



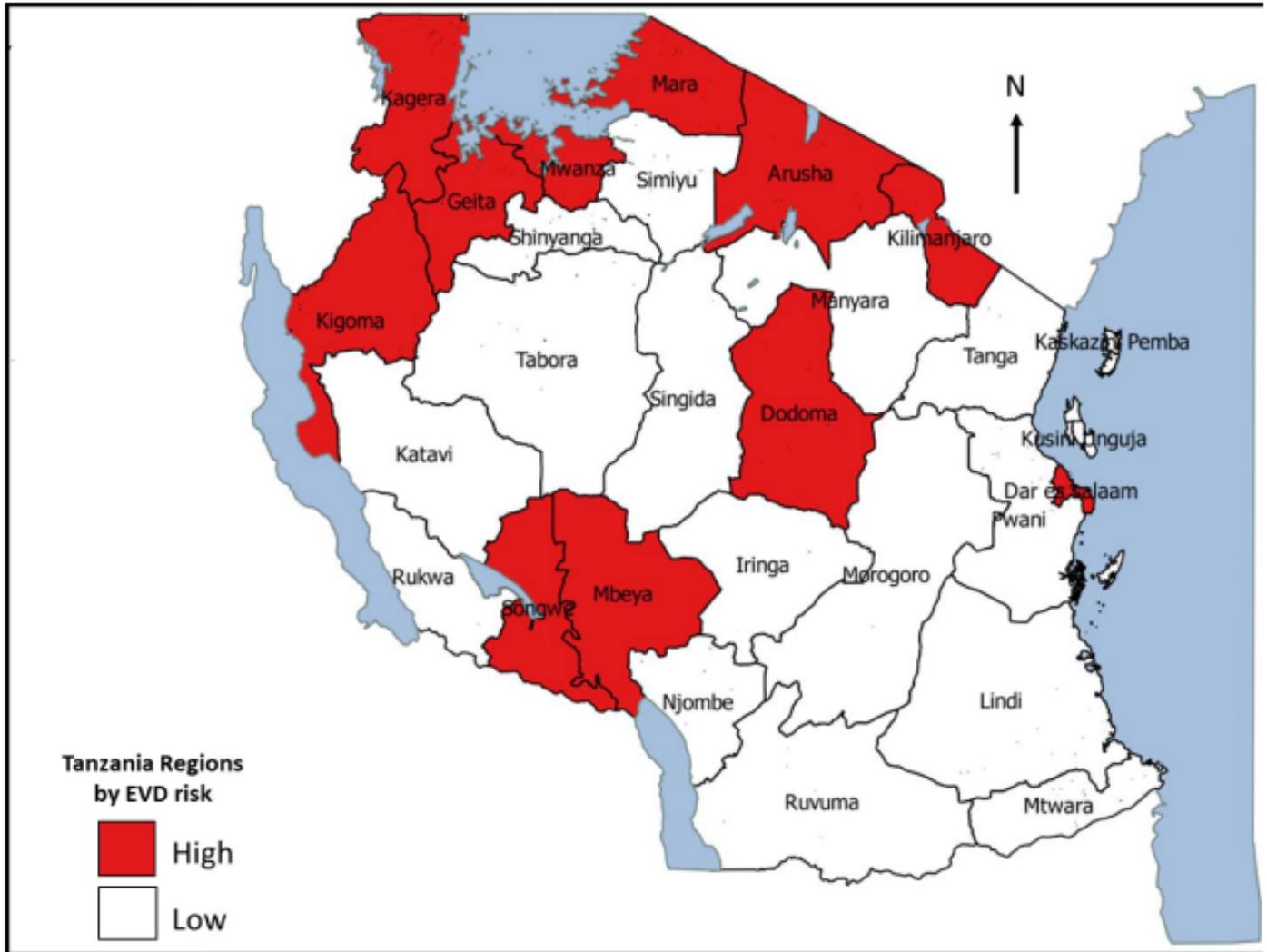
Tanzania – Anticipatory Actions for Ebola Outbreak



