

Operation Update 2

Tanzania: Floods in Lindi region

DREF n°: MDRTZ026	GLIDE n°: FL-2020-000029-TZA
EPoA update n° 2: 03 April 2020	Timeframe covered by this update: 29 January up to 31 March 2020
Operation start date: 29 January 2020	Operation timeframe: 6 months (new end date: 31 July 2020)
Overall operation budget: CHF 498,960	DREF amount initially allocated: CHF 72,897 Second allocation: CHF 292,766 Third allocation: CHF 133,297
Total Affected population: an estimated 28,258 people or 5,545 HH Total people assisted: 11,404 people or 1,702 HH	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), Belgian Red Cross – Flanders and Spanish Red Cross.	
Other partner organizations actively involved in the operation: Government of Tanzania, UNICEF, Water mission, Islamic foundation and KKKT Lutheran church	

Summary of major revisions made to emergency plan of action:

This Operation Update No.2 reports on the detailed assessment, seeks to extend the timeframe by two months (for a total of 6 months). Indeed, with support from the deployed surge, the detailed assessments planned in Operation Update 1 has now been finalized and based on its findings, the operational strategy has been revised, including a Shelter response strategy, complementing the ongoing WASH and Health operation, as presented in this Operation Update. In addition, the delays caused by the Covid-19 Pandemic and measures taken by the Government to curb its spread, requires a timeframe extension from 4 to 6 months, with a new end date set for 31 July 2020, to ensure all activities are fully implemented. With this Operation Update, a third allocation of CHF 133,297 (for a total of CHF 498,960) is being granted to provide selected vulnerable households with material for emergency shelters to complement items distributed and increase the provision of food through cash from 1 to 3 months.

<Please click [here](#) for the budget and [here](#) for the contacts>

A. SITUATION ANALYSIS

Description of the disaster

Tanzania Red Cross Society (TRCS) through this DREF operation, is responding to flood affected families in Lindi region, South East Tanzania. On 27 January, heavy rainfall occurred in Kilwa, Liwale and Ruangwa districts in Lindi region (south-eastern Tanzania), resulting in flash floods causing fatalities and major damage to critical infrastructure and houses. A [DREF operation](#) was granted for CHF 72,897 to allow the NS conduct a rapid assessment. This assessment was conducted within the first two weeks after the floods occurred and allowed the NS to request through [Operation Update 1](#) approved on 21 February 2020, to extend the operation timeframe from two months to four months, review targets and finetune its operational strategy. The NS also received a second allocation of CHF 292,766 to be able to implement this operational strategy.

The rains have continued through February to date, causing more flooding in other areas due to the rivers Matandu, Mavuji and Mbwemkuru breaking their banks. A rapid needs assessment was conducted from 5 to 8 February 2020; within the two weeks after the floods, informing on the immediate needs. A follow up joint detailed assessment was later conducted from 27th February to 8 March 2020, by TRCS and the local government to complement the rapid assessment.

The initial rapid assessment had identified 5,096 HH (appx 16,387) people as displaced and hosted in Kipindimbi and Mkwanjuni makeshift camps. However, the detailed assessment provided accurate data revealing that 4,297 households (21,485 people) were affected. The difference of 799 households was as a result of double registration because the definition of a household was not clear to the affected families. The number of deaths has equally risen from 21 to 24 people. The flash floods equally caused major damage to local infrastructure, livelihoods and personal properties. In the two villages of Kipindimbi and Mkwanjuni, 2 public schools, 2 main roads, 4 religious centres (mosques), 2 market centres, 33 shops (4 wholesale and 29 retail), 2 community level health facilities and 3 bridges were destroyed. School going children have been moved to other neighbouring government schools. Part of the area in Kipindimbi is only accessible by air as the road has been cut off due to the floods. Over 7,037 hectares of farmland with ready to harvest crops were destroyed impacting close to 10,000 farmers. Some 8 cows, 263 goats, 99 sheep and 5,005 chickens were washed away by the floods. In addition, approximately 2,000 hectares of arable land has been rendered fallow due to sand-casting with long-term implications for the environment, agriculture, and livelihoods.



Targeted persons lined up to collect the first unconditional cash distribution in March 2020 ©TRCS

Apart from the 4,297 households in Kipindimbi and Mkwanjuni, there were another 114 households (850 people), affected in Ruangwa district, 936 households (1,777 people) in Lindi urban district with and 198 households (234 people) in Liwale district. In total, 5,545 HHs (28,258 people) were rendered homeless in the entire region.

Eight (8) out of the 21 affected villages in the region were declared unsafe for habitation, therefore the government has provided alternative resettlement land.

Out of the affected 5,545 houses in the region, 68% (3,770 houses) were destroyed and rendered inhabitable. Out of these 3,770 destroyed inhabitable houses, 66% of them (2,501 HHs) were completely washed away in Njinjo, Kisimamkika and Kipindimbi villages and did not salvage anything. These families were moved to Kipindimbi resettlement camps and are the ones in need of humanitarian assistance. To date 68% (16,387 people) have been registered as internally displaced populations living in resettlement camps, majority of whom are women and children. These households are in urgent need of shelter, food, Wash, livelihood and health. Efforts have been geared towards supporting these families with basic household items, shelter, food and water. However, the already received support is to cushion the most affected families since the government and TRCS efforts are challenged due to the magnitude of the flood and similar floods events happening elsewhere in the country.

