THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

CONTINGENCY PLAN FOR EBOLA VIRAL DISEASE PREPAREDNESS AND RESPONSE

MARCH, 2019

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MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN TANZANIA

REVISED NATIONAL EBOLA VIRAL DISEASE PREPAREDNESS AND RESPONSE

CONTINGENCY PLAN

March 2019

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Acronyms

CMO	Chief Medical Officer
DHQAD	Director of Health Quality Assurance Division
DMO	District Medical Officer
DPS	Director of Preventive Services
DCS	Director of Curative Services
EVD	Ebola Virus Diseases
ETC	Ebola Treatment Centre
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IHR	International Health Regulations
IM	Incident Manager
IMS	Incident Management System
IPC	Infection Prevention and Control
LGA	Local Government Authorities
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
NGO	Non-Governmental Organization
NTF	National Task Force
PHEOC	Public Health Emergency Operation Centre
POE	Point of entry
PPE	Personal Protective Equipment
PST	Preparedness Support Team
RMO	Regional Medical Officer
RRT	Rapid Response Team
SOP	Standard Operating Procedure
TOT	Training of Trainers
WHO	World Health Organization

Foreword

The Ebola Virus Disease (EVD) outbreak in North Kivu and Ituri Provinces, Democratic Republic of Congo, continues to prove challenging to contain as ongoing security incidents and pockets of community mistrust hamper response efforts. It is the 10th EVD Outbreak and the worst globally after the 2014 -2016 West African Outbreak.

Ebola Virus Disease is a severe disease caused by one of the Ebola virus strains (Zaire, Reston, Sudan, Bundibugyo, or Tai Forest virus). Ebola is one of the world's most virulent diseases, which is often fatal, with a Case Fatality Rate of up to 90%, and no prophylaxis or treatment. However, of recent, there has been some vaccine development efforts.

On August 1st, 2018 the risk for EVD spread was declared by WHO as very high across the region but low at the global level. The risk of EVD spread to Tanzania based on the current DRC outbreak is also very high, because the country borders DRC with the constant movement of travelers across the largely porous borders, while the country has no previous experience of such a disease.

Despite the presence of capacity for laboratory confirmation of EVD within the country, challenges in community-based and event-based surveillance, case management, and the absence or inadequate or ideal isolation facilities may also contribute to an increased risk of spread as well as the impact of the disease if it occurs.

The Ministry of Health, Community Development, Gender, Elderly and Children, in collaboration with WHO and other partners conducted a joint assessment of the previous EVD contingency plan (for June – December 2018) in January 2019 to identify existing capacity and gaps in preparedness and readiness for EVD outbreak at the national level and 2 high risk regions. The identified gaps were then used to revise this contingency plan. The current plan outlines main mitigation and preparedness actions for addressing coordination, epidemiological surveillance and Point of Entry surveillance, case management, laboratory services, risk communication, social mobilization and community engagement, Psychosocial as well as logistics services.

The purpose of this plan is to provide a guide for coordinated public health mitigation, preparedness and response measures for Ebola Viral Disease epidemic by strengthening National, Regional, District and Point of entry's capacity to early detect and respond effectively to EVD in order to minimize the level of risk posed by the disease. Furthermore, to mobilize resources for implementing outlined needs for risk management services, management of human and financial resources, coordination and communication procedures as well as the provision of guidelines, tools and logistical response interventions.

The Government, therefore, considers this plan of a high priority in terms of financial, organizational and political support. However, the Ministry of Health's resources or even national resources will not be sufficient to prepare and to control the outbreak if it occurs within the country. In that regard, I call upon all Development Partners including UN organizations, International, local, private and Non-Profit Organizations to join hands in supporting the implementation of this plan.

Dr. Zainab A. S. Chaula,

Permanent Secretary – Health

Ministry of Health, Community Development, Gender, Elderly and Children

Acknowledgment

The Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) wishes to express its gratitude to all experts and institutions who participated in revising this Contingency Plan for Ebola Viral Disease. Special gratitude goes to the National Task Force (NTF) for Public Health Emergency Preparedness and Response for the strategic guidance in the review of this Plan. Specifically, valuable contributions from the Director of Health Quality Assurance and the Director of Preventive Services are much appreciated.

I would also like to acknowledge the team of technical experts from the Ministries' Departments specifically from the Directorate of Curative Services, Preventive Services, Health Quality Assurance, Emergency Preparedness and Response, Epidemiology and Disease Control, Environmental Health and Sanitation, National Health Laboratory Quality Assurance and Training Centre (NHLQATC), Health Promotion, Office of the Chief Pharmacist and Communication Office who worked tirelessly and contributed to the successful completion of this plan. Likewise, I also do commend the coordination of this process by the Emergency Preparedness and Response Section.

Last but not least; I would like to extend sincere appreciation to the World Health Organization and partners for facilitating the continuous assessment on country operational readiness for EVD response as well as for their technical and financial support.

Prof Muhammad Bakari Kambi

Chief Medical Officer.

Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)

Executive Summary

Ebola Virus Disease (EVD) is a severe disease caused by one of the Ebola virus strains (Zaire, Reston, Sudan, Bundibugyo, or Tai Forest virus). It is a severe, often fatal illness with a Case Fatality Rate that can go up to 90%. There is no prophylaxis or treatment available but there is a vaccine (rVSV– ZEBOV) that is currently approved for research in the Democratic Republic of Congo (DRC) and the priority 1 countries. Experience has shown that once declared, the duration and magnitude of the outbreak depend on the level of preparedness, strength of the health system, economic status, level of community awareness among other factors.

On August 1st, 2018, the 10th outbreak of EVD was declared by WHO in the Democratic Republic of Congo's Beni Health Zone, North Kivu Province and has still not been contained. Although no confirmed cases have been documented in the neighboring countries, the risk of the disease spreading beyond the borders of the DRC was assessed by WHO's IHR Emergency Committee on 17th October 2018 and it was concluded as very high at the regional level and low at the global level. It was also found that the likelihood of having EVD in Tanzania is high, because, it is bordered by DRC and Uganda, where there have been several occurrences of such disease while there is no previous experience of the occurrence of the disease within the country to date**.**

With this elevated risk, Tanzania is working with various stakeholders to strengthen its capacity to respond to a possible epidemic. The country's efforts are guided by the findings of the second Joint External Assessment, which was commissioned by the International Health Regulations Emergency Committee and coordinated by WHO Preparedness Support Team (PST) in January 2019. The identified key priority actions included updating the 2018 EVD contingency plan and mobilizing resources to support its implementation.

The costs (in US dollars) associated with the mitigation, preparedness and immediate response activities are summarized in the table below.

Interventions	Mitigation	Preparedness	Response	Total	Responsible Institution
Coordination & RRT	479,000	9,000	665,000	1,153,00	MOH, PORALG & WHO
Surveillance & Contact Tracing	0	235,000	190,000	425,000	MOH, PORALG, WHO and CDC
Point of Entry (POE)	727,000	525,000	60,000	1,312,000	MOH, PORALG, IOM, WHO, UNHCR & CDC
Laboratory	199,000			199,000	MOH, PORALG, WHO & CDC
Psychosocial		97,500		97,500	MOH, PORALG, WHO, UNICEF & Save the Children
Case Management, IPC and SDB	1,500	926,800	17,000	945,300	MOH,PORALG, WHO, MSF & Red Cross
Social Mobolization and Risk Communication	25,000	107,500	161,500	294,000	MOH, PORALG, WHO, UNICEF, & Save the Children
Logistics		648,000	112,000	760,000	MOH, PORALG, WFP, UNICEF & WHO
Total	**1,431,500**	**2,548,800**	**1,205,500**	**5,185,800**	

All these interventions are supported by the Government of the United Republic of Tanzania (URT) with support from donor partners including WHO, DFID, World Bank, USAID, GIZ, Canada, Irish Embassy, GHSC, US CDC, UNICEF, and WFP.

1.0 Introduction

1.1 Overview

Ebola virus disease (EVD) is a severe disease caused by one of the Ebola virus strains (Zaire, Reston, Sudan, Bundibugyo, or Tai Forest virus). Ebola is one of the world's most virulent diseases, which is often fatal, with a case fatality rate of up to 90%, and no prophylaxis or treatment available. The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission. However, of recent, there has been some development through a vaccine called rVSV– ZEBOV which is being used on an experimental basis. It has been observed that the vaccine reduces the duration of the outbreak and the number of cases. It is currently approved to be used in the Democratic Republic of Congo, Uganda, South Sudan, Rwanda and Burundi on an experimental basis.

