

# **GREAT LAKES REGION**

## **TANZANIA: REFUGEE OPERATIONS**

19 November 1998

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This situation report provides an overview and update of the Red Cross/Red Crescent refugee operations in Tanzania from January to September, 1998, a period characterized by optimism and hopes for repatriation to the Democratic Republic of Congo (DRC) and Burundi, but with more realistic expectations of continued instability being fulfilled as events in the region continued to evolve. The Delegation and the National Society showed flexibility in reacting to the changing situation while implementing the 1997 Co-operation Agreement. The period was also particularly notable for the remarkable level of assistance which has been maintained to the refugees in Tanzania by the Red Cross/Red Crescent field-based operations team, as well as the ongoing expansion of efforts to improve activities for the local community.

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### ***The context***

Tanzania has been experiencing major refugee movements since 1993. Large numbers of refugees from Burundi (1993 and 1996-97), Rwanda (1994) and the DRC (1996-1997) have been given shelter in the past six years. During the same period, several hundred thousand refugees have returned home to Burundi and Rwanda. In total some 1.2 million refugees have been received in Tanzania since 1993 while more than 800,000 refugees have returned to their home countries.

There are currently nine refugee camps in Kigoma Region with about 200,000 Congolese and Burundian refugees. Another 100,000 refugees are located in Ngara, Kagera Region, just north of Kigoma Region. About 70 % of the refugees are Burundians, and 30 % Congolese.

The International Federation of Red Cross and Red Crescent Societies has supported refugee operations in the Great Lakes Region since 1994. The Tanzania Red Cross Society with the support of the Federation, are operating three refugee camps in the Kigoma Region. These camps are Muyovosi, Mtabila I and II, and Lugufu, currently holding a total of over 93,000 refugees, down from 116,000 at the end of 1997.

### ***Latest events***

From January until June of this year the status quo reigned in the Great Lakes Countries bordering Tanzania. Occasional flare ups of fighting in Burundi caused sporadic and unpredictable influxes into the camps in the north and west. Relative calm in neighbouring DRC allowed for a major repatriation move from Tanzania. Lugufu Camp was reduced to about 10,000 refugees. Until the month of July, it had been expected that Lugufu camp would be closed by the end of September. It was planned to

transfer the remaining refugees to Nyaragusu camp in Kasulu region. In May/June, 1998, preparations were initiated to close Lugufu camp and to dismantle its facilities.

After the long period of relative calm in the region, the situation in Kigoma region has become more uncertain -- a result of the outbreak of the hostilities in the DRC. As a consequence of the situation in DRC, many people gathered on the Congolese shores of Lake Tanganyika, between Uvira and Kalemie. These people have encountered great difficulty in finding transportation across the lake to Tanzania. As of the end of September, only 7,000 Congolese refugees have actually been able to cross to Kigoma.

At the same time, the situation in Burundi changed dramatically, with open fighting in the south of the country. This led to a major population movement towards the borders and the Tanzanian camps. Since August there has been a considerable number of people from the DRC (approximately 7,500) arriving in the Kigoma region. These refugees were reportedly in very bad condition, having been forced to conceal themselves in the forests before managing to escape to asylum in Tanzania.

## ***Red Cross/Red Crescent action***

Throughout the reporting period, the Tanzanian Red Cross and the Federation Delegation continued to deliver a high level of services to the refugees in the Lugufu and Kasulu Camps. The principal activities included: providing shelter, distributing food and non-food items, providing water and sanitation; Primary Health Care (PHC) activities, curative health services, first aid, and prevention of epidemics. Distributions are carried out in Lugufu and Moyovosi; water and sanitation activities are provided in Lugufu and Mtabila Extension; health services in all these camps are fully provided by the TRCS.

A very important development during the year was the implementation of the Co-operation Agreement signed between the Federation and the TRCS in April, 1997 (known as the "London Agreement"). After months of delay and much effort towards implementation, the hand-over of operational and managerial responsibility for the operations to the TRCS was achieved on 15 June. The occasion was marked by an official ceremony in Kigoma attended by representatives of the Red Cross Movement, as well as the Tanzanian Government, UN Agencies and various NGOs.

