

# DREF operation final report



International Federation  
of Red Cross and Red Crescent Societies

## UGANDA: Yellow Fever Epidemic

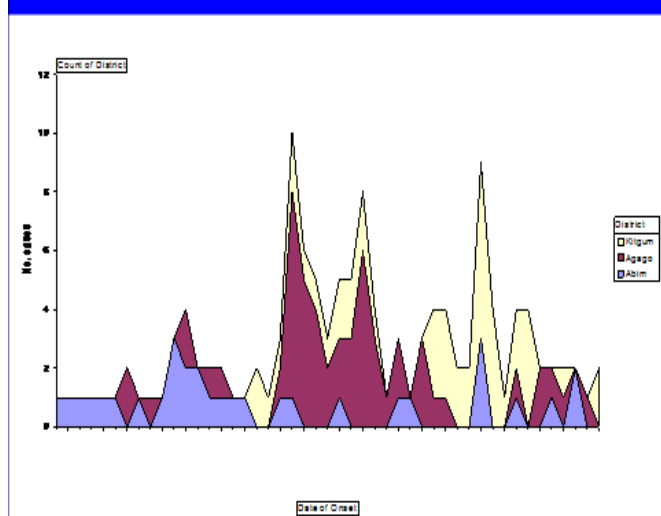
DREF operation n° MDRUG019  
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The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross and Red Crescent 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 195,182 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 4 January 2011 to support the Uganda Red Cross Society (URCS) in delivering assistance to some 2,135,700 beneficiaries in 5 districts to protect them from contracting Yellow Fever.

Since confirming a Yellow Fever outbreak in 5 districts in Northern Uganda, URCS joined the national and district level task forces and supported a range of activities related to health promotion and education that increased community awareness about the disease's modes of transmission, identification and preventive measures as well as facilitating the emergency vaccination activities that reached a coverage of 80.3%. Together, such activities effectively disrupted the spread of the disease in the 5 districts. By the time of reporting, the cumulative number of cases reached 246 with 56 deaths (CFR=22.8%) with no new cases reported since February 2011.

### Epidemic curve Agago, Abim, Kitgum, 2010/2011



Yellow Fever Epidemic Curve in 3 districts, showing that the outbreak was put under control

This operation was implemented within 2 months, and completed by 28 February 2011.

The URCS is grateful to the Belgian Red Cross and the European Commission Humanitarian Office (ECHO) for their support in replenishing this DREF.

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. Thanks are extended 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/>

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## The situation

On 8 November 2010, the District Health Office (DHO) of Abim District in Karamoja sub-region reported to the Ministry of Health (MoH) an outbreak of a disease of unknown aetiology that resulted in haemorrhagic signs and had a high case fatality. The MoH constituted a national multi-disciplinary, multi-sectoral team to support the district in conducting outbreak investigation and response. On the 23 December 2010, MoH declared the outbreak to be Yellow Fever (YF) based on laboratory confirmation of 4 samples (three (3) positive by robust molecular sequencing and one (1) positive by IgM serology) tests conducted by the Centre for Disease Control (CDC). Six (06) other samples subsequently tested positive for YF. All the ten (10) positive specimens (out of 100 tested for YF) came from the four (4) districts of Abim, Agago, Kitgum and Lamwo. Additional sequencing tests found Yellow Fever viral RNA having 97% to 98% nucleotide identity with YF virus strain Couma (Ethiopia)-East Africa genotype identified. This prompted the intervention of the Ministry of Health and other partner Organizations including World Health Organization (WHO), URCS, UNICEF, U.S. Centers for Disease Control and Prevention (CDC), African Field Epidemiology Network (AFENET), RESPOND, MSF-Holland, Uganda National Expanded Programme on Immunization (UNEPI), World Vision etc which formed the National Task Force (NTF) to devise strategies for epidemiological investigation, surveillance, social mobilization and effective case management. Meanwhile the disease continued to spread and suspected cases were later on reported in the neighbouring districts of Agago, Kitgum, Pader, Lamwo, Gulu, Kaabong, Lira, Arua and Kotido. Confirmation of the disease in five districts prompted an emergency vaccination campaign that was conducted in Kitgum, Lamwo, Agago, Pader and Abim districts that reached a total of 727,255 people with coverage of 80.3%.

By the time of reporting, a cumulative total of 246 suspected cases with 56 deaths (CFR=22.8%) were recorded, with no new cases reported since February 2011. Trained volunteers continue with household health promotion activities, especially in 295 most affected villages of Agago district where URCS collaborated with the District Health office, to mobilize and train 590 VHTs in the use of Epidemic Control toolkit using the 100 manuals received from the IFRC.

