



World Food Programme

A Report from the Office of Evaluation

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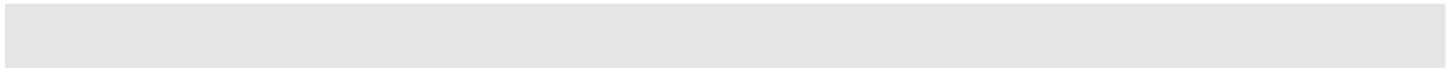


*Full Report of the Evaluation of
WFP's Portfolio of Activities in
Rwanda
(24 April-14 May 2004)*

Rome, August 2004

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The evaluation team visited Rwanda from 24 April to 14 May 2004. This document was prepared by the mission team leader on the basis of the mission's work in the field.

On behalf of the team, the author wishes to extend thanks to all those who facilitated the team's work in the field and in Headquarters.

Responsibility for the opinions expressed in this report rests solely with the authors. Publication of this document does not imply endorsement by WFP of the opinions expressed.

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Acronyms

ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
CBO	Community-based Organizations
CCA	UN Common Country Assessment
CEC	Community Education Committee
CIDA	Canadian International Development Agency
CO	Country office
CP	Country Programme
CRS	Catholic Relief Services
CSB	Corn Soya Blend
DFID	Department for International Development
DHS	Demographic and Health Survey
DRC	Democratic Republic of Congo
EMOP	Emergency Operation
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FEWS	Famine Early Warning System
FFA	Food for Assets
FFT	Food for Training
FFW	Food for Work
FHI	Food for the Hungry International
GAM	Global Acute Malnutrition
GER	Gross Enrolment Rate
GoR	Government of Rwanda
HIMO	Haute intensité de main d'oeuvre - High Intensity Labour
HIV	Human Immunodeficiency Virus
ICCIDD	International Council for the Control of Iodine Deficiency Disorders
IDD	Iodine Deficiency Disorders
IF	Institutional Feeding
IGA	Income Generating Activities
LFW	Lutheran World Federation
MCH	Mother and Child Health
MICS	Multiple Indicator Cluster Survey
MINAGRI	Ministry of Agriculture, Livestock and Forestry
MINALOC	Ministry of Local Government, Community Development and Social Affairs
MINEDUC	Ministry of Education
MINISANTE	Ministère de la sante (Ministry of Health)
MoU	Memorandum of Understanding
NGO	Non-Governmental Organization
NFI	Non-Food Item
PAC	Provincial AIDS Committee
PFAC	Provincial Food Aid Committee
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PPM	Parts Per Million
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategy Paper
PRRO	Protracted Relief and Recovery Operation
PMC	Provincial Management Committee



Full Report of the Evaluation of WFP's Portfolio of Activities in Rwanda

PTA	Parent Teacher Associations
QAP	Quick Action Project
RWF	Rwandan Franc
SAM	Severe Acute Malnutrition
SCF	Save The Children Fund
SF	School Feeding
SFP	Supplementary Feeding Programme
TFP	Therapeutic Feeding Programme
UNAIDS	United Nations Aids Organization
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNV	United Nations Volunteer
USAID	United States Agency for International Development
WHO	World Health Organization
WVI	World Vision International
VAM	Vulnerability Analysis and Mapping



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Executive Summary

The evaluation took a retrospective view of WFP's portfolio of activities over the period 1999-2003, and examined in particular the emergency-recovery-development linkages. It found that the built-in flexibility of the Regional Great Lakes PRROs facilitated the shift from emergency relief to recovery activities. With the Regional PRRO's human resources and infrastructure in place, WFP was able to swiftly adjust programming through programme adjustments and training of national and international staff. The shift from general to targeted food distributions under the PRROs recovery component, mainly Food-for-Asset (FFA) activities, was one of the best initiatives the WFP country office took, together with the Government, in favour of the affected populations who had no other means of sustaining themselves. It minimized the risk of perpetuating dependency on emergency relief distributions while paving the way for sustainable development. It also helped to rebuild the confidence of a population that had suffered war and genocide.

All achievements seen by the Mission in the fields of food-for-asset creation and human resource development were of good quality, and relevant to the needs of the population and of the country. With regard to nutrition, the lack of base-line data made it difficult to measure and to quantify results. However, for reasons given later in the report, the relatively stable number of beneficiaries in nutrition centres suggested that malnutrition rates in 2004 remained regrettably unacceptably high in many parts of the country.

Considering that the transition process is not yet completed, the Mission supported the continuation of recovery and nutrition activities under the PRRO, in addition to general distribution to returnees and refugees. It also supported the choice of the two human resource development activities included in the forthcoming Country Programme (2003-2006). They represent overriding priorities in the Government's Poverty-Reduction Strategy Paper (PRSP) and two of the five objectives of WFP: (a) to enable poor households to invest in human capital through education and training, and (b) to enable poor families to gain and preserve assets.



1. EVALUATION OBJECTIVES AND METHODS

The evaluation covered the post-emergency period from 1999 through 2003. Its principal objectives and scope were to:

- Assess the efficiency, effectiveness, sustainability and relevance of WFP's portfolio of activities in light of the country's situation between 1999 and 2003;
- Make recommendations that will be relevant for the current portfolio of activities, in terms of coherence and synergies of activities, operational improvements of individual activities;
- Draw lessons for use in future programmes.

During the evaluation, particular attention was devoted to the appropriateness and timeliness of WFP's short-term and longer-term response, including timely and adequate provision of food and cash resources, the adequacy of WFP's in-country management structures and profiles for effectively handling recovery and development activities, as well as the efficiency and effectiveness in the targeting of beneficiaries as the situation evolved. Detailed Terms of Reference for the evaluation are provided in Annex 1.

An independent team was recruited by WFP, comprising three international consultants¹. The Team Leader had two days initial consultations with WFP managers in Rome before travelling to Rwanda. The team was in country from 24 April to 15 May 2004 and during that time met with government, bilateral, UN agencies, and NGO representatives, and travelled throughout the country, with the exception of the province of Cyangugu. The Mission's programme and itinerary, as well as the list of persons met, are provided in Annexes 2 and 3 to this report.

2. DIMENSIONS AND CAUSES OF THE CRISIS

Rwanda is a Least Developed Country (LDC), with a per capita gross national income (GNI) of US\$ 230 (2002). The country has one of the highest population densities in Africa, averaging 305 persons per square kilometre or 746 persons per square kilometre of arable land. In spite of important recovery and development programmes since the end of the war, it is still ranked 158 out of 175 countries in the UNDP's Human Development Report for 2003. Ninety percent of the population live in rural areas and some 40 percent are reported to be landless.

The genocide of 1994 and ensuing war, in which about one million people lost their lives, had catastrophic effects on Rwanda's human resource base, institutional capacity and economic and social infrastructure. It resulted in massive population displacement and the formation of large populations of food insecure and also exacerbated long-standing development problems such as food insecurity. The latter is due to inadequate production, high population density, and insufficient arable land, over-reliance on agriculture, land degradation, adverse weather conditions, undeveloped commodity trade and weak agricultural support services. Over the last years, the incidence of poverty and food insecurity increased, especially in drought-prone

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areas; women- and child-headed households were the worst affected. According to the Poverty Reduction Strategy Paper (PRSP) of 2001, 64.1 percent of households were estimated to be below the poverty line in 2000 as compared to 47.5 percent in 1990.

3. EVOLUTION OF WFP ASSISTANCE

WFP provided life-saving food from 1994 to July 1999 under the Great Lakes Regional EMOP 5624, at a total cost for Rwanda of US\$ 586.8 million for the benefit of about three million people in Rwanda and neighbouring countries.

The following three regional PRROs were subsequently approved by WFP's Executive Board at a total cost for Rwanda of US\$ 154.4 million; their objectives were saving lives, restoring livelihoods and improving the nutritional status of vulnerable groups:

PRRO 6077.00 from 1 August 1999 to 31 July 2001
PRRO 10062.00 from 1 August 2001 to 31 January 2003
PRRO 10062.01 from 1 February 2003 to 31 January 2006

In addition to the above, the quick-action development projects and operations listed below were approved for Rwanda at a total cost of US\$ 19.8 million:

- Quick Action Project 6096 (November 1999-December 2003): "Enhanced food security through swamp and hillside reclamation and development"
- EMOP 6318 (December 2000-January 2002): "Assistance to drought-affected persons in the southeast of Rwanda"
- Special Operation 10169.0 (January 2002-April 2002): "Logistic support to inter-agency relief efforts to assist populations affected by volcanic eruption in Goma"
- Development Project 10076.0 (February 2002 – July 2004): "Support to basic education in the most food insecure regions of Rwanda"
- Development Project 10079.0 (April 2002-July 2004): "Support to improved self-reliance for HIV/AIDS-Affected Households".

Although under the Regional EMOP 5624 and its extensions, general distributions for refugees, returnees and IDPs were the norm, Food-for-Work (FFA) activities already started on a limited scale. With the approval of Regional PRRO 6077.00 in August 1999, general distributions were steadily decreased wherever and whenever possible and targeted distributions under the recovery component of the PRROs increased accordingly. It was, however, recognized by the Mission that emergency relief assistance would still continue to be required.

Recovery activities were designed to help reinsert vulnerable groups into economic and social life, a main concern during the years immediately following the genocide. Priority was given to FFA activities aimed at improving household food security and



nutrition, including support for agriculture and income-generating activities and for the rehabilitation of basic social services such as water, health and nutrition.

During the period covered by the evaluation, 169,804 MT of food were distributed, at an estimated cost of US\$ 140 million. The number of beneficiaries by year and by type of intervention is given in the table below:

Number of Beneficiaries under WFP's Portfolio of Activities

	Refugees/ Returnees	Relief/ Nutrition	Recovery/ FFW	Drought	Others*	School Feeding	HIV/ AIDS	Total
1999						-	-	475,660
PRRO 6077	71,270	52,885	54,965	220,000	76,570	-	-	18,138
QUAP 6096	-	-	18,138	-	-	-	-	(493,798)
2000								
PRRO 6077	24,299	20,858	75,000	253,407	16,300	-	-	389,864
EMOP 6318	-	-	-	253,907	-	-	-	253,907
QUAP 6096	-	-	44,815	-	-	-	-	44,815
								(688,586)
2001								
PRRO 6077/ 10062.0	21,559	13,950	78,195	83,500	15,885	-	-	213,089
EMOP 6318	-	-	9,719	40,887	-	-	-	50,606
QUAP 6096	-	-	3,960	-	-	-	-	3,960
								(267,655)
2002								
PRRO 10062.0	38,145	21,228	66,954	-	13,859	-	-	140,186
DEV 10076	-	-	-	-	-	176,101	-	176,101
DEV 10079	-	-	-	-	-	-	53,280	53,280
QUAP 6096	-	-	8,423	-	-	-	-	8,423
								(377,990)
2003								
PRRO 10062.0	22,600	20,400	49,438	-	27,472	-	-	119,910
DEV 10076	-	-	-	-	-	201,763	-	201,763
DEV 10079	-	-	-	-	-	-	86,835	86,835
QUAP 6096	-	-	21,880	-	-	-	-	21,880
								(430,388)

*Others: Food-for-training, demobilized soldiers, cachots, institutional feeding

4. COHERENCE OF PORTFOLIO ACTIVITIES

The current portfolio is composed of two parts: (1) PRRO 10062.01 and (2) two pilot development projects: RWA 10076.00 - Support to Basic Education, and RWA 10079.00 - Support to Improved Self-reliance for HIV/AIDS-Affected Households. Both pilot development projects have been extended until July 2004, when the first food distributions under the Country Programme (approved by the Executive Board in May 2002) will start. This Country Programme (CP) is composed of the above-mentioned development activities and will be implemented in tandem with the ongoing PRRO, under which food aid will continue to be provided for refugees and returnees, for the reintegration of demobilized military personnel and ex-combatants, and for FFA and nutrition activities. The continuation



of School Feeding (SF) and HIV/AIDS activities in the CP demonstrate that the current portfolio of activities correspond to the needs of the country, and represented the best compromise between GoR and WFP priorities. FFA activities for continued agricultural recovery as well as Nutrition/Relief assistance are still required but, due to anticipated resource constraints for the upcoming CP, these activities will be maintained in the PRRO. Should the PRRO be terminated, however, the Mission recommended that FFA and MCH activities become an integral part of the CP.

5. STRATEGY AND DESIGN ISSUES

5.1 Assessment and Targeting

Initially, the assistance provided under the regional EMOP focused on all populations affected by the civil conflict: refugees, returnees, internally displaced persons, as well as individuals benefiting from nutritional support programmes and some rehabilitation activities. Needs assessments were conducted on the basis of the number of people affected and on the need for recovery activities to be implemented across the country in order to facilitate the rehabilitation and reintegration of returnees and to assist the population that remained in place to cope with the effects of the massive repatriation.

Returnees received a two-month repatriation package at transit centres prior to being moved to their home communities, where it was planned to include them in FFA programmes, which consequently expanded. However, additional general distributions had to be made to sustain returnees until their first harvest. It was therefore decided to provide them a three-month repatriation package. The beneficiaries also included other vulnerable groups, including the survivors of the genocide, particularly widows and orphans. This helped to reduce social tensions as one programme or another targeted all vulnerable groups.

In September 2000, the Rwanda country office began a review of its food aid activities, and initiated discussions with beneficiaries and partners to determine the steps for a more development-oriented programme. Consultations continued over the period covered by the evaluation (1998-2003) through the Provincial Food Aid Committees (PFAC). As a result, in 1999 and 2002 respectively a quick-action development project and two pilot development projects mentioned before were designed and implemented in tandem with the PRROs. The above-mentioned consultations also led to the preparation of a Country Strategy Outline (CSO) which was endorsed in 2001 by the WFP Executive Board. It covered three main areas for food aid programming, i.e. human resource development, including support for basic education, mother and child health, and assistance to households affected by HIV/AIDS, while FFA and Mother and Child Health (MCH) activities, mainly in the form of support to nutrition centres, continued to be implemented under the regional PRROs (10062.0 and 10062.1).

Beginning in 2001, needs assessments and targeting were improved with the introduction by WFP of Vulnerability Assessment and Mapping (VAM) as well as other sources of food security data, including FEWS/NET, Save The Children's Household Food Economy Assessments, the European Union's (EU) monitoring of food prices and government-led joint crop and food assessments. These efforts played an important role in determining the most food insecure regions of the country and estimating the number of people suffering from food insecurity. It also coincided with the shift of emphasis from general distributions to targeted



distributions under recovery and development activities, and the move to targeting specific regions in greatest need. Priority was given to areas defined as most insecure by VAM assessments, which at the time were the Congo-Nile River crest in the provinces of Butare, Gikongoro, Kibuye and the Bugesera region of Kigali-Ngari. Other areas subject to periodic food insecurity included the south-eastern belt in Kibungo and Umutara and the southern districts of Ruhengeri and Gisenyi.

