

# Operation Update 1

## Tanzania: Floods

<b>DREF n°</b> MDRTZ027	<b>GLIDE n°</b> <a href="#">FL-2020-000125-TZA</a>
<b>Operation update n° 1;</b> 12 June 2020	<b>Timeframe covered by this update:</b> 24 April to 03 June 2020
<b>Operation start date:</b> 8 May 2020	<b>Operation timeframe:</b> 4 months (New end date: 30 September 2020)
<b>Funding requirements (CHF):</b> CHF 280,512	<b>Second allocation requested:</b> CHF 83,716 <b>DREF amount initially allocated:</b> CHF 196,796
<b>N° of people being assisted:</b> 10,540 people (Direct targets: 5,500 people and Indirect targets: 5,040 people)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC).	
<b>Other partner organizations actively involved in the operation:</b> Government of Tanzania	

### Summary of major revisions made to emergency plan of action:

This Operation Update No.1 reports on the detailed assessment, seeks to extend the timeframe by one month (New end date: 30 September 2020), and requests for a second allocation of CHF 83,716 to provide selected households with material for emergency shelters and a cash grant for food/basic needs as the most vulnerable families are predisposed to food insecurity due to damaged livelihoods. The Shelter response strategy and cash for basic need component are complementing the ongoing HHI distribution and WASH and Health operation, as presented in this Operations Update.

## A. SITUATION ANALYSIS

### Description of the disaster

On 8 May, TRCS launched a [DREF operation](#) of 196,796 CHF to support 10,540 people (2,108 households) affected by the floods in Kilimanjaro, Kagera, Katavi, Mara and Rukwa. Indeed, these locations experienced flooding from the 22 to 26 April 2020 as a result of increased rainfall, displacing thousands of people.

Following these flooding events, Tanzania Red Cross regional branches and local Government Authorities (LGAs) in the respective areas launched joint rescue operations and conducted rapid assessments. The 5,500 most vulnerable and affected people (1,100 households) have been targeted with the distribution of household items through this DREF operation and a total of 10,540 (2,108 HH) are being reached with WASH and Health response. The planned detailed assessments have been finalized and based on its findings, the operational strategy has been revised, and the number of total affected households have been updated as per table 1.

**Table 1: Overview of targeted regions, districts and affected HH as per the follow up assessment**

Region /District	Type of Disaster	Villages affected	HH affected	PP affected	Targeted HHs
<b>Kilimanjaro – Moshi District Council Moshi Municipal Council and Mwanga</b>	Flood and landslide	2	2,448	9,047	1,038
<b>Kagera – Misenyi and Bukoba Municipal council</b>	Riverbanks collapse, flash flood and lake overflow	4	452	2,316	320
<b>Katavi – Tanganyika and Mpanda</b>	Flash floods	2	399	2,988	200
<b>Rukwa – Nkasi and Kalambo</b>	Flash floods and river overflow	2	547	3,431	300
<b>Mara – Musoma District Council and Tarime Town council</b>	Flash flood	4	539	1,541	250
<b>Total</b>		<b>14</b>	<b>4,385<sup>1</sup></b>	<b>19,323</b>	<b>2,108</b>

The flooding resulted in loss of livelihoods and serious infrastructural damage. Destruction of roads and bridges hampered the speed with which the assessments could be conducted. LGAs provided boats to support the HHI distribution in areas where TRCS trucks could not access. This also ensured affected families were not exposed to long walks to receive their HHs.

By the time of the detailed needs assessment conducted from 9 to 14 May, some 14,552 families were still hosted in makeshift camps across the affected regions: Kagera 49 HHs, Kilimanjaro 145 HHs, Mara 290 HHs and Rukwa 68 HHs.

This flooding has occurred at a time when the country is facing other disasters, including the COVID-19 pandemic. The Government of Tanzania has officially reported 509 positive COVID-19 cases, 183 recovered and 21 deaths, however, since 29 April 2020, no updates have been provided on the number of cases. The COVID-19 pandemic is causing fear and panic in the country and families in the evacuation centres have been highly exposed as a result of sharing facilities. Since the launch of the DREF, the number of families hosted at evacuation centres has reduced from 2,108 to 552, significantly decongesting the evacuation centres, allowing for proper practicing of social distancing.

Through the DREF funding, TRCS conducted more assessments in the five targeted regions, distributed household items (HHIs) to all the targeted 1,100 HHs, conducted 10 health and hygiene promotion sessions in Kilimanjaro, Kagera, Mara, Katavi and Rukwa regions.

## Summary of current response

Tanzania Red Cross Society (TRCS) is responding to the immediate needs of the affected families in five (5) regions through distribution of its prepositioned stock of household items (HHIs) accompanied by WASH and Health promotion exercises as per the initial [EPoA](#). The below has been undertaken since onset of the disaster to date:

- Search and rescue operations: 5 regional coordinators, 4 National Disaster Response Team members (NDRTs), 80 aquatic search and rescue trained volunteers and 150 volunteers in the regional branches supported with search and rescue, First Aid Provision, assessments, health and hygiene promotion and HHI distribution. They provided assistance to 113 people injured from cuts, dislocations and broken bones during this exercise.
- In addition to the HHIs, Kagera Sugar Company donated sugar and supported with the mobilization of an excavator to drain Kagera river water spillage.
- A rapid assessment was conducted in the affected five regions funded under this DREF. The initial rapid assessment conducted during active response to determine the urgent needs of the displaced families and that provided initial data to launch this operation. A follow up assessment was conducted to provide more accurate data and identify evolving needs to inform revision of this plan of action.
- Distribution of HHIs to 1,100 HH, mobilized from the central warehouse in Dodoma, the kits include 2 mattresses, 2 blankets, 2 water buckets, 2 mosquito nets and 1 kitchen set per HH. An additional 1,008 HHs received partial household items kits, through in-kind contributions to TRCS donated by World Vision.
- A total of 150 volunteers have been trained on epidemic control.
- TRCS continues with close coordination with the Local Government Authorities (LGAs) and the Local Disaster Management Committees.
- TRCS continues to monitor weather forecasts and share updates with all the regional branches.
- Provide PSS services to NS staff, volunteers and affected population.
- Distribution of 2,290 water buckets and 10 Hygiene promotion sessions have been conducted.

<sup>1</sup> As registered during detailed follow up assessment.

- An online refresher training has been conducted for 150 RC volunteers on hygiene promotion.

