

SOUTHERN AFRICA: HUMANITARIAN ASSISTANCE

29 August, 2000

SPECIAL REPORT ON ZAMBIA: REFUGEES FROM THE DEMOCRATIC REPUBLIC OF CONGO

appeal no. 01.43/2000

situation report no. 3 - (Note: the last situation report covering Zambia issued on 20 June, 2000 should have been numbered 2).

period covered: 20 June - 31 July, 2000

The conflict continues in the Democratic Republic of Congo (DRC), provoking new refugee arrivals which are straining camp resources and the delivery of assistance. At the same time, against the wishes of UNHCR, spontaneous voluntary return to the DRC is taking place. The unstable situation has made short and long-term planning as well as significant cost-cutting measures difficult. Talks on refugee resettlement to their own plots of land are still in process, and the Federation awaits the outcome of negotiations between the Zambian Government and UNHCR. Concerns regarding the WFP-resourced food supply to Mwanze Refugee camp are still critical. While negotiations with the WFP and UNHCR progress, it is hoped that the food supply constraints will soon be resolved.

The context

The ongoing conflict in the DRC continues to cause security concerns throughout the region. Fighting between government forces and rebel groups, as well as the involvement of regional actors, continues in several parts of the country. Despite the mediation efforts of the international community, and the signing of the Peace Agreement in early September 1999, the UN Peace Keeping Force is not yet in place, and the situation in the country is still highly unstable.

Seeking protection and assistance from the conflict, in March 1999, significant numbers of displaced persons from the DRC started crossing into Zambia through various entry points, primarily to Kaputa. As the number of refugees increased at a rate of 200-300 per day, the Government of the Republic of Zambia granted refugee status to the Congolese fleeing in search of security and assistance. This sudden increase of refugees prompted the Zambian authorities and UNHCR to request the Zambia Red Cross Society (ZRCS) to help in providing basic humanitarian assistance

At present the ZRCS, with support of the Federation, is engaged in the provision of general camp management services to some 24,000 refugees at the Kaputa/Nsumbu and Mpulungu transit centres, and the Mwanze refugee camp. The sectors of assistance encompass clinic construction, health, water and sanitation, food and non-food items distribution, warehousing, reception and registration, and the provision of other community and social services. At the same time, the ZRCS has put an emphasis on building managerial capacity among the middle and senior managers and the operative staff (refugees workers and volunteers), participation of the refugees in project activities, and institutional capacity building of the local Red Cross branch.

With the sporadic movement of people from the DRC to Zambia and back expected to continue, the most affected areas are the villages near the DRC and Zambia border. While the well-organised provision of assistance is expected to continue, the ZRCS and Federation team, assisted by refugee volunteers, is constrained by a severe lack of funding and there are signs that the standards of assistance are deteriorating.

UNHCR's funding shortfall for the Mporokoso refugee operation remains acute, and while WFP had indicated that the food pipeline was ensured, the expected quantities have not arrived. The future of the refugee operation therefore remains unsure. This situation is having a negative impact not only on the refugees, but also on the Zambia Red Cross staff and volunteers who are feeling increasingly insecure in managing their daily camp management responsibilities.

Latest events

According to recent news reports, the DRC government has closed the Kashiba border along the frontier with Zambia's northern Luapula Province due to rising tensions in the area from an increase in banditry and other cross border attacks. With refugees still crossing into Zambia at a rate of 100 to 150 each day, UNHCR has been forced to open a new camp in the Northern Province town of Kala, 1,200 km from Lusaka. The camp is planned to accommodate mostly DRC refugees once the Mwanze camp in Mporokoso reaches its capacity of 25,000 people. There are currently some 1,000 refugees located in Kala.

Meanwhile, for the first time, refugees have been received through the Nchelenge District entry point. A total of 941 refugees were received during the month of July, while 141 new born babies were registered. The Government, UNHCR, and the Federation are also considering a decision to open a new campsite in the area or to expand the existing Mwanze camp to accommodate a total of 30,000 beneficiaries.

The spontaneous return movement to the DRC is taking place in two ways: some refugees officially register with the Government while others leave without registering with any organisation. Some refugees allegedly leave because of intimidation going on in the camp, based on ethnic or political affiliations. The food commodity shortage has also created an atmosphere conducive for rumour spreading, contributing to tension in the camp. UNHCR assessments indicate that the unofficial returnees end up as Internally Displaced Persons (IDP's) in the DRC.

