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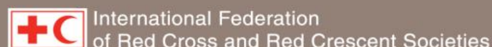
Disaster relief emergency fund (DREF)

Uganda: Measles Outbreak



International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG035
GLIDE n° EP-2013-000096-UGA
Update n°1: 8 November, 2013

The International Federation of Red Cross and Red Crescent (IFRC) Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent emergency response. The DREF is a vital part of the International Federation's disaster response system and increases the ability of National Societies to respond to disasters.

Period covered by this update: 22 August to 31 October 2013.

Summary: CHF 116,006 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 22 August, 2013 to support Uganda Red Cross Society (URCS) in responding to measles outbreak through accelerated social mobilization to reduce the risk of further spread amongst 1,845,000 people in the affected districts of Kamwenge, Kyenjojo, Mubende and Isingiro in Uganda.

Volunteers conducting community social mobilization in Kyenjojo District. Photo/ URCS

The Ministry of Health (MoH) in Uganda confirmed an outbreak of measles in Kamwenge District on 9 August 2013, following previous outbreaks during the recent months in Kyenjojo, Mubende and Isingiro Districts of Uganda. This confirmation caused concerns on further spread to additional districts and across borders posing further threats to the lives and wellbeing of the population in Uganda and extended region. In total, as of 6 October, a total of 129 persons have so far contracted the disease with only two deaths reported since the declaration.

The MoH, through Uganda Expanded Program for Immunization (UNEPI), the District Health Office, some local partners, and URCS with support from the IFRC's Disaster Relief Emergency Fund (DREF) intensified social mobilization activities for accelerated routine vaccination in Kamwenge, Kyenjojo, Mubende and Isingiro so as to scale up routine immunization for children to prevent others from contracting the disease. The districts and MoH continues to promote these sub-national measles Supplementary Immunization Activities SIA's vaccination campaigns in an effort to cut the measles transmission cycle.

Currently following the confirmation of three Wild Polio Virus type 1 (WPV1) cases from Ikotos County in Eastern Equatoria and Aweil South County in Northern Bahr el Ghazal in South Sudan on 26 September, and due to the ongoing Polio outbreak in the Horn of Africa, Uganda planned additional rounds of SIAs during

- October 19-21: Targeting a total of 47 districts including these four;
- 16 – 18 November and 7 – 9 December: For 15 districts in Acholi and West Nile; and
- 18 – 20 January and 22 – 24 February 2014: National Immunization Days (NIDS) during which URCS as a strong partner had been requested to plan for.

Un-earmarked funds to repay the DREF for this response are encouraged as URCS will engage her partners to support these additional planned NID's as a result of the wild polio virus confirmation in the horn of Africa.

URCS volunteers in Mubende undergoing training for the routine and mini measles immunization.

The Uganda Red Cross Society will continue with this current operation involving 430 volunteers who have been trained and deployed in the community and involved in intensive house to house community sensitization providing information on the need and benefits of vaccinating children to the parents and care givers, registering children between 0 months to 59 months, identifying defaulters and encouraging those who have never been immunized or did not complete their immunization schedules to attend the designated health center's, strategic partnership sensitization in schools, religious institutions, communities, media campaigns, and community based disease surveillance with this DREF support.

The Belgian Red Cross/ Belgian government contributed towards replenishing the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, European Commission Humanitarian Aid and Civil Protection (DG ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

