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Emergency Plan of Action (EPoA)

Tanzania: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF n°	**MDRTZ031**	**Glide n°:**	EP-2022-000211-TZA
Date of issue:	**19 May 2022**	**Expected timeframe:**	**2 Months**
Operation start date:	**18 May 2022**	**Expected end date:**	**31 July 2022**
Category allocated to the disaster or crisis: Yellow			
DREF allocated: CHF 78,545			
Total number of people affected:	181 cumulative cases (106 in Uvinza District and 75 in Tanganyika Districts) as 09 May 2022.	**Number of people to be assisted:**	38,468 people (Approx. 7,693 households)
Provinces affected:	Katavi and Kigoma regions	**Provinces/Regions targeted:**	Kalya, Sibwesa, and Kashangulu villages in Uvinza District Council of Kigoma region, and Ikola, Karema, and Mchangani villages in Tanganyika District Council of Katavi region.
Host National Society presence (n° of volunteers, staff, branches): 120 Volunteers, 10 Staff, 2 Branch Management Committees with 11 members each.			
Red Cross Red Crescent Movement partners actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC)			
Other partner organizations actively involved in the operation: Ministry of Health (MoH) - Coordinating operation, secretariat, UNICEF chairing the WASH pillar, Regional and Local Government Authorities. Rural Water Supply and Sanitation Agency (RUWASA)			

A. Situation analysis

Description of the disaster

On 23 April 2022, the government reported cholera cases in Uvinza DC (Kigoma region) and Tanganyika DC (Katavi region). These cases were reported in the Kalya ward in Uvinza DC which has a population of 22,486 (Kigoma region) and Karema and Ikola wards with a population of 15,982) Tanganyika district, Katavi region).

By 28 April 2022, the outbreak had spread to other areas along the lake shores of Lake Tanganyika with a total of 129 symptomatically suspected cases of which eight were confirmed. Uvinza district accounts for the majority of the cases (106 cases) distributed in the following district: Kalya village 3, Sibwesa village 47, Kashangulu village 56 While in Tanganyika district 23 accounts for 13 cases from Ikola, 1 Mchangani, and 9 Karema. Most of the affected locations are fishing villages with poor sanitation practices that include open defecation and densely populated areas which lack adequate sanitation with poor access to clean and safe water, posing a danger for further spread of the epidemic. Zero fatalities have been reported to date. See the summary of cases distributed per Cholera Treatment Centre (CTC) in Table 1 below:

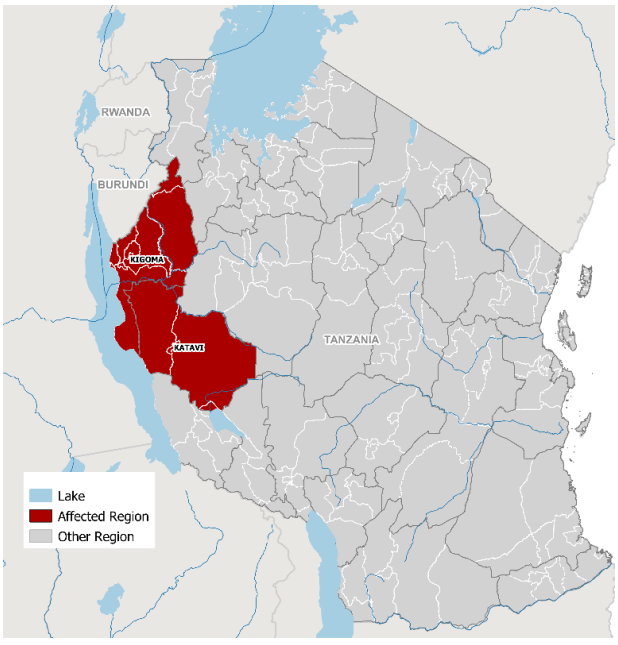


Figure 1: Map showing cholera affected regions ©IFRC

This cholera outbreak has occurred during the rainy season, and it bears a high potential to spread to other hotspots within Kigoma and Katavi if not well managed. Kigoma also is hosting refugees and if not controlled, the cases might spread there. The outbreak may have originated from the Rukwa region nearby, where cases were reported in early March 2022. The initially observed trend of cholera puts the villages along Lake Tanganyika at high risk of transmission, and if not contained, then cholera might eventually spread to other parts of the country. Currently, there are no reports of suspected cases in the rest of the country, and the Ministry of Health (MoH) is tracking all reported cases of acute watery diarrhoea and symptoms of cholera through an active surveillance system.