There are concerns about the number of leprosy cases in the camp. For a camp the size of Mwange, the infection rate should be between one or two. Currently, however, the number of those inflicted with this infectious disease is approximately 50. Fortunately, these 50 people are already receiving treatment and are no longer contagious. However, because of this elevated number, it is still important to train more health care workers to lead an awareness campaign in the camp.

Red Cross/Red Crescent action

General

The Zambia Delegation continues its efforts to implement standard Federation procedures, including procurement procedures, transport management, and financial and personnel systems. The delegation continues to closely monitor the situation of the Internally Displaced People (IDP's) in the Chavuma area, and the Federation and ZRCS participate in interagency meetings. The local ZRCS branch volunteers in Chavuma have been praised by several agencies such as MSF and UNICEF for their commitment and initiatives. The volunteers are maintaining updated registers on IDP's transiting in and out of the Chavuma area, as well as facilitating resettlement and distributing relief items.

Institutional Development

While institutional development of the ZRCS was not included in the appeal, it is considered a key area which directly impacts the management of the Mporokoso Refugee Operation. For this reason, it will be an area of focus in the year 2001 appeal.

In the beginning of June the ZRCS Senior Management carried out a 5-day workshop in Livingstone related to project proposal writing. This workshop resulted in the formulation of a draft ZRCS 3-year Strategic Development Plan. This document follows the Logical Framework outline and will now form the basis for future development of project proposals, National Society strategies, and the Federation Country Assistance Strategy.

The Federation Head of Delegation for Zambia was invited as an observer to the ZRCS Executive Board meeting held on 1 July 2000, and addressed the Strategy 2010 and issue related to the change process.

Logistics

Logistics within the Federation delegation and ZRCS requires urgent support, and the recently assigned Regional Logistics Officer will provide assistance in setting up of procedures.

MPOROKOSSO/MWANGE •

Health •

Quality health services continued to be provided by the Mwange Health Team, with no major disease outbreaks occurring in the camp. The Team supervises all health activities in the camp, including the In-patient Department (IPD) and other construction work.

A Swiss Red Cross Health Delegate was put at the disposal of the ZRCS/Federation in Mporokoso from October 1999 to May 2000 and brought valuable services in supporting the camp's health activities.

Pharmacy

A Pharmacy Technician and an assistant have been recruited to reinforce the manpower at the pharmacy. Improved procedures and standards have reduced the high turnover/consumption of drugs. Renovation works on the pharmacy have been completed, and there has been a stable stock of essential drugs throughout the two months.

Laboratory

Basic laboratory tests being done at the health center have greatly improved and contributed to proper case management and, in the process, helped in reducing the number of referrals.

IPD

The long awaited IPD became operational in the third week of July and ten refugee IPD staff have been recruited. The number of referrals to Mporokoso Hospital has been reduced, especially in the maternity section, with most cases now being attended to at the Mwange Health Center which has 24 beds and a further 26 beds on order. The maternity, female and paediatrics wards have been opened.

The water system is in place in all the wards, and the shower rooms and pit latrines have been completed and are operational. The opening of the wards has reduced congestion in the two observation rooms, and the labour ward is now a conducive place to work with effective ventilation and adequate room.

Out-patient (OPD)

The OPD has been renovated and now accommodates two clinicians, one each in the female and male consultation room. Two new staff members, a clinical officer and a nurse/midwife, have been recruited to strengthen the work force. All children and their mothers are being attended to at the Maternal and Child Health section (MCH) by the clinician. At a modest cost, the MCH room has been renovated with separate rooms for immunisations and ante-natal services, and one room for post -natal and family planning. All health workers and the 19 community health providers have been trained in integrated management of child hood infections, facilitated by two clinicians.

Referrals

There was a reduction in the number of referrals to Mporokoso Hospital mainly due to the extended services now being provided at the camp clinic. Some 127 expectant mothers were assisted by the midwives of Mwange clinic, contributing also greatly to the reduction in referral cases to Mporokoso Hospital. Only those patients that need special attention are referred to the hospital because case management has improved.

