The United Republic of Tanzania

MINISTRY OF HEALTH

NATIONAL BUNDIBUGYO VIRUS DISEASE (BVD) CONTINGENCY PLAN

JUNE 2026

THE UNITED REPUBLIC OF TANZANIA

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FOREWORD

Bundibugyo Virus Disease (BVD), a species of the Ebola virus, is a severe, highly infectious viral haemorrhagic disease associated with high mortality and significant health, social, and economic consequences. The disease spreads through direct contact with infected body fluids, contaminated materials, infected animals, or unsafe handling of deceased persons. Recent outbreaks in the Democratic Republic of the Congo (DRC) in Ituri Province, the eastern DRC and Uganda in May 2026 (which was linked to the DRC) have heightened the risk of cross-border transmission to neighbouring countries, including Tanzania.

Tanzania remains vulnerable to Ebola due to increasing cross-border movement, trade, travel, porous borders, urbanization, refugee movements, and interactions between humans, animals, and the environment. Recognizing these risks, the Government of the United Republic of Tanzania, through the Ministry of Health and in collaboration with the World Health Organization (WHO), Africa CDC, and other partners, conducted national preparedness assessments to identify strengths, gaps, and priority actions

The findings informed the development of this National Bundibugyo Virus Disease Contingency Plan. The plan provides a comprehensive framework to strengthen surveillance, laboratory systems, case management, infection prevention and control, risk communication and community engagement, logistics and supply chain management, emergency coordination, safe and dignified burials, screening at points of entry, psychosocial support, and continuity of essential services. It also outlines mechanisms for effective mobilization and utilization of human, financial, and material resources during an outbreak.

Beyond serving as a preparedness tool, the Contingency Plan reinforces Tanzania's national resilience by protecting public health, strengthening health security, safeguarding economic stability, preserving tourism and trade, and maintaining investor confidence. It is aligned with the International Health Regulations (2005) and incorporates lessons learned from the COVID-19 pandemic, emphasizing the importance of early preparedness, coordinated leadership, community engagement, protection of frontline health workers, and uninterrupted delivery of essential health services.

The Government reaffirms its commitment to implementing the Plan through sustained political, technical, administrative, and financial support, while strengthening collaboration with development partners, international organizations, civil society, academia, the private sector, and communities to protect the health and wellbeing of all Tanzanians.

Dr. Grace E. Magembe
PERMANENT SECRETARY

ACKNOWLEDGEMENTS

The Ministry of Health of the United Republic of Tanzania expresses its sincere appreciation to all institutions, organizations, and individuals whose commitment, expertise, and collaboration contributed to the development of this National Bundibugyo Virus Disease (BVD) Contingency Plan.

Special recognition is extended to the technical teams from the Ministry of Health, including the Emergency Preparedness and Response Unit, the National Public Health Emergency Operations Centre (NPHEOC), the National Health Laboratory, and various technical departments and programmes whose valuable inputs and experiences informed the development of this plan.

The Ministry acknowledges the invaluable technical and financial support provided by the World Health Organization (WHO), whose continued partnership and guidance have significantly strengthened Tanzania's capacity for preparedness and response to public health emergencies. Appreciation is also extended to the Africa Centres for Disease Control and Prevention (Africa CDC), the United Nations agencies, development partners, academic and research institutions, civil society organizations, humanitarian agencies, and the private sector for their continued support towards strengthening national health security.

The Ministry further appreciates the contributions of the Prime Minister's Office – Regional Administration and Local Government (PMO-RALG), the Prime Minister's Office responsible for Disaster Management, sector ministries, regional and local government authorities, points of entry authorities, security organs, and all stakeholders whose participation enriched the planning process and reinforced the multisectoral approach required for effective preparedness and response.

The development of this contingency plan has benefited from lessons learned from previous outbreaks of Ebola Virus Disease, Marburg Virus Disease, COVID-19, and other public health emergencies. These experiences have reinforced the importance of coordinated leadership, timely preparedness, strong surveillance systems, community engagement, and resilient health systems.

The Ministry remains grateful to all partners and stakeholders for their unwavering commitment to safeguarding the health and well-being of the people of Tanzania. Continued collaboration and collective action will be essential to ensuring the successful implementation of this plan and strengthening the country's preparedness and resilience against Bundibugyo Virus Disease and other emerging public health threats.

Dr. Erasto Sylvanus
DIRECTOR OF EMERGENCY PREPAREDNESS
AND RESPONSE UNIT & DESIGNATED INCIDENT MANAGER

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EXECUTIVE SUMMARY

This National Bundibugyo Virus Disease (BVD) Preparedness and Response Contingency Plan was developed to strengthen the capacity of the United Republic of Tanzania to prevent, detect, and respond effectively to Ebola outbreaks and related public health emergencies. The plan was informed by the ongoing Ebola outbreaks reported in the Democratic Republic of the Congo (DRC) and Uganda in May 2026, which have increased the risk of cross-border transmission within the region, including Tanzania. BVD is a severe and highly infectious disease transmitted through contact with infected body fluids, contaminated materials, infected animals, or unsafe burial practices, posing major public health and socioeconomic threats.

Tanzania remains vulnerable due to extensive regional trade and travel, porous borders, urbanization, and population mobility, including refugees and host communities. This contingency plan provides a framework for coordinated preparedness, surveillance, early detection, rapid response, and outbreak containment at national, regional, council, health facility, points of entry, and community levels. Key interventions focus on strengthening surveillance, laboratory systems, case management, infection prevention and control, logistics, risk communication and community engagement, safe and dignified burial practices, psychosocial support, continuation of essential services, emergency coordination, and multisectoral collaboration.

The plan adopts the Incident Management System framework coordinated through the National Public Health Emergency Operations Centre under the Ministry of Health to strengthen leadership, coordination, resource mobilization, and implementation of preparedness and response activities.

These 6 months contingency plan will also guide response following detection of a suspected or confirmed Ebola case, including activation of emergency coordination systems, intensified surveillance and screening at points of entry, rapid readiness assessments, prepositioning of supplies and personal protective equipment (PPE), strengthening laboratory capacity, enhancing community engagement activities. Successful implementation will require sustained political commitment, multisectoral collaboration, technical coordination, and support from development partners, implementing partners and stakeholders to strengthen national health security and protect communities from Ebola and other emerging public health threats.

To strengthen national readiness, the Plan outlines priority investments across all response pillars, supported by a preparedness estimated budget of **TZS 13,476,158,440 (USD 4,849,808).**

ACRONYMS

Africa CDC	Africa Centres for Disease Control and Prevention
BVD	Bundibugyo Virus Disease
CEHS	Community Environmental Health Services
CHMT	Council Health Management Team
CMO	Chief Medical Officer
COVID-19	Coronavirus Disease 2019
DRC	Democratic Republic of Congo
EBS	Event-Based Surveillance
EOC	Emergency Operations Centre
EPRU	Emergency Preparedness and Response Unit
ETC	Ebola Treatment Centre
EVD	Ebola Virus Disease
HCWs	Health Care Workers
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IHR	International Health Regulations
IIMS	Incident Management System
IPC	Infection Prevention and Control
IRC	International Rescue Committee
LGAs	Local Government Authorities
MHPSS	Mental Health and Psychosocial Support
MOH	Ministry of Health
MVD	Marburg Virus Disease
NPHEOC	National Public Health Emergency Operations Centre
PA	Public Address
PHEOC	Public Health Emergency Operations Centre
PMO-RALG	Prime Minister's Office – Regional Administration and Local Government
POE	Point of Entry
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RMO	Regional Medical Officer
RRT	Rapid Response Team
SOPs	Standard Operating Procedures
ToR	Terms of Reference
TZS	Tanzanian Shillings
UNHCR	United Nations High Commissioner for Refugees
USD	United States Dollar
VHF	Viral Haemorrhagic Fever
WFP	World Food Programme
WHO	World Health Organization

1.0 INTRODUCTION

1.1 Background

Ebola Virus Disease (EVD) is a severe and highly infectious haemorrhagic illness caused by Ebolavirus species, first identified in 1976 in the Democratic Republic of Congo (DRC) and Sudan. The Bundibugyo virus, one of five known ebolavirus species, is responsible for rare but severe outbreaks. It first emerged in Uganda in 2007, resulting in over 100 cases and 37 deaths. A subsequent outbreak occurred in the Democratic Republic of Congo (DRC) in 2012, causing 62 cases and 34 deaths. The Bundibugyo virus has a lower untreated fatality rate (25-50%) than the Zaire strain (65-70%).

The current Bundibugyo Virus Disease (BVD) outbreak reported in May 2026 in DRC's Ituri Province, with over 240 suspected cases, 80 deaths, and imported cases in Uganda. This marks the third Bundibugyo strain outbreak, highlighting its re-emergence as a regional threat. Unlike the Zaire strain, Bundibugyo virus has no licensed vaccines or therapeutics; managing this virus relies entirely on public health fundamentals like early detection, strict isolation, and supportive care. Controlling Bundibugyo virus disease depends entirely on strict surveillance, rigorous infection prevention, safe burials, and active community engagement.

