



CIRCULAR

A newsletter from the International
Rescue Committee UK

Issue 4
Spring 2002

Congo Erupts IRC Responds

On the 17th of January, 2002, the volcano Nyamagongo erupted, spilling lava toward the town of Goma on the shore of Lake Kivu in eastern Democratic Republic of Congo. The lava entered the city in two separate flows, the larger of which cut through the town until it reached the lake, effectively splitting the town into two. Approximately 20% of the town was destroyed, including the commercial district. Most of the 350,000 people that lived in Goma fled either east towards Gisenyi in Rwanda, or west towards the town of Sake in the Congo.

By 7am the next day, IRC Rwanda Country Director Lizanne McBride was in Gisenyi together with a water and sanitation specialist to assess the situation. By the end of the first day, IRC was able to begin supplying water to meet the needs of the displaced population. Liz McBride reported that "the refugees from

Goma were lined up and sleeping along the main roads of Gisenyi town, out to a distance of approximately 10 kilometres". IRC installed water bladders along the road and trucked water to these distribution points. On the first evening after the eruption, with continued volcanic and seismic activity, IRC's teams set up water tap stands and worked with the Rwandan police to assist in the distribution of water. On the second and third days the distribution network was expanded to include designated refugee sites on the Rwandan side of the border.

Meanwhile a team of engineers and staff trained in emergency response had travelled overland from Bukavu in eastern Congo to assess the situation in Goma itself, while another team led by Michael Despines, IRC's Director for eastern Congo had travelled to Rwanda to support the efforts in Gisenyi. Across the region, IRC staff, vehicles and equipment were being mobilised, from programmes in Kenya, Uganda, Tanzania, Burundi, Rwanda, Democratic Republic of Congo and

the Republic of Congo. This regional coordination effort enabled IRC to deploy the necessary experts quickly and efficiently, and it was notable that for the first two days after the eruption, IRC was the only international non-governmental organisation that was operational and able to respond to the immediate needs of the displaced population.

"the refugees were lined up and sleeping along the main roads"

It quickly became apparent that the majority of the displaced were anxious to return to Goma, and IRC facilitated this movement by supplying water points along the road between Gisenyi and Goma. Back in Goma, the water supply system had been heavily damaged by the lava flows, and IRC again responded by setting up water distribution points and trucking in water to supply this system. Initially the only way to cross from one side of the town to another was by boat

on Lake Kivu. As the lava cooled, a number of 'roads' were cleared over the lava flows themselves, and road transport once again became possible. While the International Red Cross focused on rehabilitating the damaged water supply, IRC and Oxfam took charge of providing a daily water supply to distribution points across Goma town, with IRC taking responsibility for the western section of the town and Oxfam for the eastern portion. This life-saving effort continues, and with positive results: initial survey data indicates that incidences of cholera and other water-borne diseases are below the expected level for Goma.

Nevertheless, this life-saving intervention is not without its costs. The water tankers are taking considerable damage from travelling over Goma's rugged terrain and require continuous maintenance. Once the water system is up and running, this intervention will be phased out and life in Goma will begin to return to normal.

With thanks to Michael Despines, Liz McBride and Alyoscia D'Onofrio

Working towards a secure future

IRC meets tough challenges in delivering relief and services to Afghanistan's refugees and displaced.

Amidst pledges of substantial aid packages and development assistance from the international community, the daily business of saving lives and assisting the most vulnerable communities in Afghanistan continues. Since our last report on IRC's response to the crisis in December, 2001, the IRC has received further funding from public donors and individual supporters, leading to a significant increase in the level of humanitarian relief to Afghan refugees in Pakistan and the displaced within Afghanistan, as well as the most vulnerable communities threatened with starvation. In this report, we get the latest view of events from our team in the field and examine how IRC is addressing new challenges.

After two decades of conflict, a three year drought and retaliatory attacks against the al-Qaeda network, the Afghan people are a destitute population. The infant mortality rate is estimated at more than 1 in 4; the number of displaced totals nearly 5 million and food is still desperately scarce in many remote parts of the country, with an estimated seven million people still vulnerable to famine. Furthermore, twenty percent of the country have little or no health care and in a poignant legacy of Afghanistan's recent history, there are 10,000 war widows in Kabul alone.

