

DREF final report

Uganda: Hepatitis E Epidemic, Karamoja

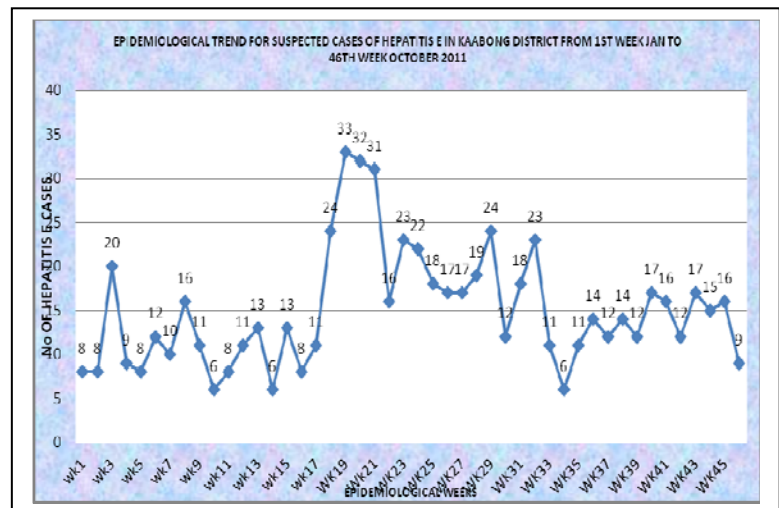
DREF operation n° MDRUG022 19 March 2012

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.

CHF 175,028 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 24 June, 2011 to support the Uganda Red Cross Society (URCS) in delivering assistance to some 280,000 direct beneficiaries and 1,080,000 indirect beneficiaries affected by hepatitis E virus in Karamoja sub-region of Northern Uganda through awareness campaigns.

Summary:

In 2011, there was a marked increase in cases of hepatitis E, reaching a peak of 33 cases in week 19 of the year. As indicated in the chart (at right), a trend of improvement is evident, although there are still cases being reported, more especially from the water stressed areas. With the increased vigilance and intensified social mobilization campaigns initiated by URCS, and the additional support by the International Committee of the Red Cross (ICRC) in rehabilitating boreholes in Kathile and Kapedo sub counties in Kaabong District, this DREF operation contributed to the downward trend in the cases depicted in the chart. By the 46th week in 2011, only 9 cases were reported.



Trend of suspected hepatitis E cases in Kaabong district in Karamoja sub-region from Jan-Nov. 2011

A total of 25,820 households (150,765 people) in Kaabong District (Kathile and Kapedo sub-counties) and 456 households (2,298) in Kotido Districts were reached directly through sensitization and distribution of items to help promote good personal hygiene, provision of safe water for drinking as well as maintenance of a safe water chain at the households by the village health teams (VHTs). An estimated additional 1,562,000 people were reached indirectly via radio shows and film van shows within Karamoja sub region, giving a total of 1,715,063 people reached either directly or indirectly, as detailed in the table below.

Table 1: Hepatitis E Activity Implementation Progressing Karamoja

District/Sub county	Item	Number of households reached	Number of people reached
Kaabong (Kathile and Kapedo Sub counties for direct support and Sidok,	Door to door	19,983	109,906
	Film Van	--	322,000
	Radio message	--	448,000

Loyoro, Lolelia, Karenga, Kalapata and Kaabong Town council for general social mobilization)	20 litre jerry cans distributed (6,000)	5,837	40,859
	Aqua tabs (Chlorination) (31,832)		
	Bars of laundry soap (6,000)		
	Sub Total- Direct beneficiaries	25,820	150,765
	Sub Total- Indirect beneficiaries	---	770,000
Moroto (Rupa Sub county)	Door to door	456	2,298
	Film Van	Nil	Nil
	Radio message	----	792,000
	20 litre jerry cans distributed	Nil	Nil
	Aqua tabs (Chlorination)		
	Bars of laundry soap		
	Sub Total- Direct beneficiaries	456	2,298
	Sub Total- Indirect beneficiaries	---	792,000
	Grand Total- Direct beneficiaries	26,276	153,063
	Grand Total- Indirect beneficiaries	---	1,562,000
Overall total		26,276	1,715,063

