

# ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والقمر الأحمر

## TANZANIA

1 March 2004

### In Brief

**Appeal No.:** 01.11/2003 ([Click here to access the 2003 Appeal](#))

**Appeal target:** CHF 5,790,350 (USD 3,935,477 or EUR 3,933,155)

**Appeal coverage:** 91.1% ([Click here to access the Final Financial Report](#))

**Appeal 2004:** Tanzania no. 01.07/2004 ([Click here to access the 2004 Appeal](#))

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.*

*All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>*

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### Overall analysis of the programme

The main focus of the Federation support to the [Tanzania Red Cross Society](#) in 2003 continued to be the refugee relief operation. Under this programme, the Tanzania Red Cross provides humanitarian services in health, water/sanitation and camp management to more than 193,600 refugees from Burundi and the Democratic Republic of Congo in three camps (Mtabila I, Mtabila II and Muyovosi) in Kasulu district and 2 camps (Lugufu I & II) in the Kigoma region of western Tanzania.

In addition, the Federation through its country and regional delegations supported the national society to develop programmes in health and care, disaster management, organisational development and humanitarian values; prioritized in the national society's five-year development plan.

## **Objectives, achievements/impact, and constraints**

### **Health and care**

**Goal:** While improving the overall health through its programming in targeted communities, the capacity of the Tanzanian Red Cross in health is strengthened.

**Objective:** The Federation Secretariat through its country and regional delegations provides support and assistance to the national society to enable it to access the necessary technical and financial resources to implement its health programming

#### **Progress**

##### **1. The capacity of Tanzania Red Cross' health department in implementing health programmes and activities is strengthened.**

Tanzania Red Cross produced the first draft of its health policy and strategy; the document will be presented to the national society's board for approval and implementation in 2004 after final review by senior management.

A director of health recruited during the year and has been instrumental in monitoring of ongoing health activities in the RRO, the African Women's Initiative and the Masasi Integrated Health and Care project. He was briefed at the regional delegation and also attended major regional meetings (Food Security Workshop in Sudan, meetings of the Lake Victoria Initiative, the Health and Care Working Group meeting in Nairobi and the International Conference on HIV/AIDS in Nairobi).

#### **Impact**

The recruitment of a Director of Health has strengthened the health department and improved monitoring and supervision of health programmes and activities as well as coordination with various stakeholders.

#### **Constraints**

The long delay in the recruitment of the health director, and the slow process in developing the health policy and strategy coupled with lack of funding for health activities and projects outside of the RRO weakened the general performance of the department.

##### **2. The Federation through its country and regional delegations provides technical support and assistance to Tanzania Red Cross to reduce the incidence of HIV/AIDS infections among the population in six pilot regions**

The health department completed a review of its five-year HIV/AIDS strategy drawn up in 2002 covering six regions. Discussions are ongoing with the Tanzania Aids Commission and other in-country sources for funding its implementation.

#### **Impact**

Implementation of the project is yet to commence owing to lack of funding.

#### **Constraints**

There has been little commitment from the Tanzania Red Cross senior management in the process. A HIV/AIDS focal person is yet to be recruited to steer the process. As a result, there has been low donor interest in the project.

##### **3. The health and well being of 3,000 community members living in Masasi, Tanzania is sustainably improved through the provision of safe and adequate water, sanitation and education**

The project was expanded for a 'seed' project incorporating water, sanitation, health and HIV/AIDS through a community based approach with funding received from the Australian Red Cross and the Department for International development (DFID). As a follow up to the 'seed' phase, the Federation country delegation in

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Tanzania included a two-year project proposal for a longer-term integrated health project as part of the 2004-2007 country appeal. This is to allow for further strengthening of branch capacity while meeting beneficiary needs. A community needs and capacity assessment was done and indicators developed jointly with the community using PHAST (Participatory Hygiene and Sanitation Transformation).

Implementation commenced in September; PHAST education and survey materials including morbidity and household health education recording forms have been produced, and [ARCHI 2010](#) toolkits translated into Swahili including selected topics covering HIV for voluntary counselling and testing, malaria, diarrhoea, hygiene, water and latrines. Fifteen trained volunteers conducted PHAST training, demographic and morbidity surveys in the community in October and November, while social mobilization for the rehabilitation of a hand dug well was conducted in October. Construction and installation of a water pump was completed in November; the proposed sinking of a borehole will be carried out in 2004. A total of 2,560 impregnated bed nets were purchased for distribution in 2004 to children under five years and women of reproductive age.

