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Emergency Plan of Action (EPoA) Uganda: Marburg Viral Disease (MVD) outbreak

 International Federation
of Red Cross and Red Crescent Societies

DREF n° MDRUG039	Glide n° EP-2017-000157-UGA
For DREF; Date of issue: November 2017	Expected timeframe: Three (03) months Expected end date: February 2018
Category allocated to the of the disaster or crisis: Yellow / Orange / Red (please circle)	
DREF allocated: CHF 84,569	Budget holder/project manager IFRC: Sheila Chemjor is responsible for implementation, reporting and compliance.
Total number of people affected: 288,209 people (population of 3 target districts)	Number of people to be assisted: 52,971 direct beneficiaries (26,394 males and 26,577 females)
Host National Society presence (n° of volunteers, staff, branches): Through its Kapchorwa Branch, the Uganda Red Cross Society (URCS) has so far deployed a total of 42 volunteers, and 2 Program Managers, who are supporting the interventions in the field. At the National level, one national staff is representing the NS in the National Task Force coordination mechanisms; 200 volunteers will be mobilized in total for the DREF operation.	
Red Cross Red Crescent Movement partners actively involved in the operation: Alert shared with Netherlands Red Cross, Belgium Red Cross and German Red Cross, ICRC country offices. Kenya Red Cross has been notified due to the risk on their boarder.	
Other partner organizations actively involved in the operation: Ugandan Ministry of Health, World Health Organization (WHO), United Nations Children's Fund (UNICEF), Ugandan Delegation of the European Union (EU), Médecins Sans Frontières (MSF).	

A. Situation analysis

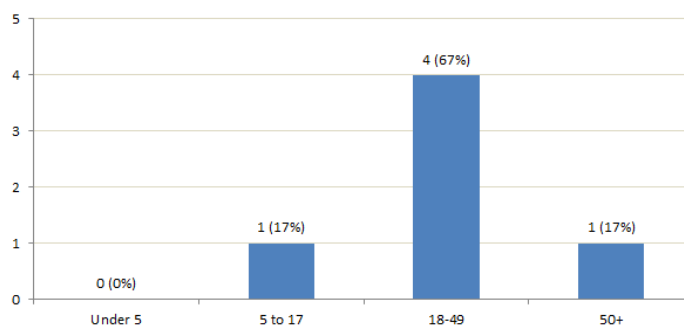
Description of the disaster

The Ugandan Ministry of Health officially declared an outbreak of Marburg Viral Disease (MVD) in Kween and Kampchorwa districts in the North Eastern part of the country on 19 October 2017 after laboratory diagnosis and confirmation of a positive case of MVD by PCR at the Uganda Virus Research Institute. As of 28 October 2017, a total of 6 cases; composed of 2 confirmed, 1 probable and 3 suspected cases; which had epidemiological links to the confirmed case. A cumulative total of 3 deaths (2 confirmed and 1 probable) have so far been recorded. There are currently 2 cases on admission at the MVD isolation facility established at Kampchorwa Health Centre IV, in Kaphorwa district. A total of 258 contacts (175 in Kween district and 83 in Kapchorwa district) have so far been listed, 62 of whom have already completed 21-days follow up, while the rest are still under follow up.

Despite the fact that all age groups are at-risk of being infected with MVD, the current outbreak has majorly affected young adults within the age range of 18-49 years (67%) while others are 5-17 years old (17%) and above 50 years of age (17%).



Figure 1: Figure 2: Uganda Red Cross volunteers supporting Infection Prevention & Control (IPC) at the MVD Isolation facility at Kapchorwa Health Centre IV.



The outbreak has since spread affected three districts of Kween, Kapachorwa and, most recently Bukwo district where contacts of the last confirmed case are yet to be traced. Bukwo has porous borders with lots of cross-border activities. The risk of exportation of the outbreak into Kenya through Kitale, Endebess and other communities neighboring Bukwo district is high, with some potential contacts already identified on the Kenyan side. This requires intensified cross-border surveillance between the two Governments as well as within National Societies.