Tanzania Meteorological Agency (TMA) shared forecast shows that there will be increased rainfall between March and May 2020 during the long rain season and this will worsen the already bad situation in the region and beyond. The situation may worsen from the effects of category 2 tropical cyclone named Herold that has been reported in northeast of Madagascar. The effects of the cyclone and the continued rains may result to further flooding affecting additional villages. The effects of increased rainfall have since been witnessed in neighbouring Pwani region where 3,437 houses are submerged in water. Mud slides have also been reported in Njombe region where 2 lives were lost, 5 others injured, and 13 houses destroyed.

The outbreak and declaration of Covid-19 as a pandemic, will automatically affect movement of people and relief aid, particularly aid from outside Tanzania. Tanzania has already reported Covid-19 cases with neighbouring Kenya and Rwanda reporting cases as well. This means the country will have to refocus their energies to the disease response, limiting intervention towards flood afflicted communities.

Summary of current response

Overview of Host National Society Response Action

The Tanzania Red Cross Society (TRCS) through this DREF operation has received an overall CHF 365,663 to facilitate a detailed assessment, replenish its distributed HHIs and to meet WASH and health immediate needs of the flood affected population in two (2) villages of the larger Lindi Region. With this DREF funding TRCS has been responding to the needs of the affected population since the onset of the disaster.

Two surge profiles were deployed on assessment and logistics support. The profiles have supported the NS in the implementation of the DREF activities, conducting detailed assessment and procurement of items. The detailed assessment was conducted to provide accurate data and update the operation response strategy based on needs and impacts of the disaster and was conducted jointly with the government.

Since [Operation Update 1](#) was approved on 20 February, TRCS has undertaken the following interventions towards this floods response:

- Initiated the procurement of 3,000 blankets, 3,000 mosquito nets, 2,248 bars of soap, 1,000 dignity kits, 2,000 mattresses and 1,000 kitchens set to replenish stocks already distributed to the target population from TRCS stock.
- Finalised the logistics for distribution of the first month of unconditional cash transfer to the identified 562 most vulnerable HHs
- Continued with provision of First Aid services
- Continued with health promotion in the evacuation camps
- Continuation of health promotion campaigns using mobile cinema and community meetings with support from 100 volunteers.
- Provision of psychosocial support (PSS) to volunteers and affected population with PSS needs.
- Conducting of hygiene promotion sessions.
- Hygiene promotion through community meetings, demonstration sessions and mobile cinema session.
- Refresher training for 30 RC volunteers on carrying out hygiene promotion.
- Raising awareness on sexual and gender-based violence.

The DREF activities conducted so far have impacted targeted individuals and communities by helping them to heal faster and to rebuild their social structures after the flooding, while cushioning food burden to the most vulnerable families. Health and hygiene promotion have contributed to improved health and hygiene practices, explaining the fact that limited waterborne and vector borne cases have been identified.

TRCS Capacity

The local branch has 51 volunteers trained on First Aid and 1 Branch Disaster Response Team (BDRT) member. However, there are 100 volunteers deployed from Lindi region to support this operation.

Overview of Red Cross Red Crescent Movement Actions in country

East Africa Country Cluster Support Team (EACCST) regional finance delegate and disaster management delegates are providing technical support and are monitoring the situation, as well as carrying out overall coordination of the Movement response.

IFRC and TRCS have reached out to the in-country partners (Spanish and Belgium Red Cross) for support. The Belgium Red Cross allowed TRCS to use their DPR 3 project crisis modifier to fill any gap arising from the DREF while the Spanish RC has pledged to support with construction of 2,331 household toilets. By the time of this update, TRCS had not yet activated the BRCS crisis modifier as they preferred to hold on to this in case there were new needs that the DREF cannot cover, since the rains are ongoing.

ICRC is providing technical support to the deployed RFL desk.

Overview of non-RCRC actors' actions in country

Please refer to non-RCRC actors response in [Operation Update 1](#).

To note, TRCS is in discussions with Shelter Box, advocating for this organization present in Tanzania to provide long-term shelter support to the affected families. TRCS is in discussion with Shelter Box for a possible collaboration, complementary to the DREF shelter response to ensure a comprehensive support package.

Needs analysis and scenario planning

Needs analysis

TRCS jointly with the government and with technical support from the International Federation of the Red Cross Red Crescent Societies (IFRC) assessment surge, undertook a detailed assessment from 27th February to 6th March 2020. The government directed the assessment to cover Kilwa district as being the most affected district and narrowed down to the 17 affected villages. Findings from this assessment indicated significant damage to roads and bridges, houses, farmlands, disrupted access to health care, markets and water infrastructure. The situation per sector is outlined below:

Shelter

5,545 households are rendered homeless and this is expected to rise with continued rainfall in the region. Out of the 5,545 HHs, only 2,501 HHs are registered in the resettlement camps while 3,044 HHs cannot be traced and are believed to be hosted by relatives and friends. The 2,501 HHs in the resettlement camps have received household items ranging from kitchen utensils, mosquito nets, water buckets, blankets, tents, chlorine for treating water and mattresses from different donors as tabulated below.

