www.ifrc.org
Saving lives, changing minds.

Disaster Relief Emergency Fund (DREF)
Uganda: Cholera Outbreak

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRUG032
GLIDE n° EP-2013-000058-UGA
15 May, 2013

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 184,804 is being requested from the IFRC's Disaster Relief Emergency Fund (DREF) to support Uganda Red Cross Society (URCS) in delivering assistance to some 900,500 beneficiaries. Un-earmarked funds to repay DREF are encouraged.

Summary:
On the 18th April 2013, the Ministry of Health (MoH) reported an outbreak of cholera in the districts of Hoima, Nebbi and Buliisa. The reports from the ministry of health epidemiology and surveillance department indicate that since the beginning of 2013 the cumulative number of cases reported from the cholera affected districts has reached 216 cases and 7 deaths. The overall case fatality rate nationally from these districts stands at 3.2%.

Red Cross volunteers during a field assessment at the treatment centre at Runga landing site Photo: URCS

An assessment conducted by the District Health Offices and URCS branches on the current outbreak in Nebbi, Buliisa and Hoima estimate that 217,350 persons (38,128 households) in the affected sub-counties are at high risk of cholera infection during this outbreak, with a wider population of 900,500 people in the districts also seen as at risk due to the high mobility of people in the area. Many of the affected communities are fishing communities where lack of clean water coupled with poor sanitation and hygiene practices have contributed to the outbreak and spread of the disease.

In close cooperation with the government and other involved agencies, URCS has so far supported active case finding and health education and hygiene promotion activities in the affected areas. Additionally, it has distributed jerry cans and water treatment products as well as constructing hand washing facilities and emergency latrines.

With this DREF operation, the Uganda Red Cross Society (URCS), intends to improve awareness about cholera and its control measures in the affected and high risk communities, while providing safe water, improving sanitary and hygiene conditions, and facilitating community based disease surveillance. URCS intends to raise awareness through media campaigns, community health education campaigns and displaying movies for the communities. Volunteers from the local branches will be mobilized and trained to use the

Epidemic Control for Volunteers (ECV) toolkit, designed to orient volunteers on general epidemic control methodologies and provide specific cholera control information and activities. Volunteers will also make use of Participatory Hygiene and Sanitation Transformation in Emergency Responses (PHASTER) tools designed to engage households in effective disease control methodologies through improved community hygiene and sanitation.

This operation is expected to be implemented over three months, and will therefore be completed by Mid August 2013. A final report will be made available three months after the end of the operation 15 November 2013.

<click here for the DREF budget; here for contact details; here to view a map of the affected areas>

The situation

On January 16th 2013, a business woman from Ongwedo Village in Buliisa District, with signs of excessive watery diarrhoea reported to the Dei Health Centre II, where she was given treatment. The relatives of the woman discharged her from the health centre before the recovery and the official discharge by the health centre - it was later reported that two children contracted the disease from her and all three persons passed away. Preliminary medical reports from the district indicated it was cholera which was confirmed as *Vibrio Cholera* in late March, by Uganda Virus Research Institute (UVRI), according to the 16th epi-week Ministry of health surveillance report-28/04/2013.

Reports from the MoH epidemiology and surveillance department indicated that since the beginning of 2013 a new episode of cholera outbreak has emerged with cases reported from the three districts of Hoima and Buliisa and Nebbi. Consequently, the cumulative number of cases reported from these districts affected by cholera has reached 216 cases and 7 deaths. The overall case fatality rate nationally from these districts still stands at 3.2%. The MoH control interventions are being coordinated by the districts with support from the MoH and partners.

At the onset of this outbreak in mid January, it was believed that since the cases were still few, Nebbi District Health Office was in position to handle the emergency. However, since the middle of April 2013, there has been an upsurge of the cases of cholera that spread to Buliisa and Hoima districts with an average of 30 new cases per week which represents a peak in the new infections curve and a risk of further extensive spread, if intensive interventions are not instituted urgently.

This outbreak comes at a time when the country had just successfully controlled cholera outbreak in Ntoroko district in early February 2013 (10th February 2013). The outbreak followed torrential rains that caused flooding which submerged pit latrines and left the local population from Kanara sub-county susceptible to the outbreak.

The spread is attributed to the lack of safe water and inadequate sanitation facilities in the districts which is exacerbated by the heavy rains in the district, as well as the high population movements among the communities who share the Lake Albert resources. The beliefs among the fishing communities along the lake shores that the disease is air borne witchcraft, might have contributed as well to the spread of the disease since the real causes are not recognized and addressed.

