

Emergency Plan of Action Final Report

Tanzania: Ferry Accident

DREF operation MDRTZ022	Glide number: FL-2018-000043-TZA
Date of Issue: 09 July 2019	Date of disaster: 20 September, 2018
Operation start date: 2nd October 2018	Operation end date: 2 February, 2019
Host National Society: Tanzania Red Cross Society	Operation budget: CHF 52,724
Number of people affected: 16,000 or 3,200 HHs (the total population of the most affected area of Bwisya ward in Ukara Island, Ukerewe district-Mwanza region)	Number of people assisted: 6,100 people <ul style="list-style-type: none"> • 540 families or 2,700 people, including 50 TRCS volunteers, 41 survivors, family of the more than 300 passengers on the ferry and other people directly affected by the accident in Bwisya ward, Ukara Island, Ukerewe district Mwanza region. • 3,400 children from 34 schools reached with recreational activities
N° of National Societies involved in the operation: Tanzania Red Cross Society (TRCS); 50 volunteers and 4 staff from Mwanza regional branch were directly supporting the operation as well as 3 staff from TRCS headquarters.	
N° of Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of the Red Cross and Red Crescent Societies (IFRC), International Committee of Red Cross (ICRC) and Belgium Red Cross Flanders (BRC)	
N° of other partner organizations involved in the operation: Government of Tanzania including local governments; Prime Minister's Office-Disaster Management Department, The Tanzania Electrical, Mechanical and Electronics Services Agency (TAMESA), Tanzania People Defence Force (TPDF) and the Police Force.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, and Fortive Corporation and other corporate and private donors. The IFRC, on behalf of Tanzania Red Cross Society, would like to extend thanks to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

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



TRCS volunteer in rescue operation, ©TRCS

Immediately after the accident, a search and rescue operation was launched. The operation lasted one week and was officially called off on 27 September. Many passengers drowned, and the total number of dead bodies recovered as of

28 September (11.00 am) were 229 (130 women, 71 men, 18 girls and 10 boys). Forty-one (41) people were rescued alive and the remaining people that were on board the ferry continue to be missing.

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

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

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

On 3 October 2018, this [DREF operation](#) was launched for a CHF 49,423 with a two-month timeframe, to reduce psychosocial distress and build resilience among the most affected families and TRCS volunteers responding to this sudden disaster. Later on 3 December 2018, an [Operation Update](#) was approved, extending the implementation timeframe by two (2) months until 2 February 2019 and granting an additional DREF allocation of CHF 3,301 bringing total DREF budget to CHF 52,724. This extension was to complete implementation of planned activities, as there was a delay in the community PSS activities due to issues in identifying a PSS surge profile that fitted the criteria and was available for deployment to Tanzania. The overall timeframe for this operation was four (4) months.

Summary of response

Overview of Host National Society

Tanzania Red Cross Society deployed a total of 50 volunteers, four (4) staff from Mwanza regional branch and three (3) staff from the national headquarters, to support the operation on the ground. Two vehicles were dispatched, equipped with 150 blankets, four stretchers and 20 life buoys from Mwanza branch to the disaster area in support of the search and rescue, provision of first aid, and dead body management.

TRCS volunteers from Ukara Branch were among of the first responders to the accident. They were part of the initial rescue operation team and worked closely with medical personnel from Bwisya health centre to support the survivors and the dead body management of the recovered bodies. Shortly after the accident, TRCS volunteers from Nansio, Kagunguli/Bugorola and Muriti branches joined Ukara Volunteers in the response. The District Medical Office (DMO) in Ukerewe provided vehicles to transport TRCS volunteers to Bugorola and they were given priority to board the boats to Ukara.

The Regional Medical Officer (RMO) in Mwanza city deployed a rescue team from Mwanza, including TRCS volunteers and medical personnel from the RMO, Sekotury Regional hospital and Bugando referral hospital. The TRCS Mwanza branch deployed First Aid boxes, 200 blankets, face masks, gloves, stretchers and life jackets, to support the operation.

During the rescue operation, TRCS volunteers were organized and positioned in five groups. The first group was stationed at the position of the capsized boat, to assist divers to pull the bodies from the water to the rescue point. The second group was stationed at the rescue point where they received the survivors and dead bodies from the first group. The third group was stationed at the vehicle point, where survivors were received and provided with First Aid, and dead bodies picked from the lake shore and brought to the cars to be transported to the mortuary. The fourth group was stationed at the mortuary, assisting the mortuary in the management of the dead bodies and preparation for identification. Volunteers were also involved in digging graves and burial services. The fifth group of volunteers was providing First Aid to survivors, the community and relatives of the affected people.