A risk assessment is being conducted by the Ministry of Health. Once the assessment report is shared with partners, it will give more clarity regarding the situation and gaps in the response strategy. Meanwhile, the MoH has put in place systems for the response. Regional and district multi-sectoral response plans are being completed; these will be shared with relevant stakeholders after approval.

Tanzania still faces challenges to attain universal access to safe and clean drinking water, along with inadequate sanitation, particularly in unplanned settlements along the lake shores and densely populated settlements in urban settings. According to UNICEF, 61% of the population uses at least basic drinking water services; and 26% use safely managed sanitation services (Source: https://data.unicef.org/country/tza/).

It is notable that, while Cholera is endemic in Tanzania, the country has not had an outbreak since 2019, mostly attributable to multiple cholera preventive interventions being implemented within the context of the country's COVID-19 prevention Plan.

Table 1. Summary of the current reported cases

Location	Total suspect cases	Confirmed cases
Tanganyika district, Katavi region		
Ikola	13	0
Mchangani	1	0
Karema	9	1
Sub Total Tanganyika	**23**	**1**
Uvinza district, Kigoma Region		
Kalya	3	3
Sibwesa	47	2
Kashangulu	56	2
Sub Total Uvinza	**106**	**7**
Total A+B	**129**	**8**

Table 2: Situation cases in Cholera treatment centres

CTC	Total Number of admissions	Total Number of discharges	Total number of cases in isolation	Community deaths	Total stool samples	RDT positive	Culture positive	
A. Tanganyika district, Katavi Region								
Karema village	4	4	0	0	4	0	4	
Ikola village	22	20	0	0	2	0	0	
Total A	**26**	**24**	**0**	**0**	**6**	**0**	**4**	
B. Uvinza district, Kigoma region								
Kashangulu Village	7	7	0	0	7	0	7	

Meanwhile, the Government is currently responding by addressing gaps in the main pillars that include Risk Communication and Community Engagement (RCCE) and WASH. TRCS Health promotion unit has been contacted to support awareness creation through the distribution of IEC materials, house-to-house visits, and public address (PA) systems to ensure that members understand the risk of cholera spread among the community and to encourage the adoption of prevention and control measures. The Rural Water Supply and Sanitation Agency (RUWASA) is currently sourcing out to increase access to clean and safer drinking water. RUWASA also continues to implement chlorination of water although might be insufficient for long-term periods. Additionally, the CHW and TRCS volunteers are demonstrating how to treat water, and mapping households' sanitation in the affected areas to advocate for constructing improved latrines.

Overview of Operating National Society Response Action

Since the outbreak was announced by the government on the 23 of April 2022, TRCS supported the district councils of Tanganyika and Uvinza on the request procedure to access cholera prepositioned items belonging to UNICEF that are

stored in the TRCS warehouses. Meanwhile, UNICEF has already donated to the Katavi region water purification tablets (128,000 pieces), hand sanitizers (48 bottles), 1,000 face masks, 8 gallons of hand-washing soap, bar-soap (75 bars), plastic aprons (80 pieces), and 20-liter buckets with stands (5 pieces). With rising cases, the situation is still not controlled. As such, TRCS is requesting support through this DREF operation to support planned activities to combat cholera in the affected districts.

The items mentioned above have all been distributed, by TRCS on behalf of UNICEF, to health facilities. The support being requested now will support community and household-level intervention. Indeed, through the WASH coordination meetings, TRCS has been identified to carry out community-based surveillance which includes Risk Communication and Community Engagement (RCCE) and social behavior change and communication (SBCC).

Overview of Red Cross Red Crescent Movement Actions in-country

The National Society has a well-coordinated mechanism with full involvement of affected branches and community leadership. There have been consultations at various levels in reviewing the EPoA with both Cluster Delegation and the Regional Office. The technical support includes Finance who are assisting with budgeting, PMER with quality assurance, and Operation teams both at the Juba Cluster and Regional office in terms of Coordination. Additional technical support is also available from the IFRC Country Cluster Delegation in Juba as well as at the IFRC Africa Regional Office in Nairobi. Coordination meetings have been regularly held virtually with National Society departments, in-country Partner National Society Tanzania, and IFRC regional office.

Overview of other actors' actions in-country

In response to the outbreak, the Ministry of Health through the regional health department has managed to establish the cholera task force team within the Government. The team has commenced with preliminary activities including assessment of needs in the cholera-prone area, early hygiene promotion, and outsourcing support to other stakeholders such as UNICEF, Tanzania Red Cross Society, water mission, and others to support the mitigation. The surveillance of water quality and medical tests of the affected people is also being conducted by the government with some limitations; The government's (RUWASA) capacity of water quality testing is based at the main water storage facilities and a few water delivery points only. The gaps remain at the household level and some water points; these lack adequate monitoring. The action plan for intervention response to be provided soon by the Government. TRCS will ensure full coordination with authorities and partners to align the planned response of this DREF with the national strategy to avoid gaps and overlaps.