As per the standard requirement, the Ugandan Government conducted emergency vaccination campaigns following the laboratory confirmation of 10 cases in Kitgum, Lamwo, Pader, Abim and Agago districts with the help of 996,180 doses of the Yellow Fever vaccine received from the Interagency Coordination Group (ICG). This intervention benefited 727,255 residents in the five districts with an average coverage of 80.3% that met the recommended standard to disrupt the outbreak. The Minister of state for Health together with the WHO Country Representative launched the vaccination campaign in Kitgum Matidi on 21<sup>st</sup> January 2011 where URCS' presence and contributions were well commended by the guest Government and partner agencies.



**Photograph 1: Minister of State for Health (General Duties) Hon Dr Richard Nduhura vaccinating a child during launch of Yellow Fever vaccination campaign in Kitgum Matidi/Photo by Alex Onzima**

## Red Cross and Red Crescent action

URCS' participation started immediately when a notification was released about the outbreak of an unknown disease in Northern Uganda in November 2010,

The URCS mobilized resources through the IFRC's DREF allocation fund that facilitated a number of response activities. This included the mobilization and training of 590 community-based volunteers on the ECV toolkit, which reached an estimated 10,000 households in 295 villages in Agago district. The URCS also facilitated the production and distribution of assorted IEC materials (36,000 posters, 50,000 leaflets, 800 T-shirts, 500 aprons, 25 banners) including sponsorship of 5 mobile films vans from Ministry of Health headquarters to promote intensive social mobilization campaigns in the 5 target districts over a period of 21 days. The community volunteers were provided with 60 bicycles to promote mobility, case search and referral as well as 30 megaphones that were procured for supporting social mobilization and health education in Agago district. This was in addition to the sponsorship of 600 radio spots and 20 radio talk shows that reached an estimated 5 million people in 3 regions in the central, western and Eastern Uganda. All these activities contributed to the effective control of the outbreak that saw no more case reported in the last one month.

Through the ongoing Reproductive Health project in Kitgum district, 27 community-based volunteers/VHTs engaged in the project were trained in social mobilization against Yellow Fever, courtesy of the Japanese Red Cross Society. The volunteers formed part of the parish social mobilization teams in the district and have been integrating Yellow Fever prevention messages into their routine reproductive health activities especially amongst expectant mothers.

More suspected cases meeting the set case definition were still being reported from Kaabong district (Karenga sub-county). These cases were later linked to the long term/endemic Hepatitis E outbreak in the district. In light of this, URCS mobilized additional resources from Danish Red Cross (375,000 DKK) to facilitate accelerated health promotion campaigns in the sub-county through the use of the new Epidemic control for Volunteers (ECV) manual and toolkit. This will facilitate community health interventions targeting 11,783 households composed of 82,485 people, including extremely vulnerable individuals (EVIs<sup>1</sup>) as direct

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<sup>1</sup> 15% of target population composed of elderly, mentally/physically handicapped, orphans and female-headed households are considered Extremely Vulnerable Individuals who need special attention in light of the challenges they face amidst such an environment of poor hygiene and sanitation conditions.

beneficiaries in Karenga sub-county with Yellow Fever and Hepatitis E prevention messages disseminated through the VHTs, IECs and media campaigns as well as community cases detected and referred to health facilities by the volunteers. These activities will be completed by end of June 2011.

## Achievements against objectives

### Emergency Health

**Objective: To reduce the spread of yellow fever and related mortality through the provision of emergency health services to 2,135,700 people in 6 districts of Northern Uganda over a 2 month period.**

Expected results	Planned activities
Increased public awareness about yellow fever as well as the risk factors for its transmission, prevention and control measures.	<ul style="list-style-type: none"> <li>• Mobilize and train 180 Village Health Teams (VHTs)/community based volunteers from 10 sub-counties in Epidemic Control for Volunteers (ECV) toolkit</li> <li>• Produce and disseminate IEC messages (35,000 posters, 50,000 brochures, 800 T-shirts) in the 10 affected and neighbouring at-risk districts</li> <li>• Shipment of 100 copies of ECV manuals and toolkits</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 yellow fever (32 radio talk shows and 960 radio spots/jingles will be sponsored to run on 4 local FM radio stations that will reach an estimated 3,000,000 people in the 10 districts)</li> <li>• Conduct 1,800 sessions of household health promotion activities in affected villages by use of ECV toolkits</li> <li>• Support Community mobilization by use of film vans for 3 weeks in 10 districts</li> <li>• Conduct 18 interpersonal communications/advocacy meetings with key local leaders, religious leaders and community representatives in 10 sub-counties.</li> </ul>
Improved early detection, reporting and referral of suspected cases through active surveillance (Less than 50 percent case fatality registered in the project areas)	<ul style="list-style-type: none"> <li>• Orientate and facilitate 180 VHTs/community based volunteers for active case search</li> <li>• Procure and distribute 60 bicycles for facilitating VHTs/volunteers to conduct household visits and referral of suspected yellow fever cases</li> </ul>
Improved awareness for increased uptake of yellow fever emergency vaccination campaign leading to at least 80 percent coverage in the 6 affected districts	<ul style="list-style-type: none"> <li>• Orient 180 URCS volunteers in 6 branches on vaccination campaign</li> <li>• Support the implementation of the emergency vaccination campaigns in 6 sub-counties in the affected districts</li> <li>• Mobilize target communities (minimum 1,708,560 - 2,135,700 people in 6 Red Cross branches within 6 districts) to turn up for vaccination</li> <li>• Facilitate good public awareness of vaccination post locations</li> <li>• Assist in at-site and door to door vaccination campaign activities</li> <li>• Provide logistical support to vaccination centres (transportation of vaccines, supplies and health staff)</li> <li>• Assist in the organization of the immunization posts</li> <li>• Tick names of vaccination beneficiaries on pre-registration lists</li> <li>• Conduct home follow-up on defaulters</li> <li>• Support post vaccination data collection and analysis</li> <li>• Participate in post vaccination campaign meetings/evaluation activities with MoH and other partners.</li> </ul>