Volunteers/Staff with PPE

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| Appeal: MDRTZ032 | Total DREF Allocation CHF 188,597 | Crisis Category: Yellow | Hazard: Epidemic |
| Glide Number: N/A | People at risk: 25,295,472 people | People Targeted: 7,840,687 people | |
| Event Onset: Imminent | Operation Start Date: 2022-11-09 | New Operational end date: 2023-05-31 | Total operating timeframe: 6 months |
| Additional Allocation Re- quested - | Targeted Areas: | Kagera, Mwanza, Mara, Kigoma | |

Description of the Event



Map showing the EVD risk areas

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

Tanzania is one of the risk countries prioritized by WHO to enhance preparedness and operational readiness based on the proximity to the outbreak area, strong social and economic ties with Uganda as well as the capacity to manage Ebola outbreaks.

Hence, given the virulence of the virus, the current transmission patterns, and the lack of experience in Tanzania's health systems to handle outbreaks, it is vital for the Tanzania Red Cross Society to join efforts to strengthen the national capacities for effective preparedness and response, especially at designated points of entry.

From Uganda EVD, no new cases have been recorded since the launch of the operation.

According to the ministry of health, "5 people dead with an unknown disease and 2 people remain at hospital with a complex situation, according to the ministry of health permanent secretary-general. The deceased started with fever, vomiting, bleeding, and led to kidney failure". TRCS has informed the system <https://go.ifrc.org/emergencies/6381> and TRCS is mobilizing and following up locally as initially, the information matches the Ebola virus strain. NS strengthened the surveillance and was following up on the evolution.

However, on 21st of March, On 21 March 2023, the Ministry of Health (MoH) of the Republic of Tanzania declared its first-ever outbreak of Marburg virus disease (MVD) in Bukoba district, Kagera region, northwestern Tanzania. Tanzania Red Cross is planning to scale up the response while this ongoing EVD preparedness operation is extended

to complete the already planned actions. All the two operations will be linked and coordinated and the existing capacity building through this DREF operation will be an added value.



Volunteer sharing IEC materials

Why your National Society is acting now and what criteria is used to launch this operation.

Tanzania Red Cross Society (TRCS) is supporting the country's Ebola preparedness plan, guided by its auxiliary role to the government to complement government efforts during emergencies, preparedness, and response actions and also a member of disaster committees at different levels from National to village levels during health emergencies. The recent risk level revision by WHO on 31 October, elevating the risk of spread in Uganda from high to very high and the risk of transmission in the sub-region from low to high, means that neighbouring countries to Uganda need to step up preparedness. This risk revision is the trigger for this preparedness operation, especially as well as the activation of the Tanzania National Ebola contingency plan.

Tanzania is on high alert and is working with various stakeholders to strengthen its capacity to respond to a possible Ebola outbreak. The country's efforts are guided by the findings of readiness Assessment and Risk Assessment conducted in the affected areas. The identified key priority actions included updating the 2022 Ebola contingency plan and mobilizing resources to support its implementation. The recent Ebola outbreak in Uganda necessitates more updating to include key interventions to strengthen preparedness and effective response in the worst-case scenario.

The action of TRCS on EBOLA preparedness follows the country's proximity to the countries with reported positive cases in Uganda. Tanzania shares borders with eight (8) countries, including Uganda, and has three large lakes including Lake Victoria through which four regions border Uganda. The multiple porous borders raise the likelihood of Ebola importation from the current Ebola hotspot.