Needs analysis, targeting, scenario planning, and risk assessment

According to the health guidelines, rapid assessments are conducted by the government through the technical teams of the Ministry of Health, which has engaged its technical team to carry out assessments in the areas where cholera cases are being reported. The assessment covered main spheres including practice, attitude, information gaps, availability of services, and logistics amongst others. With preliminary results, the MoH reached out to TRCS for support for community and household-level interventions. The full report on findings will be shared with partners for alignment of response interventions once completed.

Targeting

The cholera response will target 38,468 people in Kalya, Sibwesa, and Kashangulu in Uvinza and Ikola, Mchangani, and Karema in Tanganyika districts, which population of the affected catchment area. The assessment, once done and shared by the Health Ministry, will be able to highlight the extent of the disease burden.

Estimated data for population targeted in affected areas.

District	Village/Ward	People	Households	Households receiving direct support
Tanganyika DC - Katavi	*Ikola*	*5,257*	*1,051*	*210*
	Mchangani	*5,087*	*1,017*	*203*
	Karema	*5,638*	*1,128*	*203*
Total Katavi		***15,982***	***3,196***	***616***
Uvinza DC - Kigoma	*Kalya*	*12,449*	*2,490*	*498*
	Sibwesa	*5,011*	*1,002*	*200*
	Kashangulu	*5,026*	*1,005*	*201*
Total Uvinza		***22,486***	***4,497***	***899***
TOTAL		**38,468**	**7,693**	**1,515**

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Scenario 1: affected areas receive minimal additional cholera cases of up to 10 per day confirmed cases. There is an increase in relief support from the government and other organizations. To also monitor the risk of transmission in-country and cross-border transmission from neighbouring countries include Zambia and DRC.	• Limited cholera admissions • Minimal disturbances in the societal functioning	TRCS responds through this DREF operation, to complement support already provided by the Government and other partners.
Scenario 2: More than 20 per day cholera cases are reported; however, cholera cases are confined in regional hospitals of Kigoma and Katavi.	• Limited availability of PPE • Case fatality increases within Districts • Increased restrictive measures with a bearing on the societal functioning	Other branch volunteers should be on standby to respond should the situation change TRCS continues to respond through this DREF operation. NS also supports Government in resources mobilization and advocating for more support from in-country humanitarian partners
Scenario 3: More than 50 per day cholera cases are reported in cholera hotspots beyond Uvinza and Tanganyika districts.	More resources for Supporting CTCs created • Case fatality increases further and CTCs not able to contain • Mass graves • Limited admission spaces • Human resource constraints • People caring for cholera victims get infected	TRCS reviews this DREF operation based on needs and requests a supplementary allocation to reach more people. NS continues supporting Government in advocating for more support from in-country humanitarian partners. TRCS continues to support the Government through the creation of ORPs and trained volunteers and staff in the affected areas

Operation Risk Assessment

The situation in Tanzania is in the yellow state as approximately less than 10 cases are being reported daily and there are no reported deaths. Since the most affected areas are within Uvinza and Tanganyika districts, there are no major security issues, and passage, lake, and road accessibility is somehow better to reach despite the remoteness, rift valley, and ongoing rains in the affected area. The safety and security of the volunteers and staff engaged in the operation will be ensured by appropriate safety & security measures and the provision of personal protective equipment for community interventions.

A critical risk factor in the cholera response operation will be the availability of funds from the government to support staff working in the cholera response programme. This proposal reflects the current situation on the ground; however, flexibility is required as the situation is expected to evolve due to other factors. Moreover, resources and activities may be reprogrammed based on the results of further field assessments and the spread of the disease.

B. Operational strategy

Overall Operational objective

This operation aims to provide 38,468 people (7,693 households) with health and hygiene awareness messages on Cholera while integrating CEA and PGI into the strategies in six villages of the Uvinza and Tanganyika districts. The operation will be implemented for 2 months, until 31 July 2022.

To note, TRCS has been playing a major role in the development of the Cholera preparedness approach of the country which comprises Risk Communication and Community Engagement (RCCE) and WASH interventions to break transmission in the communities.

