

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

UGANDA: MENINGITIS

DREF operation n° MDRUG004
24 January 2008

The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Period covered by this Final Report: 28 February to 20 May, 2007.

Summary: CHF 69,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 28 February, 2007 to support the Uganda Red Cross Society (URCS) in responding to the meningitis operation for three months. The National Society prepared a plan of action that included training of 300 volunteers on the causes, signs and symptoms of meningitis and produced information, education and communication (IEC) materials to sustain awareness among communities. The URCS response targeted the most vulnerable and hard to reach communities already affected or likely to be affected by meningitis in Adjumani, Arua, Koboko, Kotido and Moroto districts.

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The situation

An outbreak of meningitis was reported in Uganda's north western districts of the West Nile region beginning in December, 2006. By 19 February, 2007 a total of 2,728 cases and 100 deaths had been reported by the Uganda Red Cross Society (URCS). The most seriously affected areas included Adjumani, Yumbe, Koboko, Moyo and Nebbi districts. Another 147 cases were reported in Karamoja, Kotido, Moroto and Nakapiripit districts located in the North East of Uganda. The situation was aggravated in areas with both refugees and nationals living in rural, densely populated settlements such as Arua, Koboko and Yumbe districts. Over 50 percent (11 out of 20) of new cases reported in Nebbi district (particularly in Akworo sub-county) in March came from the neighbouring Democratic Republic of Congo. Rapid tests done confirmed 5 cases as Serotype A which is predominant in the West Nile.

The table below shows that by 8 April, the cumulative figures had peaked at 3,649 with 7 new cases. This was an increase by 5 percent from 3,454 cases reported between 5 and 11 March. The rates of infection significantly declined in most districts during the week of 2 to 8 April with zero new cases reported in Arua, Adjumani and Moyo districts. Yumbe District, with 5 new cases in April was however on a decline in terms of rates of new infection as 26 new cases had been reported between 5 and 11 March.

Table 1: Cumulative reported cases of meningitis in 6 districts of Uganda (URCS)

Districts	Cumulative from January		New cases	CFR %	Total Deaths
	11 March	8 April	2 - 8 April	2 - 8 April	Jan - April
Arua/Maracha-Terego	2,008	2,025	0	3.1	62
Koboko	464	469	1	4.7	22
Yumbe	447	550	5	5.8	32

¹ Please note that CHF 2,888 was returned to DREF.

Adjumani	306	326	0	4.9	16
Moyo	167	181	0	5.0	9
Nebbi	62	98	1	9.3	9
Total	3,454	3,649	7		150

According to the World Health Organization, meningitis is characterized by an infection of the thin lining that surrounds the brain and the spinal cord, the disease kills from 5 to 10 percent of those affected, typically within 24 or 48 hours even when it is diagnosed early and treated. Symptoms are a stiff neck, high fever, headaches and vomiting. Uganda is one of those countries that are susceptible to outbreaks as it lies in the traditional African 'Meningitis Belt' which includes 21 most vulnerable countries from West to East Africa.

Coordination

The URCS branches in affected districts worked closely with the Uganda Ministry of Health, World Health Organization (WHO), United Nations children's Fund (UNICEF) and MSF France from 26 February to conduct vaccinations in 5 District covering 39 sub-counties. These included Arua, Adjumani, Koboko, Moyo and Yumbe districts where at least 857,182 people were vaccinated against meningitis. A total of 496,204 people, accounting for approximately 58 percent were vaccinated in Arua District. As can be seen in the table below, the coverage during vaccinations conducted in Arua and Koboko exceeded the targeted numbers owing to good inter-agency working formula and positive reception by the communities and their willingness to cooperate.

Table 2: Vaccination with support from MSF France and Uganda MOH

Districts	Sub-Counties	People vaccinated	Coverage %
Arua/Maracha-Terego	20	496,204	108.6
Koboko	5	128,467	115.3
Yumbe	5	93,759	61.0
Moyo	4	38,692	39.4
Adjumani	5	100,060	52.0
Total	39	857,182	

The Uganda Ministry of Health (MOH) sent a team of doctors to the affected areas to conduct rapid tests and collect samples. The team collaborated with Oslo Meningitis Reference Laboratories to give conclusive results. In an effort to maximize all available response options, a taskforce was set up to develop a response plan, case definition methodology and logistics coordination during treatment. The team led by the District Directors of Health Services in each of the districts where the URCS was a member also shared its plans with the MOH field doctors.

Analysis of the operation - objectives, achievements, impact

Responding to the urgent needs, the DREF operation targeted the most vulnerable communities in Adjumani, Arua, and Koboko districts with extra support given to Yumbe and Moyo districts on a needs basis. The table below shows the 27 sub-counties whose communities were reached and assisted.

