DREF Final Report

Tanzania, United Republic of Flood 2025

Distribution of NFI to the Local government Authorities.

Appeal: **MDRTZ040**	Total DREF Allocation: **CHF 379,955**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: -	People Affected: **7,851 people**	People Targeted: **4,435 people**	People Assisted: **4,435 people**
Event Onset: **Sudden**	Operation Start Date: **08-04-2025**	Operational End Date: **31-07-2025**	Total Operating Timeframe: **3 months**

Targeted Regions: **Morogoro, Mara**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event

Date of event

24-03-2025

What happened, where and when?

From March 21st to 24th, 2025, heavy rains and strong winds hit Ulanga District in the Morogoro region hard, especially Iragua Ward. The floods destroyed 433 houses and forced 2,165 people to leave their homes. Many families who were affected stayed with relatives, while others were housed in evacuation centres set up in village offices. The storm ruined crops in the farms, food stocks, and household assets around the house, leaving survivors in desperate need of shelter and help. The Tanzania Meteorological Authority (TMA) had already warned that some parts of Morogoro would have thundershowers.

Mara Region also had long thunderstorms from March 23 to 24, which caused a lot of damage in Musoma Municipal and surrounding areas. Roadblocks made it hard to get around, and critical infrastructure like sewage systems, power lines, and water supply networks were damaged. 941 homes were destroyed, leaving people homeless. Kitaji, Nyakato, Kwangwa, and Rwamlimi wards all saw a lot of damage to their homes and livestock. The Municipal Authority chose the NFRA building on Nyakato Street as a temporary shelter while emergency response efforts were ongoing.

TRCS volunteers conducting health awareness promotion to the community

TRCS together with government Authorities during detailed Assessment exercise.

Scope and Scale

The heavy rains and strong winds forced many people to leave their homes and put their livelihoods at risk, especially in communities that depend on farming in both Mara and Morogoro regions, latrines were destroyed for both houses and public facilities. 7,851 people were affected, and TRCS targeted only 4,435 people in both regions. Some of the affected people who lost their homes were in the evacuation centres that were set by the government and some sought refuge from neighbours and relatives. For now, all the camps have been closed. The government supported some of the affected households who lost their homes with building new homes.

Source Information

Source Name	Source Link
1. Tanzania Red Cross Society Rapid Needs Assessments from Musoma and Ulanga branches	https://fullshangweblog.co.tz/2025/03/24/mvua-iliyoambatana-na-upepo-yaleta-maafa-musoma/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	TRCS works closely with the IFRC Juba cluster, which covers Tanzania, Uganda, and South Sudan. The cluster staff including Disaster Management Delegate, Emergency Finance Delegate, PMER officer, procurement and logistics senior officer throughout the operation provided technical and supervisory support to TRCS.
Participating National Societies	Currently, there are no PNS present in country. At the time of the launch of the DREF Spanish Red Cross were present and were winding up activities in Kigoma region focusing more on maternal and child health activities. TRCS and IFRC involved them in the initial discussions.

ICRC Actions Related To The Current Event

Currently, ICRC is located at TRCS HQ building and is closely supporting different initiatives. They are supporting with the development of Multi Hazard Contingency plan.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The government through the Disaster Management Committees at Musoma and Ulanga districts identified the rescue centres where the affected people were accommodated. Furthermore, the district disaster team, district security committee, and the Council's Executive Director, visited and inspected the affected areas, and conducted the rapid needs assessment. The president of the United Republic of Tanzania issued 100 million Tanzanian shillings to support the construction of the destroyed houses in Mara region. The government through the PMO-DMD office took lead of the detailed assessments in both areas of Ulanga and Musoma districts.
UN or other actors	During the lesson learnt sessions in Musoma district, it was revealed that some other actors supported the affected community especially in the camps including NYANSAO foundation that supported food in the camps including rice, cooking oil, salt, and sugar. On the other hand, North Mara supported the affected community with the cement.

Are there major coordination mechanism in place?

Major coordination included the activation of the Disaster Management Committee at all levels from national to village, with the active participation of the TRCS. Furthermore, the regional administrative in both regions hosted the coordination meetings where TRCS was part of it. The secretariate also supported the detailed assessments.