An uncontrolled Bundibugyo virus outbreak in Tanzania would result in severe, often fatal haemorrhagic illness, severe breakdown of community health systems, leading to widespread socio-economic instability. This risk would drive cross-border regional instability, disrupt trade and tourism networks and inflict severe, enduring losses on community welfare and survival. A well-coordinated preparedness strategy fundamentally prevent importation, minimizes the scale, duration and impact of an outbreak. The strategy avoids a chaotic emergency reaction into an organized rapid public health response.

1.2 Purpose

This contingency plan aims to strengthen Tanzania's preparedness and readiness to prevent the importation of Bundibugyo Virus Disease and to ensure rapid containment of any suspected or confirmed outbreak. It provides a strategic framework for coordinated public health actions before an outbreak occurs. Specifically, the plan focuses at implementing the strategies for mitigation, preparedness and timely response to BVD case. The plan embraces multisectoral whole of government and whole of society and one health approach to jointly implement interventions at all levels.

1.3 Scope

This is a six-month plan that provides an overarching strategy to enhance readiness for potential BVD outbreak in Tanzania. It provides a framework for implementation of strategic interventions across different technical areas including Coordination, Surveillance, Case management and IPC, PoE, RCCE, logistics, laboratory, Continuity of essential services, research and Vaccination. It also, guide sub-national BVD

contingency plans and streamline national and international stakeholders' efforts at all levels including government sectors, development partners, academic and research institutions, civil society organizations, Faith based organisation, private sector and humanitarian agencies.

1.4 Risk Assessment

With recent BVD outbreak, WHO has categorized Tanzania among the countries at high risk. National rapid risk assessment conducted in Tanzania identified BVD as a significant public health threat. The assessment highlighted the elevated risk of importation due to ongoing outbreaks in neighbouring countries, particularly the Democratic Republic of Congo and Uganda, coupled with extensive cross-border movement and connectivity driven by trade, migration, refuges and social cultural ties. Cross-border connectivity, porous borders, transport corridors, refugee movement, trade activities, Lake Tanganyika interactions, air connectivity, and population mobility patterns determines eleven regions to be at higher risk which include; Arusha, Dar es Salaam, Dodoma, Geita, Kagera, Katavi, Kigoma, Mbeya, Mwanza, Rukwa, and Songwe. However, based on the movement and interaction within the country all remain vulnerable and preparedness intervention should be considered.

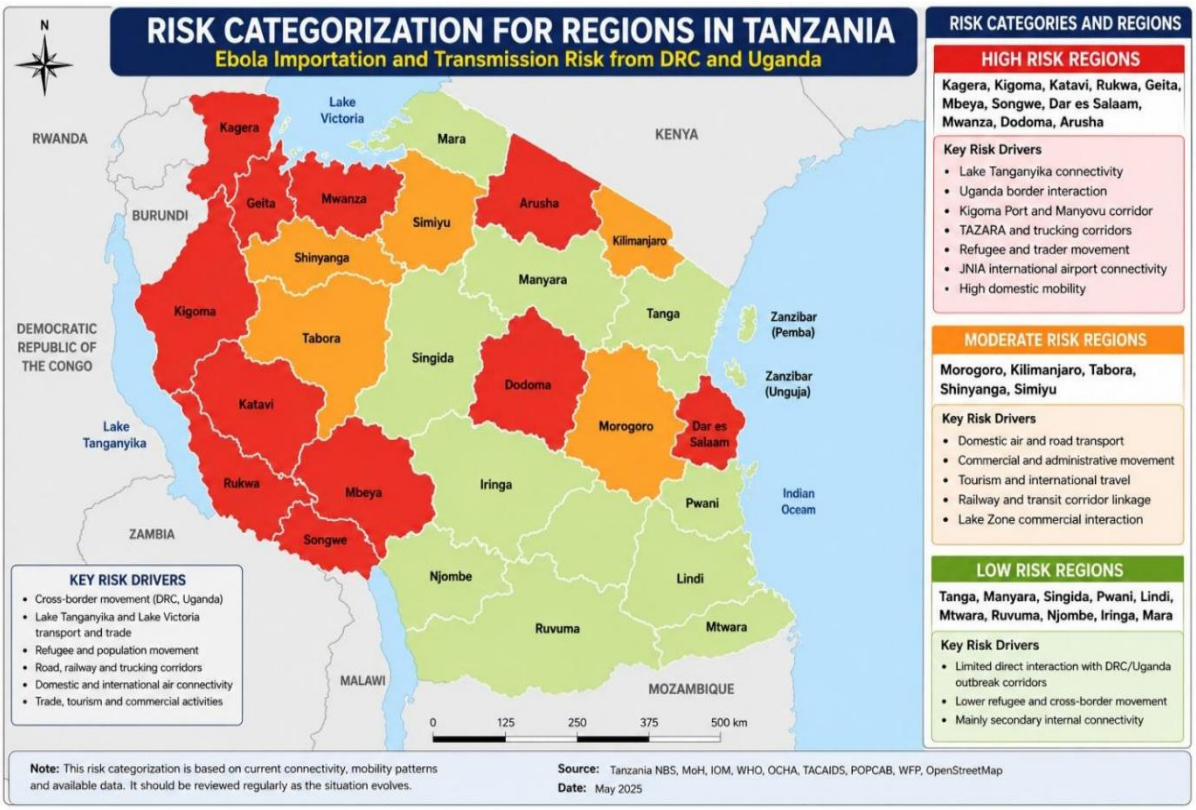

Figure 1: Risk categorization for regions in Tanzania

2.0 COORDINATION FRAMEWORK FOR BVD PREPAREDNESS

2.1 Policy, Legal and Institutional framework

This plan will be implemented in line with the country policies, legislations, strategies and plans that guide public health emergencies and disaster management including National Disaster management policy of 2004 (revised 2025) and Health Policy 2007; National Disaster management Act No 6 of 2022; Public Health Act, 2009; National Disaster Management Strategy (2022-2027) and National Disaster Preparedness and Response Plan of 2022. These instruments provide mandate to the Ministry of Health as a lead sector pertaining to public health emergencies. Therefore, the Ministry responsible for health has developed guidelines to facilitate public health emergency management including National Multi-hazard Public Health Emergency Response Plan (2024) and contingency plans. The Ministry responsible for health will coordinate and collaborate with other sectors and stakeholders to implement this plan using Incident Management System (IMS) at all levels as shown in table 1.

Table 1: The roles and responsibilities of various stakeholders

S/N	MINISTRY, INSTITUTIONS AND AGENCIES	ROLES AND RESPONSIBILITIES
1	PMO	Multisectoral coordination
2	MOH	• Lead sector to public health emergency • Coordinate and implement of preparedness intervention • Monitor and oversee implementation of BVD preparedness according to standards • Resource mobilisation • Develop guidelines, SOPs and tools • Capacity building on BVD readiness capacities • Collaborate with regional, continental and global bodies • Ensure implementation of IHR 2005 as amended in 2024
3	PMO-RALG	• Implementation of BVD preparedness interventions • Ensure availability of isolation, quarantine and treatment Centers • Resource mobilization • Collate, analyse and share information to relevant authorities
4	Ministry of Communication and Information Technology	To contribute to public awareness creation
5	Ministry of Community Development, Gender, Women and Special groups	Disseminate health messages that are gender, equity, right and disabilities responsive Ensure provision of psychosocial support
6	Ministry of Foreign Affairs and East Africa cooperation	• Health diplomacy • Regulation of external support

S/N	MINISTRY, INSTITUTIONS AND AGENCIES	ROLES AND RESPONSIBILITIES
		• Collaborate with regional, continental and global bodies
7	Ministry of Natural Resources and Tourism	• Facilitate implementation and adherence to control measures • Research
8	Ministry of Minerals	Facilitate implementation and adherence to control measures
9	Ministry of Water	Facilitate implementation and adherence to control measures
10	Ministry of Transport	• Implement recommendations from Ministry of Health regarding prevention and control BVD related public measures • Publish travel related public health recommendations (Travel Advisory) to their stakeholders • Support necessary infrastructure, equipment and tools
11	Ministry of Defence	• Facilitate control of porous borders • Support adherence to recommended public health measures
12	Ministry of Home Affairs	• Support adherence to recommended public health measures • Support POE to provide travellers detailed contact information when required • Facilitate isolation and quarantine as recommended by public health authority
13	Ministry of Finance	• Resource mobilization and allocation • Timely disbursement of funds
14	Vice President Office-Environment	• Support adherence to recommended public health measures • Resource mobilisation
15	Prime Minister's Office Labour, Employment and Relations	• Facilitate staff deployment • Support adherence to recommended public health measures at work place
16	Ministry of livestock	• Resource mobilisation • Support research on animal human interface
17	Ministry of Agriculture	• Resource mobilisation • Facilitate food to affected community
18	Academics and Research Institutions	• Provide technical expertise in BVD preparedness related interventions

S/N	MINISTRY, INSTITUTIONS AND AGENCIES	ROLES AND RESPONSIBILITIES
		• Human resource surge support • Research • Capacity building
19	Development Partners	• Provide technical expertise in BVD preparedness related interventions • Collaborate with regional, continental and global bodies • Resource mobilisation
20	United Nation Agencies	• Provide technical expertise in BVD preparedness related interventions • Collaborate with regional, continental and global bodies • Resource mobilisation
21	NGO, CBOS, FBOS and CSOs	• Implementation of activities • Resource mobilisation

2.2 Incident Management Structure

The Ministry responsible for health will establish an Incident Management System (IMS) to coordinate enhanced readiness preparedness interventions and response in case of an outbreak as shown Figure 2.

