



### RCCE in Bukoba town

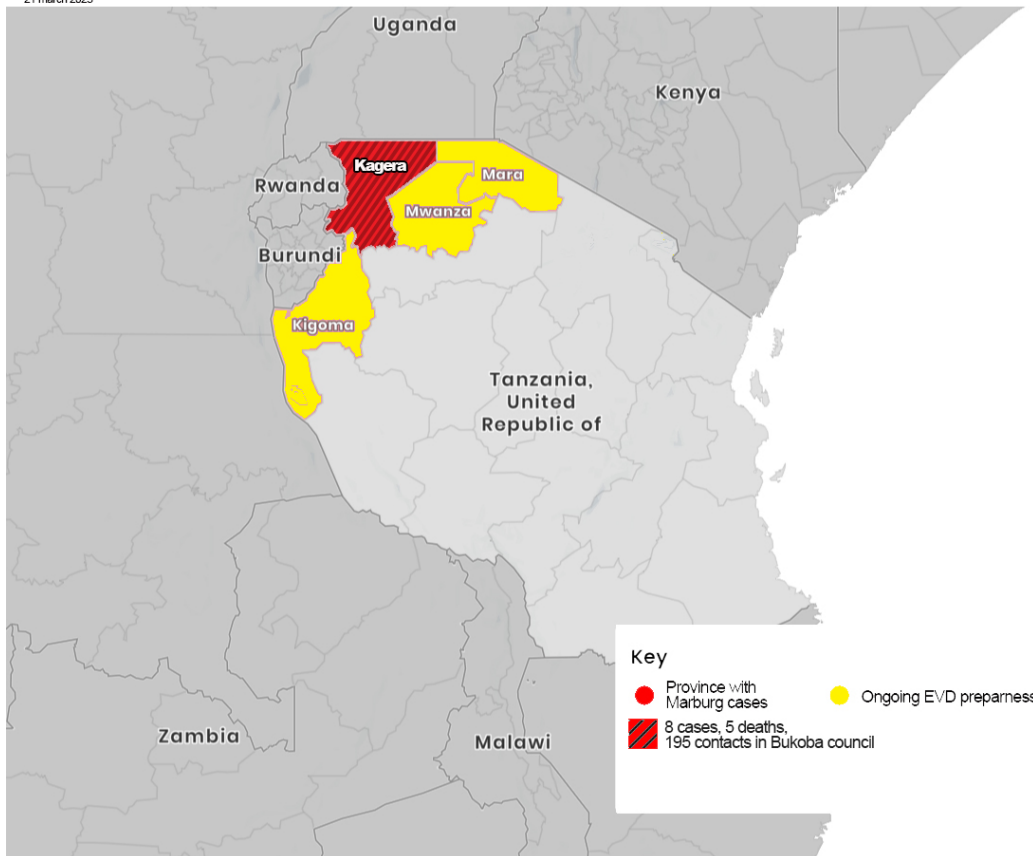
Appeal: <b>MDRTZ033</b>	DREF Allocated: <b>CHF 468,505</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000047-TZA</b>	People Affected: <b>2,980,000 people</b>	People Targeted: <b>1,647,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-03-27</b>	Operation End Date: <b>2023-07-31</b>	Operation Timeframe: <b>4 months</b>
	Targeted Areas:	<b>Kagera</b>	

# Description of the Event



+C IFRC

EP-2023-000047-TZA – Tanzania Marburg Outbreak  
21 March 2023



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data sources: IFRC, OSM contributors, Map box.

Map Sources: ICRC, UN CODs ⓘ

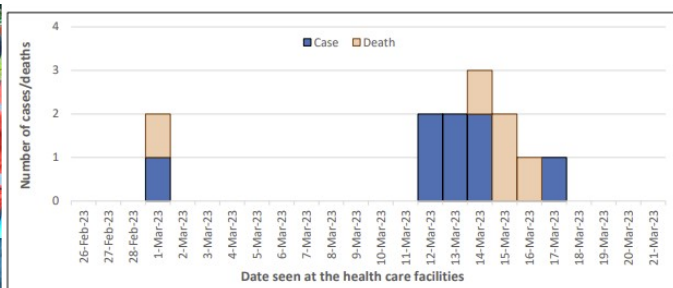
## What happened, where and when?

On 16 March 2023, the ministry of health (MOH) of the Republic of Tanzania announced that seven cases and five deaths of an unknown disease had been reported in Kagera region (that borders Rwanda, Uganda, and Burundi) in Bukoba rural, Maruku and Kanyengereko ward in Bulinda and Butayaibega villages.

