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

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG031  
GLIDE n° EP-2012-000195-UGA  
23 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 107,056 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society in delivering immediate assistance directly to 585 people affected by Ebola, 100 households at risk, and 3,628,390 people indirectly. Unearmarked funds to repay DREF are encouraged.**

**Summary:** This DREF request is in response to a request from the Uganda Ministry of Health (MoH) to Uganda Red Cross Society (URCS) for support as a result of the series of haemorrhagic fever outbreaks in the country. These outbreaks have resulted in depletion of the health care service delivery systems budget. The National Society will focus on providing support in social mobilization through house to house health promotion campaigns, psychosocial services, media campaign as well as information, education communication (IEC) in various districts of Uganda. This will ensure that community members take appropriate and timely control measures against the spread of the disease.



**An assortment of personal protective equipment for staff and volunteers delivered by URCS/Photo: URCS**

This operation is expected to be implemented over 3 months, and will therefore be completed by 22 February, 2013; a Final Report will be made available three months after the end of the operation (by 22 May, 2013).

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

## The situation

The Ministry of Health and World Health Organization (WHO) have confirmed the outbreak of Ebola hemorrhagic fever in Luwero District after tests from the Uganda Virus Research Institute (UVRI) came positive for Ebola Sudan on two samples collected by PCR and serology. A total of 4 people have since died, 2 of who were from the same family. The first Ebola case reported involved a motorcycle taxi rider, who died on 25 October, 2012. Subsequently on 7 November, 2012, the Luwero District Health Office received information from Nyimbwa Health Centre IV staff that 2

Female residents of Kakute LCI, Ssambwe Parish, and Nyimbwa Sub-county with suspected Ebola had been admitted and were reported to have had contact with the motorcycle taxi rider. They two presented with headache,

fever and vomiting and general body weakness. The 25-year old woman who nursed the driver, died on 10 November 2012 but samples had been already taken for further investigations. The District Health Team (DHT) with support from General Military Hospital supervised the burial at Kakute LCI and sensitized the residents on the disease control. Twelve more suspected cases are being monitored in isolation facilities in Luweero and Mulago Hospital in Kampala.

This is the second Ebola outbreak in Uganda in three months and further information from the MoH indicates that there is no linkage between this outbreak and the previous outbreak of Ebola in Kibaale in Western Uganda in July and August 2012 and Marburg hemorrhagic fever in Kabale district in South Western Uganda in October 2012. This has given rise to a fear that further outbreaks of hemorrhagic fevers may arise in the near future hence the need to make a plan that would enable URCS to respond to any outbreak in any part of the country in addition to the immediate needs of the current outbreak. Luweero was last hit by an Ebola outbreak in May 2011, in which a 12-year-old girl died. A team of health experts including personnel from the World Health Organization and Doctors without Borders are in Luweero and an isolation facility is being set up by the team at the district's Nyimbwa health centre in preparation to receive suspected Ebola patients.

**Table 1: National situation report on the outbreak in Luweero as of 18 November, 2012**

Summary of cases	Luweero	Kampala	Total
New suspect cases today	1	1	2
New deaths	1	0	1
Cumulative cases			
• Probable	9	5	14
• Confirmed		1	1
Cumulative deaths (probable & confirmed cases) in			
• Health Facilities	4	0	4
• Community	0	0	0
Total number of cases on admission	6	6	12
Cumulative cases discharged	0	0	0
Runaways from isolation	0	0	0
Number of contacts listed	62	0	62
Total number of contacts followed up today	62	0	62
Current admissions of Health Care Workers	0	0	0
Cumulative cases of Health Care Workers	0	0	0
Cumulative deaths of Health Care Workers	0	0	0
Specimens collected today	3	4	7
Cumulative specimens collected	14	6	20
Number of cases with lab. confirmation	3	1	4
Date of admission of last confirmed case	12/11/2012	0	-
Confirmed cases that have died	3	0	3

\*The new death is the laboratory confirmed case that was admitted in Bombo Isolation facility.

## Coordination and partnerships

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 partners on the ground are WHO and 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. The district task force in Luweero has been reactivated to help coordinate the response efforts at the district level.

Uganda Red cross is permanent member of the social mobilization committee and also supports the surveillance sub-committee due to the comparative advantage of the net work of community based volunteers. A coordination mechanism has been established at the Ministry of Health headquarters and URCS participates. The national task force meets every day to review and discuss progress of the disease control.

The MoH and the District Health Team are the main interveners while the UN agencies such as the UNICEF and WHO, URCS, international and local humanitarian actors are being mobilized to collaborate and support the district in the response. These coordination mechanisms help in drawing the response plans, resource mobilization strategies and in providing operational guidance, which supports resource sharing and avoids duplication of efforts.

