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Emergency Plan of Action (EPoA)
Uganda: Hepatitis E Virus disease outbreak

International Federation of Red Cross and Red Crescent Societies

DREF Operation	**Operation n° MDRUG036; Glide n° EP-2014-000011-UGA**
Date of issue: 6 February, 2014	**Date of disaster: End Dec 2013**
Operation manager (responsible for this EPoA): Holger Leipe	**Point of contact (name and title): Ken Kiggundu, Director Disaster Management, Uganda RC**
Operation start date: 4 February 2014	**Expected timeframe: 4 months**
Overall operation budget: CHF 227,020	
Number of people affected: 1,400,000	**Number of people to be assisted: 1,200,000**
Host National Society presence): Ugandan RC, 350 volunteers and seven URCS staff.	
Red Cross Red Crescent Movement partners actively involved in the operation (if available and relevant): URCS, IFRC, Belgium RC	
Other partner organizations actively involved in the operation: Ministry of Health of Uganda, Ministry of Education, Ministry of Water, UNFPA, District Security Office.	

A. Situation analysis

Description of the disaster

The Ministry of Health (MoH) has declared an epidemic of Hepatitis E Virus (HEV) outbreak in Karamoja sub-region of North Eastern Uganda in Napak after ¾ samples sent to UVRI[1] tested positive for HEV by PCR on 1 Dec 2014. The case loads continue to increase from the initial cluster of acute jaundice syndrome cases that was reported in Napak by October 2013 to the MoH, to the latest 656 cases reported as of 26th January 2014. Most deaths (68 % or 13/19) occurred amongst pregnant mothers.

Napak district was curbed out of Moroto in July of the year 2010. The district has a population of 209,100 people of which 110,500 are male and 108,700 are female. Napak District is made up of one county (Bokora), seven sub-counties and one town council. The district health system is made of 1 District Hospital, 12 health facilities (10 Government and two Private not for Profit (PNFP) Hospital): 1 PNFP hospital, 6 Health Centre level III's and the rest are Health Center level II's.

The population of the district constitutes majorly the Karamojong who are agro-pastoralists. Access to healthcare has remained relatively low with up to 41 % of the population living more than 5 km from health facilities. This situation is worse in sub-counties like Lokopo, Lotome, Lopeei and Lorengechora that are served by 1 health facility each. Napak is bordered by Moroto, Nakapiripirit, Abim, Katakwi, Kotido and Amudat Districts. The district is part of the Karamoja sub-region, home to an estimated 1.2 million Karamojong. HEV has caused more morbidity and mortality compared to any other epidemic in this sub region.

The predisposing factors causing the Hepatitis E epidemic in Karamoja sub-region are low latrine coverage, poor access to safe water and poor hygiene practices. Currently, the districts are implementing routine interventions (surveillance, case management, community mobilization/sensitization, and water and sanitation activities). These response activities are being implemented in a piecemeal manner due to lack of resources. The current interventions are not adequate to interrupt the increased transmission of HEV.

Currently, there is an upsurge of HEV cases in Napak District in Uganda. Over the four weeks, the number of cases of HEV reported on a weekly basis has increased from an average of 10 cases to an average of over 57 cases. This rapid

[1] The Uganda Virus Research Institute

increase in the trend of HEV cases demonstrates an exacerbation in the evolution of the epidemic. Of special note is the concern for the vulnerability of pregnant women who are most at risk from an HEV outbreak, evident from the statistics of deceased due to the disease (13 out of 19 deaths were pregnant women).

To ensure a sustained and comprehensive response to the Hepatitis E outbreak, a comprehensive epidemic preparedness and response plan was developed by the national task force (NTF), in which URCS has participated, which focuses on strengthening coordination at the national and district level, improving water, sanitation and hygiene, intensive community education and hygiene promotion, strengthening active community surveillance and case management at district level. The plans have been shared with all partners and stakeholders to galvanize support to avert the current trend of the hepatitis E upsurge hence this DREF application by URCS. The government has specifically requested the support of URCS to urgently address the upsurge of cases and save lives through immediate intervention in health and water, sanitation and hygiene sectors.

Summary of the current response

Overview of Host National Society

URCS is one of the most experienced national societies in complicated epidemic response, including community based epidemic control and prevention response to Ebola outbreaks, measles, polio, cholera etc. URCS engagements in HEV response in Karamoja sub region have so far been limited. However, the URCS Emergency health directorate and the local branch was part of a joint assessments conducted with the District Health Officers, World Health Organization (WHO) and Ministry of Health (MOH), of which findings highlighted the magnitude of the emergency and has guided the disease control actions.

URCS Moroto branch has mobilized 100 volunteers whom, with support from locally available emergency fund, are being oriented by the district health team for action in the communities with disease control activities. The Belgium Red Cross has made available its WatSan emergency stock items, URCS has been able to support the most affected communities members with 500 (25 liters) jerry cans, 568 (5 liters) jerry cans for tippy tap (simple hand washing facilities), 20,000 aqua-tabs, 20,000 PUR sachets water maker, and 1,000 bottles of JIK chlorine bottles. URCS volunteers have also started supporting in finding and referring HEV cases in the community. In addition intense behavioral change campaign (sensitizations and inspection of public places and domestic areas to enforce sanitation and hygiene standards) have also been launched with the stewardship of the district taskforce. The URCS branch volunteers have distributed 1000 brochures and posters on HEV prevention. Additionally, 250 volunteers have been identified ready for action in Napak and the neighboring districts awaiting to be trained and deployed once resources become available, meaning that a total of 350 volunteers will take part in the operation. URCS has oriented and deployed 100 volunteers in the interim in the community to conduct vigorous hygiene promotion in the most affected villages in Napak through house to house education and information dissemination for the startup activities while mapping out and registering the most vulnerable groups the pregnant mothers. URCS remains an active member of the National and District task forces and will continue to attend all the task force meetings.

