

Plan 2010-2011

Tanzania

Executive summary

The Tanzania Red Cross National Society (TRCNS) is the largest indigenous grass-root humanitarian organization, extending its branches and humanitarian services in the mainland Tanzania and Zanzibar. The National Society (NS), as auxiliary to the government is currently implementing various projects under the disaster preparedness and response as well as conducting various health interventions under the health and care department. The NS has been mobilizing volunteers and communities to respond and support vulnerable communities in 25 out of 26 regions.

The NS strives to ensure that its programmes and services in line with the Global Agenda goals, are focused on the needs of vulnerable people, and that they are responsive, sustainable and of acceptable standards in performance, accountability and integrity. The **disaster management** (DM) department priorities include: enhancing the capacity of the NS and local communities to prepare for immediate, effective and efficient response during disasters and emergencies; increasing awareness and understanding of disasters among communities, volunteers, management and governance; improving self-reliance of individuals and communities to reduce the vulnerabilities to emergencies and disasters; and increasing food production, availability and utilisation at community level.

TRCNS' **health and care** programme is seeking support to increase its strength (technical, coverage and scope) in HIV and AIDS care and support through home-based care; increased access to safe water supply and sanitation conditions among target communities; establish a web-based integrated data management system that will provide efficient information transfer for purposes of monitoring, supervision, evaluation and production of accurate and timely reports; increase healthy communities which are able to cope with health and disaster challenges through community-based health and First Aid activities; and reduce morbidity, mortality and impact from untimely and unsafe blood transfusion through promotion, recruitment and retention of voluntary non-remunerated repeat blood donors in Tanzania.

Through the **organisational development** (OD) programme, the NS seeks to improve its managerial and technical competencies by modernizing its systems through information technology, leadership training and exchange visits. The OD will continue strengthening branch capacities after carrying out branch capacity assessments which ensures a wider coverage of grassroots units and services through youth and volunteer development, management and retention.

The total 2010-2011 budget is CHF 825,837 (USD 778,351 or EUR 544,227).

[<Click here to go directly to the budget summary of the plan>](#)



Map of Tanzania

Country context

Series of disaster events such as droughts and floods have been affecting Tanzania with increasing frequency. The proportion of districts reported food shortage has increased in recent years from 15 in 2001 to 50 in 2006/07. While these hazards may be linked to natural phenomenon, more often, droughts are also a result of population pressure and unsustainable utilization of land and other natural resources. Recent data indicate that in many parts of the country, droughts and related food shortages are almost annual events, often affecting more than 10 percent of the communities. According to Tanzania historical data, droughts occur in every four years and floods have affected the country 15 times in the past 20 years. The most frequent drought-hit areas are central areas of Dodoma, Singida and some parts of Pwani, Shinyanga, Mwanza and Mara. Flood prone-regions are Tanga, Mbeya, Pwani, Morogoro, Arusha, Rukwa, Iringa, Kigoma and Lindi.

The Red Cross Movement is known worldwide for addressing challenges caused by disasters. Since its foundation, TRCNS has been actively responding to responding to all major disasters and emergencies in the country. The NS seeks to learn more about disasters and to integrate the knowledge in community risk reduction initiatives. The overall goal is to reduce community vulnerabilities through risk reduction activities.

The country's recent social development indicators show that little progress has been made over the last decade. High levels of malnutrition and ill health is the result of inadequate quality and distribution of basic health care services, low levels of productivity and disposable income. It is reported that 70 percent of the burden of disease is attributed to preventable (communicable) disease such as HIV and AIDS, malaria, tuberculosis, diarrhoea and respiratory infections. About 100,000 people are estimated to die of malaria every year; of which 65-80 percent are under five years of age. Like in the distribution of other social services, water and sanitation facilities are very poor; 55 percent of the rural population do not have access to protected water. In addition, close to 17 percent of the rural population do not have access to toilet facilities. TRCNS has an important role in promoting a healthy lifestyle and preventing conditions that affect good health. In this view, the NS has set its goal under the health programme: improve life of the most vulnerable people through provision of health education and community-based health and care services.

