DEPARTMENT OF SAFETY AND SECURITY

DIVISION OF REGIONAL OPERATIONS

INTEROFFICE MEMORANDUM

DATE: 14 July 2017

To:

Mr. Alvaro Rodriguez

Designated Official

Tanzania

CC:

Mr. Christian Friedrichs

Security Adviser

Tanzania

FROM:

George Bloch

OIC Africa Desk

Division of Regional Operations

SUBJECT:

Security Plan Endorsement - Tanzania

- 1. Reference is made to the proposed Security Plan for Tanzania, approved on 25 May 2017 by the Security Management Team, and submitted to the United Nations Department of Safety and Security on 01 June 2017. We have reviewed the Plan and find it to be compatible with the endorsed Security Risk Management report and security policy guidelines. The plan is endorsed accordingly.
- 2. Please note that the Security Plan is subject to annual review as a minimum, or more often if necessitated by a change in the security situation or standard procedure. A corresponding Security Risk Assessment should precede all plan revisions.



United Republic of Tanzania

Country Security Plan

MAY 2017

Prepared by: UNDSS - United Republic of Tanzania

Endorsed by the SMT on: 25 May 2017

Approved by the Designated Official for the United Republic of Tanzania:

26 May 2016

Alvaro Rodriguez UN Resident Coordinator, Designated Official Date

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SECURITY PLAN

Dar es Salaam, Tanzania

The Security Plan for Tanzania has been updated, reviewed and approved by the Security Management Team (SMT) and Designated Official on 25 May 2017. The contents of this plan are in accordance with the Field Security Handbook (FSH) dated January 2006, which has been approved by the IASMN for all agencies, programs and funds. All agencies, programs and funds should be familiar with the FSH and the Framework of Accountability in regard to security. The Security Plan is complimented by the FSH, Security Poly Manual, the Security Management Operations Manual, UNDSS HQ directives, UNDSS contingency plans, the Inter-Agency Contingency Plan, host country contingency plans as well as in coordination with Tanzania Security authorities.

This plan is a "living working document" and requires constant review and updates to address the changing security situation. Staff lists, UN resources and the Security Management contacts require quarterly updating. The plan is never considered to be complete but nevertheless is officially reviewed annually and approved by the SMT and Designated Official.

This Plan contains confidential and sensitive information to be used exclusively by those staff members who are part of the UN Security Management System in the United Republic of Tanzania and part of the UN Department of Safety and Security in Tanzania and Headquarters. It should not be reproduced without the written permission of the Designated Official and the UN Department of Safety and Security. Distribution is limited to all agencies, programs and funds in Tanzania as well as UNDSS Headquarters in New York.

Finally, it is important to mention that safety, protection and well-being of staff members and their eligible dependents, represents the highest priority, over any other consideration, and all efforts made by UNDSS and the SMT must be geared towards the achievement of this

Section 1: PURPOSE OF THE PLAN

This Security Plan is the <u>primary management tool</u> for security and safety of UN staff in Tanzania. It details the responsibilities of individuals and groups, the actions to be carried out and the sequence to be followed to ensure the security of staff members, their eligible dependants and property in the country. The Security Plan addresses evacuation and relocation, hostage incident management, medical evacuation and natural disasters. It is complemented by country SOPs, policies and guidelines, Inter-Agency Contingency Plan and UNDSS contingency plans that are too lengthy to include in this plan, but are taken into consideration in the overall country security structure and in emergency response.

It is intended to also serve as an available reference for United Nations Staff at the Duty Station, depicting the structure of the UN Security Management Team, and providing procedures and options for implementation, due to changes in the security situation. This Security Plan has been developed in keeping with UNDSS directives, SRM, MOSS and RSM at the Duty Station, and revised in accordance with the UN Field Security Handbook.

This Security Plan is to be updated annually in accordance with changes in personnel, security situation, terrain, structural amendments, and adapted to manage emerging risks, threats and vulnerability.

Section 2: SECURITY SITUATION / THREAT ASSESSMENT

Threat Summary (from recently approved SRM)

Political

The political climate in Tanzania is stable. Elections were held peacefully in October 2015. The presidential contest was the closest in current times after a significant party member switched to the opposition. There were very few demonstrations and political rallies were peaceful. Very little violence was reported throughout the country even during the re-run elections in Zanzibar and Arusha. Some tensions between the Opposition and the Government party persist.

The current change in leadership has resulted in sweeping reforms affecting the country and the United Nations. The "war on corruption" has been the driving force of the new President's agenda as he attempts to recover funds that have eluded the country for years. His direct leadership style has resulted in the dismissal of a number of government employees and frequent re-shuffles in ministries, but also local level government.

President Magufuli has announced a shift of the Government seat from Dar-es-Salaam to Dodoma, also requesting the UN to shift their presence there. This has implications on the security arrangements at the long-term UN House since any plans to develop a new compound in Dar-es-Salaam have been put on-hold due to the announcement.

Following the nullification of the October 2015 election in Zanzibar and call for rerun in March 2016, the Civic United Front (CUF), the biggest opposition party in Zanzibar boycotted the rerun and opted not to participate. The union government which was formed by CCM and CUF, in which the First Vice President was from the opposition party is no more in existence. There is concern that the resulting tensions could lead to violence, even though everything seem to be calm for the time being.

Economic

There is still wide disparity between the rich and the poor, despite the fact that economic growth has been about seven percent for the last fifteen years. With the recent crackdown on corruption, there is less money in circulation, which may contribute to a rise in crime in Dar-es-Salaam in the areas of street robbery and theft from vehicles and residences. Heavily armed criminals have assaulted banks and businesses, at times shooting indiscriminately. A number of police have been killed in shoot-outs over the last year and a half, most recently seven were killed in the vicinity of Kibiti in April 2017. More stringent government regulations, while necessary to deal with corruption, have meant that imports have slowed down and with the new tariffs on transit goods there may be even less countries utilizing Dar-es-Salaam port for the import of their goods. Tanzania is rich in resources, gas and minerals. With the crackdown on corruption, Tanzania may see more revenue passing through Government hands and actually going back into the country's development. Zanzibar's main source of income are cloves and tourism. The

decline in cost of cloves globally, and fear of communicable diseases in Africa such as Ebola, that might deter visitors from coming to Tanzania, can negatively affect the economy of Zanzibar. As major donors' support dwindles due to various reasons, there is a climate of uncertainty on how to sustain social services to the population, such as health and education

Social

Due to the income disparity in an urban area of over four million people, there is a high incidence of property crime. "Lynch justice" of suspects caught does occur and even in the city center criminals that are caught by local shop owners are often beaten severely and sometimes killed. Corruption is a challenge for many State institutions and has eroded public trust in them. The current Government has undertaken to tackle this issue and many individuals have been removed from their posts due to corruption charges. This has, however, also stymied the remaining officials to an extent, slowing down processes. Urbanization continues, with Dar-es-Salaam experiencing growth beyond infrastructure capacity. This causes additional burden on an already taxed infrastructure system and public administration. There are no serious racial or religious tensions among the population. Tribal influence is not necessarily visible, and there are no indications of undue influence to create instability. There have been skirmishes as result of one religious group being offended by another, which did set off some civil unrest. There is evidence of some radical elements within Islamic religious groups concentrating on aligning themselves more along fundamentalist Islamic practices.

Environmental

Dar-es-Salaam is exposed to seasonal, but limited, flooding twice a year during the rainy seasons (Nov-Jan, Apr-Jun). Poor sewage system maintenance and exceptionally high rains can lead to hazardous flooding. In 2011, eleven UN agencies were evacuated from the UN House in Dar-es-Salaam and had to relocate to new offices as the UN House was uninhabitable. A large number of UN vehicles were destroyed and roads were washed out. In 2013, UNESCO was flooded and relocated. High tides, combined with heavy winds, can wash over and block the bridge from Peninsula to Town. Other low lying areas are also susceptible to such flooding. Some areas of the of the country are prone to seasonal flooding. In other areas sandstorms are a hazard. Severe thunderstorms occur in many parts of the country with lightning strikes as a threat. Some parts of the country have higher levels of seismic activity, particularly along the Rift Valley. There are also (dormant) volcanoes near population centers. Tropical diseases are prevalent in the country. Malaria is a particular concern during the rainy seasons. Droughts are more common due to climate change. This has already led to violent conflict between farmers and cattle herders, who seek water and grazing land for their animals. A wide use of carbon fuel through cutting of forests, poor management of solid and liquid waste and intermittent flooding will have a negative impact on the health of the population. In Zanzibar deforestation which is markedly visible in some parts of the island could be expanded to the entire island unless an alternative source of energy is provided and afforestation program is introduced. The poor management of liquid and solid wastes and burning of plastic waste products will have a long term effect

on the health security in the entire country.

Infrastructure

City roads are full of potholes, especially after heavy rains, causing damage to vehicles and increasing traffic accident risk as drivers swerve to avoid them. Only main roads are tarmac and most secondary roads are still gravel and dirt. The current road system in Dar has limited access to the city center causing severe traffic jams. Public transport has been improving, but any benefits are limited by the large influx of cheap, imported cars. Traffic jams are frequent and can cause gridlock for hours on major routes. The road network outside of Dar-es-Salaam is being improved and most major cities are connected by good tarmac roads. Dense traffic and road hazards (erratic drivers, animals on the road, etc.) still cause problems. Power generating capabilities and delivery means has been severely affected because of the corruption and old poorly serviced equipment. This has caused wide-spread power cuts/outages and continues to be of concern. UN facilities and UN personnel residences can be affected by power surges and power outages. Sensitive electronics, such as IT and telecommunications equipment, are particularly vulnerable to power spikes. Medical services vary in quality and most have limited capacity. The majority of the diplomatic community evacuate their staff for any serious or more complicated medical issues. Outside of major urban centers there is no ambulance service. Any casualties or sick have to be transported in private cars or specifically hired ambulances (which is not feasible for accidents due to the time it takes to arrange for the ambulance).

Country Security Forces

Tanzania has a national police force, which continues to improve, but they are short on personnel and resources. There is a history of alleged corruption, but due to the coming of the new administration there is hope this will subside. Tanzania contributes Police to Peacekeeping missions. The Police have specially trained riot police (Field Force Unit, FFU), but they still lack the resources to control large crowds. The Police do employ Crisis Response Teams (CRT) as their police special forces unit.

Tanzania People Defense Force - Tanzania contributes troops to Peacekeeping missions. Normally they are not used in civil, internal operations and have not experienced armed conflict with other countries in recent history. They did support the 2015 elections and sent reinforcements to Zanzibar. They patrol the Amboni Caves in Tanga as it is location that criminals hideout

Threat group/actors

These groups are not based in Dar-es-Salaam, but their influence extends beyond the current borders. There is evidence that some radical elements within Islamic religious groups are aligning themselves more along fundamentalist Islamic practices. The Ansar Muslim Youth Center (Al Hirja), based in Tanga, engages in radicalization, recruitment and fund raising on behalf of known terrorist organizations, mainly Al - Shabaab, and they have close links to radical clerics in Mombasa. They operate a number of services

for the communities; water delivery, support schools, etc., so they are accepted in the local communities. AMYC has not made direct threats against the UN nor have publicly announced support to any certain known terrorist organizations. It is conceivable that youth that have been trained abroad have been involved in regional terrorism attacks. Al-Muhajiroun surfaced in 2015, more than likely based in Morogoro (2 1/2 hours from Dar) and Mombasa, Kenya. They are responsible for the publishing of two radical, jihadist magazines (more than likely printed in Dar-es-Salaam), one targeting female Muslims and one targeting youth. They have made direct threats against the United Nations and the Governments of Tanzania, Kenya and Uganda. Their capacity is still limited and most focused on the publishing of jihadist propaganda. They may have a few trained individuals, but more worrisome is the possibility of establishing a relationship with neighboring country terrorists that do possess the skills and capacity to carry out attacks against the United Nations. The local population in Morogoro does not support this group and has been responsible to inform the Police of suspected radicals and arrests were made. The "Ahl al-Kahf" (People of the Caves) have recently declared their presence in Tanzania (2016) through a blog and published a 5-minute video depicting 5 masked males with AK-47s and one spokesperson with a machete. They invited all Muslims to join them, but did not make any threats or further explain their agenda expect to support the Jihad. This group just surfaced in May, 2016, and more information is being sought with the local Government. There are organized criminal groups operating in Dar-es-Salaam, however the UN is not targeted by their activities. The majority of crime impacting the UN is of opportunistic nature.

General Threat Assessment

Category	Threat Rating	Security Level
Armed Conflict	Minimal	2 - Low
Terrorism	Low	
Crime	Substantial	
Civil Unrest	Low	
Hazards	Substantial	

Section 3: SECURITY ARRANGEMENTS

3a. DESIGNATED OFFICIAL

The Designated Official for the United Republic of Tanzania is the UN Resident Coordinator / UNDP Resident Representative, Mr. Alvaro Rodriguez.

Name	Title	Mobile Phone	Email
ALVARO	DO, RC, RR	C: +255 (0)	alvaro.rodriguez@one.un.org
RODRIGUEZ		782026640	

3b. DESIGNATED OFFICIAL, a.i.

During the absence of the Designated Official, a Designated Official ad interim (a.i.), who is also the head of a UN agency is appointed. The Designated Official has appointed the following Heads of Agencies as Designated Official a.i., 1 and 2.

Name	Agency	Title	Contact	Email
			O: +255 784720020	
Michael Dunford	WFP	Representative	C: +255 784720020	michael.dunford@wfp.org
			O: +255 222196601	
Maniza Zaman	UNICEF	Representative	C: +255 787600071	mzaman@unicef.org

3c. SECURITY ADVISER

There is a Security Adviser and Deputy Security Adviser assigned to the URT. Christian Friedrichs is the SA and Jack Bell is the DSA (contacts below).

3d. CRISIS COORDINATION CENTRE (S)

1. Location: Primary: UN House Conference room

Coordinates: **S**6 45' 35.58'' **E**39 16'21.60''

Alternate: UNHCR

Coordinates: **S**06 45' 07.36" **E**39 16' 50.64"

The CCC has been relocated to UN House, Mzinga Way. The alternative is UNHCR.

UN House: Plot 182, Mzinga Way (off Msasani Road)

UNHCR: Plot 1658 Masaki (off Chole Road, next to Valhalla Village)

2. Staffing: UNDSS Security Adviser

UNDSS Deputy Security Adviser UNDSS Local Security Assistant x 3

SFP, CMT from the agency (depending on the crisis)

Radio Operator (UNDSS/KK)

Driver (UNDSS)

3. Contact: For CCC activation the common security channel and call signs will be used vice that of the agency.

Phone: +255-22-2195092

HF Call sign: DELTA SIERRA BASE

HF Frequency: 7856.5 HF Sel Call: 121904

VHF Call sign: SIERRA BASE

VHF Frequency: TX 169.875, RX 164.875

Email: See contacts below Sat Phone: +881631414237

4. UNDSS: SA/DSA Contacts

Name	Christian Friedrichs	Call Sign: Sierra 1
Title	UNDSS Security Adviser	
E-mail	Christian.friedrichs@undss.org	
Tel Cell	+255 684604022	
Sat phone (W)	+ 881631414237	

Name	Jack Bell	Call Sign: Sierra 1.1
Title	UNDSS Deputy Security Adviser	
E-mail	Jack.bell@undss.org	
Tel Cell	+255 684002210	
Sat phone (W)	+881622411581	

3e. CONCENTRATION POINTS

PRIMARY CONCENTRATION POINT (Intl)

Name Of Concentration Point:	Golden Tulip Hotel	Map Page Number:	
Address:	Toure Drive, Msasani peninsular		
Phone Number:	+255-22-2600288	Fax Number:	+255-222601443
Contact Person:	Hotel Manager/Operations	Phone Number:	+255-22-2600288
Front Desk:		Cell Number:	0774010804
Number of Rooms:	140	Phone Number:	
Communications:	UNDSS vehicle communication equipments.	Cell Phone:	0774010804
Front Entrance Location:	West side of the hotel building		
Exit Location:	West side of the hotel building		
Location For UN Vehicles:	Hotel car parking area		
Parking Limitations:	400 vehicles		

Staging:	
Staging Area:	Location:
UNDSS Command Post:	UN House
Accountability Staging Area:	By Agency:
Location for Busses	
Waterfront Access:	Eastern side of the hotel.
Number of Rooms	140
Medical Information:	IST Clinic, Ruvu Road masaki, emergency 0754783393
Security / Police:	Oysterbay Police station.Emerg.No.+255222138177 / 255787668306
Emergency Supplies Required:	Food and sanitary materials
Helicopter landable:	Yes
Coordinates	S 6°45' 22.12", E 39°17'14.62"

Directions To Evacuation Site:

The Golden Tulip Hotel - Dar es Salaam, is located on the Msasani Peninsula, the hotel is 4 kilometres from the city centre, main business area, international organizations and embassies, while the airport is just 18 kilometres away south west. Maps are separate due to size.

PRIMARY CONCENTRATION POINT (Intl)

Name Of Concentration Point:	Hyatt Regency Dar es Salaam, The Kilimanjaro Hotel	Map Page Number:	City Centre
Address:	Kivukoni Road		
Phone Number:	255764704 704	Fax Number:	255 22212077/255 22212077
Contact Person:	Hotel Manager/ Operations manager	Phone Number:	255764704 704
Front Desk:		Cell Number:	+255 764 704 704
Number of Rooms:	180	Phone Number:	255764704 704
Communications:	DSS Vehicle communication equipments	Cell Phone:	+255 764 704 704
Front Entrance Location:	Southern side of the Hotel, kivukoni road		
Exit Location:	Southern side of the Hotel		
Location For UN Vehicles:	Hotel Car parking space		
Parking Limitations:	90 vehicles		

Staging:	
Staging Area:	Location:
UNDSS Command Post:	UN House
Accountability Staging Area:	By Agency:
Location for Busses	
Waterfront Access:	Close to Dar es salaam Port on south east
Number of Rooms	180
Medical Information:	Aga Khan Hospital. Phone No. +255 222115151/53
Security / Police:	Central Police station Emerg.No. +255 222138177 / +255 787668306
Emergency Supplies Required:	Food and sanitary materials
Helicopter landable:	NO
Coordinates	S 6°49'00.17", E 39°17'36.24"

Directions To Evacuation Site:

Located at Kivukoni Road in the city centre with close proximity to the Dar-es-Salaam Harbour and JK Nyerere International Airport is about 10 km's west from the hotel. Maps are separate due to size.

ALTERNATE CONCENTRATION POINT (Intl).

Name Of Concentration Point:	Sea Cliff Hotel	Map Page Number :	2
Address:	Msasani Peninsular		
Phone Number:	+255-22-2600380 / +255-22-2600419	Fax Number:	
Contact Person:	Hotel Manager	Phone Number:	255-22-2600380 / 255-22-2600419
Front Desk:		Cell Number:	+255752555500
Number of Rooms:	86	Phone Number:	
Communications:	DSS vehicle communication equipments	Cell Phone:	+255752555500
Front Entrance Location:	Southern side of the hotel		
Exit Location:	Southern side of the hotel		
Location For UN Vehicles:	Hotel car parking space		
Parking Limitations:	100 vehicles		

Staging:	
Staging Area:	Location:
UNDSS Command Post:	UN House (UNDSS office)
Accountability Staging Area:	By Agency:
Location for Busses	
Waterfront Access:	Eastern side of the hotel
Number of Rooms	86
Medical Information:	IST clinic , Ruvu road masaki.Phone +255 222601307, mobile number 0754783393
Security / Police:	Oysterbay Police station
Emergency Supplies Required:	Food and sanitary materials
Helicopter landable:	Yes
Coordinates	S 6° 44 '24.68", E 39° 17' 06.48"

Directions To Evacuation Site:

Sea cliff Hotel is located along Toure road in Msasani peninsular about 22 km west to JK. Nyerere International airport. Maps are separate due to size.

PRIMARY CONCENTRATION POINT (Nat)

Name Of Concentration Point:	Blue Pearl Hotel & Apartments.	Map Page Number :	2
Address:	Ubungo plaza, Morogoro road.		
Phone Number:	+255 222461130/31/32	Fax Number:	+255 222461128
Contact Person:	Hotel Operations Manager	Phone Number:	+255 222461130/31/32
Front Desk:		Cell Number:	+255 779 666688
Number of Rooms:	154	Phone Number:	
Communications:	DSS vehicle communication equipment	Cell Phone:	+255 779 666688
Front Entrance Location:	Northern side of the hotel		
Exit Location:	Western side of the hotel through Morogoro road		
Location For UN Vehicles:	Hotel car parking space		
Parking Limitations:	350 vehicles		

Staging:	
Staging Area:	Location:
UNDSS Command Post:	UN House
Accountability Staging Area:	By Agency:
Location for Busses	Ubungo bus terminal,north of the hotel
Waterfront Access:	N/A
Number of Rooms	154
Medical Information:	Muhimbili National Hospital & Lugalo Military hospital
Security / Police:	Magomeni Police station/Urafiki Police station
Emergency Supplies Required:	Food and sanitary materials
Helicopter landable:	NO
Coordinates	S 6°47' 40.57", E 39°12'57.05"

Directions To Evacuation Site:

Blue pearl Hotel is located at Ubungo plaza. It is within close proximity to University of Dar es Salaam, Tanzania's most modern shopping complex, Mlimani City, Lugalo Military Hospital and adjacent to Ubungo bus terminal. Approximately 8 kms to the JK Nyerere Int. Airport and just 8 mins drive to the city centre. Maps are separate due to size.

ALTERNATE CONCENTRATION POINT (Nat)

Name Of Concentration Point:	Serena Dar es salaam Hotel	Map Page Number:	2
Address:	Ohio street		
Phone Number:	+255 22 2112416 Fax Number: +255 22 211 3981		
Contact Person:	Hotel Manager	Phone Number:	+255 22 2112416
Front Desk:	+255 22 2112416	Cell Number:	+255 754620663/ + 255 784620663
Number of Rooms:	230	Phone Number:	+255 22 2112416
Communications:	DSS vehicle communication equipments	Cell Phone:	+255 754620663 / + 255 784620663
Front Entrance Location:	West side of the hotel		
Exit Location:	West side of the hotel		
Location For UN Vehicles:	Hotel car park		
Parking Limitations:	300 Vehicles		

Staging:	
Staging Area:	Location:
UNDSS Command Post:	UN House
Accountability Staging Area:	By Agency:
Location for Busses	
Waterfront Access:	About 1 km. south west there is Harbor
Number of Rooms	230
Medical Information:	Aga Khan Hospital. Phone No. +255 222115151/53
Security / Police:	Central Police station.Emerg.No.+255222138177 / +255787668306
Emergency Supplies Required:	Food and sanitary materials
Helicopter landable:	Yes (cricket ground behind the hotel can be used as a helipad)
Coordinates	S 6° 48' 36.72", E 39°17'16.42"

Directions To Evacuation Site:

Located at Ohio street in the city centre of Dar es Salaam. Maps are separate due to size.

