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Emergency appeal operations update

Tanzania: Cholera

International Federation of Red Cross and Red Crescent Societies

Emergency appeal n° MDRTZ018	**GLIDE n° EP-2015-000058-TZA**
Operations update n° 2;	**Timeframe covered by this update: 11-12-2016 to 11-04-2016**
Operation start date: 06 November 2015	**Operation timeframe: New end date 31st May, 2016**
Operation manager: Andreas Sandin, Operation Coordinator, IFRC	**Point of contact: Joseph Kimaryo, Tanzania Red Cross Society**
Overall operation budget: CHF 1,290,421	**DREF amount initially allocated: CHF 188,505 including DREF 'start-up' loan**
N° of people being assisted: 226,000 people	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies	
Other partner organizations actively involved in the operation: Ministry of Health, Community Development Gender Elderly and Children (MOHCDGEC), UNICEF, WHO, CDC, Water Aid, PSI, DAWASCO/DAWASA	

Summary of major revisions made to emergency plan of action:

This update provides a brief overview of the trends in terms of new cholera cases. It also provides an update on the Tanzanian Red Cross Society (TRCS) actions to date in the cholera response activities as covered by the Emergency Appeal. The update also extends the Appeal timeframe until 31 May 2016 to allow for the Appeal revision which will include new activities and a new budget. At time of publishing the appeal coverage is 66%.

A. Situation analysis

Description of the disaster

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 four 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 n to the growing cholera outbreak for some 226,000 people.

January - March 2016:
As visible in graph 1 and graph 2 below, new cholera cases remain to be reported on a continuous basis and the location where they appear changes. In addition new regions have begun to experience cholera transmission. This for example includes Iringa, Manyara and Mbeya. In addition there was an increase in new cholera cases in Morogoro, Mwanza, Mara, Dodoma, Singida, Arusha and Simiyu. The Ministry of Health, Community Development Gender Elderly and Children (MOHCDGEC), sent rapid response and assessment teams to some of these regions.

