DREF Operation-Final Report

Tanzania | Food insecurity

DREF operation	**Operation n°** MDRTZ030
Date of Issue: 6 April 2023	**Glide number:** DR-2022-000112-TZA
Operation start date: 28 January 2022	**Operation end date:** 31 July 2022
Host National Society(ies): Tanzania Red Cross	**Operation budget: CHF** 466,010
Number of people affected: 2.1 million People	**Number of people assisted:** 6,000 (1,200 HH)
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.	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden, and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation, and other corporate and private donors. The Canadian Government contributed to replenishing this DREF. On behalf of the Tanzania Red Cross Society (TRCS), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

Following prolonged dry spells caused by the failure of the October – November–December (OND) Vuli season that was further worsened by the failure of March-April-May (MAM), Masika in 2022 and was experienced in more than 15 councils in the northern part of the country, Tanzania Red Cross Society (TRCS) requested for DREF Operation which was launched on 01 February 2022 and granted CHF 246,481 to allow the deployment of a surge capacity to support NS in conducting a rapid assessment, as well as to support initial livelihoods activities. The rapid needs assessment was conducted and concluded within the first two weeks after the DREF launch and informed the immediate needs and areas that needed an urgent response. Eighteen (18) villages sampled in five (5) district councils in Arusha and Manyara region were reached for the assessment using the **Household Economy Approach (HEA)** which is normally used in Integrated Food Security Phase Classification (IPC), it compares the data gathered during the normal living situation and the impacted situation during the disaster. The assessment identified more than 25,000 households (HH) facing livelihood deficits in the assessed areas. Available resources in the initial support targeted 500 HH,100 per each of the five districts, which was revised after assessment in collaboration with the government authorities and allocated for only three district councils. In the revision, four (4) councils were identified targeting 6,000 beneficiaries (1,200HH). NS in collaboration with Local Government Authorities (LGAs) identified the most affected villages that had no support from other partners to complement their livelihood.

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

On 19 April 2022, an Operations Update was published to extend the timeframe of the operation to six months, the end date being 31 July 2022, to increase the intervention target from 2,500 people to 6,000 people and to request the second allocation of CHF 219,529 for a total DREF grant of CHF 466,010 to enable TRCS to deliver assistance to 1,200 targeted households.

Summary of response

Overview of Host National Society

TRCS acted on the local government authorities' call for support and requested funds from the PNS in-country, the Belgian Red Cross (Fl) to conduct an initial assessment in the Manyara region. Assessment aligned to the government guide on Household Economy Approach (HEA) - livelihoods-based framework. Particular focus was on Zone 01 in Manyara involving Simanjiro and Kiteto, and Zone 19, covering part of Mbulu, which were the most affected. The areas are characterized by pure pastoralism directly affected by drought. Simanjiro district reported the loss of more than 62,000 animals most being cattle. The detailed assessment conducted jointly with the local government provided accurate data supported by updating the response strategy based on the needs and impacts of the disaster. One surge profile (livelihood) from IFRC was deployed to support the NS in the assessment, design, and implementation of the planned activities.

Through this DREF operation, the Tanzania Red Cross Society conducted a detailed assessment covering areas of food security, livelihood, Health, WASH and Protection, Gender, and inclusion. The response interventions were designed to address gaps identified in the assessed sectors with several strategies of community engagement and accountability (CEA). The assessment also covered market and cash feasibility.

Table 1: Sampled village for assessment.

REGION	DISTRICT	Livelihood zones	Sampled villages
Arusha	Longido	TZL 14	Gilay Lumbwa, Loondoluvo esirwa, Tingatinga, Olbomba
	Monduli	TZL 14	Arkatani, Mti Mmoja, Losirwa Mungere
Manyara	Simanjiro	TZL 01	Kitwai A, Namalulu Lemkuna
	Kiteto	TZL 01	Makame, Ndedo, Lesoit, Loolera
	Mbulu	TZL 14	Yaeda chini, Masieda Endagulda

Table 2: Assessments data

LOCALITY OF ASSESSMENT		TOTAL DEFICIT							Average	
		Total			V.Poor	Poor	Middle	B/Off		
Region	District	recovery months	Beneficiaries -	%pop in need	Benefic iaries -	Benefic iaries -	Benefic iaries -	Benefic iaries -	duration of Deficit (months)	
									survival deficit	Total deficit
Manyara	Simanjiro	14	69,064	50%	1,006	-	35,870	32,187	1	14
Arusha	Longido	4	31,508	18%	31,508	-	-	-	2	4

Arusha	Monduli	3	17,581	17%	17,581	-	-	-	1	3
Manyara	Mbulu	3	4,674	17%	4,674	-	-	-	1	3
Manyara	Kiteto	1	-	-	-	-	-	-	1	1
Total beneficiaries			122,827		54,769		35,870	32,187		

Table 3 Beneficiary targeting

Region	District	Beneficiaries	Target villages	Targeted HH Phase 1	Targeted HH Phase 1	Total Targeted HH	Target Beneficiaries
Manyara	Simanjiro	69,064	4	200	220	420	2,100
Arusha	Longido	31,508	3	200	190	390	1,950
Arusha	Monduli	17,581	2	0	210	210	1,050
Manyara	Mbulu	4,674	2	100	80	180	900
Manyara	Kiteto	-	0		0	0	
Total beneficiaries 122,827			11	500		1,200	6,000

1. Livelihood and basic needs

In response to the livelihoods and basic needs of the most vulnerable population affected by drought, the NS rolled out early actions in cash preparedness including.

- Review of SoPs, the orientation of staff and volunteers on the EPoA, and registration of 1, 200 households in readiness to carry out cash transfers.
- NS reached 1200 households (approximately 6,000 people) with monthly unconditional non-restricted cash transfers of TZS. 251,790,000 for three months, and other 69 caregivers of malnourished children received 4,830,000 one-time unconditional cash distribution to complement livelihood.
- More than 2,800 community members received an orientation on livestock management in all 11 villages in different sessions.
- A total number of 117 people (volunteers and government officials) were trained on Livelihoods in the 11 targeted villages.

Figure 2: Cash distribution in Donyonado village in Monduli Distrit.

2. Health

In response to the health and nutrition needs of the affected communities, NS carried out integrated health interventions ranging from medical outreaches, mass screening for malnutrition, referrals, and case management. In collaboration with the government health department, NS undertook a mapping of nutrition needs and services available, MUAC assessment to U5 in nine targeted villages, assessment on PSS needs, and community-based surveillance.

- 40 volunteers were oriented on Nutrition assessment at the regional level and 27 were from respective villages.
- 40 volunteers were trained on ECBHFA at the regional level.
- 43 volunteers trained in health promotion at the regional level, and 72 people at the village level.
- Capacity building in Food formulation for Nutritional improvement to 364 caregivers of under 5 Children from the 9 targeted villages.
- A total of 1,168 children under five were screened for malnutrition 156 (13%) were identified as malnourished and given food supplements for three months, the families which were not identified for cash were added in the last phase after the PDM report informing the poor utilization of malnourished children feed. Each household received TZS 70,000/= during integrated health outreaches to complement family food needs.
- 15 volunteers trained as PSS trainers.
- 11 volunteers oriented on PSS in each affected village.
- 19 PSS sessions were organized in the affected villages, reaching 2,094 people.
- 62 volunteers involved in the response operation attended the psychosocial clinic.

