

DREF operation



International Federation
of Red Cross and Red Crescent Societies

Uganda: Hepatitis E Virus (HEV)

DREF operation n° MDRUG009

3 March 2008

The International Federation's 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 and 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 173,059 (USD 154,793 or EUR 104,884) has been allocated from the Federation's Disaster Relief Emergency Fund (DREF) to support the Uganda Red Cross Society in delivering immediate assistance to the affected populations. Unearmarked funds to repay DREF are encouraged.

Summary: 314 cases with 11 deaths have been registered since the epidemic began to spread in November 2007. The needs include latrine facilities, water vessels for household use and community hygiene promotion through Participatory Hygiene and Sanitation Transformation (PHAST) methodology.

A total of 80 Red Cross volunteers have been deployed to various localities (Kitgum and Pader districts and the affected sub-counties of Madi Opei, Mucwini, Agoro and Paluga) to intervene.

This operation is expected to be implemented over 3 months, and will therefore be completed by 29 May, 2008; a Final Report will be made available three months after the end of the operation.



The Uganda Red Cross Society (URCS) volunteers participate in community sensitization. (Photo by URCS)

[<Click here to view the Budget and here for contact details >](#)

The situation

The Ugandan Ministry of Health (MoH) and the World Health Organization (WHO) in Uganda have confirmed an outbreak of Hepatitis E¹ in Madi Opei Sub-county in Lamwo County, Kitgum District of Northern Uganda

¹ Hepatitis E: A viral infection causing liver inflammation. It is caused by the Hepatitis E Virus (HEV). Infection with this virus was first documented in 1955 during an outbreak in India.

neighbouring the South of Sudan. A total of 314 cases with 11 deaths have been registered since the epidemic began to spread in November 2007 and the outbreak in Madi Opei has shown minimal reduction in its trend of progression. About 75 per cent of the cases are between the age group of 15 and 44 years. Meanwhile, about 60 per cent (186/314) of the cases are females. The risk factors responsible for this continued transmission of HEV have been discovered to be extremely low latrine coverage, contamination of water at household levels and poor hygiene practices in the affected IDP camps.

According to findings of a situational analysis carried out in 25 villages located in Madi Opei, an average of 112 people share one latrine facility within the IDP camp. This is almost 6 times above the standard requirement of 20 people per latrine facility. Furthermore, most villages are lacking latrines and thus the communities have formed the habits of open defecation. Most of the available latrines are not being maintained, making their use difficult. This also encourages open air defecation.



Ground water collection from boreholes is a common practice in Northern Uganda

Hygiene practices at household levels such as routine washing hands with soap after visiting the toilet or before meals are hardly practiced. Despite the fact that soaps were distributed to the community, there are no indications to show that soap was being used for hand washing at all. Water samples (from pots and buckets) collected from households showed heavy presence of coli micro-organisms giving the indication that contamination of water is taking place at household levels, attributed to the use of pots and poor personal hygiene practices.

Madi Opei IDP camp has a total of 19 functional boreholes that supply optimal amount of water to the community. Bucket chlorination is being conducted at all water sources in Madi Opei and the surrounding. It was established that there were

occasional interruption in the supply of chlorine tablets, resulting into erratic discontinuation in chlorination of water at source. This was largely attributed to weak supervisory/oversight role provided to the chlorination activity.

Coordination and partnerships

The Ugandan Red Cross Society is focusing on improving cooperation with the Ministry of Health, the UN Children's Fund (UNICEF) and WHO as well as other key stakeholders during the current and upcoming HEV response programmes. A District Task Force involving local and international partners, Uganda Red Cross Society and civil society organizations has been re-activated in order to mobilize resources and coordinate joint response activities. A joint meeting was convened between village health teams (VHT) together with local councils, community hygiene facilitators and camp management volunteers. These teams have been engaged in household hygiene education/promotion, sanitation and hygiene inspection within the camp and mobilization of the community to participate in implementation of community action plan.

