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DREF final report Uganda: Cholera

 International Federation
of Red Cross and Red Crescent Societies

DREF operation n°MDRUG026 GLIDE n° EP-2012-000059-UGA 20 November, 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.

Summary: CHF 204,815 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 1 May, 2012 to support the Uganda Red Cross Society in delivering assistance to 41,008 beneficiaries.

A cholera outbreak was confirmed by District Health Officers in Nebbi, Buliisa and Hoima districts in mid April 2012, with 477 people infected and 2 deaths reported. The first case was reported in Nebbi district late March and quickly spread to the neighbouring Buliisa, Hoima and Kibaale districts in less than a month. The spread of the disease was attributed to the population movements across the districts who commonly share Lake Albert. In mid July, the Ministry of Health (MOH) reported that the cumulative number of persons infected had risen to 3,787 with 58 deaths reported. This is a record low case fatality rate (CFR) of 1.5% in the 4 districts.

In response to the outbreak, Uganda Red Cross Society (URCS) in collaboration with other partners engaged the affected communities through volunteers trained in the Epidemic Control for Volunteers (ECV) module and promoted Participatory Hygiene and Sanitation Transformation (PHAST) activities. This led to increased public awareness in cholera prevention, active case search and referral and early treatment of cases which contributed to saving more than 41,008 lives in the affected districts. URCS branches in the target districts collectively mobilized 130 community based volunteers some of whom were already trained hygiene promoters, for cholera control sensitizations in the affected and at-risk communities. The volunteers sensitized and supported households in the affected communities with immediate hygiene supplies like water purification chemicals, clean water vessels and soap. Information, Education and Communication (IEC) materials were distributed to improve cholera knowledge, promote safe water use, environmental cleanliness, food and personal hygiene.

The National Society response efforts that involved surveillance and epidemiological activities to detect new cases for early treatment referrals supplemented those of the government and other partners. The National Medical Stores (NMS) provided the much needed drugs and medical supplies to the affected districts that helped in effectively managing the cases.

The intervention has enhanced the communities' capacity to prevent water borne disease outbreaks through the presence of trained community volunteers who continue to promote hygiene education, public vigilance and case detection for early treatment even after the end of the operation. The response operation focused



Community hygiene promoter sensitizes a household during a house visit in Buliisa/Photo: Uganda Red Cross

on increasing public awareness on cholera signs and symptoms, transmission risk factors, prevention and handling of suspected cases. This has improved early detection, reporting and referral of suspected cases to the established treatment centres through community based disease surveillance. These efforts have contributed to controlling the disease spread with no new cases reported in the target districts by end of operation.

Contributions from the Belgian Red Cross/Government and ECHO to the DREF have fully replenished the allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government, the European Commission Humanitarian Aid and Civil Protection (ECHO), the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Details of DREF contributions are 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

A cholera outbreak was confirmed by District Health Officers in Nebbi, Buliisa, Hoima and Kibaale districts mid April 2012, with 477 people infected and 2 deaths reported. The first case was reported in Nebbi district late March and quickly spread to the neighbouring Buliisa, Hoima and Kibaale districts in less than a month. The spread of the disease was attributed to the population movements across the districts who commonly share a water source, the Lake Albert. In mid July, the Ministry of Health (MOH) reported that the cumulative number of persons infected had risen to 3, 787 with 58 deaths reported. This is a record low case fatality rate (CFR) of 1.5% in the 4 districts.

Table 1: summary of cholera cases in the affected areas

District	Cumulative Cases	Cumulative Deaths
Nebbi	1,532	26
Bullisa	949	7
Hoima	958	21
Kibaale	348	4
Total	3,787	58

Coordination and partnerships

The Ministry of Health established a coordination mechanism at the national level since the outbreak and URCS participated throughout the operation. The District Cholera Task Force and National Epidemic Response committees have been holding regular coordination meetings where updates are shared amongst 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 main interveners while WHO and other humanitarian Agencies like United National Children's Fund (UNICEF), Uganda Red Cross Society (URCS), Medics 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 response. The District and sub-county authorities have been enforcing the by-laws such as the stopping of the sale of cold foods and fluids that aid the spread of the disease and also reprimanding households without pit latrines.