### **Impact**

Community water sources have been improved through the activities of community volunteers trained in the PHAST methodology.

### **Constraints**

- The Tanzania Red Cross Regional Field Organiser responsible for programmes in Mtwara region lacked capacity in both financial and project management.
- The Masasi branch lacked support from its branch governance.
- Implementation of PHAST also took a very long time while volunteers required additional training to improve their knowledge on preventative health methods and social mobilization particularly for HIV/AIDS and malaria.
- There is minimal output from the installed water pump which will make the re-treatment of nets at household level difficult.

## **Disaster Management**

**Goal: Tanzania Red Cross is part of a national plan to prevent and minimize the effects of disasters and emergencies and meet basic needs of the vulnerable during disasters/emergencies**

**Objective: The Federation Secretariat through its Country and Regional Delegations provides technical support and assistance to strengthen the capacity of the Tanzania Red Cross in disaster preparedness/response and to increase the awareness and capacity of vulnerable communities in disaster management.**

### **Progress**

#### **1. Tanzania Red Cross capacity in disaster preparedness is strengthened.**

The “Strengthening Tanzania Disaster Response Programme” funded by the USAID was completed on 30 September 2003 and externally evaluated. A disaster preparedness and response plan has been outlined and a policy based on this plan is under development.

Three regional Red Cross Action Teams were established and trained during the year. An additional 70 staff and volunteers were also trained; 20 Red Cross staff in disaster management and 50 community members. The trainings focused on disaster management and response to first aid both sponsored by the University of Lands and Architectural Studies in Dar es Salaam and the Global Road Safety Project respectively. The trainees were also equipped with first aid kits and bibs.

A lot of public awareness campaigns on disasters took place during the year and included airing the Tanzania Red Cross emergency and disaster tune over FM radio stations. The national society also marked the **World First Aid**

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**Day** with First Aid demonstrations, simulated drills, a First Aid competition and an exhibition of First Aid equipment. The Tanzania Red Cross website was also launched during the occasion.

Vulnerability Capacity Assessments and Branch Capacity Assessments were undertaken jointly by the disaster preparedness and organizational development departments in branches in the Kagera, Musoma and Mwanza regions as part of the Lake Victoria Partnership. These provided baseline data for project design and evaluation. Experience gained will be applied in conducting VCA and BCA in other branches in 2004.

As one of the country's main first line responders to emergencies and disaster, the Tanzania Red Cross participated at regular coordination meetings convened by the Disaster Management Department in the Prime Minister's Office. This has accorded the society opportunity to strengthen relationships and coordination with other stakeholders (Fire Service, Police, and Armed Forces etc). The national society has also extended invitations to these and other partners to participate in its disaster training programmes and received similar invitations in return e.g Tanzania Red Cross staff and volunteers participated in a Search and Rescue exercise organized by the Tanzania Civil Aviation Authority as a core responder to simulated casualties. Other participants included the fire service, navy, army, police, airline companies, the Disaster Management Department in the Office of the Prime Minister, and representatives from the ministries of Health and Transport and Communications.

Tanzania Red Cross actively participated in the preparation of the United Nations inter-agencies contingency planning and Consolidated Appeal Process (CAP) for the refugees in western Tanzania in its capacity as an implementing partner of the UNHCR.

### **Impact**

The capacity of Tanzania Red Cross to respond to disasters has been strengthened through the training of Red Cross Action teams, staff and volunteers, and inclusion in coordination mechanisms of other agencies (the prime minister's office and United Nations CAP process). Awareness of its capacity and role in disaster mitigation and response is steadily increasing within target communities. The impact of the pilot road safety programme initiated in community will be assessed in 2004.

### **Constraints**

The disaster preparedness and response plan and policy could not be completed by the end of the year and is expected to be finalized early in 2004. A local fund and material base for disaster preparedness and response was not established as planned owing to lack of funding. As a result, the three regional Red Cross Action Teams trained during the year could not be equipped. Despite participating at the United Nations inter-agencies contingency planning and CAP, Tanzania Red Cross has not yet developed its own contingency plan.