Overview of Red Cross Red Crescent Movement in country

IFRC is setting up its in-country structures in Uganda composed of an Operations Delegate, a logistic delegate and project accountant to help URCS and PNSs to respond to disasters in Uganda. The office will support response towards the population movement from South Sudan, and other emergency operations and longer term capacity building interventions to support URCS.

ICRC will continue working with the URCS in tracing and RFL for the population movement operation but will not have a specific role to play in the Hepatitis E outbreak response.

PNSs will support the URCS through direct contribution to the population movement Emergency Appeal and may wish to contribute towards the Hepatitis E response either in Kind or otherwise.

Overview of non-RCRC actors in country

URCS has been part of the National and District Task force chaired by the MoH and WHO at the Kampala level and the branch at district levels with District Heath Officers. The national task force has come up with HEV epidemic response and preparedness plan for Karamoja and Acholi sub-regions. At the moment, funding for the plan has not come through and the MoH has asked partners for immediate support. WHO, United Nations Populations Fund (UNFPA), URCS, and International and local NGOs, have all been mobilized to act in partnership to support the district in the response.

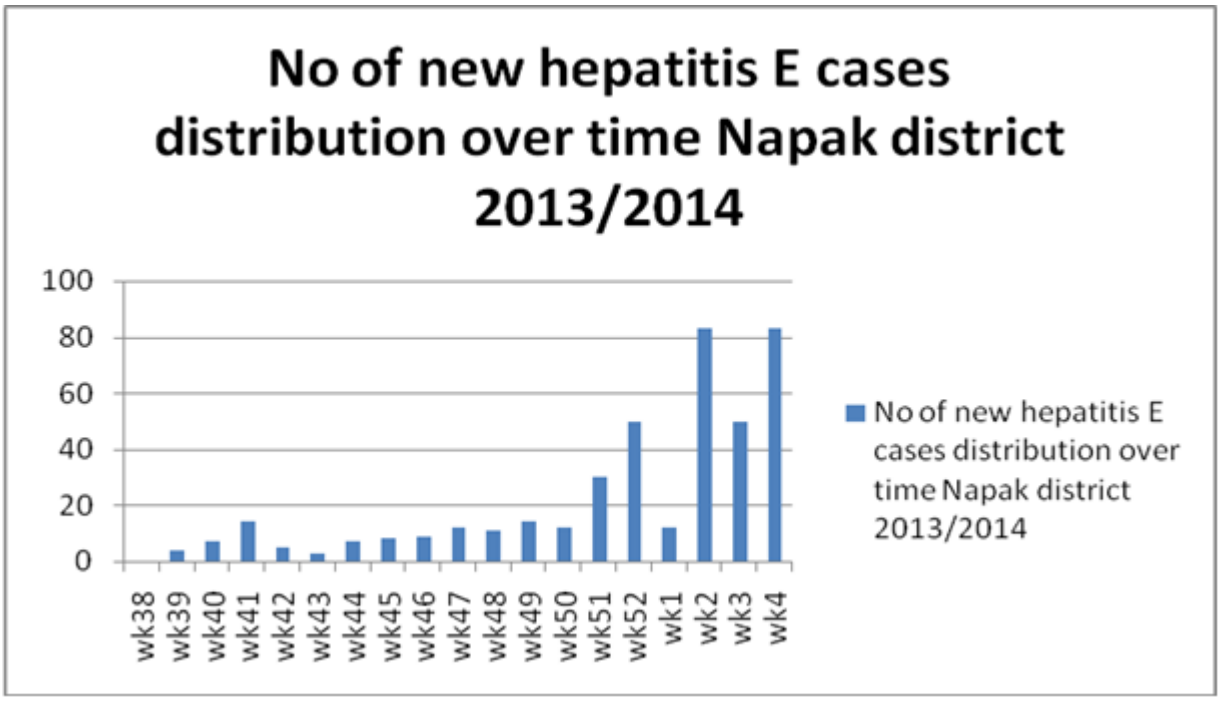
Operational technical working groups (TWGs)	Sector Lead Agency
Coordination and resource mobilization	District Health Officer (DHO)
Case management	DHO, UNFPA
Logistics management	DHO
WASH promotion	District Water Officer (DWO)/DHO/ District Education Officer (DEO), URCS
Social mobilization, Information and Education Communications (IEC)	District Health Educator (DHE) /URCS
Security and Safety	District Security Officer (DISO)

Matanyi hospital, supported by WHO, MOH and UNFPA are providing free treatment for all hepatitis E case referred.

Needs analysis, beneficiary selection, risk assessment and scenario planning

Currently, there is an upsurge of Hepatitis E (HEV) cases in Napak District in Uganda. (See figure 1 below for the trend of Hepatitis E epidemic from week 38 2013 - 2014). Over the last couple of weeks, the number of cases of HEV reported on a weekly basis has increased from an average of 10 cases to an average of over 57 cases in the past four weeks. This rapid increase in the trend of HEV cases demonstrates an exacerbation in the evolution of the epidemic.