Table 1: Distributed items and donors

	Commodity	Distributed	Donor
1	20 litre water buckets with lids	3,000 pieces	TRCS
2	Blankets	3,000 pieces	TRCS
3	Mattresses	2,000 pieces	TRCS
4	Kitchen sets	1,000 pieces	TRCS
5	Hygiene promotion materials	2,000 cholera posters & 100 charts	UNICEF
5	Water treatment tablets	32,000 tablets	UNICEF
6	Clothes	Assorted	KKKT church (Lutheran Church)
7	Clothes	Assorted	Islamic foundation
8	Assorted food	Assorted	Government of Tanzania
9	Family tents	80 pieces	Government of Tanzania
10	Water buckets	1,500 pieces	Government of Tanzania
11	Blankets	500 pieces	Government of Tanzania
12	Kitchen Utensils	4,500 cups and 1,600 cooking pots	Government of Tanzania

Unfortunately, these items were not enough to provide each family with a full HHI kit. The families targeted with full kits included families headed by elderly people, those with disabilities and families with the highest number of children (above 7 children). Even so, the family tents distributed were only 80 pieces against the total population of 2,501 HHs in camps. This forced families to sleep in turns depriving them of their privacy and security.

Since the affected villages were rendered inhabitable, the government provided alternative land where each family has been allocated a plot measuring 30 by 20 meters, however, only 11 (0.4%) out of the 2,501 displaced households have managed to completely erect their houses, 40 days after the disaster. Assessment shows that majority of the households are not able to rebuild their shelter due to lack of technical know-how, limited construction tools and materials and other competing priority needs. Though the rapid assessment had established the need for shelter materials like iron sheets was requested by the communities for roofing, the detailed assessment, identified the need for other emergency shelter materials as well in anticipation of the long rains which had commenced by the time of the assessment. The table below indicates a summary of the shelter-self recovery efforts initiated by relocated families.

Table 2: Household efforts towards shelter reconstruction

Stage	HH effort towards constructing their new houses	No. of HHs	% no. of HHs against total displaced (2,501HH) in resettlements
1.	Not started	677	37.1%
2.	Assembled materials	213	8.5%
3.	Assembled materials and site cleared	965	38.6%
4.	Started walling structure	56	2.2
5.	Completed walling structure	29	1.2
6.	Completed walling and started roof structure	503	20.1
7.	Completed roofing structure	28	1.1
8.	Completed roofing and started covering walls	19	0.8

9.	House complete with walls and roof	11	0.4
Total Number / percentage		1,824	100%

From table above, 72.9% of the population in the internally displaced settlements were at different levels in rebuilding their homes, and out of this were 11 households that had completed their houses and moved in by the time of this operational update. However, 677 households have been unable to salvage materials and start construction activities at all and are living in the open air that are particularly vulnerable.

Further analysis shows majority of the displaced families are willing to rebuild their houses however are limited by the following gaps.

- Lack of construction tools
- Lack of technical knowledge, old, sick, disabled etc
- Lack of construction materials especially for roofing.

Food security and livelihoods

Over 7,037 hectares of farmland with ready to harvest crops were destroyed, impacting close to 10,000 farmers. Paddy occupied the highest acreage of 2,062, followed by maize with 1,858, sesame with 1,263 hectares, sorghum with 366 hectares, cassava with 224 hectares while the remaining 939 comprised of a mixer of other native crops. Eight (8) cows, 263 goats, 99 sheep and 5,005 chickens were washed away by the floods. Over 95 percent of the flood affected population was dependent on agriculture for their livelihoods which has been severely affected. In addition, approximately 2,000 hectares of arable land has been rendered fallow due to sand-casting with long-term implications for the environment, agriculture, and livelihoods. The 17 villages affected are in the lowland areas (valleys) because the land is fertile in those areas. However, the valleys are unfortunately very vulnerable to flooding while 15 of these villages live along the three rivers: Matandu, Mavuji and Mbwemkuru which provide water for household use, farming, livestock and offer fishing opportunities.

Health

Lack of adequate shelter and rainy weather conditions continue to predispose the displaced families to the risk of diseases and further deterioration of health to the chronically ill, children and the old. Assessment shows that the displacement worsened access to health care with three health centres (dispensaries) significantly affected and two others abandoned leaving five villages without access to medical care facilities. The two abandoned health facilities though not destroyed by floods, have no means to continue operating, since everyone in the two villages has been moved to new locations. Continuing to operate the facilities at their current location, will encourage people to continue living in the valleys exposing them to future flooding. Even for the other villages with health facilities still standing, health services have been disrupted due to limited access especially for patients requiring ambulatory services. Most of the roads to the health facilities have been adversely affected while the distance from the new resettlement camps to health centres has increased from normal 800 meters to over 3 kilometres.

The temporary camps are congested and are hosting a very high number of persons, which predisposes the affected population to risk of disease spread. The area is already prone to malaria and breeding of mosquitoes is expected to rise due to stagnant flood waters. Three cases of illness were reported: 2 malaria and 1 watery diarrhoea. In addition, the affected areas are prone to poisonous snakes, however no case had been reported yet.

Two entire villages have completely disappeared. This situation has had a big psychological impact on the affected families, and it will be critical to continue providing psychosocial interventions.

Displaced populations have lived in the affected villages for years (lifetime), practiced their cultural traditions like burying their loved ones and are attached to their villages. During the assessment, some families as seen in Njinjo village, refused to let go of their village name even after relocation. A family losing a house and its household items is trauma enough, let alone losing their loved ones. This traumatic exposure would require time to recover. Psychosocial support has been identified as an urgent need among the affected population as well as child therapy sessions. TRCS will therefore continue to conduct PSS sessions.

