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DREF operation final report

Uganda: Marburg outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG030 GLIDE n° EP-2012-000124-UGA Final Report 5 July 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 119,598 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 5 November 2012 to support the Uganda Red Cross Society in delivering immediate assistance to 1,160 persons (200 households) directly and 1,819,507 persons indirectly. Unearmarked funds to repay DREF are encouraged.

Summary:

An outbreak of Marburg haemorrhagic fever was confirmed by the Ministry of Health and World Health Organisation (WHO) on Friday 19 October 2012 in Kabale district in Western Uganda. The outbreak was declared after laboratory tests done at the Uganda Virus Research Institute (UVRI) confirming three samples positive of the highly infectious viral haemorrhagic fever. Uganda Red Cross Society, with the support of IFRC, quickly responded to the outbreak with the mobilization of 150 volunteers to support in relief distributions of non-food items to affected families, provision of psychosocial support and the dissemination of health education and awareness messages through local media as well as door-to-door household visits. The overall total number of people supported directly by this operation was 150 families, below the original target of 200 families as the actual registration, anticipated to reach or exceed 200, did not happen. The balance of sets of 50 non-food items will be absorbed into URCS's disaster preparedness stocks.



Above: URCS volunteers registering a beneficiary.

Below: URCS volunteer counseling a discharged patient during a home visit. Photos: URCS

The Belgian Red Cross and government contributed to the replenishment of the DREF 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, European Commission Humanitarian Aid and Civil Protection (DG 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 Uganda Red Cross Society, would like to extend thanks to all for their generous contributions. Details of DREF contributions are found on: http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf

[<click here for final financial report; or here for contact details>](#)

The situation

Uganda's Ministry of Health and World Health Organization (WHO) have epidemiologically declared Kabale district Marburg free on 4 January 2013 after no new cases were reported 42 days as recommended by WHO after the last confirmed case was discharged on 24 November 2012. Marburg is a killer hemorrhagic fever caused by a virus and is spread through direct contact with wounds or body fluids of an infected person. A person suffering from Marburg presents with sudden onset of high fever with any of the following; headache, vomiting blood, joint and muscle pains and bleeding through the body openings, which may manifest as a rash. Marburg is a highly contagious disease which can quickly kill those infected, however can easily be prevented.

By 4 January 2013, the date that Uganda was declaration free of Marburg, a total of 44 suspect and confirmed Marburg cases had been listed since the declarations of the EHF out-break in Kabale and the extended retrospective epidemiological investigations into the outbreak,. Out of these, 15 were confirmed; 5 were probable cases and 24 were discarded as non-cases following negative laboratory tests for Marburg virus; and 11 cases remain suspected cases as these are cases that were suspected to have died of the disease without laboratory confirmation of the disease.

Out of the 20 confirmed/probable cases, 15 died giving a case fatality rate of 75% including reported community deaths.

Summary Statistics for All Cases Examined:						
No	Summary of cases	Kabale	Kampala	Ibanda	Mbarara	Total
1	Cumulative cases					
	- Probable	5	0	0	0	5
	- Confirmed	7	2	6	0	15
2	Cumulative deaths (probable & confirmed cases) in					
	Health Facilities					
	Community	6	0	2	0	8
		1	0	6	0	7
3	Cumulative cases discharged	15	2	20	7	44
4	Cumulative number of contacts listed that completed 21 day follow-up	202	42	64	19	327
5	Cumulative cases of Health Care Workers	1	0	0	0	1
6	Cumulative deaths of Health Care Workers	1	0	0	0	1
7	Cumulative specimens collected	51	15	56	14	136
8	Cumulative cases with lab. confirmation (acute)	6	1	2	0	9
	Cumulative cases with lab. confirmation (convalescent)					
		1	1	4	0	6
9	Date of admission of last confirmed case	29-10-12	18-10-12	31-10-12	24-10-12	-
10	Date of discharge/death of last confirmed case	23-11-12	01-11-12	08-11-12	24/10/2012	
11	Confirmed cases that have died	2	0	2	0	4
12	Date of declaration of Marburg-free Uganda	4 th January 2013				



Left: RCAT(Red Cross Action Teams) listen for instructions from MSF Officer. **Right:** RCAT being sprayed before entering isolation centre. These were part of the 20 URCS Kabale branch Red Cross Action Team volunteers who supported at the isolation facility on a rotational basis.

