

Emergency appeal operations update

Tanzania: Population Movement

Emergency Appeal	Appeal n° MDRTZ017; Glide n° OT-2015-000052-TZA
6 month Summary Update	Period covered by this update: 15 May 2015 to 20 October 2015.
Date of issue: 5 November 2015	Date of disaster: May 2015
Operation start date: 15 May, 2015	Expected Timeframe: 9 months (end date 20 February, 2016)
Operations Manager (responsible for this EPoA): Andreas Sandin, IFRC East Africa and Indian Ocean Islands	Point of contact: Joseph Kimaryo, Director, Disaster Management, Tanzania Red Cross
Appeal budget: CHF 2,057,435 Appeal coverage: 30 %	Total estimated Red Cross and Red Crescent response to date: <ul style="list-style-type: none"> • Multilaterally: CHF 464,084 • Bilaterally: CHF 1,607,104
Disaster Relief Emergency Fund (DREF) allocated: CHF 231,380	Number of people being assisted: 90,000
Host National Society presence (n° of volunteers, staff, branches): 311 Volunteers, 181 staff, two branches.	
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC, IFRC American Red Cross, and Spanish Red Cross,	
Other partner organizations actively involved in the operation: Government of Tanzania, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Tanzania Water and Environmental Sanitation (TWESA), Adventist Development and Relief Agency (ADRA), International Rescue Committee (IRC), International Organization for Migration (IOM), World Health Organization (WHO), United Nations Population Fund (UNFPA); Plan International, OXFAM and Médecins Sans Frontières (MSF).	

Appeal history

- This [Emergency Appeal](#) was launched on 20 May 2015 for CHF 1,026,583 to assist 20,000 beneficiaries for a period of 6 months
- An [operations update n°1](#) was issued on 10 June 2015 to provide a progress update of the operation since the launch.
- A [revised Emergency Appeal](#) was issued on 29 June 2015 and increased the appeal budget to CHF 2,057,435 to enable support to 90,000 people as well as extend the implementation timeframe to 9 months (end by 20 February 2016).
- CHF 231,380 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance
- An [operation update n° 2](#) was issued on 1 July 2015 to provide a progress since the appeal was revised.
- This update provides information on the first six months of the operation and presents an overview of the evolving situation in Tanzania as well as the increasing influx from Burundi. Due to overcrowding in Nyarugusu camp, the government of the United Republic of Tanzania announced three new camp sites to host Burundian refugees: Nduta (Kibondo district) about 80km to North-East from Nyarugusu, Mtendeli (Kakonko district) about 60 km further on along the road following Burundi border. The third camp is Karago (Kakonko district) but plans for its use have not been finalized. All three are former refugee camps for



Refugees at the consultation rooms in Health Post 5 Nyarugusu camp. © TRCS

Burundian refugees that were closed after repatriation between 2004-2007 and they have infrastructure in place. UNHCR has asked TRCS to extend primary health services to Mtendeli camp. In addition, it informs on the oncoming revision of the appeal and budget to reflect the situation on ground.

Summary: Tanzania Red Cross Society has been providing comprehensive health services (preventive and curative) to the refugees in Nyarugusu camp and the host communities for over 10 years. Currently Nyarugusu camp hosts about 65,000 refugees from DRC, and as of 18 September 2015, 93,566 Burundians refugees had been added to the camp population.

Since late April 2015 pre-election and June 2015 post-election violence has been ongoing in Burundi. This has resulted in a number of casualties in the capital of Bujumbura, and more than 180,000 people fleeing to the neighbouring countries of the Democratic Republic of the Congo, Rwanda, Tanzania and Uganda. The majority are choosing to settle in Tanzania where both the infrastructure and resources are insufficient to accommodate the incoming refugees' needs.

TRCS staff and volunteers in Nyarugusu camp are assisting the arriving refugees by providing lifesaving interventions including:

- First aid and medical screening for all new arrivals (immunization, treatment of common communicable diseases, and screening for malnutrition);
- Health education through the health information team (HIT), particularly on prevention of communicable diseases.

In addition, TRCS continues to provide primary and secondary health services to the camp population: out-patient consultation, observation unit, in-patient department, lifesaving surgery, maternity, paediatric, laboratory and nutrition.