Water, Sanitation and Hygiene

Structural damage was caused to water and sanitation infrastructure across all the affected villages. The assessment revealed that few homesteads (approx. 6%) used communal toilets while the majority (approx. 94%) of the homesteads had built their toilets at household level. These toilets were not spared by the flash floods and were as well washed away. TRCS has continued to raise awareness on hygiene and sanitation especially on open defecation.

By the time of this assessment people in the resettlements were using river and stream water for their domestic use as the only available water source. However, the speed of the water flow in these rivers is very high and risky for people. By the time of the detailed assessment, the government had commenced the exercise of drilling a borehole at the largest resettlement camp in Kipindimbi.

Sensitization on water and sanitation matters, particularly disposal of excreta and treatment of drinking water. In the short term, distribution of water treatment tablets is key to ensure families have safe water for drinking and domestic use. Proper waste disposal and other sanitation needs to be strengthened through construction of household toilets in the mid-term.

Protection, gender and inclusion

The flooding caused displacement that worsened protection risks such as sexual and gender-based violence, family separation, enforced relocation, loss of personal documentation and property. The situation deteriorated further in makeshift camps with lack of enough shelter tents to accommodate everyone which meant men and women/children sleep divided and take turns to be able to reduce the promiscuity, as the only available option. Gender based violence was reported to be on the increase with reports of young girls' prostitution during the night attributed to hosting people in shared tents. Families sharing the tents claimed that the tents were too congested and humid during the night and forced people to stay outside. This however provided favourable opportunity for men, young boys and young girls to engage in prostitution as reported. At the time of this update, two cases of child abuse had been reported at the local leadership as per the communities' procedure.

Families lost most of their important and crucial documents such as their national identification cards, voters registration card and health insurance cards. Patients require their health insurance cards to access health services and absence of these cards hinder them from receiving the much-needed health care. TRCS will use its humanitarian advocacy to advocate for faster replacement of essential cards especially that of health insurance

Targeting

This operation targets a total 1,702 displaced families (11,404 people) living in the Kipindimbi and Mkwanzuni temporary camps in Lindi region, who are without access to basic services. Of the targeted households, 562 HHs or 3,766 people will receive direct support through distribution of NFIs and WASH items, health and provision of water amongst others.

Given that the current update reviews operational strategy to include emergency shelter assistance, of the overall targeted households, some 677HHs who have not been able to engage any reconstruction works as indicated in [Table 2](#), due to lack of means will also be assisted.

To note, the overall number of affected and displaced families reduced from an initial 5,096 to 4,267 as per the detailed needs assessment. Out of this number, the rapid assessment had registered 2,431 people currently living in temporary camps, but this increased to 2,501 as result of additional families who had sought refuge with families returned to the resettlement camps as seen in below table.

Total number of affected and displaced households	Displaced HHs in host families	Displaced HHs in temporary camps
4,267	1,766	2,501

The table below provides disaggregated data of people currently living in temporary camps.

Scenario planning

The below three have been developed

Disaggregated data of households hosted in temporary camps	
Child-headed households	0
Single female-headed households	486
Single female headed HH with lactating and/or pregnant women	31
Households with People with Disabilities (PWD)s, and chronically ill members	73
Households with more than 5 children	122
Households headed by elderly	243

possible scenarios for this operation:

Scenario 1	Scenario 2	Scenario 3
The rains quickly reduce intensity; no additional people are affected, and no secondary effects are suffered e.g. increase in waterborne and communicable diseases.	As we are still in rainy season, rainfall continues until May 2020, but no more than 50 mm in 24 hours in the currently affected areas or other districts of the 19 region and the country. The spread of COVID-19 will likely cause delays in implementation of the operation due to lockdown to contain the virus.	The heavy rainfall continues through May 2020, with episodes of 200mm in 24 hours, resulting in destruction of infrastructure and livelihoods, leading to massive displacement and outbreak of diseases such as diarrhoea, malaria, and dengue. The spread of Covid-19 escalates, affecting families in the resettlement camps causing extreme health system collapse.
TRCS Action		
Response will be limited to the current DREF operation.	Limited to this DREF operation, with continuous preparedness, and TRCS will engage with communities for early warning, and preparedness. The operation timeframe is extended to anticipate delays caused by COVID-19.	Conduct a large-scale operation through an Emergency Appeal to respond to the floods while response to COVID 19 will be included to IFRC Global Appeal.

Currently the situation is evolving as per orange phase. TRCS is coordinating closely with local government to ensure continuity of the operation despite the restrictions due to COVID-19.

Operation Risk Assessment

There are low security risk concerns in the flood affected villages, however, if the rains continue, humanitarian assistance will only be possible by air as the roads are already proving difficult even for 4X4 vehicles. As at 15 March 2020, one village was inaccessible by road as the road was completely cut off. This village is not part of the villages targeted under the DREF. The village received assistance from the government already through air and it was noted that the villagers are difficult to trace because are said to a nomadic population who move with their animals from one place to the other.

Following the result of the cash feasibility study, the only possible modality for the unconditional cash grants was cash in envelopes. TRCS developed a risk mitigation measures to mitigate against security and fraud risks, including arrangement of security support, segregation of duties, strong CEA measures and registration of distributed cash. The risks and measures were discussed with IFRC DM and Cash focal persons.

