resident Representative, the fact remains that DHA does not have sole control over the way it is represented in the field. In any operation the field coordination office will be the most visible of DHA's activities. Inevitably the performance of the field coordination office will be seen as reflecting DHA's performance, whereas it should more accurately be seen as reflecting the performance of the arrangements that involve both UNDP and DHA. In addition to the other difficulties it faces, DHA also faces a

“brand name” problem.

During the later stages of the study the Team spent a considerable amount of time discussing the options for improving humanitarian coordination within the UN system. This is a subject that has been the focus of dozens of reports and committee discussions over a period of at least two decades. The decision in 1991 to create DHA was the culmination of such efforts, which had intensified as a result of the experiences during the Gulf War. Another development during the course of the evaluation was the decision by the UN Economic and Social Council at its session during July 1995 to request the Secretary-General to submit “proposals and recommendations for a review and strengthening of all aspects of the capacity of the UN system for humanitarian assistance”⁷⁰, though the timing of the submission of the proposals is currently left open.⁷¹ The Rwanda experience does offer useful insights into the subject of coordination and the reflections of Study III Team may serve as a contribution to the continuing debate. However, it should not be forgotten that the Rwanda case is just one, albeit an important one, amongst many cases and that any major reforms should be based upon a range of cases and complementary studies.

As a result of the dominance, at least in resource terms, of UNHCR and WFP, the comparative weakness of coordination arrangements and lack of overall leadership, the view of the Team was that the system was characterized by a “hollow core”. Far from having a strong capacity at the centre to provide leadership and overall coordination to a system involving not just eight UN agencies, but donor organization teams, military and civil defence contingents, government agencies and over 200 NGOs involved in the response during 1994, the centre was weak, poorly resourced and lacking in organizational clarity. That this was the case reflects a variety of factors, including the historical development of UN specialized agencies with their own governing bodies, separate funding and a substantial degree of autonomy; the use of “light” rather than “directive” models of coordination in the formulation of UNDRR and DHA; the granting of inadequate resources and powers to these two bodies; and a severely limited field and technical capacity.

This picture may be contrasted with what the Team and many other observers regarded as the most successful instance of coordination during the response; that of UNHCR in Ngara. UNHCR-Ngara was comparatively well-resourced; had good technical personnel; control over the funding of a substantial proportion of the resource flows to the agencies it was coordinating; and the coordination model used was at the management/directive end of the spectrum, though with a highly collaborative, team-approach element. Though operating in a very different context and at a different scale than DHA and UNREO, the Ngara experience is not without relevance to the debate on system-wide coordination.

3.4. Coordination between the humanitarian system and the political and diplomatic domains.

As the overall evaluation progressed, so evidence began to emerge from the other studies of a lack of coherence between the political and diplomatic approach to the crisis by key member states, including members of the Security Council and states within the Great Lakes region. A shared analysis of the problems and the most appropriate political and diplomatic means of addressing them were lacking. Simultaneously, Study III was revealing instances of humanitarian assistance and humanitarian agencies being obliged to:

- a) operate in situations that were extremely insecure as a result of inadequate political/diplo-

matic/military action, the clearest cases being operations inside Rwanda between April and early July and in the camps in eastern Zaire in the period before the deployment of the Zairian Contingent (see Chapter 3 of this report and Study II);

- b) to pursue relief strategies that appeared to be intended to substitute for the lack of coherence in the political and diplomatic domain, the clearest case being the encouragement of an early repatriation of refugees from the Goma area.

The terms of reference for Study III had not anticipated this issue and the study was not designed to examine closely the relationship between, for instance, Security Council deliberations and the strategies of humanitarian assistance agencies. Nevertheless, the importance of the issue warrants a number of observations.

Almost immediately after the Goma influx, many key figures, UN agencies and donor organizations - appear to have accepted that the best strategy was to encourage an early return of the refugees to Rwanda. For instance, the Force Commander and the newly-appointed SRSG appear to have been active in pushing for an early return to the extent of authorizing the air-dropping of leaflets over the camps at the beginning of August advising refugees to return, apparently without consultation with UNHCR. A meeting of UN agencies in Geneva on 3 August recorded: "As has been widely discussed, the return to Rwanda is the best means to overcome the mass exodus problem".⁷² WFP used the opportunity of empty trucks returning to Kampala via Kigali to offer passage to refugees wishing to return but this was soon halted due to the fear of spreading the cholera outbreak to Rwanda.

Not all agencies accepted that an early return was the best strategy. For instance, Oxfam personnel publicly questioned the policy from an early stage and by late August the US military was sceptical of a major repatriation.⁷³ UNHCR's position was initially uncertain, as reflected in the response by the UNHCR public information officer at the daily press conferences in Goma,⁷⁴ though subsequently the agency was to commission a study of the conditions within Rwanda for repatriation to take place. The study known as the "Gersony report", after its principal author, reportedly found evidence of systematic revenge killings in which the RPF had been involved. The report was suppressed, apparently at the request of the UN Secretariat. Officially the reason was that its factual basis was not strong. The fact that it would have undermined the new BBTG at a time when the UN and several donor countries were attempting to support it must have played a role in the decision. However, sections of the report found their way into the media and received widespread international coverage in the third week of September 1994.

Quite how the early repatriation strategy originated and why it became accepted so readily is unclear. Several senior international political figures visited Goma during July and the appalling suffering in the camps and the patent unsustainability of such large populations in those locations, when juxtaposed with the installation of the new government in Kigali, seems to have led many to express the view that the refugees should return to Rwanda as soon as possible. The extent to which these views influenced their widespread acceptance by UN agencies and many humanitarian agencies, or whether these views were already shared by them, is not clear. In the absence of a thorough examination of the decision-making policy, the factors underlying the repatriation policy can only be surmised. It would appear that a combination of inadequate understanding, wishful thinking and perhaps an awareness of the very substantial costs involved in sustaining some two million refugees, resulted in the adoption of a strategy that was unrealistic and therefore unlikely to succeed. The strategy once

adopted, it appears that some of those involved in ensuring its implementation were prepared to suppress evidence that all was not well in Rwanda, also that the fears of the refugees about their safety on returning may well have been justified.

Expectations of an early return were unrealistic from a number of perspectives. First, instances of large refugee populations in Africa or elsewhere repatriating within days of their flight are rare. Second, at a practical level, most of the refugees were in such poor physical condition during late July and throughout August that an early return would only have been feasible if massive transport resources had been available to take them to their homes. Transport resources on such a scale were not available. Third, the fact that this exodus had been driven by fear of the RPF advance, had been encouraged by the interim government and militia and been preceded by a genocide in which a not insubstantial proportion of the refugees had been involved, made an early return extremely unlikely.⁷⁵ That these points were not sufficiently appreciated by those responsible for developing and adopting the strategy is remarkable. Possibly they did not realize at that point that the genocide had involved substantial numbers of people rather than just the militia and elements of the FAR and gendarmerie, and felt that the majority of refugees could return with clear consciences and without fear of reprisals. Certainly there was much discussion at the time about the need to silence the radio station operated by the militia in the belief that the constant propaganda was a critical factor in deterring innocent refugees from returning.

That the strategy of early return was so unrealistic suggests something seriously amiss within the international community's system for managing complex political emergencies. The conclusion drawn by Study III is that this stemmed from the combined effects of:

- a lack of coherence in policy and strategy formulation within the political, diplomatic and military domain, principally within the Security Council, as to how best to "manage" the crisis;
- inadequate consideration of the humanitarian consequences resulting from such a lack of coherence; and
- the erroneous belief that humanitarian action can somehow substitute for inaction in the political, diplomatic and military domain.

Differences in approach to the Rwanda crisis by key members of the Security Council in the April–May period are examined in Study II and differences in the approach by key donor governments to the new Rwandese government after July 1994 and questions over its legitimacy are examined in Study IV. It is evident from these studies that there were very substantial differences in the positions and approach of key members of the international community and that the persistence of such differences has substantially contributed to the lack of resolution of the situation in the Great Lakes region. The need for political solutions to the situation was widely recognized⁷⁶ and UNHCR and other agencies were involved in several intra-regional meetings, in particular the Nairobi and Bujumbura Conferences early in 1995. However, these efforts were unlikely to succeed in the absence of a very substantial and coordinated commitment from the Security Council, key donor governments and governments in the region. In the absence of such commitment and coordination, humanitarian assistance appears to have been viewed by key donor governments as a demonstration of their commitment to the people of Rwanda and thus as some sort of "cover" or "mask" for the lack of concerted actions within the political and diplomatic domain. At the same time, it appears that key figures among donor governments and the UN system sought to influence or manipulate humanitarian assistance itself with the aim of achieving a partial "solution" to the crisis by encouraging refugees to return.

If this assessment is correct, it raises a number of complex issues around the extent to which humanitarian assistance should form part the international community's efforts to "manage" complex emergencies with the objective of achieving peace and durable solutions at the earliest stage feasible. Neutrality and impartiality are central to the ethos, mission statements and mandates of most humanitarian agencies and for many years most agencies have striven, though not always successfully, to maintain a distance between their own actions and the foreign and diplomatic policies of governments. For the ICRC in particular, neutrality and impartiality and respect for the Red Cross and Red Crescent emblems are crucial to its ability to operate within zones of conflict and are supported by successive Geneva Conventions.

Within many donor governments themselves, there is often a separation organizationally and budgetarily between the administration of humanitarian aid and the design and management of foreign policies, with the former often being located outside Foreign Ministries/Departments or occupying an off-line position within such departments. Whilst this puts some "distance" between humanitarian assistance and foreign policy formulation and implementation, amongst bilateral donors it is rare for substantial volumes of humanitarian assistance to be provided by a donor organization to countries with poor relations with that donor government or for humanitarian assistance to be withheld from governments regarded as "friendly". Among humanitarian donor organizations, ECHO, which in recent years has become the largest single humanitarian donor organization, currently operates with greater independence of the political domain than is typical for bilateral donors, by virtue of the structure of the European Union and the currently poorly-formed nature of the EU Common Foreign and Security Policy. Whilst such relative independence is greatly valued by ECHO and its implementing partners, it may also help to explain why it was that in late 1994, at a time when many EU member states were keen to provide support to the government, ECHO was threatening to review its assistance to Rwanda, if the Ministry of Rehabilitation did not revise certain provisions within its draft "Working Procedures for Local and International NGOs". Certain provisions in the draft appeared to conflict with the provisions of ECHO's own framework agreements with NGO implementing partners; on two occasions correspondence from ECHO in Brussels threatened a review of ECHO assistance. This appears to have contributed to the new government's sense that the international community was being deliberately obstructive.

During 1994, the Security Council provided the principal forum for decisions that were critical in setting the context for humanitarian aid operations (i.e. deployment of UN peacekeeping missions, authorization of third-party military interventions and occasional discussion of regional security issues). Whilst Study III did not directly analyze the role of the Security Council and its consideration of the humanitarian dimension, it appears not to have been well informed on humanitarian matters⁷⁷, despite briefings by the Under-Secretary-General for Humanitarian Affairs.

Whilst there is a need to ensure that humanitarian assistance is able to adhere to principles of neutrality and impartiality, there is also a need for it to operate in a way that does not hamper efforts to achieve stability and durable solutions. That solutions to the Rwanda crisis remain distant despite the massive loss of life, disruption to the stability and development of the Great Lakes region and very substantial expenditures by donor countries and neighbouring states, reflects to a significant degree the lack of concerted and coherent action within the political/diplomatic and military domain and weak links with the humanitarian domain.

