



TRCS volunteer conducting awareness promotion on signs and symptoms of MVD at a public location in Biharamulo district

Appeal: MDRTZ039	Country: Tanzania, United Republic of	Hazard: Epidemic	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 279,790	
Glide Number: -	People Affected: 2,980,000 people	People Targeted: 1,477,865 people	
Operation Start Date: 27-01-2025	Operation Timeframe: 4 months	Operation End Date: 31-05-2025	DREF Published: 29-01-2025
Targeted Areas: Kagera			

Description of the Event

Date of event

09-01-2025



Map of the affected area. Credit: CDC

What happened, where and when?

On January 13 WHO informed member states that Tanzania had a suspected outbreak of Marburg Virus Disease (MVD). On Monday 20 January the President of the Republic of Tanzania, confirmed during a press briefing that there was an outbreak of Marburg virus disease in the northwestern Kagera region, after one case was tested positive for the virus following investigations and laboratory analysis of suspected cases.

This outbreak marks the nation's second encounter with the deadly virus, following the outbreak in Bukoba District of Kagera Region in March 2023, which resulted in nine cases and six deaths.



TRCS volunteer explaining the importance of maintaining a hygienic environment at the household level in the wake of a suspected MVD outbreak in Biharamulo district

Scope and Scale

On January 9, 2025, the Regional Emergency Operations Center (EOC) in Kagera Region reported a suspected outbreak of Marburg originating in Biharamulo District.

According to the daily sit rep #4 issued by the Ministry of Health (MoH), there are two confirmed cases, 42 suspected cases, one 1 bedridden patient that is being treated, one confirmed death, 8 probable deaths. The regional health authorities have conducted a total of 42 tests (2 confirmed) of those with MVD type symptoms and the results are awaited. Additionally, based on the contact tracing exercise carried out by the regional health teams, the Ministry has identified a total of 281 persons who have been in contact with the persons with MVD type symptoms.

According to reports from the Region, the suspected Marburg cases are found in one of the districts of Kagera Region, called Biharamulo. Kagera region is an important transit hub west of Lake Victoria, which borders Rwanda, Uganda and Burundi. Cross-border movement is significant.

The MoH in coordination with a team of WHO, UNICEF and other partners including the regional coordinator of TRCS supported an assessment of the situation on January 24 and announced the next steps and the MVD Response Plan.

The Marburg virus, a highly infectious and often fatal disease, is similar to Ebola and is transmitted to humans from fruit bats and monkeys. The Bukoba district in Kagera region experienced an MVD outbreak in March 2023, and zoonotic reservoirs, such as fruit bats, remain endemic to the area. It is worth noting that Tanzania has a Cholera outbreak, which has now spread to all 31 Regions, and is also part of the Mpox IFRC Appeal. The MoH is yet to confirm any active Mpox cases in the country.

Source Information

Source Name	Source Link
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Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
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:

The response to the 2023 Marburg Virus Disease (MVD) outbreak in Kagera has provided valuable insights that are being applied to mitigate challenges in the current operation:

1. Community Engagement and Risk Communication

Lesson Learned: Early resistance from communities and local leaders highlighted the importance of robust community engagement.

Current Application: The operation emphasizes early involvement of local leaders and the use of trained community volunteers to deliver health education and address misconceptions. Mobile outreach units equipped with public address systems and IEC materials are being deployed to reach remote areas effectively.

2. Volunteer Training and Readiness

Lesson Learned: Cascade training models allowed rapid scaling of volunteer skills, but limited training duration and delays in payments impacted motivation.

Current Application: Volunteers are receiving comprehensive training on EPiC (Epidemics Preparedness in Communities), MHPSS, health and hygiene promotion, and community-based surveillance. Learning from the previous outbreak, measures are in place to ensure timely payment of stipends and provision of personal protective equipment (PPE) to enhance motivation and safety.

3. Lesson Learned: Effective coordination between TRCS, government agencies, and other stakeholders facilitated a unified response.

Current Application: Daily coordination meetings are being conducted at regional levels, ensuring alignment of activities. Stakeholder roles and responsibilities are clearly defined to prevent duplication and enhance efficiency.

4. Resource Mobilization

Lesson Learned: Resource shortages due to lengthy procedures at the Uganda-Tanzania border affected the timeliness of the project implementation.

