

DREF operation final report



Uganda Kasese: Cholera

DREF operation n° MDRUG014

GLIDE n° EP-2009-000074-UGA

29 October 2009

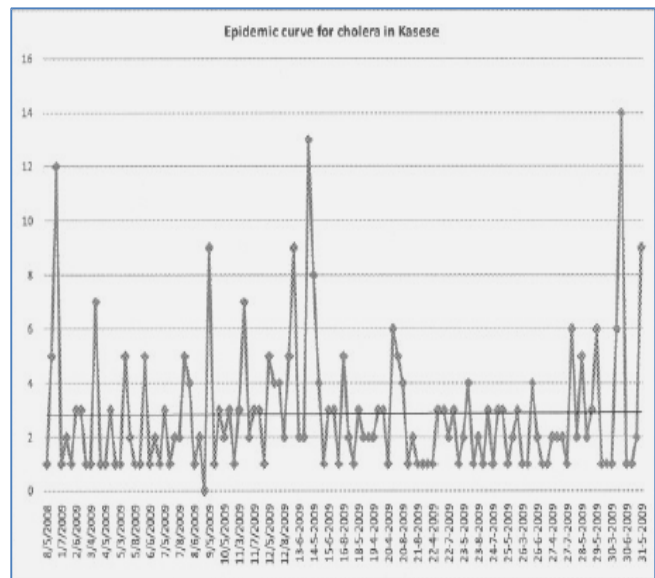
The International Federation's Disaster Relief Emergency Fund (DREF) is a source of un-earmarked money created by the Federation in 1985 to ensure that immediate financial support is available for Red Cross Red Crescent response to emergencies. The DREF is a vital part of the International Federation's disaster response system and increases the ability of national societies to respond to disasters.

Summary: CHF 272,842 (USD 234,804 or EUR 181,532) was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 8 April 2009 to support the National Society in delivering assistance to some 18,412 beneficiaries.

Key achievements such as social mobilization, training and deployment of Community Based Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER) trainers, health education, and active case search and referral activities were conducted.

This led to increased public awareness on the disease and its control measures, and a general decline in the infection rate of cholera in the 4 sub-counties.

This operation was implemented over a 2 months period and completed by mid June 2009.



Graph 1: Details of the epidemic curve since onset of cholera in Kasese

The Netherlands Red Cross contributed EUR 30,000 to the DREF in replenishment of the allocation made for this operation. 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>

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The Situation

The Ministry of Health confirmed an outbreak of cholera in Kasese district, south western Uganda, originating from Karambi sub-county on 8 March 2009. More cases were reported from Nyakiyumbu, Kitholhu, Ihandiro and Bwera which constitute the other sub-counties in Bukonzo West constituency. This outbreak is said to have started in the western part of Democratic Republic of Congo (DRC) and spread into the neighbouring areas of Karambi and other sub-counties.

A total of 368 cumulative cases were registered with 8 deaths case-fatality rate of 1.3 percent, with the 0 to 20 years of age group being most affected. However there was a marked decline in the number of admissions per day from an average of seven at the start of the project to two towards the end. This is attributed to the Uganda Red Cross Society (URCS) hygiene promotion interventions through the Participatory Hygiene and Sanitation Transformation in Emergency Response approach that ensured community involvement and hence sustainability of the activities.

As the cholera prevention activities were being initiated in Kasese district, a team of Ministry of Health and Centres for Disease Control (CDC) officials concluded an investigation of a suspected outbreak of *Salmonella* Typhi that infected 462 patients, with at least 259 (56 percent) hospitalized with forty-four deaths, giving a (CFR 9.5 percent). The most affected sub-counties recorded at the health facilities between 1 January and 27 March 2009 were Kitwamba, Maliba, Kyabarungira, Bwera, and Kasese Town Council.

During the period of the operation in Kasese, an outbreak of cholera occurred in the Eastern district of Busia where by 9 August 2009 a cumulative number of 88 cases were recorded and treated at the Health Centre IV with a cumulative death of 9 patients (CFR 10.2 percent).

Coordination and partnerships

Coordination meeting and joint planning sessions were held both at the District and Health Sub District (HSD) level every two weeks. At the national level, the URCS was involved in the national epidemics coordination and/or task force meetings held on monthly basis at World Health Organization (WHO) and/or Ministry of Health offices with other partners like Medicin San Frontier (MSF), United Nations Children's Fund (UNICEF), African Field Epidemiology Network (AFENET), Makerere University School of Public Health, CDC and other international and local health organizations.

