www.ifrc.org
Saving lives, changing minds.

Disaster relief emergency fund (DREF)
Uganda: Cholera

International Federation of Red Cross and Red Crescent Societies

DREF operation n° MDRUG026
GLIDE n° EP-2012-000059-UGA
1 May 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 204,815 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society (URCS) in delivering immediate assistance to some 41,008 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: The District Health Offices in Nebbi Hoima and Buliisa announced an outbreak of cholera in their districts. In Hoima, it has affected Kaiso Village in Tonya Parish situated in Buseruka Sub-county while in Nebbi, three sub-counties of Akworo, Panyimuri and Pakwach Town councils in Parambo Sub-county are the most affected. New cases in Buliisa District have been identified in Butiaba Sub-county, Butiaba Town Council and Kigwera Sub-county. A cumulative total of 477 cases have so far been recorded in the three districts with 11 deaths (Refer to Table 1). The URCS branches in the respective districts have mobilized 120 community based volunteers, some of whom were already trained hygiene promoters engaged in the previous EU funded water and sanitation project in the region and readied them for full engagement and mobilization of the affected and at-risk communities against the spread of the cholera epidemic.

Inadequate safe water supply in Nebbi, Hoima and Buliisa districts are major risk factors of cholera epidemic spread as communities use water from contaminated sources such as streams and lakes for human consumption, washing as well as for animals/Photo by URCS

Based on population movements within the country and constant interaction with neighbouring countries, there is a potential risk of these diseases spreading to other districts within Uganda as well as to neighbouring countries in the Eastern Africa Region.

The URCS intends to provide intensified community based diseases surveillance and health promotion campaigns in the 3 affected districts in order to control the spread of cholera by employing the appropriate toolkits in the new Epidemic Control for Volunteers (ECV) package.

This operation is expected to be implemented over three months, and will therefore be completed by 26 July 2012; a Final Report will be made available three months after the end of the operation (by October, 2012).

<click here for the DREF budget; here for contact details; here for a map of the affected area>

The situation

The first cholera epidemic in Uganda was reported in 1979, with the biggest epidemics recorded in 1998. This major outbreak started at the end of 1997 and by the end of June 1998, a total of 38,697 cases and 1,576 deaths had been officially reported. During March-April 2003, the Ugandan Ministry of Public Health reported a total of 277 cases with 35 deaths in Bundibugyo District, with most cases located along the Semliki and Lamia rivers. In 2010, cholera outbreaks were reported in eight districts in the central and eastern regions, and in the Karamoja sub-region, with a total of 1,732 cases and 53 deaths.

In Uganda, sporadic cholera cases are reported throughout the year, especially during the rainy season, when waste is often carried into rivers and lakes where people continue to collect drinking water. The major outbreak in Kampala in 1997-1998 was associated with changing weather patterns due to the occurrence of El Nino that year. The cholera situation in the country is exacerbated when overcrowding occurs in some areas due to influx of refugees from neighbouring countries. Annual national summaries from the World Health Organization (WHO) record case fatality rates ranging from 1.1% in 2007 to 13.7% in 1996.

Currently, 76 cases have been reported with 2 deaths confirmed directly from the community in Hoima District. Out of the 76 cases, 16 are currently being treated at a temporary treatment centre at Tonya Community Hall while others are being handled at Buseruka Health Centre III. Two villages of Tonya and Kaiso are currently the worst hit by the disease. However, other 4 neighbouring villages are at risk as well.

Fresh cholera cases have also been reported in Buhuka islands in Kyangwali. As for Nebbi District three sub counties of Akworo, Panyimur and Pakwach town councils in Parombo s/county are the most affected. A total of 221 cases have been reported with 7 deaths so far. The data below summarizes the situation as reported

