

Emergency appeal operations update

Tanzania: Population Movement

Emergency Appeal	Appeal n° MDRTZ017;Glide n° OT-2015-000052-TZA
Operations update n° 2	Period covered by this update: 5 June to 1 July 2015.
Date of issue: 1 July 2015.	Date of disaster: May 2015.
Operation manager (responsible for this EPoA): Vinay Sadavarte, IFRC East Africa and Indian Ocean Islands	Point of contact: Joseph Kimaryo, Director, Disaster Management, Tanzania Red Cross
Operation start date: 15 May, 2015.	Expected Timeframe: 9 months (End date 20 February, 2016).
Appeal budget: CHF 2,057,435 (Revised) Appeal coverage: 23 % (against the revised budget)	Total estimated Red Cross and Red Crescent response to date: <ul style="list-style-type: none"> • Multilaterally: CHF 464,084 • Bilaterally :CHF 1,607,104
Disaster Relief Emergency Fund (DREF)allocated: CHF 231,380	Number of people being assisted: 90,000
Host National Society presence (n° of volunteers, staff, branches): 311 Volunteers, 8 staff, two branches.	
Red Cross Red Crescent Movement partners actively involved in the operation: ICRC, American Red Cross and Spanish Red Cross.	
Other partner organizations actively involved in the operation: Government of Tanzania, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Tanzania Water and Environmental Sanitation (TWESA), Adventist Development and Relief Agency (ADRA), International Rescue Committee (IRC), International Organisation for Migration(IOM), World Health Organization (WHO),United Nations Population Fund (UNFPA); Plan International , OXFAM and Médecins Sans Frontières (MSF).	

Appeal history:

- This [Emergency Appeal](#) was launched on 20 May 2015 for CHF 1,026,583 to assist 20,000 beneficiaries for a period of 6 months.
- An [operations update n°1](#) was issued on 10 June 2015 to provide a progress update of the operation since the launch.
- A [revised Emergency Appeal](#) was issued on 29 June 2015 and increased the appeal budget to CHF 2,057,435 to enable support to 90,000 people as well as extend the implementation timeframe to 9 months (end by 20 February 2016).
- CHF 231,380 was initially allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in responding by delivering assistance



Refugees receive treatment at the Red Cross cholera facility. All refugees with diarrhea and vomiting are treated at the center and checked for cholera before being relocated to Nyarugusu camp. Photo/ Maija Tammi, IFRC/ Finnish Red Cross

Summary:

Tanzania has been the host to hundreds of thousands of Rwandese, Burundians and Congolese refugees. Currently there are about 65,000 refugees from DRC, in Nyarugusu camp. Tanzania Red Cross Society provides comprehensive health services (preventive and curative) to the refugees in Nyarugusu camp and the host

communities. The Tanzania Red Cross Society (TRCS) has been running the camp based health facilities/clinics in Nyarugusu camp for over 10 years.

The Tanzania Red Cross Society (TRCS) 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 refugees. The team proposed urgent humanitarian interventions based on the situation in terms of health, water and sanitation, HR, security, transportation and the registration of refugees, case finding (tracing/follow up of cases for medical treatment).

The appeal is currently 23 percent funded with generous multilateral contributions received from American Red Cross, British Red Cross, Canadian Red Cross and Canadian Government, Netherlands Red Cross and Netherlands Government as well as Spanish Red Cross. Bilateral contributions towards the appeal have 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 >](#)

Summary of current response

TRCS staff and volunteers in Nyarugusu camp are assisting the arriving refugees by providing lifesaving interventions including; the provision of first aid, conducting medical screening for all new arrivals (immunization, treatment of common communicable diseases, and screening for malnutrition), the provision of health education through the Health Information Team (HIT), particularly on prevention of communicable diseases.

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.

At the onset of the operation, Cholera cases were reported and remedial and preventive activities were carried out such as Hygiene promotion. MSF Belgium and Switzerland brought in 3 CTCs: Kagunga (B) Stadium(S) and Nyarugusu(S).

The health personnel noted that the cholera cases were decreasing and 7 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.

Table 1: Disaggregated data of the refugee population as of 3 June 2015.

Age Cohort	0-4	5-11	12-17	18-59	=>60	Total	% of Total
Female	4,418	5,435	4,686	9,375	381	24,295	50.6%
Male	4,316	5,795	4,462	8,806	333	23,712	49.4%
Total	8,734	11,230	9,148	18,181	714	48,007	100.0%
% of female	50.6%	48.4%	51.2%	51.6%	53.4%		

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 13th 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/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, IRC is offering social welfare at all sites. TWESA (Tanzania water and environmental sanitation agency) is supported by OXFAM and UNHCR.

