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# Emergency appeal operations update

## Tanzania: Population Movement.

 International Federation  
of Red Cross and Red Crescent Societies

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| <b>Emergency Appeal</b>   | <b>Appeal n°</b> MDRTZ017; <b>Glide n°</b> OT-2015-000052-TZA   |
| <b>Operations update n°</b> 1   | <b>Period covered by this update:</b> 15 May to 4 June 2015.  |
| <b>Date of issue:</b> 10 June, 2015   | <b>Date of disaster:</b> May 2015.  |
| <b>Operation manager (responsible for this EPOA):</b> Vinay Sadavarte, IFRC East Africa and Indian Ocean Islands  | <b>Point of contact:</b> Joseph Kimaryo, Director, Disaster Management, Tanzania Red Cross  |
| <b>Operation start date:</b> 15 May, 2015.  | <b>Expected Timeframe:</b> 6 months (End date 15 November, 2015)  |
| <b>Appeal budget:</b> CHF 1,026,583<br><b>Appeal coverage:</b> 22 %   | <b>Total estimated Red Cross and Red Crescent response to date:</b> <ul style="list-style-type: none"> <li>• Multilaterally: CHF 224,274</li> <li>• Bilaterally :CHF 1,607,104</li> </ul> |
| <b>Disaster Relief Emergency Fund (DREF)allocated:</b> CHF 231,380  | <b>Number of people being assisted:</b> 20,000  |
| <b>Host National Society presence (n° of volunteers, staff, branches):</b> 140 Volunteers, 8 staff, two branches.   |   |
| <b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> ICRC, American Red Cross and Spanish Red Cross.   |   |
| <b>Other partner organizations actively involved in the operation:</b> Government of Tanzania, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Tanzania water and environmental sanitation agency (TWESA), ADRA, IRC,IOM, WHO, UNFPA, Plan International , OXFAM and MSF. |   |

### Summary:

Tanzania has been the host to hundreds of thousands of Rwandese, Burundians and Congolese refugees in the past years. Currently there are about 63,000 refugees from DRC, in Nyarugusu camp. Tanzania Red Cross Society (TRCS) is providing comprehensive health services (preventive and curative) to the refugees in Nyarugusu camp and the host communities. The National Society has been running the camp based health facilities/clinics in Nyarugusu camp for over 10 years.

The Tanzania Red Cross Society local branches in Kigoma and Kagera are participating in the assessment of the situation on regular basis, and are in regular contact with the TRCS disaster management department at the national headquarters (NHQ), for situation updates. On 7 May, 2015, the Kigoma regional authority organized a visit to Kagunga village joined by representatives from UNHCR, Tanzania Red Cross and UNICEF, to assess the situation and needs of the asylum seekers. The team proposed urgent humanitarian interventions based on the situation in the areas of health, water and sanitation, human resources, security, transportation, registration of refugees and case finding (tracing/follow up of cases for medical treatment). TRCS staff and volunteers in Nyarugusu camp are assisting the arriving refugees by providing lifesaving interventions including; provision of first aid; conducting medical screening for all new arrivals (immunization, treatment of common communicable diseases, and screening for



Tanzania Red Cross first aid team responding to the needs of refugees awaiting relocation to Nyarugusu camp. Photo: Maija Tammi, IFRC/ Finnish Red Cross

malnutrition) and provision of health education through the Health Information Teams (HIT), particularly on prevention of communicable diseases.

On May 26, 2015, a donor teleconference was held with PNS participation. The purpose of the call was to follow up on the initial teleconference held mid-May to share up to date information on the situation on Burundi Crisis and to respond to queries from potential partners who had expressed interest. During the call, partners confirmed their interest in supporting the appeal.

A review of the [Emergency Plan of Action \(EPoA\)](#) by sector is ongoing following the concluded FACT assessments and discussions between TRCS and partners. FACT has recommended increased activities in water and sanitation, health as well as in national capacity building. In view of the proposed new activities it is estimated that the appeal budget will also be increased. A revised appeal is expected to be issued in the coming weeks.

The appeal is currently 22 percent funded with generous multilateral contributions received from Canadian Red Cross and Canadian Government, Netherlands Red Cross and Netherlands Government as well as Spanish Red Cross. Bilateral contributions towards the appeal have also been received from Austrian, Spanish and Swedish Red Cross societies.

