DREF Final Report

Tanzania Marburg Outbreak 2025

EPIC training for Volunteers and CHWs

Appeal: **MDRTZ039**	Total DREF Allocation: **CHF 279,790**	Crisis Category: Orange	Hazard: **Epidemic**
Glide Number: -	People Affected: **2,980,000 people**	People Targeted: **1,477,865 people**	People Assisted: **1,520,187 people**
Event Onset: **Sudden**	Operation Start Date: **27-01-2025**	Operational End Date: **31-05-2025**	Total Operating Timeframe: **4 months**

Targeted Regions: **Kagera**

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

Description of the Event

Map of the affected area. Credit: CDC

Date of event

09-01-2025

What happened, where and when?

On January 9, 2025, the Regional Emergency Operations Centre (EOC) in Kagera Region reported a suspected outbreak of Marburg originating in Biharamulo District. On 20th January 2025, the country declared an outbreak of Marburg Virus Disease (MVD) in Biharamulo District, Kagera Region. The presumptive index case, adult female, died on 16 December 2024. As of 4th March 2025, a cumulative total of 10 MVD cases had been reported, including two confirmed and eight probable cases, with all these cases resulting in deaths (Case Fatality Rate of 100%). Among the 10 cases reported, the median age was 30 years (range: 1 to 75 years) and most cases (70%, were females). Cumulatively, 108 suspected cases were reported, all of which tested negative for MVD. A total of 281 contacts were listed and all the contacts completed after 21-day follow-up. A total of 281 contacts were listed, and 272 graduated; all 108 suspect cases tested negative. No new confirmed cases were reported following the death of the last confirmed case on 28 January 2025. A safe and dignified burial was conducted for the last confirmed case. Over 366,002 travellers were screened at 15 screening entry points as a result of the ongoing outbreaks (Mpox, Ebola Virus Disease, Sudan Virus Disease) in neighbouring countries.

The MoH, in coordination with a team of WHO, UNICEF, IFRC, and other partners, including the regional coordinator of TRCS, conducted an assessment of the situation on January 24 and announced the next steps and the MVD Response Plan. The response strategy was structured around eleven key response pillars that was to perform the following outlined interventions:- Leadership and Coordination, Surveillance Pillar, Points of Entry (PoE), Laboratory Pillar, Case Management and IPC Pillar, Mental Health and Psychosocial Support (MHPSS, Water, Sanitation and Hygiene (WASH),Risk Communication and Community Engagement, Research, Logistics and Continuity of Essential Health Services.

Tanzania Red Cross Society responded to the MVD outbreak from inception in the Surveillance, MHPSS, Risk Communication and Community Engagement, WASH and Logistics pillars. After countdown of 42 days since the last case of MVD was reported, the Minister of Health declared end of MVD on 13th of March 2025. However, the MOH in collaboration, WHO with partners developed 90 days recovery plan for preventing MVD future outbreaks and strengthening health systems. National society continued with post MVD activities in alignment with Ministry of Health's 90-day recovery plan.

Surveillance team following up on an alert in the community

Volunteer providing awareness on MVD prevention at the market

Orientation of traditional healers from the three districts

Promotion of handwashing sessions at a school

Scope and Scale

The Kagera region lies in the northwestern corner of Tanzania, just south of the equator. Kagera comprises five administrative districts: Bukoba, Muleba, Karagwe, Ngara, and Biharamulo. The region borders Uganda, Rwanda, and Burundi, and across Lake Victoria lies Kenya. On January 9, 2025, the Regional Emergency Operations Centre (EOC) in Kagera Region reported a suspected outbreak of Marburg originating in Biharamulo District. According to the daily situation report No. 51 issued by the Ministry of Health (MoH), two (2) cases were confirmed, cumulative (10) cases died, probable eight (8) and confirmed two (2). The regional health authorities conducted a Cumulative 108 first tests and 101 re-tests performed, Cumulative 658 other tests were performed: Ebola, HIV, Hepatitis B and C, Malaria, Tuberculosis, Urinalysis, Electrolytes, Urea, Creatinine, HB, Glucose, Dengue and Pregnancy tests. Cumulative 32 tested positive for Malaria, Hepatitis C (4), HIV (1), Tuberculosis (1).

Marburg Virus Disease (MVD) is a highly virulent disease that can cause severe disease and is clinically like Ebola disease (EBOD). EBOD and MVD are caused by orthoebolaviruses and orthomarburgviruses respectively, both are members of the Filoviridae family (filovirus). The disease 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.

