DREF operation

International Federation of Red Cross and Red Crescent Societies

Uganda: Meningitis

DREF operation n° MDRUG013

9 February 2009

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

CHF 160,941 (USD 138,503 or EUR 107,080) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 2,300,000 beneficiaries in six districts. Un-earmarked funds to repay DREF are encouraged.

Summary: The deadly meningitis disease that broke out in Hoima and Arua in early January has now spread to Masindi, Moyo, Adjumani and Nebbi districts affecting 324 people by 28 January 2009. The disease has so far killed a total of 42 residents in the five districts with many more residents under serious threat. The needs to improve community awareness on the disease and encourage vaccination is critical. In addition, active search and referral of suspected cases in the affected communities is quite urgent in controlling the disease mortality and morbidity in the target communities.

URCS volunteers conducting public awareness session on the spread of meningitis

The Uganda Red Cross Society (URCS) plans to reactivate a total of 180 community based volunteers to support these tasks over a period of two months and the mission will therefore be accomplished by 30 March 2009. A final report will be made available three months after the end of the operation (by July 2009).

<Click here for the DREF budget or here for contact details>

The situation

On 30 December 2008, the Hoima District Health Officer (DHO) reported a suspected outbreak of meningitis after registering six cases and sudden death of three community members in Haibale village, Kisukuma parish, Kigorobya sub-county. Immediately, the Epidemiological and Disease Surveillance (EDS) division of

the Ministry of Health (MoH) conducted an investigation and confirmed an epidemic due to *Neisseria Meningitides* type A. Since then, more cases continued to be received on a daily basis at Hoima regional referral hospital and by 16 January 2009, the cumulative cases were 42 with 13 deaths.

Meanwhile since 4 January 2009, the West Nile region as well reported a total of 95 cases with 13 deaths. Statistics reported in the media shows that 9 suspected cases were reported in Adjumani, 3 in Nebbi and 2 in Koboko districts. Arua district alone has so far recorded 155 suspected cases with 20 deaths all from five sub-counties of Dadamu, Oluko, Manibe, Oli and Olepi.
Schools are underway for reopening during early February 2009. It will be unfortunate that if the situation does not improve, then the schools reopening programme in the affected districts will be halted since clustering children together in class and dormitories will aggravate the situation.

Coordination and partnerships

The URCS headquarters will coordinate monitoring and evaluation efforts to measure the outcomes of field activities and their contributions to meningitis control. The overall management of the operation will be done by NS Disaster management (DM) department with technical support from the Health and Care department.

Existing information and data collection systems, methods and indicators will be used to generate and evaluate various data. The headquarters in collaboration with MoH will also develop a core set of indicators for inclusion in existing formal data collection systems and a participatory process for measuring the impact and cost-effectiveness of the DREF activities at all levels. At the national level, the URCS will analyze progress towards building local branch capacities in disease surveillance and response and the achievement of the national plan to control the spread of meningitis and other diseases of epidemic potential. At both the national and sub-national levels, URCS will continue to be represented as a component of all national and district epidemic control teams.

Task Force meetings and other meetings of national-level stakeholders will be held to track progress, disseminate evidence on good practices and lessons learned and modify the epidemic response strategy and activities when necessary.

Ministry of Health has initiated case management in the affected districts, community mobilization and education have been initiated at minimum level through the district health teams and surveillance is being strengthened to ensure early case detection and monitoring of the epidemic. A vaccination campaign is being prepared with the Ministry of Health planning to request adequate doses of bivalent meningococcal vaccine (A/C) from the International Coordinating Group (ICG) on Vaccine Provision for Epidemic Meningitis Control, along with injection materials, oily chloramphenicol, transport media and rapid-test kits. The MoH is also investigating reports of suspected cases in other neighboring districts.

World Health Organization (WHO) supported Hoima district with case management in terms of drugs and supplies like oily CAF, Cerftriaxone, gloves and other supplies, while Médecins sans Frontières (MSF) has deployed medical personnel in some of the affected sub-counties to treat the cases and contain further spread of the disease.

Red Cross and Red Crescent action

Outbreak control teams have been established in the affected districts who meet daily to review the latest data on the suspected cases and death and follow up any alerts as well as implement the general outbreak response plans put in place. The Uganda Red Cross Society branch Field Coordinators in the affected districts are part and parcel of the district epidemic response task forces and have been involved in the daily planning and review of the interventions with the district health teams and other partners.

Some of the branches like Hoima, Arua, Nebbi and Masindi already have established network of community based volunteers (CBVs) through the ongoing projects like Development Assistance for Refugees hosting communities (DAR), and the WatSan project currently running in Hoima, Masindi and other branches.

In 2007, the URCS undertook a meningitis preparedness programme targeting the high-risk communities in Arua, Nebbi, Yumbe, Adjumani, Soroti, Amuria and Katakwi, with 350 community-based volunteers and 30 coaches mobilized from the seven branches in West Nile and Eastern Uganda, trained and facilitated with

Information, Education and Communication (IEC) materials and 30 bicycles for social mobilization and health education in the villages. This activity reached over 388,000 residents and raised their awareness on meningitis. The URCS is well placed to undertake community based disease prevention programme with these Community Based Volunteers (CBVs) whose collaboration with other key players within the communities enable participatory mapping of priorities and needs and understand the traditional beliefs about the disease. Besides, the vast experience the URCS has amassed in the response to similar outbreaks like cholera, hepatitis E, Ebola Viral Hemorrhagic Fever, Marburg fever and previous meningitis outbreaks has endowed the National Society with residual capacity to effectively handle such emergencies.

