



DREF Bulletin no. MDRUG003

GLIDE no. EP-2006-000182-UGA

15 December 2006

UGANDA: CHOLERA

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

This DREF Bulletin is being issued based on the situation described below reflecting the information available at this time. CHF 150,000 (USD 124,275 or EUR 94,280) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 12 December 2006 to respond to the needs in this operation. This operation is expected to be implemented over 3 months, and will be completed by 11 March 2007; a Final Report will be made available 3 months after the end of the operation. Unearmarked funds to repay DREF are encouraged. [<Click here to go directly to the attached map>](#)

This operation is 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 current situation

Reports by Uganda's Ministry of Health (MoH) indicate that 305 cases of cholera have been registered in a span of 3 weeks in Kampala city, with 10 deaths confirmed in early December 2006. As at 1 December, the number of confirmed cases was 212, but it rose to 305 by 4 December 2006. This indicated a daily infection rate of 23 to 24 cases with a case specific mortality rate of 3 percent. A cholera treatment centre (CTC) established in Kampala has reported a caseload of 10 to 15 cases per day, an indicator that if the epidemic is not addressed promptly, it may result in the doubling of caseload in less than 2 weeks. According to MoH reports, the epidemic started on a low key in internally displaced persons (IDP) camps in Kitgum and Pader districts as well as the south western parts of the country but has increased over the last 2 months and spread to other districts.

Since mid-October 2006, Kawempe and Makindye divisions of Kampala City Council reported cases of cholera. With an increase in rainfall, coupled with inadequate sanitary facilities among the poorer communities located in the low land zones, cholera has spread to Rubaga, Nakawa and Central divisions – with 10 cases reported every day. A cholera isolation centre has been opened at Mulago Teaching Hospital to address the situation. It is offering curative services and case follow-up through MoH. In the last one month, the epidemic has spread further and affected Adjumani, Arua, Gulu, Kampala City, Kitgum, Koboko, Moyo, Nebbi, Pader and Yumbe. Other districts are reportedly also affected but the data is yet to be consolidated. It is feared that the situation could worsen. By the end of October 2006, the Ministry of Health had cumulatively registered 3,961 cases in 23 districts within a period of 6 months.

Uganda: Cholera; DREF Bulletin no. MDRUG003

The high mortality rates in cholera cases are usually caused by severe dehydration that results from delayed case identification as well as poor referral and health service systems. Many people also lack the necessary sanitation facilities in their homes, good drainage systems and clean disposal systems especially in low income urban housing areas situated in lowlands. These challenges, coupled with the heavy rains that lasted for two months, have increased the chances of underground water contamination.

Cholera has thus become a chronic problem in the country, with frequent epidemics at very short intervals. Another outbreak of cholera was reported in April 2006 affecting the western parts of the country. During that outbreak, the Uganda Red Cross Society (URCS), based on a request from the MoH, intervened with support from the International Federation. The DREF operation, which began in June, was scheduled to be completed by end of December 2006. For the DREF Bulletin, kindly refer to <http://www.ifrc.org/docs/appeals/06/MDRUG001.pdf>. An update was issued on 30 August and can be accessed on <http://www.ifrc.org/docs/appeals/06/MDRUG00101.pdf>.

Red Cross and Red Crescent action

The URCS has provided an ambulance and distributed 200 blankets, 200 jerry cans and 20 washing basins to the Cholera Isolation Unit. A total of 30 pairs of gum boots and 30 gloves have been distributed to volunteers who are creating awareness and supporting the ambulance services. Plans to procure and distribute soap to the affected communities are underway. The URCS has been assigned by the government to carry out community social mobilization and sensitization, health and hygiene education – focusing on cholera – and continue providing ambulance services. The national society received CHF 150,000 from the Federation's Disaster Relief Emergency Fund (DREF) on 12 December to support its response to the emergency for three months.

Coordination

In addition to the response by URCS, Médecins Sans Frontières (MSF), the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) are supporting the MoH with medical supplies. Since the epidemic intensified, the MoH has established a cholera task force that has come up with a response plan. The task force is also coordinating support from the various agencies, collecting data on the epidemic and coordinating logistics for treatment. The URCS is a member of this task force that meets every week to review progress.

A cholera treatment centre has been established by Kampala City Council where all the identified cases in the community are referred for treatment and follow-up. IEC materials such as posters, brochures and videos have been developed but due to budgetary constraints, only limited quantities have been printed and distributed.

The Plan of Action

The national society has developed a plan of action which includes: Conducting a detailed assessment to determine the scope of the epidemic and its related factors; providing adequate information, education and communication (IEC) materials to sustain awareness among communities; ensuring supply of treatment, particularly intravenous fluids and antibiotics; providing sufficient protective gear for the volunteers as well as means of transport, human resources and administrative support. The available IEC materials will also have to be translated into the local languages to enhance understanding among the communities.

The URCS intervention, based on the identified needs and with support from the International Federation, will cover the five administrative divisions of Kampala City Council namely; Kampala Central, Kawempe, Makindye, Nakawa, and Rubaga. These divisions correspond to the geographical coverage of the five URCS branches of Kampala Central, Kampala North, Kampala South, Kampala East and Kampala West respectively. The assessment will also cover other areas beyond the capital that are currently affected by the epidemic, as the intervention process gives priority to chronic cases and vulnerable groups living in areas with poor drainage systems, lacking sanitation facilities and with limited access to other health services.



The URCS team consults ward registration records for cholera patients in Kampala.

Uganda: Cholera; DREF Bulletin no. MDRUG003

Goal: To prevent and mitigate the spread of cholera in Uganda.

Objective 1: To equip 500 volunteers of the URCS with the basic knowledge about the causes, signs and symptoms, prevention methods and effects of cholera.

Planned activities

- Train volunteers in conducting public health education and hygiene promotion.
- Supportive supervision to the volunteers.

Expected result:

- At least 500 Red Cross volunteers are trained on basic management of cholera.

Objective 2: To reach 300,000 people in the five divisions of Kampala City Council with information on preventive measures against cholera.

Planned activities

- Print information, education and communication (IEC) materials.
- Conduct community awareness and sensitization on cholera – its causes, how it is transmitted and how to prevent its spread.

Expected result:

- At least 500 volunteers reach 300,000 people with simple, useful, practical and correct information on preventive measures against cholera.

Objective 3: To facilitate early and active community-based case identification and referral of cholera cases to the nearest health facilities in Kampala.

Planned activities

- Set up a community-based early case identification and referral system.
- Early case detection and referral of the cases to health facilities.

Expected result:

- Cholera cases at community and household levels are identified and referred to the nearest health facilities within the shortest time possible.

Objective 4: To undertake a detailed assessment in the affected areas with the view of establishing long-term prevention measures against potential future outbreaks.

Planned activities

- Conduct a detailed assessment of the situation in Kampala and beyond.
- Advocate for provision of curative services by MoH to areas that are missing this component.
- Monitoring and evaluation.

Expected result:

- A detailed assessment of the situation is conducted and longer-term prevention measures are established.

For further information specifically related to this operation please contact:

- ***In Uganda:*** Alice Anukur, Secretary General, Uganda Red Cross Society, Kampala; Email: aanukur@redcrossug.org; Phone 256.41.25.87.01; Fax 256.25.81.84
- ***In Kenya:*** Esther Okwanga, Federation Head of East Africa Sub-Regional Office, Nairobi; Email: esther.okwanga@ifrc.org; Phone 254.20.283.50.00; Fax 254.20.271.27.77
- ***In Kenya:*** Per Jensnäs, Federation Head of Eastern Africa Regional Delegation, Nairobi; Email: per.jensnaes@ifrc.org; Phone 254.20.283.51.24; Fax 254.20.271.27.77

Uganda: Cholera; DREF Bulletin no. MDRUG003

- **In Kenya:** Charles Godfrey Byamugisha, Disaster Management Coordinator, Nairobi; Email: charlesgodfrey.byamugisha@ifrc.org; Phone 254.20.283.51.17; Fax 254.20.271.27.77
- **In Geneva:** Amna Al Ahmar, Federation Regional Officer for Eastern Africa, Africa Dept.; Email: amna.alahmar@ifrc.org; Phone 41.22.730.44.27; Fax 41.22.733.03.95

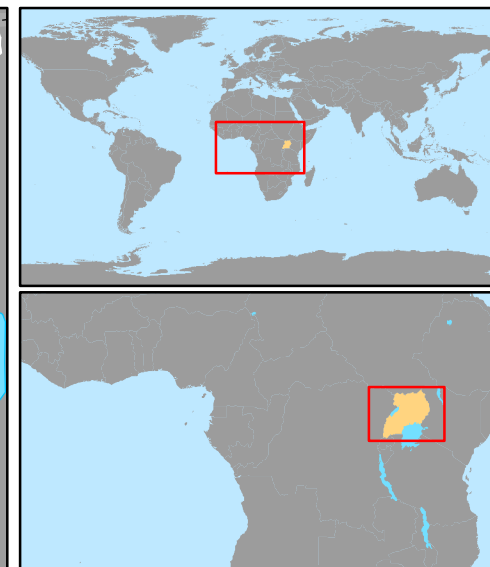
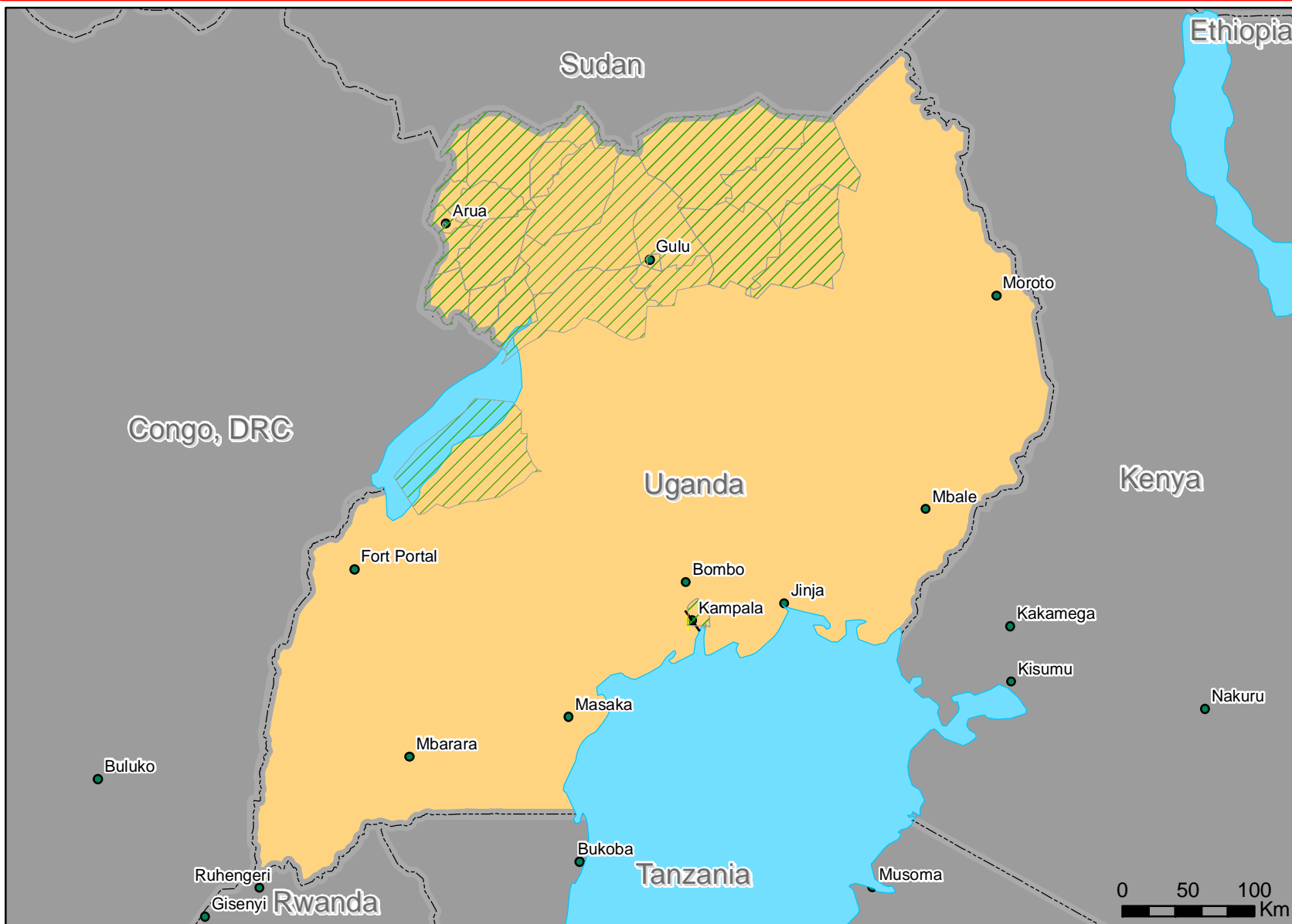
All International Federation assistance seeks to adhere to the [Code of Conduct](#) for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) (Sphere) in delivering assistance to the most vulnerable.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

[Map below; click here to return to the title page.](#)



Uganda: Cholera outbreak



305 cases of cholera have been registered in the last 3 weeks with 10 deaths confirmed as of December 6.

- Main cities
- ★ Capitales
- ▨ Affected area