

www.ifrc.org
Saving lives,
changing minds.

DREF operation Update Uganda: Ebola Outbreak

 International Federation
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG031
GLIDE n° EP-2012-000195-UGA
Operation Update n° 2
14 February 2013**

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

CHF 107,056 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society in delivering immediate assistance directly to 100 households affected by Ebola (585 affected people) and 3,628,390 people indirectly.

With this operations update a second allocation of CHF 15,490 from the DREF will be made to support a comprehensive review of the intervention in order to allow analysis for impact and wider learning for epidemic response operations, making the total allocation from the DREF to the operation CHF 122,546.

Summary: An outbreak of Ebola hemorrhagic fever was confirmed in Luwero district after tests from Uganda Virus Research Institute came positive for Ebola Sudan on two samples collected by PCR and serology.

A DREF was launched on the 23 November to provide financial resources to Uganda Red Cross Society (URCS) to respond through house-to-house health promotion campaigns, psychosocial services delivery, media campaign, Information Education Communication (IEC) material's in Luwero, Nakaseke, Nakasongola, Wakiso and Kampala districts for three months.

All the URCS affected branches collectively mobilized 150 volunteers, who have been engaged in the



Volunteers working closely with the District technical psychosocial support team as they hand over discharge packages to the affected families. Photo URCS

communities for the outbreak control activities and psychosocial support. The volunteers have undertaken intensified health education and promotion campaigns at household levels to improve on community knowledge of the symptoms and signs of the disease, as well as the procedure to follow for protecting the household members and ensure appropriate referral of suspected cases. Contacts of all suspected and confirmed cases were followed up by the volunteers on a daily basis to monitor the development of symptoms for the mandatory 21 days of follow up, and those who developed symptoms were immediately referred.

Uganda's Ministry of Health (MoH) and World Health Organization (WHO) declared Luwero district Ebola-free on 16 January 2013.

This DREF operations update outlines the key activities implemented to date and the epidemiological summary report on the outbreak trend up to 2 January 2013. This operation will be extended one month with a revised budget to cover the cost and allow time to undertake a comprehensive review of the operation looking at impact and wider lessons learned for epidemic response. With the extension, the operation will end on the 22 March, 2013. A final report will be issued three months after the end of the operation (by 22 June, 2013).

The Netherlands Red Cross/Government and the Belgian Red Cross/Government made contributions which replenished 71% of the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors.

The IFRC, on behalf of the Ugandan Red Cross, would like to extend thanks to all for their generous contributions.

Details of all donors can be found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

[<click here for the revised budget; or here to view contact details>](#)

The situation

The first case of Ebola occurred on the eight of October, with the person dying from the disease 25 October. Several other cases were verified based on clinical testing. Since the declaration of the **Ebola hemorrhagic fever (EHF)** outbreak in Luwero and the extended retrospective epidemiological investigations into the outbreak, to date a total of 19 suspect and confirmed Ebola cases have been line listed. Out of these, six were confirmed; one was a probable case and 12 were discarded as non cases based on negative laboratory tests for Ebola virus. Out of the 19 confirmed/probable cases, four have died giving a case fatality rate of 24% including reported community deaths.

The MoH and WHO declared Luwero district Ebola-free on 16 January 2013 since no new cases were reported in 42 days, as recommended by WHO after the last confirmed case was discharged on 26 November 2012.

Summary statistics as of 17.00 Hrs; 2nd December 2012

No	Summary of cases	Luwero	Kampala	Total
1	New suspect cases	0	0	0
2	New deaths	0	0	0
3	Cumulative cases	1	0	1

	<ul style="list-style-type: none"> • probable • confirmed 	4	2	6
4	Cumulative deaths (probable & confirmed cases) in <ul style="list-style-type: none"> • Health Facilities • Community 	4 0	0 0	4 0
5	Cumulative discharges <ul style="list-style-type: none"> • Probable & Confirmed • Non Cases 	1 9	0 3	1 12
6	Runaways from isolation	0	0	0
7	Number of contacts listed	121	0	121
8	Total number of contacts that have completed 21 days follow up	28	0	28
9	Total number of contacts still under follow up	91(10 Jinja)	0	91
10	Current admissions of Health Care Workers	0	0	0
11	Cumulative cases of Health Care Workers	0	0	0
12	Cumulative deaths of Health Care Workers	0	0	0
13	Cumulative specimens collected	28	6	34
14	Number of cases with lab. confirmation	4	2	6
15	Date of admission of last confirmed case	17/11/2012	-	-
16	Date of discharge of last confirmed case from isolation facility	26/11/2012	-	
17	Confirmed cases that have died	3	-	3

Source: Ministry of Health Epidemiology and Surveillance Unit

Coordination and partnerships

The District Ebola Hemorrhagic Fever Task Force & National Epidemic Response committees initially held daily coordination meetings in order to share updates with partners and stakeholders. As the situation started to improve, meetings were scaled down to once a week. URCS was involved in all coordination mechanisms both at the district and national level, which is facilitated by Ministry of Health headquarters and the districts.

