

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

TANZANIA

5 August, 2002

Appeal No. 01.14/2002

Appeal Target: CHF 8,926,785; budget revised to CHF 7,936,092 (USD 5,421,262/EUR 5,473,551)

Programme Update No 1; Period covered: 1 January - 31 May, 2002

“At a Glance”

Appeal coverage: 82.6%

Related Appeals: N/A

Outstanding needs: CHF 1,381,141 (USD 933,950/EUR 950,028)

Update/Summary: The Tanzania Red Cross Society (TRCS), supported by the Federation, continues to deliver assistance and relief to the planned beneficiary population consisting of Congolese and Burundi refugees. This Programme Update includes a revised budget which reflects adjustments to the planned programme and activities which respond to the funding realities and evolving situation in the region.

Operational Developments

Despite ongoing peace negotiations (during the period covered by this report), continued political unrest and insecurity in Burundi and particularly in the Democratic Republic of Congo (DRC) caused a steady influx of refugees to flee into Tanzania.

The Tanzania Red Cross Society (TRCS) with the support of the International Federation and donors (governments, UN, and Red Cross national societies) continued to offer humanitarian services to 97,457 Burundian refugees situated in three camps: Muyovosi, Mtabila I and Mtabila II, in Kasulu district and to 77,212 Congolese refugees in Lugufu I and Lugufu II camps in Kigoma Rural District of Kigoma Region.

With the refugee population growth at around 4 % per annum in the camps and a continued influx into Lugufu II, there are currently more than **174,500** refugees accommodated in the five refugee camps as indicated in Table 1 below.

Table 1 Population trends in 2002

	January	February	March	April	May
Lugufu I	53,043	53,293	53,514	53,917	54,095
Lugufu II	18,155	20,552	21,942	22,621	23,117
Muyovosi	37,522	37,711	37,866	38,074	38,187
Mtabila I	16,443	16,500	16,605	16,629	16,807
Mtabila II	41,267	41,654	41,914	42,030	42,463
Total	166,430	169,710	171,841	173,271	174,669

(Under 5 years population is estimated at 20 % of total population)

Disaster Response

Goal: To maintain and improve the physical living conditions of refugees based in 5 camps in Kasulu /Lugufu in the Kigoma region of Tanzania, until they are able to return to their countries of origin; and whenever possible to extend similar services to the local host communities.

Objective 1 Health. To continue to provide appropriate health services to the refugees in Lugufu I and II, Muyovosi and Matabila I and II as well as extending these services to the most vulnerable population surrounding the camps.

The mortality rate in the camps remained within acceptable standards although it fluctuated in Lugufu II which is the only receiving camp. The major causes of mortality and morbidity in all camps continued to be malaria, lower respiratory tract infections and diarrhoeal diseases.

Table 2 Crude Mortality Rate (CMR) per 1000 population per month

Camp	January	February	March	April	May
Lugufu I	0.51	0.56	0.54	0.61	0.45
Lugufu II	0.93	1.07	0.82	0.7	0.87
Muyovosi	0.21	0.27	0.18	0.24	0.26
Mtabila I	0.43	0.42	0.3	0.36	0.42
Mtabila II	0.19	0.12	0.14	0.24	0.21

(acceptable limit CMR: 1.5/1000)

The under five mortality (U5MR) in all camps except Lugufu II were within acceptable limits. In the Lugufu camps the U5MR fluctuated due to the poor state of health of new arrivals and a high degree of recycling of the refugee population.

Table 3 Under 5 Mortality Rate (U5MR) (per 1,000 per month)

Camp	January	February	March	April	May
Lugufu I	1.32	1.97	1.59	1.68	1.3
Lugufu II	1.92	3.57	1.83	2.4	3.06
Muyovosi	0.53	0.93	0.53	0.66	1.16
Mtabila I	1.82	0.3	1.51	0.6	1.19
Mtabila II	0.6	0.12	0.48	0.71	0.71

(acceptable limit U5MR: 3/1000)

Curative care was provided through OPD and IPD services to more than 174,500 refugees and to the local population. In Lugufu II, an average of 3% of OPD and 6-10% of IPD patients each month were from the host population including surgical services through emergency operation theatres in Mtabila II and Lugufu I.