Current Application: While some of the critical supplies, including PPEs and some SDB kits are available from the previous operation, additional PPEs, and hygiene kits, would be supplied from the available stocks of WHO. In the currently proposed intervention, the Red Cross will better engage the office of the Prime Minister to expedite the inflow of supplies. The Red Cross will hire the required vehicles, solicit motivation for its volunteers and improve the coordination mechanisms to enhance the availability of resources during this intervention. Partnerships with IFRC and other stakeholders are being leveraged for timely procurement and replenishment of resources.

5. Feedback Mechanisms

Lesson Learned: Community feedback systems were instrumental in dispelling myths and addressing fears, though a lack of toll-free hotlines limited accessibility.

Current Application: A toll-free hotline and enhanced feedback mechanisms would be integrated into the current response to improve community reporting, rumour tracking, and accountability.

6. Safe and Dignified Burials (SDB)

Lesson Learned: Conducting SDBs during the day and involving community representatives reduced stigma and fears.

Current Application: SDB teams trained during the Marburg response are being deployed, and culturally sensitive burial practices are being prioritized to ensure community acceptance.

By addressing these previous challenges and building on successful strategies, the current operation is designed to deliver a more effective and community-centered response, reducing the risk of disease spread and improving outcomes. The locations of the current outbreak are different than the previous one. These are three different districts and hence we are not categorizing these as recurrent. However, trained volunteers and experienced staff and volunteers will be mobilized in this response.

Current National Society Actions

Start date of National Society actions

09-01-2025

Health	The NS has deployed 15 volunteers to support response activities, including RCCE, PSS, and tracing activities with the regional department of health. The volunteers are carrying out community-based surveillance, reporting on any new disease suspects to the district medical Officer (DMO), and providing Mental Health and Psychosocial Support services to persons who are currently put under quarantine by the regional and district medical team at Biharamulo District. The volunteers have been equipped with PPEs to ensure that the volunteers are safe and continue to provide the needed services without being infected.
Coordination	TRCS is an active member of the national multi-sectoral task force and is working closely with the Ministry of Health and other partners to address the outbreak
National Society Readiness	<p>TRCS has a trained cadre of 120 volunteers available from the previous MVD outbreak in the same region and are available to respond to the MVD outbreak.</p> <p>The best-case scenario be that the cases remain at a manageable level, current response mechanisms including availability of funding through DREF, technical capacities to respond to the needs of the affected population, and required resources are sufficient.</p> <p>The worst-case scenario would be that the cases go up and beyond the capacities of the NS to respond. The available financial and technical resources would require seeking an international Appeal.</p> <p>It is also important to note that the NS is currently responding to the MPox in 10 regions, and cholera has now spread to all 31 regions of the country.</p>
Activation Of Contingency Plans	Contingency plans for epidemic responses are being activated, with measures for rapid response, including community surveillance, volunteer deployment, and isolation unit support.



IFRC Network Actions Related To The Current Event

Secretariat	<p>1. Coordination and Information Sharing Conducted an online coordination meeting with the Disaster and Health teams from the IFRC Juba Cluster to update information and align response strategies for the outbreak.</p> <p>2. Field Support and Oversight: IFRC has Deployed an Operations Manager to Tanzania to support the NS with Mpox response activities, currently overseeing in-country coordination and operational management for IFRC-supported projects. This includes providing technical guidance and ensuring seamless collaboration between partners. Additionally, an IFRC Community Health Coordinator has recently been deployed to operate out of TRCS premises. This support would enhance the speed and coordination of planned and ongoing response activities</p>
Participating National Societies	<p>Spanish Red Cross has a presence in the country and work on community health focussing more on maternal and child health activities in some of the bordering districts of Kigoma region. With the Capacities available at hand with the NS, should there be a spill or spread of this disease into Kigoma region (which is a neighbouring region with Kagera), these capacities could also be utilised to support the response, and containment of virus spread widely.</p>

ICRC Actions Related To The Current Event

While ICRC has an office within the premises of TRCS, it does not have any active operations in the country.

