

# DREF operation update



International Federation  
of Red Cross and Red Crescent Societies

## Uganda: Ebola Haemorrhagic Fever

DREF Operation no. MDRUG007

GLIDE no EP-2007-000000-UGA

Update No. 1

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The International Federation's DREF is a pool of un-earmarked money to ensure that immediate funding is available in the event of an emergency. It is a flexible tool that can be used in the case of a sudden onset disaster, when the rapidity of the response is vital to saving lives, or in the case of a slow onset disaster, such as drought or food insecurity. Funds are also made available for smaller-scale emergency operations, for forgotten disasters and for disaster response preparedness activities where Emergency Appeals are either not appropriate or there is limited donor interest.

**Period covered by this Update:** 28 November to 31 December 2007.

**Summary:** CHF 152,756 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering assistance to an undetermined number of beneficiaries. Refer to the [DREF Operation](#)<sup>1</sup> for more details.

The effort that the Uganda Red Cross Society has made to curb the spread of Ebola Virus in the country is evident in all the affected districts/branches. Ebola infection rate is scaling down specifically in Bundibugyo District. No further cases have been confirmed positive in the other districts. However, these branches are still on high alert.

Communities have been highly sensitized and are on high alert. The community members have constantly been informing/alerting volunteers in case of suspected cases of Ebola in their areas.

Trained volunteers have effectively supported their respective branches in the containment of the outbreak. This went alongside the provision of logistical and technical support to the branches to manage the response, volunteer incentives and their insurance for the operation.

There has been strengthened network and collaboration with other humanitarian players in the response, mainly with the International Federation, Danish Red Cross, the World Health Organization (WHO), the Ministry of Health (MoH), Médecins Sans Frontiers (MSF) and Oxfam GB Kampala. These partners have provided technical and financial support that has enabled the Uganda Red Cross Society (URCS) to respond to the outbreak in the affected districts/communities.



A field coordinator collecting data at an Ebola isolation unit in Kiky Health Center

<sup>1</sup> The plan of action was issued after the DREF Operation. This report also includes this plan of action and the progress of implementation.

## The situation

On 29 November 2007, the Ministry of Health (MoH) and the World Health Organization (WHO) confirmed the outbreak of Ebola Hemorrhagic Fever in Bundibugyo District in Western Uganda. The outbreak is said to have started in Kikyo Village, Kasitu Sub County after it was rumored that the person suspected to be infected consumed a dead goat on 20 August 2007. Samples of persons suspected to be infected were taken to Center for Disease Control (CDC) in Atlanta for confirmation. Out of the 20 samples sent for investigation, eight cases were confirmed positive of the Ebola fever. As at 2 Jan 2008, the virus had spread affecting over 176 people, killing 36 people including 5 health workers. A total of 836 contact cases had to be monitored for a period of 21 days before being declared free of Ebola. The outbreak put the neighbouring districts/branches (Kabarole, Kibaale, Kasese, Masindi, Hoima and Kampala) at a high risk due to the uncontrolled population movements to these districts.

## Coordination and partnerships

There has been very close coordination and good networking with other stakeholders, namely the Ministry of Health and WHO. These partners have trained the Red Cross volunteers in both prevention and psychosocial support, which the volunteers are using for social mobilization. In addition, there has been good networking with the World Food Programme (WFP) in the response operations.

There has been sharing of updates on response progress during meetings at both field and national levels through the established task forces. The national task force meetings are being coordinated by WHO and MoH at Kampala while the field levels meetings are being coordinated by the District Health Offices. The coordination meetings will be continuously conducted until the affected districts are declared free of Ebola.

## Red Cross and Red Crescent action

With financial support from the International Federation, Danish Red Cross and Oxfam GB Kampala, the National Society through its Disaster Management and Health and Care departments, is playing a crucial role in controlling the epidemic in the affected and high risk branches, mainly those neighbouring Bundibugyo District.

## Progress towards objectives

**Overall objective: To prevent and mitigate the spread of Ebola Fever in the target areas through health education and active community surveillance and to mitigate the impact of the outbreak.**

**Specific Objective 1: To build the capacity of the volunteers of Bundibugyo branch to respond to the epidemic.**

### Planned Activity:

- Identify 100 volunteers in Bundibugyo District for training.

### Progress

A total of 276 volunteers from 7 branches have been mobilized and trained for three days to undertake community mobilization and sensitization in high risk communities. The trainings were jointly conducted by MoH and District Health Officers to ensure uniformity of information to be passed to the community.

**Table 1: Number of volunteers trained in Red Cross Branches**

Branch	Bundibugyo	Kabalore	Kasese	Masindi	Hoima	Kampala	Kibaale	Total
Volunteers Trained	100	40	31	23	10	50	22	276

**Specific Objective 2: To increase knowledge in the community on the symptoms and prevention of Ebola in the affected areas.**

### Planned Activities:

- Reproduce, translate and distribute posters and brochures in the local languages for community education;
- Carry out community sensitization through volunteers targeting community gatherings and door-to-door sensitization.

## Progress

The trained volunteers have carried out community sensitization through community gathering and door-to-door sensitizations. They also followed up contacts and referred suspected cases to MoH through active surveillance with the task force teams. Sensitizations sessions were conducted in churches, markets, mosques and during community meetings.

