

ANNUAL REPORT



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

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

Appeal No. 01.14/2002; Appeal target: CHF 8,926,785; Budget revised to CHF 7,936,092; Appeal coverage: 86%

Overall analysis of the programme •

The main focus of the International Federation's support during 2002 continued to be the refugee relief operation (RRO) working in five refugee camps in western Tanzania. Despite ongoing peace negotiations, the continued political unrest and insecurity in Burundi and more so in the Democratic Republic of Congo (DRC) resulted in a steady influx of refugees into Tanzania.

In 2002, the Tanzania Red Cross National Society (TRCNS) and the Federation provided humanitarian services (health, water/sanitation and camp management) to 184,956 refugees based in Kasulu (Muyovosi, Mtabila I and Mtabila II) and Lugufu I and Lugufu II camps in the Kigoma Region in the west of the country.

Objectives, Achievements and Constraints

Disaster Response •

Objective 1: Continue to provide appropriate health services to the refugees in Lugufu I and II, Muyovosi and Mtabila I and II as well as extending these services to the most vulnerable local population surrounding the camps.

Achievements: Curative care through out-patient and in-patient services, surgery at emergency operating theatres in Mtabila II and Lugufu I and preventive health services, were all provided to the refugee and local communities in Kasulu and Lugufu. 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. 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.

Reproductive health services continued to be provided including: antenatal and post-natal care, family planning, deliveries, compilation of statistics including numbers of maternal deaths and still births, the management of sexually transmitted diseases (STDs), sexual and gender based violence (SGBV)

case reporting, home based care, HIV/AIDS education campaigns, voluntary counselling and testing (VCT) and condom distribution, through increased awareness and access to services.

The community health workers, comprising the health information teams and hygiene promoters, continued to be active in the communities raising awareness on infectious diseases, appropriate preventive measures and utilization of health services provided. 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 the UN's High Commissioner for Refugees (UNHCR) and other agencies.

Quality mother child health services were provided through immunization programmes, antenatal and post-natal 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) continued. The total number of children involved in the therapeutic and supplementary feeding programmes at the end of November was 3,210 and 13,792, respectively, for all the five camps in Kasulu and Lugufu.

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

The findings of a nutrition survey carried out on 3,785 children aged six to 59 months in the five camps during July indicated that both stunting and wasting are the major nutritional problems affecting children in this vulnerable age group. These problems are considered to be important indicators related to the growth and development of children under the age of five years.

The national immunization days (NIDs) for polio and measles carried out in October were extended to the camps to include children under five. In Kasulu, 22,215 children under five registered for the vaccination while 22,304 were actually vaccinated. In addition, 29,333 children aged 7-15 registered for measles vaccination and 29,443 were eventually vaccinated. In Lugufu the coverage for polio immunization was 98 per cent.

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-month drug procurement procedure was followed which ensured an adequate and regular supply of drugs and consumables and thereby 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 out-patient and in-patient departments 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 burial shrouds, etc.

A number of refugees and staff members of the TRCNS and participated in the following meetings and workshops, often in cooperation with other agencies: vector control, prevention of mother to child transmission, micronutrient disorders, STDs and HIV/AIDS management and prevention, group counseling in reproductive health, SGBV survivors management, home based care, and integrated management of childhood illnesses.

The health component was largely funded by the European Commission's Humanitarian Office (ECHO) again this year. ECHO undertook a comprehensive audit of the operation in mid-2003, and

the overall positive report highlighted a number of areas where improvements were required. A plan of action to follow up these recommendations was drawn up and the implementation is ongoing.

Constraints: Despite some impressive achievements, the hiring and retention of experienced and qualified medical staff to implement the health activities in the camps remained a concern.

The supplied rations of the World Food Programme (WFP) for pulses was cut in October to 60 per cent, but was raised to 80 per cent in November. Although the ration for the rest of the food basket (maize meal and vegetable oil) was kept at 100 per cent throughout 2002, the total nutritional value fell below the Sphere standard of 2,100 Kcal per person per day, which inevitably had an impact on the general health of the population.

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

Achievements: Water and sanitation activities continued to be implemented to prevent the spread of communicable diseases and to ensure the provision of potable water according to standards of Sphere and the World Health Organization (WHO).

The quantity of water provided to the refugees remained at 15 litres per person per day in Lugufu and 20 litres per person per day in Kasulu. Quality of the water delivered remained less than five NTUs and above 0.2 mg/chlorine residual. All taps were within 500 metres from shelters and one tap was available per 250 people, each with a flow of at least 0.125 litres/second.

