

ANTICIPATION OF DISEASE OUTBREAK (EBOLA) IN NORTHERN AND KARAMOJA REGIONS OF UGANDA – ALERT 661

Ebola Task force meeting in Gulu City, CAFOD

SUMMARY – ANTICIPATION OF EBOLA EPIDEMIC – UGANDA

An outbreak of Ebola was declared by the Ugandan Ministry of Health on the 20th of September 2022, with 51 recorded deaths in the central part of the country. Ebola is a contagious virus with a high fatality rate. Uncontained it could lead to mass morbidity and mortality and create social unrest and a breakdown of health and social services.

Cautious of this, CAFOD raised an anticipatory alert, to prevent the virus spreading to the north and northeast of the country, focused on awareness raising and prevention, rather than treatment activities typical of an Ebola response. They collaborated with local radio stations to deliver radio health messaging and to produce a number of talk shows to raise awareness on how to prevent virus transmission and deal with suspected cases, reaching over 200,000 people. Over 1558 members of Village Health Teams were trained in community monitoring for Ebola. This was reinforced via the distribution of 76500 leaflets and posters with key health messages. Handwashing stations equipped with soap, water and jerry cans were positioned in popular public spaces such as market places and schools. Health care workers received training and were provided with fuel and protective equipment such as masks, aprons and gum boots to be able to carry out community surveillance work.

These early actions were considered successful. Ebola did not spread to the project locations in the north of Uganda and a humanitarian situation was averted. This was in large part due to the government's effort to contain the outbreak at the epicentre by introducing a lockdown, but also supported by the far reaching awareness raising campaign carried out by CAFOD and a range of other actors.

200,000 PEOPLE

PEOPLE REACHED THROUGH
RADIO MESSAGING

76,500 PEOPLE

PEOPLE REACHED WITH EBOLA
DETECTION AND PREVENTION
MESSAGING LEAFLETS



1558

MEMBERS OF VILLAGE HEALTH
TEAMS TRAINED

285

HEALTH WORKERS TRAINED AND
EQUIPPED WITH PPE

300

LOCAL LEADERS TRAINED



803

HANDWASHING
STATION EQUIPPED
WITH SOAP, WATER,
JERRY CANS



- **Information leaflets distributed** on Ebola detection and prevention for 76,500 people
- **Radio early warning messaging** on Ebola risk awareness reaching over 200,000 individuals
- **Village Health Teams trained** in Ebola detection and prevention (1558 health volunteers)
- **Health care workers trained** in Ebola detection, prevention and treatment (285 healthcare workers)
- **Protective equipment and fuel provided** for 285 healthcare workers to monitor communities
- 803 **Handwashing stations distributed** to public places and supplied with soap, water, jerry cans
- **0 cases of Ebola** in target locations (Northern and Karamoja Regions)

Alert No 661	Hazard Ebola Virus	Onset Rapid
Country Uganda	Region Northern Uganda	Location Kotido, Abim, Kaabong, Karenga, Gulu City, Gulu district, Amuru district, Kitgum Lamwo and Amuru district, Nakapiripirit (Namula,tokora and Nakapiripirit sub-counties), Napak(Iriiri, Lorengechora and Ngoleret sub-counties) and Moroto (Nadunget)
Date of Alert decision 09/11/2022	Early Action window + 2-4 weeks Difficult to define due to the nature of epidemics and the fact this was effectively averted in the locations of implementation	Budget £200K
Beneficiaries 76,500	Sectors Health, Wash, NFIs	Convening Agency CAFOD

BACKGROUND

On 20 September 2022, health authorities in Uganda declared an outbreak of Ebola, after a case of the Sudan strain was confirmed in the central part of the country. By the 5th of November, the Ministry of Health reported 132 confirmed cases of Ebola Virus Disease (EVD) in 7 districts, in central Uganda (Mubende, Kassanda, Kagadi, Bunyangabu, Kyegegwa, Wakiso, and Kampala). There were 51 confirmed deaths, 18 healthcare workers infected, 7 of whom died. More than 1,200 active contacts were being followed-up. With a cluster of cases appearing in Kampala and one near the Kyaka II refugee settlement, the government decided to close schools. Mubende and Kassanda districts were subject to a 21-day lockdown commencing the 15th of October 2022, which was extended to Kagadi, Kyegegwa, and Bunyangabu districts by the 27th of October.