[<click here for the contact details and here for the interim financial report >](#)

Current situation

Disaggregated data of the refugee population (as of 1 August 2015)

Age Cohort	0-4	5-11	12-17	18-59	=>60	Total	% of total
Female	7,597	9,405	6,908	16,238	998	41,146	51%
Male	7,771	9,460	6,734	14,780	741	39,486	49%
Total	15,368	18,865	13,642	31,018	1,739	80,632	
% of total	19%	24%	17%	38%	2%		

The Nyarugusu camp, which was built in 1997 to host 50,000 people, already hosts 65,000 Congolese refugees and struggles to accommodate the new arrivals from Burundi. To deal with the overcrowding in the camp, the new arrivals have been accommodated in collective shelters with up to 200-300 people in one shelter, while others have been placed in the transit camps that are located in primary schools, prompting the cancellation of classes. A football field usually used for recreation by the Congolese refugees is now a bus station, where Burundi refugees are arriving before being allocated sites. Until end of July, an average of 500 Burundi refugees arrived in Nyarugusu every day.

The situation in Nyarugusu camp remains very dynamic. As of September 18, 2015, Nyarugusu camp hosted 157,650 refugees, from which 93,566 were Burundians. The daily arrivals rate remained between 200 and 300 new people. Currently there are 13 entry points from the initial five when the crisis started. The relocation of new arrivals from mass shelter to family shelters is being coordinated by UNHCR.

On August 19-20 2015, a team comprising UNHCR, MSF, TRCS and IFRC representatives did a rapid assessment of the three sites proposed by the Ministry of Home Affairs (MHA) as potential new sites for relocation of Burundian refugees. The assessment aimed at identifying the potential health infrastructure in place, and the gaps. The visit included the Kakonko district health centre and the Kibondo district hospital (referral centre).

The official relocation to the new sites will start on October 1, 2015 as per the information received from UNHCR. A total of 50,000 refugees will be relocated in two different sites. Nduta will host 30,000 and Mtendeli 20,000. Every week 4,500 people will be moved. The priority is to relocate the people currently allocated in mass shelters prone to flood Zones 8 to 12 (phase I) and the rest of the population in phase II (end of 2015 -2016). The distance from

Nyarugusu to Kibondo is about 110 Kilometres (Nduta camp) and Nyarugusu to Kakonko district is around 145 kilometres (Mtendeni camp) while Kigoma to Kibondo is around 250 KM.

The risk of hygiene related diseases (cholera, infections, etc.) remains very high due to limited access to shelter, latrines, water and essential medical care. Malaria is the main illness (40% prevalence) since the beginning of the influx. It is therefore critical to increase access to clean water and sanitation facilities, to reinforce hygiene promotion and health education, and to have a strong and reliable health system in place.

With the start of the rainy season in October 2015, malaria incidence is expected to increase. Gaps identified in the Joint Assessment Mission (JAM) conducted in July must be addressed. Even though mosquito nets have been widely distributed within the camp i.e. mass shelters, their proper usage is still a challenge. It was suggested to conduct a 'house to house' survey to check the mosquito net availability and to reinforce the health information teams (HIT) malaria prevention. An educational malaria program will be conducted by the HIT supported by IFRC funds in consultation with UNHCR to define the specific activities.

Coordination and partnerships

The government of Tanzania through the Ministry of Home Affairs (MHA) and UNHCR are coordinating the influx of asylum seekers/refugees. On 13 May, the Government of Tanzania officially requested international support from the Red Cross Movement to assist with the humanitarian efforts. WFP is availing and coordinating the distribution of high energy biscuits/dates to the refugees and doing GFD in the camp. UNHCR is working on the registration of the refugees alongside the Ministry of Home Affairs. IOM has organized bus transportation from transit camp and border points to Nyarugusu. IRC is offering social welfare at all sites. TWESA (Tanzania water and environmental sanitation agency) is supported by OXFAM and UNHCR and provides water and sanitation in the camp, with support from TRCS and MSF. TRCS is the main health provider in the camp, and offers first aid services at entry points. MSF started a nutrition programme in the camp, with in-patient feeding centre and ambulatory feeding programme; it also runs three mobile clinics in the camp, in zones hosting new arrivals. Additionally on health, IRC supports maternity services in one of TRCS recently added health centres.

