

DREF operation update



International Federation
of Red Cross and Red Crescent Societies

Uganda: Epidemic Cholera

DREF operation no.MDRUG014

Update n° 01

10 July 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 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.

Summary: 272,842 CHF was allocated from the Federation's Disaster Relief Emergency Fund (DREF) in April 2009 to support the National Society in delivering assistance to some 18,412 households in 5 sub counties of Ihandiro, Kitholhu, Karambi, Bwera and Nyakiyumbu – Bukonzo West Constituency - Kasese District.

Since the initiation of the control activities, key achievements like mobilization, training and deployment of Community Based Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER) Trainers, facilitating them to conduct Training of PHASTER groups, Training of PHASTER groups, distribution of Hygiene and Sanitation promotion materials, social mobilization, health education, active case search and referral activities have been done.

This has led to increased public awareness on the disease and its control measures and a general decline in the infection rate of cholera in 4 Sub Counties out of 5.

This operation is expected to be implemented in 2 months time, and completed by mid June 2009. In line with Federation reporting standards, the Final Report (narrative and financial) is due 90 days after the end of the operation (by 31 September 2009).

The major donors to the DREF are the Irish, Italian, Netherlands and Norwegian governments and ECHO. Details of all donors can be found on

<http://www.ifrc.org/what/disasters/responding/drs/tools/dref/donors.asp>

[<click here to view contact details>](#)



Distribution of soap, water guard and jerry cans to the affected communities carried out by URCS.

The situation

The Ministry of Health confirmed an outbreak of cholera in Kasese District - South Western Uganda. On 8 March 2009, the first case of cholera was admitted in Bwera Hospital Cholera Treatment Centre (CTC) originating from Karambi Sub County. More cases were received from Nyakiyumbu, Kitholhu, Ihandiro and Bwera sub- counties in Bukonzo West constituency.

In this reporting period, (**12 May to 25 May 2009**) the number of new cases increased to 60 hence a cumulative figure of 189 cases and 3 deaths registered. The increase in the number of new cases is as a result of the spread of the disease to Health Sub District (HSD) where Red Cross is not intervening. This outbreak is said to have started in the western part of Democratic Republic of Congo (DRC) to the neighbouring areas of Karambi and spreading to the whole other affected sub counties. However, there is a decrease in the number of admissions per day compared to the last reporting period (from an average of 7 to 4 cases per day). The number of cases on admission as at 25^{May} 2009 is 4. This is attributed to the intervention made by Red Cross through the PHASTER approach. Massive sensitization is continuously being carried out by the PHASTER groups at village level in the affected areas through home to home visits with much attention being put on supervision and monitoring of the formation of model homes in communities.

The community has developed their own control measures like hand washing, and water treatment using the Hygiene and Sanitation promotion materials that were distributed by Uganda Red Cross Society (URCS). However, the health units still lack capacity to respond to the epidemic hence referring all suspected cases of Cholera to Bwera Hospital Cholera Treatment Centre (CTC) where facilities are inadequate hence the district's request to the Branch to give support in the following areas; provision of disinfectants, medical supplies like IV fluids and extending the PHASTER concept to Bukonzo East HSD.

The disease that had affected five sub-counties totaling to 18,412 households and a population of **143,597** people has now crossed to Munkunyu sub-county in Bukonzo East Constituency (6 cases). This indicates that it is likely to spread and even attack other neighboring sub-counties.

Coordination and partnerships

On top of the District and HSD joint coordination meetings that were held in the last reporting period, a District Health Management Committee meeting was held and top on the agenda was laying strategies for wiping out cholera. The partners in the District Health Management Committee included the district political leadership (the Health Sectoral Committee), the District Health Office staff, Heads of HSD's, District Water Office and stakeholders in the Health sector. The URCS was fully represented by the Branch Field Coordinator and the Regional programme officer (Organisational Development and Disaster Management). This committee reviews progress of health related interventions in the District and lays down strategies for effective implementation. These meetings take place on a quarterly basis rotating in all the 4 HSD's. The URCS got the opportunity to share their field experiences with the other stakeholders in the health sector and the district authorities pledged to work on some of the challenges like asking local leaders at parish and village level to enforce adherence to by-laws and ordinances.

