

DREF operation n° MDRUG035
GLIDE n° EP-2013-000096-UGA
2 June, 2014

The International Federation of Red Cross and Red Crescent (IFRC) 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 emergency response. 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 116,006 was approved from the IFRC's Disaster Relief Emergency Fund (DREF) to support Uganda Red Cross Society (URCS) in delivering assistance to 999,068 children from 6 months to 15 years vulnerable to a measles outbreak. Un-earmarked funds to repay the DREF were encouraged.

Summary: The Ministry of Health (MoH) in Uganda confirmed an outbreak of measles in Kamwenge district on 9th August, 2013. This followed previous outbreaks that were reported in Kyenjojo, Mubende and Isingiro districts of Uganda. The confirmation caused concerns of further spread to additional districts and across borders posing further threats to the lives and wellbeing of the population in Uganda and the extended region. Concerted efforts by partners and stakeholders led to massive interventions and by the end of December 2013, no new cases were reported in these districts. In total, as of 18th December 2013, 140 Children had been confirmed or linked to have contracted the measles disease with only 2 deaths reported since the declaration, which is a case fatality of only 1.4%.



District health educator in Kamwenge facilitating training for volunteers' orientation for measles response in Biguli Sub County. Photo URCS

The URCS (secured funding support from the IFRC's Disaster Relief Emergency Fund -DREF) joined the interventions by among others: Ministry of health (MoH), through Uganda Expanded Program for Immunization (UNEPI), the district health office and some local partners all of who intensified social mobilization activities for accelerated routine vaccination in Kamwenge, Kyenjojo, Mubende and Isingiro. This led to scaled up routine immunization for children to prevent others from contracting the disease. The districts and MoH conducted a cascaded approach from sub-national to district and finally to sub-county level for the measles mini vaccination campaigns in an effort to cut the measles transmission cycle in the affected areas during the month of October. These activities were supplemented with the promotion of Periodically Intensified Routine Immunization (PIRI) on 19-21 October 2013 as a result of the wild polio virus confirmation in the horn of Africa.

The Uganda Red Cross during the operation trained and deployed 430 volunteers in the community who intensively mobilized the affected population through house to house community sensitization providing information on the need and benefits of vaccinating children

to the parents and care givers. They registered children between 0 months and 59 months, identified defaulters and encouraged those who have never been immunized or did not complete their immunization schedules to go to the designated health. Strategic partnership sensitization was done in schools, religious institutions and in communities. In addition media campaigns and community based disease surveillance were done. With the DREF support the program was successfully completed by end of December with an end of campaign field survey to estimate the impact of URCS activities. This final report is a narrative account of achievements, challenges and suggestions for future implementation arising from the campaign implementation against measles in these districts.

The situation

In January 2013, a measles outbreak was confirmed in Hoima district by the Uganda MoH after blood samples from suspected cases tested positive for measles in laboratory analysis carried out by Uganda Virus Research Institute (UVRI). The outbreak was followed by a protracted sequence of confirmed outbreaks in Kyenjojo on 8 April 2013, Isingiro on 23 June 2013, Mubende on 5 July 2013, and Kamwenge district on 9 August 2013. The Number of confirmed (lab +epi linked) cases during the outbreaks were 140 out of 177 suspected cases as of 18th December with only 2 deaths reported since the beginning of the outbreak.

District	Year	Month	Number of suspected cases	Number of suspected cases with lab results available	Number of confirmed (lab +epi linked) cases	Number of lab-confirmed cases
ISINGIRO	2013	6	10	9	9	8
KAMWENGE	2013	4; 8; 11	126	20	99	3
KYENJOJO	2013	4;5; 6	29	20	22	13
MUBENDE	2013	6,9	12	12	10	10
			177	61	140	34
An outbreak is defined as 5+ suspected or 3 and above lab-confirmed cases in a month. For this analysis, a month is defined as a calendar month and not any 30-day period.						

