

DREF operation



Uganda: Epidemic - Cholera

DREF operation n° MDRUG014

9 April 2009

The International Federation's 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 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 272,842 (USD 234,804 or EUR 181,532) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 18,412 households or 143,597 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: The Ministry of Health (MoH) has confirmed an outbreak of Cholera in Kasese district - south Western Uganda. A cumulative figure of 61 cases have been reported and 1 death registered (0.61 percent mortality rate). This current outbreak started in the eastern part of Democratic Republic of Congo (DRC) and spread to the neighbouring areas of Karambi and other affected sub counties. The Uganda Red Cross Society (URCS) proposes to carry out the following interventions based on the identified needs resulting from the assessment of the situation. The interventions will include; door to door sensitization, health and hygiene promotion and active case identification at household level and referral.

This operation will be linked with the ongoing work with internally displaced persons (IDPs) from DRC along the border in Kisoro and Kibale Districts and is expected to be implemented over 2 months. It will therefore be completed by June 2009; a Final Report will be made available three months after the end of the operation (by 31 September 2009).

[<Click here for the DREF budget or here for contact details>](#)

The situation

In Uganda, the first cholera epidemic was reported in 1979 and in the history of cholera epidemics in Uganda, 1998 remains the year when the biggest epidemic was recorded. During that epidemic, over 30,000 cases were detected and reported in almost all districts of Uganda.

On 8 March 2009, the first case of cholera was reported in Bwera Hospital cholera treatment centre (CTC) originating from Karambi Sub County. Later, more cases were reported from Nyakiyumbu, Kitholhu, Ihandiro and Bwera which are the other Sub Counties in Bukonzo West constituency. The cases are increasing both in Congo and Uganda and it is feared that without a quick intervention, many more people are going to be affected. This is attributed to the nature of co-existence between the people of Congo and Bukonzo West. They twice a week cross border market in Congo and the gardens owned by Ugandans in Congo are also contributing factors to the high rate of infection in the district.

The cholera epidemic has for long been a common problem in the District and especially affecting the sub counties of Karambi, Nyakiyumbu, Kitholhu, and Bwera that make Bukonzo West constituency. The vulnerability of this area to the Cholera epidemic is attributed to the following factors;

- Inadequate number of latrines in the area that is as low as 26 percent.
- Insufficient supply of safe drinking water in the area.
- Poor hygiene practices by the population in the area.

There is general fear that the situation might get out of hand if no control measures are undertaken and even other districts with poor water and sanitation indicators may get an upsurge of cholera during the onset of rainy season. The epidemic has been reportedly caused by poor hygiene, poor sanitation, drinking contaminated water, eating cold food and having contacts with infected persons. The health units lack capacity to fully respond to the epidemic and have requested the Uganda Red Cross Society local Branch to give support in the following areas; provision of protective gears such as gloves and/or masks, provision of disinfectants like Jik, soap, provision of, beddings and essential household items like, jerry cans, blankets, basins and medical supplies like IV fluids, Oral Rehydration Solution (ORS), safe water and drugs for cholera treatment (cholera kits). The disease that has affected five sub-counties totaling to 18,412 households and a population of **143,597** people is likely to spread and even attack the neighboring districts with the onset of the rainy season.

Coordination and partnerships

The management of the operation will be done by the URCS Disaster Management department with technical support from the Health and Care department. Coordination will be at National, Regional and Branch levels with all stakeholders including Government departments. There will be coordination with MoH and Branch District Health Offices in the affected district for technical support, joint planning and standardization of approaches. Actual implementation will be done by URCS staff and volunteers in Kasese branch. The URCS will continue attending coordination meetings, sharing information and experience. Coordination between URCS and IFRC will be facilitated by the Disaster Management Head of Department.

Red Cross and Red Crescent action

The National Society has been part and parcel of National and District cholera task forces in coordination meetings with other partners chaired by World Health Organization (WHO) and MoH at Kampala level and the branch at district levels with the District Health office. The Red Cross Action Teams are on standby in the district and are closely monitoring the situation. The URCS Kasese Branch has mobilized 30 volunteers on standby; the volunteers carried out the needs assessment and are continuing with community-based disease surveillance and reporting of suspected cases in the hard-hit sub-counties of Karambi and Kitholhu communities. These volunteers will be trained in Participatory Hygiene and Sanitation Transformation (PHAST) methodology and each one of them will later train 10 hygiene promoters who will be responsible for community hygiene promotion activities to ensure positive behaviour change.

The URCS provided the MoH with 2 cholera kits that are being used at Bwera CTC for case management. As this is the beginning of rainy season with high possibility of upsurge of cholera cases in risky areas such as Kampala, Bundibugyo, Hoima and Kasese, it is important for the cholera kits to be replenished and kept in-country for quick response during future outbreaks.

The needs

Beneficiary selection

The affected areas are densely populated communities with the following demographic data (see table 1 below):

Table 1: Communities affected by cholera epidemic

Sub County	Parishes	Villages	Population	Households
Bwera	8	48	42,111	4,974
Karambi	8	40	47,125	5,709
Nyakiyumbu	7	35	26,835	2,472
Kitholhu	5	27	14,488	2,775
Ihandiro	5	20	13,038	2,482
TOTAL	33	170	143,597	18,412

The disease has mostly affected the vulnerable groups (women, children, older people, disabled people and people living with HIV and AIDS) in these communities since they are most frequently exposed to the identified risk factors promoting the spread of cholera. Due to the strong community networks in Uganda, normally when any one group of these vulnerable groups is at risk from such a communicable disease like cholera, it is likely that the whole population will also be threatened.