Table 2: Summary of partners involved in the cholera operation

Partner	Contribution
MOH/WHO/Local Government at district level	Coordination of partners and mobilization of resources for response as well as enacting and enforcing Public Health by-laws.
MOH/WHO/ 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.
MOH/WHO/ District Water Office (DWO)	Technical lead in provision of safe water, water quality surveillance, and hygiene promotion campaigns.
Medicins Sans Frontiers (MSF)	Established Cholera Treatment Centers and provision of treatment services.
UNICEF	Financial support to the district, gumboots, and medical supplies to Kibaale.
Infectious Disease Institute	Medical supplies and allowances to medical staff in Kibaale.
World Vision	Provision of consumables (beds, blankets, tents jik) at the treatment centers in Hoima, Kibaale and Buliisa. Member of the task force in Hoima, and Kibaale
Program for Accessible Health, Communication and Education (PACE)	Co-facilitated and demonstrated the proper use of the water purification chemicals during the training of volunteers mobilized by the URCS.

Red Cross and Red Crescent action

The National Society branches carried out joint assessments with the respective district authorities and the findings were instrumental in the development of an emergency operational plan and DREF request. The response operation focused on increasing public awareness on cholera signs and symptoms, transmission risk factors, prevention and control measures and handling of suspected cases. This has improved early detection, reporting and referral of suspected cases to the established treatment centres through community based disease surveillance mechanisms as emphasized in the volunteers training. Technical support was provided by the respective District Water and Health Offices in the affected districts to ensure that the planned routine water quality surveillance both at source and household levels, construction of latrines and other WASH interventions were well coordinated and adhered to agreed standards.

Achievements against outcomes

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 month period.	
Outputs: <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. 	Planned activities: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided 41,008 beneficiaries in Nebbi, Hoima and Buliisa over three months period. Adequate sanitation which meets Sphere standards in terms of quantity and quality is 	Planned activities: <ul style="list-style-type: none"> 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

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

provided to target population.	<ul style="list-style-type: none"> • Procure and distribute 7,856 20-litre capacity jerry cans: for safe water storage and water chain 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
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Impacts: URCS identified and trained 100 community volunteers in PHASter and ECV for cholera prevention who together with 30 previously trained Hygiene Promoters (under EU funded Watsan project in Hoima and Buliisa) were deployed for vigorous house to house sensitization on cholera prevention and control, identification of potential risk factors and general hygiene promotion and education. The volunteers during the household sensitizations distributed 450,320 aqua tablets for household water treatment, 7,856 clean water 20 litre containers, 5,000 five-litre jerry-cans for tippy-tap hand washing facilities, 20,000 bars of soap and 300 latrine slabs reaching over 6,240 households. Originally the plan was to produce and distribute 1,000 latrine slabs, but the cost was gravely underestimated in the approved budget and it was realized that only 300 could be produced and distributed. A total of 14,285 people benefitted from the distribution of NFIs.

To ensure adequate sanitation facilities, 3 Ecosan toilets were constructed and erected as permanent facilities in public places in Hoima, Nebbi and Buliisa and 88 latrines (15 in Hoima, 42 in Kibaale and 31 in Nebbi) constructed for use by community members. In addition 4 latrines were constructed at the cholera treatment centres in Ndaiga and Mpeefu sub counties in Kibaale and in Kaseta, Kabwoya sub county in Hoima and tapaulins provided for the construction of CTCs in hoima and Kibaale.