National Society priorities and current work with partners

TRCNS has finished reviewing and developing its Strategic Plan for 2009-2011. Priority areas are in line with the core Movement Global Agenda goals within which priority interventions that respond to the country situation have been developed. The NS, with over 400 staff and approximately 300 trained and skilled volunteers, is implementing various programmes/activities in 25 out of the 26 regions. Disaster management is implemented along the coastal belt of Tanzania where disaster preparedness activities are under the Tsunami rehabilitation programme, with support from French Red Cross, German Red

Indicators	2007/8 ¹
Population (millions) 38.5	38.5
Persons living with HIV, adults (%) 6.5	6.5
Orphans due to HIV and AIDS 970,000	970,000
Population with access to improved sanitation (%) 47	47
TB cases (per 100,000) 496	496
Under-five mortality rate (per 1,000 live births) 122	122
Life expectancy at birth (years) 51	51
Adult literacy rate (% ages 15 and older) 69.4	69.4
Combined primary, secondary and tertiary gross enrolment ratio (%) 50.4	50.4
GDP per capita (PPP US\$) 744	744
Human Poverty Index (HPI-1) 32.5	32.5
Probability of not surviving past age 40(%) 36.2	36.2
Adult illiteracy rate (%ages 15 and older) 30.6	30.6
People without access to an improved water source (%) 38	38
Children underweight for age(% ages 0-5) 22	22
Adult literacy rate(% ages 15 and older) 80.20%	80.20%
Combined primary, secondary and tertiary gross enrolment ratio 94.90%	94.90%

Human development Indicators :Tanzania

¹ http://hdrstats.undp.org/countries/country_fact_sheets/cty_fs_TZA.html

Cross, and American Red Cross. The Lake Victoria programme is implemented in Mwanza, Mara and Kagera regions and aims at preparing the communities around the lake to respond to emergencies and disasters in their localities. The International Federation and ICRC provide technical and financial support to the programme. The programme seeks to develop a disaster preparedness and response policy and plan to guide all activities of the National Society; identify communities most at risk to disaster through assessment and analysis of risks, vulnerabilities and capacities; building capacity in regions, districts and sub-branches to enable swift and adequate response; and establish reliable disaster preparedness stocks/funds and the necessary response equipment.

Peer education and HIV prevention targeting the youth aged 10 to 24 years is financed by the United States (US) government through American Red Cross and International Youth Foundation. It is implemented by TRCNS in Kigoma and the coastal region. Home-based care (HBC) project supported also by the US Government is conducted in collaboration with Pathfinder International in three regions of Tanga, Kilimanjaro and Shinyanga. Over 4,000 chronically ill patients mainly People Living with HIV (PLHIV) are receiving HBC support from over 240 trained Community Home-Based Care Providers (CHBCP) and HBC supervisor volunteers. Recruitment and retention of Voluntary Non-remunerated Repeat Blood Donors (VNRBD) as part of the National Blood Transfusion Service with financial support from US government through Tanzania Ministry of Health and Social Welfare is conducted by TRCNS in nine regions.

Provision of comprehensive health care services to refugees from Burundi and Congo is conducted in Kigoma region supported by various donors mainly the European Commission Humanitarian Office (ECHO), Bureau of Population, Refugees and Mitigation (BPRM), United National High Commissioner for Refugees (UNHCR) and United Nations Children's Fund (UNICEF) in collaboration and technical assistance from Spanish, American and Japanese Red Cross Societies.

In 2010-2011, the NS priority areas through the health and care programme include water and sanitation, community-based health and First Aid, HIV and AIDS (home-based care), and VNRBD.

The organisational development programme spearheaded the just completed NS Strategic Development Plan (SDP) for 2009-2011. This was done with support from Swedish Red Cross. OD's focus will be towards building institutional capacity to address increasing community vulnerability and needs of people at risk. The NS would like to attain a well-functioning NS status, well informed, able and self-sustaining network of regional offices and branches with a strong network of youth and volunteers.

