

Appeal 2002-2003

 International Federation
of Red Cross and Red Crescent Societies

TANZANIA

(Appeal 01.14/2002)

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

	2002 CHF	2003 CHF ¹
1. Disaster Response	7,880,893	0
2. Disaster Preparedness	0	79,564
3. Health & Care	0	48,590
4. Organizational Development	0	259,724
5. Coordination & Management	1,045,892	748,889
Total	8,926,785	1,136,767

Introduction

National Context

Tanzania remains one of the most politically stable countries in East Africa having undergone a transition to a multi-party system after 36 years of socialist-oriented single party rule. Despite this stability it is ranked by the World Bank as the third poorest country in the world. Its population of some 33 million and growing at about 2. percent per year has:

- a life expectancy at birth of 50 years.
- an estimated 48 percent living below the basic needs poverty line.
- only 38 percent with access to safe water
- 29.4 percent of children under five suffering from malnutrition.
- an infant mortality rate of 107 deaths per 1,000 live births.
- an adult literacy rate of 65.7 percent



¹ These are preliminary figures for 2003, and are subject to revision in the course of 2002

- an annual per capita income of approximately US\$250.
- and young children and youths, the very old, and women considered the most vulnerable.

The economy, and most of the people, is heavily dependent on agriculture, which accounts for some 50 percent of GDP and provides 85 percent of exports. The income and expenditure levels of most of the population are often extremely low and so food security is limited. Despite recent improvements in economic growth, the country continues to suffer from a very high debt burden that has impacted on its social service budgets such that poverty in both the urban and rural areas is compounded by a lack of health services, making people vulnerable to outbreaks of disease. HIV/AIDS is now estimated to affect 9.4 percent of the adult population.

Tanzania's economy is also vulnerable to natural disasters, notably floods and drought, with some regions being particularly drought-prone. During recent years emergency disaster preparedness has increased resulting in added dependency on external support in these kinds of situations. Long term disaster management strategies to deal with these predictable, often poverty-related emergencies, are urgently needed to use the available resources effectively.

A special kind of emergency created by the conflict and instability in some surrounding countries (particularly the Democratic Republic of Congo (DRC), Burundi and Rwanda) has produced large-scale refugee movements into Tanzania, which is now host to the largest refugee population in Africa. There are an estimated 500,000 refugees living in camps in the west of the country, resulting in increased poverty and deterioration of the economy of the population in Kigoma region and dependency on international support. Despite ongoing peace negotiations there appears to be little sign of any possible repatriation of the refugees in the near future, and the risk of insufficient resources to support these refugees continues.

National society priorities

The Tanzania Red Cross Society (TRCS), founded in 1962 and admitted to the Federation in 1963, has over 200,000 members and an established branch structure in each of the 20 regions. Its main activities in recent years have been disaster response and preparedness, including refugee camp management and emergency food distribution operations, health services and waste management.

Currently the priorities of the TRCS are as follows:

- Disaster Response: Focused on the refugee camps in Kigoma and Kasulu districts, providing service delivery in the fields of health, water/sanitation, camp management and logistics supply. These activities help develop their expertise in these technical fields and in the management of operations, using activities as a vehicle for the dissemination of Red Cross Principles, and extending the services provided to the refugees to the local indigenous population.
- Although these refugee programmes continue to be the main focus of activity for the TRCS, in 1999 during a strategic planning workshop the TRCS identified other programme priorities: Disaster management and preparedness and Health, and Youth. However, these programmes still need development and definition.
- The current strategic plan of the TRCS will be reviewed in late 2001. The review will be guided by Strategy 2010 (the Federation's major policy document), the African Red Cross Red Crescent Initiative 2010 (ARCHI 2010), the Ouagadougou Declaration (pledging a partnership approach on Africa's major challenges, including HIV/AIDS), the recommendations of an Evaluation Report of the Refugee Relief Operation (RRO) in April 2001 and a self assessment. As a result, the TRCS will draft a 3-5 year development plan that will focus on programmes outside refugee assistance.