Needs (Gaps) Identified

Shelter Housing And Settlements

According to assessment that was done at the initial stages showed that approximately 188 and 433 houses in Musoma and Ulanga districts respectively were destroyed, affecting 941 and 2,165 people in Mara and Morogoro regions respectively. Furthermore, around 266 houses were surrounded by water and could not be used as shelter during the ongoing rains in the affected areas and hence people were sheltered in camps. The needs that were inherent were constructing temporary shelters, NFIs (mattress, blankets, and buckets) and support for safe relocation. The government and other agencies took over areas not supported by the DREF.

Livelihoods And Basic Needs

Majority of the affected population relied on agriculture as the main livelihood activity, which has been affected greatly. Furthermore, the thundershowers have washed away significant food stocks of the affected population leaving them susceptible to food insecurity. Food was identified as one of the main needs to support the affected population, and specifically, rice, beans and maize to support the affected population in the evacuation centres. Seeds and tools for replanting was identified as a need. The government also stepped in to provide food items to the population that were not reached by this DREF.

Health

Following the thunderstorm in Musoma and Ulanga districts, the impacted community was affected mentally. There was significant need to offer psychological support to the affected population. At the time of the floods there were cases of Malaria recorded in Mara and Morogoro regions and there were fears of the ongoing roads and stagnated water would exacerbate the situation. At the time of reporting Malaria was still a problem.

Water, Sanitation And Hygiene

From the heavy rains, it was reported that there is a stagnant water around the houses of the affected community that worsens the situation of the access to clean and safe water. Additionally, 214 toilets in Mara and Morogoro regions were destroyed, which exacerbates the hygiene situation and increases the risks of the waterborne diseases. Priority needs identified included the aqua tabs for water purification and access to toilets.

Protection, Gender And Inclusion

The affected people especially those who are homeless were kept into the temporary shelter. Vulnerable groups including children, elderly, women, and the people with disabilities are disproportionately affected by the disasters. To ensure the vulnerable groups are well protected, TRCS identified the need to set up a feedback mechanism that included confidential mechanism to receive, handle, and respond to sensitive complaints, including reports of sexual and gender-based violence, and potential sexual exploitation and abuse.

Community Engagement And Accountability

Displaced and affected communities face psychological distress and require transparent communication to ensure trust in relief efforts. CEA was identified as crucial during this response to ensure effective communication, address community needs, and build trust of the affected community. Regular meetings with the community were identified as crucial to gather information on their needs, concerns, and

priorities, seeking input on decision-making processes as well as dissemination of timely information about the ongoing situation. Data collection and management were identified as an important pillar in addressing awareness raising. Existing feedback systems in place, like volunteers with KOBO & the operating hotline, needed to be strengthened or scaled up.

Operational Strategy

Overall objective of the operation

Through this DREF Application, TRCS aimed at implementing response actions to reach 887 households (4,435 people) of two regions (Morogoro and Mara) by providing humanitarian assistance for the following sectors: Health services, WASH, Shelter and basic household needs, and Livelihoods for the period of three months.

Operation strategy rationale

The operation strategy rationale sought to address the needs of the affected community that had been identified during the rapid and the detailed assessment. The detailed assessment conducted informed the operational strategy.

Shelter and Basic Needs

887 households were displaced and hosted in different temporary camps and were in need of basic emergency Household items. TRCS planned to support 887 households that were displaced and hosted in camps with Emergency Household kits. As part of the early actions, TRCS distributed 200 Kits covering 200 households (2 blankets, one mattress, two bars of soap, two buckets, and two mosquito nets per household) from its disaster preparedness stocks. By the time of applying for the DREF, an additional 687 EHIs had been mobilized and dispatched from TRCS warehouse to the affected areas. This however depleted the NS disaster preparedness stocks under which were to be replenished by this DREF. The government identified 621 houses that had been destroyed and requested TRCS to support these affected families with basic items including food, buckets, blankets, mosquito nets, and tarpaulins. The remaining 266 households whose houses were not destroyed completely but rather they were surrounded by water were to benefit from TRCS EHIs.

