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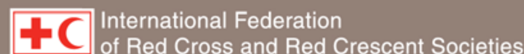
DREF Final Report

Uganda: Cholera Outbreak in Mbale District



DREF operation n° MDRUG025
GLIDE n° EP-2012-000031-UGA
11 October 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 Red Crescent response to emergencies. 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 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 5 March 2012 to support the Uganda Red Cross Society in delivering assistance to some 22,000 of the most vulnerable beneficiaries out of 111,287 people in the affected divisions in Mbale Municipality and other parts of the district.

Uganda Red Cross volunteer supporting referral of a suspected cholera case in Mbale district: Photo URCS

Summary

A new episode of cholera outbreak was confirmed in Mbale municipality on 16 February 2012 by the Uganda Ministry of Health (MoH) initially infecting 26 people and causing 2 deaths. Since the onset of the outbreak, the cumulative number of infected persons rose to 555 with 30 deaths reported by 30 July 2012, representing a record low case fatality rate (CFR) of 6.2 %. By the time of reporting, the epidemic situation was under control and no new cases were reported**.** This is largely due to the efforts of the Ministry of Health, Uganda Red Cross Society and the other partners who engaged the communities in integrated Epidemic Control for Volunteers (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST) toolkits. It facilitated improved public awareness and prevention on the cholera epidemic through hygiene improvement, active case search and referral and early treatment of cases that helped to save over 111,000 lives in the four affected districts of Mbale, Manafwa, Bududa and Sironko in Eastern Uganda. The assistance included sensitization and support to households in the affected communities with the most immediate hygiene supplies like water purification chemicals, clean water vessels, soap for hand washing, as well as Information, Education & Communication (IEC) materials that were distributed to improve literacy about Cholera and promote safe water, clean environment, food and personal hygiene in the target communities that eventually led to controlling the spread of the epidemic.

This DREF was 100% replenished. Partners who contributed include the Belgian Red Cross/Belgian Government and the European Commission's Humanitarian Office (ECHO)-CHF. The Uganda Red Cross Society and IFRC would like to extend thanks to all the donors for their generous contributions.

Details of all donors can be found on http://www.ifrc.org/docs/appeals/Active/MAA00010_2012.pdf.

<click here for the final financial report, or here to view contact details>

The situation

The Ugandan Ministry of Health announced an outbreak of Cholera in Mbale district that started in February 2012 and later spread to neighbouring districts of Manafwa, Sironko and Bududa all in the Elgon region. Cholera is a serious acute infectious disease characterised by watery diarrhoea and vomiting, capable of killing a person within hours. Below is a summary table showing where the cases occurred in the affected districts of Mbale, Bududa, Sironko and Manafwa with key actions taken by Government, URCS and partners

Table 1: Cholera cases

Affected districts	Cumulative Cases	Cumulative Deaths	Comments and Actions
Mbale	314	22 **(CFR 7 %)**	• There are no cases currently admitted in the cholera treatment centre (CTC). • The initial cases from Mbale Municipality (Namanyonyi & Nakaloke sub-counties) which at the time was experiencing an acute water shortage due to inadequate power supply from the Ugandan energy distributor UMEME to run the water pump were reported & managed at the Regional Referral Hospital (RRH). • Water supply to the municipality has since improved and the chlorine levels in the Municipality water have been stepped up by the National Water & Sewerage Corporation (NWSC). In addition to the household aqua safe water purification tablets, water vessels (jerry-cans) were distributed by the URCS to households in the affected communities. • MoH team sent to support investigations and response has been providing case management supplies as well as the establishment of cholera treatment centres in Busiu and Namatala. • Response continues to be coordinated by the district taskforce. Post-epidemic community education is still on-going.
Bududa	183	6 (**CFR 3.2%)**	• There are no patients currently admitted in the CTC. • The initial cases were reported on 29 February 2012 from Nalwanza and Buchigayi sub-counties in Bududa district. • MoH team has been supporting case investigations and response as well as the establishment of a cholera treatment centre in Bukigayi Heath Centre III. • National medical stores delivered emergency supplies to the district and they are still adequate. • Response is being coordinated by the district taskforce. • URCS has been supporting the response through community social mobilisation activities using Participatory Hygiene and Sanitation Transformation & ECV toolkits
Sironko	58	2 **(CFR 3.4%)**	• There are no patients currently admitted in the CTC. • The outbreak was first reported on 24 February 2012 and spread from the neighbouring district of Mbale. The first infected person became ill on 21 February 2012 after travelling from Mbale where he had gone to work. • Cases were reported from Buwalasi and Nalusala sub-counties bordering Mbale district. These cases were managed in Buwalasi Health Clinic III. • MoH team supported case investigations and response activities including establishment of a cholera treatment centre in Buwalasi HC III. • MoH provided the required case management supplies that assisted in treating cases. • URCS has been supporting the response through community social mobilisation activities using Participatory Hygiene and Sanitation Transformation & ECV toolkits
Manafwa	(18 cases reflected in Bududa and Mbale,	0	• The outbreak was first reported on 24 February 2012 and spread from the neighbouring district of Mbale. • The cases were reported from sub-counties of Kaato, Tsekululu, & Bukhabusi that border Bududa district. Hence

