

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

Uganda: Marburg Fever Outbreak

DREF operation n° MDRUG005

16 May 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.

Summary: CHF 129,275 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 9 August 2007, to support the Uganda Red Cross Society in delivering assistance to some 1.32 million people in Kabarole, Kampala, Kamwenge, Kayunga/Mukono and Mbarara districts over 3 months.

A total of 450 Red Cross volunteers drawn from nine of its affected and high risk branches gained basic knowledge on Marburg haemorrhagic fever and consequently created community awareness on preventive measures against it through sensitization campaigns. A total of 46,620 households (332,413 persons) were reached with messages.



A volunteer from Kampala East branch carrying out sensitization in church

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The situation

In July 2007, the Uganda Ministry of Health (MoH) and the World Health Organization (WHO) confirmed an outbreak of Marburg hemorrhagic fever in Kamwenge District. The affected included the Kitaka gold mine community located within the Kakasi forest reserve. A total of 168 suspected cases consisting of 100 miners from Kamwenge, 14 in Busaana-Kayumga and 54 in Kampala Districts respectively were identified and, blood samples taken from them for study and they were also monitored regularly. The outbreak put the neighbouring districts of Kampala, Kabalole, Mukono and Mbarara at high risk due to uncontrolled population movements. A national task force was established to coordinate, monitor and follow up on the intervention. Two isolation centres were established at Kampala-Mulago Hospital and Kicheche Health Centre 11 at Kamwenge and supported with blankets, soap, jerry cans and gloves for effective response to those affected by the Marburg fever.

Red Cross and Red Crescent action

Progress towards objectives

Goal: To prevent the spread of Marburg haemorrhagic fever in Uganda.

Objective: To mitigate the spread of Marburg haemorrhagic fever among 1,320,000 most vulnerable people in Kabarole, Kampala, Kamwenge, Kayunga/Mukono and Mbarara districts for 3 months.

Capacity building (volunteer training)

Specific objective 1: To train URCS volunteers in basic management of Marburg haemorrhagic fever.

Expected result: Basic knowledge about Marburg haemorrhagic fever among the Red Cross volunteers has increased.

Achievements

The National Society trained 450 volunteers drawn from 9 affected and high risk branches namely Kamwenge, Kabarole and Ibanda sub branch (Mbarara), Kayunga (Mukono) and Kampala branches (East West, North, South and Central) in Marburg fever prevention knowledge and information. This training equipped them with the necessary knowledge and skills to carry out community door-to-door mobilization, sensitization and information, education and communication (IEC) material distributions.

Awareness creation

Specific objective 2: To equip URCS volunteers with IEC materials on preventive measures against Marburg haemorrhagic fever for community awareness and sensitization.

Expected result: Marburg haemorrhagic fever cases in the community and/or household level are identified and referred to the nearest health facilities within the shortest time possible.

Achievements

The branches within the outbreak areas were provided with IEC materials including 20,000 brochures and 10,000 posters to facilitate information sharing. Red Cross volunteers distributed the materials to individuals, households and in public places. The volunteers in these branches were also provided with 300 pairs of gum boots, 1,000 T-shirts, 250 overalls, 200 rain coats and 9 mega phones to facilitate effective community mobilization and sensitization and for their protection.

The trained volunteers carried out community sensitizations through door-to-door campaigns as well as through public addresses in churches, mosques, markets and schools. The community sensitization campaigns reached 46,620 households and 126,100 persons with public health education and hygiene promotion, disease transmission and prevention messages.

Table 1: Dissemination campaigns

District /Branch	Households reached	Persons reached
Kamwenge	14,934	85,220
Kabarole	7,642	55,880
Ibanda/Mbarara	3,210	26,480
Kampala West	1,939	19,259
Kampala East	5,219	13,827
Kampala North	2,605	24,500
Kampala South	3,232	30,199
Kampala Central	3,156	33,280
Kayunga/Mukono	4,683	43,768
Total	46,620	332,413

Challenges

Lack of up-to-date diagnostic equipment hindered rapid response to the outbreak due to delays in receipt of test results of samples sent to the Centre for Disease Control (CDC) Atlanta for confirmation on the type of hemorrhagic fever.

Specific objective 3: To undertake a detailed assessment of the situation in the affected areas.

Expected result: Long-term prevention measures are established for potential future outbreaks.

Achievements

An assessment was carried out with the support of the branch field coordinator and volunteers. Findings indicated that the Marburg fever was a rare viral disease whose causal factors were hardly known by the affected communities. Communities were found to have limited and under-equipped health facilities, with inadequate health personnel and thus with limited capacity to handle the outbreak due to lack of information and knowledge about the disease. The affected communities were also found to be located in remote and hard to access areas. This subsequently led to logistical challenges which hindered timely response in containing the outbreak.

To prevent future outbreaks, measures to build the community capacities were put in place. They included training of community volunteers in carrying out follow ups, monitoring affected persons and offering support to health personnel and community sensitization on the casual factors of the Marburg fever, its symptoms and treatment. The community local leaders at all levels were brought on board to understand their roles and responsibilities in fighting such health epidemics through mobilizing resources to assist in equipping community health facilities and disseminating health information in community meetings .

The National Society will continuously integrate disease surveillance activities within the on going activities in the affected branches through conducting continuous community sensitization and monitoring progress of such activities to minimize similar future outbreaks.

Conclusion

The National Society worked closely with other stakeholders during the interventions through its participation in coordination meetings attended by WHO and MoH further profiling itself in the area of emergency health response intervention and strengthening its partnerships.

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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International Federation of Red Cross and Red Crescent Societies

MDRUG005 - Uganda - Marburg Haem. Fever

Final Financial Report

Selected Parameters	
Reporting Timeframe	2007/8-2008/4
Budget Timeframe	2007/8-2007/11
Appeal	MDRUG005
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		129,276				129,276
B. Opening Balance		0				0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>		126,066				126,066
C5. Other Income		126,066				126,066
C. Total Income = SUM(C1..C5)		126,066				126,066
D. Total Funding = B + C		126,066				126,066
Appeal Coverage		98%				98%

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance		0				0
C. Income		126,066				126,066
E. Expenditure		-126,066				-126,066
F. Closing Balance = (B + C + E)		0				0

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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)		129,276					129,276	
Supplies								
Clothing & textiles	13,310						13,310	
Total Supplies	13,310						13,310	
Transport & Storage								
Transport & Vehicle Costs	17,565						17,565	
Total Transport & Storage	17,565						17,565	
Personnel								
National Staff	2,030						2,030	
National Society Staff	32,310						32,310	
Total Personnel	34,340						34,340	
Workshops & Training								
Workshops & Training	25,041						25,041	
Total Workshops & Training	25,041						25,041	
General Expenditure								
Information & Public Relation	26,209						26,209	
Office Costs	4,409						4,409	
Total General Expenditure	30,617						30,617	
Contributions & Transfers								
Cash Transfers National Societies			117,872				117,872	
Total Contributions & Transfers			117,872				-117,872	
Programme Support								
Program Support	8,403		8,194			8,194	209	
Total Programme Support	8,403		8,194			8,194	209	
TOTAL EXPENDITURE (D)	129,276		126,066			126,066	3,210	
VARIANCE (C - D)			3,210			3,210		