



UGANDA: CHOLERA OUTBREAK

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INTERIM FINAL REPORT

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

In Brief

Period covered by this Interim Final Report: 23 June to 31 December 2006.

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

- CHF 35,847 was allocated from the Federation's DREF on 22 June 2006 to respond to the needs of this operation. (Refer to the [DREF Bulletin](#) for more information).
- [DREF Bulletin Update no. 1](#) was issued on 30 August 2006.
- This operation was implemented over 6 months, and was completed by 31 December 2006.

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

Global Agenda Goals:

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

Background and summary

An outbreak of cholera was confirmed in the Bundibugyo, Kibaale and Hoima districts of western Uganda, after cases began to be reported at the end of April 2006 escalated. As at 22 June, a total of 98 cases had been reported (with 33 deaths), translating to a case fatality rate of 34%. In Bundibugyo, 10 people were reported dead from Budiba village. According to the district director of health services (DDHS) for Hoima, the worst-hit sub-counties were Buseruka, Kabwooya and Kyangwali. In Hoima alone, 10 deaths were confirmed. In Kibaale, the most affected areas were the Lake Albert landing sites of Kabukanga, Kyaterekera and Ndaiga in Mpeefu sub-county (where 13 deaths were reported) as well as Bwakikara in Bwakikara sub-county.

The Uganda Red Cross Society (URCS) was requested by the Ministry of Health (MoH) to assist in awareness creation, community mobilization and sensitization. The national society also facilitated early detection and referral of cases. Prior to the community sensitization exercise, URCS volunteers in Hoima District carried out a baseline survey to determine the knowledge and practices among households in relation to cholera.

Coordination

At national level, the URCS held regular meetings with the MoH and cholera task force to review progress and map out future plans. At district level, the district disaster management committees held regular planning and resource mobilization meetings with different stakeholders, including the URCS. Red Cross volunteers used information, communication and education (IEC) materials on cholera, provided by the district health department for public health education, during cross-border market days, religious and cultural meetings as well as in schools. The MoH, through the DDHS, provided curative support and follow up. The government also dealt with water treatment (chlorination) and distribution of oral rehydration salts (ORS) to the affected people through the health facilities.

Analysis of the operation - objectives, achievements and impact

On 22 June 2006, the Federation allocated CHF 35,847 from its Disaster Relief Emergency Fund (DREF) to enable the URCS to carry out activities such as training of community-based volunteers in Bundibugyo and Hoima districts, printing of IEC materials, door-to-door sensitization and awareness creation on local FM radio stations.

Goal: To contribute towards the reduction of cholera cases among the affected population.

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

Achievements

The Uganda Red Cross Society trained over 250 volunteers in Bundibugyo and Hoima districts. The volunteers were drawn from the affected communities and cholera-prone areas. The content of the two-day training included the history, the Fundamental Principles and the activities of the Red Cross/Red Crescent Movement as well as the causes and symptoms of cholera, disease management and referral to health facilities, prevention, personal and community hygiene as well as environmental sanitation. In addition, participants were trained on basic techniques of community entry which was deemed necessary for the door-to-door sensitization exercise.

100 trained volunteers organized health education talks on sanitation and hygiene. During the door-to-door sensitization exercise, at least 5,335 households (3,380 in Bundibugyo and 1,955 in Hoima) were reached with messages on the causes of cholera as well as its treatment and household sanitation in general. The exercise also covered six primary schools in Bundibugyo District. This exercise created awareness on the signs and symptoms of cholera among the target population, and the community members can now promptly report cholera cases to the relevant health authorities. In Hoima District, community leaders put in place by-laws that were aimed at improving home sanitation.

With support of the DREF funding, the Red Cross volunteers were able to use megaphones and play video tapes (from the district health department) to community gatherings during cross-border market days, and religious and cultural meetings. Hygiene/sanitation posters and stickers were also developed and posted in public places including churches, schools, health centres, shops and homes. T-shirts were distributed to the Hoima branch volunteers, staff, local leaders and community members. The local radio station in Fort Portal was used to disseminate water and sanitation (WatSan) messages to an estimated 700,000 people (approximately 140,000 households) within the Ruwenzori Region. A total of five radio talk shows and 50 awareness messages were aired in the local languages.

Impact

The operation received wide coverage through a local radio station and, as a result, the image of URCS and its Bundibugyo and Hoima branches was enhanced. The involvement of local authorities in the operation also led to the appreciation of URCS activities. The volunteers also contributed to the reduction of cholera cases in Hoima District by 12%. Currently, there is a slight improvement in household sanitation practices, though a lot still needs to be done. The trained volunteers contributed to the added capacity of the national society, and the communities have been empowered to respond in appropriate ways in future cholera outbreaks.

Constraints

The rugged terrain in the Ruwenzori Region made access to the most vulnerable challenging, given that the cholera-affected areas are 80 kilometres from the branch office through the Ruwenzori Mountains. The cross-border movement between the Democratic Republic of Congo (DRC) and Uganda also made it difficult to target the most vulnerable. These constraints were addressed through the use of a local radio station to create awareness on cholera.

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Lessons learned

The populations of Bundibugyo and Hoima districts, in their diversity, have a high capacity of adaptation. All members of the communities – including their authorities, representatives, and community leaders – rapidly adhered to the programme. As a result of their total involvement, populations have been able to take over the fight against cholera, which is continuing today, with operational teams playing merely a coaching role. This shows clearly that the communities have understood that self-reliance is one of the best ways of solving their problems.

Special note: This Interim Final Report is being issued without an interim financial report. A Final Report, comprising of the final financial report and this narrative, will be issued in due course.

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