

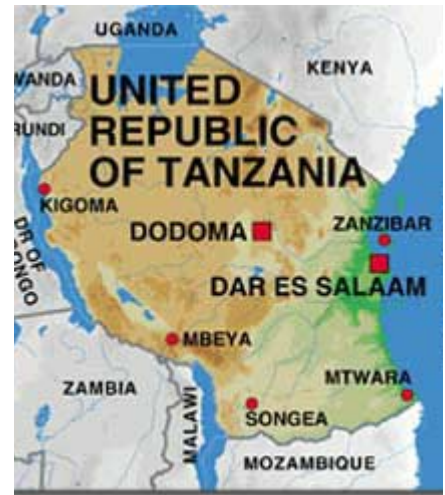
# Appeal 2001-2002

 International Federation  
of Red Cross and Red Crescent Societies

## TANZANIA (Appeal 01.18/2001)

*Click on programme title or figures to go to the text or budget*

	<i>In CHF</i>
1. Disaster Response	9,360,638
2. Co-ordination & Management	1,541,387
<b>Total</b>	<b>10,902,024</b>



## Introduction

### National Context

Tanzania is currently one of the most politically stable countries in East Africa having undergone a successful transition to a multi-party system after 36 years of socialist-orientated rule under Julius Nyerere. Since the mid-1980s, the government has concentrated on decentralization and privatization of its structures and services. Despite some improvements in economic growth, the country continues to suffer from a very high debt burden which has inevitably impacted heavily on its social service budgets. For instance, in 1997 the Government of Tanzania spent over 25% of its revenues on debt servicing, which is nine times more than it spent on public health.

This has obvious implications for human development in a country that was classified as the third poorest in the world by the World Bank. It has a real GDP per capita of \$636 (PPP, 1995). Life expectancy is 50 years, the infant mortality rate is 85 per 1,000, only 38% of the population has access to safe water, 29% of children under five are underweight and the adult literacy rate is 67%. The government is interested in opening up the country to more foreign investment especially in the area of tourism where Tanzania can offer beautiful beaches, mountains and safari parks. However, bureaucratic regulations, poor infrastructure and low productivity have slowed down such developments.

Tanzania is very vulnerable to disasters with over three million people affected by some type of disaster in 1998, the most in Africa. Recurrent problems in the country are floods and droughts with a complicated interactive relation between man-made and natural causes (i.e. environmental degradation). Disasters in the main cities are common, for which the country has neither the infrastructure nor the services to cope. The main cities are also confronted with major problems related to increases in migration from rural areas. The coastal area and the lakes have proven to be areas for major disasters such as boat and ferry accidents with high numbers of casualties, or environmental catastrophes like leaking oil cargo ships.

Conflict and instability in surrounding countries has produced large-scale refugee movements into Tanzania. In 1998, the country was host to 300,000 refugees from Burundi and the Democratic Republic of Congo, the third

largest number on the continent. Due to the current conflict in both these countries, this number continues to increase.

This potential for disaster has yet to be appropriately addressed by the Government, despite it being highlighted by the media. Despite a number of initiatives, the latest by UNDP, to establish a suitable disaster preparedness and response system in the country, there has yet to be an accepted disaster management policy, and recent experiences have shown that there is no functioning official co-ordination or co-operation mechanism in place for when disasters strike. The most appropriate reaction to a disaster situation to date has been by the Tanzania Red Cross Society.

### **National Society Priorities**

The refugee camps in the Kigoma and Kasulu districts will remain the main focus of the disaster response efforts of the TRCS and the Delegation for the foreseeable future. It is most likely given the political situation in Burundi and the Democratic Republic of Congo that the Federation will continue to support the basic needs of upwards of 130,000 refugees. The main objective of the Refugee Operation for 2000 is to continue and improve service delivery in the fields of health, water/sanitation, camp management and logistics supply.

The second major objective will be to continue the development of TRCS expertise in these technical fields and in the management of operations. The third objective is to use the refugee operation as a vehicle for the dissemination of Red Cross Principles. A fourth will be to extend the services provided to the refugees to the local indigenous population.

These refugee programmes continue to be the main focus of activity of the NS and for the Federation support at this time, and the non-refugee related plans outlined below (branch development, management structures, health activities and so on) still need further development and definition. However, there is a number of other smaller or more local TRCS initiatives currently running with support from several sources which will continue.

The TRCS certainly realises that there are other priorities outside the refugee assistance programme, and in a recent workshop for strategic planning of the future of the NS, the TRCS defined their main portfolio as disaster management and preparedness, health, and youth. These would be backed up with strong support functions in information and dissemination, as well as fund raising/income generation. Social welfare and gender issues were considered second priority since the TRCS did not enjoy any comparative advantage over the specialised NGOs working in these areas. Nevertheless, the NS has tasked one board member to specifically focus on, and monitor, gender issues relevant to the NS.