Secretariat supported programmes in 2010-2011

Disaster Management

The disaster management programme budget is CHF 266,043 (USD 250,746 or EUR 175,323).

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, injuries and impact from disasters.
Programme component 1: Disaster management planning and community preparedness
Component outcome 1: Improved ability to predict and plan for disasters to mitigate their impact on vulnerable communities through strengthened community awareness and capacity to act effectively during disasters.
Component outcome 2: The local communities have the capacity to prepare, mitigate, prevent and respond to disasters.

TRCNS shall work with partners to develop and disseminate the national disaster preparedness and response policy and plan to guide all activities of the NS. The NS will also work towards strengthening

branch capacities for rapid disaster response and assistance to the most vulnerable communities. Disaster prone communities will be identified through assessment and analysis of risks, vulnerabilities and capacities and sensitized on frequent disaster risks in their localities through use of community risk/capacity mapping. Community Red Cross Action teams (RCAT) will be trained in disaster preparedness and response and equipped for timely response to any disasters at the community level.

Programme component 2: Organizational preparedness

Component outcome 1: Improved capacity and skilled human resources, financial and material capacity for effective disaster management.

The National Society plans to establish reliable disaster preparedness stocks/funds and the necessary response equipment in disaster prone areas through rehabilitation and expansion of its warehousing facilities as well as maintain and develop capacity in skilled human resources for effective disaster management.

Component outcome 2: Improved communication network within the disaster prone areas for effective disaster response.

National Society plans to build capacity in disaster prone regions, districts and sub-branches to enable swift and adequate response whenever disasters happen through effective information sharing. This will be made possible through purchase and installation of a VHF radio network as well as provision of reliable internet services.

Programme component 3: Disaster risk reduction

Component outcome: Increased food production, availability and utilisation at household level in food insecure regions.

The focus of the DRR programme will be reduction in food security through improved capacity to analyse and adapt the consequences of environmental degradation and climatic change through environmental management awareness among vulnerable communities, improved farm productivity and food availability through adoption of modern agricultural practices.

b) Potential risks and challenges

The greatest risk facing the TRCNS programmes at this time is lack of adequate resources. Local branches play a crucial role in the implementation of the organisational preparedness and community preparedness programme, and their limitations in terms of capacity are greatly due to lack of adequate funding, thus a lack of staff and volunteers who are able to implement and manage programmes with high impact. Programmes will identify risks and assumptions in all planning exercises to ensure that appropriate steps are taken to address issues as they arise. Particular attention needs to be given to recurrent droughts and floods as subsequent operations are likely to affect human resources available to carry out regular programmes.

Health and Care

The health and care programme budget is CHF 304,671 (USD 287,152 or EUR 200,778)

a) The purpose and components of the programme

Programme purpose

To reduce the number of deaths, injuries and impact from diseases and public health emergencies.

Programme component 1: Water and sanitation

Component outcome: Increased access to safe water supply and sanitation conditions among target communities.

Water and sanitation (WatSan) interventions shall be scaled up to reach more vulnerable communities countrywide. The programme shall aim at improving community capacities in getting and effectively managing their safe water sources and therefore reduce morbidity and mortality associated with unsafe water supply. Hygiene education shall be conducted by a pool of trained volunteers equipped with appropriate means for educational delivery including dissemination of Information Education Communication (IEC) materials.

Programme component 2: HIV and AIDS

Component outcome: Health conditions of people living with HIV and AIDS improved through home-based care and support provided by TRCNS-trained volunteers.

Activities under the HIV and AIDS programme component will focus on home-based care (HBC) for people living with HIV (PLHIV). Specific activities will include: training of staff and volunteers on provision of HBC to clients, provision of HBC kits and provision of HBC services to clients.

Programme component 3: Community-based health and First Aid

Component outcome: Increased healthy communities which are able to cope with health and disaster challenges achieved through community based health and First Aid activities.