The cases were confirmed for Marburg Virus Disease (MVD) on 21 March 2023. The index case was reported to have a travel history from Goziba in lake Victoria and developed symptoms upon returning to his village in Bukoba while the timeline for exposure and onset of symptoms remains unknown. Four other cases were from the same family as the index case. Two healthcare workers were also infected and one of them succumbed to the disease. This is the first officially declared Marburg Outbreak in Tanzania, although serological studies have found the presence of Marburg in bat populations in the region

As of 22 March 2023, a total of eight cases including five deaths (CFR 63.6%) have been reported, while other three cases are currently undergoing treatment in health facilities in the Kagera region. The cases had symptoms of fever, bleeding from various body parts, and kidney failure. The specimens from the deceased and living patients were collected and confirmed MVD by RT-PCR at the National Health Laboratory

The MoH reports that the outbreak is confined to Bukoba council in the Kagera region and contact tracing activities have been initiated with a total of 195 contacts identified with 185 of them being monitored.



Graph 1; Epidemic Curve of Marburg outbreak, Kagera Region, 21<sup>st</sup> March 2023.

Volunteers conducting RCCE at an open market in Bukoba @MoH SITREP 1 21 MARCH 2023

## Scope and Scale

Marburg is a killer haemorrhagic fever caused by a virus and is spread through direct contact with wounds, and body fluids of an infected person. A person suffering from Marburg presents with sudden onset of high fever with any of the following: headache, vomiting blood, joint and muscle pains, and bleeding through the body openings, which may manifest as a macula-papular rash. Marburg is a highly contagious disease that can quickly kill those infected.

Tanzania Red Cross is working closely with the Ministry of Health and other stakeholders and development partners to contain the spread of this disease. The NS will be deploying volunteers across all districts in the region to conduct activities including hygiene and health promotion, community-based surveillance, risk communication, engagement, and installation of hand washing units at strategic locations as well helping MoH with safe and dignified burials.

Kagera region is one of the mapped and targeted regions for EVD preparedness DREF based on its proximity to Uganda where the EVD outbreak had been declared in September 2022. Therefore, this region has seen significant preparedness efforts from TRCS including training volunteers on EPiC and SDB ToTs with further SDB training planned to commence on 26th March 2023. Besides, volunteers have been conducting community awareness on EVD and border surveillance. In total, there were 22 volunteers trained on EPiC including RCCE while 2 ToTs were trained on SDB. Noting that MVD and EVD share the same characteristics, this EVD support will be used during this MVD outbreak to train an additional 100 volunteers. 2 SDB starters, 2 replenishment kits, and 2 training kits procured under the current ongoing EVD preparedness DREF will be used to respond to this outbreak. However, with the procurement of these kits through the regional logistics unit, we have experienced delivery delays. To cushion these delays and ensure TRCS is SDB-ready, five (5) replenishment kits have been requested from DRC. Training kits procured under the EVD preparedness DREF will be used to conduct SDB training in Kagera.

MoH will be responsible for conducting swaps from bodies and from contact tracing exercises.

Other agencies that have already started working to control the outbreak include the WHO & MSF, who are providing medical supplies, transport and medical personnel.

Other partners participating in the national task force include UNICEF and other development partners.

Since the outbreak declaration and as of 21 March, the number of confirmed cases has not increased, however contacts have been traced beyond the epicentre to Muleba districts and Bukoba town. The government is trying to establish the source of the disease and if the disease occurred in previous weeks; the current hypothesis based on the index case of 16 March is that the outbreak may have started early March, meaning that multiple chains of transmission were likely already in existence at the time of the confirmation of first cases. The highest risk is still concentrated in Bukoba and Muleba districts as shown by the number of high-risk contacts.

Early supportive care with rehydration, and symptomatic treatment improves survival. There is as yet no licensed

treatment proven to neutralize the virus and no vaccine at this time, but a range of blood products, immune therapies and drug therapies are currently under development. The incubation period ranges from 2 -21 days.

The Ministry of health highlighted specific challenges to this operations as highlighted below;

- Inadequate resources: funds, vehicles and human resource to support response
- Interventions specifically for contact tracing.
- Inadequate health care providers who are willing to provide medical services to patients.
- Inadequate tools (CIF forms, contact listing forms, Contact follow-up forms).
- Inadequate special designated ambulances for cases
- Contacts in the community are still home isolated.
- Some few contacts making movements out of their homes.
- Inability to do supportive laboratory tests (hematology, chemistry) for Marburg cases.
- Un friendly infrastructure to reach some contacts specifically in the islands which lack formal transport mechanism.
- Myths and misconceptions in the community about the disease
- Complex geography and unofficial PoEs of the island thus difficulties to ensure screening of travelers from the islands.
- Inadequate specialists; physicians (Nephrologists to handle cases that require dialysis), 1 Paediatrician, 2 - laboratory technologists and Biomedical engineers (chemistry and hematology machines)
- Inadequate dialysis machines for patients who develop renal failure, the need is at least one machine
- Inadequate food and water services for HCWs and patients at the treatment units
- Inadequate PPEs and Chlorine at Maruku HC; has 7 PPEs and 10 kg of Chlorine left which will be adequate for 5 days only
- Inadequate WASH facilities in all lake shores and ports

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	-

### Lessons learned

This is the first VHF (Marburg) outbreak ever declared in Tanzania hence the National Society does not have the specific experience or learning to share in the management of this type of outbreak. however, TRCS has built its preparedness efforts towards epidemics through the ongoing Ebola Virus Disease (EVD) DREF by training volunteers and staff on SDB, EPiC, IPC, and RCCE. TRCS adopted a ToT model where select volunteers and staff were trained and supported in cascading the skills to branch and community volunteers and hence reaching out to a bigger number of trainees with reduced resources. This model will be used in this response to cover the entire region.

