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Operation Update 1

Tanzania: Food insecurity (Drought)

 International Federation
of Red Cross and Red Crescent Societies

DREF N° MDRTZ030	Glide no : DR-2022-000112-TZA
Operation update n° 1; 19 April 2022	Timeframe covered by this update: 28 January to 13 April 2022
Operation start date: 28 January 2022	Operation timeframe: 6 months (new end date: 31 July 2022)
Funding requirements (CHF): 466,010	DREF amount initially allocated: CHF 246,481 Second allocation requested: CHF 219,529
N° of people being assisted: 6,000 (1,200 households)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent societies, Belgium Red Cross-Flanders	
Other partner organizations actively involved in the operation: Prime Minister's office, Disaster management Department (PMO-DMD), Government and local government authorities World Vision Tanzania (WVT), Éclat's foundation, and the Ministry of Agriculture.	

Summary of major revisions made to emergency plan of action:

This operations update is to inform stakeholders of the following:

- Results of the detailed multi-stakeholder assessment conducted from 14th February to March 1st, 2022, which has revealed the impact of the drought and related needs. As the situation is still unfolding, there is a dire need to address its effects now.
- The increase of the intervention target from 2,500 people (500 HH) to 6,000 people (1,200HH) as a result of the above-mentioned assessment
- Extension of implementation timeframe from three months to six months with a new end date on 31 July 2022.
- The request for the second allocation of CHF 219,529 for a total DREF grant of 466,010 Swiss francs to enable TRCS to deliver assistance to 1,200 targeted households.

In addition to the above, the operation update provides information on progress since launching the DREF operation. Indeed, the Tanzania Red Cross Society (TRCS) has to date reached a total of 6,788 people mostly on WAS, Emergency household items, protection, gender and inclusion (PGI), and health. This extension will focus on livelihoods, additional target population, wash, health, nutrition, food security, PGI, and Community Engagement and Accountability (CEA). In the extension period, TRCS will concentrate in the same areas of Longido, Simanjiro, and Mbulu but will extend to Monduli as an additional area. The number of villages will thus increase from 9 to 11. TRCS will procure 1,400 jerricans to be distributed to an additional 700 households. The number of cash recipients will increase to 1,200 (this includes, 700 additional households plus the 500 households in the initial phase). The cash distributions will be on monthly basis for three consecutive months from May to July 2022.

A. SITUATION ANALYSIS

The Climate Outlook for November 2021 – April 2022 (NDJFMA) Rainfall Season indicated that rains were likely to be below normal over some regions in the country which may result in water levels in rivers, reservoirs and a decrease in aquifer recharge were likely to occur in areas where below normal rainfall is expected. From November 2021 to January 2022 prolonged periods of dry spells were experienced and a forecasted slight increase in rainfall was expected in March 2022.

The Government under the Tanzania Food and Nutrition Security Analysis System known in Swahili as '*Mfumo wa Uchambuzi wa Uhakika wa Chakula na Lishe*' (MUCHALU) framework actioned by conducting the IPC, in November 2021, and highlighted some areas representing different livelihood zones proximity to represent the entire zones.

From the IPC results, the four district councils of Handeni, Longido, Mkinga, and Monduli will also remain classified in IPC Phase 3 (Crisis). In February 2022, a Comprehensive Food Security and Nutrition Assessment Report Coordinated by the National Food Security Division - Ministry of Agriculture and Disaster Management Department-Prime Minister Office highlights the projection of the drought for the projected period of analysis (May – September 2022). The report shows the number of people facing high levels of acute food insecurity is expected to increase, representing 17% of the population analyzed against 13% in the current period of analysis. This is due to anticipated inadequate rainfall, which is expected to be *normal to below normal*. This is likely to contribute to the low production of food crops and livestock, which will, in turn, lead to decreasing food stocks available at the household level, as a majority of households depend on rain-fed farming and agro-pastoralism. As a consequence of low production, prices are also projected to increase and will negatively impact food access. It is projected that about 497,000 people (14% of the population analyzed) will be in Crisis (IPC Phase 3) and about 95,000 people (3% of the population analyzed) will be in an Emergency (IPC Phase 4). Around 929,000 people (26% of the population analyzed) are projected to be in a Stressed situation (IPC Phase 2).

In December 2021 situation went worse, impacts of the forecast were experienced in the Northern Maasai pastoralist Livelihood Zone (TLZ 14, 01) in the Arusha region which includes parts of Longido and Monduli districts and Manyara regions, Simanjiro, and Kiteto where the prolonged dry spell from November 2021 to 15 January 2022 resulted to a severe shortage of pasture and water for livestock in this zone.

TRCS in collaboration with Government Authorities conducted an assessment in the most affected and targeted areas, which are predominantly occupied by the Maasai community whose source of livelihood depends on the livestock. During the assessment, it was realized more than 60,000 animals were dead, some of the carcasses were found in the boma, communities went for several coping mechanisms, positive and negative to rescue the situation, the triggering factor being reduced forage and water to accommodate peoples' animals. Among the coping mechanisms included migration and concentration of livestock in better grazing areas away from their domiciles. Utilization of family food stocks to feed livestock, and spending some resources to buy animal food supplements mainly impacted families' economy. Apart from economic loss, communities are psychologically affected and require counseling.



Figure 1: TRCS staff during assessment passes by carcass of dead animals

Together with the assessment, TRCS responded to save the situation and address some of the effects caused by this with several interventions including Health and Nutrition, WASH, Mental Health and Psychosocial Support (MHPSS), PGI, and Livelihood through a community-centered approach.

Despite these interventions, the situation remains worrisome because of the prolonged dry spells which were expected to regain from the March-May rain season (Masika rain), which has not taken place so far. More risk is foreseen of additional households with livelihood needs, probably moving from the recent IPC phases to a more critical situation. Nevertheless, it will take up to six months for skinny cows to regain weight (<https://www.quora.com/How-do-skinny-cows-gain-weight>) and that is the time the affected communities will be able to get more milk for sale and restore their livelihood.

Summary of current response

Overview of Operating National Society

The Tanzania Red Cross Society (TRCS) has been responding to the immediate needs of the affected population. TRCS and volunteers conducted in-depth needs assessments to understand the impact of the drought. The

assessments were jointly carried out by IFRC, TRCS, Government authorities, and other partners involving technical teams from Food Security and Livelihoods (FSL), Planning, Monitoring, Evaluation and Reporting (PMER), WASH, and nutrition. The initial assessment in Kiteto was funded by Belgium Red Cross.

The drought situation on the ground warranted TRCS to request for DREF to scale up assessment to more affected areas within the livelihood zones, and target to reach immediately to 500 households (2,500 individuals) in five Districts. The TRCS disaster management (DM) department in collaboration with the Prime Minister's office, Disaster management Department (PMO – DMD) Regional and District authorities conducted an initial rapid assessment in Kiteto, Simanjiro, and Mbulu districts in January 2022. The report was produced and shared with stakeholders.



Figure 2: Communities' leaders narrating to TRCS staff

Since the launch of this DREF operation, TRCS has conducted the below activities:

- The second assessment in the Arusha district from 14th February covers Longido and Monduli districts in collaboration with authorities/government.
- **Regarding training and National Society capacity building** which was one of the key needs identified in the initial strategy, TRCS has conducted six (6) trainings reaching out to 193 volunteers and staff. These were done concurrently to maximize time. (As per the table below).

