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# DREF operation Final Report

## Uganda: Ebola Epidemic

 International Federation  
of Red Cross and Red Crescent Societies

### DREF operation n° MDRUG029 GLIDE n° EP-2012-000124-UGA Final Report 2 May 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.

**Summary:** On 27 July 2012, an outbreak of Ebola Hemorrhagic Fever (EHF) was confirmed by the Ministry of Health (MoH) and World Health Organization (WHO), in Kibaale district in Western Uganda.

CHF 197,205 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 3 August 2012, to support the Uganda Red Cross Society (URCS) in delivering health education and awareness raising to up to 1.54 million people in Kibaale district and four surrounding districts, provide assistance to 2,500 high risk persons, 900 affected persons (300 discharged from hospitals and 600 family members), and support 55 health staff and 220 volunteers in their work, for three months.

In response to the epidemic, URCS worked closely with the Ministry of Health through an established national task force, composed of a number of agencies including WHO, Medecins Sans Frontieres (MSF), United Nations Children's Fund (UNICEF), Africa Epidemic Network (AFINET) and other development partners. Through the task force, local and international efforts to coordinate and address the outbreak and provide medical supplies were carried out.

URCS, with support from IFRC, its government and district officials as well as partners in-country, implemented the activities in this operation and played a major role to increase the public's level of information and knowledge on Ebola prevention. The National Society, in coordination with government and non-government organizations, also helped to carry out control measures through disinfection activities in Kibaale district.

A total of 232 staff and volunteers were trained and disseminated information and health education through door-to-door visits and public campaigns, reaching 645,007 persons. The Red Cross volunteers also supported selected communities and in isolation areas to disinfect. 407 persons were followed up with contact



URCS RPM hands over an assortment of PPEs to the district medical officials in Kibaale. Photo: URCS

tracing activities, and 752 persons were provided with basic household items aiming to compensate persons discharged from hospitals and their families from poor households for their destroyed belongings (during prevention of the spread of the epidemic). 1890 persons were provided with psychosocial support, with focus on persons discharged from hospitals and their families.

A total of 647,536 persons were reached by the response and prevention activities performed by the URCS during the DREF operation. Despite the impressive number of persons reached, less than half of the planned beneficiaries initially planned were reached by the activities. This is largely due to a reduced number of radio spots and health messages delivered over local media and broadcasting by URCS, as other partners stepped in to cover this activity.

The Belgian Red Cross/ Belgian government, Netherlands Red Cross/Netherlands government and DG ECHO contributed towards replenishing 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, 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/what/disasters/responding/drs/tools/dref/donors.asp>

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

## The situation

In the beginning of July 2012, the URCS branch and the media reported of an outbreak of a highly fatal disease in Kibaale district in Western Uganda. The MoH promptly deployed a rapid response team to investigate the illness. The outbreak was eventually confirmed by the Uganda Virus Research Institute as Ebola hemorrhagic fever from the sample that was sent by the MoH team.

### Summary Statistics for All Patients Examined:

Epidemiology Case Definition Status and Final Outcome for All Patients Examined

Epi Case Definition	Total	Alive	# Dead
<b>Confirmed</b>	12 (10.4%)	8 (66.7%)	4 (33.3%)
<b>Probable</b>	13 (11.2%)	0 (0.0%)	13 (100%)
<b>Suspect</b>	20 (17.2%)	7 (35%)	13 (65%)
<b>Ruled Out</b>	71 (61.2%)	66 (93%)	5 (7%)
<b>Total Patients Examined</b>	116	81	35

Source: Ministry of Health

A total of 16 deaths were reported among confirmed and probable Ebola cases; another 14 community deaths whose laboratory skin snip testing is pending; and five deaths have been ruled out after negative laboratory testing for Ebola.

### The suspect case category included:

- Community deaths with illness inconsistent with the case definition and lacked epidemiological linkage to probable or confirmed cases or deaths.

- Suspect cases that recovered but samples were never obtained
- Deaths in the hospital or isolation ward that have been ruled out

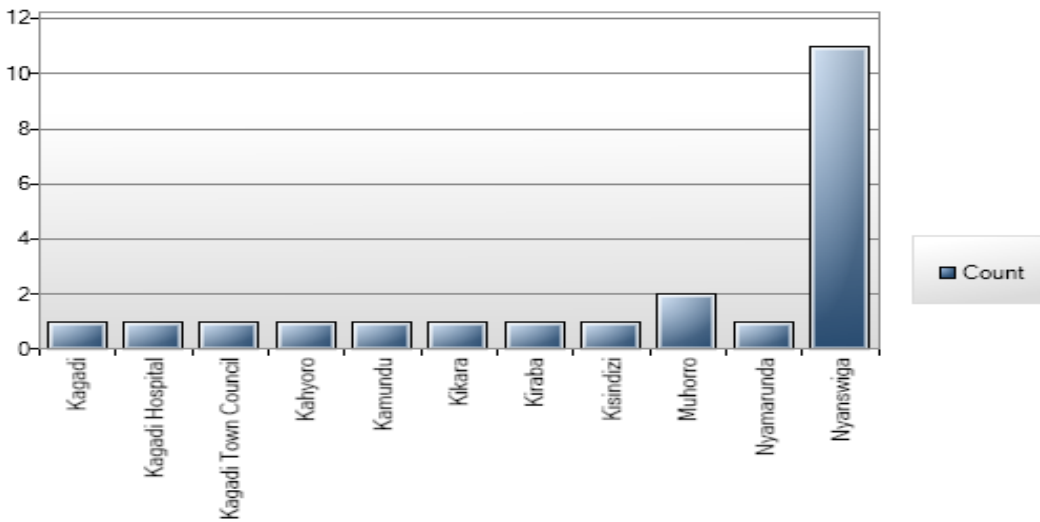
**Final Lab Status for All Patients Examined**