- Engagement of local radio to raise health and nutrition awareness, with key messages developed and aired.

3. Water Sanitation and Hygiene sensitization

- Conducted refresher training for 72 RC volunteers on carrying out hygiene promotion activities. These volunteer activities focused on household water treatment, safe water storage, latrine use, and handwashing.
- Sanitation mapping to 1,846 HH.
- Deployment of 66 volunteers to conduct hygiene promotion.
- Distribution of 162,000 aqua tabs for HH consumption.
- Procurement and distribution of 500 buckets.
- Procurement and distribution of 2,400 jerry cans.
- Hygiene promotion sessions through radio adverts.

Overview of Red Cross Red Crescent Movement in-country

IFRC deployed a food security and livelihoods surge that provided technical operational support to the National Society based in Arusha. The Cluster Delegation Finance delegate and Disaster Management Delegate both provided technical financial and operational assistance in the implementation of the emergency plan of action to NS. The surge shared a weekly update to IFRC and periodically in-country.

Belgium RC FL (BRC FL) and the Spanish RC are the two Partner National Societies (PNS) present in the country and supporting projects on disaster preparedness, WASH, and reproductive health. They also participated in supporting immediate needs assessment and providing technical support. BRC FL continues to support NS on cash preparedness and the implementation of cash projects. Australia RC has a WASH project that just started in the Dodoma region, Kongwa district. The Italian RC has programs in the country to support the youth, while the NS also has a MoU with the German Red Cross for peer-to-peer exchange. In end-2021, the British RC supported NS in setting up and piloting Red Rose as a CVA data management platform.

Initially, BRC FL supported the NS in the initial assessment of the drought situation, of which the information gathered called for extra support from IFRC DREF. BRC is implementing the preparedness project in one of the affected areas and had pledged to complement the operation with the school feeding, however, it did not materialize.

The NS 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 International Federation's Cluster offices. The National Society has been sharing periodical updates with these offices.

Overview of non-RCRC actors in-country

The Government of Tanzania through the office of the Prime Minister is responsible for the coordination of all disaster response and has been supporting NS in this regard. The unit developed the response plan for the drought and shared it with partners for implementation and offered a supervisory role to the other actors. Other Ministries like Agriculture, Livestock, Education, and Health have been used as key players in their respective fields. Every NGO coming to implement drought-related activities had to go through the offices of the Regional Commissioner and then the District Commissioner. Wards and village authorities were engaged in the actual implementation.

CVA is coordinated through Tanzania Social Action Fund (TASAF). This Government entity focuses on the most vulnerable. NS coordinated with PMO-DMD LGA and other relevant line Ministries in this process.

World Vision Tanzania (WVT) developed a 4-month response targeting 117,500 individuals with a budget of $2.5m. They are working in child protection, food security, and school feeding. They are working in five regions covering Handeni, Mkinga, Longigo, Kishapu, Maswa, Simanjiro, and Monduli districts. In the localities where NS 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 stipulates the coordination levels and TRCS is 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 disaster coordination.

In the meeting held on 26 January 2022, it was agreed to conduct an IPC targeting 14 mapped districts, to analyse food security. The districts analysed are in semi-arid areas which have a high reliance on rain-fed subsistence agriculture, as it is their main source of food and livestock feed. 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, most of the districts reported the price of staple food commodities to be another key driver of food insecurity that limits households' purchasing power.

Needs analysis and scenario planning

The needs analysis remained the same as in the Operations Update

Risk Analysis

The Risk analysis remained the same as in the Operations Update.

B. OPERATIONAL STRATEGY

Overall Operational objective:

The overall objective of the DREF was to address the drought-affected population's survival and immediate needs through the provision of livelihoods, in the form of cash, hygiene promotion, and health promotion for 1,200 drought-affected households (6000 people) in Simanjairo, Mbulu, Longido, and Monduli districts.

Proposed strategy

TRCS is a member of 'Mfumo wa Uchambuzi wa Uhakika wa Chakula na Lishe' (MUCHALI) and actively participated in the assessment and in various activities ranging from national coordination meetings and multi-sectoral district food security situation assessments to ensure that the response teams had adequate information on the evolving drought, food security disease outbreaks, and proposed interventions. The reports were used to review the emergency plan of action in consultation with IFRC to ensure the most updated information on the situation is used to support the action.

Activities were carried out in different sectors focused on the planned area and leveraged on each other to reduce logistics costs for example cash transfer/ distribution alongside food distribution for malnourished children, aqua tabs, and IEC material for hygiene promotion.

1. **Livelihoods and basic needs**

Families lost their purchasing power since their main source of income had been cut off with the death of the animals. This left the affected families with no alternative means of livelihood assistance. After conducting a cash feasibility study and market assessments a transfer value of TZS 70,000 was reached per month to complement basic food needs. NS initially targeted 500 HH and added 700 HH making a total of 1200 HH. Each of these families received Tshs 70,000 per month for three months.

These households were selected using the community engagement and accountability (CEA) approach. Meetings were held at the community level where NS staff and Government staff with some volunteers conducted the exercise.

A criterion was presented for beneficiary selection, and the community chose names in an open vote. The community chose beneficiaries who deserved to be registered.

The beneficiary selection criteria followed the assessment results, and criteria set and agreed upon jointly with the community; where priority was given to the very poor HH, women headed HH, Lactating/pregnant with no assured support, very old with no support, chronic ill person and families lost all the wealth with no assured support. Details of cash transfer value can be found under the livelihood section of operation update 1 published April 2022.[1],

Table 3: beneficiary targeting per district

Region	District	Initial target		Revised target		U5 Caregivers	
		Households	Population	Households	Population	Households	Population
Manyara	Simanjiro	200	1000	420	2100	28	140
	Mbulu	100	500	180	900		
Arusha	Longido	200	1000	390	1950	45	225
	Monduli	0	0	210	1050		
TOTAL		**500**	**2500**	**1200**	**6000**	**73**	**365**

Summary of activities implemented:

- Beneficiary identification, registration, and verification in coordination with government officials and community committees.
- Conducted market assessments
- Conducted market monitoring
- Supported 1200HHs with basic needs cash payment for three months and 68 families of U5 for 1 Month.
- Provision of monthly cash transfers
- Conducted post-distribution monitoring

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

MUAC assessment was conducted in nine villages initially engaged and among the 1168 assessed children, 156 children (13%) were identified with either Severe Acute Malnutrition (SAM) or Moderate Acute Malnutrition, which required urgent attention. To respond; NS in collaboration with regional and district nutrition staff, engaged the children in clinical follow-up and supported them with complementary and supplementary food for health quick recovery. The caretakers of the affected children were engaged in nutrition sessions including food formulation. The orientation adopted a local environment for families to be able to practice in their context. The village organized cooking tools, caretakers fetched firewood and water, and the project bought the foodstuffs as identified by Nutritionists consisting of 200g of meal per child per day, with the nutrient ratio of 3:2:2:1 (Carbohydrate 75g: (Maize/Ulezi/Rice) Protein 50g (Soya/Beans) Vitamin 50g (Viazi lishe) Fat 25g (Groundnuts/Simsim). All the identified children were supported with a food package for 60 days.

Figure 3: Simanjiro District Nutritionist and TRCS volunteers are demonstrating on preparing therapeutic food in Lorbene village.