Proposed strategy
To help achieve these objectives, TRCS will build on its past program experience that including the cholera projects of Buhigwe and Dar es Salaam in 2021, along with the RCCE interventions to address cholera and COVID-19 in Zanzibar and Dar es Salaam in 2022. These have been implemented with support from the IFRC, the Government of Tanzania, the Belgian Red Cross, and the Spanish Red Cross.

The design and implementation of this operation are based on pre-identified needs as well as feedback from the targeted communities. Thus, the following activities will be implemented in the identified cholera prone areas:

Health and care (Target: 38,468 people or 7,693 households)

- Capacity building through training of 138 persons including 84 volunteers (60 for hygiene and health promotion, 12 for psychosocial support, and 12 for community engagement and accountability), 24 community health workers (CHW), and 30 community leaders (CL), who will be trained on health and hygiene promotion, including community engagement and accountability to take ownership and address critical actions within the affected villages. During this session, a briefing on PGI will be provided to ensure a full understanding of the need for protection, gender, and inclusion. During this session, the volunteers will sign the Code of Conduct.

- Orientation to volunteers on 12 volunteers on psychosocial support (PSS), after which they will be deployed for 3 days a week for two months to address community members indicating any need and conduct referrals to health care centres as needed.

- Conduct PSS events per village in the 6 affected villages. During this session, which will be jointly held with the hygiene and health promotion sessions, the PSS volunteers will bring together the communities to discuss issues of the community.

Water, Sanitation, and Hygiene (WASH) (Target: 38,468 people or 7,693 households)

- Develop and roll out a Knowledge, Attitudes, and Practices survey/rapid assessment in Uvinza and Tanganyika districts to assess behavioural challenges, local cultures, customs, concerns, and risk behaviours and practices of communities as well as track myths and knowledge gaps before and after hygiene and health promotion sessions. Focus discussion groups (FDG) and key informant interviews (KII) will be conducted to ascertain local cultural behaviours to inform social behaviour change communication (SBCC).
- Conduct training on food hygiene, hand washing, and safe water (Simple water treatment methods at the household's level) for 60 volunteers and community health workers. This will be done by the TRCS WASH Manager in collaboration with the Public Health Officer from the Health Department of the Local government and the Rural Water Supply and Sanitation Agency Manager.
- Conduct Community-Led Total Sanitation (CLTS) briefing to volunteers and village leaders/teachers to facilitate community behaviour change to stop open defecation. The approach is recommended by the MoH and addressed in the policy for use.
- Conduct house-to-house environmental sanitation, hygiene, and health promotion activities including risk communication and community engagement. This will be done through the deployment of 60 volunteers (10 per village) during the implementation for 2 months to be deployed 3 times a week. Before their deployment, these 60 volunteers will be trained on hygiene promotion techniques, with CEA modules injected through the training https://communityengagementhub.org/learn-and-share/branch-level-training-package/. Also, 10 TRCS staff will be fully engaged in all targeted areas to support hygiene promotion and coordination.
- To conduct the water quality test, the sample is to be randomly collected from households and water points of collection: this is to monitor the quality of water and provide direction on where to improve hygiene sensitization and water treatment; TRCS has a strong capacity in this area. The government's (RUWASA) capacity of water quality testing is based on the main water storage with a few water delivery points only. The gaps remain at the household level and some water points for adequate monitoring. TRCS will do the tests using CBT-ECTC MPN kit 100 packs, which are simple kits to detect if harmful E. coli and Total Coliform bacteria are present in drinking water.

- During the social mobilization, volunteers will mobilize communities, demonstrate appropriate handwashing procedures, and perform dramas (theatre) and cinema on cholera prevention with question-and-answer sessions to measure knowledge attitudes, and perceptions on cholera and generally Water Sanitation and Hygiene (WASH). During the execution of the activity, measures to prevent the spread of COVID-19 will be considered, including physical distancing, and wearing of masks in crowded spaces among others.
- Promote the construction of improved latrines in the community, during sensitization sessions. Tanganyika district WASH updates from the district health department placed the current improved latrine coverage at 48% while 11% of the households have no latrines at all. The remaining 41% have unimproved latrines. While the Uvinza district the coverage is at 38% for improved latrines, unimproved at 49%, and without latrines at 13%.
- Conduct mobile cinema sessions in 6 villages (2 per village) to support an easier understanding of the need to respect health and hygiene measures.
- Engaging 24 CHWs and 30 CLs in the hygiene promotion sessions to address community challenges for two months.
- Procurement of personal protective equipment for 84 volunteers and 10 NS staff and other visibility materials with cholera messaging.
- Equip 12 volunteers (2 per village) with CEA materials to communicate key messages and collect feedback from the community and act promptly. TRCS in collaboration with local authorities will activate the emergence operation centre which will be continuously informing the team of the situation for immediate decision making.

