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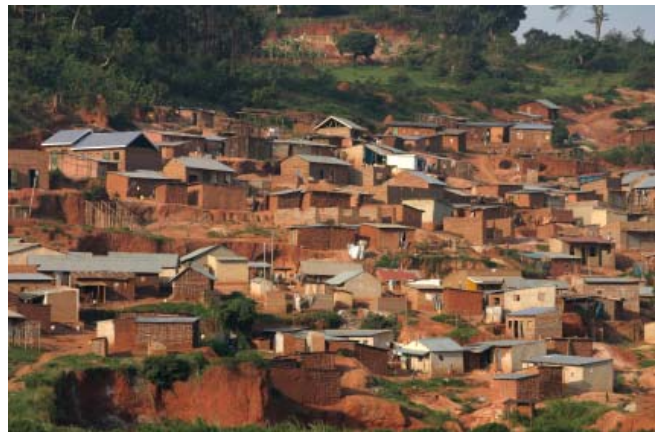
Disaster relief emergency fund (DREF) Uganda: Cholera Outbreak in Mbale District

 International Federation
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG025
GLIDE n° EP-2012-000031-UGA
5 March, 2012**

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 109,796 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 22,000 of the most vulnerable beneficiaries out of the 111,287 people in the affected divisions in the municipality and sub county of Mbale District. Un-earmarked funds to repay DREF are encouraged.



Mbale slum / photo: www.skyscrapercity.com

On 14 February 2012, a new occurrence of cholera outbreak was confirmed in Mbale Municipal council by the Ministry of Health (MoH) and the district health authority. **Mbale** is the main municipal, administrative and commercial centre of Mbale District and the surrounding sub-region. Census estimates put the 2010 district population at approximately 410,300 and the population of affected areas at 111,287. Among these, some 22,000 individuals have been identified, who are considered to be at higher risk of contracting and spreading the disease.

Since the confirmation of the cholera epidemic outbreak in Mbale, the total cumulative number of infected persons currently stands at 67 with 2 reported deaths.

It was inevitable from the beginning of 2012 that there would be an outbreak of cholera in town after Mbale Municipal Council authorities failed to collect garbage in town and National Water and Sewerage Company (NWSC) delayed repair of broken pipes in Mbale Municipality for people to access clean water. Due to the lack of water, flush toilets stopped functioning, people started defecating in rivers, bathing in rivers, utilizing unprotected wells and other sources of unsafe drinking water in the area. With the poor sanitation conditions currently prevailing and the lack of access to safe water for the communities, it is feared that the disease might spread further if not contained.

In response to this, the Uganda Red Cross Society (URCS), through community-based volunteers in Mbale Branch, plans to utilize the Epidemic Control for Volunteers (ECV) toolkit to engage households on the most effective disease control methodologies. Coupled with media campaigns, these are expected to improve awareness about cholera and its control measures such as provision of safe water and facilitating proper environmental, food and personal hygiene. It will also facilitate improved community-based disease surveillance. Through targeted activities, it will also improve access to safe water, including water quality analysis and sterilization of wells and river water sources.

This proposed operation is expected to be implemented over three months, and will therefore be completed by 31 May 2012; a final report will be made available three months after the end of the operation (by end August, 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected areas>](#)

The situation

Since the confirmation of the cholera epidemic outbreak in Mbale, the total cumulative number of infected persons currently stands at 67 with 2 reported deaths, a case fatality rate of 3%. However this is based on limited, preliminary data. At the moment, there is insufficient information about the 'index case,' except a mentioning that the outbreak seemed to have started in Mbale Town itself. This cholera outbreak has mainly affected divisions within the municipality (Northern and Industrial) and one sub-county (Namanyonyi). The two divisions and one sub-county have a total population of about 20,405 people. Given the current prevailing conditions and with the rainy season predicted to start in March 2012, the fear of the disease spreading further to the whole district and neighbouring communities due to the lack of access to safe water, heaps of improperly disposed garbage and inadequate sanitation facilities in the municipality is a serious reality. Through this DREF, URCS will immediately initiate mitigation measures as proposed in the planned activities so as to improve the worsening situation.