TRCS is working closely with the Ministry of Health, UN-Agencies and other stakeholders in Ebola preparedness. TRCS participates in the Tanzania National Taskforce meetings hosted by WHO and MOH taking lead on risk communication and community engagement. The meetings support the coordination of various pillars and stakeholders' engagement where actions, challenges, and possible solutions are presented. Other members of this Taskforce include UN Agencies and local and international non-governmental stakeholders. Within the pillars, TRCS is a member of WASH, IPC/ Case management, RCCE sub pillars, and the national coordination with roles and responsibilities to perform, including resource mobilization, supporting MoH with community SDB and surveillance.

The ongoing livelihood activities within the risk areas, capacity to detect, respond, and contain Ebola in the country is limited even though the coverage of electronic-IDSR is operational in all health facilities and the roll-out implementation of 3rd Edition IDSR Guidelines has reached 20 regions however Event-Based Surveillance coverage in the country is only 30%.

The national and regional Rapid Response Teams' capacity is moderate because specific training on Ebola was done 3 years ago in only 8 regions, including the 13 health facilities in the refugee camps. The capacity to contain the outbreak is also constrained by the fact that the country has no experience to manage the Ebola outbreak and Infection prevention and control practices among frontline HCWs are limited.

The risk communication and community engagement capacity vary in different regions due to variations in social and cultural practices. However, infrastructure and strategies which were put in place during the COVID-19 response can be adjusted to address the Ebola outbreak. The fact that there is no vaccine for preventing the disease makes the community more vulnerable, especially from identified high-risk regions and frontline healthcare workers.

Rapid Risk Assessment and categorization of the regions with 12 regions at high risk include Kagera, Kigoma, Mara, Mwanza, Geita, Kilimanjaro, Arusha, Dar es Salaam, Dodoma, Mbeya, Unguja, and Songwe.

Scope and Scale

Political impact and implications:

Ebola is a deadly disease that needs high technical attention in management and full community engagement and building trust for proper interpersonal decision-making. Initial analysis suggests that governments' poor management of the Ebola crisis can generate frustrations and risk of civil unrest related to fear of the virus and of response measures. If no measures are taken to mitigate the impact of actions to respond to the Ebola outbreak and prevent transmission of the virus, they may negatively impact people's livelihoods and well-being.

In the event of a large-scale epidemic of Ebola, there is a risk of declining economic activity, with the potential result of declining household resources, decreased employment or access to livelihood activities, and knock-on health and social impacts. Households directly impacted by Ebola, including cases and contacts, may face livelihoods and social impacts even in the event of a small outbreak

Social impact and implications:

Progress in human development is likely to be reversed due to the impact of the Ebola crisis on health, education, and standard of living. Quarantines have a disproportionate impact on the elderly, the poor, IDPs, Refugees, and people with chronic illness or disability. Those affected by Ebola or working to combat it (such as healthcare workers and burial teams) may face stigmatization. Social cohesion is also being weakened by 'do not touch policies.

Women and children are particularly most vulnerable to the crisis. Referring to the long Ebola operations in Sierra Leone or Liberia, where 2 million children did not attend school due to school closures, which means loss of education and increased risks of drop-out, teen pregnancy, and child labour. Health systems may be overloaded with the Ebola crisis, hence non-Ebola-related mortality may increase. If not well managed the myths and misconceptions may pause tension and negative

Security impact and implications:

Ebola poses a threat to the safety of the countries affected by the outbreak. The diversion of development spending, especially for roads, energy, building schools, and hospitals, to the Ebola response, could have a negative impact on peace dividends.

In case of an Ebola outbreak in the country, 7,840,687 people will be at risk in the mapped-out risk regions and further risk to over 60 million people in the country if not controlled.

Summary of changes

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| Are you changing the timeframe of the operation | Yes |
| Are you changing the operational strategy | No |

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| Are you changing the target population of the operation | No |
| Are you changing the geographical location | No |
| Are you making changes to the budget | No |
| Is this a request for a second allocation | No |
| Has the forecasted event materialize? | No |

Please explain the summary of changes and justification

Through this Operations Update an extension of the timeframe for two months is sought to enable the completion of the procurement process of SDB kits which has already begun, and the completion of RCCE outreach activities.