The following partners provided contributions to the outbreak response in line with their core programme areas in affected districts in order to facilitate effective resource mobilization and coordinated interventions:

Operational Technical Working Groups	
Sector	Lead Agency
Coordination and resource mobilization	District Health Officer (DHO)/Respective stakeholder NGOs Provides coordination of partners and mobilization of resource for response as well as enacting and enforcing Public Health by-laws that promotes good community practices against Ebola.
Case management	DHO/MSF/WHO Established Ebola Hemorrhagic Fever (EHF) Treatment Centres in Nyimbwa health centre and Mulago National referral hospital that provided treatment of cases
Logistics management	DHO/Respective stakeholder NGOs
Community surveillance	DHO/ District Education Officer (DEO), URCS For effective management of all suspected cases and community health surveillance

Social mobilization, Information and Education Communication (IEC)	District Health Educator (DHE) and URCS/Respective stakeholder NGOs for effective management of all community mobilization and health promotion campaigns
Burial team/Security and Safety	District Internal Security Officer for management of all community burial during the period of the outbreak.

The Ministry of Health (MoH) and the District Health Team (DHT) lead the response, while WHO and other Humanitarian Agencies such as United National Children’s Fund (UNICEF), Uganda Red Cross Society (URCS), Médecins Sans Frontières (MSF), World Vision Uganda (WVU), AMREF and AFINET, and local NGOs supported the district epidemic response.

The district and sub-county authorities have continued to enforce by-laws; such as preventing mass gathering in markets and funerals, which would have aided the spread of the disease. Those not abiding to the by-laws have been penalized.

Red Cross and Red Crescent action

At the onset of the outbreak declaration, Luwero Branch conducted a joint assessment with the District Health Office, Ministry of Health and WHO which had highlighted the magnitude of the emergency and guided the disease control actions.

All the URCS affected branches collectively mobilized 150 volunteers, who were engaged in the communities for the outbreak control activities and psychosocial support.

The URCS headquarters, regional health and MOH officials supported the training of URCS volunteers in Epidemic Control for Volunteers (ECV) for community control activities in Luwero.

150 community-based volunteers undertook intensified health education and promotion campaigns at household levels to improve on community knowledge of the symptoms and signs of the disease, as well as the procedure to follow for protecting the household members and ensure appropriate referral of suspected cases. Contacts of all suspected and confirmed cases were followed up by the volunteers on a daily basis to monitor the development of symptoms for the mandatory 21 days of follow up, and those who developed symptoms were immediately referred.

The IFRC Epidemic Control for Volunteer toolkit was employed to facilitate effective Ebola control interventions. Trained volunteers facilitated health promotion campaigns, active case search, follow up of contacts and referral of acute suspected cases.

IEC materials for community education and sensitization were translated and updated by the social mobilization subcommittee of the national task force. These materials were produced and distributed to support volunteers during social mobilization.

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 were employed to promote a wide knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases, and preventive measures. Luwero district and surrounding areas were targeted for this intervention.

The Red Cross Society Headquarters in Kampala, with technical support from the IFRC regional office in Nairobi, participated in the monitoring of the implementation of the Ebola operation.

An extension to support a review to share experiences and lessons learnt during the operation is planned at the beginning of February 2013 after which a final report will be submitted.

Progress towards outcomes

Below is the detailed achievement registered this far;

Relief distributions (basic non-food items)

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.	
Outputs (expected results)	Activities planned
Affected families supported with essential basic household items	Procure and distribute essential household items to 100 affected families whose property has been destroyed. 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) 1 sponge mattress will be provided to support the 100 affected families

Achievements against the activities:

As part of psycho social support package, the operation handed over 30 kit assortments of NFI items for distribution to the affected families in Luwero and 10 in Kampala to Kampala District Authority and Mulago National Hospital to compliment the discharge package prepared for the Ebola suspected cases and families who were targeted as direct beneficiaries. In total 40 families received basic household items to replace their assets that had to be destroyed as a way to prevent spread of the disease.

