



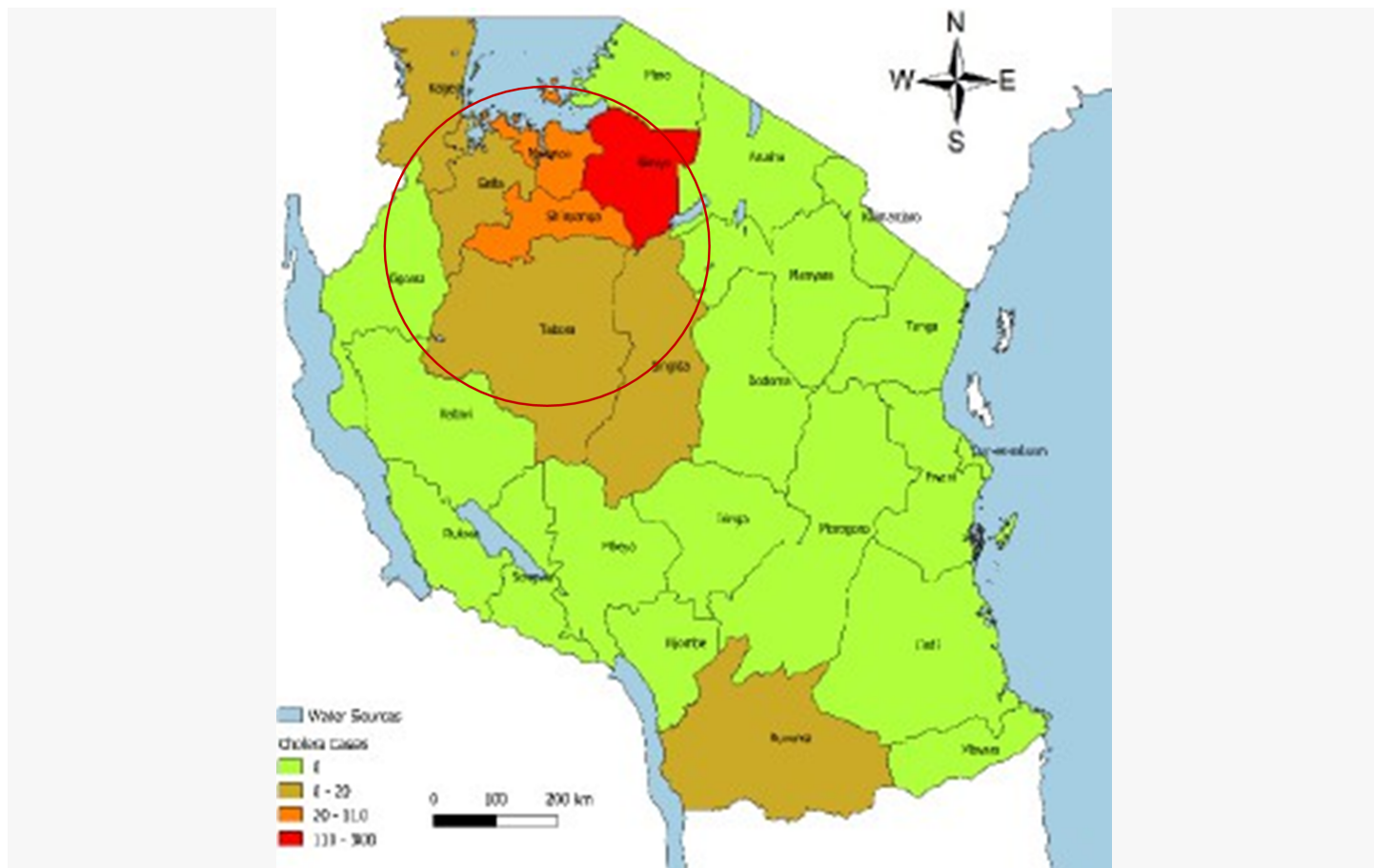
TRCS and IFRC meeting traditional healers during Marburg outbreak response by TRCS

Appeal: MDRTZ037	Country: Tanzania, United Republic of	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 186,866	
Glide Number: -	People Affected: 4,465,435 people	People Targeted: 178,607 people	
Operation Start Date: 2024-02-14	Operation Timeframe: 3 months	Operation End Date: 31-05-2024	DREF Published: 15-02-2024
Targeted Areas: Kagera, Mwanza, Shinyanga			

