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Disaster relief emergency fund (DREF)

Uganda: Measles Outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n° MDRUG035
GLIDE n° EP-2013-000096-UGA
22 August 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 116,006 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in responding to measles outbreak through accelerated social mobilization to reduce the risk of further spread amongst 1,845,000 people in the affected districts of Kamwenge, Kyenjojo, Mubende and Isingiro in Uganda. Unearmarked funds to repay DREF are encouraged.

Summary: The Ministry of Health (MoH) in Uganda has confirmed another outbreak of measles in Kamwenge district on 9 August, 2013, following previous outbreaks during the recent months in Kyenjojo, Mubende and Isingiro districts of Uganda. This has caused concerns on further spread to additional districts and across borders posing further threats to the lives and wellbeing of the population in Uganda and extended region. In total, 57 persons have so far contracted the disease, and 2 have died. The majority of confirmed cases are young children.

The MoH, through Uganda Expanded Program for Immunization (UNEPI), the district health office and its local partners, have intensified support to the affected districts to scale up routine immunization for children to prevent others from contracting the disease. The districts and MoH are planning sub-national mass measles vaccination campaigns in an effort to cut the measles transmission cycle, targeting all children between 6 months to 15 years, focusing on the affected districts.

The MoH has requested support from the civil society to urgently assist the affected districts to intensify social mobilization for accelerated routine vaccination and campaigns in these districts in order to avert further measles outbreak and spread to more parts of the country and across the borders.

The Uganda Red Cross, with its extensive experiences in community mobilization, intends to support the MoH with social mobilization activities in the 4 affected districts aiming at increasing the level of



Social mobilization and immunization day activities. Photos/URCS

vaccination of children, through intensified house to house community sensitization, strategic partnership with schools, religious institutions and community leaders, media campaigns, and community based disease surveillance. URCS will build capacities of the involved volunteers and community members to provide information on the need and benefits of vaccinating children to the parents and care givers. The proposed intensified mass measles campaign in these districts is aiming at increasing the number of vaccinated children between 6 months to 15 years through identifying and encouraging those who have never been immunized or did not complete their immunization schedules to do so hence cut the transmission chain to stop the spread of the outbreak. The proposed action complements the government activities as well as other interventions by other actors, with overall coordination undertaken by the MoH.

This operation is expected to be implemented over 3 months, and will therefore be completed by end of November 2013; a Final Report will be made available three months after the end of the operation (by end of February 2014).

[click here for the DREF budget](#); [here for contact details](#) and [here to view a map of the affected areas](#)

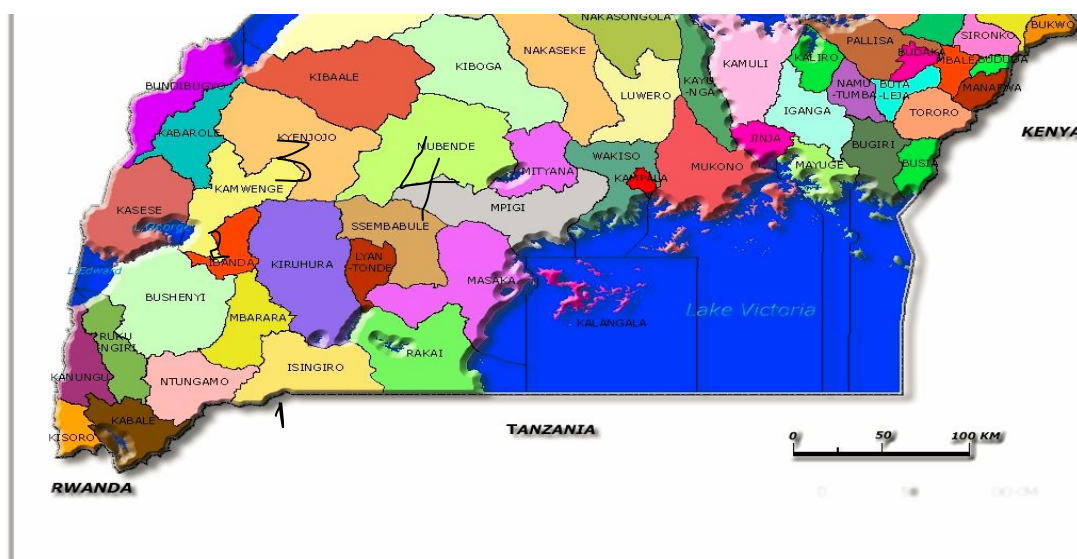
The situation

In January 2013, a measles outbreak was confirmed in Hoima district by the Uganda MoH after blood samples from suspected cases tested positive for measles in laboratory analysis carried out by Uganda Virus Research Institute (UVRI). This outbreak was followed by a protracted sequence of confirmed outbreaks in Kyenjojo on 8 April 2013, Isingiro on 23 June 2013, Mubende on 5 July 2013, and the latest outbreak in Kamwenge on 9 August 2013. The confirmed cases in these prevailing outbreaks have now reached 57 cases with 2 deaths.

These measles outbreaks occurring 1 year after the countrywide mass measles immunization campaign conducted in May 2012 targeting children below 5 years of age, pose a threat to the lives and wellbeing of a large part of the population and in particular children, as the virus continues to spread to other districts. There is also a pronounced risk for spread of the virus to other countries in the region, considering the high frequency of cross border movements.

A rapid assessment conducted districts during the second week of August 2013 by the URCS, United Nations Children’s fund (UNICEF) and World Health Organization (WHO) indicates that the virus has so far affected the sub-counties of Kitanga, Kiganda, Kibalinga, Bageza, and Kiyuni in Mubende district, Buguli sub-county in Kamwenge district, the four sub-counties of Nyankwanzi , Butunduzi, Bugaaki and Kyenjojo TC from Kyenjojo district, and Mbaare sub-county in Isingiro district. Some of the affected areas are located along main routes for people to travel in the country, (for example Keynjojo TC is located between two main highways) which contributes to increase the risk for rapid spread of the virus.

Figure 1: Map showing the lower part of Uganda with the affected districts marked in figures 1- 4.



The number of measles cases in these affected districts is currently 57, and there is a huge risk of further transmission to unimmunized children in these districts. The high movement rate of people passing through these districts pose a great risk for further spread in the country as well as across the borders.

Table 1: Summary of districts with outbreaks for the period January to Mid-August 2013

District	Year	Month	Number of suspected cases	Number of suspected cases with lab results available	Number of confirmed (lab +epi linked) cases	Number of lab-confirmed cases
Isingiro	2013	6	10	8	0	8
Kamwenge	2013	4,8	14	14	0	3
Kyenjojo	2013	4,5, 6	28	28	9	13
Mubende	2013	7	7	7	7	5
Total			59	57	16	29
An outbreak is defined as 5+ suspected or 3 and above lab-confirmed cases in a month. For this analysis, a month is defined as a calendar month and not any 30-day period						

Source: UNEPI: August, 2013

The affected children are being treated at different health centers in the affected districts. The measles symptoms normally appear about 9-11 days after infection, and may include a runny nose (coryza), dry hacking cough (conjunctivitis), swollen eyelids, inflamed eyes, watery eyes, sensitivity to light (photophobia), sneezing, fever, Koplik's spots (very small grayish-white spots with bluish-white centers in the mouth, insides of cheeks, and throat) and rashes (3 to 4 days after initial symptoms a reddish-brown spotty rash appears).