Some of the schools institutions located in the affected areas have been identified as sites where cholera could be more easily spread due to the current lack of sanitation facilities and gatherings of people.

The outbreak has over the last two weeks been increasing and spreading to new areas that prompted the districts and the National task force to request for assistance from the URCS and other partners including United Nations Children's Fund (UNICEF), World Health Organization (WHO), Médecin Sans Frontières (MSF) etc, to support the response efforts in disease control through health education, active surveillance and case management. There was a similar cooperation in place during the last outbreak 2012. 2012 URCS implemented two DREF operation as response to Cholera, of which one of the outbreaks were from the same area (but also including Kibaale District).

From the assessment reports conducted with the District Health Offices, an estimated total population of 217,350 (38,128 households) who live in the affected sub-counties, while a total of 900,500 people in the

whole districts remain at risk of cholera infection since there are always interactions among the people if no concerted effort is put to respond to this outbreak.

As of the 16th Epi-week the number of cases reported has reached 216 cases from these districts alone as in the summary below:

Condition	**Affected Districts**	**Total district estimated population at risk as of 2010 projections**	**Directly Affected estimated population as of 2010 projections**	**Directly affected House holds**	**New cases (deaths) as of 30th April 2013**	**Cumulative Cases**	**Cumulative Deaths**
Cholera (suspect)	Buliisa	76,900	36,200	6,350	12	23	0 1 (CFR 4.4%)
Cholera (suspect)	Hoima	499,100	23,500	4,123	13	66	3 (CFR 4.5%)
Cholera (confirmed)	Nebbi	324,500	157,650	27,650	29 (0)	127	3 (CFR 2.4%)
Total	**3**	**900,500**	**217,350**	**38,128**	**54**	**216**	**7 (CFR 3.2**%).

16th epi-week Ministry of health surveillance report-28/04/2013

Bullisa district outbreak and situation:

1. The outbreak started on 15 April 2013, with cases originating from Butyaba village / landing site, Kabwora Parish, Butyaba sub-county.
2. Cholera treatment centres have been created for the cholera suspects in Butyaba health centre III and Bullisa Health Centre IV.
3. The district is running out of the few case management supplies they had available in the district and a request to replenish has just been made. In addition the district lacks water purification tablets, chlorine for disinfection
4. Case management is still being managed locally by the district health office as the appeal has just been made to partners like MSF and WHO to come on board to support in case management.

Hoima district outbreak and situation:

1. The outbreak started on 12 April 2013, with cases originating from Runga village/landing site, Kapaapi Parish, Kigorobya sub-county.
2. The trend of the outbreak is still too early to call with new cases still being reported for admission in the treatment centre at Runga landing site. The Kigorobya sub county is mostly affected at the moment, with a total population of 30,600 people.
3. A tent with cholera beds has been erected at the landing site with support from World Vision Uganda.
4. There are adequate case management supplies available in the district. However the district lacks water purification tablets, chlorine for disinfection in the treatment centre, gum boots and mobile toilets at the treatment site.

Nebbi district outbreak and situation:

1. The initial cases were reported from Angum village, Nyakagei Parish, Panyimur sub-county on the shores of Lake Albert starting 16th January 2013. Cases were subsequently reported from Akworo sub-county, which together with Panyimur sub-county record the bulk of the cholera cases reported. The outbreak has affected five sub counties all together (Panyimur, Akworo, Erussi, Nyaravur and Parombo) with a total of 157,650 people in these sub counties at risk of contracting the disease.
2. The outbreak is still very active in the community as new cases are being reported in the cholera treatment ward in St. Luke Angal hospital and Erussi.

Coordination and partnerships

In all the districts, starting with Nebbi where the outbreak first started, the District Cholera Task Force has been re-activated. A similar coordination mechanism at the national level has been reactivated at the Ministry of Health headquarters where the URCS is duly represented. The District Cholera Task Force and National Epidemic Response committees will now hold weekly coordination meetings where updates will be shared amongst partners and operational activities re-designed to meet the set disease control objectives. These coordination mechanisms help in drawing the epidemic response plans, resource mobilization and providing operational guidance that support resource sharing and avoid duplication of efforts.