The strategic development plan 1999-2001 addresses this self-determined portfolio. The NS has recognised the need for structural changes at the HQ level, to provide an active centre for a unified society and a holistic approach to their portfolio, and for branch development to increase the base for the society. Strengthening of the governance has long been a strategic priority but, as in many other cases, the NS needs external assistance and commitment to propel this forward.

A number of key lessons have been learnt over the last decade. Co-operation between the Federation, the PNSs and the National Society has suffered as a result of differing expectations and interests. The development of vertical programmes with few or no linkages with other activities has produced inflated and unsustainable structures. The ID programme based on over-ambitious goals without proper commitment from National Society governance and management has, in the main, failed. Donors have often not entered into realistic dialogue and longer-term commitment with the National Society, resulting in misunderstandings and resentment. Partnerships founded on mutual confidence and commitment need to be rebuilt around a change process managed by the National Society.

### **Priorities and Objectives for Federation Assistance**

Federation priorities and objectives for the short and medium term will continue to be assistance to the TRCS in the refugee programmes. A concerted effort will be made to encourage the TRCS to increasingly take over responsibility and management of the operations. Continued high quality support to the refugees, full funding for the operation and more transfer of managerial independence for the operation to the TRCS continue to be the objectives of the operation.

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# 1. Disaster Response

## Support to Refugees from Burundi and the Democratic Republic of Congo

### Background and progress to date

The International Federation has supported refugee operations in the Great Lakes Region since 1994. Following the signing of the Cooperation Agreement in April 1997, the Tanzania Red Cross Society has taken over responsibility for the implementation of the Refugee Relief Operation, with the Federation Delegation offering a monitoring, advisory and support role. The Refugee Relief Operation supports five camps in Kigoma Region: Muyovosi, Mtabila I, and Mtabila II, Burundian camps in Kasulu District, and Lugufu I and II Congolese camps in Kigoma District. The total refugee population being supported by this operation was 147,000 at the end of September 2000. The Tanzania Red Cross Society (TRCS), in conjunction with UNHCR, is also providing relief and camp management services to 100,000 Burundians in Lukole camp in Ngara region.

#### Population of Kigoma refugee camps supported by TRCS and the Federation

2000	January	February	March	April	May	June	July	August	September
Lugufu	47,703	49,047	50,427	51,942	52,672	47,887	53,233	54,731	55,047
Muyov	34,909	34,888	35,163	35,355	35,505	34,499	34,773	35,092	35,287
Mtab I	15,235	15,233	15,359	15,449	15,449	15,648	15,518	15,821	15,937
Mtab II	39,875	39,879	40,173	40,371	40,371	40,316	40,364	40,519	40,872
<b>Total</b>	137,722	139,047	141,122	143,117	143,997	138,350	143,888	146,163	147,143

( <5 population estimated at 20% of total population)

(Population figures for June reflect the true position following UNHCR/WFP re-registration exercise.)

A major problem has been the unpredictability of the refugee influx. In late 1998 it became evident that the anticipated closure of Lugufu camp would not materialise, since heavy fighting had broken out again in the Democratic Republic of Congo (DRC), leading once again to large population movements. Tanzania Red Cross Society with the support of the Federation, started preparations to maintain and upgrade Lugufu camp and later to expand to a second camp, once Lugufu I reached maximum population of 50,000 refugees.

Lugufu II camp opened on 2 October 2000 with 1,000 newly arrived Congolese refugees. The camp has a capacity of 30,000, and refugees are currently arriving at the rate of 1,000 per month. The rate of influx has varied considerably over the last two years, with over 2,000 refugees a day arriving in June 1999.

The population of the Kasulu camps is now stable as the three camps, Muyovosi, Mtabila I and Mtabila II, have been declared full with approximately 92,000 Burundian refugees.

In 1998 and early 1999 some Burundian refugees were voluntarily repatriating. However, continuing instability in Burundi drastically reduced this number. At the end of 1999 and early 2000, there was a massive new influx of Burundian refugees. Approximately 5,000 of these were settled in Kasulu camps, while many thousands more were transferred to camps further north in Kibondo.

Federation efforts are ongoing to continue to strengthen the capacity of the National Society to manage relief programmes. The TRCS has been active in the Refugee Relief Operation since 1993 and has developed the skills and abilities to address the ongoing needs of the refugees. Programmes and services are also being targeted to a wider local population who are benefiting from Red Cross presence in the region, the area most affected by the refugee situation.