TRCS through the ongoing EVD preparedness DREF supported MoH in reviewing SDB standard operating procedures spelling out the duties and responsibilities of TRCS during epidemics.

Community Engagement Accountability (CEA) during the Covid-19 outbreak and ongoing EVD preparedness DREF assisted in tracking rumours. Therefore in this MVD, CEA will be incorporated into the response



# Current National Society Actions

<b>Community Engagement And Accountability</b>	<p>On RCCE, there are 22 volunteers trained volunteers during the EVD preparedness DREF EPiC training in Kagera region. TRCS has an RCCE manager seated at the HQ who supervises the RCCE activities of the NS. In this response, TRCS intends to train more volunteers in Kagera and has in the meantime conducted an orientation for community-based volunteers who have joined the trained volunteers in conducting RCCE and community-based surveillance activities.</p>
<b>Health</b>	<ul style="list-style-type: none"> <li>• TRCS is helping the MoH in conducting community surveillance using its network of volunteers.</li> <li>• TRCS has mobilised the trained teams from neighboring regions and the ones trained during EVD preparedness to offer support to MoH for prevention and surveillance.</li> <li>• Using SDB kits procured during the EVD preparedness DREF, TRCS will be using these kits to train Kagera SDB teams before starter kits are received in the country.</li> </ul>
<b>Assessment</b>	<p>When the government declared an outbreak of the unknown disease in Kagera exhibiting symptoms, vomiting blood, and blood from body openings, TRCS conducted an initial assessment that revealed the extend of the outbreak using community case definition as described by MoH. TRCS shared an initial assessment report showing the indicative spread of the disease.</p>
<b>Coordination</b>	<p>TRCS is a member of the national response team and has been participating in different coordination meetings also at the regional level. TRCS is actively engaged and has positioned as supporting the following pillars; RCCE, Wash and IPC, and Case Management with handling SDB.</p> <p>In this response, TRCS is participating in the national multi-sectoral task force coordination meetings currently being held daily.</p>
<b>National Society Readiness</b>	<p>TRCS has a regional branch in Kagera located in Bukoba town and is led by the regional coordinator with a network of 822 volunteers. In this region. Currently, TRCS has 4 teams trained on SDB; in Mwanza, Mara, Geita, and Kigoma. In Kagera Region, TRCS has 2 members trained as trainers on SDB, and two SDB trainings are scheduled for 25th March 2023. In case of an SDB request by MoH, TRCS will deploy the SDB team from neighbouring Kigoma and Mwanza regions.</p> <p>The director for health of the NS is taking lead in coordinating the response assisted by the Ag. Disaster management Director, WASH Manager, Disaster Response Manager and disaster management officer. The team is supported by IFRC Juba cluster Disaster Management Delegate deployed as operations manager, together with PMER officer, logistics and finance delegate. Both the regional and cluster epidemic preparedness delegates are providing technical support and will be deploying in country while other surge technical profiles are being developed including PHiE, IPC, RCCE and SDB.</p> <p>IFRC has in the meantime requested SDB kits from DRC to support TRCS in the initial response using the trained teams. These kits will be replenished trough this operation and further kits will be sourced through the regional logistics</p>

	<p>unit.</p> <p>Through the EVD preparedness DREF, 75 volunteers were trained on RCCE. The training was tailored around Epidemic Awareness and Control. They were also trained on CEA on Feedback Mechanisms and the trained volunteers have been conducting integrated RCCE community outreaches. These outreaches have been done through house to house visit, use of Public Address system, meeting people in communal areas like schools and faith houses and Radio sessions as well in Mara Mwanza and Kagera. Border support surveillance was not activated during the Preparedness implementation of the EVD. As part of Advocacy, TRCS held various meeting with Community leaders while printing of IEC materials it was agreed that the NS will continue using MOH materials for dissemination.</p>
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## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	IFRC has no presence in-country, however; TRCS works closely with the IFRC Juba cluster delegation which covers Uganda, South Sudan, and Tanzania. The cluster is supporting TRCS in the development of this Marburg response plan. IFRC has deployed the cluster PMER, operations, and finance delegate who are helping TRCS in the operational setup and response. Further, the IFRC is attending partners' national coordination meetings together with the NS.
<b>ICRC</b>	ICRC has Mission office in the country located in Dar es salaam and in Kibondo where it supports RFL activities in the refugee camps and western corridor. TRCS has communicated the MVD outbreak to staff and volunteers in the field and advised the field to monitor situation and be ready to activate business continuity plan in case of worst case scenario, and support staff and volunteers working in RFL with PPE.
<b>Participating National Societies</b>	The Belgium RC FI and Spanish RC are PNS in country located at TRCS HQ implementing DP, WASH, FA, RMCH projects. They have been briefed with the current situation and approached to support the implementation of the contingency plan. However, Belgium RC FI are ending their mission in Tanzania this month.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
	<ul style="list-style-type: none"> <li>• The ministry of health is taking lead in this response working with key departments including the National Public Health Laboratory, National Institute of Medical Research, and Medical Stores Department. The ministry is working closely with regional and local government authorities.</li> <li>• At the regional level, the regional commissioner is chairing the task force meetings. The MoH has sent an advanced team (Rapid Response Team) to support the Regional Health Team.</li> <li>• A National MVD response plan has been developed and shared on 23rd March by MoH with a budget of 12.2 Million USD</li> <li>• Information and bulleting n°1 &amp; 2 have been issued by MoH and consider in</li> </ul>