Final Lab Status	Frequency Percent
Confirmed Acute	6 (5.7%)
Confirmed Convalescent	5 (4.8%)
Negative	93 (89.4%)
Total	104 (100%)

Source: Ministry of Health

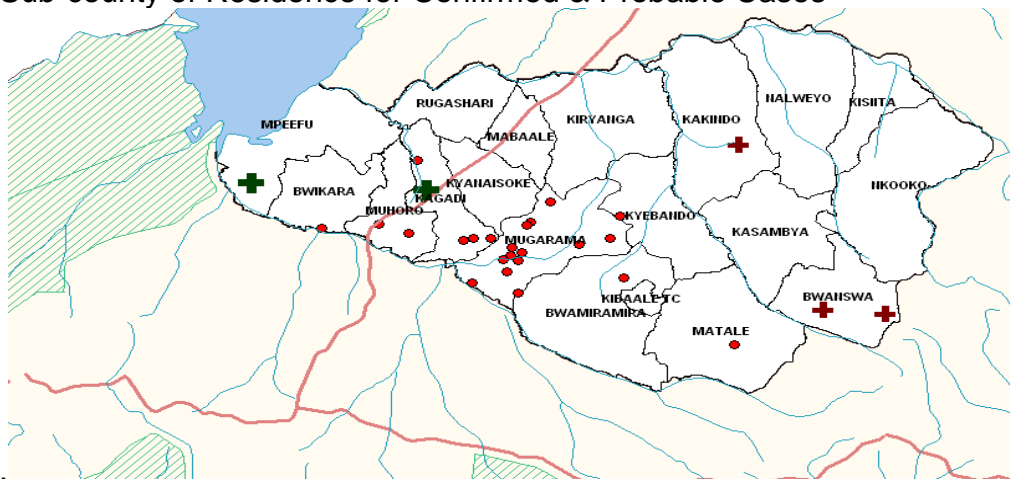
**Summary Statistics for Confirmed and Probable Cases Only:**

Village of Onset for Confirmed & Probable Cases



Source: Ministry of Health

**Sub-county of Residence for Confirmed & Probable Cases**



Key: One dot corresponds to a case; the cross corresponds to the health facilities

- Over half (57%) of the cases were from Nyamarunda sub-county (curved out of Mugarama sub-county).

The MoH and WHO epidemiologically declared Kibaale district Ebola free on 4<sup>th</sup> October 2012 after no new cases had been reported after 42 days since the last confirmed case was discharged (24 August 2012), as per WHO guidelines. Kibaale district commemorated the day with award of certificates to individuals and partners including the Kibaale Red Cross for supporting in efforts to eradicate the disease and declare the district Ebola-free.

## Coordination and partnerships

The District EHF Task Force and the National Epidemic Response committee initially were holding daily coordination meetings in order to share updates with partners and stakeholders. As the situation started to improve, meetings were scaled down to three times per week, to support and coordinate actions in the affected district to control and eradicate the deadly hemorrhagic fever. Agencies involved in the MoH task force included WHO, URCS, MSF, UNICEF, AFINET and other development partners. Through the task force local and international efforts to coordinate activities and provide medical supplies were performed.

URCS was represented in all coordination mechanism both at the district and national level that had been established by the MoH.

In addition to URCS, the following partners provided contributions to the outbreak response in line with their core programme areas in affected district in order to facilitate effective sharing of resources and information, and coordination of interventions:

Organization	Contribution
Kibaale/Kampala/Wakiso/Hoima/Mubende/Kabarole 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 Ebola.
Kibaale/Kampala/Wakiso/Hoima/Mubende/Kabarole District Local Government – District Health Office (DHO)	Technical lead in establishment of Ebola Hemorrhagic Fever Treatment Centers (CTC) for effective management of all suspected cases and community health surveillance and health promotion campaigns
Medicins Sans Frontieres (MSF)	Established Ebola Hemorrhagic Fever Treatment Centers in Kagadi hospital and provided treatment of cases

The MoH and the District Health Team remained the main interveners while WHO and other humanitarian Agencies like UNICEF, URCS, 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 contributed to prevent the spread of the epidemic by enforcing by-laws such as preventing mass gatherings on markets or funeral that would have aided the spread of the disease.

URCS's local partner MTN contributed USH 50 million directly to URCS towards procuring and distributing protective gear for volunteers and staff involved in the Ebola operation.