Table 1: Cholera situation in Hoima, Nebbi and Buliisa districts of Uganda

District	Sub-county	Health unit	# Reported cases	# of deaths
HOIMA	Buseruka	Buseruka HCIII	72	02 (community deaths)
	Kyangwali	Kyangwali HC	4	0
	TOTAL		***76***	***02***
NEBBI	Akworo	Akworo HCIII	83	04
	Panyimur	Panyimur HCII	115	02
	Panyimur	Panyimur HCIII	17	0
	Parambo	Parambo HCIII	5	0
		Pakwach HCIII	1	01
	TOTAL		***221***	***07***
BULIISA	Butiaba	Butiaba Health	30	0
		Walukuba Isolation camp	38	0
	Butiaba TC	Buliisa HC IV	112	02
	Kigwera			
	TOTAL		***180***	***02***
3 districts			**477**	**11**

Source: District Health offices-HMIS data

The affected districts lie along the Lake Albert and River Nile on the western end of the country, where cholera has been endemic for a long time that made it earlier identified as an epidemic-prone zone in the Great Lakes sub-region.

The major risk factors attributed to fast spread of cholera epidemic are:

- Poor sanitation and hygiene practices
- Low latrine coverage of only 57% in Hoima District, coupled with the destruction of household latrines due to the recent heavy rains which has led to open defecation, thus contaminating surface water sources

- The situation in Nebbi has reportedly worsened due to the cross boarder activities amongst refugees fleeing the conflict in Democratic Republic of Congo (DRC) with a large number being received in Uganda, thus increasing the number of caseloads reported at the health facilities. This follows reported cholera outbreaks inside DRC that seems to be imported through the population movement.
- There is a generally limited access to clean and safe water in the affected communities.
- In Buliisa District, the rural populations walk long distances in search of clean water and in some areas exceeding the recommended 5km. It is also reported that the overall safe water coverage is only 60% while Sanitary Latrine Coverage is 49%.

These districts are in contact with the Ministry of Health to provide medical supplies to manage the cases; however the districts have requested URCS to conduct rigorous hygiene promotion and education in the community in order to cut off the disease spread.

Coordination and partnerships

The Uganda Red Cross Society (URCS) is an important strategic partner to the Government of Uganda's Ministry of Health, and it works with them at both national level, to sub-national/district level through the regional and branch structures as well as at community level through the network of community based volunteers involved in household health promotion and epidemic control activities. The URCS is as well recognized by the government as an instrumental contributor to social mobilization interventions during mass immunization campaigns, distribution of non food items such Long Lasting Insecticide Treated Nets (LLITNs), as well as swift response to community emergencies with effective search and rescue and first aid services. When these outbreaks were first reported, the National Epidemics Task Force (consisting of the MoH, UN Agencies, the URCS and IFRC as well as NGO's involved in epidemic prevention and control) that was currently planning for mass measles immunizations campaign, was reactivated and seriously started reviewing effective strategies for controlling the two emergencies. The task force has been reviewing cholera control strategies in the areas of surveillance, case management, community outreach, Information Education and Communication (IEC), sanitation and logistics.

Similarly, district epidemic task forces have been formed in Nebbi, Hoima and Buliisa, in which URCS branches there are members and actively participate in the coordination mechanisms through the Regional Programme Manager and respective Branch Managers, specifically concerned with community case management and social mobilization responsibilities.

In Buliisa district, the United Nations Children's Fund (UNICEF) has provided latrine digging facilities and hand washing facilities, while the Ministry of Health (MoH) through its line departments has provided medical supplies. MoH through the National Medical Stores (NMS) has also been providing case management supplies as well as laboratory supplies for cholera confirmation in the affected districts. MoH is planning to train health workers on cholera detection, investigation and response with technical support from World Health Organization (WHO).

The IFRC, through the team at the East Africa Regional Representation Office in Nairobi - Kenya, continues to work closely with the National Society by supporting its staff and volunteers in all activities of the Red Cross and ensuring that management and operational issues are directed and implemented within the principles and core values of the Red Cross Movement to reach the needs of the most vulnerable.

Red Cross and Red Crescent action

With previous DREFs received, the URCS has been responding to an earlier cholera outbreak in Mbale whereby on 12 April 2012, 297 cases with 16 deaths were recorded. The operation had to adapt to the unexpected spread to the neighbouring districts of Sironko and Bubulo which had not been considered in the initial DREF application. With the new cases reported in these other districts, the operation of the support was stretched to cover these additional districts despite the fact that the DREF support was only meant to cover the operation in one (Mbale) District.