	above)[1]		none of the 18 cases from Manafwa have been treated within the district but all treated in Bududa [17 cases] and Mbale [1 case]. • MoH team supported case investigations and response as well as delivery of case management supplies required to treat the infected people. • The epidemic response activities are still on-going in the area of community mobilization and being coordinated by the district taskforce.

The URCS actions supplemented the Government efforts that included surveillance and Epidemiological activities in the affected and neighbouring districts that helped to detect the cases for early treatment. The National Medical Stores (NMS) also provided the necessary drugs and medical sundries to the affected districts that helped in effectively managing the cases. The intervention improved community capacity to prevent further diarrhoeal disease outbreaks through the trained community volunteers who even after the operation still continue promoting hygiene education and vigilance to the public who are now able to report all suspected Cholera, Typhoid, Dysentery cases and other strange deaths to the nearest health facilities.

Coordination and partnerships

During the peak of the outbreak, coordination was ensured through the district cholera task force meetings that were attended by among others: Ministry of Health officials, district health officials, URCS, UNICEF, WHO, Medicins San Frontiers (MSF) catholic Relief Services (CRS) and Program for Accessible Health, Communication and Education (PACE). The frequency during this time was twice a week and later once a week after a recorded improvement in the cholera situation in the affected districts of Mbale region. Through the DREF operation, URCS supported some of these District Epidemic Task Force meetings and coordinated their frequency, held weekly during the peak days and later bi-weekly when the situation improved.

The following partners provided additional contributions to the outbreak response activities in line with their core programme areas in the district that facilitated effective resource and information sharing and coordinated interventions:

Table 2: Partner Support

Organization	Contribution
Mbale/Sironko/Bududa District Local Government – Chief Administrative Officer in collaboration with District Local Council V (LCV) chairperson and Resident District Commissioner (RDC)	Coordination of partners and mobilization of resources for response as well as enacting and enforcing Public Health by-laws that promotes community hygiene.
Mbale/Sironko/Bududa District Local Government – District Health Office (DHO)	Technical lead in establishment of Cholera Treatment Centers (CTC) for effective management of all suspected cases and community health inspection and health promotion campaigns
Mbale/Sironko/Bududa District Local Government – District Water Office (DWO)	Technical lead in provision of safe water, water quality surveillance, and hygiene promotion campaigns
Medicins San Frontiers (MSF)	Established 4 Cholera Treatment Centres in Namatala, Busiu, Buwalisi HC III and Bududa and provided treatment of cases
Program for Accessible Health, Communication and Education (PACE)	Co-facilitated & demonstrated the proper use of the water purification chemicals during the training of 60 volunteers mobilized by the URCS.

A similar coordination mechanism at the national level was established at the Ministry of Health headquarters where the URCS was duly represented. The District Cholera Task Force & National Epidemic Response committees held weekly coordination meetings where updates were shared amongst partners and operational activities re-designed to meet the disease control objectives. The Ministry of Health (MoH) and the District Health Team remained the main interveners while WHO and other humanitarian Agencies like United National Children's Fund (UNICEF), Uganda Red Cross Society (URCS), Medicins San Frontiers (MSF) Catholic Relief Services (CRS) and Program for Accessible Health, Communication and Education (PACE), as well as other local NGOs like St. John Ambulance Brigade were mobilized to act in partnership to support the district in the epidemic response. The District and sub-county authorities were able to enforce by-laws such as the stopping of the sale of cold foods and fluids considered to aid the spread of the disease and also reprimanding households without pit latrines.

