

DREF Bulletin Update



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

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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

Period covered by this update: 16 December 2006 to 26 January 2007

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

- CHF 150,000 was allocated from the Federation's DREF on 12 December, 2006 to respond to the needs of this operation. (Refer to the [DREF Bulletin](#) for more information).
- This operation is expected to be implemented for 3 months, and will be completed by 16 March 2007; a DREF Bulletin Final Report will be made available three months after the end of the operation.

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



URCS volunteers visit the affected areas

According to the MoH reports, the epidemic started on a low key among internally displaced persons (IDP) in the camps in Kitgum and Pader districts as well as the south western parts of the country, and gradually increased between the months of October and November spreading to other districts. By the end of October 2006, MoH registered a total of 3,961 cases in 23 districts within a period of 6 months.

According to reports from the Ministry of Health (MOH), as at 4 December 2006, 305 cholera cases were registered in Kampala City, with 10 deaths. This was up from 212 cases as at 1 December 2006. A cholera treatment centre (CTC) established in Kampala reported a caseload of 10 to 15 cases per day. The cholera epidemic, which

began at the end of April 2006, stands at 1,008 in Kampala with 11 deaths.

Red Cross and Red Crescent action

The URCS received funds from the International Federation's Disaster Relief Emergency Fund (DREF) amounting to CHF 150,000 on 12 December 2006 to facilitate the implementation of the national society's plan of action.

The overall goal of the Uganda Red Cross Society (URCS) intervention is to prevent and control the spread of cholera in the five branches in Kampala City, by providing simple, useful and practical information to the most vulnerable communities and facilitating early case identification and referrals. Other activities by the national society include public health education, hygiene promotion in the most affected branches and refresher trainings targeting Red Cross branch staff and volunteers. The table below gives an indication of the overall situation and action taken by the national society:

Table 1: Overall situation and URCS action in Kampala City as from December 2006.

URCS branch/areas visited	Overall situation/challenges	Action by the URCS
Kampala East <ul style="list-style-type: none"> • Banda zones 1, 2, 3 and 4, Naguru including Kasenke I to V, Bukoto I and II, Luzira, Katoogo, Katara, Kalerwe and Nakawa market. • Places of worship visited including Namugongo Martyrs Church, Kireka Catholic Church, St. Jude and St. Luke in Naguru among others. 	<ul style="list-style-type: none"> • Poor drainage facilities, disposal of human waste into drainage channels causing blockages. • Eating places located too close to dumping sites, lack of space and overflow of existing latrines. An average of 100 people using one latrine. • Some traditional healers discouraged use of latrines and some local leaders were hostile to sanitation initiatives. 	<ul style="list-style-type: none"> • Door-to-door sensitization on cholera prevention. • Distribution of oral re-hydration salts (ORS) and soap to beneficiaries and demonstration of proper use. • Distribution of information, education and communication (IEC) materials.
Kampala West <ul style="list-style-type: none"> • Ndeeba Parish including Kayanja, Spire and Nsiike I and II, Nateete, Nakalabye, Kasubi, Kawaala Parish, Lunguja, Luby, Najja I and II, Kabowa and Rubaga parishes. 	<ul style="list-style-type: none"> • Overpopulation. • Poor garbage disposal, stagnant water and poor drainage systems, lack of latrines, floating sewage, communities using unsafe water, filled-up latrines. • Lack of proper information about cholera and proper hygiene. • Hostile reception of volunteers. 	<ul style="list-style-type: none"> • Door-to-door sensitization on cholera and hygiene as well as ORS, IEC and brochures distribution by volunteers. • Ambulance services. • Partnerships with local leaders to initiate programmes/follow-ups.
Kampala South <ul style="list-style-type: none"> • Bukasa, Salama, Katwe I and II, Kibuye I, Kibuli, Nsambya, Kansanga, Gaba, Namasuba, Ndejje as well as places of worship. 	<ul style="list-style-type: none"> • Poor housing area and poor waste management. • Lack of adequate, safe drinking water • High rates charged for use of available toilets, limited latrines. • Lack of information leading to assumptions, myths and ignorance. 	<ul style="list-style-type: none"> • Sensitization targeting special interest groups. • Case identification and referrals and ambulance services. • Distribution of ORS. • Visits to places of worship.
Kampala Central <ul style="list-style-type: none"> • Industrial area, Kivulu, Makerere Hill road, Shauliako and Owino markets, Kiganda, Nanozi as well as places of worship. 	<ul style="list-style-type: none"> • Lack of latrines, poor garbage and human waste disposal. • Close proximity of eating places to dumping sites. • Lack of clean water. 	<ul style="list-style-type: none"> • Door-to-door sensitization. • Distribution of brochures and ORS. • Partnerships formed with the local authorities.
Kampala North <ul style="list-style-type: none"> • Mulago Cholera Isolation Camp, Kalerwe, Bwaise areas and places of worship. 	<ul style="list-style-type: none"> • Increased awareness but sanitation and personal hygiene still poor. • Lack of space, poor disposal of human waste. 	<ul style="list-style-type: none"> • Mobilization. • Provision of soap and ORS. • Distribution of IEC materials • Ambulance services.

