

DREF Bulletin Update



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

UGANDA: CHOLERA OUTBREAK

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 185 countries.

In Brief

Period covered by this update: 23 June to 21 August 2006.

History of this Disaster Relief Emergency Fund (DREF)-funded operation:

- CHF 35,847 was allocated from the Federations DREF on 22 June 2006 to respond to the needs of this operation, or to replenish disaster preparedness stocks distributed to the affected population.
- This operation is expected to be implemented for 6 months, and will be completed by end of December 2006; a DREF Bulletin Final Report will be made available three months after the end of the operation.

This operation is aligned with the International Federation's Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

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All International Federation 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 is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

Background and current situation

An outbreak of cholera was confirmed in the Bundibugyo, Kibaale and Hoima districts of western Uganda after cases that began to be reported at the end of April 2006 escalated. By 20 June 2006, a total of 98 cases – with 33 deaths – had been reported. According to the Hoima district director of health services (DDHS), the worst hit areas were those where majority of residents lacked toilet facilities. These included Kyangwali, Kabwooya and Buseruka sub-counties; 10 deaths were confirmed in Hoima alone. Cholera patients were admitted in different health units of Buseruka, Kabwooya and Kigorobya.

Red Cross and Red Crescent action

In order to enable the Uganda Red Cross Society (URCS) to respond to immediate needs, the International Federation allocated CHF 35,847 from DREF. The URCS developed a plan of action with the goal and objective below. This update outlines the progress made to date as well as the challenges met.

Goal: To contribute towards the reduction of cholera cases among the affected population of Kyangwali, kabwooya and Buseruka sub-counties, Hoima district.

Objective: To create awareness among the target population of 26,931 households in Bundibugyo and Hoima districts on the signs and symptoms of cholera over a six month period, and promptly report cholera cases to relevant health authorities.

Progress/Achievements:

- The Hoima branch of the URCS managed to sensitize and educate over 150 community volunteers and leaders from the areas bordering Lake Albert. Every month the branch EPR focal person holds sessions on cholera control and prevention in selected target areas along the shores of the Lake; this enabled the volunteers to reach the target population with correct information on preventive measures against cholera. The community leaders have gone further by putting in place bylaws that are aimed at improving home sanitation;
- 30 volunteers, who later carried out door-to-door sensitization on cholera and home sanitation, were trained. The trained volunteers have so far reached 1,955 households with health messages and carried out home situation analysis in form of a baseline survey whose results could be used as the base for future interventions;
- The branch purchased three megaphones with DREF funds. These megaphones are being used by volunteers when mobilizing communities; such as disseminating cholera prevention messages during market days;
- The branch was able to sensitize a wide population during cholera disease and promoted home sanitation through the use of local radio talk shows and radio spots. 50 radio spots and five radio talk shows have been conducted, involving local government personnel such as the DDHS and community members;
- Every month, the branch epidemic and pandemic alert and response (EPR) focal person holds sessions on control and prevention of cholera in selected target areas along the shores of lake Albert;
- Hygiene and sanitation posters as well as stickers were developed and posted in public places including churches, schools, health centre, shops and homes. T-shirts were distributed to the Hoima branch volunteers, staff, local leaders and members of the community;
- The branch purchased polythene bags, buckets and basins for use during cholera outbreaks as well as in future;
- Monitoring of the Red Cross action was done by the headquarters and branch staff as well as the branch governing board members.

Uganda: Cholera; DREF Bulletin no. MDRUG001; Update no. 1

Impact:

- The project helped the branch to gain visibility in the community as well as the local government leadership and has greatly improved its image. Many stakeholders are picking lessons from the branch;
- The trained volunteers have contributed to the reduction of cholera incidences, to at least 12%, as well as deaths. At present, there is a slight improvement in home sanitation though a lot still needs to be done;
- The community is more aware of symptoms of cholera and can now promptly report new cholera cases to relevant health authorities.