This operation was planned to be implemented within 3 months (completed by 23 September 2011). However, after reviewing draft findings from the real time evaluation of the hepatitis E response, URCS was advised to revise the plan of action and extend the operation timeframe for an additional six months. This however was not realized, since it required additional DREF or financial support from other partners, which was not forthcoming.

ECHO and the Belgian Government/Red Cross contributed to the DREF to replenish fully the allocation made for this operation. On behalf of URCS, the International Federation takes this opportunity to thank partners for their continued support. Details of 2011 contributions to DREF are found at: www.ifrc.org/docs/appeals/Active/MAA00010_2011.pdf.

[*<Click here for the final financial report, or here to view contact details>*](#)

The situation

Hepatitis E virus in Uganda was controlled in 2010. However, in 2011, there was a marked increase of cases, with an average of 18 cases per week reaching a peak of 33 cases in week 19 of the year. Due to preparedness and awareness activities by URCS Village Health Teams (VHTs) and rehabilitation of 10 boreholes with additional support from ICRC, a downward trend of cases was recorded, and by week 46, when 9 cases were recorded compared to an average of 18 cases per week and as much as 33 cases per week during the peak period.

An independent consultancy firm was commissioned to undertake a real time evaluation of the operation. Based on the findings, they recommended that the operation timeframe and budget be revised. This was due to the long-term incubation period of the hepatitis E virus. An extended operation would allow the National Society to monitor any new cases and report appropriately well and beyond the initial 3-month period of the operation. However, this recommendation could not be implemented due to the financial implications.

Coordination and partnerships

Bi-weekly District hepatitis E taskforce coordination meetings that were held assisted in providing updates, progress as well as plans from different partners and Government departments that were shared and utilized

to achieve the set objective of eradicating the disease from the sub-region. These were at different levels (Kampala and at district levels). A cross section of partners attended these meetings including the District Health Office, District Water Office, Medicine San frontiers (MSF-France), Mercy Corps, CESVI, World Vision, Oxfam, Action against Hunger (ACF) and Doctors with Africa (CUAM).

There is a need to strengthen coordination especially at district level to increase preparedness and response effectiveness for the future. Currently, this is challenged by limited functionality of community and government structures, which leaves the responsibility of response generally with humanitarian organizations, where the focus is usually dealing with the aftermath of events

Red Cross and Red Crescent action

Achievements against outcomes

Emergency Health	
Specific Objective 1: Strengthen early detection, reporting and referral of suspected cases of hepatitis E in Karamoja Sub-region through active surveillance	
Expected results	Activities planned
Health services are supported to meet the health needs of the population as it pertains to the outbreak.	<ul style="list-style-type: none"> Active case findings by community volunteers and referral to health facilities for verification and/or diagnosis. Procurement and distribution of disinfectants and protective gear for volunteers.
The resilience of the community is improved through better health awareness, knowledge and behaviour.	<ul style="list-style-type: none"> Train 300 URCS volunteers at the branch level in the effected communities on ECV who will be intensively engaged in the mobilization for the first three weeks (15 days). Print and distribute information, education and communication (IEC) materials for communities' information consumption on hepatitis E.

Achievements:

Due to the high number of cases reported from Kathile sub-county in Kaabong District, the district hepatitis E task force assigned URCS to work in the sub-county to intensify social mobilization and health promotion to reduce attack rates. Out of 300 trained volunteers (Village Health Teams-VHTs) from Kaabong, Kotido and Moroto districts, 250 were mobilized from the villages of Kathile and Kapedo sub-county in Kaabong District and 50 from Moroto District to support in the operation. The volunteers were the backbone of the intervention. They were instrumental in the mobilization of the community and provided the link between the affected communities and the district operational centre.

