

www.ifrc.org
Saving lives,
changing minds.

Final Report - Emergency Plan of Action

Tanzania: Earthquake

 International Federation
of Red Cross and Red Crescent Societies

DREF operation: N° MDRTZ020	Glide n° EQ-2016-000098-TZA
Date of Issue: 20 March 2017	Date of disaster: 10th September 2016
Operation start date: 19 September 2016	Operation end date: 11 December 2016
Host National Society(ies): Tanzania Red Cross Society (TRCS)	Operation budget: CHF 216,073
Number of people affected: 139,161 people	Number of people assisted: 5,000 people (1,000 families) directly, 5,620 (1,124 families) indirectly
N° of National Societies involved in the operation: International Committee of the Red Cross (ICRC), American Red Cross, Spanish Red Cross	
N° of other partner organizations involved in the operation: Tanzania Government, Kagera Local Government, World Vision, Plan International	

A. Situation analysis

Description of the disaster

An earthquake of 5.9 magnitude hit north-west Tanzania, Kagera region, on September 10 2016 at about 15:27 hours local East African time (12:27 GMT). The epicentre of the earthquake was reported to be about 44 km from Bukoba town, which is located on the shores of Lake Victoria, near the border with Uganda, Burundi and Rwanda. It was reported that the earthquake occurred at a depth of 10 km and was categorized as being shallow. Shallow earthquakes are viewed to have a greater impact.

Kagera region has a total population of 2,458,023 with 1,814,481 people living in the six affected districts (Population Census, 2012).

A rapid assessment was commissioned by the government and led by UNDAC confirmed that six out of eight districts in the region were affected. A total of 17 people died and 139,161 people were directly affected with 2,500 homes completely destroyed and 14,500 others partially destroyed. This led to most of people spending the night outside or with host families. Others continued to stay in the destroyed houses despite the imminent danger. The findings highlighted a need to support the affected population in areas of shelter (both emergency and recovery), food and non-food items, health care, WASH, protection and education. To get a more in-depth understanding of the impact of the earthquake, in line with the DREF strategy a detailed assessment was carried out in four of the worst affected districts of Bukoba Urban, Bukoba Rural, Karagwe and Misenyi. A total of 56 wards and 146 villages were assessed. The following table shows the population distribution of the Kagera region. In addition, the map shows the geographical locations of the districts in the Kagera region.



A house quickly built by a single mother of four to replace the one completely destroyed. Photo: Mukwecheni/IFRC

Table 1: Population Distribution of Kagera Region by District, Ward and Village.

				Population	Approximate HH at 5 people per household
Kagera Region Total Population				2,458,023	491,604
District	Wards	Villages			
1	Karagwe	22	78	332,020	66,404
2	Bukoba Rural	29	92	289,697	57,939
3	Bukoba Urban	14	66	128,796	25,759
4	Misenyi	38	163	202,632	40,526
Totals		103	399	953,145	190,628
Districts not covered by assessment					
5	Muleba	Not collected	Not collected	540,310	108,062
6	Bharamulo	Not collected	Not collected	323,486	64,697
7	Ngara	Not collected	Not collected	320,056	64,011
8	Kyerwa	Not collected	Not collected	321,026	64,205
Totals				1,504,878	300,975

*2012 Census

The major donors and partners of the DREF included the Red Cross Societies and governments of Australia, Austria, Belgium, Canada, Denmark, Ireland, Italy, Japan, Luxembourg, Monaco, the Netherlands, Norway, Spain, Sweden and the USA, as well as DG ECHO, the UK Department for International Development (DFID) the Medtronic and Zurich Foundations and other corporate and private donors. The IFRC, on behalf of the Red Cross Society of Tanzania would like to extend many thanks to all partners for their generous contributions.

Summary of response

Overview of Host National Society

As soon as the earthquake hit, on 10 September 2016, TRCS Kagera Branch deployed around 70 volunteers and staff across the region to support those affected. TRCS performed an initial rapid needs assessment between the 11 and 15 of September 2016, and the detailed assessment on 17 October - 3 November 2016. The initial rapid assessment was for Bukoba Urban district where 60 volunteers were mobilised. The assessment was conducted for five days.

A total of 350 people were transported by Red Cross staff and volunteers to the various health facilities in the region to receive medical attention, another 230 people received first aid, meaning in total 590 people received emergency first aid. In addition, another 4,882 people were reached with psychosocial support (PSS) services. A total of seven bodies were moved to the mortuaries.



