


www.ifrc.org
Saving lives,
changing minds.

Emergency appeal Tanzania: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal n° MDRTZ018

226,000 people to be assisted

Appeal launched 11 November
2015

Glide n° EP-2015-000058-TZA

941,146 Swiss franc Appeal budget
188,505 Swiss franc DREF start-up allocation

Appeal ends 11 April 2016

This Emergency Appeal seeks 941,146 Swiss francs to support the Tanzania Red Cross Society (TRCS) to take action to address the growing cholera outbreak and to assist 226,000 people at risk. It will enable the National Society to carry out community engagement and social mobilization for affected communities, and to set up oral rehydration points, surveillance systems, and household level water treatment mechanisms. This appeal reflects the current situation and will be updated and adjusted based on the evolving nature of the crisis on the ground and the findings of more detailed assessments carried out by the Field Assessment and Coordination Team (FACT), currently supporting TRCS to develop their plan.

[Click here for the Emergency Plan of Action \(EPoA\)](#)

The disaster and the Red Cross Red Crescent response to date

15 August, 2015: first cholera outbreak case reported in Dar es Salaam's Kinondoni district; one person died and four family members were screened and found affected. Cholera began spreading throughout the Dar es Salaam region and twelve other regions of the country: Morogoro, Kigoma, Dodoma, Geita, Mwanza, Mara, Arusha, Tabora, Tanga, Shinyanga, Singida and Coast, and the island of Zanzibar. The contributing factors, includes contaminated water sources, poor sanitation and poor hygiene practices.

Significantly, in **May 2015** a cholera outbreak was declared in Nyarugusu refugee camp on the Tanzanian/Burundi border, home to around 175,000 Burundian refugees with 4,833 cases and 40 deaths reported. The outbreak was contained through a vaccination campaign, provision of safe water and health education. Neighbouring countries have also reported cholera cases in October.

As of 3 November 2015: a total of 7,155 cumulative cases reported and 96 deaths. Although the figures of the current outbreak are lower than those of previous years, the rapid increase of cases (from 5,973 on 31 October, to 7,155 on 3 November), with almost 20% of overall cases occurring in just 4 days, indicates that a sharp and rapid increase in cases is highly likely. Given the current context and applying attack rates to the population at risk, similar to previous outbreaks, without significant and rapid intervention there is a very real risk that the current outbreak will increase to reach 1997 levels, with upwards of 40,000 cases within the next few months.

11 November 2015: Emergency Appeal launched for 941,146 Swiss francs for 226,000 people, with 188,505 Swiss francs allocated from the IFRC's Disaster Relief Emergency Fund (DREF) as start-up support.