## Red Cross and Red Crescent action

The URCS branch in Kibaale district alerted the URCS and MoH in the incidences of an illness that, when investigated by MoH and Ugandan Virus Research Institute, was confirmed to be EHF. A URCS Task Force was established to work closely with the task force established by the MoH. The URCS branch manager monitored the situation in Kibaale and updated the URCS headquarters on the developments of the illness.

A total of 232 URCS staff and volunteers were trained and disseminated information as well as education and communication materials through door-to-door visits and public campaigns. The URCS volunteers also supported communities and isolation areas to conduct disinfection activities.

The URCS, with support from government and district officials and partners in-country, played a major role to

increase the public's level of information and knowledge on Ebola prevention.

The IFRC provided technical support in planning, implementation, and monitoring of the DREF operation.

The German Red Cross provided funds to produce additional Information, Communication and Education (IEC) material for distribution as a response to the fear of people that the outbreak had spread to Kampala.

## Achievements against outcomes

The URCS managed to implement all of their planned activities in relation to the Ebola DREF operation, proving again to be one of the key actors in addressing and preventing highly fatal EHF epidemics. As the key actor in community out-reach activities URCS performed immensely vital and lifesaving activities through its dedicated and committed volunteers, most likely making an impact seen in the rapid decrease of the EHF cases.

URCS reached around 647,536 persons through its various response and prevention activities of the operation - an impressive amount of beneficiaries. Despite the massive effort by the volunteers, not all beneficiaries could be reached as per the initial plan, in part due to the reduced activities in outreach and information dissemination through radio and local media, as other partners had taken up the initiative.

A total of 325,007 persons in Kibaale and Lowero districts were reached by health promotion and social mobilization campaigns, including EHF prevention messages. This was more than half of the planned beneficiaries (646,700 persons). URCS volunteers engaged in an active door-to-door case search, which contributed to qualitative meetings and thorough follow up of potential cases, however lesser persons were reached in the wider areas, due to the time and effort invested. Despite less people reach, the choice of method is believed to have had an impact in preventing the spread of the disease. A total of 155,327 persons (out of the 325,007) were reached through the door to door campaign.

Around 320,000 persons were reached by media campaigns making up a bit less than a third of the beneficiaries planned (900,000 planned). As mentioned, the number of people reached were reduced due to the reduction in airtime and media slots procured as other partners had stepped in to support the information dissemination activities.

A total of 407 persons were followed up with contact tracing. URCS followed up of all cases that was reported and referred to them. URCS volunteers also engaged in active case search mentioned above, which reached 155,327 persons.

150 households (752 persons) were provided with basic households items to replace their belongings that had to be destroyed as a way to reduce the risks for spread of the disease. This support targeted 60 persons discharged from hospitals and their families. Meanwhile, 315 families (1,890 persons) were provided with psychosocial support, with focus on persons discharged from hospitals and their families.

Up to 232 URCS volunteers were trained on EHF signs and symptoms, prevention measures and referral mechanisms, personal protection, and Epidemic control for volunteers (ECV). A number of volunteers also received limited psychosocial support based on need. While this total was not tracked, it emerged as a part of the lessons learnt from the operation to plan and include this activity and focus of support to volunteers in future operations as unrealized stigma emerged as a challenge during the implementation of the operation.

### Emergency health

**Outcome: Reduced risk of EHF infections and mortality amongst extremely vulnerable households through intensified house to house Community sensitization, media campaigns, community based disease surveillance in Kibaale and neighbouring districts**

**Expected results:**

- Increased public awareness about EHF disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures)
- Improved early detection, reporting and referral of suspected EHF cases through community based disease surveillance mechanisms.
- Relevant MoH health facilities will be supported with 200 Personal Protection Equipment (PPE) kits provided by Uganda RCS

**Planned activities:**

- Select and train and deploy 220 volunteers on EHF signs and symptoms, prevention measures and referral mechanisms as well as personal protection.
- Produce and disseminate context-specific Information, Education & Communication (IEC) materials (50,000 Ebola posters, 100,000 Ebola leaflets & 200 T-shirts translated in Runyoro) to reach 646,700 people.
- Conduct media campaigns 10 radio talk shows, 800 radio spots on EHF to reach approx. 900,000 people in Kibaale and surrounding areas.
- Conduct health promotion campaigns using house-to-house, community sensitization and media campaign in Kibaale district and surrounding districts.
- Facilitate active case search of suspected EHF patients using the official case definition and ensure their appropriate referral to the treatment centres(s).
- Follow-up on a daily basis expected 2,500 contacts of suspected/confirmed cases of EHF for 21 days each to monitor development of symptoms.
- Procure and distribute 230 safety kits for volunteers in the community and staff involved in the operation (gloves, gumboots, masks, overalls and disinfectant/chlorine) – this is different from the PPE to be handed over to the MoH.
- Procure 50 body bags to support decent burials in the communities
- Support MoH with replenishment of protective gear and essential medical and sundry supplies for health workers by procuring and distributing 200 PPE's

**Achievements against the activities:**

URCS deployed three technical staff in the field that supported in coordination with other partners, data centre, surveillance and epidemiology, Volunteer management, social mobilization and transport.