A coordination/information sharing forum has been initiated under UNHCR leadership. This forum brings together all UN agencies, the government through the Ministry of Home Affairs, the Red Cross, International NGOs, and local NGOs (implementing partners) and other stakeholders in refugee affairs.

At national level, in Dar es Salaam, this forum agreed to meet every Tuesday. In Kigoma, regional level meetings are ongoing and the Red Cross is a key member. A coordination hub is working from Kasulu to support the Nyarugusu Camp.

At the IFRC regional office, daily meetings regarding the Burundi crisis are done to share briefs from the operations team and other updates from Rwanda and Burundi. The meeting is chaired by the Operations coordinator. TRCS will like to continue with the following health partners in their service delivery:

- International Rescue Committee (IRC) to support maternal, reproductive and sexual gender based violence services. (antenatal, postnatal and basic obstetric services)
- MSF to support in patient feeding programme for malnourished children under 5 years old and management of nutrition services.
- UN agencies who support them in various sectors (UNICEF water, sanitation and hygiene promotion UNHCR health and UNFPA reproductive health).

On September 11, 2015 UNHCR field office convened a meeting following their discussion with Ministry of Home affairs to address the new developments on the management of the Burundian influx allocated in Nyarugusu camp. Currently the camp has about 93,566 Burundian refugees. UNHCR anticipates 22,500 refugees asylum Seekers might migrate to Tanzania in the next two months as the security situation is still not stable following the sporadic assassination of the potential leaders in the Burundi. About 50,000 refugees are located in the flood prone areas in Nyarugusu camp in the mass shelters. UNHCR came up with a proposal. On logistics, the first convoy will start on September 24 or 25, 2015, three convoys will be conducted in a week. One convoy can accommodate about 1500. The reception centres will have the holding capacity of about 5000. The reception will alternate one week in Nduta and the following week in Mtendeli. The distribution of non-food items (NFIs) will be conducted at the departure centre. At the departure centre Red Cross will conduct the medical screening and at the reception centre the respective organizations will conduct medical screening. The registration of 20,000 refugees from the flood prone area has been done and process is continuous. UNHCR sent out a call for proposal for the new sites in Mtendeli and Nduta for interested partners to apply. TRCS expressed interest to continue with health care service delivery. UNHCR sees TRCS as a long term health partner. TRCS proposal focused on health care service delivery in Mtendeni camp with focus on primary health care. In Mtendeli camp, Health structures exist, however they will

require rehabilitation and some might need to be constructed again due to the condition they are in e.g. cracked walls.

RC/RC Overview

In May, the IFRC deployed Emergency Response Units (ERU's) and Field Assessment and Coordination Teams (FACT) to support the Tanzania Red Cross in the detailed assessment of Nyarugusu camp, to review the situation at Congolese Camp and to deliver recommendations for the operation. The ERU activated the MSM 20 Unit and BHU to support two new health posts, one with in-patient capacity. ERUs also reviewed Appeal activities and supported TRCS in capacity building. As the situation evolves rapidly, this update aims to capture the strategic changes of the last few weeks. Following the announcement from the Ministry of Home Affairs on opening additional camps in Kibondo and Kakongo Districts to host approximately 50,000 refugees in two different sites, (Nduta to host 30,000 and Mtendeli 20,000), TRCS expressed interest to work in Mtendeli camp to continue with the health services.

American Red Cross has been working with TRCS in Nyarugusu camp to deliver health services and have continued to assist with the current influx of the Burundian refugees. Spanish Red Cross in country has continuously been following the Operation and provided medical staff through the ERU deployment.

After the decision to open the two new camps, TRCS requested for IFRC support in assessment and intervention in the new areas. IFRC has deployed a FACT member to support TRCS to determine the scope and scale of any response required with the support of the IFRC. This will include: review existing assessment information, recommendations and actions taken by Government authorities, TRCS, ICRC, Partner National Societies (PNSs) and other key stakeholders, determining the appropriateness of the request for the BHU given the evolution of the response and to identify the support delivered and planned by the Government, UNHCR, PNSs, UN specialized agencies (WHO, WFP, UNICEF, etc.), NGOs, and the local community and identifying the gaps to be addressed by the RC/RC. As result of the FACT mission, a new BHC ERU will be deployed, although modified to have less equipment and more human resources to support the capacity building of TRCS in the new camp.

