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Emergency appeal Tanzania: Cholera Outbreak

 International Federation
of Red Cross and Red Crescent Societies

Revised Emergency Appeal n° MDRTZ018	226,000 people to be assisted	Appeal launched 11 November 2015
Glide n° EP-2015-000058-TZA	Appeal budget increased to 1,290,421 Swiss francs	Revised 19 December 2015
	88 per cent funding gap	Appeal ends April 2016

This revised Emergency Appeal seeks **1,290,421 Swiss francs** (increased from 941,146 Swiss francs) to support the **Tanzania Red Cross Society (TRCS)** to scale-up the response to the growing cholera outbreak for some 226,000 people. It will enable the National Society to increase community engagement and social mobilization efforts for affected communities, and to set up oral rehydration points, surveillance systems, and household level water treatment mechanisms. With some 146,119 Swiss francs received to date, the net needs amount to 1,144,302 Swiss francs. This revised Emergency Appeal reflects the current situation based on the evolving nature of the crisis on the ground and the detailed assessments carried out by the Field Assessment and Coordination Team (FACT).
[Click here for the revised 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 before spreading throughout the Dar es Salaam region and the following twelve other regions of the country: Morogoro, Kigoma, Dodoma, Geita, Mwanza, Mara, Arusha, Tabora, Tanga, Shinyanga, Singida and Coast, and the island of Zanzibar.

May 2015: cholera outbreak 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 also reported cholera cases in October.

3 November 2015: a total of 7,155 cumulative cases reported, with 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.

18 December 2015: revised Emergency Appeal seeks 1,290,421 Swiss francs (increased from 941,146 Swiss francs) to support the Tanzania Red Cross Society (TRCS) to scale-up the response to the growing cholera outbreak for some 226,000 people.



Tanzania Red Cross staff conducting focus group discussion.
/photo TRCS

Overview of Host National Society

Following the cholera outbreak, a total of 90 TRCS volunteers received training on hygiene promotion and the use of a cholera monitoring tool. In collaboration with the Ministry of Health and Social Welfare (MoHSW) and United Nations Children's Fund (UNICEF), the volunteers have initiated social mobilization activities (household visits) which has included the distribution of water treatment chemicals (aqua tabs) and information, education and communication (IEC) materials in three districts in Dar es Salaam. In addition, three Cholera Treatment Centres (CTC's) have been established in Dar es Salaam (with the support of UNICEF) and equipped with cholera beds, rubber boots, plastic aprons, disposable gloves, heavy duty gloves, sprayers, and buckets. The TRCS is an active participant at 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).

Overview of Red Cross Red Crescent Movement in country

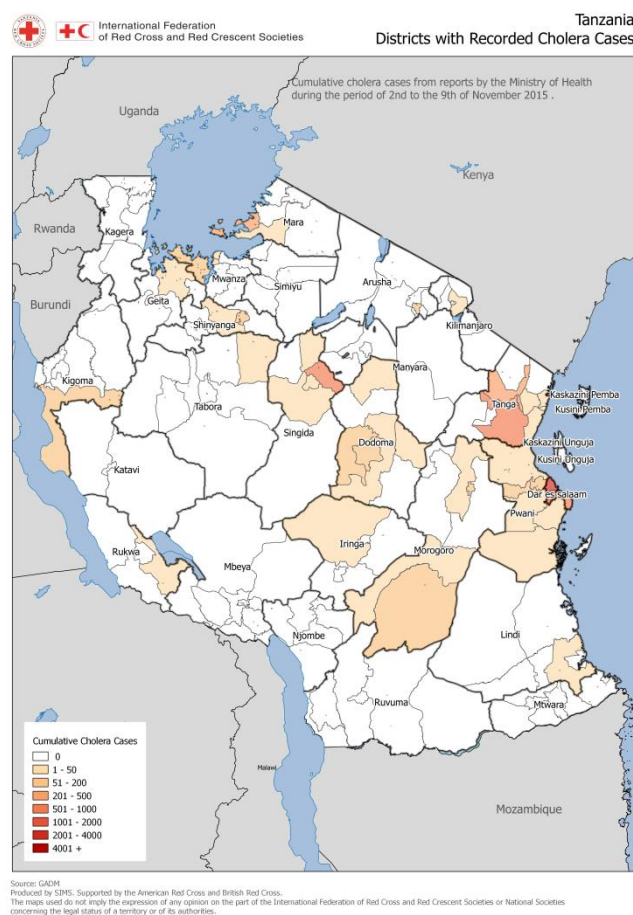
The IFRC is not present in-country but provides assistance through its Nairobi-based East Africa and Indian Ocean Islands (EAIOI) operations unit, and the Africa region (formerly Zone) office. Since 17 September 2015, the TRCS has issued four alerts via the IFRC's Disaster Management Information System (DMIS). On 26 October 2015, the IFRC deployed a FACT comprised of 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 the Africa region also travelled to support the first three weeks of the mission. In collaboration with TRCS national headquarters (NHQ) staff and branch staff and volunteers (and in coordination with other actors, e.g. MoHSW), the team conducted a rapid assessment in Arusha, Mwanza, Singida and Tanga, and contribute to the development of an initial Emergency Plan of Action for the Emergency Appeal while this was underway. An Operations Manager (from Kenya Red Cross Society) with a strong background in health has also been deployed to support the ongoing operation for one month (up to end of December 2015).

