

PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

TANZANIA

26 December, 2002

This Programme Update is intended for reporting on Annual Appeals.

Appeal No. 01.14/2002

Appeal Target: CHF 7,936,092 (Revised)

Programme Update No 2; Period covered: June 1 - December 30, 2002

"At a Glance"

Appeal coverage: 85.8%

Related Appeals: N/A

Outstanding needs: Donors are encouraged to focus their support on the 2003 Annual Appeal for Tanzania (no. 01.11/2003)

Operational Developments:

Peace negotiations between the government of Burundi and opposition factions have not been conclusive, and the security situation in Burundi remains fragile with sporadic fighting reported around Bujumbura in November. In the Democratic Republic of the Congo (DRC) ongoing instability has resulted in the continued influx of refugees to Tanzania.

The Tanzania Red Cross Society (TRCS) with the support from the International Federation of Red Cross and Red Crescent Societies (The Federation), donor organisations such as ECHO, DfID, UNICEF, CIDA, PRM and donor Red Cross National Societies continued to offer humanitarian services to 99,689 Burundian refugees situated in 3 camps: Muyovosi, Mtabila I and Mtabila II, in Kasulu district and to 84,718 Congolese refugees in Lugufu I and Lugufu II camps in Kigoma Rural District of Kigoma Region. With a refugee population growth at around 4 % per annum in the camps and a continued influx into Lugufu II, there are currently **184,407** refugees accommodated in the 5 refugee camps as indicated in Table 1 below.

Table 1 Population trends in 2002

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct.	Nov.
Lugufu I	53,043	53482	53514	53917	54095	54073	53193	54467	53783	54056	54434
Lugufu II	18,155	20552	21942	22621	23117	23120	24745	24828	28583	29969	30284
Muyovosi	37,522	37700	37866	38074	38187	38034	38288	38443	38583	38735	38928
Mtabila I	16,443	16500	16605	16629	16807	16835	16989	17082	17170	17267	17332
Mtabila II	41404	41650	41914	42030	42463	42462	42796	43030	43242	43429	43429
Total	166567	170034	171686	173271	174669	174524	176031	177850	181336	183458	184407

(Under 5 years population is estimated at 20 % of total population)

Disaster Response

Goal: To maintain and improve the physical living conditions of refugees based in 5 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.

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 surrounding the camps.

The mortality rate in the camps remained within acceptable standards although it fluctuated in Lugufu II which is the only receiving camp. The major causes of mortality and morbidity in all camps continued to be malaria, lower respiratory tract infections and diarrhoeal diseases.

Table 2 Crude Mortality Rate (CMR) per 1000 population per month

Camp	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Lugufu I	0.51	0.56	0.54	0.57	0.61	0.4	0.55	0.39	0.73	0.5	0.41
Lugufu II	0.93	1.07	0.82	0.56	0.77	0.6	0.59	0.97	0.23	0.44	0.41
Muyovosi	0.21	0.27	0.18	0.3	0.24	0.31	1.13	0.13	0.08	0.13	0.13
Mtabila I	0.43	0.42	0.3	0.3	0.36	0.3	0.17	0.12	0.06	0.17	0.25
Mtabila II	0.19	0.12	0.14	0.24	0.21	0.02	0.11	0.19	0.13	0.14	0.21

(acceptable limit CMR: 1.5/1000)

The under five mortality (U5MR) in all camps except Lugufu II were within acceptable limits. In the Lugufu camps the U5MR fluctuated due to the poor state of health of new arrivals and a high degree of recycling of the refugee population.

Table 3 Under 5 Mortality Rate (U5MR) (per 1,000 per month)

Camp	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov
Lugufu I	1.32	1.97	1.59	1.68	1.3	1.3	1.56	1.47	3.2	0.4	0.45
Lugufu II	1.92	3.57	1.83	2.4	3.06	1.3	1.9	3.22	0.82	0.27	0.24
Muyovosi	0.53	0.93	0.53	0.66	1.16	0.65	0.26	0.26	0.25	0.25	0.26
Mtabila I	1.82	0.3	1.51	0.6	1.19	0.9	0.0	0.29	0.29	0.0	0.29
Mtabila II	0.6	0.12	0.48	0.71	0.71	0.11	0.35	0.23	0.26	0.23	0.54

(acceptable limit U5MR: 3/1000)

Curative care was provided through OPD and IPD services to 184,407 refugees and the local population. In Lugufu II, an average of 3% of OPD and 6-10% of IPD patients each month were from the host population including surgical services at the emergency operation theatres in Mtabila II and Lugufu I.

