



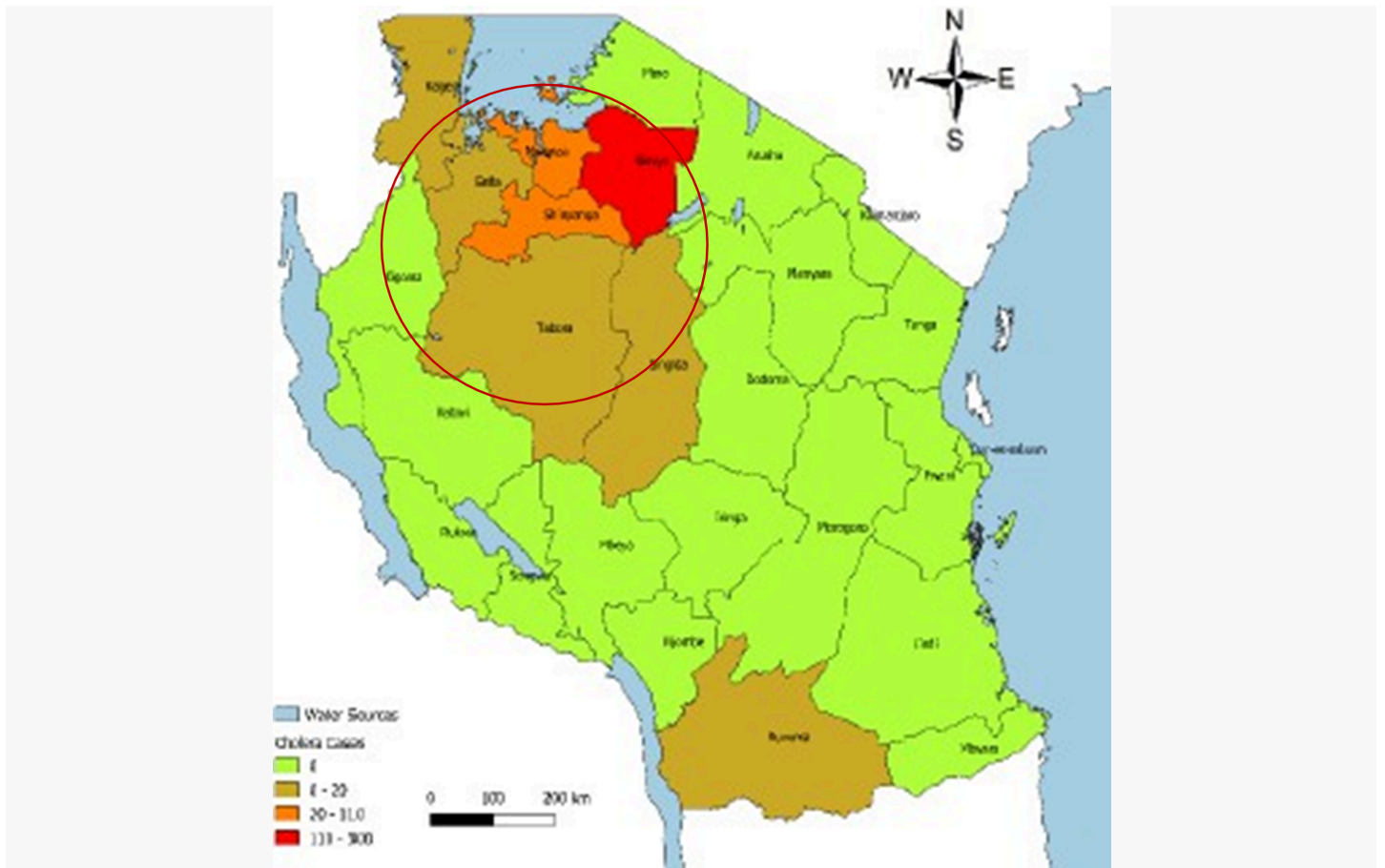
Meeting with volunteers for orientation on reporting tools in Mwanza Region.