Kagera Region Map

TRCS distributed relief items to 1,399 households. The relief items distributed included blankets, tarpaulins, bed sheets, food, buckets, water, tents etc. TRCS also constructed three tents to temporarily host 54 affected families (households) and a fourth tent served as a temporary dispensary to support health services at a site where a dispensary was partially destroyed in Misenyi district. Moreover, awareness was raised on the health risks to the affected households. TRCS also participated in burial of those who died in the disaster by preparing the bodies for decent burial and participating in the joint mass.

Overview of Red Cross Red Crescent Movement in country

IFRC deployed on Regional Disaster Relief Team (RDRT) teams of two persons to support TRCS in its response to the disaster. The RDRTs deployed were,

- One RDRT Logistics and Relief (deployed for one month)
- One RDRT PSS (deployed for two months)

In coordination with Eastern Africa and Indian Ocean Island (EA-IOI) cluster support team based in Nairobi (Kenya) the RDRTs supported the TRCS in the following areas,

- Conducting in-country market survey to identify local suppliers for NFIs
- Training of volunteers in PSS and Logistics/Relief.
- Procurement of items identified in the DREF to be procured in-country
- Undertaking a detailed assessment with key focus on emergency shelter, and PSS. Other areas were WatSan, food, education and other vulnerability aspects of the community affected.
- Distributing NFI's
- Performing first aid and PSS activities.

Additionally, the IFRC finance delegate who was supporting the National Society with the Emergency Appeal (MDRTZ017), also supported the DREF operation in financial reporting. Furthermore, an IFRC logistics officer from EA-IOI office supported TRCS during the distribution of the items.

The Iran Red Crescent Society sent a half ton truck load of relief goods comprising water, biscuits and some medicines to distribute to affected communities.

ICRC and IFRC collaborated in identifying and assessing the viability of sourcing and supplying the NFIs to the disaster area from Nairobi.

Overview of non-RCRC actors in country

The Government of Tanzania was the principle coordinating agency in response towards the disaster through the Directorate of Disaster chaired by the Regional commissioner.



Coordination between Red Cross and World Vision/IFRC

the government to have in place prior signed memorandum of understanding with all NGOs involved with the exception of TRCS. Relief assistance in-cash or in-kind were channelled through the government who decided which areas and people to cover based on need.



Red Cross volunteers in earthquake affected area. Photo: IFRC

The Directorate of Disaster commissioned the rapid assessment which was conducted by United Nations Disaster Assessment and Coordination (UNDAC). They held regular coordination meetings in which the main humanitarian partners and TRCS participated. There was a strong collaboration and cooperation between the various organizations.

As part of the response plan, the regional authorities focused on damaged government institutions infrastructure. Consequently, the expectation was for NGOs to focus on the affected population. However, there was a directive from

World Vision assisted in the districts where they had been operating in before the quake struck. They partnered with TRCS in their distributions, with the TRCS providing volunteers. Seven of their key staff members participated in the TRCS PSS and logistics training. Feedback on the training was positive, and World Vision reports that the training has helped improve their operations.

Plan International worked on child protection in Bukoba. It was the first time that Plan was working in Kagera region and their activities were being coordinated from Mwanza where they have offices. Plan eventually handed over their child centres to TRCS when their programme ended at the same time our DREF operation ended. International Organisation for Migration (IOM) came into the region in December after they successfully established a partnership with TRCS focusing on provision of temporal shelter materials and NFIs. Around December 2016 UNICEF was also finalizing their partner agreements with TRCS to further focus on child centred activities.

Needs analysis and scenario planning

A rapid assessment was conducted by TRCS soon after the disaster struck. However, the assessment only focussed on Bukoba urban district which resulted in under reporting on the impact of the disaster. The Government of Tanzania through UNDAC also conducted a rapid assessment and reported that in six districts people affected were 139,000. It outlined that the affected population needed help in emergency shelter, child protection and PSS, WASH, food, health and care services and education. Notwithstanding, it was agreed that the rapid assessment data was not detailed enough to guide decisions on which specific areas to prioritise and which households and or individuals to target. It was agreed that individual NGOs should carry out detailed assessments in line with their planned interventions.

It is from the recommendations of UNDAC report that TRCS under the DREF commissioned a detailed assessment focusing on four of the six most affected districts. The assessment focused on emergency shelter and PSS. Other areas of focus included Watsan, Food security, Health, and Education.



TRCS volunteers pointing the damage caused due to the earthquake. Photo: IFRC

Data was collected at household level by TRCS volunteers and covered a total of 56 wards and 146 villages. Please see [operations update 2](#) for more detailed findings of the assessment.