The most recent VAM mapping exercise indicated that the most food insecure zones were the Bugesera, parts of the Kibungo and Umutara regions, with the Congo-Nile River crest remaining highly food insecure because of insufficient arable land as a result of increasingly high population density, soil erosion, deforestation, soil acidity and lack of lime and/or fertilizer to counter acidity, poorly developed agricultural practices, inadequate support from the Ministry of Agriculture (MINAGRI), poorly functioning markets, etc.

VAM assessments also confirmed that the burden of poverty fell disproportionately on women.

5.2 Recovery and Development Activities

WFP-Rwanda, in close collaboration with the Government, privileged a steady shift from emergency to recovery and development activities, therefore favouring, whenever and wherever possible, FFA activities aimed at the rehabilitation of the agricultural, basic infrastructure and housing sectors, as well as the development of human capital, in order to pave the way for sustainable development.

The development portfolio of activities no doubt benefited from the experience gained under the PRROs. The design of the QAP project 6096 and, to a certain extent, the pilot project for HIV/AIDS was guided by the experience of the PRRO under which such activities were started. Guidelines for project proposals and for the establishment of committees/associations created for FFA activities were used in the implementation of HIV/AIDS assistance. Also, the development portfolio was enhanced by the human resources, partnerships, and infrastructure developed under the PRROs, particularly regarding implementation and monitoring.

Activities were in line with prevailing community needs, and the flexibility of the PRRO approach facilitated the shift from one activity to another. For instance, whilst massive repatriation and resettlement took place nationwide, problems of insecurity in the northwest in 1997/98 called for special support to housing construction in order to prevent possible conflicts and to ensure the most appropriate use of extremely limited land. In 2000/2001, following the drought in the southeast, activities focused on swamp reclamation to increase food production. The built-in flexibility of PRROs allowed food to be shifted easily from relief to recovery activities, and from one country to another, and thus modifications in priorities were easily implemented without heavy bureaucratic involvements.



6. CURRENT ACTIVITIES

6.1 Relief

6.1.1 Refugees and Returnees

Following the new UNHCR/WFP MOU signed at the beginning of 2003 aimed at improving delivery of food assistance to refugees, from June 2003 WFP assumed responsibility for food distribution in all camps in Rwanda. According to both UNHCR-and WFP-Rwanda Representatives, the new system is working well and efficiently.

A total of 31,727 refugees were provided with food during 2003 in the three camps located in Byumba, Kibuye and Gikongoro. The Mission visited a small refugee camp in Kigeme (Gikongoro), and noted that all measures and infrastructure were in place and received no complaints as far as food distributions were concerned. It appeared that the continued instability in the main area of origin of the refugees (Eastern DRC) continued to hamper prospects for voluntary repatriation.

Regarding the returnees, continuing stability in Rwanda encouraged their return, and 22,600 persons were repatriated in 2003 and received a three-month repatriation/resettlement ration to facilitate their reinsertion. Although prospects were not clear as to the future trend of repatriations, the Mission was told that the estimated remaining caseload was currently in the range of 40,000.

6.1.2 Nutrition

For the past two decades, malnutrition and micronutrient disorders have been problematic in Rwanda. Although there have been various contributing factors to persistent high rates of malnutrition, an important and as yet unresolved cause was widespread food insecurity. Large population movements, especially during the past decade, a high density population and soaring growth rate, large numbers of poor and uneducated persons relying on agriculture for their livelihoods, and generally low agricultural outputs resulted in inadequate household food security for much of Rwanda's population. Although nutritional status of children and infants improved during the mid-1970s to mid-1980s, the situation worsened considerably during the early nineties due to war and genocide. Repeated crop failures due to droughts, especially in the last three years, exacerbated the negative effects of widespread poverty, hampering the ability of most Rwandans to provide for themselves.

In addition to lack of access to food due to poverty and food insecurity, high rates of malnutrition in Rwanda were also a likely outcome of lack of clean water, inadequate sanitation and poor hygiene practices. In 2001, according to UNICEF², 85 percent of all water sources were contaminated with coli forms above the recommended limits, only 0.8 percent of the population used hygienic latrines, about 90 percent of schools had no water and sanitation facilities, and water usage in rural areas was only 8 litres per person each day, instead of the recommended twenty.

² GoR-UNICEF Master Plan of Operations 2001-2006, Kigali: 2000.



Malaria, acute respiratory infections, and diarrhoeal diseases were reportedly the leading causes of morbidity and mortality amongst children³, although the rising prevalence of HIV infection was expected to increase deaths due to AIDS. The overall infant mortality rate was 122 (per 1,000 live births) with a range of 72-125, whilst under-five mortality rate was 196, with a range of 146-253⁴. Maternal mortality was also high, with up to 2,000 deaths per 100,000 live births each year⁵. Although no national statistics were available, district health centres with the highest rates of low birth weight (birth weight below 2,500g) in 2000 reported figures ranging from 15.7 to 93.5 percent, with newborn death rates up to 22 percent⁶.

During the period covered by the evaluation, a high prevalence of malnutrition posed a major obstacle to sustainable development in Rwanda, and contributed to high levels of morbidity and mortality, particularly among children and women, as well as poor health and low work capacity, learning disabilities, mental retardation, and blindness.

Available nutrition survey data in Rwanda demonstrated that 27.5 percent of under-five children were underweight in 1986⁷, 25.5 percent in 1992, 33.6 percent in 1994, 30.8 percent in 1995, and 27.5 percent in 1996. Whereas Global Acute Malnutrition (GAM)⁸ rates were estimated at only 2 percent in 1976, the 1996 Demographic and Health Survey (DHS) reported rates of 9.1 percent (5.3 percent severe GAM, 3.8 percent moderate GAM). Height for age, an indicator of chronic malnutrition or stunting, was reported at 41.7 percent in the same year, a figure that is high, although not surprisingly so in light of the long-term problems of insecurity and food deficits experienced throughout the country during the preceding decade.

Two national surveys were carried out in 2000, a second DHS and a UNICEF Multiple Cluster Indicator Survey (MICS). According to the latest DHS, 9 percent of under-five children were wasted (7 percent GAM, 2 percent SAM⁹); 43 percent were stunted, and 19 percent severely stunted. Nearly one in four children (24 percent) was underweight, with 5 percent severely underweight, indicating only slight improvements in the Rwandan population's nutritional status over the previous decade. These findings were supported by the results of the MICS 2000, which noted that 29 percent of Rwandan children were underweight, 42.7 percent were stunted, and 6.7 percent were wasted (GAM). The highest GAM rates were noted in the Provinces of Umutara (10.9 percent), Gitarama (9.1 percent), and Butare (8.2 percent).

³ DHS 2000

⁴ DHS 2000

⁵ UNPOP for 1995 – 2000.

⁶ MINISANE/SIS, 2000 – Low Birth Weight records may represent only 10-20percent of all births

⁷ Weight for Age

⁸ GAM – Global Acute Malnutrition (GAM) refers to Weight for Height (wasting) in <5 children of –2 Z scores or less (<80percent of the median) and/or presence of oedema.

⁹ SAM=Severe Acute Malnutrition



WHO Classification of World-wide Prevalence of Malnutrition¹⁰

Wasting (Weight/Height – Global Acute Malnutrition - Wasting)

5-10 percent usual in African populations in non-drought periods

10-19 percent moderate

20 percent high and indicating a serious situation

- 30 percent severe crisis

Stunting (Height/Age-Stunting)

20-29 percent moderate

30-39 percent high

- 40 percent severe

Underweight (Weight/Age)

10-19 percent moderate

20-29 percent high

- 30 percent severe

During the past eight years, a small number of nutrition surveys were carried out by various agencies, using a variety of methodologies and indicators¹¹. Without a common methodology based on internationally agreed-upon standards and a basic set of indicators, however, it was difficult to compare results and identify changes and trends. Without such data, WFP and its implementing partners were unable to discern trends in malnutrition rates, including fluctuations during different seasons, or following droughts, for example.

The absence of baseline nutrition information from the general population in WFP's operational zones also prevented WFP and its partners from estimating target populations for selective feeding programmes¹². And, without periodic follow-up surveys in these geographic areas or the systematic use of large-scale surveys (such as the DHS or MICS), WFP was unable to assess the effectiveness of its nutrition-related activities, in terms of either coverage or impact on nutritional status.

Furthermore, it appeared that neither WFP, Nutrition Centres nor Provincial Food Aid Committees (PFAC) systematically used nutrition data from large-scale surveys to determine the overall nutrition situation, analyse options to address nutrition issues of concern, plan strategies and activities aimed at improving nutrition, and/or evaluate their overall effects on reducing malnutrition. WFP and its implementing partners monitored the nutritional status of feeding programme beneficiaries, and regular reports on feeding centre beneficiaries were submitted by nutrition centres to WFP-Kigali and compiled. However, this information, while valuable in monitoring nutrition centre progress, was insufficient for determining the impact of the activities in addressing malnutrition since the overall numbers of potential beneficiaries were unknown.

¹⁰ From WHO-1997

¹¹ DHS-National Nutrition Survey-Rwanda (1996), Kabutare (1998), Kibungo (1998), Gikongoro (1998), Gisenyi (1999), Ruhengeri (01/1999 and 12/1999), MICS (2000) and DHS (2000)

¹² According to the WFP Technical Review Mission of WFP Rwanda Supplementary and Therapeutic Feeding and HIV/AIDS Project, the number of malnourished children was in principle higher than the number cared for in health facilities, which inferred that a majority of eligible children were not benefiting from nutrition programmes.



Although recent nutrition data were not available during the visit of the Evaluation Mission, the relatively stable caseload of beneficiaries in existing nutrition centres suggested that malnutrition rates in 2004 remained unacceptably high in many parts of the country. Despite the significant inputs and interventions of WFP and other partners to improve overall food security and specifically, to address malnutrition amongst targeted malnourished children and women, existing nutrition data did not demonstrate that significant improvements in nutritional status had taken place between 1996 and 2000. Considering the persisting chronic food insecurity in Rwanda, rapid population growth, the continuing influxes of returnees, and the additional negative impact of acute food shortages due to drought during the past few years, WFP's relief food and related assistance undoubtedly averted a considerable number of deaths amongst the most vulnerable members of the population. Furthermore, the Evaluation Mission was of the opinion that emergency food aid provided through various programmes during the evaluation period prevented the prevailing rates of malnutrition from worsening. Food assistance to school children and persons living with and affected by HIV/AIDS during the past two years also contributed to increased resistance to diseases and prevented further deterioration of the most vulnerable groups.

RECOMMENDATIONS:

- *Ensure that baseline nutrition surveys are carried out in WFP operational areas with persistent malnutrition, or use information from the upcoming MICS, to assess the nutritional status of under-five children and women, and to measure a few critical indicators of causality, including access to and quality of health services, water supply, sanitation and hygiene, and care, and to design and implement more responsive nutrition activities, aimed at both overcoming the causes of malnutrition and preventing malnutrition, in addition to improving the nutritional status of identified malnourished individuals.*
- *Ensure the periodic collection, analysis and use of nutrition data in areas with persistent malnutrition, in addition to existing forms of nationwide nutritional surveillance such as MICS and DHS, through periodic nutrition surveys, in order to measure trends and seasonality, to monitor the impact of WFP and others' nutrition interventions over time, and to link Vulnerability Assessment and Mapping information more systematically with both anthropometric and food consumption data collection efforts.*
- *Ensure the collection of household food consumption data (if possible using observation rather than recall methods) in order to estimate dietary intakes, and thus assist GoR and WFP to identify food-related causes of malnutrition, to review and if necessary, revise existing ration commodities, sizes and duration for various nutrition programmes.*
- *Disseminate and promote the use of nutritional surveillance data and related information on nutrition for situation assessment, analysis and strategic planning of nutrition activities.*
- *Assume a more critical role in nutrition programming in Rwanda, essentially becoming the UN Food and **Nutrition Agency**, ensuring the timely collection and dissemination of accurate, reliable and pertinent nutrition data and information from all operational areas, and maintaining a core nutrition unit of technical staff to in order to supervise, monitor and provide appropriate technical assistance to implementing partners of nutrition-related programmes.*

6.1.3 Micronutrients

Micronutrient nutrition, with the exception of Iodine Deficiency Disorders (IDD), was neither systematically assessed nor regularly monitored in Rwanda, leaving mainly anecdotal evidence of actual deficiencies. For IDD, a 1990 survey of 6,398 schoolchildren showed a total goiter rate of 50 percent in six of the nine prefectures, and urinary iodine concentrations <50 mcg/L in 78 percent. National iodized salt legislation was enacted in 1991, requiring all



salt imported into the country to be iodized with Potassium Iodate (KI03) at a level of 30-55 ppm. A follow up GoR survey in 1997 (covering 1,224 households and three schools, carried out in each of the nine prefectures in order to reflect geographic differences), found median urinary iodine concentrations of 297 mcg/l, with a range from 221 mcg/l in Butare to 556 mcg/l in Myamba and a total goiter prevalence rate of 25.9 percent¹³.

According to MICS 2000 results, amongst 80 percent of households where salt was tested, more than 90 percent consumed adequately iodized salt, whereas only 10 percent consumed iodized salt with less than 15 ppm iodine.¹⁴ This figure corroborates with 2000 DHS results, showing 91.6 percent of surveyed children residing in houses with adequately iodized salt.

According to the GoR Ministry of Health (MINISANTE), the most recent national nutritional anaemia or vitamin A prevalence data were obtained in the National Nutrition Survey in 1996. Although these data were obsolete at the time of the Evaluation Mission, anaemia rates of over 50 percent amongst children and up to 29 percent vitamin A deficiency amongst preschool children indicated the potential seriousness of micronutrient deficiencies in Rwanda¹⁵. The DHS 2000 showed that approximately 64 percent of surveyed children had been fed with vitamin A-rich foods during the 24 hours preceding the survey, and nearly 70 percent had received a high dose vitamin A supplement during the previous six months. Only 14 percent of women who had given birth in the five years before the survey had received a high dose vitamin A supplement immediately following the birth of a child.

Although current iron deficiency anemia prevalence in Rwanda is unknown, the DHS 2000 results indicated that only 17 percent of women surveyed who had given birth in the five previous years had taken iron supplements during the most recent pregnancy, and for less than three months. Only a very small fraction of women (0.3 percent) had taken iron supplements for three months or more, whilst most women (78 percent) had taken no supplements at all. The greatest number of women without supplementation was found in Gisenyi (85 percent), Kibungo (84 percent), Ruhengeri (82 percent) and Kibuye (81 percent), all areas where food insecurity was noted.