[1] *All the 18 cases are already captured under the cumulative for Mbale [1 case] & Bududa [17 cases].*

Red Cross/Red Crescent action

With this DREF support, the Uganda Red Cross Society was able to mobilize community based volunteers to conduct intensive health and hygiene promotion campaigns as well as provision of hygiene supplies and facilities that ensured supply of safe water and safe disposal of human waste. This benefitted a recorded 29,546 households composed of 257,296 people (119,640 males & 137,656 females) in the 3 districts of the intervention. To ensure complementary response efforts, the National Society collaborated with all stakeholders. Its involvement and participation in coordination meetings with local and central government authorities as well as other actors supporting the cholera response, increased the visibility of the National Society.

Achievements against outcomes

Water, sanitation and hygiene promotion

Outcome: Immediate reduction in the risk of cholera infections and mortality among 3,928 extremely vulnerable households (or 22,000 beneficiaries) in 2 divisions and 1 sub-county indirectly supporting 410,300 people in the district of Mbale for three months.

Outputs (expected results)	Activities planned
• 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.	• 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 111,287indirect beneficiaries in the 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
• 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.	• 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 consists 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 4000 five-litre jerry-cans for constructing household hand washing facilities

	• Procure and distribute 7,856 20 litre capacity jerry-cans for household water treatment and storage.

Achievements (Hygiene Promotion)

The Branch Managers from all the affected districts and volunteers were engaged to support the response in averting the spread of cholera in the respective communities. In total 85 Volunteers and some Village Health Team members operating in these communities carried out sensitization and referral of all suspected cases from the communities. This was made possible by technical support from the district health teams who trained the volunteers in March 2012 using the ECV/PHAST training tools. On completion of the training, the volunteers were complemented with the available assorted Information, Education and Communication materials that enabled them to conduct intensive door-to-door health and hygiene promotion campaign activities.

URCS volunteers conducting mobile sensitization on cholera in Mbale municipality: Photo URCS.

The volunteers reached 29,546 households composed of 257,296 people (119,640 males & 137,656 females). This intensive field work activity in the target communities conducted by the volunteers led to improved awareness with marked reduction of the incidence of the disease. This activity was closely implemented with the support of the district health office.

Water purification materials were distributed by community volunteers during house-to-house campaigns including at water collection points to assist in purifying the water which led to controlled cholera case spread and reduced fatality. Radio talk shows were conducted involving key political leaders which proved important in delivering messages focusing on cholera epidemic prevention information to people. Since the start of the intensive Red Cross interventions on 12 March 2012, the admission of new cholera cases reduced drastically and no new admissions were recorded in any CTC in the sub region. By the time of reporting all the cholera treatment centres had been closed.

Volunteers attend cholera outbreak prevention orientation & training in ECV & PHASTer Methodologies in Mbale branch: Photo URCS

Together with the district health education office, the Branches conducted social mobilisation campaigns by holding public awareness meetings with local leaders in Mbale municipality covering all the affected areas in the district. This collaboration with the district authorities facilitated the operation through the availability of the district technical staff and political leadership to participate sustainably in the operation. The operation distributed Non Food Items (Jerry cans, Hand washing facilities, Soap, and Water Treatment Tablets) for improvement of sanitation in the homes of 22,000 Extremely Vulnerable Individuals (EVIs) who were targeted as direct beneficiaries.

The operation mobilized 85 Volunteers majority of whom also doubled up as members of the village health teams (VHTs) and trained them on integrated modules of Epidemic Control for Volunteers (ECV) and Participatory Hygiene and Sanitation Transformation in emergency response (PHASTer) methodologies and how to use the different toolkits in promoting health awareness about cholera as well as personal and environmental hygiene improvement. The training curriculum took four days and drew facilitators from the WatSan and health sectors within the URCS as well as the District Health and water offices in the respective districts of Mbale, Sironko, Manfwa and Bududa and other partners like PACE. The participants mainly composed of Village Health Team (VHT) members were drawn from the most affected sub counties in Mbale (55), Sironko (15) and Bududa (15). After the training, these volunteers were instrumental in promotion of health and hygiene at community level.

Stocks of assorted medical supplies contained in the cholera kit were donated to the district health office in Mbale at the onset of the outbreak and the items were distributed equally to the 4 CTCs in the district in order to aid in the management of cholera cases. These supplies provided effective management of cases such that after its utilisation, no new deaths have ever been reported in the 4 CTCs. The supplies in the cholera kits therefore assisted in maintaining the case fatality ratio at an acceptable minimum limit of 7 % thus reducing mortality from the epidemic.