Description of the Event

Date when the trigger was met

2024-01-25



Trend of reported cholera cases in the current active regions by MOH

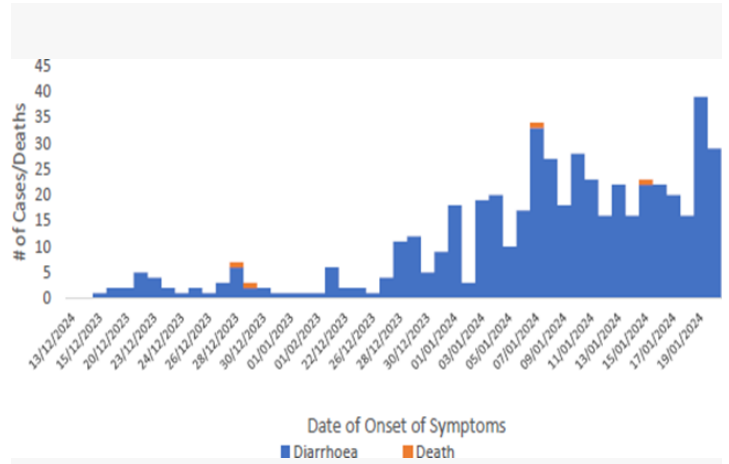
What happened, where and when?

According to Situation Report number 134 from the Ministry of Health (see Appendix 1), cholera outbreaks have been documented in 13 regions of Tanzania Mainland since January 5th, 2024. These regions include Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Katavi, and Geita, with a total of 1,521 reported cases and 34 deaths (Case Fatality Rate 2.3%). Among the 14 affected regions, the cholera outbreak has been declared over in 5 regions: Mara, Kigoma, Arusha, Kilimanjaro, and Dodoma.





Coordination meeting in Kagera region by TRCS



Epi curve by MoH

Scope and Scale

Since September 5th, 2023, a cholera outbreak has been reported in 13 regions of Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Dodoma, Mwanza, and Geita in Tanzania Mainland, with cumulatively 1,521 cases and 34 deaths (CFR of 2.3%) reported. Out of 13 regions, a Cholera outbreak was declared over in 5 regions (Mara, Kigoma, Arusha, Kilimanjaro, and Dodoma). Cases in Mwanza, Shinyanga, Simiyu and Kagera regions have continued to increase to date, making these regions the most affected at present. The trend of this disease shows that there is a risk of the disease spreading further, if necessary, measures are not put in place. With the ongoing El nino a long rains period expected to start in March through May 2024, there is a probability that these cases will rise, and more regions will be affected. The table below shows the number of cases and deaths per region:

Region	Cases	Death	CFR
Mara	252	8	4.1
Kigoma	67	2	2.9
Arusha	213	0	0
Kilimanjaro	3	0	0
Singida	128	4	3.1
Simiyu	266	3	1.1
Dodoma	5	0	0
Kagera	72	6	8.3
Mwanza	257	2	0
Tabora	22	0	0
Ruvuma	3	0	0
Shinyanga	165	6	3.3
Geita	12	1	0.1
Katavi	21	0	0.0
Morogoro	19	0	0
Manyara	9	0	0
Total	1,521	34	2.3

Since 23rd December 2023 to date, eight regions (Kagera, Ruvuma, Simiyu, Tabora, Shinyanga, Singida, Geita and Mwanza) have active outbreaks with a total of 851 cases. Of the total reported cases, female 385 (46.8%) accounted for most cases and most of the cases 245 (33.8%) aged between 15- and 49-years. In these 8 active regions, most of the cases are coming from Mwanza, Shinyanga and Kagera, with both Shinyanga and Kagera having case fatality rate above the outbreak CFR due to delays in excess of prompt and proper medical care, thus the national ministry of health request to have focused interventions in the 3 areas.

Tanzania has never experienced an almost countrywide spread of cholera infections in the last 4 decades. At most, it has only been witnessed and quickly contained in up to two regions concurrently per year. With the present El Nino rains in all 31 administrative regions of Tanzania, the existing wastewater drainage systems have been overwhelmed and many have collapsed completely, particularly those of Mwanza, Shinyanga and Kagera. The regions also happen to be the most densely populated in the country; Mwanza has the highest number of squatter-settlements with unplanned hillside infrastructure and unplanned fish markets. Shinyanga is a mining region with widespread open defecation practices in the popular weekly community food markets. The scale of this year's heavy rainfall, the resultant overflow of latrine facilities and poor hygiene practices in the affected communities have made this epidemic spread much faster than the country's coping mechanism could contain it.