Key Technical Working Groups (TWGs) of case management, WASH, Social Mobilization Coordination/resource mobilization, logistics and security have been formed with the URCS being a member in the core area of social mobilization, WASH and case management.

The Ministry of Health (MoH) and the District Health Team remain the main interveners while UN and humanitarian Agencies like United National Children's Fund (UNICEF), World Health Organization (WHO), Uganda Red Cross Society (URCS), International and local NGOs, are being mobilized to act in partnership to support the district in the response.

The District Health Officers have collectively established five Cholera Treatment Centers (St Luke Angal, Erusii Health Centre III, Butyaba health centre III, Kigorobya Health centre III and Bullisa Health Centre IV) and deployed medical staff to manage cases at the CTCs in the respective districts and also provided medical supplies - which are likely to run out in some of these districts due to the up surging cases.

The sub-county authorities have enacted by-laws stopping sale of cold foods and fluids associated with the spread of the disease. Authorities are also reprimanding households without pit latrines.

Operational TWGs	**Agencies involved**
Coordination and resource mobilization	District Health Officer (DHO)
Case management	DHO, MSF
Logistics management	DHO
WASH promotion	District Water Officer (DWO)/DHO/ District Education Officer (DEO), URCS
Social mobilization, Information and Education Communications (IEC)	District Health Educator (DHE) /URCS, World Vision
Security and Safety	District Security Officer (DISO)

Coordination and actions taken:

Buliisa District:

- URCS is supporting active case finding with health education at the landing site while World Vision has started airing cholera prevention messages
- Coordination meetings have not yet been called by the district as they are awaiting laboratory confirmations from Centre for Disease Control in Entebbe for the two samples they sent.

Hoima District:

- URCS is supporting active case finding with health education at the landing site; and provision of Jerry cans for safe water storage.
- URCS Distributed 100 hand washing facilities to vulnerable households in the landing sites
- Hoima URCS Branch has distributed 1000 brochures and posters on cholera prevention to the landing sites community members to create awareness about cholera.
- URCS Hoima branch with support from the branch has mobilized 10 volunteers who are supporting with initial cholera intervention activities in the affected communities.

- URCS Constructed an emergency latrine at the CTC in Kigorobia and provided vehicles for transportation of medical supplies to the CTC from the district stores with the aid of the Land rover project support in Hoima.

Nebbi District:

- URCS has launched a behavioural change campaign (sensitisations and inspection of public places and domestic areas to enforce sanitation and hygiene standards) in cooperation with the district taskforce. URCS volunteers have been deployed to strengthening the CTC human resource gaps in patient reception, care and case management that assist to control cross infections and reduce on the case fatality rates. This has been enabled by a current project between URCS and Belgian RC for WASH preparedness.
- National Medical stores (NMS) delivered cholera case management supplies but intravenous fluids were lacking in the consignment.
- URCS Nebbi branch with support and approval of the Belgium Red Cross (WATSAN emergency stock funds) has mobilized 50 volunteers who are supporting with initial cholera intervention activities for 14 days in the affected communities.
- URCS is supporting active case finding with health education at the landing site, and is providing 1,000 Jerry cans to the affected population for safe water storage, 120,000 aqua tablets, 3,000 chlorine solution and 100 volunteers cholera kits from the Belgium Red Cross and Disaster management emergency stock.
- URCS has dispatched one cholera kit from the URCS central warehouse to boost the case management in Nebbi. (URCS deem that there is need for one more cholera kit in Nebbi.)

The response in Nebbi has been supported by a current running WASH preparedness project supported by Belgian RC Flanders that has provided cholera kits, water purification chemicals and operational funds.

Additional, The water and sanitation project in Hoima, funded by Land Rover UK, company through IFRC, will cover water quality analysis activities in Hoima district, to establish the level of contamination at the available water sources which will inform further action by the URCS and partners.

Red Cross and Red Crescent action

The URCS Branches have conducted joint assessments with the District Health Officer's, with the findings highlighting the magnitude of the emergency. The assessment also provide guidance for the disease control actions.

The branches have collectively mobilized 150 volunteers ready for action in the communities with disease control activities, with focus on Nebbi. The Belgium Red Cross WATSAN emergency stock funds was approved to support volunteer activities for 14 days in the epi-center communities of this latest outbreak.

Cholera kits and other WATSAN emergency stocks items have been dispatched to the entire affected district from the URCS central warehouse to boost the case management as was highlighted areas in the specific district areas actions. Additionally, URCS has provided 1,000 jerry cans for safe water storage from the emergency stock (supported by the Belgian Red Cross).

