



Emergency Plan of Action (EPoA) Tanzania: Food Insecurity (Drought)



DREF Operation	MDRTZ030	Glide n°:	DR-2022-000112-TZA
Date of issue:	29 January 2022	Expected timeframe:	3 months
Operation start date:	28 January 2022	Expected end date:	30 April 2022
Category allocated to the of the disaster or crisis: Orange			
DREF allocated: CHF 246,481			
Total number of people affected:	2.1 million People	Number of people to be assisted:	500 households (approx. 2,500 people)
Provinces affected:	Arusha, (Longido and Monduli DC), Manyara (Kiteto, Simanjiro and Mbulu DC), Kilimanjaro (Mwanga and Same DC), Tanga (Handeni DC).	Provinces targeted:	Arusha, (Longido and Monduli DC), Manyara (Kiteto, Simanjiro and Mbulu DC)
Host National Society(ies) presence (n° of volunteers, staff, branches): The NS is organized into 31 regional branches: One in each regional capital, with the HQ located in Dar Es Salaam. The NS has more than 1,300 sub-branches located in different parts of the country, with more than 300,000 volunteers and 550 staff, 80 % located in the refugee operations in the western part of the country. The NS is Cash ready with more than 120 CVA trained volunteers and has at least 50,000 active members. The NS has its Governance which plays its oversight role to all the NS undertakings. In all the 196 districts in the country, TRCS has allocated branch and subbranch focal persons in 168 (86%) of the districts.			
Red Cross Red Crescent Movement partners actively involved in the operation: Belgian Red Cross-Flanders and Spanish Red Cross, the PNSs in the country, has pledged to support NS in the Manyara region secretariat to conduct a needs assessment.			
Other partner organizations actively involved in the operation: Government of Tanzania, National and Local Government Authorities Muchali, UN- Agencies.			

A. Situation analysis

Description of the disaster

Since 14th January 2022, several media outlets have reported a high rate of animal death which has drawn attention to the humanitarian actors and government. ITV media - 20.00hrs news bulletin, 14/01/2022¹, reported that more than 62,000 animals have died as a result of the drought. As of 18 January 2022, TRCS has received calls from local government councillors (see picture 1 below) requesting immediate support referring to the Global Framework for Climate Services (GFCS) support conducted in the Kiteto district two years ago.

Before the above, the Tanzania Meteorological Authority (TMA) in October 2021, projected the [Climate Outlook for November 2021 – April 2022 \(NDJFMA\)](#) rainfall season. The outlook was prepared in consultation with stakeholders (UNICEF, WFP, TRCS, Tanzania Christian Refugee Service, government ministries and World Vision) from various sectors who provided an actionable recommendation to address expected impacts. The climate systems and outlook for *Msimu* rains, cover the unimodal areas (western, central, south-western highlands, southern, southern coast and southern parts of Morogoro region) for November 2021 – April 2022.

¹<https://www.mwananchi.co.tz/mw/habari/kitaifa/ukame-waua-mifugo-62-500-simanjiro-3681828>.
<https://a24tv.com/wafugaji-walia-na-ukame-waua-mifugo-magazeti-ya-leo-na-arusha24tv/>

In response to the TMA outlook, the Government of Tanzania through the Tanzania Food and Nutrition Security Analysis System also known in Swahili as 'Mfumo wa Uchambuzi wa Uhakika wa Chakula na Lishe' (acronym MUCHALI) conducted a livelihood-based integrated and comprehensive food and nutrition security analysis, reporting on the status and providing strategic recommendations and proposing interventions for decision-makers at different levels in between November and December 2021. MUCHALI team draws together key actors and expertise from multiple stakeholders including Ministries, Departments and Agencies and Higher Learning Institutions. Others include United Nations Agencies, International Organizations and the Private Sector. The report is yet to be shared.

On the other hand, advisories and early warnings have been provided to various weather-sensitive sectors such as agriculture and food security, livestock and fisheries, natural resources, wildlife and tourism, energy and water, transport (land, marine and aviation), local authorities, health, private and disaster management unit.

The prolonged drought period has persisted in the Northern part of the country affecting more than 10 semi-arid districts in Manyara, Arusha, Kilimanjaro and Tanga regions. In the said Regions, the predicted drought has lasted for more than 4 months now which has caused livelihood impact to more than 2 million people.

Despite Arusha and Kilimanjaro regions having wet areas, some of the areas in the regions are highly affected by lack of water and pastures for livestock, food shortages and it is vulnerable to food insecurity at the household level which affects the nutritional status. A manifestation of a high dependence on unreliable rain-fed agricultural production for both crop and livestock which in most cases has resulted in livestock deaths at the household level from December 2021 to date.

The ongoing drought has affected crop growth, reduced the availability of water and pasture for livestock. Some pastoralists coped with the situation and tried to migrate to other areas looking for water and pasture, but still unsustainable as most of the areas are facing the same challenge. Food insecurity has been observed in all regions with below normal rainfall. People are selling their food stocks to carter for family needs. Animals' health has deteriorated with increasing deaths as a result of the drought, many people have been impoverished due to the death of their livestock. The prices of food commodities have increased due to high local demand and reduced supply.

Population in affected regions and districts

S/No.	Region	Affected Districts	Population
1	Manyara	Simanjiro	178,693
		Mbulu	320,279
		Kiteto	244,669
2	Arusha	Longido	149,324
		Monduli	195,792
3	Kilimanjaro	Same	328,065
		Mwanga	159,428
4	Tanga	Handeni Dc	26,993
		Handeni Dc	330,411
		Kilindi	236,833
Total			2,170,487

The Climate Outlook for November 2021 – April 2022 (NDJFMA) Rainfall Season indicates that rains are likely to be below normal to normal over some regions in the country. Moreover, normal to below normal rains are expected over Njombe, Ruvuma, Lindi, Mtwara and the southern part of Morogoro regions. It should be noted that events of heavy and short duration rainfall might occur even over areas with below normal rainfall conditions. Water levels in rivers, reservoirs and a decrease in aquifer recharge is likely to occur in areas where below normal rainfall is expected. From November 2021 to January 2022, prolonged periods of dry spells have been witnessed and a slight increase in rainfall activities is expected in March 2022.



Picture 1: Letter of request from government to TRCS for drought intervention support dated 18.01.22

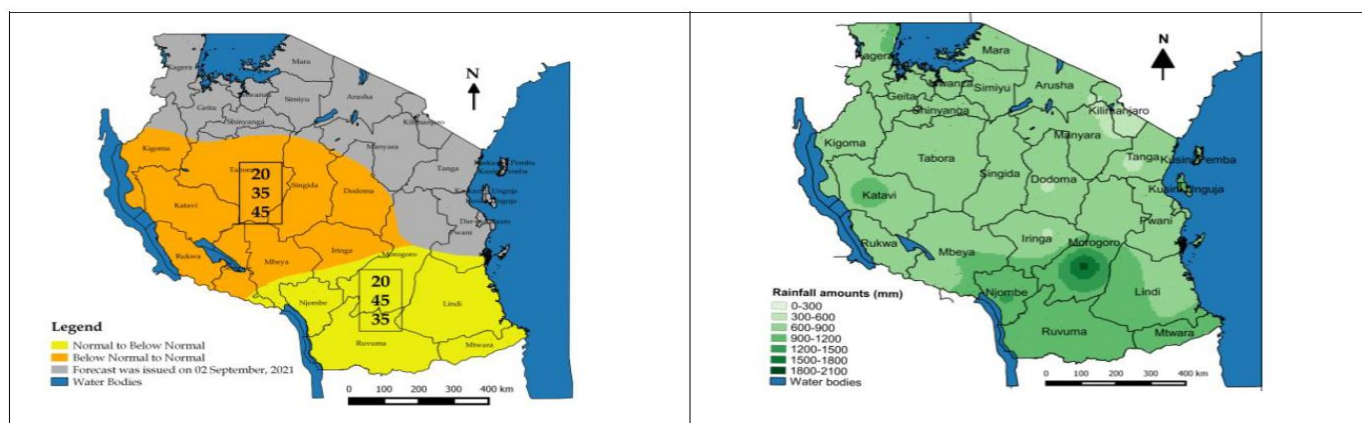


Figure 1: Left: Rainfall Outlook for Msimu rains (November, 2021-April, 2022) and Right: 30-year from November to April climatological rainfall averages (1981-2010).