Reproductive health services continued to be provided including: ante-natal and postnatal care, family planning, deliveries, compilation of statistics including numbers of maternal deaths and still births, the management of STD's, SGBV (numbers of rape cases reported), home based care, HIV/AIDS education campaigns, voluntary counselling and testing (VCT) and condom distribution, through increased awareness and access to services.

The Community Health Workers (CHW) comprising the Health Information Teams (HITs) and Hygiene Promoters (HPs) continued to be active in the communities raising awareness on infectious diseases, appropriate preventive measures and utilisation of health services provided. The collection and analysis of health information, including morbidity and mortality statistics and results of nutrition surveys, facilitated the regular monitoring of the health and nutritional status of the refugees. This information was shared with UNHCR and other agencies.

Quality MCH services were provided through immunisation programmes, ante natal and postnatal care, family planning and growth and development monitoring. The provision of ongoing therapeutic (Mtabila I, Muyovosi and Lugufu I) and supplementary feeding programmes (in all five camps) was also continued. The National Immunisation Days (NIDs) for polio and measles carried out in October

were extended to the camps to include children under five years of age. In Kasulu 22,215 children under five registered for the vaccination while 22,304 were vaccinated giving coverage of more than 100%. In addition 29,333 children aged 7-15 registered for measles vaccination and 29,443 were vaccinated, a coverage of more than 100%. In Lugufu the coverage for polio immunisation was 98%.

The ration for CSB and salt, which was reduced in March, was restored in October. However the ration for pulses fell in October to 60%, but was raised to 80% in November. The ration for rest of the food basket (maize meal and vegetable oil) was kept at 100% throughout the year. Overall the food ration throughout the year fell below the Sphere standard of 2100 Kcal per person per day.

The total number of children involved in the therapeutic feeding and supplementary feeding programmes at the end of November was 3,210 and 13,792 respectively for all the 5 camps.

Supplies of drugs and consumables to the camps' health facilities continued on a weekly basis using the experience gained the previous year in planning and calculation of requirements. The 6 monthly procurement initiated in July 2001 continued and with the assistance of the Federation Health delegate the system for monitoring and costing of drug usage in all health facilities by medical logistics was further improved.

Other supplies procured included firewood for cooking in dispensaries and feeding centres, Kerosene for dispensary refrigerators, sterilization and hurricane lamps, hygiene supplies including: buckets, basins, laundry soap, and shrouds.

A number of TRCS and refugee staff participated in the following meetings and workshops often in cooperation with other agencies: Volunteer Counseling and Testing (VCT), Prevention of Mother to Child Transmission (PMTCT), micronutrient disorders, STI and HIV/AIDS Management and Prevention, Group Counseling in Reproductive Health, Sexual and Gender Based Violence Survivors Management, Home Based Care, Integrated Management of Childhood Illnesses (IMCI).

The nutrition programmes in the camps continued to offer services to refugees and the host population. There were many cases of anemia, some cases of TB but few incidences of acute malnutrition. In Lugufu II camp there were a relatively high number of severely malnourished children amongst the new arrivals from DRC, who were directly admitted at the TFP from the reception centre.

The findings of a Nutrition survey carried out on 3,785 children aged 6 to 59 months in the 5 camps during July indicated that both stunting and wasting are the major nutritional problems affecting these children which are considered to be important indicators related to the growth and development of children under the age of 5.

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

Water and sanitation activities continued to be carried out to prevent the spread of communicable diseases, to ensure the provision of potable water according to Sphere/WHO standards and to maintain hygiene standards as per Sphere standards.

The water provided continued to be 15 litres per person per day in Lugufu and 20 litres per person per day in Kasulu. Water delivered remained less than 5 NTU and above 0.2 mg/chlorine residual, (500m from shelters) with one tap per 250 people and a flow of at least 0.125 litres/second.

The installation of the submersible pumps on the boreholes drilled in Lugufu II with DFID funding was still in progress and pumping of water from the boreholes had therefore not begun. The Lugufu River dried up between the end of September and early November. The quantity of water supplied to the areas in Lugufu that depend on this source was maintained through increasing pumping from the Malagarasi river intake and transporting water by tankers to bladder pumps installed at vantage points in the camps. The river has filled up after the rains and pumping from the intake has recommenced.