## Achievement and Impacts:

- **Mobilize and train 180 Village Health Teams (VHTs)/community based volunteers from 10 sub-counties in Epidemic Control for Volunteers (ECV) toolkit**

Through the coordination mechanism in the Yellow Fever Task Force meetings, different partners were allocated districts to operate from to ensure that resources were adequately and proportionately distributed. The URCS was allocated social mobilization roles in Agago district, where its Pader Branch officers collaborated with Agago District Local Government (Health office) and mobilized, trained and deployed 590 community based volunteers/Village Health Teams (VHTs) in case identification, referral and actions to prevent spread of the disease. This included community mobilization for vaccination, environmental control, and how to care for suspected cases using the new ECV curriculum. The training curriculum also covered other commonly occurring diseases like hepatitis E, cholera etc. that would promote comprehensive disease prevention mechanisms in the district. These volunteers were recruited from five hard-to-reach sub-counties covering 295 villages. The training reached more than the planned number of volunteers because there were no other partners responsible for conducting household-based health promotion activities in the district. Additionally, the district authorities appreciated the new ECV tool and recommended it be utilized to cover a wider geographical area in the district and a broader array of diseases of epidemic potential so as to promote a sustainable disease prevention mechanism especially in the hard to reach communities.



**Photograph 2: VHTs training sessions in ECV toolkit in Agago district headquarter/Photo by Opika Opoka Peter.**

Training of these volunteers was possible through the residual capacities left over from the ECV training during Moroto cholera DREF operation in 2010. Besides, the collaborative efforts with the district Health office in Agago also provided additional resource persons where the District Health Educator (DHE) combined with the URCS Branch Manager successfully ran the training programmes. This cadre of community volunteers will act as resource persons to continue providing routine health promotion and community based disease surveillance roles in their localities in collaboration with local health facility staff in the respective villages and parishes.

Employing this new approach of Epidemic control for volunteers and accompanying toolkits helped to provide community based volunteers with basic understanding of epidemic diseases and supported them to use evidence-based actions and approaches in preventing the spread of not only Yellow Fever, but also other communicable diseases commonly occurring in their communities. The approach also provided guidance on how to provide appropriate care for the sick and reduce the number of community deaths arising out of such diseases. This tool therefore provided optimum opportunity for community preparedness and prevention against a wider range of diseases like Hepatitis E, cholera, etc that could easily turn into an epidemic.

- **Produce and disseminate IEC messages (35,000 posters, 50,000 brochures, 800 T-shirts) in the 10 affected and neighbouring at-risk districts**

The Social Mobilization sub-committee designed and agreed on various messages for different materials like posters, leaflets, banners, T-shirts and radio spots that would facilitate increased public awareness on the

modes of transmission, preventive measures and actions to take when suspected cases are discovered in the communities. Key messages that encouraged the uptake of yellow fever vaccine were also developed and presented on posters, banners and radio spots that all contributed to successful vaccination campaign. Two of the partners, UNICEF and URCS thereafter took responsibilities of designing, printing, production, and distribution/broadcasting of the materials and messages. UNICEF committed to do the graphic design of the printed materials, while URCS did the final printing after approval by the Director General of Health Services, as well as mass production and distribution in the 5 districts.

The URCS produced and distributed assorted IEC materials that effectively supported social mobilization in the 5 districts:

- A total of 36,000 posters with Yellow Fever prevention messages in 2 major languages (2 8,800 in English language and 7,200 in Luo local language) including 50,000 leaflets/factsheets and 25 banners were produced and distributed for promoting public awareness about the disease in the 5 districts of Kitgum, Lamwo, Pader, Abim and Agago districts. The posters produced were of two categories: one for yellow fever PREVENTION and the other one strictly to encourage people to come for VACCINATION.