ANTICIPATED HUMANITARIAN SITUATION

Ebola is a contagious virus with a high fatality rate. Uncontained it could lead to mass morbidity and mortality and create social unrest and a breakdown of health and social services. Start Network members warned that there was a high chance of the virus spreading exponentially, affecting up to 3 million individuals and potentially crossing borders, which would become outside the small to medium scale scope of Start Fund alerts. However, anticipatory action carried at this moment, in the northern region, might contribute to containing the virus and preventing an epidemic in Northern Uganda.

START FUNDS' DECISION TO FUND

The allocation committee decided to activate the anticipation alert (661) and allocated £200k to CAFOD. The committee thought the alert was timely and targeted a clear gap in measures to curb the virus, as current efforts were focused on regions with active cases. The committee deemed the proposed activities to be relevant to prevent the outbreak from spreading to the Northern and Karamoja regions. They considered this to be a “tricky alert” which tested the anticipation criteria as there were already many confirmed cases and deaths and some action being taken. However they decided this Alert identified a specific gap in the North and Northeast part of Uganda that had not yet been affected and where proactive action was not being taken to prevent EVD reaching at-risk communities. Therefore the intervention was considered anticipatory and before the “peak” of the crisis.

PURPOSE OF THE ANTICIPATORY RESPONSE EARLY ACTIONS

This anticipatory intervention aimed at preventing the virus spreading to the north and northeast of the country and therefore focused on awareness raising and prevention (rather than treatment). In a typical response there would be many more needs to be addressed, for example to equip and support isolation facilities, provide psychosocial support to the health workers and people who have recovered from EVD. There would be a need to support contact tracing activities, provide appropriate burial for the deceased, and provide food and non-food items to vulnerable households. The anticipatory action aimed to stop a humanitarian situation from arising and the need for these activities.



EARLY ACTION

EARLY ACTIONS	PURPOSE
Public Health Promotion: awareness raising and training of VHTs (Village health Teams), local leaders, religious leaders and traditional healers (1558 individuals)	To increase understanding of EVD among community members and empower them to take precautions to not contract and /or spread EVD
Early warning: Education and Communication (IEC) materials produced and disseminated to 76,500 people in 11 districts	To increase awareness and understanding of EVD at community level
Health: Supporting (285) Health workers with training and protective clothing (PPE) and equipment	To reduce the fear amongst health worker of treating EVD patients and contracting EVD
Wash: Providing Hand washing facilities to frequently visited public places such as markets, schools, health centres and government offices. (803 facilities)	To promote regular and proper hand washing, to reduce the risk of spreading EVD and other diseases in the community
NFIs: Providing fuel and allowances to (285) health workers	To ensure surveillance and enforcement of guidelines on Ebola and other diseases such Covid-19 were carried out and prevented the spread of disease.
Mass communication: 30 radio talk shows organised on 10 different local radio stations reaching 76500 people	To create awareness on EVD, respond to questions and dispel rumours and counter misinformation

“Thank you so much for providing us with the personal protective equipment, gloves and sanitizer so timely and for providing us with the training when we do not know how to handle this situation because we haven’t been prepared for such. We can now have the confidence to counter any suspected case in our health facility”

