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Uganda Red Cross emergency response during the cholera outbreak

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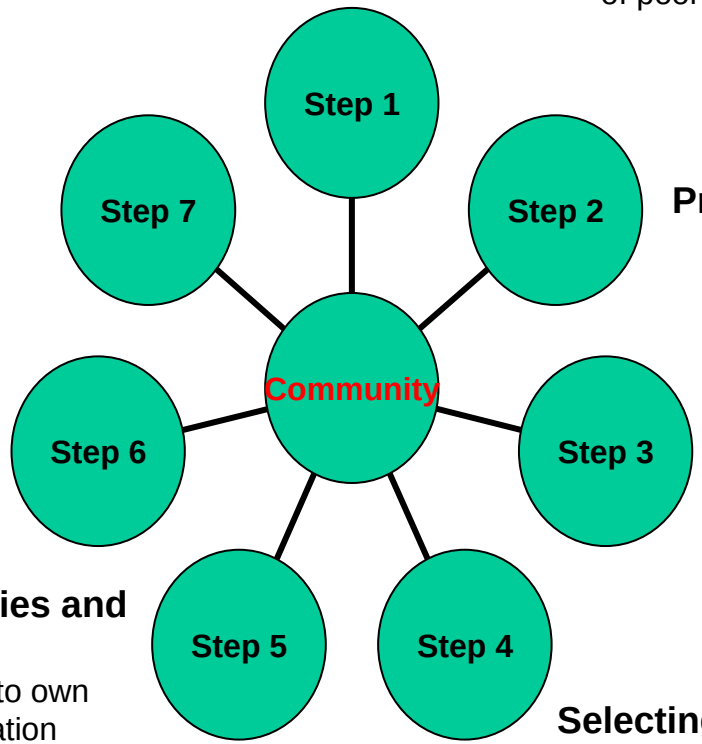
Introduction

- IFRC supports WatSan programmes in 14 National Societies within Eastern Africa Region in both development and emergency response.
- PHAST (Participatory Hygiene and Sanitation Transformation) methodology was introduced in Eastern Africa in 1999.
- PHAST methodology was adopted by IFRC as standard methodology for long term WatSan Software programming in 2003.

PHAST 7 steps by step process

Problem identification

The community has a basic understanding of the health implications of poor water supply and sanitation.



Problem analysis

Planning for solutions
The community developed a belief in their own ability to solve their own problems

Selecting technology options
Empowering the community to plan environmental improvements

Planning for new facilities and behaviour change
Empowering the community to own and operate water and sanitation facilities and commit behavioural change

Planning for monitoring and evaluation

Participatory evaluation

Uganda Red Cross and PHAST

- Uganda Red Cross adopted PHAST in 2000 within a total of 4 pilot branches and later expanding to 12 branches.
- In 2003, the first PHAST review in Uganda, examined whether PHAST could successfully be shortened in emergency.

- New guidelines were produced for shortening the PHAST process during an *emergency* and also specifically during a *cholera epidemic.*

PHAST in emergency: cholera interventions

- PHAST process shortened from 4 months to 8 weeks.
- 2 days training package for volunteers
- 3 steps PHAST process focus in:
  - In-depth analysis of the disease outbreak & its cause
  - Analysis of possible solutions to identified causes of problems
  - Identification of key messages for improved behavior hygiene
- After the emergency phase of the disease outbreak, the community can be taken through the PHAST process as in a recovery / post relief phase

Case study: Cholera outbreak - Western Uganda - June 2006

- An outbreak of cholera was confirmed in Hoima, Bundibugyo and Kibale Districts in Western Uganda in June 2006. There were 98 reported cases and 33 deaths.
- Situation in that area:
  - The majority of the people (90%) had very scattered information regarding the transmission of cholera.
  - 18% of the households had latrines/toilets in their homes.
  - 18% of the latrines / toilets visited had hand-washing facilities fitted on or near them.
  - 60% of the population gets water from unsafe sources, namely the lake and open / unprotected shallow wells / water holes.
  - When cholera is detected most people (68%) seek health care from health units.