Appeal: MDRTZ037	Total DREF Allocation: CHF 186,866	Hazard: Epidemic	Crisis Category: Yellow
Glide Number: -	People at Risk: 4,465,435 people	People Targeted: 178,607 people	People Assisted: 297,608 people
Event Onset: Slow	Operation Start Date: 14-02-2024	Operational End Date: 31-05-2024	Total Operating Timeframe: 3 months

Targeted Regions: **Kagera, Mwanza, Shinyanga**

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

Description of the Event



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

Date when the trigger was met

25-01-2024

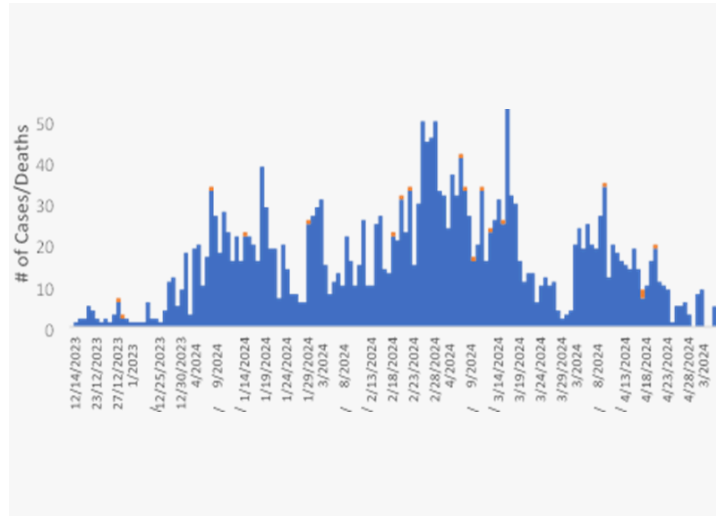
What happened, where and when?

On January 5th, 2024, a Situation Report number 134 from the Ministry of Health, documented an outbreak of Cholera affecting 13 regions of Tanzania's mainland. The region included 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%). Of the reported cases, female 753(54.9%) accounted for the majority of cases. Most of the cases 640 (46.7%) were aged between 15 and 49 years. Majority of the reported cases were from Simiyu region, 824 (60.1%). The main causes were contaminated water sources due to low latrine coverage and poor liquid wastewater management from the sewerage line in the urban setup, as well as poor sanitation situation especially at the lake region due to waterlogged soil formation making it difficult to have sustainable pit latrines due to rocky formation in some places, especially in Mwanza.

Tanzania Red Cross Society (TRCS), with support from IFRC, launched a DREF operation 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.



Live Megaphone announcing Cholera prevention key messages in Kagera



Epi Curve showing Cholera Cases reported from 12 December to 14 May in Tanzania

Scope and Scale

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 were overwhelmed and many 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 made this epidemic spread much faster than the country's coping mechanism could contain it. Mwanza, Shinyanga, and Kagera 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 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.

As part of the cholera outbreak response, the Tanzania Ministry of Health set up Cholera Treatment Centers (CTC) across the affected regions and deployed health professionals in the affected regions to respond to the outbreak. To control the outbreak, the following activities were implemented by the government: surveillance, case management, RCCE, MHPSS, WASH, prepositioning medical supplies and laboratory equipment's at the strategic warehouse.

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	TRCS works closely with the IFRC Juba cluster delegation which covers, Uganda, South Sudan, and Tanzania. The cluster supported TRCS in the development of the Cholera response plan and assisted with the deployment of a Public Health in Emergencies surge. The operational team was supported by the cluster DM coordinator, Finance Delegate, and PMER officer who offered technical support throughout the intervention.
Participating National Societies	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. However, there was no



support from the PNSs in country in regards to this DREF. The NS kept the coordination platform active with information sharing.