#### Refugee new arrivals Kigoma Region

	1999	Jan 2000	February	March	April	May	June	July	August	September
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<b>DRC</b>	79,966	1,298	870	1,179	1,183	972	901	1,449	1,031	869
<b>Burundi</b>	59,042	22,879	5,841	4,594	1,251	573	439	1,761	3,772	4,573
<b>Total</b>	139,008	24,177	6,711	5,773	2,435	1,543	1,340	3,260	4,753	5,442

## Health

Comprehensive health services are offered to approximately 150,000 refugees in four out of the five camps and to local Tanzanians from the surrounding villages. Although the major thrust is towards preventive services, curative services remain an important element of the health services offered. Curative services include full outpatient and inpatient services, nutrition unit, emergency operating theatres (EOTs) in both Kasulu and Lugufu, and laboratory services in all camps. The major reason for establishing the emergency operating theatres was to prevent unnecessary deaths from obstetric emergencies, especially during the rainy season, when transfer to Kigoma can take many hours, if the roads are passable at all. During the first half of the year 2000, Lugufu performed 66 emergency caesarian operations and Kasulu performed 102. Acute abdominal emergencies were the other major surgical interventions and Kasulu also performed some emergency surgery to war wounded new arrivals from Burundi. Kasulu EOT also offers emergency surgery to Congolese patients from Nyaragusu camp in Kasulu District, an average of 7-10 patients per month. Due to insecurity the Kasulu EOT, which had previously been operating on a 24 hour basis for emergency surgery, has had to be closed during the hours of darkness and patients transferred to Kabanga or Kasulu District Hospital.

Major causes of mortality and morbidity remain malaria and lower respiratory tract infections, with diarrhoeal diseases and skin infections being other major causes of morbidity. Mortality remains within normal limits in all camps.

### Crude Mortality Rate (CMR) (per 1,000 per month)

2000	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Lugufu	0.61	0.26	0.59	0.67	0.84	0.68	0.72	0.85	0.60
Muyovosi	0.23	0.29	0.20	0.31	0.37	0.35	0.12	0.06	0.20
Mtabila I	0.26	0.46	0.33	0.58	0.58	0.38	0.45	0.19	0.44
Mtabila II	0.23	0.18	0.10	0.22	0.42	0.27	0.12	0.15	0.24

(acceptable limit CMR: 1.5/1000)

### Under 5 year Mortality Rate (<5MR) (per 1,000 per month)

2000	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
Lugufu	1.57	0.82	1.29	2.12	2.09	1.04	2.07	2.66	2.00
Muyovosi	0.57	0.57	0.14	0.71	0.56	1.15	0.29	0.00	0.43
Mtabila I	0.98	0.66	0.98	1.62	0.65	0.64	0.97	0.00	1.23
Mtabila II	0.50	0.75	0.25	1.00	1.36	0.87	0.62	0.62	0.73

(acceptable limit <5MR: 3/1000)

### Most Common Causes of Morbidity as Percentage of Total Morbidity

	Lugufu			Muyovosi			Mtabila I			Mtabila II		
	Jan	April	June	Jan	April	June	Jan	April	June	Jan	April	June
Year 2000												
Total Morbidity	12,426	15,775	15,920	9,425	10,791	11,293	8,891	9,518	9,575	15,140	10,156	10,226
Morb % popn/day	0.84	1.01	1.10	0.87	1.02	1.09	1.88	2.10	2.03	1.22	0.84	0.84
Malaria % of total morbidity	37.63	40.16	44.00	41.50	41.19	47.64	43.00	44.59	37.12	37.65	41.27	46.94
LRTI % morbidity	16.9	18.97	16.00	15.06	7.02	1.85	7.13	10.35	7.59	7.48	5.59	5.37
water diarrhea %	5.22	6.33	6.63	7.16	5.13	3.98	3.97	3.38	3.37	4.70	7.70	4.86
dysentery %	0.97	1.57	1.35	0.00	0.23	0.27	1.16	1.06	0.63	1.35	0.35	0.25
scabies %	3.33	2.95	3.02	0.50	2.83	1.25	0.91	3.30	6.13	0.45	2.10	0.89
hook	11.59	8.39	7.61	4.86	5.30	2.08	12.63	6.62	16.78	12.20	7.07	5.39

worm %												
Others %	24.37	20.07	22.07	25.84	38.78	42.89	31.24	32.36	32.63	35.97	35.97	16.69

TRCS is responsible for dispensaries, with full outpatient and inpatient services, in all three Kasulu camps and in Lugufu I. In addition, there are two health posts in Kasulu and three in Lugufu. The health posts offer first line treatment for malaria and diarrhoea and simple skin conditions and more complicated cases are referred to the dispensaries. Full reproductive health services, including maternal and child health services, are also offered in the health posts. Health information team (HIT) workers offer health education in the health posts. They also follow-up defaulters, particularly for the childhood immunisation programme.

Training of clinical officers and reproductive health staff in counselling and examination, has encouraged victims of gender based sexual violence to come forward and receive appropriate help following assault. In the area of health promotion, special emphasis is placed on the work of the HITs (refugee community health workers from the camp villages) who monitor the well being of their neighbours. They also provide education and information on disease control and prevention, as well as reproductive health information and services. These activities are all aimed at disease prevention and overall improvements in the health of refugees, and the results have been very positive. Morbidity and mortality rates in the camp are well within Federation, WHO, and UNHCR standards.