The following sectoral activities were carried out :

### **Health •**

The Health Department continued to provide basic preventive and curative clinical services with regular supervision to ensure quality of care in all four camps. Major causes of morbidity over the last six months have been respiratory infection, diarrhoea, and most importantly malaria (please see the chart below).

Rehabilitation of the existing medical facilities and construction of new facilities were needed to reach the target of 1 health post per 10,000 people, and one dispensary per 40,000 people. The construction of the required facilities is under way at the time this report is being written. The facilities are equipped and staffed according to agreed UNHCR and Tanzania Minister of Health (MoH) guidelines, adhering to the accepted Red Cross standard list of drugs and medical equipment.

Immunisation campaigns against the six common childhood diseases (diphtheria, tetanus, whooping cough, measles, TB and polio) are a major focus of the preventative health effort. Through health education, the department also attempts to prevent common transmissible diseases (respiratory infections, diarrhoea, parasitic diseases, skin diseases, and STD's). In co-operation with the water and sanitation program, the Health Department has implemented malaria and cholera control programmes.

An integral part of the health program is the monitoring of the nutritional status of children aged under five. The department conducts nutritional surveys in collaboration with UNICEF, supplies food supplements (vegetables and fresh food) for the IPD patients, and maintains the supplementary and

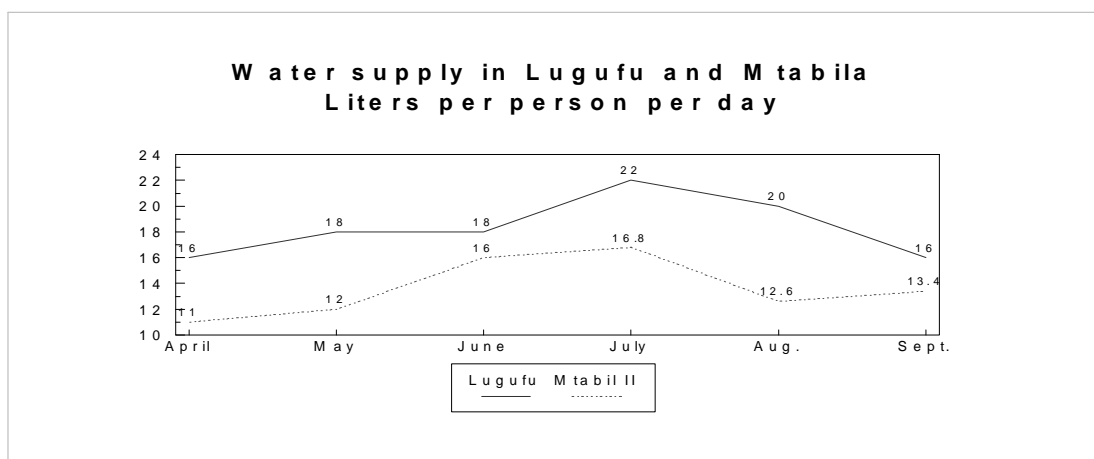
therapeutic feeding centres for children with moderate malnutrition and chronically ill patients. An important innovation aimed at extending the Red Cross Services into (and improving its image in) the local community, and reducing tensions between refugees and the local population, Health Services and Health Education are offered to the communities surrounding the refugee camps.

	Lugufu	Mtabila I	Mtabila II	Muyoyosi	Total 6 mos.	Average/mo.
LRTI	4,112	1,799	2,162	2,495	10,568	1,076
Malaria	14,288	41,835	30,779	39,375	126,277	18,665
Diarrhoea	5,177	2,226	1,885	1,552	10,840	944
Meningitis	8	11	0	16	35	5
Others	10,231	36,285	31,104	32,599	110,219	16,665
<b>Total Cases</b>	<b>33,816</b>	<b>82,156</b>	<b>65,930</b>	<b>76,037</b>	<b>257,939</b>	<b>43,580</b>
Referrals	1,484	4,518	0	5,178	11,180	1,863

**Water and Sanitation**

The Water and Sanitation Department forms an integral part of the health efforts in both camps of Lugufu and Mtabila Extension. The primary goal of water supply is the provision of 15 litres of potable water per person per day. In Lugufu the water supply system consists of pumping water over 8 km from the nearest reliable water source (the Malagarasy River). The project includes 5 pumping stations, a water purification system, and a distribution ring inside the camp. In Kasulu the water supply system in Mtabila extension consists of pumping water from local springs to collection and purification points and a gravity fed system into the camp. In both camps the water is treated to eliminate pathogens and is regularly tested for quality. To control or eliminate standing water, clothes washing slabs and drainage system have been installed throughout the camps.

