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DREF final report

Uganda: Ebola Hemorrhagic Fever

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG021 GLIDE n° EP-2011-000052-UGA 29 November 2011

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 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.

Summary: CHF 133,744 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 18 May, 2011 to support the national society in delivering assistance to some 1,731,900 beneficiaries, and to replenish disaster preparedness stocks.

This operation was implemented for 3 months starting from 18 May 2011 and was completed on 19 August 2011. A joint final evaluation meeting was conducted by the Ministry of Health (MoH) on 1-2 September 2011. During this period, the Uganda Red Cross Society (URCS) was involved in key Ebola response activities with other implementing partners as well as the government. Activities carried out included: community sensitization on Ebola, house to house campaigns as well as media campaigns. In addition, case contacts, follow ups and referrals, as well as health promotion and education through Information, Education and Communication (IEC) were carried out. All the planned activities were implemented according to plan. The National Society was able to reach the targeted population, thanks to UNICEF for additional support in training more volunteers.



URCS volunteers burying a person who died from Ebola Disease. Photo: URCS

Despite the Ebola outbreak being declared over on 17 June 2011, active surveillance, ecological investigations and community mobilization/sensitization are ongoing beyond the operation timeframe until community psychosocial fears, knowledge and attitude are considered to have improved on the outbreak.

The interventions by URCS and other partners contributed to the containment of Ebola outbreaks in Luwero and the neighbouring districts. Besides the interventions, the heightened control activities against Ebola contributed to a marked containment of infection and mortality among the population, whereby only one person was infected with Ebola.

There was strengthened network and collaboration with other humanitarian players in the response. This mainly included IFRC, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Ministry of Health (MoH), Médecins Sans Frontiers (MSF), African Field Epidemiology Network (AFENET), World Vision, Respond and CDD. These partners provided technical and financial support that enabled the Uganda Red Cross Society (URCS) to respond to the outbreak in the affected

districts/communities.

DREF replenishments to the Uganda Ebola Operation were received from ECHO (CHF 101,357) and Belgian Red Cross/Government (CHF 35,000). The URCS takes this opportunity to thank them for their continued support. 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.

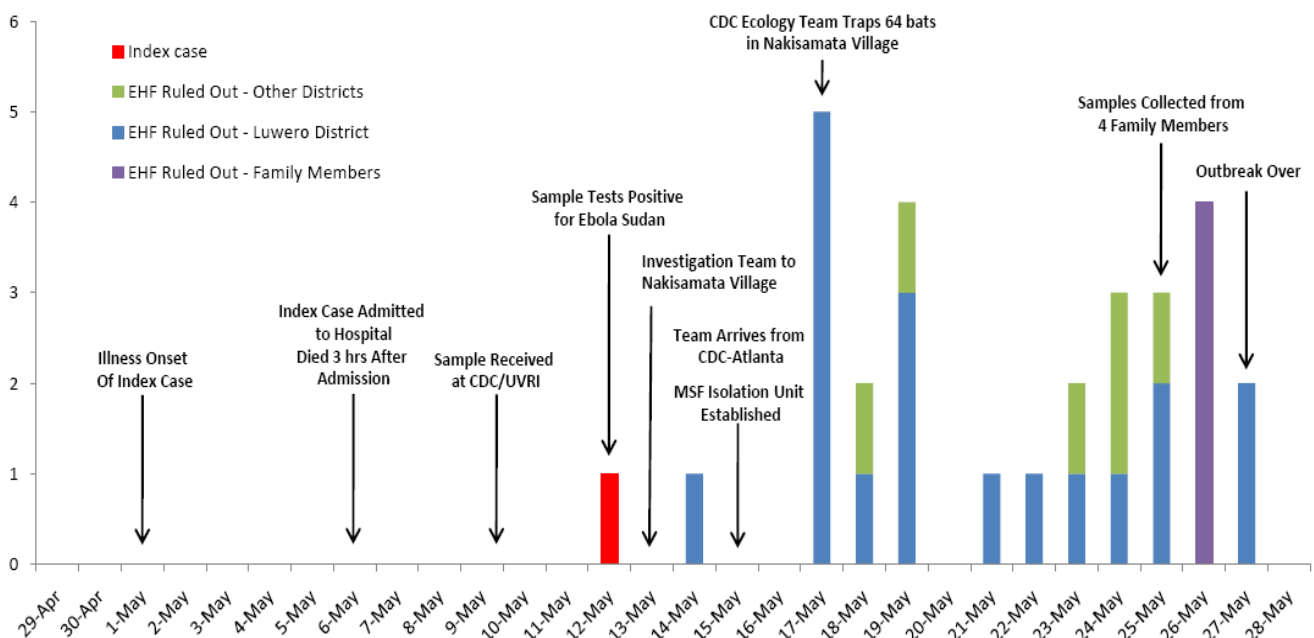
Details of contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf for 2010, and at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf for 2011.

