

DREF operation



International Federation
of Red Cross and Red Crescent Societies

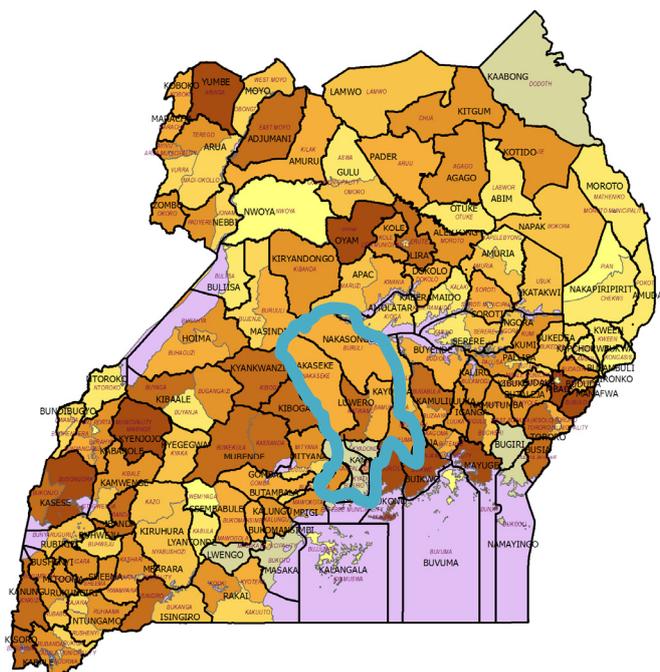
UGANDA: Ebola Haemorrhagic Fever Epidemic

DREF operation n° MDRUG021
GLIDE n° EP-2011-000052-UGA
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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 (targeted population for information dissemination campaign). Unearmarked funds to repay DREF are encouraged.

Summary: An Ebola haemorrhagic fever epidemic has been reported in Luwero District of Uganda. One death so far has been reported with two suspected cases in the isolation unit at Bombo military hospital since the outbreak was confirmed on 13 May by the Ugandan Ministry of Health (MoH). The World Health Organization (WHO), MoH, MSF and the Uganda Red Cross Society (URCS) are active in the affected area. The four agencies have conducted preliminary assessments and highlighted the main gaps that need to be addressed for the epidemic to be brought under control. This operation is expected to be implemented over three months, and will therefore be completed by August 2011; a Final Report will be made available by November 2011 (three months after the end of the Operation).



The highlighted area on the map shows the affected district of the Ebola outbreak and surrounding districts.

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

The situation

The Ugandan Ministry of Health (MoH) and the World Health Organization (WHO) have confirmed an outbreak of Ebola haemorrhagic fever in the Luwero District located in the central region of Uganda neighbouring Wasiko, Kayunga, Nakaseke, Nakasongola and Kampala Districts just along the highway to Northern Uganda and Southern Sudan. One death (index case) has been reported and 23 suspected contacts so far from the military hospital: of these, two suspected cases have so far been reported and have been admitted to Bombo military hospital in Luwero District, the clinic that attended to the deceased victim and the village members.

The initial assessment has not yet identified the source of the outbreak, but the national task force has singled out six districts neighbouring Luwero for active case search, surveillance and social mobilization for the Ebola outbreak. The Ugandan MoH and WHO have sent blood samples of the other cases admitted to referral laboratories in Entebbe, and more tests are being conducted to provide detailed information on the suspects.

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

Uganda was last affected by Ebola in 2007 and 2008 in Bundibugyo where over 180 people were infected resulting in 36 deaths including health workers. In 2000 and 2001, over 800 people were infected in Gulu and Masindi Districts and more than 150 deaths were reported including health workers.

Coordination and partnerships

The MoH, URCS and other partners have conducted a preliminary needs and capacity assessment in Luwero. The assessment has identified gaps as outlined below:

- A national taskforce has been set up in Kampala coordinated by the MoH and similar task forces have been formed in Luwero and surrounding districts. Experts from the WHO are already in Uganda working closely with the Ugandan MoH to contain the epidemic and more are on the way. WHO is providing technical support to the MoH and is coordinating the international response.
- An isolation unit has been established in Bombo military hospital equipped with protective tools (50 Personal Protective Equipment (PPE) Kits) provided by the Centre for Disease Control (CDC) to be used by those handling suspected Ebola cases.
- Save the Children has rehabilitated the isolation units in Bombo military hospital.