### **Progress**

#### **1. Acceptable living conditions for refugees are maintained in the five camps providing health care, and sanitation services in accordance with SPHERE standards.**

Both the refugee and local communities in Kasulu and Lugufu received both preventive and curative services provided by Tanzania Red Cross through its in-patient and out-patient department clinics, and surgery at emergency operating theatres in Mtabila II and Lugufu I camps.

Reproductive health activities focused on safe motherhood initiatives such as family planning, antenatal and postnatal clinics, child growth and development monitoring, immunization, and prevention of maternal to child transmission of HIV/AIDS including provision of anti retroviral drugs supplied by UNICEF. Others activities included management of sexually transmitted diseases, sexual and gender based violence, home based care, HIV/AIDS education campaigns, voluntary counselling and testing and condom distribution.

Community Health Workers comprising the health information teams and hygiene promoters were active in raising awareness on infectious diseases, appropriate preventive measures and utilization of health services in the communities. The collection and analysis of health information, including morbidity and mortality statistics and results of nutrition surveys facilitated regular monitoring of the health and nutritional status of the refugees; this information was shared with UNHCR and other agencies.

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Therapeutic feeding in Mtabila I, Muyovosi and Lugufu I and supplementary feeding programmes in all five camps continued. The nutrition programmes in the camps offered services to both refugees and the host population. Although there were few cases of tuberculosis recorded, there were many cases of anemia and acute malnutrition. A relatively high number of severely malnourished children amongst the new arrivals from the Democratic Republic of Congo were directly admitted to the therapeutic feeding programme at Lugufu II camp from the reception centre. Food distribution continued on a biweekly basis. Food rations were increased in July and September; 1,839 kcal and 1,857 kcal per person per day were achieved in July and September respectively. The United Nations standards are 1,800kcal per person per day while the SPHERE standard is 2,100 kcal. The Food basket monitoring concurred that food rationing was done correctly since monitoring results were above 97%.

A general nutrition survey in all refugee camps in western Tanzania was conducted in early August 2003 for children between six months and five years. According to the March 2003 survey by the statistics for global Malnutrition showed a decline in the nutrition status of children.

The Tanzania Red Cross staff, volunteers and refugees benefited from training through the Refugee Relief Operation training programmes and those sponsored by UNICEF, UNHCR and other organizations in the refugee programme. The areas covered were; voluntary counseling and testing, prevention of maternal to child transmission, counseling, Integrated Management of Childhood Diseases/Emergency Triage Assessment and Treatment, anti-retroviral drugs prescription, obstetric emergencies, HIV/AIDS management and prevention, group counseling in reproductive health, sexual and gender based violence survivors' management, home based care, new WHO tuberculosis treatment, HIV/AIDS, and surgical procedures.

Submersible pumps were installed on two boreholes at the Lugufu II intake and the pumping of raw water from the Lugufu River terminated. Two new boreholes drilled in September with high yield will also be fitted with submersible pumps after which pumping of water from the Rivers Lugufu and Malagarasi will be discontinued thereby reducing operational costs.

Hygiene promotion and the participation of refugees in the maintenance of latrines ensured that sanitation standards were maintained. Vector control through spraying of latrines, bath shelters and garbage pits continued. Other measures included the installation of flytraps, draining of stagnant water, impregnation of bed nets and food hygiene (inspection of meat and other foods offered for sale).

Rehabilitation of the Mother and Child Centre in Lugufu I and a health post, a laboratory and therapeutic feeding centre were completed. Construction works carried over from the revision of the 2002 budget were all completed (out-patient department/Mother and Child consultation room in Lugufu I; prevention of Maternal to Child Transmission rooms in Mtabila II and Muyovosi dispensaries, a toilet in the theatre at Mtabila II dispensary and a medical record's room in all three dispensaries in Kasulu). The rehabilitation of Mtabila health post and construction of out-patient department/Mother and Child consultation rooms that also serve as counselling rooms for prevention of Maternal to Child Transmission activities were also completed.

Drugs and medical consumables were delivered to the camp dispensaries on a weekly basis following a six-monthly drug procurement procedure; this ensured regular and adequate stocks, and thereby enhanced delivery of high quality health care to the beneficiaries. Regular visits to the field by personnel from medical logistics ensured rational drug use. A system of calculating the cost of drug consumption per person per month in out-patient department, in-patient department and operating theatres was applied in all camps.