IFRC, on behalf of Tanzania Red Cross Society, would like to extend thanks to all partners for their continued support.

[<click here for the contact details and here for the donor response report >](#)

## Summary of current response

On 13 May, a Field Assessment Coordination Team (FACT) alert was issued requesting a team leader, a health focal point and a WatSan focal point to carry out more detail assessments and develop a comprehensive plan of action. Consequently a FACT team was constituted and is composed of a team lead and focal persons in health, First Aid, Water and sanitation, Logistics and field communication. They are working in close collaboration with the ICRC team. Additionally Emergency Response Unit (ERU) has been deployed with a mass sanitation movement (MSM) team leader working closely with the Spanish RC Water and Sanitation delegate. Two additional team members have also been deployed and 2 cargo planes are expected in the coming days.

IFRC together with the FACT communication team has developed infographic on the Burundi regional crisis, with the latest figures of refugees. A special [web page](#) has been created on IFRC website with the latest information, stories, testimonies and pictures.

## Coordination and partnerships

The Government of Tanzania through the Ministry of Home Affairs (MHA) and the United Nations High Commissioner for Refugees (UNHCR) are coordinating the influx of asylum seekers/refugees. A joint rapid assessment involving WHO, UNICEF, and the UNHCR was carried out. On 13 May, the Government of Tanzania officially requested international support from the Red Cross Movement to assist with the humanitarian efforts.

Transportation of refugees from the entry points to the established reception centres and to the designated camp is being facilitated by the UNHCR while the WFP is availing and coordinating the distribution of high energy biscuits and dates to the refugees. UNHCR is working on the registration of the refugees alongside the Ministry of Home Affairs.

IOM has organized bus transportation from transit camp and border points to Nyarugusu while UNHCR is providing mass maritime transportation from Kagunga to Kigoma. CARITAS (Catholic Relief Services) is supporting feeding and water sanitation at the Stadium while International Rescue Committee is offering social welfare at all sites. Tanzania water and environmental sanitation agency is supported by OXFAM and UNHCR.

A coordination and information sharing forum has been initiated under UNHCR leadership. This forum brings together all UN agencies, the government through the Ministry of Home Affairs, Red Cross, International NGOs, and local NGOs (implementing partners) and other stakeholders in refugee affairs. At national level, in Dar es Salaam, this forum agreed to meet every Tuesday. In Kigoma, regional level meetings are ongoing and the Red Cross is a key member. A new coordination hub is working from Kasulu to support the Nyarugusu Zone 8 camp.

The FACT team holds daily briefing and debriefing meetings and is in regular contact with the National Society Operations team and also holds coordination meetings with ICRC, Spanish RC and TRCS. At the IFRC regional office, daily meetings regarding the Burundi crisis are done to share briefs from the FACT team and other updates from Rwanda and Burundi. The meeting is chaired by the operations coordinator.

## Operational implementation

### Overview

The IFRC deployed Emergency Response Units (ERU's) and Field Assessment and Coordination Teams (FACT) to support the Tanzania Red Cross in the detailed assessment of Nyarugusu camp review the situation at Congolese Camp and to deliver recommendations for the operation. The FACT leader is coordinating internal and external meetings with other agencies. The ERU will activate the MSM 20 Unit to support 2 upcoming health posts that patients will be referred to as well as conduct a review of the planned activities while supporting TRCS in regards to capacity building during the implementation.

At the onset of the operation, Cholera cases were reported and remedial and preventive activities such as hygiene promotion carried out. MSF Belgium and Switzerland brought in 3 Cholera Treatment Centres (CTCs): Kagunga (B) Stadium(S) and Nyarugusu(S). The existing cholera treatment centre (school compound) is currently being operated by TRCS and MSF. The first cases were received on 14 May and up to 30 May, 2015 a total of 528 cases had been recorded. The health personnel noted that the cholera cases were dropping and seven fewer cases were reported per day compared to the initial high cases of up to 65 people a day. The ERU MSM deployment would support the demobilization/ closure of the Cholera Treatment Centre (CTC) once the MSF CTC in zone 8 is completed.