The below table shows the items distributed as of 16 May 2020:

**Table 2: Household items distributed in all the five regions (both full and partial kits), with support from DREF and other partners**

Region	Blankets	Mosquito nets	Buckets	Kitchen Set	Mattress	Assorted Food
Kilimanjaro	1,000	810	810	400	1,000	50kg Rice, 35 kg Cooking oil, 500kg Maize flour, 100 kg Beans, 25kg Sugar and 20kg Salt
Kagera Misenyi	520	300	520	151	410	
Katavi	500	346	350	150	300	
Rukwa	550	550	400	200	700	
Mara	450	420	510	200	500	
<b>TOTAL</b>	<b>3,020</b>	<b>2,426</b>	<b>2,590</b>	<b>1,110</b>	<b>2,910</b>	

**Table 3: HHIs distributed in all the five regions with support from the DREF only to 1,100 HH (2 mattresses, 2 blankets, 2 water buckets, 2 mosquito nets and 1 kitchen set per HH)**

Region	Blankets	Mosquito nets	Buckets	Kitchen Set	Mattress
Kilimanjaro	800	800	800	400	800
Kagera Misenyi	300	300	300	150	300
Katavi	300	300	300	150	300
Rukwa	400	400	400	200	400
Mara	400	400	400	200	400
<b>TOTAL</b>	<b>2,200</b>	<b>2,200</b>	<b>2,200</b>	<b>1,100</b>	<b>2,200</b>

Most of the distributed items had just been replenished through the Lindi flood DREF operation and could therefore be quickly distributed. In addition, to the 1,100 HHI kits supported with the DREF, TRCS supported food distribution with items donated by government local offices and additional HHIs with support from World Vision. Table 2 provides a complete overview of items distributed with support from different partners.

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

IFRC East Africa Country Cluster Support Team, regional finance delegate and disaster management delegate based in Nairobi, are providing technical support and are monitoring the situation, as well as carrying out overall coordination of the Movement response.

IFRC has two in-country surge deployed -- one operations manager and one logistics. Both were initially deployed to support the Lindi Flood DREF operation and are now supporting the overall IFRC portfolio in country, including DREF Lindi, COVID-19 as well as this Floods DREF. Due to the current travel restrictions between countries as a result of COVID-19 pandemic, the surge deployments have been extended beyond the normal timeframe.

IFRC and TRCS have reached out to the in-country partners (ICRC, Spanish and Belgium Red Cross) to ensure coordination and information sharing. IFRC, ICRC, Partner National Societies (PNS) and TRCS meet on a weekly basis to discuss the COVID-19 developments as well as other ongoing emergencies. Updates on the operations are being discussed and coordinated through this platform.

### Overview of non-RCRC actors' actions in country

Coordination of responses in the various targeted regions is carried out through disaster management committees made up of representatives from TRCS, National and regional/district government representatives and partner agencies with presence within the various regions. The committees have been key in overseeing initial rapid assessment and providing initial population estimates which have been used as a basis for the initial emergency interventions which have been updated as per continued detailed assessments findings.

These committees have memberships for different sectors including, Health, WASH, agriculture & livelihoods, Security, and settlement. Below table shows the different lead departments and their supporting partner agencies. The regional committee meetings are chaired by the regional commissioner while those at the district level are chaired by the district commissioner. These meetings are however coordinated by the disaster management department in the office of the prime minister during disasters.

Sector	Lead	Supporting Partner
Settlement (Shelter)	Min. of lands and settlement Rep	IOM/TRCS/World Vision
Health, gender, and social services	Min. of health Rep	TRCS/Pop. Service Intl
WASH	Min. of water Rep	Water mission/TRCS
Agriculture & livelihoods	Min. of Agriculture	TRCS/World Vision
Security and protection	Police	Businessmen/corporates

It is through these sectors that gaps are identified and under which TRCS is coordinating its efforts to offer its humanitarian assistance.

A lesson learnt workshop has been planned under this DREF to be coordinated by the PMO-DMD inviting all like-minded organisations and key government sectors. Lessons learnt from this response will be documented and recommendations consolidated for future operations. TRCS as a member to all the regional disaster management committees which comprise of relevant government sectors/departments, other Non-Governmental organisations, and corporate representatives, will continue to use this platform to share progress, challenges and seek for recommendations. These meetings also ensure that no gaps or overlaps on the different sectors.



During the search and rescue, TRCS worked alongside the fire brigade and police marine in all the affected regions. The mobilization of resources attracted the attention of Kagera Sugar Company who, donated an excavator to deepen the Kagera river waterway that was spilling excess water to homesteads. World Vision has made an in-kind donation of HHIs, through which TRCS could reach 1,008 HH as mentioned under NS actions.

## Needs analysis and scenario planning

### Needs analysis

As of 8 May 2020, flooding water in the affected areas targeted by the initial DREF EPOA had subsided significantly. This allowed local government and the TRCS/IFRC team to conduct further assessments in all the flooded areas in the five targeted regions. At the time TRCS was sharing its first response plan for this flooding, the NS had a very heavy activity load in the ongoing Lindi flood operation where most of its resources and teams are deployed. However by the time of this updated plan, most of the activities in Lindi floods including cash had been completed and the NS had commenced the shelter component. This has relieved the NS capacity to support the current ongoing flooding elsewhere. This therefore means that some of the implementation modalities that the NS had felt as being overstretching can now be covered including the use of cash. Below an overview of the detailed assessment per sector:

**Shelter and household items:** From the assessment, flood water level had subsided and a total of 1,813 families from the total displaced 2,335 HH have been able to return to their original land or family members. These families were in makeshift camps in schools for having completely lost their houses (submerged or washed away) and have now to live with their relatives within and away from the community while others built makeshift structures on safe elevated grounds within their affected communities. The distributed HHIs provided displaced families in makeshift camps with some confidence to start rebuilding back. Majority of those returning back have erected transitional structures with others moving to their relatives after receiving support of household items distributed. Shelter needs of those returning were not accessed as it would take time to trace them to their new locations and fact that



Picture 2: Flooded Makeshift structure erected during 2016 earthquake in Kagera.

