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Emergency Plan of Action Preliminary Final Report

Tanzania: Cholera Outbreak



Emergency Appeal: Operation n° MDRTZ018	Glide n° EP-2015-000058-TZA
Date of Issue: 30 November 2016	Date of disaster: 15 August 2015
Operation start date: 26 October 2015	Operation end date: 31 July 2016
Host National Society: Tanzania Red Cross Society	Operation budget: CHF 1,290,421
Number of people affected: 2,000,000	Number of people assisted: 226,000
Red Cross Red Crescent Movement partners actively involved in the operation: International Committee of the Red Cross, Norwegian Red Cross, British Red Cross, Japanese Red Cross Society, Iranian Red Crescent, Finnish Red Cross and Hong Kong Red Cross.	
N° of other partner organizations involved in the operation: Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC), UNICEF, WHO, MSF Spain, CDC, Water Aid, PSI and DAWASCO/DAWASA	

A. Situation analysis

Description of the disaster

On 15 August 2015, a cholera outbreak was reported in Dar es Salaam in Kinondoni district; 1 person died and 4 family members were screened and classified as suspected cholera cases. Cholera began spreading throughout the Dar es Salaam region and 12 other regions: Arusha, Dodoma, Geita, Morogoro, Kigoma, Mara, Mwanza, Shinyanga, Singida, Tabora, Tanga as well as the island of Zanzibar. As of 19 November 2015, there were 8,954 reported cases and 129 deaths according to World Health Organization (WHO), and 19 out of 30 regions had detected and reported cholera cases on mainland Tanzania and Zanzibar (United Nations Resident Coordinator's Office (UNRCO) and Ministry of Health & Social Welfare (MoHSW). According to the MoHSW and Tanzania Red Cross Society (TRCS) volunteers, factors that contributed to the cholera outbreak included; contaminated water sources, poor sanitation and poor hygiene practices.

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, the provision of safe water and health education. Neighbouring countries also reported cholera cases in October 2015.

The International Federation of Red Cross and Red Crescent Societies (IFRC) launched an Emergency Appeal on 11 November 2015, which sought CHF 941,146 to support the Tanzania Red Cross Society (TRCS) address the needs of 226,000 people identified as being at risk from the cholera outbreak through community based surveillance and social mobilization activities for a period of six months.

Following detailed assessments, it was identified that there was an urgent need for hygiene promotion and cholera awareness activities at both regional, district and community levels in all affected regions. In addition, there was a critical need for ensuring clean drinking water to affected communities through emergency interventions such as bucket chlorination and household water treatment. The Revised Emergency Appeal incorporated these findings, and increased the budget sought from 941,146 Swiss francs to 1,290,421 Swiss francs to scale up the response in the growing cholera outbreak.

As of May 2016, new Cholera cases were still being reported in regions across Tanzania mainland as shown on figure 1 below. However, there was a reduction in the number of new cholera cases and deaths reported in the hot spot regions. To date cholera has been reported in 22 out of 30 regions, with a total of 109 districts being affected by the Cholera outbreak.