A total of 103 patients from Kaabong and Moroto districts were referred by VHTs¹. During the operation, the VHTs demonstrated high levels of



URCS volunteer sensitizing community members on hepatitis E in Kathile /Photo: URCS

¹ However, 10 of the cases (mainly children) referred from Moroto District were diagnosed as chicken pox cases.

vigilance. This was attributed to training, which included preparedness and general health promotion using the Epidemic Control for Volunteers (ECV) toolkit. The volunteers were hence vital resources for disease prevention and control during the operation period.

Three hundred (300) pairs of gumboots and 300 raincoats were procured, delivered to Kotido Branch, distributed to VHTs and used during the operation. This was part of the kit that was necessary for day-to-day activities of the team, and also provided extra incentives for them and enhanced their motivation.

IEC/BCC materials that included 20,000 posters, 1,000 T-shirts, 30,000 brochures and 10 sets of PHAST toolkits materials were procured, delivered to the branch and thereafter in Kaabong and Moroto districts. The materials bore messages on the risk factors that include; lack of latrine use, hand washing at critical moments, food hygiene while 50% of the posters were specifically addressing the high risk of infection among pregnant women as the most vulnerable group.

Outcomes/Impacts:

The general impact of these activities is that the attitude and behaviour of the community members has improved. Community members are adapting to positive hygiene practices such as latrine sinking and use as well as boiling of drinking water to minimize the spread hepatitis E.

Challenges:

The majority of the Village Health Team members are uneducated, thus it was at first difficult for them to comprehend some topics in the ECV toolkits. This challenge was solved by utilizing trainers from within Karamoja who understood the local language. The trainers simplified some elements through the use of relevant local examples and case studies.

During the implementation period, the weather situation in the region worsened, with heavy rainfall and flooding making movement and monitoring of the volunteer activities in the communities a bit difficult.

Emergency Health	
Specific Objective 2: Create public awareness about hepatitis E, the risk factors for its transmission, its prevention and control amongst the people in Karamoja Sub-region.	
The knowledge on hepatitis E and the control measures is increased among the public in Karamoja	<ul style="list-style-type: none"> • Adaption, translation, production and dissemination of IEC materials and radio messages. • Community mobilization using local leaders, mobile vans and volunteers. • Local community sensitization through inter-personal communication/community dialogue • Rapid assessment of community behaviour/practices and attitudes that propagate spread of hepatitis E.

Achievements:

On 15 August 2011, a mobile van from the Ministry of Health (MoH) was deployed in Kaabong District to sensitize communities on hepatitis E through short films. This was done with support from URCS volunteers. It is estimated that 322,000 people were reached, improving their hygiene practices, and helping avoid the spread of hepatitis E.

Public radio announcements started running on Moroto-based radio stations for the entire Karamoja sub region from 17 August 2011. Two live talk shows involving the Local council Vice Chairman and district health officer of Moroto were conducted on 17 and 23 August 2011. Another show was aired on 26 August 2011 with the district health team from Kaabong. The broadcasting aimed at increasing the number of people reached with messages on hepatitis E, specifically the pastoralists in Karamoja. It is estimated that over 1,240,000 people from Karamoja sub region were reached directly with hepatitis E messages

Since the training, VHTs embarked on intensive door-to-door health promotion campaigns sensitizing people about hepatitis E virus mode of transmission, signs and symptoms and key preventive actions. By 5 November 2011, a total of 19,983 households (109,906 people) in Kaabong District (Kathile and Kapedo sub counties) and 456 households (2,298 people) from Moroto District have been reached. The households were sensitized on digging and use of latrines, washing hands after using the toilet and other critical moments as well as boiling drinking water as key preventive practices against hepatitis E and other diseases.

