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# DREF final report

## Uganda: Cholera Outbreak

 International Federation  
of Red Cross and Red Crescent Societies

**DREF operation n° MDRUG032**  
**GLIDE n° EP-2013-000058**  
**19 February, 2015**

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 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 184,804 was allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 30 August, 2013 to support the Ugandan Red Cross national society (URCS) in delivering assistance to some 900,500 beneficiaries.

On 18 April 2013, the Ministry of Health (MoH) reported a cholera outbreak in the districts of Hoima, Nebbi and Buliisa. An assessment conducted by the District Health Offices and URCS branches on the outbreak estimated that 217,350 persons (38,128 households) in the affected sub-counties were at high risk of cholera infection, with a wider population of 900,500 people in the districts also at risk due to high mobility of the population in the area.

In close cooperation with the government and other involved agencies, URCS engaged in active case finding, health education and hygiene promotion activities in the affected areas. Additionally, URCS distributed jerry cans and water treatment products as well as constructing hand washing facilities and emergency latrines.

This DREF operation enabled URCS to expand on its intervention and complement with enhanced awareness raising activities. The operation contributed to increased public awareness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 900,500 people at risk in the affected districts. The intervention also contributed to improve early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. In addition, the response improved access to safe water and awareness around sanitation and hygiene practices for 4,000 vulnerable families (18,700 people) in the affected areas, specifically around hand washing practices, use of latrines, drinking of aqua safe treated or boiled water.

A [preliminary final report](#) was issued on 2 June 2014 pending the final financial report which is now available. A balance of CHF 8,968 at the close of the operation will be returned to DREF. This final report contains a detailed outline of the activities implemented during the timeframe of the operation.

The Canadian Red Cross and Canadian Government contributed to a partial replenishment of the DREF allocation made for this operation. The major donors and partners of DREF include the Australian, American and Belgian governments, the Austrian Red Cross, the Canadian Red Cross and government, Danish Red Cross and government,



**URCS volunteers engaged in cholera activity sensitization and mobilization in the community in Nebbi District. Photo/URCS**

DG ECHO, the Irish and the Italian governments, the Japanese Red Cross Society, the Luxembourg government, the Monaco Red Cross and government, the Netherlands Red Cross and government, the Norwegian Red Cross and government, the Spanish Government, the Swedish Red Cross and government, the United Kingdom Department for International Development (DFID), the Medtronic and Z Zurich Foundations, and other corporate and private donors..

IFRC, on behalf of Uganda Red Cross Society, would like to extend thanks to all partners for their generous contributions.

[<click here for the final financial report and here for the contact details >](#)

## The situation

On 18 April 2013, the Ministry of Health (MoH) reported a cholera outbreak in the districts of Hoima, Nebbi and Buliisa. An assessment conducted by the District Health Offices and URCS branches on the outbreak estimated that 217,350 persons (38,128 households) in the affected sub-counties were at high risk of cholera infection, with a wider population of 900,500 people in the districts also at risk due to high mobility of the population in the area. Many of the affected communities were fishing communities where lack of clean water coupled with poor sanitation and hygiene practices contributed to the outbreak and spread of the disease.

From the onset of the declaration of the cholera epidemic outbreak in Nebbi, Hoima and Buliisa Districts, the total cumulative suspected cases over the response period in these affected districts reached 362 with 16 suspected cholera deaths reported from both the community and treatment facilities (the national database of the Epidemiological Surveillance Division, Ministry of Health). The overall case fatality rate from these districts stood at 4.4 %. There were sporadic cases of the disease outbreak which were still being reported during the last week of this operation more especially in Nebbi. This was due to heavy rains towards the end of August. However, strategies had now been put in place to manage this.

**Table 1: Suspected cholera cases as of Epi - week 35**

Affected Districts	Cumulative Cases	Cumulative deaths
Buliisa	58	2 (CFR 3.5%)
Hoima	119	5 (CFR 4.2%)
Nebbi	185	9 (CFR 4.9%)
	<b>362</b>	16 (CFR 4.4%)

Source: 30 August 2013 from the Epidemiological Surveillance Division- M.O.H

In all the districts beginning with Nebbi, where the outbreak first began, the coordination with other implementing partners including the United Nations Children's Fund (UNICEF), World Health Organization (WHO), and Médecin Sans Frontières (MSF) was weak compared to the past responses. This is attributed to the fact that most of these organizations concentrated their efforts to the flood ravaged areas in Western Uganda in Kasese. At the national level, the MOH resolved that the districts should work with the local partners to control/eradicate the outbreaks. The local authorities enforced by-laws stopping sale of cold foods and fluids associated with the spread of the disease. Authorities also reprimanded households without pit latrines.