3f. DESIGNATED PLACE OF RELOCATION

PRIMARY SAFE HAVEN

1. The primary safe haven location for Tanzania is **Nairobi, Kenya**.

Designated Official			
Name	Ms. Sahle-Work Zewde		
Country	Nairobi, Kenya		
Organization/Title	UNON, Director General, Designated Official		
E-mail	sahle-work.zewde@unon.org		
Tel Cell	+ 254 714 636 370		
Tel Work	+254 20 762 5345		
+ 254 20 762 5344			
	UNDSS/SSS		
Name	Peter Marshall		
Country	Nairobi, Kenya		
Organization/Title	UNON, Principle Security Officer		
E-mail	peter.marshall@unon.org		
Tel Cell	+254 733 640 399		
	+ 254 725 640 399		
Tel Work	+254 20 762-2326		
Fax	+254 20 762 3939		

ALTERNATE SAFE HAVEN

2. The alternate safe haven location for Tanzania is **Johannesburg**, **South Africa**.

Designated Official		
Name	Gana Fofang	
Country	Pretoria, South Africa	
Organization/Title	UNDP Resident Coordinator	
E-mail	gana.fofana@undp.org	
Tel Work	+27 605 773 275	
Tel Work	+27 12354 8025	
	UNDSS	
Name	Rustam Salyakhov	
Country	Pretoria, South Africa	
Organization/Title	Deputy Security Adviser	
E-mail Rustam.salyakhov@undss.org		
Tel Cell	+27 82 5523240	
Tel Work	+27 12 354 8089	

3g. MEANS OF RELOCATION / EVACUATION

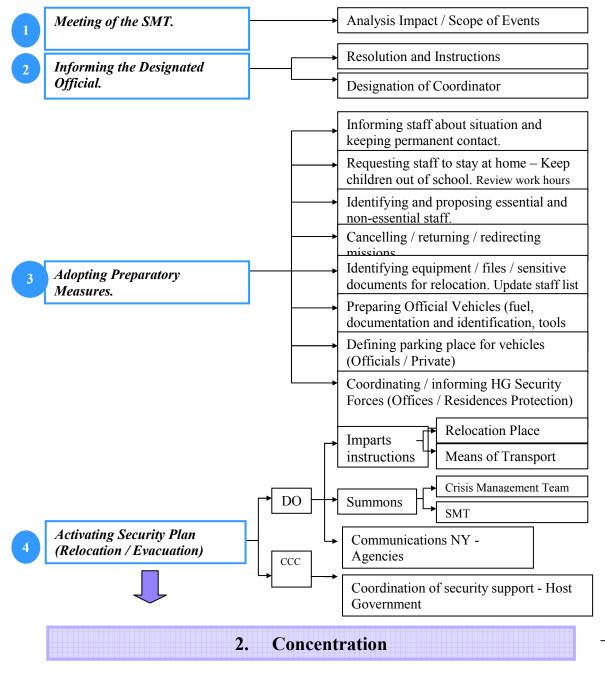
- 1. In the event that the SMT recommends to the USG UNDSS and the USG approves, all or non-essential international staff will be evacuated out of the country to the safehaven and/or international staff could be relocated or evacuated from a particular field office. All UN Field offices have Area Security Plans detailing their relocation/evacuation plan. Primary Movement is by air and the secondary option is by land. It should be considered that outside coordination and assistance from UNDSS HQ for contracted transportation may be necessary.
- 2. In preparing for a worst case scenario agencies are required to prepare a list of staff with their Passport and UNLP details as listed on the documents. In case of evacuation on a UN contracted aircraft this list is required. Prior to an evacuation, the Warden system will be activated on the instructions of the Designated Official and Staff members will move to the Concentration Point if so directed. Convoy movement and additional local transportation will be necessary to transport UN international staff and their eligible dependents.
 - a. Once all staff members are accounted for they may be instructed to move to the concentration points.
 - b. Once at the concentration point, agency administrative officers will assist in logistics and processing of tickets, DSA, etc. Each agency must have a procedure in place per the FSH.
 - c. Depending on the security situation the DO may order relocation.
- 3. All persons being evacuated/relocated are only authorized to bring along 15 kilograms' maximum personal belongings. Pets should not be brought to the concentration point. Personal owned vehicles (POV) are the responsibility of the staff member themselves, and proper arrangements should be made in advance for the safe keep of their vehicles during this period.
- **4.** Area Security Plans cover the options for field offices. For Dar es Salaam the following applies:

Duty Station	Option	Mode of Transport	Destination
Dar es Salaam	1 st	Air	Nairobi
	2 nd	Air	Johannesburg

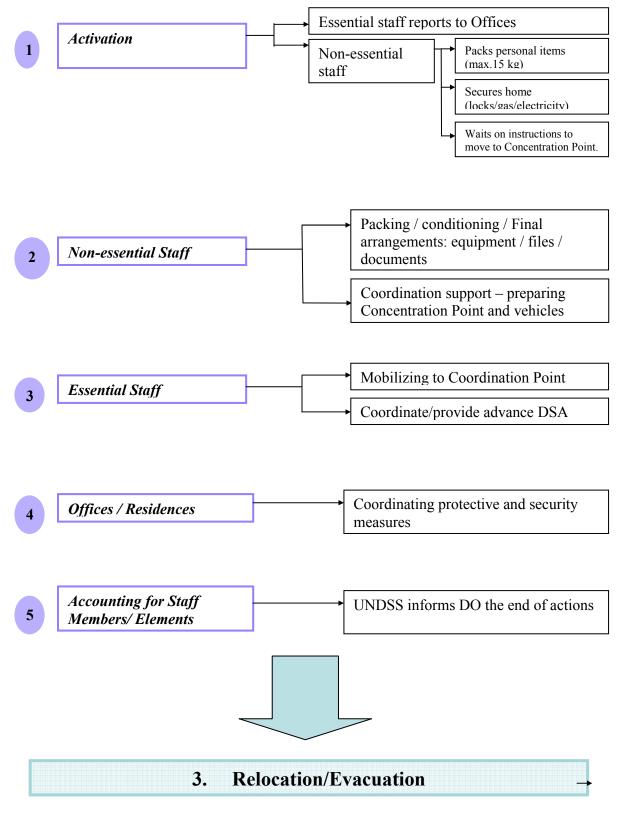
5. The following is a basic outline of stages and actions the SMT may take in order to work up and prepare for an increase of insecurity that could lead into an eventual continuity of UN operations.

1. OUTLINE OF STAGES

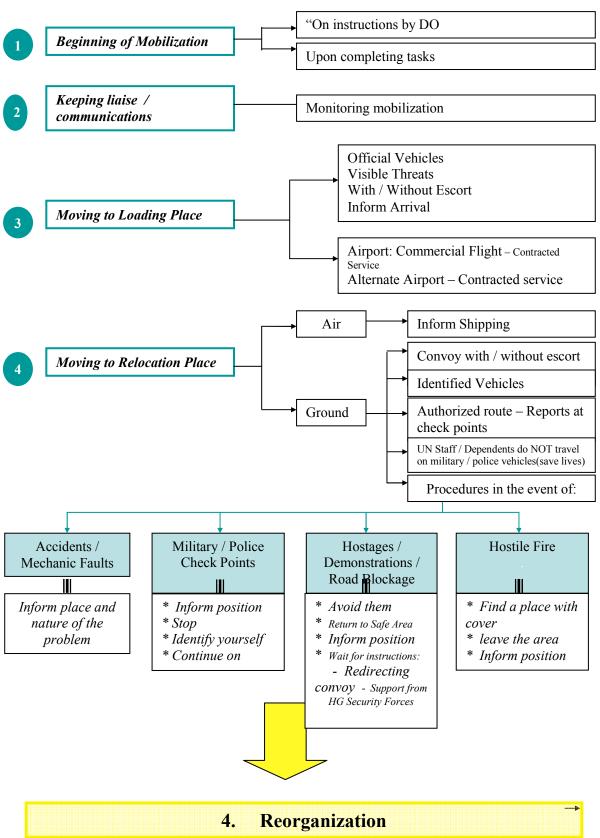
1. Analysis and Preparatory Measures



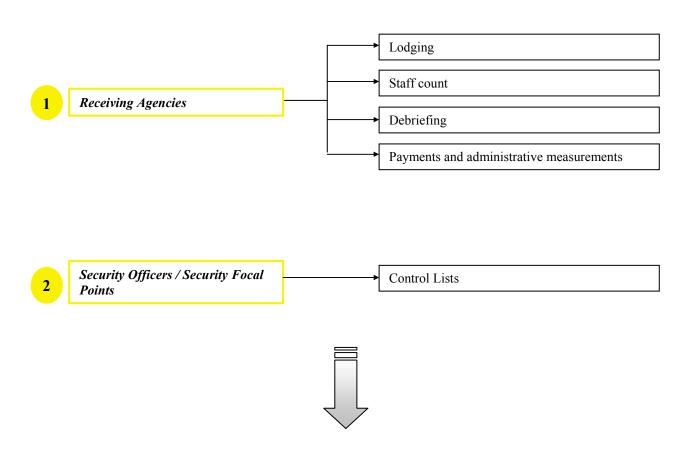
2. Concentration



3. Relocation/Evacuation



4. Reorganization



Continuity of UN Operations from Safe haven

2. AIR MOVEMENT

PRINCIPLE AIRPORTS AND PORTS

INTERNATIONAL AIRPORTS AND PORTS				
LOCATION AIRPORT PORT				
Dar es Salaam Julius Nyerere International Airport		Dar es Salaam Port		
Kilimanjaro	Kilimanjaro International Airport (KIA)			
ZanzibarKarume International AirportZanzibar				

INTERNATIONAL FLIGHTS TO THE SAFEHAVEN

From Dar es Salaam to Nairobi, Kenya

DESTINATION	AIRLINE	FREQUENCY
Nairobi	Precision Air	1025 – 1145 - Daily
Nairobi	Kenya Airways	0510 – 0630 - Daily

• The use of UN contracted aircraft is an option. The UN has aircraft in DRC, South Sudan, Mwanza and UNHAS for the Somali Operation.

From Dar es Salaam to Johannesburg, South Africa

TIME	DESTINATION	AIRLINE	FREQUENCY
0650 - 0925	Johannesburg	South African Airways At 7B	Daily
1450 -1730	Johannesburg	South African Airways At 7B	Daily

NATIONAL FLIGHTS

From Dar es Salaam

AIRLINE	DESTINATION	Frequency
Precision Air	Arusha	Daily 1100 - 1225
Precision Air	Arusha	Daily 1330 - 1455
Fastjet	Kilimanjaro	Daily
Auric Air	Dodoma	Mon, Tue, Wed, Fri,
		Sat

3. BOAT AND BUS MOVEMENT

FERRIES:

INTINERARY	FERRY	SCHEDULE	CONTACT
Dar es Salaam-	Azam Marine	0700	+255 222123324 /
Zanzibar	Kilimanjaro IV, V, VI		0774707172
	Azam Marine	0930	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172
	Azam Marine	1230	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172
	Azam Marine	1545	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172

INTINERARY	FERRY	SCHEDULE	CONTACT
Zanzibar – Dar es	Azam Marine	0730	+255242231655
Salaam	Kilimanjaro IV, V, VI		
	Azam Marine	0930	+255242231655
	Kilimanjaro IV, V, VI		
	Azam Marine	1230	+255242231655
	Kilimanjaro IV, V, VI		
	Azam Marine	1545	+255242231655
	Kilimanjaro IV, V, VI		

C. PRIVATE BUS/TRANSPORT COMPANIES:

BUS LINE	ADDRESS	CONTACT
	Ubungo Terminal along	
Dar Express Bus Service	Morogoro Road	+255 222666330
	Ubungo Terminal along	
Kilimanjaro Bus Service	Morogoro Road	+255 272544521
	Ubungo Terminal along	
Shabiby Line Bus Service	Morogoro Road	+255 713753769

ANNEX A: SECURITY MANAGEMENT TEAM AND HOST GOVERNMENT CONTACT

Security Management Team

s/n	Name and Designation	Agency	Direct Line	Mobile	Office Address	Residence	Email
1.	Alvaro Rodriguez DO/RC RR	UNDP	+255 (0) 222195020	+255 (0) 782026640	182 Mzinga Way, Dar es Salaam	Mawenzi Street Dar es Salaam	alvaro.rodriguez@one.un. org
2.	Fred Kafeero Representative	FAO	+255 (0) 222664557	+255 (0) 754250350	Ally Hassan Mwinyi Road, Dar es Salaam	Plot No. 18, Mzinga Way, Oysterbay, DSM	fred.kafeero@fao.org
3.	Francisco Pichon Representative	IFAD	+255 (0) 222664563	+255 (0) 682810100	182 Mzinga Way, Dar es Salaam	4444 Mahando St, Masaki, Dar es Salaam	f.pichon@ifad,org
4.	Representative (Observer)	AFDB	+255 (0) 222125286		Int House, 5th Fl. Garden Ave., Dar es Salaam		
5.	Mary Kawar Director	ILO	+255 (0) 222196701	+255 (0) 682659904	No.75/25 & 105/25 Maktaba Str	Indian Ocean Apts., No. 701A, Toure Dr., DSM	kawar@ilo.org
6.	Bhaswar Mukhopadhyay Representative	IMF	+255 (0) 222113971	+255 (0) 755222333	Int House 4th Fl, Garden Ave, Dar es Salaam	Plot 1-13/B-1, Chisiza Close, Oysterbay, DSM	bmukhopadhyay@imf.org
7.	Herve Joly Center Coordinator	IMF- AFRITAC	+255 (0) 222235353	+255 (0) 789385996	BoTs 10 th Floor Mirambo Street, Dar es Salaam	Plot No. 318, Coliseum Apts., Masaki, DSM	hjoly@imf.org
8.	Qasim Sufi Chief of Mission	IOM	+255(0) 222602913	+255 (0) 682563796	Slipway Rd, Dar es Salaam	Slipway Hotel, Yacht Club Rd., Msasani, DSM	gsufi@iom.int
9.	Dr. Warren Naamara Country Director	UNAIDS	+255 (0) 222195113	+255 (0) 786960203	182 Mzinga Way, Dar es Salaam	Indian Ocean Apts., Plot No. 383, Toure Drive, Apt. B304	naamaraw@unaids.org
10.	Country Director	UNDP	+255 (0) 222112576		182 Mzinga Way, Dar es Salaam		
11.	Christian Friedrichs Security Adviser	UNDSS	+ 255 (0) 222195102	+255 (0) 684604022	182 Mzinga Way, Dar es Salaam	1978 Chaza Lane, Oysterbay, DSM	christian.friedrichs@undss. org

	Zulmaina Daduiausa		.255 (0)	. 255 (0)	59 Mtwara	192 Uganda	
12.	Zulmira Rodrigues Representative	UNESCO	+255 (0) 222666623	+255 (0) 785147878	Road, Dar es Salaam	Avenue, Dar es Salaam	z.rodrigues@unesco.org
12.	пергезептатіче	UNESCO	222000023	703147070	11 Barak	Salaaiii	
					Obama Drive,		
			+255 (0)		Osean View,		
13.	Representative	UNFPA	22231006		Dar es Salaam		
	·					Plot No. 9, House	
					Plot No. 1403-	No. 27, Kenyatta	
					1, Bains Ave.,	Dr., Oysterbay,	mzaman@unicef.org
	Maniza Zaman		+255 (0)	+255 (0)	Masaki, DSM	DSM	mzaman@unicer.org
14.	Representative	UNICEF	222196601	787600071			
					Plot 486, Block		
	Samuel Akorimo,				A, Lakilaki	Weseko St., behind	akorimo@un.org
	Head, MICT		+255 (0)	+255 (0)	Area, Arumeru	PFP Estate, Njiro,	
15.	Registry	MICT	272565750	784887464	District	Arusha	
					59 Mtwara	House No. 8,	
	Stephen Kargbo		+255 (0)	+255 (0)	Road, Dar es	Highland Villas,	s.kargbo@unido.org
16.	Representative	UNIDO	222666623	699859795	Salaam	Mikocheni B, DSM	
			(-)	(-)	Plot 1658 (off	Plot 19, Kaunde	kapaya@unhcr.org
4-	Chansa Kapaya		+255 (0)	+255 (0)	Chole), Dar es	Dr., Oysterbay,	<u> </u>
17.	Representative	UNHCR	222602724	784730400	Salaam	DSM	
	Hadan Addan			. 255 (0)	182 Mzinga	Plot No. 18, The	hodan.addou@unwomen.
4.0	Hodan Addou	UN		+255 (0)	Way, Dar es	Green of	org
18.	Representative	WOMEN		699837393	Salaam	Oysterbay, DSM	
					113 Ada Estate,		
	Michael Dunford		+255 (0)	+255 (0)	Mwindu Lane,	Plot 142, Haile	michael.dunford@wfp.org
19.	Representative	WFP	222197300	784720020	Dar es Salaam	Selassie, DSM	
15.	Representative	7711	222137300	7.047.20020	WHO, Luthuli	Jeidssie, Dsivi	
			+255 (0)		Road, Dar es		
20.	Representative	WHO	222134249		Salaam		
					50 Mirambo		
	Bella Bird	World	+255 (0)	+255 (0)	Street, Dar es	Plot 1684/3,	bbird@worldbank.org
21.	Country Director	Bank	222163200	784411137	Salaam	Slipway Road, DSM	
	,				Plot 421	, , ,	
					Mahando St.,	Plot 1026,	. 11 6 16
	Peter Malika		+255 (0)	+255 (0)	Oysterbay,	Peninsula St.,	peter.malika@uncdf.org
22.	Head of Office	UNCDF	764886581	764886581	DSM	Masaki, DSM	

Government / Diplomatic / Security Contact Phone List

CONTACT LIST INFORMATION SHOULD BE FILLED OUT COMPLETELY PRIOR TO AN INCIDENT

UNDSS:	Master List		Date:	May 2015
City: Dar es Salaam	Region:	Dar es Salaam	Country:	Tanzania

Notifications:	Name:	Primary Phone:	Alternate Phone:	Remarks:
URT Goverment				
Inspector General Police Headquarters	Earnest Mangu	0787444433	2113461	
Commissioner of Operations	Nsato Marijani	0658481003	2118674	
Director of Investigations	Faustine Shilogile	0786283255	2113267	
Police-Dar es Salaam Special Zone	Saimon Sirro	0754034224	2117705	
Traffic Headquarters	Mohamed Mpinga	0754360046	2133833	
Airport Security	Lugano Mwansasu	+255 22 2842402/3	0684308208	0754433632
International Relations	Germanus Muhume	0713683617		Primary Contact
A/Superintendant Int. Rel (2)	Reinalda Millanzi	0784383383	0658271007	0782001283
Zonal Crime Officer	Camilius Wambura	0658111100	0784277884	
Kinondoni RPC	Suzan Kaganda	0715009976		Most Issues
Police Commissioner Zanzibar	Hamdani Makame	0682412690		
D/Police Commissioner Zanzibar	DPC Kisseke	0658376520		
D/Director CID Zanzibar	Salum Msangi	0713370730	0774176300 0782176300	Primary Contact
Bomb Response	Nsato Marijani	0658481003		
Minister of Foreign Affairs	Hon. Benard Membe	022211906		Contact person, permanent secretary
Fire Brigade	0222180615			Commissioner General
Universal Emergency #	112	Police +255 222138177/ +255 787668306		24/7 available

Add	Additional Notifications: Security Companies				
	Notifications:	Name:	Primary Phone:	Alternate Phone:	Remarks:
	KK Security	Mr. Mohamed	0659726317	0797550011	Control Room
	Ultimate	Mr. Eliuta	0713123913	0713123911	Control Room
	Security Group	Mr. Faustin	0755751142	0784700299	Control Room
Othe	er UN Security Elemen	ts			
\boxtimes	MICT	Yaw Okai	+255272565040	0682655830	
Dipl	omatic Contacts				
Noti	fications:	Name:	Primary Phone:	Alternate Phone:	Remarks:
US	Embassy RSO	Santos Alfred		+255222294315	
US	Embassy ARSO	Davis Raimo	0767100985	+255222294225	
	ish High nmission (HC)	Dianna Melrose	+255222290000		
	ish High nmission (DHC)	Julian Chandler	0754336385	+255222290257	
	opean Union min)	Hans Lancee	0767620123	+25522211741	
Danish Embassy Deputy Head of Mission		Steen Anderson	0754784422	+255222165200	
	nish Embassy Iche Consul	Sirpa Rajasarkka	0756531770	+255222196565	

ANNEX B: UNDSS CONTACT LIST

UNDSS TANZANIA DIRECTORY

Name:	Christian Friedrichs
Title:	UNDSS Security Adviser
Email:	Christian.friedrichs@undss.org
Mobile:	+255-684-604-022
Sat pone:	+ 881631414237
Call Sign:	Sierra 1
Name:	Jack Bell
Title:	Deputy Security Adviser
Email:	Jack.bell@undss.org
Mobile:	+255-684-002-210
Sat pone:	+881622411581
Call Sign:	Sierra 1:1
Name:	Davis Miyaga
Title:	Local Security Assistant
Email:	davis.miyaga@undss.org
Mobile:	+255-686-061-000
Call Sign:	Sierra 2
Name:	Arthur Chinguku
Title:	Local Security Assistant
Email:	arthur.chinguku@undss.org
Mobile:	+255-786761720
Call Sign:	Sierra 3
Name:	Siki Mwambage
Title:	Local Security Assistant
Email:	Siki.mwambage@undss.org
Mobile:	+255-785761720
Call sign:	Sierra 4
	UNDSS CISMU
Name:	Zinat Fazal
Title:	UNDSS/CISMU Stress Counsellor
Email:	zinat.fazal@undp.org
Mobile:	+255-788-960-215
Call Sign:	Sierra 5

UNDSS HQ DIRECTORY

OFFICE OF THE UNDER-SECRETARY-GENERAL FOR SAFETY & SECURITY

Name:	Peter Drennan
Title:	Under-Secretary-General Department of Safety and Security
Email:	drennan@un.org
Mobile:	+1-917-624-3271
Landline:	+1-917-367-3158

Name:	Fadzai Gwaradzimba
Title:	Assistant-Secretary-General for Safety and Security
Email:	gwaradzimba@un.org
Mobile:	+1-917-367-6962
Landline:	+1-917-367-5591

DIVISION OF REGIONAL OPERATIONS

Name:	Mike Croll
Title:	Director
Email:	croll@un.org
Landline:	+1-212-963-4377
Name:	Igor Mitrokhin
Title:	Deputy Director
Email:	mitroknin@un.org
Mobile:	+1-646-923-5760
Landline:	+1-212-963-9038

AFRICA DESK

Name:	Igor Mitrokhin
Title:	Chief Africa Desk
Email:	mitroknin@un.org
Mobile:	+1-646-923-5760
Landline:	+1-212-963-9038

Name:	Andreas Schmidt	
Title:	Security Coordination Officer	
Email:	Schmidt2@un.org	
Mobile:	+1-917-375-4269	
Landline:	+1-917-367-9244	

Name:	Victoria Kudiabor		
Title:	Administrative Assistant		
Email:	kudiaborv@un.org		
Mobile:	+1-718-413-9872		
Landline:	+1-917-367-9369		

CRITICAL INCIDENT STRESS MANAGEMENT UNIT

Name:	Moussa Ba			
Title:	Chief CISMU			
Email:	ba2@un.org			
Mobile:	+1-917-488-5068			
Landline:	+1-917-367-4089			

UNDSS 24/7 COMMUNICATIONS CENTRE

Duty Officer:	+1-917-912-3202
DSS 24/7 Comms	+1-917-367-9438
Centre:	
Alternative	+1-917-367-9439
Number:	
Security Telephone:	+1-917-367-9440
Security Fax:	+1-917-367-9441
Mobile:	+1-917-455-4058
Blackberry:	+1-917-400-8905
Email:	UNDSSComscen@un.org

ANNEX C: AREA SECURITY COORDINATOR CONTACT LIST

AREA SECURITY COORDINATORS / FIELD OFFICE SECURITY FOCAL POINTS

No	Name	Agency	Area	Office Nr.	Mobile Nr.	Email
			Kigoma/	+255 (0) 627	+255 (0)	
1.	Dost Yousafzai	UNHCR	Kagera	596 977	682248014	yousafza@unhcr.org
			Arusha /	+255 (0)	+255 (0)	akorimo@un.org
2.	Samuel Akorimo	MICT	Moshi	272565750	784887464	akorimo(a/un.org
			Zanzibar /		+255 (0)	fmorandini@unicef.org
3.	Francesca Morandini	UNICEF	Pemba		787600078	inforancini <u>a/unicer.org</u>