Challenges:

- The worsening weather made movement and monitoring of the volunteer activities in the communities difficult.
- Some community members spend their days tending to their gardens. Thus the VHTs could only reach them briefly in the evenings.

Water, sanitation, and hygiene promotion

Specific Objective 3: Support provision of safe water and sanitation facilities to the communities in Karamoja and Acholi Sub-region	
Expected results	Activities planned
Access to safe water is improved for households through treatment of household and community level water supplies	<ul style="list-style-type: none"> • Water purification (using chlorine tablets and chlorine solution) at water points and households. • Provide clean water containers and hand washing facilities to affected households, hospitals, schools and institutions to maintain safe water chain. • Institute cleaning/disinfection of dirty jerry cans at water points • Inspection of sanitation facilities/home hygiene.
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage is promoted.	<ul style="list-style-type: none"> • Promotion of the construction of community latrines and installation of hand washing facilities.
Disease transmission is reduced through increased awareness of communities and improved hygiene behaviour.	<ul style="list-style-type: none"> • Mobilization and training of community-based volunteers on hygiene promotion. • Conduct door-to-door health education, hygiene promotion and home inspection (emphasizing on promotion of effective utilization of sanitation facilities, hand washing practices, maintaining safe water chain, food hygiene education and home hygiene education). • Printing of IEC materials. • Media campaigns (radio spots and talk shows) to promote public awareness. • Provide logistical support to the backup and/or volunteer team. • Advocate for enforcement of Public Health Acts, Regulations and by-laws. • Procurement and/or distribution of soap for promoting hand washing after latrine use.

Achievements:

To promote hygiene, 6,000 bars of laundry soap, 3,000 jerry cans of 20-litre capacity, 36 institutional hand washing tanks, 36 latrine digging kits and 45,000 water purification tablets (Aquatab) were procured and delivered to URCS warehouse for delivery to the branches. These items were distributed starting with the first phase during the week of 25 July 2011 in Morungole and subsequently the second phase on 4 August and 7 September 2011 in Pime and Lomalier.

From the procured items, 6,000 bars of laundry soap (100%), 3,000 jerry cans of 20-litre capacity (100%), 18 institutional hand washing tanks (50%), and 31,382 Aquatab tablets (70%) were distributed in Morungole, Pime and Lomalier villages in Kaabong District benefiting 5,837 households (40,859 people). These items will help promote good personal hygiene, provide safe water for drinking as well as maintenance of safe water chain at household level. This will in turn lead to



URCS Volunteer assessing some of the latrines dug in Kathile sub-county by the community members /Photo: URCS

reduced infection from hepatitis E and other diarrheal diseases.

Twenty eight (28) sets of latrine digging kits comprising hand hoes, ropes, pick axes, pangs, wheelbarrows and spades were distributed in Kathile sub-county on 4 August 2011. So far, 228 new latrines have been constructed. It is anticipated that with these tools communally owned by the people, more latrines will be constructed even beyond the project period, thus contributing to increased latrine coverage in the sub-county, hence improved health status of the people.

From the identified gaps related to inadequate access to safe water in the targeted communities, the URCS requested emergency funding from ICRC to meet these gaps. URCS secured UGX 18,760,500 (Approximately CHF 5,900) to support rehabilitation of ten (10) broken boreholes and training of Water User Committees (WUC) in Kapedo sub-county, while Kaabong District Water Office (DWO) will take up the responsibility of rehabilitating broken boreholes in Kathile sub-county. Rehabilitation of broken boreholes supplemented mobilization activities.