Table 3: Summary of volunteers trained and deployed in the operation

District	New volunteers		EU Watsan Volunteers		Total	
	Female	Male	Female	Male	Female	Male
Hoima	6	14	3	12	9	26
Nebbi	8	22	-	-	8	22
Buliisa	7	13	6	9	13	22
Kibaale	13	17	-	-	13	17
Total	34	66	9	21	43	87

The volunteers were trained in the two methodologies and simulation exercises conducted on setting up and installation of hand washing facilities (Tippy taps), preparation and administration of oral rehydration salt (ORS), disinfection of water using aqua tabs, community mapping to identify the available risk factors in the communities and proper hand washing techniques. At the house hold the volunteers taught members how to use aqua tabs for water treatment, how to make a tippy tap for hand washing and also distributed IEC materials with cholera prevention messages including dissemination of the referral systems of the suspected cases.

Assorted medical supplies contained in the cholera kit were donated to the district health offices in Hoima, Nebbi and Buliisa district and subsequently distributed to the CTCs in order to aid in the management of cholera cases. These supplies enabled effective case management thus reducing incidences of deaths.

A total of 30,000 posters and 35,000 leaflets were produced in both English and local language (Lunyoro) and distributed to sensitize communities on the disease prevention and control.

Table 4: Summary of advocacy activities conducted during the response

District	Number of talk shows conducted	Number of Radio spots	Number of T-shirts distributed
Nebbi	4	120	35
Bullisa	6	120	40
Hoima	4	120	40
Kibaale	4	120	35
Total	18	480	150

URCS facilitated the procurement of required reagents and facilitated the collection and transportation of water samples for quality analysis. The analysis indicated that the water from different source points was contaminated and this provided a basis for prioritising the most vulnerable communities to whom the water purification chemicals would be distributed. In addition households using water from these sources were advised to boil the water before use and treat all water collected with the chlorine tablets before consumption. Total decontamination of the free flowing lake is technically impossible, and so the decontamination of water at the water collection point using aqua safe was promoted as this was a cost affective and efficient approach.

A total of 30 teachers (13 Female and 17 Male) were mobilized from primary schools in the most affected communities and equipped with skills in participatory hygiene and sanitation education (PHASE) methodologies. The teachers then formed hygiene and sanitation clubs in the schools to share sanitation and hygiene promotion messages through child to child communication, drama and music competitions reaching 13,200 pupils. 30 schools were equipped with PHASE training kit, 2 institutional handwashing facilities and IEC materials.. It is envisaged that the pupils carried the messages back home and influenced behaviour change at household and community levels as a whole.

Table 5: Summary of activities implemented within schools

Activity	Hoima	Nebbi	Buliisa	Total
Teachers trained	10	10	10	30
School health clubs established	18	14	30	62
Hand washing facilities established	10	7	53	70
Music and drama shows conducted	10	5	29	44
Public Ecosan latrines constructed	1	0	23	24

A random sample of people interviewed during the field monitoring and supervision visits revealed that majority of people received cholera prevention and good hygiene practices messages as was intended. Early adopters of the hygiene improvements have been realized in terms of model homes with sanitation-enabling facilities like pit latrines with hand washing facilities, rubbish pits, utensils drying racks and generally clean home environment as was observed at selected households as well as safe food handling practices in public eating places.

Communications – Advocacy and Public information	
Outcome: Enhanced fundraising, advocacy and profile of the DREF operations in Uganda	
Outputs: <ul style="list-style-type: none"> A steady flow of timely and accurate information between the field and other major stakeholders on the cholera situation 	Activities planned: <ul style="list-style-type: none"> 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.

Impacts: Volunteers were provided with 150 T-shirts, rain coats and rubber boots thus increasing their visibility during the sensitizations in the communities and at the treatment centers. Additionally, the society facilitated 18 radio talk shows and 4 radio jingles that were aired 5 times a day in different radios reaching approximately 763,293 people across the 4 districts with hygiene and sanitation messages.