Vitamin A supplements provided by UNICEF were distributed by health services to children under five years of age through annual campaigns, and plans were underway to incorporate distributions with regular health services. High rates of malnutrition amongst children, a lack of adequate health services and/or low access to health services by the poorest members of the population, high rates of malaria (the most common cause of mortality), diarrhoea, upper respiratory tract infections, and intestinal parasite infections suggested that further efforts were needed to prevent widespread sub-clinical vitamin A and/or iron deficiencies. Iron-folate supplementation of pregnant and lactating women was extremely limited, while deworming programmes for school children had yet to be established (although a pilot project was being planned by WFP and WHO).

In accordance with WFP policy, and in response to the above-mentioned micronutrient malnutrition issues, WFP-Rwanda provided some fortified food commodities to address the above micronutrient deficiencies in the form of imported iodized salt (from Kenya, Tanzania,

¹³ ICCIDD- International Council for the Control of Iodine Deficiency Disorders, the global authority on IDD, and control programmes, including Universal Salt Iodization (USI).

¹⁴ UNICEF Rwanda Multiple Indicator Cluster Survey (MICS), 2000

¹⁵ Anaemia defined as Hb < 11 g/l; Vitamin A Deficiency defined as retinal < 20 micromol/dl in preschool children



or Uganda); vitamin A and D-fortified vegetable oil, and vitamin and mineral fortified blended foods (Corn-Soya Blend and UNIMIX). In addition to WFP's policy on iodized salt, GoR legislation also required all imported salt for human consumption to be iodized. Although appropriate plastic-lined bags were used for the initial packing of WFP's iodized salt, sacks observed by the Evaluation Mission in WFP and implementing partner warehouses were not marked with manufacturer's name, date of manufacture, iodising agent, iodine content, date of expiration at 12 months from the date of manufacture, net weight, and the caution to store in a cool, dry place, as specified by the International Council for the Control of Iodine Deficiency Disorders (ICCIDD)¹⁶.

The Evaluation Mission observed that iodized salt testing kits were not available in any WFP warehouse or distribution point (nutrition centre/SFP warehouse) for the purpose of verifying the iodine content of iodized salt stocks. Furthermore, most WFP field staff and partners were unaware of the health and nutritional benefits of iodized salt. In some programming areas, black, non-iodized salt from Uganda was found for sale on the local market, at approximately one quarter the price of iodized salt, indicating potential gaps in adherence to national legislation. According to documents from WFP-Rwanda Logistics Unit, specifications on iodized salt on record indicated only the upper limit of iodization (132 ppm as potassium iodate-KI03) making it difficult to determine whether or not the iodized salt was in conformity with WFP policy¹⁷.

The Evaluation Mission also observed that vegetable oil (both tins and cartons) available in WFP and partner warehouses were not labeled with information regarding micronutrient fortification. It was therefore impossible to discern whether or not the commodities were fortified according to WFP policy with either vitamin A or vitamin D.

¹⁶ In accordance with ICCIDD regulations for labelling iodized salt.

¹⁷ Contract for the Purchase of 208 Metric tons of Iodized Salt, 5 June 2003 between WFP and SRS (U) LTD. Uganda, Kampala: 2003



RECOMMENDATIONS:

- *Ensure, through GoR, UNICEF and other partners, the collection, analysis and dissemination of baseline micronutrient nutrition prevalence data for vitamin A and iron, preferably using biochemical indicators, followed by periodic assessments (i.e. through sentinel sites), of vitamin A deficiency, IDD, and anaemia amongst preschool and school-age children, and women, in order to provide the basis for assessing the impact of food aid on such deficiencies and, if feasible, to design joint GoR-UNICEF-WFP programmes aimed at alleviating micronutrient-related deficiencies of public health significance.*
- *Routinely a) carry out rapid iodized salt testing at WFP warehouses and at distribution sites; b) return salt that is inadequately iodized to production level for re-iodization; c) provide staff and partners with information on IDD and the importance of consuming only iodized salt, and guidelines on the appropriate storage and distribution of iodized salt; and d) ensure appropriate storage of iodized salt at warehouses to maintain adequate iodine levels.*
- *Ensure that fortified oil containers are labelled, indicating the types and quantities of micronutrients with which the commodities they contain have been fortified, and expiry date, and reject donations that are not fortified according to WFP policy.*
- *Brief beneficiaries, donors, GoR and other implementing partners, and staff on the importance and benefits of micronutrient fortified food commodities.*

6.1.4 Supplementary and Therapeutic Feeding Programmes

Rwanda's first nutrition centre was created in 1963, with the objective of informing parents about food and nutrition, and instructing them to provide appropriate complementary foods using local foods. In 1965, food distributions were incorporated into nutrition programmes, becoming systematic components of the centres. Supplementary and Therapeutic Feeding Programmes have been implemented in Rwanda since 1992, with WFP providing relief food for both interventions, and assuming direct responsibility for Supplementary Feeding (SFP). UNICEF supported Therapeutic Feeding Programmes (TFP), providing therapeutic milk and technical supervision to implementing partners. Whereas TFP were strictly intended for saving the lives of severely malnourished persons through a combined medical and dietary approach, SFP targeted moderately malnourished individuals, preventing them from deteriorating further, and enabling them to recover.

Until 1999, feeding centres used wasting (weight for age) as criteria for admission, with all children between 70 and 80 percent weight for age admitted to SFP, and those under 70 percent admitted to TFP. In 1999, in order to reduce the number of beneficiaries, and "to address severe malnutrition", WFP changed the admission indicator to weight for height. In 2000, with Rwanda progressing from an emergency situation into recovery and development, WFP adjusted SFP targets from children under five years to under three years, and all pregnant and lactating mothers, and focused more on Mother and Child Health. Supplementary feeding (SFP) targeting moderately malnourished children between six and 36 months, and malnourished and at risk pregnant and lactating mothers, while Therapeutic Feeding (TFP) included all severely malnourished children in the same age group.



WFP-Rwanda reported that “targeting of the neediest by selective feeding programmes was ensured.” Without baseline nutrition data, and periodic nutrition surveys of the general population, however, it was unclear how this objective was achieved between late 2000 and 2003. Ideally, nutrition surveys of food insecure and otherwise vulnerable populations, including children between six and 59 months, should be conducted at least twice per year in areas with persistent, high rates of malnutrition and/or consistently high numbers of feeding programme beneficiaries, in order to determine the approximate number of children at risk of, or suffering from, malnutrition. Without a clear estimate of the malnourished population requiring nutrition assistance, it was not possible to determine the extent to which feeding programmes achieved sufficient coverage of intended beneficiaries during the period of implementation.

In 2000, Rwanda's GAM prevalence rate of 9 percent (including 2 percent SAM rate) of a possible under-five population of 1.2 million¹⁸ indicated a target feeding programme population of approximately 100,000 malnourished children, including 20,000 TFP recipients. Actual numbers of children receiving food from Nutrition Centres supported under PRRO 6077 and PRRO 10062.0 were approximately 53,000 in 1999; 21,000 in 2000; 46,000 in 2001, including 2,500 in TFP; 18,000 in 2002, including 1,100 in TFP; and 17,200 in 2003, including 3,000 in TFP. Fewer nutrition centre beneficiaries after 2001 may have been a result of adjusted criteria for admission, which targeted only children under 36 months and not all under-fives, rather than improved nutritional status of the population.

Pregnant and lactating women, both malnourished (with a Mid-Upper Arm Circumference - MUAC of less than 22.5cm), and those participating in the PMTCT programme were used as criteria for admission to SFP. Beneficiary numbers were relatively small and generally only half of planned figures, with 2,600 women benefiting in 2001, 3,348 in 2002, and 3,200 in 2003. Beneficiaries were generally admitted to SFP during the last trimester of pregnancy, which was probably insufficient to effect substantial improvements in either their own or their infants' nutritional status. The Evaluation Mission noted that some nutrition centres admitted any adult suffering from malnutrition, whereas in other centres, only malnourished pregnant and lactating mothers were provided with supplementary or therapeutic feeding.

In addition to take-home SFP rations, nutrition centres also provided a meal to beneficiaries and caretakers during the visit, during which educational activities took place. WFP also provided take-home food rations of maize, beans and oil for caretakers, and CSB, oil and sugar for TFP beneficiaries for Phase II and Phase III rehabilitation of the severely malnourished. Providing caretaker rations reportedly increased beneficiary compliance with TFP and reduced defaulting rates.

In addition to food, WFP-supported nutrition centres also provided complementary activities for beneficiaries and caretakers of SFP and TFP such as nutrition education, and health and food demonstrations, in order to assist beneficiaries in overcoming nutrition problems, and to reduce their dependence on the centres. However, education activities alone were unable to resolve the poverty, food insecurity and social problems that accounted for many of the admissions. In order to address some of the underlying causes of malnutrition, agricultural activities were conducted with some nutrition centre beneficiaries. In the Butare District Nutrition Centre, for example, a FFA activity was carried out in 1998 to improve the food

¹⁸ Estimated under-five population in 2000 would have been approximately 20 percent of 6 million or 1.2 million individuals



security of beneficiaries. Due to a late start, the expected agricultural production outcomes of the project were not achieved, and no further activities were initiated. However, a number of centres carried out activities aimed at increasing beneficiaries' access to food and to minimize dependency on the nutrition centres, including vegetable gardening and chicken-raising near nutrition centres.

Other challenges to achieving nutrition programme objectives identified by the WFP office included differing cultural beliefs on the part of beneficiaries and nutrition centre staff about nutrition, health, infant feeding and care practices; lack of sufficient numbers of women in project management; and the low involvement of fathers/men in the care of malnourished children and women.

Although WFP's policy was to gradually increase the involvement of GoR in feeding programmes, the Evaluation Mission noted that Nutrition Centres that did not benefit from the financial and technical support of an NGO were relatively limited in terms of staff technical capacity and other means. For example, although all nutrition centres initially received equipment and utensils from UNICEF, those without NGO support were generally unable to replace worn or broken equipment due to insufficient funds. In one centre visited, cooking utensils had not been replaced in three years due to a lack of GoR funds. In another centre, neither the manager nor the social assistant was a qualified nutritionist or nurse, and only one staff member had attended a short training course in nutrition. Although GoR-managed nutrition centres were physically linked to health centres, sick SFP and TFP beneficiaries only had access to medical treatment if they had sufficient personal funds. In NGO-managed and supported centres, health care services were generally provided free-of-charge.

Between 1998 and 2003, the number of nutrition centres was reduced from 252 to 93, following two phase-down operations; one in 2001 and a second in 2003. A 2002 evaluation of HIV/AIDS and Nutrition Programmes concluded that, without the benefit of adequate general rations for the food insecure populations, SFPs would have minimal impact on reducing malnutrition. As short term measures, the criteria for ending SFP should be well-defined, which in Rwanda was not the case. The evaluation also recommended that WFP be integrated with community health services in order to facilitate referral and treatment of individuals with medical problems. The decision to close a centre was largely based on the proximity of nutrition centres to one another within the district and the compliance of each centre with various management criteria (appropriate storage and use of WFP food commodities; existence of complementary programmes; adequacy of staff in terms of competence and numbers; and the centre's adherence to admission/discharge criteria for SFP and TFP).

Based on VAM indicators, a plan was devised in late 2002 to reduce the number of nutrition centres, beginning with those in areas with food security in 2003, followed by centres in areas of moderate food security in 2004. In conjunction with this strategy, WFP proposed to expand the community-based nutrition approach initiated by GoR, with UNICEF and other agencies in a limited number of districts, and to carry out an assessment in 2005 of the overall impact of reduced numbers of nutrition centres.

In addition to malnourished mothers, mothers infected with HIV were eligible for WFP food assistance through nutrition centres. With an infection rate of approximately 11 percent, between 3 and 10 percent of pregnant women in rural areas and up to 25 percent of those in



cities and towns were assumed to be HIV positive. Although transmission rates are variable, between 15 and 30 percent of infants may be infected during delivery, while a further 15 to 20 percent are at risk during breastfeeding. Under the current PRRO, WFP provided SFP to pregnant women and lactating mothers living with HIV/AIDS from the last trimester of pregnancy until six months following birth. Although specific projects for pregnant women and lactating mothers had not yet been developed, plans were in progress to include women in on-going HIV/AIDS FFT and FFA activities. These efforts were particularly important as nutrition centres were phased out.

Guidelines for PMTCT and infant feeding were in progress, but had yet to be finalized, although programmes had been established throughout Rwanda for Voluntary Counselling and Testing (VCT) and the provision of ART during and immediately following delivery for both mother and child. Further research was needed to determine feasible, affordable feeding options for mothers unable or unwilling to breastfeed their infants, which could then be established in national policy on PMCTC and HIV/AIDS care and prevention.

RECOMMENDATIONS:

- *Review the tripartite MoU for nutrition programmes (GoR, UNICEF, and WFP), clarifying the obligations of all parties in order to ensure adequate food supplies and equipment for TFP and SFP.*
- *Together with GoR, UNICEF and implementing partners, continue to reduce the number of traditional nutrition centres, targeting those in medium food security zones and assessing the areas where centres have already been closed and establishing mechanisms for the adoption of an integrated, community-based approach to address nutrition and health problems.*
- *Ensure the availability of adequate numbers of qualified WFP field staff to monitor and supervise SFP and WFP's contributions to TFP.*
- *Aim to improve SFP and TFP implementing partners' capacity by a) advocating for NGO's to work in partnership with GoR Health Services where GoR technical capacity is very low; b) increasing training and/or technical support to GoR and other partner agencies with low implementing/technical capacity, and c) facilitating mentoring relationships between competent partners and those less skilled.*
- *Develop food security/income generation activities in tandem with nutrition centres in order to address and resolve underlying causes of malnutrition and to sustain gains in malnutrition reduction achieved by SFP and TFP.*
- *Establish agreed-upon exit criteria and targets for SFP and TFP, together with GoR, UNICEF and other partners, to further reduce caseloads and thus gradually phase out food assistance to nutrition centres.*
- *Establish criteria and plans for Institutional Feeding of AIDS patients, targeting those receiving ART and participants in PMTCT activities, together with GoR/MINISANTE and other partners, in order to address specific food and nutrition needs.*



6.1.5 Cachot Feeding

In 1998, WFP initiated assistance to detainees and by the end of that year covered the food needs of over 17,000 persons. By 1999, the numbers dropped to 15,000 persons. Following the verification of nutritional improvement of the beneficiaries, and the introduction of some means to ensure self-sufficiency such as plots for cultivating food, WFP phased out of the programme in 2000.

6.2 Food for Asset Activities

Since 1995, WFP has supported FFA activities under the recovery component of the regional PRROs, with emphasis on agricultural production, the central piece for achieving long-term development of Rwanda. WFP also assisted rehabilitation of housing, basic social infrastructure such as roads, schools, water facilities, and activities related to environmental protection. During the period 1998-2003, WFP distributed some 80,285 metric tons or 35.5 percent of total food distributions for food-for-asset and income-generating activities. An average of 420,000 people participated in these activities and achieved remarkable outputs.