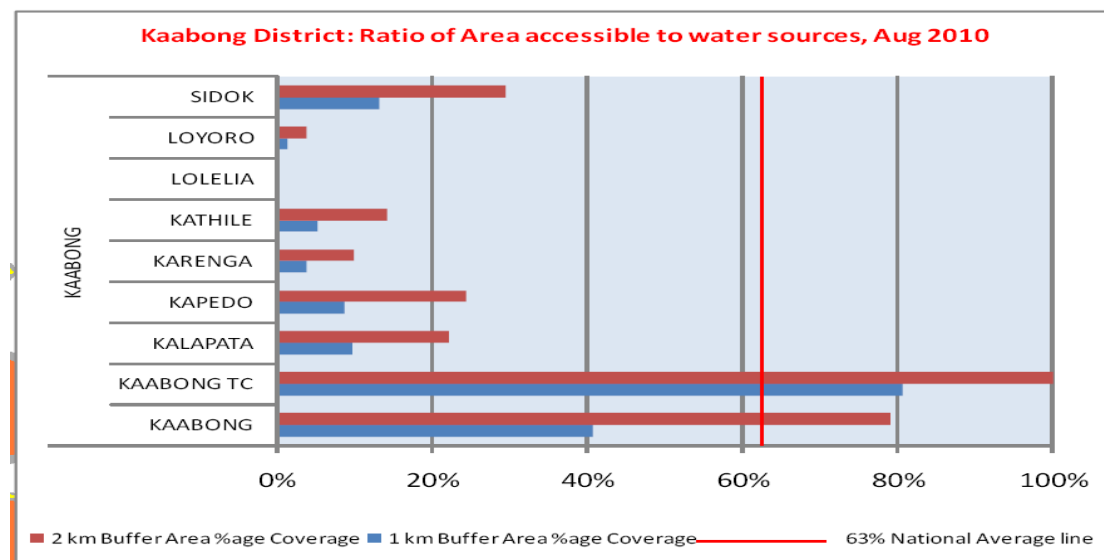
Outcomes/Impacts

- There was an improvement in water and sanitation provision in affected and potentially high risk areas
- Observed adoption of appropriate behaviour/practices for the control of hepatitis E by individuals, families and communities in the targeted areas

Challenges:

- Kaabong District generally has very low safe water coverage, even with the few available boreholes that were non-functional due to poor yield, or breakdown being rehabilitated. This leaves majority of the residents searching for water from surface sources such as ponds, dams etc. that are highly contaminated from the human faecal matter coming from the open defecation practices. For the problem to be solved completely, a detailed developmental programme or project for the sub region is required.
- The limited access to safe water in Kaabong District is evidenced in the graph below provided by MSF-France:
- Due to time limit, it was impossible to measure the actual impact of the intervention

Figure 1: percentage of water coverage in Kaabong (Source: MSF-France)



- The district water office lacks the necessary reagents for carrying out water quality analysis that would screen contaminated sources for directing decontamination efforts. This slowed all other activities that are dependent on the results of these tests.
- The soil structure in Karamoja is weak especially when subjected to heavy rains, as was the case in August to October when heavy rains were experienced in the region. For example, out of 226 latrines that were sunk, 12 reportedly collapsed before construction of the full structure was completed.
- Due to high levels of infestations by termites in the district, the target beneficiaries have expressed fears that the household latrines that are made from local materials such as logs, reeds, wooden poles and grass for thatching might be damaged very quickly and some even fear that the facilities

might collapse unless reinforced with slabs. Local burnt oil was recommended for procurement and distribution to support the community latrines from being eaten up by the termites.

- As mentioned, an extension of the DREF timeframe would have enabled a more definitive impact. This view is shared by recommendation from the hepatitis E mid-term evaluation in Karamoja commissioned by URCS and IFRC, which recommended an extension up to six months to enable the complete implementation of all activities that would lead to a better impact. However, the National Society has not been in position to implement this recommendation given the financial implication.

Monitoring and Evaluation	
Specific Objective 4: Monitor and Evaluate the implementation of the hepatitis E response	
Expected results	Activities planned
The intervention is well coordinated and monitored by both the National Society and all planned activities.	<ul style="list-style-type: none"> • Monitor the situation at national and field level, with daily updates being shared together with the Ministry of Health and WHO. • Deploy an independent programme evaluator to assess the operation to ensure that 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.

