



**SDB training simulation in Bukoba**

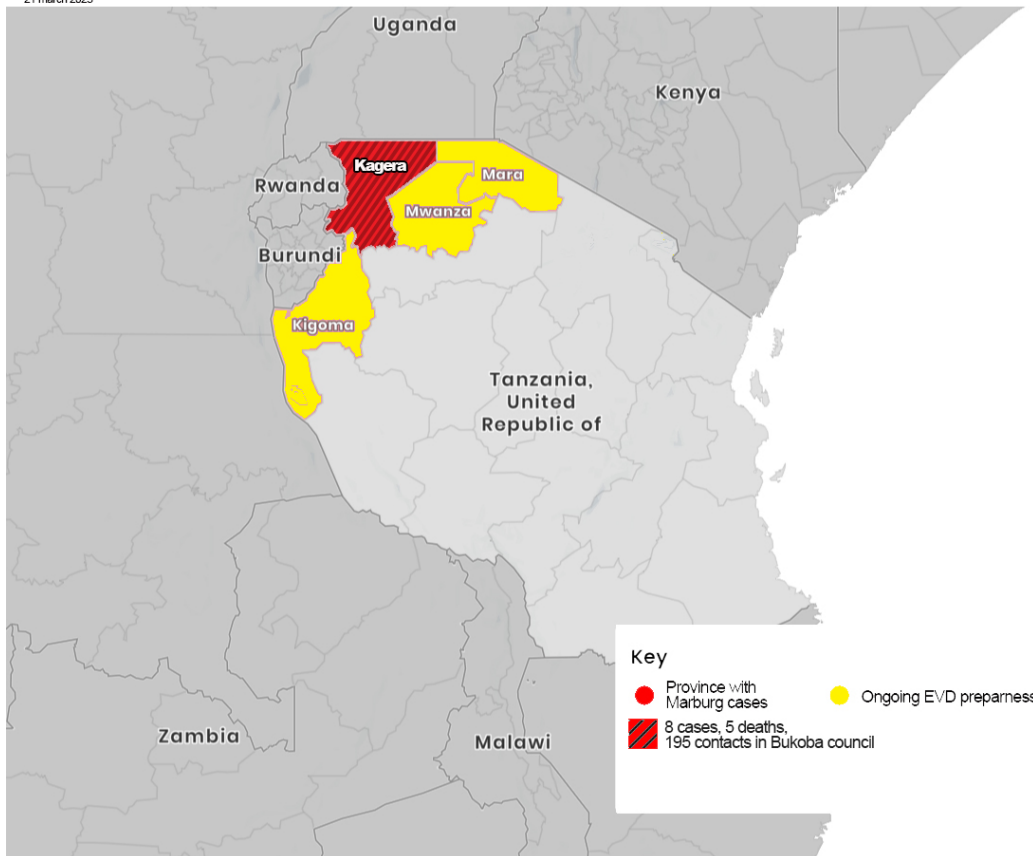
Appeal: <b>MDRTZ033</b>	Total DREF Allocation <b>CHF 489,805</b>	Crisis Category: <b>Orange</b>	Hazard: <b>Epidemic</b>
Glide Number: <b>EP-2023-000047-TZA</b>	People Affected: <b>2,980,000 people</b>	People Targeted: <b>1,647,000 people</b>	
Event Onset: <b>Slow</b>	Operation Start Date: <b>2023-03-27</b>	New Operational end date: <b>2023-10-31</b>	Total operating timeframe: <b>7 months</b>
Additional Allocation Re- quested <b>21,300</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 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 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.

On 2nd June 2023, the MOH declared the region Marburg free. At the end of the outbreak, the MoH has 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 the next outbreak in the region. 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 has 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 h





hygiene and health promotion, community-based surveillance, risk communication, and community engagement i  
n installation of hand washing units at strategic locations and further capacity building for safe and dignified burials.□

Kagera region located in the Northern part of the country shares international boundaries with Uganda, DRC, Burundi, and Rwanda. This confirms the region as one of the most at-risk regions of the country borrowing to t  
he fact that it registered the first ever viral hemorrhagic fever case in the country. The region is also surrounded by natural resources like lakes rivers, and game parks that also make the region a potential candidate for the next ep  
idemic potential outbreak. Therefore, it's against this background that the national society under the guidance of the Ministry of Health continues to support specific recovery and preparedness activities integrated into the ori  
ginal DREF plan of action.



