



**World Food Programme**

**Executive Board  
Second Regular Session**

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# REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 10

*For information\**



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## PROTRACTED RELIEF AND RECOVERY OPERATIONS APPROVED BY THE EXECUTIVE DIRECTOR (1 JANUARY–30 JUNE 2015) – RWANDA 200744

### Food and Nutrition Assistance to Refugees and Returnees

Number of beneficiaries	93,900
Duration of project	2 years (1 January 2015–31 December 2016)
WFP food tonnage	16,676 mt
<b>Cost (United States dollars)</b>	
Food and related costs	14,571,487
Cash-based transfers and related costs	11,369,363
Total cost to WFP	35,149,325

\* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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## NOTE TO THE EXECUTIVE BOARD

**This document is submitted to the Executive Board for information.**

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the focal points indicated below, preferably well in advance of the Board's meeting.

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## ABSTRACT

1. WFP is assisting 73,000 refugees from the Democratic Republic of the Congo (DRC) in five refugee camps in Rwanda. There have been two major arrivals: most refugees fled from conflict in eastern DRC in 1995–1996; and a further 30,000 escaped from increasing insecurity in 2012 and 2013.
2. Intractable conflict in eastern DRC makes significant repatriation in the next two years unlikely. Refugees will therefore continue to rely on international assistance for their basic needs. The 2014 joint assessment mission by WFP and the Office of the United Nations High Commissioner for Refugees found that refugee households derive 79 percent of their income from WFP assistance and have limited opportunities for other income.
3. By the end of 2014, an estimated 20,000 Rwandan refugees had returned to Rwanda from neighbouring countries, following implementation in June 2013 of the comprehensive solutions strategy for Rwandan refugees who fled between 1959 and 1998. WFP will provide six months of assistance to returnees to facilitate reintegration.
4. The underlying strategy for this operation was formulated through consultations with the Government of Rwanda, United Nations agencies, cooperating partners and beneficiaries. Recommendations and analyses from recent evaluations and surveys are incorporated. The operation's main objectives are to:
  - meet the food and nutrition needs of refugee and returnee populations;
  - treat moderate acute malnutrition in children aged 6–59 months;
  - prevent chronic malnutrition in children aged 6–23 months;
  - prevent malnutrition while improving adherence to drug protocols among people living with HIV receiving antiretroviral treatment, and tuberculosis patients;
  - improve access to and quality of education and health facilities in refugee camps;
  - expand the use of cash in food assistance; and
  - increase refugees' self-reliance.
5. After the successful cash transfer pilot in Gihembe camp, cash transfers will be expanded to two additional camps. An external evaluation of the pilot in June 2014 concluded that cash transfers enhanced the effectiveness, efficiency and sustainability of programmes. Anticipated benefits include improved dietary diversity for refugees, and better protection outcomes than in-kind assistance; cash transfers are also strongly preferred by beneficiaries. As WFP and partners increase their experience and capacities, the introduction of electronic vouchers will be considered during this operation, to facilitate livelihood opportunities for selected producer groups.
6. The operation is consistent with Zero Hunger Challenge pillars 1 – Zero stunted children less than 2 years; and 2 – 100 percent access to adequate food all year round. It addresses Millennium Development Goals 1 – Eradicate extreme poverty and hunger; 2 – Achieve universal primary education; 4 – Reduce child mortality; and 5 – Improve maternal health.