A significant response from MoH, WHO and other partners including URCS volunteers has been under way since the start of the outbreak. The multi-stakeholder teams of experts will remain on ground in Kapchorwa and Kween district until the outbreak is fully contained.

Summary of the current response

Overview of Host National Society

Immediately after the outbreak was declared, the URCS, through its Kapchorwa Branch; which also covers the districts of Kween, and Bukwo rapidly mobilized volunteers and deployed them to support with Safe & Dignified Burial, risk communication, and contact tracing. The URCS has been part of the country's outbreak coordination mechanisms with permanent representation in the national and district-led meetings. So far, a total of 42 volunteers and 2 staff have been deployed and now involved in SDB, social mobilization, contact tracing and follow up, as well as supporting referral mechanism using a Red Cross ambulance dispatched to Kween district. The URCS has been involved in MVD response in all previous outbreaks, and thus garnered residual experience especially in the field of social mobilization, contact tracing and follow up as well as community based surveillance and referral actions. However, there is limited capacity to deliver professional SDB functions, thus requiring external support of RDRT; preferably one with experience from the recent West African Ebola Virus Disease operation. The total operation requires support from 200 volunteers.

Overview of Red Cross Red Crescent Movement in country

The IFRC's presence in country in the ongoing South Sudanese refugee operation will provide a leverage for necessary logistical and operational support to the MVD operations, when launched. The presence of in-country ICRC delegation and Participating National Societies (PNSs); including the Netherlands, German and Belgium– Flanders Red Cross Societies will facilitate effective joint coordination amongst the Movement partners and the National society.

Overview of non-RCRC actors in country

Investigation into the outbreak is ongoing, with response in the sectors of case management, surveillance & contact tracing, social mobilization, Safe and Dignified Burial (SDB), Infection Prevention and Control (IPC), and Psychosocial support have been initiated. The Ministry of Health (MOH) is working closely with partners, including World Health Organization (WHO), UNICEF, Médecins Sans Frontières (MSF), European Union/ECHO Uganda delegation, Uganda Red Cross Society, Centers for Disease Control (CDC) US, Infectious Disease Institute (IDI), WALIMU and others to control the outbreak. The MOH and WHO have deployed a team to the district to support the outbreak investigation and response, including case contact tracing. The national and district taskforces have been reactivated, with daily meetings and joint field missions. National and District outbreak response plans have been developed, and being utilized to mobilize required resources for response. Key interventions and activities documented in this Emergency Plan of Action (EPoA) mirror into the respective outbreak response plans, majorly focusing on critical areas where the Red Cross possess comparative advantage of, and yet they remain largely unfunded, with serious resource gaps.

Main partners, with respective technical sector of support are listed in table below:

Actor	Surveillance	Laboratory	Case Management	Social mobilization and community engagement	Logistics	Psychosocial	Coordination	WASH	SDB
AFENET ¹									
CDC									
IDI									
JMEDDIC									
MoH									
MSF									
UNICEF									
UPHFP - MoH									
URCS									
UVRI									
WHO									

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

This outbreak comes as the fifth episode of MVD so far experienced in Uganda, and immediately after the huge outbreak of Ebola Viral Disease (EVD) in West Africa. These situations create large fears in the general public, when reflecting on the devastating effects of these previous outbreaks.

There is limited health literacy; low knowledge about MVD as per study findings of Luke Nyakaruhuka *et al.* (September 2017) which showed only 48.5% knowledge level. This poses a high risk of adopting MVD preventive measures; thus, propagating the spread of the disease. This need to be countered by intensified health promotion and public awareness campaigns through selected evidence-based social behavioural change communication (SBCC) strategies and actions.

There is fear for secondary transmission of the disease in the general public within and outside the affected districts, as some of the close contacts to the confirmed and probable cases still remain unidentified, thus posing a bigger risk to a wider population.