they voluntarily left the hosting camps, then it is clear that these families had better coping alternatives. The total number of families still in makeshift camps as at 16 May 2020 were 552 including 145 HHs in Kilimanjaro, 290 in Mara, 68 in Rukwa and 49 HHs in Kagera region. These families have been spread out in 13 schools (makeshift camps) across the four regions to ensure adherence to social distancing. The government has not enforced any COVID-19 isolation protocols in the country and hence has not established any isolation room or rooms in the makeshift camps. However, the community health workers are regularly checking on peoples' body temperatures with Ministry of Health directing

that anyone exhibiting COVID-19 in the camps will be transferred to a health facility. The 49 HHs in Kagera region are, since the 2016 earthquake, still living in emergency/transitional shelter structures, which were severely damaged during the floods. Considering the vulnerability level of these families, especially in Kagera where the families are facing this are barely recovering from the 2016 earthquake, there is need for urgent emergency shelter support including technical support through the Building Back Safer component. TRCS is therefore seeking to support these most vulnerable HHs in makeshift camps hosted in schools in the targeted regions with emergency shelter materials and technical support. Since TRCS does not have prepositioned shelter materials and kits to ensure a faster response, conditional cash transfer (vouchers) is proposed based on cash feasibility and market assessments conducted earlier in the area, as part of TRCS preparedness efforts. Market assessment and cash feasibility study will be updated during this operation. The cash grant will support targeted households in erecting shelters in their new resettlement areas to fasten their recovery process. Traditionally and by practice, the affected communities use corrugated galvanized iron sheets for their roofing with very few others using grass and reeds. However, TRCS intends to promote building back safer and will not support grass thatching instead proposes to support the targeted households with corrugated iron sheets, roof nails, nail rubbers and ridges which are readily available in the markets. With majority of the households having left the hosting centres, remaining people in these centres are now able to practice physical distancing. In a bid to ensure physical distancing is well practised even with this reduced numbers, the local government in Kagera, Kilimanjaro and Mara regions provided several schools to further decongest the facilities. As much as these factors have improved social distancing in the collective centres, the need for proposed shelter intervention is a key priority to ensure even more adequate spacing is available, provide privacy as well as protection to targeted households.

**Health:** Due to lack of decent and enough shelter combined with prevailing rainy weather conditions, displaced families in schools continue to be predisposed to the risk of diseases and further deterioration of health to the chronically ill, children and the old. A good number of households have left the makeshift camps after receiving HHIs, slightly decongesting these camps. However, assessments still indicate people are sharing facilities such as toilets and could expose the displaced families to the risk of COVID-19 spread as a result of contamination. Due to the novelty of the disease and rumours circulating in communities, clear information on preventive behaviours needs to be provided and concerns and misinformation addressed via two-way communication channels. Health and hygiene promotion exercises that also include messaging on room ventilation, floor cleanliness and bush clearing undertaken by TRCS have been incorporated during the HHIs distributions. Further, loss of livelihoods and homes, as well as injuries and deaths have contributed to stress and desperation of the affected families. As such, Psychosocial support (PSS) is, therefore, an essential component under this response.

Under this response, TRCS considered distribution of sanitary kits to women and girls as an important need to promote hygiene. These kits contain soap, sandals, toothpaste, comb, wipes, sanitary pads and wash cloth. It is of essence that they, therefore, continue providing sessions on the proper use of the distributed sanitary kits through regular health and hygiene promotion sessions. This is aimed to raise awareness, maintain affected populations dignity and share information about hygiene, health, gender-based violence (GBV) related issues and protection sessions. Although no GBV case that has been reported so far, TRCS will use the existing community GBV referral system and closely with the country's GBV cluster referral mechanism.

Tanzania has the third largest population with the risk of malaria in Africa, with the western shore of Lake Victoria having the highest risk especially Kagera Region as per the country's ministry of health malaria mapping. Flooding will provide favourable breeding grounds for mosquitoes. This exposes those displaced families in camps to the risk of malaria. TRCS has provided two treated mosquito nets to each targeted displaced family and health promotion sessions to address the proper use of the nets.

Several people were injured when trying to escape from the flooded areas, others while trying to salvage their belongings or when trying to help. During search and rescue, TRCS assisted 113 people injured from cuts, dislocations and broken bones. Under this DREF funding, TRCS has commenced the process of replenishing used first aid kits together with procuring additional ones to support the continuous first aid service in the temporary shelters.

**Water, Sanitation and Hygiene (WASH):** Assessment clearly shows that families are sharing toilets, rooms and limited water sources in the temporary evacuation centres/makeshift camps in schools, predisposing them to protection issues and risk of contamination of waterborne and contagious diseases including COVID-19. Fortunately, the makeshift camps have been decongested significantly as many people could return to their former homes or with family, and the LGAs have opened additional school facilities for the 552 families (2,972 people) that could not return. A total of 908 latrines are spread out in the 13 schools hosting the displaced families, however, the facilities do not provide washing and bathing facilities. Toilets are therefore being used as bathing rooms while laundry is done near the water points. TRCS will continue with health and hygiene promotion sessions to curb the spread of water- and vector-borne diseases, including COVID-19 RCCE and implementation of social distancing norms in the use of water and sanitation facilities.

All the schools used as collection and hosting centres are mixed girls and boys facilities with clearly marked and separated toilets facilities. This has ensured no sharing of toilets of different gender to avoid cases of SGBV.

The temporary shelters have limited water points with families sharing washing basins and recycling small bottles to fetch water for their domestic use. The water points in the collection camps cummulative are able to produce about 30,000 litres of water per day. TRCS has distributed water buckets that will ease the shame and struggle to carry water to their rooms and minimize sharing to curb the spread of COVID-19. During the distribution of water buckets, TRCS used the opportunity to promote and raise awareness on proper handwashing, in efforts to reduce the spread of COVID-19. The distributed water buckets are of 20 litre capacity, however, the cummulative capacity of water points in the collection centres based on the population in those centres would support to about 15 litres per person, a slight short of the required 20 litres in such situations per person as per Sphere standards.

Majority of the families in the affected regions use household pit latrines which are relatively easy to set up. Assessment shows that majority of those families that started to recover had already dug their pit latrines while others were in the process. As such, TRCS will provide 277 slabs to the families to be supported with emergency shelter and will provide for handwashing kits to set up handwashing stations in the evacuation centres and communities.

The Government of Tanzania is rehabilitating damaged water sources and committed to providing access to safe water on new grounds.

**Food Security and Livelihoods:** The flooding has destroyed livelihoods of most of the families especially those engaged in agriculture and fishing. For those engaged in fishing, their fishing canoes have been damaged while others have been washed away to deep waters in the lake predisposing the affected families to food insecurity. This has deprived the affected population of their main source of food. Currently, the local government is providing food rations in the makeshift's camps. However, the support is limited to three weeks, which is a short period for the vulnerable families who have lost their livelihoods.

Immediate and mid-term food needs were assessed through a food security assessment including market assessments to provide data used to determine the assistance required by communities. The assessments were used to inform market functionality and availability of food over the response period. Assistance was designed based on the assessment within affected communities on how to overcome the impact of the disaster and restart their means of living by providing support for immediate basic (food) needs. The strategy is designed to ensure sufficient nutritious food is accessed by children under 5 in vulnerable households.