Volunteers conducting RCCE at an open market in Bukoba | Meeting with Traditional Healers in 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 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 p  
reparedness efforts from TRCS including training volunteers on EPiC and SDB ToTs with further SDB training done f  
rom 26th March 2023. Besides, volunteers have been conducting community awareness on EVD and border s  
urveillance. In total, 22 volunteers have been trained on EPiC including RCCE while 2 ToTs have been trained on SDB. N  
oting that MVD and EVD share the same characteristics, this EVD support will be used during this MVD outbreak t  
o train an additional 100 volunteers. 2 SDB starters, 2 replenishment kits, and 2 training kits procured under the c  
urrent ongoing EVD preparedness DREF will be used to respond to this outbreak. However, with the procurement o  
f these kits through the regional logistics unit, we have experienced delivery delays. To cushion these delays and e  
nsure TRCS is SDB-ready, five (5) replenishment kits have been requested from DRC. Training kits procured under th  
e 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 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 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.

## Summary of changes

Are you changing the timeframe of the operation	<b>Yes</b>
Are you changing the operational strategy	<b>No</b>
Are you changing the target population of the operation	<b>No</b>
Are you changing the geographical location	<b>No</b>
Are you making changes to the budget	<b>Yes</b>
Is this a request for a second allocation	<b>Yes</b>



Has the forecasted event materialize?

Yes

### Please explain the summary of changes and justification

Exactly 73 days of active response to Marburg outbreak in Tanzania that declared on 21 March 2023, the Tanzania government declared Marburg disease outbreak over on the 2 June 2023. This then was followed by the development of a recovery and monitoring plan by the National Task Force for a period of two (02) months. This plan was aimed at guiding partners on appropriate modalities to support zero reporting and community surveillance. It was on this premise that TRCS, owing to its auxiliary role alongside other partners developed a three (3) months recovery plan accordingly to WHO to support further preparedness and accomplishment of pending deliverables within DREF.

Noting that the current Marburg response heavily depended on previous EVD preparedness activities, especially the MDRTZ032 EVD preparedness launched following Uganda Ebola outbreak. The human resources capacities, SDB and EpiC ToTs but also preposition of SDB kits planned under that preparedness operation was considered as complementary to the current DREF operation and not budgeted. While the capacity strengthening, readiness and preparedness of the NS and community has been clear added value to the Marburg response, the kits procurement are still ongoing.

Hence, this update aims to report the SDB kits procurement stopped under MDRTZ032 to the current MDRTZ033 Marburg operation, including 2 starter kits, 2 replenishment kits and 2 training kits initially to be procured under EVD preparedness DREF but not delivered. These kits were expected to strengthen TRCS's preparedness while activities that will be conducted within the remaining DREF period are tailored to support community & NS Visceral hemorrhagic fever broader preparedness to potential subsequent outbreaks in-country and bordering at risk countries.

The budget for this operation will be increased up to CHF 489,805 and timeframe extended for 3 months to ensure these kits are received when they arrive. MDRTZ032 EVD preparedness now closed, the budget for SDB kits under that operation will be returned to the DREF pot while the second allocation of CHF 21,300 under MDRTZ033 received is to include these costs for SDB.

Given that this DREF aims to respond to a VHF rank as an orange level emergency, and with consideration of the ongoing SDB procurement timeline to be received in average of 8 weeks and the surveillance period ongoing until September, a time frame extension of 3 months is also done. New end date being 31.10.2023. This will also support the reporting requirement for full effective closure of the operation.

## Current National Society Actions





SDB training in Bukoba

Receiving SDB kits from DRC

## National Society Readiness

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, at the time of launching this response, TRCS had 4 teams trained on SDB: in Mwanza, Mara, Geita, and Kigoma. In Kagera region, TRCS had 2 members trained as trainers on SDB. At the time of this update, TRCS, had conducted 3 rounds of SDB trainings with one prepositioned SDB replenishment kit at the region in addition to training of 1 MOH SDB team. Round one was done in April targeting volunteers from Bukoba MC and Bukoba DC. A total of 16 volunteers have been trained. The second round was done to volunteers in Kigoma and Geita Regions in May. A total of 15 volunteers attended this training. The third round was done in Bukoba MC targeting 12 participants from RMO office. The overall number of volunteers and government partners trained on SDB are 43. □

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 4 IFRC surge profiles: field coordinator, Public Health in Emergencies, RCCE and SDB coordinator. In addition, TRCS is also supported by the IFRC Juba cluster Disaster Management Delegate, 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. □

IFRC mobilized and deployed SDB kits from DRC to support TRCS in the response using the trained teams. These kits have been replenished through this operation and further kits for prepositioning are being expected into the country as sourced through the regional logistics unit.