Targeting

All community members living in the communities where the two cases were confirmed, and other probable cases have been living, or involved in tracing persons with epidemiological link to these cases; health care workers who handled and treated the first cases with minimal barrier nursing procedures, are at high risk of infection. The communities targeted for interventions are therefore households and individuals living within the six sub-counties of Kapraron, Mayok, Kiriki (Kween district), Western Division, Kawowo (Kapchorwa district) and Suam in Bukwo district, and those where current contacts are resident. With this strategy, a total of 52,971 persons composed of 26,394 males and 26,577 females living in the 6 sub-counties will be directly targeted for specific house to house contact tracing and follow-up, health promotion campaigns, and other community interventions; while 288,209 persons composed of 144,120 males and 144,089 females will be indirectly targeted with general risk communication messaging; majorly through mass media activities. A fewer number of about 200 probable cases will be targeted with discharge packages, and psychosocial support interventions. Target number of persons targeted for SDB is not yet clear, but will be estimated with respect to known case-fatality rate for Marburg hemorrhagic fever of between 23-90% of admitted probable and confirmed cases.

¹ AFENET (African Field Epidemiology Network), CDC (Centres for Disease Control) USA, IDI (Infectious Disease Institute), MoH (Ministry of Health), JMEDDIC, PHFP (Public Health Fellowship Program), UNICEF (United Nations Children's Fund), WHO (World Health Organization), UVRI (Uganda Virus Research Institute), URCS (Uganda Red Cross Society)

Sno	District	Sub-county	Target population/Direct beneficiaries			Total sub-county Pop/Indirect beneficiaries			Target villages
			Male	Female	Total	Male	female	total	
1	Kween	Kaproron	2,531	2,582	5,113	47,404	46,263	93,667	Tulwo, Chemuron, Kapswama, Terregesi
		Moyok	2,894	2,880	5,774				
		Kiriki	2,600	2,263	4,863				
2	Kapchorwa	Western Division	9,600	9,975	19,575	51,658	53,528	105,186	
		Kawowo	3,339	3,571	6,910				
3	Bukwo	Suam	5,430	5,306	10,736	45,058	44,298	89,356	
	Total population		26,394	26,577	52,971	144,120	144,089	288,209	

Scenario planning

Current risk for the outbreaks extension focuses on the success of contact tracing and isolation of suspected cases. The potential for unknown contacts in the area is relatively high, including potential contacts across the border in Kenya.

The best-case scenario is based on assumption that there is only one person who came into contact and exposed to the infection from the animal source, and thus with good contact tracing and surveillance interventions, all key contacts with this single case will be traced, closely followed up and immediately isolated for treatment before they continue to infect others. This will presumably stop the outbreak in the next generation.

On the other hand, the most likely scenario is that some of contacts from the current probable and confirmed cases have not been traced, but will be isolated quickly once they become symptomatic and the outbreak is controlled in the next two generations, with a case count under 40. The need for prevention and control on both sides of the border is key, and ongoing successful community engagement is critical to success.

More seriously is the worst-case scenario where it is assumed that there were more than one index cases who got exposed to the animal reservoirs, coupled to the fact that the population is living in remote locations with great fear of seeking formal health care systems, in preference for traditional healers who expose many people to infections through high risk procedures of bleeding through incisions with same unsterilized sharp instruments. This will leave potentially hundreds of people exposed, thus allowing the disease to spread further into the communities, including outside the current 3 districts, with contacts spread all over the country and potentially across the border.

This plan of action is based on a most likely case scenario where the MVD outbreak will not be easily controlled within any shorter period, will continue to spread affecting other communities within Sebei sub-region region, and with possibility of exportation into Kitale and other neighbouring communities in Kenya, but with limited chance of spreading in to the whole country.

Operation Risk Assessment

It is feared that the National Society will suffer huge consequences, with large compensation costs if one of the staff and volunteers are incidentally infected with the virus, as some of them are engaged in the high-risk activities of SDB and IPC. This risk will be mitigated through proper training on SDB by WHO experts and experienced RDRT who will be deployed to support the operation. In addition, the IFRC volunteer insurance scheme (or alternative) will be provided for to lift off the costs of compensation on the part of the National Society.

The outbreak may continue to grow and spread. If this is the case, the DREF and operational strategy would need to be reviewed to ensure the NS is properly resources and supported to provided support to operational prevention and control activities.