Priority Programmes for Federation assistance

In view of its inputs over recent years, the Federation will continue to support the TRCS in its Disaster Response activities, notably the RRO. However, following a detailed evaluation of the RRO conducted in April 2001 and the resulting action plan, the Federation will focus on transferring the necessary skills to the TRCS so that they can fully manage their involvement in the refugee camps by the end of 2002. Federation presence in western Tanzania will be phased down during 2002 with only a continued support and advisory role from the Country Delegation in Dar es Salaam, and the availability of technical support at the TRCS's request from the Regional Delegation in Nairobi, particularly in the fields of health, camp management, finance and reporting.

The Federation will also assist the TRCS in Organizational Development, particularly to review its current strategic plan to elaborate a long term development plan. The TRCS will also be helped to recruit a senior staff person to assume responsibility for OD and the drafting of an OD programme.

Finance development is another priority and the Federation is recruiting a Finance Development Delegate to assist the TRCS to develop its capacity in the areas of accounting systems, financial analysis and reporting requirements for donors.

The Federation will support the TRCS to establish a Health Department, and will assist the TRCS in recruiting a suitable and qualified person to head this department, which will develop policy outlining a TRCS health programme and prepare relevant programme proposals.

The Federation will assist the TRCS in the strengthening of branch activities with particular attention on the reinforcement of disaster preparedness structures and other activities, including ongoing Health and WatSan at the community level in identified priority districts, including the Kigoma area. To achieve this, the Federation will assist the TRCS in defining a Disaster Preparedness and Branch Development programme.

In view of this changing focus of Federation support, individual detailed programme descriptions for Organizational Development, Health and Disaster Preparedness will be drafted during 2002 following the revision of the current strategic plan and elaboration of a long term TRCS development plan.

Co-ordination and Management: The agreed plan to phase down Federation support to the RRO during 2001/2002 is viewed as an opportunity to extend support of both the Federation Country Delegation and the Regional Delegation to other aspects of TRCS development. As the country delegation reduces in size, this ongoing support will increasingly be provided from the Regional Delegation Nairobi.

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1. Disaster response

Support to refugees from Burundi and the DRC

Background and achievements 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 (TRCS) took over the responsibility for the implementation of the Refugee Relief Operation (RRO), with the Federation offering a monitoring, advisory and support role.

An evaluation of the RRO was conducted in April 2001 and the resulting action plan details the process of transferring the necessary skills to the TRCS so that they can fully manage their involvement in the refugee camps by the end of December 2002. Federation assistance to the TRCS for the RRO will be phased out by the end of 2002 with only a continued support and advisory role from the Country Delegation and Regional Delegation in Nairobi in the fields of health, camp management, finance and reporting.

The RRO supports five camps in Kigoma region: Muyovosi, Mtabila I, and Mtabila II camps for Burundian refugees in Kasulu District; and Lugufu I and II camps for Congolese refugees in Kigoma District.

With a population growth of around 3% per annum in the camps, the total refugee population supported by this operation was 158,706 in mid-2001 as detailed in the table below.

Trend of population within the RRO

	April 2001	May 2001	June 2001
Lugufu I	56,370	56,517	56,588
Lugufu II	5,364	5,712	5,849
Muyovosi	36,479	36,657	37,047
Mtabila I	16,526	16,574	16,616
Mtabila II	42,290	42,463	42,606
Total	157,029	157,923	158,706

Under-5s are an estimated 20 % of the total population

The TRCS, in conjunction with UNHCR, is also providing relief and camp management services to 100,000 Burundians in Lukole camp in Ngara region independent of Federation support.

A major problem has been the unpredictability of the refugee influx. In late 1998 it became evident that the anticipated closure of the Lugufu camp would not materialise, since heavy fighting had broken out again in the Democratic Republic of Congo (DRC), leading once more to large population movements. TRCS, 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 its then maximum population of 50,000 refugees. Lugufu II camp opened on 02 October 2000 with 1,000 newly arrived Congolese refugees and has a capacity of 30,000 people.

The rate of influx has varied considerably over the last two years, with over 2,000 refugees a day arriving in June 1999. However, as with the population of the Kasulu camps, the numbers of refugees in Lugufu I and II have been relatively stable during the second quarter of 2001.