At the district level, coordination meetings were held with partners in the District Health Management Committee, including the district political leadership (health sector committee), district health office staff, heads of HSDs, District Health Officer, District Water Office, and local leaders from the five sub-counties and other stakeholders from the health sector. The meetings held reviewed the progress of health related interventions in the district and laid down strategies for effective implementation. The URCS used the opportunity to share field experiences with the other stakeholders in the health sector.

The Uganda Peoples Defence Force (UPDF) health department in Rusesse barracks joined URCS in cholera prevention by assigning one of their health staff to work with the team in the sensitization drive. They helped the URCS gain access to the 4 military detachments in the constituency and further equip the UPDF with skills in the PHASTER concept. In-kind donations and services were also received from UNICEF and KALI for the facilitation of the project.

Through the advocacy activities that were going on, the Uganda Wildlife Authority (UWA) which owns a large part of the land neighbouring the affected communities as game reserves joined in the struggle after receiving complaints from community members about the lack of latrine building materials. As a result, UWA allowed the communities to harvest wood from the game reserve to facilitate construction of much needed household latrines. This enabled increased latrine coverage in the target communities.

Achievements against 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.

Activities planned

- Conduct rapid health needs and capacity assessments.
- Mobilization and training of 33 Participatory Hygiene and Sanitation Transformation (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.
- Media campaigns (240 radio spots and 8 talk shows) to promote public awareness.
- Monitoring and evaluation of projects at sub-county level.

Impact

Rapid health needs and capacity assessments were conducted in the 5 sub-counties of Bwera, Karambi, Nyakiyumbu, Kitholhu and Ihandiro. This facilitated awareness creation in the branch on the existing health situation and needs for better planning and intervention.

A total of 33 community based volunteers were mobilized from the affected areas of Ihandiro, Kitholhu, Karambi, Nyakiyumbu and Bwera and trained in PHASTER, facts on cholera, social mobilization and/or health education, community disease surveillance and case referral skills, and became trainers for cascading the learnt skills to other volunteers. The selected PHASTER trainers were Red Cross volunteers who were also members of the Village Health Teams (VHTs) as per the Ministry of Health guidelines.

As a result of the training, the PHASTER trainers trained an additional 33 PHASTER groups of 10 members each, making a total of 330 volunteers and/or VHTs who worked as hygiene promoters by conducting home visits, social mobilization, health promotion and distribution of hygiene supplies within their respective villages, while starting with their own households. As a result, 363 model homes were developed by the 330 trained PHASTER group members.

A total of 75,000 information, education and communication (IEC) materials (50,000 brochures and 25,000 posters), 380 t-shirts with tippy tap promotion messages and 227 badges were printed and handed to the hygiene promotion volunteers for distribution during the sensitization exercise. The t-shirts and badges acted as identification symbols for hygiene and sanitation promotion for volunteers as well as a motivational factor to work hard. These helped to provide information on changing attitudes and behaviour that eventually led to the prevention, control and containment of the epidemic. The volunteers were also provided with 33 mega phones, 50 raincoats, 50 water bottles and 33 pinafores. These job-aids facilitated the hygiene promoters to efficiently do their tasks as they also acted as motivators for the volunteers as they proudly identify themselves with the Red Cross in the community.

A total of 13 radio talk shows were conducted targeting an estimated audience of 530,000 people who often listened to Guide FM and Messiah FM radio stations with panellists drawn from the district health team, local leaders and URCS officials. Key issues discussed included: 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 and answering public questions through phone-in programmes. The radio talk shows played a big role in disseminating cholera information to a larger population due to the wider coverage and listenership throughout the district and beyond-reaching as far as the DRC. This increased cholera awareness significantly contributed to the reduction in the spread of the disease and improved household and personal hygiene in the target communities.

In addition to the talk shows, 360 radio spots were aired to continuously alert the community on the cholera epidemic. This has created awareness and fostered positive behaviour change on cholera in the communities and improved health seeking behaviour of the residents thereby promoting early case identification and reporting. Monitoring of the project at the sub-counties was continuously being done by the respective health

assistants and the branch coordinators. Technical support was continuously been offered by the URCS regional programme officers to the branches with pertinent issues identified and discussed during the coordination meetings.

