

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Operation Update

Tanzania: Ferry Accident

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRTZ022	GLIDE n° xyz
EPoA update n° 1: 30 November 2018	Timeframe covered by this update: October-November 2018
Operation start date: 02 October 2018	Operation timeframe: 5 months and end date 02 February 2018
Overall operation budget: CHF 52,724	DREF amount initially allocated: CHF 49,423
N° of people being assisted: <ul style="list-style-type: none"> 2,700 people, including 50 TRCS volunteers, 41 survivors, family of the more than 300 passengers on the ferry and other people affected directly by the accident in Bwisya ward, Ukara Island, Ukerewe district, in Mwanza region 16,000 people (3,200 households), the total population of the most affected area of Bwisya ward in Ukara Island, are indirect beneficiaries of the operation 	
Red Cross Red Crescent Movement partners currently actively involved in the operation: : International Committee of the Red Cross(ICRC), Belgium Red Cross Flanders (BRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC)	
Other partner organizations actively involved in the operation: Government of Tanzania including local governments; Prime Minister's Office-Disaster Management Department, The Tanzania Electrical, Mechanical and Electronics Services Agency (TAMESA), Tanzania People Defence Force (TPDF) and the Police Force.	

Summary of major revisions made to emergency plan of action:

This Operations Update No.1 seeks to extend the timeframe of this operation by 2 months, with a new end date 02 February 2019 to finalize implementation of activities. There was a delay in implementation of the community PSS activities due to issues in identifying a PSS surge profiles that fitted the criteria and was available. PSS is a continuous process and is still relevant months after the ferry accident. Volunteers involved in the response received PSS but families of the affected and missing still require support as the PSS needs are still relevant and have not changed.

The update also revises budget lines for per diem for TRCS driver and HQ staff that were underbudgeted. Additional DREF allocation requested is CHF 3,301 bringing total DREF budget to CHF 52,724

A. SITUATION ANALYSIS

Description of the disaster

MV Nyerere ferry capsized on 20 September 2018 at about 200 meters from the docking bay in Ukara Island, in the southern part of the vast Lake Victoria. The ferry was carrying over 300 people and cargo, as it travelled from Bugolora (Nansio, Ukerewe) to Ukara Island in Mwanza region, between 14.00 – 15.00 hours. The cargo items included two cars and mostly commercial items, that were being transported to a weekly common market in Ukara Island.



Immediately after the accident, a search and rescue operation was launched. The operation lasted one week and was officially called off on 27 September. Many passengers drowned, and the total number of dead bodies recovered as of 28 September (11.00 am) were 229 (130 women, 71 men, 18 girls and 10 boys). Forty-one (41) people were rescued alive, with the remaining people that were on board the ferry still missing.



Ferry accident: passengers of the capsized ferry struggle to rescue themselves



TRCS volunteer in the rescue operation © TRCS

The search and rescue operations involved the Tanzania Peoples Defence Forces (TPDF), the Police force, TRCS volunteers, fire brigade and community fishermen. The TRCS deployed a total of 50 volunteers, four (4) staff from Mwanza regional branch and three (3) headquarters' staff to support the operation. TRCS immediately provided 150 blankets, 200 body bags, four (4) stretchers, and 20 life-buoys from Mwanza Branch to the site of the disaster, to facilitate the search and rescue operation, and the management of the deceased.

ICRC supported with the supply of 200 body bags, which were airlifted from the central warehouse in Nairobi to TRCS Mwanza branch.

The capsized ferry was recovered from the lake through a joint operation of the military, the police, the fire and rescue brigade, Tanzania Mechanical and Electrical Agency and local community members. TRCS monitored the situation and provided regular updates to its partners through the regional branch in Mwanza. The TRCS communication unit at the headquarters in Dar es Salaam liaised with other media houses and supported communication to the public through social media networks (Facebook, Twitter, Instagram and WhatsApp).