[<click here for the final financial report, or here to view contact details>](#)

The situation

On the 13 May 2011, following a positive laboratory test, the MoH declared Uganda as having an Ebola outbreak in Luwero. The index and lone case was a 12 year old female from Nakisamata Village, Ngalonkalu Parish, Zirowe sub-county, Luwero District. She passed away on 6 May 2011 following a febrile hemorrhagic illness that lasted six days. Laboratory investigations confirmed *Sudan Ebola virus (SEBOV)*. Genome sequence was 99.3% similar to the Gulu 2000 strain. A total of 25 persons who were in close contact with the confirmed case were followed-up but only one contact (sibling to deceased) was *SEBOV* IgM positive

Timeline for Luwero Ebola Outbreak



An additional 17 cases and 4 deaths among alert cases and; 22 cases with 6 deaths among suspect cases were investigated from 9 other districts which included Kampala, Wakiso, Luwero, Bugiri, Kasese, Nakaseke, Nakasongola, Kabale and Gulu. However, they all tested negative for Ebola/Marburg and Yellow Fever. Ecological studies on a total of 50 fruit bats, 14 insectivorous bats and 2 blood samples from monkeys continue to be conducted at – CDC Atlanta

Following the Ebola outbreak in Luwero District, the National Task Force comprising of the Ministry of Health and its development partners instituted various response activities. These activities amounted to effective

containment of the outbreak after the recommended 42 days of follow-up of contacts to the last confirmed case. Active surveillance in the six high-risk districts of Luwero, Nakasongola, Nakaseke, Wakiso, Mukono and Kampala ended on 17 June 2011. This led to a declaration of the Ebola outbreak over. However, it was recommended by the task force that active surveillance, ecological investigations and community mobilization/sensitization continue.

During the end of Ebola/Yellow Fever outbreak evaluation meeting on 1-2 September 2011, supported by WHO, it was noted with concern that URCS and MSF are the only partners implementing activities against hepatitis E in Karamoja sub region. In addition, cases of nodding disease were being reported as prevalent and presenting another endemic problem in Uganda. The survey done in August 2010 indicated that in Kitgum, Lamwo and Pader, up to 1,876 cases were reported as having been detected by MoH surveillance and Epidemiology department. It was hence resolved that partners need to put more focus on the nodding disease and Hepatitis E problems in Karamoja. The review team also emphasized that partners need to plan their Karamoja Hepatitis E interventions for at least six month if results are to be realized).

Coordination and partnerships

There was very close coordination and good networking with other stakeholders, namely the Ministry of Health and WHO during the period of implementation. These partners' provided valuable support that included the training of Red Cross volunteers in both prevention and psychosocial support, which was eventually used in social mobilization. In addition, there was good networking with the district authorities in the response operations.

There was sharing of updates on response progress during weekly meetings at both field and national levels through the established task forces. The national task force meetings were coordinated by MoH at Kampala while the field level meetings were coordinated by the District Health Offices.

Red Cross and Red Crescent action

With financial support from the International Federation and UNICEF, the National Society through its Disaster Management and Health and Care directorates, has played a crucial role in controlling the epidemic in the affected and high risk districts, mainly those neighbouring Luwero District.

Through collaboration with all partners at all levels, the mobilization of communities to respond to outbreak has been going on successfully. URCS response is evidenced through the number of volunteers deployed, the mobilization and sensitization carried out through the house to house visits, which has created more awareness about Ebola in the affected as well as all the neighbouring districts.