Please explain how is the operation is transitioning from Anticipatory to Response

Current National Society Actions

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| Activation Of Contingency Plans | TRCS has prepared an Ebola contingency plan in line with the government plan which provides advice and guidance on how to include health, risk communication and community engagement (RCCE), protection, gender and inclusion (PGI), and WASH into country level response plan for COVID-19. This includes suggested activities, as well as general overall guidance and considerations. The plan also forecasts interventions in a different scenario, The application of this plan aims to build capacity for rapid containment of an Ebola case within the period of four months. Specifically, the plan focuses on implementing strategies for mitigation, preparedness, and timely response to an Ebola case. |
| Water, Sanitation And Hygiene | TRCS is a member of the WASH pillar and participates in the pillar meeting every Friday from 1000-1100hrs. As part of preparedness and prevention measures for the EBOLA outbreak, TRCS has issued 200 buckets and 200 bottles of 500mls of liquid soap to the remote areas in the Kagera region in porous borders where volunteers are advocating for proper hand washing and temperature screening. In the refugee camps, TRCS has activated hand washing in all community gathering places, including entry points. All volunteers deployed were also equipped with PPE (Mask and Sanitizer), 50 boxes of masks, and 200 bottles of sanitizer were dispatched to high-risk branches. |
| Resource Mobilization | TRCS has developed a contingency plan to cater to some interventions to complement government efforts and has reached out to different partners to request support. Among the partners approached include Canadian Embassy, Belgium RC FL, UNICEF, and UN Partners in the refugee operation where TRCS has jointly developed an Ebola Contingency plan for the refugee operations. |
| | TRCS is a member of response teams in the country, and is participating in different coordination meetings at different levels from the National to the district level, and has been a prominent partner with vast coverage in the country. TRCS has a presence in all 31 administrative regions and has been a leading partner in COVID-19 RCCE since the outbreak, TRCS participates in |

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|---------------------|--|
| Coordination | the National multisectoral coordination meeting every Thursday from 1300 to 1400, chaired by WHO and MOH; RCCE pillar meeting conducted bi-monthly-every-Tuesday 1400 – 1500hrs; WASH pillar meeting every Thursday 1000 – 1100hrs, where partners share the updates to share updates. At the regional level, TRCS regional representatives attend the regional coordination meetings as scheduled by the regional authorities. |
| Health | The country has never implemented the EBOLA outbreak response, however following the outbreak in the neighboring countries (Congo and Uganda) in 2019, under the support from UNICEF, TRCS in collaboration with MOH, implemented the preparedness where 10 regions were mapped to be at high risk which was by then supported with capacity building, mapping, and engagement of community structures for RCCE, IPC, and surveillance. Following the new outbreak, TRCS in collaboration with Local Authorities in the high-risk regions has activated trained teams to support RCCE and IPC at the point of entry, Transport facilities, porous borders, and high-gathering community places. TRCS has strengthened the screening at the points of entry in the refugee camps and hand washing points and at the borders in the Kagera region, where more than 50 volunteers are being deployed to support the screening. In collaboration with the Local Government, (LGA's) TRCS has also deployed volunteers in RCCE interventions in Kagera, Mwanza, and Mara regions to complement the awareness rising and IEC materials distribution, especially along the shores of Lake Victoria. TRCS participates in the pillars meeting as scheduled by the MoH and other Implementing Partners. |