29th, March, 2016 – the cumulative cholera cases is 19,969 and 314 mortalities

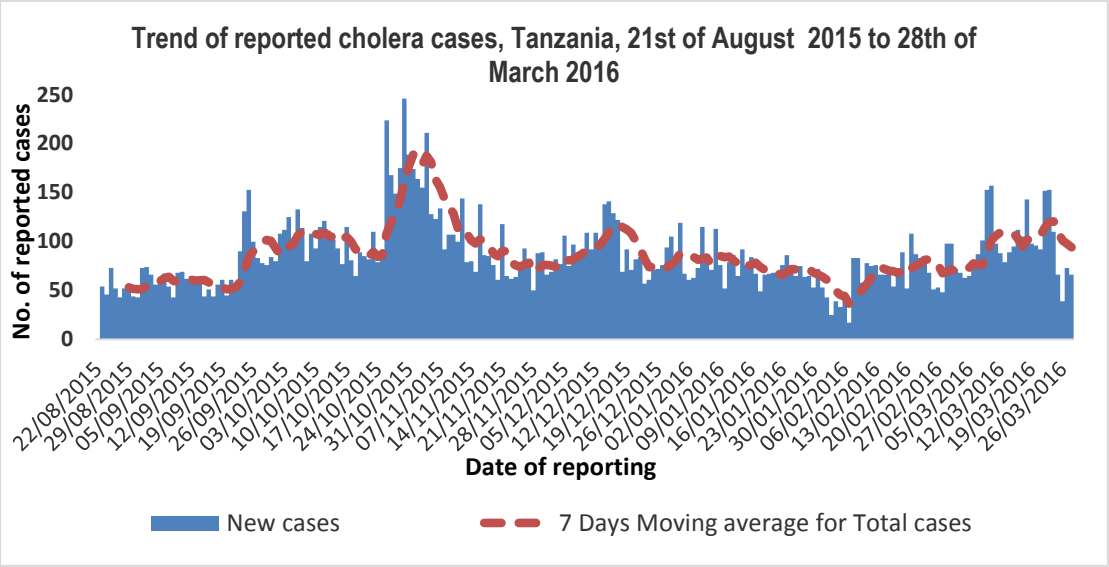


Figure 1: Trend of New Cholera Cases, in Tanzania

Summary of current response

Overview of Host National Society
To enable response in the targeted regions, 400 volunteers were trained on cholera awareness, hygiene promotion and social mobilisation. The community based volunteers were involved in various community based WASH interventions to include targeted household distribution of chlorine tablets and education on their use. Information, Communication and Education materials were also distributed in targeted wards in the respective cholera response operational regions. TRCS is a member of the Cholera Response Taskforce and various sub-committees chaired by MOHCDGEC to include social mobilisation, WASH and Surveillance, both at the National and Regional levels.

Overview of Red Cross Red Crescent Movement in country
With support from the National TRCS staff, regional staff and volunteers in collaboration with MOHCDGEC, are implementing interventions as per the Emergency Plan of Action. The IFRC has various delegates in country and provides assistance through its Nairobi- Based Africa Regional office. For this appeal an operations manager and a finance delegate have been deployed to support the ongoing operation.

The IFRC cluster office is also supporting the National Society to respond to the population movement from Burundi in Nyaragusu and Mtendeli camp. In addition they are supporting TRCS to closely monitor and prepare for the anticipated impact of El Niño. Flooding in some of the regions in Tanzania could lead to contamination of water sources following surface run off and this could lead to increased cases cholera.

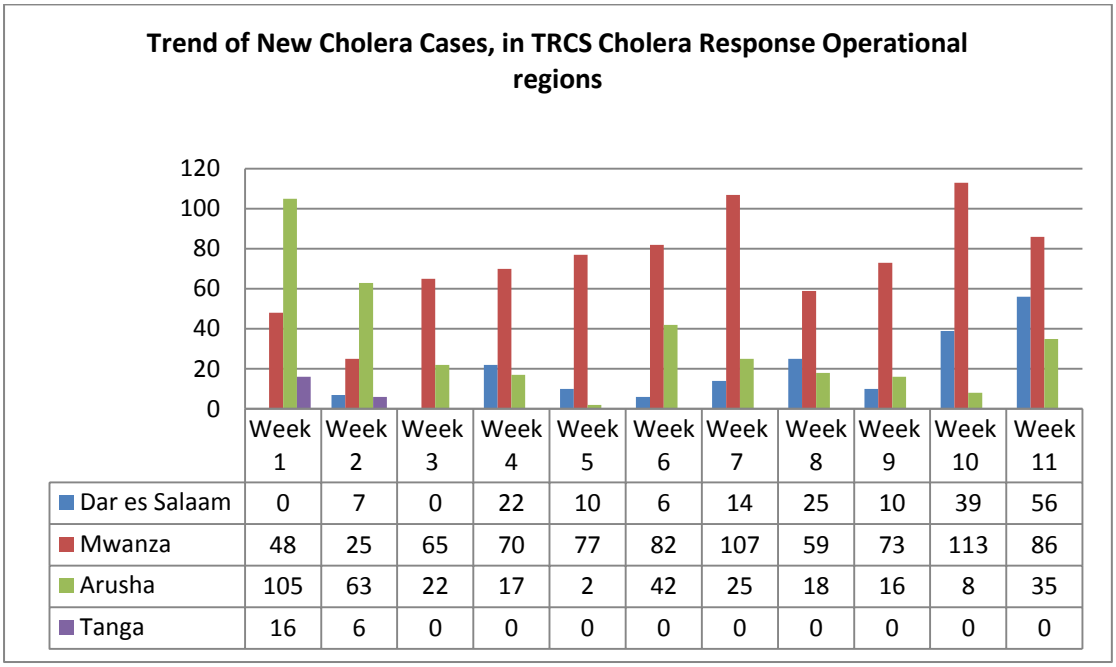
Overview of non-RCRC actors in country
The National Cholera Taskforce and seven sub-committees- Case management, Laboratory, Surveillance, Social Mobilisation, WASH, Logistics and Coordination are still active and hold meetings regularly in Dar es Salaam. The National Cholera Response Plan has been finalised following inputs from the various sub-committees. The Cholera Emergency Operations shares daily and weekly updates with partners and stakeholders. Following an upsurge of new