This operation facilitated the production, printing and distribution of assorted information materials composed of 50,000 posters, 100,000 leaflets and 200 T-shirts to communities and volunteers engaged in the affected and other at-risk communities in the whole of Mbale, Sironko and Bududa districts through the community volunteers/Village Health Teams as well as the mobile dissemination vans and health facilities. These materials, produced in English and Lugishu (local language) facilitated the effective dissemination of cholera information as it made the target audience informed about the signs and symptoms of the cholera, its modes of transmission, prevention methods and action to take when a person is suspected to have been infected with the disease. This has also increased literacy levels and public awareness about the disease including health seeking behaviour of the communities.

Twelve (12) Radio Talk shows involving the District Health Educator, the Secretary for Social Services and a representative from Mbale Red Cross Branch were conducted. In addition, a total of 1,860 Radio spots on cholera prevention were aired out on Open gate, Step, FM Radio station and Uganda Broadcasting commission (UBC) Lumasaba. The messages aired through the radio reached an estimated listenership of 330,000 people in and outside the district. During the talk shows, listeners would call from as far as Lwakhakha in Manafwa district on the borders of Kenya, Soroti and Tororo Districts inquiring about: the control measures, spread and myth etc and general participation in the live broadcast. With this partnership, management of Open gate, Step, FM Radio station and UBC Lumasaba radio stations offered the URCS a complementary (additional) of 240 radio spots, which were aired at no additional cost throughout the month of April 2012 as part of their Corporate Social Responsibility. This signifies an immense goodwill that the corporate world is beginning to extend to URCS through such operations that happen through the support of the DREF.

In the door-to-door health promotion campaigns, the volunteers managed to reach 29,546 households constituting a total population of 257,296 (119,640 male & 137,656 female) with cholera prevention and control messages in this period in the affected communities in Mbale, Sironko and Bududa district as per the details below:

sn	Branch	Communities visited	Number of households reached	Number of people directly reached with cholera prevention messages	Mobile film vans
1.	Mbale	Doko, Sisye, Wandawa, Muvile, Nampanga and Kolonyi	6,220	11,241	2 mobile vans were deployed to conduct social mobilization and public campaigns on cholera prevention for 30 days in the whole district during the month of April 2012
		Bumboi, Nabweya, Nyanza cell, Somero and Namengo	7,645	120,051	
		Musoto, Marare, Bugema.C and Kisenyi	5,367	60,544	
2.	Sironko	Buwalasi, Nalusala and Sironko town council.	6,435	43,034	
3.	Bubulo	Bukigai, Nalwanza, Kaato, Bududa Town council, Bukokho and Magale T/C	3,879	22,426	
	Total	**24 sub-counties**	**29,546 households**	**257,296 people (119,640 male & 137,656 female).**	

Intensive mobile social mobilization campaigns were carried out in 11 sub-counties of the districts. The moving public address system has targeted markets and communities in the seven sub counties with messages on cholera broadcasted along market ways, venues of community meetings and other places with crowds. In addition Health Educators in the vehicle gave elaborate talk on the outbreak to the communities with an estimated 451,000 people (community meetings and roadside talks) benefiting from this activity.

Impact

Since there was no assessment at the end of the operation, was not easy to measure the impact. However, there were changes that represent some level of impact characterised by among others, a noticeable improved responsibility on health issues by the targeted communities and increased knowledge emanating from coverage of a wide area by the trained volunteers. There was also evidence of a cleaner environment throughout the operation although this was short lived. Improved hygiene knowledge and practices in particular with relation to cholera and other water borne diseases was realised based on the questions posed by those reached during awareness sessions.

Achievements (Water and Sanitation)

The following interventions were undertaken in the 3 districts of Mbale, Sironko, Manafwa and Bududa as planned, leading to the respective impact in the target communities as described:

Water supply to the municipality improved and the chlorine levels in the Municipality water were stepped up by NWSC and URCS by distributing 120,000 tablets of aqua water purification tablets to 3,928 house holds for 30 days, 3,928 20 litre capacity jerry-cans for storage of treated water and 3,928 5 litre capacity jerry-cans for tippy tap hand washing facility in the affected community.