<b>National authorities</b>	<p>the planning of this response.</p> <p>MoH will be conducting swaps from community deaths suspected or meeting community case definitions as well as cases from contact tracing exercises.</p> <p>Further MOH for case management;</p> <ul style="list-style-type: none"> <li>- Activated Kabyaile treatment unit in the Kagera region</li> <li>- Conducting sample testing at the national lab in Dar es Salaam and plans underway to deploy mobile testing labs in Kagera to avoid delays in confirming results.</li> <li>- Assessed holding and isolation facilities in the Region including in Bukoba Regional Referral Hospital which is currently having a case. This is the primary holding centre for cases reported within the region.</li> <li>- Isolated and continued with management of three (3) cases at Bukoba Regional Referral Hospital (1), Kabyaile treatment unit (1), and Maruku Health centre (1). These are the established treatment centres at the moment.</li> <li>- Printed and distributed screening questions</li> <li>- Assessed availability of case management and IPC guidelines and SOPs. The documents are available in all the treatment units</li> <li>- Processes for the deployment of additional HCWs are ongoing</li> </ul>
<b>UN or other actors</b>	<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 coordinates the logistic pillar and provides food in the refugee operations, UNFPA supports refugees 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>
<b>Are there major coordination mechanisms in place?</b>	
<p>The ministry of health is leading all coordination meetings with partners both at the regional and national levels. Currently, both the national and regional coordination meetings are being held daily with TRCS representation. TRCS together with IFRC is participating in the pillar-specific meetings being held daily.</p>	

# Needs (Gaps) Identified



## Water, Sanitation And Hygiene

Hygiene Promotion and awareness need to be strengthened in health centres and communities. The Kagera regional commissioners office (RC) through a letter to TRCS dated 22nd March 2023, requesting wash material support demonstrated gaps in the wash, especially on IPC at the health and community level to combat this outbreak.

Although quarantine and isolation have been established at the Kagera regional hospital, there is a need to support health centres and communities to reduce the spread of the disease.



## Community Engagement And Accountability

Symptoms exhibited by the disease are bound to bring stigma and discrimination amongst affected community members and the risk of rumours has already been assessed. Misinformation and lack of knowledge on the part of communities is a significant risk that needs to be addressed from the outset through a strong feedback management system and engagement at both community and institutional levels through local leaders, stakeholders, and actors. Data collection and management will be an important pillar in addressing awareness raising. Existing feedback systems are in place like volunteers with Kobo & the operating hotline and this will need to strengthen or scale up.



## Health

i) Community health: This is the first outbreak of Marburg in the country. The mortality rate of this disease, combined with the lack of awareness of the disease, poses a significant risk to the country and its surroundings. Kagera region is located within the borders of Rwanda, Burundi and Uganda and serves as the boarder point for these countries from Tanzania. This region serves as the transport nerve for goods from Tanzania port of Dar es salaam and Tanga as well as movement of people from Tanzania. This however poses cross border health risk as a result of movement of people across the boarders. Marburg virus disease is a highly virulent disease that causes haemorrhagic fever and is of the same family as the virus that causes Ebola disease. The disease caused by Marburg virus begins abruptly, with high fever, severe headache and severe malaise. Many patients develop severe bleeding symptoms within seven days. The virus is transmitted to humans by fruit bats and spreads among humans through direct contact with the body fluids of infected people, surfaces, and materials.

ii) Health structure, capacity, and gaps; There is no approved vaccine or antiviral treatment for the virus. However, supportive care - oral or intravenous rehydration - and treatment of specific symptoms improve survival. No concrete immunization exists. Tanzania has limited experience in responding to epidemics and has therefore not invested extensively in mechanisms that can be easily mobilized for effective response. According to MoH data, the region has a total of 291 working health facilities that consist of 246 Dispensaries, 31 health centers, and 14 hospitals. In comparison, the region has a total of 640 villages and 66 streets in the 8 district councils. However, only 246 (38%) functioning dispensaries exist. This demonstrated a shortage of dispensaries by 62%. Coupled with this outbreak, the capacity of the health care in the region will therefore be overstretched.



