

## TANZANIA: HUMANITARIAN ASSISTANCE

20 October, 2000

*appeal no. 01.14/2000  
situation report no. 1  
period covered: January - June, 2000*

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*While refugee operations are seldom predictable, the Lugufu operation has been particularly difficult to manage this year due to a number of factors including the ongoing conflict in the Democratic Republic of Congo (DRC), the slow pace of the Burundi peace talks which prolong the nature of the refugee situation and prevent the promotion of voluntary repatriation, a degree of donor fatigue, and the impact of over-inflated refugee numbers caused by inadequate registration systems and recycling. The systems that UNHCR have put in place to reduce recycling have improved the situation, and provided valuable experience to deal with the potential of inflated beneficiary figures in the future. Despite the constraints encountered, the Tanzania Red Cross Society (TRCS) and the Federation effectively delivered assistance and services to all refugees in Lugufu and Kasulu until the UNHCR re-registration exercise resulted in an accurate beneficiary figure.*

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### *The context*

Tanzania has been experiencing major refugee movements since 1993. Large numbers of refugees from Burundi (1993, 1996-1997, 1999-2000), Rwanda (1994) and the Democratic Republic of Congo, formerly Zaire, (1996-1997, 1998-2000) have been given shelter, assistance, and protection in Tanzania in the past eight years. During the same period, thousands of these refugees have returned to their home countries and some, particularly Congolese, have then, once again, returned to Tanzania as conflict continues in their home countries. Currently there are eleven refugee camps in Kigoma and

Ngara, ten in Kigoma Region, with a total population of approximately 475,000. About 70% of these are Burundian and 30% Congolese.

The International Federation has supported refugee operations in the Great lakes Region since 1994. The Tanzanian Red Cross Society (TRCS), with the support of the Federation, are operating in several camps for Burundi refugees in the Kigoma Region: Muyovosi, Mtabila I, and Mtabila II camps in Kasulu district; and Lugufu Camp for Congolese refugees. The current total refugee population at the end of June 2000 numbered 138,350.

**Population**

<b>Year 2000</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Lugufu</b>	47,703	49,047	50,427	51,942	52,672	47,887
<b>Muyovosi</b>	34,909	34,888	35,163	35,355	35,505	34,499
<b>Mtabila I</b>	15,235	15,233	15,359	15,449	15,449	15,648
<b>Mtabila II</b>	39,875	39,879	40,173	40,371	40,371	40,316
<b>Total</b>	137,722	139,047	141,122	143,117	143,997	138,350

*\*Population June 2000 reduced following WFP/UNHCR re-registration exercise in all camps*

***Latest events***

The refugee influx into the region has continued throughout the reporting period as unrest continues in both Burundi and the Democratic Republic of Congo (DRC). Following the re-registration exercise in Lugufu I and the subsequent drop in true population figures, coupled with a reduced but still ongoing influx, the immediate and urgent opening of the new Lugufu II camp did not materialise in the expected time-frame. However, the instability in the DRC continues and a slow but steady influx of Congolese refugees arrive each week in Kigoma town, who are later transferred to the Lugufu site. At the same time, the massive Burundian influx at the end of last year has also slowed, but is still continuing, putting an added strain on Tanzanian Government and UNHCR resources.

**New refugee arrivals in the Kigoma Region**

	<b>1999</b>	<b>Jan 2000</b>	<b>Feb</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>
<b>Congolese</b>	79,966	1,298	870	1,179	1,183	972	901
<b>Burundian</b>	59,042	22,879	5,841	4,594	1,251	573	439
<b>Total</b>	139,008	24,177	6,711	5,773	2,435	1,545	1,340

Following the recommendations of the WFP-UNHCR-Federation Joint Food Assessment Mission (JFAM), a re-registration exercise of refugees in all camps was carried out in June. As a result, the refugee population reduced by an average of 11% in Kigoma Region.

By the end of the reporting period there were serious problems developing with the WFP food pipeline, although efforts were being made to purchase in-country. Buffer stocks are nearly non-existent and reduced rations are anticipated during the coming months.

Security incidents are increasing in the region, particularly incidents of armed banditry. This puts an added strain on all agencies working in the area.

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

Throughout the reporting period the TRCS, with the support and advice from the Federation Delegation, has continued to provide a high level of services to the refugees in Lugufu and Kasulu Camps. These services include health, water and sanitation, and camp management, including distribution of all food and non-food items.