Figure 1: Hepatitis E Epi data, Napak district, week 38, 2013 to week 4, 2014



Source: Napak District health office – Uganda (District surveillance and Epidemiology)

The cumulative number of HEV cases reported in Napak District now stands at 656 with 19 deaths (Case Fatality Rate of 2.9%) since the declaration of this new upsurge of HEV outbreak. Cases of HEV have been reported from all over the district, however, the most affected areas are the three sub-counties of Lokopo, Lorengechora and Matany. As indicated below, 14 villages account for the bulk of the outbreak in the district. Isolated cases have also been received from neighbouring districts of Moroto, Nakapiripirit, Katakwi and Kotido. Figures 2 and 3 show the distribution of Hepatitis E cases by sub-county and village respectively.

Figure 2: Distribution of Hepatitis E cases by sub-county

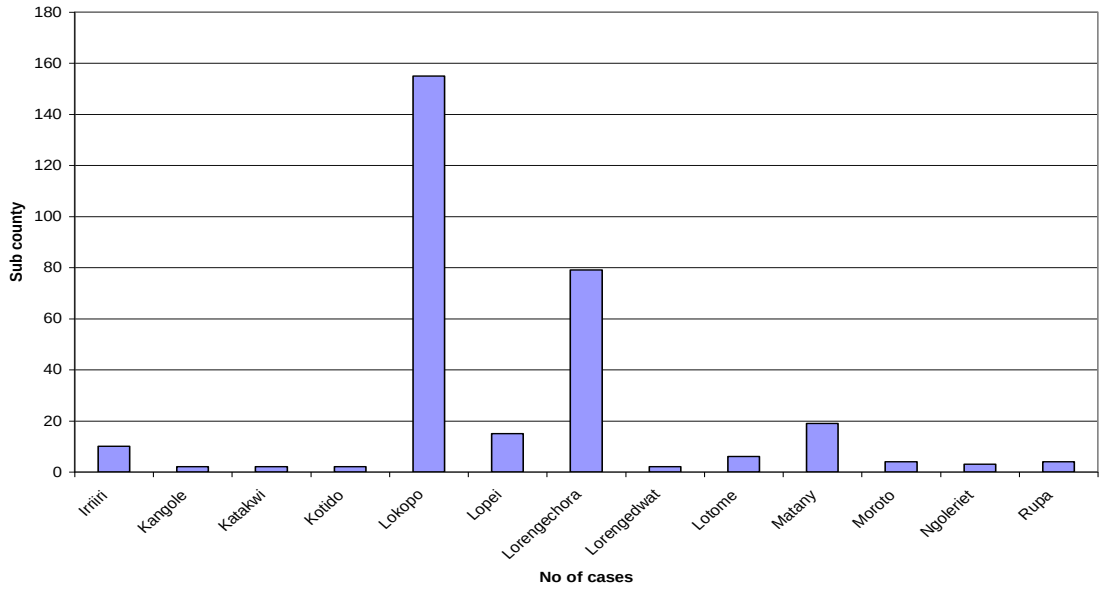


Figure 3: Distribution of Hepatitis E cases among the 14 most affected villages

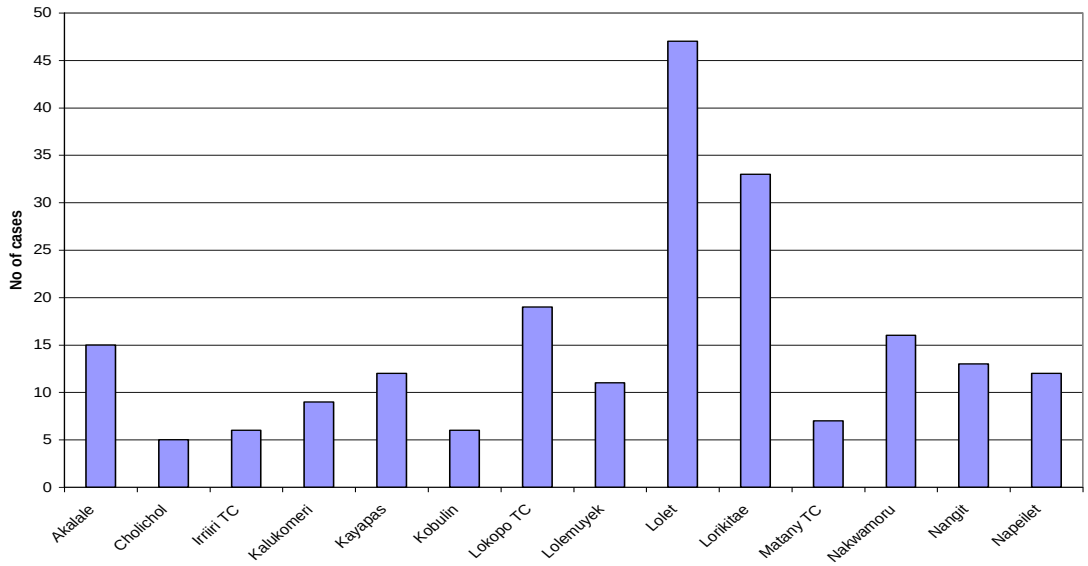
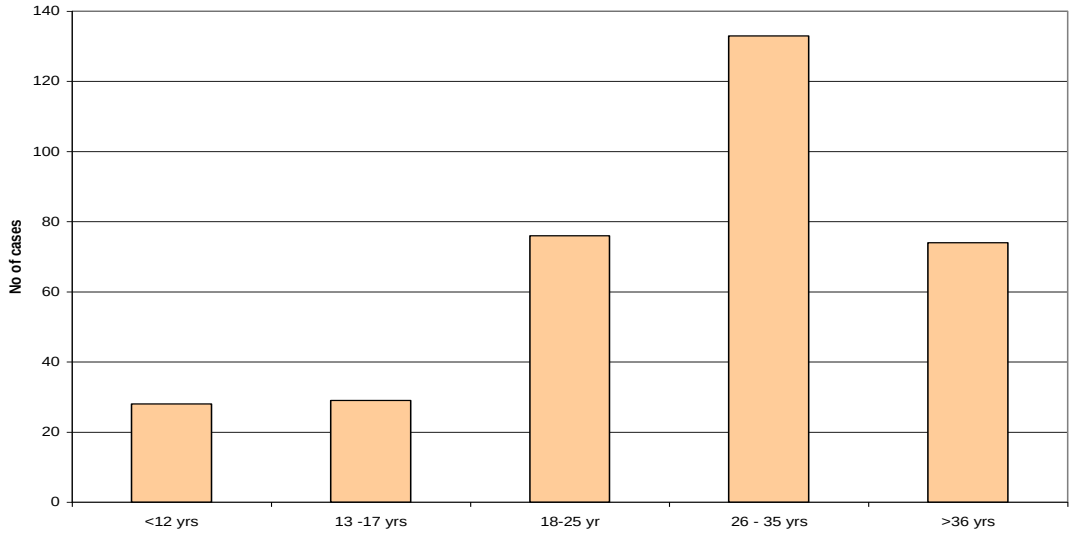


