

DREF operation final report



International Federation
of Red Cross and Red Crescent Societies

UGANDA Bomb Blast

DREF operation n° MDRUG017

GLIDE n° OT-2010-000132-UGA

7 January 2011

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 112,097 (USD 96,948 or EUR 76,505) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 22 July 2010 to support the National Society in delivering assistance to some 400,000 beneficiaries, and to replenish disaster preparedness stocks.

On 11 July 2010, twin blasts took place at an Ethiopian restaurant and a rugby club in Kampala City late at night killing 84 people and leaving over 114 others injured. The Uganda Red Cross Society (URCS) worked in collaboration with the Uganda Police, Mulago Hospital, Uganda Counseling Association, World Health Organization (WHO), The Aids Support Organization (TASO) and other partners to provide search and rescue, triage, First Aid care and referral as well as psychosocial support to the injured people and 54 bereaved families. Due to public panic and continued threats after the bombings, the



URCS counsellors and psychologists support one of the bereaved families in Kireka, Kampala (Source: URCS)

URCS teamed up with the Uganda Police, the International Committee of the Red Cross (ICRC) and Office of the Prime Minister (OPM) and trained 80 volunteers who were later supported to conduct public safety awareness sessions. A total of eight branches were reached with 96 sessions. Specifically, 15,902 people were reached by the sessions and over 500,000 others were indirectly reached through the IEC materials and media campaigns. However, the security situation still remained fragile as the Police continued reminding citizens of further potential threats over the Christmas and new year festive season.

The Uganda Red Cross Society extends sincere appreciation to the Irish, Italian, Netherlands and Norwegian Governments and the European Commission Humanitarian Office (ECHO) who contributed to the DREF in replenishment of the allocation made for this operation.

[<click here for the final financial report, or here to view contact details>](#)

The situation

Two separate near-simultaneous bomb blasts occurred in the capital city of Kampala on 11 July 2010, leaving 84 people dead and hundred others injured. Specifically, the blast occurred in a rugby club, where people were watching World Cup finals as well as in an Ethiopian restaurant 7 kilometers away from the club. The Somali-based insurgent group, Al-Shabaab, claimed responsibility for the attack on 12 July 2010. The United States' Federal Bureau of Investigation team came in to assist the Uganda Government with the investigation and aid in collection of evidence. The Uganda Red Cross Society (URCS) intervened, together with other emergency personnel including the Uganda Police, Mulago National Referral Hospital, and the International Hospital Kampala (IHK), among other organizations. The team provided immediate search and rescue, triage, First Aid and referral of the wounded, tracing of missing and dead individuals as well as psychosocial support to the injured individuals and bereaved families. Since the initial attack, the country experienced subsequent threats that continued occurring thereafter causing panic among the public. This included discovery of other devices thought to be explosive and response to hoax alarms from the public. In order to promote public vigilance and empower the public with key safety actions and knowledge on key life-saving techniques in case of injury from such a blast, URCS intervened and conducted bomb blast awareness sessions in the community to make people more alert and conscious so as to avoid risks and situations that could lead to deaths. On 16 July 2010, the country held national prayers for the people who had lost their lives.

Since the attack, many of the injured have recovered and been discharged from different hospitals. Some of these people are now disabled and economically non-productive. The Government of Uganda through the Ministry of Disaster Preparedness compensated families of the 84 people killed in the blasts, with each bereaved family receiving five million Ugandan shillings (USD 2,207) while those injured were given three million Ugandan shillings. The Uganda Red Cross Society assisted in compiling and sharing the list of injured and dead with the bereaved families and government. This facilitated identification of the affected people and guided the government in identifying genuine beneficiaries of the compensation. The Police stepped up awareness and security cautioning the general public about similar threats and possible attacks especially during the festive season and forthcoming national elections. Warnings of more attacks were made by some groups and there is evidence of alertness and increased vigilance from the public, thanks to awareness creation by URCS and partners.

Red Cross and Red Crescent action

At the onset of the bombings, URCS could not officially deploy volunteers for action due to safety concerns. However, the day after the blast, two ambulances were deployed to facilitate further casualty referrals. In addition, 45 First Aid volunteers were positioned at Mulago Hospital's casualty and accident department to provide back up to the overwhelmed medical staff. URCS staff and volunteers were involved at the casualty reception centre and supported transfer of patients to respective wards, theatres, x-ray rooms and other specialized reference services. Since then, URCS was requested by the hospital leadership to consider a more permanent presence at the hospital in a regulated approach premised on a Memorandum of Understanding (MoU) to which URCS complied. In this respect, URCS has maintained permanent presence of 10 volunteers at the hospital's casualty and accident department. The hospital also benefited from medical and other supplies necessary to treat the injured people.