No.	Training	Participants per region							Total
		Date	Arusha			Manyara			
			Male	Female	Total	Male	Female	Total	
1	eCBHFA	14 th -19 th Feb	11	9	20	13	7	20	40
2	Nutrition	19 th Feb	11	9	20	13	7	20	40
3	BDRT	15 th -17 th Feb	13	9	22	10	10	20	42
4	PGI	18 th Feb.	13	9	22	10	10	20	42
5	CEA	19 th Feb.	13	9	22	10	10	20	42
6	PSS training	1 st - 4 th March	10	5	15				15
7	Health Promotion	17 th - 18 th March	22	9		22	9	31	31
8	Livelihood training	24 th - 25 th March	15	10		10	10		45

- Since the start of this intervention in January, trained staff in disaster response were deployed to the affected areas as requested by the operating branch as per the national deployment guidelines of the National Society. TRCS is using the volunteers trained in Health to do a door-to-door and conduct awareness campaigns in their respective communities. These trainings and awareness sessions will be a continuous process.
- Essential Household Items distribution has been done. TRCS has distributed WASH items to 500 households identified by communities as the most vulnerable in the targeted areas. The areas were identified by Government authorities after the rapid assessment.

Region	District	Ward	Village	Item Distributed / Qty		
				Bucket	Jerry Can	Aqua Tabs
Arusha	Longido	Sinya	Ildonyo	77	154	3080
		Olbomba	Ranch	80	160	3200
		Mundarara	Lesingita	43	86	1720
Manyara	Mbulu	Masieda	Masieda	50	100	2000
		Yaeda Chini	Yaeda Chini	50	100	2000
	Simanjiro	Kitwai	Kitwai A	52	104	2080
			Kitwai B	50	100	2000

	Naberera	Lorbene	50	100	2000
		Losokonoï	48	96	1920
Total			500	1000	20000

Overview of Red Cross in-country

TRCS has its Headquarters in Dar Salaam and has 31 regional branches in each regional capital. The TRCS has more than 1,300 sub-branches spread out across the country. Out of the country's 196 Districts, 168 (86%) of the districts have either a TRCS branch or sub-branch led by focal persons making it easier for the TRCS to reach to all corners of the country. The TRCS has 550 staff members and more than 300,000 volunteers of which 150,000 are active. Close to 80 % of staff are based in the western part of the country for the refugees' operations. The National Society has its Governance which plays its oversight role to all TRCS undertakings.

The Disaster Management Department coordinates all the responses of TRCS. For this operation, a response centre has been established in Arusha for coordination. The Department has six staff members and works in coordination with other thematic departments. The National Society has capacities in:

- Regional Disaster Response Team members (RDRT) – 6; 2 are active
- National Disaster Response Teams members (NDRT) - 112; 20% active
- Community-Based Disaster Response Teams (CBDRT) – 12 teams with altogether 240 volunteers
- Cash and voucher Assistance (5 trained staff and 120 volunteers)
- It has a 10-ton truck which is used to ferry immediate items instead of hiring unless the load is much, and locations are very remote.

The National Society in the past has responded to disasters including floods, earthquakes, marine accidents, droughts, and population movement across the country. Over the years the National Society has gained respect from the Government and today is one of the preferred partners when it comes to disaster response in Tanzania

Overview of Red Cross Red Crescent Movement in-country

TRCS falls under the IFRC Country Cluster delegation in Juba, South Sudan which has no physical presence in Tanzania. However, the delegation provides support to TRCS, coordinating its activities through field delegation missions by different officers within their capacities and through virtual meetings. For this operation, the IFRC has deployed a food security and livelihoods surge. The deployed Food Security and Livelihoods surge provides technical operational support to TRCS in this response. The surge is based in Arusha at the operational area. The Country Cluster Delegation Finance delegate and Disaster Management Delegate are both providing technical financial and operational assistance to TRCS. The surge will give a weekly update to IFRC and periodically update in country's Participating National Societies delegates.

The TRCS has put in place strong coordination and cooperation mechanisms among in-country RCRC Movement partners such as the Belgian Red Cross, Spanish Red Cross, and the ICRC Tanzania Mission. The National Society has shared the response plan and will continue to share periodical updates to these offices. So far, meetings have been held with PNS in-country-based delegates to update them on the operation progress and assessment findings. Further, IFRC has had discussions with the American Red Cross which are interested in the findings of the assessment. TRCS and IFRC will continue to hold these coordination meetings as well as two planned exit meetings on 29th April and 29th July 2022.

Belgium RC FL (BRC FL) and the Spanish RC are present in the country and supporting projects on disaster preparedness, WASH, and reproductive health. Belgium Red Cross in the country has supported the initial assessment in Manyara and pledged to complement livelihood deficit in Longido district where they implement Disaster Preparedness Project Number 4 (DP4) project from the crisis modifier. This will add to the number of beneficiaries identified in the Longido district and will also continue with the DRR interventions planned for the Longido district scaling up to the most affected areas. The BRC delegate will work with TRCS to identify several beneficiaries to be reached with the available funds. BRC FL continues to support TRCS on cash preparedness and the implementation of cash projects.

Overview of other actors in country

The Government of Tanzania through the office of the Prime Minister is responsible for the coordination of all disaster responses and TRCS has been supporting in this regard. The unit has developed the response plan for the ongoing drought and shared it to partners for implementation. The unit authorizes all the response operations in the country by foreseeing the policy and strategies. Other Ministries like Agriculture, Livestock, Education, and Health have been used as key players in their respective fields. Every NGO coming to implement activities goes through the offices of the Regional Commissioner and then District Commissioner. The actual implementation in the fields engages wards and village authorities.

Government Development fund targeting the old through cash transfers and all other Cash and Voucher Assistance (CVA) interventions are coordinated through Tanzania Social Action Fund (TASAF). This is a Government entity that focuses on the most vulnerable and some of the beneficiaries might likely have already been affected. TRCS will coordinate with PMO-DMD LGA and other relevant line Ministries in this process

World Vision Tanzania (WVT) has developed a four-month response targeting 117,500 individuals with a budget of \$2.5m. They are working in child protection, food security, and school feeding in five regions covering Handeni, Mkinga, Longigo, Kishapu, Maswa, Simanjiro, and Monduli districts. In the localities where TRCS has interventions, Government authorities have made sure that the two institutions work in different villages to avoid duplication.

Éclat's Foundation is working in Simanjiro targeting schools. Their main objective is to support students whose parents cannot afford school uniforms and other scholastic requirements not to be sent back home.

Coordination forum

The actors in the country are coordinated by the Prime minister's office DMD, where all local and UN partners meet to develop plans and strategies. The disaster management act has stipulated the coordination levels and TRCS has been mentioned to be a permanent member. The coordination at the regional level is vested to Regional Administrative Secretary (RAS) office as the chairman of the regional disaster committee. At the district level, District Executive Director (DED) is responsible for coordination. Since the forecast of dry spells, 2 national coordination meetings were held, to coordinate partners to develop a contingency plan, 2nd September 2021, and January 26th, 2022. At regional and district levels no meeting has been held to coordinate the ongoing operations. However, the Arusha Regional Administrative Secretary (RAS) requested TRCS to lead the coordination meeting as they are not very familiar with the disaster coordination.

In the meeting held on 26th January 2022, it was agreed to conduct IPC targeting 14 mapped districts, to analyze food security. The districts analyzed are located in semi-arid areas which have a high reliance on rain-fed subsistence agriculture, as it is their main source of food and livestock fed. The most common shocks reported across the districts were a prolonged dry season and low purchasing power of the population and loss of animals that are recognized and family banks. Additionally, a majority of the districts reported the price for staple food commodities to be another key driver of food insecurity that limits households' purchasing power.

