

# DREF operation



International Federation  
of Red Cross and Red Crescent Societies

## Uganda: Cholera

DREF operation n° MDRUG016

GLIDE n° EP-2010-000088-UGA

10 May 2010

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.

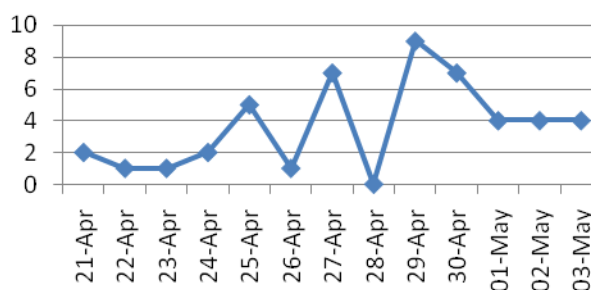
**CHF 178,676 (USD 160,969 or EUR 126,721) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to some 145,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.**

**Summary:** Cholera outbreak has been confirmed in Moroto district where a total of 58 cases with 3 deaths have so far been recorded. The situation is likely to worsen due to the widely practiced open defecation as a result of lack of latrines coupled with inadequate safe drinking water, general lack of sanitation-enabling facilities leading to poor waste disposal especially in the urban areas where the situation is complicated by poor food handling practices amongst the many road side food vendors. The Uganda Red Cross Society (URCS) intends to support the cholera prevention and control interventions by promoting intensive health and/or hygiene promotion and supporting water safety to over 145,000 beneficiaries from 20 villages in the 3 affected sub-counties of Nadunget, North and South divisions (Moroto municipality).

This operation is expected to be implemented over 2 months, and will therefore be completed by 8 July 2010; a Final Report will be made available three months after the end of the operation (by 8 October 2010).

[<click here for the DREF budget, here for contact details or here to view the map of the affected area>](#)

### No. of cases by date of admission with Cholera Moroto 21 Apr - 3rd May 2010



Epi-curve showing progression of Cholera in Moroto from 21 April to 3 May 2010.

## The situation

Moroto district that has been affected by cholera outbreak is one of the three districts that are part of the Karamoja sub-region in the northeastern Uganda. The district lies approximately between latitudes 1°53'N,

3°05'N and longitudes 33°38'E, 34°56'E with a total area of 8,516 km<sup>2</sup>. Moroto district is characterized by little, scattered and irregular rainfall resulting into patchy vegetation. Rainfall is in the range of 300 to 1200mm per year with temperatures ranging from 20 to 32°C.

The outbreak started on 26 April 2010 with cases reported from Nadunget sub-county and south and North Divisions in Moroto Municipality. By 5 May 2010, a cumulative total of 58 cases with 3 deaths (CFR 5.1 percent) were recorded at the cholera treatment centre (CTC) established at Moroto hospital. The most affected villages are Kanakomol (10 cases), Naitakwe (5 cases), Kambizi (4 cases), Nacho groom (4 cases), Nakapelimen (2 cases) and Nechele (2 cases) while the other villages have one or two cases. The risk factors responsible for the spread of the epidemic are poor hygiene and sanitation, lack of latrines coupled with negative belief that bars residents from using pit latrines which promotes wide scale open defecation in the communities. The other factor is contaminated water sources coupled with inadequate water coverage in the affected communities. Besides, majority of residents in Moroto are nomads who deal in milk and milk products like sour milk that are prepared from raw water from the contaminated sources. Whereas statistics indicate high coverage of boreholes in Moroto district, only 42 percent are functional presenting inadequate safe water situation in most communities that contribute to high prevalence of diarrheal diseases. Just like other districts in Karamoja sub-region, Moroto is a semi-arid and dry where cholera is rarely experienced apart from other mild diarrhoeal diseases thus no critical cholera preparedness and prevention activities have ever been initiated, but the recent exceptionally high rains that that caused contamination of the few water sources exacerbated the problem.

The current cholera outbreak has strained the health systems and resulted in shortage of treatment supplies and materials. The daily incidence and Case Fertility Rates (CFR) are rising posing a high risk that the outbreak could expand further as cholera can spread rapidly in such a vulnerable population with limited access to safe drinking water and poor sanitation with common practice of poor food handling systems by street vendors and community food sources.