Table showing Ebola Luwero NFI distribution matrix as of 2nd January 2013:

District	H/H	POP	Tarps	C/Pots	Cups	Plates	Basins	Blankets	Jerry cans	Soap	M/Nets
Procured	100(kits)	585	200	200	500	500	100	200	200	300	200
Distributed											
Luwero	30	159	60	60	150	150	30	60	60	90	60
Kampala	10	57	20	20	50	50	10	20	20	30	20
Total	40	216	80	80	200	200	40	80	80	120	80

Emergency health and care

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 districts for three months.	
Outputs (expected results)	Activities planned
Further mortality and morbidity of 585 beneficiaries as a result of (the emergency) are prevented through a primary health care oriented programme.	Provide referral services for affected communities through 150 volunteers in the coming three months. Distribute 8,000 bottles of chlorine supplies to 100 families of 585 beneficiaries within three months. - Reorient 150 volunteers on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools. Support surveillance outreach activities for Ebola in the affected area by follow-up on a daily basis anticipated 100 contacts of suspected/confirmed cases of Ebola for 21 days each to monitor development of symptoms.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	Reorient 150 community-based volunteers on health promotion. Initiate a health promotion campaign within the affected population focusing on Ebola control messages targeting 3,628,390 of people in 5

	<p>affected districts.</p> <p>Distribute 8,000 bottles of chlorine solution for house hold decontamination</p> <p>Provide 48,500 posters and brochures to be used in the health promotion campaign.</p> <p>These activities will be implemented using CBHFA approach as 'vehicle' for the health promotion activities to enhance sustainability.</p>
<p>Psycho-social support is provided to 100 households with 585 people and 110 staff/volunteers of the 5 RC branches affected.</p>	<p>Provide Psychological Support to 110 staff and volunteers of the 5 RC branches engaged in emergency response.</p> <p>Re orient 20 staff and volunteers of the 5 RC branches on PSP programmes.</p> <p>Provide Psycho-Social Support to 585 people affected by the emergency.</p>

Achievements against the activities:

Outcome: Further mortality and morbidity of 585 beneficiaries as a result of (the emergency) are prevented through a primary health care oriented programme.

- A total of 150 volunteers were re-oriented on communicable disease surveillance in coordination with MoH and District Health Offices using IFRC ECV tools. URCS from the national headquarter level in coordination with other partners, supported the branch through monitoring and technical support visits.
- A total of 150 volunteers provided referral services for affected communities and had so far referred 9 suspected cases. This had been possible with technical support from the district Ebola task force health teams who oriented the volunteers on Ebola and ECV tools.
- Surveillance outreach activities done through daily to follow up on 121 contacts of suspected/confirmed cases of Ebola for 21 days for each person, with observations made to monitor development of symptoms.
- Since the Ebola response started, Uganda Red Cross Society (URCS) deployed 150 volunteers covering a cumulative total of over 1,500 villages and reaching 135,265 households (42.3% of the targeted households).
- A total of 716,920 community members have been reached through door-to-door active case search by the URCS volunteers.
- This intensive field work in the target communities by the volunteers has led to improved awareness on how to prevent the transmission chain hence reduction in the incidence of the EHF cases were noted. Luwero was declaration Ebola free by 16th January 2013.

Outcome: The resilience of the community is improved through better health awareness, knowledge and behaviour.

- A total of 48,000 posters and brochures to be used during the health promotion campaign have been produced. The Community Based Health First Aid (CBHFA) approach will be used in the health promotion activities to enhance sustainability of the program.
- URCS through the volunteers has also been able to distribute 6,213 bottles of chlorine supplies to 1,553 affected families in the communities.
- Together with the district social mobilization task force and health education office, the branches conducted social mobilisation campaigns by holding public awareness meetings with local leaders in Luwero municipality and other affected districts. Four public gathering meetings were held reaching an estimate of about 6,000 people. The collaboration with the district authorities enabled

access and availability of the district technical staff for the operation. The recognition of the issues and engagement by the government enables an effective response.

- URCS sponsored two radio talk shows involving key political leaders in Luwero district which provided a good opportunity for them to deliver important key messages focusing on prevention of the Ebola epidemic. The radio shows are estimated to have reached around 380,000 people.
- With the strong surveillance and the intensive Red Cross social mobilization, the admissions of new Ebola cases reduced considerably until no new confirmed admissions was reported to the isolation facility in Nyimbwa health centre and Mulago hospital. The last patient was discharged on 26th November 2012. Uganda was declared Ebola free on 16th January 2013.