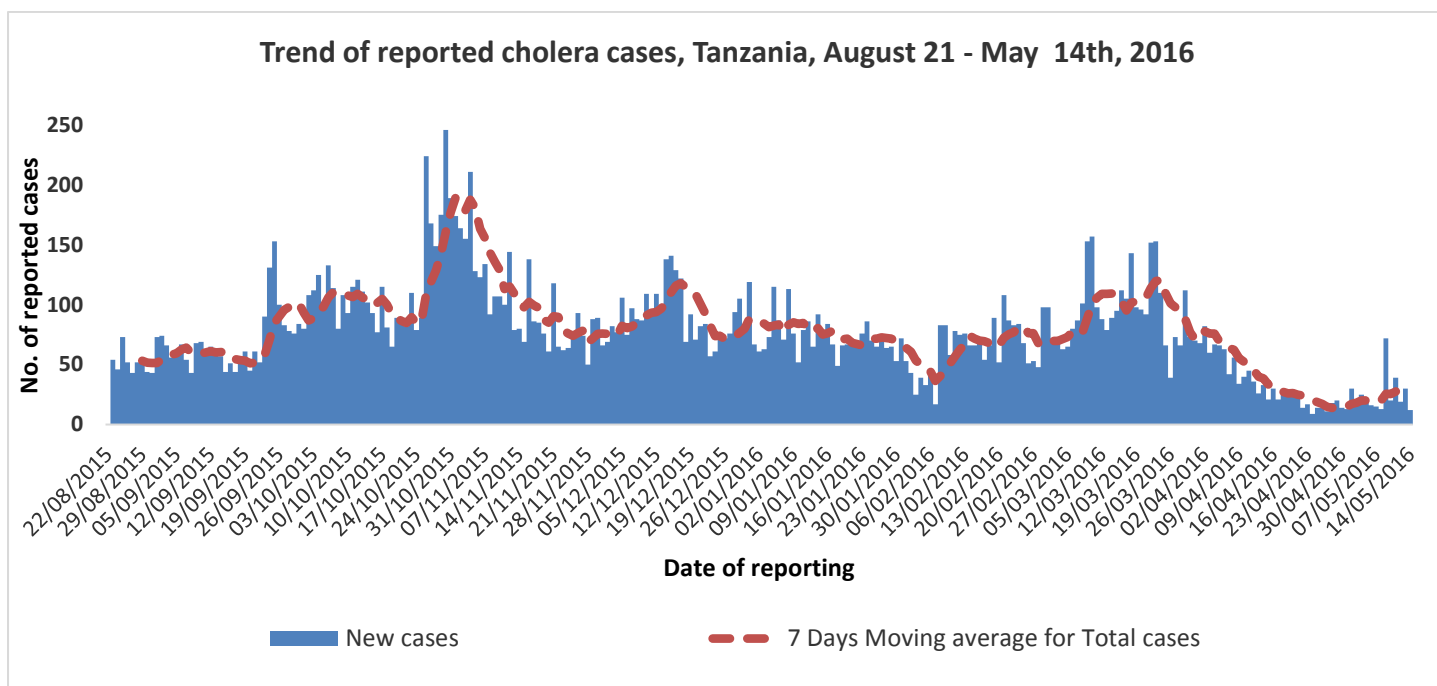


Figure 1. Trend of cholera in Tanzania mainland

Summary of response

Overview of Host National Society

Following the Cholera outbreak, a detailed assessment was carried out that identified that there was an urgent need for hygiene promotion and cholera awareness activities at both regional, district and community levels in all affected regions. In collaboration with the Ministry of Health and Social Welfare (MoHSW) and United Nations Children's Fund (UNICEF), 90 TRCS volunteers were trained at the start of the cholera outbreak in August 2015.

The volunteers initiated social mobilization activities (household visits), which included the distribution of water treatment chemicals (aqua tabs) and information, education and communication (IEC) materials in 3 districts in Dar es Salaam. In addition, 3 Cholera Treatment Centres (CTC) were established in Dar es Salaam (with the support of UNICEF) and equipped with: 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 was a member of the activated Cholera Response Taskforce forum and various sub-committees to include social mobilization, WASH and Surveillance at both the National and Regional levels and participated in the various meetings held by these sub-committees. In addition, TRCS collaborated with other partners on other responses towards the control of the cholera outbreak. The National Society also collaborated with UNICEF and CDC, to carry out Community based WASH interventions in Iringa, Mwanza, Mara and Dodoma regions.



Figure 1 School Hygiene Session in Longido high School and Ngereyani Primary School ©TRCS

Overview of Red Cross Red Crescent Movement in country

IFRC provided assistance through its Eastern Africa and Indian Ocean Islands (EAIOI) operations unit, and Africa region office, which are based in Nairobi, Kenya; and remained in regular contact with Tanzania Red Cross since the onset of the cholera outbreak. On 26th October 2015, the IFRC deployed a Field Assessment and Coordination Team (FACT)

and in collaboration with TRCS staff and volunteers (and other actors, e.g. MoHCDGEC), conducted a rapid assessment in Arusha, Mwanza, Singida and Tanga, which contributed to the development of the initial Emergency Plan of Action for the Emergency Appeal.