By 13th of March 2025 Ministry of Health declared end of Marburg virus disease. This declaration came after two consecutive incubation periods (a total of 42 days) since the last person confirmed with MVD died on 28 January 2025 and was given a safe and dignified burial, in accordance with WHO recommendations. No new confirmed cases was reported since then. The outbreak was declared on 20 January 2025. As of 12 March 2025, two confirmed and eight probable cases were reported by the Ministry of Health from Biharamulo district in Kagera region. All 10 cases died (case fatality ratio 100%), including eight who died before the confirmation of the outbreak. A total of 272 contacts that were listed for monitoring completed their 21-day follow-up as of 10 February 2025 by the Ministry of Health after reporting zero cases in 42 days of the outbreak response period. However, there remains a risk of re-emergence of MVD following the declaration of the end of the outbreak, linked to a new spillover from interactions with the animal reservoir. Based on the available information at the end of MVD outbreak in Tanzania, the risk is considered as moderate at the national level according to WHO. The Ministry of Health in collaboration, WHO with partners developed of 90 days recovery plan for preventing MVD future outbreaks and strengthening health systems.

Source Information

Source Name	Source Link
1. Outbreak of Suspected Marburg Virus Disease	https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON552

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	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. 2. Field Support and Oversight: IFRC deployed an Operations Manager to Tanzania to support the NS with Mpox response activities, who oversaw 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 was in country, who supported and coordinated the planning of various projects, including the MVD outbreak. 3. IFRC deployed a surge staff, public health in Emergencies (PHiE) and adequate field level technical support, monitoring and strengthened coordination with external partners.
Participating National Societies	Currently there are no PNS present in country. At the time of the launch of the DREF Spanish Red Cross were present and were winding up activities in Kigoma region focusing more on maternal and child health activities. TRCS and IFRC involved them in the initial discussions.

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	No
National authorities	Ministry of Health (MoH), in collaboration with national and international health partners, activated the Public Health Emergency Operations Centre (PHEOC) to coordinate response efforts.
UN or other actors	- Africa CDC provided essential laboratory resources - WHO, MSF collaboration with MOH provided experts to modify the Marburg treatment unit, in particular patient flow, medical staff flow, and WASH aspect in the MTU. - MSF supported the surveillance pillar by improving contact tracing in collaboration with other partners. MSF donated IPC and WASH items to MOH for utilization at the MTU.

	- Africa CDC provided essential laboratory resources, CHWs service coverage, and trained laboratory professionals. - WHO experts supported the government and partners in conducting screening at points of entry to identify the suspects and share reports and trends during the daily coordination meetings. - WHO supported the government and partners in intensifying surveillance activities in Biharamulo district - UNICEF supported TRCS on the WASH pillar by extending WASH supplies to enhance IPC measures, provided tents to accommodate the affected in quarantine, treated the water sources to ensure access to clean and safe water, and distributed handwashing facilities to enhance hand hygiene in schools and health care facilities.

Are there major coordination mechanism in place?

The Ministry of Health led in all coordination meetings with partners both at the regional and national levels. National coordination meetings were held weekly with TRCS and IFRC representation in Kagera region. This includes RCCE and Emergency Response Partners meeting.

Needs (Gaps) Identified

Health

Needs identified included more assessments and need to immediately scale up activities to contain the transmission to avoid the spread of the disease to neighbouring Mwanza and Kigoma regions. Active case searches, contact tracing, PSS, Surveillance, mental health and psychological support, and risk communications were other needs identified under this sector

It became quite clear that TRCS had limited stocks of PPE, chlorine, burial bags, and logistical support, which remained from the previous operations. So more of this was needed due to unpredictable nature of the disease.

There was a need to deliver epidemic disease awareness-like health education to community members in the affected areas. Additionally, along with health education, there was a need to sensitize community members on handwashing and hygiene. The needs included 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, and participation in coordination of disease mitigation activities with the other stakeholders.

Water, Sanitation And Hygiene

MVD spreads through direct contact with bodily fluids of infected individuals or contaminated surfaces. Needs identified included

1. Promoting good hygiene practices, such as regular handwashing with soap and water or using alcohol-based hand rubs, helps reduce the risk of transmission.
2. Strengthening of Hygiene Promotion and awareness in health centres and communities.
3. To ensure functionality and availability of handwashing facilities (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.
4. 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.

Protection, Gender And Inclusion

Rapid gender and diversity analysis was conducted in the affected population, during the MVD outbreak, all 10 cases were reported from Biharamulo district in Kagera region; the median age of cases was 30 years (range: 1 to 75 years) and 70% were female. Several gendered dynamics influence infection prevention and control (IPC), health-seeking behaviour, and socio-economic vulnerabilities:

Domestic Roles and Responsibilities

-Women and girls face heightened transmission risk due to caregiving roles, food preparation, and domestic hygiene practices. Their roles also may mean they were inadvertently key transmitters of MVD in families as they were in close contact with children & vulnerable adults through care.

-Men's roles in hunting or procuring bushmeat also expose them to animal-human transmission infection.

-Restriction from care giving, preparing the dead and burial practices which involve close contact may be particularly traumatic for women who were unable to fulfil their expected duties.