A total of 50,000 EHF information posters were produced, and 100,000 Ebola leaflets and 200 T-shirts were made. EHF information and prevention messages was translated in Runyoro and distributed to Kibaale, Kampala, and other neighbouring districts.

Up to 232 URCS volunteers were trained by the district Ebola task force health teams on EHF signs and symptoms, prevention measures and referral mechanisms, personal protection, and Epidemic control for volunteers (ECV). Upon completion of the training, the volunteers, using the available IEC materials conducted an intensive door-to-door Ebola health campaign. The volunteers operated in the affected and at risk communities carrying out community sensitization and referral of all suspected cases from the communities.

The URCS volunteers covered a cumulative total of 1,383 villages and reached 27,047 households. The volunteers reached a total of 155,327 community members through the door-to-door active case search. This intensive field work in the targeted communities led to improved awareness of the EHF, and it is believed to have contributed to the reduction in the incidences, as the increased awareness among people helped cutting out of the transmission chain. This activity was closely implemented with the support of the district Ebola task forces.

**Summary of URCS Branch House-to-House social mobilization activities**

BRANCH/ DIVISION	*Target H/holds	No. of H/holds visited	Volunteers used		People reached through house to house	IECs Distributed (Poster and leaflets)
			Men	Women		
Kibaale	13,421	8,024	76	46	47,091	60,000
Kampala Central	2,000	1,178	5	5	6,950	10,000
Kampala East	2,000	1,963	6	4	11,385	10,000
Kampala South	2,000	2,008	7	3	11,832	10,000
Kampala West	2,000	1,200	5	5	6,840	10,000
Kampala North	2,000	2,076	7	3	11,831	10,000
Wakiso	2,000	2,481	6	4	13,894	10,000

Kabarole	4,000	2,961	13	7	16,877	10,000
Hoima	4,000	3,926	12	8	21,985	10,000
Mubende	2,000	1,230	6	4	6,642	10,000
<b>Total</b>	<b>31,421</b>	<b>27,047</b>	<b>143</b>	<b>89</b>	<b>155,327</b>	<b>150,000</b>
			<b>232</b>			

Together with the district social mobilization task force and health education office, the URCS branches conducted social mobilisation campaigns by holding public awareness meetings with local leaders in Kibaale municipality and, at a later stage, in Kampala as well. 246 public meetings on EHF information and prevention were held, with around 19,680 people reached. The collaboration with the district authorities making available district technical staff and sending key messages to the population on EHF prevention, were important for the operation as a way of underlining and supporting the activities being undertaken by URCS and other partners, especially since EHF is linked with stigma and superstition, and control and prevention activities are sometimes met with suspicion.

URCS organized five radio talk shows with involvement of key political leaders who delivered important messages on EHF prevention. It is estimated that the EHF prevention messages broadcasted through these talk shows have reached around 320,000 people.

Meanwhile, URCS volunteers followed up on 407 people through house-to-house contact tracing, 60 people discharged from hospitals, as well as their family members.

URCS delivered 150 sets of raincoats and rubber boots to its volunteers through this DREF, and with support from MTN, provided 50 PPEs to local ministry of health staff and volunteers. This was below the original target of 200 kits, as URCS utilized the budget line to procure the prioritized body bags instead.



Volunteers in the surveillance team prepare to carry out disinfection of a suspect household. Photo: URCS

URCS deployed volunteers that assisted isolation wards with disinfecting of the affected areas and people.

Since the start of the intensive URCS interventions on around 2 August 2012, the admission of new EHF cases reduced drastically until no new confirmed admissions were reported to the isolation facility in Kagadi. Uganda was declared Ebola free on 4 October 2012 since all the known contacts and cases epidemiologically linked to the last confirmed case completed the 21 mandatory days of follow-up. The joint efforts of the MoH, URCS staff and volunteers, and the other partners enabled the stakeholders to take rapid control of the epidemic, manage it, and prevent further spread.

### Challenges

The geographical coverage of the operation expanded beyond the planned areas of intervention, namely to include Kampala district, which resulted in higher expenses on personnel, especially volunteers' costs, when more volunteers were used than planned. This expansion of coverage also led to an increase in the related costs of logistics and communications/general expenses.

Meanwhile, the budget drawn up for body bags in support of the safe burial of bodies was insufficient, as the cost of the body bags has escalated with the marked inflation that hit the country at the time. This resulted in an overspend on this particular budget line, which was partially offset by the reduction on the procurement of PPEs planned.

In addition, were some delays in starting up of activities due to lack of funding. This was solved when the DREF operation was approved.

**Emergency Relief and Non-food Items Distribution**

**Outcome: Families affected by cases of Ebola 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**

1. Procure and distribute essential household items to 300 affected families whose property would have been destroyed by the burial team as a preventive measure. 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 300 affected families



The chairperson of the district task force addresses the discharged patients. From the time they are discharged, URCS provides them with psychosocial support, family reunification and follow up for 21 days. Photo: URCS

As part of psycho-social support package, the National Society provided affected persons and their families with non-food items (NFI) kits in order to replace the items that had to be destroyed to prevent further spread of the disease. A total of 752 persons (150 households) received the NFI support. The kits per family contained of two tarpaulins, two cooking pots, five cups, five plates, one water container (basin), and two blankets. The list of items procured was revised from the original planned list, with a basin replacing the jerry can and blankets reduced from three per family to two. Soaps were not distributed as it was a part of the discharge package provided by the hospital.