# Operational Strategy

## Overall objective of the operation

The overall objective is to reduce mortality and the risk of transmission by supporting the management of the outbreak, especially focusing on RCCE, Hygiene Promotion, and Safe and Dignified Burials, in the Kagera region for four months. This intervention is also part of what is expected to be an MoH-coordinated response strategy to the sub-regional risk of expansion of the Marburg disease. Due to the location of the outbreak, this response will also be integrated with a cross-border preparedness effort for MVD prevention and rapid identification/ response in Rwanda, Burundi, and Uganda

## Operation strategy rationale

This plan is established based on standard response for hemorrhagic disease and proposed support and operation teams follows the capacity of the local branch. TRCS will revise this plan in case of priority change of Government National response plan. This operation give path to strengthen NS leadership and positioning in the humanitarian coordination system, embracing the auxiliary role to the Government. The participation to the coordination mechanism in place will also play key role in this response as well as setting an integrated approach to complement the gaps in the field. TRCS plan will ensure health response is cover at community level and prevention is strengthen in the various entry points and in the affected and at-risk districts. This involve an adequate RCCE strategy and ensuring data collected through feedback system, volunteers and stakeholders are analyzed and support addressing the contact tracing and prevention system. The Hygiene and sanitation gaps should be addressed as well. 122 volunteers will be engaged throughout the operation for a period of four months, 20 volunteers per district across 5 key priority districts conducting RCCE, PFA, surveillance, 16 others conducting SBD and 6 others attached to boarder crossing and axis to Dar es salaam

Below are approaches for each pillar:

### Coordination

NS will partake in various coordination meetings at national and regional levels, to ensure alignment between its strategy and that of MoH for best impact. This will be led by the Director of Health and Social Services at national level and by the Ag. Director for Disaster Management with support from regional coordinator at regional level. They shall all work under general supervision of operation management in Kagera. Structure is set to ensure NS is integrated in operational coordination and high-level discussion in county and branch level. IFRC have deployed the cluster operations manager, health delegate, PMER, logistics and finance delegate to support the positioning of NS in the coordination system. A field coordinator surge will be deployed to support coordination of the response at the field level while working with PHiE surge and reporting to the IFRC operations manager.

Community Health Health intervention will be a collective strategy for increasing community health literacy and early detection for MVD, as well as interrupt the transmission. Key pillars of NS intervention on this operation will include EPiC, Surveillance, RCCE.

### Risk Communication and Community Engagement (RCCE):

#### Epidemics Preparedness and Response in Communities training

EPiC training using earlier trained ToTs will be organized in a cascade approach to ensure everyone engaged on the operation receive the competencies required to safely and effectively intervene. TRCS will train 100 volunteers on EPiC - 20 volunteers per district for 5 districts for 4 days covering CBHFA, ECV, PFA and CEA. Six trainers of trainers and 16 other volunteers were trained during the ongoing EVD preparedness DREF. The trainers of trainers will be used to conduct these trainings and will be done on same week across all the districts. In total, 122 volunteers will be trained on EPiC in Kagera region. IFRC Africa Regional RCCE office will support TRCS RCCE manager in supervising deployed volunteers and attending RCCE pillar before deployment of an RCCE surge profile.

### Surveillance.

The trained 122 volunteers will also support active case finding as part of regular community health activities.. 122 volunteers will be engaged for 20 days per month for four months.

### Hygiene and IPC

Hygiene promotion, Wash in health centers and communities: the operation teams will receive specific orientations on hygiene promotion and wash in emergencies. After they will be able to support communities and health centers on disinfections where suspected cases have been identified.

TRCS will procure and install hand washing units at health centres, schools, markets and border points of entry. Further TRCs under this DREF, will procure sanitization sprayers that will be used by the SDB teams.

### Border health surveillance and dissemination of RCCE messages for MVD at border crossing

There are four official border crossing points to Burundi, Rwanda and Uganda where TRCS will conduct surveillance at the border and on axis to Dar es Salaam. Two (2) volunteers will be positioned per border point and along axis to Dar es Salaam for a period of three (3) months and will be extended if the situation does not improve.

### Safe and Dignified Burials (SDB)

IFRC support has been considered from the start to ensure quick mobilization and availability of SDB in the country. Considering the period for the procurement, support has been requested from DRC and replenishment to be done through this operation. TRCS has during the ongoing EVD preparedness DREF trained four (4) SDB teams; in Mwanza, Kigoma, Mara and Geita. In Kagera, two SDB trainers of trainers were trained and will be used to cascade training to volunteers. These SDB ToTs will be supported by IFRC SDB surge profile to cascade a full package training of 4 days trainings to 5 SDB teams in the 5 districts of Kagera using SDB training kits procured during EVD preparedness DREF. Taking advantage of preparedness under MDRTZ032 EVD operation, current allocation only cover 4 additional trainings as one was covered for Ebola. Only refresher demonstration should complement for 1 of the 5 teams. Regarding the procurement, earlier procured SDB kits under the EVD preparedness will be used in this response. IFRC regional/cluster epidemics health delegate will be deployed for quick startup while surge unit is mobilized for PHI. MoH will be responsible for conducting swaps from suspected cases.