Needs analysis and scenario planning

As planned, the detailed assessment has been conducted by TRCS with relevant stakeholders to complement the need analysis outlined in the initial DREF EPoA.

The assessment of the affected areas with support from TRCS national staff, TRCS field staff, IFRC deployed surge, the PMO-DMD representative, Government staff at the Regional and District level, LGA, and line Ministries of Health, Agriculture, Livestock, and Health. Tanzania uses a Food security assessment tool that was adopted by Government from SADC. The country has de-marketed the regions into livelihood zones with similar characteristics, which made the assessment easier to target different livelihood groups in the locations. The assessment in the Arusha district was conducted from 14th February to March 1st, 2022, covering Longido and Monduli districts.

SUMMARY OF NEEDS ASSESSMENT RESULTS

The assessment report has established that the number of families that are affected by the drought is much higher than what was forecasted in the initial EPOA. The Simanjiro and Longido districts were highly impacted in terms of livestock loss. The [warnings](#) by Tanzania Meteorological Agency (TMA) on the pending drought were not heeded or not properly disseminated. The NGOs failed to activate the contingency plans and early warning systems for the Masai people to move out or support them with water tracking and animal feed. Stakeholders only learnt through the media when the situation was worse. This was a clear sign of a lack of communication or evidence-based advocacy to rescue communities from the slow onset.

The report further reveals that the death of cows, goats, and sheep negatively affected the livelihoods of the Maasai community because they get their income from the sale of animals or milk. There is a recorded increase of school dropouts mostly because parents stopped contributing food opting to feed their animals and children could not go to school on empty stomachs. Nevertheless, most families migrated to places with better animal feed and water. The coping mechanisms impacted children as they were engaged in work to support families in coping with the situation.

The assessment further highlighted many waters sources were dry, and a few remaining were contaminated thus exacerbating the scarcity of the commodity for both animals and humans.

The assessment reveals that Masai communities live a communal lifestyle. Thus, the poor are very much supported by rich people through casual labor, food distribution, and animal borrowing for milking. Thus, the impact of drought has affected both rich and poor people. The rich can no longer support the poor, therefore resulting in the whole community being affected and in need of further assistance.

The report recommended action to be taken to address issues to support the most vulnerable to overcome livelihood survival and protection deficit through food complements, WAS interventions, and schools run normally. It also called for NGOs to intensify early warning messages and support the Tanzania Government in addressing these challenges. The assessment also called for Government and other actors to continue monitoring the situation, based on the weather forecast, rainy or prolonged dry spells, food stock in the markets and price changes, disease outbreaks, crop pests, and animal disease.

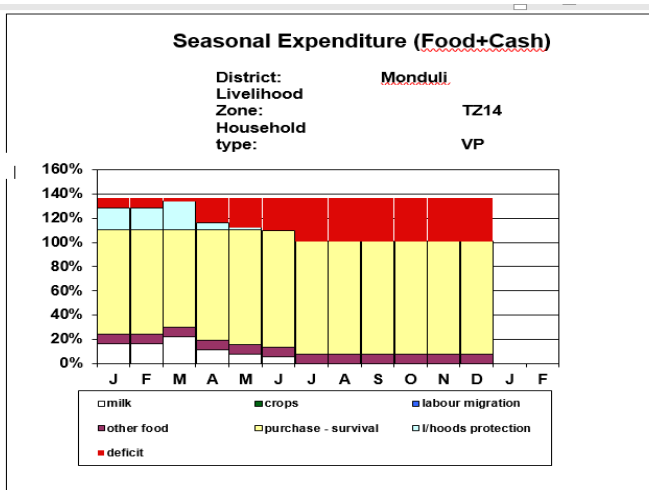
AFFECTED POPULATION

According to the result of the assessment as described in the tables below, Simanjiro district was the most affected with a total of 69,064 people (13,800 households) cannot provide for their livelihood needs for 14 months, followed by Longido where 31,508 people (6,300 households) cannot provide for their livelihood needs for 4 months, Monduli district 17,581 people (3,500 households) cannot provide for their livelihood needs for 3 months and lastly is Mbulu 4,674 people (930 households) cannot provide for their livelihood needs for 3 months.

Quantification of food and/or cash needs

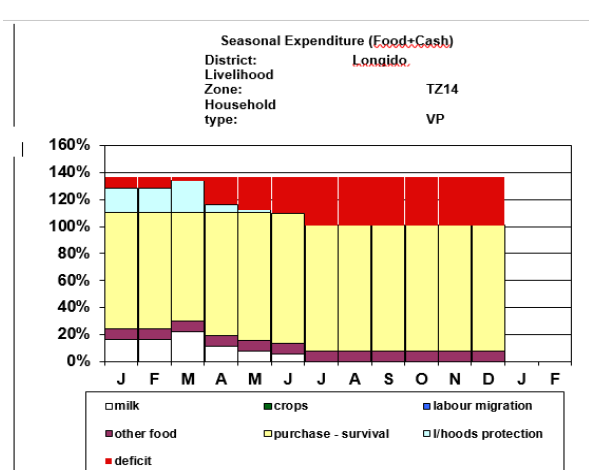
Table 1: Quantifying of needs for the population in need below

Region	District	Months needed to be supported with food to recover	Beneficiaries identified with food shortage	Food required to protect the livelihood of the affected population (metric tons)	Amount of cash needed for food to the identified beneficiaries to recover Cash "000"
Arusha	Simanjiro	14	69,064	2,218	17,472,789
-	Longido	4	31,508	928	2,445,775
Manyara	Monduli	3	17,581	247	822,156
-	Mbulu	1	4,674	17016	253,512
-	Kiteto	-	-	-	-
			122,827	20,409	20,994,232



Summary of Results from Annual and Seasonal Analyses

	Annual	Seasonal
total income	111%	111%
survival deficit	0%	
l/hoods prot. def.	25%	
total deficit	25%	25%



Summary of Results from Annual and Seasonal Analyses

	Annual	Seasonal
total income	95%	95%
survival deficit	13%	
l/hoods prot. def.	21%	
total deficit	34%	34%

The quantity of food required for the entire deficit period is being quantified in cash and quantities amounting to 20,409 metric tons (MT) of food or 20,994,232,000 Tanzania Shillings (TShs), for complementing livelihood protection deficit and 876MT or 965,935,000 TShs, to fulfill the survival deficit identified in Longido district. The assessment revealed Kiteto district was more resilient than other areas which is then reflected in the capacity building through the Global Framework for Climate Services (GFCS) project 2017 – 2020, where communities were oriented in the supplements and fodder growing.

The seasonal charts identify the time/period within which the assessed areas will experience livelihood protection deficit.