The current DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 (novel coronavirus) outbreak.

As auxiliaries to public authorities, Red Cross and Red Crescent National Societies have a strong role to play in supporting domestic operations focused on preparedness, containment and mitigation against the pandemic. National Society responses to COVID-19 are supported through the [global appeal](#), which will facilitate them to maintain critical service provision, while adapting to COVID-19. Business continuity plans for IFRC at all levels have been developed and are continuously being adapted as the situation changes. Focus is to support National Societies to maintain critical service provision through ongoing operations, while adapting to COVID-19. This includes ensuring the health and safety of staff and volunteers and developing plans specifically for emergency health service provision where relevant. As such, the National Society actions dedicated to COVID-19 and those conducted through ongoing operations will be mutually beneficial and built upon common synergies.

This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this particular crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff.

For more information please consult the [Covid-19 operation page](#).

B. OPERATIONAL STRATEGY

Overall objective

The overall objective of this DREF operation is to meet the immediate needs of an overall 1,702 displaced families (11,404 people) living in the Kipindimbi and Mkwanjuni temporary camps in Lindi region, who are without access to basic services. Of the targeted households, 562 HHs or 3,766 people will receive direct support through distribution of NFIs and WASH items, health and provision of water amongst others.

Please note that through this Operations Update, the operational strategy has been reviewed to include support for emergency shelter, through CASH AND Voucher modality. As such, some 677 (4,569 people) of these displaced families living in the Kipindimbi resettlement camp, who lack capacity to erect their houses will be supported with shelter materials through cash.

Proposed strategy

1. Provision of emergency Shelter support through C&V and HHIs for the most vulnerable families

Some 5,545 displaced families' shelters were either damaged or destroyed. However, only 2,431 families appeared for registration in makeshift camps during the initial response. Detailed assessment provided accurate data recording 2,501 households for the resettlement. Continued rainfall is predicted to continue over the next two months, increasing the risk of further flooding and displacement. Without shelter during this rainy period, the affected families will be predisposed to the effects of extreme weather conditions especially children, the elderly and the chronically ill. As such, in addition to the household items distributed, TRCS plans to support 677 households selected through a community participatory approach as the most vulnerable families with vouchers to allow the purchase of shelter materials. The proposed cash grant will support purchasing construction materials that are available in the local market. The transfer value for the voucher has been calculated after community consultations to understand priority needs and verifying the costs of materials in the local market. The costs has been determined using roofing materials and labour as this was indicated as a priority by the community. Both the market assessment and community consultation pointed towards shelter vouchers as the preferred modality.

Activities implemented:

- Market Assessment for Shelter materials and development of shelter strategy done
- Procurement started to replenish household items 3,000 Blankets, 1,000 kitchen sets, 2,000 mattresses.

Activities planned:

- Finalise the procurement and replenishment of distributed 3,000 Blankets, 1,000 kitchen sets, 2,000 mattresses TRCS stock.
- Setting up and distribution of vouchers for shelter materials.
- Training of selected staff, volunteers and local builders on safe shelter. Training will take place in small groups ensuring 1,5 m distance can be held to limit risk of exposure to COVID-19.
- Awareness training on safe shelter approaches for volunteers
- Awareness training on safe shelter to the displaced population and artisans
- Providing technical support on temporary shelter construction to the affected population.
- Monitoring of adoption of technical guidance by affected households.
- Vendors procurement process for shelter vouchers
- Encashment of shelter vouchers
- Monitoring of the use of shelter voucher for emergency shelter and household items
- Evaluation of the shelter and settlements support provided.

2. Food Security and Livelihoods

A rapid market assessment conducted established that the displaced families had access to working markets. However, concentration of people in the new resettlement sites created increased demand and as such prices of essential commodities are projected to rise in the new markets. TRCS will monitor market prices in the coming weeks to ensure the transfer value meets the needs. Though the government supplemented common commodities like maize and beans to ensure no exploitation of consumers by retailers through price hike, these families do not have the purchasing power. As a result, TRCS will continue to support, under the current DREF operation 562 most vulnerable HH with an unconditional and unrestricted cash grant for two additional months after the March (1st) transfer, to provide them financial access to basic food needs. Overall, these families will receive cash for 3 months. The cost of food basket is detailed in [Operation Update 1](#). For the cash distribution TRCS assured, in close coordination with local government, that the distribution exercise was designed in a way that a distance of 1.5 meters could be maintained between the recipients.

Activities implemented:

- Commenced the process of distributing cash for the first month to 562 families
- Food, market and cash feasibility assessments done
- Finalised cash distribution for the first round of transfer.

Activities planned:

- Market price monitoring
- Disbursement of second and third round of cash for food to the targeted 562 most vulnerable households
- Conduct post distribution monitoring

3. Health

The destruction of health facilities and the displacement of populations has contributed to reduced access to the already limited health services in the affected villages rendering the displaced populations vulnerable to untreated illness and urgent need for medical outreaches. The displaced families have been or are being resettled on virgin land full of bushes, grass and trees and could expose the population at risk of snake and rodent bites. An upsurge of mosquito-borne diseases like malaria are anticipated to rise.