Red Cross Volunteers during initial response



Red Cross Volunteers and police officers putting the bodies in the graves

The National Society had adequate human resource capacity at headquarters, branch and community level, to support the operation. This specific operation was supported by TRCS trained PSS personnel, the Mwanza Regional branch coordinator, the communication unit, community-based volunteers and IFRC RDRT PSS surge capacity. The regional branch in Mwanza has a strong relationship with the local government as well as medical institutions (with PSS expertise) and other relevant disaster stakeholders.

The government extended its gratitude to TRCS volunteers who were deployed during the search and rescue operation and provided 400,000 Tanzanian shillings to each volunteer as an appreciation for the effort and support provided.

On 26th September 2018, TRCS Senior management team led by TRCS president and TRCS Secretary General visited Ukara Island to support and appreciate the volunteers involved in the search and rescue operation. They commended volunteers for timely response on the ground and reminded them of the appropriate use of the Red Cross Fundamental Principles. The delegation met with local government and assured the leaders that TRCS would respond to the request to conduct psychosocial support to Ukara community, targeting vulnerable families of both the victims and survivors.



TRCS President & Secretary General (SG) handing over body bags to Minister of infrastructure and Construction

The psychosocial support (PSS) operation

A total of three (3) PSS experts (2 from TRCS and 1 IFRC PSS surge) provided technical support to the implementation of the PSS community-based intervention, together with a total of 50 volunteers from Ukara Island-Bwisya ward. A PSS plan of action was prepared and shared with the PSS team on the ground and other stakeholders.

To enhance the psychosocial wellbeing of the affected families, TRCS conducted a 4 days training on community psychosocial support and psychological First Aid, to build TRCS volunteers capacity to reach out and support the survivors and affected families. A total of 47 volunteers participated in the training. The training content included provision of psychological first aid (PFA) and setting up volunteer peer support systems targeting 541 families.

In a previous emergency operation in Morogoro, in response to floods in Kilosa district (2014) and an earthquake in Kagera district (2016), TRCS had implemented PSS activities targeting both volunteers and affected communities. The NS received technical support from the IFRC PSS surge and had PSS materials translated in Swahili from the previous operation. The materials were reviewed and adapted to context of the Ferry Accident with support from the PSS surge.

Due to delay in getting a PSS surge profile, the community-based PSS intervention commenced on the second week of November 2018. The trained volunteers liaised with key decision makers in the communities, to identify the beneficiaries. They conducted psychosocial activities to the targeted community members using different methodologies, including community meetings, sensitization sessions for different target groups, drop in sessions, community activities, recreational activities and psychosocial activities in schools, circles and clubs. The sessions were scheduled 4 days per week, for one month.

In addition, TRCS set up a clear information system for referral, in case it was identified that specialist care was needed. Throughout the operation, TRCS collaborated closely with the local government PSS experts and social workers.

A total of 1,000 IEC and visibility materials were procured for awareness creation and sensitization. IEC materials message covered topics like coping, Psychological First Aid (PFA) and Children’s reactions to distressing events.

The table below presents an overview of the items procured and distributed during the PSS intervention;

Items Procured and distributed	Total
Visibility Materials - TRCS flags	25
Visibility Materials - caps for volunteers	60
IEC materials/leaflets	1,000
PSS kits (Children), including recreational materials and stationery	5

Overview of Red Cross Red Crescent Movement in country

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

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

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

Overview of non-RCRC actors in country

The local government authorities, local communities through Regional /District Commissioner offices and Medical Officers in Mwanza city collaborated with TRCS at each stage of the emergency response. All stakeholders on the ground were adequately informed about the TRCS PSS intervention and volunteers were introduced to them by the NS and the IFRC PSS surge member.

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

The government provided condolence support to the families of the victims and coffins for the 229 bodies. Condolence support included TZS 500,000/= for each body recovered for burial arrangement and TZS 1,000,000/= for supporting other family matters. The Government also provided Tshs. 1,000,000 to each survivor and Tshs 400,000/= to people who participated in the rescue operation, including TRCS volunteers. Families of the victims received food support from other institutions including churches and the good Samaritans.