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

Recently as a result of optimism surrounding the signing of a tripartite agreement between UNHCR and the governments of Burundi and Tanzania regarding the voluntary repatriation of Burundian refugees, some spontaneous repatriation has occurred. However, UNHCR has stressed that although it will not prevent refugees who wish to return home at any time, they will not facilitate or promote voluntary repatriation until all conditions of the tripartite agreement are met - particularly those of security of and access to the refugees when they return to Burundi, given the ongoing unrest in that country.

The TRCS has been active in the RRO since 1993 and has developed the skills and abilities to address the ongoing needs of the refugees, with Federation efforts continuing to focus on the strengthening of the capacity of the TRCS to effectively manage refugee relief programmes.

Red Cross programmes and services are also being targeted to a wider local population in those areas most affected by the refugee situation.

Health Comprehensive health services are offered to all refugees and host communities around the five refugee camps. Although the major thrust is towards preventative services, curative services remain an important element of the high level of health services offered by the TRCS. The crude mortality and morbidity rates have remained within Sphere/WHO standards, and the under five mortality rate has shown a significant improvement during 2001 and is stabilising, despite Lugufu II being a receiving camp. These positive results are largely achieved due to the concerted efforts by all the TRCS health teams.

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

Camp	Jan	Feb	Mar	April	May	June
Lugufu I	0.7	0.4	0.7	0.6	0.4	0.5
Lugufu II	1.2	0.5	1.7	0.5	0.3	0.3
Muyovosi	0.4	0.4	0.4	0.3	0.4	0.3
Mtabila I	0.6	1.1	0.4	0.3	0.2	0.5
Mtabila II	0.2	0.3	0.1	0.2	0.2	0.2

(acceptable limit CMR: 1.5/1000)

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

Camp	Jan	Feb	Mar	April	May	June
Lugufu I	2	1.1	2.3	1.9	1.5	1.2
Lugufu II	4.5*	2.4	1	0.9	0	0.2
Muyovosi	1.5	0.8	0.8	1.1	0.2	0.5
Mtabila I	2.9	3.1	1.8	0.6	0.9	1.2
Mtabila II	1.2	0.7	0.2	1.2	0.5	0.5

(acceptable limit <5MR: 3/1000)* This equals 3 deaths in a population of 671

The major causes of mortality and morbidity in the camps continues to be malaria (around 40% of deaths), respiratory tract (pneumonia) and diarrhoeal diseases.

Common causes of morbidity as percentage of total morbidity

	April			May			June		
	Lugufu I	Lugufu II	Kasulu *	Lugufu I	Lugufu II	Kasulu	Lugufu I	Lugufu II	Kasulu
Total morbidity	14,649	2,497	28,569	15,467	2,529	27,993	13,717	2,072	25,845
Malaria %	37.1	38.2	53.4	33.3	38.4	31	42.7	38.5	45
LRTI %	16.4	11.5	7.8	16.8	8.5	6.5	13.5	5.9	8
Watery diarrhoea %	4.7	5.5	2.3	6.1	4	2.3	4.9	3.6	3.3
Dysentery %	1.2	0.9	0.3	1.1	0.7	3	0.6	0.9	0.3

*Kasulu all camp average

TRCS remains responsible for dispensaries, in all three Kasulu camps and in Lugufu I. These dispensaries offer an outpatient and inpatient service with 270 beds in Kasulu and 160 in Lugufu, and maternity, paediatric, isolation, surgical wards and a cholera centre.

OPD Morbidity statistics

Period	April 2001		May 2001		June 2001	
	Total Morbidity	U5 Morbidity	Total Morbidity	U5 Morbidity	Total Morbidity	U5 Morbidity
Lugufu I	14,649	7,104	15,467	7,214	13,717	5,536
Lugufu II	2,497	695	2,529	883	2,072	660
Muyovosi	10,540	4,715	9,883	3,878	8,627	3,147
Mtabila I	7,257	2,882	7,039	2,482	5,647	2,181
Mtabila II	10,766	4,972	11,071	6,603	11,571	6,905