ICRC Actions Related To The Current Event

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

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Tanzania Ministry of Health took lead in cholera outbreak emergency response working with key departments including the National Public Health Laboratory, National Institute of Medical Research, and Medical Stores Department. The ministry worked closely with regional and local government authorities to respond to Cholera outbreak. The main activities included coordinating pillar meetings and sharing reports, press releases, technical support to health authorities, coordinating surveillance and resource mobilization.
UN or other actors	UNICEF supported with Water, Sanitation, and Hygiene (WASH) interventions in four regions, this involved training volunteers and Community Health Workers (CHWs) and conducting Food and Hygiene promotion in affected communities.

Are there major coordination mechanism in place?

Ministry of Health called for emergency meeting at National EOC at Dodoma on 5th January 2024 and continued with daily IMS meetings at National, Regional, and Council levels. These meetings supported the generation of daily situation reports.

Needs (Gaps) Identified



Health

The following were gaps identified under Health included;

- Migration of health personnel
- Shortages of medical supplies
- Deterioration of health infrastructure
- Limited health facilities
- Lack of Cholera treatment Centres.
- Inaccessibility of health facilities especially by the rural population
- Low community perception of communicable diseases
- Inadequate capacity in logistics and health promotion among MOH staff and community health workers
- Limitations in risk communication and community engagement due to gaps in 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.
- Absence of community health insurance limits people's access to medical checkups and treatment.



Water, Sanitation And Hygiene

Under WASH, these were the gaps identified:

- Inadequate funds 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

Under PGI the gap included lack of sufficient mechanisms to combat rise in SGBV cases during epidemics such as cholera.



Community Engagement And Accountability

Under CEA, these were the gaps identified.

- Low-risk perception by affected communities.
- Associated poor health-seeking behaviors.

Operational Strategy

Overall objective of the operation

This Disaster Relief Emergency Fund (DREF) aimed at providing 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

The Ministry of Health took lead in the cholera outbreak response in the country ensuring that the spreading of the disease is controlled. As such, TRCS collaborated with the MOH in three regions: Mwanza, Shinyanga, and Kagera. 150 TRCS volunteers together with MOH community health workers were deployed in the areas named to conduct the following activities: active case finding and referral of suspected cholera cases, mass awareness campaigns, health education, and hygiene promotion through house-to-house visits which contributed to reducing the rising trend of the disease in the areas. The activities were conducted in line with RCRC, sphere standards, and country MOH guidelines to ensure that the activities were in line with the required minimum standards and stipulated guidelines to reduce diarrhea cases in the community. Volunteers and community health workers identified active cases for referral by using community cholera case definition as per WHO standards. The strategy and implementation of this operation approach was to identify needs as well as feedback from the targeted communities. The following activities were prioritized in this response:

Health and Care

- Training of 150 volunteers and community health workers on epidemic preparedness Control
- Conducting active case finding and referrals of suspected cases

Water, Sanitation and Hygiene

- A total of 17, 234 households were supported to access safe drinking water through the distribution of point-of-use water treatment products (Aqua Tabs). A total of 102,960 Aqua tabs were procured and distributed to the three regions, Demonstration on how to use water treatment tablets at household level was conducted.
- A total of 5000 IEC materials were procured, printed, and distributed to the three regions.
- A total of 150 PPE was procured and distributed to the regions to be used by the volunteers during the field visits.
- A total of 30 people including Red Cross volunteers, health officers, community health workers, 10 in each region were trained on oral rehydration point (ORP) this training aimed to ensure a team of volunteers is stationed in the region to be deployed, when need be, in the community for quick response that will prevent community mortalities.