To promote psychosocial well-being, psychosocial support services were integrated to prevent distress and suffering from developing into something more severe to help people cope better and become reconciled to their day-to-day life. The negative coping strategies were addressed through SBCC awareness campaigns and animal management orientation frequently raised during community gatherings and through local radio adverts.

Activities conducted.

- Conducted health assessments and mapped out the areas at risk of disease outbreak including nutrition in flagged areas to further inform the response.

- Conducted health promotion campaigns through H2H visits and during community gatherings, each volunteer identified to reach 20 HH per week and attend 1 community meeting per month for awareness rising and health-seeking behaviour.
- Supported Mental Health and PSS Technical Working Groups meetings.
- Training to engage community volunteers in Psychological First Aid.
- Provision of Psychological First Aid to the affected population during the H2H visit.
- Conducted joint weekly health promotion campaigns on the prevention and control of communicable diseases, for two months.
- MUAC assessment to identify children with MAM and SAM cases, for referral to treatment centers/health facilities, and a nutrition register for follow-up with identified households. Integrate care and health awareness for child malnutrition with the promotion of immunization and complementary feeding.
- Provision of supplementary feeding to 156 children each receiving 12kg (200g per day for 60 days)
- Monitoring child health and referral pathway to the SAM and others with some medical condition.

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

NS responded to water challenges based on the assessment results as identified in Operation Update[1] as listed hereunder:

- NS distributed 500 (20 L) buckets and 2400 (20L) Jerri cans for water collection and storage to 1200 HH; initial 500HH of phase I, each was reached with 1 bucket and 2 jerry cans, while the 700 HH of phase II each reached with 2 jerry cans each HH.
- Distributed Aqua tabs for water purification, sufficient for 120 days to 500 identified HH and 30 days pack for an additional 700 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 20 litres of pure water, as it is not good for turbid water. Thus, the initial 500 HH received 90,000 tabs for 3 months, and later due to raised needs, all the 1200 HH received 72,000 tabs for one month, where each HH received 60 tabs for 1 month.
- Trained volunteers conducted orientation and demonstrations to families on the correct use of Aqua tabs. Posters and radio adverts were used to communicate the proper use of aqua tabs.
- Conducted joint weekly hygiene promotion campaigns on the prevention and control of communicable diseases, for three months.
- NS additionally conducted post-distribution monitoring of aqua tab use and other WASH-related interventions through household surveys and quality tests. Volunteers conducted continuous sanitation and hygiene assessment at the HH level and schools as integrated into the operation to ensure that the operation is in line with the evolving situation on the ground to ascertain critical needs, with a special focus on women and provide hygiene education,

Figure 4:TRCS staff train the community on hand washing

4. Protection, Gender, and Inclusion (PGI)

This operation paid attention to the protection and inclusion of vulnerable groups based on gender and diversity analysis. Gender roles were considered when setting up distribution, community events, and health promotion activities, and the PGI was integrated across all sectors, especially in WASH, NFIs distribution, livelihood, Health, eCBHFA, BDRT, and Nutrition training by improving the capacity of volunteers to understand gender roles. The assessment informed response action to address SGBV and protection issues, including ownership and control of resources, Family responsibilities, early marriage, the value of girl child, school participation, and other social cohesions. To address these NS organized awareness sessions coordinated by the social welfare officers from respective regions and councils, NS RC, and volunteer at

village level through, Focus Group Discussions, Community meetings, social events, Radio sessions, and printed posters. In schools, the teams used dialogue and Q&A sessions where children had free space to ask council facilitators questions on the raised issues. The referral pathways were established and communicated to communities and teachers in schools, and the NS feedback channels were also communicated in case of clarification needs. Village councils were oriented on PGI and how to handle SGBV-related referrals in their offices.

Gender roles were taken into consideration and among the livelihood beneficiaries who received cash, more than 85% were female, reflecting to address social responsibilities vested to women in the Maasai community mostly depending on animal products (Milk). The families live in Boma where a man can have more than four wives, and each wife is characterized as a different family with different wealth and inheritance. Beneficiary identification and all beneficiaries considered women as household heads and they were entitled for receiving the identified support for the family.

Community meeting to address PGI issues led by SWO

NS organized one PGI session for each village where 1849 people, 486 males, and 1363 females were directly reached, and more than 1000 posters were printed and distributed for calling to the action of considering girl children in school participation and support. Two radio jingles and dramas were recorded and aired to address SGBV for 2 months- reaching 3,148,070 people. (Media report)

The response was done by ensuring that vulnerable groups like older people, people with disability, women, and child-headed families are well represented in all decision-making, beneficiary lists, awareness-raising sessions, and cash distribution. Due to the health risks, volunteers conducted WASH awareness targeting women and children in schools.

5. **Community Engagement and Accountability (CEA)**

CEA was conducted by engaging community leaders and volunteers during implementation. Community committees were formed, and communities agreed upon their representatives (Local leaders, selected community members' male and female representatives, and elders). The community committees participated in beneficiary identification and community meetings and verified the list through community meetings in all 11 villages.

Communities identified the mode of communication during implementation as being through village leaders and community volunteers as they live in very scattered villages, and far from the village office, a very successful modality. The community feedback system established by NS, identified volunteers from each hamlet at least to ensure the community's, challenges, complaints, feedback, and views are listened to and acted upon by integration into the operation design, implementation, and evaluation phases. Also, the Hotline number (0800750150) was shared with the communities to ensure transparency and effectiveness, the CEA desk established in the village was not very active apart from distribution days as the Maasai lives in far areas to the village offices.

Community participation was key in all the undertakings where they were directly engaged to implement, including health promotion sessions where community groups organized songs to raise awareness in the Maasai language, community radio allowed some clarification of questions in the local language during the call-in session, PSS events organized by community committee identifying methods which may pull together the communities basing on their context; orientation to food formulation to caregivers which engaged the beneficiaries in the preparation process considering the local context.

6. Operational support services

NS staff and volunteers are well-trained and have diverse skills which were useful in the successful implementation of the operation.

Human resources

The operation was managed at two levels the first being at the HQ level and the second at the regional level. A total number of five staff at the Headquarters (HQ)level and four staff at the regional level were directly involved in the DREF led by the project officer and driver, fully financed by the DREF; the two regional coordinators were partially supported by the DREF, 66 volunteers engaged in raising community awareness and support field activities, 22 CEA and 11 PSS. At the HQ, the DM director was overall in charge of the emergency operation and guided project activities. The Disaster response manager was directly responsible for planning and implementation, supported by PMER, OD, WASH, Comm, Logistic, Finance, CEA FP, Health, and Human resource depending on the needs and roles.

Logistic and procurement

NS has an experienced and well-established logistics unit with a standard operating procedure that supported the implementation of the proposed interventions. The operation ensured that procurement was done in-country, especially for NFI, and was transported to the distribution point and distributed to the identified beneficiaries. The unit also supported the program with the fleet to complement the vehicle deployed by IFRC for the operation, where land cruisers and trucks were also deployed to support. This made the operation easy as the identified villages are in remote areas hard to reach with rift valley features and located within the national parks.

Communication and visibility

To ensure communication and visibility of the operation, the NS communication unit played a very important role in ensuring all print materials are co-branded, with IFRC and NS logo, all activities were documented and shared through different media, Radio jingles produced with close support from communication unit and approved by government relevant units and aired through two local radio stations one in Simanjiro and one in Mbulu covering all the target areas. Activities' short clips were periodically documented for compilation of the final response documentary which was finally produced with subtitles for other people to get to understand the content. The list of media products produced is not limited to newspaper articles, News bulletins, Radio jingles, radio drama, operation photo albums, and one documentary. All the events were shared through NS social media sites, and websites, and posted to the national coordination WhatsApp group. https://twitter.com/trcs1962/status/1538516620456476672/video/1, The government media people also worked closely with the NS Communication team during the response operation.