On 11 November 2015, IFRC launched an Emergency Appeal, which sought 941,146 Swiss francs to support the Tanzania Red Cross Society (TRCS) address the needs of 226,000 people identified as being at risk from the cholera outbreak in 11 districts through community based surveillance and social mobilization activities for a period of 6 months. One hundred eighty-eight thousand, five hundred and five (188,505) Swiss francs was released from the IFRC Disaster Relief Emergency Fund (DREF) as a start-up loan to the operation. The appeal was later revised in December 2015 to seek 1,290,421 Swiss francs to support TRCS scale-up the response to the growing cholera outbreak.

An interim Operations Manager was deployed for 2 months in November 2015, to support TRCS. From January 2016, until the end of the operation in July, TRCS had a dedicated Operations Manager who was a staff on loan from the Kenya Red Cross Society.

The IFRC EAI/OI operations unit also supported the National Society to closely monitor and prepare for any expected effects of El Niño, as excessive flooding was likely to exacerbate the cholera outbreak in the four regions of Arusha, Dar es Salaam, Shinyanga and Tanga.

Overview of non-RCRC actors in country

TRCS collaborated with other partners on other responses towards the control of the cholera outbreak including MoHCDGEC, UNICEF and CDC, in implementing community based WASH interventions in Iringa, Mwanza, Mara and Dodoma regions.

MOHCDGEC:

- Activated National Cholera Task Force and seven sub-committees to include Case Management, Laboratory, Surveillance, Social Mobilisation, WASH, Logistics and Coordination meet weekly.
- Completed the National Cholera Response plan which is ready for endorsement.
- Operationalized the Emergency Operations Centre (EOC). Daily and weekly Sitreps were compiled and disseminated to partners through the EOC.
- Regional and district task forces were activated chaired by Regional Medical Officers and District Commissioners respectively.
- Cholera Treatment Centres (CTCs) were opened in various wards.
- The main partners of the MOHCDGEC on the cholera response were: WHO, CDC/USAID, UNICEF, TRCS/IFRC and PSI.
- Distributed the Cholera story DVD to the transport sector through TABOA, to enable dissemination of the key messages on cholera control and prevention, on ferries and buses to people on transit.

WHO:

- Rapid Response Teams comprising of technical staff were sent on 3 missions to various hot spot regions to support the Regional Health Management Teams (RHMTs) and Council Health Management Teams (CHMTs) in cholera response.
- WHO provided financial support for case management, laboratory services, surveillance and social mobilization activities.
- Provided support towards strengthening water quality monitoring systems in regions in Tanzania

UNICEF:

- Community sensitization through TRCS and water quality monitoring was done
- Printing of the Universal Cholera Flip chart
- Assisted in the production of 'The Story of Cholera' video
- Conducted SMS and PUSH messaging campaign for Cholera
- Provided IEC and water purification tablets to provide support to Zanzibar
- Provided technical expertise for WASH C4D and WASH Emergencies

Centre for Disease Control (CDC):

- In Collaboration with UNICEF and MOHCDGEC, CDC provided technical support in the implementation of a pilot project in Dar es Salaam and Morogoro regions, on bulk water chlorination targeting water vendors in the selected wards.

Ministry of Water and Irrigation (MOWI):

- The MOWI coordinated the Water Sector Development Program (WSDP) 2006-2025 which included rural water and sanitation program. The Ministry was responsible for the provision, treatment and distribution of water for human use.
- The ministry was involved in the development of guidelines for drinking water chlorination and chlorination of shallow wells and bore holes

National Institute for Medical Research (NIMR):

- Provided technical input with regards to WASH related interventions.

Local Government Authorities (LGAs)

- In collaboration with the Health Management Teams and with the local water authorities in the districts, efforts were directed to explore the feasibility of drilling protected deep wells in selected most affected wards.
- Involved in targeted distribution of water purification tablets and conducting cholera awareness campaigns

Needs analysis and scenario planning

Following the development of the preliminary Emergency Plan of Action, the FACT conducted a rapid assessment from 4 -11 November 2015, in Tanga, Arusha, Singida and Mwanza regions. The findings of the assessment together with reports from the MoHSW and other partners supporting the cholera response, contributed to the development of the operational activities.