### Red Cross and Red Crescent action

With technical support from the Ministry of Health, URCS directly engaged with the District Health Officers and their teams in coordination meetings where response updates were shared and disease control activities designed. These coordination mechanisms helped in coordinating the epidemic response plans and provided operational guidance that supported resource sharing and avoided duplication of efforts. In all districts, the MoH and the District Health Team remained the main interveners with URCS as the key partner in the area of social mobilization and water, sanitation and hygiene.

**Table 2: Coordination, roles and responsibilities.**

Operational TWGs	Agencies involved
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, World Vision
Security and Safety	District Security Officer (DISO)

The URCS Branches conducted joint assessments with the District Health Officers, which provided guidance for the disease control actions. The branches mobilized 150 volunteers ready for action in the communities with disease control activities, with focus on Nebbi. Cholera kits and other WatSan emergency stocks items were dispatched to the entire affected district from the URCS central warehouse to boost the case management. Additionally, URCS provided 1,000 jerry cans for safe water storage from the emergency stock (supported by the Belgian Red Cross). URCS supported active case finding with health education at the landing site, including distributed 1,000 brochures and posters on cholera prevention. 60 volunteers undertook hygiene promotion and health education through house to house visits. URCS constructed an emergency latrine in Hoima District and provided vehicles for transportation of medical supplies from the district stores with the aid of the Land Rover project support in Hoima. Additionally, URCS distributed 100 hand washing facilities to vulnerable households in the landing sites. The Federation provided support in planning of the DREF operation, technical support during implementation, and monitoring. The Belgium Red Cross WatSan emergency stock funds were used to support volunteer activities during 14 days in the epi-center communities of the outbreak.

### Achievements against outcomes

The DREF operation enabled URCS to expand on its intervention and complement with enhanced awareness raising activities. URCS reached its target to increase the awareness of around 900,500 persons on cholera prevention, and enabled safe water and improved sanitation and hygiene for 4,000 of the most vulnerable families in the affected area. The operation contributed to increased public awareness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 900,500 people at risk in the affected districts. The intervention also contributed to improve early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. In addition, the response improved access to safe water and awareness around sanitation and hygiene practices for 4,000 vulnerable families (18,700 people) in the affected areas, specifically around hand washing practices, use of latrines, drinking of aqua safe treated or boiled water.



Facilitators during volunteers (Village Health Team) training in epidemic control for cholera response in Nebbi District. Photo/ URCS.

URCS selected, trained and deployed community-based volunteers from the affected Branches to support in the cholera epidemic control utilising the Epidemic Control for Volunteers (ECV) and Participatory Hygiene and Sanitation Transformation (PHAST) tools. The program trained and engaged volunteers in improving literacy about cholera and its control measures in the affected communities utilizing the ECV disease control tools/PHAST approaches. Overall, the

intended outcomes of the DREF operation was met, through the efforts of the mobilized volunteers and staff, and support from partners.

<b>Emergency health</b>	
<b>Outcome: Reduced risk of cholera infections and mortality amongst 4,000 extremely vulnerable households (21,736 beneficiaries) and 900,500 persons at risk through health education and hygiene promotion, and community based disease surveillance in 7 sub-counties in the three affected district during three months.</b>	
<b>Outputs (expected results):</b>	<b>Planned activities:</b>
<ul style="list-style-type: none"> <li>• Increased public awareness about cholera disease (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 900,500 people at risk in the targeted districts.</li> <li>• Improved early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms.</li> <li>• Improved sanitation and Hygiene knowledge and practices targeting 4,000 vulnerable families (21,736 people) in the affected areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct training of 90 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit and PHASTER. (150 volunteers are mobilized, trained and oriented for the operation.</li> <li>• Train 30 teachers, from schools located in high risk areas, in PHASE methodology and support them to provide seven sensitization sessions to pupils and teachers in 30 schools.</li> <li>• Facilitate active case search in the affected communities (through the home visits and referral of suspected cholera cases by Red Cross volunteers</li> <li>• Conduct PHASTER activities and community health promotion campaigns reaching approximately 217,350 at risk person in the 10 affected sub-counties in the districts. 1-2 tool kits per sub-county will be used. The volunteers will carry out the activities in groups, planning for a total of 60 groups of 15 members each to be reached over 2 months. The ECV tools will be used in the operation.</li> <li>• Re-produce and disseminate context-specific information, education and communication (IEC) materials (45,000 cholera posters, 60,000 cholera leaflets and 200 T-shirts translated in Alur and Lunyoro) to reach 900,500 people. The materials will be distributed both during the community sensitizations, the house-to-house visits and the PHASTER activities.</li> <li>• 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 900,500 people in the three districts.</li> <li>• Disseminate cholera prevention information and facilitate social mobilization through film vans operation for two months in the three districts targeting 900,500 people.</li> </ul>

