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# Disaster relief emergency fund (DREF) Uganda: Marburg Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG030**  
**GLIDE n° EP-2012-000182-UGA**  
**5 November, 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 119,598** has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to 1,160 persons (200 households) directly and 1,819,507 persons indirectly. Unearmarked funds to repay DREF are encouraged.

**Summary:** This DREF operation is in response to a request received by Uganda Red Cross Society (URCS) from the Ministry of Health for support in response to the disease outbreak in Kabale, Kampala, Rukungiri and Ibanda districts of Uganda. The operation will focus on providing support in social mobilization for the community members to take appropriate and timely control measures against the spread of the disease. Through the support from DREF, Uganda Red Cross Society will be able to deliver immediate assistance directly to 1,160 persons (200 households) and 1,819,507 persons indirectly.



Medical experts from WHO and Uganda Ministry of Health prepare to access an isolation facility. Photo/URCS

This operation is expected to be implemented over 3 months, and will therefore be completed by 5 February, 2013; a Final Report will be made available three months after the end of the operation (by 5 May, 2013).

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

## The situation

An outbreak of Marburg haemorrhagic fever was confirmed by the Ministry of Health and World Health Organisation (WHO) in Kabale district in Western Uganda. The outbreak was declared after laboratory tests done at the Uganda Virus Research Institute (UVRI) confirming three samples positive of the highly infectious viral hemorrhagic fever. Preliminary investigations indicate that all the cases occurred among

members of the same family in Kiyonjo parish, in Kitumba sub-county, Kabale district. By Tuesday 30 October 2012, there were 20 confirmed and probable cases, with 8 deaths. The number of people who have come in contact with suspected/confirmed cases of Marburg has risen to 312 so far and suspected cases continue to be reported in the affected area. There are fears that the diseases has spread beyond Kabale with other new confirmed cases in Ibanda, Kampala, and suspected cases in Kabarole, and Mbarara districts. More laboratory tests continue to be done to further establish the characteristics of this particular outbreak.

Marburg is a killer haemorrhagic fever caused by a virus and is spread through direct contact with wounds, body fluids of an infected person. A person suffering from Marburg presents with sudden onset of high fever with any of the following; headache, vomiting blood, joint and muscle pains and bleeding through the body openings, which may manifest as a macula-parpular rash. Marburg is a highly contagious disease which can quickly kill those infected, however can easily be prevented.

Uganda Red Cross is working closely with the Ministry of Health and other stakeholders and development partners to contain the spread of this disease. Other agencies that have already started working to control the outbreak include the WHO & MSF, who are providing medical supplies, transport and medical personnel. Other partners participating in the national task force include UNICEF, World Vision, AFINET and other development partners.

Currently, the following measures have been put in place in order to limit the spread of this highly infectious disease;

- A team of experts from WHO, CDC and MSF has been dispatched to the district to support both clinical and public health investigations
- A surveillance team is working with the 20 Red Cross Action Team (RCAT) volunteers from Kabale branch and has commenced the active tracing and listing of all possible contacts that were exposed to the suspects and confirmed cases in the district.
- The Kabale District taskforce has been reactivated with active participation of the URCS branch manager on the social mobilization subcommittee.
- URCS has mobilised 120 volunteers ready for orientation by Ministry of Health to massively mobilize the general public through a house to house approach in order to avoid mass gathering while educating them to observe protective measures. 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 kits to survivors.
- The Uganda Red Cross Society National Task Force has been reactivated to work closely with the Ministry of Health national and district established Task Forces.
- Volunteers trained for the recent Ebola outbreak response have been recalled to immediately continue with the mobilization in Kampala and ensure an appropriate follow-up of the potential contacts.

**Table 1: Summary of Marburg cases by district**

Summary of cases	Kabale	Kampala	Ibanda	Mbarara	Kabarole	Total Cases
New suspect cases	2	0	0	0	0	2
Cumulative cases						
- Probable	10	0	0	0	0	10
- Confirmed	6	2	2**	0	0	10
Cumulative deaths (probable & confirmed cases) in						
• Health Facilities	5	0	2***	0	0	7
• Community	1	0	0	0	0	1
Total number of cases on admission	5	2	1	0	0	8
Cumulative cases discharged	7	0	0	0	0	7
Number of contacts listed	214	42	30	19	13	312
Total contacts that completed 21 day follow-up	65	0	0	0	0	65
Contacts under follow-up	149	42	25	18****	13	247