Figure 2: Tanzania National IMS structure

The IMS functions during BVD preparedness and response in case of a detected case will include Leadership, Operations, Planning, Logistics, and Finance and Administration. These functions will support coordinated decision-making. The IMS

will operate through various pillars including surveillance, case management and infection prevention and control (IPC), laboratory, risk communication and community engagement (RCCE), logistics, points of entry (PoE), WASH, mental health and psychosocial support (MHPSS), continuation of essential services, coordination and research.

The technical pillars will operate across national and subnational levels and will incorporate experts from Government Ministries, Institutions, Departments and Local Government Authorities. The pillars will also take on board experts from development and implementing partners, humanitarian agencies, Private Sector and other stakeholders to ensure coordination and collaboration in planning and implementation of the preparedness interventions as outlined in this plan. The general functions and responsibilities of these technical pillars will be guided by the Terms of Reference (ToR) of the National Task Force Public Health Emergencies in line with the existing national emergency and disasters coordination framework as per Disaster Management Act no.6 of 2022.

3.0 SCENARIO AND PLANNING ASSUMPTIONS

3.1 Scenario

The development of this Contingency Plan is based on the Likely Case Scenario that calls for rapid containment of the case. The scenario refers to the current situation where Tanzania is in a heightened alert phase due to ongoing BVD outbreaks in neighbouring countries, with strengthened surveillance and preparedness measures, especially in border and high-risk regions. In this context, the scenario assumes a suspected imported case is detected early at a point of entry or a rural health facility. Prompt identification by trained health workers triggers immediate reporting, isolation, and laboratory confirmation, followed by activation of response measures including case management, contact tracing, infection prevention and control, and risk communication. Early detection and coordinated response limit transmission to few contacts, preventing sustained community spread and enabling rapid containment within a defined area.

3.2 Planning Assumptions

1. Ongoing EVD outbreaks in neighbouring countries increase the risk of imported cases, especially in border regions and transport corridors.
2. Strong government commitment and existing frameworks (IHR 2005, national plans and guidelines) support public health preparedness and response.
3. Functional multisectoral coordination mechanisms under Prime Minister's Office enable collaboration across key sectors and levels.
4. Development partners provide technical, financial, and surge support, during preparedness and in escalation.
5. The IDSR system and community-based surveillance are operational but vary in performance across regions.
6. Laboratory systems can support safe sample referral and confirmation, though turnaround depends on logistics efficiency.
7. There is mechanism in place for designation of isolation and treatment facilities and mobilization of trained staff, but capacity may be limited during surge demand.
8. IPC systems and WASH infrastructure require strengthening especially in lower-level and rural facilities.
9. Points of entry screening and referral mechanisms are functional at official crossings, with gaps at informal borders.
10. Communities can be effectively engaged through existing RCCE platforms, local leaders, and media, but varying risk perception, misinformation, stigma, and cultural practices may influence health-seeking behaviours and compliance with response measures.

4.0 HEALTH RISKS AND PROPOSED MITIGATION AND ENHANCED PREPAREDNESS STRATEGY

4.1 Health Risks and mitigation strategy

Based on the risk assessment described in section 1.4, Table 2 below is a detailed analysis of health risks and targeted mitigation measures. These measures aim to prevent importation EVD into the country and to prevent its transmission should an imported case occur.

The interventions are organized under key technical pillars and are informed by the findings of risk assessments, lessons learned from previous outbreaks, and recommendations from the International Health Regulations (2005).

Table 2: Health risks and proposed mitigation measures for each technical pillar

Technical Pillar	Key Health Risks	Strategic Mitigation &Preparedness Measures	Responsible Actors
Coordination and Leadership	Inadequate multisectoral coordination and collaboration; disruption of essential services	Activate PHEOC and other coordination mechanisms; strengthen national and subnational coordination;	PMO, MoH, RHMTs/CHMTs, LGAs, WHO, DPs, Other Key Sectors.
Surveillance and Laboratory	Delayed detection and diagnosis; transmission among contacts; cross-border spread	Strengthening IDSR and community surveillance; active case search; rapid/timely reporting; laboratory sample referral and testing; contact listing & tracing	MoH, PMO-RALG, RHMTs/CHMTs, RRTs, CHWs, WHO, CDC, Implementing Partners
Case Management	Limited surge capacity; transmission among patients and caregivers	Pre-identify and equip treatment units; train healthcare workers; establish referral systems; ensure safe isolation and clinical care:	MoH, PMO-RALG, Health Facilities, RHMTs/CHMTs, WHO, MSF, Ips, Private Sector, HCWs

Infection Prevention & Control (IPC)	Healthcare-associated infections	Scale up IPC programs; ensure PPE availability; implement screening & triage and isolation systems; conduct supportive supervision	MoH , Health Facilities, RHMTs/CHMTs, WHO, UNICEF, IPs, HCWs
Risk Communication & Community Engagement	Misinformation, stigma, weak community compliance; psychosocial impacts	Implement RCCE strategies; rumor tracking; community sensitization; engage leaders; provide mental health support	MoH LGAs, CHWs, Media, UNICEF, WHO, NGOs, Ministry of Education, Religious leaders and other community groups
WASH and Safe and Dignified Burials	Unsafe burial practices	Train and deploy burial teams; develop culturally sensitive burial protocols; engage religious/community leaders	MoH, LGAs, Red Cross, Community Leaders, UNICEF, WHO
Points of Entry (PoE) & Cross-border Coordination	Importation risk; population mobility	Strengthening PoE screening and referral systems; enhance cross-border collaboration; surveillance at borders and informal crossings	MoH (Port Health), Immigration, Security Agencies, EAC, WHO
Logistics & Supply Chain	Supply chain disruptions; shortage of PPE and supplies	Pre-position supplies; strengthen procurement and stock monitoring; establish emergency supply mechanisms and distribution systems	MSD, MoH (Logistics Unit), Prime Vendor, WHO, UNICEF, WFP
Essential Health Services	Disruption of essential services	maintain continuity plans for essential services	MOH, PMORALG, LGAs

4.2 Preparedness Strategy

Effective preparedness for Bundibugyo Virus Disease requires a proactive, coordinated, and risk informed approach that strengthens national and subnational capacities ahead of an outbreak. This includes enhancing surveillance and early warning systems, ensuring rapid detection and response, protecting health workers, and fostering community trust to support timely reporting. It also emphasizes strong logistics and supply chain systems, alongside effective infection prevention and control (IPC) measures as well as capacity for isolation and treatment of cases. Given the high transmissibility and severe impact of BVD, this plan adopts

a multisectoral approach to enable coordinated action for early detection and rapid response.

The following section outlines key preparedness strategic objectives and respective interventions aimed at preventing importation, reducing transmission, and ensuring a swift and effective response in the event of a confirmed case of Ebola Virus Disease. The interventions are organized by technical pillar to facilitate effective coordination, planning, and resource mobilization. Where appropriate the implementation will adopt an integrated approach that promotes collaboration across pillars at all levels, ensuring that cross-cutting actions are addressed and resources are utilized efficiently and effectively.

4.2.1. Surveillance and early warning

Strategic Objective

Strengthening surveillance and early warning systems for timely detection, reporting, and response to Ebola Virus Disease by enhancing case detection, contact tracing, and alert verification capacities at both community and health facility levels, with a focus on high-risk regions

Activities

1. Conduct orientation on electronic Event Based Surveillance for EVD and other signals detection and reporting targeting traditional healers, community leaders, and bodaboda etc.in Mbeya, Kigoma, Dar es laam and Arusha regions
2. Finalize and train surveillance teams on the electronic outbreak management module (OMM)
3. Conduct onsite capacity building involving assessing EVD functionality of the surveillance systems for EVD to regional, districts, clinicians, surveillance officers and CHWs in communities with porous borders in Kigoma, Katavi and Rukwa regions
4. To conduct follow up of high-risk travelers for 21 days for three months.
5. To conduct active case and death search at the community and facility level at 6 high risk regions (Dar es salaam, Kagera, Kigoma, Katavi, Songwe, Rukwa
6. To conduct sensitization on EVD case detection and reporting at the community level to local leaders and CHWs at porous borders in 5 at high-risk regions Kigoma, Kagera, Katavi, Rukwa and Songwe
7. Distribute EVD surveillance and contact tracing tools to facilities and CHWs in all 26 regions
8. Revise case definition and contact tracing forms and distribution to all 26 regions (Soft copy)
9. Virtual Refresher training to HCW on case detection, case definition, contact tracking and reporting protocol in all 26 regions

4.2.2. Laboratory and diagnostics

Strategic Objective

Strengthen laboratory capacity for EVD preparedness through improved diagnostics, biosafety, and timely case confirmation to support rapid response and containment.