During the onset of the epidemic, the Ministry of Health (MoH) lacked the necessary drugs and medical supplies to treat the cases at the cholera treatment centre (CTC) established at Bwera Health centre IV. These supplies were subsequently provided through donation of two cholera kits by the URCS which were dispatched to Kasese branch to support case management at Bwera health centre as well as Oral Rehydration Solution (ORS) therapy by the community based volunteers in the affected villages. These medical supplies boosted the case management activities at Bwera Health Centre IV CTC and community level ORS corners, thus contributing to the low case fertility rate recorded due to efficient and effective treatment of both suspected and confirmed cases.

Challenges

Inadequate stock of medical supplies such as intravenous fluids, oral antibiotics, ORS and gloves that are required to facilitate effective case management at the CTCs was experienced.

The school health programme could not be carried out effectively because most schools were closed for holidays during the start of the project. A total 148 schools were targeted in the project area, but only 92 schools were reached with 44,323 students benefiting from this programme. However there are still high risks in schools that were not reached because of congestion and inadequate facilities.

Due to the vast nature of the population, some hygiene promoters had to move long distances in order to reach their target audiences. This would have been better handled in a less stressful way for the volunteers if they were facilitated with bicycles to ease this transport needs.

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 and/or collection points in 170 villages.
- Provision of water and sanitation non-food items such as 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 moment.
- 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.

Impact

A total of 16,706 bottles of water guard and 150,000 tablets of water guard were distributed to 18,412 households and 92 schools. In the sub-counties of Karambi, Ihandiro, Bwera and Kitholhu where water treatment was embraced, there was a marked decrease in the number of suspected new cholera cases.

In addition, 4,402 water purification tablets (aqua tabs) were distributed to 2,800 households in Busia town council and the beneficiaries sensitized on its utilization.

A total of 36,824 bars of soap and 15,000 (3-litre) jerry cans were distributed to 18,412 households. This has improved personal hygiene of community members in the target villages where the number of people observed washing hands with soap and water from the constructed tippy-tap facilities after latrine use greatly increased. This act if sustained will ensure a positive behaviour change that will drastically lead to reduced cases of diarrhoeal diseases. Furthermore, Kasese Branch was able to collaborate with UNICEF Uganda to distribute non-food items to the households that did not benefit from the Red Cross items and in Munkunyu where there was no Red Cross intervention.

UNICEF distributed items listed in table 1 below to 7,908 households in 6 sub-counties of Karambi, Nyakiyumbu, Munkunyu, Ihandiro, Bwera and Kitholhu.

Table 1: Items distributed by UNICEF

| Name of sub-County | H/Holds Reached | Jerry cans/ Bucket | | Soap | | Shovel | | Pick Axe | | Schools/Health Centres/ Churches | |
|--------------------|-----------------|--------------------|--------------|--------------|--------------|------------|------------|------------|------------|----------------------------------|-----------------------|
| | | M | F | M | F | M | F | M | F | Soap (Ctns) | Water guard (Bottles) |
| Karambi | 460 | 369 | 91 | 369 | 91 | - | - | - | - | 56 | 28,244 |
| Nyakiyumbu | 1717 | 1242 | 446 | 1719 | 521 | 448 | 75 | 448 | 75 | 114 | 4,896 |
| Munkunyu | 1059 | 557 | 387 | 672 | 387 | - | - | - | - | 50 | 3,600 |
| Ihandiro | 722 | 514 | 208 | 514 | 208 | 201 | 75 | - | - | 44 | 9,120 |
| Bwera | 629 | 257 | 223 | 406 | 223 | - | - | - | - | 68 | 23,100 |
| Kitholhu | 3321 | 620 | 161 | 1718 | 457 | 330 | 49 | 223 | 48 | 9 | 2,520 |
| TOTAL | 7,908 | 3,559 | 1,516 | 5,398 | 1,887 | 979 | 199 | 671 | 123 | 341 | 71,480 |

A total of 121 pit latrines were constructed by the trained community members as a result of the PHASTER interventions and thus increased latrine coverage in Bukonzo West Health Sub District.

A two-day hygiene and sanitation awareness meeting facilitated by the district health inspector and the branch coordinator targeting Local Council 1 in Bukonzo West constituency was held focusing on advocating for the enforcement and adherence to public health ordinances and by-laws. As a result of these meetings, the local leaders were able to collaborate with the hygiene promoters to improve hygiene and sanitation in the target areas. Seven sensitization meetings held jointly together with the District Health Committee and the PHASTER trainers for the community were conducted reaching out to an estimated 2,000 people. These meetings contributed to the adherence of the community to the ordinances and by-laws hence an increase in the number of pit latrines and an end to the sale of ready-to-eat foods and juices along roads and/or open markets.

