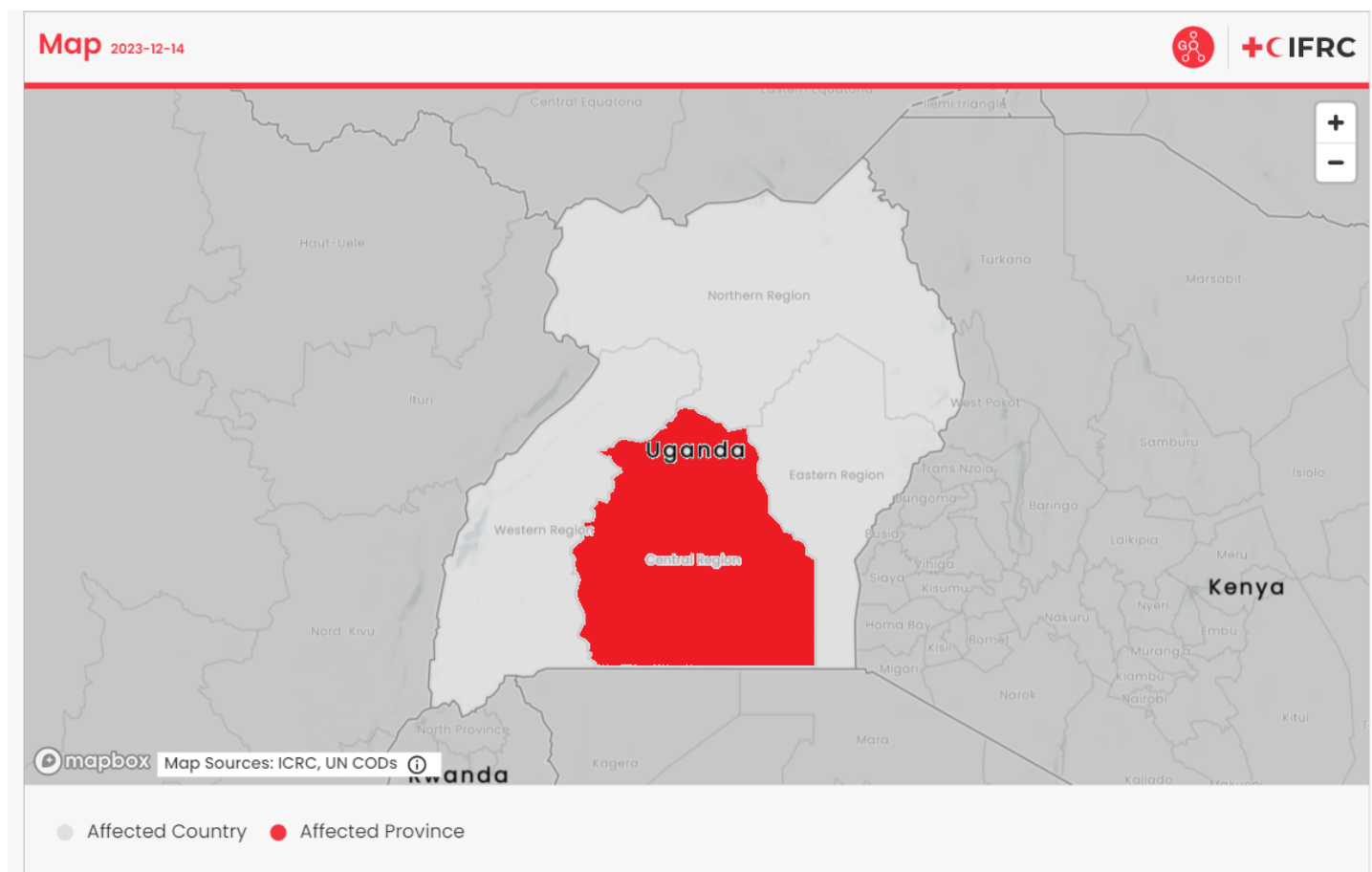




Community engagement in Kyotera district @URCS

Appeal: <b>MDRUG049</b>	Country: <b>Uganda</b>	Hazard: <b>Epidemic</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 129,613</b>	
Glide Number: <b>-</b>	People Affected: <b>69,340 people</b>	People Targeted: <b>69,340 people</b>	
Operation Start Date: <b>2023-12-12</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>2024-03-31</b>	DREF Published: <b>2023-12-15</b>
Targeted Areas: <b>Central Region</b>			

