

# DREF operation final report



International Federation  
of Red Cross and Red Crescent Societies

## Uganda: Polio Outbreak

DREF operation n° MDRUG018  
31 May 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 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 166,628** was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 10<sup>th</sup> November 2010 to support the National Society in supporting social mobilization activities during November, December 2010 and January 2011 rounds of polio vaccination in 11 districts targeting 1.2 million under-five-years.

**Summary:** Since the confirmation of polio in a two-year-old child in Bugiri district in eastern Uganda on 20 October 2010, Uganda Red Cross Society (URCS) joined the national and district-level task forces and supported a range of activities related to health promotion and education. These were designed to increase community



awareness about the disease's modes of transmission, identification and preventive measures as well as mobilizing of households for the house-to-house vaccination.

URCS Volunteers mobilizing communities /Photo: URCS

The resurgence of wild poliovirus (WPV) confirmed earlier threats of transmission of the virus from the outbreak in neighbouring Southern Sudan and Democratic Republic of Congo, due to free population movements among these countries. In response, WHO and the Ugandan Ministry of Health (MoH) scheduled three rounds of mass polio immunization in 48 high-risk districts in North, Central and Eastern Uganda. To support the campaign, the National Society carried out social mobilization activities in 11 districts of the 48 targeted districts. A total of 4,532 volunteers were mobilized and oriented to conduct household and community mobilization, health education and to support health workers during the campaign days. Some 1,579,450 households were mobilized cumulatively in all the vaccination rounds. This led to increased public awareness about the campaign and high turnout during the vaccination days. As a result, 3,077,382 children were immunized during the three rounds of the vaccination campaign, giving an average 133.25% coverage in the 11 supported districts.

This intervention was implemented over 3 months from November 2010 to January 2011.

The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the

European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of all contributions to the DREF for 2010 can be found on: [http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2010.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2010.pdf) and for 2011 on: [http://www.ifrc.org/docs/appeals/Active/MAA00010\\_2011.pdf](http://www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf)

All operations-related appeals, reports, updates and information are available on the Appeals, plans and updates section of the web site: <http://www.ifrc.org/en/publications-and-reports/appeals/>

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

## The situation

On 20<sup>th</sup> October 2010, a polio case was confirmed in Bugiri District in Eastern Uganda. The one case of a two-year-old child developed paralysis. Tests of samples done in South Africa found the virus to be genetically similar to a strain that was identified in Turkana, Kenya in the beginning of 2009.

The resurgence of WPV confirmed the earlier threat of transmission of the outbreak from neighbouring countries. Given the confirmation, the risk of sustained outbreak in Uganda was considered real and threatening to the polio free status of the country. In view of this, a polio outbreak response plan was developed to guide mitigation activities. The plan was developed in accordance with the National Wild Poliovirus Importation Preparedness and Response Plan.

In response, a three-phase supplementary vaccination exercise for 2.5 million children under 5 years (0-59 months) in 48 districts of eastern, north-eastern and northern Uganda was conducted. These districts were selected based on their proximity to Bugiri, which is the affected district, and those that share a border with Kenya and Southern Sudan. The districts include Abim, Agago, Alebtong, Amolatar, Amudat, Amuria, Budaka, Bududa, Bugiri, Bekedea, Bukwo, Bulambuli, Busia, Butaleja, Buyende, Dokolo, Iganga, Jinja, Kaabong, Kaberamaido, Kaliro, Kamuli, Kapchorwa, Katakwi, Kibuku, Kitgum, Kotido, Kumi, Kween, Lamwo, Lira, Luuka, Manafwa, Mayuge, Mbale, Moroto, Nakapiripirit, Namaingo, Namutumba, Napak, Ngora, Otuke, Pader, Pallisa, Serere, Sironko, Soroti and Tororo.

A house-to-house, door-to-door vaccination strategy was used during the vaccination exercise through national and sub-national immunization days (NIDs/SNIDs). The vaccination campaign was launched on the 19<sup>th</sup> November 2010 in Bugiri and thereafter the country conducted the vaccination exercise on the following dates:-

- 1<sup>st</sup> Round SNIDs; 20<sup>th</sup> – 21<sup>st</sup> November 2010
- 2<sup>nd</sup> Round NIDs; 11<sup>th</sup> – 12<sup>th</sup> December 2010.
- 3<sup>rd</sup> Round SNIDs; 16<sup>th</sup> – 17<sup>th</sup> January 2011.

The URCS supported eleven (11) districts of Jinja, Kamuli, Buyende, Kaliro, Tororo, Bugiri, Namayingo, Luuka, Namutumba, Iganga and Mayuge for all the polio rounds. A total of 1,579,450 households were visited by the URCS Volunteers during the door-to-door exercise and 3,077,382 children vaccinated. To date, two confirmed cases were reported.