Coordination	
Outcome: A well-coordinated response with shared plans, resources, and reports leading to effective Epidemic control	
Outputs: <ul style="list-style-type: none"> • 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 	Planned activities <ul style="list-style-type: none"> • 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

Impacts: URCS participated in 16 national and 4 district task force meetings and provided regular field supervision and support to volunteers in the field. These meetings provided the URCS cholera response operation with synergy as assessment reports, response plans, epidemic trends and evaluation feedback were shared amongst partners, thus reducing duplication of efforts and ensuring efficient use of available resources for response. The Branch Governing Board members conducted 5 field monitoring visits in the affected sub counties overseeing the work of community based volunteers and sensitized local leaders on their roles in mobilising the affected communities to uptake hygiene promotion activities as well as coordinating with other partners for additional local support to the response operation. These visits provided opportunity for effective volunteer motivation and also facilitated mutual coordination with the local leaders and health workers in the affected communities to work in harmony with the volunteers.

Challenges:

- The soil texture in the affected district of Kibaale, Hoima and Bullisa is unsuitable for latrine construction and thus posed a big challenge in improving the latrine coverage in these areas.
- Community education and sensitizations at the landing sites encountered difficulties in accessing the key persons who pollute are the main people who pollute the lake waters as they were away fishing and only the children and the old were at home.
- The Oral Rehydration Solutions (ORS) supplies were limited and as a result community volunteers could not carry out large scale community-based oral rehydration therapies for community alerts/suspected cholera cases before referral. This was however resolved by way of volunteers demonstrating to household members and care givers how to make ORS from local ingredients of salt, sugar and clean water as well as safe storage procedures.
- The porous border between Uganda and Congo facilitated the quick spread of cholera in Nebbi and Bullisa districts due to free interaction with communities across the border thus sustaining the spread of the disease longer than expected time period despite intensive disease control efforts initiated.

Lessons learned: There is need to come up with simple skills and techniques to construct latrines that are suitable for the soil type in the affected districts of Kibaale, Hoima and Buliisa.

There is need to continue to support the community access to safe water and appropriate techniques of latrine construction. The target community is poor and cannot afford on its own to construct latrines with concrete slabs. The successes registered need to be maintained and the trained volunteers continually engage the communities with disease prevention information, coaching and support households in sustained hygiene improvement activities and early detection and immediate reporting of diarrhoeal diseases to health facilities. The branches will continue to monitor the situation and provide updates until such a time when no case appears at least for 2 months through routine surveillance by use the grass root volunteers.

Contact information

For further information specifically related to this operation please contact:

- **Uganda Red Cross Society:** Michael Nataka, Secretary General; Phone: + 256 41 258 701 Email: natakam@redcrossug.org
- **IFRC Regional Representation:** Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41 22 730 45 29; email: christine.south@ifrc.org
- **IFRC Regional Logistics Unit (RLU):** Ari Mantyvaara Logistics Coordinator, Dubai; phone +971 50 4 584 872, Fax +971 4 883 22 12, email: ari.mantyvaara@ifrc.org

For Resource Mobilization and Pledges:

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

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

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

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (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.

MDRUG026 - Uganda - Cholera

Appeal Launch Date: 26 apr 12

Appeal Timeframe: 26 apr 12 to 26 jul 12

Final Report

Selected Parameters	
Reporting Timeframe	2012/4-2012/8
Budget Timeframe	2012/4-2012/8
Appeal	MDRUG026
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	204,813					204,813	
B. Opening Balance	0					0	
Income							
<u>Other Income</u>							
<i>DREF Allocations</i>	204,815					204,815	
C4. Other Income	204,815					204,815	
C. Total Income = SUM(C1..C4)	204,815					204,815	
D. Total Funding = B +C	204,815					204,815	
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	204,815					204,815	
E. Expenditure	-204,814					-204,814	
F. Closing Balance = (B + C + E)	1					1	

MDRUG026 - Uganda - Cholera

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Budget Timeframe	2012/4-2012/8
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Budget	APPROVED