Food Security and Livelihood

The rapid assessment conducted by TRCS regional branch revealed that the affected communities were facing food shortages due to the destruction of farms, food stocks, market infrastructure, and commercial areas. In Morogoro and Mara regions, most of the people depend on agriculture, fishing, and small business. The destruction of their crops and food stocks such as corn, rice, beans, and wheat, significantly contributed to the food shortage. Additionally, heavy rainfall and strong winds led to loss of livestock. Through this DREF, TRCS in collaboration with the government planned to conduct a detailed assessment that was to inform the actual needs of the affected community and inform the operational strategy.

Health

Since March 21, 2025, the TMA forecast had shown that heavy rains would persist, which affected the health sector in the region and districts concerned, hindering the ability to provide health services to the affected communities. Health experts were unable to serve the displaced populations in the camps. The government, through the Ministry of Health, had deployed emergency health officers to the health centers to assist the affected communities, among other measures. However, evidence from Sitrep No. 530 revealed a total of 350 and 559 cases, and 5 and 6 deaths in Mara and Morogoro regions respectively. This highlighted the urgent need to take measures to address the existing risks, as the affected areas were vulnerable to waterborne diseases including Malaria and Cholera, which were expected to increase due to the stagnant floodwaters providing breeding grounds for Malaria. TRCS, through this DREF application, had planned to train volunteers on health promotion and deploy them for awareness campaigns. Additionally, TRCS had planned to continue providing first aid, psychological support, and the provision of oral rehydration fluids to the affected communities.

Water, Sanitation and Hygiene

From the observation made during rapid assessment, most residential areas, as well as public institutions particularly in Morogoro and Mara regions were severely affected by the heavy rains and strong wings specifically in relation to water and sanitation. Water infrastructure including water intakes, pipelines, and approximately 214 latrines were damaged in Mara and Morogoro regions. The damage to the water supply led to inadequate access to clean and safe water in residential areas and key institutions such as schools and health facilities. Some people reported that they use water from seasonal springs, and rainwater, were contaminated, while others were forced to walk more than 3 kilometres to access clean and safe water from the water points that were still operational in adjacent hamlets. TRCS in collaboration with the government and other responders planned to distribute water treatment tablets to help affected communities in Morogoro and Mara regions to reduce the risks of waterborne diseases.

Protection, Gender and Inclusion

The government identified and provided public institutions like schools as emergency shelters for 887 households. However, TRCS was unable to supply additional tarpaulins since its stock was depleted last year during El Nino season. Families collectively decided to share the available emergency shelter, by separating women and men into different rooms, with no family being accommodated individually in a single room. The rapid assessment revealed a risk of sexual and gender-based violence (SGBV) due to the interaction of individuals from different households. TRCS planned to establish PGI desk per each camp and follow PGI minimum standards during the provision of the humanitarian services in this operation.

Community Engagement and Accountability

Feedback mechanisms were established in each camp to help victims provide inputs on services and request assistance from the TRCS and government when needed. TRCS deployed the regional coordinators and volunteers in the respective regions with CEA knowledge to support the affected communities. A key challenge was shortage of equipment such as telephones, and need for the refresher training for the volunteers on CEA to update their skills; TRCS continues to rely on regional coordinators to support feedback mechanisms because they are well capacitated. TRCS planned to collaborate with local leaders to distribute real-time weather updates through multiple channels: SMS alerts, social media, and loudspeakers in community hubs. To enhance this, TRCS planned to, provide clear information on the severity, expected timeline, and safety measures, establish hotlines and feedback channels (like phone lines, WhatsApp, or face-to-face feedback sessions) to gather community questions, concerns, and needs, ensure that response plans are accessible for all, including people with disabilities, the elderly, and families with children, prioritize clear visuals, easy-to-understand language, and accessible formats (e.g., large print for the visually impaired). To gather feedback from deployed volunteers TRCS planned to conduct one after action review through a structured facilitated discussion to critically and systematically review what was in place before the response and what has been used and their general experience to better improve on their response capabilities.

Targeting Strategy

Who was targeted by this operation?

