

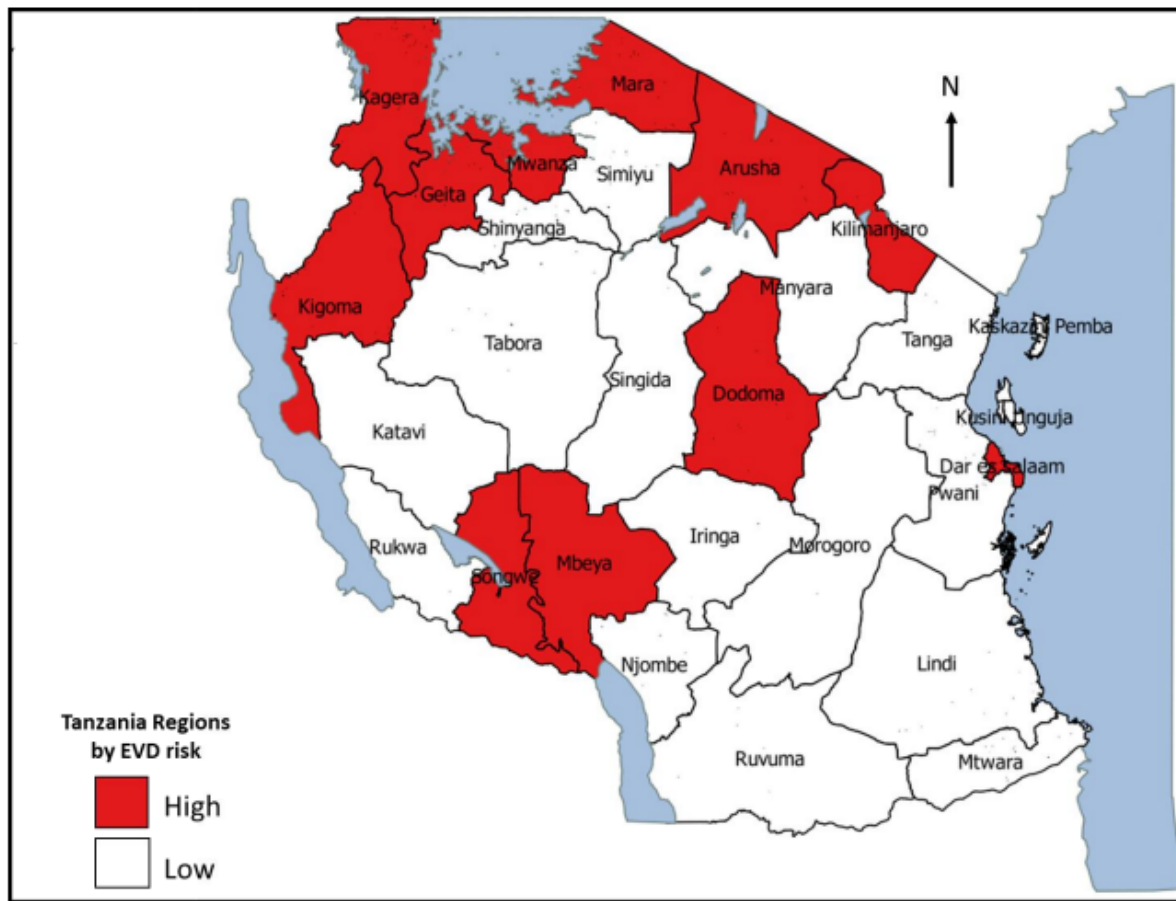


SDB team after accomplishing the training at Mara region

Appeal: MDRTZ032	Total DREF Allocation: CHF 188,597	Crisis Category: Yellow	Hazard: Epidemic
Glide Number: N/A	People Affected: 25,295,472 people	People Targeted: 7,840,687 people	
Event Onset: Slow	Operation Start Date: 2022-11-09	New Operational End Date: 2023-05-31	Total Operating Timeframe: 6 months
Targeted Areas: Kagera, Mwanza, Mara, Kigoma			

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



Provide any updates in the situation since the field report and explain what is expected to happen.