In this new outbreak, URCS plans to scale up its activities in the 3 most affected districts by training 130 volunteers on health promotion, cholera detection, prevention, case tracing, and community case management as well as on basic hygiene practices and also to embark on social mobilization activities, distribute water purification tablets (aqua tabs) to 7,407 extremely vulnerable households, equip health facilities with necessary drugs (Ringer's Lactate solutions and Giving Sets), demonstrate the proper methods for preparation and administration of Oral Rehydration Therapy (ORT) using cholera demonstration kits as well as distribute essential safe water supplies and conduct hygiene promotion interventions in the affected

communities by use of the ECV/PHASTer toolkits. This response will take advantage on the trained hygiene promoters in Hoima Branch and any other sets of volunteer trained for health activities in the other branches.

The actions so far taken at branch levels are as stated below;

- Hoima and Nebbi branch have conducted a joint assessment with the District Health Office that highlight the magnitude of the emergency to guide in the disease control actions.
- The 3 branches affected by cholera have so far mobilized 90 volunteers readying them for engaging communities with disease control activities and already deployed some of them to assist the medical teams providing case management at the different cholera treatment centres (CTCs). The presence of these volunteers at the CTCs is helping to meet the human resource gaps in patients' reception; care and case management that assist to control cross infections and reduce on the case fatality ratios.

URCS has participated in all planning meetings held at national and district levels. Plans are being concretized as referral treatment centres have been opened in the districts. The respective District Health Departments have raised cholera as a public health concern. URCS, through its volunteers, has stepped up its support in carrying out surveillance and awareness in the affected communities.

The URCS headquarters has dispatched one cholera kit from the central warehouse at the headquarters to support in the treatment and management of cholera cases reported in Hoima. URCS has also sent an alert through the Disaster Management Information System (DMIS).

The needs

Selection of people to be reached:

The Uganda Red Cross Society intends to provide direct support to an estimated 41,008 Extremely Vulnerable Individuals (EVIs) from 7,407 families affected by cholera epidemics in the 3 districts of Nebbi, Hoima and Buliisa over a period of 3 months. This includes 15,020 EVIs (2,682 households) in Nebbi, 5,708 EVIs (1,104 households) in Buliisa and 20,280 EVIs (3,621 households) in Hoima District; who are more at risk of contracting the disease and dying from it due to conditions such as advanced age, pregnancy, physical or mental disability, those with lack of support network (orphans or single heads of household), and other traumatized individuals such as those who have been infected by the diseases.

Table 2: targeted population for Cholera Operation

District	*Sub-county*	*Affected sub county population*	*Estimate of extremely vulnerable population*	*Estimate of extremely vulnerable households*
HOIMA	Buseruka	36,800	7,360	1,314
	Kyangwali	64,600	12,920	2,307
	TOTAL	***101,400***	***20,280***	***3,621***
NEBBI	Akworo	18,900	3,780	675
	Panyimur	25,600	5,120	914
	Parambo	30,600	6,120	1,093
	TOTAL	***75,100***	***15,020***	***2,682***
BULIISA	Butiisa TC	6,153	1,230	216
	Butiaba s/c	12,220	2,444	534
	Kigwera s/c	10,172	2,034	*353*
	TOTAL	***28,545***	***5,708***	***1,104***
3 districts		**205,045**	**41,008**	**7,407**

Source: District information portals

The immediate needs:

- Chemicals for purifying drinking water more especially for people living along the shores of River Nile in Panyimur and Lake Albert in Kyanguali/Baseruka where heavy rains have flooded latrines and contaminated water sources in these areas of high water table.
- Due to the anticipated increase in the number of cases, the District Health Office is requesting for additional medical supplies for managing the cases and maintaining acceptable Case Fatality Ratios (CFR)
- Due to low level of awareness about the diseases in the affected communities, there are reported cases where people tend to delay suspected cases of cholera while others opt for traditional treatment first. This required concerted efforts to sensitize the target communities and individuals through varying strategies, but most dissemination of key messages through the mass media, house to house social mobilization and Information, Education and Communication (IEC) materials as well as utilization of the most effective Epidemic Control for Volunteers (ECV) methodologies.
- The affected districts do not have enough logistics and supplies to contain the diseases. *"We don't have enough drugs for treating the disease, Equipment for rapid tests are also lacking and sometimes it is*

hard for us to transport samples for tests due to lack of fuel. Besides, human resources are not adequate" says Dr. Noah Musa, the officer in charge Koboko Health Centre IV.