Coordination and partnerships

Coordination of the emergency operation was ensured through meetings by the District EHF Task Force that facilitated effective resource and information sharing and had responsibility for overall coordination of all interventions. This continued throughout the duration of the emergency until the area was declared free of the deadly hemorrhagic fever.

The following partners provided additional contributions to the outbreak response activities in line with their core programme areas in the district:

Organization	Contribution
Kabale/Kampala/Wakiso/Ibanda/Mbarara District Local Government – Chief Administrative Officer in collaboration with District Local Council V (LCV) chairperson and Resident District Commissioner (RDC)	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 Marburg.
Kabale/Kampala/Wakiso/Ibanda/Mbarara District Local Government – District Health Office (DHO)	Technical lead in establishment of Marburg Hemorrhagic Fever Treatment Centers (CTC) for effective management of all suspected cases and community health surveillance and health promotion campaigns
Medicin San Frontiers (MSF)	Established Marburg Hemorrhagic Fever Treatment Centers in Rushoroza health centre III and Mulago hospital and provided treatment of cases

URCS was represented in all coordination mechanisms both at the district and national level that was established at the Ministry of Health headquarters and the districts. The District Marburg Hemorrhagic Fever Task Force & National Epidemic Response committees initially held daily coordination meetings and provided an opportunity to share updates amongst partners but when the situation improved, the meetings were reduced and held on a weekly basis instead.

The Ministry of Health (MoH) and the District Health Team remained the main interveners while WHO and other humanitarian agencies like United National Children’s Fund (UNICEF), Uganda Red Cross Society (URCS), Medicins San Frontiers (MSF) World Vision Uganda and AFINET, as well as other local NGOs in partnership supported the district epidemic response.

The district and sub-county authorities helped in enforcing by-laws such as the stopping of the mass gathering either in markets, funeral that would have aided the spread of the disease and reprimanded those that did not abide by these by-laws.

Red Cross and Red Crescent action

Assessment: When the outbreak was declared, URCS Kabale Branch conducted a joint assessment with the District Health Office, Ministry of Health and WHO which highlighted the magnitude of the emergency and guided the disease control actions and enabled the URCS to apply for DREF funding.

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

Capacity building: The URCS regional health staff member supported Kabale branch in the training for URCS volunteers in ECV for community control activities that were to be conducted jointly with MSF, WHO and MOH.

URCS participated in the exercise of reviewing and updating of the information, education and communication (IEC) materials for community education and sensitization that was led by the social mobilization subcommittee of the national task force. The materials that were produced and distributed to support volunteers during social mobilization.

Awareness creation: The operation engaged community-based volunteers who undertook 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. 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 develop symptoms were immediately referred. The IFRC Epidemic Control for Volunteer toolkit was employed to facilitate effective Marburg control interventions where trained volunteers were facilitated to conduct health promotion campaigns, active case search, follow up of contacts and referral of acute suspected cases.

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 was 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 was target for the whole of Kabale district and surrounding areas.

The URCS deployed its internal human capacities located at the branch and regional office who trained the volunteers in collaboration with the district, MOH, MSF, WHO and provide technical support for the planned Marburg interventions. The internal capacities of staff who are members of the Regional Disaster Response Team (RDRT) and Health specialist in ECV as well as local capacities in Kabale District departments of Health was incorporated to provide guidance and support to the field activities.

The URCS headquarters in Kampala, in coordination with the IFRC East Africa regional office in Nairobi, organized an internal review with the field teams who implement and monitor the operation to assess the implementation of the three consecutive DREF emergency health operations in Uganda. The review report can be shared upon request and experiences / lessons learnt will be used in future plans and response.

