



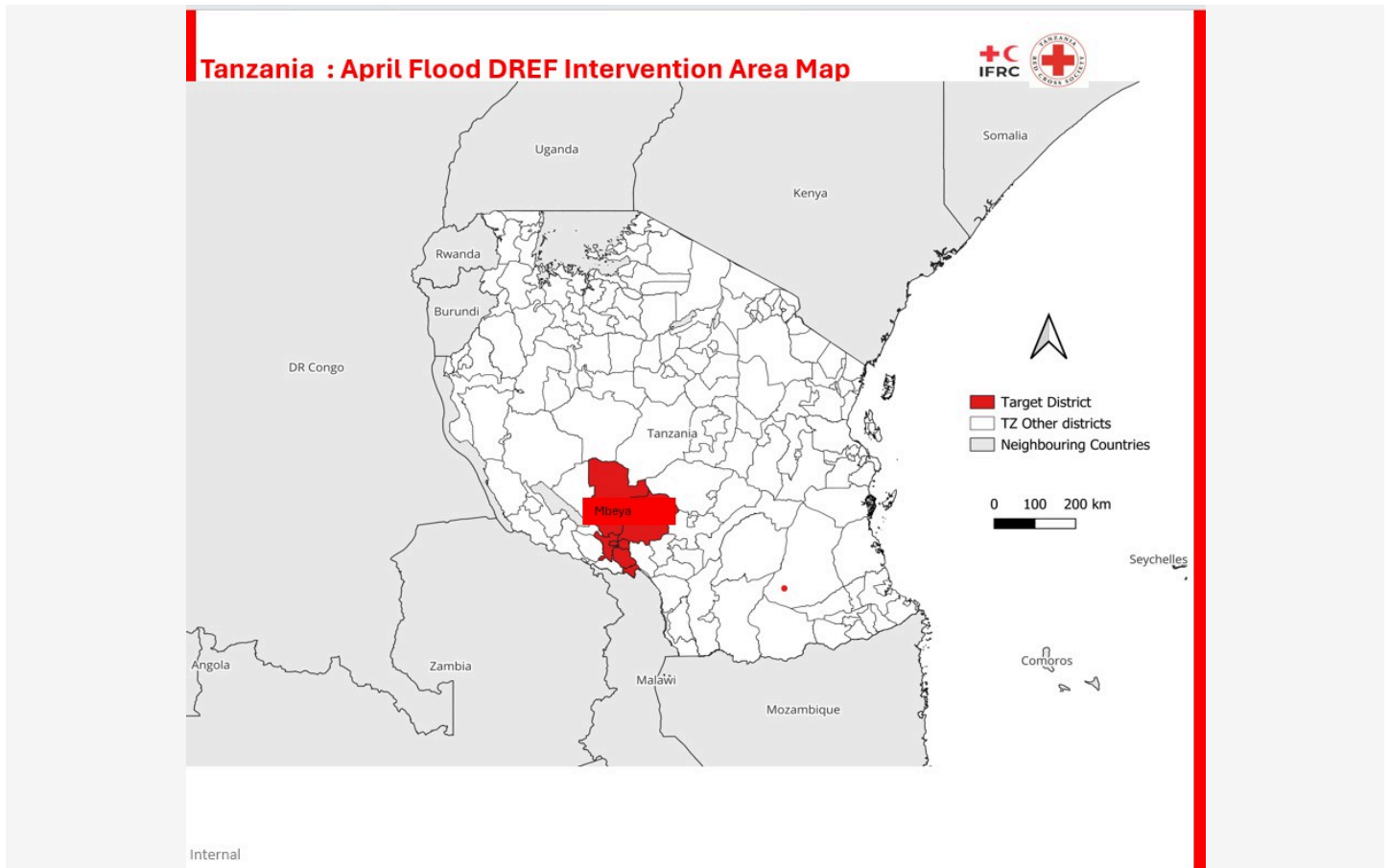
TRCS volunteers during landslide conducting search and rescue

Appeal: MDRTZ044	Hazard: Flood	Country: Tanzania, United Republic of	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 275,037	
Glide Number: -	People Affected: 2,615 people	People Targeted: 2,615 people	
Operation Start Date: 03-04-2026	Operation Timeframe: 3 months	Operation End Date: 31-07-2026	DREF Published: 09-04-2026
Targeted Regions: -			

Description of the Event

Date of event

25-03-2026



Map of affected district

What happened, where and when?

In late March 2026, prolonged and intense rainfall associated with the March–May rainy season caused severe flooding and landslides in the Mbeya Region, located in Tanzania’s Southern Highlands. The most affected area was Rungwe District, where continuous heavy rains saturated the soil, triggering multiple landslides and flash floods.

The disaster occurred primarily between the evening of 25 March and the early hours of 26 March 2026, with heavy rainfall reported for several consecutive hours. According to local authorities and media reports, the rains were accompanied by strong winds, significantly worsening ground instability and surface runoff.