In the long term,

- There is need for more permanent and reliable water sources to be provided in the affected areas more especially in Panyimur communities. Currently, residents along the shores of river Nile in Panyimur rely on the river that is even suspected to be contaminated due to the heavy rainfall.

The proposed operation

The operation will promote increased public awareness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, prevention and control measures), that will ensure improved early detection, reporting and referral of suspected cases to the established treatment centres through community based disease surveillance mechanisms that will be emphasized during the training of volunteers that will be done in collaboration with respective district health education offices. Technical support shall be got from the respective District Water Offices (DWO) in Nebbi, Hoima and Buliisa to ensure that the planned routine water quality surveillance both at source and household levels, construction of latrines and other WASH interventions are well coordinated and to the national standards.

In order to reduce the risk of infection and death among extremely vulnerable Individuals (EVIs) whose conditions prevent them from affording the required hygiene and sanitation improvements, the operation shall provide them with water vessels for maintenance of safe water chain; water purification chemicals to temporarily provide safe water, soap and tippy-tap materials for promoting hand washing practices.

All planned operational activities shall be followed up, monitored, reported on in a timely and quality manner. A final evaluation of the operation will be done in collaboration with the IFRC EA Regional health and DM team.

Given the fact that, URCS has no ECV trained volunteers to support in health emergency interventions in the target areas, save for Hoima where with the European Union WatSan project community volunteer hygiene promoters were trained, the emergency operation proposes to train volunteers and utilize them for this and future response as summarized in the table below:

District	Target # of volunteers for the Cholera operation	Target # of volunteers to be trained in ECV (Cholera intervention)
Nebbi	50	50
Hoima	40	10
Buliisa	40	10
Total	**130**	**70**

In total, the operation will engage 130 community based volunteers to conduct intensive house to house disease surveillance, social mobilization, hygiene and health promotion campaigns in the targeted communities over the three month period. Out of the volunteers to be engaged, only 70 from the target areas will require intensive training in ECV while the other 60 will only be re-oriented as they have experience in hygiene promotion from the EU WatSan project in Hoima and Buliisa.

The operation will tap on the accumulated benefit attained during the 2010 Moroto Cholera DREF that supported training of 28 branch managers from epidemic prone districts across the country who have since become ECV trainers. Three of these shall be responsible for training the targeted 70 volunteers. The operation will also utilize the skills of the regional WatSan engineers and in country Regional Disaster Response Team (RDRT) members to support in the implementation of the technical areas.

The affected communities will identify volunteers to be trained in PHASTer methodology by the URCS. The trained volunteers will mobilize and sensitize the communities on improved sanitation and hygiene practices. The list of barriers to block the transmission routes will include construction of sanitation-enabling facilities and the communities will be supported to construct household latrines through provision of latrine slabs

The affected communities live in lowlands near the river and lake beds with high water table with characteristic sandy collapsible soil formations deterring latrine construction. These areas also have low vegetation coverage, making it difficult to get logs and timber for construction of latrine slabs. The operation shall therefore construct improved emergency public latrines to solve this problem; the proposed 3 public sanitary facilities will be constructed at the affected landing sites i.e. Panyimur (Nebbi District), Kaiso (Hoima

District) and Butiaba (Buliisa District). It is estimated that the facilities will serve about 300 people (5 stances x 20 people per stance x 3 blocks) living at the landing sites. The operation will liaise with local leaders to form sanitation committees from amongst the beneficiary population that will be responsible for the maintenance and operation of the facilities.