The funds of the Department for International Development (DFID), secured through the British Red Cross Society (BRCS), enabled the TRCNS 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 took place at the beginning of 2002 and proved successful and will reduce future operational and personnel costs. The DFID funding ended on 30 June 2002 after which the UNHCR took over the responsibility for funding the water systems and activities until the end of the year.

The TRCNS application to EuroAid for EUR 747,079 to ensure the continuation of safe water delivery to the refugee population (estimated at 152,000 people) in Lugufu and Kasulu for the two years of 2003/2004 was approved, and the contract was signed at the beginning of 2003.

Oxfam phased out of water service delivery in Muyovosi and they were requested by the UNHCR to hand over this project to TRCNS on 1 January 2002. This included water and sanitation services provided by the TRCNS to another 37,300 beneficiaries.

Hygiene education teams carried out dissemination activities to encourage the refugees to construct latrines in all camps. Community health workers (hygiene promoters) trained to follow the participatory hygiene and sanitation transformation (PHAST) approach continued to disseminate health information in order to educate and mobilize the refugees to participate actively in the provision of the required sanitary facilities. The manufacture and distribution of concrete slabs for latrine construction continued, and collapsed and filled latrines were repaired with materials provided and/or replaced with new structures.

A community water project funded by the United Nations International Children's Emergency Fund (UNICEF) and the British Red Cross Society, 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 five villages (18,000 beneficiaries) in the Kabanga region, near the Kasulu camps. It is planned that community projects on sanitation and hygiene promotion will be implemented in 2003 for Mugombe

village (also in the vicinity of the refugee camps) while a nutrition survey and training project will be implemented in Kanazi, Nyamnyusi and Msambara, Kasulu District, supported by the Spanish Red Cross.

Constraints: The installation of the submersible pumps into the boreholes (drilled in Lugufu II with DFID funding) was delayed, which resulted in no water pumped from the boreholes as planned. When the Lugufu River dried up between the end of September and early November, the quantity of water supplied to the areas in Lugufu that depend on this source had to be maintained through increased pumping from the Malagarasi river intake and transporting water by tankers to bladder tanks installed at vantage points in the camps.

Objective 3: To continue to provide the required camp management services to cater for the needs of the refugees in Lugufu I and II and Muyovosi.

Achievements: Relief activities remained well coordinated among the agencies and refugee representatives. The Red Cross fully participated in the regular inter-agency meetings. Food received from the WFP was distributed according to the list of beneficiaries. The food ration including vegetable oil and maize meal remained at 100 per cent, while the pulses ration was temporarily reduced (see above) and CSB and salt were reduced by 40 per cent. Regular food basket monitoring indicated that the efficiency of distribution ranged between 90 per cent and 110 per cent. Some 250 grammes 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 were registered, as well as extremely vulnerable families.

A generous donation received from the Finnish Red Cross (extra to the 2002 Appeal) enabled the TRCNS to purchase soap (distributed to the refugees in November), cloth (cotton print "vitenge", distributed, together with cloth purchased with ECHO funding, to the refugees between the end of November and mid-December), water chemicals for the Kasulu camps and a 110 kilowatt generator for Lugufu.

In Lugufu II, villages were prepared and plots demarcated for new arrivals, and for married or separating families. The maintenance of the feeder roads inside the camps continued to ensure access and mobility.

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, and Ericsson with the support of Mobitel. Presently there is an Internet communication service provider in Kigoma and surveys are being carried out to ascertain the possibility of extending this service to Kasulu and Kigoma.

In view of the experience and technical capacity developed with the TRCNS team over the years, it was decided that camp management activity will be contracted bilaterally between UNHCR and TRCNS from January 2003 and will not be included in the Federation's 2003 Appeal.

Constraints: Although it was reported that 26,000 Burundians were voluntarily repatriated from September to safe areas in Burundi, some 20,000 new Burundian refugees entered the camps.

Regional Cooperation •

The TRCNS, with the continuing support of the delegation, continued to enjoy close working relationships and support from the Government of Tanzania and external partners, mostly in relation to the RRO activities. During the year the following agreements were negotiated and signed:

- A memorandum of understanding (MoU) regarding the working arrangements in respect of assistance to refugees in the Kigoma region for the year 2002 was signed between UNHCR/Federation/TRCNS and the Ministry of Home Affairs in April 2002.
- A revised MoU for 2003 was drafted in November 2002.
- The training agreement between the TRCNS and UNICEF for 2002 was signed.
- An MoU between the TRCNS and WFP regarding the reception, handling and secondary transport of WFP-supplied food commodities was signed.