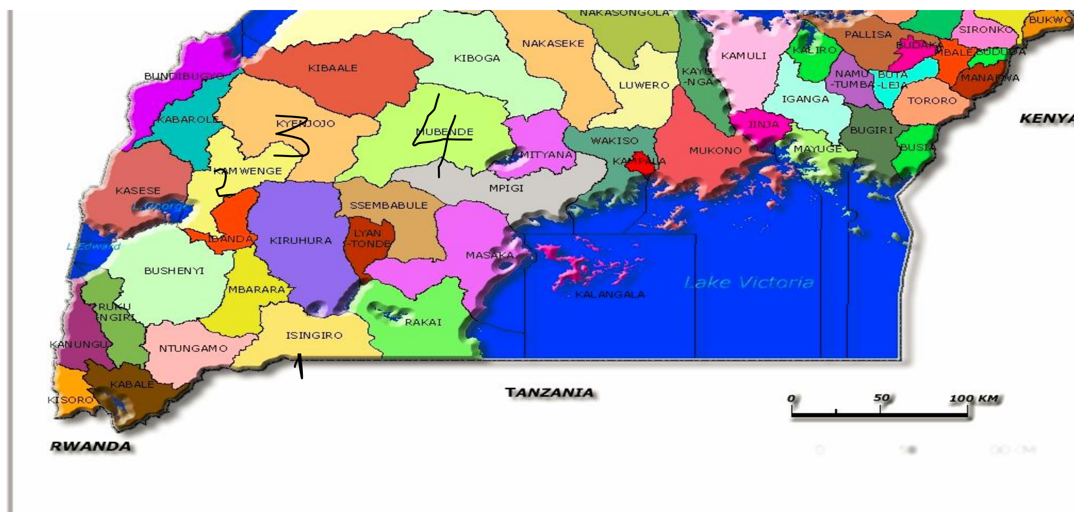
IFRC, on behalf of Uganda Red Cross Society, would like to extend thanks to all for their generous contributions.

<click ***here*** for contact details>

The situation

In January 2013, a measles outbreak was confirmed in Hoima district by the Uganda MoH after blood samples from suspected cases tested positive for measles in laboratory analysis carried out by Uganda Virus Research Institute (UVRI). This outbreak was followed by a protracted sequence of confirmed outbreaks in Kyenjojo on 8 April 2013, Isingiro on 23 June 2013, Mubende on 5 July 2013, and the latest outbreak in Kamwenge on 9 August 2013. The confirmed cases in these prevailing outbreaks have now reached 129 cases after registering more new suspected cases over the last seven weeks with 2 deaths from these four districts alone.

Figure 1: Map showing the lower part of Uganda with the affected districts marked in figures 1- 4.

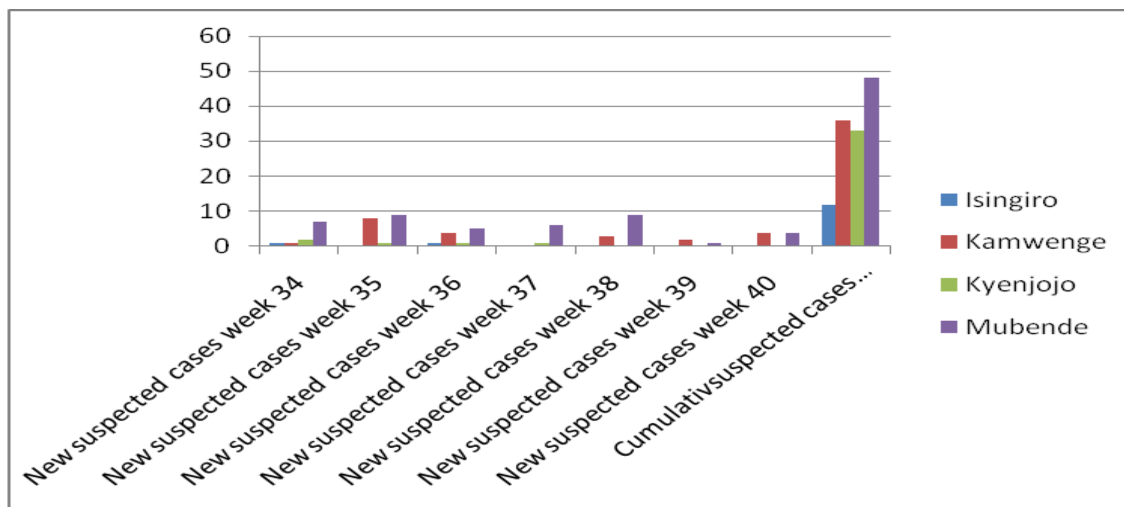


With the implementation of measles SIA's and intensification of routine immunization already in final days in Isingiro and Kyenjojo, the cases in these affected districts have drastically reduced signifying a reduction in the risk for further transmission to unimmunized children. However, due to the high movement rate of people in Mubende and Kamwenge and the delay in implementation in these districts as a result of delays in putting the logistics together by the district to implement the measles mini mass campaign and heightened routine immunization some minimal risk for further spread in these districts still exists.

Table 1: summary of suspected reported cases since the beginning of the declaration of this new episode of measles outbreak

Districts	New suspected cases week 34 (20 – 26 Aug 2013)	New suspected cases week 35 (27 – 1 Aug 2013)	New suspected cases week 36 (2 – 8 Sept 2013)	New suspected cases week 37 (9–15 Sept 2013)	New suspected cases week 38 (16 – 22 Sept 2013)	New suspected cases week 39 (23 – 29 Sept 2013)	New suspected cases week 40 (30 Sept – 6 Oct 2013)	Cumulati suspecte cases fro onset to Octobe 2013
Isingiro	1	0	1	0	0	0	0	12
Kamwenge	1	8	4	0	3	2	4	36
Kyenjojo	2	1	1	1	0	0	0	33
Mubende	7	9	5	6	9	1	4	48
Total	**11**	**18**	**11**	**7**	**12**	**3**	**8**	**129**

Figure 2: Suspected measles cases reported as of 6 October 2013 in the affected districts.



Source: ***The Epidemiological Surveillance Division- Uganda M.O.H*: October, 2013**

The affected children are being treated at different health centers in the affected districts. The measles symptoms normally appear about 9 to 11 days after infection, and may include a runny nose (coryza), dry hacking cough (conjunctivitis), swollen eyelids, inflamed eyes, watery eyes, sensitivity to light (photophobi), sneezing, fever, Koplik's spots (very small grayish-white spots with bluish-white centers in the mouth, insides of cheeks, and throat) and rashes (3 to 4 days after initial symptoms a reddish-brown spotty rash appears).

As was planned, URCS implemented a baseline survey to guide social mobilization involving 360 members randomly selected from the selected households from the affected villages. Rapid data analysis being used to guide social mobilization reveals the following;

- Only 24% of the respondents possess radio,
- In addition only 11% own a mobile phone,
- 48% of the populations are unable to regularly vaccinate as the travel time to the health centers on foot ranges between thirty minutes to three hours.
- Only 36% had knowledge of existence of measles vaccine,
- Only 32% had their children vaccinated during the 2011 mass measles campaign,
- And 32% agreed to have their children vaccinated against measles.
- As much as the few people own a radio, 79% of the respondents indicated that their source of information was through the radio.

Figure 3:Vaccine accessibility by the populations

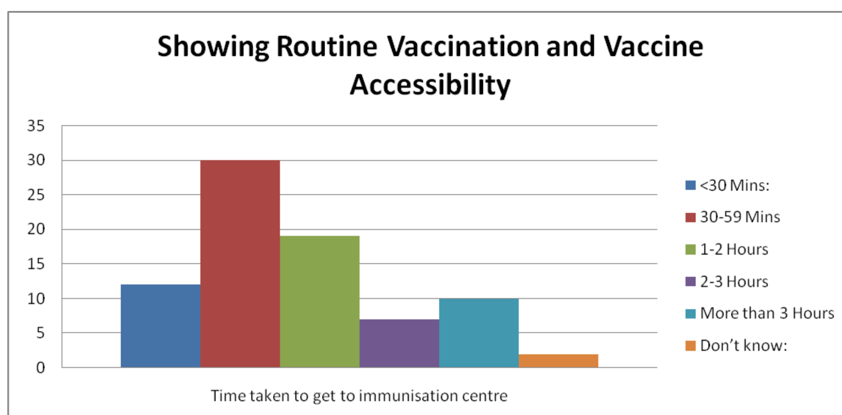
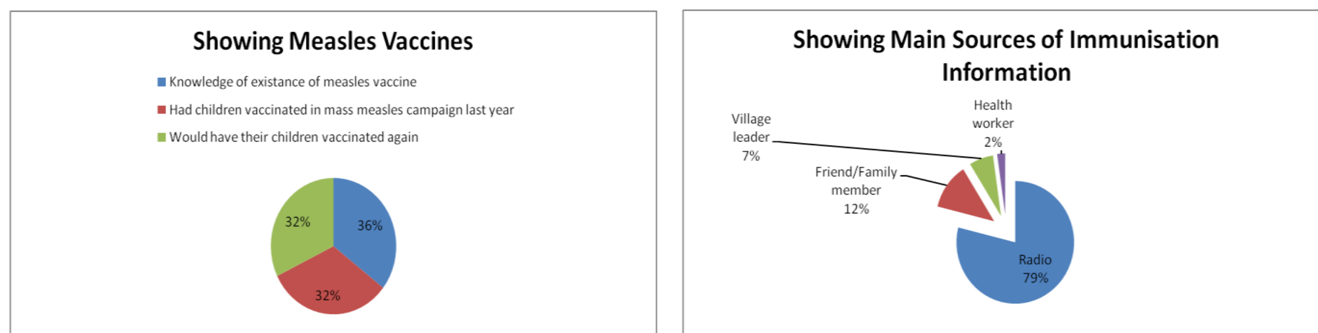


Figure 4:Measles Vaccine uptake and population sources of knowledge on the vaccine availability



This baseline data has been adopted and will be used to reach out to as many care givers and parents so that all un-vaccinated or under vaccinated children are reached to avoid the further spread of the measles outbreak. This survey tool will be applied again at the end of the campaign to access the impact of URCS intervention and strategy on the community.

Coordination and partnerships

The response task force set up in all four affected districts has since been conducting consultative meetings together with the Branches and other partners to coordinate the SIA's and mini vaccination campaigns activities in the four affected districts in Uganda. URCS as a member of the National Social Mobilization Committee attends the coordination meetings and has been part of the team that developed Information, Education and Communication (IEC) materials for community education and sensitization for this accelerated measles vaccination campaign /routine immunization.

The MoH and the District Health Team remain the main interveners, while the United Nations and humanitarian agencies such as UNICEF, WHO, URCS, Baylor and World vision have all been supporting the district in these accelerated responses. URCS has remained the main actor for social mobilization in the communities.

Treatment centers have been set up at the various districts hospital and health centers where all suspected measles cases are being referred for management.

MoH through UNEPI with support from UNICEF and the National Medical stores have been responsible in supporting the districts with immunization supplies/logistics that NMS has been delivering to support hospitals, health centers and vaccination posts within the affected districts. The MoH also supported the districts funds from the Global Alliance for Vaccines and Immunization (GAVI to support the supplemental immunization activities and outreaches.

Red Cross and Red Crescent action

The URCS branches in the affected districts participated in a joint assessment together with the District Health Office (DHO), MoH, UNICEF and WHO, which established the magnitude of the measles outbreaks, and highlighted the importance of an urgent response through an accelerated vaccination campaign to reach and encourage the part of the population that have not yet vaccinated themselves or their children.
The Branches collectively mobilized 430 volunteers who were trained, deployed and continue to implement the measles response activities.

A two day data collection activity for the baseline survey was also concluded using simple tools designed for volunteers to measure the current levels of public awareness, attitudes, beliefs and practices towards vaccination. The same tools will be applied at the end of the operation to estimate the impact of the campaign within the communities.

In order to reduce risk of wide transmission of the measles outbreak, the mass media have been contracted and have been airing some acceptable and context-specific campaigns messages to improve on the knowledge and awareness about the SIA's from the baseline levels. In addition, context-specific IEC

messages on vaccine preventable diseases, their risks for children, and the importance of completing immunization schedule as a preventive measure were also distributed to compliment the other approaches.

URCS internal personnel located at the branch and regional offices and technical staff from the headquarters trained the volunteers and continue to provide technical support for the planned measles interventions.

The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members were briefed on the project goals and objectives and they provide monitoring support for the activities.

The URCS communication office developed a communication plan and has had one media briefing on URCS efforts for information sharing and visibility of the work of the staff and volunteers during the operation. Additional articles and publications will be hosted on the URCS website to provide information to the media.

Emergency health

Outcome: To reduce the risk of further spread of the measles outbreak amongst 1,845,000 people in Kamwenge, Kyenjojo, Mubende and Isingiro affected districts, through intensified house to house community sensitization, media campaigns, and community based disease surveillance.	
Outputs (Expected results)	**Planned activities**
• Increased public awareness about measles disease (signs and symptoms, transmission risk factors, actions for suspected cases, importance of immunization as a control measure) • Improved early detection, reporting and referral of suspected measles cases through community based disease surveillance mechanisms.	• Mobilize and train 430 volunteers on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms. • Identify community based volunteers who will manage designated villages and carry out house to house sensitization and identify report and refer suspected measles cases in their community as part of a community based disease surveillance mechanism. • Produce and disseminate context-specific IEC materials (50,000 posters, 50,000 brochures and 900 T-shirts with messages translated to local languages) planned to reach 1,845,000 people. • Conduct advocacy meetings with key local religious, teachers and community representatives • Conduct house to house child vaccination registration of eligible children; mop up verification of immunization cards for the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children. • Track children in the targeted communities that has not been vaccinated or dropped out from their vaccination scheme, and encourage their families to take them for vaccination at the vaccination post set up by the District Health Teams. • Conduct informal awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information. • Conduct media campaigns including 4 radio talk shows, 120 radio spots on immunization reaching approximately 1,845,000 people in the affected districts. • Conduct public address drives communicating immunization messages for 3 days per month in the targeted districts to promote routine vaccination campaign for measles. • Facilitate active case search of suspected measles patients and ensure their appropriate referral to the treatment centers. • Procure 20 mega phones for use by volunteer teams during mobilization. • Procure 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification.

	• Assist in routine immunization vaccination and outreach activities at sites. • Register children using 6,400 registers, tick names of vaccinated children on pre-registration lists on mini campaign days.

Progress: The program mobilized a total of 430 volunteers and then trained them on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms and the SIA's. A total of 50,000 posters and 50,000 brochures were procured and distributed while 900 T-shirts with messages translated in to local languages with context-specific IEC materials message planned to reach 1,845,000 people were produced and distributed. Advocacy meetings with key local religious, teachers and community representatives in the respective branches were conducted throughout.

Volunteers conducted house to house child vaccination registration targeting eligible children as well as mop up verification of immunization cards for the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children. The data will also be analyzed and shared in the subsequent reports. A total of 42 suspected measles cases in children have so far been referred for support in the health centers by these volunteers.

Respective branches implemented awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information about the SIA's and mini measles campaigns that have already been implemented in some districts. Two radio talk shows, 60 radio spots on immunization reaching approximately 1,845,000 people in the affected districts were carried out. In addition, public address drives communicating immunization messages in the targeted districts to promote the SIA vaccination campaign were also conducted for a three day period. This was facilitated by the use of 20 mega phones distributed for use by volunteer teams during mobilization.

A total of 6,400 immunizations registers 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification were also procured and distributed. These are the tools the volunteers have been using to register eligible children during the house to house activities. Volunteers have so far reached out to over 6,000 households and registered over 12,000. Volunteers have also identified approximately 4,800 s defaulters over this period. The registers are being analyzed.

Volunteers moving from house to house to register children for easy follow up and referrals of defaulters.

Operations, Coordination, Monitoring and Evaluation

Outcome: Strengthened operational capacity in planning, Monitoring, Evaluation and Reporting for effective service delivery to the target beneficiaries	
Outputs (Expected results)	**Planned activities**
• All planned operational activities are properly coordinated, monitored and reported on in a timely and quality manner	• Conduct weekly field monitoring by national, regional and branch staff • Train 20 volunteers for undertaking the baseline and end line KAP surveys, including survey tools, methodology and interviews. • Conduct the measles operations baseline and end line KAP survey using tools designed for volunteers. • Participate in all districts and national coordination and micro planning meetings to facilitate effective

	accelerated vaccination campaigns • Participate in post accelerated immunization campaign meeting with UNEPI, districts and other implementing partners.

Progress: Three field monitoring support visits for national, regional and branch staff were conducted to support in the local level planning with the district for the SIA's.A total of 20 volunteers were identified and supported in undertaking the baseline and end line KAP surveys. The National Society participated in all the weekly districts and bi- weekly national coordination and micro planning meetings for the SIA vaccination and measles mini campaigns.

Challenges:
- A delay in the transfer of funds the branches caused a slight delay in activity implementation. This is however now managed.
- Some of the affected districts are short of qualified personnel at health facilities who are supposed to drive the campaigns in the communities.
- The districts also lack adequate transport for logistics movement to some of the places considered to be hard to reach.
- The heavy rain downpour coupled with poor road networks present a clear challenge in respect to logistical movements of items meant to support the campaign activities.

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby

contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace