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Emergency appeal Operations update

Tanzania: Population movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRTZ017	Glide n° OT-2015-000052-TZA
Operations update n° 4	Period covered by this update: 15 May 2015 - 08 May 2016
Date of issue: 10 May 2016	Date of disaster: May 2015
Operation start date: 15 May, 2015	Expected Timeframe: 26 months End date 31 August 2017
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 5,213,378 Coverage: 51%	Total estimated Red Cross and Red Crescent response to date: CHF 2,697,938
Disaster Relief Emergency Fund (DREF) allocated: CHF 231,380	Number of people being assisted: 250,000 refugees
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 (A DRA), 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).	

This Operations Update (n° 4) conveys a revised budget of **5,213,378 Swiss francs** to enable the IFRC to support the **Tanzania Red Cross Society (TRCS)** to deliver assistance and support to a total of **250,000 refugees**. The revision reflects two main components:

- The adjustment of planned activities based on recommendations from assessments carried out by the TRCS based on the evolving Burundi refugee situation which has resulted in increased needs in healthcare, the need to support the hospital and thus the scale-up of the operation.
- The American Red Cross is currently handing over its supported activities in Mtendeli and Nyarugusu to TRCS and IFRC. The activities are funded by the US Bureau of Population, Refugees, and Migration (BPRM). The potential support from BPRM and other donors will enable TRCS and IFRC to continue providing assistance in the refugee camps.

The revised Emergency Appeal budget is currently some 51% covered. The Appeal timeframe is extended from a total of 15 to 26 months (new end date of August 2017).

[Click here Emergency Plan of action \(EPOA\)](#)

Appeal history

April 2015: Influx of Burundian refugees fleeing pre-election violence start arriving in neighbouring countries.

May 2015: The Government of Tanzania officially requests international support to respond to the humanitarian needs. A 5-member IFRC Field Assessment and Coordination Team (FACT) arrives in Tanzania for 1 month. With

15,000 refugees received in Nyarugusu refugee camp and more than 30,000 refugees reportedly at Kagunga border post, an Emergency Appeal is launched for 1 million Swiss franc to assist 20,000 people, including 231,389 Swiss franc from the IFRC's Disaster Relief Emergency Fund (DREF) as start-up funding.

May 2015: Mass Sanitation Module (Austrian and Swedish Red Cross) and Basic Health Care (Spanish Red Cross) Emergency Response Units are deployed.

June 2015: Revised Emergency Appeal (n° 1) issued for 2 million Swiss franc for a total of 90,000 people.

October 2015: Locations identified for new camps to address overcrowding in the Nyarugusu camp. The TRCS is requested by UNCHR to expand its services into the new Mtendeli camp.

January 2016: IFRC deploys a Head of Emergency Operations (HeOps) as surge support to provide strategic and operational leadership and issued a revised Appeal (n° 2) for 5,245,197 Swiss franc for 250,000 people.

April – May 2016: 232,315 people fled Burundi, with 126,702 refugees registered in Tanzania. Revised Appeal issued for 5,213,378 Swiss francs for 250,000 people and the Appeal timeframe extended to August 2017.



Tanzania Red Cross Clinician in Health Post 4
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Summary

Since late April 2015, there has been ongoing violence in Burundi, resulting in a number of casualties in the capital of Bujumbura. Two hundred and fifty six thousand ,six hundred and seventy two (256,672) people have sought refuge in neighbouring countries, including the Democratic Republic of the Congo, Rwanda, Tanzania, Uganda and Zambia (United Nations High Commissioner for Refugees (UNHCR). As of 6 April 2016, 137,434 people (UNCHR) have settled in Tanzania, with the majority (75,165) being hosted in the Nyarugusu camp (Kigoma Province), which was built in 1997 to accommodate 50,000 Congolese refugees. Following the influx of Burundi refugees, the Nyarugusu camp is now rated the third largest refugee settlement in the world and is overcrowded with stretched resources that are insufficient to meet the needs of a population of 74,886 Burundians and 64,181 Congolese refugees.