The current impassable road network within Kween district also poses a risk that not all contacts will be closely followed up as surveillance teams cannot access homes of listed contacts, as well as failure to responds to community alerts, which poses a risk of possible secondary transmission, especially if some turn symptomatic and remain in the communities. This risk shall be mitigated by engaging community-based volunteers who have daily access to these contacts and could therefore support monitoring of their temperatures and other conditions and reporting to surveillance officers via telephone contacts.

B. Operational strategy

Overall Operational objective: To stop the spread of Marburg in three districts of Uganda.

The current outbreak, although limited in size now, presents a significant risk for extension given its proximity to the Kenya border. The Uganda Ministry of Health, National Society and partners have significant experience in dealing with highly infectious diseases, and therefore the current strategy of URCS in the DREF is focused on the following to complement other actors' actions to date:

- stopping transmission quickly through effective communication and engagement with communities.
- Supporting families whose properties have been destroyed as a measure of Infection Prevention and Control
- Mobilization of volunteers in contact tracing;
- As part of preparedness, training of safe and dignified burials teams to ensure, if probable deaths are identified at community level they can be managed safely and with dignity;
- Health promotion;
- Mobilization of volunteers trained in PSS as needed;
- Procurement of visibility materials for the volunteers (quantity 60) and PPE as included in the safe and dignified burial kits.

All the procurement will be done with the support of IFRC logistics office in Nairobi.

Lessons from previous viral hemorrhagic fever outbreaks have indicated the need for broad and compressive response including PSS, relief, RFL etc. Given the current size of the outbreak and the scenario plan, the current operational strategy is focused only on immediate interventions that can stop transmission and complement existing capacity of the partners on the ground. If the transmission chains extend, either, in terms of those infected, or geographical spread, a revision of approach will be required and a more comprehensive response from the NS will be required.

	(Kit contains 1 sponge mattress of 4'*6' dimensions, 3 blankets, 2 jerry cans of 20 lit. capacity, 3 bars of 100g laundry soap, 5 cups, 5 plates, 2 mosquito nets, 2 cooking pots and 2 tarpaulins)																	
AP005	Procure and replenish one dispensary tent of 27 Sq. m. used in the initial response	x	x	x														



Health

People targeted: 52,971
Male: 26,394
Female: 26,577

Requirements (CHF) 51,557

Needs analysis:
 A focus on preventing further transmission and stopping the outbreak is now the priority. Working with key partners the NS will support key pillars of control including community engagement to ensure contact tracing and early identification can quickly occur. Training and equipping of Safe and Dignified Burials teams is also a priority at this point in the outbreak. Although SDB is not currently being implemented at community level, if further transmission occurs it will become necessary.

Immediate needs:
 There is need to mobilize and train community-based volunteers on health promotion using ECV approach in the coming one week to promote referral services for affected communities. There is need to intensify health promotion and community engagement and accountability campaigns within the affected population focusing on 52,971 persons in the 6 affected sub-counties in these geographical areas

Long-term needs:
 In the long term there is the need to support ongoing ecological studies and research on Marburg for future preparedness plan and the disease outbreak control.

Population to be assisted:
 The population of 6 sub-counties of Kapraron, Moyok, Kiriki, Western Division, Kawowo and Suam all in the three districts of Kween, Kapchorwa and Bukwo; that currently have documented cases or contacts will be the primary focus; and is estimated to constitute 52,971 persons (26,394 males and 26,577 females)². Indirect beneficiaries will include a broad geographical reach of the district population estimated at 288, 209 persons (144,120 males and 144,089 females)³, majorly of whom remain at risk of MVD infection; and thus, will be reached through mass media. The target population to be assisted may increase in the coming days as contact tracing is ongoing.