The IFRC EAIOI operations unit is also supporting the National Society to closely monitor and prepare for the coming impact of El Niño, as excessive flooding is likely to critically worsen the cholera outbreak. Four of the regions currently experiencing the cholera outbreak, including Arusha, Dar es Salaam, Shinyanga and Tanga, are also at risk of increased flooding due to El Niño. Both IFRC and TRCS are closely monitoring this situation, and this appeal will include some preparedness activities in anticipation of the likely floods.

The American and Spanish Red Cross both 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, and is providing support to the TRCS in the areas of emergency preparedness and response, Restoring Family Links (RFL), and the promotion of the Fundamental Principles and International Humanitarian Law (IHL). The ICRC supported TRCS in its preparedness and response during the October 2015 national elections and continues increased support to TRCS, especially in its RFL response to the refugee influx from Burundi.

Overview of non-RCRC actors in country

In accordance to the National Guidelines for Prevention and Control of Cholera, the MoHSW has activated the National Cholera Task Force and seven sub-committees – Case Management, Laboratory, Surveillance, Social Mobilisation, WASH, Logistics and Coordination each meet several times a week in Dar es Salaam. In addition, a Cholera Emergency Operations Centre (EOC) has been opened in the MoHSW building. Regional and district Task Forces have also been activated chaired by Regional Medical Officers and District Commissioners respectively. The



main partners of the MoHSW on the cholera response are the World Health Organization (WHO), United States Centre for Disease Control (CDC) and Agency for International Development (USAID), UNICEF, Medecins Sans Frontiere (MSF), TRCS and IFRC, and Population Services International (PSI).

The operational strategy

Overall objective

To contribute to cholera prevention by breaking the chain of transmission reaching 226,000 people in 16 districts of Arusha, Dar el Salaam, Mwanza, Singida, and Tanga with community mobilization and hygiene and health interventions in support of the Ministry of Health & Social Welfare.

Proposed strategy

The revised Emergency Appeal will use a community-based approach to strengthen community based surveillance and social mobilization over a six month period 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.

Activities planned include the following:

- Ongoing assessments in the four priority regions of Arusha, Mwanza, Sangina and Tanga, and the city of Dar es Salaam).
- Establish 100 community-based Oral Rehydration Points (ORP's) located in rural/urban areas that have been identified as being particularly high risk. The number of ORPs and volunteers may be revised as the cholera outbreak evolves, and more assessment information is available – as such 40 ORP kits will be retained to enable them to be set up in hot spots as they are identified.
- Community and household sensitization and hygiene promotion focused on the prevention, control and response to the cholera outbreak. In total, 832 volunteers will receive training on cholera awareness, health and hygiene promotion, and be deployed to carry out community and household level sensitization including through mass media (e.g. mobile cinema, radio and TV etc.), of which 400 will be mobile, and used to scale-up activities within 48 hours in areas identified as hot spots through CTCs, ORPs or health facilities surveillance
- Procurement of cholera-related equipment, dissemination material (projectors and speakers for mobile cinema and megaphones for mass sensitization),, materials for bucket chlorination at household level, Oral Rehydration Salts (ORS), and MoHSW IEC materials (brochures, posters, stickers etc.).
- Establish handwashing points in 100 schools and other hot spot areas identified following the completion of further assessments.
- Trainer-of-trainers (ToT) for 60 staff on cholera awareness, health and hygiene promotion to strengthen the capacity of the National Society.

