

www.ifrc.org  
Saving lives,  
changing minds.

## Disaster relief emergency fund (DREF)

### Uganda: Cholera Epidemic



International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG024**  
**GLIDE n° EP-2011-000173-UGA**  
**23, November 2011**

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 156, 962 has been allocated from the IFRC's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 721,400 beneficiaries. Unearmarked funds to repay DREF are encouraged.**

#### Summary:

On 21<sup>st</sup> October 2011, a new episode of cholera outbreak was reported at Kayanja landing site at the shore of Lake Edward - Nyakiyumbu Sub-County, Bukonzo West Health Sub-District (HSD) initially infecting 13 people and causing 4 deaths. Since then, the outbreak has spread, affecting more communities with a cumulative total of 78 people and 7 deaths so far recorded by 7 November 2011. With the poor sanitation and lack of safe potable water for the communities, it is feared that the disease might spread and affect the whole district and neighbouring communities.



Red Cross volunteer talking to cholera patients admitted at Kilembe Hospital Cholera Treatment Center. Photo by Mike Mukirane -Kasese Branch

The Uganda Red Cross Society (URCS), through community-based volunteers of its Kasese Branch, will utilise the Epidemic Control for Volunteers (ECV) toolkit to engage households concerning the most effective disease control methodologies. Coupled with media campaigns, these are expected to improve awareness about cholera and its control measures like provision of safe water, and facilitating proper environmental, food and personal hygiene. It will also facilitate improved community based disease surveillance. Through targeted activities, including water quality analysis, sterilization of wells and initiation of new water sources, it will also improve access to safe water.

This operation is expected to be implemented over three months, and will therefore be completed by end February, 2012; a final report will be made available three months after the end of the operation (by end May, 2012).

[<click here for the DREF budget; here for contact details; here to view a map of the affected areas>](#)

## The situation

An outbreak of cholera that was first reported in one community in Kasese district on 21<sup>st</sup> October 2011 and now spreading affecting two sub-counties of Nakiyumbu in Bukonzo West Health Sub-District (HSD) and

Maliba in Busongora North HSD has been confirmed by the Ugandan Ministry of Health (MoH). The first 13 cases with 4 deaths (3 community deaths and 1 at health facility) registered were from Kayanja Fishing village at the shore of Lake Edward. It was established that the cases had prior contacts with inhabitants of Kasindi port and Kyabinyonge in Democratic Republic of Congo (DRC) which is another fishing village across the lake that are said to have recently registered cases of suspected cholera with 6 deaths reported at Kasindi port.

Since then, the disease has been on the upsurge with a cumulative number of 78 cases and 7 deaths have so far been recorded by Tuesday 7th November 2011. The disease has since spread affecting a new sub-county of Maliba in Busongora North Health Sub District (HSD) with the fear of spreading further in the whole district and neighboring communities due to the lack of safe water and inadequate sanitation enabling facilities in the district which is exacerbated by the heavy rains being experienced in the district now and high population movement.

At the onset of the outbreak when the cases were still manageable, Kasese District Health Office was in position to handle the emergency, but since the beginning of November when the number of cases started increasing, the District authority extended a request for support to the Uganda Red Cross Society and partners to join in the disease control efforts in the most needed and lacking areas of health education, supplies and personnel support for case management.

From the joint assessment conducted with the District Health Office, an estimated total population of 167,961 (27,994 households) live in the affected sub-counties, while a total of 721,400 people in the whole district remain at risk of cholera infection since there are always interactions among the people.

## Coordination and partnerships

In Kasese, the District Cholera Task Force has been re-activated where key Technical Working Groups (TWGs) of case management, WASH, Social Mobilization Coordination/resource mobilization, logistics and security have been formed with the URCS being a member in the core area of social mobilization, WASH and case management.

A similar coordination mechanism at the national level has been established at the Ministry of Health headquarters where the URCS is duly represented. The District Cholera Task Force and National Epidemic Response committees hold weekly 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 UN and humanitarian Agencies like United National Children's Fund (UNICEF), World Health Organization (WHO), Uganda Red Cross Society (URCS), International and local NGOs, are being mobilized to act in partnership to support the district in the response.

These coordination mechanisms help in drawing the epidemic response plans, resource mobilization and providing operational guidance that support resource sharing and avoid duplication of efforts.

