

MONDULI DISTRICT COUNCIL



ONE HEALTH SURVEILLANCE CAMPAIGN REPORT

PREPARED BY

District One Health Team

P.O.BOX 1

MONDULI

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ACKNOWLEDGEMENT

This campaign was part of the joint One Health project by Tandia e.V. and Monduli District Medical Officer. The two partners have successfully implemented several health projects in the district over the past six years. Without the commitment and support from Tandia Association and financial support from Hospital Partnership Initiative, both from Germany, this campaign would not have taken place. The district one health team like to express special gratitude to Tandia Chairperson Regina Meissner for making this surveillance campaign possible. We acknowledge this great contribution.

INTRODUCTION

Introduction

Monduli district is one of the seven districts in Arusha Region of Tanzania. It occupies 14,201 square kilometers with a total projected population of 195,798 people (NBS 2020). About 95% of the district is a game controlled area and open area where varieties of wild animal are found (Source; District Profile). Most of the occupants depend on livestock keeping activity in a nomadic mode, crop farming and wildlife. Due to this, there is a close interaction between human, livestock and wildlife which can easily result in an interspecies transmission of zoonotic diseases. It also has high internal migration rate in search of pasture and international movement as well for social activities especially tourism as the district is the pathway to Ngorongoro, Manyara, Tarangire and Serengeti National parks

Because of this, there has been a frequent anthrax outbreak in the hotspot areas of the district. Furthermore, due to low coverage of toilets in the district and shortage of clean and safe water, there is a risk of outbreak of diarrhea diseases. International movement also brings about the high risk of Ebola, COVID 19 and other diseases of international concern.

As part of preparedness for the response to these public health threats, the knowledge on the surveillance is crucial. Community participation in disease surveillance is strongly advocated for early detection and timely response to public health emergencies. The surveillance campaign conducted in three wards in 2020 showed some impacts in controlling of outbreaks whereby the district received some rumours of suspected infectious diseases from those sensitized communities. This facilitated prompt investigation and significantly managed to contain the outbreak that could have happened. Taking that into consideration the same campaign has been conducted in other three wards so as to extent the surveillance awareness to the district. It was a multsectoral approach where facilitators were of different cadres so to promote one health in responding to emergencies.

OBJECTIVES

The general objective of this surveillance campaign was to sensitize the community to avoid the risk behaviors that cause outbreaks of diseases and the use of different sector's capacities in response to outbreaks if they occur. Specifically;

1. To create public awareness on risks factors that may lead to diseases outbreak
2. To sensitize the community on the use of latrines in order to reduce chances for contamination of water sources
3. To orient field staff on the use of one health approach on response and control of diseases outbreak

3. METHODOLOGY

The campaign has been conducted in eight villages where there has been a frequent outbreak of anthrax and cholera in the past years. Rabies disease has also recently been reported from the same location. These included 3 villages of Mswakini ward (Mswakini Juu, Mswakini Chini and Naitolia); 3 villages of Makuyuni ward (Mbuyuni, Naiti, Makuyuni); and 2 vilages of Esilalei ward(Oltukai and Esilalei)

The main approaches that were used to reach the targeted community included;

- i. Use of public addressing system in markets
- ii. School visit
- iii. Distribution of educational brochures to school pupils
- iv. Sensitization of Community leaders
- v. Orientation of extension/field staff

3.1: Use of Public addressing system

The public addressing system was used in two markets of Makuyuni and Mbuyuni. The aim was to create awareness to the general public on the danger of diseases outbreak and its consequences, and the activities designed for the control of disease outbreak in their community. Approximately 2900 people were reached.



Picture 1: Community sensitization at Mbuyuni

auction market, Monduli 2022

3.2: School visit

The visits were conducted to 10 schools of Makuyuni(4), Mswakini(3) and Esilalei(3) during this surveillance campaign. They were provided with health education focusing on *environmental sanitation, proper uses of toilets, hand washing and awareness on anthrax, Ebola, COVID 19*. They were also instructed on proper hand washing techniques with running water and about 6287 school pupils were reached.