The Uganda Peoples Defence Force (UPDF) Health Department in Rusese Barracks joined URCS in the cholera prevention intervention by assigning one of their Health Staff to work with URCS and this person has been actively participating in the sensitization of the community. This has helped the URCS volunteers to access 4 Military detachments in the constituency and equipping the combatants with the PHASTER concept.

Red Cross and Red Crescent action

Progress towards objectives

Emergency health

Objective: To reduce the impact of cholera disease on the affected families through early case detection, referral and appropriate treatment of patients.
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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.
- Intensive Hygiene promotion and/or health education using developed information, education and communication (IEC) materials with special emphasis on hand washing.
- School health programme.
- Printing of Information, Education and Communication materials (50,000 brochures, 25,000 posters, 150 T-shirts).
- 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.
- Coordination of response.

Progress

In addition to the 33 model homes that were developed by the 33 PHASTER trainers, the 330 hygiene promoters have also developed model homes that their communities are copying from. The hygiene promoters are carrying out home to home visits to ensure that hygiene and sanitation is promoted. A total of 4,506 households have been visited by the hygiene promoters. This activity is on going and it is expected that even after the expiry of the project, the volunteers will continue carrying out this activity even at the end of the project.

On top of the 380 T-shirts with a Tippy tap promotion message, 227 badges for hygiene promoters have been distributed to 227 Hygiene Promotion Volunteers. These have acted as an identification symbol for hygiene and sanitation promotion for volunteers as well as motivating the volunteers to work harder.

A total of 25,000 posters and 50,000 brochures have been distributed to individual households and displayed in strategic places within the community as a way of passing on messages to the masses. This has promoted increased community awareness on hygiene and sanitation.

A total of 9 radio talk shows have been conducted targeting an estimated audience of 530,000 people throughout the whole district who often listen to Guide Radio a Catholic founded FM radio station and Messiah radio station a Protestant founded radio. The panelists on these radio programmes include 2 technical staff from the District Health Health Team, 1 local leader and 2 Uganda Red Cross Society officials. Keys issues discussed include: general information about Red Cross, general facts about cholera and public health by-laws in the district against lack of essential hygiene and sanitation facilities in a home. The District has paid for more 4 talk shows as part of their contribution since the 9 talk shows paid for by URCS have ended.

In addition to the talk shows, 20 radio spots are being aired every day on Guide Radio and Messiah Radio. To date, a total of 280 Radio spots have been aired spreading the message to the entire District and beyond. Though the Branch had paid for 8 spots per day, the 2 radio stations contributed 12 spots per day after continuous lobbying by the Branch. These spots have played a big role in alerting the community on cholera epidemic. This will continue up to the end of the project period.

Monitoring of the project at the sub - county level is continuously being done by the respective Health Assistants and the Branch Field Coordinator. The Regional Programme Officer OD/DM is providing technical support to the Branch. The 33 PHASTER trainers are also carrying out monitoring at household level. Reports are then shared between sub- county authorities, HSD and District Health Office in the coordination meetings.

It has been observed that the community is embracing the PHASTER approach because of the increasing number of households with hand washing facilities in their homes.

Challenges

Due to the short timeframe of the project, out of the 18,412 homes targeted; only 4,506 households have so far been reached. As a result the remaining households may not be reached within 14 days. This may call for an extension period to allow the volunteers to accomplish their work.

Due to poor planning, the school health programme could not be carried out because most schools were closed for holidays. This activity has just resumed since schools have opened for the second term. However, due to limited time, all schools may not be reached within the remaining two weeks.

Radio talk shows normally take place after 7:00pm because this is when the target audience are back in their homes. This has created a challenge on facilitating a local leader from the affected sub-counties.