The operation targeted a total of 887 households (4,435 people) who had been affected adversely by the thundershowers and strong winds that impacted their livelihood, shelter, food stock, health, water supply system and sewage system. The priority was extended to child headed household, women headed households, people living with disability, and those with low income. The targeted regions were Morogoro and Mara.

Explain the selection criteria for the targeted population

As part of CEA approach, TRCS conducted the registration and verification process during community meetings that engaged key role players like local government leaders, disaster management committees, and traditional leaders to verify the selected household in ensuring that the selection criteria were properly adhered to. In addition, the selection criteria were shared widely through trusted channels of communication, which included community engagement forums, that are usually spearheaded by traditional leaders and local authorities to ensure that people understand the selection criteria. The NS staff and volunteers also collected feedback and complaints of targeted households during the selection and throughout the operation based on the channel identified during the need assessment as preferred by the affected community. Feedback was shared and analyzed by the DM team and PMERL to refine the selection process and criteria if necessary and ensure that complaints regarding the selection of the community members are investigated and addressed promptly.

Total Assisted Population

Assisted Women	2,262	Rural	40%
Assisted Girls (under 18)	701	Urban	60%
Assisted Men	820	People with disabilities (estimated)	4%
Assisted Boys (under 18)	652		
Total Assisted Population	4,435		
Total Targeted Population	4,435		

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
Continuing rainfall and potential for further thundershowers (as per the TMA forecast) can exacerbate existing damage to the road networks, and hinder response efforts.	Weather forecasts were continuously monitored, and the operations were adjusted accordingly.
The is a likelihood for the cholera outbreak in Musoma and Ulanga district due to destruction of the water supply system that led to inadequate supply of clean and safe water and sewage system that leads to contamination of the available water for consumption. Additionally, Mara and Morogoro region have 589 and 350 Cholera cases respectively as of March 2025, as reported by the Sitrep update.	In response to the identified risk, TRCS promoted safe water storage practices in the community, and conducted hygiene awareness campaigns in Musoma and Ulanga districts to educate the community about preventing the spread of diseases.
Loss of food stocks and destruction of crops (as reported) can lead to food shortages and malnutrition, especially among vulnerable populations.	Beneficiaries were registered and their needs were verified to prevent fraud and ensure that aid reaches those who need it most. Additionally, TRCS volunteers from the specific locations were used to distribute the available food from the government to the affected community.

Please indicate any security and safety concerns for this operation:

Given the ongoing thundershowers in Mara and Morogoro regions in April and May during implementation of the flood response, the TRCS's operation faced significant safety and security concerns, including challenges related to accessing affected communities due to

damaged infrastructure, and the potential for outbreaks of waterborne diseases necessitating secure water distribution. TRCS intensified resource mobilization and provided insurance to 100 volunteers who were deployed for this operation.

Has the child safeguarding risk analysis assessment been completed?	No

Implementation

Shelter Housing And Settlements

Budget: CHF 82,702
Targeted Persons: 4,435
Assisted Persons: 4,435
Targeted Male: 2,173
Targeted Female: 2,262

Indicators

Title	Target	Actual
Number of affected households reached with the emergency household kits	887	887
Number of TRCS volunteers engaged in the distribution of the emergency shelter kits	100	100

Narrative description of achievements

The 887 households were provided with the NFIs that includes 2 blankets, 1 mattress, 2 buckets,2 bar soaps and 2 mosquito nets per household. These NFIs provided were crucial in meeting the immediate humanitarian needs of the affected community and improving their living conditions. During the distribution of the emergency shelter kits, 100 TRCS volunteers (50 from Mara and 50 from Morogoro) were mobilized and deployed to support the distribution of the items to household items as planned, among other things. The volunteers worked hard to support distribution of the NFIs while ensuring the seven fundamentals of Red Cross and Red Crescent are observed.

Post distribution monitoring were conducted and the community had different feedback on this. The first feedback was high level of satisfaction from the NFIs provided, whereas in Morogoro all 100% were satisfied, while in Mara only 42% were satisfied. The discrepancy in satisfaction is contributed by different factors including delays, poor communication with the beneficiaries, and inadequate supplies. In terms of time spent at the distribution point, in Morogoro 57% reported that they spent less than 1 hour, while in Mara only 20% spent less than 1 hour. In terms of community involvement in beneficiary selection, it is noted that in Morogoro it is 100% and in Mara it is only 96%. It was also noted that more than 85% of beneficiaries had awareness on the feedback and complaint mechanisms, while of these more than 87% has access to these feedback communication channels.