Intervention: Step 1

Problem Identification

- 100 Uganda Red Cross volunteers in the affected districts carried a rapid assessment to determine the knowledge, skills and practices amongst households in relation to Cholera.
- Household observation visits and focus group discussions were conducted.

Intervention: Step 2

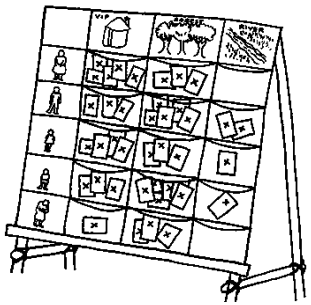
Designing the immediate response

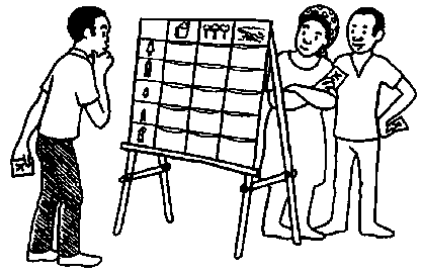
- Key hygiene messages identified and communication strategy devised.
- PHAST sessions conducted during the household visits
- Each volunteer assigned a minimum of 20 households to follow - up.

- A shortened PHAST training for 2 days was proposed. The volunteers trained would then be expected to conduct community sensitization activities.

PHAST sessions conducted in HH visits

Activity	Tool	Purpose
Good & bad hygiene behaviour	3 pile Sorting	This activity focused on the common health and hygiene problems
Investigating community practices	Pocket chart	This activity assisted the groups to collect information and analysis information on individual hygiene and sanitation practices in the community
How diseases spread.	Diarrhea routes	In this activity the transmission mode of cholera was discussed using transmission routes tool
Diseases Blocking	Diarrhea blocking	In this activity means of blocking the spread of cholera





Hygiene communication campaign

- Dissemination of hygiene messages during cross border market days, religious and cultural meetings using megaphones and video tape shows.
- Posting appropriate posters and stickers in public places.
- Distributing hygiene publicity T-shirts to the volunteers and community leaders.
- Radio talk shows and slots were aired in the local language.
- 640 new latrines constructed to link up with the hygiene promotion activities.

Intervention: Step 3

Monitoring and Evaluation

- Simple hygiene behavior observation monitoring sheets were used by the volunteers during their weekly household visits, reports compiled and shared in coordination meetings
- Menu of simple HH indicators were developed

Results of the intervention

- 5.335 households were reached during household visits.
- 6 primary schools targeted in Bundibugyo District.
- Sanitation coverage increased by 12% (961 - 1600) new latrines
- Hoima district local authorities instituted bylaws aimed at household sanitation.
- 700.000 people reached through the local radio station.
- Death rate dropped from 6 cases per week to 3 then 0 deaths per week. Cholera outbreak was contained within one month.
- Capacity and overall the image of the Bundibugyo and Hoima branches and Uganda Red Cross in particular were enhanced.

Challenges

- Safety and functionality of latrines remains a critical problem due to unstable soils.
- Accessibility to the effected area was a problem due to rugged terrain in the Rwenzori region.
- The cross border movement between Democratic Republic of Congo and Uganda made it difficult to target the most vulnerable
- Lack of other partners to intervene.
- Poverty levels: poor communities without any basic facilities provided – sustainability
- Volunteer's fatigue

Lessons learnt

1. Even in an emergency community participation is crucial and there is need for participatory methodologies such as PHAST be adapted to suit the emergency context.
2. The software package in emergency prepares a smooth transition from relief to rehabilitation /construction phases.
3. For sustainability of the interventions, linkages with Ministry of Health should be sustained to ensure continuous cholera outbreak surveillance and continuity of the hygiene promotion.
4. Volunteer motivation and retention is crucial in dealing with volunteer fatigue.
5. Multifaceted communication channels have to be adapted in order to reach as many people within the shortest time period in order to saves lives.

conclusion

- An appropriate software package remains relevant even in emergencies.
- The software package in emergency prepare a smooth transition from relief to rehabilitation/construction phases.
- A good monitoring and information sharing framework should be established amongst providers of WatSan services and health professionals in charge of case management.