The Revised Emergency Appeal incorporated the findings of the detailed assessment which included an urgent need for hygiene promotion and cholera awareness activities at both regional, district and community levels in all affected regions. Furthermore, there was a critical need to ensure clean drinking water to affected communities through emergency interventions such as bucket chlorination and household water treatment. In order to effectively target affected communities in a timely manner, facility level surveillance also had to be strengthened to ensure screening was conducted.

On 1- 5 February 2016, the Operations manager and TRCS Project Manager conducted a field visit to Arusha and Tanga regions. The goal of the field visit was to determine compliance to the project implementation plan and assess the capacity of the workforce in particular the supervisors and community based volunteers. They also wanted to determine the efficiency and effectiveness of project staff in timely delivery of resources, timely expenditure of project funds and effectiveness of the monitoring and supervisory mechanisms in place. Following the visit, the priority area of intervention identified was to concentrate on social mobilization activities to include the mobile cinema sessions and school hygiene because the volunteers were capable of incorporating community based disease surveillance into the normal service delivery.

A joint monitoring visit was also carried by ECHO, IFRC and TRCS on 4- 9 April 2016 and the following needs were identified:

- (1) The need to map out activities per beneficiaries within the regions of implementation and based on cholera attack rates.
- (2) At the field level, there was a need to draw up a calendar of activities.
- (3) There was a need to provide contingency emergency stocks and provide a clearly defined location where these supplies could be accessed.
- (4) For the distribution of items there was a need to provide correctly filled inventories.
- (5) There was a need to undertake visibility activities through the display of EU Humanitarian Aid visual identity especially on goods and equipment.

Risk Analysis

An adequate number of personnel and community based volunteers were available to provide support in the implementation of the activities. The required items could easily be procured in-country and at reasonable cost. There was a slight increase in the cost of water purification tablets due to high demand that was observed in the country.

During the outbreak, there was the occurrence of aflatoxicosis in some regions in Tanzania mainland. TRCS volunteers were only involved in community case management of diarrhoea cases and referral of the affected to the nearest health

facility. A total of 38 TRCS volunteers were trained on infection prevention control at the CTCs, and they were to assist the CTC staff. The volunteers were unable to carry this out as by the time they received this training most of the CTCs had been deactivated. This delay in implementation was due to newly introduced financial procedures at IFRC. However, the team of community based volunteers are available to form Rapid Response Teams that can be activated in the event of cholera transmission in the targeted regions.

From the daily SitReps shared, the attack rates could be easily calculated and this assisted in targeting the interventions to areas experiencing high transmission. There was high transmission in the targeted regions. In most of the targeted regions there was an acute shortage of water in schools and this was cited as a constraint while trying to practise proper hygiene promotion. Due to the social economic status of most of the targeted beneficiaries, use of homemade ORS solution was encouraged as opposed to storage of bought ORS sachets.

B. Operational strategy and plan

Overall Objective

The aim of the operation was 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 Revised Emergency Appeal used a community-based approach to strengthen community based surveillance and social mobilization that ensured that high risk households and communities were given information on how to protect themselves from cholera and were mobilized to take action to reduce the risk of cholera.

A rapid assessment was conducted by the FACT between 4 – 11, November 2015 in the high priority regions of, Arusha, Mwanza, Singida and Tanga. During the FACT assessment, it was realised there was widespread lack of understanding on cholera transmission and prevention measures. During the period under review, a total of 400 community based volunteers were trained on cholera awareness, hygiene and health promotion. This allowed for consistent and accurate messaging on cholera to the targeted population in the affected wards. Sensitization sessions were carried out through household visits and at bucket chlorination points. The number of beneficiaries reached through community mobilization was higher than the set target. Through this, a total of 319,741

As part of the mass sensitization awareness, school hygiene sessions were held in both primary and secondary schools in wards experiencing high transmission in the targeted districts. A total of 105 schools were reached through the school hygiene promotion sessions. Myths, misconceptions, and beliefs around cholera and interventions to break transmission were shifted to different levels, with repeated messaging received from various media outlets. Most of the targeted regions had high population density especially in the urban districts and this led to an increased number of beneficiaries receiving the hygiene promotion messaging. School hygiene sessions had a positive response observed at the targeted schools and implementation of hygiene promotion interventions e.g. set up of tippy taps and soap outside school latrines. Through the monitoring visits it was realised most families and school children were aware of cholera transmission and prevention.