Continuous WASH assessment during house-to-house visits was conducted to ascertain the WASH situation and identify needs in the area



of operation during and after the response. It was realized that 43% of households had functional hand washing present with water and soap, 60% of households were taught how to prepare ORS. 71% of households ensure safe food hygiene. 68% of households had latrines present and in good use, 68 % of households had a composite pit present or solid waste storage facilities. 34% of households visited had dish racks for hygienic storage of utensils. In terms of wastewater management in the households, 22% did not manage their wastewater well. This was observed mostly in the urban setup. Sewage drained from the households into open stormwater to the lake was evident. 22% of open defecation was evident around the household compounds. It was realized that most of household compounds were clean due to law enforcement within the municipalities, though used baby diapers with feces were observed scattered around crude solid waste dumping sites within the municipality environs.

Protection and gender inclusion

- In terms of volunteer selection gender balance was evident. Persons with disability were included in community meetings, airing their views and feedback. This was experienced during traditional healer mobilization sessions in Kagera and Mwanza that were geared at reduction of discrimination and exclusion.
- A total of 150 volunteers were oriented on PGI minimum standards that enabled them to include the same during community engagement and health hygiene promotion in household visits.
- 150 volunteers were deployed for SBCC as part of RCCE 50 per region and 1500 PGI minimum standards were printed and distributed.

Community Engagement and Accountability

- Gave orientation to 15 volunteers on audio dissemination and live messaging to enable them to conduct mass awareness campaign on cholera prevention.
- Mass awareness campaign and social mobilization was conducted in three regions.
- A total of 15 megaphones were procured and distributed 5 in each region.
- Conducted six sessions of mass awareness campaign using public address system and live message announcements using megaphones that target, fish vendors' marketplaces, schools, and general community at large. A total estimation of 1,115,928 People was reached.
- Two radio sessions were conducted in Mwanza and Shinyanga. Red Cross dissemination was done too, and Cholera outbreak discussed that reached to population of 1,114,437 Shinyanga Mwanza and Kagera.
- Four sessions of traditional healers' mobilization were conducted in the three regions two in each zone. A total of 317 persons participated in these sessions.
- The establishment of community complaints and feedback mechanisms was done and an active system which included an established dashboard and existing hotlines activated and used by the PMER department to channel all complaints and feedback from the affected community. A total of 7,388 people provided complaints and feedback from three regions.

Lessons learnt workshop

- Lessons learnt workshop was conducted in three regions separately that involved a two-day survey in which the first day involved volunteers and government officials who were involved in the project and the second day involved the participation of community members to get feedback from the community regarding the operation of the project in their communities. A total of 25 volunteers from each region participated in the workshop and 20 community members attended the second day for community feedback respectively from all the regions TRCS HQ staff was represented by Monitoring and Evaluation (PMERL) Department and a delegate from IFRC.
- Monitoring tools and reporting were shared with both TRCS staff and the MOH responding to the operation. Activity report was shared, daily and weekly implementation updates sharing feedback and challenges during the operation.

Management and coordination of the Cholera outbreak operation were further strengthened through:

Human resources: Some 150 volunteers were trained and deployed to support the implementation of this operation as follows:

- 150 volunteers deployed for 12 weeks to conduct house-to-house visits to ensure active case finding and referral, WASH assessment, social mobilization, PGI services to the affected community, and mass awareness campaign and distribution of household treatment tablets. (Aqua Tabs)
- In addition to the volunteers, 3 TRCS field-level staff (1 person per region) coordinated Cholera outbreak activities at the regional level and reporting. TRCS Health director who oversaw DREF operation managed the project both at the HQ and the region level conducting supervision and monitoring visits. IFRC in-country Operation manager and surge PHIE coordinator that provided technical support to the operation visited the implementation area, and supported lessons learned workshop.

Communication: Effective communication between all levels of the operation was ensured by periodic meetings which were held to provide updates and information on progress.

Logistics and Procurement: Procurement process by getting specifications and pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the community. This was done as per the TRCS procurement procedure. Household water chemical treatment, IEC material, PPEs, Visibility material, and PGI were procured and distributed.

In terms of recovery and way forward, the national society has created more volunteer team members in hard-to-reach areas for proper coverage and response in the cholera affected operational area. They have been oriented and trained in cholera outbreak prevention. The collaboration between the line ministry and TRCS in the operation area has been strengthened.