There are minor overspends on several of the budget lines as a result of the fluctuating foreign exchange rate and the impact of the high inflation in Uganda at the time of the operation. This was managed somewhat by the underspend on the lessons learnt workshop budget, as related (but limited) costs were covered through a joint workshop covering three almost simultaneous DREF operations in Uganda at the time.

Emergency health

Outcome: Reduced risk of Marburg infections and mortality amongst extremely vulnerable 1,819,507 people (320,000 households) through intensified house to house Community sensitization, media campaigns, community based disease surveillance in Kabale and other affected districts

Expected results:

- Increased public awareness about Marburg disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)
- Improved early detection, reporting and referral of suspected Marburg cases through community based disease surveillance mechanisms.
- Relevant MoH health facilities will be supported with 100 PPE kits provided by Uganda RCS

Planned activities:

- Select, train (or provide refresher training) and deploy 120 Volunteers to handle the 171 villages across the affected districts/divisions covering on average 2 villages per volunteer disseminating messages on Marburg signs and symptoms, prevention measures and referral mechanisms as well as personal protection using the ECV tools.
- Produce and disseminate context-specific Information, Education & Communication (IEC) materials (24,000 Marburg posters, 24,000 Marburg leaflets & 120 T-shirts translated in Rukiga) Conduct media campaigns 5 radio talk shows, 400 radio spots on Marburg Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in Kabale district and surrounding districts.
- Facilitate active case search of suspected Marburg patients using the official case definition and ensure their appropriate referral to the treatment centres(s).
- Follow-up on a daily basis anticipated 1,740 contacts of suspected/confirmed cases of Marburg for 21 days each to monitor development of symptoms.
- Procure and distribute 100 safety kits for volunteers in the community and staff involved in the operation (gloves, gumboots, masks, overalls and disinfectant/chlorine)
- Procure 40 mega phones for use by volunteer teams
- Procure 120 volunteers Red Cross jackets for volunteers.
- Replenish URCS Personal protective gear and essential medical and sundry supplies for health workers by procuring 100 PPE's (50 for supporting MOH and 50 for URCS volunteers)

Achievements:

URCS deployed one regional staff in the field who supported the operation in coordination with other partners, surveillance and epidemiology activities, volunteer management and social mobilization.

A total of 150 volunteers operated in these communities carrying out community sensitization and referral of all suspected cases from the communities. This has been possible with technical support from the district Marburg task force. The trained volunteers, who were oriented on ECV tools and Marburg were complemented with the available assorted information, education and communication materials that enabled them to conduct intensive door to door Marburg health campaign activities. Since the Marburg response started, Uganda Red Cross Society (URCS) deployed these 150 volunteers, covering a cumulative total of over 3,000 villages and reaching 162,395 households (51% of the targeted households). A total of 887,412 community members have been reached through door-to-door active case search by the URCS volunteers. This intensive field work activity in the target communities conducted by the volunteers lead to improved awareness with marked reduction and cutting out of the transmission chain hence leading to reduction in the incidence of the EHF cases and the declaration of Marburg-free Kabale. The awareness sessions helped to dispell rumours among communities, especially those that were spreading the word that the disease was a result of witchcraft.



Left: The DEO distributing IEC materials to RCAT during the ECV training. Right: RCAT read through the IEC materials after the training.

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 Kabale municipality and other affected districts covering all the affected areas in the districts. A total of 22 public gathering meetings with an estimate of about 13,231 people reached. This collaboration with the district authorities has facilitated the operation through the availability of the district technical staff and political wing to participate in the operation.

URCS also produced 38,000 Marburg posters, 50,000 Marburg brochures and had others translated in Rushiga and distributed to Kabale, Kampala, and the other neighbouring districts to reach the people with prevention messages. In addition, 120 rain coats, 120 Red Cross jackets, 120 gumboots & 120 T-shirts were distributed directly to volunteers to enhance the volunteer's identification during the operation. The remaining 30 volunteers from Mukono, Kampala South and Wakiso used the branch Red Cross Action Team jackets to support them during the operation.