With the human resource base badly weakened, Afghanistan's economy is in a state of total collapse. Institutions such as the central bank, civil service and judicial system are either extremely fragile or non-existent. Few have access to education. The country holds the largest disabled population in the world - landmines, which cover enormous tracts of countryside, claim 500 victims a month.

These are the kind of daunting challenges IRC and other humanitarian assistance agencies face in delivering assistance that is so desperately required in Afghanistan. No one imagines they can be resolved overnight, but there is a tremendous will to achieve positive and lasting results.

"Security is the key to effective humanitarian assistance"

The first priority is to ensure food gets to those in danger of starvation. Wide scale famine may have been averted but pockets of extreme need and famine still exist throughout the country. However, in order to deal with these problems effectively, security is essential and remains a significant area of uncertainty. In February, IRC's office in Gardez became the centre of a 24-hour battle between rival warlords, in which IRC staff escaped uninjured and were able to help get the wounded to hospital. Weeks later the same town was shaken by the most severe fighting since the fall of the Taliban and 30 kilometres away, Afghan and coalition troops were engaged in fighting with Al-Qaeda groups in the mountains. Despite the violence however,

the IRC continued its programmes, assisting thousands of local people displaced by earlier conflict. Security is the key to effective humanitarian assistance. Once that is achieved, the country can begin the process of development.

In the immediate future, agencies like IRC continue to address the humanitarian crisis facing millions of civilians. In January, one of IRC's field staff discovered people in the Abdullah-Gann region of Afghanistan facing starvation and forced to survive on bread made from grass, barley seeds, wood and vegetable roots. In response, the IRC mobilised 50 villagers and 400 donkeys - the only means of transporting emergency food and medical supplies up the narrow passes. The donkeys carried the aid up winding tracks in freezing weather into the heart of the mountains. Within days food was delivered to over 50,000 villagers to enable them to survive for the next 3 to 6 months. The IRC also sent doctors to assess the health needs and set up a clinic to provide care and high protein food for nursing mothers and babies.

In Kabul, IRC staff, with funding from the British, Irish and American governments and generous individuals around the world, continue to assist victims of the 'war on terror' and to provide assistance where needed. These include civilians who have given their life savings to ensure family members were taken to safety and who are now utterly destitute.

Meanwhile in Pakistan, IRC's Female Education Programme has developed a programme among Afghan refugees to increase the number of science teachers. IRC has been holding workshops in refugee camps and schools for existing and would-be science teachers, involving former lecturers from universities in Afghanistan and other teachers with a science background. Two IRC Pakistan-supported schools, in Peshawar and New Samshatoo refugee camp, which enroll 3,000-4,000 girls are preparing for their first Science Day in May.

IRC's aim is to continue with both short and long term assistance and encourage investment in the future of Afghanistan by assessing, planning and carrying out rehabilitation programmes in agriculture, education, health and physical infrastructure.

With thanks to Sigurd Hanson and Ken Burslem

Photo: Kate Holt



Health Focus:



Reproductive Health programme on Thai/Burma border

The IRC began its international health programme in the late 1970's, when it provided medical services to Khmer refugees in Thailand. Today, the IRC has primary and environmental health programmes in 26 countries around the world, reaching as many as 3 million refugees a year.

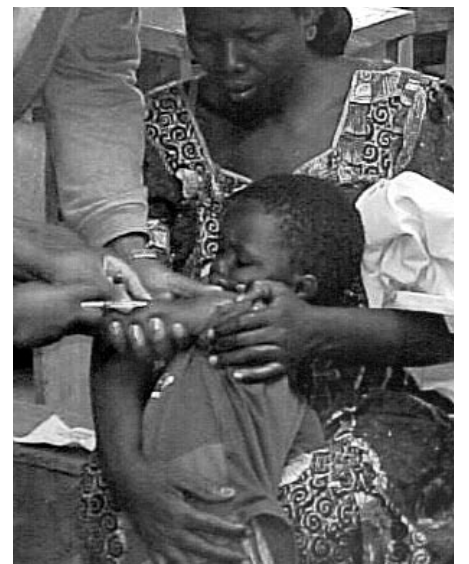
IRC currently coordinates health services in refugee camps, resettled refugee communities and war-impacted communities and provides health services in all phases of humanitarian crises – emergency, rehabilitation and post-conflict development. The size and nature of the IRC's health programmes vary widely from country to country and differ accordingly to the community setting, phase of the emergency response and programme emphasis.

