


DREF operation

 International Federation
of Red Cross and Red Crescent Societies

Uganda: Polio outbreak

DREF operation n° MDRUG018
5 November 2010

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 166,628 (USD 170,194 or EUR 121,237) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 1.2 million beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: Barely a year after the World Health Organization (WHO) had declared Uganda polio free, a polio case was confirmed from a two year old child in Bugiri District in, Eastern Uganda on October 20 2010. Tests of samples done in South Africa found the virus to be genetically most similar to a strain that was identified in Turkana, Kenya in the beginning of 2009.

In response, WHO and the Ugandan Ministry of Health (MoH) have scheduled three rounds of mass polio immunization in 48 high risk districts in North, Central and Eastern Uganda. Based on the situation, this DREF responds to a request from the Government of Uganda to support social mobilization during the campaigns.

This operation is expected to be implemented over 3 months, and will therefore be completed by January 2011; a Final Report will be made available by the end of January 2011 (three months after the end of the operation)

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



URCS Volunteers conducting a mobilization exercise (Photo, URCS)

The situation

Wild Polio Virus (WPV) has been confirmed in Bugiri District in Eastern Uganda. One case of a 2 year old child who developed paralysis has been identified. Tests of samples done in South Africa found the virus to be genetically similar to a strain that was identified in Turkana, Kenya in the beginning of 2009.

The resurgence of WPV confirms the earlier threat of transmission of the outbreak from neighbouring countries. Given the confirmation, the risk of sustained outbreak in Uganda is considered real and threatening to the polio free status of the country. In view of this, a polio outbreak response plan has been developed to guide implementation of activities that would lead to its mitigation. The plan has been developed in accordance with the National Wild Poliovirus Importation Preparedness and Response Plan.

The Ministry of Health and WHO have announced a three-phase supplementary vaccination exercise for two million children aged under 5 years (0-59 months) in 48 districts of eastern, north-eastern and northern Uganda. These districts have been selected based on their proximity to Bugiri, which is the affected district, and those that share a border with Kenya and Southern Sudan. The districts include Abim, Agago, Alebtong, Amolatar, Amudat, Amuria, Budaka, Bududa, Bugiri, Bekedea, Bukwo, Bulambuli, Busia, Butaleja, Buyende, Dokolo, Iganga, Jinja, Kaabong, Kaberamaido, Kaliro, Kamuli, Kapchorwa, Katakwi, Kibuku, Kitgum, Kotido, Kumi, Kween, Lamwo, Lira, Luuka, Manafwa, Mayuge, Mbale, Moroto, Nakapiripirit, Namaingo, Namutumba, Napak, Ngora, Otuke, Pader, Pallisa, Serere, Sironko, Soroti and Tororo. The strategy is to conduct a house-to-house immunization exercise, which will be conducted as follows:

- 1st Round SNIDS; 20th – 21st November 2010
- 2nd Round NIDs; 11th – 12th December 2010.
- 3rd Round SNIDS; 16th – 17th January 2011.

Coordination and partnerships

At national level, the operation is coordinated by WHO, the United Nations Children's Fund (UNICEF) and MoH. The Uganda Red Cross Society (URCS) is a member of the National Coordination Committee and will continue collaborating with partners at national and district level.

At district level, District Health Teams (DHTs) are responsible for technical support and ensuring standardization of approaches. Coordination meetings are conducted at national, regional and district levels with the involvement of stakeholders including the Ugandan Government.

Red Cross action

The National Society has been part of National and District response Task Forces in coordination meetings with other partners chaired by WHO and MoH at Kampala level and at branch and district levels with District Health Officers. The Red Cross Action Teams (RCATs) are on standby in the districts.

URCS has experience in social mobilization for Supplemental Immunization activities. In the recently concluded 2009 campaigns, the National Society with support from the Federation and American Red Cross, supported social mobilization activities in 20 districts, where a coverage of 95% was achieved. This time around, URCS will support social mobilization activities in order to raise demand for immunization services and also advocate for positive change towards the Polio campaign and routine vaccination. Several approaches will be used to achieve the operation objectives:

1. Advocacy meetings with religious and traditional leaders as well as other key people in the community
2. House to house visits

3. Registration of eligible children
4. Production, dissemination and distribution of context and culturally acceptable information, education and communication (IEC) materials.
5. Use of community drama for mobilization of mothers and caretakers.
6. House-to-house mop-up operations in collaboration with health workers.
7. Support logistical/transportation needs of the campaign in the selected districts.
8. Linking communities/villages with the vaccination posts and health units in the districts of focus.

The needs

Beneficiary selection: URCS social mobilization activities will cover 8 of the 48 selected districts. They include Jinja, Iganga, Kamuli, Mayuge, Bugiri, Tororo, Namutumba and Busia districts. Choice of the districts was based on their proximity to the affected district of Bugiri. A total of 1.2 million children aged under five years are targeted for the immunization exercise.

Immediate needs: Community mobilization and sensitization: While efforts have been made to mobilize village health teams, there is need to strengthen this by mobilizing, training and deploying community volunteers to carry out house-to-house visits to sensitize the population. Educational materials such as posters and leaflets as well as mass media campaigns will be required to facilitate the mobilization activities.