1.2 Purpose

The purpose of this plan is to provide a guide for coordinated public health mitigation, preparedness and response measures for Ebola Viral Disease epidemic in Tanzania. This plan is specific for EVD although it can be adapted for application to other Viral Hemorrhagic Fevers (VHF). The application of this plan aims to build capacity for rapid containment of an EVD case within the period of two months. Specifically, the plan focuses on implementing the strategies for mitigation, preparedness and timely response to an EVD case.

1.3 Scope

This plan provides a primary strategy for Ebola Viral disease risk management in Tanzania. It is intended to guide other specific sub-national EVD contingency plans. It also provides room for local, national and international stakeholders and partners toward the management of EVD risk in the country. It is meant to be reviewed six months after implementation.

1.4 Risk Assessment

Ebola Viral Disease is of public health importance because of its ability to spread rapidly through human-to-human contact. The 10th outbreak of EVD in DRC was declared by WHO in August 2018 in the Beni Health Zone, North Kivu Province located in the North East Part of the country. The likelihood of having EVD in Tanzania is very high because it is bordering DRC and there is a constant movement of travelers from DRC to Tanzania for trade as well as asylum seeking. The impact caused by imported EVD case in Tanzania is estimated to be very high due to the lack of previous experience in managing the disease. Although the country has the capacity to confirm EVD, event-based surveillance and community surveillance are not fully established in the country. The screening reports at PoE indicate that about 600 travelers are screened from DRC per week. Some of the screened travelers are coming from the epicenter of EVD outbreak such as Beni, Bukavu, and Butembo. Although screening of EVD at POE is regularly conducted, the presence of the many porous borders has increased the vulnerability and the likelihood of country EVD importation with ultimate changing in the risk of EVD in Tanzania into a very high as illustrated in figure 1 below.

LIKELIHOOD OF OCCURRENCE	Almost certain					
	Very likely					
	Likely					
	Unlikely					
	Very unlikely					
		Low	Medium	High	Very high	Severe
	IMPACT					

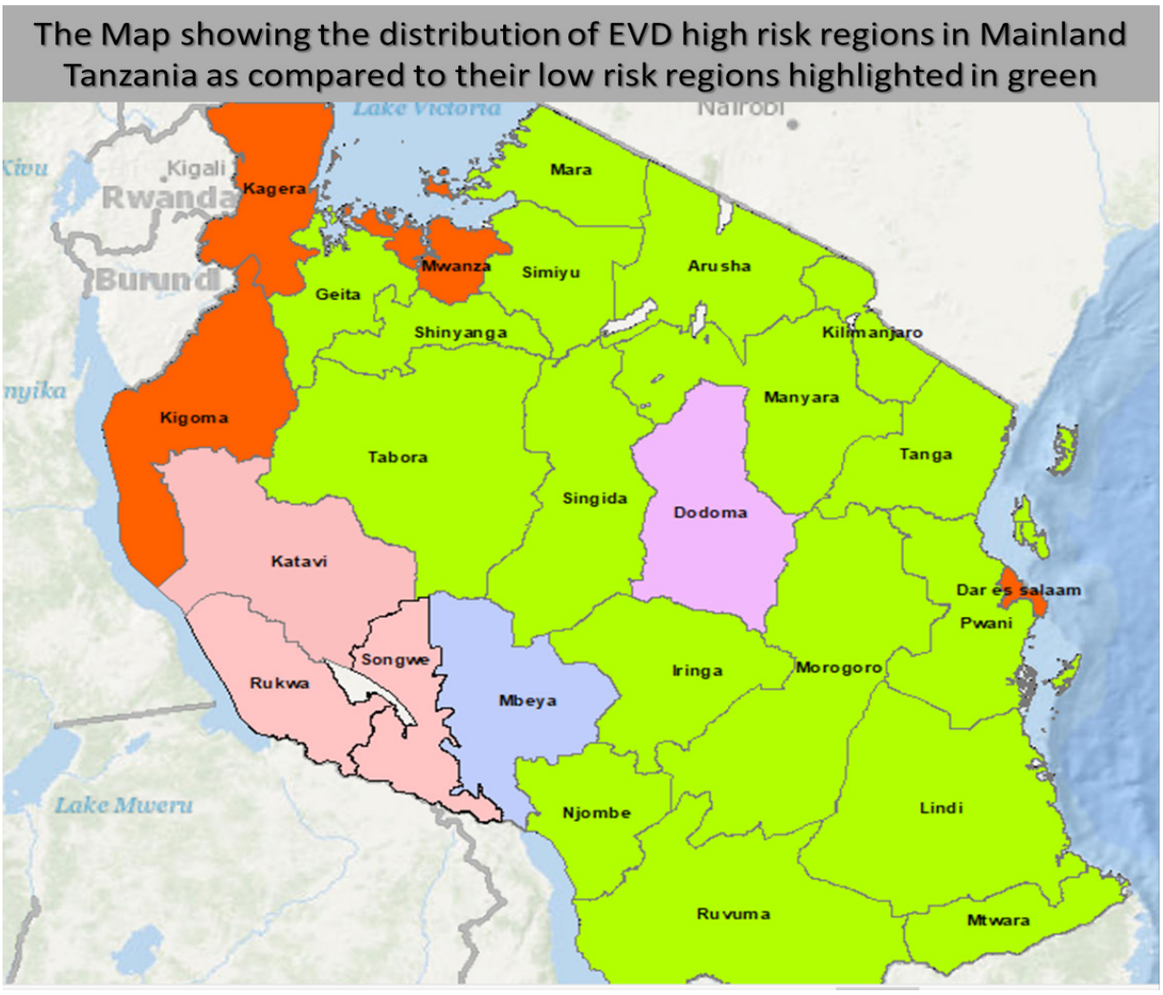
Legend

- Very High risk
- High risk
- Moderate risk
- low risk
- Current status

Figure 1: Risk Matrix.

The assessment conducted by the Ministry of Health, Community Development, Gender, Elderly and Children identified eight high-risk regions with the high likelihood of Ebola importation namely **Kigoma, Rukwa, Songwe, Katavi, Mwanza, Kagera, Dar es Salaam and Mbeya.**

Figure 2: The Map showing the EVD High-Risk Regions in Mainland Tanzania as compared to low-risk regions with green background



Source:MOHCDGEC,2019

Further risk assessment into the eight high-risk regions conducted by the MOHCDGEC and the PORALG listed 38 districts as very high-risk districts within the respective regions based on their proximity to the epicenter as well as the frequent movement of population.

Tab 1.0 List of District at High-risk for EVD in the High-risk Regions in Tanzania Mainland

Number.	NAME OF REGION	NAME OF LGA	No of LGAs	Total LGAs
1	Dar es Salaam	Ilala, Ubungo,Kigamboni,Kinondoni and Temeke	5	5
2	Kagera	Kyerwa, Missenyi,Biharamulo,Bukoba Mc, Bukoba DC, Muleba, Karagwe and Ngara	8	8
3	Katavi	Mpanda DC(Tanganyika) and Mpanda MC	2	5
4	Kigoma	Buhigwe DC, Kibondo DC, Kigoma DC, Kigoma MC, KasuluTC, Kasulu DC, Kakonko and Uvinza	8	8
5	Mbeya	Kyela, Mbeya CC and Mbeya DC	3	7
6	Mwanza	Buchosa, Ilemela, Nyamagana, Sengerema and Ukerewe	5	8
7	Rukwa	KalamboDC, Sumbawanga MC and Nkansi DC	3	4
8	Songwe	Momba DC, Mbozi TC, and Tunduma TC	3	5
9	Dodoma	Dodoma CC	1	7
	Total		38	52

Source: MOHCDGEC, 2019

2.0 Situation Analysis

2.1. The Demographic and Health Profile of the Country

Tanzania occupies an area of 945,087 Square KM and has the largest population in East Africa with the total projected population of 54,199,163 (NBS 2018) growing at a rate of 3.1%. The birth rate for the country is 35 births per 1000 population and the death rate is 7.6 deaths per 1000 population. The country has a net migration rate of 0.5 migrants per 1000 population, whereby most migration is internal, rural to urban movement. The country has 6 big cities:- Dar es Salaam, Mwanza, Arusha, Tanga, Mbeya, and Dodoma. Tanzania is among Africa 's refugee-hosting countries for decades, hosting hundreds of thousands of refugees from the Great Lakes region, primarily Burundi and DRC. Also, it is a transit country for illegal migrants from the Horn of Africa and the Great Lakes region who are heading to southern Africa for security reasons and/or economic opportunities. Some of these migrants choose to settle in Tanzania. There are a number of game reserves and national parks. The country shares borders with eight countries and has three large lakes (Tanganyika, Victoria, and Nyasa) and multiple porous borders.

