

**RAPID ASSESSMENT OF THE HEALTH NEEDS
AMONG MIGRANT POPULATIONS AND THEIR HOST
COMMUNITIES IN KIGOMA AND ALONG LAKE
TANGANYIKA**

DPG-HEALTH

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Outline

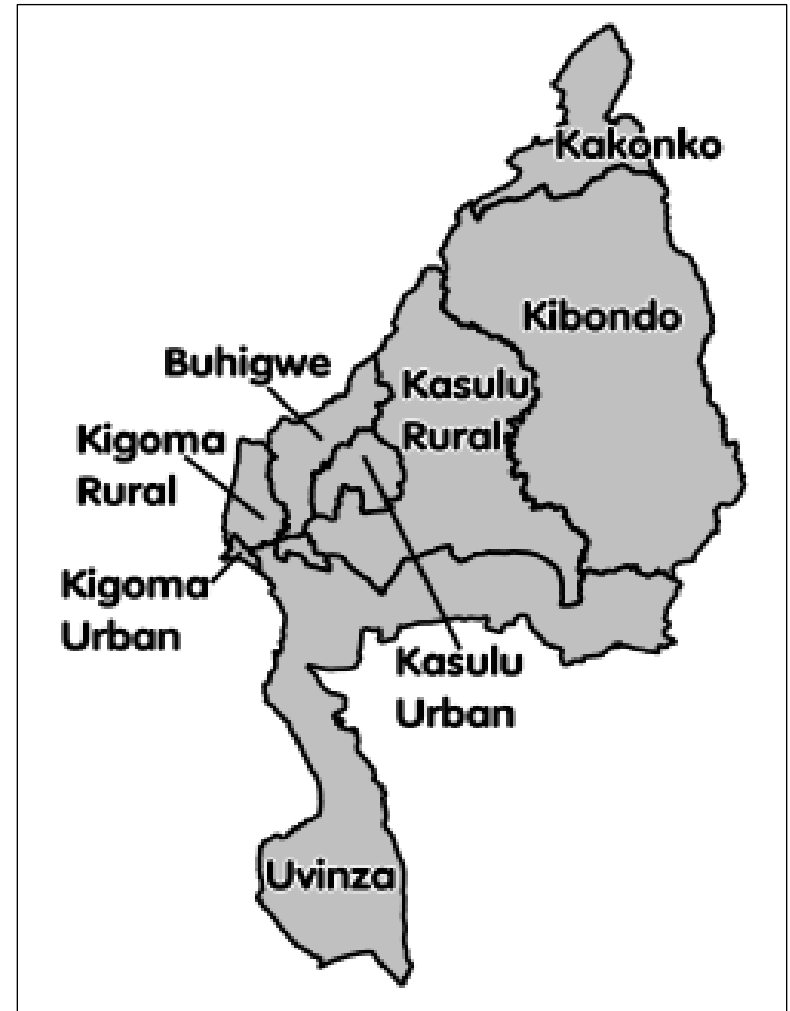
- Introduction
- Methods
- Key findings
- Recommendations
- Acknowledgement

Background : Objectives

- Assessment examined the health needs among **migrant** populations including refugees and their **host communities along the continuum of care** in Kigoma region and along Lake Tanganyika. Specifically:
 - Current health needs **facilitative factors and barriers** to access and use health care services among migrants and host communities
 - assessed the **capacity of health facilities** in the selected sites to respond and meet the needs of different migrant populations;
 - maps the **stakeholders and interventions** present in the selected sites and identify possible partners and referral opportunities; and
 - illuminates the **nature of the migration dynamics** in Kigoma region and along Lake Tanganyika

Methods: Study areas

- Kigoma MC,
 - Two **fisher folk's settlements** of Kibirizi and Katonga
- Buhigwe DC,
 - Manyovu **entry point**
 - Heri Adventist Hospital
- Kasulu DC ,
 - Makere Host community
 - Nyarugusu Refugee camp, and
- Kibondo DC
 - Host community
 - Ndata refugee camp



Methodology: Cont'

- More qualitative – cross-section
- Primary data: from FGDs and KIs
- Secondary data: documentary from reports
- Four main categories of target population:
 - the migrants,
 - host communities,
 - the health care providers, and
 - Government and local leaders including members from RHMT and CHMTs, Regional and LGAs
- Sampling: Both Purposeful and randomly selected guided by local leaders