If the pace of repair and restructuring of the dilapidated wastewater disposal system is not adequate, and if access to safe water and improved water management do not happen at a sufficient scale, and if household engagement in behavior change does not go in tandem with these interventions, the country is likely to experience a protracted cholera epidemic in all its regions. Mwanza, Shinyanga and Kagera happen to be the main transportation hubs to Kenya, Uganda, Rwanda and Burundi, along with most other regions of Tanzania,
ChatGPT

Since September 5th, 2023, a cholera outbreak has been reported in 13 regions of Tanzania Mainland, including Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Dodoma, Mwanza, and Geita. A total of 1,521 cases and 34 deaths (a Case Fatality Rate of 2.3%) have been recorded. Out of these regions, the cholera outbreak has been declared over in five: Mara, Kigoma, Arusha, Kilimanjaro, and Dodoma. However, cases in Mwanza, Shinyanga, Simiyu, and Kagera regions have continued to rise, making them the most affected currently. The increasing trend indicates a risk of further spread without necessary interventions.

With the upcoming El Niño and the long rains expected from March to May 2024, there is a likelihood of a rise in cases, potentially affecting more regions. This situation is exacerbated by the current outbreaks in eight regions (Kagera, Ruvuma, Simiyu, Tabora, Shinyanga, Singida, Geita, and Mwanza) with 851 active cases reported since December 23rd, 2023. Most cases (46.8%) are female, with the majority (33.8%) aged between 15 and 49 years.

In the active regions, Mwanza, Shinyanga, and Kagera have reported the highest number of cases, with case fatality rates exceeding the outbreak CFR due to delays in accessing prompt and proper medical care. The Ministry of Health has requested focused interventions in these areas. Tanzania has not experienced such widespread cholera infections in nearly 40 years, typically containing outbreaks to one or two regions per year.

However, the current heavy rainfall has overwhelmed and even collapsed wastewater drainage systems, particularly in Mwanza, Shinyanga, and Kagera, which are also densely populated regions. These regions face additional challenges such as unplanned settlements, mining activities with poor hygiene practices, and overloaded sanitation facilities, contributing to the rapid spread of the epidemic.

Without adequate repair and restructuring of the wastewater disposal systems, improved water management, and widespread behavior change, Tanzania is at risk of a prolonged cholera epidemic affecting all regions. Moreover, Mwanza, Shinyanga, and Kagera, being major transportation hubs, pose a risk of spreading the disease to neighboring countries such as Kenya, Uganda, Rwanda, and Burundi.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Based on the 2021 cholera response in Katavi and Kigoma, the presence of close collaboration between TRCS, the prime minister's office responsible for disaster coordination, the Ministry of Health and regional and local governments made it easier to control the outbreak in a short period of time. This was as a result of increased efforts on risk community communication and engagement, contact tracing and early detection of cases.

Drawing from past experiences in cholera response, involving the community in activities such as promoting hygiene, encouraging handwashing, identifying and reporting cases at the household level, and assisting in transporting cases to treatment centers is crucial. This community engagement ensures that all necessary information on new cases is gathered, and preventive measures are effectively implemented. Moreover, close monitoring of service provision by health department leaders, district governments,



disaster committees, and experts from organizations like the Red Cross and IFRC, along with regular updates on activities, helped to coordinate the response and adjust strategies based on the actual situation in affected areas.