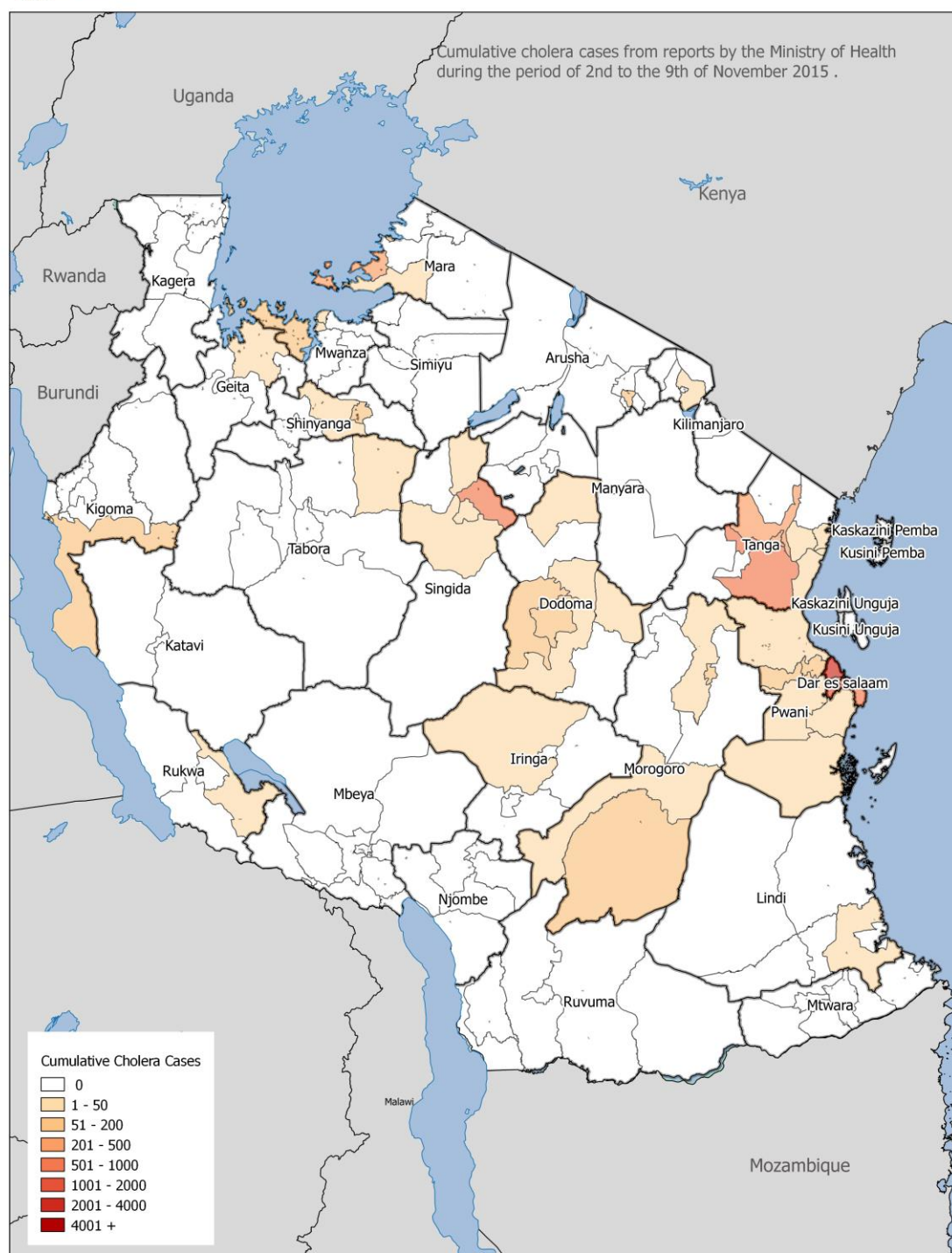


Tanzania Red Cross Society volunteers during community hygiene promotion. Photo: TRCS



International Federation
of Red Cross and Red Crescent Societies

Tanzania Districts with Recorded Cholera Cases



In Dar es Salaam, some shallow and deep wells have tested positive for vibrio cholera, as have water and sewage system points. A number of wells have been closed after being tested and found with e-coli; others have been treated or closed, depending on the type and possibility to provide safe water. In some areas community sanitation is poor; there is low latrine coverage and use, unhygienic garbage disposal and irregular garbage collection, which have resulted in blocked sewage drainage systems.

Overview of Host National Society

90 Tanzania Red Cross Society (TRCS) volunteers have been trained on hygiene practices and an appropriate cholera monitoring tool, and have been conducting house to house visits to promote hygiene practices and social mobilization in three affected districts in Dar es Salaam. The TRCS volunteers are also distributing aqua tabs and IEC

materials with the support of UNICEF. The volunteers are supervised and assigned by District Medical Officers in their respective areas and work together with the MoHSW Community Health Workers.

TRCS, with UNICEF's support, has also contributed to the establishment of three Cholera Treatment Centres (CTC) in Dar es Salaam with the provision of materials, including: – 50 cholera beds; 100 pairs gum boots; 100 plastic aprons; 10,000 pairs of disposable gloves, 100 pairs of heavy duty gloves, 10 sprayers and 120 buckets.

TRCS attends the National Task Force meetings chaired by the MoHSW and is a member of the Social Mobilization and Surveillance sub-committees and National WASH Emergency Response Team (NEWASH-RT).

TRCS has a presence in all regions across the country and has around 15,000 volunteers. Many of the branches have been requesting assistance from the TRCS headquarters in order to respond to the cholera outbreak, but providing this assistance in the short term is currently beyond the financial resources of the National Society.