The worst-affected wards were Nkunga, Lupepo, Kawetele and Ikuti in Rungwe District. Landslides swept through these communities, burying houses constructed mainly of mud bricks and corrugated iron sheets, while flooding damaged access roads and public infrastructure.

As of 27 March 2026, official reports confirmed that at least 20 people had lost their lives, the majority of whom were children, and several others were injured. Search and rescue operations were ongoing amid continued rainfall, with concerns about secondary landslides and further flooding.

The floods and landslides caused loss of lives, destruction of homes, displacement of families, and disruption of livelihoods, particularly among farming households. Access to some affected areas remained constrained due to damaged roads and unstable terrain, complicating emergency response efforts. Local government authorities, supported by the Tanzania Red Cross Society, initiated initial response actions including search and rescue, first aid, and rapid needs assessments.





TRCS volunteers during assessment after landslide hitting Rungwe district

Scope and Scale

The floods and landslides in Mbeya Region primarily affected Rungwe District in the Southern Highlands of Tanzania, following prolonged and intense rainfall during the peak of the March–May rainy season, which led to soil saturation, flash flooding, and slope failures across multiple communities. The disaster affected at least four wards, Nkunga, Lupepo, Kawetele and Ikuti, where landslides swept through densely populated hillside settlements.

As of 27 March 2026, at least 20 fatalities had been officially confirmed, the majority being children, and several other individuals sustained injuries of varying severity. Some residents were reported missing during the initial phase of the disaster, prompting ongoing search and rescue operations by government authorities with support from humanitarian actors, including the Tanzania Red Cross Society.

In addition to the loss of life, the event caused widespread displacement, extensive destruction of household assets, and severe disruption to livelihoods, particularly among farming households that lost food stocks, crops, and agricultural tools. A total of 523 households were affected across Kyela and Rungwe districts. Nine (9) families lost their homes entirely due to landslide debris flows resulting in complete structural collapse or burial. A further 514 households sustained severe damage to their dwellings, rendering them uninhabitable as a result of deep flooding of living spaces, partial or total failure of mud-brick walls, loss of roofing, and the undermining of foundations caused by saturated ground conditions. None of the 523 affected households currently have access to adequate, weather-proof shelter. Mud-brick construction, the predominant housing type in Rungwe District, remains highly vulnerable even after rainfall subsides, as prolonged soil saturation continues to compromise structural stability.

Approximately 600 people are currently sheltered in schools and temporary facilities in Katumba Songwe and Bujonde wards in Kyela District, where serious concerns remain regarding overcrowding, inadequate sanitation, and limited access to safe drinking water. Other affected families have sought temporary shelter with relatives and neighbours or remain in unsafe locations close to the affected sites, exposing them to continued risks as heavy rainfall persists and the threat of secondary landslides remains high.

The floods and landslides significantly increased public health and protection risks, including exposure to cold and persistent rainfall, contamination of water sources, and heightened vulnerability among children, women, and older persons. Floodwaters and landslide debris damaged access roads, footpaths, and community infrastructure, severely restricting mobility and delaying emergency response efforts. In addition, road damage and unstable terrain limited access to several affected villages, weakening community coping capacities and placing considerable strain on already overstretched local response mechanisms.

While the geographic scope of the emergency is concentrated within specific wards of Rungwe District, the severity of impacts, measured in high mortality, destruction of housing, displacement, and disruption of basic services and livelihoods, indicates a medium-scale but high-intensity disaster, exceeding TRCS own resources and community local coping capacity and justifying immediate humanitarian assistance through a DREF operation.

Source Name	Source Link
1. 18 Dead, Infrastructure Destroyed as Heavy Rains	https://thechanzo.com/2026/03/26/18-dead-infrastructure-destroyed-as-heavy-rains-batter-tanzania/
2. Tanzania landslides kill 20 as heavy rains hit East Africa	https://www.africanews.com/2026/03/27/tanzania-landslides-kill-20-as-heavy-rains-hit-east-africa/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-
<p>If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:</p> <p>-</p>	



Lessons learned:

Previous Floods DREF responses in Tanzania have highlighted the importance of timely activation and rapid early action. Delays between flood onset and the delivery of assistance reduced the relevance of some interventions. New DREF operations should therefore prioritize early needs assessments and prepositioned response capacities to ensure assistance reaches affected populations at the most critical stage.

Targeting and beneficiary selection remain essential to the effectiveness of flood responses. Lessons from past operations underline the need for community-based verification mechanisms and clear vulnerability criteria to ensure that assistance reaches the most affected and vulnerable households. Strengthened community engagement during targeting helps reduce exclusion errors and manage expectations.