OPD and IPD Morbidity Statistics of Host Population

PERIOD	April 2001		May 2001		June 2001	
	OPD	IPD	OPD	IPD	OPD	IPD
Lugufu	543	177	672	143	665	163
Muyovosi	12	39	39	26	29	20
Mtabila I	1193	91	506	75	629	111
Mtabila II	213	85	115	66	87	54

In addition, there are five health posts, two in Kasulu and three in Lugufu that deliver outreach health services in the following areas: first line treatment for malaria and diarrhoea and simple skin conditions; reproductive health services; maternal and child health services including pre- and post-natal care, family planning, STD/HIV/AIDS services; immunisation services; home based care; community awareness campaigns; and a nutrition health service. More complicated cases are referred to the camp dispensaries. 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.

All activities are aimed at disease prevention and overall improvements in the health of refugees. All 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. Around 1,500 people per day (about 1% of the local population) make use of these services.

Health Information Team (HIT) workers offer education in the health posts and follow up in the community. Each HIT has a target of 1,000 beneficiaries to visit. In the area of health promotion, emphasis is placed on the work of the HITs in the community to monitor the well-being of their neighbours. These teams also assist with the distribution of condoms, promote voluntary testing of HIV/AIDS, provide home based care, education, information and services. There are also hygiene promoters who employ methods such as Participatory Hygiene and Social Transformation (PHAST), contributing to a high latrine and family bathroom coverage.

In addition to providing health care for the refugees, the TRCS also offers public health education through their branches. In the Kigoma region this activity is carried out in connection with the RRO. Furthermore, the TRCS is an active participant in National Immunisation Days (NIDs) for all the children under five in the region.

The TRCS supports the fight against HIV/AIDS through a network of peer educators in a joint initiative with UNFPA. This activity aims to involve 22,500 local people.

Water and sanitation The TRCS is responsible for providing at least 15 litres/person/day of safe drinking water to all refugees in Lugufu I and II and approximately 42,500 refugees in Mtabila II camp in Kasulu.

In February 2000 a new, more cost-effective gravity water system in Mtabila II became operational, able to supply in excess of 20 litres/person/day at a lower cost as pumping costs were drastically reduced. The existing Lugufu I (Malagarasi) water supply system has proven to be insufficient and too unstable to guarantee a supply to the Lugufu II site. Although its source is year-round, production costs are high due to pumping distances and variations in altitude from intake to delivery points. The system is also vulnerable due to the aging pumps and engines, and prone to frequent breakdowns. Due to these difficulties, a new gravity fed system for Lugufu II was put in place from the nearby river. However, due to the erratic supply of water from this source and difficulties in providing the necessary equipment and parts, the system did not become operational until August 2000. This in turn caused additional stress on the Lugufu I system, resulting in a significant increase in the cost of maintenance and repair of that system. Given the difficulties encountered with the Lugufu I system, the possibility of accessing and using groundwater resources in the area are being investigated in late 2001 with a view to drilling for ground water supplies.

A pilot community water programme in Kanazi village, Kasulu district, was successfully completed in 2000, and a community water project funded by UNICEF and the British Red Cross started in May 2001 in the village of Kabanga, Kasulu district, for 7,500 local people and facilitated by TRCS volunteers. This project eventually aims to cover water supply, latrine construction and health production in a total of four villages in this area. These projects allow the local Tanzanian people to benefit from the TRCS expertise that is already providing safe water and hygiene promotion to the nearby refugee populations.

Sanitation activities in the Lugufu camps and Mtabila II have included construction (and reconstruction) of community and family latrines (coverage up to 93% of all families), family bathrooms (up to 52%), dish racks and garbage pits (up to 73%). Although the Red Cross camps already have the highest such coverage of all camps in Tanzania, the overall aim of the TRCS remains to ensure and maintain family toilet coverage above 90%, and garbage pit coverage above 75%. Hygiene education topics included

diarrhoea and malaria prevention, meningitis awareness, and control of jigger fleas. Bednet distribution and impregnation is carried out on a regular basis in all locations. However during 2001 a large number of bednets in some camps were sold by refugees to purchase food and soap due to the cuts in these rations. In consultation with UNHCR it was agreed that along with malaria prevention advice, residual spraying of refugee homes would also take place. Other sanitation activities include meat inspection, spraying of dispensaries and communal areas, rat and snake control in all locations and setting of tsetse fly traps in Lugufu.