Uganda declared an Ebola virus disease on 20th September 2022 in Mubende District putting Tanzania at high risk of possible cross-border transmission. The two countries share many points of entry, with people conducting economic activities without any movement restrictions. Tanzania was one of the risk countries prioritized by WHO to enhance preparedness and operational readiness based on the proximity to the outbreak area. MOH Tanzania mapped 10 regions at highest risk, five directly bordering Uganda, (Kagera, Kigoma, Geita, Mwanza, and Mara). Consequently, a DREF was launched on 9th November 2022 to support the National Society in the preparedness initiatives.

The outbreak in Uganda was declared over on the 11th of January, the country had confirmed 142 cases of the Sudan virus, 55 deaths (39% CFR), and 22 probable deaths. On the closing of this intervention, NS also consider the Marburg disease first outbreak declared in Kagera, Tanzania on 21st of March 2023.



Epic session in Mwanza during training to HQ staff and volunteers

Scope and Scale

Immediately following the declaration on the 20th of September 2022 in Mubende District in Uganda, a neighboring country with Tanzania, it put Tanzania at risk of cross-border transmission.

- By 2nd November, Uganda had confirmed 131 cases, 44 deaths, and 20 probable deaths. Confirmed case was last reported on 27 November 2022.

- A risk mapping was made by the MoH. Rapid Risk Assessment and categorization of the regions with 12 regions at risk include Kagera, Kigoma, Mara, Mwanza, Geita, Kilimanjaro, Arusha, Dar es Salaam, Dodoma, Mbeya, Unguja, and Songwe. On the at risk areas, five directly bordering Uganda: Kagera, Kigoma, Geita, Mwanza, and Mara.

- At the end of the outbreak, the country had confirmed 142 cases of Sudan virus, 55 confirmed deaths (38.7% CFR) and 22 probable deaths in nine health districts: Bunyangabu (1 cases; 0 deaths), Jinja (1; 1), Kagadi (1; 1), Kampala (18; 2), Kassanda (49; 21), Kyegegwa (4; 1), Masaka (1; 1), Mubende (64; 281), and Wakiso (3; 0).

- Then, Marburg outbreak declaration in the country added to the need to maintain the preparedness for VHF. The outbreak was declared on 21st of March and as of 22nd March 2023, a total of 11 cases of Marburg were reported, of these 7 died (CFR 63.6%).

EVD is a highly transmissible disease with an average case fatality rate around 50% but from past outbreaks, it has varied from 25-90%, depending on specific factors and the intervention in place. Considering the different mode of transmission and the factor of risk in the areas, the ongoing outbreak in Uganda was putting at risk the communities, especially the people in urban areas, displaced communities, women and children living in the districts reporting cases; healthcare workers not wearing the proper protection.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?

No

Please provide a brief description of those additional activities

-

IFRC Network Actions Related To The Current Event

Secretariat	<p>IFRC contributed to the TRCS EVD Plan of Action in different areas.</p> <ul style="list-style-type: none">• IFRC support of the NS in the development of its EVD Plan of Action and in-country coordination; technical support with the involvement in the EVD operation of the IFRC in-country team (1 Programme Coordinator and 1 Finance delegate) launch of the DREF operation, in addition to closely monitoring the situation, facilitated the coordination with other regional initiatives, as well as fundraising opportunities.• Joint Task Forces were held every week involving all countries implementing EVD response and preparedness activities. Considering the type of disaster and the repercussions that this could have had in neighboring countries, including Uganda, the DREF operation allowed the deployment of the following Surge capacities: Surge profile with public health in emergency expertise for operational coordination to support the TRCS in the evaluation, planning, coordination, implementation, and monitoring of the operation for 2 months. 1 surge profile with strong SDB and EPiC knowledge supported in the training of ToTs.
Participating National Societies	<p>The Belgium RC FI and Spanish RC are PNS in-country located at TRCS HQ implementing DP, WASH, FA, and RMCH projects. However, there was no support from the PNSs in country in regards to the DREF. The NS kept the coordination platform active with information's shared.</p>

ICRC Actions Related To The Current Event

ICRC received briefs from the national society throughout the implementation period.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Ministry of Health (MoH) coordinated the Ebola preparedness actions in the country, through central and district level Task Forces. The Tanzania Red Cross Society (TRCS) participated in the MoH-led National Taskforce meetings and engaged in national preparedness activities such as reviewing the EVD contingency plans, surveillance on cross-border population movement, and mobilization of people for a potential response.</p>
UN or other actors	<p>WHO, coordinate all the pillars with MOH; UNICEF coordinates WASH and RCCE pillars; UNHCR provides support for health services in the refugee setting; WFP coordinate the logistic pillar and provide food in the refugee operations, UNFPA support refugee with MRCH programs , IOM coordinates migrations at the point of entry, CDC provides support to the RCCE, Other include but not limited to Amref, MDH, MSF, and MTI.</p>
Are there major coordination mechanism in place?	