Figure 3: Map of Tanzania Showing Country Boarders.

2.2. Health System Structure and Services Provision

The national health system operates in a decentralized organization of governance whereby public and private health service delivery is primarily at Local government level and specialized services are managed by Central Government level. The system is structured as a referral pyramid, made up of three main levels namely, I) Primary level, II) Secondary level and III) Tertiary Level.

The health system ensures public health risk management to outbreaks through mechanisms for indicator or routine based and community-based surveillance, care and treatment, laboratory services, Port health and social welfare services that are all linked to the above three levels. There is one standard Isolation Centre for EVD located in Temeke, Dar es Salaam with a bed capacity of 15, and 3 other facilities are under construction in Kilimanjaro, Mwanza, and Muhimbili National Hospital. In other regions, there are provisions for isolation facilities that are used for other infectious diseases but they are not fully equipped to cater for management of patients with highly infectious diseases. Out of the 46 official point of entries, 23 have mechanisms and capacity to implement screening; however, it is only Kilimanjaro International Airport (KIA) that has a standard temporary holding facility. The borders with DRC and Burundi are porous with some unmonitored movements between the two countries and Tanzania. Fifty-two staff from the PoEs have been trained on EVD basics and screening. Nationally, the key point

of entry from DRC is at JNIA by air and Dar es Salaam seaport. In Kigoma region, there are seven official PoEs (Kigoma port, Kibirizi port, Kigoma airport, Kasulu and Manyovu in Buhigwe) and 19 unofficial Points of Entry (without immigration counter).

There are three Biosafety level (BSL) two plus laboratories capable of testing EVD in Dar Es Salaam, Mbeya, and Kilimanjaro Regions. These laboratories have adequate supplies to test EVD. There is no formalized specimen transportation from sample collection facilities to testing laboratories. However, from the regional level to testing laboratories available couriers and air transport are used. An agreement has been established with local courier companies (EMS and Tutume) for sample transportation to the national reference lab for EVD confirmation.

According to Joint Assessment Mission on External Evaluation on operational readiness to respond to Ebola outbreak conducted by WHO Preparedness Support Team(PST) with the partners in January 2019, Tanzania scored 56.6% in the implementation. Scores for specific components are indicated in Tab 2 below:

Tab 2: EVD Checklist Scores for Tanzania implementation of the Preparedness Activities.

Component	Yes	No	% of implementation
Coordination	7	2	77.8
RRT	4	2	66.7
Public awareness and community engagement	2	2	50.0
IPC	1	3	25
Case management	5	1	83.3
Safe and dignified burial	2	3	40.0
Surveillance	3	5	37.5
Contact tracing	1	4	20.0
Laboratory	2	2	50.0
PoEs	5	2	71.4
Budget	3	3	50.0
Logistic	8	4	66.7
Total	**43**	**33**	**56.6**

Source: WHO AFRO JAM Report, 2019

2.3. Recent emergencies and disasters in Tanzania

Tanzania has been facing different localized natural and man-made emergencies and disasters whereby disease epidemics are among the five leading emergencies. Recent disease outbreaks that had a significant public health impact include, an outbreak of Rift Valley fever (2007) among humans in Northern and Central parts of Tanzania that affected a total of 511 cases and 144 deaths (Case Fatality Rate of 28.2%). Also, in 2009 the country was faced by Influenza A (H1N1) that affected five regions including Mara, Mwanza, Manyara and Dar es Salaam in which a total of 770 cases including one death was recorded.

Additionally, the country is prone to Cholera outbreaks and currently is responding to this Epidemic since the index case was detected in late January 2019. The wave before the current one had affected almost all regions of the country. By the end, 5th January 2019 a total of 33,325 cases and 550 deaths (CFR 1.65%) have been documented. As at 5th February 2019, the MOHCDGEC reported a new wave of Cholera cases which started on 26th January 2019 with 31 cases and 1 death.

There was a reported outbreak of Dengue Fever with 38 cases since August 2018 with the last case having been reported on 29th January 2019. There was also a reported case of Anthrax Outbreak in Songwe Region with 81 cases and 4 deaths, with the last case reported on 7th January 2019. Experience in dealing with these emergencies have identified challenges in coordination, early detection, longer time of containing the incident, collaboration with other key stakeholders and community engagement.

3. 0 Ebola Response Coordination Mechanism

Coordination of Ebola Response at different levels will follow the Incident Management System and will be guided by the concept of operations outlined in the All Hazard Emergency Response Plan (2018). During Ebola response, the Chief Medical Officer will appoint the National Incident Manager to coordinate a national-level response, the IM at regional and district levels will be appointed by appropriate authorities as indicated in the All-hazard Emergency response Plan.

3.1 Triggers for action and activation levels

One suspected or probable case of EVD constitutes a public health emergency and therefore it will trigger the activation of the response to level II. Whereby a confirmed case of EVD in the country will trigger activation to level III. The regional and district PHEOCs, National PHEOC, and National Emergency Communication and Operation Centre (EOCC) will function based on the level of activation to facilitate coordination of response as outlined in the All Hazard Emergency Response Plan

3.2 Incident Management Structure

For effective response coordination, the respective IM will establish an adaptable, scalable and flexible IMS to suit different managerial and technical emergency demands and fill the positions of different emergency functions according to the level of activation and scope of response. Four main IMS functions during the EVD response are namely operation, logistic, planning and research as shown in figure 1 below. The subnational level will adapt the similar structure based on the capacity.

For effective operational interventions to combat an EVD epidemic the IM will work with various technical subcommittees including but not limited to risk communication and social mobilization, case management and IPC, laboratory, surveillance and points of entry and a well-articulated psychosocial support group. The generic functions of these subcommittees are as indicated in the ToRs of the National Task Force for Public Health Emergencies.

4.0 Scenario

4.1 Scenario and Planning Assumption

The development of this Contingency Plan is based on the Likely Case Scenario that calls for rapid containment of the case. The scenario assumes a case of EVD being imported and detected by the surveillance system in one of the rural high-risk regions of Tanzania. Local transmission has occurred resulting in 10 – 30 cases were reported within two months. A response is mounted and the outbreak is controlled within the region after three transmission cycles or 2 months. It is further assumed that three neighboring districts will be affected resulting in a total of 30 cases and 10 death (CFR= 33.3%). A total of 150 contacts being monitored by contact tracing team.

4.2 Planning Assumptions

a) An Index case was detected in one of a local health facility

b) Contact tracing teams well trained and equipped to conduct the task

c) All contacts have been identified and monitored

d) Patients who meet the case definition have been isolated and treated in the designated ETCs

e) Infection prevention and control measures are applied at health facilities and community level

5.0 Strategy

5.1 Mitigation Strategy

As described in the risk assessment, mitigation measures are important to ensure the health risk of EVD importation is addressed in order to avoid importation as well as the spread of the infection in the country in case a case of EVD is imported. The risks, which have been identified for mitigation includes; EVD case importation in the country, the spread of EVD infection in the country and community fear.