ANNEX D: AGENCY WARDEN LIST

INTERNATIONAL WARDENS (DSM)

Name	Agency	Mobile	Email	
Jealous Chirove	ILO	0782357899	chirove@ilo.org	
Mona Folkesson UNDP		0685 701 789	mona.folkesson@one.un.org	
Rogers Dhliwayo	UNDP	0689 060457	Rogers.dhliwayo@undp.org	
Spencer Bokosha	UNESCO	0783 631174	s.bokosha@unesco.org	
Shankar Chauhan	UNHCR	0784730404	Chauhan@unhcr.org	
Anna Negyesi- Mouysset	UNHCR	0784730407	Negyesi@unhcr.org	
Robert Carr	UNICEF	787600077	rcarr@unicef.org	
Janet Kamau	UNICEF	787600072	jkamau@unicef.org	
Sara Negrao	UNWOMEN	0682216591	sara.negrao@unwomen.org	
Jeehyun Park	WFP	0782222994	Jeehyun.park@wfp.org	
Isiaka Alo	WHO	0687629292	aloi@who.int	
Kristoffer Welsien	WB	0687240911	kwelsien@worldbank.org	
Jeffrey Delmon	WB	0783906575	jdelmon@worldbank.org	
Ytibarek Tessema	WB	0785 777242	ytessema@worldbank.org	
Jarrie Kabba Kebbay	UNFPA	689122522	kabba-kebbay@unfpa.org	
Herve Joly	IMF-AFE	0789385996	hjoly@imf.org	
	IMF			
	IOM			
	UNAIDS			
	UNCDF			
	FAO			
	UNEP			
	UNFPA			
	UNIDO			
L		I		

NATIONAL WARDENS (DSM)

Name	Agency	Mobile	Email
Gabriel Mihambo	FAO	0754367566	gabriel.mihambo@fao.org
Jeremiah Kabigumila	FAO	0713242142	Jeremiah.Kabigumila@fao.org
Marcel Faustin	ILO	0764500991	faustin@ilo.org
John Mwangosi	ILO	0784540998	mwangosi@ilo.org
Mita Samat	IMF	0713270410	MSAMAT@imf.org
Edina Moshi	IMF AFRITAC	0759581270	emoshi@imf.org
Evonne Massawe	IMF AFRITAC	0754095860	emassawe@imf.org
Athumani Mshihiri	IOM	0754692707	amshihiri@iom.int
Joseph Anania	IOM	0787127950	jananias@iom.int
Hassan Shetui	IOM	0787071020	hshetuidar@iom.int
Margreth Kaijage	IOM	0716921162	mkaijage@iom.int
Fredrick Macha	UNAIDS	0754260503	machaf@unaids.org
Theophilo Kanza	UNFPA	0713320940	tkanza@unfpa.org
Sawiche Wamunza	UNFPA	684919929	Wamunza@unfpa.org
Rose Nyamuhokya	UNFPA	782919840	Nyamuhokya@unfpa.org
Prosper Kweka	UNFPA	784633127	kweka@unfpa.org
Salma Yusuph	UNFPA	688781315	syusuph@unfpa.org
Yusuph Mbaga	UNFPA	0688781315	ymbaga@unfpa.org
Anatoly Igangula	UNHCR	0784468404	IGANGULA@unher.org
Pacific Kalinda	UNHCR	0713242216	KALINDA@unher.org
Phillip Musiba	UNIC	0754211 433	phillip.musiba@unic.org
Julieth Mwakikoti	UNICEF	0713225902	jmwakikoti@unicef.org
Eunice Nshunju	UNICEF	0754875334	enshunju@unicef.org
Dinah Malisa	UNICEF	0784211665	dmalisa@unicef.org
Charles Semiono	UNICEF	0754303664	csemiono@unicef.org
Yolanda Kahunduka	UNICEF	0787600088	ykahunduka@unicef.org

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Kelvin Kunzugala	UNESCO	0713326135	k.kunzugala@unesco.org
Alphonce Kasesebe	UNDP	0755717174	alphonce.kisesebe@undp.org
Daniel Gabriel	UNDP	0784685593	daniel.gabriel@undp.org
Getrude Lyatuu	UNDP		getrude.lyatuu@undp.org
Mwengele Mynah	UNDP	0784492004	mwengele.mynah@undp.org
Ann Moirana	UNDP	0689131722	ann.moirana@undp.org
Veronica Sigalla	UNDP	0754605804	veronica.sigalla@undp.org
Rita Mchaki	UNDP	0689131714	rita.mchaki@undp.org
Regis Kimati	UNDP	0782670094	regis.kimati@undp.org
Beatrice Mkiramwene	UNDP	0687241114	beatrice.mkiramweni@one.un.org
Elinuru Mollel	UNDP	0783973972	elinuru.mollel@undp.org
Peter Luhanga	UNDP	0687329370	Peter.luhanga@undp.org
Bwijo Bwijo	UNDP	0689113116	Bwijo.bwijo@undp.org
Victor Kida	UNDP	0784798283	Victor.kida@undp.org
Philip Amani	UNDP	0689151686	Philip.amani@undp.org
Pielina Lamba	UNWOMEN	0682216720	pielina.lamba@unwomen.org
Michael Okio	WFP	0754578076	michael.okio@wfp.org
Benetson Kambuga	WFP	0784206646	benetson.kambuga@wfp.org
Johnson Emanuel	WHO	0784251263	emanuel@who.int
Bumija Mbwambo	WHO	0754482776	mbwambo@who.int
Durell Mkuu	WHO	0784771377	mkuud@tz.afro.who.int
Tausi Yusuph	WHO	0754393381	yusupht@who.int
Iriya Nemes	WHO	0754663355	nemesi@who.int
Mahige Hashim	WHO	0784369820	mahigeh@who.int
Kaboko M. Nkahiga	WB	0786 488648	knkahiga@worldbank.org
Emmanuel Mungunasi	WB	0784 763723	emungunasi@worldbank.org
Leah Mukuta	WB	0784 278221	lmukuta@worldbank.org
Denis Biseko	WB	0784 412529	dbiseko@worldbank.org

Robinson Mollel	WB	0784 411103	rmollel@worldbank.org
Jane N. Kibbassa	WB	0784 411132	jkibbassa@worldbank.org
Faustina Chande	WB	0787 088843	fchande@worldbank.org
Norah Rusobya	WB	0784 411138	nrusobya@worldbank.org
	UNV		
Andulile Daud	UNCDF	0715 049425	andulile.daud.mwabulambo@uncdf.org
Deonia Kazinza	UNCDF	0716911283	deonia.kazinza@uncdf.org
	UNEP		

ANNEX E: INTERNATIONAL STAFF LIST

Due to the large number of staff, the staff lists are attached as separate correspondence in Excel format.

ANNEX F: NATIONAL STAFF LIST

Due to the large number of staff, the staff lists are attached as separate correspondence in Excel format.

ANNEX G: DESIGNATED PLACE OF RELOCATION – POINTS OF CONTACT

The primary safe haven location for Tanzania is Nairobi, Kenya.

Designated Official					
Name	Ms. Sahle-Work Zewde				
Country	Nairobi, Kenya				
Organization/Title	UNON, Director General, Designated Official				
E-mail	sahle-work.zewde@unon.org				
Tel Cell	+ 254 714 636 370				
Tel Work	+254 20 762 5345				
	+ 254 20 762 5344				
UNDSS/SSS					
Name	Peter Marshall				
Country	Nairobi, Kenya				
Organization/Title	UNON, Chief Security Adviser				
E-mail	peter.marshall@unon.org				
Tel Cell	+254 733 640 399				
	+ 254 725 640 399				
Tel Work	+254 20 762-2326				
	+254 20 762-6666				
	+254 20 762-2344				
Fax	+254 20 762 3939				

ALTERNATE SAFE HAVEN

The alternate safe haven location for Tanzania is Johannesburg, South Africa.

Designated Official					
Name Gana Fofang					
Country	Pretoria, South Africa				
Organization/Title	UNDP Resident Coordinator				
E-mail	gana.fofana@undp.org				
Tel Work	+27 605 773 275				
Tel Work +27 12354 8025					
	UNDSS				
Name	Rajendra Joshi				
Country	Pretoria, South Africa				
Organization/Title	Chief Security Adviser				
E-mail	rajendra.joshi@undss.org				
Tel Cell	+27 82 3015888				
Tel Work	+27 12 354 8083				

ANNEX H: EMERGENCY COMMUNICATIONS SYSTEM

VHF RADIO LINK

VHF radio link, Dar-es-Salaam

Agency	Tx Frequency	Rx Frequency	Call Sign	Repeater Location
				Benjamin William
UNDSS	164.875	164.875	Delta Sierra	Mkapa Tower
				The radio room
				doesn't work -
World Bank	161.800	166.300	Delta Bravo	NIC Building.
UNICEF	160.675	155.875	Delta Charlie	Richmond Tower
				WFP Co
				Kinondoni-No
				radio operators
				only IT
WFP	163.775	158.775	Delta Foxtrot	personnel.
				They have a
				radio room but
				they don't have
ILO	165.925	171.000	Delta Lima	a repeater.
SIMPLEX	160.025	160.025		
				Masingini-
				Problem with
UN ZANZIBAR	160.675	155.875	Zulu	the repeater
				ZSTC building.
				Currently the
				radio room
UN ZANZIBAR	169.875	164.875	Zulu	doesn't work.

HF RADIO LINK

AGENCY	Call Sign	Sell Call	Channel	Frequency
UNDSS	Delta Sierra	121904	1	7856.5
	Base			
UNICEF	Delta Charlie	120304		7525.5
WFP	Delta Foxtrot	120604	5	10600
UNHCR Kigoma	India Romeo	121811	7	14405
UNHCR Kasulu	Uniform Romeo	121823	5,8,11	14405
UNHCR Mpanda	Mike Romeo	121817	16	14405
UNHCR Mishamo	Alfa Romeo	121816	4	14405
UNHCR Ulyankulu	Yankee Romeo	121818	4,8,10	14405
WFP Kasulu	Uniform Foxtrot	120621	8,9,11	10600
WFP Isaka	Sierra Foxtrot	120617	8,9,10	10600
WFP Dodoma	Oscar Foxtrot	120615	8	10600
UNHCR Kibondo	Kilo Romeo	121809	8	-
ONE UN Zanzibar	Zulu Victor	121926	13	7734
MICT	Sierra Victor	-	-	-
UNFPA	Delta Papa	124630	-	

ILO	Delta Lima	124201	7	7734

Agency Call Signs and Satellite Telephone Numbers:

Agency (Dar)	Radio Call Sign	Satellite phones	Model
RCO (DO)	Delta 1	+8821645550228	Thuraya
UNDP (CO)	Delta Delta 1	+88216 45553001	Thuraya(under
			Police custody)
UNDP(DCDO)		+8821645550027	Thuraya
FAO	Delta Alpha 1	+8821645550275	Thuraya
IFAD	Delta Alpha	+8821645550787	Thuraya
		+8821645550786	Thuraya
WB	Delta Bravo 1	+8821651112599	Thuraya
		+8821651111289	
UNICEF	Delta Charlie 1	+88216 4555 0040	Thuraya
UNICEF	Delta Charlie 2	+88216 4555 0042	Thuraya
UNICEF	Delta Charlie 4	+88216 4555 0041	Thuraya
UNICEF	Delta Charlie 4.1.0	+88216 5420 7002	Thuraya
UNICEF Zanzíbar	Zulu Charlie 1	+88216 5420 7005	Thuraya
		+8821645550144	Thuraya
		+8821645550031	Thuraya
		+8821645550032	Thuraya
UNAIDS	Delta Delta 4:10	N/A	
UNESCO	Delta Echo 1	+88216 5425 4853	Thuraya
WFP Dar	Delta Foxtrot 1	+8821621118705	Thuraya
		+8821621118091	Thuraya
		+8821621117554	Thuraya
		+8821621117547	Thuraya
		+8821621117535	Thuraya
		+8821621118287	Thuraya
WHO	Delta Hotel 1	NA	No sat phone
UNIDO	Delta India 1	N/A	No sat phone
ILO	Delta Lima 1	N/A	No sat phone
IOM	Delta Mike 1	N/A	No sat phone
UNFPA	Delta Papa 1	+88216 4555 0024	Thuraya
		+8821645550021	Thuraya
		+8821645550255	Thuraya
UNFPA Zanzibar		+8821645550021	Thuraya
UNHCR	Delta Romeo 1	+88216 5107 7632	Thuraya
UNDSS	Delta Sierra 1	+88216 4555 0015	Iridium
IMF-AFRITAC	Delta Tango 1	+011881651411622	Thuraya
IMF	Delta Tango	N/A	No sat. phone
AFDB		+8821652074014	Thuraya
UN Women	Delta Whiskey 1	+8821645550480	Thuraya
MICT Arusha			
Security & Safety	Security Control	N/A	N/A

Service			
Field Offices			
Kigoma UNHCR	India Romeo	N/A	No sat phone
Kigoma WFP	India Foxtrot	+8821621117539	Thuraya
Kasulu UNHCR	Uniform Romeo	+882-164-555-0034	Thuraya
Kasulu WFP	Uniform Foxtrot	+8821621117547	Thuraya
Mpanda UNHCR	Mike Romeo	+88216-5113-9463	Thuraya
Mishamo UNHCR	Alfa Romeo	+88216-5113-9465	Thuraya
Ulyankulu UNHCR	Yankee Romeo	+88216-5110-4932	Thuraya
Isaka WFP	Sierra Foxtrot	+8821621110539	Thuraya
Isaka UNHCR	Sierra Romeo		No sat phone
Dodoma WFP	Oscar Foxtrot	+8821621117531	Thuraya
ONE UN Zanzibar	Zulu Victor	+8821645550330	Thuraya
Moshi IOM		+8816414843289	Thuraya
OTHER			
UN DOCTOR	Delta Delta 6	N/A	
UNDSS C/ROOM	Delta Sierra Base	To be Checked	Thuraya
UNDSS DSA	Delta Sierra 1.1	+88216 5555 3015	Iridium

ANNEX I: LIST OF VEHICLES

UN OFFICIAL VEHICLES IN DAR ES SALAAM

S/N	Model	Plate No	Cap	Call Sign	VHF/ HF	Agency	Driver
1	M/Benz 200	T207CD1	4	TDH 71	No	WHO	Msuya
2	L/CRUISER	T207CD77	7	TDH 77	No	WHO	Senkoro
3	SUZUKI M/BIKE	T207CD84	1		No	WHO	Lutandula
4	L/CRUISER	T207CD87	7	TDH 87	No	WHO	Sagamba
5	TOYOTA P/UP	T207CD89	5	TDH 89	No	WHO	Msuya
6	TOYOTAL/H/TOP	T207CD90	5	TDH 90	No	WHO	Sagamba
7	L/CRUISER	T207CD91	5	TDH 91	No	WHO	Senkoro
8	L/CRUISER	T207CD96	7	TDH 96	No	WHO	Msuya
9	SUZUKI G/VITARA	T207CD98	5	TDH 98	No	WHO	Msuya
10	TOYOTA RAV4	T210CD27	5		No	UNICEF	Gitanga
11	TOYOTA RAV4	T210CD291	5		No	UNICEF	Mdedemi
12	L/CRUISER	T210CD291	5	3311	Yes	UNICEF	Mayumba
			_				, and the second
13	L/CRUISER	T210CD312	5	3312	Yes	UNICEF	Twaha
14	L/CRUISER	T210CDI	5	3301	Yes	UNICEF	Said
15	TOYOTA Bus	T210CD341	26		No	UNICEF	Castrol
16	TOYOTA Hiace	T210CD342	15		No	UNICEF	TBA
17	NISSAN P/UP	T210CD314	2	3314	Yes	UNICEF	TBA
18	L/CRUISER	T210CD353	7	3314	Yes	UNICEF	Rainer
19	L/CRUISER	T210CD354	7	3354	Yes	UNICEF	Mohamed
20	L/CRUISER	T210CD355	7	3355	Yes	UNICF	Fadhili
21	L/CRUISER	T210CD356	5	3356	Yes	UNICEF	Shomari
22	L/CRUISER	T210CD345	5	3345	Yes	UNICEF	Hamza
23	NISSAN P/UP	T210CD313	3	TDC	Yes	UNICEF	TBA
24	TOYOTA Sedan	T202CD I	5		No	ILO	Marcel
25	L/CRUISER	T202CD 91	7		No	ILO	Mohamed J
26	TOYOTA Sedan	T202CD82	5		No	ILO	POOL
27	L/CRUISER	T202CD83	7		No	ILO	POOL
28	TOYOTA PRADO	DFP 6938	7		No	ILO	Sudan
29	TOYOTA PRADO	DFP 9666	7		No	ILO	Emanuel
30	TOYOTA PRADO	DFP 1838	5		No	ILO	Chrisant
31	L/CRUISER	DFP5127	9		No	ILO	Emanuel
32	L/CRUISER	T257 CD1	5	TDF 1	Yes	WFP	Mohele
33	TOYOTA L/C PICK UP	T257CD121	7		Yes	WFP	Richard
34	NISSAN	T257 CD84	5	TDF 84	Yes	WFP	
35	L/CRUISER	T257CD106	5	TDF 4	Yes	WFP	Mohamed
36	L/CRUISER	T257CD87	5	TDF 15	Yes	WFP	
37	NISSAN PICK UP	T257D162	5	TDF 47	Yes	WFP	Mfaume
38	L/CRUISER	T257CD164	5	TDF 48	Yes	WFP	Slyvester
39	TOYOTA L/CRUISER	T257CD156	4		No	WFP	Nyagawa
40	TOYOTA L/CRUISER	T257CD157	4		No	WFP	Ngowi
41	TOYOTA L/CRUISER	T257CD163	4		No	WFP	Warioba
42	L CRUISER P/up	T257CD169	2	TDF 69	Yes	WFP	Richard

43	L/CRUISER	T257CD165		TDF 65	Yes	WFP	Balamtuma
44	L/CRUISER	T257CD176	5	TDF 76	Yes	WFP	William
45	TOYOTA PRADO	T257CD218	7		No	WFP	Mwandel
46	TOYOTA LC PICK UP	T257CD177	2		No	WFP	Nyerere
47	TOYOTA L/CRUISER	T257CD174	5		No	WFP	Ramadhani
48	TOYOTA PRADO	T257CD219	7		Yes	WFP	Kidubo
49	TOYOTA L/CRUISER	T257CD215	5		Yes	WFP	Josephat
50	TOYOTA LC PICK UP	T257CD167	2		Yes	WFP	F
51	TOYOTA L/CRUISER	T257CD175	5		Yes	WFP	Omary
52	TOYOTA L/CRUISER	T257CD116	5		Yes	WFP	Eustace
53	TOYOTA L/CRUISER	T257CD155	5		Yes	WFP	Mahsen
54	TOYOTA L/CRUISER	T257CD168	5		Yes	WFP	Dedu
55	TOYOTA L/CRUISER	T257CD217	5		Yes	WFP	Niboye
56	L/CRUISER	T203CD1	7		No	UNDP	Clement
57	L/ CRUISER	T203CD3	7		Yes	UNDP	Dickson
58	L/CRUISER	T203CD515	7		No	UNDP	Dickson
59	TOYOTA PRADO	T203CD516	7		No	UNDP	Ruth
60	L/CRUISER	T203CD502	4		No	UNDP	Mushi
61	TOYOTA HIACE	T203CD521	12		No	UNDP	POOL
62	NISSAN PATROL	T203CD527	7		No	UNDP	Kiiza
63	TOYOTA PRADO	T203CD551	7		No	UNDP	Marealle
64	TOYOTA PRADO	T203CD525	7		No	UNDP	Nkundanabake
65	NISSAN PATROL	T203CD552	7		No	UNDP	POOL
66	L/CRUISER	T203CD2	7		No	UNDP	Anderson
67	TOYOTA PRADO	T203CD552	7		No	UNDP	POOL
68	TOYOTA Sedan	T203CD575	4		No	UNDP	POOL
69	TOYOTA Hilux	T203CD574	4		No	UNDP	POOL
70	TOYOTA PRADO	T203CD539	7		No	UNDP	Abdallah
71	TOYOTA PRADO	T203CD528	7		No	UNDP	Mariana(ZNZ)
72	NISSAN PATROL	T203CD556	9	TDS 556	Yes	UNDSS	Christian
73	TOYOTA PRADO	T203CD557	9	TDS 557	Yes	UNDSS	Jack
74	TOYOTA PRADO	T203CD660	7	120 337	No	UNDSS	Duty Officer
75	L/CRUISER	T259CD 1	9		No	UNIDO	Denis
76	L/CRUISER	T259CD8	9		No	UNIDO	Denis
77	FORD EVEREST	T259CD10	7		No	UNIDO	Urassa
78	TOYOTA PRADO	T203CD595	7		No	UNAIDS	Assenga
79	L/CRUISER	T203CD503	7		No	UNAIDS	Mlimira
80	NISSAN PATROL	T203CD527	9		No	UNDP	Kiiza
81	TOYOTA PRADO	T203CD502	7		No	UNV	Ngenzi
82	TOYOTA PRADO	T203CD502	7		No	UNWOMEN	Denis
83	L/CRUISER	T203CD577	7		No	UNWOMEN	Denis
84	TOYOTA PRADO	T253CD1	7		No	IMF	Palembo
85	SUBARU Sedan	T205CD1	4		No	UNHCR	Mhehe
86	L/CRUISER	T205CD522	5	DR 7:1	No	UNHCR	TBA
87	TOYOTA PRADO	T205CD489	5	DR 7:3	No	UNHCR	Mbonea
88	TOYOTA PRADO	T205CD492	5	DR 7:3	No	UNHCR	TBA
89	TOYOTA PRADO	T205CD503	5	DR 7:2	No	UNHCR	Kondo
90	TOYOTA PRADO	T205CD303	5	DR 7:2	No	UNHCR	TBA
91	TOYOTA PRADO	T205CD487	5	DR 7.2	No	UNHCR	Bikomo
91							
92	TOYOTA Hiace	T205CD470	13	DR 7:4	No	UNHCR	Kweka
	L/CRUISER V8	T273 CD1		TDAM 1	Yes	IFAD	Mwapongo
94	L/CRUISER H/top	T273 CD5	9	TDD104	Yes	IFAD	Mwapongo
95	L/CRUISER	T208 CD I	8	TDB104	No	WB	Mollel
96	TOYOTA Sedan	T208CD 75	4	TDB 704	No	WB	M. Frick

97	L/CRUISER	T208CD 78	8	TDB 7	No	WB	TBA
98	L/CRUISER	T208CD 88	8	TDB 705	No	WB	E. Kisiiga
99	L/CRUISER	T208CD 98	8	TDB 7	No	WB/IFC	TBA
100	TOYOTA PRADO	T213CD1	7		No	UNESCO	Kaale
101	TOYOTA PRADO	T213 CD 11	7		No	UNESCO	Kaale
102	L/CRUISER	T213 CD 35	7		No	UNESCO	Pool
103	TOYOTA PRADO	T256 CD 1	5	DP 7	Yes	UNFPA	Mbaga
104	L/CUISER	T256CD20	9	DP 7.02	Yes	UNFPA	Alex
105	TOYOTA PRADO	T256CD26	7	ZP 7	Yes	UNFPA	Ramadhani
106	L/CRUISER	T256CD28	7	DP 7.02	Yes	UNFPA	John
107	L/CRUISER	T256 CD 35	7	DP 7.01	Yes	UNFPA	Makuvilla
108	TOYOTA Sedan	T266CD1	5		NO	IOM	Mohamed
109	TOYOTA PRADO	T266CD2	7	DM 7.1	Yes	IOM	Gerald
110	L/CRUISER	T266CD9	7	IM 7.2	Yes	IOM	Heguye
111	L/CRUISER	T266CD10	10	IM7.1	Yes	IOM	Pool
112	L/CRUISER	T266CD16	7	DM7.1	Yes	IOM	Kyabazi
113	L/CRUISER	T266CD17	7		Yes	IOM	POOL
114	TOYOTA Hiace	T266CD22	12		Yes	IOM	POOL
115	L/CRUISER	T266CD37	7	IM.7	Yes	IOM	Magige
116	TOYOTA PRADO	T253CD25	7		NO	IMF-AFR.	W.Kinabo
117	NISSAN PATROL	T253CD11	7		NO	IMF-AFR	Agreement

ANNEX J: LOCAL STAFF RELOCATION PLAN

LOCAL STAFF RELOCATION PLAN

- 1. In the event of an evacuation of international staff and/or in the event of insecurity in Dar-es-Salaam local staff may be required to be relocated within the country. The cities of Dodoma and Arusha have been selected as the most likely cities that staff may be relocated to. Agencies are responsible to have a contingency plan for the administrative requirements listed in the Field Security Handbook. All UN field offices have Area Security Plans depicting their relocation plan.
- 2. Agency Representatives will designate a senior locally recruited staff member as Officer in Charge of their respective offices and instructions will also be issued concerning the measures to be taken with regard to:
 - ❖ The safety and welfare of locally-recruited staff members and their eligible dependants;
 - ❖ The security and safekeeping of UN premises, property and equipment;
 - ❖ The payment of salaries and other necessary expenses;
 - ❖ The maintenance of routine office operations, as possible, and
 - ❖ The means of communicating with the Designated Official and other Heads of Agencies, following their departure.
- 2. Public bus transportation complimented by UN vehicles is the primary means of relocation and Air is the alternate.
- 3. Prior to relocation, the Warden system will be activated on the instructions of the Designated Official. Convoy movement and communications will be necessary in the following steps:
 - a. Once all staff members are accounted for they may be instructed to convoy to the concentration points.
 - c. Once at the concentration point, agency administrative officers will assist in logistics and processing of tickets, DSA, etc. Each agency must have a procedure in place per the FSH.
 - d. Depending on the security situation the DO may order relocation.
- 4. The following information is provided on the places of relocation and transportation assets.