Current National Society Actions

Start date of National Society actions

2024-01-05

Health	<p>The Tanzanian Red Cross Society (TRCS) has a medical team comprising 45 doctors and 72 nursing personnel, along with 2,487 volunteers trained in pre-hospital care. This team is equipped to respond effectively to the initial impact on the population. Health monitoring will be conducted from situation rooms, and continuous communication will be maintained to promptly identify epidemiological outbreaks. The medical and nursing teams are deployed nationwide, with half of them currently active in refugee camps and host communities nearby, while the remainder are on standby for immediate deployment in the event of an outbreak.</p> <p>Additionally, nine volunteers are currently in the field conducting active case finding, promoting community awareness, and referring suspected cases for further evaluation.</p>
Water, Sanitation And Hygiene	<p>TRCS is currently collaborating with UNICEF to provide Water, Sanitation, and Hygiene (WaSH) interventions in four regions: Mara, Arusha, Manyara, and Kagera. This involves training volunteers and Community Health Workers (CHWs) and conducting Food and Hygiene promotion in affected communities. TRCS has deployed 80 volunteers, trained during the Marburg response, to support health and hygiene promotion in these regions to help break the chain of cholera transmission.</p> <p>In Kagera, UNICEF is supporting the National Society (NS) to construct/improve water systems (concrete and plastic tanks and pipes) that supply water to Bujunangoma and Kabyaire Health Centres. This is intended to help local health authorities manage suspected and confirmed cases of recent disease outbreaks.</p> <p>Since the cholera outbreak began in Missenyi District of Kagera, only 9 TRCS volunteers were trained with UNICEF support to conduct house-to-house hygiene promotion before the disease spread to other districts in the Kagera region. UNICEF's support to TRCS in this response is focused on one district in each region, leaving TRCS to target seven other districts in the larger Kagera region with this Disaster Relief Emergency Fund (DREF) response.</p>
Coordination	<p>The Tanzanian Red Cross Society (TRCS), in partnership with the Ministry of Health and United Nations Agencies, has continued to hold daily Interagency Management System (IMS) meetings at national, regional, and council levels. These meetings aim to coordinate the generation of daily situation reports. So far, 134 reports have been produced, with TRCS participating as the minute taker and co-facilitator.</p> <p>A multisectoral approach was employed in the initial assessment of cholera outbreaks across the country, led by the Ministry of Health. The assessments, primarily conducted in hotspot locations, have been compiled nationally to document the number of confirmed cases. TRCS is actively engaged at regional and district levels, closely collaborating with government medical officers at these levels as well as at the national level.</p>
National Society Readiness	<p>In terms of human resources, the Tanzanian Red Cross Society (TRCS) conducted trainings in various sectors during the first quarter of 2023. These included EPIC (2 in Mwanza and Kagera), SDB (1 in Kagera), CBS (2 in Mwanza and Kagera), first aid (2 in Mwanza and Shinyanga), mental health and psychosocial support (2 in Mwanza and Kagera), water, sanitation and hygiene (1 in Kagera), gender, protection and inclusion (1 in Kagera), community engagement and accountability (1 in Kagera), as well as restoring family links (for regional coordinators of all 31 administrative regions). This diverse skill</p>



set enables TRCS to provide a comprehensive response to the cholera outbreak, especially at this critical time.

For the current response, TRCS has deployed 150 volunteers to three affected regions to conduct Risk Communication and Community Engagement (RCCE) activities, raise awareness about water, sanitation, and hygiene (WASH), and implement community-based surveillance.

TRCS has over 300,000 volunteers trained in various disease outbreak interventions, including COVID-19, Ebola Virus Disease (EVD), Marburg Virus Disease (MVD), and cholera. For EVD preparedness, 75 volunteers were trained and deployed across 15 regions. For MVD response and mitigation, 120 volunteers were trained and deployed in areas such as EPIC, active case finding, RCCE, WASH, and Safe and Dignified Burial. These volunteers, led by regional TRCS coordinators, have been collaborating with regional/council medical officers to report on outbreak suspects, patient-contacts, and referrals.

Cholera preparedness efforts will continue under the IFRC Network Tanzania Country Plan for 2024 once the Disaster Relief Emergency Fund (DREF) period lapses, with an expectation that the cases will be contained. The IFRC Network Country Plans provide an integrated view of ongoing emergency responses and longer-term programming tailored to the country's needs, ensuring activities are streamlined under one plan while meeting the needs of those affected by the disaster transparently and accountably. Any extension of the crisis-specific response beyond the specified timeframe will be communicated in due time.

TRCS collaborated with the Ministry of Health in devising the National Cholera Response Plan, with the NS tasked with implementing resource mobilization, RCCE, WASH, active case finding, and Infection Prevention and Control (IPC).

TRCS has four Oral Rehydration Point (ORP) kits and 16 Trainers of Trainers on Oral Rehydration Therapy (ORT) stationed across the country. These kits have been used for simulation training of additional volunteers (40 in Zanzibar, 35 each in Mbeya and Dar es Salaam). They are stationed outside the affected regions and are being mobilized for deployment. The ORT Trainers of Trainers are also being mobilized to conduct trainings in the affected regions.

Assessment

In accordance with the Ministry of Health (MoH) guidelines, teams from various regional and district offices in the affected areas have been notified to conduct pre-assessments. They are collaborating with regional medical teams to coordinate surveillance, case management, and Risk Communication and Community Engagement (RCCE) activities since the outbreak was declared. Daily updates from all regions are being shared to compile the national Situation Reports (SitReps).

Resource Mobilization

TRCS is working very closely with UNICEF to mobilize resources for the Cholera response. Current UNICEF supported TRCS specifically on WASH innervation to three regions (Mara, Arusha and Kagera). However, in Kagera, UNICEF support is only limited to one district (Misenyi) out of the eight districts in the region.

As cholera is increasingly becoming endemic in Tanzania, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Tanzanian Red Cross Society (TRCS) are collaborating one WaSH initiative aimed at eradicating the disease in the long term. A proposal has been formulated and deliberated upon with the United States Agency for International Development (USAID) within the country.