**Photograph 3:** (L) URCS volunteers displaying posters in public places in Agago district to promote community awareness about Yellow Fever disease (R) Banner and film van used for creating public awareness about vaccination campaign against Yellow Fever in Agago and Pader districts/Photo by Mr. Opoka Peter

The key challenge in the field was that since the Yellow Fever vaccination campaign was carried out simultaneously with national political campaign activities, use of the colour yellow in posters, leaflets, vaccine bottles and vaccination cards was mistakenly linked the colour used by one of the political parties. As a result, there was reduced interest and readability of some of the materials in some communities. This was solved by intensive media campaigns and clarifications by volunteers and health educators using the film vans that the colour of yellow is universally used for yellow fever materials and not in any way linked to the political party colours

- In addition, 800 T-shirts (with yellow fever prevention messages) and 500 Aprons (with vaccination messages) were also procured and distributed to community based volunteers/Village Health Teams (VHTs) and Health workers who participated in social mobilization and vaccination exercises in Agago district.



**Photograph 4:** Pader URCS Branch Manager Mr. Opika Opoka Peter (in white Red Cross T-shirt) discussing with a health worker (in white apron) on progress of the campaign

These printed materials did not only help disseminate yellow fever messages, but also a motivation for the volunteers and health workers to remain committed to the tasks.

- **Shipment of 100 copies of ECV manuals and toolkits**

100 copies of ECV manuals were received from the IFRC EA regional office in Nairobi and transported to Pader Branch for use by the volunteers in Agago district. These materials facilitated volunteers' work in engaging households and disseminating key messages about the disease and actions that were described in graphic forms were more useful since there is high level of illiteracy in the target communities. Because this was the first time when yellow fever disease is reported in Uganda since 1972, with no much documentation and lacking information material, the social mobilization sub-committee made use of relevant materials like WHO yellow Fever factsheets and ECV toolkit (disease tool) that provided the necessary messaging for designing information materials like posters and leaflets. The manuals have also been shared with UNICEF and Ministry of Health for possible adaptation and integration into the VHT training toolbox. However, in future operations, the tools need to be translated into the local languages for ease of use by the volunteers who also possess low commands of English language.

- **Conduct media campaigns for promotion of public awareness about yellow fever disease**

The social mobilization technical working group developed two different radio messages for different target audiences and forwarded for approval by the Director General of Health services. These messages were on Yellow Fever prevention, and one for promoting vaccination. After approval, partners were then requested to sponsor airing them on local radio stations.

During the coordination meetings, UNICEF committed to sponsoring all radio programmes covering the five affected districts since they already had running contracts signed with the radio stations during the polio campaigns. At the same time, the National Task Force was requested by Government to promote a wider awareness messages covering the whole country. The URCS was then asked to sponsor Yellow Fever prevention radio spots and talks shows to cover the rest of the country while UNICEF concentrates in the affected districts. By the time of reporting, a total of 600 radio spots were already aired on 5 key radio stations (capital FM, Radio One, CBS FM, Radio West and Teso FM) covering the central, Western and Eastern regions. Some of the radios (Radio one and Capital Radio) transmitted in English to reach the elites while 3 of them (CBS fm, Radio West and Teso FM) transmitted in Luganda, Runyangkole and Ateso local languages respectively to reach the local communities in these regions. Besides a total of 20 radio talk shows were so far sponsored in the five radio stations reaching an estimated 5 million people in the 3 regions. The radio programmes were briefly halted during the period of political activities and later on

resumed promoting, not only Yellow Fever information, but also general health information especially on selected diseases of epidemic potential.

- **Conduct 1,800 sessions of household health promotion activities in affected villages by use of ECV toolkits**

After the training, the VHTs drew plans of action that includes activities for them to conduct door-to-door health promotion in each of the villages where the volunteers come from and also to guide household members in ensuring that their homes are kept clear of mosquito breeding sites. On average, each VHT was to cover 15-20 households that should continue up to the onset of the rainy season. By the time of reporting, an estimated 10,600 households were reached by the VHTs reaching an estimated 31,000 people in the 295 villages. This has contributed to improved literacy about the disease amongst the community members, as well as improved sanitation at household leading to no new cases reported from the target communities for the last one month.

- **Support Community mobilization by use of film vans for 3 weeks in 10 districts**

The URCS facilitated the deployment of five film vans that came from MoH headquarters to the 5 districts of Pader, Agago, Abim, Kitgum and Lamwo for a period of 21 days. This facilitation package included per diem for a team of 2 people (Driver and Senior Health Educator) and fuel for the vehicle as well as for the inbuilt DC Generator. The film vans were very effective in dissemination of Yellow fever information to the general public through the public address systems and films facilities installed in the van that moved in all target villages in the 5 districts. The URCS procured and distributed 30 megaphones to facilitate social mobilization and active case search and referral activities by VHTs in the target communities in Agago district. This led to higher turnout for the yellow fever vaccination exercises that eventually led to achievement of the required target of 80.3% coverage.