The NFI kits were handed out for distribution to the Kibaale district Ebola task force (100 NFI kits), and to Kampala City authority and Mulago National referral hospital (50 NFI kits) to complement the discharge package prepared for the Ebola suspected cases and their families, with a total of 150 kits distributed.

The balance of 150 NFI's Kit's were handed over to URCS DM Directorate to incorporate into the emergency contingency stocks in preparedness for any other future disasters.

<b>Distribution of NFIs</b>									
<b>District</b>	<b>H/H</b>	<b>POP</b>	<b>Tarps</b>	<b>C/Pots</b>	<b>Cups</b>	<b>Plates</b>	<b>Basin</b>	<b>Blankets</b>	<b>Matress</b>
<b>Procured</b>	<b>300</b>	<b>1,590</b>	<b>600</b>	<b>600</b>	<b>1,500</b>	<b>1,500</b>	<b>300</b>	<b>600</b>	<b>300</b>
<b>Distributed</b>									
<b>Kibaale</b>	100	570	200	200	500	500	100	200	200

<b>Kampala</b>	50	268	100	100	250	250	50	100	100
<b>Total</b>	<b>150</b>	<b>838</b>	<b>300</b>	<b>300</b>	<b>750</b>	<b>750</b>	<b>150</b>	<b>300</b>	<b>300</b>
<b>Balance</b>	<b>150</b>	<b>752</b>	<b>300</b>	<b>300</b>	<b>750</b>	<b>750</b>	<b>150</b>	<b>300</b>	<b>0</b>



The RPM handing over the red cross discharge package to the chairman district task force and RDC – Kibaale  
Photo: URCS

### Challenges:

Similar to the body bags mentioned in the section above, the fluctuation of the foreign exchange rate, coupled with the high inflation in the country at the time, led to a serious underestimate of actual costs involved. This was partially covered by the National Society through other means, and also explains the high discrepancy on this particular budget line.

### Psychosocial support

**Outcome: 300 survivors and 600 affected households and 30 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:

- Provide psycho social counselling to 300 patients discharged, and 600 other members of their households
- Train 20 community URCS volunteers in psycho social helping skills
- Undertake outreaches to the community to offer psychosocial support to affected families.

## Achievements:



The URCS Asst Director- community development passing on psychosocial skills to the volunteers during orientation  
Photo: URCS

A total of 20 URCS volunteer were trained to become community psychosocial counselling service providers. During three days, the volunteers were trained on the basics of psychosocial support (PSS) to be able to support the affected communities and identified cases, including discharged patients and their family members. This was done with support from a psychologist from the MoH and MSF. The training was based on the five key modules of the community based psychosocial support manual of the IFRC Reference Centre for PSS. Participants gained skills in psychological first aid, supportive communication and caring for themselves. An implementation guide was developed and shared with the volunteers, which were used when they performed PSS to affected persons and their families, and in community follow up activities.

The trained volunteers provided PSS to 60 suspected and actual cases discharged from the hospitals as well as to their families. Direct psychosocial support was provided to 315 households with suspected cases of EHF with 1890 persons reached. The level of fear and stigma related to persons having been suspected EHF cases, made it necessary for the volunteers to prepare the families to receive the discharged family members. A total of 315 homes (1890 persons) were visited and supported. The support provided to the families enabled the persons to return to their families.

Psychosocial technical debriefings were conducted with the volunteers involved in Ebola sensitization in the communities. This provided the volunteers with tools to handle their experiences during the work and its related challenges. The PSS experts guided them on how to reduce stress and handle personal fear that they might experience, and how to deal with the stigma related to people working to address and prevent the disease. This is in particular experienced by hospital and health facility staff.

The NFIs distributed contributed to the psychosocial wellbeing of the affected persons, survivors and their families as it provided necessary basic items and alleviated part of the stress after having lost their belongings, since it had to be destroyed to prevent potential spread of the disease.

### 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 and 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 and document best practices

**Achievements:**

The programme conducted a joint interagency monitoring field visit with the Ministry of health, WHO and other agencies that highlighted the magnitude of the emergency. The joint interagency field visit was requested by the ministry of health on Saturday 4<sup>th</sup> August, and proved very important for the volunteers that felt appreciated and provided them with renewed energy to continue with their important and lifesaving work.

For visibility of the work of the operation URCS website was updated regularly with information for the media. The communication office also arranged for field trips for the media to document the work URCS volunteers were doing.

On 4 October all implementing partners were in Kibaale to commemorate the declaration that Kibaale was Ebola free. During the ceremony, MOH awarded URCS Kibaale branch with a certificate of good service and the important work done by the volunteers in the communities were recognized.