TRCS is planning to support the most vulnerable families who lost their houses, all their livelihoods and who are not accessing any other external assistance. These families are targeted through the set criteria, either being led by very old people, single headed households or people living with chronic illness with basically limited mobility to even conduct local labor, with unconditional cash to cushion them with food rations for a period of two months. Market assessments conducted shows markets are working and accessible. The cash transfer amount is calculated based on the assumption that the families do have limited access to other minimal income sources including donations from others to complement the cash assistance.

### **Targeting**

This DREF operation targets an overall 10,540 (2,108 households)<sup>2</sup> with Shelter, WASH and Health interventions. Out of these, direct assistance is being provided to 5,500 most vulnerable and affected people (1,100 households)<sup>3</sup>, who require urgent humanitarian assistance.

These 1,100 most vulnerable households are supported with HH items, following complete loss of their shelter and belongings as a result of the floods. Some 227 most vulnerable HHs will be targeted with shelter support and 189 HHs with cash for basic needs out of the 1,100 HHs directly targeted. Because of their vulnerability, the 189 families proposed to benefit from cash for basic needs are part of those 277 families proposed for shelter support, that are still hosted at evacuation centres.

Remaining 1,008 households will be indirect targets as they will benefit from the hygiene and health promotion campaigns. Please refer to [EPoA](#) for details on selection criteria.

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<sup>2</sup> Targeting done based on average household size in Tanzania.

## Scenario planning

Please refer to [EPoA](#) for details on scenario planning.

The below three possible scenarios have been developed for this operation:

Scenario	Humanitarian consequence	Potential Response
<b>Scenario 1:</b> The rains quickly reduce intensity; no additional people are affected, and no secondary effects are suffered e.g. increase in waterborne and communicable diseases.	AVERAGE	Response will be limited to the DREF operation.
<b>Scenario 2:</b> The rains continue but no more than 50mm in 24 hours in any part of the current affected areas.	HIGH	Limited to the current DREF operation, with continued alert and on standby. Engaging with communities for early warning, preparedness and disaster risk reduction measures. An Operations Update can be launched after initial assessments to adjust the operational strategy.
<b>Scenario 3:</b> The rains continue heavily through May 2020, with episodes of more than 50mm in 24 hours in any part of the current affected areas or other parts of the country, and surging of Lake Victoria resulting in massive displacement of people and further destruction of infrastructure and assets as well as affecting social services. The country' COVID-19 cases surge exceeding the capacity of health facilities to manage.	VERY HIGH	Revision of the DREF operation through an Operations update to widen the scope of intervention, with possible change of strategy, increased timeframe and possibly a request for a second allocation or proceed to a large-scale operation through an application for an Emergency Appeal.

## Operation Risk Assessment

Please refer to [EPoA](#) for details on operation risk assessment, including risk matrix with regards to measures taken to curb the rising trend of COVID-19 pandemic. The plan considers the use of mobile money transfer as a modality to provide assistance for the introduced support. Use of cashless modalities has been considered safe and reduce the spread of COVID-19. Since markets are working and have access to mobile money services including agents, TRCS will encourage families benefiting from the cash transfer to avoid withdrawing hard cash for use and instead buy their preferred commodities through phone. The cash for shelter component will be managed through Cash and Voucher Assistance and markets will continuously be monitored to ensure that the cash modality is in line with the evolving context, taking into account possible future impacts of COVID-19 on market access.

The current DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. So far, there has not been any delays as a result of COVID-19 government control measures, however, this remains a risk as situation is very fluid and may change anytime. TRCS is working closely with the government to jointly find the best approach to ensure humanitarian assistance is provided to the displaced families in a timely manner. The planned DREF activities will follow the Ministry of Health and World Health Organization regulations on hygiene and social distancing especially during distribution of HHIs. TRCS will incorporate hygiene and health promotion activities in this operation in line with the TRCS COVID-19 action plan, to assure government restrictions will be complied with. The Government of Tanzania called for unlimited TRCS support to families affected by other disasters in the country as witnessed in the current Lindi flood operation. The Government is currently focused on managing the spread of COVID-19 and occurrence of other disasters is challenging its capacity to provide enough humanitarian assistance. The Disaster Management Department under the Prime Minister's office, mandated to manage disasters in the country, has been calling on TRCS support.

National Society responses to COVID-19 are supported through the IFRC [global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the

IFRC Africa Regional Office, in coordination with global and regional partners. This means that the NS will ensure even as it responds to this current flooding situation, COVID-19 prevention measures are adhered to in line with regional plan of action and its national COVID-19 country plan. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. For more information please consult the [Covid-19 operation page](#) on the IFRC Go platform.

Below table indicates potential impact of the pandemic on this DREF operation and how TRCS will respond to the situation in the event of COVID 19 mitigation measures being implemented in Tanzania.

<b>COVID-19 measures</b>	<b>Standard epidemic control measures</b>	<b>Temporary lockdown of society (schools, shops, public functions)</b>	<b>Sustained lockdown and restriction of movement during implementation period</b>
Likelihood	High	High	Medium: Until now, the Tanzanian Government has not indicated any intentions to move towards a full lockdown. Compared to other countries, only few restrictions have been put in place to minimize the impact on the economy and recently existing restrictions have been partially lifted.
Impact on operation	The operation needs to be sure to adhere to the epidemic control measures.	The impact will be relatively low on this operation, as the operation works with prepositioned stock and the Government has prioritized humanitarian flood response, assuring humanitarian space for TRCS to operate.	The Tanzanian Government is committed to continue to provide humanitarian space for TRCS to operate to ensure other emergencies can be responded to. However, in case of further restrictions, distribution plans will have to be adjusted in close coordination with local government, as well as the design of health promotion and hygiene promotion activities. In the Lindi DREF operation, Local Government has been very involved to support the design of distribution and other activities, to assure its implementation in line with COVID-19 measures.
Mitigating measures	As the epidemic control measures were already in place at the start of the operation, the operation has been fully adjusted/adjusted to adhere to the measures. Trainings are partially conducted online, partially in small groups. Distribution and awareness raising exercises are ensuring that social	Same as under standard epidemic control measures. In addition, some delays might be experienced with procurements for replenishments. If this happens, a DREF extension needs to be requested.	Timeliness: Distributions have now been finalized in all the affected regions.  Health and hygiene promotion activities will be adjusted in line with any new measures that might come up. TRCS is working on a plan with different scenarios, to ensure a quick adjustment to new measures.

distancing norms are be adhered to.		
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## B. OPERATIONAL STRATEGY

### Overall Operational objective:

The overall objective of this DREF operation is **to meet the immediate Shelter, WASH, Health and Food related needs of 2,108 households (10,540 people)** affected by the impact of heavy rain and ensuing floods in Kilimanjaro, Kagera, Katavi, Mara and Rukwa regions of Tanzania.