Lessons Learnt

Early Preposition of EHI is highly encouraged.
Clear coordination with local government to avoid duplications of services to the same beneciaries is crucial.

Challenges

• There was delay in procuring and distribution of NFI.

Livelihoods And Basic Needs

Budget: CHF 11,456
Targeted Persons: 7,851
Assisted Persons: 4,435
Targeted Male: 2,173
Targeted Female: 2,262

Indicators

Title	Target	Actual
Number of detailed assessments conducted	2	2

Narrative description of achievements

Two detailed assessments were conducted in Musoma and Ulanga districts. The Prime Minister Office – Disaster Management Department (PMO-DMD), TRCS branch office, local government office, and other stakeholders, led the detailed assessments. The detailed needs assessment conducted in Mara and Morogoro regions revealed that floods caused by heavy rains and strong winds had severely impacted communities in Ulanga District (Morogoro) and Musoma District (Mara). In total, 1,017 houses were either destroyed or severely damaged, displacing 4,435 people out of an affected population of 7,851. Livelihoods were disrupted as food stocks, crops, livestock were lost, while basic services including education, health, and religious institutions were heavily affected, with schools, dormitories, and health facilities damaged. The assessment also highlighted those 214 latrines were destroyed; water systems contaminated, and stagnant water increased the risk of malaria and other waterborne diseases. Vulnerable groups such as women, children, elderly, and people with disabilities were identified as disproportionately affected and requiring targeted protection and inclusion measures.

The priority needs identified include food, safe water, shelter, household items, and health services, with urgent attention required for psychosocial support, hygiene promotion, and mosquito net distribution. Communities in both regions face reduced access to markets due to damaged roads and bridges, further limiting availability of essential goods. The findings also underscored low awareness and preparedness at community level, with many settlements built in flood-prone areas without proper drainage or urban planning. TRCS, in coordination with government and local partners, prioritized interventions in food security, health promotion, and WASH, with immediate response actions already initiated through provision of NFIs, relief food, and psychosocial support.

Food was not budgeted in DREF, but TRCS only supported the distribution of food that was provided by the government.

Lessons Learnt

• Community and local government leaders were involved in the detailed assessments, and this was key in identifying the community needs.
• TRCS and PMO DMD to ensured assessment tools were in both English and Swahili to simplify work during detailed assessments.
• TRCS should cascade knowledge to the regional disaster management committee and TRCS branch on how to conduct detailed assessment during disaster preparedness activities.

Challenges

• Participation of some of the local government leaders during the assessments was partial while they are the gatekeepers of the community.
• Few devices (phones and tablets) were available to conduct assessment.
• Language barriers because the tools used were in English language hence TRCS DM team and PMO DMD had to translate into Swahili and shared with volunteers and local government during the assessment.

Health

Budget: CHF 80,169
Targeted Persons: 4,435

Assisted Persons: 14,571
Targeted Male: 7,140
Targeted Female: 7,431

Indicators

Title	Target	Actual
Number of volunteers oriented on MHPSS	100	100
Number of people reached with health promotion	4,435	14,571
Number of Volunteers trained in EPiC	100	100

