Rapid Response Fund

ACT Secretariat Approval

Project Code **02/2025**
Project Name **Kagera Maburg Prevention and Control Project**

The ACT Secretariat has approved the use of **USD 50,000** from its Global Rapid Response Fund (GRRFxx) and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

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ACT Alliance Secretariat

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Rapid Response Fund

Project Proposal

Emergency Prepared and Response Plan	
EPRP last updated	2023
Do you have a	No
EPRP link on the online	N/A

Please submit this form to the Regional Humanitarian Programme Officer in your region with a copy to the Regional Representative	Date submitted to ACT Secretariat
	11 Feb 2025

Section 1 Project Data

Project Information	
Project Name	Kagera Maburg Prevention and Control Project
Project Code	**02/2025**
Country Forum	Tanzania
ACT Requesting Member *(if there are more than one member, please use ALT+<Enter> to add another member)*	Evangelical Lutheran Church in Tanzania (ELCT)
Name of person leading the project	Dr Paul Z. Mmbando
Job Title	Health and Diakonia Directorate
Email	mmbandozebs@yahoo.com , mmbando@elct.or.tz
Tel no./WhatsApp/Skype	255 767 666 165
Location(s) of project (city / province)	Kagera
Project start date (dd/mm/yyyy)	17 Feb 2025
Project end date (dd/mm/yyyy)	16 Jul 2025

Which sectors your response activities most relate to

Sectors	Evangelical Lutheran Church of Tanzania (ELCT)	
	Male	**Female**
Cash/ Vouchers		
Camp Management		
Education		
Food/Nutrition		
Health	500	1000
Household items		
Livelihood		
Psychosocial		
Shelter		
Wash		

Section 2 Project Description

The Marburg Virus Disease (MVD) outbreak presents significant challenges to the health systems in the Kagera Region and potentially neighbouring areas. Healthcare facilities, particularly faith-based institutions that constitute a vital component of the region's healthcare delivery, face limited resources, inadequate preparedness, and the urgent need for capacity building to manage the disease effectively. At the community level, widespread myths, misconceptions, and stigma further exacerbate the crisis, impeding early detection, prevention, and treatment efforts. For example, many communities associate the disease with witchcraft, which discourages individuals from seeking timely medical care and complicates containment measures. Vulnerable groups, including children, the elderly, pregnant women, and individuals with pre-existing conditions, are at heightened risk, making a comprehensive and inclusive response essential.

ELCT's Experience and Proposed Interventions

Building on its demonstrated capacity during the COVID-19 pandemic, the Evangelical Lutheran Church in Tanzania (ELCT) proposes targeted interventions to strengthen the health system and engage communities effectively. ELCT's previous experience underscores the importance of leveraging faith-based networks, delivering accurate health messaging, and fostering community involvement to build resilience against outbreaks.

Interventions

At the health facility level, ELCT plans to enhance the capacity of healthcare workers and facilities to manage MVD cases effectively. Comprehensive training sessions will be conducted for healthcare providers in faith-based and other health facilities, equipping them with skills in infection prevention and control (IPC), case management, and rapid response protocols. Emergency care units will be strengthened by providing essential resources, technical support, and the establishment of isolation units to manage severe cases. To ensure the safety of healthcare workers and patients, ELCT will procure and distribute personal protective equipment (PPE) such as gloves, masks, and gowns. Furthermore, the project will supply essential medications and medical supplies to guarantee access to treatment for poor and vulnerable patients. These interventions aim to reduce transmission risks, improve patient outcomes, and ensure the readiness of health facilities to handle current and future outbreaks.

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project *(maximum 5 bullet points)*

On January 10, 2025, the Ministry of Health reported an "unknown illness" in Biharamulo and Muleba Districts, which initially affected nine individuals, resulting in eight fatalities and an alarming mortality rate of 88.9%.

By January 13, 2025, the World Health Organization (WHO) confirmed the illness as Marburg Virus Disease (MVD), a highly infectious viral haemorrhagic fever known for its severe lethality.