Plot allocations to refugees were undertaken only for newly married refugee couples in Kasulu and Lugufu I. New arrivals in Lugufu II continue to receive plots in newly created zones to bring the total population of the camp to a ceiling of 36,000.

All basic support services including finance and administration, transport and logistics were provided to ensure smooth delivery of services. Two new buses were procured for Kasulu and Lugufu to improve transportation of staff/volunteers to workstations in the camps.

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### **Impact**

With the support of the Federation, the Tanzania Red Cross maintained acceptable living conditions for 193,627 refugees in the five refugee camps in accordance with WHO and SPHERE standards. The mortality rate in the camps remained low but it alters in Lugufu II (the only receiving camp). Although the major causes of mortality and morbidity in all camps continued to be malaria, lower respiratory tract infections and diarrhoeal diseases, there were no outbreaks of disease epidemics in the camps for the past seven quarters.

The crude under five mortality rates (U5MR) in the Lugufu and Kasulu camps remained below the WHO acceptable rates of 1.5 in thousand per month and 3 in thousand per month respectively. The U5MR in Lugufu II in August and September increased but remained low. This was a concern and the reasons are currently being investigated as a matter of priority.

The capacity of the national society to cater for the needs of the refugee population is critical especially given that from January 2004 Tanzania Red Cross will take over from CORD as the implementing partner of UNHCR for the provision of health services to 56,000 Congolese refugees in the Nyarugusa refugee camp. This will effectively mean that the national society will be the main health provider to approximately 250,000 refugees in Northwestern Tanzania, which accounts for more than 50% of the total refugee population registered in Tanzania

### **Constraints**

- Lack of adequate human resource due to some vacant positions in the Refugee Relief Operation project. This delayed the implementation of the project's activities. Additionally, the hiring and retention of experienced and qualified medical staff to implement the health activities was a challenge. Late reporting from the field locations resulted in non-compliance with some donor demands and deadlines.
- Delay in delivery of submersible pumps for the Lugufu water project delayed completion of the development phase of the project funded by EuroAid.

The need for the Federation delegation to address an inherited budgetary deficit of more than CHF 1 million in the Refugee Relief Operation, before the operation was handed over to the Spanish Red Cross in December 2003, took a great deal of time and Federation resources during the second half of 2003. At least, 50% of the deficit was reduced by the end of the year through extensive team effort of the Federation staff and delegates.

## **Organizational Development**

**Goal: The Tanzania Red Cross is a well-functioning national society serving the most vulnerable in Tanzania**

**Objective: The Secretariat support has helped Tanzania Red Cross improve management of its operations, finances and resource development**

### **Progress**

**1. Tanzania Red Cross has the capacity to plan and implement activities in response to the needs of the vulnerable in Tanzania.**

The national society's director of the organizational development department recruited during the year has been instrumental in steering development of policies on volunteering, branch development, gender equality and income generation.

Following the training of headquarter staff, gender issues have been mainstreamed at all levels. Training of branch staff in selected branches continued. A member of the senior management and one board member attended a governance workshop in Nairobi while the director of organizational development department attended a workshop on the same topic in Tunisia in December 2003. The department also gave input on the Vulnerability/Branch Capacity Assessments under the Lake Victoria Initiative.

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The information department disseminated information on the Movement and the Tanzania Red Cross over the course of the year in both print and electronic media. A special supplement on the national society and the Movement's activities was published in the widest circulated English speaking newspaper in Tanzania on May 8 during the **World Red Cross and Red Crescent Day**.

### **Impact**

The new director of organizational development will strengthen the department and spearhead the implementation of various outstanding matters related to organisational development. The training provided over the course of the year will further strengthen the capacity of the department.

### **Constraints**

- Lack of regular coordination and programme management meetings at senior management level

## **2. The financial management, fund-raising and income generating capacity of the Tanzania Red Cross are improved.**

The 2000 and 2001 accounts of Tanzania Red Cross have been audited and finalized. Funding secured from the Federation Capacity Building Fund enabled the national society to purchase and install computer equipment and Navision Attain finance software. New financial software, one computer server and four workstations have been networked in the finance department and finance personnel trained to operate the new system.