A final evaluation was carried out outside of this operation's timeframe and supported by IFRC's East Africa regional office, linked to longer term health interventions and contingency planning in health-related disasters. The report is available upon request (please refer to regional office's contact below), and contributed to the lessons learnt from this operation as well.

**Challenges:**

1. Some community members would not recognize the existence of Ebola, due to their strong traditional belief in witchcraft. Some chose to seek assistance with witch doctors rather than follow the recommended procedures suggested by health officials and URCS.
2. It remained a challenge to perform health education and awareness raising in Kampala and Wakiso town council, since people had less interest and time to participate in sensitisation sessions.
3. The geographical coverage of the operation expanded beyond the planned areas of intervention, which resulted in higher expenses on personnel, especially volunteers' costs, when more volunteers were used than planned. This expansion of coverage also led to an increase in the related costs of logistics and communications/general expenses.
4. Some of the implementing branches like Mubende lacked cameras to support evidence based reporting. URCS procured this for the branch outside of this DREF.

**Lessons Learnt:**

1. Involvement of key political leaders is important in addressing superstition by some community members who preferred practicing traditional rituals for healing. These leaders communicated by laws that enhance Ebola sensitization and control.
2. Strong coordination and partnerships are important in the successful response to disease outbreaks.
3. IEC material with pictorial interpretations was preferred by people as they found them easier to understand. Thus, more posters than brochures should be produced. Additionally, the IEC materials with text should be produced in the local language.
4. Collaboration with health authorities is essential for the successful early detection of the viral fever and other epidemics. Since there is a slight increase in the number of cases for such viral epidemics (Marburg and Ebola) , only an adapted epidemiological surveillance system will allow for early detection and effective response.
5. There is evidence that the MoH has improved in many areas including disease surveillance and decentralized laboratory services, however, disease-detection and disease-response systems and basic public health practices in over 80% of the districts in Uganda needs further strengthening.
6. For URCS, a need to strengthen disaster preparedness for epidemics including training of staff and volunteers, stock piling of protective equipment, maintaining of communication systems and supplies must be strengthened /maintained.

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## 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](mailto:natakam@redcrossug.org)
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### DREF history:

This DREF was initially allocated on 2 August 2012 for CHF 197,205 for 3 months to assist up to 900,000 beneficiaries.

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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 (NGO's) 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](http://www.ifrc.org)

Saving lives, changing minds.



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.
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**Disaster Response Financial Report**

MDRUG029 - Uganda - Ebola Epidemic

Timeframe: 01 Aug 12 to 31 Oct 12

Appeal Launch Date: 01 Aug 12

Final Report

**Selected Parameters**

Reporting Timeframe	2012/7-2013/3
Budget Timeframe	2012/8-2012/10
Programme	MDRUG029
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		197,205				197,205	
<b>B. Opening Balance</b>		0				0	
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		197,205				197,205	
<b>C4. Other Income</b>		197,205				197,205	
<b>C. Total Income = SUM(C1..C4)</b>		197,205				197,205	
<b>D. Total Funding = B + C</b>		197,205				197,205	

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>		0				0	
<b>C. Income</b>		197,205				197,205	
<b>E. Expenditure</b>		-197,205				-197,205	
<b>F. Closing Balance = (B + C + E)</b>		0				0	

**Disaster Response Financial Report**

MDRUG029 - Uganda - Ebola Epidemic

Timeframe: 01 Aug 12 to 31 Oct 12

Appeal Launch Date: 01 Aug 12

Final Report

**Selected Parameters**

Reporting Timeframe	2012/7-2013/3
Budget Timeframe	2012/8-2012/10
Programme	MDRUG029
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>						<b>197,205</b>	<b>197,205</b>	
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	3,648							3,648
Medical & First Aid	7,818							7,818
Teaching Materials	27,276							27,276
Other Supplies & Services	28,978							28,978
<b>Total Relief items, Construction, Sup</b>	<b>67,721</b>							<b>67,721</b>
<b>Land, vehicles &amp; equipment</b>								
Others Machinery & Equipment	2,606							2,606
<b>Total Land, vehicles &amp; equipment</b>	<b>2,606</b>							<b>2,606</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage	1,042							1,042
Transport & Vehicles Costs	18,439							18,439
<b>Total Logistics, Transport &amp; Storage</b>	<b>19,482</b>							<b>19,482</b>
<b>Personnel</b>								
National Staff	7,337							7,337
Volunteers	47,950							47,950
<b>Total Personnel</b>	<b>55,287</b>							<b>55,287</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	25,302							25,302
<b>Total Workshops &amp; Training</b>	<b>25,302</b>							<b>25,302</b>
<b>General Expenditure</b>								
Travel	4,000		1,144			1,144		2,856
Information & Public Relations	7,644							7,644
Office Costs	1,981							1,981
Communications	1,042							1,042
Financial Charges	104							104
<b>Total General Expenditure</b>	<b>14,771</b>		<b>1,144</b>			<b>1,144</b>		<b>13,628</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			184,025			184,025		-184,025
<b>Total Contributions &amp; Transfers</b>			<b>184,025</b>			<b>184,025</b>		<b>-184,025</b>
<b>Indirect Costs</b>								
Programme & Services Support Recove	12,036		12,036			12,036		0
<b>Total Indirect Costs</b>	<b>12,036</b>		<b>12,036</b>			<b>12,036</b>		<b>0</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>197,205</b>		<b>197,205</b>			<b>197,205</b>		<b>0</b>
<b>VARIANCE (C - D)</b>			<b>0</b>			<b>0</b>		<b>0</b>