The major goal of the IRC's health programmes is to reduce morbidity and mortality and to promote the health of the populations that we serve. When an IRC team conducted a follow-up mortality survey in eastern Democratic Republic of Congo in early 2001, it confirmed a major humanitarian crisis – 2.5 million people had died during three years of conflict, the majority due to starvation and preventable infectious diseases. In response, the IRC expanded its programmes to meet these critical health needs. We now serve 613,000 people in 68 facilities where we provide drugs, supplies, training, supervision, clean water and sanitation. Most importantly, we are seeing dramatic reductions in mortality as tens of thousands more people have access to quality health care. Within a year, IRC's health programmes in Katana have cut excess mortality by 60 percent.

Malaria is one of the world's leading killers and is endemic in most countries where the IRC operates. In Thailand however, the IRC's collaborative disease control efforts, implemented in collaboration with regional partners, have had dramatic effects. Along the Thai-Burma border, the incidence of malaria in 2001 was one tenth of that recorded in 1996. The IRC strategy has included early diagnosis, rapid treatment, distribution of insecticide-treated bed nets, education and pre-natal screenings.

For the past five years, IRC has been a leader in the development of reproductive health services for refugees and conflict-affected communities. IRC's gender-based violence prevention programme in Tanzania has been described as a model for refugee settings and has been replicated in a number of sites throughout Africa.

Wherever the IRC works, we seek to help communities establish health services that will serve the population long after we leave. In Kosovo, the IRC's programme to boost the capacity of the Institute of Public Health has helped to establish a comprehensive public health surveillance system across the province and has strengthened the Institute's epidemic response capacity. In Macedonia, the IRC recently transferred a major component of its successful



Child immunisation programme

primary health care programme to the Macedonian Red Cross, thereby increasing the capacity of this local aid group and promoting the long-term sustainability of the health services.

By donating to the IRC, you can help the IRC to continue its successful and life-saving work with refugee health programmes around the world.

With thanks to Rick Brennan, Abby Chua and Dr Raj

updates

Satellite Technology

IRC is leading a collaboration of over 10 agencies in Somaliland to conduct a systematic assessment of resettlement areas using satellite photography.

The "Ikonos" satellite took a high-resolution photograph of Hargeisa as it passed over the city on 1st March. The photograph will be used primarily to provide current information on the extent and geography of refugee resettlement areas around Hargeisa, but will also be used for mapmaking, urban planning and estimating populations in different neighbourhoods. The photography covers an area of 121 sq km and can resolve objects down to one metre in size so that individual streets and houses can be seen. The satellite technology is significantly cheaper than the aerial surveys that had been used previously.

The study involves a range of measurements intended to provide a broad overview of life in these communities and allow agencies to determine priorities based on the acuity of various problems in the different resettlement areas. Over 800 households in eight resettlement areas will complete questionnaires on topics ranging from basic demographics to education, health, sanitation and life before arriving in the resettlement areas. Focus groups will convene to discuss similar topics with the youth, women and community leaders of each area. Information on health, education, water and sanitation facilities in each area will be compiled into a database for use as a tool by all groups working in resettlement areas. The collaborating agencies will hold a workshop in which they will include government bodies and community stakeholders to determine priorities for future programmes in the resettlement areas. The availability of more precise data about conditions in these areas will support stronger advocacy for the vulnerable populations.

Ethiopia

IRC Ethiopia's Appropriate Technologies Project (ATP), funded by UNMEE, recently completed distribution of energy-saving stoves in the Grata Reda refugee camp, Tigray region. Developed in response to the extremely limited local sources for firewood, the ATP project was designed to mitigate environmental degradation and address the impact that refugees would have on the environment in and around Grata Reda. It introduced energy-saving stove technology to ensure cost-effective and sustainable maintenance of the environment in the new Grata Reda camp.

The ATP project was an example of IRC Ethiopia's strategy to empower the residents of the camp, providing the refugees with knowledge and training that will allow them to acquire new skills and generate future revenue. Under the programme, twelve trained stove manufacturers, nine of whom were women, were able to produce approximately 20 stoves a day. Each energy-saving stove recipient was trained in the use and maintenance of the stoves with the intention of having community members eventually train each other as continued stove production continues beyond the duration of the project. A total of 1009 stoves were manufactured by the refugees and distributed in the camp, with a contingency of 240 stoves available for replacement or as reserve for an influx of additional camp residents.