The main



n sanitation concerns are to provide appropriate methods of solid waste disposal and vector control. Between April and September 13,586 family latrines and 15 community latrines were constructed in Lugufu. In Kasulu, 32,022 family latrines and 18 community latrines were built. Other services include

filling of low lying areas and other water traps, digging garbage pits, conducting meat and food inspection, and the construction of communal bathrooms.

Vector control in Mtabila extension and Lugufu consists of a three pronged strategy: the sanitation teams continuously spray to eliminate the malarial mosquitoes and to reduce breeding possibilities; distribution of mosquito nets and bed net impregnation; education on the prevention and treatment of malaria.

As in the health program, efforts have begun to extend the water and sanitation services into the communities surrounding the refugee camps. Uvinza, near Lugufu, was the first village where assistance measures for the local population was started. The local health station and water supply was rehabilitated, leading to the building of a new local Red Cross branch. The next community targeted will be Kanazai in the Kasulu area. The intervention will include water supply protection, latrine construction, and training in the prevention of water borne diseases.

### **Relief •**

The Relief Department is charged with all food and relief item distributions in the Lugufu and Moyovosi camps. Food is being distributed by WFP to supply the minimal nutritional needs of the population, with a target of delivering a minimum of 1500 Kcal/day/person. Non-food relief supplies are procured and distributed to refugees to accommodate minimal needs for shelter, warmth, food preparation, water provision and hygiene. Basic non-food items being distributed include: plastic sheeting, blankets, kitchen utensils, jerry cans and soap. Finally, the camp managers are assessing the camp structure and assigning plots to the refugees.

Despite great difficulties brought on by the rainy season in mid-year, the relief teams managed to assure refugees were fed and provided shelter throughout the year. The following charts illustrate the relief distributions carried out in Lugufu and Muyovosi for the first 9 months of 1998:

### **Non-Food Distribution**

January-September

	<b>Ration</b>	<b>Lugufu</b>	<b>Muyovosi</b>	<b>Total Distributed</b>
<b>Plastic sheeting</b>	1/family of 5	4,666	3,235	7,901
<b>BlanketsPcs</b>	1/2 people	18,164	50,629	68,793
<b>Kitchen sets</b>	1/family of 5	2,758	24,325	27,083
<b>Soap (MT)</b>	.4kg/mo/person	64	90	154
<b>Jerry cans</b>	1/family of 5	6,616	23,294	29,910
<b>Straw mats</b>	1/family of 5	4,332	33,874	38,206

*NB: Red Cross/Red Crescent activities in the Mtabila I and Mtabila II camps are limited to managing WATSAN and Health activities.*

**Food Distribution**

	April - September		Total 6 Months
	Lugufu (MT)	Muyovosi (MT)	
<b>Corn grain</b>	73	603	676
<b>Beans</b>	340		340
<b>CSB</b>	76	133	209
<b>Oil</b>	48	83	131
<b>Peas</b>		1,089	1,089
<b>Maize meal</b>	964		964
<b>Salt</b>	11	24	35
<b>Biscuits</b>	2		2
<b>Total MT</b>	1,514	1,932	3,446
<b>Average Beneficiary/Month</b>	15,500	29,000	

**TRCS and Federation Co-operation •**

The transfer of responsibility for operations took a disappointingly long 14 months. With the arrival of a new Head of Delegation in March, the Federation renewed its commitment to fulfil the promise of the "London Agreement." After the frustrating delays, the TRCS welcomed the opportunity to move forward in executing the agreement.

While the official hand over did not take place until June of 1998, it should be pointed out that in the field most of the direct operations had been managed by the TRCS technical departments well before this date, assisted and advised by Federation field delegates. What remained was to finalise and formalise the managerial procedures specified in the agreement.