Activities

1. Conduct Equipment Services, Calibrations and Preventive Maintenance for 6 Biorad machine and 3 Biosafety cabinet

2. Deploy 10 Laboratory professionals for RT-PCR strengthening on VHF testing at Kabyaile and Kigoma Mobile laboratory
3. Conduct scale-up training on VHF sample management to Laboratory personnel at the council level
4. Conduct regular simulation exercises at regional and council levels to improve preparedness and response capacity.
5. Procure RT-PCR reagents for EVD subtyping
6. Conduct need assessment for decentralization of EVD Testing
7. Procure sufficient differential diagnosis RT-PCR kits and essential reagents

4.2.3. Case Management and Infection Prevention and Control

Strategic Objective

Strengthen capacity for timely isolation care of EVD cases, prevention of transmission, and protect healthcare workers and communities.

Activities

1. To conduct assessment for isolation and other IPC measures for BVD management and establish screening in health facilities at 50 high-risk councils
2. Conduct in-depth training and simulation exercises (drills) to case management teams, ambulance teams and decontamination teams in 11 BVD high risk regions and districts.
3. Review/update BVD case management and IPC guideline
4. Procurement of medical supplies, PPE and medicines for BVD critical care management

4.2.4. WASH

Strategic Objective

Enhance WASH systems and safe burial practices in high-risk regions to prevent Ebola virus transmission by improving infrastructure, building capacity, and enforcing infection control in healthcare settings and communities.

Activities

1. Conduct capacity building on Safe Burial and Decontamination practices to burial teams in eleven (11) high risk regions
2. Procure and supply basic WASH equipment and supplies to enhance personal hygiene, decontamination and sanitation
3. Facilitate Regions to carry out Rapid WASH Assessment in High-risk councils, wards and villages at households and institutions to establish access to adequate WASH services for hygiene practices
4. Conduct rehabilitation and installation of essential WASH infrastructure at prioritized high-risk locations designated ETUs.
5. To facilitate Regional and Councils WASH teams to conduct supervision of WASH interventions implementation, distribution of WASH supplies and Promote utilization of WASH facilities for compliance to SOPs, Guidelines in HCFs, Schools, Safe houses, Highway WASH services and community to EVD high-risk Regions

4.2.5. Risk communication and community interventions

Strategic Objective

Strengthen RCCE to increase community's risk perception of EVD by timely improving of community knowledge, awareness and up-to-date prevention measures for effective prevention, early detection, and control f EVD.

Activities

1. Map RCCE stakeholders at all level and keep the database
2. Conduct online RCCE coordination meetings at all levels to mobilize resources and strategize RCCE readiness interventions for EVD
3. Conduct participatory field-based co-creation, production and pretesting of evidence-based multimedia SBC/RCCE content and materials, involving artists, casts, influencers and communities to enhance awareness and promote positive behaviors among the general public and at-risk populations during EVD preparedness and readiness
4. Develop standard talking notes, scripts, message guide, mention, FAQ guide for uniformity and consistency
5. Print and distribute regional and council context based public awareness materials (posters, brochures and other print materials) for the high-risk regions, council and wards
6. Prepare distribution list and contact person for each region and council
7. Procure airtime for dissemination of audio and audio-visual EVD awareness materials through social media, 5 national radio and TV and 5 community media houses in high-risk
8. Conduct media seminars and advocacy to national and subnational media partners (owners, editors, journalist and media experts) to correctly communicate EVD messages, report and respond to community concerns including infodemics about EVD at all levels
9. Prepare and issue regular Press Releases to the public on on-going situation and response measures
10. Conduct national level religious leaders' seminar to advocate for continuous utilization of religious congregation to correctly communicate EVD messages and address rumours
11. Prepare and issue regular press release to the public on ongoing situation and response measures
12. Procure and distribute flash disks to facilitate dissemination of audio and audiovisual spots through transit buses, train, bus stations and HF
13. Conduct high level transportation stakeholders meeting to sensitize and advocate and engage them on EVD public health measures
14. Train experts on dos and don't during live interactive media sessions programs to address stigma and infodemics related to EVD
15. Conduct on-ground community engagement interventions using participatory community theatre, mobile PA, road shows, video and cinema shows at the targeted for collecting and respond to community FAQs in high-risk areas
16. Capacitate and engage representatives of Community groups/social mobilizers and community influentials especially, representatives PWD, women social and economic groups, School health teachers, bodaboda representatives, Traditional Healers, ADDOs, religious leaders, refugee camps, representatives, community leaders and representatives of media houses, CHWs

17. Prepare and facilitate endorsement of mention, letter or notice which has to be read by religious leders and during travel time
18. Facilitate deployment of RCCE experts from national level for advocacy, capacitation, mentorship, coaching and support subnational to implement context based RCCE interventions
19. Conduct extended advocacy PHC (RCCE committees) sensitization meeting at regional level
20. Conduct extended advocacy PHC (RCCE committees) sensitization meeting at council level
21. Capacitate and support operationalization of Afya Call center and social media RCCE taskforce on Infodemics Management SOPs, U-report, Talkwalker to address infodemics and aid clarification of rumors and public concerns related to EVD
22. Conduct implementation research/survey including Social anthropological survey, KAP studies and rapid audience assessment among at risk communities to understand behavioral determinant for EVD threat to inform readiness interventions

4.2.6. Points of Entry

Strategic Objective
Strengthen public health preparedness and response capacities at strategic Points of Entry to prevent the importation and spread of Ebola Virus Disease through early detection, timely isolation, and effective management of suspected cases among travellers.

Actions:

1. To carryout mentorship and supervision of staff including newly recruited to effectively implement enhanced screening and IPC measures (decontamination/disinfection) at high risk PoEs
2. Revitalization of Public health emergency contingency plans to familiarize border emergency committees on roles and responsibilities regarding EVD management at 33 high risk PoEs
3. Support installation of temporary isolation/screening facilities at high risk PoE for containments of EVD cases
4. Support installation of screening booths at high risk PoEs to support enhanced screening
5. Supply IPC materials and equipment to 33 high risk PoEs to enhance infection prevention and control
6. Procure and distribute IT (QR code readers, tablets and laptops) related supplies to support screening to high risk PoEs
7. Support customization of electronic surveillance systems to fit Ebola screening at PoE
8. Customize traveler's related health messages including audio and video clips
9. Supply of 40 Megaphones and 200 flash discs containing EVD messages to conveyance operators and 15 digital display/banners for health information to travelers
10. Support minor repair/maintenance of mass handwashing facilities at Mutukula, Rusumo, Tunduma, and supply of temporary hand washing facilities to 10 PoEs

11. Prepare Population movement mapping report of Kigoma, Kagera, Rukwa and Katavi with connectivity to affected locations in DRC and Uganda to inform strategic areas of control
12. Support calibration of existing thermos scanners
13. Provide refreshments and EDA for staff performing emergency activities in POEs beyond normal working hours.
14. To procure and avail handheld and walkthrough thermal scanners to high risks PoEs with shortage of screening devices
15. Conduct joint cross border meeting to foster collaboration including joint surveillance, investigation and data sharing among neighbouring countries.
16. Conduct sensitization sessions using RING approach among community and security teams to enhance control of porous borders.
17. Conduct onsite mentorship on WASH and IPC among PoE staff to enhance implementation of WASH and IPC measures

4.2.7. Leadership and Coordination

Strategic Objective:
Strengthen leadership and coordination mechanisms at national and sub-national levels to ensure a timely, unified, and effective multi-sectoral readiness and response to Ebola Virus Disease outbreak.

Actions

1. Establish or activate and operationalize PHEOCS and other Coordination Structures to coordinate and monitor implementation of readiness measures at all levels including development of EVD contingency plans at both National & Sub-National levels
2. Conduct joint integrated readiness assessment and supportive supervision to High and moderate Risk Regions (11 regions), Districts, and Communities, targeting to involvement of all thematic/technical areas
3. Conduct RRT Training with focus on EVD for the remaining high-risk regions (Kagera, Rukwa & Mbeya)
4. Facilitate multisectoral coordination by conducting coordination meetings involving heads of all pillars at all levels
5. Conduct TTX at both National and Subnational Level to test plans and SOPs for EVD in all high-risk regions
6. Conduct monitoring and evaluation of the contingency plans at all levels
7. Facilitate high level and stakeholder's advocacy meetings and visits at national level and in high-risk regions

4.2.8. Research

Strategic Objective
To generate and utilize evidence through multidisciplinary research to inform policy, strengthen preparedness and response, and support the development of effective medical countermeasures for Bundibugyo Virus Disease.

Actions

1. To conduct a comprehensive mixed-methods implementation research study in the 11 high-risk regions of to assess knowledge, attitudes, practices (KAP), risk perception, preparedness, care-seeking behaviors, socio-cultural practices influencing Ebola Virus Disease (EVD) transmission, and public trust in the health system among CHWs, healthcare workers and at-risk communities

4.2.9. Operational Support and Logistics

Strategic Objective
Ensure the timely procurement, distribution, and monitoring of essential Ebola Virus Disease supplies by strengthening logistics systems and supply chain coordination.

Actions

1. Procure and distribute PPEs and supplies for all health facilities
2. Budget allocation for the supplies and medicines for EVD critical care management
3. Procure and supply basic WASH and IPC supplies and equipment and distribute them to priority high risk areas.

4.2.10. Mental Health and Psychosocial Support

Strategic Objective
Strengthen mental health and psychosocial support systems for effective EVD preparedness and response by building capacity, enhancing coordination, and preparedness for timely, culturally appropriate, and integrated MHPSS services to EVD-affected people and responders.

