



## TANZANIA: MALARIA OUTBREAK IN KAGERA

DREF Bulletin no.

MDRTZ003

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### INTERIM FINAL REPORT

*The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.*

#### In Brief

**Period covered by this Interim Final Report: 21 July to 18 October, 2006.**

**History of this Disaster Relief Emergency Fund (DREF)-funded operation:**

- CHF 42,500 (USD 34,553 or EUR 27,070) was allocated from the Federations DREF on 19 July 2006 to respond to the needs of this operation. (Refer to the [DREF Bulletin](#) for more information).
- This operation was implemented over 3 months, and was completed by 18 October 2006.

This operation was aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

**Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

#### Background and summary

On 10 July 2006, the Tanzania Red Cross National Society (TRCNS) reported a rise in the number of malaria cases in Tanzania, resulting in increased mortality, especially among children aged under five years. The two most affected districts were Karagwe and Muleba in Kagera Region<sup>1</sup>. From January 2006, the two districts reported about 300 deaths of children aged under five years, excluding unreported cases that might have occurred at home. In May 2006, the number of deaths among children aged under five years accumulated to 3,542 in Muleba District and 3,944 in Karagwe District.

The emergency situation became apparent in June 2006, when the number of patients admitted with severe anaemia increased by 91% (from 89 to 170 patients) raising the demand for blood transfusion in Rubya and Nyakahanga hospitals in Karagwe and Muleba districts respectively. Hospital records indicated an increase in malaria cases between May and September 2006. The two hospitals – which have a combined bed capacity of 162 – admitted over 420 patients, out of whom 227 were children aged under five years, while 75 were expectant mothers. This led to

<sup>1</sup> Kagera Region is situated in the north western part of Tanzania and is divided into eight administrative districts; Biharamulo, Bukoba Rural, Bukoba Urban, Chato, Karagwe, Muleba, Missenyi and Ngara. The region has a total population of 2.15 million, with a growth rate of 2.9 per cent. There are 13 hospitals, 13 health clinics and 202 dispensaries providing health care.

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over-congestion as well as difficulty in providing quality care to all the admitted patients. According to reports from the TRCNS, 80% of the total children population and 65% of the women population suffered from malaria-related ailments.

### Coordination

Distribution of long lasting insecticide-treated nets (LLITNs) and information, education and communication (IEC) materials was carried out in November 2006. The distribution was facilitated by TRCNS volunteers in collaboration with the respective local authorities and village health committees. The local authorities of Karagwe District received relief items and launched the distribution exercise. The National Malaria Control Programme, of the Ministry of Health (MoH), appealed to the United States Agency for International Development (USAID) and other donor agencies to support its efforts by providing medical supplies to hospitals in Karagwe District.

### Analysis of the operation - objectives, achievements, impact

Following the outbreak, the TRCNS received CHF 42,500 from the Federation's Disaster Relief Emergency Fund (DREF) on 19 July 2006. The funding was to support the national society's response to the emergency for three months, through capacity building of local health units, and to control the spread of malaria in Karagwe District. The national society was able to extend material assistance to 18 health facilities in Karagwe District, thus surpassing its initial target of 2 hospitals.

**Goal: To contribute to the control of malaria in Kagera Region.**

**Objective 1: To support the capacity of health units to manage in-patient cases of malaria in Karagwe District.**

#### Achievements

Health institutions in Karagwe District were assisted with basic relief items (as indicated in the table below). A total of 670 LLITNs, 200 blankets and 50 mattresses were distributed to 18 health facilities in the district.

**Table 1: Non-food items distribution in Karagwe district**

Health institution	LLITNs	Blankets	Mattresses
Nyakahanga District Hospital	260	70	20
Isingiro Hospital	100	20	10
Nyakaiga Hospital	60	20	-
Nkwenda Health Centre	40	20	20
Rwambaizi Health Centre	40	20	-
Murongo Health Centre	40	20	-
Kayanga Health Centre	30	20	-
Kitwe Dispensary	-	10	-
<b>Total</b>	<b>570</b>	<b>200</b>	<b>50</b>

In addition, each of the following dispensaries received 10 LLITNs; Businde, Chanika, Ibamba, Ihembe, Kakiro, Katwe, Mabira, Nyaishozi, Nyakatuntu and Rwabwere. The TRCNS's blood donor recruitment team was also mobilized to scale up its blood bank collection in Kagera Region, in a bid to meet the increased demand for blood transfusion by the respective hospitals.

**Objective 2: To contribute to the control of malaria in Karagwe District.**

#### Achievements

Based on priority given to the most vulnerable groups, IEC materials as well as LLITNs were distributed. A total of 1,224 women and 1,106 children from more than 2,000 households in 34 villages in 8 community wards were reached. The table below outlines how the distribution was carried out.

**Table 2: Distribution of ITNs and IEC materials in Karagwe District**

Ward	Villages	Women	Children	LLITNs	IEC materials
Igurwa	6	79	72	151	800
Kamuli	1	158	129	287	300
Kayanga	3	51	41	92	450
Nkwenda	9	316	377	693	1200
Nyaihozi	3	254	213	467	450
Bugene	5	168	136	304	800
Ihembe	3	63	41	104	450
Mabira	4	135	97	232	600
<b>Total</b>	<b>34</b>	<b>1,224</b>	<b>1,106</b>	<b>2,330</b>	<b>5,050</b>

The TRCNS blood donor recruiters and volunteers briefed the communities on early self-referral, destruction of vector breeding sites and measures to adopt upon suspicion of malaria cases. This contributed to enhancing community response towards potential malaria outbreaks. The teams also engaged in preventive message dissemination as a long-term strategy to empower the communities in case of similar hazards in future.

### Impact

The DREF allocation enabled the national society to build the capacity of local health units, by providing basic relief items that were distributed to the affected communities. In addition, the awareness creation sessions conducted by TRCNS blood donor recruiters and volunteers, assisted in enhancing community response towards potential malaria outbreaks.

### Constraint

Limited disaster relief stockpiles affected the initial rapid intervention.

**Special note:** This Interim Final Report is being issued without an interim financial report. A Final Report, comprising of the final financial report and this narrative, will be issued in due course.

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