- TRCS is a member of the National coordination platform as well as the district-level coordination meetings
- National multisector coordination meeting weekly, on Thursday from 1300 to 1400, chaired by WHO and MOH;
 - RCCE pillar meeting where TRCS is an active member conducted bi-weekly every, Tuesday 1400 – 1500hrs; chaired by UNICEF and MOH
 - WASH pillar meeting, weekly, every Thursday 1000 – 1100hrs. chaired by UNICEF
 - Logistic pillar meeting
 - Surveillance,
 - Case management and IPC
 - Laboratory
 - Point of entry Pillar
 - Other coordination mechanisms in-country

Regional coordination chaired by the Regional Administrative Secretary involving all stakeholders at the regional level and districts. District coordination chaired by District Executive Officer involving partners at the district level and attended by TRCS branch focal persons

Needs (Gaps) Identified



Community Engagement And Accountability

Ebola is a deadly disease with lots of social, political, and cultural influence. Information shared or any lack of information is likely to trigger community perception. It is under this pretext that Community Engagement and Accountability was identified as a need. Volunteers were trained on how to facilitate community complaints and feedback mechanisms using the Community Engagement and Accountability (CEA) approach and on rumour tracking.



Health

Health was identified as a major need in this preparedness response. Various categories were identified to support the national society.

1. Case Management and IPC
2. Surveillance
3. Risk Communication and Community Engagement



Water, Sanitation And Hygiene

A need to renovate and activate Hand washing stations situated in high-risk areas was identified as a need- to enforce handwashing practices a continuation from the COVID-19 pandemic period. The volunteers included this when conducting hygiene promotion activities to the affected communities.



Protection, Gender And Inclusion

It is important to note that communities are impacted differently based on differences in the community. This was taken into consideration during targeting, and message dissemination, and with these the response was able to cover everyone in the society (the elderly, women-headed households, child-headed households, the poor, and people who are abled differently).

Operational Strategy

Overall objective of the operation

The Overall Objective of the DREF was to support preparedness for Ebola in five high-risk regions Mara, Kagera, Mwanza, Geita, and Kigoma for four months by strengthening the community-based surveillance, case management, risk communication community engagement considering potentially vulnerable high-risk groups and utilizing the existing social protection structures.

Operation strategy rationale

Following the declaration of the 20th of September 2022 EVD outbreak in Uganda, TRCS developed a Plan of Action, aligned with the Red Cross regional EVD strategic plan, as well as with the Tanzania National Task Force Plan.

The EVD Plan focused on six pillars:

- Risk communication, community engagements, and sensitization in five (5) targeted regions..
- Community-based surveillance at the community level in five (5) targeted regions.
- Screening at point of entry (PoE);
- Provision of psychosocial support (PSS) in targeted five (5) regions;
- Implementation of infection, prevention, and control (IPC) measures, including Safe and Dignified Burials (SDB); and particularly training and equipment of three (3) SDB teams to support the MoH SDB teams in case of an alert.
- Strengthen the National Society in Epidemic Preparedness through the revision of Standard Operating Procedures (SoP) and contingency plans.

A total of 75 volunteers were deployed to conduct awareness-raising at the community level.

1. Risk communication, community engagement, and sensitization

Through the DREF operation, TRCS volunteers engaged with communities to provide information on EVD, including prevention and risks through key messages and actions, including house-to-house visits, mobile cinema, community theatre, and radio shows. The DREF operation ensured the deployment of 75 volunteers between December 2022 and March 2023. Information Education and Communication materials, provided by the government through the Ministry of Health were used by volunteers while conducting activities in the field.