TRCS will be regularly collecting and sharing information during the coordination platform on the prevailing situations from the National WASH pillar as well as alerting local Branches and would deploy volunteers if the cases escalate. The collected information and evolution of the outbreak will continue to be analyzed and will be used to inform changes in the operational strategy.

Community Engagement and Accountability (CEA) principles will form the core approach that the NS will employ in this response to ensure that affected people are at the core of this operation. TRCS will ensure the integration and mainstreaming of community engagement and feedback mechanisms during the whole course of the operation. The NS will be engaged in collecting community feedback by putting in place an active feedback desk in each village, during the distribution and sensitization sessions as well as disseminating the hotline number which will be 24/7, disseminate the feedback available mechanism during the door-to-door visits, and community meeting

In addition, post-distribution monitoring will be done as per required. To ensure community participation, community representatives e.g., community leaders, women groups, religious leaders, traditional healers, and youth groups will be identified to work with on the social mobilization campaigns and community sensitization.

The NS has been implementing CEA in all its operations. Volunteers have been trained on CEA and community complaints and feedback do exist such as hotlines, and suggestion boxes. However, these systems require strengthening which will include setting up more community feedback desks to manage by community volunteers to provide access to phones, there is need also to raise awareness of the feedback mechanisms available and how they can be used by different categories of community members, including providing feedback to the community on rumours. Through the activation of different committees, such as the CEA, and RCCE committees, the feedback or rumours received by NS RCCE/CEA focal persons will be analysed and shared with relevant stakeholders to get feedback and communicate to the community in different ways like developing IEC to address certain issues, giving feedback through volunteers, radio programs.

Management and coordination of the Cholera outbreak response operation will be further strengthened through, Provision of IEC materials and the conduct of WASH sensitizations in schools should the outbreak reach school days.

Human resources: Overall 84 volunteers will be deployed to support the implementation of this operation (60 volunteers for hygiene and health promotion, 12 volunteers for psychosocial support, and 12 volunteers for community engagement and accountability).

TRCS will request the National Society WASH coordinator (who is a trained RDRT) to be deployed at the onset of the operation for 10 days, to kick start the operation. He will work in tandem with 2 regional coordinators and 2 district focal persons.

In addition, the SBCC coordinator will conduct a monitoring visit during which they will provide guidance as necessary to the field teams. The cost of this mission will be included in the budget.

PMER: TRCS PMER personnel will oversee and ensure quality data collection, aggregation, and analysis of all gathered information during the baseline KAP assessment. TRCS volunteers will collect data through the KoBo Collect system using smartphones and the report will be shared with the IFRC to jointly inform the implementation of the response.

A progress report will be shared with the IFRC monthly. TRCS will participate in the two planned coordination meetings and any emergency coordination meetings that the local government authorities will hold with the current cholera epidemic. A post-response assessment will be conducted at the end of the intervention. A lesson learnt workshop will be held towards the end of the operation.

Communication: Constant contact with the TRCS volunteers and branch will be maintained as well as effective communication between all levels of the operation. Periodic meetings will be held to provide updates and information on progress.

Logistics and Procurement: Establishment of a fast-track procurement process by getting specifications on time and pre-qualification of potential suppliers to enhance lead times to supply needed commodities to the community. This will be done per the TRCS procurement procedure.

Security: The security environment in Tanzania remains very peaceful as ever which provides enabling environment for TRCS and other actors' personnel adequately and freely implement their programme activities.

C. Detailed Operational Plan

Health

People targeted: 38,468 (7,693 HH)
Male: 18,849
Female: 19,619
Requirements (CHF): 7,510

Needs analysis: This operation is being implemented in Cholera affected communities in the Uvinza and Tanganyika districts of Kigoma and Katavi regions in Tanzania. The Lake Tanganyika shore regions frequently experience acute watery diarrhoea (AWD) and Cholera outbreaks Health service records and community-based surveys indicate that diarrheal diseases are major causes of morbidity and mortality in Tanzania because of low access to safe water and improved sanitation in some regions including the western corridor.

Population to be assisted (28,468, i.e. 7,693 households): The social mobilization activities will be carried out by the trained volunteers on Cholera outbreak response in each target community for 2 months. It is aimed to address high-risk areas through mass education using various techniques and approaches. Key messages will focus on the major topics of safe water handling at the household level, household water treatment, appropriate hand washing practice, and diarrheal related diseases.