Movement Partners Actions Related To The Current Event

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| IFRC | IFRC has no presence in-country, however; TRCS works closely with the IFRC Juba cluster which covers Uganda, South Sudan, and Tanzania. The cluster is supporting TRCS in the development of eminent DREF to support the preparedness for EBOLA and other Programs in the country. IFRC participate in Movement coordination meeting for partners in-country, held on a monthly basis. |
| ICRC | ICRC has a Mission office in the country located in Dar es salaam and in Kibondo where it supports Restocking Family Links (RFL) activities in the refugee camps and western corridor. TRCS has communicated the Ebola outbreak to staff and volunteers in the field and advised the field to monitor the situation and be ready to activate a business continuity plan in case of a worst-case scenario and support staff and volunteers working in RFL with PPE. |
| Participating National Societies | The Belgium RC FI and Spanish RC are PNS in-country located at TRCS HQ implementing DP, WASH, FA, and RMCH projects. They have been briefed on the current situation and approached to support the implementation of the contingency plan. |

Other Actors Actions Related To The Current Event

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| Government has requested international assistance | Yes |
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| <p>National authorities</p> | <p>The MoH has developed a contingency plan for the Ebola virus and Government has beefed up border screening activities. □ Mapping of available Ebola capacities has been undertaken and coordination meetings with partners are being held regularly. Establishment/activating the national Ebola task force.</p> |
| <p>UN or other actors</p> | <p>WHO, coordinate all the pillars with MOH; UNICEF coordinates WASH and RCCE pillars; UNHCR provides support for health services in the refugee setting; WFP coordinate the logistic pillar and provide food in the refugee operations, UNFPA support refugee with MRCH programs , IOM coordinates migrations at the point of entry, CDC provides support to the RCCE, Other include but not limited to Amref, MDH, MSF, and MTI.</p> |

Are there major coordination mechanisms in place?

TRCS is a member of the National coordination platform as well as the district-level coordination meetings

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

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

Anticipated Needs



Water, Sanitation And Hygiene

Need for community WASH support:

Due to ongoing activities and no movement restrictions, communal gatherings will be in high-risk areas, therefore the need to renovate and activate hand washing stations situated in high-risk areas deployed during Covid 19 pandemic and enforce the hand washing practices.



Protection, Gender And Inclusion

Communities are impacted differently basing on differences in the community. Even the impacts of Ebola affect different community groups differently. This is very important during Ebola preparedness to consider community social differences.



Community Engagement And Accountability

Ebola is a deadly disease with lots of social, political, and cultural influence. Information shared or any lack of information is likely to trigger community perception. different groups may utilize the outbreak for their benefit, it is very key to map the structure and engage them from the initial stage and ensure communities get clear information and have avenues to get clear clarification in case of any doubt. the need for effective feedback and complaint mechanism is paramount in the preparedness and response phase.



Health

Preparedness measures are important to ensure the health risk of Ebola importation is addressed in order to avoid importation as well as the spread of the infection in the country in case a case of Ebola is imported. The preparedness measures vary with the identified health risks that determine the response needs to be addressed by the country. Ebola is contagious and high transmission is preventable with early action.

There is a need to strengthen coordination with other partners, by participating in the pillar and multi-sectoral coordination meeting including the simulation exercise during the preparedness phase. This will provide a clear picture of resource mobilization and allocation to minimize duplication.

CASE MANAGEMENT AND IPC

Orientation to staff and volunteers to perform IPC and case management at the lower community level, including protecting themselves during service provision. This will include orientation to use and preposition of PPE strategically. There is a need for training staff and volunteers on SDB. The last training was conducted in 2020, to 20 volunteers: 10 from the Kigoma refugee camp and 10 from Zanzibar. Due to the country's vastness, more teams need to be trained and positioned strategically in case the need arises so they can easily be deployed.

At the refugee camps orient health care workers on the Ebola case detection and referral and IPC SOPs and print some copies for the facilities. The trained SDB teams in Kigoma and Zanzibar TRCS will conduct and support them with simulation exercises.

SURVEILLANCE

Strengthen community-based surveillance by ensuring the community leaders and community, in general, are informed of the signs and symptoms, monitor and report any suspicious illness or death in the community and take precautions before handling. IFRC through this preparedness will support TRCS in conducting a CBS assessment.

