

# Rapid Assessment of Centers for Displaced Unaccompanied Children in Rwanda during the 1994 Crisis

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## Abstract

*This paper assesses all of the Centers for Unaccompanied Children (CUCs) in four prefectures of Rwanda during November 1994 using quantitative and qualitative methods. The purpose of the survey was to assess the quality of services delivered as well as the need for standards to be developed for planning and managing CUCs. This paper reveals that CUCs exhibit a large variability amongst themselves as well as numerous deficiencies in the quality of services delivered, and suggests the need for clear performance standards, and regular monitoring and supervision.*

## Résumé

*Cet article procède à une évaluation de tous les Centres pour Enfants Non-Accompagnés dans quatre préfectures du Rwanda au cours du mois de novembre 1994, grâce à des observations directes et à un questionnaire. Le but de l'enquête est d'évaluer la qualité des services fournis, autant que de se donner une idée des besoins en matière de formulations des normes à développer pour la mise sur*

*pied et la gestion de ces CUC. Cet article révèle que les CUC sont très peu semblables, et manifestent de larges disparités autant que de multiples déficiences dans la qualité des services qu'ils diffusent. On conclut en affirmant qu'il y se manifeste un net besoin de normes de performance autant que d'un suivi et d'une supervision constante de ces services.*

## Introduction

The UN Convention on the Rights of the Child (Nations 1991) projected about 12.5 million refugee children worldwide by the end of the 20th century. Because past efforts of local and international professionals have not always met the needs of these clients, we must assume that problems will continue and possibly escalate in the future (Fred and Burlingham 1944; Ressler 1992). For several years, aid workers in disaster areas have noted that a large influx of funding can create tensions and chaos due to competition among organizations for resources and insufficient coordination. During the Rwanda Crisis in 1994, some aid organizations engaged in activities without having sufficient skills or equipment (Editorial 1995; Group 1995). In such conditions, humanitarian responses cannot only be inefficient but harmful. Accountability of humanitarian agencies is needed which can be advanced by the implementation of monitoring systems for quality assurance.

Establishing coordination amongst the different non-governmental organizations (NGOs) requires identification of basic organizational problems of both unaccompanied children and aid organizations. The data were originally collected at UNICEF/Rwanda during July-November 1994 in order to carry out technical assistance during the cri-

sis period. UNICEF staff made a conscious decision to avoid the typical crisis response of ceasing to collect data or to search for additional information during an emergency situation. Instead a plan was implemented to collect information some of which is reported here (Guetzkow and Valadez 1981).

This paper assesses the status of 15 Centers for Unaccompanied Children (CUCs) in four Prefectures of Rwanda approximately 3 months after humanitarian aid commenced in August 1994. The purpose is to describe the capability of CUCs functioning as support institutions for children and to identify their problems. While emergencies require rapid humanitarian responses, speed should not compromise service delivery quality. The data presented here provides a rare view of CUCs functioning during an emergency and raise questions about: (1) the importance of establishing standards that identify the minimal level of qualified medical and public health professionals needed to manage CUCs, and (2) the need for NGO headquarters and international organizations to facilitate quality control of CUCs.

## Methods

Data were collected by an international NGO which UNICEF recruited to sample 100% of the CUCs operating in the catchment areas of the four Prefectures in which it was working. The Prefectures are located in the Southern and Central parts of Rwanda bordering (on Tanzania and Burundi); on the Tanzanian and Burundi borders; they include: Butare, Gitarama, Kibungo, and Kigali (map). UNICEF developed a survey instrument to obtain information from CUC records and by direct observation. As only 15 CUCs of more than 100 nation-wide are included in this

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study, the sample cannot be considered representative of all CUCs working in Rwanda at that time. However, the variation of management problems in these CUCs may not be substantially different from other Prefectures throughout Rwanda.