### **Lugufu w**

Lugufu camp continues to receive new Congolese refugees arriving from the DRC at an average of 1,000 new arrivals per month. Although these new arrivals are generally arriving in good physical and nutritional status, there have been sporadic cases of measles and cholera. Therefore, the importance of screening and preventive health education from health information teams (HIT) and sanitation teams has been paramount. The registered population at the end of June, following the re-registration exercise, was just under 48,000. A decision was made with UNHCR to continue admitting new arrivals to the camp until the population reaches 55,000. In the meantime, work continued on preparation for a new Lugufu II camp located 5 km from the original Lugufu camp and planned for a maximum capacity of 30,000 refugees.

While it was decided to construct a new water system from the nearby Lugufu river and to put in place basic health services, it was also agreed that the overall management and logistical support could still be provided from the existing senior staff (TRCS and Federation) based in Lugufu I, and the TRCS and Federation management team in Kigoma. More junior staff, both TRCS and refugee labour, are being identified. By the end of the reporting period, road construction had been completed and a reception centre and distribution centre were under construction, all the responsibility of UNHCR. Testing of the new water system for Lugufu II was in the final stages and the health structures were near to completion. Health services will include full outpatients, with laboratory facilities and reproductive health services, including antenatal and postnatal clinics, under five's surveillance and immunisation, and family planning. Any patient requiring hospitalisation or emergency surgery will be transferred to the inpatient facilities in Lugufu I. TRCS had also marked out the plots for the first villages.

In Lugufu I, TRCS continued with health, water and sanitation, and camp management activities, including all construction activities, allocation of plots and distribution of UNHCR non-food items to new arrivals, and bi-weekly food distribution of WFP rations.

### **Kasulu w**

TRCS, with the support of the Federation, are supporting 90,000 refugees in three camps in Kasulu (Muyovosi, Mtabila I and Mtabila II). Since the end of last year, when approximately 5,000 new arrivals were accommodated in these camps, the population has remained stable, with no new arrivals, and the camps are now in a maintenance, rather than an emergency phase. Health services are offered in all three camps, with full camp management in Muyovosi and water and sanitation to 40,000 refugees in Mtabila II.

Security has been a major concern in Kasulu during this period. There have been numerous armed attacks in Kasulu town and the surrounding villages, including on NGO vehicles and premises, with robbery as the main motive. In February, Dr John Batungwanyo, a respected Burundian doctor who had been working in the camps since 1997, was murdered at his home in Muyovosi camp, along with members of his family. Plans have been submitted and emergency funding requested for improvements to the Ngaraganza living compound fence and gates following the armed attack on the living compound in December last year.

### **Health w**

Comprehensive health services are offered to approximately 140,000 refugees in the four 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 this year 66 emergency caesarian operations were performed in Lugufu, and 102 in Kasulu. Acute abdominal emergencies were the other major surgical

interventions, although some emergency surgery to war-wounded new arrivals from Burundi was undertaken in Kasulu. In February, following the signing of a memorandum of understanding between UNHCR, Christian Outreach (CORD) and the Federation and TRCS, senior health staff at the Nyaragusu (Congolese refugees) camp in Kasulu District commenced sending emergency obstetric cases to Kasulu EOT, an average of 7-10 patients per month. Due to insecurity the 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 Hospitals.

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)**

	January	February	March	April	May	June
<b>Lugufu</b>	0.61	0.26	0.59	0.67	0.84	0.68
<b>Muyovosi</b>	0.23	0.29	0.2	0.31	0.37	0.35
<b>Mtabila I</b>	0.26	0.46	0.33	0.58	0.58	0.38
<b>Mtabila II</b>	0.23	0.18	0.1	0.22	0.42	0.27

(acceptable limit CMR: 1.5/1000)

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

	January	February	March	April	May	June
<b>Lugufu</b>	1.57	0.82	1.29	2.12	2.09	1.04
<b>Muyovosi</b>	0.57	0.57	0.14	0.71	0.56	1.15
<b>Mtabila I</b>	0.98	0.66	0.98	1.62	0.65	0.64
<b>Mtabila II</b>	0.5	0.75	0.25	1	1.36	0.87

(acceptable limit <5MR: 3/1000)