Figure 4: Distribution of cases by age group



Case distribution by sex

The disease is almost equally distributed between the two sexes with slightly more than half of the cases (54.8%) among females. Persons aged 18 years and above were more likely to be infected than those below (figure 5) – with the age group of 26-35 years having had the greatest number of cases. Out of 19 persons that died of the disease, 13 were pregnant women, which indicates that pregnant women belong to the high risk group for mortality. The case fatality rate for the outbreak is 3.49 %.

Time distribution of the outbreak

As stated earlier, the first major peak of the epidemic was noted in the 52 epidemiological-week when the major surge was noted after confirmation. The epidemic is characterised as propagating, showing continuous exposure.

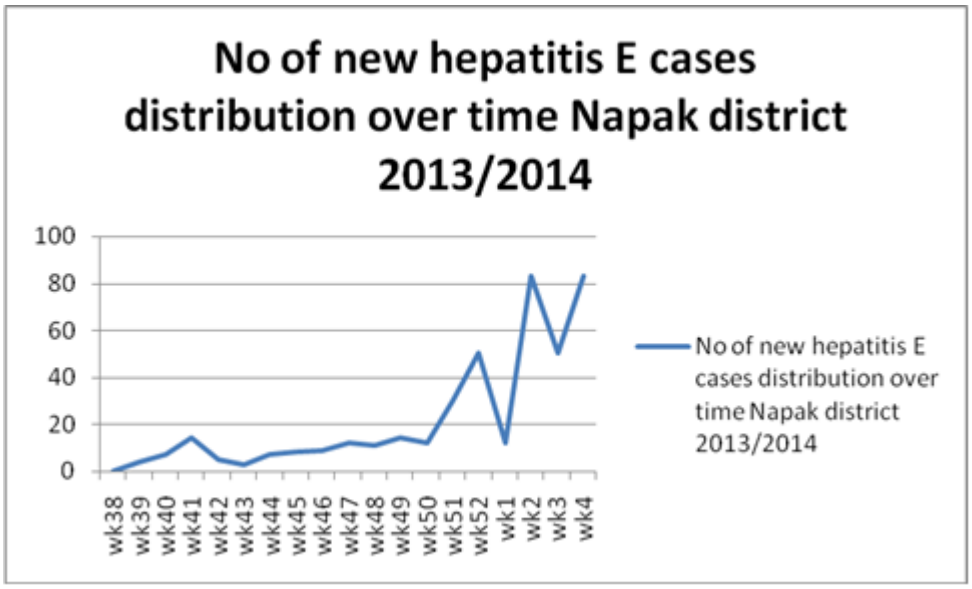


Figure 5: The Hepatitis E Epi-curve for Napak District, January-December 2013

Risk factor analysis

The main risk factors to HEV in Napak are low latrine (at 22 % HMIS[2], 2012/13) and safe water coverage; wide spread consumption of cold local brew, petty foods sold on the road side and makeshift markets. Poor personal and communal hygiene in the communities remains a major barrier to public health. Bush-open-defecation and affinity to consume water from unsafe sources (surface water-river and ponds) is high.

Access to safe water for the population is still very poor (piped, borehole, rain water, protected well). Safe water coverage stands at 58.24 % and this is below the national average which stands at 65 %. By October 2013, the district had 376 hand pumps, 10 wind mills, 6 dams, 3 water schemes, 4 valley tanks and 1 gravity flow scheme. A quick census of the safe water sources by Health assistants in Napak also reflects lower levels of functionality of the existing water sources which complicates the outbreak situation further. (See table 1).

Table 1: Availability and status of safe water sources in Napak District

Sub county	No. of water sources	No. functional	% functional	No. non-functional	% non-functional
Iriiri	51	31	61%	20	39%
Lokopo	41	27	66%	14	34%
Lopeei	32	11	34%	21	66%
Lorengechora	26	13	50%	13	50%
Lotome	50	32	64%	18	36%
Matany	72	42	58%	30	42%
Ngoleriet	91	55	60%	36	40%
Total	**363**	**211**	**56%**	**152**	**44%**

[2] Health Management Information System

Low latrine coverage: Household latrine coverage stands at as low as 22 %. However, use of latrines is even lower owing to entrenched cultural practices regarding its use. At institutional level, only health facilities have good coverage with pit latrines (100 %) – with few latrines at schools as shown by very high pupil to latrine ratio ranging from 1:45 to 1:260 across the district.

