DREF operation final report

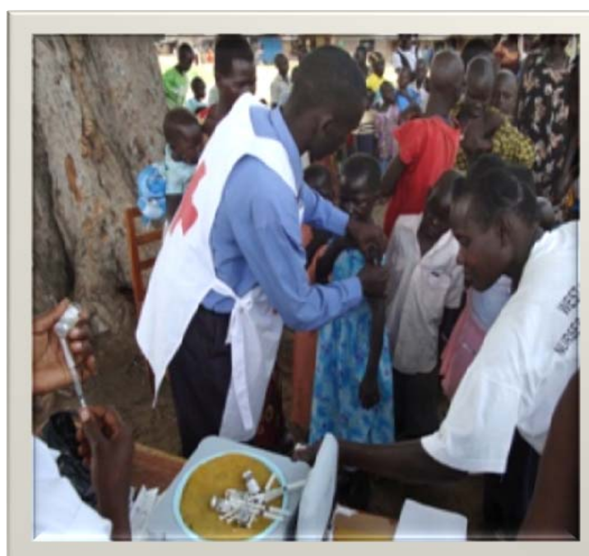
International Federation
of Red Cross and Red Crescent Societies

Uganda: Meningitis	DREF operation n° MDRUG013 20 July 2009

The International Federation's 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 response to emergencies. 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.

CHF 160,941 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 20 January 2009 to support the National Society in delivering immediate assistance to some 2,300,000 beneficiaries in 5 districts and/or Uganda Red Cross Society (URCS) branches.

Summary: The deadly meningitis disease broke out in the districts of Arua, Adjumani, Hoima, Masindi, Moyo and Yumbe in January 2009 affecting over 200 people. The URCS intervened and trained 150 community based volunteers (CBVs) who were involved in conducting social mobilization, health education, active case search and timely referral of suspected cases to the nearest health units. A total of 1,851 sessions were conducted reaching out to over 200,000 people. This led to increased public awareness about the disease and its control measures, high turn-up of the target population for vaccination and a general decline in the infection rate and mortality from the disease.



Volunteers vaccinating in Dufile sub-county in Moyo district. Photograph by Mawa – URCS Branch Coordinator

This operation was conducted in collaboration with the Government of Uganda, World Food Programme (WFP), Medicine san Frontiers (MSF), International Rescue Committee (IRC), MedAir, United Nations Development Programme (UNDP) and United Nations Childrens' Fund (UNICEF). The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on: http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp

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The situation

Uganda, especially the Northern, Eastern and West Nile regions, are at high risk of health emergencies and epidemic outbreaks. The disease broke out in Hoima district on 30 December 2008 with an onset of 6 cases and sudden death of 3 community members in Haibale village, Kisukuma parish, Kigorobya sub-county. The

Ministry of Health (MoH) conducted an investigation and confirmed an epidemic due to *Neisseria Meningitides* type more outbreaks occurred in the neighboring districts of Masindi, Arua, and Adjumani. The outbreak further spread within the West Nile region (lying within the African meningitis belt) affecting Moyo and Yumbe districts. By 31 March 2009, a total of 74 cases with 8 deaths (CFR 46.1 percent) were registered in Moyo, Nakasongola, Yumbe and Masindi alone. By the end of the operation, a total of 144 cases were registered and reported with 28 deaths (CFR 19.4 percent), 12 men, 10 women and 6 children.

To contain the epidemic, vaccination campaigns were conducted in Hoima, Moyo, Masindi, Arua and Yumbe for residence between 2 to 30 years of age. Over 15 parishes were targeted reaching out to a total of 40,576 people. A total of 150 Community Based Volunteers were trained from the affected areas and these helped to sensitize the communities on the facts about meningitis by conducting door to door household campaigns alongside the distribution of Information, Education and Communication (IEC) materials. The IEC materials helped to educate the communities on how to identify suspected meningitis cases, general prevention measures and actions to take.

Despite these achievements, a few challenges were experienced during the operation but counter measures were instituted to overcome them. The first key challenge was that just as the operation was initiated in the 4 affected branches, a new outbreak was reported in Moyo district with barely any control measure. This was countered by reallocating internal resources from the DREF budget to put in place similar interventions in Moyo Branch. This ensured comprehensive response covering all the affected communities hence reduced spread to other neigbouring districts. Another challenge encountered was the delayed vaccination campaign by MoH in Moyo and Adjumani that hampered volunteers' mobilization efforts as the vaccinations were not yet in place. This was countered by supporting MoH with a few logistics like transport and human capacity to make sure the exercise immediately takes off as the vaccines were readily available in the districts.

Red Cross and Red Crescent action

Recognizing the importance of early response and mitigating the impact of the meningitis outbreak, the International Federation supported the Uganda Red Cross Society who collaboratively worked with the Ministry of Health, World Health Organization, Medicine san Frontiers (MSF), local governments and other partners in the six affected districts of Hoima, Masindi, Arua, Yumbe, Adjumani and Moyo to provide the much needed early response to the Meningitis disease that broke out in December 2008. In conjunction with the vaccine stockpile provided by the Government and WHO, the URCS conducted intensive social mobilization advocating for the uptake of these vaccines assuring the communities of its safety and efficacy, in addition to the active case search and referral and general health education task done by the trained community-based volunteers in the affected districts. The results of the early response and DREF funding are clear in that the number of cases was significantly controlled to remain at lower limits than in previous outbreaks.

Outbreak control teams were established in the affected districts and they met daily to review the latest data on the suspected cases and deaths and followed up on alerts as well as implemented the general outbreak response plans put in place by the District Disaster Management Committees. The Uganda Red Cross Society branch coordinators in the affected districts were part and parcel of these district epidemic response task forces who were also involved in the daily planning and review of the interventions with the District Health Teams (DHTs) and other partners.

With the DREF support, the URCS was able to recruit, train and deploy 150 community based volunteers in the affected branches and initiated social mobilization and health education by use of door-to-door campaigns. A total of 1,851 household sessions were held, in addition to 43 radio talk shows and 400 radio spots that all contributed to improved public awareness about the disease. The logistical support given resulted into 40,576 people within the target age brackets vaccinated against the disease in Hoima, Yumbe, Adjumani, Arua, Masindi and Moyo districts. All these activities coupled with the social distancing measures implemented led to reduced number of new meningitis cases reported in the affected communities and controlled outbreak within a short time period.

Coordination and partnerships

The URCS coordinated and partnered closely with other key operational agencies or organizations like the District Local Government, Ministry of Health, Director of District Health Services (DDHS), and Medicine san Frontiers. The overall management of the operation was done by URCS Disaster Management (DM) department with technical support from the Health and Care department.

Routine coordination meetings and joint planning sessions were held both at the national and district levels. At the national level, URCS was represented in the National Task Force (NTF) meetings held every two weeks at WHO country offices and chaired by MoH. Other partners in the NTF included United Nations Childrens' Fund (UNICEF), MSF, International Rescue Committee, MedAir, Office of the Prime Minister (OPM), and United Nations Development Programme who played various roles as per the technical working groups (case management, social mobilization, logistics and coordination) according to each agencies' competencies. While at the district level, the respective branch coordinators were part and partial of the weekly task force meetings with members of the district health teams (DHT) and other health service providers. These forums would review progress of meningitis epidemics and designing new containment strategies and also looked at other emerging diseases like cholera, typhoid, hepatitis B, polio and anthrax.

Ministry of Health handled case management in the affected districts. Community mobilization and health education were initiated at minimum levels through the district health teams and surveillance was strengthened to ensure early case detection and monitoring of the epidemic. Vaccination campaigns were organized by the Ministry of Health and doses for Epidemic Meningitis Control, along with injection materials, oily chloramphenicol, transport media and rapid-test kits were provided to the affected districts. Regular updates on the progress and trend of the disease were shared to all national stakeholders. This helped on the dissemination of good practises, modification of the epidemic response strategy and activities when necessary and shared lessons learned.

Emergency health

Overall objective: **To reduce the morbidity and mortality rates from meningitis among the affected communities through early detection and appropriate treatment of cases.**

Objective 1: **To promote community resilience on meningitis through better awareness, knowledge and behavior.**

Activities planned

- Training and mobilization of community-based volunteers, equipping them with social mobilization and effective approaches to health education.
- Printing and distribution of IEC materials for promoting public awareness about the disease.
- Media campaigns (radio spots and talk shows) to promote public awareness and behaviour change to both affected and non-affected communities.
- Develop meningitis documentary and utilize for community awareness in the affected and non-affected areas.
- Provide logistical support to facilitate volunteer's field activities.

Impact

A total of 150 community based volunteers (CBVs) from the affected areas of Hoima, Masindi, Yumbe, Moyo and Adjumani were trained and mobilized in basic facts on meningitis, social mobilization/health education, community disease surveillance and case referral skills. The selected CBVs were Red Cross volunteers who were active members of the Village Health Teams (VHTs) as per the Ministry of Health guidance. This boosted the community's capacity for health promotion and general resilience against any other disease outbreak.

A total of 32,448 posters, 20,000 brochures and 240 T-shirts with key messages on meningitis were procured and distributed to the affected areas for facilitation purposes in health education and health promotion by the CBVs. The messages were translated in the respective local languages of the affected communities (Runyoro for Hoima and Masindi, Lugbara for Arua/Yumbe and Madi for Adjumani and Moyo) to make the messages clear and understood within the cultural variations.

The IEC materials helped to educate the communities on how to identify a suspected meningitis case, actions to be taken and general prevention methods like avoiding overcrowding, staying in well ventilated shelter thus reducing new infections in the targeted areas.

A total of 43 radio talk shows were aired in the branches of Arua, Adjumani, Hoima, Masindi, Moyo and Yumbe reaching an estimated audience of over 500,000 people who would often listen to Bunyoro Broadcasting Service (BBS), Kitara FM and Trans-Nile radio. The panellists included technical people from the district health team, local leaders and Uganda Red Cross officials. Key issues discussed included: general facts about meningitis, public health by-laws against over-crowding and mobilization for vaccination against meningitis.

URCS Moyo Branch Coordinator and District Health Educator in the Studio conducting a radio talk show

In addition to the talk shows, a total of 400 radio spots have been aired in the same areas to complement the talk shows and other interpersonal communication approaches used to create awareness and reduce on the infection. As a result of the above, this has contributed to improved public awareness and fostered positive behaviour change about meningitis that has lowered infection rates.

A total of 30 bicycles, 240 head caps, 240 pinafores, 68 umbrellas, 150 pairs of gumboots, 40 megaphones and 1,200 face masks were procured and distributed to the target areas and were used to facilitate the CBVs in their social mobilization, case search and referral activities. The bicycles helped the volunteer team leaders and/or coaches for supervision purposes within their geographical areas and collect daily field reports. The head caps, umbrellas and gumboots acted as protective gears for the volunteers working under harsh environments.

Challenges

The production of the planned meningitis documentary was not implemented because the epidemic scope spread to new areas like Moyo and Yumbe, which were originally not targeted thus funds allocated for the documentary were redeployed to support community activities in the 2 new districts. The change in plan helped to fight the epidemic holistically and stop further spread in the neighbouring districts.

After completing the original plan targeting the 4 branches of Hoima, Masindi, Adjumani and Arua, the disease spread to 2 new districts (Moyo and Yumbe) that were not previously targeted. This led to readjustment of the plan by reallocating resources previously apportioned for activities like documentaries, and field monitoring to initiate response activities in the new sites of Moyo and Yumbe.

Most of the affected districts lack emergency control plans, despite the fact that they managed to establish outbreak control committees under the District Disaster Management Committees.

There were inadequate funds to cater for transportation of the procured materials from the central warehouse in Kampala to the field; hence funds were locally borrowed to hire trucks to deliver the items in Moyo, Adjumani, Arua, Yumbe, Hoima and Masindi.

Emergency health

Objective 2: **To reduce the transmission of meningitis in the affected communities by promoting control measures like social distancing, and vaccination uptake.**
Activities planned • Conducting door-to-door health education and home inspection with the aim of encouraging the uptake of vaccines, and carry out active case search and timely referral of suspected cases to health units. • Advocacy for enforcement of public health Acts, regulation and by-laws (especially the social distancing measures like banning public gatherings etc) • Orientation of special interest groups like religious leaders, traditional healers/herbalist, cultural and other opinion leaders to act as agents of positive behaviour change amongst their subjects.

Impact

The CBVs have been engaged in active social mobilization, health education, active case research and referral of suspected cases through door to door campaigns and use of posters and brochures targeting schools, churches, mosques, local leaders, social gatherings and market vendors and this as a result helped to promote general awareness on the disease and increased turn-up in the vaccination exercises for polio, meningitis and measles. So far a total of 1,851 sessions were conducted reaching out to over 200,000 people.

CBVs gather to review their activities with progamme staff from the headquarters and regional offices during field monitoring and support supervision visits.

A total of 40,576 people within the age bracket of 2 to 30 years old were vaccinated in Moyo and Arua districts against meningitis. In branches like Moyo, volunteers were first vaccinated before engaging on the mobilization exercises so as to ensure safety of the volunteers as they engage communities in the affected areas. The branch supported the vaccination campaign by providing volunteers, some of whom previously trained as community vaccinators, to assist health workers and fuel to transport the materials and vaccines. As well as provide access for the health officers to supervise field activities, while the districts provided the injection equipments, vaccines and vehicles to facilitate the mobilization exercise. This support from the URCS strengthened the vaccination capacities of MoH.

Meeting with opinion leaders composed of local council members, traditional healers, religious leaders and clan leaders were held in all the five districts. This team helped to cascade the information on changing attitudes and behaviour of their associates that led to the prevention, control and containment of meningitis from the target communities. This has helped to reduce on the community's attitude of first consulting traditional healers and promoted their health seeking behaviour hence reducing the chain of infection.

Challenges

While the CBVs were engaged in control measures against meningitis, other diseases like wild polio, cholera, measles also broke out in the target areas, thus diverting the attention of the authorities and resource allocation. In some places, the activities were consolidated and the CBVs were involved in the polio vaccination and mass measles campaigns that were concluded effectively with high coverage.

In districts like Yumbe, Moyo and Adjumani, there was general fear of an outbreak of Hepatitis B and E in the community thus making the work of the CBV more complex and difficult since there was need to sensitize the communities on all the deadly diseases. Suspected cases were normally referred for treatment in the health centres.

While the URCS' social mobilization, active case search & referral and other community-based activities were timely initiated in the affected communities; the MoH was not ready to start up the vaccination programme that was critically needed to provide a holistic approach for effective control of the outbreak in Moyo and Adjumani districts even after the epidemic threshold was reached due to the lack of financial resources, other logistical and administration requirement for the activity. This gave a drawback to the volunteers' community mobilization efforts and possible limitation to the effectiveness of the vaccination campaign. The affected branches therefore supported the campaign by providing the necessary logistics like transport and additional personnel (volunteers previously trained as community vaccinators) to ensure that the vaccination campaign is effected in time.

Due to the fact that some of the new cases in this outbreak are the same ones who received vaccination in the previous outbreak, the community members doubted the efficacy of the vaccine in protecting them from infection and so this posed a challenge to the volunteers during their work to mobilize the communities and promote the uptake of the vaccination. This challenge was countered through further explanation from the technical persons from WHO and the MoH who were integrated into the community outreach activities and the joint radio talk shows.

Recommendations

For future operations, the National Society needs to plan for unsuspected epidemics to avoid diversion of resources and attention.

Volunteers need to be recruited and trained on the general diseases that are prone to affect the greenbelt region.

There is need for coherent communication and coordination with the higher district authorities and the national society for effective response from the community.

Conclusion

The URCS' intervention plus that of other partners greatly contributed to the achievement of the planned objectives inspite of the challenges faced. The URCS branches were able to build the capacities of the volunteers through training and combined joint coordination with the district and other implementing partners. However, Meningitis epidemic still remains a big public health emergency and has the potential of escalating. It is therefore important for all partners to integrate meningitis activities as part of the recovery programme in northern Uganda to provide a consistent intervention.

How we work

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

The International Federation's activities are aligned with its 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.

Contact information

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<DREF final financial report below; click here to return to the title page>

International Federation of Red Cross and Red Crescent Societies

MDRUG013 - Uganda - Meningitis

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/2-2009/6
Budget Timeframe	2009/2-2009/4
Appeal	MDRUG013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	**160,941**					**160,941**
B. Opening Balance	**0**					**0**
Income						
Other Income						
Voluntary Income	*160,941*					*160,941*
C5. Other Income	***160,941***					***160,941***
C. Total Income = SUM(C1..C5)	**160,941**					**160,941**
D. Total Funding = B +C	**160,941**					**160,941**
Appeal Coverage	**100%**					**100%**

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					**0**
C. Income	160,941					**160,941**
E. Expenditure	-160,941					**-160,941**
F. Closing Balance = (B + C + E)	0					**0**

International Federation of Red Cross and Red Crescent Societies

MDRUG013 - Uganda - Meningitis

Final Financial Report

Selected Parameters	
Reporting Timeframe	2009/2-2009/6
Budget Timeframe	2009/2-2009/4
Appeal	MDRUG013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**160,941**					**160,941**	
Supplies								
Clothing & textiles	7,520							**7,520**
Teaching Materials	16,533							**16,533**
Other Supplies & Services	10,307							**10,307**
Total Supplies	**34,360**							**34,360**
Land, vehicles & equipment								
Others Machinery & Equipment	4,800							**4,800**
Total Land, vehicles & equipment	**4,800**							**4,800**
Transport & Storage								
Distribution & Monitoring	2,677							**2,677**
Transport & Vehicle Costs	19,264							**19,264**
Total Transport & Storage	**21,941**							**21,941**
Personnel								
National Staff	2,000							**2,000**
National Society Staff	49,667							**49,667**
Consultants	6,667							**6,667**
Total Personnel	**58,334**							**58,334**
Workshops & Training								
Workshops & Training	14,379							**14,379**
Total Workshops & Training	**14,379**							**14,379**
General Expenditure								
Travel	1,600							**1,600**
Information & Public Relation	11,733							**11,733**
Communications	1,333							**1,333**
Other General Expenses	2,000							**2,000**
Total General Expenditure	**16,666**							**16,666**
Contributions & Transfers								
Cash Transfers National Societies		150,480					**150,480**	**-150,480**
Total Contributions & Transfers		**150,480**					**150,480**	**-150,480**
Programme Support								
Program Support	10,461	10,461					**10,461**	**0**
Total Programme Support	**10,461**	**10,461**					**10,461**	**0**
TOTAL EXPENDITURE (D)	**160,941**	**160,941**					**160,941**	**0**
VARIANCE (C - D)		**0**					**0**	