For community based health and First Aid, the key activities will aim at improving the health status of resource-poor people living in rural and urban areas of Tanzania through provision of community-based health and hygiene education. Additional activities will include provision of community health information to communities and provision of First Aid.

Programme component 4: Voluntary non-remunerated blood donation

Component outcome: Morbidity, mortality and impact from untimely and unsafe blood for transfusion is reduced through promotion and recruitment and retention of voluntary non-remunerated repeat blood donors in Tanzania.

TRCNS shall continue working with the Ministry of Health and Social Welfare (MoHSW) – National Blood Transfusion service in donor recruitment and retention activities as well as blood collection and transportation to MoHSW blood transfusion centres in accordance with outlined guidelines and standard operating procedures. Additional partners and other programmes shall be invited to support and work with blood donor clubs for the purpose of not only increasing pool of blood donors but increase awareness among youth on the prevention of blood transfusion transmissible infections such as HIV, Hepatitis and Syphilis. The same pool of donors may be used as change agents in promoting other health interventions such as voluntary HIV testing, use of Prevention of Mother-To-Child-Transmission (PMTCT) services, and in addressing stigma and discrimination.

Programme component 5: Avian and human influenza pandemic

Component Outcome 1: Influenza pandemic preparedness plans and protocols of the humanitarian sector in the areas of health, food security and livelihoods are developed in 6 selected high-risk districts targeting 100,000 households with an estimated population of 500,000 people.

Component Outcome 2: Strengthened in-country capacities of 250 staff and volunteers of the NS and selected NGO partners to carry out the influenza pandemic preparedness plans and protocols over a period of twelve months.

Component Outcome 3: Well functioning coordination mechanisms are developed at all levels with national, regional and international stakeholders.

The NS will focus on delivering the following outputs: community baseline analysis and mapping in selected areas is completed; networks with relevant partners developed; practical H2P country plan is developed; tools and messages are developed, tested and disseminated and responders' training is developed and delivered.

b) Potential risks and challenges

The Federation will continue to work closely with the NS and the partner national societies to forecast potential risks. Avian/pandemic influenza and swine flu will continue to be major concerns. Poor donor

response has constrained the NS efforts in the past. PNS are encouraged to support the NS long-term vision in addressing health related problems in Tanzania. An increased donor engagement and shared approach is required to make a sustainable and tangible impact. The NS is also working to enhance its staff capacity to implement the planned activities.

Organisational Development

The organizational development programme budget is CHF 255,123 (USD 240,453 or EUR168,126).

a) The purpose and components of the programme

Programme purpose
To increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

Programme component 1: Finance and human resource development
Component outcome: Improved financial management systems through staff capacity building at branches and headquarters.

The NS will develop capacity of its staff in Finance through training and recruitment of qualified staff at branch levels to enhance sound finance management system.

Programme component 2: Branch development
Component outcome 1: Improved National Society branch capacities in responding to and managing vulnerable situations within their localities.
Component outcome 2: Improved National Society branch leadership capacities in providing strategic leadership direction within their branches.

TRCNS will develop and implement a comprehensive branch development strategy which will address leadership, resource mobilisation, volunteer/youth management, information/dissemination and networking. Furthermore the National Society will facilitate branch coaching and supervision through peer to peer supported learning exchange visits to well functioning TRCNS branches.

Programme component 3: Volunteer recruitment and management
Component outcome: Developed national wide service run by volunteers organised by branches or units at grass-root levels through strategic volunteer recruitment drives and improved volunteer management.

The National Society plans to improve its recruitment and retention of in-and-out-of schools youth through reviving of the school youth clubs. A volunteer management and retention strategy will also be developed.

Programme component 4: Communication and information systems
Component outcome: TRCNS has a well functioning organization with a reliable and sustainable information system.

TRCNS proposes to improve its communication capacities within its branch network and or with the headquarters through modernization of its systems by (a) acquiring appropriate software and hardware (b) training its relevant personnel on its use and maintenance (c) establishing a planning, monitoring and evaluation and reporting unit.