# Description of the Event



@Red is the region where affected Kyotera district is located

## What happened, where and when?

Anthrax outbreak was confirmed on 29th November 2023 in Kabira, Kasasa and Lwankoni sub-counties in Kyotera district.

According to the district surveillance team, Kyotera district anthrax possibly started in June 2023 on a farm in Kkyamayembe Sub-County following the consumption of meat of a dead cow. The victims presented with various signs including itchy rash, swelling and skin lesions. In early July, the first human death was reported and 24 animal deaths by October 31, 2023. The consumption of meat of the dead animals continued and 3 humans developed signs of the disease.

On November 17th, 2023, Kyotera district surveillance team in partnership with Uganda Virus Research Institute (UVRI) conducted a field investigation in Kabira sub-county where the alerts were coming from. More samples were collected from several suspects, some of which tested positive leading to the national task force of the Ministry of Health to declare Anthrax outbreak in Kyotera a disaster, on the 29th of November 2023.

Cumulatively as of 3rd December: 25 suspects, 7 probable cases, 16 confirmed (with 13 fatalities) and 3 recoveries had been reported. The suspects were in the isolation facilities and the cases were in the treatment facility and some being managed under the home-based care program. Number of animal deaths rose to 50, however there is no information on the number of sick or suspected animals.

Kyotera district is located to the south of central Uganda region and borders Tanzania at Mutukula, a high-volume commercial border town and therefore if the disease was not controlled and maintained, it could have culminated to a regional spread. There was also a high probability of other cases not reported to health system.

Though the MoH had not yet informed on the type of anthrax being witnessed, WHO through a partners meeting, indicated that some of the deaths could have been attributable to gastroenteric anthrax which has a higher CFR.



Community engagement in Kyotera district @URCS



Partners coordination meeting in Kyotera district

## Scope and Scale

Anthrax is a serious zoonotic disease caused by the bacterium *Bacillus anthracis*. It primarily affects herbivores like cattle, sheep, and goats, but humans can also contract the disease through contact with infected animals or their products.

The outbreak was declared in Kyotera district affecting three sub counties: Kabira, Kasasa and Rwankoni. More contacts were being listed and measures taken in place to protect the 69,340 people who were at risk across the three sub-counties (32,400, 21,400 and 15,540 for Kabira, Kasasa and Rwankoni respectively). Community members were shying off from undertaking their livelihood activities for fear of being exposed to the disease. Majority of the community are farmers, while at the same time the government had restricted the sale of meat hence affecting their livelihoods as well as revenue collection in the area.

Anthrax can be fatal if not treated promptly and can lead to numerous cases of illness and death, particularly among individuals involved in livestock rearing or handling animal products. Livestock deaths due to anthrax result in economic losses for farmers and communities. Anthrax outbreaks can lead to decreased milk and meat production, impacting food security and access to nutritious food. To control outbreaks, authorities may impose restrictions on the movement of animals, further impacting food production and trade. This can impact food security and livelihoods. Considering that majority of the community members are cattle keepers and so they make money from the sale of milk, beef and animals themselves, the current enforced restriction on trade is definitely impacting on their source of livelihood. Poverty is one of the perpetuating factors for domestic violence. Further, outbreaks can create fear and anxiety within the population, leading to disruptions in daily life and social interactions.