The use of Cash and Voucher Assistance (CVA) proved to be an effective and dignified modality where markets were functional, enabling households to meet their priority needs. However, limited market access and network coverage in some flood affected areas constrained implementation. New DREF interventions should therefore be informed by rapid market assessments and, where appropriate, adopt hybrid approaches combining cash and in-kind assistance.

Logistical challenges, particularly damaged road infrastructure and restricted access to remote communities, delayed distributions and increased operational costs. Lessons learned emphasize the value of local procurement, prepositioning of relief items in flood prone areas, and contingency planning for alternative transport options.

Flood responses demonstrated that while shelter and household item support addressed immediate needs, better alignment with local housing practices would increase relevance and sustainability. Incorporating basic guidance on safer shelter repair and early recovery considerations can strengthen the overall impact of emergency assistance.

Experience has also shown that floods significantly increase public health and WASH risks, including waterborne and vector borne diseases. DREF operations that integrated hygiene promotion, water treatment, and disease prevention activities were better able to mitigate secondary health impacts. Future responses should systematically include health and WASH components where risks are identified.

Community Engagement and Accountability (CEA) emerged as a critical factor in enhancing transparency and community trust. Clear communication on selection criteria, assistance scope, and timelines helped manage expectations and reduced complaints. Dedicated CEA activities should therefore remain a core component of DREF responses.

The effectiveness of flood responses relied heavily on volunteer engagement, but challenges related to safety, fatigue, and limited equipment were noted. Adequate resourcing for volunteer protection, insurance, and psychosocial support is necessary to sustain quality frontline response.

Coordination with government authorities and humanitarian partners proved essential to avoid duplication and ensure coverage of underserved areas. Clear articulation of the DREF's gap filling role and early coordination mechanisms strengthened complementarity and operational efficiency.

TRCS has strengthened PMER capacity, assigned reporting focal persons, and introduced weekly and monthly tracking to ensure timely reporting.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

Current National Society Actions

Start date of National Society actions

25-03-2026

Shelter, Housing And Settlements

TRCS has already initiated emergency response actions using available National Society resources prior to this DREF allocation (replenishment request). These early interventions have helped address immediate needs of affected populations, while the DREF allocation will enable scale-up and continuation of multi-sectoral support.

To date:

- A total of 2,615 people have been reached through initial response activities.
- Non-Food Items (NFIs) and food assistance have been distributed to 523 households



	<p>from pre-positioned NS stocks.</p> <ul style="list-style-type: none"> • Additional actions include deployment of trained volunteers, provision of first aid, and community-level awareness on hygiene and safety measures. • Several houses have been affected by landslides and floods, and 600 people are currently in the temporary camps. Jointly with government, TRCS participated in moving affected households to temporary shelters as part of its evacuation and search and rescue efforts.
Health	TRCS through Mbeya branch is providing first aid services, MHPSS services to the affected population who are at the camps and others, as well as search and rescue services. By the time of this update, TRCS had offered first to 23 people and offered MHPSS to 37 people.
Water, Sanitation And Hygiene	Distribution of disaster preparedness stocks including toilet emergency slabs, soap, buckets mosquito nets to all 523 households (2,615 people) which will be replenished through this DREF.
Protection, Gender And Inclusion	TRCS volunteers engaged in the crisis response have been duly oriented on Protection, Gender, and Inclusion (PGI) principles and adhere strictly to established guidelines, with particular attention to the protection of vulnerable groups. TRCS is currently facilitating safe access for affected populations and ensuring a smooth and dignified registration process, while systematically prioritizing the needs and considerations of vulnerable individuals.
Community Engagement And Accountability	TRCS volunteers trained on Community Engagement and Accountability (CEA) are ensuring meaningful participation of affected communities in decision-making processes and have facilitated their access to timely and accurate information. In addition, TRCS is supporting affected populations by linking them with relevant government services for further assistance and longer-term support.
Coordination	TRCS is a member of disaster response teams from national to village level, has participated in the coordination meetings at the regional level for planning, resource mobilization, evacuation centers, search and rescue. Furthermore, during the emergencies, TRCS has been bestowed with number of responsibilities including provision of first aid, search and rescue in collaboration with fire brigade, food distribution within the established emergency shelter.
National Society Readiness	TRCS activated its EOC and continued to participate in national and district disaster management committee meetings. These meetings were held to evaluate preparedness levels of different partners in case of flood related incidents during the long March to May rain season. The EOC was tasked in collecting and disseminating flood related warnings to branches.
Assessment	TRCS has deployed 100 volunteers, 1 regional coordinator in Mbeya branch, have conducted the rapid needs assessments and have been able to show the impacts of the event and specific needs of affected population.
Resource Mobilization	In 2025, TRCS developed a Multi-hazard Contingency Plan (MCP) to complement government efforts and has started reaching out to different partners to request for support. Among the partners reached include; ICRC, French Government, Spanish RC, Finnish RC and WFP. The MCP was developed through a workshop under the technical support of Kenya Red Cross, with financial support from ICRC.
National Society EOC	TRCS has activated its EOC at the HQ since 1/1/2026 to enhance the coordination of response activities, mobilize and manage resource, and monitor situations.



IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>IFRC has no presence in the country, nonetheless, TRCS works closely with the IFRC Juba cluster that covers Tanzania, Uganda and South Sudan. The cluster is supporting TRCS with technical support and guidelines in the preparedness and response initiatives. currently, IFRC has fully supported the implementation of a floods DREF in Morogoro.</p> <p>Under this DREF, IFRC will deploy its CCD disaster management during the operation set up and to conduct monitoring missions in addition to financial spot checks by the CCD finance delegate. Further, the CCD will participate in planned lessons learnt.</p>
<p>Participating National Societies</p>	<p>The Finnish Red Cross is currently supporting the EWEA (Early Warning, Early Action) project in Kilosa District, Morogoro region, a distinct geographic area, and has been informed of the Mbeya event. No direct engagement of Finnish RC or other PNS in the Mbeya response is planned at this stage. The strategy rationale reflects the reality that TRCS is implementing this operation without a Movement Partner co-implementer in the field, and the operational plan and budget have been designed accordingly. Engagement of PNS for recovery programming beyond the DREF period will be explored.</p>

ICRC Actions Related To The Current Event

Currently, ICRC are located in TRCS HQ building, and are closely supporting different initiatives. For instance, last year ICRC financed the Multi-hazard contingency plan that was held in the HQ offices and the technical part was facilitated by the Kenya Red Cross.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>No</p>
<p>National authorities</p>	<p>The government through the PMO-DMD and the Disaster management committee at Kyela district have identified the evacuation centers in Katumba SONGWE and Bujonde wards where the affected people are provided with accomodation. Furthermore, the government through PMO-DMD has requested assistance from Tanzania Red Cross Society and has provided the report on the disasters that have occurred in March 2026. Moreover, the Kyela and Rungwe district disaster team, district security committee, and the Concils' Executive Director, have visited and inspected the affected areas, and have conducted the rapid needs assessment.</p>
<p>UN or other actors</p>	<p>No other agency has so far been seen responding to this floods and landslides in Mbeya. TRCS will continue to engage with the govrnment, in-country movement partners and other partners including UN Agencies towards a coordinated humanitarian response.</p>



Are there major coordination mechanism in place?

Major coordination in place include the activation of the disaster management committee at all levels from national to village, with the active participation of the TRCS. Additionally, the regional administrative secretariate in Mbeya region will continue to host the coordination meetings where TRCS will continue to be part of these meetings. The secretariate will also plan for the detailed assessment especially to identify shelter needs among other things.

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods and landslides of 25–26 March 2026 have created severe and urgent shelter needs for all 523 affected households across Rungwe and Kyela Districts. The shelter need is the most acute immediate humanitarian concern, given the ongoing heavy rainfall, the cold highland temperatures characteristic of Rungwe District at altitude, and the complete loss or serious compromise of residential structures.

Nine (9) families lost their homes entirely to landslide debris flow (complete structural collapse/burial) resulting in loss of 21 lives. A further 514 households have dwellings that are structurally damaged or rendered uninhabitable due to deep inundation of living spaces; partial or complete failure of mud-brick walls; loss of roofing; and undermining of foundations by saturated ground. None of the 523 affected households currently have access to adequate weather-proof shelter. Mud-brick construction, the dominant housing type in Rungwe continues even after precipitation ceases.

Approximately 120 households (600 people) are accommodated in school buildings and other public facilities in Katumba Songwe and Bujonde wards, Kyela District. The use of schools as temporary shelters has suspended education for children in the affected wards the child protection implications are addressed under PGI needs. The remaining 403 households are either remaining in damaged structures or staying with host families. Overcrowding, absence of proper sanitation facilities, and lack of bedding are reported in all evacuation sites.

There are no adequate temporary shelter materials available in the affected wards. TRCS has no pre-positioned shelter kits beyond what has already been distributed. Though no other actor has been confirmed to be providing shelter support in the six affected wards. The gap in temporary shelter provision for 523 households is the primary justification for the shelter budget under this DREF. Each household requires a minimum of: one durable tarpaulin (4m×6m, minimum 200gsm) for roofing; two blankets for thermal protection (particularly critical in highland Rungwe District where night temperatures drop significantly during the rainy season); and technical guidance on safe shelter assembly, site selection, and Building Back Safer (BBS) principles.

TRCS will conduct a rapid timber availability assessment in each ward in the first week of operations to determine whether households can source sufficient structural timber locally for shelter kit assembly. In wards where local timber sourcing is not feasible, TRCS will consider a supplementary unconditional cash grant to cover the cost of load-bearing materials, in consultation with the IFRC CCD.