Endnotes

1. The International Emergency Food Reserve (IEFR) and the Immediate Response Account in the case of WFP; the Emergency Response Fund (ERF) in the case of UNHCR; and the Emergency Programme Fund (EPF) in the case of UNICEF.
2. For instance, the ICRC launched a Rwanda Appeal, requesting Sfr. 40 million at the beginning of 1994, principally for its IDP programmes. Two budget extensions requesting an additional Sfr. 109 million were presented to donors at the beginning of June and in mid-November. The IFRC had its own appeal process for its activities in response to the Rwanda crisis with an initial appeal being made in mid-April, which was subsequently revised to a total of Sfr. 91 million.
3. For instance, in responding promptly to the Goma influx, WFP-Kampala borrowed food destined for distribution in south Sudan and Uganda. In some cases, time did not allow for the donor's permission to be obtained first.
4. It is interesting to note that, in November 1993, WFP and UNHCR each drew \$5million from the CERF to assist their response to the Burundian refugee crisis at a time when the availability of donor funding appeared inadequate. Proportionally, in terms of the overall costs of that response, the CERF played a much more significant role than that in relation to the Rwanda crisis in 1994.
5. Of the 224,930 tonnes delivered in the region during the June–December period, 41,350 tonnes (18%) was resourced by borrowings from the Immediate Response Account and the CERF.
6. Committee on Food Aid Policies and Programmes, "Review of IEFR Modalities". CFA:32/P/5 December 1991, Rome.
7. "Rwanda/Burundi Regional Emergency Operations (1994) WFP's Response Capacity: Resource Factors". Paper presented to the Long-term Financing Working Group, 24 March 1995.
8. A former SRSG to Somalia at the height of the famine in 1992 has likened the need for UN agencies to ask for funds in order to respond as equivalent to firemen asking for voluntary contributions before putting out a fire. (Mohammed Sahnoun, Oxford Conference, January 1992.)
9. The fact that Oxfam had used its own resources to pre-position the water equipment in Goma and that the traditionally well-resourced ICRC was able to airlift over 1,000 tonnes of food to Goma without having to approach donor organizations was felt by the Team to be significant.
10. The Disasters Emergency Committee is a consortium for the organization and management of joint funding appeals, of which seven UK NGOs (Oxfam, SCF-UK, British Red Cross Society, Christian Aid, CAFOD, Help the Aged and ActionAid) are full members.

11. The USA, Israel and Australia counted costs arising from their military contingents as part of their overall contributions.
12. In response to comments received from UNHCR on the draft report of Study III, a background paper was prepared during December 1995 and early January 1996 entitled "The Rwandese Refugee Influx into Goma in mid-July 1994: An Assessment of the Performance of Contingency Planning and Early Warning Arrangements within the International Humanitarian Aid System". The background paper, describing and analyzing the various elements of the story, was circulated for comment to UNHCR, ICRC and Oxfam. The summary contained here reflects the contents of the background paper and the subsequent comments and therefore broadly represents an agreed version of events. Where differences of interpretation remain these have been indicated in footnotes.
13. Initial reports received from the area had indicated approximately 15,000 refugees had crossed into North Kivu. However, this included a large group of Hutu who had crossed into Zaire near Jomba but moved back into Rwanda after just a few days. When the ERT arrived, Goma contained less than 4,000 Rwandese, predominantly Tutsi, refugees.
14. The remaining members of the ERT comprised the team leader, a protection officer, a programme officer, an administrative officer, a field officer, and community services officer and an infrastructure coordinator. An Oxfam water engineer, who was in Goma as a result of the agency's IDP operations and the water programme at Kituku camp, assisted the ERT in assessing the potential site at Katale.
15. According to UNHCR, relations were poor and stemmed from: the large size of the ERT; the fact that its arrival was not communicated in advance to agencies already present in Goma; and the rather heavy-handed way it had taken the lead role in coordinating efforts to assist and re-site the Tutsi refugees and its insufficient regard for the knowledge and experience of the agencies in Goma. ICRC does not regard the relations as having been poor or bad.
16. UNHCR disputes whether knowledge of the existence of the 250,000 IDPs would have caused it to increase the planning figure for its Contingency Plan for North Kivu as most of the IDPs had been displaced during 1993 and were therefore not "new" IDPs.
17. UNHCR maintains that the failure to copy the document to the ERT personnel in Goma can be defended as the wording of the final document was ambiguous about the scale and direction of the flows in the "worst case" scenario. This is somewhat disingenuous as the agency's representative had apparently argued against specific mention of Zaire in the document for fear that it would jeopardize the agency's discussions with the Zairian authorities.
18. Some donor officials involved in the response within their head offices could not recollect having seen the document when interviewed.
19. In the case of Oxfam, the agency had pre-positioned approximately £400,000 of water equipment, using its own privately-raised funds. These supplies enabled the agency to rapidly

establish water production, storage and distribution systems in Mugunga and Katale camps. Similarly, through its involvement in the response to the Hunde/Banyarwanda conflict during 1993 and the IDP crisis in northern Rwanda, MSF-Holland formed the view that the Great Lakes region was unstable and likely to witness violence and major population displacements in the years ahead. Yet the capacity of the Zairian health services in the area were very limited and the supply of drugs and medical equipment erratic. Consequently, the agency decided to encourage and support the creation of a Zairian NGO working in the health sector supplying drugs to the local health services and, in addition, deliberately to build up a stock of drugs for use in medical emergencies. By July 1994 substantial stocks had been built up and both MSF-Holland and MSF-Belgium were well placed to supply not only their own medical activities after the influx but also those of several other agencies.

20. During the Gulf War UNHCR had stockpiled items in Turkey but found it difficult to move them quickly to the area where they were needed during the Kurdish refugee crisis. Similarly, during the response to the Burundian refugee influx into western Tanzania in late 1993, UNHCR had encountered delays in obtaining the permission of the Kenyan authorities to transfer food and non-food items stored in Nairobi to Tanzania.
21. In the two weeks immediately preceding the Goma influx, key figures in the humanitarian aid community, including the Deputy Head of UNREO and the DART Team Leader, were touring the south-west or working in Bujumbura and Bukavu to plan and set up the response in the south-west.
22. In June UNHCR had approached the US Government to request the US Air Force to overfly western Rwanda in order to identify concentrations of IDPs and track their movements. The approach did not meet with a positive response.
23. Had they done so before the beginning of July when Operation Turquoise suddenly focused upon the safe zone in the south-west, they would probably not have detected the fatal exposure of the north-west to RPF attack. This would only have become apparent from around 2 July onwards.
24. The ERT Leader was keen to have an agency with a proven competence in logistics and management present so as to complement Caritas's very limited capacity.
25. CARE-Canada opened an office in Goma but did not, in the absence of UNHCR funding, make any significant investment in the pre-positioning of supplies.
26. Given that cartographical data is now available in digitized form for many African countries, sub-offices could be equipped with personal computers and CD-ROM drives. This would enable potential contingency sites to be identified in advance and even for alternative layout plans to be tested before any influx.
27. Filippo Grandi. UNHCR Headquarters. Interviewed 14 December 1994.
28. The International Organization of Migration (IOM).

29. The definition of coordination used by Study III is that of “orchestration of effort”, which is helpful in that this interpretation is acceptable to most agencies and also that it enables consideration of all the different types of coordination that took place in 1994.
30. The term “extra-regional” is used to differentiate coordination involving the key donor countries and the UN head offices in New York, Geneva and Rome, and coordination within the region at the Kampala/Bujumbura level, as well as between the agencies working in Goma, Bukavu, Ngara and Karagwe.
31. This was the first occasion in which DHA itself was able to obtain CERF resources. The use of interest on the CERF account for DHA’s field coordination needs had been approved by a General Assembly Resolution in December 1993.
32. “United Nations Rwanda Emergency Office”, UNREO-Nairobi, undated.
33. The Deputy Resident Representative was the UN Security Officer and was thereby responsible for planning and directing the evacuation of UN personnel.
34. As well as enabling liaison with the RPF Social Wing, the UNREO office in Kabale played an information clearing-house role for NGOs working inside Rwanda and offered communication facilities and a mailbox system. It chaired weekly coordination meetings enabling discussion outside the sphere of influence of the RPF. It allowed UNAMIR, via UNOMUR, to remain abreast of NGO activities, but provided no management or framework coordination, a role jealously reserved by the RPF. The UNREO office in Kabale closed in August 1994.
35. The purpose of UNREO-Bujumbura was to strengthen the Resident Coordinator in Burundi. Tensions inside Burundi overshadowed any concern agencies may have had for Rwanda, and a small sub-system established itself around the UNICEF and UNREO teams, with weekly information coordination meetings, and the pooling of common resources for convoys, particularly during Opération Turquoise.
36. This determination was fuelled by the criticism of the UN’s long absence from Somalia during 1990–91.
37. The UNAHT was operational in Kigali from 23 April to 16 July when the component agencies started establishing their own separate offices.
38. One result of this delay was that UNREO’s administrative capacity was reduced in its last three weeks in Nairobi as office equipment it had been sharing with the relocated UNICEF-Kigali staff was taken by UNICEF staff when they returned to Kigali in July.
39. The office in Gikongoro played an important role in the sharing of information among agencies working in the IDP camps. However, it was not established until mid-August, relied on the Kigali offices for cash resources and for several weeks had no photocopier. The UNREO staff member in the office was seconded from the Danish Refugee Council but had no previous emergency experience.

40. Antonio Donini and Norah Niland, 1994 "Rwanda: Lessons Learned. A Report on the Coordination of Humanitarian Activities", Department of Humanitarian Affairs, New York.
41. Comments provided on 14 November 1994 on the Study III draft report.
42. With the dramatic increase in the number of NGOs in Kigali during late August and September, the close-knit regional coordination regime that UNREO field personnel had established grew into a much wider pool of different regimes. UNREO's meetings soon became too large (up to 65 participants) to tackle operational issues, and sectoral coordination meetings emerged.
43. Final UNICEF Comments on Study III draft report. 5th January 1996.
44. Initially based in Nairobi, field offices were opened in Bujumbura, Kampala, Entebbe and Kabale. With the influx into Goma and the establishment of the new government in Rwanda, offices were opened in Goma and Kigali in July. At the height of the crisis, DART-Rwanda consisted of 17 persons in five countries.
45. The ability to approve grants locally was unusual for OFDA and reflected the critical and highly dynamic nature of the emergency and also the recognition that the grant-processing channels in Washington were already overburdened by the Rwanda response. From the information available it appears that a total of \$27 million was allocated by the DART during 1994 to a total of 20 NGOs and three UN agencies.
46. Whereas DART could approve funds locally, funding requests from European NGOs and the ICRC were sent back to Brussels for approval with a recommendation from field personnel.
47. Marie Spaak, ECHO-Kigali. Interview June 1995.
48. Mark Mullin and Daryl Sexton, ECHO-Kigali. Interviewed March 1995.
49. Representation in Kinshasa, Nairobi and Dar-es-Salaam was at the level of a branch office.
50. CARE took responsibility for the warehousing and management of non-food items and, initially, food items supplied to the main store by WFP. In addition, CARE undertook final distributions to one-third of the population of Benaco. Apparently, SCF-UK, whose health care expertise was also valued, was asked to establish a programme in Benaco, but was slow to respond and eventually took on certain activities in Karagwe District, including upgrading access roads to the camps. (Maureen Connelly, Senior Emergency Officer, Ngara, Interview June 1994.)
51. Those NGOs "turned away" included Americares, Samaritan Purse, MdM and World Vision International. Those that were subsequently admitted include three that worked in the community services sector, one to manage a small Rwandese mixed marriage camp (Hutu with Tutsi spouse) and one to coordinate an aids education programme.
52. World Vision International distributed food and blankets to refugees who had just crossed the border en route to the camps. This was contrary to the policy adopted by UNHCR and the 12

agencies as it raised the possibility that refugees would settle near the border away from the main camps. (Maureen Connelly, Senior Emergency Officer, UNHCR-Ngara. Interview June 1994.)

53. Though this arrangement appears to have worked satisfactorily, UNHCR and NGO personnel expressed reservations about having an official from a major donor working in the UNHCR team. NGOs, many of which were receiving funding from ECHO, tended to regard him primarily as an ECHO official reporting back to Brussels rather than as a UNHCR field officer.
54. The precise number is unclear. A comprehensive list of agencies that had worked in Goma was not available during the Team's stay there.
55. The NGO in question was headed by a Rwandese and supposedly supported by funds from an address in the United Arab Emirates. This was by no means an isolated case. In early 1995 UNHCR, UNICEF and NGOs initiated a protection campaign that resulted in the closure of 41 "non-recognized" centres as a result of which 2,250 children were reunited with their own families and 3,045 were placed in refugee foster families. "Refugee Children: Rwanda-Burundi Emergency". UNHCR Regional Support Unit for Children, Information Notes 2/95 July 1995, Kigali.
56. Joël Boutrou, Head of Sub-Office, UNHCR-Goma. Interview April 1995.
57. During 1994, UNHCR received cash and in-kind assistance valued at \$307 million and WFP received resources, mostly in-kind assistance, valued at \$226 million.
58. UNHCR previously undertook its own procurement or received food aid destined for refugees directly from donor organizations and these arrangements had often resulted in the uncoordinated arrival of commodities and food distributions often missing essential items.
59. Under phase one of the MOU, which commenced in January 1992, WFP took responsibility for the mobilization of general ration commodities and the necessary cash resources for related costs such as internal transport, storage and handling (ITSH) and milling. Since 1993, WFP has been responsible for all operational arrangements up to the Extended Delivery Points (EDPs), which are generally located at or near to the refugee camps being served. Since early 1994, under a revised version of the MOU that applied to the response to the Rwanda Crisis, WFP was responsible for the management of warehouses at the EDP. In terms of commodities WFP was responsible for the procurement/mobilization and transportation of cereals, beans, cooking oil, CSB and sugar up to the EDP whilst UNHCR was responsible for arranging transport from the EDP to the camps and for coordinating NGO implementing partners undertaking general ration distributions. Monitoring of the distributions was shared by UNHCR and the NGOs. Supplementary feeding programmes utilizing oil, CSB and sugar relied on WFP to procure and supply the commodities whilst UNHCR and the NGOs were responsible for procuring other commodities such as high-protein biscuits, dried-skim-milk and therapeutic milk (nutraset).
60. E.g. Susanne Jaspars, "The Rwandese Refugee Crisis in Tanzania: Initial Successes and Failures in Food Assistance". RRN Network Paper 6 September 1994. ODI, London.