A total of two radio talk shows, with its content supported by URCS, were conducted with involvement of key political leaders in Kabale and Ibanda district and proved important in delivering messages focusing on the Marburg Haemorrhagic Fever epidemic to people giving information on how it can be prevented and is estimated to have reached close to 180,000 people.

Uganda was declared Marburg-free on 4 January 2013 when all the known contacts and cases epidemiologically linked to the last confirmed Marburg completed the mandatory days of follow-up.

While the original DREF proposal contained in its plans a higher number of radio spots and talks shows to increase its reach to a larger total number of households, this plan was subsequently reduced as other actors as well as the government had taken up the task of carrying out public awareness raising through radio and television. However, there was no impact to the budget as a result of the fluctuation in the foreign exchange rate and the higher-than-anticipated costs for the spots procured.

Summary of URCS Branch house to house social mobilization activities

BRANCH/ DIVISION	*Target H/holds	No. of H/holds visited	Volunteers		People reached through H2H
			M	F	
Kabale	82,407	68,024	26	14	360,934
Kampala Cent	29,900	11,176	5	5	72,586
Kampala East	34,600	12,921	6	4	62,358
Kampala Sout	34,600	8,105	7	3	35,388
Kampala West	34,600	9,290	5	5	51,024
Kampala Nort	34,600	6,076	7	3	31,026
Wakiso	29,600	13,839	6	4	67,498
Ibanda	28,500	18,834	12	8	106,470
Mbarara	8,500	11,083	11	9	82,065
Mukono	2,000	3,047	6	4	18,063
Total	320,000	162,395	91	59	887,412
			150		

URCS volunteers followed 327 people through house-to-house contact tracing and followed-up 44 people discharged from hospitals and their family members with psychosocial support and NFI kits

The National Society supplied 80 personal protective equipment (PPE's), 50 body bags and 6,000 bottles of bleach to Kabale, Ibanda, Mbarara and Kampala branches respectively to support the case management team and volunteers with their work on the ground.



Left: Volunteer sensitizes students at assembly. Right: Branch Manager conducts a sensitization talk on Marburg in a classroom. Photos: URCS

Emergency relief and non-food items

Outcome: 200 families affected by cases of Marburg are identified in a timely manner and provided with essential items support to re-build their livelihoods.

Expected results

Affected families supported with essential basic household items

Planned activities

Procure and distribute essential household items to 200 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)

In addition one sponge mattress will be provided to support the 200 affected families

As a part of its psychosocial support package, URCS handed over a total of 150 kits containing an assortment of non-food items for distribution, with 50 kits each to the Kabale and Ibanda district through the Marburg task force, and the remaining 50 to Kampala City authority and Mulago National referral hospital to complement the discharge package prepared for the Marburg suspected cases and families who were targeted as direct beneficiaries. There was a balance of 50 non-food item kits from this campaign, as a result of the total number cases registered was only 150, 50 cases less than the anticipated 200. As a result of the reduced total, the balance of stocks procured were incorporated into URCS's disaster management contingency NFI kit stocks for future emergencies.



URCS staff and volunteers conducted distribution activities of non-food items in the affected districts of Ibanda, Kabale and Kampala. Photo: URCS.

Distribution of NFIs														
District	Holds	House	POP/N	Tarps	C/Pots	Cups	Plates	Basins	Blankets	LLITN's	Foam mattresses	soap	Bars of (chlorine)	Jik Bottles
Procured	200	1,060	400	400	1,000	1,000	200	600	400	200	600	6,000		
Distributed														
Kabale	50	265	100	100	250	250	50	150	100	50	150	3,000		
Mbarara (Ibanda)	50	265	100	100	250	250	50	150	100	50	150	1,500		
Kampala	50	268	100	100	250	250	50	100	100	50	150	1,500		
Total	150	798	300	300	750	750	150	400	300	150	450	6,000		
Balance	50	262	100	100	250	250	50	200	100	50	150	0		

Psychosocial support

Outcome: 200 survivors and 348 affected households and front line health workers provided with appropriate counselling and household essential items support to re-build their livelihoods.

