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# Emergency Plan of Action Final Report

## Tanzania: Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF n° MDRTZ021</b>	<b>Operation n° MDRTZ021</b>
<b>Date of Issue:</b> 26 February 2019	<b>Glide number:</b> FL-2018-000043-TZA
<b>Date of disaster:</b> 12 -18 April, 2018	
<b>Operation start date:</b> April 30, 2018	<b>Operation end date:</b> 31 <sup>st</sup> August 2018
<b>Host National Society:</b> Tanzania Red Cross Society	<b>Operation budget:</b> CHF 196,499
<b>Number of people affected:</b> 15,862 or 3,172 households (1,146 in Zanzibar, 2,740 in Arusha and 11,976 in Dar es Salaam)	<b>Number of people assisted:</b> <b>Direct beneficiaries:</b> 800 households or 4,000 people, representing 25% of the total affected population will be direct beneficiaries of this operation (500 in Zanzibar, 1,000 in Arusha and 2,500 in Dar es Salaam). <b>Indirect beneficiaries:</b> 3,172 households or 15,862 people
<b>N° of National Societies involved in the operation:</b> One (1), Tanzania Red Cross Society	
<b>N° of Red Cross Red Crescent Movement partners involved in the operation:</b> Two (2), Belgian Red Cross Flanders (BRC), and the International Federation of Red Cross and Red Crescent Societies (IFRC)	
<b>N° of other partner organizations involved in the operation:</b> One (1), Government of Tanzania including local governments & Dar es Salaam Multi-Agency Emergency Response Team (DARMAERT)	

## A. SITUATION ANALYSIS

### Description of the disaster

From 12 to 18 April 2018, torrential rainfall hit various parts of Tanzania mainland and Zanzibar, causing flood in Dar es Salaam (Kinondoni, Ilala, Temeke and Kigamboni Municipals); Arusha (Arusha District Council, Meru, Longido, Monduli districts); Zanzibar; Kilimanjaro (Same, Hai, Mwanga districts); Tanga (Handeni, Lushoto districts); Manyara (Simanjiro, Kiteto, Babati districts); Tabora (Nzega and Kaliua districts); Pwani (Mafia and Rufiji districts); Mwanza, Morogoro, Dodoma, Mbeya, Rukwa, Mtwara, Shinyanga, and Geita.

Immediately after the disaster hit, Tanzania Red Cross Society (TRCS) deployed a National Disaster Response Team (NDRT), a Branch Disaster Response Team (BDRT) and volunteers from TRCS branches of Arusha, Dar es Salaam and Zanzibar to evacuate affected people, administer first aid to people in need and conduct a rapid initial assessment of the situation.



*TRCS volunteer sending plastic sheltering material to flood victims in Longido, Arusha © TRCS*

Based on TRCS volunteer assessment and Dar es Salaam Multi-Agency Emergency Response Team (DARMAERT) reports, a total of 15,862 people was directly affected by floods in the above-mentioned locations. In Arusha, a total of 548 households were displaced due to the floods and 203 houses were damaged. In Dar es Salaam, some 2,151 households were displaced, 42 houses and 21 latrines completely collapsed and 342 houses severely damaged and on the island of Zanzibar, 191 households were displaced, and 225 houses damaged. As a result of this, the majority of flood victims sought refuge with relatives and neighbours.

Given the limited means available in country to respond fully to this emergency, TRCS requested CHF 196,499 from the International Federation of Red cross and Red Crescent Societies (IFRC) through the Disaster Relief Emergency Fund (DREF) to launch a three months relief operation. This [DREF operation](#), launched on 30 April 2018, focused on providing emergency shelter, health and WASH services including NFI distribution to 800 most affected households (4,000 people) in Arusha, Dar es Salaam and Zanzibar.

Soon after the start of the DREF operation, it was clear that procurement of non-food items would be challenging, due to the absence of a pre-qualified suppliers list, the limited capacity of the logistics department and the existing procurement workload for other projects and operations implemented in Tanzania. To support the National Society with the DREF procurements, a logistic RDRT was deployed for this operation. However, some delays in the procurement process could not be prevented due to the above-mentioned reasons. As such, an [Operation Update](#) was published on 25 July 2018, granting a one month no-cost timeframe extension to the operation, to ensure that all activities were implemented within the timeframe to reach the set target of improving the living conditions of targeted 800 households.

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

## **Summary of response**

### **Overview of Host National Society**

Tanzania Red Cross Society (TRCS) has human resource capacity at all levels from headquarters to branch and community level. This operation was supported by TRCS technical staff from Disaster Management, Health, Logistics and Communication units, National and Branch Disaster Response Teams and community-based volunteers. The regional branches in Dar es Salaam, Arusha and Zanzibar, have a strong relationship with the local government, zone meteorological offices and other relevant disaster stakeholders.

At the time of the disaster, TRCS had limited prepositioned disaster preparedness stock and could only respond to an initial 100 families with the prepositioned emergency stock, while applying for the DREF for IFRC support. All stocks used by TRCs for this response was replenished through the DREF allocation.

The National Society equally took the following response actions to address the situation at hand:

### **Initial assessment and First Aid services support**

The National Disaster Response Team (NDRT), Branch Disaster Response Team (BDRT) and volunteers in Arusha, Dar es Salaam and Zanzibar supported affected families in the temporary shelters with provision of First Aid services and pitching of temporary tents in the allocated areas. This was done together with local government-disaster response teams.