A total of 80 volunteers were trained on beneficiary communication. Messaging on cholera prevention and control was also carried out through radio spots by 9 radio stations in the targeted regions. The message disseminated had been developed through the social mobilisation committee with the collaboration of UNICEF and MoHCDGEC.



beneficiaries were reached with messaging on cholera control and prevention. Disinfection of latrines at Longido High School ©TRCS

80 TRCS volunteers were also trained as Trainers of Trainers (TOTs) on cholera awareness and hygiene promotion. These trainings were later cascaded to 400 community based volunteers, in the targeted 4 regions. The training methodology used included lectures using power point presentations, a video show (the cholera story), practical sessions which covered demonstration on hand washing, treatment of water using water purification tablets and how to reconstitute ORS, group work, case studies, development of work plans and practical demonstrations on how to use the reporting tools. A pre-test and post-test was also administered during the training.

In order to build the capacity of TRCS to respond to an emergency of a similar nature, emergency stocks were prepositioned in the 4 targeted regions. This included; 25520 assorted IEC materials, protective clothing, 120 buckets and 40 cholera beds.

Human resources (HR)

An IFRC Operations Manager was recruited for a period of 6 months and was responsible for supporting the National Society counterpart with the implementation of the interventions, as well as ensuring compliance with IFRC policies and procedures. An IFRC Finance and Administration Delegate supported the Cholera Emergency Operation for the period of 6 months.

From TRCS, a National Society Operations Manager was recruited for a period of 6 months and was responsible for coordinating the implementation of the planned activities, as well as liaising with the IFRC Operations Manager. Other human resource included a TRCS National Society Finance Officer, 4 Regional Coordinators, 80 TRCS volunteer supervisors, 918 TRCS community based volunteers and 100 school health club patrons (teachers).

Logistics and supply chain

Procurement – Majority of commodities were procured in-country, through existing TRCS suppliers and from MoHSW/WHO/UNICEF. TRCS ensured that suppliers were selected based partially on their capacity to enable TRCS to quickly scale up their response, ensuring that the chosen suppliers had relevant and sufficient prepositioned stock to support a rapid scale up. Technical support was also provided through the Africa Region Logistics Unit in Nairobi.

Warehouse and storage – TRCS headquarters and branch storage capacity was sufficient

Transport and fleet needs – Branch vehicles were used for the field activities and monitoring. In NS headquarters, 1 vehicle was loaned from East Africa and Indian Ocean office for local running and support supervision.

Communications

Messaging on cholera prevention and control was carried out through radio spots by 9 radio stations in the targeted regions. The message disseminated had been developed through the social mobilisation committee with the collaboration of UNICEF and MoHCDGEC.

During the training of the TOT's on cholera awareness and hygiene promotion, training methodology included use of a video show (the cholera story). The DVD was also distributed by MOHCDGEC to the transport sector through TABOA, to enable dissemination of the key messages on cholera control and prevention, on ferries and buses to people in transit.

Security

Security Regulations and medical evacuation procedures for the IFRC Mission in Tanzania were developed and disseminated. Moreover, all staff working in IFRC field operations were required to successfully complete and register on the "Stay safe - IFRC Personal security" e-learning course, and in addition, all staff with a managerial responsibility had to complete and register on the "Stay safe - IFRC Security Management" e-learning course. In light of an increased global threat of violent extremism and militancy, including in East Africa region, Red Cross Red Crescent personnel were encouraged to enhance their vigilance and security preparedness in order to reduce the risk of falling victim to violence. Personnel were careful in public or crowded places and in public transport. Monitoring the overall security environment was carried out on a continuous basis.

IFRC field staff also regularly updated their movements on the EAIOI operations online travel log which enabled the rest of the team to be aware of their location and keep track of their movements in the field.