Proposed sectors of intervention

Early warning, referral, 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
- Assess affected and high risk districts to be targeted for community based ORPs
- Identify resource needs for the ORPs including supplies, data collection materials, supervisions
- In urban settings, training 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/urban 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
- Procure ORP kits (chlorine tablets and ORS nationally, other items locally)
- Dispatch ORP kits to priority regions
- Set up ORPs in target areas

- Retain 40 ORP kits for scaling up in new hot spots
 - Establish a data collection and referral system at ORPs
- Output 1.2 Daily aggregate data is analysed for early warning, alert and response**

Activities planned

- Receive information from MoHSW and other actors and monitor and analyse outbreak trends
- Share information on the implementation with MoHSW and other actors
- Map cumulative cases weekly to better target areas for cholera containment activities

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 and to provide a protective factor] and use it to inform interventions
- Print MoHSW IEC materials
- Dispatch MoHSW IEC materials to regional branches
- Conduct ToT for Red Cross supervisors on social mobilisation, cholera awareness, health and hygiene promotion
- Train volunteers on social mobilisation, cholera awareness, health and hygiene promotion
- 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
- Procurement of supplies for bucket chlorination, household chlorine tablet distribution and hygiene promotion
- Train and mobilise Red Cross volunteers to respond with intensive household and community sensitization and hygiene promotion within 48 hours of an outbreak of new cases
- Train and mobilise volunteers to offer first aid, bucket chlorination and conduct health and hygiene promotion
- Community-based volunteers provide bucket chlorination at water sources in affected areas
- Volunteers improve house hold level water handling and storage practices to reduce contamination risk through Hygiene Promotion, and support household water treatment through targeted distributions (chlorine tablets, soap)
- Volunteers encourage people in affected communities to ensure an environment free from excreta and advise them to dispose of it safely
- Volunteers conduct community sensitization sessions
- Train community volunteers to set up ORP in areas where they don't exist

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
- Distribute IEC materials to 100 schools
- 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 10,000 school children to take home

Output 2.4 TRCS is equipped to provide life-saving support to CTCs

- **Activity planned** Procurement and loan of 40 cholera beds to support CTCs in areas with low health coverage or with rapid increase of cases

National Society capacity building

Outcome 3: Increased Red Cross knowledge, awareness and capacity in cholera and emergency response**Output 3.1 Red Cross volunteers mobilised in areas of high transmission****Activities planned**

- Conduct assessment of TRCS branches in regions reporting a high number of cholera cases
- Conduct ToT for 60 Red Cross volunteers (supervisors) in five regions
- Support roll-out of health and hygiene promotion training to 1,000 community-based volunteers: ORPs, bucket chlorination, hand washing and use of ORS
- Provide equipment and IEC materials to community-based volunteers
- Monitor number of households/communities reached

<ul style="list-style-type: none"> Measure social mobilization activities against MoHSW cholera situation reports
Output 3.2 Regular coordination with MoHSW and other actors contributing to the cholera response
Activities planned <ul style="list-style-type: none"> Attend weekly National Cholera Task Force meetings in Dar es Salaam Input into Surveillance, Social Mobilisation and Coordination sub-committee meetings in Dar es Salaam TRCS Regional Coordinators attend regional Cholera Task Force meetings Daily internal coordination meetings for all departments at TRCS headquarters Share assessment and monitoring information with other partners through the MoHSW Cholera Emergency Operations Centre
Output 3.3 Preparedness for future cholera outbreaks
Activities planned <ul style="list-style-type: none"> Procurement of ORS, aqua tabs, cholera beds, protective clothing, buckets, jerry cans, training and IEC materials Despatch of training and IEC materials to regions for ToT and social mobilisation training, retain excess in Dar es Salaam TRCS warehouse for new outbreak areas Retention of 40 ORP kits for outbreaks in new areas or emergency stocks Loan 40 cholera beds to MoHSW for CTCs (returning to warehouse once cleaned and disinfected for emergency stocks)

Operational support services

Human resources

Through the Revised Emergency Appeal, the following staff will be supported (partially or fully) to enable the effective implementation of the operation:

- A National Society operations manager, who will be recruited for a period of three months and responsible for coordinating the implementation of the activities planned in the operation, as well as liaising with the IFRC operations manager.
- Partial salary support for National Society branch coordinators (four) for a period of three months and a National Society finance staff (one) for a period of six months; as well as per diem support for volunteers and supervisors. In addition, dedicated drivers will be provided to support the operation in each of the targeted regions, and will be receive a daily allowance.
- An IFRC operations manager, who will be recruited for a period of three months and responsible for supporting their National Society counterpart with the implementation of the activities planned in the operation, as well as ensuring compliance IFRC policies and procedures, and the transition from the FACT mission.
- An IFRC finance delegate for a period of three months, a Water and sanitation (WatSan) assistant for two months, and beneficiary communications and communications delegate for two months, as well as a RDRT (WatSan profile) also for two months.