In brief, the detailed assessment, that was carried out by the TRCS showed the impacts that are visible in the table below. It is important to note that due to the limitation of time and the geographical coverage it was not possible to cover 100% of the targeted households. The findings of the assessment were shared with key stakeholders, to inform the actions they are taking. After analysing the data received from the assessment, it was observed that:

Table 2: Assessment Results

DISTRICT AFFECTED	TOTAL NO. PEOPLE AFFECTED	TOTAL NO. HOUSEHOLDS AFFECTED	HOUSES COMPLETELY DESTROYED	HOUSES PARTIALLY DESTROYED	HOUSES WITH SIGNIFICANT CRACKS
Bukoba Municipal	7,324	1,533	485	300	688
Karagwe District	1,369	247	34	31	178
Misenyi District	3,857	775	367	147	230
Bukoba District Council	8,357	1,755	376	532	576
TOTAL	20,817	4,310	1,262	1,010	1,672

While visiting the households during the detailed assessment, the psychosocial impacts were also assessed. It became evident that the disaster caused much panic, grief, pain, worry, and a deep sense of loss and hopelessness to the affected population. Seventeen deaths were registered and about 590 people were injured. Houses were completely and or partially destroyed. Some of these houses belonged to pensioners, widows, single mothers and orphans. There were cases where these houses were the only source of livelihood as some rooms were rented out to tenants for income generation. Some children were scared by the slightest noise making them scurry for cover. These cases were referred for specialist help. It was also found that the affected population expected immediate help or restitution from government. Delays in the arrival of support caused much disappointment which needed to be responded to psychosocially.

Risk Analysis

The weather was and remains a major factor to watch for on the recovery path of the affected population. In a normal season rains are heavy in this region, usually accompanied by thunder storms. Some people expressed their fear that heavy rains or storms may cause further damage to structurally compromised buildings and makeshift emergency shelter.

The La-Nina effect as predicted by the Tanzania Meteorological Agency (TMA) through the bulletin on 5 September 2016 had already started taking effect. The expected short rains delayed which also threatened food security in the affected districts. Effects of drought were felt in some affected districts of Karagwe and Kyerwa.

Due to customs tax requirements delivering of relief items from outside the country was very challenging. The reason is that all goods passing through the borders would require that duties are paid first and make claims for refund later. As a result, consignment of relief items from Nairobi were delayed. As far as possible, goods were procured locally and paid through Nairobi (see logistics and supply section).

As a result of the internal challenges which the NS were facing, funds transfer through the normal procedure was not possible and as such there was delay in receiving DREF funds to the ground for implementation. Due to limit on amounts of money which could be transferred there were significant delays in implementation and the full implementation of the program was not possible.

Overall Objective

Immediate survival needs of the earthquake affected population are met through the provision of essential emergency relief, emergency shelter and health interventions including PSS, relief distributions, targeting 5,000 people (1,000 families) directly; and 5,620 people (1,124 families) indirectly, in Kagera region for a period of 3 months.

Proposed strategy

The strategy aimed to support TRCS to provide a total of 1,000 families (about 5,000 people) with direct emergency relief assistance. This was to be done through procurement and distribution of blankets, buckets, kitchen sets, mosquito nets and provision of psychosocial support; psychosocial support training for volunteers and provision of psychosocial support to the affected population.

Operational Support

Human resources

The following staff and volunteers were included in the operation:

Table 3: Staff involved in the operation

Position Title	Sector Area	Roles and responsibilities
Volunteers (230 against a target of 70)	Relief	Involved in PSS, Conducting detailed assessment, and distribution of relief items
Training of Trainers Volunteers (29)	PSS	To cascade their knowledge on PSS to other branches and roll out the PSS program.
Branch staff (2 against a target of 7)	Assessment	Technical support, initial assessment, volunteer mobilization PSS /logistics training and detailed assessment and distribution of relief items.
NHQ staff (2) two HQ staff came for PSS training, DM and senior management (SG and president of the TRCS) came for monitoring visits	PMER, DM and PSS	Training in Logistics conducted Monitoring visits
Branch staff (2)		Detailed assessment covering 4 districts also conducted
Truck and vehicles drivers (2)	Transport	One Land-cruiser was provided to support in movement of RDRTs and volunteers. Hired trucks were used to transport NFIs from DAR and Mwanza to Bukoba.
RDRT (1)	Relief /Log	Technical support to the TRCS to procure and distribute the NFI's. Train volunteers on Logistics and distribution Build internal capacity to the NS
RDRT (1)	PSS	Technical support to the NS to ensure quality implementation of PSS activities Training volunteers on PSS at the community level Build internal capacity of the NS in PSS

The IFRC EAIOI country cluster office emergency operations unit; and logistics unit continued to provide technical support to ensure that the DREF operation was implemented to the end in accordance with the Emergency Plan of Action, and agreed conditions of the DREF.