Uganda: Cholera: DREF Bulletin no. MDRUG003; Update no. 1.

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

Achievements

The URCS trained 500 volunteers to carry out community sensitization through door-to-door visits, public meetings and functions in market places, worship centres and entertainment grounds.

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

Achievements

The URCS mobilized volunteers who distributed 1,200 boxes of soap and IEC materials to more than 10,000 most vulnerable families in the most affected areas. Other Red Cross branches outside Kampala also managed to mobilize volunteers and resources to control and minimize deaths. Some of the branches were supported with IEC materials and soap from the URCS headquarters.

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

Achievements

A total of 600 people benefited from the ambulance services; the ambulance collected an average of 15 patients per day from the most affected areas of Bokasa, Erisa, Kakajjo, Kanyogoga, Katwe, Kibe, Masanafu, Mengo Kisenyi, Muyenga, Nabisaalu, Nakulabye, Namungoona, Namuwongo Market, Natete, Ndeeba and Rubaga Road.. Volunteers were deployed to the cholera isolation centre to assist the hospital staff in receiving patients from the ambulance, bathing patients with chlorine solution, serving porridge and oral rehydration salts, referring cholera patients with other medical complications like HIV infections to the main hospital, assisting nurses in first aid and helping to handle complicated cases such as mental illnesses.

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

Achievements

At the time of reporting, a comprehensive assessment by the URCS, targeting the most affected branches to address the underlying factors contributing to the persistence of cholera outbreaks in Uganda over the last ten years, was ongoing. The findings will feed into the process of making a long-term programme to build the capacity of communities to manage or prevent the re- occurrence of the epidemic. Requests have also been addressed to the MoH for the provision of curative services to be offered to the areas that lack this service.

Coordination

The URCS acquired a consignment of 100 boxes, each containing 15 litres of intravenous (IV) fluid, from the International Committee of the Red Cross (ICRC), which were handed over to Mulago Hospital and Kampala City Council officials at the CTC.

The URCS is working closely with the government through the MoH, Mulago Hospital and Kampala City Council including all its divisions. Weekly coordination meetings were held in Kampala City Council offices where all the stakeholders discussed reports and shared work plans for proper coordination.

The major humanitarian agencies involved include Médecins Sans Frontières (MSF), which assisted in treatment at the CTCs as well as the United Nations Children's Fund (UNICEF), that provided medicine, sundries and tents for the CTCs. Plan International provided gumboots and disinfecting liquids to the Kampala City Council and the World Food Programme (WFP) provided food to the CTC patients.

Uganda: Cholera: DREF Bulletin no. MDRUG003; Update no. 1.

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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>

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