A. AIRPORT COORDINATES:

Airport	S	E
Dodoma	S 6°10'10.91"	E 35°44'57.74"
Arusha Airport-	S 3°22'3.04"	E 36°47'22.64"

Kisongo		
Kilimanjaro		
International		
Airport(KIA)	S 3°25'45.24"	E 37°42'27.82"

B. FERRIES:

INTINERARY	FERRY	SCHEDULE	CONTACT
	Azam Marine	0700	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172
	Azam Marine	0930	+255 222123324 /
Dar es Salaam-	Kilimanjaro IV, V, VI		0774707172
Zanzibar	Azam Marine	1230	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172
	Azam Marine	1545	+255 222123324 /
	Kilimanjaro IV, V, VI		0774707172

INTINERARY	FERRY	SCHEDULE	CONTACT
	Azam Marine	0730	+255242231655
	Kilimanjaro IV, V, VI		
	Azam Marine	0930	+255242231655
Zanzibar – Dar es	Kilimanjaro IV, V, VI		
Salaam	Azam Marine	1230	+255242231655
	Kilimanjaro IV, V, VI		
	Azam Marine	1545	+255242231655
	Kilimanjaro IV, V, VI		

C. PRIVATE BUS/TRANSPORT COMPANIES:

BUS LINE	ADDRESS	CONTACT
	Ubungo Terminal along	
Dar Express Bus Service	Morogoro Road	+255222666330
	Ubungo Terminal along	
Kilimanjaro Bus Service	Morogoro Road	+255272544521
	Ubungo Terminal along	
Saibaba Bus Service	Morogoro Road	+255 713753769

ANNEX K: HOSTAGE INCIDENT MANAGEMENT PLAN

This Annex must be used in conjunction with the UNDSS Security Policy Manual, chapter 4, section U. The purpose of this plan is to detail responsibilities, policies and management of incidents where UN Staff members have been abducted or taken hostage in Tanzania.

GENERAL

- 1. The UN Objective is to save the life of all hostages and other individuals and to end the HI peacefully. If a UN staff member and/or recognized dependant (national or international) is taken hostage UN will:
 - Cooperate and co-ordinate with the Law Enforcement Agencies of the Host Government of Tanzania.
 - NOT offer or pay ransom nor accept ransom demands.
 - Always seek the negotiation option.
- **2.** Any UN staff members or dependant who receives information that a Hostage Incident with a UN contracted individual involved is advised to:
 - Inform the UNDSS SA immediately.
 - Do not enter into any kind of negotiation.
 - Do not offer, promise or make any payments or actions in exchange for the safe release of a hostage.

** Neither the Designated Official nor the Head of the Agency of the hostage will negotiate directly with hostage takers. **

- **3.** Authority and Responsibilities. The Under Secretary General of UNDSS is responsible for policy decisions in the event of a hostage incident. The Designated Official (DO) is the focal point for all hostage/abduction incidents in Tanzania and; in consultation with the Office of the Secretary General, USG UNDSS and Heads of Respective Agencies, Funds or Programmes of abducted staff; responsible for all decisions relating to the management of the incident within country.
- **4. UN Policy.** The UN policy on hostage-taking is to obtain the safe release of UN staff as quickly as possible. However, so as not to encourage other potential hostage-takers, the UN will **NOT** do the following in order to obtain the release of hostages:
 - Pay ransoms;
 - Make substantial concessions;
 - Prisoner exchanges

HOSTAGE INCIDENT MANAGEMENT

- **5.** Before declaring a "Hostage Incident" involving a staff member(s) or <u>immediate</u> family member(s) as the hostage(s), the following criteria must be established first:
 - That there is a seizure or detention of a staff member(s) or immediate family member(s);
 - That there is a threat to harm, or to continue the detention;
 - That an order or request has been made to compel the UN or a third party, to meet the hostage takers demands by doing, or abstaining from doing, any act as a clear condition for the release of the hostage(s).
- **5.1.** The management of a hostage incident in Tanzania involving national staff will require close cooperation with and support from the Government of Tanzania. The abduction of international staff is further complicated by the likely involvement of member states of the respective nationality of the abducted UN international staff. Without coordinated planning and unified response by the UN, the Government of Tanzania and the respective national representatives, there is a real danger of negotiations being comprised by differing national policies or objectives for the release of hostages.
- **5.2.** Due to the impact that a hostage incident can have on the UN, the complexity of negotiations and the time consuming nature of incident management, dedicated Hostage Incident Management (HIM) teams are required to undertake the tasks. However, these teams are deployed by UNDSS New York in consultation with mission management and may take three to four days before they can be deployed into the country. Consequently, any hostage incident will have to be managed in a number of phases, as follows:
 - **Phase 1:** Prevention and preparation.
 - **Phase 2:** First responder reaction and interim in-country management.
 - **Phase 3:** External HIM team deployment and extended in-country management.
 - **Phase 4:** Recovery/restoration to normality.

PHASE 1: PREVENTION AND PREPARATION

- **6. Training**. It is recommended the Agencies take advantage of UNDSS training that is provided to the staff members. Some trainings and information provided to the staff can be developed as follows:
 - Surviving as a hostage all staff. Briefing notes and training presentation.

- Personal security and counter-surveillance awareness all staff and security guards.
- **6.1. Staff Documentation and Proof of Life Questions.** During the early stages of a negotiation with hostage-takers, it is necessary to establish that the hostages are alive. Preferably, this is done by direct conversation with the hostages. However, depending on the circumstances, this may not be possible and the negotiators may have to ask questions through intermediaries to determine whether the hostages are alive. This is made easier if the Human Resources departments compile the Proof of Life questions. The answer to these questions should be such that only a few family members or friends may be aware of but not possible general knowledge.

PHASE 2: FIRST RESPONDER REACTION AND INTERIM IN-COUNTRY MANAGEMENT

- 7. With an abduction of a UN staff member, it is likely that the first point of contact by the hostage-takers will be a family member depending on the reason of the hostage taking, the Head of Office or another staff member. It is also likely that the initial contact will be brief with little chance to obtain a great deal of information.
- **7.1. Reporting.** On notification of staff abduction, prompt and accurate reporting will allow for a rapid response. In the event of an abduction, witness to the abduction or the first staff member to be aware of an abduction is to take the following steps:
 - Notify UNDSS Security Adviser or the UNDSS Deputy Security Adviser;
 - Buy time and never negotiate with the hostage-takers;
 - Gain as much information as possible (from security forces, messengers, or from hostage-takers if contacted by them);
 - If asked, always declare to hostage-takers that Senior Official (s) is not available.
 - Never give any statement or information to the media;
 - Wait for instructions from the DO/SMT/SA.

NOTE: Staff members are **NOT** to call any other agency, friend or family members of the victim/s. Quite often, the first reports are inaccurate and need to be verified and notification passed through authorized channels to prevent unnecessary confusion and/or suffering to the family members.

- **7.2. DO Reporting Responsibilities.** The Designated Official has a number of reporting responsibilities, which include:
 - USG UNDSS
 - The Host Government, i.e. Government of Tanzania
 - The respective national embassies of the hostage(s) taken.
 - The family of the hostage before any information is released to the press.

- As the incident progresses, the DO may also contact the DO in the hostage's home country in order to prepare for the release and return of the hostage victims to their families and other family support related issues.
- **7.3. Establishment of the Crisis Management Team (CMT).** On notification of an abduction of a UN staff member, the Crisis Management Team (CMT) is to be activated and is to meet to assess the situation and plan the initial response to the incident. The composition of the CMT is as follows:
 - DO
 - SA/DSA and supporting staff as required,
 - Head of Public Information Office / Spokesperson,
 - Respective Head(s) of Agencies of the Hostage(s) taken,
 - Other large Agencies that can assist with personnel and logistic, communication etc
 - Medical officer and Stress Counsellor when required.

7.3a. The CMT is responsible for determining the policy guidelines and coordinating the in-country assets to support the HIM team to achieve the safe and prompt release of the hostages. The SA is the principal advisor to the CMT with support from UNDSS HQ NY. After the deployment of the UNDSS HQ NY HIM team, a representative from that team will also attend the CMT planning meetings. The CMT will be required to consider and undertake the following actions:

- Determine instructions for first responder.
- Identify and establish a HIM Control Centre.
- Identify lead negotiation responsibility.
- Identify translators for the interim and external negotiation team.
- Appoint a liaison officer to the Tanzania Government.
- Identify the nationality of the staff abducted and support available from the abductees' embassy.
- Determine initial negotiation strategy in consultation with UNDSS HQ NY.
- Prepare initial media statements in consultation with UNDSS HQ NY and develop a media/information management policy.
- Appoint a Family Liaison Coordinator and respective agency Family Focal Points and determine the management of information to families.
- Appoint a Reception Coordinator and Reception Teams.
- Identify Logistic, Transport and Medical requirements.
- Plan for a wide range of scenarios from the best to the worst case scenario.

7.4. Policy and Planning Coordination Groups. The Hostage Incident Management will require the establishment of a number of planning groups. The first planning group needs to coordinate policy and determine the best overall strategy for management of the incident. Representatives at this meeting would most likely be the senior governmental and UN political representatives. The second group is a HIM planning group that would determine the detailed strategy and planning for the management of negotiations. These

persons should be trained and have experience in hostage incident management. A unified approach and a single point for negotiation are critical in preventing confusion or the undermining of an agreed approach to the hostage-takers.

- **7.5. Primacy of the Tanzania Government.** Technically, the Tanzania Government has the primacy in the management of hostage negotiations. However, depending on the location and the nature of the abduction, there may be instances when the UN or a third country should lead the negotiations or if the country lacks the capacity.
- **7.6. CMT Support Teams.** The CMT is supported by a number of subordinate teams. They are as follows:
 - **Team 1: Hostage Incident Management (HIM) Team.** This team is responsible for developing the negotiation strategy and supporting the negotiators. The aim of their strategy is to:
 - Preserve life:
 - Prevent the incident from escalating;
 - Ensure the safety of all involved;
 - Obtain the safe and prompt return of hostages; and
 - Achieve a peaceful resolution with minimum disruption to UN programmes.

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The HIM team has under command two other teams, which are:

- **a. The Negotiation Team.** The negotiators develop the tactical framework for negotiations within the strategy given by the HIM teams. While UNDSS HQ NY will deploy a HIM team to Tanzania, it may take 2-4 days for the team to arrive and be fully briefed. In the interim, negotiations will have to be managed by the HIM trained personnel already in the country or from a neighbouring country. Interpreters may be required.
- **b. Information** / **Recorder Team.** This Team will need to be established as soon as possible, after the abduction, in order to obtain and develop information regarding the hostage takers and the cultural environment in which they operate. The team is to work directly for the Hostage Incident Management Team and, where possible, liaise with the Tanzania Government and other international agencies to support their information gathering. The below Aide Memoire is a helpful guide.
- **Team 2: Family Assistance Team and Family Coordination Officer.** The role of Family Coordination Officer is as follows:
 - Provide support to the family of the victims.
 - Inform families of the efforts being made to secure the release of hostages.
 - Ensure that any media statements by the families support the strategy employed to gain the safe release of their family members.

Appoint **Family Focal Points**. The DO Tanzania may call on DOs or UN Agency Heads in the hostage's home country to assist in identifying and supporting a Family Focal Point. If the family is in Tanzania the agency should provide this support.

Team 3: Information and Media Management. The DOs Public Information Office (PIO) will have the primary responsibility for advising the CMT on the release of information to the Family Coordination Officer and media releases. Any information concerning the hostage-taking shall only be disclosed by a duly authorized official approved in consultation with the DO, Executive Heads of Agencies and the USG UNDSS. Any media releases must first be cleared by USG UNDSS.

Team 4: Reception Teams. The DO is to appoint a Reception Team Leader, who is responsible to prepare, coordinate and implement a reception plan to receive hostages upon their release. The reception team is responsible for:

- To receive hostages in an isolated site; (designate a reception area)
- Should have maximum security and protection from media;
- To provide immediate medical/psychological attention;
- To provide hygiene needs- warm shower/clean clothes;
- To supply food.

7.7. Other teams. In addition, the following teams may also be established to support the CMT and the HIM Team:

a. Press Team.

- To hold daily press conferences;
- To coordinate first all press releases with DO and UNDSS;
- Should have one spokesperson (who sits in the SMT and CMT).
- •

b. Medical Team.

- To provide medical exams, treatment, and medical supplies;
- To consider post-incident medical evacuation;
- To provide stress counselling;

c. Transportation/Logistics Team.

- To provide additional transportation needs;
- To deliver food, medical and other supplies to the Negotiation Cell, the SMT, the Reception Area, and others as needed.

d. Communications Team.

• To provide fixed radio VHF/HF and telephone sets;

- To provide Mobile telephones;
- To provide Satellite telephones;
- To provide Fax machines;
- To provide Computers and Printers for the Negotiation Cell & CMT.

PHASE 3: EXTERNAL HIM TEAM DEPLOYMENT AND EXTENDED INCOUNTRY MANAGEMENT

- 8. When notified of a hostage incident, the USG UNDSS may activate Crisis Operations Group in HQ NY to advise on policy to the CMT in Tanzania. The USG UNDSS is to deploy a HIM team to Tanzania as soon as practical consisting of a Team Leader, Hostage Negotiation Coordinator, three Hostage negotiators (one of whom may perform some of the functions of an Administrative Officer) and a Stress Counsellor. Ideally the HIM Team will include at least three hostage incident trained personnel; however, the exact composition of the team will be determined and deployed dependent on the specific requirements of the incident. The UNDSS Hostage Incident Management Team will provide technical advice, guidance and assistance concerning the management of the incident to the DO, SA, the CMT and the SMT. The UNDSS Stress Counsellor, who is a member of the UNDSS HIM team, will provide stress-related support and advice to those UN staff members managing the incident as well as to affected staff members.
- **8.1. On-Going Role of the CMT.** With the arrival of the UNDSS HIM Team, the CMT will remain the primary decision-making body within country and manage the on-going liaison roles with the Government of Tanzania and other national authorities. The UNDSS HIM team leader is to join the CMT and participate as the UN's representative in any combined strategy planning group.

PHASE 4: RECOVERY / RESTORATION TO NORMALITY

- **9.** The DO is to appoint a Reception Coordinator who is responsible to prepare, coordinate and implement a reception plan to receive hostages upon their release. The reception coordinator is the single focal point for all activities related to the reception of hostages, both before and after their release. The UNDSS HIM Team will be able to advise the Reception Coordinator but the responsibility for the development and management of the plan is a country responsibility.
- **10. Post-Incident SRA.** The SA is to provide a post-incident Security Risk Assessment to the SMT focusing on the threat of future abductions as a result of the hostage taking incident.
- **11.** Lessons Learned. On completion of the hostage incident, the SMT are to produce a Lessons Learned report and forward it to the USG UNDSS within 30 days of the release of the hostages.

Please refer to UNDSS Instruction Hostage Incident Management Guidelines dated June 2006.

ANNEX L: RELOCATION RESPONSE PLAN

1. Purpose. The aim of this plan is to detail duties and responsibilities of individual, the action to be taken, administrative arrangement and sequences to be followed during crisis in one of the neighbouring countries, to prepare/arrange necessary support, as required, depending upon situation. This plan is the primary tool for security preparedness at the duty station. The Designated Official in consultation with Security Management Team, established this Safe Haven Response Plan describing the necessary arrangements to receive UN staff from neighbouring countries in case of any emergency situation or hostilities. The hotels listed as International Concentration Points may be the best suited for evacuated staff members. Once the initial wave of evacuees is conducted and they are accounted for agencies may relocate their staff to other hotels closer to the agency operations. Currently, Comoros and Uganda has listed Tanzania as a safe haven country.

2. SAFE HAVEN RESPONSE PLAN

- **2a**. The CMT is responsible to the Designated Official (DO) and the SMT for the management of an ongoing crisis on a 24-hour a day basis until the emergency is resolved. The general responsibilities of the group are to:
 - a. Provide hands-on management of the emergency on a full-time basis;
 - b. Keep the DO fully informed at all times; and
 - c. Brief the SMT as required.
- **2b.** The above-mentioned team ensures proper coordination and support in order to facilitate the reception of UN staff members and their dependents from another country. Individual duties and responsibilities are listed below:
 - a. OMT Chair: Responsible for the proper functioning of the OMT/CMT.
 He/She directs and guides the CMT in their work and reports to the DO and SMT as needed.
 - b. **Transportation Officer (UNDP):** Responsible for coordinating all the transportation resources necessary (air, sea, and ground) to meet the emergency.
 - c. Communications Officer (WFP): Responsible for coordinating all the communications resources necessary (sat phone, fax, radio, etc.) to facilitate and maintain the flow of information throughout the emergency. The CO is responsible for the supervision and management of Crisis Coordination Center (CCC).
 - d. **Logistics Officer (UNICEF):** Responsible for coordinating all the supplies (food, water, office supplies etc.) necessary to meet the needs of UN personnel during the emergency.
 - e. **Accommodations Officer (UNFPA):** Responsible for arranging local accommodations
 - f. **Liaison Officer for Tanzania (RCO):** Responsible for acting as a liaison between the Ministry of Foreign Affairs (MOFA) in Tanzania and the UN.

- He/She will keep the CMT informed of MFA concerns while at the same time informing the MOFA of UN actions and intentions.
- g. **Liaison Officer with other country (UNDP)**: Responsible for acting as a liaison between UN staff in the 3rd country and UN-Tanzanians to ensure that all arrangements have been made to receive UN personnel in Tanzania.
- h. **Log Officer (UNICEF):** Responsible for maintaining a log of all requests, actions and instructions either given or received.
- i. **Reception/Liaison Officer (Airport) (UNDP)**: Responsible for reception at the airport as well as proper liaison with airport authorities for smooth arrival/departure.
- j. Reception/Liaison Officer (Border Crossing Point) (IOM): Responsible for reception at the border crossing point as well as proper liaison with local immigration authorities for smooth arrival/departure.
- k. **Administrative Officer (UNDP)**: Responsible to provide administrative support (payment of salary/advance) as per UN rules and regulation as well as to keep record of all arriving/departure of staff in/out of country.
- 1. **Security Officer (DSA)**: To arrange escort for convoy if necessary.
- m. **Medical Officer (UN Doctor)**: Responsible to arrange necessary medical assistance if required.
- n. **Protocol/Airport Liaison: (UNDP)** Shall account for all staff members along with host country counterparts entering the country and match these details with those provided by the evacuated country. Discrepancies are to be identified immediately to UNDSS and the hosting agency of the staff member.

ANNEX M: MEDICAL EVACUATION PLAN

SITUATION

- 1. General. UN staff members operate in different areas, some with no or very limited medical facilities. Some medical facilities in remote areas outside of Dar-es-Salaam are considered rudimentary, understaffed and under equipped. UN Staff are at risk of injury through illness as well as vehicles accidents and security incidents. Sometimes the nearest medical facilities to handle a life threatening injury are in the Capital. For a life threatening injury staff should be medically evacuated to the capital city. Under the current arrangements, it is likely that a seriously ill person would, at best, receive treatment from a well-equipped expert after a 12-24 hour delay. This puts UN lives at a very high risk. A Casevac is a crisis and the Crisis Management Team (CMT) should be formed.
- 1.1 Administration. This plan *does not* cover administrative procedures that are required by agencies to conduct an out-of-country Medevac. As every agency has different administrative procedures dictated by their headquarters usually based on staff contracts, it would be impossible and cumbersome to cover all. This plan is based on the **operational** situation and designed to get staff from the point of injury to a stable condition to the airport for further transport by Air Ambulance. If evacuation out of the country is necessary, the Agency will be responsible to coordinate (with CMT support). There are many agencies covered under the SOS scheme. Normally, the Chief Medical Officer or your agency's regional office will coordinate with SOS. Nevertheless, we have included a *guideline* for UNDP for out-of- country Medevac.
- **1.2. UN Facilities**. There are 2 UN clinics in Tanzania; Kigoma and Arusha. The contacts are:

Location	Name	Contact details
Kigoma	Dr. Alexander Mihonya	+255 (0) 784 442299
		Alexander.mihonye@undp.org
Arusha MICT	Dr. Mutamba Kabangu	+ 255 7845 88926 mutambak@un.org

1.3. Major Hospitals in Dar-es-Salaam, Tanzania recommended by the UN Clinics:

Name and Contact locations of Medical Facilities				
LOCATION	NAME OF FACILITY	CONTACT PERSON	CONTACT NUMBERS	Relevant Departments
Dar-es-Salaam	Aga Khan		+255 (0) 222115151-3	Neurosurgery, Urology, Orthopedic, General Surgery, Traumatology, OB/GYN, Outpatient
Dar-es-Salaam	Hindu Mandal		+255 (0) 222114991-4	

TMJ Hospitals	+255 (0) 222775490	
AMI Trauma centre Masaki		
Mediservice Cardiac Clinic		
Tanzania Heart Institute	+255 (0) 222701771/2	
Regency Hospital	+255 (0) 222150500	
Muhimbili Hospital and Muhimbili Orthopedic Institute (MOI	+255 (0) 222151367-9	

1.4. AMREF is the preferred provider of SOS International and the contact numbers are:

AMREF Dar-es-Salaam Office

The Flying Doctors' Society of Africa

P.O. Box 2773, Dar es Salaam, Tanzania

Location: AMREF in Tanzania, Ali Hassan Mwinyi Road

Tel: (255 22) 211 6610 / 2127187

Fax: (255 22) 211 5823

Email: flying.doctorstz@amref.org

Arusha Office

The Flying Doctors' Society of Africa, P.O. Box 15506, Arusha, Tanzania

Location: Shop 16, Western Wing, TFA Shopping Centre, Dodoma Road

Telephone/fax: +255 27 254 4407

Mobile: +255 78 424 0500 E-mail: flyingdocs@habari.