Médecins sans Frontières (MSF) plans to start disinfecting all latrines in Madi Opei once a week. The role of maintenance of latrines will eventually be transferred to the community through the local council one (LC1) and village health teams/community hygiene facilitators. The Associazione Volontari per il Servizio Internazionale (Association of Volunteers in International Service-**AVSI**) has provided squat hole covers to all the latrines in Madi Opei camp. OXFAM plans to explore options of soap distribution to communities in Madi Opei ahead of normal cycle of distribution. Together with UNICEF, OXFAM also plans to provide 6 new bore holes in Madi Opei.

Response partners have agreed to support training of village health teams on HEV and PHAST with the International Rescue Committee promising to take up Paloga and Potika. The African Medical and Research Foundation (AMREF) will set up a task force and train the village health teams of Lokung and OXFAM is planning to cover Mucwini and Padibe sub-counties. With support from WHO, on-the-job training of all health workers on Hepatitis E, beginning with Lamwo health sub-district, has been proposed to start in February.

Red Cross and Red Crescent action

The Uganda Red Cross Society (URCS) Kitgum Branch is part of the district taskforce set up to effectively contain the outbreak of Hepatitis E with minimum casualties. A total of 80 volunteers have been deployed to various localities to intervene and control its spread. Through the community-based first aid (CBFA) activities taking place in the IDP camps in Kitgum and Pader districts, the affected sub-counties of Madi Opei, Mucwini, Agoro and Paluga have a total of eight satellite camps, each having 10 volunteers trained in CBFA

skills. The URCS is also part of the inter-agency monitoring visit group to Madi Opei that takes place once a week. In addition, Red Cross volunteers are involved in community mobilization and sensitization in the affected areas.

The needs

A total of 410 latrine facilities are urgently needed in Madi Opei. The capacities of the URCS can support 25 percent of this need by constructing 100 latrines. The pits for these latrines have already been sunk by the community as part of the community mobilization plan. Sanitation tools have been provided by AMREF, OXFAM and Netherlands Red Cross to facilitate sinking of more pits. There is also a need for water vessels of 20 litre capacity with narrow necks to replace wide-neck pots that are highly responsible for household water contamination. There is also a need for community hygiene promotion through PHAST methodology.

The proposed operation

The URCS plans to mobilize human and material resources to address the outbreak and bring it under control. The plan of action entails sensitizing the affected communities on its prevention within the internally displaced persons' camps, building the capacity of community volunteers in Kitgum branch to scale up the Ministry of Health activities and improve the URCS visibility and image to develop trust and direction during case identification and reporting.

The operation will be coordinated centrally in Kampala with other National players. Locally, implementation will be the primary responsibility of Kitgum Branch. The Health and Care department will take the lead in the management of the response, with close collaboration with the Organizational Development on technical assistance as far as volunteer management is concerned and Disaster Management on issues concerning relief distribution. The URCS Kitgum Branch shall submit HEV situation reports to URCS headquarters regularly for onward submission to the Federation's Eastern African Zonal office on a weekly basis.

Water, Sanitation and hygiene promotion

Overall Objective: To reduce the spread of Hepatitis E Virus through heightened health education, hygiene promotion and provision of sanitary facilities that mitigate the impact of the disease.

Specific Objective 1: To increase community awareness surrounding HEV prevention and control in the target IDP camps.

Activities planned:

- Carry out social mobilization activities at community gatherings and door-to-door sensitization in partnership with the village health teams and community leadership;
- Develop, produce, translate and distribute posters, brochures and T-shirts in Luo language for community education and awareness creation;
- Construction of 100 stances of latrines in Madi Opei IDP camp to improve on latrine coverage and stop the open defecation;
- Procure and distribute water purification tablets at household levels.

National Society Capacity Development

Specific Objective 2: To build the capacity of community volunteers in Kitgum branch to support Ministry of Health efforts aimed at improving effective response to the HEV outbreak.