61. Holbrook Arthur Director of Operations, WFP-Dar-es-Salaam; Jeff Lewis, head of sub-office, WFP-Ngara. Interviewed June 1995.
62. The cost of providing the general ration forms just under half of the daily cost of sustaining a refugee in the emergency phase, a proportion which rises once the investments in water, shelter and other systems have been made.
63. E.g. Nicolas Coussidis, Senior Emergency Officer UNHCR, Mission Report, "Burundi Refugee Emergency Tanzania 1:11:93 – 20:2:94". In reality of course, the high death rates probably resulted from a combination of both factors, with malnutrition reducing resistance to dysentery, which itself would have resulted from the use of untreated water and poor sanitation.
64. The splitting of functions can be seen within the general ration provision function (i.e. the supply of general rations to the camps being separated from the distribution and monitoring within the camps) and also between the provision of critical survival needs (provision of food and provision of shelter, water, sanitation and health care).
65. Aspects of the regional dimension include: the development of Banyarwanda populations in neighbouring countries and their occasionally violent interactions with local populations; the effect of developments in Tutsi/Hutu relations in Rwanda upon the dynamics of ethnic relations in Burundi and vice-versa; and the effect of changes in the national politics of Uganda on the formation and strategies of the RPF.
66. "It was obvious to all players in the Rwanda regional theatre that there were so many coordinators that in the end there was no coordination". (Comments submitted by WFP on the Study III draft report, 15 November 1994.)
67. John Sommer et al. "Hope Restored? Humanitarian Aid in Somalia 1990–1994". Refugee Policy Group, Washington DC. November 1994.
68. When staff of the FTS were visited by Team members in January 1995, none of them had contracts confirmed beyond the end of the month, which was two weeks away.
69. Comments by DHA on Study III draft report, 14 November 1995.
70. Resolutions and Decisions adopted by the Economic and Social Council at its substantive session of 1995, E/1995/INF/4/Add.2.
71. The submission date for the report by the Secretary-General will be determined by ECOSOC during its 1996 session. Consequently, it looks unlikely that the Secretary-General's recommendations will be available before 1998.
72. Report of the Ninth Consultation on Early Warning of New Flows of Refugees and Displaced Persons. Agencies participating in the meeting were DHA (chair), UNHCR, WHO, the UN Centre for Human Rights, FAO, UNEP and UNESCO. ICRC had observer status.

73. A US Intelligence Estimate that accompanies a review document on Operation Support Hope dated 23 August 1994 contains the following points: “Repatriation of refugees in large numbers is unlikely in near to mid-term; Many of the estimated two million Hutu refugees in countries bordering Rwanda will be unwilling to return home for the foreseeable future as they fear reprisals by the new, Tutsi-dominated government; some returning Hutu have in fact been murdered by Tutsi seeking revenge, but these attacks do not appear to have been sanctioned by the new regime”.
74. Lindsey Hilsum, “Reporting Rwanda: The Media and the Aid Agencies”. Report prepared for Study III.
75. Expectations that those involved in perpetrating a genocide could be readily accepted back into a society containing survivors of the genocide and friends and relatives of those who were killed are difficult to comprehend.
76. For instance, the first conclusion of a US military report on Operation Support Hope is: “This refugee crisis is a political problem”. Similarly, the UNHCR ERT Leader in Goma from mid-July to mid-September stated during a television interview, while the influx was still under way: “The only solution to this humanitarian crisis is a political one. There is no humanitarian solution to this crisis, there can only be a political one and I want to stress it”. (Filippo Grandi interview, on British Channel 4 News, 18 July 1994.)
77. For instance, on the first day of the Goma influx it recorded that the situation inside Rwanda was stable and returning to normal. Security Council Proceedings, 7 and 15 July 1994.

Chapter 7

Assessment of Performance: Taking Account of the Views of Beneficiaries and Mitigating the Impact on Host Communities

1. Introduction

The Study III team included two anthropologists with extensive experience of Rwandese society. The objective of their involvement was to seek the views of the beneficiaries on the relief assistance they had received so as to complement the assessments undertaken by the Team's technical specialists. In the event, their ability to obtain views on relief assistance provided during 1994 was severely constrained for a variety of reasons. Nevertheless, their reports¹ provided rich insights, particularly on the situation in the camps and the views of the beneficiaries during June and July 1995 at the time the fieldwork was undertaken, though only a small selection of their overall material is drawn on in Section 7.2.

Although not within the terms of reference for Study III, it was considered important that the effects of the refugee populations on the host communities in Zaire and Tanzania be assessed and the performance of the international community in mitigating these impacts. That the perception by the host communities that the impact had been substantial and the performance of mitigation efforts poor, and that such perceptions appeared to be influencing the local and regional political environment, with negative consequences for the relief operation itself, increased the justification for examining the issue of impact on the host communities.

The analysis contained in Sections 7.3. and 7.4. is necessarily brief and focuses principally on western Tanzania, where documented information on the effects of the refugee presence was more readily available.² However, the issues are much the same for those communities hosting large refugee populations in the other countries neighbouring Rwanda.

2. Taking account of the views of beneficiaries

The anthropologists faced a number of methodological and practical difficulties. As noted in Chapter 1, their investigation were almost entirely limited to the refugee camps as all the IDP camps inside Rwanda had been closed by the start of the fieldwork and interviews with former IDPs who had been returned to their home communes did not prove possible. Nevertheless, some of those interviewed in the refugee camps had formerly been in one or more of the IDP camps and it was possible to gain some insights into their views on the provision of assistance inside Rwanda.

Among the methodological difficulties was that of situating the people interviewed in terms of their background and position so as to understand why they might perceive particular events in the ways being explained and how also they might be perceiving the interviewer. As one of the anthropologists put it:

“No-one wanders into the camps just like that. This has implications for how the visitor is perceived. Evaluators and consultants turn up in cars with stickers; they are labelled and linked, never indepen-

dent.”³

Because of the high density of people and their shelters in the camps and the often tense atmosphere, it was often not possible to ensure sufficient privacy for the interviews to be regarded as completely open. Obtaining accurate and reliable recall by beneficiaries on details of relief assistance provided during 1994 was a major difficulty, as memories of the precise sequence of events during what had been a fast-moving and traumatic period had become hazy. This difficulty was further exacerbated by the way in which many of those interviewed were unable to differentiate between different relief agencies but rather lumped them together under the term “Croix Rouge” – the only organization known to those without previous camp experience to be providing emergency aid. Without precise information on dates and the agencies involved much of the information was of general rather than specific value to the evaluation. For instance, details of the point at which agency-supplied water became available within the camps in Goma or precisely how food distributions had been organized 12 - months earlier were simply not available or could not be considered reliable.

Generally, the majority of those interviewed were amazed by the scale of assistance provided by the agencies working in the camps and by and large were highly appreciative of the efforts on their behalf. This was particularly so for those interviewees from a rural background who had received less education and whose previous contact with relief and development agencies had been limited. Those who had received more education were often more critical, but such criticism tended to focus not so much on relief delivery issues but on political issues and the way the agencies were perceived in relation to the political situation inside Rwanda and the political structures within the camps. Thus the range of critical comment offered on the relief assistance per se was limited, with the exception of strong criticism of the ration composition, particularly in Ngara, where maize grain had formed the principal cereal source during 1994 (see Section 5.4.)

One of the principal findings from the work of the anthropologists concerned the nature of the relationship between the relief agencies and the refugees. By and large, relief agencies had only a very limited understanding of the structure of Rwandese society and very little account had been taken of the views of beneficiaries in the design and implementation of programmes.

The attitude of some agency personnel towards the refugees was that they somehow represented the “opposition”, there to cheat at registrations and food distributions and to thwart agency attempts to organize their existence efficiently and equitably. Such attitudes can probably be traced back to the first weeks of the refugee crisis: when traditional structures of authority had been used to organize food distributions and very high levels of diversion had occurred and vulnerable groups often - received very little. High rates of malnutrition were recorded amongst weaker sectors of the camp population, despite sufficient aggregate levels of food being delivered to the camps (see Section 5.5.)

Attempts to rectify these failings were met with sometimes violent resistance. Relief agency personnel were also aware that the perpetrators of the genocide were living in the camps and this may also have influenced their overall perception of the refugee population. Attempts to isolate suspected perpetrators of genocide and banish them from the camps were highly unsuccessful. In Ngara during the attempt to remove Gatete, a suspected organizer of killings, from Benaco camp, relief personnel were forced to seek refuge in a compound from angry refugees. Such incidents, and the general lack of security in the camps, resulted in most expatriates leaving before nightfall, hampering the establishment of communication mechanisms between relief agencies and the beneficiaries. This was

particularly the case in Goma, with its massive camps and high levels of insecurity. In Bukavu, with its smaller camps, a closer relationship between agencies and camp population was possible. By mid-1995, expatriate staff of GOAL, CARE and Caritas were staying overnight in the camps – a fact greatly appreciated in the camp population.

The anthropologist working in Bukavu found that the power structures of the old Rwanda emerged very quickly within the new refugee setting. There are camps mainly for the wealthy, camps for the destitute, camps for the those with political ties to the old regime, etc. Within the camps there is also a stratification, with those attached to the former regime often controlling the vantage points and the access routes. The level of control is such that it may have been difficult for refugees with grievances to meet with UNHCR officials. Furthermore, the refugees are a far from homogenous group, classifiable, on the basis of their own criteria, by gender, ethnic group, class, education, area of origin - within Rwanda, whether having former experience of life in camps, and so on. There is no such thing as a single point of view of the beneficiaries.

The situation has been made more difficult by the fact that a large number of the relief agency personnel had not previously worked in the region, knew little about Rwandese society and, as a result, were oblivious to many of the issues of concern to the ordinary, Kinyarwanda-speaking Rwandese. Contacts that they did have with the refugees were more likely to be with those who were educated and could speak French, and whose views may therefore not necessarily be representative of the - poorer sections of the camp population. Another constraint for refugees is that their grievances may relate to the operation of a particular NGO or UN agency, yet the only people from the outside world that they come into contact with are personnel from those very same organizations. There is no independent body to whom they can talk, not only to complain, but also to request information.

Despite the very many difficulties in developing a dialogue between refugees and NGO/UN workers, better communication is a prerequisite for more appropriate interventions, and it is important for the self-esteem of the refugees that they are involved in the decisions that affect their lives. Had more effective feedback mechanisms been created from the outset, the switch from préfecture or commune level to household or cellule level for food distributions may have taken place much sooner than it did. For many of those interviewed, this switch represented the single most important change in the operation of the relief agencies. In Lumasi camp in Ngara, Concern was highly regarded because of its vigorous efforts to change from commune level to cellule level distributions. Conceivably, efforts to carry out the registration in Goma might have been pursued more vigorously had its importance to the change in the distribution system been better appreciated.

As noted in Section 6.3., senior political figures and many agencies believed that an early repatriation was both desirable and possible. That this should have been the case is perhaps the strongest example of agencies not understanding the refugee population and not attempting to consult with them in formulating their policies. Those refugees interviewed in Goma were incredulous that agencies could have thought in late July and August that voluntary repatriation was a serious option for the majority of refugees. A sense of the extraordinary level of animosity towards the Tutsi can be gained from the demands of the refugees who streamed through Bukavu, calling to the towns residents to hand over their Tutsi “so we can kill them”. According to the Study III Team anthropologist, it was common knowledge within the camps in mid-1995 that some refugees would return regularly to Rwanda to “go Tutsi-hunting”.