Total numbers of affected and deaths in Mbale

Affected	Cumulative Number
cumulative number affected and admitted	67
General admissions	67
Death	2
New cases	15
Number of sick still in hospital	43
Number of discharges	24

From the onset of the outbreak declaration, the Mbale District Health Office appealed for support through the MoH to handle the emergency, particularly in light of the complicated nature of settlement within the municipality. A request for support was extended to the Uganda Red Cross Society and partners to join in the disease control efforts in the most affected areas that needed assistance. The support being sought includes health education, non-food items and personnel support for case management.

Mbale Municipal Population Distribution of the affected Divisions/Sub-Counties

Division	Households	Males	Females	Sub Total (people)
Industrial	8,594	23,875	24,250	48,125
Northern	7,768	20,750	22,750	43,500
Namanyonyi	4,043	9,634	10,028	19,662
Grand Total	20,405	54,259	57,028	111,287

Source: Uganda Population and Housing Census

From the joint assessment conducted with the District Health Office, an estimated total population of 111,287(20,405 households) live in the affected divisions and sub-counties, while a total of 410,300 people in the whole district remain at risk of cholera infection since there are always interactions among the people.

There are 12 new suspected cases in the two areas namely Sironko (Naputi parish) and Bududa with one death and these are waiting for confirmation

Reported suspected cases from the neighbouring districts

Name Of Area	Cumulative Numbers	Remarks
SIRONKO	10	Still waiting for confirmation
Deaths	1	Suspect is a student who came from Mbale district the endemic areas with cholera
General	10	Admission is at Buwalasi

admission		health centre III
BUDUDA	2	Still waiting for confirmation
Total cases	12	

Coordination and partnerships

In Mbale Municipality, the District Cholera Task Force has been re-activated where key Technical Working Groups (TWGs) of case management, water, sanitation and hygiene (WASH), social mobilization coordination/resource mobilization, logistics and security have been formed with the URCS being a member in the core areas of social mobilization, WASH and case management.

A similar coordination mechanism at national level has been established at the Ministry of Health headquarters where URCS is also represented. The District Cholera Task Force and National Epidemic Response committees hold weekly coordination meetings where updates are shared among partners and operational activities re-designed to meet the set disease control objectives.

The Ministry of Health (MoH) and the District Health Team remain the principal interveners, while humanitarian agencies such as UNICEF, WHO and URCS, as well as international and local NGOs, are being mobilized to act in partnership to support the district in the response.

These coordination mechanisms help in developing epidemic response plans, resource mobilization and providing operational guidance that supports resource sharing and avoids duplication of effort. Mbale District Health Office operates an emergency cholera treatment unit at Busiu Health centre IV. Key medical staff from the unit have been deployed to manage cases at the Cholera Treatment Centres (CTCs) and also provide medical supplies - which are still inadequate.

Authorities in Mbale District have ordered the closure of all eating places that do not meet minimum health standards following the cholera outbreak that has left two people dead and 32 others infected with 25 still receiving treatment in hospitals. Authorities are also reprimanding households without pit latrines.

The following are members of the Operational TWGs and Sector Lead Agency

- Coordination and resource mobilization District Health Officer (DHO)
- Case management DHO
- 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
- Security and Safety District Security Officer (DISO)

Red Cross and Red Crescent action

Mbale Branch recently conducted a joint assessment with the District Health Office, highlighting the magnitude of the emergency and guiding the disease control actions. The branch also mobilized 20 volunteers, readying them for engaging communities with disease control activities. Two of them have been deployed to assist the medical team in providing case management at Busiu Health centre IV. The presence of the two volunteers at the Cholera Treatment Centre (CTC) is helping to meet the human resource gaps in patient reception, care and case management, which assists in controlling cross infections and reducing fatality rates. A cholera kit has been mobilized from the central warehouse for dispatch to Mbale to boost case management. Fifty-eight other volunteers are on standby, awaiting training and deployment in different communities for awareness creation on cholera and distributing water purification tablets.