Health

There is currently no structured community-based disease surveillance system operational in the six affected wards. The displacement of populations to temporary sites and the compromised access to health facilities creates a risk that early symptoms of waterborne disease outbreaks (fever, diarrhoea, vomiting) will go unreported. The Mbeya Regional Medical Officer has indicated that no active outbreaks have been confirmed as of the date of this submission, but the risk is considered elevated.

The community health facility serving Nkunga ward was temporarily inaccessible due to road damage in the immediate aftermath of the event; access has since been partially restored. The Ministry of Health deployed emergency health officers to health centres to reinforce service delivery to affected communities. However, affected households in temporary evacuation sites in Kyela District (Katumba Songwe and Bujonde) are not within walking distance of a functional health facility, and transport to the nearest health centre requires motorised transport unavailable to most displaced households.

All 523 households have experienced acute traumatic loss; loss of family members, homes, and livelihoods. The psychological impact on survivors including children who witnessed the deaths of family members and classmates is significant and persistent. MHPSS is a critical need across all affected populations, with special attention to bereaved households and children.

Stagnant flood water in low-lying areas of the affected wards, combined with damaged drainage infrastructure, create optimal breeding conditions for Anopheles mosquitoes. Malaria transmission risk is elevated above seasonal baseline. Combined with the WASH situation, the risk of a cholera outbreak in evacuation sites is classified as high.





Water, Sanitation And Hygiene

The primary communal water supply infrastructure in Nkunga, Lupepo, and Katumba Songwe wards has been damaged or contaminated by floodwaters and landslide debris. Communal standpipes in Nkunga ward are non-functional. Shallow wells in Lupepo ward have been inundated and are considered contaminated. Affected households are currently drawing water from natural streams and unprotected sources, carrying a high risk of pathogen contamination. In evacuation sites (schools), water supply is insufficient for the number of displaced persons.

Latrines and sanitation facilities in the affected wards have been flooded or damaged. In school evacuation sites, the existing toilet facilities were designed for student populations. No emergency sanitation facilities have been established to date. Additionally, the affected population has limited access to soap and hygiene products. Women and girls in evacuation sites have reported a lack of menstrual hygiene materials.

The contamination of water sources combined with inadequate sanitation creates a high risk of waterborne disease outbreaks, particularly acute watery diarrhoea and cholera. This risk is elevated by the displacement of large numbers of people into cramped temporary facilities with limited hygiene infrastructure.



Protection, Gender And Inclusion

The displacement of 523 households particularly those accommodated in public evacuation sites has created specific protection vulnerabilities: unaccompanied and separated children; women and girls without access to private sanitation or safe sleeping areas; people with physical disabilities; and elderly individuals without family support.

The displacement of households from their usual residential locations, away from the community networks and informal support systems they rely on, has disrupted access to services for survivors of gender-based violence (GBV), individuals with mental health needs, and people with disabilities. Referral pathways connecting affected individuals to government social welfare services, health facilities, and legal aid are not currently mapped or operational in the evacuation sites.

There are no dedicated safe spaces for women, girls, or children in the current evacuation sites. School buildings used as temporary shelters offer no privacy or protection from sexual exploitation or harassment.



Community Engagement And Accountability

Affected communities have an identified need for structured, reliable information on: the nature and timeline of available assistance; how to register for distributions; how to provide feedback or raise complaints; and what actions they should take to protect themselves during the ongoing rains. In the absence of formal information channels, rumours and misinformation about available aid have been reported in two wards, creating community tensions. A structured community engagement and feedback mechanism is required across all six wards for the duration of the operation.

Operational Strategy

Overall objective of the operation

Through this DREF operation, TRCS will provide immediate, life-saving multi-sectoral humanitarian assistance to 523 flood and landslide affected households (2,615 people) across six wards in Rungwe and Kyela Districts, Mbeya Region, for the period of three months, from April, May, June, 2026, significantly reducing morbidity, and human suffering among the most vulnerable.

Operation strategy rationale

The operational strategy is grounded in the findings of the rapid needs assessment conducted jointly with government authorities between 27–29 March 2026. The strategy adopts a multi-sectoral response approach, recognizing that the compounding impacts of simultaneous flooding and landslides have created interlocking humanitarian needs across shelter, health, WASH, CEA, and PGI that cannot be effectively addressed by sector-specific interventions alone.



Shelter
Shelter is the primary sectoral priority, as all 523 affected households lack adequate protection against ongoing rainfall and cold highland temperatures. The provision of shelter kits (tarpaulins) and blankets constitutes the first and most urgent intervention. This is complemented by technical support from TRCS volunteers on safe shelter assembly, site selection to avoid landslide-risk zones, and Building Back Safer (BBS) awareness addressing both the immediate need and the medium-term resilience dimension. TRCS Mbeya Branch volunteers trained in BBS principles will conduct ward-level group sessions to guide household-level shelter reconstruction.