Activities aimed at increasing food production through land and swamp reclamation, as well as household income through production of vegetables, poultry, fish and livestock, being primarily undertaken by women's associations. Additional FFA activities in agriculture were implemented under project 6096.00 "Enhanced Food Security through Swamp and Hillside Reclamation", which was to facilitate the resettlement of vulnerable groups by creating productive assets owned by them. It was initially approved on 23 March 1999 for a period of 18 months, and then extended until November 2003.

6.2.1 Agriculture

Over 90 percent of Rwanda's population live in rural areas, and agriculture constitutes their main source of income. The Mission considered that FFA activities were an appropriate form of intervention in the agricultural sector, as many activities were labour intensive and used local technology requiring minimal non- food resources. Furthermore, the strategy of using FFA for the rehabilitation of Rwanda's agriculture was key to countering future food security problems while providing short-term assistance to populations in need and producing longer-term benefits.

FFA activities in agriculture focused on swamp land reclamation, soil conservation, food production, rural forestation, and seed multiplication.

In addition to the above, WFP also assisted vulnerable farmers, particularly women's associations, in the implementation of agricultural projects directly related to food production such as vegetables and pulses. The best results were obtained in Kigali and Gitarama provinces, where more than 3,500 tons of vegetables and 650 tons of beans were produced on 1,032 ha.

WFP also facilitated the development of school gardens in boarding schools and orphanages throughout the country. This activity improved the nutritional intake of children and trained children in agricultural techniques.



Food assistance was also used for the rehabilitation of 227 fish ponds in the food insecure Bugesera and Gikongoro provinces, as well as for income-generating bee-keeping projects countrywide. These projects contributed to additional food availability and facilitated the decision of scaling down WFP food aid.

6.2.1.1 *Swamp Reclamation*

Implementation

WFP-supported swamp reclamation corresponded to a major orientation of the National Strategy for Agriculture. The main objective was to increase land availability, income-earning capacity and food security. Swamp land is generally highly fertile, allowing two crop seasons throughout the year, depending on the cropping pattern.

The Mission noted that the most efficient way of ensuring sustainable food production in rural areas was to develop swamps and hillsides simultaneously and in an integrated manner, taking into account the fact that sustainable cultivation of swamp lands depended on preventing soil erosion on the hillsides.

Reclamation activities focused on improved water management techniques in the food insecure areas of Bugesera, Gitarama, Butare, Umutara, and Gikongoro provinces. It constituted the largest FFA intervention, with more than 11,466 hectares of swamp reclaimed or rehabilitated between 1999 and 2003, corresponding to 15 percent of total cultivated swamp areas. Once the land has been reclaimed, irrigation plots were distributed among the participating farmers and managed by farmers' associations. Increased production was estimated at around 30,000 tons of paddy rice, 18,000 tons of maize, 8,500 tons of beans, or 50,000 tons of sweet potatoes per season. Swamp reclamation must therefore be considered as the cornerstone of the food security strategy in the above-mentioned food insecure provinces. People living around the swamps benefited not only from WFP assistance for the work performed, but also, and mainly, from the improved land, the most important asset in Rwanda. Swamps are (as land in general) property of the State, but FFA beneficiaries received the right to use the plots on a longer-term basis. Plots of land were attributed to the beneficiaries by the community or farmers' associations. The only reason why swamp land could be taken back by farmer's associations was when the plot was not cultivated during several seasons. Given the high demand for scarce land, the irrigation plot was then attributed to another household.

Management

Beneficiaries of swamp reclamation were villagers living in the surroundings of the swamps. The household benefited from the FFA activity both in the short term through food rations for the work performed and in the longer-term through the benefits arising of the irrigated plots, i.e. food security and income.

Some people in Bugesera informed the mission that before being engaged in swamp land cultivation, they had to migrate to other provinces and search for agricultural employment (at a daily rate of 200 Rwanda Francs (RWF), representing less than half a US dollar). They also explained that, in order to pay for transport, the local "survival strategy" was to sell the iron



sheets of their homes, even when the family was staying behind. This example indicates the high degree of vulnerability of a large number of households living in the rural areas of Rwanda.

Considering that some 25 percent of rural people are landless, the attribution of swamp land plots was highly appreciated, particularly by women headed-households. The size of irrigated plots was usually around five acres (500 square meters) and farmers usually had two rice harvests per year.

Results

In the Ruvubu swamp (Bugesera area) visited by the Mission, rice production increased by 280 percent since irrigation and drainage systems were installed. In 1990, yields were about 2.5 tons per ha. At the time of the evaluation, a farmer family could harvest up to 350 kilograms on a plot of 5 acres or 7 tons per hectare. In another site (Ngenda), also in the Bugesera area, rice yields were only around 4.5 tons per ha, representing an increase of 180 percent. Farmers and their families consumed part of the rice, and sold the remaining part at about 100 RWF per kg. Potential cash income from rice production was estimated at around 40,000 RWF per year and per household.

Rice production considerably improved living conditions of beneficiaries, assuring more security over food production, even in the absence of the rains. Also, surplus stocks of maize and other crops grown on hillsides were sold in the local markets to purchase other food not produced locally and to pay for school uniforms, medicine, livestock, etc. Many farmers' associations which the Mission met during field visits mentioned that they were now able to join the national social security/health care insurance system.

Sustainability

In order to ensure sustainable development in rice production, the Ministry of Agriculture has established a rice factory and plans to rehabilitate hydraulic infrastructure in the Bugesera district for increased production. Training sessions have been organised. One agronomist has been assigned to follow the proposed project.

Swamps rehabilitation was also combined with opening or improving access roads leading to project sites, thus facilitating local transport.

Conclusions

WFP-supported FFA activities improved the food production capacity of beneficiaries living in chronic food insecure and drought-prone areas. The rehabilitated irrigation plots constituted an important productive asset for rural households, and helped to alleviate vulnerability and food insecurity. The Mission was confident that these assets would be maintained without WFP assistance.

The Mission found that, after a few years of rice cultivation only, improvement of rural living conditions was already visible. After having satisfied basic needs (food, health and education), participants invested a portion of the additional income in inputs such as livestock aimed at enhancing production capacity. It was noted that the incidence of water-borne diseases as a



result of swamp land reclamation and rice cultivation had not increased, although malaria was still the first cause of morbidity. In this connection, and with a view to preventing malaria, canals and draining systems could be seeded with frogs, which enjoy eating mosquitoes. As there is a frog legs market in Kigali, this activity would not only reduce malaria but also generate additional income.

RECOMMENDATIONS:

- FFA for swamps reclamation should be continued in future, particularly in the zones identified by VAM as being the most food insecure.
- The involvement of MINAGRI, technical agencies such as FAO, and NGOs with high levels of experience in swamp land reclamation techniques should be solicited, particularly for increased contributions of inputs, in addition to WFP's assistance.
- WFP should continue to support feeder roads construction/rehabilitation around swamp reclamation sites.
- Upon distribution of swamp land plots to families, some plots should be reserved for community activities. For example, one or two plots could be cultivated by a group of parents who have children at school in order to progressively assume the food supply for the canteen. Similarly, some plots could be reserved for a nutrition centre.

6.2.1.2 Soil Conservation

Soil conservation was undertaken in two complementing ways: **land terracing** and **reforestation** on hillsides. Between 1999 and 2003, some 1,243 hectares of hillside were terraced, whilst 1,273 hectares of wood lots were developed through FFA. Terracing was conducted mainly in the hilly parts of the country, Gikongoro, Ruhengeri, Butare and Gitarama provinces, in order to restore or increase production of marginal land. Terracing, combined with swamp reclamation, had longer-term impact on soil conservation and environmental protection.

Radical terraces were established on land owned by farmers who previously used traditional techniques and directly cultivated the slopes. During terracing activities, such farmers are obliged to forego production for one agricultural season. Although land owners received food aid for terrace-building, they were not compensated for the lost agricultural production.

Agro-forestry activities were essential in land terracing activities, not only for the reinforcement of radical terraces themselves, but also for providing additional products such as fuel wood and fruits.

More than 16 million seedlings for planting were produced in tree nurseries in Umutara, Ruhengeri, Giseny, and Kibungo provinces, with a potential of establishing an additional 10,000 ha of community wood lots.

Lack of good quality seeds remained a serious handicap. Multiplication of seeds, mainly sweet potatoes and cassava, was implemented under FFA on about 179 hectares, mostly in the drought-prone areas of Bugesera and Gitarama provinces. This had an important impact on the availability of planting material for root crops, the main food security staples in a post-crisis situation.



Implementation

The Mission visited sites in Ruhengeri and Gikongoro provinces where land terracing was carried out. These two provinces were very mountainous and, due to insufficient arable land, unbelievably high slopes were cultivated by farmers who sometimes needed to be fixed with a rope to prevent falling down.

Land terracing in the district of Cyeru was done by a local NGO “HELPAGE Rwanda” through a pilot High Intensity Labour (HIMO)¹⁹ programme supported by the Dutch cooperation and WFP. A Memorandum of Understanding was signed in June 2003 between the two partners regarding the implementation of a rural public works programme in Ruhengeri province. It was agreed that WFP would supply 3,400 tons of food to workers between May 2003 and April 2005, while the Dutch Embassy would provide Euro 3,459,552 for a three-year period. The pilot phase started in November 2003 with 1,282 workers participating in 17 environmental projects for a period of six months. Main activities included road rehabilitation, tree planting and land terracing on some 534 ha of hill lands.

The land terracing project in Gikongoro was implemented by the Ministry of Agriculture on state-owned land, resettling refugees who were previously occupying (illegally) the Gishwati protected forest (Giseny province). Housing and basic services have already been provided by the GoR.

Management

The approach developed by “HELPAGE Rwanda” and applied in Cyeru district took into consideration the need for integrating land terracing, agro-forestry tree planting and road rehabilitation activities. Following land terracing, trees were planted on the newly constructed radical terraces and grass planted on the slopes for livestock. Thanks to the technical assistance of the NGO, which also provided non-food resources (tools, fertilisers, and training of farmers on terracing techniques), the quality of works was satisfactory. WFP's input consisted of food for the labour force (226 workers and 1,130 farmers) and staff for project monitoring.

Considering that the Dutch Cooperation was providing Cash for Work and WFP Food for Work, the debate on which strategy to adopt for future HIMO schemes was opened. The Mission was of the view that WFP food assistance should be privileged (for the purpose of securing food availability) until the terraces were constructed and again cultivated and that cash could be more appropriate in support of activities that are not of immediate benefit to the farmers. In any case, contractual (tripartite) agreements between the concerned parties should specify the type of remuneration.

Agro-forestry activities and road rehabilitation had not yet taken place on the site in Mushubi district (Gikongoro province). About 155 hectares were terraced, benefiting 509 families, of which 53 percent were women-headed households, who were resettled in this district.

¹⁹ HIMO : Haute intensité de main d'œuvre



Results

In Ruhengeri district, soils were relatively fertile. Land terraces contributed to better protection of the soil against erosion, improved use of cultivable land, as well as increased soil fertility through easier application of fertilizers, increased production and income, employment generation, and enhanced short- and longer-term household food security. In Bugarura and Cyeru, on-going land terracing activities not only contributed to fixing the soil but they also protected two lakes (located in the watershed of Burera and Ruhondo, where decreasing water levels were observed), which are producing hydro-electricity for almost the entire country.

Results in Gikongoro were less satisfactory due to the soil's natural acidity, which required the incorporation of lime to make it fertile after terracing. The average amount of lime required was at a cost of approximately 400,000 RWF per hectare (US\$ 690), far beyond the farmers' financial capacities. The Mission had the opportunity to visit nearby terraces constructed in previous years, which were not productive.

The Minister of Agriculture informed the Mission that a special fund of 99 million RWF had been set aside for enriching the acid soil, but extremely bad road conditions had not permitted the trucks to transport the lime to destination. He added that once soil fertility was restored on these terraces, tea plantations will be established and a tea factory constructed.

Soil acidity was also quite high in Butare province, where only 25 out of 160 hectares were actually used. The Mission was particularly concerned about the low outputs, particularly in a country where arable land is so scarce and where increased food crop productivity is of highest priority.

Conclusions

Land terracing constituted a very important technique for protecting the soils, increasing crop yields and fodder, while at the same time providing fruits, wood for cooking, etc through agro-forestry activities. Provided agricultural inputs and extension services were available, soil conservation activities appeared sustainable, given increased crop yields and better cultivation techniques.

A large number of farmers received training on land terracing techniques and were thus able to replicate these techniques on their own land. However, in order to have an impact on the soil erosion control, such tasks need to be carefully planned by technicians at the project design stage and conducted on a community basis.

When undertaking terracing works, WFP should take into account the farmers' incapacity to cultivate during one crop season. The Mission was of the view that WFP food rations should not only be an incentive for undertaking terracing works, but also compensate for forgone agricultural production.



RECOMMENDATIONS:

- *In the context of Rwanda, called "the land of a thousand hills", land terracing is of the highest importance. Results to date suggest that this activity should be extended whenever feasible.*
- *Land terracing is an integral part of the watershed management package and should not be implemented in isolation. It is essential to fully integrate agro-forestry as well as livestock from the beginning in the global plan proposed to beneficiaries.*
- *In regions with soil acidity problems, land terracing should only be undertaken when implementing partners have secured the necessary budget.*

6.2.2 Infrastructure

6.2.2.1 *Feeder Roads*

WFP-supported infrastructure programmes have focused on rural feeder roads. Some 1,400 kilometres were rehabilitated or opened since 1998. Much of the work was done by manual labour, including clearing ditches, levelling and filling in holes.

The Mission visited several sites and types of feeder roads. Feeder roads in the swamps reclamation schemes were completed and very well made. During interviews, beneficiaries emphasized that the entire community had contributed to the work. The Mission observed that the population undertook minor maintenance repairs without WFP food rations, indicating their keen interest in using and maintaining the road. Therefore, these roads were likely to be maintained in the future without WFP food rations, given their importance for marketing swamp land produce.

In the northern part of Ruhengeri province, feeder road construction was far more difficult due to the hilly terrain. Despite the increased efforts needed to build roads, as compared to swamp areas, the Mission observed acceptable results, which were achieved by organising large numbers of people, half of whom were women. Although the population's need for and interest in the feeder road was unquestionable, maintaining the roads appeared to be problematic given the heavy water erosion during each rainy season, and subsequent need for annual repair work. Such maintenance efforts were clearly beyond the capacity and interest of people residing alongside the road, particularly in light of the fact that many more people actually benefited from the roads.