A coordination/information sharing forum has been initiated under UNHCR leadership. This forum brings together all UN agencies, the government through the Ministry of Home Affairs, the Red Cross, International NGOs, and local NGOs (implementing partners) and other stakeholders in refugee affairs.

At national level, in Dar es Salaam, this forum meets every Tuesday and 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. The FACT team also holds Coordination meetings with ICRC, Spanish RC and TRCS.

Operational implementation

Overall objective:

The survival and basic health care needs of Burundian refugees are met through the provision of health and sanitation services to 90,000 refugees at the camps and reception centres and the distribution of relief supplies to 6,000 households.

Proposed strategy:

The proposed strategy aims to reach 90 000 refugees with health, water and sanitation services, of which 6,000 of the most vulnerable households will also be assisted with emergency relief NFIs.

Activities will include the provision of first aid, medical screening and treatment, sanitation and hygiene promotion, and the distribution of emergency relief NFIs (blankets, mosquito nets, buckets, jerry cans, hygiene kits, bathing soap, laundry soap, and dignity kits (menstrual kits). While the NFIs will be distributed within Nyarugusu camp to 6,000 households, the health and watsan activities will be offered at 5 entry points and also in Nyarugusu camp.

Quality programming / Areas common to all sectors	
Outcome 1: Continuous assessment, analysis and final review are used to inform the design and implementation of the operation.	
Outputs	Activities planned
<ul style="list-style-type: none"> Initial needs assessment are updated following consultation with beneficiaries and plan of action is updated and revised as necessary to reflect needs. 	<ul style="list-style-type: none"> Deployment of FACT team Conduct needs assessment Continuously monitor and document ongoing activities Continuous update of the operation plan provide operation updates Conduct and analyse beneficiary satisfaction survey
<ul style="list-style-type: none"> The operation is reviewed to inform lessons learned and future operations. 	<ul style="list-style-type: none"> Conduct interim review after initial wave of influx Conduct final operations review and lessons learned.
<p>Progress: Assessments have taken place to determine the current situation of the refugees and also to assess the current needs of the targeted beneficiaries. The FACT, WASH and Health teams conducted the assessment. The assessments 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</p>	

capita having reduced from initial approximately 25 litres 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. 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 percent to more than 100 percent. Up to 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 <1/10,000/day and < 2/10,000/day respectively. Acute Watery.



Health and care

Outcome 2: The immediate risks to the health of the asylum seekers/refugee population are reduced at the entry points and the reception centres.

Outputs	Activities planned
<ul style="list-style-type: none"> Up to 30,000 refugees have access to rapid medical management of injuries and diseases through provision of first aid, the deployment of a Basic Health Care Unit and installation of health posts. 	<ul style="list-style-type: none"> Train 35 volunteers in medical screening at entry points and reception areas. Procure, transport, install 2 health post tents Procure and transport medical equipment and medicines for 2 health posts Deploy Health ERU HR (3 medical doctors, 3 nurses, 2 technicians, 1 logistician and 1 team leader) Skill building sessions for Health staff at dispensary and health posts Support rehabilitation of water supply infrastructure at the health facility – storage tank, distribution system. Support sanitation – latrines and bathroom rehabilitation; and vector control at the TRCS health facility Procure, transport, deliver medicines for dispensary Procure, transport, install refrigerator for blood pouches Procure ambulance and provide referral services Provide information on HIV prevention and sexual violence and gender-based violence Train the health information and prevention volunteers in Cholera preventions and vaccination messaging. Participate in the vaccination campaign. Provide information about supplementary feeding to children, to pregnant and lactating mothers as well as by promote good breastfeeding.
<ul style="list-style-type: none"> Epidemic Prevention (focus on malaria and cholera) and control measures are carried out with 6,000 households 	<ul style="list-style-type: none"> Procure and transport 12,000 mosquito nets for malaria prevention Distribute 12,000 mosquito nets to target population (two per beneficiary) Demonstration for the beneficiaries on how to use the mosquito nets. Train 104 volunteers in Health information and prevention volunteers Health promotion sessions in the refugee community.

Progress: TRCS volunteers have trained in medical screening at the entry points and 2 health post tents procured and installed and the procurement of medical equipment and medicines for the 2 health posts is ongoing. Deployment of Health ERU HR (3 medical doctors, 3 nurses, 2 technicians, 1 logistician and 1 team leader) and skill building sessions for health staff at dispensary and health posts has been done with help of BHU. Provision of information on HIV prevention and sexual violence and gender-based violence and training on the health information and prevention volunteers in Cholera preventions and vaccination messaging, participating in the vaccination campaign and providing information about supplementary feeding to children, to pregnant and lactating mothers as well as by promote good breastfeeding is ongoing. UNHCR/TRCS 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.