WASH
WASH interventions are the second sectoral priority, addressing the immediate risk of waterborne disease outbreak in a context where water supply infrastructure has been damaged and sanitation capacity in evacuation sites is critically inadequate. TRCS distributed WASH Kits (Emergency Household Items / EHIs) including water storage containers, water treatment tablets, soap, hygiene items, and mosquito nets to all 523 affected households will be replenished by this DREF. Post-distribution monitoring exercise will be conducted to verify correct use of water treatment tablets, and community health and hygiene promotion sessions will accompany all distributions.

Health
Health interventions are designed to address the identified risks of malaria and cholera, the mental health needs of affected populations, and the gap in access to primary health care for displaced households. TRCS volunteers trained in first aid and MHPSS will be deployed across all six wards. A strengthened disease surveillance and community-based reporting mechanism will be established in coordination with (District Health Medical Teams (DHMTs)), enabling early detection and rapid response to any outbreak indicators.

PGI
PGI and CEA activities are mainstreamed across all sectors and implemented as standalone activities in evacuation sites. TRCS will establish safe spaces for women, girls, and children in the main evacuation sites; map and activate referral pathways for GBV, disability, and child protection cases; and deploy CEA-trained volunteers to maintain structured community communication channels throughout the operation.

Targeting Strategy

Who will be targeted through this operation?

This operation targets a total of 523 households (2,615 people), all households confirmed affected by the floods and landslides in the six wards of Nkunga, Lupepo, Kawetele, and Ikuti (Rungwe District) and Katumba Songwe and Bujonde (Kyela District).

The decision to target all 523 affected households, rather than a sub-set, is based on the following rationale. First, the event is acute, sudden-onset, and geographically concentrated: all 523 households confirmed in the rapid needs assessment have sustained damage that renders their houses uninhabitable or severely compromised. Second, no other humanitarian organisation has confirmed a presence or active response in the six affected wards: TRCS is the only agency currently providing emergency assistance, and targeting a sub-set would leave verified disaster-affected households without any support.

A vulnerability differentiation will be applied to determine priority sequencing of distributions: households with elderly members, persons with disabilities, households headed by women, and households with children under five will be prioritised in the first phase of distributions. This vulnerability-informed approach ensures that the most at-risk individuals receive assistance first while maintaining commitment to reaching all 523 households within the three-month operational timeframe.

Explain the selection criteria for the targeted population

As part of CEA approach, TRCS will conduct the registration and verification process during community meetings that will engage key role players like local government leaders, disaster management committee, traditional leaders to verify the selected household to ensure that the selection criteria are properly adhered to. In addition, the selection criteria will be shared widely through trusted channel of communication, which include community engagement forum, which are usually spearheaded by traditional leaders and local authority to ensure that people understand why they have or they have not been selected to minimize community tension. The NS staff and volunteers will also collect feedback and complaints of targeted household during the selection and throughout the operation based on the channel identified during the need assessment as preferred by the affected community. Feedback will be shared and analyzed by the DM team and PMERL to refine the selection process and criteria if necessary and ensure that complaint regarding selection of the community members are investigated and addressed in a timely manner.



Total Targeted Population

Women	748	Rural	100%
Girls (under 18)	612	Urban	-
Men	653	People with disabilities (estimated)	11%
Boys (under 18)	602		
Total targeted population	2,615		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Affected population who have been displaced especially children, pregnant and lactating women, people with disability, and elderly are facing heightened risk of exploitation, violence and psychological distress due to loss of secure shelter, livelihoods, and community structures.	To mitigate this, TRCS proposes to map relevant referral pathways, and setting up dedicated and setting up dedicated and clearly supervised safe spaces within the evacuation centers to serve the vulnerable groups and to integrate the systematic protection monitoring, psychological support and referral mechanisms into all humanitarian activities.
The risk of food insecurity and malnutrition may also be faced by the affected community due to loss of food stocks that were swept away during the floods and destruction of the crops at the farms. The floods also resulted into loss and death of livestock that contribute significantly to the livelihoods and source of food to the household.	TRCS plans to register and verify the beneficiaries to prevent fraud and ensure that the aid reached those who are the most in need. Also, TRCS will use the community volunteers from respective areas during the distribution of available food to the community.
Due to contamination of the water supply systems that is caused by the destruction of the water supply system and the sanitation facilities, there is heightened risk of outbreak of cholera and other waterborne diseases in the area. Also, the	To mitigate this, TRCS proposes to conduct health awareness campaign to educate the affected community on the proper approaches for preventing the spread of diseases. Further mitigation measures include provision of the water purification



people who are in camps are facing serious shortage of clean and safe water for drinking, and shortage of latrines facilities, that also increase the risk.

tablets to the affected communities especially those at the camps, promote safe water storage practices, establishing handwashing facilities and temporary latrines to serve the affected population.