Poor personal hygiene practices: Only 1.6 % of households had hand washing facilities according to the 2011 Uganda Demographic Health Survey. In addition, reported hand washing for adults and children when dirty are low at 45 % and 32 % respectively and hand washing after defecating or when handling food for adults and children are 53 % and 11 % respectively[3]. About 83% of health units and 62% of primary schools have hand washing facilities.

The nomadic populations in Karamoja live in overcrowded settlements called 'Manyattas' equated to camp settlement. The overcrowding situation in such settlements can lead to transmission of HEV among other communicable diseases. In addition, roadside foods and drinks vending is widely practiced in most of the affected districts. This also serves as a major vehicle for transmission of Hepatitis E infections.

HEV epidemics tend to be protracted; the incubation period is long with a proportion of patients remaining asymptomatic. Whereas the disease may be self-limiting in adult male, case fatality is unacceptably high among pregnant mothers. In the outbreaks in Kaabong and Kitgum, 90 % of deaths were recorded among infected pregnant mothers. Similar trends are being observed in Napak with 13 out 19 deaths (68 %) occurring among pregnant women.

Beneficiary selection:
The proposed action will specifically target 209,100 people and is expected to reach approximately 1,200,000 people with general awareness information. URCS staff and volunteers will assist the Ugandan Government and other health agencies in the early detection and referral of suspected cases of hepatitis E outbreaks in the affected communities. This will be done according to the already developed community case definitions. Awareness raising to address the risk for the spread if the disease will be implemented in Napak and the neighbouring districts of Kotido, Abim, Moroto, Amudat, Katakwi and Nakapiripirit. 3,000 households that includes expectant mothers, will be specifically be targeted with water, sanitation and hygiene intervention. Throughout the whole operation, specific attention will be given to pregnant women, a particularly high risk group for the diseases.

The immediate needs of the affected communities are; repairs of broken down existing water facilities, chemicals for purifying drinking water, adequate sanitation facilities like latrines, hand washing facilities, containers for maintaining safe water chain as well as adequate information on Hepatitis E virus disease, its transmission modes, risks of infection, actions for suspected cases and control/prevention measures.

In the long term, there is need for more permanent and reliable water sources to be provided in the affected communities. Majority of the households use stagnant pond water which is highly contaminated. There is also a need for promotion of latrine construction and use around community settlements and institutions, such as schools facilitation of faster Hepatitis E virus transmission control.

Risk Assessment
The security situation in Karamoja is at times very challenging. There are occasional violent clashes between the communities, including between pastoralists and farmers. Cattle raiding is a common practice which often ends with casualties from the communities involved, also triggering retaliations and tensions. Security regulations will be adhered to, to minimize the risks involved in carrying out the operation.

B. Operational strategy and plan

Overall objective

The overall objective of the response plan is to reduce morbidity and mortality due to Hepatitis E through prompt identification, referral and management of the suspected cases; through enhanced public information and effective social mobilization for appropriate personal and environmental hygiene practices; provision of safe water and sanitation facilities; and effective coordination of the epidemic response activities.

[3] Sanitation levels and factors associated with current practices, Child Health and Development centre Makerere university medical school 2005

Proposed strategy

This DREF operation will support social mobilization in order to stop the spread of Hepatitis E virus disease outbreak in the affected districts, by mobilizing the population against the spread of the disease. The operation will focus on engaging community based volunteers to undertake intensified health education and promotion campaigns at household levels, with purpose of improving community knowledge of the symptoms and signs of the disease. Furthermore, the health education and campaigns also intend to ensure that appropriate referral of suspected Hepatitis E virus disease cases, in particularly focusing on pregnant mothers who are the most vulnerable, are appropriately responded to during this period so as to reduce the cases fatality load.

The IFRC Community Based Health and First Aid (CBHFA) tools will be used to orient the volunteers so that they can effectively communicate to the community members about the dangers of Hepatitis E virus disease, the control interventions as they are supported to conduct this through a house to house health promotion campaigns, active case search and register/refer all expectant mother, follow them up for proper management.

A total of 200 volunteers/village health teams (VHTs) in Napak and 150 volunteers/VHTs from the other neighboring districts will be trained so as to engage in social mobilization activities for HEV prevention and control in the affected districts. In order to reduce risk of wide transmission of the Hepatitis E virus disease outbreak, the mass media and other forms of culturally acceptable and context-specific pictorial IEC's campaign materials will be employed to promote a wide knowledge and awareness about Hepatitis E. Of the total population of 1,400,000 in the Karamoja region affected districts, 1,200,000 people will be targeted with the pictorial IEC and mass media messages. The IEC materials will be tailored to address limited awareness and suspicion within the communities about hygiene and human waste disposal. The programme has a particular focus on expectant mothers since they compose a particular high risk group for the Hepatitis E virus disease outbreak.

The response will be highly participatory using community based tools and community volunteers as agents for change in behavior and attitude. Both female and male volunteers will be mobilized and trained, and since the main target group are expectant mothers, emphasis will also be put on reaching out to mothers to influence them positively towards seeking antenatal services so that they can be helped in time. The intervention is in line with NTF plan of action approved by WHO and MOH (and in line with recommendations for addressing Hepatitis E virus disease emergency outbreaks), and will potentially contribute to the Millennium Development Goals strategy for reduction of maternal morbidity and mortality.