Logistics and Supply Chain

Based on previous experiences, there have been challenges in quality of tarpaulin available in the market. For the last three DREF's, IFRC Nairobi has tried to procure tarpaulins, however, this has taken over two months to get the stock through customs and to the National Society. This has affected the relevance and reputation of the National Society to deliver on that outcome. It was therefore suggested to perform a market assessment of tarpaulins and other NFI's by the RDRT with support of TRCS and IFRC logistics to reduce the time frame delivery. The main aim was for TRCS and IFRC to identify some suppliers and prequalify them, to speed up the procurement process and prevent stock from getting stuck at customs. For tarpaulins, it became evident that it was more efficient for other partners to take on that responsibility.

An in-country market assessment showed that local businesses lacked experience in conducting Business to Business (B2B) transactions a case in point where RDRT Relief identified local suppliers for the NFIs but who were unable to respond to (Requests for Quotations) RFQs sent to them from Nairobi. Only three out of five responded and their offers were not competitive enough. However eventually it was possible to get competitive offers from a supplier based in Arusha who supplied buckets, mosquito nets and blankets.

Procurement of NFIs was conducted by IFRC EAIOI country cluster Logistics unit staff; including 2,000 buckets, 3,000 mosquito nets and 3,000 blankets were received in Bukoba. Initially these NFIs were to be sourced from ICRC but it was not possible to get them into Tanzania within the DREF period.

Procured NFI stock were stored in the TRCS central storage facility before distribution to the affected areas. Temporary storage was not necessary. Delivery of NFIs to the affected areas for distribution was carried out using trucks, which were hired to support this DREF operation.

The decision to distribute all the items procured was based on an earlier assessment that had identified 1,000 households as the most vulnerable and they were confirmed by the local authorities in the four districts of Misenyi, Bukoba Rural, Karagwe and Bakoba Rural; hence no items were replenished as was initially planned.

Communications

Information updates were regularly shared and communicated within the Movement. In addition to this, there were regular communication updates within the Movement, with the media who was also engaged to ensure awareness was raised among donors and the general public. A communication mission with a local photographer was undertaken at the onset of the operation.

Security management

The security environment was reasonably stable across the country. However, the TRCS continuously monitored the security environment and implemented security risk mitigation measures when required. This related to rains/flooding, aftershocks and possible looting. The IFRC Regional Security Coordinator supported the operation from Nairobi. The Operations Manager for MDRTZ017 was also designated the as the security focal point for all travel to Tanzania.

Planning, Monitoring, Evaluation, & Reporting (PMER)

NHQ and branch staff were involved throughout the operation. RDRT's initial assessment from field visits observed the main priority need as emergency shelter e.g. tents and tarpaulins, blankets and mosquito nets. However, it was equally observed that over 95% of affected households did not lose their kitchen utensils and as such kitchen sets were not priority for the affected population. Based on the monitoring and assessment reports, it was considered to procure and distribute tarpaulins with the remaining funds. Given the great demand for needs assistance, stock that were meant for prepositioning were also distributed. A request was put forward to the DREF fund for procuring additional stocks for prepositioning with funds that were remaining. This was however not granted.

C. DETAILED OPERATIONAL PLAN

Quality Programming/Areas Common to all Sectors

Outcome 1: Continuous and detailed assessment and analysis is used to inform the design and implementation of the operation
--

Output 1.1: Initial and detailed needs assessment are updated following consultation with beneficiaries
--

Activities Planned

- Carry out initial needs assessment.
- ODK/KOBO training to collect data for the detailed needs assessment.
- Develop and carry out detailed needs assessment
- Monitoring/supervision of the activities planned by NHQ
- Continuous update of the EPoA

Achievements

During the initial needs assessment phase, a communication mission took place to capture the needs in the area and share information about it to the public. Dates for TRCS assessment were 11 – 15 September for rapid assessment and 17 October - 3 November for detailed assessment. In total 1,000 households were reached in the initial assessment and around 4,300 households were reached in the detailed assessment.