Kasese District Health Office has established 2 Cholera Treatment Centers (CTCs), deployed medical staff to manage cases at the CTCs and also provided medical supplies - which are now inadequate due to the up surging cases.

The sub-county authorities have enacted a by-law stopping sale of cold foods and fluids associated with the spread of the disease. Authorities are also reprimanding households without pit latrines.

## Operational TWGs

Sector	Lead Agency
Coordination and resource mobilization	District Health Officer (DHO)
Case management	DHO
Logistics management	DHO
WASH promotion	District Water Officer (DWO)/DHO/ District Education Officer (DEO), URCS
Social mobilization, Information and Education Communications (IEC)	District Health Educator (DHE) /URCS
Security and Safety	District Security Officer (DISO)

## Red Cross and Red Crescent action

Kasese Branch conducted a joint assessment with the District Health Office that highlighted the magnitude of the emergency and is guiding the disease control actions. The branch also mobilized 20 volunteers readying them for engaging communities with disease control activities and already deployed 2 of them to assist the medical team providing case management at Bwera CTC. The presence of the two volunteers at the CTC is helping to meet the human resource gaps in patient reception; care and case management that assist to control cross infections and reduce on the case fatality rates.

A cholera kit has been mobilized from the central warehouse for dispatch to Kasese to boost the case management.

### The needs

#### Selection of people to be reached:

The overall indirect beneficiaries will be 167,961 people composed of 27,994 households who live in the two affected sub-counties and remain at risk of cholera infection. These will benefit from the volunteer sensitization campaigns. The total population of Kasese district (721,400 people) will be reached with cholera information that will be disseminated through the mass media and information, Education and Communication (IEC) materials.

The intervention will directly target 25,194 Extremely Vulnerable Individuals (EVIs) from 4,199 households who are more at risk of contracting the disease and dying from it due to conditions like advanced age, 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 cholera. These are specifically prioritized because they do not have the means to obtain care with the resources at their disposal and have only limited access to resources available to the majority of the community, including health care, water, sanitation facilities, education and training, and employment opportunities. The whole population of the district of Kasese of 721,400 people will be targeted with the mass media campaigns and IEC dissemination to forestall further spread to other areas of the district.

The immediate needs of the affected communities are; chemicals for purifying drinking water, drilling of two more boreholes to provide safe drinking water for the residents in Kayanja fishing village, adequate sanitation facilities like latrines, hand washing facilities, containers for maintaining safe water chain as well as adequate information on cholera disease, its transmission modes, risks of infection, actions for suspected cases and control measures. Due to increasing number of cases, the District Health office also requires additional medical supplies for managing the cases and maintaining an acceptable Case Fatality Rate (CFR).



Regional Programme Manager assessing water needs of residents of Kayanja fishing village who are seen in the background fetching water from the lake for domestic use. Photo by Mike Mukirane -Kasese Branch

In the long term, there is need for more permanent and reliable water sources to be provided in the affected communities. Currently, residents of Kayanja fishing village rely on only one bore hole that is even suspected to be contaminated due to the heavy rainfalls that sometimes results into flooding. This leaves majority of the households to resort to the lake water which is highly contaminated as it serves all purposes including human waste disposal for the fishermen. There is also need for promotion of latrine construction in the communal gardens where residents spend most of their time digging, weeding and harvesting and also institutions like schools that might facilitate faster cholera transmission.

### The proposed operation

The operation will mainly focus on engaging community based volunteers to undertake intensified health and hygiene promotion campaigns at household levels to improve on cholera literacy as well as facilitate community actions on key hygiene and sanitation improvements like construction of household latrines, hand washing practices at critical moments, eating well cooked foods, etc. The IFRC ECV toolkit and Participatory Hygiene and Sanitation Transformation in Emergency (PHASTer) approaches shall be employed to facilitate

effective cholera control interventions where trained volunteers will be facilitated to conduct health and hygiene promotion campaigns, Oral Rehydration Therapy (ORT) and referral of acute suspected cases and general environmental, personal and food hygiene improvement.

Due to inadequate medical supplies for managing the cases both at community and health facility levels, the URCS will provide one cholera kit (volunteer and treatment modules) that will directly be used to manage suspected cases and admitted patients. The volunteer module of the kit will be used by trained Red Cross volunteers who are based in the communities acting as first-responders who will be called upon to evaluate any suspected cholera cases and provide Oral Rehydration Therapy. The Treatment module of the cholera kit will be handed over to the Ministry of Health personnel who are responsible for managing all admitted patients – including those referred by the volunteers at the CTCs. Two Red Cross volunteers who are deployed at the CTC in Bwera hospital will continue to assist the medical workers in ensuring infection control activities like spraying etc.