**Photograph 5: (L) One of the MoH films vans deployed to conduct social mobilization in Abim district in Karamoja region (R) URCS Volunteer mobilising for vaccination against yellow fever using megaphone/Photo Opika Opoka Peter**



**Photograph 6:** Picture essay of MOH's film vans facilitated by URCS carrying out social mobilization yellow fever vaccination campaign in Pader and Agago Districts /photo Opika

- **Procure and distribute 60 bicycles for facilitating VHTs/volunteers to conduct household visits and referral of suspected yellow fever cases**

A total of 60 bicycles were procured and distributed to facilitate volunteers' social mobilization and active case search/referral activities in Agago district. The bicycles that had Yellow Fever prevention messages on a metallic plate hanging along the frame also helped to promote public awareness about the disease, hence contributed to promoting health seeking behaviours in the communities.



**Photograph 7:** Pictures essay of bicycle being distributed to community based volunteers/VHTs for facilitating Yellow Fever door to door campaign using the IFRC ECV in Agago district /Photo Opika Opika Peter

- **Support the implementation of the emergency vaccination campaigns in 6 sub-counties in the affected districts**

After the laboratory conformation of the virus, the National Task Force recommended for emergency vaccination exercise targeting the 5 districts of Kitgum, Pader, Lamwo, Agago and Abim that took place of 22<sup>nd</sup> – 25<sup>th</sup> January 2010. This was facilitated by 996,200 doses of yellow fever vaccines received at on 11<sup>th</sup> January together with corresponding injection safety materials and yellow fever cards. The original plan of the National Yellow Fever Task force was to carry out mass vaccination campaign in ten districts of Abim, Agago, Kitgum, Lamwo, Pader, Arua, Lira, Gulu, Kotido and Kaabong that are at high risk of the yellow fever based on the reported cases. However, due to limited availability of vaccines, the National Task Force opted for a phased implementation strategy starting with the districts of Abim, Agago, Kitgum, Lamwo, Pader, where Yellow Fever cases had been confirmed. The target age group for the yellow fever vaccination campaign was all persons aged 6 months and above. All persons in this age group were eligible to getting the yellow fever vaccine because it included most persons who are at risk of getting yellow fever in an outbreak setting. The population targeted for vaccination was estimated to be 98% of the total population in each district

Due to technical challenges in other field, some districts preferred to continue with the exercise. The preliminary result for the overall vaccination coverage in the 5 districts was 80.1% with the detailed coverage shown in the table 1 below: in Agago district, after the general mobilisation, URCS carried out a mop-up vaccination exercise in the poorly performing sub-counties, which later saw an additional 6,563 people vaccinated – representing 2% thereby raising the district coverage to 82%. (Table 2, red coloured column show results of the mop-up campaign supported by URCS in Agago district)

**Table 1: YF Vaccination coverage in Agago district after mop up exercise**

REPUBLIC OF UGANDA															
MINISTRY OF HEALTH - UNEPI															
FORM 5 YELLOW FEVER SUMMARY REPORTS FROM 20th - 25th January 2011															
District AGAGO												MINISTRY OF HEALTH - UNEPI			
S/NO	SUB COUNTY	H/W	VOL	MOB	SUP	Day 1	Day 2	Day3	Day4	Day5	M/UP	T/ Achieved	Population	Target	% Cover
1	Patongo/ Patongo TC	22	11		2	5085	5052	4630	3896	2392	70	21125	26000	25480	83
2	Lukole/ Lukole TC	30	15	125	2	2900	5398	3600	2289	1212	636	16035	22200	21756	74
3	Kotomor	14	7	59	2	3415	4814	3187	3716	2077	0	17209	18000	17640	98
4	Omot	22	11	54	2	4856	3970	2715	1388	613	10	13552	14300	14014	97
5	Arum	20	11	58	2	2769	2772	2250	1080	638	25	9534	11300	11074	86
6	Lamiyo	22	11	25	2	4894	3740	2986	1037	926	0	13583	13700	13426	101
7	Lira Palwo	30	15	60	2	4810	5087	2877	1161	709	4358	19002	25500	24990	76
8	Adilang	40	20	84	2	5506	5188	4973	3702	3854	0	23223	27500	26950	86
9	Lapono	40	20	90	2	5016	5310	4106	2532	867	50	17881	20600	20188	89
10	Paimol	20	10	68	2	3066	3851	3916	3164	1070	736	15803	19500	19110	83
11	Wol	32	16	100	2	4574	5019	4496	2948	1255	208	18500	29400	28812	64
12	Parabongo	30	15	45	2	2472	2802	1959	1621	660	214	9728	18000	17640	55
13	Kalongo TC	14	7	29	2	2849	3670	3240	1587	684	96	12126	14400	14112	86
14	Omiya Pacwa	20	10	56	2	2959	3239	2336	981	277	160	9952	11300	11074	90
	<b>Total</b>	<b>356</b>	<b>179</b>	<b>853</b>	<b>28</b>	<b>55171</b>	<b>59912</b>	<b>47271</b>	<b>31102</b>	<b>17234</b>	<b>6563</b>	<b>217253</b>	<b>271700</b>	<b>266266</b>	<b>82</b>
COMPILED BY												VERIFIED BY			
Sign.....												Sign.....			
AKERA GOEGE OLWOCH												DHO AGAGO			
TITLE DCCA Agago															
CC CAO Agago															
CC Sec Health Agago															
CC HSD File															