URCS is supporting active case finding with health education at the landing site. The presence of the volunteers has helped with strengthening the CTC human resource gaps in patient reception, care and case management that assist to control cross infections and reduce on the case fatality rates.

The URCS branches have also distributed 1000 brochures and posters on cholera prevention to the landing sites. Out of the 150 volunteers identified ready for action, URCS has oriented and deployed 60 in the communities to conduct vigorous hygiene promotion (50 in Nebbi and 10 in Hoima) and health education through house to house visits. Intense behavioural change campaign (sensitisations and inspection of public places and domestic areas to enforce sanitation and hygiene standards) has been launched in cooperation with the district taskforce.

A branch RCAT volunteer orients community based volunteers on hygiene promotion techniques. Photo: URCS

URCS has constructed an emergency latrine at the CTC in Kigorobia (Hoima District) and provided vehicles for transportation of medical supplies to the CTC from the district stores with the aid of the Land Rover project support in Hoima. Additionally, URCS has distributed 100 hand washing facilities to vulnerable households in the landing sites.

The Federation will provide support in planning, implementing, monitoring and evaluating the DREF operation.

The needs

With the outbreak of cholera in the three districts of Buliisa, Hoima, and Nebbi, an estimated 217,350 persons (38,128 households) who live in the seven affected sub-counties of Butyaba (Buliisa District), Kigorobya (Hoima District), and Panyimur, Parombo, Erusi, Akworo and Nyaravur (Nebbi District), find themselves at high risk of contracting the disease. Among these, around 21,736 persons is estimated to be extremely vulnerable individuals (estimation based on 10% of the population). The total population of the three districts is around 900,500 persons (2010 population census), who are also at heightened risk of the disease due to the high mobility of the population.

Many of the affected communities are fishing communities without access to safe water, and with poor sanitation and hygiene practices.

Around 30 schools in the affected areas lack sanitation facilities, which increase the risk for spread of the infection, particularly considering the mobility of people and gatherings in the premises.

The immediate needs of the affected communities are access to safe water, and adequate sanitation facilities (latrines, hand washing). There is a need for urgent actions for suspected cases and ensuring that control measures are in place to mitigate and control the spread of the disease, including access to adequate information on cholera disease, its transmission modes and risks of infection.

There is need for reliable water sources to be available in the affected communities. The majority of the households use the lake water which is highly contaminated as it serves all purposes including human waste disposal for the fishermen who believe depositing faucal matter directly in the lake is good bait for catching more fish. There is also a need for promotion of latrine construction in the communal gardens where residents

spend most of their time digging, weeding and harvesting. Additionally, institutions like schools often lack appropriate sanitation facilities.

30 schools in the affected area, identified as high risk for spreading cholera, need hand washing facilities and information on cholera prevention.

Selection of people to be reached:
The intervention will directly target 21,736 persons (10% of the people in the affected sub county) estimated as Extremely Vulnerable Individuals (EVIs) from approximately 4,000 households. These are targeted since they are susceptible for infection and at high risk if they get infected due to their vulnerabilities such as advanced age, pregnancies, HIV/AIDS infection, physical and mental disabilities, those with lack of support network/very poor (orphans or single heads of household), and other vulnerable individuals.

These are specifically prioritized because they do not have the means to obtain care with the resources at their disposal and have only limited access to resources available to the majority of the community, including health care, water, sanitation facilities, education and training, and employment opportunities. These beneficiaries will be provided with containers for maintenance of safe water chain, water purification chemicals, soap, and tippy-tap materials for promoting hand washing practices.

217,350 persons from 38,128 households who live in the affected sub-counties and remain at risk of cholera infection, will benefit from the health education and hygiene sensitization campaigns through house to house visits, also being part of active case management and community surveillance.

900,500 people, which makes up the total population of the three targeted districts as of 2010 census population projection, will be reached with cholera prevention information disseminated through the mass media and information, education and communication (IEC) materials in the form of context specific posters, brochures and t-shirts in the local languages.

30 schools in the affected areas will be targeted with hand washing facilities and cholera prevention information.

