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Uganda CO

El Nino, Cholera & Malaria Situation



Situation in Numbers

Date: 10 February 2016

Number affected people

24,290

of people affected by El Nino

14,574

Children affected by El Nino
(Uganda Red Cross Society)

1,196

of Cholera cases reported

144,370

of Malaria cases reported

UNICEF Appeal 2016:

US\$ 14.4 million

Funding Gap

93%

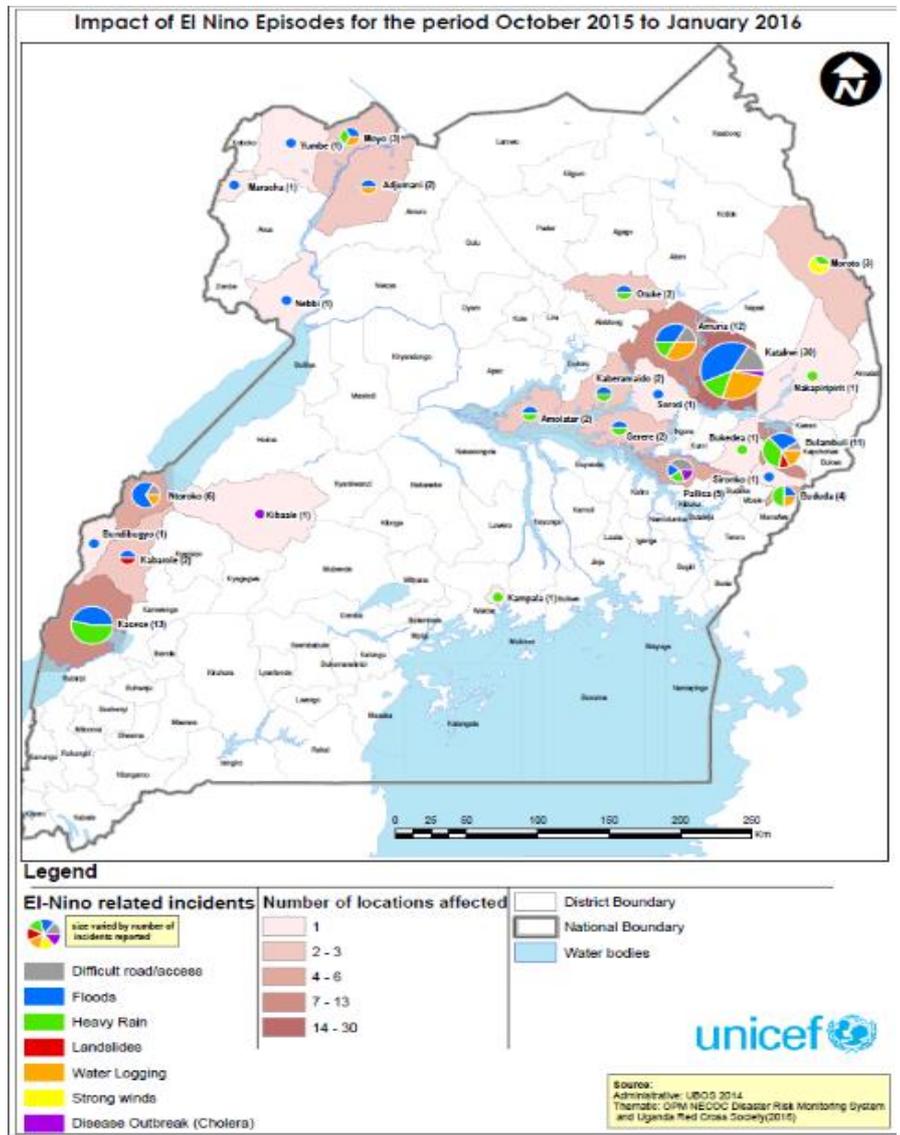
Highlights

- In December 2015, UNICEF supported the Office of the Prime Minister (OPM), Department of Disaster Preparedness and Management and Uganda National Meteorological Authority (UNMA) to conduct a multi sectoral rapid assessment (Health, Education, WASH and child protection) in 25 high risk districts to ascertain the actual number of people at risk and their immediate needs and capacities, in order to inform response efforts.
- Children in over 5,000 affected households will be reached with WASH supplies (for Health facilities) and chlorine in response to the Cholera outbreak.
- Communication targeting over one million women, men and children on prevention and control of Malaria and Cholera is being broadcast with key messages to create awareness about disease outbreaks.
- The 10 Malaria affected districts have been supported with five public health specialists deployed in December 2015 to assist in the coordination of the response and ensure timely delivery of supplies, monitoring, supervision and reporting.
- UNICEF procured Rapid Diagnostic Testing kits, ACTs and Injectable Artesunate that will be distributed to the 10 Malaria affected districts through the National Medical Stores.