SCHOOL FOOD NEEDS ASSESSMENT

S/No.	district	NO OF SCHOOLS	No of pupils	Male	Female	BEANS (60g)	MAIZE (190g)	COOKING OIL (10mls)	SALT (0.5g)
1	Mbulu	6	2592	1244	1348	155,520.00	492,480.00	25,920.00	1,296.00
2	Simanjiro	9	4143	1819	2324	248,580.00	787,170.00	41,430.00	2,071.50
3	Kiteto	3	1243	753	490	74,580.00	236,170.00	12,430.00	621.5
	Total		7978	3816	4162	478,680.00	1,515,820.00	79,780.00	3,989.00

Nutrition assessment

Region	District	Village	Moderate Acute malnutrition	Sever Acute malnutrition	Total
Manyara	Simanjiro	Kitwai A	11	3	14
Manyara	Simanjiro	Kitwai B	4	0	4
Manyara	Simanjiro	Losokonoi	3	1	4
Manyara	Simanjiro	Lorbene	16	5	21
Arusha	Longiro	Lengisita	7	6	13
Arusha	Longido	Ranch		6	6
Arusha	Longido	Ildonyo		0	0
Manyara	Mbulu	Yaeda chini		21	21
Manyara	Mbulu	Masieda		27	27
			41	69	110

The Nutrition assessment results from Arusha and Manyara regions were conducted by volunteers in close supervision of the Nutritionist who oriented the volunteers deployed to conduct an assessment for 3-5 days. The target was to reach at least 200 children per village. The assessment outcome showed that; 89% of the assessed children are in normal condition, 4% have moderate acute malnutrition and 7% have acute malnutrition as shown in the distribution above. These need immediate intervention including food supplements, awareness creation among caretakers on the food preparation, male participation in care, and referral for medical checkups. Social and behavior change (SBCC) awareness for the entire community is also required for the community to change an eating habit. This was the initial assessment for U5, it is also advised to conduct Mid-Upper Arm Circumference (MUAC) for school-going children as they also face the same challenge of food shortage at schools and walk long distances to schools.

Mid-Upper Arm Circumference (MUAC) assessments

TRCS volunteers supervised by a nutritionist conducted the exercise in all the areas allocated to TRCS and identified 110 malnourished children. These will be prioritized food supplements for malnutrition care. The families will also be engaged in the orientation and awareness for the child feeding plan which will engage men. For acute malnutrition referral pathway will take place through the mapped services available in the area for 3 Months.

The TRCS volunteers in almost affected areas have an advantage over many other organizations in that they can reach remote areas and do on-the-spot assessments. It will also be helpful in the event roads are not passable, but TRCS is assured of presence through the volunteer on the ground. At the same time, it will prove to be extremely challenging to target select groups within the affected population, as everyone is in need. Some of the host communities are also very vulnerable, and some activities will need to be designed to target them as well.

In general, the prolonged dry spell was the cause of death of cows, goats, and sheep which has negatively affected all sectors including WASH, health, agriculture, education, and livelihoods. No disease outbreaks were reported but it was clear that mental health is a problem as many farmers witness the death of their cows which is a big treasure die.

- **Food:** The community seemed to be relatively stable in food supplies up to the end of the season in December 2021, but the drought-affected the household-level supplies. Some families in trying to save their animals provided their food at the expense of the family hoping it would rain soon as usual. Maasai's main food is milk and meat, however, they have learned to eat any available food. The Maasai communities are not naturally farmers, however, due to the prevailing situation, they have learned to grow a few types of food items for the family use despite the shortage of rainfall. During the assessment, it was learned most of the farms were not cultivated due to the shortage of rainfall from the Vuli to Masika, which made the food availability at stake.
- **Livelihoods:** The Masai people who are heavily affected in this response rely on their animals as a source of livelihood, for selling and milk production. Men get money from selling the animals while women get money from milking the animals. The donkeys are used for transport but are sold as well. Women use the donkeys to fetch water, and firewood or to transport maize to mills and go to the market to sell whatever product they have. This livelihood pipeline has been affected because these animals have been dying from the effects of the drought.
- The women who get money from the sale of milking cows are affected because skinny cows produced less milk or none while other cows stopped producing milk because the calves have died
- **Education:** The primary schools registered a relatively high absenteeism rate. Partly the kids would not go to school on empty stomach. It is a fact that there were many school feeding programs already going on in the region beforehand. In most areas, school feeding is supported by communities by contributing foodstuff and paying those preparing food at schools. The majority of parents are not able to fulfill their contributions because they have nothing
- **WASH:** Clean water supply in many areas has been compromised, although not completely. The people and animals are sharing same water sources. Almost all open point sources have dried up. The sources pumping underground water registered a very low yield. Most women complained that they don't have enough water containers to store more water at home and reduce the trips to fetch water.

Negative coping mechanisms: Families resulted in the negative coping mechanism of having one meal a day and reducing or stopping bathing, especially children to save water. This has an impact on the nutrition and hygiene of human beings. Supporting these communities will require additional funding and time which this EPoA requires support. Livelihoods and longer-term food production as a means of diversification to not only animal rearing will solve the problem.

The areas and needs of affected population are huge which requires more other NGOs to support. Government should disseminate the findings of the assessment report to other NGOs to lobby for support.

Scenario planning

Based on the scenario planning in the [EPOA](#), the situation in the 2 regions is in the orange state, most likely, since the rains have not been realized as expected to support farming and pasture recovery, people are still in the migrated areas searching for pasture, food in the markets are available, the prices raising and water for human consumption in areas where there is no water system is still a challenge. The assessment reports from Schools in Manyara, realized more than 35 % of the children have not reported, and the reported attendance has deteriorated long distance they are traveling, and diminished rations in the school meals as most of the parents were not able to contribute to meals in the first semester. No disease outbreak was reported, however, child health monitoring demonstrated increasing malnutrition cases which require immediate attention. Migrations have also led to decreased vaccination rates for children and increased home delivery. Covid-19 is not considered recently, despite the availability of infrastructure like hand washing facilities in public places.

Currently, two actors, TRCS and World vision are on the ground working to respond to the prolonged drought in collaboration with government authorities. The resource mobilization is still very low compares to the needs of the affected communities. TRCS through DREF in collaboration with Government authorities and other actors will continue supporting the communities in the identified villages while monitoring the situation and updating periodically.

Targeting

The target for this operation is increased from 2,500 people (500 HH) to 6,000 people (1,200HH), following the assessment conducted.

Table of targeting HH per district.

Region	Areas that TRCS have been assigned to	Initial targeted		Revised target	
		Households	People	Households	People
Manyara	Simanjiro	200	1000	420	2100
	Mbulu	100	500	180	900
Arusha	Longido	200	1000	390	1950
	Monduli	0	0	210	1050
TOTAL		500	2500	1200	6000

These households were selected using the community engagement and accountability (CEA) approach. Indeed, meetings were held at the community level where TRCS staff and Government staff with some volunteers conducted the exercise. A criterion was presented for selecting people and people chose names in an open vote-like style. The community chose who deserved to be registered.

The beneficiary selection criteria followed the assessment where mostly the very poor HH was affected and in some areas, highlighted the better and rich people to be most affected due to high loss of animals, however, the targeting will rely on the very poor group in the criterion set as follows:

- ultra-poor households
- Households who have lost almost everything due to drought
- Pregnant and lactating women
- People living with Disabilities
- Chronically ill people
- Orphans and Vulnerable Children

At the end of the meeting as per TRCS standard, the people present endorsed their names to prove that the process was participatory and transparent.

Operational Risk Assessment

- The major risk in this operation includes the escalating prolonged dry spells despite the TMA forecast for March highlighting heavy rainfall above normal, the affected area is still experiencing dry spells which do not guarantee food security which may result in increasing needs and more affected population.
- The shortage of water in the dry areas may result in waterborne diseases.

- The Malnutrition situation in the areas may also increase due to food shortage, and lack of milk, which is the main food for children in the Maasai community.
- Some areas of the country experience rainstorms which have affected shelter and farm plots. TRCS is continually monitoring the situation respond to some proximity of the calamities.
- The potential increase in the scope of humanitarian needs due to the potential flooding 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 disasters. The TFCS has increased its capacity (staff, volunteers, and stakeholders) in the affected areas in case of any other emerging issues.
- 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 the reporting week ending 18th March, 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 471,965 laboratory tests (RT PCR) was performed, with a 7.7% positivity rate. A cumulative total of 2,955,650 people are fully vaccinated, 4.7% of the total population to date. Overall vaccine uptake is still low therefore needs more intensified awareness creation.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The operation will directly address the drought-affected population's survival and immediate needs through the provision of livelihoods, in form of food supplementary feeding to 150 severely malnourished children, hygiene promotion, and health promotion for 1,200 drought-affected households (6,000 people) in Simanjiro, Mbulu, Monduli, and Longido districts through the participation and involvement of the government stakeholders and community, leadership for them to own the interventions.