As part of its income generating project, the national society launched a commercial first aid project. It is also constructing an eight storey commercial building (office and shops) on a piece of land it owns in the centre of Dar es Salaam in conjunction with three contractors; once completed the society will get 20% of the building and gradually assume full ownership of the rest over a period of 30 years.

Participants from the headquarters and nine regions attended the 10<sup>th</sup> Eastern Africa Regional Fundraising Workshop in Nairobi organized by the Resource Alliance based in United Kingdom. This was followed by a special two-day Red Cross workshop on Fundraising to build up team spirit on fundraising and set future directions through a more practical approach. As the way forward, a plan of action was drafted and agreed upon by participants.

### **Impact**

The quality and speed of the national society's accounting and financial reporting has significantly improved. A new dynamic finance software has enabled for the timely preparation of reports for donors and other stakeholders leading to improved relations and confidence.

Although the finance development project in the appeal was completed, there are a number of issues that need to be addressed particularly in view of Spanish Red Cross assuming the management of the Refugee Relief Operation and of significant ECHO<sup>1</sup> funding anticipated from the Federation in 2004. The Tanzania Red Cross will be responsible for finance processing that will require some minimal system improvements in order for the process from the field to the Finance Department at headquarters to succeed. As such, financial management in the branches is a priority and in line with the five-year strategic plan, it is expected that the branches will implement more activities and submit simple quarterly finance reports which will require more resources. The national society headquarters thus needs to raise the necessary funds to improve the capacity of regional committees in accounting and treasury management.

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<sup>1</sup> ECHO – European Community Humanitarian Office

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The impact of the two resource mobilization workshops remains unclear. However, one of the requirements of participants was to actively share the knowledge with their colleagues in their region and implement fundraising activities as per the plan of action. In addition, the national society is aware that it will need to reformulate its income generating activities to ensure its survival and financial self-sustenance. This will require the development and establishment of an income generation policy and implementation framework (strategy) to identify what business activities it can engage in effectively.

### **Constraints**

- The national society did not have a director of finance and administration since May 2003, thus a number of important issues have been pending for over six months. Among the issues left unattended were; the Finance Regulations Manual, auditing of the 2002 accounts, cascading of finance management and reporting to the regions as the finance department is moving away from finance development to finance processing. Routine system maintenance and the training of personnel linked with the taking over the finance processing of the ECHO contract has been on hold. An evaluation of the capacity of the personnel in the finance department needs to be undertaken to determine further training needs or any necessary changes of personnel.
- Vega Software of Nairobi, the company which originally provided the Finance software (Navision), is virtually bankrupt and it is likely that they will not be able provide the necessary support to the national society. DCDM Consulting Limited in Dar es Salaam has been approached to take over the necessary system maintenance and training.
- There has been a general lack of donor support and funding for programmes outside of the Refugee Relief Operation. Presently the fundraising for programming and activities has largely been undertaken by the Federation or bilateral donors. Tanzania Red Cross will need to make significant efforts to increase its capacity to raise funds for ongoing and future programmes and activities.
- An active fund-raising manager has not been recruited nor a fund raising committee established due to lack of resources. Moreover, although a fund-raising and income generation policy and implementation framework have been established these have not yet been implemented. The baseline study on Resource Mobilization was also not carried out due to lack of resources.

## **Humanitarian Values**

**Goal: The incidence of sexual gender based violence is reduced among the population in the Lugufu and Kasulu refugee camps.**

**Objective: The capacity of the national society to provide support to those affected by sexual gender-based violence is increased.**

### **Progress**

**1. The national society and its targeted refugee communities are better informed about and are working to stop sexual gender-based violence**

Sexual gender based violence activities in the refugee camps were provided through the drop-in centres for victims, counseling and prevention education. Staff and volunteers were trained to strengthen their capacity to manage, implement and monitor activities. The capacity of case providers was also strengthened through training workshops organized by UNHCR.

### **Impact**

Awareness of the refugee communities of the definition, cause, prevention and consequences of sexual gender based violence were strengthened as indicated by the increase in number of cases reported and in numbers receiving counseling.

### **Constraint**

- There are insufficient trained counselors in sexual gender based violence.