The needs

There is inadequate supply of the most sensitive drugs to treat the cases in all major hospitals and lower health units in the affected districts. The District Health Officers have submitted request to MoH and WHO for supplies, but still hopefully wait while cases continue to be received in large numbers on daily basis.

The outbreak in Hoima district has occurred in communities with no history of vaccination for meningitis while some of the affected areas in West Nile region missed out in the 2007 and 2008 massive vaccination done by MoH and MSF due to vaccine shortage. This therefore calls for urgent vaccination in the affected sub-counties and yet the vaccines are not available at the moment.

There is generally poor attitude of people in the affected communities, who resist the health directives being given which is why the disease is spreading faster. The very high case fertility rates are being attributed to late arrival of suspected cases from the communities to the health units, due to the poor health seeking behavior of the population that contributes to the spread of the disease. Many residents are ignorant of the benefits and safety of the vaccines and others even discourage the uptake claiming that it has harmful effects on human health.

The proposed operation

The URCS plans to mobilize human and material resources to address the outbreak and bring it under control. The plan of action involves reactivation of the 150 previously trained volunteers and coaches in Arua, Nebbi and Adjumani branches, re-orienting them on the new tasks and deployment in the affected sub-counties. Also, mobilization, training, equipping and deployment of 90 additional CBVs (30 volunteers in each branch) in the newly affected districts of Hoima, Masindi and Moyo branches and additional volunteers in some of the newly affected sub-counties in Arua branch that were previously not covered during the preparedness activities will help as well. The volunteers will be integrated into the Government of Uganda Village Health Team (VHT) structure and work collaboratively with the local civil and opinion leaders in the affected communities to achieve the required behavior change.

After training and deployment, the CBVs will assist the district health teams in conducting active case search using the community case definitions developed and quick referral of cases to the health units to contain the spread of the disease. The generic IEC materials in form of posters and leaflets currently available at the MoH will be translated into the four major local languages (Runyoro, Alur, Lugbara and Madi), produced and distributed to the respective branches for distribution in the communities to promote public awareness about the disease and course of action for suspected cases. The weekly radio talk shows will feature technical persons from MoH, WHO, URCS and other local and/or national political leaders who will echo their voices to mobilize the communities to take action and stop the spread of the epidemic. This will ensure wider coverage to reach even other sub-counties and communities not accessible by the response teams.

Emergency health

<u>Overall objective:</u> To reduce the morbidity and mortality from meningitis among the affected communities through early detection and appropriate treatment of cases.

<u>Objective:</u> To promote community resilience on meningitis through better awareness, knowledge and behaviour change practices.

Activities planned

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

Objective: To reduce the transmission of meningitis in the affected communities by promoting control measures like social distancing and vaccination uptake

Activities planned

- Conducting door-to-door health education and home inspection with the aim of encouraging the uptake of vaccines, and carry out active case search and timely referral of suspected cases to health units.
- Advocacy for enforcement of public health Acts, regulation and by-laws (especially the social distancing measures like banning public gatherings).
- Orientation of special interest groups like religious leaders, traditional healers and/or herbalist, cultural and other opinion leaders to act as agents of positive behaviour change amongst their subjects.

How we work

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

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- **In Uganda:** Michael Nataka, Secretary General, Uganda Red Cross Society, Kampala, Email: natakam@redcrossug.org; telephone: +256 41 258 701/2; fax: +256 41 258 184
- **In Kenya:** Nancy Balfour, Disaster Management Coordinator, East Africa Zone, Nairobi, phone: +254 20.283.5208 Fax: +254 20.271.2777; nancy.balfour@ifrc.org
- **In Geneva**: John Roche, Federation Operations Coordinator, East and Southern Africa, phone: +41.22.730.440 email: john.roche@ifrc.org

<DREF budget below; click here to return to the title page>

	APPEAL BUDGET SUMMARY	
	UGANDA MENINGITIS EPIDEMIC	MDRUG013
	RELIEF NEEDS	**BUDGET IN CHF**
500	Shelter	
505	Construction Materials	
510	Clothing and Textiles	7,520
520	Food	
523	Seeds and Plants	
530	Water and Sanitation	
540	Medical and First Aid	
550	Teaching Materials	16,533
560	Utensils and Tools	
570	Other Supplies and Services	10,307
	Total Relief Needs	**34,360**
	CAPITAL EQUIPMENT	
580	Land and Buildings	
581	Vehicles Purchase	
582	Computers and Telecom Equipment	
584	Office/Household Furniture and Equipment	
587	Medical Equipment	
589	Other Machinery and Equipment	4,800
	TRANSPORT, STORAGE AND VEHICLES	
590	Storage - Warehouse	
592	Distribution and Monitoring	2,677
593	Transport and Vehicles Costs	19,264
	PERSONNEL	
600	International Staff	
640	Regionally Deployed Staff	
661	National Staff	2,000
662	National Society Staff	49,667
670	Consultants	6,667
	WORKSHOPS AND TRAINING	
680	Workshops and Training	14,379
	GENERAL EXPENSES	
700	Travel	1,600
710	Information and Public Relations	11,733
730	Office running costs	
740	Communication Costs	1,333
750	Professional Fees	
760	Financial Charges	
790	Other General Expenses	2,000
	PROGRAMME SUPPORT	
599	Programme Support - PSR	10,461
	Total Operational Needs	**126,581**
	Total Appeal Budget (Cash and Kind)	**160,941**
	Net Request	**160,941**