Camp Management - food & non-food The TRCS is in charge of all camp management activities in the Lugufu camps and in Muyovosi camp. These services include biweekly WFP-supplied food ration distribution, including wheat/maize, pulses, CSB, vegetable oil and salt, which should aim to provide an average of 2,100 Kcal/person/day (in accordance with Sphere standards), and a UNHCR soap distribution to all refugees on a regular basis. However, full rations delivery has been problematic during 2000/2001, and WFP was forced to cut the rations to only 60% although they have recently increased again. This situation led to significant nutritional gaps in the diet of refugees and increased tension within the refugee community. In July 2001 the ration of wheat/maize had returned to 100%, while other items remained 80%, with additional rations provided to the extremely vulnerable.

A nutrition survey was conducted in mid-2001 (with results expected in October) to continue the monitoring of the nutritional status of refugees. In the past, the refugees had little means to supplement their rations as the refugees were prevented from vegetable gardening or other agricultural activities due to a shortage of available land, tools and water for irrigation purposes. Refugees are now beginning to grow a variety of food crops including vegetables, maize, beans and root crops, although the yields are very low.

Soap distributions were discontinued in mid-2000 because of UNHCR budget constraints, leading to an increase of skin diseases which in turn added to the overall medical costs of the operation. Soap was made available again in mid-2001 but only at 50% of the ration. 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 refugee settlement and community activities in the camp, including internal road construction and maintenance, graveyards, and all communal and market areas.

In late 2001 training and planning took place for a total re-registration of all refugees based in the Kigoma region. The TRCS camp management and volunteers participated in this activity.

Capacity Building In addition to continuous on-the-job training and advice, specific training initiatives are regularly held involving TRCS managers and delegates at both headquarters and field levels. In view of the planned phasing down and out of Federation involvement in the RRO by the end of 2002, capacity building is seen as a priority during this final year, notably in the areas of finance development at a national level, and specific technical capacities at field level.

Lessons learned and conclusions The operation has been characterised by uncertainties in refugee influxes, insufficient funding and cash flow constraints. Despite these difficulties the services to the beneficiaries have been maintained at the optimum level. Improvements in the management capacity of the TRCS have been facilitated through training and workshops, and the growing capacity of the TRCS has been translated in a gradual replacement of Federation delegates by qualified TRCS staff.

In 2001, following the RRO evaluation, a plan of action was drafted to enhance this process so that TRCS can fully manage their involvement in the refugee camps without Federation support by the end of 2002. The refugee situation in Tanzania continues to pose a great challenge to the TRCS, which has

taken the opportunity, through the RRO, to build and strengthen its capacities and volunteer network. Dissemination of the Fundamental Principles of the Movement as well as the promotion of health within local communities, especially those that are affected by the influx of refugees, has also been achieved. It will be important for the international community to recognise and continue to support the efforts of the TRCS. The operation's history illustrates that disaster response can be utilised to establish, strengthen and develop the capacity of an indigenous organization, contributing to increased self reliance in times of difficulty. The lessons learned in this operation deserve to be shared with and applied in other countries where similar opportunities exist or arise.

Goal To maintain and improve the physical living conditions of refugees in the five camps in Kasulu/Lugufu in the Kigoma region of Tanzania, until they are able to return to their countries of origin; and whenever possible to extend similar services to the local host communities.

Objectives and activities

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

Activities to achieve this objective include:

- Provision of curative and preventive health care
- Provision of Mother and Child health services
- Provision of reproductive health services including dissemination of information and awareness of sexually transmitted diseases.
- Monthly training sessions held for health staff and refugees on HIV/AIDS and sexual gender based violence.
- Monitoring and reporting of the nutritional situation in the camps
- Provision of therapeutic and supplementary feeding programmes
- Provision of drugs and medical consumables through standard supply and emergency procurement to meet the basic health needs of all beneficiaries.
- Ongoing training of health staff
- Improving Health Information team services including participation of refugees.
- Provision of theatre services for emergency surgical and obstetric cases.
- Provision of laboratory services for micro-biological, parasitological & haematological tests.
- Nutritional surveys will be done on a six monthly basis, screening as required.