In summary, the following strategies will be used to achieve the planned results:

- House-to-house visits by volunteers to all households to sensitize the community on prevention and the dangers of hepatitis E.
- Registration of all expectant (pregnant) mothers who are at more risk from the disease and referral of the affected for proper management.
- Engage community, religious leaders, Manyatta leaders and other opinion leaders to mobilize for Hepatitis E virus disease prevention in hepatitis E outbreak dialogue meetings.
- Mass campaign through electronic and print media.
- Identification and referral of symptomatic cases in the community for treatment in Matanyi hospital.
- Household water treatment products (Aquatabs) will be distributed for high risks households during the duration of the operation, water storage containers (jerry cans 20l and 5 l will be distributed to high risk households), and 12,000 bars of soap will be distributed to 3,000 households (approximately 15,000 people), with a focus on households with expectant mothers (target group).
- Repairs and rehabilitation of 20 broken water sources will be undertaken in Napak District to increase the availability of safe water for high risk communities.

Operational support services

Human resources

The URCS will deploy its internal human capacities located at the branch and regional offices as well as technical staff from the headquarters to train volunteers and provide technical support for the planned Hepatitis E virus disease interventions. 350 volunteers will be mobilized and trained for the specific operation.

IFRC is setting up its in-country structures in Uganda to assist URCS to responds to disasters. The office will support response towards the population movement from South Sudan, and this DREF operation. The structure will include an Operations delegate, a Procurement Delegate and a Finance officer. Also technical support will be provided by regional technical advisors, and further back up in the disaster management, health, finance, and logistic units.

Logistics and supply chain

To be determined by the new logistics delegate in collaboration with Uganda Red Cross

Communications
The URCS communication office has developed a communication plan that will be used for information sharing and visibility of the work of the staff and volunteers during the operation. This will involve posting articles and publications on the URCS website and provision of regular information to media. Data gathered will be shared with IFRC for posting on the new IFRC Africa web page (www.ifrc.org/africa)

Security
The security situation in Karamoja is at times very challenging. There are occasional violent clashes between the communities, including between pastoralists and farmers. Cattle-raiding is a common practice, and one which often ends with casualties and results in retaliations and lingering tensions. Security regulations will be adhered to, to minimize the risks involved in carrying out the operation.

Planning, monitoring, evaluation, & reporting (PMER)
The Red Cross Society headquarters in Kampala, the URCS regional board representatives and the local board members will monitor the implementation of the Hepatitis E virus disease operation. Regular reports will be provided to the programme staff from the field officers. Regular updates will be provided to IFRC. Monitor the situation at national and field level, with daily updates being shared together with the Ministry of Health and WHO.

A survey will be carried out at the beginning of this operation using simple tools designed for volunteers to measure the current levels of public awareness, attitudes, beliefs and practices towards hepatitis E virus disease control, safe water, hygiene and sanitation. The same tools will be applied at the end of the operation to estimate the level of impact of the campaign within these affected communities. An end of operation workshop with volunteers and partners to document lesson learnt and whether the planned activities have been conducted in accordance with the work plan. Staff and volunteers will participate to encourage and develop an environment of shared best practices. IFRC intends to undertake an end evaluation for looking into achievements and effectiveness of response, as well as for learning purposes. Findings from the evaluation will be used to inform updating of the URCS Health Epidemics Contingency Plan (developed in April 2013).

Administration and Finance
IFRC is setting up its in-country structures in Uganda to facilitate and manage disaster response and capacity building support to URCS, through management of the financial resources of the operation. The funds will be channelled through the IFRC structures as well as procurement, in order to safeguard the contributions from donors and accountability of the NS.

C. Detailed Operational Plan

Health & care

Needs analysis: Currently, there is an upsurge of HEV cases in Napak District in Uganda. Over the last couple of weeks, the number of cases of HEV reported on a weekly basis has increased from an average of 10 cases to an average of over 57 cases in the past four weeks. This rapid increase in the trend of HEV cases demonstrates an exacerbation in the evolution of the epidemic. Of special note is the concern for the vulnerability of pregnant women who are most at risk from an HEV outbreak. The immediate needs of the affected communities are adequate information on Hepatitis E virus disease, its transmission modes, risks of infection, actions for suspected cases and control/prevention measures, in particular targeting expectant mothers.

Population to be assisted: The proposed action will specifically target 209,100 people and is expected to reach approximately 1,200,000 people with general awareness information. URCS staff and volunteers will assist the Ugandan Government in the early detection and referral of suspected cases of hepatitis E outbreaks in the affected communities. This will be done according to the already developed community case definitions. Awareness raising to address the risk for the spread if the disease will be implemented in Napak and the neighboring districts of Kotido, Abim, Moroto, Amudat, Katakwi and Nakapiripirit. Specific attention will be given to pregnant women, a high risk group for the diseases.

Outcome 1: **Strengthen early detection, reporting and referral of suspected cases of Hepatitis E in Karamoja Sub-region through active surveillance.**
Output 1.1 **Provide Support to health services in identifying and providing care to affected individuals**

Activities planned Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
House-to-house visits by volunteers to all households to sensitize the community on prevention and the dangers of hepatitis E.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Active case findings by community volunteers and referral to health facilities for verification and/or diagnosis.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Registration of all expectant (pregnant) mothers who are at more risk from the disease and referral of the affected for proper management.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Procurement and distribution of disinfectants and protective gear for volunteers.		X	X	X												
Engage community, religious leaders, Manyatta leaders and other opinion leaders to mobilize for Hepatitis E virus disease prevention in hepatitis E outbreak dialogue meetings.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Water, sanitation and hygiene promotion

Needs analysis: The predisposing factors causing the Hepatitis E epidemic in Karamoja sub-region are low latrine coverage, poor access to safe water and poor hygiene practices. Currently, the districts are implementing routine interventions (surveillance, case management, community mobilization/sensitization, and water and sanitation activities). These response activities are being implemented in a piecemeal manner due to shortage of funds and human resources. The current interventions are not adequate to interrupt the transmission of HEV. The immediate needs of the affected communities are; repairs of broken down existing water facilities, chemicals for purifying drinking water, adequate sanitation facilities like latrines, hand washing facilities, containers for maintaining safe water chain.

