



Dissemination activities in Bukoba, Kagera

Appeal: MDRTZ033	Total DREF Allocation: CHF 489,805	Crisis Category: Orange	Hazard: Epidemic
Glide Number: EP-2023-000047-TZA	People Affected: 2,980,000 people	People Targeted: 1,647,000 people	People Assisted: -
Event Onset: Slow	Operation Start Date: 27-03-2023	Operational End Date: 31-10-2023	Total Operating Timeframe: 7 months
Targeted Regions: Kagera			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

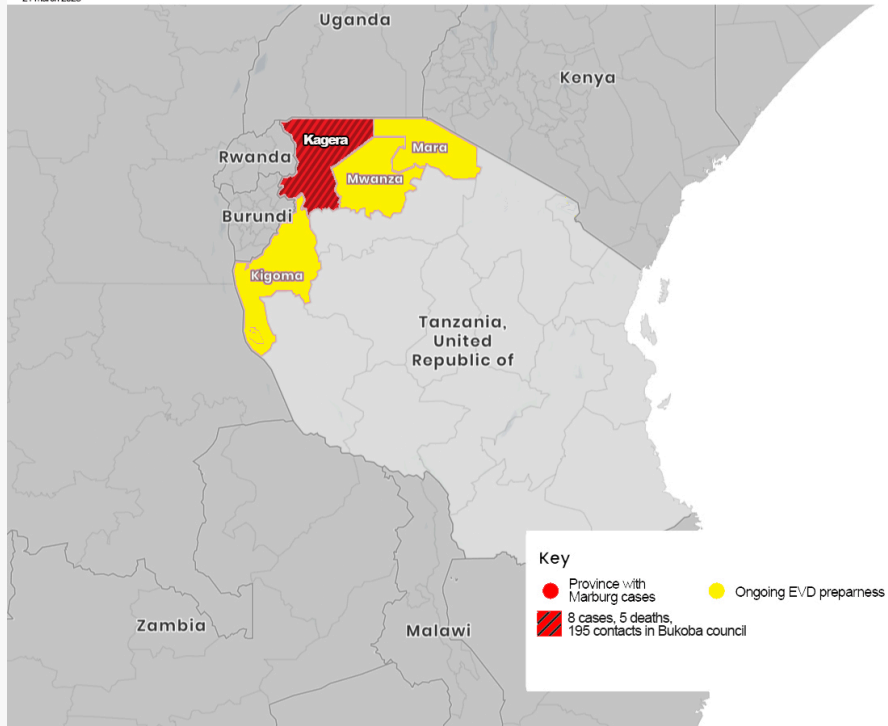
Description of the Event



+CIFRC

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

Date when the trigger was met

21-03-2023

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 the 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. 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.

On 2nd June 2023, the MOH declared the region Marburg free. At the end of the outbreak, the MoH had registered a total of eight confirmed cases and 1 probable case with 6 deaths since its declaration on 21st March 2023. Despite the declaration above, the ministry recommended continuation of some activities to support recovery and preparedness for similar risk. These included capacity building for the health workforce, risk communication, and community engagement, mental and psychosocial support to survivors and communities among others. Whereas most partners halted their interventions, Tanzania Red Cross continued to work closely with the Ministry of Health and other stakeholders, and development partners to support epidemic preparedness and recovery of communities within the region. The NS deployed volunteers across all districts in the region supporting hygiene and health promotion, community-based surveillance, risk communication, and community engagement installation of hand washing units at strategic locations and further capacity building for safe and dignified burials.





Volunteers CEA training



Volunteers in MVD sensitization activities, Kagera

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 worked closely with the Ministry of Health, other stakeholders and development partners to contain the spread of this disease. The NS deployed 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 and supporting MoH with safe and dignified burials.

Other agencies that worked to control the outbreak included the WHO & MSF, who provided medical supplies, transport, and medical personnel.

There were no new cases as of 21 March.