**Disaster Response Financial Report**

MDRUG029 - Uganda - Ebola Epidemic

Timeframe: 01 Aug 12 to 31 Oct 12

Appeal Launch Date: 01 Aug 12

Final Report

**Selected Parameters**

Reporting Timeframe	2012/7-2013/3
Budget Timeframe	2012/8-2012/10
Programme	MDRUG029
Budget	APPROVED

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Annual Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	197,205	0	197,205	197,205	197,205	0	
Subtotal BL2	197,205	0	197,205	197,205	197,205	0	
<b>GRAND TOTAL</b>	<b>197,205</b>	<b>0</b>	<b>197,205</b>	<b>197,205</b>	<b>197,205</b>	<b>0</b>	

UGANDA RED CROSS SOCIETY  
DREF operation: Ebola outbreak (MDRUG029)

Description	Unit cost	Unit	Quantity	Frequency	Total	Amount in CHF	Expenses shillings	Expenses CHF	Variance CHF
T-shirts (Ebola preventing messages)	15,000	pieces	200	1	3,000,000	1,042	2,400,000	1,076	
Raincoats for community volunteers	20,000	pieces	150	1	3,000,000	1,042	3,000,000	1,345	
Rubber boots for community volunteers	30,000	pairs	150	1	4,500,000	1,564	7,800,000	3,498	
					<b>10,500,000</b>	<b>3,648</b>	<b>13,200,000</b>	<b>5,919</b>	<b>-2,271</b>
NFI kits	300	kits	180,000	1	54,000,000	18,763	91,250,000	40,919	
Matreses	300	Pieces	98,000	1	29,400,000	10,215	27,300,000	12,242	
					<b>83,400,000</b>	<b>28,978</b>	<b>118,550,000</b>	<b>53,161</b>	<b>-24,183</b>
PPEs	100,000	PPEs	55	1	5,500,000	1,911		0	
Procure 500ml Jik chlorine bottles for community house hold disinfection	5,000	bottles	2,400	1	12,000,000	4,170	12,480,000	5,596	
Body bags	100,000	bags	50	1	5,000,000	1,737	18,000,000	8,072	
					<b>22,500,000</b>	<b>7,818</b>	<b>30,480,000</b>	<b>13,668</b>	<b>-5,850</b>
Posters (with EHF prevention and control message translated in Runyoro local language)	900	pieces	40,000	1	36,000,000	12,509	34,000,000	15,247	
Brochures (with basic facts about Ebola disease translated in Rukonjo local language)	500	pieces	80,000	1	40,000,000	13,899	36,000,000	16,143	
Reproduction, lamination & distribution of ECV toolkits (Ebola disease tool, related community message tool & ...)	10,000	set	250	1	2,500,000	869	2,250,000	1,009	
					<b>78,500,000</b>	<b>27,276</b>	<b>72,250,000</b>	<b>32,399</b>	<b>-5,123</b>
Bicycles (to facilitate CBVs in quick reporting & referral as well as carry EHFprevention message to facilitate health e...	300,000	set	25	1	7,500,000	2,606	120,000	54	
					<b>7,500,000</b>	<b>2,606</b>	<b>120,000</b>	<b>54</b>	<b>2,552</b>
Airport/boarder cargo clearance charges	1,500,000	lumsuns	2	1	3,000,000	1,042		0	
					<b>3,000,000</b>	<b>1,042</b>	<b>0</b>	<b>0</b>	<b>1,042</b>
Transportation/cargo charges	2,000,000	lumsuns	2	1	4,000,000	1,390		0	
Motorcycle fuel for supervision of community activities	4,000	litre of petrol/day	12	60	2,880,000	1,001	960,000	430	
Transportation & handling costs for bicycles	4,040	km	100	4	1,616,000	562		0	
Mileage	2,027.00	km	100	24	4,864,800	1,690	4,899,259	2,197	
Motor vehicle mileage cost	2,027	km	2000	3	12,162,000	4,226	7,108,024	3,187	
Motorcycle fuel & maintenance costs	4,000	litres of petrol/day	8	12	384,000	133		0	
Mileage	2,027	km	5000	1	10,135,000	3,522	6,034,379	2,706	
Vehicle pool costs/mileage	2,027	Kms	2800	3	17,026,800	5,916	5,177,520	2,322	
					<b>53,068,600</b>	<b>18,439</b>	<b>24,179,182</b>	<b>10,843</b>	<b>7,597</b>
Day allowances	20,000.00	persons/day	20	4	1,600,000	556		0	
Refreshments	10,000.00	persons/day	20	4	800,000	278		0	
Day allowances (DSA) for DTF members (weekly field trips)	15,000	persons/day	20	3	900,000	313		0	
Perdiem for NTF team (5 days' field trip)	135,000	persons/day	10	2	2,700,000	938	180,000	81	
Drivers' perdiem	60,000	persons/day	2	5	600,000	208		0	
Branch Coordinators' day allowances (SDA)	15,000	persons/day	2	60	1,800,000	625	1,725,000	774	
Branch Governing Board allowances	15,000	persons/day	7	3	315,000	109	700,000	314	
Perdiem for technical programme staff	80,000	Days/ 3 days per round	5	10	4,000,000	1,390	4,000,000	1,794	
Drivers' perdiem during field monitoring	60,000	Days	2	10	1,200,000	417	1,200,000	538	
Drivers' perdiem (vehicles from regional offices to support the field over 2months period)	60,000	persons/night	2	60	7,200,000	2,502	7,240,000	3,247	
					<b>21,115,000</b>	<b>7,337</b>	<b>15,045,000</b>	<b>6,747</b>	<b>590</b>
Volunteers' lunch allowances during door to door activities and community surveillance	10,000	persons/day	200	60	120,000,000	41,696	145,355,000	65,182	
Allowances for volunteers doing psycho social support	10,000	person/day	20	30	6,000,000	2,085	3,000,000	1,345	
Allowance for psychiatrist supporting the psycho social support activities	100,000	person/day	30	2	6,000,000	2,085	6,000,000	2,691	
Allowance for volunteer supervisors	10,000	persons/day	10	60	6,000,000	2,085	675,000	303	
Volunteers risk insurance cover	2,878	Persons	0	1	-	0		0	
					<b>138,000,000</b>	<b>47,950</b>	<b>155,030,000</b>	<b>69,520</b>	<b>-21,570</b>
Assorted stationery	3,000	persons/day	200	3	1,800,000	625	900,000	404	
Feeding, refreshments & accomodation (fullboard)	80,000	persons/day	200	3	48,000,000	16,678	24,000,000	10,762	
Training venues	60,000	hall/day	12	3	2,160,000	751	1,080,000	484	