All health and nutrition services are also open to the local Tanzanian population living in the vicinity of the refugee camps.

### ***Water and Sanitation***

TRCS is responsible for providing safe drinking water, a minimum of 15 litres per person per day, to all refugees in Lugufu I and II, and approximately 40,000 refugees in Mtabila II camp in Kasulu. In February 2000 the new gravity water system in Mtabila II became operational. This system is able to supply more water, in excess of 20 litres/person/day, at reduced cost, as pumping costs have been drastically reduced. In Lugufu I there have been increasing problems due to ageing of the pumps and pipeline of the Malagarasi River water system. Even with the frequent breakdown of pumps the water team endeavoured to ensure that all refugees received a minimum of 15 litres/person/day. A new gravity system for Lugufu II, from the nearby Lugufu River, is now in place. However, a result of drought in the Great Lakes region, the lack of water in the Lugufu River meant that the system was not operational when the camp opened. A ring system, from the Malagarasi supply, was put in place to serve the early arrivals into Lugufu II from Lugufu I, until the rains once again swell the Lugufu River.

A pilot community water programme in Kanazi village, Kasulu, was successfully completed early in year 2000. This has allowed the local Tanzanian population to benefit from the expertise that is providing safe water and hygiene promotion to the nearby refugee population.

Sanitation activities in Lugufu camps and Mtabila II, Kasulu, have included construction and reconstruction of community and family latrines, family bathrooms, dish racks and garbage pits. Hygiene education topics included diarrhoea and malaria prevention, meningitis awareness, and control of jigger fleas. Bed net distribution and impregnation, for malaria prevention, was carried out in both locations in 2000. In consultation with UNHCR it has been agreed that for future years, along with malaria prevention advice, residual spraying of refugee homes will take place, following the loss, including sale by refugees, of over 70% of bednets in some camps. Other sanitation activities include meat inspection, spraying of dispensaries and communal areas, rat and snake control in both locations and setting of tsetse fly traps in Lugufu.

### ***Camp Management***

TRCS is in charge of all camp management activities in Lugufu camps, and to approximately 35,000 refugees in Muyovosi camp, Kasulu. These services include biweekly WFP food ration distribution, providing an average of 1,950 Kcal/person/day, and regular UNHCR soap distribution to all refugees. Food rations remain slightly below SPHERE standards (2,100Kcal) due to supply problems on the part of WFP. Efforts have been made to supplement the rations with refugee grown food but this solution has been resisted by the Tanzanian Government. UNHCR non-food items, tarpaulins, blankets, kitchen sets and jerrycans are distributed to all new arrivals in Lugufu. Camp management is also responsible for all the refugee settlement and community facilities in the camp, including internal road construction and maintenance, graveyards, all communal and market areas.

**Goal** To maintain and improve the living conditions of refugees based in five camps in Kigoma Region of Tanzania. Health, water and sanitation, and camp management services will be offered to Sphere standards in all areas of Tanzanian Red Cross involvement

## **Objectives and Activities planned**

**Objective 1** Health: To continue to provide appropriate health services to the refugees in Lugufu I and II, Moyovosi, and Mtablia I and II.

Activities to achieve this objective are:

- Provision of curative and preventive health care.
- Provision of special MCH services.
- Control of infectious diseases through implementation of awareness campaigns through HIT teams and intensive health screening of new arrivals.
- Provision of surgical services.
- Monitoring the nutritional situation in the camps.
- Provision of therapeutic and supplementary feeding programmes.
- Provision of drugs and consumables through 3-months standard supply and emergency procurement if need be to meet the basic health needs of all beneficiaries.
- Training of health staff.

**Objective 2** Water and Sanitation: To continue to provide clean drinking water to the refugees in Lugufu and Mtabila II and maintain hygiene following sphere standards .

Activities to achieve this objective are:

- Regular testing of water quality.
- Provision of sufficient safe drinking water.
- Regular inspection and maintenance of the water systems.
- Investigation of alternative water supply options in Lugufu.
- Provision of hygiene education.
- Promotion of latrine construction and use.
- Implementation of residual spraying programmes.
- Implementation of vector control programmes.
- Training of staff.

**Objective 3** Camp Management: To continue to provide the required camp management services to cater for the needs of the refugees in Lugufu and Moyovosi

Activities to achieve this objective are:

- Maintenance of the roads inside the camps.
- Distribution of food.
- Preparation of villages and plotting.
- Distribution of non-food items.

## **Expected results**

Results for Objective 1, Health:

- Crude mortality rates are maintained at less than 1.5 deaths per thousand population per month.
- Under-five mortality rates are maintained at less than 3 deaths per thousands.
- Awareness for infectious diseases is maintained and outbreaks avoided.
- Surgical emergencies, particularly obstetric emergencies are appropriately treated in the operation theatres.
- Nutritional surveys and screening are done on a regular basis and a reliable picture on the nutritional situation in the camps is ensured.
- Refugees and Tanzanian children have access to therapeutic and supplementary feeding.
- Drugs and consumables in sufficient quantities are all the times available.
- Health staff is updated and trained on relevant topics.