Water, Sanitation and Hygiene promotion

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities	
Outputs	Activities planned
<ul style="list-style-type: none"> Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities 	<ul style="list-style-type: none"> Conduct continuous assessment to understand the needs of the refugee population; and response gaps Continuously monitor the water, sanitation and hygiene situation in targeted communities Coordinate with other WatSan actors on target group needs and appropriate response.
<ul style="list-style-type: none"> Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population 	<ul style="list-style-type: none"> Monitor use of water through distribution points (tap stands) water quality tests. Distribute 1000 household water treatment products [chlorine tablets], sufficient for 2 months, to 6000 people. Train population of targeted communities on safe use of water treatment products Monitor treatment and storage of water through household (sampled) water quality tests.
<ul style="list-style-type: none"> Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to 20,000 people. 	<ul style="list-style-type: none"> Deployment of the Mass Sanitation Module (MSM 20) to support additional latrine/bathing facility infrastructure, vector control, household water treatment, Hygiene promotion, Solid waste management options Construct 400 latrines in reception centres, households, schools, for 20,000 people. Ensure latrines are clean and maintained through management of cleaners and community mobilization Equip latrines with hand washing facilities, water and ensure they remain functional. Carry out drainage, vector control, and solid waste management activities in targeted communities.
<ul style="list-style-type: none"> Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population. 	<ul style="list-style-type: none"> Select target groups, key messages, and methods of communicating with beneficiaries (mass media and interpersonal communication). Develop a hygiene communication plan. Train hygiene promoters to implement activities from communication plan. Design/Print IEC materials Assess progress and evaluate results. Engage community on design and acceptability of water and sanitation facilities. Procurement and installation of communal hand washing facilities 60-100Litre capacity containers fitted with taps and installed on stand. Volunteers conduct awareness campaigns on good hygiene, Cholera and Malaria prevention practices using mobile cinema. (Film aid will provide equipment and technical staff and TRCS volunteers will support in hygiene/health) Refresher training on Beneficiary communication Live radio shows with call-in function to cover activities in the camp, provide information and collect feedback and questions will be conducted.
<ul style="list-style-type: none"> Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population 	<ul style="list-style-type: none"> Procurement/distribution of NFIs (Basic Hygiene items) including: laundry soap (200gm per person per month), Bathing soap (250 gm per person per month). Procure/ distribution personal hygiene/dignity kits (toothbrush, toothpaste, washing soap, lotion, hair brush, shavers) Procure 8000 rigid 20L jerry cans with lids for water collections at distribution centers Procure/distribution Menstrual Hygiene Management (MHM) kits to 6000 women

Progress: 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 has revised the Watsan outcome in the EPoA to reflect the recommendations and ensure continuous monitoring and challenges are addressed. Water is being provided for refugees at the 5 transit camps.

A Mass Sanitation Module (20) was deployed to support additional latrine/bathing facility infrastructure, vector control, household water treatment, Hygiene promotion, Solid waste management options. Procurement of materials to construct 400 latrines in reception centres, households and schools for 20,000 people is ongoing.

There are ongoing activities to ensure that latrines are clean and maintained through management of cleaners and community mobilization; equipping latrines with hand washing facilities, water and ensuring they remain functional and carrying out drainage, vector control, and solid waste management activities in targeted communities.

Procurement and installation process of communal hand washing facilities 60-100 litre capacity containers fitted with taps and installed on stand is ongoing.

Procurement/distribution of NFIs (Basic Hygiene items) including: laundry soap (200gm per person per month), Bathing soap (250 gm per person per month), personal hygiene/dignity kits (toothbrush, toothpaste, washing soap, lotion, hair brush, shavers) and procurement of 8000 rigid 20L jerry cans with lids for water collections at distribution centers has been done. Procurement of Menstrual Hygiene Management (MHM) kits to 6,000 women has partially been done.