Other Actors Actions Related To The Current Event

Government has requested international assistance	<p>No</p>
UN or other actors	<p>WHO announced the unknown disease being suspected MVD. The president on the 20 January, in a press briefing along with WHO director-general, confirmed that the Kagera region had an outbreak of MVD. She also confirmed based on the results of samples collected one person tested positive. She mentioned that measures have been taken to contain the outbreak within the region.</p> <p>National rapid response teams have been deployed to support outbreak investigation and response; surveillance activities have been intensified with contact tracing ongoing; laboratory samples from recent cases have been sent for confirmation at the National Public Health Laboratory A mobile laboratory is located in Kagera region and treatment units have reportedly been established.</p>

Are there major coordination mechanism in place?

The Ministry of Health is leading all coordination meetings with partners both at the regional and national levels. Currently, regional coordination meetings are being held daily with TRCS representation in Kagera region.

Needs (Gaps) Identified



This is the second MVD outbreak 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.



According to the daily sit rep #4 issued by the Ministry of Health (MoH), there are two confirmed cases, 42 suspected cases, one 1 bedridden patient that is being treated, one confirmed death, 8 probable deaths. The regional health authorities have conducted a total of 42 tests (2 confirmed) of those with MVD type symptoms and the results are awaited.

Additionally, based on the contact tracing exercise carried out by the regional health teams, the Ministry has identified a total of 281 persons who have been in contact with the persons with MVD type symptoms. These persons have currently been put in quarantine at the district hospital.

More assessment of needs is underway but at this time given the above information there is a need to immediately scale up activities to contain transmission to avoid spread of this disease into the neighbouring districts of Mwanza, and Kigoma regions. Some of the contacts to the cases may not have been adequately traced, which poses a risk for further spread to other regions. The index case connection to health care workers has an implication of nosocomial infections at the facilities where cases were attended. Kagera being a transport corridor, if the transmission of this virus is not contained in a timely fashion, there is a possibility of this disease being brought in other major cities including the Capital Dodoma and Dar es salaam. TRCS, alongside the Ministry of Health and local government, is and will continue to conduct active case searches, contact tracing, and risk communication.

There is a need to support response activities, including RCCE, PSS, and tracing activities with the regional department of health. The volunteers are carrying out community-based surveillance, reporting on any new disease suspects to the district medical Officer (DMO), and providing Mental Health and Psychosocial Support services to around 180 persons who are currently put under quarantine by the regional and district medical team at Biharamulo District. The volunteers have been equipped with PPEs to ensure that the volunteers are safe and continue to provide the needed services without being infected.

TRCS has limited stocks of PPE, chlorine, burial bags, and logistical support which remained from the previous operations. However, with the anticipated growing requirement and the assessment that will take place in the coming few days, we shall be able to get a clearer picture on the actual need. Additional funds are required for community sensitization, healthcare support, and operational costs.

There is a need to deliver epidemic disease awareness-like health education to community members in the affected areas. Additionally, along with health education, there is a need to sensitize community members on handwashing and hygiene. The needs include printing of IEC material for distribution during house-to-house visits by TRCS community health workers, job-aids for training and house-to-house dissemination, participation in coordination of disease mitigation activities with the other stakeholders.

Outbreaks can cause significant stress, anxiety, and fear among affected populations. MHPSS helps individuals cope with these emotions, reducing the risk of long-term mental health issue. MHPSS initiatives can help reduce the stigma associated with MVD and mental health issues, encouraging more people to seek help and support. Communities in the areas with ongoing MVD transmission and families of people who contracted the disease and contacts carry a brunt of emotional burden that could lead to mental and physical stress which if not cared for could lead to mental health issue. It is therefore important to ensure incorporation of psychosocial first aid and as much as possible address mental health and psychosocial issues. As such, there is a need to include mental health psychosocial support (MHPSS) to community members, and the healthcare workers at Biharamulo District Hospital with mental health services. In in this response, Volunteers will be trained in PFA to ensure communities needs in MHPSS are addressed at a preventive level ensure mental health needs are looked after through close monitoring and empathic approach in the support provided to affected communities



Water, Sanitation And Hygiene

MVD spreads through direct contact with bodily fluids of infected individuals or contaminated surfaces. Promoting good hygiene practices, such as regular handwashing with soap and water or using alcohol-based hand rubs, helps reduce the risk of transmission. Hygiene Promotion and awareness need to be strengthened in health centres and communities. To enable hand hygiene practice, there is need to ensure handwashing facilities are available and functional, (water and soap is available), especially at the public institutions (health facilities, schools in the affected areas). There is a need to support health centres and communities to reduce the spread of the disease.