Another example of the lack of understanding by agencies of the complexities of Rwandese society was their unawareness of the important distinction between Hutu from the north and the south. Many agencies were unaware of the significance and possible implications of, for instance, appointing a northerner to the task of assisting in food distributions to people from the south of the country. There were instances where this had occurred in Ngara, leading to open tensions between the two - groups. The early involvement of anthropologists with experience of working in Rwanda could have helped agency personnel to understand the political and social dynamics of the camps, and been of considerable benefit to both beneficiaries and agency officials. Those interviewed often spoke approvingly of the work of those NGOs that had previously been involved in the IDP camps in Rwanda, as their projects have been better-suited to Rwandese customs.

However, the inflexibility and supply-driven nature of the international relief system means that there are limitations to the benefits to be gained from an enhanced understanding of the beneficiary population. Maize, lentils, even cooking oil, are not characteristic of a normal Rwandese diet, yet these are the major commodities supplied as food aid. When it comes to such fundamentals as type of food supplied, beneficiary views are very much secondary. But though a change in the composition of - rations may not have been possible, an understanding of Rwandese dietary habits would have helped relief workers understand that the outward flow of food from the camps was not only related to over-distribution and fraud, but rather that the refugees were selling some of those commodities - received in order to buy more culturally appropriate foods. In some camps, perhaps 90% of the cooking oil received was sold. A realization that calories are not the only criterion of success for food aid may have led to more appropriate interventions or, at the very least, a greater official tolerance of small marketing activities.

The work of the anthropologists revealed how much refugees appreciate being kept informed of developments in the world outside the camps, as well as the reasons behind changes in their own environment. However, it is important that information is not filtered solely through the elites, who may have reason to misrepresent the facts for political purposes.

3. An account of impacts

The impact of the large refugee presence in western Tanzania has been dramatic, with those living close to the transit routes and the refugee settlements having seen their local environments transformed. During the initial influx, crops were trampled or stolen from the fields, while doors, window frames and furniture were removed from schools and health posts along the transit routes and used as firewood. Subsequently, roads and airstrips have been damaged by relief traffic, and water sources over-burdened by refugees and their cattle.⁴

The most serious impact of the refugee presence on the local population in Ngara District has been the indiscriminate felling of trees near the camp, for use as firewood. By November 1994, tree - resources within five km of Ngara had been completely depleted. Natural resources have been - strained to the point where it is possible that they will no longer be adequate for the local population afterwards, and currently all households are having to walk increasingly long distances to collect firewood. The most likely long-term problems may stem from the removal of the gallery forests along watercourses, since these protect both quality and quantity of water flows at normal times. Loss of tree cover over the steep hilly terrain will also cause much-increased soil erosion rates, and has led to a reduction in the availability of game.

A particularly unsettling effect of the refugee presence has been the large increase in the incidence of violent crime in the areas around the camps, even though the violence has mostly been between refugees, and has not involved local people. The Tanzanian police have had to spend more time investigating incidents around the camps, and the Ngara prison has been holding five times the normal number of suspects. Indeed, in local and national government in general, there has been a diversion of managerial and administrative resources away from normal activities to those associated with the relief programme.

The arrival of the refugees has also led to increased volatility in the prices of basic commodities, with the prices of some products tripling or quadrupling in the months following the influx. However, although the prices of a number of commodities have risen sharply, others have fallen equally dramatically (notably maize, cooking oil and other “refugee” goods), and it is not clear whether, overall, the refugee presence and the associated relief operation has improved or worsened the local food security situation. In those rural areas where farmers traditionally produce for on-farm consumption, and little commercialization takes place, the changes in the prices of commodities will not have had a significant impact. Urban consumers, however, will be more severely affected, and anecdotal evidence exists to suggest that major dietary changes have taken place.

It is important to note that there have been winners, as well as losers, as a result of the refugee influxes, notable among which have been the Tanzanian ports and railways. They have benefitted from a huge surge of business activity associated with the emergency, with WFP transporting the bulk of the foodstuffs for the refugees in Goma and Bukavu, as well as for those in Ngara and Karagwe, through the port of Dar-es-Salaam, and then inland by rail (see Section 5.2.).

Other winners have been those with houses and warehouses near to the refugee settlements. They have been able to gain windfall profits from hiring out their premises to the international agencies involved in the relief operation. Many new jobs have been created as a result of the relief operation, either with the agencies themselves or in the business sector providing services to them. In addition, trading opportunities have grown up around the camps – the buying of excess food commodities from the refugees and the selling, in return, of cloth, soap, radio batteries etc. However, it is also true that in some areas local businesses have suffered as a result of direct competition from newly-emerged refugee enterprises while in other areas local residents have had more difficulty in finding casual labour as a result of the presence of many refugees prepared to work for lower wages.

A lack of solid data has meant that it has not been possible accurately to quantify the various gains and losses, and come up with any overall balance of either net gain or net loss to Tanzania. Even were this possible, the exercise would be largely academic, as redistribution mechanisms do not exist whereby the gainers can recompense the losers. It is also important to be aware that many of the benefits will cease once the refugees go home, or once the relief programme winds down, while the costs, particularly environmental, will last well into the future.

The losers have tended to be geographically fairly concentrated, with those closest to the refugee settlements and transit routes generally having lost the most. Some having lost land, livestock and crops, have been reduced to as precarious a state of survival as the refugees themselves. The geographical concentration of the majority of losers ought to have meant that mitigation efforts should have been relatively straightforward.

4. Assessment of efforts to mitigate the impact

Although UNDP, FAO, UNICEF and other agencies have been helping the Tanzanian government draw up project proposals to reduce the impact of the refugees on the local environment, the overall response in regard to problems amongst the host population can only be compared unfavourably with that for the refugee population. Very substantial amounts of funding have been readily available for the refugees, with UNHCR able to implement construction and other activities literally within hours of the influx. The process of assessing the needs of the local population, project preparation, obtaining funding and commencing implementation by the relevant UN agencies (principally UNDP and FAO) and government departments has been slow and cumbersome. One year after the influxes, little progress can be observed in Ngara. Yet the sums involved are not necessarily large; the cost of repairing the damage done to local infrastructure during the influx into Ngara and Karagwe has been estimated at only slightly over US \$1 million.⁵

While it is true that UNHCR has funded the provision of extra police officers in Tanzania, as well as the Presidential Guard in Goma, and has supplied office equipment to some local government departments, these initiatives have been designed essentially to support local structures in their work with refugees, and the primary beneficiaries have not been the local communities. Indeed, on occasions, UNHCR appears to have been over-legalistic in the application of its mandate, with local residents having been treated as second-class citizens in relation to the refugees. For example, a plane spraying one of the camps for vector-control purposes in Ngara turned off the spray as it overflew the adjoining village, which consequently experienced a fly infestation while the camps did not. While Team III was in one of the camps in Zaire, they witnessed an injured Zairian who was denied emergency treatment in the camp hospital, as this was for refugees only. Other agencies have also been insensitive, supplying some refugee schools in Tanzania with brand new desks, though many local schools also lack such amenities.

The imbalance between the level of international support designed to meet refugee needs and the level of support designed to meet the needs of the host community, and the delay in actual provision of the latter, has caused tensions between local people and refugees in both Tanzania and Zaire. Tanzanian politicians have made capital out of this issue, and this may have contributed to the border closures with Burundi and then Rwanda that occurred in mid-1995. Had a quick-disbursing fund been available it could have been used to repair the initial damage rapidly and reduce the tensions - between the refugees and the host population.

UNHCR and other agencies such as UNICEF, CARE and GTZ did commission environmental and economic assessment reports on areas around the camps in both Tanzania and Zaire after the arrival of the refugees.

The need for fuelwood has been the most critical determinant of environmental damage. Easily - cooked foods should have been distributed to the refugees in Ngara (e.g. maize flour rather than whole grain), and refugees should have been encouraged to use fuel-saving cooking devices (e.g. soaking beans before cooking, using lids on pans, etc.). However, it is possible that much of the wood collected by refugees is used for social fires in the evenings - for light and companionship and for warmth and protection against biting flies. Any fuel not needed for cooking may only have led to greater use of fuel for social purposes. Ultimately, only the dispersion of refugees to smaller, more physically-separated camps offers a sustainable long-term solution and in Tanzania and Zaire this has not proven acceptable to the local and national authorities.

UNHCR has attempted to preserve trees near the camps that should be retained for the future by marking them with white paint – a good idea as long as other sources of fuel are relatively abundant. In the short-term, however, fuelwood needs to be trucked in, not only to the refugees themselves, but to the local residents who are now in the same position as the refugees. Some agencies, along with private entrepreneurs, are already involved in such activities. NGOs must also be aware of the impact of their operations: in Ngara, tens of thousands of poles were cut down within easy trucking distance of the camps for pit latrines, medical clinics, and so forth.

In addition to the refugees themselves having had an impact on the local community, so too have the relief programmes themselves. For example, the high salaries paid by international NGOs have attracted local health workers away from government service and into the health structures within the refugee camps. Officials in eastern Zaire have reported that the establishment of a cost-recovery health system has been jeopardized by the loss of experienced staff, and the reluctance of patients to pay for treatments when they can be seen for free at refugee clinics. There is no easy solution to this problem, and the issue of better managing the relationships between emergency and national structures needs further research. A salary policy is needed before a relief programme begins, to avoid unnecessary weakening of local structures. Zairian health officials have suggested that, at the very least, there should be a rotation of the local staff working for international NGOs, so that more people would have the chance to earn the large sums available and to benefit from working alongside experienced expatriate staff, without being lost to the local system. This would reduce the feelings of discontent that seem to be felt by some of those “left behind” in national structures.

Endnotes

1. Johan Pottier, "Perceiving Emergency Aid: Rwandese Refugees in Ngara (Tanzania) and Goma (Zaire)". Revised version, 5 November 1995; Danielle de Lame, "The socio-economics of Bukavu camp sites and the intercommunity relationships in South Kivu", 28 August 1995.
2. cf. report by government of Tanzania: "Assessment Report: On the Impact of Refugees on the Local Communities in Kagera and Kigoma Regions", December 1994.
3. Johan Pottier, "Perceiving Emergency Aid".
4. A little-known impact of the Goma influx was that upon the 50,000 or so IDPs from the Masisi area who were camped within a 20 km radius of Goma. Their needs were completely subsumed by the influx of Rwandese refugees. (CAFOD Comment on Study III draft report, 10 November 1995.)
5. Reginald Green. "That they May be Whole Again: Offsetting Refugee Influx Burdens on Ngara and Karagwe Districts". A report for UNICEF, September 1994.

Chapter 8

Cross-Cutting Issues

1. Introduction

The report has assessed performance sectorally. Whilst this has been beneficial, inevitably a number of important issues cut across the main sectors and are generic to the response systems. This chapter examines the four principal cross-cutting issues as identified by the Team.

2. Capacity problems

That the system encountered problems arising from limited organizational capacity has been indicated at various points in this report. UNHCR's concept of service packages and recourse to the use of military contingents in late July was strongly influenced by perception that the scale of tasks was simply too great for the existing UN and NGO capacities to handle without additional capacity being brought to bear. In addition, there are strong indications that the overstretching of the system's capacity resulted in a slower and less effective response in Bukavu and to the IDP situation in the south-west in August 1994 than would have been the case if the system was not already having to cope with the refugee influxes into Tanzania and Goma. Within the system generally, there were numerous agencies, perhaps even a surfeit, prepared to undertake high profile activities, such as unaccompanied children's centres, which contrasted with the very limited number of agencies willing and able to work in the water and sanitation sector and undertake activities such as burying bodies.

An important manifestation of this overstretching of capacity was the quality of personnel that agencies were able to deploy. Again, there are strong indications that agencies had literally "run out" of experienced French-speaking personnel by August, if not earlier in some cases. Even the ICRC, generally regarded as the most professional and experienced agency, appears to have had difficulty in placing staff in the south-west in the July–August period, a factor that contributed to the difficulties - initially experienced at Kibeho camp. The absurdly high staff turnover experienced by some agencies in regard to key positions must have been a reflection of this. Such turnover, at the rate of every four to five weeks in the team leader positions of at least two agencies, must have reduced the effectiveness of the programmes of these agencies.