### Proposed strategy

#### 1. Shelter and household items (Target: 1,100 households or 5,500 people)

A total of 4,385 families have been affected by the flooding in seven regions. However, a total of 2,108 displaced families shelters were heavily damaged or washed away and have been registered in makeshift camps. Majority of these families have now returned to their homes and erected transitional structures with others moving to their relatives after receiving support of household items distributed. Shelter needs of those returning were not accessed as it would take time to trace all individual families to their new locations and with the fact that they voluntarily left the hosting camps, it is assumed that these families had better alternatives. During the detailed assessment, it was noted that some 552 families were still in host makeshift camps three weeks after the flooding and had no resources to build emergency shelter.

To date, TRCS has provided support to 1,100 households (5,500 people) with provision of HHIs to be replenished through this operation as stated in the EPoA. As part of this operation update, some 277 households (1,709 people) selected out of the 552 most vulnerable families mentioned above, will benefit from emergency shelter support through conditional cash grants in Kilimanjaro, Mara, and Kagera regions. The conditional cash modality is more cost efficient and faster to meet the CGI needs proposed for these families. The conditional cash modality will also allow flexibility by allowing families buy the materials of their choice. This support is biased to roofing only, since majority of their houses walling were previously done using mud which is relatively easy to do with poles and sticks which are at their reach. For a household to qualify for shelter voucher, the condition will be to have completed the house structure up to the roof. TRCS by use of the shelter expertise acquired from the Lindi flood operation, will offer technical support including site location, slope, structure strength, etc, to the families in erecting a safe structure. A timeline to have completed this will be agreed upon to ensure the payment is done almost at once if not at once. TRCS plans to do a one off payment.

The cash transfer amount is calculated as follows:

- 10 pcs of CGI \*20,000Tshs = 200,000/=
- 5KG of roof nails \*4,000Tshs = 20,000Tshs
- Ridges 2 pcs \*10,000Tshs = 20,000Tshs
- Roofing Nail rubbers 1pkt\*10,000 =10,000Tshs

Total per HH = 250,000Tshs.

The selection of these 277 households was outlined together through a community participatory approach that comprised of community beneficiary committee members, local government and TRCS. These families met the selection criteria outlined during targeting and do not have any family member within or elsewhere to support them erect a shelter. Forecasts shows that rainfall will continue over the next one week with increased Lake Victoria surge, increasing the risk of further flooding and displacement. Without shelter, during this rainy period, the affected families will be predisposed to the effects of extreme weather conditions especially children, old women and the chronically ill.

#### Activities conducted:

- The procurement to replenish 2,200 blankets (2 per HH), 2,200 mosquito nets (2 per HH), 2,200 water jerricans (2 per HH), 1,100 kitchen sets (1 per HH) and 2,200 mattresses (2 per HH) is ongoing.
- HHIs have been distributed to 1,100 families including: 2,200 blankets, 1,100 kitchen sets, and 2,200 mattresses.
- Shelter rapid needs assessment.

#### Activities planned:

- Finalise the procurement of HHIs for replenishment.

- Provision of emergency shelter materials in form of conditional cash through Cash and Voucher assistance if a total amount of 250,000 TZS/108 CHF per HH, targeting 277 HH.
- Awareness creation on safe shelter to the displaced population and volunteers
- Train 60 volunteers and local artisans on safe shelter and toilet set up in the three regions (10 volunteers and 10 artisans per region)
- Providing technical support on temporary shelter construction to the affected population.
- Monitoring of the use of cash for shelter
- Evaluation of the shelter and settlements support provided
- Market monitoring on food and shelter materials
- Cash feasibility study

## 2. Livelihoods and basic needs (Target: 189 households or 945 people)

Families hosted in makeshift camps have access to working markets, however, they do not have purchasing power since their main source of income has been cut off. The local government has been providing food to all the displacement camps apart from camps in Kilimanjaro region; however, the local government indication is that they will not be providing more rations 3 weeks after the flooding. This will therefore leave the affected families with no alternative means of food. TRCS plans to conduct cash feasibility study and market assessments in Kilimanjaro. TRCS has previously done these studies in Mwanza, Mara and Lindi and their findings could be adopted to inform feasibility of cash in neighbouring Kagera region. TRCS seeks to target 189 families in Kilimanjaro and Kagera camps not targeted by the government food rations.

With its capacity of 15 staff and 20 volunteers trained on Cash Transfer Programming (CTP), TRCS has used CTP in a few other flood responses including the current Lindi floods where 562 HHs are receiving unconditional cash grant. The Mara flooding supported jointly through DREF funding and Belgium Red Cross in 2019 and the Dar es Salaam flooding response. Markets are accessible in all the displacements across the affected regions from the temporary camps, however, TRCS needs to continue market monitoring and conduct a feasibility study to inform the CTP strategy, including the transfer mechanism. Below is cost of food in Kilimanjaro and Kagera regions captured during the follow up assessments.

### COST OF FOOD BASKET

Products	Quantity per person/month (gr)	Quantities per person/month (kg)	Unit price (kg) (local currency)	Cost per person/month (local currency)
Flour	2,000	2	1,300	2,600
Rice	1,250	1	2,000	2,500
Beans	500	1	2,200	1,100
Fish	1,000	1	5,000	5,000
Meat	1,000	1	6,500	6,500
Cooking oil	2,000	1	5,000	5,000
Salt	1,000	1	1,000	1,000
Ground nuts	1,000	1	3,524	3,524
Vegetables	1,000	1	1,500	1,500
Onions	1,000	1	4,000	4,000
Tomatoes	1,000	1	600	600
Sugar	1,000	1	3,500	3,500
Tea leaves	1,000	1	1,000	1,000
<b>Total food expenditure/person/month</b>				<b>37,824</b>
<b>Total + additional 10% for dairy products</b>				<b>45,786</b>
<b>Average household size</b>				<b>5</b>
<b>Total food expenditure/HH/month</b>				<b>208,032</b>

#### MINIMUM EXPENDITURE BASKET (MEB)

<b>Total food expenditure (household/month)</b>	<b>208,032</b>
<b>Total other recurrent expenditure (household/month)</b>	<b>50,000</b>
<b>MEB (household/month)</b>	<b>258,032</b>

<b>Factors for setting the value</b>	
MEB (recurrent expenditure)	258,032
% of MEB to be covered by the intervention (50% to be covered by other well-wishers and the beneficiaries)	50%
Average expected inflation during the project period (%)	1%
<b>Monthly transfer value</b>	<b>130,306</b>

#### Activities implemented:

- Assisted the government in food distribution in displaced populations camps
- Conducted market assessment

#### Activities planned:

- Conduct market monitoring
- Support basic needs through cash transfer in Kagera and Kilimanjaro regions for two months

### 3. Health (Target: 2,108 households or 10,540 people)

Assessment has shown that health facilities were greatly impacted in all the affected villages. However, all villages can still access health care in neighbouring villages and the government has already commenced rehabilitation of these facilities as well the cut off roads and bridges. Those families still in camps are exposed to the risk of COVID-19 as a result of shared facilities. TRCS will, therefore, continue to deploy its trained 150 volunteers on Risk Communication and Community Engagement, in conducting health promotion sessions with emphasis to COVID-19.