Activities
1. Develop standardized MHPSS training package for EVD and Roll out to regional and council teams in 11 regions
2. To develop MHPSS tools for assessment and reporting

4.2.11. Continuity of Essential Health Services

Strategic Objective
Ensure uninterrupted delivery of essential health services in case of Ebola Virus Disease (EVD) outbreak.

Activities
1. Develop and activate a CEHS operational plan as part of IMS; define minimum essential service package to be maintained at national, regional, council and facility levels.

5.0 ACTION PLAN AND BUDGET

Mitigation and preparedness actions proposed to be implemented by the government and stakeholders have been detailed in the Action Plan below. The plan is organized per technical pilar indicating activities and respective cost as outlined in the table 4 Annex 1

The total budget estimated to support implementation of activities in this contingency plan stands at **TSH 13,476,158,440 (USD 4,849,808)** as indicated in the budget summary in the table below

Table 3: Budget summary

S/N	Technical Pillar	Total (Tsh)	Total (USD)
1.	COORDINATION	684,465,000	10,292.59
2.	SURVEILLANCE	1,445,033,000.00	535,197.41
3.	CASE MANAGEMENT AND IPC	2,191,190,000	811,551.85
4.	PoE	4,305,850,000	1,656,096
5.	RCCE	1,220,420,000	452007
6.	LOGISTICS	347,010,000	128,522
7.	WASH	1,722,070,000	658,787.30
8.	LABORATORY	688,371,440	254952
9.	RESEACH	552,340,000	215,757.8
10.	CEHS	268,000,000	99259.26
11.	MHPSS	51,410,000	27,385.19
GRAND TOTAL		**13,476,158,440**	**4,849,808**

6.0 MONITORING AND EVALUATION

6.1 Monitoring and Evaluation Framework

Monitoring and evaluation are essential to ensure effective implementation of preparedness and response interventions under this contingency plan. The Ministry of Health, through the National Public Health Emergency Operations Centre (NPHEOC), shall coordinate routine monitoring of activities and track progress against agreed indicators.

Monitoring will be conducted at national, regional, council, health facility, and community levels using standardized reporting tools and dashboards. Monthly review meetings shall be conducted to assess progress, identify implementation bottlenecks, and recommend corrective actions.

Quarterly implementation reviews and after-action reviews shall be conducted to assess overall preparedness and document lessons learned for continuous improvement.

6.2 Monitoring

The purpose is to track the implementation and performance of the EVD Contingency Plan in real-time, ensuring that readiness activities are carried out as planned and that early corrective actions are taken when gaps are identified. Monitoring will be coordinated through the PHEOCs in collaboration with Regional and Council Health Management Teams (RHMTs and CHMTs), ensuring a seamless flow of information between the subnational and the national level. Monitoring will focus on functionality of coordination mechanisms, surveillance performance, laboratory capacity, case management readiness, IPC implementation, risk communication and community engagement, logistics and supply chain management and cross-border preparedness.

6.3 Evaluation

The evaluation will be based on the achievement of key performance indicators. Outcome evaluation will measure changes in capacity, awareness, and system readiness, that will be live displayed through the dashboard at the PHEOC and shared to leadership and key stake holders.

6.4 Key Performance Indicators

The following indicators will be used to track readiness progress against this contingency plan. Reporting against these indicators will be coordinated through the PHEOC during the implementation period. The Monitoring and Evaluation Framework is shown in table 5 annex 2.

6.5 Testing of the Plan

This contingency plan will be tested through simulation exercises including table-top exercises and drills that mimic real outbreak scenarios, involving key stakeholders across sectors as part of evaluating operational readiness. These activities will assess procedures and capacities in different

technical pillars. Outcomes from these exercises will be documented and identified gaps will guide planning and implementation of improvements, ensuring the plan remains effective and aligned with preparedness standards. It is proposed to test the plan at both national and subnational level

ANNEXES

Annex I:

Table 4: Action Plan and Budget

	SURVEILLANCE		
	ACTIVITIES	**COST (Tsh)**	**COST(USD)**
1	Conduct orientation on electronic Event Based Surveillance for EVD and other signals detection and reporting targeting traditional healers, community leaders, and boda-boda etc.in Mbeya, Kigoma, Dar es salaam and Arusha regions	576,040,000	213,348.1
2	Finalize and training of the electronic outbreak management module (OMM)	134,120,000	49,674.1
3	Conduct physical capacity building involving assessing EVD functionality of the surveillance systems for EVD in Kigoma, Katavi and Rukwa Region to regional, districts, clinicians, surveillance officers and CHWs in communities with porous borders	147,060,000	54,466.6
4	To conduct follow up of high-risk travellers for 21 days for three months.	35,850,000	12,981.4
5	To conduct active case and death search at the community and facility level at 6 high risk regions (Dar es salaam, Kagera, Kigoma, Katavi, Songwe, Rukwa) for 14 days	95,680,000	35,437.1
6	To conduct sensitization on EVD case detection and reporting at the community level to local leaders and CHWs at porous borders in 5 at high-risk regions (Kigoma, Kagera, Katavi, Rukwa and Songwe)	457,083,000	169,290
7	Distribute EVD surveillance and contact tracing tools to facilities and CHWs in all 26 regions	0	0
8	Revise case definition and contact tracing forms and distribution to all 26 regions (Soft copy)	0	0
9	Virtual Refresher training to the HCW on case detection, case definition, contact tracking and reporting protocol in all 26 regions	0	0
SUBTOTAL		**1,445,033,000.00**	**535,197.41**
	LABORATORY		
	ACTIVITIES	**COST (Tsh)**	**COST(USD)**
1	Procure sufficient RT-PCR confirmatory kits and essential reagents	101,250,000	37,500
2	Procure sufficient differential diagnosis RT-PCR kits and essential reagents	270,000,000	100,000
3	Perform service and maintenance for all critical laboratory equipment	9,000,000	3333.33
4	Conduct scale-up training on VHF sample management to Laboratory personnel at the council level	67,320,000	24,933
5	Conduct regular simulation exercises at regional and council levels to improve preparedness and response capacity.	67,320,000	24,933.33

6	Conduct need assessment for Decentralization of EVD Testing	39,481,000	14,622.76
7	To Deployment of mobile Laboratory and 8 Field Staff for EVD Sample Collection and RT-PCR Diagnostic Testing.	134,000,000	51,757.44
	SUBTOTAL	688,371,440	**254,952**
	CASE MANAGEMENT AND IPC		
	ACTIVITIES	**COST (Tsh)**	**COST(USD)**
1	To conduct rapid assessment for isolation and other IPC measures for BVD and establish screening in health facilities at 50 high-risk councils	621,600,000	226,888.89
2	Conduct in-depth training and simulation exercises (drills) to case management teams, ambulance teams and decontamination teams in 11 BVD high risk regions and districts.	267,250,000	98,981.48
3	Review/update BVD case management and IPC guideline	61,340,000	22,719
4	Procurement of medical supplies, PPE and medicines for BVD critical care management	1,250,000,000	462,962
	SUB TOTAL	**2,191,190,000**	**811,551.85**
	WASH		
	Activity	**Total (TZS)**	**Total USD**
1	Conduct capacity building on Safe Burial and Decontamination practices to safe burial teams in eleven (11) high risk regions	399,920,000	148,118.52
2	Procurement and supply basic WASH equipment and supplies to enhance personal hygiene, decontamination and sanitation (Handwashing buckets with elbow operated tap, Hudson sprayers, chlorine powder, burial bags, waste bins, cleaning detergents, Demontfort incinerators).	440,000,000	285,185.19
3	Facilitate Regions to carry out Rapid WASH Assessment in High-risk councils, wards and villages at households and institutions to establish access to adequate WASH services for hygiene practices	268,000,000	99,259.26
4	Conduct rehabilitation and installation of essential WASH infrastructure at prioritized/earmarked ETCs at EVD high risk locations.	500,000,000	191,277.74
5	To facilitate Regional and Councils WASH teams to conduct follow-ups of WASH interventions implementation, distribution of WASH supplies and Promote utilization of WASH facilities for compliance to SOPs, Guidelines in HCFs, Schools, Safe houses, Highway WASH services and community to EVD high-risk Regions	114,150,000	42,277.78
	SUBTOTAL	**1,722,070,000**	**658,787.30**
	RISK COMMUNICATION AND COMMUNITY ENGAGEMENT		
	ACTIVITIES	**COST (Tsh)**	**COST(USD)**
1	Map RCCE stakeholders at all levels and keep the database	-	0
2	Conduct online RCCE coordination meeting at all levers to mobilize resources and strategize RCCE readiness interventions for EVD	-	0
3	Conduct participatory field-based co-creation, production and pretesting of evidence-based multimedia SBC/RCCE content and materials, involving artists, casts, influencers and communities to enhance awareness and promote positive behaviours among the general public and at-risk populations during EVD preparedness and readiness	40,450,000	14981.4815