Activation Of Contingency Plans

The National Cholera Response Plan (January-February 2024) is currently being implemented, and TRCS is working in alignment to it. In this plan, TRCS has been assigned a role in resource mobilization, community-based surveillance, WASH, MHPSS and RCCE.

National Society EOC

The National Society has activated a monitoring room at the national level, which is constantly reporting on the cases that have occurred throughout the national territory



as well as the actions carried out by the assessment teams on site, guaranteeing timely on-site information on the events.

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>While the International Federation of Red Cross and Red Crescent Societies (IFRC) does not have a presence in the country, the Tanzanian Red Cross Society (TRCS) collaborates closely with the IFRC Juba cluster delegation, which covers Uganda, South Sudan, and Tanzania. This cluster is supporting TRCS in developing the cholera response plan. IFRC has deployed the cluster PMER, operations, and finance delegate to assist TRCS in setting up operations and responding effectively. Additionally, IFRC participates in partners' national coordination meetings alongside the National Society (NS).</p> <p>Under the ongoing floods and landslides emergency appeal, TRCS is responding in four regions: Manyara, Unguja, Geita, and Dar es Salaam. These regions are not included in the Cholera Disaster Relief Emergency Fund (DREF) response, ensuring there is no overlap of activities. The IFRC delegation will closely monitor the situation through its in-country operations manager, supported by the cluster operations coordinator.</p>
<p>Participating National Societies</p>	<p>The Spanish Red Cross and Finish Red Cross are Participating National Societies in-country located at TRCS HQ implementing early warning programme, WaSH, first aid, and reproductive, maternal, and child health (RMCH) projects. They have been briefed on the current situation and approached to support the implementation of the contingency plan, however, none of them has committed any resources yet.</p>

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) has a Mission office in the country, situated in Dar es Salaam, as well as in Kibondo, where it provides support for Restoring Family Links (RFL) activities in the refugee camps and the western corridor. TRCS has communicated the cholera outbreak to staff and volunteers in the field and advised the field to monitor situation and be ready to activate business continuity plan in case of worst-case scenario. TRCS is also providing support to staff and volunteers involved in RFL activities with Personal Protective Equipment (PPE).

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>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.</p> <p>At the regional level, the regional commissioner is chairing the task force meetings.</p>
<p>UN or other actors</p>	<p>WHO coordinates all pillars with the Ministry of Health (MOH), while UNICEF coordinates the Water, Sanitation, and Hygiene (WASH) and Risk Communication and Community Engagement (RCCE) pillars. UNHCR provides support for health services in the refugee setting, and WFP coordinates the logistics pillar and provides food in refugee operations. UNFPA supports refugees with Maternal and Reproductive Child Health (MRCH) programs, and IOM coordinates migration at points of entry. CDC provides support for RCCE, and other organizations involved include but are not limited to AMREF, MDH, MSF, and MTI.</p>
<p>Are there major coordination mechanism in place?</p>	



Needs (Gaps) Identified



Health

The health system is significantly impacted by various factors, including the migration of health personnel, shortages of medical supplies and medicines, and the deterioration of health center infrastructure. Limited health facilities and Ministry of Health (MoH) personnel in these regions are already overwhelmed by existing illnesses, and the addition of a cholera outbreak further strains their capacity. Cholera treatment centers are an alternative option for the MoH to manage the ongoing outbreak, but these efforts must be accompanied by extensive community engagement. These conditions, combined with socioeconomic factors, contribute to the resurgence of communicable diseases, including cholera.

Most affected areas are rural, with health facilities sparsely distributed and long distances to access healthcare. These facilities often lack supplies for potential outbreak diseases like cholera. Limited availability of latrines, safe water, and healthcare in rural regions further hinders case management as the outbreak progresses.

Moreover, there is a low community perception of communicable diseases, increasing the risk of cross-infection among community members. Knowledge levels regarding health interventions for disease prevention are also low among community members, and there is inadequate capacity in logistics and health promotion among MoH staff and community health workers.

There are limitations in risk communication and community engagement due to gaps in current capacity to deliver preventive messages, as well as a lack of sufficient Information, Education, and Communication (IEC) materials such as banners, flyers, and posters to disseminate information about the disease to the community.

The absence of community health insurance limits people's access to medical checkups and treatment.