For communities at Kayanja fishing village who have only one deep well serving a large population, the operation will plan to conduct water quality analysis to establish the level of contamination and facilitate appropriate decontamination of the wells as well as providing water purification chemicals for households. The operation will also construct two additional boreholes at emergency levels that will greatly contribute to the provision of adequate safe water to the population as an immediate and important need. The operation will support the District Water Office (DWO) to conduct routine water quality surveillance both at source and household, levels. 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 will supply containers for maintenance of safe water chain; water purification chemicals to temporarily provide safe water, soap and tippy-tap materials for promoting hand washing practices.

In order to reduce risk of wide transmission of the epidemic, the mass media and other forms of culturally acceptable and context-specific IEC campaigns will be employed to promote a wide knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases and preventive measures. This will target the whole of Kasese district since there is a lot of population movement to and from the area affected as well as cross border movements with Democratic Republic of Congo (DRC) which is suspected to be the source of the index cases. The total population of the district is 721,400 people that will be targeted with the IEC and mass media messages.

The URCS will deploy its internal human capacities located at the branch and regional offices as well as technical staff currently implementing the water and sanitation project in western Uganda to train volunteers and provide technical support for the planned Water, Sanitation and Hygiene (WASH) hardware activities. The internal capacities of staff who are members of the Regional Disaster Response Team (RDRT) and Health specialist in ECV as well as local capacities in Kasese District departments of water and Health will be incorporated to provide guidance and support to the field activities.

## Emergency health

**Outcome: Reduced risk of cholera infections and mortality amongst extremely vulnerable households through intensified house to house health and hygiene promotion, media campaigns, community based disease surveillance targeting directly 4, 199 families (or 25,194 beneficiaries) in 2 sub-counties and indirectly 721,400 people in the district of Kasese for three months.**

### Outputs (expected results) and activities planned:

#### Expected results:

- 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:

- Procure 1 cholera kits for replenishment of country stock-pile utilised in the operation
- Conduct training of 40 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit
- Produce and disseminate context-specific Information, Education and Communication (IEC) materials (50,000 cholera posters, 100,000 cholera leaflets and 200 T-shirts translated in Rukonjo) to reach 721,400 people.
- Conduct media campaigns (12 radio talk shows, 1,440 radio spots) for promotion of awareness about cholera and environmental hygiene to control the disease spread reaching over 721,400 people in the whole district.

- Conduct community health promotion campaigns reaching approximately 167,961 indirect beneficiaries in the in 2 affected sub-counties in the district.
- Facilitate social mobilization through film vans operation for 2 months in the whole district targeting 721,400 people.
- Facilitate active case search, provide Oral Rehydration Therapy (ORT) and referral of suspected cholera cases by Red Cross volunteers

### Water, sanitation, and hygiene promotion

**Outcome: Access to safe water and hygiene practices have been improved amongst 4,199 households (25,194 beneficiaries) in the two cholera affected sub-counties of Nakiyumbu and Maliba in Kasese district over a period of three months.**

#### Outputs (expected results) and activities planned:

- Conduct water quality analysis and surveillance to establish levels and extend of contamination to guide purification
- Procure and distribute 125,970 water purification tablets to 4,199 households for 1 month.
- Procure and distribute 151,164 bars of laundry soap for promotion of hand washing practices amongst 25,194 beneficiaries
- Procure and distribute 4200 five-litre jerry-cans for constructing household hand washing facilities
- Procure and distribute 4200 twenty-litre jerry-cans (1 per household) for ensuring safe water chain amongst 25,194 families
- Provide 30 institutional hand-washing facilities in schools
- Conduct hydrological survey and drilling supervision of 2 boreholes at Kayanja fishing village
- Drill 2 boreholes, conduct test-pumping, water quality analysis, casting and installation works to provide immediate potable water for 780 households in Kayanja fishing village
- Conduct training of 2 water user committees for promotion of water source maintenance.