Overview of Red Cross Red Crescent Movement in country

The International Federation of Red Cross and Red Crescent Societies (IFRC) is not present in-country but provides assistance through its East Africa and Indian Ocean Islands (EAIOI) support team, and Africa Region (formerly Zone) office, which are based in Nairobi, Kenya.

Since the onset of the cholera epidemic, TRCS has been in regular contact with the IFRC EAIOI Regional Office's Disaster Management Unit for updates and agreement on the way forward. TRCS has issued four alerts using the IFRC disaster management information system (DMIS).

American Red Cross (ARC) and Spanish Red Cross (SpRC) have long-term programmes in Tanzania and have been informed of the cholera outbreak. The International Committee of the Red Cross (ICRC) has an office in Dar es Salaam covered by its Regional Delegation in Nairobi, providing support to the TRCS in the areas of emergency preparedness and response, Restoring Family Links (RFL), and promotion of Fundamental Principles and International Humanitarian Law (IHL). The ICRC supported TRCS in its preparedness and response during the October 2015 National elections and is continuing increased support to TRCS, especially in its RFL response to the refugee influx from Burundi.

A Field Assessment and Coordination Team (FACT) was deployed on 26th October comprising a Team Leader, two Health and two WASH delegates. Two of these members come from the Regional Disaster Response Team (RDRT) roster. An emergency health delegate from Africa Regional Office also travelled to support the first week of the mission. The team is conducting detailed assessments in Dar es Salaam and other regions and developing a comprehensive plan of action with the TRCS that will inform the revision of this emergency appeal as needed. The FACT is coordinating their work with the MoHSW and other actors on the ground.

Overview of non-RCRC actors in country

Ministry of Health & Social Welfare: In accordance to the National Guidelines for Prevention and Control of Cholera, the MoHSW has activated the National Cholera Epidemic Committee and is chairing weekly meetings. In addition, seven sub-committees – Case Management, Laboratory, Surveillance, Social Mobilisation, WASH, Logistics and Coordination – each meet several times a week in Dar es Salaam. It is not yet clear if this structure is mirrored at the regional and district levels. The MoHSW is establishing an Emergency Operations Centre in Dar es Salaam and has opened up to 30 CTCs in Dar es Salaam and other regions, linked to existing health facilities.

World Health Organization (WHO): Has provided 1,000 cartons of Water Guard (2.4m tablets) and 100 litres of sanitizer to the MoHSW, which is now being dispatched to affected regions, and is also funding to support case management, laboratory services, surveillance and social mobilization activities.

United Nations Children's Fund (UNICEF): Responded to the cholera outbreak in May with a cholera treatment kit (100 cases), chlorine, soap, water purification tablets and plastic buckets, as well as high-nutrition ready-to-eat food for up to 1,000 vulnerable children for one week. A Communication for Development (C4D) and WASH consultant has recently arrived in-country to support the cholera operation.

Centre for Disease Control (CDC): Sent a team of epidemiologists, WASH and coordination experts to support the MoHSW and is supporting a KAP survey in the affected communities in Dar es Salaam.

Dar es Salaam Water and Sewage Company (DAWASCO): Is blocking illegal water tap connections in affected areas and is continuing to register water tanks and privately owned bore holes for disinfection, plus identifying where these boreholes / tanks source their water and where they deliver to communities.

Water Aid: Has provided 7 schools with materials for cholera prevention.

MSF Spain: Is on stand-by in Dar es Salaam to deploy to other regions of Tanzania and is assessing new sites where CTCs may be established. It's also preparing to import 2-3 cholera kits.

The operational strategy

Overall objective

To contribute to cholera prevention by breaking the chain of transmission through reaching 226,000 people in 11 districts with community mobilization and hygiene and health interventions in support of the Ministry of Health & Social Welfare.

Proposed strategy

Through this appeal, a community based approach will be used to strengthen surveillance, social mobilization and community engagement, to ensure that high risk households and communities are given information on how to protect themselves from cholera and are mobilized to take action to reduce the risk of cholera.

Social mobilisation and community engagement strategies for the urban and rural contexts will be guided by assessments to determine and address barriers that may prevent communities from seeking healthy behaviours and hygiene practices.

The community engagement will also target schools in 11 districts with water, sanitation and hygiene activities that will promote healthy behaviour.