A total of 36 sanitation toolkits will be distributed to households in 6 villages (2 sets per village to rotate amongst households) with low latrine coverage in order to facilitate the latrine construction process. This will further complement the few sanitation kits earlier distributed by UNICEF in response to the outbreak in Buliisa District. The latrine slabs will be distributed to the respective households those that have completed digging the pits in the 6 villages which lack appropriate latrines construction materials such as slabs given the soil structure and water high water table in these villages. The operation will encourage volunteers support in latrines construction on which they will be evaluated to encourage construction of latrines in their communities. In addition, the operation will work with local village leadership to encourage by laws to promote latrine construction and hygiene promotion.

In order to promote good hygiene amongst school children and reduce the high risk of transmission in this volatile target group, 30 school teachers selected from the affected sub counties shall be trained in Personal Hygiene and Sanitation Education (PHASE) approach and empowered to form and train school health club members in their respective schools. This will be supported with institutional hand washing facilities and laundry soap to promote personal hygiene amongst the children. By doing this, the school children will be expected to inculcate this adopted behaviour amongst their parents and peers, hence a huge multiplier effect.

Due to the high level of contamination of the open water sources that the affected communities are currently consuming-thus facilitating the spread of cholera, the volunteers plans to provide emergency safe water by training communities in water purification techniques, conducting treatments of water and distributing 461,340 pieces of water purifiers (Aquatabs) targeting 41,008 EVIs for 3 months *(each person will need 0.125 aqua tab to purify the required 2.5 litres of drinking water per day x 41,008 targeted beneficiaries x 90 days)*

Water, sanitation, and hygiene promotion

Outcome: Immediate reduction in risk of cholera infections and mortality among 41,008 beneficiaries in Nebbi, Hoima and Buliisa districts over 3 months period.	
Outputs: • 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.	**Activities planned** • Mobilization and rapid orientation of 70 volunteers from epidemic prone communities for social mobilization and sensitization by use of cholera ECV toolkits • Distribution of two cholera kits to the medical facilities in the affected areas • Printing and distribution of 80,000 assorted copies of available IEC materials (posters and flyers etc.) on the outbreak risk reduction sensitization activities • Prompt detection and referral of suspected cases to health facilities within the affected communities • Conduct health sensitization activities to the most affected communities in the 3 districts/branches with dissemination of messages for 24 working days
Outputs: • Access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to 41,008 beneficiaries in Nebbi, Hoima and Buliisa districts over 3 months period. • Adequate sanitation which meets Sphere standards in terms of quantity	**Activities planned** • Procure and distribute 5,000 - 5-litre Jerry cans capacity with accessories for tippy tap construction (hand washing) • Procure and distribute water purification chemicals (targeting 41,008 people for 90 days based on SPHERE standards (461,340 aqua tabs)[1] • Procure and distribute 7,856 20-litre capacity jerry cans: for safe water storage and water chain

[1] Volunteers shall be trained on the use of water purification chemicals during the ECV/PHASTer training, and they will in turn train/demonstrate to households on its proper use during the distribution and house to house hygiene promotion activities

and quality is provided to target population.	maintenance • With the involvement of communities support, construct 3 blocks of 5-stance public emergency latrines for safe human waste disposal in 3 most affected sub-county in Nebbi, Hoima and Buliisa districts • Procure/produce and distribute 1,000 latrine slabs and sanitation toolkits to promote household latrine construction and utilization • Conduct water quality analysis of existing sources in Nebbi, Hoima and Buliisa to establish level of contamination and direct distribution of water purifiers • Procure and distribute institutional 60 sets of hand washing facilities for school sanitation • Procure and distribute 15 sets of PHASTer toolkits for hygiene promotion in cholera-affected communities in Nebbi, Hoima and Buliisa • Procure and distribute 14,814 bars of Laundry soap to promote effective hand washing at critical times and reduce cholera transmission to the EVI in the 41,008 affected households • Carry out training of 70 community based volunteers on ECV toolkit and PHASTer methodologies • Mobilize 30 school teachers from the affected sub-counties and train them on PHASE methodologies

Communications – Advocacy and Public information

Outcome: Enhanced fundraising, advocacy and profile of the DREF operations in Uganda	
Outputs: • A steady flow of timely and accurate information between the field and other major stakeholders on the cholera situation is shared	**Activities planned** • Procure and distribute 1,000 T-shirts among volunteers for visibility • Diffusion of health messages through sessions of Radio jingles Promote the Fundamental Principles and Humanitarian Values of the Red Cross/Red Crescent Movement. • Regularly update the URCS website with the epidemic trend and operations.