Guardian

Red Cross urges intervention as drought ravages 11 villages

PMERL

The PMERL unit provided support in Planning, Monitoring, Evaluation, and Reporting. The unit contributed to beneficiary registration, PDM, Exit surveys, and reporting. All activities were closely monitored, and specific tools were developed or modified as necessary. Field visits to follow progress on the implementation of activities were done regularly. Furthermore, the beneficiaries in the targeted areas were, engaged throughout the DREF. Post-Distribution Monitoring, exit surveys, and assessments provided input that helped in informing the operation. Regular monitoring visits were conducted jointly with government technical sector specialists who provided technical advisory roles. During the cash disbursements, help desks were activated at the distribution site to explain issues from the community and for beneficiaries to provide their feedback on the operation.

Security

Tanzania is relatively a safe country. However, the disaster situation triggered forced exile to search for pasture and water for animals. The Maasai area has been very calm with a very low crime level, and no criminal issues reported, however, the wild animals in the operation area were observed as a threatening factor and made the team to be punctual all the time and ensure they observe security guidelines. Direct cash could attract crime and

robbery issues therefore the team communicated to village authorities to ensure the activation of village community policing. NS engaged a third party for cash disbursement hence the risk loss was transferred.

75 Volunteers were issued with insurance cover for one year and were oriented and signed the NS deployment and code of conduct contracts, which were the guiding document throughout the operation. IFRC security plans are applied throughout. NS organized a PSS clinic for volunteers and engaged the social welfare department at the end of implementation and had time to discuss issues on the operation.

Exit Strategy

Acknowledging that the DREF operation is time-bound and can only focus on anticipatory and emergency response actions, NS and IFRC Country Cluster Delegation ensured that there is a transfer of competence, skills, and lessons from this project both to the NS and communities, for a sustained impact to the community.
Regional and district council governments being part of DREF implementation will continue to monitor the situation and utilize the knowledge and skills invested in the community including WASH, nutrition, livelihood, animal management, Protection, gender, inclusion health, and hygiene promotions. Village leaders and volunteers fully participated in the training which after the project will continue to be their investment to support their communities. The PSS and PGI sessions organized at the community level during implementation, among others, were also good platforms to inform communities to invest the amounts they were receiving to complement their livelihood by doing small business or investment which was well reflected in the PDM session. The Drought crisis as well as food insecurity sustainable solutions started from community knowledge, and practices and this operation contributed to settling some paths for a community-based solution adapted to the area. Involvement of communities with different key informant profiles, CEA activities, and informative sessions added value for the villages for the next seasons.
The in-depth evaluation of the intervention through the lessons learnt workshop, PDM has brought relevant points that will benefit possible anticipatory actions and long-term planning.

C. DETAILED OPERATIONAL PLAN

Livelihoods and basic needs
People reached: 6000.
Male: 2880
Female:3120

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%	80%
% Of assisted surveyed households that report the cash assistance to be relevant to support their needs	80%	80%
Output 1.2: 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	75
# Of households reached with cash/voucher (increased from 500HH to 700HH) (New)	1200	1268
# Of PDM conducted	1	1
# Of sensitization sessions conducted on PGI - sensitive food distributions	2	2
# Of people oriented on livelihood training (at least 8 per village) (direct and indirect)	120	245
# Of awareness session conducted on destocking (at least 1 session per village)	11	11

Narrative description of achievements

Figure 5: A beneficiary from Ranch village in Longido district counting her cash after receiving.

National Society in collaboration with the government conducted a detailed needs assessment in Simanjiro, Mbulu, Longido, and Monduli districts to determine the impact of drought on the Masai community major finding being insecurity. More than 24,160 HH were facing food insecurity in Simanjiro, Mbulu, Longido, and Monduli districts. The NS identified 1200 most vulnerable households (6000 people) to be reached with unconditional cash assistance amounting Tzs 252,000,000/= to meet their basic needs for three months (70,000/= shillings were transferred per month). The identification and distribution incorporated all components of PGI, where the session was organized to orient staff, volunteers, and the community and integrated during beneficiary identification and cash distribution. Transfer modality was direct cash whereby NS deployed the FSP, MNB capable of doing cash in envelope through its subcontracted cash in transit partner G4S for cash disbursement.

The FSP contract was also extended to meet the project timeline. Initial was planned to end June 2022, the addendum allowed to extend for 3 months to September 2022.

Why direct cash- direct cash option was reached after conducting cash feasibility and analysing possible delivery mechanisms, the findings identified only 8% of the target population owned mobile phones, the network in the areas of implementation was also a challenge, and service providers (Wakala kiosk) were found at a minimal 40 Km from the villages due to the geographical areas and Maasai people habit of living in the wilds for their herds of cows to easily access pasture.

The continuous assessment and feedback mechanism revealed among the 156 families with children identified with SAM and MAM, 68 households were not included for cash distribution, however the report showed flour distributed. More awareness from leaders and volunteers were raised and using community committee, the vulnerable families were identified to be complemented with one-month cash for family food stuffs while the children were on in special diet. These families were identified in continuous assessment after livelihood beneficiary identification, thus was not initially included for cash distribution. Funds amounting TZS 5,100,000 were reallocated from remaining balances of other activities to ensure the families receive 70,000/= shillings for one Month.

NS engaged LGAs and communities in selecting the most vulnerable HH affected by drought. The communities were mobilized through various community social systems, mostly community meetings and social groups, for beneficiary targeting and registration. The community–based targeting approach was used after setting criteria which were then agreed upon in the community meeting, thereafter communities actively participated in identifying those who met the selection criteria agreed upon. However, there were some areas where people could not disclose the disqualified beneficiary at the meeting and used other means to report; help desk, and sometimes move to network areas and called the hotline or send short message systems.

Findings from the post-distribution monitoring conducted in all affected villages in Arusha and Manyara regions indicated out of 390 beneficiaries (33% of total beneficiaries) who responded to the survey. The intervention pertinence and relevance have been also evaluated as the overall impact of NS actions, capacity, and perception through direct feedback from communities. Essential data that can be highlighted are that:

- The use of cash shows that the instalment made were effectively used to address the identified needs. The cash was mainly used for food, and access to health facilities. As specific figures, 100% responded to have used the cash received for food consumption in Arusha and 95% in Manyara; implying that food was a major priority for the families and met the operational target as shown in the table below. This coincides with the initial need assessment with the high immediate need for food that this intervention has been able to address. Followed by school fees at 49% and treatment at 44% in Arusha, clothing at 46%, investment 36% and school fees at 20% in Manyara. 100% of the interviewed reported that they were involved in the beneficiary selections and that the process was transparent.

- Cash was also used by other partners engaged in the assistance of communities during the drought/food insecurity crisis. Hence, apart from the Tanzania Red Cross, 79% and 54% of the respondents from Manyara and Arusha received cash support from the Government. The respondents supported by the Government were supported through Tanzania Social Action Fund.