Coordination and Management •

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

Achievements: Following a comprehensive analysis of the 2001 plan of action for the RRO in May/June 2002 and an external evaluation in July 2002, it was reported that about 80 per cent of the plan was accomplished, with the following achievements:

- A five-year strategic development plan of the TRCNS was drafted, including its restructuring with senior positions agreed in health and HIV/AIDS, disaster management, finance, and organizational development;
- A commitment to develop programmes outside of the RRO;
- More efficient monitoring tools, systems and structures the RRO put in place including improved monitoring of drug distribution and calculating cost of drugs per refugee and monitoring and evaluation;
- Components introduced into the HIV/AIDS activities and activities of community health workers;
- Following the phased withdrawal of the Federation's delegates over recent months, the TRCNS has taken on greater responsibilities for the RRO in Dar es Salaam and at the field level, thereby building capacity; and
- Community projects implemented in the vicinity of the refugee camps in Kasulu district.

The capacity of the TRCNS was further strengthened through continued technical and management training and workshops supported by the Federation and donor National Societies in the following areas: gender, refugee protection, branch development (twinning), communication, finance, team leadership in disaster management, resource mobilization.

The accounts of the TRCNS for 2000 and 2001 were audited as a preparatory activity for the proposed partnership meeting in April 2003.

In February 2002 the Federation's development delegate, with the assistance of the regional delegate in collaboration with the TRCNS, drafted a detailed plan of action to enable the NS to have an appropriate financial management structure and system with trained staff members in place. By the end of 2002 the recommended hardware and software were procured and installed with staff members trained to use it. A review of existing financial procedural manuals is ongoing, the director of finance of the TRCNS was recruited and is in post, and a plan was outlined for local resource development (fundraising).

Constraints: Key areas still need to be addressed such as governance and management, organizational development and additional networking with existing external partners such as ECHO and UNHCR, and potential new ones.

Objective 2: To assist the TRCNS to develop appropriate programmes in health, organizational development, and disaster preparedness by the end of 2002.

Achievements: A five-year strategic plan for HIV/AIDS was drafted with the assistance of the Federation. In May 2002 a workshop convened in Dar Es Salaam attended by key staff members of the TRCNS and facilitated by the Federation to develop this plan in five pilot branches, to produce budgets and to ensure these plans are integrated into the overall five-year plan of the NS. It also verified the plan was within the framework of the National Society's health department and the African Women's Initiative (AWI) programme funded by the American Red Cross. An application to the EU to fund an HIV/AIDS programme in line with this strategic plan, to be implemented in six branches, was completed in October with the assistance of the Finnish 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 two major issues:

- general strategic thinking/planning process in the TRCNS, and its implication for DP/R; and
- how to gain the maximum utilization of the current/ongoing "strengthening Tanzania's disaster response project" funded by USAID, in order to reinforce the overall DP/R strategic direction and focus of the TRCNS.

Implementation of the AWI project in Kigoma region is ongoing and the regional branch has taken the opportunity to use and build on the existing capacity within the project to facilitate branch development within the Kigoma region and the branches within refugee host communities. Kigoma branch is in discussion with the Spanish Red Cross to fund three projects outside the RRO and AWI, although using existing capacity in both AWI and the RRO for training and coaching.

The development of programmes outside of the RRO is ongoing, as indicated in the Federation's appeal 2003-2004 for Tanzania, which includes proposals for organizational development, health and disaster management.

Constraints: Work on designing and promoting new programme activities beyond the RRO needs to continue during 2003. Efforts then need to be made to encourage donors to support the new activities and to make long-term commitments for their development over time. The first step, the strategic plan, was achieved, but this impetus needs to be maintained and the current low levels of donor interest and financial support to implement the proposed programmes is a challenge to be overcome. A partnership meeting will be held during 2003.

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All 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.