Targeting Strategy

Who was targeted by this operation?

The Tanzania Red Cross Society cholera response targeted 178,607 people in Kagera, Shinyanga, and Mwanza regions. This represented 20% of 1,786,094 people of the total population of the three 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 the number of reported 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 targeted all demographics, with a particular focus on women, who were most affected according to MoH Sitrep number 141. Additionally, special emphasis was placed on the elderly, individuals with disabilities, those with other ailments, and child-headed households. Awareness-raising efforts targeted both school children and community members, especially at water source points where women frequently gather.

Total Assisted Population

Assisted Women	-	Rural	65%
Assisted Girls (under 18)	-	Urban	35%
Assisted Men	-	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Population Assisted	297,608		
Total Targeted Population	178,607		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Increased flooding affecting sanitation facilities and contributing to presence of stagnant flood water resulting to increased cholera cases.	TRCS continued to share and raise awareness on key health and sanitation in its flood awareness sessions. TRCS advocated for environmental clean-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 ensured regions under the floods EA were not considered for this DREF.
Deployed staff and volunteers get infected.	Staff and volunteers were trained with Cholera SOPs and equipped with alcohol-based hand sanitizers. The volunteers were adequately supervised briefed and debriefed.
Community myths and misconceptions about cholera may make the disease to spread.	Increased community awareness on cholera and its spread. TRCS established a feedback mechanism and collection of beliefs.

Please indicate any security and safety concerns for this operation:



The security environment in Tanzania remained 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

Implementation



Budget: CHF 13,499

Targeted Persons: 300

Assisted Persons: 297,608

Targeted Male: 145,827

Targeted Female: 151,781

Indicators

Title	Target	Actual
Number of volunteers trained on EPiC	150	150
% of cases referred to treatment centres through active case finding by trained volunteers	50	50
# of people who receive mental health and psychosocial services in emergency situations from RCRC	20	297,608

Narrative description of achievements

- A total of 150 volunteers and community health workers were trained on epidemic preparedness whose objective was to equip them with skills and knowledge to enable them to support early detection of cholera cases and rapid action to tackle cholera outbreaks.
- The team was deployed to their various regions and conducted active case finding and referral, disseminating of health information on cholera prevention. A total of 59,500 households was reached with 133 cases referred for treatment during house-to-house visit.
- The high level of achievement of the campaign (123% - Mwanza, 136% - Shinyanga, and 230% - Kagera) was significantly attributable to:
 - A volunteer base of previously EPiC-trained and experienced volunteers and community health workers, who easily regained knowledge through the updates and practicum they received from this cholera project (in all three regions of intervention).
 - There was a good collaboration with government officials who agreed to jointly plan the campaign, train, mentor and supervise the volunteers and CHWs during the project implementation. But more is needed to achieve sustainability.
- The National society has a number of trained PSS volunteers. These Volunteers were involved in this intervention and were able to reach 29 people.

Lessons Learnt

- Adequate number of working equipment is required for a successful operation.
- Adequate planning meeting with the government and other agencies to achieve sustainability beyond the phase of the project

Challenges

- Limited number of working equipment such as vehicles and loudspeakers for public address (PA).
- Inadequate planning with the local government authorities to ensure that public awareness provided by the campaign will be sustained beyond the project period.





Water, Sanitation And Hygiene

Budget: CHF 81,130

Targeted Persons: 178,607

Assisted Persons: 297,608

Targeted Male: 145,827

Targeted Female: 151,781

Indicators

Title	Target	Actual
Number of households supported to access safe drinking water through the distribution of point-of-use water treatment products (Aqua Tabs).	1,964	19,820
Number of PPEs procured	150	150
Number of volunteers trained on Oral Rehydration Point (ORP)	30	30
Number of posters printed and distributed.	5,000	5,000
Number of cinema shows conducted	6	6
% of total population reached with health promotion activities	20	100

Narrative description of achievements

A total of 3,965 households was supported to access safe drinking water through the distribution of point-of-use water treatment products (Aqua Tabs). This achievement is way above the target of 1964 households intended by the project. The huge variance is partly attributable to strong collaboration between the Red Cross supervisors, the regional medical officers, local public health officers, TRCS volunteers and CHWs to go beyond their call of duty. The local governments willingly lent the needed supplies from their stock (in advance of TRCS procurement), which increased the timeliness and reach of households by the volunteers.