The Ministry of Health highlighted specific challenges to this operation as highlighted below;

- Inadequate resources: funds, vehicles, and human resources to support response.
- Interventions specifically for contact tracing.
- Inadequate health care providers who were 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 who were still home isolated.
- Some few contacts making movements out of their homes.
- Inability to do supportive laboratory tests (hematology, chemistry) for Marburg cases.
- Unfriendly infrastructure to reach some contacts specifically in the islands that lack formal transport mechanisms.
- Myths and misconceptions in the community about the disease.
- Complex geography and unofficial PoEs of the island thus difficulties to ensure screening of travellers 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.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?

No

IFRC Network Actions Related To The Current Event

Secretariat	<p>TRCS works closely with the IFRC Juba cluster delegation which covers, Uganda, South Sudan, and Tanzania. The cluster supported TRCS in the development of the Marburg response plan. IFRC deployed four surge profiles (Field Coordination, Public Health in Emergencies, Community Engagement Accountability, and SDB Coordinator) through the Juba cluster. The team was supported by the DM coordinator, Finance Delegate, and PMER officer who offered technical support throughout the intervention.</p>
Participating National Societies	<p>The Belgium RC FI and Spanish RC are PNS in-country located at TRCS HQ implementing DP, WASH, FA, and RMCH projects. However, there was no support from the PNSs in country in regards to the DREF. The NS kept the coordination platform active with information shared. Belgium RC FI ended its mission in Tanzania in May 2023.</p>

ICRC Actions Related To The Current Event

ICRC received briefs from the national society throughout the implementation period.

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>Yes</p>
National authorities	<p>The Ministry of Health's overall coordination of the response developed the National MVD response plan with a budget of USD 12.2 million. Again, with support from other partners established two Marburg treatment centers (Bujunangoma and Bukoba Regional Referral Hospital MTCs), treated, and discharged three cases that completely recovered. There is Mobile testing laboratory deployed in the Kagera region to expedite laboratory diagnostics for VHFS. The development and revision of Marburg virus disease case definitions were made, in addition, to contact tracing, isolation of more than 80 suspected cases mostly health care workers and Point of Entry POE screening among other surveillance activities. Risk communication was conducted through a mobile Public Address system and Community Health Workers, Mental Health, and psychosocial support to response teams, survivors, and communities were also provided among other interventions. Activities were supported by different partners including but not limited to; Africa CDC, CDC America, UNICEF, WFP, WHO, MSF, Save the Children, and MDH among others.</p>
UN or other actors	<p>The MoH with support from WHO conducted the After-Action Review (AAR) workshop to assess the MVD operational response. Two TRCS staff participated in the 3-day workshop conducted in Dar es Salaam. The avenue was used by the TRCS team to learn and share some of the best practices and recommendations for future responses. Other partners that attended the workshop were MSF, WVT, NIMR, MOH, PO-RALG, PMO-DMD, AMREF, Ministry of Livestock</p>

Are there major coordination mechanism in place?

The Ministry of Health is the overall coordination point for the response and recovery activities through its key departments including the National Public Health Laboratory, National Institute of Medical Research, and Medical Stores Department. The ministry was getting a backstop from Prime Minister's Office – Disaster Management Department (PMO-DMD). These are directly linked to the President's Office Regional and Local Government Authorities (PO-RALG) where coordination is decentralized. At the regional level, the regional commissioner/regional medical officer is chair of the National task force coordination meetings where all response partners and other MOH rapid Response Teams deliberate on response and recovery actions. The task force comprised of pillars that include WASH/POE, Case Management/IPC, Surveillance, Logistics, Risk communication and community engagement (RCCE), Laboratory, and Coordination. Red Cross (IFRC and TRCS) is part of the national task force and regularly participates in the national task force and pillar meetings (WASH, RCCE, and Surveillance)



Needs (Gaps) Identified



Health

These were the health gaps

1. Lack of awareness of the disease and high mortality rate of the disease poses a significant risk to the country and its surroundings, Kagera is a border town to Uganda, Rwanda, and Burundi posing cross-border health risks as a result of movement of people.
2. Tanzania has limited experience in responding to Epidemics and, a lack of sufficient medical staff and health facilities.