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

Activities to achieve this objective include:

- Provision of sufficient safe drinking water - minimum 15 litres/person/day
- Regular testing of water quality
- Provision of hygiene education
- Provision of latrine construction, maintenance and ensure their usage.
- Implementation of residual spraying and vector control programmes
- Training of staff and refugees in sanitation and hygiene activities such as garbage pit usage as well as food control and hygiene management.

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

Activities to achieve this objective include :

- Distribution of food and non-food items
- Support to beneficiaries to maintain villages and plots
- Reception, registration and support to new arrivals in Lugufu II
- Maintenance of roads inside the camps as well as all health structures such as dispensaries, health posts, stores and sanitation facilities.
- Facilitation and participation in villager/refugee leadership meetings.

Expected results

Objective 1 - health

- Crude mortality rates are maintained at less than 1.5 deaths per 1,000/month (WHO standards)
- Under five mortality rates are maintained at less than 3 deaths per 1,000/month.
- A reliable picture on the nutritional situation in the camps is maintained.
- Awareness increased of infectious diseases including the awareness and protection for HIV/AIDS and sexual gender based violence.

Objective 2 - water and sanitation

- The water quality always meets SPHERE standards and all refugees have access to at least 15 litres of clean drinking water per person per day.
- Sanitation and Health Information team workers continue to deliver health education messages to the refugee households.
- 100% of camp households have their own family latrine and this level is maintained
- Control (and reduction where possible) of infection rates of transmissible diseases.
- Reducing occurrence of vectors (nuisance insects).
- Mobilisation of community participation through health education for construction and maintenance of drainage systems, digging and construction of family latrines, bath shelters, dish racks and garbage pits.

Objective 3 - camp management

- Distribution of food biweekly, non-food items as required and ensuring the submission and distribution of relevant statistics.
- To maintain and/or extend the basic camp infrastructures required to allow delivery of services to the refugees.

Indicators

Health

- improved crude mortality rates, morbidity range and laboratory statistics
- improved under 5 mortality rates (IMCI standards).
- improved morbidity statistics for infectious diseases
- improved nutritional survey data
- improved supply situation and better collection of statistics in the health facilities, including drug consumption per consultation.

Water and Sanitation

- water test results data and water quantity pumped per day
- latrine, bath shelters, garbage pit coverage data
- improved health statistics
- respective morbidity data on vector borne diseases
- sanitation education, number of training and participants.

Camp management

- distribution statistics
- roads, structures and facility maintenance reports
- economical and effective cost control on maintenance

Monitoring and evaluation arrangements

Monitoring

- Regular reports meeting Federation minimum reporting standards will be submitted by the Tanzanian Red Cross to the Federation within the first week of each month.
- All statistics submitted to UNHCR and other organisations will be accessible to donors.
- TRCS senior managers and Federation representatives will regularly visit all areas of the camps.
- Weekly management meetings will take place in all locations and minutes will be accessible through TRCS and the Federation.

Evaluation

- An annual external evaluation of all aspects of the Refugee Relief Operation will be carried out by other members of the Federation and other partners.

Critical assumptions

- No serious deterioration in the political situation resulting in a massive new influx of refugees.
- No major outbreak of communicable diseases
- UNHCR and WFP continue to provide the necessary food and non-food items and in sufficient quantities.
- Adequate and timely donor funding will continue to enable delivery of the minimum levels of emergency assistance to the refugee relief operation in Tanzania.
- The refugee population continues to co-operate and contribute in self reliance support.

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2. Coordination and management

Background and progress to date

A detailed evaluation of the Refugee Relief Operation (RRO) was conducted in April 2001 and the resulting action plan clearly sets out the process of transferring the necessary skills to the TRCS so that they can fully manage their involvement in the refugee camps by the end of 2002. The action plan was agreed by the TRCS's Central Coordinating Unit and the Federation in May 2001, and implementation started immediately. This process includes the phasing out of field-based delegates during 2001 and 2002, with additional responsibilities being taken over gradually by TRCS managers.