Tanzania continues to witness arrivals of refugees on an average of 150-200 people per day. Based on UNHCR contingency plan, a total of 250,000 Burundi nationals are expected to arrive in Tanzania by October 2016. The Government of Tanzania (GoT) has set up 3 locations for new camps to resolve this situation and accommodate the Burundi refugees, in Mtendeli, Nduta and potentially Karago. Each camp is expected to host between 50,000 to 60,000 refugees. But as of April 2016, Nduta is almost full (53,951), all the new refugees will be hosted in Mtendeli camp which will result to a significant increase for that camp, requiring rapid demand of services to cope with the influx. In October 2015, the TRCS was requested by UNCHR to expand the provision of health services into the Mtendeli camp, continue existing services and take on those currently being provided by *Médecins Sans Frontières* (MSF) in the Nyarugusu camp. The process started in January 2016.

The risk of disease outbreaks in the overcrowded camps remains high and necessitates strengthening of epidemiological surveillance in the refugee camps, particularly on hygiene related diseases with the countrywide cholera outbreak that has more than 6,000 reported cases over 14 regions (for more information please refer to [MDRTZ018 Tanzania: Cholera Emergency Appeal](#)). The population in Nyarugusu camp faced cholera in May 2015, resulting in 33 deaths. The needs have continued to change and increased and this update incorporates the urgent needs to expand the support to vital facilities such as health posts in Nyarugusu and Mtendeli camps.

Current situation

Following the influx of Burundi nationals into Tanzania, the TRCS, which has been supporting the Congolese refugee population in the Nyarugusu camp for over 10 years, scaled up the assistance, specifically the provision of comprehensive health, both preventive and curative. TRCS staff and volunteers in Nyarugusu and Mtendeli camps are assisting the arriving refugees by providing lifesaving interventions including: first aid, medical screening (immunization, treatment of common communicable diseases, and screening for malnutrition) for all new arrivals and health education through the Health Information Team (HIT), particularly on prevention of communicable diseases.

In Nyarugusu camp, the TRCS is running eight health facilities. In Mtendeli, TRCS provides basic health services. The services are complemented by a Health Information Team (HIT), running health and hygiene promotion

activities and disease surveillance in all zones in Mtendeli and Nyarugusu. The HIT passes messages through role play and direct communication on symptoms, prevention and control of various communicable diseases such as malaria, cholera, diarrhoea, etc. Messages depend on the current campaign and the health surveillance data.

Parallel to the emergency response, Spanish Red Cross in collaboration with TRCS started a community health project in the host community which will run for 3 years starting 2016. The project will focus on capacity building for laboratory staff in 3 dispensaries: Kasulu District Hospital, Kiganamo Health Center and Makere Health Centre. They will equip the supported dispensaries' laboratories and improve water system at Makere health Centre. The diagnostic laboratory results will be linked to the community through the outreach program to ensure follow up of the patients.

American Red Cross has been supporting the TRCS in Nyarugusu camp for the last 12 years in human resource, logistics/ equipment, capacity building of health staff, data management, SGBV and provision of medical drugs for the main hospital and health posts. ARCS has also improved the health structures in Nyarugusu camp. The technical support both at the field, HQ and regional level has contributed to better service delivery. The American Red Cross is currently handing over its supported activities in Mtendeli and Nyarugusu to TRCS and IFRC. The activities are funded by the US Bureau of Population, Refugees, and Migration (BPRM).

The operational strategy

Overall objective

Immediate survival and basic health care needs of Burundian refugee population are met through the provision of essential emergency health.

Proposed strategy

The Revised EA intends to improve the provision of Basic Health Care services in the Nyarugusu camp and expand into the new camp of Mtendeli, while maintaining the same approach in all other sectors. In addition, it also includes the continuation of the activities at 4 border entry points and one transit centre where Burundi nationals enter Tanzania.