Medium -term needs:

- Micro planning and advocacy meetings with key stakeholders involved in the polio campaign.
- Dissemination of key messages that were developed in conjunction with UNICEF and other members of the social mobilization committee.
- Facilitate house to house child vaccination sensitization to mothers, fathers and caretakers on the need to vaccinate their children
- Advocacy on the importance of routine vaccination

The proposed operation

The URCS has been requested to support social mobilization and make use of the volunteer network in implementing districts to mobilize mothers and care takers. The operation will focus on raising demand for the immunization services, as well as good hygiene and sanitation practices to prevent the further transmission of the diseases. The National Society's engagement will vary in different immunization round, with a focus on round one and two. This is according to WHO guidelines that two rounds are sufficient to interrupt spread of this particular polio strain.

Goal: The overall goal of the campaign exercise is to contribute to sustained reductions in polio morbidity by reducing the risk of outbreaks in Uganda. This will be achieved through increasing community participation, acceptance and ensuring improved routine immunization coverage in target districts.

Specific objectives:

- To vaccinate at least 95% all children aged under 5 years in the selected high risk districts
- To increase awareness and uptake of the immunization vaccination services

Emergency health and care	
Outcome: Reduced polio morbidity is ensured by reducing the risk of outbreaks in Uganda	
Outputs <ul style="list-style-type: none"> • URCS volunteers are conversant with campaign and on social mobilization 	Planned activities: <i>Pre-campaign:</i> <ul style="list-style-type: none"> • Orient 4,260 URCS volunteers on campaign and mobilization techniques

<p>techniques.</p> <ul style="list-style-type: none"> • 100% households reached with correct information on polio awareness. • 95% of target children receive polio vaccination • URCS visibility increased through the campaigns 	<ul style="list-style-type: none"> • Conduct advocacy meetings with key local religious and community representatives • Disseminate simple key messages on polio vaccination • Production and dissemination of IEC messages through community theatre, drama, leaflets, mobile trucks etc. • Conduct house to house child vaccination sensitization to mothers, fathers and caretakers on the need to vaccinate their children • Conduct house to house registration of eligible children for vaccination • Conduct informal awareness sessions on polio in churches, mosques, markets, temples and other public places • Facilitate public awareness of location of vaccination posts <p><i>Campaign:</i></p> <ul style="list-style-type: none"> • Mobilize mother and care takers to present their children for immunization • Assist in campaign activities at sites and door to door • Provide logistical distribution support. • Assist in organization of immunization posts • Maintain an updated register of vaccinated children • Conduct follow-ups to ensure the children go through all the required immunization rounds. <p><i>Post-campaign:</i></p> <ul style="list-style-type: none"> • Conduct regular monitoring visits to vaccination posts • Collect and analyse data on campaign and vaccination exercise. • Generate regular narrative and financial reports • Participate in post campaign meetings with relevant stakeholders.
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Supervision, Monitoring and Evaluation:

URCS volunteers will use checklists to document the level of implementation of social mobilization plans and activities as well number of children vaccinated. At national/central level, supervision visits will be conducted weeks before the campaign to all regions before and during the campaign. A supervision visit is also planned one week in advance to selected districts as well as those with particular challenges in preparations for logistics or social mobilization. At regional level, coordinators and coaches will conduct supervision visits to all districts before and during the campaign.

During the campaign, supervisors will systematically collect information and provide feedback to the implementation teams. Supervisors will organize visits to urban and rural vaccination posts. They will cover 2-3 rural posts and, a school post as well as a health center. More experienced coaches will be assigned to remote areas with sparse and hard-to-reach populations. Review meetings will also be conducted at each level to enable documentation of activities and results.

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:

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

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[<DREF budget and map below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

UGANDA POLIO OUTBREAK DREF OPERATION		05/11/2010
Budget Group	DREF Grant Budget	TOTAL BUDGET CHF
Shelter - Relief		0
		0
		0
		0
Construction - Materials		0
Clothing & Textiles	8,000	8,000
Food		0
Seeds & Plants		0
Water & Sanitation		0
Medical & First Aid	0	0
Teaching Materials	0	0
Ustensils & Tools		0
		0
Total Supplies	8,000	8,000
Land & Buildings		0
Vehicles		0
Computer & Telecom		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
Total Land, vehicles & equipment	0	0
Storage		0
Distribution & Monitoring		0
Transport & Vehicle Costs	28,353	28,353
Total Transport & Storage	28,353	28,353
International Staff		0
		0
		0
NS staff/volunteers	64,305	64,305
		0
Consultants		0
Total Personnel	64,305	64,305
Workshops & Training	15,900	15,900
Total Workshops & Training	15,900	15,900
Travel		0
Information & Public Relation	35,200	35,200
Office Costs	2,000	2,000
Communications	2,660	2,660
Professional Fees		0
Financial Charges	40	40
Other General Expenses		0
Total General Expenditure	39,900	39,900
Cash Transfers to National Societies		0
Cash Transfers to 3rd parties		0
Total Contributions & Transfers	0	0
Program Support (PSR)	10,170	10,170
Total Programme Support	10,170	10,170
Services & Recoveries (NS EF)		
Shared Services		0
Total Services	0	0
TOTAL BUDGET	166,628	166,628