P&B Output Code																	
	Health Outcome 1: Transmission of diseases of epidemic potential is reduced																***% of targeted population reached during survey (Target: 30% of target population)***
	Health Output 1.1: Community-based disease control and health promotion is provided to the target population																• ***# of volunteers who receive health and hygiene promotion training (Target: 84 volunteers)*** • ***# of CHW who receive health and hygiene promotion training (Target: 24 CWH)*** • ***# of community leaders who receive the training (30 leaders)*** • ***# of volunteers who sign the Code of conduct (Target: 84 volunteers)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP011	Capacity building of 138 volunteers, community health workers and community health workers in Health and Hygiene promotion, including PGI																
AP011	Deploy 60 volunteers per village for 2 months to conduct health and hygiene awareness																
P&B Output Code	**Health Output 1.2: Transmission is contained through early identification and referral of suspected cases**																***% of cases identified through community activities who are encouraged to seek care (target: at least 80%)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP011	Establish communication and engagement with communities related to case detection																

AP011	Supervision and data collection/monitoring																	
P&B Output Code	**Health Output 1.3: Improved knowledge about public health issues among 6 affected villages of Uvinza and Tanganyika districts**							• ***% of the target population reached have access to information pertaining to the cholera epidemic prevention (target 90%)*** • ***# of flip books produced and distributed to volunteers for awareness creation (Target: 100)***									
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP030	Printing of 100 volunteers flip guidebooks to be used for health and hygiene promotion as agent of behavioural change.																	
P&B Output Code	**Health Outcome 2: National Society has increased capacity to manage and respond to health risks**							***# of coordination meetings held with partners during the response (Target: 10)***										
	Health Output 2.1: The National Society and its volunteers are able to provide better, more appropriate, and higher quality emergency health services							***# of volunteers providing support in affected communities- (Target: 84 volunteers)***										
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP011	Technical coordination and collaboration with regional humanitarian organizations and government.																	
P&B Output Code	**Health Outcome 6: The psychosocial impacts of the emergency are lessened**							***# of volunteers who have received PSS training (Target: 12 volunteers)***										
	Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff																	
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
AP080	Orientation to 12 volunteers on PSS services																	
AP080	Deploy 2 volunteers per village to Conduct PSS for affected HH in the 6 affected villages for 2 months																	

Water, sanitation, and hygiene

People targeted: 38,468 (7,693)
Male: 18,849
Female: 19,619
Requirements (CHF): 27,285

Needs analysis: This operation is being implemented in Cholera affected communities of the Uvinza and Tanganyika districts of the Kigoma and Katavi regions.

Population to be assisted: A total of 38,468 individuals will be targeted with awareness messages in 6 villages targeted.

P&B Output Code																	
	WASH Outcome 2.0: Immediate reduction in risk of waterborne and water related diseases in targeted communities																***% of households reached with health and hygiene promotion messages (Target: 100% or 7,693 HH)***
	WASH Output 2.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities																• ***% of targeted population reached during survey (Target: 30% of 2,308 HH)*** • ***# of volunteers trained on WASH interventions (Target: 60)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP029	Develop and roll out a KAP survey for continuous situational analysis in Uvinza & Tanganyika districts, before and after hygiene promotion to inform communication messages.																
AP029	Organise and conduct KAP surveys and KII for better understanding of the local culture and develop SBCC strategy																
AP029	Coordinate with other WASH actors on target group needs and appropriate response.																
~~P&B Output Code~~	**WASH Output 2.2: Daily access to safe water which meets SPHERE and WHO standards in terms of quantity and quality is provided to target population**																• ***# of families sensitized on safe water collection and storage (Target: 7,693)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
~~*AP026*~~	Educate population of targeted communities on safe water storage and on safe use of water treatment products																
P&B Output Code	**WASH Output 2.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population**																• ***# of people reached with hygiene promotion messages (target: 38,468)*** • ***% of households who report improved sanitation conditions (Target: at least 70% or 5,385 HH)*** • ***# of volunteers trained on ORP kit use (Target: 60 volunteers)*** • ***# of volunteers trained on hygiene promotion (Target: 60 volunteers)***
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

AP030	Conduct a training on food hygiene, hand washing and safe water for 60 volunteers + CLTS briefing																	
AP030	Briefing of volunteers on ORP use																	
AP030	Deployment of 10 volunteers per village in 6 affected villages to conduct health promotion campaign in the affected areas for 3 days per week for 2 months																	
AP030	Conduct hygiene promotion through mobile cinema (1 cinema show per village per month for 2 months)																	
AP030	Engaging CHW in the hygiene promotion sessions to address community challenges (24 CHW and 30 CL for 2 months)																	
AP030	Printing hygiene promotion volunteer guide flip books for health and hygiene awareness sessions																	
AP030	Conduct post distribution monitoring																	