Investigations revealed a potential cross-district transmission, with two individuals in Muleba having attended a funeral in Biharamulo, highlighting the risk of community and regional spread.

On January 21, 2025, Tanzania's President officially declared the MVD outbreak in Kagera, emphasizing the critical need for swift national and international containment efforts.

The outbreak poses significant regional risks given Kagera's proximity to neighbouring countries, including Uganda, Rwanda, Burundi, and the Democratic Republic of Congo, necessitating robust cross-border coordination and public health measures.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. *(maximum 3 bullet points)*

ELCT utilized its internal funds to support the initial response to the crisis, which included informing its dioceses about the Marburg virus disease and preventive measures, as well as organizing stakeholder meetings within the region to align efforts and strategies for mitigating the impact of the crisis.

The organization collaborates with its extensive network of partners, including local and international faith-based organizations and mission agencies, to secure additional funding for ongoing crisis response activities.

ELCT has a proven capacity to mobilize external grants from development partners, humanitarian agencies, and government institutions, which can be leveraged to address the immediate and long-term

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The proposed project, led by the Evangelical Lutheran Church in Tanzania (ELCT), addresses the critical Marburg Virus Disease (MVD) outbreak in the Kagera region through a multi-pronged, integrated approach. The strategy for the proposed response is defined into four key areas to support specific needs with appropriate and targeted interventions: (1) an Emergency Medical Response focused on patient management, transfer, and surveillance activities to ensure rapid mobilization and accessibility; (2) Preventive Education focused on skill-building at every level of operation (staff and stakeholder training) to create better preparedness; (3) a targeted delivery of essential supplies, including logistical planning and expedited procurement methods; and (4) strong and well-coordinated local engagement in the response plan, which involves reaching affected populations in multiple communities while taking a holistic perspective that leverages the unique internal capacity ELCT possesses through its various teams and structures. Key activities include training 320 healthcare workers, providing educational resources to 150 teachers and 100 faith leaders, and reaching 2.3 million individuals through outreach efforts. This approach is strategically designed to impact public health outcomes at scale, with a robust evaluation mechanism integrated into the process to ensure continuous learning and adaptation. Vulnerable groups, including children, the elderly, pregnant women, and marginalized populations, will be specifically targeted to ensure equitable access to health education and services. The project will also integrate palliative care for affected individuals, particularly those with comorbidities. This funding supports the response by providing the necessary protective equipment for medical staff and emergency medical care for those affected.

Why This Response Was Selected:

The strategy directly tackles the urgent requirement for isolation and proper healthcare for confirmed or suspected MVD patients. It also equips health infrastructure in affected zones with the capacity and tools needed to mitigate further outbreaks through early detection mechanisms. By strengthening health providers capacity, the project fosters continuous learning and sustainable impacts over time. Furthermore, the ELCT utilizes its internal mechanisms, community trust, and proven systems to mobilize partners and activate stakeholder networks. This capacity enables rapid deployment and effective implementation of planned activities, ensuring timely and impactful responses to the crisis.

Coordinated Response and Roles

ELCT's Health and Diakonia Directorate (HDD) will coordinate the project through a well-defined organizational framework

ELCT HDD's Overall Responsibility: The HDD will oversee all processes, providing program guidance, coordinating action plans, and ensuring accountability aligned with best practices in reporting and resource management.

Government and Local Stakeholders (MOH and PO-RALG): These entities will provide governance and oversight, ensuring alignment with national response agenda. They will supply technical support, including treatment protocols, and collaborate with regional councils to implement action plans.

Regional and Council Health Management Teams (RHMTs and CHMTs): These teams will oversee local responses, ensuring program objectives are met and that interventions are implemented with quality and efficiency.