Key progress and achievements were made during the operation period. Trained volunteers provided public safety awareness sessions reaching over 10,000 people in the target areas. A psychosocial support centre with a multi disciplinary team of psychiatrists, psychologists and counsellors from various organizations was established. This team contributed greatly to assisting the injured persons and bereaved families to cope with the situation as well as restore their confidence and how to live with the tragedy.

The URCS was able to replenish its First Aid stock and rescue supplies such as field stretchers, First Aid kits and other medical sundries in eight high-risk branches as well as replenish adequate supplies in four ambulances ready for effective response in future incidences. The operation promoted confidence in the National Society's work in such a volatile environment and helped to build adequate capacity in terms of trained human resources, supplies and response equipment. It also built partnership linkages necessary for the ongoing contingency planning for the forthcoming national elections in February 2011.

Achievements against objectives

Emergency health	
Objective: To carry out response to bomb blasts and improve readiness through training and action of Red Cross Action Teams.	
Expected results	Activities planned
<ul style="list-style-type: none"> Improved casualty management and increased public safety in Kampala city and neighboring towns of Entebbe, Mukono and Jinja as high risk areas 	<ul style="list-style-type: none"> Replenish First Aid and medical supplies utilized during the initial response and casualty stabilization at the hospital emergency units. Train 80 Kampala, Entebbe, Jinja and Mukono RCAT members from eight URCS branches to equip them with basic First Aid and Triage, Safer Access, Incident Command System (ICS), and dead bodies handling skills for effective response and community safety awareness. ICRC will support training in dead body management, while other specialized skills will be facilitated by the Uganda Police and trainers from Ministry of disaster preparedness Train ten URCS volunteers in basic psychosocial support skills Conduct tracing of missing persons and sharing information about people admitted and the deceased in collaboration with the Police information desks established at the two hospitals. Printing and distribution of Information, Education and Communication (IEC) materials (20,000 posters, 50,000 brochures) for promoting public safety awareness about terrorist attacks as well as collective action to reduce possibility and limit impact if such attacks occur. The message packaging will be done in collaboration with the Uganda Police Force and Ministry of disaster preparedness Procure and restock First Aid materials for four URCS ambulances Procure and restock 200 First Aid Kits. Procure, distribute and restock 200 body bags. Conducting door-to-door safety education targeting high risk areas Conduct timely response, triaging, treatment at pre-hospital settings and referral of casualties to health facilities Provide community-based PSP services to bereaved families and survivors in Kampala. Conduct follow-up services for discharged patients and bereaved families providing PSP and bereavement counseling services. Conduct media campaigns (1,800 radio spots and 24 talk shows) to promote public awareness and safe behavior change for at-risk communities. Procure and distribute 200 mattresses and other medical equipment to support patient care at Mulago Hospital.

Achievements and impact

Following the bomb incident, URCS mobilized 80 Red Cross Action Team (RCAT) members from eight of the branches considered at risk to future terrorist threats and trained them in basic safety awareness issues, skills on how to conduct triage and management of multi-casualty incidents, basic incident command systems and management of corpses. This training was jointly run by facilitators from the Uganda Police Force-Terrorism, OPM-Basic Incident Command systems, ICRC-Safer Access and Dead Bodies Management, and URCS-Psychosocial support for disaster affected.

The trained RCAT members organized intensive community awareness sessions in the eight branches. This was done in collaboration with local leaders and the local Police stations. A total of 15,902 people were reached with safety messages while over 500,000 others were indirectly reached through posters and brochures distributed as well as media campaigns conducted through radio spots, radio and television talk shows. The increased public awareness was evident by the increasing number of alert calls that the police was receiving. However, some of these alerts were hoax.

Immediately following the blasts, the URCS established a tracing desk at Mulago National Referral Hospital to help avail restoring family links services to the affected and their family members. This was done in collaboration with the Uganda Police which has the mandate to issue accident statements and news publicly. Mulago Hospital was chosen as an appropriate centre because majority of the affected people (including the

dead) were transported by the Ugandan Police to this facility. Only a few who were transported by good Samaritans and private ambulances were taken to the International Hospital Kampala (IHK) located at Namuwongo. The tracing team established a register and maintained it on a public notice board at the casualty and accident department at Mulago National Referral Hospital where relatives of those directly affected could trace and confirm the whereabouts of their missing family members.