Monitoring visit of the SG and the President to the affected area. Photo: TRCS

Since the areas were so far apart, the number of volunteers participating in the exercise was large and given the time challenges, it was decided to work with more volunteers and not to collect data through mobile devices such as Open Data Kit (ODK). Instead data was collected through a paper based survey. In cooperation with the main actors (see section above on actors) the survey was developed. In total, 230 volunteers were trained to use the instrument for the detailed assessment and were trained on how to ask the questions in their local languages and on how to collect the data. Upon completion of training all the 230 volunteers were deployed to the field to conduct a detailed assessment focusing on PSS, shelter, food, health, WatSan, NFIs and education. The assessment meant to gather more details on the situation on the ground for decision making. The assessment was designed in such way that every affected household in the selected districts was covered. Supervisors were selected and assigned from the trainers to supervise the volunteers in the field. People were also informed about PSS during the detailed assessment. The PSS component sought to establish the psychosocial wellbeing of the individuals and the community at large, coping mechanisms, community psychosocial structures, signs of psychological and social distress, including behavioural and emotional problems, signs of impaired daily functioning, disruption of social solidarity and support mechanisms and information on people with severe mental disorders.

The RDRTs together with the TRCS staff supervised and monitored the progress of detailed assessment. The RDRT's visited all the districts where the assessment took place and convened a joint coordination meeting with the field supervisors to discuss progress and challenges. Finally, it is important to note that Volunteers were provided visibility materials for during their work in the affected areas (both during the assessment and implementation).

Challenges

- Less monitoring and technical support visits were performed (both from TRCS HQ and from IFRC EAIOI) since flight tickets significantly increased (often nearly tripled in price), allowing less movement.
- No funds were budgeted for a lessons learnt workshop to review the strengths and challenges of the operation
- There were not sufficient mobile phones to perform mobile phone data collection with 230 volunteers.

Lessons Learned

- It is of great importance to include a lessons learnt workshop in a DREF operation. This will allow to learn lessons for the future.
- If affected areas are geographically wide-spread, it is of great importance to identify how assessments can be performed using mobile data collection as this requires a significant number of mobile phones. In such a case, consideration should be made to either take a smaller sample population or choose data collection through paper based surveys.
- If it is not possible to channel funds directly to a NS, it is of great importance to have sufficient RDRT's on the ground.

Outcome 2: The immediate risks to the health of the earthquake-affected population in Kagera region is reduced, over a period of 3 months.

Output 2.1: Target population is provided with first aid kits and mosquito nets; and sensitized on the use of the mosquito nets (Target: 1,000 households/5,000 beneficiaries)

Activities planned

- Community meeting to discuss beneficiary selection criteria prior to distribution of NFI's and mosquito nets.
- Procure/distribute mosquito nets to target population (Target: 3,000pcs / 3 pcs per family)
- Demonstrate to the beneficiaries on how to use the mosquito nets
- Procure/replenish first aid kits used in the initial response (Target: 50 kits)
- Provide first aid and referral services (Target: 10,620 people / 2,124 families – all those that require assistance as relevant)

Output 2.1:

Based on the detailed assessment and on discussions with local leaders, the list of beneficiaries was compiled. Information from the detailed needs gave good insights in the vulnerability profiles of the households and facilitated the compilation of the beneficiary lists.

50 first aid kits were procured through Nairobi to replenish stocks that were used in the initial phase. In the initial phase of the disaster, a total of 350 people were transported by Red Cross staff and volunteers to the various health facilities in the region to receive medical attention, another 240 people received first aid, meaning in total 590 people received emergency first aid. First aid and referral was provided on an on-going basis during the 3 months. During the detailed assessments over 4,000 households were visited and during which their urgent needs were assessed, and referrals were made if required.

A total of 2,885 mosquito nets were distributed but the demonstrations of the mosquito nets turned out not to be highly necessary. Since the area is very prone to various types of vectors, the government has previously done a lot of awareness raising around the use of mosquito nets. People were aware of how to use the mosquito nets.

Output 2.2: Psychosocial support services provided to the target population

Activities planned

- Procure Psychosocial support materials
- Training of volunteers and staff to provide PSS
- Community sensitization sessions on availability of PSS and First Aid services
- Provide psychosocial support services to the target population (beneficiaries and TRCS volunteers and staff)

Achievements

Output 2.2.: TRCS staff specialized in PSS from HQ, together with the PSS RDRT trained 30 PSS trainers (volunteers). These trainers subsequently trained volunteers in their respective areas, reaching in total 200 volunteers. The training was conducted in two phases;

- Volunteer TOT training
- Basic training for volunteers.

Volunteer TOT training was conducted for four days from 6-9 October 2016 with a total of 29 volunteers were trained. A total of 29 volunteers were trained as trainers through a crash programme spanning four days. The training program included the following basic PSS topics: Crisis Events and PSS, Stress and Coping, Loss and Grief, Community Based PSS, PSS For Children and PSS For Adults.