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		204,813					204,813	
Relief items, Construction, Supplies								
Clothing & Textiles	3,679						3,679	
Water, Sanitation & Hygiene	101,981						101,981	
Teaching Materials	17,358						17,358	
Total Relief items, Construction, Su	123,018						123,018	
Logistics, Transport & Storage								
Storage	755						755	
Transport & Vehicles Costs	14,193						14,193	
Total Logistics, Transport & Storage	14,948						14,948	
Personnel								
National Society Staff	9,345						9,345	
Volunteers	18,176						18,176	
Total Personnel	27,521						27,521	
Workshops & Training								
Workshops & Training	18,279						18,279	
Total Workshops & Training	18,279						18,279	
General Expenditure								
Travel	2,000						2,000	
Information & Public Relations	5,434						5,434	
Office Costs	679						679	
Communications	377						377	
Financial Charges	57						57	
Total General Expenditure	8,547						8,547	
Contributions & Transfers								
Cash Transfers National Societies		192,314				192,314	-192,314	
Total Contributions & Transfers		192,314				192,314	-192,314	
Indirect Costs								
Programme & Services Support Recov	12,500	12,500				12,500	-0	
Total Indirect Costs	12,500	12,500				12,500	-0	
TOTAL EXPENDITURE (D)	204,813	204,814				204,814	-1	
VARIANCE (C - D)		-1				-1		

UGANDA RED CROSS SOCIETY

Project title	Cholera Epidemic along the shores of Lake Albert and river Nile							
Project reference number	MDRUG026							
Project beneficiary	41,008 Extremely Vulnerable Individuals of 7,407 households							
Implementation period	April to July 2012							
BUDGET								
Program costs								
Description	Unit cost	Unit	Quantity	Frequency	Total	budget control		Amount in CHF
Mobilize and train 70 volunteers from 3 districts in Epidemic Control for Volunteers (ECV) toolkit & PHASTer methodology specifically addressing cholera & meningitis outbreaks					BUDGET	EXPENSES	VARIANCE	BUDGET CHF
Assorted stationery	2,000	persons/day	70	4	560,000	640,000	80,000	CHF 211.32
Feeding, refreshments & accomodation (fullboard)	80,000	persons/day	70	4	22,400,000	20,800,000	1,600,000	CHF 8,452.83
Training venues	60,000	hall/day	3	4	720,000	800,000	80,000	CHF 271.70
Facilitators' allowances	100,000	persons/day	9	4	3,600,000	3,840,000	240,000	CHF 1,358.49
Participants' out of pocket allowances	10,000	persons/day	70	4	2,800,000	3,200,000	400,000	CHF 1,056.60
Participants' transport refund	10,000	persons/trip	70	2	1,400,000	1,600,000	200,000	CHF 528.30
Sub-total					31,480,000	30,880,000	600,000	CHF 11,879.25
							0	
Mobilize 30 school teachers from the affected sub-counties and train them on PHASE methodologies							0	
Assorted stationery	2,000	persons/day	30	4	240,000	240,000	0	CHF 90.57
Feeding, refreshments & accomodation (fullboard)	80,000	persons/day	30	4	9,600,000	9,600,000	0	CHF 3,622.64
Training venues	60,000	hall/day	3	4	720,000	720,000	0	CHF 271.70
Facilitators' allowances	100,000	persons/day	9	4	3,600,000	2,880,000	720,000	CHF 1,358.49
Participants' out of pocket allowances	10,000	persons/day	30	4	1,200,000	1,200,000	0	CHF 452.83
Participants' transport refund	10,000	persons/trip	30	2	600,000	600,000	0	CHF 226.42
training materials	24,000	assortment	10	3	-	720,000	-720,000	CHF -
Sub-total					15,960,000	15,960,000	0	CHF 6,022.64
							0	
Provide facilities for improved access to safe water, adequate sanitation and hygiene practices amongst 7,407 households (41,008 beneficiaries) in the 3 cholera affected districts of Hoima, Nebbi & Buliisa							0	
Jerrycans: 5-litre capacity with accessories for tippy tap construction (hand	2,000	pieces	5,000	1	10,000,000	12,000,000	-2,000,000	CHF 3,773.58
Water Purification chemicals (targetting 41,008 people for 90 days based on sphere standards)	100	tablets	461,340	1	46,134,000	63,211,320	-17,077,320	CHF 17,409.06
Water vessels/ 20-litre capacity Jerrycans: for safe water storage & water chain maintenance	4,500	pieces	3,928	2	35,352,000	33,388,000	1,964,000	CHF 13,340.38
Construct 3 blocks of 5-stance public latrines for safe human waste disposal in 3 most affected sub-county in Nebbi, Hoima & Buliisa districts	3,699,956	Units	3	1	11,099,868	36,000,000	-24,900,132	CHF 4,188.63
Procure/produce & distribute latrine slabs & sanitation toolkits to promote household latrine construction & utilisation	65,000	assortment	1,000	1	65,000,000	39,000,000	26,000,000	CHF 24,528.30
Procure and distributed 36 sets of sanitation toolkits to promote household latrine construction & utilisation	400,000	kits	36	1	14,400,000	26,000,000	-11,600,000	CHF 5,433.96
Conduct water quality analysis of existing sources in Nebbi, Hoima & Buliisa to establish level of contamination & direct distribution of water purifiers	200,000	lumpsum	9	1	1,800,000	-	1,800,000	CHF 679.25
Procure & distribute Institutional handwashing facilities for school sanitation	150,000	set	60	1	9,000,000		9,000,000	CHF 3,396.23
Procure & distribute PHASTer Toolkits for hygiene promotion in cholera-affected communities in Nebbi, Hoima & Buliisa	720,000	set	15	1	10,800,000	10,950,000	-150,000	CHF 4,075.47
Procure & distribute Laundry soap to promote effective handwashing at critical	4,500	bars	14,814	1	66,663,000	67,403,700	-740,700	CHF 25,155.85
Sub-total					270,248,868	287,953,020	-17,704,152	CHF 101,980.70