Two meetings so far have been organized and attended by partners to forge a way forward and the following action points have been agreed on:

- Community mobilization and sensitization of the populations on the symptoms and preventive measures of Ebola in the six districts of Luwero (the epicentre), Kampala, Nakasongola, Wakiso, Mukono/Kayunga and Nakaseke.
- Information, education and communication materials that are context-specific and produced in local languages.
- Active community surveillance case search and referral of contacts in the community.
- Being a permanent member of the social mobilization sub-committee of the national and district level epidemic task forces, URCS has been requested to lead in these related activities in the Ebola operation.
- CDC in collaboration with Central Public Health Laboratory (CPHL) will continue to receive samples from the affected districts in Northern Uganda and will continue supporting the Government of Uganda in screening samples in response to outbreaks
- WHO country office with the MoH are part of the response team supporting the case management - including drugs and sundry medical supplies for the treatment of Ebola cases, PPE kits for the health workers and people involved in the response case management, monitoring the trend of the disease, capacity building with experts in the field.
- The MoH deployed technical officers to support case management, surveillance and referral activities in the affected districts

- The National Task Force (NTF) developed a response plan with a budget to respond to the current outbreak. The details of the activities in the plan will be provided by the different sub-committees.
- An alert to all the neighbouring countries about the current outbreak has been made by MoH.
- Additional support to the isolation units and provision of logistical support to the hospital is still being sought.
- The central management of all Ebola related communication to the media by the NTF chairman: the Director General of health services from MoH Uganda.

Red Cross and Red Crescent action

Actions to date of the Uganda Red Cross Society Ebola Action Team:

- Mobilized 50 volunteers in Luwero Branch (the epicentre) and 10 volunteers each from the other affected branches to be trained in social mobilization and active case research in the community.
- Actively participates in the national and district task force planning meetings for the Ebola response (as a member of the communications and social mobilization team) in Luwero and Kampala.
- Provided some 30 PPE kits to MoH to assist in the Ebola response and established a URCS Ebola task force which is meeting every day.

The needs

Beneficiary selection:

Although the only indexed case so far is that of the 12-year-old girl confirmed in Luwero district, the WHO threshold requires that only one laboratory confirmed case represents an epidemic and WHO recommends a mass emergency response campaign for all residents within the affected districts. Uganda has over 95 districts with Kampala having the highest population of over 1.2m people. The Central region where the Ebola outbreak is located has about 16 districts. Luwero district, the epicentre of the outbreak, lies between latitude equator and 2 north, and between longitude 32 and 33 east. It is bordered by Nakasongola Districts in the north, Nakaseke in the west, Mukono/Kayunga District in the east and Wakiso/Kampala District in the south. Luwero has a population of 474,000 (2002 population census).

Due to the high level of illiteracy in the affected rural and peri-urban populations in Luwero there is generally a low level of community awareness on the risk factors of Ebola fever transmission, its identification, prevention and control strategies. This has led to panic in the affected communities. The general conditions that exacerbate the Ebola fever situation are:

- Due to low level of education, majority of the people in the affected communities lack knowledge and understanding of the disease and what they need to do to avoid contracting it.
- The high incidence of poverty forces the residents to spend time in the bush hunting wild animals for alternative diet as well as income and grazing. This means that the majority of residents in the affected communities are exposed to fruits and animal diet that could expose them to the deadly virus.
- There is a general lack of resources for response. The NTF developed a plan of action that requires USD 2.2m to facilitate the planned activities, where over 50 percent of the funds are required for case management and the protective gears.
- Active surveillance and community follow-up cases needs support. This calls for intensive health promotion campaign to sensitize the affected and/or at risk communities and creates public awareness about Ebola fever disease, the risk factors for its transmission, its prevention and control among the people in central Uganda.

This operation will support five districts starting with the epicentre of the Ebola outbreak in Luwero District.

The following are the beneficiary districts that will be targeted:

District	Estimated population	Estimate of house holds to be reached with Ebola sensitization messages	Estimate of Ebola case contacts to be followed and referred based previous average record in Uganda
Luwero	474,000	30,000	355
Nakaseke	137,300	8,690	30

Nakasongola	163,300	10,335	35
Wakiso	957,300	30,589	40
Kampala	1,200,000	30,000	30
Total	1,731,900	109,614	490

The proposed operation

The Ebola operation will provide immediate assistance to the affected population by improving the population's knowledge on Ebola through awareness creation and sensitization. It will engage in active case search and referral of suspected Ebola contacts and in the long run provide psychosocial support to the affected individuals and families.