Burial & Mourning Practices
-Close contact burial traditions put all communities at risk, with communal mourning and food sharing creating transmission risks.
-Religious leaders may be at particular risk as they preside over mourning processes and engage in close physical contact with mourners; it was unclear how gendered this role was at a local level.
-Men and women are both exposed due to the gendered expectation of preparing bodies.
-Men were at risk of handling bodies into graves if involved in secret community burials – mapping and engaging these key actors with SDB teams was essential for contact tracing and preventing unsafe burials.
-Risk Communication & Access to Information
-Literacy gaps and gendered access to information were well documented (e.g., studies in other contacts found men control radios, while women access health centres) but response partners were yet to demonstrate gender-sensitive Risk Communication strategies.
-Community Engagement which works with community leaders across genders and is inclusive of men, women, children and vulnerable adults was essential to co-design protective care strategies and supporting health seeking behaviour.
Health-Seeking Barriers & Health Care Access
-It was common for communities to use traditional healers and religious leaders who have been key health seeking influencers in previous outbreaks, which could delay timely clinical care if they fail to effectively refer suspected cases to treatment centres.
-Little analysis was done on the gendered nature of health journeys and how men, women and children seek or access treatment differently.
-Loss of livelihoods, decision-making power, access to food in treatment centres and transport costs deter care seeking, especially for women.
Gender-Based Violence (GBV) & Protection Risks
-Loss of income to the families of those in MVD treatment centres creates risks for vulnerable family members, particularly women and girls.
Outbreaks increase GBV risks, with limited access to support services. There was lack of publicly available data on protection activities by partners.

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 were a significant risk that needed 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 were identified as an important pillar in addressing awareness raising. Existing feedback systems in place, like volunteers with KOBO & the operating hotline, needed to be strengthened or scaled up.

Operational Strategy

Overall objective of the operation

This DREF aimed at reducing morbidity and mortality associated with the outbreak of MVD in Kagera Region by supporting 1,477,865 people in early detection, containment, and mitigation efforts through community engagement, risk communication, health interventions, and enhanced coordination with stakeholders for four months.

Operation strategy rationale

The Ministry of Health took lead in the Marburg outbreak response in the country ensuring that the spreading of the disease is controlled. The MoH in coordination with a team of WHO, UNICEF, IFRC and other partners including the regional coordinator of TRCS to support an assessment of the situation and announced the next steps and the MVD Response Plan. Tanzania Red Cross society responded to the MVD outbreak from inception in the Surveillance, MHPSS, Risk Communication and Community Engagement, PGI, WASH and Logistics pillars. 158 TRCS volunteers together with community health workers were deployed in the affected districts to identify signs of disease outbreaks early and take immediate action and facilitate timely referrals, promote safe water, sanitation, and hygiene practices to prevent disease transmission, to address psychosocial distress caused by Marburg outbreak in the affected community and provide basic mental health support and referrals to specialized care when needed ensure inclusive and sensitive to the needs of vulnerable groups such as women, children, persons with disabilities, deliver risk communication and community engagement (RCCE) messages that are culturally appropriate and trusted as well as to collect complains and feedback that was to inform in provision

of good health services to the community during the response. The activities were conducted in line with RCRC, WHO and country MOH standards and stipulated guidelines and country MOH guidelines

After countdown of 42 days since the last case of MVD was reported, the Minister of health declared end of MVD on 13th of March 2025. However, the MOH in collaboration, WHO with partners developed a 90 days recovery plan for preventing MVD future outbreaks and strengthening health systems. The National society continued with post MVD activities in align with ministry of health 90 days recovery plan. 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

-Deployment of trained 158 volunteers/CHWs was done, they created awareness on Marburg disease through various channels such as house-to-house visits, churches, schools, community meetings, focus group discussion. An increase of 8 volunteers was reached through the coordination meetings with the Ministry of Health during the implementation. A total of 14,549 households were visited in three districts.

-TRCS supported the ministry of health with 8 volunteers who were assigned to receive alerts at the established hot line desks in biharamulo district.

-Provided Psychological first aid for affected families, these were done in collaboration with ministry of health through the social services sector, a total of 570 received MHPSS both in the affected community and those in quarantine

- A total of 1,516,712(103%) people equivalent to (303,342) household), 652,771 male, 763,941 female, among them were 908, male 331 female 577 people living with disability were reached in the awareness campaign in three districts Kagera region.

-20374 people reached during community meetings, 7867 male and 12507 female,

-oriented religious and traditional healers on Marburg disease a total of 120 people oriented, 71 Male and 41 female.

-Created awareness to worshipers in churches and mosques reached 26,870, male10,070 and 16,800 females.

-Hot line desk 199 was established, 8 CHWs supported by TRCS were deployed on the surveillance desk to respond on call to address matters arising by informing relevant actors on action to be taken.

-Schools' health education and demonstration handwashing were conducted in 92 schools reaching a total of 134015 children, 46,982 boys and 87033 girls.

-Public announcement (PA) system intervention reached all 3 districts with a tailored message on MVD, which makes a total of 913,913 (62%) of the population.

-Flayers and posters were distributed with key information on sign and symptoms of MVD, and prevention measures, a total of 2299 posters and 1771 flyers were distributed

-A total of 17,595 were referred to the health facilities with various health problem such malaria, immunization defaulters, those with signs of savior and moderate malnutrition

-TRCS volunteers erected tents at point of entry 8 in number, in entry point to support in surveillance by screening persons entering the region. These points were as follows:

-All person were screened for signs and symptoms of Marburger.