Respondents category	Location	KI			FGD			Grand Total	# of FGD
		Male	Female	Total	Male	Female	Total		
Migrants	Nyarugusu	1	1	2	12	12	24	26	4
	Nduta	1	1	2	14	16	30	32	4
Host communities	Kibirizi	1	1	2	8	-	8	10	1
	Katonga	1	-	1	12	12	24	25	4
	Makere	1	-	1		12	12	13	4
	Nyarugusu	1	-	1	12	12	24	25	4
Sub-total		6	3	9	58	64	122	131	21
Health care providers	RHMT	2	-	2	-	-	-	2	-
	CHMT	2	2	4	-	-	-	4	-
	Health facilities	9	4	13	-	-	-	13	-
Government	RAS & VEOs	2	1	3	-	-	-	3	-
Local leaders	Chairperson	6	1	7	-	-	-	7	-
Sub total		21	8	29	0	0	0	29	
Grand total		27	11	38	58	64	122	160	21

KEY FINDINGS

Key findings objective 1: Health concerns/needs among migrants and host communities

Leading cause of morbidity and mortality among both communities.

1. Malaria
2. Acute Respiratory Tract Infection
3. Diarrhea Diseases
4. Intestinal Infections
5. worms' infestation
6. Malnutrition,
7. Skin infections
8. Eye diseases
9. Wounds, and
10. Anaemia (Sickle cell was cited as among of migrants community health problem)

Objective 1: Health Needs- GBV Services

- **GBV** is highly prevalent among both host migrants and refugees populations.
 - Data from this study revealed 60% respondents in host communities experienced GBV in the form of physical violence
 - In Nduta, there were around 40 cases of rape per month with estimated reporting rate of 66%.
- **2015/16 DHS findings:**
 - 40% of women aged 15-49 in Tanzania have experienced one or more acts of violence since age 15;
 - 22% experienced physical violence in 12 months before data collection
 - Specifically, **Kigoma is among the five regions with highest rate of GBV**
 - 61% of women in Kigoma reported one or more form of violence;
 - 23% being sexual violence

Perceived quality of services

- **Geographical location and distribution** of health facilities
 - No health facility and services in one study site – Kibirizi
- **Distance**
 - More host population accessing services in refugees camp than their counterpart
- **Quality of services:**
 - lack of **medical supplies**
 - Harsh language and **long waiting time**
- **Shortage of health workers**

Cadre	Location				Total
	Public	FBO	NGO	Private	
Medical Doctors	19	2	2	2	25
Specialist Doctors	1	2	0	1	4
Dental Surgeons	0	0	0	0	0
Specialist Dental Surgeons	0	0	0	0	0
Pharmacists	8	0	0	0	8
Assistant Medical Officer	43	6	5	9	63
Dental Assistant	6	0	0	0	6
Nursing Officers	34	3	1	4	42
Pharmaceutical Tech.	10	0	0	0	10
CO	23	2	1	1	27
Asst Clinical Officer	260	89	0	24	373
Social welfare	2	0	0	0	2

Cadre	Kgm MC	Kigoma	Uvinza	Buigwe	Kasulu	Kasulu TC	Kibondo	Kakonko	Total
MDs	6	2	3	3	1	4	2	1	22
Specialist	1	0	0	1	0	0	1	0	3
Dentist	0	0	0	0	0	0	0	0	0
Pharmacist	1	1	1	3	1	0	0	0	7
AMOs	9	7	7	3	10	11	9	5	61
Dental Ass	0	0	0	2	0	3	0	0	5
ACO	26	14	0	7	31	1	19	7	105
NO	10	1	1	7	12	1	0	13	45
Trained Nurses/	0	23	5	64	0	18	38	61	209
N/M	26	3	37	29	39	86	0	0	220

Perceived quality of services cont'

- According to 2016 Kigoma Region Health Profile:
 - Kakonko the poorest district in Tanzania has a Medical Doctor ratio of **1:186,000**,
 - Buhigwe 1:94,000,
 - Kibondo 1:97,000,
 - Kigoma MC 31:34,000, and
 - Kigoma DC 1:90,000

Gaps: Health needs

- **Quality of services:**
 - harsh language,
 - long distance,
 - and lack of **medical supplies**
 - and **shortage of health workers**, and
 - **long waiting time**
- **Identified lacking services:**
 - dental care, eye screening and other non-communicable diseases
- Knowledge on the cause and prevention of diseases/**inadequate supply of water and food** among refugees communities