## Results

### Location and Population

The 15 CUCs were distributed across prefectures as follows: Butare: n=7, Gitarama: n=2, Kibungo: n=4, Kigali: n=2. The age distribution of CUC children (Figure 1) indicated that 48% of children were in the 6 to 10 year group and 30% in the >10 year age group. A smaller proportion was in the <2 year and 2 to 5 year age groups (6% and 16%, respectively). Data suggest that CUCs have tended to support a school age population. It is possible that younger children may have died prior to reaching a CUC.

With respect to the management of the unaccompanied children, 87% (13/15) were registered with NGOs responsible for tracking them (e.g., International Committee of the Red Cross). Ninety-three percent (14/15) of the chil-

dren were recorded in a register by the CUC itself.

The health worker population per 100 children is described in Figure 2. The mean ratio for all CUCs was 4 health workers for every 100 children. The data are also stratified in Figure 2 by professionals and non-professionals. As one would expect, there are more non-professionals than professionals per 100 children.

### Water, Sanitation and Infrastructure

Seventy-three percent (11/15) CUCs reported an adequate supply of clean water although they obtained water from different sources; 6 had water delivered, 9 collected it themselves. The average distance to the water supply was 2.3 km. On average about 53% of the children had access to soap.

With respect to infrastructure, 53% (8/15) CUCs reported access to an electric power source. 100% had a designated cooking place, but only 73% (11/15) had access to firewood. As other fuel was scarce in Rwanda, this finding suggests scarcity of fuel for 27% of CUCs.

## Children's Immediate Environment

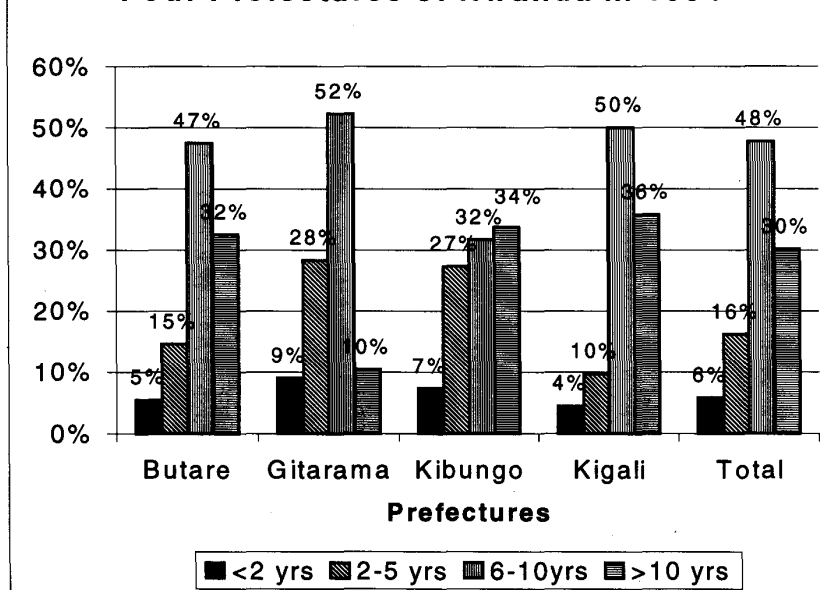
The Rwandan environment is humid. Protection from the elements is particularly important. Seventy-three percent of children had plastic sheeting under mattresses or sleeping mats, 87% had blankets, and 27% had enough clothing to cover their bodies both above and below the waist.

Seventy-three percent of the children had dishes for eating meals. On average, children consumed 3.2 meals per day. There is no information to determine whether infants had more feeding sessions. It appears sufficient food was available; 14 CUCs had an average 27 days of food in reserve (max=90, min=14), while the remaining CUC had 150 days of food reserves. However, only 53% had high caloric foods used for malnourished children. Although we have no data on the prevalence of malnutrition, severe malnutrition was reported throughout Rwanda. No data on the prevalence of malnutrition are available concerning the prefectures reported in this paper. However, high levels of acute malnutrition were reported in the Rwandan refugee camps in eastern Zaire (now Democratic Republic of the Congo) and ranged from 18% to 23% (Group 1995; Toole and Waldman 1997). If malnutrition was prevalent in the Rwandan CUCs then they may not have been properly prepared to re-nourish children.