The TRCS application to EuroAid for 747,079 Euros to ensure the continuation of safe water to the refugee population (estimated at 152,000) in Lugufu and Kasulu for 2 years was approved and the contract signed on the 12th of December 2002

Table 4: Sanitation Indicators (as of 30 November)

	LUGUFU I	LUGUFU II	MTABILA II
Camp Population	54,434	30,284	43,429
Family Latrine Drop hole in use	10,540	4,305	7,396
Plot occupied	11,965	4,806	7,753
New Latrines completed	243	115	215
Latrine coverage %	89.1	93	94.9
Latrine Pits in Progress	220	118	0
Garbage Pits coverage %	91.8	89.5	87.28
Family Bath shelter coverage %	90.6	87.4	71.8
Family Dish rack coverage %	73.1	58.7	65.34
Communal Latrines built & completed	0	12	15
Meat Inspection	-	-	4910
Meat Condemned	-	-	740.93 Kgs
Adulticiding and larviciding	Carried out as required for family and communal latrines	Carried out as required for family and communal latrines	0
Indoor residual spraying	Started in November with 54% coverage		Vector control activities included bednet impregnation.

Community Health Workers (Hygiene Promoters) trained to follow the PHAST approach continued to disseminate health information in order to educate and mobilize the refugees to participate actively in the provision of the required sanitary facilities. The manufacture and distribution of concrete slabs for latrine construction continued, and collapsed and filled latrines were repaired with materials provided and /or replaced with new structures.

A community project on sanitation and hygiene promotion will be implemented in 2003 for Mugombe village while a nutrition survey and training project will be implemented in Kanazi, Nyamnyusi and Msambara, Kasulu District supported by the Spanish Red Cross.

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.

Food received from WFP was distributed according to the list of beneficiaries. Food basket monitoring indicated that the efficiency of distribution ranged between 90% and 110%. 250 gms of soap per person were distributed every 28 days.

Non-food items including plastic sheets, blankets, kitchen sets and jerry cans were only distributed to new arrivals in Lugufu II after they had been registered, and extremely vulnerable families. Prior to distribution, ration cards were checked against UNHCR food lists. Soap donated by the Finnish Red Cross was distributed in November. Cloth (cotton print/vitenge) provided by the Finnish Red Cross and ECHO was distributed to the refugees between the end of November and mid December.

In Lugufu II, villages were prepared and plots demarcated for new arrivals, and in Lugufu I and Muyovosi as well as Lugufu II plots were provided for married or separating families. The maintenance of feeder roads to ensure access and mobility within all camps continued.

Relief activities remained well co-ordinated amongst the agencies and refugee representatives. The Red Cross fully participated in the regular interagency meetings. In Kasulu, 26,000 Burundians were voluntarily repatriated from September to safe areas in Burundi. Meanwhile 20,000 new Burundian refugees entered the camps.

Improved telecommunications between Dar es Salaam and the field (Kigoma and Kasulu) were facilitated in May 2002 through the implementation of a joint project between the Federation, UNHCR, and Ericsson with the support of Mobitel. Presently there is an Internet communication service provider in Kigoma and surveys are being carried out to ascertain the possibility of extending this service to Kasulu and Kigoma.

Regional Cooperation

Effective relations and coordination between the Federation delegation in Tanzania and the Regional delegation in Nairobi were maintained with the HoD in Tanzania attending the quarterly Team Management Meeting and the Annual Regional Partnership meeting in June organised by the Regional delegation in Nairobi. Missions by Regional delegates to Tanzania were planned and carried out in 2002: HoRD, WatSan, Health, Logistics, OD, FDD, DP, HIV/AIDS.

Coordination and Management

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

Following a comprehensive analysis of the 2001 plan of action for the Refugee Relief Operation (RRO) in May/June 2002 and an external evaluation in July, 2002, it was recommended that although about 80% of the plan had been accomplished, some important issues still had to be addressed such as finance development, governance and management, and networking with external partners such as ECHO and UNHCR, the phase down of the permanent in-country Federation Secretariat support to the RRO be extended to the end of 2003.

Following a review workshop held in Dar es Salaam in mid October it was agreed that the Organisational Development component in the TRCS five-year Strategic Plan still had to be revised. It was also agreed that the TRCS will have its accounts for the past 2 years audited and produce a report on its activities for the past 5 years. These are preparatory activities for the proposed Partnership meeting scheduled for the first quarter of 2003.