Programme component 5: Dissemination
Component outcome: Improved visibility of TRCNS.

The National Society plans will conduct sensitization sessions to the targeted public audiences including public authorities, civil societies and the general public.

Programme component 6: Web-based data management system

Component outcome: Strengthened capacity to monitor, evaluate and provide continuous feedback.

The health department will spearhead establishment of a web-based integrated data management system that will encompass different data systems. The system will provide for efficient information transfer for purposes of monitoring, supervision, evaluation and production of accurate and timely reports.

b) Potential risks and challenges

TRCNS lacks a sustainable capacity in most of the regions to design, implement and report on programmes which results in poor monitoring, supportive supervision and evaluation. Furthermore the National Society operates on a non-computerized financial accounting system resulting in unnecessary delays in financial reporting and lacks an effective local resource mobilisation strategy. The National Society in addition currently faces the challenges in members and volunteers recruitment and retention. There is also poor communication between the headquarters and regions/districts.

Role of the secretariat

a) Technical programme support

TRCNS shall seek technical support whenever required from the Federation in ensuring quality and timely implementation of the programmes. The Federation Zone office has a team of technical staff who work closely with the 14 NS and will continue to provide necessary support.

b) Partnership development and coordination

TRCNS works with the Federation, PNS, Government and other institutions in and outside the country and will continue to do so. TRCNS shall involve the Federation in its coordination and partnership meetings whenever possible.

c) Representation and advocacy

TRCNS shall seek support from the Secretariat to enable its staff and members to attend some of the international and national forum of interest to the movement. The society shall advocate for Fundamental Principles and Humanitarian Values during its operation and design appropriate dissemination benchmark for its work in reaching stakeholders and beneficiaries which shall be submitted to the Secretariat for wider reach.

Promoting gender equity and diversity

TRCNS will ensure that gender needs and concerns identified during planning will be addressed during implementation and deliberate effort made to ensure that the monitoring and reporting tools capture the progress made towards addressing the gender needs with emphasis on data desegregation. Effective communication will be used to ensure that anti-discrimination activities are accepted by all stakeholders. Awareness campaigns, trainings and advocacy will include gender considerations.

Quality, accountability and learning

TRCNS seeks to utilize participatory community-based methodologies to ensure involvement of all stakeholders in the design, implementation and monitoring of programmes.

The NS will document useful experiences and practices, and share these within country and regional meetings. The NS will benefit from exchange visits and experience sharing within and outside the Movement. This will facilitate the replication of successful programmes. The Federation Zone office will facilitate peer-to-peer support among national societies. The NS will continue seeking support to adopt the Global Alliance and Operational Alliance approaches in programming to strengthen scaling up, accountability and performance.

The NS with support from the Federation and other partners is seeking to establish a PMER unit. This will facilitate effective and efficient programme management that will enhance good performance and accountability. This will also ensure knowledge sharing, feedback mechanism and learning within the NS. The unit will form the focal point for the Eastern Africa PMER shared learning network which was established in 2008 with the purpose of sharing good practices, lessons and challenges from NS in the Zone.

Budget Summary

Programmes	2010 budget (CHF)	2011 budget (CHF)	Total budget (CHF)
Disaster Management	114,124	151,919	266,043
Health and care	190,767	113,904	304,671
Capacity Development	122,053	133,070	255,123
Total	426,944	398,893	825,837

How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

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

- In Tanzania Red Cross National Society: Adam Alhaj Kimbisa, Secretary General, email; trcs.sg@cats-net.com; phone: +255.22.2150 330; and fax. +255.22. 21 50 147
- In the Eastern Africa Zone, Kenya: Dr. Asha Mohammed, Head of the Eastern Africa Zone, Nairobi: email: asha.mohamed@ifrc.org; telephone: +254.20.283.51.24; Fax: +254.20.271.27.77
- In the Eastern Africa Zone, Kenya: Annelies Thiele, Resource Mobilization Coordinator, Nairobi: email: annelies.thiele@ifrc.org ; phone: +254.20.283.52.55.