Summary of the current response

Overview of Operating National Society Response Action

The affected area has been prone to drought for decades. Back four years (2017-2020), the NS, in collaboration with the GFCS and Am-Cross, implemented a food security program in five wards of Kiteto district following impacts of the drought of 2016. The project was designed to sustain pastoralist families with substitute feeders for their cattle's and rehabilitate water reservoirs. In addition, the project invested in tree planting and livelihood strengthening. Key lessons from this project are that beneficiaries who receive weather information and implement the recommendations provided by experts (TMA), have been successful in their agricultural and pastoral activities and so reducing Agriculture, livestock and human beings' shocks. From the predictions made by TMA, these communities prepared early by the pre-stocking feeder for their animals and grains for their consumption, however, the drought has extended beyond their stock capacities. The situation deteriorated again in 2021 with more areas being affected impacting farmlands and animals. The project established sub-branches with lots of capacities built among the community who now disseminate EWEA messages during slow onset, awareness-raising and reporting on the situations. From the relationship created with government authorities at the regional level, the Regional Administrative Secretary and the regional disaster committee chairperson sent a letter to TRCS requesting support to respond to the calamity. With support from Belgium RC Flanders, TRCS is planning to conduct an assessment in one region (Manyara) from 20th – 30th Jan 2022.

TRCS has activated its Emergency Operation Centre and the hotline disseminated to the affected areas especially the TRCS sub-branch leaders to report any unusual event. Recently, several regions have reported disaster impacts caused by heavy rains accompanied by windstorms leaving more than 400 families homeless in the Tabora region. These rains came out of the expected rain season (3rd January 2022), when communities were planning to harvest their crops and grains for their food stock. These unexpected rains destroyed the grains, exacerbating the already dire situation.

TRCS participated in the MUCHALI food and nutrition security analysis on 13 December 2021 in Dodoma, to ascertain food security status and provide strategic recommendations. The report has been submitted to the Ministry of Agriculture for approval. On 21st and 22nd September 2021, IFRC joined TRCS to participate in the national stakeholders meeting for the preparation of the National Drought Contingency Plan in Dodoma and the report was released mid-January 2022.

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC Juba Country Cluster Delegation is providing support to Tanzania Red Cross, coordinating its activities from Juba, South Sudan. Juba Delegation will provide Tanzania Red Cross with technical and financial assistance through the DREF operation to conduct an in-depth assessment and development of the operational strategy, which will be revised within two weeks based on findings from the assessment. The assessment will be jointly carried out by IFRC, TRCS, Government authorities and other partners involving technical teams in Food Security and Livelihoods (FSL), Planning, Monitoring, Evaluation and Reporting (PMER), WASH and nutrition. In this regard, an FSL or nutrition profile will be deployed to support the NS during the operation. IFRC Juba Delegation will provide overall operational and strategic oversight through its Senior DM officer during the entire timeframe, with monitoring missions planned during implementation.

Belgium RC FL (BRC FL) and the Spanish RC are the only partner National Societies (PNS) present in the country and supporting projects on disaster preparedness, WASH and reproductive health. They will participate in supporting in

immediate needs assessment and providing technical support. BRC FL continues to support TRCS on cash preparedness and the implementation of cash projects. The Italian RC has programs in the country to support the youth, while TRCS also has an MoU with the German Red Cross for peer-to-peer exchange. In end-2021, the British RC supported TRCS in setting up and piloting Red Rose as a data management platform.

The International Committee of the Red Cross (ICRC) has a coordination office in Dar Es Salaam and a sub-office in Kibondo, specifically to provide RFL services in the refugee camps and extend the services to the western corridor and urban migration. ICRC also support the NS in preparedness for effective response in crisis settings and various humanitarian activities and National Society Development (NSD) activities.

CVA is coordinated through Tanzania Social Action Fund, a government entity that focuses on the most vulnerable communities. Based on agreed criteria, TRCS coordinates with the PMO-DMD, LGA and relevant ministries, in this case, the ministry of livestock and fisheries and water.

Overview of other actors' actions in-country

As the ultimate coordinator of all actors involved in emergency response, the Prime Minister's Office Disaster Management Department (PMO-DMD) is responsible for disaster prevention, mitigation, preparedness, response and recovery. Regional Secretariats (RS) and Local Government Authorities (LGAs) are mandated to coordinate any emergency-related activities in their jurisdictions through Disaster Management Committees. TRCS is a national permanent member for any disaster/crisis response in the country. In coordinating this disaster, PMO-DMD has coordinated all sectors and partners in developing the contingency plan which will guide the drought operation. Initially, the Tanzania Food and Nutrition Security Analysis System (MUCHALI) conducted a livelihood based Integrated and Comprehensive food and nutrition security analysis, engaging key actors and expertise from multiple stakeholders the report which will inform the response mechanism. The Local government authorities in respective areas also have conducted baseline information on the ongoing drought, the impact which will also add up to the forecasted needs assessment.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

The ongoing drought has caused the severe lack of water and pastures for livestock in Semi-Arid regions especially Manyara (Simanjiro, Kiteto and Mbulu District councils), Arusha (Longido, Ngorongoro and Monduli councils), Kilimanjaro (Same and Mwangi Dc), Tanga (Handeni and Mkinga DC). The death of livestock and deteriorating livestock health will result in food insecurity and affect livelihood. Families in these regions have seen the collapse of income generation, trading possibilities and direct food insecurity. As the National Society conducts an assessment, very vulnerable families will be selected for cash support to avert negative coping strategies. To ensure effective control of the current situation, there is a need to conduct rapid vulnerability and needs assessments to understand the depth and extent of the current situation to develop mitigation measures for the decision-makers and other stakeholders. Through the support of BRC FL, TRCS commenced assessment in the most affected region of Manyara on 20th Jan and expected to take 10 days till 30th January 2022. This primary assessment is government led and will bring out the extent of the drought as resources are mobilised for the other regions. Therefore, TRCS requests the support of IFRC through DREF to facilitate needs assessment which will focus on identifying and documenting the cause and extent as well as recommendations for interventions needed to be taken by stakeholders on an immediate, short and long term to save lives and livelihood of affected communities. All assessments are proposed to be completed by mid-February and will engage teams in the following sectors; Health, WASH, FSL and PGI. An operation update shall thus be published at most a month after launch, to update stakeholders on the outcome of the assessment and implement a broader response strategy which will be designed based on assessment. Markets in the affected areas are working, however, the cost of food commodities has gone up and families have limited purchasing power.

As the National Society conducts an assessment to reveal the impact of the drought on affected communities, some response activities will be accompanied. Based on preliminary numbers from TRCS local branches, the below table indicates the different targets per sector.