Needs analysis and scenario planning

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

The government, together with other actors including TRCS, provided rapid support to the rescue operation. The immediate identified need was psychosocial support to the survivors, affected families and TRCS volunteers who supported the search and rescue operation.

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

The government conducted a post-assessment of the Ferry Accident in Ukara Island. The main needs identified were; PSS to the communities, supporting school children with child learning materials, dressings, and creating income generating activities (IGA). TRCS operation focused on the first and main need identified: PSS to the affected population.

Beneficiary targeting

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

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

Risk Analysis

The security situation is stable across the country. However, TRCS continued to monitor the security environment. The accessibility to the Island was challenging at times, as TRCS volunteers depended on the local transport options to Ukara Island.

B. OPERATIONAL STRATEGY

Overall Operational objective:

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

Proposed strategy:

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

The operation was supported by PSS surge capacity, the IFRC Finance delegate and EACCST DM team.

The TRCS team consisted of:

- Headquarter team (DM, PMER and communications)
- Mwanza regional branch team (Regional Coordinator, TRCS Regional Chairman, RC volunteers responsible for disaster management, health, planning and finance).

During the PSS operation, the TRCS team worked in close collaboration with local government officials (Regional and district Social welfare officers, Social workers and Community Development officer for Ukara). TRCS headquarter and branch staff conducted visits to monitor the implementation of the PSS activities in Ukara - Nansio Island. The team always visited government offices before going to the communities and update local government on a regular basis on the implementation.

On January 29th, 2019 a lessons learnt workshop was conducted with participation from TRCS HQ, TRCS PSS surge, Mwanza Regional branch team, local government officials and volunteers. The PSS clinic which included recreational activities for volunteers, relieved them and enabled them to cope with PSS activities in the community. Involvement and engagement with local government increased TRCS acceptance in the community, as local government set-up in Mwanza region was the one who had to provide for permission of PSS implementation activities in the community. The local government post assessment informed PSS operation worked closely with designated PSS focal person from the city throughout the programme. The integration of PSS in the NS emergency operations, train staff, volunteers in this approach of immediate recovery to both service providers and affected community.

Community Engagement and Accountability; NS staff and volunteers liaised with key decision makers in the communities, to identify the beneficiaries which included different engagement approaches; community meetings, sensitization sessions for different target groups, drop in sessions. Also, community representatives participated in the lesson learnt workshop.



TRCS team courtesy call to Ukerewe DC



TRCS team talking to a woman who lost her husband

C. DETAILED OPERATIONAL PLAN



Health

People reached: 6,100 people

Male: 2,989 (49%)

Female: 3,111 (51%)

Health Output 1.1: Psychosocial support provided to the TRCS volunteers

Indicators:	Target	Actual
Number of volunteers who are reached with PSS services	50	54
Percentage of NS managers, staff and volunteers who are aware of the self-care and team care policies	100%	100%

Percentage of volunteers and staff who report satisfaction with self-care and team care support (Target: 100%)	100%	100%
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Health Output 1.2: Psychosocial support provided to the target community

Indicators:	Target	Actual
Number of people reached with minimal one PSS activity	2,700 people	6,100 people
Percentage of target population reports an increase in personal well-being	100% or 2,700 people	225% or 6,100 people
Number of volunteers trained in PSS	50	47

Narrative Description of Achievements

Needs analysis and population to be assisted;

Psychosocial support services for the affected families directly affected by the ferry accident was one of the main needs identified in the assessment conducted right after the search and rescue operation. Through this DREF operation, psychosocial support services were provided through various approaches.

The operation directly targeted 50 volunteers and 2,700 people i.e. male 1,323 (49%) and female 1,377 (51%) equivalent to 540 families who were to be reached with psychosocial support, including recreational activities for children and referral support.