### Psychosocial First Aid - PFA

PFA will be integrated as part of the EPiC training to ensure volunteers mobilized can effectively address the feedback on the above concerns and also volunteers can handle their work in the context of prevention and support for victims of gender-based violence, sexual and abuse.

### Protection, gender and inclusion - PGI

Promote the practice of protection, gender and inclusion, PGI main focus be to prevent the families with affected people, volunteers engaged in this response and survivors of the disease to face stigmatization and rejection from the communities. PGI standards will be incorporated to the promotion messages.

### Activation of national Emergency Operation Centre

TRCS has an established EOC at the national level that will need to be activated. The EOC will be used as call centre where a toll-free number will be stationed. This operation will support five (5) volunteers working in shifts for a period of three months. Currently the EOC has 1 phone, and this operation will procure an additional 4 phones.

## Targeting Strategy

### Who will be targeted through this operation?

This operation will focus on Kagera region in two priority areas:

- Priority one will be four districts with confirmed cases, Bukoba Rural, Bukoba Municipal, Bukoba town, Misenyi and Muleba. Particular effort will be put to Maruku and Kanyengereko ward in Bulinda and Butayaibega villages where initial cases have been reported.
- Priority two will be surrounding districts in Kagera regions; Biharamula, Karagwe, Ngara and Kyerwa through awareness campaign, intensive and diverse with various platforms and channels.

The direct target to be reached by volunteers activities will be 1,647,000 people in Kagera region for four months. Each of the 122 volunteers will reach 15 households (75 people) per day for a period of four months. Overall target could be extended with mass media and large communication radio.

### Explain the selection criteria for the targeted population

Targeting is taking into consideration the The entire population of the affected area will be targeted for all activities, as they all are exposed in the same manner.

## Total Targeted Population

Women:	839,970	Rural %	Urban %
Girls (under 18):	-	70.00 %	30.00 %
Men:	807,030	People with disabilities (estimated %)	
Boys (under 18):	-	%	
Total targeted population:	1,647,000		

## Risk and security considerations

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


Risk	Mitigation action
Community myths and misconceptions about MVD.. Initially before the declaration of MVD outbreak, there were rumours in the community that it could be Ebola disease. when this was ruled out, the community fear was reduced and may not take MVD serious	Increased community awareness on MVD and its spread. Provide a clear community case definition which would show how serious MVD can be if one gets infected.
Unofficial border crossing allowing populations cross border without screening	Unofficial entry points will be closely
Procurement delays of SDB kits. SDB kits have to be procured through the Africa regional logistics unit which four months into the operation of the previous EVD preparedness DREF, kits had not been delivered forcing request to extend DREF implementation period	No procurement of kits will be initiated through this DREF for the current scenario and will rely on EVD preparedness DREF procured kits and expected to be delivered early April. In the meantime, replenishment model will be instituted for kits mobilized from DRC.
Movement of populations through Uganda, Rwanda and Burundi. Kagera region serves as the transportation link for land locked Uganda, Burundi and Rwanda from Tanzania for goods coming from the two main ports of Tanzania. and people moving across the four countries. These interaction of people makes it easy to transmit diseases across and hence difficult for community surveillance purposes by volunteers as well as contact tracing.	People to be screened at entry points of the four different borders. TRCS will station two volunteers at the four official border to conduct screening. Handwashing facilities will be installed at these borders while a surveillance form has been instituted by the authorities for people coming and leaving the country.
Deployed staff and volunteers get infected. TRCS is using volunteers who live in this region. Volunteers will be interacting with untested people during their community surveillance. A volunteer might be infected while at home from family members as well as during activities	Staff and volunteer are provided with PPEs and insurance. Apart from these, volunteers will be supervised, briefed and debriefed throughout the response.

# Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 24,272
		Targeted Persons	1647000
Indicators		Target	
number of people reached with HP messages		1647000	
Number of volunteers trained on Wash in emergency especially Hygiene		122	
amount of chlorine procured		45	
Number of handwashing units procured and installed		50	
Number of buckets procured		500	
Priority Actions:		<ul style="list-style-type: none"><li>• Training to volunteers on Hygiene promotion and WASH in emergency</li><li>• Procurement of disinfections kits including chlorine, soap etc</li><li>• Conduct disinfection following alerts and request</li><li>• Promotion of handwashing sessions at public gatherings and schools</li><li>• Procure and install handwashing facilities at identified social centres and health facilities</li><li>• Conduct screening exercises at border crossings</li><li>• Procure water buckets</li></ul>	

	Community Engagement And Accountability	Budget	CHF 11,512
		Targeted Persons	1647000
Indicators		Target	
% of community members who agree they have adequate information about Marburg outbreak and how to protect themselves		80	
number of meetings with community traditional healers		12	
Number of functional hotline numbers established		1	