In some communities, traditional practices like consuming raw meat or blood from infected animals contribute to the spread of anthrax and lack of awareness about anthrax transmission and prevention measures can hinder control efforts.

The surveillance team from the Ministry of Health was on the ground conducting surveillance and contact tracing. The listing continued especially given the suspicion that there could be more cases in the community managed outside the mainstream health system and probably in the hands of traditional healers. The suspicion followed the death of three probable cases in the hands of a traditional healer.

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	No
Did the National Society respond?	No
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

### Lessons learned:

While responding to Ebola, URCS used the DREF to activate the village task force members across the sub-counties that experienced the Ebola outbreak. This was one of the strategies that led to the containment of Ebola in the shortest time, and the same approach is to be used for this epidemic. In Kyotera, the NS is activating the community structures as well.

The deployment of monitoring and evaluation NDRTs eased reporting following timely data and reports collection. This operation has planned to adopt similar actions.

Close coordination with the IFRC colleagues eased the response both strategically and operationally. Having sufficient and timely logistical support smoothed the response hence the team was very robust.

The learning from the CP3 project was the engagement with animal farmers as a means to contain the outbreak but also create a direction for biosecurity in order to prevent future outbreaks.

From the just completed Ebola outbreak in the country, URCS noted that having a senior person from the headquarters in the field increases its presence in the decision-making table. From that response, URCS noted that the MOH shouldered many challenges of the NS due to the strong relationship built during the close coordination. lastly, URCS noted that resources can be shared, e.g. URCS tapped on many resources from MOH to better improve its response.

## Current National Society Actions

<b>Coordination</b>	The Director of Health and HQ-based technical officers participate in the National task force meetings, whereas URCS field-based officers participate in the District Task Force and the health sub-district meetings. The empowered volunteers support the community leaders and influential persons at both community and household levels. The National Society is a member of the task force both national and district. The NS is also a member of the respective national pillars and while for this response no specific leadership role has been assigned to the National Society, all the roles are coordinated by government and WHO.
<b>Resource Mobilization</b>	URCS since the declaration of the outbreak, has reached out to partners for support however the efforts have not borne any fruits yet.
<b>National Society EOC</b>	URCS emergency response team is operational and has been monitoring the situation while the call and dispatch centre continues to work 24 hours. The EOC collects updates from the branches, analyses and relays the same to the HQ managers and directors for action.
<b>Health</b>	Using funding from the ECHO PPP project, URCS activated the affected branch under which 10 volunteers have been deployed to join district surveillance teams in conducting community-based surveillance (CBS). URCS is therefore reaching for support to mobilize and deploy more volunteers.
<b>Protection, Gender And Inclusion</b>	The National Society has put in place the integration of protection, gender and inclusion in all programmes and emphasis on PSEA (protection against sexual exploitation and abuse policy).
<b>Community Engagement And Accountability</b>	CEA has been integrated in all the projects implemented by URCS and there is an established docket for its programming. There is a focal person and majority of staff and volunteers have been trained on CEA. Strategically, URCS sits on the national CEA committee and the NS volunteers are members of the village task forces for CEA.

<b>National Society Readiness</b>	Coordination at the national level: URCS is represented by the director of health and social services while at the district level, URCS is represented by the Branch Manager. In this response, URCS has deployed a few volunteers who are working alongside the district surveillance and risk communication team. Once resources are available, URCS will deploy to fill the current gaps in surveillance, risk communication and community engagement among others.
<b>Assessment</b>	The Ministry of Health conducted an assessment that informed the development of a national Anthrax response plan. Guided by this national anthrax response plan, URCS has developed this plan of action for the anthrax response.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	To ensure proper monitoring of this operation and support to URCS, IFRC Disaster Management Delegate will increase monitoring visits throughout the operation. The IFRC is closely monitoring the Anthrax situation in the country and stands ready to mobilize surge personnel to support the operation if the need arises. Through the IFRC GO platform and using the various channels, URCS ensures that all movement partners are informed about all disaster/ emergency events and emergency operations being implemented in Uganda. The IFRC CP3 health officers are providing technical support, especially in the area of one health approach.
<b>Participating National Societies</b>	Partner National Societies (PNS) present in the country include the Netherlands Red Cross, Belgium Red Cross Flanders, Austrian Red Cross, and the German Red Cross, who are directly providing technical and financial assistance to URCS' humanitarian and development projects targeting beneficiaries in the various parts of the country. None of the in-country PNS support is currently directed in the affected districts/ branches in central Uganda.