-A total of 117,840 Aqua tabs were procured and distributed to the three regions of Mwanza, Shinyanga and Kagera. Demonstration on how to use water treatment tablets at household level was conducted.

-A total of 5000 IEC material were procured and printed, to be distributed to the three regions.

-A total of 150 PPE was procured and distributed to the regions.

-A Total of 30 people including Red Cross volunteers, Health officers, community Health workers, 10 in each region were trained on oral rehydration point (ORP) who's objective was to equip them with knowledge and skill on daily ORP operation in the community when need arises. The aim of this training was to ensure a team volunteer are stationed in the region to be deployed when need be.

- During the House-to-house visits, TRCS volunteers and CHWs conducted hygiene promotion and household water treatment demonstration conducted using job aid to ensure all indicators were captured. The indicators monitored were demonstration of handwashing, provision of household composite pit, dish racks, safe food and water storage was done, a total of 59,500(167%) households was reached with Health and hygiene promotion activities in three regions, the target was 35,629.

- WASH assessment was also conducted in the operation area to find out water sanitation and hygiene situation. Results showed that 43% of households had functional hand washing present with water and soap. The Number of households supported to access safe drinking water through the distribution of point-of-use water treatment products (Aqua Tabs) was 3965(149%) compared to the target indicator which was of 1,964. In general, a total 117,840 (100%) aqua tabs were distributed in the three operational regions. 60% of household was taught how to prepare ORS. 71% households ensure Safe food Hygiene. 68% of households had Latrine present and good use,68 % of households had Composite pit Present or solid waste storage facilitates, 34% of households visited had dish rack for hygienic storage of utensils. In terms of wastewater management in the household it showed 22% did not manage their wastewater well. This was observed mostly in urban set up. Sewage drained from the households into open storm water to the lake was evident. 22% of open defecation was evident around the household's compound. It was realized that most of household compound was clean this is due to law enforcement,



within the municipality, though used baby diapers with feces seen scatters around crude solid waste dumping areas within the municipality environs.

- This achievement is also way above the target, partly attributable to strong collaboration between the Red Cross field supervisors, regional medical officers, local public health officers, TRCS volunteers and CHWs who went beyond their call of duty to implement this project. It was additionally motivated by the provision of transport allowance to ease the volunteer movement in support of the project, and by the engagement of local community leaders to ease access to their community members.

Lessons Learnt

Much of the migratory community of fisher-folk living in hotspots could barely be reached within the time of intervention by TRCS volunteers: The next intervention by the government and stakeholders should include:

- a) training of influential individuals who inhabit the same hot spots, so that all of their community members may be reached,
- b) regular visits by ward WASH officers to instruct village WASH committees on the best ways to construct improved latrines, and
- c) spot-checks by district WASH officers to ascertain that all households have improved latrines and hand washing facilities, as instructed.

Challenges

- Many of the areas of intervention included rocky settlements of fisher folks where inhabitants mostly practice open defecation and defecation directly into the lake, along with a few communal toilets.
- The readiness of these community members to come by and listen to cholera preventive messages was hindered by fear that the team would end up inspecting their latrines and notifying the government where household latrines were absent.



Protection, Gender And Inclusion

Budget: CHF 6,017

Targeted Persons: 178,607

Assisted Persons: 297,610

Targeted Male: 145,827

Targeted Female: 151,781

Indicators

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

Narrative description of achievements

Protection gender and inclusion was very key during Cholera outbreak response in these three regions. In terms of Volunteer selection gender balance was evident. Persons with disability were included in community meeting airing their views and feedback This experienced during traditional healer mobilization sessions in Kagera and Mwanza that geared in deduction of discrimination and exclusion.