cholera cases in various regions, Rapid Response Teams comprising of MOHCDGEC staff and other partners have been sent to assist the regions in setting up response mechanisms geared towards control and prevention of the transmission of Cholera.

Needs analysis and scenario planning

Risk Analysis

As also presented in the situation analysis, new cholera cases are reported. The Tanga region is eye-catching, as there is a significant reduction and maintenance of zero reporting for a couple of weeks. However, in the other three regions there are spikes of cases to be observed (see figure 2), especially in Mwanza and Arusha Regions. In Mwanza region cases were originating from the fishing islands which are characterized by the lack safe water and sanitation facilities. These conditions, which are exacerbated with myths surrounding practices associated with cholera prevention, lead to the active transmission in Mwanza region.



	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11
Dar es Salaam	0	7	0	22	10	6	14	25	10	39	56
Mwanza	48	25	65	70	77	82	107	59	73	113	86
Arusha	105	63	22	17	2	42	25	18	16	8	35
Tanga	16	6	0	0	0	0	0	0	0	0	0

Figure 2: Trend of New cholera Cases in TRCS Operational Regions

Other risks and challenges include:

1) There is still active transmission of Cholera in most regions and in some instances there is report of transmission in new regions and districts (see section on situation analysis above).
2) The wards to be covered are quite populated and vast, hence there is increased workload per the volunteer and this does not allow for repeat visits or proper monitoring to ensure interventions suggested are being implemented.
3) In the implementation regions, there is a low coverage of latrines and in most cases if they exist they are of poor quality. Despite avid hygiene promotion education on proper use of latrines, Open Defecation Free status cannot be achieved due to a lack of hardware facilities or approaches that facilitate provision.
4) There is a lack of sufficient and safe water in most regions posing a constraint on practise of proper hygiene practises.
5) In some communities there is some resistance to the use of water treatment tablets as it alters the taste and the smell of water. But in these communities, volunteers usually advocate for proper boiling of drinking water.

B. Operational strategy and plan

Overall Objective

To contribute to cholera prevention by breaking the chain of transmission through 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 Appeal is using a community-based approach to strengthen community based surveillance and social mobilization 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 that are being undertaken include the following:

To enable early detection and consistent monitoring of disease trends and community cases, the mobile rehydration strategy was implemented. It was incorporated, into the social mobilization to provide rehydration support to the community especially when distance limited access to a CTC, which was the norm in most wards and districts. The TRCS volunteers in collaboration provided ORS and education on its reconstitution and the importance of seeking treatment early from a CTC or other health facility. In addition, there was also the promotion, of the use of home- made oral rehydration solution, which could be used in the event family members did not have access to ORS sachets. Distribution and use of ORS solutions contributed to reduced number of deaths in TRCS operational areas. The use of ORS delayed or prevented the onset of dehydration as the patient was being referred to the nearest CTC or health facility.

Picture 1:In February, 2016, TRCS volunteers from Arusha region, undertaking handwashing demonstration at Ngereyani Primary School

Within the reporting period a total of 78,608 ORS sachets were distributed to the respective regions to 106,212 households. Small emergency stocks of ORS, of 7300 sachets were provided to schools within the respective regions during the school hygiene sessions.

To eliminate or contain the transmission of cholera, mass sensitisation on the risk of cholera and its transmission routes is being carried out. During the assessment phase of the implementation, data on the populations' knowledge and beliefs about cholera was collected primarily through Focus Group Discussions (FGDs) having participants include men, women and school children. A total of five FGDs were conducted, with consideration of two communities in Arusha region, one community in Tanga region and two communities in Mwanza region. In addition, the TRCS volunteers who were engaged in the FGDs also provided important insights into the cholera knowledge and perceptions among themselves and the wider population.