Total number of contacts followed up today	148(99.3%)	42	25	18	13	246
Cummulative cases of Health Care Workers	1	0	0	0	0	1
Cummulative deaths of Health Care Workers	1	0	0	0	0	1
Specimens collected and sent to UVRI today	2	2	3	0	0	7
Cumulative specimens collected	20	14	18	8	3	63
Cummulative cases with lab. confirmation (acute)	6	1	1	0	0	8
Cummulative cases with lab. confirmation (convalescent)	1	1	1	0	0	3
Date of admission of last confirmed case	29/10/2012	18/10/2012	26/10/2012	-	-	-
Date of discharge/death of last confirmed case	29/10/2012	26/10/2012	24/10/2012	#24/10/2012		
Cases confirmed dead	2	0	1	0	0	3

\*\* Although these 2 confirmed cases are originated from Ibanda district, they were detected at Mbarara Regional Referral Hospital.

\*\*\* One of the deaths is a confirmed case, originating from Ibanda district, but died in Mbarara Regional Referral Hospital. The other death of a probable case occurred in Ibanda hospital.

\*\*\*\* One of the contacts from Mabarara moved out of the country. She is being followed up by CDC Atlanta. No symptoms reported yet.

# refers to the confirmed case from Ibanda district who died at Mbarara Regional Referral Hospital.

## Coordination and partnerships

A district task force has been set up in Kabale district to help coordinate the response efforts at the district level. The partners listed below are present.

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

URCS participates at a similar coordination mechanism at the national level established at the Ministry of Health headquarters and meets daily at Ministry of Health (MoH) to review and discuss progress of the response.

The MoH and the District Health Team remain the main interveners while UN and humanitarian agencies like United National Children's Fund (UNICEF),World Health Organization (WHO), Uganda Red Cross Society (URCS), International and local NGOs, are being mobilized to act in partnership to support the district in the response.

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

An isolation center was set up at Kabale hospital and by 22 October, 5 suspected cases had been admitted at the unit and MSF-France is assisting with case management and overall treatment at the isolation unit. Through the national task force, a refined case definition has been worked on and shared with stakeholders. The district task force meetings help in producing guidelines for prevention of further spread as well as provide guidance on disposal of dead bodies.

## Red Cross and Red Crescent action

Kabale Branch conducted a joint assessment with the District Health Office, Ministry of Health and WHO to determine the magnitude of the emergency and inform disease control actions.

The affected branches have mobilized 120 volunteers for deploying to communities with disease control activities and psychosocial support. The National Society has also dispatched the available balances of items from the recent Ebola campaign including 30 items of personal protective equipment (PPE's), 50 body bags and 1,000 bottles of bleach to Kabale district to support the case management team and volunteers with their work on the ground. One senior URCS staff member has been deployed to Kabale to support training for URCS volunteers and they are now ready for action in the community.

IEC materials for community education and sensitization are being reviewed and updated by the social mobilization subcommittee of the national task force. These materials have been produced and are ready for distribution.

### The needs

Given the nature of the disease, the beneficiary data and information provided in the table below by the disease.

District	Sub County	Provision of preventive, messages to affected people	Follow up on those in contact with Marburg cases	Psycho social support counselling Marburg cases/family	NFIs for confirm/suspect cases	Suspected cases referred for isolation	Personal Protective Equip (PPE)	Chlorine bottles for HH hygiene promotion & disinfection
Kabale	Kitumba Sub county	16,228	40	232	40	40	10	600
	Kamugangu zi	24,535	35	203	35	35	10	525
	Kabale Municipality	41,644	35	203	35	35	10	525
Kampala	Kampala City	1,723,300	30	174	30	30	20	450
Rukungiri	Rukungiri Town council	14,700	30	174	30	30	10	450
Ibanda	Ibanda Town council	28,500	30	174	30	30	20	450
<b>Total</b>		<b>1,819,507</b>	<b>200</b>	<b>1,160</b>	<b>200</b>	<b>200</b>	<b>100</b>	<b>3,000</b>

#### Beneficiary selection criteria:

The whole population in the affected areas has been targeted in this proposed response for social mobilization given the nature of the spread of the disease that requires total behavior change from the community members in order curb the spread. The 200 suspected and confirmed cases that are targeted to be provided with NFI's, psycho social support and chlorine for house hold disinfection is based on a projected figure, given that the true extent of the spread is not yet known.