## Coordination and partnerships

Coordination and planning meetings were held both at national and district level every week. At national level, URCS coordinated and partnered closely with other key operational agencies or organizations like the WHO, UNICEF, Ugandan MoH with WHO taking the lead role because the situation was an emergency. A total of 12 national coordination meetings were held in Kampala where the URCS fully represented Red Cross' interests and contributed to the planning and coordination of the response activities.

At the district level, the respective branch coordinators of the three branches of Jinja, Iganga, Kamuli and Tororo took part in the district-level micro planning and District Task Force (DTF) meetings. The meetings combined members of the District Health Teams (DHT) and other health service providers from 11 districts of Jinja, Mayuge, Iganga, Luuka, Namayingo, Bugiri, Kaliro, Kamuli, Buyende, Namutumba and Tororo over a total of 33 meetings. These forums helped to review progress of the action plans and attendant contributions of partners.

## Red Cross and Red Crescent action

URCS is a key partner in the fight against vaccine preventable diseases and will continue to support the struggle to reduce / control vaccine preventable childhood illness. URCS has been an implementing partner together with the Uganda Expanded Programme on Immunization (UNEPI) for immunization programmes for the last 2 decades, contributing to some of the success of the programme. Uganda Red Cross is also a member of National Coordinating Committee (NCC) and interagency Coordination committee (ICC).

URCS, as part of the national taskforce, was involved in the social mobilization for the polio campaign in 11 of the 48 selected high risk districts of Jinja, Mayuge, Iganga, Luuka, Namayingo, Bugiri, Kaliro, Kamuli, Buyende, Namutumba and Tororo. URCS' participation started immediately the polio case was confirmed in Bugiri district in November 2010.

The URCS mobilized resources through the IFRC's DREF that facilitated numerous response activities ranging from mobilization and training of 4,532 community-based volunteers/ local leaders, who later reached 1,579,450 households in the 11 supported districts.

The URCS also facilitated the production and distribution of assorted IEC materials (10,000 posters, 50,000 leaflets and 2,500 aprons) including sponsoring 12 radio shows and 16 mobile road shows vans to support social mobilization in the 11 districts during the three rounds of vaccination.

To support social mobilization activities volunteers were mobilized and district level mobilization teams were established in the implementing districts and response plans put in place. The Uganda Red Cross Society branch field coordinators in the affected districts were part of the district task force meetings and were involved in the routine planning and review of the interventions with the district health teams and other partners at the district level. This exercise was built on the already existing capacity in social mobilization built over the years through participation in mass measles campaign of 2002, 2006 and the polio campaigns in 2009 and social mobilization for routine immunization

## Achievements against objectives

### Emergency health campaign

**Objective:** To sustain reductions in polio morbidity and mortality by increasing community participation, acceptance and demand for polio immunization and improved routine coverage in implementing districts, thus reducing the risk of outbreaks in Uganda.

Expected Results	Activities planned
<ul style="list-style-type: none"> <li>• URCS volunteers are conversant with campaign and on social mobilization techniques.</li> <li>• 100% households reached with correct information on polio awareness.</li> <li>• 95% of target children receive polio vaccination - URCS visibility increased through the campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Mobilize and train 4900 Village Health Teams (VHTs)/Local leaders in districts.</li> <li>• Hold advocacy meetings with the district level partners</li> <li>• Produce and disseminate IEC messages (10,000 posters, 50,000 fliers/brochures</li> <li>• Conduct informal sessions at churches, mosques, markets, temples and other public places to spread yellow fever prevention information</li> <li>• Conduct media campaigns for promotion of public awareness about the polio vaccination campaign Provide logistical support to vaccination centres (transportation of vaccines, supplies and health staff)</li> <li>• Participate in post vaccination campaign meetings/evaluation activities with Ugandan MoH and other partners</li> </ul>

### Impact:

- **Pre-campaign planning and coordination**

A total of 11 URCS field staff were oriented on campaign activities and social mobilization. URCS participated in planning and coordination meetings with the Ministry of Health, UNICEF, WHO at National and District levels. Together with other partners, UNICEF, WHO and MoH, URCS developed the social mobilization/communication strategy for the campaign.

- **Advocacy and sensitization meetings with political, cultural, religious, cultural leaders, head teachers and other stakeholders in 11 districts**

A total of 15 advocacy and sensitization meetings of district and sub county stakeholders were conducted. The stakeholders included local leadership, political, cultural, and religious and other leaders. Discussions were chaired by the district health officers and the major objective of these sessions was bringing them on board to support social mobilization activities in their respective districts. An average of 60 participants per district were involved in the meetings.