Another component was a comprehensive review of existing vehicle fleet to determine the most efficient and effective use and make recommendations on reallocations or replacements. This evaluation was done in August 2001 and implementation of the comprehensive recommendations has begun.

Federation assistance to the TRCS for the RRO in western Tanzania will continue but will be phased down during 2002. The country delegation will continue to provide an HQ-focused support and advisory role in general management and organizational development issues, most notably enhancing the skills and capacities of the TRCS's central finance department, which will take over programme expenditure control. A Finance Development Delegate is being recruited to lead this activity. Additional technical expertise is available from the Regional Delegation in Nairobi, particularly in the fields of health, camp management, finance and reporting in the Kasulu and Lugufu camps. This is recommended by the RRO Evaluation and in line with the Africa Review of 1999.

Growing confidence within the TRCS and with donors who are impressed by the TRCS's field operations have encouraged all parties to work with this change process, which will result in a leaner and more cost effective, while at the same time working to develop additional programmes and activities elsewhere in Tanzania. The Federation will work with the TRCS to develop individual, detailed programme descriptions for Organizational Development, Health and Disaster Preparedness, which will be drafted during 2002 following the revision of the current strategic plan and elaboration of a long term TRCS development plan.

Goal To assist the TRCS to establish and develop a well functioning National Red Cross Society and more relevant programmes to serve the vulnerable in Tanzania, both including and in addition to the existing Refugee Relief Operation.

Objectives and activities

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

Activities to reach this objective are:

- Implement the recommendations of the RRO Evaluation as agreed by the Central Coordinating Unit (of the TRCS) in May 2001, as per the priorities and time frame in the plan of action.
- Recruitment of a Finance Development Delegate to assist the TRCS to develop its capacity in the areas of accounting systems, financial analysis and reporting requirements for donors.
- Ensure other technical training as needed is given during the year to ensure a smooth handover of responsibilities by the end of 2002.

Objective 2 To assist the TRCS to develop appropriate programmes in Health, Organizational Development and Disaster Preparedness by the end of 2002.

Activities to reach this objective are:

- Following a process of self-assessment within the TRCS, the Federation will assist the NS in developing an effective and realistic revised strategic plan to demonstrate a commitment and willingness to change to become a sustainable organization and restore donor confidence.
- Assist the TRCS to recruit a senior staff person to assume responsibility for Institutional Development (ID), and the drafting of an ID programme.
- Support the TRCS to establish a Health Department, and assist in recruiting a suitably qualified person to head this department which will develop policy outlining a TRCS health programme, and prepare relevant programme proposals.
- Assist the TRCS in the strengthening of branch activities with particular attention to the reinforcement of Disaster Preparedness structures and other activities including ongoing Health and WatSan at the community level in identified TRCS priority districts. To achieve this, the Federation will assist the TRCS in defining a Disaster Preparedness and Branch Development programme.
- Assist in drafting individual and detailed programme descriptions for Organizational Development, Health and Disaster Preparedness during 2002 following the revision of the current strategic plan and elaboration of a long term TRCS development plan.

Expected Results by 31 December 2002

Objective 1

- The recommendations of the RRO Evaluation are fully implemented as per the indicated priorities and time frame in the plan of action, and TRCS is able to fully manage the RRO from 1 January 2003.
- Finance Development Delegate recruited by January 2002, and the TRCS capacity in the areas of accounting systems, financial analysis and reporting requirements for donors developed during the year. All financial matters relating to the RRO are transferred to the TRCS by December 2002.

Objective 2

- TRCS's current strategic plan reviewed and revised, and a long term development plan elaborated.
- A senior staff person recruited to assume responsibility for Institutional Development (ID), and the drafting of an ID programme.
- TRCS Health Department established, and a suitable and qualified person to head this department recruited. A TRCS health policy developed and a TRCS health programme and relevant programme proposals prepared and implementation begun.
- TRCS branch activities strengthened with particular attention to the reinforcement of Disaster Preparedness structures and other activities, including ongoing Health and WatSan at the community level in identified TRCS priority districts. TRCS Disaster Preparedness and Branch Development programmes defined.
- Individual and detailed programme descriptions for Organizational Development, Health and Disaster Preparedness drafted during 2002.