Coordination

Outcome: A well-coordinated response with shared plans, resources, and reports leading to effective Epidemic control	
Outputs: • The Uganda RC staff and volunteers regularly monitor progress of the cholera operation in targeted districts and coordinate with other actors in the field for effective and efficient delivery of services	**Activities planned** • Support district and national coordination meetings to facilitate affective and accelerated outbreak control activities • Conduct field monitoring, technical support supervision and evaluation • Provide routine technical support to volunteers and field staff

Contact information

For further information specifically related to this operation please contact:

- **In Uganda:** Michael Nataka, Secretary General, Uganda Red Cross Society, Kampala, Uganda; Phone: +256 41 258 701 Email: natakam@redcrossug.org;
- **In Kenya**: **East** Africa Regional Office; Maxine Clayton, Ag Regional Representative, East Africa, Nairobi, phone: +254.20.283.5163; fax: 254.20.271.27.77; email: maxine.clayton@ifrc.org
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Support; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4584872, Fax +971.4.883.22.12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Regional Representation:** Douglas Masika, Senior Resource Mobilization Officer; phone: +254 20 283 5000; email:douglas.masika@ifrc.org

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

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

---

↘Click here to return to the title page

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.

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

01-05-12

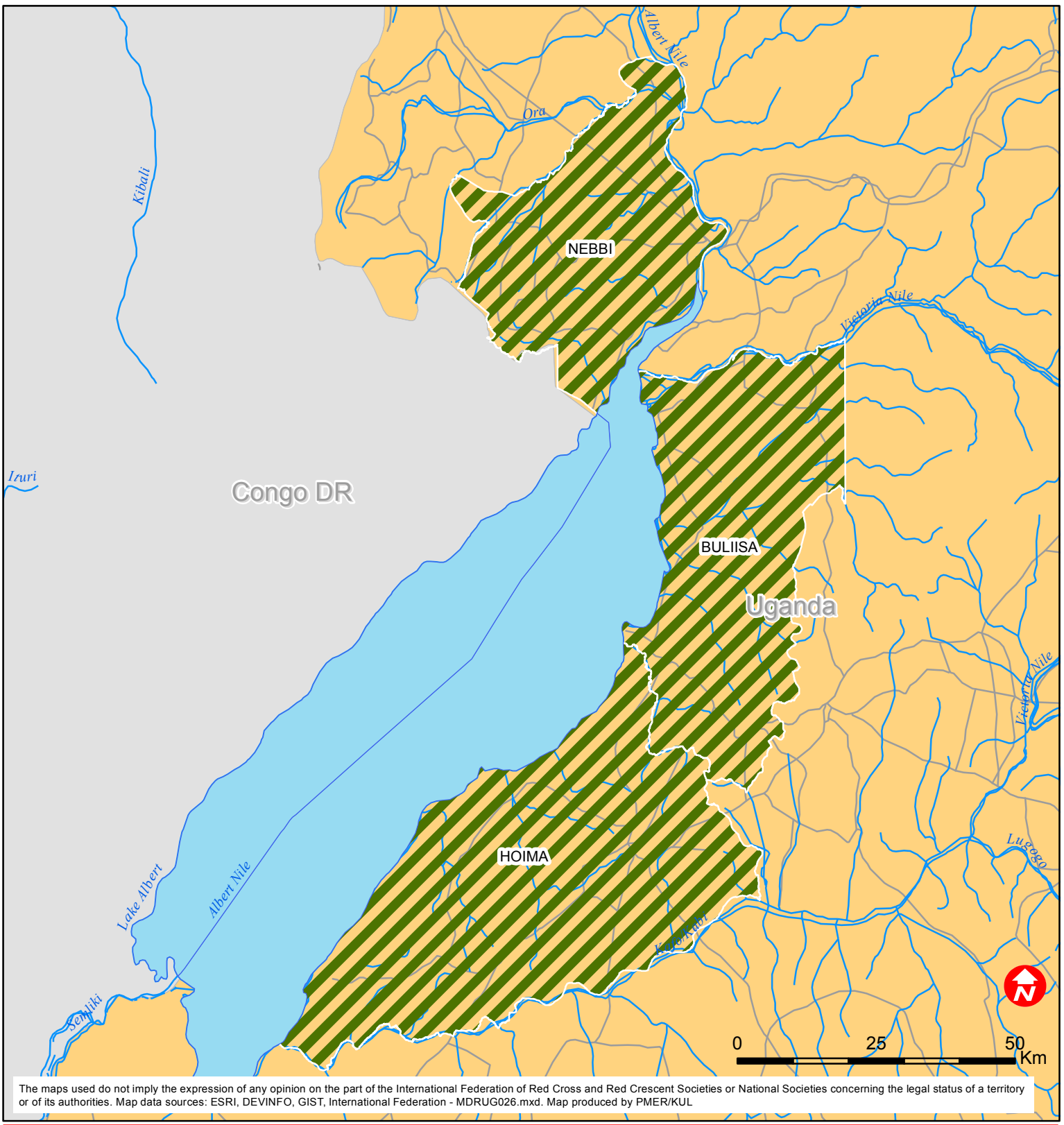
Uganda: Cholera (MDRUG026)

Budget Group	DREF Grant Budget CHF
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	3,679
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	101,981
Medical & First Aid	
Teaching Materials	17,358
Utensils & Tools	
Other Supplies & Services	
Emergency Response Units	
Cash Disbursements	
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**123,018**
Land & Buildings	
Vehicles Purchase	
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	755
Distribution & Monitoring	
Transport & Vehicle Costs	14,193
Logistics Services	
Total LOGISTICS, TRANSPORT AND STORAGE	**14,948**
International Staff	
National Staff	
National Society Staff	9,345
Volunteers	18,176
Total PERSONNEL	**27,521**
Consultants	
Professional Fees	
Total CONSULTANTS & PROFESSIONAL FEES	**0**
Workshops & Training	18,279
Total WORKSHOP & TRAINING	**18,279**
Travel	2,000
Information & Public Relations	5,434
Office Costs	679
Communications	377
Financial Charges	57
Other General Expenses	
Shared Support Services	
Total GENERAL EXPENDITURES	**8,547**
Programme and Supplementary Services Recovery	12,500
Total INDIRECT COSTS	**12,500**
TOTAL BUDGET	**204,815**

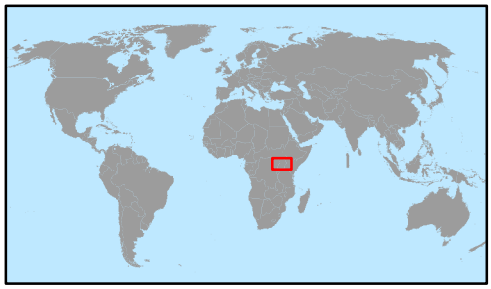
International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

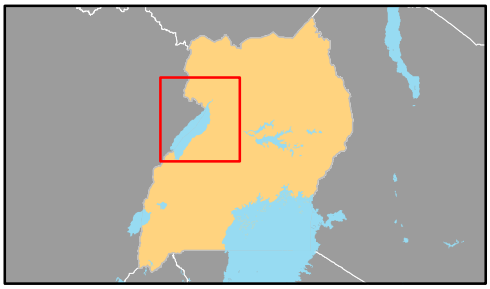
DREF MDRUG026
EP-2012-000059-UGA
1 May, 2012

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. Map data sources: ESRI, DEVINFO, GIST, International Federation - MDRUG026.mxd. Map produced by PMER/KUL





Targeted districts