Water, Sanitation And Hygiene

Tanzania has witnessed intense rainfall due to El-nino impacts leading to landslides and floods, resulting in the collapse and contamination of water systems. Water withdrawal and treatment systems, as well as distribution networks, are vulnerable to ruptures and structural damage. This contamination alters the physical, chemical, and microbiological parameters of the water, posing a direct risk of waterborne diseases to affected communities.

Below needs are exposing populations in affected regions to the risk of cholera outbreak:

- Inadequate fund to support response interventions.
- Inadequate hand washing facilities at households and public facilities.
- Inadequate Cholera commodities and materials; sensitivity disc and disposable plates and cups (Kagera Region), IEC materials, cholera beds and water quality monitoring equipment.
- Inadequate fuel for response interventions Inadequate vehicles for waste disposal.
- Lack of toilets in Plantation areas, mining, fishing etc.
- Inadequate clean and safe water supply (Unprotected River & wells).



Protection, Gender And Inclusion

Looking at the cholera epidemiological data, 46.8% of the cases are women of childbearing age because the range is 14 to 49 years. According to government report, there are high SGBV cases. The three regions targeted have gold mines which attract transactional sex and child labour.





Community Engagement And Accountability

Considering these regions have increased cases of cholera in the country, it appears there is low risk perception by affected communities. In these regions, there is associated poor health seeking behaviors thus the observed high case fatality rate. 65% of the those affected in these regions live in the rural remote areas with poor access to health facilities thus delays in detection and reporting for those who develop signs and symptoms of cholera.

Operational Strategy

Overall objective of the operation

This Disaster Relief Emergency Fund (DREF) aims to provide direct support to 178,607 people (10% of the indirectly affected 1,786,094 people) impacted by the cholera epidemic by offering health, Water, Sanitation, and Hygiene (WASH) assistance in the three regions of Kagera, Shinyanga, and Mwanza for a period of three months.

Specific objectives of the DREF include:

1. Preventing and controlling the spread of the cholera outbreak at the community and facility levels in the affected regions, thereby interrupting the chain of transmission.
2. Facilitating improved case management of the cholera outbreak at facility and community levels in the affected districts.
3. Enhancing basic sanitation, promoting good hygiene practices, and ensuring access to safe drinking water in cholera hotspots.

Operation strategy rationale

For the initial steps, the Tanzania Red Cross Society (TRCS) has begun mobilizing resources from various stakeholders and Partner National Societies (PNS) to continue conducting hygiene education in regions experiencing the cholera outbreak. Since the outbreak was declared on September 23, 2023, TRCS has actively participated in coordination meetings at the regional and district levels. Working through the offices of government medical officers, TRCS has been assisting in distributing hand soap and participating in contact tracing in collaboration with the surveillance team.

In this response plan, TRCS aims to strengthen awareness campaigns on hygiene and handwashing, provide education on epidemic diseases, install handwashing stations in gathering areas, and train volunteers on disease outbreaks and methods of providing community education. TRCS will also deploy three regional disaster response teams trained in various skills to support responding branches.

TRCS will carry out its planned responsibilities in collaboration with the government and various stakeholders, requiring technical assistance from the IFRC to facilitate the implementation of planned activities according to guidelines and procedures.

In coordinating the planned activities, TRCS will use the existing system to manage the response, providing weekly implementation report updates from the field to HQ and sharing monthly situation reports with IFRC.

In this response, TRCS will focus on the following areas:

- Health:
- Mobilizing 150 volunteers (50 in each region) to support health workers in early case detection through active case finding and contact tracing.
 - Conducting refresher training for 150 volunteers on epidemic disease outbreak and health promotion.
 - Orienting 150 volunteers on psychosocial support (PSS) and deploying them to address community needs and conduct referrals.
 - Training 150 volunteers on Oral Rehydration Point (ORP) preparedness at the branch and community level.

Water, Sanitation, and Hygiene (WASH):

- Procuring personal protective equipment for 50 TRCS volunteers.
- Engaging 50 Community Health Workers (CHWs), traditional, and religious leaders in hygiene promotion sessions.
- Supporting the purification of household drinking water, improving household hygiene, and providing chlorine at the household level.
- Deploying three ORP kits to train additional ORT volunteers in affected regions.

Protection, Gender, and Inclusion (PGI):

- Incorporating PGI aspects in all programming.
- Identifying and supporting the most vulnerable in society.



-Orienting staff and volunteers on child protection, prevention of sexual exploitation and abuse (PSEA), and gender-based violence (GBV).

Community Engagement and Accountability (CEA):

- Adopting and using CEA tools tailored to the Tanzanian context.
- Gathering community feedback and using it to generate ownership within the community.

Communication:

- Maintaining constant contact with TRCS volunteers and branches.
- Holding periodic meetings to provide updates and information on progress.