## ICRC Actions Related To The Current Event

ICRC has a small delegation in the country focusing on restoring family links within the refugee camps to the west and southwest of the country. Previously during Ebola response in 2022, the ICRC supported URCS with two vehicles and the NS will continue to share updates with them.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>The Ministry of Health is coordinating the overall response, and a national task force has been established where a commander has been deployed to oversee the operation. National response teams were deployed to support the district teams in this response.</p> <p>The veterinary division of Public Health under the Ministry of Health was activated and one of its major activities they are doing is mobilizing and vaccinating animals and enforcing restriction to movement of animals and their products.</p>
<b>UN or other actors</b>	The World Health Organization is working in partnership with the Ministry of Health to coordinate the response by providing strategic functions including technical and

logistical support to the response.

### Are there major coordination mechanism in place?

The Ministry of Health activated a national task force that is providing strategic leadership to the response and oversees the respective pillars at the national level under the leadership of an incident commander while the district task force is coordinating all the pillars at their level. The resident district commissioner is the head of the district task force, and the incident commander provides the technical leadership.

The national society is a member of the task force both national and district level. NS is also members of the respective national pillars.

## Needs (Gaps) Identified



### Health

Kyotera district has a very weak surveillance mechanism which explains why the investigation was delayed. The alerts were traced back to June 2023 while the outbreak was confirmed 5 months later in November 2023. Therefore, the need for robust local capacity for surveillance capacity is evident. Similarly, the practice of consuming meat of dead and sick cows is common and thus the need to sensitize the community members on the dangers and the measure to take to prevent the spread of the disease. Stakeholders are ready to be engaged at all the levels to prevent future occurrence of the same.

Poor health seeking behavior Include:

- Rapid assessments indicate that more than 70% of the population seek care from traditional healers and religious leaders.
- Late presentation of cases to health facilities leading to a high case fatality rate.

Human health and animal health are closely intertwined. Researchers have reported that some diseases with animals are vectors for many diseases that attack humans. Therefore, continuous interaction of human with unvaccinated animals poses risks to human health. The ministry of agriculture and livestock, together with communities should monitor animal markets and slaughterhouses regularly, however sometimes this is not the case and people tend to use unchecked/approved slaughterhouses for commercial use, posing a health risk to people.



### Community Engagement And Accountability

The anthrax outbreak is as a result of a negative behavior (consumption of products of sick and dead animals). The community has practiced this for long but then seasons have changed. Unlike in the past, there is an increase in microbial activities across the globe. There is need to accommodate change from the communities' established customs or practices especially those which encourage unhealthy traits like taking raw meat and blood to better healthy practices. This can only be accelerated through community engagement where stakeholders at various levels will be oriented and collectively champion the change that the community requires. In the implementation of community engagements strategy, the volunteers are skilled in: Risk communication and community engagement, surveillance, health promotion, Infection prevention and control. Therefore, the presence of one volunteer in a village provides a comprehensive response knowledge to the community. In the past, URCS would deploy a volunteer to handle specific roles either surveillance or risk communication, but apparently, one is empowered to perform in both the roles.



### Protection, Gender And Inclusion

The disruption of livelihoods as a result of the outbreak will definitely cause gender conflict. Access to health facilities by those disabled and aged may pose a challenge. Majority of the community members are cattle keepers and so they make money from the sale of milk, beef and animals for themselves, and for now there is a restriction in this area of trade. This therefore means that those who totally depend on this trade as source of income their livelihood has been disrupted. Poverty is one of the perpetuating factors for domestic violence.

## Any identified gaps/limitations in the assessment

Not identified gaps or limitations.

# Operational Strategy

## Overall objective of the operation

The objective of this DREF response is to enable Uganda Red Cross Society to support the Uganda Government and partners to prevent and reduce morbidity and mortality resulting from the Anthrax outbreak in Kyotera district for a period of three months. The operation will involve sensitizing the community on the preventive measures for anthrax and other communicable diseases and to strengthen health promotion at household level in the respective communities.

## Operation strategy rationale

The strategy is to build local capacity for surveillance, risk communication and community engagement. The justification is that the community members understand the contexts and the dynamics of their communities better than anybody else and having them at the fore front of the response earns the team acceptance by the community members thus the community complies to the standard operating procedures. Financially, it is cheaper to use local resources and besides they can integrate the response activities into their other community activities including livelihood, both strategically and sustainably. The Ugandan Ministry of Health plans to use skilled community health workers across the country in community-based surveillance.

The plan is to conduct risk communication and community engagement around Anthrax in Kyotera and neighboring high-risk districts. Some of the activities to be carried out by the response team include, but are not limited to, the following:

- Identify the support provided and planned by the government, etc, and identify gaps to be filled by URCS in the response;
- Participate in coordination meetings at all levels;
- Carry out field visits to ensure the quality of the interventions;
- Implement activities safely and effectively, including monitoring and reporting;
- Intervene in case of emergency on outbreaks/pandemics & disasters.

URCS will target people in the affected district with health promotion activities including risk communication and community engagement. Volunteers will be mobilized and trained on CBS to support the early detection of new cases through active case finding and contact tracing. This will address the immediate Anthrax awareness needs of affected communities and at-risk areas, as well as the need for government support for psychosocial interventions based on the local traditions and cultures. Awareness sessions will be conducted in the communities that could be in contact with or have had meat consumption and contact practices. These families will be sensitized on the prevention measures. Further sensitization sessions will be conducted for animal traders, in the markets and farm areas on the animal's vaccination importance and prevention against anthrax. One to one discussion with butchers will be conducted as well to ensure engagement from their side while reducing any misinterpretation for public awareness in front of customers and create reluctance.

Community health volunteers in charge of contact tracing will also receive specialized retraining in coordination with WHO and the Ministry of Health to revive alert activities for cases of suspicious diseases and/or deaths.

URCS volunteers in the affected areas will also be mobilized and given the necessary retraining to strengthen the National Society's capacity for active case research and social mobilization. This will greatly contribute to the early detection and control of the epidemic.

URCS shall provide support in three key pillars, namely i) Coordination, ii) Surveillance and Contact Tracing and iii) Risk Communication and Community Engagement (RCCE). Based on the above and available information, the URCS response strategy will be to help contain the Anthrax outbreak by implementing the following actions:

### i) Coordination:

URCS will participate in various coordination meetings at national and district levels, to ensure alignment between its strategy and that of MoH for the best impact. This will be led by the Director of Health and Social Services at the national level and by the Public Health officer with support from NDRT at the district level. They shall all work under the general supervision of the URCS Secretary General.

Direct coordination will involve Governments through MoH, Health facilities and the veterinary division of Public Health under the

Ministry of Health as special actors to coordinate with on the activities planned and information sharing.

ii) Surveillance and Contact Tracing:

Activities under this pillar will include:

- An Epidemic preparedness and response in communities (EPiC) training for 100 volunteers and 24 supervisors to help participants understand the basic principles of epidemics, disease prevention, and control. Volunteers will be capable of early action, effective communication with communities, and collecting feedback. They will also be able to conduct local needs assessments, health education, behavior, and social change, and engage their communities for early action for potential outbreaks. In a nutshell, the EPiC training includes modules on ECV, CBHFA, CEA, SDB and PFA.
- As part of the EPiC training above, the 100 volunteers and 24 supervisors will undergo a community-based surveillance (CBS) training to help equip volunteers with skills to detect and report suspected cases of Anthrax within the community.
- Tracing of contacts by volunteers trained in EPiC and also in active case finding (early detection) and referral of suspected cases to health care structures.

iii) Risk Communication and Community Engagement (RCCE)

- URCS will mobilize teams of 100 volunteers and staff in Kyotera and neighboring high-risk districts on Risk Communication and Community Engagement related to the Anthrax outbreak. In addition, these volunteers will raise awareness of good practices in the health care structures, to protect the health care staff of the affected area.
- Support in reducing fear in accessing health facilities and in engaging communities to maintain access to essential health services, including reproductive, maternal, neonatal, and child health (RMNCH).
- Monitor the psychosocial support of families who are victims of the disease and volunteers who are victims of community stigmatization.
- Promote the practice of protection, gender, and inclusion, referring to stigmatization of all kinds on victims of the disease and their families; mobilize volunteers in the context of prevention and support for victims of gender-based violence and prevention against sexual abuse and exploitation.
- URCS will engage various farmers on practices to ensure biosafety on their farms but also promotion of health through consumption of safe animal products.
- URCS will engage traditional healers to enhance their understanding of Anthrax pathological processes as a means to change their believe that the disease is caused by witchcraft.

iv) Support most venerable with animal vaccination.

Through this response, URCS will support animal vaccination in coordination with animal health authorities, animal health extension workers, and one health actors on animal vaccination.

NS will be engaging relevant groups Involved in the animal management chain to identify the most vulnerable or at risk that will be supported with animal vaccination. But also to promote the vaccination for themselves. This will include working with vets, animal traders, and butchers including conducting targeted CBS activities in livestock markets.

## Targeting Strategy

### Who will be targeted through this operation?

This response will target community members from the respective affected sub counties, URCS volunteers, community health workers for both health and human sectors, the district health team, farmer groups, and traditional healers etc.

### Explain the selection criteria for the targeted population

The Ministry of Health conducted an assessment that mapped out the affected areas and this forms the basis for the NS selection. Furthermore, the community structures selected will be based on their proximity to the areas of incident for which they will be used as part of the solutions to the problem. Traditional healers, farmers groups and community health systems as well as volunteers are targeted because they are the structures to facilitate change for positive behavior change.

# Total Targeted Population

Women	15,086	Rural	80%
Girls (under 18)	18,891	Urban	20%
Men	15,701	People with disabilities (estimated)	0.1%
Boys (under 18)	19,662		
Total targeted population	69,340		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
The volunteers contracting the disease.	Sufficient training and personal protective equipment will be provided to the volunteers.
Harm to the responders	The community engagement team will be locally selected, so they understand the contexts of the community.

Please indicate any security and safety concerns for this operation

Kyotera which lies under Masaka region has had a long spell of insecurity. Volunteers will be briefed on safe and security before deployment while briefings and debriefs will be undertaken every day. Volunteers will be grouped into teams with continuous supervision of a team leader.

## Planned Intervention



### Community Engagement And Accountability

**Budget:** CHF 27,557

**Targeted Persons:** 55,472

### Indicators

Title	Target
No. of dialogue meetings with DTF	8
% of feedback and complaints collected and responded to	80
Number of functional hotline numbers monitored and manned	1
% of community members who agree they have adequate information about Anthrax outbreak and how to protect themselves	80

## Priority Actions

- RCCE activities for community engagement and to promote the adoption of protective behaviors.
- Monitor community complaints and feedback mechanism.
- Activate EOC and free hotline.