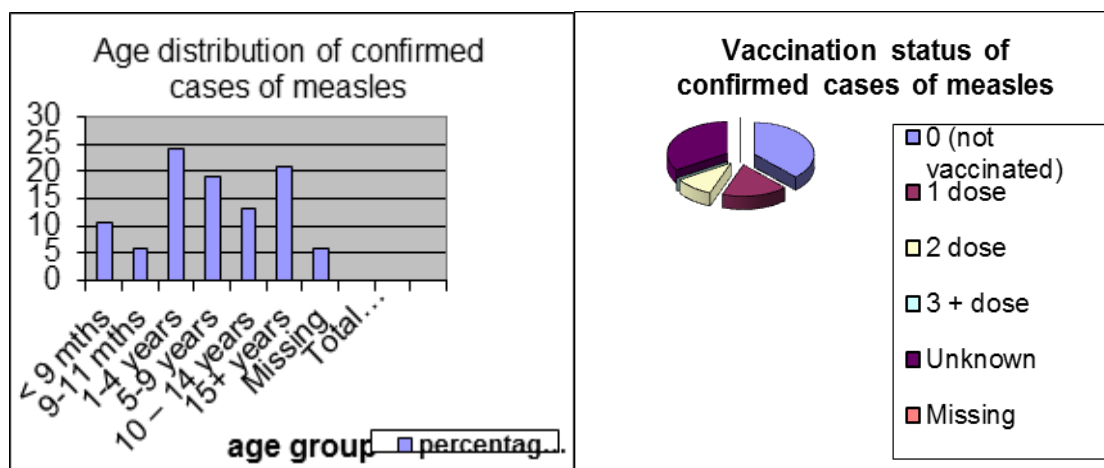
The demographic characteristic of the confirmed cases vary between the districts. In Kamwenge, the persons affected are between 12-14 years of age with undocumented vaccination status from Kitanga, Kiganda and Kibalinga sub-counties. In Isingiro district, 38 percent of the confirmed cases were children below 5 years of age. The majority of the total number of affected individuals (75 percent) has been female; with 50 percent being under five years of age. 60 percent of cases have been from Bugango Parish in Isingiro district. A total of 12 cases with 2 deaths have been line listed since the latest outbreak started 9 August 2013

Of concern is that many care givers and parents are not taking their children for vaccination. A UNEPI/UNICEF report from 2011 estimates the number of unvaccinated children in Uganda at around 1,001,855, which cause concern for children being at risk for this new outbreak.

The MoH, through Uganda Expanded Program for Immunization (UNEPI), the district health office and its local partners, have intensified support to the affected districts to scale up routine immunization for children to prevent others from contracting the disease. The districts and MoH are planning sub-national mass measles vaccination campaigns in an effort to cut the measles transmission cycle, targeting all children between 6 months to 15 years, with focus on the affected districts.

The MoH has requested support from the civil society to urgently assist the affected districts to intensify social mobilization for accelerated routine vaccination and the mini-mass campaign in these districts in order to avert further measles outbreak and spread to more parts of the country and cross borders.

Figure 2: Age distribution and the vaccination status of the confirmed cases of measles



Source: UNEPI: August, 2013

Coordination and partnerships

A response task force has been set up in all four affected districts; to coordinate the measles accelerated vaccination campaigns targeting the four affected districts.

Table 2: Summary of partners working in Uganda.

Operational Groups	Lead Agency	
	Local	International
Sector		
Coordination and resource mobilization	District Health Officer (DHO), URCS, AMREF, Lions club	UNICEF, WHO,
Case management	DHO	WHO
Logistics management	DHO, UNEPI and NMS(National Medical Stores)	UNICEF
Community surveillance	DSO(District Surveillance Officers/ District Immunization Focal Persons and URCS)	WHO, UNICEF
Social mobilization, Information and Education Communications (IEC)	District Health Educator (DHE) District Immunization Focal Persons, UNICEF, URCS, World Vision, lions club and African Medical and Research Foundation (AMREF).	WHO, UNICEF

A similar coordination mechanism at the national level has been set up at the MoH headquarters, and meetings have been convened by UNEPI. The National task force meets bi-weekly at MoH to review and discuss progress of the implementation. These coordination mechanisms help in harmonizing response plans, resource mobilization and providing operational guidance that supports resource sharing and avoid duplication of efforts. URCS as a member of the national social mobilization committee attends the coordination meetings and has been part of the team that has developed IEC materials for community education and sensitization for this accelerated measles vaccination campaign /routine immunization.

The MoH and the District Health Team remain the main interveners, while UN and humanitarian agencies such as UNICEF, WHO, URCS, AMREF, Lions Club and World vision, are forming partnership to support the district in their accelerated response. URCS will be the main actor for social mobilization on the communities.

Treatment centers have been set up at the various districts hospital and health centers where all suspected measles cases have been referred for management.

MoH through UNEPI with support from UNICEF and other partners have dispatched immunization supplies/logistics to support hospitals, health centers and vaccination posts within the affected districts. The MoH also receives funding for the vaccinations from the Global Alliance for Vaccines and Immunization (GAVI) fund and measles supplemental immunization activities (SIA) funds.

The MoH has requested support from the civil society to urgently assist the affected districts to intensify social mobilization for accelerated routine vaccination and the mini-mass campaign in these districts in order to avert further measles outbreak and spread to more parts of the country and cross borders. URCS, with its extensive network of dedicated and trained volunteers remains one of the most important partners to the MoH in the efforts for social mobilization.