-TRCS also supported the ministry of health in decommissioning of quarantine centers and Marburg treatment center after decontamination

Protection Gender Inclusion

-PGI rapid assessment was conducted in three district to understand the impact of the outbreak on social groups, people with special needs and understanding why 70% of women were reports as Marburg infected.

-A total 908, male 331 and female 577 of people living with disability were reached. It was Ensured that all voices were heard and represented in decision-making processes in various forums where decision making was concerned. All the data was segregated in female and male.

-150 volunteers were trained on PGI principals and 150 booklets on minimum PGI standards were printed out Provide to volunteers thus dissemination of the same was done

-A total of 150 volunteers were equipped with minimum standard PGI package in emergencies. •

Increase awareness of available health facilities and services such as counselling, to help rebuild trust and ensure communities utilize necessary resources in three districts

WASH:

A total of 150 volunteers and CHWs were trained in hygiene promotion, deployed to conduct the same in the community namely Biharamulo, Ngara and Muleba.

-14,549 households were visited, providing communities with key messages on hygiene which included, personal, environmental, food and latrine/ toilet hygiene, Proper water storage at household level and drinking of clean water.

-WASH assessment was conducted as well to evaluate potential health risks due to inadequate WASH practices or infrastructure, such as contamination, open defecation, or lack of hand washing facilities

-Distribution of PPE to health, point of entry Chaka, Kabanga Rusum Murusambaga, Rusahunga and kemondo port and airport as well as

in district designated hospitals Katoke and Birharamulo. A
-Distributed hand sanitizer, liquid soap and handwashing facilities, supported prepositioning of SDB kits from the ministry of health Warehouse to various health facilities.
-Supported in decommissioning activities by removing tents in Kabindi Rusavunga and Katoke health center immediately end of Marburg virus deflation was declared by Ministry of health. This activity was successful with the support of IFRC two vehicles that were deployed to the region
- A total of 73 of cartons of hand washing soap was procured and 32 cartons containing 620 pieces 50 pair of gumboots was handed over to the District Medical of health, were later distributed to 8 health centers namely Kisuma, kitwechembogo, kisenga, isambara, mubaba, yakayenze, kasato, kikoma
-Provided 50 gumboots to 50 volunteers in biharamulo district. 50 remaining gumboots prepositioned in Kagera region office for future emergency purpose

Community Engagement and Accountability:

-Communication for a feedback mechanism was established, and various channels of communication were used to get information from the community during regular activities such as focus group discussions sessions, Community meetings,
-The most channel used was House to house visits with 43%, followed by community meeting 34% small gathering11% and random individual interview 10%respectively
-A total of 2,302 people responded to issue regarding the rumors and myths in three district, Kagera region with respect to Marburg disease.
- A total of 1,557 people participated raising questions to understand Marburg virus disease.

-Lessons learnt workshop was conducted in Biharamulo district that that was divided in three phases, which involved Health Service providers and technical People from various stakeholders 19 in number, first phase, TRCS volunteers and CHWs 20 of them in second phase, and community members from affected village 10 of them, third phase all of them totaling up to 58 people. Methodology used was desk review of the secondary data, and key informant Interviews. TRCS HQ staff was represented by Monitoring and Evaluation (PMERL) Department and a surge 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 Marburg outbreak operation were further strengthened through:
Human resources: Some 158 volunteers were trained and deployed to support the implementation of this operation as follows:
• 150 volunteers deployed for 4 month working 12 days a month conduct house-to-house visits to ensure active case finding and referral, WASH assessment, social mobilization, PGI services to the affected, Provided MHPSS to stigmatized people, community, and mass awareness campaign and distribution of flyers and poster with Marburg prevention, sign and symptoms key messages.

- In addition to the volunteers, one TRCS regional coordinator, coordinating Marburg outbreak activities in the three affected districts. TRCS Health director who provide technical advice on the DREF operation managed the project both at the HQ and the region level conducting, Disaster Response Manager managing the project and director of disaster manager managing the disaster operation
supervision and monitoring visits. IFRC in-country surge PHiE coordinator that provided technical health mentorship to the project officers and volunteers both at HQ and region, visited the implementation area, and supported lessons learned workshop. Participated in Coordination meeting, EOC national task force meeting, National coordination meeting and RCRC coronation meetings. This enable 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 speciation's 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. IEC material, T-shirts and caps for Visibility, PGI were, Handwashing soap, gumboot, procured and distributed
Hiring of vehicle for PA, 2 vehicles from IFRC

Targeting Strategy

Who was targeted by this operation?