Areas common to all sectors
Outcome 1: Continuous assessment, analysis, and final review is used to inform the design and implementation of the operation
Output 1.1: Initial needs assessment are updated following consultation with beneficiaries and plan of action is updated and revised as necessary to reflect needs
Activities planned: <ul style="list-style-type: none"> • Deployment of FACT team • Conduct needs assessment • Continuously monitor and document ongoing activities Continuous update of the operation plan • provide operation updates • Conduct and analyse beneficiary satisfaction survey
Output 1.2: The operation is reviewed to inform lessons learned and future operations
Activities planned: <ul style="list-style-type: none"> • Conduct interim review after initial wave of influx • Conduct final operations review and lessons learned
Progress: <p>1.1 100% completed. Assessments have taken place to determine the current situation of the refugees and also to assess the current needs of the targeted beneficiaries. The FACT WASH and health teams conducted the assessment. The assessments focused on health, water and sanitation. The results indicated the existing water supply infrastructure is currently serving a population of over 120,000 people with the water per capita having reduced to max. 10l./p./d. The main water supply infrastructure requires rehabilitation to meet the current demand. OXFAM has the lead on water provision and has already started improving the situation with TRCS/MSF support. Health care for the new arrivals is integrated into the existing health system which has led to increased workload of about 4,000 per week to 8,000, the consultations per clinician per day has gone up from 50 to 140 in the last month. The bed occupancy rate in the paediatric and female ward has increased from 75% to more than 100%. 11 deaths have been recorded among the new arrivals so far including three under five. Some of the causes of mortality include malaria, pneumonia, acute watery diarrhoea (AWD). Both the crude and under five mortality on average in the camp remain within the sphere standard for emergency of less <1/10,000/day and < 2/10,000/day respectively, but it is likely higher among the newly arrived population than among the well settled population.</p> <p>1.2 Not done. This is planned mid-way the operation and end of operation.</p>

Health and care	
Outcome 2: The immediate risks to the health of the asylum seekers/refugee population are reduced at the entry points and the reception centres.	
Output 2.1: Up to 90,000 (old 30,000) refugees have access to rapid medical management of injuries and diseases through provision of first aid, the deployment of a Basic Health Care Unit and installation of health posts	
Activities planned:	
<ul style="list-style-type: none"> • Train and deploy 192 (formerly 35) volunteers in medical screening at entry points and reception areas. • Procure, transport, install 2 health post tents • Procure and transport medical equipment and medicines for 2 health posts • Deploy Health ERU HR and install and operate 2 additional health posts in temporary structures (tents and shelters) with ERU support (BHU). • Skill building sessions for Health staff at dispensary and health posts. • Support rehabilitation of water supply infrastructure at the health facility – storage tank, distribution system. • Support sanitation – latrines and bathroom rehabilitation; and vector control at the TRCS health facility. • Construct new pharmacy in main dispensary to free ward space for patients. • Procure, transport, and deliver medicines for dispensary. • Procure, transport, and deliver autoclave for dispensary. • Procure, transport and install refrigerator for blood pouches. • Procure ambulance and provide referral services. • Provide information on HIV prevention and sexual violence and gender-based violence. • Train the health information and prevention volunteers in Cholera preventions and vaccination messaging. • Participate in the vaccination campaign. • Provide information about supplementary feeding to children, to pregnant and lactating mothers as well as by promote good breastfeeding. 	
New activities:	Details:
<ul style="list-style-type: none"> • Procure, transport and install 2 additional tents (patient wards) to extend the services in one of the new health posts (IPD). • Build a new pharmacy in the main dispensary compound. 	<ul style="list-style-type: none"> • Bed Occupancy Rate (BOR) 140% after 1 week of operations. Refugees also relocated in the nearby zones (zones 8-9-10-11) of operation, expending the catchment population. • Pharmacy is currently in a ward building, reducing patients' capacity in the hospital. The storage space is also not sufficient for the increase of medical consumables due to population influx in the camp.
Progress:	
<ul style="list-style-type: none"> • Volunteers trained in medical screening and deployed at 13 entry points. • Deployment of Health ERU and skill building sessions for health staff at dispensary and health posts done with help of BHU. • 1 health post constructed with IPD, laundry and kitchen; Second health post (OPD) and water tank installed. IPD capacity to be extended. • Procurement of medical equipment and medicines for two health posts done (1 IEHK). Drugs are provided by UNHCR. Emergency order to be prepared to cover critical gaps (August/ September). • Provisions of information on HIV prevention and sexual violence and gender-based violence • Training of the HIT in cholera preventions and vaccination messaging, participating in the vaccination campaign and providing information about supplementary feeding to children, to pregnant and lactating mothers as well as by promote good breastfeeding is ongoing. HIT capacity to be increased to cover population's needs. 	
The situation is likely to remain difficult and population congested in Nyarugusu camp for the coming months, and it cannot be managed as a temporary situation only. Health services have to be adapted and strengthened to support a much larger population, hence the new health posts and the support to the existing structure, offering services to all the population of the camp, and occasionally even some of the host population living nearby and accessing the services.	
Output 2.2: Epidemic Prevention (focus on malaria and cholera) and control measures are carried out with 6,000 households	
Activities planned:	