Sector	Target HHs	Justification
Livelihoods	500	This response targets five districts, during the assessment, TRCS will select the most vulnerable 100HHs per district. These families are based on preliminary data from the local branches and comprise of individuals more at risk of malnutrition such as children under five, child-headed households, single female-headed households, single female-headed HH with lactating and/or pregnant women, households with People with
Wash	500	

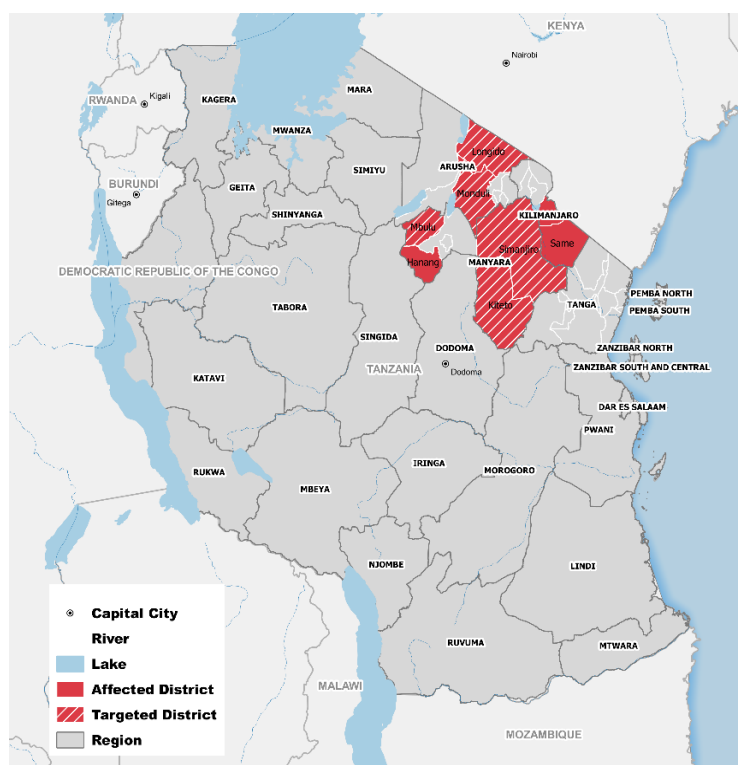
		Disabilities (PWD)s, and chronically ill members, households with more than 5 children and households headed by elderly
Health	500	500HHs to be targeted for general health promotion services 20% of the selected 500HHs to be supported with PSS

Targeting

This operation aims to reach at least 2,500 persons (500 HH) in the regions of Arusha (Longido and Monduli District Council), Manyara (Kiteto, Simanjiro and Mbulu District Council). These regions were mapped out as prone to drought during development of drought contingency plan stakeholder workshop on September 21st and 22nd 2021 at the PMO-DMD office in Dodoma. The National Society will initially support 500 households in three regions while awaiting conclusion of the detailed assessment. Details on the support to be provided can be found in the operational strategy section.

The targeted persons will be jointly identified by the TRCS, community leaders and local authorities based on set selection criteria as described below:

- Orphans and Vulnerable Children
- Female-Headed Households
- Pregnant and lactating Women
- Elderly People
- People living with Disabilities
- Chronically ill people
- Children head households



Map of Tanzania highlighting affected and targeted districts ©IFRC

Scenario planning

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

Scenario	Humanitarian consequence	Potential Response
Scenario 1: Improved rainfall conditions within the next six weeks, would indicate a potential improvement in the general food security situation improves.	<ul style="list-style-type: none"> • Access to water improves • People can grow crops to reduce food insecurity. • Integration of COVID-19 prevention measure. 	<ul style="list-style-type: none"> • TRCS will conduct and present the assessment result. The NSs response will be limited to the current DREF operation. • Continue risk awareness education action, following safety protocols, scaling up response including vaccination advocacy and promotion with preparedness actions to limit spread.
Scenario 2: The crisis persists and worsens within the next 2 months with the expansion of affected geographical areas	<ul style="list-style-type: none"> • High likelihood of severe crop damage due to drought. • More food crises for humans and animals recorded • WASH situation deteriorates due to insufficient or lack of water • Population movements to other regions for food and pasture starts intensifies • Increase in the number of communities under Emergency in need of immediate food, water, and health services. 	<ul style="list-style-type: none"> • More emergency and recovery assistance will be required; hence the NS will invest more in longer-term resilience programs through Pan African Food Security initiatives. • This DREF operation could also be extended to accommodate medium-term emergency response activities, with a possible second DREF allocation and a timeframe extension to the operation in line with Africa Region's Pan African Zero Hunger Initiative. • Clear communication strategy for dissemination of selection criteria to avoid

	<ul style="list-style-type: none"> • Low resource mobilization in the short term leads to delayed humanitarian response to needs. • Short-term action not sufficiently meeting sustainable needs of the affected population. • Increased incidence of Moderate Acute Malnutrition) MAM among under five (U5) children and PLWs (pregnant and lactating women) • Increased incidence of SAM cases 	<ul style="list-style-type: none"> • conflict, and set up of effective feedback complaint mechanism • Referral of malnutrition cases and follow up of children and PLWs in treatment. Support through IYCF and nutrition promotion and counselling activities for vulnerable individuals, including persons living with disabilities and older people.
<p>Scenario 3: Drought: Rains fail, crop failure, and elevated livestock death are expected, depleting completely livelihoods, and public authorities seeking Humanitarian actions support to respond at mega-scale</p>	<ul style="list-style-type: none"> • long-term support to continue meeting health, food/livelihoods, water sanitation needs. • Increased incidence of Moderate Acute Malnutrition) MAM and SAM (severe acute malnutrition) among U5 children and PLWs (pregnant and lactating women) 	<ul style="list-style-type: none"> • TRCS will continue local fundraising initiatives as it seeks bigger scale intervention and seeks more international support, adapting DREF to Emergency Appeal for 18-24 months with early recovery, • Rehabilitation action in fields of water sanitation, food security, livelihoods, and Health. • Clear selection criteria for HH selection, clear advocacy media communication strategy to respond to community concerns of interventions and selected areas to avoid conflicts. • Continue risk awareness education action, following safety protocols, scaling up response including vaccination advocacy and promotion with preparedness actions to limit spread. • A very strong coordination mechanism needs to be led by PMO-DMD to engage with other Humanitarian actors for dividing the geographical areas with UN or any other acting agencies. • Referral of malnutrition cases and follow up of children and PLWs in treatment. Support through IYCF and nutrition promotion and counselling activities for vulnerable individuals, including persons living with disabilities and older people.

The current operation seeks to respond to scenario 1 but is likely to be reviewed following the in-depth assessment to cover scenario 2, which will result in the development of a full operational strategy for response.

Operation Risk Assessment

The drought is happening amid the COVID-19 pandemic, TRCS and other local and international actors have joined hands to make sure the preventive measures are adhered to, including promoting vaccine uptake. Periodical coordination meetings are being held to provide updates.

In this reporting week between 14th and 18th January, the situation report shows an increase in COVID-19 cases, where cumulative confirmed cases have reached a total of 32,393 and 753 deaths (CFR 2.4%) since March 2020. A cumulative total of 420,637 laboratory tests (RT PCR) was performed, with a 7.7% positivity rate. A total of 8,837 new laboratory tests (RT PCR) were performed during the week. More new confirmed cases (998) were reported during the week, compared to those reported in the previous week (831 new cases), showing a 5.6% increase. Eight (8) new deaths were reported during the week, an increase in number from 5 deaths reported in the previous week. A cumulative total of 1,668,287 people fully vaccinated to date since July 2021. Overall vaccine uptake is still low with only 1,335,728 people out of a population of 62,179,467 people and therefore needs more awareness creation.