Water, Sanitation And Hygiene

These were the needs identified under WASH

- Strengthening of hygiene Promotion and awareness in health centers and communities. The Kagera regional commissioner's office (RC) through a letter to TRCS dated 22nd March 2023, requested for WASH material support demonstrated gaps in the WASH, especially on IPC at the health and community level to combat this outbreak.
- Support to Health Centers and establishment of quarantine and isolation centers.



Community Engagement And Accountability

A strong feedback management system and engagement at both community and institutional levels were proposed to deal with misinformation, rumours, and stigma associated with the disease. This was to be managed through Data collection in KOBO

Operational Strategy

Overall objective of the operation

The overall objective was 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 was part of 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 was integrated with a cross-border preparedness effort for MVD prevention and rapid identification/ response in Rwanda, Burundi, and Uganda.

Operation strategy rationale

TRCS plan was to ensure health response is covered at community level and prevention is strengthened in the various entry points and in the affected and at-risk districts. The strategic focus of the NS was:

- To strengthen the RCCE actions through the team available at community level, the acceptance and access in all the remote areas in affected or at risk communities.
- Support the surveillance system in place in coordination with MoH and existing referral structure
- Ensuring data collected through feedback system, volunteers and stakeholders are analyzed and support addressing the contact tracing and prevention system. It also aimed to play a key role on the key priority areas and actions for the risk communication and engagement with stakeholders and communities.
- Deployed Safe and Dignified Burials (SDB) team. In total 5 teams were trained, mobilized and deployed for the intervention. IFRC regional/cluster Epidemics health delegate was deployed for quick startup while surge unit is mobilized for further profiles identified as needed, such as PHIIE. MoH was responsible for conducting swaps from suspected cases and information shared with TRCS team for actions.
- To limit/reduce significantly the hygiene and sanitation gaps in the most at risk communities where outbreak was ongoing.
- 122 volunteers engaged throughout the operation for a period of four and now 3 more months, 20 volunteers per district across 5 key priority districts conducting RCCE, PFA, surveillance, 16 others conducting SDB and 6 others attached to border crossing and axis to Dar es Salaam.

Benefit of the readiness under MDRTZ032 DREF operation and transition to the Marburg intervention

The readiness activities completed under the MDRTZ032 EVD preparedness DREF served greatly for the quick start of this response and



the capacity of the NS to intervene, positioned themselves and be efficient. There was a set-up in place for SDB trainers and already existing team that could serve in case of escalation. Indeed, EVD preparedness DREF trained four (4) SDB teams in Mwanza, Kigoma, Mara and Geita. In Kagera, two SDB trainers of trainers were trained under the same intervention and they served for cascade training to the additional team deployed for SDB activities. They were also the first deployed from onset to support the intervention. To cascade a full package training of 4 days trainings to the planned 5 SDB teams that were to cover the 5 districts of Kagera, IFRC deployed a surge. The SDB kits used for the training at the onset of the Marburg outbreak were kits procured during EVD preparedness DREF. Taking advantage of preparedness under MDRTZ032 EVD operation, current allocation only covers 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 were an advantage in this response. The kits received from DRC were to be replenished through this DREF. MDRTZ032, being under closure during the implementation of this DREF, the SDB kits procurement launched under the MDRTZ032 were moved and to be finally procured under the Marburg intervention MDRTZ033. This aimed to avoid restarting the procurement process and ensure continuity. The procurement was planned to be shipped back to DRC to replenish kits provided to quick start the intervention as detailed above.

Integrated programming and coordination

- Coordination: NS took part in various coordination meetings at national and regional levels, to ensure alignment between its strategy and that of MoH for best impact. This was led by the Director of Health and Social Services at the national level and by the Ag. Director for Disaster Management with support from the regional coordinator at the regional level. They shall all work under the general supervision of operation management in Kagera. The structure was set to ensure NS is integrated into operational coordination and high-level discussion at the county and branch levels. IFRC has 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 was deployed to support the coordination of the response at the field level while working with the PHiE surge and reporting to the IFRC operations manager. Community Health intervention was a collective strategy from volunteers, health workers and community committees/ representative engaged to ensure an increasing community health literacy and early detection of MVD. The intervention was also a combine and integrated actions of EPiC, Surveillance, and RCCE to enhance the impact at community level, especially for interrupting the transmission.