In Agago district a total of 177 vaccination posts were created that involved 354 health workers and 177 volunteers during the vaccination campaign. The URCS supported the campaign through the various community-based activities of the 590 volunteers/VHTs trained in 295 villages, in addition to other technical supports like three vehicles that were offered to support transportation of vaccines and logistics in these two newly established districts of Abim and Agago. The URCS volunteers also supported organization of beneficiaries, issuing of vaccination cards and other support activities at the various vaccination posts in Agago district.



**Photograph 8:** URCS volunteer (in Red Cross T-shirt) organises community members queuing to receive their Yellow Fever shots at a Vaccination post in Lamiyo sub-county – Agago district

In general, the following is a summary of the vaccination coverage in all the five districts:

District	Target Population	No. vaccinated (as of 28/1/2011)	Coverage	Vaccine Balances at DVS as of 28/1/2011
Abim	54,096	65,182	120.5%	30,430
Agago	266,266	217,253	81.6%	63,247
Kitgum	224,420	174,097	77.6%	62,820
Lamwo	154,938	114,450	73.9%	22,150
Pader	205,898	156,273	75.9%	7,570
<b>Total</b>	<b>905,618</b>	<b>727,255</b>	<b>80.3%</b>	<b>186,217</b>

The balance of vaccines were used for the mop-up exercise described above and also for vaccinating health workers who are always at the forefront working in the affected districts.

A few best practices that contributed to the success of the vaccination campaign were documented as:

- Use of local council leaders, religious and opinion leaders who supported community mobilization
- Vigilance and involvement of district leaders in Pader, Kitgum, Lamwo, Abim and Agago that facilitated effective social mobilization and utilization of logistical capacities like vehicles at the disposal of local government authorities.
- Utilization of the five Film vans sponsored by the URCS that were very instrumental for community mobilization especially in the hard to reach areas
- Engagement of communities in the previous vaccination campaigns like polio, measles etc that made them aware of the benefits of vaccines in promoting immunity against diseases.



**Photograph 9: (L) A nurse vaccinating her colleague and (R) a mother presenting her baby for a jab during the Yellow Fever vaccination campaign in 5 districts in Northern Uganda. The vaccine received by health workers and political leaders helped to encourage community members and assure them of the vaccine safety/Photo by Opika Opoka Peter & Daily Monitor**

The health staff drew a critical plan for monitoring and reporting on any adverse events that followed after immunization that also had management strategy. There were no serious cases reported apart from two that were critically investigated and closely monitored to conclusion:

- Five-year-old female from Kitgum district – whose investigation revealed that the presenting signs and features were due to hepatitis E.
- Four year old female child who was positive for yellow fever and could have been a possible case of adverse effects following vaccination

**Conduct 18 interpersonal communications/advocacy meetings with key local leaders, religious leaders and community representatives in 10 sub-counties**

Noting the challenges in mobilizing communities in six hard to reach sub-counties of Paimol, Omiya-Pacwa, Adilang, Parabongo and Patongo in Agago district, the URCS worked collaboratively with the District Health office and mobilized 450 local leaders. These included Local Council chairpersons accompanied with their counsellors, religious leaders and other opinion leaders like heads of business associations, and traditional healers from the 6 sub-counties. In each of the 6 sub-counties, 3 orientation sessions were held targeting 25 participants per session leading to a total of 18 sessions with 450 participants oriented.



**Photograph 1: Orientation of local leaders, Religious and opinion leaders in Agago district/Photo Opika Opoka Peter**

After the orientation, the participants were engaged and moved together with volunteers in their localities during the vaccination mop-up exercise through interpersonal communication and dialogue with households

in different forums like funeral ceremonies where an additional 6,563 people were mobilized and received the vaccine. District coverage rose from 80% to 82% contributing to improved national vaccination coverage.