URCS has shared the measles action plans with in country partner national societies (PNSs), and will ensure information updates on the situation to all Movement partners.

Red Cross and Red Crescent action

The Uganda Red Cross branches in the affected districts participated in a joint assessment together with the District Health Office (DHO), MoH, UNICEF and WHO, which established the magnitude of the measles outbreaks, and highlighted the importance of an urgent response through an accelerated vaccination campaign to reach and encourage the part of the population that have not yet vaccinated themselves or their children.

The branches have mobilized 430 volunteers, and prepared them for engaging the communities through the accelerated measles vaccination campaign/routine vaccination campaign messages for control of the measles outbreak.

URCS as a member of the national social mobilization committee attends the national coordination meetings and has been part of the team that has developed the key content for IEC materials for community education and sensitization which was approved for this accelerated measles vaccination campaign and routine immunization.

The Uganda Red Cross has extensive experiences in community mobilization from past measles campaigns of 2006, 2009, May 2012, and March 2013 in Hoima. The proposed URCS activities in this DREF complement the government and stakeholders actions in the affected areas and are coordinated by the MoH. In close coordination with the other actors, URCS will undertake social mobilization campaigns in the four affected districts during three month to reach unvaccinated or children that have fallen out from their vaccination schemes in the affected districts with DREF funding support.

The IFRC is providing support in planning, monitoring and evaluation of the DREF operations. Technical input will be provided throughout the operation, including assistance for undertaking Knowledge, Attitude and Practice (KAP) survey to measure change in attitudes and behavior in relation to measles vaccinations. IFRC will monitor and evaluate the operation.

The needs

In order to rapidly respond to the heightened risk of further spread of measles to other districts in the country, there is a need to reach the population (1,845,000 persons) in the affected district with information on measles (origin, symptoms and transmission) and how vaccination will protect them and their children from the virus. There is a particular concern for the wellbeing of 999,068 children between 6 months and 15 years in the affected districts.

There is also a wider concern for further spread of the measles beyond district and country borders, which underlines the urgency of the planned accelerated vaccination campaign.

Selection of people to be reached:

In order to cut the transmission chain of the measles outbreak, this operation aim to support the accelerated vaccination campaign to ensure that all the children between 6 months to 15 years in the affected districts irrespective of their vaccination status will receive measles vaccination. Thus, all 999,068 estimated children

in the districts between 6 month to 15 years at risk of contracting measles are projected to be reached by this project.

The total estimated population of 1,845,000 persons in the 4 affected districts will be targeted with information, education and communication (IEC) mass media messages, including household visits as a way of reaching the families that have not vaccinated their children.

The proposed measles mini mass campaign in these four targeted districts aims at increasing the number of vaccinated children under 6 months to 15 years of age through mopping up those who have never been immunized or did not completed their immunization schedules to complete their schedule and hence cut the transmission chain and halt the spread of the outbreak.

Table 3: Summary of the proposed measles mini mass vaccination campaign mop up in the targeted districts

TARGET POPULATION PER DISTRICT, PROPOSED FOR MASS MEASLES ACCELERATED ROUTINE VACINATION CAMPAIGN								
	District	Total population as of 2002 census projection	estimated no. of house holds	Uganda's 6months to 15 years age distribution of the de facto household population (weighted) 54.15% of 2011	% of fully immunized 2010/ 2012 UBOS 62%	Projected Number of un immunized children as of May campaign 2012 UBOS data	Suspected death reported due to measles outbreak 2013	Number of volunteers to deploy for 8 days during the measles response mini campaign
1	Bubende	588,300	103,211	318,564	197,510	121,054	2	125
2	Kamwenge	324,500	56,930	175,717	108,944	66,772	0	83
3	Kyenjojo	523,800	91,895	283,638	175,855	107,782	0	96
4	Isingiro	408,400	71,649	221,149	137,112	84,036	0	126
	Total	1,845,000	323,685	999,068	619,421	379,644	2	430

The proposed operation

Goal: To reduce the risk of further spread of the measles outbreak by increasing community participation in the immunization campaign, acceptance and demand for measles vaccination and improve immunization coverage targeting 999,068 children between 6 month to 15 years in Kamwenge, Kyenjojo, Mubende and Isingiro districts in Uganda.