1,568,137 households (HH) in the 5 targeted regions were visited by TRCS volunteers. A total of 7,840,867 individuals were reached with Ebola prevention and basic hygiene promotion messages. In addition to household visits, Red Cross volunteers conducted community meetings in various locations including places of worship, schools, and marketplaces, as well as during public events, including funerals. A total of 5 community leaders' meetings were held, reaching 50 individual community leaders with Ebola prevention messages.

2. Community-Based Surveillance

In the initial DREF EVD, it was planned to conduct a Community-Based Surveillance (CBS) training involving 5 volunteers per region, as a follow-up to the CBS Training of Trainers (ToT) organized in the first week of November 2022 by the CP3 program. The training intended to support the implementation of CBS in all the regions and capitalized on experiences from CP3 in the projects' targeted regions of Kigoma, Kagera, Mara, Mwanza, and Mwanza. However, in the DREF-supported districts, the absence of structures to follow up on CBS alerts, coupled with the difficulty of building this capacity in a short period, led to the exclusion of the CBS activity from the DREF operation but was substituted with ECV surveillance. Therefore, volunteers supported passive health surveillance, referring people to health structures after the establishment of referral paths.

3. Provision of psychosocial support (PSS)

With support from IFRC, TRCS trained 75 volunteers engaged in RCCE activities on PSS. The additional knowledge given to volunteers allowed them, while conducting awareness at the community level to allay fears and anxiety, identify individuals with psychosocial needs, provide psychological first aid, and make appropriate referrals if required.

4. Safe and Dignified Burials (SDB)

IFRC and TRCS initiated SDB preparedness activities training Four TRCS SDB teams. TRCS started discussions and reviewed SDB SOP for the very high infectious Diseases with the MoH and in particular with the Case Management Sub-Committee, to position the NS among the actors involved in SDB procedures. TRCS staff supported in;

- Development of the TRCS SDB plan to be presented to the NTF/ Case management sub-committee.

- Development of the TRCS EVD/SDB with MoH protocols.
- Development of the SDB training curriculum, following WHO and IFRC standards.
- Realization of 3 training aimed at forming 4 SDB teams ensuring their operational readiness, including logistical arrangements, as well as the equipment through the procurement and prepositioning of SDB kits, following the realization of one Training of Trainers (ToT) under IFRC
- Realization of SDB drills and simulations

This led to a decision at the end of March 2023 by the National Task Force to include the National Society as an SDB partner.

5. Training of Epic TOT for epidemic disease control preparedness

During the reporting period, with support from IFRC, TRCS trained 33 volunteers engaged in Epidemic disease control awareness activities in the selected 5 regions.

Targeting Strategy

Who will be targeted through this operation?

The National Society's EVD Plan of Action, focused on Kagera, Geita, Kigoma, Mwanza and Mara branches located at the border with Uganda alongside Lake Victoria.

TRCS targeted people in high-risk districts with health promotion activities including risk communication and community engagement. Volunteers and CHWs were deployed to conduct RCCE and distribution of IEC materials. They were also trained to support the early detection of new cases through active case finding and contact tracing.

Explain the selection criteria for the targeted population

The target areas were selected due to their proximity to the neighboring hot spots and the unrestricted cross-border movement among the villages. It was also aligned with risk mapping from MoH and contingency planning.

Total Targeted Population

Women	3,199,001	Rural	64%
Girls (under 18)	799,750	Urban	36%
Men	3,073,549	People with disabilities (estimated)	2%
Boys (under 18)	768,387		
Total targeted population	7,840,687		

Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
Cross border infection of EBOLA and infect TRCS employees or volunteers.	A business Continuity Plan was developed, and the management remained on high alert for any suspected or reported cases. IPC measures were well disseminated to the staff and volunteers.
Transmission of other diseases like the ongoing COVID-19, NCD, dropout for Routine vaccine	Addressed by identifying Ebola CTC and leave the other facilities for continuum care and communicate to public to reduce fear.

coverage, water bone disease due to fear of attending health facilities

Please indicate any security and safety concerns for this operation

Volunteers involved in the operation were provided with Personal Protective Equipment's to ensure their safety and Insurance cover provided to them.