Table 4: Training of Trainers Statistics

District	Number Trained	Gender	
		m	f
Bukoba Urban	9	5	4
Bukoba Rural	6	6	0
Missenyi	4	2	2
Karagwe	3	2	1
World Vision	7	4	3
Totals	29	19	10

Volunteers Training in Basic PSS

A total of 200 volunteers were subsequently trained by the TOT's in Basic PSS with 96 and 104 males and females participating respectively. A total of 229 volunteers were trained in PSS TOT and Basic PSS courses. The main goal of the training was to improve the TRCS's capacity and quality of PSS interventions. The two courses' content included PSS in crisis events, psychological first aid, supportive communication, adult learning, learning styles and methods. The courses were organised and facilitated by the two RDRT's, the TRCS Dissemination Officer and PSS focal person and the TRCS board member and health advisor).

A variety of training methods were employed during training. These methods explaining, case studies, group discussions and work, role plays, plenary discussion, question and answers, energizers and recapping. The PSS modules covered were: crisis events, PSS, psychological first aid and supportive communication, adult learning principles and learning styles. The training of this batch of volunteers took one day in the respective districts.

Table 5: Basic PSS Training Statistics

District	Classes	Number	Gender		Dates
			m	f	
Bukoba Urban	3	56	24	32	11-1.10.16
Bukoba Rural	3	68	36	32	13-14.10.16
Missenyi	3	56	23	33	13-14.10.16
Karagwe	1	20	13	7	14.10.16
Totals	10	200	96	104	11-14.10.16

- **NB:** Although the initial PSS training target was 30, a deliberate decision was made to escalate the number of volunteers trained in PSS to 200 persons in order to adequately cover the selected disaster hit district.

Many of the adults reached pointed out that PSS had helped them to take their minds off their situation and to realize that, after all, there is life after a crisis. When asked how PSS had helped her, one lady remarked that PSS had helped her to move on and focus on what she needed to do to fully recover.



PSS Activities with children/IFRC

Child Play Centres

A total of nine child-friendly and play centres were set up in the four project districts with Bukoba Urban having three centres and the remaining three districts having two centres each. Each centre was manned by six volunteers including a supervisor.

Psychosocial Support for Adults and Volunteers

Adults, including volunteers, also gathered on designated times and days in the four districts to play mainly soccer and netball. There was a visit of the TRCS president, Mr. Jecha Mwadini, and secretary general, Mr. Julius Kejo, which had a major PSS impact particularly for volunteers who were pleased and proud to show and tell the president and secretary general the good work they had carried out to that date. A social event was held for the volunteers in recognition and appreciation of the good work done. Fifty volunteers were awarded certificates of appreciation for their outstanding work.

In total, the PSS activities reached out to the following number of beneficiaries.

Table 6: PSS for Children and Adults Statistics

District	Centres	Children Reached		Adults Reached		Total
		m	f	m	f	
Bukoba Urban	3	718	335	302	222	1,577
Bukoba Rural	2	380	218	120	130	848
Missenyi	2	486	144	178	137	945
Karagwe	2	600	508	209	195	1,512
Totals	9	2,184	1,205	809	684	4,882
		3,389		1,493		

Challenges

- The geographical areas of the operations were vast requiring a lot of time for movement.
- The stipulated three months DREF operation period was rather short particularly for PSS which needs more time for greater impact.
- The one month deployment of the PSS RDRT was too short. Therefore, the RDRT was deployed for a second rotation.
- PSS materials for child play centres were under budgeted and thus inadequate. This required volunteers to improvise using materials with little costs or those that were naturally available. In addition, too little funds were budgeted to be able to perform the training and activities for PSS.
- A three month DREF operation was short to roll out PSS completely.

Lessons learned

- PSS is a comparatively new subject to many and it will take some time before it can be fully mastered and correctly applied.' There were a number of divergent views in the field on how PSS should be mounted and implemented in a crisis situation. Some strongly felt that PSS can only be applied after the emergency phase, meaning that it is only useful in the recovery phase whilst others argued that PSS should not be implemented if main basic needs like food, shelter and NFIs are not delivered first.
- It should be explored how IFRC can support TRCS to further institutionalise PSS through policy and development of PSS training curricula, standards and guidelines as part of disaster management. This will ensure quality and effective PSS interventions when disasters strike. Volunteers need to be trained in PSS as part of disaster preparedness.
- TRCS should consider continuing with PSS activities since it will take some time before most of the population can fully recover from the crisis. The burden of replacing destroyed houses will weigh heavily on many for some time.

Shelter, Settlements and non-food items

Outcome 3: Immediate shelter and settlement needs of the earthquake-affected population in Kagera region are met over a period of 3 months.