In addition, Covid-19 is a potential risk for the operation with the current uncertainty around the Omicron variant and TRCS staff and volunteers may not be able to provide the required support in terms of activity implementation if they are not well protected. Based on data from Africa CDC, Tanzania is now experiencing the third wave of the epidemic with 32,393 cases of COVID-19 of which 998 are active. TRCS will align the support to IFRC global emergency appeal and will ensure, even as it responds to the drought situation, COVID-19 prevention measures are adhered to in line with the regional plan of action and its national COVID-19 plan.

Due to scarcity of water, there is also the potential of having Cholera or diarrhoea cases due to poor hygiene practices. TRCS will work with the MoH to intensify health and hygiene promotion for community members.

The potential increase in scope on humanitarian needs due to the persistent drought shows that there is a high chance of having more people in the regions affected. There is a risk of stretching the capacity of TRCS to manage and mobilize enough resources

The NS will conduct a risk analysis for cash for this operation using the cash risk register.

B. Operational strategy

Overall Operational objective:

The overall objective of this DREF operation is to protect and save lives, dignity and to mitigate adverse effects of drought on the deteriorating livelihoods, thorough assessment to ascertain the scale and scope of the disaster while providing a minimum response package to 2,500 people (500 households) in the rural areas of Manyara and Arusha regions through immediate cash assistance, as well as provision of potable water to most vulnerable families.

Proposed strategy

Based on the stated objective, the proposed strategy for implementing this operation is three-fold:

1. To support respective affected regions in conducting a needs assessment to identify, classify, and prioritize vulnerabilities in affected communities by observing external threats/risks designed to take advantage of vulnerabilities. This assessment will also include market assessment of targeted areas ;
2. Provide immediate support to 2,500 people or 500 most vulnerable households as a startup of the response intervention;
3. Ensure provision of adequate technical support to Tanzania Red Cross through local government authorities and IFRC.

The above will be achieved by implementing the below activities:

1. In-depth needs assessment (Target: 5 districts of Manyara and Arusha regions)

The response plan has an initial phase of four weeks, during which TRCS and IFRC cluster delegation, an FSL or nutrition profile, in collaboration with Government authorities, will conduct detailed needs assessment (including market assessment) in the two target regions. Key objectives of this assessment will be to:

- Examine household capacities in combating the current situation among the rural communities.
- Identify key drivers for livestock death concerning household vulnerability and resilience measures.
- Examine the performance of household food and nutrition security well-being in consumption year up to June 2022.
- Identify the vulnerability indicators.

Given that TRCS has limited capacity and areas affected are vast, the operation aims to ensure technical support from both local authorities and the IFRC in conducting in-depth needs assessments of the impact of the drought on the most affected communities in the above-mentioned regions, to refine its response strategy. As such, IFRC will deploy an FSL or nutrition profile (Team Leader) through its surge mechanism to support TRCS. In coordination with the National Society, the deployed surge member will lead the operation with guidance from TRCS management and is expected to update this Emergency Plan of Action for either an extension of the DREF operation or an Emergency Appeal – the way forward will depend on the context analysis. The team leader will be deployed for the entire implementation period to oversee the operation. Some of the activities to be carried out by the team leader include, but will not be limited to:

- Identifying the support delivered and planned by the Government, and any other partners in the country, as well as identifying the gaps to be addressed by the Red Cross Red Crescent Movement in the response.
- Assisting the National Society and IFRC Delegation with formulating a detailed strategy for the operation and updating the emergency plan of action.

- Participating in coordination meetings as needed and in agreement with the National Society.
- Conducting field visits where and as necessary.
- Monitoring the potential for population movement triggered by food insecurity and persons seeking work or assistance in other locations.
- Training and supporting the National Society in implementing activities safely and effectively including monitoring and reporting.
- Supporting the National Society in the response interventions as required.
- Supporting the National Society with the possible use of further IFRC disaster response tools if appropriate including further technical support.

During this initial phase of the project, a working group will be set up, comprising TRCS HQ, community representatives, PMO-DMD representatives, government regional and district staff from several disciplines identifies needs, methods of action, and duties of each person and system following their respective fields involved in this response. They will oversee the dissemination of the assessment results, analysis and recommendations which will be obtained in this operation, including outsourcing other stakeholders to support their regions. They will also be responsible to coordinate lower levels to village authorities in the response actions.

2. Livelihoods and Basic needs (Target: 2,500 people or 500 HH)

While the assessment is underway, the National Society with support from a dedicated an FSL or nutrition profile Surge member will engage in the immediate lifesaving intervention using available capacity in line with the government and other stakeholders actions TRCS has just piloted the use of Red Rose and will use the system for this CVA response for data protection.

In a bid to ensure that the targeted households receive the minimum to survive, TRCS will provide 500 most vulnerable HH with an unrestricted cash grant to support their basic food needs for 1 month. The cash grant has been calculated at 30% of the minimum food basket or 68,679.6 TZ Shillings (see content and cost of the food basket in the table below). For budgeting purposes and given the current inflation already noticed in the two regions, the amount to be transferred will be rounded up to 70,000 TZ shillings (28 CHF). To note, only 30% of the minimum food basket will be provided as a start-off, to cushion vulnerable families before the assessment is completed. This 30% is based on the assumption that there could be other partners supporting and if that is not the case, the support will be adjusted accordingly after assessment together with the period of support.

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	1,200	2,400
Rice	1,250	1	2,000	2,500
Beans	500	1	2,200	1,100
Fish	1,000	1	10,000	10,000
Meat	1,000	1	7,500	7,500
Cooking oil	2,000	1	4,000	4,000
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	2,500	2,500
Tea leaves	1,000	1	1,000	1,000
Total food expenditure/person/month				41,624
Total + additional 10% for dairy products				45,786
Average household size				5
Total food expenditure/HH/month				228,932

TRCS has 15 staff and 120 volunteers trained on Cash and Voucher Assistance (CVA) and the NS conducted several cash transfer responses in 2019 and 2020. An agreement is already in place with one mobile money provider – Vodacom and one bank - National Micro Finance Bank (NMB); either agreement can be activated quickly. A market assessment

and feasibility study are planned as part of the detailed assessment, to inform the CVA strategy, including the transfer mechanism.

Any review of the above actions shall depend on the results of the assessment and close coordination with other actors to refine and modify the operational strategy as necessary for an effective response.

Activities to be implemented under this section include:

- Conduct training of staff and volunteers on basic emergency response areas – focus on CVA and FSL.
- Identification and registration of beneficiaries from the most vulnerable households including consultations of households on who to target as the primary recipient.
- Distributing cash grants to 500 HH for food. The cost and transfer value will be calculated after the assessment and TRCS will provide an amount equivalent to the prevailing cost of fodder in the areas to cushion the targeted farmers. Where markets are not accessible, TRCS will distribute food items, where the food package will include maize, cooking oil, salt, sugar, and beans, which are basic cooking items.
- Post Distribution Monitoring

3. Health and nutrition (Target 500 people or 100 HH)

It is widely known that food insecurity has negative effects on the nutritional health of families especially children and elderly persons. The assessment will follow up on the council's reports on SAM and MAM highlights, for the risks the groups of concern. Infant and child mortality remains high in Tanzania. The under-five child mortality rate is 67 per 1,000 live births and the infant mortality rate is 43 per 1,000 live births (TDHS-MIS 2015 - 2016). One out of twelve children in Tanzania dies before his/her fifth birthday. Around 53% of under-five childhood deaths are associated with malnutrition (UNICEF, 2006). Acute malnutrition reflected as wasting and underweight is present in all regions of Tanzania all year-round. TDHS-MIS (2015 – 2016) shows that 5% of infants and young children are wasted and 1% of them are severely wasted while 14% are underweight. Psychological First Aid will be provided throughout the operation by TRCS staff, volunteers, and the target population. Covid-19 preventive measures will also be considered as part of the ongoing Covid-19 activities.