The direct target to be reached by volunteers' activities was 1,477,865 people in the Kagera region for four months. This operation focused on Kagera Region in two priority areas
Priority one was the three districts (Biharamulo and Muleba, and Ngara), with reported fatalities, and bordering with Rwanda, Uganda, and Burundi.
Priority two was surrounding districts in Kagera Regions; Bukoba Rulal, Bukoba Town, Karagwe, Misenyi and Kyerwa through awareness campaign, intensive and diverse with various platforms and channels.

Explain the selection criteria for the targeted population

The selection criterion for these three districts in Kagera was based on a government request to TRCS, and report from Regional Emergency Operations Centre (EOC) in Kagera Region of suspected outbreak of Marburg leading to cases and deaths. Since vulnerability to the Marburg outbreak, it affects all age groups without discrimination, the DREF targeted all demographics, with a particular focus on women, who were most affected 70% according to MoH Sitrep. 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 at households, marketplaces, Traditional healers, and communities residing a lot the forests.

Total Assisted Population

Assisted Women	751,711	Rural	70%
Assisted Girls (under 18)	-	Urban	30%
Assisted Men	726,154	People with disabilities (estimated)	5%
Assisted Boys (under 18)	-		
Total Assisted Population	1,520,187		
Total Targeted Population	1,477,865		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
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	Through the deployed trained volunteers, TRCS was able to increase community awareness on EPIC and its spread. It provided a clear community case definition which would exhibit as to how serious this unknown Epidemic disease could be if someone gets infected
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 worked with the national authorities to ensure that people entering Kagera region were screened at the entry points of all the four different borders. TRCS stationed four volunteers at the four official borders to conduct screening. Efforts were 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 volunteers in Marburg response were provided with PPEs and insurance. Apart from these, volunteers were supervised, briefed, and debriefed throughout the response.
Cases go up and beyond the capacities of the NS to respond.	The cases were contained within the implementation period.

Please indicate any security and safety concerns for this operation:

There were no concerns in terms of security, but staff and volunteers were on high alert.

Implementation

Health

Budget: CHF 115,706
Targeted Persons: 1,477,865
Assisted Persons: 1,520,187
Targeted Male: 652,771
Targeted Female: 763,941

Indicators

Title	Target	Actual
Number of trained and mobilized volunteers engaged on EPiC	150	150
Number of people reached with health awareness campaigns.	1,477,865	1,520,187
Number of individuals receiving MHPSS.	340	570

Narrative description of achievements

In collaboration with the Health Officer, Regional Health officer and TRCS district focal person identified 150 CHWs/volunteers based in their area of operation were trained for a period of 6-day on EPIC, WASH, PGI MPHSS, RCCE, surveillance and data collection and reporting using reporting tool whose aim was to enable TRCS volunteers/CHWs to identify signs of disease outbreaks early and take immediate action and facilitate timely referrals and community-level interventions. Promote safe water, sanitation, and hygiene practices to prevent disease transmission, and equip them to lead community hygiene promotion during Marburg outbreaks (e.g., handwashing, disinfection, safe waste disposal). Prepare volunteers /CHWs to recognize and address psychosocial distress caused by Marburg outbreak in the affected community and provide basic mental health support and referrals to specialized care when needed. Ensure epidemic responses are inclusive and sensitive to the needs of vulnerable groups such as women, children, persons with disabilities. Also identify and prevent protection risks such as gender-based violence and advocate for equitable access to services. Another aim was to enable Volunteers/CHWs to deliver risk communication and community engagement (RCCE) messages that are culturally appropriate and trusted as well as to collect complains and feedback that will inform in provision of good health services to the community during the response which will build trust between communities and the health system to encourage cooperation and compliance with public health measures.

The trained volunteers/CHWs conducted the community health awareness campaigns and were able to reach 1,520,187 people, up from the target of 1,477,865 people, which reflects the efficient campaign implementation and community engagements. Furthermore, the volunteers reached 570 people with the MHPSS which surpassed the target of 340 people and this is linked to higher than anticipated demand for this service during the project implementation.

Deployment of trained 150 volunteers/CHWs was done, they created awareness on Marburg disease through various channels such as house-to-house visits, churches, schools, community meetings, focus group discussions. A total of 14,549 households were visited in three districts. TRCS supported the Ministry of Health with 8 volunteers who were assigned to receive alerts at the established hotline desks in Biharamulo district. By 08/03/2025, a cumulative number of alerts reported was 1426, cumulative number of alerts that met standard case definition was 96 and were tested, and out of these numbers, 2 were confirmed cases. Cumulative contact listed was