The assessed needs that promote the spread of the disease include:

- § Lack public awareness on cholera disease, modes of spread, community case definitions, actions to be taken on suspected cases and preventive measures.
- § Lack of personal hygiene and environmental sanitation as well as contaminated water sources that account for a bigger percentage of the disease transmission.
- § Inadequate health staff and medical supplies in the rural health facilities thereby jeopardizing effective case management intervention.
- § Lack of active surveillance systems in place in all the affected communities hence leading to unreported cases associated with community illnesses that promote contacts and disease spread.
- § Inadequate number of cholera treatment centres due lack of the required logistics like tents, tarpaulins, blankets, beds, drip stands, eating and sanitary utensils and mattresses thereby limiting the health seeking habits of communities.
- § Inadequate medical supplies like IV fluids, ORS and required drugs in the rural health facilities thereby requiring support with cholera kits.

The proposed operation

Emergency health

Objective 1: To reduce the impact of cholera disease on the affected families through early case detection, referral and appropriate treatment of patients.

Activities planned

- Conduct rapid health needs and capacity assessments.
- Mobilization and training of 33 PHAST trainers as part of community-based volunteers and/or village health teams.
- To conduct social mobilization and hygiene health education to the target communities.
- Develop Information, Education and Communication (IEC) materials (50,000 brochures, 25,000 posters and 150 T-shirts).
- Carry out intensive hygiene promotion and/or health education using developed IEC materials with special emphasis on hand washing.
- Promote school health programme.
- Conducting media campaigns (240 radio spots and 8 talk shows) to promote public awareness.
- Monitoring and evaluation of projects at sub-county level.
- Procurement and pre-positioning of cholera emergency kits to improve the URCS' preparedness and response capacities.
- Distribution and education on Oral Rehydration Solution to the affected families.
- Coordination of response.

Water, sanitation and hygiene promotion

Objective 2: To reduce the transmission of cholera in 5 sub-counties in Kasese district through timely and effective water, sanitation and hygiene interventions to 18,412 households for 2 months.

Activities planned

- Comprehensive, hyper chlorination of existing water sources and/or bucket chlorination of **3,000,000** litres of water at various sources and/or collection points in 170 villages.
- Provision of water and sanitation hygiene promotion items (**37,000 bars of soap, 18,412 small jerry cans for constructing tippy-taps**) to 18,412 households.
- Water quality testing (*in collaboration with the district water office*).
- Promote the construction of household latrines by community members.
- Advocate for the enforcement and adherence to public ordinance and by-laws.

- Provide appropriate sanitation and hygiene promotion to **18,412** families in Bukonzo west constituency through PHAST methodologies.
- Conduct training and/or information programmes for 330 Red Cross volunteers and beneficiaries (community hygiene promoters), in hygiene promotion and the safe use of water treatment products such as chlorination tablets.

How we work

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.

The International Federation's activities are aligned with its 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.

Contact information

For further information specifically related to this operation please contact:

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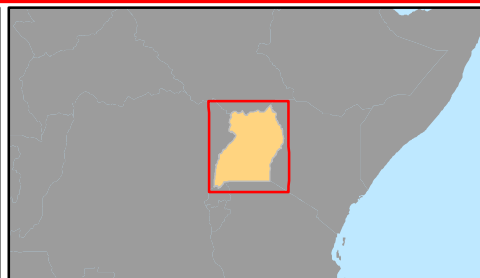
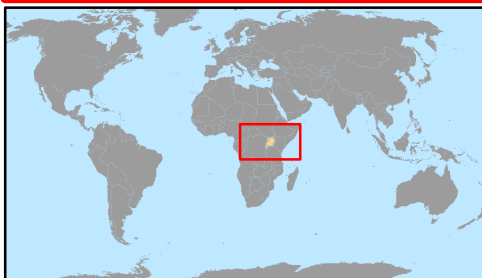
[<DREF budget and map below; click here to return to the title page>](#)

<u>APPEAL BUDGET SUMMARY</u>		Annex 1
	APPEAL NAME Uganda - Epidemics, Cholera	Appeal Number MDRUG014
	<u>RELIEF NEEDS</u>	
500	Shelter	
505	Construction Materials	
510	Clothing and Textiles	
520	Food	
523	Seeds and Plants	
530	Water and Sanitation	133,212
540	Medical and First Aid	
550	Teaching Materials	45,433
560	Utensils and Tools	
570	Other Supplies & Services	
	Total Relief Needs	178,645
	<u>CAPITAL EQUIPMENT</u>	
580	Land and Buildings	
581	Vehicles Purchase	
582	Computers and Telecom Equipment	
584	Office/Household Furniture and Equipment	
587	Medical Equipment	
589	Other Machinery and Equipment	10,733
	<u>TRANSPORT, STORAGE AND VEHICLES</u>	
590	Storage - Warehouse	
592	Distribution and Monitoring	
593	Transport and Vehicles Costs	9,419
	<u>PERSONNEL</u>	
600	International Staff	
640	Regionally Deployed Staff	
661	National Staff	4,388
662	National Society Staff	14,850
670	Consultants	
	<u>WORKSHOPS AND TRAINING</u>	
680	Workshops and Training	24,511
	<u>GENERAL EXPENSES</u>	
700	Travel	
710	Information and Public Relations	
730	Office running costs	3,333
740	Communication Costs	3,333
750	Professional Fees	
760	Financial Charges	

790	Other General Expenses	5,895
	<u>SERVICE FEES</u>	
	Service Fees	
	<u>PROGRAMME SUPPORT</u>	
599	Programme Support - PSR	17,735
	Total Operational Needs	94,197
	DREF ALLOCATION	272,842



Uganda: Epidemic



- ★ Capitals
- Main rivers
- main lakes
- ▨ Affected district