Planning, monitoring, evaluation, & reporting (PMER)

A monitoring and evaluation framework was developed that guided the implementation of the operation in the targeted regions. Forty-eight (48) TRCS volunteers were trained on community based disease surveillance. The volunteers were

provided with the necessary community surveillance data collection tools to be used during the household monitoring visits.

In order to validate the use of water purification tablets and cholera awareness at the household level, a monitoring exercise was incorporated in the implementation of the cholera response, in the targeted regions of Dar es Salaam, Mwanza, Tanga and Arusha. Following the monitoring survey, it was realised some households did not use the water purification tablets to treat their drinking water despite receiving the tablets during the household visitation sessions. The families reported that did not use the chlorine tablets as this changed the taste of the water and made it unpalatable. On repeat and monitoring visits, it was realised that household members could be able mention cholera reservoirs, transmission routes and prevention measures.

TRCS volunteer supervisors were also involved in the monitoring process and conducted visits to households which had already been previously visited by volunteers. Their main focus was to ensure the distributed water purification tablets were being used correctly and that communities practiced proper hygiene.

TRCS conducted constant monitoring of cholera trends as well as mapping of cholera cases to ensure timely detection, investigation and control of the epidemic. The main focus of TRCS collection of primary data on cases was through the household visits. Situational reports were also shared by the MoHSW on a daily basis, and from this data trends reports were compiled on a weekly basis.

The IFRC EAI/OI operations unit provided technical support for monitoring and reporting, procurement procedures and financial management. A joint monitoring field visit was also carried out by TRCS, IFRC and ECHO. Following the visit, various recommendations were suggested to enhance implementation of activities in the targeted regions.

Regular field based monitoring visits were carried out by the Regional Coordinators and the IFRC Operations Manager to determine compliance to the emergency operational plan. The monitoring process was also to determine the efficiency and effectiveness of the involved personnel in delivery of intended interventions, timely expenditure of available funds and effectiveness of the in-built monitoring and supervisory mechanisms. Thereafter, where deemed necessary, corrective recommendations were made to the field teams to enhance implementation.

Two weeks, 1 month and 6 months' operations updates were also issued on the IFRC website to provide an overview of the trends in new cholera cases and updates on the Tanzanian Red Cross Society (TRCS) actions in the cholera response activities as covered by the Emergency Appeal. The 6-month update extended the Appeal timeframe until 31 May 2016, to allow for the Appeal revision which included new activities and a new budget.

C. DETAILED OPERATIONAL PLAN

Early warning & emergency response preparedness

Early Warning & emergency response preparedness

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

Output 1.1 A network of community ORP's provides early detection and referral of Cholera cases.

Activities:

- Identify and map CTC & CTUs, vulnerable areas and current gaps
- Conduct assessment of affected and high risk districts to be targeted for community based ORPs
- Identify resource needs for the ORPs including supplies, data collection materials, supervisions
- Train 200 volunteers to set up and run ORPs and report suspected cholera cases using standard case definitions
- Procure / dispatch ORP kits (chlorine tablets and ORS nationally, other items locally)
- Establish 100 ORPs in target areas
- Establish a data collection and referral system at ORPs

Output 1.2 Daily aggregate data is analyzed for early warning, alert and response

Activities:

- Receive information from MoHSW and other actors and monitor and analyse outbreak trends

<ul style="list-style-type: none"> • Share information on the implementation with MoHSW and other actors • Map cumulative cases weekly to better target areas for cholera containment activities
Achievements
<ul style="list-style-type: none"> • The FACT team conducted assessments in the 4 regions and CTCs were identified for Infection Prevention Support. IPCs supplies were received to support 3 CTCs in Dar es Salaam and 10 CTCs in Arusha through Regional Medical Officer (RMO). IPC supplies were also supplied in Tanga and Mwanza region. • The strategy to set up static ORPS sites was modified to integration of mobile rehydration with other interventions such as social mobilization and household visitation. 18,269 ORS were distributed during household visitation and school hygiene sessions. Visited communities were also educated on the preparation of ORS and home-made ORS solution. • TRCS regularly shared information with the MoHCDGEC through the various sub-committees and task force forums both at the National and Regional levels • Mapping was conducted in the targeted 4 regions and 15 districts and 107 wards were identified to have high transmission of cholera • 400 volunteers were trained on Community Based Surveillance through facilitation from the MoHCDGEC. The volunteers then undertook household visits for cholera awareness and hygiene promotion.
Challenges
<ul style="list-style-type: none"> • MoHCDGEC lacked appropriate data collection tools, therefore data on cumulative cases was not collected and linked to data from the respective health facilities and CTCs.
Lessons Learned
<ul style="list-style-type: none"> • The cholera outbreaks were spread over a vast geographical area which also meant that the targeted districts and wards were spread over a vast geographical area. This had a direct effect on the logistical and other operational costs. The geographical areas to be covered, causing a time lag in the implementation of various activities due to transportation.