Specific Objectives:

1. More than 95 percent of eligible children to receive measles vaccination during the measles mini campaign and Supplemental Immunization Activities (SIA) in the four affected districts.
2. Improved awareness among the target population and increased uptake of routine services

Methodology:

This response aims to support social mobilization in order to stop the spread of measles outbreak in the four affected districts by mobilizing parents and caregivers to take their children 6 months to 15 years irrespective of their vaccination status for the planned mini measles campaign and vaccination. Different methods, as reflected below, will be used to achieve the operations objectives.

The operation will focus on engaging community based volunteers to undertake intensified health education and promotion campaigns at household levels, with purpose of improving on community knowledge of the symptoms and signs of the disease and the importance of vaccinating children. Furthermore, the health education and campaigns also intend to ensure appropriate referral of suspected measles cases during the

mini campaign response period. In addition, URCS branch managers in the affected districts will cooperate with teachers in primary and lower secondary schools to mobilize pupils for measles vaccination.

The IFRC toolkits Epidemic Control for Volunteers (ECV) and Community Based Health and First Aid (CBHFA) will be used to facilitate effective community based measles outbreak control interventions where trained volunteers will be supported to conduct health promotion campaigns, active case search, follow up of contacts and referral of children who dropped /sick children for immunization and management respectively.

A survey will be carried out at the beginning of the operation using simple tools designed for volunteers to measure the current levels of public awareness, attitudes, beliefs and practices towards vaccination. The same tools will be applied at the end of the operation to estimate the impact of the campaign within the communities.

In summary, the following strategies will be used to achieve the planned results:

- House-to-house visits by volunteers to all households to sensitize parents/caregivers
- Registration of all eligible children and identifying defaulters
- School to school measles vaccination campaigns.
- Engage community, religious leaders and other opinion leaders to mobilize for measles vaccination.
- Mass campaign through electronic and print media
- Support outreach and supplemental immunization activities during the project period.
- Reminders to parents/care-givers
- Mobilization of children for the vaccination exercise at the established vaccination posts
- Post-campaign follow up to mop-up defaulters (missed completing vaccination schedule or never been vaccinated)
- Identification and referral of symptomatic children
- Survey, data analysis and reporting on the progress made

In order to reduce risk of wide transmission of the measles outbreak, the mass media and other forms of culturally acceptable and context-specific IEC campaigns will be employed to promote a wide knowledge and awareness about vaccine preventable diseases, their risks for children, the importance of completing immunization schedule as a preventive measures. The total population of the four affected districts, 1,845,000 people, will be targeted with the IEC and mass media messages. The IEC materials will be tailored to address limited awareness and suspicion against vaccination within the communities.

The URCS will deploy its internal human capacities located at the branch and regional offices as well as technical staff from the headquarters to train volunteers and provide technical support for the planned measles interventions. 430 volunteers will be mobilized and trained for the specific operation (breakdown of volunteers per district provided in table above).

The programme has a particular focus on girls and boys between 6 months and 15 years, since children compose a particular high risk group for the measles virus. The response is highly participatory using community based tools and community volunteers as agents for change in behavior and attitude. Both female and male volunteers will be mobilized and trained, and since the main target group is children, including babies, emphasis will also be put on reaching out to mothers /female caretakers, and grandmothers who could influence positively towards the family decision to vaccinate the children.

The intervention is in line with national expanded programme for immunization (UNEPI) guidelines, WHO and UNICEF recommendations in addressing measles emergency outbreaks), and will contribute to the Millennium Development Goals strategy for reduction of childhood morbidity and mortality through immunization.

The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members will monitor the implementation of the measles operation. Regular reports will be provided to the programme staff from the field officers. Regular updates will be provided to IFRC. URCS intend to measure impact through KAP surveys before and after the intervention.

The URCS communication office has developed a communication plan that will be used for information sharing and visibility of the work of the staff and volunteers during the operation. This will involve posting articles and publications on the URCS website and provision of regular information to media.

Emergency health

Outcome: To reduce the risk of further spread of the measles outbreak amongst 1,845,000 people in Kamwenge, Kyenjojo, Mubende and Isingiro affected districts, through intensified house to house community sensitization, media campaigns, and community based disease surveillance.