Narrative description of achievements

100 TRCS (36 Male and 64 Female) volunteers in Musoma and Ulanga branch were trained in MHPSS and EPiC lessons. The training was conducted in a duration of 6 days by the qualified facilitators. The EPiC training covered several topics including Dissemination of the Red Cross, Epidemic diseases such as Mpox, Marburg and Ebola; Zoonotic diseases; WASH, CEA; PGI; and safe and dignified burials among other things. During the training, among other things the volunteers were taught on how to handle mental health issues. The MHPSS was very successful since both volunteers and beneficiaries with the mental challenges received the MHPSS services and were healthy. Two MHPSS focal points were deployed in Ulanga and Musoma branches, and they were responsible in supporting volunteers who undergo mental challenges during project implementation, and they were also providing mental health support to the project beneficiaries. The volunteers reported to receive notebooks and pens during the trainings, masks, bips, and posters during the community sensitization after deployment. Through this training, volunteer capacity in Musoma and Ulanga branches have been enhanced. After the training, these volunteers were deployed to the community to conduct the health promotion campaigns targeting the affected population of 4,435 people. Through the health promotion in Musoma and Ulanga districts, 14,571 people were reached, surpassing the target set of 4,435 people. This is because the health awareness promotion was provided to the surrounding villages and wards, as they were also susceptible to outbreak of the waterborne diseases due to April May rains. The community was very grateful for the health promotion awareness that was offered to them, as they gained a lot of education on the disease's prevention.

Lessons Learnt

• Health awareness promotion to the community is crucial in preventing the outbreak and spread of the waterborne diseases in the affected community.
• TRCS is highly trusted in the community hence it simplifies the awareness promotions.
• More health awareness to the community is required.
• The training duration of 6 days, facilitation techniques during the training, the venue and the food was great.

Challenges

• Due to destruction of some of the road networks, it was difficult for the volunteers to reach in some of the areas in providing the health awareness promotion in time.
• There was a language problem with one of the facilitators in Ulanga branch, where the volunteers reported the overuse of the English language.
• Some of the community lacked knowledge about Red Cross and were reluctant in receiving health awareness promotion.
• Transport challenge to the volunteers during the health awareness promotion to the community as some of the places were far above 5 kilometers.

Water, Sanitation And Hygiene

Budget: CHF 95,801
Targeted Persons: 4,435
Assisted Persons: 14,571
Targeted Male: 7,140
Targeted Female: 7,431

Indicators

Title	Target	Actual
Number of volunteers oriented on WASH	100	100
Number of volunteers deployed to conduct hygiene promotion	100	100
Number of people reached with hygiene promotion	4,435	14,571

Narrative description of achievements

The project was very successful in WASH (Water, Sanitation, and Hygiene) initiatives. It met its goal of training and deploying 100 volunteers to promote hygiene. The WASH training among other things included the water quality, sanitation, and the hand washing practices. The outreach impact was much bigger than expected, reaching 14,571 people, more than 300% above the original goal of 4,435. This overachievement was reached after realizing that it is crucial to go beyond the affected population and expand the base to the surrounding community as well and enhance their preparedness and response capacities. This big jump shows that the volunteers were successful in raising awareness about hygiene, which probably helped people in the community adopt better health habits and become more resistant to diseases spread by water.

Lessons Learnt

• The outbreak of the waterborne diseases has no boundaries hence it was crucial to educate the surrounding communities as well.
• The use of flyers and posters during the hygiene awareness promotion was key in enhancing community awareness.
• There is need to include sanitation and waste management as part of response operation.
• Continuous training of volunteers on WASH is essential.

Challenges

• Transport challenge to the volunteers during the health awareness promotion to the community as some of the places were far above 5 kilometers.
• There were a few numbers of staffs and volunteers trained on WASH.

Protection, Gender And Inclusion

Budget: CHF 20,942
Targeted Persons: 100
Assisted Persons: 100
Targeted Male: 25
Targeted Female: 75

Indicators

Title	Target	Actual
Number of volunteers and staff oriented on PGI minimum standard	100	100
Number of Safe Spaces & Psychosocial Support created for Women & Girls, safe spaces for women-headed households, survivors of violence, and adolescent girls	2	2
Number of SGBV referral pathways have been established to support survivors of SGBV	2	2

% Disaggregated data collected (100)	100	100

Narrative description of achievements

The DREF response for floods met all of its goals for promoting Protection, Gender, and Inclusion (PGI). It had 100 volunteers and staff members who were trained on PGI minimum standards, which laid the groundwork for gender-sensitive interventions for this response. Two safe spaces were set up for women, girls, women-headed households, and survivors of violence. These spaces gave them important psychological support and protection. In addition, two SGBV (Sexual and Gender-Based Violence) referral pathways were set up to make it easier for survivors to get the services they need. The project also made sure that 100% of the disaggregated data was collected, which made it easier to keep an eye on things and respond in a way that was right for each situation. These accomplishments have made community protection systems stronger, helped vulnerable groups more, and made the humanitarian response more open and accountable.