AIM

- 2. The aim of this document is to identify issues and suggest measures to improve emergency medical facilities and medical evacuation plans for staff in the field. The Medevac procedures in this Standard Operating Procedure (SOP) are designed for "serious" injury or an emergency Casevac, not a routine Medevac or referral. The SOP is divided into the following sections:
 - Overview
 - > Prevention
 - > Equipment
 - ➤ Medevac Dar es Salaam
 - ➤ Medevac Interior

OVERVIEW

3. General. Because of limited local resources in some field offices, the objective should be stabilization and evacuation for any significant injury. Some hospitals in the bordering areas have the ability to treat a patient for a serious trauma injury and stabilize the patient; but nevertheless the objective is to get the person to the best care possible or to the nearest airport in the most expedient manner.

PREVENTION

- **4. Briefings.** All new staff are required to attend a Security Orientation Briefing upon arrival in Dar es Salaam. In this briefing they will receive emergency numbers and be briefed about the medical capabilities in Tanzania and provided information on the Medevac Plan.
- **4.1 Training.** All staff should have a basic understanding of first aid including CPR. Courses usually consist of one week to more advanced courses of three to four weeks of instruction with certification at the end, and the cost is not too high.
- **4.2 Illness.** Staff members should see a doctor once they start to feel ill. Waiting for the last minute can create a medical emergency. If field staff injure themselves no matter how slightly (paper cut) they should seek medical attention and sanitize the wound. A small cut in the field may easily get infected and turn into a serious injury.

EQUIPMENT / LOGISTICS

5. UN Offices. All UN Offices should have first aid kits as well as all vehicles. Heads of the Field Offices should know the location of the nearest medical facility where there may be local doctors or qualified NGOs that can assist in the event of an emergency.

MEDICAL EMERGENCY IN OR AROUND DAR ES SALAAM

- **6. General.** The following checklist is for an accident or serious injury in and around Dar es Salaam. The instructions are for the "first responder" and/ or the injured person if they have the capability to perform them.
- **6.1** Upon discovering a seriously injured person: Send someone to call the Medical Emergency number: **112** (24hrs) the UN Doctor or UNDSS. Then:

Evaluate the three S's: Safety, Scene survey, Situation

a. Safety – evaluate all possible on-going dangers and ensure that none still exists. The conditions that caused the accident may be presenting further danger. You cannot help others if you become a casualty yourself.

- b. Scene survey the scene to determine what really happened and to ascertain how many people are injured and in need of help. Assess whether the victim is a trauma (something caused the injury) or non-trauma (medical) one?
- c. Situation assess if you have to deal with several casualties at the same time; the order you treat them might be crucial to their survival.
- **6.1a Movement.** In an ideal situation, the patient will be stabilized until an ambulance arrives. Movement, if done should be done carefully as it can precipitate shock and aggravate bleeding, especially internal bleeding. Carriage by hand can be worse than by vehicles. Moving the casualty a short distance from danger to safety or from an exposed position to shelter may be advisable while waiting for transport, or even before first aid. If you have to transport the casualty yourself, transport must be driven slowly with minimum bumping and swaying.

6.1b Can the casualty be moved?

Yes	No
Move the casualty to a Clinic. Call a UN	1. Continue to provide first aid. Await and
Doctor.	accompany the local ambulance.

MEDICAL EMERGENCY OUTSIDE OF DAR ES SALAAM

- **7. General.** The following checklist is for an accident or serious injury outside of Dar es Salaam.
- **7.1 Point of Injury.** Upon discovering a seriously injured person: Call for help by any available means (HF radio, telephone) or send another bystander to retrieve someone.

Evaluate the three S's: Safety, Scene survey, Situation

- a. Safety evaluate all possible on-going dangers and ensure that none still exists. The conditions that caused the accident may be presenting further danger. You cannot help others if you become a casualty yourself.
- b. Scene survey the scene to determine what really happened and to ascertain how many people are injured and in need of help. Assess whether the victim is a trauma (something caused the injury) or non-trauma (medical) one?
- c. Situation assess if you have to deal with several casualties at the same time; the order you treat them might be crucial to their survival.

Once a Doctor or Health worker arrives, assist them as necessary and supply them with all the required information and maintain contact with UNDSS.

Notify the UNDSS Security Adviser.

7.1a Actions during Point of injury/notification of a Medical Incident:

UN Office/Person discovering victim: After the initial contact with the	Crisis Management Team/ /Security Adviser	UN Physician
victim.		
Try to stabilize the victim	On being notified of a medical emergency the SA will contact the DO and upon instructions contact the CMT.	Communicate with responding health care personnel at the scene.
Contact nearest medical/health workers and ambulance and have them provide assistance.	UNDSS should attempt to communicate with the scene.	Establish communication with the nearest Medical facility.
Ensure UNDSS Security	Alert Air Ambulance	Ensure qualified staff will be
Adviser is notified.	Company on possible	available to assist once the
	Medevac	casualty reaches Airport
Maintain communications with the CMT/Medevac plane/UN Doctor		

7.2. Movement from the scene of the accident.

7.2a Can the casualty be moved?

Yes	No
Move the casualty to the nearest medical	Continue to provide first aid. Local
facility.	medical personnel brought to the scene.
	Arrange and prepare evacuation by air from
	the site.

AIR MEDICAL EVACUATION

8. Air Medevac.

- **8.1 General.** In the worst scenario the patient cannot be moved and/or the injury is life threatening. It may be assumed that local health workers have assisted and the patient is stabilized while waiting for the Medevac.
- **8.1a.** Whirlwind Aviation operates the only private helicopters in Tanzania and Flightlink has an air ambulance.

Name	Location	Contacts	Helicopters
Whirlwind Aviation	Airport	+255 767 900877	Bell 206 B3
		+255 753 822529	Bell 407
		+255 766 956487	EC 130 B4
		+255 764 473530	

		info@whirlwindaviation.co.tz	
Flight link	Julius Nyerere	+255 786747400	Citation 560
	International	cmd@flightlink.co.tz	
	airport		

8.1b. If no air ambulance aircraft is available and if recommended by a competent authority, UNHCR has an aircraft based in Mwanza that may be available. Coordination with UNHCR and UNDSS would take place in order to activate the aircraft.

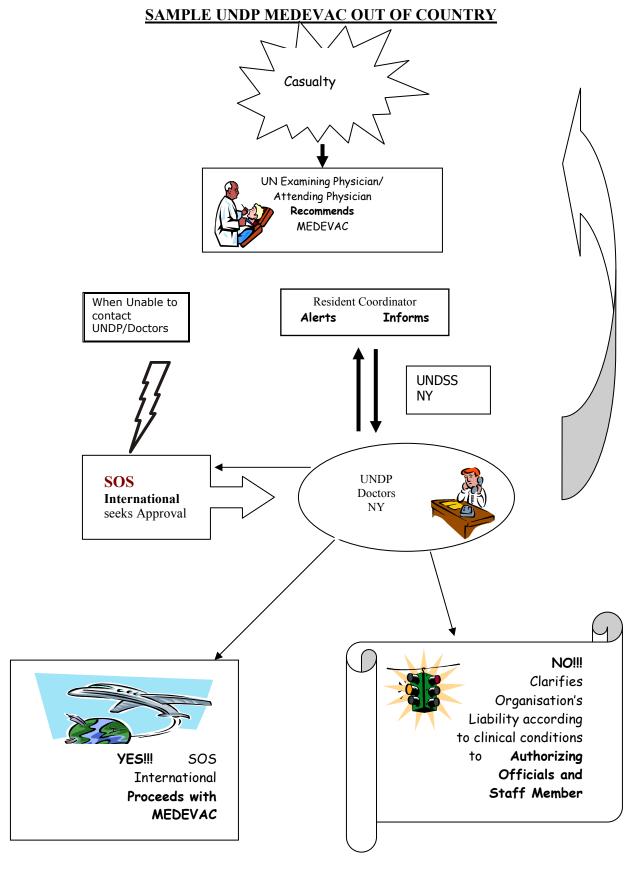
8.2 Actions:

UN Office/Person discovering	Crisis Management	UN Physician
victim: After the initial	Team/Security Adviser	
contact with the victim.		
Continue rendering first aid.	Coordinate with Air	Accompany the Medevac Plane or
	Ambulance on arranging a	maintain communications with the
	Medevac and time table etc.	person rendering medical attention to
		the patient.
Ensure information on the	Ensure a team is standing by to	Render medical attention as required.
attached Medevac Form has	meet the Medevac at the	
been relayed to the UN Doctor/	airport.	
Security Adviser	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Maintain communications with	If determined to be life	Evaluate the patient to determine the
Medevac Plane/CMT	threatening, CMT to assist	need that further Medevac out of the
	agency of the victim in	country is required.
	arranging Air Ambulance from	
	outside of the country. This is	
	usually coordinated at the	
	Headquarters level. NY/Geneva/ Rome	
A (1 N(1		D: CA: A 1 1
Accompany the Medevac	CMT-Liaise with Civil	Brief Air Ambulance crew on their
(space available) as you have	Aviation and other local	arrival.
the updated information on the	authorities as required.	
casualty.	I.C. IDIDGG 1 1 CC. C.	
	Inform UNDSS desk officer for	
	East Africa & Medevac	
	Country.	

- **8.3 UN Doctor.** When the Doctor has reached the patient, the patient will be evaluated and **may** be referred to a hospital in Dar es Salaam. The UN Doctor in coordination with the staff member's agency may recommend for Medevac out of the country. Agency administration will dictate the Medevac procedure out of the country. These procedures will not be described in this plan as they differ agency to agency. If you are unsure of your agencies policy and procedures contact your Administrative Officer.
- **9. Public Affairs.** If the emergency is related to a security related incident, it is important to keep misinformation to a minimum while providing as much accurate information to the news media as possible. Statements should be coordinated closely with the Agency, Resident Coordinator and UNDSS. The agency's Security Focal Point and

Human Resources person on the Crisis Management Team will act as the spokesperson and should keep abreast of all developments and clear all information to be released to the press with the Head of Office and the Security Adviser. The spokesperson should also keep in close touch with local government press officers.

- 10. Next-of-Kin. The agency is responsible for informing families and next-of-kin of the casualty. Prior to notifying relatives, the agency should attempt to receive the consent of the victim. The agency, in handling press requests, would confirm or deny whether UN employees were victims, but will **not** release names until it is confirmed that the next-of-kin have been notified.
- 11. Final. This Standard Operating Procedure may not be all-inclusive but provides a guideline on what agencies, first responders, the UN Doctor and the CMT can come together and provide. Staff in the field is required to be briefed on the plan and all staff should know what to do in case of a medical emergency or they become a "First Responder". A laminated Medevac Card should be placed in your Personal Emergency Kit and at all field offices.



CASEVAC EVACUATION FORM

Call Sign:	Frequency:	Agency:
Pick-up Point		
a. Latitude:	Longitude:	
b. Nearest Town:		
Compass direction from town: N E	S W (Circle One)	
d. Distance from Town:	km	
e. Marking of landing site:		
d. Description of landing site		
Number of Casualties and Injuries ² :		
Number of Stretcher injuries		
Casualty Information:		
Name:		
Agency:	_	
Nationality:		
Home Country Contact Information:	·	

¹ IT IS IMPORTANT TO AT LEAST MENTION EXTENSION, SURROUNDING AND TYPE OF MATERIAL IT'S MADE OF. ² PRIORITY CLASIFICATION: 1 – LIFE THREATENING; 2 – MAJOR INJURY, NOT DIRECT LIFE; 3 – MINOR INJURY; 4 – DECEASED.

MASS CASUALTY PLAN

APPENDICES

- 1. MEDICAL RESOURCES & FACILITIES
- 2. SECURITY RESPONSIBILITIES
- 3. MEDICAL RESPONSIBILITIES
- 4. SECURITY INFORMATION OPERATION CENTER RESPONSIBILITIES
- 5. CRISIS MANAGEMENT TEAM COMPOSITION & RESPONSIBILITIES
- 6. START TRIAGE FLOWCHART AND METTAG
- 7. MCI PATIENT RECORD
- 8. TRIAGE TRACKING FORM
- 9. RECOMMENDATIONS FOR DEALING WITH HUMAN REMAINS

GLOSSARY OF ABBREVIATIONS

Abbreviation/Acronym	Meaning
AMP	Advanced Medical Post
SA	Security Advisor
CMO	Chief Medical Officer
CMT	Crisis Management Team
DO	Designated Official
HAZMAT	Hazardous Material
IC	Incident Commander
ICP	Incident Command Post
MCI	Mass Casualty Incident
METTAG	Medical Emergency Triage Tag
CCC	Crisis Coordination Center
MC	Medical Coordinator
START	Simple Triage and Rapid Transport/Treatment

I. <u>INTRODUCTION</u>

<u>Purpose</u>

- 1.1. The purpose of this mass casualty incident (MCI) response plan is to define specific roles and responsibilities for the event of a mass casualty incident in order to ensure a coordinated and efficient emergency response that will save lives and facilitate business continuity.
- 1.2. This plan should be read in conjunction with the Medical Plan and Country Security Plan.

Scope

2. The provisions of this plan apply to all mass casualty incidents in Tanzania involving UN responsible personnel and premises.

Definition

3. For the purpose of this plan a mass casualty incident is defined as any incident where the location, number, severity, or type of live casualties overwhelms the resources of the rescuers

Rationale

4. Several threats identified in the Security Risk Assessment (SRA) could cause a mass casualty incident, including fire at a UN facility, earthquake, flood, or major road traffic accident. The threat from terrorist actions is Low but the risk cannot be totally ruled out. A MCI response plan is an essential mitigating tool, as prompt and effective intervention using predetermined and rehearsed procedures will save lives, reduce disabilities and facilitate business continuity.

Medical Resources

5. United Nations medical services in Tanzania are limited to a UN doctor and small clinic. Medical support to the UN in Dar es Salaam is limited and it is understood that in the event of a MCI outside resources will be required as the bombing in 1998 has demonstrated. It is well known that most local clinics and hospitals are poorly equipped and do not have capacity to accommodate many staff if emergency should take place. The UN Doctor will provide a list of Medical facilities with their capabilities.

Security Section Resources

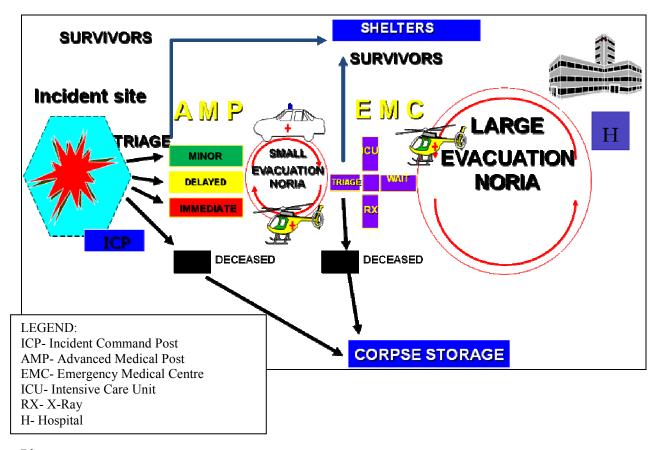
6. The SA and DSA have been trained in Basic Life Support and use of the Emergency Trauma Bag (ETB). There is one trauma bag in the UNDSS office.

II. <u>CONCEPT OF OPERATIONS</u>

Aim

- 7. The aim of the Mass Casualty Incident plan is to make the best use of available resources by establishing an "Evacuation Chain" as illustrated in Figure 1, below. Key elements of the plan are:
 - a. Implementation of an incident command system with clearly defined responsibilities and lines of communication;
 - b. Effective use of the Emergency Communications System (ECS);
 - c. Control of access to the incident site;
 - d. Triage of casualties;
 - e. Treatment and evacuation in accordance with priority of injuries;
 - f. Allocation of casualties to appropriate medical facilities from the AMP;
 - g. Tracking of casualties;

Figure 1: The Evacuation Chain



Phases

8.1. Response to a Mass Casualty Incident can be broken down into four phases:

Phase 1 - Initial Response

Phase 2 - Rescue Triage and Casevac

III. <u>COMMAND & CONTROL</u>

The Incident Commander

- 9.1. At the incident site, the first UNDSS personnel on site will assume the role of Incident Commander (IC) in order to coordinate operations of the various sectors on the site. The initial IC may be subsequently replaced by more senior DSS personnel as designated by the Security Adviser.
- 9.2. Figure 2, below, shows the on-site incident command system. The responsibilities of the Incident Commander are described in detail in Appendix 2. It is understood that this will be in coordination with host government authorities.

INCIDENT COMMANDER SITE SECURITY FIRE & RESCUE **MEDICAL** (Security Coordinator) (Fire Marshall) (Medical Coordinator) **Access Control Fire Suppression Triage** Cordon Search & Rescue/ **Treatment** Extrication **HAZMAT Transport**

<u>Figure2</u>: On-site Incident Command System

The Medical Coordinator

11. The UN Doctor will assume the role of Medical Coordinator (MC), and oversee the operations of the medical sector. Detailed responsibilities of the MC and other medical personnel are at Appendix 3.

Security Coordinator

13. The Incident Commander is responsible for ensuring that the incident site is secure and access and egress is controlled through a designated entry/exit point. The cordon will normally be provided by the host government or the contracted security company of the UN.

Crisis Coordination Center

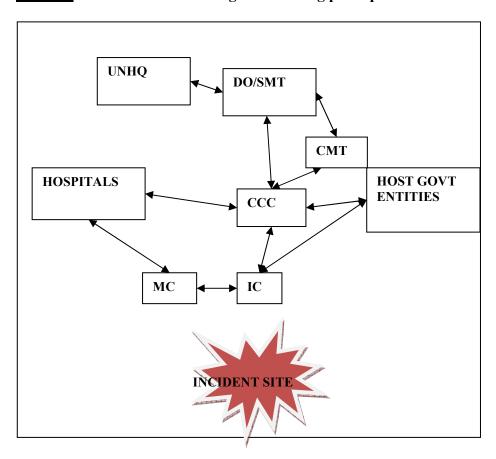
14. The CCC has the role of coordinating an integrated response in accordance with Crisis Management Team directives. The CCC is also responsible for providing timely and accurate situation reports to the Crisis Management Team, Security Management Team, and United Nations Headquarters.

Crisis Management Team

15. At the earliest opportunity the Designated Official is to convene a Crisis Management Team (CMT) consisting of representatives of affected organizations. The CMT manages the overall crisis response, coordinates support with UNHQ and neighbouring countries as well as other agencies as required, and has the authority to direct the prompt mobilization of supporting personnel and assets. CMT composition and responsibilities are outlined in Appendix 5.

IV. <u>COMMUNICATIONS</u>

Figure 4: Communications diagram showing principle lines of communication



Mobile telephones

- 16. Previous mass casualty incidents in the UN and other locations around the world have caused the collapse of mobile telephone networks due to the volume of calls overloading the system. For this reason mobile telephones cannot be relied upon and mass casualty training exercises should prohibit use of mobile phones to ensure that the Emergency Communications System is properly employed.
- 16.1. Portable satellite telephones should be available per MOSS requirements.

Lines of communication

16.2. All communication to and from the IC and MC is routed through the CCC. The CCC acts as communications hub transcribing information received by radio voice communications into written reports, ensuring all information updates and support requests are logged and followed-up.

V. PHASE I - INITIAL RESPONSE

General

17. The initial response phase encompasses actions taken on the incident site in the initial period before emergency services arrive on the site, which may be 30 minutes to 1 hour depending on the location and situation. Immediate and efficient action during this phase is essential to save lives and mobilize an effective emergency response.

Alert procedures

17.1. The first UNDSS personnel at the scene of the accident assume the role of Incident Commander (IC). The IC should send his initial message to the SA or CCC (if operational) using the METHANE reporting format:

Major incident

Exact location

Type of incident and time of incident

Hazards-present and potential

Access and egress-direction of approach and departure

Number of casualties-with estimation of severity and type

Emergency services- present and required

- 17.2. Where no UNDSS personnel are on the scene and the incident is reported by a staff member, it is the responsibility of the UNDSS contact to ensure that the staff member is prompted to provide the information required.
- 17.3. The UNDSS personnel receiving the report are to log all details and immediately alert the Security Adviser.
- 17.4. The SA will notify the Designated Official and on instructions from the DO will notify the SMT/CMT. UNDSS will immediately take steps to mobilize the following components:

- a. All UNDSS personnel;
- b. UN Medical Section;
- c. National authorities.
- d. Activate the CCC;
- 17.5. Following a major event involving UN system staff, the UN Medical Director may activate the United Nations Medical Emergency Response Team (UNMERT) in coordination with the HQ Crisis Management Group (CMG). UNMERT is the medical component of the UN crisis response mechanism. It is deployed as a surge capacity for medical personnel in cases of Mass Casualty Incidents.

Movement of Casualties

18.1. At the incident site the emergency treatment administered to victims during the first hour, and particularly during the first ten minutes (known as the "platinum ten minutes") is invaluable to saving the lives of the seriously injured. The major decision will be whether to "stay and play" on the incident site or "scoop and run" to the Advanced Medical Post (AMP) location. The major factor in this decision will be the safety of the incident site; an imminent threat to the rescuers and victims such as fire or building collapse may prompt a decision to "scoop and run."

START Triage

- 19.1. Triage is a fundamental element of mass casualty incident management, which ensures that the disaster is not simply relocated to the nearest medical facility. Pending the arrival of medical personnel the START protocol is used for initial triage. START is a first responder triage protocol.
- 19.2. According to the START protocol casualties are divided into four colour-coded categories identified by triage tags. Each patient encounter should last 15 to 30 seconds. Only the most basic care is performed while conducting the START protocol; generally limited to opening airways and controlling gross bleeding. A copy of the START flowchart and the METTAG triage card can be found at Appendix 9.
- 19.3. The START categories are as follows:
 - a. Immediate/Emergency (RED) These patients are at risk of early death; usually due to shock, an airway problem, or severe head injury.
 - b. Delayed/Urgent (YELLOW) These patients are injured and their injuries may be serious. They are placed in the delayed category because their triage findings are more stable than those of the immediate patients.
 - c. Minimal/Ambulatory (GREEN) This group, while referred to as walking wounded, should still be considered patients.
 - d. Deceased (BLACK) This group includes patients with injuries incompatible with life, and those who are not breathing after their airways have been opened.

HAZMAT

- 20.1. Before entering the site the IC must assess scene safety and be alert to the potential presence of hazardous materials. A HAZMAT incident involving a leak or spill may also be indicated by presence of the following:
 - a. A visible cloud or strange-looking smoke;
 - b. A leak or spill from a tank, container or truck;
 - c. An unusual strong noxious acrid odor;
 - d. More than one person collapsed, unconscious, or in respiratory distress.
- 20.2. Where there is reason to suspect a HAZMAT incident, the IC and other rescuers should remain at a safe distance upwind (at least 50m), assess the situation, keep bystanders away from the scene and immediately seek advice from the Fire Authorities on their arrival.