Two-stance emergency latrines constructed to promote safe disposal of human wastes in Namtala – Mbale district: **Photo URCS**

The operation facilitated the procurement of required reagents including collection and transportation of samples for water quality analysis which later revealed contamination in the river waters of Manafwa and other streams from different points. The results were later disseminated to the different stakeholders. These results guided the identification of the communities to be prioritized for distribution of water purification chemicals. As a precautionary measure, households were cautioned from using water from these sources and advised to treat all water collected with the chlorine tablets provided or else practice water boiling before consumption. Total decontamination of the free flowing river was technically impossible, instead decontamination of water at the water collection point using aqua safe was promoted an alternative cost effective and efficient approach.

The operation facilitated the construction of six sets of 2-stance emergency pit latrines in the most affected village of Namatala in Mbale municipality, benefitting 363 households. These facilities have continued to facilitate safe disposal of human excreta away from surface water sources hence reducing the incidence of cholera and other diarrheal diseases amongst the beneficiary communities.

Over the emergency period of one month, 120,000 water purification chemicals were procured and distributed to 3,928 households to ensure safe water at home in addition to purification done at key water collection points with the assistance of water user committees and community based volunteers.

In the same period 3,928 bars of laundry soap were procured and distributed for promotion of hand washing practices amongst 14,140 beneficiaries. This not only ensured enhanced capacities of vulnerable beneficiary households' to cut the transmission of cholera, but also other diarrheal diseases like dysentery, typhoid etc.

The operation enabled the procurement and distribution of 3,928 five-litre Jerry Cans that facilitated the construction of a similar number of tippy-tap hand washing facilities that are continuously being utilised to improve personal hygiene and cut the chain of disease transmission amongst. In addition, 30 institutional hand washing facilities were also procured and distributed benefiting 30 schools/institutions in Mbale district alone. In order to promote safe water chain at household levels, an additional 3,928 pieces of twenty-litre water vessels were procured and distributed to a similar number of households assisting to provide safe water storage and treatment with aqua safe.

Impact:
A random sample of people interviewed during the field monitoring & technical support supervision mission revealed that the majority of people received information on cholera prevention and good hygiene practices. Early adopters of the hygiene improvements were realised in terms of model homes with sanitation-enabling facilities like pit latrines with hand washing facilities, rubbish pits, utensils drying racks and general clean home environments were observed at selected households as well as safe food handling practices in public eating places. There was an increased availability of safe water as a result of the distribution of the aqua tablets that ensured recipients had more safe water for consumption.

Coordination, Monitoring, technical support supervision & operation evaluation

Outcome: Strengthened operational capacity in planning, M&E and Reporting for effective service delivery to the target beneficiaries	
Expected results	**Planned activities**
All planned operational activities are monitored and reported on in a timely and quality manner	• Conduct weekly field monitoring checks by national, regional & branch staff • Participate in all districts and national coordination meetings to facilitate effective coordination • Provide for field documentation of best practices and routine reporting • Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties • Conduct operation final evaluation, lesson learnt workshop & document best practices

Achievements:
The cholera operation team at both national and district levels participated in 12 taskforce/coordination meetings where the epidemic response plans were developed, implemented and field activities reviewed to meet the planned objectives. Uganda Red Cross Society facilitated some of these meetings conducted through this funding. The joint planning and response also ensured coordinated interventions that facilitated resource sharing and effective control of the epidemic with less than usual case fatality ratio.

The District Taskforce and the Branch Governing Board conducted five (5) field monitoring visits in the affected sub counties overseeing the work of community based volunteers, helping to sensitize local leaders on their mobilisation roles of the affected communities for hygiene improvement campaigns as well as coordinating with other partners for additional local support to the URCS' operation. These visits provided an opportunity for effective volunteer motivation and also facilitated mutual coordination between the local leaders and health workers in the affected communities working in harmony with the volunteers.

The volunteer Sub-county Supervisors together with the Branch Manager carried out regular support, supervision and monitoring of the field activities as well as coaching of community based volunteers daily which ensured that the beneficiary communities got the right package of information and adopted improved behaviour to reduce the risk of cholera transmission.

As a result of marked improvements in cholera cases, frequency of district coordination meetings were later scaled down to once every month to allow for monitoring of field level activities in other areas.

Impact:
The coordination activities between URCS and other partners provided synergy in areas such as assessments, reports, response plans, epidemic trends and evaluation feedback that were shared amongst partners, which reduced duplication and facilitated the sharing of response resources therefore improving the operation.