Perdiem for technical programme staff	80,000	Days/ 3 days per	10	6	4,800,000	1,120,000	3,680,000	CHF	1,811.32
Drivers' perdiem during field monitoring	60,000	Days	8	6	2,880,000	840,000	2,040,000	CHF	1,086.79
Mileage	2,027	km	2000	1	4,054,000	10,920,000	-6,866,000	CHF	1,529.81
IFRC's Regional level monitoring & technical support	5,300,000	airfare & perdiem	1	1	5,300,000	-	5,300,000	CHF	2,000.00
Sub-total					17,034,000	12,880,000	4,154,000	CHF	6,427.92
Project Support Costs							0		
Communication & RC Identity cost (telephone, fax, media coverage/documentary & etc)	1,000,000	Monthly	1	1	1,000,000	2,000,000	-1,000,000	CHF	377.36
Drivers' perdiem (vehicles from regional offices to support the field over 2months period)	60,000	persons/night	1	24	1,440,000	420,000	1,020,000	CHF	543.40
Vehicle pool costs/mileage	2,027	Kms	2500	2	10,135,000	24,807,235	-14,672,235	CHF	3,824.53
Stationery (photocopy, tonners etc)	600,000	Lumpsum	1	3	1,800,000	2,400,000	-600,000	CHF	679.25
Volunteer insurance costs (CHF1 per volunteer + supervisors)	2,203	cost/volunteer	130	1	286,442	286,442	0	CHF	108.09
Bank/Financial charges	50,000	Lumpsum/ per	1	3	150,000	254,257	-104,257	CHF	56.60
Sub-total					14,811,442	30,167,934	-15,356,492	CHF	5,589.22
TOTAL					509,632,510	542,989,189	-33,356,679	CHF	192,314.15
Add IFRC Program support/PSR (6.5%)					33,126,113	-	33,126,113	CHF	12,500.42
Kasese dues					-	16,281,002	-16,281,002		
					542,758,623	559,270,191	-16,511,568	CHF	204,814.57

Exchange Rate: 1 CHF = 2,650 UGX

Transfer 484,631,280 shillings