This operation includes the following activities

- Conduct initial assessments in the four priority regions (*Mwanza, Arusha and Tanga, in addition to Dar es Salaam*). This is already ongoing. Further assessments will be conducted if the outbreak spreads to new areas.
- Establish community-based surveillance, referral and 100 community oral rehydration points through a network of 200 community-based volunteers in 11 target districts. The number of ORPs and surveillance volunteers may vary as the outbreak evolves and more assessment information comes in.
- Establishing data collection and reporting systems through a community based surveillance. The information gathered will be shared with branches to coordinate ongoing response with other stakeholders.
- Creation of rapid response interventions teams (RRT) with branch volunteers to scale up hygiene promotion and support in the correct use of water treatment tablets in hotspots areas. RRT will intervene within 48hr in affected communities that have been identified through CTC, ORP or health centre surveillance or community based surveillance. They will, among other tasks, conduct assessments of water sources and sanitation facilities to improve household and school level water handling and storage practices.
- Training and mobilising 1,000 volunteers: 200 to assist in ORP, 400 to deploy into hot spots as rapid response teams and 400 for social mobilization.
- Procurement and dispatch of ORP kits, IEC materials, soap, ORS, water treatment tablets, chlorine, gum boots, and visibility materials
- Dissemination of key messages on the risk of cholera and its transmission routes to ensure that people know how to prevent it and what actions can be taken if they or their family members get sick.
- Establish hand washing points at schools and in other critical areas
- Training of volunteers to enable them to support CTCs in hot spot areas with disinfection and IPC as required

Proposed sectors of intervention

Surveillance and early warning & monitoring disease trends

Outcome 1: Early detection and consistent monitoring of disease trends and community case management of cholera saves lives

Output 1.1 A network of up to 100 community ORP's in high transmission areas provide lifesaving treatment and community-based disease surveillance data to guide response

Activities planned

- Identify and map CTC & CTUs, vulnerable areas, and current gaps
- Assessment of 11 affected and high risk districts to be targeted for community based ORPs and Community Base Surveillance

- Identify resource needs for the ORPs including supplies, data collection materials, supervision
- In urban settings, train community-based volunteers, street leaders, health workers and/or environmental health committees to set up and run ORPs and report number of suspected cholera cases using standard case definitions
- In rural settings, train community-based volunteers, community leaders, health workers and/or environmental health committees to set up and run ORPs and report number of suspected cholera cases using standard case definitions
- Retain 40 ORP kits for scaling up in new hot spots
- Establish a data collection and referral system at ORPs

Output 1.2 Community based surveillance system provides daily aggregate data and weekly disaggregated data for early warning, alert and response network

Activities planned

- Set up a surveillance system to gather information and monitor outbreak trends
- Share data with MoHSW and other partners in real time to enable rapid response
- Map all cases reported by CBS to better target areas for cholera control activities
- Weekly analysis of and publication of daily surveillance data
- Analysis and publication of monthly summary reports

Preventing and reducing risk of cholera transmission

Outcome 2: The transmission of cholera is eliminated or contained

Output 2.1 Mass sensitisation on the risk of cholera and its transmission routes is carried out

Activities planned

- Gender sensitive focus group discussions to identify community perception and behaviours related to cholera [both, those which may increase the risk of transmission or provide a protective factor] and use it to inform interventions
- Ensure availability of MoHSW IEC materials
- Train volunteers on Epidemic Control for Volunteers (ECV), HP campaign and the use of IEC materials
- Disseminate cholera preventive and response messages through various communication channels (mass media, local radio and TV, Mobile cinemas interpersonal communication) at community gatherings/meetings, schools and at CTCs

Output 2.2 The chain of transmission is broken where cluster of cases have been identified

Activities planned

- Assessment of TRCS branch resources and gaps to determine number and location of rapid response teams (RRT)
- Training of volunteers to support RRTs
- Procurement of supplies: chlorine, gum boots, rapid response kits, visibility materials
- Prepare stocks of ORS, soaps, water treatment tablets, and IEC materials for use in targeted response
- Red Cross volunteers are trained and mobilised to undertake rapid response to identified clusters of cases
- RRTs intervene within 48hr in affected communities that have been identified through CTC, ORP or health centre surveillance or community based surveillance
- RRTs conduct assessment of water sources and sanitation facilities in affected communities and identify contacts
- RRTs are deployed at water source level for bucket chlorination
- RRTs provide means to improve household level water handling and storage practices to reduce contamination risk through targeted distributions (aqua tabs, soap)
- RRTs train community volunteers to set up ORP in areas where they don't exist
- RRTs replenish ORP stocks where applicable
- RRTs encourage people in affected communities, to ensure an environment free from excreta and help people to dispose of it safely
- RRT to conduct community sensitization sessions