The needs

Selection of people to be reached:

The overall beneficiaries targeted are 111,287 people or 20,405 households who live in the two affected divisions and sub-county. As the whole district remains at risk of cholera infection. The total population of Mbale district (410,300 people) will be sensitized with cholera information that will be disseminated through the mass media and through information, education and communication (IEC) materials.

In particular, the intervention will directly target 22,000 Extremely Vulnerable Individuals (EVIs) from 20,405 households who are more at risk of contracting the disease and dying from it due to conditions such as advanced age, physical or mental disability, those with lack of support network (orphans or single headed households), and others, such as those who have been infected by cholera. 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 as well as training, and employment opportunities.

The immediate needs of the affected communities are: chemicals for purifying drinking water especially for people living along the shores of river Namatala and Nabuyonga in addition to adequate sanitation facilities such as latrines, hand washing facilities, containers for maintaining a safe water chain as well as adequate information on cholera disease, its transmission modes, risks of infection, actions for suspected cases and control measures. Due to the anticipated increase in the number of cases, the District Health Office has asked for additional medical supplies for managing the cases and maintaining an acceptable Case Fatality Rate (CFR).

In the long term, there is need for more permanent and reliable water sources to be provided in the affected communities. Currently, residents along the shores of river Namatala and Nabuyonga rely on the river that is even suspected to be contaminated due to the heavy rainfall that sometimes results in flooding.

The proposed operation

The operation will mainly focus on engaging community-based volunteers to undertake intensified health and hygiene promotion campaigns at household level to improve cholera literacy as well as facilitate community actions on key hygiene and sanitation improvements, such as construction of public latrines, hand washing practices and eating well-cooked foods, among other practices.

The IFRC ECV toolkit and Participatory Hygiene and Sanitation Transformation in Emergency (PHASter) approaches shall be used to facilitate effective cholera control interventions, in which trained volunteers will be trained to conduct health and hygiene promotion campaigns, promoting oral rehydration therapy (ORT) and referral of suspected cases and general environmental, personal and food hygiene improvement.

Considering the urban settings and space limitation, five public latrine blocks are planned. Each block will consist of 5 latrines with urinal facilities and hand washing facilities, with 2 male and 3 female latrine blocks. The public latrine construction will completely depend on the space available in this urban slum, and on land clearance from the local authorities.

Due to inadequate medical supplies for managing the cases both at community and health facility levels, the URCS will provide one cholera kit (volunteer and treatment modules) that will be immediately put to use to manage suspected cases and admitted patients. The volunteer module of the treatment kit will be used by trained Red Cross volunteers, who are based in the communities acting as first-responders, to evaluate any suspected cholera cases and provide oral rehydration therapy. The treatment module of the cholera kit will be handed over to Ministry of Health personnel who are responsible for managing all admitted patients – including those referred by the volunteers at the CTCs. Two Red Cross volunteers deployed at Busiu Health centre IV will continue to assist the medical workers in ensuring infection control activities such as disinfectant spraying.

For communities along the shores of river Namatala and Nabuyonga who rely on the river, the operation will plan to conduct water quality analysis to establish the level of contamination and accordingly, provide water purification chemicals for households water treatment.

The operation will support the District Water Office (DWO) to conduct routine water quality surveillance both at source and household levels. In order to reduce the risk of infection and death among the 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 simple Tippy-Tap mechanisms for promoting hand washing practices.

In order to reduce risk of wide transmission of the epidemic, the mass media and other forms of culturally acceptable and 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 Mbale District since there is a lot of population movement to and from the area affected as well as cross border movements with Kenya. The total population of the district is 410,300 people that will be targeted with the IEC and mass media messages.

The URCS will deploy its staff from branch and regional offices as well as technical staff currently implementing the water and sanitation projects in Eastern Uganda to train volunteers and provide technical support for the planned WASH hardware 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 Mbale District departments of water and health will be incorporated to provide guidance and support to the field activities.