### **Shelter Support**

TRCS response team (NDRT, BDRT) and 150 volunteers conducted a beneficiary identification, registration and verification exercise targeting 800 households from the three regions (Arusha -200HHs, Dar es Salaam -500HHs and Zanzibar -100HHs) considering gender, disability and diversity issues by using the defined criteria;

- Households whose houses completely damaged and latrines collapsed
- Displaced Households (female headed households)
- Chronically ill affected or displaced households
- Displaced households (elderly headed households)
- Displaced or affected households with pregnant and lactating women
- Displaced or affected households with children under five years

- Displaced households being accommodated in temporary shelters or hosted by neighbours or in public venues.

A total of 800 households were identified, registered and verified by community-based volunteers using the TRCS standard beneficiary identification tool as a guidance for this activity. This exercise was done in cooperation with local authority disaster management committees in Arusha, Dar es Salaam and Zanzibar.

TRCS procured, replenished and distributed relief items (Non-Food) to the selected households, namely; 900 kitchen sets, 2,700 blankets and 1,800 mattresses to 800 families in Arusha, Dar es Salaam and Zanzibar. To note, kitchen sets were distributed 1 per household, blankets were 3 per household and mattresses were 2 per household to 800 households. As such, the additional 100 kitchen sets, 300 blankets and 100 mattresses procured were to replenish TRCS stocks used at the onset of the disaster. The procurement process was supported in country by the deployed IFRC logistic surge. Indeed, one IFRC Regional Disaster Response Team member with logistic expertise was deployed to Tanzania to support the operation. The logistics RDRT assisted TRCS with the procurement of all the NFIs.

The relief distribution plan and daily stock movement tables were developed prior to finalising the procurement and distribution. Regional branch coordinators were oriented and briefed on the distribution plans for advance preparation in the distribution centres. The IFRC logistic surge oriented the regional coordinators and volunteers on how to manage daily stock movement and to produce stock reports.

All 150 TRCS volunteers involved in the operation had access to medical insurance.

### **Health**

Volunteers in Arusha, Zanzibar and Dar es Salaam engaged in community health promotion. Hygiene promotion and cholera prevention messages were adapted to the local context and to different age groups. To support the community health sensitization, 10,000 IEC materials were printed. The design of the materials was following the Ministry of Health (MoH) templates. There is a clear in country policy on the production of health IEC materials: all IEC health materials are designed by the Ministry of Health with support from sector agencies including UNICEF and WHO.

In addition to the health messages, 1,600 mosquito nets and 4,800 ORS sachets were procured and distributed to the 800 targeted households.

TRCS volunteers identified the 400 most vulnerable households, who were sensitized on how to use oral rehydration solution (ORS) and prepare home-made ORS solutions. Prior to the activity, volunteers were trained on how to implement this activity in the communities.

### **Water, Sanitation and Hygiene Support**

Volunteers engaged in the response were oriented to disseminate and sensitize communities on the use of water purification tablets (one tablet for 20 litres per day per household) and equipped with cholera flip charts and IEC materials to support the community sensitization activities on hygiene promotion and cholera prevention.

One local radio based in Dar es Salaam, named Clouds FM, was contracted to air hygiene promotion and cholera prevention messages for 22 days. Clouds FM is one of the best-known radios covering almost all regions in the country and is massively listened to by different age groups. The TRCS communication unit circulated the radio details (radio name, frequency) to all targeted regional branches and each branch coordinator conveyed the message to their volunteers for them to disseminate and advertise in the community, promoting among the affected communities to listen to the radio.

The following WASH related relief materials were procured and distributed; 24,000 water purification tablets, family hygiene kits (1 kit per household which included; towels, soap bars, sanitary packs, toothbrushes and toothpaste), 900 jerrycans, 900 water buckets, 20 hoes, 5 wheelbarrows, 20 spades and 20 rakes.

NFIs including jerrycans and buckets supported targeted households in collecting and storing clean and safe water. Hoes, spades, wheelbarrows and rakes were procured to drain the stagnant water during the environmental cleaning exercise.

Volunteer's personal protective equipment's (PPEs) were procured and distributed to the three branches, including; 150 raincoats, 150 gumboots, 150 Red Cross jackets were procured and transported to respective regions. Each

volunteer received one raincoat, one pair of gumboots and one RC reflector jacket. All items were returned to the branches after the response and remain available at the three branches for future operations.

To note, hygiene promotion and cholera prevention services targeted the entire affected population, that is approximately 15,862 people or 3,172 households.

The TRCS Headquarter (HQ) team led by the Director of Disaster Management, conducted two rounds of supportive field supervision in each of the three regions namely Dar es Salaam, Arusha and Zanzibar. The HQ team consisted of seven (7) staff, including DM, Health, and PMERL, who were each assigned to a region to provide technical support. Daily and weekly supervision and reporting at field level was conducted by TRCS field staff and volunteers, led by the Regional Branch Coordinators in Zanzibar and Dar es Salaam. Both the HQ and field closely involved local government officials, responsible for the coordination of disaster management activities.

## **Overview of Red Cross Red Crescent Movement in country**

IFRC provided technical support to TRCS through the East Africa and Indian Ocean Islands Cluster office and Africa Region office based in Nairobi, Kenya through the presence of IFRC in country staff (Finance delegate and RDRT logistics). The IFRC staff worked closely with the TRCS DREF designated staff (DM, finance and logistics), in order to achieve the objectives and activities in line with the DREF Emergency Plan of Action (EPoA).

The Belgian RC Flanders supported the Flood operation with financial support to cover volunteer and fuel costs during the first weeks of the response. Prepositioned stock distributed at the onset of the disaster, was donated by the Belgian RC Flanders. The DREF operation replenished the prepositioned stocks at TRCS headquarters - warehouse.

The Belgian RC Flanders has bilateral programs in Tanzania focusing on Disaster Preparedness, Multi-Purpose Cash transfer for disaster response, First Aid and WASH.

The ICRC supports Communication, Dissemination and PMER unit at TRCS headquarters office, and the RFL program in the Tanzania refugee camps as well as various other capacity building initiatives.

The Spanish Red Cross supports TRCS with the implementation of Health and WASH programs.

Both ICRC and SRCS were not directly involved in the Floods operation.

During the bi-monthly Movement Coordination meetings, the DREF operation updates were provided by TRCS and IFRC to all partners.

## **Overview of non-RCRC actors in country**

Throughout the flood response, the regional branch coordinators participated in the regional disaster management coordination forum which was chaired by Regional Disaster Management (DM) commissioner. This structure is clearly articulated in the national DM act and policy with TRCS being one of the members to this committee at each level, from national to village level.

TRCS receives seasonal weather updates from the Tanzania Meteorological Agency (TMA) which are shared to all regional branches for early warning and preparedness purposes.

UNICEF is a long-term partner to TRCS in emergency response and relief. However, UNICEF was not directly involved in the flood operation.

## **Needs analysis and scenario planning**

### **Needs analysis**

TRCS worked closely with the local government in each of the three affected regions to monitor the situation and review assessments. The initial assessment supported the identification of the immediate relief needs of the affected families. TRCS equally defined beneficiary identification criteria which were circulated to all three regional branch coordinators in Dar es Salaam, Arusha and Zanzibar for their reference.

The table below provides a summary of needs identified in Arusha, Dar salaam and Zanzibar region.

<p><b>Health</b></p>	<p>Heightened risk of malaria infection due to the loss of habitat and mosquito nets and ensuing exposure to mosquitoes. The local authorities provided mosquito nets to all households in Tanzania as part of a Malaria prevention campaign between 2015 and 2017. TRCS distributed mosquito nets to families affected by the floods, to replace the damaged nets. After the government initiative of mosquito net distribution, the need to conduct sensitization and enforce malaria prevention mechanisms was identified. TRCS sensitized targeted communities on malaria prevention during and after distribution of the mosquito nets. Due to the personal losses of property, psychosocial needs were also identified. In addition, six (6) Health facilities were affected in Dar es Salaam.</p>
<p><b>Water and sanitation</b></p>	<p>The water systems were affected by floods. This situation and the consequent use of unsafe water increased the risk of water-borne diseases such as diarrhoea or Cholera. The loss of hygiene and household materials (such as bucket, jerry cans, soaps, etc.) worsened this situation. Furthermore, household latrines were flooded and / or damaged, increasing the risk of poor hygiene and sanitation related diseases. In the assessment, the most urgent needs identified were water purification tablets, soap bars, buckets and hygiene awareness. The operation responded to these needs through community health sensitization activities, including hygiene promotion and cholera prevention, as well as the distribution of water purification tablets, jerrycans, buckets and ORS. The cholera outbreak in Longido, a district within Arusha province, not affected by the floods, was identified as a risk due to proximity and population movement of the nomadic community. Fortunately, the cholera outbreak did not expand to the flood affected districts.</p>
<p><b>Shelter</b></p>	<p>People were sheltered by their neighbours, good Samaritans and at public facilities. However, this situation put pressure on the host families whose houses were often overcrowded due to lack of living space. Thus, the shelter need was urgent according to humanitarian standards. Beyond immediate shelter needs, building materials to help families recover their houses was also identified as a need for the recovery phase. In the assessment, the most urgent needs identified were cooking utensils, mattresses and blankets. The DREF operation responded to the initial, most urgent needs.</p>

## **B. OPERATIONAL STRATEGY**

### **Proposed strategy**

#### **Overall objective**

The overall operational objective of this DREF operation was to improve the living conditions of the most vulnerable 800 households affected by floods in Dar es Salaam, Arusha and Zanzibar. This was done by carrying out the most urgent activities in Shelter, including NFI distribution, health and WASH.

## Proposed strategy:

The operational intervention sectors focused on **health** activities including provision of first aid services as well as **water, sanitation and hygiene** including hygiene promotion, vector control, NFI distributions and replenishment of utilized TRCS Disaster Preparedness (DP) stock. In the clean-up exercise in affected communities, TRCS volunteers engaged with the communities to provide sanitation and hygiene promotion. All data collected during the assessment and relief distribution was shared with the government. The continued updates of the initial needs' assessment were crucial in providing updates and information as the situation evolved, given the continued heavy rainfalls during the first weeks of the DREF implementation timeframe. All staff involved in the operation, the BDRTs, NDRTs and volunteers provided regular situation updates and revised the needs assessments throughout the operational timeframe.