The whole district has only 8 Government dispensaries (II), 1 health centre (III) at county, no health centre (IV) at sub-district and 1 hospital, in addition to 4 private and/or non-governmental organization (NGO) dispensaries, 15 clinics, 1 health centre (III) and 1 hospital. The only Government Hospital in Moroto with a capacity of 114 beds is the one managing all cholera cases in the district.

The District Health Team with technical support from World Health Organization (WHO) and Doctors of Africa CUAMM conducted case investigation where samples were collected and transported for laboratory confirmation at the Central Public Health Laboratory (CPHL) in Kampala which results confirmed *V. cholerae* 01 which bacteria is resistant to most antibiotics but sensitive to Tetracycline and Ciprofloxacin.

## Coordination and partnerships

Despite the absence of comprehensive cholera response operational plan, coordination mechanisms to garner synergy in addressing the needs of the affected and at risk population in the district has been re-activated, emphasising Multi-sectoral responses in support of Ministry of Health (MoH) and partner agencies.

At national level, the MoH epidemic response forum has been sitting to monitor the disease progression and review prevention and control strategies, the URCS and other partner agencies such as WHO, United Nation Children's Fund (UNICEF) and Medicin San' Frontier (MSF) have been closely involved to ensure coordinated approach in the control of the functions.

- The immediate step taken in Moroto district was to convene a crisis meeting that later became the district cholera task force with members such as the District Health Team (DHT), the URCS, WHO, UNICEF, Doctors with Africa (CUAMM) Uganda, and district heads which is convened on weekly basis to review progress and strategies to control the epidemic.
- The WHO has so far supplied 15 cholera beds and advanced emergency stock of supplies to Moroto hospital to support case management as well as routine technical support and guidelines on effective cholera control strategies.
- The WHO supported training of health staff in the treatment unit and provided treatment guidelines.
- Doctors of Africa CUAMM facilitated transportation of Sample collected from 4 patients for investigated at the central Public Health Laboratory (CPHL) in Kampala. The result confirmed *V. cholerae* 01 in all of the samples collected. The bacteria are resistant to most antibiotics but sensitive to Tetracycline and Ciprofloxacin
- With support from UNICEF, the WASH team distribution of 284 pieces of Jerry cans in Kanakomol and Kambihizi villages.

- MSF provided assorted supplies to support case management. The Supplies included IV fluids, cannulars, Oral Rehydration Salt (ORS) and examination gloves.
- The Uganda Peoples Defence Force (UPDF) army medical unit deployed 4 additional Health staff to fill in the Human Resource gaps, in addition to 5 staff relocated from Moroto hospital wards.

## Red Cross and Red Crescent action

The URCS and the International Committee of Red Cross (ICRC) supported water and sanitation (WatSan) project in Karamoja sub-region. Moroto branch's community based volunteers especially those in Nadunget were the first to detect and report the cases. On the onset of the outbreaks, rapid initial needs assessments were immediately conducted by the Branch Coordinator and Regional Programme Officer based in Moroto branch, collaboratively with the district health staff. This rapid initial assessment helped to establish the nature and scale of the epidemic and the likely need for external assistance.

- URCS has despatched a cholera kit that was originally pre-positioned in Mbale regional office to support effective case management in Moroto hospital and reduce on the fatality rate.
- The two URCS field staffs have been part and parcel of the district cholera control taskforce established that routinely meet to review strategies.
- The branch already mobilised and quickly oriented 60 volunteers who have initiated social mobilization and health education activities within their settings in collaboration with public health officers and local leaders as well as active case search and referral of suspected cholera patients in the affected villages.
- URCS is continuing with detailed sector assessments to plan, implement and coordinate the cholera response in an effective and efficient manner.

## The needs

The selected beneficiaries are population already affected and/or those at high risk of contracting cholera in the affected villages in the 3 sub-counties, and these include households who do not have access to safe water and adequate and/or proper sanitation. The target beneficiaries in Moroto municipality live in congested slum areas within the town suburb with very low latrine coverage and the few who own latrines have no more space to build new ones. In other areas outside the town, the affected communities are predominantly pastoralists spending most of the time in the field hence low latrine coverage and consuming contaminated food by majority of residents in the suburbs with poor hygiene practices has been a major vehicle for the cholera transmission.

There is generally low prevalence of hand washing practices in most districts with the national figure standing at less than 25 percent. Due to high level of illiteracy in the affected rural and peri-urban population, there is generally low level of community awareness on the risk factors of cholera transmission, its identification, prevention and control strategies that has led to panic in the affected communities.

The general needs that exacerbate the cholera situation are:

- General lack of facilities for people to excrete safely and hygienically. Majority of those affected in the municipality stay in congested slum areas with low cost houses that hardly have space in the compound for latrines construction. A few public toilets are found in the public areas like market places but the ordinary residents cannot afford the user fees for allowing all household members utilize these facilities
- Most of the poor residents in the peri-urban areas within the municipality and the rural dwellers do not have enough water containers to collect and store clean water hence disrupting the safe water chain
- Most town dwellers do not have sufficient cooking utensils, equipment and fuel to cook and store food safely, hence resort to buying ready- made food from mobile food vendors who do not practice proper food hygiene.
- Due to low level of education, majority of the people in the affected communities lack the knowledge and understanding about the disease and what they need to avoid contracting it.
- The high level of poverty makes the residents prioritize expenditures of the little income earned on food other than necessities like soap for hand washing. This implies that majority of residents in the affected communities do not have soap and other hand washing facilities, thus low percentage of hand washing practice
- According to the WHO, staff shortage is a major huddle and nurse managers have already made heightened appeal for volunteer staff. In a real situation up to 4 external health workers will be required to support case management activities
- Active surveillance and community follow up cases needs support.

This call for intensive health and/or hygiene education to sensitize the affected and/or at risk communities and encourage them to participate in the activities.

## The proposed operation

### Water, sanitation and hygiene promotion

**Objective: To reduce the spread and/or transmission of cholera epidemic in Moroto district by ensuring access to safe water, sanitation and hygiene supplies and raised community awareness leading to improved hygiene behaviour for 145,000 people.**

#### Activities planned:

- To support water quality analysis of 15 water sources in the 20 cholera affected villages in Moroto municipality and Nadunget sub-counties in Moroto district.
- Procure and distribute 50,000 pieces of water purification chemicals (Aqua Safe tablets) to support purification at source and household levels targeting 2,500 households in the 20 affected villages.
- Provision of 5,000 pieces of clean water containers to maintain safe water chain.
- Promote hand washing with soap (HWWS) at critical moments by procurement and distribution of 7,500 bars of soap (200g). This will benefit 2,500 households as direct beneficiaries who are from the affected villages as households at higher risk of more contamination with the cholera germs that may impede any control attempt. This is in consideration that other partners such as UNICEF will support soap distribution in other villages not covered by URCS.
- Mobilise and train 40 volunteers in Moroto district on integrated Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER), and Epidemic Control, and Household Water Treatment (HHWT). It is expected that this training will have a multiplier effect where each trained volunteer will in turn train 10 more community hygiene promoters in the 20 affected villages thereby strengthening community hygiene promotion activities through sustained house to house visits from this cadre of 200 hygiene promoters. The 40 trainers will still be required to provide coaching activities alongside the hygiene promoters after the training hence provision for 20 days' man-hour for both group of volunteers.
- Conduct health education targeting 145,000 individuals in the affected district. These include at-risk communities neighbouring the affected villages who will indirectly benefit from the social mobilization and health education activities
- Provide 50 sanitation kits to support construction of at least 200 household latrine stances in the affected villages. These kits will be provided for a group of household members who will use them in-turn to complete digging and construction of household pit latrines before transferring to another group.
- Procure and distribute 20,000 cholera posters, 30,000 brochures, 500 T-shirts with hygiene messages translated in the local "*Ikajimjong*" language for promotion of community awareness about the risk factors, case identification, actions to be taken to handle cases and preventive measures against the spread of the disease. Generic MoH materials which are context specific for community use are available only requiring translation and production of more copies for distribution by CBVs and community leaders.
- Conduct media campaigns (16 radio talk shows and 240 radio spots) for promoting community awareness and mobilisation of communities in hard to reach areas for hygiene improvement in their areas.
- Procure 5 PHAST tool kits for facilitating community based hygiene promotion by the volunteers and Village Health Team (VHT) members.
- Procure and distribute 2,500 jerry cans (3 litre capacity) and nylon ropes for promotion of cost effective – appropriate hand washing technology (tippy taps) in the affected communities.
- Carry out hygiene promotion and household inspection using the community based structures (volunteers and/or VHTs, local leaders, and health inspectorate units). This will be preceded by promoting exemplary leadership amongst the local leaders in line with the Kampala declaration and role model-ship amongst the volunteers.