### Coordination; Monitoring and support supervision

Objective: **To strengthen coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms**

Expected results	Planned activities
All URCS activities are coordinated with all stakeholders and adequately monitored, evaluated and reported on	<ul style="list-style-type: none"> <li>▪ Participate in 48 district and 12 national coordination meetings to facilitate effective and accelerated outbreak control activities</li> <li>▪ Conduct 6 joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties</li> <li>▪ Provide routine technical support to volunteers and field staff</li> <li>▪ Provide regular reporting of all activities</li> </ul>

- **Participate in 48 district and 12 national coordination meetings to facilitate effective and accelerated outbreak control activities**

The URCS has so far participated in 14 NTF meetings while at the branch levels, the 3 URCS branches of Kitgum, Pader and Kotido facilitated 15 District task Force meetings in the 5 affected districts of Lamwo, Agago, Abim, Kitgum and Pader. Through these meetings, key yellow fever control strategies were developed, resource mobilization activities were shared, feedback on field level implementation was received and agreement reached on the way forward to achieve epidemic control objectives. The meetings also gave opportunity for key partners' responsibilities to be shared that led to equitable and efficient allocation and utilization the limited resources.

At the national level, the following contributions from various partners promoted synergy and adequate resource mobilization that led to effective control of the outbreak: in the coordination meeting, World Health Organization will support a meeting to share and disseminate end of outbreak report:

Organization	Responsibilities
Government of Uganda (Ministry of Health)	<ul style="list-style-type: none"> <li>- Active case search and surveillance</li> <li>- Case management</li> <li>- Coordinated the procurement of vaccines with support from GAVI</li> <li>- Distribution of vaccines and other logistics</li> <li>- micro planning, training of health workers, monitoring and supervision during implementation of vaccination campaign with technical support from United Nations Expanded Program on Immunization (UNEPI)</li> <li>- Coordination and resource mobilization</li> </ul>
World Health Organization (WHO)	<ul style="list-style-type: none"> <li>- Mobilized technical capacities from the headquarters, AFRO, Country and Field-Offices for support in in-depth investigation to understand the unknown disease, leading to the laboratory confirmation of Yellow Fever</li> <li>- Spearheading epidemiological and entomological assessment studies/risk assessments</li> <li>- Epi-studies and surveillance</li> </ul>
Uganda Red Cross Society (URCS)	<ul style="list-style-type: none"> <li>- Support social mobilization and during vaccination exercise in Agago district.</li> <li>- Print and distribute IEC materials in 5 districts</li> <li>- Support 5 MoH Film vans for social mobilization in 5 districts (Abim, Pader, Agago, Lamwo and Kitgum) in terms of Fuel and allowances.</li> <li>- Provide T-shirts and aprons to Volunteers and vaccination team</li> <li>- Support District Task Force meetings in 5 districts.</li> <li>- Support public awareness through radio programmes in</li> </ul>

	other parts of the country to promote general awareness and prevention
US Centres for Disease Control (CDC) - Uganda and Atlanta	- Epidemic intelligence - Laboratory investigation
World Vision Uganda (WVI)	- Support social mobilization and vaccination exercise in Pader and Abim districts.
International Rescue Committee (IRC)	- Support social mobilization and vaccination exercise in Kitgum and Lamwo districts.
United Nations Children Fund (UNICEF)	- Recruit and deploy regional social mobilization team - Design posters for printing and distribution - Airing of radio messages and radio talk shows in Kitgum, Pader, Lamwo, Abim and Agago districts
USAID-RESPOND	- Active case search and surveillance
African Field Epidemiology Network (AFENET)	- Active case search and surveillance

▪ **Conduct 6 joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties**

The URCS facilitated members of social mobilization and environmental control sub-committees to conduct a joint field monitoring and technical support supervisory visit in the 5 affected districts of Pader, Kitgum, Abim, and Agago from 3<sup>rd</sup> – 14<sup>th</sup> March 2011 to evaluate the impacts and sustainability of the social mobilization activities and environmental control activities carried out.

This visit facilitated the team to encourage the target districts to ensure that social mobilization preparedness and response plans for Yellow Fever epidemic are in line with the National Response plan. It also provided opportunity for the team to conduct rapid assessment in the 5 districts to establish community practices and behaviours that is going to be used to facilitate re-programming of social mobilization strategies and re-design of health promotion messages in future outbreaks. Besides, the visit also encouraged stronger and effective coordination and collaboration with relevant stakeholders in the districts who were encouraged to integrate Yellow Fever prevention messaging into their organizational work plans and routine community activities.

## Challenges:

- Yellow Fever is a new disease that was experienced in the country many years ago and so, it was difficult and time wasting to design appropriate communication materials since key facts for messaging the posters, leaflets etc were lacking. This was solved through consultation of available information from WHO and Centres for Disease Control (CDC) website and making use of Disease tools in the Epidemic Control for Volunteers (ECV) toolkit
- There was a generally low participation of males, who did not want to line up for the vaccine, claiming that usually vaccinations target women and children, and some actually went out in the bush hunting instead. These were later mobilized during the mop-up exercise that involved local and opinion leaders who were influential.
- There were a few adverse vaccine effects like headache, stomachache, shivers and abdominal pain that discouraged some of the potential beneficiaries who saw these happen to their colleagues.
- The districts of Agago and Pader had no District Task Force for Yellow Fever intervention, until URCS came in to reactivate it. This was further aggravated by Weak leadership in the poorly performing sub counties. This affected district coordination at the start of the programme. However, the move by URCS was appreciated by the authorities at the end.
- There was low turnout for vaccination in some communities due to vaccination fatigue since the outbreak occurred when the target communities had just been receiving 2 successive rounds of polio vaccinations. This was countered by intensifying awareness and linking it to the recent sickness and deaths in the communities that made them actually realize the dangers at hand and accepted to receive the vaccine
- There has been a generally low turnout of men for vaccination exercise because of speculation that the vaccine reacts negatively to drunken people, while others were engaged in commercial and livelihood