² National Housing & Population Census 2014; Uganda Bureau of Statistics (UBOS)
³ National Housing & Population Census 2014; Uganda Bureau of Statistics (UBOS)

P&B Output Code	Health Outcome 2: The immediate risks to the health of affected populations are reduced	# of people reached with community-based epidemic prevention and control activities															
	Health Output 2.1: Community-based disease prevention and health promotion is provided to the target population																
	Activities planned Week / Month	wk1	wk2	wk3	wk4	wk5	wk6	wk7	wk8	wk9	wk10	wk11	wk12				
AP011	Communities identified with contacts are supported through house to house risk communication, psychosocial support	x	x	x	x	x	x	x	x	x	x	x	x				
AP011	Two-way communication via mass media is delivered to the affected area and surrounding districts. Target 52,971	X	x	x	x	x	x	x	x	x	x	x	x				
AP011	Community engagement via key stakeholders such as traditional and religious leaders will be reinforced.	X	x	x	x	x	x	x	x	x	x	x	x				
AP011	Rumour monitoring is established to ensure effective communication	X	x	x	x	x	x	x	x	x	x	x	x				
P&B Output Code	Health Output 2.2: Epidemic prevention and control measures carried out.	# of people reached by NS with services to reduce relevant health risk factors															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Volunteers are trained in Infection Prevention and Control measures to ensure their safety	X	x	x	x	x											
AP021	Three SDB groups with a team of 6 are trained and equipped	X	x	x	x	x											
AP021	Volunteers are trained in contact tracing and community surveillance	X	x	x	x	x											
AP021	Support surveillance outreach activities for MVD in the	X	x	x	x	x	x	x	x	x	x	x	x				

Budget

Uganda marburg Outbreak
MDRUGxxx

Budget Group		Multilateral Response	Appeal Budget CHF
500	Shelter - Relief	3,133	3,133
501	Shelter - Transitional	0	0
502	Construction - Housing	0	0
503	Construction - Facilities	0	0
505	Construction - Materials	0	0
510	Clothing & Textiles	0	0
520	Food	0	0
523	Seeds & Plants	0	0
530	Water, Sanitation & Hygiene	0	0
540	Medical & First Aid	35,560	35,560
550	Teaching Materials	0	0
560	Ustensils & Tools	0	0
570	Other Supplies & Services	0	0
571	Emergency Response Units	0	0
578	Cash Disbursements	0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		38,693	38,693
580	Land & Buildings	0	0
581	Vehicles	0	0
582	Computer & Telecom Equipment	0	0
584	Office/Household Furniture & Equipment	0	0
587	Medical Equipment	0	0
589	Other Machinery & Equipment	0	0
Total LAND, VEHICLES AND EQUIPMENT		0	0
590	Storage, Warehousing	0	0
592	Distribution & Monitoring	0	0
593	Transport & Vehicle Costs	5,500	5,500
594	Logistics Services	0	0
Total LOGISTICS, TRANSPORT AND STORAGE		5,500	5,500
600	International Staff	8,000	8,000
661	National Staff	0	0
662	National Society Staff	2,000	2,000
667	Volunteers	15,476	15,476
669	Other Staff Benefits	0	0
Total PERSONNEL		25,476	25,476
670	Consultants	0	0
750	Professional Fees	0	0
Total CONSULTANTS & PROFESSIONAL FEES		0	0
680	Workshops & Training	0	0
Total WORKSHOP & TRAINING		0	0
700	Travel	3,333	3,333
710	Information & Public Relations	6,406	6,406
730	Office Costs	0	0
740	Communications	0	0

760	Financial Charges	0	0
790	Other General Expenses	0	0
799	Shared Office and Services Costs	0	0
	Total GENERAL EXPENDITURES	9,739	9,739
		0	0
830	Partner National Societies	0	0
831	Other Partners (NGOs, UN, other)	0	0
	Total TRANSFER TO PARTNERS	0	0
599	Programme and Services Support Recovery	5,161	5,161
	Total INDIRECT COSTS	5,161	5,161
	TOTAL BUDGET	84,569	84,569
	Available Resources		
	Multilateral Contributions		0
	Bilateral Contributions		0
	TOTAL AVAILABLE RESOURCES	0	0
	NET EMERGENCY APPEAL NEEDS	84,569	84,569

Contact Information

For further information, specifically related to this operation please contact:

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How we work

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