Proposed strategy

The operation will cover the sectors listed below in all four (4) districts; Simanjiro, Longido, Monduli and Mbulu

Sn	Sector	Initial	Revised
1	Livelihood	<ul style="list-style-type: none"> • Basic livelihood /food distributions in form of cash assistance to 500HH in 9 villages in Mbulu, Simanjiro, Longido districts for 1 month • Training 75 volunteers in livelihood • Community sensitization and awareness sessions to strengthen PGI-sensitive food distributions/consumption to 500 hh • Market assessment, activation of FSP contract. • Identification and targeting of the 500 HH affected population • Food Consumption Score • Reduced Coping Strategies Index 	<ul style="list-style-type: none"> • Basic livelihood /food distributions in form of cash assistance to 1200HH in 11 villages in Mbulu, Simanjiro, Monduli, and Longido and districts for 3 months. 700HHs will be supported for three months and the 500HHs will be supported for 2 more months in addition to the one month. • Identification and targeting 700 HH of the affected population in the Mbulu, Simanjiro, and Longido districts. • Provision of supplementary feeding to 150 households for 2 months in Mbulu, Longido, Monduli, and Simanjiro districts. • Orientation to 100,000 communities on livestock management in the 11 villages of Mbulu, Simanjiro, and Longido districts. • Post distribution monitoring and market monitoring
2.	Health	<ul style="list-style-type: none"> • Training to 75 volunteers in ECBHFA • Training 80 Volunteers in nutrition • Training 75 volunteers in MUAC assessment • Procurement and distribution of MUAC tapes to 75 volunteers • Conduct Malnutrition screening in 9 villages in Mbulu, Longido, and Simanjiro districts 	<ul style="list-style-type: none"> • Conduct MUAC assessment to 9 villages of Mbulu, Longido, and Simanjiro districts • Capacity building in Food formulation for Nutritional improvement in Children under 5 in Mbulu, Longido, and Simanjiro districts • Provision of food supplements to malnourished children in Mbulu, Longido and Simanjiro districts • Distribution of MUAC tapes to volunteers • Conduct Malnutrition screening in 9 villages in Mbulu, Longido and Simanjiro districts

		<ul style="list-style-type: none"> Behavior change challenges local cultures, customs, concerns, and risk behaviors and practices among the communities Awareness creation on community-based disease control Development, printing, and distribution of IEC materials with health and nutrition messages and disseminate them through RCCE approaches that engage key stakeholders 	<ul style="list-style-type: none"> volunteers Awareness creation on assessed risk behaviors in Mbulu, Longido, Monduli, and Simanjiro districts Activate the coordination meetings at the district level in Mbulu, Longido, and Simanjiro districts Awareness of community-based disease control Distribution of IEC materials with health and nutrition messages and dissemination of them through RCCE approaches that engage key stakeholders
3	WASH	<ul style="list-style-type: none"> Procurement and distribution of water storage facilities to 500 hh in Mbulu, Longido, and Simanjiro districts, 100 jerry vans, and 500 buckets Monitoring sanitation and hygiene situation in 9 targeted villages Procurement and distribution of aqua tabs to 500HH in 3 districts Conduct WASH PDM survey 	<ul style="list-style-type: none"> Procurement and distribution of water storage facilities to 700 hh in Mbulu, Monduli, Longido, and Simanjiro districts, 1400 jerry cans. Scale-up of WASH intervention, hygiene promotion, and monitoring of WASH in 11 villages Continuous orientation and monitoring to the community on water management and storage. Conduct WASH PDM survey
4	PGI	<ul style="list-style-type: none"> Integration of PGI minimum action in needs assessment Orientation to 80 staff and volunteers in PGI minimum action in the 2 affected regions Awareness-raising on early marriages and child safeguarding risk analysis Mapping SGBV referral pathways 	<ul style="list-style-type: none"> Child safeguarding interventions (raising awareness and activating referral pathways) PGI's continuous orientation to volunteers PGI needs assessment
5	NSD	<ul style="list-style-type: none"> Insurance to 75 volunteers engaged in response Briefing volunteers n their roles and responsibilities BDRT training for 80 volunteers Activation of CEA /feedback mechanism Equip the 75 volunteers with visibility and PPE Activate EOC, 	<ul style="list-style-type: none"> BDRT training to 42 volunteers Activation of Disaster Management Committees at Village, ward, district and regional levels. Activation of CEA /feedback mechanism Networking with other partners
6	MHPSS	<ul style="list-style-type: none"> Provision of PSS to affected communities Conduct MHPSS needs assessment PSS clinic to volunteers Training 15 volunteers on MHPSS 	<ul style="list-style-type: none"> Provision of PSS to affected communities Provision of PSS to children PSS clinic to volunteers Training to volunteers on MHPSS

TRCS will keep the Government updated by providing reports and involving them in activities.

1. Livelihoods support in Simanjiro, Mbulu, Monduli, and Longido districts

In a bid to ensure that the targeted 1,200 households complement livelihood deficit for 3 months with unrestricted cash grants to support their basic food needs, cash assistance will be provided for a total of 3 months for all the targeted Households. The cash transfers are to be done each month.

Based on the assessment, the transfer value has been calculated to be 68,998.6 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).

CALCULATING THE VALUE OF THE TRANSFER

Products	Quantities per person/month (kg)	Unit price (kg) (local currency)	Cost per person/month (local currency)
Flour	10.35	2500	25,875.0
Beans	0.6	2400	1,440.0
Cooking oil	0.6	4000	2,400.0
Salt	0.15	1000	150.0
Total food expenditure/person/month			29,865.0
Total + additional 10% for dairy products and vegetables (when appropriate)			32,851.5
Average household size			5.0
Total food expenditure/HH/month			164,257.5
MEB (recurrent expenditure)			164,258
% of MEB to be covered by the intervention (this will depend on whether and how much people are able to provide for themselves or through support from others)			42%
Average expected inflation during the project period (%)			0%
Monthly transfer value			68,988.15 (Rounding to 70,000)

TRCS has a focal person for cash and voucher assistance (CVA), 15 staff and 120 volunteers trained on CVA and the NS conducted several cash transfer responses in 2019 and 2020.

TRCS has a running MOU with financial service providers (FSPs) one mobile money provider – Vodacom and NMB a commercial bank - An assessment on the mode of cash disbursement was conducted and the results prefer cash in an envelope, as most of the areas are remote and do not access mobile network and mobile money operators in the respective villages. Among the 1,200 identified beneficiary households, only 13% have sim cards. TRCS will deploy the FSP who will work on its behalf for encashment.

Several activities along with cash disbursement include

- Deployment of a cash focal person to support cash disbursement, and orient volunteers in on-site management.
- Conduct CEA activities adhering to the safety and risk management to ensure beneficiaries are safe throughout the service provision
- Verify beneficiary lists, upload them to the RR system for data protection
- Develop a disbursement schedule with FSP.
- Cash distributions to 1200 households
- While the assessment is underway, the National Society with support from a dedicated FSL or livelihood profile Surge member will engage in the immediate lifesaving intervention using available capacity in line with the government and other stakeholders' actions.
- Conduct exit survey after cash transfer
- Conduct Post Distribution Monitoring

Other livelihood restoration that TRCS seeks to conduct include:

- Orientation and Provision of Livestock feed supplement

2. Health and nutrition 1200 households in Simanjairo, Mbulu, Monduli, Longido districts

It is a known factor 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 Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) highlights, for the risks to the groups of concern. Infant and child mortality remains high in Tanzania. 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).