4	Develop standard talking notes, scripts, message guide, mention, FAQ guide for uniformity and consistency	4,760,000	1,363
5	Print and distribute regional and council context based public awareness materials (posters, brochures and other print materials) for the high-risk regions, council and wards	69,650,000	25796.2963
6	Prepare distribution list and contact person for each region and council	-	0
7	Procure airtime for dissemination of audio and audio-visual EVD awareness materials through social media, 5 national radio and TV and 5 community media houses in high-risk	116,900,000	43296.2963
8	Conduct media seminar and advocacy to national and subnational media partners (owners, editors, journalist and media experts) to correctly communicate EVD messages, report and respond to community concerns including infodemics about EVD at all levels	33,800,000	12518.5185
9	Prepare and issue regular Press Releases to the public on on-going situation and response measures	3,000,000	1111.11111
10	Conduct national level religious leaders' seminar to advocate for continuous utilization of religious congregation to correctly communicate EVD messages and address rumours	32,950,000	12203.7037
11	Prepare and issue regular Press Releases to the public on on-going situation and response measures	3,000,000	1111.11111
12	Procure and distribute flash disks to facilitate dissemination of audio and audiovisual spots through transit buses, train, bus stations and HF	54,315,000	20116.6667
13	Conduct high level transportation stakeholders to sensitize and advocate for their roles and engagement to prevent EVD importation from DRC and Uganda	55,900,000	20703.7037
14	Train experts on dos and don't during live interactive media sessions programs to address stigma and infodemics related to EVD	28,215,000	10450
15	Conduct on-ground community engagement interventions using participatory community theatre, mobile PA, road shows, video and cinema show at the targeted for collecting and respond to community FAQs in high-risk area	174,990,000	64811.1111
16	Capacitate and engage representatives of Community groups/social mobilizers and community influentials especially, representatives PWD, women social and economic groups, School health teachers, boda-boda representatives, Traditional Healers, ADDOs, religious leaders, refugee camps, representatives, community leaders and representatives of media houses, CHWs	406,700,000	150629.63
17	Prepare and facilitate endorsement of mention, letter or notice which has to be read by religious leaders and during travel time	-	0
18	Facilitate deployment of RCCE experts from national level for advocacy, capacitation, mentorship, coaching and support subnational to implement context based RCCE interventions	-	0
19	Conduct extended advocacy PHC (RCCE committees) sensitization meeting at regional level	35,520,000	13155.5556
20	Conduct extended advocacy PHC (RCCE committees) sensitization meeting at council level	136,000,000	50370.3704
21	Capacitate and support operationalization of Afya Call centre and social media RCCE taskforce on Infodemics Management SOPs, U-report, talk walker to address infodemics and aid clarification of rumours and public concerns related to EVD	27,270,000	10100
22	Conduct implementation research/survey including Social anthropological survey, KAP studies and rapid audience assessment among at risk communities to understand behavioural determinant for EVD threat to inform readiness interventions	-	0
SUBTOTAL		**1,220,420,000**	**452,007**

	POINTS OF ENTRY		
	ACTIVITIES	**COST (TSH)**	**COST(USD)**
1	To carryout mentorship and supervision of staff including newly recruited to effectively implement enhanced screening and IPC measures (decontamination/disinfection) at high risk PoEs	**Error! Not a valid link.**	128,362
2	Revitalization of Public health Emergency contingency plans to familiarize Border emergency committee on roles and responsibilities regarding EVD emergency management at 33 high risk PoEs	234,630,000	90,242
3	Support installation of temporary isolation/screening facilities at high risk PoE for containments of EVD cases	240,000,000	92,308
4	Support installation of screening booths at high risk PoEs to support enhanced screening	100,000,000	38,432
5	Supply IPC materials and equipment to 33 high risk PoEs to enhance infection prevention and control	359,630,000	138,319
6	Procure and distribute IT (QR code readers, tablets and laptops) related supply to support screening to high risk PoEs	191,400,000	72,473
7	Support customization of electronic surveillance system to fit Ebola screening at PoE	191,400,000	70,889
8	Customize traveller's related health messages including audio and video clips	100,220,000	38,546
9	Supply of 40 Megaphones and 200 flash discs containing EVD messages to conveyance operators and 15 digital display/banners for health information to travellers	92,000,000	35,385
10	Support minor repair/maintenance of mass handwashing facilities at Mutukula, Rusumo, Tunduma, and supply of temporary hand washing facilities to support 10 PoEs	7,500,000	2,884
11	Prepare Population movement mapping report of Kigoma, Kagera, Rukwa and Katavi with connectivity to affected locations in DRC and Uganda to inform strategic areas of control	15,200,000	5,846
12	Support calibration of existing of thermos canner and procure new ones	195,300,000	75,115
13	Provide refreshments and EDA for staff performing emergency activities beyond normal working hours.	1,341,920,000	516,123
14	To procure and avail handheld and walkthrough thermal scanners to high risks PoEs with shortage of screening devices	440,000,000	169,231
15	Conduct joint cross border meeting to foster collaboration including joint surveillance, investigation and data sharing among neighbouring countries.	120,000,000	46,154
16	Conduct sensitization sessions using RING approach among community and security teams to enhance control of porous borders.	340,380,000	130,915
17	Conduct onsite mentorship on WASH and IPC among PoE staff to enhance implementation of WASH and IPC measures	187,380,000	69,400
	SUBTOTAL	**4,305,850,000**	**1,656,096**
	CEHS		
	ACTIVITIES	**COST (TSH)**	**COST(USD)**
1	Develop and activate a CEHS operational plan as part of IMS; define minimum essential service package to be maintained at national, regional, council and facility levels.	268,000,000	100,000
	SUBTOTAL	**4,305,850,000**	**1,656,096**
	COORDINATION		

	ACTIVITIES	Total (TZS)	Total USD
1	Establish/Activate Coordination Structures to facilitate the implementation of readiness measures at all levels including development of EVD contingency plan at both National & Sub-National level	27,790,000	10,292.59259
2	Conduct joint readiness assessment and supportive supervision to High and moderate Risk Regions (11 regions), Districts, and Communities, targeting to involve all thematic/technical areas	402,435,000	14,9050
3	Conduct RRT Training mainly focusing on EVD Threat for the remaining high-risk regions (Kagera, Rukwa & Mbeya)	211,500,000	78,333.33333
4	Support/facilitate multisectoral coordination by conducting pillar head meeting at all levels	14,950,000	5,537.037037
5	Conduct TTX at both National as well as Subnational Level plans and SOPs for EVD in all high-risk regions	27,790,000	10,292.59259
6	Monitoring and evaluation of the contingency plan	-	-
7	Provide technical support to conduct RRA to identified High & Moderate risk regions to accelerate completion of risk assessments at Regional and council levels	-	-
	SUBTOTAL	**684,465,000**	**10,292.59**
	RESEARCH		
	Activity	**Total (TZS)**	**Total USD**
1	To conduct a comprehensive mixed-methods implementation research study in the 11 high-risk border regions of Tanzania to assess knowledge, attitudes, practices (KAP), risk perception, preparedness, care-seeking behaviours, socio-cultural practices influencing Ebola Virus Disease (EVD) transmission, and public trust in the health system among CHWs, healthcare workers and at-risk communities	552,340,000	215,757.8
	SUBTOTAL	**552,340,000**	**215,757.8**
	LOGISTICS		
	Activity	**Total (TZS)**	**Total USD**
1	Review/update Tanzania Emergency Supply Chain Operation Guide 2019	92,790,000	34,367
2	Conduct assesment of Prepositioned BVD commodities at National and Subnational Level for their availability, functionality, storage conditions, geographical distribution and readness for rapid deployment	58,180,000	21,548
3	Distribution of Procured Items for WASH and CMX & IPC	196,040,000	72,607
	SUBTOTAL	**347,010,000**	**128,522**
	MHPSS		
	Activity	**Total (TZS)**	**Total USD**
1	Roll out standardize MHPSS training for EVD	31,382,000	11,623
2	Develop standardized MHPSS training for EVD	22,558,000	8,355
3	To develop MHPSS tools for needs assessment and reporting	20000000	7,407
	SUB TOTAL	**51,410,000**	**27,385.19**
GRAND TOTAL		**13,476,158,440**	**4,849,808**