Coordination and partnerships




The Government of Tanzania through the Ministry of Home Affairs (MHA) and the United Nations High Commissioner for Refugees (UNHCR) are coordinating the influx of refugees. A joint rapid assessment involving the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF) and the UNHCR was conducted early in May 2015. On 13 May 2015, the Government of Tanzania officially requested international support from the International Red Cross and Red Crescent Movement to assist with the humanitarian efforts.

The transportation of refugees from the entry points to the established reception centres and to the designated camps is being facilitated by the International Organization for Migration (IOM), while the United Nations World Food Programme (WFP) is procuring and coordinating food distribution. UNHCR is working on the registration of the refugees alongside the MHA. IOM has organized bus transportation from transit camps and border points to Nyarugusu, Nduta and soon to Mtendeli, once operational, while UNHCR provided transportation from Kagunga to Kigoma. CARITAS (Catholic Relief Services) provides food and runs water and sanitation activities at the stadium. International Rescue Committee (IRC) is offering social welfare at all sites. TWESA (Tanzania water & environmental sanitation agency) is in charge of water distribution with support from OXFAM and UNHCR. UNICEF, PLAN International, MSF and Save the Children are supporting protection, health and education activities. Danish Refugee Council (DRC) manages the Nduta and Mtendeli camps.

A coordination and information sharing forum has been initiated under UNHCR leadership at Dar es Salaam level. The forum brings together all UN agencies, the government through the Ministry of Home Affairs, the Red Cross, International NGOs, local NGOs (implementing partners) and other stakeholders in refugee affairs. At the National level in Dar es Salaam, this forum now meets on a bi-weekly basis. In Kigoma, at regional level, regular meetings are held with the Regional authorities and TRCS is a key participant as well at the hubs of Kasulu and Kibondo.


Proposed sectors of intervention

 Health and care
<p>Outcome 1: Immediate risks to the health of the target population are reduced at the entry points and in the Mtendeli and Nyarugusu camps, for a period of 15 months</p>
<p>Output 1.1: Basic health care access is provided for the target communities living in the Mtendeli and Nyarugusu camps to enable rapid medical management of injuries and diseases (Target: 250,000 people)</p>
<p>Activities implemented</p> <ul style="list-style-type: none"> • Deploy Basic Health Care ERU (Nyarugusu) • Provide on the job skills building sessions for staff in Mtendeli and Nyarugusu camps • Temporarily reinforce HP4 and HP5 in the Nyarugusu camp • Reinforce semi-permanent structures at HP4 in the Nyarugusu camp • Providing training of 50 health workers on clinical treatment guidelines • Provide training for 36 volunteers on drug management done <p>Ongoing Activities</p> <ul style="list-style-type: none"> • Deploy health ERU HR (logistician, head nurse) • Rehabilitation/installation of the basic health care service facilities in the Mtendeli camp (including clinical inpatient/outpatient services (100 bed ward), pharmacy/dispensary, and refrigeration of blood pouches etc. • Procure medical equipment required for the running of the basic health care services in the Mtendeli and Nyarugusu camps • Procure equipment for staff posted to the basic health care services in the Mtendeli and Nyarugusu camps ongoing • Management of acute severe malnutrition • Provide referral services <p>Activities Planned</p> <ul style="list-style-type: none"> • Training of local tribunal/ community leaders on the importance of early reporting of GBV/rape within 72 hours • Clinical IMCI training • Community IMCI training
<p>Output 1.2: Epidemic prevention (focus on malaria and cholera) and control measures are carried out with target communities living in the Mtendeli and Nyarugusu camps diseases (Target: 250,000 people); including distribution of mosquito nets (Target: 6,000 households)</p>
<p>Activities implemented</p> <ul style="list-style-type: none"> • Procure/distribute 12,000 mosquito nets to 6,000 households and demonstration on their use • Provide training of 120 Health Information Team volunteers (including on cholera; yellow fever, malaria, nutrition, reproductive health preventions and vaccination messaging) • Identify a possible site for isolation and treatment if an outbreak occurs (CTC, ORP, CTU) <p>Ongoing Activities</p> <ul style="list-style-type: none"> • Providing training for 100 volunteers on epidemiological surveillance • Provide orientation for 100 volunteers on IPC • Provide training for 100 volunteers on IPC • Provide training for 50 volunteers on the management of fever • Conduct social mobilization and health promotion (including on HIV prevention and sexual violence and gender-based violence; supplementary feeding to children, to pregnant and lactating mothers as well as by promote good breastfeeding. • Conduct epidemic surveillance through a task force with official information (government/others) and local community-based information (through the HIT volunteers)