Expected results

Affected persons and families appropriately cope with the impact of the disease

Planned activities:

- Train 20 community URCS volunteers in psychosocial helping skills
- Provide psychosocial counselling to 200 patients discharged, and 348 other family members of their households
- Undertake outreaches to the community to offer psychosocial support to affected families.

Achievements:



The URCS volunteers in Kabale attending the psychosocial skills orientation training. Photo: URCS

To provide psychosocial counselling to patients discharged and their family members 20 volunteer were trained as community psycho social counselling service providers. These volunteers continued to provided support to 44 suspected and actual cases and their families after they were discharged. The support was sustained even after the official declaration of Marburg-free Kabale after the 42 mandatory days of last confirmed case discharged.

Coordination, monitoring, technical support supervision and operation evaluation

Outcome: Strengthened operational capacity in Planning, Monitoring, Evaluation and Reporting (PMER) for effective service delivery to the target beneficiaries

Expected Result:

All planned operational activities are properly coordinated, monitored and reported on in a timely and quality manner

Planned Activities:

- Conduct weekly field monitoring checks by national, regional & branch staff
- Participate in all districts and national coordination meetings to facilitate effective
- Provide for field documentation of best practices and routine reporting

- Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties
- Conduct operation final evaluation & document best practices

Achievements:

The programme conducted field monitoring visits with the ministry of health, WHO and other agencies that highlighted the magnitude of the emergency. For visibility of the work of the operation, the URCS website was updated regularly with information for the media, through the communication office. On 4 January 2013, the branch represented URCS in Kabale to commemorate the declaration of Marburg-free Kabale and URCS Kabale branch was recognized for the valuable work it had done.

Challenges:

1. Misconception and rigidity by some community members who insisted there was no Marburg outbreak led to some cases of less attention being given during the sensitization.
2. The drafting, submission and approval of the DREF resulted in a gap in timely deployment of volunteers as the programme lacked the source of funds to commit the volunteers in this response.
3. In busy areas like markets, especially in Kampala and Wakiso town council people were more business minded therefore gave little time for Marburg sensitization.
4. People preferred posters with pictures and in their local languages claiming that they understand pictures more easily.
5. Some of the implementing branches lacked cameras to support evidence based reporting.
6. There was a logistical problem that was encountered that led to delay in delivering vital response items to the field due However, was adequately solved by hiring of private trucks that delivered

Lessons learnt:

1. Involvement of key political leaders is important in addressing misconception and rigidity by some community members who insisted there was no Marburg but a ploy by some government officials to accumulate wealth and allowances. Local leaders were instrumental in communicating and enforcing by-laws that enhance Marburg sensitization and control that directly reached such rigid personalities.
2. Strong coordination and partnerships are important in delivering success in instances of disease outbreaks and that these need to be developed much earlier as part of preparedness plans.
3. In future more local languages IEC materials need to be produced with pictorial interpretations as these have been found to be very much appreciated by the target communities.
4. The Epidemic Control training for volunteers was very useful as it equipped them with knowledge and skills on how to work in communities while sensitizing them about Marburg.
5. Similarly, the psychosocial support training for volunteers prepared them with knowledge and skills they used while visiting the bereaved families. They were able to provide counseling services to these families was considered as a plus for URCS by partners.
6. The affected families and communities were appreciative for the care and education given by the Red Cross volunteers about Marburg. Psychosocial support home visit is very vital during disaster outbreaks especially where lives and property have been lost. It helps to comfort and bring hope to the affected family members. This should whenever possible be part of the interventions for health and other emergencies.
7. Coordination during disasters leads to success. The District Marburg Task Force that consisted of 6 Sub-Committees worked as a team to see that Marburg is wiped out in Kabale. These Sub-Committees comprised of members from different stakeholders Red Cross inclusive.

Recommendations:

A clear timeline or tracking system as well as improved understanding of the utilization of DREF as well as eligible costs related to the application needs to be in place to support in timely response, with preparedness and response capacity strengthened at all levels.