- Provision of Psychological First Aid to the affected population, 5 NS staff and 75 volunteers engaged in the operation
- Conduct joint weekly health and hygiene promotion campaigns on prevention and control of communicable diseases, for two months.
- Training on malnutrition screening using MUAC to identify potential MAM and SAM cases, with referral to the treatment centre/health facilities and a nutrition register for follow-up with identified households. Integrate care and health awareness for child malnutrition with the promotion of immunizations.
- Training on IYCF and nutrition counselling. It is necessary to identify partners providing malnutrition services (OTP, stabilization centres, mobile units, etc) to coordinate referral and follow up of cases under malnutrition treatment at the community level for health promotion and IYCF / nutrition targeted messages.
- Dissemination of community messages on IYCF and nutrition promotion for at-risk individuals, including older people, pregnant and lactating women, individuals affected by NCDs and other chronic diseases (diabetes, hypertension, cancer, HIV).
- PFA should be provided when necessary to the community members, not only volunteers/ staff.
- RCCE / health promotion for malnutrition, promotion of breast-feeding and messages to be developed should have a nuanced approach, engaging key stakeholders, mothers groups for cascading messages and using a blend of community engagement tools (such as show and tell, messages with images, radio messages, community theatre, etc). Messages should not only focus on food insecurity/malnutrition, but also include orofecal diseases (taking into account the vicious circle of diarrhoea and malnutrition), and diseases that tend to spread more frequently in conditions of poor hygiene and scarcity of water, including measles, scabies, infantile conjunctivitis. COVID-19 can spread more in conditions of water scarcity.
- Community activities should recommend continuity of care for children and pregnant women, taking into account that non-conditional transfer will contribute towards reducing access barriers to health and vaccination for vaccine-preventable diseases and COVID-19.
- Develop health and nutrition messages and disseminate them through RCCE approaches that engage key stakeholders, traditional leaders and women's groups/ older people associations, and other community platforms, to ensure a cascade of the messages and facilitate bidirectional communication and engagement at

the community level on nutrition issues across the life course, with particular regard to U5 children PLWs, older people and individuals living with chronic diseases.

4. Water, Sanitation and Hygiene - WASH (Target: 2,500 people or 500 HH)

There is a direct linkage between food insecurity and water scarcity in rural areas when it comes to drought, which exposes communities to waterborne diseases. As such, TRCS will engage in the below actions in this sector:

- Provision of buckets (14L) and Jerri cans (20L) for water collection and storage to 500 HH (1 bucket and 2 jerry cans).
- Procure and distribute Aquatabs for water purification, sufficient for 30 days. Based on Sphere standards, each person should have access to 7.5L of water per day. So, for a full month, each household needs 7.5L X 5 persons x 30 days, which sums up to 1,125 litres of water per month. Each tablet of Aquatabs is meant to purify 20litres of pure water, as it is not good for turbid water. Thus, each household needs 56.25 tablets of Aquatabs per month. Based on the above, a total of 90,000 tablets of Aquatabs will be procured and distributed to 500 households to serve for two months. Volunteers will be trained and will conduct demonstrations to families on the correct use of Aqua-tabs.
- Monitor treatment and storage of water through household surveys and quality tests
- Continued assessments and monitoring are also integrated into the operation to ensure that the operation is in line with the evolving situation on the ground.

Protection, Gender, and Inclusion (PGI)

Acknowledging that women, girls, men and boys with diverse ages, disabilities and backgrounds have very different needs, risks and coping strategies, the operation will pay particular attention to the protection and inclusion of vulnerable groups based on gender and diversity analysis. Gender roles will be considered when setting up distribution time and dates as well as in health promotion activities. Given that PGI will be integrated across all sectors, capacity strengthening of volunteers, community members, and stakeholders on how to apply IFRC PGI minimum standards in emergencies throughout the response will be needed. This will be done by ensuring that vulnerable groups i.e., the elderly, people with disability, women, child-headed families are represented in training, decision making and awareness-raising sessions.

Community Engagement and Accountability (CEA)

CEA will be mainstreamed throughout the intervention to guarantee maximum and meaningful participation of the affected communities. Participatory approaches to set the selection criteria and validation, for example through working with community committees, will ensure communities fully participate in the process. Information about the response will be shared with communities and a community feedback system will be established to ensure the community's views are integrated into the operation design, implementation, and evaluation phases. To clarify and for a good flow of information, clear roles and responsibilities will be agreed upon with representatives, community leaders and committees and information will be shared widely about selection criteria, distribution processes and response activities with the whole community. The selection process of people to be reached will be communicated to all affected. Mobile cinema sessions on hygiene and health promotion will be considered and can be instrumental in collecting feedback and responding to community concerns.

Operational support services

Human resources

An initial 75 volunteers, 15 for each district will be deployed to support the initial activities. All volunteers will be insured and will be equipped with personal protective gear. The volunteers will be supervised by the branch coordinators from the Manyara and Arusha regions and national headquarters, under the coordination of the TRCS Disaster Response Manager. IFRC will deploy one surge profile for the entire duration of this operation i.e., food security and livelihoods (FSL) or nutrition to provide technical and management support to the NS.

Logistics and Procurement

Logistics responsibilities include transportation need of the response, sourcing the most urgent and relevant relief items, financial and voucher service provider, delivery and distribution equitably to those in need, in a timely, transparent, and cost-efficient manner. When the full operational strategy is developed, it will be assessed if technical support can be provided through the IFRC EA cluster, or if a logistic surge will be needed.

Procurement: Local procurement will be carried out following the IFRC and TRCS standard procurement procedures.

Warehousing: Warehousing plays a significant role in this operation. The National Society will use its national warehouse to store items in advance of distribution activities. The field level will collaborate with LGA's to ensure proper storage of materials before distribution.

Communication and Visibility

To support volunteers, as well as the visibility of Red Cross actions on the ground, TRCS will provide its volunteers with protection and visibility i.e., Red Cross bibs and jackets throughout the implementation, IEC materials will be made available to promote hygiene and health awareness. Activity coverage through social media and a set of documentaries will be developed for public sharing and learning. In the course of personal consent, TRCS will ensure all displays are consented to by an individual.

Planning, Monitoring, Evaluation, and reporting (PMER)

IFRC Juba cluster delegation and the deployed PMER surge will provide TRCS with necessary PMER support, especially with regards to monitoring and reporting of this DREF operation. Regular field visits by TRCS teams will ensure daily/weekly supervision of activities, in the first few weeks of the operation. Continuous needs and situation assessments will be carried out during the DREF implementation to inform decision-making. The government department at different levels will work together with TRCS to ensure smooth operation

Field staff will provide weekly updates/reports about the ongoing operation to the National Disaster Response Manager. TRCS with support from FSL or nutrition surge will be responsible for providing an operational and financial report (2 months after the end of the operation). This way, the IFRC Juba cluster delegation can consolidate and ensure publishing within 1 month from the end of the operation.

TRCS, with IFRC support, will organize a lesson learnt workshop for the National Society and other stakeholders of this operation. This workshop will allow the National Society to reflect on its disaster response capacities, given that the country is experiencing persistent drought conditions. The lesson learnt will inform future operational plans and implementation from best practices drawn here.