- Provide first aid/referral services at entry points
- Develop/review diseases outbreak preparedness and response contingency plan (task force meeting each month)
- Conduct vaccination campaign in collaboration with UNICEF/MoH


Planned activities

- Community awareness raising through mobile cinema campaign
- Strengthen data management and reporting system

 Water, sanitation, and hygiene promotion
<p>Outcome 2: Immediate risk of waterborne and water related diseases to the of the target population is reduced in the Mtendeli and Nyarugusu camps, for a period of 15 months</p>
<p>Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</p>
<p>Activities Implemented</p> <ul style="list-style-type: none"> • 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
<p>Output 2.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target communities (Target: 6,000 people)</p>
<p>Activities implemented</p> <ul style="list-style-type: none"> • Monitor use of water through distribution points (tap stands) water quality tests (via the Mass Sanitation Module) • Distribute 1,000 household water treatment products (chlorine tablets) 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 • Installation of water supply infrastructure to support infrastructure to support provision of basic health care services in the Mtendeli camp
<p>Output 2.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided (Target: 20,000 people)</p>
<p>Activities implemented</p> <ul style="list-style-type: none"> • 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 • Installation of appropriate sanitation infrastructure to support provision of basic health care services in the Mtendeli and Nyarugusu camp (including improved drainage/piping, incinerators, latrines, placenta pit and showers)
<p>Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target communities (Target: 250,000 people)</p>
<p>Activities Implemented</p> <ul style="list-style-type: none"> • 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

<ul style="list-style-type: none"> Engage community on design and acceptability of water and sanitation facilities Procurement and installation of communal hand washing facilities 60-100l. capacity containers fitted with taps and installed on stand Conduct 20 awareness campaigns on good hygiene, cholera and malaria prevention practices using mobile cinema
Output 2.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target communities (Target: 6,000 households)
Activities implemented <ul style="list-style-type: none"> Procure/distribute basic hygiene items (razor blades, towels, toothbrush/toothpaste, laundry soap (200gr/p/month), bathing soap (250gr/p/month)) Procure/distribute 6,000 rigid 20l. jerry cans with lids and 6,000 buckets with lid for water collection, treatment and storage Procure/distribute 6,000 Menstrual Hygiene Management (MHM) kits

 <h2 style="margin: 0;">Shelter and settlements</h2>
Outcome 3: Immediate shelter and household items needs are provided to refugees at entry points and reception centers
Output 3.1: Some 15,000 people have access to temporary waiting shelters at the entry points
Activities implemented <ul style="list-style-type: none"> Locally procure remaining construction materials for the shelters (poles, nails) Construct the temporary waiting shelters Activities ongoing <ul style="list-style-type: none"> Procure/transport 1,000 tarpaulins Distribute 1,000 tarpaulins into entry points
Output 3.2: 6,000 vulnerable households receive basic NFIs
Activities Implemented <ul style="list-style-type: none"> Engage the community in the selection and registration of beneficiaries Procure and transport NFIs (blankets, mosquito nets, jerry cans, water treatment kits and hygiene kits) Distribution of NFIs
Output 3.3: At least 250 people from the most vulnerable groups are accommodated in tents for privacy and protection
Activities Implemented <ul style="list-style-type: none"> Procure 50 family tents for most vulnerable families Install 50 family tents