Psychosocial services are crucial for both the responding volunteers, staff and the affected families. Regular PSS sessions will continue to happen with an end of operation debrief planned for the all the regional branch volunteers and staff.

#### Activities conducted:

- Training of 150 volunteers on RCCE
- 10 health promotion sessions conducted
- PSS sessions to 33 people
- Distribution of 2,200 mosquito nets
- First aid offered to the affected communities, attended to 133 persons

#### Activities planned:

- Continue provision of First Aid services
- Replenishment of 20 first aid kits
- Train 150 volunteers on epidemic control
- Continue provision of psychosocial support to volunteers and affected population with PSS needs.
- Procurement and replenishment of 2,200 mosquito nets and 500 dignity kits.
- Continue with health awareness sessions
- Distribution of 500 dignity kits

### 4. Water, Sanitation and Hygiene – WASH (Target: 2,108 households or 10,540 people)

The flooding has affected water sources in the affected villages, resulting in limited access to clean and safe water as well as inadequate access to proper sanitation facilities. However, the temporary camps: schools and government buildings are located on safe raised grounds where water sources were not disrupted, and the displaced families are accessing clean and safe water for their domestic use. World Vision distributed water treatment tablets to families returning from makeshift camps in Kagera. TRCS will continue to conduct hygiene promotion sessions to families still in host camps. Toilet slabs will be provided to 277 families targeted with emergency shelter with follow up technical support to ensure safe set up and required distance from the house and water sources. The Government pledged to rehabilitate damaged water facilities in the affected areas and where possible, drill boreholes.

Handwashing kits accompanied with chlorine will be provided to targeted 277 households to promote hygiene and curb the spread of COVID-19. Trained volunteers will be assigned to supported targeted households with chlorine mixing and preparations of 0.05 solution of the hand washing.

**Activities conducted:**

- Distribution of 2,590 water buckets;
- 10 Hygiene promotion sessions conducted;
- Online refresher training for 150 RC volunteers on hygiene promotion.

**Activities planned**

- Conduct hygiene promotion sessions using 10 days on household water treatment and handwashing through community meetings and demonstration sessions. One session is repeated in turns, to allow for small groups to join at various time slots. In addition, house to house visits are conducted for those families not able to attend the group sessions.
- Procurement and replenishment of 2,200 water buckets
- Procurement of 277 handwashing kit facilities for families hosted in the temporary shelter/makeshift
- Procurement of 100 gallons of liquid soap/chlorine powder to be used at handwashing stations
- Procurement of 277 toilet tablets.


**Community Engagement and Accountability (CEA):** TRCS will continue to mainstream CEA throughout the intervention to guarantee maximum and meaningful participation of the affected communities. A feedback and complaint phone number provided to recipients of distributed items has provided direct feedback on the distribution exercises. For the purpose of clarity and a good flow of information, clear roles and responsibilities have been agreed with representatives, community leaders and committees. The beneficiary selection process was clearly communicated to all affected. Hygiene and health promotion have been considered and have been instrumental in collecting feedback and responding to community concerns considering the preventive measures for COVID-19. TRCS wishes to translate and reprint its IEC materials to include COVID-19 messaging and Ministry of Health (MoH) emergency numbers. Volunteers have been as well taken through an orientation on use of tools to collect feedback from communities, track rumours and respond to the communities. Community feedback will be documented, responded to, and used throughout the operation to adapt the response to community needs.

**Protection, Gender and Inclusion (PGI):** Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risk and coping strategies, the operation is paying particular attention to protection and inclusion of vulnerable groups based on gender and diversity analysis. Trained staff and volunteers in the targeted regions who are also engaged in COVID-19 PGI risk messaging and aware of maintaining safety and dignity will be engaged in reaching out to the targeted families. Gender roles were considered during the setting up of distribution time and dates as well as in health promotion activities. TRCS will work with all like minded organisations including organizations working for people with disability who might have better understanding on their care.


**Operational Support Services**

Please refer to [EPoA](#) for details on operational support services.

**C. DETAILED OPERATIONAL PLAN**

	<p><b>Shelter</b>  <b>People reached: 5,500</b>                  Male: 2,750                  Female: 2,750</p>			
<p><b>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</b></p>				
<p>Indicators:</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%; text-align: center;">Target</td> <td style="width: 25%; text-align: center;">Actual</td> </tr> </table>		Target	Actual
	Target	Actual		

% of overall affected population targeted with provision of HHIs and shelter materials	25%	25%
<b>Output 1.1: Provide shelter assistance through distribution of HHIs and shelter materials</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Number of household items replenished	Blankets 2,200, Kitchen sets 1,100 and mattresses 2,200	0
Number of post distribution monitoring sessions conducted	1	0
Number of beneficiary selection meetings held	5	5
Number of community feedback comments collected	50	11
Number of operational decisions made based on community feedback	2	1
Number of HHs supported with cash and voucher assistance to support purchase of shelter materials ( <i>new indicator</i> )	277	0
<b>Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households</b>		
Number of households reached with technical support in build back safer guidance and awareness raising activities ( <i>new indicator</i> )	277	0
Number of volunteers and local artisans trained on safe shelter and toilet set up ( <i>new indicator</i> )	60	0
<b>Progress towards outcomes</b>		
<p><b>Activities already carried out:</b></p> <ul style="list-style-type: none"> <li>- TRCS has distributed 2,200 Blankets, 2,200 mosquito nets, 2,200 water buckets, 1,100 kitchen sets and 2,200 mattresses to the affected population from their prepositioned stock that is now being replenished.</li> <li>- Procurement of items to be replenished is ongoing</li> <li>- A shelter assessment has been conducted</li> <li>- Volunteers have been identified to support the shelter intervention</li> <li>- All regions formed a beneficiary selection committee that is community representative including the old, young, men, women and the physically challenged to work with the local authorities in selection the right beneficiaries in all the regions to ensure transparency and get the right beneficiaries.</li> <li>- TRCS set up community feedback desks across all the regions targeted where affected people registered complaints and feedback. A total of 7 complaints and 4 feedback positive feedback were collected. The positive feedback praised TRCS for their prompt support on HHIs while the 7 complaints were on selection which were later responded to through the beneficiary selection committee.</li> <li>- TRCS in all the regions, participated in government meetings to agree on best response strategies. Across the regions, it was agreed that the local government officials cannot work alone in selecting beneficiaries after complaints were raised and therefore community beneficiary selection committee was established and presented with a clear selection criteria that was openly agreed by everyone.</li> </ul> <p><b>Challenges:</b> More flooding as a result of Lake Victoria surge worsening the already bad situation in additional districts out of the scope of this DREF, but further putting a strain on TRCS capacity. COVID-19 measures implemented to ensure social distancing during distributions is making it difficult to distribute HHIs in one day.</p>		