Shelter and settlements

Outcome 1: Immediate shelter and household items needs are provided to refugees at entry points and reception centers

Output	Activities planned
<ul style="list-style-type: none"> Some 15,000 people have access to temporary waiting shelters at the entry points 	<ul style="list-style-type: none"> Procure and transport 1,000 tarpaulins Distribute 1,000 tarpaulins into entry points Locally procure remaining construction materials for the shelters (poles, nails) Construct the temporary waiting shelters
<ul style="list-style-type: none"> 6,000 vulnerable households receive basic NFIs At least 250 people from the most vulnerable groups are accommodated in tents for privacy and protection 	<ul style="list-style-type: none"> Select and register beneficiaries Procure and transport NFIs (blankets, mosquito nets, jerry cans, water treatment kits and hygiene kits) Distribution of NFIs

Progress: procurement and transport 1,000 tarpaulins has been done and local procurement of remaining construction materials for the shelters (poles, nails) is ongoing. Construction of temporary waiting shelters, distribution of basic non-food items as well as selection and registration of beneficiaries has been done. Procurement and transport NFIs (blankets, mosquito nets, jerry cans, water treatment kits and hygiene kits) has been done and distribution of NFIs and procurement of 50 family tents for most vulnerable families is ongoing.

Disaster preparedness and Risk Reduction

Outcome 1: The TRCS is prepared to respond to an increase influx of refugees

Output	Activities Planned
<ul style="list-style-type: none"> National Society volunteer and staff response capacity strengthened 	<ul style="list-style-type: none"> Training in WATSAN NDRT to continue the sanitation and hygiene promotion after departure of MSM ERU Training in Health NDRT to continue with the health posts after departure of BHU Prepositioning of WatSan Kit 2 as a contingency plan for the NS (supported by Spanish RC) Installation of two rub halls (branch and camp) and rehabilitation of TRCS base camp warehouse

Progress: Training in WATSAN NDRT to continue the sanitation and hygiene promotion after departure of MSM ERU and training in Health NDRT to continue with the health posts after departure of BHU. Plans to recruit is in discussion with FACT and ERU as part of exit strategy. Installation of two rub halls (branch and camp) and rehabilitation of TRCS base camp warehouse is currently ongoing and preposition of WatSan Kit 2 as a contingency plan for the NS (supported by Spanish RC) has been done bilaterally.

National Society Capacity Building

Outcome 1: A self-reliant National Society that can respond to humanitarian crisis

Output	Activities planned
<ul style="list-style-type: none"> The TRCS has adequate resources to respond to the Burundi Refugee influx 	<ul style="list-style-type: none"> Recruit support services personnel :finance officers (HQ and field), logistics and PMER Volunteer management training Review internal systems and protocols for response Training of HQ and field staff in finance System upgrade of the finance software. Recruit an operations team: operations manager, watsan and health officers, and a construction supervisor Recruit a driver Procure 6 laptops/software, 1 printer, 1 heavy duty printer
<ul style="list-style-type: none"> Positioning of RCRC response operations is enhanced through evidence based communications and advocacy 	<ul style="list-style-type: none"> Produce bi weekly movement facts and figures and share with relevant stakeholders Produce monthly movement advocacy key messages and define our targeted audience at country, regional and global levels) Develop a regional movement HD (advocacy) strategy in coordination with external actors Produce bi-weekly regional infographic Produce Videos, and photographs to media and key stakeholders (supported by Finish RC) Deploy IFRC communications to Tanzania on at least one mission to gather materials Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter Support the launch of this appeal and other major milestones throughout the operation using people-cantered, community level diverse content for use on various communications channels including the IFRC Africa web page, www.ifrc.org/africa Provide the NS communication team with communication training and appropriate equipment, if required (photo and video camera, spoke persons,

Progress: A bi weekly bulletin providing movement facts and figures to share with relevant stakeholders, monthly movement advocacy key messages and defining our targeted audience at country, regional and global levels), bi-weekly regional infographic, videos, and photographs to media and key stakeholders (supported by Finish RC) is being prepared.

Development of a regional movement HD (advocacy) strategy in coordination with external actors is in plan and there will be deployment of an IFRC communications person to Tanzania on at least one mission to gather communication materials. The communications team is currently maintaining a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter.

Support has been provided for the launch of the appeal and other major milestones throughout the operation using people-centred, community level diverse content for use on various communications channels including the IFRC Africa web page, <http://www.ifrc.org/burundi-crisis> and providing the NS communication team with communication training and appropriate equipment.



Programme support services

Recruitment for key support services personnel including finance officers (HQ and field), logistics and PMER and volunteer management training is in the progress. Reviewing of internal systems and protocols for response and training of HQ and field staff in finance, system upgrade of the finance software is planned and so is the recruitment of an operations team including the operations manager, Watsan and health officers, construction supervisor and a driver. There will also be procurement of 6 laptops/software, 1 printer, 1 heavy duty printer.

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.