Figure 1: Tanzania Ebola IMS structure

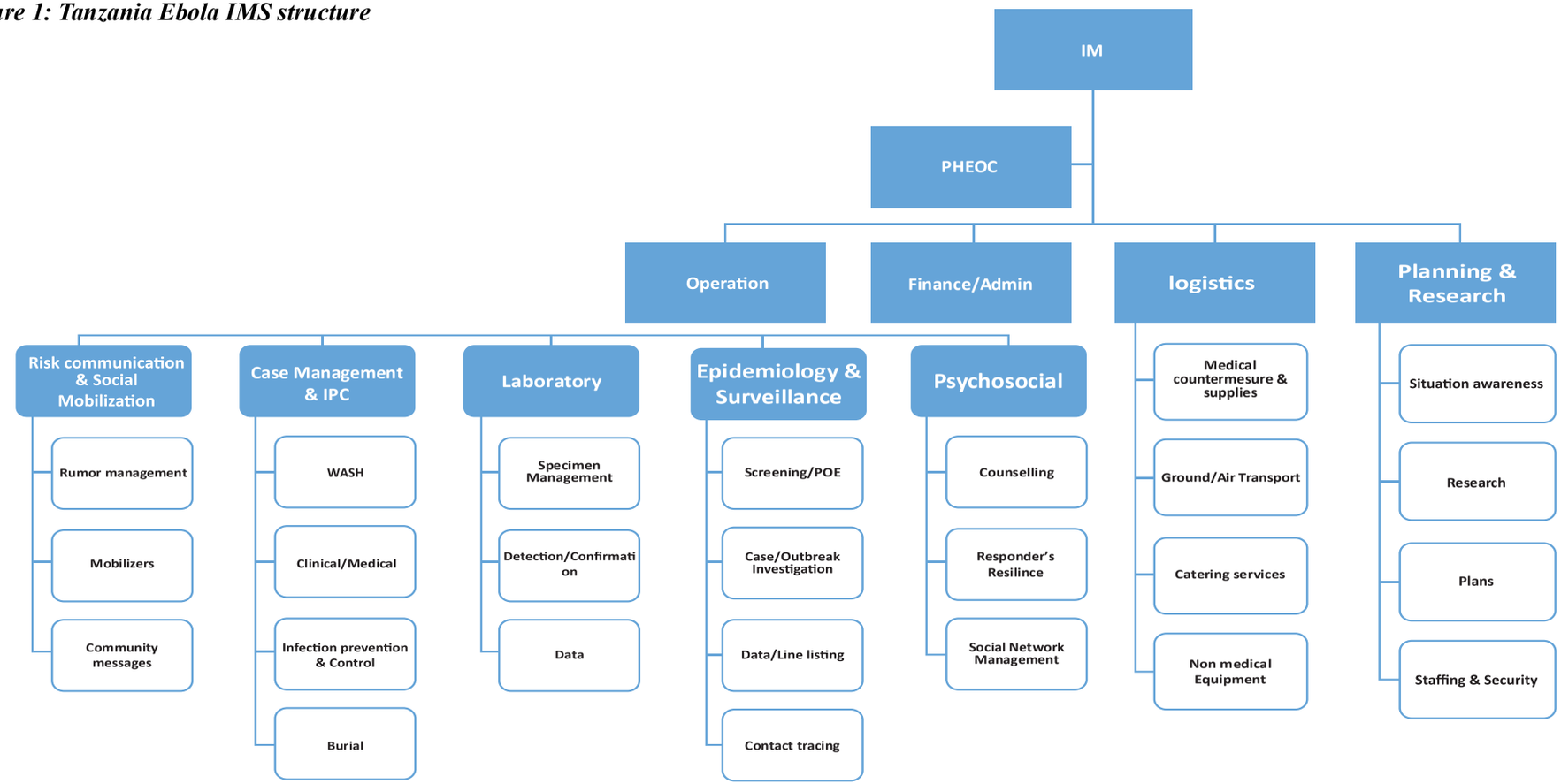


Table 3. Health risks and planned mitigation measures per each technical area.

Identified health risks	Mitigation measures
EPIDEMIOLOGICAL SURVEILLANCE (POE):	
Importation of EVD case(POE)	Develop print and disseminate PoE specific contingency plan and SoPs for high risk ground crossing
	Orient SoPs for identification, notification, management, and referral of EVD suspects
	Train PoE Authorities, stakeholders and PoE health staff on use, maintenance of screening equipment and disseminate the contingency plan, SoP and IEC material in high-risk PoE
	Identify, orient and deploy volunteers to assist on detection, assessment and management and referral of imported EVD cases
	In collaboration with respective councils, relocate and deploy human resource to the PoE that lack health staff Kasesya, Kasanga, and Kigoma PoE
	Engagement of different media and transport agency to convey messages on EVD to travelers for DRC
COORDINATION:	**Mitigation measures**
EVD cases importation	Secure resources for EVD preparedness and response
	Monthly cross-sectoral syndication and coordination meetings. Monthly Update of the EVD Key Performance Indicators
	Availability of equipment and supplies for PHEOC to facilitate video Teleconference & Operations
	Updated EVD/Marburg contingency plan
RISK COMMUNICATION AND SOCIAL MOBILISATION	**Mitigation measures**
Community panic towards importation of EVD	Finalize EVD Risk communication guidelines and strategy to standardize community engagement and risk communication techniques
	Develop a communication plan to identify the channels of communication, responsible persons, messaging and timing.
	Advocacy and sensitization messages developed and pretested.
	Address personal behaviors and socio-cultural factors that influence transmission
Spread of EVD infection	Mobilize community mobilizers for community sensitization and awareness
	Conduct community awareness campaign to increase awareness and encourage adoption of preventive behaviors and actions
	Develop material for social and behavior change communication
	Intensify message and materials dissemination through media mix
	Train spokespersons at all levels and set up regular media briefings

5.3 Preparedness and Response Strategy

As described in the risk assessment, preparedness measures are important to ensure readiness to deal with EVD in the country. Preparedness measures that have been suggested are geared at improving capacity to respond to EVD with the ultimate reduction of its impact in case an EVD case is imported. The preparedness measures vary with the identified health risks that determine response needs to be addressed by the country. The health risks that have been identified include: EVD imported cases, High transmission and spread of EVD infection as well as psychological trauma and fear, other risks include public panic and deaths due to EVD. The response needs for each health risks have been outlined as well as preparedness measures that are suggested for the respective response needs as shown in table 2

Table 4: Response Needs and Preparedness Measures for EVD Health Risks

COORDINATION:		
Health Risk	**Response need**	**Preparedness measure**
EVD imported cases	Coordinate and monitor response activities	Conduct working session to finalize and disseminate ERP
		Conduct working session to review PHEOC SOPs
		Conduct donor mapping
		Advocacy and sensitization to influential people at all levels.
		Conduct Table top Simex after finalization of ERP
		Conduct functional simulation exercise for PHEOC
		Conduct orientations of revised operational documents to high risk 8 regions (ERP & its contingency plans, PHEOC SOPs including Sensitization & orientation of Sub-National Authorities about PHEOC
	EVD Outbreak response plan	Update EVD contingency plan and disseminate at all levels
		Identify burial ground
		Develop ToRs & SOPs for RRT in response to potential EVD cases
	Supportive supervision for response activities	Develop ToRs and checklist for supervision at National & subnational level
	Vaccination of responders	Principal investigator and the good Clinical Practice team Availability National interest and Political Willingness

RAPID RESPONSE TEAMS		
Imported EVD Cases	Deployment of EVD RRT	Train RRT TOT at National level on EVD response
		Conduct training of RRT at the regional level with priority to high-risk regions
	Rapid Risk/need Assessment conducted by RRT	Conduct a simulation exercise for RRT within 60 days if no EVD case
		Train multi-disciplinary RRT teams and update inventory, ToR at National & subnational level
	Provide EVD RRT GO kit	Develop a list of items in GO kit for RRT
		Develop and print Rapid Risk Assessment Manual
	Operational & Staff welfare support	Develop operational budget
		Advocate for a revisit of Workers Compensation Fund in relation to high-risk assignments
	Provide risk allowance for EVD responders conducting high-risk assignments	Advocate for risk allowance for EVD responders conducting high-risk assignments
	Adequate resources for response	Advocate for an increase in the emergency contingency fund and timely emergency fund release procedures
	Provide basic welfare needs for ETC	Develop resource mobilization package/strategy
PSYCHOSOCIAL SUPPORT:		
Health Risk	**Response need**	**Preparedness measure**
Psychosocial trauma and fear among survivors, individual families and community	PSS services to responders and affected families, community and during burial	Finalize, Print, and dissemination PSS guideline,
		Identify and train a team of PSS service providers and volunteers at the National level and high-risk Regions
		Map peer support groups, volunteers, and stakeholders that can support families during response in the community at high-risk regions
		Assessment of community needs
		Prepare a list of items for the package with material support (food and non-food items) for EVD survivals and families that lost relatives
		Establish communication linkage between PSS team and other responders contact details (ETC, EOC, Community Mobilizers, nutrition)
EPIDEMIOLOGICAL SURVEILLANCE:		