#### Immediate needs:

There is need to orient and train 120 community-based volunteers on health promotion using Epidemic Control for Volunteers (ECV) approach in the coming one week to promote referral services for affected communities. Additionally, there is need to initiate health promotion campaigns within the affected population focusing on 1,819,507 people in the 5 affected districts in these geographical areas as well as supply NFIs to the 200 affected people whose properties have been destroyed as a result of being suspected or confirmed with Marburg

#### Long-term needs:

In the long term there is the need to support ongoing ecological studies and research on Marburg for future plan and the disease outbreak control.

## The proposed operation

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

In order to reduce risk of wide transmission of the epidemic, the 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 for to take for suspected cases and preventive measures. This will target the whole of Kabale district and surrounding areas since there is a lot of a population movement to and from the area affected. The total population of the district is 580,600 people that will be targeted with the IEC and mass media messages.

The URCS will deploy its internal human capacities located at the branch and regional offices as well as technical staff from the headquarters to train volunteers and provide technical support for the planned Marburg interventions. The internal capacities of staff who are members of the Regional Disaster Response Team (RDRT) and Health specialist in ECV as well as local capacities in Kabale District departments of Health will be incorporated to provide guidance and support to the field activities.

The URCS headquarters will work with the East Africa Regional Representation Office (EARRO) to monitor the implementation of the operation. A review to share experiences and lessons learnt during the operation will be conducted at the end of the operation.

For visibility of the work of the operation publications as well as updates on the URCS website will be made available. Regular information will also be availed to the media, through the communication office which has rolled out a communication plan that will be used. The operation will provide monthly updates through the EARRO.

### Relief distributions (food and basic non-food items)

<b>Outcome: 200 families affected by cases of Marburg are identified in a timely manner and provided with essential items support to re-build their livelihoods</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Affected families supported with essential basic household items</li> </ul>	<ul style="list-style-type: none"> <li>Procure and distribute essential household kits to 200 families whose properties have been destroyed. (Kit contains 3 blankets, 2 jerrycans, 3 bars of 100g soap, 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots and 2 tarpaulins)</li> <li>Provide 200 affected families with a mattress each.</li> </ul>

### Emergency health

<b>Outcome: The health risks of the emergency on the affected population is reduced through the provision of preventive and community-level supportive services to 200 families (1,160 beneficiaries) in Kabale and the 4 other affected district for three months.</b>	
<b>Outputs (expected results)</b>	<b>Activities planned</b>
<ul style="list-style-type: none"> <li>Further mortality and morbidity of 1,160 beneficiaries as a result of (the emergency) are prevented through a primary health care oriented programme.</li> </ul>	<ul style="list-style-type: none"> <li>Provide referral services for affected communities through 120 volunteers for 3 months.</li> <li>Distribute 3000 bottles of chlorine supplies to 200 families of 1,160 beneficiaries within three months.</li> <li>Train 120 volunteers on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools.</li> <li>Support surveillance outreach activities for Marburg in the affected area by follow-up on a daily basis of 1,740 contacts of suspected/confirmed cases of Marburg for 21 days each to</li> </ul>

	monitor development of symptoms.
<ul style="list-style-type: none"> <li>Health services are supported on the primary and possibly secondary levels to meet the health needs</li> </ul>	<ul style="list-style-type: none"> <li>Replenish URCS Personal protective gear and essential medical and sundry supplies for health workers by procuring 100 PPE's (50 for supporting MOH and 50 for URCS volunteers)</li> </ul>
<ul style="list-style-type: none"> <li>The resilience of the community is improved through better health awareness, knowledge and behaviour.</li> </ul>	<ul style="list-style-type: none"> <li>Train 120 community-based volunteers on health promotion.</li> <li>Initiate a health promotion campaign within the affected population focusing on Marburg control messages targeting 1,819,507 of people in 5 affected districts.</li> <li>Distribute 3000 bottles of chlorine solution for house hold decontamination</li> <li>Provide 48,000 posters and brochures, 40 megaphones to be used in the health promotion campaign.</li> </ul>
<ul style="list-style-type: none"> <li>Psycho-social support is provided to 200 households with 1,160 people and 125 staff/volunteers of the 5 RC branches affected.</li> </ul>	<ul style="list-style-type: none"> <li>Provide Psychological Support to 125 staff and volunteers of the 5 RC branches engaged in emergency response.</li> <li>Train 20 staff and volunteers of the 5 RC branches on PSP programmes.</li> <li>Provide Psycho-Social Support to 1,160 people affected by the emergency.</li> </ul>