#### **Impacts:**

**Conduct training of 90 volunteers in the IFRC's Epidemic Control for Volunteers (ECV) toolkit and PHASTER. (150 volunteers are mobilized, trained and oriented for the operation)-URCS** orientated and trained 150 volunteers from the various affected sub counties in ECV/PHAST in Nebbi, Hoima and Buliisa. By 2 June 2013, all the trainings and orientation had been concluded and the volunteers were deployed immediately upon return to their areas in the community to conduct rigorous hygiene promotion (70 in Nebbi, 40 each in Hoima and Bullisa). The trainings were jointly conducted with the District Health Offices, using the ECV/PHAST tools and curricula. Apart from sharing expertise during the trainings, the participation of the different stakeholders created a sense of involvement and unity in combating the spread through supportive ideas and joint participation. By the end of the training, 89% of the participants (tested by a mini quiz) had acquired the relevant ECV/PHAST skills.

**Train 30 teachers, mobilized from schools located in high risk areas, in PHASE methodology and support them to provide seven sensitization sessions to pupils and teachers in 30 schools-**A total of 30 teachers from schools located in high risk areas were trained in PHASE methodology, and supported to provide seven sensitization sessions to pupils and teachers in schools. The key messages disseminated in the schools emphasized the importance of washing hands with water and soap at critical moments, safe disposal of human waste, eating warm food etc. A total of 30 sessions were carried in each school.

**Facilitate active case search in the affected communities (through the home visits and referral of suspected cholera cases by Red Cross volunteers)-URCS** facilitated active case search in the affected communities (through

the home visits and referral of suspected cholera cases by Red Cross volunteers. The URCS volunteers conducted home visits in efforts geared towards active case search in the affected communities. A total of 203 referrals of suspected cholera cases were made these volunteers.

**Conduct PHASTER activities and community health promotion campaigns reaching approximately 217,350 at risk person in the 10 affected sub-counties in the districts. 1-2 tool kits per sub-county will be used. The volunteers will carry out the activities in groups, planning for a total of 60 groups of 15 members each to be reached over 2 months. The ECV tools will be used in the operation-**The community based volunteers intensified health and hygiene promotion campaigns at household levels to improve on cholera knowledge as well as key hygiene and sanitation practices like hand washing, eating well cooked food, safe storage and handling of water. By the end of the operation in August, approximately 81,292 households (438,977 people) had been reached with cholera prevention messages. The volunteer PHASTER activities and community health promotion campaigns contributed to improve awareness in hygiene/good sanitation practices.



URCS Nebbi Branch Manager and the team from the District Health Office on Radio Maria. Photo/URCS.

**Re-produce and disseminate context-specific information, education and communication (IEC) materials (45,000 cholera posters, 60,000 cholera leaflets and 200 T-shirts translated in Alur and Lunyoro) to reach 900,500 people. The materials will be distributed both during the community sensitizations, the house-to-house visits and the PHASTER activities-**URCS reproduced and disseminated context-specific IEC materials (45,000 cholera posters, 60,000 cholera leaflets and 200 T-shirts translated in Alur and Lunyoro). These materials were distributed as a complement to house to house activities undertaken by the volunteers during the community sensitizations, and the PHASTER activities. These materials and brochures were also provided to health centres, markets and strategic places such as video halls, eating joints, clubs, schools, offices and households. The detailed pictorial materials detailed what needed to be done by community members.

**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 900,500 people in the three districts-**As part of the wider campaign to increase/create awareness about cholera and associated information regarding the risk of wide spread transmission, URCS undertook following activities;

a) 12 radio talk shows were undertaken with a panel of experts from the affected District Health Offices on Rainbow FM, *Bunyoro Kitara* FM and *Masindi* FM, where the panelists discussed the persistent re-occurrence of cholera, what caused it, why it continues to occur and what the population can do to prevent it. Opportunities for live-call reactions were made and questions answered.

b) 1,650 radio spots were aired on the three FM stations in the affected districts. A 30 seconds sports message focusing on the cholera epidemic and how it can be prevented (the do's and don'ts) were aired (10 times in English and 10 times in local languages) during four weeks, by the three radio stations, and reached approximately 900,500 people at risk in the affected districts.