A hand-over protocol was worked out, specifying exactly what had to be in place before that date, to create transparency, and to highlight what would be monitored afterwards. It was made clear to everyone that standard procedures would have to be in place by the hand-over date, and that procedures would have to function during the six month hand-over period, with improvements planned through training, adjustments, and close monitoring. It is planned that after the six months period (at year end), the hand-over will be evaluated, as well as the impact of the London Agreement.

A one day seminar was undertaken with all delegates to clarify respective roles after the hand over, and to revise (and adjust if necessary) each job description. The task list for the delegates was adjusted to the new circumstances and roles primarily focusing on advising, supporting, and monitoring in the area of financial matters and fixed asset lists.

Two weeks later a three day workshop took place in Kigoma for all TRCS line managers and all delegates. The workshop was also attended by key persons from TRCS HQ and line officers from the Dar es Salaam delegation. The target was to finalise the package needed for the hand-over date and to openly discuss issues in order to find mutual understanding and to reinforce transparency. The result of this workshop was the compilation of a compendium for the operation with a clear indication of all rules, regulations, procedures and formats to be followed, including: reporting systems; fixed asset lists; lines of communication; meeting schedules; monthly work plans; cash request and working advance system; budget/channel of funds; and job descriptions.

## *Outstanding needs*

Throughout the year the Delegation has had difficulty filling all the required delegate positions. One reason for the delay in completely implementing the Co-operation Agreement was the inability of the Delegation to train and support the operational staff in the camps. This was a direct result of a lack of delegates in key positions such as health, finance and logistics. In a large delegation such as Tanzania and with so much local capacity built up, it is important that there exist a large pool of highly qualified and experienced Red Cross candidates to draw from. In particular, we are looking urgently for four delegates, a General Administration Delegate, a Programme Co-ordinator, a Finance/Administration and a Logistics Delegate.

At the time of writing, the refugee programs remain short of the funding required to carry out the 1998 programs. The shortfall of approximately 600,000 CHF represents one month of the operational budget. In order to fulfil commitments to the refugee population, it is imperative that this shortfall is covered. It is important that all National Societies review their financial contributions to the Tanzania Operations, to assess whether further commitments can be extended.

## *External relations - Government/UN/NGOs/Media*

- { **UNHCR:** Relations with UNHCR remain good, but require much tact and diplomacy. The delegation is working hard towards a new Agreement outlining roles, responsibilities and financial commitments, confirming UNHCR's role as co-ordinator of the refugee operations, while maintaining the independence and integrity of the Federation's operations.
- { **UNICEF:** Thanks to the efforts of the Regional Watsan Delegate a working relationship with UNICEF was opened in the water projects sector. An application for water projects in the Kasulu area communities have been submitted to UNICEF, and tentative agreements have been reached for funding of the projects.
- { **UNFPA:** With the support of Regional Reproductive Health Advisor in Nairobi a good relationship with UNFPA has been established. The advisor has submitted an application to UNFPA for a two year project to continue the RH activities in the camps in Western Tanzania.
- { **Embassies:** The delegation has established working relationships with the Netherlands, Irish, Canadian, and German Embassies.
- { **Government of Tanzania:** Ministry of Foreign Affairs: a meeting was held to receive government support for lobbying to include Disaster Preparedness (DP) in the Lome Convention; a meeting was held to obtain tax exemption from the Tax Commissioner.
- { **ECHO:** Frequent working contacts with in country representative; very good co-operation established, ECHO has agreed to fund medical programs in the camps for 6 months.

## *Contributions*

See Annex 1 for details.

## *Conclusion*

The first three quarters of 1998 have proven to be a time of flux and needed adjustment. As anticipated at the beginning of the year, the Delegation and the TRCS went through a major change process culminating in the implementation of the 1997 Co-operation Agreement in June., 1998. After the transfer of responsibility to the Operating National Society (ONS), there remains much work to assure its success. Both the TRCS and the delegation are committed to making it work. The situation in the DRC has proved to be a roller coaster of expectations. From mid -summer when it was anticipated that most if not all of the Congolese Refugees would have returned home by September, the TRCS/Delegation are now updating contingency plans for a renewed influx. It is estimated that upwards of 50,000 refugees may arrive in Kigoma if there is a worsening of fighting in the DRC. During this period, the field-based operations team has maintained a remarkable level of service to the refugees, while expanding and improving efforts to serve the local community as well.

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