Strategies for Implementation

Requirements (CHF): 43,750

P&B Output Code	**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**																• ***# of volunteers who are insured (Target: 84 volunteers)*** • ***# of volunteers provided with PPE (Target: 84 volunteers)*** • ***# of persons provided with visibility material (Target: 94 persons i.e. 84 volunteers and 10 TRCS staff)***
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected																
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure that volunteers are insured																
AP040	Provide complete briefings on volunteers' roles and the risks they face																
AP040	Provide psychosocial support to volunteers																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure volunteers' safety and wellbeing																
AP040	Ensure volunteers are properly trained																
AP040	Ensure volunteers' engagement in decision-making processes of respective projects they implement																
	Outcome S2.1: Effective and coordinated international disaster response is ensured																• ***# of monitoring visits by TRCS WASH coordinator (Target: 1 visit)***

P&B Output Code	Output S2.1.1: Effective and respected surge capacity mechanism is maintained.																	
		• *# of monitoring visits conducted by SBCC coordinator (Target: 1 visit)* • *# of feedback mechanisms activated (Target: 1 mechanism)* • *% of feedback received and addressed (Target: at least 70%)* • *# of volunteers implementing CEA activities (Target: 12 volunteers)* • *# of IFRC Cluster monitoring visits (Target: 2 visits)* • *# of lessons learned workshop conducted (Target: 1)*															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP042	Monitoring visit of TRCS WASH coordinator																
AP042	Monitoring visits by TRCS SBCC coordinator																
AP042	Deployment of 2 regional coordinators for 2 months																
AP042	Deployment of 2 district focal points for 2 months																
AP084	Activate feedback and complaint mechanism in the affected areas																
AP084	Printing and disseminating the CEA communication materials basing on the KAP, KII's, FDG surveys																
AP084	Orient volunteer in CEA in emergence in the affected areas																
AP084	Deploy volunteers to collect community feedback at community level for 2 months, 2 volunteers per village																
AP049	Monitoring visits by IFRC Cluster office DM/PMER																
AP042	Conduct a lesson learned workshop																

D. Funding Requirements

The overall budget required for the implementation of this plan is CHF 78,545 as detailed in the below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs (CHF)

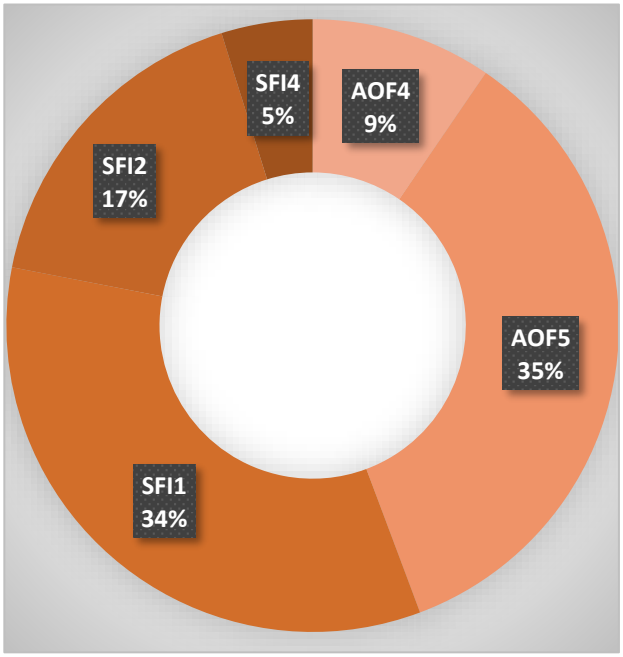
DREF OPERATION

MDRTZ031 - TANZANIA - CHOLERA OUTBREAK

17/05/2022

Budget by Resource

Budget Group	Budget
Clothing & Textiles	3,234
Water, Sanitation & Hygiene	3,818
Teaching Materials	6,321
Relief items, Construction, Supplies	**13,373**
Transport & Vehicles Costs	10,320
Logistics, Transport & Storage	**10,320**
National Society Staff	2,172
Volunteers	7,359
Personnel	**9,531**
Workshops & Training	24,080
Workshops & Training	**24,080**
Travel	10,234
Communications	1,720
Financial Charges	323
Other General Expenses	4,171
General Expenditure	**16,447**
DIRECT COSTS	73,751
INDIRECT COSTS	4,794
TOTAL BUDGET	**78,545**