Summary of URCS Branch House-to-House social mobilization activities as of 2nd of January 2013

BRANCH/ DIVISION	*Target H/holds	No. of H/holds visited	Volunteers		People reached through H2H
			M	F	
Luwero	82,407	31,023	26	14	164,422
Kampala Central	29,900	16,921	5	5	89,681
Kampala East	34,600	16,724	6	4	88,637
Kampala South	34,600	9,341	7	3	49,507
Kampala West	34,600	5,421	5	5	28,731
Kampala North	34,600	7,942	7	3	42,093
Wakiso	29,600	16,123	6	4	85,452
Nakaseke	28,500	21,136	12	8	112,021
Nakasongola	8,500	5,916	11	9	31,355
Mukono	2,000	4,721	6	4	25,021
Total	319,307	135,268	91	59	716,920
			150		

Source: URCS

Outcome: Psycho-social support is provided to 100 households with 585 people and 110 staff/volunteers of the 5 RC branches affected.

- Psychological support was provided to 152 staff and volunteers engaged in the implementation of the emergency response.
- URCS has re-oriented 40 staff and volunteers on PSP programmes.
- Psycho-Social Support was provided to 140 people affected by the emergency.
- URCS Volunteers have so far followed up 121 people through house-to-house contact tracing and followed-up 13 people discharged from hospitals and their family members with psychosocial support
- The national society supplied 60 personal protective equipment (PPE's) and 6,213 bottles of bleach to Luwero, Nakasongola, Wakiso, Nakaseke and Kampala branches respectively to support the case management team and volunteers with their work.

Communications – Advocacy and Public information

- Produced and disseminated context-specific Information, Education & Communication (IEC) materials (24,000 Ebola posters, 24,000 Ebola leaflets & 120 T-shirts translated in Luganda)
- Two media campaigns radio talk shows and 200 radio spots on Ebola have been conducted so far
- One field media visit to the affected branches is currently being prepared for to document the work done by URCS volunteers on Ebola prevention in the community.
- The review of the operation is planned to be used as communication material in regards to Ebola response and URCS experience in these kinds of operations.

Challenges:

- Misconception and rigidity by some community members who insisted there is no Ebola but a conspiracy by government officials.
- In Kampala and Wakiso town council people showed limited interest in participating in Ebola sensitization. The awareness campaigns were undertaken during the period closing up towards Christmas holidays, which also influenced negatively on community participation.
- People preferred posters with pictures and information provided in their local languages.
- Some of the implementing branches such as Luwero branch; lack cameras to support evidence based reporting.
- The fatigue related to the series of outbreaks led to some people believing that this response was fraudulent.
- The series of outbreaks this year has further stretched the health human resources.

Lessons Learnt:

- Involvement of key political leaders is important in addressing misconception and rigidity by some community members who insisted there was no Ebola. These leaders communicated by- laws that enhanced Ebola sensitization and control.
- Strong coordination and partnerships are important in reaching results in controlling and preventing disease outbreaks.
- IEC materials in local languages and pictorial interpretations need to be developed.

Contact Information

For further information specifically related to this operation please contact:

- **In Uganda:** Michael Nataka, Secretary General, Uganda Red Cross Society, Kampala, Uganda; Phone: +256 41 258 701 Email: natakam@redcrossug.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone: +251-93-003 4013; fax: +251-11-557 0799; email: loic.debastier@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting):

IFRC Africa Zone: Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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.

www.ifrc.org

Saving lives, changing minds.



Strategy 2020 which puts forward three strategic aims:
1. Enable healthy and safe living.
2. Promote social inclusion and a culture of non-violence and peace.

2. Enable healthy and safe living.

3. Promote social inclusion and a culture of non-violence and peace.

DREF OPERATION

14-02-13

MDRUG031 Uganda: Ebola Outbreak

Budget Group	DREF Grant Budget CHF
Clothing & Textiles	13,655
Medical & First Aid	17,373
Teaching Materials	22,491
Utensils & Tools	5,003
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	58,523
Transport & Vehicle Costs	3,945
Total LOGISTICS, TRANSPORT AND STORAGE	3,945
National Society Staff	2,820
Volunteers	12,821
Total PERSONNEL	15,641
Consultants	7,924
Total CONSULTANTS & PROFESSIONAL FEES	7,924
Workshops & Training	15,422
Total WORKSHOP & TRAINING	15,422
Travel	10,380
Information & Public Relations	2,015
Office Costs	417
Communications	695
Financial Charges	104
Total GENERAL EXPENDITURES	13,611
Programme and Services Support Recovery	7,479
Total INDIRECT COSTS	7,479
TOTAL BUDGET	122,546