The defined semi-arid area of the country has been severely affected by the prolonged drought as forecasted by the TMA in Sept 2021. Water and animal feeds shortage impacted the economy of the communities in the areas. Waterborne diseases may increase if the situation continues to prevail, and interventions targeted at early detection and response to the epidemic shall be employed based on identified risks through Community Based Surveillance (CBS). With the decline in food security in the households, nutritional status is anticipated to decline further, and interventions aimed at improvement on nutritional wellbeing will be employed with the support of the MOH. In addition, the integrated outreaches will be undertaken to meet the health needs of the population in the hard-to-reach areas as the populations move in search of pasture and water.

To promote psychosocial wellbeing, psychosocial support services shall be integrated to prevent distress and suffering from developing into something more severe to help people cope better and become reconciled to everyday life. The ongoing negative coping strategies will be addressed through SBCC awareness campaigns.

Proposed interventions

- Continue to conduct health assessments to map out the areas with risk of disease outbreak including nutrition in flagged areas to further inform the response.
- Support Coordination meetings to review response actions at district and national levels.
- Conduct debriefing sessions for the response teams
- Support Mental Health and PSS Technical Working Groups meetings
- Training to engage community volunteers in the Psychological First Aid
- Activate the PSS hotline for further referral and support
- Provision of Psychological First Aid to the affected population during the H2H visit
- Conduct joint weekly health and hygiene promotion campaigns on the prevention and control of communicable diseases, for two months.
- Continue with malnutrition screening using MUAC to identify potential MAM and SAM cases, with referral to the treatment center/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.
- Provision of supplementary feeding to 150 children
- Conduct community health, hygiene, and nutritional awareness through the volunteers
- RCCE / health promotion for malnutrition, promotion of breast-feeding and messages to be developed should have a nuanced approach, engaging key stakeholders, mother's 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 orofacial diseases (taking into account the vicious circle of diarrhea 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.

3. Water, sanitation, and hygiene promotion targeting households in Simanjairo, Monduli, Mbulu, Longido districts

Poor water management can be a source of water-borne diseases especially when water is scarce like drought and floods which can lead to dysentery and cholera. As such, TRCS plans to act as below:

- TRCS will distribute Jerri cans (20L) for water collection and storage to 700 additional HH apart from the initial 500 reached. (1 bucket and 2 jerry cans).
- Distribute Aqua tabs for water purification, sufficient for 90 days 500 HH.
Based on Sphere standards, each household should have access to 7.5L of water per day. So, for a full month, each household needs 7.5L X 5 persons x 90 days, which sums up to 1,125 litres of water per month. Each tablet of Aqua tabs is meant to purify 20litres of pure water, as it is not good for turbid water. Thus, each household needs 60 tablets of Aqua tabs per month. Based on the above, a total of 630,000 tablets of Aqua tabs will be procured and distributed to 500 households to serve for three months.
- Trained Volunteers will conduct H2H visits for demonstrations to families on the correct use of Aqua tabs.

- The IEC materials for water treatment will be distributed to HH for referencing. Monitor treatment and storage of water through household surveys and quality tests
- Continuous assessment and monitoring are integrated into the operation to ensure that the operation is in line with the evolving situation on the ground.
- Conduct assessment of critical gaps in coverage of emergency water supply and sanitation facilities in the affected area to understand critical needs, with a special focus on the needs of women
- Provide hygiene education to a resident in implementation areas
- Conduct Hygiene promotion, water treatment, epidemic control, and other disease outbreak based on the CBS of the respective village

4. National Society Capacity Building, focusing on two separate aspects:

- a. Strengthening the HQ management capacity, as well as the branches affected by drought**
- b. Strengthening the NS disaster preparedness capacity, to better face future disasters**

- Some staff from HQ and several branches of the country attended psychosocial training conducted by IFRC
- 75 staff and volunteers underwent several trainings.
- Skills and knowledge sharing between TRCS staff and surge capacity experts (counter parting)
- Surge continues to give oversight of the responsible leadership and team-building skills supported for enhanced coordination within the TRCS Department of Disaster Management to understand their roles and responsibilities

5. Protection, Gender, and Inclusion (PGI)

This operation paid attention to the protection and inclusion of vulnerable groups based on gender and diversity analysis especially when NFIs distributed to all three targeted districts: Simanjiro (Kitwai A, Kitwai B, Losokonoi, and Lorbene villages), Mbulu district (Masieda and Yaeda Chini villages) and Longido (Ildonyo, Lesingita and Ranch villages). Gender roles were considered when setting up distribution and health promotion activities and the PGI was integrated across all sectors, especially in WASH, essential household items distribution, livelihood, Health, eCBHFA and BDRT, CEA, PGI, and Nutrition training by capacitating the volunteers. It has increased the strength of the community members, and stakeholders on how to apply IFRC PGI minimum standards in emergencies, especially in this response. The response is done by ensuring that vulnerable groups like the elderly, people with disability, women, and child-headed families are represented in all training, decision making, awareness-raising sessions, and essential household items distribution. Due to the health risks, TRCS would seek to support adolescents and women with dignity kits for their menstrual protection during this emergence period. The interventions will continue in the updated

6. Community Engagement and Accountability (CEA)

CEA was conducted through the engagement of Simanjiro districts (Kitwai A and Kitwai B villages), Mbulu district (Yaeda chini and Masieda villages), and Longido district (Ildonyo, Lesingita, Ranch villages). Communities are there able to agree upon their representatives (Local leaders, selected community members, community wards, and village committee members). Community leaders and committees participating in the selection process of people to be reached based on the given criteria seated for the affected families.

Through their representatives like local ward and village leaders, the Information about the response (essential household items distribution) is shared with the communities. The community feedback system was established by TRCS volunteers to ensure the community's, feedback and views are integrated into the operation design, implementation, and evaluation phases. Also, the Hotline number (0800750150) is shared with the communities to ensure transparency and effectiveness of the CEA desk. The hygiene and health promotion session will continue to be considered after the distribution of the water safety items to ensure the safety and health hygiene of the community concerned.

7. Operational support services

Human resources

TRCS will continue maintaining the deployed full-time Disaster Response Officer and driver who will be based in Arusha to support the implementation of day-to-day operation at the field level with close support from the Disaster Response Manager at TRCS HQ and IFRC surge. The two Regional Coordinators in Arusha and Manyara will support the response in their respective regions and will supervise the four District focal persons in Simanjiro, Mbulu,

Longido, and Mbulu. The operation will continue maintaining 75 volunteers, 15 volunteers at each district of intervention to support the implementation of activities at the field level. The volunteers will report to the district focal persons.

TRCS will appoint one officer in the Finance Department to be responsible for all DREFF response accounts. The process will help in tracking all financial commitments of the response and ensure there are no overspends.

All deployed volunteers will be insured and will be equipped with personal protective equipment.

Two volunteers manning the feedback desk at TRCS will be supported with the monthly allowance. The response will cover the cost of the two in the first phase and one in the extended period. They are responsible for compiling complaints and refer to the project team for follow-up. The IFRC deployed surge will continue to provide technical support and management in this operation.