- Ensuring local government participation at all level and continuously: The NS regional office is the main field operations coordination center for the response. The regional office under the leadership of the regional coordinator works closely with the Kagera regional local government in different areas including sharing resources, joint planning, assessments, and field support supervision. The NS participates in formal and informal coordination meetings with the local government where the national response operation unit is uncured.

- TRCS worked on ensuring integrated programming between sectors. The program was led by the health department and coordinated and supported by Disaster Department both technically and administratively. The two departments collaborate with the support of; the logistics department that supports procurements and fleet management etc.; branch and Organization development directly responsible for regional branches and volunteer management; Finance department for guidance and support in performing all financial transactions according to the finance policies in place; Communication department for public relations and dissemination of program activities. Other sectors that support this response include Planning Monitoring Evaluation and Reporting. All department sectors are directly under the leadership and guidance of the office of the secretary General to ensure smooth operations during the response.

The NS volunteers were used as a main channel for keeping communities informed of operational activities and progress. Including selection criteria, support available, delays, and exit. How communities are being given opportunities to participate in the operation. Group discussion were facilitated by trained volunteers and supervisors to ensure adequate messages are passed to key representatives and leaders from the NS actions to the information on prevention. Feedback received were addressed during discussions and the main comments were used to strengthen the messages to the communities or define the priority areas, actions etc.

Targeting Strategy

Who was targeted by this operation?

This operation focused on Kagera region in two priority areas:

- Priority one was four districts with confirmed cases, Bukoba Rural, Bukoba Municipal, Bukoba town, Misenyi and Muleba. Particular effort was put to Maruku and Kanyengereko wards in Bulinda and Butayaibega villages where initial cases had been reported.
- Priority two was 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 was 1,647,000 people in Kagera region for four months.



Explain the selection criteria for the targeted population

Targeting took into consideration the entire population of the affected area.

Total Assisted Population

Assisted Women	-	Rural	70%
Assisted Girls (under 18)	-	Urban	30%
Assisted Men	-	People with disabilities (estimated)	-
Assisted Boys (under 18)	-		
Total Assisted Population	-		
Total Targeted Population	1,647,000		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes 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.	There was heightened community awareness on MVD and its spread.
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 possibility of a volunteer being infected while at home from family members as well as during activities was considered as a priority risk to monitor and manage. Staff and volunteers were provided with PPEs and insurance. The volunteers were adequately supervised, briefed, and debriefed throughout the response.
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 were screened at entry points of the four different borders. TRCS stationed two volunteers at the four official borders to conduct screening. Handwashing facilities were installed at these borders while a surveillance form was instituted by the authorities for people coming and leaving the country.
Procurement delays of SDB kits. SDB kits have to be procured through the Africa regional logistics unit of 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 was initiated through this DREF.
Unofficial border crossing allowing populations cross border without screening...	Unofficial entry points were closed and closely monitored.



Implementation



Budget: CHF 224,376

Targeted Persons: 1,647,000

Assisted Persons: 863,506

Targeted Male: 431,753

Targeted Female: 431,753

Indicators

Title	Target	Actual
umber of SDB Training starter kits procured	2	0
umber of SDB Replenishment starter kits procured	2	0
Number of SDB starter kits procured	2	0
Number reached with health promotion messaging	1,647,000	863,506
Number of volunteers trained on PFA as part of EPiC	100	120
Number of coordination meetings attended	12	65
Number of volunteers trained on EPiC	100	120
Number of volunteers engaged on RCCE	122	122
% of community feedback collected and tracked	80	54
Number of SDB teams trained	4	5
Number of SDB teams deployed from other regions	1	1
Number of SDB replenishment kits replenished prepositioned	5	1
Number of IEC material produced	5,000	6,000

Narrative description of achievements

Trainings:

4 Red Cross SDB teams, plus an additional MOH team was trained. The need to have those teams came following a joint rapid capacity assessment of the team during the operation. Volunteers and staff were trained on Epic.