Population to be assisted: Awareness-raising to address the risk for the spread of HEV will be implemented in Napak and the neighboring districts of Kotido, Abim, Moroto, Amudat, Katakwi and Nakapiripirit. The total population of these affected districts in Karamoja region (approximately 1,200,000 people) will be targeted with the pictorial IEC and mass media messages. The messages will be tailored to address the limited awareness and suspicions (traditional beliefs and attitudes) within the communities about hygiene and human waste disposal. Expectant mothers are a high risk group for the Hepatitis E virus, therefore hygiene promotion activities will focus on this particular target group, in particular through the distribution of water sanitation and hygiene items to 3,000 households.

Household water treatment products, water storage containers, and soap will be distributed to 3,000 households (approximately 15,000 people), with a focus on households with expectant mothers (target group).

Outcome 1: Reduced risk of Hepatitis E transmission through improved hygiene knowledge and practices, and access to safe water in the target communities in Karamoja sub-region over a period of three months.

Output 1.1
Access to safe drinking water is improved for 3,000 households through treatment at household level over a period of four months.

Activities planned Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Distribute water purification products for household water treatment (chlorine tablets) to 3,000 households over a three months period.	X	X	X	X	X	X	X	X	X	X	X	X				
Train population of target communities on safe and proper use of water treatment products, and on safe water storage.	X	X	X	X	X	X	X	X	X	X	X	X				
Provide 20 L jerry cans for water storage containers to 3,000 households (2 per households), with focus on target population of expectant mothers. and hand washing facilities to affected households, schools and institutions to maintain safe water chain.	X	X	X	X	X	X	X	X								
Promote cleaning/disinfection of dirty jerry cans at water points.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Inspection of sanitation facilities/home hygiene.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Rehabilitation (including repair of broken parts and disinfection) of 20 broken water points (boreholes) in Napak district.		X	X	X	X	X	X	X	X	X	X	X				

Output 2.1 **Increased awareness on how to prevent HEV through improved hygiene practices with a focus on the target population of pregnant women, in the Karamoja sub-region.**																
Activities planned Weeks	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Rapid KAP survey assessment of community behavior/practices and attitudes that propagate spread of hepatitis E, at the beginning and end of the operation to measure impact and to guide activities, communication channels and hygiene messages.	X	X													X	X
Develop a hygiene promotion/BCC plan (based on inputs from rapid KAP, transmission pathways (CDC study found to be mainly person to person hand hygiene), target population of expectant mothers, appropriate communication channels etc.)	X	X														
Mobilization and training of 350 community-based URCS volunteers from the affected areas to implement the hygiene promotion/BCC plan (expected to be a mix of both direct and participatory approaches).	X	X	X													
Develop / print appropriate materials needed for implementing activities in the HP/BCC plan.	X	X	X													
Community-based volunteers implement activities under HP/BCC plan.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Provide logistical support to the volunteer team supporting community work, and regularly monitor progress/impact	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Distribution of 12,000 pieces of soap for targeted population.		X	X	X	X	X	X	X	X	X	X	X				
Provide two 5 L jerry cans for hand washing facility construction (tippy tap) to 3,000 targeted households and high risk communities.		X	X	X	X	X	X	X	X	X	X	X				

Budget

See attached

Contact information

For further information specifically related to this operation please contact:

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- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: + 254 721 486 953; email: martine.zoethoutmaar@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **In IFRC Zone:** Robert Ondrusek, PMER Coordinator, phone: +254 731 067277; Email: robert.ondrusek@ifrc.org

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.