Logistics and Procurement

Logistics planning to support the operation including procurement, fleet, and stock management will be a vital and integral part of the plan, to ensure that the large quantities of relief items are delivered in the right locations, at the right time, and to the right quality. TRCS vehicles, offices, trucks bring items to Arusha

Procurement: Local procurement will be carried out following the IFRC and TRCS standard procurement procedures. Under this operation procurement of visibilities and preposition (DP) stock to replace the distributed item from the TRCS warehouse.

Warehousing: The Government in LGA has offered space in Simanjiro, Arusha, and Longido for storage of TRCS items, however, the first consignment was offloaded directly to FDPs by TRCS truck but should more come TRCS will use these

All other operational support services remain the same as indicated in the [EPoA](#).

Challenges




Logistics: The areas of intervention are located within the wildlife reserved areas hard to reach, where the most affected communities, pure pastoral Maasai lives. From the assessment report, these are the most affected population who lost their main economic source, Animals due to prolonged drought. The Government authorities identified areas for TRCS to support, these most vulnerable communities reside

Increased needs from Government: From the Muchali IPC report conducted in November and December 2021 in 14 districts in the country following the forecasted prolonged drought, 7 district councils were classified to be in a crisis state of food insecurity. The continuous monitoring revealed the Bahi district situation being escalated and move to an emergence state where immediate needs are required. The government has requested TRCS to scale up the response operations in the Bahi district.

Escalating multiple disasters ongoing in the country, caused by the disturbed weather where more than 5 regions have reported heavy rainfall and windstorm, which caused impacts to the communities. TRCS responded by distributing NFI to the affected population from prepositioned stock.

TRCS will use the results of the assessment conducted jointly with the government to seek resources to support and build community resilience. This will be projected to support affected communities with long-term livelihood programming and the NS will use its humanitarian diplomacy to advocate for government resource allocation.

C. DETAILED OPERATIONAL PLAN

 Livelihoods and basic needs People reached: 245 Male:119 Female:126		
Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods		
Indicators	Target	Actual
% of targeted households provided with livelihood support	80%	0
% of assisted, surveyed households that report the cash assistance to be relevant to support their needs	80%	0
Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities		
Indicators:	Target	Actual
# of volunteers trained in Emergency response	75	0
# of households reached with cash/voucher (increased from 500 HH to 700 HH) (New)	1,200	0
# of PDM conducted	1	0
# of sensitization sessions conducted on PGI sensitive food distributions	2	1
Number of people Oriented on Livelihood training (at least 8 per village) (direct and indirect)	120	245
Number of awareness session conducted on destocking (at least 1 session per village) (New)	11	0
Progress towards outcomes		
<p>Activities already carried out</p> <p>TRCS has already assessed 500 households to receive cash in early April. TRCS has two FSP Vodacom and NBM Bank. The FSP uses mobile phones to reach the beneficiaries however many areas in which TRCS implementation have no mobile network which is also reflected in the mobile phone ownership were among the registered 500 HH only 64 own mobile phones. This prompted TRCS to engage the two FSPs to consider other modes of direct cash disbursement rather than phone. The discussion took longer because the FSP wanted to conduct a risk assessment. The Bank was finally positive to adapt to bring a teller. TRCS also developed another plan to look for other FSPs who can do cash in envelopes. This will bring diversity to FSP engagement. These processes took long in the first two months of this DREF response, however in the next encashment will be easy as the process will be short for re-ordering.</p> <p>Livelihood training: Training of 57 participants (36 males and 21 females) from 7 villages of intervention from Simanjiro and Longido, conducted. The training was conducted by officials from the Ministry of Livestock. Topics included Coping strategies used, positive and negative coping strategies, existing Livelihood diversification, proposed Livelihood diversification (new), and livestock management.</p>		
 		

Livestock Management orientation in the community: The orientation for Livestock management orientation sessions were done to a total of 188 community members from the villages of intervention; 91 male and 97 female.



Health

People reached: 1,118

Male: 537

Female: 581

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

Indicators:	Target	Actual
% of targeted people reached with health awareness sessions/activities	100%	45%
% of identified HHs with potentially malnourished children being followed-up	75%	20%

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

Indicators:	Target	Actual
Number of people trained on Food formulation for U5 nutritional improvement (at least 15 per village) - new	225	0
# of Health assessments done	2	2
# of MUAC tapes procured and distributed	75	100
# of staff and volunteers trained on malnutrition screening	80	56
Number of children supported with food supplement for two months (at least 15 per village) new	150	0
Number of awareness session conducted on behaviour change (at 3 per village) - new	33	0

Health Outcome 4: Transmission of diseases of epidemic potential is reduced

Indicators	Target	Actual
# of volunteers trained on CBHFA	75	40

Health Output 4.1: Community-based disease control and health promotion is provided to the target population

Indicators	Target	Actual
# of health promotion sessions conducted	8	9
# of people directly reached through health promotion activities	6,000	920

Health Outcome 6: The psychosocial impacts of the emergency are lessened

Indicators:	Target	Actual
Number of people oriented on PSS	15	15

Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators	Target	Actual
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# of PSS need assessment conducted	1	1
# of PSS session organized 1 in each district to affected communities	5	5
# of PSS session for staff and volunteers organized	1	0
# of people reached by PSS	500	173

Progress towards outcomes

Activities carried out

i. CBHFA training for volunteers

A total of 40 volunteers from the Manyara and Arusha regions were trained on eCBHFA training from affected districts to support the awareness creation and mapping.

ii. Orientation to volunteers in Malnutrition screening

The volunteers trained on CBBHFA were also oriented on Malnutrition screening from affected districts. After the target village identification, 16 more volunteers were oriented to support in MUAC screening in their respective villages. More volunteers will be oriented to support the screening in the supervision of Health care workers from respective areas.



Figure 3: eCBHFA participants in Manyara region composing participants from Mbulu, Kiteto and Simanjiro districts.

MUAC assessment

MUAC assessment was done on a total of 920 children by TRCS volunteers under the supervision of Nutritionists from Government authorities in the respective districts whereby a total of 110 were already identified as malnourished. These urgently need orientation and support for supplementary feeding. The families will also be engaged in the orientation and awareness for the child feeding plan which will also engage men in the responsibility of child feeding. For acute malnutrition, the referral pathway will take place through the mapped services available in the area for 3 Months.



Figure 4 Volunteer assessing MUAC at Lorbene village

iii. Conduct Health promotion sessions

A total of 72 volunteers and village leaders were oriented on health promotion and have conducted 9 sessions health promotion sessions and behavior change were organized in the 9 villages through community meetings where more than 920 people were reached with the messages on disease control and health-seeking behavior which is a big challenge for Maasai community. This included early booking and routine vaccination for children.

iv. Training of volunteers on PSS and conducting PSS assessment in one site as a pilot and conducted a PSS event for adults and PSS Service.

Four days of training were done whereby with 15 people's participants (11 males and 4 females).