Annex 2

Table 5: Performance indicators

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
PoE						
To carryout mentorship and supervision of staff including newly recruited to effectively implement enhanced screening and IPC measures (decontamination/ disinfection) at high risk PoEs	200 PoE staff from 33 high risk PoEs trained	Number of PoE staff trained	Training report	Availability of report	Port Health HQ	By August 2026
Revitalization of Public health Emergency contingency plans to familiarize Border emergency committee on roles and responsibilities regarding EVD emergency management at 33 high risk PoEs			Workshop and meeting reports	Port Health / MoH records	Port Health HQ / Regional Administrations	By December 2026
Support installation of temporary isolation/screening facilities at high risk PoE for containments of EVD cases	Temporary isolation/screening facilities installed	Number of temporary isolation/screening facilities installed	Engineering handover reports / Inspection checklists	Infrastructure logs	Port Health / Logistics Pillar	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
Support installation of screening booths at high risk PoEs to support enhanced screening	Screening booths installed at high-risk PoEs	Number of screening booths installed	Physical verification reports	Port Health asset registry	Port Health HQ	By December 2026
Supply IPC materials and equipment to 33 high risk PoEs to enhance infection prevention and control	33 high-risk PoEs supplied with IPC materials and equipment	Number of PoEs receiving IPC supplies	Distribution logs / Delivery receipts	Logistics tracking system	Port Health / Logistics	By December 2026
Procure and distribute IT (QR code readers, tablets and laptops) related supply to support screening to high risk PoEs	IT screening equipment procured and distributed	Number of IT devices distributed to high-risk PoEs	Delivery notes / Asset registry	IT asset database	Port Health / ICT Unit	By December 2026
Support customization of electronic surveillance system to fit Ebola screening at PoE	Electronic surveillance system customized for PoE screening	Customized electronic surveillance module operational	System update log / UAT report	ICT system dashboard	Port Health / Surveillance / ICT	By December 2026
Customize traveler's related health messages including audio	Traveler health messages, audio, and	Number of customized multi-media	Copies of developed materials	RCCE / Port Health database	RCCE / Port Health	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
and video clips	video clips customized	health messages developed				
Supply of 40 Megaphones and 200 flash discs containing EVD messages to conveyance operators and 15 digital display/banners for health information to travelers	40 megaphones, 200 flash discs, and 15 digital banners supplied	Quantity of communication tools distributed	Distribution sheets / Acknowledgement receipts	Port Health inventory	RCCE / Port Health	By December 2026
Support minor repair/maintenance of mass handwashing facilities at Mutukula, Rusumo, Tunduma, and supply of temporary hand washing facilities to support 10 PoEs	Handwashing facilities maintained at Mutukula, Rusumo, Tunduma; temporary facilities supplied to 10 PoEs	Number of mass handwashing facilities repaired; number of temporary facilities deployed	Maintenance completion reports / Delivery logs	Engineering logs	WASH / Port Health	By December 2026
Prepare Population movement mapping report of Kigoma, Kagera, Rukwa and Katavi with connectivity to affected locations in DRC and Uganda to inform strategic areas of control	Population movement mapping report finalized for 4 key border regions	Population movement mapping report completed (Yes/No)	Copy of the finalized mapping report	Surveillance repository	Surveillance Pillar / Port Health	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
Support calibration of existing of thermoscanner and procure new ones	Existing thermoscanners calibrated and new ones procured	Number of thermoscanners calibrated / newly procured	Calibration certificates / Procurement receipts	Biomedical engineering logs	Port Health / Logistics	By December 2026
Provide refreshments and EDA for staff performing emergency activities beyond normal working hours.	Emergency staff supported with refreshments and allowances	Number of staff-days supported during extended emergency shifts	Payment sheets / Attendance registers	Human Resources / Finance logs	Port Health HQ / Administration	By December 2026
To procure and avail handheld and walkthrough thermal scanners to high risks PoEs with shortage of screening devices	Handheld and walkthrough thermal scanners provided to high-risk PoEs	Number of thermal scanners distributed to target PoEs	Distribution lists / Asset ledger	Port Health Inventory	Port Health / Logistics	By December 2026
Conduct joint cross border meeting to foster collaboration	Joint cross-border collaboration meeting	Number of cross-border meetings	Meeting minutes / Signed communiq	Port Health administration	Port Health / Surveillance	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
including joint surveillance, investigation and data sharing among neighbouring countries.	conducted	held / Signed cross-border resolutions	ués			
Conduct sensitization sessions using RING approach among community and security teams to enhance control of porous borders.	Community and security teams sensitized using the RING approach at porous borders	Number of sensitization sessions held / Number of participants reached	Activity reports / Attendance records	Regional/ District reports	Port Health / Surveillance / RCCE	By December 2026
Conduct onsite mentorship on WASH and IPC among PoE staff to enhance implementation of WASH and IPC measures	PoE staff mentored onsite on WASH and IPC compliance	Number of PoE staff receiving onsite mentorship	Mentorship logs / Supervision checklist	Supervision reports	Port Health / WASH / IPC	By December 2026
Surveillance						
Conduct orientation on electronic Event Based Surveillance for EVD and other signals detection and reporting targeting traditional healers, community	Traditional healers, community leaders, CHWs, and bodaboda operators oriented across targeted regions	Number of community actors trained/oriented on electronic EBS	Orientation activity reports / Participant registers	Regional health administration databases	National Surveillance Pillar / Regional Health Teams	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
leaders, and bodaboda etc. in Mbeya, Kigoma, Dar es laam and Arusha regions						
Finalize and training of the electronic outbreak management module (OMM)	OMM finalization completed via User Acceptance Test; 15 ToTs trained	Finalized OMM software module / Number of ToTs trained	UAT sign-off document / ToT training report	ICT / Surveillance database	Surveillance Pillar / ICT Unit	By December 2026
Conduct physical capacity building involving to assess EVD functionality of the surveillance systems for EVD in Kigoma, Katavi and Rukwa Region to regional, districts, clinicians, surveillance officers and CHWs in communities with porous borders	2-day physical capacity building conducted in targeted border districts	Number of clinicians, surveillance officers, and CHWs trained	Training reports / Completed assessment checklists	District health office archives	Surveillance Pillar / Regional Health Teams	By December 2026
To conduct follow up of high-risk travellers for 21 days for three months.	High-risk travellers followed up daily via telephone for 21 days over a 3-month period	Percentage of identified high-risk travellers completing 21-day daily follow-up	Daily telephone logbooks / Follow-up summaries	Regional Surveillance tracking logs	Regional Surveillance Officers	By September 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
To conduct active case and death search at the community and facility level at 6 high risk regions (Dar es salaam, Kagera, Kigoma, Katavi, Songwe, Rukwa) for 14 days	14 days of field visits, community engagement, and facility record reviews executed across 6 regions	Number of facilities and communities audited for active searches	Field search summaries / Supervision reports	National/Regional Surveillance database	Surveillance Teams / Field Teams	By December 2026
To conduct sensitization on EVD case detection and reporting at the community level to local leaders and CHWs at porous borders in 5 at high-risk regions (Kigoma, Kagera, Katavi, Rukwa and Songwe)	1-day sensitization sessions conducted at selected border sites targeting 25–40 participants per session	Number of sensitization sessions held / Number of local leaders reached	Activity implementation reports	District Health operational files	Regional & District Surveillance Teams	By December 2026
Distribute EVD surveillance and contact tracing tools to facilities and CHWs in all 26 regions	EVD surveillance and contact tracing tools delivered across all 26 regions	Number of regions/facilities supplied with physical tools	Distribution ledgers / Delivery acknowledgements	National logistics tracking	Surveillance Pillar	By December 2026
Revise case definition and contact tracing forms and distribution to all 26 regions (Soft	Case definitions and contact tracing forms revised and distributed	Revised forms finalized and distributed (Yes/No)	Email transmission logs / Circular confirmation	National health portal/registry	Surveillance Pillar	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
copy)	digitally to 26 regions					
Virtual Refresher training to the HCW on case detection, case definition, contact tracking and reporting protocol in all 26 regions	Health care workers across 26 regions oriented via virtual refresher training	Number of HCWs participating in the virtual refresher sessions	Webinar attendance logs	E-learning platform dashboard	Surveillance Pillar	By December 2026
Laboratory						
Conduct Equipment Services, Calibrations and Preventive Maintenance for (6 Biorad machine and 3 Biosafety cabinet	6 Bio-Rad machines and 3 Biosafety cabinets serviced and calibrated	Number of machines receiving certified preventative maintenance	Maintenance logs / Calibration certification labels	National laboratory inventory	Laboratory Pillar	By December 2026
Deploy 10 Laboratory professionals for RT-PCR strengthening on VHF testing at Kabyaile and Kigoma Mobile laboratory	10 laboratory professionals deployed to Kabyaile and Kigoma mobile labs	Number of lab personnel deployed and active in mobile laboratories	Deployment letters / Duty rosters	Lab human resource records	Laboratory Pillar HQ	By December 2026
Conduct scale-up training on VHF sample	Council-level laboratory personnel	Number of laboratory technicians	Training workshop reports	Council health office logs	Laboratory Pillar	By December