Under this operation, TRCS plans to capture stories to develop an operation documentary, which will be shared with IFRC and aired during lessons learned workshops for improvement. TRCS's communication unit will deploy volunteers to collect stories and document response activities through high-resolution films and short clips, working closely with the IFRC cluster communications officer to develop the final product.

Targeting Strategy

Who will be targeted through this operation?

The Tanzania Red Cross Society cholera response will target 178,607 people in Kagera, Shinyanga, and Mwanza regions. This represents 20% of 1,786,094 people of the total population of the 3 regions in need of support and where more new cases were reported.

Explain the selection criteria for the targeted population

The selection criterion for these three regions was based on a government request to TRCS, and they are also reporting the highest number of cholera cases, with Kagera region leading in both cases and deaths. Since vulnerability to the cholera epidemic affects all age groups without discrimination, the DREF will target all demographics, with a particular focus on women, who are most affected according to MoH Sitrep number 141. Additionally, special emphasis will be placed on the elderly, individuals with disabilities, those with other ailments, and child-headed households. Awareness-raising efforts will target both school children and community members, especially at water source points where women frequently gather.

Total Targeted Population

Women	54,491	Rural	65%
Girls (under 18)	35,509	Urban	35%
Men	31,090	People with disabilities (estimated)	5%
Boys (under 18)	57,517		
Total targeted population	178,607		

Risk and Security Considerations

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

Risk	Mitigation action
Community myths and misconceptions about cholera may make the disease to spread.	Increased community awareness on cholera and its spread. TRCS will establish feedback mechanism and collection of beliefs.
Increased flooding affecting sanitation facilities and contributing to presence of stagnant flood water resulting to increased cholera cases.	TRCS will continue to share and raise awareness on key health and sanitation in its flood awareness sessions. TRCS will advocate for environmental cleans ups and drainage of stagnant flood waters.



Cholera outbreak reported in regions already being supported the floods emergency appeal. There is a risk of TRCS double targeting.	IFRC will ensure regions under the floods EA are not considered for this DREF. If these regions report cholera cases, the floods EA will be updated to include cholera activities.
Deployed staff and volunteers get infected.	Training staff and volunteers with cholera SOPs and equipping them with alcohol-based hand sanitizers. Apart from these, volunteers will be supervised, briefed and debriefed throughout the response.

Please indicate any security and safety concerns for this operation

The security environment in Tanzania remains peaceful, enabling the Tanzania Red Cross Society (TRCS) and other actors' personnel to implement their program activities adequately and freely.

Has the child safeguarding risk analysis assessment been completed?
Yes

Planned Intervention



Budget: CHF 13,499
Targeted Persons: 300

Indicators

Title	Target
Number of volunteers trained on EPiC	150
% of cases referred to treatment centres through active case finding by trained volunteers	50
# of people who receive mental health and psychosocial services in emergency situations from RCRC	-

Priority Actions

- Training on EPiC modules (CEA, CBHFA, ECV and PFA packages) to all deployed volunteers.
- Conduct PSS sessions to affected families and deployed volunteers on need basis.
- Conduct active case finding by trained volunteers.



Budget: CHF 81,130
Targeted Persons: 178,607

Indicators

Title	Target
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Number of households supported to access safe drinking water through the distribution of point-of-use water treatment products (Aqua Tabs).	1,964
Number of PPEs procured	150
Number of volunteers trained on Oral Rehydration Point (ORP)	30
Number of posters printed and distributed.	5,000
Number of cinema shows conducted	6
% of total population reached with health promotion activities	20

Priority Actions

- Procure and distribute 117,840 Aqua tabs (60 tablets per HH per month for one month).
- Procurement of personal protective equipment.
- Engaging 50 CHWs, traditional and religious leaders in the hygiene promotion.
- Support the purification of household drinking water and improvements in household.
- Train 30 volunteers on Oral Rehydration Point (ORP).
- Conduct post-distribution monitoring to establish the actual usage of treatment products.
- Conducting cinema shows to enhance to enhance community awareness on cholera.
- Printing and distribution of 5,000 IEC materials at community level for awareness creation.
- Conduct hygiene promotion campaigns to enhance community awareness creation on cholera.



Protection, Gender And Inclusion

Budget: CHF 6,017

Targeted Persons: 178,607

Indicators

Title	Target
Number of volunteers deployed for SBCC as part of RCCE	150
Number of PGI minimum standards printed and shared	1,500
Number of volunteers oriented on PGI minimum standards.	150

Priority Actions

- Deployment of volunteers for SBCC in 3 regions for a period of three months.
- Printing of 1,500 PGI Minimum standard and share to the regions.
- Orient volunteers on PGI Minimum standard.