% of feedback and complaints collected and responded to	80
Number of EOC activated	1
Number of people reached with RCCE messages	1647000
number of megaphones procured	20
Number of PA systems hired	4
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• RCCE activities for community engagement and to promote the adoption of protective behaviours</li> <li>• Conduct community traditional healers meetings</li> <li>• Establish community complaints and feedback mechanism</li> <li>• Activate EOC and free hotline</li> <li>• Procure megaphone</li> <li>• Hire of PA system for awareness sessions</li> </ul>

	Protection, Gender And Inclusion	Budget	CHF 1,058
		Targeted Persons	1647000
Indicators		Target	
Number of staff and volunteers trained on PGI as part of EPiC training		100	
Number of PSEA posters printed		500	
Priority Actions:		<ul style="list-style-type: none"><li>• Training of volunteers and staff to understand their role, responsibility on addressing Protection, gender and inclusion risk in the community. During the EPiC training to ensure minimum standard are fully understood and applied during the awareness, the contact tracing, management of feedback etc.</li><li>• Print and disseminate minimum PGI standards</li><li>• Manage feedback with all sensitivity and minimum consideration</li><li>• Response team to ensure PGI is effective in the planned intervention</li><li>• Key messages will be teaching to the volunteers and staff on protection from sexual exploitation and abuse and they will signed the code of conduct</li></ul>	


	Health	Budget	CHF 224,376
		Targeted Persons	1647000
Indicators		Target	
Number of IEC material produced		5000	



Number of SDB replenishment kits replenished prepositioned	5
Number of SDB teams deployed from other regions	1
Number of SDB teams trained	4
% of community feedback collected and tracked	80
Number of volunteers engaged on RCCE	122
Number of volunteers trained on EPiC	100
Number of coordination meetings attended	12
Number of volunteers trained on PFA as part of EPiC	100
Number reached with health promotion-messaging	1647000
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• Coordination meetings at national and district levels</li> <li>• Participate in MOH National and regional coordination meetings and partners meetings</li> <li>• Conduct EPiC training to 100 volunteers includes modules on ECV, CBHFA, CEA, and PFA for trainers.</li> <li>• Conduct community based surveillance for active case finding linked to community health activities with referral as per government guidelines</li> <li>• Collect, analyse and use of community feedback, with particular attention to rumours, misconceptions.</li> <li>• Conduct regular FGDs with community groups to understand social norms, cultural practices and beliefs around critical behaviours</li> <li>• Replenish 5 SDB replenishment kits mobilised from DRC</li> <li>• Mobilise SDB team from Kigoma region for one week before training of Kagera SDB team. 1 SDB team ready to support alerts</li> <li>• Conduct PFA as part of EPiC to conduct psychosocial first aid to SDB teams, other volunteers and affected families.</li> <li>• Print of IEC materials</li> <li>• border health surveillance and dissemination of RCCE messages for MVD at border crossing and axis to Dar es salaam</li> </ul>

	National Society Strengthening	Budget	CHF 92,898
		Targeted Persons	1647000
Indicators		Target	

Number of volunteers insured	122
Number of staff mobilised and supported	5
Number of lessons learnt	1
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• Mobilise staff to response</li> <li>• Ensure volunteers are insured</li> <li>• Provide operation logistical support</li> <li>• Conduct lesson learnt workshop</li> </ul>

	Secretariat Services	Budget	CHF 114,388
		Targeted Persons	1647000
Indicators		Target	
Number of monitoring mission conducted		4	
Number of surge profiles deployed		4	
Priority Actions:		<p>Following NS assessment of capacity and learning from previous operation, a close support from Secretariat has been requested by the NS and support by delegation monitoring plan. As such, that support is define in 3 main aspects: A close monitoring, clear processes and deployment of needed technical and support services roles to the operation to contribute to the compliance and risk management.</p> <p>The below actions are included:</p> <ul style="list-style-type: none"><li>• Conduct monitoring missions in a monthly basis minimum as well as joint monitoring mission with NS by the cluster operation manager and support services (finance, PMER and procurement and logistics officer) that will ensure financial monitoring and reporting requirement and compliance are followed through the implementation period.</li><li>• Mobilizing in-country delegation staff for operation and supports services as necessary to ensure follow-up meetings, support the monitoring, reporting, accounting and resource management. The operation manager at delegation level will play the coordination role among the teams and will play the main role from operational side.</li><li>• Weekly follow-up with the field are established and will continue to provide regular updates. Minimum bi-weekly similar update will be held at strategic and technical level.</li><li>• The delegation will guide on trainings requirements and have a technical oversight of the operation</li><li>• Deployment of 4 surge profiles for three months as detailed below.</li></ul> <ol style="list-style-type: none"><li>1. SDB coordinator – The NS has just concluded SDB trainings through the ongoing EVD preparedness DREF, two more trainings are planned. Even with the trained teams, TRCS does not have SDB experience. This profile has been requested to fill this gap</li><li>2. PHiE coordinator – TRCS does not have a Public Health officer within their staff and this profile is expected to provide the needed</li></ol>	

public health support at the field level

3. Field coordinator – TRCS in the affected regional, has only one staff member managing 822 volunteers for other activities. The field co has been requested to ensure proper coordination at field level as well as providing operational field support for any cross-border infections. This profile will continue to provide operational support in the exit of the cluster DM/ops delegate.