Outputs (Expected results)	Planned activities
<ul style="list-style-type: none"> • Increased public awareness about measles disease (signs and symptoms, transmission risk factors, actions for suspected cases, importance of immunization as a control measure) • Improved early detection, reporting and referral of suspected measles cases through community based disease surveillance mechanisms. 	<ul style="list-style-type: none"> • Mobilize and train 430 volunteers on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms. • Identify community based volunteers who will manage designated villages and carry out house to house sensitization and identify report and refer suspected measles cases in their community as part of a community based disease surveillance mechanism. • Produce and disseminate context-specific IEC materials (50,000 posters, 50,000 brochures and 900 T-shirts with messages translated to local languages) planned to reach 1,845,000 people. • Conduct advocacy meetings with key local religious, teachers and community representatives • Conduct house to house child vaccination registration of eligible children; mop up verification of immunization cards for the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children. • Track children in the targeted communities that has not been vaccinated or dropped out from their vaccination scheme, and encourage their families to take them for vaccination at the vaccination post set up by the District Health Teams. • Conduct informal awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information • Conduct media campaigns including 4 radio talk shows, 120 radio spots on immunization reaching approximately 1,845,000 people in the affected districts. • Conduct public address drives communicating immunization messages for 3 days per month in the targeted districts to promote routine vaccination campaign for measles • Facilitate active case search of suspected measles patients and ensure their appropriate referral to the treatment centers. • Procure 20 mega phones for use by volunteer teams during mobilization • Procure 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification. • Assist in routine immunization vaccination and outreach activities at sites • Register children using 6,400 registers, tick names of vaccinated children on pre-registration lists on mini campaign days

Operations, Coordination, Monitoring and Evaluation

Outcome: Strengthened operational capacity in planning, Monitoring, Evaluation and Reporting for effective service delivery to the target beneficiaries

Outputs (Expected results)	Planned activities
<ul style="list-style-type: none"> • All planned operational activities are properly coordinated, monitored and reported on in a timely and quality manner 	<ul style="list-style-type: none"> • Conduct weekly field monitoring by national, regional and branch staff • Train 20 volunteers for undertaking the baseline and end line KAP surveys, including survey tools, methodology and interviews. • Conduct the measles operations baseline and end line KAP survey using tools designed for

	<p>volunteers.</p> <ul style="list-style-type: none"> • Participate in all districts and national coordination and micro planning meetings to facilitate effective accelerated vaccination campaigns • Participate in post accelerated immunization campaign meeting with UNEPI, districts and other implementing partners.
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Contact information

For further information specifically related to this operation please contact:

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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.