Table 1: Family Priority Needs

	Arusha	Manyara
Building/Renovations	0%	1%
Treatment	44%	11%
School fees	49%	20%
Pay debts	1%	1%
Farming materials	4%	18%
Business capital	1%	36%
Clothing	0%	46%
Savings	0%	2%
Food	100%	95%

- Over 90% of the respondents from the Arusha and Manyara regions indicated that they were informed on how to provide feedback/complaints and to receive any assistance related to receiving relief supplies or cash. The respondents mentioned that they provided feedback to TRCS through their hotline number. 20% and 1% of the respondents in the Arusha and Manyara regions respectively provided feedback to be addressed by TRCS through their hotline number.

- 97% of the respondents mentioned that cash distribution had changed the perception they had about Tanzania Red Cross. They mentioned that the TRCS had immensely supported them to meet their basic needs at home. The cash distribution also supported them to understand the role that the Tanzania Red Cross plays in terms of its auxiliary position to the Government.

A total of 75 Volunteers and Community Leaders (43 males and 32 females) from 9 villages of intervention, Simanjiro, Longido, and Mbulu participated in Livelihood training. The training was conducted by officials from the District Livestock Department. Topics included Copping strategies used, positive and negative coping strategies, existing Livelihood diversification opportunities, proposed Livelihood diversification, and livestock management. After the training, it was followed by dissemination sessions in the community whereby a total of 2030 people (1541 females and 489 males) were reached. This has been a key activity that has benefited the community, ensuring a longer impact of the disseminated messages by putting an accent on communities' ownership of the response but also the way forward.
The possibilities in terms of readiness, present actions, and resilience should also be put into Communities' hands as the best approach to promote community-based actions and ensure the emergency intervention conducted and information shared with communities and key discussions conducted has also some impact on the next seasons.

Livelihood messages focusing on Agriculture and Livestock management were disseminated in terms of drama by Community Radios; Radio Habari Njema located in the Mbulu district and Orikorenei Radio located in the Simanjiro district whereby an estimated 3,148,070 people reached with Agriculture and Livestock management messages within and outside of Arusha and Manyara regions.

Challenges

- The extended drought impact led to an increased number of affected populations with high expectations compared to the available support.
- Few numbers of people were supported compared to the total affected people; assessment in the district of intervention showed more than 122,000 people (24,000 HH) facing livelihood deficit.
- Very young girls are being engaged in early marriage forcing them to become mothers, and the Maasai men move to town to search for jobs leaving the girls alone with children in the village leading to poor health as mothers also are young and cannot plan or afford meals for the children. This is mostly contributed to customs

Lessons Learned

- Maintaining a flexible agreement with a financial service provider (FSP) for services that would be sourced in the event of urgent need would ease the burden and lessen the time taken to procure the service during an emergency.
- The concept of forecast–based financing which proposes early action warnings should be developed at NS.
- Limited funding towards DREF- this can be handled by increased advocacy for early actions to reduce the impact of such climate-related hazards that can easily be forecasted.

Health
People reached: 19800.
Male: 6930
Female: 12870

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%	100%
% Of identified HHs with potentially malnourished children being followed-up	75%	75%
Output 1.1: The health situation and immediate risks are assessed using agreed guidelines		
# Of people trained on Food formulation for U5 nutritional improvement (at least 15 per village) - New	225	364
# Of Health assessments done	2	2
# Of volunteers trained in malnutrition screening	75	66
# Of MUAC tapes procured and distributed	75	100
# Of staff and volunteers trained on malnutrition screening	80	56
# Of children supported with food supplement for three months (at least 15 per village in 11 villages) new	150	156
Number of awareness session conducted on behaviour change (at 3 per village) - new	33	33
Health Outcome 4: Transmission of diseases of epidemic potential is reduced		
Indicators	Target	A33ctual
# 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	20
# Of people reached through health promotion activities	6000	19,800
Output 2:: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators:	Target	Actual
# Of people oriented on PSS	15	15
# Of PSS need assessment conducted	1	1
# Of PSS session organized 1 in each district to affected communities (8 new scaled to village level)	11	12
# Of PSS clinic for staff and volunteers organized	1	1
# Of people reached by PSS services	500	2673
# Of PSS need assessment conducted	1	1
Narrative description of achievements		

Figure 6: TRCS volunteers conducting MUAC screening.

Health promotion sessions were conducted through community meetings in all 11 villages of intervention in 3 different phases. The awareness was also conducted through community Radio stations; Radio habari njema located in the Mbulu district and Orikorenei Radio located in the Simanjiro district whereby estimated 3,148,070 people reached the health messages within and outside of Arusha and Manyara regions.

NS volunteers were trained in Malnutrition screening conducted whereby a total of 56 volunteers were engaged to support MUAC screening exercise in the operation villages. A total of 1668 children were screened in 9 villages of intervention whereby a total of 156, (9.5%) children were severely malnourished, the DREF operation was supported with Supplementary food where each child received 12Kg of flour to cater for 2 months, and their families were trained on Food formulation for U5 nutritional improvement whereby a total of 364 parents reached.
NS and Manyara regional authority supported therapeutic food to 68 malnourished children from 2 districts of the Manyara region.

40 volunteers (24 males and 16 females) from affected districts in Arusha and Manyara regions were trained on ECBHFA to support the awareness creation and mapping.

NS considered PSS essential to both responding volunteers and the community. PSS training was done for volunteers and a PSS assessment in one of the villages to map the PSS needs. NS in collaboration with the social welfare department from respective councils organized PSS events for adults and PSS Services during the project period. Four days of training were done whereby with 15 people's participants (11 males and 4 females).
Twelve (12) PSS sessions in 12 villages were organized reaching out to 2673 people where communities were counselled on the impacts of drought, advised to avoid negative coping strategies, and proper utilization of the funding provided to strengthen livelihood. Additionally, they were reminded of the closure by end of July and learned to cope with the environment. The sessions were facilitated by the social welfare officers, who also used the time to communicate the government's stand to provide food at a subsidized cost.
The NS also provided the PSS toll-free number to the communities who would require PSS support for calling and receiving tele-counselling from professional counsellors in case they access the network (0800750151).

COVID-19 was also considered a risk and awareness were raised through 2000 printed and displayed posters, community meetings, and ensuring the distancing and sanitizers available during gatherings. Vaccine awareness and addressing myths and misconception was integrated into the awareness.

Challenges

- The language barrier, some localities needed translation into local dialects, especially the Mbulu district.
- The community radio uses Swahili language only for dissemination of health messages (due to the Tanzania Communication Regulatory Authority policy), some beneficiaries were not familiar with the Swahili language, the media peo tried to elaborate during the call-in sessions

Lessons Learned

- The use of Community radios attracted the largest audience, beneficiaries, and non-beneficiaries, highlighting that this activity should not only be considered for emergency operations but also development programs.
- The information about project closure was very useful to the community as it triggers some to start investing in small businesses and shots.

Water, sanitation, and hygiene
People reached: 19800
Male: 6930
Female: 12870

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%	100%
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**	2400
# Of buckets distributed to affected communities and replenished	**500**	500
# Of WatSan (Water and Sanitation) coordination meetings organized with WatSan Actors in each region	**2**	2
# Of KAP survey conducted	**1**	1
% Of people acknowledging the usefulness of sensitization sessions	**70%**	80%
# Of post-distribution monitoring conducted	**1**	1
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	33
Number of households reached for water treatment orientation	1,200	1200
Number of households supported with water storage facilities	1200	1200
Number of households supported with aqua tabs for three months	1200	1200
Number of aqua tabs procured and distributed (at least 60 tabs per household per month)	45,000	162,000

Narrative description of achievements

Hygiene Promotion campaign/ orientation sessions conducted by NS Volunteers, Village authority leaders, and traditional leaders under which a total of 75 participants from 9 villages of Longido, Simanjiro, and Mbulu districts (39 males and 36 female) participated. The sessions were facilitated by District health officers.