Between January and February 2016, a total of 80 TOTs were trained on Social Mobilisation, Cholera awareness and hygiene promotion. Similar trainings were cascaded to the Community based volunteers, and 400 volunteers were trained in the respective regions.

A total of 25,000 MOHSW IEC materials were printed and distributed during mass sensitisation sessions, household visitation. Mass sensitisation sessions were conducted through mobile cinema sessions where the beneficiary communication methodology was used, within the reporting period a total of 95 sessions were conducted within the respective regions.

To break the chain of transmission cluster of cases have been identified. Between January and February 2016, a total of 106,212 households and 333,933 beneficiaries were reached with cholera awareness and hygiene promotion messages. These comprised of 152,346 males and 164,098 females.

Within the reporting period a total of 734,218 chlorine tablets, were distributed at the household level and in schools respectively. In addition messaging on proper use of chlorine tablets for water treatment and proper water handling and storage practises was also provided.

School children in targeted areas have access to hand washing facilities with soap and water
During School hygiene, sessions a total of schools were reached with hygiene promotion and cholera awareness messages. To ensure clean and safe drinking water is available in the schools a total of and 7300 water treatment tablets were distributed within these schools.

Finally, TRCS is equipped to provide life-saving support to CTCs. Within the reporting period 40 cholera beds were procured and 10 were each distributed to the respective operational regions. These beds are provided to CTCs and health facilities for use.

C. Detailed Operational Plan

Early warning & emergency response preparedness

Early warning, referral, monitoring disease trends			
Outcome 1 Early detection and consistent monitoring of disease trends and community case management of cholera saves lives	**Outputs**		**% of achievement**
	Output 1.1 A network of community ORPs provides early detection and referral of cholera cases. **Output 1.2** Daily aggregated data is analysed for early warning, alert and response.		75%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Identify and map CTC & CTUs, vulnerable areas and current gaps	x		100%
Conduct assessment of affected and high risk districts to be targeted for community based ORPs	x		100%
Identify resource needs for the ORPs including supplies, data collection materials, supervisions	x		100%
Train 200 volunteers to set up and run ORPs and report suspected cholera cases using standard case definitions	x		100%
Procure / despatch ORP kits (chlorine tablets and ORS nationally, other items locally)	x		75%
Establish 100 ORPs in target areas			On-going
Establish a data collection and referral system at ORPs			On-going
Receive information from MoHSW and other actors and monitor and analyse outbreak trends	x		On-going
Share information on the implementation with MoHSW and other actors	x		On-going

Progress towards outcomes
Mapping of Cholera Treatment Centres (CTCs) was carried out and current gaps have been identified and this will guide the infection Prevention Support to be offered to some of these selected facilities. Oral rehydration was incorporated into the household visitation sessions and mass sensitization activities where community members were educated on the reconstitution of ORS. Mobile rehydration was preferred over setting up static Oral Rehydration points due to funding constraints and ensure the intervention was in line with the proposed strategy by the MOHCDGEC.