The ability to expand programmes rapidly is critical to the effective operation of relief agencies and of the response system generally. Over the last decade or so, many agencies have invested in mechanisms designed to facilitate the rapid expansion of their programmes. Such mechanisms include stockpiling commonly-used commodities and equipment, preparing databases of specialist personnel who can be called upon at short notice, and establishing organizational stand-by agreements with other organizations to provide personnel or logistics capacity. A characteristic of such mechanisms is that they are particular to individual agencies and do not represent a central pool of capacity open to the system as a whole. Whilst such mechanisms appear to have been widely used during the - response, the evidence indicates they were not adequate. Whether additional investment in these and other mechanisms is justified depends in part on assumptions about the likelihood of other humanitarian crises of the scale and complexity of the Rwanda crisis of 1994. Though unique in some - respects, the response to the Rwanda crisis was broadly comparable to those by the international

community in Northern Iraq and Somalia; it would seem prudent for further investments in such capacity. The question which then follows is whether it is preferable to look to the military for such capacity, to civilian contractors or to NGOs, or some combination of all three. The difficulties of using the military and the difficulty of assessing whether or not they represent a cost-effective stand-by capacity was discussed in Section 3.6. Much depends upon the extent to which military capacity is cut back in a post-Cold War context and upon the way deployment costs are attributed between national defence and humanitarian aid budgets. The study did not explore the options in relation to commercial contractors' stand-by capacity, but it appears a potentially fruitful route. Large agencies could agree draw-down or turn-key contracts with civil engineering companies, under which bulldozers and other equipment might be deployed at short notice. Such approaches are likely to be expensive in terms of retainer charges and hiring and deployment costs, but they may be attractive in that the equipment could come with operators and full maintenance support; overall costs may still work out less than reliance upon building up capacity that remains idle between emergencies. The use of NGOs would appear advantageous from several respects, given the extensive emergency experience of many of the larger international NGOs and their frequently lower personnel costs. Several donor organizations and UNHCR have already embarked upon stand-by arrangements with NGOs such as that with Rädä Barnen and these ought to be further encouraged, though some NGOs take the view that such arrangements bring them too close to governments and may restrict their future independence.

Building up a pool of experienced and trained personnel is another means of increasing capacity - within the system. The study did not explore this issue, but it appears that despite several recent initiatives, including that by ECHO in a European context, much remains to be done in terms of developing professional training courses and internationally-recognized technical and professional qualifications in specialist fields. Perhaps of even greater importance is the need to retain experienced personnel between emergency operations. Difficult and often dangerous working conditions and the lack of job security result in an unusually high turnover and a young age profile in most relief agencies. It would appear that additional funding from donor organizations to encourage agencies to - retain experienced staff would go some way to addressing this particular barrier to greater professionalization within the international response system.

3. Visibility and the role of the media

The issue of visibility and media coverage and its apparent influence upon relief agencies and the - system generally has been touched on at various points throughout the report. For instance: the phenomenon of the intense media coverage in Goma was briefly described in Section 2.7; the fact that media coverage and public pressure encouraged the deployment of military contingents before reconnaissance teams had adequately assessed needs was indicated in Section 3.5; that more NGOs were prepared to work in high-profile "media-drawing" activities, such as unaccompanied children's centres, than in sanitation was noted at several points in Chapter 4; and existence of a strong correlation and probably a causal link between media coverage and the level of resources allocated was discussed in Section 6.1.

The influence of the media was strongly determined by access and the power of the "story" and the - images that were portrayed. The lack of security in Kigali during the April-July period limited access by journalists. UNAMIR, which took responsibility for protecting them, limited the numbers to just six or seven at any one time because of the difficult conditions and lack of resources. The lack of security meant that live, satellite broadcasting facilities were not established in the city until late May.

Coverage was therefore more limited than was subsequently the case in Goma. Images of dead bodies and deserted streets, the genuine uncertainty over what was happening for the first few weeks and a tendency by many journalists to assume that the killings were the result of “ancient tribal hatred” leading to “anarchy” resulted in coverage that tended to convey a sense of helplessness. The large refugee influx into Ngara at the end of April coincided with the ending of the South African elections and many international journalists who had been covering the elections moved to Tanzania for much of May. Not only did the media have greater access, the concentration of refugees had a clearer “-story” and visual image. In the words of a senior ICRC official: “Suddenly it was a humanitarian problem. The refugee situation translated the crisis into terms that could be understood by the world at large”.¹ In Goma, live satellite broadcasts began within three days of the influx starting. A powerful story, strong visual images and a palpable sense of urgency were reinforced only when the cholera outbreak began a few days later. Very quickly a “media frenzy” developed that drew in scores of journalists who gave enormous coverage to the story and, for much of the period from mid-July to mid-August, it was given lead status in news broadcasts and the print media.

It is clear the media play an increasingly influential role within the international humanitarian aid - system. However, for a variety of reasons it is difficult to determine precisely how influential this role is and how it varies between different contexts and between different types of agency. The decision-making processes within relief agencies and donor organizations are often strongly influenced by factors other than media coverage. Moreover, the routes by which the media wield influence are often multiple and indirect. For instance, media coverage raises public awareness of an issue at the same time as bringing the issue more to the attention of politicians than before. Where the “story” and - images are powerful (usually but not always commensurate with the scale and intensity of humanitarian needs), pressure is inevitably brought to bear on the public to give donations and on politicians to authorize the provision of additional resources or even the deployment of military contingents. This process is invariably reinforced by NGO fundraising campaigns and NGOs submitting funding - requests to the government agency responsible for administering emergency aid. The media’s concentration on humanitarian relief operations, especially in Goma, may have contributed to the relative over-emphasis on the humanitarian to the detriment of the political by governments. Significantly, media coverage and its influence upon the operation of a particular humanitarian aid operation has never been subject to rigorous academic analysis. There is a pressing need for such a study.

The influence of the media upon individual agencies appears to be most marked in the case of those NGOs wholly or substantially dependent upon privately-raised funds, as media coverage strongly determines the success of their fundraising efforts.² Where media coverage is intense and such agencies can literally “buy a field presence” for the cost of sending a team to the area, then their ability to raise funds will probably be substantially increased. A field presence enables NGOs justifiably to claim to “be there”; enables them to “be seen” through the display of their logos; and increases their - chance of benefitting from direct media coverage, particularly if they operate the type of programme that TV crews and audiences find appealing, such as unaccompanied children’s centres and clinics. However, it should be added that at least two NGOs, SCF-UK and Feed the Children, deliberately chose not to work in Goma, because of the “overcrowding” of agencies, but inside Rwanda instead.³

The practice of displaying agency logos in prominent positions was not confined to small NGOs. All agencies, even donor organizations, engaged in this practice, not only as a way of increasing their profile, but also as a way of showing their supporters (taxpayers in the case of official donor organ-

izations) who might see the logos on any TV coverage, that they were present in Goma. Interestingly, this concern for profile and agency differentiation appears to have had little meaning for beneficiaries. Interviews with refugees in Goma and Ngara during this study revealed that many did not differentiate between agencies involved in the initial response, but, as already stated, lumped them together under the term “Croix Rouge”.⁴

The influence of the media could also be positive in that it subjected agencies, particularly the larger ones, to scrutiny and pressure to respond more effectively; in the words of UNHCR’s public information officer in Goma: “The media kept everyone on their toes”.⁵ Daily press conferences were held in Goma during late July and early August. Press officers of several of the larger agencies, including UNHCR and WFP, led these with briefings and question sessions, which opened them to close questioning. Interestingly, such questioning often came from NGOs priming friendly journalists by repeating questions to which they had received vague or evasive answers at earlier – and less public – coordination meetings, from the agency now hosting the press conference.

It is difficult to identify the policy implications of media coverage and the widespread concern among donor organizations and implementing agencies for profile, particularly when so little analytical information is available on the way the media influences agency behaviour. It is highly improbable (as well as being undesirable) that journalists will ever be controlled by humanitarian agencies in the way that they were controlled by the military during conflicts such as the Gulf War, or the Falklands/Malvinas conflict. Efforts to raise awareness among media personnel about the workings of the humanitarian aid system would benefit everyone. The problem of many NGOs wanting to work only in “media-attracting” activities could be addressed by offering financial inducements to NGOs to work in the less attractive activities or by encouraging commercial contractors to do so.

4. Too many NGOs?

Whereas previous large-scale operations have involved perhaps 40 or even 80 NGOs, it appears that over 200 were involved in the response to the Rwanda emergency, with approximately 100 present in Goma at the peak of the operations in the response to the refugee influx and around 180 present in Rwanda during late 1994. The large number of NGOs involved in the response in Goma and inside Rwanda contrasts with the 20 or so involved in the more closely-controlled operations in Tanzania. This contrast points to the particular combination of intense media coverage and ineffective government control structures as being central to explanations of the unprecedented numbers involved in Goma and Rwanda. The pressures upon NGOs to respond stemming from media coverage and pressure from their supporters were noted in Section 6.1. That high profile emergency programmes offer NGOs the ability to access and raise resources necessary for their organizational development was noted above, and gives rise to the telling phrase from one NGO interviewee: “Be there or die”.

As discussed in Chapter 1, Study III’s efforts to obtain information on those NGOs that appear to have worked inside Rwanda did not meet with a full response, so the background of many NGOs is not clear. However, it appears that a significant number had not worked in Africa before, many having been formed in response to relief needs in eastern Europe or the former Yugoslavia. A significant number appear not to have worked in emergency programmes before. Some appeared to be newly formed. Of the 180 or so NGOs that had apparently worked in Rwanda after July 1994, perhaps 60 have since left. The majority of NGOs appear to have arrived in the country during the July–September period when the capacity of the Ministry of Rehabilitation was particularly limited. From the results of the questionnaire and interviews with personnel of the remaining NGOs, it -

appears that relief activities in the IDP camps and waystations involved around 40 international NGOs with previous emergency experience and that the majority of NGOs working inside Rwanda during 1994 were involved in very small projects, such as supporting a health post or an orphanage.

Such a large numbers of NGOs implies substantial duplication of effort and inefficient use of resources. The same volume of activities could have been carried out by a much smaller number of NGOs with larger programmes. Competition between NGOs for the use of locally-procured - resources such as accommodation, office space and equipment contributed to inflated prices. The sight of NGOs with their own imported vehicles and office equipment in Kigali at a time when the new government had received very little material support from the international community appears to have had a significant detrimental impact upon the new government's perceptions of NGOs and the international community and its relationship with them.

With its emphasis upon the performance of the system as a whole, Study III did not set out to - directly assess the effectiveness of individual NGOs. The numbers involved would have prevented complete coverage and the deliberate selection of a sample for more detailed study would have been unfair and probably highly contentious. However, the assessment of performance within particular sectors involved the examination of the work of a range of NGOs that worked in those sectors. Broadly speaking, the performance of many NGOs was impressive. Whilst the larger international NGOs with extensive emergency experience featured strongly in this group, the Team came across some small but highly-effective NGOs and it would be wrong to associate "small" with "ineffective". Instances of poor performance by NGOs were indicated in Chapter 4 and in Section 6.3. Significantly, most of these instances arose in Goma and Rwanda and none in the camps in Ngara. In Goma, some NGOs carried out programmes that undermined the overall effort, whilst others undertook programmes that provided an unacceptably poor standard of care and service. Though the data is not available to prove the point, it is likely that had some groups of beneficiaries been served by other NGOs, their morbidity and mortality rates would have improved more rapidly. Significantly, beneficiaries rarely had any say in which NGOs served their needs or the area of the camp where they happened to be settled and, even if they did, informed choices would be difficult in the absence of - detailed information on the NGOs in question.

It is unacceptable that a NGO with little or no relevant experience is able to send personnel to a humanitarian relief operation and engage in activities that discredit or undermine the overall effort; provide unacceptably poor standards of service and care to their beneficiaries; and then leave without any recourse. Such activities would not be tolerated in Western countries, where many of the NGOs in question are based.

How this problem should be addressed is becoming a critical issue for NGOs. A significant step was taken in mid-1994 with the publication by the Red Cross Movement and selected NGOs of the "Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief". Though the number of NGOs registering their support for the Code has increased over the year and a half since then, the Code is voluntary and self-policing and it remains unclear precisely how agencies that have registered their support can be monitored and brought to account when they contravene one of the ten Principles.⁶ Other NGO umbrella organizations and networks, such as InterAction in the USA, have also been developing agreed standards to which NGOs working in - relief operations should adhere.

In situations such as in Tanzania, where there are effective government authorities, the rights of these authorities to control NGOs should be respected. However, in situations where the government authorities are weak, the conclusion drawn by the Team is that initiatives such as the Code of Conduct need to be complemented and strengthened by a mechanism for monitoring the performance of individual NGOs and, if necessary, barring access to those NGOs that do not meet acceptable standards.