activities like hunting and could not be found at home. There were also some myths and misconceptions that people living with HIV are not to be vaccinated, as they would badly react to the vaccine, hence some who knew their status did not turn up for vaccination. This was solved by re-packaging the messages and targeting men by especially clearing the myths that helped and convinced them to turn up for the campaign during the mop-up exercise.

- As mentioned, the outbreak occurred coincidentally during the period when the country was involved in political activities in preparation for national and local elections. The yellow colour used in some of the information materials like posters, leaflets, and vaccination cards/certificates, including the vaccine bottles was linked to the ruling party's activities. Reportedly, some politicians belonging to the opposition parties discouraged communities from attending to and receiving the vaccines.

Despite these challenges, workable solutions were provided to counter them that saw a successful operation that greatly contributed to reduced morbidity (only 9 positive conformed cases in 5 districts) and mortality (low Case Fatality ratio of 22.2%) from the outbreak in the affected communities. The operation also immensely contributed to the highly needed pool of community owned resources persons who are continuing to provide health promotion activities against a wide array of communicable diseases and other community vulnerabilities thus contributing to the national health goal of promoting a health community.

## 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

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**[<final financial report below; click here to return to the title page>](#)**

Selected Parameters	
Reporting Timeframe	2011/1-2011/04
Budget Timeframe	2011/1-2011/02
Appeal	MDRUG019
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>		195,182					195,182
<b>B. Opening Balance</b>		0					0
<b>Income</b>							
<b>Other Income</b>							
<i>DREF Allocations</i>		195,182					195,182
<b>C4. Other Income</b>		195,182					195,182
<b>C. Total Income = SUM(C1..C4)</b>		195,182					195,182
<b>D. Total Funding = B + C</b>		195,182					195,182
<b>Appeal Coverage</b>		100%					100%

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	0					0
<b>C. Income</b>	195,182					195,182
<b>E. Expenditure</b>	-194,658					-194,658
<b>F. Closing Balance = (B + C + E)</b>	524					524

International Federation of Red Cross and Red Crescent Societies  
MDRUG019 - Uganda - Yellow Fever Epidemic

Appeal Launch Date: 03 jan 11

Appeal Timeframe: 03 jan 11 to 28 feb 11

DREF FINAL REPORT

Selected Parameters	
Reporting Timeframe	2011/1-2011/04
Budget Timeframe	2011/1-2011/02
Appeal	MDRUG019
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
<b>BUDGET (C)</b>		<b>195,182</b>					<b>195,182</b>	
<b>Relief items, Construction, Supplies</b>								
Teaching Materials	29,150							29,150
<b>Total Relief items, Construction, Suj</b>	<b>29,150</b>							<b>29,150</b>
<b>Land, vehicles &amp; equipment</b>								
Others Machinery & Equipment	8,206							8,206
<b>Total Land, vehicles &amp; equipment</b>	<b>8,206</b>							<b>8,206</b>
<b>Logistics, Transport &amp; Storage</b>								
Distribution & Monitoring	20,944							20,944
<b>Total Logistics, Transport &amp; Storage</b>	<b>20,944</b>							<b>20,944</b>
<b>Personnel</b>								
National Society Staff	74,935							74,935
<b>Total Personnel</b>	<b>74,935</b>							<b>74,935</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	32,695							32,695
<b>Total Workshops &amp; Training</b>	<b>32,695</b>							<b>32,695</b>
<b>General Expenditure</b>								
Information & Public Relation	11,000							11,000
Communications	4,584							4,584
Financial Charges	48							48
Other General Expenses	933							933
<b>Total General Expenditure</b>	<b>16,565</b>							<b>16,565</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies		182,777					182,777	-182,777
<b>Total Contributions &amp; Transfers</b>		<b>182,777</b>					<b>182,777</b>	<b>-182,777</b>
<b>Indirect Costs</b>								
Programme & Service Support	12,687	11,881					11,881	806
<b>Total Indirect Costs</b>	<b>12,687</b>	<b>11,881</b>					<b>11,881</b>	<b>806</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>195,182</b>	<b>194,658</b>					<b>194,658</b>	<b>525</b>
<b>VARIANCE (C - D)</b>		<b>525</b>					<b>525</b>	