Situation Overview & Humanitarian Needs

El Niño Effects: As predicted by the Uganda Meteorological Authority (UNMA), the El Niño onset late in October brought some unusually high rainfall which progressively increased until November 2015. The effects were seen in a number of Districts that registered above average rainfall (more than double annual trends in most districts). These districts include 33 high risk districts initially forecasted to be at high risk of negative impacts of El Niño (*see map below*). The meteorological authority expects more rainfall in the period from February to April 2016. Alerts of incidents from various districts were received by Government and UNICEF in relation to high rainfall and flooding. The alerts included text messages from volunteers with the National Emergency Coordination and Operation Center (NECOC) Disaster Risk Management System (DRMS), from U-reporters as well as media reports and updates from the Uganda Red Cross. District authorities from the affected districts, UNICEF and Uganda Red Cross carried out needs assessments after

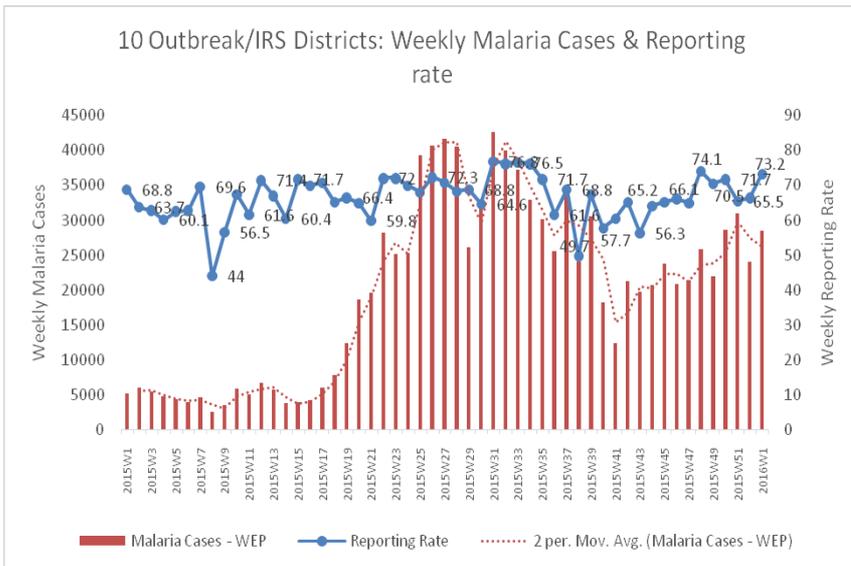
receiving alerts of incidents of high rainfall and flooding. The reports from the assessments showed isolated events of restricted movement to schools. Most rainfall incidents caused some displacement of people and loss of infrastructure such as roads, school buildings, latrines and homes. Water sources have been contaminated aggravating risk of water borne disease. There is additional risk from hazards such as Cholera and Malaria outbreaks reported in Kampala City, Sironko, Moroto, Mbale and Busia Districts, among others. The Malaria outbreak in ten districts in the Northern part of the country has seen an increase in cases in the past three months. State minister for Disaster Preparedness and Refugees Hon. Musa Ecweru highlighted that due to El-Nino effects, Teso parts of northern Uganda, and Karamoja are on the brink of severe famine. According to an assessment report by the Red Cross, within 12 Districts, 4,858 households were directly affected by flooding or hailstorms, with 26,252 people including children living in makeshift accommodation as their shelters were submerged in water. 2,240 houses/huts were reportedly affected by the disruption. A total of 99 latrines in the same area were filled with water and have collapsed, thereby increasing the risk of disease outbreak. So far, cholera outbreaks have been reported in Kampala, Kibaale, Busia and Zinga Island in Wakiso. Food security has been threatened by the massive water logging, with 9,334 acres of gardens affected and unharvested food crops destroyed. With support from UNICEF, the Department for Disaster Preparedness and Management at the Office of the Prime Minister has conducted a multi-sectoral rapid assessment in 25 high-risk districts for flooding and landslides in order to provide critical information to guide response decisions as well as the revision of the National Contingency plan and the focus of further sector specific assessments. The assessment was conducted from 14-22 December by five teams, each covering five districts. The teams were multi-sectoral comprising of members of the Disaster Risk Management (DRM) platform from the key sectors such as Health, Education and WASH. Outstanding response interventions needed that were registered from the NECOC DRMS and the assessment carried out by the Office of the Prime Minister included rehabilitation of damaged water, sanitation and road infrastructure, shelter and hygiene, distribution of non-food items, agriculture inputs, food aid, boat transport to facilitate children's access to schools which are scheduled to open in February. Drugs and supplies for Malaria prevention and control were also in need. Support for preparedness and risk reduction is also required in the form of risk communication for communities as well as training of the community on construction of flood resistant homes, training districts at risk on disaster management. A food security and nutrition assessment would also be relevant. The Government proactively supported community preparedness and early action by waiving telecommunication costs for key media messages on El Nino. Majority of communities visited during the El Nino rapid assessment confirmed that they received advisories through various media channels and were able to anticipate likely shocks and take relevant action in time. In November-December 2015, the Office of the Prime Minister extended relief in form of food worth UGX 4 billion to affected communities in Karamoja, Teso and the Elgon regions.