Results for Objective 2, Water and Sanitation:

- The water quality is all the time according to sphere standards.

- Refugees have access to 15 litres clean drinking water per each refugee and day.
- No major interruption of water supply to the camps occurred.
- A suitable and cost-effective, more permanent water supply option is installed for Lugufu.
- Sanitation and HIT workers have continued to deliver health education messages to the refugee households.
- The camps are to 90 % covered by family latrines in Kasulu and at least 85 % in Lugufu.
- Malaria infection rates are not increased.
- The occurrence of vectors in the camps is reduced.
- The water and sanitation staff is trained and updated on relevant topics .

Results for Objective 3, Camp Management:

- The roads inside the camps can be easily used throughout the year by pedestrians and vehicles.
- Refugees receive regularly their food rations.
- Villages are prepared and plots demarcated in time for new arrivals according to the refugee influx.
- Refugees have received the necessary non-food items.

## **Indicators**

### ***Health***

- Crude mortality rates, morbidity range, laboratory statistics.
- Under-five mortality rates, IMCI standards.
- Morbidity rates for infectious diseases.
- Number of surgeries performed.
- Nutritional Survey data.
- Numbers of frequenting feeding center, number of people treated.
- Supply situation in the health facilities.
- Number of training sessions.

### ***Water and Sanitation***

- Water test results data.
- Level of water-borne diseases.
- Amount litters of water pumped per day.
- Sanitation education: Number of messages and sessions, rate of latrine usage.
- Latrine coverage data.
- Health statistics.
- Respective morbidity data on vector-borne diseases.
- Number of trainings, number of participants.

### ***Camp Management***

- Road inspection reports.
- Distribution statistics.
- Data on waiting period between arrival at camp and moving to plot.
- Food and non-food distribution statistics.

## **Critical assumptions**

- Road inspection reports.
- There will be no serious deterioration in the political situation in DRC or Burundi, resulting in a massive new influx of refugees.
- Peace agreements in DRC and Burundi will not reach the level that massive repatriation takes place.
- There will be no major outbreak of communicable disease (meningitis, haemorrhagic fever).
- Donor funding will continue at an increased level to sustain the refugee relief operation in Tanzania.
- WFP provides the necessary food in time and in sufficient quantities.
- UNHCR provides the non-food items in time and in sufficient quantities.
- Refugee population remains co-operative

## **Monitoring and Evaluation arrangements**

- Federation Delegates will be make regular monitoring visits to all respective areas in the camps alongside the relevant TRCS senior manager.

- All information/data coming out of the operation will be monitored by Federation Delegates and senior TRCS managers.
- In line with the Cooperation Agreement an annual external evaluation of all aspects of the Refugee Relief Operation will be carried out.

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## **2. Co-ordination and Management**

### **Support to the Tanzanian Red Cross Society Refugee Operation**

#### **Background and progress to date**

For decades, Tanzania has been host to refugees fleeing from conflicts in the neighbouring countries of Rwanda, Burundi and the Democratic Republic of Congo (DRC). The Tanzania Red Cross Society (TRCS) and the Federations' major involvement in the refugee relief operation started back in 1993 with the influx from Burundi. In the Kigoma Region of West Tanzania, Red Cross assistance to Burundian refugees in three camps of Kasulu District started end of 1996, and to Congolese refugees in the Lugufu camp of the Kigoma District in early 1997. This assistance continues to this day within the same scope of activities, principally camp management, health, as well as water and sanitation, catering now to the needs of approx. 150,000 refugees in five camps.

In the beginning of the refugee relief operation, the Federation involvement was of a direct nature, expressed in terms of planning, organising, and managing specific projects aimed at rendering quality assistance to refugees. Recognising the need to build the capacity of TRCS in all aspects of planning and management of this huge refugee relief operation, a Co-operation Agreement between the Federation and the TRCS was signed in London in April 1997 ("The London Agreement"). This agreement transferred all operational responsibility to the National Society and the Federation Delegation assumed an advisory and monitoring role, ensuring that Federation standards are met, and that accountability to donors is maintained.

The Co-operation Agreement was finally put to practice in June 1998, by separating budgets and operational assets between the TRCS and the Federation. Prior to that, and in order to support the TRCS management structures, the joint field units in Kasulu and Lugufu, and the co-ordination units in Kigoma and Dar-es-Salaam were instituted, while the basis of day-to-day co-operation has been direct counterpart relationship. As a guideline for operation and management a compendium of procedures applicable in the relief operation by TRCS was worked out and compiled specifying standard Federation procedures for the specific context of the refugee relief operation in Tanzania and combining them with standing rules of the National Society as approved by their board.