In order to reach more people with awareness messages, URCS received technical support from the Uganda Police Anti-Terrorism unit who provided samples of safety posters and brochures that helped the National Society to produce and distribute 50,000 copies of posters and 15,000 pieces of brochures. Distribution of these IEC materials was done through the community volunteers, local leaders and Uganda Police posts. In order to observe the neutrality of the National Society in such a politically motivated emergency, the posters and brochures were produced without the Red Cross/Red Crescent logo.

Training and awareness creation skills of URCS staff and volunteers were enhanced by developing simplified materials (25,000 brochures and 11,500 posters) related to First Aid including how to stop bleeding, demobilizing fractures and basic resuscitation skills.

At the onset of the emergency, Mulago National Referral Hospital was overwhelmed with excess casualties that they ran short of major medical supplies. The URCS supported this initial gap of medical supplies by providing 100 mattresses, 100 blankets, 5 pairs of stretchers, 100 pieces of 20ltr basins, 100 buckets of 10ltr capacity with lids, 10 bottles of 750ml JIK disinfectants, 30 pairs of heavy duty gloves, 4,000 pairs of disposable gloves, 60 pieces of crepe bandages, 300 pieces of cannulas, 20 boxes of zinc oxide plasters, cotton wool and 10 First Aid kits. Additional medical and surgical supplies such as cannulas, Intravenous (IV) sets and wound dressings were received from ICRC and delivered to the hospital. These supplies contributed to effective treatment and care to the casualties.

In order to promote effective response in the wake of further emergencies, 200 First Aid kits, 200 body bags, heavy duty gloves, 200 plastic aprons, and 30 pairs of field stretchers were procured and distributed to the eight URCS branches of Mukono, Jinja, Kampala East, West, North, South, Central and Entebbe to support effective casualty response in the wake of further emergencies. A few buffer stocks were also kept in the central warehouse for future eventualities.

Fifteen professional counselors selected from practicing counselors from the MoH, Mulago Hospital and the Uganda Counseling Association were trained in basic psychosocial support for two days at the URCS headquarters in Kampala. The training focused on the current training manual for psychosocial support developed by the reference centre for psychosocial support. This increased the capacity of the volunteers to handle survivors and members of the bereaved families. As part of the training, tools to capture key information from clients, preparation of client files and referrals were discussed. An action plan for follow up of the bereaved families was prepared and discussed.

A psychosocial support centre was established at the casualty ward of Mulago National Referral Hospital where survivors as well as bereaved family members were supported. Each day, four counsellors were permanently stationed at this centre to provide comfort, counsel and refer cases to other service providers and/or treatment. As a result, 11 survivors and 56 relatives of those who lost their lives were reached.

As one of the approaches to reach out to the bereaved families, Uganda Red Cross Society formed five teams of four counsellors each to carry out home based care visits to the bereaved families. A total of 32 families were visited in the divisions of Nakawa, Kawempe and Rubaga in Kampala, Mukono and Wakiso districts in which psychological first aid and needs assessment and family support was done. As a result of these visits, several issues were identified during the family visits that needed referral, advocacy and immediate provision of basic needs. The counsellors did their best to support these people.

One month after the bomb blast and after several survivors were discharged from the hospitals, the psychosocial team made follow up visits to the bereaved families to find out how they were coping. Twenty one families were visited in a period of 15 days where the volunteers shared with the survivors coping mechanisms, issues of support to the orphans, widows and other dependents and progress in receiving further medical check ups. As a result, two family members were assisted to follow up on pension and National Social Security Fund procedures. The government also promised to compensate the bomb survivors.



A team of counsellors and psychologists attend to a client at Mulago Hospital counselling tent

A total of 197 radio spots were aired on radio as part of the awareness for safe behaviours and general safety alertness throughout the operation period. In addition, five talk shows (4 radios and 1 television) were aired to the public. This was part of the strategy to reach out to the bigger population and to continue mobilizing the general public to care, support and comfort the bereaved families and the survivors. As a result of the radio spots and talk shows, several listeners called in to thank the Red Cross for the good and unique service offered. Other sensitization sessions were made through print media, interviews and press releases. This increased public awareness, where more than 1,000,000 listeners in Kampala, Entebbe, Mukono and Jinja districts were reached.

Through this activity, some radio stations showed willingness to offer free airtime, and the URCS has been utilizing this opportunity to reach more members of the public in other matters such as dissemination of the International Humanitarian Law (IHL) and facilitating safer access for Red Cross workers during conflict situations.