Challenges
There was a general limited supply of Oral Rehydration Solutions (ORS) for those in need limiting the community volunteers' capacities to conduct large scale community-based oral rehydration Therapies (ORTs) on community alerts/suspected cholera cases before referral. This challenge was solved by the volunteers who demonstrated how to prepare ORS from local ingredients of salt, sugar and clean water as well as safe storage procedures to household members and caregiver's.

Due to the cosmopolitan nature of Mbale District composed of indigenous residents mixed with all other tribes from other parts of the country, communication became a challenge for the volunteers and health educators as many different languages are spoken. The operation took this into consideration and recruited volunteers from almost all the ethnic groups and deployed them to work in their own localities where they

are known and understand the local cultures and languages as well as integrating the local leaders to be part of the social mobilization activities.

Mbale Municipal Council authorities had difficulties in garbage collection in the while the National Water & Sewerage Corporation's (NWSCs') safe water supply in Mbale municipality was irregular, from the time the outbreak was confirmed in town. The guarantee of stable water supply from NWSC to the population remains a big doubt given the uncertainty of power supply from the providers UMEME. Consequently, community members may once more resort to the unsafe water from the free flowing river leading to the initial problem.

Lessons learnt

The porous border activities between Uganda and Kenya facilitated some of the affected communities in Manafwa district to freely interact with communities across the border in Kenya and vice versa thus sustaining the spread of the disease for longer than expected despite the intensive disease control efforts initiated. This calls for concerted efforts for Uganda Red Cross Society and Kenya Red Cross Society to initiate cross-border disease control activities (with emphasis to cholera and common diseases like polio) through synchronized epidemic control interventions and sharing of epidemic reports.

Recommendations

It is envisaged that in the short run, there is a possibility that the expected heavy rains during the second wet season may reverse the success and gains made earlier in the intervention. To safeguard this its recommended that trained volunteers continue engaging the communities with diarrheal disease prevention actions, coaching and supporting households in sustained hygiene improvement activities, early detection and immediate reporting of diarrheal diseases to health facilities. In the long term, there is a need to improve access to portable water and clean toilets for exposed populations. This should be done through intensified hygiene promotion activities targeting mostly school children, and constructing water and sanitation facilities.

Contact information

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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 (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.

International Federation of Red Cross and Red Crescent Societies

MDRUG025 - Uganda - Cholera Mbale District

Appeal Launch Date: 01 mar 12

Appeal Timeframe: 01 mar 12 to 31 may 12

Final Report

Selected Parameters	
Reporting Timeframe	2012/3-2012/8
Budget Timeframe	2012/3-2012/8
Appeal	MDRUG025
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	**109,796**					**109,796**	
B. Opening Balance	**0**					**0**	
Income							
Other Income							
DREF Allocations	*109,796*					*109,796*	
C4. Other Income	***109,796***					***109,796***	
C. Total Income = SUM(C1..C4)	**109,796**					**109,796**	
D. Total Funding = B +C	**109,796**					**109,796**	
Coverage = D/A	**100%**					**100%**	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	0					**0**	
C. Income	109,796					**109,796**	
E. Expenditure	-107,912					**-107,912**	
F. Closing Balance = (B + C + E)	1,884					**1,884**	

![+C] **International Federation of Red Cross and Red Crescent Societies**

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Reporting Timeframe	2012/3-2012/8
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III. Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**109,796**					**109,796**	
Relief items, Construction, Supplies								
Clothing & Textiles	1,523							**1,523**
Water, Sanitation & Hygiene	37,923							**37,923**
Medical & First Aid	13,441							**13,441**
Total Relief items, Construction, Su	**52,887**							**52,887**
Logistics, Transport & Storage								
Storage	391							**391**
Distribution & Monitoring	4,682							**4,682**
Transport & Vehicles Costs	13,012							**13,012**
Total Logistics, Transport & Storage	**18,085**							**18,085**
Personnel								
National Staff	1,473							**1,473**
National Society Staff	10,599							**10,599**
Total Personnel	**12,072**							**12,072**
Workshops & Training								
Workshops & Training	11,000							**11,000**
Total Workshops & Training	**11,000**							**11,000**
General Expenditure								
Travel	1,686							**1,686**
Information & Public Relations	5,842							**5,842**
Office Costs	1,406							**1,406**
Financial Charges	117	-83					**-83**	**200**
Total General Expenditure	**9,051**	**-83**					**-83**	**9,134**
Contributions & Transfers								
Cash Transfers National Societies		101,409					**101,409**	**-101,409**
Total Contributions & Transfers		**101,409**					**101,409**	**-101,409**
Indirect Costs								
Programme & Services Support Recov	6,701	6,586					**6,586**	**115**
Total Indirect Costs	**6,701**	**6,586**					**6,586**	**115**
TOTAL EXPENDITURE (D)	**109,796**	**107,912**					**107,912**	**1,884**
VARIANCE (C - D)		**1,884**					**1,884**	