Establishment of the Advanced Medical Post

- 21.1. In preparation for the arrival of medical personnel, the IC will identify and clear an area of approximately 25m x 25m for the Advanced Medical Post (AMP). The AMP should be located close to the site, but outside the security perimeter and taking into account potential hazards, wind direction, and access for emergency vehicles. The AMP should have an entrance for casualties facing the site and a separate exit at the other end next to the vehicle access and loading area, to ensure unidirectional flow of patients through the AMP.
- 21.2. The IC should also identify the Helicopter Landing Site (HLS) and emergency vehicle waiting area and plan to ensure a smooth flow of emergency vehicles loading and departing.
- 21.3. Pending arrival of the medical team, on scene personnel will provide the following treatment in the AMP:
 - a. START triage (if not conducted prior to movement);
 - b. Basic airway management (use of oral pharyngeal airways where indicated) and suctioning;
 - c. Bleeding control;

Cordon & Access control

- As soon as manpower is available the IC will ensure that a cordon is placed around the incident site and a designated entry/exit and control point established under supervision of a Security Company or host government in order to:
 - a. Prevent an uncontrolled influx of untrained and unauthorized rescuers;
 - b. Keep track of the number of rescuers on site;
 - c. Ensure that all casualties are directed to the AMP;
 - d. Establish a count of casualties evacuated from the site.

Establishment of the Incident Command Post

23.1. The Incident Commander will establish an initial Incident Command Post (ICP) with whatever shelter and communications means are available. The ICP may be established in the nearest functional office or, for remote locations, the IC's vehicle. The IC should ensure that the location of the ICP allows the IC to monitor access to the incident site and maintain liaison with the medical, fire & rescue, and site security sector commanders, as identified above.

VI. PHASE 2 - RESCUE, TRIAGE AND CASEVAC

General

24.1. Phase 2 encompasses all on-site operations from the arrival of UN and Host Government emergency services including the Fire & Rescue and Medical Sectors.

Advanced Medical Post

- 25.1. On arrival of the first medical team, the Medical Coordinator (MC) will direct operations in the AMP. Staffing of the AMP will depend on the availability of medical personnel at the time of the incident. Key positions and their responsibilities are described in Appendix 3.
- 25.2 Operations in the AMP will include:
 - a. Conducting triage;
 - b. Identifying medical priorities and requirements for additional medical resources (both human and material)
 - c. Stabilizing casualties;
 - d. Tracking casualties;
 - e. Packaging casualties for CASEVAC;
 - f. Identifying and packaging the deceased for transfer to the morgue.
 - g. Maintaining liaison with the Incident commander and the CCC.

Documentation and casualty tracking

- 26.1. A designated member of the triage team is to maintain a registry of all victims admitted to the AMP, and records name or identification number, age, sex, time of arrival and injury category assigned.
- 26.2. Triage categories, initial interventions, casualty details, and vital signs are documented on triage tags. Where practicable, this information is documented on a MCI patient record sheet (see Appendix 7).

CASEVAC

27.1. CASEVAC procedures are detailed in the Medevac section of the Country Security Plan. A CASEVAC is life saving.

- 27.2. The MC is responsible for the overall coordination of medical services including the identification of available beds and preparation of medical facilities to receive casualties from the site. The MC will ensure that the casualty tracking procedures are implemented and information updated.
- 27.3. The MC will promptly advise the CCC of any patients identified that may require treatment at a higher medical facility, so that preparations can be made for MEDEVAC. (Non-life threatening)
- 27.4. A small evacuation routine is to be established between the AMP and the Emergency Medical Center using both ambulance and helicopter transport according to priorities. Depending on availability of beds casualties may need to be sent to other medical facilities as identified in Appendix 1.
- 27.5. All casualties for CASEVAC are to be collected from the AMP, not from the incident site, in order to ensure that casualties are evacuated according to priorities established during triage.
- 27.6. Traffic flow between the incident site and hospitals is to be managed by the MC in collaboration with the National authorities

Management of corpses

- 27.1. Deceased casualties are managed by the Morgue Manager, who will establish a record of all deceased recovered from the site. The Morgue Manager is to ensure that all personnel working with corpses comply with the recommendations of Appendix 9. Corpses are to be stored out of sight of live casualties and bystanders pending transfer to the morgue.
- 27.2. Kenyon International have a system contract with the United Nations for identification of the deceased and morgue services; however, the arrival of Kenyon personnel may be delayed for several days after the incident. In the meantime, agencies will work alongside the Morgue Manager to ensure that basic measures are taken to facilitate official identification such as:
 - a. Assigning a unique reference number to each corpse;
 - b. Tagging corpses;
 - c. Photographing corpses;
 - d. Collecting identity documents from corpses, e.g. UN ID card.
 - e. Securing personal effects.
- 27.3. Repatriation of remains is a Personnel Section task and should be done in accordance with the Death in Service Handbook (see references).

Incident and casualty reporting

28. The IC will provide regular situation updates to CCC, which will include updated casualty lists from the MC. Casualty details such as names and medical conditions are not to be transmitted over Radio

Media coverage

29. Media shall not be granted access to the scene without clearance from the DO through Public Information Office (PIO) and IC. Media are to be escorted at all times when on the incident site. Due respect for the privacy of the injured and deceased is to be maintained. Only designated spokespersons authorized by the PIO are to be interviewed.

PHASE 3-MEDEVAC - See Medevac Plan

Medevac

- 30.1. In the event that a UN staff member requires MEDEVAC, the relevant representative shall be informed immediately and will initiate the administrative procedures to facilitate the evacuation.
- 30.2. Incidents resulting in a mass casualty scenario create shock and trauma that may not be realised until later. CISMU/DSS, the psychosocial support system of the United Nations, and affiliate United Nations Counsellors and leadership personnel will be alert to this dimension. Appropriate treatment and rest will be introduced in cases that warrant it. UN counsellors will be informed at the onset of the incident and report to the assembly area/safe havens. UN Staff Counselling section will coordinate.

LOGISTICS

- 31.1. The following non-medical logistics should be readily mobilized:
 - a. Lighting towers
 - b. Generators;
 - c. Personal protective equipment (masks, gloves, overalls);
 - d. Hand disinfectant;
 - e. Body bags;
 - f. Tents for the AMP;
 - g. "Rehabilitation" tents for rescuer rest areas (for remote areas);
 - h. Tables, chairs and camp beds;
 - i. Portable toilets and basic washing facilities;
 - j. Rations, water;
 - k. Perimeter construction stores (razor wire, sandbags, pickets, plywood)
- 31.2. For a prolonged incident response the following support personnel may be required:
 - a. CISMU New York
 - b. Surge of UNDSS officers;
 - c. Human resources support;
 - d. Radio operator/s;
 - e. Information Technology Specialist;

PREPARATORY INFORMATION COLLECTION SHEET

1. Medical Facilities and Resources Information

Location	Name	Contact	Beds (all)	Bed s (IC)	Bloo d Bank	Surgery Capacit y	Ambula nces	Surge Capacity
A. Dar								
	IST Clinic	Dr. Ype Smit Dr. Belia Klaassen Tel: +255 22 2601307/+255 22 2601308	2	-	-	Minor	-	Yes
	Sali Intl		>10	Yes	Yes	Yes	3	Yes
	Aga Khan Hospital	Dr. Vyas (255)22211515151	75	>5	Yes	Yes	Outsourc ed	Yes
	Shree Hindu Mandal Hospital	Dr. Kaushik Ramaiya TeL:(255)741618495 Dr. Stephen Muya +255715266985	>50	1	Yes	Yes	2	Yes
	TMJ Hospital	Dr. Kapiteni and Others Tel: +255 22 270 0007	55	2	Yes	Yes	2	Yes
	Muhimbili National Referral Hospital	Tel: (255) 22 2151599,(255) 22 2151369/(255)22 2150534	>1000	>10	Yes	Yes	Several	Yes
B. ARUSHA	Kilimanjar o Christian Medical Centre(KC MC	Moshi, Tanzania TeL: (255) 27 27543377/(255) 27 275 4383	457	Yes	Yes	Yes	Several	Yes
	Mount Meru Regional Referral Hospital UN MICT	P.O Box 3092, Arusha, Tanzania. TeL; +255 27 250 3351-3						
	Clinic							
C. Mwanza	Bugando Hospital	Dr. Johnson Kataraihya Tel:+255 754089126	>100	>5	Yes	Yes	Several	Yes
D. KIGOMA	UN Dispensary	Dr. Alexander Mihonye 255784 44 22 99	OP	-	No	No	0	No
	Maweni Regional Referral Hospital, Kigoma	P.O Box 16, Kigoma, Tanzania Te: (255) 28 280 3922	>100	>2	Yes	Yes	-	No
C KASULU	Kabanga Missionary Hospital	Kasulu	>50	-	Yes	Yes	>1	No
D. DODOM	Dodoma Regional	Dodoma City, Tanzania Tel: +255 26 2323045	>100	>2	Yes	Yes	>1	Yes

A	Hospital							
7 1	Aga Khan	P.O Box 270, Dodoma,	>20	>2	Yes	Yes	>1	Yes
	Health	Tanzania.	20	-	1 05	1 05		105
	Services	Tel: +255 26 2321789						
	MVUMI	Tel: +255 2626 25		-	Yes	Yes	>1	Yes
	Hospital,	101. 1233 2020 23			1 05	1 03	, 1	105
	Dodoma							
E.	Mnazi	Stone Town, Zanzibar	>100	>2	Yes	Yes	>1	Yes
ZANZIBA	Moja	Stone Town , Zanzibai	7100	- 2	1 03	1 03	/ I	1 03
R	General							
IX.	Hospital							
	Al Rahma	Kilimani Road,	>20	-	Yes	Yes	>1	Yes
	Hospita	Zanzibar	20		1 03	1 03	/ I	1 03
	Hospita	Tel: +255 24 2236715						
	Hankyl	Zanzibar City	OP	-	No	No	-	No
	Medical	Zalizibai City	OI	_	INO	INO	-	INO
	Centre							
F	Kahama	Kahama Town	>100		Yes	Yes	>1	Yes
г КАНАМ	District	Kanama Town	>100	-	res	res	>1	Yes
A G.TABOR	Hospital	Tabora Town	> 100	> 2	37	V	>1	37
	Tabora		>100	>2	Yes	Yes	>1	Yes
A	Regional	+255262603269						
	Referral							
	Hospital(Ki							
	tete)		100					2.7
H.MPAN	Mpanda	Mpanda Town	>100	-	Yes	Yes	>1	No
DA	District							
	Hospital	AMBUIL ANGE AND	D 1 D 1 T	TED IC	CERTI	GEG.		
I DAD	D C.	AMBULANCE ANI) PAKAI	MEDIC	SERVI	CES		
I. DAR	Dar Es	P.O Box 65413, Dar Es						
	Salaam	Salaam, Tanzania.						
	Flying	Tel: +255 787 7474 64						
	Doctors	Email:						
		info@dsmflyingdoctors						
		.com						
		Website:						
		www.dsmflyingdoctors.						
	17 1 1	com						
	Knight	P.O Box 60534, Dar es						
	Support(T)	Salaam, Tanzania			1			
	Ltd	Tel: +255 22						
		2760087/8/9						
	TILL	Cell: 0754 777100						
	Ultimate	P.O Box 21231, Dar es						
	Security	Salaam, Tanzania			1			
	Ltd	Tel: +255 22 2667722			1			
	A) (DEE	Cell: 0713123911	-	1	1			
	AMREF	P.O Box 27691-00506,						
	Air	Nairobi, Kenya.						
	Ambulance	Tel: +254 20 6993000			1			
	Internation	SOS Alarm Centre,			1			
	al SOS	Johannesburg, SA,						
		.Tel: +27115411300						

SECURITY RESPONSIBILITIES

Under Normal conditions the SA will be with the SMT/CMT and the DSA will be at the CCC or at the scene of incident along with one LSA.

INCIDENT COMMANDER

1. The Incident Commander (IC) will be the first UNDSS Personnel on the scene until appointed by the SA.

The IC will:

- a. Evaluate the nature and scale of the incident/emergency;
- b. Set objectives and priorities at the scene of the incident;
- c. Establish a perimeter around the scene of the incident;
- d. Ensure that START triage and tag casualties begins;
- e. Provide regular situation reports to the CCC;
- f. Set up the Incident Command Post (ICP);
- g. Identify and clear a suitable location of approximately 25m x 25m for the Advance Medical Post (AMP), considering hazards, wind direction, and access routes for emergency vehicles;
- h. Identify- with assistance from CCC- the nearest HLS and ensure that the HLS is secured before the arrival of casevac aircraft (if applicable);
- i. Maintain close liaison with Medical Coordinator (MC) and coordinate casevac;
- j. Coordinate the cordon and access control of the incident site with on-site contracted security:
- k. Coordinate with representative of any affected agency;
- 1. Coordinate with Host Country Emergency Services arriving at the scene.
- 2. As the incident progresses the role of Incident Commander will be taken on by the most senior officer available. During Incidents over long periods alternative IC's will be nominated by SA.

SECURITY COORDINATOR (contracted Security)

- 3. As soon as manpower is available the contracted Security Company will assume the role of Security Coordinator (SC) to assist the IC by taking over responsibility for access control to the incident site. The SC will ensure that:
 - a. A cordon is maintained around the incident site in collaboration with the host government;
 - b. A designated entry/exit and access control point is established;
 - c. Casualties removed from the site are taken to the AMP;
 - d. Casualties are counted as they leave the incident site;
 - e. CASEVAC personnel arriving to collect casualties are directed to the AMP.

Support Responsibilities

UN Doctor

Responsibilities

- Identifies and mobilizes available medical resources.
- Coordinates CASEVAC/MEDEVAC.
- Supervise the field care of victims and manage the medical component within the area of the emergency site
- Provides the link between the health and medical backup system
- Ensures the adequate supply of manpower and equipment
- Deploys and manages health staff resources
- Coordinate location of medical supply, treatment and morgue areas in collaboration with the host government.
- Anticipate needs for medical supplies, equipment, relief and additional personnel
- Maintains record of activities and forward all medical group records and reports to through CCC
- Facilitate/coordinate provision of special medical needs including medical debriefing, stress management of victims, rescue and medical personnel.
- Follow up all victims in various locations where they are being treated and provide regular medical updates to MSD.

Reports to

- CCC for medical matters
- Incident Commander for all on-site rescue coordination matters

TREATMENT Personnel - Host Government/Red Cross/External

<u>Qualifications</u>: Must be a skilled/ experienced physician trained in mass casualty management.

Responsibilities

- Acts as Manager of Advanced Medical Post (AMP) and Treatment unit leader
- Responsible to direct and coordinate on scene medical care of victims in the treatment areas as conditions permit
- Supervises triage and stabilization of victims in AMP
- Ensures that effective victim flow is maintained
- Ensures adequate equipment and supplies are available in each treatment area
- Organizes the transfer of patients to health care facilities
- Decides on the order of transfer victims, the mode of transport, escort and place of transfer

TRIAGE PERSONNEL

Qualifications

- Professional and non-professional personnel including nurses, EMTs and first aiders (volunteers, agency, military, fire and police staff)
- First aiders will work under the supervision of triage officer.

Responsibilities

- Provides classical first aid attention which includes the following: Control of airways, position of victim, control of bleeding, immobilization of fracture, dressing and comfort.
- A designated person maintains the registry of all victims admitted to medical triage and records name or identification number, age, sex, time of arrival and injury category assigned

MORGUE MANAGER

Qualifications: Must be a Nurse, ETB officer or Military medic.

Responsibilities

- Accounting for the deceased in collaboration with UN Liaison person;
- Transfer to the morgue.

EVACUATION OFFICER

- Ensures that immobilization is adequate
- Maintains observation of victims until transported
- Supervises loading and ensures escort is brief

TRANSPORTATION MANAGER

Qualifications: Logistics

Responsibilities

- Has overall responsibility for the orderly arrival, pick-up and departure of casevac assets in coordination with the host government
- Establishes the staging area and loading zone for ambulances.
- Identifies HLS location as directed by the IC (if this has not already been done by the IC), and coordinates HLS security through the IC in the absence of an Air Liaison Officer.
- Logs all departures, noting time, ambulance or aircraft number and destination

AMBULANCE DISPATCHER

Qualifications: Transport Officer or similar (subject to available manpower)

<u>Responsibilities</u>: Assists the Transportation Manager where required by ensuring the orderly dispatching of ambulances from the staging area to the loading zone as required

CRISIS COORDINATION CENTRE (CCC) RESPONSIBILITIES

The CCC has the role of coordinating an integrated response in accordance with CMT directives. The CCC is to:

- a. Actively seek information updates from all relevant entities;
- b. Prepare and disseminate consolidated Special Incident (Flash) Reports as the situation develops;
- c. Ensure that casualty lists are compiled and that all movements of casualties are tracked;
- d. Ensure that support requests are logged and assets mobilized promptly with the required authorizations, in accordance with SOPs; (to be developed)
- e. Follow-up support requests by ensuring that movements of deployed assets are coordinated with police and military support and tracked (e.g. fire engines, ambulances, aircraft, logistics supplies);
- f. Ensure that a detailed list of casualties is sent to UNDSS Comcen, SMT members and the relevant personnel officers only after authorization from the Designated Official (DO) or his designated replacement, once the identities of casualties have been confirmed. The DO will also confirm the distribution list for dissemination of this information

<u>CRISIS MANAGEMENT TEAM</u> COMPOSITION AND RESPONSIBILITIES

CMT Composition

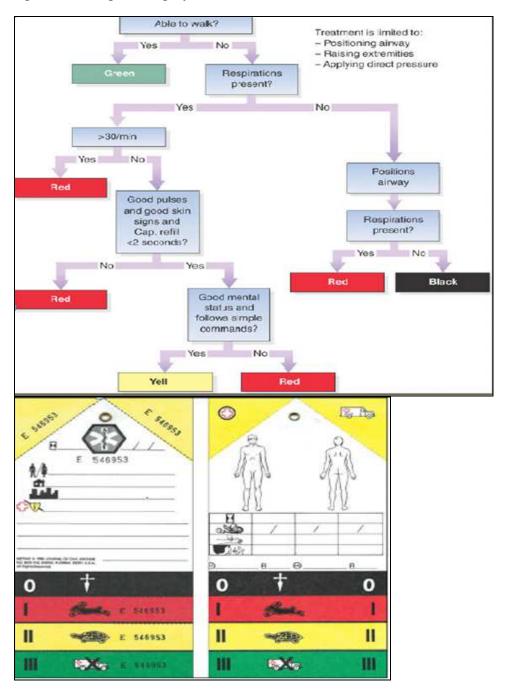
- 1. The composition of the CMT may vary according to the nature of the mass casualty incident and organizations affected. The CMT should be comprised only of those heads of organizations directly concerned and key personnel required for operations support. The larger the CMT, the more difficult it will be to reach a consensus on decisions, thus the entire Security Management Team should not be used as a Crisis Management Team.
- 2. The CMT should include the following personnel:
 - a. Designated Official
 - b. UNDP DRR O
 - c. Security Adviser
 - d. UN Doctor
 - e WHO
 - f. Public Information Office
 - g. Heads of affected agencies.
 - h. Larger Agency Reps that may have resources.
- 3. The CMT should also request the presence and advice of relevant experts, depending on the nature of the incident.

CMT Responsibilities

- 3. CMT responsibilities are as follows:
 - a. Oversee emergency operations at the national and international level;
 - b. Direct mobilization of resources and ensure that required authorizations are granted in a timely manner;
 - c. Identify additional resources required from UNHQ;
 - d. Identify support required from neighbouring countries;
 - e. Prepare a recovery strategy where required;
 - f. Coordinate operations strategy with the Government of Tanzania where required.

SIMPLE TRIAGE AND RAPID TRANSPORT (START)

1. The first step for the rescuer, after assessing safety and scene, is to call out and tell anyone who can get up and walk to move to a specific area. Anyone who can get up and walk is probably not at risk of imminent death. These casualties are categorized GREEN. The rescuer will then concentrate on those who remain in place according to the flowchart below. All casualties are to be tagged with the METTAG, illustrated below right, according to category.



MCI PATIENT RECORD

Name:			Sex: Age:		Blood Group:	
Allergies:			Current medication:			
Main injur			Tou	rniquet? Y	N Time on:	
Other inju	ries:					
Triage cod	e:	Disposal:				
Date		Vital s	signs, treatme	ent provided,	and effect.	
Time	Heart rate	Respiratory rate	Capilla	ry refill	GCS	BP
			1			1

Patient Roster - CONFIDENTIAL

Date		Control Hospital	Control Hospital				
Page							
Send from	Sent To	Time sent.	Time sent.				

TIME	PATIENT	FIELD	HOSPITAL	SEX	DOB/AGE	SENT	CHIEF	FINAL
				SEA	DOD/AGE			
ARRIVED	NAME OR	TRIAGE	ID#			TO	COMPLAINT	DISPOSITION
	DESCRIPTION	#						

HEALTH & SAFETY RECOMMENDATIONS FOR DEALING WITH HUMAN REMAINS

UN Recovery Operations

Sources

- 1. There are four main sources of infection that you need to consider when dealing with human remains:
 - a. blood and other body fluids (for example saliva, pleural fluids);
 - b. waste products, such as feces and urine;
 - c. aerosols of infectious material, such as might be released when a body may be opened or disrupted; and
 - d. body and skin (direct contact).

Transmission from Deceased Person

- 2. In order to become infected the micro-organism has to get from the source into the host by some means. Most micro-organisms usually have a particular route of entry, but in some cases infection can occur by more than one route. Infection can occur via:
 - a. putting contaminated hands and fingers (or pens etc) into the mouth, nose or eyes;
 - b. breathing in small infectious droplets (aerosols) from the air;
 - c. splashes of blood and other body fluids into the eye and other mucous membranes, such as the nose and the mouth;
 - d. broken skin if it comes into direct contact with the micro-organism (or something contaminated by micro-organisms);
 - e. a skin-penetrating injury, for example via a contaminated needle or other sharp.

UN Workers

- 3. Unbroken skin and the lining of the mouth, throat, gut and airways all serve to provide a barrier to infection. The cells of these linings and the substances they produce are the body's first line of defence. If a micro-organism does manage to cross this barrier, the next line of defence is the immune system. If any staff member involved in the recovery has signs or symptoms of fever they should be reviewed by the UN Doctor.
- 4. Special caution should be used in persons who have reduced immunity because of a pre-existing illness, or as a result of some medical treatments. Employees should be checked before starting work, so that they can be protected or given less hazardous work to do.

Activity and sources of infection

- 5. If a body collected from the community has undergone significant deterioration, a body bag should be used. Consider also additional waterproof containers. Handling of the remains should be minimized to control the risk of transmission of infection.
- 6. Keeping the remains within the cold limits the rate of decomposition by slowing the growth of bacteria which contribute to the decomposition process. Ideally, a refrigerated body store should be used for this purpose.

Cold Recommendations

7. If bodies are to be held for less than 48 hours, storage at 6°C or less is appropriate. Longer term storage should be at temperatures of 5°C or less.

Protective Measures

- 8. Staff should wash hands, even if gloves have been worn. If staff do not have direct access to warm running water -for example when collecting remains from the site-then water and hand washing facilities must be provided. Alternatively, wipes or antiseptic hand cleansers may be used.
- 9. Hand to mouth/nose or hand to eye contact should be avoided. Care should be taken with pens or tools used during recovery operations. Small items like pens should not be put in the mouth, or taken from dirty to clean areas. Care should be taken with handling radios before and after recovery operations.

Appropriate protective clothing

- 10. Staff should use different clothing for recovery operations and normal work activity. Coveralls would be best. Everyday clothing should not be worn during recovery and then back to accommodation.
- 11. Basic protective clothing should be worn including protective particulate masks, surgical or N95 specification, protective gloves, and long length protective aprons to provide protection from body fluid splashes if there is a risk of splashing from blood and body fluid. A face visor should be used if there is a likelihood of splashing should be worn.