Water, sanitation, and hygiene promotion	
Outcome: Immediate reduction in risk of cholera infections and mortality among 3,928 extremely vulnerable households (or 22,000 beneficiaries) in 2 divisions and 1 sub-county and indirectly supporting 410,300 people in Mbale District for three months.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Increased public awareness about cholera disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) Improved early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. 	<ul style="list-style-type: none"> Conduct training of 60 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit Produce and disseminate context-specific Information, Education and Communication (IEC) materials (50,000 cholera posters, 100,000 cholera leaflets and 200 T-shirts translated in Gishu) to reach 410,300 people. 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 410,300 people in the whole district. Conduct community health promotion campaigns reaching approximately 111,287 indirect beneficiaries in 2 affected divisions and 1 sub-county in the district. Facilitate social mobilization through film vans operation for 2 months in the whole district targeting 410,300 people. Facilitate active case search, provide Oral Rehydration Therapy (ORT) and referral of suspected cholera cases by Red Cross volunteers
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to 3,928 households (22,000 beneficiaries) in the affected division and sub-counties in Mbale district over a period of three months. Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population. 	<ul style="list-style-type: none"> Conduct water quality analysis (procurement of consumables for analysis) and surveillance to determine levels of contamination on water source level and guide purification. Conduct 2 trainings of safe water user committees for promotion of safe water usage and maintenance. Construct 5 public emergency latrine blocks, (each block consist of 5 latrines, urinal and hand washing facilities) for safe disposal of human excreta in the most affected divisions and sub county. Procure and distribute 120,000 water purification tablets to 3,928 households for 1 month. Procure and distribute 150,100 bars of laundry soap for promotion of hand washing practices amongst 22,000 beneficiaries Procure and distribute 3,928 five-litre jerry-cans for constructing household hand washing facilities Procure and distribute 7,856 number of 20 litre capacity jerry cans for household water treatment and storage.

Coordination, monitoring, technical support supervision and operation evaluation

Outcome: Strengthened operational capacity in planning, M&E and reporting for effective service delivery to the target beneficiaries

Outputs (expected results)	Activities planned
<ul style="list-style-type: none">All planned operational activities are monitored and reported on in a timely and quality manner	<ul style="list-style-type: none">Conduct weekly field monitoring checks by national, regional and branch staffParticipate in all districts and national coordination meetings to facilitate effectiveProvide field documentation of best practices and routine reportingConduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-countiesConduct operation final evaluation, lesson learnt workshop and document best practices

Contact information

For further information specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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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.
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DREF OPERATION