 <h2 style="margin: 0;">Disaster preparedness and Risk Reduction</h2>
Outcome 4: The TRCS is prepared to respond to an increase influx of refugees
Output 4.1 National Society volunteer and staff response capacity strengthened in Mtendeli and Nyarugusu
Activities Implemented <ul style="list-style-type: none"> 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 Prepositioning 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 Allocation of emergency funds for the top ten essential drugs to ensure there is no stock out in the facilities
Activities planned Stocking of essential NFI items in case of influx



National Society Capacity Building

Outcome 5. A self-reliant National Society that can respond to humanitarian crisis

Output 5.1 The TRCS has adequate resources to respond to the Burundi Refugee influx

Activities implemented

- Recruit support services personnel: finance officers (NHQ and field), logistics and PMER
- Recruit operations personnel for the implementation of the response at NHQ and branch levels (including an operations manager, health, logistics, etc.)
- Recruit a driver

Ongoing activities

- Procure laptops/software, printer, and a heavy duty printer

Planned activities

- Provide refresher training of NHQ and field staff on the Navision finance software pending
- Review internal systems and protocols for response
- System upgrade of the Navision finance software at NHQ level; and installation of accounting systems at branch level

Output 5.2 : Positioning of RCRC response operations is enhanced through evidence based communications and advocacy

Activities Ongoing

- Produce Videos, and photographs to media and key stakeholders
- 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-centered, 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 (photo and video camera, spoke persons)

Quality programming / Areas common to all sectors

Outcome 6: Continuous assessment ,analysis, and final evaluation is used to inform the design and implementation of the operation

Output 6.1: Initial needs assessment are updated following consultation with beneficiaries; and Emergency Plan of Action is updated and revised as necessary to reflect needs during the timeframe of the EA

Activities Implemented

- Deployment of Field Assessment and Coordination Team (FACT)
- Conduct needs assessment in the Mtendeli and Nyarugusu camps to inform design of the Emergency Plan of Action
- Initial orientation and information meetings are held with the community to provide information on the mandate of the National Society/IFRC etc.
- Establish beneficiary complaints and feedback mechanism in the areas of implementation
- Programme information on the implementation of the EA is communicated regularly and through appropriate channels
- Deploy IFRC Head of Operations surge support to provide strategic and operational leadership

<p>Ongoing activities</p> <ul style="list-style-type: none"> • Continuous NHQ/field level monitoring and documentation of the activities planned in the EA as well as refugee influx • Continuous updating of the Emergency Plan of Action for the EA; based on monitoring information • Preparation of reporting as required (including Operations Updates)
<p>Output 6.2: The EA operation is reviewed to inform lessons learned and future operations</p>
<p>Activities Implemented</p> <ul style="list-style-type: none"> • Conduct beneficiary satisfaction survey <p>Planned Activities</p> <ul style="list-style-type: none"> • Conduct final evaluation and lessons learned • Conduct an exit strategy workshop as per the appeal guidelines



Programme support services

Human resources for TRCS: The operation will require the following staff and volunteers:

Position Title	Sector Area	Roles and responsibilities
Volunteers/First aiders (100)	Health	First aid provision to refugees at 5 entry points and all reception centres at Nyarugusu and Mtendeli. To be supported by ICRC
Volunteers (35), 1 nurse and 1 clinical officer	Health	Medical screening at 4 entry points and transit centre
Hygiene promotion volunteers (52)	WatSan	Sensitizing refugees on good hygiene practices at the 5 entry points and at Nyarugusu
Health information and prevention volunteers (120)	Health	Health promotion at entry points and at Nyarugusu and Mtendeli.
Volunteers (70)	Relief/shelter	Beneficiary registration and distribution of NFIs.
TRCS HQ, Branch and Camp/ Field staff recruitment.	<ul style="list-style-type: none"> 1 finance officer at HQ 1 PMER at HQ 1 operations manager 2 finance officers at the branch 1 WATSAN technician 2 logisticians 2 warehouse storekeepers (1/camp) 13 clinical officers 1 clinical in charge 1 cleaner 5 drivers 2 HIS reporters 6 laboratory technicians 	Facility and operation staff