## Communications – Advocacy and Public information

URCS will maintain a steady flow of timely and accurate information between the field and other major stakeholders as a tool for fundraising, advocacy and maintaining the profile of emergency operations. This will also help improve, communications between affected populations and the Red Cross and Red Crescent, as well as with the media and donors, as an essential mechanism for effective disaster response and the cornerstone to promote greater quality, accountability, and transparency. The communications activities outlined in this appeal are aimed at supporting the Uganda Red Cross Society to improve their communications capacities and develop appropriate communications tools and products to support the Marburg operations through;

- Production and dissemination of context-specific Information, Education & Communication (IEC) materials (24,000 Marburg posters, 24,000 Marburg leaflets & 120 T-shirts translated in Rukiga)
- Conduct media campaigns 5 radio talk shows, 400 radio spots on Marburg
- Conduct one field media visit to the 5 affected branches to document the work done by URCS volunteers on Marburg prevention in the community.

## Contact information

**For further information specifically related to this operation please contact:**

- Uganda Red Cross Society:** Michael Nataka, Secretary General; Phone: + 256 41 258 701 Email: [natakam@redcrossug.org](mailto:natakam@redcrossug.org)
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**For Performance and Accountability (planning, monitoring, evaluation and reporting):**

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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.

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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.
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# DREF OPERATION

05-11-12

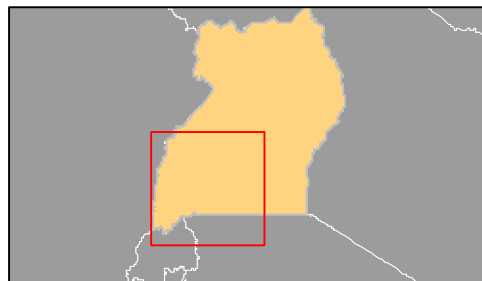
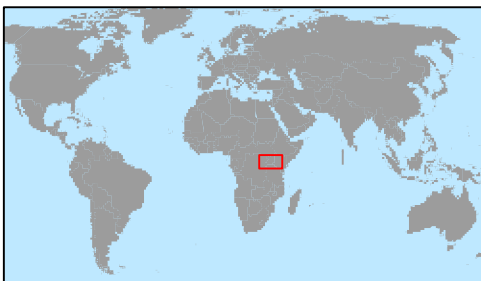
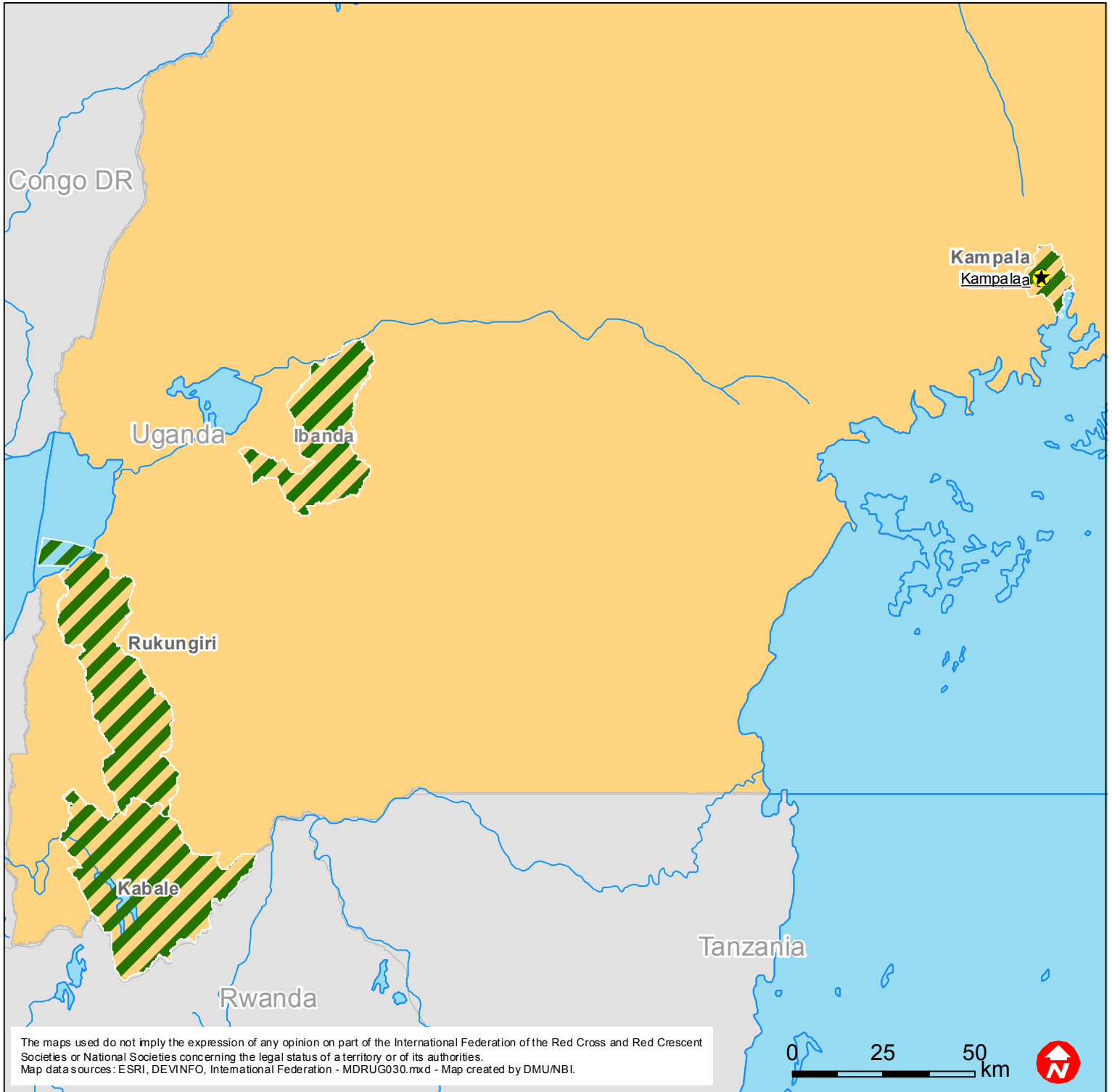
## APPEAL