Budget by Area of Intervention

AOF4	Health	7,510
AOF5	Water, Sanitation and Hygiene	27,285
SFI1	Strengthen National Societies	26,508
SFI2	Effective International Disaster Management	13,464
SFI4	Ensure a strong IFRC	3,778
	TOTAL	**78,545**

Tanzania : Cholera Outbreak

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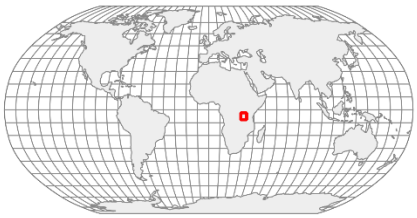

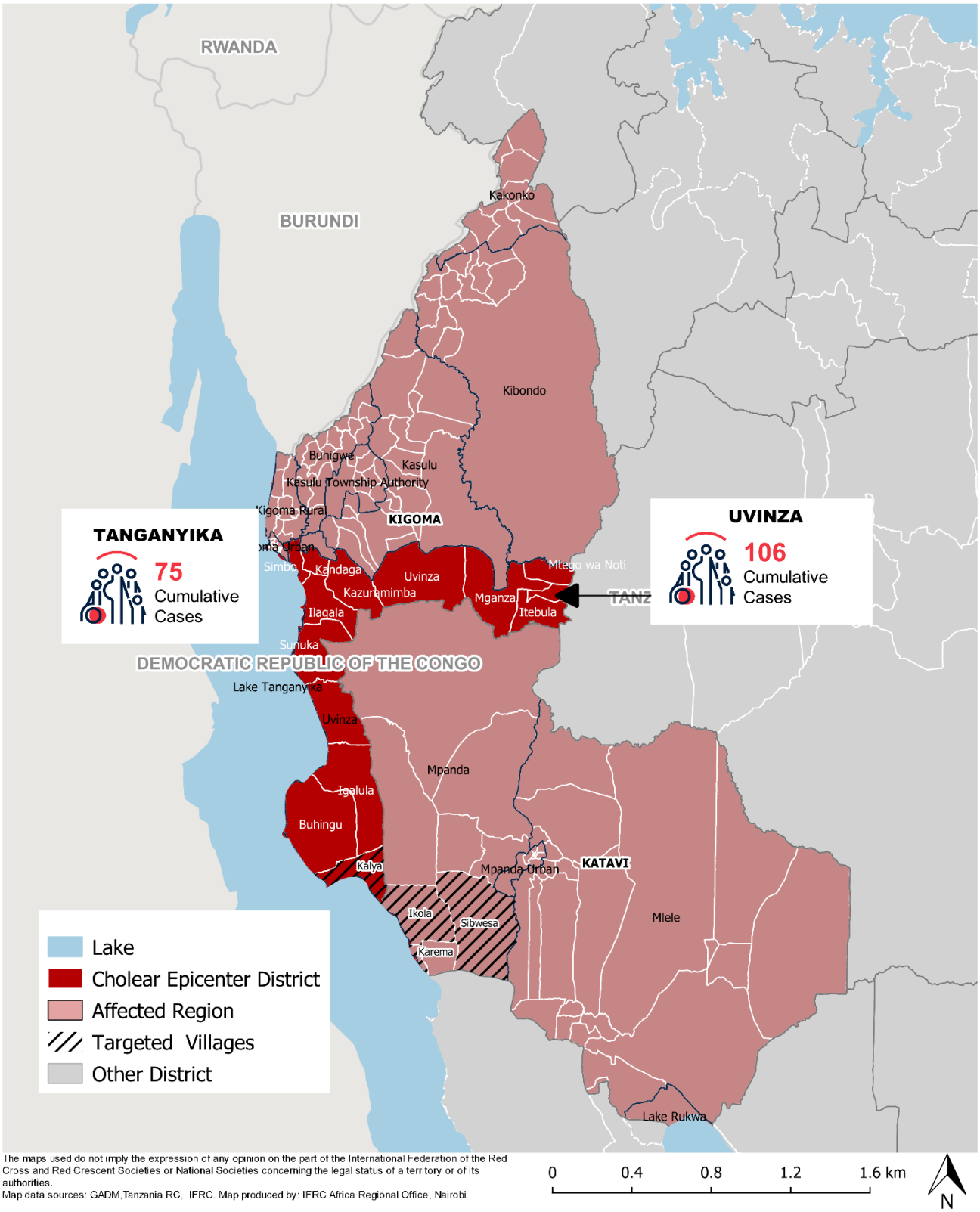

The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM,Tanzania RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi

Reference documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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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 Humanitarian 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.