Implementation



Community Engagement And Accountability

Budget: CHF 4,260

Targeted Persons: 784,069

Assisted Persons: 784,069

Indicators

Title	Target	Actual
# of CEA staff prepositioned	1	1
# of IM staff prepositioned	1	1
# of volunteers trained on community feedback	25	75
# of feedback mechanisms established	1	2

Narrative description of achievements

• A total of 75 volunteers were deployed to support the DREF operation. To guide their community engagement and ensure the quality of the response, these volunteers were orientated on their roles and responsibilities and the types of risks they were likely to face. Additionally, the volunteers were provided refresher training in psychosocial support to subsequently deal with any psychologically related cases that might ensue and got detailed orientation on how to facilitate community complaints and feedback mechanisms using the Community Engagement and Accountability (CEA) approach. Strong emphasis was placed on protecting the dignity of the beneficiaries and making sure that women and men were treated equally. Volunteers consulted communities on their preferred and trusted communication channels during group discussions; favorite community channels were community dialogues, community radios, and chat boxes through TRCS social media.

Lessons Learnt

•The Tanzania Red Cross needs to ensure and increase the number of trained volunteers on Epidemic disease control, Hygiene promotion, and skills to support awareness raising. Trained volunteers could easily be deployed to support response and will save time and cost as they will require refresher training/orientation than specialized training during disasters and crises.

Challenges

• Few numbers of volunteers trained in CEA which was not enough compare to the need.



National Society Strengthening

Budget: CHF 44,886
Targeted Persons: 784,069
Assisted Persons: 90

Indicators

Title	Target	Actual
# of visibility jackets procured	75	50
# of documentation profiled	1	1
# of monitoring visits conducted	2	4
# of lessons learned learnt conducted	1	1

Narrative description of achievements

- Volunteers’ insurance: A total of 75 volunteers engaged in the DREF operations were insured.
- Code of conduct: Volunteers and staff engaged in the DREF were mobilized and briefed on the code of conduct and the principle of the Red Cross Red Crescent movement. The Human Resource and DM unit ensured that volunteers read the code of conduct and Red Cross principles.
- The operation also made provision for the procurement of only 50 visibility materials instead of 75 compared to the number of volunteers that were recruited to support community engagement within the community areas. This did not affect the response because the volunteers were provided with jackets for initiatives during the previous response. Hence the branch capacity handed the case with provision stock available within their levels.
- Lessons learned exercise was conducted in Mwanza bringing together representatives from other regions, government representatives, and other actors for learning purposes. The formulation of SDB SOPs together with MOH was highlighted as one of the major achievements of the response.

Lessons Learnt

- Compliance with the DREF action plan is crucial for effective service delivery.
- Ensure that volunteers are trained before community engagement activities are conducted and volunteers are appreciated for the good work they deliver.
- Community volunteers must be recruited together with community leaders/stakeholders to ensure community trust and confidence.

Challenges

- A very minimal number of volunteers were engaged compared to the largeness of the targeted population.



Health

Budget: CHF 80,599
Targeted Persons: 7,840,687
Assisted Persons: 7,840,687

Indicators

Title	Target	Actual
# of people reached through RCCE	7,840,687	7,840,687
# of SDB simulation done	1	1
# of SDB training kits procured	2	4
# of SDB replenishment kits procured	2	2
# of SDB starter kits procured	2	2
# of volunteers supported with PSS clinics	75	75
# of staff trained on IPC	25	24
# of Ebola posters/flip charts printed	5,000	0
# of radio sessions conducted	5	5
# of SBD teams trained	4	4
# of community leaders engaged in advocacy sessions	50	50
# of volunteers conducting RCCE/CBS	75	79
# of ToTs trained on EPiC	30	33
# of CBS assessment done	1	1
# of advocacy sessions conducted	5	5

Narrative description of achievements

- Case management

Under this DREF, TRCS procured 2 Starter Kits, 2 replenishment Kits, and 2 Training kits through the IFRC regional procurement unit, however, the delivery of these kits was faced with delays in delivery leading to a request for operation extension. There was a delay in the delivery of these kits which occasioned a timeframe extension by a further two months.

- Community engagement through house-to-house and mass communication

A significant number of volunteers were mobilized, trained, and deployed in the expansion of community prevention activities at risk regions Mwanza, Kagera, Geita, Mara, and Kigoma. This was agreed upon by response stakeholders as a result of the widespread mobility of the EVD contacts. The TRCS' capacity to rapidly mobilize community volunteers was therefore a good solution to meet these additional needs.