5. Information and mechanisms for ensuring accountability

The Team found a remarkable variation in the amount of information on what agencies had actually done depending on the geographical area and the particular agencies involved in the response in that area. Generally, considerably more information was available for refugee populations than inside Rwanda simply by virtue of UNHCR's coordinating and resourcing role in the camps and the presence of able technical coordinators. In the Goma case, where the US Centres for Disease Control - fielded a team of epidemiologists in support of UNHCR, UNICEF and WHO, and Epicentre supported the work of MSF, an impressive amount of information was available on morbidity and mortality. This contrasted sharply, for instance with the information on operations in the north-east - between May and July or between May and September in the south-west, where it proved necessary to "reconstruct history" on the basis of interviews and the examination of the patchy agency documentation available. Information on the assistance delivered, the status of the beneficiary population and the success or otherwise of the assistance provided in these two areas was scanty. The lack of standardization in the methods used to survey morbidity, mortality or the incidence of malnutrition, and a similar lack of consistency between agencies in the way they presented the results of surveys, further limited the ability of the Team to assess effectiveness.

The Team did not explicitly assess the quality of reporting on the use of official funding by implementing agencies, as this would have required a detailed review of files within a number of donor organizations. Previous evaluations and audit studies of donor organization emergency aid have highlighted inadequate and poor-quality reporting as a particular problem.⁷ It appears that some donor organizations did not increase their personnel capacity to undertake monitoring visits to the region commensurate with the increase in resource allocations.⁸

In a context of increased competition for funding and visibility and the proliferation of NGOs, it would appear that the pressures are increasing for agencies to highlight the positive aspects of their programmes and play down or obscure the negative aspects. The Team came across examples of agencies telling, if not falsehoods, then certainly half-truths, in their reporting. For instance, PWSS - claimed to have "stopped cholera in Goma".⁹ This was incorrect as the extent of the epidemic was - almost certainly limited by population immunity. Support was subsequently lent to this claim by the US Office of Foreign Disaster Assistance.¹⁰ UNICEF implies that it increased the water supply of Ngara town when in fact it had drilled, but failed to equip, a borehole.¹¹ The French military claim to have saved the lives of 80,000 to 100,000 Tutsi, though more realistic estimates are 13,000 to 14,000. Such over-emphasis on the positive and playing down of the negative is a distinctly - unhealthy development within the relief system.

Whilst the media did provide a measure of accountability in some areas, particularly Goma, this was limited both in duration and in terms of its quality. The majority of journalists in Goma in late July had departed by late August. Moreover, journalists are often not sufficiently well-informed on technical issues to serve as an effective accountability mechanism. As noted in Chapter 7, the Team found a remarkable lack of attempts by agencies to seek the views of beneficiaries on the assistance

being provided.

Combining these various points, the Team concludes that the mechanisms for ensuring accountability within the system should be radically strengthened. Given the funding context and concern for positive visibility, it is not adequate for donor organizations and UN agencies to rely solely on reporting by implementing agencies with the occasional ex-post evaluation. An organization or network of organizations capable of combining epidemiological, anthropological and other skills to undertake on-the-spot monitoring of system performance would appear justified.

Endnotes

1. Geoff Loane, Head ICRC Regional Delegation for East Africa. Interviewed June 1995.
2. Care should be taken in not over-generalizing here as there are some important examples of agencies that relied heavily upon private donations such as Oxfam, which also chose not to work in the cholera centres and UAC centres.
3. Don Redding, press officer, SCF-UK; Stuart Crocker, Deputy Director, Feed the Children. Interviewed June 1995.
4. Relief agency personnel were often referred to as “aba Croix Rouge”, meaning “the Red Cross people”, though community leaders were more likely to use the term abagiraneza, meaning “the people who do good”. Johan Pottier, “Beneficiaries Survey”. Paper prepared for Study III.
5. Ray Wilkinson. Interviewed June 1995.
6. Preface to Relief and Rehabilitation Network Paper 7, “Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief”, Overseas Development Institute, London, September 1994.
7. E.g. UK National Audit Study on Emergency Aid. Report by the Comptroller and Auditor General, November 1993 (House of Commons paper 1993/94 No 933).
8. Interview with official in UK ODA Emergency Aid Department.
9. “Africa Rescue Mission: Emergency Water Supply Operations. Goma, Zaire/south-west Rwanda, 26 July – 31 December”. PWSS, Redwood City, California, USA.
10. BHR/OFDA Annual Report, FY 1994. USAID, Washington DC, USA.
11. Rwanda Emergency Programme Progress Report No. 1, UNICEF-Kigali, March 1995.

Chapter 9

Findings and Recommendations

Lack of policy coherence

A principal finding of the Joint Evaluation is a lack of coherence in policy and strategy formulation, principally within the political/diplomatic/military domain. Study III has chosen to call it a “policy vacuum”. This lack of coherence was the result of numerous and often interacting factors, the principal ones being:

- conflicting interests between members of the Security Council and lack of resolve to overcome these differences, probably stemming from little interest in a small African country of marginal strategic importance to the main powers; and
- a lack of understanding of Rwanda’s complex situation and misread signals prior to and immediately after the shooting down of the President’s aircraft on 6 April.

Other factors included the “shadow” cast by the US experience in Somalia in October 1993, inadequate strategy formulation and communication within the UN Secretariat and disjointed relationships between the Secretariat and the field level. The 21 April decision to withdraw the bulk of the - UNAMIR force and the tardy subsequent efforts to provide reinforcements allowed the genocide to proceed virtually unhindered and forced the withdrawal of almost all humanitarian agencies from the areas controlled by the interim government. Members of the humanitarian relief agencies sought to provide relief assistance and some form of protection in these areas which, as a result of the lack of concerted political and military action, involved considerable personal risks.

The massive refugee movement, particularly that into Goma, was accompanied by very high levels of violence within the camps. Once again there was a lack of coherence and concerted action by members of the Security Council to address the insecurity and, once again, humanitarian agencies had to do their best in a situation that was untenable. In the face of the overwhelming humanitarian needs - created by the Goma influx, military contingents were deployed to the area but did not attempt to - address the high levels of insecurity that severely hampered the relief efforts – for instance, by forcing medical personnel to leave the cholera centres at nightfall and severely delaying the registration process, which could have significantly assisted efforts to improve the inequitable food distribution - systems within the camps.

Both inside Rwanda and in the camps of Goma, the humanitarian community was left to steer its own course, attempting to substitute for the lack of political and military action. At times, particularly in relation to the issue of the repatriation of the refugees from Goma, this course was influenced by Western political figures. The attempt to encourage early repatriation was naive given the enormity of the genocide and represented a classic attempt to substitute humanitarian action for the political action that was required first and foremost.

A continued lack of coherence and concerted action in the political/diplomatic domain has produced

a situation that, even in 1996, was costing the international community approximately \$1 million a day to sustain Rwandese refugees in neighbouring countries, and contributes to hardening attitudes among the government in Kigali. Despite the massive loss of life and the expenditure of enormous sums of money, 1.8 million Rwandese remain in camps outside their country and many observers expect a resumption of the civil war at some point in the future. A solution remains distant.

A key lesson, then, is that humanitarian action cannot serve as a substitute for political, diplomatic and, where necessary, military action. The onus of responsibility must, first and foremost, be upon the political and diplomatic domain to address complex emergencies. This will require the development of more effective mechanisms for formulating policy and a greater commitment from the international community, and particularly members of the Security Council, to the formulation of coherent strategies. In setting such strategies, fuller account must be taken of the humanitarian implications of political and military actions – and inaction. The international community must be more prepared to highlight the humanitarian consequences of political, diplomatic and military inaction, both for the affected populations and for the effectiveness of relief activities. This will require development of more effective channels of communication between the humanitarian and political/diplomatic/military domains.

To address these issues, Study III, in conjunction with Studies I, II and IV and the Synthesis Team¹, makes the following recommendations:

- 1. The Security Council should establish a Humanitarian Sub-Committee. Its purpose would be to inform fully the Security Council of developments and concerns regarding the humanitarian dimensions of complex emergencies and to make appropriate recommendations, taking into account both interrelated and distinctive aspects of political, military and humanitarian objectives.*
- 2. A team of senior advisers should be constituted for all complex emergencies, charged with synthesizing crisis information and bringing coherent policy options to the Secretary-General. The purpose of this team would be to ensure that humanitarian, political and peacekeeping concerns are all taken into account in formulating options for the Secretary-General, the Security Council and in the General Assembly; it would not be charged with making operational decisions regarding humanitarian action.*

Donor funding and preparedness measures

Despite the generally impressive achievements of the humanitarian agencies and the massive resources contributed by donor organizations and the general public during 1994, the study found that there was frequently an imbalance in resource provision between preparedness and capacity increasing measures, on the one hand, and response measures in the face of a pressing humanitarian need on the other, particularly where such needs were well covered by the media. There were instances where investments (such as the purchase of additional locomotives and rolling stock for the Tanzanian Railways) would have recouped their cost within weeks as a result of savings. More importantly, there were instances where investments in preparedness that would subsequently have saved many lives, were not made because of an actual or perceived reluctance on the part of donor organizations to fund such measures. This was referred to as the lack of up-front funding within the system; and its effects were pervasive.

A problem identified regarding contingency planning and preparedness measures is the lack of con-

sistent working definitions among agencies and of a shared understanding between agencies and donors as to what constitutes an appropriate level of investment in preparedness. Donor organizations appear to be instinctively over-cautious in funding preparedness measure for events that, - though likely, may not actually happen. In contrast, they may spend freely in the face of a self-evident need. The problem, of course, is that by the time a need is self-evident it may well be too late, lives have been lost and higher-cost types of response, notably airlifts, will have to be used. Donor organizations and agencies need to be encouraged to accept that a proportion of preparedness measures will not be utilized, but this need not be reason to regard them as wasted resources.

It is also important that preparedness be broadly conceived, not just regarded in terms of stockpiling at different locations within the region and development of substantial rapid response capacity (both of which may well be highly appropriate). Ideally, preparedness should also include the advance placement of key technical and logistics staff and measures such as the preparation of adequate maps and communications equipment, which may play a vital role in the event of a sudden population movement. Donors should be prepared to provide increased up-front funding to agencies for contingency planning and preparedness measures for major complex emergencies and honour pledges to do so. For activities that draw on funds channelled through the UN, the existing contingency fund overseen by DHA should be expanded and procedures for its utilization streamlined.

3. *Donor funding sources and implementing agencies need to be brought together, perhaps - through an appropriate forum of the OECD/DAC, to seek a common understanding regarding mutually-acceptable levels of investment in contingency planning and preparedness measures, as well as the accompanying levels of risk.*
4. *Donors should be more prepared to provide advance funding that would enable implementing agencies freedom to respond effectively to fast-moving events and to make their own decisions in relation to expenditures central to the effectiveness of their operations. The level of the Emergency Response Contingency Funds maintained by the principal agencies and CERF and administered by DHA, should be increased but subject to ex-post scrutiny by the respective governing bodies.*
5. *Donor organizations and implementing agencies should take greater care to ensure that during periods when resources are comparatively freely available, as was the case for the two - months following the Goma influx, that they continue to be used wisely and cost-effectively. Greater efforts should be made to utilize locally-available goods and services or those available within the region. Similarly, airlift capacity should be used judiciously; and if viable overland routes are available, they should be preferred.*

Humanitarian early warning and contingency planning

Detailed study of the information flows and decisions leading up to the Goma influx reveal that an integrated mechanism for gathering and analyzing information that could provide advance warning of large population displacements did not exist. The UNREO Information Cell came closest to fulfilling such a role but its objective was to collect and share information for coordination rather than warning purposes. It was heavily dependent upon a) relief agencies or UNAMIR contingents being - present in an area and b) on relief agencies providing regular monitoring reports on developments/ - events in their area. These conditions were not met in much of north-west Rwanda during the critical period of May and June 1994. The need for early warning capacity to be located in the region was -

strongly supported by the detailed study of the Goma case, which revealed that inter-agency “early warning” meetings covering 10–20 actual and imminent emergencies were simply too distant to be of value operationally. The study also highlighted the need for information to be circulated as widely as possible among all agencies involved in the response, including NGOs (as it will most likely be NGOs that are first to implement any response actions) and to all agency sub-offices, many of which did not receive the UNREO situation reports (SitReps) sent to headquarters offices.

The study revealed that, especially in the context of fast-moving, complex emergencies, contingency planning can, potentially, play a vital role. Anticipation of a range of scenarios, analysis of factors bearing on the likelihood of each and regular re-consideration of their likelihood may be seen as a critical link between early warning and preparedness planning. An important resource for contingency planners should be information and analysis drawn from an integrated humanitarian early warning capacity. Just as important, the contingency plan must then be updated to reflect relevant - changes in the environment, again drawing on the early warning system.