### Emergency health

**Objective: Decrease cholera epidemic mortality by ensuring early case detection, adequate care through appropriate community case management of suspected cholera patients and reinforcing the health care systems in the 3 affected sub-counties in Moroto district.**

#### Activities planned:

- Procure 2 cholera kits for treatment of 400 patients and pre-positioning for future outbreaks.
- Conduct training of 32 Branch Coordinators from epidemics-prone districts in Uganda who will in turn

support training of other community volunteers in their respective areas in Epidemic Control for Volunteers (ECV) skills. This will promote mitigation measures against such outbreaks and provide required technical skills for effective health needs assessment and response during outbreak of other diseases.

- Conduct active case search by community based volunteers and village Health Teams (VHTs) to enable early case detection, reporting and referral of suspected cholera patients.
- Conduct community sensitization and health education reaching over.

## Coordination; Monitoring and support supervision

**Objective: To strengthen coordination and local response by supporting long term disaster risk reduction actions and participating in the coordination and monitoring mechanisms.**

### Activities planned:

- Conduct 4 field monitoring and technical support supervisory visits in the affected district.
- Participate in 6 bi-weekly coordination meetings at sub-county, district and national levels.
- Conduct follow-up of discharged patients at home to promote improvement in environmental and personal hygiene of affected households.
- Conduct continuous monitoring on proper utilization and maintenance of community sanitation enabling facilities constructed.

These emergency actions will be directly linked to the ICRC supported development programme being implemented in the sub-region that will contribute to sustained mitigation measures against future outbreak of such diseases from the built community resilience.

## 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 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.

The International Federation'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.

## Contact information

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

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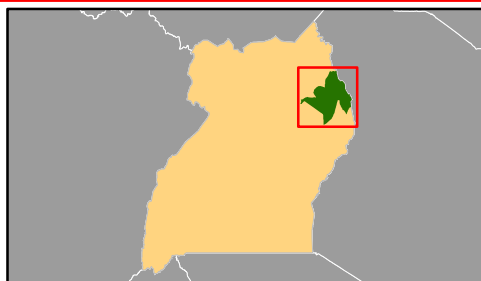
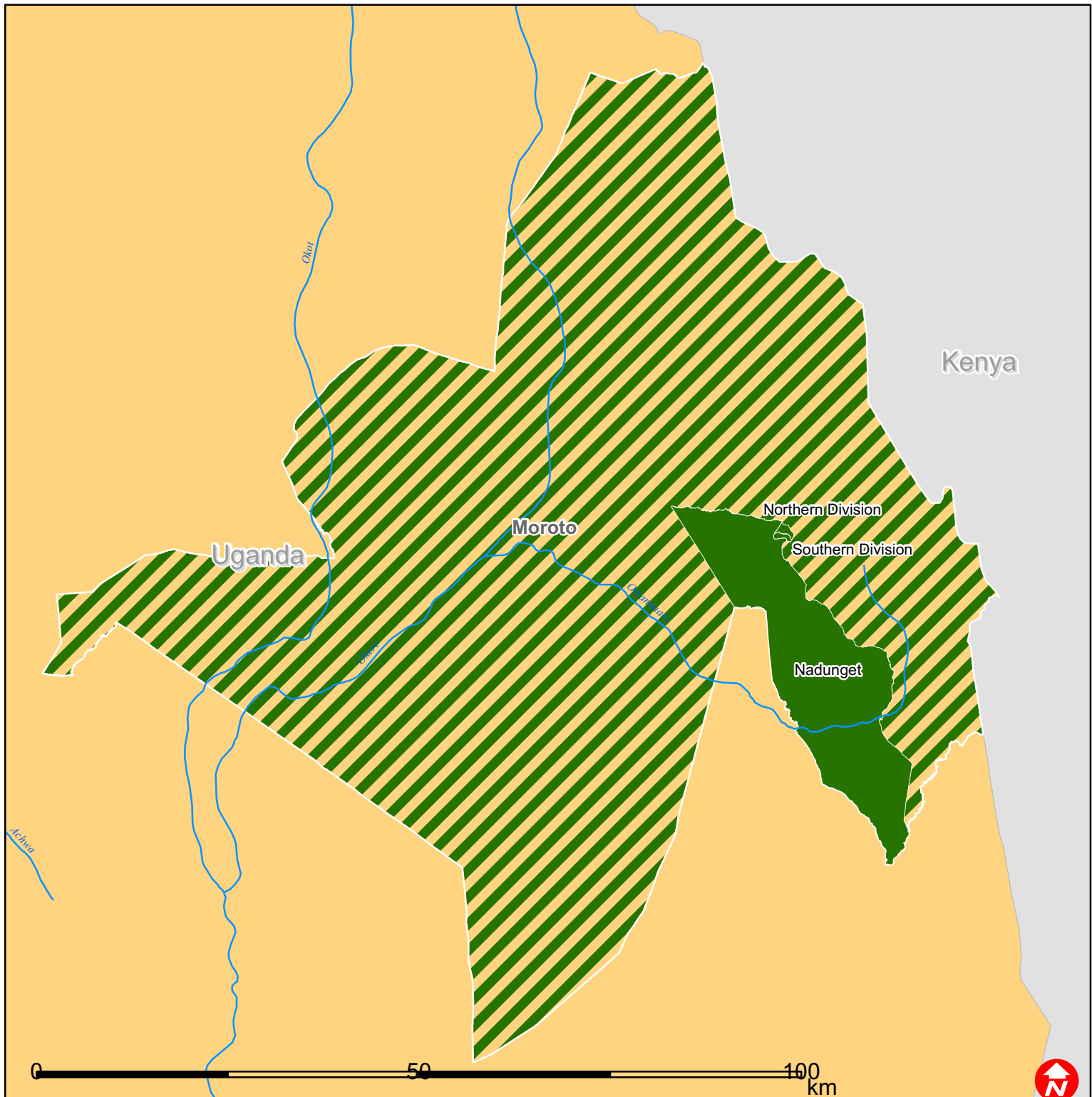
[<DREF budget and map below; click here to return to the title page](#)