Output 3.1: Target population is provided with essential household items (EHIs)/NFIs (Target: 1,000 households / 5,000 beneficiaries)

Activities planned

- Market assessment of tarpaulins and NFI items
- Procure/Transport NFIs (Target: blankets (3 pcs per family), buckets (2 pcs per family), and kitchen sets (one set per family).
- Distribute the NFIs to the target beneficiaries

Achievements

See also previous output area 2.1 and the logistics section of this report.

- As mentioned above, the market assessment of tarpaulins was performed and showed that other organizations are better equipped to order tarpaulins. Based on the market assessment, the RDRT supported the branch to identify local suppliers for the various goods.
- The RDRT for Relief/Logistics trained 30 volunteers on the essentials of logistics and the key issues to consider when performing a distribution. The logistics training covered: procurement, asset management, warehouse management, fleet management, and distribution. An IFRC Logistics Officer supported the Kagera branch during the distribution of the goods. Findings from the assessments indicated high percentage of needs. Given this the National Society decided to distribute the stocks that were meant for replenishment.
- Distribution was conducted in four selected districts which were the most affected according to an early assessment. The selected wards will strive to cover all the four districts which were assessed. Distribution sites were set up at the ward level. The sites were selected in consultations with Ward Executive officer and village executive officers. Identified beneficiaries were mobilised and issued with ration cards which they presented during the distribution.
- NFI for target 1,000 households were procured through the IFRC EAIOI country cluster Logistics unit. This included a total of 2,000 buckets and 2,885 mosquito nets and 2,000 buckets which were distributed to 23 wards reaching out to 1,052 households. The decision to distribute all the items procured was based on an earlier assessment that had identified 1,000 households as the most vulnerable and they were confirmed by the local authorities in the four districts of Misenyi, Bukoba Rural, Karagwe and Bakoba Rural; hence no items were replenishment as was initially planned.

Challenges

- The kitchen sets were not procured and distributed since the detailed assessment showed that there was no urgent need for these items. A request to order additional NFI's for replenishment was submitted to the DREF fund but not granted, as the request was not communicated in a timely manner or in accordance with DREF rules and guidelines.

Lessons learned

- In emergency operations, situation on the ground changes rapidly with often limited connection to internet. Although challenging, the communication to the various IFRC units involved needs to be ensured. Especially given the strict rules and regulations in regards to the DREF budget and use of the funds.

D. The Budget

Of the total budget of 216,073 CHF, only 105,420 CHF was spent. This significant under-expenditure of the DREF lines was due to various reasons. In the DREF's budget, several lines were underestimated as it was developed based on the data from the initial rapid assessment, which did not report the full magnitude of destruction caused by the earthquake. The initial assessment focused on Bukoba Municipal but the magnitude and impact of the disaster went as far as 6 districts. Out of the six, four were most affected (Bukoba District, Bukoba Municipal, Misenyi and Karagwe).

Some variances that are worth explaining are:

- The lines which were underbudgeted included the lines for detailed assessment, per diem for volunteers conducting PSS activities, per diem for volunteers registering beneficiaries/distributing NFIs and local travel (Air tickets for National staff doing PSS and Air tickets for National staff undertaking Monitoring and supervision for 15 days). As a result, the National Society, in consultation with the RDRT's and IFRC, had to revise the strategy to achieve the objective of the DREF. Flight ticket prices went up with more than 50% during the period of the operation. The National staff undertaking supervision and monitoring had to cut down the number of days in the field for the monitoring visits. The rate of per diem for volunteers budgeted at CHF 20 per day per volunteer was adjusted and payments made as per TRCS per diem policy hence ensuring the funds available could cover 229 volunteers in four districts doing PSS activities and detailed assessment as compared to 40 volunteers in one district as was the plan. In the initial budget, funds for a vehicle that was to support the RDRT's in their mission was not included.
- There was a variance in terms of International Staff (underspent). This was related to the fact that all costs for the RDRT's were fully budgeted as International staff costs (including their travels, consultant and professional fees, etc.).
- The variance in travel was due to the RDRT travel costs that were budgeted under International staff costs.
- The variance in workshops and training are related to the PSS activities, through which a higher share of volunteers and beneficiaries than expected were reached. The geographical area and the locations (Bukoba Urban, Bukoba Rural, Misenyi, Karagwe) were much further apart than the initially planned Bukoba Urban and required more workshop to be held in the various areas which increased the workshop and training costs.

On the NS side, there were significant internal challenges due to which there were high regulations and restrictions in terms of transferring funds. Due to limits on amounts of money which could be transferred there were significant delays in implementation and the full implementation of the program was not possible.

The remaining funds (CHF 110,653) will be returned to the DREF.