Uganda: Marburg Outbreak

Budget Group		DREF Grant Budget CHF
500	Shelter - Relief	0
501	Shelter - Transitional	0
502	Construction - Housing	0
503	Construction - Facilities	0
505	Construction - Materials	0
510	Clothing & Textiles	0
520	Food	0
523	Seeds & Plants	0
530	Water, Sanitation & Hygiene	0
540	Medical & First Aid	13,899
550	Teaching Materials	22,113
560	Utensils & Tools	20,500
570	Other Supplies & Services	6,810
578	Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>		<b>63,322</b>
580	Land & Buildings	0
581	Vehicles	0
582	Computer & Telecom Equipment	2,085
584	Office/Household Furniture & Equipment	0
587	Medical Equipment	0
589	Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>		<b>2,085</b>
590	Storage, Warehousing	0
592	Distribution & Monitoring	0
593	Transport & Vehicle Costs	8,121
594	Logistics Services	1,042
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>		<b>9,164</b>
600	International Staff	0
661	National Staff	0
662	National Society Staff	4,998
667	Volunteers	14,281
<b>Total PERSONNEL</b>		<b>19,279</b>
670	Consultants	0
750	Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>		<b>0</b>
680	Workshops & Training	13,843
<b>Total WORKSHOP &amp; TRAINING</b>		<b>13,843</b>
700	Travel	1,305
710	Information & Public Relations	2,015
730	Office Costs	486
740	Communications	695
760	Financial Charges	104
790	Other General Expenses	0
799	Shared Office and Services Costs	0
<b>Total GENERAL EXPENDITURES</b>		<b>4,606</b>
830	Partner National Societies	0
831	Other Partners (NGOs, UN, other)	0
<b>Total TRANSFER TO PARTNERS</b>		<b>0</b>
599	Programme and Services Support Recovery	7,299
<b>Total INDIRECT COSTS</b>		<b>7,299</b>
<b>TOTAL BUDGET</b>		<b>119,598</b>



# Uganda: Marburg Outbreak



 Affected areas