	17 nurses 1 patron 15 registration clerks 1 reproductive health manager 14 security guards	
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Logistics and supply chain: Logistics planning to support the operation including TRCS capacity building, procurement, fleet and stock management are vital and an integral part of the plan, in order to ensure that the material/items needed are delivered in the right locations, at the right time, in right quality and in accordance with the IFRC logistics procedures.

Procurement for this revised Emergency Appeal operation will be carried out by the TRCS logistics unit in NHQ in collaboration with TRCS branches, the IFRC Logistics Delegate, the IFRC Regional office and Global Logistics Services. Items to procure will include NFIs, dignity kits, MHM kits, tents, water treatment tablets, an ambulance, hospital beds, solar lights, a generator, Rub Halls, and some IT equipment.

Procured NFI stocks will be stored in the TRCS central storage upon arrival in Dar es Salaam. Delivery of NFIs to the distribution site will be carried out using trucks- hired to support this operation. Due to the remoteness of the area of implementation from Dar es Salaam to Kigoma (more than 1,600 kilometres), appropriate costs have been budgeted for transportation and for monitoring and supervision.

Logistics human resources needs to be confirmed in order to have activities planned delivered in accordance with IFRC Logistics procedures and processes. An ERU logistician was deployed to initially support the operation for 1.5 months followed by another logistician for 1 month and finally one logistician has now been deployed for 3 months. This position will continue as part of the revision to ensure procure procedures are followed and the logistics needs are met.

Donors are encouraged to give un-earmarked cash donations. Mobilization of relief goods including in-kind donations will be coordinated through the Global Logistics Unit, Dubai office. A mobilisation table is maintained by the RLU and shared with the relevant parties as required. All donors interested in supporting the in kind are requested to coordinate with the Global Logistics Unit, Dubai office.

Communications and humanitarian diplomacy: TRCS, with support from IFRC regional and zone communications teams in Nairobi, aims to coordinate various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. A dedicated web page www.ifrc.org/burundi-crisis has also been created to profile the ongoing situation. A regional RC/RC Movement communication strategy including Movement tools has been created to support the EA and will be adjusted based on the needs identified through the Revised EA. Communications expertise will also be sought from within the IFRC as well as interested Red Cross /Red Crescent Movement partners to ensure that this strategy is delivered on.

Security: Security management is a vital element of the operation to ensure security of personnel, assets and programmes. TRCS and IFRC will be continuously monitoring the security environment and respond to changes in the threat and risk situation, if any, by implementing adequate risk reduction measures. This includes measures related to safety-related threats and risks, e.g. road traffic accidents, fire safety, and health-related concerns. All personnel must complete the respective IFRC Stay Safe courses; *Stay Safe Personal security* is mandatory for all personnel and *Stay Safe Security Management* is mandatory for all managers.

Planning, monitoring, evaluation & reporting (PMER): TRCS conducted a detailed assessment with the support of a health delegate from Nairobi and the field health coordinator in January 2016. TRCS HQ and branch staff will be deployed (refer to section above on HR) to support the ongoing monitoring and supervision of the operation. TRCS will send regular operations updates on the activities planned and implemented in accordance with the EPoA and budget. The IFRC EAIOI regional representation's Disaster Management and PMER units will provide technical support and ensure that monitoring and reporting structures are established. A beneficiary satisfaction survey has been planned at the end of April 2016. This will be done with the support of the IFRC Operations emergency reporting delegate and TRCS PMER staff. The findings of the report will be incorporated in the activities.