Picture 3: *One of the facilitator giving health education to Manyara ranch pupils in Monduli, 2022*



Picture 4: *Makuyuni Primary School pupils receiving hand washing soap from the surveillance team in Monduli 2022*

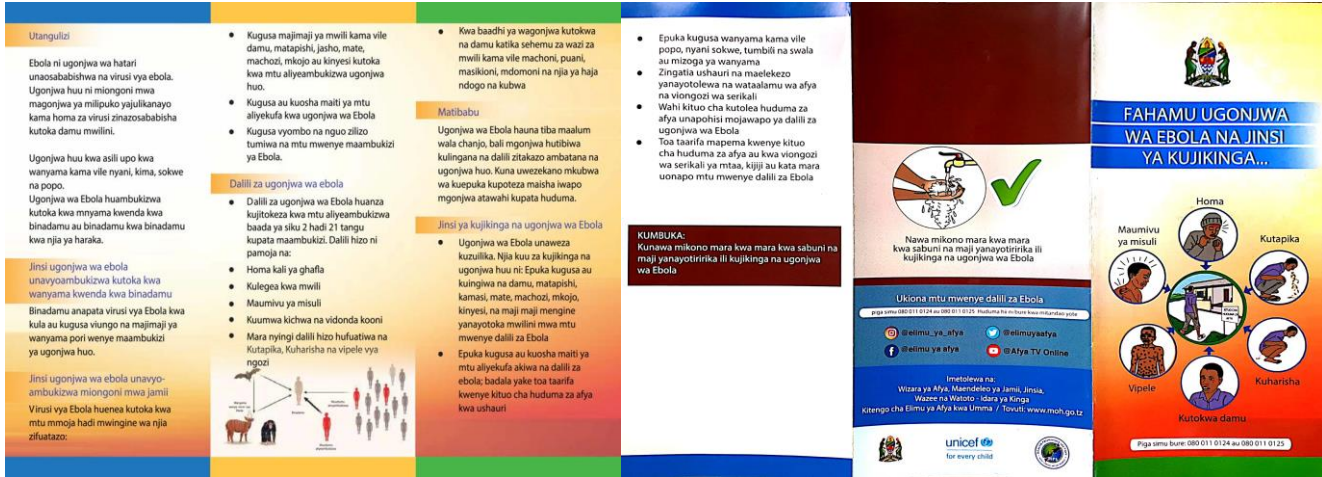


Picture 5: Lowasa Secondary students with posters given by the surveillance team, Esilalei ward in Monduli, 2022

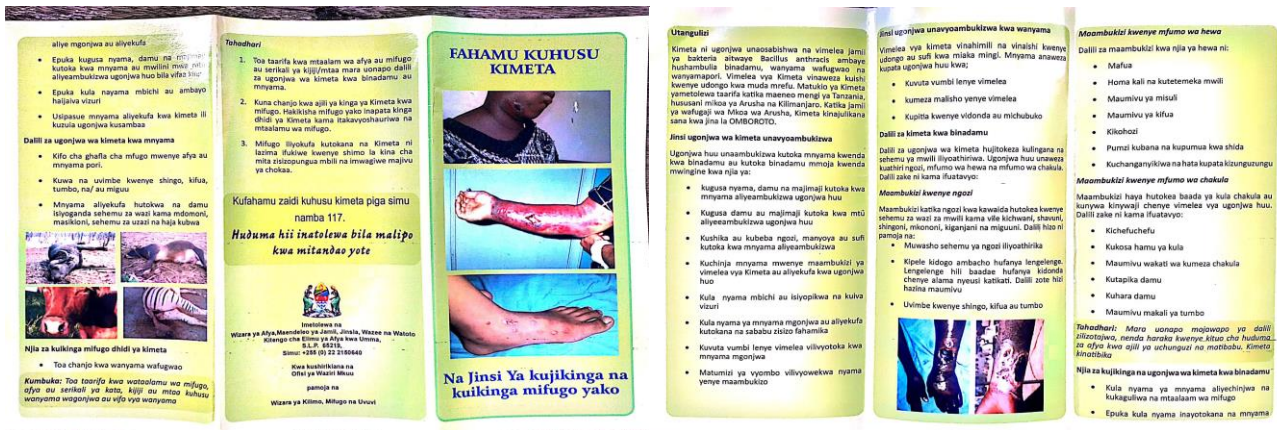
Picture 6: Environmental Health Officer explaining hand washing technique to pupils and staff of Oltukai Primary school of Esilalei in Monduli, 2022