6. *Once emergency operations have commenced, an adequately-resourced integrated early warning cell should be established within the DHA field coordination office. All agencies, governmental, UN and NGO, operating in the region should be encouraged to feed reports on developments within their area of operation into the Cell. Where coverage of areas is incomplete, it should have capacity to place field observers/monitors to complement relief agencies or, in those areas where security is very poor, to call upon aerial reconnaissance capacity - through standby arrangements with suitable military forces. Contingency plans should be prepared and regularly updated, drawing on the information and analysis provided by the Integrated Early Warning Cell. Reports containing information on key developments in each area and assessments of the likelihood of substantial population displacements should be disseminated widely to all sub-offices of agencies involved in the response with a proven record of treating sensitive information confidentially. In extremely fluid and tense situations, reporting should be daily.*

Coordination: filling the “hollow core”

The overall response involved an unprecedented number of agencies and organizations operating in Rwanda and the four neighbouring countries. At least seven UN agencies and the Department of Humanitarian Affairs, the IOM, approximately 250 NGOs, at least eight military contingents, the ICRC, IFRC and various National Red Cross and Red Crescent Societies were involved in the - response in either an implementation or support role. In addition, the system was resourced by over 20 donor organizations, several of which placed their own teams in the field to undertake specific activities or assess needs and provide recommendations on funding. With so many agencies and organizations involved in the response, there was a critical need for a strong capacity at the centre to provide leadership and overall coordination.

In regard to refugee operations, UNHCR came close to fulfilling such a role by virtue of its clear mandate, support from host governments (particularly that of Tanzania), highly competent technical coordination personnel, and control over a significant proportion of the funds available for agencies and NGOs – in large part due to a bold decision by ECHO to channel all its funds for refugees - through UNHCR. However, coordination arrangements in relation to other areas and levels of the - system were less satisfactory. The fact that the roles of the SRSG, the UNAMIR Force Commander and the Humanitarian Coordinator/Head of UNREO were limited to operations within Rwanda ham-

pered coordination of policies and operations inside Rwanda with those relating to refugees in neighbouring countries. Within Rwanda UNREO performed several useful functions, though it suffered as a result of its ad hoc status and lack of clarity over its relationship to DHA and UNDP, its relationship with operational UN agencies and the SRSG. In addition, it did not have adequate resources and some of its personnel (many of whom were UNDP and seconded NGO personnel), lacked emergency coordination experience. Consequently, its role was limited, principally to that of information sharing. At the préfecture level within Rwanda, UNREO's field offices provided a useful forum for information sharing among NGOs, but technical coordination was the responsibility of other UN agencies such as UNICEF, WHO and FAO. As a result of their initial concentration on developing the capacity of the new government in Kigali, the provision of technical coordination in the south-west with its 300,000 IDPs was slow.

As well as supervizing UNREO, DHA undertook a wide range of coordinating actions spanning from the initiation and leadership of the UN Advanced Humanitarian Team to coordination of Consolidated Appeals and the chairing of the Inter-Agency Standing Committee. Whilst assessment of the effectiveness of such non-operational coordination is difficult, it was clear that DHA was substantially more effective in providing coordination than it had been during the Somalia operations in 1992, when DHA was created. Nevertheless, it was apparent that the Department experienced substantial institutional and financial obstacles and faces continuing uncertainty over its future. By virtue of its lack of control over the funding of UN agencies and ambiguity over its representation in the field, it was unable, despite the best efforts of its personnel, to provide strong leadership and directive coordination. As a result of all the above difficulties in the area of coordination, and the dominance in resource terms of WFP and UNHCR, Study III concluded that the term "hollow core" was an apt characterization of the humanitarian relief system during the response.

Three options for addressing these problems are formulated below with each option varying in the degree of reform required. Each is recognized to have relative advantages and disadvantages.

7. *Option (i)*

Strengthen and extend existing inter-agency coordinating arrangements and mechanisms - through:

- a) the use of inter-agency Memoranda of Understanding (such as that between UNHCR and WFP);*
- b) strengthening DHA by assuring its funding base and giving it responsibility for providing common services to UN and other agencies (air cell management responsibility, integrated humanitarian early warning system, etc.);*
- c) structure UN coordination meetings as inclusive task forces, chaired by DHA, at which representatives of the Red Cross and Red Crescent Movement, major bilateral donors and key NGOs would be routinely invited to participate;*
- d) reducing the number of senior officials with coordination and leadership roles and clarify lines of authority of those with such roles.*

Option (ii)

Considerably strengthen the central coordinating role of UN/DHA. Under this option, humanitarian assistance funding for UN agencies and their NGO implementing partners would be channelled through DHA, which would decide on priorities and determine the amount of funds each agency would receive. To perform effectively this expanded role, DHA

would need additional expert staff, including those with technical backgrounds, to be posted to the field as well as headquarters.

Option (iii)

Consolidate, in a new, expertly-led and -staffed and fully operational mechanism of the United Nations, the emergency response functions of DHA and the principal UN humanitarian agencies (UNHCR, WFP and UNICEF). This is the option recommended by Study III.

Option (i) would be the least costly and disruptive, but the findings of Study III suggest that these efforts would not be enough to eliminate the confusion and competition and considerable difficulties faced by DHA and UNREO during the Rwanda emergency. For instance, technical coordination - inside the country experiencing the complex emergency as well as for IDPs would continue to be provided by several UN agencies rather than the DHA field coordination office.

Option (ii) would enable DHA to achieve directive coordination of the sort enjoyed by UNHCR in the Ngara operation. This would not require the creation of additional organizations but would - strengthen one that is already there. Given DHA's relatively recent establishment, its inadequate resourcing and limited capacity, other UN agencies can be expected to regard this option unfavourably. To achieve this option would require a phased programme of implementation, including early strengthening of DHA's capacity and competence. It would be feasible for additional technical staff to be seconded from other agencies.

Option (iii) is that preferred by the majority of the Study III Team and is therefore the recommended option. Such a radical proposal is not new and over the last two to three years has been proposed by several authoritative observers and departments of key governments.² The proposal would ensure coordination by centralizing all policy and operational responsibility in one agency/department. It - should be noted that this agency/department need not be created outside the existing UN structure, but could be created within one of the existing bodies, such as DHA. It would considerably rationalize the current system, reduce duplication costs and create a strong body fully capable of providing leadership. Against these positive aspects are the fact that the transition to the new consolidated - agency/department would be disruptive and that it might increase rather than reduce the disjuncture - between relief and development programme management.

Whichever option is chosen, a plan of action should be formulated, including a full review of staff needs by a special panel of international experts, governments and NGOs. A report containing the reasoning for selecting the option as well as the plan of action should be submitted by the Secretary-General to the General Assembly.

Stand-by capacity and the role of military forces in humanitarian operations

Military contingents from OECD countries had a significant involvement in humanitarian operations - inside Rwanda and in eastern Zaire in the provision of relief assistance and by supporting relief agencies. Unfortunately, the study was unable to obtain sufficiently precise and comparable data on costs and performance to allow definitive conclusions about the value and appropriateness of military contingents in humanitarian operations. The Rwanda experience with military contingents does raise questions about their predictability, effectiveness, high cost and ability to participate collaboratively in operations involving several official agencies and numerous NGOs.

In large part, involvement of the military was in response to capacity within the humanitarian system having become overstretched by the time of Goma and UNHCR's novel request for governments to provide self-contained service packages. Not only were military contingents deployed in response to this request but so too were civil defence and rapid response teams. The response by governments did not closely follow the service package concept as envisaged by UNHCR. Several governments provided broadly similar capacities and there were significant coordination problems between the government teams/military contingents and NGOs working in the same sectors. Costly but crucial items such as water tankers and earth-moving equipment did not arrive as quickly as required and as had been hoped by UNHCR. Whilst the experience points to the need to make better arrangements for the maintenance and provision of stand-by capacity (particularly in the case of larger strategic equipment items such as bulldozers and water tankers), it raises important questions about how best to do so.

8. *A systematic study should be undertaken of the performance and costs of military contingents in humanitarian relief operations compared with those of official agencies, NGOs and the private sector performing the same functions. The study should assess the most effective and cost-effective ways to maintain stand-by capacity between emergencies. Once this has been identified, the principal UN agencies should develop coordinated stand-by arrangements, a process that should be properly resourced by donor organizations.*
9. *Until such time as this study is undertaken and policy formulated, and in recognition of the likelihood that some governments may continue to deploy military contingents in support of humanitarian operations, clearer frameworks should be developed for civil-military cooperation in relief operations. This may require joint training courses and exercises for agency and military personnel.*
10. *To improve the response capacity of NGOs at a national level, donor organizations should - develop schemes enabling their principal national relief NGOs to train and retain competent personnel between periods of deployment.*

Improving NGO performance

NGOs played a vital role in the response, undertaking most of the delivery of assistance to beneficiaries. Whilst many NGOs performed impressively, providing a high quality of care and services, a number performed in an unprofessional and irresponsible manner that resulted not only in duplication and wasted resources but may also have contributed to an unnecessary loss of life. The need for NGOs to improve their performance is now widely recognized.

A set of standards is being developed by several NGO networks intended to supplement the Code of Conduct developed by the ICRC, IFRC and associations of NGOs. Both the Code of Conduct and set of standards (now being developed by Oxfam and other NGOs) should be widely disseminated and promoted among NGOs, official agencies and governments. While voluntary adoption and implementation of the Code of Conduct and standards is clearly preferable to edicts imposed on NGOs from outside, the Rwanda experience indicates that it will not be enough to rely on voluntary adoption alone.

11. *Some form of regulation or enforcement is needed to ensure improvements in performance by NGOs. Two options are formulated below:*

- (i) Self-managed regulation. Under this option, NGO networks could be assisted in acquiring greater capacity to monitor member compliance with the Code and standards.*
- (ii) An international accreditation system. Under this option, core criteria for accreditation would be developed jointly by official agencies and NGOs. These criteria would need to be adapted and supplemented for a specific complex emergency. This is the option recommended by Study III.*

As stated, the second option is stronger than the first in terms of enforcement, but it raises a number of issues that would have to be resolved, such as the selection of an entity to administer accreditation, funding, reporting relationships, etc. Self-regulation under the first option would be encouraged if donors and donor governments agreed to restrict their funding and tax-free privileges to agencies that have adopted the Code and standards. Similarly, host-country governments could provide registration, work permits and duty-free importation privileges only to those agencies that have adopted the Code and standards. If implemented, these incentives and disincentives would compensate for the weakness of the first option. Donors and governments must, of course, be prepared to hold NGOs accountable to the Code and standards and employ disincentives in the event of non-compliance. The media have played and should continue to play a positive role by exposing instances of unprofessional and irresponsible conduct by NGOs. However, care is needed to ensure that journalists are well informed of what constitutes good and bad practice in relief management and the specific context in which the NGOs have been operating.

As part of efforts to improve NGO performance, training courses and activities are being expanded and greater efforts made to learn lessons from particular operations. However, given the complexity and often technically-demanding nature of relief operations, the high turnover of staff and the difficulty of utilizing private resources on non-operational or “visible” activities, these efforts need - greater encouragement.

- 12. Donor organizations should give greater support to NGO emergency training and lesson-learning activities.*

Improving accountability

The availability and quality of performance data and reporting by official agencies and NGOs - involved in emergency relief operations were highly variable. In some locations, such as in Goma, the situation was more satisfactory but in others, such as within much of Rwanda, availability of data was patchy and frequently not comparable between agencies due to a lack of standardized survey methods and inadequate technical coordination. In such areas the information available did not provide a sufficient basis for assessing impact or performance, or – just as important – for adjusting programme activities to improve performance. A tendency by some official agencies and NGOs to emphasize or inflate positive accomplishments and play down or ignore problems resulted in distorted reporting. Even basic data on staff, finances and activities were difficult or impossible to - obtain from a number of NGOs.

Several options are formulated below to address problems identified above. An additional recommendation is addressed to donor governments and bilateral agencies.

- 13. Systems for improving accountability need to be strengthened. The following options are proposed for achieving this:*

(i) By strengthening the effectiveness of official agency coordination and standards of NGO conduct along the lines recommended above, accountability would be strengthened, especially if implementation of these recommendations includes standards for data collection and reporting. The current Red Cross/NGO Code of Conduct commits signatories to “hold ourselves responsible to both those we seek to assist and those from whom we accept resources.” Full implementation of this commitment would entail establishment of NGO mechanisms for consultation with people affected by humanitarian emergencies.