Reproductive health services continued to be provided including: ante-natal and postnatal care, family planning, deliveries, compilation of statistics including numbers of maternal deaths and still births, the management of STD's, SGBV (numbers of rape cases reported), home based care, HIV/AIDS education campaigns, voluntary counselling and testing (VCT) and condom distribution, through increased awareness and access to services.

The Health Information Teams (HITs) continued to be active in the communities raising awareness on infectious diseases and appropriate preventive measures. The collection and analysis of health information, including morbidity and mortality statistics and results of nutrition surveys, facilitated the regular monitoring of the health and nutritional status of the refugees. This information was shared with UNHCR and other agencies.

Quality MCH services were provided through immunisation programmes, ante natal and postnatal care, family planning and growth and development monitoring. The provision of ongoing therapeutic (Mtabila I, Muyovosi and Lugufu I) and supplementary feeding programmes (in all five camps) was also carried out.

From week 10 (March), the refugee food basket was maintained at 100% (350g cereals, 80g pulses, 24g CSB and 20g vegetable oil) except CSB and salt which were reduced to 60%. This ration provides about 1796.2 kcal/person/day, below the Sphere standard of 2100 Kcal/person/day.

The nutrition programmes in the camps continued to offer services to refugees and the host population. There were many cases of anemia, some cases of TB but few incidences of acute malnutrition. In Lugufu II camp there were a relatively high number of severely malnourished children amongst the new arrivals from DRC, who were directly admitted at the TFP from the reception centre.

Following the planning and calculation of quarterly requisitions through the central drug stores, drugs and medical consumables were delivered to the camp dispensaries on a weekly basis. From the beginning of July 2001 a six monthly drug procurement procedure was followed which ensured an adequate and regular supply of drugs and consumables and the delivery of high quality health care to the beneficiaries. Regular visits to the field by personnel from medical logistics ensured rational drug use. A system of calculating the cost of drug consumption per person per month in OPD, IPD and Operating Theatres was operational in all camps.

Other supplies procured included firewood for cooking in dispensaries and feeding centres, Kerosene for dispensary refrigerators, sterilization and hurricane lamps, hygiene supplies including: buckets, basins, laundry soap, and shrouds.

A number of TRCS staff participated in the following meetings and workshops often in cooperation with other agencies: VCT, Diphtheria Pertussis Tetanus (DPT), Hepatitis-B (HB) vaccination programmes, EPI, HIV/AIDS and Prevention of Mother to Child Transmission (PMTCT), Community Based Rehabilitation (CBR), Food coordination and Nutrition.

Objective 2. Water and Sanitation: to continue to provide clean drinking water and maintain hygiene and sanitation activities for refugees in Matabila II and the Lugufu camps.

Water and sanitation activities continued to be implemented to prevent the spread of communicable diseases, to ensure the provision of portable water according to Sphere/WHO standards.

The water provided continued to be between 15 litres per person per day in Lugufu and 20 litres per person per day in Kasulu. Water delivered remained less than 5 NTU and above 0.2 mg/chlorine residual, and one tap per 250 people (within 500 meters of all shelters) with a flow of at least 0.125 litres/second

Department for International Development (DFID) funds secured through the British Red Cross Society (BRCS) in 2001 enabled the TRCS to continue to implement the Water Project in Lugufu, investigate ways to improve the existing system and to organize the drilling of bore holes for groundwater as an alternative source to that of the Malagarasi river. This drilling which took place at the beginning of 2002 proved to be successful and will significantly reduce operational and personnel costs.

The Federation assisted the TRCS to draft two-year proposals (2002-2004) and budgets (747,079 Euros) which were submitted to Europe Aid in March, 2002 for funds to ensure the continuation of safe water to the refugee population (estimated at 152,000) in the Kasulu and Lugufu camps. It is expected that a decision by Europe Aid whether or not to approve these projects will be made by November 2002. In the meantime, UNHCR have agreed to cover any gap in the funding for the Lugufu Water project. TRCS will continue as the implementing partner for UNHCR in this project.

Oxfam phased out of water services in Muyovosi and were requested by UNHCR to hand over this project to TRCS on 1 January, 2002. This added water and sanitation services provided by TRCS to a further 37,300 beneficiaries.