An isolation centre has been set up at Nyimbwa Health Centre IV and by 18 November 2012, 6 suspected cases had been admitted in the unit. MSF-France is assisting with 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 meeting will help formulate bi-laws that will aid in preventing further spread of the disease, provide guidance on burying of the dead as well as sensitize public gatherings.

**Table 2: Operational Technical Working Groups**

Sector	Lead Agency
Coordination and resource mobilization	District Health Officer ,Respective stakeholder NGOs
Case management	District Health Officer ,MSF,WHO
Logistics management	District Health Officer /Respective stakeholder NGOs
Community surveillance	District Health Officer / 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	District Internal Security Officer

## Red Cross and Red Crescent action

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

In the initial response, URCS has provided 20 volunteer personal protective equipment, 50 body bags, 20 gum boots, 10 mega phones, 1,000 IEC materials on Ebola and 500 bottles of bleach to Luwero District to support the volunteers with their work on the ground. A senior URCS staff member has been deployed to Luwero and has facilitated a 1 day orientation for URCS volunteers who are ready for community mobilisation and sensitization.

Other measures put in place in order to curb the spread of the highly infectious disease in Luweero include;

- A team of experts from WHO, CDC and MSF has been dispatched to the district to support both clinical and public health investigations.
- The surveillance team working with 20 URCS Luwero branch Red Cross Action Team volunteers has commenced the active tracing and listing of all possible contacts that were exposed to the suspects and confirmed cases in the district.
- URCS has mobilized 100 volunteers ready for a one day 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 items (NFI kits) to survivors.
- The Uganda Red Cross Society national task force that was already supporting the Marburg response in Western Uganda working closely with the national and district Ministry of Health task forces has now focussed on this new episode of Ebola.
- 100 volunteers trained for the 2011 Ebola outbreak response from these affected branches have been recalled to immediately start with the mobilization in Luwero, Nakaseke, Nakasongola, Wakiso and Kampala to ensure an appropriate follow-up of the potential contacts.

IEC materials for community education and sensitization that were reviewed and approved by the social mobilization sub-committee of the national task force in the recent outbreak is in short supply and on high demand by the volunteers and the community members. There in need to produce the materials as soon as possible for distribution.

Given the increased prevalence of haemorrhagic fevers (Ebola and Marburg) a national response plan will be developed. The current action will respond to cases of Ebola and may stretch beyond the current geographical location of the current outbreak. This will require training of key branch level staff in several localities. A full plan of action will be developed in the coming weeks

### The needs

Given the nature of the disease, the beneficiary data and the current outlook, the information provided in the table below summarises the kind of assistance that URCS plans to deliver. This may change if the situation evolves differently and the needs change in geographical focus.

**Table 3: Proposed services to deliver to target population**

Services to provide	DISTRICT					
	Luwero	Kampala	Nakaseke	Nakasongola	Wakiso	Total
Provision of preventive, community-level sensitization messages to affected people	521,400	1,723,300	151,030	179,630	1,053,030	<b>3,628,390</b>
Follow up of all those in contact with suspected and confirmed Ebola cases	50	35	5	5	5	<b>100</b>
Psycho social support counseling to the suspected and confirmed Ebola cases/ family	290	205	30	30	30	<b>585</b>
Provision of NFI to confirmed and suspected cases	50	35	5	5	5	<b>100</b>
Report and refer suspected Ebola cases from the community for isolation	50	35	5	5	5	<b>100</b>
Support volunteers and health facilities with personal protective equipment	70	50	10	10	10	<b>150</b>
Distribute chlorine 500ml bottles (jik) for household hygiene promotion and disinfection	3,990	2,810	400	400	400	<b>8,000</b>

**Beneficiary selection criteria:**

The entire population in the affected areas has been targeted in the proposed social mobilization plan given the nature of the spread of the disease that requires total behavior change from the community members (*they still believe they are being attacked by witchcraft not Ebola*) if the outbreak is to be controlled.

The 100 suspected and confirmed cases that are targeted to be provided with NFI's, psychosocial support and chlorine for household disinfection is based on a projected figure, given that the true extent of the spread is not yet known.

**Immediate needs:**

- Re-orient 200 community-based volunteers on Ebola health promotion approach for one day to promote referral services for affected communities
- Initiate health promotion campaigns within the affected population focusing on 3,628,390 people in the potentially affected districts in these geographical areas.
- Supply NFI to the 100 affected people whose properties have been destroyed as a result of being suspected or confirmed with Ebola

**Long-term needs:**

In the long term there is the need to support ongoing ecological studies and research on Ebola for future plan/preparedness 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 to improve on community knowledge of the symptoms and signs of the disease and the procedure to follow while protecting the house hold members and ensure appropriate referral of suspected cases. 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 (ECV) toolkit shall be employed to facilitate effective Ebola control interventions and trained volunteers will be facilitated to conduct health promotion campaigns, active case search, follow up of contacts and referral of acute suspected

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 currently affected district, surrounding areas and any other districts that may become affected since there is a lot of a population movement to and from the area affected.

