Tackling cholera in fishing communities of western Uganda

Cholera is endemic in the Great Lakes Region of Africa. In Uganda the most vulnerable communities live along the shores of Lake Albert, Edward, Victoria and along River Nile, where the major economic activity is fishing and access to basic water and sanitation facilities is extremely limited. We support the Red Cross' work in Albertine region of north-western Uganda to sustainably improve the living conditions and health status of 15,000 people, focusing in particular on cholera and other diarrhea diseases prevention.

**DURATION**: 2017-2019
**FOCUS AREA**: Access to Basic Services
**COUNTRY**: Uganda
**PARTNER**: IFRC

**CONTEXT**
In the last twenty years, sub-Saharan Africa, and especially the Great Lakes Region, has suffered the highest cholera burden.
Uganda reports localized outbreaks of cholera at least twice every year. Communities most vulnerable to cholera are situated along the shores of Lake Albert, Edward, Victoria and along River Nile, where the major economic activity is fishing and people use streams as water sources as well as defecation points.
Though the populations living in these “hotspots” only constitute less than 5% of the country’s total population, they bear the largest burden in cholera outbreaks with over 50% of annual
cases reported, mainly during the rainy seasons. These “hotspots” also pose a great risk of cholera transmission to neighboring communities, as fishing communities are usually the first point of infection.

**ACTION**
The International Federation of the Red Cross is working with the Uganda Red Cross Society to reduce incidence of cholera and other diarrheal diseases (such as typhoid, dysentery, and hepatitis) in the vulnerable fishing communities along Lake Albert in Nebbi district, through the provision of safe drinking water and adequate sanitation facilities, with special attention to improved hygiene practices. Activities include:

- Construction and rehabilitation of water supply systems and point water sources to ensure access to safe drinking water;
- Construction of communal latrines at fish landing sites to reduce open defecation;
- Training of community volunteers on safe water chain management, surveillance and early referral of cholera cases;
- Set up of Oral Rehydration Points in fishing communities as a first line response during peak season outbreaks and coordination of oral cholera vaccination campaigns in high-risk areas;
- Organisation, by community level volunteers, of social mobilization sessions in fishing communities and schools, to encourage hygiene and sanitation behaviour changes and reinforce good practices.

All interventions are identified and implemented in close collaboration with the fishing communities. Sanitary and water facilities will then be directly managed by the fishing communities themselves to ensure ownership, maintenance and continuous use.

**EXPECTED RESULTS**
- 15,000 people have access to adequate and safe water services (corresponding to 20% increase in water coverage in the targeted communities)
- 9,000 people directly benefit from improved and reliable sanitation facilities (corresponding to 15% increase in access to improved toilet facilities and hygienic practices)
- 15,000 people improve their hygiene practices, become more aware and knowledgeable about water and sanitation-related challenges, are empowered to address them and see improvements in their health, wellbeing, productivity and dignity.

**LONG-TERM STRATEGY**
The programme is based on an integrated approach and is anchored in participatory and sustainable interventions in line with the framework of the IFRC Global Water and Sanitation Initiative 2005-2025 and with national and local policies and priorities for the water sector. Strong emphasis is placed on local capacity building to encourage community ownership. The decentralisation and empowerment of Myanmar Red Cross and its volunteers is another key element in ensuring the outcomes of the programme will be sustained over time.