Conclusion:

The volunteers' commitment during Marburg outbreak in Kabale district has been commendable. They worked tirelessly especially during home visits for psychosocial support and community sensitization. The information they spread in communities created a lot of awareness about Marburg and made people to be alert. URCS is grateful for the technical and financial support from IFRC that helped the National Society work with the volunteers to fight off the deadly Marburg disease outbreak successfully.

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
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.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.

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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.



MDRUG030 - Uganda - Marburg Outbreak

Appeal Launch Date: 05 nov 12

Appeal Timeframe: 05 nov 12 to 05 feb 13

Final Report

Selected Parameters	
Reporting Timeframe	2012/11-2013/2
Budget Timeframe	2012/11-2013/2
Appeal	MDRUG030
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	119,598					119,598	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	119,598					119,598	
C4. Other Income	119,598					119,598	
C. Total Income = SUM(C1..C4)	119,598					119,598	
D. Total Funding = B +C	119,598					119,598	
Coverage = D/A	100%					100%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					0	
C. Income	119,598					119,598	
E. Expenditure	-119,598					-119,598	
F. Closing Balance = (B + C + E)	-1					-1	

Selected Parameters	
Reporting Timeframe	2012/11-2013/2
Budget Timeframe	2012/11-2013/2
Appeal	MDRUG030
Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

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)		119,598					119,598	
Relief items, Construction, Supplies								
Medical & First Aid	13,899						13,899	
Teaching Materials	22,113						22,113	
Utensils & Tools	20,500						20,500	
Other Supplies & Services	6,810						6,810	
Total Relief items, Construction, Su	63,322						63,322	
Land, vehicles & equipment								
Computers & Telecom	2,085						2,085	
Total Land, vehicles & equipment	2,085						2,085	
Logistics, Transport & Storage								
Transport & Vehicles Costs	8,121						8,121	
Logistics Services	1,042						1,042	
Total Logistics, Transport & Storage	9,164						9,164	
Personnel								
National Society Staff	4,998						4,998	
Volunteers	14,281						14,281	
Total Personnel	19,279						19,279	
Workshops & Training								
Workshops & Training	13,843						13,843	
Total Workshops & Training	13,843						13,843	
General Expenditure								
Travel	1,305						1,305	
Information & Public Relations	2,015						2,015	
Office Costs	486						486	
Communications	695						695	
Financial Charges	104						104	
Total General Expenditure	4,606						4,606	
Contributions & Transfers								
Cash Transfers National Societies		112,299					112,299	
Total Contributions & Transfers		112,299					112,299	
Indirect Costs								
Programme & Services Support Recov	7,299	7,299					7,299	
Total Indirect Costs	7,299	7,299					7,299	
TOTAL EXPENDITURE (D)	119,598	119,598					119,598	
VARIANCE (C - D)		-1					-1	