4. RCCE coordinator – This profile has been identified to strengthen the NS on RCCE considering the current RCCE manager of the NS is engaged within the SLL project and this pillar is led by Red Cross.

These actions are deemed to increase secretariat presence in country as well as contribute to the risk management, and effectiveness of this operation.

## About Support Services

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

122 volunteers will be engaged in the various actions to be implemented and will be supported by surge profiles on field coordination, SDB, RCCE and PHiE. Each of the 122 volunteers will work for 20 days a month for a period of 4 months.

The operation will be led by the Director of Health and Social Services at national level and by the acting disaster management director with support from IFRC operations manager. IFRC cluster finance delegate, PMER officer, health delegate and senior officer will provide in country support during the first two weeks in to the operations and remote support with regular visits to the operation through out the response period.

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

SDB - Someone with experience on homographic fever outbreaks to support SDB training and supervise SDB exercises

CEA - Experience working in outbreaks and ability to train volunteers

Field Co - Experience on field coordination with cross border engagement

PHiE - with Solid experience in set up of RCRC Viral Hemorrhagic Fever (VHF) response systems including Safe and Dignified Burial (SDB) experience

Information Management support from the region

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

TRCS will procure and install hand washing facilities with soap at health centres, schools, markets and border points of entry. SDB kits will be requested from DRC to support initial response and replenished by this DREF. For the current scenario, no procurement will be done for SDB as the EVD preparedness DREF operation will provide as well additional kits under shipping process: 2 starter, 2 training kit, 2 replenishment kits.

An international/regional procurement will be placed for additional SDB kits including body bags.

TRCS will procure hand sanitizers, masks, thermo guns, visibility materials, IEC materials, megaphones and chlorine

The IFRC senior logistics officer will be deployed in country to support TRCS in the management of fleet and procurement of needed commodities

### How will this operation be monitored?

This DREF will use two approaches to monitoring implementation and data collection to measure the progress and effectiveness of the DREF; at the community level (effectiveness of action) and headquarter level (the efficiency of the internal processes). While the National Society shall ensure bi-monthly monitoring trips from relevant TRCS HQ technical staff, the IFRC will conduct monthly field missions by Disaster Management and finance delegates. In

addition, given the workload relating to procurements and fleet, the Cluster senior logistics & procurement officer will also conduct field support travel.

In addition to regular support supervision and review meetings, to measure the effectiveness and beneficiary impact, monitoring and evaluation of the operation shall engage the communities through household surveys and focus group discussions. The PMER focal points shall develop the relevant tools in coordination with the health and DRM operation team to harmonize the methodologies and templates to deploy to collect such data, supervise the data collection process, analyse the data, and report on results. TRCS volunteers shall be engaged to conduct data collection in the communities after conducting training in conducting interviews and data collection.

Regular updates shall be shared from the NS and operation updates on monthly basis. Lessons learnt shall be shared and published.

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

The communications department will play a major role in ensuring that the communication strategy is in place and supported and that the visibility of the operation is promoted. Frequent visits to collect materials for publication will be done by the department with support from the IFRC cluster Office. The radio diffusion on messages will contribute as well to the large diffusion of the action made by TRCS on this outbreak. Each volunteers and staff deployed will reflect the image of the emblem in the attitudes with help of the CEA trainings and knowledge on RCRC principles. A range of beneficiary communications tools have been established, including a radio discussion, door to door visits, distribution and pasting of IEC materials in strategic areas. If supported and planned properly, these tools will be key to delivering sustainable behavior change, not just on Marburg but across health and disaster preparedness in general.

# Budget Overview



## DREF OPERATION

### MDRTZ033 - Tanzania Red Cross PTZ055 MDRTZ033 Kagera Marburg Viral disease outbreak

#### Operating Budget

Planned Operations	261,218
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	224,376
Water, Sanitation & Hygiene	24,272
Protection, Gender and Inclusion	1,058
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	11,512
Environmental Sustainability	0
Enabling Approaches	207,287
Coordination and Partnerships	0
Secretariat Services	114,388
National Society Strengthening	92,898
TOTAL BUDGET	468,505

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

- **National Society contact:** Lucia Pande, Secretary General, secretarygeneral@trcs.or.tz, +255765444497
- **IFRC Appeal Manager:** Papa Moussa Tall, head of delegation, papemoussa.tall@ifrc.org, +211912179511
- **IFRC Project Manager:**  
Daniel Mutinda, Delegate, disaster management, Daniel.MUTINDA@ifrc.org, +254725599105
- **IFRC focal point for the emergency:**  
Dr. Hillary Ngude, Director Health, ngudehilary@trcs.or.tz, +255757595890
- **Media Contact:** Seki Kasuga, Communication Manager, seki.kasuga@trcs.or.tz, +255675929412

[Click here for the reference](#)