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Emergency Plan of Action operation update

Tanzania: Cholera



Emergency appeal n° MDRTZ018	GLIDE n° EP-2015-000058-TZA
EPoA update n°1; date of issue: 11 December 2015	Timeframe covered by this update: 2 weeks
Operation start date: 11 November 2015	Operation timeframe: 6 months; end date 11 April 2016
Overall operation budget: CHF 941,146	DREF amount initially allocated: CHF 188,505
N° of people being assisted: 226,000	
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 & Social Welfare (MoHSW), United Nations Children's Fund (UNICEF), World Health Organization (WHO), Médecins Sans Frontières (MSF) Spain, Centres for Disease Control and Prevention (CDC), Water Aid, Population Services International (PSI), Dar es Salaam Water And Sewerage Corporation / Dar es Salaam Water and Sewerage Authority (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; one person died and four family members were screened and classified as suspected cholera cases. Cholera began spreading throughout the Dar es Salaam region and twelve other regions: Morogoro, Kigoma, Dodoma, Geita, Mwanza, Mara, Arusha, Tabora, Tanga, Shinyanga, Singida and Coast as well as the island of Zanzibar. As of 26 November 2015, there were 9,871 reported cases and 150 deaths (WHO), and 19 out of 30 regions have detected and reported cholera cases on mainland Tanzania and Zanzibar (UNRCO and MoHSW). The contributing factors, as reported by the MoHSW and Red Cross volunteers on the ground include contaminated water sources, poor sanitation and poor hygiene practices.

Tanzania has previously experienced three major cholera epidemics: in 1977-78, 1992, and 1997. In 1997, Tanzania had one of the highest case-fatality rates in East Africa (5.6%), with 2,268 deaths in 40,226 cases (CDC). The first major outbreak occurred in 1992 when 18,526 cases including 2,173 deaths were recorded (CFR 11.7%). In 1997, an epidemic which started in Dar es Salaam accounted for 40,249 cases and 2,231 deaths (CFR 5.54%). Seven regions were affected and *Vibrio cholerae* El Tor Ogawa was confirmed (WHO). More recently, on 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 have also reported cholera cases in October. The current outbreak follows the same pattern as the outbreak in 1997 which led to more than 40,000 cases and 2,231 deaths (CFR 5.54%). Historically Tanzania has seen an increase in caseloads during the rainy seasons, and the meteorological department has issued a warning that El Niño similar to the one of 1997 should be expected this year. Although 50% of the cases are reported in Dar es Salaam region, the population is highly mobile and the widespread and scattered nature of the current outbreak has challenged response and containment efforts. The beginning of the rainy season, and strong probability of serious floods from El Niño, will further exacerbate the cholera outbreak. Failing to contain the spread of cholera means there is a high risk that caseloads will reach levels of the 1997 outbreak.

On 11 November 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) launched an Emergency Appeal, 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 in 11 districts of the country through

community based surveillance and social mobilization activities for a period of six months. This Operations Update provides indication of the intention to revise the Emergency Appeal now that assessments have been completed. The Revised Emergency Appeal is expected to be issued week commencing 13 December 2015, and will replace the one-month Operations Update.

The IFRC, on behalf of the Tanzania Red Cross Society would like to extend many thanks to the Canadian Red Cross Netherlands Red Cross, and Swedish Red Cross Societies for their generous contributions to this operation.

Summary of current response

Overview of Host National Society

As of this Operations Update, a total of 90 TRCS volunteers had received training on hygiene promotion and the use of a cholera monitoring tool. In collaboration with the Ministry of Health and Social Welfare (MoHSW) and United Nations Children's Fund (UNICEF) the volunteers have initiated social mobilization activities (household visits), which has included the distribution of water treatment chemicals (aqua tabs) and information, education and communication (IEC) materials in three districts in Dar es Salaam. In addition, three Cholera Treatment Centres (CTC) have been 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. The TRCS is continuing to attend the National Task Force meetings chaired by the MoHSW and is a member of the Social Mobilization and Surveillance sub-committees and National WASH Emergency Response Team (NEWASH-RT).

Overview of Red Cross Red Crescent Movement in country

The IFRC is not present in-country but provides assistance through its East Africa and Indian Ocean Islands (EAIOI) operations unit, and Africa region (formerly Zone) office, which are based in Nairobi, Kenya; and have been in regular contact with the National Society since the onset of the cholera outbreak to agree the on the response required. Since 17 September 2015, the TRCS has issued four alerts using the IFRC disaster management information system (DMIS). On 26 October 2015, the IFRC deployed a Field Assessment and Coordination Team (FACT) comprising of a team leader, two health and two WASH delegates. Two of these members come from the Regional Disaster Response Team (RDRT) roster. An emergency health delegate from the Africa region also travelled to support the first three weeks of the mission. In collaboration with TRCS national headquarters (NHQ) staff and branch staff and volunteers (and in coordination with other actors, e.g. MoHSW), the team conducted a rapid assessment in Arusha, Mwanza, Singida and Tanga, and contributed to the development of an initial Emergency Plan of Action for the Emergency Appeal while this was underway. On 11 November 2015, the IFRC launched an Emergency Appeal, 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 in 11 districts of the country through community based surveillance and social mobilization activities for a period of six months. The IFRC released CHF 188,505 was released from its Disaster Relief Emergency Fund (DREF) as a start-up loan to the operation. An Operations Manager with a strong background in health has also been deployed to support the ongoing operation for one month (up to end of December 2015).

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

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

Refer to the original Emergency Appeal for the response of the non-RCRC actors, which as of 26 November 2015 remains unchanged. Please note that the Revised Emergency Appeal will provided updated information on the 1) Operational Strategy, 2) Operational support services, and 3) Detailed operational framework.

Contact Information

For further information specifically related to this operation please contact:

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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 (NGOs) 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.

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



Save lives.
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.