UK: The White Paper

In February, the government issued its White Paper, 'Secure Borders, Safe Haven: Integration with Diversity in Modern Britain' on asylum, migration and citizenship. The IRC, along with other agencies in the UK, has submitted a response to the Home Office, as part of a consultation process. The White Paper can be downloaded from www.officialdocuments.co.uk/document/cm53/5387/cm5387.htm

World Refugee Day Lecture

The IRC is holding an event to mark World Refugee Day on June 20th, 2002, at the Royal Geographical Society in London in association with Refugee Week. Rt Hon Clare Short, MP, Secretary of State for International Development, will present a lecture entitled 'Refugees and Conflict', accompanied by a drinks reception. For tickets please contact ircuk@ircuk.org or call 020 7436 1333.



Field notes



Debbie Tomlinson, IRC's Director in Bosnia and Herzegovina, talks to *Circular* about IRC's work in the country.

How did you come to work with the IRC in Bosnia? I was introduced to IRC's work whilst working with the British Embassy in Bosnia. What struck me most about IRC's programmes was the extent to which the IRC engaged other local NGOs, entity governments, and municipal authorities in both project design and implementation. With significant field presence throughout Bosnia and its multi-sectoral experience, it was apparent that the IRC was clearly well placed to target the most vulnerable and make a difference to the lives of ordinary people.

How has the programme changed since it started in 1992? During the war, the IRC was one of the largest NGOs operating in Bosnia and organised one of the first airlifts of medicines, food and blankets into Sarajevo, saving lives and improving the quality of life of Sarajevo's besieged residents. Following the signing of the Dayton Peace Accord, the IRC continued to help thousands of vulnerable people by providing emergency shelter, clothing, fuel and other equipment as well as psychosocial support to vulnerable people, primarily women and children.

Since then, extensive shelter and infrastructure programmes have included the repair of schools, hospitals, roads, water, gas and electrical systems. Support to the agricultural sector has been one of the key highlights of IRC's programme in the form of seed, tool and farm animal distributions, as well as agribusiness development, providing local farmers and cooperatives with greenhouses and inputs they need to become self sufficient. In 1996 the IRC began to implement its first micro-finance initiative in Bosnia providing loans to displaced persons and refugees, while in the health sector the IRC was instrumental in providing support to people with disabilities and raising public awareness.

As the context in Bosnia changes, the IRC is moving away from its traditional focus on shelter rehabilitation and is becoming much more active in civil society development issues, actively fostering partnerships with national NGOs and developing the civil society sector.

How are the local organisations involved in projects that the IRC runs? The IRC seeks to engage local organisations and the community in all the programmes that it runs. We liaise with local associations in determining the economic assistance that will impact the whole community at the outset of project design. Under an NGO development programme the IRC has been arranging round

table meetings advocating for increased rights for local NGOs, improved access to health care provision for our beneficiaries and in providing legal advice for people wishing to return.

What have been IRC's main achievements in the past 10 years, and what lessons have been learnt?

During the war, our work was quick and responsive providing much needed shelter, clothing and fuel to beneficiaries, some of whom were living in collective centres. Since then, the IRC has rebuilt homes for thousands of refugees, rehabilitated the necessary public infrastructure and created a number of job opportunities for families as they return. The IRC began to implement its first micro lending initiative in Bosnia providing loans to vulnerable people who had no access to conventional loans and IRC's partner is now a fully independent and viable micro finance organisation. IRC has been at the forefront of putting disability issues on the agenda and in enhancing the capacity of local NGOs who will take over as the international NGOs withdraw. One of the most important lessons learnt is that it is not enough to simply build houses and hope that the return will happen seamlessly. There are many other concerns to be addressed. For example providing a means of income for the family once they have returned and access to health and education services, as well as security issues.

What is the most striking thing for you about working in Bosnia? I have worked in exotic countries and seen poverty at its worst, but never imagined that I would witness such a level of destruction in Europe at the close of the 20th Century. Against this background, there has been significant progress in the rate of return over the last two years and for our beneficiaries there is real hope for a better future.

With thanks to Debbie Tomlinson

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