Preventing and reducing risk of cholera transmission

Preventing and reducing risk of cholera transmission			
Outcome 2. The transmission of cholera is eliminated or contained **.**	**Outputs**		**% of achievement**
	Output 2.1 Mass sensitization on the risk of cholera and its transmission routes is carried out **Output 2.2** The chain of transmission is broken where cluster cases have been identified **Output 2.3.** School children in targeted areas have access to hand washing facilities with soap and water .		75%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Conduct gender sensitive focus group discussions to inform community and household sensitization and hygiene promotion	x		100%
Produce and disseminate MoHSW information, education and communication materials			On-going
Train 432 volunteers on cholera awareness, health and hygiene promotion and the use of IEC materials	x		100%
Mobilize volunteers to provide community and household sensitization and hygiene promotion on prevention, control and response to the cholera outbreak	x		75%
Dissemination of cholera prevention and control messages through mass media (e.g. mobile cinema, radio and TV etc.) and at community gatherings/meetings, schools and at CTCs etc.	x		On-going
Conduct assessment of TRCS branch resources	x		100%
Procurement of materials for bucket chlorination, household chlorine tablet distribution and hygiene promotion	x		75%
Train 400 volunteers on cholera awareness, health and hygiene promotion and the use of IEC materials to respond within 48 hours of an outbreak of new cases	x		100%
Mobilize volunteers to provide community and household sensitization and hygiene promotion on prevention, control and response to the cholera outbreak within 48 hours in hot spot areas.	x		100%

Conduct assessment of water sources and sanitation facilities at 100 schools in high transmission areas and surrounding districts		x	0%
Distribute IEC materials to 100 schools	x		75%
Establish hand washing points at 100 schools, ORPs and other areas identified during assessments`		x	0%
Ensure safe drinking water through chlorination	x		50%
Train teachers to chlorinate water at 100 schools		x	0%
Distribute soap and IEC materials to 10,000 school children to take home	x		50%
Procurement and loan of 40 cholera beds to support CTCs in areas with low health coverage or with rapid increase of cases	x		100%
Progress towards outcomes			
Social mobilisation geared towards cholera awareness is carried out during household visitations and through mass sensitization forum, to include mobile cinema sessions. School hygiene sessions have been conducted in targeted schools in hot spot wards. Varied IEC materials have been distributed to community members and in targeted schools. Support towards Cholera Treatment Centres has been provided through provision of cholera beds and hygiene supplies.			

National Society capacity building

National Society capacity building			
Outcome 3 Increased Red Cross knowledge, awareness and capacity in cholera and emergency response	**Outputs**		**% of achievement**
	Output 3.1 Red Cross volunteers mobilised in areas of high transmission **Output 3.2**: Regular coordination with MoHSW and other actors contributing to the cholera response **Output 3.3**: Preparedness for future cholera outbreaks		75%
Activities	**Is implementation on time?**		**% progress (estimate)**
	Yes (x)	**No (x)**	
Conduct assessment of TRCS branches in regions reporting a high number of cholera cases	X		100%
Conduct ToT for 60 supervisors on cholera awareness, health and hygiene promotion	X		100 %
Support roll-out of health and hygiene promotion training to 1,000 community-based volunteers: ORPs, bucket chlorination, hand washing and use of ORS	X		75%
Provide equipment and IEC materials to community-based volunteers	X		75%
Monitor number of households/communities reached	x		50%
Measure social mobilization activities against MoHSW cholera situation reports		x	0%
Attend weekly National Cholera Task Force meetings in Dar es Salaam	X		75%
Input into Surveillance, Social Mobilisation and Coordination sub-committee meetings in Dar es Salaam	X		75%

TRCS Regional Coordinators attend regional Cholera Task Force meetings	X		75%
Daily internal coordination meetings for all departments at TRCS headquarters	X		50%
Share assessment and monitoring information with other partners through the MoHSW Cholera Emergency Operations Centre	X		75%
Procurement of ORS, aqua tabs, cholera beds, protective clothing, buckets, jerry cans, training and IEC materials	X		75%
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		x	0%
Retention of 40 ORP kits for outbreaks in new areas or emergency stocks		x	0%
Loan 40 cholera beds to MoHSW for CTCs (returning to warehouse once cleaned and disinfected for emergency stocks)	x		100%
Progress towards outcomes			
The MOHCDGEC shares daily and weekly updates, with the support of partners. Regular Cholera Taskforce and sub-committee meetings are held, both at the national and regional levels with reported active participation by TRCS. Regular feedback reports are provided to the MOHCDGEC on the activities carried out by TRCS in the respective cholera response operational regions.			

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