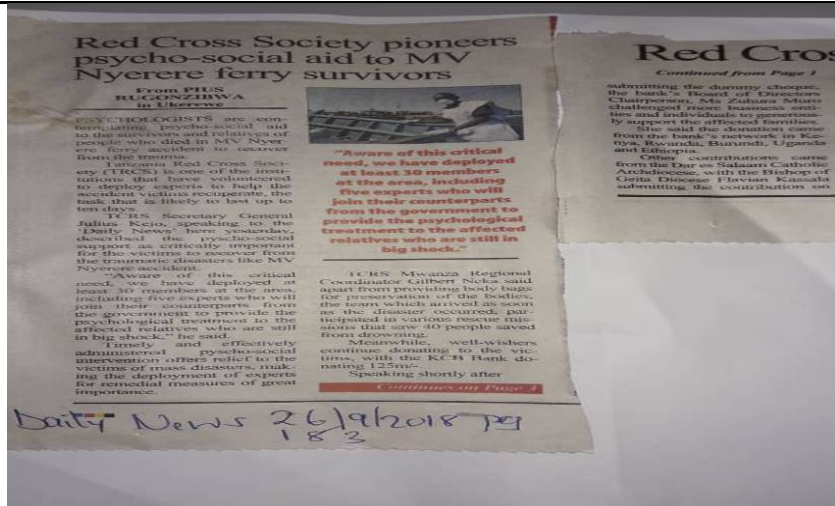
A total of 47 volunteers and an overall 512 families or 2,559 people were reached. In addition, 34 schools were visited, reaching 3,400 Children for recreational and entertainment activities such as; playing games, drawing competitions, football, netball competition, skipping ropes, and athletics. Children reached are a mixture of those who were directly affected by the accident (rescued, lost parent/guardians, relatives, friends) and others who were indirectly affected given the nature of the accident. For those who were directly affected by the accident, are among of the families met during household visits.

TRCS deployed 2 NS PSS experts who worked alongside the IFRC PSS surge and in good collaboration with local government -social workers officials in the community. The PSS expert team built the capacity of community-based volunteers on PSS. The team briefed the Regional Commissioner Office on the PSS intervention before its start, requesting official permission to implement the PSS operation.



TRCS/IFRC RDRT team and Mwanza regional coordinator paid a courtesy call at Regional

The PSS intervention was announced in the public gazette named Daily News on the 26th of September, explaining how TRCS was complementing government efforts in providing PSS services to the survivors and families of the deceased and missing.



TRCS PSS operation on public newspaper; Daily news of 26/9/2018

PSS clinic for volunteers

A total of 50 volunteers who participated in the surge and rescue operation were provided with psychosocial support services through a PSS clinic in Mwanza.

The PSS Clinic for Volunteers was organized from 20th to 22nd October 2018 in Mwanza city, targeting 50 Volunteers and 4 staff who all participated in the marine accident response operation in Mwanza. The PSS clinic was facilitated by TRCS PSS surge and the PSS technical staff from the Regional Medical office in Mwanza region. The TRCS Disaster Response Manager participated in the full session. The volunteers discussed how their involvement in the rescue and burial ceremony had affected them personally. Some volunteers had nightmares and could not remove the images of the dead bodies from their minds. The PSS clinic allowed them to share their experiences with others, which supported them in gradually healing from the trauma experienced. Volunteers were taught how to identify signs and symptoms and address PSS needs.

Stakeholder's meeting; TRCS organized a stakeholders meeting with key decision makers in the community to create awareness to community leaders on the need and importance of PSS. The meeting was held on 13th November 2018 in Bwisya Ukara and was attended by 46 community leaders including Ward and Village executive officers, ward counsellors, village chairmen, religious leaders and other influential people.

Psychosocial training to volunteers. A total of 47 volunteers were trained on community-based PSS and Psychological First Aid. The training was facilitated by IFRC PSS surge and two TRCS PSS experts. The four-day training was conducted from 10th to 13th November 2018. The training consisted of three (3) days class sessions and one (1) day of field practice, to strengthen their experience and confidence on how to conduct community entry and provide PSS to the community. During the training, peer support groups were formed, and each support group developed an action plan serving as a road map during the community exercise.



TRCS/IFRC facilitators during training



PSS activities in the community

After completion of the stakeholder meeting and PSS training for volunteers, the PSS intervention in the community started on 20th November and continued up to 29th January 2019. Different methodologies were used to conduct psychosocial activities to the targeted community members, including community meetings, sensitization sessions for different target groups, community activities, recreational activities and psychosocial activities in schools and clubs.