281,272, and successfully graduated (64 HCWs). It was realized that majority of reported alerts were from CHWs, followed by Volunteers/CHWs.
A total of 1,516,712(103%) people 652,771 male, 763,941 female and 908, male 331 female 577 people living with disability were reached in the awareness campaign in three districts Kagera region. Various methods were used to create awareness, share information to the community, such as the use of CHWs and TRCS volunteers to visit households. 20374 people reached through community meetings, 7,867 male and 12,507 female. Oriented religious and traditional healers on Marburg disease a total of 120 people oriented, 71 Male and 41 female. Created awareness to worshipers in churches and mosques reached 26,870, male10,070 and 16,800 females. Hot line desk 199 was established, 8 CHWs supported by TRCS were deployed on the surveillance desk to respond on call to address matters arising by informing relevant actors on action to be taken. Schools' health education and demonstration handwashing was conducted in 92 schools reaching a total of 134015 children, 46,982 boys and 87033 girls. Public announcement (PA) system intervention reached all 3 districts with a tailored message on MVD, which makes a total of 913,913 (62%) of the population. Flyers and posters were distributed with key information on sign and symptoms of MVD, and prevention measures, a total of 2299 posters and 1771 flyers were distributed
Marburg outbreak was controlled in two months' time and Tanzanian Minister of Health declared end of Marburg outbreak disease on 13 of March 2025. After the declaration the operation strategy changed, the Ministry of Health in collaboration with partners, prepared a 90-day recovery plan. Therefore, TRCS changed the operation strategy in line with the recovery plan. Volunteers/CHWs went house to house to provide education to reduce stigma among the affected population, encourage the community to use the health facilities addressing the fear that was within the community member on safety of the health facilities after Marburg outbreak.

Lessons Learnt

• Most of the community members preferred traditional healers' services first before visiting the health facilities hence leading to late health seeking behavior, which led to the earlier community deaths.
• Community delayed to seek medical services because they claim that the services wer expensive so they preferred the traditional healers.
• The impact of MVD outbreak on continuity of essential health services was evident with low turnout of children receiving immunization, mothers attending ANC, and patients receiving outpatient services for fear of being quarantined.
• Use of available volunteer network trained on epidemic control and SDB supported at the inception proved efficient.

Challenges

• Some of the community live in hard-to-reach areas, so the health facilities are far from their residence, especially those living on the island of Lake Victoria.
• Road infrastructure in most of the villages was not good, making it difficult to access health facilities in time, especially for people living on island, and poor topography in mountainous areas.

Water, Sanitation And Hygiene

Budget: CHF 20,152
Targeted Persons: 1,477,865
Assisted Persons: 1,520,187
Targeted Male: 652,771
Targeted Female: 763,941

Indicators

Title	Target	Actual
Number of volunteers trained and mobilized	150	150
Number of people reached through hygiene promotion campaign	1,477,865	1,520,187

Narrative description of achievements

A total of 150 volunteers and CHWs were trained in hygiene promotion, deployed to conduct the same in the community, namely Biharamulo, Ngara, and Muleba. 14549 households were visited, providing communities with key messages on hygiene, which included personal, environmental, food and latrine/ toilet hygiene, proper water storage at household level, and drinking of clean water.
A WASH assessment was also conducted to evaluate potential health risks associated with inadequate WASH practices or infrastructure,

including contamination, open defecation, or a lack of handwashing facilities. It was realized that the practice of hand washing with running water was most practiced in Biharamulo district, which indicated 73% compared to Muleba and Ngara, that was at 39% and 21% respectively. Not very many people boil drinking water in the three districts, Biharamulo indicated 55% of people boiled water, followed by Muleba 39% and then Ngara 33%. In terms of open defecation around the compound, it was realized that most of the households visited were clean, though a few indicated open defecation 15% in Muleba, 5% in Ngara and 3% Biharamulo. It was realized that latrine coverage in three districts was at 87% and in use.

According to Ministry of Health in Biharamulo district, it was realized that there was an improvement in watery diarrhea disease with rehydration in the month of April compared to the month of December 2024 due to intensive awareness on prevention of WASH-related diseases. The DHIS indicated that in December 2024 watery diarrhea was number 4 among the top 10 diseases and in April 2025 diarrhea was number 10 among the top ten which means the cases reduced.

TRCS was on the frontline in Marburg response from the inception, ensuring deployment of the volunteers to support the Ministry of Health in distribution of PPE to health, point of entry Chaka, Kabanga Rusum Murusambaga, Rusahunga, and Kemondo port and airport as well as in district designated hospitals Katoke and Birharamulo. Also distributed hand sanitizer, liquid soap, and handwashing facilities. Supported prepositioning of SDB kits from the Ministry of Health warehouse to various health facilities. TRCS further supported in decommissioning activities by removing tents in Kabindi Rusavunga and Katoke health center immediately end of Marburg virus was declared by Ministry of Health. This activity was successful with the support of two IFRC vehicles that were deployed to the region.

TRCS with financial support from UNICEF have stated a project that will provide water supply to Ruziba ward,Katerera village. This will be done by upgrading a borehole, install a 50,000-liter tank on higher ground in Ruziba ward, katerera village, then supply water by gravity 12 kilometer to the affected population in Katerera village. This project will address water supply problem in the named area which was mostly affected by Marburg disease.

A total of 73 cartons of hand washing soap were procured, and 32 cartons containing 620 pieces. 50 pairs of gumboots were handed over to the District Ministry of Health, and were later distributed to 8 health centers, namely Kisuma, kitwechembogo, kisenga, isambara, mubaba, yakayenze, kasato, kikoma. Provided 50 gumboots to 50 volunteers in Biharamulo district. 50 remaining gumboots prepositioned in Kagera region office for future emergency purposes.