Through the EVD preparedness DREF, 75 volunteers were trained on RCCE while a further 100 volunteers were trained during this response. 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 visits, 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 activated during this response. As part of advocacy, TRCS held various



	meetings with community leaders while printing the IEC materials and it was agreed that the NS will continue using MOH materials for dissemination.
<b>Coordination</b>	<p>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. These are directly linked to the regional and local government authorities 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 participate in the national task force and pillar meetings (WASH, RCCE and Surveillance).</p> <p>TRCS is an active member in the National Task Force (NTF) and also participates in partners meeting conducted weekly. The NTF meetings were conducted at EOC in Kagera on daily basis, chaired by Regional Medical Officer. The TRCS field team shared daily updates to inform for planning and decision making. Partners meetings conducted weekly chaired by WHO, discusses matters related to support towards response, coordinating partners efforts to avoid duplication of efforts, and discuss challenges about the response. The coordination mechanism provided an opportunity to receive National Situational Reports from the MoH. The members include WHO, UNICEF, MSF, AMREF, World Vision Tanzania, TRCS, CDC Africa Save the Children and MDH.</p>
<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>Health</b>	<p>During emergency response, the NS supported deployment of 122 volunteers across the region supporting risk communication, hygiene and health promotion, in communities: at household level and in strategic institutions like schools, churches, engagement, and installation of hand washing units at strategic locations as well as supporting safe and dignified burials. The trained volunteers were trained on IFRC health emergencies tools like CEA, PFA and EPIC.</p> <p>Surveillance and Case management: TRCS worked very closely with local government surveillance team in sharing the surveillance, contact tracing and case identification.</p> <p>Through this operation, the number of new alerts detected and verified within 24 hours per day were 299 alerts reported, 3 total survivors, 62 cumulative suspected, 34 cumulative cases tested but not met and 93 cumulative cases tested, and 8 positive PCR tested.</p> <p>A total of 100 volunteers have been trained on Epidemic Control Training have been done in the following districts – Bukoba MC, Bukoba DC, Muleba, Misenyi and Kyerwa. Each district trained 20 participants. The trained volunteers</p>



	are working on the RCCE, screening of travellers at the point of entry including RCCE and hygiene promotion as part of epidemic control.
<b>Community Engagement And Accountability</b>	<p>The Red Cross volunteers and community health workers from RCCE team provided education to mass business centers, providing house to house visit to educate the community risks related to the outbreak and epidemic diseases at Bukoba DC, Bukoba MC, Kerywa, Missenyi and Muleba.</p> <p>TRCS carried out a perception survey (KAP) conducted to understand the knowledge, attitudes and practices of the community towards Marburg virus disease to foster effective response interventions was conducted by the NS. The findings of this survey were used as baseline information for the MVD response and was shared and discussed internally and externally with stakeholders at the national taskforce meeting. The findings were also used to inform decisions and MVD operations by all stakeholders.</p> <p>Epidemics Preparedness and Response in communities (EPiC) training using earlier trained ToTs was organized to cascade the approach to ensure everyone engaged on the operation received the competencies required to intervene safely and effectively. TRCS trained 100 volunteers on EPiC - 20 volunteers per district in 5 districts for 4 days covering CBHFA, ECV, PFA and CEA. Six trainers of trainers (ToTs) and 16 other volunteers were trained during the ongoing EVD preparedness DREF. The trainers of trainers will be used to conduct these trainings 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.</p>
<b>Water, Sanitation And Hygiene</b>	In collaboration with other partners, TRCS volunteers and Community Health Workers (CHWs) decontaminated and conducted clean up sessions in different areas in Kagera, including screening of passengers in 5 districts Missenyi, Kerywa, Muleba, Bukoba DC and Bukoba MC. This has reached an estimated number of 9,081 travellers' and cumulative number stands as 435,204. The WASH team followed/inspected beaches noticed no hand washing facilities were in place and worked with other pillars of RCCE to continue creating awareness, screen passengers within the region through the screen points of health centers, houses, and other environments areas.

## 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 and four surge profiles who are helping TRCS in the operational setup and response. Further, the IFRC attends partners' national coordination meetings together with the NS.
	ICRC has a 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





<b>ICRC</b>	e 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 continuously been briefed with the current situation and approached to support the implementation of the contingency plan. However, Belgium RC FI ended their mission in Tanzania in May 2023.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<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 considered in the planning of this response.</li> </ul> <p>MoH will be conducting swaps from community deaths suspected or meeting community case definitions as well as cases from contact tracing exercises. □ MOH 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 are 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>	WHO coordinates 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, while others include but not limited to AMREF, MDH, MSF, and MTI.