Summary of current response

Overview of Host National Society

The National Society has adequate human resource capacity at all levels from headquarters to branch and community level. This specific operation is supported by TRCS trained PSS personnel, Mwanza Regional branch coordinator, communication unit, community-based volunteers and IFRC RDRT PSS surge staff. The regional branch in Mwanza has a strong relationship with the local government, in-country PSS expertise –Mwanza region and other relevant disaster stakeholders.

The government extended its gratitude to TRCS volunteers who were deployed during the initial phase of response; and each volunteer received 400,000 Tanzanian shillings as a token of appreciation for the efforts and support provided during search and resource and dead body management.

Both TRCS and IFRC surge PSS team have been on the ground to support PSS community-based interventions. the team is supported by a total of 50 volunteers from Ukara Island-Bwisya ward. One vehicle and driver were also deployed to provide logistics support on the ground for timely movement and service delivery to the targeted population. Moreover, PSS plan of action was prepared and shared with both PSS teams on the ground.

Overview of psychosocial support

The term 'psychosocial' is used to describe the interaction between social aspects (e.g. interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (e.g. emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall well-being.

Psychosocial support aims to improve psychosocial wellbeing, which has three core domains:

1. support and promote human capacity (strengths and values).
2. improve social ecology (connections and support, through relationships, social networks and existing support systems of people in their communities)
3. understand the influence of culture and value systems and their importance alongside individual and social expectations.

Psychosocial wellbeing depends on having resources from these three domains to respond to emergency conditions and events. The challenging circumstances can deplete these resources, resulting in the need for external interventions and help to bolster and build individual and community psychosocial wellbeing.

In order to enhance the psychosocial wellbeing of the affected families, TRCS conducted a 4-day training on community psychosocial support and psychological first Aid, to build TRCS volunteers' capacity to reach out and support the survivors and affected families.

In a previous emergency operation in Morogoro, in response to floods in Kilosa district (2014) and an earthquake in Kagera district (2016) the NS has implemented PSS activities targeting both volunteers and affected communities. The NS received technical support from IFRC PSS surge and PSS materials translated in Swahili as part of these previous operation. These materials were reviewed and adapted to this operation with help from the surge deployed.



Group photo: TRCS and IFRC surge team and trained PSS community-based volunteers

Due to delay in getting a PSS surge profile, the community-based PSS intervention commenced on the second week of November 2018. The Surge was deployed from 6- 22 November.

Overview of Red Cross Red Crescent Movement in country

IFRC has continued to provide technical support to the TRCS through the East Africa Country Cluster office and Africa Region Office based in Nairobi, Kenya through the deployment of PSS surge.

The ICRC supported TRCS with an in-kind donation of 200 body bags, as a direct follow up on the Government's request to TRCS for these items.

The Belgium Red Cross (BRCS) provided funds at the onset of the operation to cover for volunteer allowances during the first seven (7) days of the operation, vehicle fuel costs, and staff travel costs. The immediate availability of these funds enabled TRCS to respond rapidly.

Overview of non-RCRC actors in country

The local government authorities, local communities through Regional /District Commissioner offices and Medical Officers are collaborating together with TRCS at each stage of the emergency response. All stakeholders on the ground have been informed on TRCS PSS operation intervention and volunteers were introduced to them by the National Society and PSS Surge member.

The government conducted a Ferry accident post-assessment in Ukara Island, the key findings featured the need for PSS to the communities who were both directly and indirectly affected.

Needs analysis and scenario planning

Needs analysis

The capsized ferry carried more than 300 people, of whom 229 including 130 women, 71 men, 18 girls and 10 boys were found dead after the accident. Forty-one (41) people were rescued alive and many others fate is still unknown.

As the NS and government provided swift support in rescue operations, the immediate need at this point of the operation is psychosocial support to the survivors, affected families and TRCS volunteers and staff who responded in the search and rescue operation.