RECOMMENDATION:

- *Maintenance work on feeder roads in mountainous areas subject to recurrent heavy damages caused by erosion should be included in the construction/rehabilitation food for asset planning right from the beginning of the project design.*



6.2.2.2 Water Facilities

WFP also supported the rehabilitation of rural water facilities: a total of 604 km of water canals, 50 shallow wells and 54 water dams for provision of drinking water to livestock were constructed through FFA. These assets constituted additional “security” for communities which received massive influxes of returnees at the end of the war.

The Mission visited one water point construction site in Umutara province aimed at supplying potable water to 1,500 households in three districts through digging and installation of 25 km of water pipes. WFP distributed 506 MT of food to 1,992 beneficiaries, of which 1,262 were women (63 percent). Beneficiaries worked on a rotation basis, changing teams every 22 days.

The project, completed in early 2004, was implemented by the NGO ADRA, which financed non-food-items (cement, sand, stones, etc), carried out a technical feasibility study, and provided technical assistance and training for construction of main works. Works were accomplished in a professional manner. Beneficiaries were proud of and appreciated this community asset. Easy access to water for the 1,500 households significantly reduced the time spent by women to fetch water from two-three hours per day to only 20 minutes. Women were able to allocate more time to household and economic activities.

Thanks to the new water facility, the number of patients attending health centres for water diseases was reduced significantly. Furthermore, the project also supplied water to Rugurama Health Centre and to Rugarama Primary School. Cattle keepers, too, benefited from the project as they were guaranteed water for their cattle, even when pasture got dry.

During the visit to the Rugarama swamp reclamation site, the Mission saw boys filling plastic containers with dirty water from one of the irrigation canals. They mentioned that potable water at the Rugarama Health Centre was too far away (3 kilometres). ADRA explained that the installation of water bornes outside the village had not been included in the project.

On all sites visited, water management committees had been created. Fees were empirically fixed and varied from 1 RWF per litre to 100 RWF per month and per family for an unlimited use of water. Funds collected often represented only a fraction of actual maintenance costs. They were deposited in bank accounts at the district level.

Recommendations:

- *Sensitization sessions should be organised, emphasizing the need and importance to correctly use drinking water for human consumption. If drinking water is not available, explanations on how to purify water with products readily available (chlorine solution) should be provided.*
- *The price of drinking water should be calculated in order to cover at least expected maintenance and/or to finance extensions of the distribution system.*
- *Management Water Committees should manage themselves the funds collected rather than refer these matters to the district level.*
- *A portion of this fund could be invested in community-based social projects such as the school canteen programme.*



6.2.2.3 Housing

Following the destruction of many houses during the 1994 genocide and the return of more than one million Rwandans, the Government faced an incredible challenge to resettle the returnees.

Over the period 1998-2001, WFP assisted the construction of 12,440 houses for homeless widows, women-headed households, survivors of the genocide, as well as other elderly and deprived persons. This represented approximately 50 percent of all houses built in Rwanda during this period, with the assistance of the international community. Housing had a significant impact on food security, enabling beneficiaries to fully participate in food production once they were permanently settled. Potential conflicts for limited housing between various social groups of the country after repatriation were also reduced.

The Mission visited three sites: (a) 500 houses in Byumba province, with OXFAM as implementing partner; (b) 400 houses in Kibungo province, with the NGO HELPAGE Rwanda and (c) 250 houses in Umutara province, with the NGO ARDEC.

In Byumba, 230 houses were constructed in Mutete and 270 houses in Zoko. A total of 1,500 people (1,267 men and 233 women) benefited from the project. Beneficiaries mostly consisted of landless people, widows, orphans and the elderly. Oxfam Canada was the implementing partner providing all non-food resources: iron sheets, doors, windows and cement. Oxfam also constructed a water tank for each house and paid salaries for the technicians engaged on the project. Beneficiaries contributed labour for the construction of houses, including transport of materials.

All 500 houses were occupied at the time of the Mission's visit. People met by the Mission expressed their gratitude for the assistance, mentioning that they preferred to live in a village rather than being dispersed on the hills as was the case before, since they felt more secure and had better access to basic services (school, health centre, market). A socio-cultural service had been initiated in two sectors in order to keep beneficiaries informed and updated on general issues concerning Rwanda. Each sector had been equipped with a television set.



The objective of the shelter project in Kibungo province was to provide shelter for 400 households who returned from Tanzania and found their houses destroyed as a result of political unrest, war and genocide. Other returnees had no shelter at all because they had been away for long time. With a view to fostering trust and reconciliation, every two houses shared a wall. This was intended to create a kind of permanent proximity between at least two families, leading to shared local social issues with an ultimate objective of reaching national unity.

Most of the beneficiaries were widows, orphans and elderlies. WFP provided some 526 tons of food, equivalent to 111,830 person-days. Furthermore, about, 600 workers, including 75 women, benefited from food rations. The implementing partner "Help Age International - Rwanda" provided iron sheets, cement, nails, poles, doors and windows, financed transport costs for those materials, and also paid skilled labour such as masons.

The "Imidugudu" (villagization process) enabled families to voluntarily settle in their new environment. Once they were assured of shelter, residents started investing in economic activities such as land cultivation and/or business.

In Umutara province, 250 houses were constructed with the assistance of the NGO ARDEC and allocated to the most vulnerable people without shelter, who had also constructed the houses. A total of 300 people (200 men and 100 women) participated in the project. About 315 tons of food, equivalent to 140,000 person-days, was distributed. Rotation periods of 22 days were observed, thus ensuring maximum outreach. ARDEC provided iron sheets, nails, timber, sand and cement. It also supervised the works and paid for skilled labour.

During the Mission's visit, some beneficiaries complained about the quality of construction. One person mentioned that some houses had collapsed due to strong wind and rain. This was not obvious to the Mission, who considered that the houses were probably of the best design and construction ever seen by the team. It further transpired that one or two houses underwent damages due to a lack of maintenance work by their owners.

6.3 Food-for-Education

6.3.1 School Feeding

The WFP-supported School Feeding (SF) project was designed and implemented with a view to contributing to Rwanda's efforts to rebuild the country's education system, which was largely destroyed during the genocide. It continues to be constrained by inadequate infrastructure, lack of trained, experienced teachers, and a large population of children. Continuing resettlement and reintegration of former refugee and displaced populations, coupled with ongoing chronic food insecurity and periodic crop failures due to droughts, resulted in chronic food shortages at household level. As a result, many school age children were frequently absent from school or dropped out altogether to contribute to family resources. In many cases, children simply did not enrol in school. Yet, despite many constraints, the GoR has prioritized basic education, and committed itself to providing universal primary education to all Rwandan children by 2010, a goal which requires considerable support from the international community to achieve.



Rwanda's primary school gross enrolment rates (GER) demonstrated little differences between boys and girls, with 98 percent GER for boys and 102 percent for girls²⁰. However, national statistics masked gender inequalities in terms of retention and overall school achievements. In 2000, women's literacy was estimated at 47.8 percent, compared with 58.1 percent for men. In 2000-2001, the combined repetition rate for both sexes was 36.1 percent and the dropout rate was 12.6 percent. The percentage of girls who passed the national primary school leaving certificate exam was 10 percent lower than that of boys.

In November 2000, a feasibility study conducted by the Ministry of Education (MINEDUC) and WFP concluded that insufficient food for school children constituted a considerable constraint to learning, and contributed to poor attendance. These findings resulted in the creation of a pilot School Feeding project, which was approved in mid-2001, and started in early 2002. School Feeding activities mainly consisted of the provision of 190 daily mid-morning meals per year for a period of four years to an annual average of 160,000 pupils, and a take-home ration of vegetable oil to 28,800 girls in Grades 4-6 as an incentive to attend regularly and complete primary school education. The objectives of the project were to:

- Increase the participation, capacity and motivation of communities and families to ensure that their children were educated.
- Increase enrolment and school attendance, reduce drop-out rates, and improve learning achievements, with special attention to girls.

Other expected project outputs included:

- Development of infrastructure for operating a school-feeding programme in each primary school (storeroom, cooking facilities, and canteen utensils).
- Establishment of viable Parent Teacher Associations (PTA) and Community Education Committees (CEC), with higher participation of women.
- Establishment of school gardens with the objective of providing some additional inputs to the daily meal, but mainly to serve as practical demonstration gardens related to food, agriculture and nutrition subjects integrated into the curriculum.

WFP food assistance consisted of a daily mid-day meal of 150g of processed cereals (maize meal), 40g of beans/pulses, 10g of vitamin A and D fortified vegetable oil, and 3g of iodized salt, for both pupils and those handling the meal (cooks and kitchen helpers). It provided approximately 762 kcalories, 22g protein and 16g fat. In addition, a take-home ration of 3.6 kg of vitamin A and D-fortified vegetable oil was provided to older girls in Grades 4-6, representing approximately ten daily wages for an agricultural labourer, and considered sufficient to compensate the opportunity cost of sending a girl child to school. The food was intended to serve as:

- An incentive for parents to enrol and retain their children at assisted schools, particularly girls in the higher primary grades.
- An incentive for regular attendance of students.
- A dietary support for participating students.

²⁰ Ministry of Education, Science, Technology, and Research: GER = No. students/total no children 7-12 years.



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- An income transfer to families of participating students, particularly of girls receiving take-home rations.
 - A catalyst for increased support of communities to their local school system through improved parental participation in PTAs.

The mid-term review conducted in May-June 2003 indicated that significant progress had been achieved by the SF project, despite important challenges. For example, the late arrival of students in schools benefiting from SF had been reduced, and children were reportedly more alert in class. Enrolment at assisted schools had increased, and children who previously dropped out had resumed their primary education. School attendance was increased by more than 10 percent while drop-out rates were reduced, particularly for girls in Grades 4-6 who benefited from a take-home ration. The establishment of Parent Teacher Associations and Community Education Committees were two important mechanisms established for involving the community in SF activities, in which women represented over half of the members.

By the end of 2003, SF had grown from six primary schools to 119 schools, providing a daily hot meal to more than 100,000 children. An additional 81 schools started SF in January 2004, and a total of 200 primary school canteens were in operation in February 2004, providing hot meals to over 180,000 primary school children, of whom 51.2 percent were girls.

The Mission observed the following results during school visits:

Effects on pupils:

- Reduction of absenteeism (achieving between 90 and 95 percent attendance rates), drop-out rates and late arrivals at school, although in a few areas with low coverage, students were reportedly moving from schools without SF to schools with canteens.
- Increased interest for education even for children that had abandoned schooling and children who have not yet reached seven years of age (official school age).
- Elimination of (a) energy expenditure by children who previously went home at lunchtime and (b) subsequent late arrival of children for afternoon classes.
- Increased attention span, especially in the afternoon.

Effects on girls in primary grades four through six, who received a monthly take-home ration of oil:

- Eligible school girls were no longer retained at home, and were permitted to continue in school.
- Proceeds from the sale of vegetable oil reportedly cover the costs of many basic needs, including school fees, uniforms and textbooks for beneficiaries and their siblings, and supported income-generating and food security activities, such as small livestock- and poultry-raising.

Effects on parents and local communities:

- Parents, especially mothers, had more time for activities, since school children were provided with a meal at school.
- Food availability at household level was increased, with noted benefits for food insecure families who were unable to provide a midday meal to children.



- 2,000 jobs for cooks at canteens were created (although most employees were men in view of the considerable work involved in preparing the meal).

At the beginning of the project, however, limited involvement of parent-teacher groups/associations resulted in some confusion about responsibilities and commitment to providing non-food items and labour. In most schools, parents now make monthly contributions of 50-100 RWF to cover these additional costs and actively participate in canteen management.

Limited resources of potential implementing partners, particularly NGO partners (ADRA, CARE, FHI, WVI, etc) hampered their participation, leaving most schools managed by GoR. The lack of primary school feeding experience within the country, limited administrative capacity of the education system to manage the project and insufficient government funds limited the sustainability of SF. Although MINEDUC, as SF primary coordinator, had yet (a) to establish clear links between SF and national policies and strategies and (b) to allow sufficient staff and means to the national team in charge of the project, recent developments indicated its interest in creating a national SF programme for all primary schools in the near future. In addition, a global agreement was recently signed between World Vision International and WFP, which should facilitate closer collaboration on SF in Rwanda.

Other issues of concern noted by the Evaluation Mission included insufficient coordination and collaboration with UNICEF, FAO and other technical partners on non-food education issues; inadequate monitoring of SF implementation by partner agencies and WFP due to the large size of the project; uncertainty regarding the sustainability of SF in the event that WFP can no longer provide food commodities; missed opportunities to incorporate nutrition, health, hygiene, HIV/AIDS prevention, and other life skills learning opportunities and services with school feeding; and the “magnet effect” where SF coverage was low, with a small number of schools benefiting from feeding programmes drawing many students from surrounding schools without feeding programmes.

RECOMMENDATIONS:

- *Establish joint programming with FAO/MINAGRI, following up on pilot projects for school gardens, and if possible, expanding the activity. Maintain the highest possible coverage of SF, targeting the most food insecure regions, and thus minimizing the “magnet effect” whereby a small number of schools with SF attract many students from schools without SF.*
- *Follow up on ongoing pilot activities such as deworming; micronutrient supplementation (vitamin A and iron); school hygiene promotion and sanitation improvement; health, nutrition and hygiene education for behavior change; malaria control, including bed net impregnation, and life skills education, including HIV-AIDS awareness, and if possible, expand activities.*
- *Identify opportunities for joint basic education programming with UNICEF and other education partners, in coordination with GoR/MINEDUC.*
- *Improve monitoring and supervision of SF in partnership with MINEDUC, UNICEF, WHO, FAO and other appropriate agencies.*
- *Develop exit strategies for SF in the event that WFP is no longer able to provide food aid; for instance, by increasing contributions of food by parents, over a period of several years.*

6.4 HIV/AIDS



With an estimated overall HIV/AIDS prevalence between 8 and 11 percent, and a prevalence rate of 13.5 percent among sexually active adults, Rwanda ranks tenth amongst African countries most affected by HIV/AIDS. By 2001, an estimated 500,000 Rwandan children, women and men were living with HIV or AIDS, and AIDS patients occupied over 60 percent of available hospital beds in the country²¹. Between 30 and 60 percent of TB patients were HIV positive, with Anti-Retroviral Treatment (ART) available only in limited quantities in a few specialised centres in the capital.

The GoR's response to the pandemic demonstrated a strong commitment and leadership towards controlling it. In addition to implementing a series of national plans in the late 1980's and 1990's, the HIV/AIDS Division of the Government, CNLS (Commission Nationale de Lutte contre le SIDA) introduced its 2002-2008 National Strategic framework to Combat HIV/AIDS in an effort to increase resources to control the pandemic. The framework provides a sound platform under the Multi-Country HIV/AIDS Program (MAP) for Africa, focusing on prevention, care and treatment and mitigations. The Global Fund for HIV/AIDS, Tuberculosis and Malaria, has allocated US\$ 14 million, which the GoR has begun to use to expand health care services throughout the country. Included in the services was a national network of voluntary counselling and testing (VCT) centres, which will provide an integrated package of care, treatment for opportunistic diseases associated with HIV/AIDS, and the Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS.