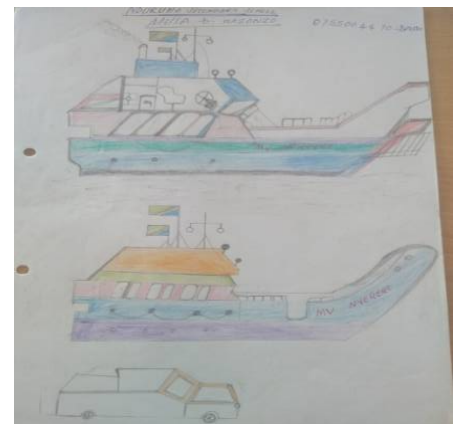
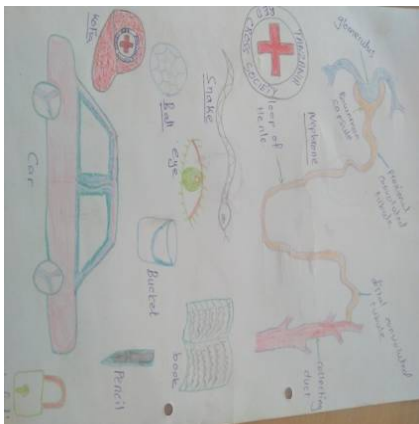
At community level, volunteers liaised with key decision makers in the community before providing the support to the community and volunteers worked together with leaders to identify the families of the deceased, missing and survivors.

The community PSS sessions were conducted for 4 days per week from 20th November up to 29th January 2019. TRCS collaborated with the government and worked closely with Regional Social welfare Officer, District Welfare Officer, social workers, Community development officer, village chairmen and Ward and Village executive officers. All volunteers were supported with visibility materials (caps, T- shirts, bibs and flags), educational materials, data collection forms, First Aid boxes and PSS kits.

In schools (30 primary schools and 4 secondary schools), volunteers met with the school management and conducted general PSS sessions with the school children, including recreational and entertainment activities such as; playing games, drawing competitions, football, netball competition, skipping ropes, and athletics.



A total of 512 families, 30 primary schools and 4 secondary schools were visited. The households visited had total of 2,559 people, of which 1,276 male and 1,283 female. Of these 2,559 people, 547 were children under 6 years, 631 were children aged between 6 to 11 years, 397 were children aged between 11 to 17 years and people aged 18 and above were 1,259.



Most of the targeted beneficiaries expressed that they were not able to sleep well due to nightmares, bad dreams and body pains. In addition, survivors had lost their belongings and their capital.

The families who received the government condolence support were grateful for the support received. However, there were a few cases reported where the government support did not reach the affected people, which created family conflicts. The people who collected the condolence support were not asked to prove beyond doubt (genuine supporting documents) how closely they were related to the deceased. For example, in one case the deceased was married to a man and they had 3 children, however, the husband was yet to pay the dowry. His father in-law claimed to have lost his daughter and collected the support provided by the government. The husband of the deceased was left struggling to meet the burial costs and support for his children. In another case, a woman divorced to her first man with 2 children and married another man with whom she had 4 children. After the accident, the first husband (divorcee) claimed to have lost his wife and collected the support from the government. The husband did not receive any support for the burial of his wife.

Another group of people were not registered in government records and could therefore not claim the condolence support. Survivors could only receive support if they had registered right after the accident. However, many survivors did not register as they were confused right after being rescued and/or not aware of the need for registration.

Challenges

- Unreliable ferry transport after marine disaster occurrence, only one ferry operated in a day.
- Affected communities needed immediate recovery emergency assistance such as support of school items to children, livelihood, food and family conflict resolutions.
- Inadequate PPE, life jackets which made the exercise to be tough and put volunteers at risk.
- Few volunteers had swimming training background, knowledge on body management and First Aid training background
- Some local community were not ready to touch the bodies due to cultural beliefs

Lessons Learned

- Need for prepositioning of marine disaster preparedness stocks including body bags, PPEs
- NS should provide water safety training to all regions along the coast, lake and other water bodies
- Inclusion of facilities for people with special needs in emergencies

International Disaster Response

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

Indicators:	Target	Actual
# of Surge PSS deployment	1	1

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

Indicators:	Target	Actual
# of volunteers insured	50	50

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

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

Narrative Description of Achievements

TRCS teams in collaboration with Government officials conducted supervision and monitoring visit to see how the PSS activity was conducted to areas affected in Ukara - Nansio Island and the teams were providing updates to TRCS HQ and to the Government. The monitoring team included officials from local Government (Regional and district Social welfare officers, Social workers and Community Development officer for Ukara), the team from TRCS HQ (head of PMRL, communication officer and Managers for Disaster preparedness and response) and the team from Regional branch (Regional Coordinator, TRCS Regional Chairman, RMC Members responsible for disaster management, health, planning, treasurer and Accountant).