Sector	Identified needs
Psycho-Social Support	A total number of 2,700 people are directly affected by the accident including families of the deceased and the missing, the survivors and their families as well as TRCS volunteers. The Psychosocial support aims to minimize the negative psychosocial consequences of the accident, to strengthen resilience by meeting identified community needs, resume daily life and rebuild social structures.

Targeting

With a focus on psychosocial support (PSS), the DREF operation will target:

- Fifty (50) TRCS volunteers who supported the search and rescue operation, through first aid support and dead body management;
- The 41 survivors of the accident and their families;
- The families of the 229 people who lost their lives during the accident
- The families of the missing;
- Other people in the nearby Bwisya Ward (Ukara Island) who were directly affected by the accident. Around 80% of the people on the boat and their families are from this area. Bwisya Ward consists of two villages, with a total population of 16,000 people. The remaining 20% of the deceased and their families were from scattered places within Ukara Island, in Ukerewe district (island), Mwanza region, and the nearby regions of Kagera and Mara.

Operation Risk Assessment

The security situation is reasonably stable across the country. However, TRCS is continuously monitoring the security environment and implement security risk mitigation measures. Accessibility to the target area is depending on the available of public transport to Ukara Island.

TRCS is closely continuing to assess the situation and update the emergency operation strategy according to the needs on the ground.

B. OPERATIONAL STRATEGY

Proposed strategy

Overall Operational objective

The overall objective of this DREF operation is to reduce psychosocial distress of and build resilience among the most affected families and TRCS volunteers in Ukara Island-Mwanza region. The operation will be carried out in collaboration with IFRC PSS surge support, two (2) TRCS PSS experts and government officials with PSS expertise.

Proposed strategy:

The operational intervention sector focuses on provision of psycho-social support services to the volunteers and the communities. A total of 50 volunteers will be deployed and trained on PSS by IFRC and TRCS PSS experts and further carry out activities in the targeted community for a period of 6 weeks. The psychosocial interventions will be implemented using the community engagement and accountability (CEA) approach throughout the planned operation timeframe (including community feedback systems in each PSS session and focus group discussions with target population). The TRCS-PMER unit will conduct monitoring and evaluation of field visits during and after the implementation.

The operation is being supported by PSS surge capacity, and the in country IFRC Finance delegate provides financial guidance to the operation.

The below specific sector will be addressed:

Psychosocial Support

People who are affected by emergencies can experience acute and/or chronic distress and may benefit from psychosocial interventions. Looking back on their experience of an emergency, those affected emphasize the importance of interventions that build and sustain supportive partnerships – whether within families, existing or new social and support networks, or wider communities. Effective interventions to reduce distress after emergencies should focus on self-efficacy and community participation. Developing existing and new social networks that help people support each other and foster a sense of control over their lives is critical for community recovery.

TRCS organized a training for 50 volunteers on community-based PSS including provision of psychological first aid (PFA) and setting up volunteer peer support systems. The volunteers in collaboration with community leaders have identified the households of the affected families to receive PSS. They are conducting psychosocial activities with the targeted community members using different methodologies, including; community meetings, sensitization sessions for different target groups, drop in sessions, community activities, recreational activities and psychosocial activities in schools, circles and clubs. These sessions are scheduled for 4 days per week for one month, for a total of 16 days. TRCS is also set up a clear information system for referral, in case specialist care is needed. Throughout the operation, TRCS is collaborating closely with government PSS experts and social workers.

To support the operation, IEC and visibility materials were procured. IEC materials message cover topics such as coping, Psychological First Aid (PFA) and Children’s reactions to distressing events. The table below presents the NFIs that have been procured for distribution and are used during the PSS intervention.

Items Procured and distributed	Total
Visibility Materials - TRCS flags	25
Visibility Materials - caps for volunteers	50
IEC materials/leaflets	1,000
PSS kits (Children), including recreational materials and stationary	5

Monitoring and evaluation

The PSS community activities have yet to start therefore TRCS HQ team have not conducted supervision and monitoring visits in Ukara Island. Activities commenced in November, starting with the trainings. Monitoring visits will be conducted when the PSS community activities begin. The PSS field team is collaborating well with the local government and regular update is maintained.