- Procure and transport 12,000 mosquito nets for malaria prevention.
- Distribute 12,000 mosquito nets to target population (1.8/family is the recommended ratio).
- Demonstration for the beneficiaries on how to use the mosquito nets.
- Train 104 volunteers in Health information and prevention volunteers.
- Health promotion sessions in the refugee community.

Progress: UNHCR/TRCS are currently distributing mosquito nets especially for the pregnant and lactating mothers and young children. They are also integrating health and preventative messages during the sensitization.

- Procurement of mosquito net started. 6,000 delivered, 4,000 in kind Donations and additional, 20,000 donated by Malaria Funds Geneva to be delivered in the coming month. Distribution to be organised (with UNHCR) and health promotion prepared.
- HIT volunteers to be expanded to better cover the camp. UNHCR is financing 80 and another 100 should be added in the coming weeks to cover a population estimated around 150,000. The recommended ratio is of 1 HIT/500 people and currently we have 1 HIT/1000 people.
- Hygiene and health promotion started in July with "HIT band" playing songs in different areas of the camp on hygiene and health, on key messages.

Water, sanitation and hygiene promotion

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Output 1.1 Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities

Activities planned:

- Conduct continuous assessment to understand the needs of the refugee population, and response gaps.
- Continuously monitor the water, sanitation and hygiene situation in targeted communities.
- Coordinate with other Watsan actors on target group needs and appropriate response.

Progress: TRCS is part of the Interagency meeting and the WASH coordination meeting under the lead of UNHCR that takes place weekly where needs and gaps are shared and addressed. Based on the findings of detailed assessment carried out, the NS have revised the Watsan outcome in the EPoA to reflect the recommendations and ensure continuous monitoring and challenges are addressed.

- ERU building latrines, showers and tippy taps in zones accommodating new arrivals.

Output 1.2 Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population

Activities Planned:

- Monitor use of water through distribution points (tap stands) water quality tests.
- Distribute 1,000 household water treatment products [chlorine tablets], sufficient for 2 months, to 6,000 people.
- Train population of targeted communities on safe use of water treatment products.
- Monitor treatment and storage of water through household (sampled) water quality tests.

Progress: Water is being provided for refugees at the 5 transit camps

- Training on Delagua Kit done by ERU second rotation to TRCS and Twesa Watsan technicians.
- Training on hygiene promotion done to 2x40 HIT volunteers, mostly recruited in the newly arrived population.

Output 1.3 Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to 20,000 people

Activities Planned:

- Deployment of the Mass Sanitation Module (MSM 20) to support additional latrine/bathing facility infrastructure, vector control, household water treatment, Hygiene promotion, Solid waste management

options.

- Construct 400 latrines in reception centres, households, schools, for 20,000 people.
- Ensure latrines are clean and maintained through management of cleaners and community mobilization.
- Equip latrines with hand washing facilities, water and ensure they remain functional.
- Carry out drainage, vector control, and solid waste management activities in targeted communities.