During monitoring visits, the team visited households of the beneficiaries and had the chance to meet and talk with beneficiaries. The team also visited schools, Government offices and religious leaders to get feedback and progress of the PSS activity in the community.

The lessons learnt workshop was held towards the end of the operation and allowed the team to discuss successes and challenges of the operation and came up with recommendations for the future operations.

Challenges

- There was no reliable transport to rush volunteers to the accident site.

Lessons Learned

- Where possible, material support should be considered to reduce family conflicts

D. THE BUDGET

The overall budget for this operation was CHF 52,724, of which CHF 45,214 (85.75%) was spent. The balance of CHF 7,510 will be returned to the DREF pot.

Explanation of Variances

- Medical & First Aid was underspent by CHF 1,058 which represents 53% of planned budget. This is because the content of the PSS kit changed and therefore the cost of the same was reduced.
- Teaching materials was underspent by CHF 395 which represents 25% of planned budget. This is because of overbudgeting.
- Transport and Vehicles Costs were overspent by CHF 2,578 which represents 92% of planned budget. This is because vehicle mileage costs were underbudgeted.
- National Society Staff was underspent by CHF 7,303, which represents 46% of planned budget. This is because of incorrect coding when booking the expenditure.
- Workshops and Training was overspent by CHF 1,480 which represents 18% of planned budget. This is because transport and accommodation costs for training participants was underbudgeted.
- Travel budget line was overspent by CHF 917 (20%) because of incorrect coding when booking expenditures, IFRC travel costs were incorrectly booked on this budget line.
- Communication was underspent by CHF 372 which represents 31% of the planned budget. This is because planned procurement of stationary was not incurred.
- Financial charges were overspent by 128 CHF which represents 98% of the budget, because of under budgeting.

Contact information

In the National Society

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

In the IFRC Africa

- IFRC Country Cluster Support Team office: Andreas Sandin, Operations Coordinator, Nairobi, phone: +254 732508060, email: andreas.sandin@ifrc.org
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- Head of DCPRR, IFRC Regional Office for Africa: Adesh Tripathee, Head of DCPRR, email: adesh.tripathee@ifrc.org, phone: +254 731 067489

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for resource Mobilization and Pledge: Francisca Kilel, Ag Head of Partnership and Resource Development, Nairobi, email: francisca.kilel@ifrc.org, phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

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

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

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

How we work

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

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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.

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

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/05	Operation	MDRTZ022
Budget Timeframe	2018/10-2019/02	Budget	APPROVED

Prepared on 20/Jun/2019

All figures are in Swiss Francs (CHF)

MDRTZ022 - Tanzania - Ferry Accident

Operating Timeframe: 02 Oct 2018 to 02 Feb 2019

I. Summary

Opening Balance	0
Funds & Other Income	52,724
DREF Allocations	52,724
Expenditure	-45,214
Closing Balance	7,510

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	34,536	24,922	9,614
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	34,536	24,922	9,614
SFI1 - Strengthen National Societies	9,668	11,034	-1,366
SFI2 - Effective international disaster management	8,520	8,787	-267
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC		471	-471
Strategy for implementation Total	18,188	20,292	-2,104
Grand Total	52,724	45,214	7,510

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2018/10-2019/05	Operation	MDRTZ022
Budget Timeframe	2018/10-2019/02	Budget	APPROVED

Prepared on 20/Jun/2019

All figures are in Swiss Francs (CHF)

MDRTZ022 - Tanzania - Ferry Accident

Operating Timeframe: 02 Oct 2018 to 02 Feb 2019

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	3,600	2,147	1,453
Medical & First Aid	2,000	942	1,058
Teaching Materials	1,600	1,205	395
Logistics, Transport & Storage	2,788	5,365	-2,578
Transport & Vehicles Costs	2,788	5,365	-2,578
Personnel	29,267	21,898	7,370
International Staff		584	-584
National Society Staff	15,800	8,497	7,303
Volunteers	13,467	12,817	651
Workshops & Training	8,006	6,526	1,480
Workshops & Training	8,006	6,526	1,480
General Expenditure	5,845	6,519	-673
Travel	4,500	5,417	-917
Communications	1,215	843	372
Financial Charges	130	258	-128
Indirect Costs	3,218	2,760	458
Programme & Services Support Recover	3,218	2,760	458
Grand Total	52,724	45,214	7,510