(ii) Establish a unit in UN/DHA or the body proposed in 7 (iii) that would have no other responsibilities but the following:

** undertake regular field-level monitoring and evaluation of emergency humanitarian assistance, and review adequacy of standards followed;*

** serve as ombudsman to which any party can express a concern related to provision of assistance or security;*

** set up and manage on behalf of the international community a database on emergency humanitarian assistance operations; and*

** prepare periodic status reports for the public domain.*

(iii) Identify a respected, independent organization or network of organizations to act on behalf of beneficiaries of humanitarian assistance to perform the functions described in option (ii) above. This is the option recommended by Study III.

Option (i) would entail least cost and disruption to the humanitarian assistance system, but it would not provide one focal point for a database or for dissemination of information throughout the system. Option (ii) provides the focal point but as part of a UN unit it could, and probably would, be viewed as lacking independence. Option (iii) provides both independence and a focal point but poses issues in terms of selection of the entity, accessibility, and reporting responsibility (its own accountability). While both options (ii) and (iii) would have cost implications, their contribution to effectiveness and accountability should also be kept in mind. It is essential that either option be adequately resourced. It should also be noted that option (iii) need not require creation of a new entity, but could well entail selection of an existing institution to assume the functions outlined above.

The availability and quality of data collected and made available by donor governments varied considerably. Some donors rarely if ever provided data to the UN/DHA Financial Tracking System. Donors have a responsibility to improve accountability both to their taxpayers and to the beneficiaries of their assistance and to improve their own performance information and reporting (including on any humanitarian role played by military contingents). But they also have a leadership role in promulgating consistent standards, including adequate breakdown of data by activity and area. Finally, they have a responsibility to standardize the formats they use for reporting requirements of agencies they fund.

14. DHA’s Financial Tracking System should be given additional support to enable it to increase the sophistication and coverage of its database. The reports should be published annually and donor organizations not reporting should be listed. The costs of military support to humanitarian operations and the basis for their estimation should be listed separately from non-military humanitarian contributions.

15. *The Development Assistance Committee of OECD should develop, in consultation with relief agencies, guidelines for adequacy, consistency and standardization of performance data and reporting on humanitarian assistance activities.*
16. *All UN relief agencies and NGOs should ensure that, during relief operations, timely epidemiological, nutritional and food security surveys are undertaken and that survey methodologies and presentation of results should be standardized to allow comparability between agencies.*

Improving camp security

Physical protection of refugees and displaced persons in camps can be problematic even in “normal” circumstances. In the Rwanda crisis, this issue quickly became of paramount importance. The continued dominance of the former leadership, some of whom were key perpetrators of the genocide, and the presence of armed elements in refugee camps, particularly those in eastern Zaire, inflicted more - trauma, insecurity and diversion of resources destined for bona fide refugees. In addition, the insecurity posed a very real threat to relief agency staff and obliged them to restrict their relief efforts. As revealed by Study II, the international community’s efforts to find a workable means of addressing the security problems were considerably delayed in the case of the camps in eastern Zaire.

The recommendations developed by Study II and the Synthesis Team in addressing this issue are - included here because of their relevance to the effectiveness of relief efforts.

17. In situations where the international community has assumed humanitarian responsibility at refugee and/or IDP camps, take the following actions with respect to camp security measures:
 - a. Give UN peace missions authority and the appropriate means to ensure protection, in coordination with host governments or otherwise, of camp populations and staffs of relief organizations.
 - b. Work with host governments to take other measures, such as disarming camp residents, separating genuine refugees from those not entitled to refugee status, barring arms trading, preventing military training of residents, expelling hostile leadership from camps, halting the operations of hate media, and splitting up large camps into smaller ones at a greater distance from the border.
 - c. Advise official and non-governmental agency staffs on prudent patterns of behaviour that will not invite security problems as well as on how effectively to maintain an open and continuous dialogue with the beneficiary community.

Food issues and registration

That widespread starvation did not occur during 1994 reflects in part the satisfactory and often impressive performance of the systems for the supply of food aid. However, the study revealed a number of areas where problems were experienced. Substantial difficulties stemmed from initial reliance on the former leadership in many camps as an expedient mechanism for food distribution. This - served to reinforce the power of this group and resulted in rations being manipulated and diverted from refugee consumption. Agencies were soon aware that such “indirect” distribution systems were resulting in high rates of malnutrition among certain groups, particularly the elderly and female--

headed households, but had difficulty in introducing more “direct” distribution mechanisms (such as to the cellule or household level) to by-pass the leadership. Factors contributing to the delay included the high levels of insecurity in the camps, their large size – particularly in Goma and Ngara – and the difficult physical terrain in Goma, which severely hampered better site planning. For similar reasons the process of registration of the refugees was greatly delayed in eastern Zaire and this contributed to the delays in moving to more equitable systems and also of involving a wider group of refugees in planning and implementing camp services. Despite these problems, some organizations were able to move to direct distribution systems considerably earlier than others, suggesting that agency attitudes and practice contributed to the delay.

Other problems experienced concerned the appropriateness of the rations provided and the tendency for agencies to introduce supplementary feeding programmes rather than focus attention and - resources on addressing problems encountered in the supply of general ration commodities.

18. *Develop and obtain advance agreement from the relevant agencies and, where feasible, governmental authorities, on operational guidelines for food distribution. These guidelines - should provide for direct distribution of food at household level if there is a risk of exploitation of the distribution system by camp leadership. The guidelines should also recommend exploring the desirability and feasibility of direct provision of food to women.*
19. *Registration/enumeration specialists should be deployed with UNHCR’s Emergency Response Teams to ensure that the registration/enumeration of refugees is undertaken as soon as possible after any influx.*
20. *Formal Food Aid Needs Assessments involving nutritionists should always be carried out early in an emergency operation to ensure adequate attention is given to issues of ration composition and acceptability to beneficiaries.*
21. *Before approving the establishment of supplementary feeding programmes (SFPs) in refugee camps, UNHCR, donor organizations and implementing NGOs should consider the potential improvements that could be made to the general ration supply pipeline if SFP resources were deployed instead in support of the general ration supply.*
22. *The costs of milling cereals supplied by WFP as part of the general ration should be included within the Internal Transport Storage and Handling (ITSH) costs and therefore paid automatically by donor organizations.*

The role of the media

It was apparent that the media played an important and, at times, influential role within the international humanitarian aid system. The advent of on-the-spot satellite broadcasting and the powerful - nature of the images of the influx into Goma contributed to the massive response there, and may also have contributed to the lack of policy coherence by the media’s focus upon the humanitarian story, - rather than the more complicated and difficult-to-comprehend story of the genocide and the conflict. The precise ways in which the media may influence a particular humanitarian aid operation could not be studied with any rigour during the evaluation. This requires comprehensive academic analysis, of which there has been none to date.

A rigorous study of media coverage of humanitarian aid operations and the way it influences and is,

in turn, influenced, by relief agencies should be undertaken. To increase its ability to inform policy, the study should cover more than one relief operation.

Mitigating the impact on host communities

While certain groups and enterprises gained from hosting large refugee or displaced populations, others experienced substantial losses. Both gains and losses were distributed unevenly. There were clear environmental and other costs imposed by the large refugee camps on local populations in the neighbouring countries of Zaire, Tanzania and Burundi as well as on local populations surrounding IDP camps. Some of these costs resulted from flawed agency policies. In general the study found that the international community was slow to provide compensation to those groups who were negatively affected and that, as a consequence, the host communities have come increasingly to resent the presence of the refugees and that this in turn limits the options for the wider management of the crisis in the Great Lakes region.

24. *Standard operating policies and procedures should be prepared for donor organizations, UN agencies and NGOs that will help to minimize and mitigate adverse impacts of relief operations (whether refugee or IDP) on surrounding populations and their environment.*
25. *A quick-disbursing fund should be established (or alternatively allowed to draw from the existing UNHCR Emergency Response Fund) to provide early compensation to the host communities in the immediate vicinity of refugee/IDP concentrations.*
26. *Ensure that strategies are pursued that minimize negative impact of refugee/IDP concentrations on host communities, such as: providing food that requires little or no cooking; providing fuel for cooking; extending camp infrastructure and services (health care, water supply, etc.) to surrounding local populations; and rehabilitating physical infrastructure (e.g. roads and airstrips) damaged in meeting relief needs.*

Endnotes

1. The articulation and formulation of these findings and recommendations has benefitted considerably from the work of the Synthesis Team and interactions between that team and Study III. The Synthesis Team's contribution, particularly those of John Eriksson, are gratefully acknowledged.
2. For example: Erskine Childers with Brian Urquhart, "Renewing the United Nations System", *Development Dialogue* 1994:1, Dag Hammarskjöld Foundation, Uppsala, Sweden; US so-called non-paper "Readying the UN for the 21st Century: Some UN-21 Proposals for Consideration", US State Department 1995.

Abbreviations

ADRA	Adventist Development and Relief Agency
AICF	Action Internationale Contre la Faim (International Action Against Hunger)
AMDA	Association of Medical Doctors of Asia
APC	Armoured Personnel Carrier
BBTG	Broad Based Transitional Government
CAFOD	Catholic Fund for Overseas Development
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Centers for Disease Control and Prevention, Atlanta
CDR	Coalition pour la Défense de la République
CEPZa	Communauté d’Eglise Pentecôte du Zaïre
CELZa	Communauté d’Eglise Libre du Zaïre
CERF	Central Emergency Revolving Fund
CMOC	Civil-Military Operations Centres
COGEFAR	Italian road construction company
CRS	Catholic Relief Services
CSB	Corn-Soya-Blend
DART	Disaster Assistance Relief Teams
DHA	Department of Humanitarian Affairs (UN)
DMT	Disaster Management Team
DPKO	Department of Peace-Keeping Operations (UN)
ECHO	European Community Humanitarian Office
ECOSOC	Economic and Social Council (UN)
EDP	Extended Delivery Points
EPF	Emergency Programme Fund (UNICEF)
EPRS	Emergency Preparedness and Response Section (UNHCR)
ERF	Emergency Response Fund (UNHCR)
ERT	Emergency Response Team (UNHCR)
EU	European Union
EUCOM	European Command (US Military)
FAO	Food and Agriculture Organizations (UN)
FAR	Force Armée Rwandaise
FTS	Financial Tracking System
GTZ	Gesellschaft für Technische Zusammenarbeit (Society for Technical Cooperation)
HIT	Health Information Team
IASC	Inter-Agency Standing Committee (UN)
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
IEFR	International Emergency Food Reserve
IOM	International Organization for Migration
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
ITSH	Internal Transport, Storage and Handling

JTF	Joint Task Force
LWF	Lutheran World Federation
MdM	Médecins du monde (Doctors of the World)
MOU	Memorandum of Understanding
MRND	Mouvement de Rassemblement National pour la Démocratie
MSF	Médecins sans frontières
NGO	Non-Governmental Organization
OAU	Organization of African Unity
ODA	Overseas Development Administration (UK)
OFDA	Office of Foreign Disaster Assistance (US)
ODI	Overseas Development Institute
PDD	Presidential Decision Directive
PSF	Pharmaciens sans frontières (Pharmacists without Borders)
PWSS	Potable Water Supply System Co. Ltd
RENP	Rwanda Emergency Normalization Plan
RNIS	Refugee Nutrition Information System (UN)
ROWPU	Reverse Osmosis Water Purification Unit
RPF	Rwandese Patriotic Front
RRT	Rapid Response Team (WFP)
SC	Security Council
SCF	Save the Children Fund (UK) and Save the Children Federation (USA)
SFP	Supplementary Feeding Programme
SGR	Strategic Grain Reserve
SitRep	Situation Report
SRSG	Special Representative of the Secretary-General
TB	Tuberculosis
TCRS	Tanzanian Christian Refugee Services
THW	Technisches Hilfswerk (Technical help organization, German government)
TICF	Transport Infrastructure Contingency Fund (WFP)
TRC	Tanzanian Railway Corporation
UAC	Unaccompanied Children
UCC	Unaccompanied Children's Centre
UNAHT	United Nations Advanced Humanitarian Team
UNAMIR	United Nations Assistance Mission in Rwanda
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNHCHR	United Nations High Commissioner for Human Rights
UNICEF	United Nations Children's Fund
UNIENET	UN Electronic Mail System
UNOMUR	United Nations Observer Mission in Uganda/Rwanda
UNREO	United Nations Rwanda Emergency Office
USAID	United States Agency for International Development
USG	United States Government
VOICE	Voluntary Organizations in Cooperation in Emergencies
WatSan	Water and Sanitation
WFP	World Food Programme (UN)
WHO	World Health Organization (UN)

WTOE

WFP Transport Operation in Ethiopia (UN)