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

To ensure the timely start of activities, the project will focus on efficient planning and leveraging existing structures:

Immediate Mobilization (First Two Weeks):
ELCT will promptly organize stakeholder meetings to share project objectives and define roles and responsibilities. The selection of participants for training (health providers, teachers, faith leaders, community health workers, and local leaders) will occur simultaneously. Procurement of essential PPEs, medicines, and supplies will also begin immediately to ensure the necessary resources are in place. Concurrently, ELCT will develop and finalize data collection tools to track and evaluate project activities right from the start.

Leveraging Existing Networks:
ELCT's established partnerships with government entities, FBO hospitals, schools, and local communities will enable quick coordination and implementation. Pre-existing communication channels will facilitate rapid dissemination of information and community mobilization.

Experienced Team:
ELCT has a skilled team with prior experience in managing emergency response activities, including monitoring and evaluation. This expertise ensures that tools for data collection will be developed promptly and effectively integrated into project activities.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

ELCT HDD will serve as the prime coordinator, ensuring the engagement and collaboration of all stakeholders involved in the project. This includes overseeing the implementation of activities, maintaining communication between partners, and aligning efforts with national and local priorities. To coordinate effectively, ELCT HDD will; establish a central coordination hub for communication with stakeholders, facilitate regular planning and review meetings/ coordination meetings to align efforts and address challenges , in addition, ELCT HDD will facilitate the development of joint action plans and reporting frameworks to streamline operations.

At the ministerial level, ELCT HDD will work closely with the Ministry of Health (MoH) and the President's Office for Regional Administration and Local Government (PO-RALG). The MoH will provide technical guidance, including protocols for disease prevention, treatment, and management while the PO-RALG will Facilitate the coordination of activities across regional and local levels within the health facilities and in the communities. Ensure alignment with national policies and mobilize support from regional and council health management teams.

At the local level, ELCT HDD will collaborate with the Regional health management team (RHMT) and Council Health Management Teams (CHMTs). RHMTs will oversee the implementation of health interventions across districts. Provide monitoring and evaluation support to ensure quality and consistency while the CHMTs will be directly engage with health facilities and communities. Collaborate in the facilitate of training of health providers and support the implementation of community-based interventions. Additionally, through its dioceses, ELCT HDD will work closely with local government officials who are responsible for supporting community-level interventions. These officials will assist in mobilizing communities, addressing local challenges, and ensuring smooth execution of project activities.

To ensure complementarity and integration of interventions, maximizing resource utilization and addressing unmet needs effectively, regular coordination meetings with all stakeholders will be conducted both online and physical.

4. CHS Commitment 3, 9. How are you planning to procure your goods or services? (This includes cash transfer methodologies) Please tick boxes that apply. *Goods and services procured locally supports and*

Locally or within the affected areas	x	Nationally	x	Regionally or neighbouring countries		Internationally	

Do you have a procurement policy? What factors did you consider when you made this decision?

ELCT has a robust procurement policy that guides all procurement procedures for goods and services within the organization. This policy ensures transparency, accountability, and efficiency in meeting project needs.

Prequalified Vendors: ELCT maintains a list of prequalified vendors who supply high-quality goods and services, such as drugs and medical supplies. These vendors are vetted at the national level to ensure compliance with organizational standards.

Consultant Services: ELCT occasionally procures services from consultants with expertise in specific areas. Consultants may come from various regions based on their specialization to provide tailored solutions.

Local vs. National Procurement: While some services, such as venue arrangements, will be procured locally to ensure cost-effectiveness and context relevance, other goods and services, like medical supplies, will be sourced nationally to maintain consistency and quality.

This procurement approach ensures that all project components are adequately supported while adhering to organizational policies and standards.

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

A total of 195 healthcare workers across 6 health facilities will receive comprehensive training and be equipped with personal protective equipment (PPE) to ensure they can deliver services without the risk of contracting the disease. Due to unpredictable nature of MVD, the provision of PPEs will enable the 195 health providers to provide services to up to 1,500 patients in safer environment where viral infection will be clinically prevented in their workplaces.