## National Society Strengthening

**Budget:** CHF 37,390

**Targeted Persons:** 107

## Indicators

Title	Target
Number of volunteers insured	100
Number of NDRTs mobilised and deployed	7
Number of branch manager supported	1
NUmber of visibility jackets procured	100

## Priority Actions

Deploy NDRTs (2 Health, 2 drivers, 1 comms, 1ME,1VM) for the first 2 months.

Support URCS vehicle Mileage claim during community mobilization.

Mobilize and support the Branch Manager SDA.

Support monitoring and supervision travels and accommodation costs.

Branch and HQ running costs, internet, electricity and water.

Insure volunteers responding to the outbreak.

Procurement of visibility materials.

Core recharge.



## Secretariat Services

**Budget:** CHF 8,083

**Targeted Persons:** 107

## Indicators

Title	Target
Number of monitoring missions conducted	3

## Priority Actions

- Conduct monitoring missions.
- Support with timely reporting.
- Technical support where required.

**Budget:** CHF 56,583

**Targeted Persons:** 69,340

## Indicators

Title	Target
No of URCS volunteers trained in Epic and CBS.	100
No of people reached with risk communication messages.	69,340
No of mobile drives and community cinemas conducted.	5
Number of animals mobilised for vaccination.	3,000
% of alerts investigated by authorities within 24hrs	80
Number of alerts raised via CBS system later confirmed as cases	0
No. of traditional healers, religious and local leaders reached	500
No. of engagement meetings with cattle farmers	10

## Priority Actions

- Training URCS volunteers in CBS and EPIC models.
- Training community health workers, both on the human and animal side in CBS.
- Door to door sensitization by the volunteers.
- Community drives and cinemas.
- Mobilization of herders for animal vaccination.
- Raise alerts raised via CBS system later confirmed as cases.
- Monitor alerts investigated by authorities within 24hrs.
- Dialoguing with the district health team on sustainable strategies.
- Engagement with the traditional healers.
- Engagement with cattle farmers.
- Support referral as part of the active case finding exercise

## About Support Services

### **How many staff and volunteers will be involved in this operation. Briefly describe their role.**

This response will engage 100 URCS volunteers who will be trained on EPIC and CBS so as to conduct household visits in bid to strengthen health promotion. The same group of volunteers will support in conducting community-based surveillance and reporting alerts on daily basis.

URCS will deploy NDRTS including Health volunteers who will provide technical supervision to the volunteers, Monitoring & Evaluation volunteers who will oversee reporting, volunteer management who will be in charge of volunteer processes including ensuring their timely facilitation, drivers who will support the fleet functions and communication to support with the communication functions.

The operation will be supported by the health technical officers and managers under the supervision of the health director.

## **If there is procurement, will it be done by National Society or IFRC?**

Very minimal procurements are planned under this DREF and will be guided by the national society procurement process with support of the IFRC cluster senior officer for logistics.

## **How will this operation be monitored?**

URCS has an operations department tasked with the monitoring and evaluation functions and therefore senior M/E personnel at HQ will supervise the field-based M/E NDRT. Technical monitoring will be function of the health directorate through the technical team supporting the operation. Financial department will play a big role in financial monitoring. IFRC cluster PMER, finance and disaster management delegate will conduct monitoring visits throughout the implementation period.

## **Please briefly explain the National Societies communication strategy for this operation**

URCS has a directorate of communication and resource mobilization and therefore will oversee the communication needs of the operation through the field based NDRT for communication.

# Budget Overview



## DREF OPERATION

### MDRUG049 - Uganda Red Cross Society Anthrax Outbreak

#### Operating Budget

<b>Planned Operations</b>	<b>84,140</b>
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	56,583
Water, Sanitation & Hygiene	0
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	27,557
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>45,473</b>
Coordination and Partnerships	0
Secretariat Services	8,083
National Society Strengthening	37,390
<b>TOTAL BUDGET</b>	<b>129,613</b>

*all amounts in Swiss Francs (CHF)*

# Contact Information

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

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[Click here for the reference](#)