Hygiene Promotion campaigns in the community were conducted through Community meetings where a total of 31 sessions were conducted in all villages of intervention, at least 2 sessions per village, and the initially identified villages were reached 3 times. The sessions also covered disease control, water treatment, safe water storage, latrine use, and safe storage campaigns along with the distribution of EIC/Posters for water treatment and hand washing at critical times and COVID-19. 19,800 people (6930 males and 12870 females) were reached through H2H, wide campaigns, and community meetings.

Two Community Radio stations were engaged to disseminate health, WASH, and livelihood messages in terms of drama and jingles, Radio Habari Njema located in the Mbulu district, and Orikorenei Radio located in the Simanjiro district. An estimated number of 3,148,070 people were reached with the different messages within and outside of the Arusha and Manyara regions.

A total of 1200 households were supported with water storage facilities and aqua tabs. The NS distributed buckets, Jerry cans, and water treatment tabs to all 1200 households (500HH received 1 bucket, and all the 1200 HH received 2 jerry cans for water storage) 500 HH received water treatment tabs for 4 months while 700 received aqua tabs for only one month (60 tabs per month for each HH)

Challenge

Lack of access to water due to long distances done using donkeys or carrying jerry cans contributed to poor health and hygiene for children with scabies.

Latrine usage is not a norm, but the awareness raised improved the practice.

Lessons Learned

The provision of water storage facilities, hygiene promotion campaigns, and water treatment tabs was very key for this Maasai community, clean water was crucial for cooking as well as personal hygiene. It was difficult for the community to access water for domestic use.

Protection Gender and Inclusion
People reached: 1247.
Male: 599
Female: 648

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
# Of PGI sessions conducted, at least 1 per village - New	13	11

Narrative description of achievements

NS in collaboration with local government authorities conducted a total of eleven (11) awareness sessions in all the 11 targeted villages focusing on raising awareness of the communities on gender-based violence, early marriage, and child safeguarding. The risk analysis conducted identified among many, FGM, early marriage, school dropouts, and female participation in decision-making. Through these sessions, messages encouraging parents to send pupils to school, discouraging early marriage, and discouraging FGM were disseminated. The facilitator, and government social welfare officer mentioned the by-laws and penalties.

The NS additionally developed and printed 2000 IEC materials to promote child protection, which was distributed and displayed in different areas and public places in the villages, and some were given to beneficiaries.

Evidence shows that Effective gender approaches diminish bad norms and behaviours that affect women and children, but also effective gender approaches empower women and girls and engage men and boys as partners and agents of positive social change. A total of 1247 people were reached (599 Males and 648 Females) through 11 sessions conducted.

The NS conducted PGI training for staff and volunteers reaching 82 volunteers (52 women and 30 men). Data collected also adhered to the segregation by gender. PGI remained common agenda in awareness raising, beneficiary selection and identification, NFI distribution, and hygiene promotion. Male engagement was key, especially for family care and nutrition follow-up for children with MAM and SAM.

The targeting criteria for cash transfers were developed and reviewed with the communities to develop a common understanding of the vulnerabilities that would allow being enrolled for assistance. The selection criteria were based on various vulnerability and protection issues around disabilities, age, gender, and socio-economic vulnerability. Additionally, the community agreed on females to be the main recipient of cash due to the family setup in the Maasai community and wealth distribution.

Challenges

Harmful Cultural practices including female genital mutilation and early marriage by the Maasai community continue to be a challenge in ensuring young girls access education. The community is yet to agree to shun away the harmful practices despite several sessions carried out in the reporting period.

Lessons Learned

The long-term interventions on SGBV and early marriage are crucial for the Maasai community to change behaviour.

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 volunteers deployed to support implementation	75	99
# 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	1

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

Narrative description of achievements

NS conducted a training on the Branch Disaster Response team (BDRT) Training to 40 volunteers from the two branches; Arusha and Manyara to strengthen their capacities for effective response. The training was facilitated by NS HQ staff, and Government officials. The NS also conducted the CBHFA training for 40 volunteers from the affected districts aiming at strengthening the governance and branch capacity to conduct a health needs assessment, plan and respond to health-related challenges and strengthen community-based surveillance. Skilled staff and volunteers will be able to carry out an operation that will reach minimum humanitarian standards.

The safety of volunteers was also put into consideration where 75 volunteers were insured. The addition of the Monduli district led to the addition of 24 volunteers who supported the operation.

Challenges:

- Volunteers trained were coming from affected districts but were different from the villages selected for implementation leading to the additional orientation to volunteers from respective villages with specific training for the implementation. This was due to the remoteness of the villages and distances from district towns. However, the trained volunteers were periodically deployed to support community interventions or mentor the volunteers in the villages.
- Sometimes a volunteer would want to offer support that he/she is not trained for, or a volunteer would find him/herself offering a service that he/she is not well versed in because of circumstances at hand.
- Initially, volunteers were paid allowances through mobile phones, and although they were sharing numbers, it came to the attention of the feedback they were not getting their allowances on time or would not be informed if the money is already received due to network challenges. Later it was agreed accountants who were working with FSP in reconciliations of cash distribution had to carry some amounts to pay all pending payments for volunteers.
- Little knowledge or unfamiliarity of volunteers from affected villages on the smartphones left them out when Kobo was used for data collection compared to deployed volunteers from urban or use government staff and HQ staff.

Lessons Learned:

- The operation has added value to the branch by building the capacity of the branch response team for effective response and conducting assessments.
- Volunteers in the rural areas were very committed despite the accessibility challenges faced.
- Alternative means of payment need to be looked into in areas with network challenges.

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

Narrative description of achievements

One surge profile on assessment and Livelihood support was deployed and supported the NS in DREF implementation for four Months from February to June 2022. The assessment/livelihood surge supported the NS in assessments, designing the response, and overall implementation and coordination of planned activities.
The surge also supported capacity building for staff and volunteers and oversight visits during the monitoring of activities.

Challenges

The remoteness of the identified villages and the areas where the Surge could reside, with poor rough roads shortest distance 80Km one way; and longer distances Maasai communities had to walk to the distribution sites where the village office is located, forced the activities to start by at least 1000Hrs and quickly forced to move to the next village at least by 1400hrs, to meet the daily schedules. Sometimes delays from one village forced the postponement of the next village appointment to the next day, which happened twice, once in Mfereji and once in Ranch villages.

Poor networks could not allow smooth communication or mobile money transfer sometimes it was difficult for volunteers or village leaders to know when their allowances were transferred to their phones unless they move to areas where there was an internet, which was costly for them. It was distressing at a time when there was a vehicle breakdown, and we could not call for support unless the other car passes or called a motorbike to travel some kilometers for immediate support. Once a CIT van got into an accident and delayed the event for four hours sorting to get an alternative Van to support, a case in point was when one team failed to report three hours after the agreed time and forced the postponement of the cash distribution on the second village. And many other incidents where vans were stuck in mud or got several punctures in a single trip and utilize all the spare tires.