Achievements:

The URCS senior programmes manager conducted monitoring and support visit to the district and branch from 25 to 31 July 2011. This visit supported and encouraged the branch to quickly implement some key activities such as the distribution of WatSan items and volunteer protection kits to the target communities.

The National Society also commissioned an independent consultant to conduct a real time evaluation of the operation from 16 to 26 August 2011 so as to ensure that the planned activities are conducted in accordance with the work plan and to document the achievements as well as best practices. A plan of action was developed based on the evaluation recommendations. Implementation of the action plan was hampered due to financial constraints



Independent consultant from IFRC during a real time evaluation session with the URCS volunteers and VHT's /Photo: URCS

Challenges:

- Kaabong sub-branch, which is the epicentre of the operation, is located far from the main branch (i.e. Kotido). This implies that the Branch Manager does not have full time presence for close monitoring of activity implementation and participation in coordination meetings with the district authorities and other partners. This was temporarily solved by engaging the Kaabong sub-county health assistant for overall supervision of the operation
- Travel into the operation areas was affected by heavy rainfall and flooding on the major routes to Karamoja.

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.

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Saving lives, changing minds.



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.
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Selected Parameters	
Reporting Timeframe	2011/6-2011/9
Budget Timeframe	2011/6-2011/9
Appeal	MDRUG022
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	175,028					175,028
B. Opening Balance	0					0
Income						
<u>Other Income</u>						
<i>DREF Allocations</i>	175,028					175,028
C4. Other Income	175,028					175,028
C. Total Income = SUM(C1..C4)	175,028					175,028
D. Total Funding = B + C	175,028					175,028
Appeal Coverage	100%					100%

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0					0
C. Income	175,028					175,028
E. Expenditure	-175,027					-175,027
F. Closing Balance = (B + C + E)	1					1

International Federation of Red Cross and Red Crescent Societies
MDRUG022 - Uganda - Hepatitis E Epidemic, Karamoja

Appeal Launch Date: 23 jun 11

Appeal Timeframe: 23 jun 11 to 23 sep 11

FINAL Report

Selected Parameters	
Reporting Timeframe	2011/6-2011/9
Budget Timeframe	2011/6-2011/9
Appeal	MDRUG022
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Consolidated Expenditure vs. Budget

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A							B	A - B
BUDGET (C)	175,028						175,028	
Relief items, Construction, Supplies								
Clothing & Textiles	8,693							8,693
Water, Sanitation & Hygiene	18,230							18,230
Medical & First Aid	3,394							3,394
Other Supplies & Services	11,176							11,176
Total Relief items, Construction, Supplies	41,493							41,493
Logistics, Transport & Storage								
Transport & Vehicles Costs	20,540							20,540
Total Logistics, Transport & Storage	20,540							20,540
Personnel								
International Staff	3,000							3,000
National Society Staff	50,046							50,046
Total Personnel	53,046							53,046
Consultants & Professional Fees								
Consultants	5,795	8,795					8,795	-3,000
Total Consultants & Professional Fees	5,795	8,795					8,795	-3,000
Workshops & Training								
Workshops & Training	12,592							12,592
Total Workshops & Training	12,592							12,592
General Expenditure								
Information & Public Relations	30,218							30,218
Office Costs	497							497
Communications	165							165
Total General Expenditure	30,880							30,880
Contributions & Transfers								
Cash Transfers National Societies		155,550					155,550	-155,550
Total Contributions & Transfers		155,550					155,550	-155,550
Indirect Costs								
Programme & Services Support Recov	10,682	10,682					10,682	0
Total Indirect Costs	10,682	10,682					10,682	0
TOTAL EXPENDITURE (D)	175,028	175,027					175,027	1
VARIANCE (C - D)		1					1	