### Coordination, Monitoring, technical support supervision and operation evaluation

**Outcome: Strengthened operational capacity in planning, M&E and Reporting for effective service delivery to the target beneficiaries**

#### Outputs (expected results) and activities planned:

**Expected Result:** All planned operational activities are monitored and reported on in a timely and quality manner

#### Planned Activities:

- Conduct weekly field monitoring checks by national, regional and branch staff
- Participate in all districts and national coordination meetings to facilitate effective
- Provide for field documentation of best practices and routine reporting
- Conduct joint inter-agency field monitoring and support supervisory visits in the affected districts and sub-counties
- Conduct operation final evaluation, lesson learnt workshop and document best practices

## Contact information

### For further information specifically related to this operation please contact:

- **Uganda Red Cross Society:** Nataka Michael Richard: Secretary General: office phone: +256(0)260615; mobile phone: +256(0)776312001; email: [natakam@redcrossug.org](mailto:natakam@redcrossug.org)
- **Kenya:** East Africa Regional Office; Alexander Matheou, Regional Representative, East Africa, Nairobi, phone: +254.20.283.5124; fax: 254.20.271.27.77; email: [alexander.matheou@ifrc.org](mailto:alexander.matheou@ifrc.org)
- **IFRC Zone:** Daniel Bolanos, Disaster Management Coordinator, Africa; phone: +27 (0)11 303 9735, mobile: +27 (0)835566911; email: [daniel.bolanos@ifrc.org](mailto:daniel.bolanos@ifrc.org)
- **Geneva:** Pablo Medina, Senior Officer, Operations Quality Assurance; phone: +41 22 730 4381; email: [pablo.medina@ifrc.org](mailto:pablo.medina@ifrc.org)
- **Regional Logistics Unit (RLU):** Kai Kettunen, Regional Logistics Delegate, phone +971 4457 2993, email: [kai.kettunen@ifrc.org](mailto:kai.kettunen@ifrc.org)

### For Resource Mobilization and Pledges:

- **IFRC Zone:** Pierre Kremer, Acting Head of Resource Mobilization; phone: +41 792264832; email: [pierre.kremer@ifrc.org](mailto:pierre.kremer@ifrc.org)

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

- **IFRC Zone:** Robert Ondrusek, PMER/QA Delegate, Johannesburg; phone: +27.11.303.9744; email: [robert.ondrusek@ifrc.org](mailto:robert.ondrusek@ifrc.org)



[Click here](#)

1. DREF budget [below](#)
  2. 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.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