In addition to the Global Fund, the Pangaea Global AIDS Foundation (PGAF), the William Jefferson Clinton Foundation (Clinton Foundation) and GoR formed a partnership focusing on developing Rwanda's capacity to provide comprehensive HIV treatment and care, including Anti Retroviral Treatment (ART), and the greater integration of treatment and care services within Rwanda's overall HIV prevention efforts.

As a result of a joint WFP, GoR and UNICEF technical review mission, recommendations were made to develop an HIV/AIDS food assistance project, which was approved in July 2001 and slated to begin in September 2001. However, due to delays in finding implementing partners and establishing a technical working group, the first distribution occurred only in April 2002. In the absence of guidelines for food and nutrition support for Persons Living With and Affected by HIV/AIDS (PLWA/H), WFP Rwanda provided a ration consisting of approximately half of a full ration of food for five family members. The rationale behind a smaller ration was a desire to limit dependency on WFP-provided food, and an expectation that half of the food needs would be provided by households. The ration provided more than half of the minimum basic requirement of 2,100 kcalories in order to compensate for expected deterioration in the health and nutritional status of at least some family members due to HIV and/or AIDS.

By December 2002, the project, which aimed to mitigate the effects of HIV/AIDS on household food security by focusing on maintenance and improvement of livelihoods and thereby helping to break the cycle of poverty and infection, had reached 48,000 beneficiaries. The four core project activities consisted of:

- 1) **Income-generating activities:** the main component of HIV activities, with food assistance aimed at helping HIV/AIDS affected and infected people at the start of their activity to ensure that basic needs are met. Once the income generating activity is functioning, food assistance is withdrawn.

²¹ UNAIDS Country Profile 2002: Rwanda



- 2) Vocational skills training: linked to income-generating activities, providing skills to beneficiaries to undertake IGA in the future, and mainly in the fields of sewing, embroidery, hairdressing, welding, carpentry, mechanics, and driving.
- 3) Life skills training, including training on HIV/AIDS transmission and prevention, links with other Sexually Transmitted Infections (STIs), PMTCT, hygiene and dietary advice, myths and fallacies about HIV/AIDS, etc.
- 4) Peer support and counselling aimed at reducing stigmatization and empowering PLWHA, providing opportunities for sharing problems, receive group and/or individual psycho-social counselling, and included together with IGA or training, rather than separately.

A total of 27 projects were implemented through 23 NGO partners and local associations which, according to the Mid-Term Review in November 2002, had improved the beneficiaries' self-reliance by providing them with opportunities for increased knowledge and self-awareness about the disease. Recommendations for improvements in the HIV/AIDS project included:

- Increasing sensitization sessions on HIV/AIDS for men, aimed at improving attitudes and sexual behaviour.
- Expanding access of PLWHA and their families to information about family planning, and means to avoid pregnancies.
- Developing more comprehensive programmes for AIDS orphans, together with GoR and other donors/NGOs.
- Identifying indicators to evaluate life skills training, and assessing the results and impact of the activities.
- Expanding the project to include: assistance to HIV/AIDS incapacitated people through Home-Based Care (HBC), providing medical, social and food support through a comprehensive package of assistance; increased support to pregnant and lactating HIV positive mothers through FFA and FFT; and HIV/AIDS awareness raising sessions at FFA and SF sites.
- Increasing the food rations.

In August 2003, the food ration was converted to full size, in order to better meet the increased nutritional needs of PLWA/H, particularly those already ill and under medical treatment or home-based care, and to permit those involved in income-generating activities to devote full time to their endeavours. In addition, the length of activities was extended from six to six to nine months.

According to routine monitoring, stakeholder discussions and other reports on HIV/AIDS project activities, the interventions were appreciated by the beneficiaries, and had varying degrees of impact. In two years, the project provided food rations to 95,430 persons, of whom over 70 percent were women. Beneficiaries' participation in more than one activity had increased the effectiveness of the project (for example, almost all participants in vocational training, income generation and home-based care received life skills training, and either received themselves or provided others with peer support and counselling).

Major constraints to project implementation were: deficiencies in monitoring and reporting by WFP at sub-office level, and by GoR at district and provincial levels due to insufficient numbers



of qualified staff to cover the large number of associations; a lack of implementing partners, particularly those with adequate funds to cover the costs of NFIs for project implementation; and insufficient coordination and low levels of programming between GoR, WFP and UN agencies. The Mid-Term Review recommended that monitoring efforts include a random sample of project beneficiaries in order to reduce overall workloads. In addition to strengthening partnerships with UN agencies, WFP was advised to investigate means to access HIV/AIDS funds available in Rwanda and to focus on capacity-development in HIV/AIDS in order to improve the technical level of existing partners.

In 2004, with HIV/AIDS prevalence continuing to rise, the GoR has planned to expand ART from a limited number of central-level clinics to ten district hospitals in order to provide approximately 100,000 PLWH/A residing outside of Kigali with access to treatment. Although WFP's current HIV/AIDS food assistance programme has been beneficial to tens of thousands of PLWH/A and their families, further nutritional support is needed, both to prevent health problems in HIV-infected persons, and to ensure the best possible health status for those affected by opportunistic infections related to HIV and AIDS.

In May 2004, a global agreement was made between the William J Clinton Foundation on HIV and AIDS and the World Food Programme, sealing WFP's commitment to provide food to HIV/AIDS patients in Africa, Asia and the Caribbean. The agreement, which will combine the Clinton Foundation's provision of ART with WFP's food aid distribution system, plans to expand these services to persons already receiving medicines through the Clinton Foundation's drug distribution programme. The Clinton Foundation, active in Rwanda's HIV/AIDS programme, will be a key GoR/WFP partner in the implementation of food and nutrition support to PLWH/A benefiting from ART.

RECOMMENDATIONS:

- *Expand HIV/AIDS programming in the four key areas, increasing the number of partners, and focusing on PLWH/A (recipients of PMTCT activities and ART). Existing associations should be encouraged to partner with and mentor fledgling groups.*
- *Formalise links between HIV/AIDS programming and FFA and other food security activities, and emergency and refugee relief activities, in order to standardise the awareness-raising and prevention component in all WFP-Assisted Programmes.*
- *Link HIV/AIDS programming with ongoing GoR PMTCT programmes, providing opportunities for mothers living with HIV/AIDS and their infants to benefit from longer-term assistance and to increase their access to FFA, FFT and other income generating activities.*
- *Develop, together with GoR and HIV/AIDS-Nutrition Partners, National Guidelines for Food and Nutrition Support to PLWH/A.*
- *Link HIV/AIDS programming with ongoing SFP and TFP. Develop protocols, together with GoR and HIV/AIDS- Nutrition Partners, for Institutional Feeding of AIDS patients, in conjunction with planned expansion of ART availability.*
- *Identify human resources for HIV/AIDS and Nutrition programming, exploring possibilities for increasing in-house expertise (through internships, UNVs, etc), and field-based support (through international volunteer programmes).*

7. FOOD MANAGEMENT



WFP Rwanda is very well equipped in terms of logistics: a central warehouse in Kigali with a total capacity of 11,000 MT; extended delivery points (the management of which has been outsourced to Lutheran World Federation since 1998) in Butare, Kibungo, Kibuye and Gisenyi; a fleet of six 15 MT lorries and four 15 MT trailers to complement the transport effected by private transporters, and a workshop for mechanical repairs. Telecommunications and information technology are efficient and WINGS/COMPASS systems have been operational since October 2003.

All warehouses visited were among the cleanest and best maintained ever observed by the Mission. There were no particular problems of losses, reported at the level of 0.4 percent of total receipts during the period covered by the evaluation and only 0.04 percent in 2003, representing 13.5 MT on a total of 33,000 MT handled.

Thanks to the regional approach of the PRROs, an adequate pipeline was generally maintained. A significant pipeline break, however, was experienced in 2001 and less important shortages occurred in 2003. When loan arrangements between projects in Rwanda and/or with other countries in the region proved incapable of overcoming food shortages, priority was given to refugees and nutrition programmes, which always received the required tonnage. Recovery activities had therefore to be scaled down or even suspended and rations adjusted to accommodate deficits.

WFP Rwanda made significant efforts to purchase food commodities locally when possible. Despite the limited availability of locally-produced food commodities, the WFP-Rwanda office was able to procure a total of 3,574 MT or 13 percent of total receipts in 2003 (730 MT of maize meal, 2,304 MT of pulses and 540 MT of Unimix/CSB) from the local market, worth over US\$ 1,000,000. Such efforts will be continued in the future to further promote local agricultural production. In addition to the quantities purchased in Rwanda, 15,212 MT (maize, maize-meal, pulses, Unimix/CSB and iodized salt) were purchased in the region (Uganda, Tanzania, Kenya.).

The rations provided to refugees, returnees, and beneficiaries of FFA, SF, TFP, SFP, etc were based on international standards and cultural acceptability. They were intended to provide the minimum nutritional requirements and were composed of maize grain or maize meal, pulses, iodized salt and vegetable oil, plus Unimix/CSB and sugar for malnourished children and mothers attending nutrition programmes.

The beneficiaries were well-acquainted with the types of food provided and no problems related to the use of the food ration in terms of cooking or otherwise were reported. As expected, some beneficiaries requested increased quantities, citing difficulties in covering their families' food needs with the standard five-person ration. Although the Mission noted that many families in Rwanda were probably larger, due to the high birth rate and extremely low prevalence of family planning use in the country, it concluded that the rations were sufficient.

The Mission acknowledged the particular satisfaction of school girls in Grades 4 through 6 with the monthly take-home ration of 3.6 kg of vegetable oil. However, WFP Rwanda should seek clarification on existing WFP guidelines or policies concerning the quantity of oil to be distributed. In the event that such information is not available, WFP should review the effectiveness of the oil distributions in achieving the objective of increasing girls' primary school completion rates.



8. MONITORING AND EVALUATION

With the shift of activities in 2001 towards development, logical frameworks were developed for all projects and an M&E Manuel prepared and issued (now included in Results Based Management) detailing reporting forms to be used as follows:

FFA:	Monthly food distribution and achievement monitoring reports Quarterly achievement report
School Feeding:	Monthly food aid needs sheet Monthly and quarterly reports Monitoring check lists
Nutrition:	Monthly stock report form PMTCT monitoring sheet
HIV/AIDS:	Monthly food distribution and achievement monitoring reports Quarterly achievement report Impact Survey

Forms were filled in by implementing partners and/or WFP food monitors and transmitted to the sub-offices for processing and analysis, forming the basis upon which Monthly Situation Reports were prepared. Joint monitoring visits were conducted with the representatives of the PFACs in order to ensure their active involvement in project management and in the implementation of recommended actions.

The assignment of four to six staff in each sub-office to monitor all aspects of WFP activities was instrumental in achieving the generally high standard of reporting noted by the Mission. It noted with satisfaction that the reference material prepared before its arrival (general briefing and a specific briefing sheet for each project visited based on information available in reports) was complete and accurate.

9. COORDINATION AND PARTNERSHIP

WFP activities were implemented in close collaboration and with the assistance of the GoR, both national ministries and departments and local authorities. Strategies and programmes were regularly shared and coordinated with GoR authorities at all levels. In addition, close relations were established with the Department of Social Affairs in the Ministry of Local Administration, Community Development and Social Affairs (MINALOC), which is responsible for overall coordination of food aid interventions in Rwanda.

Provincial Food Aid Committees (PFAC) composed of representatives of various government Ministries and WFP, were established in each province and were involved in identification of priorities, selection of beneficiaries, food distribution, monitoring and evaluation of results in close cooperation with the WFP sub-offices.

International and local NGOs and other UN agencies were also important partners, although more productive partnerships should be cultivated in future with UNICEF, FAO, UNFPA, UNAIDS, for instance. Memoranda of Understanding were signed with WFP, clearly defining



the strategy, roles and responsibility of each party. Unfortunately, funds available to UN agencies, NGOs and other partners for recovery/development decreased as the emergency situation improved, making it even more difficult for WFP to ensure proper technical/financial coverage for the activities envisaged.

For example, in November 2002, a MoU was signed between the GoR, UNICEF and WFP. Despite its best efforts, UNICEF only partially fulfilled its commitments outlined in the MoU. The Mission noted that UNICEF's supply of high-energy milk for individuals receiving Phase I and II treatment in the Therapeutic Feeding Programme was sporadic. In such cases, implementing partners used CSB or Unimix, provided by WFP, or, if resources were available, purchased dry milk locally, and enriched it with oil and sugar supplies from WFP. Since WFP's operational area was much larger than UNICEF's, the Mission noted gaps in zones where UNICEF inputs, as outlined in the MoU, were insufficient or non-existent.

Regular inter-agency coordination meetings chaired by WFP and attended by representatives of the major food aid agencies and donors were held at a frequency depending on the prevailing situation in times of emergency. In particular, regular meetings were held with UNHCR staff to coordinate timely assistance and ensure that sufficient quantities were available for refugees in camps and returnees coming back to their home country.

10. CONCLUSIONS AND LESSONS LEARNED

It was widely recognized that at the beginning of the emergency operation in 1994 and during the next few years, WFP-Rwanda was instrumental, with the collaboration of all partners, in saving the lives of refugees and returnees who had no other means of sustaining themselves. Also, in cases where it was found that people were affected nutritionally, WFP was there to provide assistance.

After the early stages of the emergency operation, where saving lives was the overriding priority, implementation of targeted distribution was started as soon as possible, in order to establish recovery activities that could contribute to addressing one of the core problems of the beneficiaries, food insecurity. The risk that WFP Rwanda's assistance would perpetuate dependency did not materialise as the relief and development programmes were designed to reduce and eliminate dependency by ensuring assets creation in agricultural production, housing, education, training, etc.

In Rwanda's post-emergency situation, the use of resources was as flexible as possible, with WFP facilitating the passage from emergency relief general distributions to targeted distributions under recovery activities. The shift to FFA was one of the best initiatives WFP-Rwanda took in favour of the affected populations. Enabling beneficiaries to participate in FFA activities helped to rebuild the confidence of a population that had suffered genocide and war. Receiving food (rather than cash) for the work performed was an aspect of WFP's assistance that was appreciated by all beneficiaries that the Mission interviewed.

WFP-Rwanda conducted the first Vulnerability and Mapping (VAM) exercise in 2001, and was therefore able, as soon as possible following the emergency, to tailor relief and recovery efforts accordingly. This initiative allowed more precise targeting, thus avoiding the risk of flooding the country with too much food while leaving real needy people without assistance.