The below specific sectors were addressed through this DREF operation:

### Shelter

TRCS conducted an initial assessment of immediate shelter needs. Kitchen set, blankets and mattresses were identified as the most urgent need for the most vulnerable families in Arusha, Dar es Salaam and Zanzibar. TRCS distributed prepositioned relief items (100 jerry cans, 300 blankets, 200 water buckets, 100 kitchen sets, and 200 mattresses) to assist 100 affected families during the initial response. The TRCS stock distributed in the response was replenished through this DREF operation.

Additional NFIs were procured and distributed to support beneficiary families to regain their homes with a minimum of dignity, including blankets (3 per family), kitchen sets (1 per family) and mattresses (2 per family)



**A woman with disability receiving NFIs © TRCS**



**A man carrying away received NFIs © TRCS**

### Health

During this operation, TRCS volunteers continued to conduct search and rescue operations and provided first aid services to the affected and injured persons.

As a contribution to vector control and based on the needs identified, TRCS procured and distributed 1,600 mosquito nets, two (2) nets for each household. In addition, 4,800 ORS were procured and distributed, six (6) sachets for each household. At the distribution centre, volunteers demonstrated to the families how to use mosquito nets and ORS (both purchased and home-made solution).

Throughout the operation, volunteers conducted community-based health interventions, sharing knowledge and information on malaria prevention, hygiene promotion and cholera prevention. IEC materials were produced to support the community-based health intervention and a radio spot with health messages was broadcasted for 22 days.

### Water, Sanitation and Hygiene Support

Through this DREF operation, TRCS procured and distributed water treatments tablets (1 tablet for 20litres per day per HH, 30 tablets per month to support 800HH) for home purification and family hygiene kits (1 kit per household, kits

include towels, soap bars, sanitary packs, toothbrushes and toothpaste). This DREF operation addressed the water purification needs of 800HH for one month, i.e. 24,000 water guard tablets. Prior to distributing the water guard tablets, the target groups were sensitized on the correct usage of water treatment products by community-based volunteers. To support the WASH component, TRCS procured and distributed 900 jerry cans and 900 water buckets to support beneficiary families in collecting and storing clean and safe water.

TRCS volunteers conducted community-based health activities through house to house visits, sensitizing the community on hygiene promotion and cholera awareness and prevention.

At the Zanzibar branch, the sensitization material and especially cholera flip charts had been adapted to the specific island context with technical support from UNICEF. UNICEF has been working closely with Zanzibar regional branch on cholera awareness, including the training of volunteers. The trained volunteers supported the implementation of the DREF floods operation, using existing UNICEF materials.

The local government carried out water quality monitoring, and therefore, this activity was not implemented by TRCS.

Due to the high risk of a cholera outbreak, with the cholera outbreak in the nearby district of Longido in Arusha, TRCS disseminated key messages on Cholera prevention, and emphasized the same messages during house to house visits. Cholera prevention and hygiene promotion messages were enforced through airing a TRCS radio spot on the same topics for 22 days.

TRCS procured 20 hoes pieces, 5 wheelbarrows pieces, 20 spades and 20 rakes which were used to drain the stagnant water during the environmental cleaning exercise.

The below table presents an overview of the NFIs procured for distribution and replenishment of TRCS stock. Note that during the planning phase, TRCS omitted to consider all items distributed at the onset of the disaster (see Page 6 of the EPoA) and registered 100 for each of the items for replenishment, which was a mistake. The below table reflects the actual number of items distributed both from TRCS stock which this DREF has replenished:

Items	Distributed per HH (800 HHs)	Replenished Stock
Jerry cans (20L)	1 per HH	100 pieces
Water buckets (20L)	2 per HH	200 pieces
Blankets	Medium heavy blankets (3 per HH)	300 pieces
Kitchen set	1 per HH	100 sets
Mattresses	2 per HH	200 pieces
Waterguards	24,000 tabs (30 tabs/HH for 1 month)	
ORS	4,800 sachets (12 sachets / pers). Target here is 400 people (10% of 4,000 people or 800 HH)	
Family Hygiene Kits	1 per HH	
<b>Items procured for Environmental Hygiene</b>		
Hoes	20	
Spades	20	
Wheelbarrows	5	
Rakes	20	

The below table provides an overview of the number of community-based volunteers and targeted beneficiaries in each location:

Affected region	No. of people targeted	No. of volunteers deployed
Arusha	1000	50
Dar es Salaam	2500	70
Zanzibar	500	30
<b>Total</b>	<b>4,000</b>	<b>150</b>

The operation ensured integration of sectors in the implementation. WASH, Shelter and Health activities were integrated, particularly in health community sensitization activities, which included hygiene prevention promotion (use of water tabs, ORS) malaria and communicable disease prevention and environmental sanitation cleanliness. Volunteers disseminated health information throughout the DREF implementation timeframe and demonstrated key messages during the distribution exercises in each location.

The families that were identified through the beneficiary identification exercise were issued with TRCS distribution cards before the distribution and requested to bring the card during the distribution exercise.

During the distribution exercise, TRCS volunteers displayed the NFIs list to the communities with the number of items per household. Before the distribution started, TRCS volunteers explained the distribution exercise and community members could provide their feedback and ask questions on the distribution at the established feedback desks. All NFIs were branded with TRCS logo. In each region, the distribution exercise was officially opened by the district commissioner accompanied by the local disaster management committee. All registered and verified households signed NFIs distribution forms after receiving the items. The distribution exercise was featured in the local media (TV, newspaper).