At the end of the operation, an after-action review/ lessons learned workshop will be organized by TRCS with IFRC and other stakeholders of this operation, to facilitate joint reflection on the implementation. This workshop will allow for informed planning in future TRCS operations.

C. DETAILED OPERATIONAL PLAN

 <p>Health People reached: 86 Male: N/A Female: N/A</p>		
Output 1.1: Psychosocial support provided to the TRCS volunteers		
Indicators:	Target	Actual
Number of volunteers who are reached with PSS services	50	46
Percentage of NS managers, staff and volunteers who are aware of the self-care and team care policies	100%	30%
Percentage of volunteers and staff who report satisfaction with self-care and team care support	100%	0% (to be assessed at end of operation)
Output 1.2: Psychosocial support provided to the target community		
Indicators:	Target	Actual
Number of people reached with minimal one PSS activity	2,700	40
Percentage of target population reports an increase in personal well-being	80%	0% (to be assessed at end of operation)
Number of volunteers trained in PSS	50	50

Progress towards outcomes

Needs analysis and population to be assisted;

The identified need to the affected families who survived, RC volunteers, families of deceased and missing was provision of direct psychosocial support services through information and awareness materials as well as recreational materials for children.

The operation targets 50 volunteers and 2,700 people - 1,323 (49%) male and 1,377 (51%) female - who will be reached with psychosocial support including recreational activities for children and referral support.

Activities already carried out;

NS deployed 2 PSS expert who are on the ground working with deployed IFRC PSS surge, the team is expected to build the capacity of the community-based volunteers as well as collaborating with local government and social workers in the community. The team paid a courtesy call to the Regional Commissioner Office for an introduction to the operation and official permission to engage with the community for PSS provision. One driver and vehicle also deployed to enable smooth logistics movement support on the Island.



Image 1: Action plan session for volunteers on PSS in Ukara Island by IFRC surge

An article on the PSS operation intervention was published in the public gazette named Daily news on 26th September 2018 where the NS Secretary General explained the TRCS is complementing government efforts in providing PSS services to the survivors and all families of deceased and missing in the Island.

A total of 50 volunteers who participated in the initial response phase were provided with psychosocial support services at a clinic in Mwanza region. Volunteers were able to share their involvement in the rescue and burial ceremony, and how it had affected them psychologically. The PSS team also organized outdoor entertainment for all volunteers.

At the community level, psychological assessment for volunteers were conducted to measure their stress levels. This was to enable the team to be aware on their psychological wellbeing and be aware of their stress levels. After the test at least 30 volunteers were found to be at Normal stress level, 14 were experiencing an average level of stress, while 2 (one male and one female) were critically affected and needed further specialized support. The IFRC PSS surge managed to conduct individual sessions for further psychological support. This was a highly beneficial component in the operation, which was introduced by the PSS surge on the ground.



Image 2: Stakeholders meeting and volunteers introduction to the team in Ukara Island

Moreover, the 46 community-based volunteers (26 male and 20 female) in the Bwisya community have completed a 4-day training on how to undertake community psychosocial support and psychological first aid. Additionally, all volunteers were oriented on how to use PSS assessment and reporting tools. The team was divided into groups according to the area of target and leaders appointed to support coordination of the groups during the implementation period. Each group was assigned with the responsibility of designing an action plan as a guide, supported by PSS technical teams.

In order to widen the scope of PSS intervention, support and enhanced sustainability it was key to engage stakeholders in PSS interventions. TRCS conducted a

stakeholders mapping in the community (40 people), followed by a one-day meeting. This provided the room for the PSS team to introduce trained PSS community-based volunteers for further engagement and support in the community. A courtesy call to the community leader's offices was done the following day to further enhance a working relationship and introduce TRCS officials based in Ukara.