Activities implemented:

- Continuation of First Aid provision
- Continuation of health promotion campaigns using mobile cinema and community meetings with support from 100 volunteers. The health promotion includes messaging on epidemic control
- 30 volunteers trained on epidemic control and introduction to CEA.
- Continuing provision of psychosocial support to volunteers and affected population with PSS needs.
- Initiated the procurement and replenishment of 3,000 mosquito nets and 1,000 dignity kits.

Activities planned:

- Training of 30 volunteers on First Aid.
- Continuation of First Aid provision
- Continuation of health promotion campaigns using mobile cinema and community meetings with support from 100 volunteers.
- Provision of psychosocial support to volunteers and affected population with PSS needs.
- Finalize procurement and replenishment of 3,000 mosquito nets
- Finalize procurement and distribution of 1000 dignity kits.

4. Water, Sanitation and Hygiene

Water sources for the affected communities were destroyed and left to compete with few water sources in host communities. This has resulted in inadequate access to clean and safe water as well as inadequate access to proper sanitation facilities in the affected areas. The host communities water sources are also very limited leaving the displaced populations to opt for stagnant flood water for their household and domestic use, which puts them at risk to be affected by water related diseases such as diarrhoea. This DREF operation had budgeted to support with procurement of 823,000 water purification tablets, however this was provided by UNICEF. Additionally, clean up tools including rakes, hoes, spades and wheelbarrows were budgeted for under the current DREF, but this was provided for by a well-wisher. As

such, TRCs has reallocated these funds to the distribution and post distribution related costs for the basic needs cash intervention that had not been factored in initially. Hygiene and health promotion activities will be adjusted, in line with the TRCS COVID-19 contingency plan, to ensure government restrictions will be complied with. The following activities are therefore planned for WASH:

Activities implemented

- Hygiene promotion through community meetings, demonstration sessions and mobile cinema session. Hygiene promotion focused on HH water treatment, safe water storage, latrine use and handwashing.
- Conducted refresher training for 30 RC volunteers on carrying out hygiene promotion. These volunteers are cascading the training to other 100 selected volunteers who will conduct hygiene promotion activities.
- Distribution of 32,000 aqua tabs with support from UNICEF.
- Hygiene promotion sessions conducted.
- Engaged the target communities in clean-up activities using clean up tools provided by a well-wisher including rakes, hoes, spades and wheelbarrows.

Activities planned:

- Construction of 100 emergency latrines with hand washing facilities. The DREF will focus on construction of latrines in community places (temporary school, religious centre, etc.). The Spanish RC proposal will include provision of emergency latrines in all camps as per Sphere standards (20 people per 1 latrine).
- Hygiene promotion through community meetings, demonstration sessions and mobile cinema session. Hygiene promotion will focus on HH water treatment, safe water storage, latrine use and handwashing.
- Distribution of 2,248 bars of soap (4 per HH).
- Procurement of 100 hand washing facilities has been changed to procurement of liquid soap to accommodate the preferred emerging need in line with Covid-19 outbreak.

Protection, Gender and Inclusion

Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation will pay attention to protection and inclusion of vulnerable groups base and on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in health promotion activities.

Please refer to [Operation Update 1](#) for details on PGI strategy and activities.

Community Engagement and Accountability (CEA):

CEA will continue to be mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities. A feedback and complaint desk have been put in place for recipients of distributed items to provide direct feedback on the distribution exercise. For the purpose of clarity and for a good flow of information, clear roles and responsibilities have been agreed with representatives, community leaders and committees. The beneficiary selection process has been clearly communicated to all affected. Mobile cinema sessions on hygiene and health promotion will be implemented and are instrumental in collecting feedback and respond to community concerns. A community feedback desk is established during all distribution exercises.

Operational Support Services

Please refer to [Operation Update 1](#) for details on Operational support services.

C. DETAILED OPERATIONAL PLAN

	<p>Shelter</p> <p>People reached: 9,000</p> <p>Male: 4,500</p> <p>Female: 4,500</p> <p>Requirements (CHF): 195,436</p>
<p>Outcome 1: Restore community shelter and enhance resilience</p>	

Indicators:	Target	Actual
Minimum percentage (%) population in temporary camps receiving HHI support	88% or 10,050 people	60% or 9,000 people
Number of HHs replenished which were distributed from prepositioned stock	3,000 blankets, 1,000 kitchen sets and 2,000 mattresses	0
Number of HHs having received shelter assistance	677	0
Output 1.1: Provide technical support, guidance and awareness raising in safe shelter to affected populations		
Indicators:	Target	Actual
Number of households supported with shelter materials using shelter vouchers	677	0
Number of volunteers involved in shelter activities	50	0
Number of shelter monitoring visits conducted	3	0
Number of detailed multisector assessments conducted	1	1
Number of people trained on shelter (staff, volunteers and local builders)	30	0
Number of households reached with awareness raising activities on safe shelter	2,501 HH	0
Progress towards outcomes		
To date, TRCS has distributed HHIs, conducted assessment on shelter needs, capacities and gaps, Identification and mobilization of volunteers for safe shelter interventions, identification of target households and Identification of the appropriate modality of shelter support. TRCS is also in discussions with Shelter Box, to complement the shelter response with a long-term strategy.		
Challenges: The challenges have been on price fluctuation of commodities from the initial budget.		