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INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Interim report	
Annual report	X
Final report	

Appeal No & title: 01.14/2002 Tanzania
Period: year 2002
Project(s): PTZ410, 504, 514, 515, 517, 518, 519
Currency: CHF

I - CONSOLIDATED RESPONSE TO APPEAL

FUNDING	CASH		KIND & SERVICES		TOTAL INCOME
	Contributions	Comments	Goods/Services	Personnel	
Appeal budget	7,936,092				
less					
Cash brought forward	-2,712,980				
TOTAL ASSISTANCE SOUGHT	10,649,072				
<u>Contributions from Donors</u>					
American Government PRM #2 (DGUSPR2)	1,706,650				1,706,650
American Government PRM (DGUSPRM)	-925,949				-925,949
American Red Cross (DNUS)	4,000				4,000
British Red Cross (DNGB)	70,214				70,214
Canadian Govt. Red Cross Aid Trust (DGNCA01)	520,988				520,988
DFID - British Government (DFID)	20,000				20,000
Donor - Unidentified (D000)	160,796				160,796
ECHO - Congolese and Burundian Ref. (DE1003)	2,938,808				2,938,808
ECHO - TANZANIA Burundi/Congo Refuge (DE031B)	99,633				99,633
ECHO TZ Refugees ex. Congo & Burundi (DETZ01)	1,820,605				1,820,605
Finnish Govt.via Finnish Red Cross (DGNFI)	166,805				166,805
Japanese Red Cross (DNJP)	178,559				178,559
Norwegian Govt.via Norwegian Red Cro (DGNNO)	56,961				56,961
Swedish Govt.via Swedish Red Cross (DGNSE)	371,447				371,447
World Food Programme (DH05)	94,726				94,726
Iceland				59,959	59,959
Japan				58,152	58,152
TOTAL	7,284,242			118,111	7,402,353

II - Balance of funds

OPENING	-2,712,980
CASH INCOME Rcv'd	7,284,242
CASH EXPENDITURE	-8,004,572

CASH BALANCE	-3,433,310

Appeal No & title: 01.14/2002 Tanzania

Period: year 2002

Project(s): PTZ410, 504, 514, 515, 517, 518, 519

Currency: CHF

III - Budget analysis / Breakdown of expenditures

Description	APPEAL Budget	CASH Expenditures	KIND & SERVICES		TOTAL Expenditures	Variance
			Goods/services	Personnel		
<u>SUPPLIES</u>						
Shelter & Construction	161,297	157,558			157,558	3,739
Clothing & Textiles	87,888	179,197			179,197	-91,309
Food & Seeds	14,255	16,209			16,209	-1,954
Water & sanitation	45,325	57,661			57,661	-12,336
Medical & First Aid	584,604	662,729			662,729	-78,125
Teaching materials						
Utensils & Tools	33,745	31,458			31,458	2,287
Other relief supplies	258,838	204,824			204,824	54,014
Sub-Total	1,185,952	1,309,637			1,309,637	-123,685
<u>CAPITAL EXPENSES</u>						
Land & Buildings						
Vehicles	250,000					250,000
Computers & Telecom equip.	15,855	10,670			10,670	5,185
Medical equipment		-14,209			-14,209	14,209
Other capital expenditures	16,044	19,825			19,825	-3,781
Sub-Total	281,899	16,287			16,287	265,612
<u>TRANSPORT & STORAGE</u>	1,156,963	1,319,342			1,319,342	-162,379
Sub-Total	1,156,963	1,319,342			1,319,342	-162,379
<u>PERSONNEL</u>						
Personnel (delegates)	576,925	522,694		118,111	640,805	-63,880
Personnel (national staff)	2,758,408	2,061,344			2,061,344	697,064
Sub-Total	3,335,333	2,584,038		118,111	2,702,149	633,184
<u>GENERAL & ADMINISTRATION</u>						
Assessment/Monitoring/experts	367,305	334,663			334,663	32,642
Travel & related expenses	185,544	163,973			163,973	21,571
Information expenses	69,225	57,419			57,419	11,806
Admin./general expenses	407,386	451,197			451,197	-43,811
External workshops & Seminars	73,515	110,738			110,738	-37,223
Sub-Total	1,102,975	1,117,991			1,117,991	-15,016
<u>PROGRAMME SUPPORT</u>						
Programme management	535,131	461,011			461,011	74,120
Technical services	160,190	138,028			138,028	22,162
Professional services	177,649	153,116			153,116	24,533
Sub-Total	872,970	752,154			752,154	120,816
Operational provisions		905,123			905,123	-905,123
Transfers to National Societies						
TOTAL BUDGET	7,936,092	8,004,572		118,111	8,122,683	-186,591