TRCS capacity has been further strengthened through continued technical and management training and workshops supported by the Federation and Donor National in the following areas: Gender, Refugee Protection, Branch development (Twinning), Communication, Finance, Team Leadership in Disaster Management, Resource Mobilisation etc., and the implementation of successful community projects in the vicinity of the refugee camps in Kasulu.

The review of processes and monitoring tools for improving efficiency in systems and structures continued. The system for monitoring drug distribution and calculating cost per refugee has been improved. Monitoring and evaluation components have been introduced into HIV/AIDS activities and activities of community health workers, resulting in the following:

- A revised MoU **regarding the working arrangements in respect of assistance to refugees in the Kigoma region** for 2003 between UNHCR/Federation/TRCS and MHA has been drafted.
- An MoU between the TRCS and WFP **regarding the Reception, Handling and Secondary Transport of WFP Supplied Food Commodities** was signed, and WFP has settled outstanding payments to the TRCS.
- A training agreement between TRCS and UNICEF for 2002 was signed.

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

Development of programmes outside of the RRO is ongoing as indicated in the Federation Appeal 2003-2004 for Tanzania which includes proposals for Organisational development, Health and Disaster management.

An application to the EU to fund a HIV/AIDS programme in line with TRCS existing 5 year strategic plan for HIV/AIDS to be implemented in 6 branches was completed in October with the assistance of the Finnish Red Cross.

Implementation of the AWI project in Kigoma region is ongoing and the regional branch has taken the opportunity to use and build on the existing capacity within the project to facilitate Branch development within the Kigoma region and Branches within refugee host communities. The branch is

in discussion with the Spanish Red Cross to fund 3 projects outside of the RRO and AWI. The projects will use existing capacity in both AWI and the RRO for training and coaching.

In February, 2002 the Federation Development delegate (FDD) with the assistance of the Regional FDD in collaboration with TRCS drafted a detailed plan of action to enable the National Society to have an appropriate financial management structure and system with trained staff in place by the end of 2002. The current situation is as follows:

- The review has been completed and recommended hard and software have been procured and installed.
- The review of existing Financial Procedural Manuals is ongoing.
- TRCS Director of Finance has been recruited and is at post.
- Staff in the department have been trained to use the hard and software installed.
- A plan has been outlined for local resource development (fund raising)

Outstanding needs

The TRCS needs to complete its planned restructuring, particularly the establishment of a Health Department and the appointment of a Director of Health as a matter of urgency and priority. The TRCS should address outstanding governance issues as soon as possible. (A board meeting has been convened for 20 December, 2002).

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International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

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Tanzania						ANNEX 1
APPEAL No. 01.14/2002		PLEDGES RECEIVED			27.12.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
CASH						
REQUESTED IN APPEAL CHF ----->				7'936'092		TOTAL COVERAGE 85.8%
CASH CARRIED FORWARD				0		
AMERICAN - GOVT/PRM GRANT		1'070'000	USD	1'780'480	17.04.2002	
CANADIAN - GOVT/CIDA/IHA		495'000	CAD	515'444	25.03.2002	
ECHO (01001)		2'500'000	EUR	3'665'750	22.04.2002	ASSISTANCE TO REFUGEES
FINNISH - GOVT		113'280	EUR	165'694	13.06.2002	DISASTER RESPONSE
JAPAN RC		10'000'000	JPY	121'140	16.12.2002	
SWEDISH - GOVT		1'700'000	SEK	268'770	30.05.2002	COORDINATION & MANAGEMENT, REFUGEE RELIEF OPERATION
SWEDISH - GOVT		300'000	SEK	47'700	08.10.2002	REFUGEE RELIEF OPERATION
SWEDISH - RC				12'000	15.11.2002	REG. TWINNING FORUM
WFP				93'888	22.03.2002	LUGUFU REFUGEE OPERATION
GLOBAL RECRUITMENT FUND				20'000		SALARIES & COSTS GYEDU-ADOMAKO
SUB/TOTAL RECEIVED IN CASH				6'690'866	CHF	84.3%
KIND AND SERVICES (INCLUDING PERSONNEL)						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
ICELAND	DELEGATE(S)			59'959		
JAPAN	DELEGATE(S)			58'152		
SUB/TOTAL RECEIVED IN KIND/SERVICES				118'111	CHF	1.5%
ADDITIONAL TO APPEAL BUDGET						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
FINNISH - GOVT		468'000	EUR	684'544	13.06.2002	GOODS
SUB/TOTAL RECEIVED				684'544	CHF	