TRCS Health and RCCE support to the Marburg intervention

- Risk Communication and Community Engagement (RCCE): Epidemics Preparedness and Response in Communities training (EPiC training) was organized using earlier trained ToTs (trained under the EVD preparedness). A cascade approach was used to ensure everyone engaged in the operation receive the competencies required to intervene safely and effectively. TRCS trained 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 22 other volunteers were trained during the ongoing EVD preparedness DREF. The trainers of trainers were used to facilitate this training and were done in the same week across all the districts. In total, 122 volunteers have been trained on EPiC in the Kagera region. IFRC Africa



Regional RCCE office supported TRCS RCCE Manager in supervising deployed volunteers and attending the RCCE pillar before the deployment of an RCCE surge profile.

- TRCS community-based volunteers conducted health promotion activities through household visits, community gatherings, schools, institutional gatherings, and mass communication campaigns. 6000 IEC materials were produced and distributed by volunteers during health promotions and risk communication.

- Surveillance: The trained 122 volunteers also supported active case finding as part of regular community health activities. The 122 volunteers have been engaged for 20 days per month for four consecutive months. TRCS volunteers worked closely with the local government Surveillance team in sharing the surveillance, contact tracing, and case identification. Through the collaboration in this operation number of new alerts were detected and verified within 24 hours per day with a total number of 299 alerts reported, 3 total survive, 62 cumulative suspected 62, 34 cumulative cases tested but not met, and 93 cumulative cases tested, and 8 positive PCR tested.

- Safe and Dignified Burials (SDB): IFRC support was 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 is 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 used to cascade training to volunteers.

These SDB ToTs have been supported by the IFRC SDB surge profile to cascade a full package of training of 4 days of training to 5 SDB teams in the 5 districts of Kagera using SDB training kits procured during EVD preparedness DREF. Earlier procured SDB kits under the EVD preparedness will be used in future responses. IFRC regional/cluster epidemics health delegate was deployed for quick startup while the surge unit is mobilized for PHiE. MoH will be responsible for conducting swaps from suspected cases.

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

- Promoting early recovery and continuity of the changes noticed on practices and behaviors in the communities. The communities are encouraged to adopt locally available prevention approaches like regular hand washing using locally available soap and equipment like tippy taps, and use of locally available resources within community reach. There is continuous sensitization of communities to avert stigma and myths related to the Marburg virus disease response.

Lessons Learnt

- It was possible to achieve swift outbreak control by mainly leveraging regional support from IFRC and neighboring countries that still had stock of response items and in-country support from the local government authorities and inter-agency co-responders.
- The considerable number of reserve ToTs that had been trained in previous outbreak interventions (on SDB and EPiC) proved useful in training other volunteers/community health workers and commencing the epidemic response, even while waiting for the rest of the interventions to be in place. Existing capacities also contributed to a quicker intervention.

Challenges

- Delays were experienced in receiving body bags and personal protective gear for SDB, secondary to complications at the Mtukula border between Tanzania and Uganda.
- Receipt of expired chlorine powder in the cross-border support package (for disinfection of case-management centers) resulted in an expensive penalty by the Tanzania Revenue Authority (TRA) and the Tanzania Medical and Drugs Authority (TMDA).



Water, Sanitation And Hygiene

Budget: CHF 24,272

Targeted Persons: 1,647,000

Assisted Persons: 863,506

Targeted Male: 431,753

Targeted Female: 431,753

Indicators

Title	Target	Actual
Number of buckets procured	500	400



Number of handwashing units procured and installed	50	50
Amount of chlorine procured	45	45
Number of volunteers trained on Wash in emergency especially Hygiene	122	122
number of people reached with HP messages	1,647,000	863,506

Narrative description of achievements

- Through the Wash pillar, the TRCS was able to install all handwashing facilities in respective earmarked places including health places, schools, and churches among others. The chlorine was procured in the process to be delivered to the field and continued during the recovery plan in the month of July. The Buckets were delivered and distributed since they came on time and served their purpose.

