

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

## Uganda: Ebola Haemorrhagic Fever

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GLIDE n° EP-2007-000000-UGA  
30 November 2007

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 and 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.

**CHF 152,756 (USD 136,741 or EUR 92,195) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the national society in delivering immediate assistance to an undetermined number of beneficiaries. Unearmarked funds to repay DREF are encouraged.**

**Summary: An Ebola Haemorrhagic Fever epidemic has been reported in the Bundibugyo District of Uganda. A total of 51 cases and 15 deaths have been reported since the outbreak began under unclear circumstances in August. The World Health Organization, the Uganda Ministry of Health (MoH) and the Uganda Red Cross Society (URCS) are active in the affected area. The three agencies conducted preliminary assessments and highlighted the main gaps that need to be addressed for the epidemic to be brought under control.**

This operation is expected to be implemented over 3 months, and will therefore be completed by February 2008; a Final Report will be made available by May 2008 (three months after the end of the operation).

[<click here for contact details, or here to view the map of the affected area>](#)

## The Situation

The Ugandan Ministry of Health (MoH) and the World Health Organization (WHO) in Uganda have confirmed an outbreak of Ebola haemorrhagic fever in the Bundibugyo District located in the South-Western region of Uganda, along the border between Uganda and the Democratic Republic of Congo. 51 suspected cases within various health units in the Bundibugyo District have been reported and 15 deaths -- a case fatality rate of 29.4 per cent. The first victim in Bundibugyo died in August as tests to confirm the cause of death were still ongoing.

According to health authorities in Uganda, at least 35 people are still admitted in Bundibugyo Hospital. Body fluid samples have been sent to referral laboratories in South Africa by the Uganda MoH and the WHO, and more tests are being conducted to provide detailed information. Some 14 villages had been affected by 29 November, including Kikyo, Kabango, Ntandi, Butolya, Bugharama and Kizufo. Other areas affected are Buyaya, Butantagua, Bulhambago, Bundimwali I, Bugharama II and Bulhambaghiri localities.

Ebola is a highly contagious killer disease in the category of viral haemorrhagic fevers, with no known cure and may cause death to up to 90% of people exposed to infection. Its symptoms include high fever, headaches, muscular pain, diarrhoea, reduced urine and extensive bleeding through body openings such as nose, eyes, ears, gums and sexual organs. It is spread through direct physical contact with body fluids of an infected person and consumption of animals carrying the virus. Uganda was last affected by Ebola in

2000 and 2001 when over 800 people were affected in Gulu and Masindi districts, and more than 150 deaths were reported including health workers.

## Red Cross and Red Crescent action

The Ugandan Red Cross Society (URCS) branch in Bundibugyo District as well as neighbouring districts has been put on high alert. Over 50 volunteers in Bundibugyo District have been selected to undergo training on the symptoms of Ebola and effective prevention techniques. They will also be briefed on selected preventive information to be passed on to the public. The neighbouring districts have also been targeted as there is a risk of further spread of the epidemic to areas around Bundibugyo District. The URCS is a member of the national taskforce set up to coordinate the response to the epidemic, and the Bundibugyo Red Cross branch also participates in the district taskforce meetings.

### Coordination

The Ministry of Health and the URCS in Bundibugyo has conducted a preliminary needs and capacity assessment. The assessment has identified gaps as outlined below:

- Community mobilization and sensitization of the populations on the symptoms and preventive measures of Ebola;
- Information, education and communication materials that are context-specific and produced in local languages;
- Medical supplies for the treatment of Ebola cases;
- Logistical support to the health and isolation units;
- Protective materials for the health workers and people involved in the response.

A national taskforce has been set up in Kampala coordinated by the WHO and committees have been formed in Bundibugyo and surrounding districts. Experts from the WHO are already in Uganda working closely with the Ugandan MoH to contain the epidemic. The WHO is providing technical support to the Ministry of Health and is coordinating the international response. The MoH has put up isolation units in the hospitals equipped with protective tools provided by the WHO to be used by those handling suspected Ebola cases. The United States Center for Disease Control (CDC) is planning to send in experts to assist the MoH in the response, especially in diagnostic capacity and case management.

## 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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**[<map below; click here to return to the title page or contact information>](#)**