The lack of baseline surveys regarding the “ex ante” situation made it difficult for the Mission to quantify the degree of relevance and sustainability of the assets created with WFP support. The Mission acknowledged, however, that WFP’s targeted assistance had made a notable difference in terms of improved food security, assets creation and infrastructure development. It also recognised that WFP’s efforts were instrumental in initiating a development process in Rwanda, a necessary step for a population that experienced particularly difficult and painful events.

WFP was able to provide staffing in sufficient number and quality, good leadership, positive and creative management and effective and responsive infrastructure (office and logistics) to the Rwanda operation. These elements were absolutely necessary to go beyond the pure emergency component of the operation, and to embark on a recovery programme which, by definition, is obliged to start in an adverse environment after a major crisis. WFP-Rwanda has also made concerted efforts to meet staffing needs in terms of quantity and competencies, and to build capacity through training to meet evolving needs resulting from the shift from emergency to development activities.

The Government’s involvement at all levels, national and local, was indispensable to move beyond emergency general distributions to a recovery and development focus. The creation of and support to Provincial Food Aid Committees in each Province was a particularly responsible step from the GoR, indicating its commitment to fully participating in the process of recovery.

RECOMMENDATION:

- *Given the prevailing situation in the country, where the transition from emergency relief to recovery and development is not yet complete, the Mission supported and recommended the continuation of recovery and nutrition activities under the PRRO, in addition to general distribution to returnees and refugees. It also supported the choice of the two pilot development projects in the field of human resources development, which represent overriding priorities in the Government’s Poverty-Reduction Strategy Paper (PRSP). Should the PRRO be terminated, however, the Mission recommended that FFA and nutrition-related activities become an integral part of the CP.*

Annexes



Annex 1

Mission Terms of Reference

REVISED
5.04.2004

WORLD FOOD PROGRAMME

TERMS OF REFERENCE

for the Evaluation of WFP's Portfolio of Activities in Rwanda

I. BACKGROUND TO THE WFP PORTFOLIO IN RWANDA

The genocide of 1994, in which an estimated one million Tutsis and moderate Hutus were killed, resulted in the destruction of the country's human resource base, institutional capacity and infrastructure. The war increased the incidence of poverty and food insecurity, especially in drought-prone areas; women- and child-headed households are the worst affected. The prevalence of HIV/AIDS – exacerbating food insecurity - and low primary school completion rates have also become a source of increasing concern. The process of recovery has been uneven. After some improvement in the poverty situation in 1995-1996, poverty levels rose again as of 1997, following the return of many refugees from the Democratic Republic of the Congo. In addition, widespread displacement of people took place in the northwest of the country in 1998.

Since 1994, WFP has provided life-saving food to the affected population under a regional emergency operation (EMOP 5624 - Food Assistance to the Great Lakes Region) covering Burundi, Rwanda, Tanzania and Uganda. In August 1999, this emergency operation was converted into a regional protracted relief and recovery operations (PRRO 6077.00) aiming at saving lives, restoring livelihood, improving the nutritional status of vulnerable groups and assisting the poor and hungry in food insecure areas, followed by an expansion (PRRO 6077.01) approved in February 2001. The project number then became PRRO 10062.00 (1 August 2001–31 January 2003). In October 2002, the Regional PRRO 10062.1 was approved for three years until 31 January 2006, at a total cost to WFP of US\$ 266,737,572.

Humanitarian assistance activities have also included an operation to alleviate the effects of drought (EMOP 6318 – Assistance to drought-affected persons in the southeast of Rwanda); this EMOP was implemented from 15 December 2000 to 15 March 2001 and extended through a budget revision by four months until 15 July 2001. Furthermore, a Special Operation was launched in the field of logistics to support inter-agency relief efforts to assist populations affected by the volcanic eruption in Goma from 24 January through 24 April 2002.

With the improvement of the socio-political situation, the need for a more structured and longer-term type of assistance (based on technical know-how acquired and partnerships) became apparent. As a first step, Quick Action Project 6096 – “Enhanced food security through swamp and hillside reclamation and development” (at a total cost to WFP of US\$ 3.5 million) was approved in 1999; this project ended in December 2003. Thereafter, the following two pilot projects²² were approved in 2001:

- Support to primary education in the most insecure regions of Rwanda, at a total cost to WFP of US\$ 6.1 million (project 10076.0).

²² These two projects will be part of the Rwanda Country Programme starting in June 2004.



- Support to improved self-reliance for HIV/AIDS-affected households at a total cost to WFP of US\$ 3.3 million (project 10079.0).

In May 2001, WFP submitted a Country Strategy Outline for consideration to the Second Regular Session of the Executive Board, and the Country Programme (2003-2006) was approved in 2003. The start of the latter is scheduled for June 2004 when the quick-action development projects are completed and they consist of (i) Support for basic education; (ii) Support for improved self-reliance for HIV/AIDS-affected households.

In summary, Rwanda stands at a critical stage of its development, having emerged from a war and genocide. Emergency food assistance has been gradually phased down over the last few years, and the focus of WFP assistance reoriented towards recovery and development activities, contributing to reconstruction and self reliance.

II. OBJECTIVES AND SCOPE OF THE EVALUATION

Objectives

- To assess the efficiency, effectiveness, outcomes, sustainability and relevance of WFP's portfolio of activities in light of the country's situation between 1999 and 2003.
- To make recommendations that will be relevant to the current portfolio of activities in terms of coherence and synergies of activities, operational improvements of individual activities
- To the extent possible, to draw lessons of use in future programmes.

Scope

In the execution of its mandate, the Mission will examine all factors that have seriously influenced, positively or negatively, WFP's response over time, the transition from relief to development, and progress of activities, considering all the circumstances.

In particular, the Mission will devote particular attention to the following key issues:

- Appropriateness and timeliness of WFP's short-term and longer-term response in light of the country's situation, including timely and adequate provision of food and cash resources.
- Adequacy of food and other needs assessments, including mechanisms, if any, for early adjustments (selection criteria, targeting, changes in food ration and basket).
- Appropriateness of regional PRRO 10062.1 mechanisms to effectively satisfy needs in Rwanda.
- Efficiency and effectiveness in the targeting of the beneficiaries as the situation evolved, in light of overall assistance provided, local capacities, developments and coping strategies.
- Adequacy of WFP in-country management structures and profiles, for effectively handling recovery and development activities.
- Adequacy of inputs and support services from Government and other implementing partners for recovery and development activities.
- Effectiveness of coordination mechanisms at local and central levels.
- Donor preparedness to fund recovery and development activities.

III. EVALUATION APPROACH AND CONDUCT



The team will examine and review all documentation provided by the Office of Evaluation (OEDE) and the WFP country office in Rwanda, interview/consult WFP country office staff, the UN Resident Coordinator and agency representatives, concerned/interested multilateral and bi-lateral agency representatives, Ministry departments, and non-governmental organizations.

Findings and issues arising from these reviews will be subjected to field level analysis. Special attention will be devoted to capturing the perceptions of the beneficiaries regarding activities and type of support (general distribution/targeted distribution) over time.

The evaluation shall be conducted in conformity with the present Terms of Reference, under the guidance of a Senior WFP Evaluation Officer.

Much of the Mission's work should be devoted to the key issues identified in Section II of the Terms of Reference that represent the major questions to be answered. The Mission should, however, feel free to identify and discuss other issues as appropriate.

Preparatory work on general information and statistics (see Annex) relevant to the evaluation will be undertaken by WFP/Rwanda, prior to the arrival of the team. The Mission will be briefed by the CD/WFP Representative. Prior to officially submitting its major findings, conclusions and recommendations in the form of an Aide Mémoire to all concerned, the CD/WFP Representative will be given the opportunity to clarify and discuss any issue. A debriefing session will take place at the end of the mission in Kigali (WFP, Government, NGOs, Representative of the Regional Bureau ODK and Representative of the Office of Evaluation (WFP/OEDE) during which the Mission will present its Aide Mémoire.

The Mission Leader shall have the overall responsibility for conducting the Mission and ensure that all deadlines are met for the outputs below. He shall plan, organize and coordinate the Mission's work, including distribution of tasks among Mission members, present the Mission's findings, conclusions and recommendations to WFP/Rwanda, and prepare the draft summary and full evaluation reports (see below).

The two experts shall be responsible for the systematic gathering of information and data concerning his/her tasks, citing concrete examples and sources of information in their technical reports. Furthermore, they shall provide an input in writing to the above-mentioned Aide Mémoire.

IV. MISSION COMPOSITION AND DURATION

The Mission is scheduled from 26 April through 15 May 2004 (first and last working days) and is composed of the following members:

- Paul Frenay, Team Leader, WFP Consultant
- Dr. Ellen Girerd-Barclay, International Nutrition and Public Health Specialist, WFP Consultant
- René Grojean, Rural Development Specialist, WFP Consultant.

In constituting the above-mentioned team, in addition to excellent analytical and communication skills, attention will be given to language skills (English and French) and country-specific experience. Furthermore, the Consultants should be familiar with WFP policies and strategies in the field of humanitarian assistance.

V. REPORTS



Full Report of the Evaluation of WFP's Portfolio of Activities in Rwanda

All reports shall be prepared in English. Within ten days after the end of the mission, the experts shall submit to the Mission leader a technical report detailing and substantiating their findings, conclusions and recommendations.

The Mission Leader shall review, compile and expand, if needed, the technical contributions of the experts and prepare the full draft evaluation. He is also responsible for drafting the summary evaluation report for presentation to the Executive Board in October 2004. Both draft reports shall be submitted to the Director of the WFP Office of Evaluation three weeks after the end of the Mission and be reviewed by the Senior Evaluation Officer. The schedule for report writing is detailed in the contracts of the Consultants.

AW/aw
5 April 2004



Annex to the Terms of Reference

Description of Tasks

The following points should ideally be covered by the evaluation, although the Mission Leader should feel free, in light of the specific country/programme situation, to assign priorities to the tasks or consider other aspects (identified by the team members), he deems necessary to achieve the stated objectives of the evaluation according to established schedules.

Overview of Portfolio of Activities (PRROs 6077.00, 6077.01, 10062.1, Quick Action Projects 06096.0, 10076.0, 10079.0):

1. Dimension and causes of the crisis, and the response/strategies at the household, government, donor/agency levels to cope with urgent needs.
2. WFP response/strategy: evolution of WFP programme planning and design since 1998, planned and actual beneficiary numbers (summarized in the form of a table by programme category, programme title/number, population group and gender), food and cash resources committed, resourced, shipped and utilized (by year and programme title/number).

Assessment and Targeting:

3. How have food and non-food needs been assessed and possibly been adjusted as the situation has evolved, at the country level, community level and household level?
4. How effective was/is the system of identifying areas and population groups in greatest need? Who selects the beneficiaries or geographical areas, and on what basis? Are gender or health issues being considered? Have the selection criteria been applied in a constant manner, and are they being adequately monitored? Is targeting of the neediest ensured?
5. Examine the adequacy of the process of beneficiaries being phased out from relief and graduating for food assistance within a recovery and development context. Particular attention should be given to the possible risk of perpetuating dependency.

Recovery and Development Activities:

6. Has the country office developed any mechanisms to signal the need for adjusting the mode of programme intervention, including targeting?
7. Has the development portfolio of activities benefited from the PRROs? If yes, please specify.
8. Are activities and outputs adapted to, and in line with, conditions and needs of beneficiaries, socio-political context, institutional and complimentary support? Have they evolved over time, and how? What has been learned from the implementation of the quick action projects?
9. Are the assets being created by the beneficiaries relevant for them, and are they being maintained?

Management:

10. What has been the evolution of the WFP in-country management structure and profile as the situation evolved, to manage the activities and maintain effective operational relationships with implementing partners?



11. Adequacy of technical and institutional support provided by implementing partners, particularly for recovery and development activities.

Food Management:

12. Has the pipeline been adequately maintained? In the case of resource shortfalls, have breaks in the pipeline been signalled beforehand and what were the responses provided? In case of pipeline breaks, how have the activities been adjusted?

13. Examine the adequacy of the WFP food ration in terms of quantity, quality and acceptability, taking into account alternative sources of food and cultural consumption habits.

14. Examine the distribution systems and constraints. Identify any problems related to the use of the food ration in terms of cooking, etc.

Nutrition and Health:

15. Examine the link between health conditions and nutritional status. What health factors have influenced nutritional survey results? Extent to which the target groups have access to health facilities and health-related basic needs (medicines, sanitation and water).

16. Examine current nutrition related interventions in conjunction with the relevant agencies and determine the effectiveness of these programmes in meeting the needs of vulnerable groups.

Monitoring and Evaluation:

17. How is the monitoring system being used? Type and frequency of monitoring and reporting.

18. Were baseline data collected and indicators identified at the beginning for measuring results?

19. What are the constraints to monitoring, and measures taken or proposed by the WFP country office to overcome these constraints?

Coordination and Partnerships:

20. Are the number and nature of implementing partners working with WFP adequate for implementing, in particular, recovery and development activities? Are the capacities and advantages of potential implementing partners assessed by the WFP country office prior to entering into partnerships and agreements? Is there an appropriate balance between local, national and international IPs? Role of government services in the recovery and development process.

21. What mechanisms are in place to ensure effective coordination at the national policy level regarding relief, recovery and development issues?

Results of the Portfolio of Activities:

22. Is there any evidence that WFP assistance has helped to save lives and avoided a serious worsening of the nutritional and health status of the beneficiaries?

23. Examine the incidence of short and longer-term benefits (intended and unintended) of recovery and development activities. Do the results justify the costs incurred? What would have been the situation without WFP food and non-food? Are there other mechanisms to achieve the results more effectively?



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24. Examine the contribution of the activities in advancing the role of women as both beneficiaries of, and participants in, the recovery and development process.

25. Examine the sustainability of the assets created, including their management and protection (in the case of swamp and hillside reclamation and development).