Please indicate any security and safety concerns for this operation:

Given the ongoing heavy rainfall in Mbeya region, the TRCS's operation faces significant safety and security concerns, including challenges related to accessing affected communities due to damaged transport infrastructure 4 bridges have been reported to have swept away, and the potential for outbreaks of waterborne diseases necessitating distribution of water purification tablets. TRCS will intensify resource mobilization and provide insurance to 100 volunteers who have been deployed for this operation.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 95,296

Targeted Persons: 2,615

Indicators

Title	Target
# of volunteers deployed for search and rescue	100
# of shelter kits procured and distributed	523
# of blankets procured and distributed	523
# of HHs that receive shelter kits	523

Priority Actions

- Deployment of 100 TRCS volunteers for assessment, and shelter support.
- Procurement and distribution of 523 shelter kits. Each shelter kit contains: 1 heavy-duty plastic tarpaulin (4m×6m, minimum 200gsm, UV-resistant); 1 coil of rope (50 metres); 12 bamboo or treated wood stakes; 1 hammer. Each tarpaulin, when properly assembled over a timber frame, provides a waterproof covered area of approximately 24m², meeting the Sphere minimum temporary shelter standard of 3.5m² per person for households of up to 6 members. Beneficiary households are expected to source local structural timber; where timber sourcing is not feasible, a supplementary cash option will be assessed.
- Procurement and distribution of 523 blankets.
- Technical support sessions to Six ward-level BBS (Building Back Safer) awareness and safe site selection sessions, delivered by trained TRCS volunteers, one session per affected ward cluster.
- Timber availability rapid assessment in each ward to determine whether local timber sourcing is feasible for shelter frame construction.



Health

Budget: CHF 25,454

Targeted Persons: 2,615



Indicators

Title	Target
# of people reached with health promotion campaign	2,615
# of IEC/posters, and flyers printed and distributed	500
# of volunteers oriented on basic FA and MHPSS	50
# of people provided with first aid and mental health and psychological support	2,615

Priority Actions

- Deployment of 100 TRCS volunteers for search and rescue.
- Conduct jointly health promotion and WASH awareness campaign across all six wards.
- Formal coordination with MoH. TRCS Mbeya Branch will hold an initial coordination meeting with DHMTs of Rungwe and Kyela Districts in Week 1 of the operation, with fortnightly coordination calls thereafter.
- Assess and strengthen referral pathways. Map existing health facilities accessible to displaced populations and establish referral protocols for communities unable to independently access facilities.
- Strengthen disease surveillance by deploying TRCS volunteers in each ward to conduct weekly community-based disease surveillance using rapid health screening tools, reporting to DHMTs.
- Orient 50 volunteers on basic First Aid (FA) and MHPSS.
- Provide first aid and MHPSS services to affected people.
- Print and distribute 500 IEC materials (posters and flyers) with messages on malaria prevention, cholera prevention, safe water consumption, and hand hygiene.



Water, Sanitation And Hygiene

Budget: CHF 82,250

Targeted Persons: 2,615

Indicators

Title	Target
# of essential household items replenished	523
# of water treatment tablets procured and distributed	50,000
# of jerrycans procured and distributed	523
# of hygiene kits procured and distributed	300
# of IEC materials with messages on how to treat water printed and distributed	200
# of HHs receiving water treatment tablets	523
# of persons receiving hygiene kits	300
# of people reached with hygiene promotion sessions	2,615

Priority Actions

- Printing and distribution of IEC / posters with messages on how to treat water.
- Weekly water quality monitoring at communal water points: testing for chlorine residual and turbidity at a minimum of 2 community water points per ward, with results shared with District Water Officers.
- Post-distribution monitoring (PDM): structured household visits 2–3 weeks after each distribution to verify correct use of WASH items and collect feedback.
- Community hygiene promotion sessions at all distribution points: structured 45-minute sessions covering correct use of water treatment chemicals, consistent consumption of treated water, hand hygiene, safe food handling, and malaria prevention.
- Procurement and distribution of 50,000 water treatment tablets (supplementary supply).
- Replenishment of essential household items (WASH Kits) for 523 households: each WASH Kit includes household water storage containers (2×10-litre jerry cans), water treatment chemicals (AquaTabs, 30-day supply), soap (2 bars), hygiene items (including sanitary pads for women and girls), and 1 mosquito net.
- Conduct hygiene promotion sessions.



Protection, Gender And Inclusion

Budget: CHF 5,836

Targeted Persons: 2,615

Indicators

Title	Target
# of safe spaces established	10
# of volunteers deployed to conduct SGBV awareness and prevention activities	20

Priority Actions

- Establish safe spaces for women and children in the main evacuation sites (target: 10 safe spaces across six wards)
- Deploy 20 volunteers to conduct SGBV awareness and prevention activities.
- Map and establish SGBV referral pathway connections linking affected communities to government social welfare services, legal aid, and health facilities.
- Identify and support people with disabilities and elderly persons without family support in evacuation sites.
- Child protection monitoring in schools used as evacuation shelters — TRCS volunteers will conduct regular protection monitoring and refer cases to appropriate authorities.