Additional radio spots were aired sponsored as a courtesy by the radio stations who wanted to support the Cholera Campaign, also as part of their corporate social responsibilities. Mass media messages and other context-specific IEC campaigns thus promoted wider knowledge and awareness about the disease, its risks of transmission, actions to take for suspected cases and preventive measures.

**Disseminate cholera prevention information and facilitate social mobilization through film vans operation for two months in the three districts targeting 900,500 people-**The URCS branches also



Posters and cholera kits being received by the Administrator, Angal Hospital, Nebbi District. Photo: URCS

complemented the multi-media campaigns through disseminating cholera prevention information and facilitating social mobilization through mobile vans operation in the affected sub-counties during one week duration.



URCS community Volunteers demonstrating to community members, Pagwata Parish Parombo Sub county, Nebbi District, how to wash and construct a tippy tap. Photo/URCS.

The health awareness intervention contributed to increased public awareness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, its prevention and control measures) for 900,500 people at risk in the affected districts. The intervention also contributed to improve early detection, reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. In addition, the response improved awareness around sanitation and hygiene practices for 4,000 vulnerable families (18,700 people) in the affected areas, specifically around hand washing practices, use of latrines, drinking of aqua safe treated or boiling water.

#### Water, sanitation, and hygiene promotion

**Outcome: Outcome: The risk of water and sanitation related diseases (in particular cholera) has been reduced for 4,000 vulnerable households in seven cholera affected sub-counties, and around 113,000 persons are provided with reliable data on the water quality in 3 sub-counties, in the 3 districts of Nebbi, Hoima, and Buliisa over a period of three months.**

##### Outputs (expected results):

- Access to safe water has been improved amongst 4000 targeted households.
- Regular data on water quality has been provided to 113,000 persons in 3 sub-counties at high risk for cholera infection through contaminated water sources.

##### Planned activities:

- Conduct water quality analysis and surveillance to establish levels and extend of contamination to guide purification to benefit 113,000 people living in these sub counties.
- Procure and distribute 240,000 water purification tablets to 4,000 households. Water Purification tablets targeting 21,736 people in 4,000 households will be given for 60 days based on sphere standards to help purify 20 litre jerry-can of drinking water per day per household. The distributions will take place after training/ demonstrations of the water purification tablets to the beneficiaries and promotion of safe water storage.
- Procure and distribute 12,000 bars of soap (used for hand washing) for promotion of hand washing practices amongst 4,000 households (21,736 beneficiaries).
- Procure and distribute 4,000 five-litre jerry-cans for constructing household hand washing facilities for 4000 vulnerable households (21,736 beneficiaries). This will be in connection with information on safe water storage and demonstration for how to construct hand washing facilities.



**Procure and distribute 4,000 five-liter jerry cans for constructing household hand washing facilities for 4,000 vulnerable households (21,736 beneficiaries). This to be accompanied with information on safe water storage and demonstration for how to construct hand washing facilities-**



**Nebbi Branch Manager handing over cholera kits (soap and jerry cans to Angal Hospital administration. Photo URCS**

**The communities benefited from distribution of 4,000 five-liter jerry-cans for construction of household hand washing facilities (tippy –taps) for the vulnerable households. In order to reduce the risk of infection among the Extremely Vulnerable Individuals (EVIs) whose conditions prevented them from affording the required hygiene and sanitation improvements, the operation procured and distributed water 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 for 4,000 families.**

**Procure and distribute 4000 twenty-litre jerry-cans (1 per household) for ensuring safe water chain amongst 4000 households (21,736 persons)-**

Additionally, 4000 twenty-liter jerry-cans (1 per household) was distributed for ensuring a safe water chain amongst 4,000 vulnerable households. The beneficiaries were educated by the trained volunteers on how to use these items accompanied with information on how the community can safely store and disinfect water for consumption. Some of this information was translated into the local language and disseminated through IEC materials and pictorials to provide clear instructions to community members at house hold level.



**Nebbi Branch Manager distributing soap and jerry cans to vulnerable households. Photo/URCS.**

**Provide 30 institutional hand-washing facilities in 30 schools in the 7 targeted sub-counties-**As planned, URCS provided 30 institutional hand-washing facilities to 30 schools in the seven targeted sub-counties.

### **Challenges:**

The lack of infrastructure and maintenance of the road networks in Nebbi and Bullisa provided logistical challenges during the operation, and delayed the delivery of the key WASH items like jerry cans for distribution for safe water storage. The cholera outbreak did not receive much attention from other actors as most partners were attending to the Kasese emergency floods. This weakened the coordination by government from the central level for district support as the districts were has to try to identify partners for supporting its interventions.