Table 1: List of districts with outbreaks from 01.01.2013 to 18.12.2013

Source: *UNEPI - M. O. H: December, 2013*

With the implementation of Periodically Intensified Routine Immunization (PIRI), in October 41,605 children were immunized during the campaign (8,411 BCG; 7,804 measles; 8,666 Polio 1; 8,148 Polio 2; 8,576 Polio 3 respectively with no new cases reported in any of the affected districts by end of December 2013 signifying that the campaign had successfully controlled the measles outbreak transmission among children in the community. The outbreak risk analysis also shows that none of the affected district now stands at an eminent risk of the outbreak re-occurrence.

Table 2: 2013 Routine immunization coverage and new outbreak risk analysis

District Name	Birth cohort 2013	Number vaccinated 2013	Routine coverage 2013 (percent)	Contrast with Routine coverage 2012 (percent)	Accumulating susceptible	Outbreak Risk Threshold	New Outbreak Risk
Isingiro	21,011	18,692	89%	80%	5,851	14,008	No
Kamwenge	16,601	22,868	138%	99%	- 2,427	11,067	No
Kyenjojo	19,181	20,480	107%	99%	2,236	12,788	No
Mubende	30,532	35,234	115%	59%	2,264	20,355	No
Total	87,326	97,274	112%	84.3%	7,923	58,218	

Source: The Epidemiological Surveillance Division- M.O.H: November, 2013

As was planned, URCS implemented the post campaign survey to estimate the level of impact of the social mobilization campaign involving 360 members randomly selected from households within the affected communities. The Rapid data analysis revealed the following about the campaign;

- 93% of the caregiver and parents interviewed from the 270 households had taken their children for vaccination as opposed to the 6.7% who did not due to one reason or the other.
- The major reasons cited by caregivers for not taking children for vaccination is fear of injection and side effects from the vaccine.
- There were three major sources of information for the campaign, in the order indicated: Radio, House visits and Megaphones.

Table 5: Sources of information cited by caregivers for the households visited in the districts

Caregivers interviewed 27 and 28 November 2013	
Radio*	100
House Visits	56
Megaphones	36
Churches, Immobilizer's, Mothers, Passersby, SMS message	20
Local Councilors, Neighbours, Health Workers	18
Cars, with or without loudspeakers, Neighbors	16
Newspapers, housemates, word of mouth (not further specified), banners, billboards, posters	12
Television*	12
Total	270

Table 6: Reasons given for not having children immunized

BRANCH/ DISTRICT	Households interviewed	Parents taken children		If not, the reasons					
		Yes	No	Fear of Injection	Fear of Side Effects	Misconceptions	Travelling	Using Herbs	Others
Isingiro	60	53	7	4	3	0	0	0	0
Kamwenge	70	69	1	0	1	0	1	0	0
Kyenjojo	80	72	8	4	3	0	0	0	1
Mubende	60	58	2	0	1	0	1	0	0
Total	270	252	18	8	8	0	2	0	1

Coordination and partnerships

The response task force set up in all four affected districts have since been doing consultative meeting together with the branches and other partners to coordinate the PIRIs and mini vaccination campaigns activities in the four affected districts in Uganda. URCS as a member of the national social mobilization committee attends the coordination meetings and has been part of the



URCS volunteers sensitizing school children about measles outbreak. Photo URCS

team that developed IEC materials for community education and sensitization for this accelerated measles vaccination campaign/routine immunization. The MoH and the District Health Team remain the main interveners, while UN and humanitarian agencies such as UNICEF, WHO, URCS, Baylor and World Vision have all been supporting the district in these accelerated responses. URCS has remained the main actor for social mobilization in the communities. Treatment centers have been set up at the various districts hospitals and health centers where all suspected measles cases are being referred for management. MoH through UNEPI with

support from UNICEF and National Medical Stores (NMS) have been responsible in supporting the districts with immunization supplies/logistics that NMS has been delivering to support hospitals, health centers and vaccination posts within the affected districts. The MoH also supported the districts with funds from the Global Alliance for Vaccines and Immunization (GAVI) to support the supplemental immunization activities and outreaches.