High transmission of EVD cases	Early detection and reporting of EVD cases	Operationalization of hotline or emergency number to manage alerts
		Train technical experts at the national-level on alert processes and requests for information related to EVD.
		Orient HCWs and IDSR FP at regional and district on use of VHF database, use of EVD case definitions and completing case investigation forms in high-risk regions
		Orient CHW volunteers, NGOs, traditional healers and community leaders on event-based surveillance in high-risk regions.
	Contact tracing	Identify contact **tracing teams** at district and community levels (volunteers, NGOs, traditional healers, and community leaders) and conduct refresher training on contact tracing and identify a local source of contact tracers for all areas
		Print and disseminate contact tracing SOPs, reporting SOPs and simplified case definitions for community use to all regions
POE		
EVD imported case (POE)	Early detection, management, and referral	Train emergency committees at PoE on IPC, detection, assessment, management, and referral of any potential EVD cases
		Orient POE stakeholders (POE users, taxi drivers, service providers, cleaners) on SOP for identification and notification
		Test PoE specific emergency contingency plan (simulation) for ground crossing at high-risk regions
		Provide/arrange reliable standard transport facilities at high-risk PoE
	Proper collection, management and timely reporting of traveler information	Equipped observation/isolation areas at PoE high-risk regions
		Develop a list of items, PPE, cleaning and disinfecting products and sanitizers at PoE.
		Develop a service and maintenance plan for monitoring and data management equipment at PoE
		Develop/review/update and operationalize, print and disseminate a communication SoP between PoE and Local Government Authorities surveillance system for follow-up of travelers from the affected country
		Conduct supportive supervision in collaboration with relevant stakeholders of PoE
		Develop a list of office consumables, 3 photocopier machine, printers, 5 desktop computers walk through 2 thermoscanners and 3 handheld thermoscanners to be supplied at Kasesya, Kasanga, and Kigoma PoE
	Welfare services for responders are available of PoE	Prepare duty roster and budget
		Make an arrangement with different services providers
	Exit screening in place	Develop, print and disseminate SoP for exit screening

RISK COMMUNICATION AND SOCIAL MOBILIZATION:		
Increased panic due to importation of Ebola Case	Community awareness creation on Ebola prevention	Train Mobilizers for sensitization and awareness raising
		Develop message tailored to the targeted audience and disseminate them through media-mix
		Conduct media orientation
		Conduct orientation to Health promotion coordinators and other social mobilization stakeholders at high-risk regions
Spread of Ebola infection in the community.		To conduct the assessment for socio-cultural factors (Myth, attitudes, misconception, beliefs, behaviors, practices etc.) that influence Ebola transmission.
		Develop and implement a communication plan that identifies channels, resource persons and appropriate messages
		Identify existing community social structures that can effectively support community engagement and awareness campaign.
		Conduct monitoring
CASE MANAGEMENT		
EVD case/s in the country	Isolation of EVD patients	Identification and equipping EVD isolation facilities and prepare items for surge capacity
	Provide care and treatment of patients	Development, dissemination, and distribution of EVD guideline and SOPS/job aids for case management
		Formulation, training and equipping teams for case management and ambulance in 8 high-risk regions for each designated ETC
		Develop, plan and implement on job orientation of all health workers at health facilities in high-risk regions on EVD by using regional TOTs
		Conduct a simulation exercise in case management (drill) at Temeke ETC and each of Identified regional Isolation facilities in high-risk regions (8 regions total)
		Conduct operational readiness verification visit at the high-risk region (isolation facilities at regional and district levels, IPC materials including PPE)
	Transportation of EVD patients	Identification of dedicated transportation facilities (vehicle) and SOPs for transportation
	Ensure 24/7 communication between the ETC, EOC and other teams	Develop and maintain contact details with names, phone contacts of other responding teams
	Ensure provision of commodities, supplies, and equipment for EVD case management and IPC	Develop a list of minimum required essential EVD commodities and supplies and stockpile at the identified ETC
	Maintain records of staff and other teams daily rosters for ETC, ambulance, decontamination, burial)	Develop templates of duty rosters of workers at the ETC and templates for reports
	Conduct supportive supervision and mentorship to health workers at the ETCs Develop list/inventory of national technical experts on EVD case management, TOR and checklists.	

Spread of EVD	Practice additional IPC measures for EVD in health facilities and ETC	Development, dissemination, and distribution of EVD – IPC guideline and SOPs
		Prepare a list of waste management facilities in all designated ETC to be procured for designated health facilities
	Conduct decontamination of households and surroundings where patients or death due to EVDs has occurred	Formulation, training and equipping the decontamination teams for isolation facilities, vehicles, and households
		Develop a list of items for decontamination of households to be procured for all high-risk regions
		Identify/arrange transport that will be used by household decontamination teams to be linked with surveillance
	Ensure security at the ETC	Fencing of the ETC or designated health facility
		Arrangement for security services for the ETC
Deaths due to EVD	Provide safe and dignified burial services	Develop SOP for Safe and dignified burials
		Identification and training of burial teams at the risk areas
		Identify and designate transport for burial services of EVD corpses
	Provide equipment and supplies for SDB	Develop a list of minimum required equipment and supplies for burial services and stockpile at the identified high-risk areas
LABORATORY		
Health Risk	**Response Need**	**Preparedness Measure**
Spread of EVD	Early confirmation of EVD case	Identify and Train personnel in Specimen management to be deployed to affected districts during response
		Print and disseminate SOP for EVD sample management
		Relocate more laboratory staff to testing laboratory
	National level to supervise laboratories testing EVD	Develop checklists and TOR for supervision
	Transportation of specimen to testing laboratories	Re-orientation of couriers at all levels
		Prepare a list of required materials for packaging and transportation specimens to be procured and supplied to high-risk regions
	Protection of Laboratory workers against EVD infection	Develop a list of items for protection of laboratory personnel (PPE etc.)
	Sharing of Results	Develop a service and maintenance plan for laboratory equipment
		To prepare and disseminate laboratory line list forms for EVD and report templates

6.0 Action plan

Mitigation and preparedness actions that will be implemented by the country and stakeholders have been detailed in the Action Plan below. The Action plan has indicated resources, responsible institution and estimated cost for each action with the priority implementation schedule for each action as indicated in table 3. Priority number one for immediate activity, Priority number two and three will be implemented within six months time period.

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
COORDINATION							
Risk Mitigation	Secure resources for EVD preparedness and response		1-Mar	1-Aug	Human resources	MOH: EPRS and all subcommittees	15,000
	Monthly cross-sectoral syndication and coordination meetings		18-Mar	18-Aug	Refreshments, Travel Cost Human resource	MOH (EPRS)	4,000
	Strengthen functions of subcommittees at all levels (including involvement of all stakeholders)		18-Mar	18-Aug	Refreshments, Human resource	MOH/PORALG/ all sub committees	0
	Support the PHEOC development in high-risk regions and ensure availability of equipment and supplies for PHEOC \to facilitate video and teleconferencing in 8 High-risk regions		19-Mar	19-Aug	Funds and Human Resource (Experts)	MOH/PORALG/ all Regions	400,000
	Undertaking Mapping of partners (4Ws; where, when, who, what) to establish activities and resources available to support EVD preparedness in high-risk regions		19-Mar	19-Aug	Funds and Human Resource (Experts)	MOH/PORALG/ Regions	0