	APPEAL NUMBER & APPEAL NAME	MBALE CHOLERA OUTBREAK	Date	22/2/2012		
	BUDGET SUMMARY					
	Budget Group	DREF Grant Budget	TOTAL BUDGET CHF	% of TOTAL	Expenses shillings	Expenses CHF
500	Shelter - Relief	0	0			
501	Shelter - Transitional	0	0			
502	Construction - Housing	0	0			
503	Consruction - Facilities / Infrastructure	0	0			
505	Construction - Materials	0	0			
510	Clothing & Textiles	4,500,000	1,523		4,300,000	1,686.27
520	Food	0	0		0	-
523	Seeds & Plants	0	0		0	-
530	Water & Sanitation	102,123,780	37,923		101,837,200	39,936.16
540	Medical & First Aid	0	0		0	-
550	Teaching Materials	14,200,000	13,441		20,955,931	8,218.01
560	Ustensils & Tools	0	0		0	-
570	Other Supplies & Services & Cash Disbursments	0	0		0	-
	Total Supplies	**120,823,780**	**52,887**	48.17%	**127,093,131**	49,840.44
580	Land & Buildings	0	0		0	-
581	Vehicles	0	0		0	-
582	Computer & Telecom	0	0		0	-
584	Office/Household Furniture & Equipment	0	0		0	-
587	Medical Equipment	0	0		0	-
589	Other Machiney & Equipment	0	0		3,825,000	1,500
	Total Land, vehicles & equipment	**0**	**0**	0.00%	**3,825,000**	1,500
590	Storage	1,000,000	391		160,000	63
592	Distribution & Monitoring	11,105,000	4,682		2,375,000	931
593	Transport & Vehicle Costs	34,181,210	13,012		38,986,477	15,289
	Total Transport & Storage	**46,286,210**	**18,085**	16.47%	**41,521,477**	16,283
600	International Staff	0	0		0	-
640	Regionally Deployed Staff	0	0		0	-
661	National Staff	15,445,000	1,473		19,559,069	7,670
662	National Society Staff	27,132,204	10,599		32,475,000	12,735
669	Other Staff benefits	0	0		0	-
670	Consultants	0	0		0	-
	Total Personnel	**42,577,204**	**12,072**	10.99%	**52,034,069**	20,406
680	Workshops & Training	28,360,000	11,000		20,890,000	8,192
	Total Workshops & Training	**28,360,000**	**11,000**	10.02%	**20,890,000**	8,192

11/9/12

700	Travel		4,317,000	1,686		0	-
710	Information & Public Relation		7,200,000	5,842		10,995,000	4,312
730	Office Costs		1,200,000	1,406		2,000,000	784
740	Communications		0	0		0	-
750	Professional Fees		0	0		0	-
760	Financial Charges		300,000	117		380,000	149
790	Other General Expenses		0	0		0	-
	Total General Expenditure		**13,017,000**	**9,051**	8.24%	**13,375,000**	**5,245**
	Depreciation						
798	Depreciation		0	0			
	Total Depreciation		**0**	**0**		**0**	
830	Cash Transfers to National Societies		0	0		0	-
831	Cash Transfers to 3rd parties		0	0		0	-
	Total Contributions & Transfers		**0**	0		**0**	-
			0	0		0	-
599	Program Support (6.5% PSR)		17,154,488	6,701		0	-
	Total Programme Support		**17,154,488**	**6,701**		**0**	**0**
594	NS Emergency Fund (1%)		0	0		0	-
799	Shared Services		0	0		0	-
	Total Services		**0**	**0**		**0**	-
	TOTAL BUDGET		**268,218,682**	**109,796**		**258,738,677**	**101,466**

TOTAL TRANSFER 101,409 CHF RATE 2550 = 258,592,950Shillings

Prepared by Seirabanu Ahmed 11/9/12

Approved by Dr Bildard Baguma 11/09

checked by Ken Kiggundu