Table 4: Sanitation Indicators (as of 31 May)

	LUGUFU I	LUGUFU II	MTABILA II
Camp Population	54,095	23,117	42,463
Family Latrine Drop hole in use	10,029	2,663	7,316
Plot occupied	11,846	2,879	7,753
New Latrines completed	275	0	0
Latrine coverage %	84	92.4	94.3
Latrine Pits in Progress	228	157	0
Garbage Pits coverage %	93	95	77.1
Family Bath shelter coverage %	90	83.1	63.2
Family Dish rack coverage %	70	53.9	49.7
Communal Latrines built & completed	-	8	10
Adulterating and larviciding	Jigger control carried out for 126 families.	Carried out as required for family and communal latrines	0
Indoor residual spraying	Spraying carried out in dispensary using Decis 2.5 Ec	Carried out in January for 446 houses using icon 10 WP	Vector control activities included bednet impregnation.
Fly traps installed		6	68
Latrine concrete slabs made	None	None	None

Hygiene education teams carried out dissemination activities to encourage the refugees to construct latrines in all camps. The distribution of sanplats and lids in Lugufu continued. Hygiene awareness was also conducted through workshops and meetings.

A community water project funded by UNICEF and BRCS started in the village of Kabanga in May, 2001 was completed in April, 2002. This project covered water supply, latrine construction and health promotion in 5 villages (18,000 beneficiaries) in the Kabanga region near the Kasulu camps. TRCS have prepared further project proposals for community water projects in the vicinity of the refugee camps. These proposal will be submitted to potential donors in 2002.

Camp Management: *to continue to provide the required camp management services to cater for the needs of the refugees in Lugufu I and II and Muyovosi.*

The food received from WFP was distributed according to the list of beneficiaries. The food ration including: pulses, vegetable oil and maize meal remained at 100% while CSB and salt were reduced by 40%. 250 gms of soap per person were distributed every 28 days. Non- food items including plastic sheets, blankets, kitchen sets and jerry cans were only distributed to new arrivals in Lugufu II (after they had been registered) and extremely vulnerable families. Prior to distribution, ration cards were checked against UNHCR food lists.

In Lugufu II, villages were prepared and plots demarcated for new arrivals, and for married or separating families:

The maintenance of feeder roads within both camps in Lugufu and Muyovosi camp was ongoing.

Relief activities remained well co-ordinated amongst the agencies and refugee representatives. The Red Cross fully participated in the regular interagency meetings.

Other major activities included the provision of plots to refugees as required and maintenance of the feeder roads inside the camps to ensure access and mobility.

In Kasulu, 13,000 refugees with the assistance of the TRCS registered for voluntary repatriation. However, to-date only 190 and 324 Burundian refugees in Muyovosi and Mtabila camps respectively were voluntarily repatriated in April and May.

Improved telecommunications between Dar Es Salaam and the field (Kigoma and Kasulu) were facilitated in May, 2002 through the implementation of a joint project between the Federation, UNHCR, Ericsson and with the support of Mobitel. Currently some technical problems need to be resolved before the system is fully functional. Unfortunately at present there are no plans to extend this service to Lugufu .

Regional Cooperation

Effective relations and coordination between the Federation delegation in Tanzania and the Regional delegation in Nairobi were maintained with the HoD in Tanzania attending the quarterly Team Management Meeting and the Annual Regional Partnership meeting in June organised by the Regional delegation in Nairobi. Missions by the following Regional delegates to Tanzania were planned and carried out in 2002: HoRD, WatSan, Health, Logistics, OD, FDD, DP, HIV/AIDS.

Coordination and Management

Objective 1 To Transfer the necessary skills to the TRCS so that they can fully manage their involvement in the refugee camps by the end of 2002.

Following a meeting in May between the Secretary General of the TRCS, Federation HoD and HoRD Nairobi regarding the phase out of Federation support to the RRO by the end of 2002, it was agreed that an analysis of the plan of action from the evaluation of the RRO conducted in April, 2001 would be carried out by the Central Coordinating Committee (CCU) in May to determine:

- ***What had been already implemented/achieved.***
- ***What still needs to be done.***
- ***What would be the next steps.***

It was concluded that although time frames have not always followed those stated in the plan of action and changes to the plan have been effected as necessary and practical, most of the recommendations from the plan of action had been implemented with the following ***achievements*** highlighted:

- The drafting of a 5 year strategic development plan.
- Embarking on a process of restructuring including the establishment of a Health Department.
- Commitment to develop programmes outside of the RRO
- Following processes to ensure more efficient systems and structures for the RRO are in place.
- Following the withdrawal of Federation delegates TRCS had effectively taken on greater responsibilities for the RRO in Dar and at Field level, thereby building capacity.
- Implementation of successful community projects in the vicinity of the refugee camps in Kasulu.