The National Society was able to reach 7,840,687 people totaling 1,568,137 households with social mobilization messages through interpersonal house-to-house engagements and community meetings. A team of volunteers was responsible for a village throughout the operation, each district team had one Focal person.

TRCS participated in the development and pre-testing of various Behavioral Change Communication (BCC) messages, which were later printed by UNICEF and MoH Were disseminated to the various target audiences by the TRCS volunteers. In addition, TRCS facilitated the production and sponsorship of media engagement like radio and TV interviews and talk shows, where TRCS field and HQ teams participated in communicating prevention messages. In collaboration with the Ministry of Health (MoH) and with

the facilitation of the EVD IFRC DREF Operation.

- Community engagement via key stakeholders such as traditional and religious leaders Community engagement activities were integrated as part of the social mobilization interventions. TRCS HQ staff and Volunteers conducted community meetings with 50 community leaders (clan, religious, cultural, and political leaders) that helped to resolve an impasse were community members. This was conducted in each targeted community of five regions of Mwanza, Kagera, Geita, Mara, and Kigoma
- Rumor Monitoring was conducted as part of the community-based surveillance system and community engagement/risk communication interventions by the volunteers. Interactive discussions were made to inform and address the rumors.
- 5,000 Ebola posters /Flip charts were not printed as MoH had provided enough posters. The fund was reallocated to the procurement of SBD training materials whose delivery was delayed from the regional procurement.
- The number of procured scanners was 50 targeted to this DREF but due to a high price in the calculation that exceed the actual price, 30 were procured. TRCS, therefore, reduced the screening points which were covered by the government.

Lessons Learnt

- Tanzania Red Cross' approach to community engagement helped to build trust with communities. Strong community access enabled prevention messages to penetrate even to remote locations and facilitated acceptance which directly led to reducing the practice of hiding away suspect cases and seeking assistance from traditional healers.

Challenges

- Inadequate training of the volunteers: Few volunteers were trained and the number of days for the trainings was inadequate.



Water, Sanitation And Hygiene

Budget: CHF 7,157

Targeted Persons: 784,069

Assisted Persons: 784,069

Indicators

Title	Target	Actual
# of people reached through WASH interventions	784,069	784,069
Amount of chlorine for IPC procured	40	40
Amount of Hand washing soap (Liquid) 500ml procured	600	600

Narrative description of achievements

- 75 volunteers were trained on health and hygiene promotion, and drinking water supply, with components on communication and community engagement and necessary briefings on protection, gender, and inclusion. With EVD, emphasis was placed on containment measures during training or briefing sessions for volunteers, and also during their community engagement sessions.
- Community awareness of the water, sanitation, and hygiene situation in the target communities was carried out to educate the appropriate method of household water treatment for each community based on efficiency and user preferences. Continuous monitoring of the target communities' water, sanitation, and hygiene situation was done. This community awareness highlighted a lack of access to drinking water due to pollution of water points and an increasing level of unsanitary conditions, especially in the Kigoma and Mwanza areas around Lake Victoria.
- The procurement and distribution of the chlorine for IPC were not done as these were provided by MoH. TRCS fund

reallocated the funds to the procurement of SDB training materials that were to be delivered through the IFRC regional procurement unit. Hand-washing soap was procured and distributed.

Lessons Learnt

- Inclusion of Sanitation and Waste management as part of the EVD operation and advocate for it towards partners.
- Continuous training for volunteers and staff on WASH, may save costs during community mobilization in emergency operations.

Challenges

- Limited number of staff and volunteers trained on WASH limiting the number of community mobilization and awareness



Protection, Gender And Inclusion

Budget: CHF 3,195

Targeted Persons: 75

Assisted Persons: 75

Indicators

Title	Target	Actual
# of volunteers oriented on PGI	75	75

Narrative description of achievements

- A total of 75 volunteers were deployed to support the DREF operation.
- To guide their community engagement and ensure the quality of the response, these volunteers were orientated on their roles and responsibilities and how inclusion and protection, especially for children, women, and people with disabilities. Additionally, the volunteers were provided refresher training on PGI.