Progress:

- Deployed Mass Sanitation Module (MSM 20) to support additional latrine/bathing facility infrastructure, vector control, household water treatment, Hygiene promotion, Solid waste management options.
- More than 400 latrines built by TRCS/MSM teams in reception centres, households, schools, some already decommissioned and new ones built in replacement. The ground proved impermeable and rocky in low areas (newly arrived settlements). Latrines built on slightly higher ground, but filled rapidly due to large population using the facilities. The constant influx of refugees and movement of population in the camp proves a very big challenge to reach the 1 latrine/50 users ratio.
- Ongoing process on ensuring latrines are clean and maintained through management of cleaners and community mobilization; equipping latrines with hand washing facilities, water and ensuring they remain functional and carrying out drainage, vector control, and solid waste management activities in targeted communities.

Output 1.4 Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

Activities planned:

- Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication).
- Develop a hygiene communication plan. Train hygiene promoters to implement activities from communication plan.
- Design/print IEC materials
- Assess progress and evaluate results.
- Engage community on design and acceptability of water and sanitation facilities.
- Procurement and installation of communal hand washing facilities 60-100litre capacity containers fitted with taps and installed on stand.
- Volunteers conduct awareness campaigns on good hygiene, cholera and malaria prevention practices using mobile cinema. (Film aid will provide equipment and technical staff and TRCS volunteers will support in hygiene/health)
- Refresher training on Beneficiary communication
- Live radio shows with call-in function to cover activities in the camp, provide information and collect feedback and questions will be conducted

Progress:

- Communal hand washing facilities: strategy revised to install “tippy taps” close to latrine blocks (20 litre jerry can filled with soap water). Continuous process of installing tippy taps following decommissioning of latrines and building of new ones.
- Training of hygiene promoters ongoing, strategy to reach the population and relevant messages adapted based on health information (HIS) and evolution of refugee’s situation (movement in the camp, relocation of families, etc.).

Output 1.5 Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population

Activities planned:

- Procurement/distribution of NFIs (basic hygiene items) including: laundry soap (200gm per person per month), bathing soap (250 gm per person per month).
- Procure/ distribution personal hygiene/dignity kits (toothbrush, toothpaste, washing soap, lotion, hair brush, shavers).
- Procure 8,000 rigid 20L jerry cans with lids for water collections at distribution centres.
- Procure/distribution menstrual hygiene management (MHM) kits to 6,000 women.

Progress: Procurement/distribution of NFIs (basic hygiene items) including: laundry soap (200gm per

person per month), bathing soap (250 gm per person per month), personal hygiene/dignity kits (toothbrush, toothpaste, washing soap, lotion, hair brush, shavers) and procurement of 8,000 rigid 20L jerry cans with lids for water collections at distribution centres has been done.

Procurement of menstrual hygiene management (MHM) kits to 6,000 women has partially been done.

Shelter and settlements

Outcome 1: Immediate shelter and household items needs are provided to refugees at entry points and reception centres

Output 1.1 Some 15,000 people have access to temporary waiting shelters at the entry points

Activities planned:

- Procure and transport 1,000 tarpaulins
- Distribute 1,000 tarpaulins into entry points
- Locally procure remaining construction materials for the shelters (poles, nails)
- Construct the temporary waiting shelters

Progress: Procurement and transport of 1,000 tarpaulins has been done. Locally procurement of remaining construction materials for the shelters (poles, nails), construction of temporary waiting shelters in 7 entry points is done.

Output 1.2 6,000 vulnerable households receive basic NFIs

Activities Planned:

- Select and register beneficiaries
- Procure and transport NFIs (blankets, mosquito nets, jerry cans, water treatment kits and hygiene kits)
- Distribution of NFIs

Progress: Distributed basic non-food items. Selection and registration of beneficiaries done. Procurement and transport NFIs (blankets, mosquito nets, jerry cans, water treatment kits and hygiene kits) has been done; some mosquito nets still in pipeline. Distribution of NFIs is planned.

Output 1.3 At least 250 people from the most vulnerable groups are accommodated in tents for privacy and protection

Activities Planned:

- Procure 50 family tents for most vulnerable families
- Install 50 family tents

Progress: Procurement of 50 family tents for most vulnerable families has been done and tents have been delivered to TRCS.