Cholera: Children are at risk of water borne disease from limited coverage of water, sanitation and hygiene services and due to wet conditions in the Districts of Sironko, Busia, Kasese, Mbale, Moroto, Wakiso, Kampala and Hoima around the shores of Lake Albert. Between September 2105 and January 2016, a total of 1,196 cholera cases and 136 deaths were

reported in the country with an average case fatality rate of 2.1 per cent suggesting there are still opportunities for improved alert monitoring and case management. Most recently, the Ministry of Health's epidemiological week 2 (4th - 10th January 2016) reported 32 cases in Hoima, 2 cases in Moroto and 2 cases in Nebbi districts. Hoima district reported two cholera related deaths, thus CFR 6.3 per cent. Almost half of the people infected with Cholera were children. Younger children are reportedly exposed to Cholera during recreation activities such as swimming (in Soronko River where people defecate) or playing in municipal dumps. The risk of cholera in these districts and others below remains high because of the increased rains that have contaminated most of the water sources.

Malaria: Children continue to be affected by a Malaria outbreak in the North of Uganda. The Ministry of Health's epidemiological week 2 (4th -10th January 2016) reported that cases have remained high with a 30 per cent increase from week 1 of 2016. Among the districts with confirmed malaria upsurge in Northern Uganda are Gulu district, which has continued to report the highest number of cases, although there was no report of malaria related deaths. Despite the high coverage of malaria control interventions in Uganda, Malaria outbreaks continue. The Government of Uganda and partners have supported interventions resulting in 87% of children with fever having access to Artemisinin Combination Therapy (ACTs); 62% of the households having one Long-lasting insecticide treated nets (LLIN) for every two persons. In addition, two rounds of In-door Residual Spraying (IRS) per year were implemented in 10 districts funded by the President's Malaria Initiative (PMI) using carbamates (owing to unacceptably high resistance to pyrethroids) with



impressive reduction of parasite prevalence from 63% in 2009 to 20% in 2014. In spite of these achievements, in April 2015, a malaria epidemic broke out in 10 districts (Gulu, Nwoya, Kole, Apac, Lamwo, Agago, Pader, Oyam, Amuru and Kitgum). In these 10 former IRS districts, the number of RDT tests, positivity, and malaria admissions increased by 207%, 320%, and 103% respectively. A Ministry of Health and WHO joint mission conducted from 24 August – 6 September, 2015 confirmed the outbreak. The MoH's immediate response included dispatch of a consignment of ACTs to the most affected districts as well as social mobilization using key agreed messages for Malaria prevention and control. A MoH strategy on presumptive Malaria treatment in 10

districts, led to a reduction in Malaria morbidity and related deaths from August to early December 2015. With support from PMI and SDS, all the Village health teams (VHTs) in the 10 districts were trained and conducted mass fever treatment. However, in the past month, the malaria incidence has risen, possibly due to the heavy rains and stock outs of ACTs. In addition to the stock out of anti-Malarial at health facility level, occasional stock out of blood for transfusion at Gulu and Lira blood banks has also complicated the situation. Challenges to containment of the Malaria outbreak include limited resources to support social mobilization, limited additional stocks of RDTs and ACTs, as well as limited blood for transfusion. Mosquito net possession and use is still low in the districts. There is limited indoor residual spraying (IRS) interventions to disrupt the vector transmission of malaria. Village health teams require financial support to continue conducting mass fever treatment.

Humanitarian Leadership and Coordination

El Niño Effects: Uganda has National and District level institutions focusing on DRM with influence from the OPM, a National Platform on DRR and a National Emergency Coordination and Operations Centre for Disaster Preparedness (NECOC). The OPM, Department of Disaster Preparedness and Management and Uganda National Meteorological Authority (UNMA) are leading preparedness and response activities with partners. The Government contingency Plan for El Nino was launched in October 2015. The Disaster Risk Reduction platform chaired by OPM is active facilitating partner engagement.