Output 2.3 School children in targeted areas have access to hand washing facilities with soap and water

Activities planned

- Assessment of water sources and sanitation facilities at 100 schools in high transmission areas and surrounding districts
- Establishing hand washing points at 100 schools, ORPs, and other areas identified during assessments
- Ensure safe drinking water through chlorination
- Train teachers to chlorinate water at 100 schools
- Distribute soap and IEC materials to 1,000 school children to take home

Output 2.4 MoHSW CTCs are supported to reduce cholera morbidity and mortality

Activities planned

- Procurement and management of stockpiles of Infection Prevention and Control consumables
- Train volunteers to support with disinfection activities

- Support disinfection activities in CTCs
- Procurement and repositioning of 40 cholera beds to support CTCs in areas with low health coverage or with rapid increase of cases

Operational support services

Human resources

TRCS headquarters and branch/sub-branch staff and 1000 volunteers will be trained and/or mobilized; new volunteers to be recruited in areas of high transmissions rate if the existing number of volunteers is insufficient. In addition to the current one-month FACT mission, the operation will require some additional human resources: financial personnel (both an IFRC delegate and National Society staff), a health surveillance delegate, and a beneficiary communication and engagement delegate. A logistics and a Watsan RDRT will also be considered.

Logistics and supply chain

- Procurement plans – the majority of commodities are available in-country, either through existing TRCS suppliers or from MoHSW/WHO/UNICEF
- Warehouse and storage plans – TRCS headquarters and branch storage capacity to be assessed
- Transport and fleet needs – TRCS headquarters and branch capacity to be assessed

Information technologies (IT)

For community based surveillance, mobile phones and computers are required, the number dependent on the areas in which surveillance is carried out. CBS, ORP and RRT volunteers will require mobile phone credit to provide daily updates.

Security

Post-election tension in some regions may prevent movement of the FACT to carry out assessments, and from TRCS volunteers providing support to affected communities. The TRCS and Federation will continue to monitor the security situation in each region.

Security Regulations and medical evacuation procedures for the IFRC Mission Tanzania have been developed and disseminated. Moreover, all staff working in the IFRC field operations is required to successfully complete the “Stay safe – IFRC Personal security” e-learning course, and in addition, anybody with a managerial responsibility must also complete the “Stay safe – IFRC Security Management” e-learning course

Planning, monitoring, evaluation, & reporting (PMER)

The TRCS Disaster Management and Health departments will work closely with the branches in the affected areas to ensure proper delivery of humanitarian assistance to the affected communities. TRCS will assume the overall monitoring role to ensure accountability, timely and quality response. Update reports will be shared with IFRC.

The current Emergency Appeal will be revised once more detail assessment information and beneficiary feedback is gathered. The revision will also contemplate more detailed monitoring and evaluation mechanisms in relation to the community based surveillance

Budget

See attached budget for details.

Garry Conille
Under Secretary General,
Programme and Operations

Elhadj Amadou As Sy
Secretary General

Contact information

For further information specifically related to this operation please contact:

- **In Tanzania:** Joseph Kimaryo, Disaster Management Director, Tanzania Red Cross National Society; phone +255 713 325 042; email: utouh2009@yahoo.com
- **IFRC Regional Representation:** Finnjarle Rode; Regional Representative for East Africa; Nairobi; Phone: +254 20 28 35 000; Email: finnjarle.rode@ifrc.org
- **IFRC Disaster Management Unit:** Farid Aiywar; Head of Unit. Nairobi; Phone: +254 (0)731 067 469; email: farid.aiywar@ifrc.org
- **In Geneva:** Christine South, Senior Quality Assurance Operations Officer, office phone: +41.22.730.4529, email: christine.south@ifrc.org
- **IFRC Region Logistics:** Rishi Ramrakha; mobile phone: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- In IFRC Region: Fidelis Kangethe, Partnerships and Resource Development Coordinator; Addis Ababa; Tel; 251 930 03 4013; email: fidelis.kangethe@ifrc.org
- Please send all pledges for funding to zonerm.africa@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- In IFRC Africa: Robert Ondrusek, PMER Coordinator; mobile phone: +254 731 067 277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace

EMERGENCY APPEAL

12/11/2015

MDRTZ018: Tanzania Cholera

| Budget Group | Multilateral Response (CHF) | Inter-Agency Shelter Coord. | Bilateral Response | Appeal Budget (CHF) |
|--|-----------------------------|-----------------------------|--------------------|---------------------|
| Food | 0 | | | 0 |
| Seeds & Plants | 0 | | | 0 |
| Water, Sanitation & Hygiene | 305,300 | | | 305,300 |
| Medical & First Aid | 45,500 | | | 45,500 |
| Teaching Materials | 28,875 | | | 28,875 |
| Utensils & Tools | 12,500 | | | 12,500 |
| Other Supplies & Services | 0 | | | 0 |
| Emergency Response Units | 0 | | | 0 |
| Cash Disbursements | 0 | | | 0 |
| Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES | 392,175 | 0 | 0 | 392,175 |
| Land & Buildings | 0 | | | 0 |
| Vehicles | 0 | | | 0 |
| Computer & Telecom Equipment | 3,695 | | | 3,695 |
| Office/Household Furniture & Equipment | 0 | | | 0 |
| Medical Equipment | 0 | | | 0 |
| Other Machinery & Equipment | 0 | | | 0 |
| Total LAND, VEHICLES AND EQUIPMENT | 3,695 | 0 | 0 | 3,695 |
| Storage, Warehousing | 0 | | | 0 |
| Distribution & Monitoring | 0 | | | 0 |
| Transport & Vehicle Costs | 46,200 | | | 46,200 |
| Logistics Services | 0 | | | 0 |
| Total LOGISTICS, TRANSPORT AND STORAGE | 46,200 | 0 | 0 | 46,200 |
| International Staff | 168,000 | | | 168,000 |
| National Staff | 0 | | | 0 |
| National Society Staff | 21,200 | | | 21,200 |
| Volunteers | 109,125 | | | 109,125 |
| Total PERSONNEL | 298,325 | 0 | 0 | 298,325 |
| Consultants | 0 | | | 0 |
| Professional Fees | 0 | | | 0 |
| Total CONSULTANTS & PROFESSIONAL FEES | 0 | 0 | 0 | 0 |
| Workshops & Training | 31,250 | | | 31,250 |
| Total WORKSHOP & TRAINING | 31,250 | 0 | 0 | 31,250 |
| Travel | 10,200 | | | 10,200 |
| Information & Public Relations | 11,100 | | | 11,100 |
| Office Costs | 2,350 | | | 2,350 |
| Communications | 0 | | | 0 |
| Financial Charges | 600 | | | 600 |
| Other General Expenses | 79,590 | | | 79,590 |
| Shared Office and Services Costs | 0 | | | 0 |
| Total GENERAL EXPENDITURES | 103,840 | 0 | 0 | 103,840 |
| Partner National Societies | 0 | | | 0 |
| Other Partners (NGOs, UN, other) | 0 | | | 0 |
| Total TRANSFER TO PARTNERS | 0 | 0 | 0 | 0 |
| Programme and Services Support Recovery | 56,906 | 0 | | 56,906 |
| Total INDIRECT COSTS | 56,906 | 0 | 0 | 56,906 |
| Pledge Earmarking & Reporting Fees | 8,755 | | | 8,755 |
| Total PLEDGE SPECIFIC COSTS | 8,755 | 0 | 0 | 8,755 |
| TOTAL BUDGET | 941,146 | 0 | 0 | 941,146 |
| Available Resources | | | | |
| Multilateral Contributions | | | | 0 |
| Bilateral Contributions | | | | 0 |
| TOTAL AVAILABLE RESOURCES | 0 | 0 | 0 | 0 |
| NET EMERGENCY APPEAL NEEDS | 941,146 | 0 | 0 | 941,146 |