Disaster Preparedness and Risk Reduction

Outcome 1: The TRCS is prepared to respond to an increase influx of refugees

Output 1.1 National Society volunteer and staff response capacity strengthened

Activities Planned:

- Training in WATSAN NDRT to continue the sanitation and hygiene promotion after departure of MSM ERU
- Training in Health NDRT to continue with the health posts after departure of BHU
- Preposition of Watsan Kit 2 as a contingency plan for the NS (supported by Spanish RC)
- Installation of two rub halls (branch and camp) and rehabilitation of TRCS base camp warehouse

Progress:

- TRCS WATSAN RDRT has joined the third ERU rotation team for capacity building.
- Training of Health staff by 2 ERU BHU rotations on Clinical management
- Installation of two rub halls (branch and camp) and rehabilitation of TRCS base camp warehouse currently pending.
- Preposition of Watsan Kit 2 as a contingency plan for the NS (supported by Spanish RC) done bilaterally

National Society Capacity Building
Outcome 1 A self-reliant National Society that can respond to humanitarian crisis
Output 1.1 The TRCS has adequate resources to respond to the Burundi Refugee influx
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Recruit support services personnel: finance officers (HQ and field), logistics and PMER • Volunteer management training • Review internal systems and protocols for response • Training of HQ and field staff in finance • System upgrade of the finance software • Recruit an operations team: operations manager, Watsan and health officers, and a construction supervisor • Recruit a driver • Procure 6 laptops/software, 1 printer, 1 heavy duty printer
<p>Progress: Recruitment of support services personnel:</p> <ul style="list-style-type: none"> • Emergency Team Leader field level – done; • Finance officers (HQ and field) – pending; • Logistics field level, driver – done; • PMER and volunteer management training - Not done. • Internal systems and SOPs in revision with Operations Manager, not done. • Training on Navision and Finance support at branch and field level not done. • IT equipment pending
Output 1.2: Positioning of RCRC response operations is enhanced through evidence based communications and advocacy
<p>Activities Planned:</p> <ul style="list-style-type: none"> • Produce bi-weekly movement facts and figures and share with relevant stakeholders • Produce monthly movement advocacy key messages and define our targeted audience at country, regional and global levels) • Develop a regional movement HD (advocacy) strategy in coordination with external actors • Produce bi-weekly regional infographic • Produce Videos, and photographs to media and key stakeholders (supported by Finish RC) • Deploy IFRC communications to Tanzania on at least one mission to gather materials • Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter • Support the launch of this appeal and other major milestones throughout the operation using people-centred, community level content for use on various communications channels including the IFRC Africa web page, www.ifrc.org/africa. Provide the NS communication team with communication training and appropriate equipment, if required.
<p>Progress: During the onset of the disaster bi-weekly movement facts and figures were shared with relevant stakeholders including monthly movement advocacy key messages and defining our targeted audience at country, regional and global levels, bi-weekly regional infographic, videos, and photographs to media and key stakeholders (supported by Finish RC). Development of a regional movement HD (advocacy) strategy in coordination with external actors is in plan. Deployment of an IFRC communications to Tanzania on at least one mission to gather materials is pending.</p> <p>The use of various communication channels in support of this appeal, using people-centred and community level diverse content, the IFRC Africa web page, www.ifrc.org/africa and providing the NS communication team with communication training and appropriate equipment, if required (photo and video camera, spoke persons). Will assist to provide information on the situation.</p>

Contact information

For further information specifically related to this operation please contact:

- **In Tanzania:** Joseph Kimaryo, Disaster Management Director, Tanzania Red Cross National Society; phone +255 713 325 042; email: utouh2009@yahoo.com
- **IFRC Regional Representation:** Finnjarle Rode; Regional Representative for East Africa; Nairobi; Phone: +254 20 28 35 000; Email: finnjarle.rode@ifrc.org
- **In Africa Region:** Farid Aiywar, Head of disaster management unit, Nairobi, Kenya; phone +254 724 593 799; email: farid.aiywar@ifrc.org
- **In Geneva:** Christine South, Senior Quality Assurance Operations Officer, office phone: +41.22.730.4529, email: christine.south@ifrc.org
- **IFRC Zone Logistics:** Rishi Ramrakha; mobile phone: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Zone:** Fidelis Kangethe, Partnerships and Resource Development Coordinator; Addis Ababa; Tel; 251 930 03 4013; 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)

- **In IFRC Zone:** Robert Ondrusek, PMER Coordinator; mobile phone: +254 731 067 277; email: robert.ondrusek@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 (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