Lessons Learned

- The NS needs to invest in equipping its vehicles with radio communication for areas that do not have a network connection. This should include training disaster and logistics teams on radio communication.
- The NS needs more preparedness with a strengthened fleet well-equipped for an emergency.
- Advisory to mobile money operators to conduct country network mapping and if possible, to equip more areas with the network to ease the transactions with beneficiaries.

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	2
# Of means of communication identified to share information with the community.	2	3

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

Indicators:	Target	Actual
# Of mileage covered and supported	15,000	17,136

Narrative description of achievements

The NS incorporated a feedback mechanism in the interventions through the provision of a desk and community meetings where the affected communities shared their feedback and report complaints. Volunteers also helped in addressing some issues during outreach services on health and hygiene promotion.

The operation had three channels of sharing information with the Community: Through community leaders, community meetings, Community volunteers, Community radios, and posters/EIC materials. All the channels were used in complementarity with one another.

The vehicle provided by IFRC for supporting field work was located in Arusha one of the project areas. The Surge, driver, full-time Program officer, and regional coordinators used it to support field interventions in the entire two regions. Due to the vastness of the area NS had to allocate other NS vehicles to support the operation to fast-track the interventions.

The NS- utilized its Truck to transport the NFI to the remote villages, which eased the movement and time management. The LGA also supported where the interventions required their support in the respective areas All the NS vehicles were covered under mileage costing.

Challenges

- The distances for the operation areas were vast which led to requests for more mileage,
- Geographical coverage of the affected areas was vast which posed accessibility challenges for Staff and Volunteers

Lessons Learned

- The Logistic and procurement unit in the NS have been fully engaged. For such a level of operation, there is a need for additional staff to manage the workload.
- In the subsequent response to such a phenomenon, the National Society will approach with a greater understanding of the scale of the territory, allocating more time for logistics and the movement of volunteers and staff.

D. Financial Report

Overall, out of the allocated CHF 466,010, CHF 462,131 has been spent and the balance of CHF 3,879 will be returned to the DREF pot. Out of this, 389,363 CHF was transferred to the NS under this DREF and was spent 100%. There were no variances beyond 10% reported but detailed financial report is added below.

Selected Parameters			
Reporting Timeframe	2022/1-2023/2	Operation	MDRTZ030
Budget Timeframe	2022/1-7	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 21/Mar/2023

All figures are in Swiss Francs (CHF)

MDRTZ030 - Tanzania - Food Insecurity

Operating Timeframe: 28 Jan 2022 to 31 Jul 2022

I. Summary

Opening Balance	**0**
Funds & Other Income	**466,010**
DREF Allocations	466,010
Expenditure	**-462,131**
Closing Balance	**3,879**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods	155,234		**155,234**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	88,587		**88,587**
PO05 - Water, Sanitation & Hygiene	44,943		**44,943**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	32,019	458,795	**-426,776**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**320,783**	**458,795**	**-138,012**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	63,921	1,295	**62,626**
EA03 - National Society Strengthening	81,306	2,041	**79,264**
Enabling Approaches Total	**145,227**	**3,336**	**141,891**
Grand Total	**466,010**	**462,131**	**3,879**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/1-2023/2	Operation	MDRTZ030
Budget Timeframe	2022/1-7	Budget	APPROVED

Prepared on 21/Mar/2023

All figures are in Swiss Francs (CHF)

MDRTZ030 - Tanzania - Food Insecurity

Operating Timeframe: 28 Jan 2022 to 31 Jul 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**217,180**		**217,180**
Clothing & Textiles	3,000		3,000
Food	12,000		12,000
Water, Sanitation & Hygiene	24,040		24,040
Medical & First Aid	17,380		17,380
Teaching Materials	46,160		46,160
Cash Disbursment	114,600		114,600
Land, vehicles & equipment	**0**		**0**
Computers & Telecom	0		0
Logistics, Transport & Storage	**46,012**	**9,758**	**36,254**
Distribution & Monitoring	6,160		6,160
Transport & Vehicles Costs	39,852	9,758	30,094
Personnel	**74,625**	**8,579**	**66,046**
International Staff	24,000	4,583	19,417
National Society Staff	15,520		15,520
Volunteers	35,105	3,996	31,109
Workshops & Training	**46,360**	**310**	**46,050**
Workshops & Training	46,360	310	46,050
General Expenditure	**53,391**	**25,917**	**27,474**
Travel	15,000	29,687	-14,687
Information & Public Relations	2,400		2,400
Office Costs	960	33	927
Communications	9,000	76	8,924
Financial Charges	1,120	-3,880	5,000
Other General Expenses	24,911		24,911
Contributions & Transfers		**389,363**	**-389,363**
Cash Transfers National Societies		389,363	-389,363
Indirect Costs	**28,442**	**28,205**	**237**
Programme & Services Support Recover	28,442	28,205	237
Grand Total	**466,010**	**462,131**	**3,879**

International Federation of Red Cross and Red Crescent Societies

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	TANZANIA RED CROSS SOCIETY			
PROJECT NAME	DROUGHT NEED ASSESSMENT			
IFRC PROJECT CODE	DR-2022-000112-TZA			
CURRENT REPORTING PERIOD	**From:**	**28.01.2022**	**To:**	**30.07.2022**
PLANNED EXPENDITURE PERIOD	**From:**	**28.01.2022**	**To:**	**30.07.2022**

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY (Local Currency)

		Budgeted Expenditure (as per Project Funding Agreement/ revision) (LOCAL CURRENCY)			Actual Expenditure (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
Output code	**Output Description**	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	**Variance**	**%**	**Variance**	**%**
AP008	Livelihoods assistance	349,400,000.00	349,400,000.00		349,400,000.00	349,400,000.00				0.00	0%
AP010	Livelihoods awareness	15,000,000.00	15,000,000.00		14,300,000.00	14,300,000.00				700,000.00	5%
AP021	Prep.&response to infect. outbreaks	130,500,000.00	130,500,000.00		130,750,000.00	130,750,000.00				(250,000.00)	0%
AP022	Health care&treatment in emergency	38,950,000.00	38,950,000.00		39,750,000.00	39,750,000.00				(800,000.00)	-2%
AP023	Psychosocial support in emergency	29,000,000.00	29,000,000.00		28,035,000.00	28,035,000.00				965,000.00	3%
AP026	Access to safe water	105,500,000.00	105,500,000.00		104,943,000.00	104,943,000.00				557,000.00	1%
AP031	Equitable access to services	5,000,000.00	5,000,000.00		4,950,000.00	4,950,000.00				50,000.00	1%
AP033	Interpersonal violence prev/response	12,200,000.00	12,200,000.00		11,310,000.00	11,310,000.00				890,000.00	7%
AP002	Response and risk red. at NS level	19,200,000.00	19,200,000.00		17,547,948.44	17,547,948.44				1,652,051.56	9%
AP040	NS volunteering development	7,500,000.00	7,500,000.00		7,142,500.00	7,142,500.00				357,500.00	5%

AP042	NS corporate /organisational systems	170,202,557.20	170,202,557.20		171,877,000.00	171,877,000.00				(1,674,442.80)	-1%
AP058	Planning and reporting	30,000,000.00	30,000,000.00		31,672,000.00	31,672,000.00				(1,672,000.00)	-6%
AP084	Comm. engagement and accountability	31,000,000.00	31,000,000.00		31,775,108.77	31,775,108.77				(775,108.77)	-3%
	TOTAL	**943,452,557.20**	**943,452,557.20**		**943,452,557.21**	**943,452,557.21**				**(0.01)**	0%