Image 3,4 and 5: TRCS/IFRC RDRT team conducting a briefing/ supervision session to trained TRCS volunteers

The trained volunteers were put into groups and conducted household visits on the 5th and 6th day after the training to enable them to apply and learn from experience. A briefing/ supervision session was conducted after a day's activity to share experience, present cases, receive feedback, peer and professional support.

The procurement of visibility materials for volunteers (50 caps), RC flags (25) and PSS children kits was done, and items distributed to the volunteers ready for conducting community-based PSS activities for two weeks (16 days i.e. 4 times in week).

International Disaster Response

Outcome S2.1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
# of Surge PSS deployment	1	1

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
# of volunteers insured	50	50

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
# of monitoring visits conducted	3	0
# of weekly field reports produced	6	2
# of lessons learned workshop conducted	1	0

Progress towards outcomes

- No monitoring visits have been conducted by IFRC as community-based activities have not been conducted yet. The target for three visits was intended for monitoring visits from TRCS to the field.
- Two field reports were produced covering the volunteer trainings that were conducted by the surge. The remaining field reports will be developed for the community PSS activities.

- The PSS surge was deployed for three weeks in 6-22 November 2018. However, there was a delay for the deployment than initially planned as there were no suitable profiles that fit the required PSS profile.

D. BUDGET

This operation update is requesting for a second allocation of CHF 3,301 bringing the total DREF budget to CHF 52,724 from the initial CHF 49,423.

DREF OPERATION TANZANIA:MARINE ACCIDENT DREF BUDGET

03/12/2018

Budget Group		DREF Grant Budget
540	Medical & First Aid	2,000
550	Teaching Materials	1,600
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		3,600
593	Transport & Vehicle Costs	2,788
Total LOGISTICS, TRANSPORT AND STORAGE		2,788
662	National Society Staff	15,800
667	Volunteers	13,467
Total PERSONNEL		29,267
680	Workshops & Training	8,006
Total WORKSHOP & TRAINING		8,006
700	Travel	4,500
740	Communications	1,215
760	Financial Charges	130
Total GENERAL EXPENDITURES		5,845
599	Programme and Services Support Recovery	3,218
Total INDIRECT COSTS		3,218
TOTAL BUDGET		52,724

Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

For further information, specifically related to this operation please contact:

In the National Society

- **Tanzania Red Cross Society:** Julius Kejo, Secretary General; phone: +255 655 571 888; email: kejajulius@trcs.or.tz

In the IFRC Africa

- **IFRC Country Cluster Support Team office:** Andreas Sandin, Operations Coordinator, Nairobi, phone: +254 732508060, email: andreas.sandin@ifrc.org
- **IFRC Operational Manager for Tanzania:** Lisa Zitman, DM Delegate, Eastern Africa Cluster, email lisa.zitman@ifrc.org phone: +254 733203 004
- **Head of DCPRR, IFRC Regional Office for Africa:** Adesh Tripathee, Head of DCPRR, email: adesh.tripathee@ifrc.org, phone: +254 731 067489
- **DREF Delegate, IFRC Regional Office for Africa:** Alina Atemnkeng, email: alina.atemnkeng@ifrc.org, phone: +254 731 067 277

In IFRC Geneva

- Eszter Matyeka, Senior officer, DREF; phone +41-2-2730-4566; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Kentaro Nagazumi, Coordinator Partnerships and Resource Development; Nairobi; phone: +254 731984117; email: kentaro.nagazumi@ifrc.org

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator**, Rishi Ramrakha, Head of Africa Region Logistics Unit; phone: +254 733888022 / Fax +254 202712777; email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- **IFRC Regional Office for Africa:** Fiona Gatere, PMER Coordinator, phone: +254 20 283 5185; email: fiona.gatere@ifrc.org

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 (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian 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