The landing sites for the fishing villages along lake Albert in the three sub-counties of Kigorobya (Hoima District), Erusi (Nebbi District), Butyaba (Buliisa District), that are experiencing difficulties in accessing safe water, will be selected for water source quality analysis and treatment. Around 113,000 persons utilizing these water sources will benefit from regular water quality analysis and information on the water quality. Water purification tablets will be distributed to the most vulnerable households, as part of the distribution to the 21,736 EVIs (appr 4000 households) as described above.

Beneficiary targeting summary table:

Affected Districts	Total population of indirect beneficiary targeted in the affected district with cholera prevention public awareness messages through radio talk shows & radio spots/jingles	Number and sub counties affected	Total population of affected people at risks in the targeted sub-counties targeted with house to house health and hygiene promotion sessions campaigns; early detection, reporting and referrals; context-specific information, education and communication (IEC) materials	Total population of direct beneficiary (10% Extremely Vulnerable Persons of affected sub county) targeted with accessories for safe water chain and storage vessels, tippy tap construction (hand washing), water purification tablets, health education and cholera prevention awareness.	Number of volunteers and teachers mobilized and trained to support during the operation
Buliisa	76,900	**(1)** Butyaba	**36,200**	3,620	40 Vols &10 Teachers
Hoima	499,100	**(1)** Kigorobya	**23,500**	2,350	40 Vols &10 Teachers
Nebbi	324,500	**(5)** Parombo, Panyimur, Akworo, Erussi	**157,650**	15,766	70 Vols &10 Teachers

		and Nyaravur			
3	**900,500**		**217,350**	**21,736**	**150** Vols &30 Teachers

The proposed operation

The proposes operation includes the following components:

1) Emergency health:

The operation will engage community based volunteers to undertake intensified health and hygiene promotion campaigns at household levels to improve on cholera literacy as well as key hygiene and sanitation practices like hand washing, eating well cooked food, etc.

In addition the community based volunteer network will be engaged on case finding and referral (surveillance) of all suspected cases to the Cholera Treatment Centers (CTC's) as they make house to house sensitization and other field activities in their communities.

In order to reduce risk of wide transmission of the epidemic, the mass media and other forms of context-specific IEC campaigns will be employed to promote a wide knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases and preventive measures. This will target the whole of the three affected district since there is a lot of population movement to and from the area affected as well as cross border movements with Democratic Republic of Congo (DRC). The total population of the district is 900,500 people that will be targeted with the IEC and mass media messages.

URCS will provide one cholera kit (volunteer module) per district that will directly be used to manage suspected cases in the communities. The kit will be split to be given out to volunteers in the three districts. The volunteer module of the kit will be used by trained Red Cross volunteers who are based in the communities acting as first-responders who will be called upon to assist any suspected cholera cases.

2) Water, sanitation and hygiene promotion:

In order to reduce the risk of infection among the extremely vulnerable Individuals (EVIs) whose conditions prevent them from affording the required hygiene and sanitation improvements, the operation will supply containers for maintenance of safe water chain; water purification chemicals to temporarily provide safe water, soap and tippy-tap materials for promoting hand washing practices to 4000 families. Before distributing some of these items like the water purification tablets, the beneficiaries will be educated by the trained volunteers on how to use them accompanied with information on how the community can safely store water for consumption. Some of these information will be customized in the local language IEC's materials and pictorials to provide clear instructions to community members at house hold level. A baseline data will be collected by the community based volunteers deployed for this operation on the first day of their field work using tools designed to capture the knowledge, Attitude and Practice of members at the community level on hygiene and sanitation. The progress of the KAP data at base line will be evaluated in the process of implementation and at the end of this operation.

Three sub-counties (Kigorobya/Hoima District, Erusi/Nebbi District, Butyaba/Buliisa District, the landing sites for the fishing villages along lake Albert with difficulties in accessing safe water, will be selected for water source quality analysis and treatment. This will be done in close cooperation with the District Water Office (DWO).

Modus operandi and set up

The Federation ECV toolkit and Participatory Hygiene and Sanitation Transformation in Emergency (PHASTer) approach shall be employed to facilitate effective cholera control interventions where trained volunteers will conduct health and hygiene promotion campaigns including general environmental, personal and food hygiene improvement, Oral Rehydration Therapy (ORT) and referral of acute suspected cases.

The URCS will deploy its internal human capacities located at the branch and regional offices as well as technical staff currently implementing the water and sanitation project in western Uganda to reorient volunteers and provide technical support for the planned water, sanitation and hygiene (WASH) software activities. The internal capacities of staff who are members of the Regional Disaster Response Team (RDRT)

and Health specialist in ECV as well as local capacities in the District departments of water and Health will be incorporated to provide guidance and support to the field activities.