Security

Tanzania is a safe country. However, the disaster situation may trigger a criminal situation following survival for the fittest. Some regions have a significantly high level of crime. This has been observed among the farmers and pastoralists in most areas of the country. Regular violent incidents including sexual abuse and harassment are vital to be observed during the operation period due to the cultural norms in the affected areas. The affected areas are characterized by different economic activities which may also be the source of violence and abuse among the affected communities in the cause of fulfilling basic needs, especially for young school-going girls.

To reduce the risk of personnel falling victim to crime, violence or abuse, risk mitigation measures must be adopted. This includes situation monitoring and implementation of minimum-security standards. IFRC security plans will apply to all IFRC personnel throughout, and TRCS will develop security measures for volunteers and engage the social welfare department during implementation. The minimum protection standards will adhere to all the time of implementation. Engaged staff and volunteers will be encouraged to undergo the respective IFRC security e-learning courses (i.e., Stay Safe Personal Security, Security Management, or Volunteer Security).

C. Detailed Operational Plan



Livelihoods and basic needs

People targeted: 2,500 people (5,00HH)

Male:1,250

Female: 1,250

Requirements (CHF): 42,344

Needs analysis: Food security and livelihoods assistance will be identified based on the field assessments as one of the critical needs of the drought-affected population. 500 most vulnerable households will be targeted for food assistance (basic or cash/monthly). The most affected ones are livestock keepers and the low-income community who are facing difficulties in adapting to climate variability. However, adapting to climate change requires effective implementations strategies especially in an in-depth study of the cause and effects of such vulnerabilities.

The market assessment will determine the Minimum Expenditure Basket (MEB), which may rely on the previous assessment done. The TRCS Finance Department will calculate the exact amount based on the TZS exchange rate while transferring the fund to the beneficiaries. The transfer mechanism will also be based on the market assessment, which will inform the logistic team to activate the available prequalified service provider.

The assessment will also consider the economic impact caused by COVID-19 in respective areas with other interventions. The support will cover existing basic and diverse needs at the household level, have a positive effect on the local economy and contribute to the support of local market dynamics. TRCS is experienced to manage CVA. Under current agreements and protocols between the TRCS and financial service providers including bank, mobile money and the remittance company.

Risk analysis: There is a potential risk of an increase in the number of beneficiaries to the continued impacts of the prolonged drought. Basic needs Prices may continue to rise with food access and availability is limited in rural vulnerable communities.

Distribution of relief items in big numbers increases the risk of COVID-19 transmission, therefore, the TRCS will organize distributions in smaller groups and ensure the COVID-19 preventive measures are well maintained to make sure people can socially distance themselves. Selfishness is also a risk in emergencies, where leaders may consider themselves and the relative. TRCS will deploy the CEA mechanism to ensure all community groups are engaged from the beginning. All responses will consider assessment reports; discrepancy can be validated through community integration.

Population to be assisted: a total of 500 households will be supported with food incentives from Kiteto, Simanjiro, Mbulu, Longido and Moduli districts. This number will be reviewed following findings from the assessments. The selection criteria will base on several social and economic criteria including but not limited to: Displaced people by drought, People living with severe disabilities, Women-headed households, widows, divorcees, separated, single parents with no steady income, Households with insufficient coping mechanisms, Households form vulnerable occupational groups, Households with socially excluded/marginalized members, Unaccompanied children, more to be determined during community engagement.

Programme standards/benchmarks: The affected community will be consulted through community meetings and informed about the process, and they will have an opportunity to provide input on issues, challenges and opportunities, beneficiary selection and dissemination of messages. TRCS will ensure that the needs of the elderly, children, women and persons with different disabilities are considered, as well as ensure their participation in the process.

The Livelihoods sector will seek to meet the Sphere standards and minimum standards for the protection, gender and inclusion in emergencies

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods		<ul style="list-style-type: none"> • % of targeted households provided with livelihood support (Target: 500HHs) • % of assisted, surveyed households that report the cash assistance to be relevant to support their needs (Target: 80%) 															
P&B Output Code	Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities	<ul style="list-style-type: none"> • # of volunteers trained in Emergency response (Target: 75 volunteers) • # of households reached with cash/voucher (Target: 500 HH) • # of PDM conducted • # of sensitization sessions conducted on PGI sensitive food distributions (Target: 2 sessions) • Food Consumption Score (Target • Reduced Coping Strategies Index (Target 															
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP008	Basic livelihoods/food distributions in form of cash assistance.																
AP008	Training volunteers in integrated sectors relevant to the operation																
AP008	Community sensitization and awareness sessions to strengthen PGI-sensitive food distributions/consumption																
AP008	Market assessment, activation of FSP contract																
AP008	Identification and targeting of the affected population																
AP008	Post distribution monitoring and market monitoring																



Health

People targeted: 2,500 people (500HH)

Male: 1,250

Female: 1,250

Requirements (CHF): 71,973

Needs analysis: The persistent drought poses increased risks that require urgent attention. There is a need to provide health information and promotion to the communities to reduce the risk of further spread of diseases, especially cholera and diarrhoea. A situational analysis will be conducted within the first two weeks of the response, which will inform the content and approach of the health and hygiene promotion campaigns. Psychosocial support needs will be assessed and inform the revised operational strategy and plan. The COVID-19 situation analysis in the affected area will also need to be identified and addressed.

Risk analysis: The regions are prone to waterborne and communicable diseases and due to contaminated water sources and limited access to basic services for evacuees, there is an increased risk of waterborne disease outbreak.

Population to be assisted: The health and hygiene promotion will reach out to 60% of the population in the affected area, 500 people (100HH) with PSS in Kiteto, Simanjiro, Mbulu, Longido and Moduli districts. The numbers will be reviewed following findings from the assessments and the trigger to the next level scenario if the drought situation persists. The selection criteria will base on several criteria including but not limited to: Displaced people by drought, People with severe disabilities, Women-headed households, widows, divorcees, separated, single parents with no steady income, Households with insufficient coping mechanisms, Households form vulnerable occupational groups, Households with socially excluded/marginalized members, Unaccompanied children, more to be determined during community engagement. The awareness creation will consider community meetings and social events where COVID 19 will also be addressed to accommodate social distance and other etiquettes.

Programme standards/benchmarks: Sphere standards and MoH guidelines

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	<ul style="list-style-type: none"> ○ % of targeted people reached with health awareness sessions/activities (Target: 100%) ● % of identified HHs with potentially malnourished children being followed-up (Target: 75%) ● # of Health assessments done (target 2) ● # of volunteers trained in malnutrition screening (target 75) ● # of MUAC tapes procured and distributed (target 75) ● # of staff and volunteers trained on malnutrition screening (target 80) 															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	In-depth assessment in 2 regions to assess behavioural challenges, local cultures, customs, concerns and risk behaviours and practices of communities.																
AP022	Identify and map nutrition services and partners to establish referral mechanisms and follow up of cases undernutrition treatment at the community level																
AP022	Train staff and volunteers on malnutrition screening (MUAC for MAM and SAM) with referral and follow-up (potential future reporting notifications via CBS dependent on assessment)																
AP022	Conduct malnutrition screening (MUAC) for children at times of encounter such as during health promotion activities, household visits, distributions etc and refer to health services and facilitate care-seeking, follow-up identified households with targeted health information.																
AP022	Procure and distribute MUAC tapes to volunteers																
P&B Output	Health Outcome 4: Transmission of diseases of epidemic potential is reduced	# of volunteers trained on CBHFA (Target: 75 volunteers)															