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

	Lugufu			Muyovosi			Mtabila I			Mtabila II		
	Jan	Apr.	June	Jan	Apr.	June	Jan	Apr.	June	Jan	Apr.	June
Year 2000												
Total Morbidity	12	16	16	9	11	11	9	9	9	15	10	10
% populatn/day	1	1	1	1	1	1	2	2	2	1	1	1
malaria as % of total morbidity	38	40	44	42	41	48	43	45	37	38	41	47
LRTI % morbidity	17	19	16	15	7	2	7	10	8	7	6	5
water diarrhea %	5	6	7	7	5	4	4	3	3	5	8	5
dysentery %	1	2	1	0	0	0	1	1	1	1	0	0
scabies %	3	3	3	1	3	1	1	3	6	0	2	1
hookworm %	12	8	8	5	5	2	13	7	17	12	7	5
Others %	24	20	22	26	39	43	31	32	33	36	36	17

The two new health posts in Kasulu were opened in March this year. They have been well received by the clients and have decreased the workload in the three dispensaries. This has resulted in more time being available per patient consultation, allowing for better diagnosis and more rational drug prescriptions. The health posts also offer full reproductive health services, including maternal and child health (MCH) services. Children and pregnant women are now invited to attend on specific days of the week by village, resulting in facilitating better follow-up of defaulters by health information team (HIT) workers 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 the Federation/WHO/UNHCR standards.

Reproductive health services have continued as part of the overall health services since the ending of the UNFPA funded project in March this year. The delegation awaits a decision from UNFPA on funding the continuation of the project for 2001.

### **Water and Sanitation w**

The provision of adequate safe drinking water was maintained to approximately 90,000 refugees in Lugufu and Mtabila II throughout the reporting period. In February this year 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. The new gravity system for Lugufu II was beset by problems, including late arrival of funds for purchasing the necessary equipment, and logistical problems with the procurement of specialist parts. Although the system has now been tested and is ready to serve the new influx of refugees, there is great concern about the level of water in Lugufu river, the source of the new system, following very poor rainfall earlier this year.

Following the success of the community water programme in Kanazi village, Kasulu, a further proposal has been prepared for community water programmes in several villages in and around Kasulu. Funding for this is being discussed with UNICEF. These community water projects are an excellent way for 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 and Mtabila II, Kasulu, have included construction and reconstruction of community and family latrines, family bathrooms, dish racks and garbage pits. At the end of June family latrine coverage (one pit per family) was 93.2% in Kasulu and 79% in Lugufu. In Kasulu the coverage dropped slightly due to a number of latrines now being full and due for replacement. In Lugufu some new arrivals still need education and encouragement to build their own latrines. Hygiene education topics included diarrhoea and malaria prevention, meningitis awareness, and control of jigger fleas. Bednet distribution and impregnation for malaria prevention was carried out in all Kasulu camps and is due to be carried out in Lugufu in the near future. Meat inspection continued in Kasulu and Mtabila and an average of 18% of carcasses were condemned. Vector control activities included spraying of dispensaries and communal areas, rat and snake control, and setting of tsetse fly traps in Lugufu.

### **Camp Management w**

TRCS provided all camp management services to around 35,000 refugees in Muyovosi camp, Kasulu and 50,000 refugees in Lugufu. These services included bi-weekly WFP food ration distribution, providing an average of 1,950 Kcal/person/day and regular UNHCR soap distribution to all refugees during the reporting period (food deliveries experienced difficulties in May and July, leading to reduced rations for vegetable oil, cereals, and pulses). UNHCR non-food items (tarpaulins, blankets, kitchen sets and jerrycans) were 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. A major undertaking in Lugufu was preparation for the opening of Lugufu II camp.

### **Capacity Building w**

Federation delegates, health, watsan, finance, logistics and programme managers worked alongside TRCS counterparts, in an advisory role, in field locations and at headquarters level. The Federation surgeon also made weekly visits to Kabanga mission hospital in Kasulu, operating on more complicated cases, training TRCS doctors as well as local Tanzanian doctors working in Kabanga Hospital. Facilitators from Geneva held a three day team management workshop for all senior TRCS managers and delegate counterparts in Kasulu and Dar es Salaam, and a three day report writing workshop in Lugufu and Kigoma. In the second half of the year the facilitators will return to repeat the workshops to cover all four locations with both workshops.