Achievements against outcomes

The National Society, through its response activities aims to prevent and mitigate the spread of Ebola Fever in the target areas through health education and active community surveillance and to mitigate the impact of the outbreak

Emergency Health	
Objective: Objective 1: To reduce the spread of Ebola fever epidemic and related mortality through provision of emergency health services to 1,731,900 people in 5 districts of Central Uganda over 3 months period.	
Expected Results <ul style="list-style-type: none"> Increased public awareness about Ebola fever (the risk factors for its transmission, its prevention and control measures) 	Activities planned: <ul style="list-style-type: none"> Mobilize and train 200 Village Health Teams (VHTs)/community based volunteers from the 5 districts in Ebola Epidemic Control and active case search Produce and disseminate IEC messages (20,000 posters, 50,000 brochures, 2,000 T-shirts) in the 5 affected and neighboring at-risk districts. Conduct house to house informal sessions and in other public places to spread Ebola fever prevention information Conduct media campaigns for promotion of public awareness about Ebola fever disease spots/jingles on radio stations that will reach an estimated 1,731,900 people in the 5 districts

	<ul style="list-style-type: none"> • Conduct 109,614 sessions of household health promotion activities in the affected villages • Conduct interpersonal communications/advocacy meetings with key local leaders, religious leaders and community representatives in the sub-counties within the districts.
Objective 2: Improved early detection, reporting and referral of suspected cases of Ebola through active surveillance (Less than 50 percent case fatality registered in the project areas)	
<p>Expected Results</p> <ul style="list-style-type: none"> • The Ebola virus is contained by providing systems and tools for detection, surveillance and referral. 	<p>Activities planned:</p> <ul style="list-style-type: none"> • Orient and facilitate 200VHTs/community based volunteers for active case search • Procure and distribute 50 bicycles for facilitating VHTs/volunteers to conduct household visits and referral of suspected Ebola fever cases • Actively search for Ebola cases in the communities • Trace all contacts of Ebola and make daily follow ups. • Refer all cases to the designated Ebola facilities • Procure and produce Ebola IEC/PPE materials • Conduct house to house sensitization and media campaigns on Ebola • Distribute IEC materials to community members and house holds • Distribute PPE's to the Ebola operation volunteers and hospital units

Achievements

The National Society, through its trained volunteers was able to reach the targeted population in the 5 districts with awareness messages on Ebola prevention. Since URCS was able to train 125% of the targeted Village Health Teams (VHTs)/community based volunteers as a result of additional support from UNICEF, it was in turn able to conduct 153% of the targeted door to door sessions.



Photo left: A group of volunteers in Zirowwe during orientation. Photo right: A volunteer educating women during community meeting in Kampala

As a result of vigorous campaigns and awareness creation activities conducted by the trained URCS volunteer, there was a marked increase in public awareness about Ebola fever (the risk factors for its transmission, its prevention and control measures). This contributed to early containment of the outbreak. For more information on the implemented activities, please refer to the [DREF Update](#) which was published on the IFRC website on 18 July 2011.

Monitoring and Evaluation

Objective 3: To strengthen coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms.

<p>Expected Results</p> <ul style="list-style-type: none"> All URCS activities are properly coordinated and adequately monitored, evaluated and reported on 	<p>Activities planned:</p> <ul style="list-style-type: none"> All URCS activities are coordinated with all stakeholders and adequately monitored, evaluated and reported on Participate in all districts and national coordination meetings to facilitate effective and accelerated outbreak control activities Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties Provide routine technical support to volunteers and field staff Provide regular reporting of all activities
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Achievements

Due to holding regular meetings with relevant stakeholders, sharing of information and resources ensured that all activities were implemented in good time and the spread of Ebola was contained. Working closely with volunteers also ensured information on people reached and assisted was shared on a regular basis. Details on specific monitoring and evaluation activities can be accessed by clicking on the link: <http://www.ifrc.org/docs/appeals/11/MDRUG02101.pdf>

Challenges

From time to time, there were reports of Ebola suspect cases which stretched the response capacity as some of these cases were not from the areas originally targeted. However, URCS managed to deploy some volunteers to the central regions. The high fuel prices in the country and the increase in millage rate also affected the levels of movements in some of the affected districts. The NS restricted movements to mostly Luwero, the epi centre of the outbreak.

Reintegrating suspected patients after recovery into the general population was very challenging due to the stigma related to the disease.

Lessons learned

- The timely notification of Ministry of Health by Bombo General Military Hospital in addition to the existing capacities for VHF testing made confirmation done in a timely manner and the rapid risk assessment completed in time for the quick coordinated response that averted the epidemic.
- The national and district level surveillance teams coordinated well to ensure real time sharing of data and deployment of rapid response team who were on standby to verify and investigate all notified cases
- Daily situation reports, sensitization sessions about various outbreaks should be ongoing in the communities, rather than waiting for an emergency and then start the sensitization/education.
- Continuous education of communities about health emergencies should also be ongoing. This will not only help in the spread of more knowledge on only Ebola but also about other life threatening outbreaks.
- Training and involvement of community's own resource persons is instrumental in the easier spread of facts about health emergencies.
- Once the communities are sensitized on the facts about Ebola, they are vigilant in identification of suspects, referral and actively give information to the concerned people. This is important in preventing more spread of the disease.
- The Ministry of Health should undertake rapid provision of universal protection materials to all proximate facilities to allay the health concerns of staff
- The presence of in-country capacity for lab confirmation is critical for mounting concrete response to contain the outbreak
- Presence of an archive of surveillance tools enhanced the timely mounting of a comprehensive risk assessment
- In country capacity and experience for VHF response at national and district levels was vital for ensuring timely detection and mounting effective surveillance
- Strong partnership between government, partners (MoH WHO, CDC, URCS, AFENET, MSF) greatly contributed to effective surveillance for outbreak response
- Prompt and coordinated response to the initial case contributed to limiting the extent of the outbreak
- Availability of gloves, jik, soap, water, aprons and other personal protective equipment for services providers improved their confidence and willingness to handle suspects.

- The use of the trained burial team to manage all community burials during the outbreak period for all persons suspected to have died of Ebola enhanced the control of the outbreak.
- Experienced health care providers are an important resource during such outbreaks and it is necessary to keep track of where they are so that they can be mobilized quickly to assist. In Bombo Military Hospital, some of staff had gained experience following their participation in the Gulu Ebola outbreak operation in the year 2000.
- A strong surveillance system is necessary including private practitioners willing to collaborate with the public health system in terms of referral.

Contact information

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[Click here](#)

1. **DREF final financial report [below](#)** (a remaining balance of CHF 3,195 was returned to the DREF).
 2. Click [here](#) to return to the title page
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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.

Selected Parameters	
Reporting Timeframe	2011/5-2011/11
Budget Timeframe	2011/5-2011/8
Appeal	MDRUG021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	133,744					133,744
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	<i>130,549</i>					<i>130,549</i>
C4. Other Income	130,549					130,549
C. Total Income = SUM(C1..C4)	130,549					130,549
D. Total Funding = B + C	130,549					130,549
Appeal Coverage	98%					98%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	130,549					130,549
E. Expenditure	-130,549					-130,549
F. Closing Balance = (B + C + E)	0					0

International Federation of Red Cross and Red Crescent Societies
MDRUG021 - Uganda - Ebola Hemorrhagic Fever Epidemic

Appeal Launch Date: 19 may 11

Appeal Timeframe: 19 may 11 to 19 aug 11

Final Report

Selected Parameters	
Reporting Timeframe	2011/5-2011/11
Budget Timeframe	2011/5-2011/8
Appeal	MDRUG021
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		133,744					133,744	
Relief items, Construction, Supplies								
Clothing & Textiles	11,342							11,342
Utensils & Tools	4,347							4,347
Other Supplies & Services	7,327							7,327
Total Relief items, Construction, Su	23,016							23,016
Land, vehicles & equipment								
Vehicles	2,898							2,898
Total Land, vehicles & equipment	2,898							2,898
Logistics, Transport & Storage								
Transport & Vehicles Costs	15,874							15,874
Total Logistics, Transport & Storage	15,874							15,874
Personnel								
International Staff	3,000							3,000
National Staff	5,857							5,857
National Society Staff	29,030							29,030
Total Personnel	37,887							37,887
Workshops & Training								
Workshops & Training	8,362							8,362
Total Workshops & Training	8,362							8,362
General Expenditure								
Information & Public Relations	33,115							33,115
Office Costs	3,560							3,560
Other General Expenses	869							869
Total General Expenditure	37,544							37,544
Contributions & Transfers								
Cash Transfers National Societies		122,581					122,581	-122,581
Total Contributions & Transfers		122,581					122,581	-122,581
Indirect Costs								
Programme & Services Support Recov	8,163	7,968					7,968	195
Total Indirect Costs	8,163	7,968					7,968	195
TOTAL EXPENDITURE (D)	133,744	130,549					130,549	3,195
VARIANCE (C - D)		3,195					3,195	