Preventing and reducing cholera transmission

Needs analysis: Cholera was reported in 23 out of 30 regions in 100 districts in mainland Tanzania. As of 31 May 2016, 21,647 cases had been reported cumulatively, with 338 cholera related mortalities reported in 60 districts. Various regions were identified as hot spots, which were characterized by high transmission rates; this included: Mwanza, Dodoma, Mara and Manyara. Slow transmission was witnessed in rural areas as the population is scattered, resulting in late waves in the epidemic. In Dar es Salaam and Tanga regions fast transmission was observed early in the epidemic, which is characteristic of transmission of cholera in urban areas due to the high population densities.

Population assisted: 882,782 direct beneficiaries were reached through the various interventions in the emergency cholera response operation. There was an increase in the number of direct beneficiaries as additional districts and wards were targeted in Arusha and Mwanza regions; this was done because these areas were identified as high risk for cholera transmission with some wards having reported cholera cases. In addition, in Dar es Salaam region it was realised there was high population density in the targeted wards, with sometimes more than one household found living in one particular house.

Preventing and reducing cholera transmission
<p>Outcome 2: The transmission of cholera is eliminated or contained</p> <p>Output 2.1 Mass sensitization on the risk of cholera and its transmission routes is carried out</p> <p>Activities:</p> <ul style="list-style-type: none"> • Conduct gender sensitive focus group discussions to inform community and household sensitization and hygiene promotion • Produce and disseminate MoHSW information, education and communication materials • Train 432 volunteers on cholera awareness, health and hygiene promotion and the use of IEC materials • Mobilize volunteers to provide community and household sensitization and hygiene promotion on prevention, control and response to the cholera outbreak

- 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.

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

Activities:

- Conduct assessment of TRCS branch resources
- Procurement of materials for bucket chlorination, household chlorine tablet distribution and hygiene promotion
- 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
- 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.

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

Activities:

- Conduct assessment of water sources and sanitation facilities at 100 schools in high transmission areas and surrounding districts
- Distribute IEC materials to 100 schools
- Establish 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

Activities:

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

Achievements

- During the FACT mission, an assessment of the branch resources, in the targeted operational regions was carried out and the details are provided in the FACT situational report
- During the assessment phase, data on the populations' knowledge and beliefs about cholera was collected through Focus Group Discussions (FGDs) having participants include men, women and school children. A total of 5 FGDs were conducted, with consideration of 2 communities in Arusha region, 1 community in Tanga region and 2 communities in Mwanza region.
- 25,000 IEC materials were printed and distributed during mass sensitisation and household visitation sessions.
- 400 community based volunteers were trained on cholera awareness, health and hygiene promotion.
- 107,816 households were visited and provided with messaging on cholera control and prevention.
- Mass sensitisation awareness was carried out through mobile cinemas using the beneficiary communication approach. 83 sessions were conducted.
- Messaging on cholera prevention and control was carried out through radio spots by 9 radio stations in the targeted regions
- 782,338 water purification tablets were distributed during the household visitation sessions and education on their use was also provided
- In the 3 regions, 110 TRCS volunteers were trained to provide bucket chlorination at water source points
- In the targeted regions volunteers were mobilised to respond in the event of a upsurge in new cholera cases.