Activities planned:

- Re-activate the 100 CBFA volunteers for further training in general HEV information, PHASTER Methodologies and social mobilization skills
- Provide logistical and technical support to Kitgum Red Cross Branch for effective response.

Specific Objective 3: To strengthen URCS visibility and image in the community

Activity planned

- Procure and provide volunteers with gumboots, raincoats, megaphones and caps.

Capacity of the National Society

Uganda Red Cross Society has been involved in health emergency response activities of similar magnitudes. These include responses to Cholera outbreaks in Kampala, Arua, Hoima, Bundibugyo and Kitgum; Meningitis outbreaks in Nebbi, Arua and Adjumani, and the Ebola Haemorrhagic Fever outbreaks in 2000 and recently in Bundibugyo. Response by the URCS to these epidemics has enabled its volunteers to build their organizational skills for effective community sensitization and distribution of health items.

Due to close collaboration and networking with local and international partners such as WHO, UNICEF and district health authorities, it has been possible to adopt cost effective technical support strategies for training volunteer and developing relevant tools for promoting community sensitization and education.

There is sufficient internal human resource capacity for response but limited logistical capacity. The URCS lacks sufficient funds to support volunteer activities, procure and distribute information, education and communication (IEC) materials and provide sanitary facilities in the targeted IDP camps.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

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[<Budget below, click here to return to the title page>](#)

BUDGET 2008

PROGRAMME BUDGETS SUMMARY

Appeal no.: MDRUG009

Name: UGANDA HEPATITIS E VIRUS

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Clothing & Textiles	0	0	0	0	5,005	0	5,005
Food	0	0	0	0	0	0	0
Seeds & Plants	0	0	0	0	0	0	0
Water & Sanitation	0	0	0	0	53,385	0	53,385
Medical & First Aid	0	0	0	0	0	0	0
Teaching Materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other Supplies & Services	0	0	0	0	0	0	0
SUPPLIES	0	0	0	0	58,390	0	58,390
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & Telecom	0	0	0	0	0	0	0
Medical equipment	0	0	0	0	0	0	0
Other Equipment	0	0	0	0	0	0	0
LAND, VEHICLES & EQUIPMEN	0	0	0	0	0	0	0
Storage	0	0	0	0	0	0	0
Distribution & Monitoring	0	0	0	0	0	0	0
Transport & Vehicles cost	0	0	0	0	0	0	0
TRANSPORT & STORAGE	0	0	0	0	0	0	0
International Staff	0	0	0	0	0	0	0
Regionally Deployed Staff	0	0	0	0	34,377	0	34,377
National staff	0	0	0	0	0	0	0
National Society Staff	0	0	0	0	0	0	0
Consultants	0	0	0	0	0	0	0
PERSONNEL	0	0	0	0	34,377	0	34,377
Workshops & Training	0	0	0	0	7,455	0	7,455
WORKSHOPS & TRAINING	0	0	0	0	7,455	0	7,455
Travel & related expenses	0	0	0	0	14,699	0	14,699
Information & Public Rela	0	0	0	0	44,064	0	44,064
Office Running Costs	0	0	0	0	3,142	0	3,142
Communication Costs	0	0	0	0	0	0	0
Professional Fees	0	0	0	0	0	0	0
Other General Expenses	0	0	0	0	0	0	0
GENERAL EXPENDITURE	0	0	0	0	61,906	0	61,906
Asset Depreciation	0	0	0	0	0	0	0
DEPRECIATION	0	0	0	0	0	0	0
Contributions & Transfers	0	0	0	0	0	0	0
CONTRIBUTIONS & TRANSFERS	0	0	0	0	0	0	0
Programme Support	0	0	0	0	11,271	0	11,271
PROGRAMME SUPPORT	0	0	0	0	11,271	0	11,271
TOTAL BUDGET:	0	0	0	0	173,400	0	173,400