

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Uganda: Ebola hemorrhagic fever

DREF operation n° MDRUG021
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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 133,744 has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 1,731,900 beneficiaries.

Summary: This operation has been implemented for almost 2 months starting from 18 May 2011 and will be completed by mid-August 2011. During this period, the Uganda Red Cross Society (URCS) has been involved in key Ebola response activities with other implementing partners and the government. Activities carried out included community meetings to sensitize communities on Ebola, house to house



Uganda Red Cross volunteers demonstrating how to use the PPE at Nakaseke. Source: URCS

Ebola sensitization, media campaigns to sensitize community on Ebola, case contacts, follow ups and referrals, health promotion and education through Information, Education and Communication (IEC), door to door campaigns and other interpersonal communication.

Only one case (the index) has been confirmed since the outbreak was declared on 13 May 2011. A total of 25 persons who were in close contact with the confirmed case completed their follow-up on 27 May 2011 but none of them exhibited evidence of having contracted the disease and there is no information to indicate that the outbreak spread beyond the index sub-county since it is more than 42 days after the only confirmed case died. After the recommended 42 days of follow-up of contacts to the last confirmed case and active surveillance in the six high-risk districts of Luweero, Nakasongola, Nakaseke, Wakiso, Mukono and Kampala which ended on 17 June 2011, the outbreak was declared over. The interventions by URCS and other partners contributed to the containment of the Ebola outbreaks in Luweero and the neighbouring districts. However active surveillance, ecological investigations and community mobilization/sensitization remained on-going until community psycho social fears, knowledge and attitude will all have improved in

relation to the outbreak. Besides the interventions, the heightened control activities against Ebola contributed to a marked reduction in infection rates and mortality whereby only one person was infected with Ebola.

There has been strengthened network and collaboration with other humanitarian players in the response, mainly with the International Federation, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the Ministry of Health (MoH), Médecins Sans Frontiers (MSF), African Field Epidemiology Network (AFENET), World Vision, Respond and CDD. 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.

DREF replenishments to the Uganda Ebola Operation have been received from ECHO (CHF 101,357) and the Belgian Red Cross/Government (CHF 35,000). We take this opportunity to thank them for their continued support. Details of all donors can be found on <http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

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The situation



The Ugandan Minister of Health leading an inter agency joint monitoring of the Ebola Isolation unit in Luwero.

Following the Ebola outbreak in Luwero District which was confirmed on 6 May 2011, the National Task Force comprising of the Ministry of Health (MoH) and its development partners instituted various response activities. These activities amounted to effective containment of the outbreak. The recommended 42 days of follow-up of contacts to the last confirmed case and active surveillance in the six high-risk districts of Luwero, Nakasongola, Nakaseke, Wakiso, Mukono and Kampala ended on 17 June 2011. This led to a declaration of the Ebola outbreak as over.

However, it was recommended by the task force that active surveillance, ecological investigations and community mobilization/sensitization continue. During this period in which these activities were still ongoing, two (2) suspect cases of Viral Hemorrhagic Fever (VHF) were reported in Kamuli District from 25 to 28 June 2011 and admitted in Kamuli Mission Hospital. The two cases, however, tested negative for Ebola

and Marburg. Nevertheless, supervised burials were conducted for them. There are no further suspect cases of Ebola in Luwero nor Yellow Fever in Northern Uganda.

As at 6 June 2011, out of the 35 samples sent for investigations, only one case (the index) was confirmed positive for Ebola Fever. There are no new cases admitted in the isolation ward in Bombo General Military Hospital (GMH) since June 2 2011. All patients were discharged after they tested negative for Ebola/Marburg Fever and improved on supportive treatment. There is therefore no suspect case admitted at the isolation ward in Bombo GMH. A total of 25 persons who were in close contact with the confirmed case completed their follow-up on 27 May 2011 but none of them exhibited evidence of having contracted the disease.

Cases of nodding disease are being reported as prevalent and presenting another endemic problem in Uganda. The survey done in 2010 August indicated that in Kitgum, Lamwo, and Pader up to 1,876 cases were reported as having been detected by MoH surveillance and Epidemiology department. An outbreak evaluation meeting has been called slated for the second week of August, 2011 with the main outputs being

the end of outbreak reports for the Ebola and also Yellow Fever epidemics; URCS will participate the meeting.

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 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 district authorities in the response operations.

There has been sharing of updates on response progress during weekly meetings at both field and national levels through the established task forces. The national task force meetings are being coordinated by MoH at Kampala while the field levels meetings are being coordinated by the District Health Offices.

Red Cross and Red Crescent action

With financial support from the International Federation and UNICEF, the National Society through its Disaster Management and Health and Care directorates, has played a crucial role in controlling the epidemic in the affected and high risk districts, mainly those neighbouring Luwero District.

Through collaboration with all partners at all levels, the mobilization of communities to respond to outbreak has been going on successfully. URCS response is evidenced through the number of volunteers deployed, the mobilization and sensitization carried out through the house to house visits, which has created more awareness about Ebola in the affected as well as all the neighbouring districts.

Progress towards objectives

The National Society, through its response activities aims 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.

Emergency health	
Outcome 1: To reduce the spread of Ebola fever epidemic and related mortality through provision of emergency health services to 1,731,900 people in 5 districts of Central Uganda over 3 months period.	
Output: Increased public awareness about Ebola fever (the risk factors for its transmission, its prevention and control measures).	Activities planned: <ul style="list-style-type: none"> • Mobilize and train 200 Village Health Teams (VHTs)/community based volunteers from the 5 districts in Ebola Epidemic Control and active case search • Produce and disseminate IEC messages (20,000 posters, 50,000 brochures, 2,000 T-shirts) in the 5 affected and neighboring at-risk districts. • Conduct house to house informal sessions and in other public places to spread Ebola fever prevention information • Conduct media campaigns for promotion of public awareness about Ebola fever disease spots/jingles on radio stations that will reach an estimated 1,731,900 people in the 5 districts • Conduct 109,614 sessions of household health promotion activities in the affected villages • Conduct interpersonal communications/advocacy meetings with key local leaders, religious leaders and community representatives in the sub-counties within the districts.
Outcome 2: Improved early detection, reporting and referral of suspected cases of Ebola through active surveillance (Less than 50 percent case fatality registered in the project areas)	
Output: the Ebola virus is contained by providing systems and tools for	Activities planned: <ul style="list-style-type: none"> • Orient and facilitate 200VHTs/community based volunteers for active

detection, surveillance and referral.	<p>case search</p> <ul style="list-style-type: none"> • Procure and distribute 50 bicycles for facilitating VHTs/volunteers to conduct household visits and referral of suspected Ebola fever cases • Actively search for Ebola cases in the communities • Trace all contacts of Ebola and make daily follow ups. • Refer all cases to the designated Ebola facilities • Procure and produce Ebola IEC/PPE materials • Conduct house to house sensitization and media campaigns on Ebola • Distribute IEC materials to community members and house holds • Distribute PPE's to the Ebola operation volunteers and hospital units
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Progress:

For output 1: A total of 250 Village Health Teams (VHTs)/community based volunteers from Luwero, Nakaseke, Kampala and Mukono Nakasongola were mobilized and trained in Epidemic Control for Volunteers (ECV) toolkit. This is a 125% achievement thanks to additional support from UNICEF.

The trained volunteers in turn conducted 167,781 door to door household sessions on health promotion activities in the affected villages. A total of 8 media campaigns for promotion of public awareness about Ebola fever disease were conducted through 66 local radio announcements in Luwero reaching an estimated **1,861,000** people



*Photo left: URCS volunteers during a house to house sensitization visit in Ngalonkalu.
Photo right: Red Cross volunteers conducting a sensitization session at Ngalonkalu primary school; the village of the index Ebola case*

A mobile public address system was deployed in the community communicating messages on Ebola with support of a volunteer for 10 days in Luwero. On IEC materials, 20,000 posters, 50,000 brochures, 1,000 T-shirts were distributed in Luwero and the neighbouring branches.