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

URCS Headquarters in collaboration with the East Africa Regional Representation office will facilitate a technical visit by the Geneva Emergency Health unit to assist in response planning and technical review with the field teams in the Ebola operation.

Visibility for the operation will be provided through publications, the URCS website and regular information to media, through the communication office which has rolled out a communication plan that will be used. The operation will provide monthly updates to the East Africa Regional Representation office.

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

<b>Outcome: 100 families affected by cases of Ebola 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 items to 100 affected families whose property has been destroyed. ( Each kit will contain 3 blankets, 2 Jerry cans, 3 bars of 1kg soap , 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots and 2 tarpaulins)</li> <li>1 sponge mattress will be provided to support the 100 affected families</li> </ul>

#### Emergency health and care

<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 100 families (585 beneficiaries) in Luwero 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 585 beneficiaries as a result of the outbreak 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 150 volunteers in the coming three months.</li> <li>Distribute 8,000 bottles of chlorine supplies to 100 families (585 beneficiaries) within three months.</li> <li>Re orient 150 volunteers on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools.</li> <li>Support surveillance outreach activities for Ebola in the affected area by follow-up on a daily basis of anticipated 100 contacts of suspected/confirmed cases of Ebola for 21 days each to monitor development of symptoms.</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>Re-orient 150 community-based volunteers on health promotion.</li> <li>Initiate a health promotion campaign within the affected population focusing on Ebola control messages targeting 3,628,390 of people in affected districts.</li> <li>Provide 48,500 posters and brochures to be used in the health promotion campaign.</li> </ul> <p><i>These activities will be implemented using CBHFA approach as 'vehicle' for the health promotion activities to enhance sustainability.</i></p>
<ul style="list-style-type: none"> <li>Psycho-social support is provided to 100 households with 585</li> </ul>	<ul style="list-style-type: none"> <li>Provide psychological support to 110 staff and volunteers of the RC branches engaged in emergency response.</li> </ul>

people and 110 staff/volunteers of the 5 RC branches affected.

- Re orient 40 staff and volunteers of the 5 RC branches on psychological support programmes.
- Provide Psycho-Social Support to 585 people affected by the emergency.

## 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 Ebola operations. These include;

- Produce and disseminate context-specific Information, Education and Communication materials (38,500 Ebola posters, 50,000 Ebola leaflets and 120 T-shirts translated in local language)
- Conduct media campaigns through 5 radio talk shows and 400 radio spots on Ebola
- Conduct 1 field media visit to the 5 affected branches to document the work done by URCS volunteers on Ebola prevention in the community.

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## 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)
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: [finnjarle.rode@ifrc.org](mailto:finnjarle.rode@ifrc.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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**Saving lives, changing minds.**