Facilitate community-based contact tracing through capacity building to CHW and volunteers. Preposition and orient volunteers on the reporting tools; contact follow-up and contact listing forms.

Protect community-based volunteers who will be at the forefront, they need protection from infection to inform of disinfectants, gloves, masks, gumboots, weather protection wear like raincoats and gumboots, and carrying bags.

At the Points of entry, especially the porous borders of Lake Victoria, there is a need to support the engagement of Authorities in the early detection of Ebola suspects through the engagement of border village leaders and community health workers, and volunteers in 4 high Ebola risk regions.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

There is a need to use various channels to inform and educate, through house-to-house visits, and meeting people in communal areas like schools, bus stations, faith houses, Beach sites, and others. The use of local radios is also key to having talk shows, jingles, radio spots, and call-in sessions to address community questions. The RCCE task force will monitor and update the key messages based on community feedback, and develop a communications plan to combat negative community perceptions of Ebola, and fear among the health staff and other service providers.

The need for PSS will also be paramount. Training volunteers and setting a conducive environment for the provision of Psychosocial First Aid (PFA) support to the community and HCW considering the movement restrictions, possibly establishing the tele-counseling and advocating the service deploy a team to facilitate and reporting tools.

Operational Strategy

Overall objective of the operation

This DREF allocation aims at supporting preparedness for Ebola in 5 high-risk regions Mara, Kagera, Mwanza, Geita and Kigoma for 4 months by strengthening the community-based surveillance, case management, risk communication community engagement considering potentially vulnerable high-risk groups and utilizing the existing social protection structures.

Operation strategy rationale

To prevent cross border transmission and ensure the country is prepared in the initial four months phase, TRCS will intensify the information sharing through risk communication and community engagement around the high-risk districts. Other activities include preparing the community. Some of the activities to be carried out by the response team include, but are not limited to, the following:

- Identify the support provided and planned by the government, WHO, UNICEF, CDC, and other partners in the targeted areas, identify gaps to be filled by the Red Cross and Red Crescent Movement in the response.
- Participate in coordination meetings at all levels, including the multisector coordination at national level.
- Activate the first responders' teams in the respective districts for raising awareness and conduct in house simulations to assess the readiness.

- Activate RCCE interventions to ensure risk is well communicated and perceived by community and they take positive actions towards prevention.
- Carry out field visits to ensure the quality of the interventions.
- Monitor the situation and ensure the trigger is well communicated to structures including alert communication channel.
- Monitor the risks and mitigation measures; Intervene in case of emergency on outbreaks/pandemics & other disasters during implementation.

Targeting Strategy

Who will be targeted through this operation?

TRCS will target people in high-risk districts with health promotion activities including risk communication and community engagement. Volunteers and CHWs will be deployed to conduct RCCE and distribution of IEC materials. They will also be trained to support the early detection of new cases through active case finding and contact tracing. TRCS supports the government in safe and dignified burial (SDB) activities when the need will arise including home disinfection and direct psychosocial interventions with those affected.

Explain the selection criteria for the targeted population

The target areas have been selected due to proximity to the neighboring hot spots, The unrestricted cross border movement among the villages, to be reached with RCCE to activate risk perception build the culture of reporting any symptomatic illness or death or contact traced from across the borders. This will address the immediate Ebola awareness needs of high at-risk areas, as well as the need for government support for psychosocial interventions, safe body management, and community case management where suspected or confirmed cases will be present. All this will be based on the local traditions and cultures.

Community health volunteers in charge of contact tracing will also receive specialized retraining in coordination with MOH to revive alert activities for Case management and surveillance.

Volunteers in the proximity districts will also be mobilized and given the necessary retraining to strengthen the National Society's capacity for active first responders including case research and social mobilization. This will greatly contribute to the early detection and containment of the epidemic.