Logistics and supply chain

- Procurement plans – the majority of commodities are available in-country, either through existing TRCS suppliers or from MoHSW/WHO/UNICEF. TRCS will ensure that suppliers are selected based partially on their capacity to enable TRCS to quickly scale up their response, ensuring that the chosen suppliers have relevant and sufficient prepositioned stock to support a rapid scale up.
- Warehouse and storage plans – TRCS headquarters and branch storage capacity sufficient
- Transport and fleet needs – Branch vehicles will be used for the field activities and monitoring. As part of the contribution to running costs, this operation will fuel and service these vehicles. In NS headquarters, additional two vehicles to be hired or loaned from East Africa and Indian Ocean office for local running and support supervision.

Information technologies (IT)

ORP and volunteer supervisors will require mobile phone credit to provide daily updates.

Security

Security Regulations and medical evacuation procedures for the IFRC Mission Tanzania have been developed and disseminated. In light of an increased global threat of violent extremism and militancy, including in East Africa region, RCRC personnel must enhance their vigilance and security preparedness in order to reduce the risk of falling victim

to violence. Personnel should in particular be careful in public or crowded places and in public transport. Personnel should also monitor the overall and security environment on a continuous basis.

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 affected communities. TRCS will assume the overall monitoring role to ensure accountability, timely and quality response. Updated reports will be shared with IFRC. The M&E team will develop an M&E plan that will be used for this operation. In addition, the IFRC EAIOI regional operations unit will also carry out monitoring missions to provide assurance over the effective implementation of the operation (three missions over six months).

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

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Secretary General

Contact information

For further information specifically related to this operation please contact:

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For Resource Mobilization and Pledges:

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- 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.

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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

Tanzania Cholera Outbreak (MDRTZ018)

Budget Group	Multilateral Response (CHF)	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget (CHF)
Shelter - Relief	0			0
Shelter - Transitional	0			0
Construction - Housing	0			0
Construction - Facilities	0			0
Construction - Materials	0			0
Clothing & Textiles	0			0
Food	0			0
Seeds & Plants	0			0
Water, Sanitation & Hygiene	215,060			215,060
Medical & First Aid	46,720			46,720
Teaching Materials	62,405			62,405
Utensils & Tools	0			0
Other Supplies & Services	0			0
Emergency Response Units	0			0
Cash Disbursements	0			0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	324,185	0	0	324,185
Land & Buildings	0			0
Vehicles	4,500			4,500
Computer & Telecom Equipment	0			0
Office/Household Furniture & Equipment	0			0
Medical Equipment	0			0
Other Machinery & Equipment	0			0
Total LAND, VEHICLES AND EQUIPMENT	4,500	0	0	4,500
Storage, Warehousing	0			0
Distribution & Monitoring	0			0
Transport & Vehicle Costs	70,600			70,600
Logistics Services	0			0
Total LOGISTICS, TRANSPORT AND STORAGE	70,600	0	0	70,600
International Staff	84,000			84,000
National Staff	20,000			20,000
National Society Staff	13,222			13,222
Volunteers	398,280			398,280
Total PERSONNEL	515,502	0	0	515,502
Consultants	0			0
Professional Fees	0			0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	145,760			145,760
Total WORKSHOP & TRAINING	145,760	0	0	145,760
Travel	16,200			16,200
Information & Public Relations	10,000			10,000
Office Costs	600			600
Communications	5,640			5,640
Financial Charges	600			600
Other General Expenses	106,805			106,805
Shared Office and Services Costs	0			0
Total GENERAL EXPENDITURES	139,845	0	0	139,845
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	78,025	0		78,025
Total INDIRECT COSTS	78,025	0	0	78,025
Pledge Earmarking & Reporting Fees	12,004			12,004
Total PLEDGE SPECIFIC COSTS	12,004	0	0	12,004
TOTAL BUDGET	1,290,421	0	0	1,290,421
Available Resources				
Multilateral Contributions				0
Bilateral Contributions				0
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	1,290,421	0	0	1,290,421