-A total 150 volunteers were oriented on PGI minimum standards that enabled them to include the same during community engagement and health hygiene promotion in household visits.

- 150 volunteers were deployed for SBCC as part of RCCE 50 per region and 500 PGI minimum standards printed and distributed

-In terms of Volunteer selection gender balance was evident. Persons with disability were included in community meeting airing their views and feedback.

A total of 297610 were reached through PGI activities



Lessons Learnt

- The project was able to exercise inclusiveness during volunteer selection, engagement of influential community persons, and during community awareness promotion.
- More days needed for trainings prior to deployment for the volunteers.
- PGI refresher courses highly encouraged.

Challenges

- The CHWs and volunteers engaged in this project were only oriented on PGI, but no comprehensive training was done. The training days were not adequate to cover comprehensive PGI trainings.



Community Engagement And Accountability

Budget: CHF 9,604

Targeted Persons: 178,607

Assisted Persons: 1,115,928

Targeted Male: 546,804

Targeted Female: 569,124

Indicators

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

Narrative description of achievements

Capacity building to improve Health and hygiene promotion, risk communication, and community engagement focused on cholera protective measures as well as on appropriate health-seeking behavior was conducted as follows:

- Orientation to 15 volunteers on audio dissemination and live messaging to enable them to conduct mass awareness campaign on cholera prevention.
- Six sessions of mass awareness campaigns were conducted using a public address system and live message announcements using 15 megaphones were done targeting, fish venders' marketplaces, schools, and the general community at large. A total estimation of 1,115,928 People was reached.
- Two radio sessions were conducted one in Mwanza and one in Shinya Jambo radio station.
- 9 sessions of traditional healers' mobilization were conducted in the three regions two in Mwanza, three in Kagera, and three in Shinyanga respectively. A total of 317 persons participated in these sessions. They were oriented on cholera preparedness and response and actively participated in giving feedback on their key roles in disease outbreaks in the community. It was agreed together with the Ministry of Health that whenever they find patients with cholera signs, they should refer them to the health facilities. Among those who participated were the community health workers, the village elders, and religious leaders who were very influential in the society. The personnel from the Ministry of Health from both the region and the district played a big role.
- Two documentaries were conducted in Mwanza and Shinyanga regions awaiting production and sharing. The area covered was Shinyanga municipality, Kambarage ward. The documentaries were about Cholera awareness messages and the target was educational institutions and public spaces.
- 9 sessions of cinema shows were conducted after a mass awareness campaign by PA activities in the evening hour and schools in all



three regions A total of 1,114,437 population was reached, and 600 leaflets and 4360 posters were distributed with cholera outbreak prevention key messages. A total of 1,115,928 People were reached during social mobilization and mass awareness campaign activities.

- Community complaints feedback mechanisms together with a dashboard was initiated.

Lessons Learnt

During the lessons learnt workshop and group discussions many community members cited the necessity of including enough posters and flyers to ensure a thorough dissemination of preventive messages to their communities.

Challenges

- The project did not print a sufficient number of posters or leaflets for distribution to all households that were reached.



Secretariat Services

Budget: CHF 24,587

Targeted Persons: 159

Assisted Persons: 159

Targeted Male: 59

Targeted Female: 100

Indicators

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

Narrative description of achievements

- IFRC Surge Operations Manager was deployed to support the DREF and emergency appeal in the country. IFRC surge PHiE coordinator was deployed, who provided adequate field level technical support, monitoring and strengthened coordination with internal and external partners on cholera outbreak DREF operation.

- Financial spot checks were conducted by reviewing the expenditure to date as activity implementation continued.