3.3. Distribution of brochures

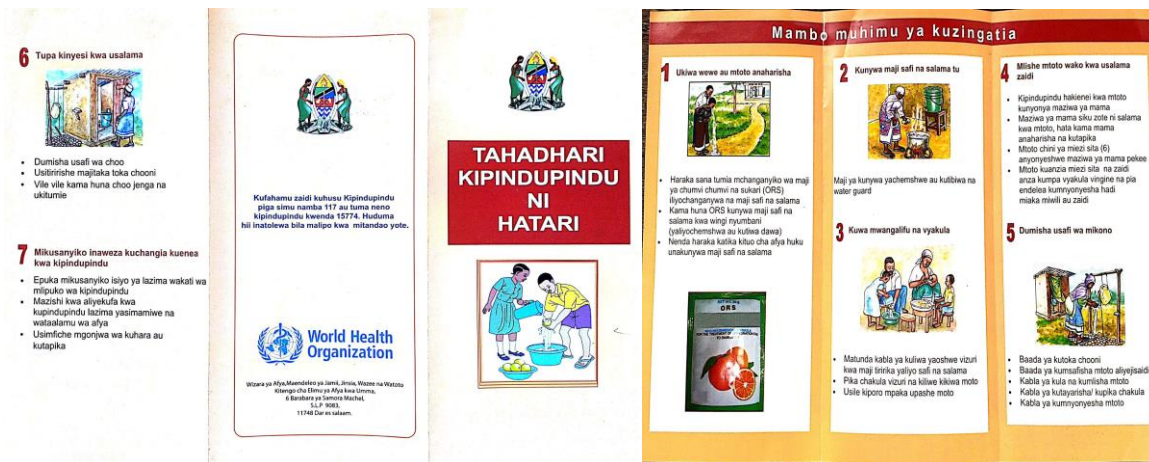
As the important tools in communicating health risk, Educational brochures were distributed in all 10 visited schools. About 1850 brochures for Anthrax, Ebola and Cholera were prepared and distributed to pupils.



Picture 7: Ebola brochure distributed to pupils of 10 schools of Makuyuni, Mswakini and Esilalei Wards, Monduli District 2022



Picture 8: Anthrax brochure distributed to pupils of 10 schools of Makuyuni, Mswakini and Esilalei Wards, Monduli District 2022



Picture 9: Cholera brochure distributed to pupils of 10 schools of Makuyuni, Mswakini and Esilalei Wards, Monduli District 2022

3.4 Sensitization of community leaders

Village meetings that included all influential and respected leaders, religious leaders, politicians, ward/village executive officers and chairpersons of villages and sub-villages were conducted where they were sensitized on their roles on control of diseases outbreak. Some of these roles included sensitizing their community on prevention of diseases, reinforcement of environmental health and sanitation by-laws, vaccination of their livestock etc. The emphasis was on control of diarrheal diseases, anthrax, rabies and COVID 19. A total of **112** leaders were reached



Picture 10 & 11: Community sensitization on control of diseases outbreak at Mbuyuni and Mswakini in Monduli District, 2022

3.5 Orientation of field staff

About **8** field staffs (4 from each of the two wards of Makuyuni and Mswakini) were oriented on use of one health approach on diseases surveillance. Diseases of priority discussed were

Anthrax, Rabies, Ebola, COVID 19, Brucellosis and Cholera. Antibiotic resistance was also the agenda. These staff included,

- Ward health officer
- Ward livestock officers
- Ward Community development officers
- Wildlife officer
- Ward social welfare officers



Picture 12: Orientation of Mswakini and Makuyuni field officer at Makuyuni hall in Monduli, 2022

5. CHALLENGES

- ✓ During the discussion in the community meetings, it was identified that;
 1. Shortage of health staff that could facilitate the all time functioning of surveillance activities in the community level and link to the health facility
 2. The coverage of latrine use is low due to cultural believes, low income and inadequate close follow up of implementation knowledge on importance of use of toilet
 3. There are unreported animal bites in the community
 4. Animal that dies of suspected anthrax are often slaughtered for human consumption
 5. The risk of drug resistance is high due to the practice of slaughtering animal under treatment

6. WAY FORWARD/RECOMMENTATIONS

1. There is a need of recruiting community health workers in all villages that are oriented and regularly facilitated to report to the facility events that threaten human/animal health
2. One health team should frequently make follow up of trained staff so as to strengthen surveillance in the community

3. The oriented ward staff were emphasized to get in the field to sensitize animal keepers to have regular treatment to their animals and if dies under treatment should not be consumed
4. To conduct other campaigns in different communities of the district
5. Enforcement of by-laws at the lower level to ensure that the community abide to the rules and regulations such like use of toilets, general environmental sanitation and vaccination of animals

Conclusion

It is important to intensify disease surveillance efforts in Monduli in general, in order to sustain current achievements and make progress, especially in ensuring that reports are received from rural areas. Even though district achieved the target reporting rate from the facility level, it is critical to ensure and maintain a strong and sensitive surveillance system at the community. By conducting surveillance campaign in the remaining communities and recruiting at least 2 community health workers per village, the district will be a very good performer in early detection and control of outbreaks.