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Update EVD Checklist and KPIs and Capacity building register on a regular basis and highlight progress and gaps to be filled		19-Mar	19-Aug	Funds and Human Resource (Experts)	MOH/PORALG/ Regions	0
	Conduct orientations of revised operational documents to high risk 2 regions (ERP & it's Contingency Plan, PHEOC SoPs including sensitization & orientation of subnational authorities about PHEOC		18-Jul	18-Aug	Human Resources Working session	MOH/EPRS	20,000
	Update EVD contingency plan and disseminate at all levels		18-Aug	30-Aug	Human Resource	MOH (EPRS)	15,000
	Printing ToRs, Tools & SOPs for RRT in response to potential EVD cases and disseminate in 8 high-risk regions	1	Aug-19	30-Aug-19	Funds for working sessions	MOH (EPRS) / PORALG	10,000
	Identify burial grounds	1	1-Mar	2-Aug	Human Resource	PORALG	0
	Develop ToRs and checklist for supervision at the subnational level	1	Jun-19	July 2019	Funds for working sessions, venue, Human resource	MOH (EPRS) PORALG	10,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Response	Coordinate and monitor response activities	2	Mar-19	August 2019	Funding Human Resource	MOH (EPRS)	10,000
	Review EVD Outbreak response plan	2		August 2019	Funding Human Resource	MOH (EPRS)	5,000
	Develop and print Risk Assessment Manual	1	Mar-19	August 2019	Printing Cost Human resource	MOH (EPRS)	5,000
	Conduct EPR supportive supervision and mentorship to 8 high-risk regions	1	Mar-19	August 2019	Human resource	MOH (EPRS)	30,000
	Contingency fund for responding	1	Mar-19	August 2019	Human Resources , Funds for Transport, DSA,	MOH (EPRS)	300,000
	Conduct simulation exercises (Field)	1	1/3/2019	1/8/2019	Funding Human Resource	MOH (EPRS)	250,000
	Provide EVD RRT GO kit	2	1/4/2019	1/4/2019	Funding Human Resource	MOH (EPRS)	5,000
SUBTOTAL							**1,079,000**
Risk Mitigation	Develop a guideline for the provision of Risk allowance to emergency responders	1	18-Mar	18-Aug	Human Resource Funds for working session	MOH (EPRS) Occupational Health	5,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Enhanced Preparedness	Develop an operational budget for the activities	1	18-Jun	18-Aug	Human Resource Funds for working session	MOH (EPRS)	2,000
	Advocate for a revisit of Workers Compensation Fund in relation to high-risk assignments	2	18-Mar	30-Aug	Human Resource Funds for Advocacy meetings (to the private sector, High-level Government ministries management, PMO, MOF, PORALG, MOH	MOH (EPRS)	2,000
	Advocate for risk allowance for EVD responders conducting high-risk assignments	2	18-Mar	30-Aug	Human Resource meetings with WCF	MOH (EPRS and Occupational Health)	0
	Advocate for an increase in the emergency contingency fund & timely emergency fund release procedures	2	18-Mar	30-Aug	Meetings Human Resource	MOH (EPRS and Occupational Health)	0
	Develop resource mobilization package	1	18-Mar	30-Aug	Consultants fee	MOH (EPRS)	5,000
Response	Advocate for increase in the emergency contingency fund & timely emergency fund release procedures	2	18-Mar	8/30/2019	Meetings Human Resource	MOH (EPRS)	0
	Provide risk allowance for EVD responders conducting high-risk assignments	2	18-Mar	8/30/2019	Financial Human Resource	MOH (EPRS)	30,000
	Provide basic welfare needs for ETC	1	18-Mar	8/30/2019	Financial Human Resource supplies	MOH (EPRS)	30,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Subtotal							**74,000**
TOTAL BUDGET-							**1,153,000**
SURVEILLANCE							
Enhanced Preparedness	Operationalization of hotline or emergency number to manage alerts	1	3/1/2019	8/30/2019	Airtime	MOHCDGEC / Epidemiology section, IHR NFP, PHEOC	5,000
	Orient technical experts at the national level on alert processes and requests for information on EVD	1	3/1/2019	30/8/2019	Human resource Vehicle, fuel, allowances, refreshment, venue, photocopy & printing facilities, stationery	MOHCDGEC / Epidemiology	20,000
	Orient HCWs, Clinicians and IDSR FP at regional and district on use of VHF database, use of EVD case definitions and completing case investigation forms in high-risk regions	1	3/1/2019	30/8/2019	Human resource, Vehicle, fuel, allowances, refreshment, venue, photocopy & printing facilities, stationery	MOHCDGEC in collaboration with TAMISEMI	70,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Orient CHW volunteers, NGOs, traditional healers and community leaders on event-based surveillance in high-risk regions	2	3/1/2019	30/8/2019	Human resource, vehicle, fuel, allowances, refreshment, venue, photocopy & printing facilities, stationery	MOHCDGEC in collaboration with TAMISEMI	50,000
Response	To facilitate CHWs to conduct active case, events searching and reporting to HFs in high risk regions	3	TBD during response	TBD during response	Allowances	MOHCDGEC (Epidemiology section) in collaboration with PORALG	100,000
Contact Tracing							
Enhanced Preparedness	Print and disseminate contact tracing SOPs, reporting SOPs and simplified case definitions for community use to all regions	1	3/1/2019	30/8/2019	Internet, stationery and printing at the district level for community	Epidemiology section	20,000
	Identify contact **tracing teams** at district and community levels (volunteers, NGOs, traditional healers, and community leaders) and conduct refresher training on contact tracing and identify a local source of contact tracers for all high-risk districts	1	3/1/2019	30/8/2019	Human resource, vehicle, fuel, allowances, refreshment, venue, stationery	MOHCDGEC in collaboration with PORALG	50,000
	Conduct working sessions to develop/adopt the Event-based Surveillance(EBS) guidelines	1	10/4/2019	30/07/2019	Human resource, vehicle, fuel, allowances, refreshments, venue, stationaries	MOHCDGEC in collaboration with PORALG, CDC, and WHO	20,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Response	Train contact tracing teams and CHWs at ward and village levels in affected districts	2	3/1/2019	30/8/2019	Human resource, vehicle, fuel, allowances, refreshment, venue, stationeries	MOHCDGEC (Epidemiology section) in collaboration with PORALG	60,000
	Conduct supportive supervision to assess the contact tracing teams at high-risk districts	2	Mar-19	30/8/2019	Human resource, vehicle, fuel, allowances, refreshment, venue, stationery	MOHCDGEC (Epidemiology section) in collaboration with PORALG	30,000
Subtotal							**425,000**
POINTS OF ENTRY							
Risk Mitigation (POE)	Conduct sessions to develop a specific contingency plan for ground crossing and other high-risk PoE (Rukwa, Mbeya, Mwanza & Songwe)	1	Mar-19	Aug-19	Consultancy to lead the development, Human and financial, venue, refreshments, DSA, travel cost, internet connection, fuel	MoH (EHS)	24,000
	Develop travelers health alerts and SoPs for identification, notification, assessment, management, and referral of potential EVD suspect for 6 ground crossing and other high-risk PoEs	1	Mar-19	Jun-19	Consultancy to lead the development, Human and financial, venue, refreshments, DSA, travel cost, internet connection, fuel	MoH (EHS)	20,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Conduct Population movement and connectivity mapping to all high-risk regions in order to characterize common routes and final destination	2	March 2019	Aug-19	Human and financial, venue, refreshments, DSA travel cost, IEC materials	MoH/EHS	70,000
	Procure and distribute 6 ambulances, two ambulance boat to big high-risk PoEs	1	March 2019	Aug-19		MoH/EHS	500,000
	Conduct simulation exercises to test the developed plans at high-risk PoE	1	March 2019	Aug-19	Human and financial, venue, refreshments, DSA travel cost, IEC materials	MOH/EHS	50,000
	Support cross-border surveillance and coordination between EAC countries and DRC through Multisectoral meeting to develop operational procedures for public health information	2	March 2019	Aug-19	Human resources, per diem and conference package	MoH (EHS)	50,000
	Produce and provide a flash/CDs with the video-clips for EVD alert to travelers departing travelers departing to DRC	1	Mar-19	Jun-19	Hire service for production electronic messages and distribution, fuel & extra duty	MoH (EHS)	5,000
	Print 220 copies of contingency plan and 1000 traveler's health alert notes, and 100 SOPs Handbook for PoE	1	Mar-19	Jul-19	Financial resource Banners, leaflets, handbooks, and contingency plan for ground crossing	MoH (EHS)	6,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Conduct meeting with different media and transport agency to convey messages on EVD travelers for DRC	2	Mar-19	Aug-19	Human and financial, venue, refreshments, DSA travel cost, IEC materials	MoH/EHS	2,000
Enhanced Preparedness	Conduct 3 zonal training sessions to PoE emergency committees and Port health staff for the dissemination of the contingency plan and SoPs to 6 ground crossings and other high-risk PoEs	1	Mar-19	Aug-19	Human and financial, venue, refreshments, DSA travel cost, IEC materials, surveillance forms, training handouts, required guidelines	MoH/EHS	57,000
	Conduct orientation sessions to PoE stakeholders (PoE users, service providers, cleaners, taxi drivers, ground handlers etc.) for identification and notification of EVD case	1	Mar-19	Aug-19	Human and financial, venue, refreshments, DSA travel cost, fuel, IEC materials, training handouts, SOPs for identification and notification	MoH (EHS)	21,000
	Procure, install and equip 25 medical tents for the temporary holding facility at PoEs	1	Mar-19	Aug-19		MoH (EHS)/MSD	150,000
	Develop service and maintenance plan for surveillance and monitoring of data management facilities at PoEs	2	Mar-19	Aug-19	Human resource, venue, refreshment, DSA, fuel, travel cost,	MoH (EHS)	2,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Procurement of 9 walkthrough thermoscanners and 60 handhelds at high-risk PoEs	2	1-Mar	18-Aug	Financial	MoH (EHD)/ WHO	250,000
	Print and disseminate a communication SoPs between PoEs and Local Authority for follow-up of travelers from the affected country	1	Mar-19	Aug-19	Human and financial, venue, refreshments, DSA travel cost, IEC materials	MoH (EHS)	15,000
	Conduct joint supportive supervision	2	Mar-19	Aug-19	Fuel, vehicles, human and financial resources	MoH/EHS/WHO	30,000
Response	Print and disseminate SoPs for exit screening	3	Mar-19	Jan-19	Human and financial, venue, refreshments, DSA, travel cost, fuel, internet connection	MoH/EHS	10,000
	Recruit and train 15 volunteers to screen any potential EVD cases at high-risk regions	2	1/3/2019	1/8/2019	Incentive, risk allowance	MoH (EHS and DAHRM)	30,000
	The budget for welfare and protection of POE responders	2			financial resources	MoH (EHS and DAHRM)	20,000
Subtotal							**1,312,000**