WASH was focused on hygiene and awareness related to WASH factors

- Hygiene Promotion: Wash in health centers and communities, the operation teams received specific orientations on hygiene promotion and washing in emergencies. After they will be able to support communities and health centers on disinfections where suspected cases have been identified. TRCS procured and received in-kind support for WASH equipment and installed them at health centers, fishing camps, schools, markets, and border points of entry. Further TRCs under this DREF procured sanitization sprayers used by the SDB teams. Border health surveillance and dissemination of RCCE messages for MVD at the border crossing. There are four official border crossing points; Burundi, Rwanda, and Uganda where TRCS conducted surveillance at the border and on the axis to Dar Es Salaam. Five (5) volunteers were positioned per border point and along the exit to Dar Es Salaam for a period of three (3) months until the denounce of the outbreak in June 2023.

Lessons Learnt

- Collaboration between TRCS/IFRC and UNICEF financial and material resources significantly increased the number of volunteers/community health workers and influential community members trained/oriented on hygiene promotion interventions and the attainment of almost 100% coverage of the number of targeted households.

Challenges

- Some of the hand-washing soap that TRCS was offered to distribute (by leveraging UNICEF support) had expired and had to be recalled and replaced, thus causing a slight hiccup in the timing of the hygiene promotive intervention.



Protection, Gender And Inclusion

Budget: CHF 1,058

Targeted Persons: 1,647,000

Assisted Persons: 122

Targeted Male: 75

Targeted Female: 50

Indicators

Title	Target	Actual
Number of PSEA posters printed	500	0
Number of staff and volunteers trained on PGI as part of EPiC training	100	120



Narrative description of achievements

- The Printing and distribution of the PSEA materials were finalized. They will be utilized by the TRCS HQ staff and the Kagera region in future responses.
- During the Epic training 120 volunteers were trained in PGI as well.
- Protection, gender, and inclusion promotes the practice of protection, gender, and inclusion, PGI's focus was 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 Key messages were incorporated into the promotion messages.
- Feedback mechanisms to obtain and act on feedback from beneficiaries, volunteers, and staff have been in place to address any PGI-related issues in the response.

Lessons Learnt

- IEC materials in general should be adopted to the local languages

Challenges

- The printed materials were in English, so most of time was lost in translation.



Community Engagement And Accountability

Budget: CHF 11,512

Targeted Persons: 1,647,000

Assisted Persons: 2,608,679

Targeted Male: 1,165,387

Targeted Female: 1,443,292

Indicators

Title	Target	Actual
Number of PA systems hired	4	0
number of megaphones procured	20	20
Number of people reached with RCCE messages	1,647,000	2,608,679
Number of EOC activated	1	1
% of feedback and complaints collected and responded to	80	70
Number of functional hotline numbers established	1	2
number of meetings with community traditional healers	12	11
% of community members who agree they have adequate information about Marburg outbreak and how to protect themselves	80	79

Narrative description of achievements

- The trained TRCS volunteers conducted a baseline on MVD to ascertain knowledge, attitudes, and practice/perception (KAP) survey in 5 districts of the Kagera region. These are; Bukoba DC, Bukoba MC, Kyerwa DC, Missenyi DC and Muleba DC. The data collected was analyzed and disseminated both within the RCRC Movement (TRCS and IFRC) and externally to partners and stakeholders. There was a presentation to multi-sectoral national taskforce (NTF) meetings chaired by the MoH Regional Medical Officer, to inform intervention



decisions in MVD outbreak response for all partners and stakeholders involved.