Fulfilling the respective roles and responsibilities of managing the refugee relief operation, as outlined in the Co-operation Agreement, has been a long learning process for both the TRCS and the Federation. Stepping back from direct involvement in the execution of every day operational tasks to a more "back-seat" role of a coach was a very cumbersome and time-consuming effort by the Federation. A primary problem being that the Federation remained responsible for international fund raising, and thus accountability to donors, while relinquishing control of the spending of these funds. Equally for the TRCS, it was difficult to start with the new roles and take responsibility for everything happening in the operation. This put a large burden on the individual managers of the operations who were unused to this decision making role and the accompanying responsibility.

The first evaluation of the refugee relief operation in post-co-operation agreement was conducted in March 1999. Unfortunately, the results and recommendations presented in the evaluation report were modest in terms of reviewing the strengths and weaknesses of both the operation and co-operation, and giving clear guidance on how to further enhance the programme management tools for better accountability of the operation.

Based on the deficiencies discovered evolving after the official handover of the implementation responsibility, both TRCS and the Federation worked on measures with the target to overcome those deficiencies. This proved to be quite difficult since the capacity building endeavours, had to be undertaken simultaneously with huge efforts in running the day-to-day business of providing for the needs of more than 130.000 refugees. And since the skills to be built up were so numerous it was not possible to address them all at once. A phased approach to address the issues had to be chosen and skills to be built up step by step.

First major step was to install a suitable day-to-day management system, to address the pertinent operational issues from the refugee relief operation and to come to appropriate decisions. Whereas in the field it was possible to establish and keep a regular scheme of management meetings and subsequent preparation of minutes, this proved to be difficult to do on HQ level and this is yet to be achieved.

A major goal of the effort was to establish functioning counterpart relationships between the respective TRCS managers and the Federation delegates. While in several cases this was very successfully achieved, the high turnover of delegates due to short term missions, establishing long lasting relationships proved difficult as relationships were often built on a personal basis rather than on systematic or strategic concerns. Also many delegates came from a more relief oriented background and did not have the necessary approach nor skills for successful development and counterpart relationship. The National society worked in a traditionally conservative hire-and-fire system which reduces incentives for innovation and decision taking. These factors contributed to a reluctance to listen to and taking the advice coming from the Federation. Therefore, joint training will be needed to improve working as counterparts.

Intensive efforts were concentrated in improving the long logistics pipeline to the sites of the operation. On HQ level a TRCS Logistics Unit was established responsible for the overall management of logistics services to the field. Procurement was changed from mainly using Nairobi Regional Logistics Centre to procurement done centrally from Dar es Salaam with concentration on national markets, and international tenders where appropriate. Locally available supplies were directly procured from Kigoma and Kasulu where justified by price or urgency. A central tender committee was established on Dar es Salaam level providing a high degree of procurement control and transparency, on field level control of procurement and transparency still requires a lot of attention and improvement. The introduction of a standard reporting system on requisitions accelerated the procurement process tremendously and ensured much more transparency.

The technical services provided by the operation to the refugees are of quite high standard. The services are run very smoothly and are recognised as excellent by refugees and partners. A very weak area of the operation was and still is the overall management in general, financial management and administration in particular. There was and is a dire need to create transparency throughout the set-up of the operation in order to ensure professional management from all levels. To improve personnel management in the operation, in each location team building and management seminars were implemented in 2000. The same was done for improving the reporting skills by implementing report writing workshops. Further training courses were run by the Federation on budget planning and control, and accounting. Although all these training programmes were attended by TRCS managers with enthusiasm, the skills learned are not yet sufficiently applied. The management pressure to enforce and control the application of professional tools is still broadly missing.

A management information system is essential to improve transparency and to enable the different levels of management to act and react as required to meet their duties. Whereas some parts of the MIS are already installed and working i.e. the minutes of meetings, monthly departmental reports and the status reports on requisitions, others are still to be addressed. These include the existence of appropriate work plans to consistently steer the work done, reasonable budgets to match expenditure plans with funding plans, variance analysis for expenditure control, expenditure plans to manage cash flow, report control sheets to meet deadlines.

The lessons learned over the past four years of the TRCS capacity building, the achievements in capacity building and the high quality service delivery in the refugee camps so far, call for a gradual exit strategy for the Federation, to be completed until the end of 2002. Feed back from donors is indicating that the Federation is still too much "cushioning" the National Society which basically means that TRCS has not been exposed sufficiently to external relations, hindering justified allocation of both, merits for achievements and accountability for problems, to the National Society. To enable TRCS to be self-reliant on the long run this exposure will be essential to succeed. Also the fact that particularly some of the international partners still choose only the Federation Delegation to address operational problems indicates that more awareness has to be created about the role and the implementation responsibility of the National Society.

**Goal** Through planned, gradual phasing out of delegates' presence and involvement in the relief operation in Tanzania over the period of the next two years, and the subsequent closure of Federation Delegation by the end of 2002, the TRCS will assume the sole responsibility for the successful implementation of in-country programmes, including the refugee relief operation in Kigoma region, and full accountability for the programme management to donors and beneficiaries.