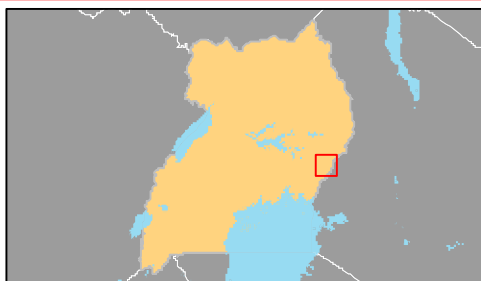
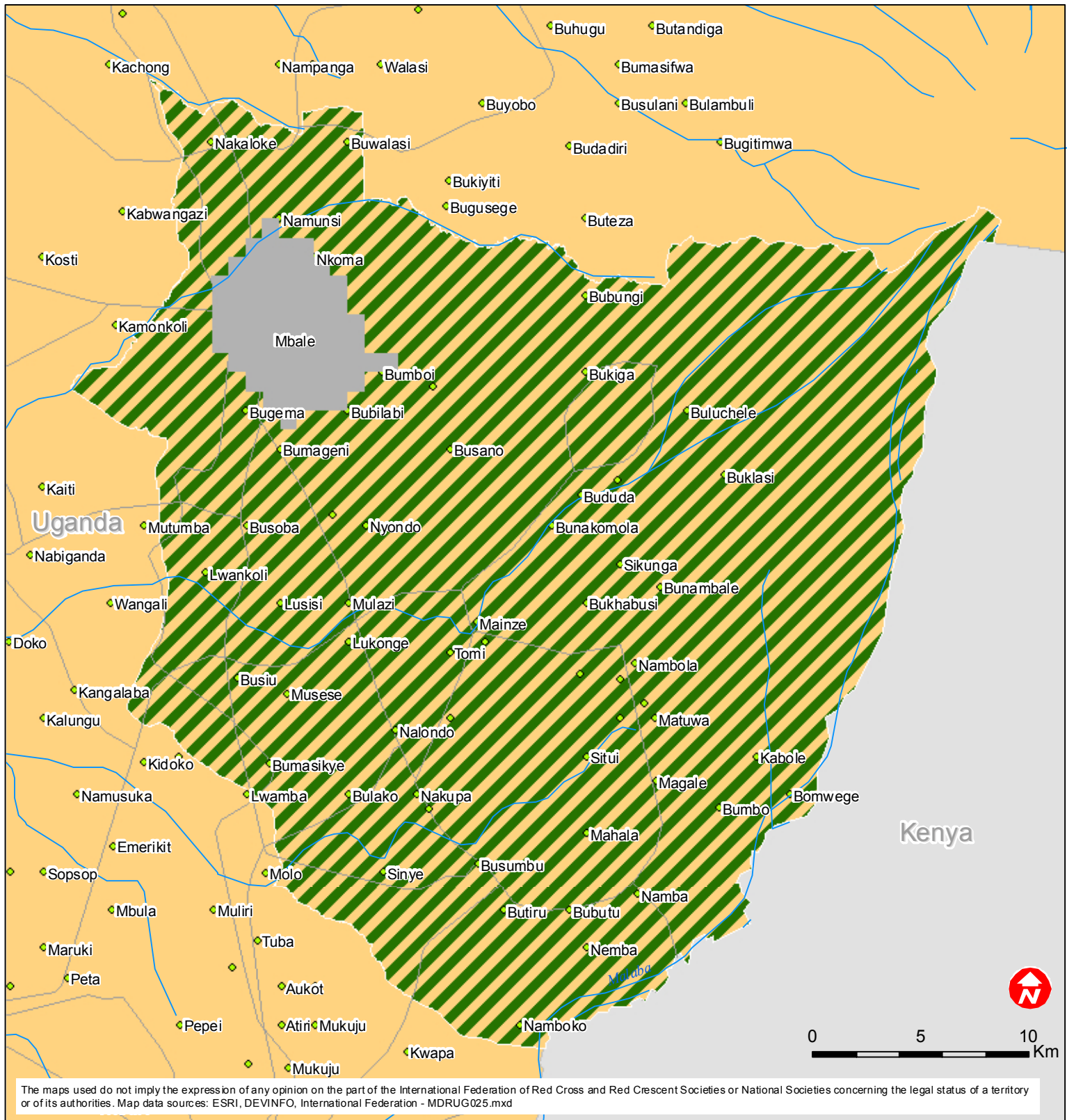
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Uganda: Cholera Outbreak in Mbale District (MDRUG025)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	1,523
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	37,923
Medical & First Aid	0
Teaching Materials	13,441
Utensils & Tools	
Other Supplies & Services	
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	52,888
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	0
Storage, Warehousing	391
Distribution & Monitoring	4,682
Transport & Vehicle Costs	13,012
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	18,084
International Staff	
National Staff	1,473
National Society Staff	10,599
Volunteers	
Total PERSONNEL	12,071
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	0
Workshops & Training	11,000
Total WORKSHOP & TRAINING	11,000
Travel	1,686
Information & Public Relations	5,842
Office Costs	1,406
Communications	0
Financial Charges	117
Other General Expenses	0
Shared Support Services	0
Total GENERAL EXPENDITURES	9,052
Programme and Supplementary Services Recovery	6,701
Total INDIRECT COSTS	6,701
TOTAL BUDGET	109,796



Uganda: Epidemic



-  Settlements
-  Main roads
-  Mbale district