- Key among the baseline findings was only 79.9% at the end of operation of community members agreed they had adequate information about the Marburg outbreak and how to protect themselves- with 96.3% of the respondents interviewed saying that the information they received was very useful to them. This was a result of the job done by TRCS volunteers and other stakeholders in RCCE activities to provide information and sensitization on MVD in the five (5) districts.
- Various CEA approaches were in use to ensure the targeted number of people were reached with RCCE messages. These approaches included house-to-house visits, community meetings- including religious gatherings, random individual engagements, and Focus Group Discussions (FGDs). The TRCS team worked hand-in-hand with the MoH Community Health Workers (CHWs) to ensure maximum reach and to avoid duplication of efforts at the community level.
- The hiring of PA systems in RCCE activities was not done under this DREF. It is important to note that the same activity had been carried out by TRCS in May through funding received from UNICEF. It was planned that the IFRC funds under this indicator budget line were to be utilized in June and July. Following the declaration of the end of Marburg on June 2nd, and discussions MOH team, TRCS, and other partners were discouraged from using mass media dissemination of MVD information as this may have started rumors and myths, thus being counterproductive to the RCCE goals. The RCRC team in Kagera therefore did not achieve this indicator in its outlined form, i.e., hiring of a PA System.
- The meetings with the traditional healers in Kagera were completed by the first week of July. A total of 11 sessions were done. All sessions took place using the CEA approach of focus group discussions, with the mobilization of the participants done through the office of the Regional Traditional Healers' coordinator Kagera. Each FGD reached 10 participants who have in-depth discussions around infectious diseases including viral haemorrhagic fevers like MVD and Ebola, as well as other topics on matter health including community health-seeking behaviours, patient referral to the hospitals, and IPC measures utilized by the traditional healers during their service provision. In June, 20 traditional healers from Bukoba Municipality were reached (10m and 10f).

Lessons Learnt

- Community engagement is key before during and after an intervention.
- Traditional healers helped in diffusing some of the myths.
- Gender should strictly be taken into consideration when targeting volunteers and beneficiaries.

Challenges

- Local language to be adopted in the printing of IEC materials.
- Gender was not considered in targeting.



Secretariat Services

Budget: CHF 114,388

Targeted Persons: 1,647,000

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of surge profiles deployed	4	4
Number of monitoring mission conducted	4	3

Narrative description of achievements

- All the target surge profiles were deployed and several monitoring missions were conducted both by IFRC and the NS. This included
 - Deployment of 4 surge profiles for three months as detailed below.
1. SDB coordinator – With the NS being new to the EVD capacity strengthening required, additional technical hands were requested and deployed to support the two additional trainings planned. Even with the trained teams, TRCS does not have SDB experience and the surge helped to fill that gap and ensure adequate measures are in place for the SDB activities and coordination.
 2. PHIE coordinator – Deployed to provide the needed public health support at the field level given that there were no Public Health



officer within the NS staff

3. Field coordinator – TRCS in the affected regional, has only one staff member managing 822 volunteers for other activities. The field co was requested to ensure proper coordination at field level as well as providing operational field support for any cross-border infections.
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.

Lessons Learnt

The role of Community Engagement was a shot in the arm for the operation.

The presence of IFRC Surge created a friendly and smooth environment for operation.

The program team with support from the Surge attended the National Task Force Meeting every morning from the beginning up to the end.

Timely reporting and day-to-day updates were a boost in decision-making.

Challenges

- Only three monitoring missions were conducted as opposed to the four planned. this was due to the geographical nature of the area.



National Society Strengthening

Budget: CHF 92,898

Targeted Persons: 1,647,000

Assisted Persons: 0

Targeted Male: 0

Targeted Female: 0

Indicators

Title	Target	Actual
Number of lessons learnt workshop	1	1
Number of staff mobilised and supported	5	5
Number of volunteers insured	122	122

Narrative description of achievements

Most of the deliverables in national society were achieved. TRCS ensured adequate emergency organisation was set-up for the intervention to be effective. This include:

- Activation and maintenance of a National Emergency Operation Centre. TRCS had an established EOC at the national level that was activated and branches technical profiles and governance were taking part of that EOC.
- TRCS program implementation rides on the presence of a large network of community-based volunteers. This places the communities at the center of the response actions. Feedback is easily collected and relayed back to the communities through the community-based volunteers and thanks to the access and acceptance. A structure was in place to manage and ensure safety and care of volunteers in their different roles including volunteer supervisors, branch focal persons, and regional coordination.
- Recruitment, remuneration, appraisal, and engagement of staff and volunteers were guided by the themes of the respective personnel irrespective of their gender or any other affiliations guided by the RC humanitarian principles and minimum standards for PGI.
- Five technical volunteers (formed as ToT) were mobilized to support the response under the SDB sector who underwent further mentorship by the SDB coordinator.
- The NS conducted a lesson learnt attended by all stakeholders, including government officials from MOH, all key staff involved during the response, partners, volunteers, and other partners including NGO's. It was conducted in Kagera Region.
- All volunteers were insured and two of them had an accident during response and their cost of treatment was covered by insurance.