## **Federation Coordination**

**Goal: The Federation provides coordination, support and assistance through integrated country and regional delegations to enable Tanzania Red Cross become a well-functioning national society to serve the vulnerable in Tanzania.**

**Objective: The Federation through its integrated country and regional Delegation in Nairobi provide coordination, support and assistance to strengthen the capacity of the national society.**

### **Progress**

**1. Better coordination within the Movement ensures cost effective programming and activities of the national society.**

Following the revision of the national society's strategic plan in 2002, a five-year development plan focusing on programmes outside refugee assistance was developed. However, these programmes still need further development and definition that will require assistance and support from the Federation.

It was agreed that the Spanish Red Cross would take over full management responsibility of the Refugee Relief Operation from January 2004. Following this, a detailed Plan of Action for the handover was drafted by the delegation that included a further phasing down of the delegation in Tanzania. It is planned that a reduced Federation office will remain within the premises of Tanzania Red Cross in 2004 staffed by one Federation representative, one finance development delegate (up to March 2004) and supported by three local staff. The office will be responsible for coordination and supporting the national society to develop programmes in health and care, disaster preparedness, organizational development and humanitarian values.

The Federation continued to effectively coordinate with bilateral national societies working in Tanzania (currently American Red Cross and Spanish Red Cross) and to assist the national society to identify appropriate local resource persons and consultants to ensure cost effective programme/project implementation.

### **Impact**

The Federation continued to ensure that objectives as set out in the Appeal are met through effective coordination with the national society and relevant stakeholders.

The ongoing phasing down of the Federation presence in Tanzania and phasing out of the support to the Refugee Relief Operation has provided opportunity to extend support by both the Federation's Country and Regional delegations to other aspects of the Tanzania Red Cross' development.

### **Constraints**

- The national society has continually experienced low level of donor interest and thus there is limited financial support to implement its programmes. A planned Partnership Meeting was called off in April 2003 due to the unavailability of many donors; this denied the national society opportunity to present its programmes and strategies to potential donors. A Cooperation Agreement Strategy (CAS) for the national society was not developed in 2003 as planned.
- Tanzania Red Cross lacks effective governance and management structure at all levels; there is also little commitment to the development of the national society.

## **International Representation**

**Goal: The Federation has a high profile as a key humanitarian actor and advocate in the region with the added advantage of a network of national societies able to deliver services at community level.**

**Objective: The Federation is an effective and reliable partner in support of Tanzania Red Cross and in addressing the needs of the most vulnerable, and works on securing a legal status agreement with the Government of Tanzania.**

## **Progress**

### **1. The Federation is recognized as a competent partner among international and national NGOs operating in Tanzania, the national government, diplomatic missions and domestic donors.**

Despite having no legal status agreement in Tanzania, the Federation delegation in Tanzania continued to maintain close dialogue with diplomatic missions, international and national donors, as well as the United Nations' family for information exchange on humanitarian issues with diplomatic missions in Tanzania.

The Federation continued to effectively participate with Tanzania Red Cross in planning processes and in developing programmes in line with the strategic plan of the national society. Partners within the government, the United Nations agencies and international NGOs are informed of its contributions and experiences on a regular basis through the sharing of reports and increased positive local media coverage for the Red Cross Movement.

The Federation Country delegation supported the national society to disseminate strategic international initiatives of the Federation to the Tanzanian public. It also closely cooperated with the Regional Delegation in Nairobi to facilitate and coordinate support and assistance from national societies within the Eastern Africa region through the RC-NET and HIV/AIDS task force for exchange visits for knowledge sharing in core programmes areas of health, disaster management and organizational development. The country delegation facilitated the participation of Tanzania Red Cross in relevant international conferences and meetings, and supported it to actively participate in existing country coordination mechanisms and relevant international conferences and meetings.

**The national society was supported to establish and/or strengthen its partnerships with local and regional stakeholders such as government ministries and departments, United Nations agencies, local and international NGOs and organizations through participation in regular coordination meetings such as those convened by the disaster management department in the prime minister's office.**

Coordination and relations with the ICRC in the country and with the ICRC visiting cooperation delegate were maintained through regular meetings and dialogue.

## **Impact**

The profile of the national society along with the Federation in Tanzania has been raised among the international and local community through increased local media coverage for events such as World Red Cross/Red Crescent Day on May 8, participation in important planning meetings such as the CAP, and coordination meetings particularly at field level.

## **Constraint**

- Continued lack of a legal status agreement