**Table 2: Volunteer activities in the affected areas**

Branch		Number of sensitizations held	Number of house holds sensitized	N o of contacts followed up cumulatively	No of cases/suspected cases referred	No of cumulative deaths
Bundibugyo		9,932	19,418	804	147	36
Kabarole		68	2,867	0	1	0
Kasese		14	120	28	8	0
Masindi		26	780	0	2	0
Hoima		55	440	0	3	0
Kampala	East	31	352	0	0	0
	North	79	679	0	9	0
	Central	35	297	0	2	0
	West	33	640	0	0	0
	South	38	600	1	1	0
Kibaale		37	284	3	3	0
<b>Total</b>		<b>10,348</b>	<b>26,477</b>	<b>836</b>	<b>176</b>	<b>36</b>

Note: Other than Bundibugyo District, the suspected cases from the other branches were reported to have come from Bundibugyo during the time when the outbreak was at its epitome, but were later confirmed negative of Ebola.



Red Cross volunteers during a psychosocial support training on stigma and discrimination.

Through community sensitization, the volunteers have distributed information, education and communication materials (IEC) to the communities, targeting community gatherings, public places and individuals. In addition, 45 radio spots were aired on 2 FM radio stations in Kampala and in Kabalore for general information sharing in Fortportal, Kasese and Bundibugyo districts. More information has been aired by the Ministry of Health on FM radios. This ensured that there was a wider coverage of information passed on to the general public.

### **Specific Objective 3: To provide logistical and technical support to the branch for effective response**

#### **Planned Activities:**

- Procure and provide the volunteers with megaphones and pinafores;
- Procure and provide volunteers with protective materials (gloves, gumboots, masks, overalls and disinfectants).

#### **Progress**

The Red Cross branches were supported with both logistical and technical support from Headquarters, district local authorities, offices of the Resident District Commissioners and line departments. The District Health Officers facilitated the training of the volunteers.

The National Society procured and distributed logistical items for the Red Cross branches in the affected areas to undertake the response operations. The items include 68,000 posters, 120,000 brochures, 500 bottles of bleach, 200 overalls, 600 pairs of gum boots, 400 pinafores, 20 cartons of gloves, 500 T-shirts and 20 megaphones. These

items are being effectively used in the operations by the volunteers for safety precaution, identity, visibility and information sharing.

#### **Specific Objective 4: To provide psychosocial support to the affected households for better integration**

##### **Progress**

Through support from the World Health Organization, 80 volunteers have been trained in psychosocial support skills to assist the affected households in Bundibugyo District. This came about as a result of the affected households being discriminated and stigmatized in the community; a situation that caused further trauma to these households calling for the Uganda Red Cross Society and other partners to respond.

The team has so far evaluated and counseled 76 out of the 277 identified households. Plans are underway to help the survivors form support groups that can be used to promote awareness and anti-stigma campaigns in the communities. This activity is being done alongside community sensitization.

#### **Specific Objective 5: To provide essential household items to the affected households.**

##### **Planned Activity:**

- Carry out a detailed needs assessment to establish the needs of the affected households.

##### **Progress**

A total of 400 essential household kits have been pre-positioned in the Bundibugyo Red Cross branch for households affected by Ebola due to the fact that household property used by the infected persons are burnt/destroyed to prevent further spread of Ebola Virus.

#### **Monitoring and evaluation of the interventions**

The situation is being closely monitored both at national and field levels, with daily updates being shared together with the Ministry of Health and WHO.

#### **Challenges**

There is fear of continued disease spread and new Ebola episodes in the neighbouring Democratic Republic of Congo (DRC), as the local inhabitants share cross-border activities with residents on the other side of the border. There is therefore the need to extend social mobilization and surveillance activities in the DRC. A request has already been received by the Red Cross of the Democratic Republic of Congo (RCDRC). However, the URCS' mandate does not permit the National Society to extend humanitarian services beyond the territorial boundaries of Uganda. Given the go ahead the National Society has the capacity to extend social mobilization, surveillance and contact tracing activities for this target group so as to mitigate a possible new outbreak into Uganda. This can be facilitated in conjunction with other partners such as MSF, who has a branch inside DRC as well as the office of the RCDRC which has seconded the idea.

There is inadequate fuel to run the vehicles, motorcycles and generators during the operation. The situation has been worsened by the fuel crisis in Uganda due to the violence that erupted in Kenya after the presidential election held on 27 December 2007. The vehicles experienced mechanical problems due to a poor road network and hilly terrain in Bundibugyo District. The situation worsens during heavy rains and this has affected field operations. The vehicles with dangerous mechanical conditions need to be replaced with better vehicles that are fit enough to manage the difficult terrain in Bundibugyo District. Efforts also need to be made to secure fuel as a matter of urgency to facilitate the operation for the remaining period of the response.

The National Society has run short of URCS T-shirts and IEC materials (posters and brochures). There is still an increased demand from all partners for these materials. The VHF radio handsets are effective in facilitating communication and reporting from community volunteers (team leaders). However, due to the distances and the high hills, the radio signals cannot be easily picked among the team leaders and the centre except for those within the town council. Thus, there is a need to procure and install a VHF radio base in Bundibugyo branch to solve the radio communication.

The DREF raised about 60 per cent of the funds required to effectively manage the response for the response period. There is therefore need for resource mobilization from both local and international partners to assist in acquiring the required budget.

#### **Conclusion**

Contribution by the Uganda Red Cross Society to the scaling down of the spread of Ebola Virus in the country is evident in all the affected districts/branches through efforts made in community sensitization, procurement and distribution of IEC materials, conducting radio spots for general public awareness and provision of psychosocial support to the traumatized families. However, there is need for both financial and logistical support to intensify response activities until the end of February 2008 to completely stop more Ebola outbreaks in the affected districts.

## 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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