## International Federation of Red Cross and Red Crescent Societies

	MDRUG016 : Uganda Cholera		10/05/2010	
	Budget Group	DREF Grant Budget	TOTAL BUDGET CHF	
500	Shelter - Relief		0	
501			0	
502			0	
503			0	
505	Construction - Materials		0	
510	Clothing & Textiles		0	
520	Food		0	
523	Seeds & Plants		0	
530	Water & Sanitation	45,819	45,819	
540	Medical & First Aid	16,043	16,043	
550	Teaching Materials	32,888	32,888	
560	Ustensils & Tools		0	
570			0	
	<b>Total Supplies</b>	<b>94,750</b>	<b>94,750</b>	
580	Land & Buildings		0	
581	Vehicles		0	
582	Computer & Telecom		0	
584	Office/Household Furniture & Equipment		0	
587	Medical Equipment		0	
589	Other Machiney & Equipment		0	
	<b>Total Land, vehicles &amp; equipment</b>	<b>0</b>	<b>0</b>	
590	Storage		0	
592	Distribution & Monitoring	3,542	3,542	
593	Transport & Vehicle Costs	19,572	19,572	
	<b>Total Transport &amp; Storage</b>	<b>23,114</b>	<b>23,114</b>	
600	International Staff	3,953	3,953	
640			0	
661			0	
662	NS staff/volunteers' incentives	20,321	20,321	
669			0	
670	Consultants		0	
	<b>Total Personnel</b>	<b>24,274</b>	<b>24,274</b>	
680	Workshops & Training	16,271	16,271	
	<b>Total Workshops &amp; Training</b>	<b>16,271</b>	<b>16,271</b>	
700	Travel		0	
710	Information & Public Relation		0	
730	Office Costs		0	
740	Communications	7,701	7,701	
750	Professional Fees		0	
760	Financial Charges		0	
790	Other General Expenses		0	
	<b>Total General Expenditure</b>	<b>7,701</b>	<b>7,701</b>	
830	Cash Transfers to National Societies		0	
831	Cash Transfers to 3rd parties		0	
	<b>Total Contributions &amp; Transfers</b>	<b>0</b>	<b>0</b>	
599	Program Support	10,905	10,905	
	<b>Total Programme Support</b>	<b>10,905</b>	<b>10,905</b>	
594	Services & Recoveries	1,661	1,661	
799	Shared Services		0	
	<b>Total Services</b>	<b>1,661</b>	<b>1,661</b>	
	<b>TOTAL BUDGET</b>	<b>178,676</b>	<b>178,676</b>	



# Uganda: Cholera



-  Most affected districts
-  Moroto district