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? *Please explain.*

Healthcare Workers due to direct contact with infected patients, especially in settings with inadequate protective measures.
Children- due to high transmission potential in dense settings, with children being at risk for more severe outcomes as the result of the developing immune systems.
Elderly and Individuals with Comorbidities who will attend health centres due to Increased susceptibility to severe disease and mortality caused by weakened immune systems and existing health conditions.
Marginalized Populations who attend health centres- due to limited access to timely healthcare, information, and services, often exacerbated by social, economic, or geographical barriers.
Pregnant Womenwho attend clinics are at higher risk of severe outcomes due to physiological changes during pregnancy, and a greater risk of fatal complications such as miscarriage or stillbirth. These will also be reached through the reproductive and child health clinics.

3. CHS Commitment 4. Explain how the target population has been/is involved in the design of the proposed intervention *(maximum 5 bullet points)*

Health providers, faith leaders and local government officials were actively engaged during the design phase to ensure the project aligns with the needs and expectations of the communities. Their insights have shaped the approach to community education, stigma reduction, and disease prevention strategies.

Moving into the implementation phase, stakeholders will remain engaged to ensure continuity and adaptability of interventions. ELCT is guided by its stakeholder policy, which outlines best practices for stakeholder engagement throughout the design, implementation, and monitoring and evaluation phases.

Additionally, other operational guidelines, such as the feedback response mechanism, ensure stakeholders' voices are heard and acted upon. ELCT will utilize its feedback mechanisms to amplify the voices of project beneficiaries. This includes suggestion boxes placed at health facilities and designated phone numbers for messages or calls, enabling community members to provide feedback or raise concerns. These mechanisms will be actively monitored to ensure responsiveness and transparency.

Stakeholder engagement will include regular updates, feedback sessions, and participatory planning to foster ownership and alignment with project goals. This collaborative approach will enhance the relevance, effectiveness, and sustainability of the interventions.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

The success of this project will be measured through the achievement of the following milestones within the specified time frame:

First Two Weeks (Project Start):
1. Organize virtual meetings to share project objectives, outline the roles and responsibilities of stakeholders, and build consensus.
3. Procure the initial stock of PPEs, medicines, and other necessary supplies to enable immediate activities.
4. Develop data collection tools to monitor and evaluate the implementation of project activities in both health facilities and community settings.

Month 2 – Month 4:
1.Roll out the distribution of PPEs and medication, particularly for vulnerable patients lacking resources.
2.Continue collecting and analyzing data from health centres.

Month 5:
1. Conduct a comprehensive project evaluation, documenting lessons learned to inform future interventions and improve accountability and efficiency in similar initiatives.
2. Finalize and analyze data collected throughout the project to provide evidence-based insights into its impact and areas for improvement.

Throughout the Project: Activities at the health facility levels will be carried out simultaneously, ensuring maximum impact.

2. Describe the risks to a successful project and how you are managing them.

The implementation of the project may face several risks. ELCT has identified these risks and developed comprehensive strategies to manage them effectively:

Limited Understanding and Stigma in Communities
Risk: Communities may lack accurate knowledge about Marburg disease, leading to stigma, myths, and misconceptions that could hinder prevention efforts.
IEC materials will be translated into Swahili and local vernacular languages to ensure accessibility.

Delays in Procurement and Distribution of Resources: Risk: Procurement challenges or delays in the distribution of PPEs, medicines, and other supplies could disrupt project timelines.
Management Strategy: Procurement activities will begin during the first two weeks of the project, and ELCT will leverage its established supply chain systems to ensure timely delivery. Close coordination with government entities and regional stakeholders will also help streamline distribution processes.

Inadequate Participation of Stakeholders
Risk: Lack of engagement or coordination among key stakeholders, including government agencies, FBO hospitals, and community leaders, could limit the project's impact.
Management Strategy: ELCT will continue to participate in regular coordination meetings and updates throughout the project will ensure alignment and mutual accountability.