### Medical Preparedness of CUCs

Eighty percent (12/15) of CUCs reported a sufficient drug supply. However, only 73% (11/15) had oral rehydration salt packets (ORS) available on site. This basic deficiency is an indication of inadequate health system management in CUCs. Only 33% of children were vaccinated against measles, although measles vaccines had been available and distributed through an expanded program for immunization campaign beginning in August 1994.

**Figure 1: Age Distribution in CUCs in Four Prefectures of Rwanda in 1994**



## Discussion

Seventy-eight percent of children were >5 years of age. This age distribution indicates that few young children found their way to CUCs in Rwanda. A small proportion of young children were also found in nearby CUCs in Tanzania. During December 1995 in Musuhura/Ngara Camp in Tanzania, 16% of the child population was <6 years of age (Land 1995). In Karagwe/Ngara and in Lukole/Ngara Camps in Tanzania 8% and 3% of child populations were <6 years (Land 1995). Therefore, it was not uncommon that young children were under-represented in the age distribution of children in displaced and refugee camps.

The operational implication is that CUCs should provide schooling, recreation and sports as part of their institutional infrastructure. We do not have data on whether the CUC sampled in this study had these activities. However, during our other work we frequently visited CUCs to assess how well they were organized. On more than one occasion, we found that the children

were not organized into groups by age, and that recreational activities were not offered. Therefore age-specific guidelines for education and recreational activities need to be created and implemented for CUCs, even if they have only been in operation for short periods of time.

The number of CUC workers varied across the four Prefectures ranging from two to seven workers per 100 children. The average number of workers was 4 per 100 children. Gitarama had nearly double the ratio of health workers to children compared to the overall mean, whereas Kibungo had half as many. These data were difficult to assess since no standards existed for interpreting whether sufficient numbers of workers were available in the CUCs in each Prefecture. Nevertheless, the existing variations suggest that CUC workers were not evenly distributed over the Prefectures. This pattern implies substantially different management plans of the organizations managing the children in the CUCs. Had there been standards for assignment of the NGOs to catchment

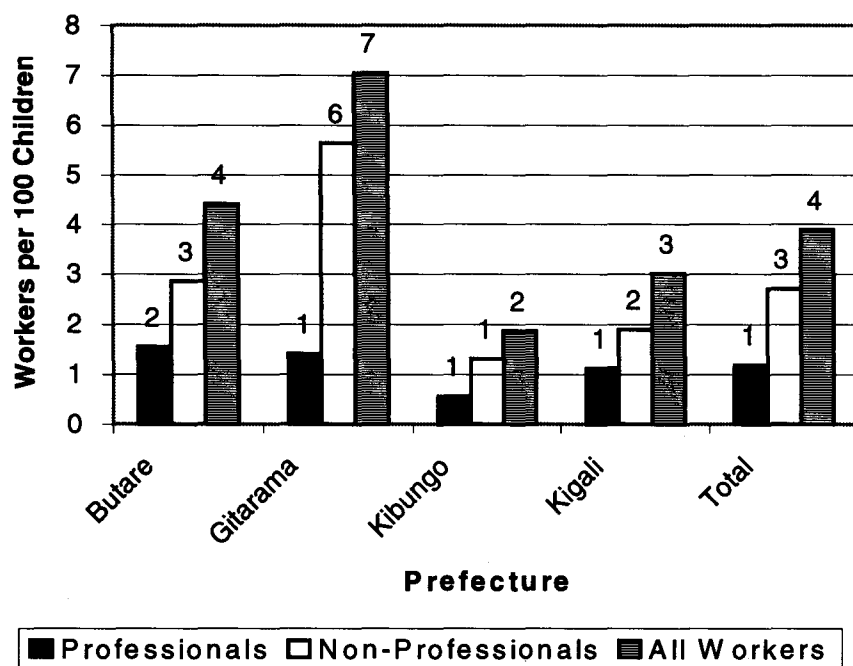
areas, CUC workers may have been more evenly distributed over the four Prefectures. More operational research is needed to determine optimal levels of professional and non-professional personnel to care for the children within the CUCs.