- TRCS supported 21 CTCs in the targeted regions with Infection Prevention Control consumables and including; cholera beds and water containers
- 38 TRCS volunteers were recruited and trained on IPC to support the CTCs in the targeted wards affected by high cholera. The volunteers were also trained to provide health education on cholera and hygiene promotion to care givers and patients admitted at the CTC.
- An assessment of water sources in schools was carried out in 100 targeted institutions which were supported with storage tanks, jerry cans, buckets and drinking water stations
- 100 schools were targeted for the roll out of CHAST, where a total of 4,607 pupils were reached.

Challenges

- Most of the CTC's had been shut down by the time the trainings on IPC were conducted, as no cholera cases had been referred in the targeted regions. However, the team of trained Community based volunteers form part of a Rapid Response Team at the branches in the respective regions.
- There were delays in the implementation of some of the interventions as some approaches required approval from the Ministry of Health (MOHCDGEC). This cooperation and negotiation process required time. In addition, especially the implementation of the community based surveillance, the training guides were being tested and translated into the national language before use.

Lessons learned

- Following the monitoring survey, it was realised some households did not use the water purification tablets to treat their drinking water despite receiving the tablets during the household visitation sessions. The families reported that did not use the chlorine tablets as it changed the taste of the water and made it unpalatable. Various forums and platforms were used to address this with repeat household visits to ensure the targeted beneficiaries continue to understand the importance of the use of safe drinking water and to address any concerns raised by the community

National Society capacity building

Needs analysis: The project sought to include measures to build local capacities. Community based TRCS volunteers, regional and branch staff and school teachers were trained on cholera awareness, control and prevention. In the 4 regions, these volunteers can be mobilized to respond in the event of an upsurge in new cholera cases. Emergency stocks were also prepositioned in the targeted regions and at the district hospitals. All these measures sought to build a long-term strategy to reduce future humanitarian needs and vulnerabilities.

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:

- Conduct assessment of TRCS branches in regions reporting a high number of cholera cases
- Conduct ToT for 60 supervisors on cholera awareness, health and hygiene promotion
- 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
- 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:

- 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:

- 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)

Achievements

- Assessment of the TRCS branch resources was carried out during the FACT mission and this information was incorporated in the FACT situation Report
- TOT training on Cholera awareness and health and hygiene promotion was conducted for 80 Volunteer supervisors in the four targeted regions
- 400 volunteers were trained on proper handwashing etiquette and use of ORS to control dehydration. 110 volunteers were trained on bucket chlorination at water source points, 48 on community based surveillance and 38 on IPC at Cholera Treatment Centres.
- TRCS Volunteers involved in the cholera outbreak response were provided with 500 flip charts (job aids), 400 pairs of gum boots and rain coats, 400 back packs and 25,000 IEC materials. To enhance the visibility the volunteers were provide with identification bibs (300), T-shirts and baseball caps with cholera prevention messaging (300 of each).
- Monitoring protocols and tools were developed and approved by the MoHCDGEC; A house to house KAP survey was conducted to evaluate determine the quality of the household visits undertaken by the TRCS volunteers
- TRCS and IFRC regularly attended the weekly Cholera National Taskforce meetings held at Dar es Salaam while the 4 Regional Coordinators regularly attended the Cholera Regional Taskforce meetings held in their respective regions.
- The Assessment report (FACT situational report) was shared with the MOHCDGEC Emergency operation Centre for circulation to other partners
- TRCS prepositioned emergency stocks in the four regions (Arusha, Dar es Salaam, Tanga and Mwanza). The emergency stock included cholera beds, protective clothing, bucket, jerry cans, aqua tabs, ORS and IEC materials.
- 40 cholera beds were loaned to various CTCS within the targeted regions, these will be returned to the warehouse at the end of the outbreak to contribute towards the emergency stocks.

Challenges

- There was a delay in the review and translation process of the Community based disease surveillance training curriculum that led to delays in linking the TRCS reports with the MoHCDGEC.
- Emergency stock was not replenished in good time, in the 4 targeted regions as the available stocks had been utilized to respond to the emergency. This was due to a delay in funds transfer as a result of newly introduced IFRC financial procedures.

Lessons learned: None

D. THE BUDGET

Budget will be attached in the final report to be published on 30 November 2016.

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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 (NGO's) 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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- Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
- Enable healthy and safe living.
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