**New paper name -MTANZANIA of 24th August,2018 TRCS DREF-NFI distribution in the community; Arusha, Dar, Zanzibar**

The operation implementation plan was monitored by TRCS headquarters. The TRCS internal audit and risk management unit supported the NS logistics to ensure compliance in procurement and finance procedures.

IFRC regional Community Engagement and Accountability (CEA) team trained TRCS senior management and headquarters staff on Community Engagement and Accountability during the flood operation timeframe, with funding from the BPRM funded refugee response operation. CEA being new for TRCS, there was not yet a feedback mechanism in place to accommodate beneficiary complaints at the onset of the DREF operation. However, feedback mechanisms were incorporated in the operation for the distribution exercise. With the support from IFRC, volunteers and regional branch coordinators were trained on CEA and the management of a feedback desk during emergency operations and specifically, during the distribution exercise. A CEA feedback tool was jointly developed and implemented during distribution.



**Left:** A woman showing her distribution card for verification before receiving NFIs Feedback desk; a woman/man providing feedback to TRCS volunteer



**Right:** Complaints and

In order to manage the community feedback after received NFI, a feedback desk was put in place with the option of filling in a feedback form or providing information in person.

The following is a summary of the community feedback;

- Appreciated the feedback desk, commended to be done in the future operation;
- Undertaking preparedness activities jointly with communities prior to floods or any other disasters;
- Shelter component to be considered in the future operation intervention as some houses were demolished, affected families needed provision of construction materials or use of cash transfer.
- The delay of the NFIs distribution;
- In Arusha, the beneficiaries needed to be engaged in selecting the contents of hygiene kit package since it is against the Maasai culture to support sanitary items as this is done by their husbands only. Also highlighted, jerrycans are preferable to buckets as it is easier for camels to carry jerrycans than water buckets. The camel is a common means of transportation for the Maasai community. Also, the Maasai coloured blanket is preferable to the normal family blankets which the NS distributed.

### **Lesson Learnt workshop**

A lesson learnt workshop was organized in Dar es Salaam after the final distribution exercise with attendance from TRCS HQ staff, TRCS volunteers, TRCS branch coordinators from the three regions (Arusha, Dar es Salaam and Zanzibar) and government official from Prime Minister's Office-Disaster Management Department. The workshop aimed at learning the best practices from all people involved throughout the operation in order to improve future emergency response. The recommendations will be useful to improve future project design and engage the gaps identified.

The following findings were discussed during the Lessons Learnt workshop:

- The branch coordinators have adequate capacity in disaster response with support from trained BDRT, NDRT volunteers who were able to implement planned activities on their own, headquarters' DM staff supported them by providing an oversight and supervision particularly complying with sectors-based activities, use and maintain established guidelines and standards.
- Timely emergency response is important to provide timely relief and support. The procurement process delayed the response significantly.
- Ensure engagement of communities and volunteers in the preparation of the Emergency Plan of Action and its implementation.
- Continue communications with the communities when delay of implementation is experienced, to avoid unnecessary complaints.
- There is a need for TRCS to scale-up Disaster preparedness and response in the communities.
- Trained community-based volunteers of WASH and surveillance provided strong contribution to this operation.
- Ensure strong co-operation with local government community health workers especially in Health and WASH activities.
- Ensure that the specific needs of people with disabilities are being considered throughout the operation.
- Need for CEA to be integrated in all the NS programs and operations to strengthen NS acceptance in the community.
- NS to conduct post-impact assessment for immediate recovery in the community.



***The volunteers compiling weekly report: house to house visit on hygiene prevention and promotion***

## C. DETAILED OPERATIONAL PLAN



### Shelter

People reached: 4,000 (800 HH)

Male: 1,600

Female: 2,400

**Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions**

Indicators:	Target	Actual
Number of households reached with distribution of blankets, mattresses and kitchen sets	800	800
Number of assessments conducted for longer term shelter needs	1	0

**Output 1.1: Short-term shelter and settlement assistance is provided to affected households**

Indicators:	Target	Actual
Number of households reached with distribution of blankets, mattresses and kitchen sets	800	800

### Narrative description of achievements

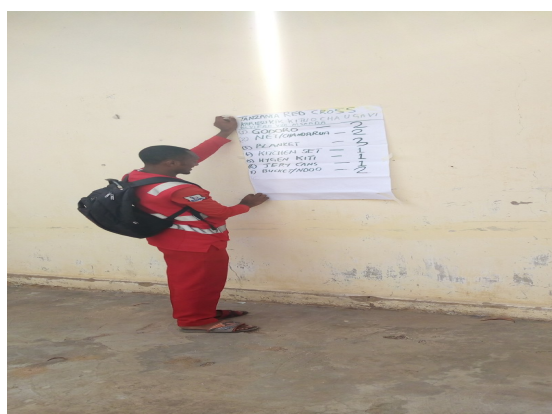
TRCS deployed Disaster Response Teams (BDRT, NDRT) both from national and branch levels and 150 volunteers in Arusha, Dar es Salaam and Zanzibar who evacuated affected people and provided first aid services to the people in need. The TRCS distributed its prepositioned disaster preparedness stock in Dar es Salaam city to support the 100 affected households most in need in Dar es Salaam. However, they could not extend the same support services to other affected regions due to the limited prepositioned stock available.