Total Targeted Population

| | | | |
|----------------------------|------------------|--|----------------|
| Women: | 3,199,001 | Rural % | Urban % |
| Girls (under 18): | 799,750 | 64.00 % | 36.00 % |
| Men: | 3,073,549 | People with disabilities (estimated %) | |
| Boys (under 18): | 768,387 | 2.00 % | |
| Total targeted population: | 7,840,687 | | |

Risk and security considerations

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

| Risk | Mitigation action |
|------|-------------------|
|------|-------------------|

Cross border infection of EBOLA and infect TRCS employees or volunteers.

Develop and activate BCP in case of suspect or reported case in the country; volunteer briefing and sharing updated guidance through memos from the secretary general's office to all staff and volunteers. Ensure proper IPC measures are well disseminated to volunteers and staff.

Transmission of other diseases like the ongoing COVID-19, NCD, dropout for Routine vaccine coverage, water borne disease due to fear of attending health facilities

Addressed by identifying Ebola CTC and leave the other facilities for continuum care and communicate to public to reduce fear.

Please indicate any security and safety concerns for this operation

It is very important to ensure all deployed volunteers are well equipped during the operation so they will be provided with personal protective equipment (PPE)

Insurance to staff and volunteers and emergency health services.

Business continuity has to adhere all the time in case of the cross border infection thus team leaders have to keep reminding the teams and simulate frequently.

Planned Intervention

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|  | Secretariat Services | Budget | CHF 38,660 |
| | | Targeted Persons | 784069 |
| Indicators | Target | Actual | |
| # of surge deployed | 1 | 1 | |
| # of monitoring missions conducted | 2 | 1 | |
| Progress Towards Outcome | | | |
| <p>A surge profile was deployed at the beginning of the operations and supported the national Society in the implementation of activities. A monitoring mission was done in the first two weeks of March supported by IFRC. At the exit of the deployed surge, the PMER officer for the cluster delegation was deployed to continue supporting TRCS in this response.</p> | | | |

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|  | Community Engagement And Accountability | Budget | CHF 4,260 |
| | | Targeted Persons | 784069 |
| Indicators | Target | Actual | |
| # of feedback mechanisms established | 1 | 0 | |
| # of volunteers trained on community feedback | 25 | 75 | |
| # of IM staff prepositioned | 1 | 0 | |
| # of CEA staff prepositioned | 1 | 1 | |
| Progress Towards Outcome | | | |
| <p>Feedback Mechanism desk will be established during the integrated RCCE outreach. 75 volunteers have been trained on CEA, this was done during the RCCE trainings.</p> | | | |

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|  | National Society Strengthening | Budget | CHF 44,886 |
| | | Targeted Persons | 784069 |
| Indicators | Target | Actual | |
| # of lessons learned learnt conducted | 1 | 0 | |

| | | |
|----------------------------------|----|----|
| # of monitoring visits conducted | 2 | 4 |
| # of documentation profiled | 1 | 0 |
| # of visibility jackets procured | 75 | 50 |

Progress Towards Outcome

Lessons learnt workshop will be held in the final week of March after all the activities have been completed. There has been a total of four monitoring visits by the National Society due to enhanced need to support the trainings, the staff used the opportunity to monitor the progress of other activities. The procurement of visibility jackets cost was not enough to support 75 jackets thus reduced to 50 pieces.

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|  | Health | Budget | CHF 80,599 |
| | | Targeted Persons | 7840687 |
| Indicators | Target | Actual | |
| # of advocacy sessions conducted | 5 | 0 | |
| # of CBS assessment done | 1 | 0 | |
| # of ToTs trained on EPiC | 30 | 30 | |
| # of volunteers conducting RCCE/CBS | 75 | 75 | |
| # of community leaders engaged in advocacy sessions | 50 | 0 | |
| # of SBD teams trained | 4 | 2 | |
| # of radio sessions conducted | 5 | 1 | |
| # of Ebola posters/flip charts printed | 5000 | 0 | |
| # of staff trained on IPC | 25 | 24 | |
| # of volunteers supported with PSS clinics | 75 | 75 | |
| # of SDB starter kits procured | 2 | 0 | |
| # of SDB replenishment kits procured | 2 | 0 | |
| # of SDB training kits procured | 2 | 4 | |
| # of SDB simulation done | 1 | 1 | |
| # of people reached through RCCE | 7840687 | 0 | |
| Progress Towards Outcome | | | |

All the activities have been completed apart for the ones below.