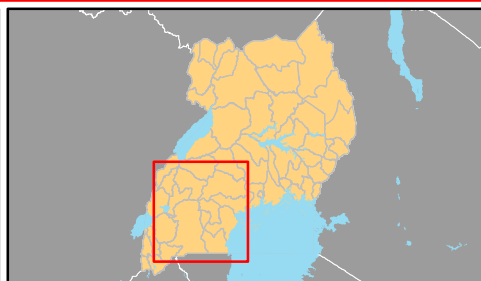
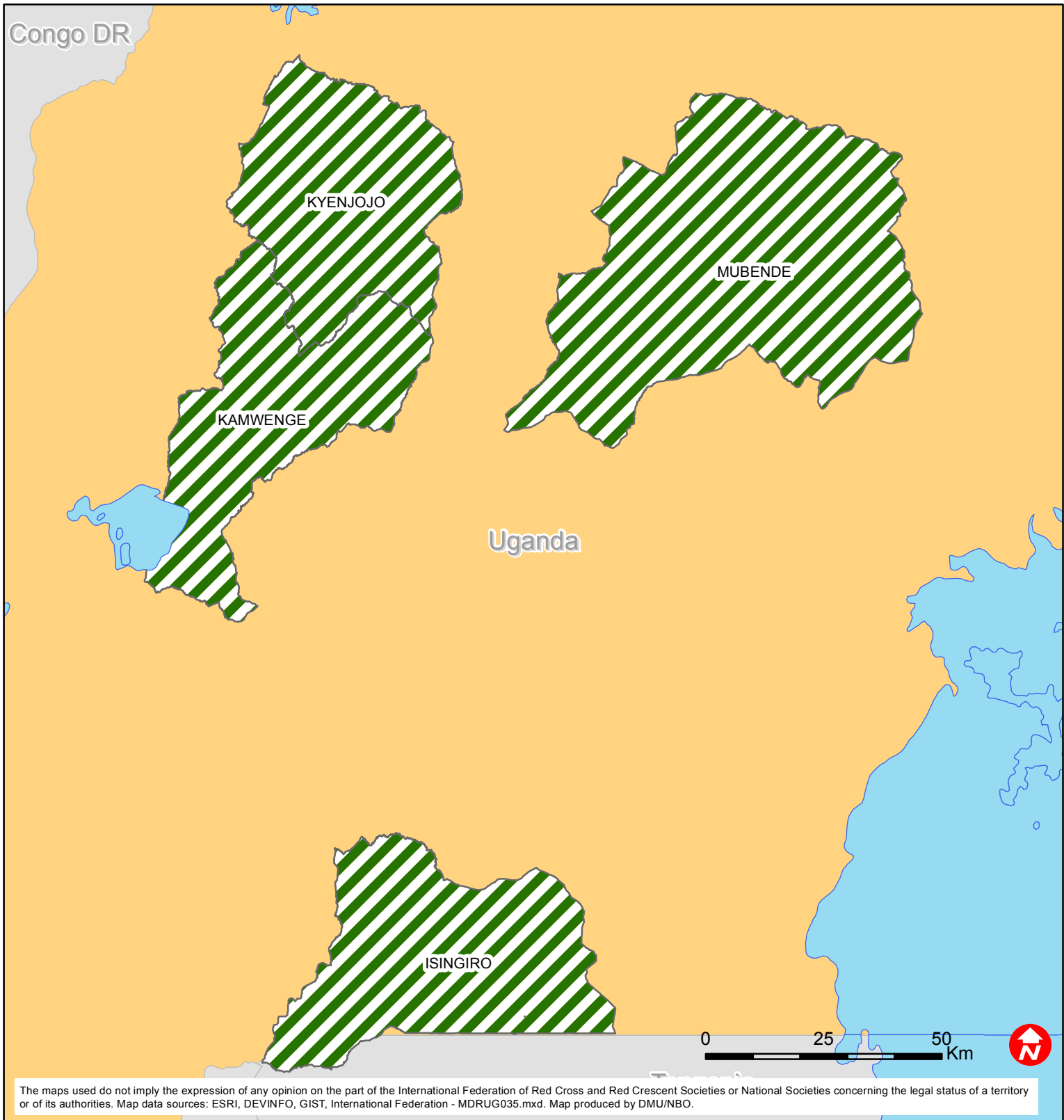
The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

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

DREF OPERATION		22/08/2013
	Uganda Measles Outbreak	
		DREF Grant Budget CHF
Budget Group		
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities		0
Construction - Materials		0
Clothing & Textiles		1,620
Food		0
Seeds & Plants		0
Water, Sanitation & Hygiene		0
Medical & First Aid		0
Teaching Materials		21,020
Utensils & Tools		0
Other Supplies & Services		0
Cash Disbursements		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		22,640
Land & Buildings		0
Vehicles		0
Computer & Telecom Equipment		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
Total LAND, VEHICLES AND EQUIPMENT		0
Storage, Warehousing		0
Distribution & Monitoring		0
Transport & Vehicle Costs		5,633
Logistics Services		0
Total LOGISTICS, TRANSPORT AND STORAGE		5,633
International Staff		0
National Staff		0
National Society Staff		3,456
Volunteers		24,130
Total PERSONNEL		27,586
Consultants		0
Professional Fees		1,863
Total CONSULTANTS & PROFESSIONAL FEES		1,863
Workshops & Training		10,172
Total WORKSHOP & TRAINING		10,172
Travel		3,000
Information & Public Relations		36,792
Office Costs		240
Communications		800
Financial Charges		200
Other General Expenses		0
Shared Office and Services Costs		0
Total GENERAL EXPENDITURES		41,032
Partner National Societies		0
Other Partners (NGOs, UN, other)		0
Total TRANSFER TO PARTNERS		0
Programme and Services Support Recovery		7,080
Total INDIRECT COSTS		7,080
TOTAL BUDGET		116,006



Uganda: Measles Outbreak



Affected districts