Contact information

For further information specifically related to this operation please contact:

- **Tanzania Red Cross Society:** Renatus Mkaruka, Head of Disaster Management, Tanzania Red Cross National Society; phone; +255 787 88 2680; email: rmkaruka@yahoo.com
- **IFRC EAIOI Country Cluster:** Getachew Taa, Head of EAIOI Country Cluster Support Team, Nairobi; mobile phone: + 254-202835000; email: getachew.taa@ifrc.org
- **IFRC Africa Regional Office:** Farid Abdulkadir, Head of Disaster and Crisis Prevention, Response and Recovery Unit, Nairobi; mobile phone +254731067489; email: farid.aiywar@ifrc.org
- **In IFRC Geneva:** Cristina Estrada, Lead, Response and Recovery Unit, email: cristina.estrada@ifrc.org
- **Africa Regional Logistics Unit (RLU):** Rishi Ramrakha, Head of Africa Region logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Africa Region:** Fidelis Kangethe, Partnerships and Resource Development Coordinator; Nairobi; phone: +254731984117; email: fidelis.kangethe@ifrc.org

Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

- Beatrice Okeyo, Acting PMER Coordinator; email: beatrice.okeyo@ifrc.org; mobile phone: +254 (0) 732 412 200

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRTZ020 - Tanzania - Earthquake

Timeframe: 19 Sep 16 to 19 Dec 16

Appeal Launch Date: 19 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/2	Programme	MDRTZ020
Budget Timeframe	2016/9-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		216,073				216,073	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		216,073				216,073	
C4. Other Income		216,073				216,073	
C. Total Income = SUM(C1..C4)		216,073				216,073	
D. Total Funding = B + C		216,073				216,073	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		216,073				216,073	
E. Expenditure		-105,420				-105,420	
F. Closing Balance = (B + C + E)		110,653				110,653	

Disaster Response Financial Report

MDRTZ020 - Tanzania - Earthquake

Timeframe: 19 Sep 16 to 19 Dec 16

Appeal Launch Date: 19 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/2	Programme	MDRTZ020
Budget Timeframe	2016/9-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			216,073			216,073		
Relief items, Construction, Supplies								
Clothing & Textiles	30,000		21,259			21,259	8,741	
Water, Sanitation & Hygiene	12,000						12,000	
Medical & First Aid	28,440		11,525			11,525	16,915	
Utensils & Tools	44,000		5,481			5,481	38,519	
Total Relief items, Construction, Sup	114,440		38,265			38,265	76,175	
Land, vehicles & equipment								
Computers & Telecom			690			690	-690	
Total Land, vehicles & equipment			690			690	-690	
Logistics, Transport & Storage								
Distribution & Monitoring			531			531	-531	
Transport & Vehicles Costs	8,391		2,429			2,429	5,962	
Total Logistics, Transport & Storage	8,391		2,960			2,960	5,431	
Personnel								
International Staff	22,650		10,185			10,185	12,465	
National Society Staff	12,140		12,627			12,627	-487	
Volunteers	31,605		15,311			15,311	16,294	
Total Personnel	66,395		38,122			38,122	28,273	
Consultants & Professional Fees								
Consultants			729			729	-729	
Total Consultants & Professional Fees			729			729	-729	
Workshops & Training								
Workshops & Training	1,800		6,118			6,118	-4,318	
Total Workshops & Training	1,800		6,118			6,118	-4,318	
General Expenditure								
Travel	5,160		8,027			8,027	-2,867	
Information & Public Relations	2,550		1,829			1,829	721	
Office Costs	3,150		1,154			1,154	1,996	
Communications			514			514	-514	
Financial Charges	1,000		577			577	423	
Total General Expenditure	11,860		12,102			12,102	-242	
Indirect Costs								
Programme & Services Support Recover	13,188		6,434			6,434	6,754	
Total Indirect Costs	13,188		6,434			6,434	6,754	
TOTAL EXPENDITURE (D)	216,073		105,420			105,420	110,654	
VARIANCE (C - D)			110,654			110,654		

Disaster Response Financial Report**MDRTZ020 - Tanzania - Earthquake**

Timeframe: 19 Sep 16 to 19 Dec 16

Appeal Launch Date: 19 Sep 16

Final Report

Selected Parameters

Reporting Timeframe	2016/9-2017/2	Programme	MDRTZ020
Budget Timeframe	2016/9-2016/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster management	216,073		216,073	216,073	105,420	110,653	
Subtotal BL2	216,073		216,073	216,073	105,420	110,653	
GRAND TOTAL	216,073		216,073	216,073	105,420	110,653	