Overburdened Health Systems
Risk: Health facilities and staff involved in the project may already be strained by existing workloads, limiting their capacity to fully participate in project activities.
Management Strategy: The project includes targeted emergency preparedness teams and IPC teams will be supported to integrate project activities into their routine operations.

Difficulty in Tracking and Monitoring Project Progress
Risk: Challenges in data collection and monitoring could impact the ability to assess the project's progress and outcomes.
Management Strategy: ELCT will develop data collection tools during the first two weeks of the project and train staff to use them effectively. Data will be collected consistently from health facilities and community outreach activities to monitor progress, identify gaps, and adjust strategies as needed.

Community Fatigue or Resistance
Risk: Communities may experience fatigue from multiple health campaigns, leading to reduced engagement in the project.
Management Strategy: The project will provide support that is tangible, such as the distribution of PPEs and medicines to vulnerable populations. This approach will increase community buy-in by addressing immediate needs alongside preventive messaging.

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

To effectively monitor the project, ELCT HDD will develop clear, measurable indicators and data collection tools tailored to activities conducted in both health facilities and community settings. The monitoring process will incorporate both qualitative and quantitative methods to ensure a comprehensive understanding of project progress and impact.

A strengthened feedback mechanism will be key to capturing the experiences and insights of project beneficiaries. This will provide an additional layer of accountability by ensuring that beneficiaries' voices are considered in project adjustments and decision-making processes.

Stakeholder engagement will play a pivotal role in the monitoring process. Collaboration with government entities at ministerial and local levels will facilitate periodic reviews, enhance accountability, and promote transparency. Additionally, partnerships with regional stakeholders, including faith leaders and other organizations, will help prevent duplication of efforts, foster mutual understanding, and encourage collective responsibility toward achieving shared goals.

Monitoring and evaluation (M&E) will follow ELCT's established frameworks, utilizing both internal and external evaluation procedures. These evaluations will not only assess project performance but will also serve as key opportunities to gather lessons learned. This information will be documented and analysed to improve future implementation and to ensure the project remains responsive to the needs of the communities served.

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

ELCT has a code of conduct which has been disseminated to all staff and for the new ones during orientation. The code of conduct is signed by all working in ELCT.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

ELCT Health and Diakonia Directorate is committed to ensuring accountability through the following measures:

Stakeholder and Community Awareness
ELCT will ensure that all stakeholders and affected communities are well-informed about the project activities, the roles of each stakeholder, and the contributions required for successful implementation. To enhance understanding, information will primarily be shared in Swahili, a widely spoken language in the region. For communities where Swahili is not widely understood, ELCT will collaborate with regional and district officials to translate information, education, and communication (IEC) materials into local vernacular languages.

Coordination and Information Sharing
Coordination meetings will continue to be organized between stakeholders and community representatives to facilitate information sharing, joint reviews, and collaborative planning. These meetings will provide a platform to align efforts and enhance transparency throughout the project lifecycle.

Stakeholder and Community Awareness
ELCT will ensure that all stakeholders and affected communities are well-informed about the project activities, the roles of each stakeholder, and the contributions required for successful implementation. To enhance understanding, information will primarily be shared in Swahili, a widely spoken language in the region. For communities where Swahili is not widely understood, ELCT will collaborate with regional and district officials to translate information, education, and communication (IEC) materials into local vernacular languages.

Feedback Response Mechanism, Monitoring and Evaluation
Both internal and external evaluations will be conducted to assess the progress and impact of the project. Findings and reports will be shared with stakeholders to ensure transparency and accountability in the implementation process. By employing these measures, ELCT aims to uphold its commitment to accountability and effective communication with all stakeholders and the affected communities.