Annex 2

Mission Programme and Itinerary

AGENDA

Evaluation of WFP's Portfolio of Activities in Rwanda
26 April-14 May 2004

Tuesday, 20 April

18:40 Arrival of Ms Ellen Girerd-Barclay, International Nutrition and Public Health Specialist

Saturday, 24 April

18:40 Arrival of Paul Frenay, Team Leader, and René Grojean, Rural Development Specialist

Monday, 26 April

09:00 Introduction to the WFP country office
Presentation of WFP Rwanda activities
11:30 Meeting with Mr Pierre Claver Uwimana, Programme Officer, United Nations, and other Multilateral Donors, Ministry of Finance and Economic Planning
14:30 Meeting with UN Security Cell for briefing on Rwanda
16:30 Meeting with Madame Christine Nyatanyi, Minister of State in charge of Local Government, Community Development and Social Affairs

Tuesday, 27 April

08:00 Meeting with Dr Abel Dushihimana, Minister of Health
09:30 Meeting with Hans-Dieter Steinbach, German Ambassador
10:30 Meeting with M.G Hennekens, Dutch Ambassador
12:00 Meeting with USAID representatives
14:00 Meeting with Ms Julie Fournier, Third Secretary, Cooperation CIDA
16:00 Meeting with Professor Romain Murenzi, Minister of Education

Wednesday, 28 April

09:00 Meeting with Mr Macharia Kamau, Resident Coordinator, and UN Heads of Agencies (combined with Heads of Agencies meeting)
10:30 Meeting with Mr Vincent Ngarambe, Director of Agricultural Engineering, Ministry of Agriculture, Livestock and Forestry
14:00 Meeting with Mr Straton Nsanzabaganwa, Director, and Ms Jeanne Marie Murekatete, Programme Officer, Ministry of Local Government, Community Development and Social Affairs
15:30 Meeting with Mr Narcisse Musabeyezu, Director of Primary Education, Ministry of Education



Thursday, 29 April

- 08:00 Meeting with Dr Innocent Nyaruhirira, Minister of State in charge of HIV/AIDS and other infectious diseases
- 09:00 Depart for Byumba and Ruhengeri
- 12:00 Lunch in Ruhengeri
- 14:00 Meeting with Mr Boniface Rucagu, Prefet of Ruhengeri Province, and members of the Provincial Food Aid Committee (PFAC)
- 15:00 Meeting with HELPAGE representative
- 17:00 Check into Muhabura Hotel in Ruhengeri

Friday, 30 April

- 08:00 Depart for field visits in Ruhengeri
- 17:00 Return to Ruhengeri

Saturday, 1 May

- 09:00 Depart for field visits in Gisenyi
- 17:00 Return to hotel in Gisenyi

Sunday, 2 May

- 10:00 Depart for Kigali
- 13:00 Return to Kigali

Monday, 3 May

- 08:00 Depart for field visits in Bugesera region
- 10:00 Meeting with representatives from the Ministry of Agriculture and Provincial Food Aid Committee, Kigali Ngali Province
- 18:45 Return to Kigali

Tuesday, 4 May

- 07:00 Depart for field visits in Gikongoro Province
Meeting with Head of Sub-Office in Butare Province
Meeting with representatives from the Provincial Food Aid Committee, Gikongoro Province
Visit to project sites in Gikongoro Province
- 18:30 Return to Butare, check in to Credo Hotel

Wednesday, 5 May

- 08:00 Briefing with Provincial Food Aid Committee (PFAC) representatives from Butare Province
- 08:30 Depart for field visits in Butare Province
- 15:30 Depart for Kigali
- 18:30 Return to Kigali



Thursday, 6 May

- 08:00 Meeting with Dr Patrick Habamenshi, Minister of Agriculture
- 09:00 Depart for field visits in Kibungo
- 08:45 Arrive in Kibungo Province for briefing with Head of Sub-Office in Kibungo and representatives from the Provincial Food Aid Committee, Kibungo Province
Visit to project sites
- 18:15 Return to Kibungo, check in to Saint Joseph Hotel

Friday, 7 May

- 08:00 Depart for field visits in Umutara with representatives from the Provincial Food Aid Committee, Umutara Province
Visit to project sites
- 17:30 Return to Kigali

Saturday, 8 May

- 18:40 Arrival of Ms Annemarie Waeschle, Senior Evaluation Officer

Monday, 10 May

- 11:00 Meeting with Mr Komi Gbeblewoo, FAO Representative
Meeting with Mr Kalunga Lutato, UNHCR Representative
- 15:00 Meeting with Mr Dirk Jena, UNFPA Representative
Drafting of Aide Mémoire, summarizing major findings, conclusions and recommendations

Tuesday, 11 May

- Drafting of Aide Mémoire, summarizing major findings, conclusions and recommendations
- 15:00 Meeting with Mr Macharia Kamau, UNDP Representative/Resident Coordinator
- 17:20 Arrival of Mr Bienvenue Djossa, ODK

Wednesday, 12 May

- 09:00 Presentation of draft report to Country Director
- 14:00 Submission of report to Government counterparts

Thursday, 13 May

- 10:00 Discussion of draft report with Country Director

Friday, 14 May

- Wrap-up meeting with Government counterparts, to be chaired by Minister of Social Affairs

Saturday, 15 May

- 14:00 Mr. Bienvenue Djossa departs for Entebbe
- 19:40 Evaluation Mission members depart for Rome



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Annex 3

List of Persons Met

Place	Organization	Name	Title
Kigali	Embassy of Canada	Fournier, Julie	Vice Consul and Cooperation Attache, CIDA
Kigali	Embassy of Netherlands	Monique	UN Field Security Coordinating Officer
Kigali	Central Public Invest. & Ext Fin Bureau (CEPEX)	Uwimana, Pierre Claver	Programme Officer UN and other Multilateral Donors
Kigali	Ministry of Agriculture, Animal Resources, and Forestry	Ngarambe, Vincent	Director of Rural Engineering and Soil Conservation
Kigali	Min. Local Government, Rural Dev., Soc Affairs	Nyatanyi, Christine	Minister of State
Kigali	Min. Agriculture, Animal Resources, and Forestry	Habamenshi, Patrick	Minister
Kigali	Ministry of State in Charge of HIV/AIDS and Infectious Diseases, MiniSante	Nyaruhirira, Innocent	Secretary of State, Responsible for the Fight Against AIDS and other infectious Diseases
Kigali	Ministry of Health	Dushihimana, Abel	Minister
Kigali	Embassy of Germany	Grundies, Wolf	First Secretary, Deputy Head of Mission
Kigali	Embassy of Germany	He Hans-Dieter Steinbach	Ambassador
Kigali	Embassy of Netherlands	HE AJAJMG Hennekens	Ambassador
Kigali	Ministry of Education, Science, Technology and Scientific Research	Professor Murenzi, Romain	Minister
Kigali	Ministry of Local Government, CD Local Affairs	Nsanzabaganwa, Straton	Director
Kigali	Ministry of Local Government, CD Local Affairs	Murekatete, Jeanne Marie	Programme Officer
Kigali	USAID/FFP	Karas, Andy	Officer, for Agriculture
Kigali	WFP	Stevenson, David	Representative/Country Director
Kigali	WFP	Loriston, Alix	Deputy Country Director
Kigali	WFP	Hamzah, Haryati	Administration Officer
Kigali	WFP	Lyons, Simone	Logistics Officer
Kigali	WFP	Gasasira, John	ICT Officer
Kigali	WFP	Adoua, Guy	Programme Officer, School Feeding
Kigali	WFP	Pala-Krishnan, Rathi	Programme Officer, Reports
Kigali	WFP	Iyakaremye, Elie	Programme Officer
Kigali	WFP	Umotoni, Paulette	Staff Assistant
Kigali	WFP	Kingazi, Nyakato	Vulnerability and Mapping Officer
Kigali	WFP	Nkusi, Debra	Programme Officer, Nutrition



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Place	Organization	Name	Title
Kigali	WFP	Safari, Emmanuel	Head of Sub Office Kigali
Kigali	WFP	Usengumuremyi, Cyridion	Head of Sub Office Kibungo
Kigali	WFP	Simbizi, Pascal	Administration Assistant
Kigali	WFP	Basominger, Emmanuel	Warehouse Manager
Kigali	WFP	Mugisha, Jimmy	Sr. Driver
Kigali	WFP	Habimana, Selemani	Driver
Kigali	WFP	Masokumona, Michel	Driver
Kigali	WFP	Nijimbere, Beatrice	Project Assistant, HIV AIDS
Kigali	WFP	Habiyambere, Laurent	Driver
Kigali	WFP	Munyambibi, Salomon	Driver
Kigali	WFP	Nyiligira, Anasthasia	Reports Clerk
Kigali	WFP	Lyons, Simone	Logistics Officer
Ruhengeri	Help Age	Knyigomba, Augustin	Coordinator
Ruhengeri	Help Age	Ndayisaba, Maurice	Charge du Desenclavement
Ruhengeri	Help Age	Ngiruswonsanga, Victor	Coordinator SIG
Ruhengeri	Help Age	Bugabo, Hilaire	Charge de la Peche SIG HIMO
Ruhengeri	Ruhengeri Province	Rucagu, Boniface	Prefect
Ruhengeri	District de Cyeru/Ruhengeri	Sharamanzi, Alphonse	Maire du District de Cyeru
Ruhengeri	District de Cyeru/Ruhengeri	Nkiliye, Ildephonse	Charge Composante Conservation Sols et Protection Bassins, SIG/HIMO
Ruhengeri	District de Cyeru/Ruhengeri	AHIMANA, Antoinette	Responsable du Service Agricole du District de Cyeru
Ruhengeri	District de Cyeru/Ruhengeri	Dusabimana, J.Baptiste	Agroforestier du Service Agricole du District de Cyeru
Ruhengeri	District de Cyeru/Ruhengeri	Uwimpaye, Fidele	Agronome, Responsable du Service Agricole du District de Bugarura
Ruhengeri	District de Cyeru/Ruhengeri	Ndagijimana J. Baptiste	Responsable du Centre de Sante Kirambo, District de Cyeru
Gisenyi	Ministry of Local Administration (MINALOC)	Honore	Responsible for Nkamira Transit Centre for Returnees
Gisenyi	Province of Gisenyi	Kamanzi, Francois	Director of Agriculture, Livestock and Forestry
Gisenyi	Province of Gisenyi, Kanama District	Martin	District Agronomist
Gisenyi	Local Association Imbaraga	Vincent	President of the Association
Ngali	Provincial Committee	Habimana, Augustin	Directeur de l'Agriculture
Ngali	Provincial Committee	Harindintwali, Reverien	Division Chief, Ministry of Agriculture
Ngali	Provincial Committee	Zubeda, Sefu	Charge de l'Amenagement des marees au MINAGRI
Ngali	Provincial Committee	Kanyamera, Pheneas	Vice President of the Impuzamugambi Association



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Place	Organization	Name	Title
Ngali	Provincial Committee	Mukagasana, Bertha	President of the Marais Ruvumbu
Ngali	Provincial Committee	Sebakanura, Fidele	Vice Mayor of Ngenda
Ngali	Provincial Committee	Habiyaremye, Desire	School Inspector of Gashoro
Ngali	Karena School	Twagirayew, Manasse	School Director, Karena
Ngali	German Agro Action	Mukampabuka, Immaculee	Project Officer
Ngali	Nutrition Centre Kulima	Nyiramafaranga, Aimee	Assistant of the Nutrition Centre
Ngali	Nutrition Centre Kulima	Sister Colon, Delores	Head, Relima Nutrition Centre
Butare	WFP Butare	Mukamuhirwa, Francine	WFP Programme Assistant,
Butare	WFP Butare	Munyangabe, J. Nepomuscene	Member, PFAC Gikongoro
Butare	WFP Butare	Nwike, Ifeanyi	Head of Sub Office
Butare	Provincial Food Aid Committee	Mukerandinda, Jean Bosco	Division Chief, Butare Province
Butare	Provincial Food Aid Committee	Lyatona, Ernest A.	D/EJC
Butare	WFP Butare	Mukankaka, Charlotte	Field Monitor, Butare
Butare	Provincial Food Aid Committee	Karangwa, Charles	DAEF, Butare
Butare	Provincial Food Aid Committee	Musango, Laurent	DSGAS Butare
Butare	Nutripa	Therese	Nutritionist
Butare	HIV AIDS Centre	Kaabazi, Aloys	Agronomist
Butare	HIV AIDS Centre	Kiguen, Nsenea Clement	Coordinator
Butare	HIV AIDS Centre	Dusinyazemanyo, Bernadette	Social Assistant
Butare	HIV AIDS Centre	Musomera, Innocent	Sewing teacher
Butare	Lutheran World Federation	Van Kampen, Thomas	Sr. Emerency and Rehabilitation Coordinator
Gikongoro	Provincial Food Aid Committee	Muhayimana, Nebon	Member, PFAC Gikongoro
Gikongoro	Provincial Food Aid Committee	Rugumiliza, Onesphose	Member, PFAC Gikongoro
Gikongoro	Africare Gikongoro AIDS Project	Chuma, Yves	Head of Project
Cyanika	Health Centre	Sister Immaculee	Assistant of the Nutrition Centre
Nyanza	District Health Centre	Mutabazi, Zabulon	Nutritionist, Nyanza District
Nyanza		Durabe, Liliane	Gira Impuhwe
Nyanza		Twazigiramaliya, Daphrose	Gira Impuhwe
Nyanza	Nutripa	Nadine	Nutritionist
Nyagatare	District Hospital	Niwamahoro, Nadine	Social Assistant
Nyagatare	District Hospital	Zihindura, Prosper	Nutritionist A-1



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Place	Organization	Name	Title
Nyagatare	Umatara Veterans Association	Kabayiza, Faustin Tshombe	President of the Association
-	Provincial Food Aid Committee	Uzalibara, Stanislas	Chief of Education Activities
Umutara	Provincial Food Aid Committee	Zimulindu, Justin	Director of Agriculture, Livestock and Forestry
Umutara	Provincial Food Aid Committee	Rukeba, Eugene	Executive Secretary, Umutara Province
Umutara	Provincial Food Aid Committee	Hakazimani, Jean-Marie	Director of Health, Gender and Social Affairs
Umutara	Rukara District	Kayitesi Florence	Adjointe au Maire
Umutara	ARDEC	Rutayisire Claude	Responsable de l'ONG ARDEC a Rukara
Umutara	Ntende Water Supply/Swamp Reclamation Project	Rutazigwa, Martin	ADRA Programme Monitor
Umutara	Ntende Water Supply/Swamp Reclamation Project	Munyangabo, Frederic	BEAH, Sarl. (Bureau d'Etudes et Amenagements Hydrauliques (Kigali)
Umutara	Ntende Water Supply/Swamp Reclamation Project	Rwakibiba-Nzaba, John	ADRA Swamp Manager
Umutara	Ntende Water Supply/Swamp Reclamation Project	Rudahynga Silas	Coordinator, Gikoma sector
Umutara	Ntende Water Supply/Swamp Reclamation Project	Ngabonziza, Antoine	Committee President, Gikoma
Kibungo	Provincial Food Aid Committee	Rutayisere, Bernard	DEJC Kibongo
Kibungo	Provincial Food Aid Committee	Nzeyimana, Patrice	Programme Assistant, WFP Kibungo
Kibungo	Provincial Food Aid Committee	Kamana, John	DSGAS Kibongo
Kibungo	Provincial Food Aid Committee	Bizimana, Simon	DAEF, Agricultural Officer Kibongo
Kibungo	Provincial Food Aid Committee	Kamuhayise, Paul	DAEI Kibongo
Kibungo	Provincial Food Aid Committee	Habimana, C Dr	Director of Agriculture, Livestock and Forestry
Kibungo	Provincial Food Aid Committee	Munyandinda	Executive Secretary, Kibongo Province
Kibungo	WFP-Kibongo Sub Office	Bitega, Willy	Programme Assistant



Annex 4

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