- Two monitoring missions were conducted by the PHiE Surge, National Society PMER and Health Coordinator. The mission was able to hasten the activities and identify some of the bottlenecks affecting implementation.

Lessons Learnt

- Technical assistance provided by the surge delegate during the project period added much value to the implementation, because she was highly experienced in overseeing this kind of intervention, and her skills in public relations when dealing with both government and Red Cross personnel/volunteers were effective beyond expectation.

Challenges

- Surge support for the project was present for only 2 out of the 4 months of the project period.



National Society Strengthening

Budget: CHF 52,030

Targeted Persons: 159



Assisted Persons: 159

Targeted Male: 59

Targeted Female: 100

Indicators

Title	Target	Actual
Number of coordination meetings held	10	10
Number of monitoring missions	6	6
Number of volunteers insured	150	150
Number of staff mobilized	4	4
Number of lessons learnt workshops conducted.	1	3
Number of visibility jackets printed	150	150

Narrative description of achievements

A total of 15 Coordination with partners in terms of strengthening relations between National Societies, the Ministry of Health, and other key partners was done at the national, regional, and district levels.

-Six monitoring missions were conducted, and 150 bibs were procured and distributed to the regions to ensure visibility.

-Lessons learnt workshop was conducted in three regions separately. A total of 25 volunteers from each region and 20 community members attended the workshops together with the NS PMER and a PHIE from IFRC. The main outcomes included improved working relationships between NS and other agencies, there was also an issue with delayed payments from IFRC and also from NS to the branches involved, which slowed down the implementation.

A total of 10 Coordination meetings with partners in terms of strengthening relations between National Societies, the Ministry of Health, and other key partners were done. Regular meetings with the Ministry of Health at the regional level in planning how to strategize cholera response activities as per the trends in the regions were conducted.

- There was a recognition of volunteers and community health workers through stark visibility (red bibs bearing logos of the IFRC, TRCS and the Government of Tanzania) which gave them a respectable identity in the target population.
- Motivation through a daily volunteer allowance eased transport/movement from their homes to the planned areas of intervention; this resulted in a heightened readiness to work beyond their call of duty and even exceed their targets.

Lessons Learnt

- The project took place during a period when many other regions were experiencing an outbreak. There was a lot of pressure on TRCS to also support these other regions. However, TRCS with support from IFRC could only assist three regions through this project. Due to high movement of fisher folk, fishmongers and the business community between Shinyanga and the neighboring region of Simiyu, the achievements of the project in Shinyanga were partly negated by the spill-over of new cases from Simiyu. In future outbreak responses there is a need to consider the inclusion of neighboring regions if there are similar migratory risks.
- Preposition of stocks and visibility material is highly encouraged, for instance, Bibs which were not enough.

Challenges

- The project ended up using 300 volunteers and CHWs instead of 150. Meanwhile, only 150 bibs were procured so the bibs were not enough.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRTZ037 - Tanzania - Cholera

Operating Timeframe: 14 Feb 2024 to 31 May 2024

Selected Parameters			
Reporting Timeframe	2024/2-11	Operation	MDRTZ037
Budget Timeframe	2024	Budget	APPROVED

Prepared on 19/Mar/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	186,866
DREF Response Pillar	186,866
Expenditure	-152,041
Closing Balance	34,826

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	107,543	147,444	-39,901
AOF5 - Water, sanitation and hygiene			0
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	107,543	147,444	-39,901
SFI1 - Strengthen National Societies	52,160		52,160
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	27,163	4,596	22,567
Strategy for implementation Total	79,323	4,596	74,727
Grand Total	186,866	152,041	34,826

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

Please explain variances (if any)

The variance Under AOF4 1 is attributable to costs previously budgeted under strengthening NS which were booked under Health since the operation was health related.

The variance under SFI 4, previously budgeted for IFRC costs is attributable to the underspent because IFRC costs were charged to other ongoing operations in Tanzania.

The balance of CHF 3,960 will be returned to the pot once the report is published.



Contact Information

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

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