- 1.CBS field activity – The activity will be done during the RCCE outreach activities from 16th to 25th of March.
- 2.Advocacy meeting with community leaders – the activity will be integrated into the RCCE outreach activities planned to take place from 16th to 25 March.
- 3.Printing of Ebola Posters – TRCS will adapt materials from the MoH. No printing will be done for this line. The funds have been reallocated to SDB training which will be done from 20th March to 25th.
4. Following the first alert of suspicious death in the country,
 - Ongoing DREF is supporting first deployment of volunteers in the area – 75 mobilised.
 - TRCS part of the support to a camp in the south of the District and have increased monitoring.

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|  | Water, Sanitation And Hygiene | Budget | CHF 7,157 |
| | | Targeted Persons | 784069 |
| Indicators | Target | Actual | |
| Amount of Hand washing soap (Liquid) 500ml procured | 600 | 600 | |
| Amount of chlorine for IPC procured | 40 | 40 | |
| # of people reached through WASH interventions | 784069 | 0 | |

Progress Towards Outcome

Wash activities will be done through integrated RCCE, topics to be used are hand hygiene and effective management of waste planned for 16 to 25 March.

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|  | Protection, Gender And Inclusion | Budget | CHF 3,195 |
| | | Targeted Persons | 75 |
| Indicators | Target | Actual | |
| # of volunteers oriented on PGI | 75 | 50 | |

Progress Towards Outcome

Seventy-five volunteers have been trained on Protection Gender and Inclusion; this was one of the topics during various trainings in the five areas. This was corroborated during the monitoring visit.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will deploy 75 volunteers who will work with MoH community health volunteers in high-risk regions. These will be supervised by the 10 NDRTs, 2 deployed per region to provide volunteers with the basic principles of epidemics, disease prevention, and control. Volunteers will be capacitated to communicate early action, effectively communicate with communities, and collect feedback. They will also be able to conduct, health education, behaviour, and social change, and engage their communities for early action for potential outbreaks.

The National Society will deploy Branch coordinators, Finance at the regional level, and District focal point to support in the coordination at the respective district. These will be advisors at the branch level (finance, health, logistics, and RCCE) for the duration of the operation, under the supervision of the health director at the national level. The costs of their deployments will be covered through this operation.

At the HQ the program will be led by the disaster Preparedness manager with close technical support from the health director and the RCCE Manager.

Support services will be provided by the Communication and public relation, PMER, logistics, Finance, Human resource manager, Administrator, and Organizational Development within their scope of work.

TRCS will also utilize the capacities from the IFRC Juba cluster in the areas of finance, PMER, Health, Logistic and deployed surge.

Will surge personnel be deployed? Please provide the role profile needed.

TRCS will request at the beginning of the operation, one surge profile with public health in emergencies expertise for operational coordination to support the TRCS in the evaluation, planning, coordination, implementation, and monitoring of the operation for 2 months. IFRC will deploy a surge profile with strong SDB and EPiC knowledge to support in training of ToTs.

If there is procurement, will it be done by National Society or IFRC?

All procurement will be done by the national society with close support from IFRC logistic delegate.

How will this operation be monitored?

The IFRC Juba cluster will conduct an oversight visit once in the project time to provide technical support and guidance.

Please briefly explain the National Societies communication strategy for this operation.

NS will utilize will utilize the communication unit in the development of the communication materials and review regularly basing on the feedback collected from the field.

Contact Information

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

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[Click here for the reference](#)