- **Mobilization, selection and orientation of 4,900 Village Health Teams (VHT) /Community Based Volunteers (CBV) from 11 URCS Supported districts**

4,532 VHT and local leaders in the 11 districts were recruited and trained for 2 days. The trainings covered and enabled sharing of knowledge and skills on social mobilization and basic facts about polio and other the immunizable diseases. These trainings were facilitated by UNEPI, District Health Teams and URCS trainers.

The trained personnel were deployed in their respective localities to support the health workers in the house-to-house education and mobilization. At the end of the exercise, a total of 553,099 households were reached and sensitized about the campaign its purpose, date and the number of planned rounds.

- **House-to-house education & mobilization for the polio campaign and dissemination of IEC materials**

A national communication and mobilization strategy was developed together with MoH, WHO and UNICEF and other stakeholders, before being disseminated and incorporated into the district micro plans. The strategy advocated for the use of various channels of social mobilization, i.e. use radio talk shows, radio messages, radio spots and radio announcements, use of schools and schoolchildren were carrying flyers.

URCS adopted the strategy in all the implementing districts. URCS also coordinated with faith-based institutions, Rotarians, Rotaractors, volunteers, VHTs and LCs- who in partnership mobilized the public to

inform the communities about the benefits of the campaign. Announcements in places of worship during prayer services were also done as well as the house-to-house mobilization.

The URCS produced and distributed assorted IEC materials that effectively supported social mobilization in the 11 districts:

- A total of 10,000 posters with polio vaccination messages in 2 major languages in English language and in *Luganda* local language) including 50,000 fliers/leaflets/factsheets were produced and distributed for promoting public awareness about the polio vaccination campaign. The messaging was jointly done by members of the social mobilization committee
- In addition, 2500 Aprons were procured and distributed to health workers who participated in social mobilization and vaccination exercises for identification in the URCS supported districts.

A total of 12 talk shows and 66 public announcements were aired in the 15 branches, reaching an estimated audience of over 2 million people who would often listen to these radios stations. The panellists included technical people from the district health team, local leaders and Uganda Red Cross officials. Key issues discussed included: general facts about polio, and benefits of immunization and mobilization for vaccination against polio. In addition to the talk shows, radio spots were also aired in the same areas to complement the talk shows and other interpersonal communication approaches used to create awareness and reduce on the infection. Because of the above, this has contributed to improved public awareness on vaccination campaign.

- **Community mobilization, follow up and support health workers during the 3 rounds of polio vaccination**

In addition to house-to-house and community mobilization in the 11 supported districts Uganda Red Cross Society supported the districts with at least one vehicle each to assist the monitoring teams and also support the districts in the distribution of vaccines and also support social mobilization activities. The branch coordinators coordinated the vehicles.

In addition, Uganda Red Cross Society employed 16 mobile vans moving around villages and towns reminding parents of the exercise. For overpopulated villages, URCS volunteers also supported health workers with tallying, crowd control and other duties as assigned by the health workers.

**Polio Coverage results for the 3 rounds of polio vaccinations in the URCS Supported districts**

	District	Target Popn	Round one - 25th - 28th Nov 2010			Target popn	Round two - 14 - 17th Dec 2010			HH Visited	<5s Vaccinated	% coverage
			HH Visited	<5s Vaccinated	% coverage		HH Visited	<5s Vaccinated	% coverage			
1	Bugiri	79,499	50,437	111,902	140.76%	79,499	56,246	111,049	139.69%	56,321	120,713	151.84%
2	Buyende	50,840	33,070	65,839	129.50%	50,840	36,170	75,616	148.73%	36,167	84,903	167.00%
3	Iganga	94,994	58,786	118,141	124.37%	95,875	72,687	119,481	124.62%	73,156	119,923	125.08%
4	Jinja	104,120	51,605	97,395	93.54%	104,099	66,591	114,032	109.54%	61,486	119,043	114.36%
5	Kaliro	44,064	23,481	51,636	117.18%	39,813	23,531	53,465	134.29%	23,674	51,359	129.00%
6	Kamuli	96,084	59,708	118,905	123.75%	96,084	79,472	119,761	124.64%	79,486	127,792	133.00%
7	Luuka	49,559	30,380	57,205	115.43%	49,559	34,506	59,418	119.89%	40,438	65,055	131.27%
8	Mayuge	88,285	29,664	104,060	117.87%	88,285	33,225	112,388	127.30%	33,345	112,345	127.25%
9	Namaingo	43,023	33,862	73,593	171.06%	43,023	29,621	61,179	142.20%	32,897	70,678	164.28%
10	Namutumba	43,483	52,434	67,200	154.54%	43,483	30,551	69,339	159.46%	41,566	66,357	152.60%
11	Tororo	98,570	66,364	123,803	125.60%	98,570	73,960	126,932	128.77%	74,563	126,876	128.72%
	<b>Total</b>	<b>792,521</b>	<b>489,791</b>	<b>989,679</b>	<b>128.51%</b>	<b>789,130</b>	<b>536,560</b>	<b>1,022,660</b>	<b>132.65%</b>	<b>553,099</b>	<b>1,065,043</b>	<b>138.58%</b>