TRCS and local government emergency response teams conducted a joint needs assessment where by a total of 15,862 people (3,172 households) were identified to be directly affected by the floods in Zanzibar, Arusha and Dar es Salaam. Immediate and essential basic relief items (shelter, health and WASH) required were; kitchen sets, buckets and jerry-cans, mosquito nets, mattresses, blankets, tents, tarpaulins, latrine slabs, oral rehydration salts, water purification tablets and hygiene kits. In addition, IEC leaflets were needed to support community health promotion and hoes, wheel barrows, rakes and spades were needed for the sanitation exercise.

The Needs assessment at the onset of the disaster, was continuously revised throughout the operation and the volunteers duly conducted the beneficiary identification and registration exercise.

A total of 800 kitchen sets, 2,400 blankets and 1,600 mattresses were procured and distributed to the targeted 800 most vulnerable households affected by the floods. Each household received three (3) blankets, two (2) mattresses and one (1) kitchen set. All the relief items were branded with TRCS logo for visibility in the community and to ease monitoring of its use.

TRCS operation focused on the first response and relief. The long-term shelter needs were assessed by local government DM authorities and therefore, this assessment was not conducted as part of the DREF operation.



TRCS volunteers displaying NFIs list at distribution centre ©TRCS



A group of women having a discussion on the entitlements before receiving them ©TRCS

## Challenge

Due to limited prepositioned stock available, the need for procurement of stock and the lengthy procurement process, the DREF implementation was delayed, and a no-cost time extension of one month was needed to finalize the planned activities and the distribution exercise had to be postponed.

Due to the lengthy procurement processes, distribution of NFIs was delayed. To ensure rapid response, a higher quantity of prepositioned stock needs to be readily available at TRCS warehouses.

Another identified challenge was for the targeted families to transport the distributed items to their homes. Some families could use bicycles or motorbikes for transport. However, most of the families had to transport the items on foot. Where possible, TRCS volunteers supported the most vulnerable families with transport, including the elderly.

## Lessons learned

- Need for adequate prepositioned stock to ensure rapid initial response.
- Facilitate transportation of distributed items to individual household, when said household do not have the capacity to do so.
- Ensure engagement of communities and volunteers in the preparation of the Emergency Plan of Action and its implementation, as well as in the composition of distributed kits (e.g. hygiene kits)
- Continue communications with the communities when delay of implementation is experienced, to avoid unnecessary complaints.



### Health

**People reached: 4,000 people (800 HH)**

Male: 1,600

Female: 2,400

## Outcome 1: The immediate risks to the health of affected populations are reduced

Indicators:	Target	Actual
Number of HHs reached with services to reduce relevant health risk factors	800	800

## Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
Number of HHs reached with distribution of mosquito nets	800	800
Number of volunteers trained on communicable disease surveillance	150	150
% of targeted population having received ORS	10%	100%

## Narrative description of achievements

The needs assessment team identified mosquito nets and oral rehydration solution as the most urgent needs to support the affected people, following the high prevalence of malaria due to rainfall and the cholera outbreak in a nearby district in Arusha, as well as the damaged WASH structures. The floods resulted in widespread mosquito breeding sites. Additionally, the stagnant water and drainage waste water run-off posed high risks of acute watery diarrhoea in the affected communities.

A total of 40 volunteers were already trained on communicable disease surveillance in Arusha and Dar es Salaam. These volunteers supported surveillance throughout the DREF operation in close cooperation with local government authorities and community health workers.

A total of 1,600 mosquito nets and 4,800 ORS sachets were procured and distributed to 800 HH, each family received two (2) long lasting impregnated mosquito nets, and six (6) ORS sachets. Volunteers demonstrated the use of both ORS and mosquito nets during distribution at the distribution centre. The communities were trained on how to prepare home-made ORS solution in case have no access to ORS sachets. The target for ORS coverage was not set correctly -- 100% of the targeted 800 HH received ORS sachets.

The volunteers mobilised communities and conducted house to house visits to inform and sensitize the communities on malaria prevention, environmental cleanness and demonstration of ORS usage, including home-made solutions by using salt, sugar and water.

A radio advert was designed and broadcasted for 22 days, including key health messages on malaria, cholera and hygiene promotion.

The trained community-based surveillance volunteers continued surveillance throughout the operation. No communicable disease cases were reported on during the DREF operation timeframe.

### Challenge

Persistence of cholera outbreak in Arusha from 2015 to-date (in districts that were not affected by the floods), there is a need to support Arusha branch with WASH programs to mitigate and continue sensitizing communities on cholera prevention and control measures.

### Lessons Learned

Invest in prepositioning to ensure rapid response.



### Water, sanitation and hygiene

**People reached:** 15,862 people or 3,172 HH

Male: 6,345

Female: 9,517

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

Indicators:	Target	Actual
Number of households reached with hygiene promotion	3,172	3,172

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

Indicators:	Target	Actual
Number of assessments conducted	1	1
Number of volunteers trained on WASH assessments	150	0

#### Progress towards outcomes

One rapid assessment was conducted at the onset of the disaster. Volunteers and RC staff updated the assessment information based on new information received during field activities.