### **Are there major coordination mechanisms in place?**

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.



# Needs (Gaps) Identified



## 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 border 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 borders. Marburg virus disease is a highly virulent disease that causes hemorrhagic 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.



## 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.



## Water, Sanitation And Hygiene

Hygiene Promotion and awareness needs to be strengthened in health centres and communities. The Kagera regional commissioner's 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.



## 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 follow the capacity of the local branch. TRCS will revise this plan in case of priority change of Government National response plan. This operation gives 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 covered at community level and prevention is strengthened in the various entry points and in the affected and at-risk districts. This involves 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 and now 3 more months, 20 volunteers per district across 5 key priority districts conducting RCCE, PFA, surveillance, 16 others conducting SBD and 6 others attached to border 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 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 (EPiC) training

using earlier trained ToTs will be organized in a cascaded 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 the trainings, 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. With the end of the outbreak, the below strategy will be implemented.□

#### Safe and Dignified Burials (SDB)□

IFRC support has been considered from the start to ensure quick mobilization and availability of SDBs 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 profiles 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 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 will be used in this response. IFRC regional/cluster epidemics health delegate will be deployed for quick startup while surge unit is mobilized for PHiE. MoH will be responsible for conducting swaps from suspected cases. □

The kits received from DRC will be replenished through this DREF. Indeed, the MDRTZ032, being a closed operation, all the procurement of SDB kits in completion will be balanced under this operation to avoid restarting the process. They will then be sent back to DRC following what was provided to quick start the intervention under this DREF.

#### 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 will be to prevent the families with affected people, volunteers engaged in this response and survivors of the disease from facing 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 center 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.□

Following the end of the outbreak declared on 02.06.2023, the NS is ending the last activities planned, mainly on reporting and completing international procurement of stock to be replenished back to DRC. The 90 days



surveillance is also closely monitored and ending in September. All actions will take a maximum of upcoming 10-12 weeks, hence justifying extension of the timeframe.

## 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 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 closed.
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	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 de-



<p>EVD preparedness DREF, kits had not been delivered forcing request to extend DREF implementation period.</p>	<p>livered. In the meantime, replenishment model will be instituted for kits mobilized from DRC.</p>
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>Staff and volunteer are provided with PPEs and insurance. Apart from these, volunteers will be supervised, briefed and debriefed throughout the response.</p>



# Planned Intervention


	Health	Budget		CHF 224,376
		Targeted Persons		1647000
Indicators		Target	Actual	
Number of IEC material produced		5000	6000	
Number of SDB replenishment kits replenished prepositioned		5	1	
Number of SDB teams deployed from other regions		1	1	
Number of SDB teams trained		4	5	
% of community feedback collected and tracked		80	54	
Number of volunteers engaged on RCCE		122	122	
Number of volunteers trained on EPiC		100	120	
Number of coordination meetings attended		12	65	
Number of volunteers trained on PFA as part of EPiC		100	120	
Number reached with health promotion-messaging		1647000	863506	
Number of SDB starter kits procured		2	0	
umber of SDB Replenishment starter kits procured		2	0	
umber of SDB Training starter kits procured		2	0	
Progress Towards Outcome				
TRCS community-based volunteers have conducted health promotion activities through household visits, community gatherings, schools, institutional gatherings, and mass communication campaigns. In addition to the 4 Red Cross SDB teams, an additional MOH team was trained following a joint rapid capacity assessment of the team during the operation.				




During the EVD preparedness DREF, 2 SDB starter kits, 2 replenishment and 2 training kits were planned for, however due to procurement delays this was not completed. This MVD DREF plans to accommodate the acquisition of these kits whose procurement is completed and set for transportation from supplier to Tanzania and will form part of TRCS preparedness stocks for epidemics.

With the DRC advance of SDB kits, the activities were fully carried out until the declaration of the end of the outbreak. The SDB kits under procurement will be replenished to benefit to DRC, replacing the kits received that allowed the intervention in Tanzania as per quick starting strategy.

For the mass media campaign during the awareness and messages, a public awareness system needed to be procured even if not initially planned and this was made possible with savings under the support cost lines. The procurement being delayed, even if the PA system can no longer been used after declaration of the end of the outbreak, to avoid launching rumors of new outbreak with intensive action, the PA system will serve for future response and contribute to the readiness capacity of the NS.