Table 3: Sub-counties in 4 Districts reached by URCS volunteers

Districts	Sub-Counties where Beneficiaries Were reached and assisted
Adjumani	<ul style="list-style-type: none"> Balere, Kureku, Tianya, Ofua, Ciforo, Gulinya, Pakele, Ozaipi, Adropi and Adjumani town council
Arua	<ul style="list-style-type: none"> Katrini, Uriama and Bileafe
Koboko	<ul style="list-style-type: none"> Koboko
Moyo	<ul style="list-style-type: none"> Itula, Gimara, Aliba, Lefori, Dufile, Moyo, Metu and Moyo town council.
Yumbe	<ul style="list-style-type: none"> Romogi, Midigo, Kuru, Apo and Yumbe town council.

Goal: To prevent and mitigate the spread of meningitis in Uganda.

Objective: To contribute to the reduction of the spread of meningitis among 500,000 most vulnerable people in Adjumani, Arua, Koboko, Kotido and Moroto districts for 3 months.

Specific objective 1: To provide 300 URCS volunteers with basic knowledge about the causes, signs and symptoms, prevention and effects of meningitis.

Expected result: URCS volunteers have acquired the knowledge and skills necessary to create awareness on meningitis among the target population.

Achievements

300 URCS volunteers were provided with crucial basic training on signs and symptoms of meningitis, the incubation period, and the factors that promote the spread of the disease as well as the preventive and control measures. During the training sessions, the host branches were able to recruit new members who were inspired by the work already done as well as the Red Cross visibility.

Specific objective 2: To facilitate the URCS volunteer's activities to reach the target population with correct information on preventive measures against meningitis.

Expected result: 300 URCS volunteers have reached 500,000 people with correct information on preventive measures against meningitis.

Achievements

The URCS printed and distributed 100 educational posters, 10,000 brochures and 1,000 t-shirts. The printed materials were used to inform the affected communities on meningitis and how to prevent its spread. Some information was also translated into the local language thus giving room for deeper and wider understanding among the communities where English was not widely spoken. Educational brochures were strategically posted along busy routes to ensure maximum visibility.

At least 900,000 people were reached during information dissemination which was almost twice the target figure, a positive result owing to open and friendly community attitude and a focused approach by the URCS volunteers. Out of this population, 10,000 households (50,000 people) received information education and communication brochures (one per household) during the targeted URCS visits to homes and social places, while over 850,000 were reached by taking advantage of massive vaccination campaigns organized in collaboration with humanitarian and government agencies. The education also helped the affected communities to de-link the causes of meningitis from myths such as witchcraft.

Specific objective 3: To create awareness among the target population about the signs and symptoms of meningitis and promptly report meningitis cases to relevant authorities.

Expected result: Meningitis cases in the community/household level are identified and referred to the nearest health facility within the shortest time possible.

Achievements

The URCS mobilized 300 volunteers and Red Cross Action Teams (RCATs) to conduct door-to-door sensitization. Information on meningitis including its signs and symptoms as well as preventive measures reached the targeted communities. The volunteers were provided with protective gear including gum boots and aprons to boost their self-protection capacities during field activities. While monitoring and evaluation was done from the branch level, the head office was regularly informed about the situation and extent of intervention. Information obtained during the monitoring exercises also helped the URCS branches to assess the public perceptions about the role of the Red Cross and where they wished to see the URCS intervention.

Aiming to improve the frequency of case referrals, the Red Cross volunteers conducted community and focus group discussions, meetings with local leaders and visited places of worship, schools and internally displaced persons camps within the sub-counties. The RCATs conducted sensitization in line with the wider vaccination strategy and disseminated information to more than 500,000 people. They also assisted the communities having suspected cases in referrals as well as setting up a community-based early warning and reporting system in Arua.

Constraint

The URCS encountered logistical challenges due to lack of sufficient and reliable means of transport from branch offices to the field. This resulted in some delays in sending mobilization materials to the branches and affected areas.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[<final financial report below; click here to return to the title page>](#)

International Federation of Red Cross and Red Crescent Societies

MDRUG004 - Uganda - Meningitis

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/1-2007/12
Budget Timeframe	2007/2-2007/5
Appeal	MDRUG004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget		0				0
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
DREF Allocations		66,122				66,122
C5. Other Income		66,122				66,122
C. Total Income = SUM(C1..C5)		66,122				66,122
D. Total Funding = B + C		66,122				66,122
Appeal Coverage		#DIV/0				#DIV/0

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		66,122				66,122
E. Expenditure		-66,122				-66,122
F. Closing Balance = (B + C + E)		0				0

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
BUDGET (C)		0					0	
General Expenditure								
Information & Public Relation			21			21	-21	
Office Costs			288			288	-288	
Total General Expenditure			309			309	-309	
Contributions & Transfers								
Cash Transfers National Societies			61,515			61,515	-61,515	
Total Contributions & Transfers			61,515			61,515	-61,515	
Programme Support								
Program Support			4,298			4,298	-4,298	
Total Programme Support			4,298			4,298	-4,298	
TOTAL EXPENDITURE (D)			66,122			66,122	-66,122	
VARIANCE (C - D)			-66,122			-66,122		