Code	Health Output 4.1: Community-based disease control and health promotion is provided to the target population	<ul style="list-style-type: none"> # of health promotion sessions conducted (Target: 8 sessions) # of people reached through health promotion activities (Target: 2,500 people) 															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP021	Training volunteers on CBHFA on malnutrition, breastfeeding, promotion of immunization, and components on diarrheal diseases as well as diseases associated with drought and poor hygienic conditions, particularly measles, scabies, infantile/newborn conjunctivitis																
AP021	Identification and activation of CBHFA volunteers for integration into emergency response																
AP021	Health promotion activities to promote community-based disease control																
AP021	Develop health and nutrition messages and disseminate them through RCCE approaches that engage key stakeholders, traditional leaders and women's groups/ older people associations, and other community platforms																
P&B Output Code	Health Outcome 6: The psychosocial impacts of the emergency are lessened	# of volunteers oriented on PSS															
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff	<ul style="list-style-type: none"> # of PSS need assessment conducted (Target 1) # of PSS session organized 1 in each district to affected communities (Target 5) # of PSS session for staff and volunteers organized (target 1) # of people reached by PSS (Target 500) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP023	Identification of and training for volunteers in psychosocial support																
AP023	Assessment of PSS needs and resources available in the community																
AP023	Provide PSS to people affected by the crisis/disaster																
AP023	Provide PSS to affected population, staff and volunteers																



Water, sanitation and hygiene
People targeted: 2,500 (500HHs)
 Male: 1,225
 Female: 1,275
Requirements (CHF): 23,643

Needs analysis: Dire need is for access to water by people, livestock and cooking, washing, cleaning, personal hygiene. TRCS will provide according to the context of the topography and needs, two ways of access to safe drinking water: basic water needs (15L/Ind/Day-sphere) and will consume efforts to keep water provision pure by utilizing purification efforts in parallel. On top of these two approaches, the hygiene promotion awareness will be carried out daily where the trained 75 volunteers will reach at least 5 HH per day, 450 hh = 2,250 Individuals per day in total. Based on the situation, TRCS will provide safe water to the affected population. Furthermore, TRCS will distribute Aquatabs to HH for 2 months consumption to 500 HH x90 Tabs = 45,000 tabs *2 months, water storage kits.

Risk analysis: There is a potential risk of an outbreak of water-borne diseases due to the contamination of water sources. The displaced population is experiencing a lack of access to safe and clean water.

Population to be assisted: The water sanitation and hygiene promotion will reach out to 60% of the population in the affected area, 500HH with water treatment kits and storage equipment in Kiteto, Simanjiro, Mbulu, Longido and Moduli districts. The numbers will be reviewed following findings from the assessments and the trigger to the next level scenario if the drought situation persists. The selection criteria will base on several criteria including but not limited to: Displaced people by drought, People with severe disabilities, Women-headed households, widows, divorcees, separated, single parents with no steady income, Households with insufficient coping mechanisms, Households form vulnerable occupational groups, Households with socially excluded/marginalized members, Unaccompanied children, more to be determined during community engagement.

Programme standards/benchmarks: The activities will seek to meet Sphere standards.

P&B Output Code	WASH Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities	% of targeted households reached with WASH interventions (Target: 100% or 500 HH)															
	WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities	<ul style="list-style-type: none"> # of water jerry cans distributed and replenished (Target 1,000 pcs) # of buckets distributed to affected communities and replenished (Target 500 pieces) # of WatSan coordination meetings organized with WatSan Actors in each region (Target 2) # of KAP survey conducted (target 1) % of people acknowledging the usefulness of sensitization sessions (Target: at least 70%) # of post-distribution monitoring conducted (target 1) 															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP026	Conduct an initial assessment of the water, sanitation and hygiene situation in targeted communities																

AP026	Procure and distribute water collection and conservation items to 500 HH																		
AP026	Continuously monitor the water, sanitation and hygiene situation in targeted communities																		
AP026	Coordinate with other WASH actors on target group needs and appropriate response.																		
AP026	Conduct KAP survey																		
AP026	Conduct PDM																		



Protection, Gender and Inclusion

People targeted: 80

Male: 30

Female: 50

Requirements (CHF): 6,390

Needs analysis: Vulnerable groups bear the biggest pain of disasters due to their special needs during emergencies. These groups include persons with disabilities, the sick, older persons, children, women among others. To preserve the dignity of the affected population, ensure they access required services, participate in the response activities and ensure their safety, TRCS plans to mainstream PGI in all sectors.

When targeting beneficiaries, TRCS will consider access by every gender and will sensitize all the staff and volunteers engaged in the interventions.

Population to be assisted: TRCS will ensure all the sectors mainstream protection, gender and inclusion throughout the intervention and ensure participation of people including at-risk people and groups in the displaced camps throughout the operation.

P&B Output Code	Protection, Gender & Inclusion Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.	# of volunteers and staff oriented on PGI minimum standards (Target: 80)																
	Protection, Gender & Inclusion Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.	# of PGI assessment conducted (Target: 1)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP031	Conduct needs assessment of the affected population based on criteria from the minimum standards for PGI in emergencies.																	
AP031	Orient 80 staff and volunteers on PGI minimum standards																	
AP031	Support sectoral teams to ensure collection and analysis of sex-age and disability-disaggregated data																	

AP031	Conduct briefing of staff and volunteers involved on prevention and response to sexual exploitation and abuse, code of conduct and ensuring all staff and volunteers have signed the code of conduct.																	
P&B Output Code	Protection, Gender & Inclusion Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children.	# of volunteers and staff oriented on child safeguarding and SGBV mitigation measures (Target: 80)																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP033	Use Minimum Standards as a guide to support sectoral teams to include child safeguarding and measures to mitigate the risk of SGBV.																	
AP033	Awareness-raising on early marriages																	
AP033	conduct child safeguarding risk analysis																	
AP033	coordinate with SGBV actors in mapping and disseminating safe referral pathways.																	

Strategies for Implementation
Requirements (CHF): 102,132

P&B Output Code	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform	# of staff and volunteers deployed to support implementation (Target 80: 75 volunteers and 5 staff)																
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	<ul style="list-style-type: none"> # of volunteers insured (Target: 75) # of PSS session for volunteers organized (Target: 1) 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP040	Ensure that volunteers are insured																	
AP040	Provide complete briefings on volunteers' roles and the risks they face																	
AP040	Provide psychosocial support to volunteers																	
AP040	Ensure volunteers are properly trained and equipped with visibility and PPE																	
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																	
P&B Output Code	Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened	<ul style="list-style-type: none"> # of BDRT in training organized, (target 2) # of volunteers trained (Target 30) # of EOC supported (target 1) 																
	Activities planned	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

		Week																
AP002	Disaster response and risk reduction capacity building activities through training 30 NDRT.																	
AP002	Strengthen the affected branches by Training the BDRT in the disaster-affected areas.																	
AP002	EOC reactivated																	
P&B Output Code	Outcome S2.1: Effective and coordinated international disaster response is ensured	<i># of surge profiles deployed (Target 1)</i>																
	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.	<i># of surge profile developed and deployed (Target 1)</i>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP046	Deployment of 1 surge – FSL/Nutrition																	
P&B Output Code	Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved	<ul style="list-style-type: none"> <i># of community feedback mechanisms are in place to ensure community concerns are taken care of.(Target 2)</i> <i># of means of communication identified to share information with the community.(Target 2)</i> 																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP084	Methods are put in place to ensure communities can participate in the response and influence decision-making																	
AP084	Community communication activities ensure people are kept informed of operational plans and progress and have the information they need about the response																	
AP084	Community feedback systems (including rumours and/or perception tracking) are established, and feedback is acted upon and used to improve the operation																	
AP042	Conduct lessons learnt workshop																	
P&B Output Code	Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards	<i># of mileage covered and supported</i>																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP050	Mileage cost for NS logistic and coordination activities																	

Funding Requirements

The overall amount allocated for the implementation of this EPoA is CHF 246,481 as detailed in the below budget.