Indicators

- Progress reports on phase out of Federation support to RRO.
- Decrease in numbers of Federation delegates in Tanzania following agreed plan.
- Programme descriptions documented.
- Timely and accurate reports of TRCS programme activities.
- Field visit reports.

- Bilateral donor agreements developed and signed with TRCS, indicating full confidence in the operational and reporting capacity.
- Numbers of missions from the Regional Delegation in Nairobi increased.

Monitoring and evaluation arrangements

Monitoring

- Field reports, progress reports, quarterly programme updates and annual reports.
- Indicators will be assessed by the Federation and donors.
- Regular monitoring and supervision by the Federation delegates in Dar es Salaam and Nairobi.

Evaluation

- The Federation will assist the TRCS to organize a mid-term and end of programme evaluation of Federation supported programmes during 2002 and in 2003 respectively.

Critical assumptions

- Supportive and committed TRCS leadership.
- Sufficient TRCS commitment and involvement at all levels within the National Society.
- The programme will receive regular, appropriate and timely technical visits, advice and service from the Regional Delegation in Nairobi.
- Sufficient funding is available for the programme.

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PROGRAMME BUDGETS - 2002								
Tanzania								
PROGRAMME	Disaster Resp	Disaster Prep	Health & Care	Human. Values	IDRD	Reg. Co-operation	Co-ord. & Mgmt	TOTAL
Shelter & Construction	205'169	0	0	0	0	0	0	205'169
Clothing & Textiles	71'555	0	0	0	0	0	0	71'555
Food & Seeds	23'840	0	0	0	0	0	0	23'840
Water	79'485	0	0	0	0	0	0	79'485
Medical & 1st Aid	589'317	0	0	0	0	0	0	589'317
Teaching Materials	9'612	0	0	0	0	0	0	9'612
Ustensils & Tools	63'325	0	0	0	0	0	0	63'325
Other Relief Supplies	354'113	0	0	0	0	0	0	354'113
Subtotal Supplies	1'396'416	0	0	0	0	0	0	1'396'416
Land & Buildings	0	0	0	0	0	0	0	0
Vehicles	343'445	0	0	0	0	0	0	343'445
Computer & Telecom	61'440	0	0	0	0	0	0	61'440
Medical Equipment	64'690	0	0	0	0	0	0	64'690
Other Capital Equipment	74'374	0	0	0	0	0	0	74'374
Subtotal Capital	543'949	0	0	0	0	0	0	543'949
Programme Management	531'409	0	0	0	0	0	70'525	601'933
Technical Services	159'076	0	0	0	0	0	21'111	180'187
Professional Services	176'414	0	0	0	0	0	23'412	199'826
Subtotal Programme Support	866'898	0	0	0	0	0	115'048	981'946
Warehousing/Inspection	56'693	0	0	0	0	0	1'500	58'193
Transport & Vehicles	1'234'817	0	0	0	0	0	63'390	1'298'207
Subtotal Transport & Storage	1'291'510	0	0	0	0	0	64'890	1'356'400
Delegates & Expatriates	102'825	0	0	0	0	0	457'325	560'150
National Societies and Local Staff	2'951'881	0	0	0	0	0	126'496	3'078'377
Subtotal Personnel	3'054'706	0	0	0	0	0	583'821	3'638'527
Travel & Related Expenses	153'149	0	0	0	0	0	31'758	184'907
Information	84'875	0	0	0	0	0	6'820	91'695
Consultants	151'510	0	0	0	0	0	15'175	166'685
General Expenses	318'679	0	0	0	0	0	220'340	539'019
Training Workshops & Seminars	0	0	0	0	0	0	3'000	3'000
Security	19'200	0	0	0	0	0	5'040	24'240
Subtotal Training, Information & General	727'413	0	0	0	0	0	282'133	1'009'546
TOTAL BUDGET	7'880'892	0	0	0	0	0	1'045'892	8'926'784