The operation will involve the URCS staff in the branches of Nebbi, Masindi (Buliisa), and Hoima, where three Branch managers will be involved in the daily operations, and the regional Watsan manager in Hoima as well as the National CBHFA Program manager will provide technical support to the operation. In total six technical staff (two per district) will be involved to provide technical guidance to the operation. Six drivers will provide logistical support.

150 volunteers and 30 teachers from the targeted community will be involved in the operation. The volunteers will be trained and re-oriented using the ECV tool kits and the teachers using Participatory Hygiene and Sanitation Education (PHASE) for schools. The volunteers will be selected from the affected population and consideration will be given to as much as possible involvement of equal numbers of males and females.

After the PHASE training, the 30 teachers will be deployed in 30 schools seen as high risk populations to cholera, to conduct seven sensitizations sessions each for pupils and students in these schools. These activities will be complimented with physical hand washing facilities to promote practical behavior change practices in these communities. The students from the PHASE schools will act as catalyst to positive behavior change in their community as it's believed the pupils/students will take home the PHASE message and practice to their family members starting with their own households.

The operation will prioritize particular vulnerable groups as specified above, and special consideration will be provided to pregnant women.

Sphere standards will guide the DREF operation. A highly participatory approach will be utilized to plan, implement, monitor and evaluate the intervention, and methodologies such as ECV, PHASTer, and PHASE will be used.

Emergency health

Outcome: Reduced risk of cholera infections and mortality amongst 4,000 extremely vulnerable households (21,736 beneficiaries) and 900,500 persons at risk through health education and hygiene promotion, and community based disease surveillance in 7 sub-counties in three affected district during three months.	
Outputs (expected results)	**Planned activities**
• Increased public awareness about cholera disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 900,500 people at risk in the targeted districts. • Improved early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. • Improved sanitation and hygiene knowledge and practices targeting 4000 vulnerable families (21,736 people) in the affected areas.	• Conduct training of 90 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit and PHASTER. (150 volunteers have been mobilized for the operation however 60 volunteers have already been trained during the 2012 cholera operation. These volunteer have been re-oriented and initiated activities in the Districts). • Train 30 teachers, mobilized from schools located in high risk areas, in PHASE methodology and support them to provide seven sensitization sessions to pupils and teachers in 30 schools. • Facilitate active case search in the affected communities (through the home visits and referral of suspected cholera cases by Red Cross volunteers • Conduct PHASTER activities and community health promotion campaigns reaching approximately 217,350 at risk person in the 10 affected sub-counties in the districts. 1-2 tool kits per sub-county will be used. The volunteers will carry out the activities in groups, planning for a total of 60 groups of 15 members each to be reached over 2 months. The ECV tools will be used

	in the operation. • Re-produce and disseminate context-specific information, education and communication (IEC) materials (45,000 cholera posters, 60,000 cholera leaflets and 200 T-shirts translated in Alur and Lunyoro) to reach 900,500 people. The materials will be distributed both during the community sensitizations, the house-to-house visits and the PHASTER activities. • Conduct media campaigns (12 radio talk shows, 1,440 radio spots) for promotion of awareness about cholera and environmental hygiene to control the disease spread reaching over 900,500 people in the three districts. • Disseminate cholera prevention information and facilitate social mobilization through film vans operation for two months in the three districts targeting 900,500 people.

Water, sanitation, and hygiene promotion

Outcome: The risk of water and sanitation related diseases (in particular cholera) has been reduced for 4,000 vulnerable households in seven cholera affected sub-counties, and around 113,000 persons are provided with reliable data on the water quality in 3 sub-counties, in the 3 districts of Nebbi, Hoima, and Buliisa over a period of three months.	
Outputs (expected results):	**Planned activities:**
Access to safe water has been improved amongst 4000 targeted households. Regular data on water quality has been provided to 113,000 persons in 3 sub-counties at high risk for cholera infection through contaminated water sources.	• Conduct water quality analysis and surveillance to establish levels and extend of contamination to guide purification to benefit 113,000 people living in these sub counties. • Procure and distribute 240,000 water purification tablets to 4,000 households. Water Purification tablets targeting 21,736 people in 4,000 households will be given for 60 days based on sphere standards to help purify 20 liter jerry-can of drinking water per day per household. The distributions will take place after training/ demonstrations of the water purification tablets to the beneficiaries and promotion of safe water storage. • Procure and distribute 12,000 bars of soap (used for hand washing) for promotion of hand washing practices amongst 4,000 households (21,736 beneficiaries). • Procure and distribute 4,000 five-liter jerry-cans for constructing household hand washing facilities for 4000 vulnerable households (21,736 beneficiaries). This will be in connection with information on safe water storage and demonstration for how to construct hand washing facilities. • Procure and distribute 4000 twenty-liter jerry-cans (1 per household) for ensuring safe water chain amongst 4000 households (21,736 persons)