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
management to Laboratory personnel at the council level	trained on safe VHF sample management	certified in VHF sample handling				2026
Conduct regular simulation exercises at regional and council levels to improve preparedness and response capacity.	Simulation drills conducted regularly at regional and council tiers	Number of simulation exercises completed	SimEx evaluation / After-Action reports	National emergency repository	Laboratory & Emergency Preparedness	By December 2026
Procure RT-PCR reagents for EVD subtyping	Specific RT-PCR reagents for EVD subtyping procured and distributed	Quantity of subtyping reagents successfully delivered to reference labs	Stock cards / Invoices	Central laboratory stores	Laboratory Pillar / Procurement	By December 2026
Conduct need assessment for Decentralization of EVD Testing	Needs assessment for decentralizing EVD testing completed	Finalized decentralization assessment report (Yes/No)	Copy of the finalized assessment report	National lab library	Laboratory Pillar	By December 2026
Procure sufficient differential diagnosis RT-PCR kits and essential reagents	Differential diagnosis RT-PCR kits and core reagents procured	Volume of differential diagnostic kits maintained in active stock	Delivery receipts / Stock ledgers	Laboratory central warehouse	Laboratory Pillar	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
Case Management and Infection Prevention & Control (IPC)						
To conduct rapid assessment for isolation and other IPC measures for BVD and establish screening in health facilities at 50 high-risk councils	Rapid assessments finalized and facility screening points established at 50 high-risk councils	Number of councils with finalized assessments and active screening	Assessment checklists / Facility screening logs	District health profiles	Case Management & IPC Pillar	By December 2026
Conduct in-depth training and simulation exercises (drills) to case management teams, ambulance teams and decontamination teams in 11 EVD high risk regions and districts.	Case management, ambulance, and decontamination teams in 11 high-risk regions drilled	Number of specialized rapid response/care teams trained	Drill performance reports / Training registries	Regional health files	Case Management & IPC Pillar	By December 2026
Review/update BVD case management and IPC guideline	BVD Case Management and IPC Guidelines officially reviewed/updated	Updated guideline document endorsed and printed (Yes/No)	Finalized copy of revised guidelines	MoH document repository	Case Management & IPC Pillar	By December 2026
Procurement of medical supplies, PPE and medicines for BVD critical care management	Specialized PPE, critical care medicines, and medical supplies	Volume/Value of critical care stocks procured and	Procurement tracking reports / Invoices	Central medical stores	Case Management & IPC / Logistics	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
	procured	positioned				
Water, Sanitation, and Hygiene (WASH)						
Conduct capacity building on Safe Burial and Decontamination practices to safe burial teams in eleven (11) high risk regions	Safe burial teams trained on safe burial and decontamination in 11 high-risk regions	Number of burial teams fully trained and equipped	Training summaries / Team registers	Regional environmental health logs	WASH Pillar	By December 2026
Procurement and supply basic WASH equipment and supplies to enhance personal hygiene, decontamination and sanitation	Basic WASH items supplied to enhance hygiene and decontamination	Quantity of WASH hardware and consumables distributed to target zones	Invoices / Distribution manifests	Logistics / WASH ledger	WASH Pillar / Logistics	By December 2026
Facilitate Regions to carry out Rapid WASH Assessment in High risk councils, wards and villages at households and institutions to establish access to adequate WASH services for hygiene practices	Rapid WASH field assessments executed at village, ward, and council levels	Number of targeted local administrative levels completing assessments	Consolidated regional WASH assessment reports	Regional environmental registries	WASH Pillar / Regional Teams	By December 2026
Conduct	Core WASH	Number of	Engineerin	Ministry	WASH	By

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
rehabilitation and installation of essential WASH infrastructure at prioritized/earmarked ETCs at EVD high risk locations.	networks/infrastructure rehabilitated at prioritized Ebola Treatment Centres (ETCs)	ETCs with successfully upgraded or rehabilitated WASH infrastructure	g sign-off / Handover files	infrastructure database	Pillar	December 2026
To facilitate Regional and Councils WASH teams to conduct follow-ups of WASH interventions implementation, distribution of WASH supplies and Promote utilization of WASH facilities for compliance to SOPs...	Regional and Council compliance follow-ups executed across HCFs, schools, safe houses, and highways	Number of compliance follow-up supervisory visits completed	Monitoring checklists / Field feedback forms	Council environment logs	Regional and Council WASH teams	By December 2026
Continuity of Essential Health Services						
Conduct rapid assessment of functionality of all referral hospitals and designated facilities in affected areas	Referral hospital baseline functionality assessed in high-risk zones	Number of referral hospitals evaluated	Assessment findings documentation	Hospital administrative files	MoH Continuity of Services Team	By December 2026
Establish daily monitoring of service utilization and facility	Continuous daily utilization tracked and a	Operational continuity dashboard active	Dashboard URL / Daily reporting	Digital DHIS2/Health Informatio	Health Information Systems /	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
functionality and establish continuity dashboard	live monitoring dashboard launched	(Yes/No)	summaries	n Systems	MoH	
Assess availability of essential medicines, vaccines, blood products and laboratory commodities	Stock assessment finalized for critical commodities, blood products, and vaccines	Stock evaluation report compiled and filed	Commodity tracking dashboard updates	MSD / Blood Transfusion Services	Logistics / Procurement	By December 2026
Activate Priority service continuity plan in all affected regions.	Continuity plans formally activated across all high-risk/affected regions	Number of regional healthcare systems with active continuity protocols	Signed regional directives	Regional administrative records	Regional Health Administrations	By December 2026
Activate functional Referral system f.	Emergency and routine medical referral pathways systematically operationalized	Number of successfully logged or tracked facility-to-facility referrals	Referral logs / Emergency transport sheets	Emergency dispatch databases	Coordination / Ambulance teams	By December 2026
Coordination						
Activate Coordination Structures to	IMS/Coordination task forces	Number of functional coordinatio	Official appointment letters /	Incident Command library	National Coordination Pillar	By Dece mber

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
facilitate the implementation of readiness measures at all levels.	standing and active at national, regional, and council tiers	n teams activated	Activation notices			2026
Secure resources for preparedness and response to BVD	Financial, technical, and material resources mapped and mobilized	Funding gaps filled / Resource commitments finalized	Resource tracking matrices / Donor agreements	External Health Sector Financing files	National Coordination / Finance	By December 2026
Monthly cross sectoral syndication and coordination meeting / Facilitate multisectoral coordination meetings at all levels	Cross-sectoral coordination and stakeholder harmonization meetings facilitated monthly	Number of monthly multisectoral meetings successfully conducted	Meeting agendas / Minutes / Action trackers	National Emergency Operations Centre	Coordination Pillar	Monthly (6-Month Span)
Support high level visit from National to high-risk regions, to oversee preparedness interventions	Joint senior national leadership oversight visits made to high-risk zones	Number of national supervisory site visits performed	High-level field trip briefs / Back-to-office reports	Executive Secretariat	National Coordination / MoH HQ	By December 2026
Support regional leaders (RC, RAS) visit to high-risk councils to oversee preparedness interventions	Regional Commissioners and Regional Administrative Secretaries conducting	Number of council-level visits conducted by regional executive leaders	Regional travel logs / Executive briefing papers	Regional Secretariat archives	Regional Leadership (RC/RAS)	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
	local oversight visits					
Support deployment of National and Subnational Rapid Response Teams to support alert investigations and EVD response	Rapid Response Teams (RRTs) supported and deployed for alerts	Number of alerts investigated by deployed RRTs	Epidemiological investigation field forms	National Surveillance database	National Coordination / RRTs	As alerts emerge
Support regions in supervisions of readiness interventions	Support supervisory teams deployed to provide field feedback on readiness status	Number of integrated supportive supervision cycles completed	Completed standard supervisory checklists	Quality Assurance / Emergency logs	National & Subnational Teams	By December 2026
Logistics						
Procure and distribute PPEs/supplies for all health facilities	General medical PPE and barrier safety stocks distributed	Quantity of protective gear allocated per high-risk facility	Distribution logs / Warehouse delivery proofs	MSD tracking systems	Logistics Pillar	By December 2026
Budget allocation for the supplies and medicines for EVD critical care management	Finances allocated for severe EVD therapeutics and critical care	Total funds allocated vs. distributed for emergency	Financial ledger entries / Exchequer releases	MoH Budget / Accounts Dept	Logistics / Finance	By December 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
		clinical purchasing				
Procurement and supply basic WASH equipment and supplies to priority areas with high congestion to enhance personal hygiene and sanitation...	Congested priority areas supplied with targeted hygiene kits and basic WASH equipment	Number of high congestion points receiving complete WASH hardware packages	Delivery acknowledgement receipts	Municipal management files	Logistics / WASH Teams	By December 2026
Mental Health and Psychosocial Support (MHPSS)						
Roll out standardize MHPSS training for EVD	**Standardized EVD-MHPSS curriculum rolled out**	**Number of frontline responders trained in MHPSS**	**Course graduation sheets / Workshop records**	**Social Welfare / MHPSS logs**	**MHPSS Pillar**	**By December 2026**
Develop standardized MHPSS training for EVD	Context-specific EVD MHPSS training manual compiled	Formal technical sign-off on the MHPSS manual (Yes/No)	Copy of the validated training package	Technical working group archives	MHPSS Pillar	By August 2026
To develop MHPSS tools for needs assessment and reporting	Structured psychosocial rapid needs assessment tools generated	Finalized assessment and reporting templates ready for distribution	Printed copies / Digital tool versions	MHPSS tracking tools	MHPSS Pillar	By August 2026

Proposed Intervention (Strategy & Activities)	Expected Output	Measurement Indicator	Means of Verification	Source of Data	Responsible Entity	Timeline
Research						
To conduct a comprehensive mixed-methods implementation research study in the 11 high-risk border regions of Tanzania to assess knowledge, attitudes, practices (KAP), risk perception, preparedness, care-seeking behaviors, socio-cultural practices influencing Ebola Virus Disease (EVD) transmission, and public trust in the health system among CHWs, healthcare workers and at-risk communities	Comprehensive implementation research report generated with actionable recommendations for strengthening EVD preparedness, risk communication, community engagement, and response interventions in high-risk border regions	Number of regions covered by the study (Target: 11). Research study completed and disseminated (Target: 1).	Approved study protocol, data collection tools, field reports, final research report, dissemination workshop report, policy briefs.	Quantitative survey data, FGDs, KIIs, health facility assessments, community assessments	Ministry of Health (Health Emergency Preparedness and Response Unit), National Institute for Medical Research (NIMR),	By December 2027

The United Republic of Tanzania

MINISTRY OF HEALTH

P.O.BOX 743, Dodoma
Telephone: +255-26-2323267/5
Mobile: +255-26-2342000/5
Email: ps@afya.go.tz