Community Engagement And Accountability

Budget: CHF 9,604

Targeted Persons: 178,607

Indicators

Title	Target
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Number of sessions with traditional healers	9
Number of megaphones procured	15
Number of documentaries produced	1
Number of complaints and feedback mechanisms activated/established.	1
Number of hotlines activated	1

Priority Actions

- Mobilise and conduct sessions with traditional healers.
- Activate TRCS hotline number.
- Procure megaphones for community engagement activities.



Secretariat Services

Budget: CHF 24,587

Targeted Persons: 159

Indicators

Title	Target
Number of monitoring missions conducted	2
Number of financial spot checks conducted	1
Number of surge profiles deployed	1

Priority Actions

- Deploy one public health surge.
- Conduct monitoring missions.
- Conduct financial spot checks.



National Society Strengthening

Budget: CHF 52,030

Targeted Persons: 159



Indicators

Title	Target
Number of coordination meetings held	10
Number of monitoring missions	6
Number of volunteers insured	150
Number of staff mobilized	4
Number of lessons learnt workshops conducted.	1
Number of visibility jackets printed	150

Priority Actions

- Participation in 10 coordination meetings.
- Conduct monitoring missions.
- Mobilize three regional staff and one HQ staff.
- Insure all volunteers deployed.
- Printing of 150 visibility materials.
- Conduct lessons learnt workshop.
- Production of response documentary.
- Facilitation of media coverage.
- Produce operation documentary.

About Support Services

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

In total, 150 volunteers will be deployed to support the implementation of this operation. This includes 60 volunteers for hygiene and health promotion, 37 for Epidemic Preparedness and Infection Control (EPIC), 25 for psychosocial support, and 28 for community engagement and accountability. TRCS will request the National Society WASH coordinator, who is a trained RDRT, to be deployed at the onset of the operation for 10 days to kick start the operation. They will work alongside three regional coordinators and district focal persons. Additionally, the SBCC coordinator will conduct a monitoring visit to provide guidance to the field teams as necessary, and the cost of this mission will be included in the budget.

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

At the start of the operation, TRCS will request the deployment of one surge profile with expertise in public health emergencies for operational coordination. This individual will support TRCS in evaluating, planning, coordinating, implementing, and monitoring the operation for two months. Additionally, IFRC will deploy a surge profile with strong knowledge in cholera response and Epidemic Preparedness and Infection Control (EPiC) to support in training.

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

To expedite procurement, TRCS will establish a fast-track process by obtaining specifications in a timely manner and pre-qualifying potential suppliers. This will help reduce lead times for supplying needed commodities to the community, following the TRCS procurement procedure.

How will this operation be monitored?

This DREF will employ two approaches to monitoring implementation and data collection to measure the progress and effectiveness of the operation: at the community level (for assessing the effectiveness of actions) and at the headquarters level (for evaluating the



efficiency of internal processes). The National Society will ensure bi-monthly monitoring trips conducted by relevant TRCS HQ technical staff, while the IFRC will conduct monthly field missions involving Disaster Management and finance delegates. Additionally, the Cluster's senior logistics & procurement officer will also undertake field support travel.

To measure effectiveness and beneficiary impact, in addition to regular support supervision and review meetings, monitoring and evaluation of the operation will engage communities through household surveys and focus group discussions. PMER focal points will develop relevant tools in coordination with the health and DRM operation teams to harmonize methodologies and templates for data collection. They will supervise the data collection process, analyze the data, and report on the results. TRCS volunteers will be trained to conduct data collection in the communities.

Regular updates will be shared from the NS, and operation updates will be provided on a monthly basis. Lessons learned will 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 RCRC principles. A range of beneficiary communications tools have been established, including a radio discussion, door to door visits, distribution and pasting of IEC materials in strategic areas. If supported and planned properly, these tools will be key to delivering sustainable behavior change, not just on Marburg but across health and disaster preparedness in general.



Budget Overview



DREF OPERATION

- Tanzania Red Cross Tanzania Cholera outbreak

Operating Budget

Planned Operations	110 249
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	13 499
Water, Sanitation & Hygiene	81 130
Protection, Gender and Inclusion	6 017
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9 604
Environmental Sustainability	0
Enabling Approaches	76 617
Coordination and Partnerships	0
Secretariat Services	24 587
National Society Strengthening	52 030
TOTAL BUDGET	186 866

all amounts in Swiss Francs (CHF)



Contact Information

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

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