	<b>Livelihoods and basic needs</b>	
	<p>People reached: 0 Male:0 Female:0</p>	
<b>Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>

Number of people in temporary camps receiving cash support for food ( <i>new indicator</i> )	945 people (189 HHs)	0
<b>Output 1.1: Households are provided with unconditional/multipurpose cash grants to address their basic needs</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
Number of times households received cash for food two months ( <i>new indicator</i> )	2	0
<b>Progress towards outcome</b>		
<p>The government is currently supporting families in all the camps for three weeks apart from camps in Kilimanjaro region. TRCS is seeking to support 189 HHs: 140 HHs in Kilimanjaro and 49 HHs in Kagera region camps that were not supported by LGAs and are predisposed to food insecurity. The cash grant has been calculated at 50% of the Minimum Food Basket. The 50% was agreed on the basis to support the targeted families with initial emergency needs to cope with the impact of the floods on livelihoods, which will be complementary to their own resources to meet some of their essential needs.</p>		



**Health**

**People reached: 5,270**

Male: 2,635

Female: 2,635

**Outcome 1: Reduced health risks of the affected populations**

Indicators:	Target	Actual
Percentage (%) target population reached with health promotion	<b>100%</b>	50%

**Output 1.1: The health situation and immediate risks are profiled**

Indicators:	Target	Actual
# of volunteers trained in epidemic control	150	150
# of mosquito nets replenished	2,200	0

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

Indicators:	Target	Actual
# of people reached with First Aid services	20	133
# of dignity kits procured and delivered	500	0
# of volunteers supported with PSS	150 volunteers and 5 staff	5
# of affected population supported with PSS	750 – 5 people per volunteer	33
# of COVID-19 RCCE exercises conducted	5	0

**Progress towards outcomes**

The proposed interventions targets 2,108 displaced families (10,540 people) and seeks to conduct health promotion and provide psychosocial support and first aid. For families leaving the camps will still be targeted for hygiene promotion activities through household visits and will also be incorporated in the ongoing COVID-19 risk communication messaging to include the use of vans and radio spots. This DREF is target procuring 500 dignity kits for young girls. The DREF is also replenishing 2,200 pieces of mosquito nets distributed to avert the risk of malaria.

**Activities already carried out:**

- TRCS has continued to offer first aid services during its interventions and has offered first aid services to 133 people.
- Health promotion is ongoing through community meetings with support from 150 volunteers. A total of 10 health promotion sessions have been conducted including messaging on epidemic control. Social distancing is being ensured during all activities.
- 150 volunteers have been trained on epidemic control and are supporting in the health promotion campaigns.
- PSS sessions to volunteers and affected population are ongoing. The sessions are conducted on either one on one or in groups sessions for the affected population. 33 beneficiaries have so far been supported with PSS.

**Challenges:**

COVID-19 prevention measures require people to minimize interaction to curb the infection of the disease. In the displaced camps this practice is proving to be difficult as people compete to share limited resources.



## Water, sanitation and hygiene

People reached: 5,270

Male: 2,635

Female: 2,635

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

Indicators:	Target	Actual
Percentage (%) population in temporary camps receiving WASH information	100%	100%

### Output 1.1: Hygiene is well practiced and maintained, and no case of water borne

Indicators:	Target	Actual
# of hygiene promotion sessions conducted	10 sessions	10
# of water buckets procured and replenished	2,200	0
# of hand washing kits procured ( <i>new indicator</i> )	277	0
# of gallons of liquid soap/chlorine powder procured ( <i>new indicator</i> )	100	0

### Output 1.3: Provide adequate and quality sanitation to target population

Indicators:	Target	Actual
# of hygiene promotion sessions conducted	10	10
# of toilet slabs procured and distributed ( <i>new indicator</i> )	277	0
# of volunteers and local artisans trained on latrine construction (combined training with safe shelter construction) ( <i>new indicator</i> )	60	0

### Progress towards outcomes

The flooding has affected water sources in the affected villages, resulting to limited access to clean and safe water as well as inadequate access to proper sanitation facilities. The temporary camps: schools and government buildings are located on safe raised grounds where water sources were not disrupted, and the displaced families are accessing clean and safe water for their domestic use. World vision distributed water treatment tablets to families returning from makeshift camps in Kagera.

In the makeshift camps mostly in the schools, though limited and stretched considering the number of displaced families, the affected families have access to toilet facilities and water. TRCS will therefore under this DREF conduct session that will aim at promoting hygiene and mitigate the spread of COVID-19. The Government is rehabilitating damaged water facilities at the community level.

There is need for 277 toilet slabs to support the most vulnerable families targeted with emergency shelter support. Due to the high risk to water and vector borne diseases as well as COVID-19, the need for hygiene promotion sessions to families still in host camps remains.

#### Activities already carried out:

- Hygiene promotion is being implemented through community meetings and demonstration sessions with focus on HH water treatment, safe water storage, latrine use and handwashing. In total 10 sessions have been conducted reaching to 5,000 people across all the regions out of which 270 were reached with household water treatment.
- 2,200 water buckets have been distributed
- The procurement process for the replenishment of water buckets is ongoing

#### Challenges:

In the makeshift camps, displaced families are washing clothes in all corners making the hosting compound wet with stagnant water all over. This issue will be addressed through hygiene promotion sessions.

## Strengthen National Society

**Outcome 1: The National Society has a strong, active, flexible and well-informed leadership/ governance system with firm control over policy issues and the society in general by end of 2020**

Indicators:	Target	Actual
Number of volunteers provided with PSS	150	20

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

Indicators:	Target	Actual
Number of insured volunteers engaged in the operation	150	150

### Progress towards outcomes

The NS relies on its local regional branches and its volunteers for effective response. Caring for volunteers is a crucial role of the NS. Staff engaged in disaster operation experience burnouts and there is need to factor for their PSS during and after the operation. These teams are prone to accidents from their interaction with the affected population and may fall sick during their work.