## Challenges

- **Poor participation of local leaders:** In many posts, there were no local leaders participating and it was even stated that some local leaders were negative about the campaigns, especially in towns. However, in upcountry districts, their participation was good.
- **Misconceptions:** Some religious and cultural beliefs affected the exercise in some districts like Kampala and Kaabong. The cultural leaders refused their followers to take their children for immunization. However, the district authorities and other security and political organs were able to contain the situation.
- **Labour gaps:** The number of volunteers was not equivalent to the number of posts. Not all posts had Uganda Red Cross Society volunteers to support the exercise. The poor terrain and long distances in most of the implementing areas also made it difficult for volunteers to visit all the target households in implementing districts
- **Logistical challenges:** Poor distribution plans in some of the districts were evident, especially since some vaccination sites had less vaccines and droppers.

## 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 \(NGOs\) 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 IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by [Strategy 2020](#) which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## 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>](#)

Selected Parameters	
Reporting Timeframe	2010/11-2011/04
Budget Timeframe	2010/11-2011/02
Appeal	MDRUG018
Budget	APPEAL

All figures are in Swiss Francs (CHF)

## I. Consolidated Funding

	Pledge	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>		<b>166,628</b>					<b>166,628</b>
<b>B. Opening Balance</b>		<b>0</b>					<b>0</b>
<b>Income</b>							
<b>Other Income</b>							
<i>DREF Allocations</i>		<i>166,628</i>					<i>166,628</i>
<b>C4. Other Income</b>		<b>166,628</b>					<b>166,628</b>
<b>C. Total Income = SUM(C1..C4)</b>		<b>166,628</b>					<b>166,628</b>
<b>D. Total Funding = B + C</b>		<b>166,628</b>					<b>166,628</b>
<b>Appeal Coverage</b>		<b>100%</b>					<b>100%</b>

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					<b>0</b>
<b>C. Income</b>	166,628					<b>166,628</b>
<b>E. Expenditure</b>	-166,628					<b>-166,628</b>
<b>F. Closing Balance = (B + C + E)</b>	0					<b>0</b>

International Federation of Red Cross and Red Crescent Societies

MDRUG018 - Uganda - Polio outbreak

Appeal Launch Date: 04 nov 10

Appeal Timeframe: 04 nov 10 to 04 feb 11

DREF FINAL REPORT

Selected Parameters	
Reporting Timeframe	2010/11-2011/04
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### 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
<b>BUDGET (C)</b>		<b>166,628</b>					<b>166,628</b>	
<b>Relief items, Construction, Supplies</b>								
Clothing & textiles	8,000							8,000
<b>Total Relief items, Construction, Suj</b>	<b>8,000</b>							<b>8,000</b>
<b>Logistics, Transport &amp; Storage</b>								
Transport & Vehicle Costs	28,353							28,353
<b>Total Logistics, Transport &amp; Storage</b>	<b>28,353</b>							<b>28,353</b>
<b>Personnel</b>								
National Society Staff	64,305							64,305
<b>Total Personnel</b>	<b>64,305</b>							<b>64,305</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	15,900							15,900
<b>Total Workshops &amp; Training</b>	<b>15,900</b>							<b>15,900</b>
<b>General Expenditure</b>								
Information & Public Relation	35,200							35,200
Office Costs	2,000							2,000
Communications	2,660							2,660
Financial Charges	40							40
<b>Total General Expenditure</b>	<b>39,900</b>							<b>39,900</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		156,458					156,458	-156,458
<b>Total Contributions &amp; Transfers</b>		<b>156,458</b>					<b>156,458</b>	<b>-156,458</b>
<b>Indirect Costs</b>								
Programme & Service Support	10,170	10,170					10,170	0
<b>Total Indirect Costs</b>	<b>10,170</b>	<b>10,170</b>					<b>10,170</b>	<b>0</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>166,628</b>	<b>166,628</b>					<b>166,628</b>	<b>0</b>
<b>VARIANCE (C - D)</b>		<b>0</b>					<b>0</b>	