UGANDA RED CROSS SOCIETY

UGANDA RED CROSS SOCIETY										
Project title		KABALE Marburg HEMORRHAGIC FEVER OUTBREAK DREF Operation								
Project reference number		HDRUG030								
Project beneficiary		Refer to table on the project narrative.								
Implementation period		October 2012 to January 2013								
BUDGET										
Program costs										
code	Description	Unit cost	Unit	Quantity	Frequency	Total	Amount in CHF	Expenses Shillings	Expenses CHF	Variance CHF
1 Mobilize and train 120 volunteers from Kabale district in Epidemic Control for Volunteers (ECV) toolkit on Marburg control										
680	Training venues	60,000	hall/day	12	3	2,160,000	751	630,000	223.87	527
680	Participants' out of pocket allowances	5,000	persons/day	120	3	1,800,000	625	2,250,000	799.53	174
550	Assorted stationary for teaching	3,000	persons/day	120	3	1,080,000	375	1,220,000	433.52	58
680	Facilitator's allowances	80,000	persons/day	12	3	2,880,000	1,001	1,040,000	369.56	631
680	Feeding, refreshments & accommodation (lullboard)	60,000	persons/day	120	3	21,600,000	7,505	27,120,000	9,637.01	2,132
680	Participants transport refund	5,000	persons/trip	120	2	1,200,000	417	3,920,000	1,392.96	976
	Sub-total					30,720,000	10,674	36,180,000	12,856	(2,182)
2 End of response Lessons learned workshop										
680	Feeding and accommodation	60,000	persons per day	40	2	4,800,000	1,668	-	-	1,668
680	Venue	60,000	hall/day	1	2	120,000	42	-	-	42
550	Assorted stationary for teaching and learning notes	3,000	persons per day	40	2	240,000	83	-	-	83
680	Per diem Program managers	80,000	persons per day	3	2	480,000	167	-	-	167
680	Out of pocket	5,000	persons per day	40	2	400,000	139	-	-	139
680	Transport refund	20,000	persons per day	20	2	800,000	278	-	-	278
	Sub total					6,840,000	2,377	-	-	2,377
3 Train 20 volunteers in Psycho social support										
680	Feeding and accommodation	60,000	persons per day	20	2	2,400,000	834	2,400,000	852.83	19
680	Venue	60,000	hall/day	1	2	120,000	42	120,000	42.64	1
550	Assorted stationary for teaching	3,000	persons per day	20	2	120,000	42	120,000	42.64	1
680	Facilitator's allowances	80,000	persons per day	3	2	480,000	167	480,000	170.57	4
680	Out of pocket	5,000	persons per day	20	2	200,000	69	200,000	71.07	2
680	Transport refund	10,000	persons per day	20	2	400,000	139	400,000	142.14	3
	Sub total					3,720,000	1,293	3,720,000	1,322	(29)
4 Procure psycho social support kits for survivors and bereaved families										
510	NFI kits (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)	200	kits	295,000	1	59,000,000	20,500	58,823,000	20,902.58	402
510	Matresses	200	Pieces	98,000	1	19,600,000	6,810	17,700,000	6,289.64	521
	Sub-total					78,600,000	27,311	76,523,000	27,192	118
5 Stock-pile medical supplies for effective management of Marburg cases by volunteers and staff										
540	Volunteer PPEs	100,000	PPEs	100	1	10,000,000	3,475	10,000,000	3,553.47	79
540	Procure 500ml Jik chlorine bottles for community house hold disinfection	5,000	bottles	6,000	1	30,000,000	10,424	31,860,000	11,321.36	897
570	Transportation/cargo charges	2,000,000	lumsums	2	1	4,000,000	1,390	-	-	1,390
570	Airport/boarder cargo clearance charges	1,500,000	lumsums	2	1	3,000,000	1,042	-	-	1,042
	Sub-total					47,000,000	16,331	41,860,000	14,875	1,456
6 Produce and disseminate IEC messages & materials in the affected and neighbouring at risk districts										
550	Posters (with Marburg prevention and control message translated in Rukiga local language)	900	pieces	38,000	1	34,200,000	11,883	34,010,000	12,085.35	202
550	Brochures (with basic facts about Marburg disease translated in Rukonia local language)	500	pieces	50,000	1	25,000,000	8,687	24,900,000	8,848.14	162
550	T-shirts (Marburg preventing messages)	15,000	pieces	120	1	1,800,000	625	1,800,000	639.62	14
560	Red Cross Jackets for identity during community activities	30,000	pieces	120	1	3,600,000	1,251	3,840,000	1,364.53	114
560	Raincoats for support during community activities	20,000	pieces	120	1	2,400,000	834	2,700,000	959.44	126