## **Objectives and Activities planned**

**Objective 1** To increase TRCS involvement and responsibility in carrying out the refugee relief operation (RRO) in Tanzania.

Activities to achieve this objective are:

- Facilitation of direct TRCS working relationships with donors and partners.
- Creation of legal base for non-direct funding to TRCS.
- Training of TRCS in donor relation and requirements.

**Objective 2** To reduce the Federation presence in the RRO.

Activities to achieve this objective are:

- Create a clear understanding of expectations of TRCS for Federation's involvement in Tanzania.
- Renegotiation of Co-operation Agreement 1997.
- Obtaining the legal base for the Federation in Tanzania.
- Phasing-out of current technical delegates' missions.
- Transfer of the main delegation field base to Kigoma.
- Establishment of a technical resource team with one delegate each for health, water and sanitation, and logistics.
- Keeping one field delegate based for the time being on permanent basis in each field location.

**Objective 3** To facilitate accountability.

Activities to achieve this objective are:

- Establishment of Kigoma Sub delegation as a Federation monitoring unit.
- Preparation of guidelines and monitoring tools with regard to accountability.
- Monitoring of progress in RRO.
- Cross-checking of accounts and accounting.
- Working with TRCS on the quality of reports with reference to recipient and donor requirements.
- Monitor appropriateness of logistics procedures.
- Implementation of audits on use of supplies.
- Training of TRCS on accountability issues.
- Advice to TRCS in creating a TRCS Monitoring Unit.
- Training of TRCS Monitoring Unit.

**Objective 4** To further improve the overall service delivery in the RRO.

Activities to achieve this objective are:

- Continuation of efforts to encourage TRCS to install the needed management set-up in Dar es Salaam on TRCS HQ level according to Co-operation Agreement.
- Training programme to develop the awareness of all managers on their role.
- Follow-up on application of management tools (work plans, budgets, accounts, reports).
- Elaboration of a list of camp indicators giving information on service delivery.
- Training of TRCS managers in using the indicators.
- Monitoring of trend of indicators.

### **Expected results**

Expected results for Objective 1:

- TRCS is involved in direct negotiations with donors and partners by writing respective appropriate applications, by discussing them with the recipient, and by signing the resulting assistance contracts.
- A standard for subcontracts from Federation to TRCS is provided regulating clearly the legal base and the consequences, roles, responsibilities and legal implications in the case of non-compliance, to enable TRCS working under a subcontract of the Federation.
- TRCS is aware of the conditions and implications related to donations and of the results of non-compliance.

Expected results for Objective 2:

- Understanding of the role and mandate of the Federation in Tanzania is improved.
- Specifications of tasks and mandates are improved and results of non-compliance clarified.
- Federation Delegation is fully accredited and is a legal entity in Tanzania.

- Number of field delegates is reduced.
- No more technical delegates working as counterpart in the camp locations.
- Technical resource team of delegates is available for technical advice and support on request of TRCS.
- Coaching is provided to TRCS Team Leaders to assist with the management task in the field locations.

#### Expected results for Objective 3:

- Constant monitoring and random evaluation on compliance with Co-operation Agreement, donor requirements, subcontracts and use of supplies and resources is secured.
- Transparency is created in terms of how to provide accountability and how it is to be monitored.
- Monitoring reports are available highlighting compliance with work plans, budgets, accounts and reporting requirements.
- Regular information is available to TRCS on whether working advances are correctly accounted for and/or variances discovered.
- TRCS is enabled to submit high quality reports according to requirements.
- Shortcomings and achievements are discovered and shared with TRCS.
- Transparency achieved on the use of construction materials, drugs, spare parts, fuel and funds.
- TRCS is fully informed on aspects and implications of accountability.
- TRCS Monitoring Unit is working with full authority of TRCS top level and as counterpart to the Federation Delegation.
- TRCS Monitoring Unit is enabled to execute task..

#### Expected results for Objective 4:

- TRCS HQ are facilitating regular appropriate CCU meetings giving clear guidance and feed back on pertinent issues to the field.
- TRCS managers on all levels understand their role in management, leading, co-ordinating and controlling.
- TRCS have feedback on their management.
- A list of objectively verifiable indicators on technical service delivery in the camps is established.
- Regular reporting on indicators and variance analysis is established.
- TRCS managers are advised on positive or negative deviations from bench marks of indicators, and measures on rectify the deviations.