| Sector and related outcomes   |  |
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| <b>Outcome 1: Continuous assessment ,analysis, and final review is used to inform the design and implementation of the operation</b>  |  |
| Output  | Activities planned   |
| <ul style="list-style-type: none"> <li>Initial needs assessment are updated following consultation with beneficiaries and plan of action is updated and revised as necessary to reflect needs</li> </ul>  | <ul style="list-style-type: none"> <li>Conduct needs assessment</li> <li>Continuously monitor and document ongoing activities</li> <li>Continuous update of the operation plan</li> <li>Conduct beneficiary satisfaction survey</li> </ul> |
| Output  | Activities planned   |
| <ul style="list-style-type: none"> <li>The operation is reviewed to inform lessons learned and future operations</li> </ul>   | <ul style="list-style-type: none"> <li>carry out a final operations review and lessons learned</li> </ul>  |
| <p><b>Progress:</b> The FACT, WASH and Health teams conducted the assessments and focused on health, water and sanitation. The results indicated the existing water supply infrastructure is currently serving a population of over 100,000 people in addition to the previous refugee population with the water per capita having reduced from initial approximately 25litres per person per day. The main water supply infrastructure requires rehabilitation to meet the current demand. The Mass Sanitation Movement (MSM) deployment would support the demobilization/ closure of the CTC once the MSF CTC in zone eight is completed.</p> <p>Health care for the new arrivals is integrated into the existing health system which has led to increased workload of about 4000 per week to 7500. The consultations per clinician per day has gone up from 50 to 127 in the last two weeks. The bed occupancy rate in the paediatric and female ward has increased from 75% to more than 100%. 11 deaths have been recorded among the new arrivals so far including 3 under five. Some of the causes of mortality include Malaria, Pneumonia and Acute Watery Diarrhoea (AWD). Both the crude and under 5 mortality remain within the sphere standard for emergency of less &lt;1/10,000/day and &lt; 2/10,000/day respectively.</p> <p>A review of the Emergency Plan of Action (EPoA) by sector is ongoing following the concluded FACT</p> |  |

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| assessments and discussions between TRCS and partners. FACT has recommended increased activities in water and sanitation as well as in health. In view of the proposed new activities it is estimated that the appeal budget will also be increased. A revised appeal is expected to be issued in the coming weeks.   |  |
| <b>Health and care</b>  |  |
| <b>Outcome 1: The immediate health risks of some 20,000 people are reduced at the entry points and The reception centres, over a period of three months.</b>  |  |
| <b>Output</b>   | <b>Activities planned</b>  |
| <ul style="list-style-type: none"> <li>Immediate first aid and medical screening is provided at the entry points and reception centres</li> </ul>   | <ul style="list-style-type: none"> <li>Provide first aid to the asylum seekers/refugees at the 4 reception centres</li> <li>Procure and transport hospital tents for medical screening at 4 reception centres.</li> <li>Provide information on HIV prevention and sexual violence and gender-based violence</li> </ul>   |
| <p><b>Progress:</b> ICRC is supporting the TRCS on First Aid response and has provided First Aid and dissemination training to 50 newly recruited TRCS volunteers from Ki Goma and will provide additional First Aid training for 50 volunteers in Nyarugusu camp - Zone 8. To facilitate the provision of First Aid services TRCS volunteers have been equipped with 200 First Aid kits, identification materials (bibs) and protective equipment (gloves and rubber boots). ICRC continues to support TRCS with volunteer incentives. The volunteers work on a rotational basis to provide First Aid services to the refugees. ICRC has also provided a First Aid specialist embedded into the FACT team. Two Health Information Team (HIT) members are assigned at each reception centre for community mobilization focusing on cholera prevention and active case surveillance.</p> |  |
| <b>Output</b>   | <b>Activities planned</b>  |
| <ul style="list-style-type: none"> <li>Target population is provided with mosquito nets and sensitized on their use (Target: 2,000 beneficiaries)</li> </ul>  | <ul style="list-style-type: none"> <li>Procure and transport 12,000 mosquito nets for malaria prevention</li> <li>Demonstrations for the beneficiaries on the use of the mosquito nets</li> </ul>  |
| <p><b>Progress:</b> The National Society and UNHCR are currently distributing mosquito nets especially for the pregnant and lactating mothers and young children. They are also integrating health and preventative messages during the sensitization. TRCS is also expecting to receive additional mosquito nets from the IFRC Eastern Africa regional office in Nairobi that were part of the prepositioned stock.</p>  |  |
| <b>Water, sanitation and hygiene promotion</b>  |  |
| <b>Outcome 1: The immediate risks of waterborne and water related diseases risks are reduced for a total of some 20,000 people at the reception centres.</b>  |  |
| <b>Output</b>   | <b>Activities planned</b>  |
| <ul style="list-style-type: none"> <li>Target population has increased access to safe water, and improved hygiene and sanitation conditions</li> </ul>  | <ul style="list-style-type: none"> <li>Procure bottled drinking water (1 litre)</li> <li>Construct emergency communal latrines at entry points (300 drop holes)</li> <li>Procure personal and transport hygiene/dignity kits (toothbrush, toothpaste, washing soap, shavers)</li> <li>Procure and transport Menstrual Hygiene Management (MHM) kits to 3000 women</li> <li>Procure and transport laundry soap x 18,000 bars, water buckets x 6000pc, jerry cans x 6000pc and water treatment tablets</li> <li>Conduct awareness creation campaigns by volunteers on good hygiene and sanitation practices using mobile cinema</li> </ul> |
| <p><b>Progress:</b> TRCS is part of the Inter- Agency meeting under the lead of UNHCR that takes place weekly at Kasulu where needs and gaps are shared and addressed. Based on the findings of detailed assessment carried out, the NS is revising the Watsan outcome in the EPoA to reflect the recommendations and ensure continuous monitoring and that current challenges are addressed adequately.</p>  |  |
| <b>Shelter and settlements</b>  |  |
| <b>Outcome 1: The immediate shelter and settlement needs of the refugee population are met</b>  |  |
| <b>Output</b>   | <b>Activities planned</b>  |
| <ul style="list-style-type: none"> <li>Target population is provided with temporary waiting shelters</li> </ul>   | <ul style="list-style-type: none"> <li>Procure and transport 1,000 tarpaulins</li> <li>Procure local construction materials for the shelters</li> </ul>  |