DREF BUDGET

UGANDA: HEPATITIS - E

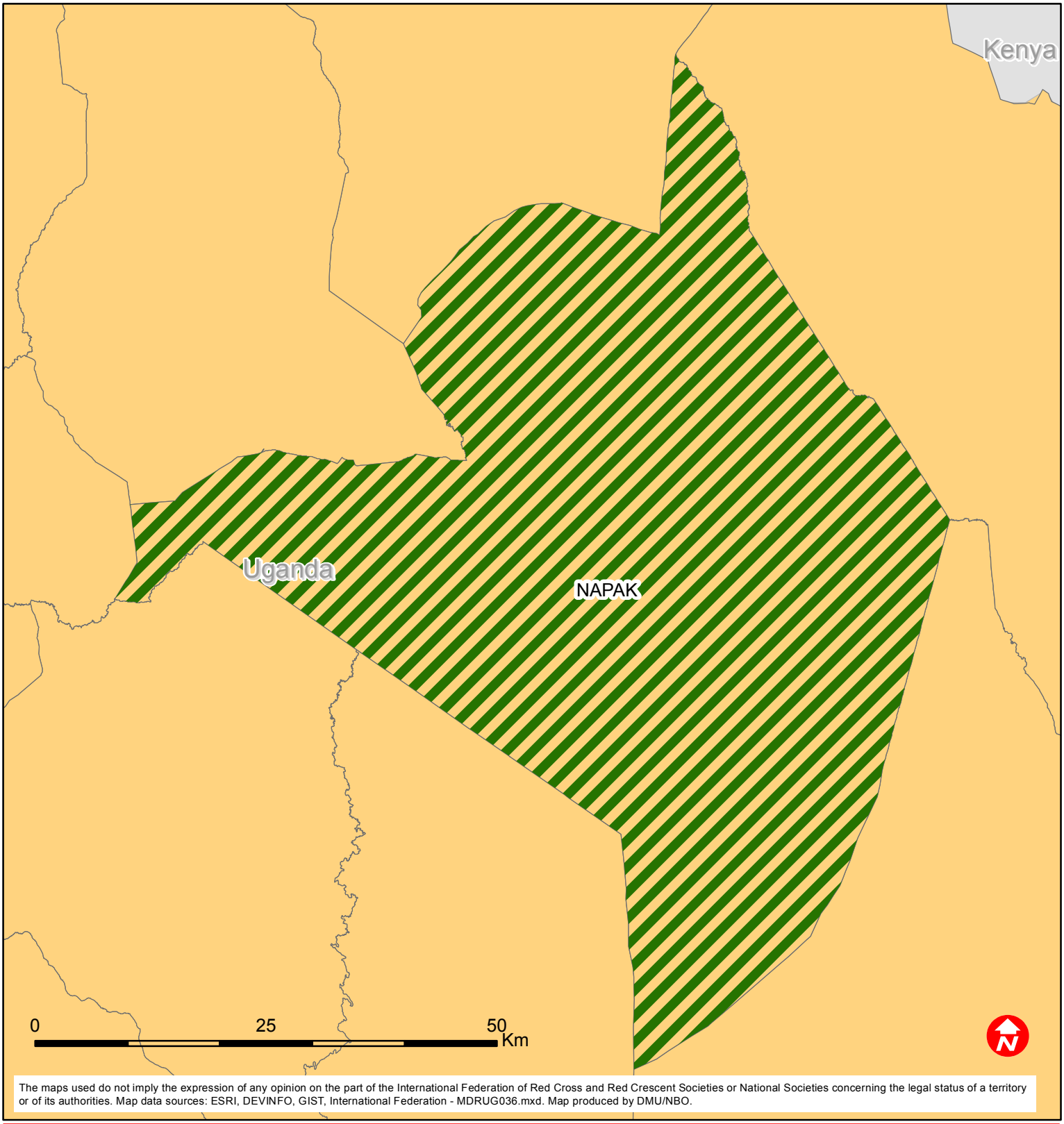
06/02/2014

Budget Group	DREF Grant Budget CHF
Shelter - Relief	0
Shelter - Transitional	0
Construction - Housing	0
Construction - Facilities	0
Construction - Materials	0
Clothing & Textiles	0
Food	0
Seeds & Plants	0
Water, Sanitation & Hygiene	90,716
Medical & First Aid	11,853
Teaching Materials	0
Utensils & Tools	0
Other Supplies & Services	0
Cash Disbursements	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	**102,569**
Land & Buildings	0
Vehicles	0
Computer & Telecom Equipment	0
Office/Household Furniture & Equipment	0
Medical Equipment	0
Other Machinery & Equipment	0
Total LAND, VEHICLES AND EQUIPMENT	**0**
Storage, Warehousing	0
Distribution & Monitoring	10,099
Transport & Vehicle Costs	7,681
Logistics Services	0
Total LOGISTICS, TRANSPORT AND STORAGE	**17,780**
International Staff	0
National Staff	0
National Society Staff	1,147
Volunteers	47,673
Total PERSONNEL	**48,819**
Consultants	5,000
Professional Fees	2,159
Total CONSULTANTS & PROFESSIONAL FEES	**7,159**
Workshops & Training	8,827
Total WORKSHOP & TRAINING	**8,827**
Travel	1,166
Information & Public Relations	22,705
Office Costs	1,339
Communications	2,000
Financial Charges	800
Other General Expenses	0
Shared Office and Services Costs	0
Total GENERAL EXPENDITURES	**28,009**
Partner National Societies	0
Other Partners (NGOs, UN, other)	0
Total TRANSFER TO PARTNERS	**0**
Programme and Services Support Recovery	13,856
Total INDIRECT COSTS	**13,856**
TOTAL BUDGET	**227,020**

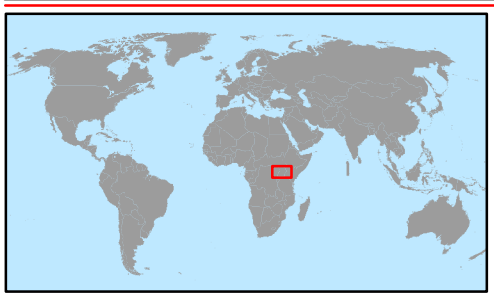
International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

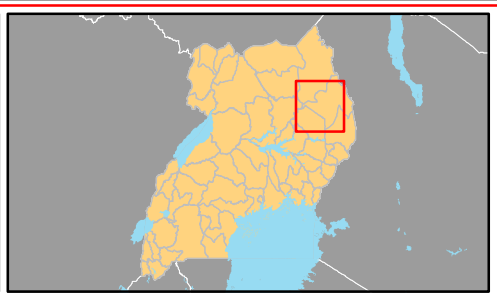
MDRUG036
EP-2014-000011-UGA
6 February 2014

Uganda: Hepatitis E Outbreak



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Map data sources: ESRI, DEVINFO, GIST, International Federation - MDRUG036.mxd. Map produced by DMU/NBO.





Affected Area