ANNEX N: NATURAL DISASTER

1.1 Introduction. The SRM for Tanzania and the Inter-Agency Contingency Plan for Tanzania list a number of possible threats due to natural disasters. The background and scope are listed below. It is conceivable should a significant natural disaster take place that normal mobile and telephone communication will be disrupted, overloaded or completely destroyed. UN offices, residences of staff members, UN Concentration points, major hotels and hospitals may become uninhabitable. The UN system and individual agencies require having a primary and alternate plan to overcome these obstacles, account for all staff members and family members and prepare for an emergency response if requested by the government. (This is covered in the Inter-Agency Contingency Plan) The Security Plan itself is the primary management tool to manage a crisis but in the case of a significant natural disaster the immediate convening of an SMT will determine what actions are most likely to take dependent on the effect on infrastructure in reference to roads, buildings and communications.

1.2 History of Natural Disasters in Tanzania. (Floods and Earthquakes)

Floods. Floods have occurred in Tanzania nearly every two years for the past two decades. Due to El Nino, in recent years the floods have intensified. Past floods have had devastating effects, including: loss of life, damage to infrastructure, killed livestock and increased vulnerability to diseases. The most recent floods in Tanzania occurred in the Morogoro, Dar es Salaam and Coast Regions in 2011 and 2014. During the latest period, over 20,000 people were affected. The floods caused destruction to the water and sanitation infrastructure in the area, and the affected population was extremely vulnerable to diseases.

At risk areas and potential impact

Flood prone regions in Tanzania are Dar es Salaam, Coastal, Morogoro, Dodoma, Lindi and Mtwara. People at risk are those who inhabit valleys or mountainous areas where vulnerability to landslides also exists.

Earthquakes. Over the past decade, there have been almost yearly earthquakes in the North and South West regions of Tanzania. In some cases, homes and properties were destroyed. In one case, a number of people were shifted away from an active volcano. The most recent earthquakes in 2010 occurred in the Northwest of Tanzania. All were low on the Richter scale, with the highest registering at M4.6. In 2009, in the Southwest of Tanzania there was an earthquake of M6.2; only moderate damage and no casualties were reported. The most serious earthquake in recent history occurred in 2007, when a series of seismic tremors under Lake Natron in Tanzania - close to the active volcano Ol Donyo Lengai, located some 100 km northwest of Arusha - sent violent tremors throughout the region. The seismic activity caused up to 18 tremors between 12 July and 1 August 2007. In 2005, a M6.8 earthquake in the Kigoma region affected nearly 5,000 people.

The largest earthquake ever recorded in Africa occurred in Rukwa in 1910, measuring at a magnitude of 7.4.

At risk areas and potential impact

Based on previous seismic activity, there is a risk in the North and South West regions of the country. For a small earthquake, ranging from M4.0-6.0, there is the potential to cause death and serious injuries due to collapsed housing. A medium to large earthquake, particularly in large African cities with a denser population and more Westernized types of construction, the damage could be catastrophic.

- **2. Appendix A** is guidance for staff members on preparing for a natural disaster. It covers family preparedness, actions to take if caught in a disaster and post incident.
- **3. Action/Response.** In the event of a natural disaster the below is a guideline on options and timelines to assist the SMT and DO in decision making and provide tasks to be carried out by selected individuals or agencies.

	Within 24 h	nours	
	Activities	By who? –	Action
	Inform UNDSS HQ Desk and UNDSS operations centre	SA	UNDSS
1	Declare the emergency, convene an SMT. The SMT should determine:	DO	UNDSS
а	Account for all staff members and families. (due to the possible outage of communications; telephone and radio this may require time)	Agency SFP and Wardens	UNDSS -Activate the warden systemConduct open air emergency broadcast providing instructions to staff members
b	Determine if UN offices have been affected. If yes those agencies should activate their business continuity plan.	Head of Agencies	Head of Agencies
С	Determine if the Primary and Alternate CCC are functioning. Were repeaters affected?	SA	UNDSS
d	Determine if the UN can operate in its current location. If not refer to "e"	DO	Head of Agencies
е	Contact the host government on where the Disaster Management Department is setting up their operations centre.	DO	ECG
f	Is relocation within the country or evacuation required? (outside assistance)	DO	DO/SMT/UNDSS
g	Determine if the Concentration points have been affected. If yes obtain a list of government shelters and red cross operations. Determine new CP and inform all.	DO/SA	SA/ECG
h	SMT to determine on where to direct staff members whose residences are not habitable. Options: -Move to a concentration point -Move to a government shelter or Red Cross Shelter	SMT	UNDSS/CMT

	A4 ()		I	
	-Move to a UN office			
	-Authorise relocation		D0	LINIDOO
i	Determine if travel restrictions will be implemented. TRIP on manual, essential missions etc.	DO	UNDSS	
2	Ensure Communications within Tanzania ar	nd	SA	UNDSS
_	outside Tanzania are operational. (HQ, Safe Haven Countries, etc)			
3	UN doctor to update SMT on available medical facilities.		UN Doctor	UN Doctor
4	Monitor Concentration points to ensure the proper facilities are in place, Hygiene, water food, blankets	r,		UNDP
	Within			LINDOO
5	Continue to Account for staff members	S		UNDSS
6	Possible Security assessment/clearance to affected areas		O/DSS	DO/DSS
7	Deploy a joint rapid needs assessment		O/DSS – Security	DO/DSS – Security
	mission to affected areas	1	C/CMT – Decision	RC/CMT – Decision
			MO-DMD/ECG –	HCT/ICCM -
		_	omposition	Composition
8	Determine if a deployment of Surge mission of security professionals is	ט	O/UNDSS	UNDSS HQ
	required to support the SA	_	O/CMT	Hood of Agencies
9	Determine to conduct relocation or evacuation of affected staff members and families	ט	O/SMT	Head of Agencies
10	Review programme criticality.	D	O/SMT	Head of Agencies
11	UNDSS to make a list of emergency	S	A	UNDSS
	logistical requirements; Sat phones, communications, vehicles BGAN etc.			
12	Support emergency response missions as required	D	O/ECG/UNDSS	UNDSS
13	UNDSS to support clusters as required	S		DSA/UNDSS
14	Propose post-traumatic counselling for staff if needed	D	SS/CISMU	DSS/CISMU
	1 w			1,111,500
15	Evaluate the security situation	_	O/SMT/SA	UNDSS
16	Receive surge officers if required	S		UNDSS/UNDP
17	Support emergency operations as required	S		UNDSS/Surge officers
	1-3 m			
18	Support post emergeney operations	S		UNDSS
19	Review travel restrictions		O/SMT/SA	UNDSS
20	Review staff return if relocated	D	O/SMT/SA	UNDSS/UNDSS HQ

EMERGENCY BROADCAST INFORMATION

File	Number:				
Info	ormation:				
Dat		Time Emergency Bro	adcast Given:		
City	r:	Region:			
Broa	adcast Log:				
Broa	dcast Given By:		Time:	Area or Location:	
Che	ck Box that Applies to	the Specific Disast	er and fill in blank areas	3:	
	This is the UN Depart	ment of Safety and Se	curity. There has been a _		
	disaster affecting the f	following areas			_·
	For your safety you ar	e instructed to			
	Go immediately to a from (Shelter etc.) located a		ne evacuation area, or pro		_Concentration Point
	Avoid the following Ro	oads			
	Stay inside your locati	ion until given further ir	nstructions, monitor your to	elevision and radio:	
	If you can drive a staff	f member who needs to	ransportation, please do s	so. If you need transpo	ortation call this number
	Children attending sch	nool			
	A. Have beer	released to		·	
	B.	eased and are at the s	chool site		
	C. Have beer	n evacuated to			
	* Do not drive to the	he school to pick up yo	our child.		
	Please do not call the	SA, unless you have a	a life - threatening emerge	ency. Monitor your radi	io.
			pecial food, personal items fore you leave. Please che		ey and valuable papers, do rs who need your
	Refer any questions to	o	·		

NOTIFICATIONS LOG

> Log all Notifications with Disposition of Notifications.

Name:	Date:	Time:	Agency:	Contact Phone:	Disposition / Status
]
				J <u> </u>	J

Chronological Log Activity

Incident Name	e:		D	ate Prepared:	
Time Prepared	d:		U	nit Name/Designato	or:
Recorder Nam	ne :		S	A/DSA Position:	
Operational Po	eriod:				
Activi	ty Log (Continuation Sheet)			
Time:		Major Events:			
Prepared By:				Signature:	
Position:				Date:	
. Oordon.				Date.	

Appendix A Staff Member Preparedness

- 1 "Prior Planning and Preparation Prevents Poor Performance". Disasters can happen at anytime and anywhere. You may not have much time to respond. After a disaster, local officials and relief workers will be on the scene, but cannot reach everyone immediately. It may take hours or even days before you get help. This could mean days without potable drinking water, gas, electricity, telephones or access to supermarkets.
- **2** Know your Warden. All staff members should know who their Warden is, the Warden's point of contact numbers and place of residence, and the concentration point for their zone. The Warden should know the home of all staff members in his zone of responsibility and have a list of the total number of family members and who has transportation.
- **Your Home**. Look for items in your home that may become a hazard due to any sudden shifting of your house, anything that may cause fire or flood damage. Attached is a Home Safety Checklist of preparations that can be taken in the event of most crises.
- 4 Family Disaster Plan. All homes should have a Family Disaster Plan and certain items necessary so the family can cope during periods without the basic services mentioned in the above paragraph. These items should be stored in a container that is easy-to-carry in the event of an evacuation. Some suggested containers could be a large covered trash container, back packs and duffel bags. This plan contains a checklist for proper preparation and equipment necessary for a Family Disaster Supply Kit. This kit contains six basic necessities you should stock for your home. The list includes water, food, first aid supplies, clothing and bedding, and some special items.

5. EARTHQUAKE

5.1 General. This section will provide useful terms concerning earthquakes and actions you should take in the event of an earthquake.

5.2 Terminology

- Earthquake is a sudden slipping or movement of the earth's crust followed by a series of vibrations.
- Aftershock is an earthquake of the similar or less intensity of the main earthquake. It can happen several minutes or hours later.
- Fault is where the earth's crust slips. The crust may only move a few inches or a few feet during a severe earthquake.
- Epicentre is the point in a place of the earth or of the sea where the earthquake is originated.
- Seismic Waves are vibrations that travel moving away from the epicentre at speeds of several kilometres per second that can shake constructions so violently that may cause their collapse.
- Magnitude indicates how much energy is being released. This energy can be calculated thanks to the seismographs. The most commonly uses it the Richter

Scale. This scale goes from one (1) to ten (10). A magnitude of 7 would mean a very strong earthquake. The increase of almost a digit in the scale means that the energy liberated is 30 times more than the previous scale. Thus, an earthquake of intensity 6 is 30 times more powerful than one of intensity 5.

5.3 Actions during an earthquake

DROP, COVER & HOLD ON!

5.3a. Indoors:

- > Stay inside until the shaking stops. Most injurious occur by falling objects when people are exiting or entering a building.
- Take cover near a sturdy table, bench or inside wall and hold on. If no table is available cover your face and head with your arms.
- Avoid glass, windows and outside doors.
- If you are in bed, stay there and cover up with pillows; beware of overhead fixtures.

5.3b. Apartment building or other multi-level buildings:

- > Stay there and look for cover as stated above.
- > Do not use the elevators.
- ➤ Be aware that the electricity may go out and the sprinkler system may activate.

5.3c. Crowded indoor public location:

- > Stay where you are; do not rush to the doorway.
- Move away from tall cabinets, bookcases or shelves.
- > Grab anything to cover yourself from falling debris and glass.
- > Do not use the elevators.
- Be aware that the electricity may go out and the sprinkler system may activate.

5.3d. In a vehicle:

- > Stop quickly as safety permits and stay in the vehicle.
- Avoid stopping under or near buildings, trees, utility wires and overpasses.
- Then proceed cautiously watching for road and bridge damage.

5.3e. Outdoors:

> Stay there, move away from buildings, streetlights and utility wires.

5.4 TRAPPED in debris:

- Do not light a match.
- Do not move around or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on pipe or wall so rescuers can hear you.
- > Use a whistle if available.
- ➤ Shout as a LAST resort as you may inhale dangerous amounts of dust.
- Stay indoors until the shaking stops and you are sure it is safe to exit.

6. HURRICANE

6.1 General. This section will provide useful terms concerning hurricanes and actions you should take in the event of a hurricane. Unlike an earthquake there is usually more preparation time with a hurricane, nevertheless your equipment should be already packed. Listed below are other options to take as the state of the hurricane becomes worse.

6.2 Terminology

- Tropical Depression is a system of clouds and thunderstorms with a surface circulation and maximum sustained winds of 38 mph.
- Tropical Storm is a system of clouds and thunderstorms with a surface circulation and maximum sustained winds of 39-73 mph.
- Hurricane is an intense tropical weather system of strong thunderstorms with a well-defined surface circulation and maximum sustained winds of 74 mph or higher.
- Hurricane/Tropical Storm Watch means these conditions are expected in the area within 36 hours.
- ➤ Hurricane/Tropical Storm Warning means these conditions are expected in the area within 24 hours.

SAFFIR-SIMPSON HURRICANE SCALE

CATEGORY	WINDS	DAMAGE	STORM SURGE
1	74-95	Minimal –Vegetation, signs and untied	4-5 ft. (1.20-1.50
		Mobile Homes	m)
2	96-110	Moderate – All mobile homes, small boats,	6-8 ft. (1.80-2.40
		roofs and flooding	m)
3	111-130	Extensive – Small buildings and low lying	9-12 ft.(2.70-3.70
		roads cut-off	m)
4	131-155	Extreme – Roofs destroyed, trees downed,	13-18 ft. $(4-5.50)$
		roads cut-off, mobile homes destroyed,	m)
		beach homes flooded	
5	155+	Catastrophic – Most building destroyed,	18 + ft. (5.50 + m)
		vegetation destroyed, Major roads cut off.	
		Homes flooded	

6.3 Actions during a hurricane

- Listen to local radio, communicate with your warden and listen to UNDSS Broadcasts.
- Until reasonably safe secure your home with plywood or close your shutters.
- If your house becomes unsafe and you decide to evacuate to a shelter, notify your warden and take your Family Disaster Supplies.
- If reasonably safe fuel your vehicle.
- ➤ Be prepared to shut off main valves to utilities.

6.3a. If you are not required or unable to evacuate:

- > Stay indoors away from doors and windows.
- Keep blinds and curtains closed.
- Be aware of the "calm" before the storm. (Don't be fooled)
- > Turn off propane tanks.
- > Turn your refrigerator up to the highest and keep the door closed.
- Take refuge in a small interior room like a closet or hallway.
- Close all interior doors and secure and brace exterior doors.
- Lie on the floor under a table or sturdy object.
- In multiple story buildings move to the first and second floors and stay in an interior room.
- Avoid using the phone lines, as they need to be reserved for emergency workers.
- If you have a radio, keep your warden informed and listen for updated information from UNDSS

6.3b. Evacuate to another location (inland or the concentration point) IF:

- > Ordered so by the local authorities.
- You live in a high-rise, hurricanes are stronger at elevation.
- You live near the coast, are visiting the coast, live by rivers, or inland waterways.
- You feel you are in danger.

6.3c. If authorities order an evacuation:

- Leave immediately.
- Follow the evacuation routes announced by officials.
- > Stay away from coastlines, riverbanks and streams.
- Notify your warden.

7. FLOODS/MUDSLIDES

7.1 General. This section will provide useful terms concerning floods and actions you should take in the event of floods or mudslides.

7.2 Terminology

- Flood Watch means a flood is possible. Usually issued up to 36 hours in advance.
- Flash Flood Watch means a flash flooding is possible. It may occur without warning.
- Flood Warning means flooding is occurring or will occur soon.
- Flash Flood Warning means a flash flood is occurring. Move to higher ground immediately by foot.

7.3 Actions during a flood:

- A flash flood is very dangerous. Move immediately to high ground. Do not wait for instructions.
- Monitor local news and your radio.
- ➤ Beware of streams and drainage channels. There does not have to be rain in order for a flash flood to take place.
- Turn off utilities at the main switches.

Disconnect all electric appliances. Do not touch electrical equipment if you are wet or have been standing in water.

7.3a. In a vehicle:

- > Do not drive into flooded areas.
- Avoid roads with hills on each side. Mudslides happen quickly.
- ➤ 6 inches (15 cm) of water will reach the bottom of most passenger cars causing loss of control and stalling.
- A foot (30 cm) of water will float many vehicles.
- > Two feet (60 cm) of water will wash away most vehicles.
- If floodwaters rise around your car, abandon your vehicle and move to higher ground, if you can do so safely.

7.3b. On foot:

- Do not walk through moving water.
- ➤ 6 inches (15 cm) of water can knock you off your feet.
- If you have to walk through flooded water, walk where the waters is not moving and check the firmness of the ground in front of you with a stick.

7.3c. If you have to evacuate:

- Notify your warden.
- Secure your home.
- If you have time, bring outside equipment inside and move essentials to the upper floors.

8. AFTER A NATURAL DISASTER – POST-INCIDENT

- **8.1** Your actions after a natural disaster occurs will depend on how much your area was affected. First and foremost, you should account for all family members and apply first aid to those who require it. Attached is a checklist on actions to take after a disaster.
- **8.2** Inform you warden and/or UNDSS of your status and that of your family.
- **8.3** You may possess special skills and your community leaders may need you to assist others.
- **8.4** As a reminder one natural disaster may trigger another. Listen to your local news/radio. If you have a UN hand-held radio, monitor the security channel and keep in contact with your warden for updated information.

HOME SAFETY CHECKLIST

1. STRUCTURE AND ANCHORING

Repair defective electrical wiring and leaky gas lines.
Bolt down water heaters and gas appliances.
Place heavy objects on lower shelves and brace shelves to the wall.
Store glass or breakable materials on lower shelves that fasten shut.
Check and repair deep plaster cracks in ceiling and foundations.
Install flexible pipe fittings to prevent gas and water leaks. Flexible fittings are less subject to breakage.
Ensure overhead lighting has a strong anchor.
Elevate furnace, water heater and electrical panel. (Particularly in high-risk flood areas)
Install permanent storm shutters or have available plywood in order to board up windows.
Keep your trees and shrubs well trimmed. Dispose of dead limbs, etc.
Photograph or video tape your home and belongings.
2. EMERGENCY ACTIONS
Know where and how to shut off gas, water and electricity. Know the strongest room in the house. Normally a room without windows. Usually an inner closet or bathroom. Reinforce if necessary.
Know the danger areas. Windows, bookcases that can fall easily. Prepare the Family Disaster Supply Kit.
3. KNOWLEDGE OF YOUR NEIGHBORHOOD
Do you live near bridges, dams, rivers, and coastline or flood areas? Where is the nearest high ground?
□ Know various routes to evacuate from your home to the UN Concentration Point.
4. WELL-BEING
Insure your home depending on the threat in your area.
Keep copies of important family documents and school records.
Keep an extra copy of vehicle keys and house keys in the office or with a friend not living
close to you.
Know or post local emergency numbers by the phone. Know the numbers of your Warden, Country Security Focal Point and the Designated Official.

PREPARATION & EQUIPMENT

STEP 1 - Emergency Preparation. Know the threat in your area. (Circle what applies)

Hurr	icane	Earthquake	Flooding	Tsun	ami	Mudslide	Other	
STE	P 2 - Cre	ate a family/ho	me disaster plan.	Yes	No		Date Complete	
	Post Imp Fire exti Know h Teach c Conduct Appoint to your your sta	portant/Emergen inguishers/smoke ow to shut off ga hildren Emergen t drill with famil a friend or fam home) and abro tus. You will on	as/water/electricity cy Number (112) y. ily member living ad as a point of o	e phore /. and E g in Ta contact t that	mergen anzania et for ot person	cy Medical (maybe in her relative and can co	Service. another city or not ces to contact to check to check to check the contract on recovery	k on
STE	P 3 – Cre	eate a Family D	isaster Supply Ki	it		Date Co	omplete	
			WA	TER				
_ _ _	preparat 3-day su	tion/sanitation)	nonths.	ay. (2	quarts 1	for drinking	& 2 quarts for food	
	Ready to	o eat canned mea	ats, fruits and			for infants, s on special	elderly persons or	
<u> </u>	Canned	juices, milk and alt, pepper, etc	soup.	<u> </u>	Vitami	ns rt foods – h	nard candy, instant	
		ergy foods – Pea anola bars	anut butter,		3-day s	supply	six months	
			CLOTHING A	ND E	<u>BEDDIN</u>	<u>\G</u>		
	Rain gea	shoes or work bo ar s or sleeping bag			Sungl		(thermal underwear))

TOOLS AND EQUIPMENT

Paper plates and plastic utensils Battery operated radio w/extra batteries Flashlight with extra batteries Non-electric can opener and knife Matches in waterproof container Plastic storage containers Paper/pencil Signal flare Pliers		Tape Compass Tent Whistle Needles/Thread Tool to shut off water, gas, electricity Aluminium foil Plastic sheeting Swiss army knife
MEI	DICAL	KIT
Sterile adhesive bandages in assorted sizes		Moistened towelettes
2-inch sterile gauze pads		Thermometer
4-inch sterile gauze pads		Safety pins
Medical tape		Petroleum jelly
Triangular bandages		Cleansing agent/soap
Bandage rolls – 2-inch		Sunscreen
Bandage rolls – 3-inch		Aspirin or non-aspirin pain reliever
Scissors		Anti-diarrhea medicine
Tweezers		Laxative
Latex gloves		Needle
SANI	ΓΑΤΙΟ	<u>DN</u>
Toilet paper		Household bleach
Soap/detergent		Plastic garbage bags
Plastic bucket with lid		Feminine products
SPECIA	AL ITE	<u>EMS</u>
	orts, c	should be kept in a waterproof container: redit card account numbers, inventory of tificates, and death certificates.
Cash/Traveller checks – Keep available open for a few days.	e extra	cash or traveller checks as banks may not
Other – Glasses, contact lenses, prescrip	otion n	neds (high blood pressure, etc), baby items:

POST INCIDENT

MEDICAL ATTENTION

Provide First Aid for anyone who has suffered injuries. For severe trauma cases contact
Emergency Medical Services. Remember: They may not get to you right away. Apply
basic first aid from your Family Disaster Supply Kit until assistance arrives.

INFORM

Update your Warden on your location,	Advise your point of contact in Tanzania
damage to your home (if uninhabitable)	or abroad of your current status so they
and of serious injurious.	will not swamp the UN lines and free you
	up for recovery efforts.

ACTION

- If there is no power use flashlights and Stay where you are if it is safe. Wait battery powered lights. DO NOT use until authorities or your warden request matches or candles, as there may be a gas that you re-locate. leak. Stay away from moving water. If you have to move through debris wear If you have evacuated do not return until proper footwear and clothing. your area is determined to be safe. Do not drink water from the tap unless Stay away from down power lines. you have been told it is not Monitor local radio.
- Stay away from riverbeds and streams. Report broken gas, water and sewer mains.
- Maintain hygiene.

contaminated.

- Be prepared for after-shocks in the event of an earthquake.
- Throw way food that has been in contact with water.

DRIVING

Drive only if necessary. Do not drive down closed roads. Streets will be filled with debris. Do not drive through moving water. Roads may have weakened and could collapse.

WELL-BEING

- Contact insurance company.
- Take photos and videos of damage.
- Separate damaged and undamaged belongings.
- Stress Counselling you or a member of your family may require stress counselling.
- Locate financial records.
- Keep detailed records of clean-up costs.
- Set up a manageable schedule to repair property.