#### Indicators

- Number of TRCS donor applications; number of TRCS signed assistance contracts; successful completion of contracts.
- Standard text for subcontracts, between Federation and TRCS. Number of subcontracts.
- Feedback from donors; number of training sessions; number of participants; results of examinations.
- Written TRCS request to Federation specifying expectation.
- Revised Co-operation Agreement.
- Federation Status Agreement with the Government of Tanzania.
- Number of delegates, successful phase down of delegate numbers.
- Timely and high quality monthly monitoring reports.
- Booklet on accountability produced.
- Timely and high quality monthly financial reports.
- Positive feedback from recipients of reports.
- Needed supplies are available and on time.
- Audits carried out, favourable reports.
- Number of training's programmes; number of trained people
- Head of Monitoring Unit appointed; Board members as nit members appointed; reports of Monitoring Unit; number of field visits of Monitoring Unit.
- TRCS participation in training; TRCS monitoring reports.
- Number of meetings of CCU; minutes of meetings.
- Guidelines on management in the RRO exist.
- Timeliness of action and reports; positive variance analysis reports.
- List of camp indicators produced and used.
- TRCS managers reports.

#### Critical assumptions

- TRCS managers reports.

- Both the Federation and the TRCS are committed to full handover of Refugee operations in Tanzania within two years.
- Both the Federation and the TRCS are committed to defining and carrying out their respective roles, realising that managerial workload and financial actuality and responsibility will shift 100% to the TRCS.
- TRCS is accepting to take over all responsibilities linked with funding provided by Federation and subcontracted to TRCS.
- Training is of high quality and participation of the TRCS is enthusiastic.
- Both TRCS and Federation Secretariat are willing and decided to renegotiate current agreement on cooperation.
- TRCS support achieving a status agreement.
- Federation is able to field suitable delegates in time and they are accepted by TRCS.
- Field delegates have the required skills and experiences in coaching.
- Federation has access to relevant information.
- Problems raised are responded to in a positive manner.
- Federation has access to relevant information.
- Funding for audits made available.

### **Monitoring and Evaluation arrangements**

The Federation delegates will continue to monitor and report on the implementation of the TRCS refugee relief operation as long as they are present in the field. The TRCS internal Monitoring Unit to be formed at the Headquarters level will accompany the delegates in their monitoring role, as well as the Unit will undertake independent field missions. It is planned to have an interim evaluation of the Federation phasing out process by the end of 2001, allowing for review and small adjustments of the exit strategy. The evaluation team should consist of the representatives coming from the National Societies which have traditionally been the major donors and important stakeholders in the past, present and future funding of the Tanzanian operation. Following the completion of the Federation operation in Tanzania, the final evaluation of the achievements of the Co-operation Agreement will be carried out. The lessons learnt from the results of this Agreement implementation completed are expected to be of benefit to future planning of a Federation involvement under similar circumstances, and with a similar life span of the Delegation.

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<b>DELEGATION: TANZANIA</b>			
<b>PROGRAMME</b>	<b>Disaster response</b>	<b>Coord. &amp; mgt</b>	<b>TOTAL</b>
Shelter & construction	160,310	0	<b>160,310</b>
Clothing & textiles	12,898	0	<b>12,898</b>
Food & seeds	5,638	0	<b>5,638</b>
Water	161,319	0	<b>161,319</b>
Medical & first aid	477,702	0	<b>477,702</b>
Teaching materials	1,000	0	<b>1,000</b>
Utensils & tools	16,875	0	<b>16,875</b>
Other relief supplies	213,717	0	<b>213,717</b>
<b>Sub total supplies</b>	<b>1,049,459</b>	<b>0</b>	<b>1,049,459</b>
Land & Buildings	4,000	0	<b>4,000</b>
Vehicles	292,108	0	<b>292,108</b>
Computers & telecom	72,263	9,750	<b>82,013</b>
Medical equipment	4,884	0	<b>4,884</b>
Other capital expenses	46,199	10,000	<b>56,199</b>
<b>Sub total capital</b>	<b>419,454</b>	<b>19,750</b>	<b>439,204</b>
Programme management	641,912	106,733	<b>748,646</b>
Technical services	188,712	31,052	<b>219,765</b>
Professional services	209,280	34,437	<b>243,717</b>
<b>Sub total programme support</b>	<b>1,039,905</b>	<b>172,223</b>	<b>1,212,128</b>
<b>Transport &amp; storage</b>	<b>2,231,090</b>	<b>316,980</b>	<b>2,548,070</b>
Personnel (delegates & expatriates)	847,550	518,616	<b>1,366,166</b>
Personnel (local staff)	3,080,727	224,080	<b>3,304,807</b>
<b>Sub total personnel</b>	<b>3,928,277</b>	<b>742,696</b>	<b>4,670,973</b>
Travel & related expenses	176,398	24,388	<b>200,786</b>
Information expenses	54,312	8,920	<b>63,232</b>
Expert fees	25,510	39,750	<b>65,260</b>
Admin. - general expenses	436,234	216,680	<b>652,914</b>
Training workshops / seminars	0	0	<b>0</b>
<b>Sub total travel, training, general exp.</b>	<b>692,454</b>	<b>289,738</b>	<b>982,192</b>
<b>Total budget</b>	<b>9,360,638</b>	<b>1,541,387</b>	<b>10,902,024</b>