Reproductive health

Almost all programs in this area saw an increase in the number of total attendance during June and July, with the following figures recorded:

- Ante natal: 857
- Health center deliveries: 213
- Growth Monitoring: 5,799
- Immunisations: 393
- Family Planning: 534

The supplementary feeding program saw an increase in new cases of under 5's, mainly due to the increased number of new arrivals. All the children with moderate malnutrition were identified and admitted to the program. An anti AIDS Club has been formed in the camp under the direction of three HIV/AIDS counsellors. Free distribution and the promotion of the use of both female and male condoms has intensified through outreach work by same HIV/AIDS counsellors. Vitamin A supplements are routinely given to post natal mothers and children. A two-day workshop for 39 community health care providers was held in the camp on abortions and its consequences, an initiative to respond to the increase in the number of abortion cases.

A total of 21 midwives from Mwange and the Ministry of Health (MOH) had a half day meeting in order to improve on the Nurse-to-Nurse and Nurse-to-patient relationship.

Other activities

A consignment of drugs for Mporokoso District Hospital was received and supplied to the hospital. A team of four sector Heads (Registration, Health, Wat/San and Distribution) attended a three-day UNHCR workshop on budget reporting formulations and financial management information systems in Kawambwa.

Traditional Birth Attendants (TBAs)

18 TBAs were trained. Most of the refugee women go through safe and clean deliveries as nearly all of them are escorted to the health center by the TBAs. The distribution of 84 baby blankets to new-born babies born in June was carried out.

Water & Sanitation •

Water

For the present population, the combined reticulated and groundwater sources provide between 15-20 liters per person per day, fully satisfying the international minimum Sphere standards. Extensions to the reticulated system continue to new sectors of the camp. The capacity of the present system is designed to meet with demand for up to 30,000 refugees. Hand pumps are in good order, diesel pumps have been recently serviced, and standby pumps are in place. Water quality testing continues, and no faecal contamination has been recorded to-date. No exceptional cases or trends in water borne diseases have been recorded.

Sanitation

Family latrine coverage is at over 90%. Newly arrived refugees use communal latrines initially until such time that their own latrines are built. Latrines are subject to regular vector control visits. The latrine slab production continues, mostly for new arrivals.

Hygiene promotion

This activity continues with a dynamic approach: 4,706 buckets or containers were distributed during June/July in order to encourage hand washing among the population. House to house visits continues, encouraging improved hygiene practices (9,806 visits were carried out during June/July and new arrivals are particularly targeted).

Vector control

The camp environment is good, with refuse pits used extensively, and housing compounds generally clean (including latrines). Rodents are kept to a minimum with a community based approach where refugees are encouraged to catch them for a small incentive (books and pencils). Spraying, where needed, is carried out as well as fly baiting.

Other activities

The building of the Wat/San store house in the camp is nearing completion. Continued assistance to the extension of water shower facilities and the building of VIP latrines at the clinic are taking place.

Logistics •

The distance of the Mwangi refugee camp (about 35 km from the main operation centre in Mporokoso) constitutes a challenge to achieving daily operational tasks. The Logistics sector has continued responsibilities in ensuring that support is given to all technical sectors in the following areas:

- the purchases of all required material, including fuel.
- construction of Mwangi health Clinic.
- service and repair of all operational cars.
- maintaining records on internal and external movements of all project materials.

All vehicles for the operation are in poor condition. A plan has been formulated to bring cars down to Lusaka on a case by case basis for service and rehabilitation (pending available funding). The operation urgently requires three new vehicles.

Distribution •

The WFP food pipeline has been poor for the last 2 months, and no cooking oil and salt have been available. As a result, the current food basket provided to refugees in Mwange is affected in terms of kcal/per day.

Food and non-food item beneficiary distribution lists are being revised to updated to reflect the refugees who have spontaneously repatriated.

Outstanding needs

The operation continues to experience a serious shortage of funds, forcing a drastic reduction of the budget and assistance considered below the acceptable standard level of support to refugees. As a result, various initiatives have been cancelled, such as the SPHERE field school initiative, and the urgent rehabilitation of vehicles. Funds for the management and maintenance of the operation are desperately needed.

External relations - Government/UN/NGOs/Media

Overall, the Delegation continues to enjoy excellent co-operation with key stake holders, such as the ZRCS, UNHCR, UNICEF, MSF and various Embassies.

The Mporokoso Operation team maintains a high profile in collaborating and co-ordinating with other partners, the Government and UNHCR through monthly interagency meetings, interagency meetings in several sectors, as well as through personal contacts and daily consultations on matters relating to the operation.

Contributions

See Annex 1 for details.

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