## ***Outstanding needs***

One of the major problems encountered during this first six months was the lack of funds available to meet the budgeted needs, leading to delays in purchasing and the completion of planned tasks. This problem remains unresolved.

TRCS continues to offer high quality services with old and outdated equipment. The majority of the vehicle fleet is from the ex-Ngara operation, and trucks and light vehicles often spend more time in the workshop than in the field. Most of the computer equipment is in a critical state and needs to be replaced. The current computers cannot cope with new software that is vitally needed to monitor the services and produce timely and accurate reports.

A perennial shortage of delegates has meant that the monitoring of the programme and capacity building for TRCS counterparts has not been able to be achieved, despite considerable efforts from the majority of available delegates.

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

Kigoma and the field locations have maintained excellent relationships with their UNHCR colleagues, despite the operational problems faced by both agencies. Good relationships have also been maintained with WFP, UNICEF and NGOs in the operational area. The delegation is delighted to have an excellent, open working relationship with the ECHO representative. The professional relationship with Tanzanian government officials, including the Ministry of Home Affairs and the Regional Medical Officer have contributed to the smooth running of the programme. Good relationships continue with the media, both local and international, who have visited the operation during the past six months.

## ***Contributions***

See Annex 1 for details. This budget has been revised and further details will be provided in the next report.

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**This and other reports on Federation operations are available on the Federation's website: <http://www.ifrc.org>**

Tanzania						ANNEX 1
APPEAL No. 01.14/2000		PLEDGES RECEIVED			10/23/00	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				13,406,000		<b>TOTAL COVERAGE 58.3%</b>
<b>Balance carried forward from 1999</b>				<b>(1,325,505)</b>		
AMERICAN - GOVT/PRM		1,500,000	USD	2,532,750	14.07.00	
BRITISH GOVT		274,593	GBP	691,974	03.08.00	LUGUFU, WATER & HYGIENE PROMOTION SERVICES
CANADA - GOVT/RC		500,000	CAN	537,200	25.01.2000	NOT FOR FOOD PURCHASE/TRANSP.
ECHO		2,200,000	EUR	3,423,640	07.04.00	CONTRACT TZ/210/2000/01003
GERMANY - RC		35,000	DEM	28,137	04/26/00	DR. I. HASSEN
GERMANY - RC		100,000	DEM	80,390	03/28/00	12 HOUSES (RE APPEAL) AND IMPROV SECURITY FACILITIES
GERMANY - RC		340,000	DEM	270,504	16.06.00	DELIVERY OF WATER & HYGIENE PROMOTION SERVICES IN KASULU DISTRICT
GERMANY - RC		24,000	DEM	19,109	11.09.00	NATIONAL MGT COMMITTEE MEETING & LEADERSHIP TRAINING IN DODOMA, NOV/DEC.99
NORWEGIAN - GOVT/RC		1,767,973	NOK	334,497	04.08.00	
SWEDISH - GOVT/RC		2,000,000	SEK	379,200	30.05.2000	DELEGATION
UNHCR		9,689,600	TZS	20,057	15.05.00	ROAD CONSTRUCTION LUGUFU
UNHCR		2,062,050	TZS	4,268	15.05.00	MUYUVOSI CONSTRUCTION
UNHCR		1,908,000	TZS	3,930	15.05.00	MUYUVOSI CONSTRUCTION
WFP		73,255	USD	120,688	15.05.00	EXTENDED DELIVERY POINT MGT
<b>SUB/TOTAL RECEIVED IN CASH</b>				7,120,839	CHF	53.1%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Canada	Delegate(s)			83,285		
Germany	Delegate(s)			111,211		
Italy	Delegate(s)			13,142		
Netherlands	Delegate(s)			84,599		
Norway	Delegate(s)			140,615		
Sweden	Delegate(s)			79,507		
Switzerland	Delegate(s)			52,402		
SWISS - GOVT/RC				75,000	20.07.00	PROGRAMME COORDINATOR
Great Britain	Delegate(s)			55,030		
<b>SUB/TOTAL RECEIVED IN KIND/SERVICES</b>				694,791	CHF	5.2%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>SUB/TOTAL RECEIVED</b>				0	CHF	
<b>THE FOLLOWING PROJECTS ARE LINKED TO THIS APPEAL:</b>						
PTZ504, PTZ508, PTZ509, PTZ510, PTZ514, PTZ515, PTZ517, PTZ518, PTZ519.						