Emergency Health	
Objective 1: To reduce the spread of Ebola fever epidemic and related mortality through provision of emergency health services to 865,951 people in 5 districts of Central Uganda over 3 months period.	
<p>Expected Results</p> <ul style="list-style-type: none"> Increased public awareness about Ebola fever (the risk factors for its transmission, its prevention and control measures) 	<p>Activities Planned:</p> <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 neighbouring 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.

Emergency Health	
Objective 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)	
<p>Expected Results</p> <ul style="list-style-type: none"> Support the containment of the Ebola virus by providing systems and tools for detection, surveillance and referral. 	<p>Activities Planned:</p> <ul style="list-style-type: none"> Orientate and facilitate 200 VHTs/ community based volunteers for active case search 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

	<ul style="list-style-type: none"> • 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 households • Distribute PPEs to the Ebola operation volunteers and hospital units
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Monitoring and Evaluation

<p>Objective: To strengthen coordination and local response by supporting long term epidemic risk reduction actions and participating in the coordination and monitoring mechanisms.</p> <p>Expected results /planned activities</p>	
<p>Expected results:</p> <ul style="list-style-type: none"> • All URCS activities are coordinated with all stakeholders and adequately monitored, evaluated and reported on 	<p>Activities planned:</p> <ul style="list-style-type: none"> • 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

These emergency actions will be directly linked and integrated into the ongoing health projects in the region including HIV/AIDS projects within the region. This will contribute to sustained mitigation measures against future outbreak of such diseases.

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.

Contact information

For further information specifically related to this operation please contact:

- **Uganda:** Michael Richard Nataka, Secretary General, Uganda Red Cross Society, Kampala, Email: natakam@redcrossug.org, Phone: +256 41 258 701/2; Fax: +256 41 258 184
- **In East Africa Region:** Alexander Matheou, Regional Representative, Eastern Africa Regional Representation Office, Nairobi, Email: alexander.matheou@ifrc.org; Phone: +254.20.283.5124; Fax: 254.20.271.27.77;
- **In IFRC Africa Zone:** Dr Asha Mohammed, Head of Operations, Johannesburg, Email:

asha.mohammed@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

- **In Geneva:** Pablo Medina, Operations Coordinator for Eastern and Southern Africa; Phone: +41.22.730.43.81; fax: +41 22 733 0395; Email: pablo.medina@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting enquiries):

- **In IFRC Africa Zone:** Robert Ondrusek; Planning, Monitoring, Evaluation and Reporting Delegate, Johannesburg; email: robert.ondrusek@ifrc.org; Phone: Tel: +27.11.303.9744; Fax: +27.11.884.3809; +27.11.884.0230

[<DREF budget and map below; click here to return to the title page>](#)

BUDGET SUMMARY

Budget Group	DREF Grant Budget	TOTAL BUDGET CHF
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities / Infrastructure		0
Construction - Materials		0
Clothing & Textiles	10,721	10,721
Food		0
Seeds & Plants		0
Water & Sanitation	828	828
Medical & First Aid		0
Teaching Materials	2,484	2,484
Utensils & Tools	7,327	7,327
Other Supplies & Services & Cash Disbursements		0
Total Supplies	21,359	21,359
Land & Buildings	2,898	2,898
Vehicles		0
Computer & Telecom		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
Total Land, vehicles & equipment	2,898	2,898
Storage		0
Distribution & Monitoring		0
Transport & Vehicle Costs	15,875	15,875
Total Transport & Storage	15,875	15,875
International Staff		0
Regionally Deployed Staff		0
National Staff		0
National Society Staff	32,523	32,523
Other Staff benefits		0
Consultants		0
Total Personnel	32,523	32,523
Workshops & Training	10,514	10,514
Total Workshops & Training	10,514	10,514
Travel	3,000	3,000
Information & Public Relation	34,109	34,109
Office Costs	248	248
Communications	3,312	3,312
Professional Fees		0
Financial Charges	1,744	1,744
Other General Expenses		0
Total General Expenditure	42,412	42,412
Cash Transfers to National Societies		0
Cash Transfers to 3rd parties		0
Total Contributions & Transfers	0	0
Program Support	8,163	8,163
Total Programme Support	8,163	8,163
Services & Recoveries		0
Shared Services		0
Total Services	0	0
TOTAL BUDGET	133,744	133,744