The following ***key areas still need to be addressed*** and appropriate action taken:

- The Federation must ensure that an appropriate and effective financial management system is in place and implemented by trained TRCS staff before it can fully phase out from the RRO.
- The Federation should assist TRCS to build effective relations with UN agencies (in particular UNHCR) and assist the national society to obtain an agreement with UNHCR as soon as possible concerning which activities (e.g. Camp Management, Health, WatSan) the TRCS will be its implementing partner in the RRO.
- The Federation should assist the TRCS to draft programme proposals: Health, (HIV/AIDS), DP/R etc. for inclusion in the 2003 Federation global Appeal for Tanzania.

- The TRCS needs to define what is meant by the term 'volunteer' particularly in the context of the RRO.
- Outstanding governance issues.

The following next steps were suggested:

- In view of the above analysis - it was agreed that an independent assessment would be carried out as soon as possible (in mid July) to determine the way forward.
- Recommend and agree with TRCS on an appropriate Federation presence and support in 2003 for Tanzania - and how the Federation might integrate within the TRCS.
- Draft partnership agreement between the TRCS and the Federation.
- Assist the TRCS to develop a CAS.

MoUs

- The MoU regarding the working arrangements in respect of assistance to refugees in the Kigoma region for the year 2002 was signed between UNHCR/Federation/TRCS and MHA in April, 2002
- The current MOU between TRCS and WFP regarding the Reception, Handling and Secondary Transport of WFP Supplied Food Commodities will expire on 30/06/2002. TRCS have drafted a MoU for the period 1st July 2002 to 30 June 2003. Concerns remain regarding the continued delays in the payments made by WFP to TRCS. It is recommended that TRCS address and resolve this issue before the new contract is signed.
- The training agreement between TRCS and UNICEF for 2002 has been signed.

Objective 2 To assist the TRCS to develop appropriate programmes in Health, Organisational development, and Disaster Preparedness by the end of 2002.

A 5-year strategic development plan was drafted (April, 2002) and circulated. Following the visit of the Regional ID delegate to Tanzania in May, 2002, the 15 June, 2002 was agreed as the date for finalising the plan for approval by the TRCS governance. A detailed timetable for the TRCS strategic planning process was agreed which will run up to 15 October, 2002 and include NS restructuring with the assistance of a management consultant, the filling of senior positions in Health and HIV/AIDS, Finance, and OD, and the drafting of priority programme proposals. It is planned to organise a 3 day Partners/Donors meeting in Tanzania in mid October at which TRCS will present its future plans and strategies.

A 5 year strategic plan for HIV/AIDS was drafted with the assistance of the Federation. In May, 2002 a workshop was convened in Dar Es Salaam attended by key TRCS staff and facilitated by the Federation to develop this plan in 5 pilot branches, produce budgets and to ensure that these plans are integrated into the overall 5 year plan of the TRCS and within the framework of the TRCS health department and the African Women's Initiative (AWI) programme funded by the American Red Cross.

Issues concerning Disaster Preparedness were addressed during the mission of the Nairobi Regional DPP delegate to Tanzania in February, 2002. The mission focused on the following 2 major issues:

- The general strategic thinking/planning process in TRCS, and its implication for DP/R.
- How to make the maximum utilisation of the current/ongoing Strengthening Tanzania Disaster Response Project (STDRP) funded by USAID to reinforce the overall TRCS DP/R strategic direction and focus.

Given that the AWI programme will focus on Kigoma and the region will be a pilot for the planned HIV/AIDS programme, an opportunity is provided for the TRCS to use and build on the existing capacity within the RRO to facilitate Branch development within the Kigoma region and Branches within refugee host communities.