-Anna, Nurse, Kaabong mission health centre

DETAILS OF ACTION

CAFOD in collaboration with the local governments made use of pre-existing investments in early warning and preparedness such as training booklets and leaflets designed in previous Ebola outbreaks. The Village Health Teams (VHTs) also used megaphones and bicycles from other projects, to facilitate awareness raising in communities. Additional (IEC) Information, Education and Communication materials were produced in English and local languages such as Luo & Karamojong and disseminated to 76,500 people in 11 districts. Sensitisation took place in trading markets on different days. Community members were asked to keep vigilant to identify Ebola signs and symptoms, observing social distancing, maintaining hygiene and sanitation and to report to the nearest health centre if symptoms arose. In collaboration with the district authorities, radio spot messages were organised to amplify these messages to the wider public and 30 radio talk shows were produced on 10 different local radio stations. These answered questions, dispelled rumours and misinformation and encouraged people to continue accessing basic health care.

Personal Protective Equipment and Ebola kits were provided to health workers (surgical face masks, Face masks N-95 respirator, face shields 100 pieces, goggles, hand sanitizer, surgical gloves, examination gloves, plastic gowns, gum boots and infrared thermometers). District Ebola task forces and health workers received fuel and allowances to enable them to carry out awareness messaging and other activities. The project trained 1558 members of Village Health teams (VHT), 285 health workers, 200 chairpersons from Local Councils, 100 religious leaders and 8 traditional healers, on Ebola Virus messaging and community-based surveillance. Hand washing facilities distributed for Covid-19 response were revived and repurposed. These 803 Hand Washing stations were provided with liquid soap and 5 litre jerry cans and positioned in most visited public places such as health units, police stations, markets, places of worship, schools and prisons. Coordination meetings were arranged with local leaders to share information and plan together to increase the effectiveness of activities. People entering Uganda were screened for fever and symptoms of Ebola, especially in Lopotpot bordering South Sudan.

OUTCOME OF ANTICIPATORY ACTION

The anticipation project was considered successful. Ebola did not spread to the target locations in the north and northeast of Uganda and a humanitarian situation was averted. This was in large part due to the government's effort to contain the outbreak at the epicentre, by introducing a lockdown, but also supported by the far reaching awareness raising campaign carried out by CAFOD and a range of other actors. During the same time period, cases had continued to spread from the epicentre to a further 2 districts (but not to the project area) with cumulative infections at 142, deaths 55 and recoveries 87. So the threat of the epidemic remained high. There were both short term and long term benefits of the anticipatory action. Firstly Ebola did not appear in these northern districts and secondly the health workers, communities and district leaders were prepared and equipped with knowledge and understanding to contain the spread and handle cases. These 'no regret' actions will contribute to preventing future disease outbreaks. Communities continue to have access to good hand washing facilities which helps prevent the spread of many viral diseases, including Ebola.

OPERATIONAL CHALLENGES AND LEARNING

- **Predicting epidemics:** predicting how an epidemic will develop is difficult, in particular identifying the peak of the crisis and when to intervene. The project survey stated the peak period might be later than suggested in the Anticipation Alert Note. There was some concern that the action, therefore, might be a bit early and if the IEC materials are distributed at this time, what might be left in early 2023. However, the aim of anticipation alerts is to act prior to the peak of a crisis to curb it or even prevent it. Therefore the actions of this alert were deemed pertinent and timely. It was decided the IEC materials would be made as sustainable as possible, so as to last through the rainy season and sustain messaging beyond the end of the 45 days. Immediate education and awareness-raising was identified as vital and best started at the soonest date possible.
- **Timing and reach of training:** In future the convening agency recommends that training is extended to more key workers, such as ambulance drivers and teachers, so that in an outbreak they would be able to continue their work effectively without fear. Training for community members and leaders should avoid market days and the early hours of the day (before 11 am) so that farm work is not interrupted, and participation is maximised.
- **Adapting to the evolving situation:** The project was extended to more areas of Gulu district and Abim district in discussion with local the authorities due to the particular risk identified by; their closeness to the border and high density refugee settlements; as a transit route to South Sudan and due to previous outbreaks of Ebola.