One session of PSS assessment (1 village), was conducted in the community which reached 173 people



Figure 7 5: PSS in Training



Figure 8 6: PSS outreach in Munduli



Water, sanitation and hygiene


People reached: 2,725

Male: 1,308

Female: 1,417

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

Indicators:	Target	Actual
% of targeted households reached with WASH interventions	100% or 500	
WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities		
Indicators	Target	Actual
# of water jerry cans distributed and replenished	2400	1,000
# of buckets distributed to affected communities and replenished	500	500
# of WatSan coordination meetings organized with WatSan Actors in each region	2	0
# of KAP survey conducted	1	0
% of people acknowledging the usefulness of sensitization sessions	70%	80%
# of post-distribution monitoring conducted	1	0
Output 1.1: Sensitization of water, sanitation, and hygiene promotion session to the targeted communities		
Indicators:	Target	Actual
Number of hygiene promotion session conducted at community level (at least 3 events per village)	27	10
Number of households reached for water treatment orientation	1200	500
Number of households supported with water storage facilities (less the 500 provided initially)	1200	500
Number of households supported with aqua tabs for three months	10,500	20,000

Number of aqua tabs procured and distributed (at least 60 tabs per household pr month)	45,000	20,000
Progress towards outcomes		
Activities carried out		
<p>i. Hygiene Promotion campaign orientation session The orientation sessions were done for TRCS Volunteers, Village authority leaders, and Traditional leaders. Up to date a total of 57 participants from 7 villages in Longido and Simanjiro districts (36 males and 21 female), the exercise continues to the rest of the two villages in the Mbulu District.</p> <p>ii. WASH awareness session. A total of ten (10) sessions were conducted in all villages of intervention (9), the Hygiene promotion, disease control, and water treatment campaigns were conducted whereby a total of 2725 people (1308 males and 1417 females) reached.</p>		
		
<p><i>Figure 9 7: Hygiene promotion and water treatment campaign sessions at Yaeda chini and Kitwai B villages</i></p>		
<p>ii. Support communities with water storage facilities and aqua tabs TRCS distributed buckets, Jerry cans and water purification tablets to 500 households. Each household received 2 jerry canes, 1 bucket and 40 aqua tablets.</p>		




Protection, Gender, and Inclusion

People reached: 14

Male:6

Female:8

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.		
Indicators:	Target	Actual
# of volunteers and staff oriented on PGI minimum standards	80	82
Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
# of PGI assessment conducted	1	1
Output 1.2: Programmes and operations prevent and respond to sexual- and gender-based violence and other forms of violence especially against children		
Indicators	Target	Actual

# of volunteers and staff oriented on child safeguarding and SGBV mitigation measures	80	82
Progress towards outcomes		
Activities		
<ul style="list-style-type: none"> TRCS in collaboration with local government authorities has started disseminating messages encouraging parents to send pupils to the school. During the meeting messages discouraging early marriages were shared, and the government mentioned the bylaws enacted in the area. From government reports 30% of form1 students have not reported to schools in the Mbulu District. Printed IEC materials to promote child protection Conduct child safeguarding assessment The challenge is that the Masai community has systems that are very secretive about early marriages. However, from several community meetings there are young girl's expectant and breastfeeding. TRCS will partner with the Ministry of education and be part of District protection committees in awareness and will be part of the topic during open days. Feedback numbers will be displayed for the community to report Assessment in 16 schools for feeding 		

Strengthen National Society		
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		
Indicators:	Target	Actual
# of staff and volunteers deployed to support implementation	75	63
# of staff deployed to support implementation	5	5
Output 1.1: Output S1.1.4: National Societies have effective and motivated volunteers who are protected		
Indicators:	Target	Actual
# of volunteers insured	75	75
# of PSS session for volunteers organized	1	0
Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened		
Indicators:	Target	Actual
# of BDRT in training organized	2	2
# of volunteers trained	30	40
# of EOC supported	1	0
Progress towards outcomes		

Activities carried out**i. Training on Branch Disaster Response team (BDRT)**

Training on BDRT was done to 40 volunteers from TRCS Subbranches in the Project regions; Arusha and Manyara. The training was facilitated by TRCS HQ and Government officials.

- ii. **Deployment** of volunteers, 7 volunteers per village in 9 villages for assessment and local branches' general response to the operation.

International Disaster Response**Outcome S1: Outcome S2.1: Effective and coordinated international disaster response is ensured**

Indicators:	Target	Actual
# of surge profiles deployed	1	1

Output 1.1: Effective and respected surge capacity mechanism is maintained.

Indicators:	Target	Actual
# of surge profile developed and deployed	1	1

Progress towards outcomes

Food Security and livelihood surge profile was developed, and a candidate deployed to the field, the surge profile is based in Arusha.

Influence others as leading strategic partner**Outcome 1: Effective and coordinated international disaster response is ensured**

Indicators:	Target	Actual
# of community feedback mechanisms are in place to ensure community concerns are taken care of).	2	1
# of means of communication identified to share information with the community.	2	1

Output 1.1: Supply chain and fleet services meet recognized quality and accountability standards

Indicators:	Target	Actual
# of mileage covered and supported		

Progress towards outcomes

Help desk are set up in the villages and a hotline number has been disseminated.

D. Financial Report

This operation update seeks the second allocation of CHF 219,529 for a total allocation of CHF 466,010 as detailed in the below budget. Of the initial CHF 246,481 allocated, the National Society has to date expensed a total of CHF 113,655 (46%), mainly expensed to allow the National Society to conduct the assessments as planned. The second allocation will allow the NS to reach targeted families as detailed in the updated strategy above.

International Federation of Red Cross and Red Crescent Societies

*all amounts in Swiss
Francs (CHF)*

DREF OPERATION

MDRTZ030 - TANZANIA - FOOD INSECURITY
(DROUGHT)

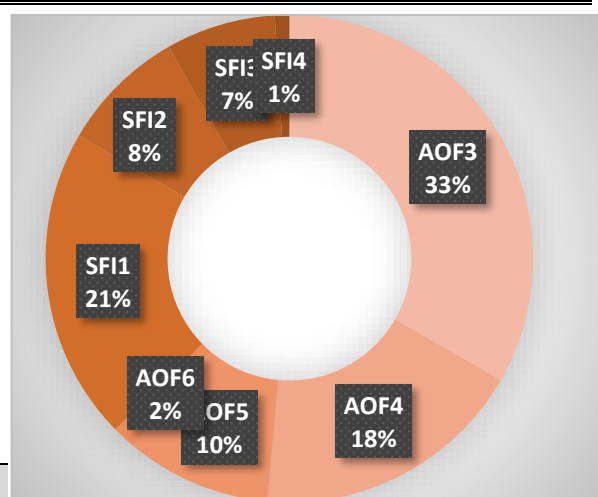
14/04/2022

Budget by Resource

Budget Group	Budget
Clothing & Textiles	3,000
Water, Sanitation & Hygiene	24,040
Medical & First Aid	19,580
Teaching Materials	46,160
Cash Disbursement	114,600
Relief items, Construction, Supplies	213,380
Transport & Vehicles Costs	39,852
Logistics, Transport & Storage	46,012
International Staff	24,000
National Society Staff	19,240
Volunteers	35,105
Personnel	78,345
Workshops & Training	46,360
Workshops & Training	46,360
Travel	15,000
Information & Public Relations	2,400
Communications	9,000
Financial Charges	1,200
Other General Expenses	24,911
General Expenditure	53,471
DIRECT COSTS	437,568
INDIRECT COSTS	28,442
TOTAL BUDGET	466,010

Budget by Area of Intervention

AOF3	Livelihoods and Basic Needs	155,234
AOF4	Health	84,540
AOF5	Water, Sanitation and Hygiene	44,943
AOF6	Protection, Gender and Inclusion	7,327
SFI1	Strengthen National Societies	96,754
SFI2	Effective International Disaster Management	38,766
SFI3	Influence others as leading strategic partners	33,974
SFI4	Ensure a strong IFRC	4,473
TOTAL		466,010



Reference documents

☐ Click here for:

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

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

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For In-Kind donations and Mobilization table support:

- **IFRC Africa Regional Office for Logistics Unit:** RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

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.