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
LABORATORY							
Risk Mitigation	Training of laboratory personnel on Universal precautions and additional IPC measures for EVD and on specimen management to laboratory personnel and other HCW	1	3/1/2019	August 2019	Budgeting, Facilitators, and Participants	MOHCDGEC (NHLQATC)	30,000
	Training of laboratory personnel on Universal precautions and additional IPC measures for EVD and on specimen management to laboratory personnel and other HCW at district level	1	1/3/2019	1/8/2019	Budgeting, Facilitators and Participants	MOHCDGEC (NHLQATC)	25,000
	Train and sensitize local couriers and implementing partners capable of transporting specimen immediately from district level to regional level	1	3/1/2019	8/30/2019	Budgeting, Facilitators and Participants	MOHCDGEC (NHLQATC)	20,000
	Disseminate SOP for EVD sample management	2	Mar-19	Aug-19	Procurement funding	MOHCDGEC (NHLQATC)	5,000
	Relocate more	2	Mar-19	Aug-19	Budgeting and HRH	MOHCDGEC (NHLQATC)	15,000
	laboratory staff to testing laboratories		Mar-19	Aug-19		MOHCDGEC (NHLQATC)	
	Develop Checklist and TOR for supervision	1	Mar-19	Aug-19	Meeting package	MOHCDGE (NHLQATC)/ TFDA/TRA	4,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Train and sensitize local couriers and implementing partners capable of transporting specimen immediately from district level to regional level	1	Mar-19	Aug-19	Budgeting, Facilitators and Participants	MOHCDGEC/ NHLQATC/ TCAA	20,000
	Facilitate operations of vehicles for specimen transportation at Regional and District in high-risk regions	2	April, 2019	August, 2019	Specimens referral funding	MOHCDGEC (NHLQATC)/PO-LARG	30,000
	Prepare list of required materials for packaging and transportation of specimen	1	Mar-19	Aug-19	Logistics	MOHCDGEC	
	Perform service and maintenance plan for laboratory equipment	1	March, 2019	Aug, 2019	Budgeting operational funds	MOHCDGEC (NHLQATC)/PO-RALG	25,000
	Design and implement 24/7 on call allowance shifts for the Lab Staff at Testing Laboratories	1	March, 2019	Aug, 2019	Budget for Overtime and HRH, vehicles	MOHCDGEC (NHLQATC)	25,000
TOTAL-LABORATORY							**199,000**

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
PSYCHOSOCIAL SUPPORT							
Enhanced Preparedness	Finalize, Print, and dissemination of Psychosocial Support (PSS) guideline	2	Mar-19	Aug-19	Human and financial, venue, refreshments, travel cost, Required guidelines, Printing	Consultant PSS Experts, UNICEF, Save the Children	20,000
	Identify and train a team of PSS service providers and volunteers at the National level and high-risk Regions and districts	1	Mar-19	Sep-19	Human resource, vehicle, fuel, allowances, refreshment, venue, photocopy & printing training materials, and required draft guidelines stationery	PSS Experts in the MOHCDGEC in collaboration with PORALG Volunteers from high-risk Regions & Districts, UNICEF, Save the Children	50,000
	Map peer support groups, volunteers, and stakeholders that can support families during response in the community at high-risk regions	2	Mar-19	Aug-19	Human resource, vehicle, fuel, allowances, refreshment, venue, photocopy & printing facilities, stationery	PSS Experts in the MOHCDGEC in collaboration with PORALG Volunteers from high-risk Regions & Districts, UNICEF, Save the Children	2,500

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Assessment of community needs	3	Aug-19	Aug-19	Human resource, vehicle, fuel, allowance refreshment, venue, photocopy & printing facilities, stationery	PSS Experts MOHCDGEC in collaboration with TAMISEMI, Volunteers, Community leaders from high-risk Regions & Districts, UNICEF, Save the Children	20,000
	Prepare a list of items for the package with material support (food and non-food items) for EVD survivors and families that have lost relatives	4	Mar-19	Aug-19	Human resource, vehicle, fuel, allowances, refreshment, venue, photocopy & printing facilities, stationery	PSS Experts in the MOHCDGEC in collaboration with PORALG Volunteers, Community leaders from high-risk Regions & Districts, stakeholders	2,000
	Advocate for Psychosocial team to be included in the supervision team	2	3/1/2019	8/30/2019			3,000
	Establish communication linkage between PSS team and other responders contact details (ETC, EOC, Community	2	Mar-19	Aug-19	Human resource,	PSS Experts MOHCDGEC in collaboration with PORALG Volunteers, Community leaders from high-risk Regions & Districts, UNICEF, Save the Children	0