International Federation of Red Cross and Red Crescent Societies

*all amounts in
Swiss Francs
(CHF)*

DREF OPERATION

MDRTZ030 - TANZANIA - FOOD INSECURITY (DROUGHT)

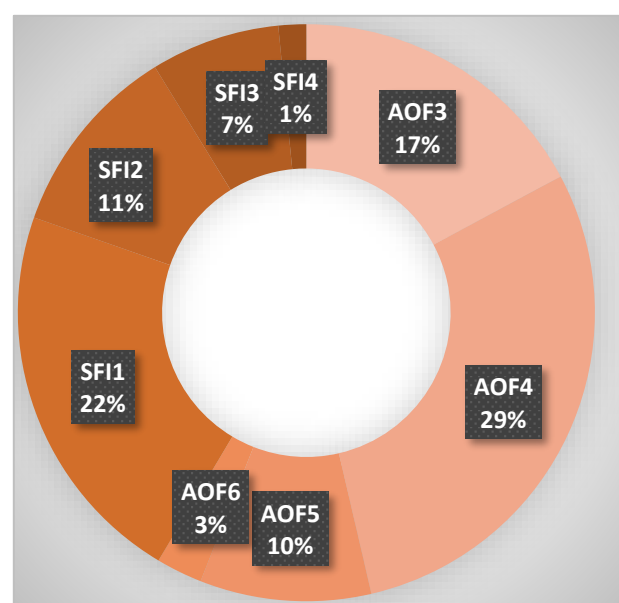
26/01/2022

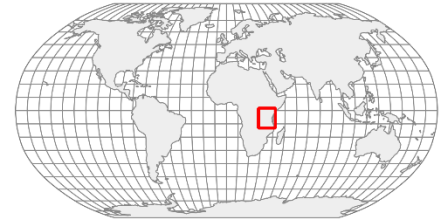
Budget by Resource

Budget Group	Budget
Clothing & Textiles	3,000
Water, Sanitation & Hygiene	16,200
Medical & First Aid	1,500
Teaching Materials	13,400
Cash Disbursement	19,000
Relief items, Construction, Supplies	53,100
Transport & Vehicles Costs	16,150
Logistics, Transport & Storage	16,150
International Staff	18,000
National Society Staff	15,160
Volunteers	11,025
Personnel	44,185
Workshops & Training	90,240
Workshops & Training	90,240
Travel	9,000
Information & Public Relations	2,400
Communications	3,000
Financial Charges	600
Other General Expenses	12,763
General Expenditure	27,763
DIRECT COSTS	231,438
INDIRECT COSTS	15,043
TOTAL BUDGET	246,481

Budget by Area of Intervention

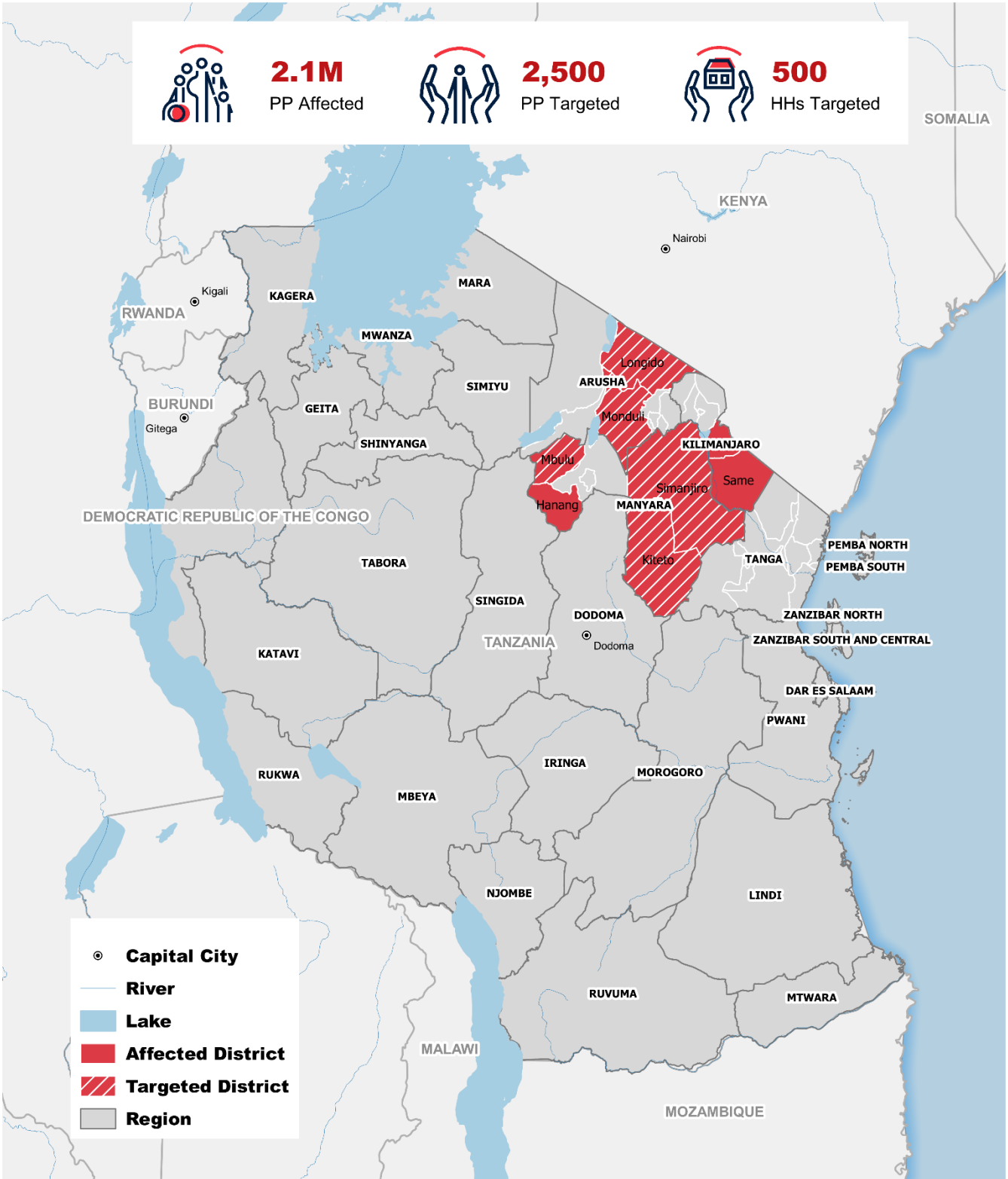
AOF3	Livelihoods and Basic Needs	42,344
AOF4	Health	71,973
AOF5	Water, Sanitation and Hygiene	23,643
AOF6	Protection, Gender and Inclusion	6,390
SFI1	Strengthen National Societies	53,706
SFI2	Effective International Disaster Management	26,753
SFI3	Influence others as leading strategic partners	17,839
SFI4	Ensure a strong IFRC	3,834
TOTAL		246,481



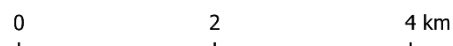


Tanzania : Drought

23 January 2022 • DR-2022-000112-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: GADM, Tanzania RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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For In-Kind donations and Mobilization table support:

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

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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.**