Infection prevention and control (IPC) is one of the broader gaps of the ministry of health; as part of the RCCE interventions provision of support in infection prevention and control at community level through WASH intervention such as disinfection and personal protection of volunteers, families of contacts and isolation facilities could be facilitated through this response. Infection prevention supplies such protective gears, sanitizers, personal hygiene items such as soaps will be supplied to strengthen the effort in breaking infection transmission and personal care for volunteers.





Protection, Gender And Inclusion

Emergencies often exacerbate existing vulnerabilities, including gender inequalities and risks of violence. PGI ensures that the needs of the most vulnerable groups, such as women, children, the elderly, and people with disabilities, are considered and addressed. By integrating PGI into this MVD response, we can create a more inclusive and effective approach to managing the outbreak and protecting all members of the community.

There is a need to incorporate Protection, Gender, and Inclusion (PGI) into the response plan to safeguard the needs of all the community members. Needs include the availing of friendly facilities to cater for females, disabled and the elderly persons, that are free from discrimination. Utilisation of Minimum standards for PGI in emergencies to ensure Dignity, Access, Participation and Safety for the affected communities.



Community Engagement And Accountability

Symptoms exhibited by the disease can 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.

Operational Strategy

Overall objective of the operation

This DREF aims to reduce morbidity and mortality associated with the outbreak of MVD in Kagera Region by supporting early detection, containment, and mitigation efforts through community engagement, risk communication, health interventions, and enhanced coordination with stakeholders. It's proposed to reach the whole population of Kagera Region (Biharamulo, Ngara, Muleba Districts) 1,477,865 people, with outreach services over a period of four months. Direct response activities will be targeted to districts, communities and households directly affected with active cases, in coordination with MOH and partners.

Operation strategy rationale

The response strategy is designed to address the unique challenges posed by the outbreak of an unidentified illness in Kagera Region. This includes:

Health:

- TRCS will provide refresher training, and new training in Biharamulo district which has not received such to its volunteers on EPIc (Epidemics Preparedness in Communities) on modules ECV, CBHFA, CEA, and PFA for trainers.
- Risk Communication - Trained volunteers will disseminate accurate information about symptoms, prevention, and when to seek medical care. Messages will address misconceptions and promote trust.
- Immediate containment measures: strengthen active case finding, reporting and referrals into the MoH systems.
- Provide MHPSS to community members, staff and volunteers.
- Coordinate on the next steps should safe and dignified burials (SDB) be requested - kits are available in country and staff / volunteers are trained.

WASH:

- Roll out hygiene promotion activities to affected communities.
- Provide essential hygiene items such as hand sanitation supplies that include soap to affected groups.
- Provide PPE for staff and volunteers - as needed for WASH activities.

Community Engagement and Accountability:

- CEA activities will build trust and dispel rumours through robust risk communication and community feedback mechanisms. The



stakeholders and actors will be engaged during Focus group discussions and Key Informant Interviews.

- TRCS will activate a toll-free hotline to improve accessibility and real-time community reporting. Will use innovative ways to collect feedback, and use the volunteers to collect feedback from those sections who are unable to use the hotline
- Apart from door-to-door visits, the approaches will also include public address systems, cinema shows. This is particularly of necessity because quality health facility support is a long distance away from the high-risk areas that are targeted. Kagera Regional Referral Hospital lies 300 km from Ngara DC, while Biharamulo and Muleba are 170 km and 70 km away from the regional hospital. Logistic support will therefore be necessary to actualize these activities.

Strengthening Local Capacity:

- Support operational branches strengthen capacity.
- Improve fleet capacity by hiring 6 vehicles (2 per district) for transportation of volunteers.
- Ensure duty of care for staff and volunteers.

Potential scenario regarding the epidemic evolution:

The best-case scenario: would be that the cases remain at a manageable level, current response mechanisms including availability of funding through DREF, technical capacities to respond to the needs of the affected population, and required resources are sufficient.

The worst-case scenario:

- a) the cases go up and beyond the capacities of the NS to respond.
- b) The available financial and technical resources would require seeking an international Appeal. It is important to note that the NS is currently responding to the Mpox in 10 regions, and according to the TRCS Director of Health, the outbreak of Cholera has now spread to all 31 regions of the country.