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

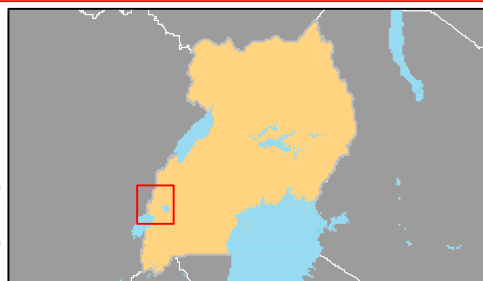
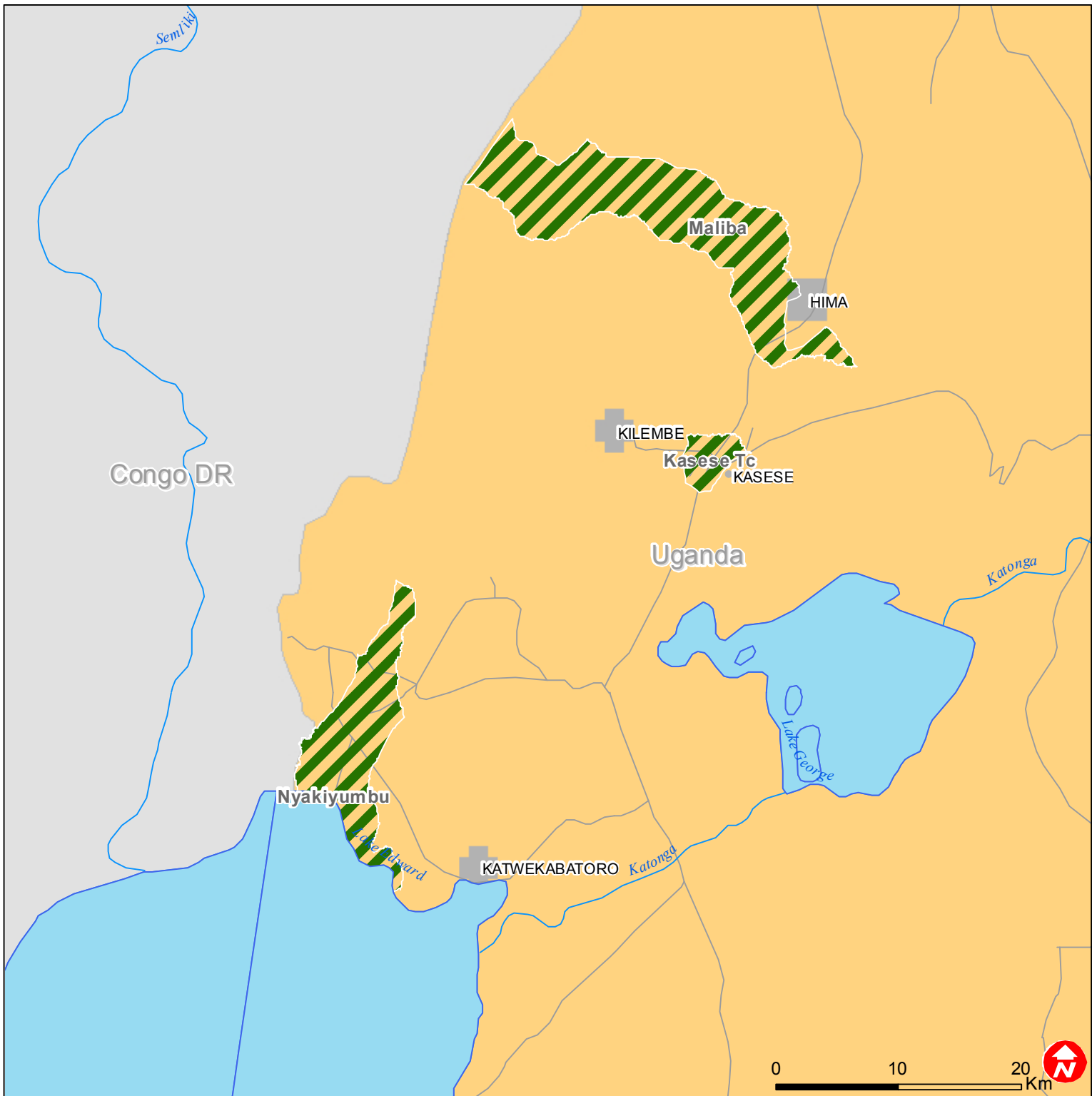
23-11-11

Uganda: Cholera (MDRUG024)

<b>Budget Group</b>	<b>DREF Grant Budget CHF</b>
Shelter - Relief	
Shelter - Transitional	
Construction - Housing	
Construction - Facilities	
Construction - Materials	
Clothing & Textiles	1,390
Food	
Seeds & Plants	
Water, Sanitation & Hygiene	26,907
Medical & First Aid	6,915
Teaching Materials	
Utensils & Tools	13,134
Other Supplies & Services	5,837
Emergency Response Units	
Cash Disbursements	
<b>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</b>	<b>54,182</b>
Land & Buildings	
Vehicles Purchase	2,172
Computer & Telecom Equipment	
Office/Household Furniture & Equipment	
Medical Equipment	
Other Machinery & Equipment	
<b>Total LAND, VEHICLES AND EQUIPMENT</b>	<b>2,172</b>
Storage, Warehousing	
Distribution & Monitoring	6,924
Transport & Vehicle Costs	19,960
Logistics Services	
<b>Total LOGISTICS, TRANSPORT AND STORAGE</b>	<b>26,884</b>
International Staff	1,500
National Staff	
National Society Staff	19,014
Volunteers	
<b>Total PERSONNEL</b>	<b>20,514</b>
Consultants	
Professional Fees	
<b>Total CONSULTANTS &amp; PROFESSIONAL FEES</b>	<b>0</b>
Workshops & Training	39,070
<b>Total WORKSHOP &amp; TRAINING</b>	<b>39,070</b>
Travel	
Information & Public Relations	
Office Costs	417
Communications	4,042
Financial Charges	101
Other General Expenses	
Shared Support Services	
<b>Total GENERAL EXPENDITURES</b>	<b>4,560</b>
Programme and Supplementary Services Recovery	9,580
<b>Total INDIRECT COSTS</b>	<b>9,580</b>
<b>TOTAL BUDGET</b>	<b>156,962</b>



# Uganda: Epidemic



-  Affected area
-  Cities
-  Main roads