### **Monitoring and Evaluation**

At national level, URCS held coordination meetings chaired by the USG PP to share updates, challenges, monitoring reports and making recommendations for effective implementation of the response. URCS deployed its internal human resource capacities located at the Branch and Regional offices as well as technical staff implementing the water and sanitation project in Western Uganda who supported the volunteers and provided technical guidance for Water, Sanitation and Hygiene (WASH) software activities. The National CBHFA Program Manager provided technical support to the operation both at national and field level implementation. In total, seven national and two regional technical field visits were made to guide training, selection and implementation of the operation.

The URCS Communication and Public Relations staff together with journalists from different media houses in Kampala visited the affected communities in Hoima, Buliisa and Nebbi Districts and documented the best practices in the field and highlighted the magnitude of the epidemic to the larger audience at the national level. This also promoted general awareness about the disease to a wider audience. The Sub County Supervisors together with the Branch Manager carried out regular



**The Masindi Branch Manager handing over cholera kits and other items to beneficiaries during distribution exercises in Bulisa. Photo/URCS**

support supervision and monitoring of the field activities to ensure that the community received the correct package of information.

A DREF review was planned by Eastern Africa regional office but could not be carried out within the time frame of the operation.

**Recommendations / lessons learned:**

- Sensitization sessions about hygiene and sanitation should be ongoing in the communities as prevention in longer term programmes. This has also been requested by the communities and district leaders.
- Strong coordination and partnerships are important in delivering success in instances of disease outbreaks and these structures need to be developed as part of preparedness plans.
- The districts in the affected region need to enforce bylaws to promote good hygiene and sanitation practices.
- Regular health inspection and surveillance of potential cholera outbreak in the community is important for averting future outbreak in these poor communities.
- The Epidemic Control training for volunteers and PHAST methodologies was very useful as it equipped the volunteers with knowledge and skills on how to work with community based cholera prevention sensitizing.
- The community based approach of identifying volunteers to intervene in emergencies within their own community set up was very important, in that it actively involved the communities to address the issue and take responsibility of finding solutions and resources.

## Contact information

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

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## 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.



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.

**Disaster Response Financial Report****MDRUG032 - Uganda - Cholera Outbreak**

Timeframe: 14 May 13 to 14 Aug 13

Appeal Launch Date: 14 May 13

Final Report

**Selected Parameters**

Reporting Timeframe	2013/5-2014/11	Programme	MDRUG032
Budget Timeframe	2013/5-2013/8	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**I. Funding**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		184,804				184,804	
<b>B. Opening Balance</b>							
<b>Income</b>							
<u>Other Income</u>							
<i>DREF Allocations</i>		184,804				184,804	
<b>C4. Other Income</b>		184,804				184,804	
<b>C. Total Income = SUM(C1..C4)</b>		184,804				184,804	
<b>D. Total Funding = B + C</b>		184,804				184,804	

\* Funding source data based on information provided by the donor

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>B. Opening Balance</b>							
<b>C. Income</b>		184,804				184,804	
<b>E. Expenditure</b>		-175,836				-175,836	
<b>F. Closing Balance = (B + C + E)</b>		8,968				8,968	

## Disaster Response Financial Report

### MDRUG032 - Uganda - Cholera Outbreak

Timeframe: 14 May 13 to 14 Aug 13

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>184,804</b>			<b>184,804</b>		
<b>Relief items, Construction, Supplies</b>								
Clothing & Textiles	4,643						4,643	
Water, Sanitation & Hygiene	66,714						66,714	
Teaching Materials	33,571						33,571	
<b>Total Relief items, Construction, Sup</b>	<b>104,928</b>						<b>104,928</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	357						357	
Transport & Vehicles Costs	17,315						17,315	
<b>Total Logistics, Transport &amp; Storage</b>	<b>17,672</b>						<b>17,672</b>	
<b>Personnel</b>								
National Staff	9,667						9,667	
National Society Staff	2,381						2,381	
Volunteers	12,221						12,221	
<b>Total Personnel</b>	<b>24,269</b>						<b>24,269</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	13,705						13,705	
<b>Total Workshops &amp; Training</b>	<b>13,705</b>						<b>13,705</b>	
<b>General Expenditure</b>								
Travel	4,950						4,950	
Information & Public Relations	5,143						5,143	
Office Costs	857						857	
Communications	1,429						1,429	
Financial Charges	571						571	
<b>Total General Expenditure</b>	<b>12,951</b>						<b>12,951</b>	
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			165,104			165,104	-165,104	
<b>Total Contributions &amp; Transfers</b>			<b>165,104</b>			<b>165,104</b>	<b>-165,104</b>	
<b>Indirect Costs</b>								
Programme & Services Support Recove	11,279		10,732			10,732	547	
<b>Total Indirect Costs</b>	<b>11,279</b>		<b>10,732</b>			<b>10,732</b>	<b>547</b>	
<b>TOTAL EXPENDITURE (D)</b>	<b>184,804</b>		<b>175,836</b>			<b>175,836</b>	<b>8,968</b>	
<b>VARIANCE (C - D)</b>			<b>8,968</b>			<b>8,968</b>		