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
TOTAL PSS							**97,500**
CASE MANAGEMENT/IPC/BURIAL							
Risk Mitigation	Establish and keep database of names of identified facilities to serve as the ETU (Location, names of facilities, number of beds and mobile phone)	1	3/1/2019	30th August,	human, stationary, internet, communication	MOH - EPRS	1,500
Enhanced Preparedness			3/1/2019	8/30/2019	Training materials, Human resource, financial resources	MOHCDGEC - DHQA (HSIQAS, EPRS)	40,000
	Conduct orientation/training to decontamination teams in 8 high-risk regions for facilities and households	1					
	Conduct orientation/training on and EVD Case Management and IPC to health workers from health facilities in 8 high-risk regions and develop regional case management teams (40 Per region)	1	2018	15-Aug-19	Training materials, Human resource, financial resources	MOHCDGEC - DHQA (HSIQAS, EPRS)	50,000
	Support regions and districts to conduct training to high-risk districts on case management and IPC to teams at the district level (50 per district 4 district in each high-risk region (1600 personnel)	1	15-Mar-19	30-Aug-19	Financial, experts/human	MOHCDGEC, RAS offices, PORALG	30,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	• On-site visits to ongoing constructions • Review /revise blueprints of ETC constructions (meetings with engineers and stakeholders • Hire engineer consultant to develop the revised drawing	1	15-Mar-19	30-Aug-19	stationaries, Human resource, financial resources	MOH	15,000
	Printing, distribute and disseminate EVD case management and EVD - IPC guidelines and SOPs	1	3/1/2019	8/30/2019	financial, human	MOH - EPRS, Procurement	10,000
	Equip decontamination teams for isolation facilities and households (from the group trained on IPC)		3/1/2019	8/30/2019	human, decontamination supplies, finance	MOHCDGEC (EHSS, HSIQAS)	15,000
	Conduct operational readiness verification visit at the high-risk region (isolation facilities at regional and district levels, IPC materials including PPE)	1	3/1/2019	8/30/2019	human, financial, demonstration materials, fuel, training materials	MOH - EPRS	20,000
	Prepare materials for surge capacity for Isolation centers in 8 high-risk regions (Tents, beds, linen, furniture) for each high-risk region	2	3/1/2019	8/30/2019	financial,	MOH Procurement LGAs	50,000
	Conduct a simulation exercise to test case management (drill) in Temeke ETU and each of Identified regional Isolation facilities in high-risk regions (8 regions total)	2	3/1/2019	8/30/2019	human, financial, demonstration materials, fuel, training materials, IPC materials	MOH, RMOs	20,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Procure and provide mobile phones for 24/7 use at the ETU for communication with EOC and other teams on EVD cases	1	3/1/2019	8/30/2019	financial resources	MOH - Procurement	1,800
	Designate ambulances for transporting EVD suspected cases in each of the 8 high-risk regions	1	3/1/2019	8/30/2019	vehicles	MOH - EPRS, RMOS	0
	Conduct training to national Rapid Deployable Teams ON Case Management and IPC, develop a database of national technical experts	1	3/1/2019	8/30/2019	experts	MOH -EPRS, RMOS	30,000
	Develop/adapt SOPs for Safe and dignified burials	1	3/1/2019	8/30/2019	stationaries, materials human resources	MOH - EHSS	5,000
	Identify and train one burial team for each of the 8 high risk regions (10 in each region)	1	1-Mar	8/30/2019	human, financial, material	MOH - EHSS	30,000
	Designate a vehicle for burial teams for each of 8 high-risk regions	1	1-Mar	8/30/2019	vehicles	MOH- EPRS, RMOs	0
	Equip Temeke Ebola Treatment center	2	3/1/2019	8/30/2019	Financial	MOH - Logistics (procurement, Pharmacy)	10,000
	Advocate for Construction of standard Ebola Isolation in 3 high-risk regions (Kigoma, Mbeya, and Kagera)	3	3/1/2019	8/30/2019	Financial	MOH, PORALG, RMO	600,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
	Identify appropriate area for the establishment of ETUs	1	3/1/2019	8/30/2019	Human, Infrastructure	MOH, PORALG	0
Response	Communication cost for ETU, health facilities, decontamination teams and ambulance teams	1	3/1/2019	8/30/2019	financial	MOH, RMOs	5,000
	Ensure security at the ETC	1	3/1/2019	8/30/2019	financial, human	RMOs	5,000
	National team to provide	1	3/1/2019	8/30/2019	financial, human	MOH- EPRS,	7,000
	Technical/supervision support to the ETU						
CASE MGT-TOTAL							**945,300**
SOCIAL MOBILIZATION AND RISK COMMUNICATION							
Risk Mitigation	Print and disseminate EVD Risk communication guideline and strategy	1	3/1/2019	continuous up to end of the threat	Human resource, Funds, materials	SocMob, Partners (DP)	20,000
	Develop a communication plan to identify channels of communication, responsible persons, messaging and timing.	1	3/1/2019	continuous up to end of the threat	Human resource, Funds, Transport	SocMob, partners	5,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Enhanced Preparedness	Mobilize and Orient community mobilizers in 22 high-risk districts	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	SocMob, SW, Partners, research, academic institutions	50,000
	Conduct anthropological assessment for socio-cultural factors (myth, misconception, attitude, behaviors, practice etc.)	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	SocMob, Partners	16,000
	Translate IEC materials in Swahili, English, and French	1	3/1/2019	End of Dec	Human resource, Funds, Transport	SocMob, Partners	10,000
	Conduct training for health promotion coordinators at the district level within 22 high-risk districts	1	3/1/2019	8/30/2019			22,000
	Orient spokespersons at all levels	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	SocMob	9,000
	Assess community social structure to support risk awareness creating	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	MoH, WHO, Mass media	500

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Response	Conduct community awareness campaign on Ebola Virus Disease in 6 high-risk regions.	2	3/1/2019	8/30/2019	Funds and Human resource	MoH, Partners	50,000
	Engage community mobilisers (CHW, influential people, leaders, schools etc.)	2	3/1/2019	8/30/2019	Human resource, Funds, Transport	MoH, WHO.	40,000
			June				
	Review/develop, print and distribute IEC materials for socio-behavioral change and communication to be used for health education, community sensitization, and awareness creation	2	3/1/2019	8/30/2019	Human resource, Funds, Transport	SocMob, partners, research, academic	51,000
	Establish social mobilization and risk communication networking	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	socMob, partners,	500
	Disseminate tailored message to a targeted audience and disseminate them through media-mix	1	3/1/2019	8/30/2019	Human resource, Funds, Transport	socMob, partners,	20,000
RISK COM-TOTAL							**294,000**
LOGISTICS							

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Enhanced Preparedness	Build capacity of the human resource on emergency logistics	2	19-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	30,000
	Procurement of heavy duty PPE's,	2	20-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	300,000
	Procurement of Chlorine tablets	2	21-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	68,000
	Procurement of gloves	2	22-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	30,000
	Procurement of Hand Sanitizer	2	23-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	20,000
	Procurement of nutritional items and other food supplements(Food cost)	2	30-Mar-19	Sep-19	Fund, Human resource	MOHCDGEC &WFP	150,000
	Supervision and Monitoring	2	23-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC	10,000
	Development and Printing , Guidelines, SoPs & Tool for food and nutrition during an outbreak	2	3/1/2019	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC, WFP	30,000
	Development of SoPs for structural support and maintenance	1	24-Mar	August, 2019	Funds (per diem, transport, stationaries & communication	WHO, WB & MoHCDEC, WFP	10,000

Objectives	Activity	Priority	Start Date	End Date	Resources needed	Responsible Institution/ staff	Estimated cost (USD)
Response	Building capacity of the team including logistic drivers	2	25-Mar		Funds (per diem, transport, stationaries & communication		77,000
	Delivery of essential EVD items	3	27-Mar		Funds (per diem, transport, communication		20,000
	Discharge package	3	28-Mar		Funds		15,000
TOTAL LOGISTIC							**760,000**
GRAND TOTAL							**5,185,800**

7.0 Testing the Operational Readiness and Maintaining the Contingency Plan

Upon implementation of the identified mitigation and preparedness actions that have been outlined in the plan, it is expected that the country capacity to mitigate EVD importation as well as to respond to an EVD epidemic will be improved. However, conducting simulation exercises to test country capacity in different operational or technical functions is of paramount importance. Table 4 below summarizes plan for testing the country's capacities for different technical functions through simulation exercises

Test calendar

Date	Objective of test	Type of exercise	Responsible staff	Participants
March 2019	To test the application of All Hazard Emergency Response Plan to respond to EVD epidemic (Plans and Procedures for response coordination)	Tabletop simulation exercise	MOHCDGEC _- EPRS (Coordination of exercise)	MOH, National, regional and district level including POE, Laboratory and ETC, WHO and other relevant UN organizations, Development Partners, High learning and research institutions
	To test the capacity of PHEOC to facilitate response coordination using IMS	Functional Simulation exercise	MOHCDGEC-EPRS	MOHCDGEC-National level departments PHEOC, WHO/Partners
	Test operational response capacity	Full-scale exercise in one of the high-risk regions	MOH and Respective region	National, regional, district level including POE and ETC

8.0 Annexes

8.1 References

1. All Hazard Public Health Emergency Response Plan 2018
2. National EVD Contingency Plan June – December 2018
3. PHEOC SOP 2016
4. Joint Assessment Mission Report of Tanzania Country Operational Readiness for EVD response, January 2019
5. Terms of Reference for National Task Force on Public Health Emergencies
6. WHO template for Emergency Contingency Plans

Notes: