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Disaster relief emergency fund (DREF) Uganda: Ebola epidemic

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG029 GLIDE n° EP-2012-000124-UGA 3 August 2012

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.

CHF 197,205 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in delivering immediate assistance to 900,000 people in Kibale District and 4 surrounding districts (with a media campaign), 646,700 people in Kibale District (with health promotion campaigns), 2,500 high risk people (with house-to-house contact tracing and follow-up), 900 people at risk of stigmatization (300 discharged from hospitals and their 600 family members with psychosocial support and NFI kits), 55 hospital staff (with personal protective equipment), and 220 volunteers (with training in epidemic control and psychosocial support) over 3 months. Un-earmarked funds to repay DREF are encouraged.



Personal protective equipment ready to be delivered from URCS to Kibale District/ Photo URCS

Summary:

An outbreak of Ebola haemorrhagic fever was confirmed by the Ministry of Health (MoH) and World Health Organization (WHO) on Friday, 27 July 2012 in Kibale district in Western Uganda. By Monday, 30 July 2012, there were 36 suspected cases of Ebola, with 14 deaths. More cases have continued to be reported in the affected area, with some being admitted in Kagadi hospital. There are fears that the disease has spread beyond Kibale. One suspected case was referred by ambulance to Mulago Hospital in Kampala, and died on 22 July 2012. Hospital staff handling the case are being monitored according to protocol and have so far not displayed any signs of the disease. The full extent of the outbreak is not yet established but is expected to be clearer after the assessment that started on Saturday, 28 July by a team of MoH, WHO, United States Centre for Disease Control (CDC) and URCS. The outbreak has been confirmed to be Ebola (Sudan type) and more laboratory tests continue to be done to further establish the characteristics of this outbreak.

A Uganda Red Cross Society Task Force has been established that will work closely with the Ministry of Health's established Task Force consisting of a number of agencies including WHO, Medecins Sans Frontiers (MSF), United Nations Children's Fund (UNICEF), Africa Epidemic Network (AFINET) and other development partners to coordinate local and international efforts to provide medical supplies and to assist with transport and personnel.

A total of 220 URCS volunteers have been mobilized and are receiving a refresher training to support the dissemination of information about the disease and its transmission in Kibale, as well as in Kampala and other at-risk districts. These volunteers will provide support to the vulnerable communities in tracing and follow-up of the contacts of the suspected/confirmed cases. Some of these volunteers will also be involved in psychosocial support, rehabilitation and distribution of Non Food Item (NFI) kits to survivors. This DREF operation will support Uganda Red Cross Society to reach communities and individuals in Kibale and the surrounding districts as well as in Kampala as follows:

Table 1: Target population to be reached with various interventions

Activities	Number of beneficiaries
Health promotion campaign in Kibale District	646,700
Media campaign in Kibale District and 4 surrounding districts	900,000
House-to-house contact tracing and follow-up	2,500
Psychosocial support and NFI support (300 discharged from hospital and their 600 family members)	900
Personal protective equipment provision to hospital staff	55
Training in Epidemic Control for Volunteers and Psychosocial support	220

Since there are no cases of Ebola in Kampala for the moment, Uganda Red Cross activities in Kampala are currently limited to preparedness measures including: Refresher training for volunteers; pre-positioning of Information, Education and Communication (IEC) materials. The Ministry of Health has put sufficient measures in place to ensure an appropriate follow-up of the potential contacts (medical staff of Mulago Hospital).

This operation is expected to be implemented over 3 months, and will therefore be completed by end-October, 2012. A Final Report will be made available three months after the end of the operation (by end January, 2013).

[<click here for DREF budget; here for contact details; here for a map of the affected area>](#)

The situation

Ebola Haemorrhagic Fever (EHF) is a highly contagious and deadly disease for which there is no known cure. 90% of the people exposed to it may die from the disease if there is no urgent medical supportive intervention. Previous outbreaks of the EHF have shown that after an incubation period that ranges from 2-21 days (5-12 days in most cases), those infected get a high fever, accompanied by diarrhoea (that can be bloody) and vomiting. Other possible symptoms include headache, abdominal pain, red eyes, difficulty swallowing, hiccups and haemorrhagic symptoms including bleeding from the nose, gums, under the skin, or from the gastrointestinal tract. In later stages, central nervous system symptoms may develop, and some patients show severe dehydration and wasting as the disease progresses. By the second week, patients may markedly improve and convalesce or may get multiple organ failure and die from shock. The only medical intervention is usually supportive treatment but since there is no known pharmaceutical intervention, the control at the population level lies in early detection, isolation and follow-up of contacts in the community.

This is the fourth outbreak of EHF in Uganda in the last 12 years, with an outbreak in Gulu and Masindi districts in 2000 that affected over 500 people with 150 deaths. Last year in Luwero only 1 indexed case was confirmed, while another outbreak in Bundibugyo in 2007 affected 113 people with 29 deaths.

Currently, 36 suspected cases have been recorded with 14 deaths, 9 of which came from a single family. The dead also included a clinical officer who was involved in the treatment of the other patients. By Monday, 30 July, there were 18 patients in the isolation unit in Kagadi Hospital that has been set up. Forty (40) suspected cases are being followed up in the community. Due to the nature of the illness, the isolation of patients and the fact that relatives will never be allowed to care for the dead as a result of the disease, there is usually a tendency of the community to hide the suspected cases, and already one suspected case was reported to have escaped from the isolation unit. Although she was traced and returned to hospital, she has caused concern that she has now spread the disease, underscoring the urgent need to educate the communities. By Monday 30 July, 11 new cases were admitted at Kagadi Hospital including a health worker from Muhorro Health Centre III. Health officials have continued to collect samples of patients suspected to be infected with the disease for testing. One suspected case was referred by ambulance to Mulago Hospital in Kampala, and died on July 22 2012. Hospital staff that handled the case are being monitored according to protocol and have so far not displayed any signs of the disease.

Table 2: Ebola situation as at 30th July 2011:

No.	Name of Sub County	Cases	Deaths
1	Matale	1	
2	Mugarama	3	1
3	Nyamarunda*	18	12
4	Kibale T/C	5	
5	Bwikara	4	1
6	Muhoro	2	
7	Kyabsdima	1	
8	Kagadi	2	
	Total	36	14

*One case referred from Nyamarunda died in Mulago Hospital in Kampala

Coordination and partnerships

In Kibale, a district task force has been set up to help coordinate the response efforts at district level.

Table 3: Members of Kibale District task force:

Sector	Lead Agency
Coordination and resource mobilization	District Health Officer (DHO)/Respective stakeholder NGOs
Case management	DHO/MSF/WHO
Logistics management	DHO//Respective stakeholder NGOs
Community surveillance	DHO/ District Education Officer (DEO), URCS
Social mobilization, Information and Education Communications (IEC)	District Health Educator (DHE) and URCS/Respective stakeholder NGOs
Burial team/Security and Safety	DISO

A similar coordination mechanism at national level has been established at the Ministry of Health headquarters where URCS is duly represented. The National task force will be meeting every day at 9:00 am at MoH to review and discuss progress of the implementation.

The Ministry of Health and the District Health Team (DHT) remain the main interveners, while humanitarian agencies such as UNICEF, WHO, international and local NGOs as well as URCS, are being mobilized to act in partnership to support the district in the response.

These coordination mechanisms help in drawing epidemic response plans, resource mobilization, and in providing operational guidance that supports resource sharing and avoids duplication of efforts.

An isolation centre has been set up at Kagadi Hospital and by Monday, 30 July 2012, ten (10) suspected cases had been admitted in the unit. MSF (Holland) is on board and helping in case management and overall treatment at the established isolation unit. Through the National task force, a refined case definition has been worked on and shared with stakeholders. The district task force meetings will also help in developing guidelines on preventing further spread, managing public gatherings during such epidemics, and burying corpses of the infected.

Red Cross and Red Crescent action

Kibale Branch conducted a joint assessment with the District Health Office, Ministry of Health and WHO that highlighted the magnitude of the emergency and is guiding the disease control actions.

The branch also mobilized 220 volunteers, readying them for engaging communities with disease control activities and psychosocial support. The society has also dispatched the available personal protective equipment (PPEs) to Kibale District to support the case management team and volunteers with their work on the ground. One senior staff and the regional manager have moved to Kibale to support training of URCS volunteers by mid week so that the volunteers are ready for action in the community by Friday 3rd August 2012. IEC materials for community education and sensitization are being reviewed and updated by the social mobilization sub-committee of the National task force and will be ready for production by Wednesday, 1 August 2012, and also ready for distribution by the end of the first week of August.

URCS has played a central role in previous EHF outbreaks, with its network of trained volunteers participating in the efforts aimed at controlling these outbreaks.

The needs

Selection of people to be reached: This operation aims to support the Uganda Red Cross Society in delivering immediate assistance to: 646,700 people in Kibale District (with health promotion campaigns), 900,000 people in Kibale district and 4 surrounding districts (with a media campaign), 2,500 high-risk people, (with house-to-house contact tracing and follow-up), 900 people at risk of stigmatization (300 discharged from hospitals and their 600 family members with psychosocial support and NFI kits), 55 hospital staff (supported with personal protective equipment), and 220 volunteers (with training in Epidemic Control for Volunteers-ECV and psychosocial support).

It is estimated that the intervention will need to follow-up over 500 possible cases before the end of the outbreak and an estimated 2,500 contacts of these suspected cases that have to be monitored for 21 days so that those that develop symptoms are adequately referred for isolation and treatment.

The people suspected to be infected will usually have any household property that may have come in contact with their body fluids buried or destroyed, and this will certainly result in a need for essential household items to be provided to these families for their daily livelihoods. The provision of non-food items (NFIs) will therefore require approximately 300 NFI kits.

Because of the nature of the disease, there is bound to be stigma and discrimination attached to these families and therefore the URCS intervention will from the onset target a psychosocial support system for 300 patients discharged from hospital and 600 of their family members.

URCS will build capacities of the volunteers and community members to recognize suspected cases and report them to the authorities.

Needs assessments have revealed that there is a shortage of PPE in government health facilities for use by health professionals and volunteers during community activities. On 1 August 2012, Ebola National Task Force meeting held in Kampala, the need for PPE was identified as one of the key priorities for health facilities around Kibale and surrounding districts. Ugandan health workers are treating patients with other illnesses (cholera, malaria, etc.) without PPE. The only way to get the doctors and nurses to look after patients is to avail them with PPE for reassurance.

The proposed operation

The operation will mainly focus on engaging community based volunteers to undertake intensified health education and promotion campaigns at household level to improve on community knowledge of the symptoms and signs of the disease and the procedure to follow while protecting household members and ensure appropriate referral of suspected cases. The contacts of the suspected cases will be followed-up by volunteers on a daily basis to monitor the development of symptoms so that those that develop symptoms are immediately referred. The IFRC ECV toolkit shall be employed to facilitate effective EHF control interventions where trained volunteers will be facilitated to conduct health promotion campaigns, active case search, follow up of contacts and referral suspected cases.

In order to reduce risk of wide transmission of the epidemic, mass media and other forms of culturally acceptable and context-specific IEC campaigns will be employed to promote a wide knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases and preventive measures. This will target the whole of Kibale District and surrounding areas since there is significant population movement to and from the affected area. The total population of the district is 646,700 people that will be targeted with the IEC and mass media messages.

URCS will deploy staff from the branch and regional offices as well as technical staff from headquarters to train volunteers and provide technical support for the planned EHF interventions. The capacities of staff, including members of the Regional Disaster Response Team (RDRT) and the health specialist in ECV, as well as local capacities in Kibale District departments of Health will be utilised to provide guidance and support to the field activities.

The National Society Headquarters in Kampala, in line with the IFRC East Africa regional representation office in Nairobi, will organize with the field teams to participate in the monitoring of the implementation of the Ebola operation. The Red Cross regional board representatives and the local board members will also

participate in the monitoring of the operation. A review to share experiences and lessons learned during the operation is planned at the end of the operation.

Visibility of the intervention will be presented through publications, the URCS website and by providing regular information to the media through the communication office in accordance with its communication plan. The operation will provide monthly updates to the IFRC regional office.

Emergency health	
Outcome: Reduced risk of EHF infections and mortality among extremely vulnerable households through intensified house-to-house community sensitization, media campaigns and community based disease surveillance in Kibale and neighbouring districts	
Expected results:	Planned activities:
<ul style="list-style-type: none"> Increased public awareness about EHF disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) Improved early detection, reporting and referral of suspected EHF cases through community based disease surveillance mechanisms. Relevant MoH health facilities will be supported with 55 PPE kits provided by URCS 	<ul style="list-style-type: none"> Select, train and deploy 220 volunteers on EHF signs and symptoms, prevention measures and referral mechanisms as well as personal protection. Produce and disseminate context-specific Information, Education and Communication (IEC) materials (50,000 Ebola posters, 100,000 Ebola leaflets and 200 T-shirts translated in Runyoro) to reach 646,700 people. Conduct media campaigns 10 radio talk shows, 800 radio spots on EHF to reach approx. 900,000 people in Kibale and surrounding areas. Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in Kibale district and surrounding districts. Facilitate active case search of suspected EHF patients using the official case definition and ensure their appropriate referral to the treatment centres(s). Follow-up on a daily basis expected 2,500 contacts of suspected/confirmed cases of EHF for 21 days each to monitor development of symptoms. Procure and distribute 230 safety kits for volunteers in the community and staff involved in the operation (gloves, gumboots, masks, overalls and disinfectant/chlorine) – this is different from the PPE to be handed over to the MoH. Procure 24 megaphones for use by volunteer teams Procure 230 volunteers Red Cross jackets for volunteers. Procure 50 body bags to support decent burials in the communities Support MoH with replenishment of protective gear and essential medical and sundry supplies for health workers by procuring and distributing 55 PPE's

Emergency relief and non-food Items distribution	
Outcome: Families affected by cases of Ebola are identified in a timely manner and provided with essential items and support to re-build their livelihoods.	
Expected results:	Planned activities
<ul style="list-style-type: none"> Affected families supported with essential basic household items 	<ul style="list-style-type: none"> Procure and distribute essential household items to 300 affected families whose property would have been destroyed by the burial team as a preventive measure. Each kit will contain the following: 3 blankets, 2 jerry cans, 3 bars of soap (1,000 grams each) 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots, 2 tarpaulin) Provide one sponge mattress to each of the 300 affected families

Psychosocial support

Outcome: 300 survivors and 600 other household members as well as 30 frontline health workers provided with appropriate counselling and household essential items support to re-build their livelihoods.

Expected results	Planned activities:
<ul style="list-style-type: none">Affected persons and families appropriately cope with the impact of the disease	<ul style="list-style-type: none">Provide psycho social counselling to 300 patients discharged, and 600 other members of their householdsTrain 20 community URCS volunteers in psycho social support skillsUndertake outreaches to the community to offer psychosocial support to affected families.

Coordination, monitoring, technical support supervision and operation evaluation

Outcome: Strengthened operational capacity in Planning, Monitoring, Evaluation and Reporting (PMER) for effective service delivery to the target beneficiaries

Expected Result:	Planned Activities:
<ul style="list-style-type: none">All planned operational activities are properly coordinated, monitored and reported in a timely and quality manner	<ul style="list-style-type: none">Conduct weekly field monitoring checks by national, regional and branch staffParticipate in all districts and national coordination meetings to facilitate effectiveProvide for field documentation of best practices and routine reportingConduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-countiesConduct operation final evaluation and document best practices

Contact information

For further information specifically related to this operation please contact:

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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.

DREF OPERATION

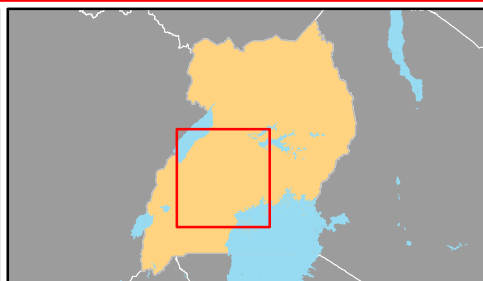
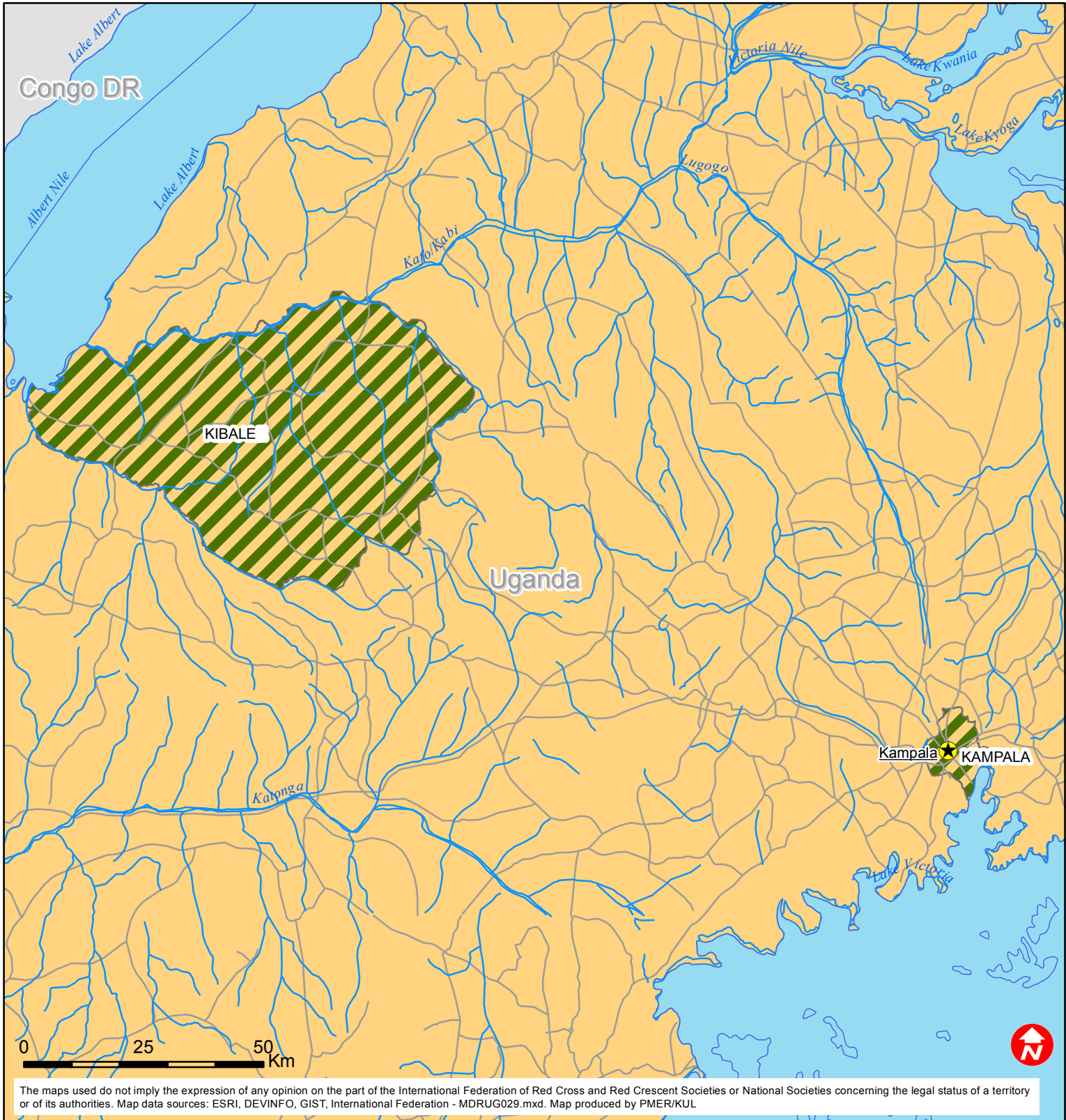
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Uganda: Ebola epidemic (MDRUG029)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	3,648
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	0
Medical & First Aid	7,818
Teaching Materials	27,276
Utensils & Tools	0
Other Supplies & Services	28,978
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	67,721
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	2,606
Total LAND, VEHICLES AND EQUIPMENT	2,606
Storage, Warehousing	1,042
Distribution & Monitoring	0
Transport & Vehicle Costs	18,439
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	19,482
International Staff	0
National Staff	7,337
National Society Staff	0
Volunteers	47,950
Total PERSONNEL	55,287
Consultants	0
Professional Fees	0
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	25,302
Total WORKSHOP & TRAINING	25,302
Travel	4,000
Information & Public Relations	7,644
Office Costs	1,981
Communications	1,042
Financial Charges	104
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	14,771
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	0
Programme and Services Support Recovery	12,036
Total INDIRECT COSTS	12,036
TOTAL BUDGET	197,205



Uganda: Epidemic



Affected districts