Constraints:

- The cholera outbreak has widely spread; four sub-counties are affected covering more than 7,500 households. The branch needs support from partners to be able to implement activities aimed at reducing and controlling the spread of the outbreak. This is because the branch does not have the capacity to solely handle an outbreak of such a magnitude;
- Lack of efficient means of transport; the branch has only one old motorcycle that cannot cover rough and long distances;
- Despite the DREF funding, the UGX 300,000 (CHF 200) monthly grant from the URCS headquarters is inadequate to cover a period of three months;
- No adequate safe water in the affected areas, thus there is need to construct appropriate water systems.

Bundibugyo: Kanara sub-county, Rwangala Parish and Rwebisengo, Ntoroko County

Progress/Achievements:

- The Bundibugyo branch staff and board met community leaders and the affected communities to identify gaps and find solutions. The affected communities agreed to ensure improvement of water and sanitation (WatSan) conditions through personal home hygiene and assisting their neighbourhoods in the same way. This was intended to create individual responsibility to prevent or stop further spread of cholera. This has greatly improved the WatSan situation and as result, most families have now dug pit latrines and have better ways of waste disposal management compared to before;
- The branch, together with the Rwebisengo sub-county leadership, mobilized all community members and stakeholders for week-long set of activities geared towards improving hygiene. The climax of the week was officiated by the district leadership with sanitation activities and pronouncements which mobilized the communities at the trading centre. A full-day cleaning exercise, that left the trading centre spotlessly clean, was carried out;
- The branch trained 100 volunteers about the causes, symptoms, prevention and effects of cholera. Some of trainees are members of the community-based disaster management committees (CBDMC), who have carried out door-to-door sensitization messages on causes of cholera and its remedy. They also held video shows on cholera, using tapes from the District Health Department, targeting community gatherings such as market days as well as religious, school and cultural meetings among others. In Budiba, over 230 households (1,150 people) were visited and sensitized; Nyakashenyi, 150 households (900 people) and Makondo Rwebisengo T.C., 3,000 households (12,200 people). The sensitization programme also covered schools such as Kamuhigi S.S. Primary, Makondo Primary 1, Rwebunyonyi Primary 1, Budiba Primary and Masaks Primary School;
- Rwangara Primary School drama group visited five villages to sensitize members of the community using drama. The communities appreciated the initiative of Red Cross in delivering messages to them through their own daughters and sons, who also guide parents on proper WatSan practices back home after school;
- Hygiene and sanitation posters as well as stickers were developed and posted in public places including churches, schools, health centre, shops and homes. T-shirts were distributed to volunteers, staff, local leaders and members of the community;
- The headquarters, branch staff and branch governing board members monitored the progress made in Rwangara. The URCS headquarters health programme is currently working together with the CBDMC officer in implementing the response;
- The local radio in Fort Portal was used to air WatSan messages to an estimated number of 700,000 people within the outreach of the Rwenzori region. More emphasis was put on the project area by directly

Uganda: Cholera; DREF Bulletin no. MDRUG001; Update no. 1

involving the communities and key stakeholders as well as district leadership in the talk shows. Five radio talk shows were held, with 50 radio spots in the local languages;

Impact:

- The branch has improved networking with other stakeholders through its interventions. The district has shown interest and support for the branch to continue with the activities.

Constraints:

- There is need to provide sanitation platforms (SanPlats) for covering pit latrines as there are no logs. The SanPlats would be easy to transfer to newly-dug pits in case the old ones are filled up;
- Training water committees on repairing and servicing of shallow wells and providing toolkits to enable repair is needed.
- The floor of Rwebisengo Health Centre cholera isolation ward needs to be cemented;
- There is need to encourage local leaders to implement bylaws as a measure to protect water facilities among other;
- Resources are not adequate to continue implementing activities in some affected areas;
- No adequate safe water; there is a need to construct appropriate water systems;
- Better and safer means of transport, such as a land cruiser, are needed to enable access to the affected area, which is 80km from the branch office through thick forests and the Rwenzori Mountains. There are security concerns as the area has not yet been declared free of rebels who have been fighting the government for the last 10 years;
- The project area is too small compared to the affected communities. There is the need to expand interventions to other area so as to avoid the spread of cholera.

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