	<h3>Livelihoods and basic needs</h3> <p>People reached: 0 Male: Female: Requirements (CHF): 63,300</p>	
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
Indicators:	Target	Actual
Minimum percentage (%) population in temporary camps receiving cash support for food	33% or 3,766 people	0%
Output 1.1: Households are provided with unconditional/multipurpose cash grants to address their basic needs		
Indicators:	Target	Actual
Number of months during which basic needs of the targeted populations are addressed through cash transfers	3	0
Progress towards outcomes		
TRCS conducted a market assessment and cash feasibility study in the affected villages, which informed the CVA strategy and the transfer mechanism. The first cash distribution is planned for 27March with the second planned for 8 April and the third on 1 May2020.		
Challenges:		

The first cash transfer did not happen as planned in February 2020, to allow cash feasibility assessment to be completed. Without mobile and banking services available in the target communities, TRCS was forced to opt for cash in envelopes. This mechanism is the riskiest and exposes the NS to risk of theft or possible attack on the way. Further analysis on this, then it leaves TRCS with no option other than to hire security personnel. This therefore introduces cost that were not budgeted for initially. Risk mitigation measures have been developed and shared with IFRC DM and Cash focal points.



Health

People reached: 2,239

Male: 1,091

Female: 1,148

Requirements (CHF): 53,814

Outcome 1: Reduced health risks of the affected populations

Indicators:	Target	Actual
Percentage (%) target population reached with health promotion	100% or 11,404 people	20% or 2,280 people

Output 1.1: The health situation and immediate risks are profiled

Indicators:	Target	Actual
# of volunteers trained in epidemic control	30	30

Output 1.2: The health situation and immediate risks are properly managed

Indicators:	Target	Actual
# of people reached with First Aid services	15	09
# of dignity kits procured and delivered	1,000	0
# of people supported with PSS	115 people (100 volunteers and 15 NS staff)	200

Progress towards outcomes

TRCS has continued to offer first aid services during its interventions, reaching nine (9) people so far in this operation. Continued to conduct health promotion campaigns using mobile cinema and community meetings with support from 100 volunteers. A total of 16 health promotion sessions conducted includes messaging on epidemic control. 30 volunteers have been trained on epidemic control and are supporting in the health promotion campaigns. PSS sessions to volunteers and affected population. The sessions are conducted on either one on one or in groups sessions for the affected population. 20 volunteers have so far managed to conduct 20 sessions of 10 people reaching out to 200 persons.

Challenges: Delay in distribution of dignity kits due to ongoing procurement process. With the deployment of logistics surge, the procurement was fast-tracked, and items are to be delivered before the end of March 2020. The affected families lack open spaces that are safe for their recreational activities. Therefore, these communities are forced to share school playgrounds. This means then their recreational activities are conducted late in the evening when the schools are closed.



Water, sanitation and hygiene

People reached: 2,201

Male: 989

Female: 1,213

Requirements (CHF): 55,505

Outcome 1: Reduced water borne and related illnesses to the displaced families		
Indicators:	Target	Actual
Percentage (%) population in temporary camps receiving WASH support	100% or 11,404 people	19.3% or 2,201 people
Output 1.1: Promote hygiene practices in target communities		
Indicators:	Target	Actual
# of community members practicing good hygiene	100% or 11,404 people	Approx. 60% or 6,842 people
Output 1.2: Provide adequate and quality sanitation to target population		
Indicators:	Target	Actual
# of toilets that are clean and safe	100	0
# of handwashing facilities provided	100	0
# of toilets constructed	100	0
Output 1.3: Hygiene promotion activities and use of hygiene items provided to displaced population		
Indicators:	Target	Actual
# of hygiene promotion sessions (door to door) conducted	100	100
Progress towards outcomes		
<p>Hygiene promotion is being implemented through community meetings, demonstration sessions and mobile cinema session. Hygiene promotion will focus on HH water treatment, safe water storage, latrine use and handwashing.</p> <p>The settlement land is generally a virgin land and has a lot of debris to clear to avoid mosquito breeding and rodents.</p> <p>Challenges: There have been delays in the procurement of toilet slabs and handwashing facilities. With the deployment of logistics surge, the procurement was fast-tracked and items to be delivered before end of March 2020.</p>		

Protection, Gender and Inclusion		
	People reached: 1,669 Male: 210 Female: 1459 Requirements (CHF): 4,054	
Outcome 1: Communities identify the needs of the most vulnerable		
Indicators:	Target	Actual
Percentage (%) population in temporary camps receiving PGI guidance	100% or 11,404 people	14.6% or 1,669 people
Output 1.1: Emergency response operations respond to all forms of violence against children and women.		
Indicators:	Target	Actual
# of staff trained on PGI	20 volunteers	20
Progress towards outcomes		
<p>TRCS has to date conducted four (4) discussion sessions -- one with men, two with women and one with children to raise awareness on gender-based violence, prostitution and early marriages. Young girls were sensitized on dangers of early pregnancy while women and men sensitized on drug abuse and prostitution. Children were grouped into teams both girls and boys and presented with footballs and netballs to encourage them to engage in sports instead of being idle because it was realized that idleness was exposing them to engage in vices.</p>		

Challenges: Limited spaces to engage in sports, limiting the affected to only school playground available only in the evening after schools' closes. Lack of safe and enough shelter seem to be contributing to prostitution and drug abuse. This is evident at night as people opt to stay long outside their tents. The compounds are not lit at all and are very dark at night and that is encouraging prostitution and other vices.