Lessons Learnt

• PGI is a crucial component in any response undertaken as it ensures every group particularly the vulnerable are well protected.
• It is necessary to mainstream PGI in all interventions.
• Risk assessment was the key for gaps and need identification.

Challenges

• Limited evacuation shelter resulting in overcrowding of the affected community, but this was later resolved as some people sought refuge from their neighbors and relatives.

Community Engagement And Accountability

Budget: CHF 2,620
Targeted Persons: 105
Assisted Persons: 100
Targeted Male: 25
Targeted Female: 75

Indicators

Title	Target	Actual
Number of volunteers and staff oriented on CEA in emergencies	100	100
Number of feedback mechanism established	5	5
Number of After Action Review conducted	1	2

Narrative description of achievements

The DREF successfully trained 100 volunteers and staff on Community Engagement and Accountability (CEA), making sure they all understood how to use participatory approaches in humanitarian response. It also established five ways for people to give feedback, so that affected communities could voice their concerns and help make decisions about the program. Feedback established mechanisms include hotline number that was active throughout the project implementation. Also, feedback was collected through community meetings, CEA desk at both branches, door to door visits by the volunteers, and social media, these approaches collectively were very useful in collecting feedback and ensuring project buy in. Additionally, two After-Action Reviews (AAR) were conducted, 1 in Ulanga branch and another in Musoma branch to see what lessons were learned and how to make future interventions better. These accomplishments improved accountability, built trust in the community, and encouraged flexible programming, which all led to emergency operations that were more inclusive, effective, and responsive. The project not only met its goals, but it also set the stage for long-term, people-centered humanitarian action by putting community input and ongoing learning first.

Summary:
Tanzania Floods Response (MDRTZ040) Lessons Learnt Workshop.
Date of Workshops:23rd July 2025 (Mara) & 28th July 2025 (Morogoro).
Total Participants:60 (34 in Mara, 26 in Morogoro).

What Went Well
- Volunteer Training:100 volunteers trained (50 per region), enhancing disaster response capacity.
- Timely Assessments: Detailed needs assessments conducted promptly in both regions.
- NFI Distributions: Mattresses, blankets, and buckets provided to meet immediate needs.
- Community Involvement: Strong engagement during assessments and distributions.
- Stakeholder Collaboration: Effective partnership with government and local leaders.
- Community Sensitization: Well-received awareness campaigns on disaster risks.

What Did Not Go Well
- Delayed Assistance: Aid reached some communities one month later.
- Inadequate Resources: NFIs and PPEs (gumboots, umbrellas) were insufficient.
- Logistical Challenges: Lack of transport for volunteers and poor road access.
- Training Issues: Limited time for training; language barriers and English-heavy materials.
- Misperceptions of TRCS: Some communities viewed the Red Cross with suspicion.
- Overcrowded Shelters: Temporary camps lacked space and basic amenities.

Key Recommendations
1. Pre-Disaster Preparedness:
   - Conduct regular disaster and WASH training for volunteers and communities.
   - Pre-position supplies and establish regional warehouses.
2. Logistics & Resources:
   - Provide volunteers with transport and PPEs.
   - Improve road access and evacuation center mapping.
3. Communication & Coordination:
   - Disseminate timely information to affected communities.
   - Strengthen government-stakeholder coordination.
4. Community Engagement:
   - Educate communities on disaster risks and Red Cross roles.
   - Provide psychosocial support to affected populations.

Conclusion
The floods response demonstrated strong community engagement and volunteer dedication but faced challenges in timeliness, resources, and logistics. Future responses will benefit from earlier preparedness, better resource allocation, and strengthened local partnerships.

Lessons Learnt

• CEA training was crucial in enhancing the volunteer's capacity in informing the community about the ongoing activities and collecting their feedback, as well as giving feedback to the community.

Challenges

• Some of the community members were not aware about Red Cross activities and were reluctant to receive the awareness promotion. TRCS volunteers took step further by disseminating about Red Cross first before providing the awareness promotion, and this worked out.