MDRTZ017 - Tanzania - Population Movement

Timeframe: 15 May 15 to 20 Feb 16

Appeal Launch Date: 20 May 15

Interim Report

Selected Parameters

Reporting Timeframe	2015/5-2015/9	Programme	MDRTZ017
Budget Timeframe	2015/5-2016/2	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		2,057,435				2,057,435	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		93,256				93,256	
<i>British Red Cross</i>		71,937				71,937	
<i>Canadian Red Cross (from Canadian Government*)</i>		62,969				62,969	
<i>Japanese Red Cross Society</i>		81,402				81,402	
<i>Norwegian Red Cross</i>		57,843				57,843	
<i>Red Cross of Monaco</i>		10,590				10,590	
<i>Spanish Red Cross</i>		3,599				3,599	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		103,857				103,857	
C1. Cash contributions		485,451				485,451	
Inkind Goods & Transport							
<i>Spanish Red Cross</i>		76,374				76,374	
C2. Inkind Goods & Transport		76,374				76,374	
Other Income							
<i>DREF Allocations</i>		231,380				231,380	
C4. Other Income		231,380				231,380	
C. Total Income = SUM(C1..C4)		793,205				793,205	
D. Total Funding = B + C		793,205				793,205	

* 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		793,205				793,205	
E. Expenditure		-380,336				-380,336	
F. Closing Balance = (B + C + E)		412,869				412,869	

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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)			2,057,435			2,057,435		
Relief items, Construction, Supplies								
Shelter - Relief	60,000		50,970			50,970	9,030	
Construction - Facilities	21,750						21,750	
Construction Materials	2,310						2,310	
Clothing & Textiles	232,800		38,340			38,340	194,460	
Water, Sanitation & Hygiene	478,605		13,788			13,788	464,817	
Medical & First Aid	54,350						54,350	
Utensils & Tools			10,368			10,368	-10,368	
Total Relief items, Construction, Sup	849,815		113,466			113,466	736,349	
Land, vehicles & equipment								
Vehicles	105,000						105,000	
Computers & Telecom	23,500						23,500	
Office & Household Equipment	16,800						16,800	
Total Land, vehicles & equipment	145,300						145,300	
Logistics, Transport & Storage								
Storage	43,220		4,212			4,212	39,008	
Distribution & Monitoring	14,064		31,135			31,135	-17,071	
Transport & Vehicles Costs	99,745		3,404			3,404	96,340	
Logistics Services			6,427			6,427	-6,427	
Total Logistics, Transport & Storage	157,029		45,178			45,178	111,851	
Personnel								
International Staff	120,000						120,000	
National Staff	30,000		58			58	29,942	
National Society Staff	119,238						119,238	
Volunteers	397,500						397,500	
Total Personnel	666,738		58			58	666,679	
Workshops & Training								
Workshops & Training	59,737		886			886	58,851	
Total Workshops & Training	59,737		886			886	58,851	
General Expenditure								
Travel	23,934		8,808			8,808	15,126	
Information & Public Relations	17,722		956			956	16,765	
Office Costs	6,000		210			210	5,791	
Communications	4,589		566			566	4,023	
Financial Charges	1,000		-1,608			-1,608	2,608	
Other General Expenses			5			5	-5	
Total General Expenditure	53,245		8,937			8,937	44,308	
Operational Provisions								
Operational Provisions			189,590			189,590	-189,590	
Total Operational Provisions			189,590			189,590	-189,590	
Indirect Costs								
Programme & Services Support Recover	125,571		21,912			21,912	103,659	
Total Indirect Costs	125,571		21,912			21,912	103,659	
Pledge Specific Costs								
Pledge Earmarking Fee			309			309	-309	
Total Pledge Specific Costs			309			309	-309	

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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)			2,057,435			2,057,435		
TOTAL EXPENDITURE (D)	2,057,435		380,336			380,336	1,677,098	
VARIANCE (C - D)			1,677,098			1,677,098		

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Subsector:	*		

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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 response	2,057,435		793,205	793,205	380,336	412,869	
Subtotal BL2	2,057,435		793,205	793,205	380,336	412,869	
GRAND TOTAL	2,057,435		793,205	793,205	380,336	412,869	