560	Rubber boots for community activities during this rainy period	30,000	pairs	120	1	3,600,000	1,251	3,360,000	1,193.97	57
550	Reproduction, lamination & distribution of ECV toolkits (Marburg disease tool, related community message tool & volunteer action tools)	10,000	set	120	1	1,200,000	417	-	-	417
	Sub-total					71,800,000	24,948	70,610,000	25,091	143
7 Conduct media campaigns for promotion of public awareness about Marburg hemorrhagic fever disease (8 radio talk shows)										
710	Radio spots/DJ mentions	20,000	spot/30 sec	10	20	4,000,000	1,390	5,000,000	1,776.74	387
710	Radio talk shows	600,000	show/hour	1	3	1,800,000	625	2,400,000	852.83	227
	Sub-total					5,800,000	2,015	7,400,000	2,630	614
8 Conduct household health promotion activities in affected villages by use of ECV toolkits										
667	Volunteers' lunch allowances during door to door activities and community surveillance	7,500	persons/day	120	30	27,000,000	9,382	40,700,000	14,462.63	5,081
667	Allowances for volunteers doing psycho social support	7,500	person/day	20	30	4,500,000	1,564	4,500,000	1,599.06	35
662	Allowance for psychiatrist supporting the psycho social support activities	100,000	person/day	1	30	3,000,000	1,042	-	-	1,042
593	Motorcycle fuel for supervision of community activities	4,000	litre of petrol/day	12	21	1,008,000	350	3,000,000	1,066.04	24
	Sub-total					35,508,000	12,338	49,080,000	17,440	5,103
9 Facilitating community based Mobilization & referral of Marburg cases by VHTs/volunteers										
560	Megaphones (to facilitate CBVs in quick mobilization & referral as well as dissemination of Marburg prevention message to facilitate health education activities & RC identities)	150,000	set	40	1	6,000,000	2,085	-	-	2,085
570	Transportation & handling costs for megaphones	4,040	km	93	4	1,502,880	522	-	-	522
	Sub-total					7,502,880	2,607	-	-	2,607
10 Support district & national coordination meetings to facilitate affective & accelerated outbreak control activities										
662	Day allowances	20,000.00	persons/day	20	4	1,600,000	556	1,120,000	397.99	158
662	Refreshments	10,000.00	persons/day	20	4	800,000	278	200,000	71.07	207
593	Mileage	2,027.00	km	50	15	1,520,250	528	3,500,000	1,243.71	715
550	Assorted stationary for field notes	5,000.00	assortment	10	4	200,000	69	-	-	69
	Sub-total					4,120,250	1,432	4,820,000	1,713	281
11 Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties										
662	Day allowances (SDA) for DTF members (weekly field trips)	15,000	persons/day	20	3	900,000	313	-	-	313
662	Per diem for NTF team (5 days' field trip)	135,000	persons/day	10	1	1,350,000	469	1,260,000	447.74	21
662	Drivers' per diem	60,000	persons/day	2	5	600,000	208	900,000	319.81	111
593	Motor vehicle mileage cost	2,027	km	1500	1	3,040,500	1,056	2,400,000	852.83	204
	Sub-total					5,890,500	2,047	4,560,000	1,620	426
12 Provide routine technical support to volunteers and field staff										
662	Branch Coordinators' day allowances (SDA)	15,000	persons/day	2	30	900,000	313	1,545,000	549.01	236
662	Branch Governing Board allowances	15,000	persons/day	7	3	315,000	109	750,000	266.51	157
700	Travel expense	1	persons/day	1	1	3,756,000	1,305	4,684,397	1,664.59	360
593	Motorcycle fuel & maintenance costs	4,000	litres of petrol/day	8	12	384,000	133	-	-	133
	Sub-total					5,355,000	1,861	6,979,397	2,480	619
13 Conduct field monitoring, technical support supervision & Evaluation										
662	Per diem for technical programme staff	80,000	Days/3 days per round	5	6	2,400,000	834	4,000,000	1,421.39	587
662	Drivers' per diem during field monitoring	60,000	Days	2	5	720,000	250	1,200,000	426.42	176
593	Mileage	2,027	km	2000	1	4,054,000	1,409	176,000	62.54	1,346
	Sub-total					7,174,000	2,493	5,376,000	1,910	582
14 Project Support Costs										
740	Communication & RC Identity cost (telephone/mobile, fax, media co)	1,000,000	Monthly	1	2	2,000,000	695	3,270,000	1,161.98	467
662	Drivers' per diem (vehicles from region offices to support the field over)	60,000	persons/night	1	30	1,800,000	625	2,900,000	1,030.51	405