Red Cross and Red Crescent action

The Uganda Red Cross branches in the affected districts at the onset of the outbreak declaration participated in a joint assessment together with the District Health Office (DHO), MoH, UNICEF and WHO, which established the magnitude of the measles outbreaks, and highlighted the importance of an urgent response through an accelerated vaccination campaign to reach and encourage the part of the population that have not yet vaccinated themselves or their children. The branches collectively mobilized 430 volunteers, who were trained, deployed and implemented the measles response activities.

A two day data collection activity for the post campaign survey was conducted using simple tools designed for volunteers to measure the post campaign levels of public awareness, attitudes, beliefs and practices towards vaccination.

In order to reduce risk of wide transmission of the measles outbreak, the mass media were contracted and aired some acceptable and context-specific campaigns messages to improve on the knowledge and awareness about the mini campaign and PIRs. In addition context-specific IEC messages on vaccine preventable diseases, their risks for children, and the importance of completing immunization schedule as a preventive measure were also distributed to compliment the other approaches.

URCS internal human capacities located at the branch and regional offices and technical staff from the headquarters trained the volunteers and provided technical support for the measles interventions.

The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members were briefed on the project goals and objectives and they provided monitoring support for the activities.

The URCS communication office visited the field team/volunteers and documented URCS achievements during the response. The communications directorate made articles and publications which were hosted on the URCS website to provide information to the media.

Table : Summary of key URCS measles campaign activities as of December 2013

District	Total population as of 2002 census projection	Number of volunteers trained and deployed during the measles response mini campaign	Number of households reached with measles information during the campaign	Estimated Number of people in households reached with measles information	Estimated Number of people reached with measles information through radio messages.	Number of children registered prior to the mini campaign	Number of children registered as defaulters prior to the campaign	Number of registered defaulting children followed up and corrected during the mini campaign	Number of children registered as fully immunized prior to the campaign	Number of children immunized during the mini campaign Periods in October 2013
Mubende	588,300	125	51,284	297,450	320,430	76,927	13,924	11,417	48,464	9,030
Kamwenge	324,500	83	23,270	123,331	136,956	37,232	9,680	8,035	25,318	8,436
Kyenjojo	523,800	96	33,366	180,176	196,425	43,376	10,410	9,265	29,062	7,454
Isingiro	408,400	126	43,800	240,900	280,012	74,460	5,957	5,659	63,291	16,685
Total	1,845,000	430	100,436	544,407	933,823	155,068	26,047	22,959	117,671	41,605

Emergency health

Outcome: To reduce the risk of further spread of the measles outbreak amongst 1,845,000 people in Kamwenge, Kyenjojo, Mubende and Isingiro affected districts, through intensified house to house community sensitization, media campaigns, and community based disease surveillance.

Outputs (Expected results)	Planned activities
<ul style="list-style-type: none"> Increased public awareness about measles disease (signs 	<ul style="list-style-type: none"> Mobilize and train 430 volunteers on measles signs and symptoms, mini measles campaign/routine immunization

<p>and symptoms, transmission risk factors, actions for suspected cases, importance of immunization as a control measure)</p> <ul style="list-style-type: none"> Improved early detection, reporting and referral of suspected measles cases through community based disease surveillance mechanisms. 	<p>promotion /suspected case referral mechanisms.</p> <ul style="list-style-type: none"> Identify community based volunteers who will manage designated villages and carry out house to house sensitization and identify report and refer suspected measles cases in their community as part of a community based disease surveillance mechanism. Produce and disseminate context-specific IEC materials (50,000 posters, 50,000 brochures and 900 T-shirts with messages translated to local languages) planned to reach 1,845,000 people. Conduct advocacy meetings with key local religious, teachers and community representatives Conduct house to house child vaccination registration of eligible children; mop up verification of immunization cards for the vaccinated children and sensitization to mothers, fathers and caretakers on the need to vaccinate their children. Track children in the targeted communities that has not been vaccinated or dropped out from their vaccination scheme, and encourage their families to take them for vaccination at the vaccination post set up by the District Health Teams. Conduct informal awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information Conduct media campaigns including 4 radio talk shows, 120 radio spots on immunization reaching approximately 1,845,000 people in the affected districts. Conduct public address drives communicating immunization messages for 3 days per month in the targeted districts to promote routine vaccination campaign for measles Facilitate active case search of suspected measles patients and ensure their appropriate referral to the treatment centers. Procure 20 mega phones for use by volunteer teams during mobilization Procure 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification. Assist in routine immunization vaccination and outreach activities at sites Register children using 6,400 registers, tick names of vaccinated children on pre-registration lists on mini campaign days
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Achievements against the activities:

- The program mobilized 430 volunteers and the trained them on measles signs and symptoms, mini measles campaign/routine immunization promotion /suspected case referral mechanisms and the SIA's.
- Ordered and distributed 50,000 posters, 100,000 brochures and 1,800 T-shirts with messages translated to local languages with context-specific IEC materials message that were placed in strategic locations like churches, markets, video/cinema halls, schools, health centers/hospitals and community halls and reached about 1,845,000 people.
- Conducted advocacy meetings with key local religious, teachers and community representatives in the respective branches throughout.
- Volunteer house to house child vaccination registration was able to bring to the fore 26,047 eligible defaulting children who were followed up and eventually 22,959 defaulting children

were corrected during the mini measles immunization campaign. In addition the volunteer's sensitized mothers, fathers and caretakers from 100,436 households (544,407 people) on the need to vaccinate their children. A total of 69 suspected measles cases in children were referred for support in the health centers by the volunteers.

- The respective branches implemented awareness raising sessions at churches, mosques, markets, temples, schools and other public places to spread information about the PIRIs and mini measles campaign in the affected districts and as a result 41,605 children were immunized during the mini campaign (8,411 BCG, 7,804 measles, 8,666 Polio 1, 8,148 Polio 2, 8,576 Polio 3 respectively).
- 4 radio talk shows, 245 radio spots on immunization were aired out reaching approximately 1,845,000 people in the affected districts.
- Public address drives communicating immunization messages for 3 days in the targeted districts to promote the SIA vaccination campaign was also implemented.
- Through the use of 20 mega phones the volunteer mobilized communities members in churches, communities, etc.
- 6,400 immunization registers, 450 volunteers Red Cross immunization bibs for volunteer's mobilization and identification were also procured and distributed. These tools helped the volunteers to register **155,068** children during the house to house activities.
- Volunteers collectively reaching **100,436** House hold and registered over **155,068** and identified 26,047 defaulters over this period.

Operations, Coordination, Monitoring and Evaluation

Outcome: Strengthened operational capacity in planning, Monitoring, Evaluation and Reporting for effective service delivery to the target beneficiaries	
Outputs (Expected results)	Planned activities
<ul style="list-style-type: none"> • All planned operational activities are properly coordinated, monitored and reported on in a timely and quality manner 	<ul style="list-style-type: none"> • Conduct weekly field monitoring by national, regional and branch staff • Train 20 volunteers for undertaking the baseline and end line KAP surveys, including survey tools, methodology and interviews. • Conduct the measles operations baseline and end line KAP survey using tools designed for volunteers. • Participate in all districts and national coordination and micro planning meetings to facilitate effective accelerated vaccination campaigns • Participate in post accelerated immunization campaign meeting with UNEPI, districts and other implementing partners.

Achievements against the activities:

- Conducted five field monitoring support at national, regional and branch staff to support in the local level planning with the district for the SIA's
- Identified 40 volunteers who supported in undertaking the KAP post campaign Survey in December to estimate the impact of URCS intervention.
- Participated in all the weekly districts and bi- weekly national coordination and micro planning meetings for the SIA vaccination and measles mini campaigns.