Lessons Learnt

- Engaging Govt in implementation brings more benefits in coordination responses.
- Engaging the Community in getting feedback is key to an effective response.
- The need for community awareness of pandemic disease is paramount.
- Using local volunteers facilitates easy communication and effective response.

Challenges

- Community Health Workers from Government lacked knowledge on SDB so they relied on Volunteers.
- There was bad weather during the response since it was during the rainy season
- The geographical area of the Kagera Region is so verse that it hindered timely response.
- There was no gender balance in volunteer selection.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRTZ033 - Tanzania - Marburg Outbreak

Operating Timeframe: 27 Mar 2023 to 31 Oct 2023

Selected Parameters			
Reporting Timeframe	2023/3-2025/7	Operation	MDRTZ033
Budget Timeframe	2023-2024	Budget	APPROVED

Prepared on 15/Sep/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	489,805
DREF Response Pillar	489,805
Expenditure	-451,734
Closing Balance	38,071

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	257,368	260,162	-2,794
AOF5 - Water, sanitation and hygiene	25,560	25,560	0
AOF6 - Protection, Gender & Inclusion	1,127	1,127	0
AOF7 - Migration			0
Area of focus Total	284,054	286,848	-2,794
SF11 - Strengthen National Societies	106,500	106,500	0
SF12 - Effective international disaster management			0
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	99,251	58,386	40,865
Strategy for implementation Total	205,751	164,886	40,865
Grand Total	489,805	451,734	38,071

[Click here for the complete financial report](#)

Please explain variances (if any)

DREF allocation to this intervention was CHF 489,805. Expenditure reported at the end of the intervention is CHF 451,698, representing 92% of the budget. A balance of CHF 38,107 (18% of the funding received) will be returned to the DREF pot. Financial report is attached with the National society summary report as per the fund transfer modality.

The main variances are from the budget sent to National society and explanations are provided below:

Health reported 10% overspent which was a result of additional health awareness activities conducted to sensitize the communities on Marburg virus to prevent rapid spread. Despite the end of the outbreak, the Government requested to continue on the awareness to



strengthen the community readiness through strong community practice and knowledge.

Wash activities were also overspend by the National society to cover the travel cost for the wash focal person that supported in wash sensitization campaign under the operation.

Indirect cost recovery budgeted for the NS was underspent of 13%. The reason for the underspent on this budget line is due to some activities that had earlier been budgeted under TRCS being implemented directly by IFRC to FastTrack implementation.

From Secretariat expenses, there has been an underspend of 46%. The underspend is logic with the trend of the outbreak which didn't spread as planned for the worst case scenario, resulting on less supervision, time deployment and missions. In addition, the EVD preparedness operation still ongoing for some month in parallel of this DREF and along the same geographical region, some cross cutting support related to supervision and coordination was combined for cost efficiency.

National Society Strengthening has an underspend of 14%. Similar to the above, the reason for the underspend was due to some cross cutting NS support related costs that were costed to the EVD operation which was running at the same time with the Marburg outbreak along the same geographical region.



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 Juba Cluster Delegation, papemoussa.tall@ifrc.org, +254727911975

IFRC Project Manager: Daniel Mutinda, Delegate, disaster management, Daniel.MUTINDA@ifrc.org, +254725599105

IFRC focal point for the emergency: Daniel Mutinda, Delegate, Disaster Management, Daniel.MUTINDA@ifrc.org, +254725599105

Media Contact: Susan Nzisa Mbalu, Communication Manager, susan.mbalu@ifrc.org, +254733827654

[Click here for reference](#)