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| at entry points (50 shelters) and essential non-food items.  | (poles, nails) <ul style="list-style-type: none"> <li>• Construct the temporary waiting shelters</li> <li>• Procure and transport 12,000 blankets</li> <li>• Procure 50 family tents</li> </ul> |
| <b>Progress:</b> The construction of shelter shades at the entry points is ongoing. There is need for more to provide shelter for the groups awaiting transportation to the reception points in Nyarugusu. |   |

The following activities were achieved in the first two weeks of the response operation. They are however not part of the initial EPoA, but are captured in the revised EPoA which will be published in the coming days.

- TRCS is running two health posts with support of UNHCR. With the increasing influx of refugees, there is need for 2 additional health posts in the new settlement zone 8. IFRC will support the TRCS with drug chain supply in order to meet the increasing needs for drugs. Already, discussions are ongoing with the FACT health focal person and Geneva.
- The camp has 2 major water supply sources; river water – connected to three surface water pumps (approx. 24CM/Hr being pumped daily) and 2 boreholes. Water is trucked from the main distribution centre to the 28 refugee reception centres. There is need to support water trucking to the reception centres as currently the percapita is less 11l/p/d. According to the Current key WASH indicators are 1:27 on sanitation in zone 8 and 14 l/p/day in Zone 8.
- Latrine construction is ongoing in the schools and the latrine rehabilitation works and desludging of filled latrines .These activities are being conducted by TRCS in coordination with other agencies on the ground including Oxfam, TWESA, Oxfam and UNHCR.
- TRCS has begun Vector control activities in the camps, schools and reception centres. The volunteers have started the drainage works within the camps – zone 8 and reception centres. TRCS were requested to cover up the gap for one training for a week for 20 hygiene promoters for 2 days.
- ERU has deployed Watsan MSM 20 unit to support the sanitation in health facility, vector control, HHWT and solid waste management at reception centres and hygiene promotion activities. This will complement other agencies on ground. Menstrual hygiene kits have been procured from the IFRC regional office to support 3,000 women in the camps. Other ongoing procurements include: hygiene kits and tarpaulins.
- TRCS has requested for support to have Watsan Kit 2 prepositioned. Discussions are ongoing with partners.
- Due to the increased need, TRCS are planning to recruit staff in Finance, Reporting, DM, Watsan and health at field level and HQ. Additional training is planned for Watsan and Health staff and volunteers.

## Contact information

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

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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 (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