A total of 33 community based PHASTER trainers were trained and who in return trained 330 PHASTER volunteers who helped in the development of 363 model homes from where the other households in the community were adopting best hygiene practices. Although the project has come to an end, supervision and monitoring is on-going. It was observed that the community developed their own control measures such as hand washing and water treatment facilities as the result of the intensive hygiene and sanitation promotion activities using the media, household visits, and IEC materials distributed by URCS.

A total of 15,960 households were reached during the community hygiene promoters' home visits. The activity is expected to continue even after the expiry of the project, with the volunteers acting as monitors of hygiene and sanitation in their villages.

Challenges

Inadequate funds from the Government of Uganda and partners limited social mobilization and hygiene promotion activities.

Enforcement of by-laws by the local leaders was a challenge because the local communities bribed the local leaders hence stalling the prosecution of individuals violating laws.

A myth on water guards causing cancer in women was a challenge to the hygiene promoters. This was addressed through awareness campaigns and radio messages.

The fluid cross-border activities with DRC, with weak public health systems, facilitated the disease existence for a longer time than expected. This same condition applies to Southern Sudan which experienced a total breakdown of health and community services during the war and acts as epicentres for communicable diseases in Northern Uganda.

Conclusion

Due to URCS’s contribution towards the control of cholera outbreak in Kasese, the situation has stabilised through increased community awareness amongst the target beneficiaries. The situation has come under control although has not yet achieved zero reported cases for a consistent period of time to guarantee complete disease control. The onset of rains will likely lead to an upsurge of cholera and other diarrhoeal diseases in Kasese, Bundibugyo, Kampala, Mbale, Kitgum and Busia that have become endemic to the disease. Despite these threats, the trained volunteers will provide optimum community capacities to continue providing community mobilization and hygiene promotion and education to avert possible upsurge of the disease in the target communities. The DREF support therefore should be commended for having facilitated the Kasese Branch in promoting community resilience and capacity for any future outbreak of cholera in the target communities.

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

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International Federation of Red Cross and Red Crescent Societies

MDRUG014 - Uganda - Cholera Epidemic

Final Financial Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2009/4-2009/10 |
| Budget Timeframe | 2009/4-2009/6 |
| 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> | 249,251 | | | | | 249,251 |
| C5. Other Income | 249,251 | | | | | 249,251 |
| C. Total Income = SUM(C1..C5) | 249,251 | | | | | 249,251 |
| D. Total Funding = B + C | 249,251 | | | | | 249,251 |
| Appeal Coverage | 91% | | | | | 91% |

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 | 249,251 | | | | | 249,251 |
| E. Expenditure | -249,251 | | | | | -249,251 |
| F. Closing Balance = (B + C + E) | 0 | | | | | 0 |

International Federation of Red Cross and Red Crescent Societies

MDRUG014 - Uganda - Cholera Epidemic

Final Financial Report

| Selected Parameters | |
|---------------------|----------------|
| Reporting Timeframe | 2009/4-2009/10 |
| Budget Timeframe | 2009/4-2009/6 |
| Appeal | MDRUG014 |
| Budget | APPEAL |

All figures are in Swiss Francs (CHF)

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 |
| Medical & First Aid | | 23,630 | | | | 23,630 | | -23,630 |
| Teaching Materials | 45,433 | | | | | | | 45,433 |
| Total Supplies | 178,645 | 23,630 | | | | 23,630 | | 155,015 |
| Land, vehicles & equipment | | | | | | | | |
| Others Machinery & Equipment | 10,733 | | | | | | | 10,733 |
| Total Land, vehicles & equipment | 10,733 | | | | | | | 10,733 |
| Transport & Storage | | | | | | | | |
| Storage | | 2,171 | | | | 2,171 | | -2,171 |
| Transport & Vehicle Costs | 9,419 | | | | | | | 9,419 |
| Total Transport & Storage | 9,419 | 2,171 | | | | 2,171 | | 7,248 |
| 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 | 16,132 | | | | 16,132 | | 1,602 |
| Total Programme Support | 17,735 | 16,132 | | | | 16,132 | | 1,602 |
| Services | | | | | | | | |
| Services & Recoveries | | 1,060 | | | | 1,060 | | -1,060 |
| Total Services | | 1,060 | | | | 1,060 | | -1,060 |
| TOTAL EXPENDITURE (D) | 272,842 | 249,251 | | | | 249,251 | | 23,591 |
| VARIANCE (C - D) | | 23,591 | | | | 23,591 | | |