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

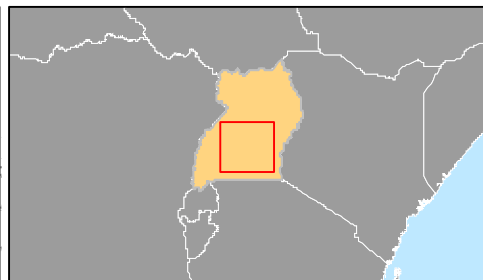
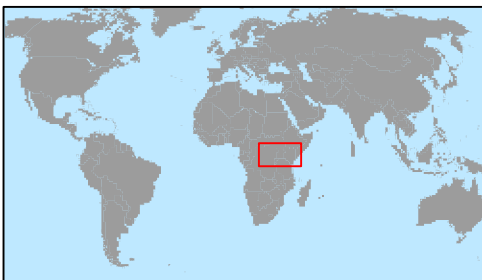
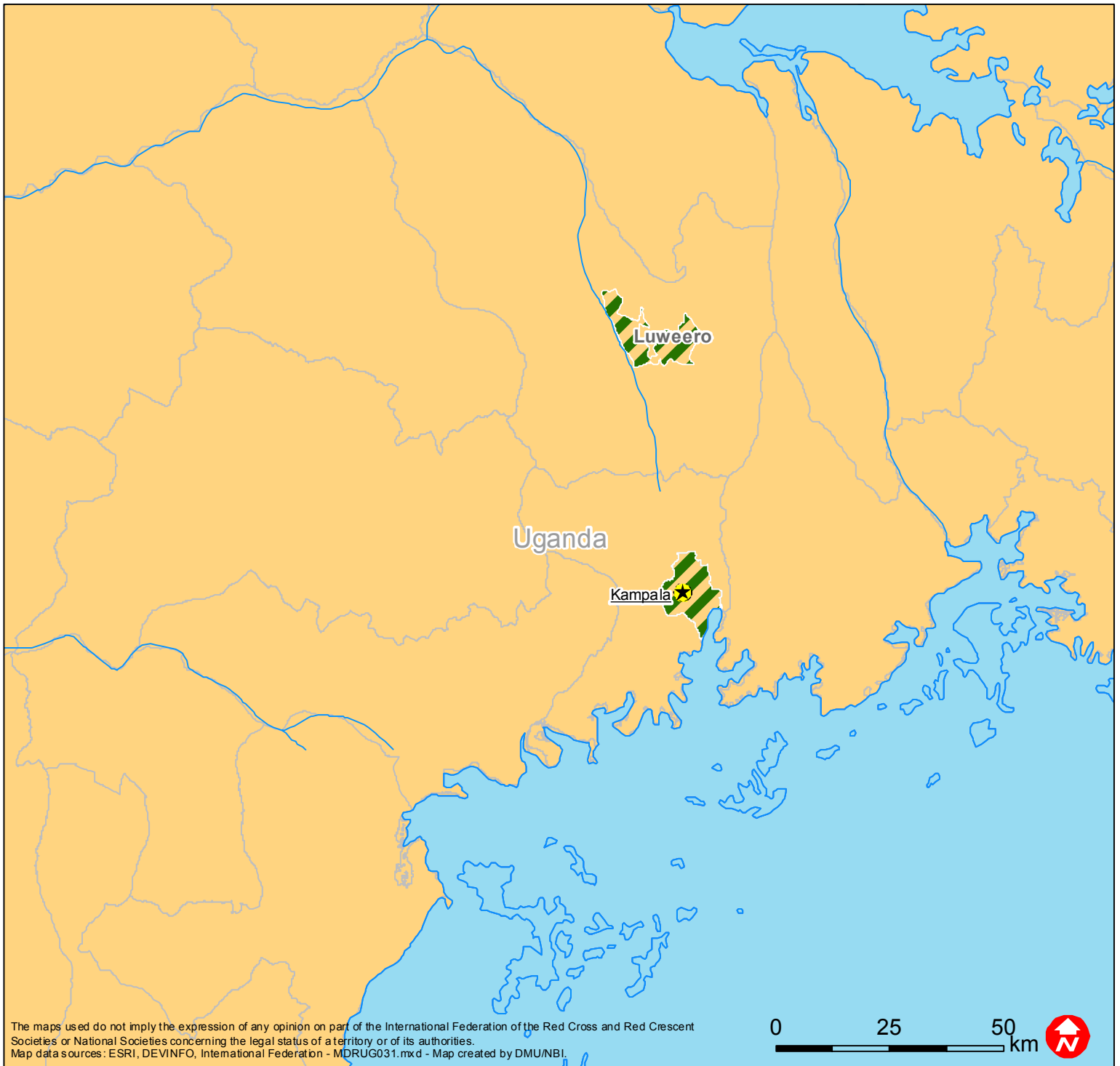
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APPEAL Uganda:Ebola Outbreak

<b>Budget Group</b>	<b>Budget CHF</b>
500 Shelter - Relief	0
501 Shelter - Transitional	0
502 Construction - Housing	0
503 Construction - Facilities	0
505 Construction - Materials	0
510 Clothing & Textiles	13,655
520 Food	0
523 Seeds & Plants	0
530 Water, Sanitation & Hygiene	0
540 Medical & First Aid	17,373
550 Teaching Materials	22,491
560 Utensils & Tools	5,003
570 Other Supplies & Services	0
578 Cash Disbursements	0
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>58,523</b>
580 Land & Buildings	0
581 Vehicles	0
582 Computer & Telecom Equipment	0
584 Office/Household Furniture & Equipment	0
587 Medical Equipment	0
589 Other Machinery & Equipment	0
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>0</b>
590 Storage, Warehousing	0
592 Distribution & Monitoring	0
593 Transport & Vehicle Costs	3,945
594 Logistics Services	0
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>3,945</b>
600 International Staff	0
661 National Staff	0
662 National Society Staff	2,820
667 Volunteers	12,821
<b>Total PERSONNEL</b>	<b>15,641</b>
670 Consultants	0
750 Professional Fees	0
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
680 Workshops & Training	10,181
<b>Total WORKSHOP &amp; TRAINING</b>	<b>10,181</b>
700 Travel	9,000
710 Information & Public Relations	2,015
730 Office Costs	417
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>12,231</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	6,534
<b>Total INDIRECT COSTS</b>	<b>6,534</b>
<b>TOTAL BUDGET</b>	<b>107,056</b>



# Uganda: Ebola Outbreak



 Affected Areas