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Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster response	184,804		184,804	184,804	175,836	8,968	
Subtotal BL2	184,804		184,804	184,804	175,836	8,968	
<b>GRAND TOTAL</b>	<b>184,804</b>		<b>184,804</b>	<b>184,804</b>	<b>175,836</b>	<b>8,968</b>	

## UGANDA RED CROSS SOCIETY

<b>Project title</b>	Cholera Epidemic
<b>Project reference number</b>	MDRUGUG032
<b>Project beneficiary</b>	22,800 Extremely Vulnerable Individuals of
<b>Implementation period</b>	May to July 2013

### BUDGET

Program costs								
Description	Unit cost	Unit	Quantity	Frequency	BUDGET in CHF	Expenses in CHF	Variance Explanation	
<b>Mobilize 150 volunteers from 3 districts and orient 90 in Epidemic Control for Volunteers (ECV) toolkit &amp; PHASTer methodology specifically addressing cholera</b>								
Assorted stationery	2,000	persons/day	90	1	86	373.33	The response required some tools for volunteer use in the field to be photocopied and this was not budgeted for initially hence the over expenditure in this area	
Feeding, refreshments & accomodation (fullboard)	80,000	persons/day	90	2	6,857	5,990.48	The suppliers provided feeding and refreshments at alower cost than what was in the budget, hence the savings.	
Training venues	60,000	hall/day	3	2	171	-	URCS policy at the time required all trainings to be conducted at URCS facilities as part of IGA which were to be claimed later on but was not effected after implementation hence the no expenditure under this budget line.	
Facilitators' allowances	100,000	persons/day	4	2	381	657.14	The trainings were cascaded for implementation at lower level units hence the more days allowance for the trainers while in these settings.	
Participants' out of pocket allowances	10,000	persons/day	90	2	857	528.57	Due to the cascaded nature of the training at local level the response ended up spending less on out of pocket as opposed to facilitatots allowance.	
Mileage for mobilization	2,027	km	2000	1	1,930	2,309.52	The mileage for mobilization for the response used was more compared to what was estimated in the budget hence the variance.	
Participants' transport refund	10,000	persons/trip	90	2	857	897.62		
<b>Sub-total</b>					<b>11,140</b>	<b>10,757</b>		
<b>Mobilize 30 school teachers from the affected sub-counties and train them on PHASE</b>								
Assorted stationery	2,000	persons/day	30	1	29	246.19	The response required some tools for volunteer use in the field to be photocopied and this was not budgeted for initially hence the over expenditure in this area	
Feeding, refreshments & accomodation (full)	80,000	persons/day	30	2	2,286	800.00	The suppliers provided feeding and refreshments at alower cost than what was in the budget, hence the savings.	
Training venues	60,000	hall/day	3	2	171	40.48	Some schools offered venues for the training in kind, hence the low expenditure in this area.	
Facilitators' allowances	100,000	persons/day	9	2	857	247.62	The facilitators jointly conducted some of the trainings hence the savings in this area.	
Participants' out of pocket allowances	10,000	persons/day	30	2	286	2,080.95	The joint implementation of some of the training across the implementing areas meant that those from far areas had to be paid more out of pocket allowance than what was in the budget.	
Participants' transport refund	10,000	persons/trip	30	2	286	352.38	The same as above applies as participants from the furthest distance had to be paid more than the others.	
Mileage mobilization	2,027	km	1000	1	965	261.90	This activity did not use a lot of mileage compared to what was planned.	