Strengthen National Society

Requirements (CHF): 126,850

Outcome 1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Indicators:	Target	Actual
Number of volunteers provided with PSS	100	100

Output 1.1: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Number of insured volunteers engaged in the operation	100	100

Progress towards outcomes

TRCS has continuously conducted briefing and debriefing sessions to both volunteers and staff engaged in the interventions daily, morning before the day's activities and evening after the activities.

Challenges: Volunteers will join activities when they are free. Sometimes TRCS will train several volunteers for an upcoming activity only for some of them to follow out to other opportunities during the activity. This has forced TRCS to always train or orient a higher number compared to those that will be needed for a certain activity in case some fall out.

International Disaster Response

Outcome S1: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
Number of surge team members deployed	2	2

Output 1.1: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
Number of community feedback systems established	1	1

Output 1.1: S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of assessments conducted	3	3
Number of Lessons Learnt workshop conducted	1	0

Output 1.1: S4.1: The IFRC enhances its effectiveness, credibility and accountability

Indicators:	Target	Actual
Number of surge profiles deployed	2	2

Progress towards outcomes

Two surge profiles on assessment and logistics were deployed and have continued to support the NS in the DREF interventions. The logistics surge has supported in fast-tracking procurement of budgeted DREF items while the assessment surge is supporting the NS in assessments and overall implementation of planned activities. The assessment surge supported TRCS in conducting a rapid needs assessment and later a joint detailed assessment that both informed the emergency plan of action.

TRCS established a desk at the resettlement camps where people share their feedback and complaints. A community led committee was established through an open selection process where gender inclusion ensued. The community/beneficiaries selected committee work with the local authorities especially on identifying the needy families.

Challenges:

- The shortest distance from the affected villages to areas where TRCS and IFRC surge personnel seek accommodation is at least 90 kilometres one way on extreme rough road. For the team to be on ground by 9am in the morning, the team must leave their hotels at around 6am and return from field at around 5pm. Sometimes especially during mobile cinema days, the team must leave the villages at 9pm. The villages are not connected to mobile network coverage and in case of rains, the road becomes impassable.
- Initially, TRCS had relied on local authorities for leadership in identifying the needy families, however through community engagement sessions, there were claims of bias. This forced TRCS to select members of the affected communities to join the local leadership.

D. BUDGET

The overall funding requirement for this DREF operation is CHF 498,960 out of which CHF 133,297 is granted with this update as a third allocation. Please see budget below.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss Francs
(CHF)*

DREF OPERATION

MDRTZ026 - TANZANIA - FLOODS IN LINDI

31/03/2020

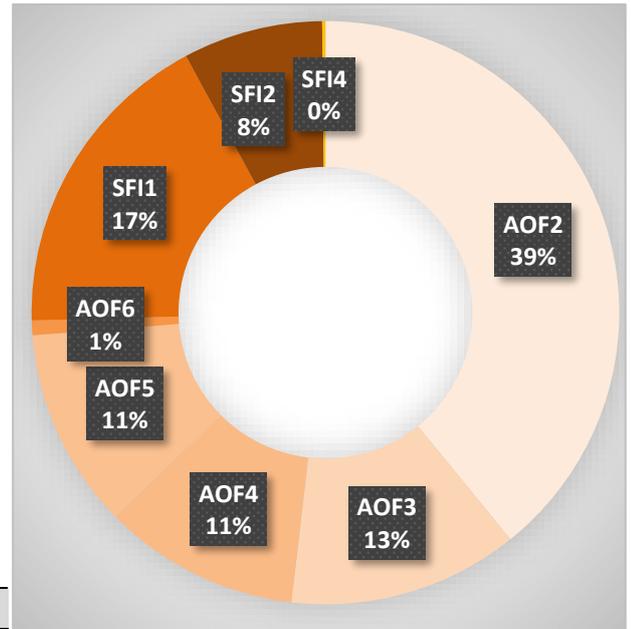
Budget by Resource

Budget Group	Budget
Shelter - Relief	0
Clothing & Textiles	87,189
Water, Sanitation & Hygiene	18,937
Medical & First Aid	5,530
Teaching Materials	2,115
Utensils & Tools	22,000
Cash Disbursement	122,142
Relief items, Construction, Supplies	257,914
Distribution & Monitoring	5,499
Transport & Vehicles Costs	22,929
Logistics, Transport & Storage	32,658
International Staff	24,533
National Society Staff	41,092
Volunteers	22,988
Personnel	88,613
Workshops & Training	37,281
Workshops & Training	37,281
Travel	6,000
Information & Public Relations	14,064
Office Costs	211
Communications	254
Financial Charges	846
Other General Expenses	30,667
General Expenditure	52,042
DIRECT COSTS	468,507

MDRTZ026 – Tanzania Floods in Lindi – Operation Update 2

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	195,436
AOF3	Livelihoods and Basic Needs	63,300
AOF4	Health	53,814
AOF5	Water, Sanitation and Hygiene	55,505
AOF6	Protection, Gender and Inclusion	4,054
AOF7	Migration	
SFI1	Strengthen National Societies	87,576
SFI2	Effective International Disaster Management	38,373
SFI3	Influence others as leading strategic partners	
SFI4	Ensure a strong IFRC	901
TOTAL		498,960



Reference documents



Click here for:

- [Operation Update 1](#)
- [Emergency Plan of Action \(EPoA\)](#)

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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.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.