Current Challenges:

- There was delay in transfer of the DREF funds which also delayed some of the vital activities that should have been implemented according to schedule.
- Some of the affected districts were short of qualified personnel at health facilities who are supposed to drive the campaigns in the communities.
- The districts also lacked adequate transport for logistics movement to some of the places considered to be hard to reach.
- Reaching the volunteers who are community based in these respective communities was one of the biggest challenges compounded with the bad weather.
- Lack of budget line to cater for the district focal person and the sub county supervisors who acted as a link in monitoring and supporting the volunteers activities in the respective communities (villages and parishes)
- The heavy rain down pour coupled with poor road net works present a clear challenge in respect to logistical movements of items meant to support the campaign activities.
- The activity was implemented during the peak season for agricultural activities. Most household members would normally wake up early to cultivate their fields and hence the volunteers found it very hard to capture adequate data from the household heads though some they tried to interact with the neighbors get information about such households.
- The managerial challenge URCS as an institution went through during this period and the intense negative publicity in the New Vision newspaper concerning the Secretary General, deeply affected and slowed the operation as the volunteers and staff were engaged in continuous public relations and re-assurance in order to uphold the credibility of the society.

Financial Comments:

Due to the current unresolved issues with in the National Society, this report is being issued as a preliminary final report pending analysis of the recently-completed forensic audit by Federation experts. Once available, a decision will be made by management, which will pave the way for the republishing of a definitive final report.

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How we work

All IFRC 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 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.

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Saving lives, changing minds.



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

Disaster Response Financial Report**MDRUG035 - Uganda - Measles Outbreak**

Timeframe: 22 Aug 13 to 22 Nov 13

Appeal Launch Date: 22 Aug 13

Interim Report

Selected Parameters

Reporting Timeframe	2013/8-2014/4	Programme	MDRUG035
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		116,006				116,006	
B. Opening Balance							
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>		116,006				116,006	
C4. Other Income		116,006				116,006	
C. Total Income = SUM(C1..C4)		116,006				116,006	
D. Total Funding = B +C		116,006				116,006	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		116,006				116,006	
E. Expenditure		-110,827				-110,827	
F. Closing Balance = (B + C + E)		5,179				5,179	

Disaster Response Financial Report

MDRUG035 - Uganda - Measles Outbreak

Timeframe: 22 Aug 13 to 22 Nov 13

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Interim Report

Selected Parameters

Reporting Timeframe	2013/8-2014/4	Programme	MDRUG035
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			116,006			116,006		
Relief items, Construction, Supplies								
Clothing & Textiles	1,620						1,620	
Teaching Materials	21,020						21,020	
Total Relief items, Construction, Sup	22,640						22,640	
Logistics, Transport & Storage								
Transport & Vehicles Costs	5,633						5,633	
Total Logistics, Transport & Storage	5,633						5,633	
Personnel								
International Staff			430			430	-430	
National Society Staff	3,456						3,456	
Volunteers	24,130						24,130	
Total Personnel	27,586		430			430	27,156	
Consultants & Professional Fees								
Professional Fees	1,863						1,863	
Total Consultants & Professional Fees	1,863						1,863	
Workshops & Training								
Workshops & Training	10,172						10,172	
Total Workshops & Training	10,172						10,172	
General Expenditure								
Travel	3,000						3,000	
Information & Public Relations	36,792						36,792	
Office Costs	240						240	
Communications	800						800	
Financial Charges	200						200	
Total General Expenditure	41,032						41,032	
Contributions & Transfers								
Cash Transfers National Societies			103,633			103,633	-103,633	
Total Contributions & Transfers			103,633			103,633	-103,633	
Indirect Costs								
Programme & Services Support Recover	7,080		6,764			6,764	316	
Total Indirect Costs	7,080		6,764			6,764	316	
TOTAL EXPENDITURE (D)	116,006		110,827			110,827	5,179	
VARIANCE (C - D)			5,179			5,179		

Disaster Response Financial Report

MDRUG035 - Uganda - Measles Outbreak

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Interim Report

Selected Parameters

Reporting Timeframe	2013/8-2014/4	Programme	MDRUG035
Budget Timeframe	2013/8-11	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	116,006		116,006	116,006	110,827	5,179	
Subtotal BL2	116,006		116,006	116,006	110,827	5,179	
GRAND TOTAL	116,006		116,006	116,006	110,827	5,179	