Objective 2: Capacities of health facilities in the selected sites to respond and meet the health needs

- There is **no robust GBV** program especially among host communities along the Lake Tanganyika shores
- Knowledge gap: Health and Non-health service providers have **not received specific training on GBV, Infection Prevention and Control (IPC), Emergency Preparedness and Response**

Key findings Objective 2: Capacities of health facilities in the selected sites to respond and meet the health needs

- There is **no robust vaccination** program especially among the migrants movements along the Lake Tanganyika shores
- Knowledge gap: Health and Non-health service providers have **not received specific training on Ebola, IPC, migrants' friendly services** etc.
- TB & HIV: Nduta faces challenge on responding to TB and HIV in the camp:
 - **There are MDR TB cases**
 - and no active TB screening, no contact tracing.
- Although CPR is very low among refugees estimated at 10%, contraceptives services offered once a week with the support from Kibondo hospital (for Nduta) and
- Estimated around 500 deliveries per month.

Objective 3: stakeholders mapping and potential strategic partnership and referral opportunities



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- **The government and UNHCR coordination mechanism is well functioning**
- Although many organizations provide services in selected sites, **some organization stand out as implementing and providing comprehensive range of continuum of health care in the host and migrants communities**
- **Manyovu entry and reception point in particular Heri Adventist Hospital used and contracted as referral point for migrants and host community has no ambulance.**
 - The situation poses as challenge in the event of unexpected emergency which could lead to preventable death.

Referral opportunities

Location	H/Facility	Category	Ownership	target population
Kigoma MC	Gungu	Health Centre	Government	Host community
	NMC	Migrants Transit Centre	IRC-INGO	Asylum seekers transit point
	Bangwe	Dispensary	Government	Host and fisher folk community
Buhigwe DC	Manyovu	Health post	IRC-INGO	Asylum seekers entry point
	Heri Hospital	Hospital	FBO-SDA Church	Host community/refugees referral
Kasulu DC	Nyarugusu	Health Centre	TRCS-NGO	Refugees camp
	Nyarugusu	Health post	TRCS-NGO	Refugees camp
	Makere	Dispensary	Government	Host community
Kibondo DC	Nduta	Dispensary	MSF-INGO	Refugees camp
	Nduta	Health Post	MSF-INGO	Refugees camp
	Kigendeka	Dispensary	Government	Host community

Key findings Objective 4: Migration dynamics in Kigoma and along Lake Tanganyika

- Three **types of migrants** are identified in this study:
 - influence of culture and socio economic factors of **migrants who settled permanently** in the host communities,
 - **refugees and asylum** seekers or movers from neighboring countries on transit or in camps, and
 - **Seasonal fisher folk migrants** from refugees' camps or neighboring countries or areas to host communities in search of socio economic gains
- **Poorly manned entry and crossing points**
 - with **no records or data kept** at the village and Ward leaders on people's movements even among those coming from neighboring countries.



RECOMMENDATIONS

Recommendations: GBV response

- Capacity building:
 - Institutional – in terms of distribution of facilities'
 - Individual- Knowledge and systems strengthening
 - More wider **qualitative data** (stories behind the numbers)
 - Cultural responsive programme for GBV prevention-it is socially constructed

Recommendations cont': Health Facilities

Capacities to respond to health needs

- Advocate for increased staffing to seriously underserved areas
- Increase distribution of health facilities
- Given Heri Mission Adventist Hospital strategic referral position and potential to support migrants from long line boundaries between Tanzania and Burundi,
 - optimize the facility services and **support the hospital with an ambulance to strengthen referral system** among migrants and host communities

Recommendations: Objective 4

- Because of existing informal crossing and entry points used throughout the year, the MHA and LGAs
 - **establish mobility registers** at community level of people coming in and going out of the village for more than time to be determined.
 - Use local temporally identification card for those who remains in the village for determined time
 - Training and capacity building to Local Government Leaders on potential threats posed by uncontrolled movements
 - Explore partnership with other agencies/organizations on mobility data-to complement existing migrants data/information

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- PORALG
 - RAS
 - DEDs
 - RHMT
 - CHMTs
 - VEO/WEO
- Respondents