The local government conducted water quality tests and assessments, and therefore this activity did not have to be carried out by TRCS.

A total of 800 households were reached with hygiene promotion activities, through house to house visits supported with the distribution of 10,000 IEC materials in the communities and public gathering centres. In addition, a radio advert was designed and broadcasted for 22 days, including key hygiene promotion activities. With hygiene promotion activities, including the radio broadcast and distribution of IEC materials, the full targeted population was reached, i.e. 15,862 people or 3,172 HHs.

This activity was carried out by branch volunteers in each region who were previously trained on WASH and cholera.

### 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

Indicators:	Target	Actual
Number of water purification tablets distributed	24,000	24,000
Number of households reached by distribution of water purification tablets	800	800
Number of people trained on safe use of water purification tablets	4,000	4,000

Number of households reached with hygiene kits	800	800
<b>Narrative description of achievements</b>		
<p>A total of 800 households received water purification tablets (30 tabs per HH) and one (1) hygiene kit. The hygiene kit included; sanitary pads, towels, tooth brush (3 pieces), tooth paste (1 tube 75ml), underwear (2 medium ,1 large) ,1 soap bar 500 gram,1 sanitary pack-standard).</p> <p>The volunteers mobilised and sensitized community on how to use the water purification tablets. Prior to distributing the water purification tablets, the target groups were sensitized on the correct usage of water treatment products by community-based volunteers. The women volunteers explained to the women on the content of the hygiene kits.</p>		
<b>Challenges</b>		
The lengthy procurement process delayed the distribution exercise.		
<b>Lessons learned</b>		
<ul style="list-style-type: none"> <li>• Ensure engagement of communities and volunteers in the preparation of the Emergency Plan of Action and its implementation, as well as in the composition of distributed kits (e.g. hygiene kits distributed in Arusha, when the Masai women do not normally receive such items from persons other than their husbands. This is a major lesson for future planning.)</li> <li>• Continue communication with the communities when delay of implementation is experienced, to avoid unnecessary complaints.</li> <li>• Previously trained community-based volunteers of WASH and surveillance provided strong contribution to this operation.</li> </ul>		
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of households reached by hygiene promotion activities	800 HH or 4,000 people	800 HH or 4,000 people
Number of volunteers provided with PPE	150	150
Number of IEC materials produced	10,000	10,000
<b>Narrative description of achievements</b>		
<p>A total of 10,000 IEC materials were produced and each region received 3,000 IEC materials with a surplus of 1,000 pieces remaining at TRCS HQ warehouse to support future operations. The design of the material was as per MoH standard.</p> <p>A radio message was produced and aired for 22days, with key health messages. The focus of the message was hygiene promotion and cholera awareness. The radio script had been developed by the Ministry of Health and UNICEF during the previous cholera response intervention in 2015-2016.</p> <p>During the cholera response intervention in 2015-2016, about 50 school teachers for Child Hygiene and Sanitation Transformation (CHAST) and 280 volunteers were trained on hygiene promotion. The trained volunteers oriented the volunteers supporting the DREF operation. Hygiene promotion activities were conducted during the first weeks of the operation and continued after the distribution exercise through house to house visits. Note that through the mass hygiene promotion sensitization, the operation reached out to 3,172 households or 15,862 people, while the door to door visits allowed volunteers to reach 800 households or 4,000 people with specific hygiene promotion activities.</p>		



IEC materials and hygiene promotion during house to house visit using the Cholera flip chart ©TRCS

**WASH Outcome 2: Sustainable reduction in risk of waterborne and water related diseases in targeted communities in the recovery phase**

Indicators:	Target	Actual
<b>Output 2.1: Continuous monitoring and evaluation of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
Indicators:	Target	Actual
Number of volunteers trained on WASH Monitoring and Evaluation	150	150
Number of lessons learnt workshops conducted	1	1

**Narrative description of achievements**

During the cholera response intervention in 2015-2016, about 50 school teachers for Child Hygiene and Sanitation Transformation (CHAST) and 280 volunteers were trained on hygiene promotion. The trained volunteers oriented the 150 volunteers supporting the DREF operation in hygiene promotion. Eight hundred (800) households were reached with key messages to promote personal and community hygiene through door to door visits of the 150 volunteers working on the DREF operation.

Water quality monitoring was conducted by the local government, and therefore not implemented by TRCS.

One lesson learnt workshop was conducted at the end of the operation, with participation from stakeholders and TRCS staff and management, to discuss successes and lessons learnt.

**Challenges**

NA

**Lessons learnt**

Integrate lessons learned in design and implementation of future operations.

**D. THE BUDGET**

The total budget and funding of this DREF operation was CHF 196,499 of which CHF 178,736 (90.96%) were spent. A balance of CHF 17,764 will be returned to the DREF pot.

**Explanation of Variances**

- **Clothing and Textiles:** An over-expenditure of CHF 5,371 (13.79%) was caused because one invoice included items belonging to two different budget lines, with different codes. This also explains the under expenditure on Water, Sanitation & Hygiene.
- **Water, Sanitation & Hygiene:** An under expenditure of 8,121 CHF (18%). Please see explanation above.