Lessons Learnt

- To include PGI in all training involving field and HQ staff and volunteers as a starting point to any operation or response.

Challenges

- Few volunteers engaged and trained.
- PGI minimum standard document not printed and distributed to the field team



Secretariat Services

Budget: CHF 38,660

Targeted Persons: 2

Assisted Persons: 2

Indicators

Title	Target	Actual
# of monitoring missions conducted	2	1

# of surge deployed	1	1
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Narrative description of achievements

- A surge profile was deployed at the beginning of the operations and supported the national Society in the implementation of activities. A monitoring mission was done in the first two weeks of March supported by IFRC.
- At the exit of the deployed surge, the PMER officer for the cluster delegation was deployed to continue supporting TRCS in this response.
- Surge profile deployed to support NS intervention structure: Surge with public health in emergency expertise for operational coordination to support the TRCS in the evaluation, planning, coordination, implementation, and monitoring of the operation for 2 months. 1 surge profile with strong SDB and EPiC knowledge supported in the training of ToTs.

Lessons Learnt

- No Lessons learnt documented for this priority area.

Challenges

- No Lessons learnt documented for this priority area.

Financial Report

Please explain variances (if any)

The NS at the end of the intervention provided the attached financial report. On the allocation of CHF 188,597, CHF 183,461 were spent to cover the above intervention. CHF 140,786 of the budget were managed by the NS and support from IFRC provided were requested. The general unspent balance of this DREF operation NS and delegation budget together is CHF 5,136 which will be returned to DREF pot.

Some variances under the DREF standard report break-down are explained as follows:

- Most of the relied items for sanitation were handled by the NS while current deficit comes from the specific PPP procured with technical support of IFRC.
- The trainings were facilitated by the surge, hence some cost covered by NS and other by IFRC. Linked to the lessons learnt above, an extension of the team mobilized and training days were needed for a comprehensive training. This explained the figures for trainings, travel and staff.

Contact Information

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[Click here for reference](#)

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/11-2023/10	Operation	MDRTZ032
Budget Timeframe	2022/11-2023/05	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 16/Nov/2023

All figures are in Swiss Francs (CHF)

MDRTZ032 - Tanzania - Anticipatory Actions EVD Outbreak

Operating Timeframe: 09 Nov 2022 to 31 May 2023

I. Summary

Opening Balance	0
Funds & Other Income	188,597
DREF Anticipatory Pillar	188,597
Expenditure	-183,461
Closing Balance	5,136

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health		175,676	-175,676
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	188,597	1,194	187,403
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	188,597	176,870	11,727
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services		6,591	-6,591
EA03 - National Society Strengthening			0
Enabling Approaches Total		6,591	-6,591
Grand Total	188,597	183,461	5,136

DREF Operation

Selected Parameters			
Reporting Timeframe	2022/11-2023/10	Operation	MDRTZ032
Budget Timeframe	2022/11-2023/05	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 16/Nov/2023

All figures are in Swiss Francs (CHF)

MDRTZ032 - Tanzania - Anticipatory Actions EVD Outbreak

Operating Timeframe: 09 Nov 2022 to 31 May 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies		9,123	-9,123
Water, Sanitation & Hygiene		1,741	-1,741
Medical & First Aid		5,898	-5,898
Other Supplies & Services		1,484	-1,484
Logistics, Transport & Storage	11,700	7,519	4,181
Transport & Vehicles Costs	11,700	7,519	4,181
Personnel	15,200	225	14,975
International Staff	12,000		12,000
National Society Staff	3,200		3,200
Volunteers		225	-225
Workshops & Training		14,206	-14,206
Workshops & Training		14,206	-14,206
General Expenditure	9,400	41,190	-31,790
Travel	7,800	37,424	-29,624
Information & Public Relations		1,681	-1,681
Communications		918	-918
Financial Charges	1,600	1,168	432
Contributions & Transfers	140,786	100,000	40,786
Cash Transfers National Societies	140,786	100,000	40,786
Indirect Costs	11,511	11,197	313
Programme & Services Support Recover	11,511	11,197	313
Grand Total	188,597	183,461	5,136