	• Provide 30 institutional hand-washing facilities in 30 schools in the 7 targeted sub-counties.

Monitoring and Evaluation

URCS will participate in all districts and national coordination meetings to facilitate effective coordination.

URCS national, regional and branch staff will carry out weekly field monitoring, and conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties. URCS will provide for field documentation of best practices and routine reporting.

The Federation will provide support and monitor the operation. The Federation intends to carry out a review of the operation.

Contact information

For further information specifically related to this operation please contact:

- **Uganda Red Cross Society:** Michael Nataka, Secretary General; Phone: + 256 41 258 701 Email: natakam@redcrossug.org
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41 22 730 45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584 872, Fax +971 4 883 22 12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone:** Loïc de Bastier, Resource Mobilization Coordinator for Africa; Addis Ababa; phone:+251 93 003 4013; fax: +251 11 557 0799; email: loic.debastier@ifrc.org

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator; Nairobi; phone: +254 731 067277;email: robert.ondrusek@ifrc.org

---

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 (NGO's) 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.

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.

DREF OPERATION

15-05-13

CHOLERA EPIDEMIC

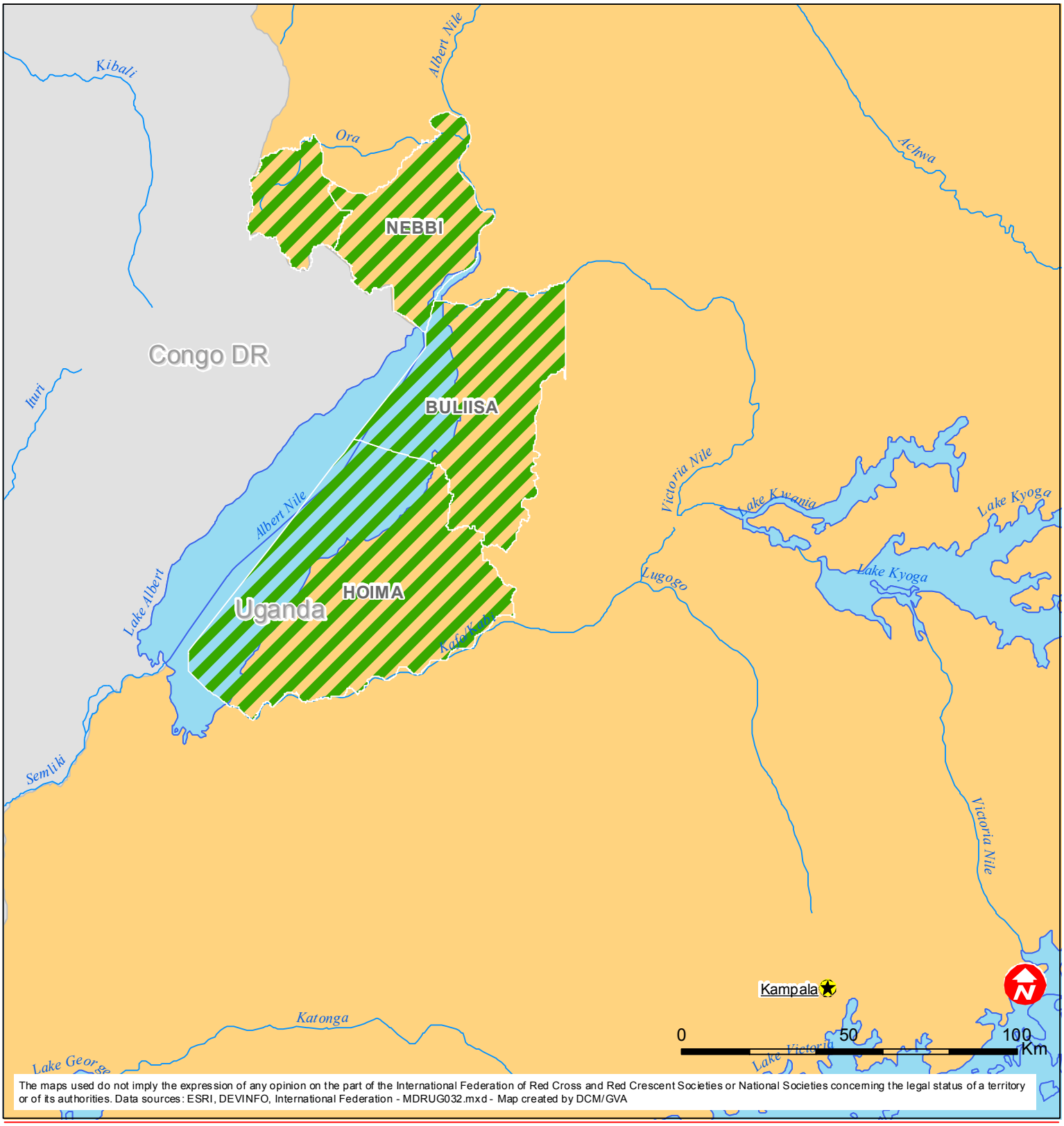
BUDGET SUMMARY

Budget Group	DREF Grant Budget	Total BUDGET CHF
Shelter - Relief		0
Shelter - Transitional		0
Construction - Housing		0
Construction - Facilities		0
Construction - Materials		0