#### Activities already carried out:

- Volunteer insurance has been activated
- PSS sessions to volunteers and affected population are ongoing. The sessions are conducted on either one on one or in groups sessions for the affected population. 33 beneficiaries have so far been supported with PSS.

**Challenges:** Nothing to report.

## International Disaster Response

**Outcome S1: Effective and coordinated international disaster response is ensured**

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

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

Indicators:	Target	Actual
Number of community feedback systems established	2	1

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

Indicators:	Target	Actual
Number of assessments conducted	1	1
Number of Lessons Learnt workshop conducted ( <i>new indicator</i> )	1	0
Number of IFRC monitoring missions conducted ( <i>new indicator</i> )	1	0

### Progress towards outcomes

Capacities of NS are usually challenged with changing dynamics and magnitude of different disasters. Surge profiles provides the necessary capacity needed rapidly.

The PMER plan for the response aims at strengthening data management for decision making through supporting data collection, analysis and dissemination processes. Regular field monitoring visits will be undertaken to the sites at different levels to track quality of implementation.

Internal and external stakeholders will equally be engaged in a lesson learnt forum aimed at learning from the operation.

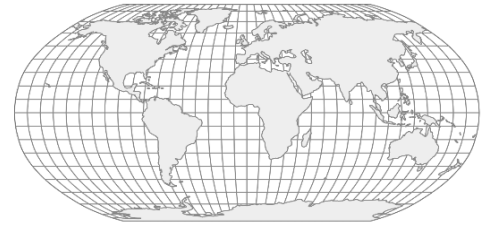
**Activities already carried out:**

- 2 surge profiles deployed (1 logistician, 1 operations manager). Surge profiles are funded through the COVID-19 and Lindi DREF responses.
- A PMER plan has been developed, including the Lessons Learnt workshop.
- Assessment has been conducted.

**Challenges:** Due to damage to infrastructure the needs assessment had encountered delays, LGAs have supported with boat transport to facilitate access.

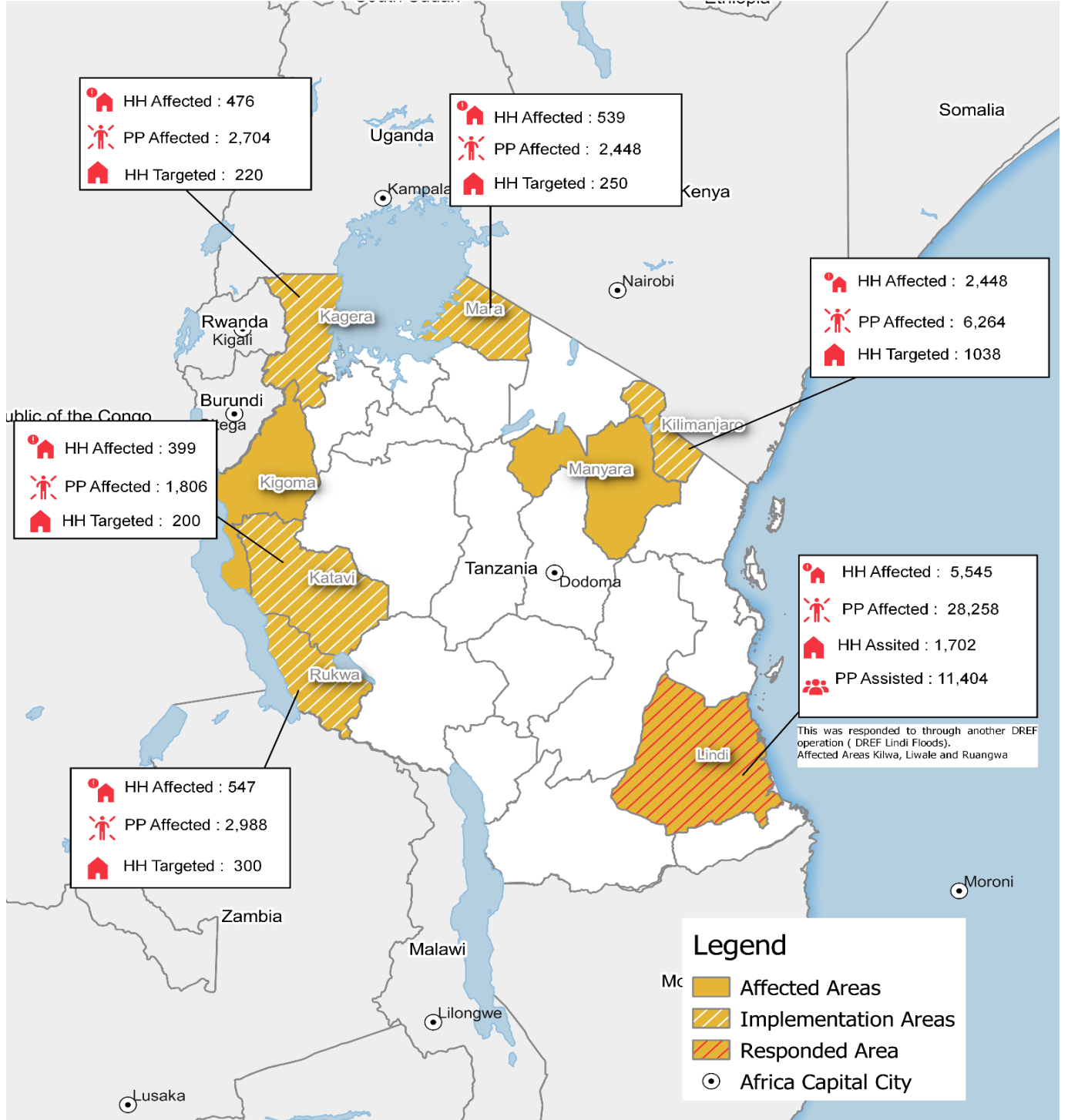
## **D. Funding requirements**

This Operation update seeks a supplementary allocation of CHF 83,716, to complement initially allocated CHF 196,796. The overall budget is thus increased to CHF 280,512 as detailed in the attached budget.



## Tanzania : Floods

24 April 2020 • MDRTZ027 • FL-2020-000125-TZA



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Map data sources: Tanzania RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

0 100 200 300 400 km



Reference documents:

[Emergency Plan of Action \(EPoA\)](#)

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## How we work

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

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



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



**Enable healthy  
and safe living.**



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