Secretariat Services

Budget: CHF 11,790
Targeted Persons: 100
Assisted Persons: 100
Targeted Male: 25
Targeted Female: 72

Indicators

Title	Target	Actual
Number of financial spot checks conducted	1	1
Number of monitoring missions conducted	2	2

Narrative description of achievements

The project met its goals under secretariate services including conducting one financial spot check and two monitoring missions that were conducted by IFRC in collaboration with TRCS, 1 in Musoma branch, and 1 in Ulanga branch. This made sure that everything was open, accountable, and followed the plan. These steps helped find possible risks, better manage resources, and stay in line with the rules set by IFRC. The project-built trust among stakeholders and improved the overall quality of implementation by checking the financial integrity and program effectiveness. These accomplishments led to more effective and closely monitored interventions, which made sure that project goals were met while lowering the risk of mismanagement.

Lessons Learnt

• Financial spot checks are crucial in ensuring that the project funds are used properly to meeting the project goals. Monitoring by the IFRC also crucial in ensuring that the national society follow the guidelines in implementing the projects.

Challenges

• No challenges encountered.

National Society Strengthening

Budget: CHF 74,477
Targeted Persons: 145
Assisted Persons: 105
Targeted Male: 40
Targeted Female: 65

Indicators

Title	Target	Actual
Number of staff mobilized	5	5
Number of coordination meetings held	10	10
Number of TRCS monitorings conducted	10	10
Percentage of volunteers insured	100	100

Narrative description of achievements

The DREF response mobilized all five of the targeted staff to work together, held all ten planned coordination meetings, and made two visits to monitor the work of the Tanzania Red Cross Society (TRCS). This made sure that there were strong oversight and cooperation. Also, all volunteers from Musoma and Ulanga branches got insurance, which made them safer and more motivated. Furthermore, TRCS held 10 coordination meetings and 10 monitoring visits with the Ulanga and Musoma branch leadership during the implementation of the project and ensuring success. 10 monitoring visits include two monitoring conducted by the PMERL unit, 4 DM department, and 2 PDM, and 2 Lesson learnt sessions held in both regions. These visits were very crucial in identifying the progress of the project and

providing suggestions as a way forward. These successes made operations run more smoothly, made people more responsible, and made sure that activities were carried out on time. The consistent coordination and monitoring made the program work better, and the fact that volunteers had insurance showed that they cared about their well-being, which made the humanitarian response safer and more effective. Overall, these efforts made the project more effective by keeping workflows organized, protecting workers, and encouraging long-term community involvement.

During the coordination meetings, key discussions and decision making include distribution points, involvement of the local government during the DREF, key messages to be disseminated to the community, and inclusion of the special groups including the elderly.

Lessons Learnt

• Coordination between regional, district and local government is crucial in successful implementation of the DREF response.

Challenges

No challenges observed.

Financial Report

Selected Parameters			
Reporting Timeframe	2025/04-09	Operation	MDRTZ040
Budget Timeframe	2025/04-09	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 28/Oct/2025

All figures are in Swiss Francs (CHF)

MDRTZ040 - Tanzania - Floods

Operating Timeframe: 08 Apr 2025 to 31 Jul 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**379,955**
DREF Response Pillar	379,955
Expenditure	**-347,210**
Closing Balance	**32,745**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	72,734	113,544	**-40,810**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health			**0**
PO05 - Water, Sanitation & Hygiene	89,954	22,351	**67,603**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	200,082	194,637	**5,445**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**362,770**	**330,532**	**32,238**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	9,840	10,700	**-860**
EA03 - National Society Strengthening	7,344	5,977	**1,367**
Enabling Approaches Total	**17,184**	**16,678**	**506**
Grand Total	**379,954**	**347,210**	**32,744**

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Click here for the complete financial report

Please explain variances (if any)

The variances arise from transfers made to the National Society, which are reflected in the National Society financial report. However, the NS financial report does not have these variances. The remaining balance of CHF 32,744 shall be reimbursed back to the DREF pot.

Contact Information

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

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Click here for reference