5.1.2 BUDGET & EXPENSES BY PROJECT PARTNER ONLY ACCORDING TO COST CATEGORIES (Local Currency)

		Budgeted Expenditure (as per Project Funding Agreement/ revision) (LOCAL CURRENCY)			Actual Expenditure (LOCAL CURRENCY)			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
	Cost Categories	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period**	**Total (Year to date)**	**Variance**	**%**	**Variance**	**%**
1	Personnel	22,000,000.00	22,000,000.00		21,253,296.21	21,253,296.21				746,703.79	3%
2	Relief supplies, transportation and storage	481,522,836.95	481,522,836.95		482,622,804.67	482,622,804.67				(1,099,967.72)	0%
3	Contributions to other organisations		-			-					
4	Other direct costs	378,208,525.00	378,208,525.00		377,855,261.00	377,855,261.00				353,264.00	0%
5	Indirect cost recovery	61,721,195.33	61,721,195.33		61,721,195.33	61,721,195.33					
	TOTAL	**943,452,557.28**	**943,452,557.28**	**0.00**	**943,452,557.21**	**943,452,557.21**	**0.00**	**0.00**		**0.07**	0%

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY (CHF)

943,452,557 389,363 **0.000413** **First in First Out (refer to sheet 5.4 Calculating Exc Rate)**

- 0.08 389,363.00

	Budgeted Expenditure (as per Project Funding Agreement/ revision) CHF			Actual Expenditure CHF			Budget Variance (Year to Date Period)		Budget Variance (Current Period)	
Output	**Prior Period(s)**	**Current Period**	**Total (Year to date)**	**Prior period(s)**	**Current period***	**Total (Year to date)**	**Variance**	**%**	**Variance**	**%**
Overall		389,363.00	389,363.00		389,363.00	389,363.00	0.00	0%	0.00	0%

CERTIFICATION

The undersigned authorised officer of the above mentioned project partner hereby certifies that:

a) they have no knowledge of, nor suspicion of, any fraud and corruption connected in any way to the expenditures included in this report and that they have taken reasonable steps to minimise the risk of fraud and corruption

b) they have taken reasonable steps to minimise the risk of error and mistake in this report. This includes, but is not limited to exercising the appropriate internal controls and employing competent staff

c) Supporting documentation exists for the expenditure included in this report and shall be made available for examination when required and for a period of 8 years from the submission of this report

d) Expenditures have been incurred in line with the agreed project plan and the signed Project Funding Agreement and in accordance with the Project Partners standard procedures and financial regulations, as assessed by the IFRC.

e) The planned expenditure figures and funds transfer request shown above represents estimated expenditures for the next two reporting periods in accordance with the agreed Project Plan

Date Submitted

Name, Title & Signature of Project partner designated official LUCIA PANDE SECRETARY GENERAL

TANZANIA RED CROSS SOCIETY P.O. BOX 1133, DAR ES SALAAM

For IFRC internal use

Approved by IFRC Project Manager Date

Validated by IFRC Finance officer Date 20/03/2023

International Federation of Red Cross and Red Crescent Societies

5.3 FUNDING AND EXPENDITURE RECONCILIATION AND TRANSFER CERTIFICATION

PROJECT PARTNER NAME	TANZANIA RED CROSS SOCIETY	
PROJECT NAME	DROUGHT NEED ASSESSMENT	
IFRC PROJECT CODE	DR-2022-000112-TZA	
CURRENT REPORTING PERIOD	From: 01/02/2022	To: 30/07/2022
PLANNED EXPENDITURE PERIOD	From: 01/02/2022	To: 30/07/2022

This section is to be completed by the Project Partner and the IFRC together. It shall be agreed and signed by both parties. All figures are in CHF.

		Project Partner Payment	IFRC Payment Administered	Total (Project Partner + IFRC)	Planned Project Partner Procurement Activity
	Total Overall Budget per Project Funding Agreement	389,363.00		389,363.00	
(-)	Total Expenditure	389,363.00	-	389,363.00	-
	Prior Period Expenditure Accepted			-	
	Prior Provisional Expenditure Under Review (if any)	389,363.00		389,363.00	
	Current Period Expenditure			-	
	Remaining Overall Budget Available	-	-	-	
(-)	Requested Planned Expenditure*	-	-	-	
AP019	AP019 Communities are provided by NS with services to identify and reduce health risks related to malaria			-	
AP076	AP076 NS develop the capacity to assess and provide vulnerable households with relevant long term health care support related to malaria care and treatment			-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
				-	
(-)	Total Funds Received to date	389,363.00			
	Funds available with Project Partner	-			
	Is there sufficient existing funding for requested planned expenditure?	SUFFICIENT			
	Funds Transfer Required (minimum)	-			

	Instalment date	Funds received CHF
1	19/02/2022	100,000.00
2	24/04/2022	99,088.00
3	05/07/2022	100,000.00
4	18/07/2022	90,275.00
5		
8		
9		
10		
11		
12		-
13		
14		
15		
16		
17		
19		
20		
21		
22		
23		
24		
25		
	TOTAL	389,363.00

Approved by IFRC Project Manager — Date

Validated by IFRC Finance officer — Date 20/03/2023

* Check Requested Planned Disbursement against Budget (or revised budget if applicable). Justify deviations from Budget.

- Any conversion of local currency to CHF has used an appropriate exchange rate

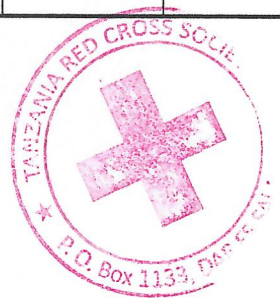
- Any indirect cost recovery that has been applied is reasonable and based upon a justifiable costing mechanism and supporting documentation

- Costs have been correctly classified including the application of approved risk mitigation measures related to procurement and IFRC Direct payment

5.4 TRACKING THE EXCHANGE RATE FOR REPORTING PURPOSES

FIFO

FUNDS AT HAND					FUNDS OUT				
Date	Description	Local Currency	CHF	Exc Rate	Date	Description	Current Expenditure Value in Local Currency	CHF	Exc Rate
19/02/2022	1st Transfer	244,200,000.00	100,000.00	2,442.0000				-	
24/04/2022	2nd Transfer	242,140,528.35	99,088.00	2,443.6918					
05/07/2022	3rd Transfer	241,704,126.30	100,000.00	2,417.0413					
18/07/2022	4th Transfer	215,407,902.56	90,275.00	2,386.1302					
		943,452,557.21	389,363.00	2,423.0668					



Contact information

Reference documents

Click here for:

- Operations Update
- DREF Operation

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

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In IFRC Geneva

- Operation Manager, Santiago Luengo, Senior Officer, DCPRR unit Geneva; email: santiago.luengo@ifrc.org
- **DREF:** Nicolas Boyrie, DREF Lead, email: nicolas.boyrie@ifrc.org
- **DREF:** Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Africa Regional Office for Resource Mobilization and Pledge: Louise Daintrey, Regional Head of Strategic Engagements and Partnerships, email: louise.daintrey@ifrc.org;

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)

- IFRC Africa Regional Office: Beatrice Okeyo, Regional Head of PMER and Quality Assurance, email: beatrice.okeyo@ifrc.org

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.

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Saving lives, changing minds.

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