Lessons Learnt

The Ministry of Health, through the environmental health officer, enforced the public health law, which ensured the provision of latrines in households and public places.

Challenges

• Water supply is a challenge during the dry season; people have to walk long distances in search of water

Protection, Gender And Inclusion

Budget: CHF 5,303
Targeted Persons: 1,477,865
Assisted Persons: 1,520,187
Targeted Male: 652,771
Targeted Female: 763,941

Indicators

Title	Target	Actual
Number of volunteers trained and mobilized on PGI	150	150
Number of PGA assessment in the affected areas	3	3
Number of PGI minimum standards printed	500	500
Percentage of disaggregated data collected by sex, age and disability	80	100

Narrative description of achievements

A total of 908 people with disabilities were reached, 331 males and 577 females. It was ensured that all voices were heard and represented in decision-making processes in various forums where decision-making was concerned. All the data was disaggregated by sex.
150 volunteers were trained on PGI principles and 150 booklets on minimum PGI standards were printed out, provided to volunteers, and the same were disseminated.
A rapid gender and diversity analysis was conducted in the affected population during the MVD outbreak; all 10 cases were reported from Biharamulo district in Kagera region; the median age of cases was 30 years (range: 1 to 75 years) and 70% were female. Several gendered dynamics influence infection prevention and control (IPC), health-seeking behavior, and socio-economic vulnerabilities

Lessons Learnt

• The coordination with the government proved worthwhile, especially working with registered traditional healers.

Challenges

• There is still stigma among the girls regarding menstruation cycle associated tradition beliefs, that is an issue that is not discussed in the community.

Community Engagement And Accountability

Budget: CHF 12,728
Targeted Persons: 1,477,865
Assisted Persons: 1,520,187
Targeted Male: 652,771
Targeted Female: 763,941

Indicators

Title	Target	Actual
Number of feedback mechanisms established.	1	4
Number of community feedback responses addressed.	350	1,921
Number of and type of methods established to share information with Communities	3	4
Percentage of community members including marginalised and at risk groups who know how to provide feedback	65	90
Percentage of operation complaints and feedback received and responded to by NS	60	83

Narrative description of achievements

Community feedback and complaint mechanism
Four feedback mechanisms were established to support the implementation of the Marburg response, which included the Hotline number by TRCS, CEA desk at the community, suggestion box, and community meetings. At first, the target was to establish one feedback mechanism, which is the Hotline number, but with the heightened needs from the community, a consensus was reached to establish other mechanisms to complement the hotline number.
A total of 2,302 responses were collected, and 1,921 feedback were addressed by the TRCS, which amounts to 83% of all responses. This exceeded the target of 350 responses, which is attributed to the strong commitment to serving the community. On the other hand, four methods were established, surpassing the target of 3 methods to share information with the communities that include community meetings, media such as TV and radio, posters and flyers, and household visits that were made by the deployed volunteers.
It was confirmed that 90 percent of the community including the marginalized and at-risk groups are aware of how to provide feedback

about the response, that is above the target of 65 percent. This indicates that feedback mechanisms established were well shared with the community during the awareness campaigns and assisted in surpassing the target.
It is noted that 83 percent of the operation complaints and feedback received were responded to by the NS as elaborated earlier, surpassing the target of 60 percent.
Rumors and Myths about Marburg Virus Disease
A total of 2,302 responses that were collected from the open-ended questions were analyzed regarding the rumors and myths that people of Kagera have with respect to Marburg disease. The findings revealed that the theme of witchcraft and superstition was the most predominant, comprising 67% collectively, indicative of entrenched cultural beliefs. Additionally, denial of the illness (16%) and misinformation (6%) constituted substantial obstacles to public health initiatives. It is also revealed that conspiracy theories (4%) and religious interpretations (4%) exacerbated the complexities of risk communication.
A total of 1,557 responses were analyzed regarding the questions that were raised by the community during sensitization of the Marburg in their areas. Findings revealed that 33% of questions from the community concerning MVD were centered on the treatment and prevention, indicating a pressing need for medical interventions, while 31% of inquiries pertained to causes and transmission pathways, underscoring ambiguity regarding zoonotic dissemination (e.g., bats, primates). Furthermore, 16% inquired about the existence of Marburg and myths related to Marburg, specifically asking if Marburg is real, and is it caused by curses or supernatural powers. Moreover, 8% were inquiring about the symptoms and diagnosis of the Marburg disease.
With regards to the district, in response, 6% expressed skepticism regarding government actions (e.g., regional focus, quarantine policies). While 4% associated Marburg with geographical spread, inquiring why only Biharamulo district? All complaints were addressed through the same channels as mentioned above.

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Lessons Learnt

• Traditional healers are influential in the community; there is a need for them so they understand what Marburg and other diseases are and dispel myths regarding misconceptions about the same.
• It is important to engage traditional healers with RCCE to empower them to refer cases of highly infectious diseases, such as Marburg

Challenges

• Limited engagement of the community leaders in some of the implementation areas.