- **Distribution & Monitoring:** Remained unspent as this budget was reserved for transport costs of the procured NFIs. However, transport costs were included in the tenders and therefore not separately invoiced, justifying the CHF 5,217 savings.
- **Transport & Vehicle costs:** An under expenditure of CHF 1,859 (44%) was caused by over budgeting.
- **Volunteers:** An under expenditure of CHF 5,416 was caused by over budgeting.
- **Workshops & Training:** An under expenditure of CHF 3,724 (49%) was caused by over budgeting.
- **Financial charges:** This line was overspent by CHF 2,001 (403.42%) due to forex loss.

## Contact information

### Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Plan of Action \(EPoA\)](#)

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

#### **In the Tanzania Red Cross-National Society**

- Secretary General (or equivalent); Julius Kejo, Secretary General; phone: +255 655 571888; email: [kejojulius@trcs.or.tz](mailto:kejojulius@trcs.or.tz)

#### **In IFRC Africa**

- **IFRC Regional Office for Africa DM coordinator:** Adesh Tripathee, Head of DCPRR, email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org); phone: +254 731 067489
- **IFRC Country Cluster Support Team:** Andreas Sandin, Operations Coordinator, Nairobi, phone: +254 732508060, email: [andreas.sandin@ifrc.org](mailto:andreas.sandin@ifrc.org)

#### **In IFRC Geneva**

- **Programme and Operations focal point:** Eszter Matyeka, Senior officer, DREF; phone +41-2-2730-4566; email: [eszter.matyeka@ifrc.org](mailto:eszter.matyeka@ifrc.org)

#### **For IFRC Resource Mobilization and Pledges support:**

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

#### **For In-Kind donations and Mobilization table support:**

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

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

- **IFRC** Fiona Gatere, PMER Coordinator, phone: +254 20 283 5185; email: [fiona.gatere@ifrc.org](mailto:fiona.gatere@ifrc.org)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://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

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2019/01	Operation	MDRTZ021
Budget Timeframe	2018/04-2018/08	Budget	APPROVED

Prepared on 14/Mar/2019

All figures are in Swiss Francs (CHF)

## MDRTZ021 - Tanzania - Floods

Operating Timeframe: 30 Apr 2018 to 31 Aug 2018

### I. Summary

<b>Opening Balance</b>	<b>0</b>
<b>Funds &amp; Other Income</b>	<b>196,499</b>
DREF Allocations	196,499
<b>Expenditure</b>	<b>-178,736</b>
<b>Closing Balance</b>	<b>17,763</b>

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			<b>0</b>
AOF2 - Shelter	80,130	147,006	<b>-66,876</b>
AOF3 - Livelihoods and basic needs			<b>0</b>
AOF4 - Health	3,927	519	<b>3,408</b>
AOF5 - Water, sanitation and hygiene	86,895	9,567	<b>77,327</b>
AOF6 - Inclusion, gender and protection			<b>0</b>
AOF7 - Migration			<b>0</b>
<b>Area of focus Total</b>	<b>170,951</b>	<b>157,092</b>	<b>13,859</b>
SFI1 - Strengthen National Society capacities	9,909	11,282	<b>-1,372</b>
SFI2 - Ensure effective international disaster management			<b>0</b>
SFI3 - Influence others as leading strategic partners	15,431	10,362	<b>5,069</b>
SFI4 - Ensure a strong IFRC	208		<b>208</b>
<b>Strategy for implementation Total</b>	<b>25,548</b>	<b>21,644</b>	<b>3,905</b>
<b>Grand Total</b>	<b>196,499</b>	<b>178,736</b>	<b>17,764</b>

# DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/04-2019/01	Operation	MDRTZ021
Budget Timeframe	2018/04-2018/08	Budget	APPROVED

Prepared on 14/Mar/2019

All figures are in Swiss Francs (CHF)

## MDRTZ021 - Tanzania - Floods

Operating Timeframe: 30 Apr 2018 to 31 Aug 2018

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Relief items, Construction, Supplies</b>	<b>118,126</b>	<b>116,844</b>	<b>1,282</b>
Clothing & Textiles	38,935	44,306	-5,371
Water, Sanitation & Hygiene	44,626	36,505	8,121
Utensils & Tools	34,565	36,033	-1,468
<b>Logistics, Transport &amp; Storage</b>	<b>9,483</b>	<b>2,406</b>	<b>7,077</b>
Distribution & Monitoring	5,217		5,217
Transport & Vehicles Costs	4,265	2,406	1,859
<b>Personnel</b>	<b>38,100</b>	<b>32,882</b>	<b>5,218</b>
National Society Staff	1,904	2,103	-199
Volunteers	36,196	30,779	5,416
<b>Workshops &amp; Training</b>	<b>7,563</b>	<b>3,839</b>	<b>3,724</b>
Workshops & Training	7,563	3,839	3,724
<b>General Expenditure</b>	<b>11,235</b>	<b>11,856</b>	<b>-621</b>
Travel	0	23	-23
Information & Public Relations	9,226	8,983	243
Office Costs	913	94	819
Communications	600	258	342
Financial Charges	496	2,497	-2,001
<b>Indirect Costs</b>	<b>11,993</b>	<b>10,909</b>	<b>1,084</b>
Programme & Services Support Recover	11,993	10,909	1,084
<b>Grand Total</b>	<b>196,499</b>	<b>178,736</b>	<b>17,764</b>