Disease outbreaks (Malaria and Cholera): Epidemiological disease prevention and control coordination is led by the Ministry of Health National Task Force (NTF), which meets weekly. District level epidemic task forces were also revitalized in the 10 Malaria affected districts and 8 cholera affected districts.

Humanitarian Strategy

UNICEF employs a system strengthening approach, building the adaptive and response capacity of Districts affected by disasters, including disease outbreaks. UNICEF is supporting government emergency preparedness and response to mitigate the effects of El Niño, as well as disease outbreaks. UNICEF utilizes Communication for Development (C4D) as a cross-cutting approach in emergency, preparedness and response interventions particularly to contain disease outbreaks within affected communities.

Summary Analysis of Programme response

El Niño effects:

- UNICEF played a key role in supporting key service sectors in Health, Education and Protection to convene stakeholders during the drafting of the National contingency Plan for El Nino which was launched in October 2015. The National Disaster Risk Reduction platform chaired by OPM continues to facilitate partner engagement and with support from UNICEF, and coordinated a multi-sectoral rapid assessment in December 2015.
- UNICEF supported the Government to install a Disaster Risk Monitoring system in the National Emergency Coordination and Operation Centre (NECOC). A pool of community-based volunteers are relaying alerts through this system to the National Emergency Coordination and Operations Center since the start of the El Nino event in October. The regions targeted were Teso / Elgon, Karamojong, Rwenzori and Acholi regions.
- UNICEF is maintaining preparedness for response in WASH, Child protection, education, and health throughout January to March/April 2016 given that the rain season is not yet over.
- Data on schools affected has been shared with the Ministry of Education in order to help decision makers understand the effects of El Nino on learning spaces.

Disease Outbreaks: UNICEF contributed to technical coordination of the Cholera and Malaria disease outbreak response within the National Task Force together with other response partners.

Malaria: A total of 10 districts have been supported with five public health specialists deployed in December 2015 to assist in the coordination of the response and ensure timely delivery of supplies, monitoring, supervision and reporting. UNICEF procured Rapid Diagnostic Testing kits, ACTs and Injectable Artesunate that will be supplied to the 10 Malaria affected districts by the National Medical Stores before the end of January 2016.

Cholera: UNICEF has procured WASH supplies (for Health facilities) and chlorination for over 5,000 Households in response to the Cholera outbreak. UNICEF has supported the central and local governments by providing supplies, including:

- Water purification tablets to ensure that women and children safe water sources (including water quality testing),
- Social mobilization that emphasizes key messaging on the promotion of good hygiene practices through proper and adequate sanitation and personal hygiene,
- Case management through the provision of cholera kits and training of health workers.

New outbreak alerts will continue to be monitored utilizing the mTrac system as well community alerts from U-report in order to facilitate support for early action. In view of projected rainfall, 26 districts at high risk of Cholera are being targeted with key messaging on Cholera Prevention and control utilizing UNICEF social mobilization network of partners as well as mass media. UNICEF's preparedness efforts for Cholera includes prepositioning of additional supplies and ensuring stand-by partnerships, including with Oxfam Novib.

Communications for Development (C4D)

- The Office of the Prime Minister continues to conduct risk communication for Ugandans through airing messages on the effects of El Nino.
- Social mobilization for Malaria and Cholera is on-going through the broadcasting of key messages to create awareness about the outbreaks. Key messages also include promotion of good hygiene practices through proper and adequate sanitation and personal hygiene. The C4D efforts are aimed at reaching over one million people.

Funding

UNICEF is grateful to ECHO and DFID Uganda for the contributions that have been carried over from 2015 to 2016. These funds have enabled UNICEF interventions during the month of January. There is still need for continued financial support to children and women in this response.

Appeal Sector	Original 2016 HAC Requirement (US\$)	Funds Received Against 2016 HAC (US\$)	Funding gap	
	A	B	US\$ C=A-B	% (C/A*100)
WASH	2,217,590	0	2,217,590	100%
Education	1,463,840	0	1,463,840	100%
Nutrition and Health	7,929,929	0	7,929,929	100%
Child Protection	2,818,404	0	2,818,404	100%
Sub-Total	14,429,761	0	14,429,761	100%
Carry-forward		1,006,298		
Total funding available		1,006,298		
Grand Total	14,429,761	1,006,298	13,423,463	93%

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