In February, the FDD with the assistance of the Regional FDD and in collaboration with TRCS drafted a detailed plan of action to enable TRCS to have an appropriate financial management structure and system with trained staff in place by the end of 2002. The current situation is as follows:

- The recommendation made in June 1999 by PWC in the document 'strengthening of the Finance Department' regarding the TRCS organisation and management structure is currently being implemented. Further analysis of the structure will be pursued as the hand over of financial management of programmes/activities from the Federation to the NS is effected.

- The review and selection of hardware and a financial software system completed.
- A review of existing Financial Procedural Manuals carried out.
- TRCS Director of Finance identified through a comprehensive recruitment process.

Outstanding needs

Funds are urgently required to continue with the Finance and Resource development project.

For further details please contact: Martin Fisher, Phone: 41 22 730 4440; Fax: 41 22 733 03 95; email: fisher@ifrc.org

International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.

John Horekens
Director
Division of External Relations

Bekele Geleta
Head
Africa Department

Tanzania						ANNEX 1
APPEAL No. 01.14/2002		PLEDGES RECEIVED				05.08.2002
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				7'936'092		TOTAL COVERAGE 82.6%
CASH CARRIED FORWARD				0		
AMERICAN - GOVT/PRM GRANT		1'070'000	USD	1'780'480	17.04.2002	
CANADIAN - GOVT/CIDA/IHA		495'000	CAD	515'444	25.03.2002	
ECHO (01001)		2'500'000	EUR	3'665'750	22.04.2002	ASSISTANCE TO REFUGEES
FINNISH - GOVT		113'280	EUR	165'694	13.06.2002	DISASTER RESPONSE
SWEDISH - GOVT		1'700'000	SEK	268'770	30.05.2002	COORDINATION & MANAGEMENT, REFUGEE RELIEF OPERATION
WFP				42'058	22.03.2002	LUGUFU REFUGEE OPERATION
GLOBAL RECRUITMENT FUND				20'000		SALARIES & COSTS GYEDU-ADOMAKO
SUB/TOTAL RECEIVED IN CASH				6'458'196	CHF	81.4%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
ICELAND	DELEGATE(S)			54'866		
JAPAN	DELEGATE(S)			41'889		
GREAT BRITAIN	DELEGATE(S)					RE-PAID BY FEDERATION
SUB/TOTAL RECEIVED IN KIND/SERVICES				96'755	CHF	1.2%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
FINNISH - GOVT		468'000	EUR	684'544	13.06.2002	GOODS
SUB/TOTAL RECEIVED				684'544	CHF	

Tanzania			
APPEAL No. 01.14/2002 - Revised budget			
PROGRAMME	Disaster Resp.	Co-ord. & Mgmt	TOTAL
Shelter & Construction	161'297		161'297
Clothing & Textiles	87'888		87'888
Food & Seeds	14'255		14'255
Water	45'325		45'325
Medical & 1st Aid	584'604		584'604
Teaching Materials			
Ustensils & Tools	33'745		33'745
Other Relief Supplies	258'838		258'838
Subtotal Supplies	1'185'952		1'185'952
Land & Buildings			
Vehicles	250'000		250'000
Computer & Telecom	13'505	2'350	15'855
Medical Equipment			
Other Capital Equipment	16'044		16'044
Subtotal Capital	279'549	2'350	281'899
Programme Management	464'147	70'984	535'131
Technical Services	138'941	21'249	160'190
Professional Services	154'085	23'565	177'649
Subtotal Programme Support	757'173	115'797	872'970
Warehousing/Inspection	28'668	1'000	29'668
Transport & Vehicles	1'028'200	88'095	1'116'295
RD Logistics Support	3'800	7'200	11'000
Subtotal Transport & Storage	1'060'668	96'295	1'156'963
Delegates & Expatriates	134'200	442'725	576'925
National Societies and Local Staff	2'632'457	125'951	2'758'408
Subtotal Personnel	2'766'657	568'676	3'335'333
Travel & Related Expenses	154'386	31'158	185'544
Information	63'405	5'820	69'225
Consultants	344'640	22'665	367'305
General Expenses	203'446	203'940	407'386
Training Workshops & Seminars	67'515	6'000	73'515
Security			
Subtotal Training, Information & General	833'392	269'583	1'102'975
TOTAL BUDGET	6'883'391	1'052'701	7'936'092