ANNEX O: CONTINUITY OF UN OPERATIONS

- 1. In the event of an evacuation of all international staff, there will still be a requirement to continue UN Operations in the country. The Senior Local Official is appointed by the SMT/DO and acts as the Resident Coordinator. The Officer-in-Charge (OIC) of each agency is appointed by the Agency Representative and will carry out activities under the instruction of the Agency Representative from abroad. The OIC will be in charge of: specific measures for the safety and welfare of all nationally-recruited UN staff members; security of UN premises; payment of salaries and other necessary expenses; maintenance of minimum routine operations; and the means of communicating with the DO and other members of the SMT in the save haven.
- 2. Conference calling or Skype may be a primary means of virtual communications between Dar es Salaam and the safe haven country so the UNCT should ensure at least one office has this capacity. The points of contact for the Safe haven country are listed in Annex G.

Points of Contact of the SLO and OIC in Dar es Salaam

S/N	Agency	Name	Contact
	9 ,	Vicky Kiboko	Tel. 2664557-9/0759228169
1	FAO	Administrative Assistant	vicky.kiboko@fao.org
2	IFAD		
		Patricia Bulemela	Tel.2196700/710
3	ILO	Administrative Officer	bulemela@ilo.org
		Mita Samat	+255-22-2113971
4	IMF	Office Manager	MSAMAT@imf.org
	IMF/EAST	Edina Moshi	Tel. 2235353 Dir: 2235346
5	AFRITAC	Office Manager	emoshi@imf.org
	IOM	Mkude Charles	Tel.+255784396426/+255766641044
6		National Project Officer	cmkude@iom.int
		Chantal Kapesi	+255713442576
7	UNAIDS	Administrative Assistant	kapesic@unaids.org
			Tel. +255 786 965 555
8	UNDP	Amon Manyama	amon.manyama@undp.org;
		Davis Miyaga	+255-787567225
9	UNDSS	Local Security Assistant	davis.miyaga@undss.org
		Florence Maria Kilasara	+255-22-2667165
10	UNESCO	Administrative Assistant	fm.kilasara@unesco.org
		Robert Ngalomba	Tel.255-684781193 /255-65545900
11	UNFPA	LAN Manager	ngalomba@unfpa.org
		Usia Nkhoma	Mobile: +255-762-871830
12	UNIC	Information Officer	usia.nkhoma@unic.org

13	UNICEF	Dr14 Asia Hussein Maternal & Child Health Specialist	Tel: +255 22 2196600/0784202082 akhussein@unicef.org
14	UNMICT	Specialist	
		Gerald Runyoro	
		National Programme	Tel. +255 713 404457
15	UNIDO	Officer	G.Runyoro@UNIDO.org
			+255-784730425
16	UNHCR	Mr. Deogratias Lubuva	lubuva@unhcr.org
		Restitute Lyimo	Tel.2668000/ 2199250
17	UNV	Operations Associate	Restitute.lyimo@undp.org
	UN	Salome Anyoti	Tel.2199348
18	WOMEN	Programme Specialist	salome.anyoti@undp.org
		Mahamud Mabuyu	Tel +255 784720024
19	WFP	Logistics Officer	mahamud.mabuyu@wfp.org
			Tel. +255 756 719551 / + 2557651-
		Saah Fayiah	28943
20	WHO	Operations Officer	<u>fayiahs@who.int</u>
21	WB	Head Finance and Administration	+255-22-2163200/+255-784411133

ANNEX P: AREA SECURITY PLANS

All Area S	ecurity	Plans will l	be attached	separately in	ı order to	keep the	Country
Security p	lan in a	functional	size.				

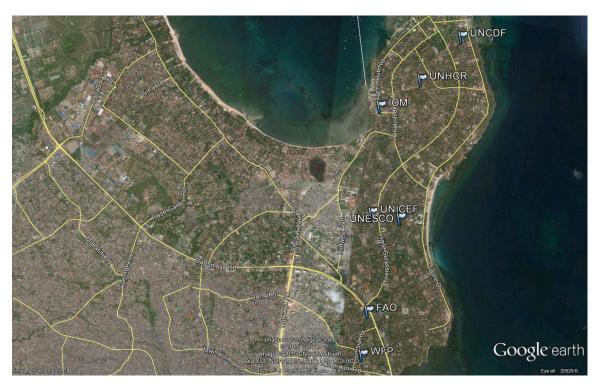
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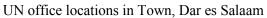
ANNEX R: MAPS

UN House, Mzinga Way, Dar es Salaam



UN Offices, Dar es Salaam







UN Field office locations



ANNEX S: POSITIONS

Coordinates for UN agencies, funds and programmes in Tanzania

City	Agency	Address	Latitude	Longitude
			-3.369411	36.695099
Arusha	MICT			
	IMF AFRITAC	Bank of Tanzania Building, Mirambo Str	-6.815435	39.293873
	FAO	Ali Hassan Mwinyi Rd	-6.783337	39.275513
	ILO	Makataba Street	-6.812841	39.2864
	IMF	International House, Garden Avenue	-6.812149	39.292828
	IOM	Slipway Road	-6.754659	39.273815
	UNDSS		-6.760833	39.274494
	IFAD			
	UNDP			
	UNWOMEN			
	UNAIDS			
	UNEP	UN House, Mzinga Way		
Dar es Salaam	UNIC			
	UNIDO			
	UNODC			
	UNOPS			
	UNV			
	UNCDF	Mahando street, Masaki, near Sea Cliff	-6.743577	39.284302
	UNESCO	59 Mtwara Avenue, Oyster bay	-6.769825	39.278667
	UNFPA	Ocean Road	-6.801655	39.285839
	UNHCR	Off Haile Selassaie	-6.750317	39.279106
	UNICEF		-6.769769	39.274475
	WFP	Off Kinondoni Road	-6.789399	39.275333
	WHO	Sokoine Drive	-6.81225	39.296791
	World Bank	Mirambo Street	-6.812119	39.290726

	WFP Sub-Office	Kikuyu ave	-6.186115	35.751656
Dodoma	WHO	University of Dodoma	-6.23123	35.849632
	WHO	Not UN premises, inside PHCI, Admin Block	-7.771929	35.702305
Isaka	WFP	Off Isaka main road	-3.913542	32.938698
Іѕака	UNHCR	OH ISAKA MAM TOAU		
Kasulu	UNHCR	Vasala main mad	-4.564302	30.094578
Kasuiu	WFP	Kasulu, main road		
	UNHCR	Stanley Rd	-4.88379	29.622219
Kigoma	IOM			
	WFP	Port	-4.877596	29.625837
Mishamo	UNHCR Settlement	In Settlement	-5.694768	30.679878
Moshi	IOM	Moshi town, Kibo Road	-3.344948	37.344246
Mpanda	UNHCR	Mpanda town, off bend	-6.351618	31.071417
M	UNHCR	Mwanza Airport	-2.441343	32.923679
Mwanza	WHO Field Office	2nd floor No 7 NIMR building	-2.516792	32.899628
Tanga	WHO Field Office	Bombo Hospital	-5.06427	39.112068
Ulyankulu	UNHCR Settlement	Within settlement	-4.755836	32.320984
	ZTSC Building, FAO		-6.15814	39.202595
	UNWOMEN			
Zanzibar	UNDP	ZTSC Building, Malawai Road		
	UNFPA	<i>(</i> ,		
	UNICEF			
	WHO			

MANAGEMENT AND ADMINISTRATION

OF POST EXPOSURE PROPHYLACTIC (PEP) STARTER KITS

1. <u>Background</u>. PEP starter kits are procured globally on an interagency basis as a part of the UN Cares programme and are distributed once every two years to Designated Officials in countries where reliable access to PEP cannot be assured through local health systems. This document outlines administrative responsibilities with relation to PEP. Included with each PEP starter kit is full medical guidance for both physicians and patients about its use.

2. Eligibility:

a. Post Exposure Prophylactic (PEP) starter kits are available for the immediate treatment of staff (including long-term, short-term, SSA and others) and their recognized spouses and dependent children who may have been exposed to HIV infection as a result of:

- i. Sexual assault;
- ii. As the result of an accident, criminal assault or security incident, or while giving First Aid to an injured person who might be infected.
- b. PEP starter kits are not available to staff or recognized dependents³ who: are already infected with HIV.
- c. The organization expects responsible behaviour by its staff, including sexual behaviour, and PEP treatment is a serious medical intervention with potentially significant side effects as well as the requirement of physician oversight.
- d. Therefore, staff members are expected to use all precautionary measures to avoid any possible exposure to HIV and to understand that PEP starter kits are intended only for use by staff and their recognized spouses and dependent children in case of emergency such as sexual assault, occupation exposure or where other methods of prevention have failed.
- e. However, in the event that possible exposure to HIV occurs, by whatever means, in a location where no other means of accessing treatment is available through local medical services, a staff member or recognized

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³ Standard PEP starter kits are intended for individuals over the age of 12. Guidance on pediatric protocol for PEP can be found on page 7 in the WHO medical protocol on PEP, found with each kit, or by consulting a physician directly.

dependent requesting PEP treatment should granted access to the PEP starter kit.

- f. The starter kits may only be used if:
 - i. The attending physician, following their evaluation of the patient, recommends starting PEP and the patient consents to this in writing (see Annex 3, Patient's Consent Form in the document "Post-Exposure Prophylaxis to prevent HIV Infection: Guidelines on the use of prophylaxis starter kits" available with each kit) or
 - ii. In the case of an isolated location without access to a physician, the person assesses himself or herself as suitable for PEP and then consents in writing (see Annex 3, Patient's Consent Form, as noted above). If possible, persons in this situation should be in phone or radio contact with a UN physician to consult on the matter.
- 3. <u>Purpose</u>. This Annex defines the accountabilities and arrangements for management and administration of Post Exposure Prophylactic (PEP) starter kits in the United Republic of Tanzania (URT).
- 4. <u>Distribution of PEP Starter Kits</u>. PEP starter kits are distributed to UN offices throughout the URT in accordance with the table at Appendix 1. It is noted that there are new changes to the PEP kit instructions from UN cares. Upon receipt of the PEP kits the Medical Officer and UNDSS will incorporate the changes in the new PEP protocol for Tanzania and brief the Security Management Team (SMT). The following should be considered:
 - a. Level of risk of exposure to HIV in the area covered by each UN location.
 - b. Degree of isolation of each UN location, defined as difficulty of *guaranteeing* evacuation of exposed staff member to a place where PEP treatment can be given within 10 hours (taking into account risk of transport being delayed by weather conditions, military activity or other circumstances).
 - c. Number of staff in the duty station.

5. Responsibilities.

a. <u>Designated Official (Mr. Alvaro Rodriguez)</u>: As part of his responsibilities for the overall safety and security of staff, the DO is accountable to the Secretary General for ensuring that there is an efficient and effective system in place for providing any staff member exposed to possible HIV infection (except under circumstances excluded above) with prompt PEP treatment, counselling, and further evacuation as necessary.

This responsibility includes the appointment and supervision of the PEP Kit Manager, PEP Kit custodian and their alternates.

- b. <u>PEP Kit Manager (Dr. Alexander Mihonye):</u> The PEP Manager is accountable to the DO for:
 - i. Keeping track of the distribution and state of PEP kits in the URT, and maintaining the accuracy of Appendix 1.
 - ii. Ensuring continuity of PEP kit custodians.
 - iii. Ensuring that PEP kit custodians are briefed on their duties.
 - iv. Reporting use of PEP kits to the headquarters Medical Director/Chief Medical Officer of the agency whose staff member requires the use of the kit. (These Medical Directors will then report cases anonymously to the UN Medical Service in New York for tracking purposes.) See Annex 2, List of UN Medical Directors in the document "Post-Exposure Prophylaxis to prevent HIV Infection: Guidelines on the use of prophylaxis starter kits" available with each kit.)
 - v. Facilitating liaison with the appropriate UN medical service (the one responsible for the agency of the staff member in question) for arrangements for evacuation, reception, counselling and further treatment of patient.
 - vi. Initiating replenishment of PEP kits or requesting additional kits if needed (including those reaching expiry date after two years). PEP kits may be requested by contacting:

Ms. Laurie Newell Global Coordinator, UN Cares UNFPA, New York newell@unfpa.org Tel. +1-212-297-5041

With a copy to:

Mr. Valentin SANCHEZ BARRIO UNICEF - Geneva Regional Office Distribution UNIT - (Vernier) e-mail: vsanchezbarrio@unicef.org Tél. +41.22-341 63 00

vii. Ensuring that a suitable alternate PEP Custodian is appointed and his/her contact details published before any period of absence from the duty station.

viii.

- c. <u>Security Adviser (Mr. Christian Friedrichs)</u>: The SA is accountable to the DO for:
 - i. Ensuring that information on how to access PEP kits is included in initial security briefings, conducted twice weekly (Tuesday and Thursday from 10:00 to 11:00) for all newly arrived staff, and that regular reminders are published in general security bulletins and/or briefings.
 - ii. Ensuring that up-to-date information on location of PEP kits and contact details for PEP kit holders (including alternates covering absence) is readily available from, UN dispensary, UNDSS and from agency security focal points.
 - iii. In the event of an incident resulting in possible HIV exposure, ensuring that a system is in place by which the patient will be directed to the PEP Custodian and the designated physician in the area for appropriate counselling in response to the exposure. The PEP kit custodian should provide the PEP starter kit to the UN designated physician, if required, and then focus on other incident management actions.
- d. <u>PEP Kit Custodian</u>. PEP kit Custodians, as named in Appendix 1, are accountable to the DO or Area Security Coordinator, as appropriate, through the PEP Manager, for:
 - i. Ensuring that they are accessible to staff within their area of responsibility at all times, and that their contact details are widely published as well as keeping radio rooms or other emergency contacts aware of their movements.
 - ii. Ensuring that the PEP kit(s) placed in their charge are kept secure and are not exposed to elements likely to cause deterioration (they should be kept in a cool, dry place, not a refrigerator), and for advising the PEP Manager of approaching replacement dates.
 - iii. Familiarizing themselves with the standardized protocols included with each PEP kit.
 - iv. Arranging sympathetic reception and support for patients, organizing immediate medical attention and/or further evacuation.

- v. Reporting use of PEP kits to the PEP Manager without delay and in a confidential manner.
- vi. Ensuring that an alternate Custodian is appointed, properly briefed, and their contact details published before any period of absence.
- vii. Where possible, the first choice for PEP custodian should be a health care provider such as a UN doctor/UN nurse. Any other UN staff member could be a PEP custodian in isolated location, to ensure to accessibility 24 hours a day, 7 days a week.

United Nations Country HIV PEP Protocol for Tanzania

1. Introduction

UN HIV PEP Starter Kits are provided to all duty stations in the field to facilitate prompt access to medication in case of potential exposure to HIV, allowing the time to organize a referral to a trained service provider who will ensure treatment, care and support and the prescription of a full 28-day course of post-exposure prophylaxis (PEP) medicines and when necessary, a medical evacuation to more adequate facilities (following country PEP Protocol).

2. Purpose of this Protocol

This document outlines specific contact information relevant to Tanzania, to indicate:

- The custodians of the UN system HIV PEP starter kits available on a 24-hour basis;
- The contact details of doctors where any member of personnel should be referred. Doctors on call will immediately assess the situation and administer the PEP starter kit, when warranted;
- The medical centre(s) of expertise where any member of personnel should be referred for continuation of PEP treatment follow up and further treatment (for example, prevention or care of sexually transmitted infection (STIs), if appropriate, and psychological support). **NB**: in some cases this could be done by the doctor who prescribed PEP;
- Where applicable, as an alternative, the reference of a public or private medical centre of excellence where PEP can be administered directly, quickly and safely without the need of UN PEP Starter Kit.

3. Distribution of this Protocol

This protocol should be read and used in conjunction with the document "Guidance for Custodians, Patients and Health Care Providers on use of HIV PEP Starter Kits" which is available inside every kit, as well as at: http://www.uncares.org/PEP/.

- This protocol should be widely circulated to all UN personnel in **Tanzania**, so all are aware of what to do and where to go, if needed. Guidance for patient should be readily accessible as background information (electronic form or paper form, as noted above).
- This protocol, along with guidance to custodians (as noted above), should be given to all custodians.
- This protocol, along with guidance to physicians (as noted above), should be distributed to the doctors pre-identified to prescribe the PEP Starter kits.
- All agency heads should be fully aware of the entire process and facilitate its elaboration and communication.

One copy of this specific country protocol should be kept with each HIV PEP starter kit, in addition to the document "Guidance for Custodians, Patients and Health Care Providers on use of HIV PEP Starter Kits" which already comes inside of each kit.

Appendix 1

Exposure Prophylaxis Kits in URT

Office	of PEP		PEP Kit C	PEP Kit Custodian		PEP Kit Alternate Custodian		ignated physician or this Area
		Kits	Name	Contact Details	Name	Cont act Detai Is	Name	Contact Details
Agency or address	Location in building	Number held	Name and job title	Cell phone, radio CS, residential no etc	Name and job title	Cell phon e, radio CS, resid entia I no etc	Name and job title	Cell phone, radio CS, residential no etc
IN Dispensary	UN Dispensary	2			Sr. C Kitani UN Nurse	07846 39074		
JNICEF	HR Unit	1	Ms Dinah Malisa, HR Assistant	0784211665	Peter Mwampon dele HR Officer	07647 00210	As above	As above
JNDP	HR Unit	1	Veronica Sigalla, HR Unit	0789667976	Ms Grey Mboya, HR Assistant	07847 33772	As above	As above
JNHCR	HR Unit	1	Ms Anna Lyimo, HR Assistant	0754287959	Mr. Andrew Rupiano, HR Assistant	07134 34540	As above	As above
WFP	HR Unit	1	Ms Rosemary Torweshobwa, Snr., HR	0784522668	Ms, Asia Lashikoni, HR	07846 42400	As above	As above

			Unit		Operations Manager		Nyamhoky a, Program Ass	21320 02	above	
DSM	DSM	ILO	Admin Unit	1	Patricia Bulemela, Adm/Finance	0754028981			As above	As above
DSM	DSM	WHO	Admin Unit	1	Fayiah Saah, Operations Offi	0756719551	Yusuph Mwemtsi	07853 75390	As above	As above
DSM	DSM	FAO	Admin Unit	1	Vicky Kiboko, FAO Admin Officer	0767303034	Gabriel Mihambo, Office Assistance	+255 22 26645 57-9	As above	As above
DSM	DSM	UNDSS*	UNDSS	1	Mr. Fredrichs Christian, SA	0684604022	Mr. Jack Bell, DSA	06840 02210	As above	As above
Kigoma	Kigoma	UN Dispensary	UN Dispensary	2	Dr Alexander Mihonye, UN Physician	0784442299 /075430545 4	Sr. Afisa Nzomukun da UN Nurse	07897 44329	None	N/A
Kigoma	Kigoma	UNHCR	UNHCR field office	1	Edward Abdallah	0717383012	Phides Mchopa	07543 02722	None	N/A
Kasulu	Kigoma	UNHCR	UNHCR field office	2	Bravo Teri	0623991646	Ms Phoibe Mollel	07555 47094	Dr. Nuru	0784823803
Kibondo	Kigoma	UNHCR	UNHCR Office	2	Judith Owibingire		Stella Sanga	07664 16605		
Mwanza	Mwanza	UNHCR	UNHCR field office	-	Mr. Didace LEONARD Snr Supply Assistant	0784156453	Revocatus Temba	07847 30423	Dr. Johanne s Katarai hya (Consul tant Physici an)	0754089126
Isaka	Isaka	WFP	WFP field office	-	Ms. Jamila Iddy	0752393079	Kokusima Kalokola	07675 80892	None	N/A
Mishamo	Mishamo	UNHCR	UNHCR field Office	-	Mr. Adolf Bishanga, Protection	0783672443	Mr Jaffar Ally	07845 57727	None	N/A

					assistant					
Mpanda	Mpanda	UNHCR	UNHCR field Office	-	Medard Galeba	0759664050	Mr. Jackson William, Snr. Supply Assistant	07841 56258	None	N/A
Ulyankulu	Ulyankulu	UNHCR	UNHCR field office	-	Agnes Kanyonyi	0784156111	Jane Mawole	07543 42560	None	N/A
Dodoma	Dodoma	WFP	WFP field office	1	Ms. Neema Urrasa, Administrative assistant	0713329759	Ms. Neema SITTA, NPO	07542 65375	None	N/A
Kigoma	Kigoma	IOM	IOM Office	2	Dr Mwita Beda	0622044800	Ms Flora Mhilu	07546 88131		
Kigoma	Kibondo	WFP	WFP Office	1	Beneth Nguvumali	0756580911	Ms. Caroline Mjemula	06633 60800		
Kigoma	Kasulu	WFP	WFP Office	1	Saul Bupilipili	0755861121	Mahsein Abubakar	07124 11207		
Kigoma	Kigoma	WFP	WFP Office	1	Ernest Bukombe	0784720038	Ellypenda Niboye	07548 97089		
Ngara	Ngara	UNHCR	UNHCR Office	-	Gerald Ndabimala					
Zanzibar	Zanzibar	Zanzibar UN Sub-office	Zanzibar UN Office	2	Dr. Eliphase Kamugisha, Healthh & Nutrition Specialist	0784689862	Zuhura Sizamani, Secretary	07774 71951	1. Dr. Juma Othman 2. Dr. Abdulla h Awadh	Medical Officer I/C Aasiahs Medical Centre Medical Officer I/C Hankyl Medical Centre
Arusha	Arusha	UNMICT- CLINIC	UNMICT- CLINIC	17	Dr. Kabangu Mutambi , Medical	0784401204			None	N/A

				Officer					
Moshi	Moshi	IOM field office	2	Shafii Mrisha, Program Ass	0755198591	Pamela Kyando, Program Ass	07699 54181	None	N/A

^{*}UNDSS will have one kit during mission travel.

Recommended Medical Centres with Expertise in Handling HIV-related cases (Local, if available, if not, use the recommended regional centre of excellence listed in Annex 3 of the document "Guidance for Custodians, Patients and Health Care Providers on use of HIV PEP Starter Kits" found in each kit as well as at www.uncares.org/PEP.)

5a) Capital City

Name of Institution	Physical Address	Institution's Telephone	Recommended Contact	Contact Person's
		Number	Person (eg: particular	Telephone number
			doctors)	
1.Shree Hindu Mandal	Ilala District/City	+255 22 2114991	Dr. Kaushik Ramaiya	+255741618495
Hospital	Centre,			
	P.O Box 581, Dar es			
	salaam, Tanzania.			
2.Aga Khan Hospital	Ocean Road, P.O Box	+255 22 2115151/53	Dr. Vyas	+255 22 211515151
	2289, Dar es salaam,			
	Tanzania.			
3. Muhimbili National	Ilala District,P.O Box	+255 22 2151599	various	+25522 2151599
Referral Hospital	65000,Dar es salaam,	+255 22 2151369		+255 22 2151369
	Tanzania	+255 22 2150534		+255 22 2150534

5b) Location 1 outside Capital City:

Name of Institution	Physical Address	Institution's Telephone Number	Recommended Contact Person (eg: particular doctors)	Contact Person's Telephone number
Bugando Hospital	P.O Box 1370, Mwanza City, Tanzania	+255 28 68160410	Dr. Johnson Kataraihya	+255 754089126

5c) Location 2 outside Capital City:

Name of Institution	Physical Address	Institution's Telephone Number	Recommended Contact Person (eg: particular doctors)	Contact Person's Telephone number
Kilimanjaro Christian	P.O Box 3010, Moshi,	+255 27 27543377	various	+255 27 275 4377
Medical Centre	Tanzania	+255 27 275 4383		+255 27 54 383

	I	

5d) Location 3 outside Capital City:

Name of Institution	Physical Address	Institution's Telephone Number	Recommended Contact Person (eg: particular doctors)	Contact Person's Telephone number
Maweni Regional Referral Hospital, Kigoma	P.O Box 16, Kigoma, Tanzania	+255 28 2803922	Dr. Macrice Yakayashi	0764944791