training materials	24,000	assortment	10	3	343	-	The response used some tools and materials procured for volunteer training to support this trainings too hence the no expenditure in this area
<b>Sub-total</b>					<b>5,222</b>	<b>4,030</b>	
<b>Provide facilities for improved access to safe water, adequate sanitation and hygiene practices amongst 7,407 households (41,008 beneficiaries) in the 3 cholera affected districts of Hoima,</b>							
Jerrycans: 5-litre capacity with accessories for tippy tap construction (hand washing)	4,000	pieces	4,000	1	7,619	6,666.67	The supply costs by the lowest bidder was lower than what was in the estimated approved budget.
Water Purification chemicals (targetting 22,800 people for 90 days based on sphere standards)	100	tablets	240,000	1	11,429	10,285.71	The supply costs by the lowest bidder was lower than what was in the estimated approved budget.
Water vessels/ 20-litre capacity Jerrycans: for safe water storage & water chain maintenance	4,000	pieces	4,000	2	15,238	13,523.81	The supply costs by the lowest bidder was lower than what was in the estimated approved budget.
Conduct water quality analysis of existing sources in Nebbi, Hoima & Buliisa to establish level of contamination & direct distribution of water purifiers	750,000	lumpsum		2	714	-	The activity was implemented but during posting this was captured under monitoring and support supervision instead.
Procure & distribute Institutional handwashing facilities for school sanitation	150,000	set	30	1	2,143	2,327.62	The supply costs by the lowest bidder was higher than what was in the estimated approved budget.
Procure & distribute PHASTer Toolkits for hygiene promotion in cholera-affected communities in Nebbi, Hoima & Buliisa	900,000	set	9	1	3,857	3,171.43	The supply costs by the lowest bidder was lower than what was in the estimated approved budget.
Procure & distribute Laundry soap to promote effective handwashing at critical times & cut cholera transmission	4,500	bars	12,000	1	25,714	28,571.43	The supply costs by the lowest bidder was higher than what was in the estimated approved budget.
Mileage for distribution	2,027	km	3000	1	2,896	-	The millage for distribution was captured jointly with that of monitoring and support hence the zero expenditure under this.
<b>Sub-total</b>					<b>69,610</b>	<b>64,547</b>	
<b>Produce and disseminate IEC messages &amp; materials in the affected and neighbouring at-risk</b>							
Posters (with Cholera prevention messages translated in local languages)	900	pieces	45,000	1	19,286	20,142.86	
T-shirts (with hygeine promotion message preventing cholera spread & social distancing meningitis prevention messages & URCS logo inscribed to promote RC identify)	15,000	pieces	150	1	1,071	1,214.29	The supply costs by the lowest bidder was higher than what was in the estimated approved budget.
Raincoats for community volunteers	20,000	pieces	150	1	1,429	2,142.86	The supply costs by the lowest bidder was higher than what was in the estimated approved budget.
Umbrella for volunteers	30,000	pieces	150	1	2,143	1,071.43	The supply costs by the lowest bidder was lower than what was in the estimated approved budget.
Leaflets/Brochures (with basic facts about Cholera and meningitis translated in local language)	500	pieces	60,000	1	14,286	14,285.71	
Cholera kits/watsan supplies/other logistics handling & storage costs	250,000	Space	1	3	357	-	This activity was not charged for hence the zero expenditure.
<b>Sub-total</b>					<b>38,571</b>	<b>38,857</b>	
<b>Conduct media campaigns for promotion of public awareness about Cholera epidemics in 4 affected districts over 4 weeks (16 radio talk shows &amp; 384 radio spots/jingles will be sponsored to run on 4 local FM radio stations (BBC, KKCR, Rengo</b>							
Radio spots/DJ mentions	20,000	spot/30 sec	120	3	3,429	3,428.57	
Radio talk shows	600,000	show/hour	3	2	1,714	2,428.57	The costs for radio talk shows was higher than what was projected in the budget approved budget.
<b>Sub-total</b>					<b>5,143</b>	<b>5,857</b>	
<b>Conduct household health promotion activities in affected villages by use of ECV &amp;</b>							
Volunteers' lunch allowances during door to door activities	7,500	persons/day	150	22	11,786	9,159.52	The volunteers were paid for only the days they were engaged than what was initially planned hence the positive variance.

Volunteers' Insurance	2,100	persons	200	1	200	-	No insurance cover was paid given it was the middle of the year when most registered volunteer cover will have already been made by the DM directorate.
Allowance for volunteer supervisors	7,500	persons/day	3	22	236	235.71	
Motorcycle fuel for supervision of community activities	4,090	litre of petrol	70	22	2,999	1,664.14	Less fuel was used for monitoring than what was planned for at branch level hence the positive variance.
<b>Sub-total</b>					<b>15,221</b>	<b>11,059</b>	
<b>Support Community mobilization by use of film vans for 2 weeks in the 7 affected</b>							
Perdiem for drivers	60,000	persons/day	2	3	171	-	MOH sent film vans to support the district. URCS only supported by meeting the supervisors cost.
Perdiem for senior Health educators (film van m	135,000	persons/day	2	3	386	1,185.71	MOH sent film vans to support the district and URCS only supported by meeting the supervisors cost which was higher than what was in the projected budget.
Fuel for film van	3,500	litres of diesel/day	125	3	625	-	MOH sent film vans to support the district. URCS only supported by meeting the supervisors cost.
<b>Sub-total</b>					<b>1,182</b>	<b>1,186</b>	
<b>Support district &amp; national coordination meetings to facilitate affective &amp; accelerated</b>							
Day allowances	20,000	persons/day	15	5	714	1,647.62	The number of participants in these coordination meetings were higher than what was estimated in the approved budget hence the negative variance of over 10%
Refreshments	10,000	persons/day	15	5	357	71.43	The number of participants in these coordination meetings were higher than what was estimated in the approved budget hence program bought refreshments in fewer meetings and paid participants day allowances instead hence the positive variance.
Mileage	2,027	km	250	4	965	-	As the meetings were being held at the district headquarters or URCS offices, there was no expenditure on mileage under this activity.
Assorted stationery	5,000	assortment	10	10	238	27.38	The response spent less under stationery so as to save for the day allowance for the volume of partners attending the meetings.
<b>Sub-total</b>					<b>2,275</b>	<b>1,746</b>	
<b>Provide routine technical support to volunteers and field staff</b>							
Branch Managers' day allowances (SDA)	15,000	persons/day	3	30	643	-	The activity was implemented but during posting this was captured under project support costs instead.
Branch Governing Board allowances	15,000	persons/day	30	3	643	294.05	Fewer board members were used during monitoring activities
Motorcycle fuel & maintenance costs	4,000	litres of petrol	30	20	1,143	2,671.43	The mileage costs covered under branch level monitoring was higher than what was initially projected hence the negative expenditure.
Perdiem for driver	90,000	persons/day	12	1	514	-	These were branch level activities that did not require per diem as was initially planned hence the no expenditure.
Perdiem for RPM - Hoima	120,000	persons/day	12	1	686	-	These were branch level activities that did not require per diem as was initially planned hence the no expenditure.
<b>Sub-total</b>					<b>3,629</b>	<b>2,965</b>	
<b>Conduct field monitoring , technical support supervision &amp; Evaluation</b>							
Perdiem for technical programme staff	120,000	Days/ 3 days	6	3	1,029	-	This was also higher than planned for since URCS technical staff had to spend more days during support monitoring than planned in the field as seen in the figure in the expenditure row below.

Perdiem and air fair for IFRC monitoring	2,500,000	2 trips	2	1	2,381	3,242.86	This is an error which should have been captured under the row above (perdiem for technical program staff) and not IFRC monitoring since we do not pay for that from URCS. This was also higher than planned for since URCS technical staff had to spend more days during support monitoring than planned in the field.
Drivers' perdiem during field monitoring	90,000	Days	6	3	771	-	This was captured under project support cost hence the zero cost.
Mileage	2,027	km	2000	1	1,930	-	This was captured under project support cost mileage hence the zero cost.
<b>Sub-total</b>					<b>6,111</b>	<b>3,243</b>	
<b>Project Support Costs</b>							
Communication & RC Identity cost (telephone, fax, media coverage/documentary & etc)	3,000,000	Monthly	1	1	1,429	1,884.98	The communication cost was slightly higher than what was budgeted for hence the over 10% variance.
Drivers' perdiem (vehicles from regional offices)	120,000	persons/nig	1	24	1,371	3,247.62	The drivers perdiem cost was higher since this was combined with all the perdiem under project monitoring paid to the drivers under activity 10.
Vehicle pool costs/mileage	2,027	Kms	2000	2	3,861	8,426.67	The mileage cost were higher since these were combined with those of item ditribution hence the over 10% over expenditure.
Stationery (photocopy, tonners etc)	600,000	Lumpsum	1	3	857	750.00	
Monitoring and evaluation and lesson learnt	3,465,000	lumpsum	1	3	4,950	-	
Audit	5,000,000	Exercise	1	1	2,381	-	
Bank/Financial charges and exchange losses	400,000	Lumpsum/ p	1	3	571	6,760.95	
<b>Sub-total</b>					<b>15,420</b>	<b>21,070</b>	
<b>TOTAL</b>					<b>173,525</b>	<b>165,317</b>	

Exchange Rate: 1 CHF = 2,100 UGX