As a result of vigorous campaigns and awareness creation activities conducted by trained URCS volunteers, there was a marked increase in public awareness about Ebola Fever (the risk factors for its transmission, its prevention and control measures). This contributed to early containment of the outbreak.

For output 2: a total of 250 community based volunteers were oriented on early detection, reporting and referral of suspected cases. Early identification was done and 23 suspected Ebola cases have been reported in the communities through household visits and community mobilization sessions. In addition, the people in contact with the suspected Ebola cases were traced and daily follow-ups were made to ensure no infection in case the Ebola cases were confirmed.

Monitoring and Evaluation

Outcome: To strengthen coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms.	
Output: All URCS activities are properly coordinated and adequately monitored, evaluated and reported on.	Activities planned: <ul style="list-style-type: none"> • All URCS activities are coordinated with all stakeholders and adequately monitored, evaluated and reported on • Participate in all districts and national coordination meetings to facilitate effective and accelerated outbreak control activities • Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties • Provide routine technical support to volunteers and field staff • Provide regular reporting of all activities

Progress: The National Society participated in 19 district coordination meetings. In addition, 11 joint inter-agency field monitoring and support visits were conducted with Luwero District local government, the African Medical and Research Foundation (AMREF), World vision, Plan International, MoH, WHO and Center for Disease Control (CDC), among others the trained volunteers provided daily reports on their activities on a daily basis. The monitoring of activities through meetings and support visits has ensured that regular situation reports are shared with stakeholders. This has kept them abreast of the developments in the affected areas and corrective measures have been taken where necessary.

Table 1: Volunteer activities in the affected areas

Branch	# of sensitization sessions	# of people sensitized	# of HHs sensitized	# of suspected Ebola contacts followed up	# of suspected cases referred	# of cumulative Ebola deaths
Kampala East	2,108	54,000	6,920	0	0	0
Kampala West	1,403	18,400	2,357	1	1	0
Kampala South	1,205	16,649	2,135	0	0	0
Kampala North	1,613	25,958	3,320	0	0	0
Kampala Central	1,809	38,993	5,001	2	2	0
Mukono	6,097	84,240	10,640	0	0	0
Wakiso	6,703	65,520	8,400	0	0	0
Nakaseke	5,021	62,400	8,102	2	2	0
Nakasongola	9,003	83,200	10,105	0	0	0
Luwero	19,065	474,000	94,800	25	4	1
Totals	47,020	1,048,160	167,781	30	9	1

Challenges: The National Society ran short of URCS T-shirts and IEC materials (posters and brochures) that are part of the strategy to increase awareness. In addition, there has been a very big demand for PPE's from the hospitals. However, this couldn't be met under the current DREF.

From time to time, there were reports of Ebola suspect cases which stretched the response capacity as some of these cases were not from the areas originally targeted. However, URCS has so far managed to deploy some volunteers to the central regions. The high fuel prices in the country and the increase in millage rate also affected the levels of movements in some of the affected districts. The NS restricted movements to mostly Luwero, the epicentre of the outbreak.

Lessons learned

- Sensitization sessions about various outbreaks should be ongoing in the communities, rather than waiting for an emergency and then start the sensitization/education.
- Continuous education of communities about health emergencies should also be ongoing. This will not only help in the spread of more knowledge on Ebola alone, but also about other life threatening outbreaks.
- Training/involvement of community's own resource persons is instrumental in the easier spread of facts about health emergencies since they know their communities very well.
- Once the communities are sensitized on the facts about Ebola, they are vigilant in identification of suspects, referral and actively give information to the concerned people. This is important in preventing more spread of the disease.

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 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 International Federation'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.

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