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Rapid Response Fund

Financial Budget and Report

Requesting ACT member: **EVANGELICAL LUTHERAN CHURCH IN TANZANIA**

	Description	Type of Unit	No. of Units	Unit Cost	Budget	
				local currency	*local currency*	USD
DIRECT COSTS						
1	**PROJECT STAFF**					
1.2.1.					-	-
1.2.2.	Project Coordinator	staff	5	922,176	4,610,880	1,797
1.2.3.	Project Accountant (50%)	staff	5	922,176	4,610,880	1,797
1.2.4.	Project Driver	staff	5	445,000	2,225,000	867
1.2.5.	M & E officer	staff	5	800,000	4,000,000	1,559
TOTAL PROJECT STAFF					15,446,760	6,020
2	**PROJECT ACTIVITIES**					
2.5.	Health				93,210,500	36,328
2.5.1.	Procure and distribute PPE to 195 staff(Clean gloves,Sanitizers,Hospital boots,Aprons,N95 Masks,Head caps,Syringes,Disinfectants,Chlorine tablets for disinfection,Protective jackets and theatre gowns,Supportive drugs, including antibiotics and analgesics (such as Paracetamol) for emergency use	Staff	195	256,169	49,953,000	19,469
2.5.2.	Provide free essential medical supplies for emergency and suspected cases and other essential medical supplies to three hospital-level facilities and three lower-level health facilities.	Hospital and Lowe Health facilities	6	7,209,583	43,257,500	16,859
TOTAL PROJECT ACTIVITIES					93,210,500	36,328
3	**PROJECT IMPLEMENTATION**					
3.1	Forum Coordination				-	-
3.1.1	Coordination meetings (including inception, etc)				-	-
3.1.2	Travel and Accommodation				-	-
3.1.3	External coordination				-	-
3.2	Capacity Development				-	-
3.2.1	Trainings				-	-
3.2.2	Local partners/national members				-	-
3.2.3	Target beneficiaries				-	-
3.2.4	Faith communities				-	-
TOTAL PROJECT IMPLEMENTATION					-	-
4	**QUALITY AND ACCOUNTABILITY**					
4.1	Assessments				-	-
4.2	Complaints and Response Mechanisms				-	-
4.3	Safeguarding				-	-
4.4	Communication and visibility	Service	3	350,000	1,050,000	409

	Description	Type of Unit	No. of Units	Unit Cost	Budget	
				local currency	*local currency*	USD
4.5	Monitoring & evaluation	Travel	3	1,950,000	5,850,000	2,280
4.6	Audit	Fees	1	2,000,000	2,000,000	779
TOTAL QUALITY AND ACCOUNTABILITY					8,900,000	3,469
5	**LOGISTICS**					
5.1.2	Vehicle Rental				-	-
5.1.3	Fuel/transportation	Liters	1,200	3,600	4,320,000	1,684
5.2.1	Warehouse rental				-	-
5.2.2	Wages for Security/ Guards				-	-
5.3.1	Salaries for Logistician/Procurement Officer(10%)				-	-
5.3.2	Salaries for Project Assistant				-	-
5.3.3	Salaries / wages for drivers				-	-
TOTAL LOGISTICS					4,320,000	1,684
6	**PROJECT ASSETS & EQUIPMENT**					
5.1.	Computers and accessories				-	-
5.2.	Printers				-	-
5.3.	Office Furniture				-	-
5.4.	Communications equipment e.g. camera, sat phone, etc				-	-
TOTAL PROJECT ASSETS & EQUIPMENT					-	-
TOTAL DIRECT COST					121,877,260	47,500
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
	Salaries e. g % for Health Director)	staff	5	926,863	4,634,316	1,806
	Salaries e. g % for Finance Director)	staff			-	-
	Salaries for accountant and other admin or secretarial staff …..)	staff	5	355,930	1,779,651	694
	Staff Insurance				-	-
	Staff salaries - Cost shared				6,413,967	2,500
	Office Utilities				-	-
	Office stationery				-	-
	Office Insurance-for project vehicles				-	-
	Phone and internet charges				-	-
	Bank fees - Bank transfer charges				-	-
	Office Operations				-	-
	TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				**6,413,967**	**2,500**
	Percentage of Indirect Costs against Total Budget				-	-
	Total Budget				**128,291,227**	**50,000**