Clothing & Textiles		4,643
Food		0
Seeds & Plants		0
Water, Sanitation & Hygiene		66,714
Medical & First Aid		0
Teaching Materials		33,571
Utensils & Tools		0
Other Supplies & Services		0
Emergency Response Units		0
Cash Disbursements		0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES		**104,929**
Land & Buildings		0
Vehicles Purchase		0
Computer & Telecom Equipment		0
Office/Household Furniture & Equipment		0
Medical Equipment		0
Other Machinery & Equipment		0
Total LAND, VEHICLES AND EQUIPMENT		**0**
Storage, Warehousing		357
Distribution & Monitoring		0
Transport & Vehicle Costs		17,315
Logistics Services		0
Total LOGISTICS, TRANSPORT AND STORAGE		**17,672**
International Staff		0
National Staff		9,667
National Society Staff		2,381
Volunteers		12,221
Total PERSONNEL		**24,269**
Consultants		0
Professional Fees		0
Total CONSULTANTS & PROFESSIONAL FEES		**0**
Workshops & Training		13,705
Total WORKSHOP & TRAINING		**13,705**
Travel		4,950
Information & Public Relations		5,143
Office Costs		857
Communications		1,429
Financial Charges		571
Other General Expenses		0
Shared Support Services		0
Total GENERAL EXPENDITURES		**12,950**
Cash transfer to National Societies		0
Cash Transfer to 3rd parties		0
TOTAL CONTRIBUTIONS & TRANSFERS		**0**
Programme and Supplementary Services Recovery		11,279
Total INDIRECT COSTS		**11,279**
TOTAL BUDGET		**184,804**

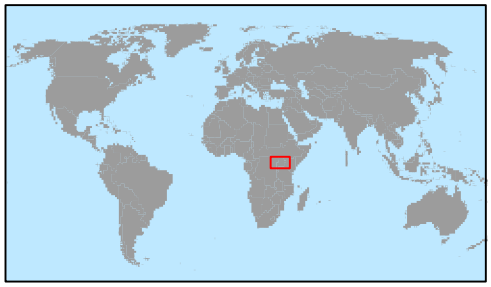
International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

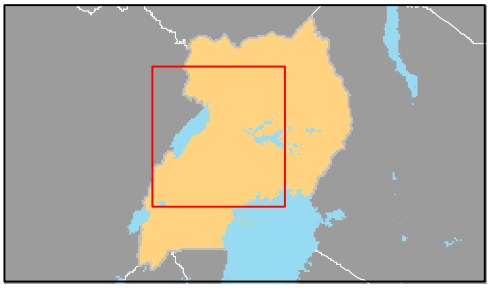
DREF MDRUG032
EP-2013-000058-UGA
15 May 2013

Uganda: Epidemic



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Data sources: ESRI, DEVINFO, International Federation - MDRUG032.mxd - Map created by DCM/GVA





Affected districts