The Water and Sanitation ERU (Swedish and Austrian Red Cross) conducted an internal review in November and the final report along with the recommendations was shared to improve the operation. This exercise was led by the Swedish Red Cross.

At the end of the operation, the IFRC and TRCS will conduct a final evaluation of the project which will include capturing and lessons learned to analyse the effectiveness and outcomes of the operation.

Administration and Finance: TRCS is on a working advance system. Financial returns will be reported according to TRCS's accounting system. The accounting journals will be sent monthly to the IFRC EAI/OI regional representation finance unit for verification and accounting. Financial procedures and monitoring will be put in place to ensure proper reporting and accountability. The IFRC EAI/OI regional representation's finance unit will provide technical support to the TRCS to ensure the activities are reported in accordance with the budget.

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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

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

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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 (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.

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.**

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EMERGENCY APPEAL

22/04/2016

MDRTZ017 Tanzania Population Movement

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF
Shelter - Relief	77,500		0	77,500
Shelter - Transitional	0		0	0
Construction - Housing	0		0	0
Construction - Facilities	219,999		0	219,999
Construction - Materials	17,500		0	17,500
Clothing & Textiles	167,000		0	167,000
Food	4,000		0	4,000
Seeds & Plants	0		0	0
Water, Sanitation & Hygiene	149,900		0	149,900
Medical & First Aid	489,060		0	489,060
Teaching Materials	0		0	0
Utensils & Tools	3,000		0	3,000
Other Supplies & Services	19,275		0	19,275
Emergency Response Units	0		975,000	975,000
Cash Disbursements	0		0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	1,147,234	0	975,000	2,122,234
Land & Buildings	0		0	0
Vehicles	60,000		0	60,000
Computer & Telecom Equipment	19,800		0	19,800
Office/Household Furniture & Equipment	44,100		0	44,100
Medical Equipment	0		0	0
Other Machinery & Equipment	0		0	0
Total LAND, VEHICLES AND EQUIPMENT	123,900	0	0	123,900
Storage, Warehousing	36,400		0	36,400
Distribution & Monitoring	7,605		0	7,605
Transport & Vehicle Costs	231,320		0	231,320
Logistics Services	0		0	0
Total LOGISTICS, TRANSPORT AND STORAGE	275,325	0	0	275,325
International Staff	1,048,000		0	1,048,000
National Staff	44,639		0	44,639
National Society Staff	964,158		0	964,158
Volunteers	57,188		0	57,188
Total PERSONNEL	2,113,984	0	0	2,113,984
Consultants	10,000		0	10,000
Professional Fees	7,200		0	7,200
Total CONSULTANTS & PROFESSIONAL FEES	17,200	0	0	17,200
Workshops & Training	54,900			54,900
Total WORKSHOP & TRAINING	54,900	0	0	54,900
Travel	89,458		0	89,458
Information & Public Relations	23,208		0	23,208
Office Costs	25,868		0	25,868
Communications	12,600		0	12,600
Financial Charges	7,000		0	7,000
Other General Expenses	42,000		0	42,000
Shared Office and Services Costs	10,000		0	10,000
Total GENERAL EXPENDITURES	210,134	0	0	210,134
Partner National Societies	0		0	0
Other Partners (NGOs, UN, other)	0		0	0
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Services Support Recovery	256,274		0	256,274
Total INDIRECT COSTS	256,274	0	0	256,274
Pledge Earmarking & Reporting Fees	39,427			39,427
Total PLEDGE SPECIFIC COSTS	39,427	0	0	39,427
TOTAL BUDGET	4,238,378	0	975,000	5,213,378
Available Resources				
Multilateral Contributions	446,505			446,505
Bilateral Contributions			975,000	975,000
TOTAL AVAILABLE RESOURCES	446,505	0	975,000	1,421,505
NET EMERGENCY APPEAL NEEDS	3,791,873	0	0	3,791,873