	Protection, Gender And Inclusion	Budget	CHF 1,058
		Targeted Persons	1647000
Indicators	Target	Actual	
Number of staff and volunteers trained on PGI as part of EPiC training	100	120	
Number of PSEA posters printed	500	0	
Progress Towards Outcome			
The Printing of the PGI has been finalized through the usual procurement process, it would be sent for dissemination during the month of July.			

	<b>Community Engagement And Accountability</b>	<b>Budget</b>	CHF 11,512
		<b>Targeted Persons</b>	1647000
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>	
% of community members who agree they have adequate information about Marburg outbreak and how to protect themselves	80	20	
number of meetings with community traditional healers	12	2	
Number of functional hotline numbers established	1	2	

% of feedback and complaints collected and responded to	80	70
Number of EOC activated	1	1
Number of people reached with RCCE messages	1647000	2608679
number of megaphones procured	20	20
Number of PA systems hired	4	4

### Progress Towards Outcome


The trained TRCS volunteers conducted baseline on MVD to ascertain knowledge, attitudes, and practice/perception (KAP) survey in 5 districts of Kagera region. These include 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, for the purpose of informing intervention decisions in MVD outbreak response for all partners and stakeholders involved. □

Key among findings was only 19.9% 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. To increase this number, the TRCS volunteers have continued with RCCE activities to provide information and sensitization on MVD in the districts and this number is expected to increase by the endline, which will be assessed through a similar survey in the month of July. □

Various CEA approaches are in use to ensure the targeted number of people are reached with RCCE messages. These approaches include house-to-house visits, community meetings- including religious gatherings, random individual engagements, and Focus Group Discussions (FGDs). The TRCS team is working 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 meetings with the traditional healers in Kagera have been planned for the months of June and July, with all meetings scheduled to be completed by the first week of July. These will take 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 is expected to have 10 participants who will have in-depth discussions around infectious diseases including the 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 the month of June, 20 traditional healers from Bukoba Municipality were reached (10m and 10f). □

The hiring of PA systems in RCCE activities has not been done under this DREF. It is important to note that the same activity had been carried out by TRCS in the month of May through funding received from UNICEF. It was planned that the IFRC funds under this indicator budget line were to be utilized in the months of June and July. Following the declaration of the end of Marburg on June 2nd, and following discussions with the MOH team, TRCS and other partners were discouraged from using mass media dissemination of MVD information as this may have started rumours and myths, thus being counterproductive in the RCCE goals. The RCRC team in Kagera may therefore not achieve this indicator in its outlined form, i.e., hiring of PA system, and discussions are ongoing within TRCS management on alternative use of this line in the recovery phase and to support future RCCE preparedness.

	<b>Water, Sanitation And Hygiene</b>	<b>Budget</b>	CHF 24,272
		<b>Targeted Persons</b>	1647000

Indicators	Target	Actual
number of people reached with HP messages	1647000	863506
Number of volunteers trained on Wash in emergency especially Hygiene	122	122
Amount of chlorine procured	45	45
Number of handwashing units procured and installed	50	50
Number of buckets procured	500	400


### Progress Towards Outcome

Through WaSH pillar, TRCS was able to install all handwashing facilities to respective earmarked places including in health places, schools, churches among others. The chlorine was procured and is in the process of being delivered to the field and will continue during the recovery plan in the month of July. The buckets were delivered and distributed since it came on timely and served its purpose.

	Secretariat Services	Budget		CHF 114,388
		Targeted Persons		1647000
Indicators		Target		Actual
Number of monitoring mission conducted		4		3
Number of surge profiles deployed		4		4

### Progress Towards Outcome

All target surge profiles were deployed. However, the secretariat is yet to conduct the final field monitoring visit to the operation area. The cluster delegation has continued to hold bi-weekly meetings with the field teams.

	National Society Strengthening	Budget		CHF 92,898
		Targeted Persons		1647000
Indicators		Target		Actual
Number of volunteers insured		122		122
Number of staff mobilised and supported		5		5
Number of lessons learnt workshop		1		0



### Progress Towards Outcome

Most of the deliverables in national society have been achieved. 3 technical volunteers were mobilised to support the response under SDB sector who underwent further mentorship by the SDB coordinator. The NS plans to conduct a lesson learnt workshop during the month of July, will bring all key staff involved during response, government more so, the MoH, partners, volunteers, and other partners including NGOs. This will be conducted in Kagera region.





# 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, analyze the data, and report on results. TRCS volunteers shall be engaged on data collection in the communities after being trained on how to conduct data collection interviews. □

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 volunteer and staff deployed will reflect the image of the emblem in the attitudes with help of the CEA trainings and knowledge on RC RC 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.

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