Targeting Strategy

Who will be targeted through this operation?

The direct target to be reached by volunteers' activities will be 1,477,865 people in Kagera region for four months.

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

- Priority one will be three districts (Biharamulo and Muleba, and Ngara), with reported fatalities, and bordering with Rwanda, Uganda, and Burundi.
- Priority two will be surrounding districts in Kagera Regions; Bukoba Rulal, Bukoba Town, Karagwe, Misenyi and Kyerwa through awareness campaign, intensive and diverse with various platforms and channels.

Each of the 100 volunteers will reach 15 households (75 people) per day. The overall target could be extended by reaching out to a larger number of audiences with the help of social media and radio and Tv Shows.

Explain the selection criteria for the targeted population

There are two groups:

- Outreach services - overall population of Kagera Region (Biharamulo, Ngara, Muleba Districts) - 1,477,865 people.
- Targeted response in districts, communities and households directly affected with active cases - final number to be confirmed in accordance with MOH and partners.



Total Targeted Population

Women	751,711	Rural	70%
Girls (under 18)	-	Urban	30%
Men	726,154	People with disabilities (estimated)	5%
Boys (under 18)	-		
Total targeted population	1,477,865		

Risk and Security Considerations

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

Risk	Mitigation action
Unofficial border crossing allowing populations cross border without screening. Kagera being a crossroad and a transportation hub, and bordering Rwanda could make this worse. It is worth noting that there were some reports that in the last month, Rwanda had some Marburg cases.	TRCS regional team in Kagera would work with the national authorities to ensure that people entering Kagera region would be screened at the entry points of all the four different borders. TRCS will station four volunteers at the four official borders to conduct screening. Efforts will be made to push the government to register all entries and exits using a surveillance form for easy tracking and tracing purposes.
Deployed staff and volunteers could get infected. TRCS is using volunteers who hail from the same region. Volunteers will be interacting with untested people during their community surveillance and may get exposed to the disease.	Staff and volunteer are provided with PPEs and insurance. Apart from these, volunteers will be supervised, briefed and debriefed throughout the response.
Cases go up and beyond the capacities of the NS to respond.	The available financial and technical resources would require seeking an international Appeal to scale up operations.
Community myths and misconceptions about unconfirmed epidemic outbreak. The current ambiguity on the disease could impact the perception of the community and they may not take protectionary measures seriously	Increased community awareness on EPIC and its spread. Provide a clear community case definition which would exhibit as to how serious this unknown Epidemic disease could be if someone gets infected.

Please indicate any security and safety concerns for this operation

Tanzania is relatively a peaceful country and there is no foreseen concerns in terms of security, but staff and volunteers are on high alert should there be any health related safety concerns.

Planned Intervention



Budget: CHF 115,706

Targeted Persons: 1,477,865

Indicators

Title	Target
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Number of trained and mobilized volunteers engaged on EPiC	150
Number of people reached with health awareness campaigns.	1,477,865
Number of individuals receiving MHPSS.	340

Priority Actions

- Coordination meetings at national and district levels.
- Participate in MOH National and regional coordination meetings and partners meetings.
- Conduct EPiC training/refresher to 150 volunteers includes modules on ECV, CBHFA, CEA, and PFA for trainers.
- Conduct active case finding, reporting and referrals as per government guidelines.
- Train volunteers on Risk Communication and Community Engagement (RCCE).
- Collect, analyse and use of community feedback, with particular attention to rumours, misconceptions.
- Conduct regular FGDs with community groups to understand social norms, cultural practices and beliefs around critical behaviours.
- Conduct community traditional healers' meetings.
- Monitor and counteract rumours and misinformation.
- Disseminate accurate health information through trained volunteers.
- Provide mental health psychosocial (MHPSS) support to affected families, healthcare workers, staff and volunteers.



Water, Sanitation And Hygiene

Budget: CHF 20,152

Targeted Persons: 1,477,865

Indicators

Title	Target
Number of volunteers trained and mobilized	150
Number of people reached through hygiene promotion campaign	1,477,865

Priority Actions

- Train to volunteers on Hygiene promotion.
- Roll out hygiene promotion activities to affected communities.
- Promotion of handwashing sessions at public gatherings and schools.
- Provide essential hygiene items such as hand sanitation supplies that include soap to affected groups.
- Provide PPE for staff and volunteers - as needed for WASH activities.