Challenges

Some of the people who died were buried in remote areas located in districts that were far away from Kampala City, epicentre of the blast. Thus the psychosocial support team experienced difficulties reaching such families. This challenge was solved through establishment of linkages with health facility-based mental health units in those districts. The psychiatrists in those facilities took over the counselling and follow up of the dead and bereaved families.

Some community members felt insecure whenever volunteers talked about bomb threats and related safety information. This was mainly evident among the Somali community in Kisenyi area, as some people were associating this community with the bombings.

Coordination; Monitoring and support supervision

Objective: To strengthen coordination and local response by supporting and participating in the coordination mechanisms and monitoring.

Expected results	Activities planned
	<ul style="list-style-type: none"> • Conduct four field monitoring and technical support supervision visits from regional and headquarters levels. • Participate in four weekly coordination meetings at district and national levels.

Achievements and Impact

The URCS maintained contact with other partners through consultations and participation in coordination meetings especially with the Uganda Police, Mulago Hospital, MoH, Ministry of Internal Affairs, Ministry of Disaster Preparedness and the Uganda Counseling Association where matters pertaining to the needs of survivors, compilation of list of injured and bereaved families for the purpose of providing compensations, design of IEC materials and resource mobilization strategies were addressed accordingly. These partnerships will go a long way in working effectively in case of future emergencies.

At field level, URCS branch coordinators maintained close contact and worked with the district Police offices during the public awareness campaigns. Routine weekly coordination meetings were conducted, where beneficiary targeting was done and intervention strategies agreed upon. This ensured that duplication of activities was avoided and the available resources were used efficiently.

Challenges

Due to the reliance on technical support from the Uganda Police, the development and procurement of IEC materials such as posters and brochures for facilitating public awareness activities delayed the programme.

Lessons Learned

- Coordination with the police, health institutions and other stakeholders in emergency settings need to be strengthened at all times and regular contacts maintained.
- Regular emergency simulation exercises are required so as to prepare populations for any form of disaster.
- In order to mitigate the impact of similar threats on the public, the following activities need to be scaled up and integrated as part of the day to day community activities:
 - a) Awareness on bomb threats need to continuously be raised through sensitization where workmates and other people are always informed on safety issues
 - b) Being alert and security conscious as well as looking out for the unusual
 - c) Practicing observation as a security technique where an individual's ability to carefully watch with keen interest whatever is going on within their environment is enhanced.

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

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MDRUG017 - Uganda -

Appeal Launch Date: 16 jul 10

Appeal Timeframe: 16 jul 10 to 16 aug 10

Final Financial Report

Selected Parameters	
Reporting Timeframe	2010/7-2010/11
Budget Timeframe	2010/7-2010/8
Appeal	MDRUG017
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	112,097					112,097
B. Opening Balance	0					0
Income						
Other Income						
<i>Voluntary Income</i>	112,097					112,097
C6. Other Income	112,097					112,097
C. Total Income = SUM(C1..C6)	112,097					112,097
D. Total Funding = B + C	112,097					112,097
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	112,097					112,097
E. Expenditure	-112,097					-112,097
F. Closing Balance = (B + C + E)	0					0

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MDRUG017 - Uganda -

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Final Financial Report

Selected Parameters	
Reporting Timeframe	2010/7-2010/11
Budget Timeframe	2010/7-2010/8
Appeal	MDRUG017
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		112,097					112,097	
Supplies								
Clothing & textiles	2,273							2,273
Medical & First Aid	31,604							31,604
Teaching Materials	10,963							10,963
Total Supplies	44,840							44,840
Transport & Storage								
Distribution & Monitoring	2,406							2,406
Transport & Vehicle Costs	13,619							13,619
Total Transport & Storage	16,025							16,025
Personnel								
National Society Staff	15,722							15,722
Total Personnel	15,722							15,722
Workshops & Training								
Workshops & Training	18,160							18,160
Total Workshops & Training	18,160							18,160
General Expenditure								
Information & Public Relation	9,198							9,198
Communications	160							160
Other General Expenses	706							706
Total General Expenditure	10,064							10,064
Contributions & Transfers								
Cash Transfers National Societies		105,255					105,255	-105,255
Total Contributions & Transfers		105,255					105,255	-105,255
Programme & Service Support								
Programme & Service Support	7,286	6,842					6,842	445
Total Programme & Service Support	7,286	6,842					6,842	445
TOTAL EXPENDITURE (D)	112,097	112,097					112,097	1
VARIANCE (C - D)		1					1	