Secretariat Services

Budget: CHF 3
Targeted Persons: 4
Assisted Persons: 4
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
Number of monitoring mission conducted	12	11
Number of surge profiles deployed	1	1

Narrative description of achievements

PHIEC surge was deployed with solid experience in setup of RCRC Viral Hemorrhagic Fever (VHF) response systems. Provided coordination and technical support to the NS, including Monitoring visits, reporting, and ensuring compliance with the DREF guidelines.
Provided technical health mentorship to the project officers and volunteers in the region, which included: Risk Communication and Community Engagement (RCCE) Case Detection and Contact Tracing Surveillance and participated in coordination meetings, EOC national task force meeting, regional task force meeting, daily coordination meetings, and pillar meetings, WASH, partners meeting 3 days per week. The partners' meeting aimed to ensure no duplication and harmonization of activities. Partners participating included UNICEF, AFRICA CDC, WHO, TRCS, IFRC, US CDC, TIP, and AMREF. There was information sharing and exchanging data, situation update report,

which supported informed decision making. It was a united platform to advocate more effectively for community needs and additional funding from donors, especially during the recovery period. Coordination helped in development of coordinated plans for future emergencies or ongoing risks, which were shared by WHO after declaration of end of Marburg. Coordinated with Local Health Authorities. Ensure technical support efforts complement government systems and do not create parallel structures.
IFRC Coordination meetings: Participated in biweekly cluster meeting to share progress update of the operation, in Health weekly Africa meeting, presented Marburg outbreak lesson learned after the declaration of end of Marburg, also shared TRCS lesson learned in Session 3 – Risk Communication and Community Engagement lesson learned from MPOX, MVD and SVD in Africa, which was presented by TRCS health director.

Lessons Learnt

• Monitoring visits conducted were very crucial in tracking the progress of the project and finding the way forward.
• The PHIEC surge deployed provided technical inputs with regards to the implementation of the project and enhanced success of the project. The surge participated in the field work including supporting the community sensitization programs, coordination meetings, supported the monitoring visits, and lesson learnt activities.

Challenges

• Surge had to support the three districts which were vast in terms of geographical coverage and there were occasional network problems.

National Society Strengthening

Budget: CHF 8
Targeted Persons: 150
Assisted Persons: 154
Targeted Male: -
Targeted Female: -

Indicators

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

Narrative description of achievements

This lesson learnt was coordinated jointly with Tanzania Red Cross Society in collaboration with IFRC Juba Cluster by involving various stakeholders who participated in the entire response. The stakeholders who participated in this mission are health officers, community health workers, TRCS volunteers, community leaders, representatives from regional health office, district medical officers, and people from the beneficiaries.
It was divided into three phases. The first phase included health service providers and technical people from various stakeholders, the second phase, TRCS volunteers and CHWs engaged in MVD response, and the third phase was community members from the village where MVD cases were reported.
Total number of people engaged was 58 people, Health Service providers and technical people from various stakeholders 19, TRCS volunteers and CHWs 20 and community members from affected village 10. Methodology used was desk review of the secondary data, and key informant Interviews.
A total of 150 T-shirts and 150 caps were procured and distributed in the affected district,150 volunteers were provided with visibility material.

• 150 volunteers were insured.

Lessons Learnt

• The consideration of community leaders in payment is very important to be taken into consideration based on the basic roles they play during response.
• To have the best modality of reaching hard-to-reach areas should be strengthened to ensure a large community is reached on time.
• Prepositioning of adequate visibility to regional or district branches to support volunteers during interventions.

Challenges

• Procurement of visibility material was done late.

Financial Report

Selected Parameters			
Reporting Timeframe	2025/1-7	Operation	MDRTZ039
Budget Timeframe	2025/1-7	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 05/Sep/2025

All figures are in Swiss Francs (CHF)

MDRTZ039 - Tanzania - Marburg Outbreak

Operating Timeframe: 27 Jan 2025 to 31 May 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**279,790**
DREF Response Pillar	279,790
Expenditure	**-249,363**
Closing Balance	**30,428**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			**0**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	25,350	3,231	**22,119**
PO05 - Water, Sanitation & Hygiene	6,700	5,629	**1,071**
PO06 - Protection, Gender and Inclusion			**0**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	209,347	213,000	**-3,653**
PO10 - Community Engagement and Accountability			**0**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**241,397**	**221,860**	**19,537**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	32,735	16,048	**16,687**
EA03 - National Society Strengthening	5,657	11,454	**-5,797**
Enabling Approaches Total	**38,393**	**27,503**	**10,890**
Grand Total	**279,790**	**249,363**	**30,428**

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[Click here for the complete financial report]

Please explain variances (if any)

The variances arise from transfers made to the National Society, which are reflected in the National Society financial report. However, the NS financial report does not have these variances. the remaining balance of CHF 30,428 shall be reimbursed back to the DREF pot.

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Click here for reference