Protection, Gender And Inclusion

Budget: CHF 5,303

Targeted Persons: 1,477,865

Indicators

Title	Target
Number of volunteers trained and mobilized on PGI	150
Number of PGA assessment in the affected areas	3

Number of PGI minimum standards printed	500
Percentage of disaggregated data collected by sex, age and disability	80

Priority Actions

- Ensure inclusive response measures that address specific needs of vulnerable groups.
- Provide training on PGI principles to volunteers.
- Print and disseminate minimum PGI standards.
- Manage feedback with all sensitivity and minimum consideration.
- Key messages for volunteers and staff on protection on sexual exploitation and abuse.
- Collect and analyze data disaggregated by sex, age, disability, and other relevant factors to identify and address disparities.
- Rapid gender and diversity analysis.
- Implement measures to protect individuals from exploitation, abuse, and violence during outreach activities.
- Establish confidential channels for reporting cases of violence or abuse, ensuring survivors have access to support services.
- Ensure response is disability inclusive and measures are in place on how to support the elderly and persons with disabilities.



Community Engagement And Accountability

Budget: CHF 12,728

Targeted Persons: 1,477,865

Indicators

Title	Target
Number of feedback mechanisms established.	1
Number of community feedback responses addressed.	350
Number of and type of methods established to share information with Communities	3
Percentage of community members including marginalised and at risk groups who know how to provide feedback	65
Percentage of operation complaints and feedback received and responded to by NS	60

Priority Actions

- Establish feedback mechanisms to gather community concerns.
- Incorporate community input into decision-making processes.
- Activate EOC and free hotline.
- Hire of PA system for awareness sessions, procure megaphones, conduct radio and TV sessions.



Secretariat Services

Budget: CHF 3

Targeted Persons: 4

Indicators

Title	Target
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Number of monitoring mission conducted	12
Number of surge profiles deployed	1

Priority Actions

- Mobilize PHiE Officer surge - with solid experience in set up of RCRC Viral Hemorrhagic Fever (VHF) response systems.
- Provide coordination and technical support to the NS.
- Monitoring visits, reporting, ensuring compliance with the DREF guidelines.



National Society Strengthening

Budget: CHF 8

Targeted Persons: 150

Indicators

Title	Target
Number of volunteers insured	150
Number of lessons learnt	1

Priority Actions

- Mobilise staff to response.
- Ensure volunteers are insured.
- Provide operation logistical support.
- Conduct lesson learnt workshop.

About Support Services

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

- 150 volunteers will be engaged in the various actions to be implemented and will be supported by surge profiles on field coordination, SDB and RCCE. Each of the 150 volunteers will work for 20 days a month for a period of 4 months.
- The operation will be led by the Director of Disaster Management with technical support from the Director of Health Services at national level and with oversight, technical and financial support from IFRC.
- IFRC health delegate and senior officer will provide in country support during the first two weeks into the operations and remote support with regular visits to the operation throughout the response period.

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

- PHiE - with solid experience in set up of RCRC Viral Hemorrhagic Fever (VHF) response systems.
- Information Management remote support from the region.

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

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



How will this operation be monitored?

This DREF will use two approaches to monitoring implementation and data collection to measure the progress and effectiveness of the DREF; at the community level (effectiveness of action) and headquarter level (the efficiency of the internal processes). While the National Society shall ensure bi-monthly monitoring trips from relevant TRCS HQ technical staff, the IFRC will conduct monthly field missions by Disaster Management and finance delegates. In addition, given the workload relating to procurements and fleet, the Cluster senior logistics & procurement officer will also conduct field support travel.

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



Budget Overview



DREF OPERATION

MDRTZ039 - TANZANIA RED CROSS SOCIETY MARBURG OUTBREAK 2025

Operating Budget

Planned Operations	153,888
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	115,706
Water, Sanitation & Hygiene	20,152
Protection, Gender and Inclusion	5,303
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	12,728
Environmental Sustainability	0
Enabling Approaches	125,901
Coordination and Partnerships	0
Secretariat Services	38,720
National Society Strengthening	87,182
TOTAL BUDGET	279,790

all amounts in Swiss Francs (CHF)

Public

[Click here to download the budget file](#)



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

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[Click here for the reference](#)