Most indicators in this study suggest that the CUCs were well equipped to meet the basic needs of the children. However, our data suggests that a significant proportion of children in some of the CUCs lacked clean water, plastic sheeting to go under mattresses, sufficient clothing, dishes, and soap. As the average distance to collect water was 2.3 km, we question whether adequate amounts of water was available for drinking, cooking and washing. The lack of soap raises questions about whether hygiene was inadequate. The lack of plastic sheeting under mattresses, blankets and clothing suggests that large proportions of children in CUCs were exposed to the elements. In future studies we recommend closer assessment of these questions.

Although food reserves were adequate, some CUCs did not have supplementary foods for malnourished children. As malnourishment was widespread in Rwanda at that time, this result may signal that some camps were not prepared for the health conditions they were encountering. Although 80% reported an adequate drug supply, 27% did not have ORS, and 66% of the children were not adequately vaccinated against measles, despite their availability through UNICEF since August 1994. Therefore, many CUCs exhibited deficiencies that may have left children exposed to health risks. These deficiencies could have been ameliorated with regularly monitoring by public health organizations using basic quality assurance procedures.

Most deficiencies amongst the CUCs reported here were preventable with proper medical or public health assistance. Medical supplies and technical assistance were available in Rwanda during the time of this assessment. The existence of the CUC management problems, however, was not detected prior to this evaluation. This deficiency was

**Figure 2: Number of Health Workers per 100 Children**



probably not detected because major health NGOs and the humanitarian relief organizations assumed that NGOs managing CUCs were providing sufficient medical or public health expertise. With a host of other health priorities in Rwanda during August-November 1994, the operating assumption was that NGOs fielded sufficiently diverse technical assistance to address the needs of unaccompanied children. The data suggest the contrary for at least some CUCs.

### Conclusion

Organizations managing CUCs may not have sent staff to Rwanda with sufficient experience or qualifications to both detect and resolve health problems emerging during the Rwandan Crisis. This deficiency could be replicated in other crisis areas and therefore should be addressed by NGOs. Regular monitoring of the quality of services by agencies managing CUCs should be carried

out by an experienced health or humanitarian relief organization. There is a need for the creation and implementation of standards with which to plan, manage, and monitor CUCs in future relief operations. Lastly, there is an urgent need for basic epidemiological surveillance within CUCs to determine the health risks to children in order to aid future crisis planning. ■

### Acknowledgement

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### References

Editorial. 1995. "Humanitarian Olympics: Solferino to Goma." *Lancet* 345: 529-530.  
 Fred, A. and D. Burlingham. 1944. Reactions to evacuations: "War and Children". New York, International Universities Press.

Group, Goma Epidemiology. 1995. "Public Health Impact of Rwandan Refugee Crisis: What happened in Goma, Zaire, in July 1994." *Lancet* 345: 339-44.

Guetzkow, H. and J. J. Valadez. 1981. Simulated International Processes: Theories and Research in Global Modeling. Beverly Hills, Sage.

Land, A. J. 1995. Summary Analysis of Children and Women in Especially Difficult Circumstances in Ngara and Karagwe Refugee Camps, Tanzania. Ngara, UNICEF.

Nations, United. 1991. United Nations Convention on the Rights of the Child. 1991.

Ressler, E. M. 1992. Evacuation of children from conflict areas: Considerations and guidelines. Geneva, UNICEF, UNHCR.

Toole, M. J. and R. J. Waldman. 1997. "The Public Health Aspects of Complex Emergencies and Refugee Situations." *Annual Review of Public Health* 18: 283-312. □