Community Engagement And Accountability

Budget: CHF 8,861

Targeted Persons: 2,615

Indicators

Title	Target
# of feedback mechanisms established	4
# of community awareness sessions on risks conducted	2
# of radio shows conducted	3



# of ECO activated	1
# of people reached wthrough awareness sessions and key messages	2,615

Priority Actions

- Beneficiary registration and verification through community meetings in all six wards, conducted jointly with village elected officers (VEOs) and ward councillors.
- Community information sessions at all distribution events, informing beneficiaries of assistance available, selection criteria, timeline, and complaint mechanisms
- Feedback and complaints mechanism. A dedicated community feedback hotline and physical complaint drop-boxes will be established at distribution points in all six wards.
- Regular sharing of community feedback reports with TRCS management and government authorities
- Activate and support TRCS national Emergency Operations Centre (EOC).
- Conduct community engagement and dissemination through radio sessions.



Secretariat Services

Budget: CHF 10,224

Targeted Persons: 105

Indicators

Title	Target
# of monitoring missions conducted	2
# of fiancial spot checks conducted	1
# of lessons learnt workshop attended	1
# of DREF implementation initial meetings with the in-country partners	1

Priority Actions

- Conduct monitoring missions
- Conduct financial spot checks
- Participate in lessons learnt exercise
- Conduct partner meeting 7 days after the DREF approval



National Society Strengthening

Budget: CHF 47,116

Targeted Persons: 105

Indicators

Title	Target
# of staff mobilized	4



# of coordination meetings conducted	10
# of monitoring visits conducted	10
# of post-distribution monitoring conducted	1
# of lesson learnt workshops conducted	1

Priority Actions

- Mobilise 4 key staff
- Conduct coordination meetings;
- Conduct project monitoring;
- Conduct lesson learnt workshop;
- Conduct post-distribution monitoring;
- Procure visibility for volunteers.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

Five TRCS staff will be involved in this operation including; Director of Disaster Management, Disaster Response Manager, Disaster Preparedness Officer, Accountant, and Communications Manager. Additionally, 100 TRCS volunteers will be involved in the operation with the main activity of Health promotion campaign, WASH awareness campaigns, supporting distribution of NFIs, data collection during detailed assessment.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

Yes, the volunteer team reflects the gender, age, and cultural diversity of the people we are helping. To ensure inclusive and appropriate support, volunteers are always oriented or provided with training to sharpen their response skills and capacities.

If there is procurement, will it be done by National Society or IFRC?

IFRC will lead all procurement activities, engaging local suppliers, with a focus on replenishment.

How will this operation be monitored?

DM team and Mbeya regional coordinator will be responsible to monitor this operation throughout and report weekly to Juba cluster disaster management delegation. At the same time, financial report will be prepared by the financial team. Furthermore, the regional coordinator will have bi-weekly meetings with deployed volunteers and share with Disaster Response Manager to review and solve the existing challenges and revise the operational strategy if needed. IFRC cluster, DM and finance delegates, and PMERL manager will also provide technical support to DM team and regional coordinators, and will conduct field monitoring to see the project implementation and provide feedback on the submitted reports.



Please briefly explain the National Societies communication strategy for this operation

TRCS has a strong communication unit which work very closely with different media houses in a country to ensure that TRCS interventions are well published. Community and stakeholders will be aware of TRCS readiness and response actions. Updates on the operation will be shared on the TRCS social media network (Instagram, Twikker, Website). The NS will also collaborate closely with IFRC communication focal person for technical support to ensure sufficiency media coverage of the response. Operation team will utilise visibility, clothing, and equipment, to ensure easy identification and avoid harm.



Budget Overview



DREF OPERATION

MDRTZ044 - Tanzania Red Cross Society Mbeya Floods and Landslides

Operating Budget

Planned Operations	217,697
Shelter and Basic Household Items	95,296
Livelihoods	0
Multi-purpose Cash	0
Health	25,454
Water, Sanitation & Hygiene	82,250
Protection, Gender and Inclusion	5,836
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	8,861
Environmental Sustainability	0
Enabling Approaches	57,340
Coordination and Partnerships	0
Secretariat Services	10,224
National Society Strengthening	47,116
TOTAL BUDGET	275,037

all amounts in Swiss Francs (CHF)



Contact Information

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

National Society contact: Lucia Pande, secretary general, secretarygeneral@trcs.or.tz, +255765444497

IFRC Appeal Manager: Paula FITZGERALD, Head of delegation a.i, paula.fitzgerald@ifrc.org

IFRC Project Manager: Daniel Kyalo Mutinda, Programs and operations coordinator, daniel.mutinda@ifrc.org, 0725599105

IFRC focal point for the emergency:

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[Click here for the reference](#)