5.1 PROJECT PARTNER EXPENDITURE CERTIFICATION

PROJECT PARTNER NAME	TANZANIA RED CROSS
PROJECT NAME	TZ EVD Preparedness
IFRC PROJECT CODE	PTZ054.AP109.MDRTZ032
CURRENT REPORTING PERIOD	09-Nov-2022 to 31-Mar-2023

5.1.1 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER PLANNED OPERATIONS & ENABLING APPROACH(Local Currency)

	Planned Operations / Enabling Approaches	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
	Shelter and Basic Household Items			0	0	0	0%	
	Livelihoods			0	0	0	0%	
	Multi-purpose Cash			0	0	0	0%	
	Health			252,345,054	252,345,054	-252,345,054	0%	
	Water, Sanitation & Hygiene			0	0	0	0%	
	Protection, Gender and Inclusion			0	0	0	0%	
	Education			0	0	0	0%	
	Migration			0	0	0	0%	
	Risk Reduction, Climate Adaptation and Recovery			0	0	0	0%	
	Community Engagement and Accountability			0	0	0	0%	
	Environmental Sustainability			0	0	0	0%	
	Coordination and Partnerships			0	0	0	0%	
	Secretariat Services			0	0	0	0%	
	National Society Strengthening			0	0	0	0%	
	Total	0	0	252,345,054	252,345,054	-252,345,054	0%	

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

SP No	Cost Categories	Budget Local Currency (A)	Prior Period Expenses Local Currency (B)	Current Period Expenses Local Currency (C)	Total (Year to date) Local Currency (D) (B+C)	Budget Balance Local Currency (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
	Personnel			0	0	0	0%	
	Relief supplies, transportation and storage			0	0	0	0%	
	Contributions to other organisations			0	0	0	0%	
	Other direct costs			252,345,054	252,345,054	-252,345,054	0%	
	Indirect cost recovery			0	0	0	0%	
	Total	0	0	252,345,054	252,345,054	-252,345,054	0%	

5.1.3 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER STRATEGIC PRIORITY & ENABLER (CHF)

SP No	Strategic Priority & Enabler	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
SP1	Climate and environmental crises			0	0	0	0%	
SP2	Evolving crises and disasters			0	0	0	0%	
SP3	Growing gaps in health and wellbeing			100,000	100,000	-100,000	0%	
SP4	Migration and identity			0	0	0	0%	
SP5	Values, Power and Inclusion			0	0	0	0%	
E6	Engaged			0	0	0	0%	
E7	Accountable			0	0	0	0%	
E8	Trusted			0	0	0	0%	
	Total	0	0	100,000	100,000	-100,000	0%	

5.1.4 BUDGET & EXPENSES BY PROJECT PARTNER ONLY PER RESULT OR OBJECTIVE (CHF)

Result No.	Result or Objective	Budget CHF (A)	Prior Period Expenses CHF (B)	Current Period Expenses CHF (C)	Total (Year to date) CHF (D) (B+C)	Budget Balance CHF (E) (A-D)	Percentage budget spent (F) (D/A)	Explain implementation > 110% for interim and Final Report and < 90% for Final Report only (G)
All results	Cost common to all results			0	0	0	0%	
R1				100,000	100,000	-100,000	0%	
R2				0	0	0	0%	

R3				0	0	0	0%	
R4				0	0	0	0%	
R5				0	0	0	0%	
R6				0	0	0	0%	
R7				0	0	0	0%	
R8				0	0	0	0%	
Total			0	0	100,000	100,000	-100,000	0%

5.1.5 CLOSING INCOME-EXPENSE BALANCE PROJECT PARTNER ONLY (CHF) - PER REPORTING PERIOD END DATE		CHF
Funds received to date		100,000
Year to date expenses		100,000
Closing Balance		0
Percentage reported vs. total amount transferred		100%

5.1.6 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 on 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
- 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

20/07/2023

Name, Title & Signature of Project partner designated official

HERIEL BINDAD Ag. Director of Finance



[Handwritten signature]

For IFRC internal use

Approved by IFRC Project Manager

Name & Title

[Signature]
Daniel Kyalo M... (Nov 16, 2023 10:04 GMT+3)
Signature

Date 16-Nov-2023

Validated by IFRC Finance officer

Name & Title

[Signature]
Patricia Njoyka (Nov 16, 2023 10:00 GMT+3)
Signature

Date 16-Nov-2023