Lack of facilitation for the district health staff monitoring the project in the affected sub-counties is yet another challenge.

Water, sanitation and hygiene promotion

Objective: 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/collection points in 170 villages.
- Provision of Water and Sanitation NFIs (**37,000 bars of soap, 18,412 small jerry cans for constructing tippy-taps**) to 18,412 households for promotion of hand washing at critical moments.
- 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 for **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 particular hygiene promotion and the safe use of water treatment products such as chlorination tablets).

Progress

Treatment of water was redesigned to be done at household level because facilitation for water source testing prior to chlorination delayed. A total of 16,706 bottles of water guard were distributed to 16,706 households (1 bottle per house hold). This exercise is still on- going and it is hoped that 18,412 households will be reached by the end of the project. It has been noted that there is a decrease in the number of new cholera cases as a result of water treatments.

A total of 33,412 bars of soap and 15,000 pieces of 3 litre jerry cans were distributed to 16,706 households. The activity is still on-going in the parishes which have not been reached yet. During monitoring visits in the parishes it was found out that the communities have installed Tippy taps with the help of the PHASTER team. Kayanzi parish is leading in this intervention.

The District Water Office through their Health Inspector has designed a programme for water testing in the 33 parishes of Bukonzo West. However, because of facilitation challenges, the programme has delayed to take off.

In Kayanzi fishing Landing site, the community has constructed 20 new pit latrines as a result of the PHASTER intervention. Through URCS lobbying, Uganda Wildlife Authority joined the exercise by allowing the community to cut logs and poles for latrine construction from the National Park.

Challenges

Enforcing the by – laws by the Local Leaders has become a challenge because the communities have resorted to bribing them hence stalling the prosecution of the culprits. However, efforts are being made to overcome this through community dialogue.

There is a lot of propaganda from some community members that water guard causes cancer in women but the hygiene promoters are trying their level best to demystify the myth. This has been supplemented by the radio talk shows and radio spots.

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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International Federation of Red Cross and Red Crescent Societies

MDRUG014 - Uganda - Cholera Epidemic

Interim Financial Report

Selected Parameters	
Reporting Timeframe	2009/4-2009/5
Budget Timeframe	2009/4-2009/5
Appeal	MDRUG014
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	272,842					272,842
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>Voluntary Income</i>	272,842					272,842
C5. Other Income	272,842					272,842
C. Total Income = SUM(C1..C5)	272,842					272,842
D. Total Funding = B + C	272,842					272,842
Appeal Coverage	100%					100%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	272,842					272,842
E. Expenditure	-220,597					-220,597
F. Closing Balance = (B + C + E)	52,245					52,245

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		272,842					272,842	
Supplies								
Water & Sanitation	133,212							133,212
Teaching Materials	45,433							45,433
Total Supplies	178,645							178,645
Land, vehicles & equipment								
Others Machinery & Equipment	10,733							10,733
Total Land, vehicles & equipment	10,733							10,733
Transport & Storage								
Transport & Vehicle Costs	9,419							9,419
Total Transport & Storage	9,419							9,419
Personnel								
National Staff	4,388							4,388
National Society Staff	14,850							14,850
Total Personnel	19,238							19,238
Workshops & Training								
Workshops & Training	24,511							24,511
Total Workshops & Training	24,511							24,511
General Expenditure								
Office Costs	3,333							3,333
Communications	3,333							3,333
Other General Expenses	5,895							5,895
Total General Expenditure	12,561							12,561
Contributions & Transfers								
Cash Transfers National Societies		206,258					206,258	-206,258
Total Contributions & Transfers		206,258					206,258	-206,258
Programme Support								
Program Support	17,735	14,339					14,339	3,396
Total Programme Support	17,735	14,339					14,339	3,396
TOTAL EXPENDITURE (D)	272,842	220,597					220,597	52,245
VARIANCE (C - D)		52,245					52,245	