Description	Unit cost	Unit	Quantity	Frequency	Total	Amount in CHF	Expenses shillings	Expenses CHF	Variance CHF
Facilitators' allowances	100,000	persons/day	12	3	3,600,000	1,251	1,800,000	807	
Participants' out of pocket allowances	10,000	persons/day	200	3	6,000,000	2,085	6,000,000	2,691	
Participants' transport refund	10,000	persons/trip	200	2	4,000,000	1,390	2,000,000	897	
Assorted stationery	3,000	persons per day	20	3	180,000	63		0	
Feeding and accomodation	80,000	persons per day	20	3	4,800,000	1,668	6,000,000	2,691	
Venue	60,000	hall/day	1	3	180,000	63		0	
Facilitator's allowances	100,000	persons per day	3	3	900,000	313		0	
Out of pocket	10,000	persons per day	20	3	600,000	208	0	0	
Transport refund	10,000	persons per day	20	2	400,000	139	0	0	
Assorted stationery	5,000.00	assortment	10	4	200,000	69		0	
					<b>72,820,000</b>	<b>25,302</b>	<b>41,780,000</b>	<b>18,735</b>	<b>6,567</b>
Travel	11,512,000		1	1	11,512,000	4,000	2,250,000	1,009	
Radio spots/DJ mentions	20,000	spot/30 sec	20	40	16,000,000	5,559	8,000,000	3,587	
Radio talk shows	600,000	show/hour	1	10	6,000,000	2,085	1,800,000	807	
					<b>33,512,000</b>	<b>11,644</b>	<b>12,050,000</b>	<b>5,404</b>	<b>6,241</b>
Procure one camera, computer and printer to support evidence based reporting	4,500,000	1	1	1	4,500,000	1,564	4,500,000	2,018	
Stationery (photocopy, tonners etc)	600,000	Lumpsum	2	1	1,200,000	417	1,160,000	520	
					<b>5,700,000</b>	<b>1,981</b>	<b>5,660,000</b>	<b>2,538</b>	<b>-558</b>
Communication & RC Identity cost (telephone/mobile, fax, media coverage/documentary etc)	1,000,000	Monthly	1	3	3,000,000	1,042	2,400,000	1,076	
					<b>3,000,000</b>	<b>1,042</b>	<b>2,400,000</b>	<b>1,076</b>	<b>-34</b>
Bank/Financial charges	50,000	Lumpsum/ per branch	2	3	300,000	104		0	
					532,915,600	185,169	490,744,182	220,065	-35,000
Add IFRC Program support/PSR (6.5%)					<b>34,639,514</b>	<b>12,036</b>	<b>31,898,372</b>	<b>14,304</b>	<b>-2,275</b>
<b>GRAND TOTAL</b>					<b>567,555,114</b>	<b>197,205</b>	<b>522,642,554</b>	<b>234,369</b>	<b>-37,275</b>

Exchange Rate: 1 CHF = 2,878 UGX

	RATE	CHF	SHILLINGS
Transfer		2,230	410,376,441
Budget		2,878	532,915,600